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Review paper

Application of microfluidic technology based on surface-enhanced Raman scattering in cancer biomarker detection: A review

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ABSTRACT

With the continuous discovery and research of predictive cancer-related biomarkers, liquid biopsy shows great potential in cancer diagnosis. Surface-enhanced Raman scattering (SERS) and microfluidic technology have received much attention among the various cancer biomarker detection methods. The former has ultrahigh detection sensitivity and can provide a unique fingerprint. In contrast, the latter has the characteristics of miniaturization and integration, which can realize accurate control of the detection samples and high-throughput detection through design. Both have the potential for point-of-care testing (POCT), and their combination (lab-on-a-chip SERS (LoC-SERS)) shows good compatibility. In this paper, the basic situation of circulating proteins, circulating tumor cells, exosomes, circulating tumor DNA (ctDNA), and microRNA (miRNA) in the diagnosis of various cancers is reviewed, and the detection research of these biomarkers by the LoC-SERS platform in recent years is described in detail. At the same time, the challenges and future development of the platform are discussed at the end of the review. Summarizing the current technology is expected to provide a reference for scholars engaged in related work and interested in this field.

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1. Introduction

Globally, cancer remains a significant medical challenge, despite continuous progress in the development of medical science and technology. According to the GLOBOCAN 2020 of the International Agency for Research on Cancer (IARC), 19.3 million new cancer cases and nearly 10 million cancer deaths were recorded worldwide in 2020 alone [1]. The incidence and mortality rate of cancer still show an increasing trend year by year [2].

Compared with primary tumors, secondary tumors (metastases) are the chief culprit of cancer patient death. Therefore, to improve the survival rate of patients, it is an ideal and practical choice to diagnose presymptomatic cases in a timely manner through routine screening programs [3]. A commonly used method for cancer diagnosis is tissue biopsy, which is also considered as the gold standard, but the disadvantages of tissue biopsy are apparent. For example, invasive sampling often increases the discomfort of patients, and at the same time, there is a potential risk of complications [4,5]. Moreover, it cannot capture the genetic heterogeneity

within tumors and between tumor metastases, thus affecting the accuracy of the test [6,7]. Suppose there is a detection technology whose accuracy is comparable to or even higher than that of tissue biopsy, with lower risk and higher efficiency, that will be revolutionary in cancer diagnosis.

With the development of various cancer diagnosis technologies, liquid biopsy is gradually attracting attention. Unlike tissue biopsy, liquid biopsies determine physiological and pathological information by analyzing circulating targets in various body fluids (e.g., blood, saliva, and urine). This process is much less invasive than tissue biopsy for patients, and at the same time, the time cost is reduced due to the relatively simple operation [8]. In addition, liquid biopsies can analyze circulating targets released by early tumors and are essential for early cancer detection. At the same time, liquid biopsy is crucial in treating both primary and secondary tumors, as it significantly enhances interpretation capacity, which is beneficial for accurate and personalized treatment [9,10]. Finally, because liquid biopsy is milder for operating conditions and allows repeated analysis, it can monitor the development of the disease at any time [11].

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With the introduction of liquid biopsies, there has been a new wave of testing for various cancer biomarkers [12]. The unique gene expression of cancer cells makes them identifiable in tissues where surrounding cells do not express specific biomarkers [13]. Tumor-derived biomarkers (cancer biomarkers) mainly include circulating proteins, circulating tumor cells (CTCs), circulating tumor DNA (ctDNA), microRNA (miRNA), and exosomes [14–18]. In addition, small molecular compounds and carbohydrates also have potential for cancer diagnosis [19]. Theoretically, there are many sources of biomarker detection. Nevertheless, peripheral blood is the most important, and detecting cancer biomarkers in other body fluids needs more practical verification with only a few exceptions, such as a specific Food and Drug Administration (FDA)-approved tumor marker, PCA3, which is an indicator of prostate cancer risk derived from urine [4].

The assays used to detect cancer biomarkers are mainly based on the identification and detection of corresponding proteins and nucleic acids, such as enzyme-linked immunosorbent assay (ELISA) [20,21], polymerase chain reaction (PCR) [22,23], next-generation sequencing (NGS) [24,25], and mass spectrometry (MS) [26,27], which will be further summarized in the description of various biomarker detections in this paper. These conventional techniques have shortcomings, such as complicated operation steps, time consumption, high cost, and high operator experience requirements. In addition, the complexity of the body fluid environment and the scarcity of biomarkers require methods with very high specificity and sensitivity. Therefore, some of these methods need to be appropriately replaced if used for point-of-care testing (POCT).

The microfluidic chip based on surface-enhanced Raman scattering (SERS) detection (also known as lab-on-a-chip SERS (LoC-SERS) [28,29]) shows great potential in cancer biomarker detection. Microfluidic technology has the characteristics of miniaturization and integration and can realize accurate control and highthroughput detection of samples through design of microfluidic system. SERS has ultrahigh detection sensitivity and can provide unique fingerprints. Therefore, much literature has been published to analyze biomarkers based on these two methods. More excitingly, the combination of the two technologies shows good compatibility and opens up new opportunities to provide a sensitive detection method with reproducible measurement conditions and a highly defined detection area specified by the system on a chip [30]. The combination of the two technologies can also accomplish one of the goals of POCT, that is, chip-based, miniaturized, portable, and independent system testing [31].

This paper describes the benefits of SERS and microfluidic technology, the two essential components of LoC-SERS. On this basis, the application of this combined technique to detect several common biomarkers in recent years will be reviewed, including circulating proteins, CTCs, ctDNA, miRNA, and exosomes. We will also discuss the challenges associated with LoC-SERS technology and prospects at the end of the review.

We used PubMed and Web of Science to search for the following characters independently or in combination: SERS, microfluidic technology, cancer biomarkers, cancer-related proteins, circulating tumor cells, exosomes, miRNA, ctDNA, and obtained relevant documents, among which the latest cases of exploratory research on the combined application of SERS (or scattering) and microfluidic technology in the detection of various cancer biomarkers from the last ten years are emphatically provided for readers, as shown in Fig. 1. What needs to be put forward is that we have not included all the papers in the time range, and there is no prejudice when selecting documents. By summarizing this technology at present, it is expected to provide references for scholars engaged in related work and interested in this field.



Fig. 1. The number of literature about microfluidic chips based on surface-enhanced Raman scattering (SERS) to detect various cancer biomarkers from the last ten years. Data was acquired from the Web of Science and PubMed Central. miRNA: microRNAs; ctDNA: circulating tumor DNA.

2. LoC-SERS

2.1. Brief introduction to a microfluidic chip

The origins of microfluidics development date back to the 1990s [32]. The microfluidic chip, also known as lab-on-a-chip [33], is the main platform for realizing microfluidic technology. Therefore, the microfluidic technology mentioned in this paper is mainly introduced based on various microfluidic chip platforms. Since the concept of microfluidics was put forward, its research in many fields has been well developed, and its application in biomedicine is more extensive, such as preparing analytical samples, enriching rare analytes, and on-site diagnosis [34]. The most significant advantage of microfluidic platforms lies in their miniaturization and integration.

With the development of microfluidics, the integrated components of microdevices and microsystems are becoming increasingly abundant, such as valves, pumps, microchannels, mixers, reactors, separators, and sensors, thus realizing an increasing number of functions, including the transmission, separation, mixing, reaction, and detection of tiny amounts of fluids [35]. Various materials, such as glass, silicon wafers, and paper (including cellulose fiber and nitrocellulose fiber), can be utilized as substrate elements of microfluidic devices. In addition, polymers are incredibly widely applied in preparing microfluidic devices such as polydimethylsiloxane (PDMS) [36–38]. The preparation methods of microfluidic platforms mainly involve photolithography and etching. For instance, in the photolithography procedure, the prepared PDMS liquid prepolymer can be cast on a photoresist template and thermally cured at a specific temperature. Then, the microfluidic device can be peeled off from the template due to its low surface tension [39].

According to the different driving modes, microfluidic chips can generally be divided into two types, namely, mechanical driving mode and nonmechanical driving mode. As the name implies, the former requires external mechanical moving parts to exert driving force (such as positive pressure and negative pressure exerted by injection pump or extraction pump, centrifugal force, pneumatic driving, electrostatic driving, and electromagnetic driving, etc.) to promote the flow of fluid in microfluidic chips, which is also called active driving. In contrast, the latter does not use mechanical moving parts but generates driving force through the interaction between fluid and microchannel at the microscale (such as gravity, capillary, and surface tension), or the chip itself can generate pressure to drive the sample through design (such as pressure driving, vacuum driving, and osmotic driving), which is also called

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passive driving. Table 1 [40–63] shows several common microfluidic chip types, characteristics, and preparation materials based on two driving modes. It can be concluded that microfluidic chips based on the mechanical driving mode are more controllable and stable because of the participation of external devices and can realize more chip functions. Nevertheless, at the same time, the operation is more complicated, which is not conducive to use at anytime and anywhere. Comparatively speaking, microfluidic chips based on the nonmechanical driving mode are easier to manufacture and use, and the manufacturing cost is lower, so they have more significant POCT potential. At the same time, they face greater challenges for the continuity and stability of fluid flow without the assistance of other equipment.

As mentioned earlier, liquid biopsy's knotty problem is that biomarker levels are often deficient, and biological samples are very complex. In this case, microfluidic technology offers several advantages. First, a tiny amount of liquid flows in the laminar flow in the microfluidic platform, which can be precisely controlled by adjusting the flow rate. In a relatively controlled time and space, this feature enables biomarkers (such as cancer cells) to be delivered effectively and accurately, and the microfluidic chip, a relatively complete and closed system, can effectively save space and reduce pollution [64]. Second, due to the structural characteristics of microfluidics, the consumption of samples and reagents can be minimized with the platform, improving sensitivity [65]. Furthermore, compared to traditional laboratory methods, this platform's high level of integration significantly reduces analysis costs and time [38]. Finally, advances in microfluidics have also contributed to the emergence and development of the POCT concept [66].

POCT is a method that can analyze and obtain test results rapidly at the sampling site. One of its primary characteristics is that it does not depend on complicated processing procedures in laboratory tests [67,68]. Based on this feature, realizing easy-to-use diagnostic tests has become one of the main challenges POCT biosensors face in medical applications [69]. Microfluidic technology, because of its miniaturization and integration, can better meet the requirements

Table 1

Comparison of common microfluidic chips based on mechanical and nonmechanical driving modes.

| Driving type | Driving method | Key driving element | Microfluidic chip materials | Characteristic | Refs. |
|------------------------|------------------------------------|---|--|--|--------------|
| Mechanical drive | Pressure driven Pressure driven | Syringe pressure pump Portable plug-and-play syringe | Glass and PDMS PDMS, silicon film, and PET film | Stable Self-sufficient and portable | [40] [41] |
| | Pneumatic driven | Thermo-pneumatic micropump | Glass and PDMS | Low-cost, simple, and | [42] |
| | Pneumatic driven | Oil-hydraulic micropump | Glass and PDMS | High pumping rate and can withstand a great back | [43] |
| | Pneumatic drive | Pneumatic solo diffuser-nozzle micropump | PMMA and TPU | Compact architecture and convenient | [44] |
| | Piezoelectric driven | Three piezoelectric actuators | Glass and PDMS | Low-cost and high- precision | [45] |
| | Piezoelectric driven | Optopiezoelectric composite | Optopiezoelectric composite and PDMS | Small in size and quantity of driving units | [46] |
| | Reciprocating driven | Reciprocating elastomeric micropump | No. 1 borosilicate coverslip and PDMS | Fast and flexible | [47] |
| | Centrifugal force | Modularized centrifugal microfluidic chip | PMMA | High in freedom and accuracy of chip control | [48] |
| | Centrifugal force | Centrifugal microfluidic chip | Glass and PDMS | Ultrafast, label-free, and efficient | [49] |
| | Electrostatic driven | Electrostatic bending actuators | Si | High pumping rate and can withstand a great back | [50] |
| | Electromagnetic driven | Electromagnetic coils | Glass and PDMS | Low-cost and high- efficiency | [51] |
| Nonmechanical drive | Pressure driven | Pressure-driven PDMS pump | PDMS | Multifunctional, independent, flexible, simple and low-cost | [52] |
| | Pressure driven | Medium storage container | PDMS | High controllability and flexibility | [53] |
| | Gravity driven | Gravity-driven microfluidic chip | PDMS | Fast, simple, recyclable, and POCT potential | [54] |
| | Gravity driven | Gravity-driven cyclic microfluidic chip | PDMS | Stable, simple, and recyclable | [55] |
| | Capillary force | Whatman chromatography paper Microchannel | Paper and PDMS PMMA | Low-cost and reproducible | [56] [57] |
| | Surface tension | Microchannel and Peltier device | Glass and PDMS | Convenient and POCT | [58] |
| | Surface tension | Two-well hanging droplet device | Polystyrene sheet | Enables dynamic culture | [59] |
| | Vacuum driven | Parylene C-coated PDMS microfluidic chip | PDMS | Long maintenance time of vacuum driving power and POCT potential | [60] |
| | Vacuum driven | Disposable vacuum module | Glass and PDMS | Compact, simple structure, and east-to-attach with the microfluidic device | [61] |
| | Osmotic driven | Semipermeable membrane | PMMA | User-friendly and accurate speed control | [62] |
| | Osmotic driven | Semipermeable membrane | PDMS | Low cost, small size, and stable flow rate | [63] |

PDMS: polydimethylsiloxane; PET: polyethylene terephthalate; PMMA: polymethyl methacrylate; TPU: thermoplastic polyurethane; POCT: point-of-care testing.

of POCT, so it is considered as one of the most promising solutions [70]. The compatibility between the microfluidic platform and POCT also reduces the operation requirements of detection and is of great significance for popularization and use in areas with limited resources [71].

2.2. Brief introduction to SERS

Detection is essential for microfluidic analysis. Common microfluidic detection methods include laser-induced fluorescence spectroscopy [72,73], ultraviolet-visible spectroscopy [74], MS [75,76], electrochemical analysis [77,78], etc.. Among all kinds of optical detection methods, Raman spectroscopy, as a unique fingerprint spectrum, has attracted attention in recent years in cancer biomarker research by combining it with microfluidic technology.

Raman scattering was first discovered by Indian scientist Raman in 1928 [79]. The principle of the Raman spectrum belongs to the scattering spectrum. The interaction between light and molecules or atoms will produce two types of scattering: Rayleigh and Raman scattering. The former belongs to elastic scattering and plays a dominant role in scattering, meaning that the incident light does not change in frequency after being scattered. The latter belongs to inelastic scattering; after the incident light is scattered, some energy is gained or lost, resulting in a frequency change, which only accounts for a small part of the scattering [80]. Compared with other spectroscopic techniques based on molecular vibration (such as near-infrared spectroscopy), Raman spectroscopy can not only interpret the chemical information and structural information of the analyte through the spectral shift, representing the chemical fingerprint of the substance but also be free from the interference of water in the analyte, which provides certain advantages for expanding the analytical range of Raman scattering [81,82]. The most prominent problem of Raman scattering is that its scattering signal is feeble, only one-millionth of the incident light intensity [83]. Meanwhile, compared with Rayleigh scattering, Raman scattering accounts for a small part, and its light scattering cross section (i.e., the area of the incident beam where incident photons are effectively converted into emitted Raman photons) is several orders of magnitude weaker [84]. These reasons explain why Raman scattering has developed slowly since its discovery. Thus, given the above characteristics, Raman scattering is not sensitive enough for many practical applications, such as biomarkers.

The application of Raman spectroscopy developed rapidly after the SERS phenomenon was discovered. In 1974, Fleischmann et al. [85] found that the pyridine monolayer showed stronger Raman scattering intensity when adsorbed on a rough silver electrode. With the development of research, the enhancement mechanism is mainly attributed to electromagnetic enhancement and chemical enhancement [84,86]. For electromagnetic enhancement, surface plasmon resonance caused by the collective oscillation of free electrons excited by photons confines the electromagnetic field to the substrate surface, and the local electromagnetic field enhanced by the substrate surface amplifies the Raman signal of molecules adsorbed on the substrate [87], as shown in Fig. 2A. The enhancement of the scattered photon intensity is proportional to the fourth power of the electromagnetic field, which explains the amplification of the Raman signal of molecules near the plasma substrate [88,89]. It preferentially appears in gaps, tips, and other corner parts (i.e., "hot spots") of noble metals with nanoproperties (e.g., silver, gold, and copper) [90]. In addition, when the analyte forms a chemical bond with the metal surface, electrons transfer from the metal to the surface and vice versa. This changes the molecule's effective polarizability and produces an enhancement effect termed chemical enhancement [91]. The chemical enhancement effect is much weaker than the electromagnetic enhancement effect. Its enhancement factor (EF) is only 10^{2} – 10^{3} , while that of the former can reach 10^{10} – 10^{11} [92,93], as shown in Fig. 2B. In addition, the electromagnetic enhancement effect usually occurs in any Ramanactive molecule indiscriminately, while the chemical enhancement effect possesses molecular specificity [94]. Therefore, most SERSbased biosensors have been developed by exploiting the plasma properties of nanostructures.

A substrate based on noble metal rough nanostructures is the key to realizing Raman signal enhancement. However, some new SERS substrate materials have also been developed, such as twodimensional (2D) layered nanostructures (graphene [95,96], hexagonal boron nitride [97,98], black phosphorus [99,100], MXenes [101,102], etc.), and semiconductor materials (NiO [103,104], TiO₂ [105,106], ZnO [107,108], GaP [109,110], etc.), but the Raman signal enhancement effect of most new materials is still not as good as that of traditional noble metals, so they are usually used in combination with noble metals. SERS substrates can be divided into two forms: nanosol and solid substrates. The former is thoroughly mixed with the sample before Raman detection, and common preparation methods include chemical reduction growth, light wave irradiation, microwave irradiation, catalytic reaction, etc. In the latter, nanomaterials are prepared into solid substrates by filtration, spin coating, electrodeposition, chemical vapor deposition, and other technologies. Then, Raman detection is carried out after the sample is combined with the solid substrate. Table 2 [111–127] shows SERS nanosols and solid substrates prepared by



Fig. 2. Diagram of the basic mechanism of surface-enhanced Raman scattering (SERS). (A) Illustration of the collective oscillation of free electrons on the surface of metal nanoparticles. (B) Schematic diagram of electromagnetic enhancement and chemical enhancement of SERS. EF: enhancement factor.

several commonly used methods. It can be seen from the table that both forms can enhance the Raman signal well, but their advantages are also different. Nanosol emphasizes simple preparation and rapid detection, while solid substrate emphasizes repeatability of the detection signal and stability of the substrate.

SERS has become a promising method to detect various biomarkers due to its high sensitivity, multiple analysis, and insensitivity to photobleaching [128]. There are two main types of SERS biosensors: label-based and label-free. Based on label-free SERS detection, analyte information can be obtained directly. Nevertheless, it is required that the analyte has SERS activity. At the same time, the influence of the detection specificity of other interfering substances in the analysis environment should be avoided. Detection based on the SERS label cannot provide specific analyte information directly. However, the SERS signal obtained by the Raman reporters can replace the measurement of the analyte, thus enhancing the interface specificity of detection [129,130]. Whether based on Raman labeling or not, the SERS signal obtained is relatively isolated, which provides suitable conditions for subsequent spectral processing [131].

2.3. Microfluidics and SERS: complementary advantage

LoC-SERS technology can enhance the advantages of microfluidics and SERS, thus showing compatibility [132]. First, with the introduction of microfluidic technology, large-scale processes prone to human errors in the laboratory can now be carried out automatically and repeatedly in nanoliter volumes. At the same time, SERS can meet the needs of microfluidic platforms to detect small volumes [133]. In addition, water interference can be effectively avoided by the SERS method, making it more suitable for liquid biopsies, and the relatively closed system of a microfluidic chip can better solve the problem that the sample molecules on the SERS substrate surface are easily contaminated.

Moreover, the single-component analysis of biomarkers may not fully explain the disease and provide enough accuracy for decision-making [134]. It is, therefore, common practice in clinical and biomedical research to combine various biomarkers to improve overall diagnostic performance [135]. The LoC-SERS platform makes it possible for multiple accurate diagnoses of biomarkers. On one hand, high-throughput detection of biomarkers can be realized through chip unit design [136]; on the other hand, the ultrahigh sensitivity of SERS facilitates the detection of complex samples.

Finally, the two technologies have strong POCT potential, and their combined use makes detection more efficient and convenient. SERS technology can be flexibly combined with a microfluidic platform [137]. A notable trend in portable Raman instruments today is their smaller size. However, their performance (signal-to-noise ratio for the same acquisition time and resolution) is improving, so people can take the spectrometer to the sample at any time [138], making POCT possible. Some studies even use smartphones as miniaturized Raman spectrum analyzers [139,140], thus achieving revolutionary advantages such as a friendly manmachine interface and fast measurement time [141].

Table 2

Overview of surface-enhanced Raman scattering (SERS) nanosols and solid substrates prepared by commonly used methods.

| Substrate type | Nanoparticles | Method of preparation | Shape | Size | Characteristic | Refs. |
|-----------------|--|---|--------------|--|---|-------|
| Nanosol | Au | Chemical reduction | Nanoflower | 150 nm | Simple, rapid, and sensitive | [111] |
| | Ag | Chemical reduction | Nanotriangle | 10–70 nm | Stable | [112] |
| | Ag | Chemical reduction | Spherical | 40 nm | Simple, selective, and sensitive | [113] |
| | Ag | Chemical reduction and microwave irradiation | Nanorod | Diameter of about 12 nm and a length of about 15–40 nm | Simple, selective, and sensitive | [114] |
| | Au | Light-wave procedure | Spherical | 20 nm | Simple, selective, and sensitive | [115] |
| | Ag | Light-wave procedure | Spherical | 13 nm | Sensitive and selective | [116] |
| | Ag | Light-wave procedure and catalysis | Spherical | 10 nm | Sensitive | [117] |
| Solid substrate | Au | Chemical reduction and filtration | Nanostar | 236 ± 11 nm | Simple, low-cost, and reproducible | [118] |
| | Ag | Spin-coating followed by thermal reduction | Spherical | 100 nm | Simple, low-cost, and reproducible | [119] |
| | Au | Reactive ion etching and ion sputtering deposition | Nanocap | 30 nm | Sensitive and uniform | [120] |
| | Ag-Au nanocomposite | Electrodeposition and galvanic replacement | Spherical | 110 nm | Sensitive, stable, and reproducible | [121] |
| | Graphene/Au nanodots | Chemical vapor deposition and focused ion beam technique | Nanodot | 95 ± 2 nm | Sensitive | [122] |
| | Graphene/Ag-Cu nanoparticle hybrid system | Chemical vapor deposition | Island shape | 30 nm | Sensitive and reproducible | [123] |
| | Ag | Filtration and magnetron sputtering | Spherical | 12–31 nm | Homogenous and stable | [124] |
| | Au | Reactive ion-etching process and magnetron sputtering | Spherical | 50 nm | Sensitive and homogeneous | [125] |
| | Ag | Magnetron sputtering | _ | 31.9 ± 8.4 nm | Sensitive and low-cost | [126] |
| | Fe ₃ O ₄ -Au core-satellite nanocomposites and Fe ₃ O ₄ @Au core-shell nanocomposites | Thermal decomposition, seed deposition method (core-satellite), and seed- mediated growth method (core-shell) | Hexahedral | 70 nm (core-satellite), 83 nm (core-shell) | Reproducible, recoverable, and reusable | [127] |

Given these advantages, SERS technology and the microfluidic platform certainly make for a win-win combination that will make greater contributions to cancer biomarker detection.

3. LoC-SERS used to detect circulating proteins

3.1. Circulating proteins in liquid biopsy

Circulating protein biomarkers are representative of diagnosing early cancers [142]. Proteins are more diverse and carry more information than nucleic acid molecules such as DNA and RNA. Among all kinds of biomolecular information sources used to characterize and diagnose cancer, protein biomarkers have the most extended history in clinical practice [14]. Almost all cancer biomarkers approved by the FDA are proteins related to various behaviors of tumor cells, such as proliferation, invasion, immune regulation, invasion, angiogenesis, carcinogenesis signal transmission, and metastasis [143,144]. Since Gold and Freedman identified carcinoembryonic antigen (CEA) in colon tissue extract in the 1970s, cancer antigens have been studied as biomarkers for early cancer detection [145], for instance, prostate-specific antigen (PSA) for prostate cancer [146,147] and various carbohydrate antigens such as CA19-9 for pancreatic cancer [148], CA-125 for ovarian cancer [149], and CA-15.3 for breast cancer [150]. However, it is worth noting that although these circulating proteins offer a new way to track patients with known diseases as biomarkers for cancer diagnosis, none of them has been approved for screening purposes due to their sensitivity and specificity [151]. Developing a more sensitive method for combined detection will be helpful. For example, measuring a group of protein biomarkers is usually required simultaneously to avoid false results [152,153].

3.2. Analysis method of circulating proteins

Usually, when designing and manufacturing a biosensor, good sensitivity, specificity, and accuracy are the factors that must be considered [154]. Currently, most methods for detecting and discovering protein biomarkers are primarily based on antibody-based assays, and ELISA is recognized as a standard technique [155–157]. In addition, MS, microarray, and molecular imprinting are also used to detect protein markers. Table 3 [20,21,26,27, 158–162] presents the use of the above methods for the detection of circulating proteins in cancer. With increased assay requirements, various assays are moving toward high sensitivity. Whereas ease of operation and low cost are also necessary for protein POCT equipment [163], implementing many methods relies

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on complex instrumentation or operational steps, such as expensive instruments, highly skilled personnel, and lengthy analysis times when using MS. The microarray method can realize multiple measurements of proteins. Nevertheless, the low availability of suitable capture probes is the biggest obstacle when microarrays are used in large-scale protein group research [164]. In recent years, sandwich immunoassays have become a popular strategy for cancer biomarker detection, which can capture the target protein analyte by functionalizing the sensor with an aptamer or antibody [144]. However, even standard methods such as ELISA are constantly improved or combined with other technologies to further enhance their sensitivity and specificity. For example, Zhou et al. [165] made a stable gold nanoparticle layer for detecting CEA in plasma by chemical reduction on a commercial ELISA plate. The improved ELISA method showed better sensitivity and stability for proteins. Woodbury et al. [166] combined microarray-ELISA with the signal amplification of tyramide deposition and achieved ultrasensitive detection of hepatocyte growth factor at the sub pg/mL level. Similar to ELISA immunoassays, SERS immunoassays are usually developed by sandwich structures [167-169], but SERS immunoassays possess higher sensitivity, lower interference, and multisensor potential than ELISA [170]. Combined with the microfluidic platform, the detection process of SERS is more controllable and convenient, so it also provides a novel idea for detecting protein biomarkers.

3.3. Applications of LoC-SERS in circulating protein analysis

When using the sandwich immune complex strategy to detect proteins, a specific antibody is initially bound to the substrate as a capture antibody. Meanwhile, as a detection antibody, the antibody is combined with metal nanoparticles, and Raman reporters label the metal nanoparticles to form SERS probes. When there is a target protein in the system, it can specifically combine with the detection antibody on the SERS probe and the capture antibody on the substrate, forming a basic "sandwich" immune complex structure. The formation of this complex is helpful to make the reporters on the SERS probe enter the hot spots and then generate a strong Raman signal. For instance, Li et al. [171] detected IgG in serum using a "molecularly imprinted polymer-target molecule-magnetic SERS probe" sandwich complex. Enriching the probes and enhancing the hot spots were achieved under an external magnetic field.

The introduction of microfluidics provides advantages for the quantification of protein biomarkers. The microfluidic system channel's high surface area/volume ratio allows for easier and more rapid formation of antigen-antibody immune complexes. In

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Methods utilized for the detection of circulating proteins.

| Related cancer types | Target | Detection method | Limit of detection | Linear detection range (ng/mL) | Refs. |
|-----------------------------|-----------------------|---|------------------------------------|--------------------------------|-------|
| Breast cancer | OPN | ELISA | 13.9 pg/mL | 0.078-10 | [20] |
| Neuroendocrine neoplasms | CgA | ELISA | 2.4 ng/mL (limit of blank) | 0-870 | [21] |
| Liver cancer | AFP | MS | 0.15 ng/mL | 0.5-20 | [26] |
| Colorectal cancer | CEA | MS | $0.6 \times 10^{-3} \text{ ng/mL}$ | 0.05-100 | [27] |
| Prostatic cancer | PSA | SIL/MRM-MS | 0.28 fmol | 5-200 | [158] |
| Hepatocellular carcinoma | AFP | Fluorescence protein microarrays | - | 0.03125-80 | [159] |
| Prostatic cancer | F-PSA and c-PSA | Dual-color quantum dots nanobeads-based suspension microarray | 22 and 45 pg/mL | 0.64–80.0 and 0.2–50.0 | [160] |
| Pancreatic cancer | CEA | Molecular imprinting | 0.5 ng/mL | _ | [161] |
| Colorectal cancer | CEA | Molecular imprinting | | 2.5-250 | [162] |

-: no data. OPN: osteopontin; CgA: chromogranin A; ELISA: enzyme-linked immunosorbent assay; AFP: alpha-fetoprotein; MS: mass spectrometry; CEA: carcinoembryonic antigen; PSA: prostate-specific antigen; SIL/MRM-MS: stable isotope labeling-multiple reaction monitoring mass spectrometry; F-PSA: free form of PSA protein; c-PSA: α1- antichymotrypsin-complexed PSA.

addition, microfluidic devices reduce the nonspecific adsorption of SERS nanoprobes by a continuous flow of liquid in the microchannel or by external action (such as an external magnetic field), thereby increasing the sensitivity, accuracy, and specificity of the assay [128,172]. As shown in Fig. 3, there are mainly two binding forms of sandwich immune complexes in microfluidic devices. namely, those based on a nonfixed SERS substrate and those based on a fixed SERS substrate. In the former, capture antibodies of the substrate are mixed with the probes and antigens through microchannels or microchambers to form immune complexes, which are then aggregated at a specific location on the chip by external magnetic fields and other methods for SERS detection. The latter is to fix the substrates (such as metal nanoparticles) containing the capture antibodies in channels or chambers of a microfluidic chip. When the probes and antigens pass through the regions where the substrates are located, they form immune complexes, and then SERS detection is facilitated.

3.3.1. Nonfixed SERS substrate used in LoC-SERS

Due to the external magnetic field, the formed immune complex can be effectively aggregated to form many hot spots. They can also be separated from other substances that do not form immune complexes. Ahi et al. designed a microfluidic chip driven by capillaries, which consists of four chambers, as shown in Fig. 4A [173]. As capture probes, magnetic metal-organic framework nanoparticles were used to capture antigens and then combined with antibodymodified and 5,5'-dithiobis(2-nitrobenzoic acid) (DTNB) molecular-labeled gold nanoparticles in a microfluidic chip. A simple magnet moved them between chambers, and SERS was detected in the last chamber. The intersection of the microchannel and the chamber forms a capillary burst valve that enables the pipette to continuously load samples and reagents into each chamber through separate inlet and outlet holes without spilling the liquid into the adjacent chambers or mixing the solutions. The team successfully detected human chorionic gonadotropin (hCG) protein in the urine, a stimulant of male athletes, and a substance related to many cancers [174,175]. The developed method is fast and reliable and can realize the combination, enrichment, and detection of immune complexes under the action of an external magnetic field. The study also showed that the results obtained using this method were consistent with those obtained by conventional ELISA.

Likewise, droplet microfluidics combined with SERS has also been reported to be applied to protein biomarker determination, eliminating the need for repeated washing steps and making detection more convenient than traditional nonfixed SERS substrates. Gao et al. designed a SERS-based droplet microsensor consisting of five parts for the detection of PSA, as shown in Fig. 4B [176]. Malachite green isothiocvanate-labeled gold nanoparticles and magnetic beads were modified with PSA antibody. When PSA appeared in the system, the antigen-antibody magnetic immune complex was formed through the complete mixing of curved channels, and droplets were formed under the action of the oil phase. When they pass through the magnetic field, the droplets are divided into two smaller parts, the immune complex droplets are adsorbed in the magnetic field, and the unbound gold nanotag droplets are used for SERS detection. In short, when there are more PSAs in the system, fewer unbound gold nanotags will be used for quantitative analysis. The clinical threshold for PSA detection by qualified sensors should be at least 4 ng/mL, whereas the above method's limit of detection (LOD) is lower than 0.1 ng/mL.

3.3.2. Fixed SERS substrate used in LoC-SERS

As mentioned above, multiple protein markers are usually selected for simultaneous detection to improve the specificity, which can be realized by modifying various antibodies on fixed SERS substrates. Zheng et al. designed a spatially separated detection biosensor using multiple channels in a microfluidic chip, as shown in Fig. 4C [177]. CA153, CA125, and CEA were selected as biomarker models of breast cancer, and their detection with high sensitivity and specificity in human serum was realized. In this work, silver nanoparticles were first fixed on a glass sheet by electrostatic adsorption to form a SERS-active substrate, and then the capture antibody, sample, and immune SERS probe (4-mercaptobenzoic acid (4-MBA), DTNB, and 2naphthalenethiol were used as reporter molecules, respectively) were injected into the channel in turn. If the above target antigens are present in the sample, immune sandwich complexes will be formed, and the concentrations of the antigens correlate with the SERS signal. By using a variety of antibodies and channels, this microfluidic chip based on SERS can realize high-throughput detection of samples. Finally, the LODs of CA153, CA125, and CEA in serum reached 0.01 U/mL, 0.01 U/mL, and 1 pg/mL, respectively, lower than the critical value of clinical diagnosis.



Fig. 3. Nonfixed and fixed substrates used in microfluidic chips based on surface-enhanced Raman scattering (lab-on-a-chip SERS (LoC-SERS)).



Fig. 4. Microfluidic chips based on surface-enhanced Raman scattering (lab-on-a-chip SERS (LoC-SERS)) for detection of circulating proteins. (A) Schematic illustration of the capillary-driven microfluidic chip for SERS-based human chorionic gonadotropin (hCG) detection [173]. Immunomagnetic separation of hCG from urine samples (i), the step-by-step sandwich immunoassay procedure (ii), burst valve between chambers (iii), and microfluidic chip loaded with different solutions (iv). (B) Schematic illustration of the SERS-based microdroplet sensor for wash-free magnetic immunoassay [176]: (i) droplet generation and reagent mixing, (ii) formation of magnetic immunocomplexes, (iii) magnetic separation of immunocomplexes, (iv) generation of larger droplets containing the supernatant for SERS detection, and (v) generation of smaller droplets containing magnetic immuno-complexes. (C) Schematic illustration of the metal-enhanced three-dimensional (3D) SERS barcode microfluidic biosensor for high throughput detection of multiple breast cancer biomarkers [177]. (D) Schematic illustration of the microfluidic biosensor with Au@SiO₂ array-based highly SERS-active substrates [181]. MMOF: metal-organic framework nanoparticles; Ab: antibody; PBS: phosphate-buffered saline; DTNB: 5,5'-dithiobis-(2-nitrobenzoic acid); AuNPs: gold nanoparticles; MGITC: malachite green isothiocyanate; PSA: prostate-specific antigen; BSA: bovine serum albumin; AgNC: Ag nanocubes; 4-MBA: 4-mercaptobenzoic acid; SCCA: squamous cell carcinoma antigen; CEA: carcinoembryonic antigen. Reprinted from Refs. [173,176,177,181] with permission.

Another advantage of a fixed SERS substrate is that it can provide stable and uniform SERS hot spots for analyte detection because the size, shape, and ordered arrangement of the SERS substrates often affect the performance of the SERS signal, such as reproducibility and sensitivity [178-180]. Gu et al. used a microfluidic chip with a high-activity SERS substrate based on a Au@SiO₂ array, as shown in Fig. 4D [181], to determine biomarkers related to cervical cancer, namely, squamous cell carcinoma antigen (SCCA) and CEA. In this study, a silica microsphere array modified by gold nanoparticles was coupled with an antibody to form a capture substrate, which was combined in the detection chamber of the microfluidic platform. In addition to high SERS activity $(EF = 8.21 \times 10^6)$, the ordered structure of the substrate also makes the SERS signal homogeneous. Five different batches of chips were tested on the same serum samples, and the coefficients of variation of the SERS intensity of two kinds of reporter molecules (4-MBA and DTNB) were 5.58% and 5.42% under Raman shifts of 1594 cm⁻¹ and 1330 cm⁻¹, respectively. In addition, the LODs of SCCA and CEA in human serum obtained by this platform were as low as 0.45 and 0.36 pg/mL, respectively. The results were consistent with those of ELISA.

4. LoC-SERS used to detect circulating tumor cells

4.1. Circulating tumor cells in liquid biopsy

Cells are not only the most basic structural and functional units of organisms, but the signal transduction between cells is also the basis for realizing various biological functions and life activities, such as apoptosis, proliferation, differentiation, changes in cell components or their microenvironment, and is closely related to the occurrence and development of diseases [182]. Thus, cells are also essential biomarkers for disease diagnosis [183]. Typical cell diagnosis is represented by the diagnosis of CTCs, which has received great attention in the landmark analytes of real-time liquid biopsy technology. It was reported in the literature in 2021 that more than 270 clinical trials based on CTCs had already been registered [184].

CTCs are tumor cells exfoliated from a primary tumor, which then infiltrate into the blood and lymphatic vessels and transfer to distant tissues via circulation [185]. Analysis of the number or surface molecules of CTCs is especially important for the diagnosis and treatment of various cancers. For example, the system for CTC detection based on clinical validation has been approved by the FDA to monitor the disease progress and treatment response of patients with metastatic breast cancer, prostate cancer, and colorectal cancer [186–189]. It should be noted that there are only 1–10 CTCs per milliliter of whole blood, compared with millions of leukocytes and billions of red blood cells [154]. Therefore, the biggest challenge for cell diagnosis is accurately capturing and characterizing these rare cells from samples with complex backgrounds.

4.2. Analysis methods of circulating tumor cells

Most current techniques for capturing CTCs are based on one or more characteristics to distinguish them from normal blood cells. For instance, methods based on physical properties (size, density, charge, deformation, etc.) of CTCs, such as density gradient centrifugation [190], microfiltration [191], dielectrophoresis [192,193], and cell deformation sorting technology [194], are often used. Enrichment methods based on physical properties do not rely on special biomarker identification, which costs less and is relatively simple to operate. Nevertheless, they lack specificity, which may affect the accuracy of detection. For example, using cell size alone may lead to false-negative results due to ignoring smaller tumor cells. Therefore, other technologies can be combined to compensate for this deficiency. The cell separation system proposed by Hvichia et al. [195] is enriched based on cell size and deformability, and the average cell capture rate of the device is between 42% and 70%.

Biological-based separation methods need to capture the complex combination between the recognition ligand and the target (such as antibody, peptide, and aptamer) on the medium and depend on the difference in specific cell membrane antigen expression levels between tumor cells and blood cells [196], mainly including immunomagnetic separation [197,198] and nanostructurebased separation [199,200]. Cell separation and enrichment can be realized in positive and negative selection. In the former, CTCs are separated or selected from the sample, often represented by epithelial cell adhesion molecule (EpCAM); in the latter, blood cells are removed from the sample, often represented by CD45 expressed in hematopoietic cells [201,202]. In positive selection, some CTCs may underexpress or not express EpCAM due to cellular heterogeneity. Therefore, only using EpCAM as a marker to distinguish different cells may lead to false-negative results [203,204]. In recent years, other markers, such as folate receptor and sialoglycoprotein receptor (ASGPR), have also been used to identify and capture CTCs to increase their specificity [196,205,206]. Zhu et al. [207] developed a microfluidic synergistic chip on which anti-ASGPR and anti-EpCAM were modified in parallel for simultaneous capture, and the capture rate of heterogeneous circulating hepatocellular carcinoma cells in whole blood was over 85%. To reduce the effect of leukocytes on the purity of CTCs, Park et al. [208] combined physical and chemical methods; CTCs were captured using anti-EpCAM conjugated microspheres and then successfully collected by their selective sedimentation in a density gradient media and microfiltration. The method was validated to effectively capture and collect two types of CTCs in blood, MCF-7 cells (human breast cancer cells) and DMS-79 cells (small cell lung cancer cells), with recovery rates of 99% and 89%, respectively.

Another critical step after CTCs have been captured is detection and characterization. Some commonly used CTC detection methods are shown in Table 4 [209-218]. Among them, fluorescent immunolabeling plays an important role in characterizing CTC protein expression [219]. However, fluorescence analysis has disadvantages: a complex dyeing and washing process, broad emission band spectra, spontaneous fluorescence interference, phototoxicity, and fluorescent probe photobleaching [220-222]. In addition, in the relatively complex biological sample environment, when fluorescence imaging is used to identify circulating tumor cells, it often lacks sensitivity and selectivity [221]. In addition, the high false-positive rate of reverse transcription PCR, the high cost of flow cytometry, and the low sensitivity of immunocytochemistry further limit the popularization and use of these methods [212]. The characteristic Raman peak is much narrower than the fluorescence emission peak. In addition, many characteristics of SERS, such as high light stability, sensitivity (as low as single-cell detection), rapid spectral response, and molecular fingerprinting, are beneficial to cell analysis [184,219,223,224]. Therefore, in many studies, SERS is an ideal choice for CTC detection [222,225-227].

Table 4

| Methods utilized for the detection of circulating tumor cell | Methods utilized | for the | detection | of | circulating | tumor | cells |
|--|------------------|---------|-----------|----|-------------|-------|-------|
|--|------------------|---------|-----------|----|-------------|-------|-------|

| | | 8 | | | | | | |
|--|----------|---------------------|--------------------------|---|--|--|---------------|-------|
| Related cancer types | Category | Specific target | Enrichment method | Isolation method | Detection method | Limit of detection | Recovery rate | Refs. |
| Breast cancer and gastric cancer | Protein | EpCAM and CK19 | Positive | Immunomagnetic separation | Real-time quantitative PCR | 1 cell/5 mL | _ | [209] |
| Colorectal cancer | mRNA | CEA and $\beta_2 M$ | Positive and negative | Immunomagnetic separation | Real-time quantitative RT-PCR | 1 cell/mL | _ | [210] |
| Breast cancer | mRNA | CK19 and ERBB2 | Negative | Density gradient centrifuge | Real-time quantitative RT-PCR | - | 75.0%-93.8% | [211] |
| Breast cancer | Protein | EpCAM and CK19 | Positive | Immunomagnetic separation | Immunocytochemistry | 1 cell/10 ⁷ mononuclear cells | 89%–93% | [212] |
| Breast cancer | Protein | CD45 and EpCAM | Positive and negative | Immunomagnetic separation | Flow cytometry | - | _ | [213] |
| Colorectal cancer | Protein | EpCAM | Negative | Immunomagnetic separation | Flow cytometry | - | 74.8% ± 9.3% | [214] |
| Prostate, colorectal, and ovarian cancer | Protein | EpCAM and CK7/8 | - | Density gradient centrifugation or filtration | Fluorescence detection with fluorescence in situ hybridization | <1 cell/mL | 94%-100% | [215] |
| Prostate and breast cancer | Protein | EpCAM | _ | Density gradient centrifuge | Immunofluorescence microscopy | - | 92%-110% | [216] |
| Lung cancer | Protein | EpCAM and CD45 | _ | Membrane filtration system | Indirect immunofluorescence | - | 90% | [217] |
| Ovarian cancer | Protein | CK and VIM | _ | Microfiltration method | Cytomorphology and immunofluorescence | - | - | [218] |

-: no data. EpCAM: epithelial cell adhesion molecule; CK: cytokeratin; PCR: polymerase chain reaction; mRNA: messenger RNA; CEA: carcinoembryonic antigen; β₂M: β₂microglobulin; RT-PCR: reverse transcription PCR; ERBB2: human epidermal growth factor receptor 2; CD45: leukocyte common antigen; VIM: vimentin.

4.3. Applications of LoC-SERS in circulating tumor cell analysis

Combined with the above cell separation and analysis techniques, although the diagnosis of CTCs can be completed, the stepby-step separation and analysis techniques may affect the number and integrity of cells in the downstream analysis process due to cell transfer and other steps [219,228], and the complicated and lengthy detection steps are not conducive to the implementation of POCT. In addition, when cells are treated based on a single separation mechanism (such as a physical principle or biological mechanism), the specificity and accuracy of the detection results may also be challenged. Thus, integrating various technologies has become a trend in detecting CTCs. Among them, microfluidic technology shows great advantages, which can separate CTCs from other blood cells according to their physical or biological characteristics [229]. On this basis, the captured tumor cells can be analyzed in situ by adopting appropriate analysis methods, thus simplifying the operation steps, reducing the loss of CTC capture, realizing rapid and accurate detection, and laying a foundation for POCT.

4.3.1. Cell separation and analysis based on biological characteristics

In cell separation based on biological characteristics, similar to fluorescence immunoassays, the SERS magnetic probe can bind to the markers on the surface of CTCs so that CTCs can be separated and enriched from the complex system by an external magnetic field and then further detected through the Raman signal in the probe. As mentioned above, if only one cell marker (such as EpCAM) is used for cell analysis, it will probably lead to falsenegative results. Wilson Jr. et al. proposed a new multiple CTC detection method, and the detection platform is shown in Fig. 5A [203]. Transparent quartz slides were used to prepare the chip, which can overcome the effects of Raman background and fluorescence interference. Iron oxide-gold (IO-Au) core-shell SERS nanotags prepared in this study have two main functions: immunomagnetic separation of CTCs and detection by SERS spectroscopy in microfluidic devices. In this study, CD45 was used as a negative selection, and EpCAM, HER2, CD44, and insulin-like growth factor 1 receptor (IGF1R) were used as a positive selection; meanwhile, cell morphology and 4',6-diamidino-2-phenylindole (DAPI) staining were added. Various methods were used to improve the accuracy of the identification of CTCs so that even though CTCs were captured in the blood like a needle in a haystack, good analysis results could be obtained through the above strategies. Combining integrated IO-Au SERS nanotags with microfluidic devices increases the degree of automation and tedious sample processing, thus reducing the risk of CTC loss, which has great application prospects for the simultaneous detection of multiple CTC subpopulations in clinical samples.

4.3.2. Cell separation and analysis based on physical characteristics

The above detection is a typical biological method based on the separation, enrichment, and analysis of circulating tumor cells by using a variety of markers on the cell surface. Due to the integration of microfluidic technology, some studies have also improved the sensitivity and specificity of CTC detection by combining physical enrichment methods on microfluidic platforms. Zhang et al. developed a microfluidic platform for screening tumor cells from blood according to the size difference, as shown in Fig. 5B [230]. Under the optimal microfluidic filter gap, the cell capture rates of the breast cancer cell lines SKBR3, MCF7, and MDA-MB-231 reached 87.8%, 93.6%, and 87.8%, respectively. Residual blood cells were removed by washing, and then three different SERS aptamer nanovectors were injected into the chip, which showed good specificity and affinity for HER2, EpCAM, and EGFR. After full contact, the SERS signal was obtained for each cell. The complex

spectral signal of CTCs was analyzed by the classical least square method, and then the phenotypic information of CTCs was successfully interpreted. Finally, 126 spectra of cells from four breast cancer subtypes (SKBR3, MCF7, MDA-MB-231, and Jurkat) were analyzed using partial least squares discriminant analysis (PLS-DA), and the different subtypes were accurately classified with good sensitivity and specificity.

Similarly, Gao et al. proposed a lantern-shaped bypass microfluidic channel based on size separation, which was used to separate and capture the CTCs of hepatocellular carcinoma, as shown in Fig. 5C [219]. Two SERS-aptamer nanotags were used for cell identification, and the final capture rate of CTCs reached 84%.

In addition, the appropriate frequency of the alternating electric field and the selected shape of an electric field can lead to the effective deposition of CTCs. Based on this principle, Szymborski et al. successfully separated two kinds of breast cancer cells (MCF-7 and MDA-MB-231) by combining dielectrophoresis with a microfluidic chip, and the CTCs deposited in specific areas of the chip were further identified by SERS, as shown in Fig. 5D [231]. The LOD of CTCs obtained by this method in phosphate-buffered saline (PBS) solution was 20 cells/mL. Meanwhile, it was found that the fingerprints of these two CTCs were also observed in the complex detection environment of plasma, reflecting this method's clinical potential and effectiveness.

5. LoC-SERS used to detect exosomes

5.1. Exosomes in liquid biopsy

Exosomes are cup-shaped vesicles 30-150 nm in size and are widely found in human body fluids such as blood plasma, saliva, urine, amniotic fluid, cerebrospinal fluid, ascites, and pleural fluid [232-234]. This tiny substance with a lipid bilayer was first discovered by EG Trams in 1981 and was named an exosome by Johnstone in 1987 [235]. At first, the function of exosomes was considered just to excrete the waste materials in cells and even called the "garbage bins" of cells [236]. However, in the last decade, with increasing research on exosomes, it has been discovered that this kind of vesicle, which contains a variety of bioactive substances, such as proteins, nucleic acids, and lipids, transmits signals between cells and is not only involved in regulating physiological responses but also associated with certain diseases, especially cancer, also known as the "parental cell fingerprint" [237,238]. Although all cells are known to secrete exosomes, a relatively increased number of exosomes have been reported in the body fluids of patients with various cancer types [239,240]. Tumorderived exosomes are involved in promoting the proliferation, progression, metastasis, angiogenesis, invasion, remodeling, and drug resistance of cancer through cell-to-cell communication in the tumor microenvironment [18]. Therefore, exosomes, as an important part of cancer biomarkers, provide new ideas for cancer diagnosis and have great potential.

5.2. Analysis methods of exosomes

The reliable separation of exosomes from the complex matrix is the premise of later analysis (such as quantification and identification). However, because of their small size and low buoyant density, separating exosomes from the blood is not easy and requires much time and effort [241]. As mentioned above, exosomes come from almost all cells, including normal and tumor cells, so obtaining accurate and useful information is difficult if exosomes cannot be effectively recognized in body fluids [242]. Traditional exosome separation techniques, such as ultracentrifugation, exosome precipitation, and ultrafiltration, are widely used in research



Fig. 5. Microfluidic chips based on surface-enhanced Raman scattering (lab-on-a-chip SERS (LoC-SERS)) for detection of circulating tumor cells (CTCs). (A) Design of the microfluidic device for on-chip magnetic isolation and optical detection of CTCs [203]. Three-dimensional (3D) view (i), layout (ii), and cross-sectional (iii) view of the microchannel, and actual picture of the microfluidic device (iv). Port (a) is used for supplying blood samples, (b) phosphate-buffered saline (PBS) for washing cells after each step, (c) paraformaldehyde solution for fixing cells, (d) fluorescein isothiocyanate-coupled CD45 antibody labeled leukocytes, (e) 4',6-diamidino-2-phenylindole (DAPI) for restaining nucleus, and (f) is used as a waste outlet. (B) The workflow of operating on platform for size-based CTCs capture, profiling of cell phenotype, and classification based on SERS signatures [230]. (C) The workflow of SERS-aptamer-based microfluidic chip for hepatocellular carcinoma CTC capture, SERS measurement, and single-cell phenotype analysis [219]. (D) Views of the

laboratories. Nevertheless, they may cause some inconvenience to routine screening or POCT and have some shortcomings, such as complicated instrument operation, time-consuming exosome damage, and protein pollution [243–245]. For example, differential ultracentrifugation, the gold standard technique for isolating exosomes, requires cumbersome steps and expensive instrumentation, which may lead to low recoveries and high costs [246].

In addition to isolating exosomes, appropriate determination methods for exosomes are also necessary [247]. Some traditional techniques, such as protein blotting, ELISA, and MS, have limitations in exosome analysis due to low sensitivity, cumbersome procedures, and high sample handling requirements, which are not ideal for broader biological and medical research on exosomes [248]. Generally, separation, collection, and detection methods limit the efficiency of exosome analysis in terms of time and economic cost, operation friendliness, and detection accuracy, so new strategies are urgently needed to simplify the whole process. In recent years, the introduction of integrated microfluidic platforms has enabled the isolation and in situ molecular detection of exosomes, improving the efficiency of the analysis to a large extent [249,250]. The precise fluid control and high integration of various functions of microfluidic chips make them have a series of merits, including simple operation, easy automation, short analysis time, and less sample consumption [251]. The combination of microfluidic technology and various detection methods has been developing. Table 5 [252-259] lists several methods for exosome detection combined with microfluidic platforms. SERS can also be combined with the microfluidic platform for exosome analysis. In addition to high sensitivity and negligible water interference, the main advantage of SERS in exosome detection lies in its fingerprint characteristics and narrow spectral band, which makes it unique in multiple detections. As mentioned above, multiple detections of various target recognition substances (such as proteins on the surface of exosomes) are conducive to ensuring the accuracy of detection results.

5.3. Applications of LoC-SERS in exosome analysis

In the platform of LoC-SERS, most detection methods of exosomes are based on SERS labels, which are also considered to be more promising in clinical applications. In contrast, the complex background easily influences label-free identification in biological fluids [260]. The label-free detection of exosomes depends on the laser, sample, and SERS substrate, but it is not easy to coordinate the interaction of these three aspects [261]. Microfluidic chips are usually designed with the physical properties (such as the size of exosomes) and biological properties (such as immune affinity) of exosomes to maximize separation and detection. This section focuses on two representative LoC-SERS platforms based on SERS labels for exosome analysis.

5.3.1. SERS detection based on immunomagnetic separation

Magnetic enrichment can isolate and identify exosomes by integrating some exosome-specific surface proteins, such as EpCAM, CD63, CD9, ALIX, Annexin, and RAB5 [262]. Wang et al. proposed an LoC-SERS platform with magnetic separation for detecting prostate cancer, as shown in Fig. 6A [263]. The external sample and anti-CD63 magnetic beads are pumped at a certain speed through inlets 1 and 3, respectively. These two solutions are fully mixed and flow through the staggered triangular microcolumn mixing chamber. Under the action of the external magnetic field, the Mag-CD63-exo complex was immobilized in the Raman detection area. At this time, PBS buffer is introduced into inlet 2, and the mag-CD63-Exo complex in the mixing chamber is washed out. Next. EpCAM and functionalized Raman beads are introduced through inlet 4 and mixed with mag-CD63-Exo to form a sandwich immune complex. The exosomes were washed with PBS again, and finally, they were detected by Raman spectroscopy. The method can complete the detection within 1 h, and the LOD of a 20 μ L sample is close to 160 exosomes/mL. The team used the LoC-SERS platform to determine 10 serum samples from patients diagnosed with PCa and 8 representatives from healthy individuals, which showed good discrimination ability. The advantage of using this platform to analyze exosomes is that all the operation steps, including mixing, separation, enrichment, and detection, are completed on the chip, significantly saving time and reflecting the microfluidic platform's integration and operation friendliness.

5.3.2. SERS detection based on size separation

According to the size difference of exosomes, combining a microfluidic chip and filter membrane can also realize the separation of exosomes. Han et al. designed a LoC-SERS platform to diagnose osteosarcoma, as shown in Fig. 6B [264]. In this study, SERS labels were prepared by functionalizing gold nanoparticles (AuNPs) with specific antibodies (CD63, vimentin, and EpCAM) and Raman reporters (4-MBA and 2,3,5,6-tetrafluoro-4-mercaptobenzoic acid (TFMBA)). SERS labels are mixed with the sample, incubated, and introduced into the microfluidic device with tangential flow filtration. Unbound SERS tags were filtered out due to their small size, while exosome immune complexes were enriched on the membrane surface for in situ SERS analysis. The LOD of this method reached 2 exosomes/µL, and only 50 µL of plasma was consumed in one analysis. On one hand, the study analyzed the multiple protein levels of exosomes by SERS, which helped improve the accuracy of exosome detection. On the other hand, the platform used tangential flow filtration, which can effectively avoid the blockage of filter membranes, thus improving the analysis efficiency.

6. LoC-SERS used to detect nucleic acid markers

6.1. ctDNA in liquid biopsy

Analysis of circulating DNA is an integral part of precision cancer treatment, especially blood-based ctDNA detection, which provides a minimally invasive and easy-to-realize method for cancer diagnosis, prognosis judgment, and treatment guidance [16]. In 1948, Mandel et al. [265] first discovered the existence of acellular nucleic acids in the blood of healthy and sick individuals. Leon et al. [266] found that the concentration of cell-free DNA (cfDNA) in cancer patients was much higher than that in healthy individuals in 1977 and expounded the possible application of circulating tumor DNA in oncology. Simply put, ctDNA is a subclass of cfDNA, approximately 130–150 base pairs, that falls off from the tumor and enters the circulation during cell apoptosis and necrosis [7,267–269]. ctDNA maintains the same genome changes in the corresponding tumors, thus allowing quantitative and qualitative

microfluidic chip for the dielectrophoretic deposition of CTCs on the surface of the SERS platform [231]. Actual picture (i), schematic diagram (ii), chip cross-section before (iii) and after (iv) chip assembly, and detailed view of the microfluidic chamber with dielectrophoresis (DEP) electrode under the SERS platform and counter-electrode at the top of the chamber (v). NPs: magnetic-optical nanoparticles; HER2: human epidermal growth factor receptor 2; EpCAM: epithelial cell adhesion molecule; EGFR: human epidermal growth factor receptor 1; HCC: hepatocellular carcinoma; WBC: white blood cell; RBC: red blood cell; MGITC: malachite green isothiocyanate; DTDC: 3,3'-diethylthiadicarbocyanine iodide. Reprinted from Refs. [203,219,230,231] with permission.

Table 5

| Methods utilized for the detection of exosomes in combination with microfluidic platforms. | Methods 1 | utilized for | the detection | of exosomes in o | combination with | microfluidic platforms. |
|--|-----------|--------------|---------------|------------------|------------------|-------------------------|
|--|-----------|--------------|---------------|------------------|------------------|-------------------------|

| Related cancer types | Target | Isolation method | Detection method | Limit of detection | Refs. |
|----------------------|--------|--------------------------------------|-------------------------------------|--|-------|
| Ovarian cancer | EpCAM | Immunomagnetic separation | Fluorescence | 7.5×10^5 particles/mL | [252] |
| Lung cancer | PD-L1 | Centrifugal microfluidic disc system | Aptamer fluorescence system | 1.58×10^5 particles/mL | [253] |
| — | CD-63 | Aptamer capture | Electrochemical | 1×10^6 particles/mL | [254] |
| Breast cancer | EpCAM | Aptamer capture | Electrochemical | 17 exosomes/μL | [255] |
| — | CD-63 | Antibody capture | Surface plasmon resonance | 1 ng/mL | [256] |
| Breast cancer | PD-L1 | Antibody capture | Surface plasmon resonance | PD-L1 (high): 1.2×10^3 particles/µL PD-L1 (low): 6.3×10^3 particles/µL | [257] |
| - | CD-63 | Antibody capture | Graphene field-effect transistor | 0.1 μg/mL | [258] |
| | CD-63 | Antibody capture | Si nanowire field-effect transistor | 2159 particles/mL | [259] |

-: no data. EpCAM: epithelial cell adhesion molecule; PD-L1: programmed cell death ligand 1; CD-63: lysosomal membrane-associated glycoprotein 3.



Fig. 6. Microfluidic chips based on surface-enhanced Raman scattering (lab-on-a-chip SERS (LoC-SERS)) for detection of exosomes. (A) Working principle of the microfluidic Raman chip based on continuous flow mixing and immunomagnetic isolation for exosome capture and detection [263]. (B) Schematic illustration of SERS profiling of three biomarkers on plasma-derived exosomes isolated by size-dependent microfluidic filtration to diagnose osteosarcoma [264]. PBS: phosphate-buffered saline; CD63-Mag: anti-CD63 magnetic nanoparticles; EpCAM: epithelial cell adhesion molecule; VIM: vimentin. Reprinted from Refs. [263,264] with permission.

real-time evaluation in body fluids [270], such as ctDNA mutation, copy number variation, and DNA methylation [271,272]. Although ctDNA has certain potential as a biomarker for cancer diagnosis, the concentration level of ctDNA in early patients is much lower than that in advanced patients [269,273], which is a challenge to the sensitivity of detection methods. It is worth noting that ctDNA has a very short half-life, mainly representative of the actual situation. It may reflect dynamic molecular changes during tumor development [274].

6.2. miRNAs in liquid biopsy

miRNAs have also become promising biomarkers in cancer diagnosis and monitoring in the past decade [275]. miRNAs were first discovered in 1993 and belong to a class of noncoding RNAs consisting of 19–25 nucleotides [276,277]. Circulating miRNAs are a typical subgroup, defined as extracellular miRNAs, and may be found in or outside blood vessels [278,279]. miRNA biogenesis starts from the nucleus and is then processed in the cytoplasm, which is a complicated process [280]. The diversity and quantity of miRNAs are usually related to the organism's complexity, but many miRNAs are highly conserved in the process of evolution [281]. The number of mature human miRNAs reported thus far exceeds 2600 [282]. It has been reported that approximately 60% of mRNA will be regulated by miRNA, which, in addition to its paradigm function of binding and inhibiting the translation of its target RNA, also includes translation upregulation, transcription activation, epigenetic

regulation, and their existence in mitochondria and nuclei [282,283]. miRNAs participate in almost every major biological process, including proliferation, apoptosis, differentiation, organogenesis, etc., and are necessary for the normal development of animals [284,285]. At the same time, the imbalance of miRNAs is related to cancer [286,287]. It has been reported that the level of some specific miRNAs in the blood of cancer patients is higher than that of healthy individuals [280]. As intercellular signaling molecules mediating intercellular communication, miRNAs can be secreted into extracellular fluids, becoming a potential noninvasive biomarker [276]. To date, many studies on circulating miRNAs related to various cancers have been reported. For example, a variety of miRNAs, such as *miR-148a*, *miR-30c*, *miR-29b*, *miR-31*, *miR-30b-5p*, *miR-92a*, *miR-21*, *miR-5088-5p*, can be regarded as potential biomarkers in the study of female breast cancer [288–292].

6.3. Analysis methods of nucleic acid biomarkers

At present, the detection methods of ctDNA mainly include quantitative PCR (qPCR), digital drop PCR, and NGS, especially NGS, which significantly improves the detection sensitivity and specificity of ctDNA detection and characterization and marks the beginning of the "golden age" of liquid biopsy [273]. Similar to ctDNA detection, miRNA detection mainly includes qPCR or NGS, in addition to microarray analysis. Table 6 [22–25,293–301] shows several methods for detecting nucleic acid biomarkers. Although the above methods for detecting ctDNA and circulating ctmiRNA

Table 6

Methods utilized for the detection of circulating tumor DNAs (ctDNAs) and microRNA (miRNAs).

| Related cancer type | Sample type | Category | Specific target | Detection method | Limit of detection | Refs. |
|---------------------------------|---------------------|----------|--------------------------------|--|---|-------|
| Colorectal cancer | Tissue | miRNA | let-7a | Real-time quantitative PCR | 10 copies/µL | [22] |
| Lung cancer | Tissue | miRNA | miR-126 | Droplet digital PCR | 10 copies/µL | [23] |
| Breast cancer | Tissue and blood | miRNA | - | Next generation sequencing | - | [24] |
| Oral squamous cell carcinoma | Tissue | miRNA | miR-21-3p | Next generation sequencing | - | [25] |
| Thyroid cancer | Blood | ctDNA | BRAF V600E | Electrochemical- enrichment assisted amplification refractory mutation system- quantitative real-time PCR | 2 copies in Tris buffer 25 copies in 50% plasma | [293] |
| Lung cancer | Blood | ctDNA | EGFR L858R | Digital PCR | 5 copies/μL | [294] |
| _ | Blood | ctDNA | EGFR T790 M | Digital droplet PCR | 1% mutant frequency | [295] |
| Lung cancer | Blood | ctDNA | EGFR exon 21 and EGFR L858R | Digital droplet PCR | 10 copies/µL | [296] |
| Ovarian cancer | Blood | miRNA | miR-200b | Graphene oxide-based qRT-PCR | 10 copies/µL | [297] |
| Breast cancer | Blood | ctDNA | TP53 and PIK3CA | Molecular barcode next-generation sequencing | 0.1% variant allele frequency | [298] |
| Malignant melanoma | Blood | ctDNA | BRAF V600 | Microarray and droplet digital PCR | 0.05% mutated DNA from wild-type DNA background | [299] |
| Colorectal cancer | Tissue and blood | ctDNA | KRAS, NRAS, and BRAF | Tag-microarray method | 0.03%–0.28% variant allele frequency | [300] |
| Colorectal cancer | Tissue | miRNA | _ | Microarray analysis | _ | [301] |

-: no data; PCR: polymerase chain reaction; BRAF: v-raf murine sarcoma viral oncogene homolog B1; EGFR: epidermal growth factor receptor; qRT-PCR: quantitative realtime fluorescence PCR; TP53: tumor protein p53 gene; PIK3CA: phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha; KRAS: Kirsten rat sarcoma viral oncogene homolog; NRAS: neuroblastoma RAS viral oncogene homolog.

are widely used, POCT must have lower sample consumption, faster turnaround time, and higher experimental yield, and many of the above methods are used for tissue detection. Nevertheless, they may not be suitable for body fluid detection [302].

6.4. Applications of LoC-SERS in nucleic acid biomarker analysis

Addressing the detection of ultrasensitive targets with low concentrations, such as ctDNA or miRNA, is an urgent matter that cannot be overlooked. The catalytic hairpin assembly (CHA) reaction, as a nonenzymatic and isothermal amplification strategy based on dynamic DNA self-assembly, has been proven to be able to amplify and transduce signals to detect various RNAs and DNAs, showing high sensitivity and selectivity [303,304]. As a general amplification strategy, CHA can be triggered by the target only by designing two hairpin DNAs (hpDNAs) and then self-assembling them into a double-stranded DNA structure through base pairing. The CHA strategy enables release and reuse from the target, making it an ideal method for constructing a multifunctional signal amplification strategy [305]. In addition, the loop structure of hpDNA can be opened by one-step hybridization with the target nucleic acid. The signal intensity change of Raman signal molecules linked to hpDNA can also be used to determine nucleic acids. Moreover, there are also studies to improve detection accuracy by combining various detection methods or designing microfluidic chips for the secondary detection of samples.

6.4.1. CHA strategy used in LoC-SERS

Combining the CHA strategy and SERS analysis further improves sensitivity and specificity. Meanwhile, the presence of microfluidic chips makes nucleic acid detection more compatible with the requirements of POCT. Cao et al. used this combined technique to detect two kinds of ctDNA (*TP53* and *PIK3CA-Q546K*) associated with non-small cell lung cancer. The microfluidic chip has six

parallel detection channels, as shown in Fig. 7A [306]. Two kinds of Raman signal molecules (4-MBA and DTNB) and two hpDNAs (HP1-1 and HP1-2) were modified on the Au-Ag nanoshuttle surface to form two probes. The other two hpDNAs (HP2-1 and HP2-2) were modified on the surface of Au-Ag nanobowls in a microfluidic chip to form capture substrates. First, SERS probes and sample solution are dropped into the injection regions of the microfluidic chip (consisting of two 2-mm diameter circular holes), and the dripped solutions can flow spontaneously and fully contact each other under capillary force. Then, the CHA reaction occurred on the surface of highly ordered Au-Ag nanobowl arrays (EF = 7.02×10^8). With the progress of the reaction, an increasing number of SERS probes gather on the surface of the Au-Ag nanobowl array to produce many hot spots, thus enhancing the Raman signal. Through this method, the team realized the sensitive detection of TP53 and PIK3CA-Q546K in human serum, and the LODs were as low as 2.26 and 2.34 aM, respectively.

Cao et al. also designed a microfluidic platform to simultaneously detect two other non-small cell lung cancer-related ctDNAs, *BRAF V600E* and *KRAS G12V*, as shown in Fig. 7B [307]. In the presence of a target, the CHA reaction can be triggered between two hpDNAs, immobilizing the Pd-Au core-shell nanorods on the surface of magnetic beads. Then, the composite structure can be assembled under magnetic force, realizing double amplification of SERS signals.

6.4.2. One-step paired hybridization reaction used in LoC-SERS

In addition to the above methods based on amplification technology, a one-step paired hybridization reaction is also suitable for detecting nucleic acid molecules. In short, in the reaction zone of a microfluidic chip, hpDNA labeled by Raman signal molecules is modified on the SERS substrate. Before detection, the signal molecules generate strong SERS signals near the substrate surface. In the event of miRNA target chains within the system, they will pair



and hybridize with the corresponding hpDNA, ultimately leading to the dissociation of the stem region of hpDNA. The opening of the loop structure keeps the signal molecules away from the substrate surface, which leads to the weakening of the SERS signal. With an increase in miRNA concentration, the SERS signal will be more attenuated, which can be quantitatively detected according to the signal change. Gu et al. successfully detected two miRNAs (*miR-92a* and *miR-339-3p*) related to non-small cell lung cancer by using a Au-Ag nanobowl array as the SERS substrate (EF = 7.54×10^8), and the LOD was as low as 44.36 and 63.58 aM, respectively, as shown in Fig. 7C [308].

6.4.3. Secondary detection in LoC-SERS

When detecting and analyzing single-point nucleic acid molecules, it is crucial to be aware of the potential for false-negatives and false-positives due to their small quantity and complicated background. Some studies use secondary detection to improve the accuracy of detection. For example, through the one-step paired hybridization reaction mentioned above, Wang et al. successfully detected miRNA-21 by combining SERS and fluorescence, as shown in Fig. 7D [309]. This study labeled the hairpin structure with the organic dye 6-carboxyfluorescein (6-FAM), which was used as a fluorophore and SERS reporter molecule. Due to the hairpin structure, when no target miRNA is present, 6-FAM becomes close to the nanosubstrate. This results in generating a strong Raman signal and simultaneous quenching of the fluorescence signal. When the target miRNA appears, it hybridizes with hpDNA molecules to open the hairpin structure, and the distance between 6-FAM and silver nanoparticles increases. Therefore, the fluorescence of 6-FAM will be restored, and the SERS signal of 6-FAM will be weakened. To some extent, this dual detection method can compensate for the false-positive or false-negative test results that sometimes arise from single-point detection.

The functional design of the microfluidic chip allows for the secondary detection of analytes, which can also effectively solve the problems above. Ma et al. designed a microfluidic device with dual detection zones. They constructed a SERS biosensor based on microfluidic technology using target cycle amplification technology assisted by duplex-specific nuclease (DSN), which also realized the sensitive detection of single-point miRNA-21, as shown in Fig. 7E [302]. This study divides the functionalized porous anodic aluminum oxide (AAO) substrate into a reaction chamber with an AAO/Au array and a secondary detection chamber with an AAO/ Au@Ag array. SERS nanotags (Au^{MBA}@Ag core-shell nanoparticles) were immobilized on AAO/Au arrays by single-stranded DNA (ssDNA). When miRNA-21 is close to the surface of the AAO/Au array, it hybridizes with ssDNA complementarily, forming a DNA/ miRNA heteroduplex. Then, the target recovery process assisted by DSN is triggered, and the newly formed DNA/miRNA heteroduplex is cut into DNA fragments and single-stranded miRNA by the DSN enzyme. SERS labels also dissociate from the nanosurface, which leads to the weakening of the SERS signal. The released target miRNA will further hybridize with other DNA probes on the AAO/Au

array, and the suspended SERS nanotags will be transferred to the second detection chamber with the AAO/Au@Ag array to generate SERS signals. In this complementary detection mode, the detection of *miR-21* is realized in the wide range of 10 fM-10 nM.

7. Challenges

For the analysis of biomarkers, it is usually necessary to consider many factors when choosing the appropriate detection method, such as whether the properties of the tested substance match the detection principle and whether the detection results obtained by the selected method are reliable. On these bases, attention should also be paid to the method's sensitivity, selectivity, convenience, and time cost. Thus, the development of interdisciplinary detection methods in medicine makes it more intelligent, integrated, and convenient. This review introduces several typical LoC-SERS platforms for detecting various cancer biomarkers. However, it is undeniable that they are still in their early developmental phase, which is probably why the literature has been relatively limited in recent years.

On one hand, while liquid biopsies have great potential for future diagnostic, prognostic, and therapeutic monitoring of cancer patients, only three liquid biopsy trials have been approved by the FDA, two for cfDNA (Corbus EGFR mutation test v2 and Epi pro-Colon) and one for CTC-based practices (Cell Search). The low approval rate is due to the generally low reproducibility of preclinical studies [10]. Taking miRNA as an example, at the present level of knowledge, different cancer research groups still cannot obtain the same identification results of cell-free miRNA, so it is still a challenge to use a single cell-free miRNA for cancer diagnosis and prognosis in clinics [280]. To meet the technical requirements of the method, practice guidelines and standard operating procedures are indispensable, which are essential for generating reliable and reproducible data [310].

On the other hand, both microfluidic technology and SERS are relatively new analytical methods. Even if they are combined, there are still many challenges to be faced when they are put into clinical practice for routine detection and screening of cancer. First, one of the major advantages of SERS is its unique fingerprint identification, which makes it possible to detect nonmarkers. However, due to the complexity of liquid biopsy samples and the extremely low abundance of biomarkers in them, SERS signals are easily interfered with by the background. For example, when detecting exosomes in blood or serum, in addition to identifying a few exosomes from cancer cells from a large number of exosomes from different sources, it is necessary to overcome the complicated analysis signals caused by nonspecific adsorption of other molecules [260].

To solve the problem of Raman background interference, such as protein, lipid, and other endogenous substances and cell auto-fluorescence signal interference, the most common method is to purify samples before detection. For example, Phung et al. [311] used a borate extraction plate to extract the analyte before SERS

Fig. 7. Microfluidic chips based on surface-enhanced Raman scattering (lab-on-a-chip SERS (LoC-SERS)) for detection of nucleic acid biomarkers. (A) Principle of catalytic hairpin assembly (CHA) and SERS microfluidic chip for detecting circulating tumor DNA (ctDNAs) [306]. Injection region (i), mixing region (ii), reaction region (iii), and comb structure region (iv). (B) Schematic of ctDNA analysis based on the pump-free SERS microfluidic chip [307]. The preparation process for the SERS probes (i), SERS detection of *v-raf murine sarcoma viral oncogene homolog B1 (BRAF) V600E* and *Kirsten rat sarcoma viral oncogene homolog (KRAS) G12V* based on the proposed platform (ii). (C) Flow chart of the application of the SERS microfluidic chip for detection of *miR-92a* and *miR-339-3p* [308]. (D) Microfluidic chip based on the combination of fluorescence and SERS for detecting microRNA (miRNA) [309]. The working mechanism of the designed molecular beacon (i) and schematic diagram of the microfluidic assay of the target oligonucleotides (ii). (E) Schematic illustration of microfluidic SERS biosensor based on anodic aluminum oxide (AAO)/Au array and AAO/Au@Ag array for detecting *miRNA-21* [302]. The preparation of microfluidic SERS biosensor (i), preparation and immobilization of SERS nanotags (Au^{MBA}@Ag core-shell nanoparticles) (ii), Raman measurement combined with duplex-specific nuclease (DSN)-assisted target recycling amplification strategy for detection of *miRNA-21* (iii). 4-MBA: 4-mercaptobenzoic acid; DTNB: 5,5'-dithiobis-(2-nitrobenzoic acid); HP: hairpin DNA; Pd-AuNRs: Pd-Au core-shell nanorods; MBs: magnetic beads; 5-FAM: 5-carboxyfluorescein; Cy5: cyanine 5; PDMS: polydimethylsiloxane; AuNPs: gold nanoparticles; HS-PEG-COOH: thiol (poly-ethylene glycol) acid; SA: streptavidin; MUA: 11-mercaptoundecanoic acid. Reprinted from Refs. [302,306–309] with permission.

detection of dopamine in plasma samples, and the background signal of the Raman spectrum was reduced. The simplicity of the method should be considered when the sample is pretreated; otherwise, it may be unfavorable to the implementation of POCT. There are studies on signal correction by adding internal standards, which can also avoid the background interference of complex samples [312,313]. In addition, some studies have used the Raman silent strategy [314–316]. By designing the Raman probe, it can generate Raman signals in a specific Raman shift range, that is, the Raman silent region (1800–2800 cm⁻¹), while most biomolecules do not generate Raman signals in this region, thus achieving the purpose of eliminating background interference.

Increasing the specific surface area of SERS substrate nanostructures makes it easier to obtain abundant hot spots, especially as nanotechnology is booming today. However, if their signals are uneven and unstable, it will be difficult to go further to the level of clinical diagnosis and application; therefore, many researchers are devoted to finding highly ordered SERS substrates to make hot spots evenly distributed. The microfluidic device mentioned in this paper can also improve the repeatability and stability of the SERS signal. However, at present, it is still necessary to standardize regulations such as SERS substrate preparation and performance control of microfluidic chips to provide reliable references.

It is also worth mentioning that the quantification of most biomarkers is based on SERS intensity, and the intensity signal often fluctuates inevitably due to the heterogeneity of the SERS substrate, thus affecting the reproducibility of detection. In 2012, Olivo and co-workers [317] proposed a quantitative immunoassay method based on the SERS frequency shift. They found that the vibration frequency of antibody-coupled SERS activity reporter molecules would change quantitatively with the change in target antigen concentration. In summary, this is mainly due to mechanical transduction, charge transfer, or local electric field effects [318]. In the next few years, studies on applying SERS frequency shift analysis in biomolecules have also been reported. Ma et al. [319] proposed a sandwich immunoassay that combined two independent SERS probes, 4-MBA and DSNB. Among them, the determination of alpha-fetoprotein (AFP) was realized through the evaluation of the 4-MBA frequency shift of the Raman signal molecule, and the logarithmic value of the AFP concentration had a good linear relation with the 4-MBA frequency shift value. This method is suitable for detecting macromolecular substances such as nucleic acids and proteins. Nevertheless, not all Raman reporter molecules will produce a Raman signal frequency shift after binding with the analyte. Thus, the development of reporter molecules and probes is also an issue that needs to be faced if this strategy is to be further expanded.

For microfluidic devices, miniaturization, portability, and integration are the basic requirements. First, regarding POCT, avoiding the use of complex and huge external equipment is necessary. For example, most microfluidic platforms mentioned in this paper use capillary action to complete the automatic driving of fluid on microfluidic platforms. In addition, the cost and capacity should also be considered to facilitate the mass production of microfluidic platforms. Most microfluidic platforms are made of cheap glass, polymers (such as PDMS), etc., and some studies have made paper the assembly material of microfluidic platforms to further reduce the cost. At the same time, to simplify production, combining other technologies, such as 3D printing, to develop a microfluidic platform can achieve the advantages of low cost, less waste, and easy design. Although this technology has shortcomings, such as limited resolution, it can still be used as a supplementary technology for microfluidic production [320].

Finally, the design of microfluidic platforms should provide convenient conditions according to the characteristics of SERS detection, such as sample pretreatment steps such as separation, mixing, and enrichment, through the design of microfluidic channels so that analytes can present the best form for SERS analysis. In addition, introducing the SERS substrate into the microfluidic channels is also the key to preparing the platform, which relates to the uniformity of the substrate in the channels and the uniformity of the detection signal. Traditional methods, such as injecting colloidal nanoparticles into the microfluidic channel, then adding the analyte solution, mixing, and analyzing, are challenging to achieve a consistent detection signal. In recent years, there have been continuous methods to synthesize SERS substrates on microfluidic chips in situ, which is helpful to improve the above problems. For example, Dugandžić et al. [28] obtained silver nanoparticles in glass microfluidic chips based on segmented flow by reducing silver ions with hydrazine in ammonium hydroxide solution, which showed longterm reproducibility, lower LOD, and wider working range in the detection of adenine. Parisi et al. [321] prepared silver nanoparticlebased active SERS substrates by electroplating replacement of prepatterned Cu in microfluidic channels and detected crystal violet and pesticides. The shape and size of the SERS detection area were controlled by prepatterned Cu substrates, allowing precise control of position, high reproducibility, and consistent results.

In summary, the high standards required for detection methods in cancer diagnosis present significant opportunities for further development and refinement of both microfluidic technology and SERS detection methods. While their combination holds great promise in precisely detecting cancer, there is still much work to be done to fully realize their clinical potential.

8. Conclusion

This review introduces several common biomarkers in cancer liquid biopsy, including circulating proteins, CTCs, exosomes, miRNA, and ctDNA. For the past few years, the continued discovery and study of these predictive biomarkers have led to the enormous potential of liquid biopsies in cancer diagnosis. The combination of microfluidic platforms and SERS is highly compatible and advantageous in biomarker detection research. With microfluidic devices providing precise control over liquids, the mixing, concentration, capture, and other steps of biomarkers can be completed centrally on the chip. SERS then quickly, sensitively, and accurately identifies and analyzes biomarkers. Both of them have POCT potential, which makes the liquid biopsy process more efficient and convenient. However, it is necessary to note that the full potential of this technique may not yet be fully realized. For example, the label-free SERS assay should have performed a much more powerful function in screening biomolecules. Nevertheless, due to the complexity of biological samples, label-based SERS assays are mostly in use. In addition, the reproducibility and stability of SERS signals, the standardization of platform production, and the cost and capacity of pushing the platform into production should be considered. Therefore, there are still a series of challenges if this combined technique is applied to the clinical detection of cancer biomarkers. However, we believe that with an increasing number of people paying attention to and participating in research in this field, these problems will be gradually overcome, and this potential combined technique will have a bright future in liquid biopsy.

CRediT author statement

Changhong Nie: Methodology, Investigation, Writing - Original draft preparation, Reviewing and Editing, Visualization, Software, Data curation; **Ibrahim Shaw:** Writing - Reviewing and Editing; **Chuanpin Chen:** Conceptualization, Supervision, Writing - Reviewing and Editing, Validation.

Declaration of competing interest

The authors declare that there are no conflicts of interest.

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