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Targeted gold nanoparticles enhance sensitization of prostate tumors to megavoltage radiation therapy in vivo

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10 Abstract

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We report potent radiosensitization of prostate cancers in vitro and in vivo using goserelin-conjugated gold nanorods. Progressive 11 receptor-mediated internalization of conjugated nanorods over time increases the radiation interaction cross-section of cells and contributes to 1213the effects observed in vitro. The low concentrations of gold required, the long interval between injection of nanoparticles and radiation, and the use of megavoltage radiation to generate radiosensitization in vivo foretell the possibility of eventual clinical translation of this approach. 14 © 2015 Published by Elsevier Inc. 15

Key words: Megavoltage radiation therapy; Gold nanoparticles; Tumor targeted delivery; Conjugated; Prostate cancer; Goserelin acetate 16

Background 18

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The ability of gold nanoparticles (AuNPs) to enhance the effect 1920of physical radiation dose on tumor cells has been previously shown.¹⁻¹² Systemic injection of nanoparticles results in a 21preferential accumulation in the typically "leaky" tumor vascula-22ture (the "enhanced permeability and retention" [EPR].^{6,13,14} The 23 radiosensitization effect of AuNPs is thought to result from an 24increased number of photoelectric absorption events and low-25range electron showers that follow the interaction of photons with 26the increased number of electrons present in gold. Hainfield et al. 27demonstrated that administration of AuNPs followed by kilovolt 28(kV) radiation substantially improved the 1-year survival rate of 29mice bearing subcutaneous mammary carcinoma (86%) over 30 radiation alone (20%).¹ The aforementioned curative effect of 31

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http://dx.doi.org/10.1016/j.nano.2014.12.016 1549-9634/C 2015 Published by Elsevier Inc. combined radiotherapy and AuNPs was observed in mice 32 following intravenous administration of approximately 1.35 mg 33 of gold per gram of body weight. Immediate radiation $-2 \min \text{ after } 34$ AuNPs injection – guaranteed that the transient gold content 35 encountered in the tumor, primarily within the vasculature, 36 increased interaction probability with ionizing radiation, leading 37 to enhanced biological effect. The photoelectric absorption is most 38 prominent at kV energies near the binding energies of the lower 39 shells of electrons in gold – a fact that has hindered the translation 40 of this technology to the clinic due to the inherently shallow 41 penetration of kV energies. Attempts at using the clinically-utilized 42 megavoltage (MV) energies and clinically non-prohibitive 43 amounts of gold have shown only modest dose enhancement 44 from AuNPs, <17% in vitro as reported by Chitrani et al.⁴ 45

We hypothesized that the MV radiation dose-enhancing 46 effects of AuNPs could be amplified if more particles were taken 47 up by the tumor cells, leading to greater cellular toxicity from the 48 short-range secondary electron cascade. Majority of the 49 successful studies combining AuNPs and ionizing radiation 50 utilize a polyethelene glycol coating (PEGylation) – or similar 51 coating molecules - to prevent nanoparticles from being rapidly 52 eliminated from the body while still staying in the blood stream, 53 ultimately reducing uptake of these particles by the reticuloen- 54 dothelial cells, consequently enhancing their accumulation 55

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T. Wolfe et al / Nanomedicine: Nanotechnology, Biology, and Medicine xx (2015) xxx-xxx

within tumors.^{6,10,12,15,16} Modest radiosensitization has been 56reported with megavoltage irradiation of pegylated AuNPs in 57vitro with widely varying results based on the cell lines being 58treated and the treatment conditions where high concentrations 59of particles remain in the media (are not washed off) during 60 irradiation.^{3,4,6} In vivo, most of these PEGylated nanoparticles 61 tend to accumulate in the perivascular space, however, with 62 limited uptake by cells. We sought to further increase the amount 63 and specificity of gold accumulation inside cancer cells by 64 conjugating the nanoparticles to a small peptide targeted to a 65receptor preferentially overexpressed by tumors. 66

Radiation dose escalation has been demonstrated to be of 67 clinical benefit in some cancers but not all. Prostate cancer is one 68 instance where there is demonstrable therapeutic value to escalated 69 doses of radiation to the primary tumor while sparing adjacent 70normal tissues. Recent clinical trial results have shown that overall 71 survival is directly correlated to cumulative tumor dose due to more 72 efficient elimination of radioresistent clones at the primary site. In 73 addition, a cross-sectional analysis of these three major clinical 74 75trials revealed a linear correlation between total tumor dose and improvements in biochemical control. Moreover, modest local 76dose enhancements (between 11-24%) result in great improve-77 ments in the overall survival time (from 10% to 200%).¹⁷⁻¹⁹ 78

79 Our search for a suitable targeting ligand for prostate cancer led us to choose goserelin acetate, a synthetic luteinizing hormone-80 releasing hormone (LHRH) analogue that binds to the LHRH 81 receptor overexpressed in the vast majority of prostate cancers²⁰ 82 and works by reducing the secretion of gonadotropins, which in 83 turn reduces the testicular secretion of testosterone.²¹ Concurrent 84 administration of doses of goserelin acetate that result in sustained 85 testosterone suppression to near-castrate levels improves local 86 control and survival of locally advanced prostate cancer patients 87 treated with radiation therapy.²² However, no supra-additive 88 radiosensitization was observed in vitro in human prostate cancer 89 cells treated with low concentrations of $goserelin^{23}$ – the 90 concentrations we evaluate in the present study – consistent with 91 the conclusion that testosterone suppression does not sensitize 92prostate cancers to radiation therapy but the combination causes 93 additive cytotoxicity and growth inhibitory effects that are 94 clinically meaningful.²⁴ We then reasoned that the affinity of 95goserelin for prostate cancer cells, given the plentiful expression of 96 type I and type II gonadotropin receptors on the membranes of such 9798 cells,²⁰ could be exploited to enhance the accumulation of gold nanoparticles in prostate cancer cells for radiation therapy, and thus 99 enhance the biological effects of radiation compared with 100 untargeted AuNPs that accumulate in the extracellular and 101 perivascular compartments. Here we describe our successful 102 conjugation of goserelin acetate to the surface of AuNPs (gAuNRs) 103 at a ratio of approximately 60 molecules per nanoparticle. We 104 thereafter report our in vitro and in vivo investigations into the 105 radiosensitizing effects of targeted gold nanoparticles when 106 applying radiation in the MV energy range. 107

108 Methods

109 A construction of goserelin conjugated AuNPs

Bare rod-shaped gold nanoparticles, gold nanorods (herein denoted AuNRs), were synthesized as described in the

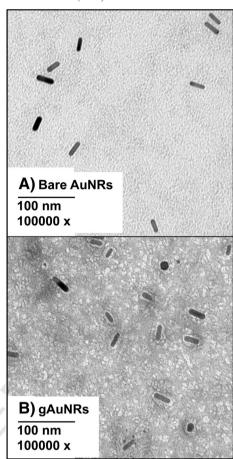


Figure 1. Architecture of goserelin-conjugated gold nanorods (gAuNR). Transmission electron microscopy images of gold nanorods (AuNRs) before conjugation (A) and after conjugation (gAuNR) (B). Detailed information for manufacture of gAuNR can be found in the supplementary material.

supplementary information. Further, these nanoparticles were 112 reacted with thiol-terminated methoxy polyethylene glycol 113 (PEG) to generate PEGylated AuNRs (pAuNRs). AuNRs were 114 conjugated to goserelin via PEG as outlined in the cartoon 115 (Figure 1, A). Briefly, goserelin acetate (Sigma) stock solutions 116 were made by dissolving the peptide powder in deionized water 117 at 5 mg/mL (0.8 mM), aliquot and kept at -80 °C. 355 µL of 118 ethyl (dimethylaminopropyl) carbodiimide, EDC (Thermo 119 Scientific), solution at 2 mM was added to 100 µL of 1 mM 120 thiol-PEG-carboxylate (SH-PEG-COOH) solution, immediately 121 followed by the addition of 326 µL of 5 mM sulfo-N- 122 hydroxysuccinimide, NHS (Thermo Scientific), solution result- 123 ing in a semi-stable amino-reactive SH-PEG-NHS-ester. Subse- 124 quently, 382 µL of 0.8 mM goserelin peptide solution was 125 reacted with this mixture in glass vials gently agitated on ice and 126 then allowed to equilibrate under constant gentle shaking for 127 30 min at 4 °C. A molar ratio of goserelin to PEG of 1:1 was 128 determined to be optimal for maximizing the number of goserelin 129 molecules linked to the surface of each AuNRs in the next step. 130 After creation of the SH-PEG-goserelin, the vial was again 131 placed on ice and 3 mL of AuNRs solution (at OD = 3) was 132 added drop-wise to the vial. The entire solution was then kept 133 overnight at 4 °C under constant gentle mixing to allow the thiol 134

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