

Nanocarrier delivery systems

Introduction

Structure, types and features

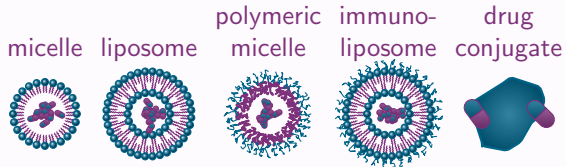
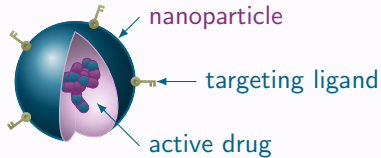


Figure: *Structure of common types of nanocarriers*

Definition: nanocarrier

- Biocompatible nanoparticle encapsulating a drug

Characteristics

- Nanometer scale
- Low toxicity
- Biodegradable
- Hydrophilic
- Non-immunogenic
- Soluble
- Long half-life

Targeted drug delivery

Introduction

How is targeted drug delivery effective?

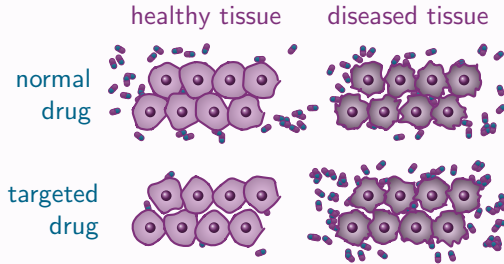


Figure: Goal is to increase drug concentration ratio for diseased tissue

Targets diseased tissue

- Maximise therapeutic effects
- Minimise effective drug dose
- Common targets are solid tumours, inflamed and infected tissue

Avoids healthy tissue

- Minimise toxic side-effects

Enhanced permeability and retention effect

Passive targeting

Basis for **first generation** nanomedicines [1]

Illustration of the EPR effect

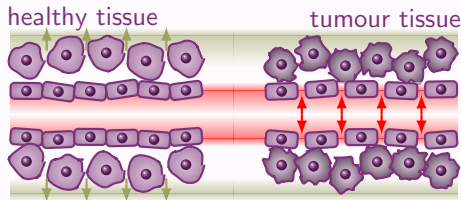


Figure: *Lymphatic system drainage and blood vessel permeability in solid tumours*

Definition: EPR effect

- Tendency for nanoparticles to accumulate in **solid tumours** [2]

Accumulation procedure

- ① Molecules leak from blood into tissue due to **enhanced vascular permeability**
- ② **Blocked lymphatic system** due to dense rapidly growing tumour cells [3]
- ③ Large particles become trapped

[1] A. Wicki *et al.*, *Journal of controlled release* **200**, 138–157 (2015).

[2] H. Maeda *et al.*, *Journal of controlled release* **65**, 271–284 (2000).

[3] T. P. Padera *et al.*, *Nature* **427**, 695 (2004).

Internal stimuli-responsive nanocarriers

Stimuli-responsive targeting

Example

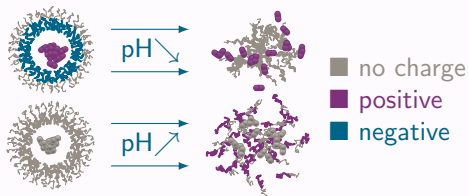


Figure: Polymeric micelles with pH-responsive polymers for electrostatic release [4]

Bioindicators used to trigger release

- pH level
- Enzymes
- Redox potential
- Temperature

Target sites for pH-responsive nanocarriers

- Tumours have been observed with lower pH than healthy tissue [5, 6]
- Individual organelles within the cell maintain their own unique pH [1]

[1] A. Wicki *et al.*, *Journal of controlled release* **200**, 138–157 (2015).

[4] T. Sun *et al.*, *Angewandte Chemie International Edition* **53**, 12320–12364 (2014).

[5] I. F. Tannock, D. Rotin, *Cancer research* **49**, 4373–4384 (1989).

[6] L. E. Gerweck, K. Seetharaman, *Cancer research* **56**, 1194–1198 (1996).

External stimuli-responsive nanocarriers

Stimuli-responsive targeting

Example

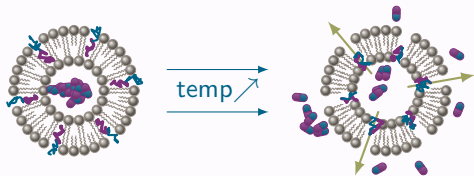


Figure: *Liposomes modified with thermosensitive polymers for controlled release [7, 8]*

Mechanisms used to externally trigger release

- Electromagnetic fields
- Heat
- Ultrasound
- Light

Induced local hyperthermia

- Target temperature is 40–45 °C [9, 10]
- Direct heat can be applied to target
- Magnetic fields can be used to heat iron oxide nanoparticles at target [11]

[7] T. Ta, T. M. Porter, *Journal of controlled release* **169**, 112–125 (2013).

[8] K. Kono, *Advanced drug delivery reviews* **53**, 307–319 (2001).

[9] A. Jhaveri *et al.*, *Journal of controlled release* **190**, 352–370 (2014).

[10] S. Ganta *et al.*, *Journal of controlled release* **126**, 187–204 (2008).

[11] F. Scherer *et al.*, *Gene therapy* **9**, 102 (2002).

Nanocarriers with surface ligands

Active targeting

Receptor-mediated endocytosis of nanocarriers

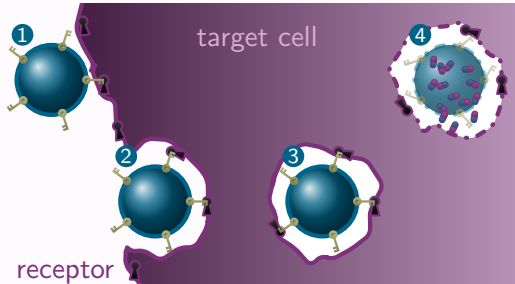


Figure: Nanocarrier binding ①, endocytosis ②, endosome transport ③, and drug release ④

Definition: active targeting

- Targeted drug delivery to specific cell types by encouraging cell uptake

Cell uptake procedure

- ① Passive targeting delivers nanocarrier to solid tumour, eg. via EPR effect [2]
- ② Surface ligands on nanocarrier bind to surface receptors on target cell
- ③ Cell absorbs nanocarrier via receptor-mediated endocytosis [4]

[2] H. Maeda *et al.*, *Journal of controlled release* **65**, 271–284 (2000).

[4] T. Sun *et al.*, *Angewandte Chemie International Edition* **53**, 12320–12364 (2014).

Drugs on the market and in clinical trials

Examples

Thank you, any questions?

References

1. A. Wicki *et al.*, *Journal of controlled release* **200**, 138–157 (2015).
2. H. Maeda *et al.*, *Journal of controlled release* **65**, 271–284 (2000).
3. T. P. Padera *et al.*, *Nature* **427**, 695 (2004).
4. T. Sun *et al.*, *Angewandte Chemie International Edition* **53**, 12320–12364 (2014).
5. I. F. Tannock, D. Rotin, *Cancer research* **49**, 4373–4384 (1989).
6. L. E. Gerweck, K. Seetharaman, *Cancer research* **56**, 1194–1198 (1996).
7. T. Ta, T. M. Porter, *Journal of controlled release* **169**, 112–125 (2013).
8. K. Kono, *Advanced drug delivery reviews* **53**, 307–319 (2001).
9. A. Jhaveri *et al.*, *Journal of controlled release* **190**, 352–370 (2014).
10. S. Ganta *et al.*, *Journal of controlled release* **126**, 187–204 (2008).
11. F. Scherer *et al.*, *Gene therapy* **9**, 102 (2002).