

# Nanocarriers for targeted drug delivery

## Benefits and challenges of nanotechnology for medicine

Russell Maguire

ENGI4131 Advanced Semiconductor Devices

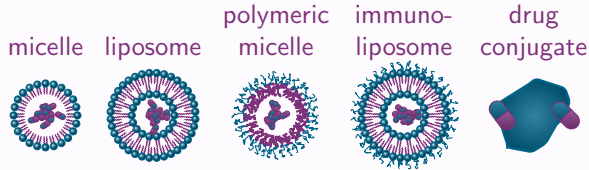
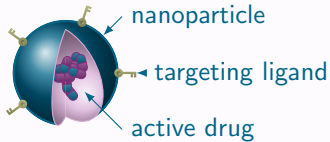
Durham University

December 3, 2018

# Nanocarrier delivery systems

## Introduction

### Structure, types and features



**Figure:** Structure of common types of nanocarriers  
 ■ hydrophobic/lipophilic, ■ hydrophilic

### Definition: nanocarrier

- Biocompatible nanoparticle encapsulating a drug

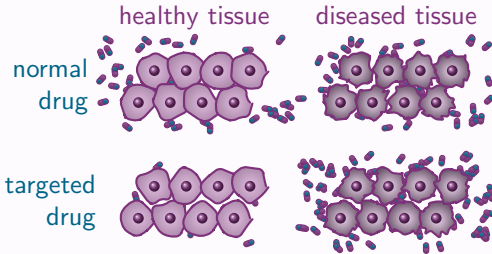
### Characteristics

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

# 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

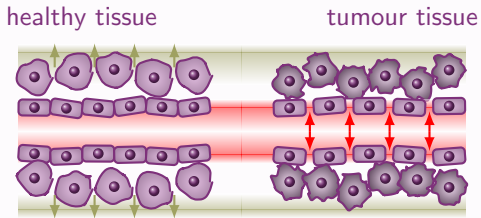
- Minimise toxic side-effects

# 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).

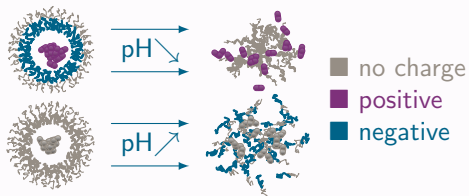
[2] H. Maeda *et al.*, *Journal of controlled release* **65**, 271–284 (2000).

[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).

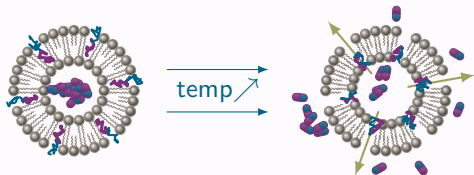
[5] I. F. Tannock, D. Rotin, *Cancer research* **49**, 4373–4384 (1989).

[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).

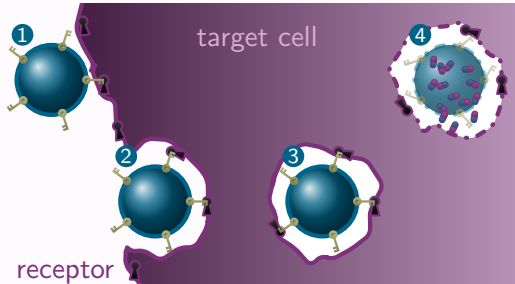
[10] S. Ganta *et al.*, *Journal of controlled release* **126**, 187–204 (2008).

[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).

# Nanocarrier chemotherapy drugs on the market

## Examples

### Doxil<sup>®</sup>/Caelyx<sup>®</sup> [12]

- Pegylated liposomal *doxorubicin*
- Immunoliposome using *polyethylene glycol (PEG)* stealth coating
- Passively targeted *doxorubicin*
- Reduced cardiac side effects [1]
- Clinical trials are exploring *actively targeted variations* [13]

### Abraxane<sup>®</sup> [14]

- Nanoparticle *albumin-bound paclitaxel*
- Protein-drug conjugate—*albumin* is a common transport protein in blood
- Passively targeted *paclitaxel*
- Improved solubility [1]
- Unavailable on NHS from 2015–2017, partly due to cost [15]

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

[12] M. Harrison *et al.*, *Journal of clinical oncology* **13**, 914–920 (1995).

[13] C. Mamot *et al.*, *The lancet oncology* **13**, 1234–1241 (2012).

[14] N. Desai *et al.*, *Clinical cancer research* **12**, 1317–1324 (2006).

[15] National Institute for Health and Care Excellence, [Accessed: 2018-11-30] (<https://www.nice.org.uk/guidance/ta362>).



## Thank you, any questions?

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).
12. M. Harrison *et al.*, *Journal of clinical oncology* **13**, 914–920 (1995).
13. C. Mamot *et al.*, *The lancet oncology* **13**, 1234–1241 (2012).
14. N. Desai *et al.*, *Clinical cancer research* **12**, 1317–1324 (2006).
15. National Institute for Health and Care Excellence, [Accessed: 2018-11-30] (<https://www.nice.org.uk/guidance/ta362>).