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Gold nanoparticles as radiosensitizers – what does it take to go from the bench to the bedside

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Disclosure Information Sunil Krishnan



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I WILL include discussion of investigational or off-label use of a product in my presentation.















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- Core-shell ratio determines the optical characteristics









Mechanisms Early effects	MD Anderson Cancer Center Late effects
Anti-hypoxic effect	Vascular disrupting effect?





Stem c	ell sen	sitizati	on		MD Anders Cancer Cer
2.0 1.5				3.0 902.5 2.0 1.5	
0.5			<u> </u>	00/1.0 1.0 1.0 0.0 0.0	
05- 00 Treatment (Tumor T7)	10000	1000	100	001.0 50.05 0.0	Tumor Initiation Cell Frequency (TIC) 95% CI
0.5 0.0 Treatment (Tumor T7) Mock	10000	1000	100	01.0 50.05 0.0 10 0/6	Tumor Initiation Cell Frequency (TIC) 95% CI 1/323 (128-814)
05 00 Treatment (Tumor T7) Mock 5 GY	10000 6/6 6/6	1000 6/6 6/6	100 1/6 2/6	001.0 50.05 0.0 10 1/6	Tumor Initiation Cell Frequency (TIC) 95% CI 1/323 (128-814) 1/175 (61-498)

Atkinson RA, et al. Sci Translat Med, 2010; 2(55):55ra79

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Gold nanoshells

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Toxicity evaluation

- Consistency of formulation under GLP conditions
- No endotoxin contamination
- No pyrogenicity US Pharmacopeia [USP] method, rabbit
- No genotoxicity Ames bacterial mutagenicity, CHO cell chromosomal aberration assay, in vivo mouse micronucleus
 No in vitro hemolysis

- No intracutaneous reactivity in the rabbit
 No sensitization maximization assay in the guinea pig
- No acute systemic toxicity in the mouse single, multiple injections
- No late toxicity in Beagle dogs up to 404 days

Gad SC, et al. Int J Toxicol. 2012





convulsions



Nanoparticle hyperthermia caveats

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Location

ò

6

12 18 24 30 36

Time (month)

- Accumulate passively in tumors via leaky vasculature
- Perivascular sequestration (larger particles) or a gradient away from the vessel (smaller particles)
- Significant accumulation in liver and spleen (unless they are <5nm)
- Can accumulate preferentially in tumor if decorated with peptides/antibodies (active targeting)
- Heterogeneity of temperature within tumor Inside-out hyperthermia

Vascular-focused hyperthermia Preferential sensitization of stem cell niche?

- Theranostics

- Dual imaging and therapy potential
 May facilitate thermal dosimetric modeling
 Combination strategies
 Drug delivery? Radiation dose enhancement?

Nanoparticle hyperthermia challenges

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- Biocompatibility

 Possibly less of a concern with gold and iron-oxide
 Some concerns with carbon nanotubes, gold nanorods
- Variability
- Physicochemical consistency
 Batch-to-batch uniformity
 Scale-up challenges

- Extrinsic energy transduction efficiency Low for magnetic nanoparticles – need high concentrations of NPs in tumor, not achievable with i.v. administration
- Focusing energy on just the tumor Technically challenging for AMF

- Heating deep-seated tumors
 Challenging with light as the activator limited to superficial tumors (IBC, melanoma, head and neck, GI luminal?) or the operative bed But high transduction efficiency – i.v. administration sufficient























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nanoparticles

Passive targeting

nanoparticles + peptides Active targeting

















































Summary

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- Radiosensitization possible with

 - Unconjugated gold NPs but need large quantities
 Conjugated gold NPs but need to optimize

 - Conjugated gold NFS but need to optimize construct · Vascular endothelial · Cancer cell Trojan-horse delivery of gold NPs need to schering operativety optimize construct

 - Thernostic nanoparticle (AGuIX)
 Direct injection of NPs (hafnium)

NP dose enhancement challenges

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- Biocompatibility

 Less of a concern with gold and iron-oxide, some concerns with rods
 All probably need entire battery of tests for safety/tolerability (NCL)
- Variability
- Physicochemical consistency, batch-to-batch uniformity
 Scale-up challenges
- **Biodistribution = size, charge, functionality dependent** Liver and spleen uptake with i.v. administration
 Renal clearance only if <5.5 nm
 Combination with chemotherapy

- Limited data

- Device or drug Need IND if decorated with peptides or antibodies
- Ideal clinical scenario for testing Benefit from dose escalation, good differential uptake (tumor vs. critical adjacent organ), retained in tumor for long, does not interfere with concurrent chemo, imageable













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