Engineered NanoMedicine Targets Intractable Cancers

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Innovation Center of NanoMedicine





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- Enthusiastic to work in Chemical-Biology Interface.
- Passionate to use chemistry for the well being of human race.
- Current research focus is on developing nanomedicine to solve critical issues associated with Cancers and other life-threatening diseases.







The Innovation Center of NanoMedicine (**iCONM**) led by Prof. Kazunori Kataoka is the third major pillar of the Kawasaki Innovation **Gateway SKYFRONT** (Kawasaki, Japan), opened in 2015. iCONM is the only comprehensive research institute of nanomedicine in Japan, a pioneering facility including micro fabrication unit (incl. industrial clean room area), organic synthesis area and human diseases model laboratory.

Innovation Center of NanoMedicine

Launched in April 2015

Under the one roof, iCONM offers facilities for material synthesis, characterization, nanomedicine formulation and preclinical evaluation of nanomedicines in small animals.



Our Technology

Supramolecular NANO-sized drug carrier NanoMedicine

Polymer micelle prepared from self-assembly



NanoMedicine to target cancer



Polymer micelle prepared from self-assembly

With Our Selfassembly Technology, we sought to target Intractable Cancers



Long blood

Target-site recognition

Tumor specific drug activation

Site Specific Targeting

Cancer Survival rate improves with time for many cancers but not for all changes in survival , 1971-72 to 2010-11 100% 0% 50% 25% 75% Gliomas Astrocytic tumors All Cancers incidence Oligodendroglial tumors cancer Pituitary tumors Testis Malignant Melanoma Pineal gland tumors Glioblastomas brain Craniopharyngiomas cance Meningioma Prostate Hodgkin Lymphoma Primary Primary brain lymphomas Schwannoma Brain Breast Primary CNS lymphomas Uterus Primary brain germ cell tumors NHI Metastatic brain cancer (Secondary brain cancer) Cervix Larynx Bowel Bladder **Glioblastoma: Rare**, Kidney Leukaemia deadly and incurable Ovary brain cancer. Myeloma Stomach The Washington Post Brain

Oesophagus

Lung

Pancreas



- Glioblastoma (GBM) is the most deadly form of human cancer.
- Median survival of only 10 to 14 months with only 3 to 5% of patients surviving more than three years.
- The best current standard of care extends overall survival to about 14 to 16 months.

Glioblastoma Multiform (GBM) remains an unmet medical need

Multiple challenges remain in terms of successful treatment of GBM

- tumor location in a region where it is beyond the reach of local control (BBB)
- rapid, aggressive tumor relapse.
- tumor heterogeneity

Challenge in Glioblastoma Treatment

tumor location in a region where it is beyond the reach of local control (BBB/BBTB)

Solution with NanoMedicine- Example 1

cRGD peptide-installed epirubicin-loaded polymeric micelles for effective targeted therapy against Glioblastoma





Diagrammatic representation of the glioblastoma tumor zones and the approximate pH ranges associated with each zone



Glioblastoma acidosis is heterogeneous, with the region adjacent to blood vessels having a nearneutral pH and a hypoxic region with acidic pH.

Mishra et al. Frontiers in Oncology, 2017

Design of NanoMedicine relying on the Extracellular Acidosis in Glioblastoma that can sense heterogeneous GBM pH

NM circulating in the blood vessel

(2) Mild acidic pH (pH 6.6-7) of T^{ex} triggers drug release from the NM at the tumor extracellular space. And released drug freely diffuse inside the tumor mass, and induce cytotoxicity to GBM cells.

(1) Although, heterogeneous, it is wellknown that invading Glioma cells disrupt BBB and causes focal breach of the BBB integrity. This assists the NM to extravasate from blood vessel to tumor site

Supramolecularly Enabled pH- triggered Drug Action at Tumor Microenvironment Potentiates Nanomedicine Efficacy against Glioblastoma.

Highlight of this paper- In this paper, we reported the development process of a supramolecularly enabled tumor-extracellular (T^{ex}) pH-triggered nanomedicine that can progressively release drug in the tumor by rightly sensing heterogeneous tumor-pH. Desacetylvinblastine hydrazide (DAVBNH), a derivative of potent anticancer drug vinblastine, was conjugated to an aliphatic ketone-functionalized poly(ethylene glycol)-b-poly(amino acid) copolymer and the hydrolytic stability of the derived hydrazone bond was efficiently tailored by exploiting the compartmentalized structure of polymer micelle. We confirmed an effective and safe therapeutic application of T^{ex} pH-sensitive DAVBNH-loaded micelle (T^{ex}micelle) in orthotopic glioblastoma (GBM) models, extending median survival to 1.4 times in GBM xenograft and 2.6 times in GBM syngeneic model, compared to that of the free DAVBNH.

Vinblastine, a Potent Tubulin binding, agent for



Quader *et al. Just accepted for Biomaterials* 2020

Collapse of tubulin after VBN treatment

Multinucleated cells after VBN treatment

Vinblastine Analogue DAVBNH Loaded Tumor Extracellular pH sensitive Polymer Micelle



Vinblastine Analogue DAVBNH Loaded Tumor Intracellular pH sensitive Polymer Micelle



Another type of DAVBNH-loaded PM system was designed that releases drug only at very low pH condition, typically observed in the endo-lysosomal compartments (pH 3.5-5.5). For this purpose, an aromatic aldehydefunctionalized PEG-PAA block copolymer was used as the base polymer for drug conjugation.



Preparation of Micelle with FRET character



Stability of DAVBNH loaded micelles during the

systemic circulation, and their extravasation and

Antitumor activity and survival study against orthotopic brain tumor



Quader et al. Just accepted for Biomaterials 2020

Antitumor activity and survival study against orthotopic brain tumor Syngeneic Model(GL261LUC-C57BL6J)



Translational Nanomedicine Boosts Anti-PD1 Therapy to Eradicate Orthotopic PTEN-Negative Glioblastoma

Hiroaki Kinoh, Sabina Quader, Hitoshi Shibasaki, Xueying Liu, Amit Maity, Tatsuya Yamasoba, Horacio Cabral,* and Kazunori Kataoka*



Chemotherapy induced Immunogenic Cell Death (ICD) effect in PTEN +ve GL261 and PTEN –ve CT2A mouse GBM cells



Nanomedicine Boosts Anti-PD1 Therapy to Eradicate Orthotopic PTEN-positive Glioblastoma



Kinoh et al. ACS Nano. Aug 2020

Nanomedicine Boosts Anti-PD1 Therapy to Eradicate Orthotopic PTEN-Negative Glioblastoma PTEN-Negative CT2A



Kinoh et al. ACS Nano. Aug 2020

Nanomedicine (Epi/m) can target glioblastoma significantly better than free drug (Epi)



	AUC (%injected dose/g of tissue × h) ±S.D.			
Drug	Plasma	Healthy brain	Tumor	165
Ері	-	-	0.15 ± 0.01	times
Epi/m	1704.00 ±136.16	0.37 ±0.06	24.77 ± 8.96	J higher

Kinoh *et al.* ACS Nano. Aug 2020



Nanomedicine effectively delivers CoA adduct of C75 to modulate lipid metabolism in Glioblastoma cells





CPT1 inhibition decreases fatty acid oxidation, leading to overall lower ATP yield

Japan-Spain SiCORP

Check out our poster

- **Title:** A new nanomedicine platform to deliver a carnitine palmitoyl-transferase 1 (CPT1) inhibitor into glioma cells and neurons
- Authors: <u>West Kristian Dizon Paraiso</u>, Jesús García Chica, Xavier Ariza Piquer, Jordi García Gómez, Kazunori Kataoka, Rosalía Rodríguez Rodríguez, Sabina Quader



Concluding Remarks

In this presentation, we have demonstrated four different examples of nanomedicine based approaches for targeting one of the most lethal human cancers, Glioblastoma.

□So far, our research approaches provided promising outcome in pre-clinical GBM mouse models with great potential for fast clinical translation.

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Thank you very much for your attention