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The Effects of Gold Nano Sensitizer Photodynamic Therapy on the Proliferation, Invasion, and Migration of Lung Cancer Stem Cells

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ABSTRACT



Lung cancer relapse and post-treatment dissemination suggest the presence of drug resistant populations of cells called cancer stem cells (CSCs). Cancer metastases and the risk of secondary tumors are the most frequent causes of mortality in many cases. One important feature of lung cancer prognosis is metastases and the invasive ability of the cells, which is driven by CSCs. Considering CSC proliferation and migration associated with metastases, therapeutic strategies targeting these CSCs are considered to improve long-term clinical outcome. A minimally invasive, clinically approved cancer treatment, Photodynamic therapy (PDT), along with the use of a nano drug carrier was used in this study. PDT is based on the principle of light stimulation of a photosensitizing drug that induces tumor cell death. Nano mediated PDT using gold nanoparticles have been seen to induce cell death in lung CSCs. In this study morphological examination and various physiological experiments including, migration, proliferation, cytotoxicity, population doubling time, and cell cycle analysis assay were conducted to determine whether PDT using a gold nano sensitizer prevents CSC migration and invasion. Results show that the use of nanoPDT using a AIPcS4CI and AuNPs conjugate can inhibit CSC migration and invasion, induce cell cycle arrest, and decrease CSC proliferative abilities. The use of a drug nano carrier in the form of AuNPs can improve the effectivity of PDT cancer treatment and specifically facilitate the inhibition of metastasis seen in lung cancer caused by CSCs, which can clinically relate to an improved prognosis.

Keywords: Gold nanoparticles; Lung cancer stem cells; Metastasis; Photosensitizer; Photodynamic therapy

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INTRODUCTION Lung Cancer Stem Cells

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- Tumour cells are **heterogeneous** comprising of rare tumour initiating / **cancer stem cells (CSCs)** and abundant non-stem like cells.
- CSCs share characteristics with normal stem cells of self-renewal, proliferate, and express typical stem cell markers related to drug efflux, recovery, and motility, they are also resistant to cell death.
- CSCs are responsible for tumour growth and cancer relapse through metastasis and inhibition of druginduced cell death, decreasing the effect of traditional cancer therapy and photodynamic therapy (PDT)



| (PD | 1). | | | | |
|--------|---|---|--|-----------------------|----------------------------|
| Marker | Name | Cellular Function | Role in Cancer | Lung Cancer Marker | Stem Cell/ Other |
| CD 44 | Pgp-1 | Hyaluronic acid receptor | Exerts control over cell growth, migration, and tumour progression | NSCLC | Haematopoietic breast |
| CD 133 | Promonin-1 | Intracellular accumulation of exogenous compounds, cell metabolism Neurotrophic receptor RET, tyrosine kinase expression | Maintaining stem cell-like properties | NSCLC | Brain, colon, pancreas |
| CD 56 | Neural cell adhesion molecule (NCAM) | Homophilic binding glycoprotein, cell- cell adhesion or cell-matrix adhesion during embryonic development | Reduced anti-tumour response | SC/ NSCLC | Neural, haematopoietic, |

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membrane transfer

4. Increased accumulation of PS inside the cell

5. Increased cytotoxic effect upon irradiation, PDT

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Normal lung epithelial cells (HBEC3-KT (ATCC® CRL-4051™))



Control

8





























500 µm

500 µm



| | Mean cell velocity (µm/h) |
|---------|---------------------------|
| Control | 5,96 ±0,5 |
| PBM | 5,16 ±0,47 |
| PDT | 0,22 ±0,37 |
| nanoPDT | 0,08 ±0,11 |

Table: Mean cell velocity of lung CSCs post PDT treatment over 48 hours.

$$\overline{\nu} = \frac{\Delta x}{\Delta t}$$

P<0,001

P<0,001

48H





Population Doubling Time A549 Lung CSCs (ATCC® CCL-185™)



Growth rate a) 1.2e+6 n = 3 Control PBM 1.0e+6 PDT -A nanoPDT 8.0e+5 **Cell number** 6.0e+5 4.0e+5 2.0e+5 P<0.001 Irradiation 0.0 0 H 24 H 48 H Time

Table: Population doubling time of lung CSCs uponand after PDT treatment.

| | Ave cell number @ 48 hours | Doubling Time (Hours) |
|---------|----------------------------------|--------------------------|
| Control | 1^10 ⁶ | 47.9 ± 2.82 |
| PBM | 8.97^10 ⁵ | 56.89 ± 3.44 |
| PDT | 2.07^10 ⁵ | - 37.72 ± 3.08 |
| nanoPDT | 1.62^10 ⁵ | - 29.57 ± 3.54 |





CONCLUSIONS



- Photodynamic treatment aims at killing cancerous cells alone, leaving normal healthy cells in tact. Results from this study shows that PDT on normal lung cells show significant toxicity and decreased proliferation. However these results are not as significant as PDT treatment of the cancerous cells to the point of eradication. Normal lung cells still indicated good morphological features and a high viability.
- Considering CSCs ability to cause cancer relapse and metastasise, cancer treatments needs to be effective at reducing these abilities. The effects of PDT and nanoPDT on CSC Proliferation & Migration showed significant decreases in cell migration, velocity, population doubling time and cell cycle arrest. With nanoPDT showing enhanced effects. Signifying a halt in CSC motility.
- A complimentary study of using an ECM transwell assay evaluating cell invasiveness will be repeated to give a clear indication of the photodynamic effects.
- Furthermore the exact mechanism of cell death induced by nanoPDT on the CSCs will still be evaluated. This will complete *in vitro* studies and give a comprehensive view on the effectivity of using AIPcS₄CI nanoPDT for the treatment of lung cancer.

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