

# AGuIX®

## Ultra-small Gadolinium based particles

*Preclinical multimodal nanoprobes*

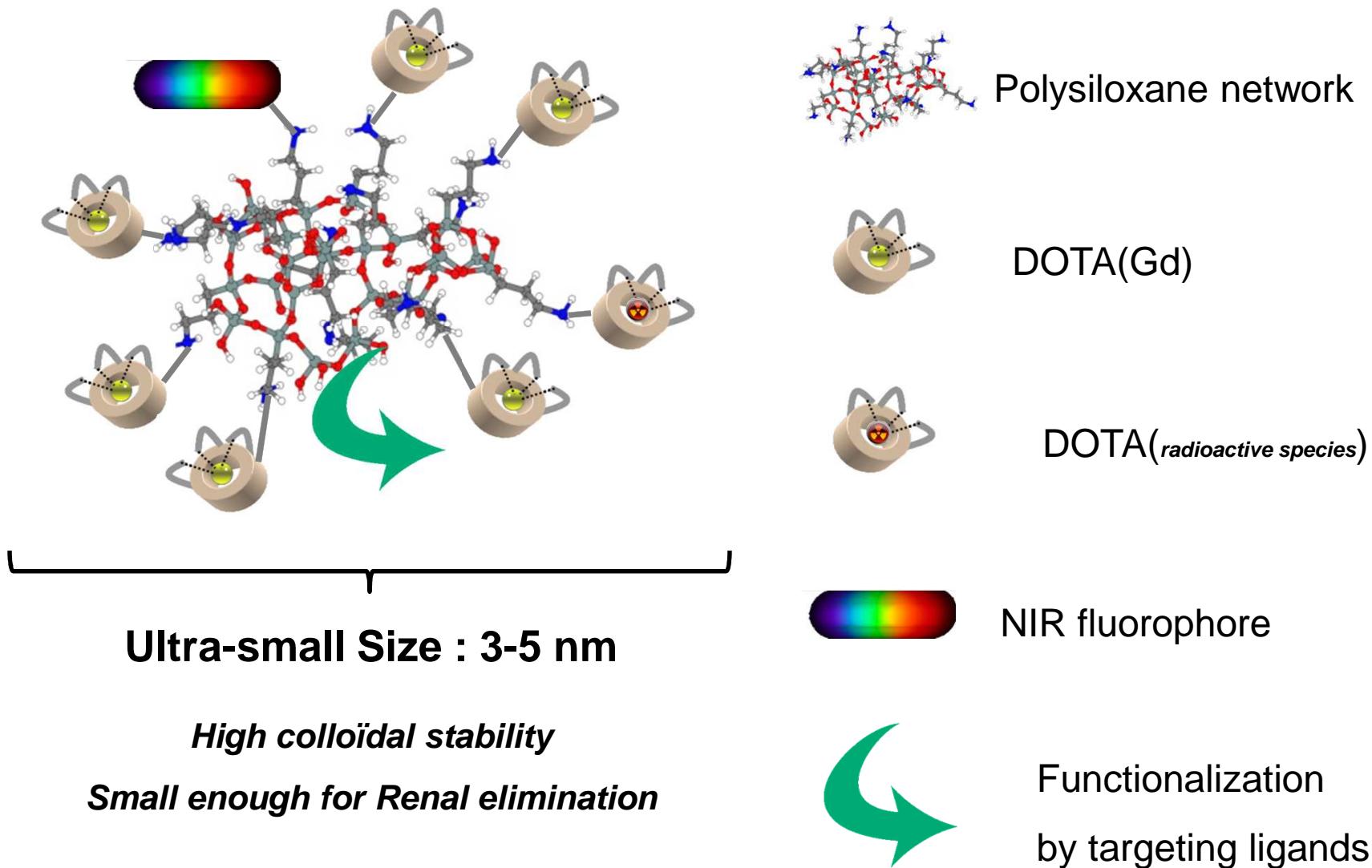
*Theranostic drugs*

Olivier TILLEMENT

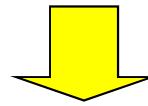
*Université Claude Bernard – Lyon 1*

GDRs Lyon décembre 2012

# *Multimodal Gadolinium-based Hybrid Nanoparticles*

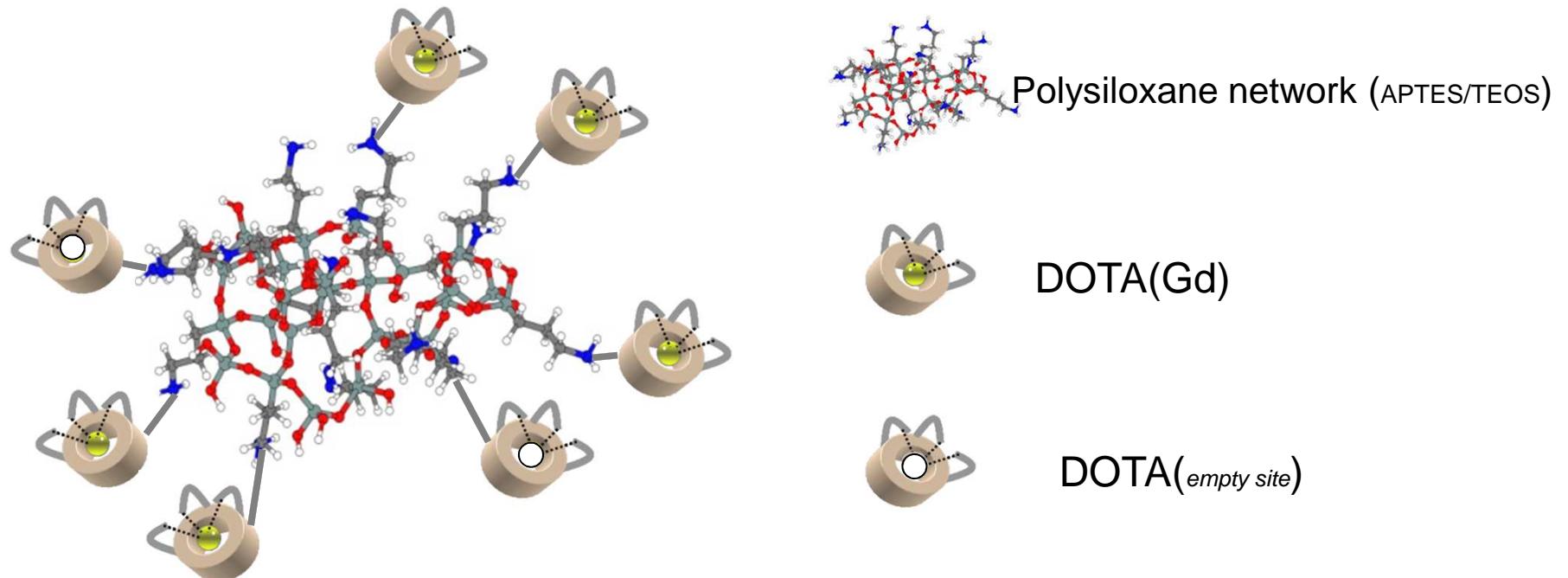


## Principle of AGuIX®



Polysiloxane Skeleton (with amino functions)  
grafted with high chelating species (DOTAGA / DOTA / DTPA / NODA...)  
including some gadolinium ions and some empty sites

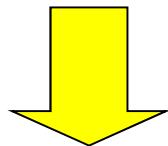
*Average simplified formula : Si<sub>50</sub>O<sub>x</sub>DOTA<sub>10</sub> (Gd)DOTA<sub>5</sub>(empty)*



**Size : 3-5 nm – 5/10 kDa**  
*High colloidal stability and freeze drying ability*

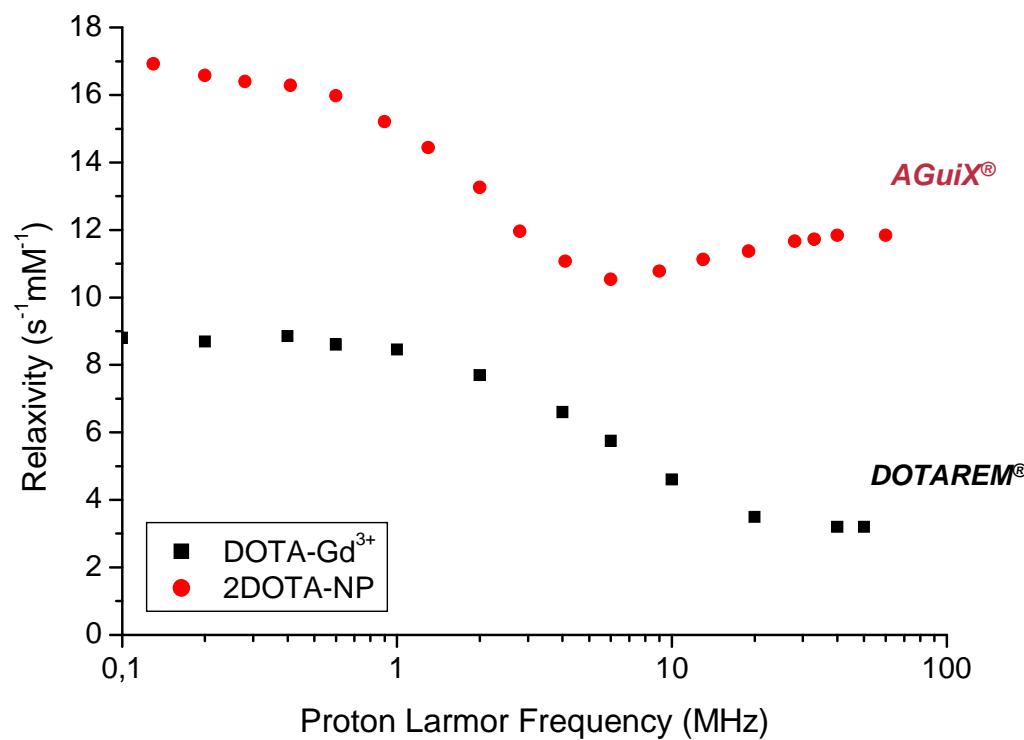
*AGuiX® Average simplified formula : Si<sub>50</sub>O<sub>x</sub>DOTA<sub>10</sub> (Gd)DOTA<sub>5(empty)</sub>*

## Gadolinium based particles



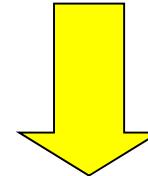
### MRI probes

relaxivity  $r_1/\text{Gd} = 11,4 \text{ s}^{-1}.\text{mmol}^{-1}$  (60 MHz)



# MRI particles and...

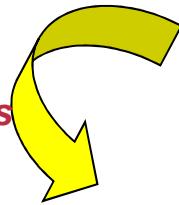
$\text{Si}_{50}\text{O}_x\text{DOTA}_{10} (\text{Gd})\text{DOTA}_5(\text{empty})$



Different utilizations of the empty chelating sites

Increase the Gd content by particles  
(high doping in Gd: **20% < Gd/Si < 40%**)

4  
Interests



Chelation of a radioactive species  
( lanthanides, transition metals, Ga,...)

$\text{Si}_{50}\text{O}_x\text{DOTA}_{10} (\text{Gd})\text{DOTA}_n(\text{radioactive symbol})$

Multimodality

Increase the chelating ability and efficiency (several available chelating species by particles)

Increase the number of active ions by particles (targeting biomolecules)

Induce "direct Auger radiosensitizing" near the active radioactive ions (increase the local efficiency)

# AGuIX® radioactive particles

$\text{Si}_{50}\text{O}_x\text{DOTA}_{5-15}$  (Gd)DOTA<sub>n</sub>(

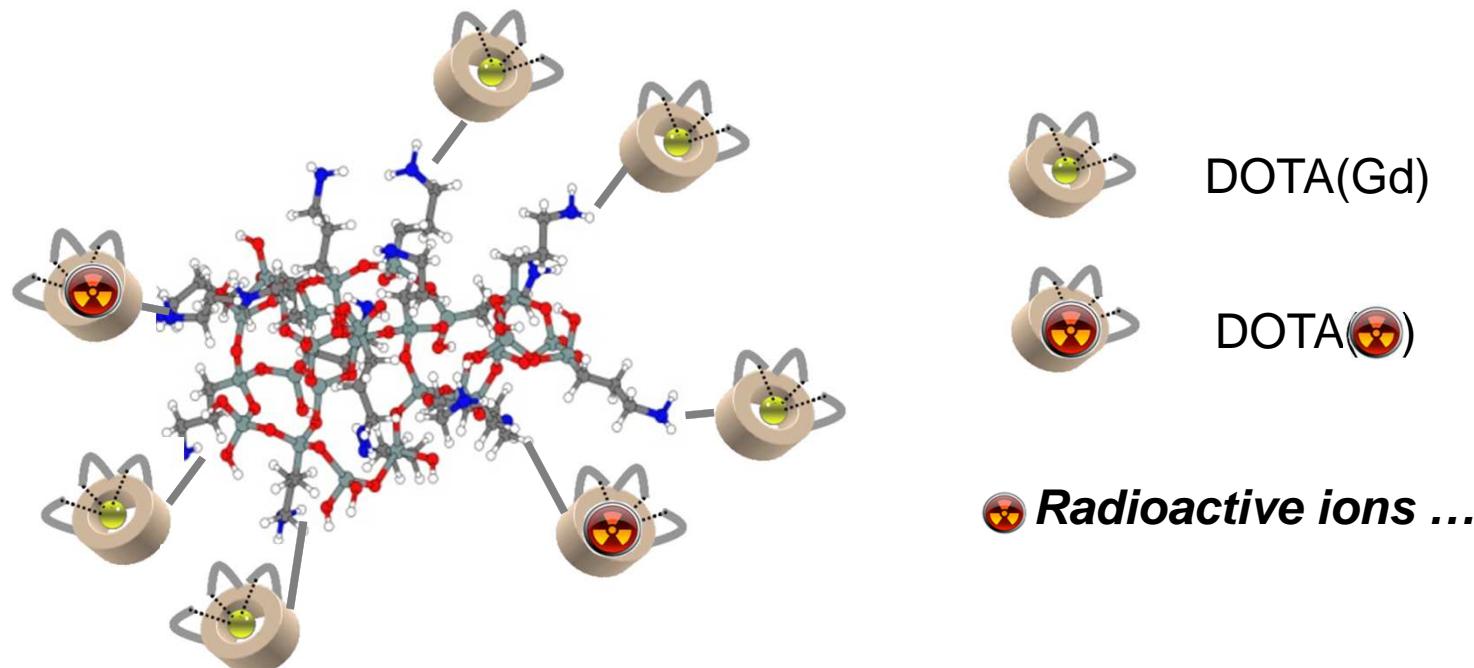
## Multimodal imaging

MRI with Scintigraphy : SPECT/PET (In<sup>3+</sup>, Ga<sup>3+</sup>, Cu<sup>2+</sup>, ...)

## Therapy

brachytherapy (Lu<sup>3+</sup>, Ho<sup>3+</sup>, Y<sup>3+</sup>, Ga<sup>3+</sup>, ...)

*Theragnostic particles*



# Further-Functionalizations

*Polysiloxane network via NH<sub>2</sub> groups*

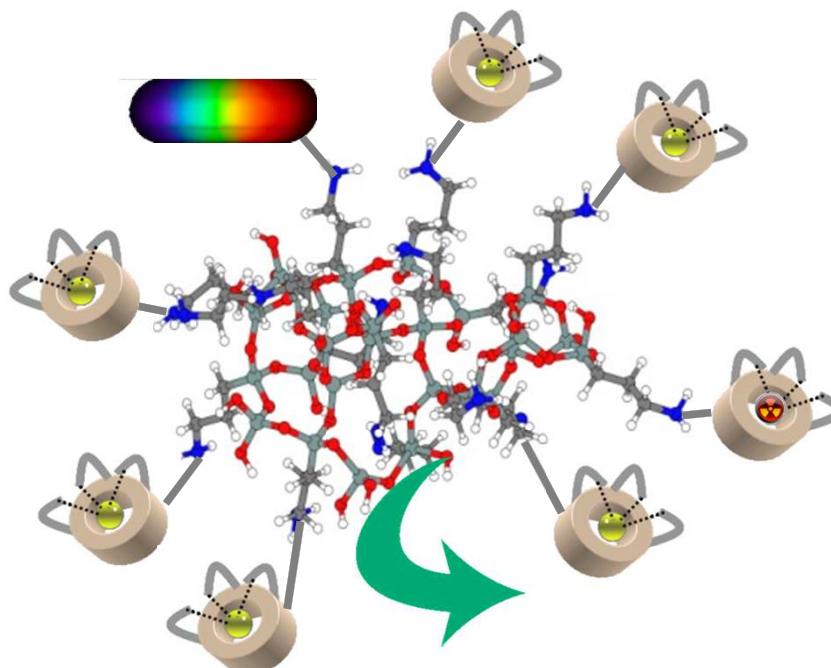
*Chelating molecules (remaining empty) via COOH groups*



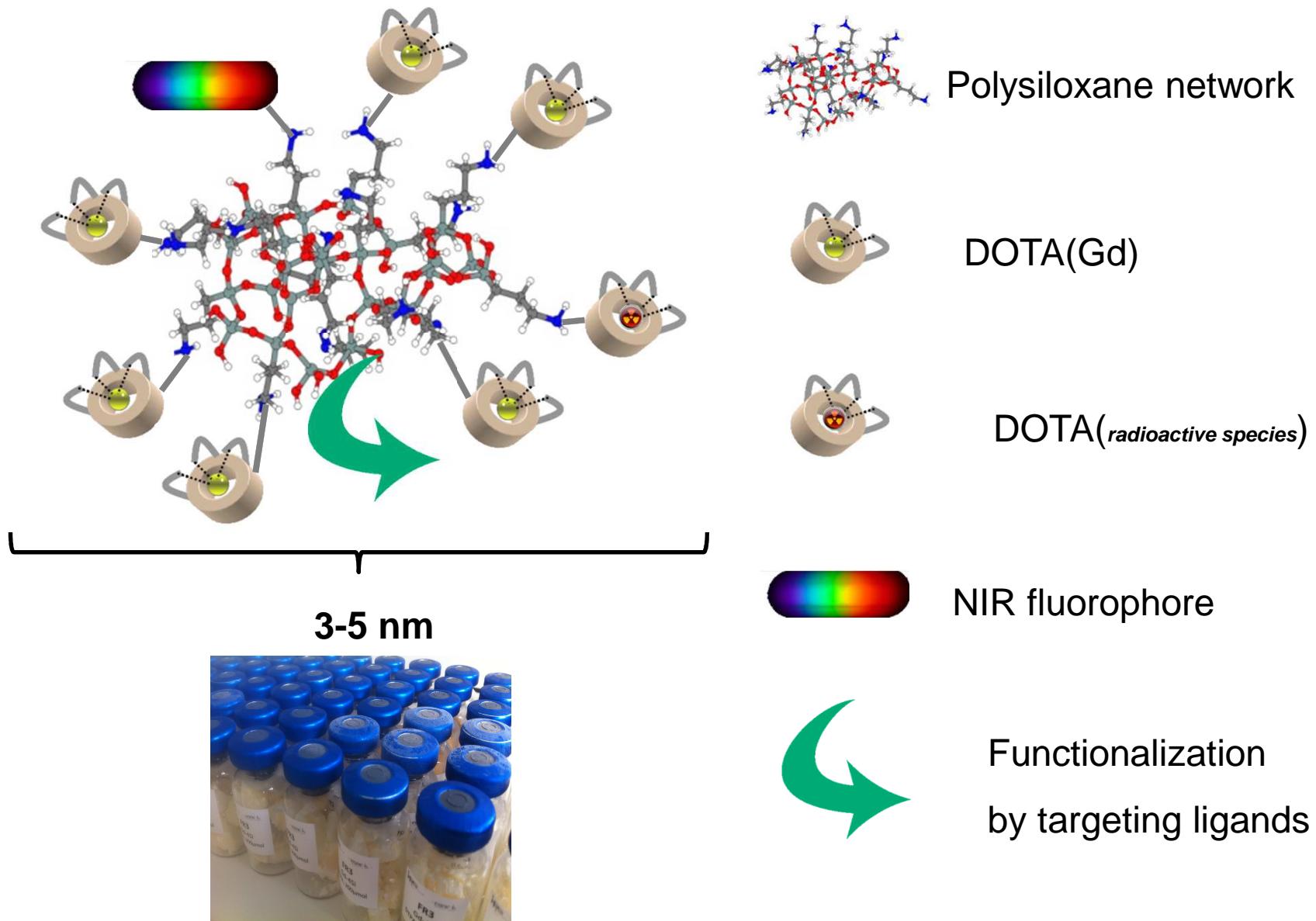
Organic Dye : NIR fluorescent (Cy 5, Alexa), FITC, ...



Functionalization by targeting ligands (Small peptides, antibodies, ...)

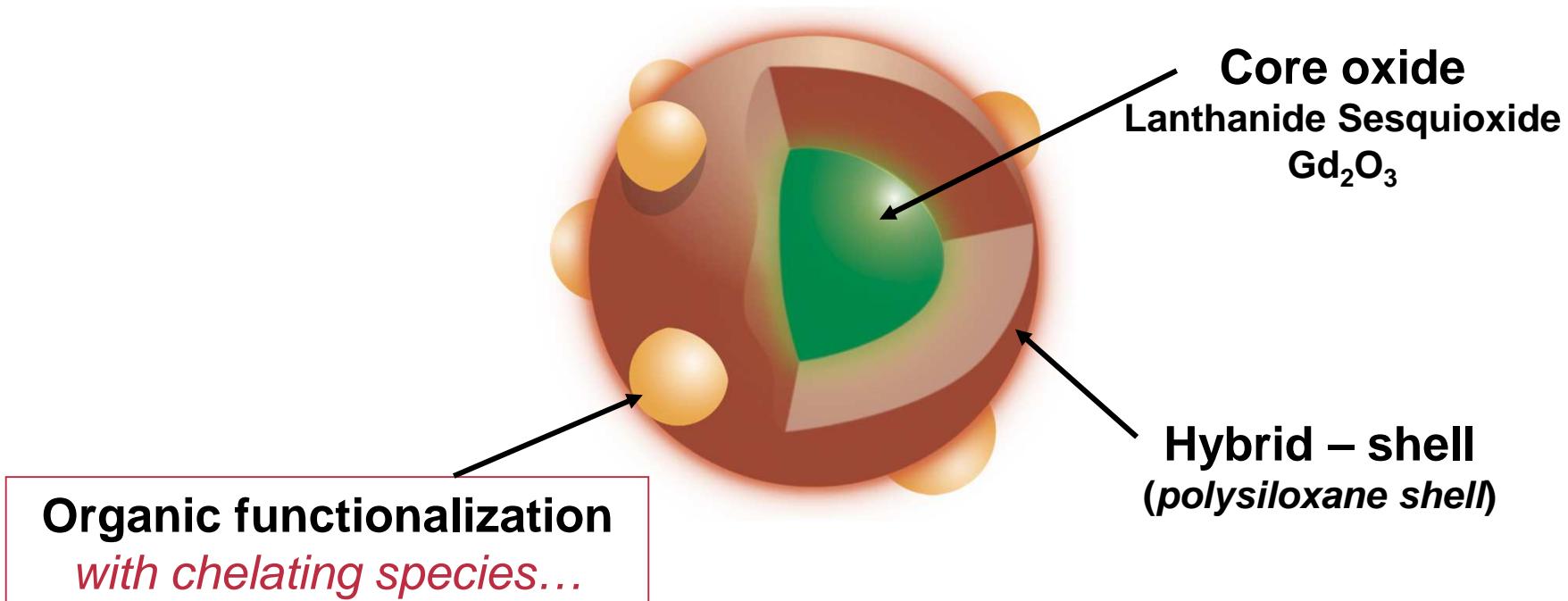


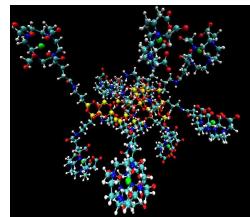
# “Full options” multimodal AGuIX®



Few words about the  
*synthesis and fabrication*

*Top down process  
applied on Nano-hybrid particles*



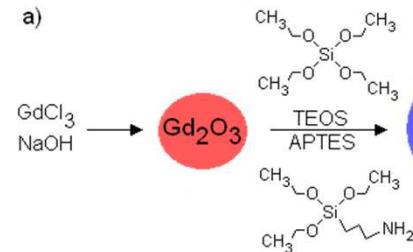


AGuIX®

# Synthesis protocol and material description

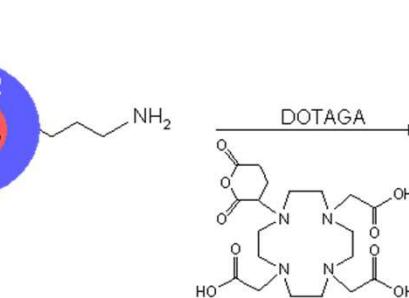
## Synthesis of the lanthanide oxide core

*Polyol DEG: GdCl<sub>3</sub> + NaOH*



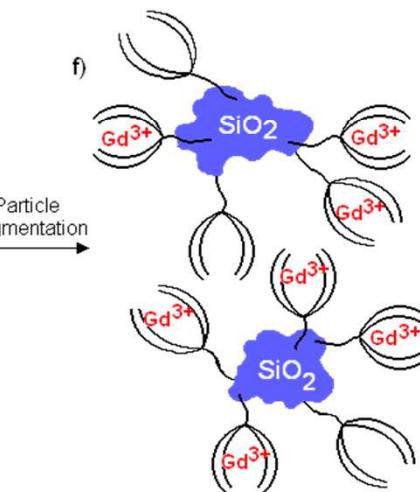
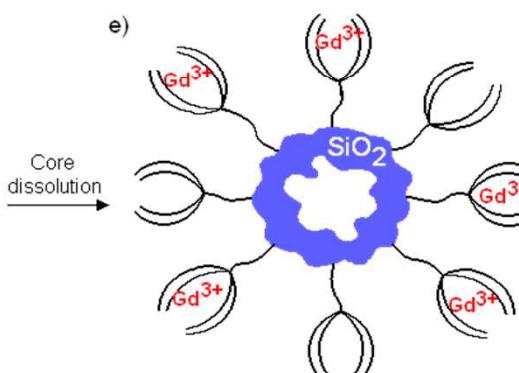
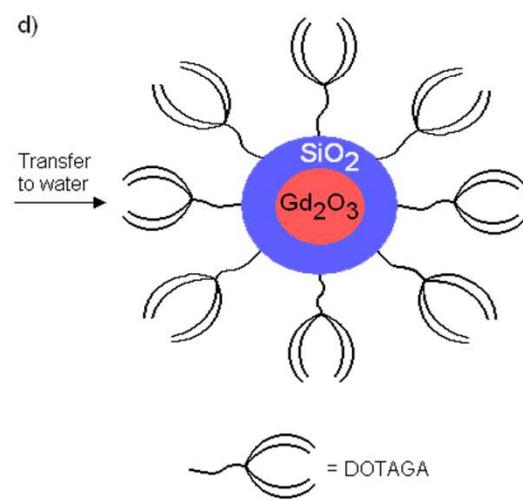
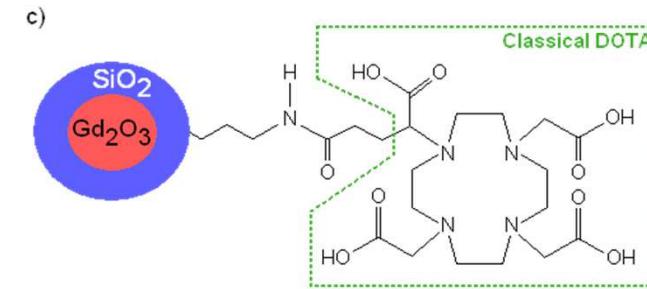
## Synthesis of the polysiloxane shell

*Sol Gel: TEOS + APTES*



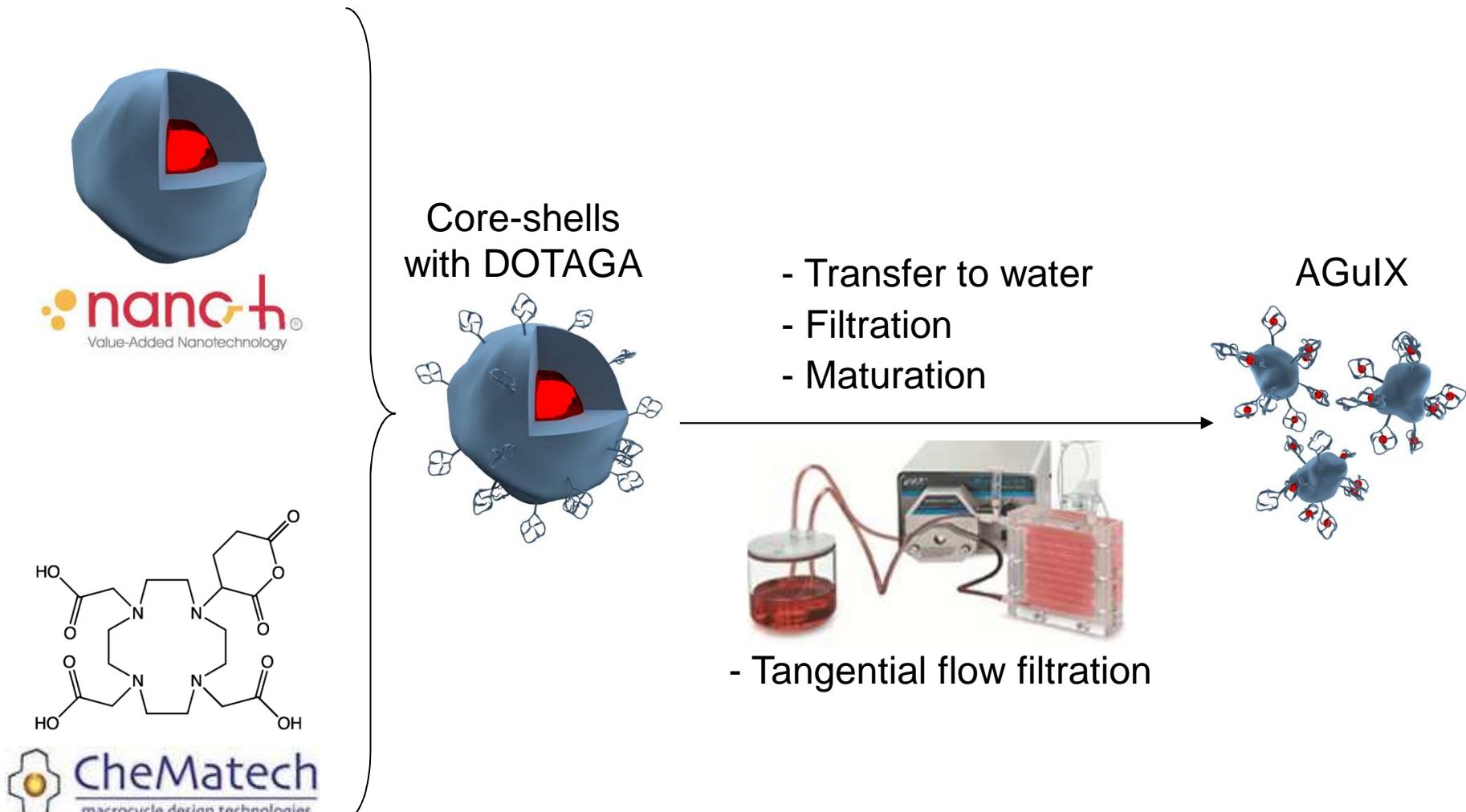
## Grafting of hydrophilic Chelating Molecules

*DTPABA or DOTAGA*



*Maturation and Top down synthesis*

## Assembly with DOTAGA



*Objectif...*

→ Purification in GMP conditions



**AGuIX®**

# **Preclinical Multimodal probes**

*Imaging properties*

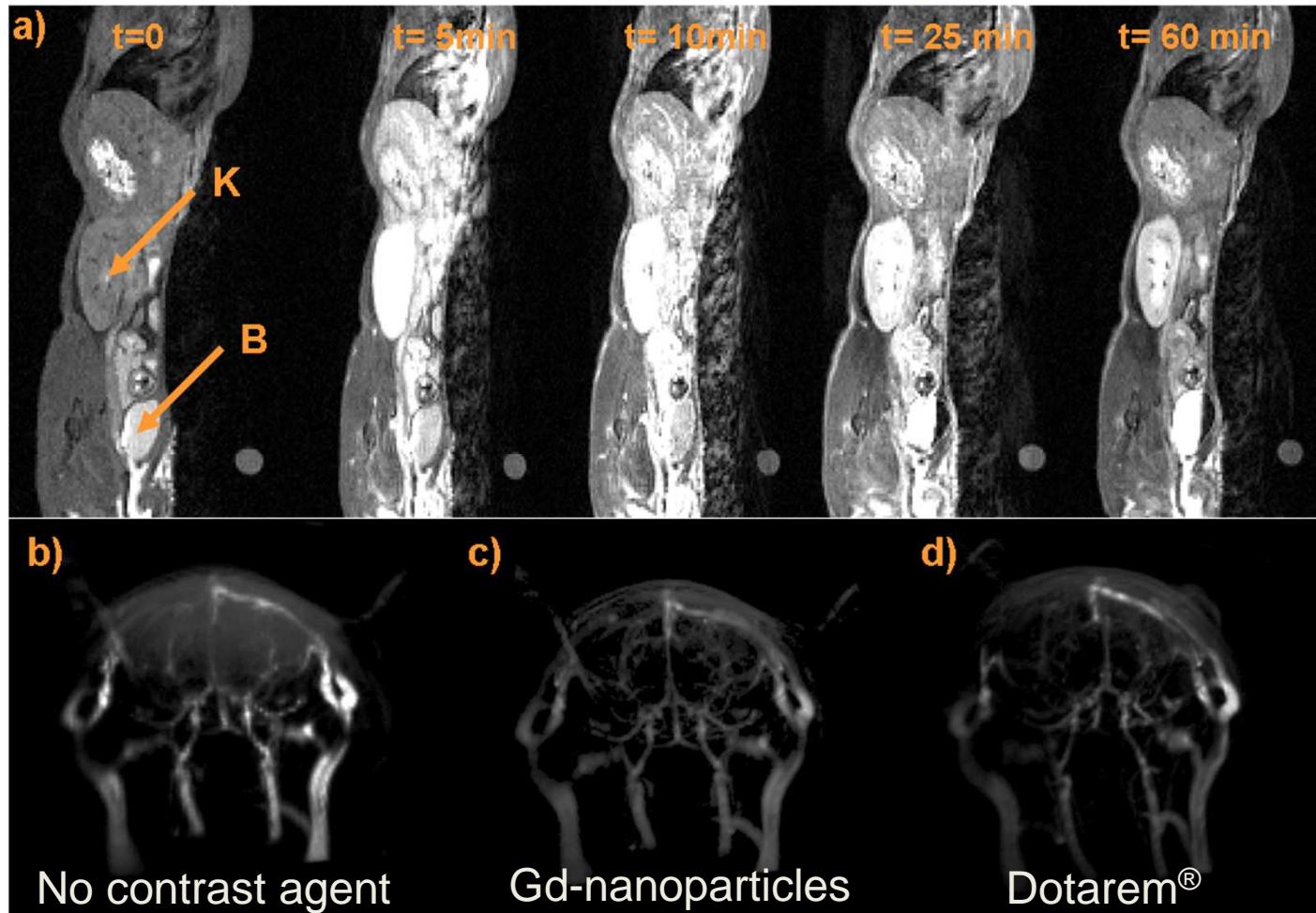
**MRI**

**SPECT/PET**

**Fluorescence**

*X-ray tomography*

# MRI contrast agent



Male c57Bl/6J mouse, Injection: 80  $\mu$ L at 40 mM in Gd

T1-Weighted images of a slice including a kidney (K) and the bladder (B) before and after injection

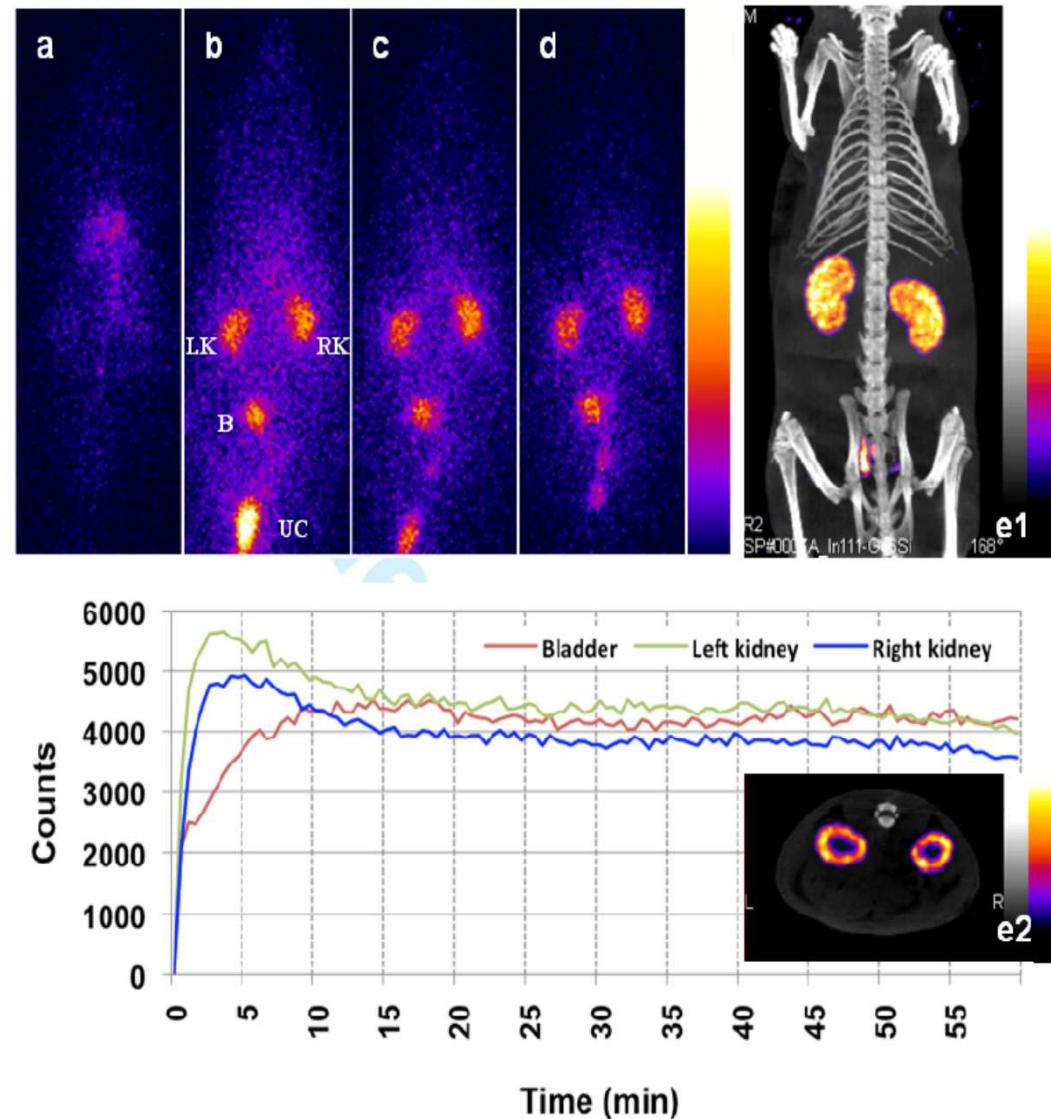
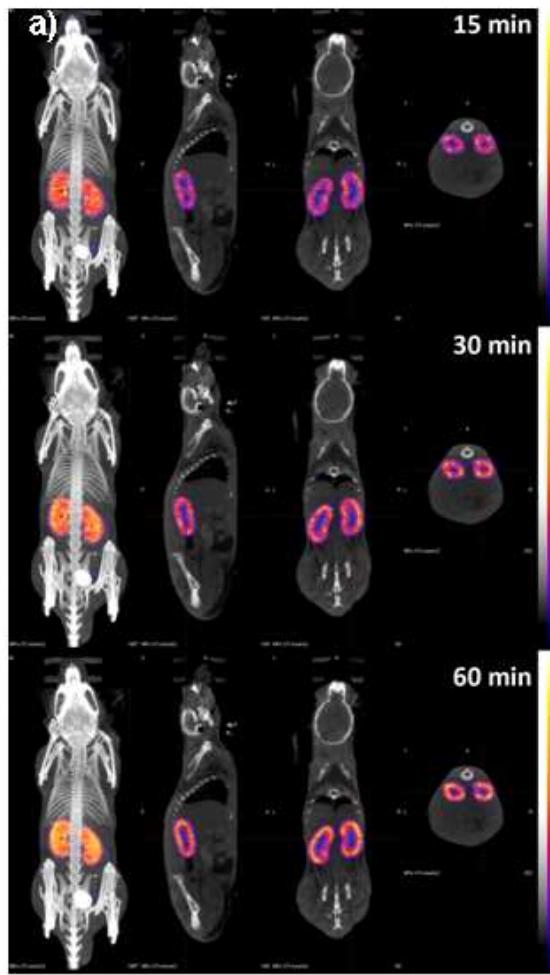
T1-Weighted images of the brain with no contrast agent (b), Gd-Nanoparticles (c) and Dotarem® (d)

**Efficient MRI contrast agent**

Collaboration V. Stupar, C. Rémy, E. Barbier (GIN)

# SPECT/CT imaging

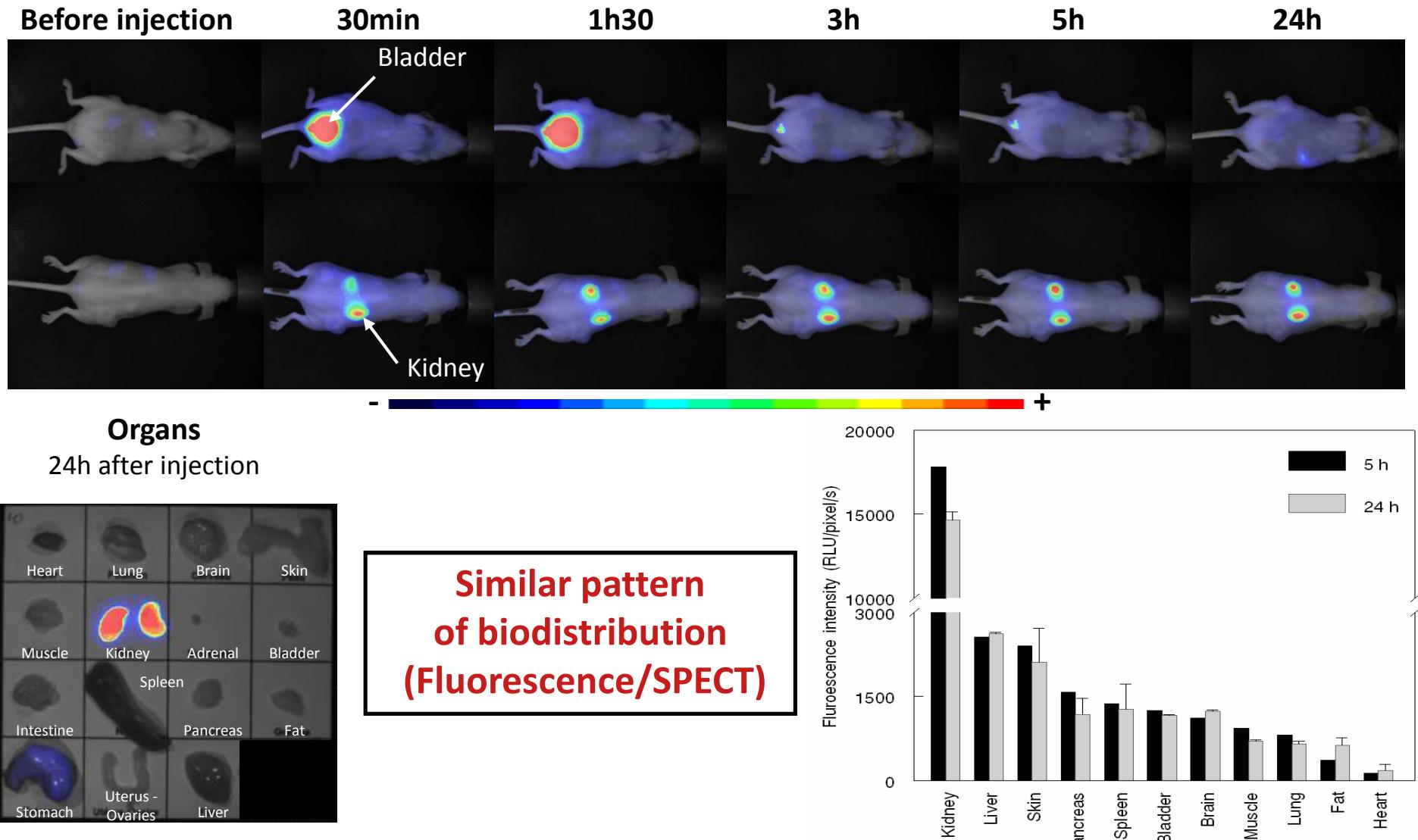
Gd-Nanoparticles injected after chelation of  $^{111}\text{In}$



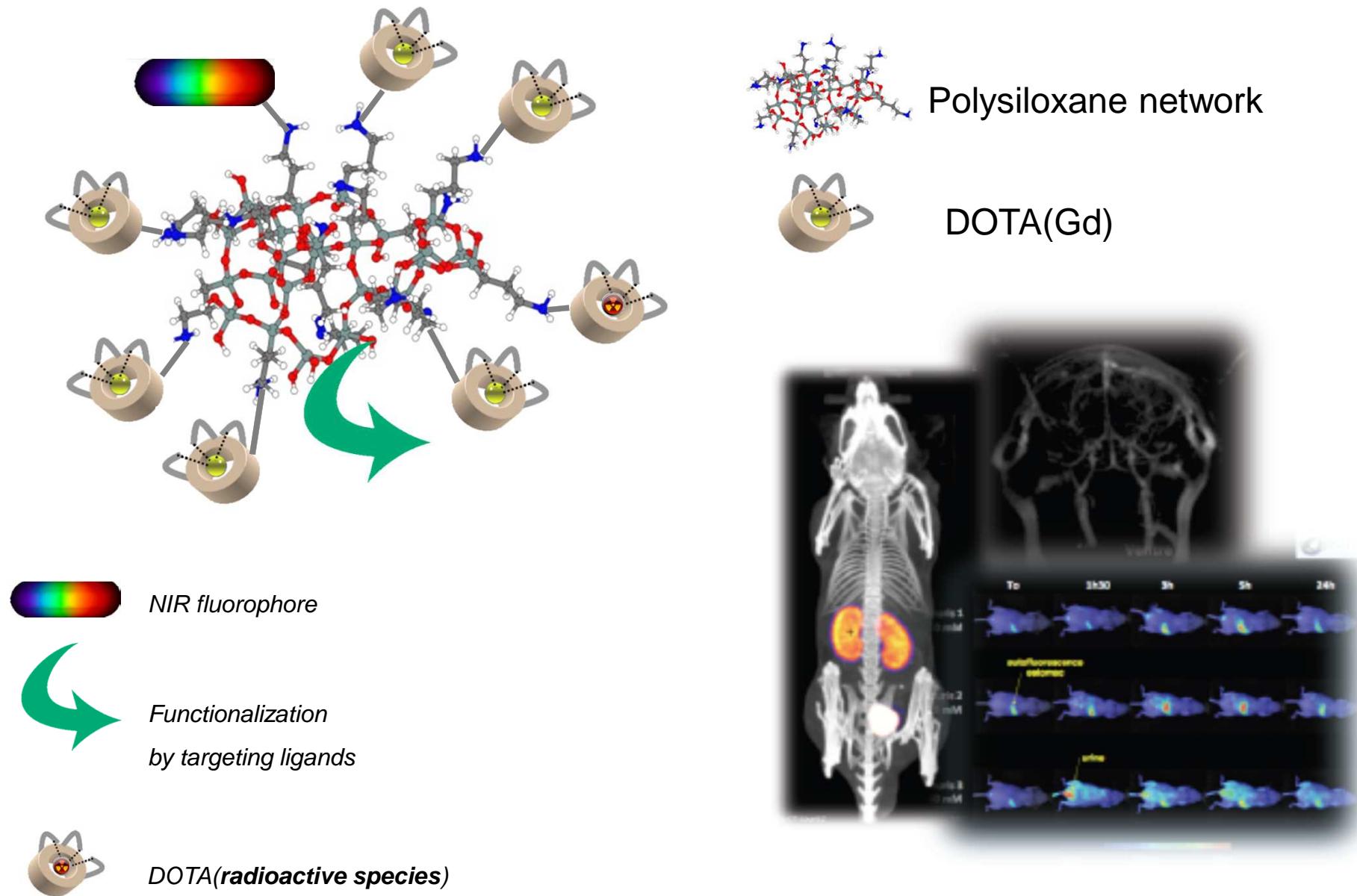
**Interesting biodistribution, removed by renal excretion**

# Fluorescence imaging

Cyanine 5.5 grafted to the amino functions of the polysiloxane shell



## “Full options” multimodal AGuIX®



**AGuIX®**

**Tumor targeting**

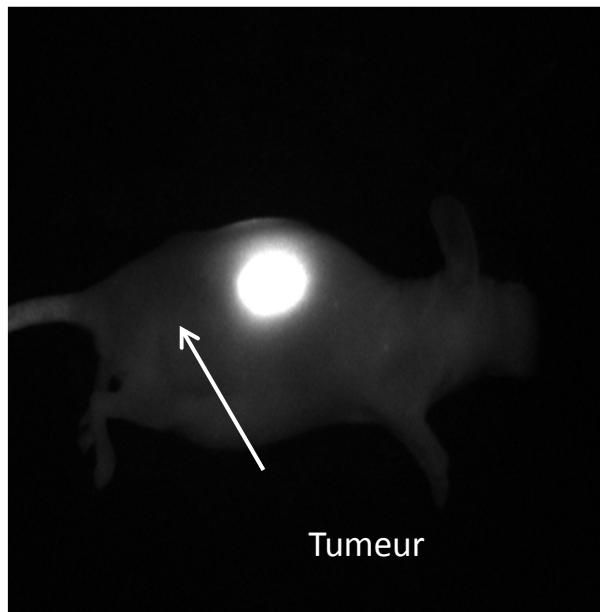
***EPR – passive accumulation***

***Active bio-targeting***

# Passive targeting: EPR heterotopic tumor models (nude mice)

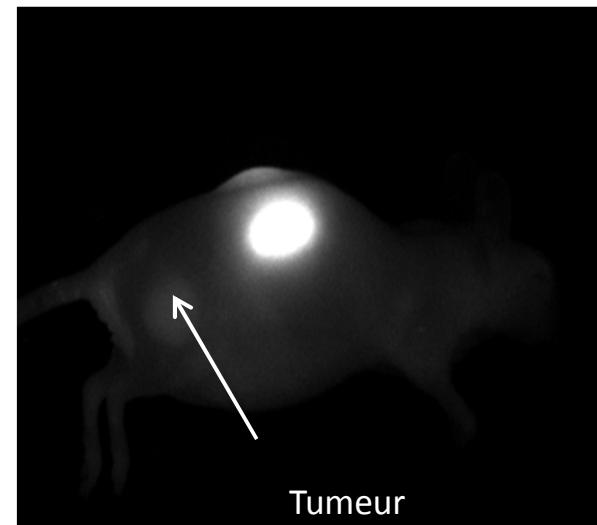
HEK(293)- $\beta$ 3

Humaine



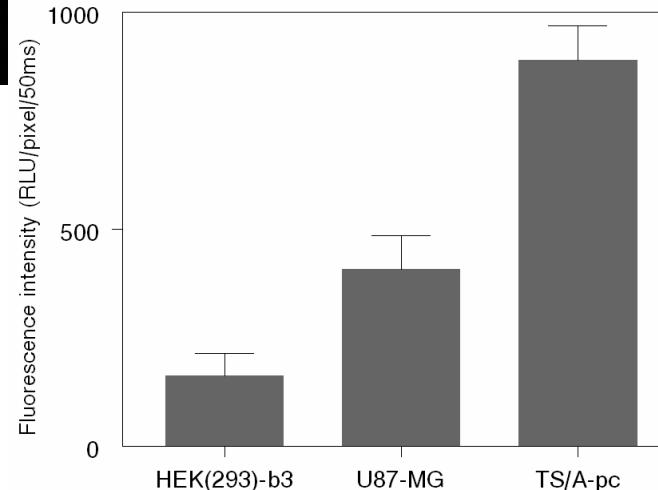
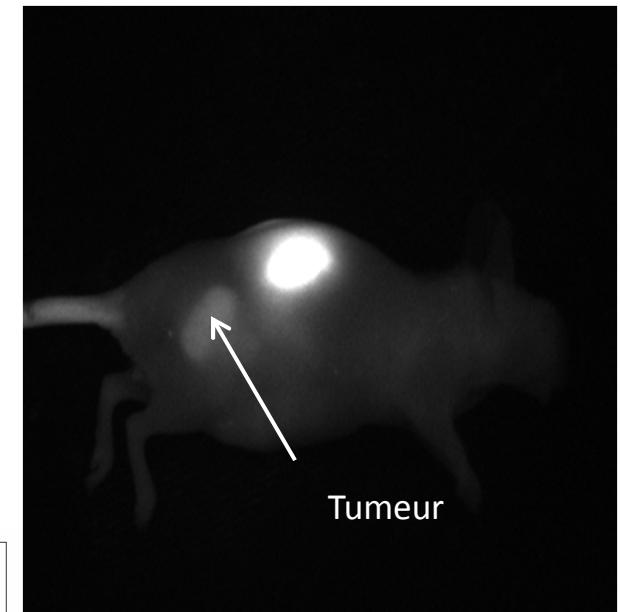
U87-MG

Humaine



TSA

Murine



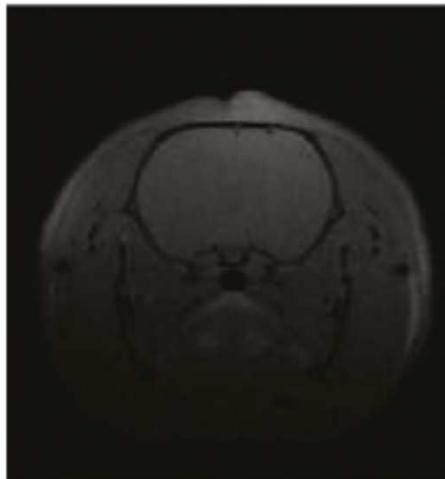
*EPR  $\approx$  1% ID/g*

# Passive targeting: EPR

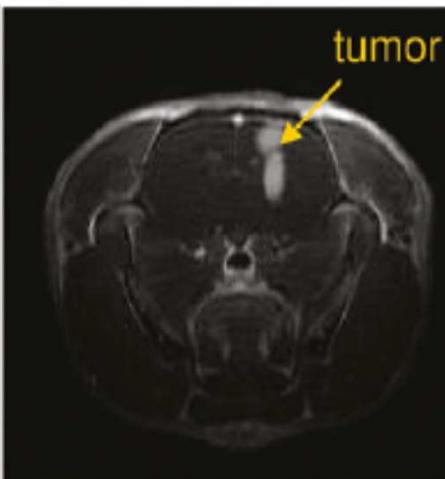
# Orthotopic tumor model - glioma

## **Brain's rat Fisher 344 + gliosarcoma 9L**

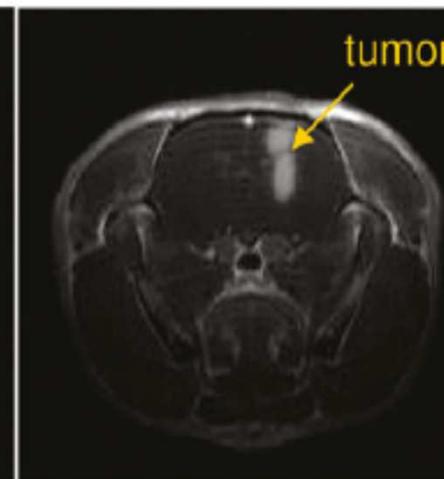
## Before injection



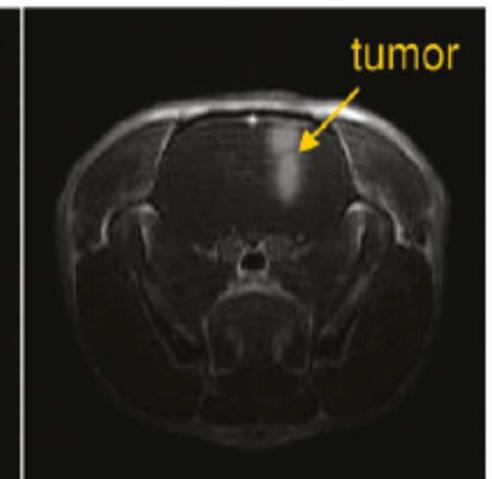
5 min after injection



20 min after injection



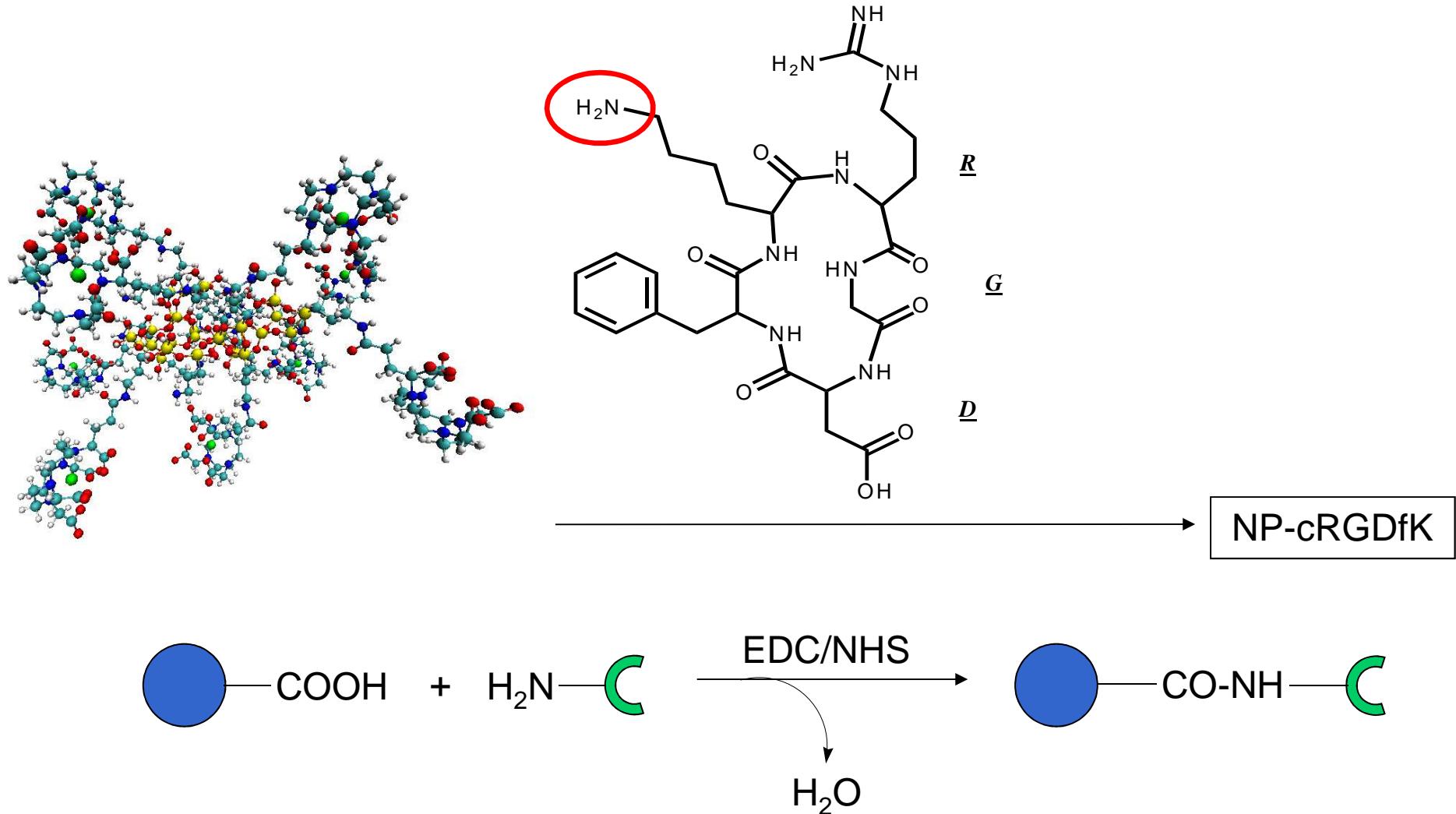
45 min after injection



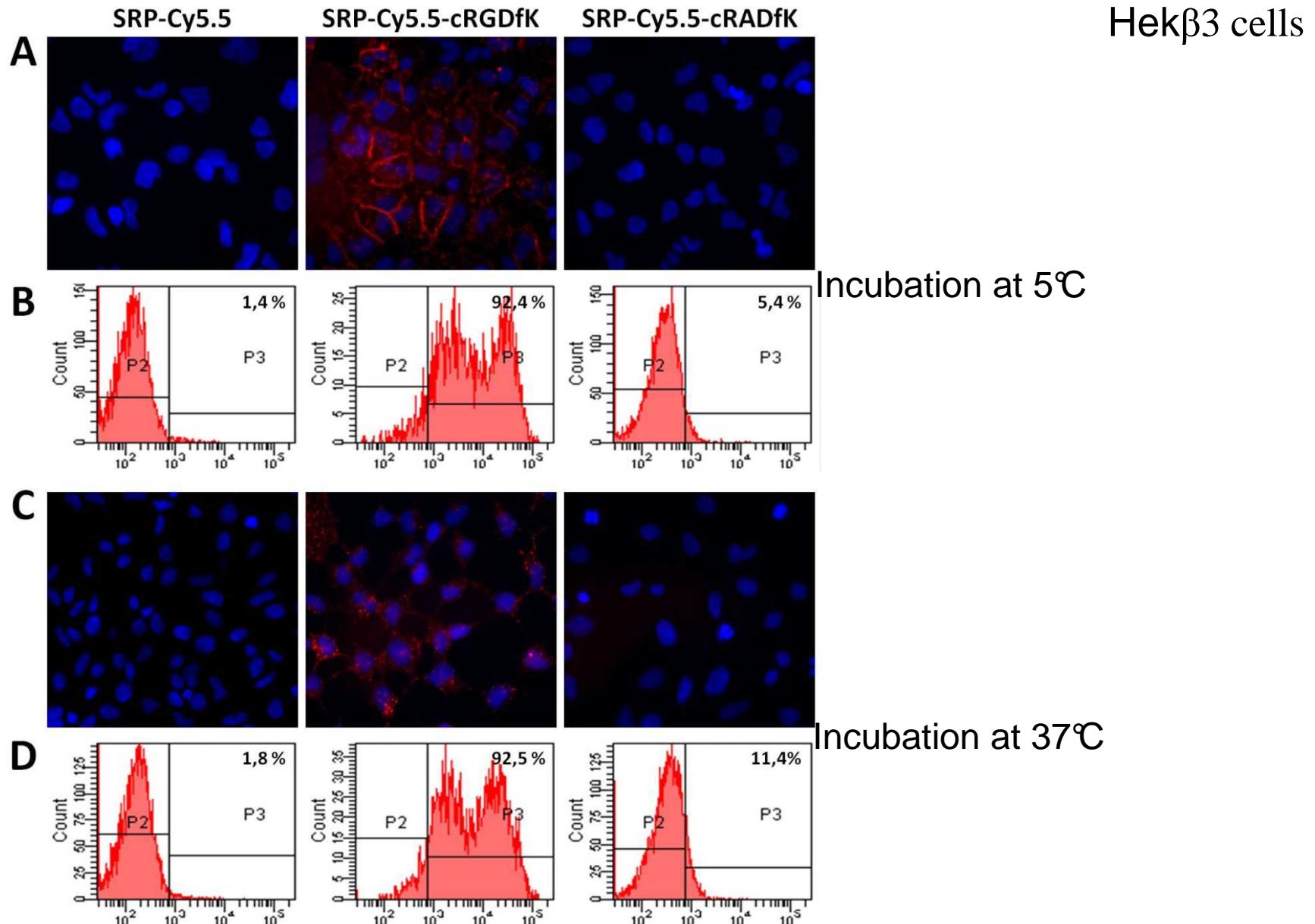
## *Rat nude + glioblastoma U87*

# Active targeting

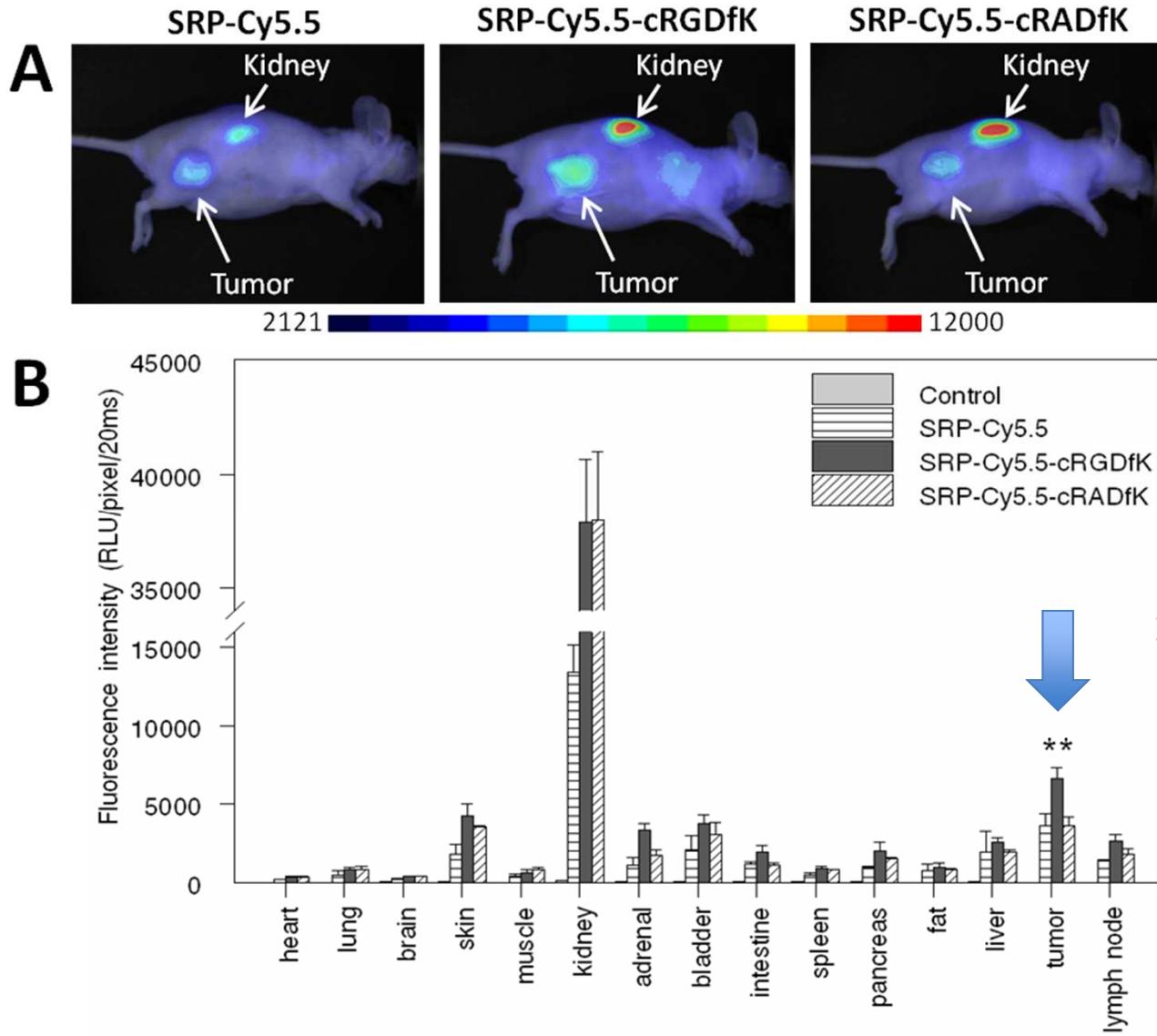
*Example : via cyclic polypeptide cRGD*



# Active targeting via cyclic polypeptide RGD

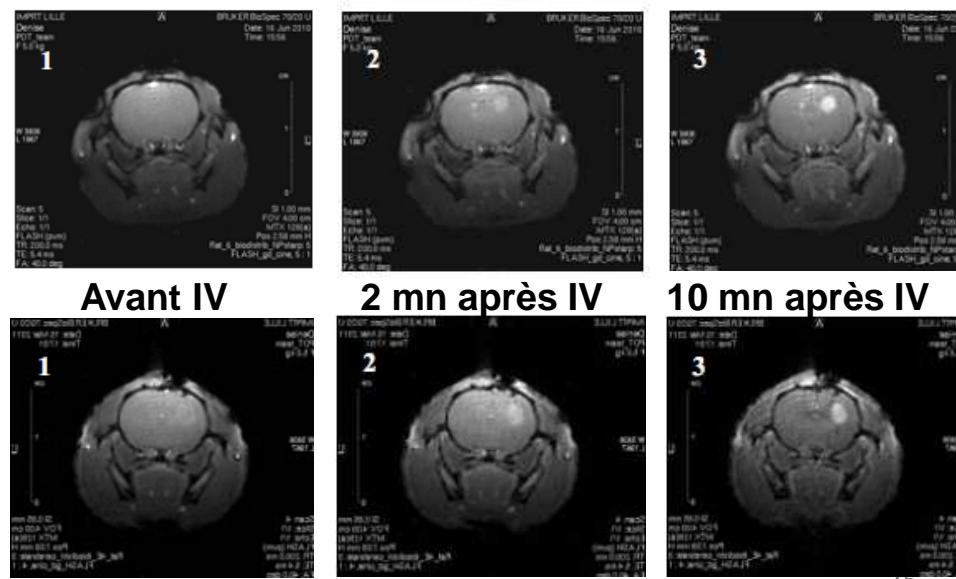
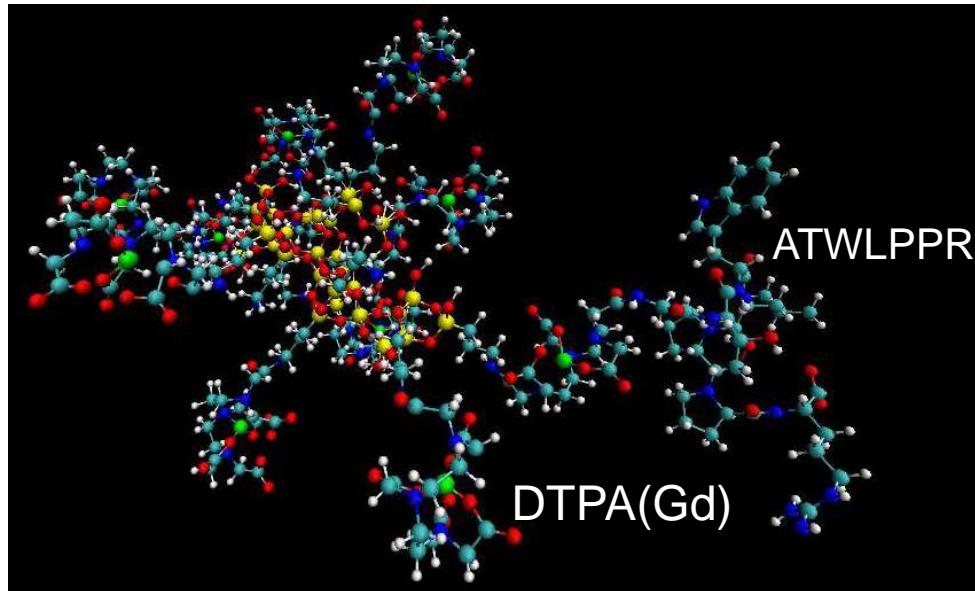


## *In vivo* active targeting

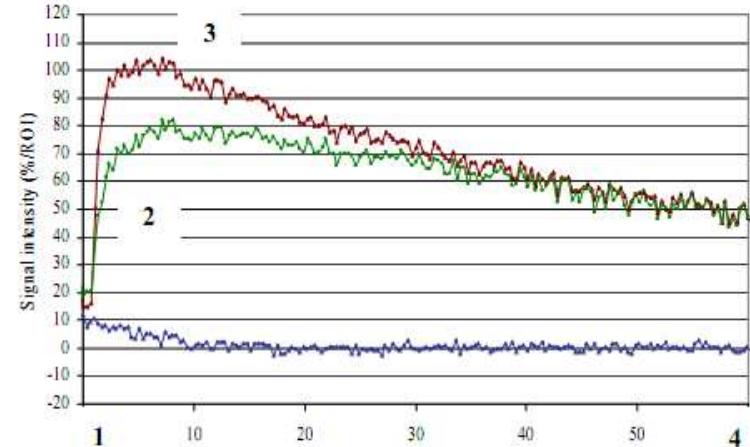


# Targeting of Np1 : ATWLPPR

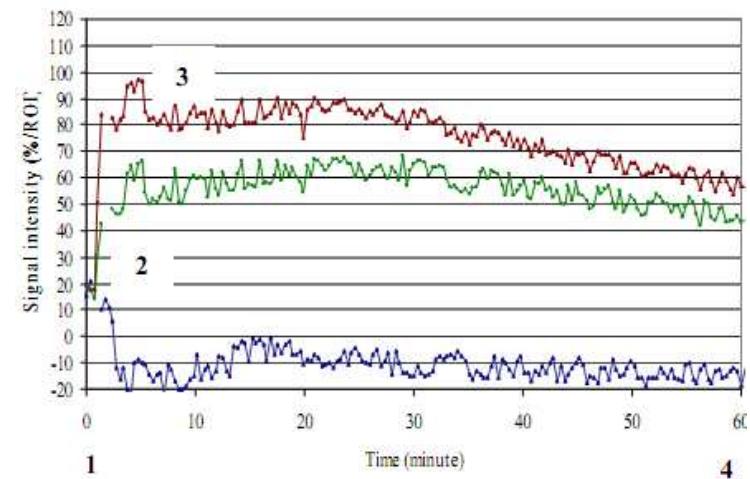
## *Nude rat – Glioblastoma U87*



NP-TPC-ATWLPPR

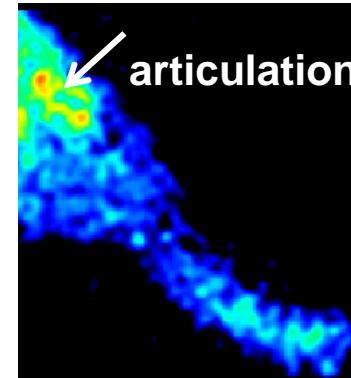
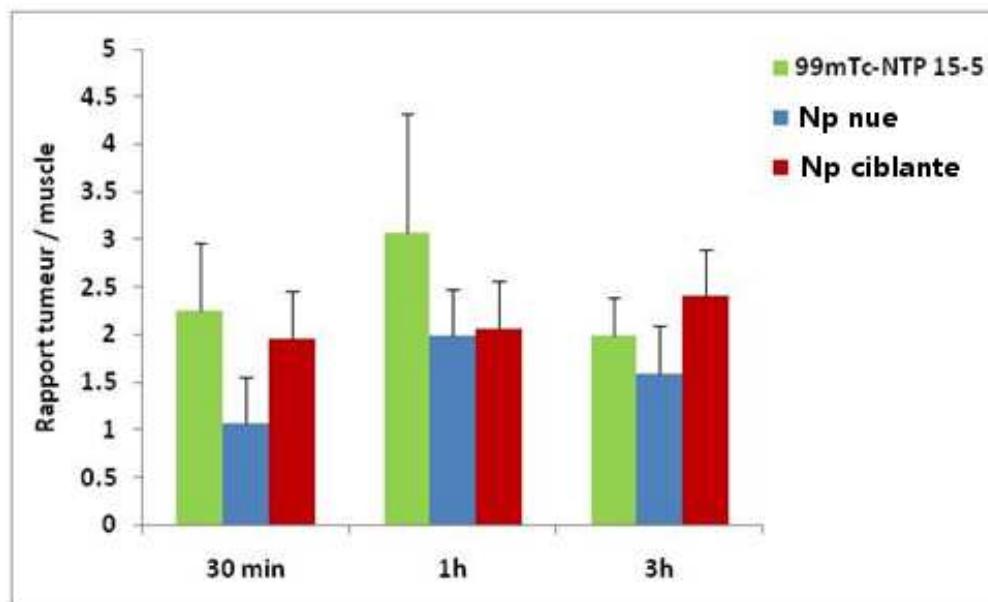
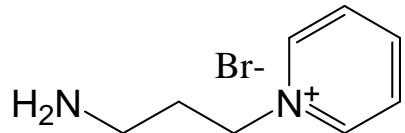


NP-TPC-LWRPTPA

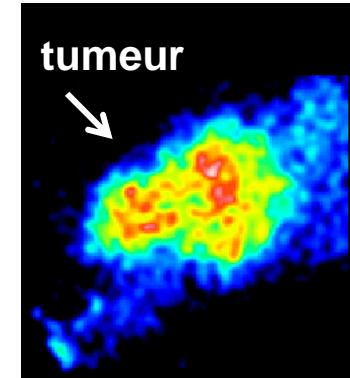


# Active targeting

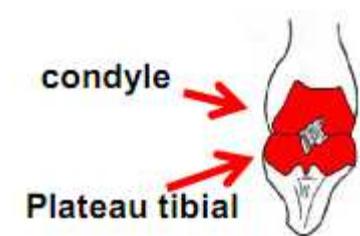
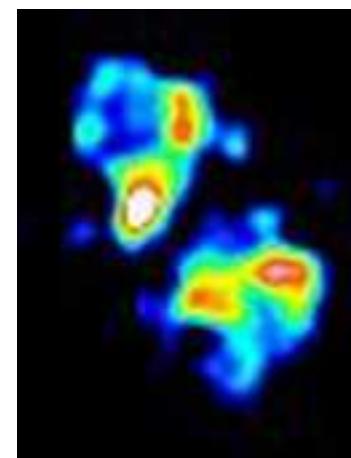
*Example : via small charged molecules for chondrosarcomes*



Test leg



Leg with chondro

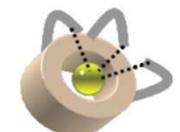
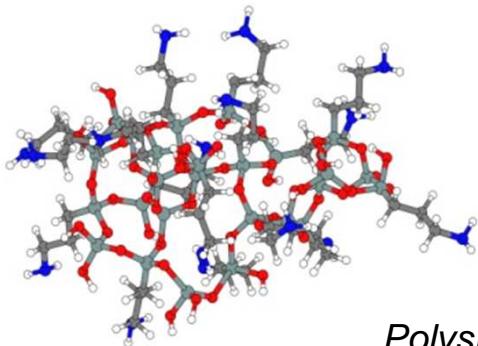


After dissection of test leg

# *Stabilité*

# *Toxicité*

# *Dégradation*



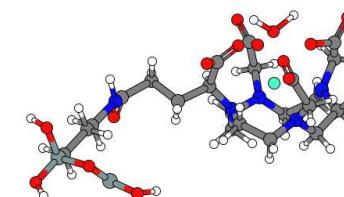
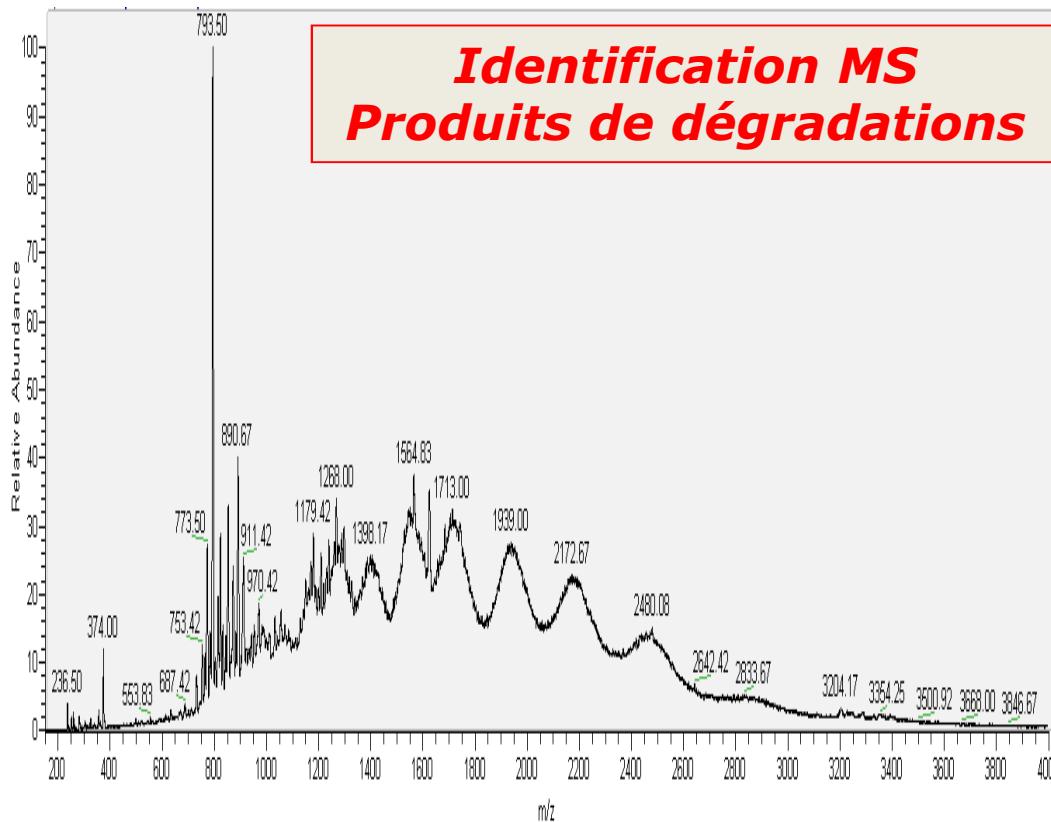
*DOTA(Gd)*

# Etude de dégradation

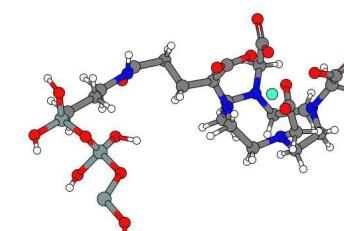
*Expérience de dégradation*

*Dispersion des particules à 0,1 mM Gd - eau maintenue à 37°C - 30 jours*

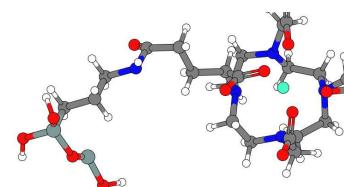
*Identification des produits de dégradation par Spectro de Masse*



M= 813

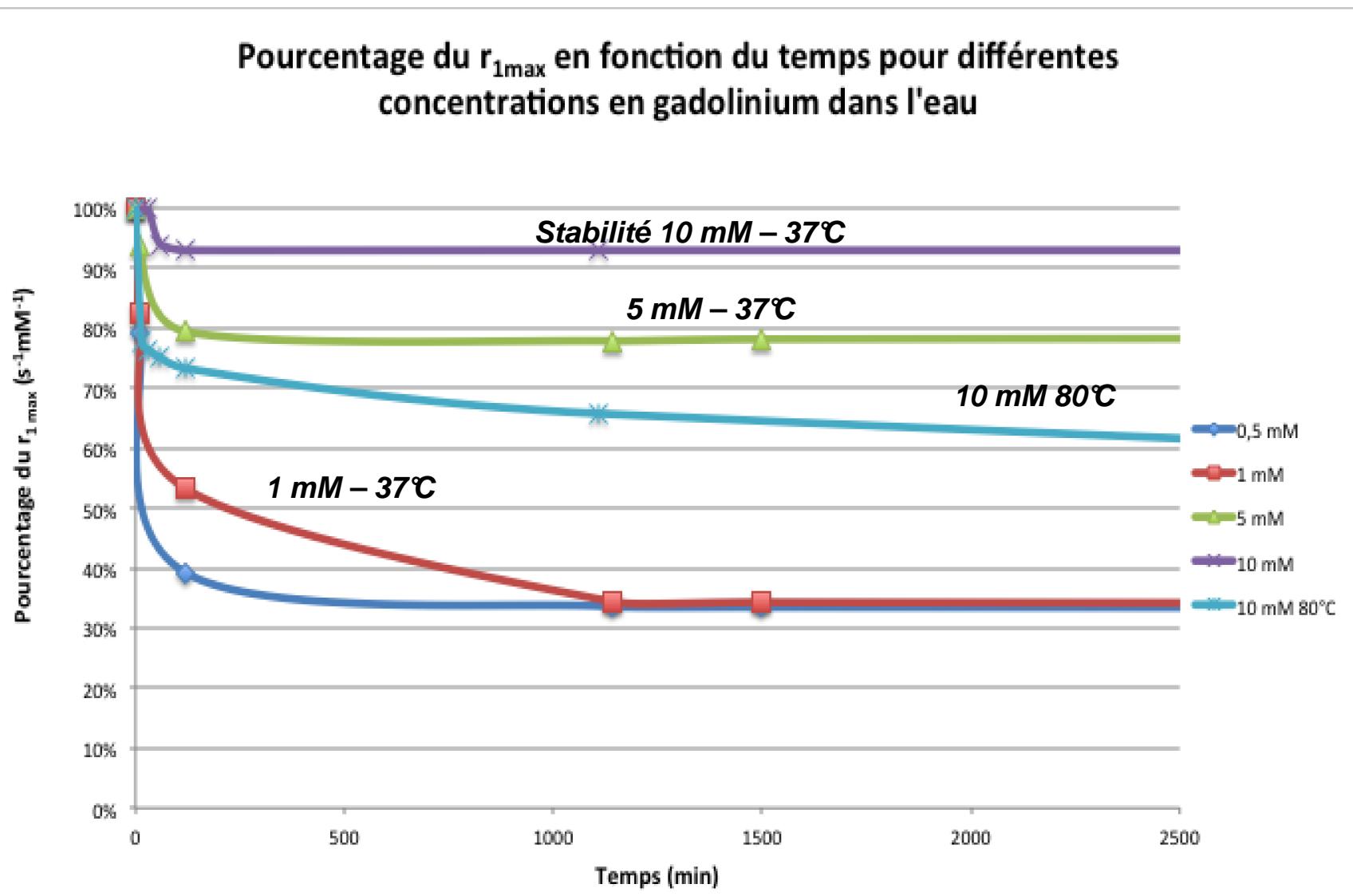


M= 873

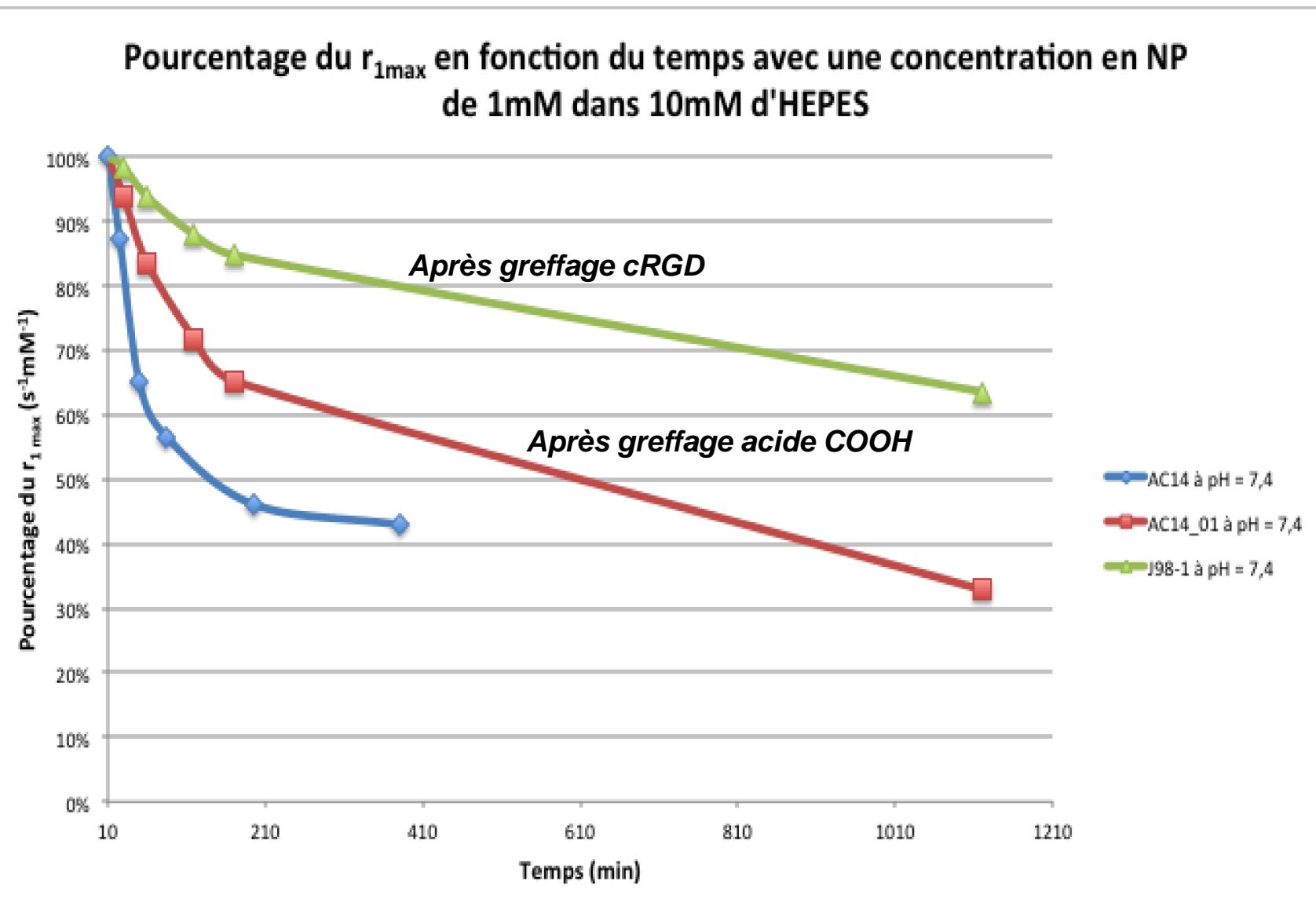


M= 795

# Etudes de stabilité : *particules à dégradation progressive* *Suivis par relaxométrie... hydrolyse des polysiloxanes*



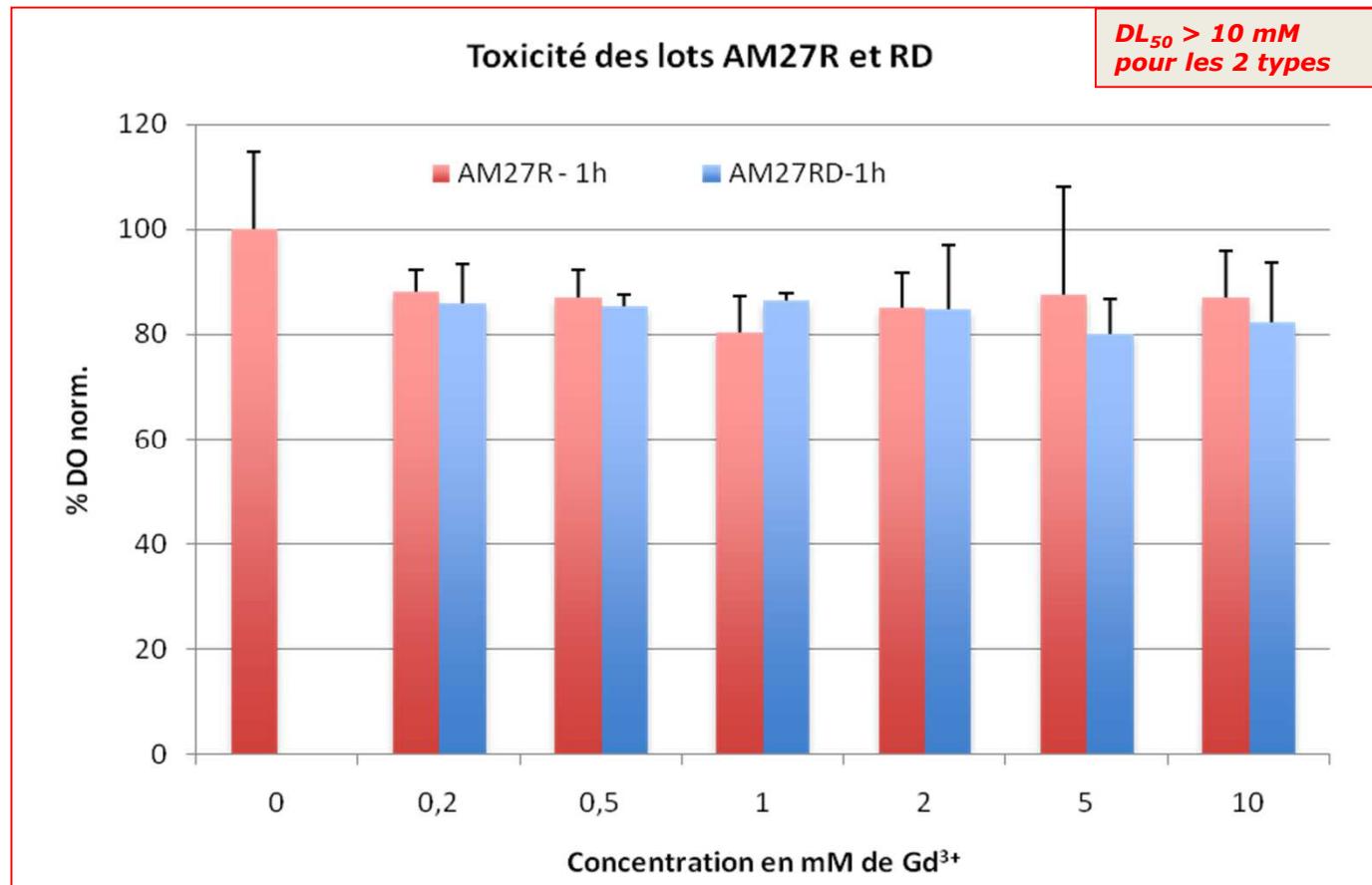
# Augmentation de stabilité après fonctionnalisation



# Pas de toxicité des produits de dégradation

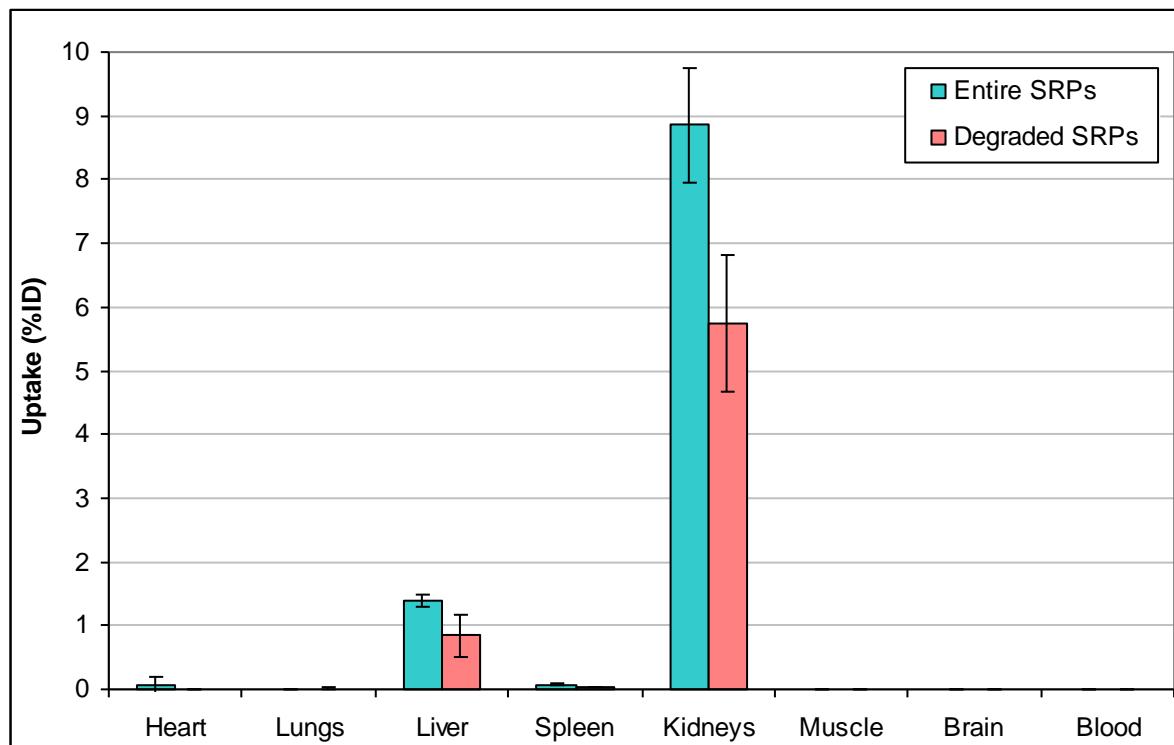
*Pas de toxicité, ni de différence avec les particules primaires  
Tests d'injection effectuées (pas de différences observées)  
Tests *in vitro* (MTT)*

**Tests MTT sur Carcinome murin mammaire (TS/A-pc)**  
Particules initiales (AM27R) et particules après dégradation (AM27RD)



# Produits de dégradations In vivo

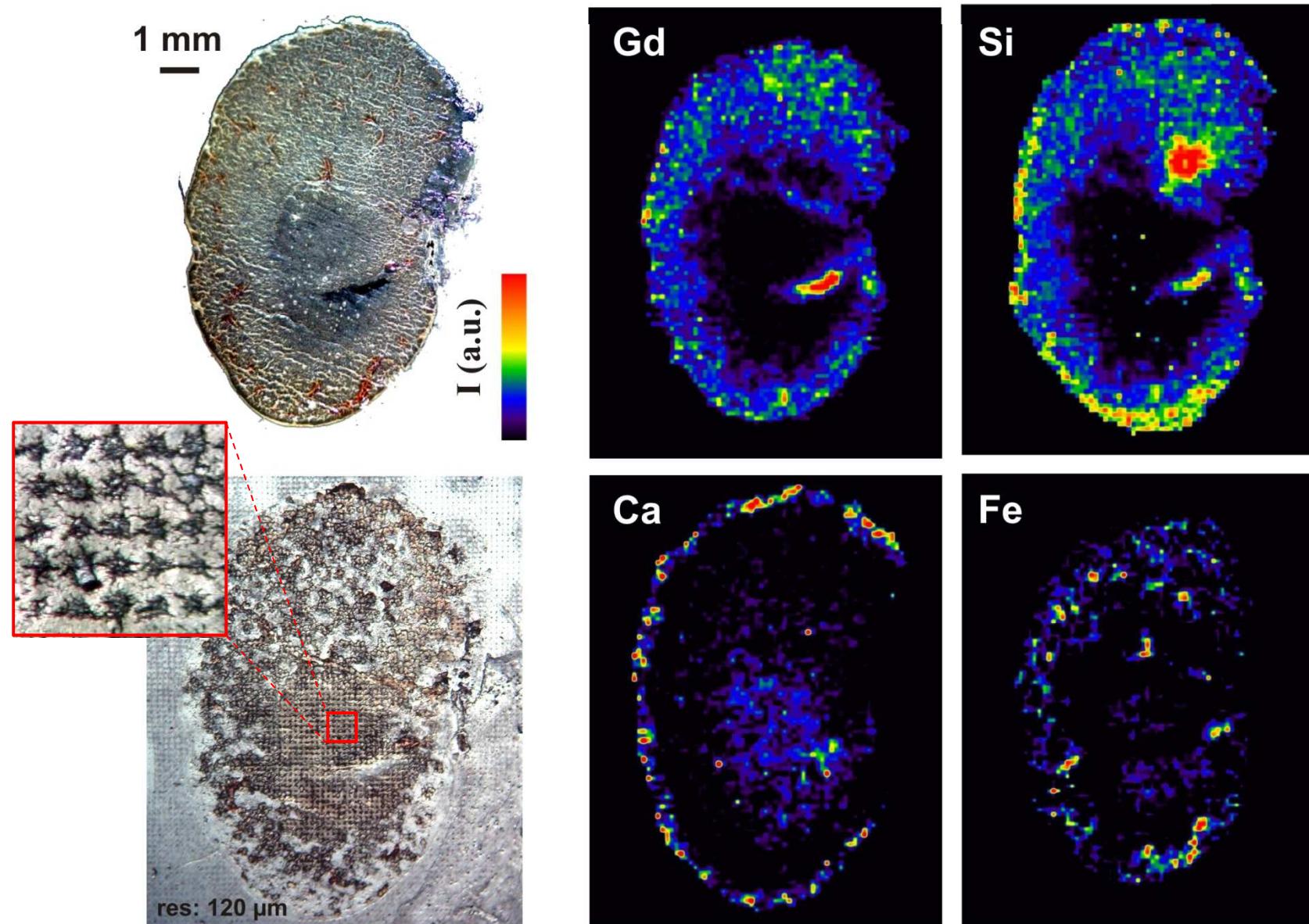
*Elimination plus rapide*



Gadolinium uptake in organs, 24 hours after injection.

# Mapping nanoparticles in kidney using LIBS

*Correlation between Gd and Si*



Collaborations : V. Motto-Ros, L. Sancey, G. Panczer and J. Yu

# Interest(s) of such ultra-small particles ?

Higher signal by object (\*)

*IRM, SPECT, PET... not enough*

Multimodality (\*\*\*)

PET-IRM

IRM-Fluo – Spect/PET-Fluo

Biodistribution (\*\*)

Intravascular (low extravasation) and blood residential time

EPR, targeting (external)  
(Cell tagging)

Theragnostic

# Deux produits proposés

Special GDR-offer: buy one get one free !



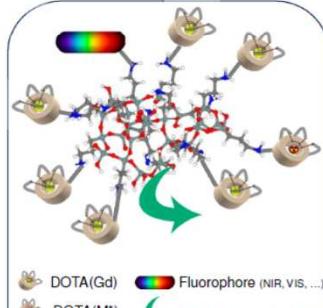
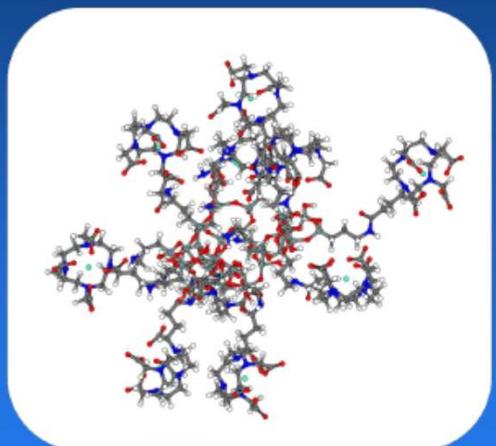
**CheMATECH**  
macrocyclic design technologies

**nano-T<sub>h</sub>**<sup>®</sup>  
Value-Added Nanotechnology

## AGuIX<sup>®</sup>

### Preclinical Multimodal Probe

Theragnostic Nanoparticles  
(MRI-SPECT/PET-fluorescence-Therapy)



Various custom combinations

Ultrasmall size  
 $4\pm1$  nm - renal excretion  
MW  $8.5\pm2$  kDa

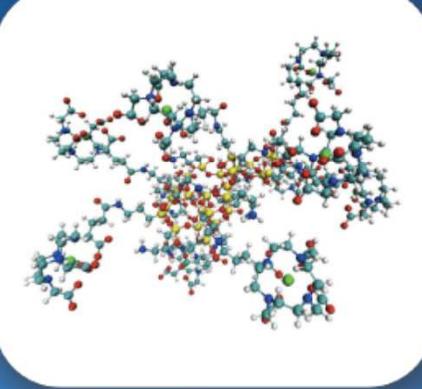
Polysiloxane composition  
Easy further functionalization  
DOTA (Gd) (MRI - Radiotherapy)  
FDA approved  
About 10 DOTAs/nanoparticle

Radiometals ( $M^+$ ) chelation  
PET, SPECT, Therapy

## Gado-H<sup>®</sup>

### Preclinical MRI Gd probes for cellular labeling

Paramagnetic multimodal hybrid sub-5 nm particles  
High efficient T1 MRI Cell Tracking



Freeze dried  
Easy handling and ready to use

Storage  
Stable for months

Reproducible synthesis  
Since 2004 in Nanosynthesis business

Simple labeling process  
No cytotoxicity, no impact on Stem Cell differentiation

Ultrasmall size  
 $4\pm1$  nm

Polysiloxane and Gadolinium chelates platform  
High Gd loading Gd/Si >0.2

Low biological interferences

High colloidal stability in biological buffer

Multilabeling access  
- fluorescence,  
- nuclear imaging

High relaxivity  
 $>10 \text{ mmol} \cdot \text{s}^{-1}$  per  $\text{Gd}^{3+}$  (1.4T)

# Therapeutical activation

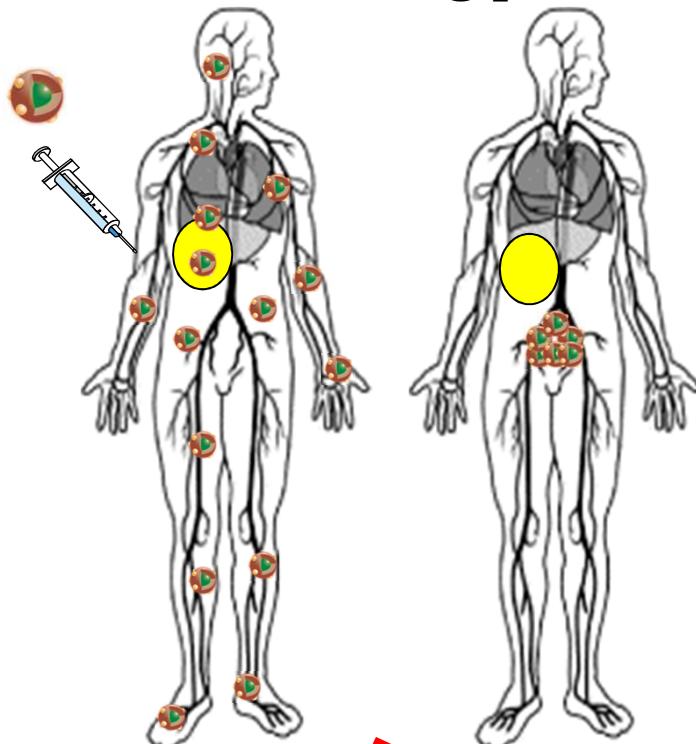
## Radio-sensitization

*Towards an increase of the efficiency of radiotherapies*

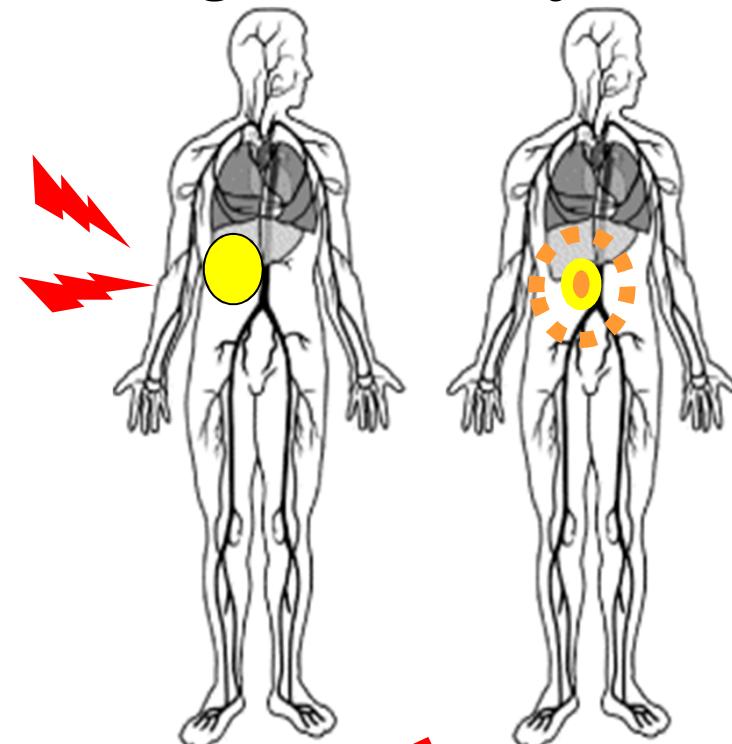
# *Radiosensitizers*

*Nanoparticles injection & radiotherapy*

**Nanoparticles**  
**Injection (IV or IT)**  
**MRI monitoring possible**



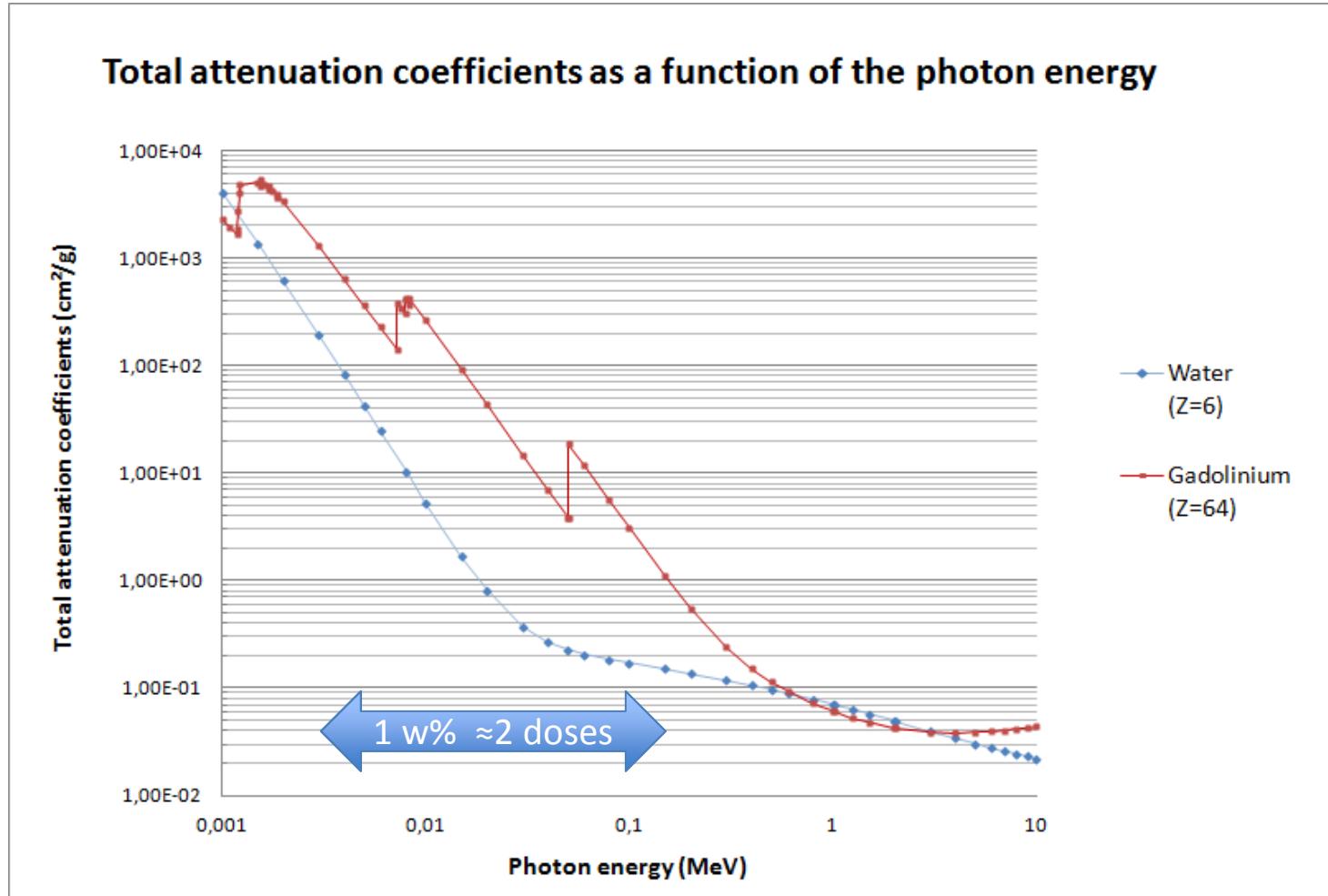
**Irradiations**  
**May be insufficient**  
**Risk of high dose for adjacent tissues**



**ASSOCIATION**

**Dose enhancement can be expected with the presence of Gd (Z=64) due to their greater X-ray absorption (attenuation coefficient)**

**1% by mass combined with keV X-rays have been suggested to increase the dose deposited by a factor of two (1 w% i.e. 10 g/l or 1000 ppm)**



*In the 5-150keV energy range, the interaction probability of the photons with high Z atoms strongly increases by comparison with light atoms (water, tissues...).*

## *In vitro* tests

## Radio-sensitization

*Small animal irradiator (SQ20B)*

*Various clinical high energy irradiators (U87)*

*ESRF irradiation and Co (F98 Rat Glioma)*

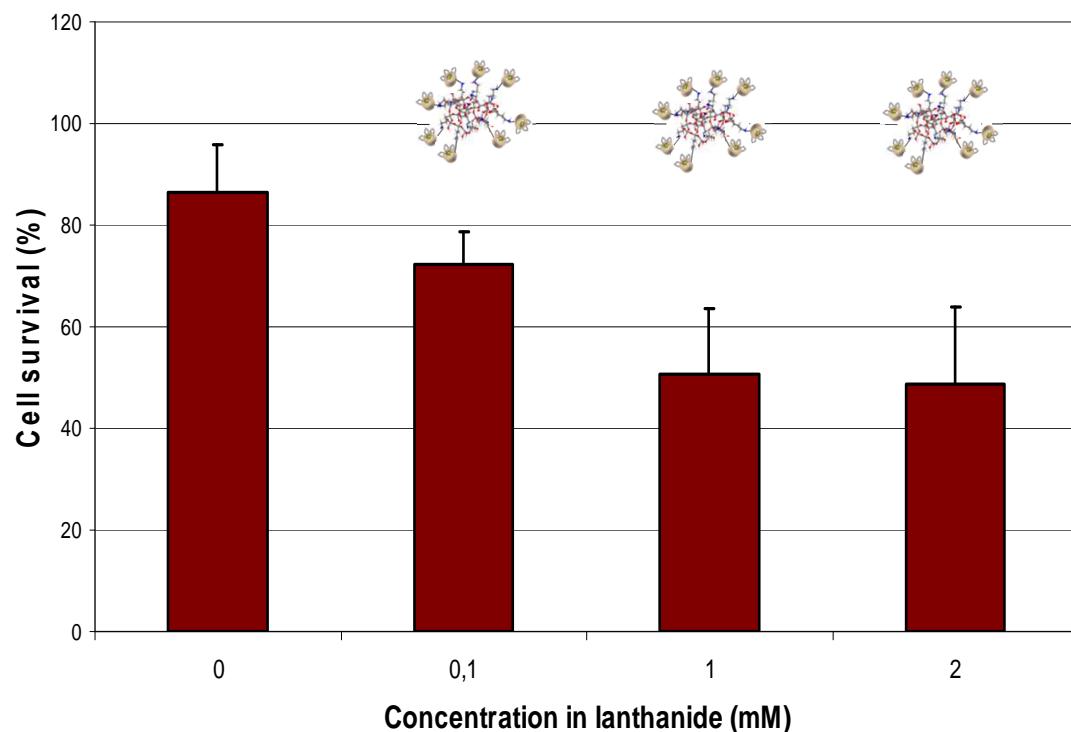
*Hadrons ( $C^{6+}$  -  $H^+$ )*

*Neutrons*

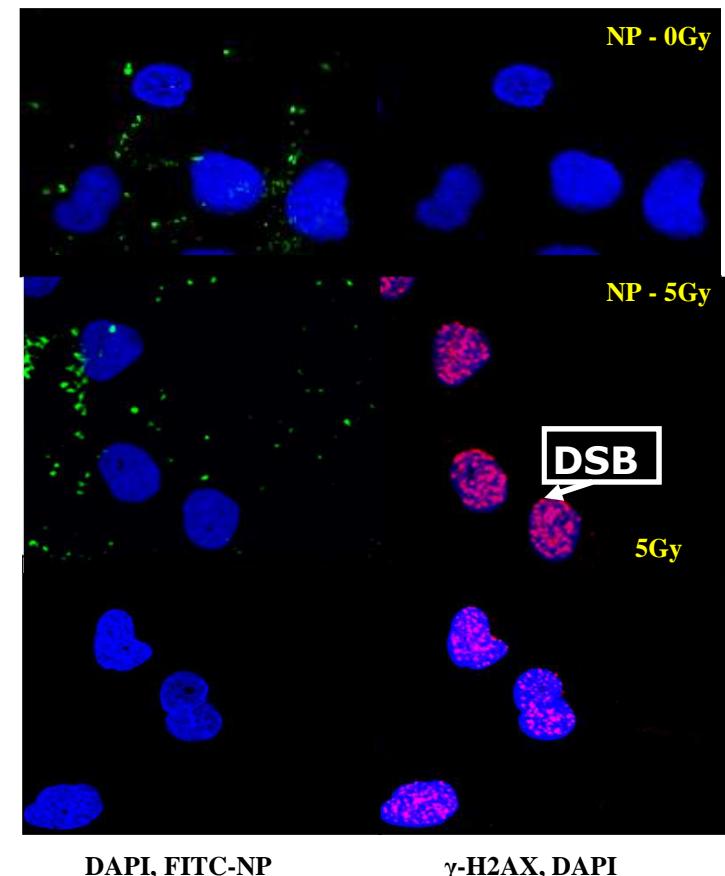
# Radiosensitization with U87 *radiodistant glioblastoma cells*

## 2-4 MeV X irradiation

MTT 7 days after radiotherapy (5 Gy)



## 660 keV $\gamma$ -irradiation

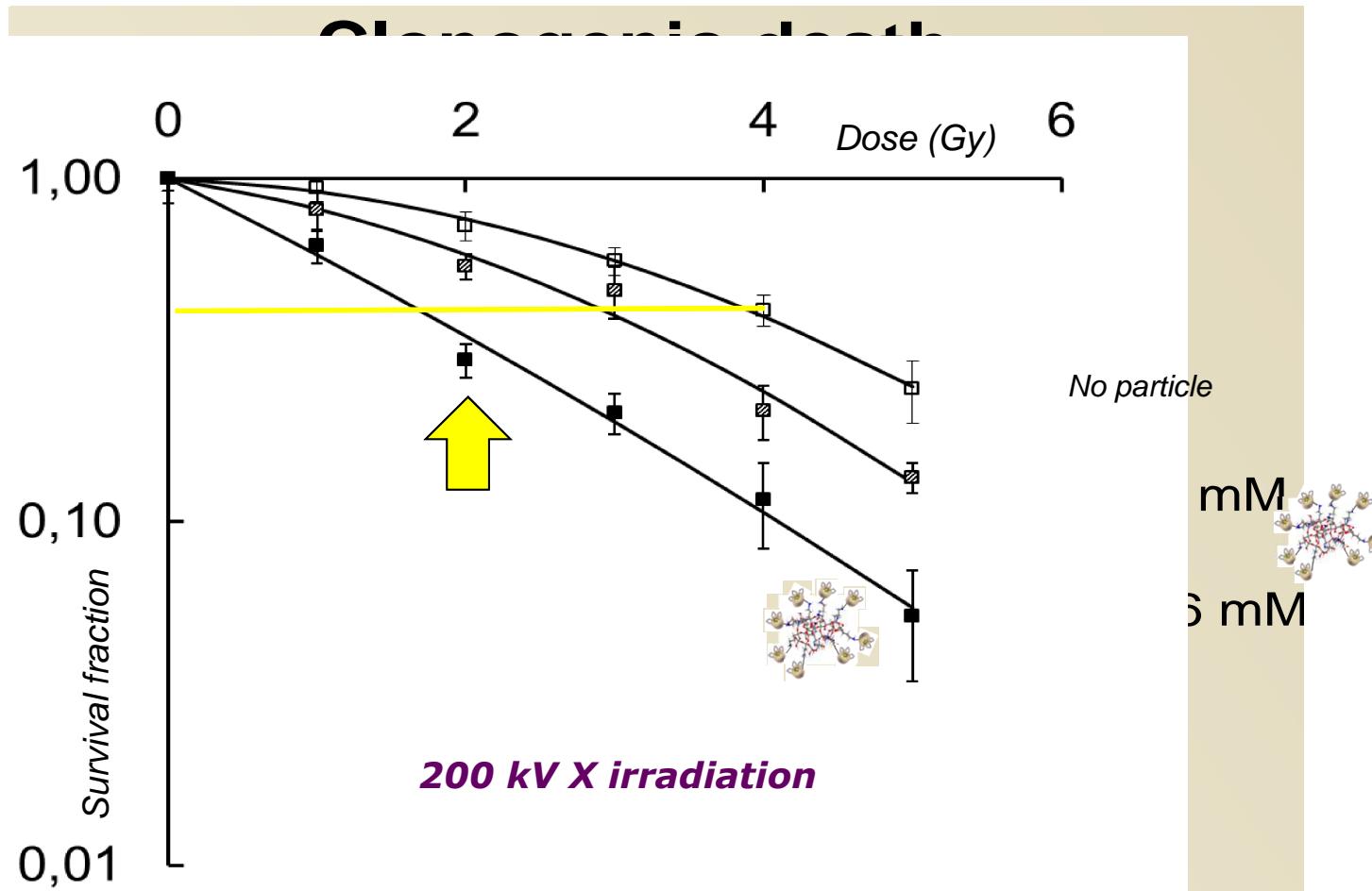


Red points:  $\gamma$ H2AX

Double Strand DNA Breaks +80%

# Radiosensitization with SQ20B

## *Radioresistant tumours, Head and Neck carcinoma*



### Radiosensitization with particles

1 h incubation with ~1 mg/ml (0.1 w%)      SER<sub>2Gy</sub> ~ 2.7

More effects with 0.1 w% Gd Nano and 2 Gy than 4 Gy without Nano

*In vivo* tests

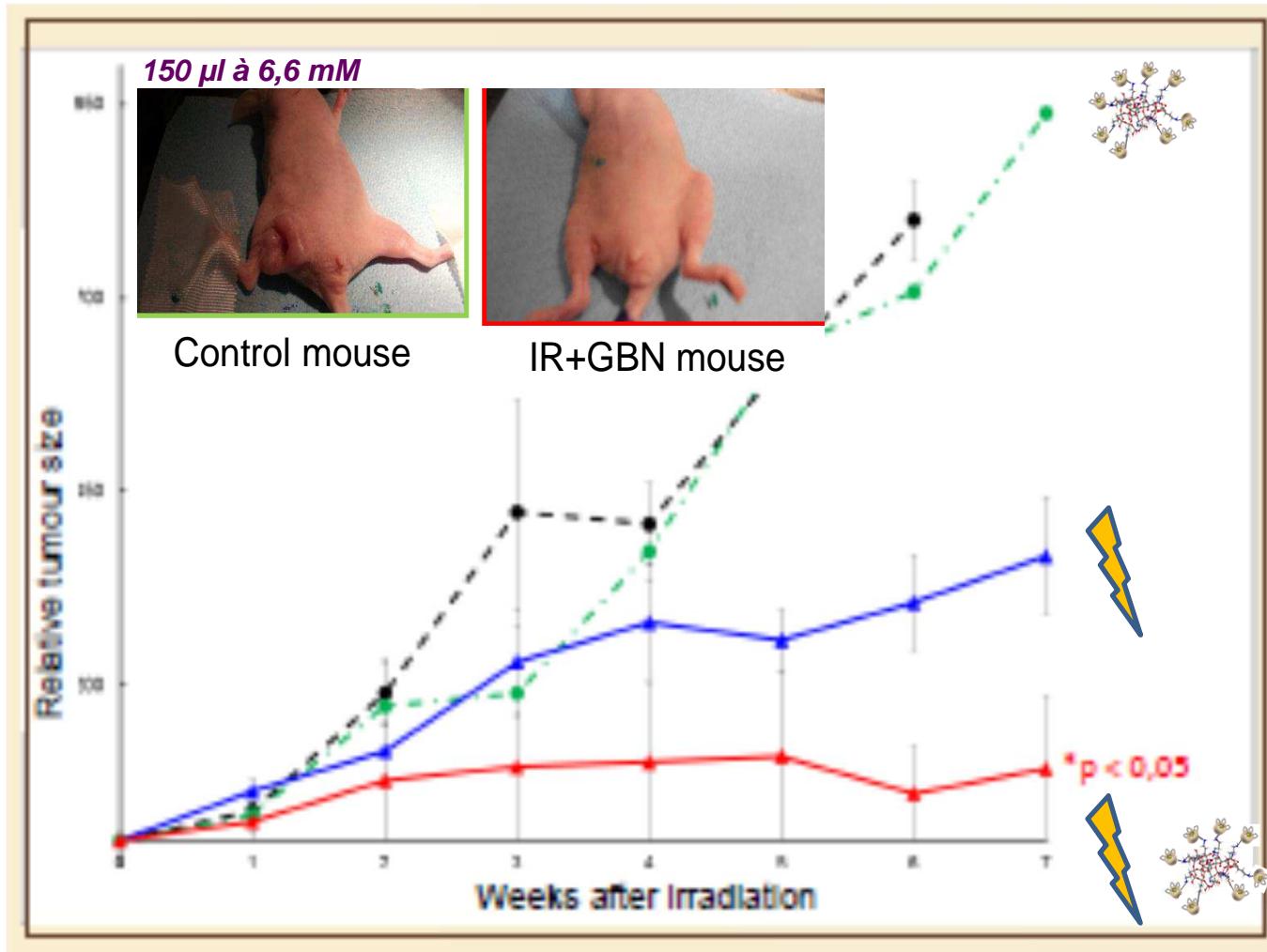
Radio-sensitization

*SQ20B*  
*(animal irradiators)*

*Glioblastoma*  
*(ESRF MRT & animal irradiators)*

# *In vivo* irradiation SQ20B heterotopic

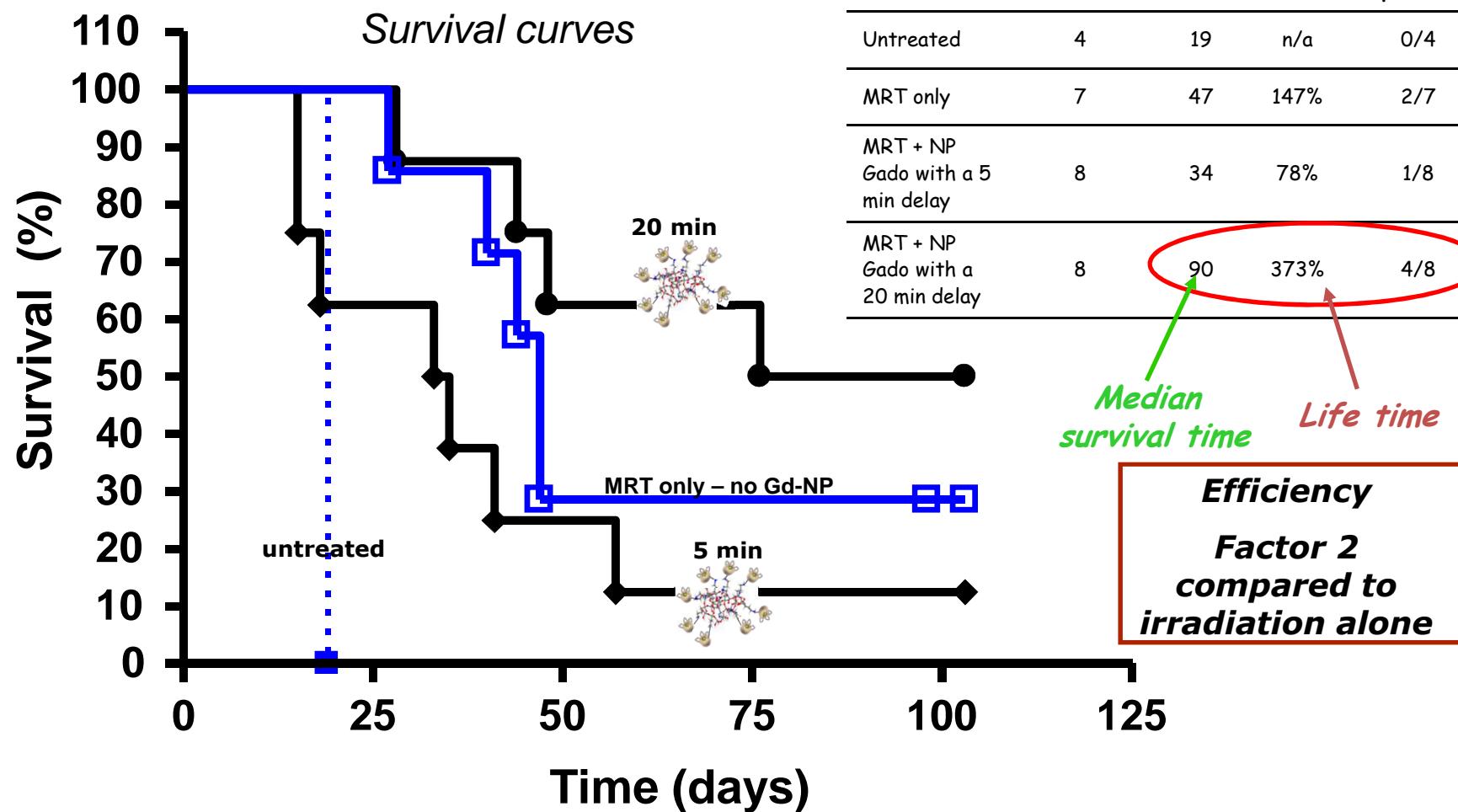
Irradiation 200 kV 10 Gy after AGuIX IT injection



Major radiosensitizing effect of gadolinium based Nanoparticles on radioresistant tumours, Head and Neck Carcinoma

# *In vivo* irradiation Gliosarcoma 9L orthotopic

*Irradiation MRT after AGuIX IV injection*



*In vivo evidences of high Radiosensitizing effect...*

# *Mechanisms* Radio-sensitization

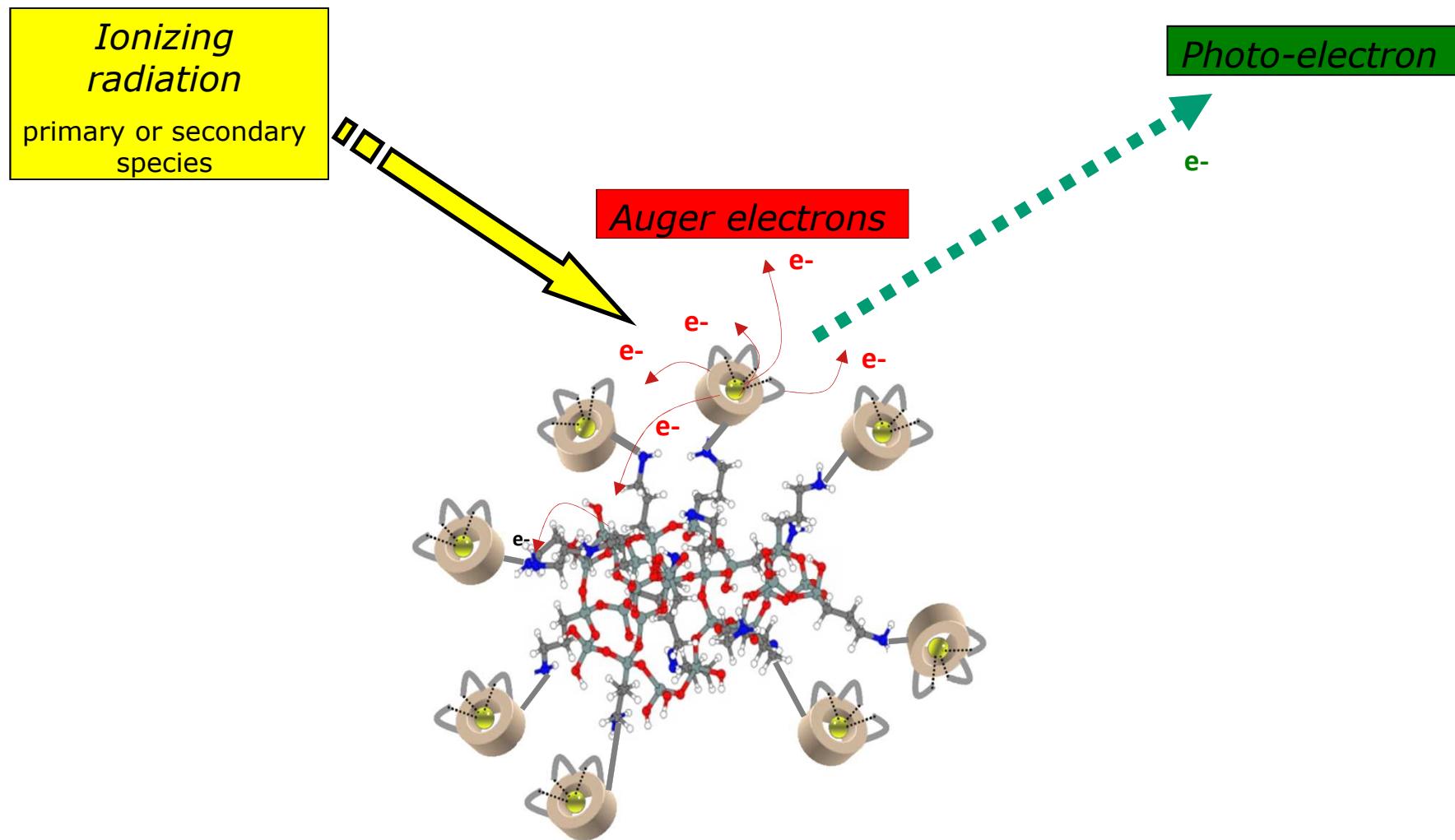
*Surprising very high efficiency*

*Efficient with  
low concentrations,  
large panel of ionizing species,  
large panel of tumour cells*

# A possible mechanism story

*Interaction with Ionizing radiation and a gadolinium*

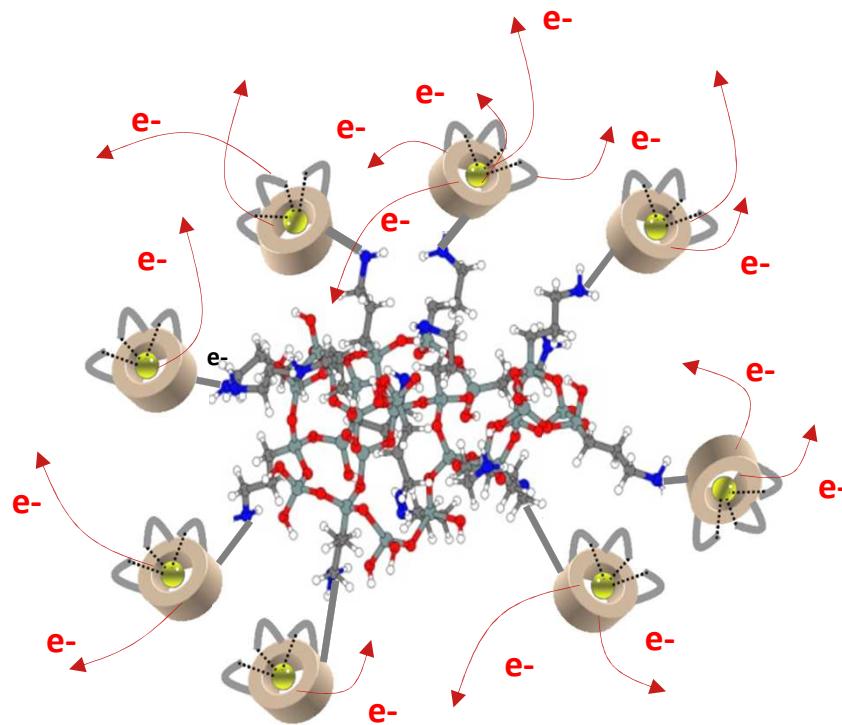
*Initiation of a photon electron and some Auger electrons*



# Propagation to neighbour High Z species

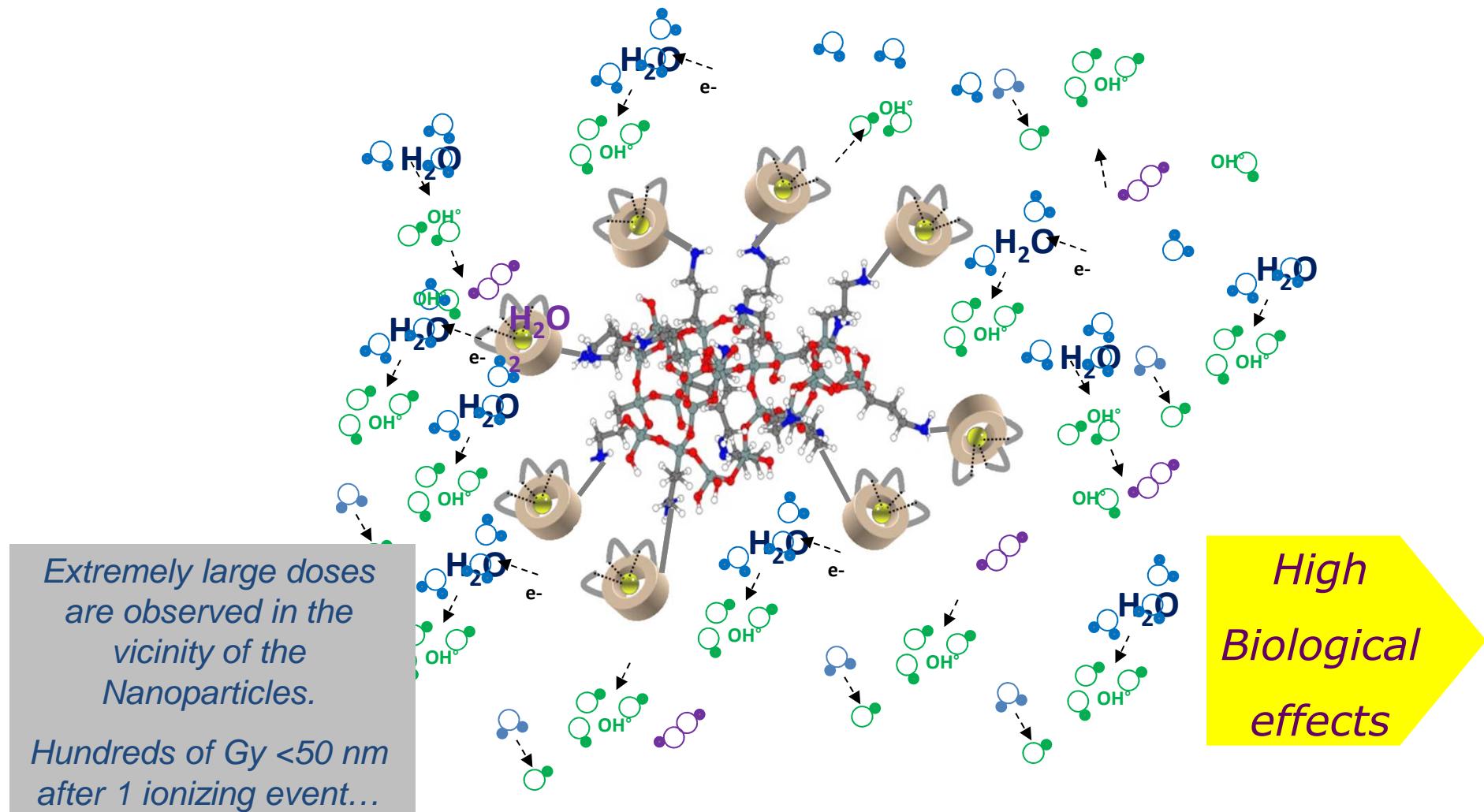
Nano particle effect

Auger shower propagation

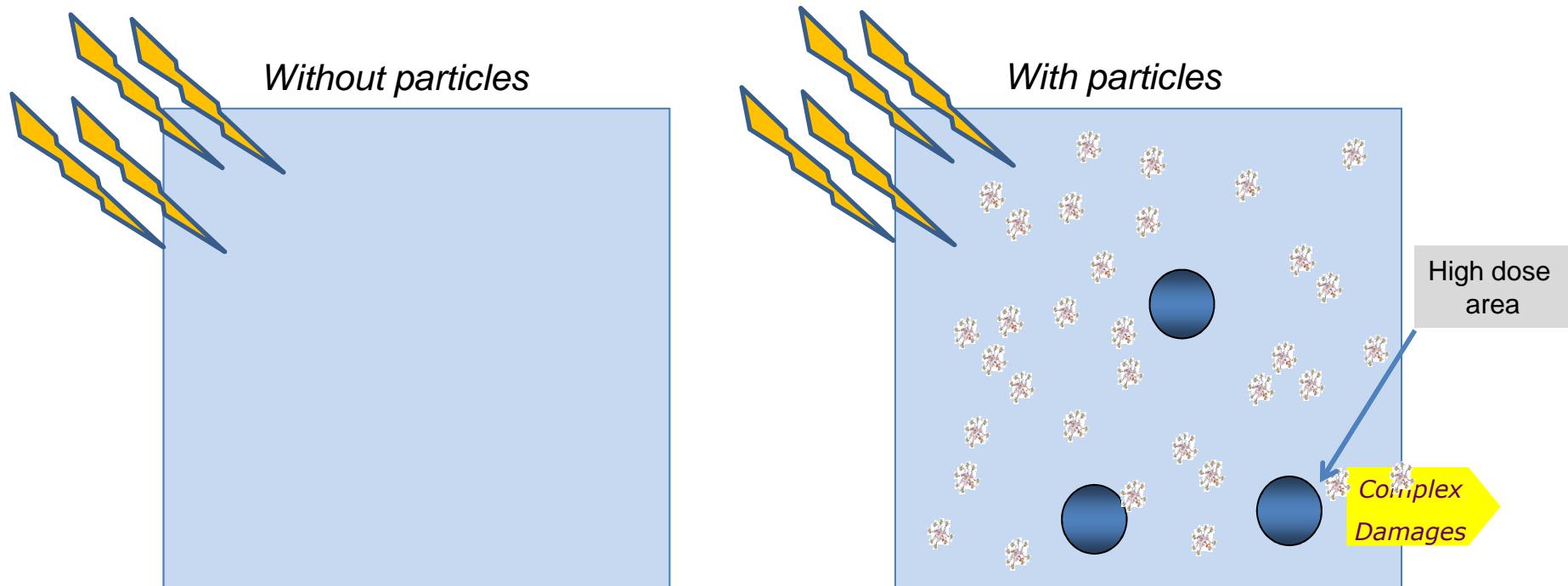


# Delivery of high doses in the local zone around nanoparticles

*Formation of high concentration of active species  
(radicals, peroxides,...)*



Average dose delivery is the same  
But the spatial repartition is very different  
Delivery of high dose in the local zone around nanoparticles



*The biological effect could then be “similar” to the effect of dose inhomogeneity in heavy ion therapy:  
applicability of the LEM (Local Effect Model) ?*

S. McMahon *et al.*, Scientific Reports 2011, with Gold nanoparticles



# Radio-sensitization With Ultra-small Gd Particles

*High radiosensitizing effect  
complex damages*

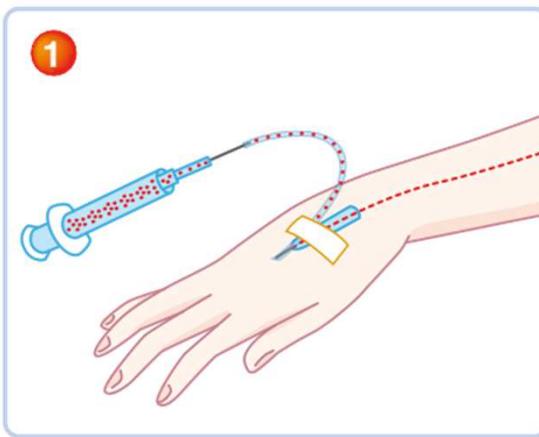
*No need to specific irradiations  
conventional clinical apparatus*

*No need to specific targeting  
 $<0.1 \text{ mg/ml}$  -  $<0.01 \text{ w\%}$  -  $<1\%$  of injected dose  
can be enough reached with EPR*

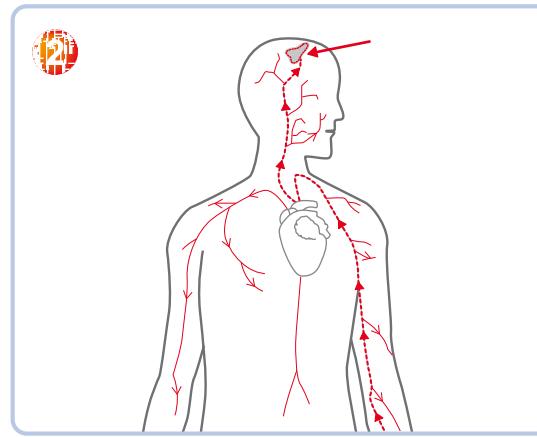
*No need to specific cell internalisation  
active outside the cells  
Naturally eliminated  
mainly renal elimination*

# Theragnostic compounds

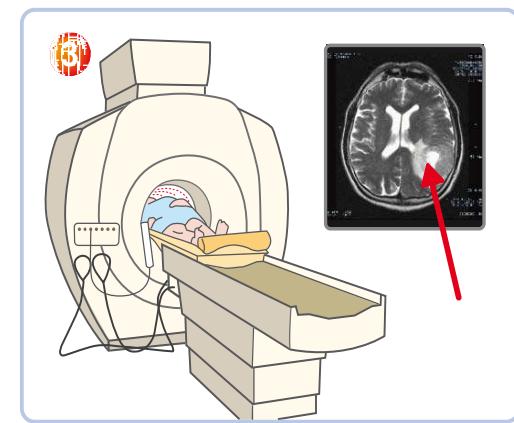
## *Radiosensitizer & MRI*



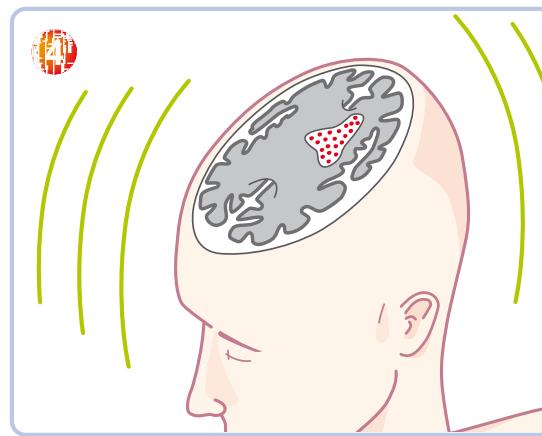
- Injection des particules en intraveineuse.



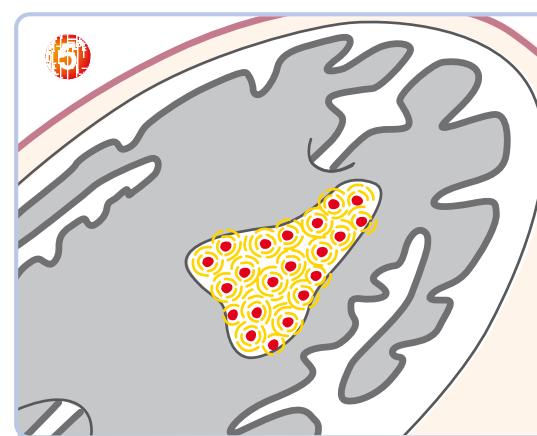
- Une fois injectées, les particules circulent dans le sang très rapidement et une partie s'accumule progressivement dans la tumeur.



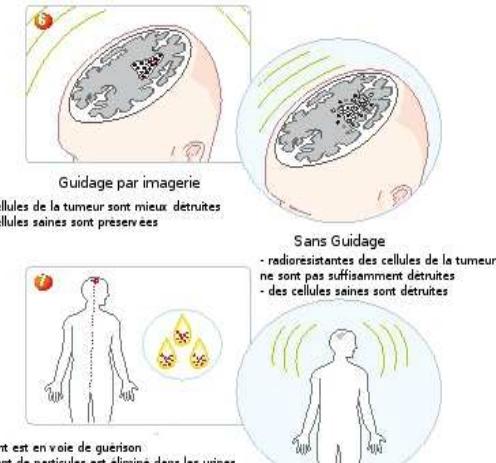
- Le patient est suivi par IRM. La tumeur apparaît en blanc. Les particules ne circulent plus et une partie reste logée dans la tumeur.



- Le patient est soumis aux rayons X lors d'un traitement de radiothérapie localisé sur la zone et adapté à ce cancer.



**Effet radiosensibilisant local de la particule qui Augmente l'efficacité du traitement**



- le patient est en voie de guérison  
- l'excédent de particules est éliminé dans les urines

- le patient n'est pas complètement guéri  
- il doit subir de nouveaux traitements aux rayons X



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