

Hot Topic Discussion

State of the evolution of drug delivery systems

Luke Rhym (Anderson Lab)

June 21, 2021



Why is this a hot topic?

Median delivery efficiency **0.7%** of an injected dose of NPs in tumor

Dominant mechanism of extravasation of NPs into solid tumors through **endothelial transcytosis**.

PERSPECTIVES

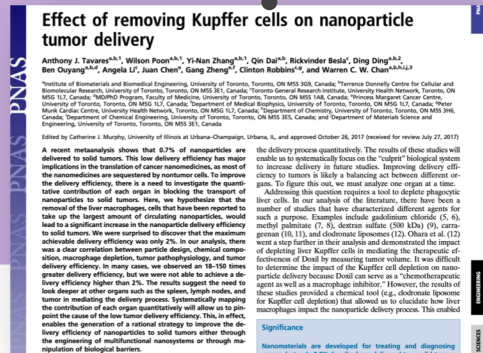
Analysis of nanoparticle delivery to tumours

Stefan Wilhelm, Anthony J. Tavares, Qin Dai, Seichi Ohta, Julie Auslet, Harold F. Dvorak and Warren C. W. Chan

Abstract | Targeting nanoparticles to malignant tissues for improved diagnosis and therapy is a popular concept. However, after surveying the literature from the past 10 years, only 0.7% (median) of the administered nanoparticle dose is found to be delivered to a solid tumour. This has negative consequences on the translation of nanotechnology for human use with respect to manufacturing cost, toxicity, and imaging and therapeutic efficacy. In this article, we conduct a multivariate analysis on the compiled data to reveal the contributions of nanoparticle physicochemical parameters, tumour models and cancer types on the low delivery efficiency. We explore the potential causes of the poor delivery efficiency from the perspectives of tumour biology (intercellular versus transcellular transport, enhanced permeability and retention effect), and physicochemical dependent nanoparticle transport through the tumour stroma as well as competing organs (monocytic phagocytic and renal systems) and present a 30-year research strategy to overcome this fundamental limitation. Solving the nanoparticle delivery problem will accelerate the clinical translation of nanomedicine.

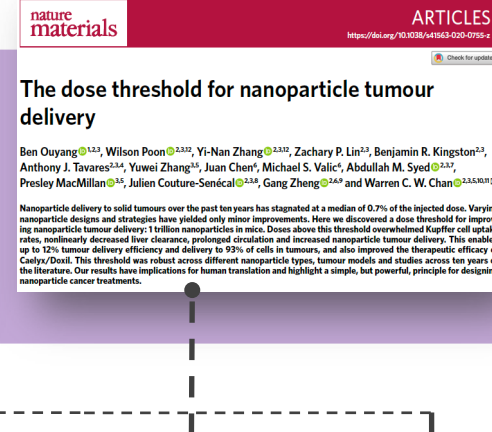
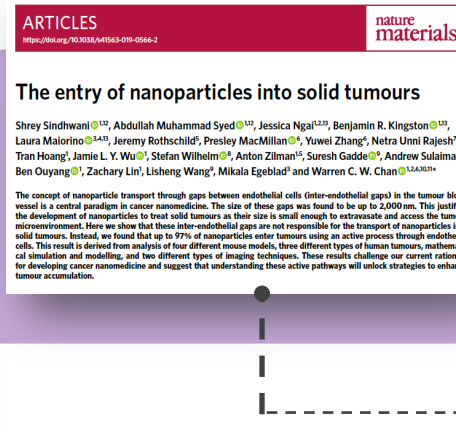
Delivery efficiency and consequences
How many nanoparticles accumulate in a tumour? Upon systemic administration, the monocytic phagocytic system (MPS) and the renal clearance pathway compete with the tumour for nanoparticles. The MPS is a network of organs (most notably the liver and spleen) that contains phagocytic cells that take up nanoparticles, while the renal filtration system excretes nanoparticles smaller than 5.5 nm in hydrodynamic diameter^{1,2}. Nanoparticles that escape the aforementioned biological barriers have the opportunity to interact with the tumour tissue. The percentage of administered nanoparticles that can achieve this (as defined as the nanoparticle delivery efficiency³). To determine the current delivery efficiency to solid tumours, we used Scopus and Google Scholar databases and the search term 'nanoparticle delivery' and identified 224 manuscripts (Fig. 1A). We started by analyzing the most recent publications and did not observe any significant variance in the median of the delivery efficiency over the past 10 years. This analysis of these data represent the current state of development. From

2017



2016

Tumor delivery increased up to 150 times, but only achieved **2% median**

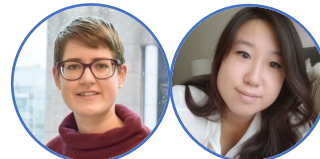


2020



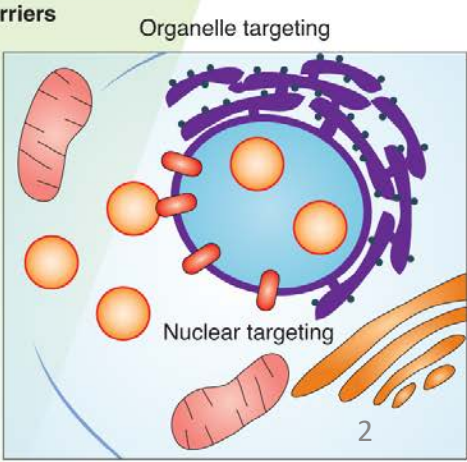
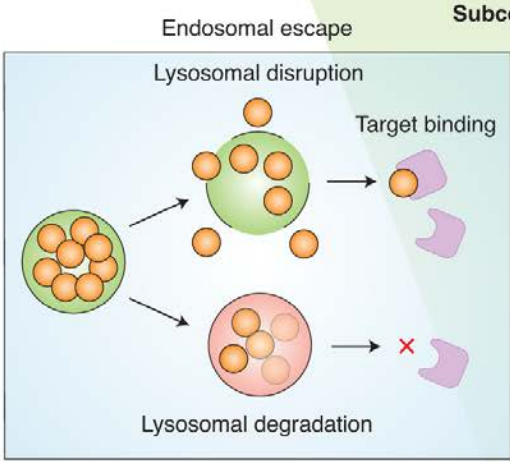
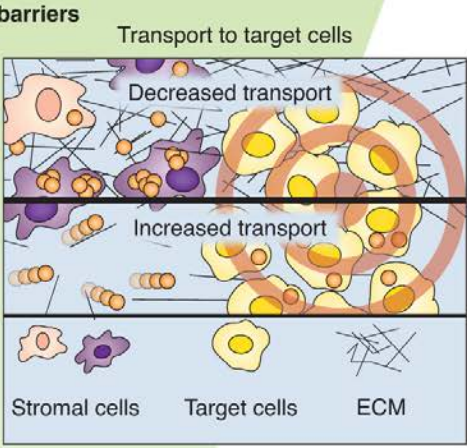
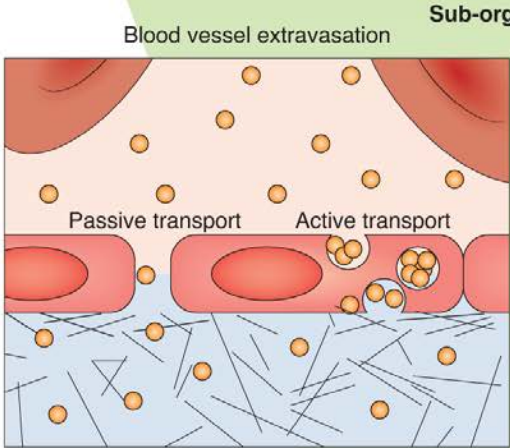
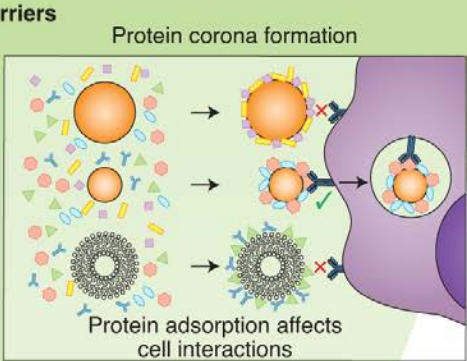
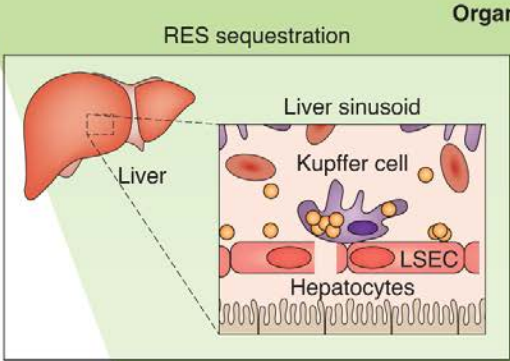
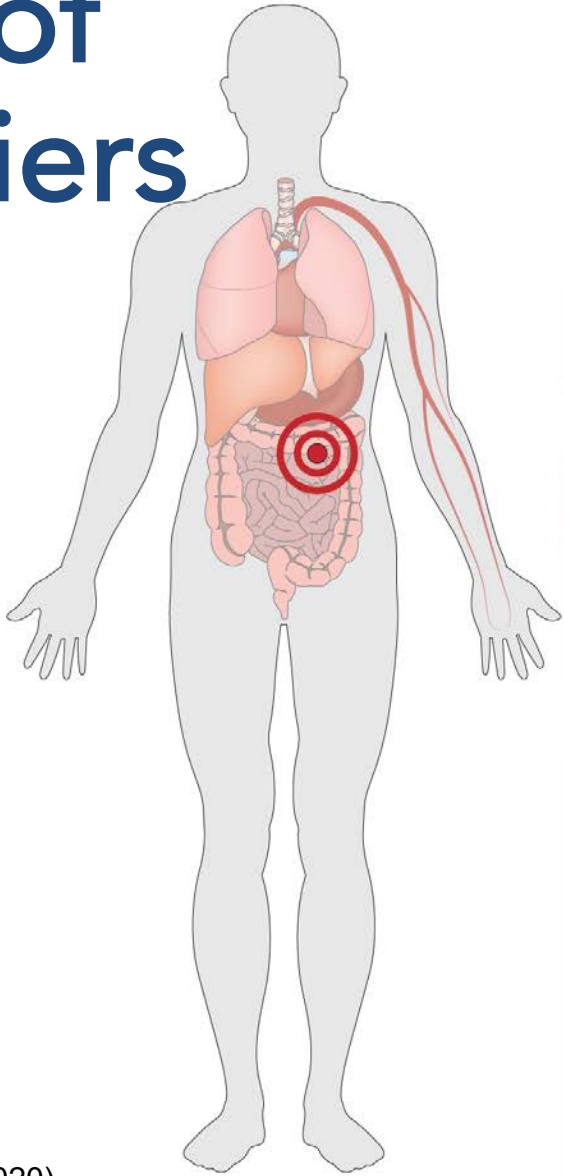
- Wilhelm, S. *Nature*. **1**, 16014 (2016).
- Tavares, A.J. et al. *PNAS*. **114**, 10871–10880 (2017).
- Sindhwani, S. et al. *Nature Materials*. **19**, 566–575 (2020).
- Ouyang, B. et al. *Nature Materials* (2020).
- Poon, W. et al. *Nature Nanotechnology* **15**, 819-829 (2020).

Marble Center hot topic Oct 2020



Natalie Boehnke, PhD (Hammond Lab) Leslie Chan, PhD (Georgia Tech)

The biology of delivery barriers



A generational view of drug delivery

nature
biomedical engineering

REVIEW ARTICLE

<https://doi.org/10.1038/s41551-021-00698-w>



The evolution of commercial drug delivery technologies

Ava M. Vargason ¹, Aaron C. Anselmo ¹✉ and Samir Mitragotri ^{2,3}✉

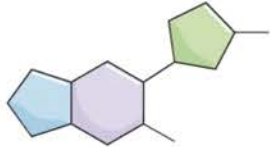
Drug delivery technologies have enabled the development of many pharmaceutical products that improve patient health by enhancing the delivery of a therapeutic to its target site, minimizing off-target accumulation and facilitating patient compliance. As therapeutic modalities expanded beyond small molecules to include nucleic acids, peptides, proteins and antibodies, drug delivery technologies were adapted to address the challenges that emerged. In this Review Article, we discuss seminal approaches that led to the development of successful therapeutic products involving small molecules and macromolecules, identify three drug delivery paradigms that form the basis of contemporary drug delivery and discuss how they have aided the initial clinical successes of each class of therapeutic. We also outline how the paradigms will contribute to the delivery of live-cell therapies.



Samir Mitragotri, PhD
(Harvard/Wyss)

A generational view of drug delivery

Small molecules



Proteins and peptides



Antibodies



Nucleic acids



Live cells



Challenges

Controlling PKs
Improving solubility
Improving permeability
Target development
Reducing off-target toxicity

Controlling PKs
Improving stability
Non-invasive administration
Bypassing biological barriers
Reducing immunogenicity
Improving target selectivity

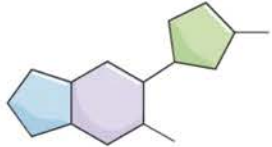
Controlling PKs
Improving stability
Non-invasive administration
Bypassing biological barriers
Reducing immunogenicity
Achieving high doses

Controlling PKs
Improving stability
Bypassing the target cell membrane
Accessing the cytosol or nucleus
Reducing immunogenicity
Preventing off-target gene editing

Controlling unpredictable PKs
In vivo persistence and viability
Reducing immunogenicity
Maintaining therapeutic cell phenotype
Targeting to disease location
Manufacturing and scale-up

A generational view of drug delivery

Small molecules



Proteins and peptides



Antibodies



Nucleic acids



Live cells



Challenges

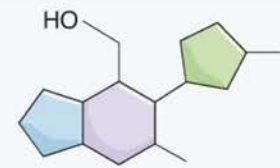
Controlling PKs
Improving solubility
Improving permeability
Target development
Reducing off-target toxicity

Controlling PKs
Improving stability
Non-invasive administration
Bypassing biological barriers
Reducing immunogenicity
Improving target selectivity

Controlling PKs
Improving stability
Non-invasive administration
Bypassing biological barriers
Reducing immunogenicity
Achieving high doses

Controlling PKs
Improving stability
Bypassing the target cell membrane
Accessing the cytosol or nucleus
Reducing immunogenicity
Preventing off-target gene editing

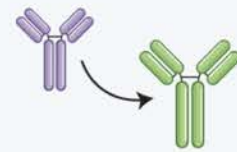
Controlling unpredictable PKs
In vivo persistence and viability
Reducing immunogenicity
Maintaining therapeutic cell phenotype
Targeting to disease location
Manufacturing and scale-up



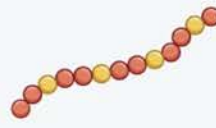
Functional-group modification



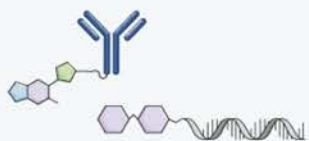
PEGylation



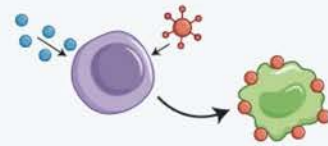
Antibody humanization



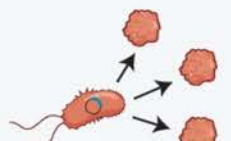
Amino acid substitutions



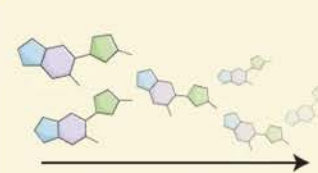
Targeting-ligand conjugation



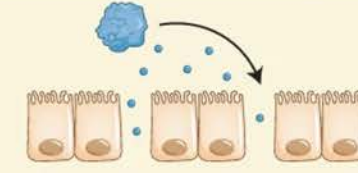
Stimulation and differentiation



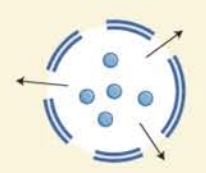
Genetic engineering



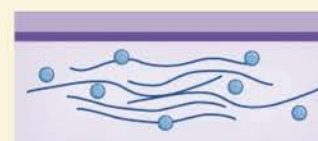
pH modification



Permeation enhancement



Endosomal escape



Dispersion enhancers



Inhibition of drug clearance



Normalization of the environment

A generational view of drug delivery

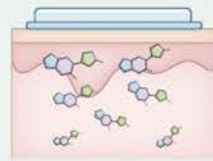
Drug delivery systems



Microneedle patch



Microparticle depot



Transdermal patch



Multiparticulate system



Coated microparticle



Lipid-based nanoparticle



Nanoparticle



Intrauterine device



Antibody-drug conjugate



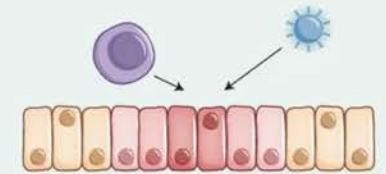
Controlled-release implant



Inhalable device



Microencapsulation



Cell targeting



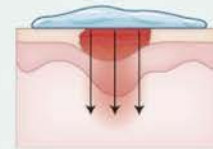
Polymer film



Injectable device



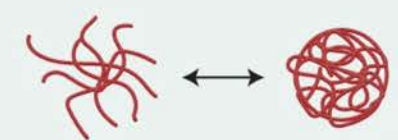
pH-responsive capsule



Wound dressing



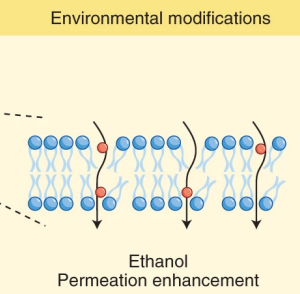
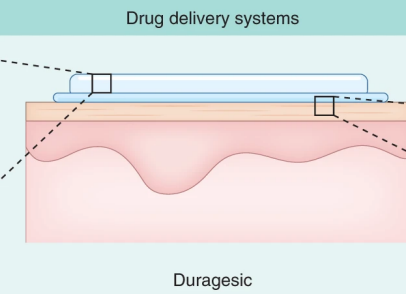
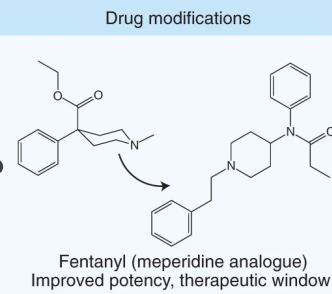
Drug-loaded contact lens



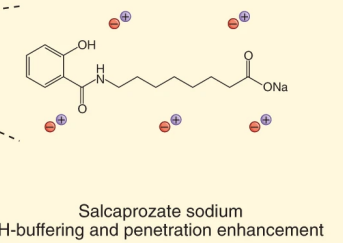
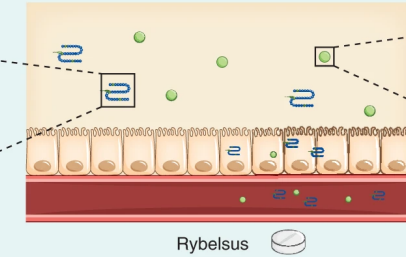
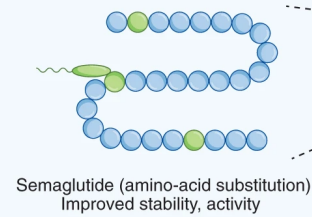
Swellable hydrogel

Some examples

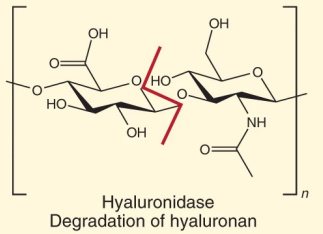
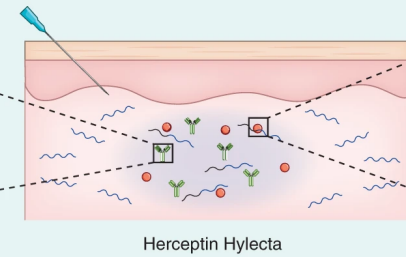
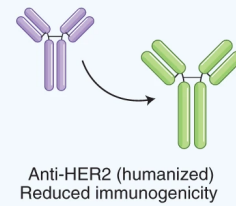
Small molecules



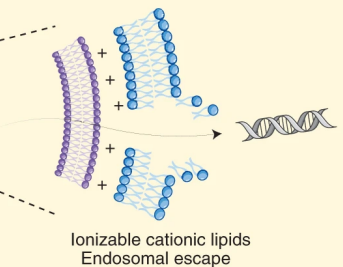
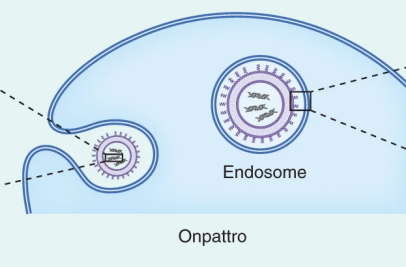
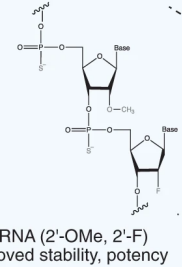
Proteins and peptides



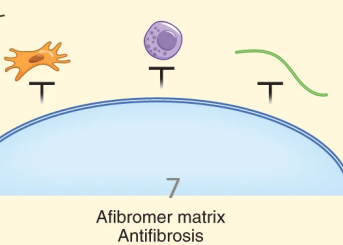
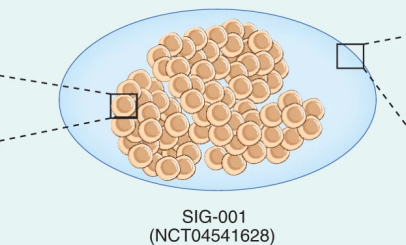
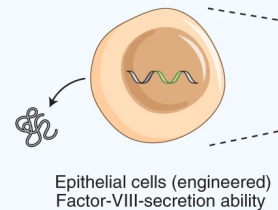
Antibodies



Nucleic acids

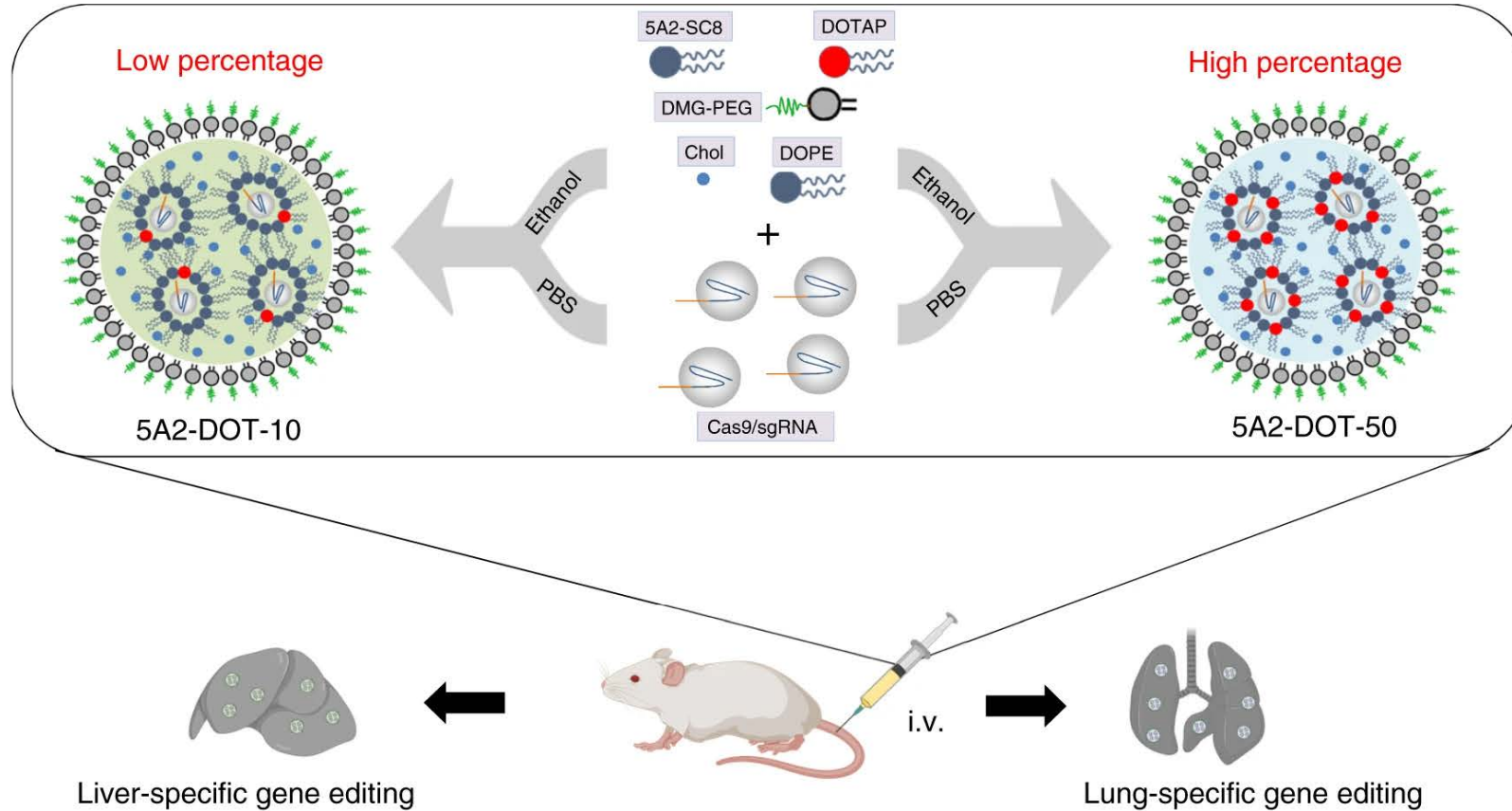


Live cells



**What's next for non-viral drug
delivery systems?**

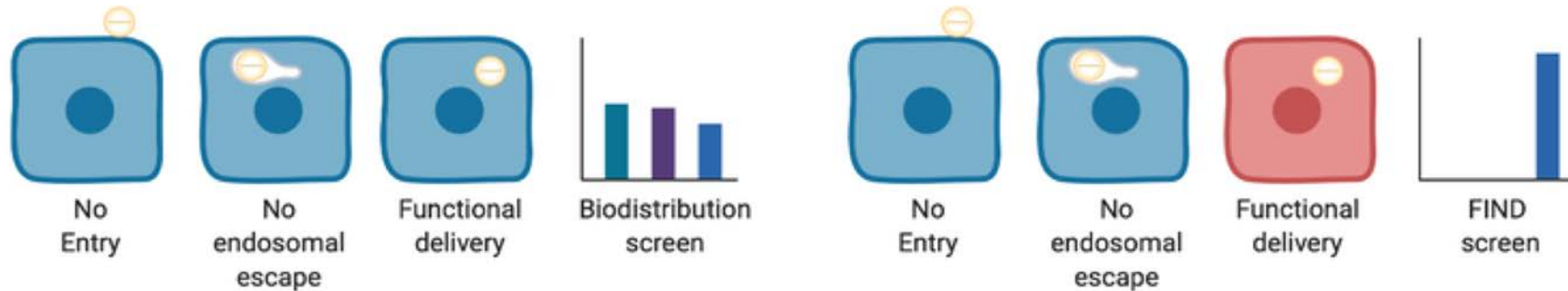
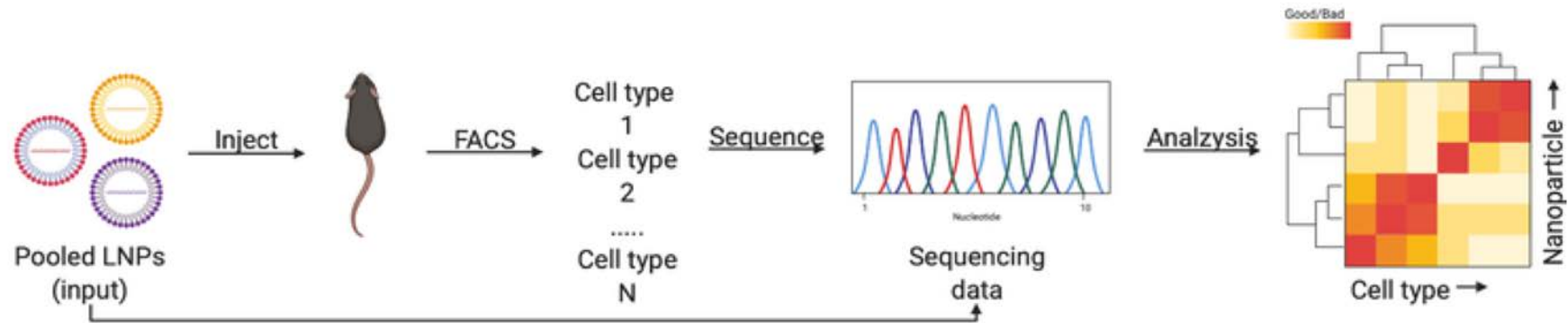
Tuning nanoparticle chemistry to achieve tissue-specific delivery



Liu, S., Cheng, Q., Wei, T. *et al.* Membrane-destabilizing ionizable phospholipids for organ-selective mRNA delivery and CRISPR–Cas gene editing. *Nat. Mater.* **20**, 701–710 (2021)
Wei, T., Cheng, Q., Min, YL. *et al.* Systemic nanoparticle delivery of CRISPR–Cas9 ribonucleoproteins for effective tissue specific genome editing. *Nat Commun* **11**, 3232 (2020)

SIEGWART
Research Group

Process can be accelerated using barcoded nanoparticles



Dahlman, J.E., Kauffman, K.J. et al. Barcoded nanoparticles for high throughput in vivo discovery of targeted therapeutics. *PNAS* 114, 8 (2017)

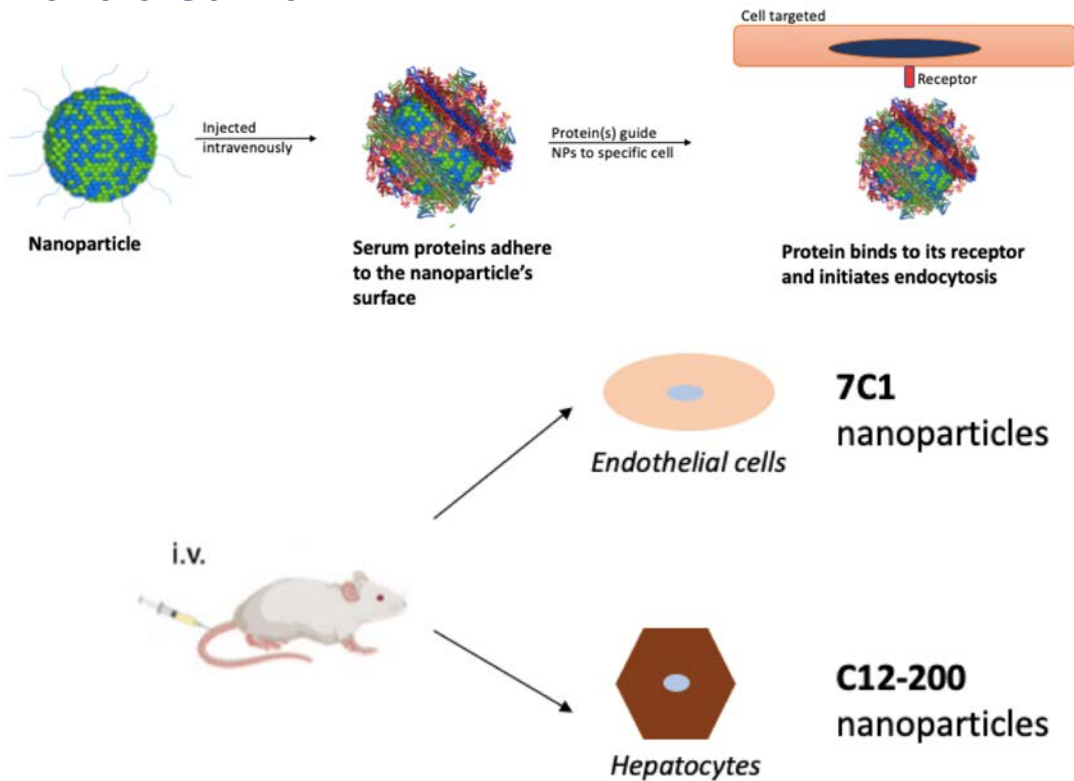
Sago, C.D., Lokugamage, M.P. et al. High-throughput in vivo screen of functional mRNA delivery identifies nanoparticles for endothelial cell gene editing. *PNAS* 115, 42 (2018)

DAHLMAN LAB

Related work in the Anderson lab

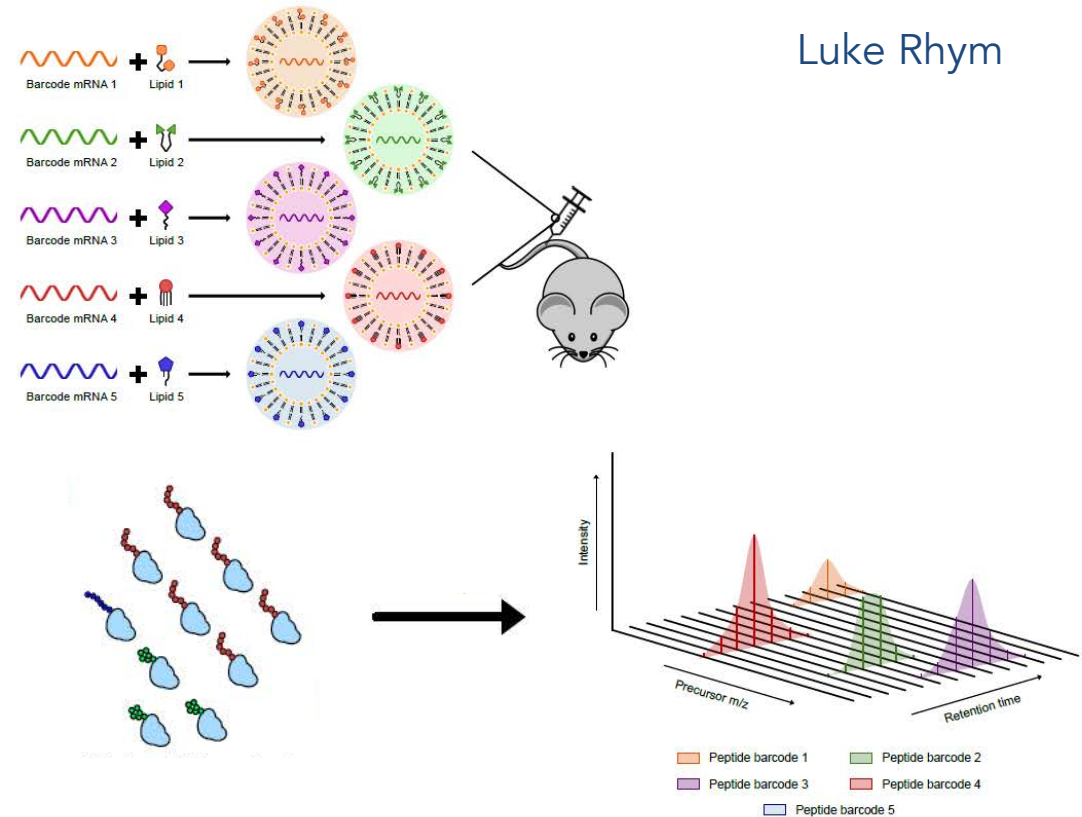
Mechanism behind lung-targeted NPs

Edward Guzman



Improved NP barcoding methods

Luke Rhym



Closing thoughts

- How does this approach compares to more complex, but specific, targeting approaches by introducing monoclonal antibodies and ligands?
- Material genome atlas for tissue specific drug delivery?