

## Immuno-Targeting of Non Ionic Surfactant Vesicles

**Elizabeth Hood**<sup>1</sup>, **John Elliott**<sup>1</sup>, **Monica Gonzalez**<sup>1</sup>, **Joel Strom**<sup>2</sup>, **Anna Plaas**<sup>2</sup>, and **Michael D. VanAuker**<sup>1</sup>. (1) Chemical Engineering, University of South Florida, 4202 E Fowler Ave, ENB 118, Tampa, FL 33620, (2) Medicine, University of South Florida, 4202 E Fowler Ave, ENB 118, Tampa, FL 33620

### Abstract

Non ionic surfactant vesicles (niosomes) composed of sorbitan monostearate (Span 60), polyoxyethylene sorbitan monostearate (Tween 61), cholesterol, and dicetyl phosphate were conjugated with a purified monoclonal antibody to CD44 (IM7) through a cyanuric chloride (CC) linkage on the polyoxyethylene group of the Tween 61 molecule. Inclusion of small amounts of Tween 61 within the surfactant component of niosomes formed using thin film hydration techniques and sonication did not hamper vesicle stability as compared to Span 60 niosomes. Conjugation was verified by UV absorbance of fluorescently tagged IM7 in non fluorescing niosomes and fluorescent micrographs. The immuno-niosomes were incubated with synovial lining cells expressing CD44. Attachment of niosomes was evident and showed selectivity and specificity compared to controls. Cell binding density was determined to be 2.29 +/- 0.26 immunoniosomes per cell at a cell density of  $2.20 \times 10^5$  cells/cm<sup>2</sup>. These findings suggest that the resulting immuno-niosomes may provide an effective method for targeted drug delivery.

### Introduction

Normal administration of drugs or therapeutic agents does not allow for concentrated accumulation of drug at diseased sites due to an essentially uniform distribution of drug throughout the body. In order to adequately treat affected sites using traditional systemic administration, high dosages of drug must be delivered. Increased dosages not only increase costs, but can create toxic side effects as normal tissues and organs are exposed to unneeded pharmaceuticals [1].

### Targeted Drug Delivery

By definition **targeted drug delivery is a strategy aiming at the delivery of a compound to a particular tissue in the body**. Ideally, drug targeting would provide a high local concentration of drug at the site of disease and a concentration below levels of toxicity in healthy tissues. This strategy allows increased drug effectiveness by decreasing therapeutic dose, reducing toxicity to untargeted tissues, and reducing the negative side effects of drugs with systemic complications. Drug targeting has been shown to control rate of release with encapsulated drugs providing a more continuous blood plasma level [2,3] and facilitates uptake of drug by tissues. Myriad drug delivery systems have been developed to maintain greater control of therapeutic levels and focused concentration of drugs at target locations through either passive or active delivery. Passive drug delivery effects occur as drug accumulates at sites of increased permeability of the vasculature. Active targeting schemes usually encompass the use of 'vector' molecules with high specific affinity toward the targeted tissues bound to a drug carrier [4].

### Niosomes as Drug Carriers

Niosomes are self assembled vesicles composed primarily of synthetic surfactants and cholesterol. They are analogous in structure to the more widely studied liposomes formed from biologically derived phospholipids. Niosomes behave similarly to liposomes *in vivo* by prolonging circulation time of the encapsulated drug and altering chemical distribution within the body [5-7]. However, niosomes have advantages over liposomes as drug carriers, including greater chemical stability, lower cost, easier storage and handling, and decreased likelihood of oxidation into toxic forms [8]. Niosomal drug delivery has been studied using various methods of administration [9] including intramuscular [10], intravenous [3,11], peroral [12], and transdermal [13,14]. In addition, as drug delivery vesicles, niosomes have been shown to enhance absorption of some drugs across cell membranes [15], to localize in targeted organs [3,16] and tissues [5,6], and to elude the reticuloendothelial system [2]. Active targeting of niosomes was shown using glucose targeting with the inclusion of a glucose-palmitoyl glycol chitosan conjugate in a sorbitan monostearate niosome [34]. Improved tumor targeting was shown using niosomes with PEG-glucose conjugates using a paramagnetic agent encapsulant [35].

### ***Immunotargeting***

In active drug targeting schemes the use of monoclonal antibodies or antibody fragments bound to drug carriers using differing carriers [17-21], and immunoconjugates [22-24] has been explored for varied medical applications [18,20,25-27]. Liposomal immunotargeting has been used extensively for cancer and cardiovascular applications. Numerous linking chemistries exist but successful antigen binding schemes have a common physical configuration with the ligand attached distal to the vesicle surface. For example, the addition of polyethylene glycol to a liposome to elude the reticuloendothelial system (RES) is well documented [29,30]. Attachment of ligand distal to the vesicle on a PEG terminus was found to have increased binding to target cells compared to attachment on the surface [31,32]. This increases rotational freedom of the targeting moiety and decreases hindrance by the polyethylene glycol at the surface of a 'stealthy' liposome [28]. Development of a PEG-PE end group functionalized with cyanuric chloride allows for attachment of antibodies without prior derivatization of antibodies [33]. To our knowledge, no studies exist that use monoclonal antibodies as active targeting vectors with niosomes.

### ***Inflammation and Adhesion Molecules***

Inflammatory processes play a role in vascular disease, rheumatoid and osteoarthritis, chronic obstructive pulmonary disease, and inflammatory bowel disease, lupus, among others. The inflammatory process is characterized by accumulation of inflammatory cells, leukocytes and macrophages, which perpetuate the process and contribute to tissue destruction. Drug delivery specifically targeted to vascular inflammation has numerous therapeutic cardiovascular applications including atherosclerosis and coronary artery disease. Using vesicular targeted drug delivery specific to inflammatory cells could interrupt disease progression while also providing drug therapy.

In order to specify targeted drug delivery an appropriate receptor on the affected tissues must be identified. Cellular adhesion molecules (CAMs) are glycoproteins expressed by the endothelium, which initiate the cellular response to injury, and provide a potential therapeutic target when expressed by pathologically inflamed tissues. Interruption of the inflammatory process has been studied using the cell surface glycoprotein CD44 blocked by antibody IM7.

Dramatic suppression of inflammation was achieved through the highly selective binding of the antibody-antigen couple [36].

The aim of our studies was to investigate the viability of an immuno-conjugated niosome drug delivery vesicle to bind to specific targeted cellular adhesion molecules in a fixed cell model.

## Experimental Methods

### *Immunoniosome Synthesis*

The overall scheme in synthesizing an immunoniosome drug carrier was to first chemically modify a surfactant component, polyoxyethylene sorbitan monostearate (Tween 61), to create a linker, and then to incorporate the surfactant-linker within the niosome membrane, and finally to incubate the functionalized niosomes with monoclonal antibodies to achieve conjugation. Niosomes were synthesized by classical thin-film hydration methods [14] with a mixture of biocompatible sorbitan ester surfactants and cholesterol using both agitation and sonication during the hydration phase. We conjugated the formed vesicles to IM7 antibodies through a novel polyoxyethylene sorbitan monostearate (Tween 61)-cyanuric chloride (CC) linker incorporated in the vesicle membrane. Tween 61 was functionalized prior to niosome synthesis by activation the hydroxyl groups on the ends of the polyethylene oxide (PEO) chains. In the presence of diisopropyl ethyl amine (DIPEA), Tween 61 and cyanuric chloride are incubated in a nitrogen environment. The cyanuric chloride undergoes nucleophilic substitution binding to the terminal hydroxyl group of a PEO chain on the Tween 61 molecule as shown in Figure 1.

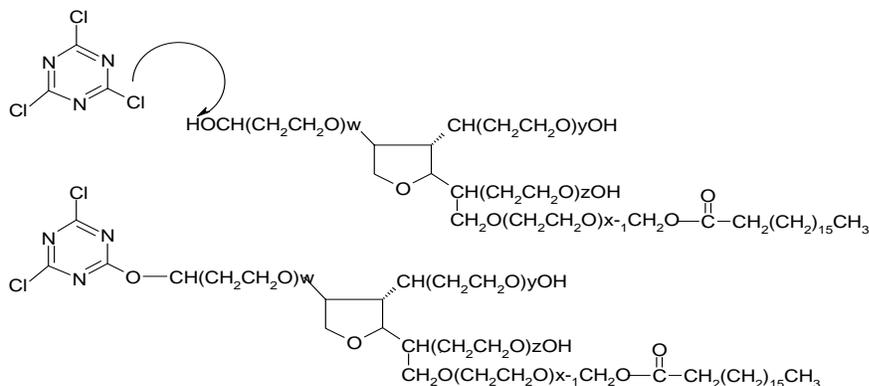


Figure 1. The nucleophilic addition of cyanuric chloride to polyoxyethylene sorbitan monostearate.

The molar ratio of Tween:CC:DIPEA was 1:0.8:2. The resulting functionalized Tween-CC solution added to the surfactants and lipids in chloroform prior to forming a thin film. Vesicles are composed of a 1.0:1.0:0.1 molar ratio of surfactant:cholesterol:DCP at a concentrations between 0.0144 and 0.144 M. Niosomes were separated from unencapsulated dye and unformed lipids using gel exclusion chromatography by passing vesicles through a Sephadex G50 column with a 0.01M PBS mobile phase at a flow rate of 1.0 ml/min.

Entrapment of fluorescent dye used as a drug model was measured using both UV absorbance during the purification step, and fluorescence intensity of disrupted vesicle suspensions relative to a standard curve. Formation of vesicles was assessed by light and



To quantify the amount of adherence of fluorescent immunoniosomes to cells we developed an image analysis program using Matlab ® version 7.1. The program prompts the user to import the fluorescent images representing the number of cells (blue DAPI image), and the number of immunoniosomes (green FITC images). From the micrograph scale bar the program creates a scale. The user is prompted to crop the total image. Each blue cell image is identified as an object, and then measured and counted based on the average area of all the objects. Very small objects are filtered out of the cell count, and very large objects (closely packed cell membranes) are divided by the mean area overall to determine the number of cells represented. The program computes a cell count and a cell density based on number per unit area. The FITC image is processed similarly; each individual object is identified, analyzed, and counted. The immunoniosome binding density is a simple ratio of number of green objects identified to the blue objects.

## Results and Conclusions

A contrast and fluorescence overlay micrograph of IM7 conjugated immuno-niosomes shows adherence to the surfaces of CD44 expressed cells in the left image of Figure 3. The image is the overlay of the contrast image with the DAPI (blue) image of the cell nuclei, and the FITC (green) image of the immunoniosomes. Results are for a 1 hour incubation of immunoniosomes at a concentration of approximately  $3.0 \times 10^7$  #/ml, and 720 nm as measured by light scattering and obscuration at a limitation of particles measured at diameters greater than 500 nm. Niosome cell binding density was determined to be  $2.29 \pm 0.26$  immunoniosomes per cell at a cell density of  $2.20 \times 10^5$  cells/cm<sup>2</sup> with a standard error of the mean of less than 3% at an n=12 measurements taken per image. Controls did not show any non specific binding of immunoniosomes or any untargeted interactions of non-immunoniosomes to cell surfaces.

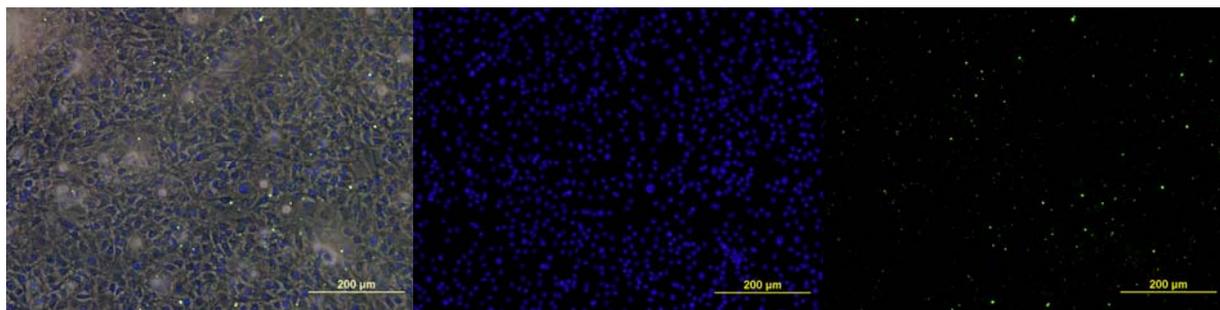


Figure 3. Left: Overlay of contrast micrograph of SL cells with the fluorescent DAPI (middle) stain of cell nuclei, and FITC (right) immunoniosome images.

These results confirm the capacity to develop monoclonal antibody conjugated niosomes targeted to specific cell receptors. Sorbitan monostearate based niosomes can be functionalized through inclusion of a cyanuric chloride derivatized polyoxyethylene monostearate to conjugate monoclonal IgG antibodies to the vesicle surfaces without requiring derivatization of the antibody. The resulting ‘immunoniosome’ can bind to target antigens in fixed cells. In the fixed cell model targeting shows high selectivity and specificity. Further studies will be conducted to investigate the optimal particle concentration and antibody density.

Since the attachment of antibodies is independent of the type and generic to any IgG antibody, the system's therapeutic targeting is flexible and may include more than one targeting vector if desired. The antiCD44 antibody IM7 was conjugated to sorbitan ester based niosomes via a cyanuric chloride linkage and targeted to fixed cells known to express CD44. Further exploration of the capacity of vesicle binding and subsequent uptake in endothelial cells of the immuno-niosomes will test the potential of the system to not only target inflammatory disease but also to deliver anti-inflammatory agents.

### **Acknowledgements**

Thanks to Barbara Osborn, USF College of Medicine, for assistance and advice with antibodies and synoviocytes. Dr. Clare Zhang, Children's Research Institute USF, St Petersburg, FL, for use and instruction of the Olympus IX71 Inverted Fluorescence Microscope.

Support for this research was provided by a USF New Researcher Grant, and a Florida Chapter of the Arthritis Foundation 2005 Fellowship Award and Department of Defense US Army Medical Research Acquisition Activity Grant No.W81XWH-05-1-0585.

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