Contents lists available at ScienceDirect



International Journal of Pharmaceutics

journal homepage: www.elsevier.com/locate/ijpharm

Rapid communication

# Superparamagnetic nanovector with anti-cancer properties: $\gamma Fe_2O_3@Zoledronate$

Farah Benyettou<sup>a</sup>, Yoann Lalatonne<sup>b,a</sup>, Odile Sainte-Catherine<sup>a</sup>, Maelle Monteil<sup>a</sup>, Laurence Motte<sup>a,\*</sup>

<sup>a</sup> Laboratoire CSPBAT FRE 3043 CNRS, Université Paris 13, 74 Rue Marcel Cachin, 93017 Bobigny, France <sup>b</sup> Service de Médecine Nucléaire, Hôpital Avicenne, Route de Stalingrad, 93009 Bobigny, France

## ARTICLE INFO

Article history: Received 29 January 2009 Received in revised form 31 March 2009 Accepted 5 April 2009 Available online 15 April 2009

Keywords: Drug nanoparticle Magnetic nanoparticle Bisphosphonate Cancer drugs Drug targeting Cell internalization

#### ABSTRACT

We elaborate a magnetic nanovector to vectorize Zoledronate, an anti-cancer interest molecule of the hydroxmethylenebisphosphonate's family. In fact, Zoledronate is a powerful adjuvant in the treatment of bone diseases such as osteoporosis and Paget's disease. But, recent studies have shown that in addition to anti-osteoclastic properties, it presents antitumour properties notably in the case of breast and prostate cancer. However, these properties cannot be exploited due to their very high affinity to divalent cations and their preferentially accumulation in bone. To overcome this problem, one strategy is the vectorization trough maghemite nanocrystal functionalization. The specific surface coating permits to consider  $\gamma Fe_2O_3$ @Zoledronate as a drug delivery vehicle for therapeutic activity. The anchoring to the nanoparticle's surface allowed to increase their hydrophobicity and also to change the therapeutic target, increasing the Zoledronate intestinal absorption instead of their accumulation in bone. We show that Zoledronate of their accumulation in bone groups. The biological *in vitro* tests performed on breast cancer cell line, MDA-MB 231, showed that  $\gamma Fe_2O_3$ @Zoledronate have antiproliferative activity. In addition, the  $\gamma Fe_2O_3$  core could be used as MRI contrast agent for a good therapeutic evaluation.

© 2009 Elsevier B.V. All rights reserved.

HARMACEUTIC

Since the last 30 years, Bisphosphonates (BPs) are indispensable for the treatment of both benign and malignant bone disease (Green, 2003). BPs acts as powerful pharmacological agents with the ability to inhibit osteoclast activity, influence cellular processes involved in bone formation and resorption activity, induce osteoclast apoptosis *in vitro* and *in vivo* and reduce biochemical markers of bone resorption (Green and Rogers, 2002).

BPs are stable analogues of the naturally occurring inorganic pyrophosphate in which the phosphoanhydride linkage (P–O–P) has been replaced by a non hydrolysable P–C–P bond. The R<sub>1</sub> and R<sub>2</sub> carbon side chains determine the pharmacological properties of bisphosphonates. Most BPs contain a hydroxyl group at the R<sub>1</sub> position (hydroxyl methylene bisphosphonate, HMBP) that confers high affinity binding to calcium phosphate and is the basis for the bone targeting properties of bisphosphonates. The R<sub>2</sub> side chain is the essential determinant of antiresorptive potency (osteoclasts inhibition). Nonnitrogen-containing compounds are metabolized into cytotoxic analogues of ATP, whereas the more potent nitrogen-containing compounds (N-BPs; e.g., pamidronate, ibandronate, Zoledronate) (Scheme 1) inhibit protein prenylation,

\* Corresponding author. *E-mail address:* laurence.motte@smbh.univ-paris13.fr (L. Motte). thus affecting cell function and survival. Zoledronate is a new potent bisphosphonate of the third generation that is mainly used clinically in prevention of skeletal complications in patients with advanced bone affecting malignant tumours (Russell, 2007).

In addition, BPs also exhibit direct and indirect antitumoural effect against a broad variety of tumour cell lines, such as melanoma, mesothelioma, prostate, breast, lung and myeloma cancer cells in vitro (Stresing et al., 2007; Lipton, 2000). The direct growth inhibitory effects have been attributed to cell cycle arrest and/or induction of apoptosis. Numerous studies have also described the ability of BPs to inhibit tumour cell adhesion and invasion but the mechanism is still unclear. In the case of Zoledronate, it has been shown that it act by inhibiting the mevalonate pathway (Rosen et al., 2004). However, the major drawback of this drug resides in their poor bioavailability mainly due to their preferential accumulation in bone (Nancollas et al., 2006). In order to enhance the antitumour activity of BPs, various strategies are used: development of BPs analogues with a lower bone mineral affinity (Boissier et al., 2000), encapsulation in liposomes (Zeisberger et al., 2006). In previous work, we have shown that HMBP groups are highly complexing agent for iron oxide yFe<sub>2</sub>O<sub>3</sub> nanocrystal surface (Lalatonne et al., 2008). In this study we used this high iron affinity to coat the nanocrystal surface with Zoledronate (Scheme 1). The antitumoural activity of free Zoledronate and Zoledronate coated nanocrystals

<sup>0378-5173/\$ –</sup> see front matter S 2009 Elsevier B.V. All rights reserved. doi:10.1016/j.ijpharm.2009.04.010



**Scheme 1.** General chemical structure of the most important N-BPs clinically used.



**Fig. 1.** (A) Behaviour of the  $\gamma$ Fe<sub>2</sub>O<sub>3</sub>@Zoledronate solutions, as function of pH. The initial conditions are at pH 7 and iron concentration of  $5 \times 10^{-3}$  mol L<sup>-1</sup>. The suspension pH is then adjusted with sodium hydroxide (NaOH) or acidic (HCl) solutions. (B) Stability tests of  $\gamma$ Fe<sub>2</sub>O<sub>3</sub>@Zoledronate solutions, as function of [NaCl]. The initial conditions are pH 7 and iron concentration of  $5 \times 10^{-3}$  mol L<sup>-1</sup>.

 $(\gamma Fe_2O_3@Zoledronate)$  is evaluated *in vitro* and compared using MDA-MB-231 as breast cancer cells models.

Zoledronate or Zoledronic Acid (1-Hydroxy-2-(imidazol-1-yl)ethylidene-1,1-bisphosphonic acid) is synthesized according to the procedure of Takeuchi et al. (1998).

The maghemite  $\gamma$ Fe<sub>2</sub>O<sub>3</sub> nanocrystals (10 nm in diameter, size polydispersity 20%) were synthesized and surface functionalized according to a procedure already described (Lalatonne et al., 2008, 2004). The passivation process is performed in acidic media.  $\gamma$ Fe<sub>2</sub>O<sub>3</sub>@Zoledronate were collected under magnetic field and washed three times with ethanol then acidic water to remove free moieties in solution. The powder is easily dispersed in water and is stable over a broad range of pH 3–12 (Fig. 1A) and ionic strength until a concentration in salt [NaCl] = 5 × 10<sup>-2</sup> mol L<sup>-1</sup> at physiological pH (Fig. 1B). Zeta potential measurement indicates an average charge surface of –21.6 mV at physiological pH.

Nanocrystal surface characterization is performed with FTIR and  ${}^{31}P$  NMR spectroscopies. Comparing the FTIR spectra of  $\gamma$ Fe<sub>2</sub>O<sub>3</sub>@Zoledronate nanocrystals (Fig. 2) (red curve) with the free Zoledronate solution (blue curve), large changes are observed within the P–O stretching region (1200–900 cm<sup>-1</sup>) whereas the imine vibration band is unchanged (1650 cm<sup>-1</sup>). These results indicate that Zoledronate molecules are grafted onto the nanocrystal surface through the phosphonate groups.

To quantify the average number of molecules per nanocrystal, a calibrate curve is established using free solution of Zoledronate (NMR  $^{31}P$  {1H} (80.9 MHz): 15.36 ppm) at various concentration in presence of an intern reference NaH<sub>2</sub>PO<sub>4</sub> (10<sup>-1</sup> mol L<sup>-1</sup>; NMR  $^{31}P$ 

 ${}^{1}$ H ${}$ (80.9 MHz): 0 ppm). After chemical decomposition of the magnetic  $\gamma$ Fe<sub>2</sub>O<sub>3</sub>@Zoledronate nanocrystals in acidic medium (nitric acid 65%), the ferrous ions are precipitated by addition of sodium hydroxide NaOH (10<sup>-1</sup> mol L<sup>-1</sup>) in order to avoid switching of the <sup>31</sup>P NMR signal. The supernatant is analyzed with <sup>31</sup>P NMR and the concentration (number of molecules per nanocrystal) of Zoledronate into the sample is deduced from this calibration curve. An average number of 550 ± 50 molecules per nanoparticle is obtained for  $\gamma$ Fe<sub>2</sub>O<sub>3</sub>@Zoledronate (corresponding to 0.1 ± 0.01 mg of Zoledronate per mg of  $\gamma$ Fe<sub>2</sub>O<sub>3</sub>).



**Fig. 2.** FTIR spectroscopy in KBr pellets: free Zoledronate molecules (blue curve) and  $\gamma$ Fe<sub>2</sub>O<sub>3</sub>@Zoledronate nanocrystals (red curve). (For interpretation of the references to color in this figure legend, the reader is referred to the web version of the article.)



Scheme 2. Proposed structure of Zoledronate interacting on γFe<sub>2</sub>O<sub>3</sub> nanocrystals surface (A) at pH 3–6.6 and (B) at pH >7.

Zoledronate is highly charged molecules with 4 pK<sub>a</sub> for the two phosphonate groups (~0.8, 2.89, 6.63, and 10.99) and one for the R<sub>2</sub> group similar to H-imidazole (~6.95) (Nancollas et al., 2006). Considering that Zoledronate coordinate to iron surface via two Fe–O–P bonds corresponding to pK<sub>a</sub>1 and pK<sub>a</sub>2, hence under pH 3 surface coordination is not highly efficient to stabilize nanoparticles (Fig. 1A). Between pH 3 and 6.6, it can be expected that stability is induced by electrostatic repulsion between nanocrystals via the protonated nitrogen of the imidazol (Scheme 2A). At pH 7.4, the H-imidazole is deprotonated and phosphonate protons dissociate leading to increased concentrations of monoprotonated species (Scheme 2B). The average charge surface at physiological pH is then globally negative.

In previous work, we have shown that  $\gamma Fe_2O_3$  nanocrystal surface are internalized following the endocytosis pathway and concentrate within intracellular vesicles (endosomes). Free Zoledronate and the  $\gamma Fe_2O_3$ @Zoledronate nanocrystals were incubated with MDA-MB231 breast cancer cells for various extra cellular Zoledronate concentrations up to 0.1 mmol L^{-1} for 48 h and 72 h. As shown in Fig. 3A,  $\gamma Fe_2O_3$ @Zoledronate nanocrystals uptake by cells is well visualized by phase contrast optical microscope after Prussian blue staining.

Fig. 3B shows that Zoledronate and  $\gamma Fe_2O_3$ @Zoledronate induce a concentration related and time dependant reduction in cell viability. For free Zoledronate the IC50 at 48 h is achieved to a concentration of 10 µmol L<sup>-1</sup> while for  $\gamma Fe_2O_3$ @Zoledronate it is at 100 µmol L<sup>-1</sup>. Hence, the activity of free Zoledronate is more important than  $\gamma Fe_2O_3$ @Zoledronate. However such results indicate that Zoledronate vectorization into cells through nanocrystal surface functionalization can be achieved in order to target selectively malignant cells. In order to increase yFe<sub>2</sub>O<sub>3</sub>@Zoledronate nanocrystals cell internalization, a magnetic field can be applied during the incubation. Magnetofection is a simple and highly efficient transfection method that uses magnetic fields to concentrate particles into the target cells (Scherer et al., 2002). When a magnetic field is applied, cell viability is considerably reduced in presence of γFe<sub>2</sub>O<sub>3</sub>@Zoledronate whereas such behaviour is not observed for  $\gamma$ Fe<sub>2</sub>O<sub>3</sub> coated with HMBP-(CH<sub>2</sub>)<sub>3</sub>-COOH molecules with no antitumoural activity (Lalatonne et al., 2008). Hence, at  $100 \,\mu mol \, L^{-1}$ under an applied of magnetic field, proliferation decrease to 75% compared to 40% without magnetic field. In this way, the magnetic force allows a very rapid concentration of the entire applied vector dose onto cells, so that 100% of the cells get in contact with a significant vector dose. The magnetic particles are then concentrated on the target cells by the influence of the external magnetic field generated by magnets. The cellular uptake of the particles is accomplished by endocytosis, natural biological processes. Consequently, membrane architecture and structure stav intact, in contrast to other physical transfection methods that damage the cell membrane.

Hence, results obtained with  $\gamma Fe_2O_3@$ Zoledronate clearly indicate that inhibitory effect on cells proliferation is induced by drugs after nanocrystal cell internalization. The mechanism of drugs action or drug release is not demonstrated here. However the anchoring to the nanoparticle's surface allowed to increase their hydrophobicity and also to change the therapeutic target,



**Fig. 3.** (A) Optical image of mammal cell (MDA-MB-231) incubated with (B) γFe<sub>2</sub>O<sub>3</sub>@Zoledronate for 48 h and corresponding to 0.01 mM in Zoledronate, showing nanocrystals incorporation into cells, stained by Prussian blue. (B) Comparative effects on MDA-MB-231 cell proliferation after different time of incubation of free Zoledronate ((□) 48 h, (ℤ) 72 h) and γFe<sub>2</sub>O<sub>3</sub>@Zoledronate nanocrystals ((■) 48 h, (□) 72 h). (For interpretation of the references to color in this figure legend, the reader is referred to the web version of the article.)

increasing the Zoledronate intestinal absorption instead of their accumulation in bone.

As conclusion, we have coated Zoledronate, an anti-cancer drug, on  $\gamma Fe_2O_3$  particles. These new nanohybrid particles are internalized into cells and induce a diminution in cell viability. The activity is slightly less important than free molecules but increase considerably with magnetotransfection. These results allow us to consider these nanohybrid particles as a drug delivery system. Experiments *in vivo* are in progress with and without magnetic field to reduce their affinity with bones and therefore to improve the antitumoural potency of these new  $\gamma Fe_2O_3$ @Zoledronate nanocrystals. In addition, the  $\gamma Fe_2O_3$  core could be used as MRI contrast agent (Lalatonne et al., 2008) for a good therapeutic evaluation.

## Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.ijpharm.2009.04.010.

### References

Boissier, S., Ferreras, M., Peyruchaud, O., Magnetto, S., Ebetino, F.H., Colombel, M., Delmas, P., Delaissé, J.M., Clézardin, P., 2000. Bisphosphonates inhibit breast and prostate carcinoma cell invasion, an early event in the formation of bone metastases. Cancer Res. 60, 2949–2954.

Green, J.R., 2003. Antitumor effects of bisphosphonates. Cancer 97, 840-847.

- Green, J.R., Rogers, M.J., 2002. Pharmacologic profile of zoledronic acid: a highly potent inhibitor of bone resorption. Drug Dev. Res. 55, 210–224.
- Lalatonne, Y., Motte, L., Russier, V., Ngo, A.T., Bonville, P., Pileni, M.P., 2004. Mesoscopic structures of nanocrystals: collective magnetic properties due to the alignment of nanocrystals. J. Phys. Chem. B 108, 1848–1854.
- Lalatonne, Y., Paris, C., Serfaty, J.M., Weinmann, P., Lecouvey, M., Motte, L., 2008. Bis-phosphonates-ultra small superparamagnetic iron oxide nanoparticles: a platform towards diagnosis and therapy. Chem. Commun. 22, 2553–2555.
- Lipton, A., 2000. Bisphosphonates and breast carcinoma. Cancer 88, 3033–3037. Nancollas, G.H., Tang, R., Phipps, R.J., Henneman, Z., Gulde, S., Wu, W., Mangood, A., Russell, R.G.G., Ebetino, F.H., 2006. Novel insights into actions of bisphosphonates on bone: differences in interactions with hydroxyapatite. Bone 38,
- 617–627.
  Rosen, L.S., Gordon, D.H., Dugan, W., Major, P., Eisenberg, D.P., ProvencherMary Kaminski, L., Simeone, J., Seaman, J., Chen, B.L., Coleman, R.E., 2004. Zoledronic acid is superior to Pamidronate for the treatment of bone metastases in breast carcinoma patients with at least one osteolytic lesion. Cancer 100, 36–43.
- Russell, R., 2007. Determinants of structure-function relationships among bisphosphonates. Bone 40, S21–S25.
- Scherer, F., Anton, M., Schillinger, U., Henke, J., Bergemann, C., Kruger, A., Gansbacher, B., Plank, C., 2002. Magnetofection: enhancing and targeting gene delivery by magnetic force in vitro and in vivo. Gene Ther. 9, 102–109.
- Stresing, V., Daubine, F., Benzaid, I., Mönkkönen, H., Clezardin, P., 2007. Bisphosphonates in cancer therapy. Cancer Lett. 257, 16–35.
- Takeuchi, M., Sakamoto, S., Kawamuki, K., Kurihara, H., Nakahara, H., Isomura, Y., 1998. Studies on novel bone resorption inhibitors. II. Synthesis and pharmacological activities of fused aza-heteroarylbisphosphonate derivatives. Chem. Pharm. Bull. 46, 1703–1709.
- Zeisberger, S.M., Odermatt, B., Marty, C., Zehnder-Fjällman, A.H.M., Ballmer-Hofer, K., Schwendener, R.A., 2006. Clodronate-liposome-mediated depletion of tumourassociated macrophages: a new and highly effective antiangiogenic therapy approach. Br. J. Cancer 95, 272–281.