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RESEARCH PAPER

Delivery of an Angiogenic Gene into Ischemic Muscle by Novel Bubble Liposomes Followed by Ultrasound Exposure

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ABSTRACT

Purpose To develop a safe and efficient gene delivery system into skeletal muscle using the combination of Bubble liposomes (BL) and ultrasound (US) exposure, and to assess the feasibility and the effectiveness of BL for angiogenic gene delivery in clinical use.

Methods A solution of luciferase-expressing plasmid DNA (pDNA) and BL was injected into the tibialis (TA) muscle, and US was immediately applied to the injection site. The transfection efficiency was estimated by a luciferase assay. The ischemic hindlimb was also treated with BL and US-mediated intramuscular gene transfer of bFGF-expressing plasmid DNA. Capillary vessels were assessed using immunostaining. The blood flow was determined using a laser Doppler blood flow meter.

Results Highly efficient gene transfer could be achieved in the muscle transfected with BLs, and US mediated the gene transfer. Capillary vessels were enhanced in the treatment groups with this gene transfer method. The blood flow in the treated groups with this gene transfer method quickly recovered compared to other treatment groups (non-treated, bFGF alone, or bFGF+US).

Conclusion The gene transfer system into skeletal muscle using the combination of BL and US exposure could be an effective means for angiogenic gene therapy in limb ischemia.

KEY WORDS angiogenesis · bubble liposomes · gene delivery · ultrasound

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INTRODUCTION

Skeletal muscle is a candidate target tissue for the gene therapy of both muscle (*e.g.*, Duschenne Muscular dystrophy) and non-muscle disorders (*e.g.*, cancer, ischemia, or arthritis). Its usefulness is due mainly to its stability and longevity after a gene transfer, which make it a good target tissue for gene therapy via the production of therapeutic proteins such as cytoskeletal proteins, trophic factors, or hormones. To achieve successful gene therapy in a clinical setting, it is critical that gene delivery systems be safe, easy to apply, and provide therapeutic transgene expression. Several previous studies using viral vectors reported the successful transfer of therapeutic genes into the target cells, but because of the considerable immunogenicity related to the use of viruses, non-viral gene transfer still needs to be developed (1). Recently, among physical non-viral gene transfer methods, it has been shown that therapeutic ultrasound enables genes to permeate cell membranes. The mechanism of gene transfer is believed to be involved in an acoustic cavitation (2–6). However, to achieve efficient gene transfer, a high

intensity of US is required, which leads to tissue damage (7,8). In contrast, low-intensity US in combination with microbubbles has recently acquired much attention as a safe method of gene delivery (9–13). However, microbubbles have problems with size, stability, and targeting function. Liposomes have been known as drug, antigen, and gene delivery carriers (14–18). To solve the above-mentioned issues of microbubbles, we previously developed the polyethyleneglycol (PEG)-modified liposomes entrapping echo-contrast, "bubble liposomes" (BL), which can function as a novel gene delivery tool by applying them with US exposure (19–24).

In the present study, we developed a safe and efficient gene delivery system into skeletal muscle using the combination of BL and US exposure. We assessed the feasibility and the effectiveness of BL for gene therapy by trying to deliver a bFGF-expressing plasmid into skeletal muscle in a hindlimb ischemia model through the combination of BL and US exposure.

MATERIALS AND METHODS

Materials

Preparation of Bubble Liposomes

Bubble liposomes were prepared by the previously described methods (19,22). Briefly, PEG liposomes composed of 1, 2-dipalmitoyl-*sn*-glycero-3-phosphocholine (DPPC) (NOF Corporation, Tokyo, Japan) and 1,2-distearoyl-*sn*-glycero-3-phosphatidyl-ethanolamine-polyethyleneglycol (DSPE-PEG_{2000}-OMe) (NOF corporation, Tokyo, Japan) in a molar ratio of 94:6 were prepared by a reverse phase evaporation method. In brief, all reagents were dissolved in 1:1 (v/v) chloroform/diisopropyl ether. Phosphate-buffered saline was added to the lipid solution, and the mixture was sonicated and then evaporated at 47°C. The organic solvent was completely removed, and the size of the liposomes was adjusted to less than 200 nm using extruding equipment and a sizing filter (pore size: 200 nm) (Nuclepore Track-Etch Membrane, Whatman plc, UK). The lipid concentration was measured using a Phospholipid C test Wako (Wako Pure Chemical Industries, Ltd., Osaka, Japan). BL were prepared from liposomes and perfluoropropane gas (Takachio Chemical Ind. Co. Ltd., Tokyo, Japan). First, 2-mL sterilized vials containing 0.8 mL of liposome suspension (lipid concentration: 1 mg/mL) were filled with perfluoropropane gas, capped, and then pressurized with a further 3 mL of perfluoropropane gas. The vial was placed in a bath-type sonicator (42 kHz, 100 W) (BRANSONIC 2510j-DTH, Branson Ultrasonics Co., Danbury, CT, USA) for 5 min to form BL.

Plasmid DNA (pDNA)

The plasmid pcDNA3-Luc, derived from pGL3-basic (Promega, Madison, WI), is an expression vector encoding the firefly luciferase gene under the control of a cytomegalovirus promoter. The plasmid pEGFP-N3 (Clontech Laboratories, Inc., Mountain View, CA) is an expression vector encoding the enhanced green fluorescein protein under the control of a cytomegalovirus promoter. The plasmid pBLAST-hbFGF (InvivoGen Inc.) is an expression vector encoding human bFGF under the control of an EF-1α promoter.

In Vivo Gene Delivery into the Skeletal Muscle of Mice with BL and US

ICR mice (5 weeks old, male) were anesthetized with pentobarbital throughout each procedure. A 40 µl suspension of pDNA (10 µg) and BL (30 µg) was injected into the tibialis (TA) muscle of the ICR mice, and US exposure (frequency: 1 MHz; duty: 50%; intensity: 2 W/cm^2; time: 60 s) was immediately applied at the injection site. A Sonitron 2000 (NEPA GENE, CO, LTD) was used as an ultrasound generator. Several days after the injection, the mice were euthanized and sacrificed, and the tibialis muscle in the US-exposed area was collected and homogenized. The cell lysate and tissue homogenates were prepared with a lysis buffer (0.1 M Tris-HCl (pH 7.8), 0.1% Triton X-100, and 2 mM EDTA). Luciferase activity was measured using a luciferase assay system (Promega, Madison, WI) and a luminometer (LB96V, Belthold Japan Co. Ltd., Tokyo, Japan). The activity is indicated as relative light units (RLU) per mg of protein. For analyzing EGFP expression, the treated muscle was fixed with paraformaldehyde and dehydrated in a sucrose solution. The specimens were embedded in an OCT compound and immediately frozen at –80°C. Serial sections 8 µm thick were cut by cryostat and observed with a fluorescence microscope (Axiovert 200 M, Carl Zeiss).

In Vivo Luciferase Imaging

The mice were anaesthetized and *i.p.* injected with D-luciferin (150 mg/kg) (Xenogen, Corporation, CA). After 10 min, luciferase expression was observed with an *in vivo* luciferase imaging system (IVIS) (Xenogen Corporation).

Tissue-Damage Testing Using Evans-Blue Dye (EBD)

Tissue-damage testing using EBD was performed as previously reported (25). Briefly, EBD was dissolved in PBS (10 mg/ml) and sterilized by using 0.2 µm membrane filters. Mice treated with pDNA, BL, and US exposure were administered with the dissolved EBD (0.5 mg dye per

10 g body weight) by tail vein injection. The mice were sacrificed 1 day after dye injection. The TA muscles were removed and photographed using a digital camera. The TA muscles were embedded in an OCT compound and immediately frozen at –80°C. Serial sections 10 µm thick were cut by cryostat and observed with a fluorescence microscope (Axiovert 200 M, Carl Zeiss).

Hindlimb Ischemia Model

The ischemic hindlimb model was created in five-week-old male ICR mice as previously reported (26). Briefly, animals were anesthetized, and a skin incision was made in the left hindlimb. After ligation of the proximal end of the femoral artery at the level of the inguinal ligament, the distal portion and all the side branches were dissected free and excised. The right hindlimb was kept intact to control the original blood flow. Immediately after ischemia was induced, a mixture of 40 µl of a pDNA (10 µg of pBLAST-hbFGF or pBLAST as an control vector) and BL (30 µg) suspension was injected into the adductor muscle of the ischemia mice, and US exposure (1 MHz, 2 w/cm^2, 50% duty cycle, 60 s) was immediately applied at the injection site. Measurements of the ischemic (left)/normal (right) limb blood flow ratio were performed for a set time using a laser Doppler blood flow meter (OMEGAFLO, FLO-C1).

bFGF ELISA

bFGF secretion was determined as previously reported (27). Briefly, 5- to 6-week-old male ICR mice were anesthetized by intraperitoneal injection of pentobarbital. The leg was shaved and depilated to expose the tibialis anterior muscle. Ten micrograms of DNA in a 40 µL bubble liposome or PBS solution were injected into the tibialis anterior muscle. After DNA injection, US exposure was applied. The tibialis anterior muscle was collected 2 days after the DNA injection. The muscle was washed three times in 3 mL of PBS to remove debris and blood. The washed muscle was placed in a 24-well plate coating growth factor reduced Matrigel (BD Biosciences) and incubated at 37°C. The muscle was grown in 1.5 mL of M199 medium containing 2% fetal bovine serum, 100 U/mL penicillin, and 100 mg/mL streptomycin. The levels of secreted cytokines in the conditioned media of the explants cultures were measured using human bFGF ELISA (R&D Systems), according to the manufacturer's instructions.

Immunohistochemistry

The ischemic thigh muscles were perfused on day 14 with PBS and 4% paraformaldehyde and embedded in paraffin. Muscle sections (4 µm) were stained with anti-CD31 antibody (BD pharmingen) overnight at 4°C. We then incubated the sections with Alexa Fluor 488 rabbit anti-rat IgG (Molecular Probes).

In Vivo Studies

Animal use and relevant experimental procedures were approved by the Tokyo University of Pharmacy and Life Science Committee and Teikyo University on the Care and Use of Laboratory Animals. All experimental protocols for animal studies were in accordance with the Principle of Laboratory Animal Care in Teikyo University.

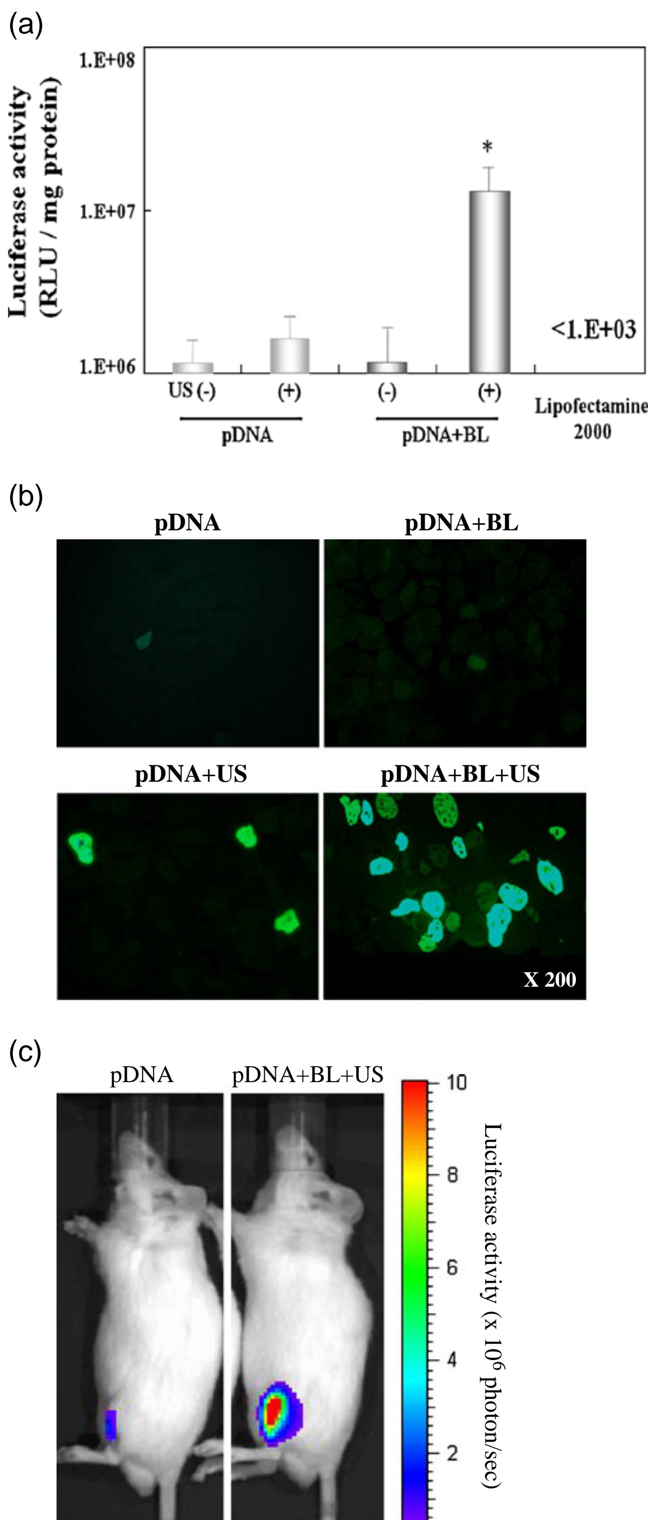
Statistical Analyses

All data are shown as the mean±SD (n=4 or 6). Data were considered significant when $P<0.05$. The t-test was used to calculate statistical significance.

RESULTS

In Vivo Gene Delivery into the Skeletal Muscle of Mice with BL and US Exposure

It has been reported that microbubbles improve tissue permeability by cavitation upon US exposure. We first tried to deliver the naked pDNA (pCMV-Luc) into tibialis muscle using BL and US. A solution of pDNA and BL was injected into TA muscle, and US was immediately applied to the injection site, as shown in Fig. 1. As a result, the relative luciferase activity was high in the group treated using the pDNA plasmid with BL and US exposure. In contrast, there was low activity in the groups treated with pDNA alone, pDNA+BL, or pDNA+US. The luciferase activity in the group receiving a combination of BL with US exposure was 200- or 20-fold higher than that of the group treated with pDNA alone or pDNA + US, respectively (Fig. 1a). We next investigated whether their gene expression was derived from muscle cells. In a similar fashion, the EGFP expression plasmid (pEGFP-N3) was delivered into TA muscle, and 5 days after the gene delivery, the EGFP expression was sectioned and examined by fluorescent microscopy. As shown in Fig. 1b, the intramuscular gene delivery of the EGFP expression plasmid by BL and US exposure was present in a wide area of the positive muscle fibers of EGFP. In contrast, in the muscle specimens of the other treated groups (pDNA alone, pDNA+BL, or pDNA+US), very little expression was shown (Fig. 1b). We also observed the luciferase gene expression area in the whole body using an *in vivo* luciferase imaging system at 5 days after the transfection into the muscle treated with pDNA, BL, and US exposure.



◀ **Fig. 1** Reporter gene expression after BL and US-mediated gene transfer compared with Lipofectamine 2000. (a) Luciferase expression after BL and US-mediated gene transfer compared with Lipofectamine 2000. Mice were treated with BL and US-mediated intramuscular luciferase gene transfer or Lipofectamine 2000. Five days after transfection, luciferase expression was determined. In another experiment, a pDNA (pCMV-Luc (10 μg))-Lipofectamine 2000 (25 μg) complex was suspended in PBS and injected into the left femoral artery. $*P<0.01$ compared to the group of pDNA alone, pDNA + US, pDNA + BL, or Lipofectamine 2000 with BL. pDNA (pCMV-Luciferase): 10 μg, BL: 30 μg. US exposure (Frequency: 1 MHz, Duty: 50%, Intensity: 2 W/cm², Time: 60 s). (b) EGFP expression after BL and US-mediated gene transfer. Mice were treated with BL and US-mediated intramuscular EGFP gene transfer. Five days after transfection, EGFP expression was analyzed by fluorescent microscopy. Each of the gene transfer conditions are indicated above the pictures. Magnification: x 200. (c) photon counts are indicated by the pseudo-color scales.

Although the level of gene expression gradually decreased 2 weeks after the transfection using BL and US exposure, the moderate gene expression persisted for 4 weeks after the transfection (data not shown). The gene expression was restricted to the area of US exposure (Fig. 1c). This suggested that the combination of BL and US exposure facilitated the efficient transfection of pDNA into the muscle due to the induction of cavitation. We also assessed the tissue damage by testing EBD uptake in the muscle transfected with the BL and US exposure; however, significant tissue damage was not observed at the US condition (frequency: 1 MHz; duty: 50%; intensity: 2 W/cm²; time: 60 s), even in the presence of the cavitation by BL and US exposure (Fig. 2b, e). When a higher US intensity (4 W/cm²) was applied, significant tissue damage was detected (Fig. 2c, f).

In Vivo Effects of the bFGF Expression System

We next attempted to deliver bFGF plasmid into tibialis muscle using BL and US and determine the bFGF protein expression in explant culture medium. The amount of bFGF protein was high in the group treated with bFGF plasmid with BL and US exposure. In contrast, there was low expression in the group treated with bFGF plasmid alone, or bFGF plasmid+US (Fig. 3). We further investigated the capillary density in order to know the effects of BL and US-mediated gene delivery with bFGF plasmid injected intramuscularly into hindlimb ischemia model mice. In the treatment group with BL and US-mediated gene transfer, their capillary vessels with CD31 positive cells were significantly increased compared to the treatment group of the control plasmid (empty vector), the bFGF plasmid alone, or bFGF plasmid + US (Fig. 4a, b). Measurements of the ischemic (left)/non-ischemic (right) hindlimb blood flow ratio were further performed for a period of time using a laser Doppler blood flow meter. Consistent with this induction of angiogenesis, the blood flow in the group treated with the bFGF plasmid with BL and US exposure was significantly increased compared with the group treated with the control plasmid (empty vector), the bFGF plasmid alone, bFGF plasmid + US (Fig. 5). Although we also examined the blood flow ratio after treatment with US exposure alone or BL with US exposure

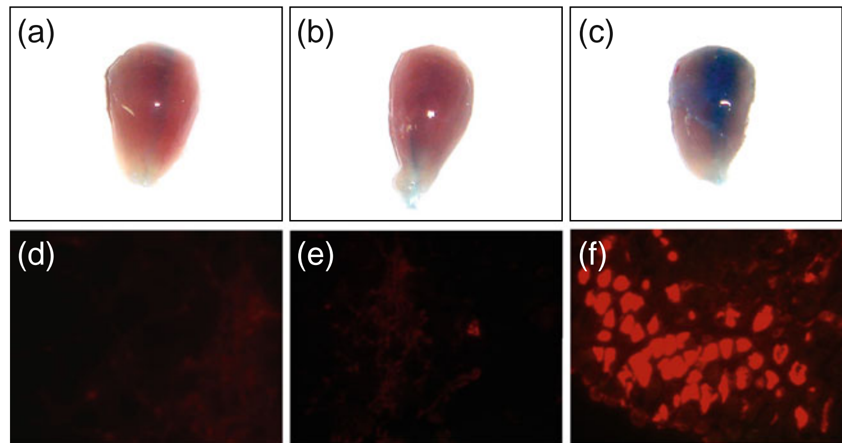


Fig. 2 Tissue-damage testing using EBD. pDNA alone without BL and US exposure (a, d). pDNA with BL and US exposure condition at a frequency of 1 MHz with an intensity of 2 W/cm² (b, e), or 4 W/cm² (c, f) for 60 s. The TA muscles were photographed using a digital camera (a, b, and c). Evans-blue fluorescence of 10 μm cryosections from the TA muscles was examined with fluorescence microscopy (d, e, and f). Magnification: ×100.

to the ischemic limb muscle, their blood flow ratio still remained in the 20 to 40% range. These results suggest that intramuscular injection of bFGF as an angiogenic gene with bubble liposomes followed by US exposure enabled us to improve an angiogenesis in the ischemic muscle.

DISCUSSION

The gene delivery of naked plasmid DNA is a feasible technique for non-viral gene therapy in a safe clinical use; however, a higher efficiency of site-specific delivery is required to achieve therapeutic effects in patients. In this view, we previously reported that BL is an efficient gene delivery tool (24,28,29). However, it is not enough to say that BL is a feasible and effective tool to carry out gene therapy to treat diseases. Here we demonstrate the development of a safe and efficient gene delivery system into skeletal muscle using the combination of BL and US exposure, and we assess the feasibility and the effectiveness of BL for angiogenic gene delivery. We therefore examined the potential ability of BL with US exposure to deliver a gene into skeletal muscle and its applicability for therapeutic angiogenesis in ischemic model. By using BL with US exposure, we first performed a transfer of luciferase-expressing plasmid DNA as a reporter plasmid into the TA muscle of mice. The remarkable gene expression could be enhanced efficiently only with the combination of both BL and US exposure when compared with other treatments (Fig. 1a). Exceeding our expectations, their gene expression was 200-fold higher than that of the plasmid DNA injection alone. When compared to Optison, one of the currently existing microbubbles (9–11), with US exposure, however, the gene transfer efficacy of BL was almost same as when using Optison (data not shown). Previously, our reports have demonstrated that the gene transfection efficiency *in vitro* could be affected with increasing the US intensity and the exposure time (20). The transfection efficiency increased with an increasing intensity of ultrasound and reached a plateau at 2 W/cm^2. No significant damage was observed under these conditions (Fig. 2b, e). When a higher intensity of US (4 W/cm^2) during the gene transfer with BL was applied to improve the transfection efficiency, the gene expression was conversely diminished (data not shown), and significant damage was also observed (Fig. 2c, f). This treatment caused significant tissue damage, probably due to the temperature elevation in the US exposure site. In this experiment, we therefore employed an US condition (frequency: 1 MHz; intensity: 2 W/cm^2; duty cycle: 50%; US exposure time: 1 min) that was in terms with a safety profile. As shown in Fig. 1b, the number of EGFP-positive muscle fibers could be apparently enhanced by the combination of BL and US

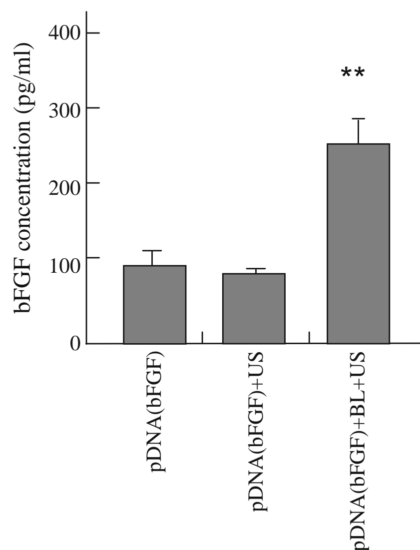


Fig. 3 bFGF protein expression after BL and US-mediated bFGF gene transfer. Mice were treated with BL and US-mediated intramuscular bFGF gene transfer. Two days after transfection, the muscle was collected and placed into Matrigel coating plates. After 3 days, the secreted bFGF protein expression was determined by ELISA. $^{**}P<0.05$ *vs.* other treatment groups. pDNA (pBLAST-bFGF): 10 μg, BL: 30 μg, US exposure (Frequency: 1 MHz, Duty: 50%, Intensity: 2 W/cm², Time: 60 s).

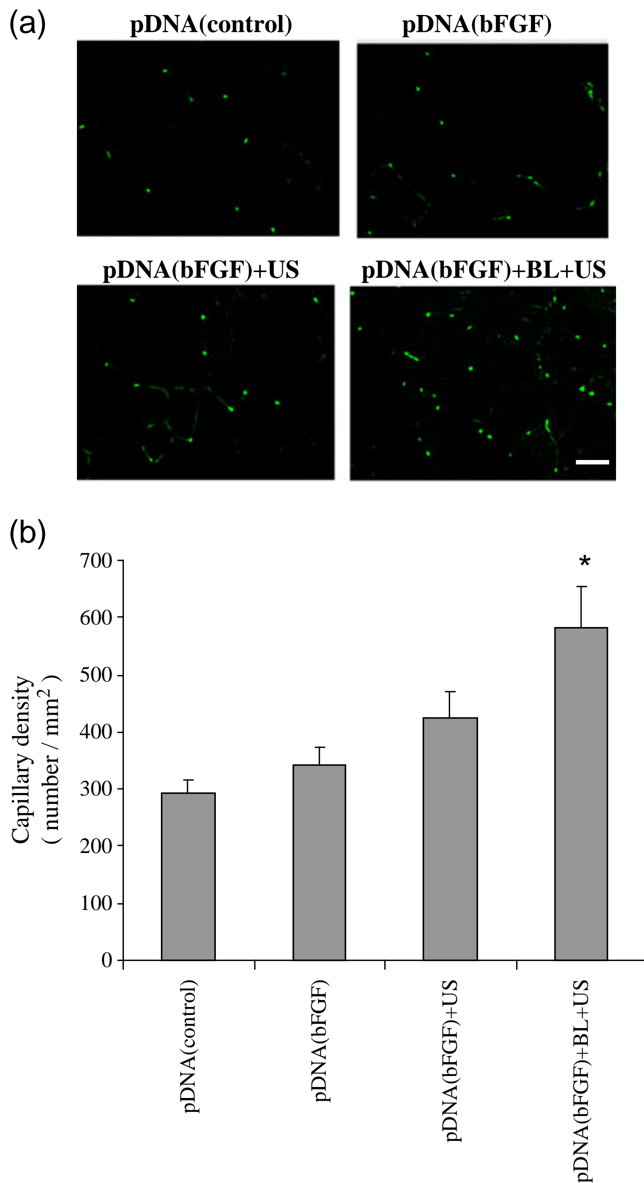


Fig. 4 Effect of BL and US-mediated bFGF gene transfer into hindlimb ischemia on capillary density. (a) CD31 staining of hindlimb muscle sections 14 days after BL and US-mediated bFGF gene transfer. The stained sections were analyzed by fluorescent microscopy. (b) CD31 positive vessels were measured. Green dots indicate CD31 positive vessels stained with an FITC-labeled anti-CD31 antibody. Scale bar represented 50 μm. *$P<0.05$ *vs*. other treatment groups.

exposure; in contrast, without BL, only a few fibers could be observed in a treatment of US exposure without BL. Consequently, we found that a gene delivery method using BL and US exposure helped to both improve the transfection efficiency in the US focused site with a minimally invasive transfection procedure.

It is unclear whether BL with US exposure could improve transgene expression. Previously, we reported that BL could induce cavitation by a short duration (1–10 s) of US exposure and lead to efficient gene transfer into various types of cells (19,20). Therefore, the major biological effect of BL for gene delivery into the muscle may be through a cavitation induction, as was shown in previous reports (19). In contrast, in the case of Lipofectamine 2000, a commercial cationic lipid that is widely used in gene delivery, the transfection efficiency in the muscle was markedly lowered (Fig. 1a). This result is consistent with reports that serum proteins interact with and disturb cationic liposomes (29). It is expected that more time is required for this transfection, because cationic lipid/pDNA complexes (lipoplex) are entered into the cytoplasm by an endosomal pathway. Therefore, when the lipoplex with Lipofectamine 2000 was directly injected into the muscle, before it could enter into the cytoplasm by an endosomal pathway, it is possible that the degradation of pDNA or the aggregation of lipoplexes easily occurred. In contrast, once a solution of both BL and pDNA is administered into the muscle, US exposure is immediately applied at the injection site, leading to efficient gene expression, as shown in Fig. 1. In this way, unlike with lipoplexes, this simple method with BL and US exposure does not require a long time to achieve an efficient gene transfection. Our previous report has demonstrated that, by BL and US exposure, siRNA could directly enter into the cytoplasm without an endosomal pathway (22). In this report, because the level of gene expression corresponding

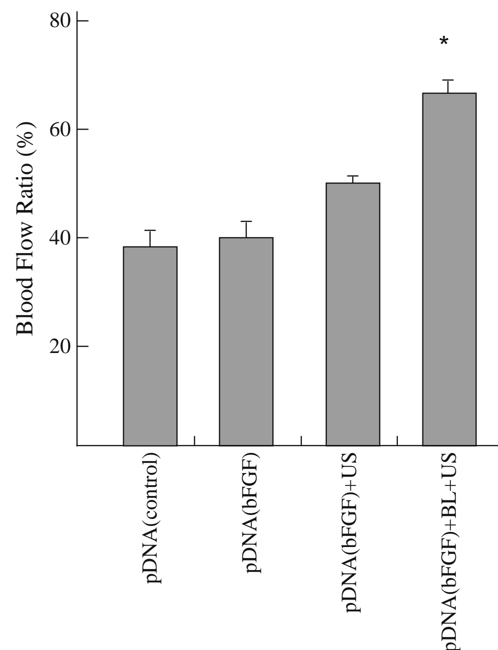


Fig. 5 Effect of BL and US-mediated bFGF gene transfer on the recovery of blood flow in ischemic limbs. After femoral artery ligation, mice were treated with BL and US-mediated intramuscular bFGF gene transfer. After the transfection, blood flow was measured at 14 days using a laser Doppler blood flow meter. *$P<0.05$ *vs*. other treatment groups. Blood Flow Ratio (%): ischemic / normal blood flow ratio. pDNA (pBLAST-bFGF): 10 μg, BL: 30 μg, US exposure (Frequency: 1 MHz, Duty: 50%, Intensity: 2 W/cm^2, Time: 60 s).

to half of the expression in BL with a 1-minute US exposure could also be observed by BL with an only 10-second US exposure (data not shown), it may be thought that this transfection method by BL with US exposure enables immediate and direct pDNA delivery into the cytoplasm of muscle cells. The transfection efficiency might increase due to the appearance of transient holes in the cell membrane caused by the spreading of the BL, followed by their eruption with US exposure, which is consistent with previous reports using Optison (9).

Recently, a therapeutic strategy delivering angiogenic gene factors has been widely studied for clinical use in ischemic diseases (30). The delivery of naked plasmid DNA encoding an angiogenic gene into the ischemia has also been reported in clinical trials. However, the transfection efficiency is still insufficient for effective angiogenesis without side effects (30). Therefore, we assessed the feasibility and the effectiveness of BL for a gene therapy by trying to deliver a plasmid expressing bFGF, a key angiogenic factor, into the skeletal muscle of hindlimb ischemia model mice by the combination of BL and US exposure. As expected, with the gene delivery of the bFGF plasmid into an intramuscular injection with the combination of BL and US exposure, the capillary density and the blood flow ratio of the ischemic to non-ischemic hindlimb were markedly increased in the hindlimb transfected with the bFGF plasmid DNA through the combination of BL and a low intensity of US exposure compared to the plasmid DNA injection alone (Figs. 4 and 5). In addition, it has been reported that low-intensity US exposure can induce angiogenesis (31,32). However, no significant recovery in ischemic hindlimbs was observed with the combination of BL and US exposure without bFGF plasmid or with US exposure alone without the bFGF plasmid (data not shown). These results apparently indicate that therapeutic angiogenesis using naked plasmid DNA transfer that is enhanced by BL and US exposure could be a potential method in a clinical setting. We believe that there are several possibilities for BL usage in therapeutic angiogenesis with naked plasmid DNA in clinical use. The novel method using the combination of BL and US exposure may possibly reduce the amount of naked plasmid DNA, administration times, and the achievement of efficient gene transfer non-invasively without a viral vector, thereby enabling the decrease of the potential cost in clinical settings.

CONCLUSION

The present studies demonstrated a novel gene delivery method into skeletal muscle by the combination of BL and US exposure. Applied as gene therapy in a mouse model of ischemic limb muscle, intramuscular injection of bFGF as an angiogenic gene with BL followed by US exposure enabled improvement of an angiogenesis followed by apparent increased blood flow in the ischemic muscle. Because intramuscular injection of naked plasmid DNA alone may be inefficient and restrict its clinical use, this US-mediated BL technique may provide an effective non-invasive and non-viral method for angiogenic gene therapy for limb ischemia as well as for wound healing, ischemic heart disease, myocardial infarction, peripheral arterial diseases, and other various diseases.

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