Barcoded Nanoparticles for Personalized Cancer Medicine Zvi Yaari, Dana da Silva, Assaf Zinger, Evgeniya

Laboratory for Targeted Drug Delivery and Personalized Medicine Technologies Faculty of Chemical Engineering, Technion-Israel Institute of Technology, Haifa, Israel

Selecting proper therapeutic that will address each patient's <u>unique</u> disease presentation,

personalized medicine, however, much remains unknown when predicting whether a certain

tumor and metastasis will generate an improved treatment predictor in comparison to in-vitro

Zvi Yaari, Dana da Silva, Assaf Zinger, Evgeniya Goldman, Ashima Kajal, Rafi Tshuva, Mor Goldfeder, Janna Shainsky Roitman, and Avi Schroeder avids@technion.ac.il

can significantly improve the treatment outcome. Patient-specific biomarkers have helped to advance

Patient will or will not respond to therapy. Prescreening for drug activity inside the patient's

or ex-vivo assays. In this study, a nanoparticle-based technology for predicting the therapeutic

potency of drugs was developed. This technology will improve care by personalizing the treatment course for each patient and provide better tools for strategizing cancer care.

Research objective

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Predict the patient specific potency of anticancer drugs by simultaneous screening of low doses of multiple drugs inside the patient's tumor microenvironment.

In-Patient Diagnostics





Results

Figure 2. **Single cell sensitivity.** (A) Barcoded Nanoparticle uptake by triple negative breast cancer cells. Barcoded Nanoparticles were detected inside murine 4T1 triple negative breast cancer tumor tissue. (B) Co-localization of the barcodes and the particles inside single cells that compose the tumor tissue. (C) Confocal image of barcoded nanoparticles inside 4T1 breast cancer cell. Barcodes were stained with Fluorescein (green), nanoparticles were stained with Rhodamine, plasma membrane was stained with DID (red) and the nuclei was stained with Hoechst (Blue). Scale-bar represents 50µm in (A), and 10µm in (B). (D) The barcodes were extracted from single cells using Fluorescence Activated Cell Sorting. After amplification by Poly Chain Reaction (PCR), the barcodes were detected using gel electrophoresis





Figure 3. Therapeutic Efficacy. The barcodes were extracted from single live and dead cells using Fluorescence Activated Cell Sorting (FACS), and detected by amplification using Poly Chain Reaction (PCR). (A) Comparison between drugs barcodes levels in single live and dead cells. The placebo liposome contained barcode only . Y axis represents the ratio of the most abundant barcode relatively to the other barcodes per cell. (B) The potency of the drugs was calculated by dividing the barcodes extracted from dead cells by those that extracted from the living cells. The values are presented in logarithmic scale. Therapeutic Treatment based on Barcoding Analysis. (C) Comparing tumor volume change between different therapeutic groups. Each group got a weekly dose of chemo drug Doxorubicin, Cisplatin, or Gemcitabine. Representative tumor dimensions of each group.





Designing the Barcode

Primer	Barcode Sequence	Primer
25 bp	l 50 bp	25 bp

Figure 1. Barcode structure.

Strands are long enough to be sequenced and short enough to be encapsulated easily in the liposomes.

Figure 4. Treating Tumor Microenvironment and Metastasis. Screening five medications in (A) several cell types which compose the tumor microenvironment and (B) several metastasis. The

panel includes placebo particle in addition. Following tumor dissociation into single cell suspension, the cells were labeled using fluoresce abs and sorted using FACS into dead/live populations. Potency of the drugs was calculated as mentioned above. The bars are normalized to the placebo barcode. (B) The metastasis cells were isolated from the organ using FACS based on the mCherry signal the cancer cells produced. The bars are normalized to the placebo barcode resistance panel for Gemcitabine. Relative resistance was defined as the ratio between barcode/cell in metastasis and the primary

tumor. The bars are normalized to the primary tumor values.

Take Home Message

- •Nanotechnology that allows detecting and tracking drug activity *in vivo*.
- •The system grants single-cell sensitivity of drug activity inside the patient's tumor.
- Sub-Sets of cells in the tumor microenvironment respond <u>differently to medications</u>.
- <u>Metastasis ≠ Primary Tumor</u> cells regarding drug sensitivity.

References

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