# **Utilization of Nanotechnology and Chemotherapeutics to Increase Radiosensitivity of Cancer Cells**

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# Introduction & Hypothesis

### **Limitations of Radiotherapy**



- Probability of Cure Without Complication (PCWC)
- Tumour Control Probability (TCP, Solid Line)
- Normal Tissue Complication Probability (NTCP, Dashed Line)

The efficacy of radiotherapy is currently limited due to the normal tissue toxicity induced during treatment, thus increasing the radiation response in tumours is essential to improve curative results for radiotherapy.

### Proposed Strategy

We propose introducing docetaxel (DTX), a chemotherapeutic drug, to complement gold nanoparticle (GNP) enhanced radiotherapy (RT) to generate a better therapeutic outcome.

Incident radiation interacts with GNPs resulting in a shower of secondary electrons that inflict DNA damage



Docetaxel arrests cells in the G2/M phase of the cell cycle, the phase most sensitive to radiation damage



### <u>Hypothesis</u>

The addition of docetaxel and gold nanoparticles will make cancer cells more susceptible to radiation damage. This will result in an increase in the radiotherapeutic effect exhibited in cells post irradiation.

## Materials & Methods

- > Animal Model: Human prostate cancer PC-3 cell line xenograft mice model was used.
- > Mice were dosed with GNPs at a concentration of 2 mg/kg 24 h prior to downstream applications
- Mice were dosed with docetaxel at a concentration of 6 mg/kg 24 h prior to radiation treatment
- $\succ$  A dose of 5 Gy was delivered to mice using a clinical 6 MV linear accelerator for radiation assays



BC Cancer Linear Accelerator

# Acknowledgements















- peptide
- conjugation with RGD

Peak Wavelength (nm)	Hydrodynamic Diameter (nm)	Zeta Potential (mV)
518.6	15.53 ± 0.02	-39.2 ± 2.8
519.4	22.08 ± 0.12	-7.1 ± 1.5
521.0	24.34 ± 0.07	-1.1 ± 0.5
	Peak Wavelength (nm)   518.6   519.4   521.0	Peak Wavelength (nm) Hydrodynamic Diameter (nm)   518.6 15.53 ± 0.02   519.4 22.08 ± 0.12   521.0 24.34 ± 0.07





