



Nanoparticulate drug delivery systems

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1

Program: « nanoparticles in medicine »

Introduction to drug delivery systems (DDS)

Formulation processes

Nanoparticulate DDS properties for pharmaceutical and medical applications

Cyclodextrins

Applications to:

Vaccines

Cancer

Gene therapy

Diabetes

2

Introduction to Nanoparticles As Drug Delivery Systems

3

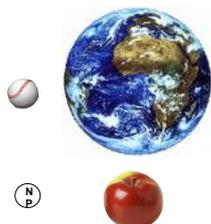
I. Nano



'Nano' derives from the Greek word "nanos", which means dwarf or extremely small. It can be used as a prefix for any unit. A nanometer is a billionth of a meter or 10^{-9} m

Nanometer-length scale

If a baseball is the size of Earth, a nanoparticle would be the size of an apple.



If a nanoparticle was the size of a football...



A virus would be as big as a person



A red blood cell would be the size of a rugby field

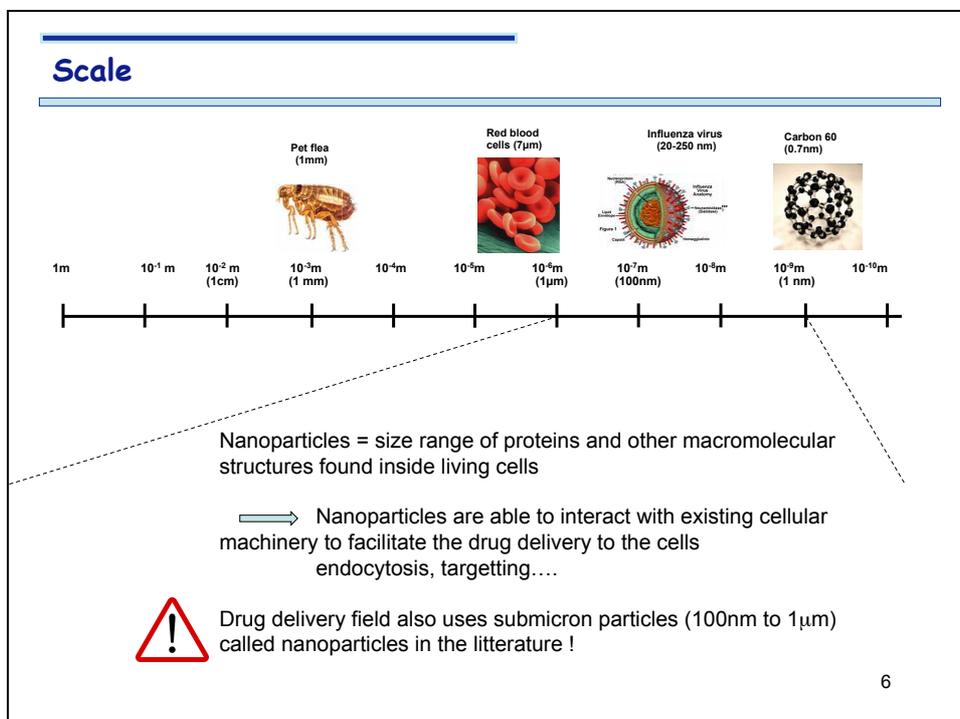
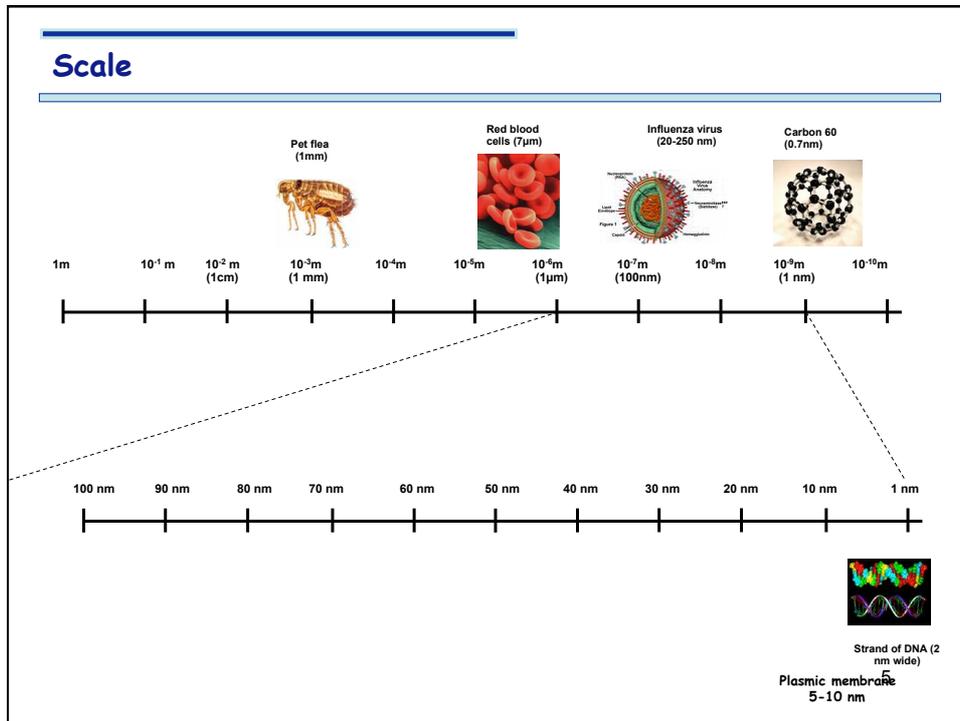


A doughnut would be as big as New Zealand



A Kiwi would be as big as the world

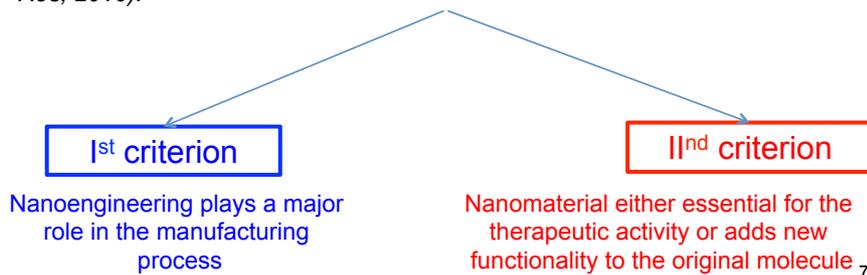




Definitions

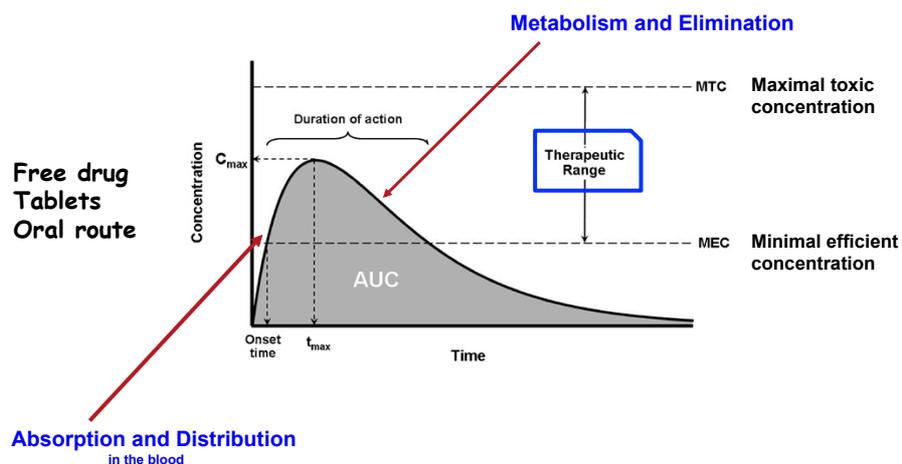
Nanoparticle : an intentionally produced particle that has at least one dimension in the nanoscale range (1-100 nm) (National Institute of Health).

Nanopharmaceuticals = pharmaceuticals **engineered on the nanoscale**. Pharmaceuticals where the nanomaterial plays the **pivotal therapeutic role** or adds **additional functionality** to the previous compound (*Rivera et al, Pharmacol Res, 2010*).



Weissig et al, Int J Nanomedicine, 2014

II. Free drug: pharmacokinetic



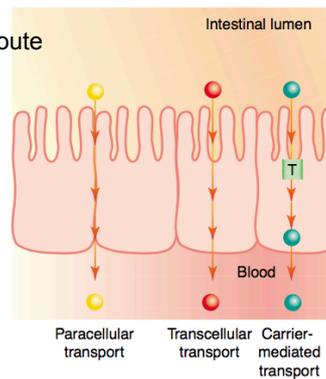
8

Overview of ADME

Most drugs :

enter the body (by mouth or injection...) - must cross barriers to entry (skin, gut wall, alveolar membrane.....)

Ex: oral route



ABSORPTION

Amphiphilic molecules are better absorbed.

Clarck design, Baltimore MD, USA
A. Li, DDT, 2001

9

Overview ADME

Most drugs :

are **distributed by the blood to the site of action** - intra- or extra- cellular - cross barriers to distribution (capillaries, cell wall....) - distribution affects concentration at site of action and sites of excretion and biotransformation

DISTRIBUTION

are **biotransformed** to one or several different compounds by enzymes evolved to cope with natural materials - this may increase, decrease or change drug actions

METABOLISM

are **excreted** (by kidney.....) which removes them and/or their metabolites from the body

EXCRETION



Steps based on drug properties
A lot of barriers

10

III. Barriers to free drug delivery

Physicochemical barriers (properties)

- Molecular weight
- Solubility
- Partition coefficient
- pKa
- Dissolution rate
- Salt formation
- Prodrugs
- Particle size, surface area and shape
- Crystallinity, polymorphism
- Stereochemical factors
- Drug stability (in GIT)
- ...



Biological barriers

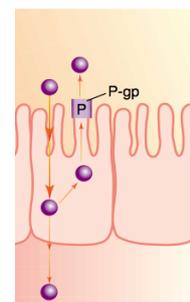
- Biodegradation by digestive enzymes
- Short *in vivo* half-life
- Immunogenicity
- Difficulty in crossing mucosal barriers
- No access to some compartments

→ Barriers impair drug efficiency

11

Examples

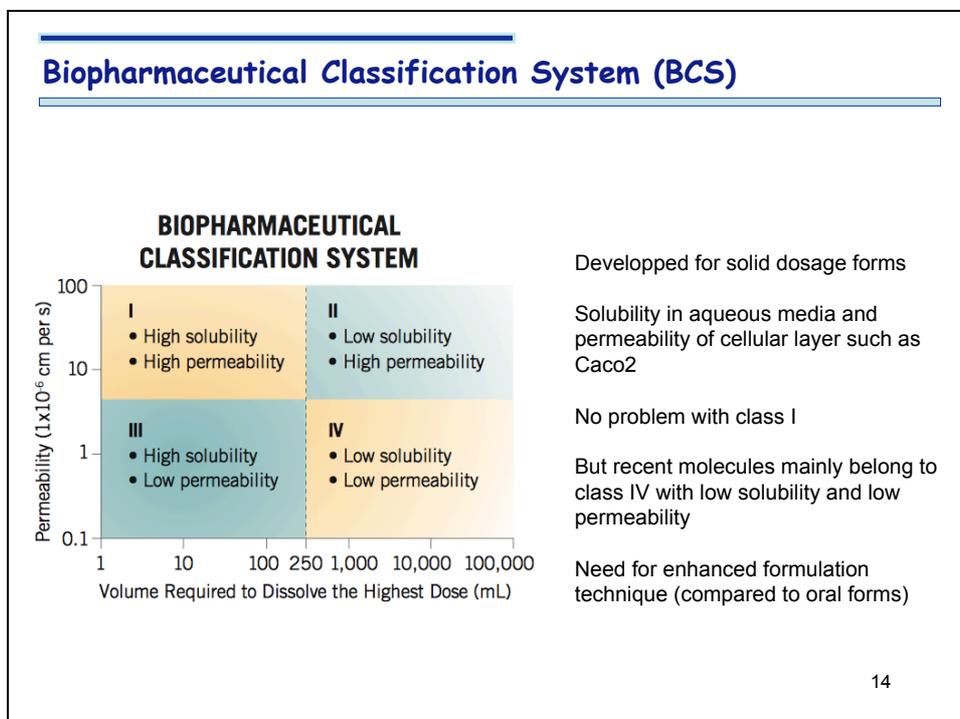
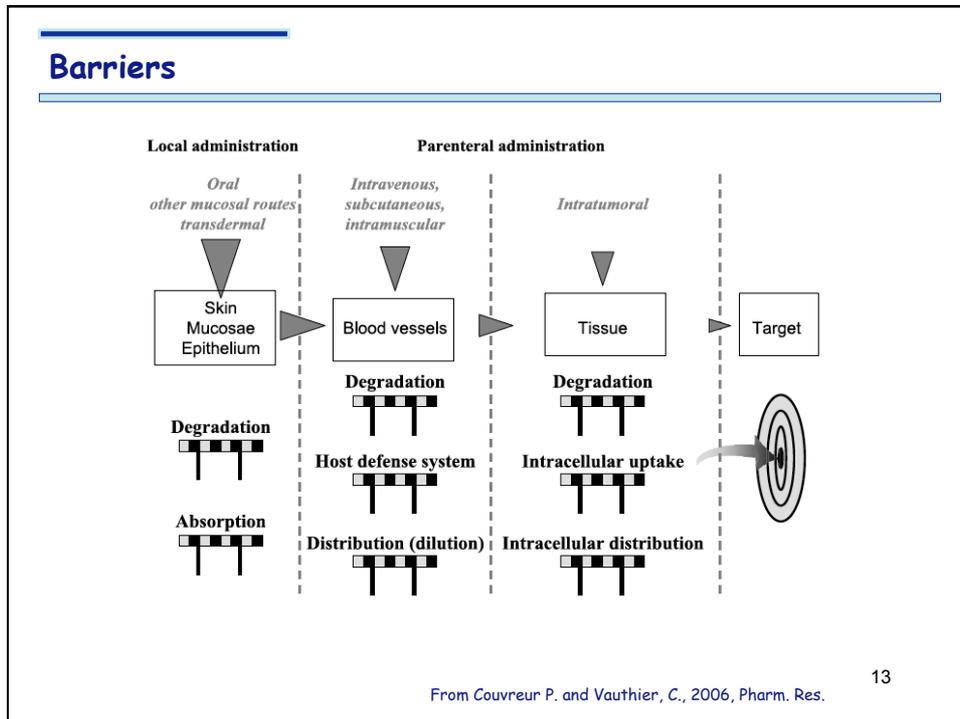
	Degradation	Membranes
Oral administration of proteins (insulin)	Enzymatic degradation pH	Mucosal barriers (hydrophilic drug)
Poorly soluble drugs		Oral route : no molecular state Parenteral (injection) route : embolism
Central nervous system		Tight junctions of BBB Pglycoproteins (efflux)



P-gp mediated efflux

Drug Discovery Today

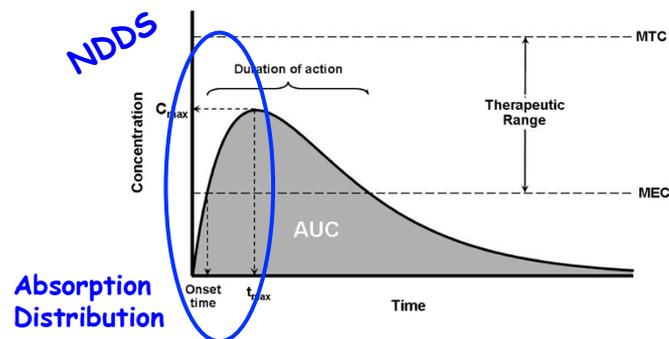
12



IV. Drug Delivery Systems (DDS)

PURPOSE

These systems are exploited for **therapeutic purpose** to **carry** the drug in the body in a **controlled manner** from the site of administration to the therapeutic target (P. Couvreur, 2006)



15

Definition

Aim : To make the distribution of active drug independent of its own physicochemical properties.

pKa
size, molecular weight
solubility...

The fate of the active drug depends on the delivery system.

« **Controlled Drug Delivery System (DDS)** »

Any pharmaceutical formulation is « drug delivery system » (creams, eye drops, tablets....)

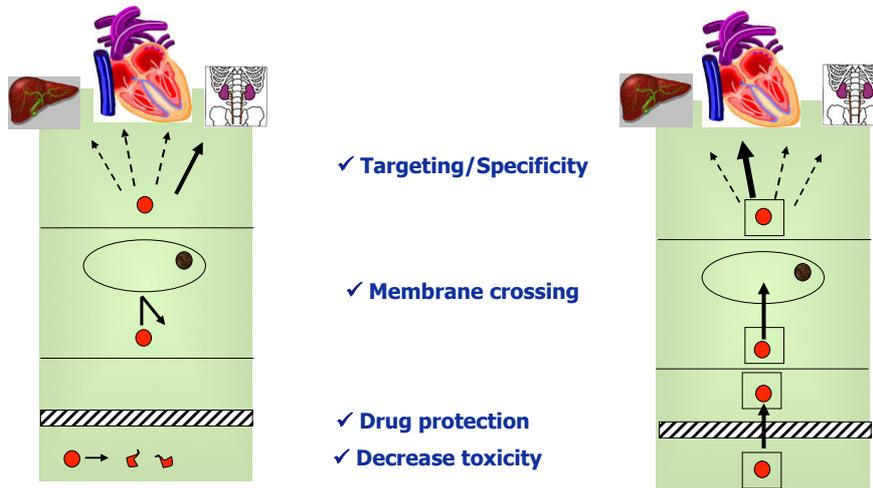
However, most would be considered to be « conventional » as no specific new technology needs to be used in their preparation or use.

More specialized systems to overcome delivery problems



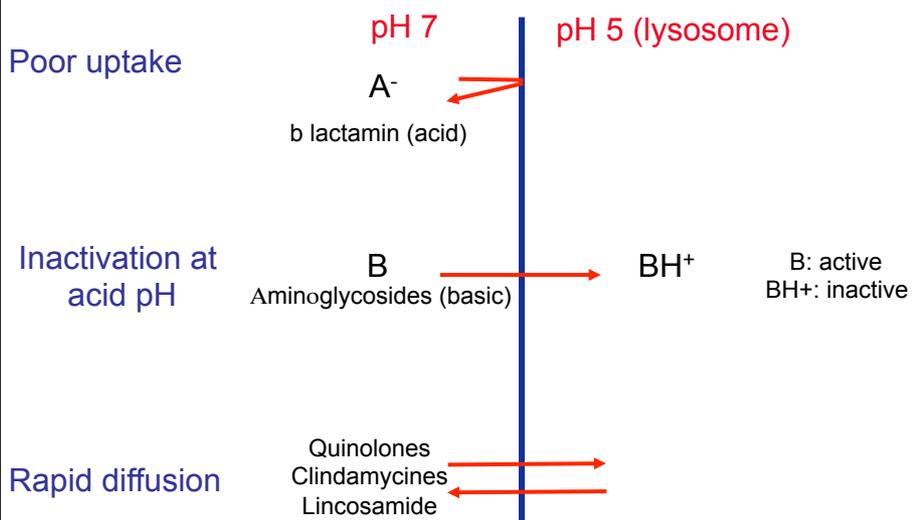
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V. Advantages of drug delivery systems



17

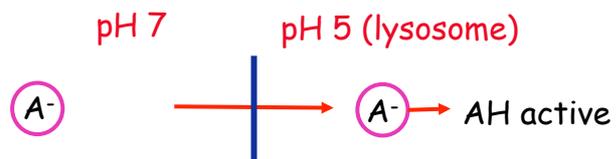
Example of application: Infectious diseases



18

Adapted from Couvreur and Vauthier, Pharm.Res, 2006

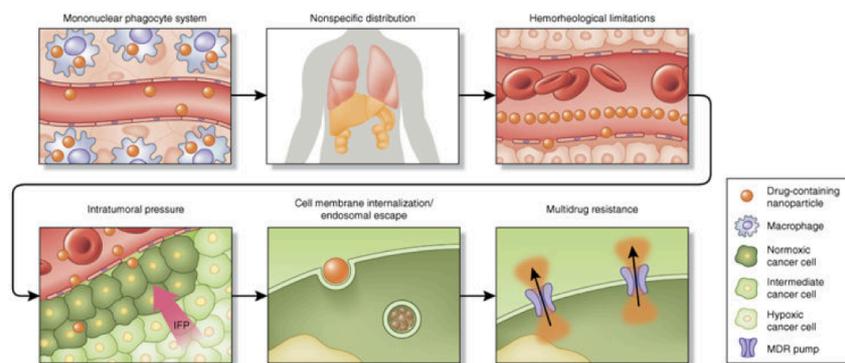
Interest of nanodevices



Increases the intracellular uptake (through endocytosis)
 Allows the drug to diffuse freely into the cell (i.e., by lysosomal fusion mechanisms)

19

VII. Obstacles to overcome for drug delivery



Opsonization and subsequent uptake by macrophages: accumulation in spleen, liver
 Nonspecific distribution of nanotherapeutics to healthy organs
 Size and geometry contributes to rheological limitations in blood. Cell free layer
 Intratumoral pressure
 Cellular internalization and endosomal affect route of internalization and intracellular fate
 Drug efflux pumps confer therapy resistance to the cell

20
 Blanco et al, Nature biotechnology, 2015

Therapeutic challenges of drug delivery systems

Protection against degradation
 Improved membrane absorption
 Controlled and sustained release
 Controlling biodistribution
 Improving intracellular penetration
 Improving the bioavailability



Increased efficacy
 Reduced toxicity

21

Rational for developing controlled release of drugs

Increased patient compliance

- less frequent dosing
- more « acceptable » (eg, needle-less)

Safety

- can control PK to remain within therapeutic index « window »
- decrease side effects

Improved therapy

- can time release
- environmentally-responsive systems

Decreased cost

- lower doses: more efficient use of drug

Greater profits/Commercial

- patent extension for drug
- the marketing edge
- controlled release feature more profitable

22

Which drugs?

Highly **toxic** compounds for healthy tissues

Poorly soluble in both aqueous and organic media: new drugs from biotechnology

Rapidly **degraded**: peptides, proteins, nucleic acids

Rapidly **metabolised**

Hardly cross biological barriers

Need to reach a **target** (tissue or cell): nucleic acids

23

To design a DDS it is important to know

Which drug (physicochemical properties)?

How much drug is needed?

At what delivery rate?

Over what period of time (duration)?

With what bioavailability?

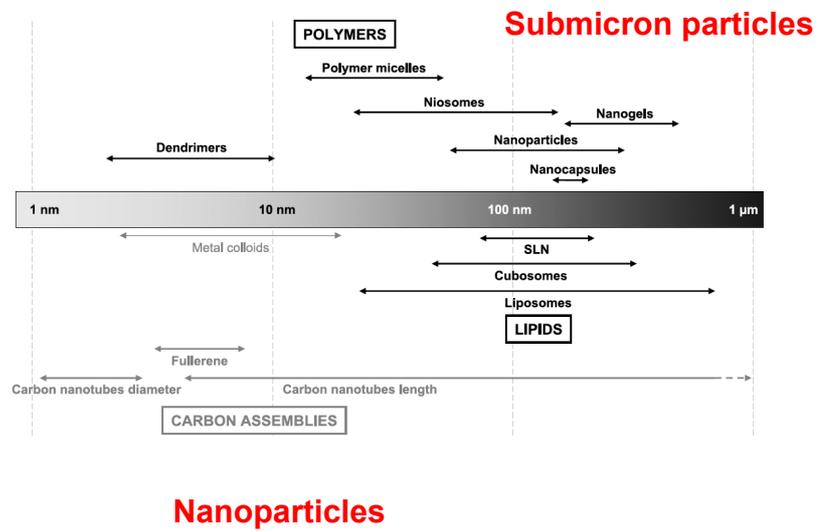
Acting at which sites or on which cells?

Innovation approach

- rapidly,
- with minimal expenditure of corporate resources, and
- with a system design (drug delivery product) that makes minimal compromises from the ideal system (IDDS).

24

VIII. Classification

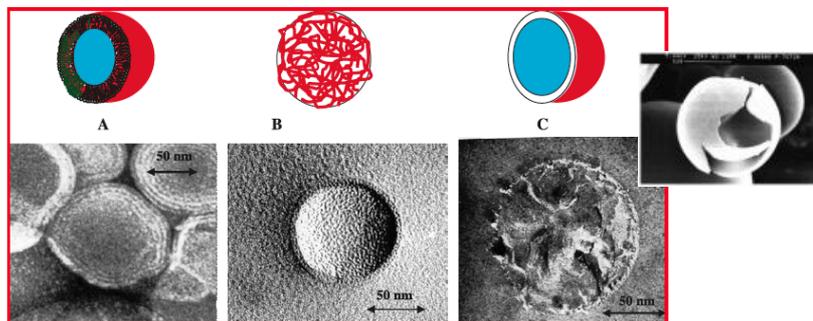


25

From Couvreur P. and Vauthier, C., 2006, Pharm. Res.

Classification: Structure

Capsules / Spheres
Reservoir / Matrix

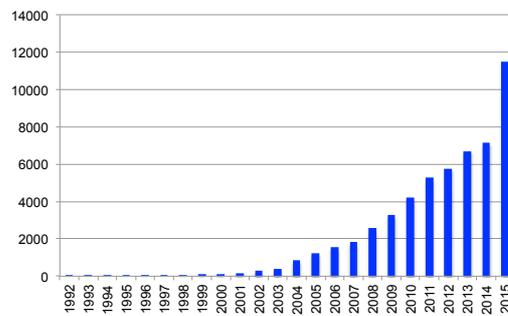


26

Andrieux et al., l'actualité chimique, 2003

SCIENTIFIC PUBLICATIONS on nanoparticles

Number of publications



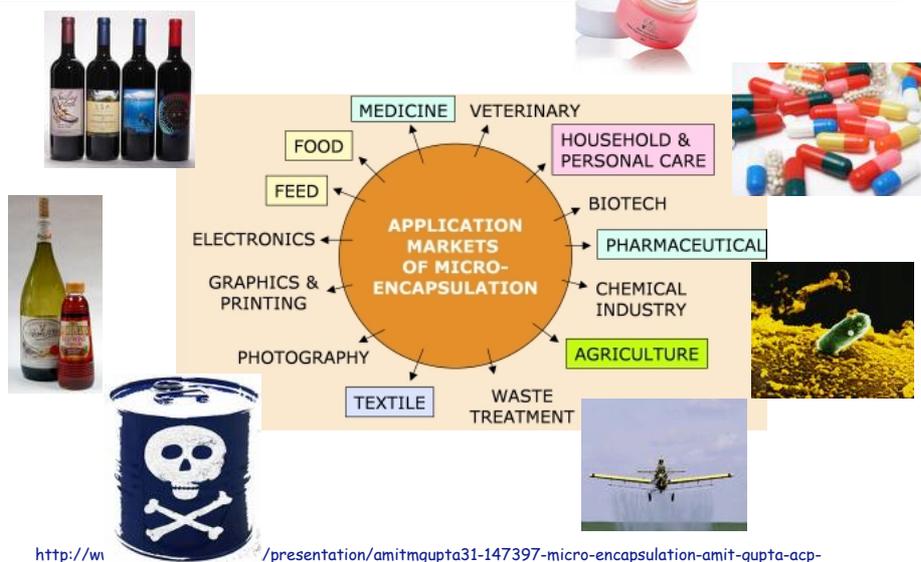
Nanoparticles in the title PubMed (september, 2016)

However, success rate is very low (number of clinical products)
 The path for FDA approval for nanomedicines is long and risky.
 43 approved nanopharmaceuticals on the market
 Only four products have been approved after 2010...

27

Weissig et al, Int J Nanomedicine, 2014

Application markets



<http://www.presentation/amtmgupta31-147397-micro-encapsulation-amit-gupta-acp-lecture-wardha-education-ppt-powerpoint/>

28



FORMULATION PROCESSES

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1

Composition in brief

Polymers

- natural product: gelatin, albumin, polysaccharides, collagen, cellulose
- synthetic product: acrylic, cyanoacrylic, PLA, PLAGA

Lipids

- phospholipids: liposomes
- solid lipids: triacylglycerol, waxes, and paraffins : **SLN**

Metal

2

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POLYMERIC PARTICLES

3

Polymeric particles

Poly(urethanes) for elasticity.
 Poly(siloxanes) or silicones for insulating ability.
 Poly(methyl methacrylate) for physical strength and transparency.
 Poly(vinyl alcohol) for hydrophilicity and strength.
 Poly(ethylene) for toughness and lack of swelling.
 Poly(vinyl pyrrolidone) for suspension capabilities.

Physical
properties

Poly(2-hydroxy ethyl methacrylate).
 Poly(acrylic acid).
 Polyacrylamide.
 Poly(ethylene-co-vinyl acetate).
 Poly(ethylene glycol).
 Poly(methacrylic acid).

Chemically inert
 Free of leachable impurities
 Minimal undesired aging
 Readily processing

4

Lisa Branon-Peppas, 2007

Polymeric particles

Absorbable suture {

- Polyactides (PLA)
- Polyglycolides (PGA)
- Poly(lactide-co-glycolides) (PLGA)
- Polyanhydrides
- Polyorthoesters

Biodegradable polymers

Metabolic pathways

Biologically acceptable molecules

No need to remove
No adverse reactions

5
Lisa Branon-Peppas, 2007

Polymeric particles

Lactic acid

Glycolic acid

Intensive use in DDS

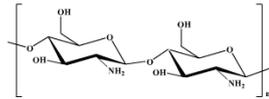
Lactic acid homopolymer (PLA)

Copolymer (PLGA)

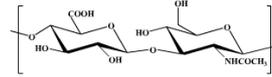
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Polymeric particles

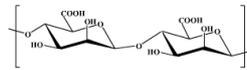
Natural polymers



Chitosan



Hyaluronic acid



Alginic acid

7

PREPARATION OF POLYMERIC NANOPARTICLES

- * Anionic polymerization
- * Emulsion polymerization
- * Interfacial polymerization
- § Solvent evaporation
- § Solvent deposition
- § Supercritical fluids

- * From monomers
- § From preformed polymers

8

SOLVENT EVAPORATION

Preformed polymer and the drug dissolved in a **volatile, water-immiscible organic solvent** (dichloromethan...)

The organic phase is then added to the aqueous phase under stirring (containing surfactants i.e. PVA...)

Homogenization, sometimes sonication

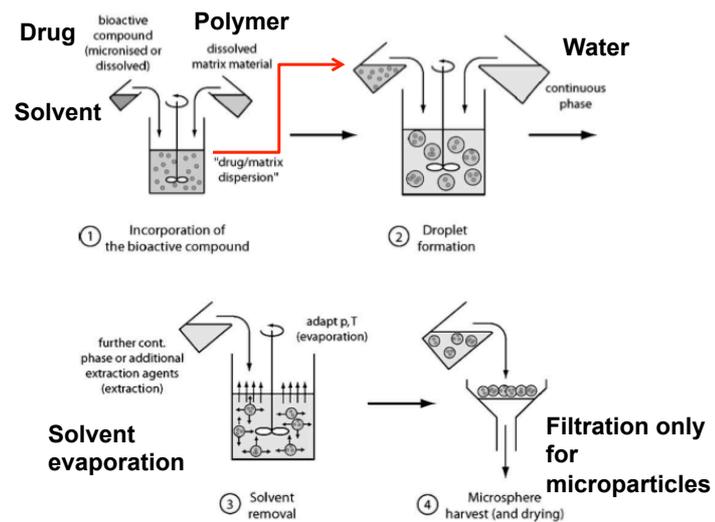
The organic solvent is removed by heating and/or under reduced pressure

The polymer precipitates

Formation of micro-or nanospheres instantaneously, containing the drug

9

SOLVENT EVAPORATION



10

Freitas et al, JCR, 2005

SOLVENT EVAPORATION

Well-established

Frequently used

Ex : poly(lactic acid)nanoparticles and poly(lactic-coglycolic acid) nanoparticles

Microparticles as well

11

SOLVENT DEPOSITION = « précipitation » (Fessi, 1988)

The polymer (PLA) and surfactant(s) are dissolved in a **volatile** organic solvent such as acetone, **miscible** with water

Active drug suspended in the organic solvent

The reaction mixture is poured into the water phase, which contains surfactant under moderate stirring conditions

Nanocapsules are formed instantaneously

The organic solvent is then removed under reduced pressure

Partial removal of water also occurs

12

INTERFACIAL POLYCONDENSATION/POLYADDITION

Chemical reaction at liquid/liquid interface

Polycondensation: growth of polymer by chemical reaction between functional groups of monomers

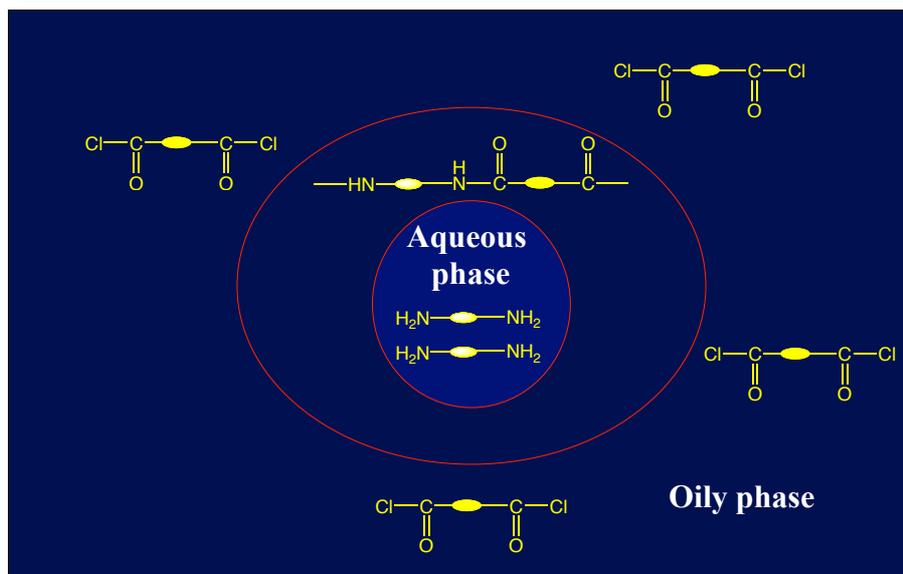
This reaction could eliminate (polycondensation) or not (polyaddition) a small molecule

Capsule formation occurs because monomers or oligomers react at an interface to grow a capsule wall membrane

Basic feature : formation of an emulsion

13

INTERFACIAL CONDENSATION



COMBINATIONS OF MONOMERS

Method for nano and microparticles

Two reactants, each one dissolved in a mutually immiscible liquid, diffuse to the interface between the two liquids where they react to form the capsule wall

Various polymers as a function of the monomers

Diamine + dichloroformate : polyurethane
Dialcool + diacid chloride : polyester
Diamine + diisocyanate : polyurea
Diamine + diacid chloride : polyamide

15

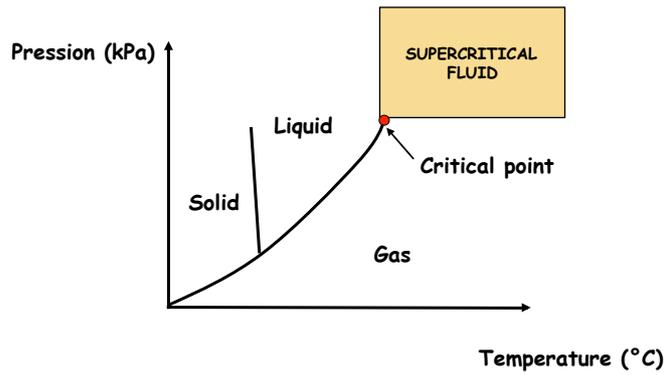
SUPERCritical FLUID

16

SUPERCRITICAL FLUIDS

Phase diagram

Liquid and gas together

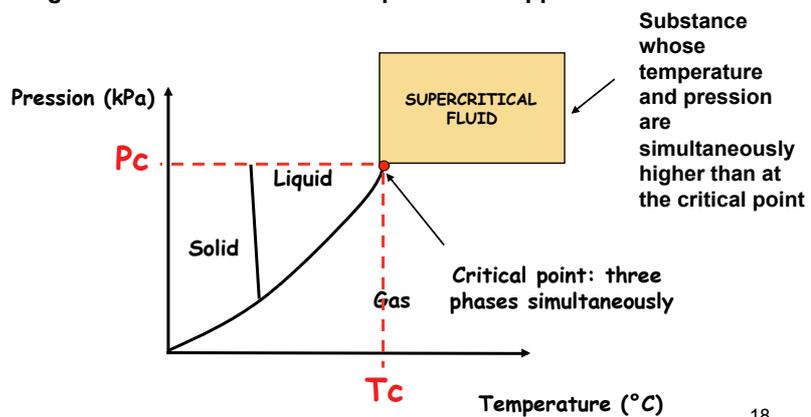


17

DEFINITION

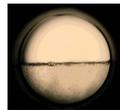
Critical temperature : the temperature above which the substance can no longer exist as a liquid no matter how much pressure is applied

Critical pressure : the pressure above which the substance can no longer exist as a gas no matter how much temperature is applied



18

EXAMPLE OF SUPERCRITICAL CO₂



Phase separation between liquid and gas
Visible meniscus



Temperature and pressure increasing,
progressive disappearance of the meniscus.
Closed densities



More than critical temperature and pressure.
Complete disappearance of the meniscus
Phase boundary disappeared
One **homogeneous phase** : critical fluid

Properties?

<http://advtechconsultants.com/SupercriticalFluids.htm>

19

PROPERTIES OF SUPERCRITICAL FLUIDS

Liquid have solubilizing nature

Gases have diffusivity and compressibility / Expandable

	Density (kg/m ³)	Viscosity (cP)	Diffusivity (mm ² /s)
Gas	1	0,01	1-10
Supercritical fluid	100-800	0,05-0,1	0,01-0,1
Liquid	1000	0,5-1,0	0,001

SCFs :

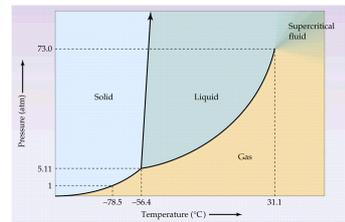
Liquid-like density and solubilizing capacity

Gas-like viscosity, compressibility and diffusivity

Substituant of organic solvents. 20

WHY CO₂ ?

- Critical temperature of 31.1°C
- Critical pressure of 7.4 Mpa
- Low toxicity
- Non flammable
- Low reactivity
- High quantity
- Inexpensive
- GRAS status (generally regarded as safe)
- Approved by FDA for use in food and pharmaceutical operations



Supercritical CO₂ is a non-polar **solvent** with dissolution properties that are comparable to **hexane**

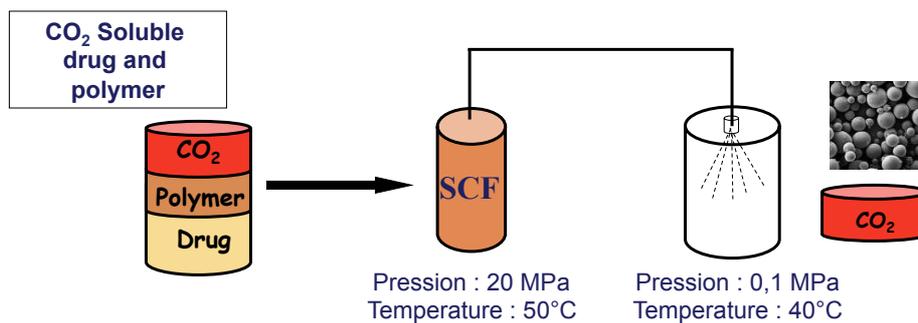
But not a universal solvent...

21

APPLICATIONS TO MICROENCAPSULATION

Principle : Solubility modification with the pressure : solidification

Polymer or polymer and drug dissolution in the fluid
Decrease of pressure allowing the fluid to go through a nozzle of pulverisation.

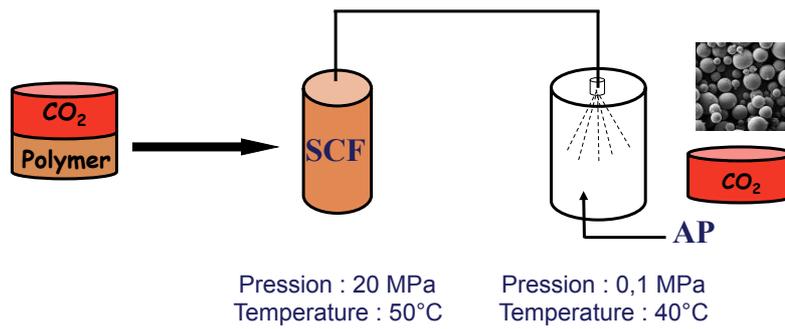


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APPLICATIONS TO MICROENCAPSULATION

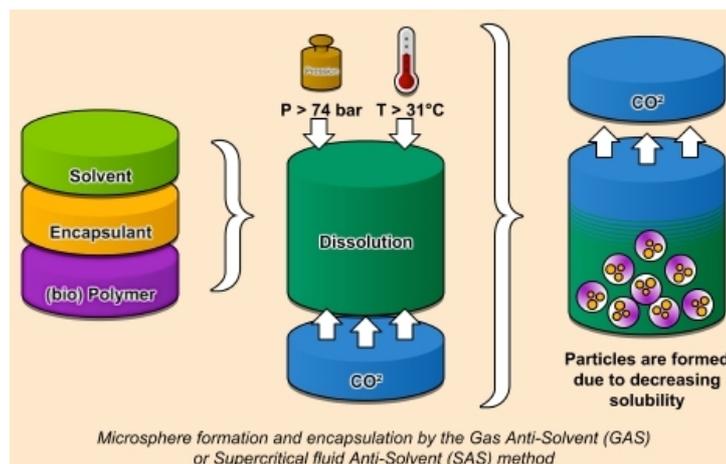
CO₂ Soluble polymer

Decrease of pression allowing the fluid to go through a nozzle of pulverisation



23

SUPERCRITICAL FLUIDS ANTI-SOLVENT



24

Gate2TECH, www.gate2tech.com

APPLICATIONS IN MICROENCAPSULATION

Rules

- Carrier solvent
- Drug solvent
- Carrier and drug solvent



Advantages

- Low temperature (thermolabile materials)
- No need of solvent
- The supercritical fluid returns to a gaseous state without condense and thus leaving no traces of liquid in the material, by slow depressurization.

Nano and microparticles

25

II

LIPID NANOPARTICLES

26

SOLID LIPID NANOPARTICLES

Lipophilic colloidal delivery system

Efficient and non-toxic drug carrier specially for lipophilic drug molecules

Composed of physiological/well tolerated excipients (**GRAS**)

Possess **solid matrix** (similar to polymeric nanoparticles)

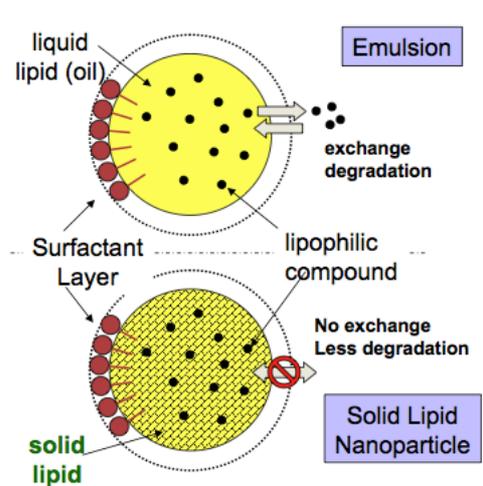
Protective properties

Controlled release properties

Colloidal dimensions and controlled release behaviour enable drug protection and administration by parenteral and non-parenteral routes.

27

DIFFERENCE BETWEEN EMULSION AND SLN



28

SOLID LIPID NANOPARTICLES

Polymeric nanoparticles

- possible toxicity of the polymer
- difficulties for scale-up

Solid lipid nanoparticles (SLN)

- Alternative for polymeric nanoparticles
- Lipid composition : safe (triacylglycerol, waxes, paraffin...). Good tolerability
- physical stability
- Large scale production possible (Müller et al, 2001)
- inexpensive

29

PREPARATION OF SOLID LIPID NANOPARTICLES

Melt-emulsification by high pressure homogenisation

- heat solid lipid
- pour the viscous lipid in hot water
- high pressure applied allowing the mixture crossing some little pores

Cold high pressure homogenisation (Muller et al.)

- same process

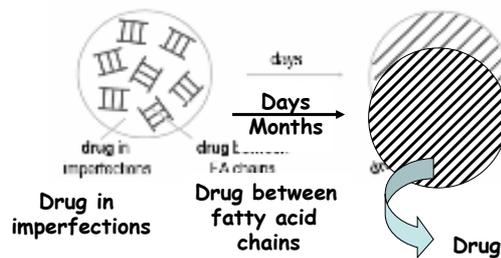
Precipitation from microemulsions (Gasco et al)

- precipitation from microemulsions

30

Solid Lipid Nanoparticles

- But :
- gel formation with time
 - particle aggregation
 - polymorphic transition during storage. Tend to form perfect crystals.



- insufficient loading capacity
- high water content of dispersions (70-99.9%)

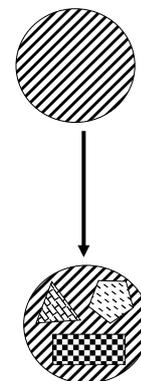
31

Almeida, 2007

Nanostructured Lipid Carriers (NLC)

Produced from blend of solid and liquid lipids
 Particles are in solid state at body temperature
 Inhibit crystallization process by mixing « spatially » very different molecules :
 imperfections in lattice

- Controlled nanostructuring of lipid matrix
- to accommodate drug(s)
 - to control release
 - to trigger release



32

Nanostructured Lipid Carriers (NLC)

Multiple oil nanodroplets in solid fat nanoparticles

Not « just mixing » solid lipids but controlled

Higher drug load

1% retinol in SLN

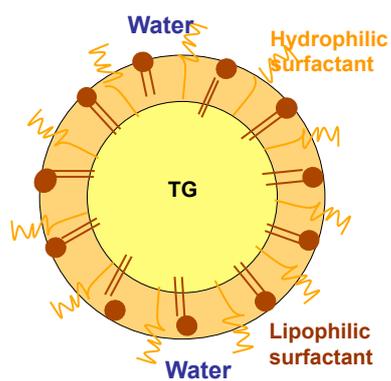
6% retinol in NLC



33

Shidhaye, Curr Drug Deliv, 2008

Lipid nanocapsules

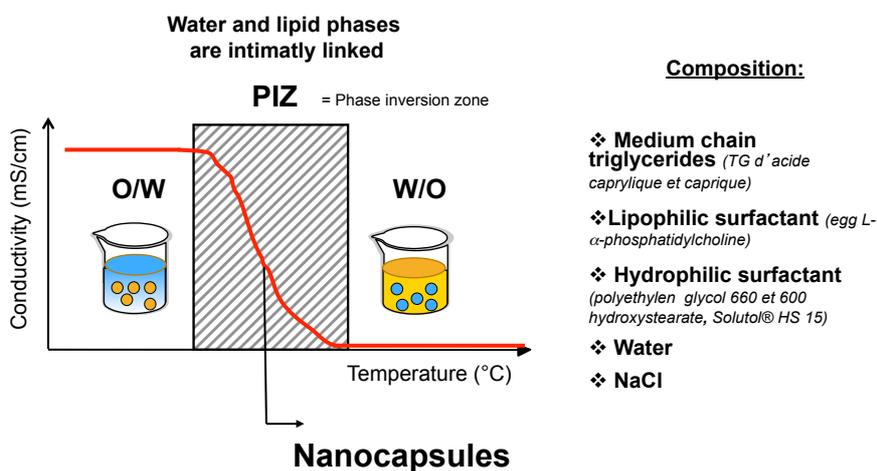


25-100 nm
Stability
Solvent-free process
Lipophilic core

34

Heurtault et al, Pharm Res, 2002

Lipid nanocapsules (LNC)



35

Heurtault et al, Pharm Res, 2002

LIPID NANOCAPSULES. « A new platform for nanomedicine »

Various strategies for drug delivery to the sites of action using LNC.

Strategies	Examples	Encapsulated drugs	Encapsulation rates	Study designs	Results	Reference
P-gp inhibition	LNC coated with PEG-type nonionic surfactants such as Solutol®	Etoposide	89.9 ± 2.3%	<i>In vitro</i> on C6, F98, 9L glioma cell lines	Increase cytotoxicity on glioma cells due to high intracellular drug accumulation	Lamprecht and Benoit (2006)
		Paclitaxel	93.0 ± 3.1%	<i>In vitro</i> on 9L and F98 glioma cell lines <i>In vivo</i> on s.c. F98 tumor model, single i.t. treatment at Day 5	Significant reduction in cell survival Significant reduction in tumor mass and tumor volume evolution	Garçon et al. (2006)
Passive targeting	Post-insertion of longer PEG chains: DSPE-PEG 1500; DSPE-PEG 2000; DSPE-PEG-5000 Post-insertion of DSPE-PEG 2000	Drug-free		Biodistribution after an i.v. injection into healthy rats	Half-life time over 5h vs under 21 min for conventional LNC	Hoarau et al. (2004), Ballot et al. (2006), Beduneau et al. (2006)
		Docetaxel	>98%	C26 colon adenocarcinoma s.c. tumor, i.v. injection of treatments in mice	Significant and substantial accumulation in the tumor vs conventional LNC and control docetaxel formulation (Taxotere®)	Khalid et al. (2006)
Active targeting	Attachment of OX26 Mab or Fab' fragments at the LNC surface directed against TR	Drug-free		<i>In vitro</i> cell binding on Y3AG.1.2.3. cells and rat BCECS Biodistribution after an i.v. injection into healthy rats	Effective binding of immuno-nanocapsules on the cells <i>via</i> TR Significant accumulation in the brain 24h after administration: vs non-targeted LNC	Beduneau et al. (2007a,b)
Local administration (CED)	CED technique for delivery of LNC into the brain	¹⁸⁸ Re-SSS; Fc-diOH	>98%	9L rat brain tumor intracranial xenograft model, CED treatment	Significant improvement in median survival time	Allard et al. (2008a)
Oral administration	LNC formulation to inhibit P-gp on the gastrointestinal tract	Paclitaxel	99.9 ± 1%	Oral administration by gastric intubation into healthy rats	Augmentation of mean plasmatic concentration of paclitaxel	Peltier et al. (2006)

P-gp: P-glycoprotein; LNC: lipid nanocapsules; PEG: polyethyleneglycol; s.c.: subcutaneous; i.t.: intratumoral; i.v.: intravenous; Mab: monoclonal antibodies; TR: transferrin receptor; BCECS: brain cerebral endothelial cells; CED: convection-enhanced delivery; ¹⁸⁸Re-SSS: ¹⁸⁸Re(S₂CPh)₂(S₁CPh) complex; Fc-diOH: ferrocifenol.

Huynh et al, Int J Pharm, 2009

III

CARBON NANOPARTICLES

37

FULLERENES



Spherical molecules about 1nm in diameter, comprising 60 carbon atoms arranged as 20 hexagons and 12 pentagons: the configuration of a football



Hence they find application as NanoPharmaceuticals with large drug payload in their **cage-like structure**

On the other hand with development of various chemical substitutes for C60, it is possible to develop functionalized C60 with better drug targeting properties

38

CARBON NANOTUBES (1991)

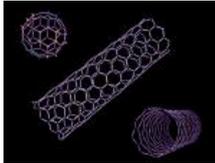
Only a few nm' s in diameter, a single-walled carbon nanotube can grow as long as several micrometers

SWNTs may nest inside each other to form « russian dolls », known as **multi-walled carbon nanotubes** (MWNTs)

Carbon nanotubes are adept at **entering the nuclei** of cells and may one day be used to deliver drugs and vaccine

The modified nanotubes have so far only been used to ferry a small peptide into the nuclei of fibroblast cells

But the researchers are hopeful that the technique may one day form the basis for new anti-cancer treatments, gene therapies and vaccines



39

IV

LIPOSOMES

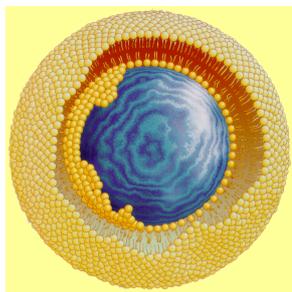
40

Introduction

Liposomes described by Bangham in 1961 (1964).

Used as models of cellular membranes.

Interest as DDS during the past 40 years



Synthetic structures

Microscopic phospholipid bubbles

Aqueous core

41

Scientific research on liposomes

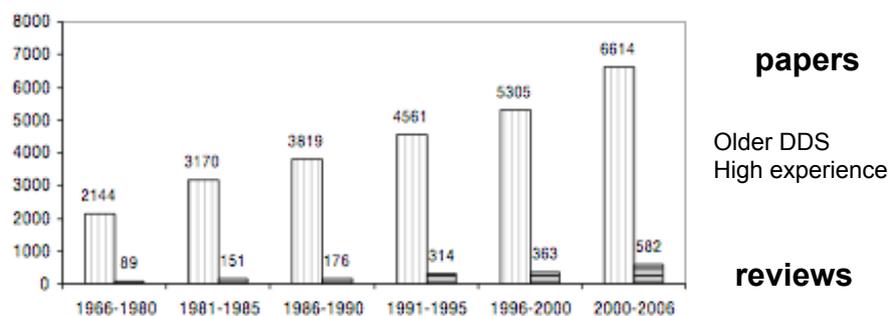


Figure 1 Increase in scientific research on liposomes: papers (vertical line) and reviews (horizontal line) published (total numbers on vertical axis). Data obtained from Ovid-Medline search keyword "liposomes".

2002-2016 : more than 32 000 publications, pubmed

42

COMPOSITION

43

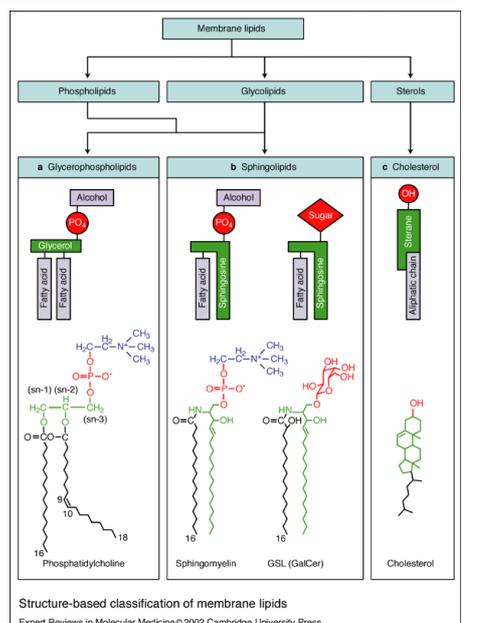
Composition of liposomes

Diacyl phosphoglycerides
Phosphatidylcholine

Sphingolipids

Sterols
Cholesterol

Fatty acids

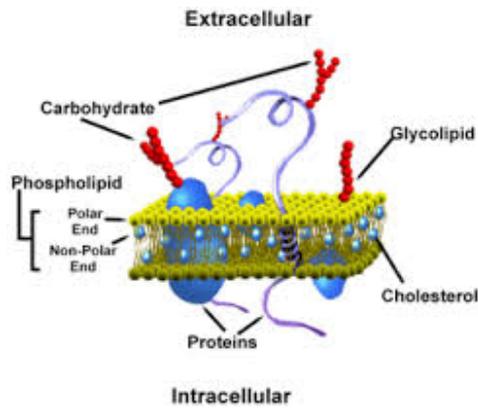


Liposomes and membrane cells

Same composition as membrane cells

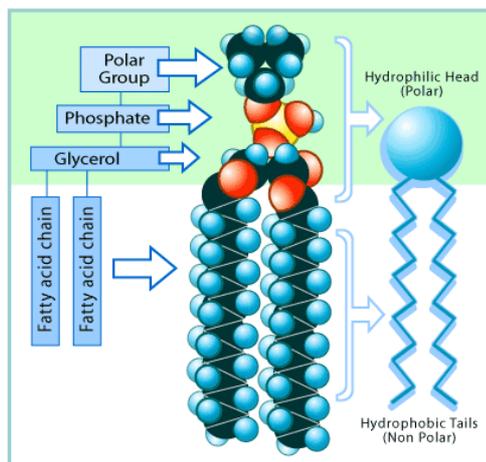
Models:
 structure
 function: diffusion of solutes

Low toxicity



45

Phospholipids



Main components

Fatty acids

Carbon chain length,
 Insaturation and their number

Polar head charge

Negative: PG, PS, PI

Neutral: PC, PE

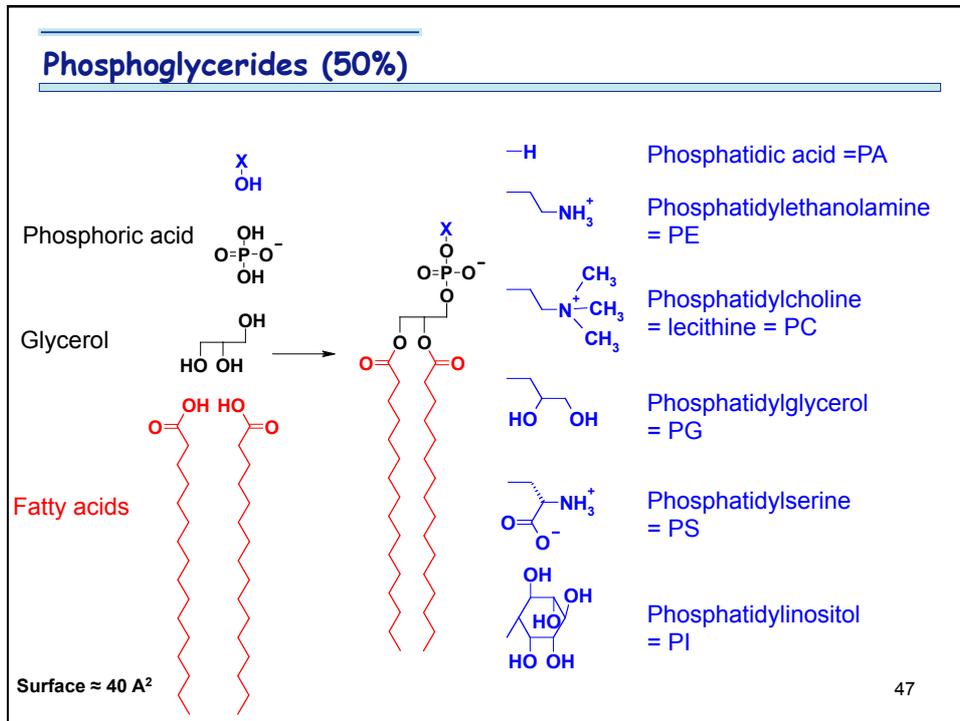
Positive: cationic lipids

Addition of charged phospholipids for stability

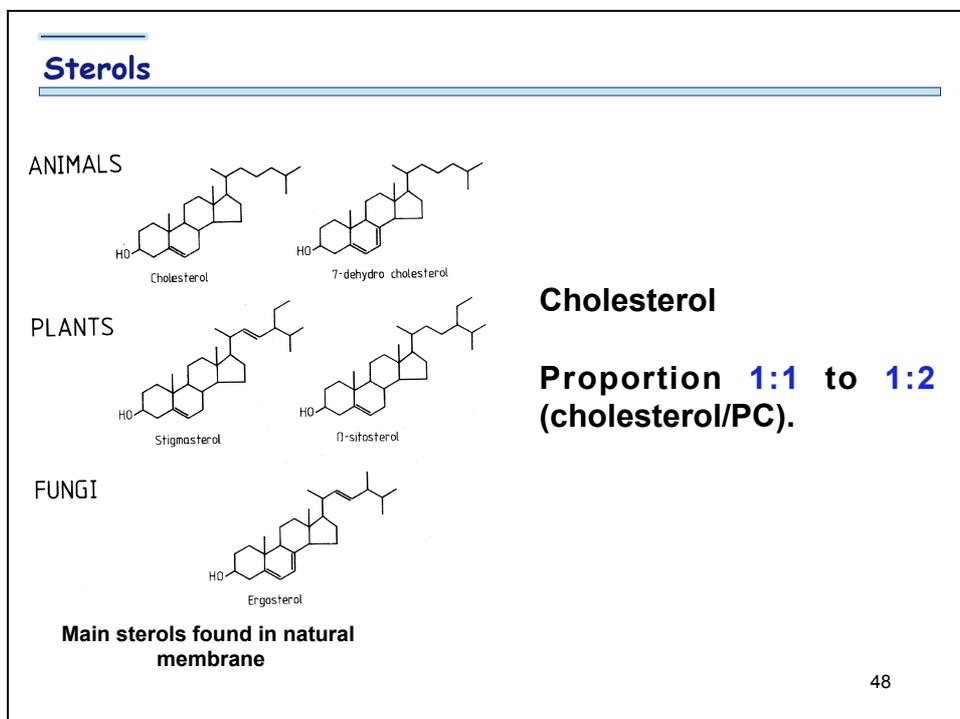
Amphiphilic nature of phospholipids

Sensibility to phospholipases

46



47



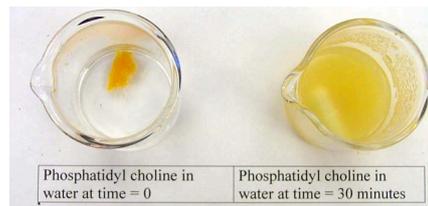
48

ORGANISATION

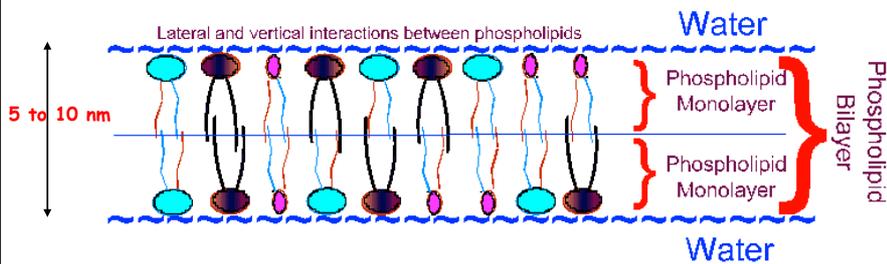
49

Phospholipids organization

**Amphiphilic molecules
Spontaneous bilayer in water**



Phosphatidyl choline in water at time = 0 Phosphatidyl choline in water at time = 30 minutes



Interactions:

Van der Waals: hydrophobic region

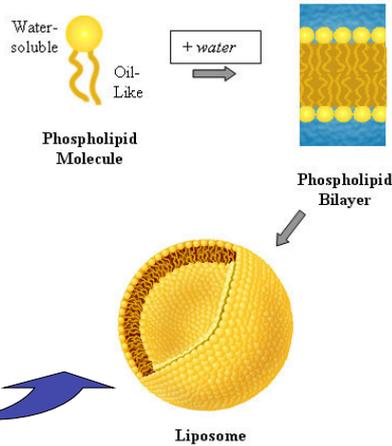
Hydrogen and electrostatic: hydrophilic regions

50

3-D organization

Favorable interactions are complete when the sheets fold on themselves to form closed sealed vesicles

Minimisation of unfavorable interactions



<http://www.encapsula.com/company.html>

51

Phospholipids and membrane properties

The shape of the membrane depends on the lipid structure

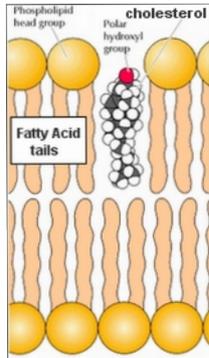
Double-chained lipids with large head-group areas, fluid chains : flexible bilayers, vesicles: PC, PG, PS, PI...

Lipid	Critical packing parameter $v/a_l c$	Critical packing shape	Structures formed
Single-chained lipids (surfactants) with large head-group areas: SDS in low salt	$< 1/3$	Cone	Spherical micelles
Single-chained lipids with small head-group areas: SDS and CTAB in high salt, nonionic lipids	$1/3 - 1/2$	Truncated cone	Cylindrical micelles
Double-chained lipids with large head-group areas, fluid chains: Phosphatidyl choline (lecithin), phosphatidyl serine, phosphatidyl glycerol, phosphatidyl inositol, phosphatidic acid, sphingomyelin, DGDG ^a , dihexadecyl phosphatate, dilauryl dimethyl ammonium salt	$1/2 - 1$	Truncated cone	Flexible bilayers, vesicles
Double-chained lipids with small head-group areas, anionic lipids in high salt, saturated frozen chains: phosphatidyl ethanolamine, phosphatidyl serine + Ca ²⁺	~ 1	Cylinder	Planar bilayers
Double-chained lipids with small head-group areas, nonionic lipids, poly (cis) unsaturated chains, high T _m : uster, phosphatidyl ethanolamine, cardiolipin + Ca ²⁺ , phosphatidic acid + Ca ²⁺ , cholesterol, MGDG ^b	> 1	Inverted truncated cone or wedge	Inverted micelles

^a DDCG, digalactosyl diglyceride, diglucosyl diglyceride.

^b MCDG, monogalactosyl diglyceride, monoglucosyl diglyceride.

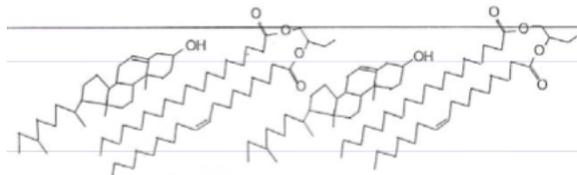
Cholesterol



Cholesterol increases the **membrane stability** if the temperature is above the phase transition temperature and increase fluidity and permeability if the temperature is lower than the phase transition temperature.

Around 50% cholesterol/phospholipids

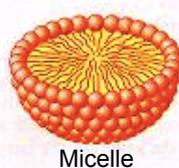
No bilayer if only sterols.



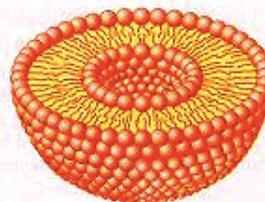
53

Liposomes vs micelles

Single chain lipids

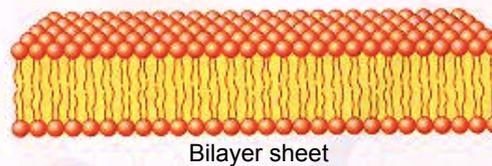


Micelle



Liposome

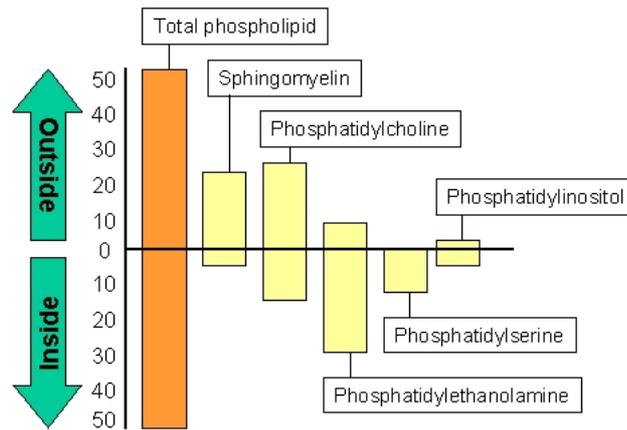
Double chain lipids



Bilayer sheet

54

Distribution of the phospholipids in the membrane



55

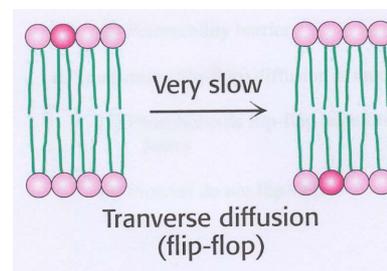
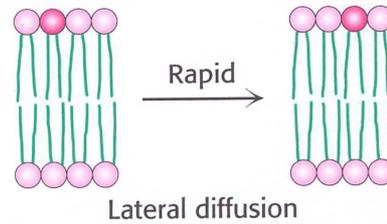
DYNAMIC STRUCTURES

56

Dynamic systems

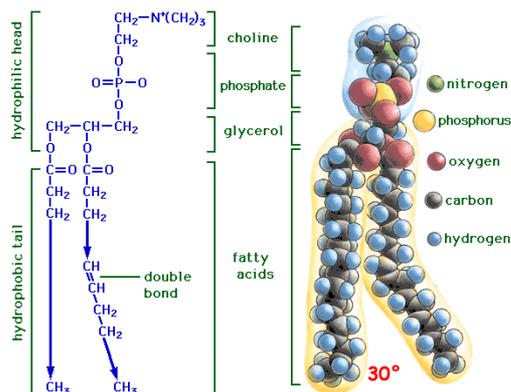
- **Lateral diffusion:** fast (μs).
- **Flip-flop:** slow (h or days).
- It depends on
 - temperature
 - composition

The permeability is related to these movements.



31

Phase transition temperature

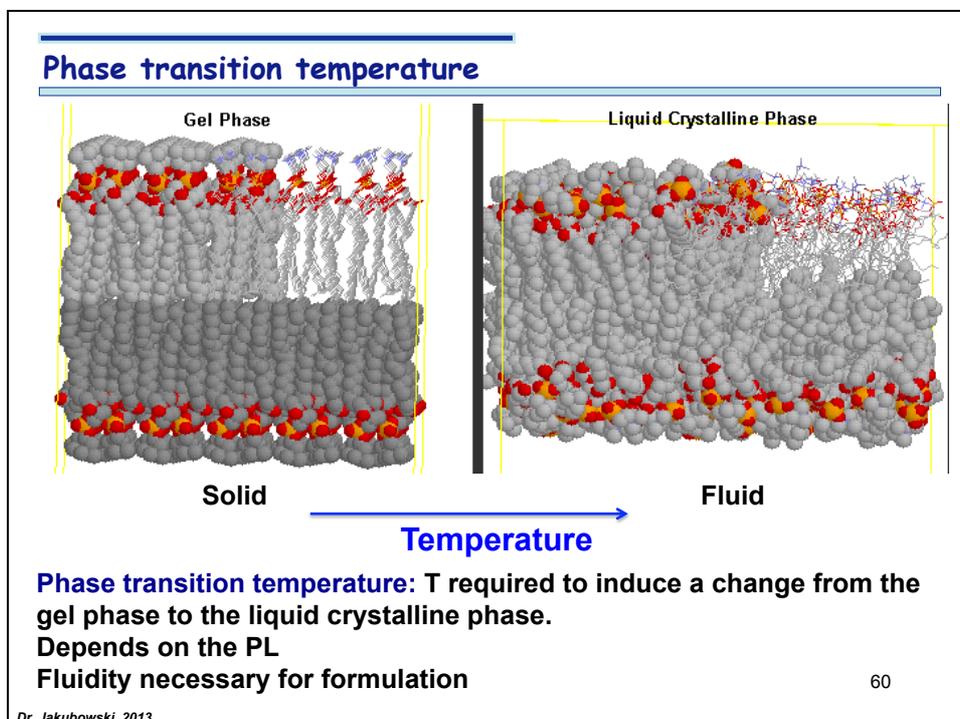
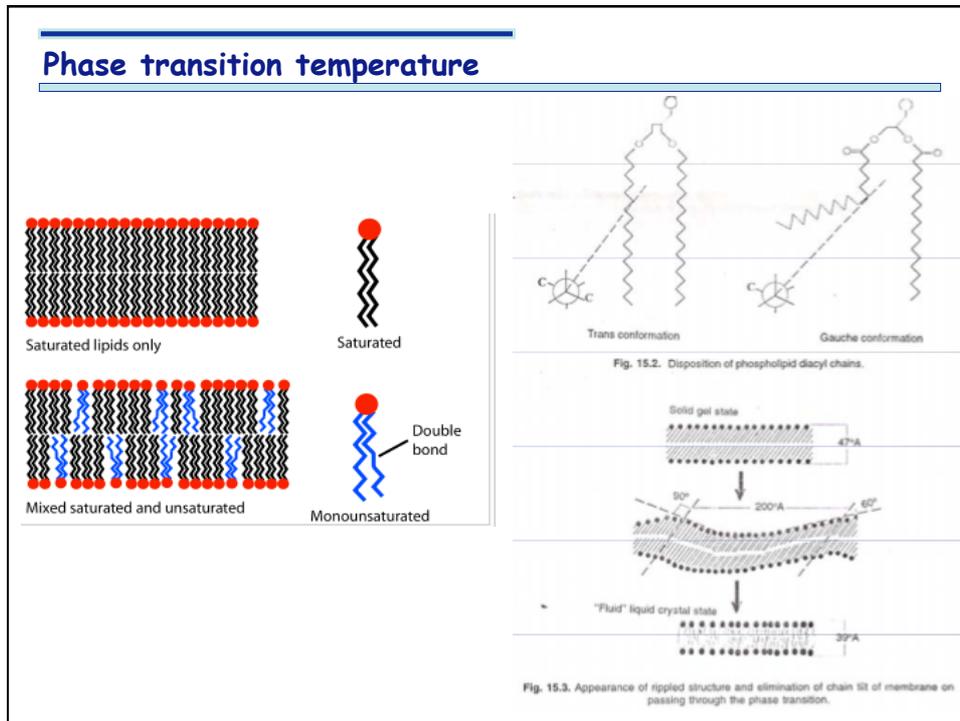


Double bond

Formation of angle

Consequence on PTT

58



Phase transition temperatures for diacyl phospholipids

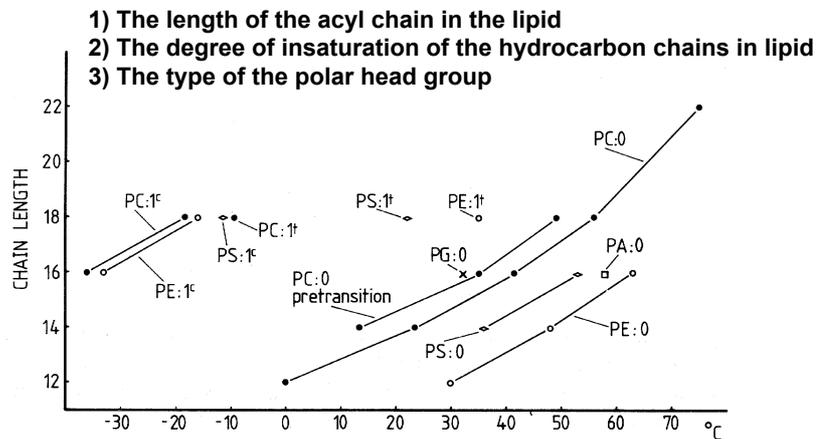


Figure 6. Phase transition temperatures for diacyl phospholipids with different headgroups as a function of chain length. Data from different sources is presented for synthetic phospholipids containing fatty acids of the same chain length and unsaturation in both 1- and 2- positions. Unless otherwise stated, all values quoted are for the main transition. The mono-unsaturated acids all have their unsaturation (either *cis* or *trans*) in the 9-position, which is the position in the chain giving the lowest phase transition temperature (i.e. the position in which the *cis* double bond maximally inhibits close packing of fatty acid chains in the gel phase).

CLASSIFICATION

Classification as a function of size

- **Small unilamellar vesicles SUV,**
30-100 nm
- **Large unilamellar vesicles LUV**
100-5000 nm
- **Giant unilamellar vesicles GUV** 5 -
100 microns
- **Small multilamellar vesicles SMV,**
30-100 nm
- **LMV, etc.**

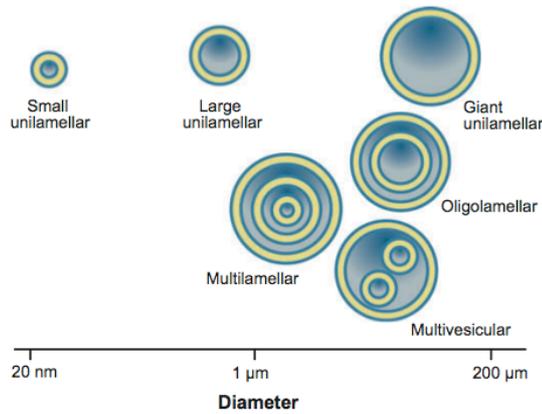
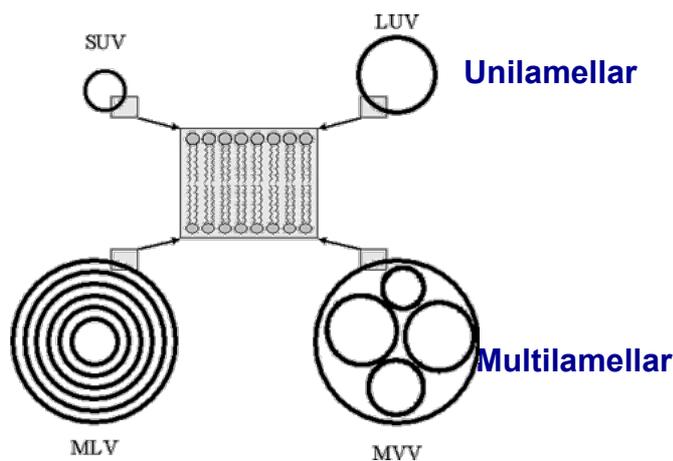


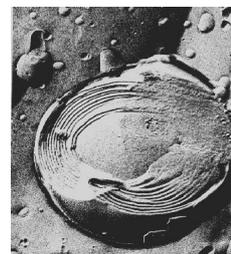
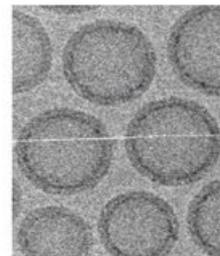
Figure 2

Schematic representation of the commonly applied classification scheme for liposomes. Small unilamellar vesicles (~0.02 μm to ~0.2 μm), large unilamellar vesicles (~0.2 μm to ~1 μm), and giant unilamellar vesicles (>1 μm) are the three most important groups for analytical applications (56). Multilamellar vesicles are frequently used in pharmaceutical and cosmetic applications (56). Multivesicular vesicles are giant vesicles encapsulating smaller liposomes and have been used in nanoreactor assemblies (141) and as drug delivery tools (vesosomes) (142). The drawings are not to scale.

Classification as a function of structure



Cryo-TEM



64

Nanomedicine Laboratory, Dr Muller

Classification based on composition and mode of drug delivery

- **Conventional liposomes**

- Neutral or negatively charged phospholipids
- Subject to endocytosis. Useful for macrophages targeting. Rapid and saturable uptake by macrophages

pH sensitive/ fusogenic/cationic/immuno/ long-circulating

- **pH sensitive liposomes**

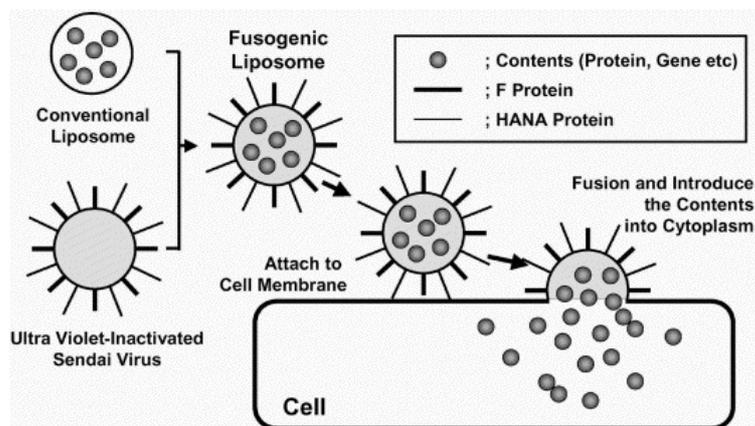
- Phospholipids such as PE or DOPE with either Cholesteryl hemisuccinate (CHEMS) or oleic acid (OA)
- Subject to endocytosis. At low pH, fuse with cell or endosome membranes and release their contents in cytoplasm.
- Suitable for **intracellular delivery** of weak bases and macromolecules.
- Biodistribution and PK similar to conventional liposomes.
- Structurally unstable;

65

Classification based on composition and mode of drug delivery

- **Fusogenic liposomes**

- Conventional liposomes with the Sendai virus (HANA proteins)



HANA: hemagglutinating and neuraminidase proteins: binding to the sialic acid R
F protein: fusion protein interacting with the lipid layer: cell fusion

66

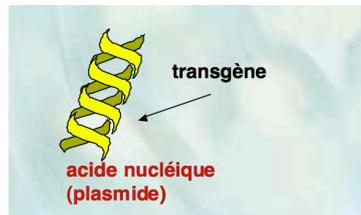
Kunisawa et al, ADDR, 2001

Classification based on composition and application

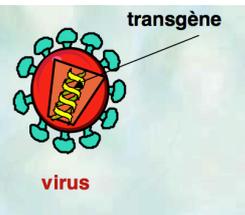
- **Cationic liposomes**
 - Cationic lipids: DDAB, DOGS, DOSPA, DOTAP, DOTMA...
 - Possibly fuse with cell
 - or endosome membranes; suitable for delivery of negatively charged macromolecules (DNA, RNA..)

Gene therapy

Non viral



Viral



Liposomes, nanoparticles
 Polycations, cationic lipids
 No immune response
 Less expensive

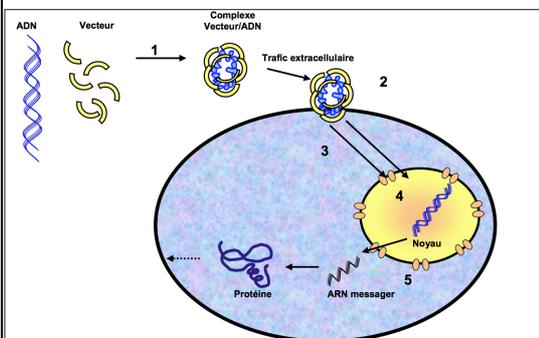
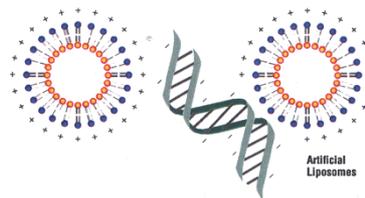
67

Classification based on composition and application

Liposomes = cationic lipids (+ neutral lipids)

Interaction with nucleic acids negatively charged

DNA compaction = liposomes-DNA complexe



68

Classification based on composition and application

- **Immunoliposomes**

- Liposomes with **attached antibody** or recognition sequence.
- Subject to receptor-mediated endocytosis cell-specific binding (targeting).;

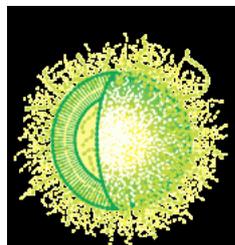
Can release contents extracellularly near the target tissue and Drugs may diffuse through plasma membrane to produce their effects.

69

Classification based on composition and application

- **Stealth liposomes**

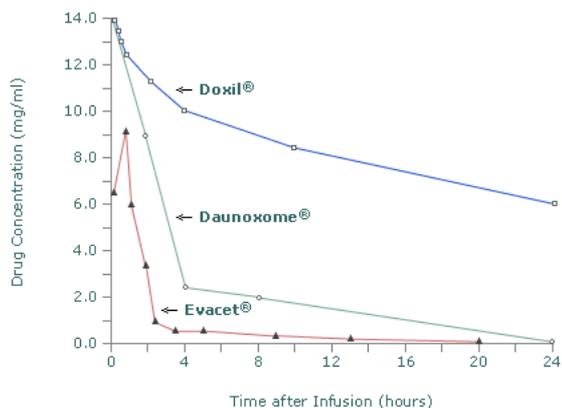
- Presence of PEG in the basic composition
- Hydrophilic surface coating; low opsonization and low rate of uptake by RES; long circulation half-life;



PEG coating
Doxorubicin encapsulation
Doxil®
Kaposi sarcoma and refractory ovarian cancer
 Approved by FDA in 2005

70

Classification based on composition and application

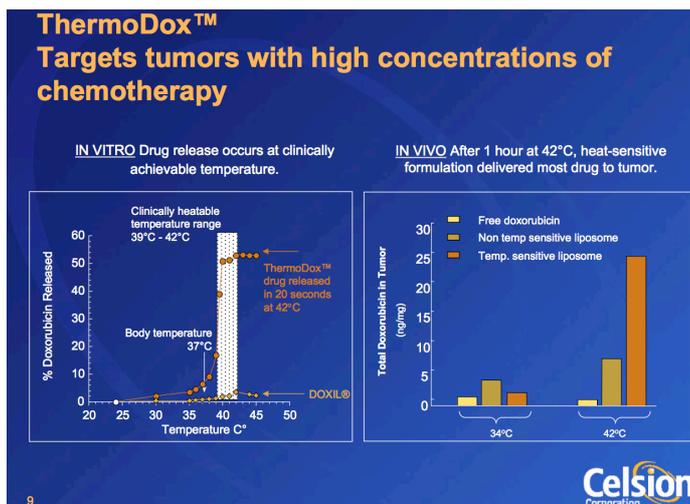


Daunoxome : Liposomes of daunorubicine
 Evacet: liposomes of doxorubicine
 Doxil : stealth liposomes of doxorubicine

http://www.alza.com/alza/stealth_more 71
 ALZA's patented STEALTH® technology

Classification based on composition and application

- Thermoliposomes



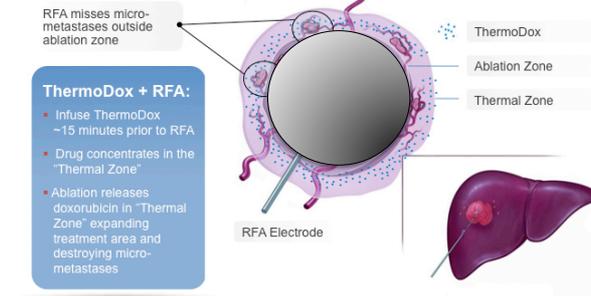
The LTSL formulation was composed of DPPC:MPPC:DSPE-PEG-2000 in the molar ratio of 90:10:4
 Needham [CANCER RESEARCH 60, 1197-1201, March 1, 2000]

72

Classification based on composition and application

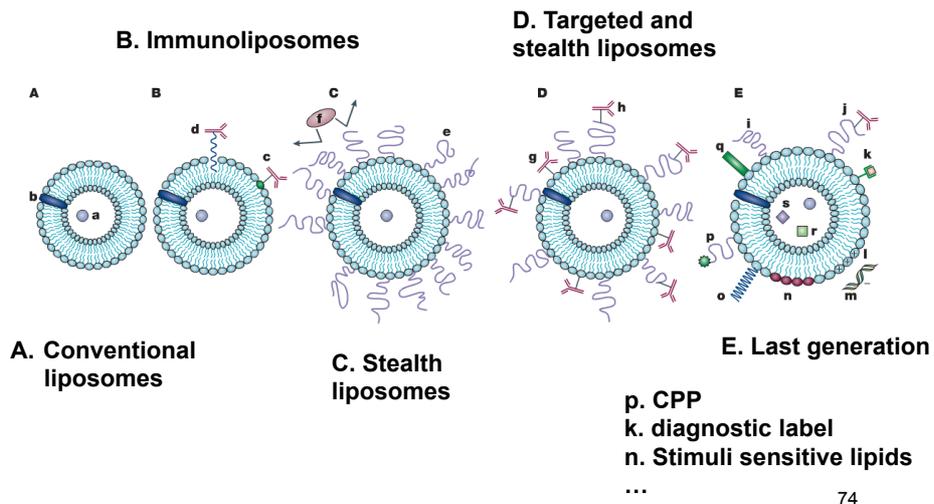
- **Thermoliposomes** **RF : radiofrequency ablation**

RF Liver Ablation + ThermoDox
Expanding the Treatment Zone Addresses RFA Limitations



73

Classification based on composition and application



2005 Torchilin, Nature Reviews,

74

Classification based on method of preparation

Reverse phase evaporation method: REV

Multilamellar vesicles made by REV: MLV-REV

Extrusion technique: VET

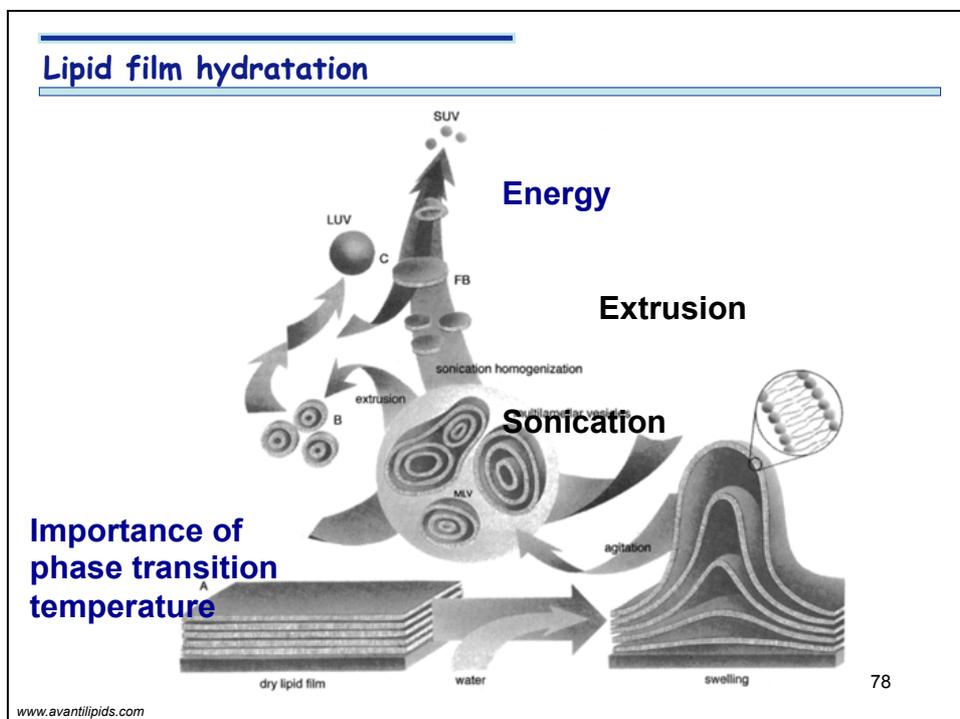
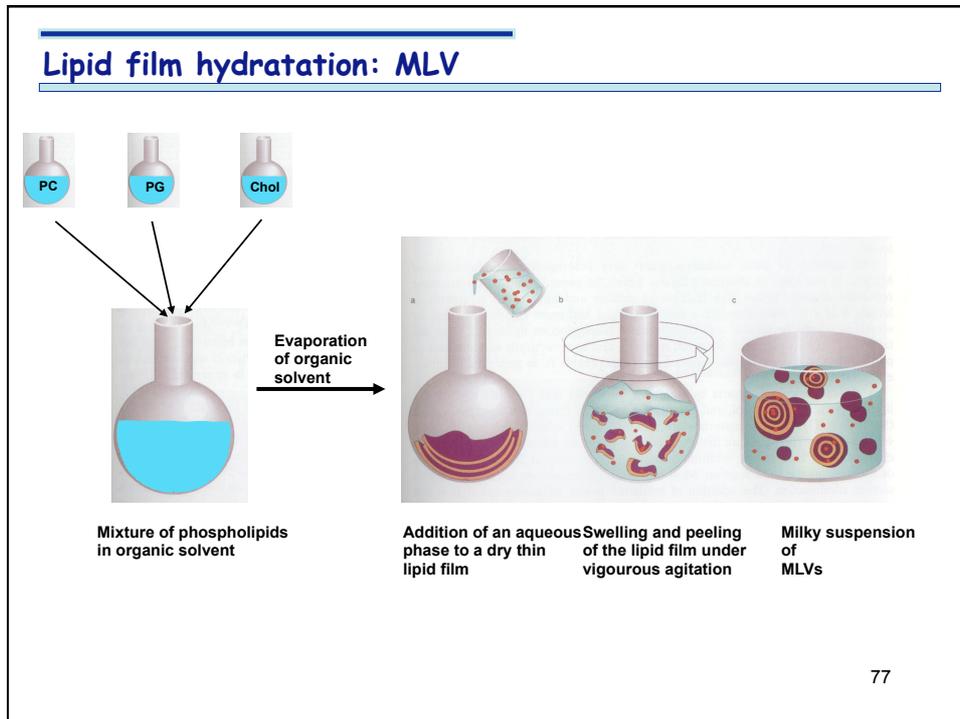
Deshydratation-Rehydratation: DRV

Frozen and thawed: FATMLV

75

METHODS OF PREPARATION

76



Lipid film hydration

ADVANTAGES

Simple
Fast

DRAWBACKS

Low encapsulation rates
Heterogeneous sizes (MLV)
Not industrial production



79

French press: extrusion

MLV

SUV

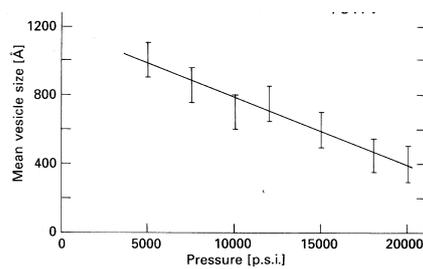
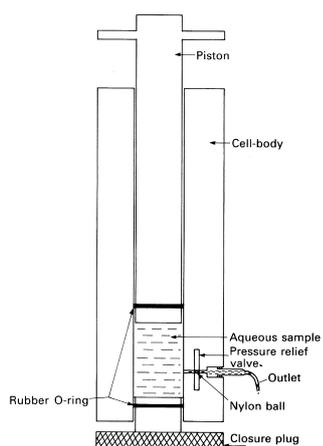
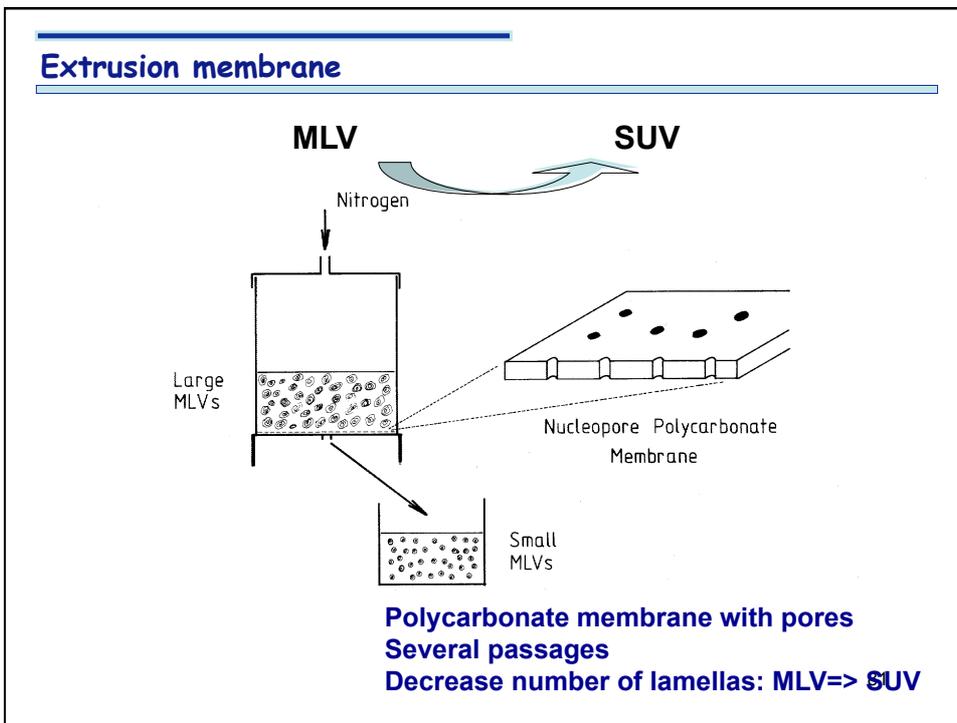


Figure 6. French press technique. (a) Diagram of a French pressure cell. Small vesicles are obtained when phospholipid dispersions are extruded through the small orifice (lower right) at pressures of 20 000 p.s.i. or greater. (b) Graph showing relationship between pressure and liposome diameter.

Temperature increases
Several passages
MLV rupture: SUV

80



LiposoFast

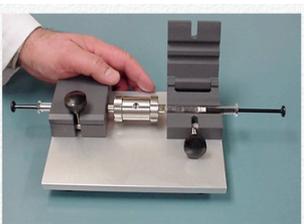


The LiposoFast-Basic. Note the ease of manual operation.

[Click here](#) to see a short video demonstrating this product.

LiposoFast-Basic

- 1. Principle of Operation**
The LiposoFast-Basic produces unilamellar liposomes by the manual extrusion of a multilamellar liposome suspension through a polycarbonate membrane of defined pore size, using gas-tight, glass syringes. The sample is passed through the membrane by pushing the sample back and forth between two syringes.
- 2. Temperature Control**
The entire LiposoFast-Basic can be immersed in a water bath for use with high transition temperature lipids or heat sensitive compounds.
- 3. Cleaning/Sterilization**
All components of the instrument are easily cleaned and can be autoclaved.



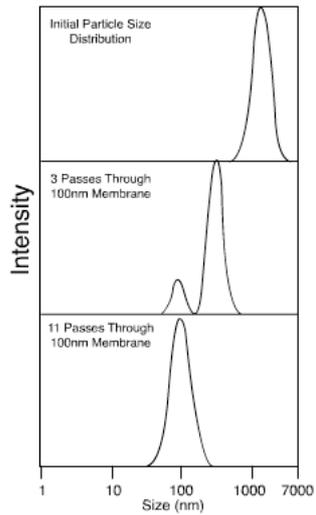
The LiposoFast-Stabilizer with a LiposoFast-Basic installed.

LiposoFast-Stabilizer

- 1. Principle of Operation**
The LiposoFast-Stabilizer was designed to simplify the repetitive use of the LiposoFast-Basic as well as the extrusion of highly concentrated samples. It accommodates both 0.5mL and 1.0mL syringes.
- 2. Temperature Control**
The LiposoFast-Stabilizer can be immersed in a water bath for use with high transition temperature lipids or heat sensitive compounds.
- 3. Cleaning/Sterilization**
All components of the LiposoFast-Stabilizer are easily cleaned and can be autoclaved.

LiposoFast-Basic (www.aveston.com)

LiposoFast



Number of passages
 Decrease the diameter
 Increase the homogeneity

11 passages recommended

83

French press/membrane extrusion

ADVANTAGES

Rapid
 Simple
 Reproducible
 Non aggressive
 High encapsulation rates
 Industrial production

Sizes related to the
 membrane pores

DRAWBACKS

Price
 MLV prior to SUV
 Low encapsulation volumes

84

Sonication

MLV

Probe

SUV

Bath

ADVANTAGES

Homogeneous diameters

DRAWBACKS

- Low encapsulation rate
- Low encapsulation volume**
- Temperature
- Degradation
- Aerosol**
- Titane particles
- MLV at first**

b

85

Ethanol injection: SUV

- Final ethanol-in-water concentration not > 7.5%.**
- Rate of injection.**
- Extremely simple**
- Low risk of degradation of sensitive lipids**
- Variation of the concentration of lipid in ethanol of the rate of injection of ethanol**

Reverse phase evaporation

REV: reverse evaporation phase vesicles

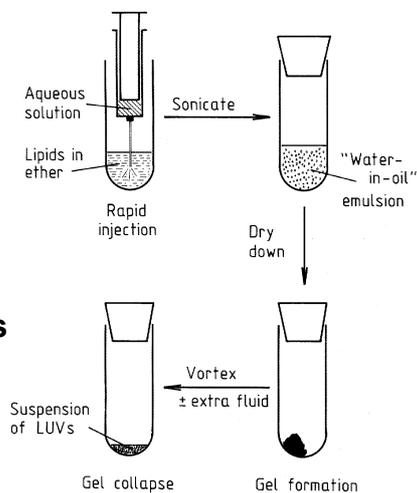


Figure 15. Stages in the preparation of liposomes by reverse phase evaporation. After formation of a water-in-oil emulsion by sonication of the aqueous solute in an organic solution of lipids, the organic solvent is evaporated off to yield a gel. The gel then collapses either naturally, as drying is continued, or as a result of mechanical shaking, to give a free-flowing aqueous suspension of liposomes. ⁷

Reverse phase evaporation

PL solubilisation in organic solvent (ether)

Addition of aqueous phase (1/3) containing drug

Phospholipids at the interface

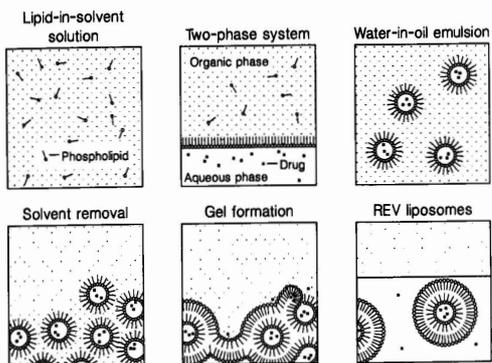
Sonication leading to water-in-oil emulsion

Solvent evaporation: globule concentration

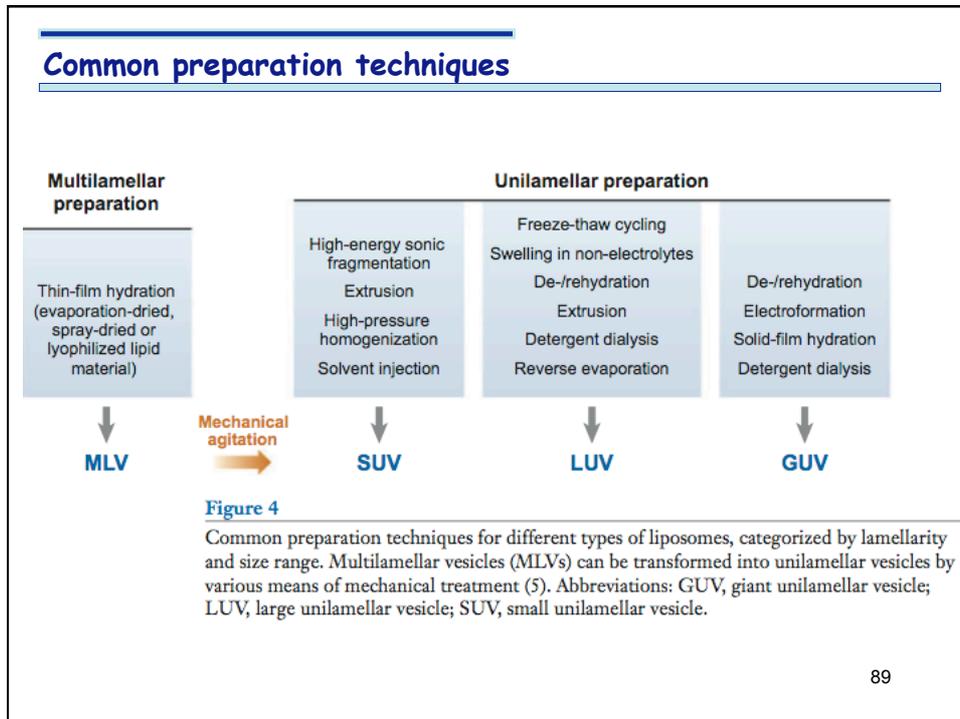
Gel formation

Complete evaporation

Gel destruction/vortex



Unilamellar vesicles. 500 nm







UNIVERSITÉ DE STRASBOURG



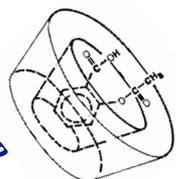
FRC
International Centre for
Frontier Research in Chemistry



Having problems
with your
insoluble compounds?

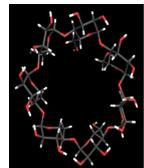


CYCLODEXTRINS



Béatrice Heurtault

European School On Nanosciences and Nanotechnologies
2016



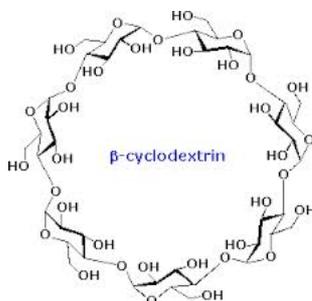
Laboratoire de Conception et Application de Molécules Bioactives (CAMB)
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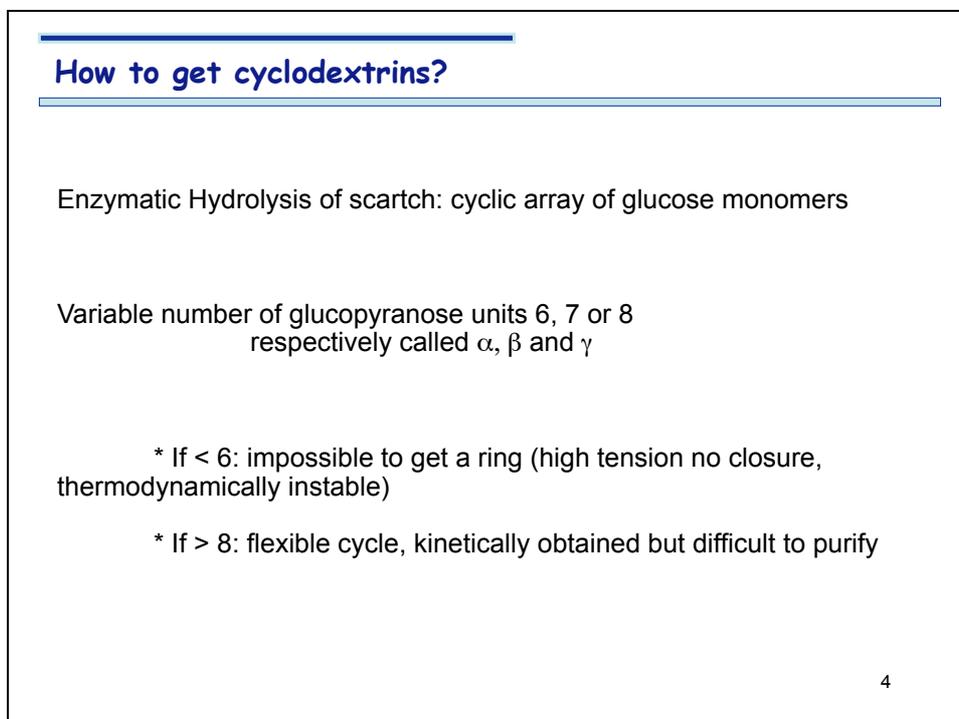
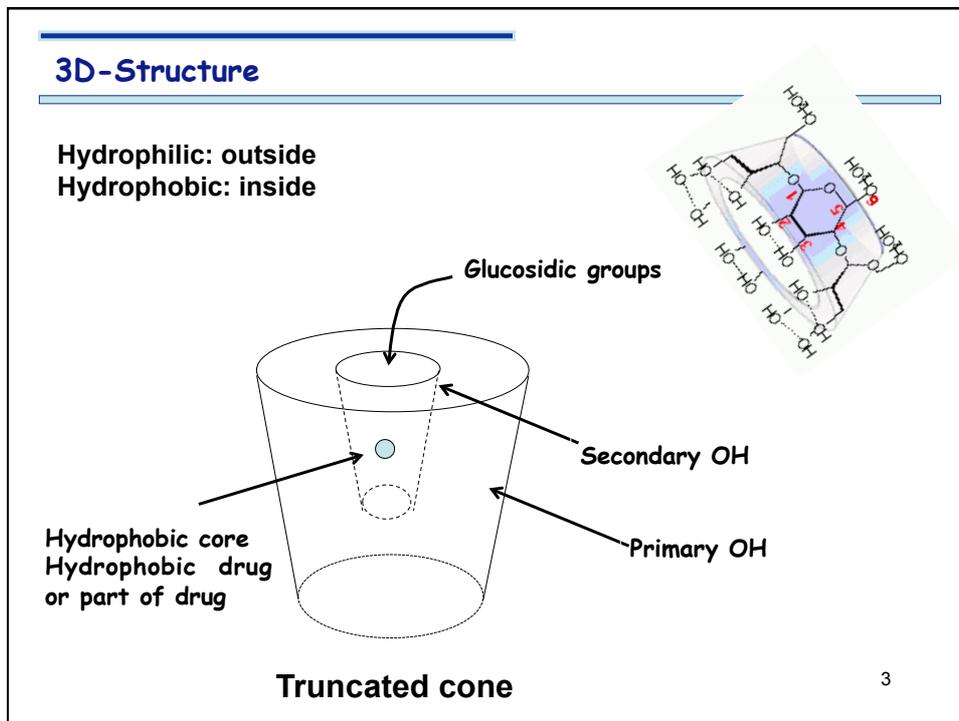
2D-Structure

Glycopyranose-based cyclic oligosaccharides.
« Chair » conformation
 α -1,4-glycosidic bonds

Central hydrophobic cavity: secondary OH
External hydrophilic surface: primary OH



2



Physicochemical properties

	Nb of units	MW	Diam (Å)	Water sol. 25°C
α	6	972	5,7	14.5 g%
β	7	1135	8	1.8 g%
γ	8	1297	9,5	23.2 g%

(x g/100 ml)

Size and water solubility differ

β is the most used

Availability, size of the cavity

But solubility in water is rather weak (1.8 g%)

5

Usual modified cyclodextrins

Commercially available in large amounts:

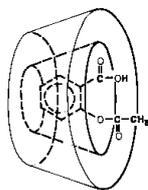
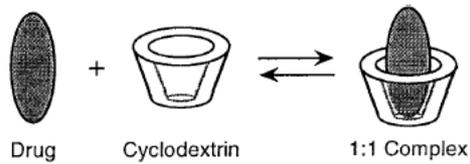
Cyclodextrins	R
HP- β -CD	CH ₂ CHOHCH ₃
SBE- β -CD	(CH ₂) ₄ SO ₃ ⁻ Na ⁺
RM- β -CD	CH ₃

- Modified properties:

- solubility
- properties of the core

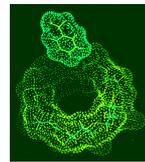
6

Drug solubilization



Aspirin-loaded
CD

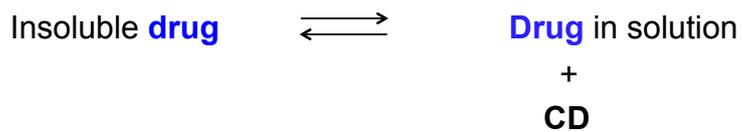
Central cavity
Polarity of ethanolic solution
Suitable sized molecule
No covalent bounds



Loftsson et al, JPS, 1996

7

Inclusion mechanism



Soluble inclusion complex



Insoluble inclusion complex
*The limit in solubility
permits the separation*

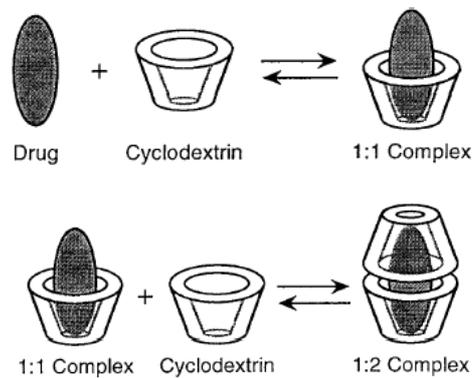
* K_a association constant
* K_d dissociation constant
*Constants are defined for a
particular couple **API / CD**

Active Pharmaceutical Ingredient

8

Inclusion parameters

Molecule size
Cavity diameter
Ratio CD/drug: 1/1 ; 2/1 ; 1/2 ...
Partial drug inclusion



9

Roles of cyclodextrins

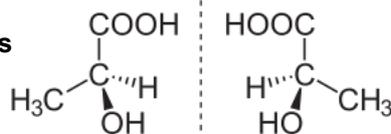
Enhance drug **solubility** in aqueous solutions

Table 5—Solubility of Drugs In Different Cyclodextrin Solutions at Room Temperature

Drug	Cyclodextrin ^a	Concn ^b (% w/v)	Solubility (mM)	Enhancement ^c Factor
Hydrocortisone (MW 362)	None		0.993	
	Glucosyl- α -CD	10	7.45	7.50
	Maltosyl- α -CD	10	11.3	11.4
	HP- β -CD MS 0.6	10	33.7	33.9
	HE- β -CD	10	48.3	48.6
	RM- β -CD MS 0.6	10	72.2	72.7
	RM- β -CD MS 1.8	10	50.8	51.2
	HTMAP- β -CD MS 0.5	10	30.3	30.1

Enhance drug **stability** in solutions

Separation of enantiomers



10

Pharmaceutical applications of cyclodextrins

Usual CDs

Biocompatibility, « GRAS » (*generally recognized as safe*)

Propensity to encapsulate lipophilic molecules

Modification of the apparent water solubility

Increase of the stability in solution of the molecules included, especially the pharmaceutical active ingredient (PAI)

As the water solubility is increased, doses to be administered can be lowered and toxicity can be limited.

Semisynthetic CDs

Hydrophilic solubilise hydrophobic PAI

Hydrophobic delay the dissolution of hydrophilic PAI ex : *isosorbide dinitrate*

11

CD vs organic solvent

Usually

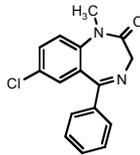
- Less **toxic** than solvents
- Less **irritant** after parenteral injection (IV, IM)
- No precipitation of the PAI after injection
- **CD** can be used in **solid** forms

12

Diazepam formulation

Benzodiazepin

Anxiolytic
Sedative/hypnotic
Anticonvulsivant
Muscle relaxant



Diazepam weakly water soluble

Valium®

Diazepam	5.0 mg
Benzylic alcohol	15.7 mg
Ethanol	85.3 mg
Propylene glycol	414.0 mg
Benzoic acid	47.5 mg
Water	ad 1.00 ml

⇒ *Around 45% water.*

CD formulation

Diazepam	5.0 mg
HPβCD	60.0 mg
Na chloride	6.0 mg
Water	ad 1.00 ml

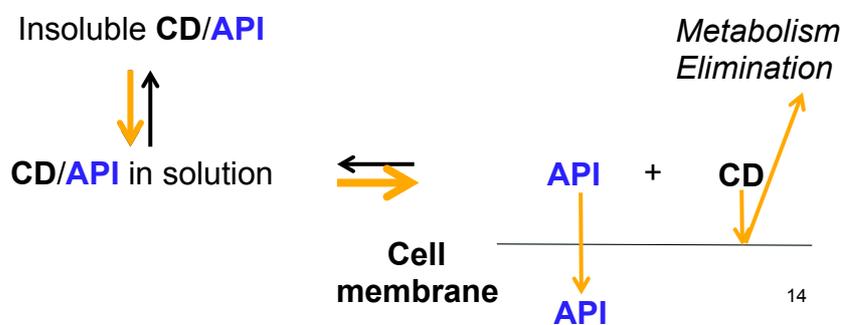
⇒ *Around 93% water.*

13

Drug release

Dissolution of the inclusion complex in the biological fluids
Release of the drug (equilibrium)
CD do not get through membranes (external hydrophily and MW +++)
Elimination of the **CD** (metabolism)
Absorption of the **API**

The equilibrium is displaced and the major part of the drug is progressively released



14

Administration routes

Oral route

Metabolism slower than starch
 β amylases unefficient (no end, cycle !).
 Only α amylases act at the colon level

Glycopyranose units are obtained

Speed: $\gamma > \beta > \alpha$ (α hardly not metabolised)

Toxicity almost nul: oral absorption # 0 !
But methylated: 10% are absorbed orally.

CD can (only) mask **bitter taste**
 Oxyphenonium bromide (anticholinergic)

15

Administration routes

Parenteral route

Decrease pain when injecting lipophilic drugs (IV or IM).

but

Risk of hemolysis with $\beta > \alpha > \gamma$
Amphiphilic CDs modified on the Ilary OH less hemolysis

Crystallisation in kidney: nephrotoxicity

Limits parenteral route!

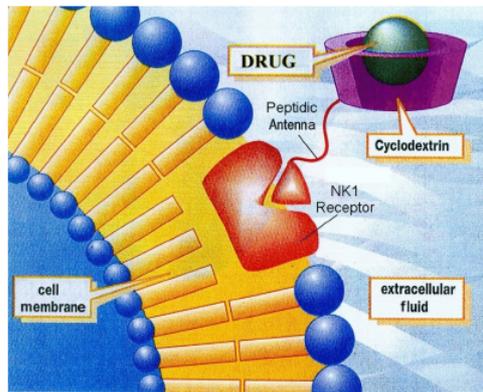
γ CD are preferred as well as semisynthetic derivatives:
 HP- γ CD and SBE- γ CD

Ocular route

Increase drug solubility, absorption, stability
 Decrease local cornea irritation

16

Targeting CDs



Covalently
modified

17

On the market

CD	PA	Commercial name
α CD	PEG ₁ iv	PROSTAVASTIN (Eur.), CAVERJECT (USA)
β CD	Piroxicam tablets	BREXIN (Eur.)
HP- β CD	Intraconazole oral solution and iv	SPORANOX (Eur. et USA)
SBE- β CD	Ziprasidone maleate solution IM	ZELDOX (Eur.), GEODON (USA)
RM- β CD	Estradiol nasal spray	AERODIOL (Eur.)
γ CD	OP-1206 tablets	OPALMON (Japan)
HP- β CD	Diclofenac sodium ocular solution	VOLTARENE (EUR.)

18