Indirect Radiation Therapy of Cancer IRT with Target Nanoparticles



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Indirect radiation therapy : secondary radiation products hit DNA

$\underline{\text{PAT/PXT}:} \text{Lu,Gd} + \gamma \implies n \cdot e^{-1}$	Auger-electrons	(secondary radiation)	\Rightarrow DNA inactivation @ tumor
<u>B-NCT</u> : 10 B + n \Rightarrow 7 Li +	α alpha	(secondary radiation)	\Rightarrow DNA inactivation @ tumor
$\underline{Gd} - \underline{NCT} : {}^{157}Gd + n \implies {}^{158}Gd +$	e ⁻ Auger-electrons	(secondary radiation)	\Rightarrow DNA inactivation @ tumor

Fig.1: Indirect radiation therapy IRT inactivates tumor cells by secondary radiation products and free radicals after specific absorption of synchrotron X-ray photons at the K-edge (PAT/PXT) or neutrons (NCT) at a target material.

Cancer in the EU:

- one of three people get cancer in the life – one of five die by the disease, i.e. > 1 000 000 / year

Methods of cancer treatment : surgery, radiation therapy, chemotherapy

- the methods decrease in effect by three in the sequence to 50%, 20%, 5-10% healing

The power of radiation therapy can be extended by indirect radiation therapy IRT using heavy metal targets with synchrotron X-ray and neutron radiation, as shown in figure 1 & 4-7

The healing effect of indirect radiation therapy, cell inactivation by secondary radiation products after specific beam absorption, is superimposed by unspecific radiation absorption elsewhere, which may cause radiation damages. In our concept the ratio of healing to damage effects is improved with magnetic target nanoparticles which are based on two principles (figure2, 3):

concentration of about 1,000,000 target atoms in nanoparticles

- local enrichment of the nanoparticles by magnetic forces at the tumor site

We use two kinds of magnetic target nanoparticles, as shown in figure3 i) magnetic target liposomes, which bear the water soluble target in the entrapped lumen, and ii) double-shell poly-Ferrofluids, containing the target in a surface layer by partial iron-lanthanide replacement. Our target nanoparticles are biocompatible. The heavy metal is applied as extremly stable metal-DTPA complex (no metabolism: rhenal excremation: Gd-DTPA is usual in MRT imaging (2g)).

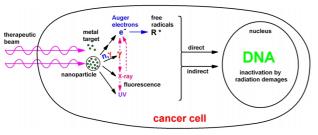
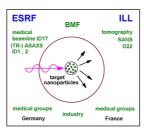


Fig4.: Indirect radiation therapy IRT inactivates cancer cells by secondary radiation products of short range upon specific absorption at the target. The tumor DNA is hit directly or indirectly.

> Fig5.: Indirect radiation therapy with target nanoparticles is an object of european and institutional cooperations



Parallel-serial feedback strategy : saves life by speed

Sequence		level / step	sublevel			
	1		→		 Target nanoparticles, application devices, structure and dynamics 	 1.1. target formulations, mixtures 1.2. nanoparticles (liposomes, Ferrofluids) 1.3. manipulation, dynamic properties
feedback		ntial	→	substeps	2. Cell experiments	2.1. bacteria (carrier, no endocytosis)2.2. mammalian cells (endocytosis uptake)2.3. tumor cells (endocytosis, altered)
		sequential		3. Animal tests	3.1. Animal dummy experiments3.2. small animals : rats3.2. large animals : dogs, pigs	
	1	3 -	-4 years		4. Human treatment	4.1. human dummy experiments4.2. individual early therapy trials4.3. therapy trials with different tumors(4.4. clinical application) after 3-4 years

Fig7.: The parallel-serial strategy speeds up medical application on cost of effort (\sim factor 2).

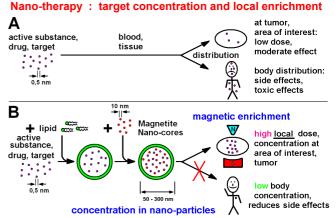


Fig.2: Nanotherapy (B) improves the effect of molecular active substances (drug, target) twice: ~1,000,000 molecules are concentrated in nanoparticles, which are enriched at the tumor locally

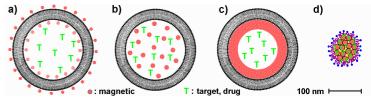


Fig.3: Magnetic and target entities (T) for nanotherapy can be introduced in magnetic liposomes (a-c: metal-lipd, entrapped core, double-shell liposomes), or in double-shell poly-Ferrofluids (d).

- The target nanoparticles have for the medical application to fulfill eight critical demands:
- 1) The structure has to be smaller than 500 nm, because of embolic risks (blocking blood capillaries);
- 2) The particle shape has to be free of cell demaging edges;
- 3) The nanoparticle size has to be large enough to entrap a sufficient amount of target material;
- 4) The nanoparticles must contain biocompatible material only, or an excremation path has to exist;
- 5) The nanoparticles have to be cell- and tissue-compatible for in vivo applications.
- 6) The target concentration has to exceed a threshold limit for therapy success (metastasis risk);
- 7) Nanoparticles & superstructures need a high macrosopic magnetic moment for local enrichment;
- 8) The physical target properties (energy, cross section) have to yield a significant specific radiation
- absorption at an acceptable level of unspecific body absorption (water absorption, radiation demages)

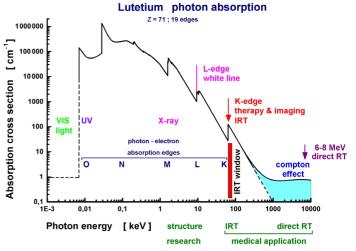


Fig6.: The photon absorption spectrum of Lutetium is the key for research and medical applications

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 - International Atomic Energy Agency IAEA, status report (2001) "Neutron Capture Therapy
 - This report is sufficiently critical and actual, but limited on Boron therapy (B-NCT).

Abbreviations : PAT = Photon Activation Therapy: PXT = Photodynamix X-ray Therapy: NCT = Neutron Capture Therapy DTPA = Di-ethylene-Triamine-Penta-Acetic acid (Complexon V); LuDTPA was a gift of www.ferromed.de



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