Nanoemulsion formulation of a novel taxoid DHA-SBT-1214 inhibits prostate cancer stem cell-induced tumor growth

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Abstract

The main aim of this study was to evaluate the therapeutic efficacy of an oil-in-water nanoemulsion formulation encapsulating DHA-SBT-1214, a novel omega-3 fatty acid conjugated taxoid prodrug, against prostate cancer stem cells. Nanoemulsions of DHA-SBT-1214 (NE-DHA-SBT-1214) were prepared and characterized. In vitro delivery efficiency and cytotoxicity of NE-DHA-SBT-1214 was compared with solution formulation in PPT2 cells. In vivo studies included analysis of comparative efficacy of NE-DHA-SBT-1214 with Abraxane® and placebo nanoemulsions as well as post-treatment alternations in clonogenic and sphere-forming capabilities of the tumor cells. Qualitative intracellular uptake studies of dye encapsulated NEs by confocal imaging showed uptake by both monolayer and spheroid cultured PPT2 cells. Treatment of PPT2 cells with NE DHA-SBT-1214 (1nM–1μM for monolayer culture of cells grown on collagen-coated dishes for 48 h) induced complete cell death, showing higher efficacy as compared to the drug solution. This nanoemulsion (10nM–10μM) also showed toxicity in 3D culture of floating spheroids. Weekly intravenous administration of the NE-DHA-SBT-1214 to NOD/SCID mice bearing subcutaneous PPT2 tumor xenografts led to dramatic suppression of tumor growth compared to Abraxane® and placebo nanoemulsion formulation. Viable cells that survived from this in vivo treatment regimen were no longer able to induce floating spheroids and holoclones, whereas control and Abraxane® treated tumor cells induced a large number of both. The results show that NE-DHA-SBT-1214 possesses significant activity against prostate CD133 high/CD44 high tumor-initiating cells both in vitro and in vivo.

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Introduction

Therapeutic options for treating cancer, affecting a large population of the United States are still very limited [1]. In contrast to other human cancers, incidence and death rates of prostate cancer (PrCr) have significantly increased in the current decade [2]. More than 70% of PrC patients will face post-treatment recurrence and transition of the disease to an incurable state [3]. Similar to many other cancers, PrCr is also caused by a small population of malignant stem cells known as cancer stem cells (CSCs) or tumor-initiating cells (TICs), which are responsible for tumor development, metastasis, and resistance to anti-cancer therapies [4]. Numerous studies on many cancer types have demonstrated that the tumorigenic cells expressing common CSC markers, in particular CD133 and CD44, are resistant to conventional anti-cancer drugs and these cells can propagate significantly after therapy [5]. The mechanisms of drug resistance in CSCs are thought to be dependent on several factors including up-regulated expression of drug efflux transporters, the activation of anti-apoptotic signaling pathways, inactivation of apoptotic machinery, a state of quiescence, an enhanced DNA damage response and active repair mechanisms. Current prostate cancer treatments primarily target the bulk neoplastic, fast-growing cancer cells but not the CSCs subpopulation. This could provide the reason for the limited

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survival benefits seen with most prostate cancer therapies [6] and high failure rate of anticancer drugs during development [7]. In particular, current anti-cancer drugs in development against prostate cancer have a significantly lower success rate as compared to other cancers [8]. One of the reason of this lessened progress is the use of commercially available cell lines with high passage number as preclinical tool for evaluating candidates of anticancer agents. Because after growing for long time, these cells accumulate both genomic and epigenomic variable features and are dominated by a specific subpopulation which either has very low or no match with the original tumor [9]. Therefore, use of these cell lines is not ideal for different applications, such as drug development, genomic alteration and to discover molecular drug targets. All of the above heeds, emphasis the need for better preclinical and physiologically relevant in vitro and in vivo models to discover and develop drug targets for CSCs.

Our cell biology research laboratory has established patient-derived ultra-low passage prostate cancer cell line which stably retained the features of being immature and stem-like cells (PPT2 cell line) [10]. Previous studies from this laboratory have demonstrated that the CD133high/CD44high phenotype of prostate cancer cells showed clear stem cell-related features, including high tumor- and substrate-inhabiting capacities, plasticity, and high resistance to standard drugs [11]. These cells express over-activated developmental pathways and express high levels of several key transcription factors, determining embryonic stem cell pluripotency. In addition, the PPT2 cells express many genes related to anti-apoptotic signaling and drug resistance, which make them a good model for CSC-targeted drug development studies.

Even though, two commonly used taxanes: Paclitaxel and docetaxel have shown some potential against different types of cancers, such as ovarian, lung, breast and prostate but are unable to cure these cancers due to multi-drug resistance (MDR) phenomenon of the tumor and nonspecific action of these drugs [12]. To combat these concerns, scientists have developed different next generation taxoids [13,14], which are 2–3 fold more potent than paclitaxel and docetaxel against MDR expressing drug-resistant cell lines [13,14]. One of these new generation taxoids, is SBT-1214, which has shown highest efficiency against drug-resistant (Pgp+) colon tumor xenografts in NOD/SCID mice [14] and was able to kill CSCs when used against colon CSCs from different cell lines, including HCT116, HT-29 and DLD-1 cell lines in 3D spheroid cultures assay [11]. These results emphasizes the use SBT-1214 against PPT2 CSCs in this study.

In order to develop tumor specific chemotherapeutic drugs, SBT-1214 drug was conjugated with polyunsaturated fatty acids (PUFAs) because PUFAs improves their cancer-specific toxicity, has synergistic effects with cytotoxic drug, protects healthy cells, and decrease systemic toxicity. Among naturally occurring n-3 PUFAs, docosahexaenoic acid (DHA) exhibited the highest potency and has been studied extensively. For example, a DHA-paclitaxel conjugate, Taxoprexin™ showed efficacy in Phase II clinical trials against prostate, breast, gastric, and lung cancers as well as metastatic melanoma [15] and advanced to phase III human clinical trials against metastatic melanoma [16]. The DHA-SBT-1214 has shown better efficiency in mouse models of different types of tumor xenografts, including ovarian, colon, lung and pancreatic cancer [17,18]. However, in these studies, DHA-SBT-1214 was formulated in solutol HS-15 (or polysorbate 80)ethanol/saline, and the use of an excipient was found to impose well-documented adverse effects, ascribed to the excipient and ethanol, as well as some stability issues at lower concentration of the excipient. Therefore, we have studied the efficacy of the nanoemulsion formulation developed in our research laboratory. Nanoemulsion based delivery of the anticancer drugs just like other nano-scale molecules, improve the “enhanced permeability and retention (EPR)” effect of the drug [19,20]. Even though, the accumulation of nanoemulsion does not require a specific receptor rather their EPR effect is passive in nature but still efficacious [21,22]. Our nanoemulsion formulation protocol includes phospholipids and fish oil. The use of DHA-SBT-1214 is advantageous in this formulation due to high affinity of this drug to the fish oil component that result in higher encapsulation efficiency, meaning high concentration of the drug inside nanoemulsion. In this *in vivo* study, we hypothesized that DHA-SBT-1214 in nanoemulsion formulation would be delivered to CSC-initiated PPT2 prostate tumor selectively via EPR effect, internalized to the cancer cells via endocytosis and will release SBT-1214 inside the cancer cells, which would cause apoptosis to tumor cells and then eradicate the tumor. The first line therapy for castration-resistant prostate cancer (CRPS) has been docetaxel with prednisone, and cabazitaxel, which was approved by FDA in 2010 in place of or in addition to docetaxel treatment. However, CRPS involving CSCs does not exhibit androgen signaling and thus this type of CRPS is not responding to the combination of docetaxel or cabazitaxel with prednisone [23]. Accordingly, it is worthwhile to investigate the efficacy of NE-DHA-SBT-1214 against patient-derived CSC-initiated prostate tumor xenografts in a mouse model.

### Materials and methods

**Materials**

New-generation taxoid, DHA-SBT-1214 was synthesized by ChemMaster International, Inc. (Stony Brook, NY). Extra pure omega-3 rich fish oil was purchased from Jedwards International (Quincy, MA), Lipid E80 from Lipid GMBH (Ludwigshafen, Germany), DSPE PEG2000 from Avanti Polar Lipids, Inc. (Alabaster, AL), Tween 80 from Sigma Chemicals, Inc. (St. Louis, MO), CellTiter 96 AQgreen one solution cell proliferation assay kit (G580), from Promega Madison, WI, Mesenchymal stem cell growth media (MSCGM) from Lonza (Portsmouth, NH), IAL, chromogenic endotoxin quantitation kit from Thermo Scientific (Rockford, IL), Microscope slides single depression concave from Amscope (Irvine, CA), Collagenases type II and type IV from Sigma-Aldrich, Rhodamine 123 from Sigma Aldrich (St. Louis, MO), Anti-human CD133/2-APC antibody (clone 293C3) from Miltenyi Biotech, CA, USA; CD44-FITC antibody (clone F10-44-2) from Invitrogen/Biosource, USA; CD166-PE antibody (clone 105902) and CD44v6-FITC antibody (clone 2F10) from; R&D Systems, MN, USA, EpCAM-FITC antibody from Biosource, CA, USA, Pan-Keratin (C11) antibody-Alexa Fluor® 488 from Cell Signaling and all the isotype controls antibodies were purchased from Chemicon, Penicillin, streptomycin and Trypsin-EDTA were obtained from Invitrogen (Grand Island, NY, USA). All other reagents were purchased through Fisher Scientific.

### Preparation and characterization of the nanoemulsion formulations

Preparation of nanoemulsion formulations was carried out as reported previously with some modifications [24]. Instead of a sonication method, oil-in-water nanoemulsions were prepared by high pressure homogenization method. Briefly, pre-warmed oil phase (10 ml) consisting of fish oil alone (for blank/placebo) or with DHA-SBT-1214 was gradually added to the pre-warmed water phase (40 ml) containing egg phosphatidylcholine (Lipid E80®) (1200 mg), polysorbate 80 (Tween80®) (0.5 ml), DSPE-PEG2000 (1, 2-distearoyl-Sn−glycero-3-phosphoethanolamine−N−[amino(polyethylene glycol)-2000]) (150 mg). The resultant mixture was homogenized and the oil-water suspension was passed through the zirconia plunger of a M-110 EH-30 (Microfluidics, Inc., Westwood, MA) high shear fluid processor at 10,000 psi for 4 cycles to achieve a uniform nanoemulsion formulation. The oil-in water nanoemulsion formulation was characterized by well-established protocols in our laboratory [25]. Drug loading, encapsulation efficiency and stability was evaluated using HPLC as described previously [26]. All batches of nanoemulsions were tested for endotoxin level through Limulus Amebocyte Lysate (LAL) assay according to manufacturer’s instructions before applying for both in vivo and in vitro studies.

### Cell culture, isolation, purification and characterization of tumor-initiating cells

The human prostate cancer stem cells (PPT2), prostate adenocarcinoma CSC-enriched cell line was established from the stage T2c pN0 pM0 prostate cancer patient and cultured according to well established protocol[10]. For cell culture from primary mouse tumors, tumor tissues were mechanically and enzymatically disaggregated into single cell suspension under sterile conditions, rinsed with Hank’s balanced salt solution and incubated for 1.5 h at 37 °C in serum-free RPMI medium 1640 containing 200units/ml Collagenase type II and type IV, 120 μg/ml penicillin and 100 μg/ml streptomycin. Cells were further disaggregated by pipetting and...
serial filtration through cell dissociation sieves (size 40 and 80 meshes; Sigma-Aldrich). Primary cell suspensions were grown both as monolayer and in spheroids.

**Cellular uptake studies**

In order to evaluate and compare uptake of rhodamine encapsulated nanoemulsion formulation in both monolayer and spheroid cultured PPT2 cells, fluorescence confocal microscopy studies were performed as described previously [25]. All setting parameters for fluorescence detection and analyses of images were held constant to allow consistency in imaging of the sample for comparison.

**Cell viability analysis**

The cell viability studies were performed with both aqueous drug solution and the nanoemulsion formulations containing different concentration of DHA-SBT-1214. For this purpose, PPT2 cells were seeded into collagen coated 96-well plates at a density of 10,000 cells per well. After 24 h, DHA-SBT-1214 in different concentrations was added to the monolayer cells either in aqueous solution or in nanoemulsion formulations along with respective controls. For the next 4 h incubation period, cell viability was determined using CellTiter assay according to manufacturer’s instructions. The percent cell viability was calculated based on the absorbance of the drug-treated cells over the absorbance of control (media alone) cells and multiplied by one hundred. 50% inhibition of cell viability (IC50) was calculated using Graph Pad Prism.

**In vivo tumor xenographs in NOD/SCID mice**

All experiments involving the use of animals were carried out in strict accordance with the recommendations in the Guide for the Care and Use of Laboratory Animals of the National Institutes of Health, via a research protocol that was approved by Stony Brook University Institutional Animal Care and Use Committee (IACUC) as described previously [10]. Briefly, after sufficient propagation, clonogenic cells expressing high levels of CD133, CD44, CD44v6, CD166 and EpCAM were isolated and the paired test.

**RESULTS**

**Characterization of DHA-SBT-1214 nanoemulsion formulation**

Nanoemulsions are dispersions of two different liquids which are usually immiscible in each other. Depending on the order of adding liquid, these are either called water-in oil or oil-in-water and are nanometer in size. Nanoemulsion formulations are the most commonly used carriers for hydrophobic drug delivery, due to their effective therapeutic ability both in vitro and in vivo. Many anticancer drug encapsulated nanoemulsions have shown enhanced efficacy due to their target-specific systemic delivery to tumor site and EPR effect. This delivery approach has also shown enhanced therapeutic potential in our previous studies [25].

In current study, we have developed oil-in-water nanoemulsions using fish oil, which is rich in PUfAs such as omega-3 and omega-6 fatty acids and has the capability to solubilizes a significant amount of lipophilic anticancer drugs. The nanoemulsion formulation was used to encapsulate DHA-SBT-1214, a new generation taxoid as a stand-alone therapy against prostate cancer. We used a microfluidic technique to yield a uniform, milky-white emulsion formulation [27]. All the nanoemulsions were near spherical in structure with a size range of 100 – 220 nm, as observed with transmission electron microscopy (TEM) (Fig. 1A). Particle size, polydispersity index (PDI) and zeta potential (surface charge) were determined for placebo, DHA-SBT-1214 loaded nanoemulsion formulations and Abraxane. All the formulations made by microfluidic technique and filtered through 0.2-μm filter had small size (<230 nm) and narrow PDI (<0.3) except Abraxane® which has PDI of 0.361 and were negatively charged. Table S1 shows the average particle sizes, PDI and zeta potentials of all formulations used in the present study. Representative graphs of size and zeta potential of DHA-SBT-1214 nanoemulsion formulations are shown in Fig. 1B and C respectively. The average particle size of the blank nanoemulsion (without any drug) was 225 ± 7 nm. The incorporation of DHA-SBT-1214 in nanoemulsions did not significantly change the hydrodynamic particle size and it remained at approximately 228 ± 7 nm. Abraxane showed smaller particle size compared to both nanoemulsion formulations. The average surface charge of the oil droplets in the nanoemulsions were in the range of −20.2 to −27.0 mV. Surface charge of all the formulations was not significantly different employing the maximum encapsulation of the drug inside oil droplets. An HPLC assay was used to determine the drug concentrations in the nanoemulsion formulations. DHA-SBT-1214 nanoemulsion at 20 mg/ml had the drug loading of 97%. This high drug encapsulation efficiency of nanoemulsions was attributed to the relative lipophilicity of the drugs, as these drugs retained in the oil core of the nanoemulsions. Additionally, all the formulations retained their particle size and surface charge during storage and drug encapsulated nanoemulsion formulations were chemically stable for up to 6 months upon storage at 4 °C. All the formulations had minimum level of endotoxin as confirmed through Limulus Amoeocyte Lysate (LAL) assay during storage period.

**In vitro evaluations of NE DHA-SBT-1214 in PPT2 CSCs**

To examine whether nanoemulsions were internalized in monolayer and in spheroids of PPT2 cells, rhodamine was encapsulated into nanoemulsions and confocal microscopy studies were performed. The optimal cell and spheroid uptake of rhodamine encapsulated nanoemulsion formulation was observed after 8 h incubation with different concentrations of the dye formulations as shown in Fig. 2A and B respectively. The images from Fig. 2 clearly indicate that the nanoemulsions do efficiently deliver the encapsulated dye in the cells and that the increased fluorescence signal at higher concentration of rhodamine nanoemulsion treated cells and spheroids indicates the higher intracellular uptake by PPT2 cells and spheroids. Since the internalization of nanoemulsion formulation was confirmed by cell uptake experiments, we replaced rhodamine with DHA-SBT-1214 in the nanoemulsion formulation and compared its effect on cell viability with drug solution. The cell-kill efficiency of DHA-SBT-1214 in aqueous solution and in the
nanoemulsion formulations was examined in PPT2 cells monolayer using the CellTiter assay. The final concentrations of DHA-SBT-1214 selected for these studies were 1, 10, 100 and 1000 nM based on study of SBT-1214 [6,10,21,28]. The dose-response studies against DHA-SBT-1214 as a single agent in PPT2 cells are summarized in Table S2 and shown in Fig. 3A. The results are shown as percent viable cells remaining as a function of treatment following 48 h of drug exposure at 37 °C. When DHA-SBT-1214 was administered at 10 and 100 nM concentrations, higher cytotoxicity was observed with the nanoemulsion formulation as compared to the aqueous solution. The IC$_{50}$ of DHA-SBT-1214 solution for the PPT2 cells was 48 nM, whereas the IC$_{50}$ for the same cells with DHA-SBT-1214 nanoemulsion formulation was 4 nM. This revealed that PPT2 cells needed at least ~12-fold higher concentration of DHA-SBT-1214 solution to achieve a similar IC$_{50}$ as compared to its counterpart drug nanoemulsion formulation, demonstrating the superior efficacy of nanoemulsion formulation over drug solution.

In order to confirm if DHA-SBT-1214 nanoemulsion also kill PPT2 cell spheroids, we treated equal number of spheroids with different concentration of DHA-SBT-1214 nanoemulsion ranging from 0.01 to 10 μM and after specific time observed their phenotype with bright field microscope [10]. Fig. 3B shows bright, healthy spheroids in the untreated sample which becomes dark brown with the increase in concentration displaying enhanced cell death by increasing the drug encapsulated nanoemulsion.

**PPT2 cell line and CSC-based in vivo xenograft model**

The vast majority of the recently established PPT2 cells [10], remains undifferentiated (only 3–5% express pan-keratin, a marker of differentiated cells) and possess many stem cell characteristics, including high levels of expression of many common cell surface markers, such as CD133, CD44, CD44v6, CD166, CD49f and EpCAM. In addition, the PPT2 cells express several markers of pluripotency, including c-Myc, Oct-4 and Sox-2 amongst others. These CD133+ PPT2 cells also show some characteristic of embryonic and neural stem cells because of higher level of nestin and vimentin in their cytoplasm. About 10% of the total population of the PPT2 cells with the highest expressions of CD133 and CD44 co-expressed the highest levels of the CXCR4, the chemokine receptor associated with metastatic activity in several cancer types. However, these cells are resistant to traditional anticancer drugs and do not express p21 and p53 which are tumor suppressor proteins. The PPT2 cells stably possess very high clonogenic (hocolones), sphere-forming and tumorigenic capacities. In addition, these cells are extremely resistant to drug treatment. All of the above represents solid arguments for the utilization of the PPT2 cell line for evaluation of CSC-targeted efficacy of anticancer drug candidates. Although even several thousand of PPT2 cells uniformly induced tumors in NOD/SCID mice, we have determined that subcutaneous transplantation of relatively high number of cells (up to 1 million cells per mouse)
induces tumor xenografts with unusually high percent of stem-like cells. Thus, if transplanted cells contained up to 98% of CD133\(^+\) cells and 84% of CD44\(^+\) cells (Fig. 4A), the primary cell suspension prepared from mice tumor xenografts contained up to 91% of CD133\(^+\) cells and 78% of CD44\(^+\) cells (Fig. 4B). All these features suggest that the PPT2 \textit{in vivo} and \textit{in vitro} models are suitable for testing the CSC-targeted activities of the NE-DHA-SBT-1214.

Growth inhibition of PPT2 tumors in NOD/SCID mice

All animal procedures were carried out under the guidelines and approval of the institutional animal care and use committee (IACUC). After transplantation of the PPT2 cells, NOD/SCID mice were divided into particular number of groups for weekly treatment by intravenous injections of NE-DHA-SBT-1214 (25, 30, 40, 50 and 70 mg/kg), Abraxane\textsuperscript{™} (25 and 40 mg/kg; Abraxane\textsuperscript{™} is Cremophor\textsuperscript{®} EL-free nanoparticle albumin-bound paclitaxel), and vehicle (untreated control). Each dose group contained four mice (\(n = 4\); group treated with 25 mg/kg of NE-DHA-SBT-1214 had \(n = 6\)). Treatment was started one week after transplantation of the tumor cells, when tumor xenografts became palpable (tumors usually reached 50–150 mm\(^3\)). Tumor development was monitored weekly. After 3 sets of weekly injections, tumor growth was monitored for additional 4 weeks, and all the measurements and morphology are presented in Fig. 5. We have found that in contrast to Abraxane (Fig. 5B and C), even relatively low concentrations of NE-DHA-SBT-1214 induced dramatic suppression of tumor growth (Fig. 5D, E, F) compared to untreated tumor xenografts (Fig. 5A), and dose dependent reduction of tumor volume compared to the initial tumor size (Fig. 5H). Thus, all tested concentrations of the NE-DHA-SBT-1214 induced tumor shrinkage. All the residual post-treatment tumors were virtually transparent, without a visible vascularization. Maximal tumor regression was observed by the 4th week of follow-up. In particular, 25 mg/kg induced on average 45% shrinkage, 30 mg/kg \(- 62\%\), 40 mg/kg \(- 74\%\) and 50 mg/kg \(- 88\%\) (Fig. S1) reduction of tumor volume. Of note, higher dose of NE-DHA-SBT-1214 (70 mg/kg) (Fig. S1) did not augment tumor reduction. In contrast to NE-DHA-SBT-1214, the optimal dose of Abraxane (25 mg/kg) and even 40 mg/kg caused only insignificant suppression of the PPT2-induced tumor growth for about 4 weeks followed by continued growth at the rate similar to untreated mice xenografts (Fig. 5H). Although the tumor growth inhibition and
toxicity. Concentrations of DHA-SBT-1214 nanoemulsions and observed under microscope for follow:

- NE-DHA-SBT-1214 treated mice showed reactive nuclear changes of hepatocytes, suggestive of some injury (Fig. 6F). Other organs did not show any diagnostic abnormalities (Fig. 6H, J and 6L).

Post-treatment alterations in clonogenic and sphere-forming capacities of tumor cells

To test whether or not treatment with NE-DHA-SBT-1214 affects the clonogenic potential of the CSC-enriched mouse xenograft cells, total cell suspensions from the control, and NE-DHA-SBT-1214-treated residual tumors (ex vivo cell culture) were seeded on type I collagen-coated dishes and ULA plates. Untreated (vehicle-treated) PPT2-induced tumor xenografts were densely vascularized (Fig. S2A-1, A-2) and the NE-DHA-SBT-1214 treated residual tumors were very small, transparent, lacked visible capillaries (Fig. S2B-1, B-2) and did not produce adherent holoclines, with only sporadic appearance of a single spheroids in 3D cultures. These Primary tumor cells underwent profound cell death in the next several days in culture as shown by percent viable cell data of untreated spheroids (Fig. S2C) and NE-DHA-SBT-1214 treated spheroids (Fig. S2D), grown from primary tumor cell suspensions.

Discussion

It is largely documented that tumor initiating stem cells, along with being resistant to standard anticancer drugs are also able to promote progression of cancer and this progression is the result of increase in their self-renewal potential which is caused by drug-induced compensation [5,29,30]. This highlights the need for effective therapeutic interventions targeting these CSCs. Previous studies were performed on patient-derived CSC-enriched PPT2 cell line, which maintain their stemness features [10]. The observed over-activation of several developmental cascades in PPT2 cells from this study [10], was linked with regulation of prostate stem cell [31,32], and androgen-independence metastasis progression of prostate cancer [33,34]. Further studies demonstrated the involvement of OCT3/4 and Sox2 in metastasis of prostate cancer [35] and association of nestin and vimentin with changeover from androgen-dependent to castration-resistant prostate cancer which is also metastatic [36,37]. Therefore, it would be beneficial to develop drugs targeting CSCs from the most aggressive tumor types or cell lines, because such drugs can potentially have a larger spectrum of mechanisms of action, and therefore, broader anti-cancer implications. Increasing evidence indicates that effective anticancer drugs should target cancer-specific tumor-initiating cells, which are functionally and morphologically different from their bulk tumor counterparts. Above discussion proposes that the PPT2 cells will serve as an ideal model not only for functional studies of prostate cancer but also for cancer stem cell targeted drug development.

It was recently shown that drugs targeting major stem cell signaling pathways, such as Hedgehog and Notch, induce serious side effects on normal stem cells [38]. The inhibition of the drug efflux pumps in attempt to modulate drug resistance of CSCs did not provide any significant clinical benefit [39]. Accumulating clinical and preclinical evidence indicated that the benefits of antiangiogenic agents to the long-term survival of cancer patients was negligible [40]. For example, docetaxel and paclitaxel might treat patients with androgen-independent prostate cancer in the beginning, but the cancer comes back more aggressively due to some flaws of these taxoids [3,41]. Somehow, paclitaxel is still a front-line treatment for many solid tumor [42,43], it initiates the apoptosis and causes cell cycle arrest at the G2/M stage [44,45]. To further improve the efficiency of paclitaxel, numerous formulations as well as prodrugs of paclitaxel have been developed that increase its aqueous solubility, such as cyclodextrin, liposomes and HSA-
bound nanoparticle ("Abraxane") formulations [16]. However, some cancers including colon and prostate overexpress P-glycoprotein (Pgp), an effective ATP-binding cassette (ABC) transporter and effluxes paclitaxel, that is why paclitaxel is not effective against these cancers [12]. In order to overcome efflux issue, Paclitaxel was conjugated with DHA, because DHA conjugated drug has higher affinity for human serum albumin (HAS) which is the primary carrier for PUFAs in the bloodstream [18]. From this study, it was concluded that when DHA is conjugated to paclitaxel, it becomes a weak substrate for Pgp as compared to free paclitaxel but in cancers which overexpress Pgp and/or other ABC transporters, when paclitaxel free itself from DHA in the presence of esterase, even though it will be released slowly but still be caught by the efflux pump(s) and eliminated from the cancer cells [18]. Along with paclitaxel, Marin-Aguilera et al., has reported that docetaxel can also de-differentiate prostate cancer cells through TGF-β mechanism and induce drug resistance [46].

In contrast to paclitaxel, a new-generation taxoid, named SBT-1214, showed excellent activity against drug-resistant cancer cells, which express MDR phenotypes [12]. Previously it has shown that this new-generation taxoid SBT-1214 induced long-term regression and tumor growth delay of drug-resistant colon tumor xenografts [18]. Later on, another study concluded that SBT-1214 induced significant down-regulation of key transcription factors which are involved in stem cell regulation, progression and development of cancer [11]. In order to enhance blood circulation and ultimately therapy, we have used DHA conjugated SBT-1214 in our current study.

To further improve delivery of this hydrophobic drug, we encapsulated DHA-SBT-1214 in nanoemulsions and reduced its particle size up to nanometer length through high shear stress of microfluidizing instruments [27]. After encapsulation of DHA-SBT-1214 in nanoemulsion, the pharmacokinetic and biodistribution pattern of the drug is dictated by properties of the nanoemulsion instead of encapsulated drug characteristics. As an example, the PEG-modified nanoemulsions can enhance the longevity of the drug in the blood circulation. This in turn increases accumulation of drug at the tumor site through the EPR effect [47], but do not affect...
its physio-chemical properties. In current study, PEG surface modification of nanoemulsions using DSPE-PEG2000 did not affect the particle size, size distribution and surface charge values of the nanoemulsions. The qualitative cellular uptake analysis demonstrated that the nanoemulsion formulations were efficiently internalized in PPT2 cells and spheroids. This suggests that the nanoemulsions do efficiently deliver the payload to the subcellular sites in the cell and was more potent than its drug solution. In this study, we found that DHA-SBT-1214 suppress PPT2 tumors more when delivered in nanoemulsion formulations. In addition to these observations, flow cytometry analysis also revealed that implanted tumor cells retained their stemness inside the subcutaneous tumors. Therapy with DHA-SBT-1214 delivered in nanoemulsions indeed showed higher therapeutic efficacy in PPT2 cells and tumors. No significant body weight loss was observed in any of the treatment groups analyzed. Tissue histology did not show any abnormal findings in liver, heart or kidney from any of the treatment groups. These tests suggest that DHA-SBT-1214,

Fig. 5. In vivo efficacy of the NE-DHA-SBT and Abraxane® against PPT2 induced mice tumor xenografts. (A) – control tumors from mice treated with vehicle; (B, C) – tumors from Abraxane® treated mice (25 and 40 mg/kg, respectively); (D, E, F) – tumors from NE-DHA-SBT treated mice (25, 30 and 40 mg/kg, respectively); (G) – body weight alterations induced by treatment with different concentrations of NE-DHA-SBT; (H) – graph summarizing all treatment modalities. The values are means ± SD (n = 4). Significant differences are indicated as follows: *P < 0.05, and **P < 0.01.
when administered as nanoemulsion is well tolerated in mice. In conclusion, our data demonstrate that nanoemulsion of the DHA-SBT-1214 conjugate induces superior regression and tumor growth inhibition and has high potential as a novel CSC-targeted anti-cancer drug candidate.

Authors’ contributions

Conception and design: JE, IO, MA and GB.
Development of methodology: GA, MA, RE, GB, IO, and JE.
Acquisition of data: GA, RE, and GB.
Analysis and interpretation of data: GA, RE, GB, MA, IO, and JE.
Writing, review, and/or revision of the manuscript: GA, GB, MA, IO, and JE.
Study supervision: MA, IO, JE, and GB.

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Appendix A. Supplementary data
Supplementary data related to this article can be found at http://dx.doi.org/10.1016/j.canlet.2017.08.004.

Conflicts of interest
The authors declare no conflicts of interest.

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