



VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

Targeted nano-drug delivery system for glioblastoma therapy: In vitro and in vivo study

This is the Accepted version of the following publication

Hassanzadeganroudsari, Majid, Soltani, Majid, Heydarinasab, Amir, Apostolopoulos, Vasso, Akbarzadehkhiyavi, Azim and Nurgali, Kulmira (2020) Targeted nano-drug delivery system for glioblastoma therapy: In vitro and in vivo study. *Journal of Drug Delivery Science and Technology*, 60. ISSN 1773-2247

The publisher's official version can be found at
<https://www.sciencedirect.com/science/article/pii/S1773224720313289?via%3Dihub>
Note that access to this version may require subscription.

Downloaded from VU Research Repository <https://vuir.vu.edu.au/41149/>

1 Targeted Nano-drug Delivery System for Glioblastoma 2 Therapy: *In Vitro* and *In Vivo* Study

3 Running title: nano-drug delivery system for glioblastoma therapy

4 Majid Hassanzadeganroudsari^{1,2}, Majid Soltani^{3,4,5}, Amir Heydarinasab¹, Vasso
5 Apostolopoulos², Azim Akbarzadehkhiyavi^{6,*}, Kulmira Nurgali^{2,7,8*}

7 ¹ Department of Chemical Engineering, Science and Research Branch, Islamic Azad
8 University, Tehran, Iran

9 ² Institute for Health and Sport, Victoria University, VIC, Australia

10 ³ Department of Mechanical Engineering, K. N. Toosi University of Technology, Tehran,
11 Iran

12 ⁴ Department of Electrical and Computer Engineering, University of Waterloo, Waterloo,
13 Ontario, Canada

14 ⁵ Centre for Biotechnology and Bioengineering (CBB), University of Waterloo, Waterloo,
15 Ontario, Canada

16 ⁶ Department of Nano-biotechnology Pilot, Pasteur Institute of Iran, Tehran, Iran

17 ⁷ Department of Medicine Western Health, Faculty of Medicine, Dentistry and Health
18 Sciences, University of Melbourne, Melbourne, Victoria, Australia

19 ⁸ Regenerative Medicine and Stem Cells Program, Australian Institute of Musculoskeletal
20 Science (AIMSS), Melbourne, Victoria, Australia

21

22 *Corresponding authors:

23 Professor Azim Akbarzadehkhiyavi

24 Department of Pilot Nanobiotechnology,

25 Pasteur Institute of Iran, Tehran, Iran

26 Phone: +98 9128387017

27

28 Associate Professor Kulmira Nurgali

29 Centre for Health, Research and Education, Sunshine Hospital, Melbourne, VIC, Australia

30 E-mail: Kulmira.nurgali@vu.edu.au

31 Phone: +61 03 83958223

32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63

Abstract:

This study developed polymeric nanoparticles (NPs) conjugated with monoclonal antibody (mAb) for glioblastoma treatment. In this study, the physicochemical properties of poly(butyl cyanoacrylate) (PBCA) NPs were characterized. The cytotoxicity of NPs conjugated with mAb (NPs+mAb) and *in vitro* drug release evaluation was tested on glioblastoma cell lines. Their therapeutic efficiency and side effects were then assessed *in vivo* in a rat model of glioblastoma. The conjugation of NPs to mAb revealed an average particle size of 365nm and an encapsulation efficiency of 41.95%. The findings also showed that cytotoxicity was augmented by 40% compared to the free form of carboplatin. Moreover, *in vivo* studies showed that body weight remained relatively stable in rats treated by NPs+mAb and their survival time was longer (23.5 days) compared to rats treated with free carboplatin (19.5 days). In addition, *ex vivo* investigation showed that rats administered with NPs+mAb exhibited less side effects in the brain, kidney and liver compared to other groups.

Keywords: Glioblastoma; nanoparticle; targeted drug delivery; monoclonal antibody

64 **1. Introduction**

65 The treatment of glioblastoma tumors is a challenging issue, with survival rates for
66 patients, averaging only 14.6 months [1-3]. Currently, there is a lack of effective therapy for
67 almost all brain tumors, and the development of a new therapeutic system for brain tumors is
68 both difficult and challenging [4]. Chemotherapy is applied as an adjuvant treatment after or
69 before surgery for different types of cancers, including head, neck and brain. However,
70 chemotherapy causes significant side effects, including vomiting, constipation, diarrhea,
71 weight loss and nausea [5]. These side effects are associated with the high drug dosage required
72 to ensure the drug reaches the tumor site in sufficient concentration [6]. For this reason,
73 developing a novel method to enhance the efficiency of treatment and reduce side effects is
74 vital or paramount. Furthermore, the main reason for the low efficacy of brain tumor treatments
75 is related to the role of the blood brain barrier (BBB). The BBB provides a unique chemical,
76 immunologic and functional environment in the CNS which restricts the entrance of leukocytes
77 and neuro-toxic macromolecules [4, 7, 8]. In the same way, the BBB affects the delivery of
78 chemotherapeutic agents to the tumor site [9]. Therefore, developing new therapeutic strategies
79 to overcome these challenges is a growing focus for successful treatment of brain tumors.

80 Recently, three types of transport mechanisms have been found to be effective for CNS
81 drug delivery: transport or carrier-mediated transcytosis, receptor-mediated transcytosis and
82 adsorptive-mediated transcytosis. [10, 11]. Nano-drug delivery is a novel technique with great
83 potential to enhance standard chemotherapy systems. The accumulation of NPs at the cancer
84 tissue site is higher than that of the free form of standard drugs. Previous studies reveal that the
85 accumulation of nano-drugs in most tumors is 200–500% greater than free anti-cancer drugs
86 [12]. This is due to the improved permeation and retention (EPR) of nano-drugs. Nano-
87 particulate systems can significantly affect drug bio-distribution, thus increasing drug
88 concentration at the tumor site [13, 14]. One significant breakthrough for nano-drug delivery
89 to the brain is that the modified nano carriers can effectively penetrate the BBB and CNS [8].
90 Nano-particulate drug delivery systems, by using surface modifications techniques including
91 attachment of receptors or polymer coating, are enhancing drug delivery to the brain [15, 16].
92 Therefore, developing a biodegradable carrier with the ability to permeate the BBB and with
93 high encapsulation efficiency is a key focus for developing NPs that can target brain diseases.

94 Different polymeric NPs have been proposed to optimize anti-cancer treatment since NPs
95 were nominated as highly potent drug delivery methods. Poly (butyl cyanoacrylate) (PBCA)
96 NPs may be of significant interest given their ability to enhance the plasma half-life of the drug
97 while reducing their unspecific cytotoxicity, when coupled with their biocompatible and

98 biodegradable characteristics [17, 18]. In addition, these NPs have useful properties for drug
99 delivery in the tumor, including the ease of synthesis and bio distribution of drugs in the tissue
100 [19, 20]. Surface modification has been studied to enhance the efficiency of the nano delivery
101 system. The modification of the NP surface by polyethylene glycol (PEG), known as
102 PEGylation, decreases reticuloendothelial system (RES) uptake and enhances circulation time
103 compared to NPs without surface modification [21]. PEG is a versatile, FDA approved and
104 inexpensive compound for various applications [22]. Solubility and EPR effect is increased by
105 PEGylation due to the hydrophilic ethylene glycol repeats [23]. Moreover, the use of targeting
106 agents may increase the intracellular concentration of drugs in cancerous cells while avoiding
107 toxicity in normal cells [24, 25]. A number of different targeting molecules have been studied
108 in combination with NPs, including antibodies. Traditionally, the binding of antibodies to NPs
109 has been achieved covalently through various linker chemistries. Engineered NPs, similar to
110 antibody-drug conjugates (ADCs), can “link” pharmaceutical drugs to targeting monoclonal
111 antibodies to generate highly specific therapeutics [26].

112 Synthesis and characterization of PBCA NPs loaded with carboplatin was evaluated in this
113 study. Carboplatin is a crystalline powder with the molecular formula of $C_6H_{12}N_2O_4Pt$ and a
114 molecular weight of 371.25. It is soluble in water at a rate of approximately 14 mg/mL, and
115 the pH of a 1% solution is 5 to 7. Carboplatin is a platinum based chemotherapeutic agent with
116 a similar mechanisms to Cisplatin, however it differs in terms of the toxicity and structure that
117 is applied for cancer treatment [27]. A new therapeutic technique which enhances the
118 therapeutic efficiency of this drug could provide extensive opportunities to treat different
119 cancers [28, 29]. It is hypothesized that the targeting agent helps NPs to pass through the BBB
120 more efficiently, delivering a higher dose of carboplatin to tumor tissue. By using PEG, NP
121 aggregation decreases due to non-adhesive surfaces.

122 Epidermal growth factor receptors (EGFR) induce proliferation of cancer cells and have
123 been implicated in glioblastoma pathogenesis and resistance to treatment. Mutations and
124 amplifications in EGFR were detected in 45–57% of glioblastoma cases studied [30, 31],
125 indicating their substantial role in the pathogenesis of glioblastoma. Therefore, in this study,
126 monoclonal antibodies specific to the EGFR were used as a targeting agent conjugated to
127 PEGylated NPs. Furthermore, to investigate the efficacy of the prepared NP performance, an
128 *in vitro* cytotoxicity and drug release evaluation were carried out. Then, antitumor and side
129 effects were assayed *in vivo* to investigate the therapeutic efficacy of NPs using several
130 parameters, including survival time and body weight change compared to free drug treatment.

131 Finally, an *ex vivo* investigation was performed to compare the side effects of prepared NPs
132 on the brain, liver and kidney, in comparison with free drug treatment.

133

134 **2. Material and methods**

135

136 *2.1 Materials*

137 The monomer of BCA, dextran 70000, carboplatin, 3-(4,5-dimethylthiazol-2-yl)-2,5-
138 diphenyltetrazolium bromide solution (MTT) (0.5 mg/mL), polyethylene glycol (PEG 4000),
139 polysorbate 80, Cetuximab (IMC-C225) and Nimotuzumab monoclonal antibodies (mAb)
140 were obtained from Sigma-Aldrich (USA). Sodium hydroxide and hydrochloric acid were
141 purchased from Merck (Germany). N-Hydroxysulfosuccinimidyl-4-azidobenzoate (sulfo-
142 HSAB) cross-linker was obtained from SolTechBioScience (USA). C6 rat (CCL-107™) and
143 A172 human (CRL-1620™) glioma cell lines were provided from the American Type Culture
144 Collection (ATCC).

145

146 *2.2 Preparation of PBCA NPs*

147 The formulation was prepared using a total of 220 μ L poly(butylcyanoacrylate) monomers
148 which were added to the mixture of 150 μ g PEG-4000 and 150 μ L HCl (0.01 N). Then, 50 mg
149 carboplatin and 100 mg of dextran 70000 were added. Following on from this, 30 mL of cold
150 distilled water was added during two steps and stirred at 240 rpm for 15 min to obtain a pre-
151 emulsion solution. The emulsion was again placed on the stirrer after 24hrs maintenance in
152 4°C, and slowly stirred for 3.5 hrs at 140 rpm. Subsequently, the pH of the mixture was
153 neutralized using NaOH. The freeze dryer was used for 24 hrs to dry NPs at vacuum condition
154 (FD 300, Dynavac). Lyophilized powder of NPs was added to PBS (10 M).

155

156 *2.3 Conjugation process of PBCA NPs and mAb*

157 Sulfo-HSAB was applied to cross-link the C-H bonds of the dextran-coated PBCA NPs to
158 covalent amine groups from the mAb. The resulting suspension was mixed with 250 μ L of
159 sulfo-HSAB (2 mg/mL) solution and 25 mM PBS. Then, 50 μ L mAb was added to the mixture.
160 The solution was irradiated for 30 min by UV light. Lastly, to remove any physically adsorbed
161 component, the solution was mixed with 0.1 wt% polysorbate 80 and incubated for 20 min.
162 Suspension was centrifuged at 10,000 rpm for 1 h, and unconjugated mAb was removed. NPs
163 were suspended in PBS (1M) which included 1% polysorbate 80. Suspension was vortexed for

164 30 min. Finally, the flask was placed in cold water and then sonication was performed for 2
165 min (50 W) by a probe sonicator (Bandelin Sonopuls HD 2070, Germany).

166

167 *2.4 Characterization*

168 The morphological analysis of NPs was performed by SEM (XL30 scanning electron
169 microscope, Philips, Netherlands). To perform this, after the addition of 3% mannitol,
170 suspension was lyophilized. The zeta potential and size distribution were determined by Zeta
171 sizer (Nano-ZS Zen 3600, Malvern Instruments Ltd, UK). Figure 1A outlines the conjugation
172 process of NPs and mAb. Figure 1B shows the schematic action between the cancer cell and
173 NPs. In order to determine encapsulation efficiency (E.E) and drug loading efficiency (D.L.E),
174 the non-PEGylated NPs and non-conjugated PEGylated as well as PEGylated NPs conjugated
175 with mAb were centrifuged for 10 min at 4°C (10000 rpm and 2 times iterate) (Beckman type
176 90Ti, USA). Concentration of carboplatin in supernatant was investigated by inductively
177 coupled plasma optical emission spectrometry elemental analysis (730-OES, ICP-EOS, USA).
178 E.E was calculated by equation (1) (all in mg/mL).

$$179 \quad EE \% = \frac{\text{The actual amount of carboplatin encapsulate in NPs } \left(\frac{mg}{ml}\right)}{\text{Initial drug concentration } \left(\frac{mg}{ml}\right)} * 100 \quad (1)$$

180 Loading capacity assists in evaluating the separation of NPs from the medium in order to
181 determine their drug content. D.L.E was calculated by equation (2) (all in mg/mL).

$$182 \quad D.L.E \% = \frac{\text{The amount of drug } \left(\frac{mg}{ml}\right)}{\text{Weight of NPs } \left(\frac{mg}{ml}\right)} * 100 \quad (2)$$

183 In addition, the stability of NPs, at 4°C, including D.L.E, Zeta potential E.E and size
184 distribution were evaluated after 1-2 months. Dialysis method was used to investigate the
185 profile of drug release. In our drug release experiments we used analytical method to evaluate
186 the drug release taking into account sink condition. One mL of each formulation was poured
187 in a dialysis bag (cut off 12000 Dalton, Sigma), transferred in 20 mL of PBS (pH 7.4) and
188 placed on a magnetic stirrer (48 h, 120 rpm, 37°C). ICP-EOS was performed to evaluate the
189 concentration of drug in supernatant from 1hr up to 48 hr.

190

191 *2.5 Cytotoxicity study*

192 Cytotoxicity of free drug, non-PEGylated NPs and non-conjugated PEGylated as well as
193 PEGylated NPs conjugated with mAb, was evaluated by MTT assay using a human A172 and
194 rat C6 glioma cell lines. Cells were seeded at a density of 1×10^4 (10,000) cells, and were then
195 cultured in RPMI-1640 medium containing fetal calf serum (FCS) (10%), sodium pyruvate

196 (1%), glutamine (0.5%), and antibiotic penicillin, and was incubated at 5% CO₂ at 37 °C. The
197 medium was replaced twice after 24 hrs. MTT solution (4 mM) was added to each well for
198 three hrs. Cells were treated with NPs formulations and carboplatin at different concentrations
199 (0, 5, 10, 30, 50, 70, 90, 110, 120, 140 and 160 μM). IC₅₀ of non-PEGylated NPs and non-
200 conjugated PEGylated as well as PEGylated NPs conjugated with mAb and carboplatin were
201 determined after 24, 48, 72 and 96 hrs incubation. The absorbance (540 nm and 570 nm) was
202 detected by a plate reader (Synergy Multi-Mode Elisa Reader, BioTek, USA).

203

204 2.6 *In-vivo Study*

205 Fifteen healthy male albino Wistar rats weighing 250-300 g were housed under standard
206 conditions (25°C, 12h dark/light). All animal experiments were approved by the Institutional
207 Animal Ethics Committee (IR. PII. REC. 1395.19; 27 (February 2017)) [32, 33] and they
208 adhered to the National Institute of Health Guidelines for the Care and Use of Laboratory
209 Animals in compliance with “The Basis of Laboratory Animal Science” [34]. Schematic
210 representation of the in vivo experimental design is shown in Figure 1C. Animal body weights
211 were recorded daily. Animal survival was monitored up to the point where the animals lost
212 more than 30% of their initial body weight prior to surgery.

213 Animals were divided into 5 groups randomly. Group 0 without induced glioblastoma did not
214 receive interventions or treatments (control group). Groups 1-4 underwent sterile surgery under
215 anesthesia with 25 mg/kg ketamine and 8 mg/kg xylene. Briefly, the head of the animal was
216 fixed into the stereotaxic frame, shaved and 1 cm of the skin was cut to open the skull. To
217 induce glioblastoma, 1x10⁴ of C6 primary rat glioblastoma cells in 10 μL PBS were injected
218 into the frontal lobe 2 mm to the right and 2 mm forward from the bregma as previously
219 described by Miura et al [35]. A 25 μL a Hamilton syringe was used to slowly inject cells at 3
220 mm depth of brain in 1 min. The syringe was withdrawn slowly after the injection and ethicon
221 suture was used to stitch up the skin. Seventy two hours after the cancer cell implantation,
222 animals in groups 1, 2 and 3 received intraperitoneal (*i.p.*) injections of 0.8 mg/kg of
223 carboplatin products in 100 μL of sterile 1X PBS with the following formulation: group 1 free
224 form of carboplatin, group 2 unconjugated NPs loaded with carboplatin, group 3 NPs
225 conjugated to mAb loaded with carboplatin every 48 hrs. Group 4 received 0.1 mL PBS
226 injections (vehicle-treated group).

227 Following the completion of treatments, animal were euthanized by *i.p.* injection of a ketamine
228 overdose. Then, fresh brains were evaluated macroscopically. Brain weight was measured by
229 laboratory balances after tissue collection, and brain size was determined using a ruler. For

230 histology experiments, brain, kidney and liver samples were fixed in 10% buffered formalin
231 solution and stored in 70% ethanol until embedding [36].

232

233 *2.7 Tissue collection*

234 Brains, livers and kidneys of the animals were collected to investigate histologically. Tissues
235 were embedded in paraffin and cut, then deparaffinized, cleared and rehydrated in graded
236 ethanol. Cross-sections of the tissue were stained with eosin and hematoxylin and mounted on
237 glass slides with distrene plasticizer xylene (DPX) mountant. Assessment of organs was
238 performed by a semi-quantitative scoring system [37]. The toxicity of organs was reported as
239 0 where no changes were found, 1 for any morphological changes and 2 for significant
240 morphological changes in the collected organs.

241

242 *2.8 Statistical analysis*

243 SPSS software version 15 was used for statistical analysis of results. Statistically, *P* values less
244 than 0.05 were considered significant. Results are expressed as a mean \pm standard deviation
245 (SD).

246

247 **3. Results**

248

249 The analysis of physicochemical characteristics of carboplatin-loaded NPs demonstrated that
250 using PEG in formulations reduces size and improves the D.L.E and E.E of NPs (Table 1).
251 Consistent with our previously published results [47], in this study PEGylation remarkably
252 reduced the diameter of NPs. However, no significant changes in the surface charge were
253 observed in PEGylated NPs compared to non-PEGylated NPs. Moreover, our results show that
254 conjugating mAb to NPs does not demonstrate significant change in NP characteristics.
255 Furthermore, the morphological analysis carried out by SEM demonstrates that PEGylated NPs
256 have a spherical shape compared to non-PEGylated PBCA NPs and they do not aggregate
257 together (Figure 2).

258

259 The physicochemical characteristics for all formulations of NPs which were evaluated after 1
260 and 2 months of storage are summarized in Tables 2 and 3, respectively. We found that
261 PEGylated NPs maintain their smaller size, lower Zeta potential, and higher E.E compared to
262 non-PEGylated NPs throughout and after this time. Furthermore, morphological evaluation
263 was repeated after 2 months, which showed low aggregation of PEGylated NPs. Our results

264 demonstrate that non-PEGylated NPs display significant changes in their characteristics such
 265 as increase in their size, reduction of D.L.E, Zeta potential and E.E. Results show that
 266 PEGylated NPs are more stable compared to non-PEGylated NPs. In addition, results revealed
 267 that PEGylated NPs+mAb remained in a similar way to PEGylated NPs throughout this period
 268 of time.

269

270 The dialysis method was used to evaluate the impact of mAb conjugation and PEGylation on
 271 the drug release profile for NPs. The profile of drug release from PBCA NPs is presented in
 272 Figure 3. Drug release from NPs is slow compared to free drug. The slow drug release
 273 continues for 48 hrs. Indeed cumulative drug release from non-PEGylated NPs at 48 hrs was
 274 reported at 34% which was significantly different compared to 19.4% of carboplatin released
 275 from PEGylated NPs at these time points. Furthermore, results illustrate that conjugation of
 276 mAb to NPs cannot lead to significant change in release rate profile compared to PEGylated
 277 NPs. Overall, our results reveal that PEGylated NPs conjugated to mAb have a higher drug
 278 retention capability, with 15.4% (W/W) of the carboplatin released after 48 hrs compared to
 279 other formulations.

280

281

Table 1. Characteristics of PBCA NPs loaded immediately after preparation

	Size (nm)	Zeta potential (mV)	E.E¹ (%)	D.L.E² (%)	PDI
Non-PEGylated NPs	479±34	-11.6±0.2	39.9±0.9	3.1±0.1	0.27±0.04
PEGylated NPs	361±25*	-10.8±0.1	41.8±0.5*	3.7±0.2*	0.263±0.027
PEGylated NPs conjugated to mAb	365±23*	-10.7±0.1	41.9±0.3*	3.6±0.2*	0.264±0.008

282

²D.L.E: Drug loading efficiency; ¹E.E: Encapsulation efficiency; * *P* < 0.05 in comparison with non-PEGylated NPs.

283

284

Table 2 Characteristics of PBCA NPs after 1 month storing at 4°C fridge

	Size (nm)	Zeta potential (mV)	E.E¹ (%)	D.L.E² (%)
Non-PEGylated NPs	495±35	-11.2±0.1	36.9±0.4	3.2±0.2
PEGylated NPs	364±20*	-10.7±0.1	41.5±0.5*	3.6±0.1*

PEGylated NPs conjugated to mAb	366±20*	-10.6±0.1	41.9±0.5*	3.6±0.1*
---------------------------------	---------	-----------	-----------	----------

²D.L.E: Drug loading efficiency; ¹E.E: Encapsulation efficiency; * $P < 0.05$ in comparison with non-PEGylated NPs.

Table 3 Characteristics of PBCA NPs after 2 months storing at 4°C fridge

	Size (nm)	Zeta potential (mV)	E.E ¹ (%)	D.L.E ² (%)
Non-PEGylated NPs	512±28	-10.5±0.1	35.5±0.9	3.0±0.1*
PEGylated NPs	364±20*	-10.7±0.1*	41.0±0.5*	3.5±0.1*
PEGylated NPs conjugated to mAb	364±20*	-10.6±0.1*	41.4±0.4*	3.6±0.1*

²D.L.E: Drug loading efficiency; ¹E.E: Encapsulation efficiency; * $P < 0.05$ in comparison with non-PEGylated NPs.

Cytotoxicity of free drug and NPs on C6 cell line was tested after 24, 48, 72 and 96 hrs incubation (Figure 4). Results illustrate that the cytotoxic effect of NPs was significantly higher at all-time points compared to free drug. Moreover, these results reveal that using PEGylation in NPs does not cause major changes in cytotoxicity compared to non-PEGylated NPs. However, adding PEG in the formulation of NPs increases cytotoxicity in comparison with non-PEG NPs in a time dependent manner. Acquired data also show that using mAb as a targeting agent improved the cytotoxic effects on C6 by more than 30% compared to other NPs formulations at 24, 48, 72 and 96 hrs.

The cytotoxic effects of free drug and NPs after 24, 48, 72 and 96 hrs incubation are represented in Figure 5. Results show an increased cytotoxicity of NPs in comparison with free carboplatin. The cytotoxic performance of NPs improved compared with free drug. Moreover, PEGylation improved the cytotoxicity of NPs. In addition, a ~ 40% improvement of cytotoxic effects was reported for NPs conjugated with mAb on A172 cell compared to free drug at 24, 48, 72 and 96 hrs.

Figure 6 shows IC₅₀ of free drug and NPs on A172 and C6 cells. Results reveal that the cytotoxicity of free drug had not changed significantly after 48 hrs. PEGylated NPs demonstrate higher cytotoxic effect compared to free carboplatin and non-PEGylated NPs after 24, 48, 72 and 96 hrs with a 15-17% decrease every 24 hrs. Significant change in the cytotoxic

310 effect of non-PEGylated NPs was revealed from 24 to 48 hrs (14%). Furthermore, the
311 NPs+mAb had less IC_{50} compared to other groups. An almost 30% IC_{50} decrease within 96 hrs
312 was observed for NPs+mAb.

313

314 Animal weight was monitored after surgery for 16 days and results are displayed in Figure 7A.
315 Groups 1, 2 and 3 received 0.8 mg/kg/dose of carboplatin formulations on the 3rd, 5th, 7th, 9th
316 and 11th days after cancer was induced. Group 4 received equal 0.1mL PBS injections
317 throughout the time period. Animals were culled immediately after losing more than 30% of
318 their initial body weight during the monitoring period. Results show that all animals lost at
319 least 10% of their body weight after 72 hrs following cancer cell injection. Group 1, treated by
320 a free form of carboplatin, showed an increased body weight until day 10, and a 20% body
321 weight loss until day 16, after which the animals were culled. Group 2 animals treated with
322 unconjugated NPs displayed a 10% change in body weight until day 16. The body weights of
323 Group 3, treated by PEGylated NPs conjugated to Cetuximab (IMC-C225) mAb, increased
324 until day 16. Finally, body weights of Group 3 showed less than 2% change compared to their
325 initial body weights. During this period, Group 4 animals that received PBS for treatment
326 showed a remarkable reduction in body weight, with a decrease of 30% before day 15.

327

328 Survival time for animals with tumors induced with C6 cells was also investigated. Results as
329 represented in the Kaplan-Meier survival plot (Figure 7B) demonstrate that the use of
330 unconjugated PEGylated NPs did not cause substantial change in animal survival time. Results
331 revealed that using PEGylated PBCA NPs+mAb significantly enhanced survival time by 40%
332 compared to the free form of carboplatin. Conversely, it was discovered that unconjugated NPs
333 did not deliver a sufficient dose of the drug to the tumor site. This phenomenon demonstrates
334 that the use of mAb as a targeting agent has significant impact on the delivery of higher doses
335 of NPs specifically to the brain tumor site.

336

337 Morphometric studies, including tumor weight and size, were conducted after tissue collection;
338 results are shown in Table 4. Results indicated that the brain weight of animals treated with
339 free form carboplatin (Group 1) was 5.6% lower compared to brains from healthy animals
340 (Group 0). In addition, brain size of Group 1 animals was reduced by 16.5%. Animals in Group
341 2 revealed significant changes in comparison with Group 0, with almost 35% and 40% increase
342 in weight and size of brain, respectively. Brain weight in Group 3 animals treated by PEGylated
343 NPs+mAb showed a 1% change compared to group 0. Moreover, Group 3 reported a 6%

344 increase of brain size compared to Group 0. Group 4 animals showed a 45% increase in weight
 345 along with a 75% increase in brain size compared to Group 0. Images of collected tissues are
 346 displayed in Figure 8A.

347

348 **Table 4 Morphometric analysis of the brains**

Group	Weight (g)	Size (mm)
Group 0 Healthy (no glioblastoma, no treatments)	1.8±0.20	15 x 9.5 x 23
Group 1 Glioblastoma + Free carboplatin	1.7±0.09	16 x 9 x 19
Group 2 Glioblastoma + Unconjugated NPs loaded with carboplatin	2.5±0.22	17 x 11 x 25
Group 3 Glioblastoma + Conjugated NPs loaded with carboplatin	1.7±0.28	15.5 x 10 x 22.5
Group 4 Glioblastoma + PBS	2.6±0.38	18 x 12 x 27

349 Results are from 3 iterations (n=3) expressed as a mean ± standard deviation (SD).

350 Histological studies performed by eosin and hematoxylin staining of brain tissue are displayed
 351 in Figure 8B. Results demonstrate that the rates of bleeding in Groups 2 and 4 were increased
 352 compared to the other groups. In addition, results for Group 1, treated with the free form of
 353 carboplatin, demonstrated higher bleeding than Group 0. Group 3 indicated the most significant
 354 reduction in brain damage compared with other groups.

355 Histological studies of kidney and liver tissues are presented in Figure 9 (A and B respectively).
 356 The results of quantitative assessment histological data for the kidney and liver are summarized
 357 in Table 5. Results demonstrate that acute tubular necrosis (ATN) and liver necrosis are more
 358 prevalent in free carboplatin-treated animals. Moreover, results of the histological studies
 359 confirmed that animals treated with all forms (unconjugated PEGylated NPs and NPs+mAb)
 360 caused the least damage to the liver and kidney compared with other groups.

361

362 **Table 5. Histological evaluation of organ toxicity after treatment**

Group	Organ	Score
Group 1 Free carboplatin	Liver	2
	Kidney	1
	Brain	1
Group 2 Unconjugated NPs loaded with carboplatin	Liver	1
	Kidney	0-1
	Brain	2

	Liver	0-1
Group 3 Conjugated NPs loaded with carboplatin	Kidney	0-1
	Brain	0-1

363

364

365 4. Discussion

366

367 There is a common misconception that small molecules readily cross the BBB. However,
 368 >98% of all small molecules do not cross the BBB [38]. Due to the presence of the BBB, brain
 369 tumor treatment has long posed challenges. Moreover, the BBB is negatively affected by the
 370 chemotherapy treatment used for brain cancer [39, 40]. Thus, it is crucial to evaluate the
 371 therapeutic efficacy of drug delivery for brain disease treatment. A possible solution to this
 372 problem is the employment of receptor-mediated transport (RMT) or carrier through the BBB
 373 [41]. Using an appropriate nano-drug delivery system helps to increase drug concentration at a
 374 level sufficient to eradicate the tumor [42, 43]. Therefore, in this study a nano-particle delivery
 375 system for glioblastoma therapy was designed and tested in *in vitro* and *in vivo* experiments.

376

377 A significant requirement for the development of a suitable nano drug delivery system to the
 378 brain is that NPs must be biodegradable, over a short period of time [44, 45]. Due to its fast
 379 biodegradability properties, PBCA is the best option among other poly(alkyl cyanoacrylates)
 380 such as (lactide-co-glycolide), poly(lactic acid) or PBC [44]. PBCA NP application in drug
 381 delivery has been evaluated due to its biodegradability to reduce the toxicity of chemo drugs
 382 [46]. Therefore, NPs containing a high drug concentration were prepared. The previous finding
 383 of Hassanzadeganroudsari et al. (2019) confirmed that mini-emulsion polymerization is an
 384 appropriate method for preparing PBCA NP [47]. Our results in this study showed that the
 385 synthesis method and conjugation procedure are reliable. There are several parameters, such as
 386 surface properties, which impact the yield of drug delivery by NP systems. The surface
 387 properties of NPs play an important role in the effective delivery of the chemotherapeutic drugs
 388 to the brain [48, 49]. Previous studies have shown that PEGylation increases the stability of
 389 NPs [50, 51]. In addition, PEGylation of NPs leads to the stealth effect that is characterized by
 390 a significant reduction in distribution into other healthy organs [48, 52]. PEG was utilized in
 391 the NPs formulation to enhance pharmacokinetic properties and improve the solubility of
 392 drugs. Previously, Calvo et al. (2001) showed that polysorbate 80 enhanced the ability of
 393 particles to deliver drugs to the brain [53]. Previous studies also showed that polysorbate 80

394 helped NPs to enhance drug permeability through the BBB [54]. Moreover, it has been
395 previously reported that PBCA NPs coated with polysorbate 80 cause an unfolding of the
396 strong ties of endothelial cells [55]. Also, Petri et al. (2006) showed that NPs coated with
397 apolipoprotein E are absorbed into the brain [56]. Therefore, polysorbate 80 was added to the
398 formulation, leading to absorption of apolipoprotein E in plasma. Using the transferrin receptor
399 as a targeting ligand is one possibility for delivering drugs by NPs to the brain [57, 58]. There
400 are many receptors that transport large molecules across the BBB [8, 59]. In this study, a mAb
401 was conjugated to NPs to target EGFR in cancer cells. Previous studies indicated that cross-
402 linker reactions can be utilized to conjugate protein to PBCA NPs [60]. Therefore, we
403 hypothesized that using a targeting agent with biodegradable NPs is more suitable than other
404 materials. Thus, sulfo-HSAB was used to cross-link the amine groups from the mAb to
405 covalent C-H bonds of the dextran-coated PBCA NPs [61].

406

407 The size of our PBCA NPs was approximately 20% smaller compared to previously reported
408 NPs loaded with cisplatin [32]. The size of NPs correlate with surface area. By decreasing the
409 size of NPs the provided surface area will increase which then enhance mass transfer properties.
410 Moreover, results show that the preparation method and conditions have a remarkable impact
411 on NPs characteristics [62, 63]. We demonstrated that many factors influence the quality of
412 NPs, including sonication, pH, temperature and the application of dextran in NPs formulation.
413 In our study, 1% dextran was used for preparation of NPs and pH was maintained at 4. Zeta
414 potential of colloidal systems is another significant parameter with a positive impact. Zeta
415 potential affects the stability of the loaded drugs in NPs and the rate of drug release from NPs.
416 In addition, Zeta potential has a significant effect on the surface modification of the particulate
417 system, thus surface modification is an important factor in efficient drug delivery. Surface
418 modification is a common method for enhancing the sustainability of NPs in the blood for a
419 longer period [64]. The results of this study showed -10.7 mV Zeta potential in PEGylated NPs,
420 while -20 mV Zeta potential was reported in a previous study [32]. Changes in Zeta potential
421 level is directly linked to improved drug release rate and enhanced stability of NPs.

422

423 The cumulative release of the drugs from the carrier is an important parameter as it correlates
424 with the efficiency of the NPs [65, 66]. A burst drug release was prominent within the first hour
425 of the study, which was due to the carboplatin release attached to the NPs surface. Then,
426 profiles of continuous release and gradual increase were observed which confirmed the
427 potential of NPs in drug entrapment. Profiles of drug release demonstrate the primary slow

428 phase and then a quick spread phases in non-PEGylated and PEGylated NPs which can be
429 attributed to the inhibitory and coating impact of PEG. On the other hand, the profile release
430 for NPs+mAb showed a mild ascending slope. This occurred because drugs that adhered
431 physically to the surface of NPs were completely removed in the conjugation process. This
432 indicates that only carboplatin capsulated in NPs was released during the experiment. Drug
433 release results demonstrated the high retention capability of PEGylated NPs+mAb in that
434 15.4% of drug that was released from NPs over a period of 48 hrs. This profile of drug release
435 is very high in comparison with the previous study (Ebrahimi et al, 2014), which reported only
436 3.18 % of drug release after 51 h from NPs loaded with cisplatin [32]. Furthermore, the E.E
437 was increased from 25% reported in a previous study by Ebrahimi et al (2014) to 37% for non-
438 PEGylated NPs and 41.45% for PEGylated NPs conjugated to mAb in our study. Therefore,
439 the results of this study reported a small size of NPs that could carry a high dose of the drug.
440 Cosco et al (2009) indicated that using PEG enhances drug loading efficiency [67]. It was
441 demonstrated that applying PEG in NP formulation had a pivotal effect on the NP
442 characteristics, which was confirmed by the higher D.L.E and E.E reported in PEGylated
443 formulation compared to non-PEGylated formulation. This can be explained by the role of
444 PEGylation in coating tight junctions on the surface of NPs. PEGylation clearly helped to
445 decrease the release of the drug from the tight vesicles, and this correlated to the lower rate of
446 drug release after PEGylation compared to non-PEGylated formulation. Therefore, the
447 retention yield and load rate was increased by PEGylation.

448

449 The cytotoxic effects of NPs on C6 and A172 cell lines have been investigated by MTT assay.
450 The results showed that PEGylated NPs+mAb had the lowest IC_{50} and, therefore, showed a
451 higher cytotoxicity on cancer cells compared to other NPs and standard carboplatin. The
452 standard form of carboplatin caused major damage to cells and the toxic effect continued after
453 24 hrs. After 48 hrs the IC_{50} remained stable for the standard form of carboplatin. The
454 cytotoxicity effect of PEGylated NPs loaded with carboplatin was higher than standard
455 carboplatin and non-PEGylated NPs. This finding correlated with our previously published
456 study [47] which evaluated the cytotoxic effects of PBCA NPs on ovarian cancer cell lines.
457 This could be due to the impact of using PEG in E.E. enhancement. Hassanzadegan et al.
458 (2019) [49] proved that using PEG in liposomal NPs can also improve the cytotoxicity of
459 carboplatin on A172 and C6 cell lines, which confirms the role of PEG in enhancing E.E in
460 different types of NPs. In fact, our results confirmed that concentration of carboplatin close to
461 targeted cancer cells was the highest when using NPs+mAb compared to other formulations.

462 This caused more damage to cancer cells. Such data concur with our results demonstrating the
463 lowest IC₅₀ and the increased cytotoxicity of carboplatin, which indicates enhanced drug
464 efficiency in NPs+mAb formulation. The cytotoxicity results are consistent with the Arshad et
465 al (2015) finding on PLGA loaded with carboplatin. Their work demonstrated that nano-
466 encapsulation significantly increased the cytotoxic effects of carboplatin in both cell and
467 animal model studies [68, 69]. Similarly, Hamelers et al (2006) reported that the cytotoxic
468 effects of carboplatin loaded into a lipid formulation are multiplied by 1000 times compared to
469 the standard drug [70-72].

470

471 Moreover, the survival study showed that unconjugated NPs are not able to efficiently deliver
472 drugs to tumor tissue. Although PBCA NPs showed strong performance in cytotoxicity
473 evaluation in both the present and the previously published studies [47], the survival study
474 results revealed that PBCA NPs are not suitable for glioblastoma treatment. However, using
475 surface modified PBCA NPs improved animal survival time by 40% compared to the free form
476 of carboplatin. These results correlated with the findings previously reported by Gulyaev et al.
477 [73] and Ambruosi et al. [74], which discovered that applying polysorbate 80 on NP
478 formulation remarkably extended the biodistribution of NPs in brain tumors and consequently
479 enhanced the survival time of the animal. This increase in survival time is longer compared to
480 the study by Xin et al (2010) [75], which showed only 20% increase in survival time of animals
481 treated by methoxy poly(ethylene glycol)-poly(ϵ -caprolactone) NPs. Our results reveal that the
482 targeting agent plays a crucial role in delivering a higher drug dose to the targeted site. This
483 significant enhancement occurred as a higher dose of the drug was delivered to the tumor.
484 These results reveal that PEGylated PBCA NPs+mAb efficiently pass through the BBB.
485 Furthermore, the anti-tumor efficacy of NPs was further substantiated by histological analysis
486 of brain samples in *ex vivo* study. The morphological study showed no changes in the brain
487 size and weight compared to the brains from other groups of rats. This reveals a remarkable
488 effect of mAb as a targeting agent, which improved the efficiency of our drug delivery system.
489 Lower toxicity of the NPs altered biodistribution of the drug mediated by the NPs, and this
490 agrees with Wohlfart et al (2012) who showed that NPs reduce the toxicity of chemotherapeutic
491 drugs and decrease damage to other organs [44].

492

493 **5. Conclusion**

494

495 Developing NPs incorporating retention power and high encapsulation efficiency aids in
496 the designing of nano drug delivery. In this study we applied a mAb as a targeting agent to
497 enhance the drug delivery efficiency of PBCA NPs, following on from our previously
498 published study [47]. Our findings indicate that the mini-emulsion polymerization together
499 with the conjugation method are reliable preparation procedures for designing PBCA NPs
500 conjugated to mAb. Furthermore, the characteristics of the NPs loaded with carboplatin have
501 been studied, demonstrating that NPs were stable over the two months. Also, sulfo-HSAB was
502 used to cross-link the amine groups from the mAb to covalent C-H bonds of the dextran-coated
503 PBCA NPs. The efficacy of the drug loaded onto NPs+mAb on glioblastoma cell lines was
504 shown to enhance cytotoxicity compared to standard carboplatin. Furthermore, our results
505 demonstrate that cytotoxicity correlates with the E.E and the drug concentration. Our findings
506 showed that the use of PBCA NPs can significantly reduce the side effects of carboplatin on
507 other organs, but does not improve survival time for treated animals compared to the free form
508 of carboplatin. On the other hand, our study demonstrated that using a targeting agent in the
509 NP structure significantly enhances the animals' survival rate. This demonstrates that
510 NPs+mAb can significantly enhance the therapeutic effects of carboplatin with higher doses
511 delivered to the tumor site with NPs+mAb compared to NPs non-conjugated NPs and free form
512 drugs. The results also show that by using NPs+mAb, there was a reduction in carboplatin
513 treatment-associated side effects, including changes in brain size and weight, body weight and
514 effects on non-targeted organs (kidney and liver). Overall, our findings suggest that PEGylated
515 NPs+mAb has extensive potential for enhancing efficiency of carboplatin-based therapy in
516 glioblastoma.

517

518 **Funding:** This research has not received external funding.

519 **Acknowledgments:** The author would like to thank the Department of Pilot
520 Nanobiotechnology, Pasteur Institute of Iran, Tehran, Iran and Dr. M. Chiani and Dr. H.
521 Ebrahimi Shahmabadi for their significant contribution and support.

522 **Conflicts of Interest:** No conflicts of interest to declare.

523

524

525 References

- 526 1. [1] R. Stupp, W. P. Mason, M. J. van den Bent, M. Weller, B. Fisher, M. J. B. Taphoorn, K. Belanger,
527 A. A. Brandes, C. Marosi, U. Bogdahn, J. Curschmann, R. C. Janzer, S. K. Ludwin, T. Gorlia, A. Allgeier,
528 D. Lacombe, J. G. Cairncross, E. Eisenhauer, and R. O. Mirimanoff, "Radiotherapy plus Concomitant and
529 Adjuvant Temozolomide for Glioblastoma," *New England Journal of Medicine*, vol. 352, pp. 987-996,
530 2005/03/10 2005. doi:10.1056/NEJMoa043330
- 531 2. [2] Q. T. Ostrom, H. Gittleman, G. Truitt, A. Boscia, C. Kruchko, and J. S. Barnholtz-Sloan, "CBTRUS
532 Statistical Report: Primary Brain and Other Central Nervous System Tumors Diagnosed in the United
533 States in 2011-2015," *Neuro-Oncology*, vol. 20, pp. iv1-iv86, 2018. doi:10.1093/neuonc/ny131
- 534 3. [3] F. Bray, J. Ferlay, I. Soerjomataram, R. L. Siegel, L. A. Torre, and A. Jemal, "Global cancer statistics
535 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries," *CA:
536 A Cancer Journal for Clinicians*, vol. 68, pp. 394-424, 2018/11/01 2018. doi:10.3322/caac.21492
- 537 4. [4] Y. Persidsky, S. H. Ramirez, J. Haorah, and G. D. Kanmogne, "Blood-brain Barrier: Structural
538 Components and Function Under Physiologic and Pathologic Conditions," *Journal of Neuroimmune
539 Pharmacology*, vol. 1, pp. 223-236, September 01 2006. doi:10.1007/s11481-006-9025-3
- 540 5. [5] V. Stojanovska, S. Sakkal, and K. Nurgali, "Platinum-based chemotherapy: gastrointestinal
541 immunomodulation and enteric nervous system toxicity," *American Journal of Physiology - Gastrointestinal
542 and Liver Physiology*, vol. 308, pp. G223-G232, 2015. doi:10.1152/ajpgi.00212.2014
- 543 6. [6] V. Laquintana, A. Trapani, N. Denora, F. Wang, J. M. Gallo, and G. Trapani, "New strategies to
544 deliver anticancer drugs to brain tumors," *Expert opinion on drug delivery*, vol. 6, pp. 1017-1032, 2009.
545 doi:10.1517/17425240903167942
- 546 7. [7] S. H. Ramirez, J. Haskó, A. Skuba, S. Fan, H. Dykstra, R. McCormick, N. Reichenbach, I. Krizbai,
547 A. Mahadevan, M. Zhang, R. Tuma, Y.-J. Son, and Y. Persidsky, "Activation of Cannabinoid Receptor 2
548 Attenuates Leukocyte-Endothelial Cell Interactions and Blood-Brain Barrier Dysfunction under
549 Inflammatory Conditions," *The Journal of Neuroscience*, vol. 32, p. 4004, 2012. doi:10.1523/jneurosci.4628-
550 11.2012
- 551 8. [8] D. J. Begley, "Delivery of therapeutic agents to the central nervous system: the problems and the
552 possibilities," *Pharmacology & Therapeutics*, vol. 104, pp. 29-45, 2004/10/01/ 2004.
553 doi:https://doi.org/10.1016/j.pharmthera.2004.08.001
- 554 9. [9] M. Hassanzadeganroudsari, M. Soltani, A. Heydarinasab, A. T. Nakhjiri, M. D. K. Hossain, and
555 A. A. Khiyavi, "Mathematical modeling and simulation of molecular mass transfer across blood brain
556 barrier in brain capillary," *Journal of Molecular Liquids*, vol. 310, p. 113254, 2020/07/15/ 2020.
557 doi:https://doi.org/10.1016/j.molliq.2020.113254
- 558 10. [10] R. Abdul Razzak, G. J. Florence, and F. J. Gunn-Moore, "Approaches to CNS Drug Delivery with
559 a Focus on Transporter-Mediated Transcytosis," *International journal of molecular sciences*, vol. 20, p. 3108,
560 2019. doi:10.3390/ijms20123108
- 561 11. [11] V. M. Pulgar, "Transcytosis to Cross the Blood Brain Barrier, New Advancements and
562 Challenges," *Frontiers in Neuroscience*, vol. 12, 2019-January-11 2019. doi:10.3389/fnins.2018.01019
- 563 12. [12] B. K. Lee, Y. H. Yun, and K. Park, "Smart nanoparticles for drug delivery: Boundaries and
564 opportunities," *Chemical Engineering Science*, vol. 125, pp. 158-164, 2015/03/24/ 2015.
565 doi:https://doi.org/10.1016/j.ces.2014.06.042
- 566 13. [13] A. Z. Wang, R. Langer, and O. C. Farokhzad, "Nanoparticle Delivery of Cancer Drugs," *Annual
567 Review of Medicine*, vol. 63, pp. 185-198, 2012. doi:10.1146/annurev-med-040210-162544
- 568 14. [14] U. Gozde and G. Ufuk, "Smart Drug Delivery Systems in Cancer Therapy," *Current Drug Targets*,
569 vol. 19, pp. 202-212, 2018. doi:<http://dx.doi.org/10.2174/1389450117666160401124624>
- 570 15. [15] A. Azadi, M. Hamidi, and M.-R. Rouini, "Methotrexate-loaded chitosan nanogels as 'Trojan
571 Horses' for drug delivery to brain: Preparation and in vitro/in vivo characterization," *International Journal
572 of Biological Macromolecules*, vol. 62, pp. 523-530, 2013/11/01/ 2013.
573 doi:https://doi.org/10.1016/j.ijbiomac.2013.10.004
- 574 16. [16] K. Tahara, Y. Miyazaki, Y. Kawashima, J. Kreuter, and H. Yamamoto, "Brain targeting with
575 surface-modified poly(D,L-lactic-co-glycolic acid) nanoparticles delivered via carotid artery
576 administration," *European Journal of Pharmaceutics and Biopharmaceutics*, vol. 77, pp. 84-88, 2011/01/01/ 2011.
577 doi:https://doi.org/10.1016/j.ejpb.2010.11.002
- 578 17. [17] Z. Rahman, K. Kohli, R. K. Khar, M. Ali, N. A. Charoo, and A. A. A. Shamsher, "Characterization
579 of 5-fluorouracil microspheres for colonic delivery," *AAPS PharmSciTech*, vol. 7, pp. E113-E121, 2006.
580 doi:10.1208/pt070247

- 581 18. [18] R. Singh and J. W. Lillard, "Nanoparticle-based targeted drug delivery," *Experimental and*
582 *molecular pathology*, vol. 86, pp. 215-223, 2009. doi:10.1016/j.yexmp.2008.12.004
- 583 19. [19] K. Andrieux and P. Couvreur, "Polyalkylcyanoacrylate nanoparticles for delivery of drugs
584 across the blood–brain barrier," *Wiley Interdisciplinary Reviews: Nanomedicine and Nanobiotechnology*, vol. 1,
585 pp. 463-474, 2009. doi:10.1002/wnan.5
- 586 20. [20] H. Majid, A. Vasso, and N. Kulmira, "Development and characterization of targeted
587 nanoparticles loaded with Oxaliplatin for colorectal cancer treatment," presented at the 20th Asia-Pacific
588 Nanotechnology Congress, Sydney, Australia, 2018. doi:10.4172/2157-7439-C5-080
- 589 21. [21] L. E. van Vlerken, T. K. Vyas, and M. M. Amiji, "Poly(ethylene glycol)-modified Nanocarriers for
590 Tumor-targeted and Intracellular Delivery," *Pharmaceutical Research*, vol. 24, pp. 1405-1414, 2007/08/01
591 2007. doi:10.1007/s11095-007-9284-6
- 592 22. [22] K. Knop, R. Hoogenboom, D. Fischer, and U. S. Schubert, "Poly(ethylene glycol) in Drug
593 Delivery: Pros and Cons as Well as Potential Alternatives," *Angewandte Chemie International Edition*, vol.
594 49, pp. 6288-6308, 2010/08/23 2010. doi:10.1002/anie.200902672
- 595 23. [23] G. S. Kwon, "Polymeric Micelles for Delivery of Poorly Water-Soluble Compounds," vol. 20, p.
596 47, 2003-10-01 2003. doi:10.1615/CritRevTherDrugCarrierSyst.v20.i5.20
- 597 24. [24] J. Prados, C. Melguizo, R. Ortiz, G. Perazzoli, L. Cabeza, P. J. Álvarez, F. Rodriguez-Serrano, and
598 A. Aranega, "Colon Cancer Therapy: Recent Developments in Nanomedicine to Improve the Efficacy of
599 Conventional Chemotherapeutic Drugs," *Anti-Cancer Agents in Medicinal Chemistry*, vol. 13, pp. 1204-1216,
600 2013. doi:<http://dx.doi.org/10.2174/18715206113139990325>
- 601 25. [25] I. Himri and A. Guaadaoui, "Chapter 1 - Cell and organ drug targeting: Types of drug delivery
602 systems and advanced targeting strategies," in *Nanostructures for the Engineering of Cells, Tissues and*
603 *Organs*, A. M. Grumezescu, Ed., ed: William Andrew Publishing, 2018, pp. 1-66.
- 604 26. [26] J. Pearson and T. Regad, *Targeting cellular pathways in glioblastoma multiforme* vol. 2, 2017.
- 605 27. [27] "Poster Sessions," *Neurogastroenterology & Motility*, vol. 25, pp. 13-45, 2013.
606 doi:10.1111/nmo.12187
- 607 28. [28] M. M. K. Shahzad, G. Lopez-Berestein, and A. K. Sood, "Novel strategies for reversing platinum
608 resistance," *Drug Resistance Updates*, vol. 12, pp. 148-152, 2009/12/01/ 2009.
609 doi:<http://dx.doi.org/10.1016/j.drug.2009.09.001>
- 610 29. [29] R. P. Wernyj and P. J. Morin, "Molecular mechanisms of platinum resistance: still searching for
611 the Achilles' heel," *Drug Resistance Updates*, vol. 7, pp. 227-232, 2004/08/01/ 2004.
612 doi:<http://dx.doi.org/10.1016/j.drug.2004.08.002>
- 613 30. [30] N. Montano, T. Cenci, M. Martini, Q. G. D'Alessandris, F. Pelacchi, L. Ricci-Vitiani, G. Maira, R.
614 D. Maria, L. M. Larocca, and R. Pallini, "Expression of EGFRvIII in Glioblastoma: Prognostic Significance
615 Revisited," *Neoplasia*, vol. 13, pp. 1113-IN6, 2011/12/01/ 2011. doi:<https://doi.org/10.1593/neo.111338>
- 616 31. [31] A. B. Heimberger, D. Suki, D. Yang, W. Shi, and K. Aldape, "The natural history of EGFR and
617 EGFRvIII in glioblastoma patients," *Journal of Translational Medicine*, vol. 3, p. 38, 2005/10/19 2005.
618 doi:10.1186/1479-5876-3-38
- 619 32. [32] H. Ebrahimi Shahmabadi, F. Movahedi, M. Koohi Moftakhari Esfahani, S. E. Alavi, A. Eslamifar,
620 G. Mohammadi Anaraki, and A. Akbarzadeh, "Efficacy of Cisplatin-loaded polybutyl cyanoacrylate
621 nanoparticles on the glioblastoma," *Tumor Biology*, vol. 35, pp. 4799-4806, 2014/05/01 2014.
622 doi:10.1007/s13277-014-1630-9
- 623 33. [33] M. Ghaferi, S. Amari, B. Vivek Mohrir, A. Raza, H. Ebrahimi Shahmabadi, and E. S. Alavi,
624 "Preparation, Characterization, and Evaluation of Cisplatin-Loaded Polybutylcyanoacrylate
625 Nanoparticles with Improved In Vitro and In Vivo Anticancer Activities," *Pharmaceuticals*, vol. 13, 2020.
626 doi:10.3390/ph13030044
- 627 34. [34] M. H. Asghari Vosta, Kheymeh, A. ,& Haj Mousa, Gh., & Nemati, A., *The Basis of Laboratory*
628 *Animal Science*. Tehran, Iran: Royan Institute, 2013.
- 629 35. [35] F. Miura, M. Alves, M. Cisotto Rocha, R. S Silva, S. Shinjo, M. Uno, C. Colin, M. Sogayar, and S.
630 Marie, *Experimental model of C6 brain tumors in athymic rats* vol. 66, 2008.
- 631 36. [36] R. Stavely, A. Robinson, S. Miller, R. Boyd, S. Sakkal, and K. Nurgali, *Allogeneic Guinea pig*
632 *mesenchymal stem cells ameliorate neurological changes in experimental colitis* vol. 6, 2015.
- 633 37. [37] S. Steiniger, J. Kreuter, A. s. Khalansky, I. Skidan, A. I Bobruskin, Z. Smirnova, S. Severin, R. Uhl,
634 M. Kock, K. Geiger, and S. Gelperina, *Chemotherapy of glioblastoma in rats using doxorubicin-loaded*
635 *nanoparticles* vol. 109, 2004.
- 636 38. [38] A. K. Ghose, V. N. Viswanadhan, and J. J. Wendoloski, "A Knowledge-Based Approach in
637 Designing Combinatorial or Medicinal Chemistry Libraries for Drug Discovery. 1. A Qualitative and

- 638 Quantitative Characterization of Known Drug Databases," *Journal of Combinatorial Chemistry*, vol. 1, pp.
639 55-68, 1999/01/12 1999. doi:10.1021/cc9800071
- 640 39. [39] N. A. Vick, J. D. Khandekar, and D. D. Bigner, "Chemotherapy of brain tumors: The "blood-brain
641 barrier" is not a factor," *Archives of Neurology*, vol. 34, pp. 523-526, 1977.
642 doi:10.1001/archneur.1977.00500210025002
- 643 40. [40] M. G. Donelli, M. Zucchetti, and M. D'Incalci, "Do anticancer agents reach the tumor target in
644 the human brain?," *Cancer Chemotherapy and Pharmacology*, vol. 30, pp. 251-260, July 01 1992.
645 doi:10.1007/bf00686291
- 646 41. [41] W. M. Pardridge, "Drug Transport across the Blood-Brain Barrier," *Journal of Cerebral Blood Flow
647 & Metabolism*, vol. 32, pp. 1959-1972, 2012. doi:doi:10.1038/jcbfm.2012.126
- 648 42. [42] J. Tan, S. Shah, A. Thomas, H. D. Ou-Yang, and Y. Liu, "The influence of size, shape and vessel
649 geometry on nanoparticle distribution," *Microfluidics and Nanofluidics*, vol. 14, pp. 77-87, January 01 2013.
650 doi:10.1007/s10404-012-1024-5
- 651 43. [43] M. Sefidgar, M. Soltani, K. Raahemifar, M. Sadeghi, H. Bazmara, M. Bazargan, and M. Mousavi
652 Naeenian, "Numerical modeling of drug delivery in a dynamic solid tumor microvasculature,"
653 *Microvascular Research*, vol. 99, pp. 43-56, 2015/05/01/ 2015. doi:https://doi.org/10.1016/j.mvr.2015.02.007
- 654 44. [44] S. Wohlfart, S. Gelperina, and J. Kreuter, "Transport of drugs across the blood-brain barrier by
655 nanoparticles," *Journal of Controlled Release*, vol. 161, pp. 264-273, 2012/07/20/ 2012.
656 doi:https://doi.org/10.1016/j.jconrel.2011.08.017
- 657 45. [45] J. Kreuter, "Drug delivery to the central nervous system by polymeric nanoparticles: What do
658 we know?," *Advanced Drug Delivery Reviews*, vol. 71, pp. 2-14, 2014/05/01/ 2014.
659 doi:https://doi.org/10.1016/j.addr.2013.08.008
- 660 46. [46] N. Al Khouri Fallouh, L. Roblot-Treupel, H. Fessi, J. P. Devissaguet, and F. Puisieux,
661 "Development of a new process for the manufacture of polyisobutylcyanoacrylate nanocapsules,"
662 *International Journal of Pharmaceutics*, vol. 28, pp. 125-132, 1986/02/01/ 1986.
663 doi:https://doi.org/10.1016/0378-5173(86)90236-X
- 664 47. [47] M. Hassanzadeganroudsari, A. Heydarinasab, M. Soltani, P. Chen, and A. Akbarzadeh Khiyavi,
665 "Enhancing anti-cancer efficacy of carboplatin by PEGylated poly(butyl cyanoacrylate) nano-particles,"
666 *Journal of Drug Delivery Science and Technology*, vol. 54, p. 101218, 2019/12/01/ 2019.
667 doi:https://doi.org/10.1016/j.jddst.2019.101218
- 668 48. [48] D. Bazile, C. Prud'homme, M. T. Bassoullet, M. Marlard, G. Spenlehauer, and M. Veillard,
669 "Stealth Me. PEG-PLA Nanoparticles Avoid Uptake by the Mononuclear Phagocytes System," *Journal of
670 Pharmaceutical Sciences*, vol. 84, pp. 493-498, 1995/04/01/ 1995. doi:https://doi.org/10.1002/jps.2600840420
- 671 49. [49] M. Hassanzadeganroudsari, A. Heydarinasab, A. Akbarzadeh khiyavi, P. Chen, and M. Soltani,
672 "In vitro investigation of anticancer efficacy of carboplatin-loaded PEGylated nanoliposome particles on
673 brain cancer cell lines," *Journal of Nanoparticle Research*, vol. 21, p. 124, 2019/06/05 2019. doi:10.1007/s11051-
674 019-4562-x
- 675 50. [50] F. Kawai, "Microbial degradation of polyethers," *Applied Microbiology and Biotechnology*, vol. 58,
676 pp. 30-38, 2002/01/01 2002. doi:10.1007/s00253-001-0850-2
- 677 51. [51] F. M. Veronese and G. Pasut, "PEGylation, successful approach to drug delivery," *Drug Discovery
678 Today*, vol. 10, pp. 1451-1458, 2005/11/01/ 2005. doi:https://doi.org/10.1016/S1359-6446(05)03575-0
- 679 52. [52] R. Gref, Y. Minamitake, M. T. Peracchia, V. Trubetskoy, V. Torchilin, and R. Langer,
680 "Biodegradable long-circulating polymeric nanospheres," *Science*, vol. 263, pp. 1600-1603, 1994.
681 doi:10.1126/science.8128245
- 682 53. [53] P. Calvo, B. Gouritin, H. Chacun, D. Desmaële, J. D'Angelo, J.-P. Noel, D. Georgin, E. Fattal, J. P.
683 Andreux, and P. Couvreur, "Long-Circulating PEGylated Polycyanoacrylate Nanoparticles as New Drug
684 Carrier for Brain Delivery," *Pharmaceutical Research*, vol. 18, pp. 1157-1166, 2001/08/01 2001.
685 doi:10.1023/a:1010931127745
- 686 54. [54] Y. Li and D. Ju, "Chapter 12 - The Application, Neurotoxicity, and Related Mechanism of
687 Cationic Polymers**Conflict of Interests: All the Figures and Table in "The application, neurotoxicity, and
688 related mechanism of cationic polymers" are original, unpublished materials designed and prepared by
689 Yubin Li and Dianwen Ju. The authors declared that there's no conflict of interests," in *Neurotoxicity of
690 Nanomaterials and Nanomedicine*, X. Jiang and H. Gao, Eds., ed: Academic Press, 2017, pp. 285-329.
- 691 55. [55] J.-C. Olivier, L. Fenart, R. Chauvet, C. Pariat, R. Cecchelli, and W. Couet, "Indirect Evidence that
692 Drug Brain Targeting Using Polysorbate 80-Coated Polybutylcyanoacrylate Nanoparticles Is Related to
693 Toxicity," *Pharmaceutical Research*, vol. 16, pp. 1836-1842, 1999/12/01 1999. doi:10.1023/A:1018947208597

- 694 56. [56] B. Petri, A. Bootz, A. Khalansky, T. Hekmatara, R. Müller, R. Uhl, J. Kreuter, and S. Gelperina,
695 "Chemotherapy of brain tumour using doxorubicin bound to surfactant-coated poly(butyl cyanoacrylate)
696 nanoparticles: Revisiting the role of surfactants," *Journal of Controlled Release*, vol. 117, pp. 51-58,
697 2007/01/22/ 2007. doi:<https://doi.org/10.1016/j.jconrel.2006.10.015>
- 698 57. [57] U. Bickel, T. Yoshikawa, E. M. Landaw, K. F. Faull, and W. M. Pardridge, "Pharmacologic effects
699 in vivo in brain by vector-mediated peptide drug delivery," *Proceedings of the National Academy of Sciences*,
700 vol. 90, p. 2618, 1993. doi:10.1073/pnas.90.7.2618
- 701 58. [58] W. M. Pardridge and R. J. Boado, "Chapter eleven - Reengineering Biopharmaceuticals for
702 Targeted Delivery Across the Blood-Brain Barrier," in *Methods in Enzymology*. vol. 503, K. D. Wittrup and
703 G. L. Verdine, Eds., ed: Academic Press, 2012, pp. 269-292.
- 704 59. [59] D. J. Begley, "The Blood-brain Barrier: Principles for Targeting Peptides and Drugs to the Central
705 Nervous System," *Journal of Pharmacy and Pharmacology*, vol. 48, pp. 136-146, 1996/02/01 1996.
706 doi:10.1111/j.2042-7158.1996.tb07112.x
- 707 60. [60] V. Reukov, V. Maximov, and A. Vertegel, "Proteins conjugated to poly(butyl cyanoacrylate)
708 nanoparticles as potential neuroprotective agents," *Biotechnology and Bioengineering*, vol. 108, pp. 243-252,
709 2011/02/01 2010. doi:10.1002/bit.22958
- 710 61. [61] M. J. McCall, H. Diril, and C. F. Meares, "Simplified method for conjugating macrocyclic
711 bifunctional chelating agents to antibodies via 2-iminothiolane," *Bioconjugate Chemistry*, vol. 1, pp. 222-
712 226, 1990/05/01 1990. doi:10.1021/bc00003a007
- 713 62. [62] M. Wu, E. Dellacherie, A. Durand, and E. Marie, "Poly(n-butyl cyanoacrylate) nanoparticles via
714 miniemulsion polymerization (1): Dextran-based surfactants," *Colloids and Surfaces B: Biointerfaces*, vol. 69,
715 pp. 141-146, 2009/02/15/ 2009. doi:<https://doi.org/10.1016/j.colsurfb.2008.12.010>
- 716 63. [63] R. Mofidian, A. Barati, M. Jahanshahi, and M. H. Shahavi, "Fabrication of novel agarose-nickel
717 bilayer composite for purification of protein nanoparticles in expanded bed adsorption column," *Chemical
718 Engineering Research and Design*, vol. 159, pp. 291-299, 2020/07/01/ 2020.
719 doi:<https://doi.org/10.1016/j.cherd.2020.03.024>
- 720 64. [64] S. Honary and F. Zahir, *Effect of Zeta Potential on the Properties of Nano-Drug Delivery Systems - A
721 Review (Part 1)* vol. 12, 2013.
- 722 65. [65] H. Otsuka, Y. Nagasaki, and K. Kataoka, "PEGylated nanoparticles for biological and
723 pharmaceutical applications," *Advanced Drug Delivery Reviews*, vol. 64, Supplement, pp. 246-255, 2012.
724 doi:<https://doi.org/10.1016/j.addr.2012.09.022>
- 725 66. [66] M. Soltani and P. Chen, "Effect of tumor shape and size on drug delivery to solid tumors," *Journal
726 of Biological Engineering*, vol. 6, p. 4, 2012/12/01 2012. doi:10.1186/1754-1611-6-4
- 727 67. [67] D. Cosco, D. Paolino, R. Muzzalupo, C. Celia, R. Citraro, D. Caponio, N. Picci, and M. Fresta,
728 "Novel PEG-coated niosomes based on bola-surfactant as drug carriers for 5-fluorouracil," *Biomedical
729 Microdevices*, vol. 11, p. 1115, 2009/06/09 2009. doi:10.1007/s10544-009-9328-2
- 730 68. [68] A. Arshad, B. Yang, A. S. Bienemann, N. U. Barua, M. J. Wyatt, M. Woolley, D. E. Johnson, K. J.
731 Edler, and S. S. Gill, "Convection-Enhanced Delivery of Carboplatin PLGA Nanoparticles for the
732 Treatment of Glioblastoma," *PLoS ONE*, vol. 10, p. e0132266, 2015. doi:10.1371/journal.pone.0132266
- 733 69. [69] M. Jafari, M. Soltani, S. Naahidi, N. Karunaratne, and P. Chen, *Nonviral Approach for Targeted
734 Nucleic Acid Delivery* vol. 19, 2012.
- 735 70. [70] I. H. L. Hamelers, E. van Loenen, R. W. H. M. Staffhorst, B. de Kruijff, and A. I. P. M. de Kroon,
736 "Carboplatin nanocapsules: a highly cytotoxic, phospholipid-based formulation of carboplatin," *Molecular
737 Cancer Therapeutics*, vol. 5, pp. 2007-2012, 2006. doi:10.1158/1535-7163.mct-06-0089
- 738 71. [71] R. H. Müller, C. Lherm, J. Herbert, and P. Couvreur, "In vitro model for the degradation of
739 alkylcyanoacrylate nanoparticles," *Biomaterials*, vol. 11, pp. 590-595, 1990/10/01/ 1990.
740 doi:[https://doi.org/10.1016/0142-9612\(90\)90084-4](https://doi.org/10.1016/0142-9612(90)90084-4)
- 741 72. [72] X. Wang, L. Yang, Z. Chen, and M. Shin Dong, "Application of Nanotechnology in Cancer
742 Therapy and Imaging," *CA: A Cancer Journal for Clinicians*, vol. 58, pp. 97-110, 2008/03/01 2008.
743 doi:10.3322/CA.2007.0003
- 744 73. [73] A. E. Gulyaev, S. E. Gelperina, I. N. Skidan, A. S. Antropov, G. Y. Kivman, and J. Kreuter,
745 "Significant Transport of Doxorubicin into the Brain with Polysorbate 80-Coated Nanoparticles,"
746 *Pharmaceutical Research*, vol. 16, pp. 1564-1569, 1999/10/01 1999. doi:10.1023/a:1018983904537
- 747 74. [74] A. Ambruosi, H. Yamamoto, and J. Kreuter, "Body distribution of polysorbate-80 and
748 doxorubicin-loaded [14C]poly(butyl cyanoacrylate) nanoparticles after i.v. administration in rats," *Journal
749 of Drug Targeting*, vol. 13, pp. 535-542, 2005/10/01 2005. doi:10.1080/10611860500411043

750 75. [75] H. Xin, L. Chen, J. Gu, X. Ren, Z. wei, J. Luo, Y. Chen, X. Jiang, X. Sha, and X. Fang, "Enhanced
751 anti-glioblastoma efficacy by PTX-loaded PEGylated poly(ϵ -caprolactone) nanoparticles: In vitro and in
752 vivo evaluation," *International Journal of Pharmaceutics*, vol. 402, pp. 238-247, 2010/12/15/ 2010.
753 doi:<https://doi.org/10.1016/j.ijpharm.2010.10.005>
754
755

756 **Figure Legends**

757

758 **Figure 1.** A) Schematic conjugation of PBCA NPs to mAb. B) Schematic representation of
759 targeted NPs drug delivery process. C) Scheme of the *in vivo* experimental design.

760

761 **Figure 2.** SEM micrographs of A - PEGylated NPs, B – non-PEGylated NPs and C - PEGylated
762 NPs after 2 months.

763

764 **Figure 3.** Release profile of drug from PBCA NPs for non-PEGylated NPs and PEGylated NPs
765 conjugated with mAb as well as non-conjugated PEGylated and free carboplatin within 48 hrs
766 at 37°C. Results are from 3 iterations (n=3) expressed as a mean \pm standard deviation (SD).

767

768 **Figure 4.** Cytotoxic effects of NPs and free carboplatin on the C6 cell line after 24, 48, 72 and
769 96 hrs of incubation (A, B, C and D respectively). Results are from 4 iterations (n=4) expressed
770 as a mean \pm standard deviation (SD). * $P < 0.05$ NPs compared to free carboplatin, # $P < 0.05$
771 PEGylated NPs conjugated to mAb compared to non-conjugated PEGylated and non-
772 PEGylated NPs.

773

774 **Figure 5.** Cytotoxicity effects of NPs and free drug on the A172 cell line after 24, 48, 72 and
775 96 hrs of incubation (A, B, C and D respectively). Results are from 4 iterations (n=4) expressed
776 as a mean \pm standard deviation (SD). * $P < 0.05$ NPs compared to free drug, # $P < 0.05$ PEGylated
777 NPs conjugated to mAb compared to non-conjugated PEGylated and non-PEGylated NPs.

778

779 **Figure 6.** Effect of IC50 (μ M) of non-PEGylated NPs and non-conjugated PEGylated as well
780 as PEGylated NPs conjugated with mAb and free drug on A172 and C6 cell lines at 24, 48, 72
781 and 96 hrs time intervals. All results are from 4 iterations (n=4) expressed as a mean \pm standard
782 deviation (SD).

783

784 **Figure 7.** Changes in body weight and survival of animals after different treatments. A) Body
785 weight change in groups received following treatments: Group 1 - Free form of carboplatin,
786 Group 2 - Unconjugated NPs loaded with carboplatin, Group 3 - NPs loaded with carboplatin
787 conjugated to mAb, Group 4 - PBS. B) Kaplan-Myer survival analysis of animals with tumors
788 induced by C6 after different treatments: Group 1 - Free form of carboplatin, Group 2 -
789 Unconjugated NPs loaded with carboplatin, Group 3 - NPs loaded with carboplatin conjugated
790 to mAb, Group 4 - PBS.

791

792 **Figure 8.** Morphological and histological analysis of brains from different groups. A) The
793 brains collected from the following groups: Group 0 - Healthy untreated animals without cancer
794 induction, Group 1 - Tumor-bearing mice treated with free form of carboplatin, Group 2 -
795 Tumor-bearing mice treated with unconjugated NPs loaded with carboplatin, Group 3 - Tumor-
796 bearing mice treated with NPs loaded with carboplatin conjugated to mAb, Group 4 – PBS-
797 treated tumor-bearing mice. B) Eosin and hematoxylin staining of brain tissue from
798 corresponding groups of animals.

799

800 **Figure 9.** Hematoxylin and eosin staining of kidney (a) and liver (b) from the following
801 groups: Group 1, Group 2, Group 3. Arrows indicate necrotic cells.