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A Catalase-Like Metal-Organic Framework Nanohybrid for O₂-Evolving Synergistic Chemoradiotherapy

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Conflict of interest

The authors declare no conflict of interest.

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Abstract

Tumour hypoxia, the “Achilles’ heel” of current cancer therapies, is indispensable to drug resistance and poor therapeutic outcomes especially for radiotherapy. Here we propose an in situ catalytic oxygenation strategy in tumour using porphyrinic metal-organic framework (MOF)-gold nanoparticles (AuNPs) nanohybrid as a therapeutic platform to achieve O₂-evolving chemoradiotherapy. The AuNPs decorated on the surface of MOF effectively stabilize the nanocomposite and serve as radiosensitizers, whereas the MOF scaffold acts as a container to encapsulate chemotherapeutic drug doxorubicin. In vitro and in vivo studies verify that the catalase-like nanohybrid significantly enhances the radiotherapy effect, alleviating tumour hypoxia and achieving synergistic anticancer efficacy. This hybrid nanomaterial remarkably suppresses the tumour growth with minimized systemic toxicity, opening new horizons for the next generation of theranostic nanomedicines.

Graphical Abstract

COMMUNICATION

Catalase-like nanohybrid based on AuNPs/gold(III) porphyrinic metal-organic frameworks is fabricated for O₂ self-supported chemoradiotherapy. Such all-in-one nanohybrid holds advantages of modulating tumour hypoxia, amplifying radiation effect, regulating drug release and combining chemotherapy with radiotherapy, which will be a paradigm of O₂-elevated radiochemotherapy that offers a novel strategy in multimodal cancer therapy.

Keywords

catalase-like activity; tumour hypoxia; radiosensitizer; controlled drug release; chemoradiation therapy

Hypoxia, a phenotype of inadequate O_2 supply in fast-growing tumours due to the aberrant and tortuous tumour vasculature, is highly responsible for tumour migration, invasion, metastasis, and resistance to different therapies.^[1] Massive evidences have shown that hypoxic cells are less sensitive to radiation damage than normoxic cells in radiotherapy.^[2] On account of this, elevation of tumour O_2 is highly expected to benefit the radiotherapy. Quite different from hyperbaric oxygen therapy suffering from safety concerns and ineffective outcomes,^[3] smart nanomedicines carrying O_2 -generating agents (e.g., catalase, MnO_2) can produce O_2 triggered by external light and/or unique pathological stimuli,^[4] providing potent strategies to reprogram tumour hypoxia to promote O_2 -enhanced radiotherapy. Alternatively, to maximize the responses in a given dose of radiation, high-Z materials are recommended to sensitize hypoxic cells to radiation, among which gold nanoparticles (AuNPs) are outstanding candidates owing to their large X-ray attenuation coefficient. The introduction of AuNPs facilitates the efficient deposition of irradiation energy within the tumour, making the best utilization of radiation.^[2b,5]

In clinic trials, radiotherapy is usually utilized as an adjuvant tool to combine with surgery or chemotherapy to lessen the chance of tumour recurrence.^[6] So far, although continuous efforts have been invested in the combined chemoradiotherapy, their anti-tumour performances are often unsatisfactory due to tumour resistance to treatments. Therefore, it is urgently required to develop smart nanoparticles (NPs) capable of generating O_2 in situ, amplifying radiation signals and regulating drug release on command, so as to synergistically eradicate tumour. Porphyrin-based metal-organic framework (MOF) NPs are a kind of crystalline hybrid materials made up of metal ions/clusters and organic building units (porphyrins or metalloporphyrins). Owing to their high storage capacities, compositions tailorability, biodegradability and feasible modifiability or functionality,^[7] porphyrinic MOF NPs have emerged as potent platforms for photodynamic therapy and delivery of theranostic agents.

Herein, we engineered a biodegradable nanocomposite featuring stimuli-responsive O_2 generation as well as controlled drug release for O_2 -elevated chemoradiotherapy. The nanohybrid (MOF-Au) was constructed by in situ growth of AuNPs onto the surface of porphyrinic MOF NPs (Figure 1). The decoration of AuNPs brought about several attractive

advantages: (i) serving as radiosensitizers to boost radiotherapy; (ii) facilitating efficient PEGylation to prevent the aggregation of the NPs in physiological environment; and (iii) endowing the MOF NPs with relatively high stability against phosphate to prevent premature degradation during blood circulation. Interestingly, the MOF-Au with PEGylation worked as an artificial enzyme to oxygenate tumour microenvironment by catalyzing tumour metabolites H_2O_2 into O_2 , which was beneficial to O_2 -dependent radiotherapy. Furthermore, the MOF covered by AuNPs still remained highly porous through well regulation, allowing to load anticancer drug doxorubicin (Dox). Both in vitro and in vivo studies demonstrated that the nanomedicine exhibited superior anticancer efficacy with negligible systematic toxicity, attributing to the synergistic effect of chemoradiotherapy.

The MOF-Au hybrid was obtained through an in situ growth method by reducing HAuCl_4 into AuNPs on the surface of MOF.^[8] The successful fabrication of MOF-Au was verified by transmission electron microscopy (TEM) (Figure 2a and Figure S1), energy dispersive spectroscopy (EDS) mapping (Figure 2b), X-ray photoelectron spectroscopy (XPS) spectra (Figure S2) and powder X-ray diffraction (PXRD) pattern (Figure S3). Gold(III) porphyrin complex (AuTCPP) was simultaneously formed during the growth of AuNPs as characterized by high-resolution XPS spectra (Figure S2) and UV-vis spectra (Figure S4). It should be pointed out that the crystallinity and unique porous structure of MOF platform in the MOF-Au hybrid was greatly maintained during the preparation of MOF-Au, which was confirmed by PXRD pattern (Figure S3) and N_2 adsorption-desorption isotherm measurement (Figure S5), suggesting that the MOF scaffold was a perfect candidate to encapsulate therapeutic cargoes (e.g., Dox). To avoid nonspecific adsorption of Dox by AuNPs, MOF-Au NPs were PEGylated (MOF-Au-PEG) that was verified by the hydrodynamic diameter (Figure S6) and zeta potential (Figure S7) changes. Then Dox was loaded into MOF-Au-PEG driven by the π - π interaction between Dox and the porphyrin ligands. Attributing to the presence of densely packed PEG corona, the fabricated NPs (Dox@MOF-Au-PEG) were well dispersed in saline solution, PBS (2 mM) and cell culture medium (Figure S8), making them suitable for biomedical applications.

Interestingly, we uncovered that the MOF-Au-PEG nanohybrid possessed catalytic activity in decomposing H_2O_2 according to the O_2 generation profile (Figure 2c). Moreover, drug encapsulation had little effect on the catalytic property of MOF-Au-PEG NPs, as evidenced by their good performance in O_2 generation. In contrast, AuNPs or MOF alone contributed little to O_2 production under the same condition. Given the abundance of tumour metabolites H_2O_2 and the radiosensitization of both AuNPs and O_2 ,^[4a,5,9] such catalase-like activity makes Dox@MOF-Au-PEG promising in elevating O_2 tension in tumour tissue to further boost AuNPs-sensitized radiotherapy.

The envelopment of MOF-Au-PEG NPs by AuNPs shielded them against phosphate attack to some extent. Owing to the stronger coordination interaction between phosphate ion and zirconium,^[10] the MOF readily decomposed in PBS (2 mM), manifesting by the burst release of porphyrin ligands (Figure 2d) and structure collapse (Figure S9). In stark contrast, MOF-Au NPs displayed much improved phosphate tolerance with much slower release rate of porphyrin in PBS (2 mM). Several possible reasons were responsible for the stability improvement: (i) A protective shield of AuNPs was formed, masking the MOF from

phosphate attack; (ii) The surface zeta potential changed from being positive to negative (Figure S10) after AuNPs growth, avoiding the electrostatic interaction between the MOF and phosphate; (iii) The AuNPs could act as the physical crosslinks to further stabilize the MOF scaffold. Additionally, the PEG shell on the surface further stabilized MOF-Au-PEG against the phosphate attack. When the concentration of PBS increased to 10 mM, rapid release of porphyrin (Figure 2d) and shedding of AuNPs (Figure S11) occurred along with the framework collapse (Figure S9). Similarly, Dox@MOF-Au-PEG presented phosphate-sensitive drug release behavior (Figure S12). Hence, it is highly expected that the MOF-Au-PEG NPs with relatively high stability remain intact in extracellular/plasma fluid, of which the phosphate level is about 2.00 mM.^[11] Upon internalization by cancer cells, the high concentration of phosphate in cells^[10,11] may lead to disintegration of the NPs. After 24 h dispersion in cell culture medium, little change in both morphology (Figure S13a) and hydrodynamic diameter (Figure S13b) was observed, indicating the good stability of MOF-Au-PEG NPs in culture medium. The co-existence of Au and Zr insides U87MG cells confirmed that the MOF-Au-PEG NPs could be readily taken up by cells (Figure S14). As predicted, MOF-Au-PEG NPs became fragmented inside cells according to the TEM analysis (Figure S15 and Figure 3a). The degradation of MOF-Au-PEG NPs also benefited the liberation of Dox and the ligand tetrakis(4-carboxyphenyl)porphyrin (H₂TCPP), accompanied by their fluorescence recovery (Figure S16 and S17). On account of this, confocal laser scanning microscopy (CLSM) imaging was employed to confirm the intracellular drug release behavior by monitoring the restored fluorescence of the liberated Dox and H₂TCPP. The fluorescence of both Dox and H₂TCPP was clearly observed in the cells (Figure 3b and S18) showing a time-dependent internalization. Notably, intranuclear accumulation of Dox increased as the incubation time extended, which implied the efficient drug release followed by the disassembly of Dox@MOF-Au-PEG. Overall, the Dox@MOF-Au-PEG NPs featuring efficient transportation into cells and sensitive intracellular drug release provides a potent strategy in potentiating therapeutic efficacy.

In this work, we integrated the radiosensitization effect of AuNPs with the anticancer effect of Dox for combined radiochemotherapy. 3-(4',5'-Dimethylthiazol-2'-yl)-2,5-diphenyltetrazoliumbromide (MTT) assay was utilized to assess the synergistic anticancer efficacy against U87MG cells. The administration of single X-ray radiation (8 Gy) resulted in limited anticancer outcome, showing 15% inhibition of cell proliferation (Figure 3c). For MOF-Au-PEG, slight cell inhibition was observed likely caused by the anticancer activity of AuTCPP chelates.^[12] Notably, the treatment with MOF-Au-PEG followed by X-ray radiation (denoted as + hereafter) imposed more substantial suppression on cell viability in a dose-dependent manner owing to the radiosensitization of AuNPs. Dox@MOF-Au-PEG (+) presented excellent cytotoxicity, which was comparable to that of free Dox (+) possessing brilliant anticancer ability due to its extremely efficient cellular internalization. From the MTT assay (Figure 3c and S19), negligible difference in cell survival rate between free Dox and free Dox (+) was observed, while Dox@MOF-Au-PEG (+) exhibited higher cell inhibition than that of Dox@MOF-Au-PEG, implying the radiosensitization of the nanocarrier. The combination index (CI) of Dox@MOF-Au-PEG (+) was determined to be 0.88, confirming the synergistic anticancer efficacy of chemoradiotherapy. Since short-term MTT assay is less common to study survival of irradiated cells,^[13] clonogenic assay was

conducted to determine the efficiency of MOF-Au-PEG radiosensitizer for accurate comparison (Figure 3d). It was found that the MOF-Au-PEG (+) showed much higher chronic cytotoxicity than those of MOF-Au-PEG and X-ray alone, thus verifying the radiotherapy-enhancing effect of the MOF-Au-PEG NPs. In DNA double-strand breaks study, Dox@MOF-Au-PEG (+) treated cells emitted the most intense γ H2AX fluorescence attributing to the severe DNA damage (Figure S20), demonstrating the superior efficacy of the radiochemotherapy.

Prior to in vivo therapy, the biodistribution of the nanomedicine was investigated on U87MG tumour-bearing female nude mice using positron emission tomography (PET) imaging. Obvious tumour signal with a high tumour-to-background contrast was observed in the mice receiving intravenous (i.v.) injection of ^{64}Cu -labeled MOF-Au-PEG (^{64}Cu -MOF-Au-PEG) (Figure 4a). Quantitative region of interest (ROI) analysis was applied to determine the corresponding time-dependent biodistribution of the nanohybrid (Figure 4b). Notably, the retention of the ^{64}Cu -MOF-Au-PEG in blood still remained at 10.78% at 4 h post injection (p.i.) by quantifying the ^{64}Cu signal in the heart (Figure 4b and S21), demonstrating the prolonged circulation behavior of the NPs in blood. The ^{64}Cu -MOF-Au-PEG effectively accumulated in the tumour site, the amount was calculated to be 4.10% ID g^{-1} and 3.65% ID g^{-1} at 24 h and 48 h p.i., respectively, which was primarily benefited from the enhanced permeability and retention (EPR) effect. Ex vivo biodistribution quantification was carried out at 48 h p.i. using a gamma counter, in which the results matched well with those quantified from PET images (Figure S22).

Recently, tumour characteristics (e.g., hypoxia, high H_2O_2 content) have emerged as therapeutic targets to modulate tumour microenvironments and promote therapy for precise treatment.^[4c,6b] On account of this, we investigated the O_2 generation capacity of MOF-Au-PEG in hypoxic cancer cells. Extraneous H_2O_2 was introduced to simulate the excessive H_2O_2 level ($0.5 \text{ nmol}/10^4 \text{ cells h}^{-1}$)^[4a,4b] in the tumour. Significant promotion of O_2 was found in the presence of MOF-Au-PEG, in sharp contrast to the negligible generation of O_2 by H_2O_2 alone (Figure S23). Inspired by this finding, we hypothesized that the abundant tumour metabolite H_2O_2 could function as a reactant to participate in the production of O_2 in vivo. Hypoxia-inducible factor 1 α (HIF1- α) immunofluorescence staining of tumour section was then employed to reflect the O_2 level. The green fluorescence indicative of hypoxia dramatically decreased in the tumour tissue from the mice treated with MOF-Au-PEG (Figure 4c). This phenomenon demonstrated the excellent performance of catalase-like MOF-Au-PEG in relieving tumour hypoxia which had been reported to be responsible for tumour resistance to radiotherapy.

Encouraged by the high tumour accumulation and subsequent in situ generation of O_2 , we then evaluated the antitumour effect on U87MG tumour-bearing nude mice. The mice were intravenously injected with various formulations at a Dox-equivalent dose of 2 mg kg^{-1} , and were partly subjected to 8 Gy radiation at 24 h p.i. It was found that the tumours grew rapidly in the saline-treated group (Figure 4d and 4e). Free Dox, Dox@MOF-Au-PEG or radiation alone moderately delayed the tumour growth. Furthermore, MOF-Au-PEG (+) exerted more pronounced inhibition in tumour growth, confirming the radiosensitization effect of the nanocarrier. Excitingly, Dox@MOF-Au-PEG (+) was most effective in tumour

suppression with continuous tumour shrinkage during the treatments. The corresponding tumour inhibition rate on day 13 after treatment reached 89%. Hematoxylin and eosin (H&E) staining indicated that prominently enhanced tumour necrosis was observed in the tumour slices of the mice treated with Dox-MOF-Au-PEG (+) (Figure S24). Benefiting from the modulation of tumour hypoxia, on-demand drug release and synergistic effect, efficient tumour eradication was achieved at low drug dosage to minimize systemic toxicity. As anticipated, no significant changes in body weight (Figure S25) or organ histopathology (Figure S26) were observed after the treatments. Compared to other nanocarriers, Dox@MOF-Au-PEG NPs combine many advantages, such as high storage capacities, biodegradability, self-sufficiency of O₂, on-demand drug release and combined therapies, offering valuable strategies for next-generation of nanomedicines in cancer theranostics.

In conclusion, we fabricated a PEGylated MOF-Au nanohybrid, in which AuNPs were grown in situ on the porphyrinic MOF NPs. Attributing to the surrounded compact AuNPs and a dense PEG corona, the MOF-based nanomedicine possessed a prolonged blood circulation time, which favored the tumour accumulation through EPR effect. Furthermore, the nanohybrid demonstrated catalase-like activity, on-demand drug release and enhanced radiotherapeutic efficacy, achieving synergistic radiochemotherapy. Notably, the catalase-like activity enabled the nanohybrid to elevate tumour O₂ for further enhancement of in vivo chemoradiotherapy. Such versatile nanohybrid with excellent antitumour performance will be a paradigm of O₂-elevated radiochemotherapy, offering a novel strategy in multimodal cancer therapy.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgements

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Figure 1. Schematic representation showing the main components of Dox@MOF-Au-PEG and the mechanism of O₂ self-supplying synergistic chemoradiotherapy.

Figure 2.

a) TEM images and b) EDS mapping of MOF-Au NPs. c) O₂ generation by various samples with normalized MOF weight (1 mg mL⁻¹) in the presence of H₂O₂ at a physiological concentration of 400 μM. d) Release profiles of the porphyrin ligand under different conditions. Insets: TEM images of MOF-Au-PEG after incubation with water or PBS for 24 h.

Figure 3.

a) Bio-TEM images of U87MG cells after treatment with MOF-Au-PEG for 24 h. Arrows: purplish red, lysosomes; white, intact NPs with massive coating of small dark spots (AuNPs); blue, collapsed NPs manifested fewer decorations of AuNPs along with lighter contrast. b) CLSM images of U87MG cells treated with Dox@MOF-Au-PEG for different time. c) Cell survival rate and d) colony formation of U87MG cells after different treatments. Opposed to (–), (+) denotes X-ray was applied in the group. The concentration shown in c) and d) represents the normalized concentration of MOF.

Figure 4.

a) PET imaging of U87MG tumour-bearing mice at different time points p.i. of ^{64}Cu -MOF-Au-PEG. The green dashed circles represent the tumour locations. b) Quantitative ROI assay of major tissues (n = 3). c) HIF1- α immunofluorescence analysis of the tumour slices collected at 8 h p.i. of saline or MOF-Au-PEG. d) Tumour growth curves of the mice administrated with different treatments (n = 5). e) The final relative tumour volume on day

13 after various treatments. * $p < 0.05$ vs. Dox@MOF-Au-PEG. ** $p < 0.01$ vs. Dox@MOF-Au-PEG.

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