

Silica-Based Stimuli-Responsive Systems

Subjects: **Materials Science**, **Biomaterials**

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Silica nanoparticles are safe vehicles for antitumor molecules due to their stability in physiological medium, high surface area and easy functionalization, and good biocompatibility. Silica surface can be engineered with specific organic moieties for the development of stimuli-responsive systems (SRSs), that is, delivery nanostructures that release their cargo under the action of a specific stimulus. When used as drug carriers, these stimuli-responsive nanoparticles are good candidates for strong therapeutic activity with no toxicity effects.

silica nanoparticles

drug delivery

stimuli-responsive

controlled release

cancer therapy

camptothecin

docetaxel

doxorubicin

1. Introduction

In recent years, nanoparticles have emerged as key players in modern medicine, with applications ranging from contrast agents in medical imaging to gene delivery carriers in individual cells. An increasing number of nanotherapeutic drugs have already been commercialized or reached the clinical stage ^[1]. In the case of oncologic applications, and compared to simple molecule therapies, currently most FDA-approved nanoparticle-based drug delivery systems (DDSs) are being designed for the re-formulation of combinations of chemotherapeutic drugs, looking for enhanced pharmacokinetics (PK), biocompatibility, tumor-targeting, and stability, while simultaneously minimizing systemic toxicity and overcoming drug resistance ^[2]. Furthermore, the possibility of introducing tracking moieties to promote medical imaging leads to the development of efficient theranostic systems, which are able to carry out diagnostic and therapy in one go ^[3].

In this context, the use of silica nanoparticles (SNPs), and especially of mesoporous silica nanoparticles (MSNs), in drug delivery was formerly based on their physical and textural properties, with empty mesoporous channels to absorb relatively large amounts of bioactive molecules. Different groups have systematically studied the influence of pore diameter, pore structure, surface area, and pore volume on drug loading and release rate ^{[4][5]}. It has been shown that the decrease in pore diameter leads to a decrease in drug-loading quantity and release rate. At the same time, the pore structure type in terms of pore connectivity may condition the diffusion process and, in this sense, a one-dimensional pore structure with cage-like pores is the most promising pore geometry for providing high drug-loading amount and slow drug release. Additionally, both pore volume and surface area favor the incorporation of drug molecules within the mesoporous structure.

The incorporation of drugs in SNPs can take place through non-covalent interactions, such as hydrogen bonding, physical adsorption, electrostatic interaction, and π - π stacking [6][7]. Unfortunately, in most cases, these kinds of interactions are very weak, and some or total premature release of the cargo may occur before reaching the destination. The premature release problem not only limits the use of a DDS for effective therapy, but also plays a major challenge on possible side effects that can be related to the activity of the active principle outside the targeted cells or tissue. In this sense, surface functionalization of SNPs with appropriate organic groups allows for the incorporation of the therapeutic molecules by more stable interacting forces, such as ionic bond and covalent bond. These functionalized mesoporous SNPs are highly stable DDSs, able to deliver the drug with no leakage before reaching the designated site of cells or tissue.

Furthermore, silica surface can be engineered with specific organic moieties for the development of stimuli-responsive systems (SRSs), that is, delivery nanostructures that release their cargo under the action of a specific stimulus [8]. When used as drug carriers, these stimuli-responsive nanoparticles are good candidates for strong therapeutic activity with no toxicity effects. A wide range of different SRSs can be classified as endogenous or exogenous, depending on the nature of the stimulus (internal or external) used to release the therapeutic agent at the specific site without premature release. However, these “smart” systems can be tailored to respond selectively to (i) internal stimuli such as pH, redox, enzyme, or temperature; and (ii) external stimuli such as magnetic field, light, and ultrasound [9][10][11]. It is important to note that charge release, in both cases, occurs via a different pathway. While SRSs that respond to internal stimuli take advantage of the differences between cancerous and normal tissue environments, SRSs that are sensitive to external stimuli modify their characteristics or properties in the presence of a physical event. One of the main advantages of these “smart systems” is that, by controlling the release of the drug in a specific area of the tissue, they allow, on the one hand, side effects to be minimized and, on the other hand, efficacy of the treatment to be improved [10].

At this point, selective cancer therapy needs to develop methodologies to target malignant cells and minimize the impact on healthy tissue. For this purpose, different components have been used as targeting moieties, as small molecules, peptide sequences, polysaccharides, aptamers, and antibodies. Actually, recent studies have been focused on cancer therapy with targeting molecules, such as aptamers and monoclonal antibodies [12][13]. The use of monoclonal antibodies for tumor targeting of drug delivery platforms is an important tool for clinical applications, due to their high affinity, specificity, and versatility. The term ‘affinity’ refers to the strength of the interaction between a single region of the monoclonal antibody and a single antigen. In this strategy, antibodies bind specifically to the corresponding antigens overexpressed on the surface on cancer cells, which can lead to selective drug accumulation at the tumor site [14]. The main benefit of this strategy is the reduction in adverse effects by selective interactions between antibody and cell-surface receptors [15].

2. Stimuli-Responsive Systems Based in Endogenous Activity

These nanodevices can be tailored by introducing breakable bonds or gatekeepers into the nanoparticle structure as pore blockers, which can degrade in response to an internal feature of the organism, including pH, enzymes,

redox environment, and temperature. Some of the most significant proposed endogenous or internal stimulus-response systems are presented in **Table 1**.

Table 1. Types of MSN-based internal stimuli-responsive systems for drug delivery.

Stimulus	Drug Loading	Release System	Release Mechanism	Ref.
pH	Doxorubicin	MSNs grafted with the pH sensitive linker ATU and coated with the acid degradable polymer PAA	Acid-cleavable acetal (ATU) linker	[16]
	Doxorubicin and pheophorbide a	Hollow MSNs decorated with chitosan as a capping layer and GPTMS as crosslinking and attaching agent	At acidic pH, the CS/GPTMS layer swells, leaving the pores free.	[17]
	Doxorubicin	MSNs conjugated with supramolecular switches forming by hydrazone bond, azobenzene and α -cyclodextrin	Hydrolyzation of acid-sensitive hydrazine bonds	[18]
	Sulforhodamine B	MSNs with functionalized pore walls and grafted with a pH-responsive cross-linked polymer pDAEM	Protonation/deprotonation of tertiary amines of polymer	[19]
Redox	Camptothecin (CPT)	Silica hybrid nanoparticles conjugated with pyridine-2-yl(disulfanyl)alkyl carbonate derivatives of CPT	Disulfide reduction, intramolecular cyclization, and dissociation of nanoparticles	[20] [21]
	Pyrene	Spherical PLGA nanoparticles containing	Disulfide bridge reduction and pore opening	[22]

Stimulus	Drug Loading	Release System	Release Mechanism	Ref.
		hydrophobic molecules covered by a thin layer of a redox-responsive amorphous organosilica shell		
	Hydroxycamptothecin (HCPT)	Disulfide-doped organosilica-micellar hybrid nanoparticles	Two stage rocket-mimetic redox responsive mechanism. First, detachment of disulfide-bond of PEG and second, degradation of disulfide-doped silsesquioxane framework	[23]
	Ribonuclease A (RNase A)	Diselenide-bridged mesoporous SNPs	Degradation of diselenide bridge in oxidative and reduction conditions	[24]
Enzyme	Doxorubicin	Hollow MSNs grafted with chitosan as a gatekeeper by an azo linkage	Degradation of azo bonds	[25]
	Doxorubicin	Hybrid nanospheres composed of an organic core (liposome) and an inorganic shell formed by ester fragments bonded covalently to silica units	Ester bond hydrolysis	[26]
	Camptothecin	Amorphous SNPs decorated with CPT	Ester bond hydrolysis	[27]
	Docetaxel (DTX)	MSNs conjugated with	Ester bond hydrolysis	[28]

Stimulus	Drug Loading	Release System	Release Mechanism	Ref.
DTX and a PSMA antibody				
Temperature	Doxorubicin hydrochloride	Magnetic MSNs coated with polymer poly(N-isopropylacrylamide-co-acrylamide) as a gate-keeper	Conformational change in thermoresponsive polymer P(NIPAM-co-MAA)	[29]
	Rhodamine 6G	Solid core mesoporous shells and nonporous solid corer SNPs grafted with poly(N-isopropylacrylamide) brushes	Conformational change in thermoresponsive polymer PNIPAM	[30]
	Doxorubicin	Hollow MSNs coated with poly(N-isopropylacrylamide) modified with metha acrylamide (Mam) and with Fe ₃ O ₄ nanoparticles embedded in the polymer shell	Conformational change in thermoresponsive polymer P(NIPAM-Mam)	[31]

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3. Stimuli-Responsive Systems Based in Exogenous Activity

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Stimulus	Drug Loading	Release System	Release Mechanism	Ref.	Delivery.
Magnetic	Camptothecin	MSNs capped with monodispersed Fe ₃ O ₄ nanoparticles through chemical bond	Chemical bond cleavage	[34]	Delivery:
	Doxorubicin	Monodispersed manganese and cobalt doped iron oxide nanoparticles with a silica shell conjugated with the 4,4'-azobis(4-cyanovaleric acid) as a gate-keeper	Cleavage of the gatekeeper	[35]	4.; Amiri,
Light	Fluorescein disodium and Camptothecin	MSNs modified with an optimal molar ratio of spiropyran and perfluorodecyltriethoxysilane	Conformational conversion of spiropyran	[36]	ger, R. atl.
	Camptothecin	Light-activated mesostructured silica (LAMSS) nanoparticles functionalized with azobenzene moieties	Trans-cis photoisomerization of azobenzene	[37]	articles
	Camptothecin	Nanoimpellers functionalized with azobenzene moieties and a two-photon fluorophore F	Trans-cis photoisomerization of azobenzene	[38]	12, for
Ultrasound	Camptothecin	Gold nanoclusters with a homogeneous thin monolayer of amorphous silica (Au@SiO ₂)	Diffusion (promoted by local hyperthermia)	[39]	ponsive 18, 65,
	Topotecan hydrochloride	MSNs functionalized with poly(ethylene glycol) and 4,4'-azobis(4-cyanovaleric acid)	Cleavage of the azo moiety of the thermosensitive linker	[40]	orous 2020,
	Gadopentetate dimeglumine Gd(DTPA) ²⁻	MSNs with pores capped with poly(ethylene glycol)	Poly(ethylene glycol) bond cleavage	[41]	articles , 716.

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However, the most specific targeting ligands are antibodies. They present outstanding antigen-recognition capacity, and have been used frequently as targeting components in SNPs and MSNs [\[44\]](#) [\[45\]](#). Unfortunately, they are normally very sensitive to physical and chemical conditions, which hinder their covalent bonding over silica surface Delivery in Cancer Cells Using Nanoimpellers. *Angew. Chem.-Int. Ed.* 2013, 52, 13813–13817.

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Table 3. Silica-based nanomedicines under clinical investigation ^a.

Material	Clinical Trial	Patients	Status	Action	Active Agent	Pathology	Via	Outcome	Ref.
Lipoceramic (silica@lipid)	Clinical Study	16	Completed	Bioavailability study	Ibuprofen	---	Oral	Improved PK	[64]
	ACTRN 12618001929291	12	Completed	Bioavailability study	Simvastatin	---		Improved PK	[65]
MSN	Clinical Study	12	Completed	Bioavailability study	Fenofibrate	---	Oral	Improved PK	[66]
Au@SiO ₂ and Au/Fe ₃ O ₄ @SiO ₂ (core-shell)	NCT01270139	180	Completed	Photothermal therapy	Gold nanoparticles	Atherosclerosis	IV	Reduced coronary atherosclerosis	[68]
	NCT01436123	62	Terminated	Photothermal therapy	Gold nanoparticles	Atherosclerosis	IV	Reduced risk of atherosclerosis	[68]
Aurolase	NCT00848042	11	Completed	Photothermal therapy	Gold nanoshells	Head and neck cancer	IV	Tumor ablation	[67]

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	Material	Clinical Trial	Patients	Status	Action	Active Agent	Pathology	Via	Outcome	Ref.
5	(SiO ₂ @Au)									
5	AuroShell (SiO ₂ @Au)	NCT02680535	45	Completed	Photothermal therapy	Gold nanoshells	Neoplasms of the prostate	IV	Pending ^b	[67]
6		NCT04240639	60	Recruiting	Photothermal therapy	Gold nanoshells	Neoplasms of the prostate	IV	Pending ^b	[67]
6	Cornell dots (ultra small SNPs)	NCT03465618	10	Recruiting	PET Imaging, Fluorescent Imaging	⁸⁹ Zr, Cy5.5	Malignant brain tumors	IV	Pending	[69]
6		NCT02106598	86	Recruiting	Fluorescent Imaging	Cy5.5	Melanoma	IV	Pending	[69]
6		NCT01266096	10	Active, not recruiting	PET Imaging	¹²⁴ I	Melanoma and malignant brain tumors	IV	Pending	[69]
6		NCT04167969	10	Recruiting	PET Imaging, Fluorescent Imaging	⁶⁴ Cu, Cy5.5	Prostate cancer	IV	Pending	[69]

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6. Conclusions and Future Direction

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