

# Novel treatments in nanomedicine: Developments and challenges

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*Cyclops Grand Challenge Workshop*

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# What's wrong with nanomedicines?

*Development of nanomedicines is a key component of next generation therapeutics, but scientists still don't fully understand how key parameters drive efficacy*

Material	Delivery efficiency [%ID]	No. Data Sets
Inorganic	0.8	86
Organic	0.6	137
<i>Inorganic material</i>		
Gold	1.0	45
Iron oxide	0.6	8
<b>1. Median 0.7% Injected dose reached tumour</b>		
<b>2. This number has not changed in 10 years!</b>		
Other	0.9	23
<i>Targeting strategy</i>		
Passive	0.6	175
Active	0.9	57

***The problem: There is no internal measure of predicting efficacy for individual patients; all patients get a nominal dose and treatment regime***

**Challenges in Nanomedicine translation – towards closed loop therapeutics and personalisation of medicine**

Positive

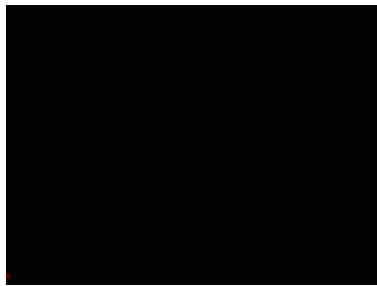
# Theranostics

*Wirelessly relay information back to clinician in real-time, allowing analysis and comparison with big datasets and drive therapeutic decisions*

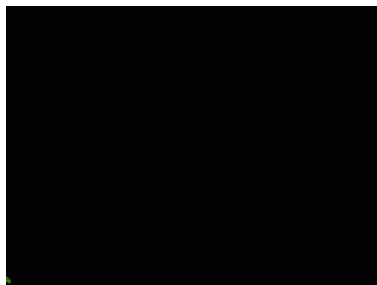
# Dynamic PET



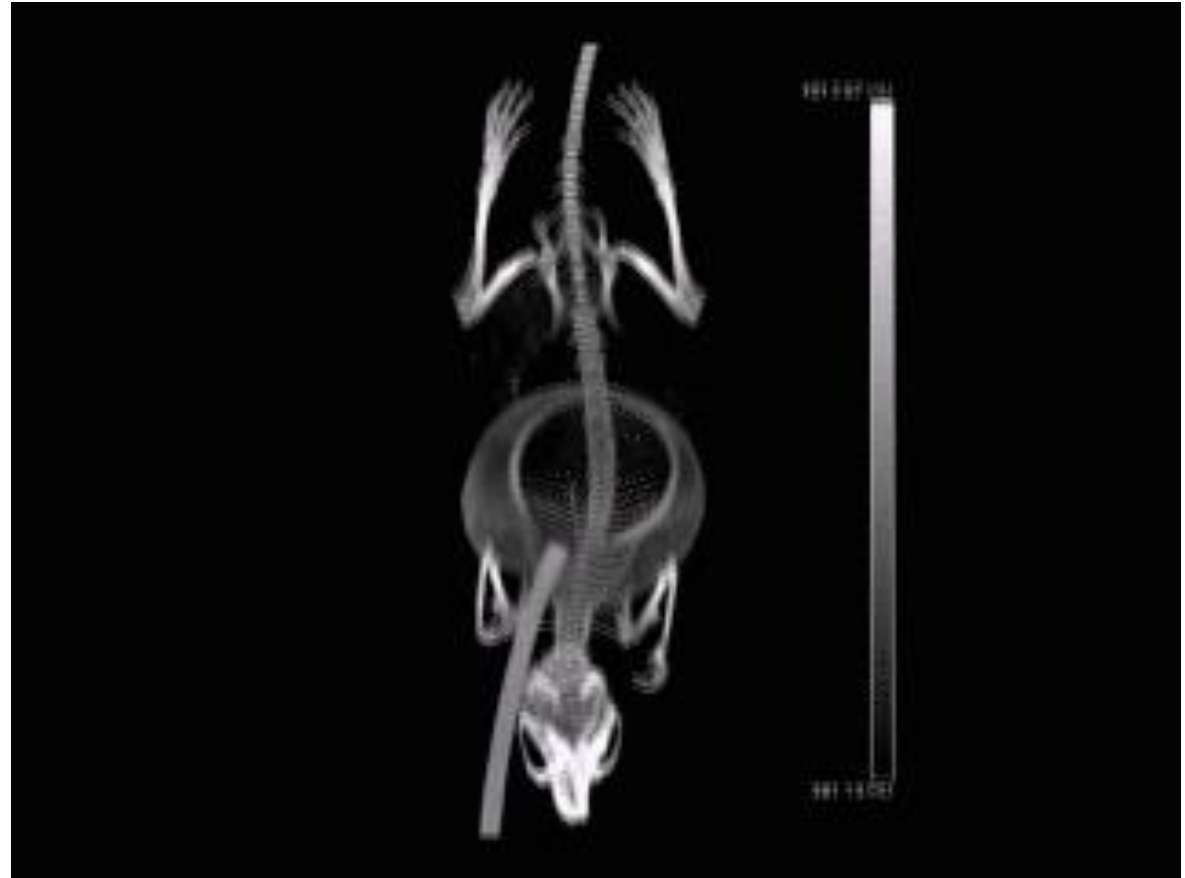
Liver



Heart



Kidney



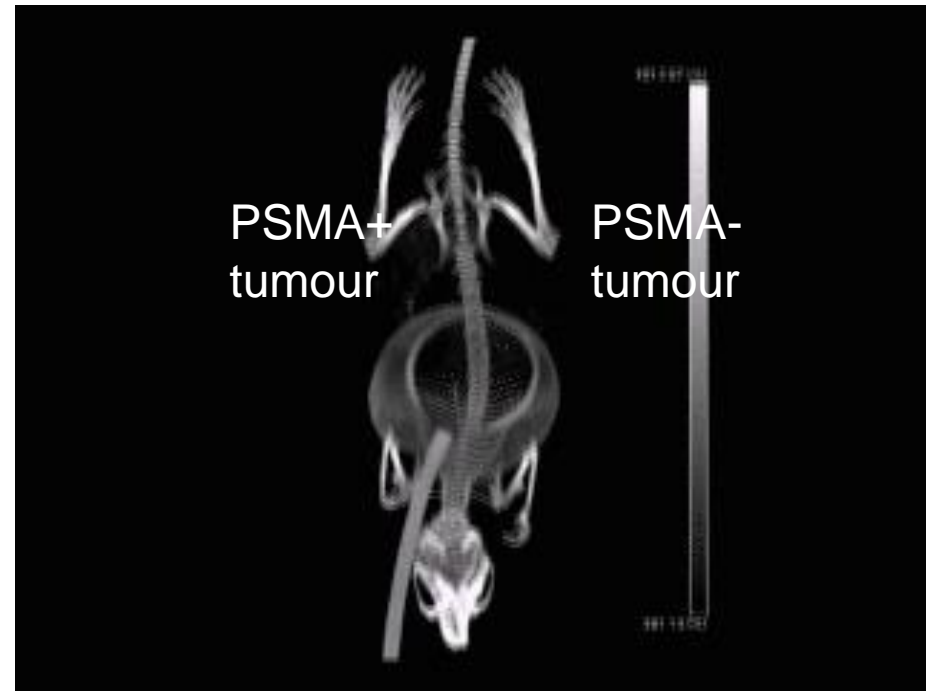
First 2 hours following injection of nanomedicine

← 2 hrs →

# Imaging nanomedicine aggregation in tumour

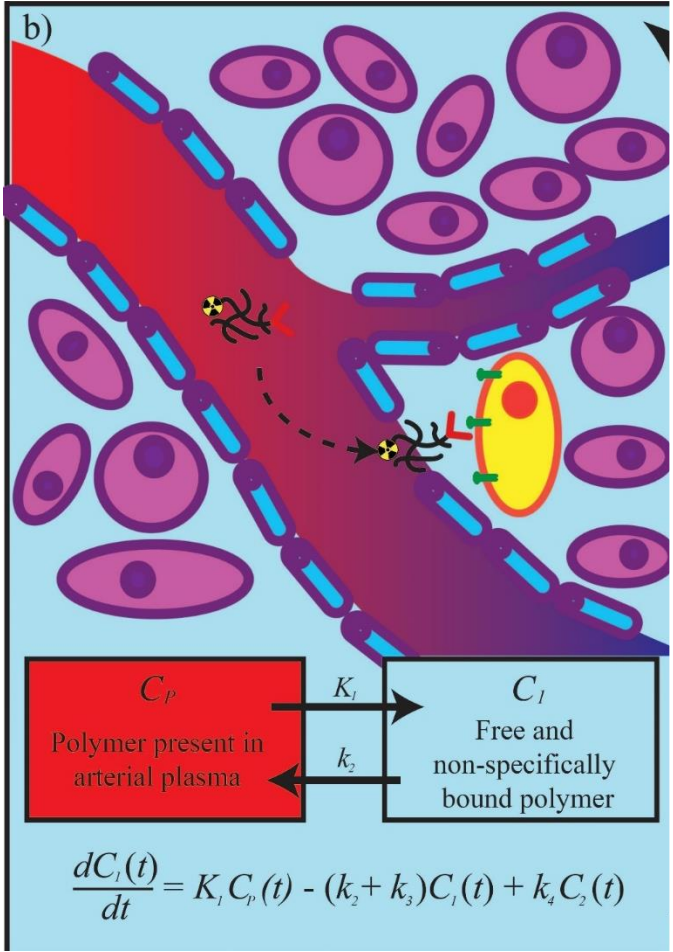


Time-activity curves for tumours



Dynamic PET with CT

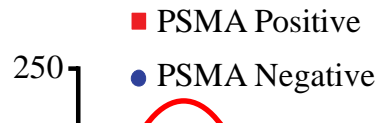
# Our Approach for optimising treatment: Two compartment model for tumour aggregation of nanomedicines.



# Nanomedicine distribution in tumour – targeted vs EPR effect

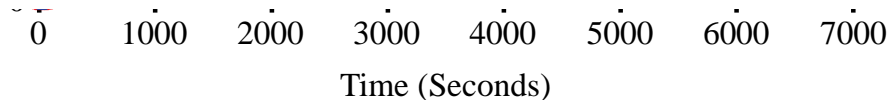
## 2 Compartment Model for Distribution

Accounts for differences in extravasation for two tumours



**Targeting increases accumulation by ~ 2-fold**

**For individual patients, the degree of accumulation can be determined and therapeutic strategy modelled**

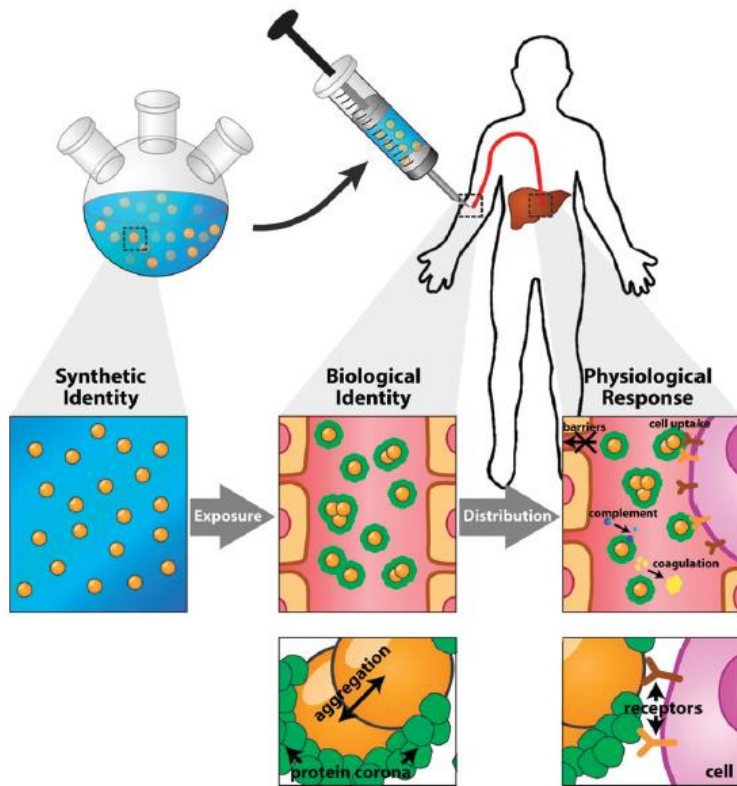


Accumulation  
in tumour:  $k_1/k_2$

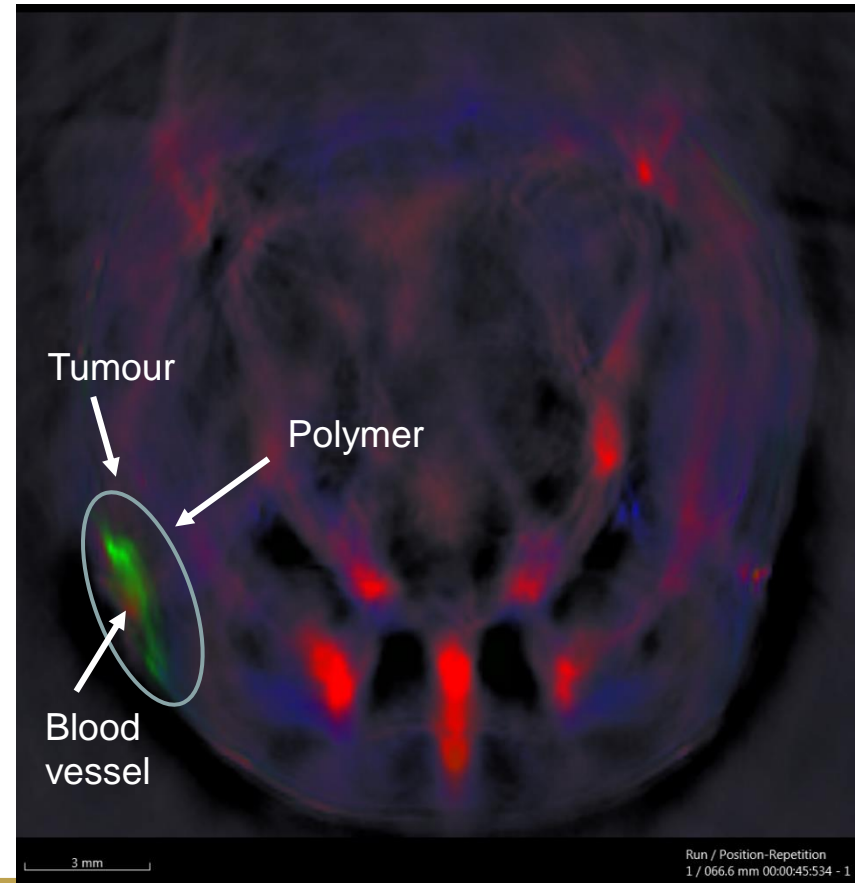
Bound vs unbound;  $k_3/k_4$

# Strategy 2: Feedback loop on therapeutic response, rather than delivery

Variable patient response to treatment and dose



Theranostic materials that are activated by response (apoptosis)

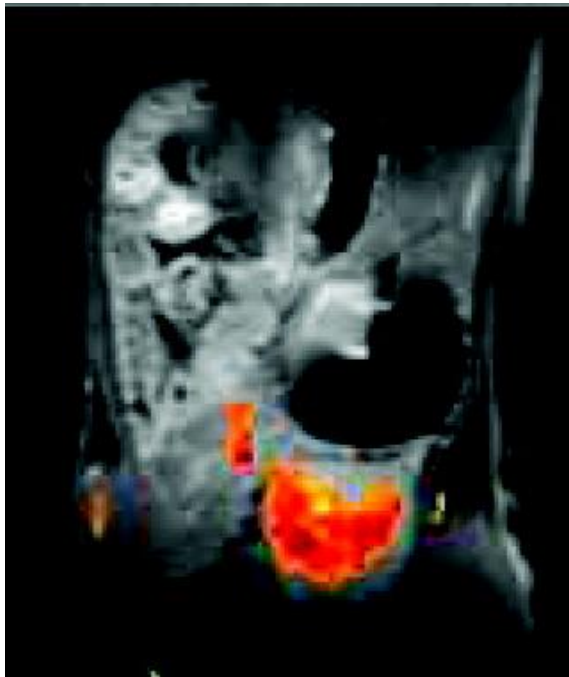




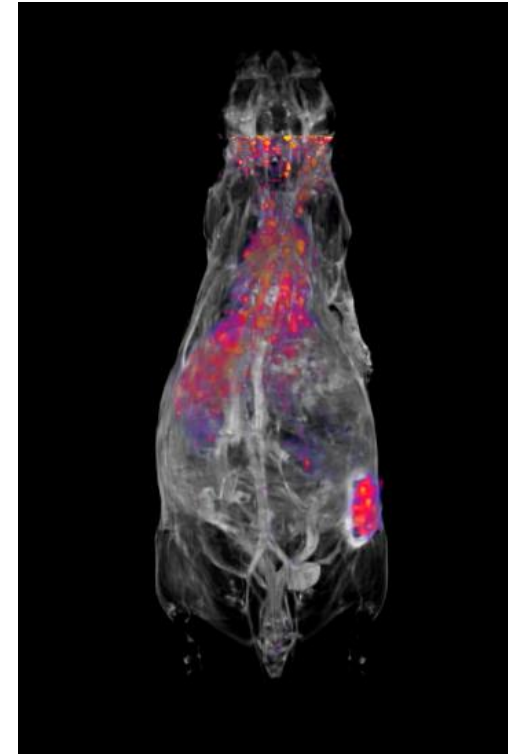
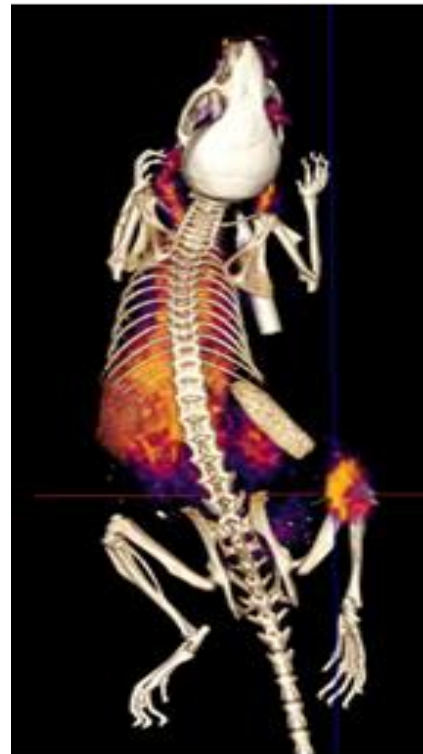
# Strategy 2: Feedback loop on therapeutic response, rather than delivery

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Switchable theranostics –  
Combined  $^{19}\text{F}$  MRI/ $^1\text{H}$  MRI



Multimodal Imaging – looking at  
multiple responses simultaneously



# Summary

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New approaches to nanomedicines offers a route for developing internal feedback mechanism for therapeutic efficacy; theranostics

Challenges lie in detection, and choosing suitable response probes; subsequent decision making can be guided by feedback loop to established data sets.

With suitable modelling, these systems offer a realtime validation of individualised treatments.

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