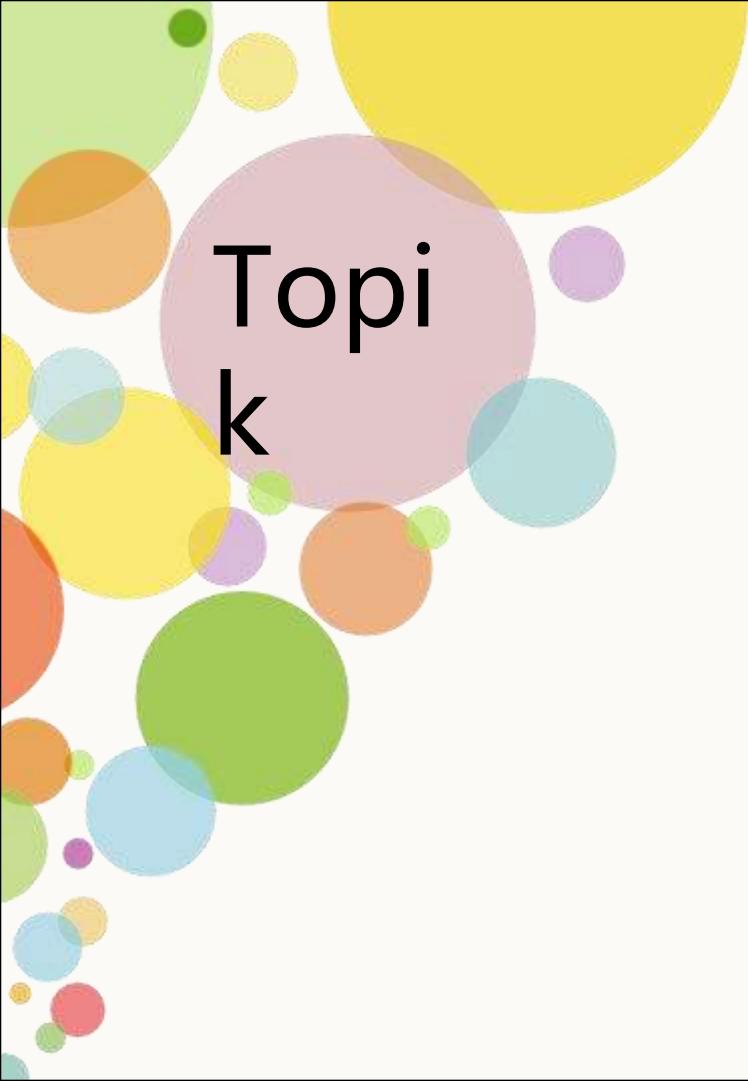


Pendahuluan Sistem Penghantaran Obat

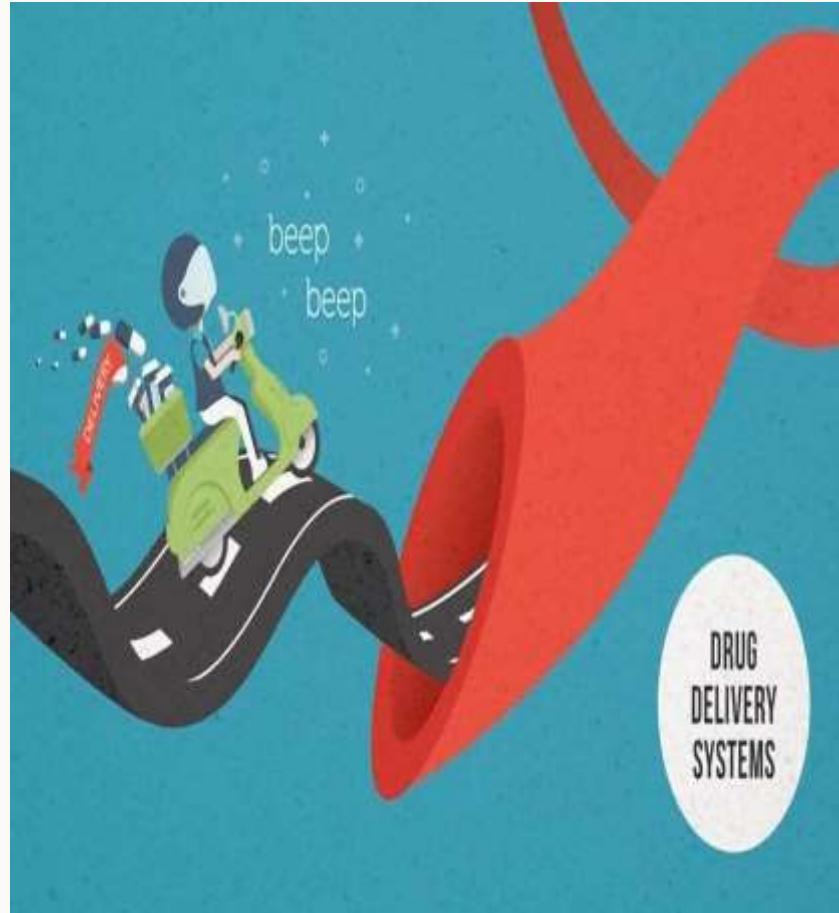


Topi k

- 01** Pendahuluan SPO
- 02** Kelebihan dan Kekurangan
- 03** Faktor yang mempengaruhi

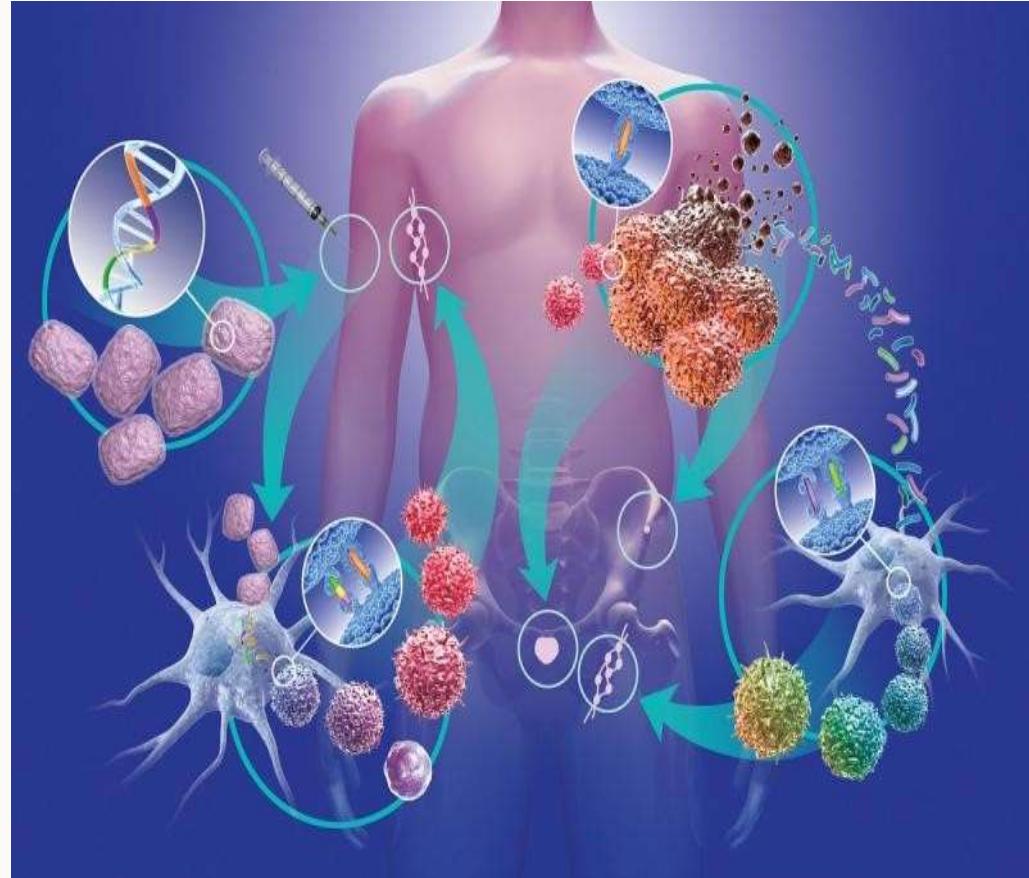
Sistem Penghantaran Obat

- ❖ A drug delivery system (DDS) is defined as a **formulation or a device** that enables the introduction of a therapeutic substance in the body and improves its **efficacy and safety** by controlling the rate, time, and place of release of drugs in the body.
- ❖ *How to delivery drug / nucleic acid to our the body*
- ❖ Drug delivery is an area of study in which people from almost every scientific discipline can make a significant contribution:
 - biological science (e.g., quantitative physiology and pathophysiology, cell and molecular biology),
 - engineering technology (e.g., polymer engineering or microfabrication technology),
 - mathematical analysis (e.g., pharmacokinetics and transport phenomena).



Tujuan DDS

Aims to deliver the drug at a rate directed by **the needs of the body** during the period of treatment, and target the active entity to **the site of action**



Tujuan DDS

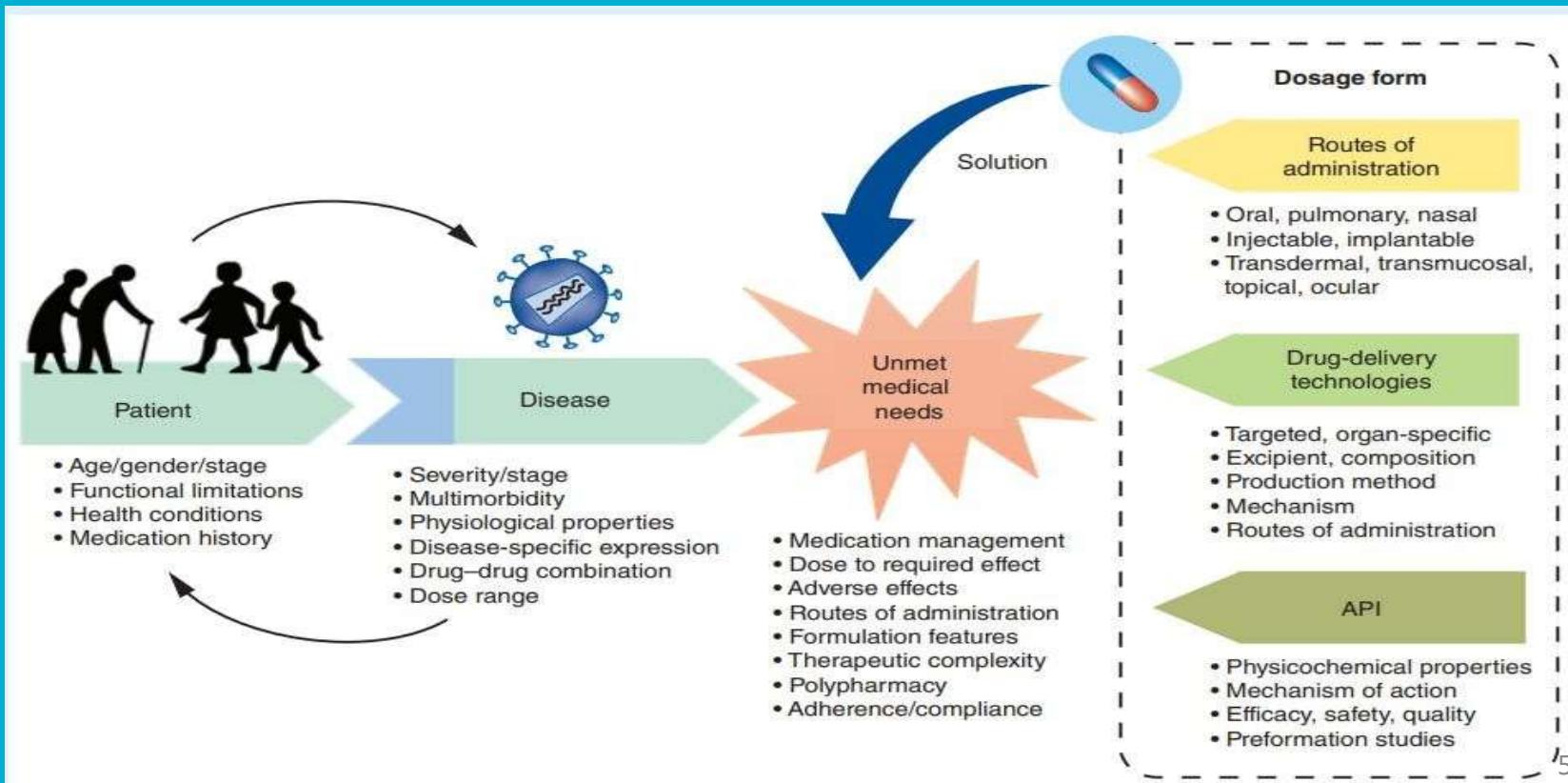


Table 2. Five case studies to develop patient-centered drug products according to key components for unmet medical needs of target patient.

Component	Case I	Case II	Case III	Case IV	Case V
Designed dosage forms	Dual controlled-release system of aceclofenac	Multiparticulate formulation of tenofovir disoproxil	Controlled-release orodispersible tablet of melperone	Nasal vaccine delivery system	Antithrombotic FDCs of clopidogrel and acetylsalicylic acid
Target patient	Geriatric, pain	Pediatric	Mental disorders	Varies	Adult patients who require antithrombotic combination therapy
Disease	Chronic or acute pain with joint, rheumatoid arthritis, ankylosing spondylitis, etc.	Viral (HIV-1 Infection)	Requiring long-term treatment of schizophrenia, senile dementia and psychosis	Chronic diseases requiring sustained pharmacological effects and Infectious diseases requiring prevention	Atherothrombotic event with acute coronary syndrome, atrial fibrillation with at least one risk factor for vascular events
Unmet patient needs	Dosing frequency/side effects	Dose accuracy, swallowability, palatability (taste, smell, texture)	Dosing frequency/swallowability	Routes of administration (parenteral injection) Usability/ergonomics	Multiple medications/efficacy and safety issues/stability issues
Routes of administration	Oral	Oral	Oral	Nasal	Oral
Drug-delivery technologies	Utilization technology of excipient, double-layered tableting technology	Microcaps® taste-masking technology, manufacturing technology of multiparticulate beads	Diffucaps® technology, Advatab® technology, manufacturing technology of multiparticulate beads	Manufacturing technology of noninvasive, needle-free nasal delivery device	SODAS® technology
API	Aceclofenac	Tenofovir disoproxil	Melperone	Vaccine, attenuated virus and cells; peptides and proteins	Clopidogrel, acetylsalicylic acid
Ref.	[72,108,109]	[76,110]	[111]	[112,113]	[114]

API: Active pharmaceutical ingredient; FDC: Fixed-dose combination.

Tujuan DDS

Drug delivery technologies are aimed at improving efficacy and safety of medicines as well as commercial pharmaceutical development. The following are the important points:

1. Improvement of drug safety and efficacy
2. Improved compliance
3. Chronopharmacological benefits
4. Reduction of cost of drug development
5. Life extension of the products
6. Reduction of risk of failure in new product development

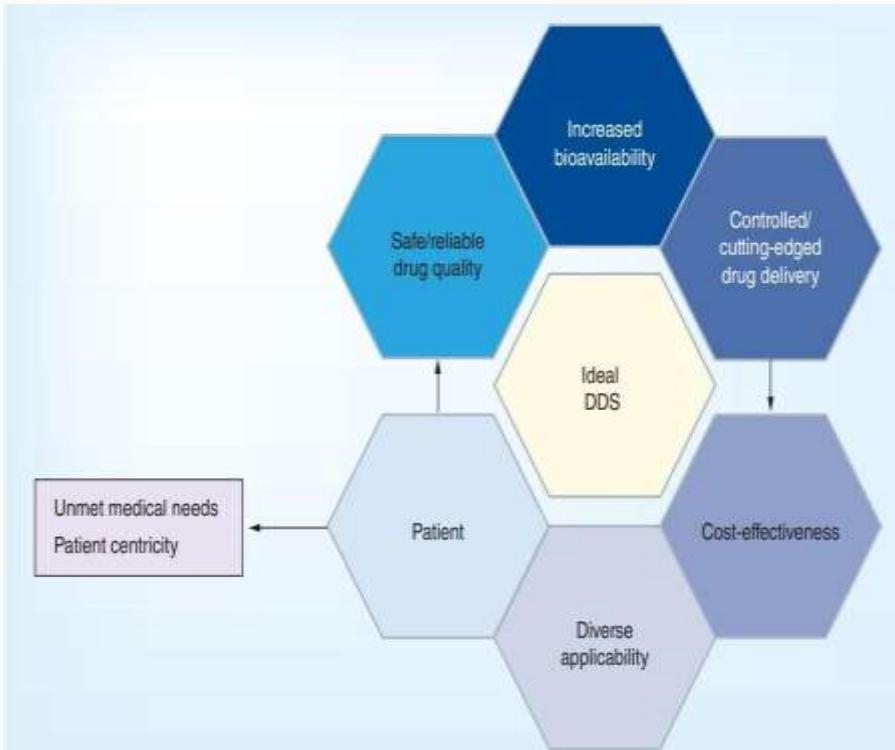
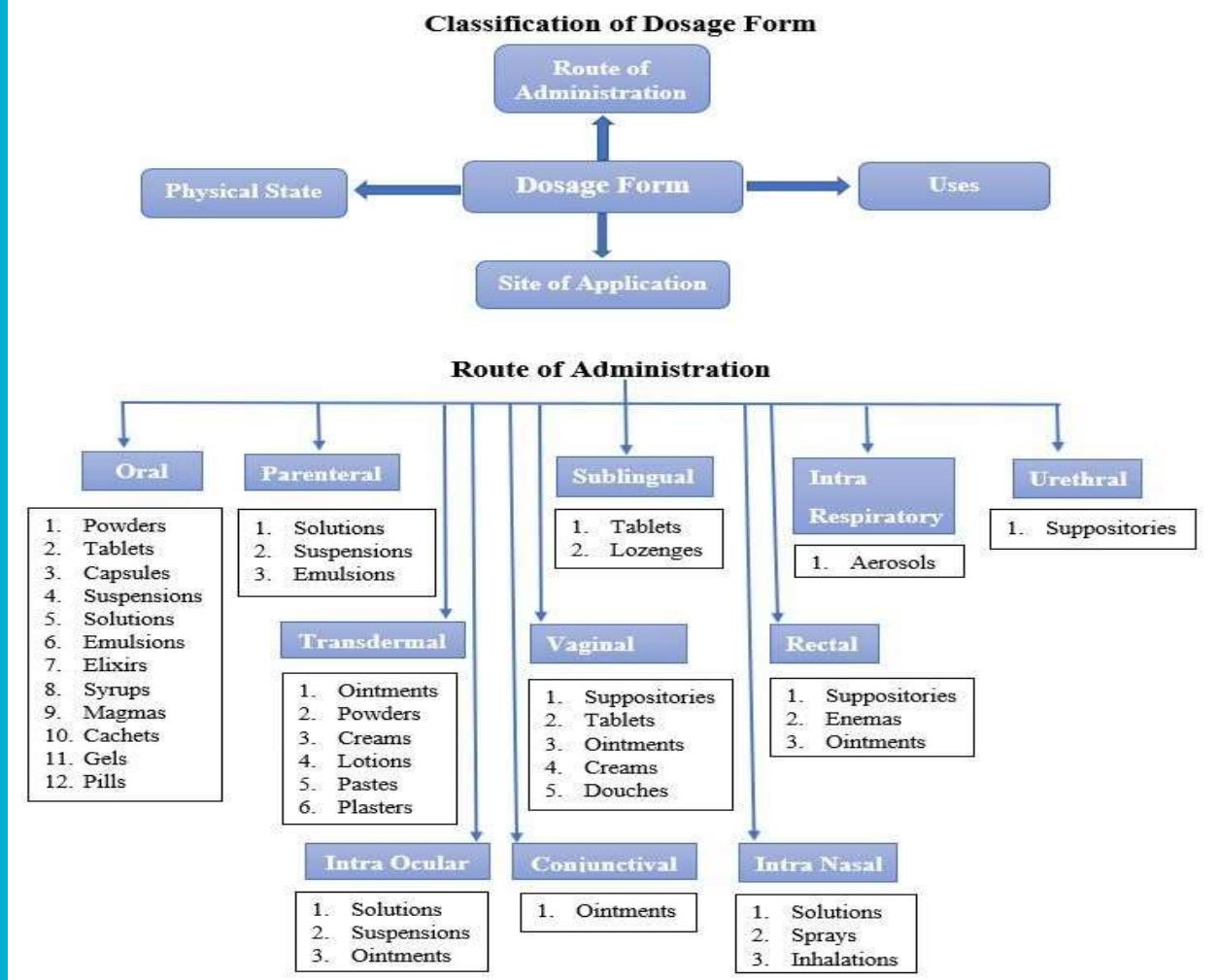


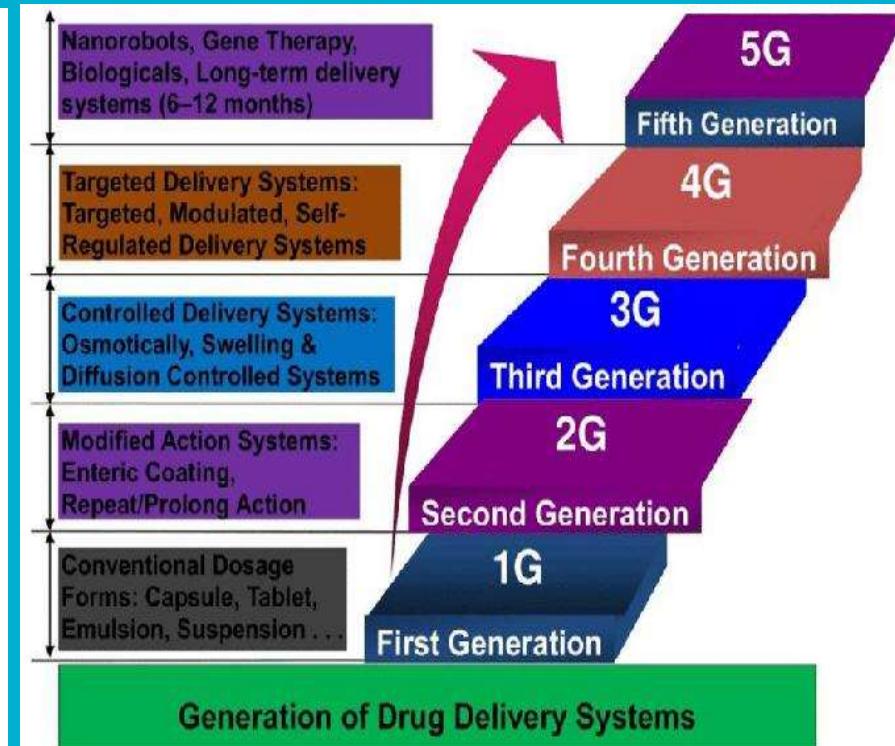
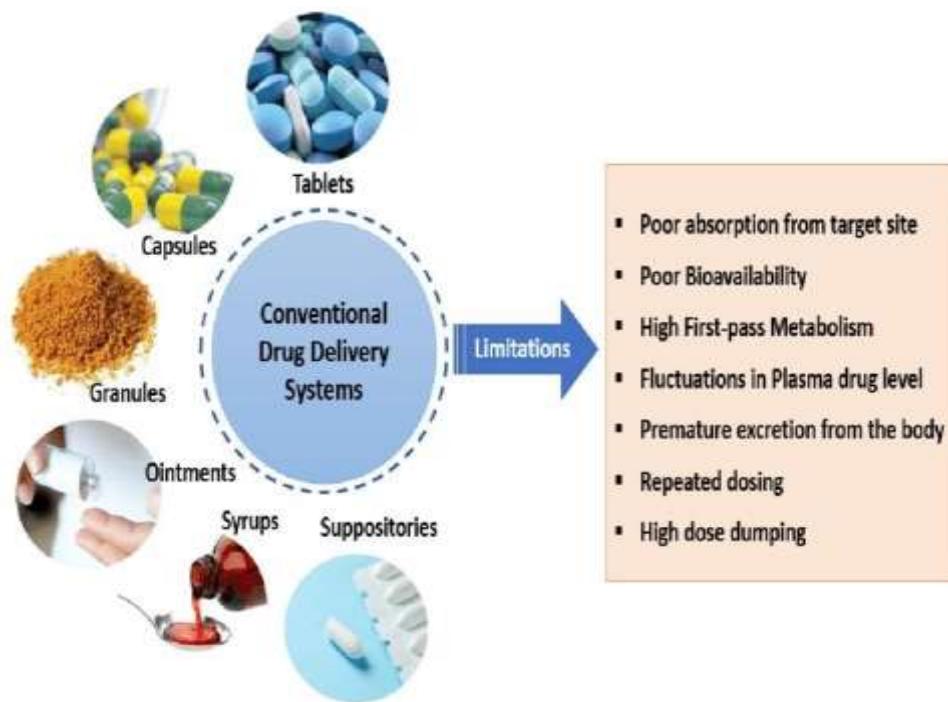
Figure 1. The key components of the ideal drug-delivery system (DDS).

Rute pemberian



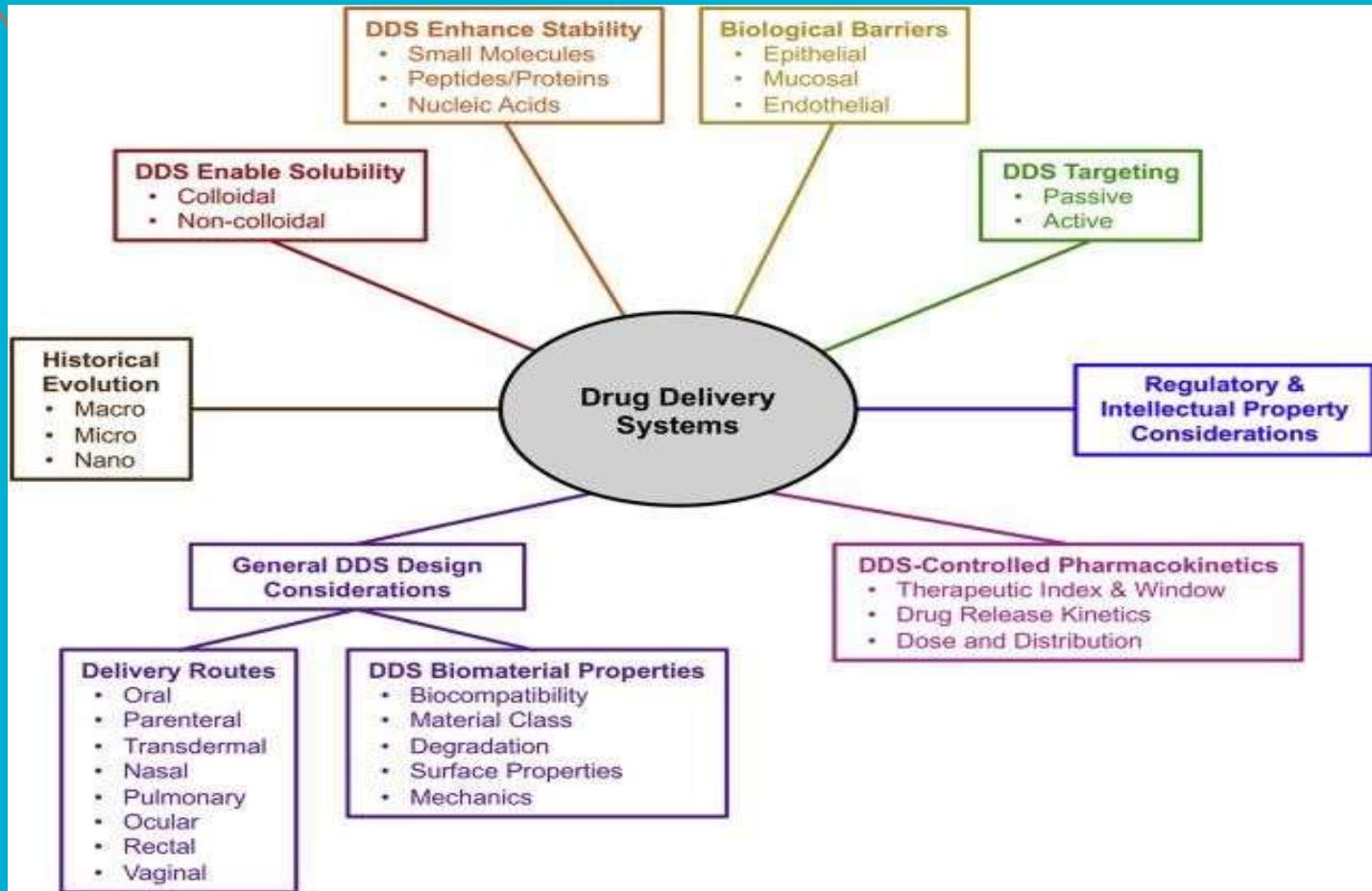


Perkembangan DDS



Kelebihan**Kekurangan**

03 FAKTOR YANG MEMPENGARUHI DDS



Perkembangan DDS

Table 1.10 Current trends in pharmaceutical product development

Use of recombinant DNA technology

Expansion of use of protein and peptide drugs in current therapeutics

Introduction of antisense, RNA interference, and gene therapy

Advances in cell therapy: introduction of stem cells

Miniaturization of drug delivery: microparticles and nanoparticles

Increasing use of bioinformatics and computer drug design

A trend toward development of target-organ-oriented dosage forms

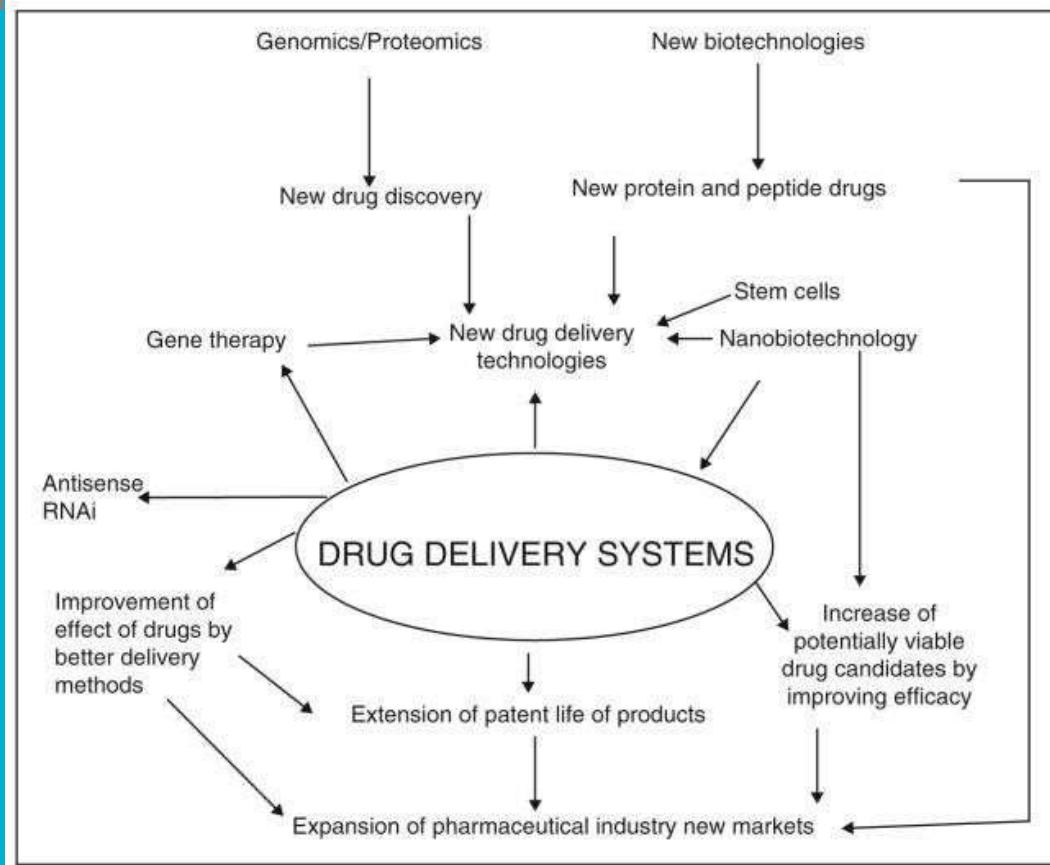
Increasing emphasis on controlled-release drug delivery

Use of routes of administration other than injections

Increasing alliances between pharmaceutical companies and DDS companies

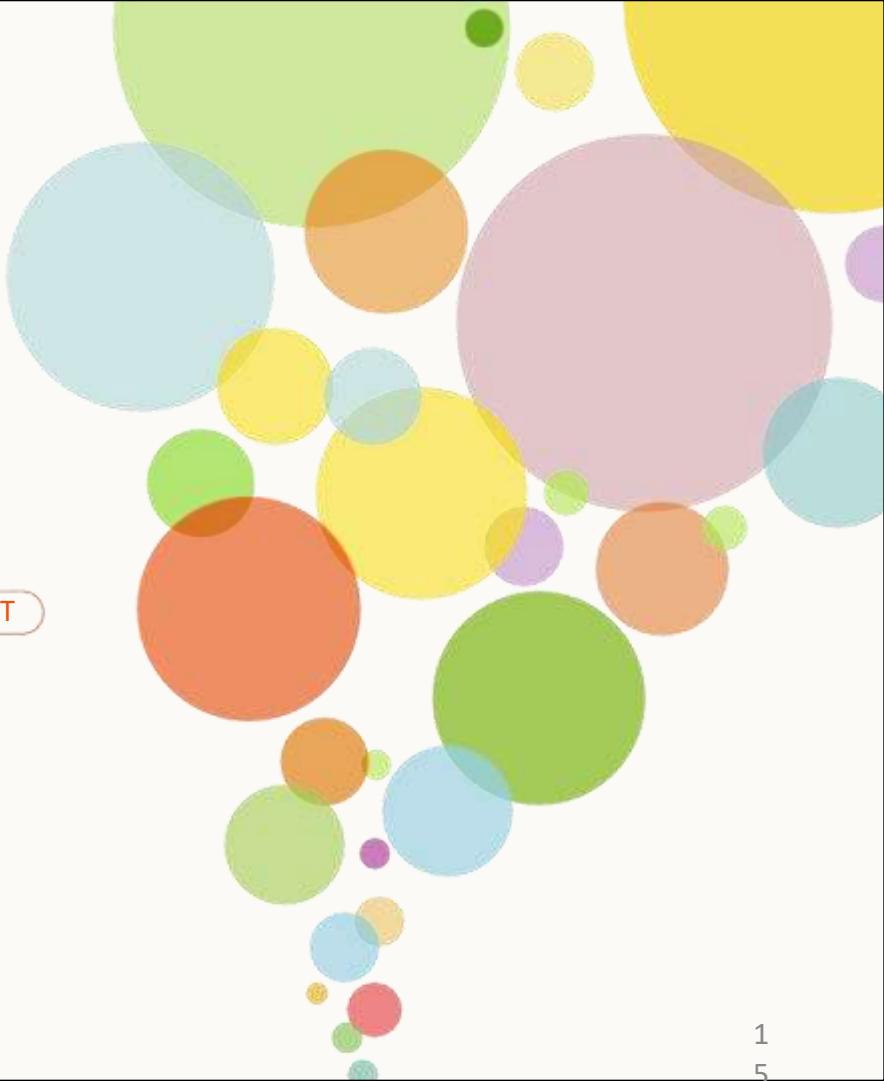
DDS drug delivery systems

03 FAKTOR YANG MEMPENGARUHI



THANK YOU!

THANK YOU FOR YOUR ATTENTION

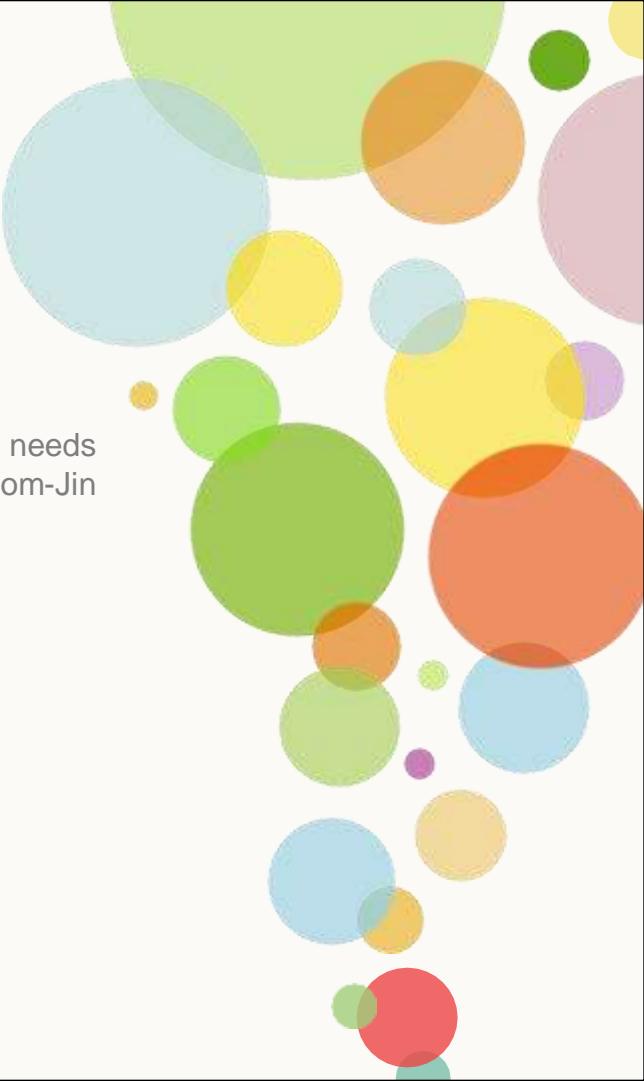


Referensi tambahan :

Patient-centered drug delivery and its potential applications for unmet medical needs

Chulhun Park, Nilesh M Meghani, Hardik H Amin, Van Hong Nguyen, and Beom-Jin

Lee. Therapeutic Delivery 2017 8:9, 775-790





SISTEM PENGHANTARAN OBAT



**STIKES NOTOKUSUMO
YOGYAKARTA**



Topik
Bahasa

n

Oral Drug Delivery System



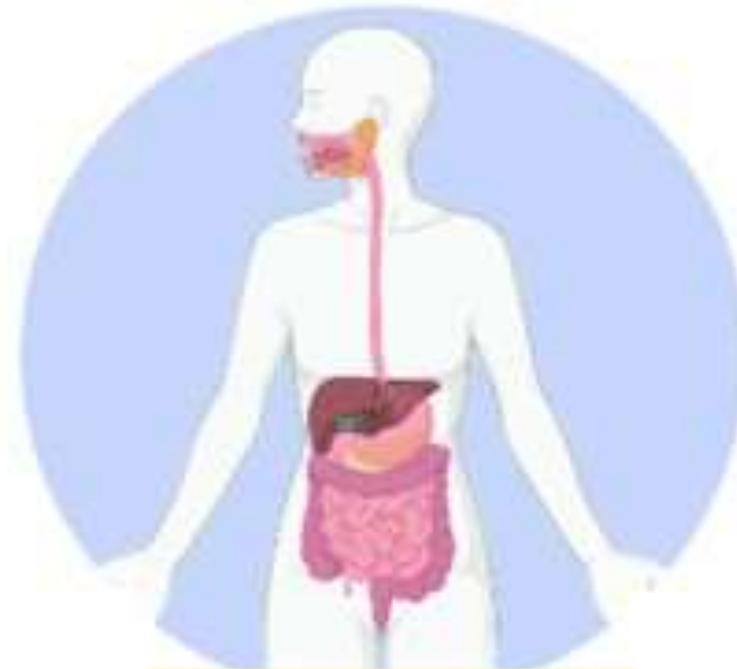
- Pendahuluan
- faktor yang mempengaruhi
- kelebihan dan kekurangan
- jenis Oral DDS



PENDAHULUAN

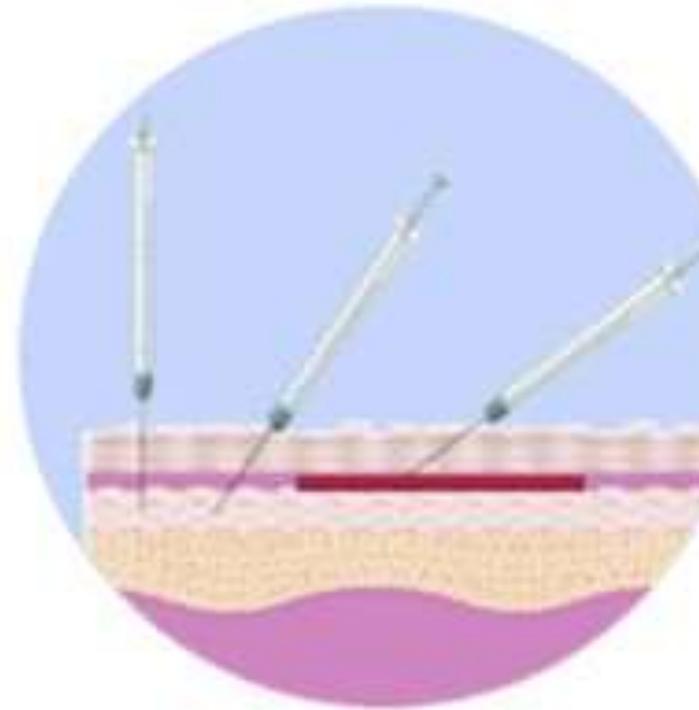


ROUTES OF DRUGS ADMINISTRATION



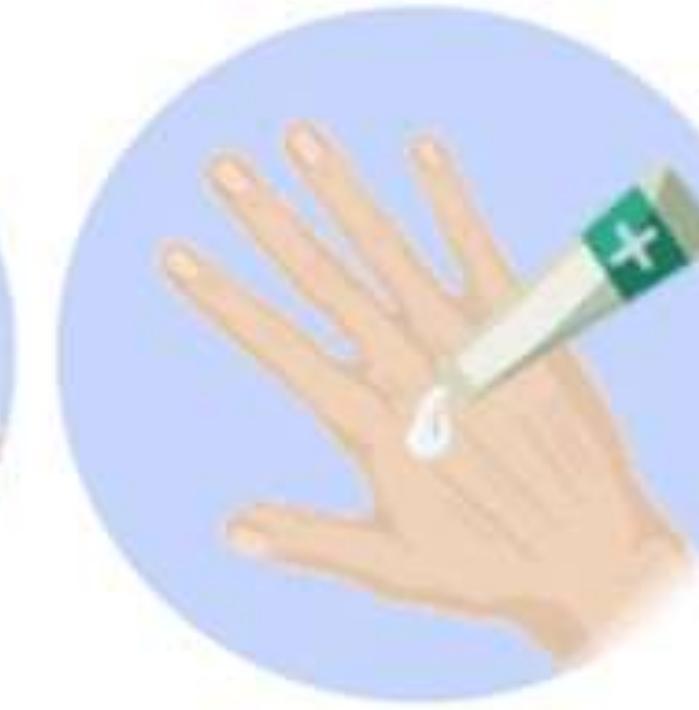
ENTERAL

Oral
Sublingual
Rectal



PARENTERAL

Intramuscular injection
Subcutaneous injection
Intravenous injection
Intradermal injection
Local injection



TOPICAL

Epidermic
Instillation
Irrigation



INHALATION

Vaporization
Gas inhalation
Nebulization



PENDAHULUA

N

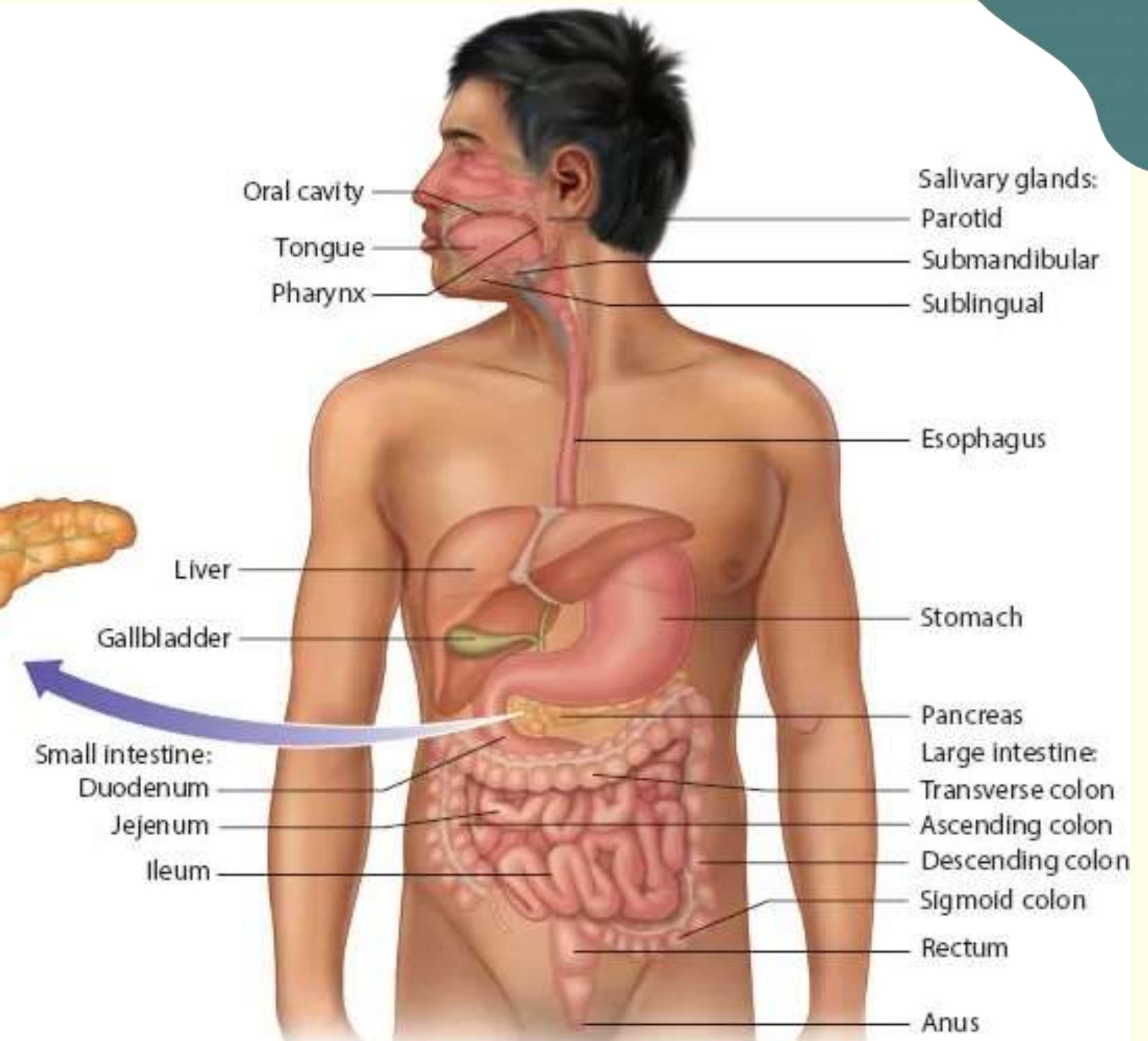
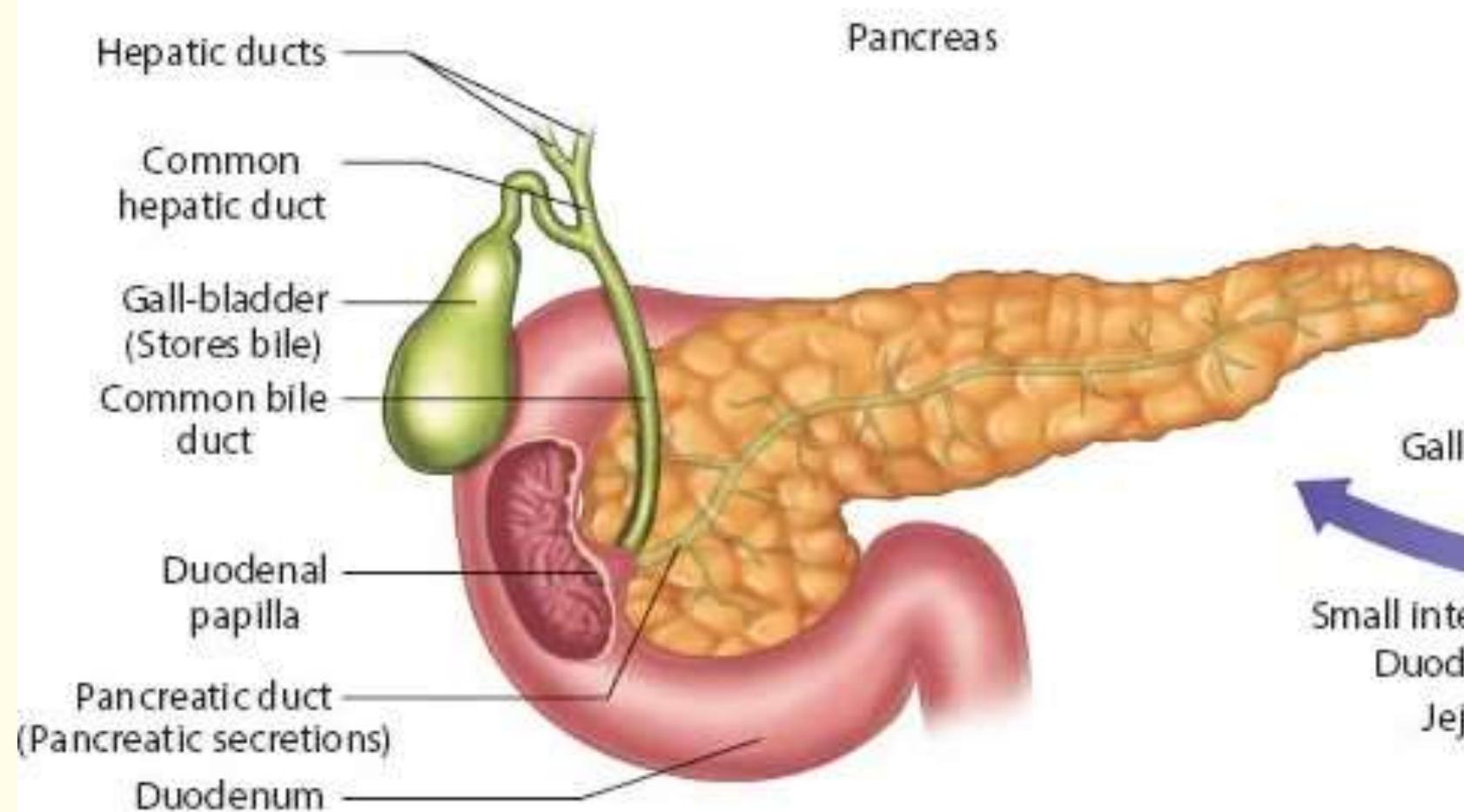


SISTEM PENGHANTARAN OBAT : ORAL

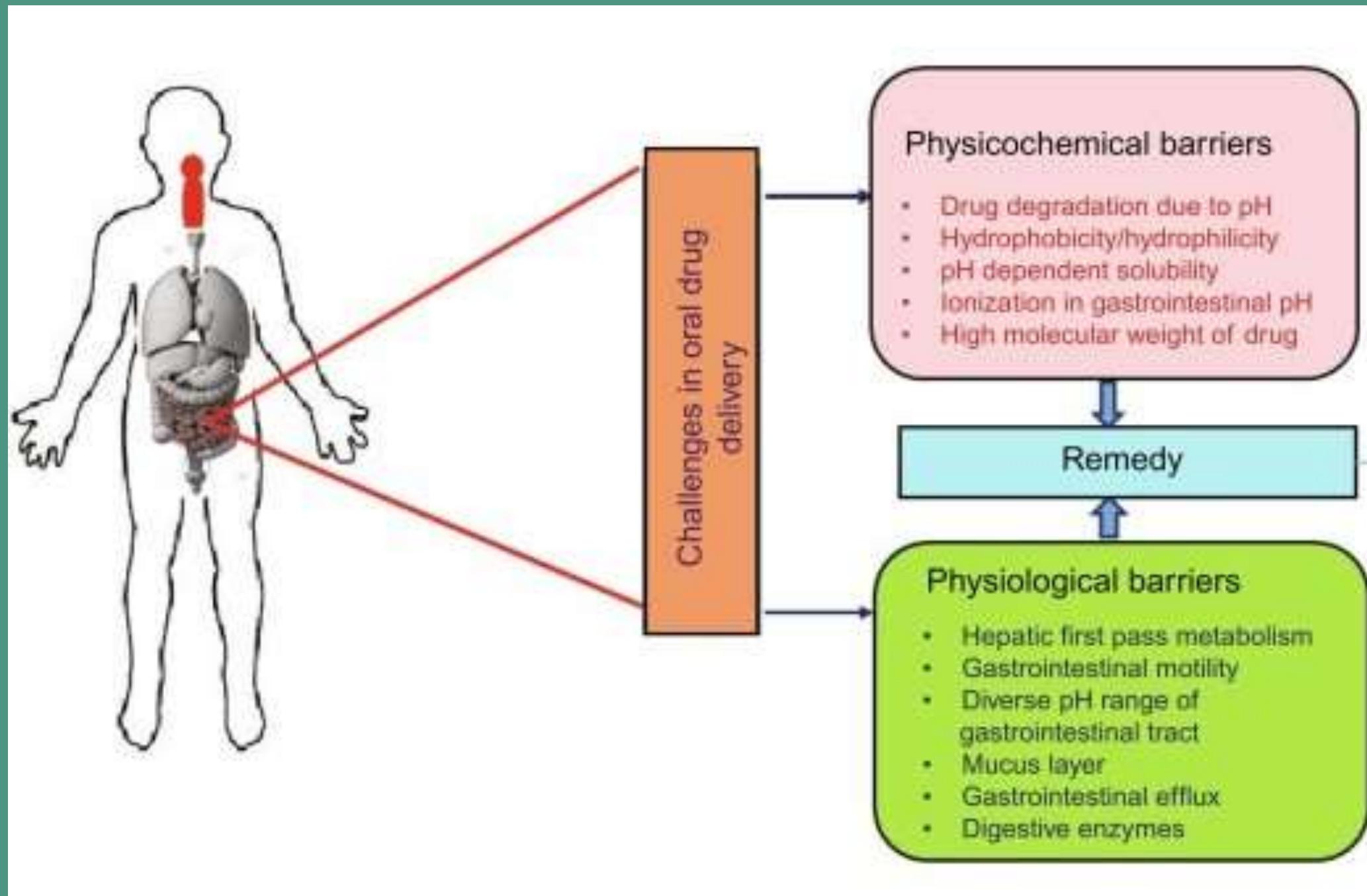
Oral DDS : memberikan pelepasan obat secara oral secara terus menerus selama transit gastrointestinal

Pendahuluan

SISTEM PENGHANTARAN OBAT : ORAL



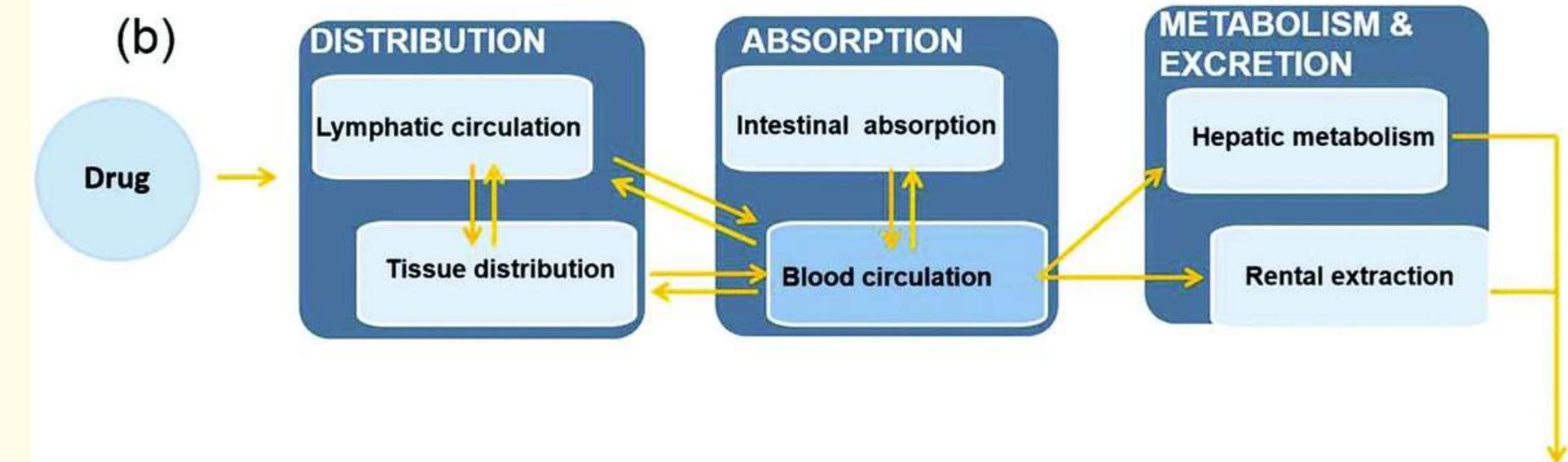
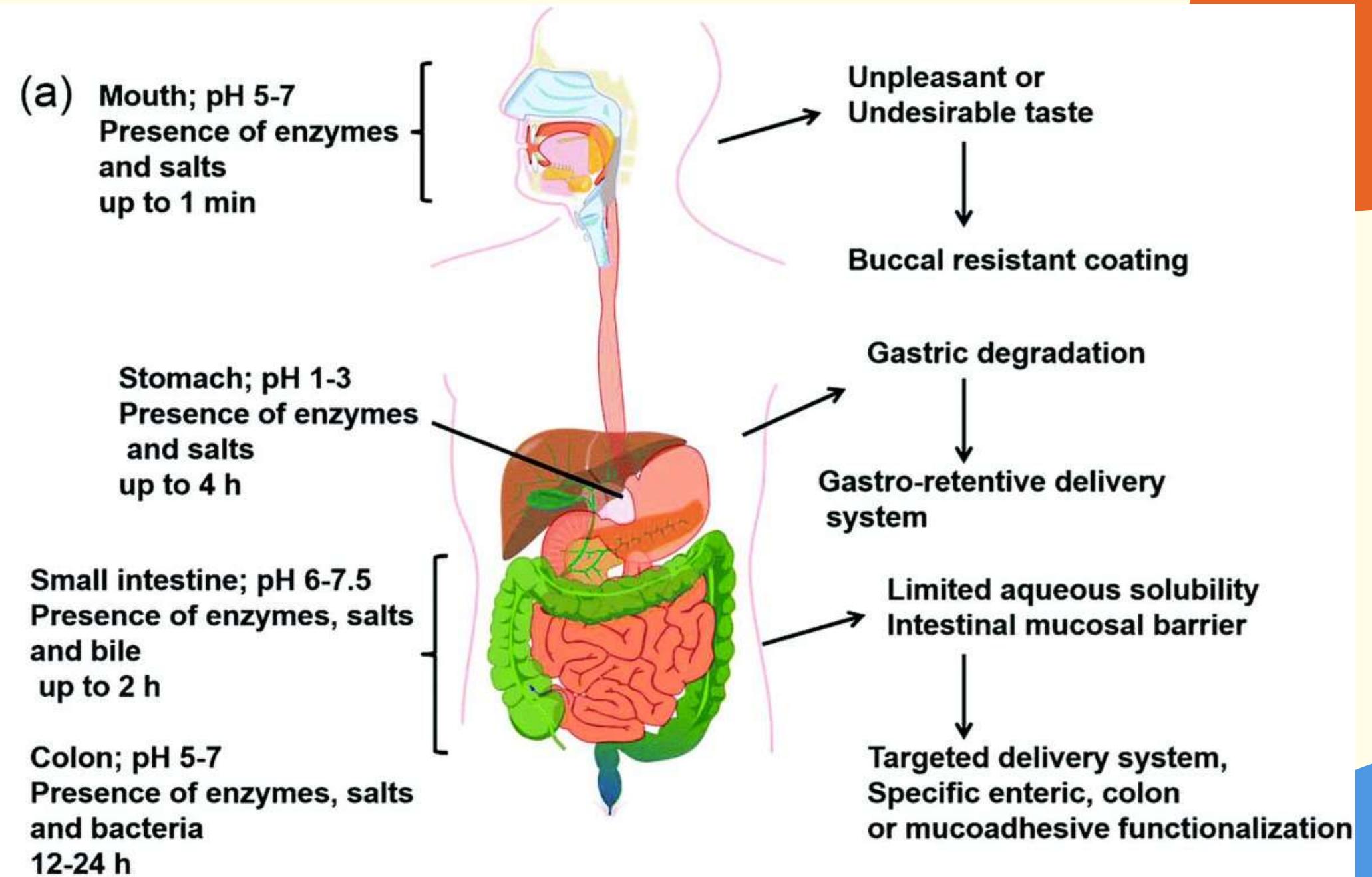
Faktor yang mempengaruhi ODDS



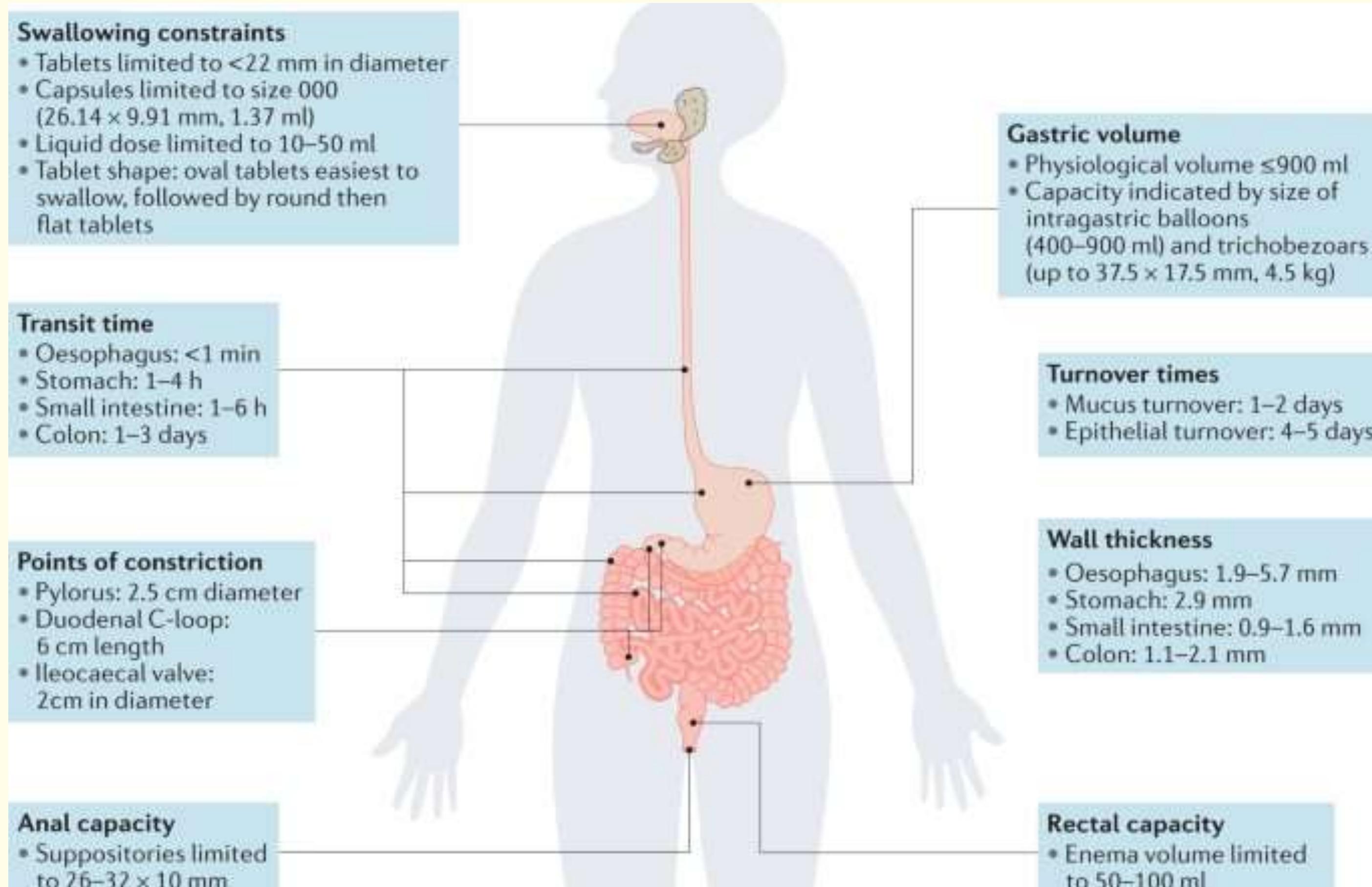
Several different obstacles must be overcome for the delivery of drugs through the intestinal mucosa. These obstructions to drug delivery can be categorized as physiological, biochemical, and chemical barriers.

Faktor yang mempengaruhi ODDS

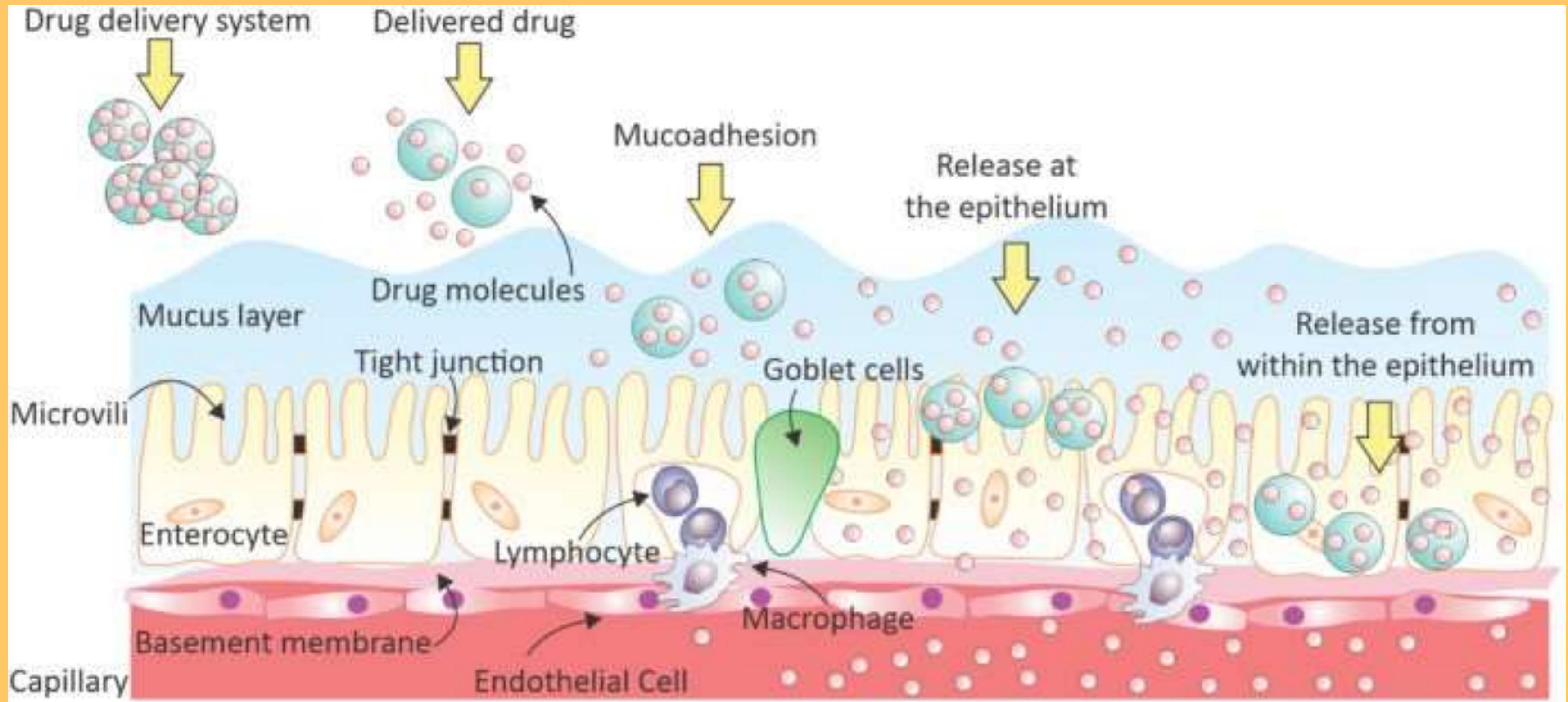
- The physiological barrier in the intestinal mucosa protects the body from various molecules such as toxins by inhibiting their passage through the barriers. Next, the drug must overcome the
- biochemical barrier which consists of metabolizing enzymes, that can degrade it. Finally, the drug has to have optimal
- physicochemical properties for its permeation across the biological barriers. Thus, these various barriers have to be taken into account when designing drugs with improved absorption characteristics



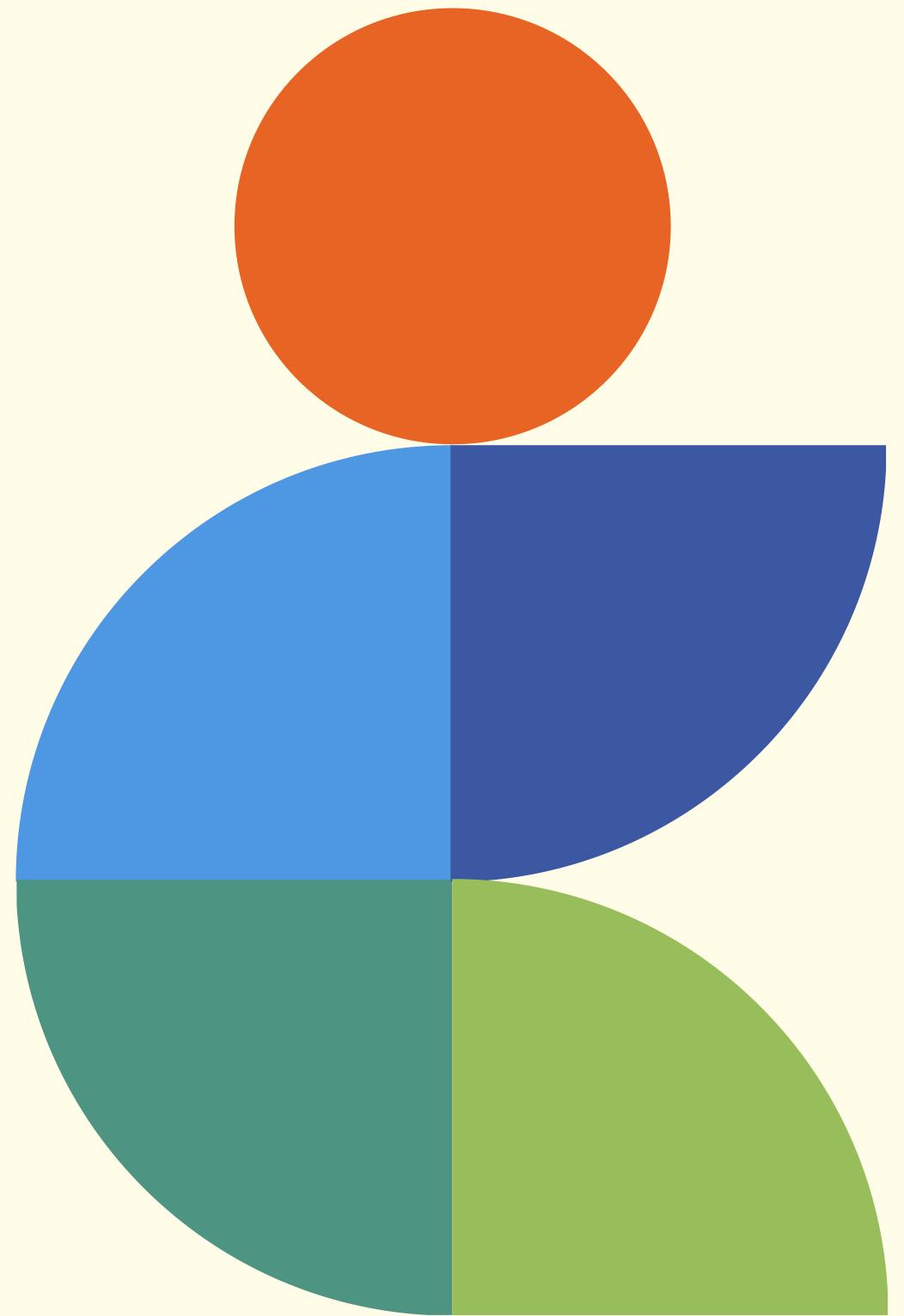
Faktor yang mempengaruhi ODDS



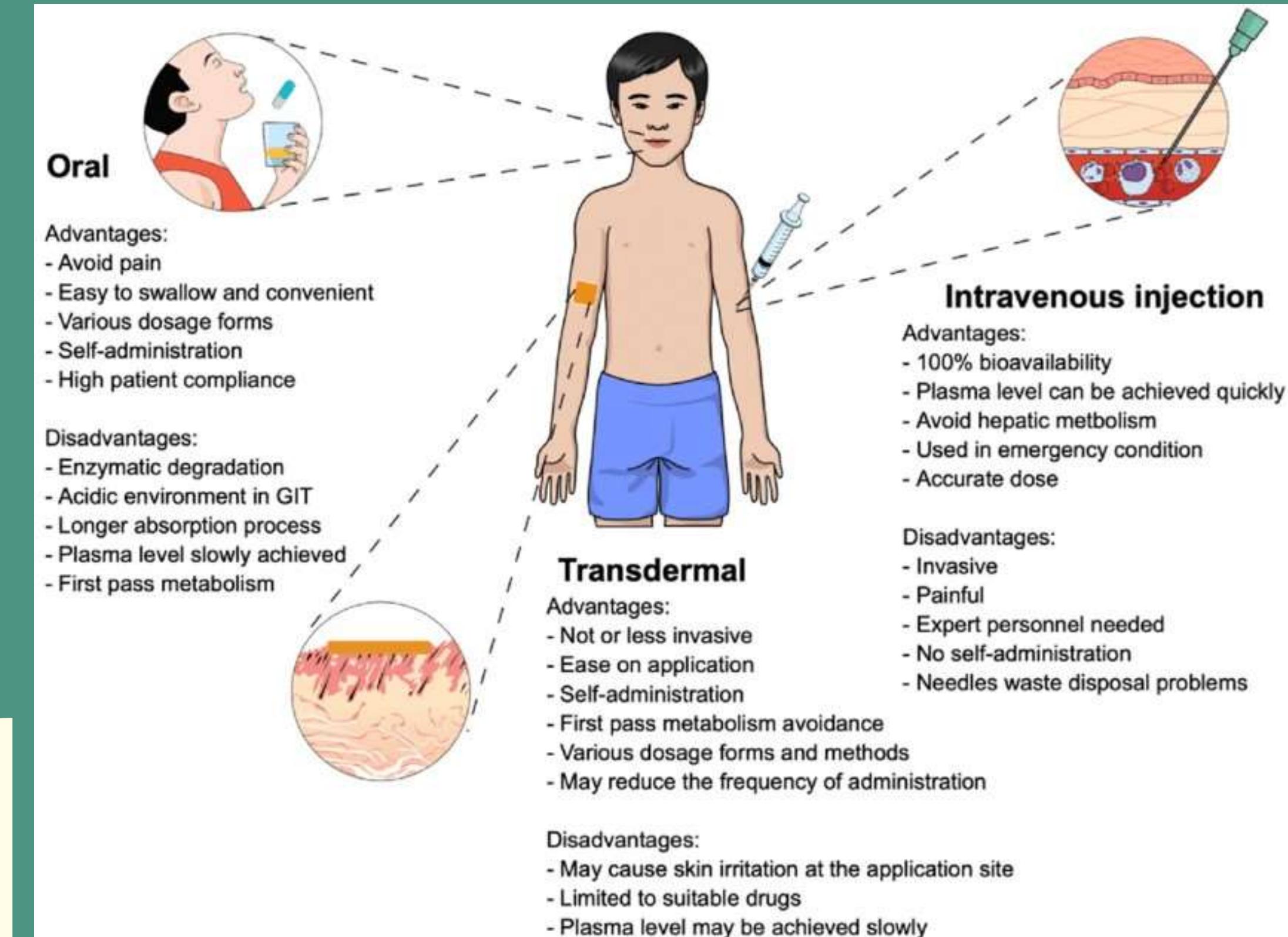
Faktor yang mempengaruhi ODDS



Apa kelebihan dan kekurangan ODDS ?

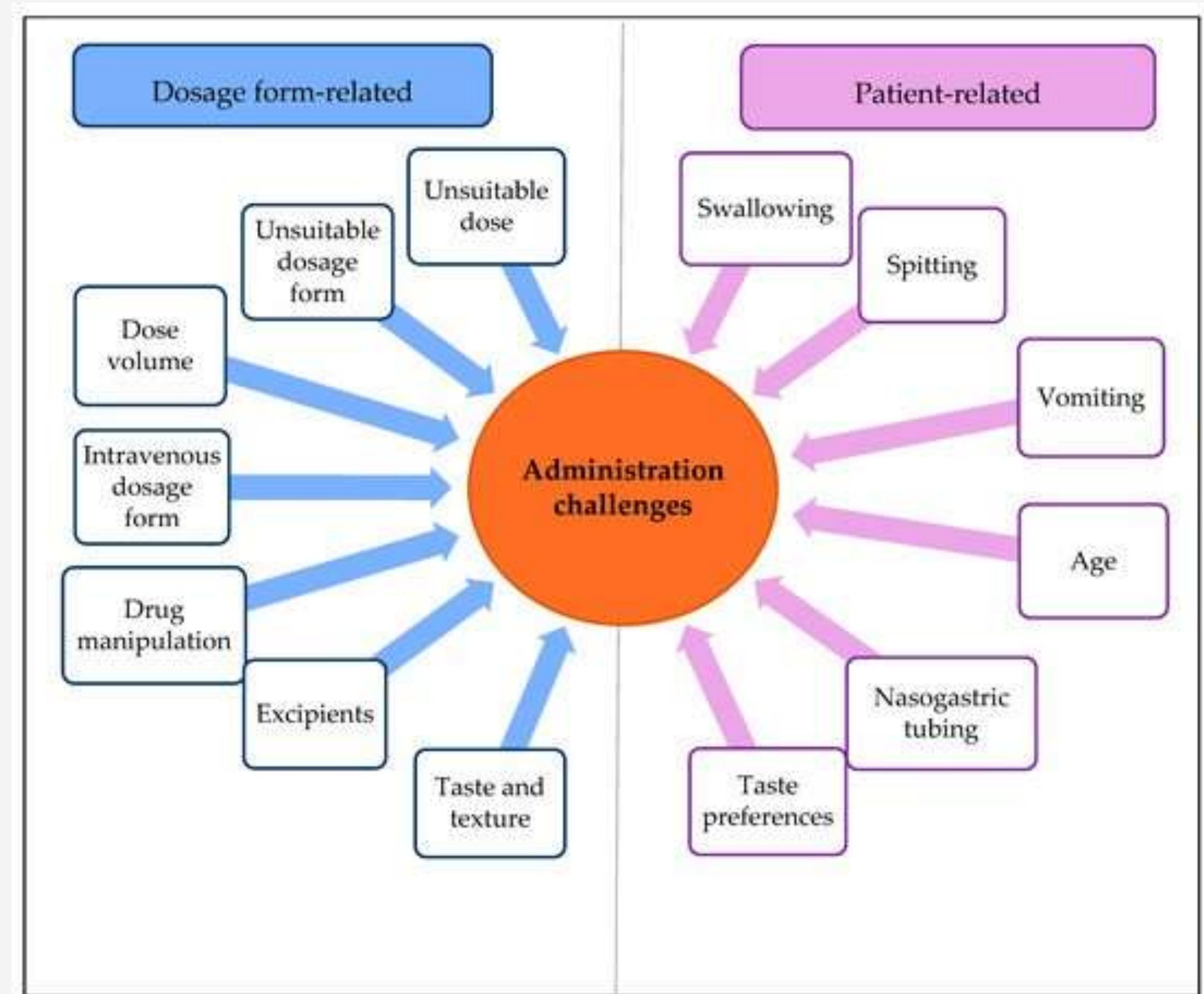


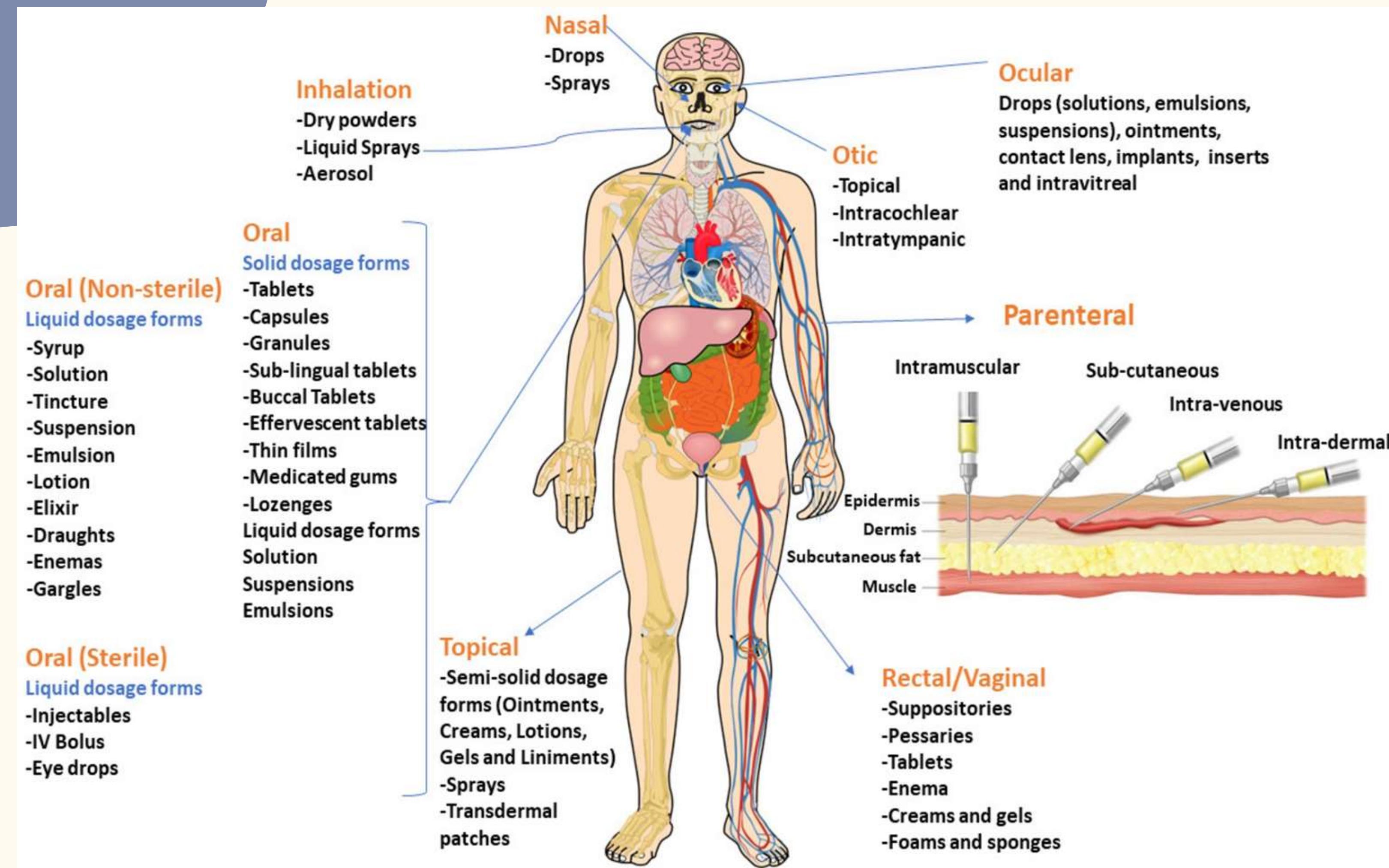
Advantage and Disadvantage



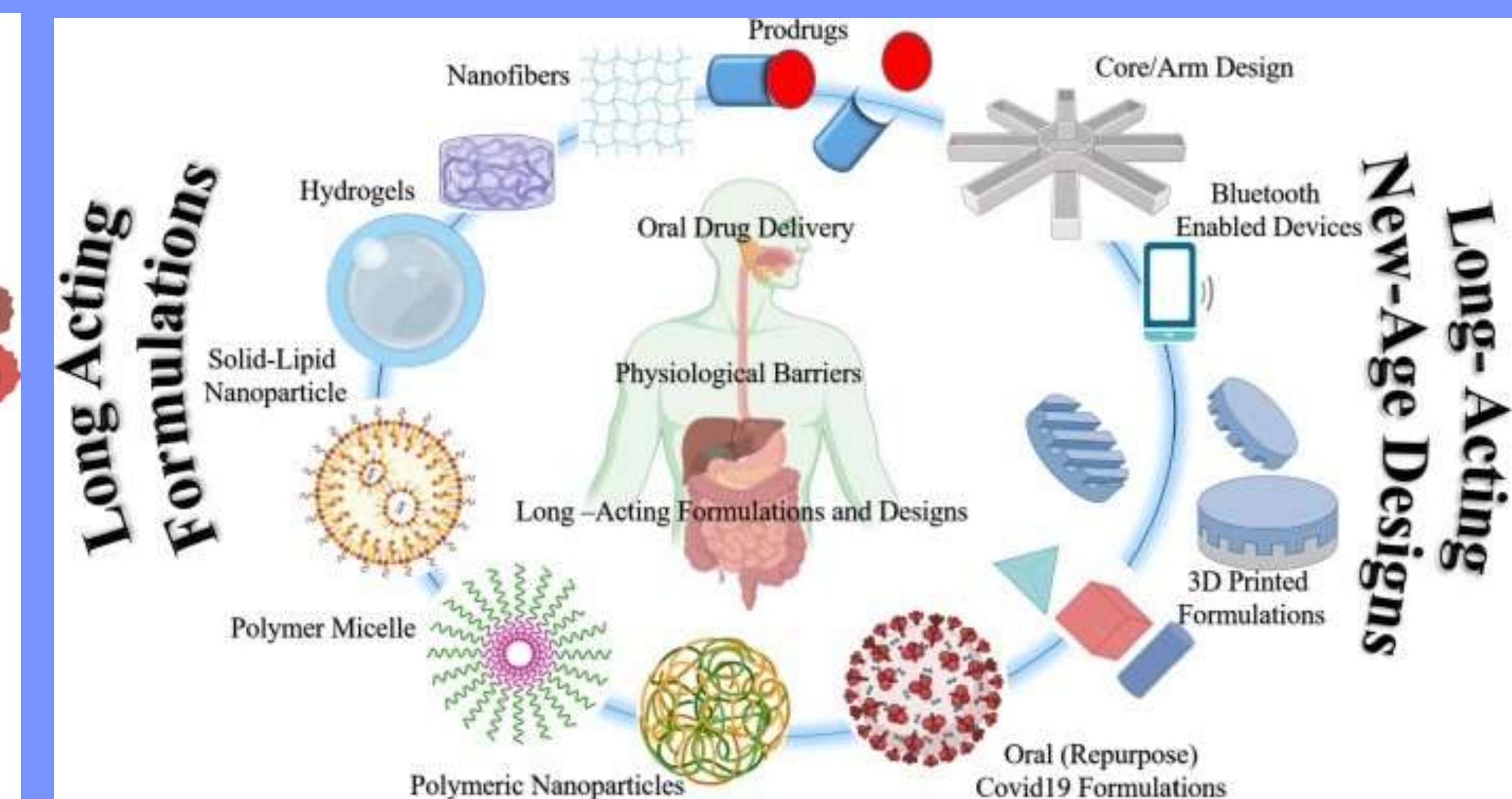
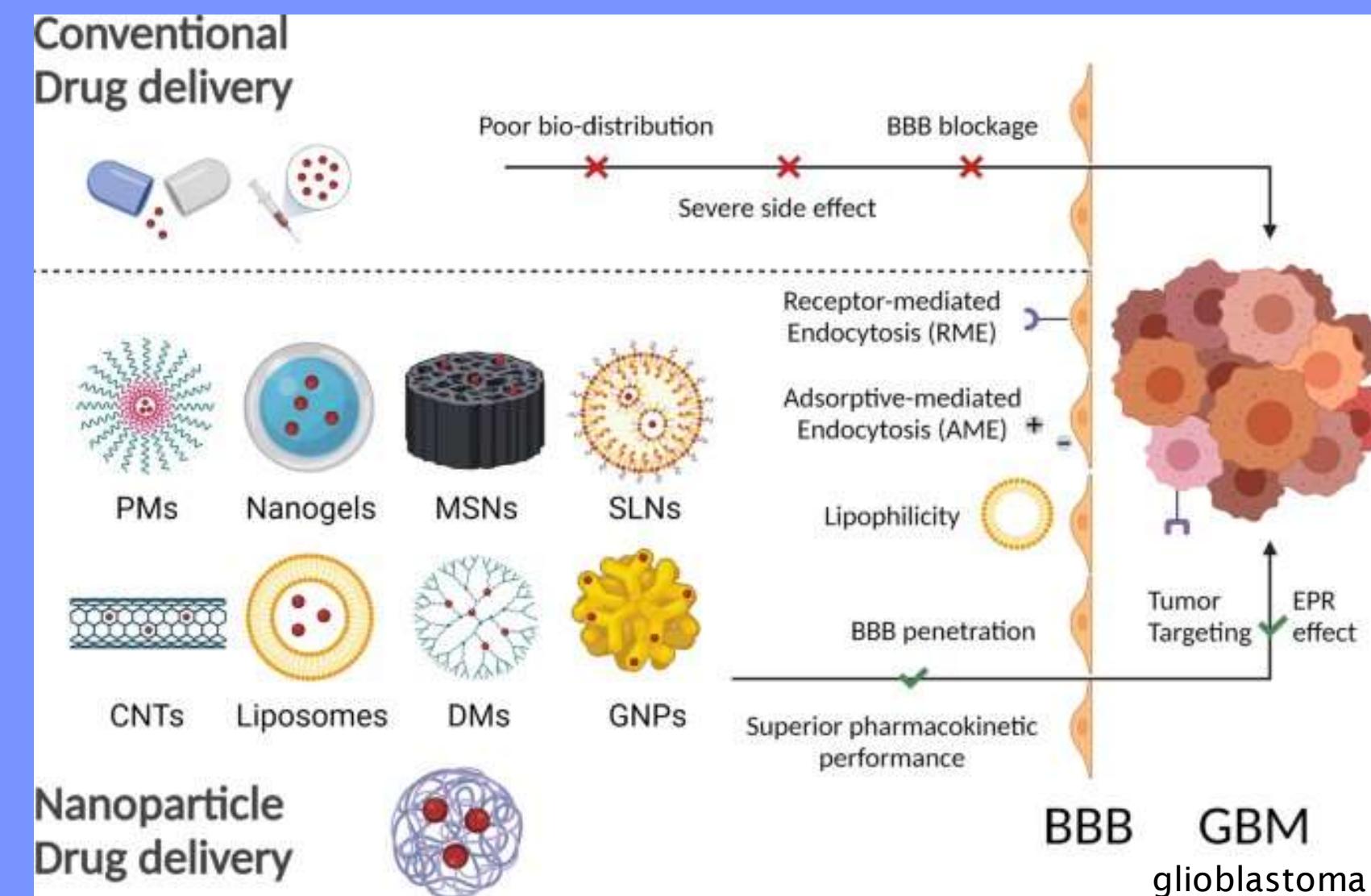
Tantangan ODDS

Benefit/risk	Criterion for drug product	Product requirements
Efficacy/acceptability	Dosage	Dose flexibility Acceptability of size/volume Easy and convenient handling Easily administered (correct use)
	Preparation/administration	Minimal impact on lifestyle Acceptable appearance and taste Minimal administration frequency
	Compliance	Minimal number of excipients Tolerability Stable during shelf life Stable in-use
Patient safety	Bioavailability	Adequate bioavailability
	Excipients	Minimal risk of dosing error
	Stability	Robust manufacturing process
Patient access	Medication error	Commercial viability
	Manufacturability	Acceptable cost to patient and payers
	Affordability	Easily transported and stored Low environmental impact

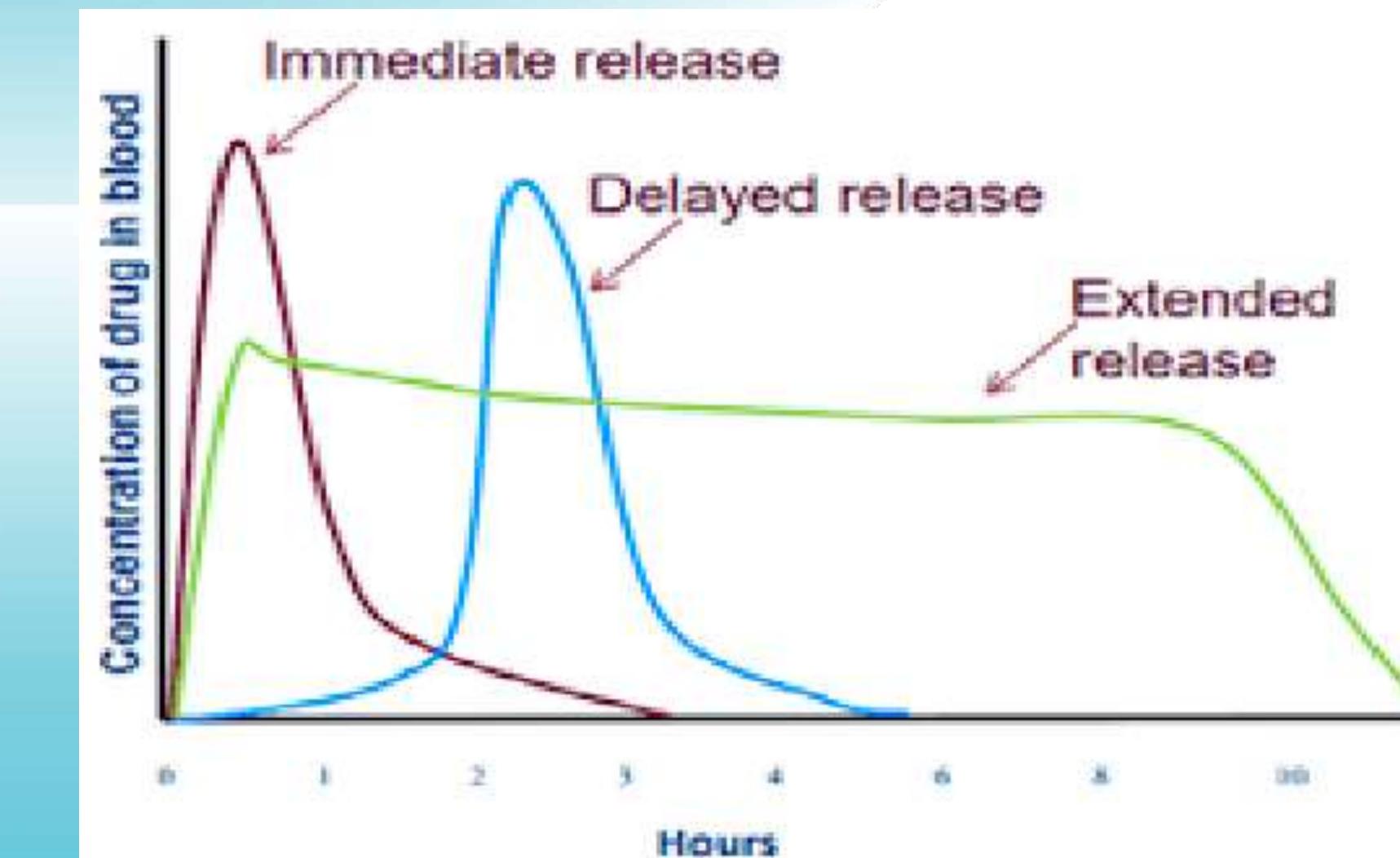
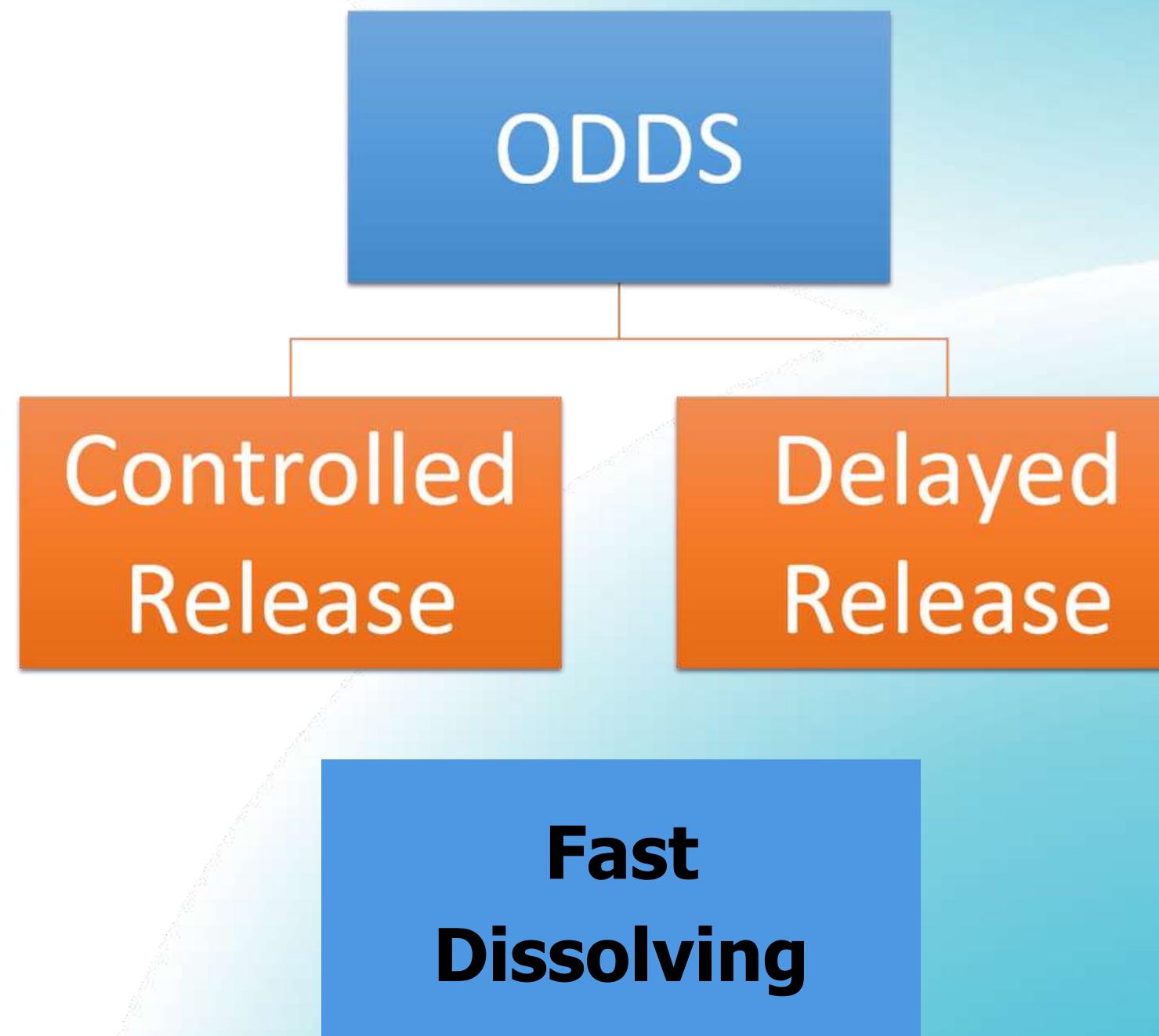


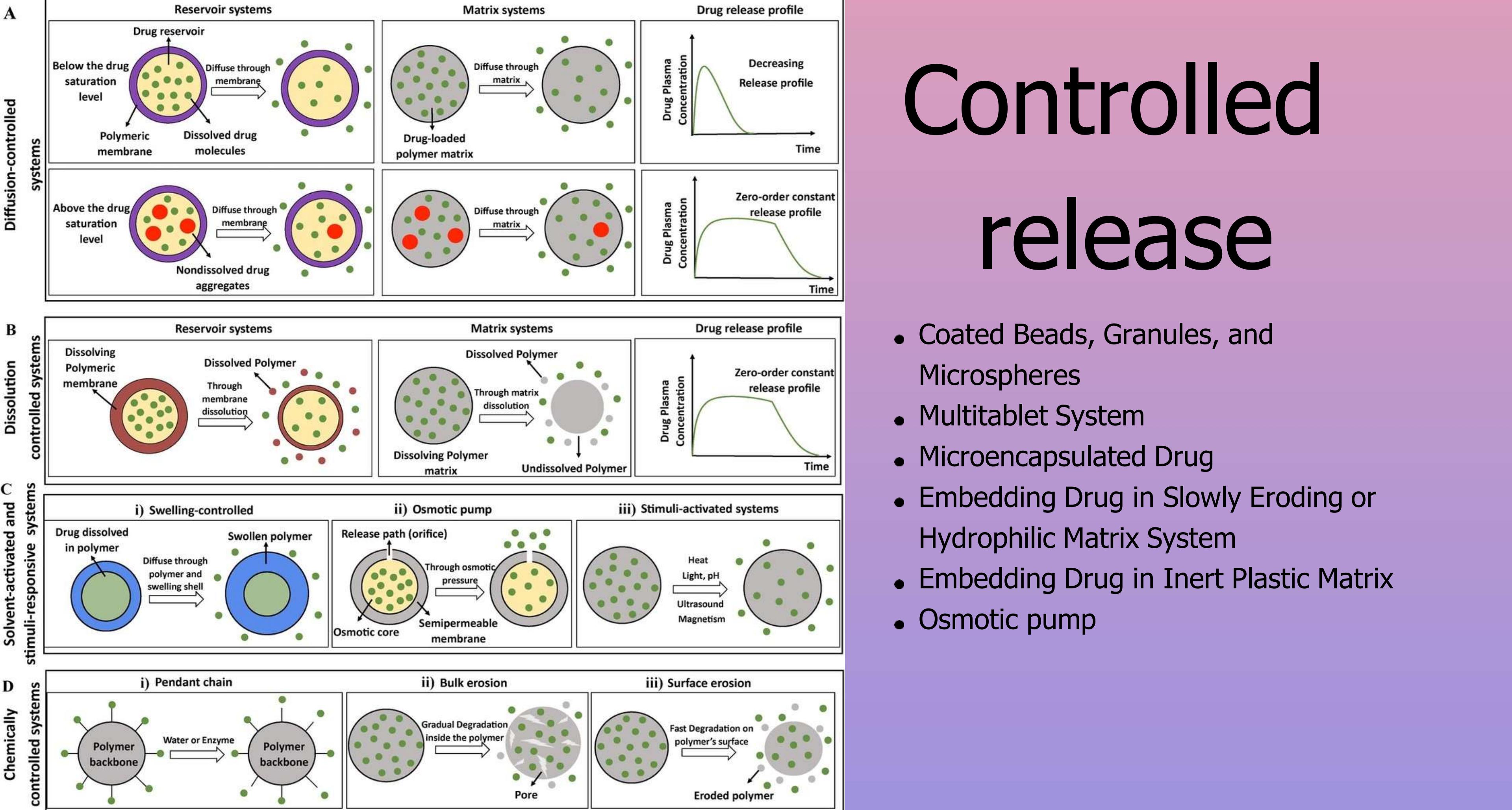


Tantangan ODDS



Modifikasi ODDS





Controlled release

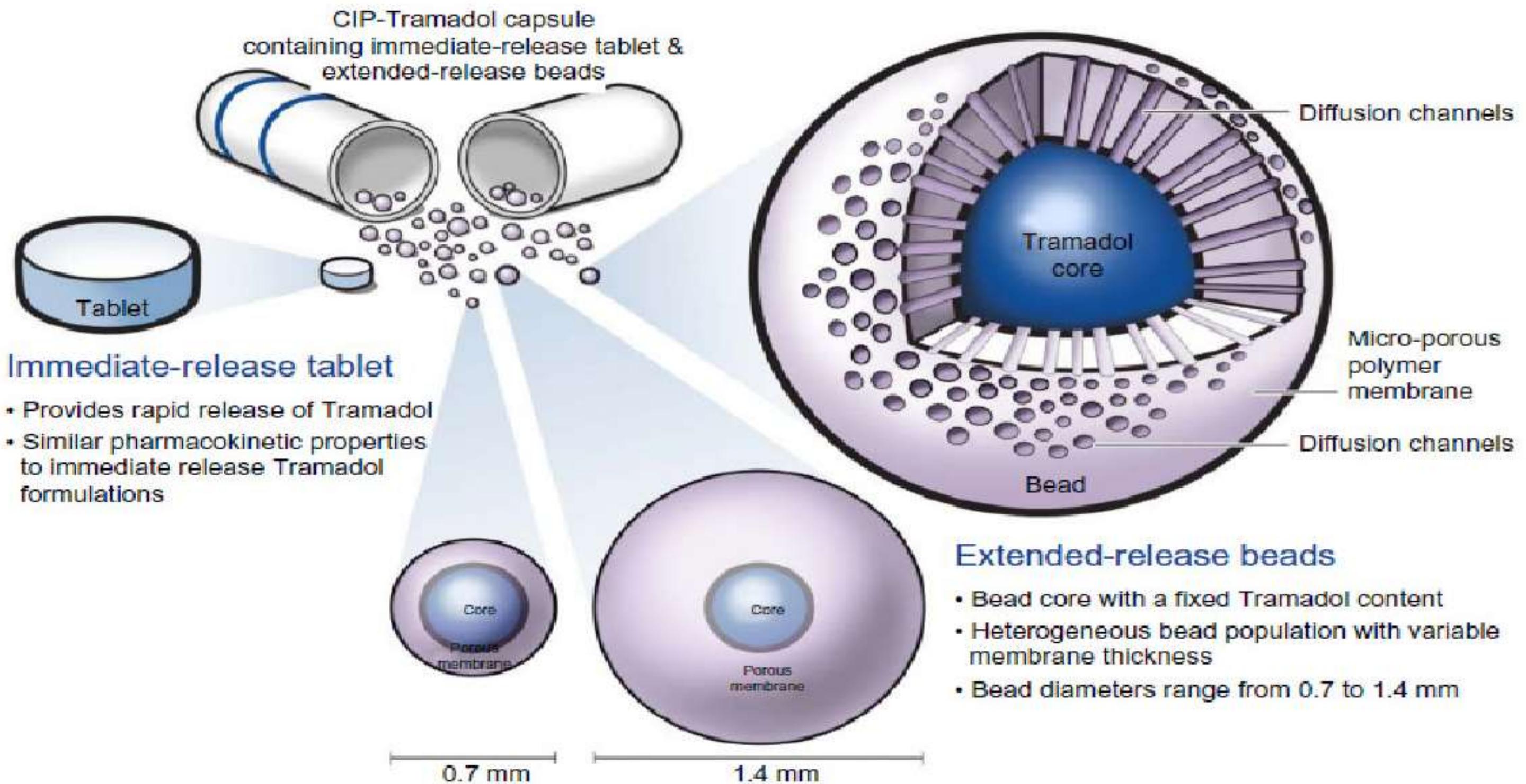
- Coated Beads, Granules, and Microspheres
- Multitablet System
- Microencapsulated Drug
- Embedding Drug in Slowly Eroding or Hydrophilic Matrix System
- Embedding Drug in Inert Plastic Matrix
- Osmotic pump

CIP-Tramadol proprietary architecture

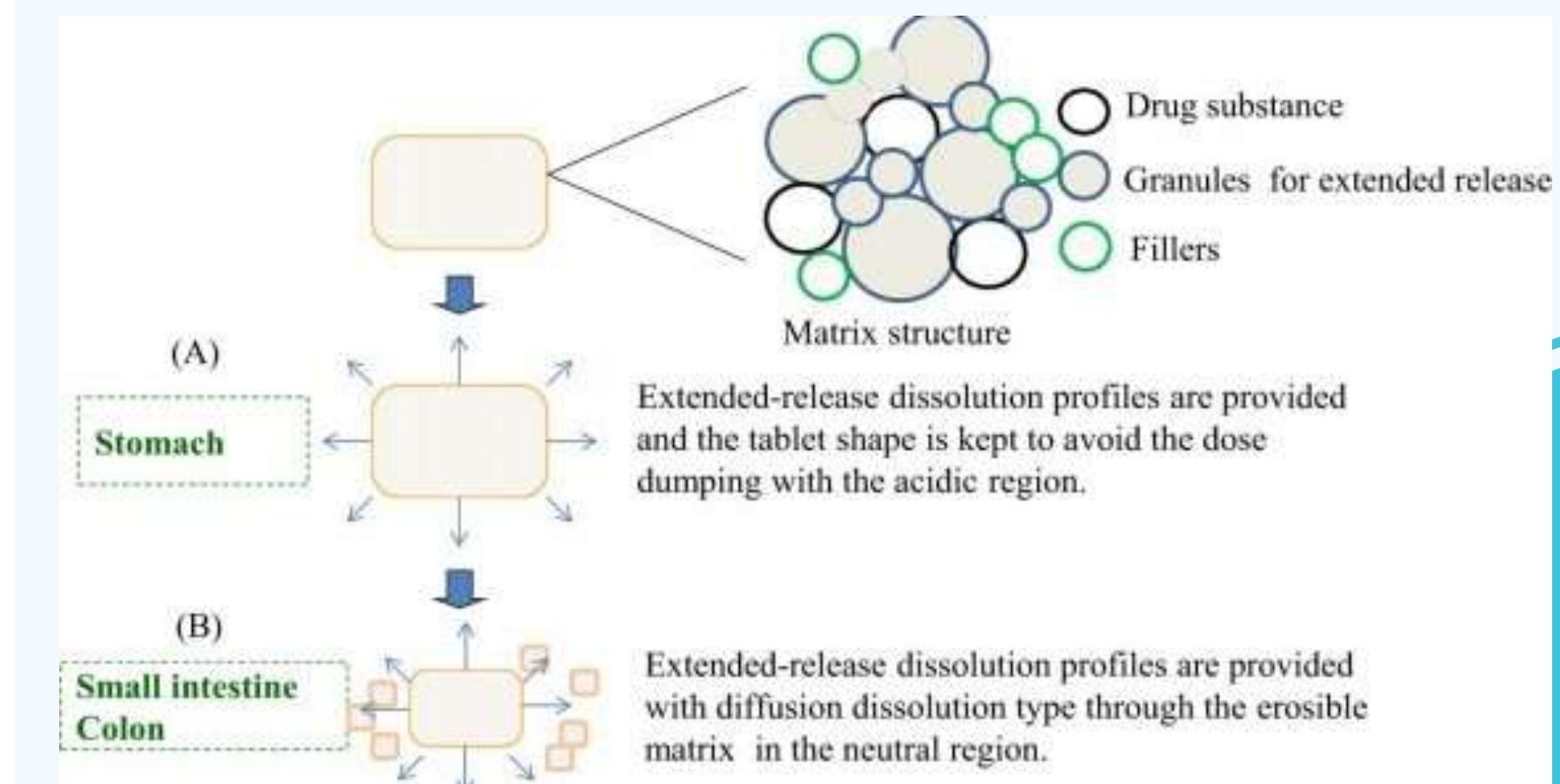
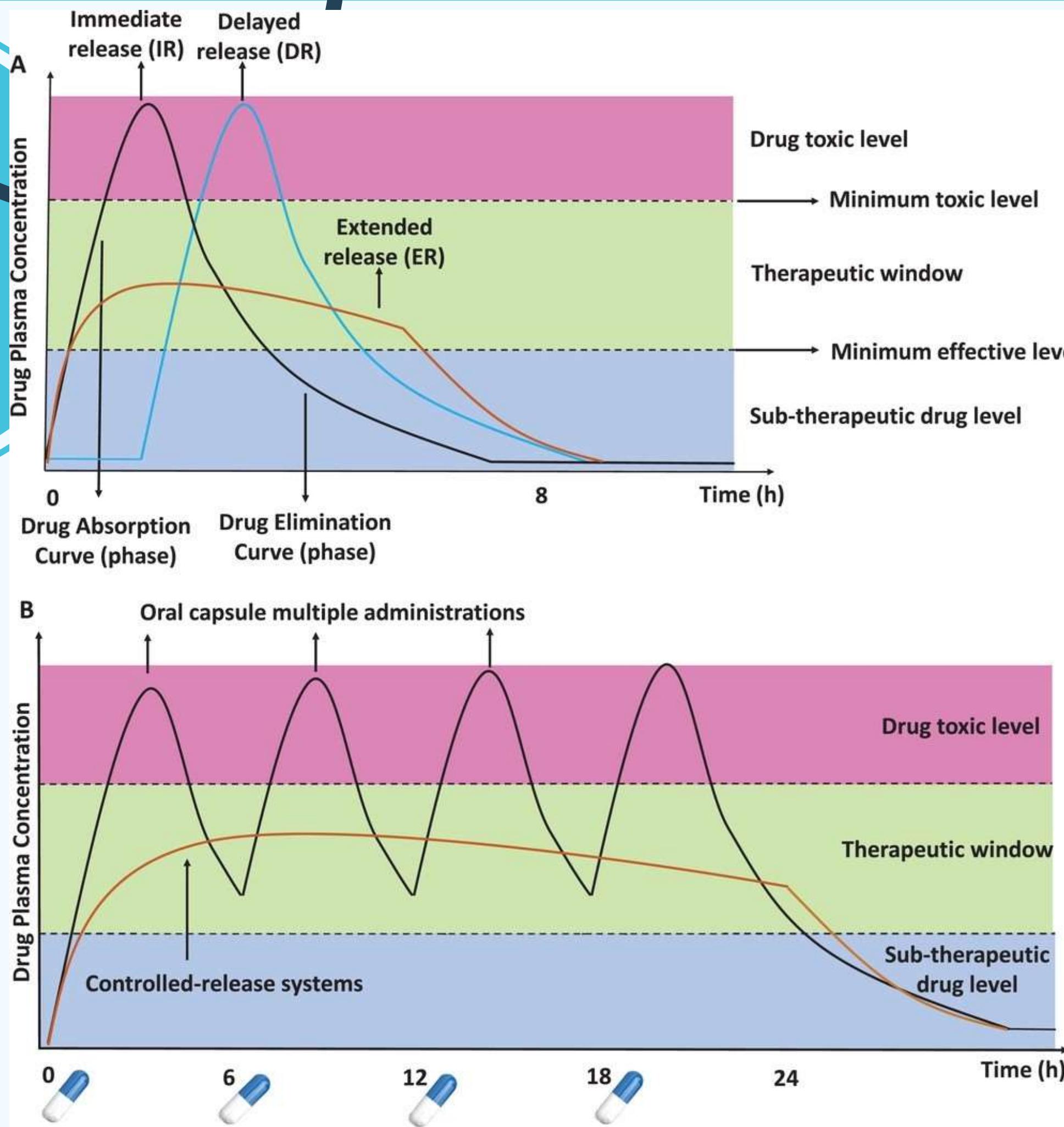
Combining immediate-release and extended-release bead components

Immediate-release tablet provides rapid release of Tramadol similar to other immediate-release Tramadol formulations.

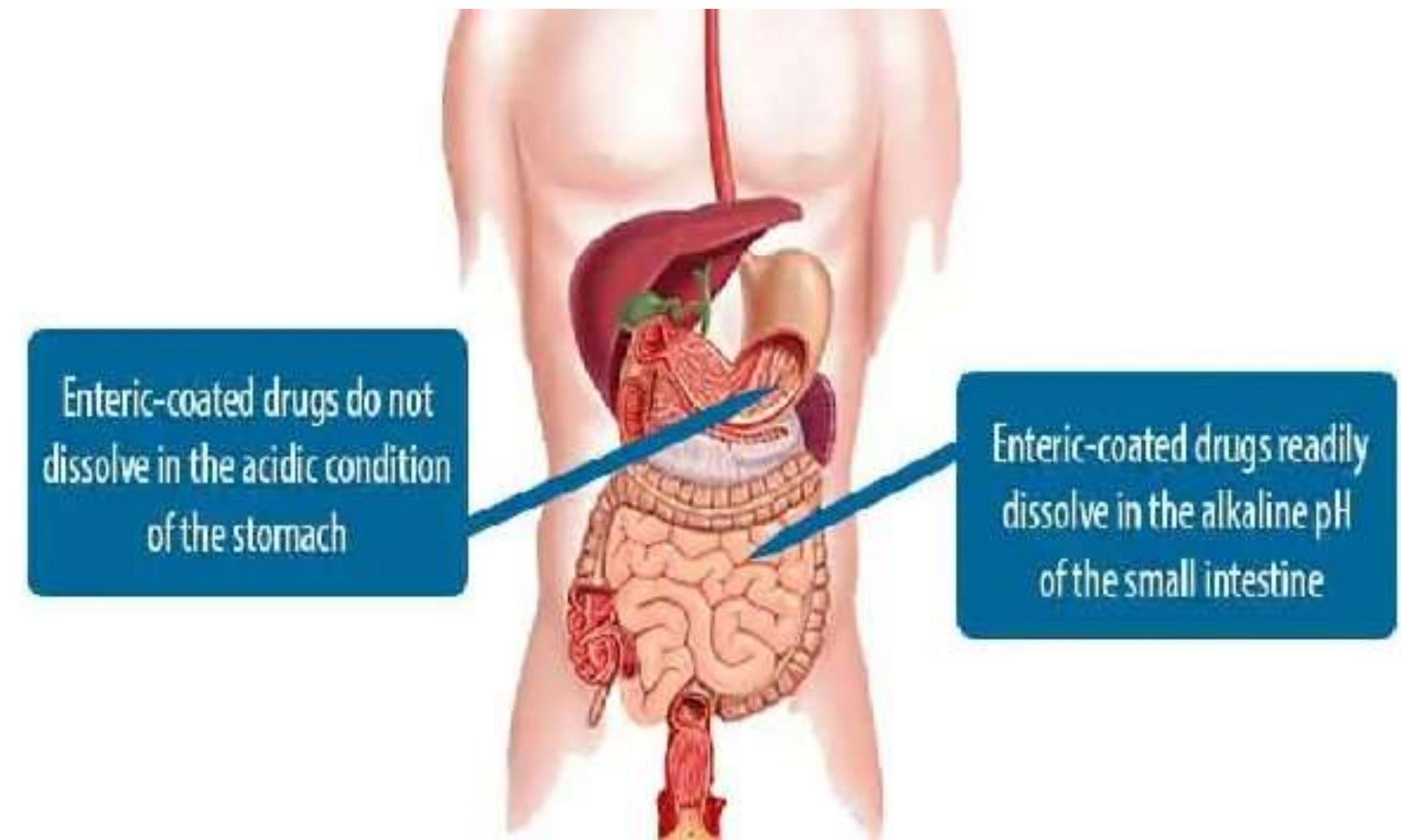
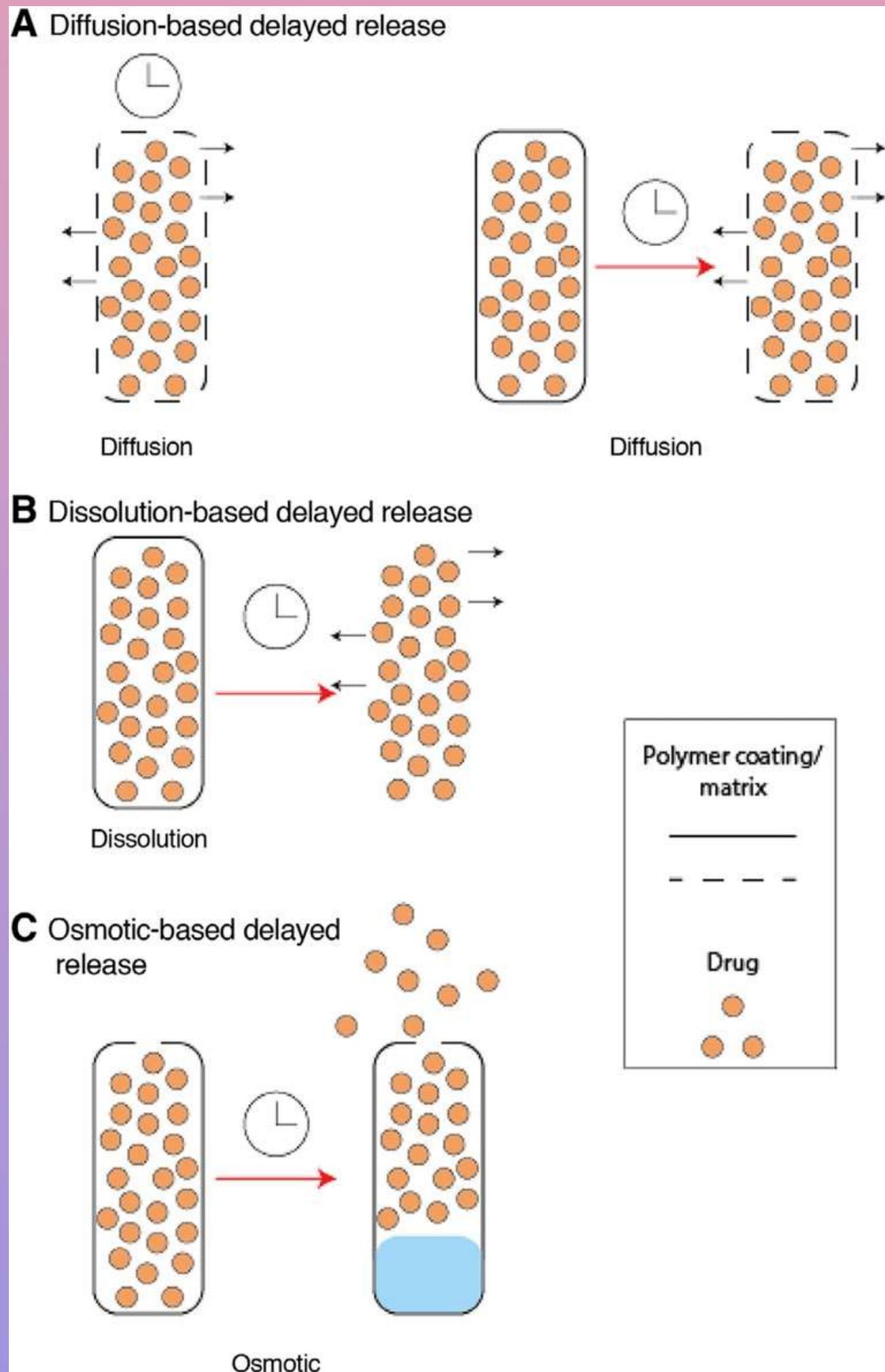
Extended-release beads form an osmotic pressure-driven release system that allows a continuous release of Tramadol over a 24-hour dosing cycle.



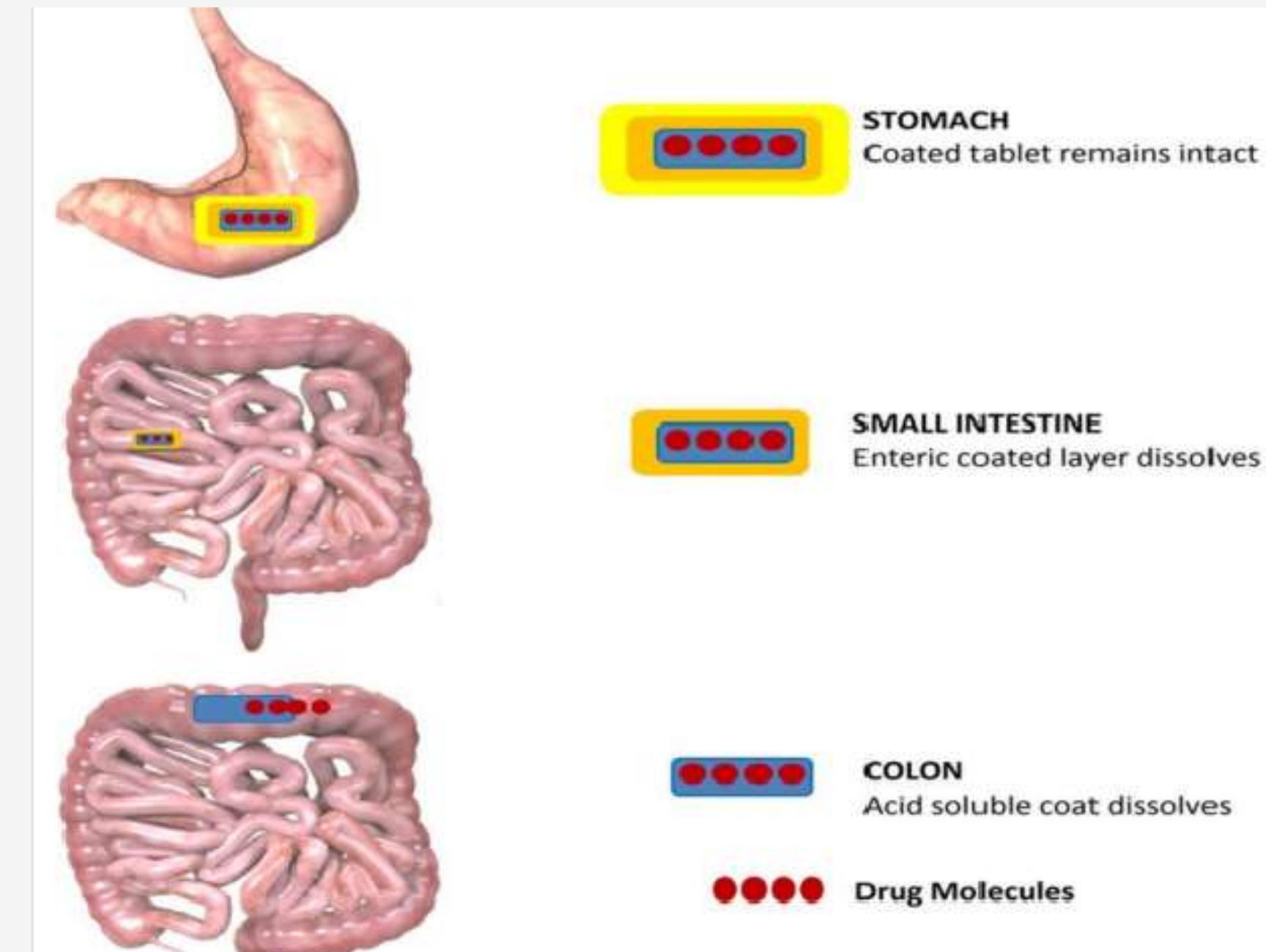
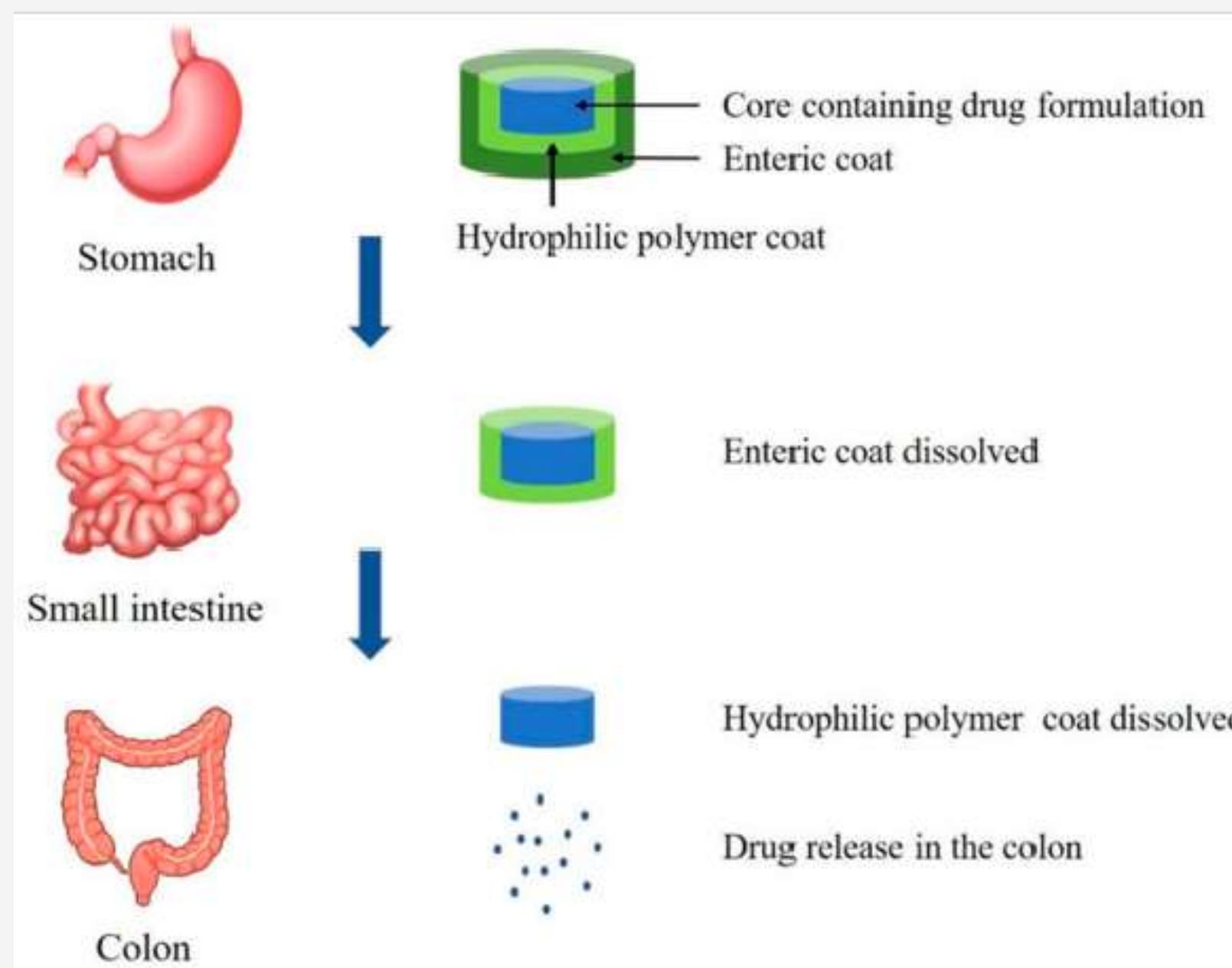
Controlled release



Delayed release

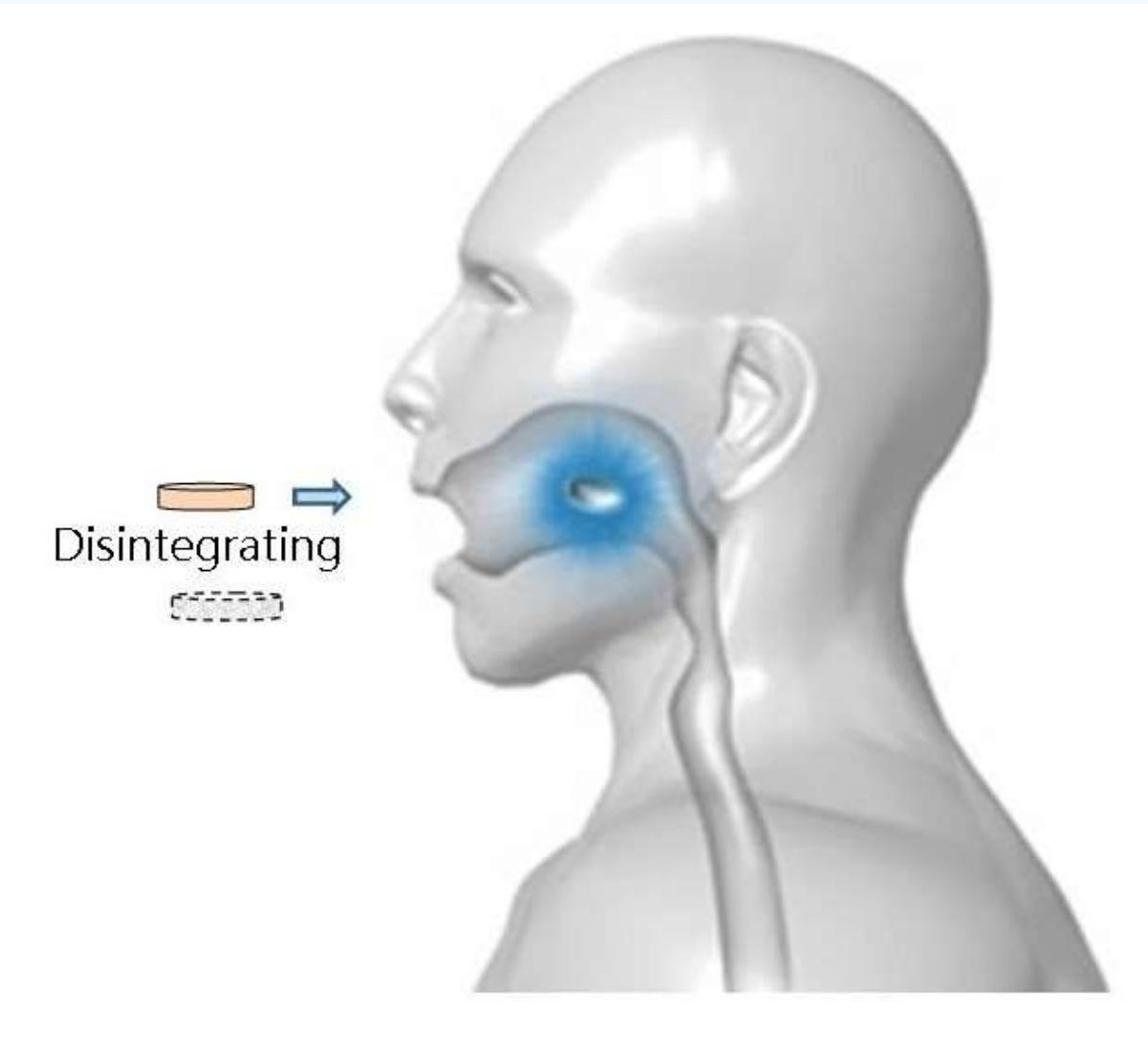
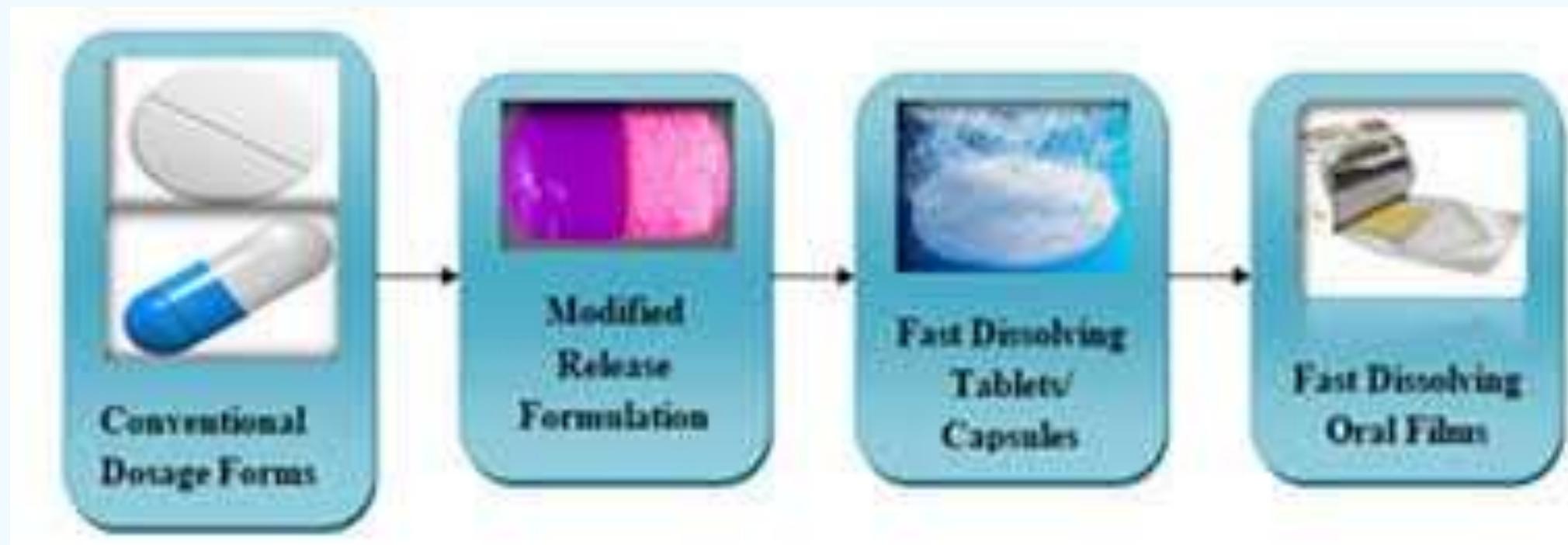


Delayed release



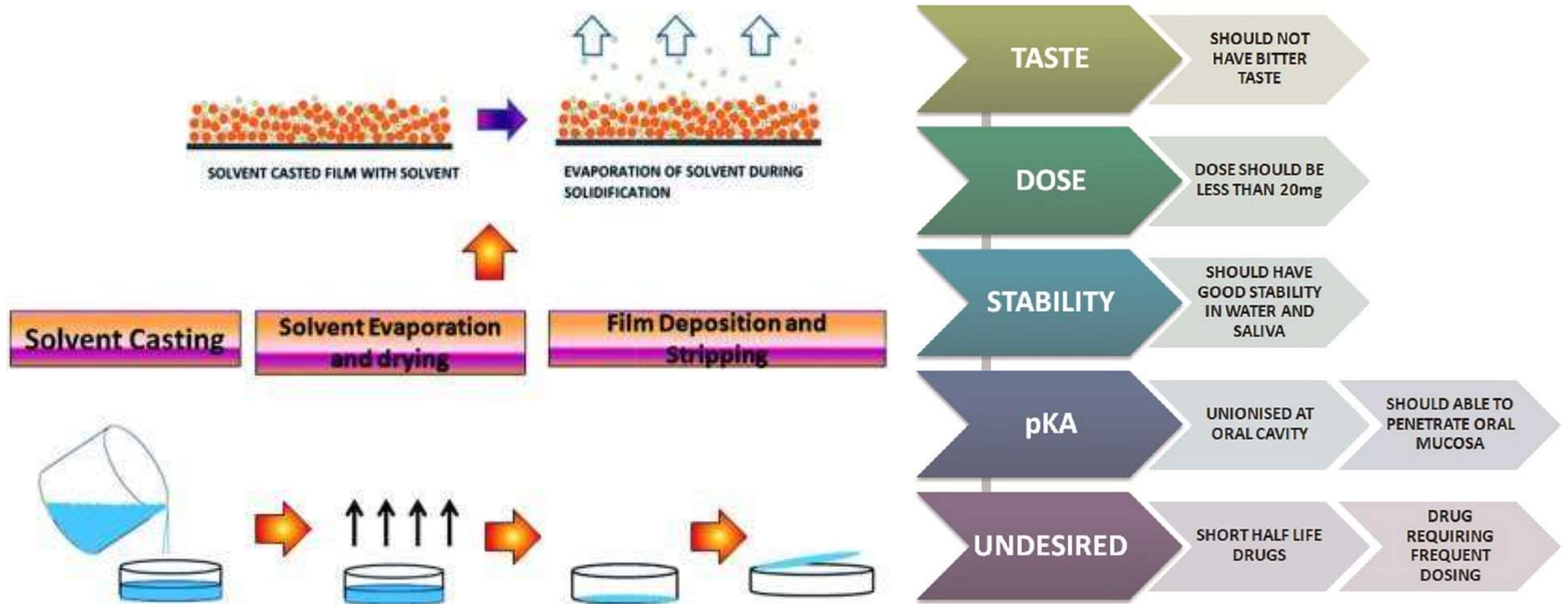
Fast Dissolving

FDTs are solid unit dosage forms, which disintegrate or dissolve rapidly in the mouth without chewing and water. FDTs or orally disintegrating tablets provide an advantage particularly for pediatric and geriatric populations who have difficulty in swallowing conventional tablets and capsules.

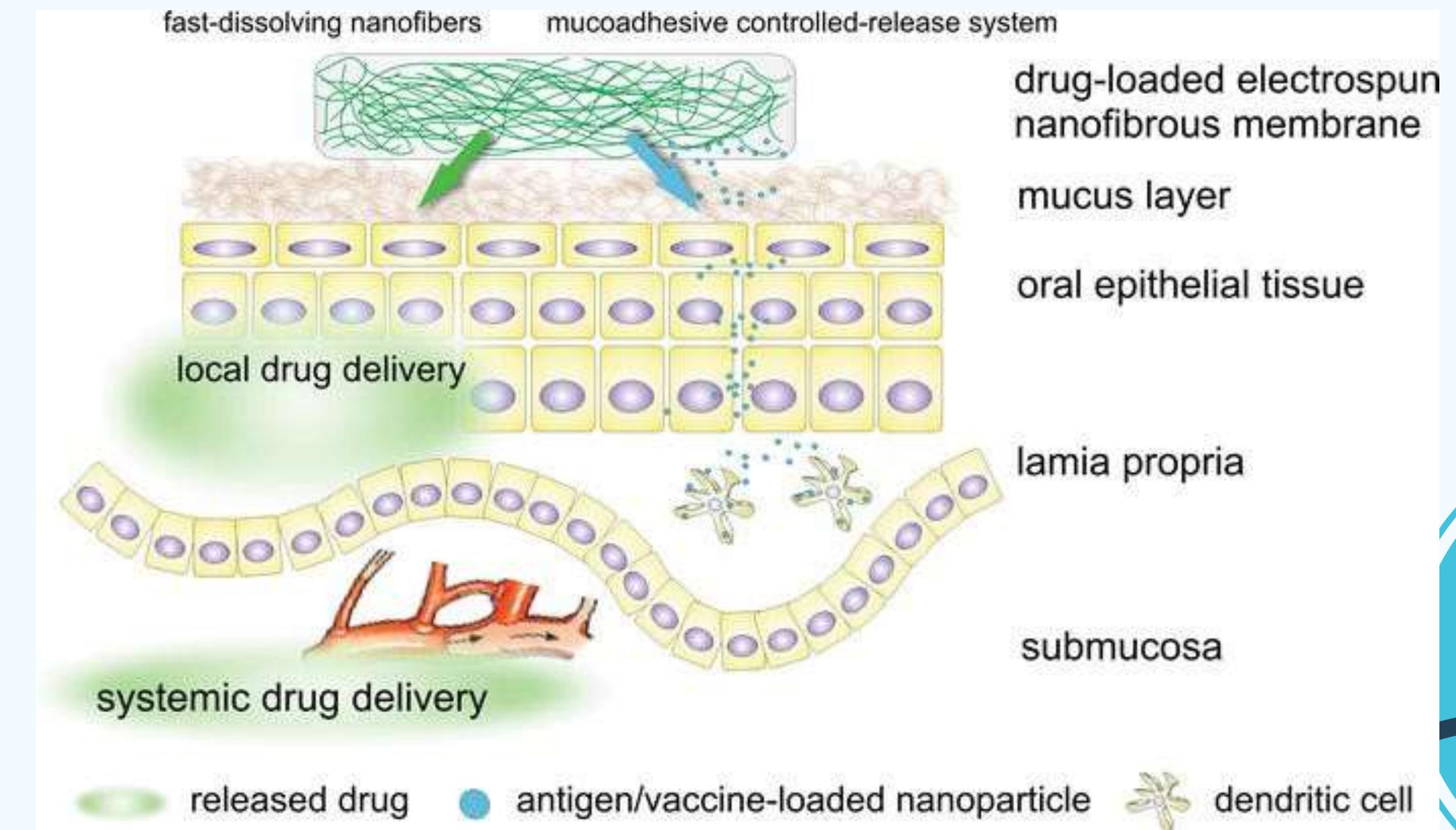
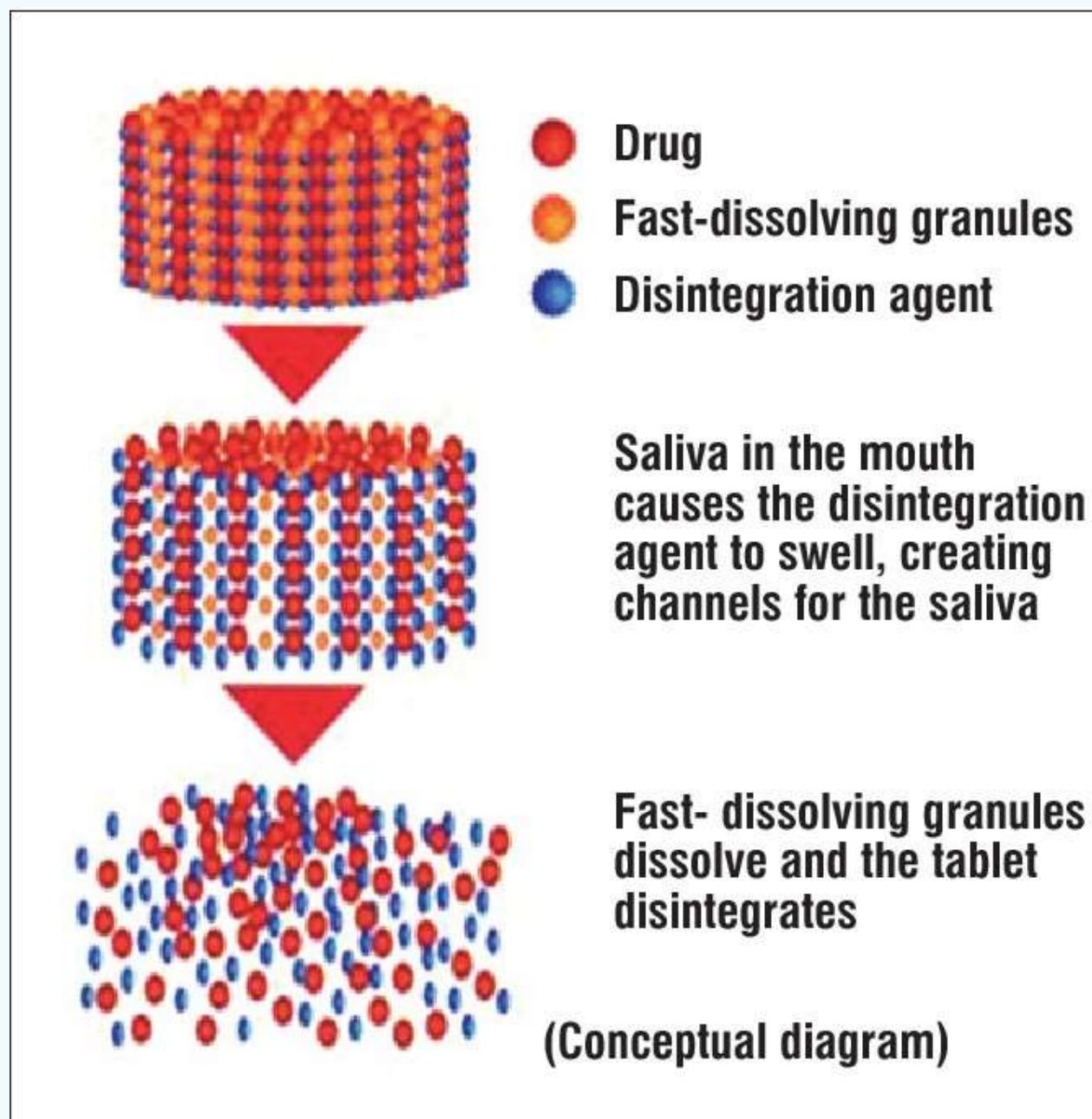


- Mudah dikonsumsi dan tidak membutuhkan air
 - tidak beresiko tersedak
 - cepat terdisintegrasi
 - cepat terdisolusi dan

Fast Dissolving



Fast Dissolving



Product	Generic	Company
Nimulid-MD	Nimesulide	Panacea Biotech, New Delhi, India
Feldene fast melt	Piroxicam	Pfizer Inc., NY, USA
Zyrof meltab	Rofecoxib	Zydus Cadila, India
Pepcid RPD	Famotidine	Merck and Co., NJ, USA
Romilast	Montelukast	Ranbaxy Labs Ltd., New Delhi, India
Torrox MT	Rofecoxib	Torrent Pharmaceuticals, India
Olanex instab	Olanzapine	Ranbaxy Labs Ltd., New Delhi, India
Zofran ODT	Ondansetron	Glaxo Wellcome, Middlesex, UK
Mosid-MT	Mosapride citrate	Torren pharmaceuticals, India
Febrectol	Paracetamol	Prographarm, Chateauneuf, France
Maxalt MLT	Rizatriptan	Merck and Co., NJ, USA
Zelapar TM	Selegiline	Amarin Corp., London , UK
Benadryl fast melt	Diphenhydramine	Pfizer
Imodium (instant melts)	Loperamide Hcl	Janssen
Klonopin wafers	Clonaxepam	Roche
Zyprexa	Olanzapine	Eli lilly

Fast Dissolving

Table 5: Examples of commercially available fast dissolving oral films

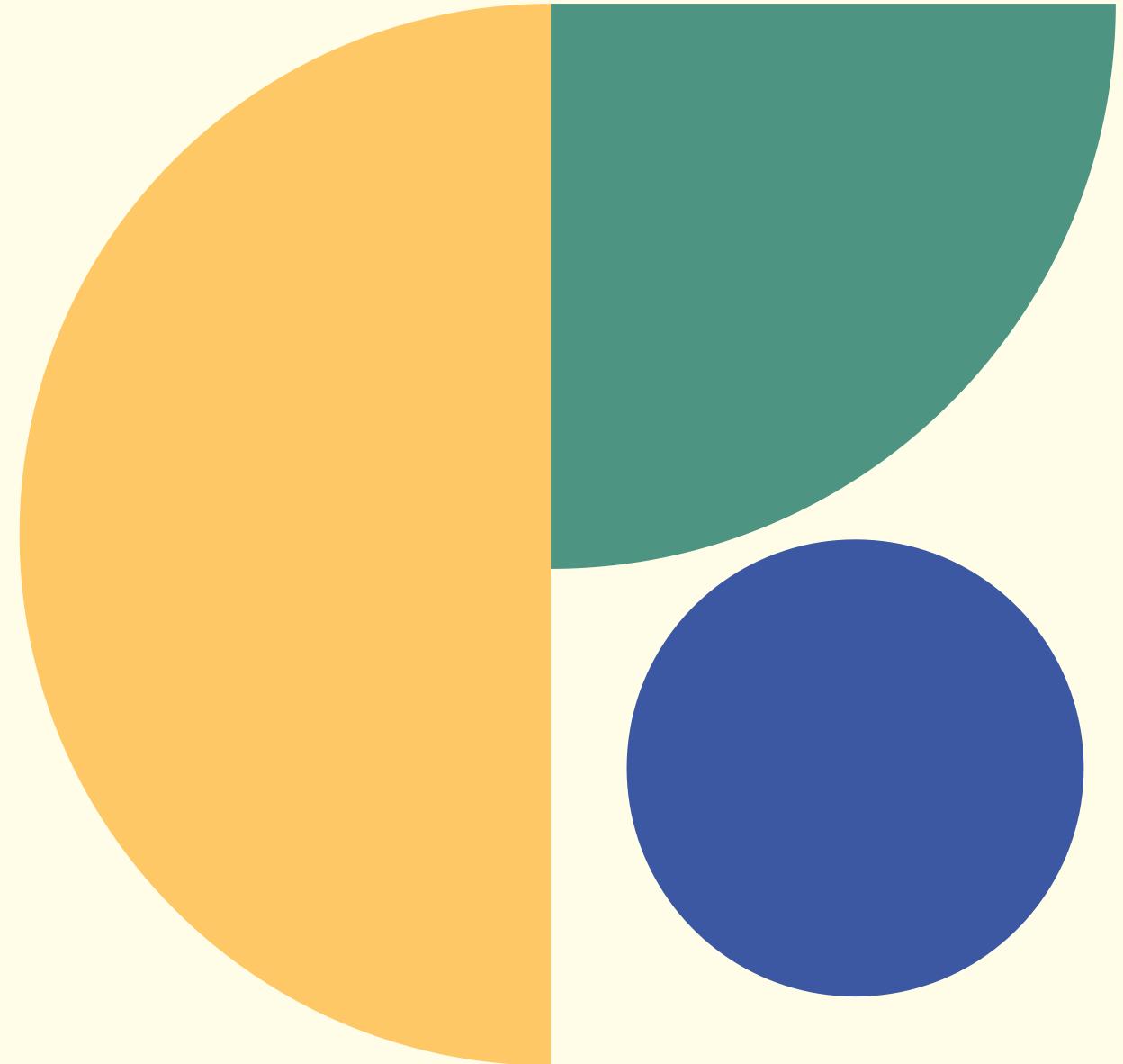
Brand name	Active ingredient	Company
Benadryl	Diphenhydramine HCl	Pfizer
Chloraseptic	Benzocaine: Menthol	Prestige
Donepzil	Donepzil HCL	Labtec GmbH
Eclipse3	Sugarfree mints	Wrigley's
Gas-X	Simethicone	Novartis
Listerine	Cool mint	Pfizer
Little Colds	Pectin	Prestige brands
Ondansetron	Ondensteron	Labtec GmbH
Orazel	Menthol/Pectin	Del
Sudafed PE	Phenylephrine HCl	Pfizer
Suppress	Dextromethorphan	InnoZen
Theraflu	Dextromethorphan HBr	Novartis
Triaminic	Diphenhydramine HCl	Novartis

PERTEMUAN BERIKUT

**Buat review
mengenai
Gastroretentive
DDS**

Review memuat

- : 1. Definisi
- 2. Tujuan Gastroretentive
- 3. Mekanisme DDS



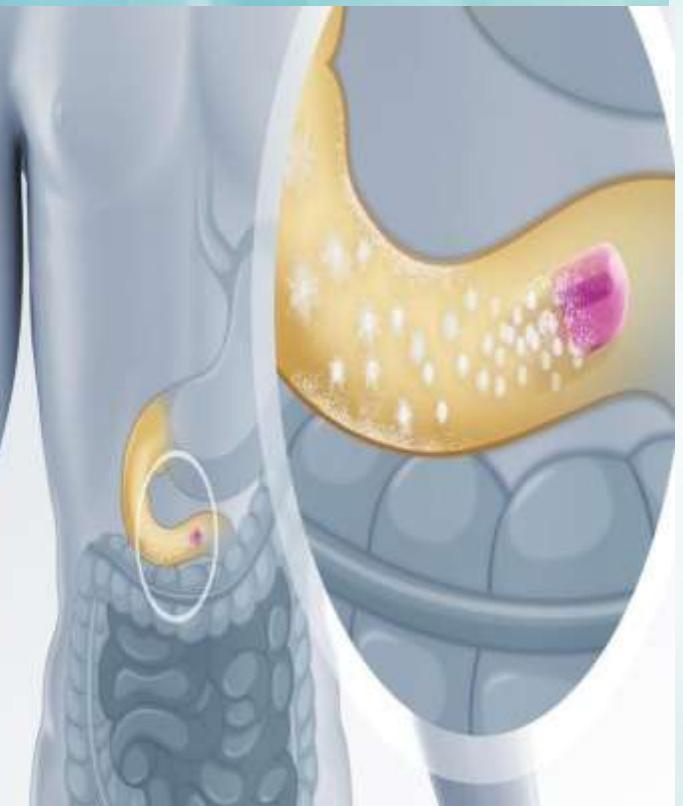
Terima kasih!

Sampai jumpa minggu depan

SISTEM PENGHANTARAN OBAT

ORAL DRUG DELIVERY SYSTEM

Topik Bahasan



Oral Drug Delivery System

I

► Pelepasan
Terkontrol

II

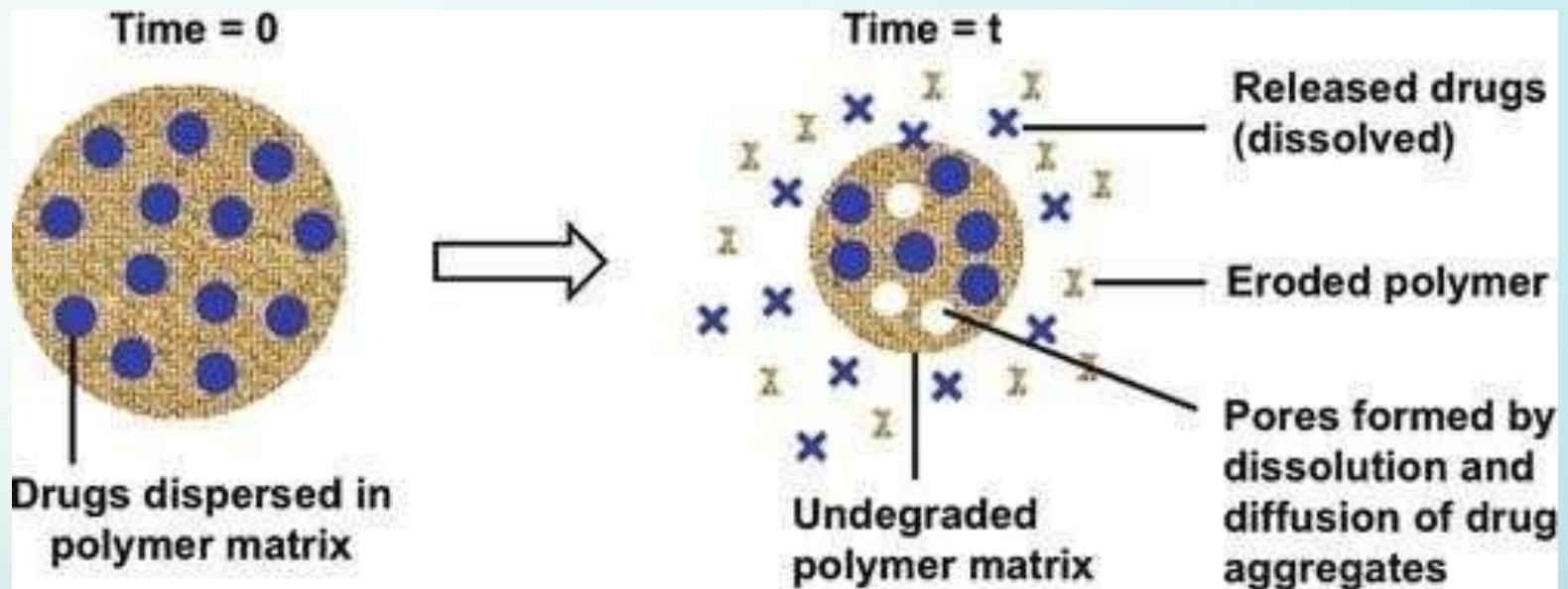
► Jenis Pelepasan
Terkontrol

III

► Gastroretentive DDS

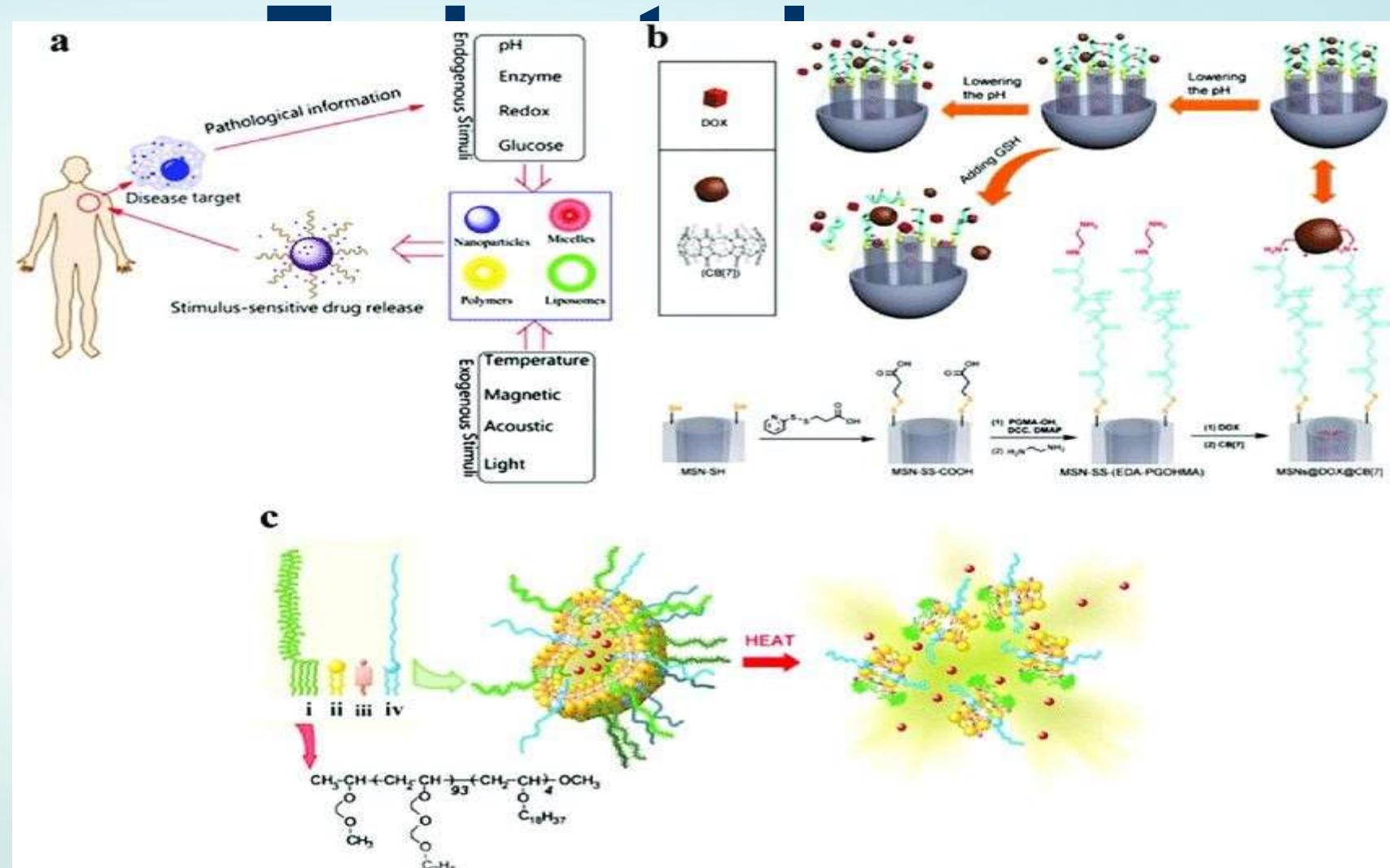
Pelepasan Terkontrol

Sistem pelepasan terkontrol merupakan pengiriman obat yang konstan biasanya pada tingkat orde nol dalam proses berkelanjutan untuk periode waktu tertentu sebagai respons terhadap waktu atau rangsangan (pH, suhu, enzim, atau osmosis)



Pelepasan

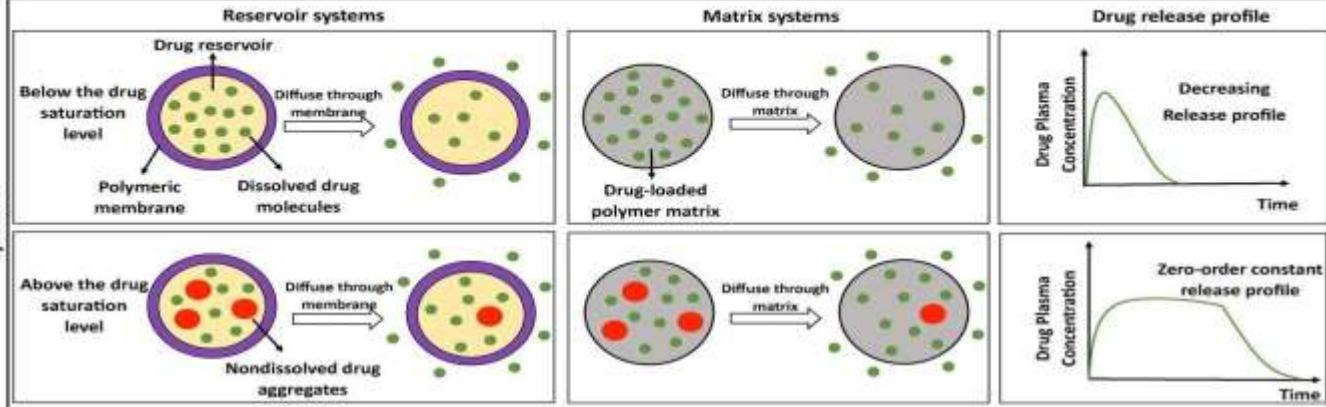
- Drug delivery relies on the presence of a “neutral” carrier that allows for a “load” drug to reach the desired target and release the cargo at the site.
- This approach enables remarkably reduced side-effects from the drug effect at “off-target” regions as well as protecting the drug from degradation or solubilizing prematurely.



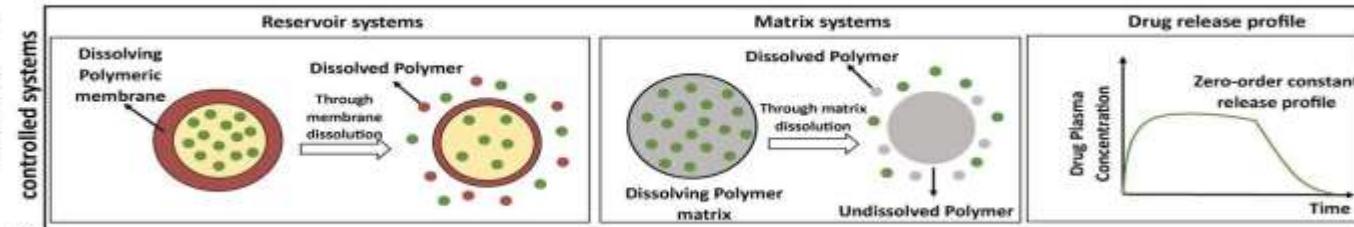
Pelepasan

Drug-loaded polymeric controlled release systems

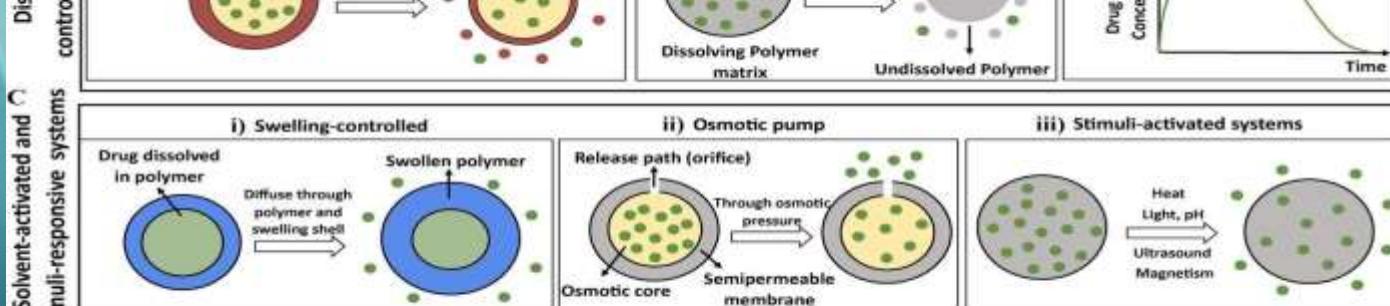
A



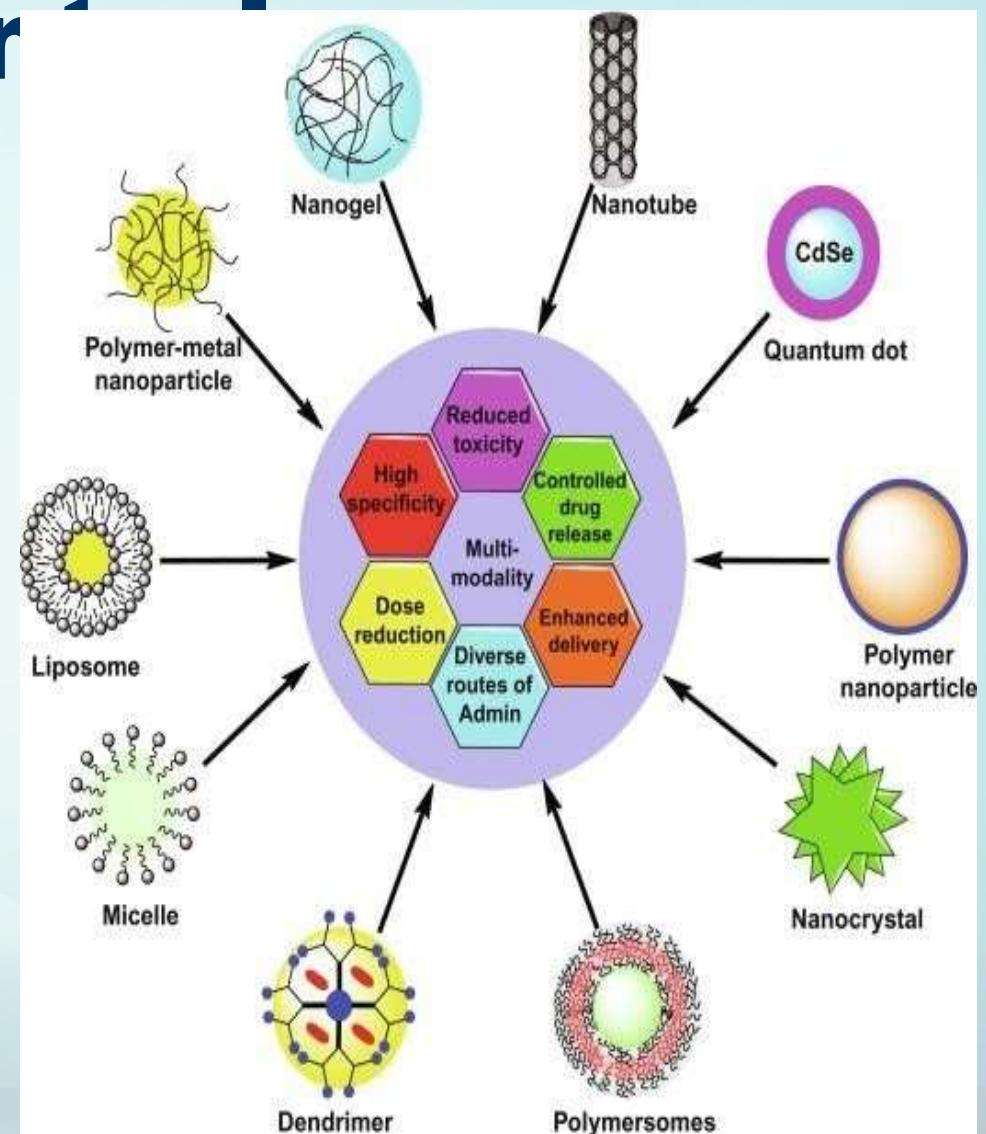
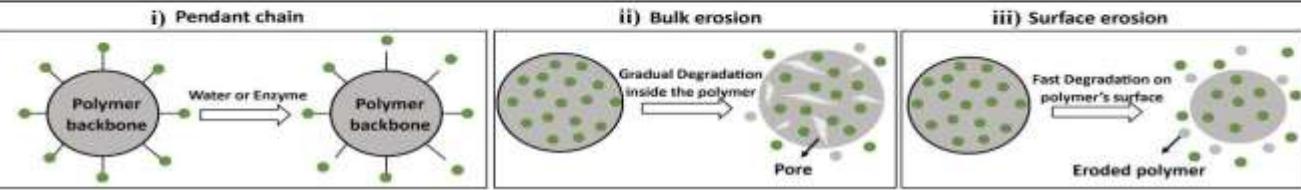
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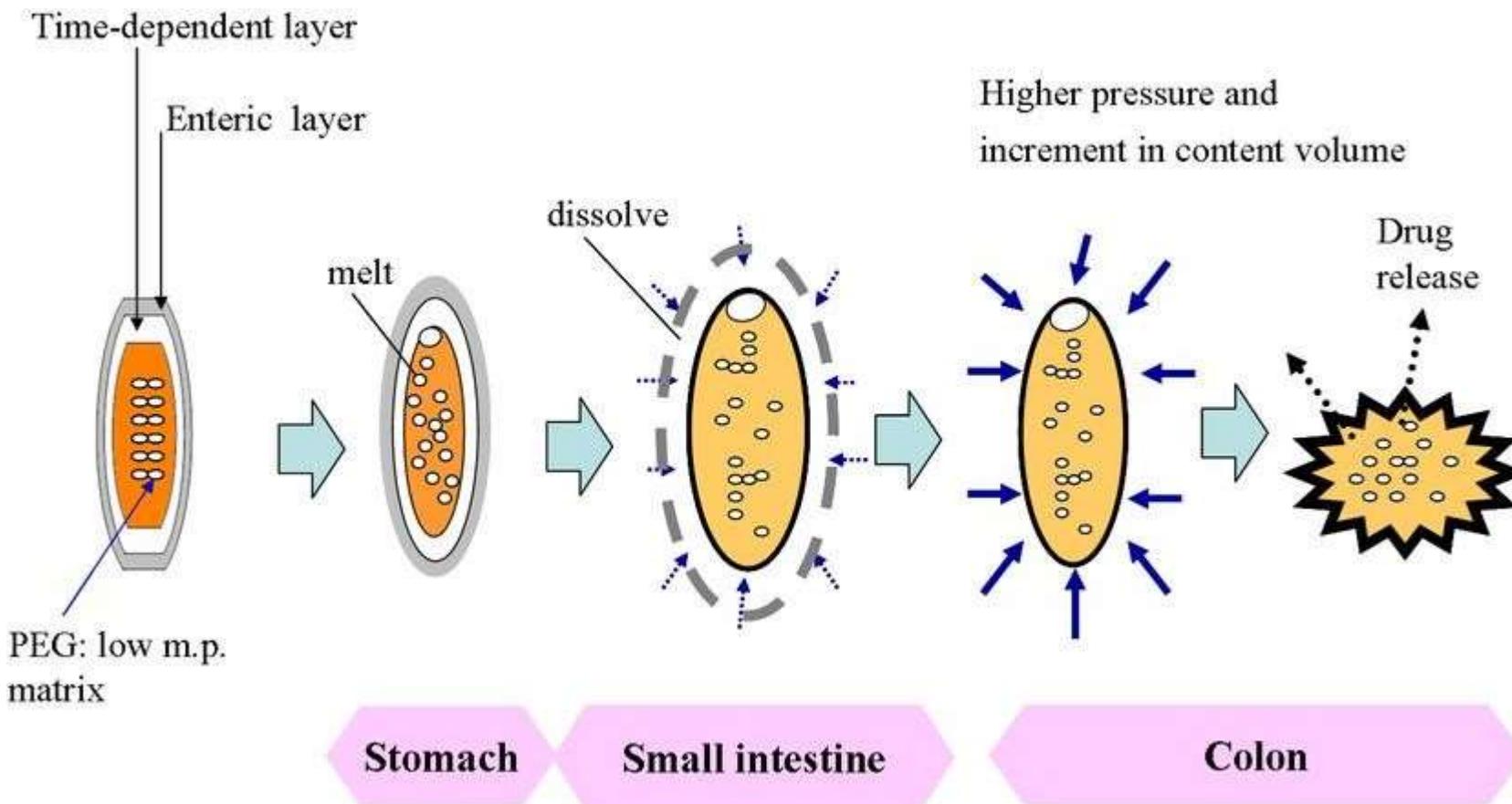
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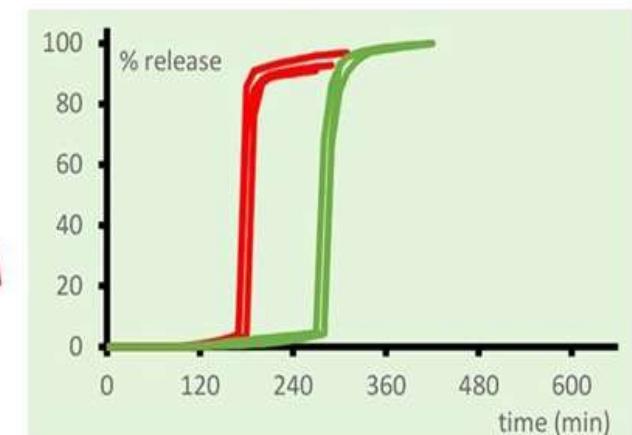
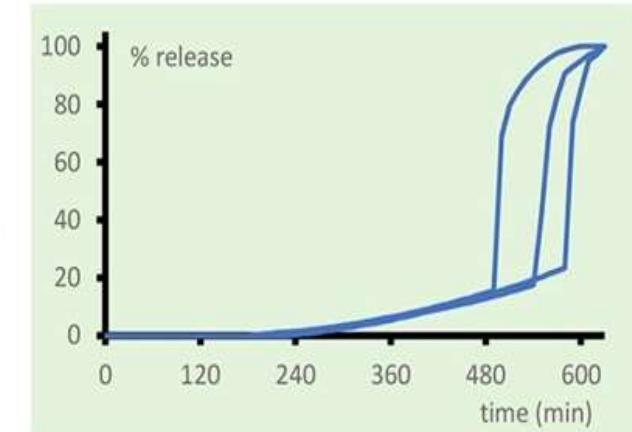
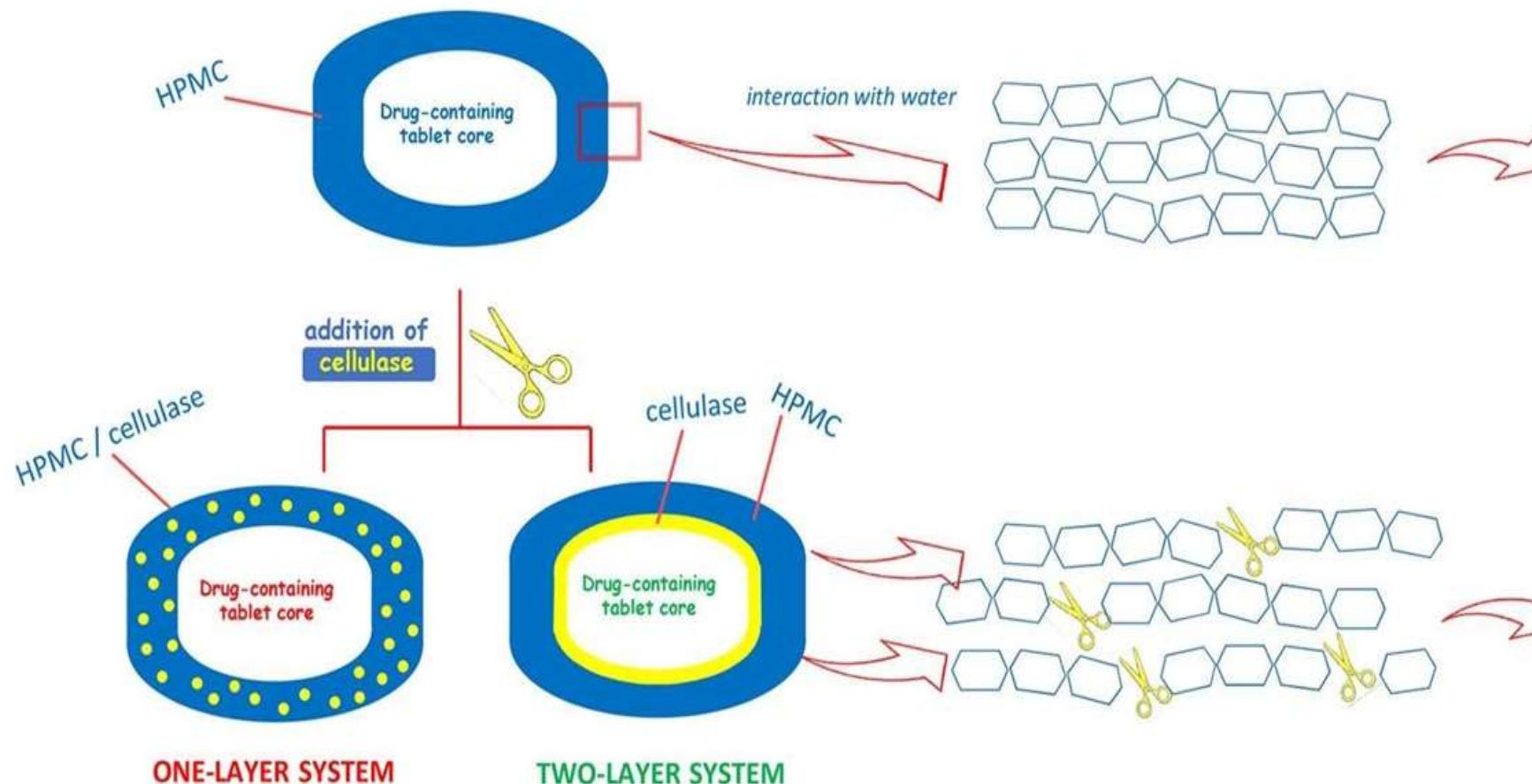
Pelepasan Terkontrol : Waktu



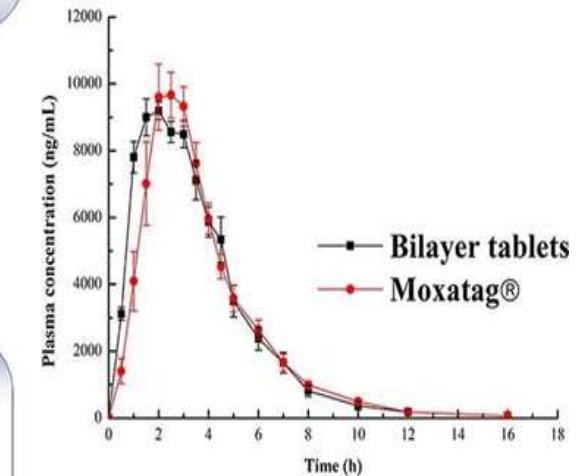
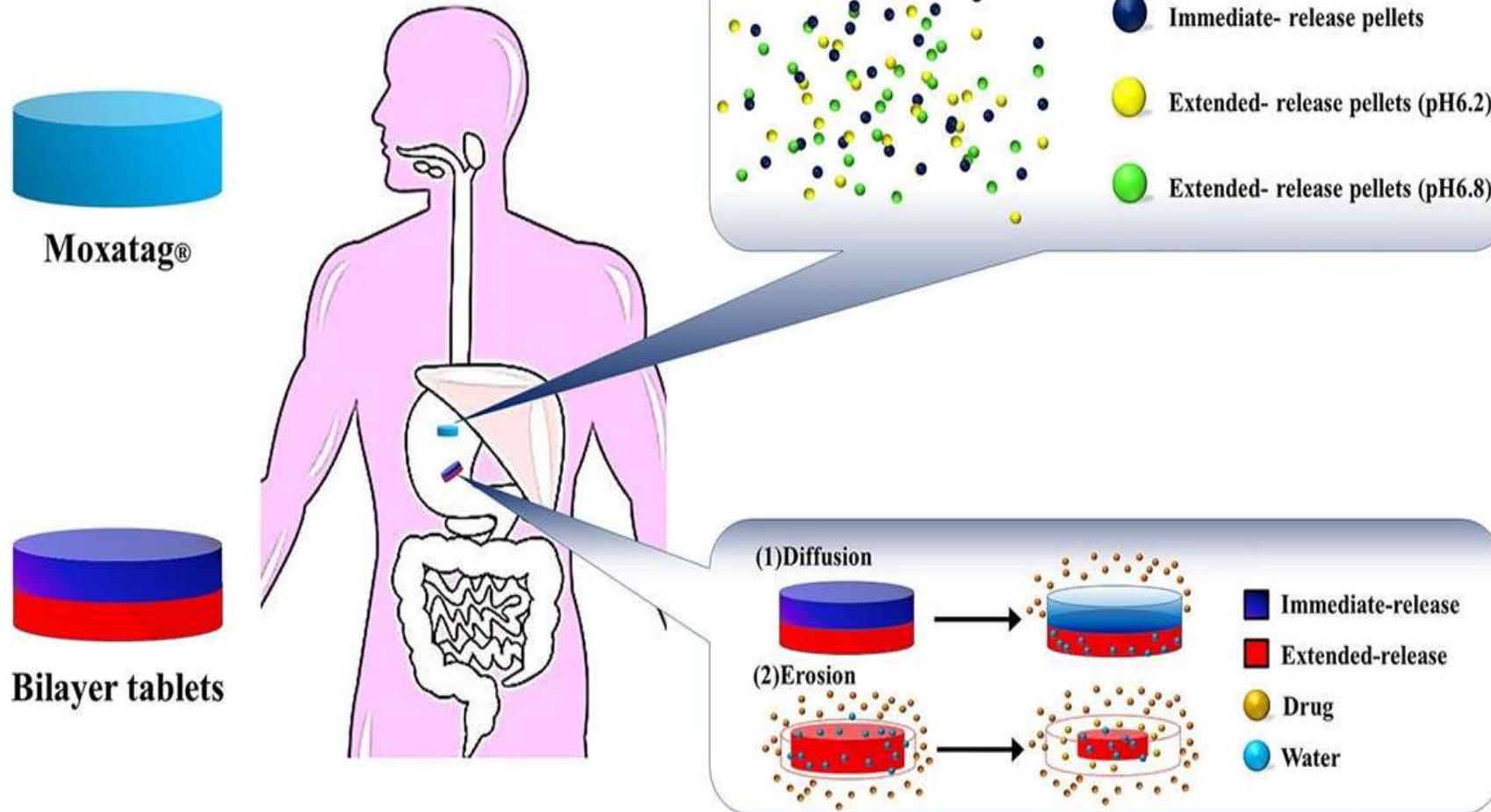
- Time-release drugs use a special technology to release small amounts of the medication into a person's system over a long period of time.
- The time controlled release systems are based on the fact that the transit time in the colon is extended (up to 20- 30 h), even if it is variable.
- A disadvantage of this type of system is the insensitivity to variations in transit time of upper gastrointestinal tract

Pelepasan Terkontrol : Waktu

Oral Time-Controlled Delivery System HPMC based outer layer applied by press-coating

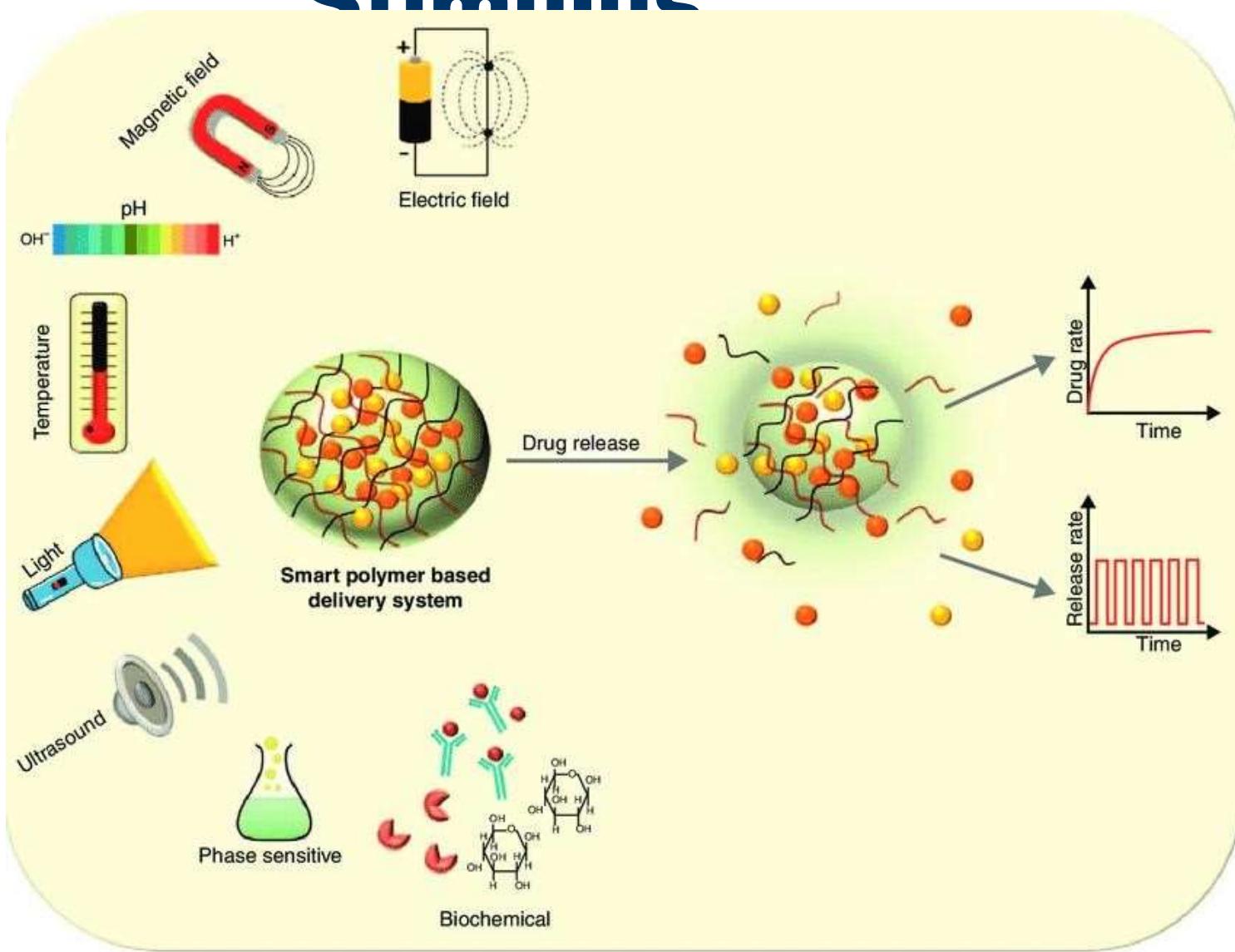


Pelepasan Terkontrol : Waktu



In vivo

Pelepasan Terkontrol : Stimulus

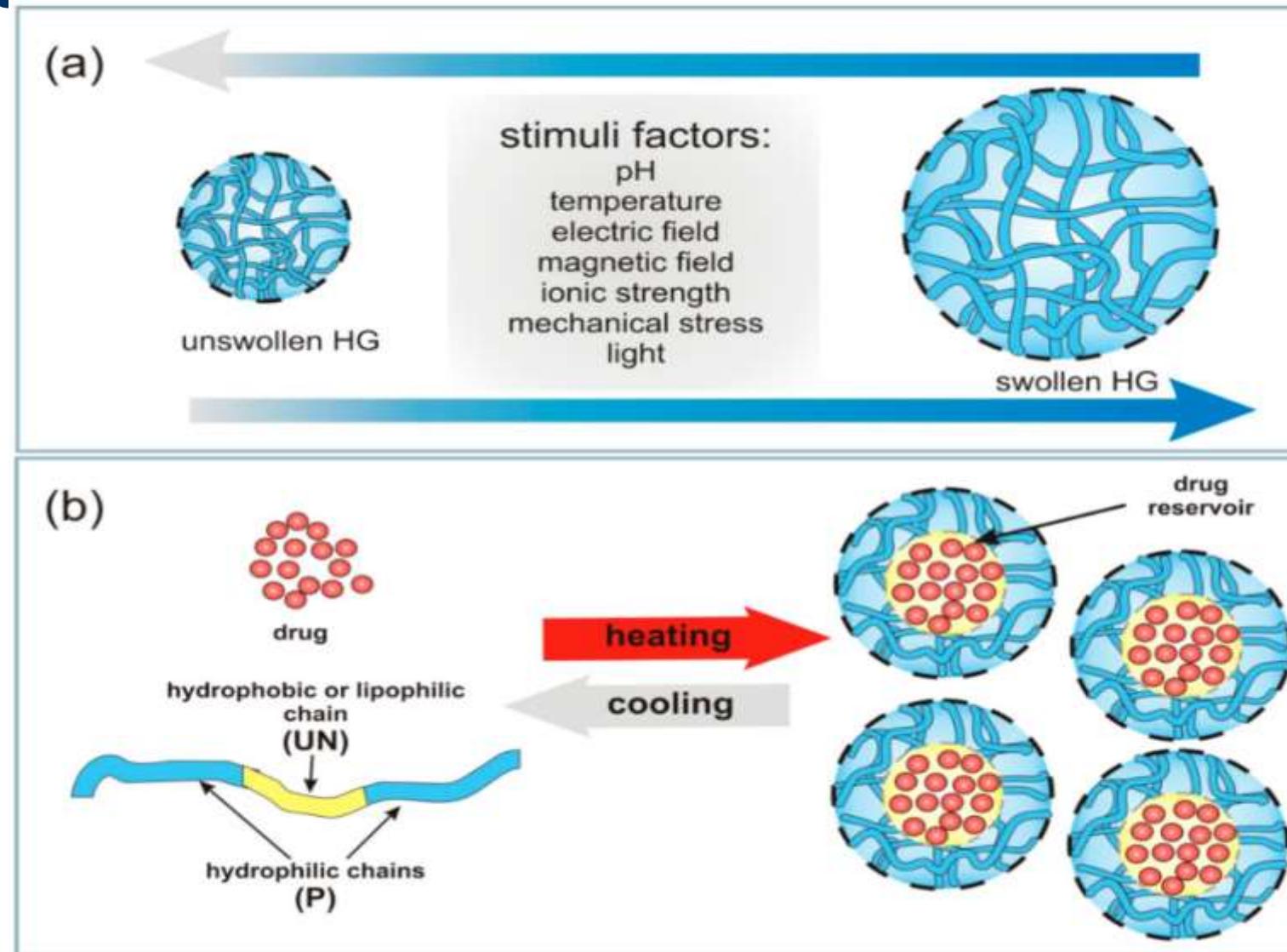


Important characteristics have to be realized in these polymeric systems such as receiving, transmitting the stimulus, and responding conveniently and efficiently.

Two types of stimuli triggers are identified: those are endogenous and exogenous types.

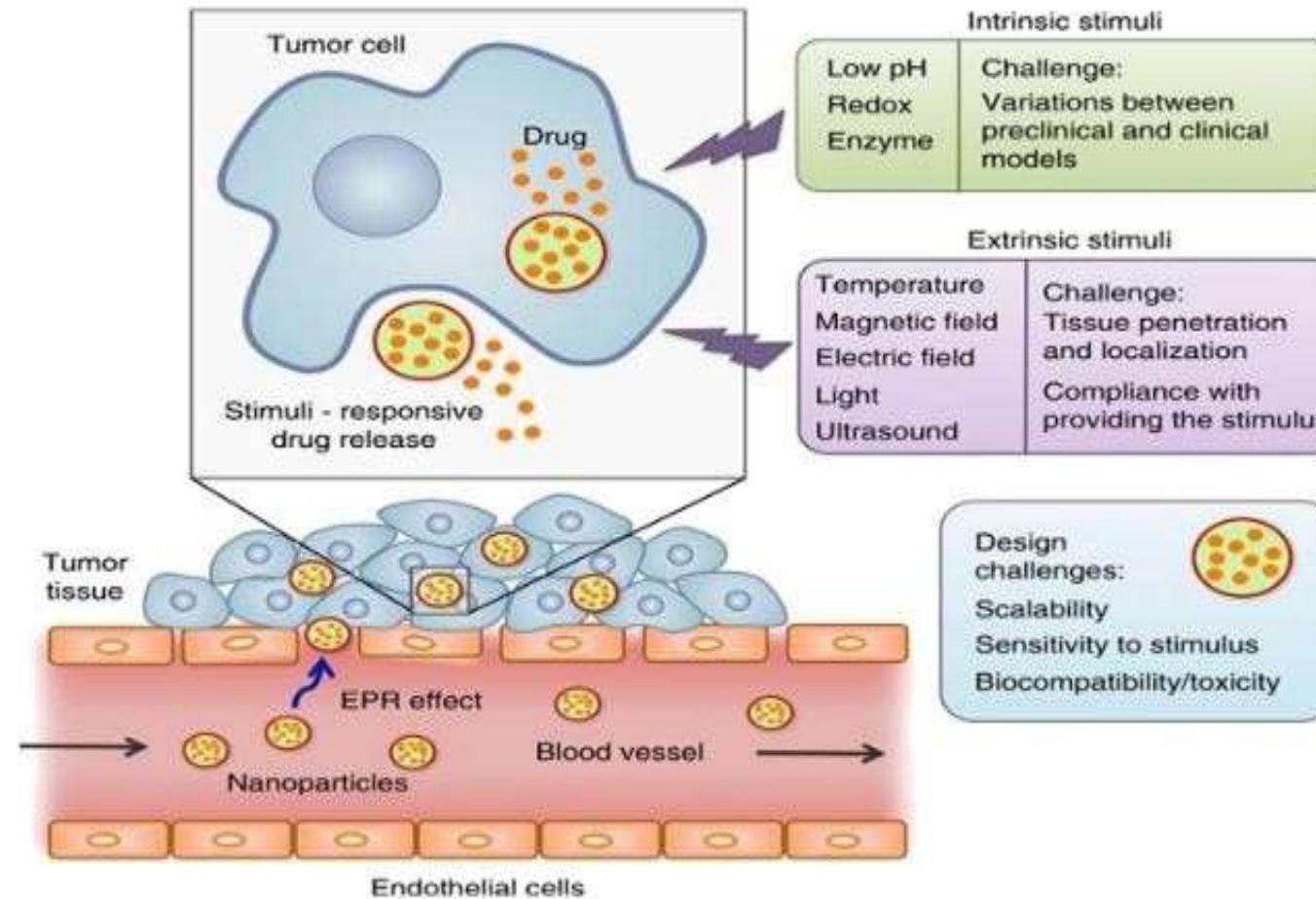
- Endogenous biological triggers include pH redox, glucose, and enzymatic systems. Endogenous type triggers anticipate the differences between the infected tissue and the microscopic environment surrounding this tissue in comparison to normal tissue physiology.
- Exogenous or external stimuli are, for instance, thermal, magnetic, and ultrasound effects.

Pelepasan Terkontrol : Stimulus



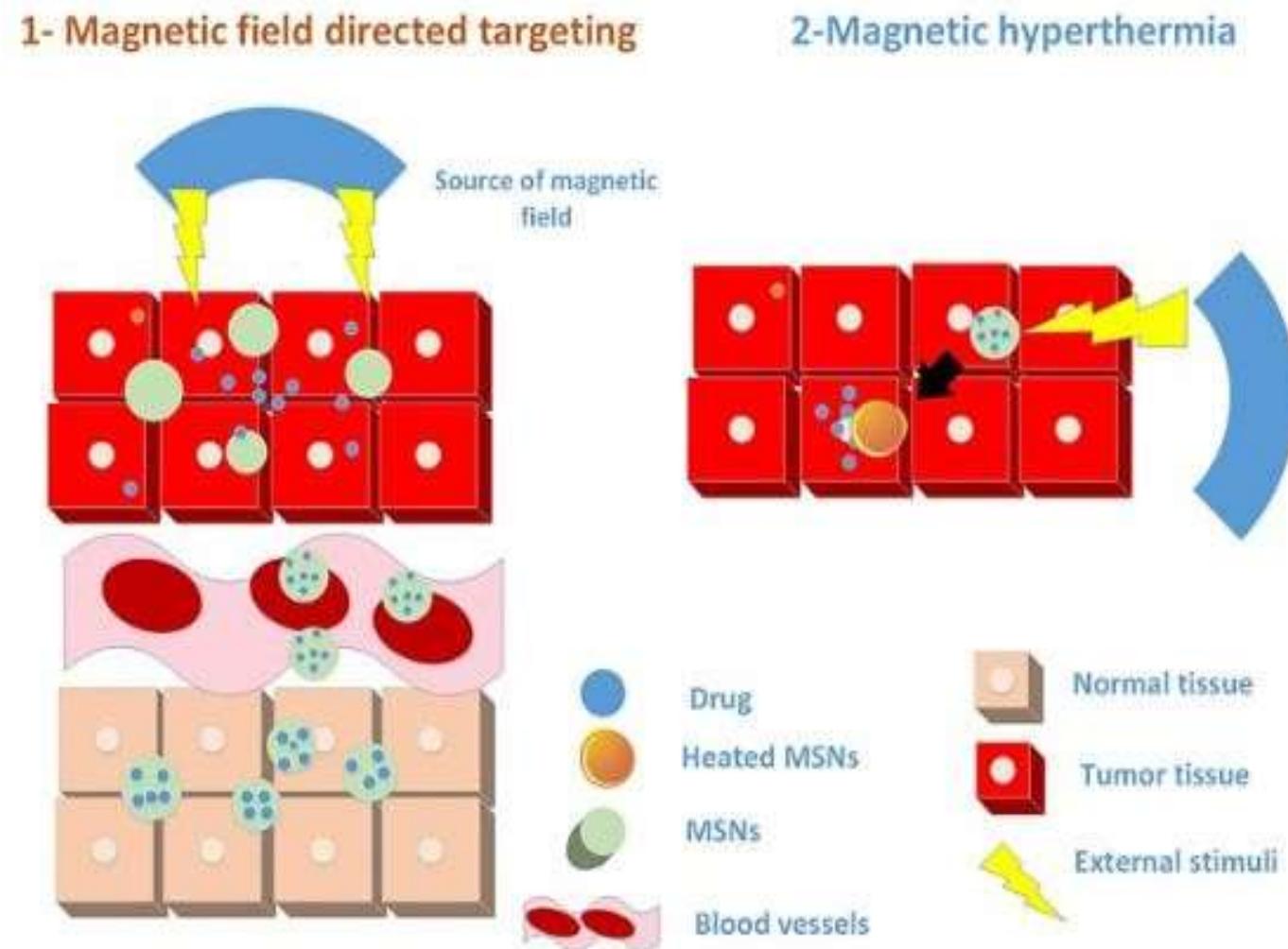
Pelepasan Terkontrol : Stimulus

Fig. 3 Schematic diagram summarizing the various exogenous and endogenous stimuli for drug delivery (reprinted with permission from 36)



Pelepasan Terkontrol : Stimulus

Fig. 6 Schematic illustration of the mechanisms of drug release from MSNs triggered by a magnetic field and magnetic hyperthermia

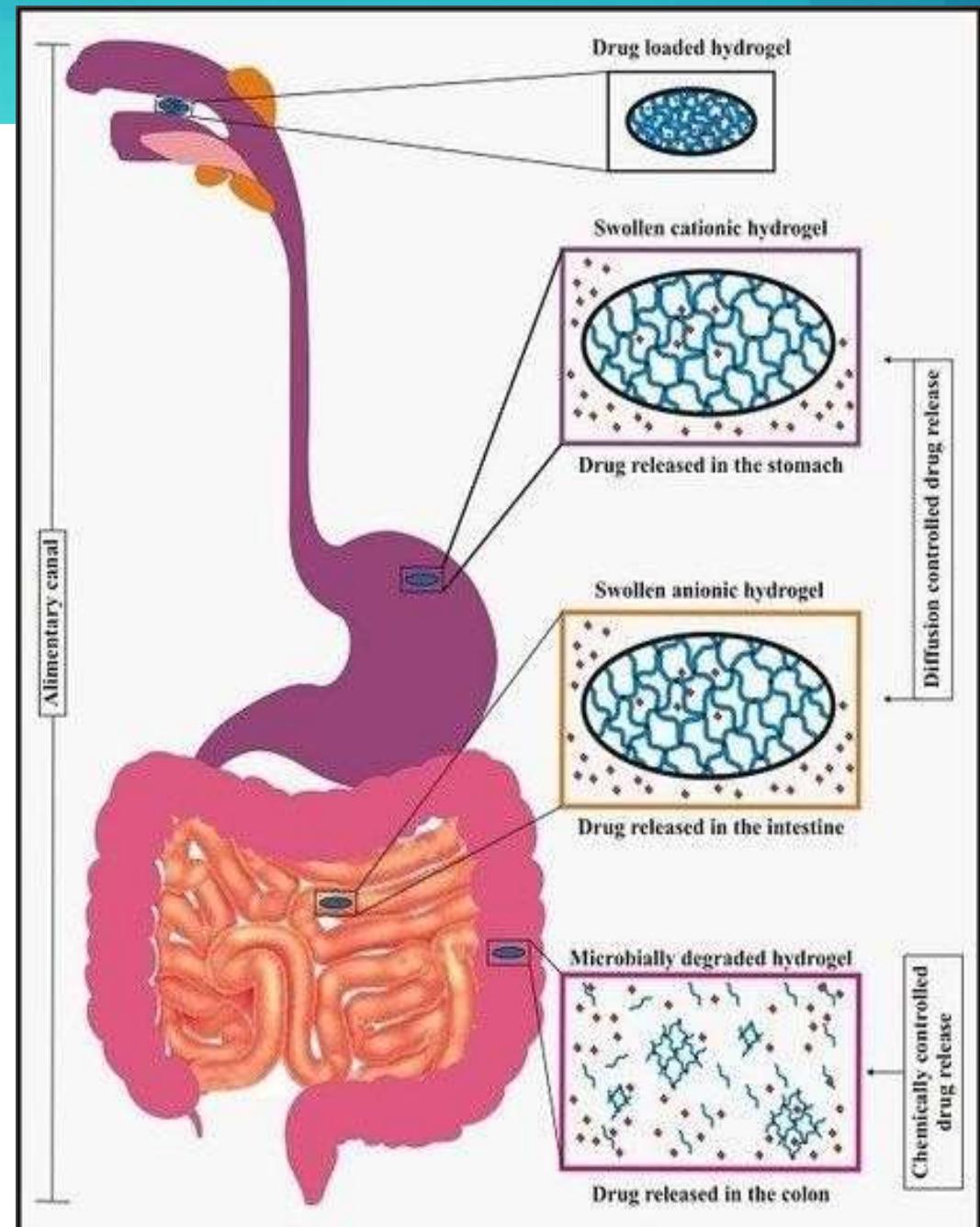


Pelepasan Terkontrol : pH

Jenis sistem pengiriman GI ini dirancang untuk pelepasan terkontrol obat asam atau basa di GIT, pada tingkat yang tidak tergantung pada variasi pH GI.

Table. 4: pH values from several tissues and cells compartments (adapted from Bawa *et al.*, 2009).

Tissue / Cell compartment	pH
Blood	7.4-7.5
Stomach	1.0-3.0
Duodenum	4.8-8.2
Colon	7.0-7.5
Lysosome	4.5-5.0
Golgi complex	6.4
Tumor - Extracellular medium	6.2-7.2



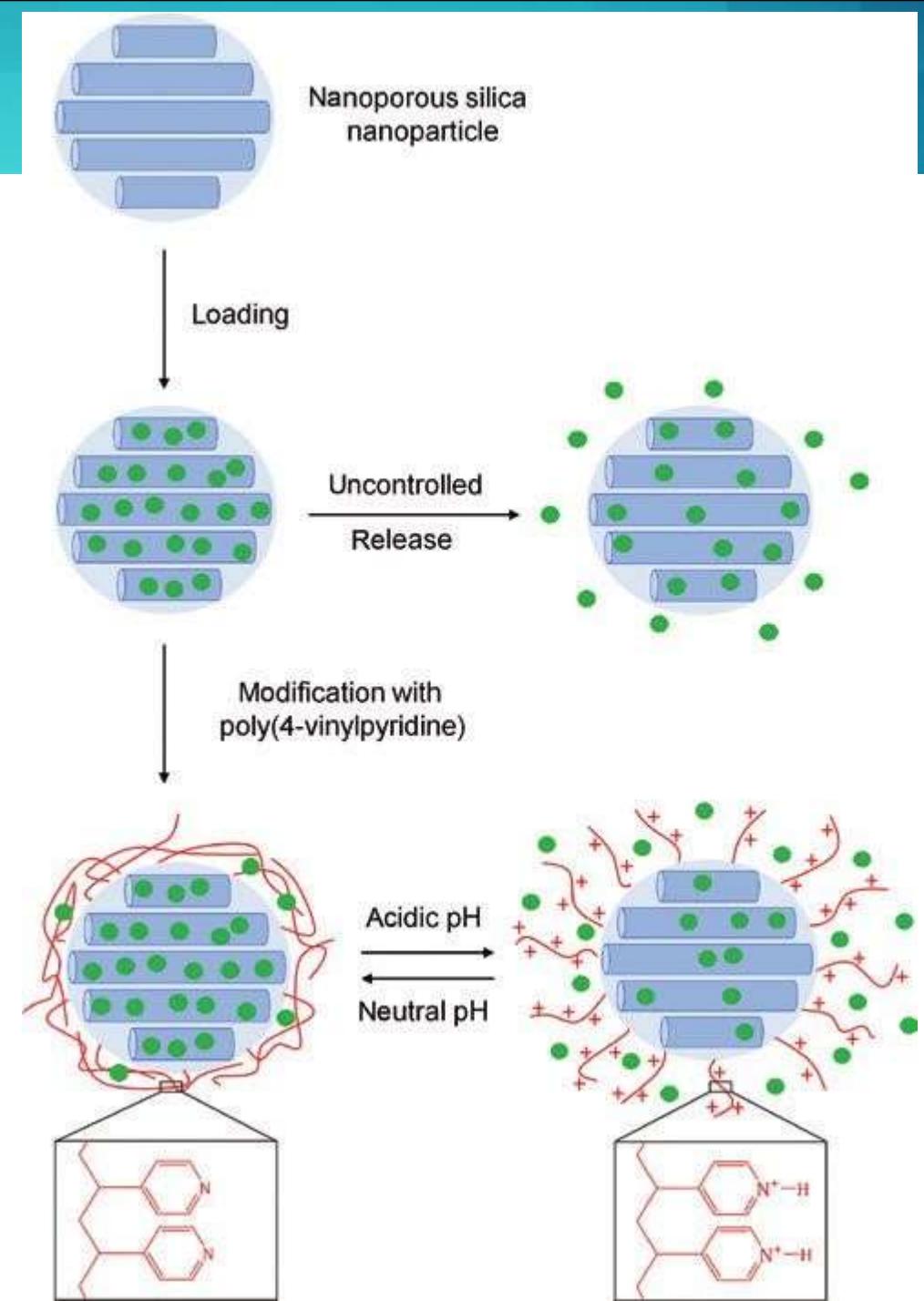
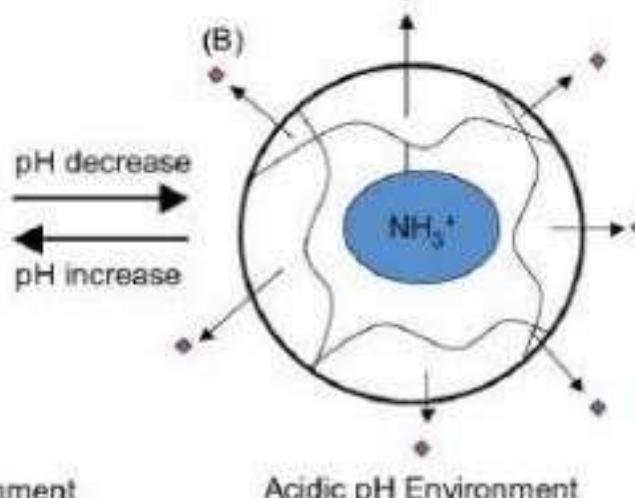
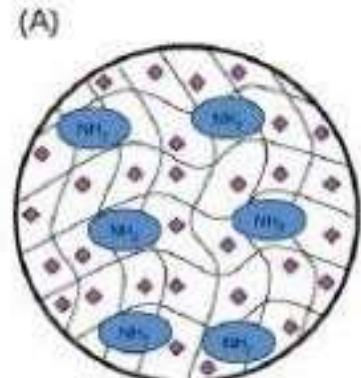
Pelepasan Terkontrol :

pH

Polymer coating controls the permeation of GI fluid

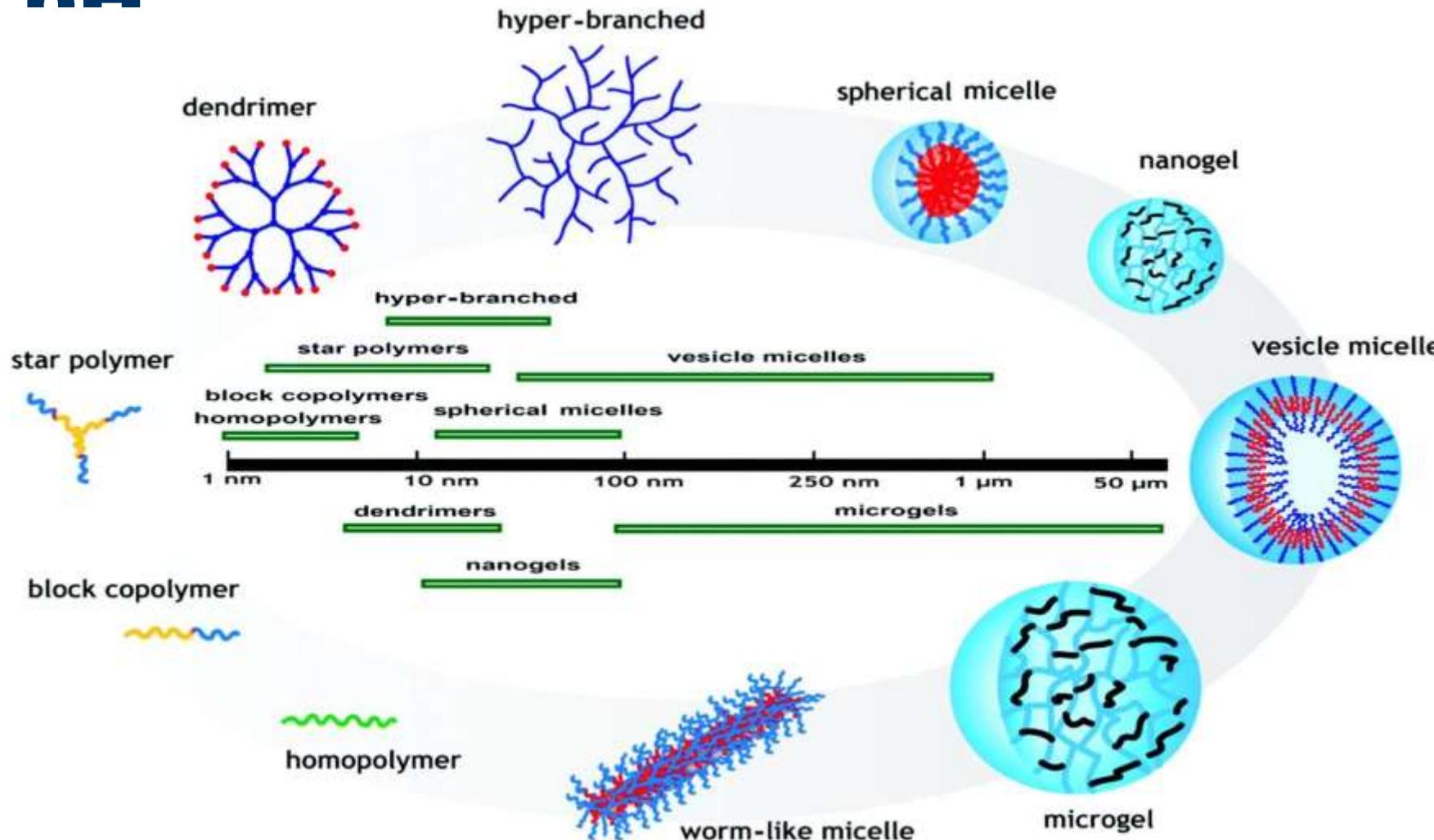
The GI fluid permeating into the device is adjusted by the buffering agents to an appropriate constant pH.

This is the pH where drugs dissolve and is delivered through the membrane at the constant rate, regardless of the location of device in the alimentary canal.



Pelepasan Terkontrol :

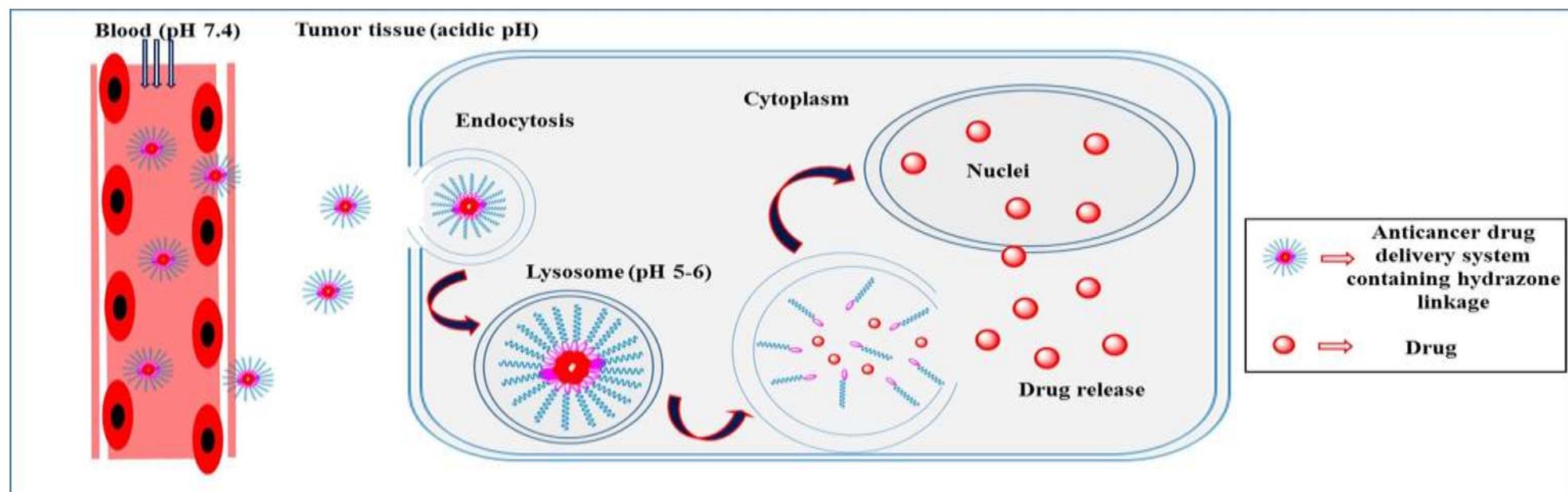
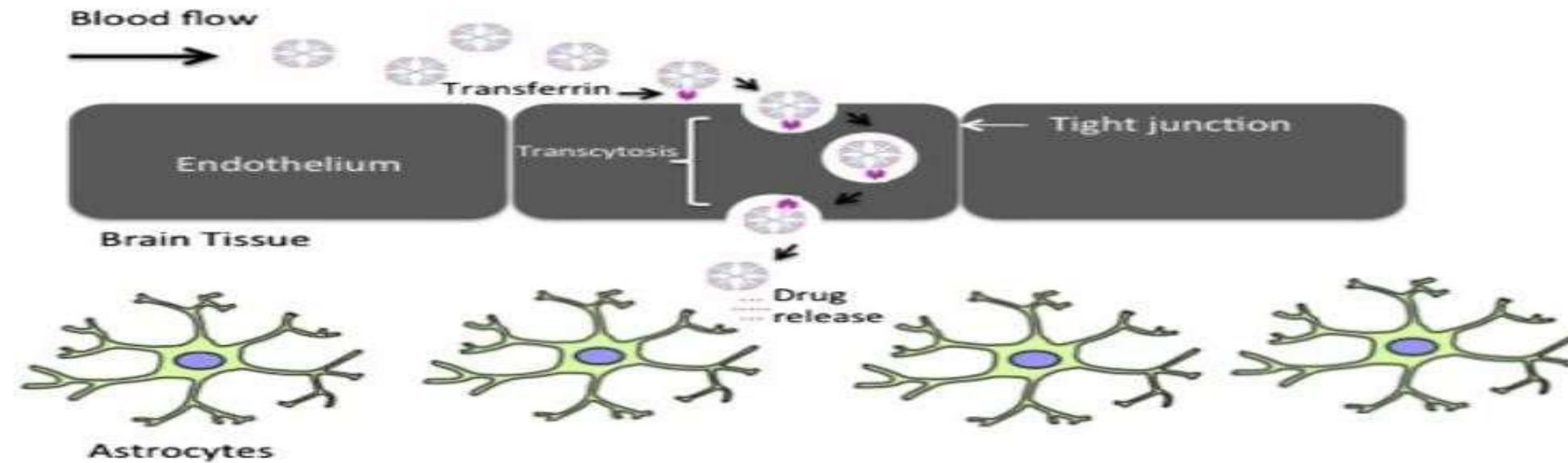
pH



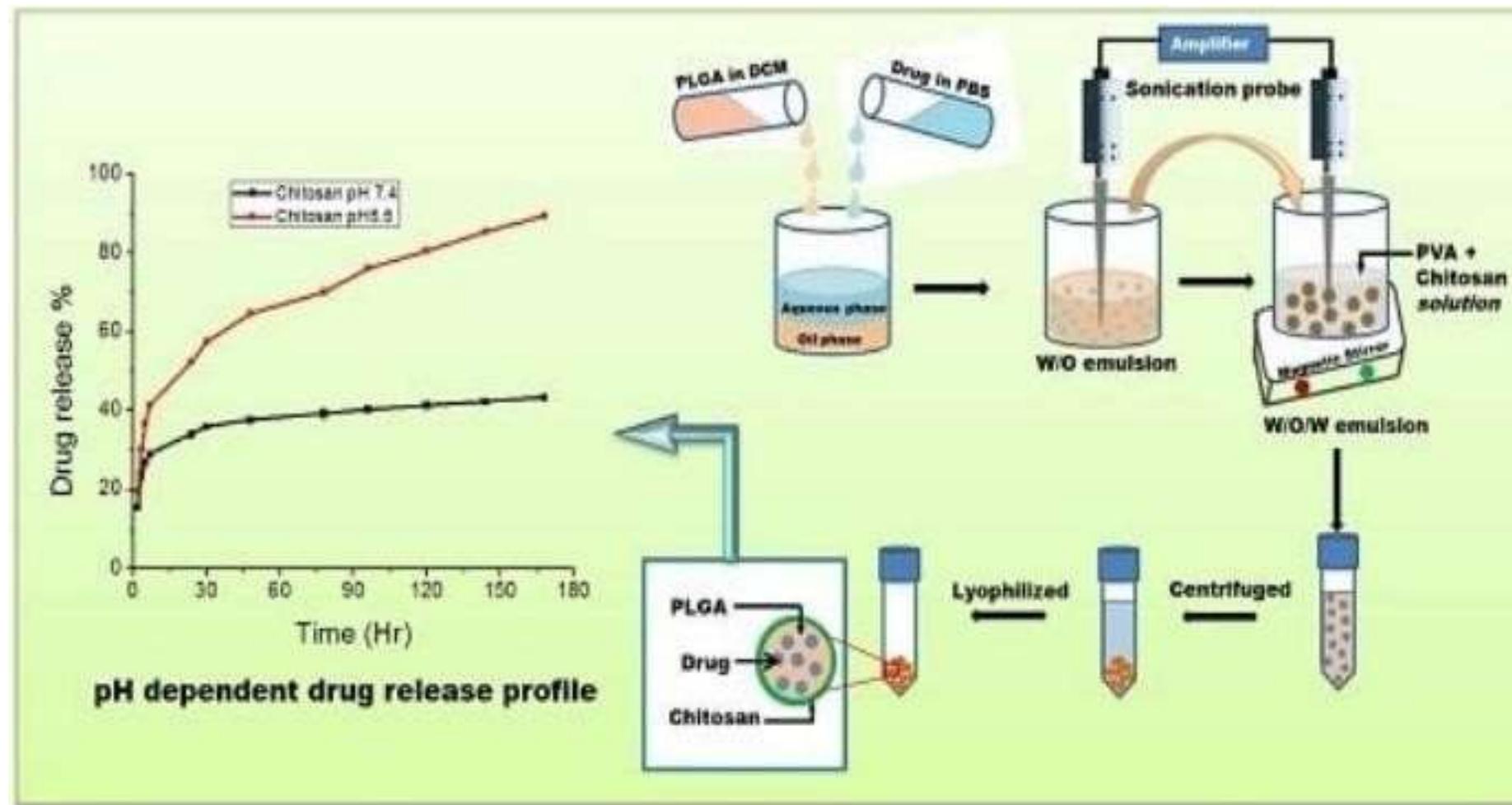
Average sizes of pH-responsive polymers with different structures.

Bahan yang digunakan untuk membuat sistem penghantaran obat yang responsif terhadap pH mencakup fungsi kimia tertentu dalam strukturnya yang dapat merespons perubahan pH lingkungan sekitarnya.

Pelepasan Terkontrol : pH



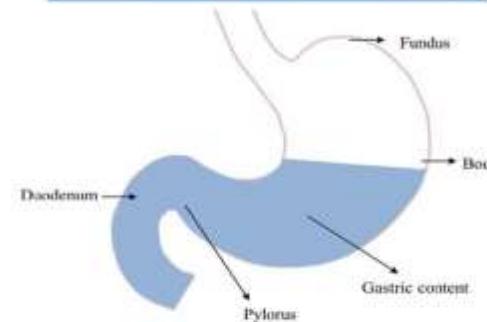
Pelepasan Terkontrol : pH



GASTRO RETENTIVE DRUG DELIVERY

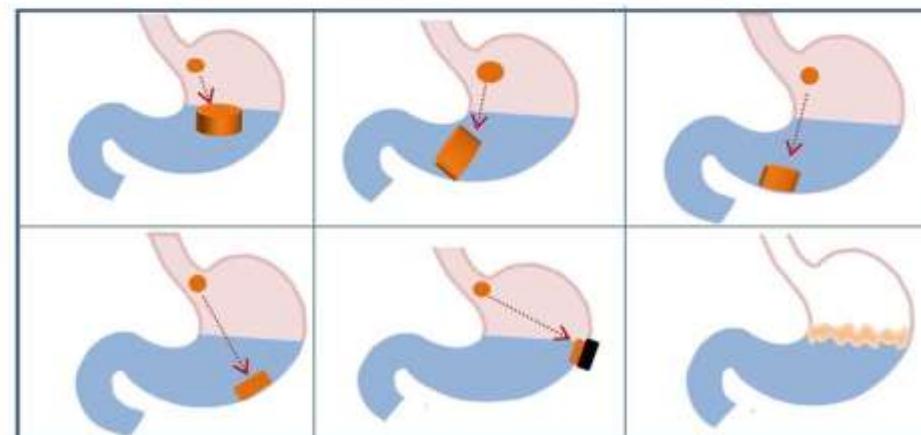
Gastro retentive delivery systems are designed to be retained in the stomach for a prolonged time and release their active ingredients and thereby enable sustained and prolonged input of the drug to the upper part of the gastrointestinal (GI) tract

Physiology of stomach



Graphical Abstracts

Various gastroretentive systems



Factor affecting gastroretentive drug delivery system

Pharmaceutical factor

- Polymer selection
- Shape of dosage form
- Size of dosage form
- Density of dosage form

Physiological factor

- Food intake, Caloric content
- Body posture, sleeping
- Gender

Patient related factor

- Disease condition
- Emotional state

GRDDS

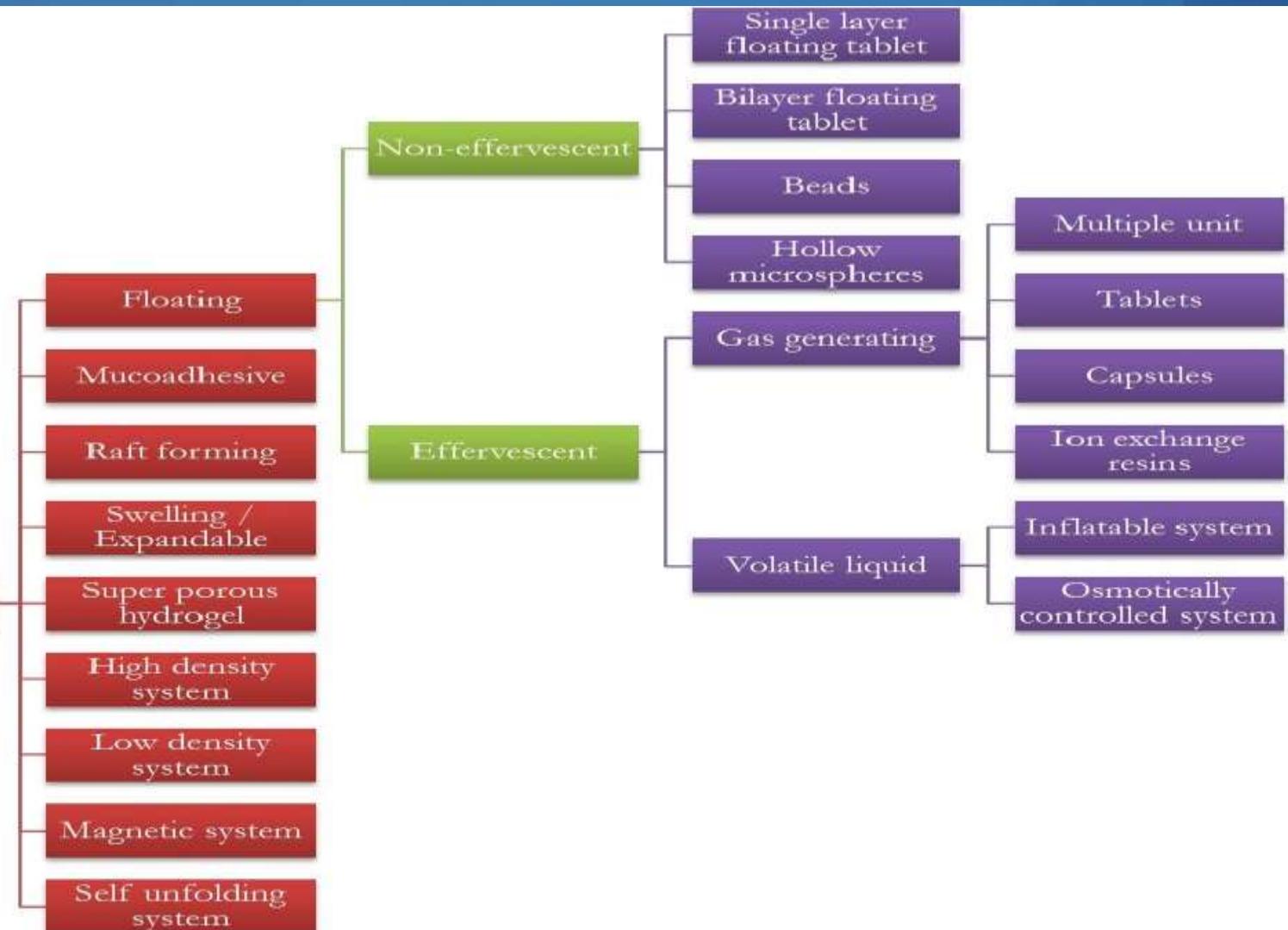


Fig 1. Approaches for gastroretentive drug delivery

Floating Drug Delivery Systems (FDDS)

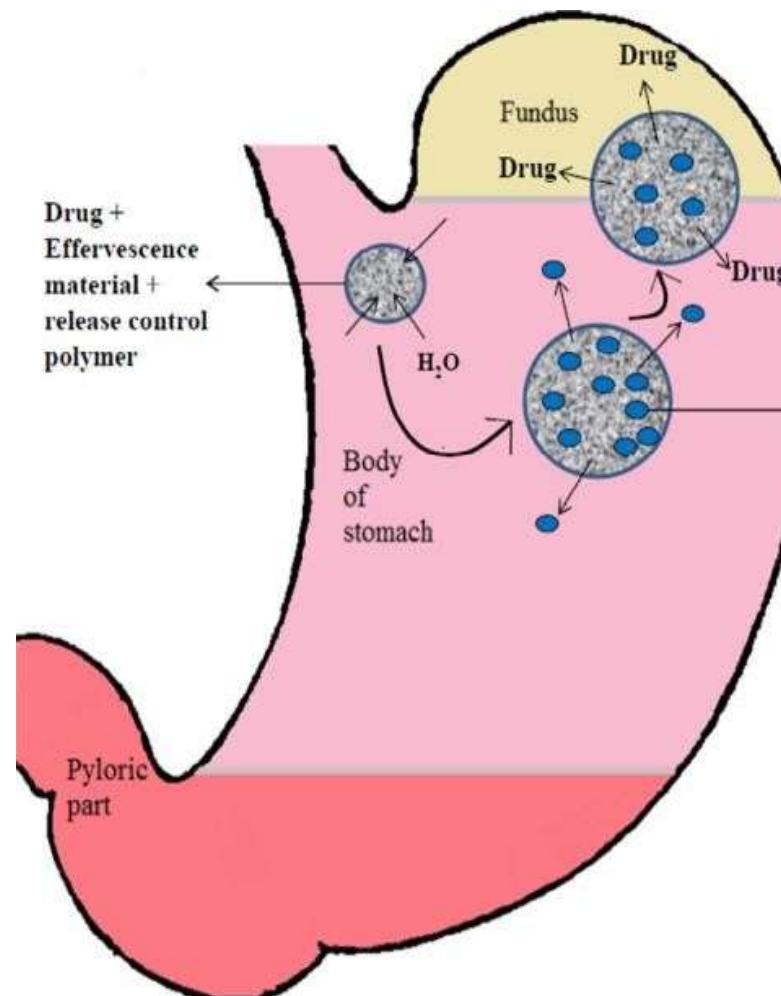
The important points to be considered for floating drug delivery system are: ¹³

- It should release contents slowly to serve as a reservoir
- It must maintain specific gravity lower than gastric contents ($1.004 - 1.01 \text{ g/cm}^3$)
- It must form a cohesive gel barrier



GASTRORETENTIVE SYSTEMS

<p>Mucoadhesive Systems</p>	<p>Floating Systems</p>	<p>Expandible, Unfoldable and Superporous Systems</p>	<p>High Density and Magnetic Systems</p>
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Floating systems

- Gaya apung, massa jenis kecil
- Matrix hidrofilik (Cellulose ether polymers)
- Pelepasan obat secara terkontrol atau *sustained release*

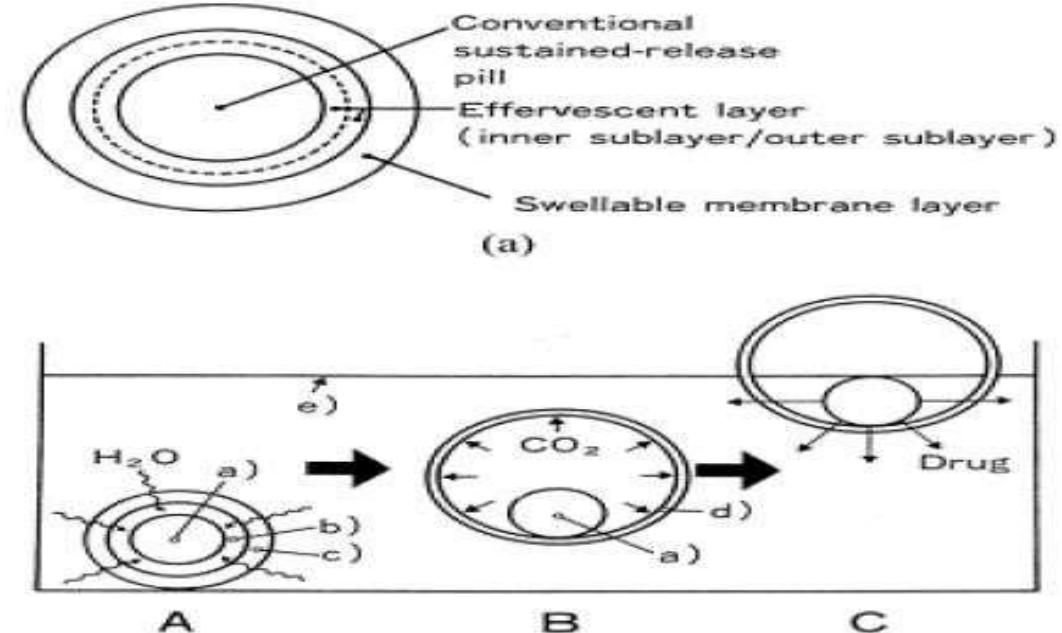
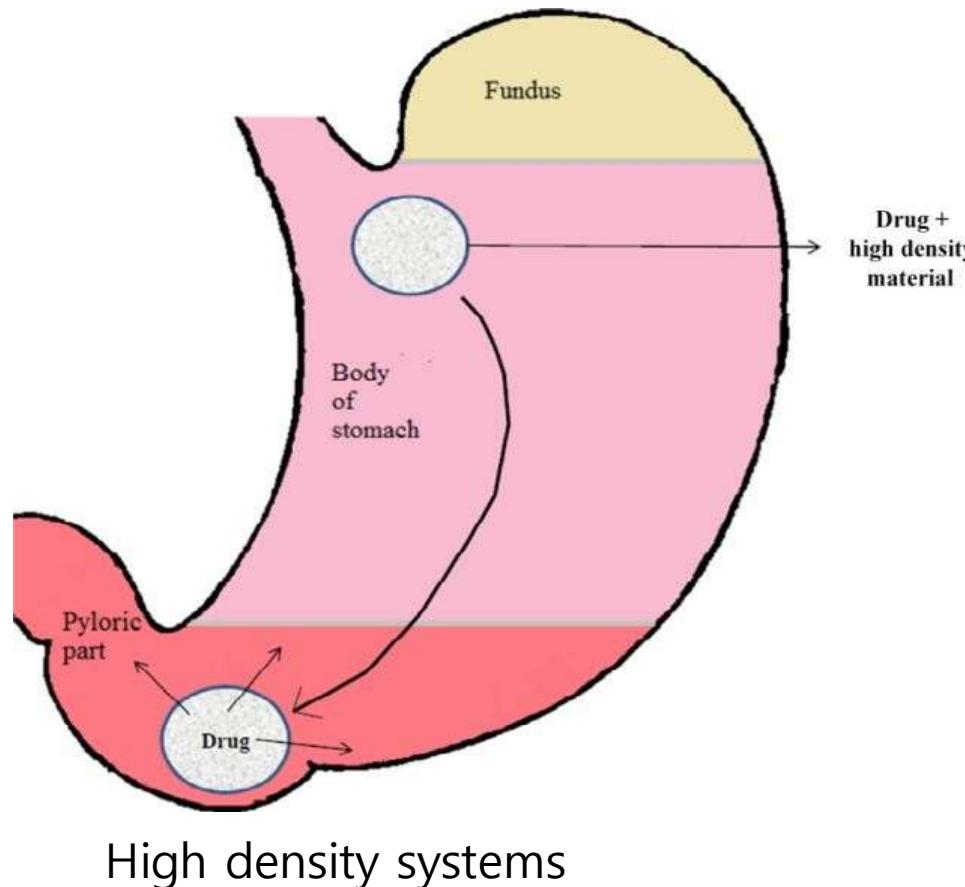


Fig.4. A multiple-unit oral floating dosage system. (b) Stages of floating mechanism

Excipients for floating tablets:

1. **Hydrophilic Polymers:** Hydroxy propylmethylcellulose
2. **Carrier matrix:** Gelucire
3. **Gel forming hydrocolloids / Matrix Formers:** Polycarbonate, Polyacrylate, Polymethacrylate and polystyrene
4. **Swellable polymers used in Effervescent Systems:** Chitosan and sodium bicarbonate and citric acid or tartaric acid
5. **Matrix forming polymers:** HPMC, Polyacrylates, cargeenan gum guar, gum arabic
6. **Fillers:** Lactose, microcrystalline cellulose.
7. **Lubricant:** Magnesium stearate purified talc
8. **Buoyancy Agents:** Cellulose, gums, polysaccharides, starch, gelatin.
9. **Diluents:** Lactose, sorbitol, mannitol, glucose, microcrystalline cellulose, gelatin, starch, di-calcium phosphate, polyethylene glycol.
10. **Porosity Agents :** Lactose



- Sediaan memiliki massa jenis yang lebih berat dari kondisi lambung
- Barium sulfate, iron powder, titanium oxide, and zinc oxide

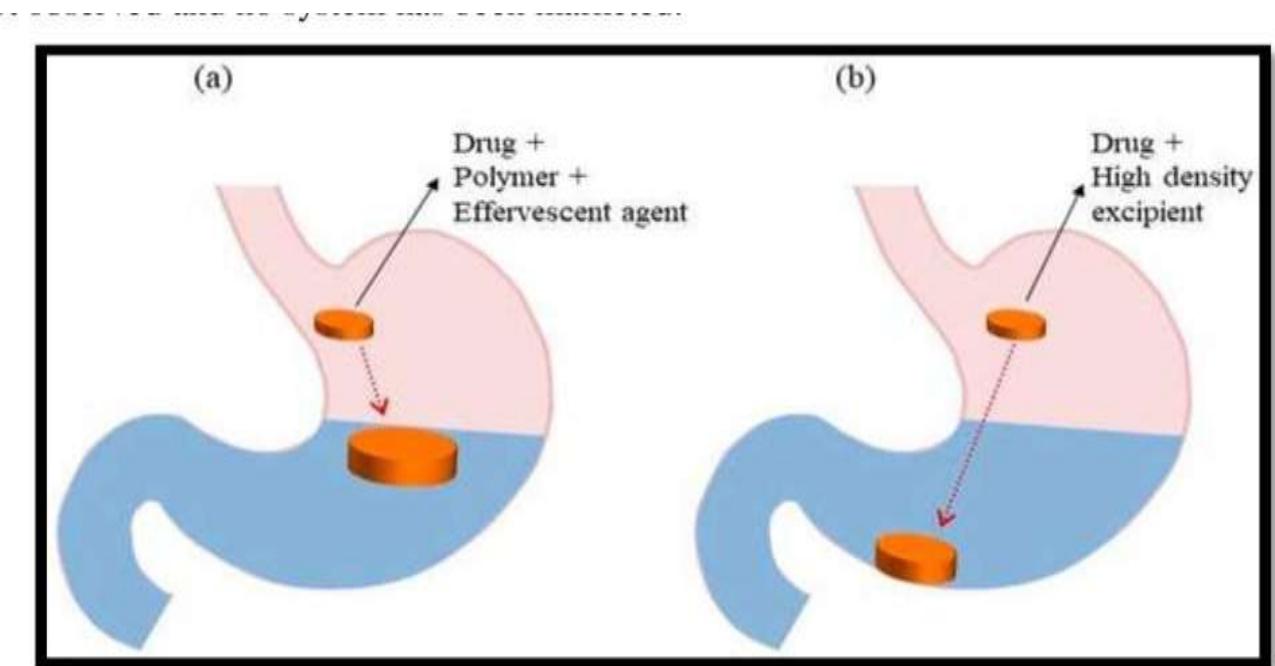
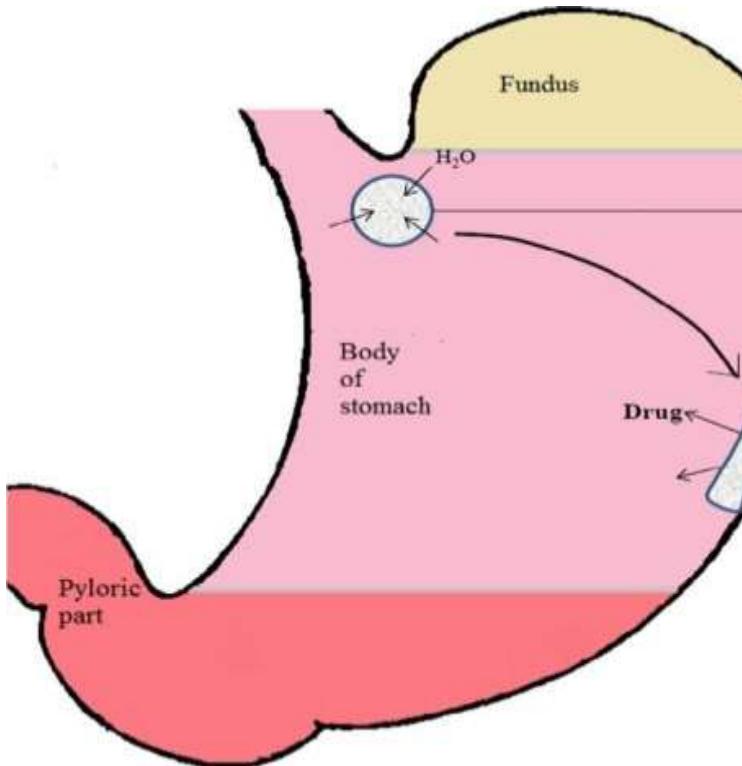
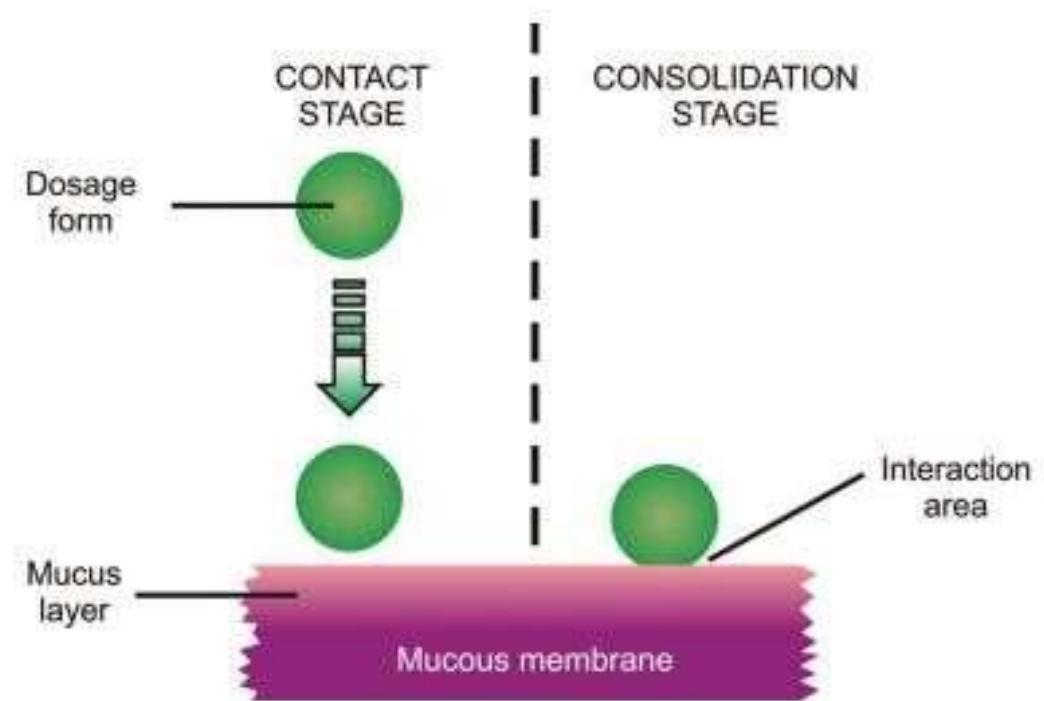


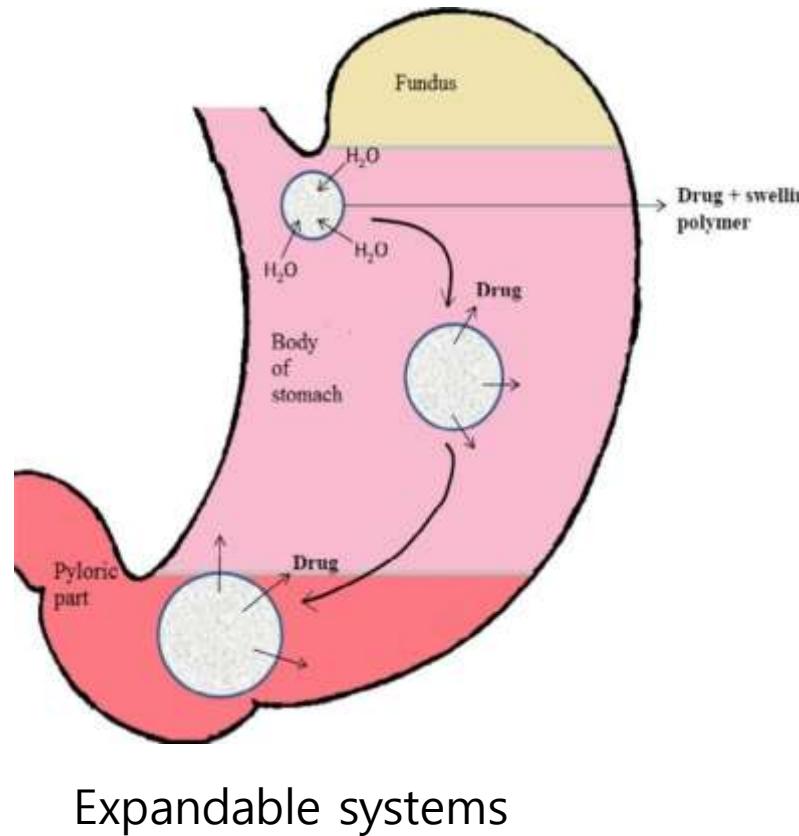
Figure 5: GRDDs based on (a) Low-density systems and (b) High-density systems



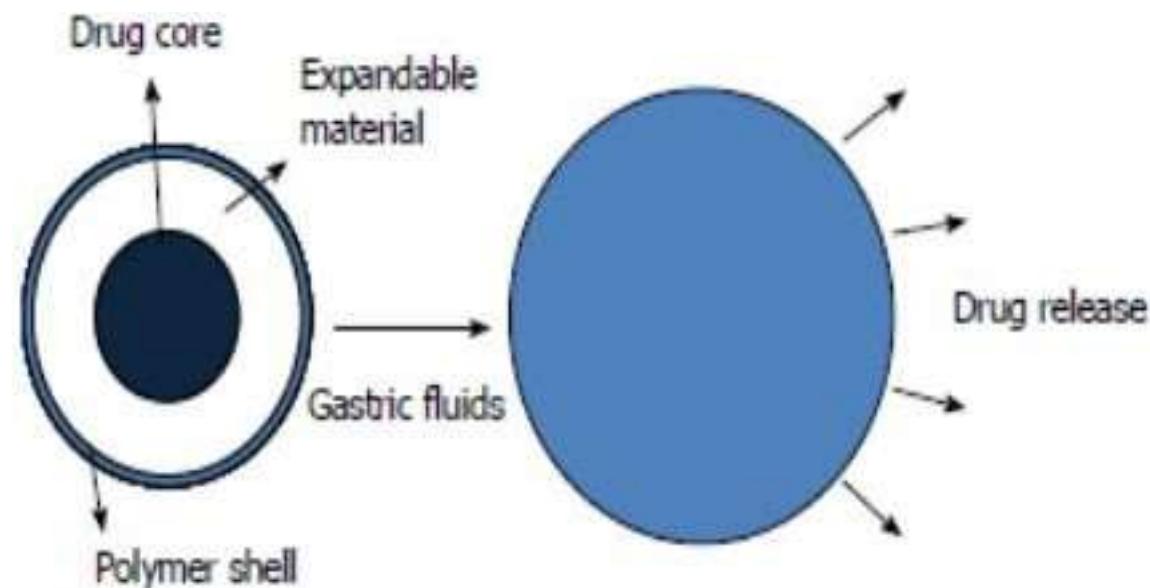
Mucoadhesive systems

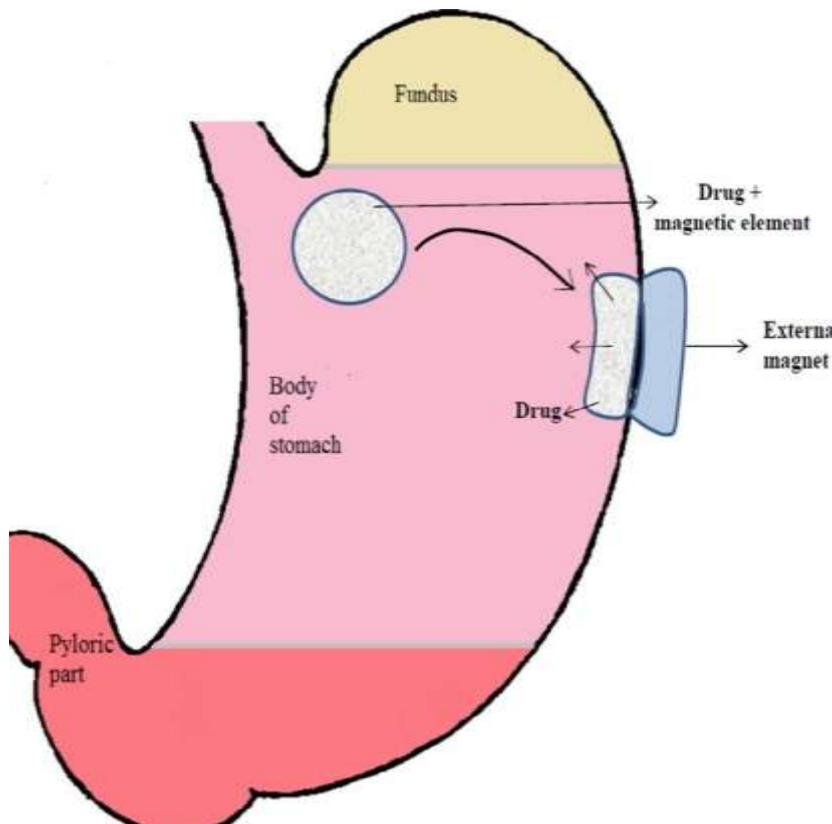
- sediaan tersebut akan larut dalam cairan lambung dan menempel pada permukaan mukosa lambung
- Bahan : polimer adesif





- Mengembang ketika kontak dengan cairan lambung.
- Bahan yang dapat terdegradasi secara alami





Magnetic systems

- Sediaan mengandung elemen magnet aktif
- Satu magnet luar diperlukan untuk mempertahankan obat yang diberikan pada posisi di abdomen

Technology	Company	Product	Active pharmaceutical ingredient
Bioadhesive tablets Effervescent floating system	Lupin, India Ranbaxy, India	Xifaxan Zanocin OD Riomet OD Cifran OD Conviron	Rifaximin Ofloxacin Metformin hydrochloride Ciprofloxacin Ferrous sulfate
Colloidal gel forming floating system	Ranbaxy, India		
Foam-based floating system Polymer-based swelling technology: AcuForm™	Sato Pharma, Japan Depomed, Inc., USA	Inon Ace Tablets Gabapentin GR ProQuin® XR Glumetza® Prazopress XL	Siméthicone Gabapentin Ciprofloxacin Metformin hydrochloride Prazosin hydrochloride
Effervescent and swelling-based floating system Minextab Floating® system	Sun Pharma, Japan Galenix, France		
		Metformin hydrochloride Cafedol LP Tramadol LP Cipro XR	Metformin hydrochloride Cefadol Tramadol Ciprofloxacin hydrochloride and betaine
Erodible matrix-based system	Bayer, USA		
Expandable film filled in capsule Coated multi-layer floating and swelling system	Intec Pharma Sun Pharma, India	Accordion Pill TM Baclofen GRS	- Baclofen
Gastroretention with osmotic system Floating, CR capsule	GlaxoSmithKline Roche, UK	Coreg CR Madopar Valrelelease	Carvedilol Levodopa and benserazide Diazepam
Effervescent floating liquid alginate preparation	Reckitt Benckiser Healthcare, UK	Liquid gaviscon	Alginic acid and sodium bicarbonate
Bilayer floating capsule Floating liquid alginate	Pharmacia Ltd., UK Pierre Fabre Medicament, France	Cytotec Topalkan	Misoprostol (100/200 µg) Aluminum magnesium antacid

ACCORDION PILL



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- 2. Almeida H, Amaral MH, Lobão P. Temperature and pH stimuli-responsive polymers and their applications in controlled and self-regulated drug delivery. *Journal of Applied Pharmaceutical Science.* :10.
- 3. Mandal, U.K., Chatterjee, B., and Senjoti, F.G., 2016, Gastro-retentive drug delivery systems and their in vivo success: A recent update, *asian journal of pharmaceutical sciences*, **11**,575–584.

**THANK YOU
for your attention**

**SEE YOU NEXT
WEEK**

SISTEM PENGHANTARAN OBAT

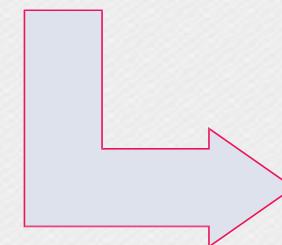
CHRONOTERAPEUTICS

Topik

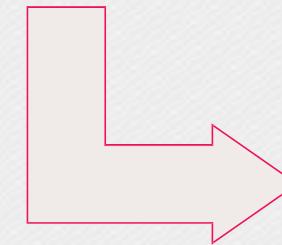
Chronobiology



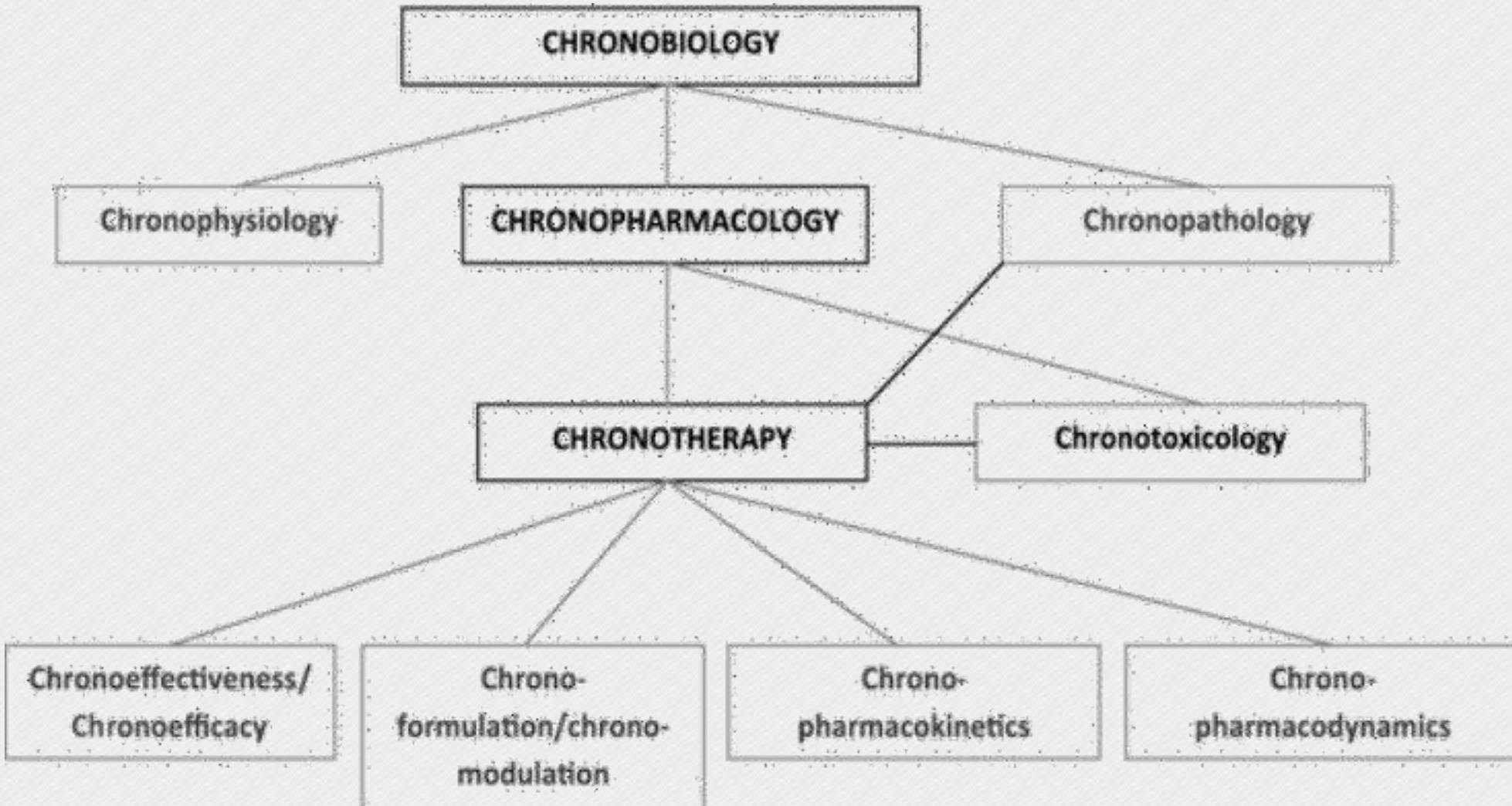
Definisi dan
tujuan



Pendekatan
Chronotherapy



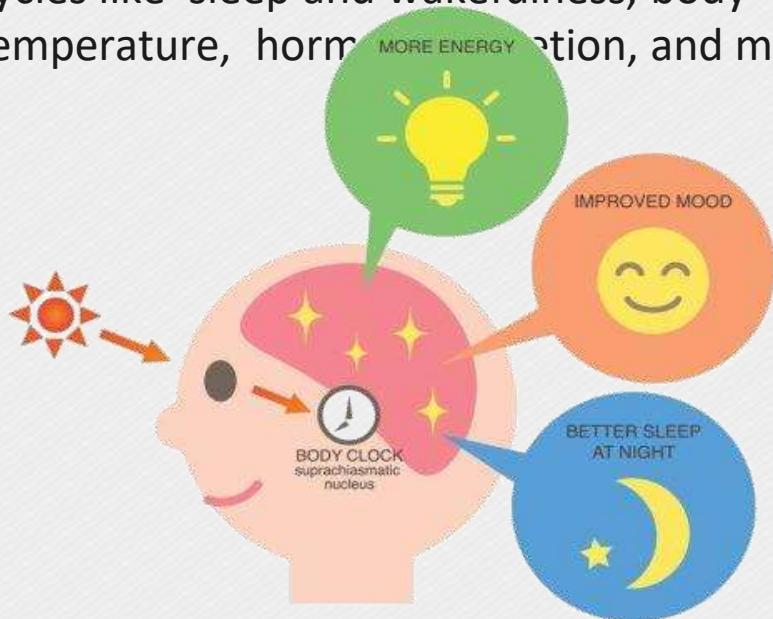
Jenis-jenis DDS



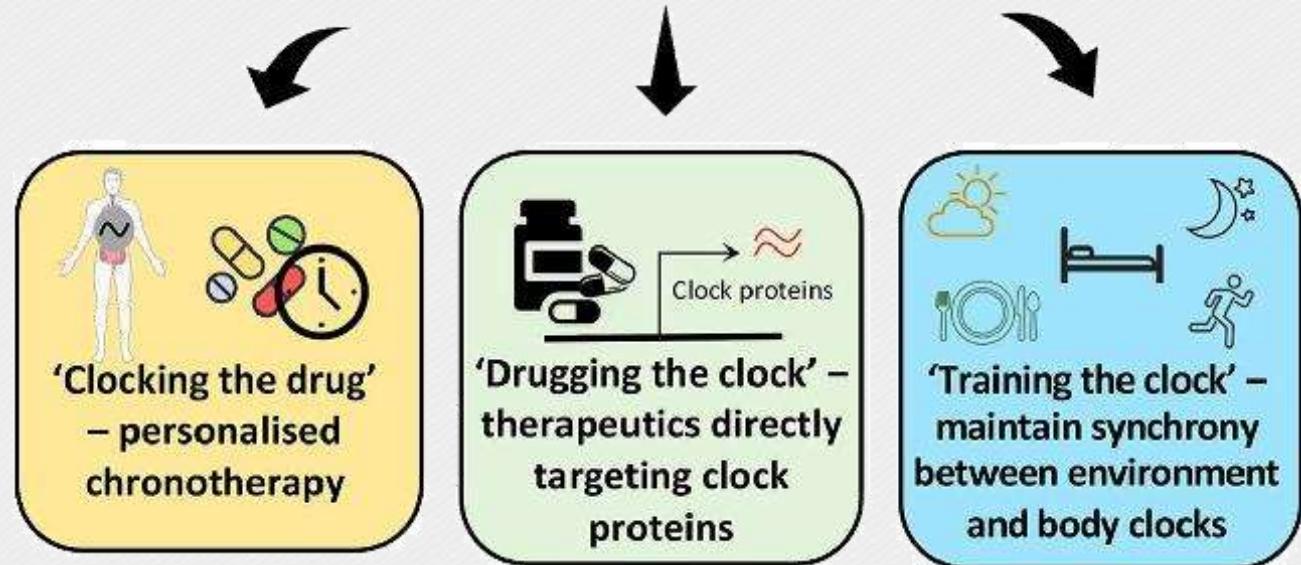
- **Chrono-** comes from the Greek *chrónos*, meaning “**time**”. The adjective *chronic*, meaning “constant” or “habitual”

CIRCADIAN RHYTHM

Biological rhythm is a phrase often used interchangeably with circadian rhythm. These rhythms are a series of bodily functions regulated by your internal clock. They control cycles like sleep and wakefulness, body temperature, hormone secretion, and more



Circadian Medicine



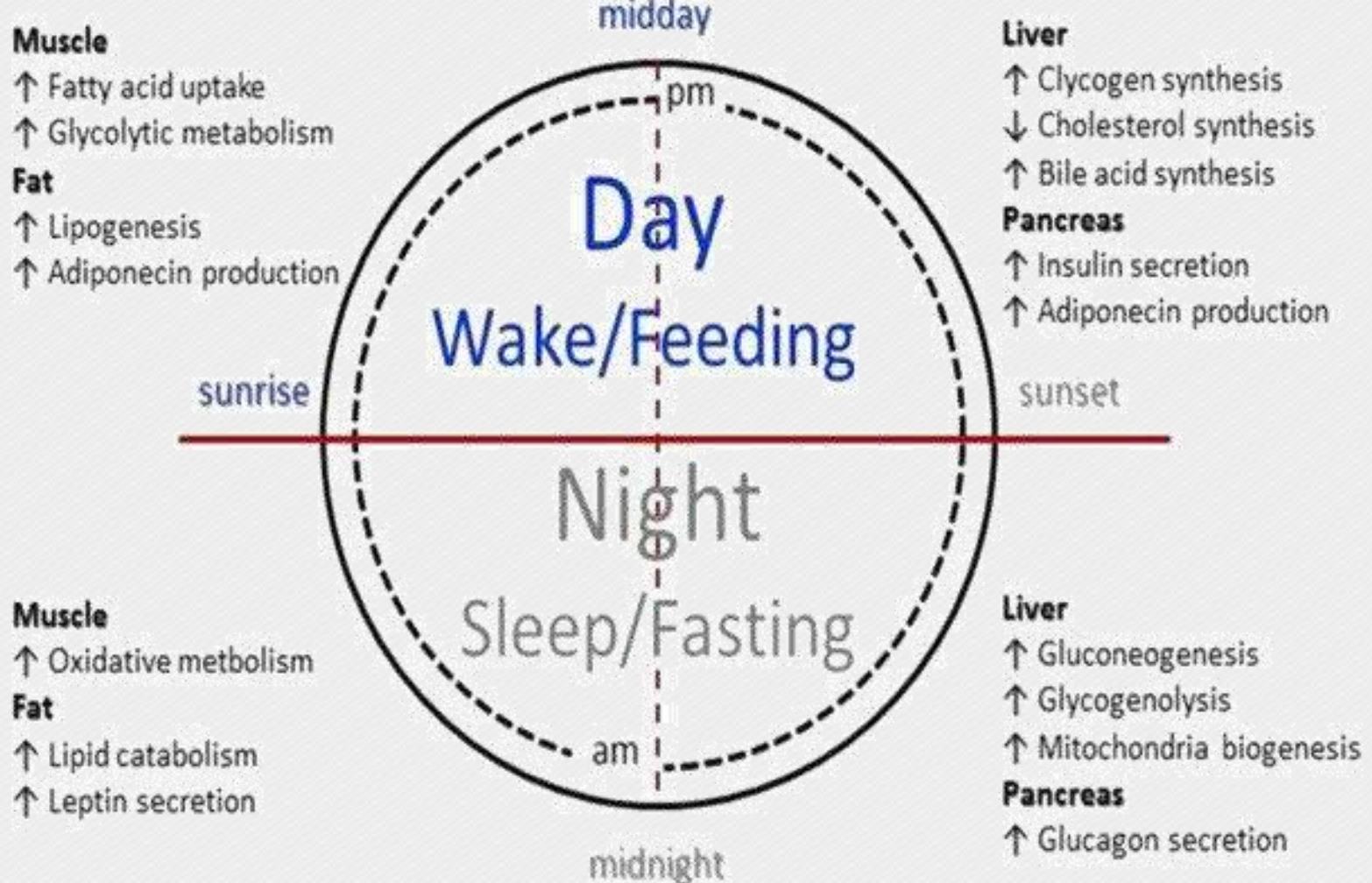
CIRCADIAN RHYTHM

There are mainly 2 types of biological rhythm, endogenous and exogenous. Organisms have their own endogenous rhythms and it is controlled by themselves.

E.g. Human body temperature. External factors like changes in season, day and night are because of exogenous rhythm.

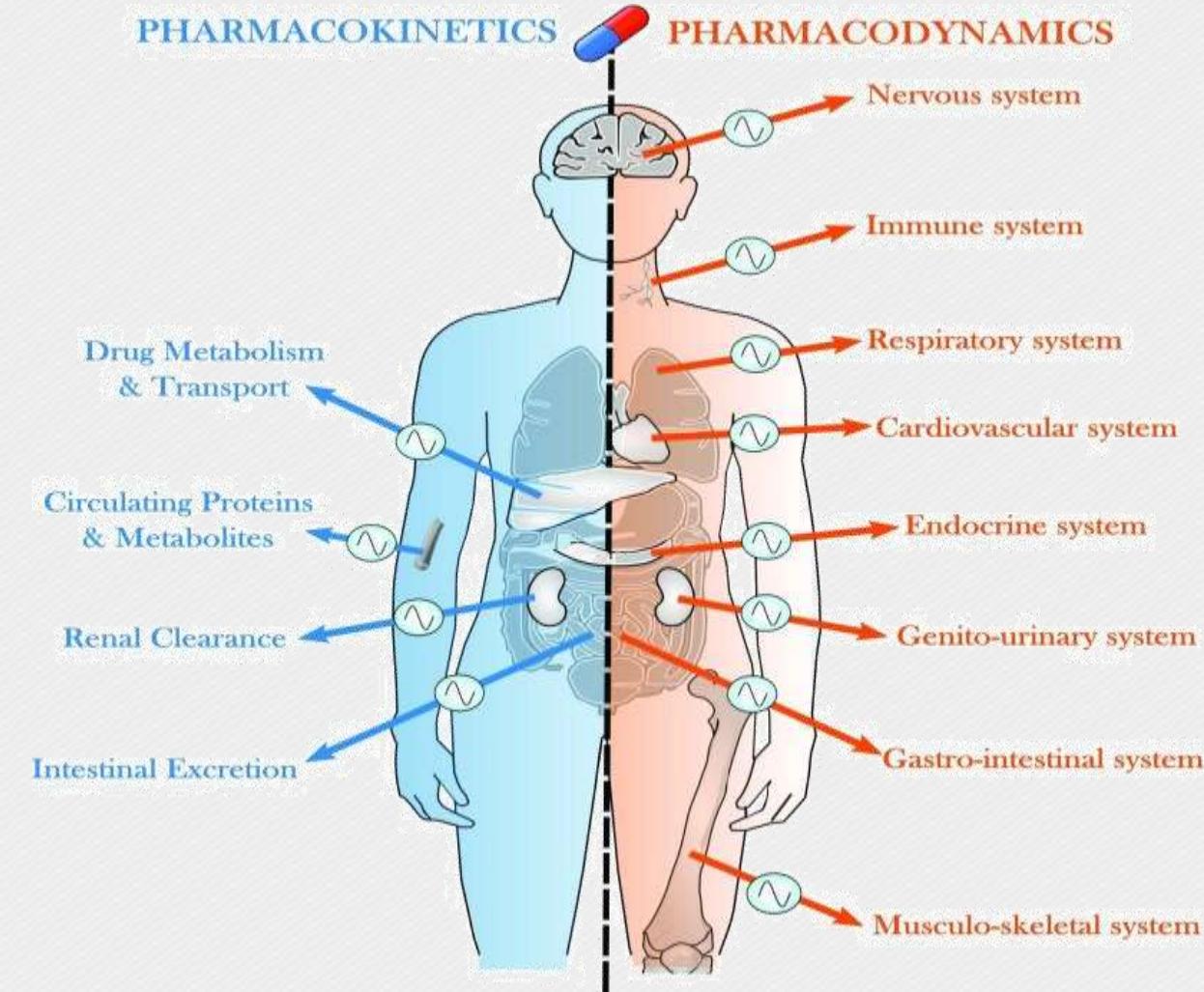
Study of biological rhythms:

- Circadian = (~24h)
- Infradian = (>24h)
- Ultradian = (<24h)



CHRONOPHARMACOLOGY

- **Chronopharmacology** is the study of how the effect of drugs vary with biological timing and endogenous periodicities. The goal is to improve our understanding of periodic and thus predictable (e.g. circadian) changes in both desired effects (chronoeffectiveness) and tolerance (chronotolerance) of medications
- The observed and measurable rhythms in drug tolerability and/or efficacy led to question the mechanisms at work regarding the relevance of both the **rhythmic exposure to the drug and its metabolites** (chronoPK) and the **rhythmic organization of drug targets** (chronoPD)

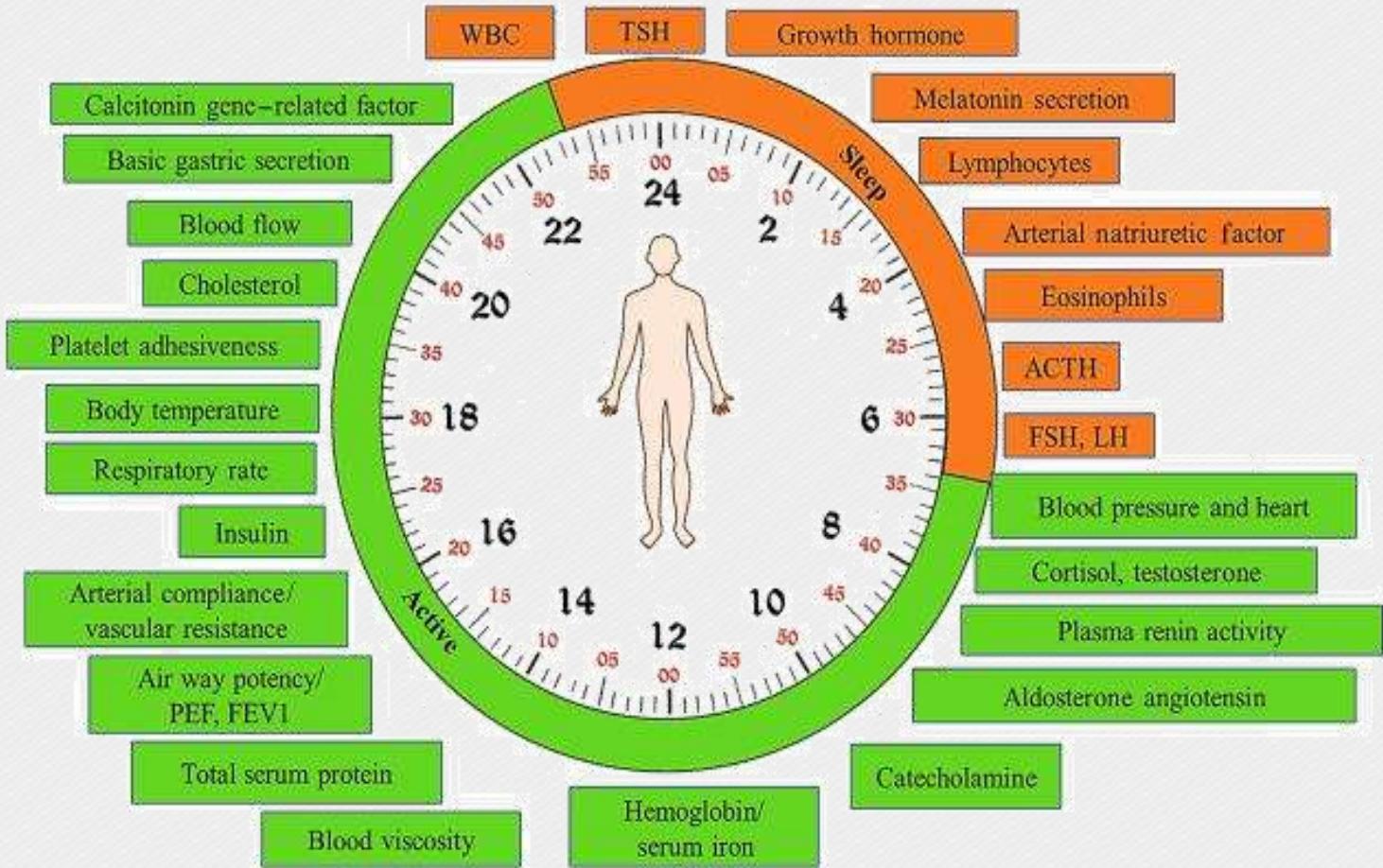


CHRONOPHARMACOLOGY

Y

- **Chronopharmacokinetics**

Twenty-four-hour changes have been demonstrated for each of the processes that determine drug disposition, that is, **Absorption, Distribution, Metabolism, and Elimination** and/or their toxicities

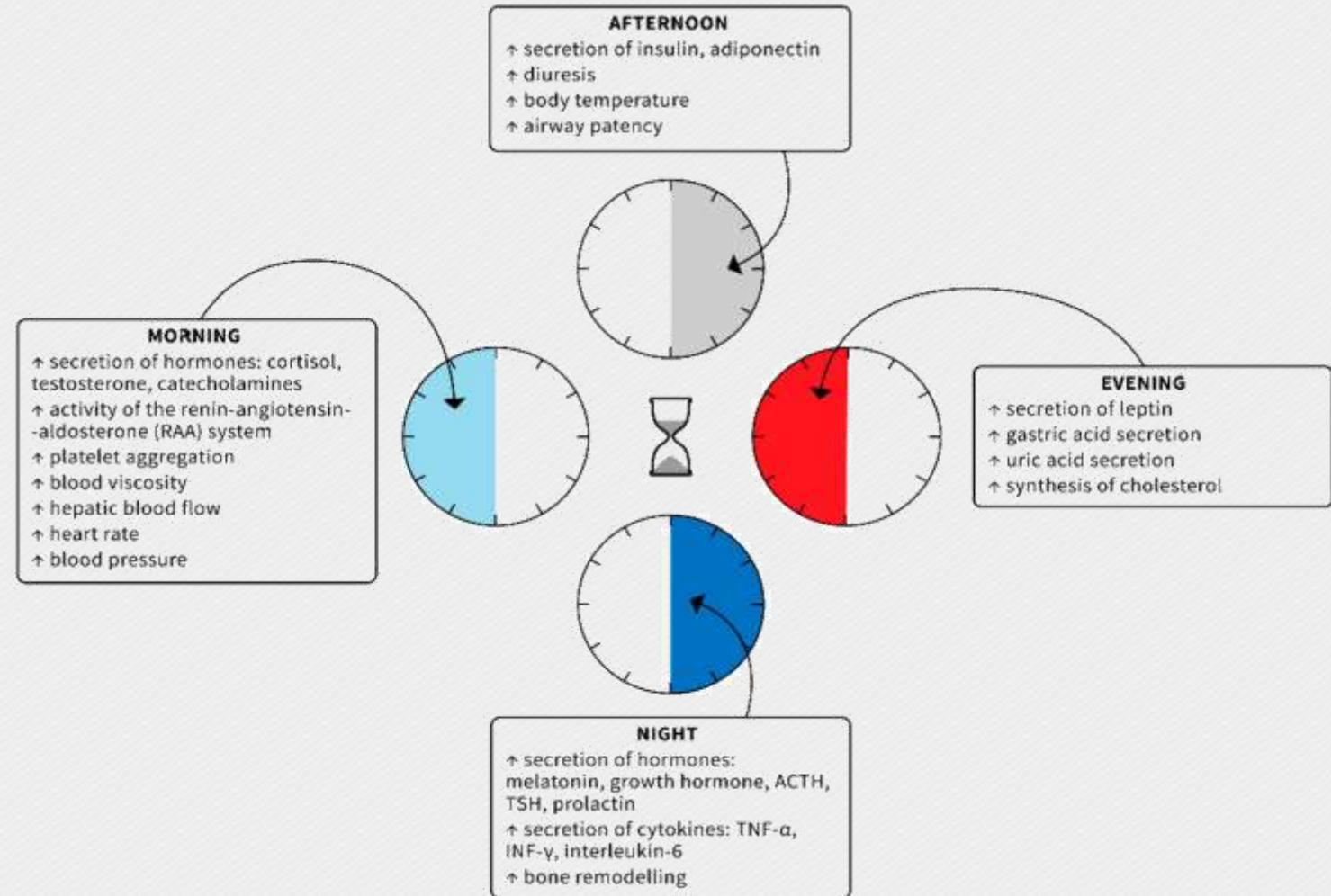


CHRONOPHARMACOLOGY

Y

- **Chronopharmacodynamics**

Drug activity is modulated by the circadian rhythms of 1) its **direct intracellular target and triggered pathways** and 2) the **extracellular environment circadian status** as a result of the control by the circadian timing system of most physiologic functions, including the cardiovascular, immune and inflammatory, energy regulation, and nervous systems



CHRONOTHERAPEUTIC

- Chronotherapeutics is the science of preventing or treating illnesses according to **biologic rhythms**
- Chronotherapeutics is the discipline concerned with the delivery of drugs according to inherent activities of a disease over a certain period of time

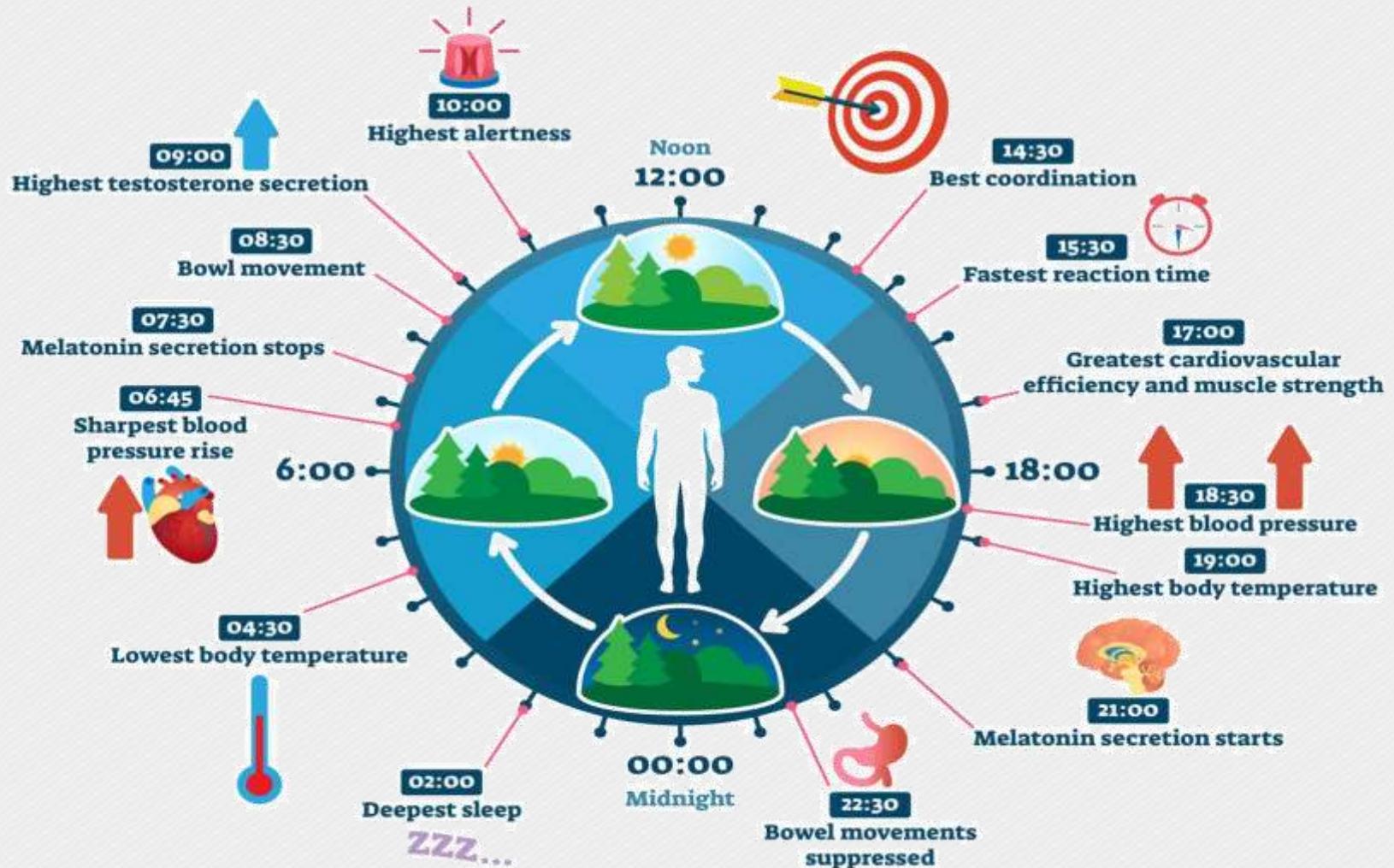
The goals :

1. minimize toxicity or adverse events, and/or to enhance treatment efficacy through adequate treatment timing and shaping
2. targeting treatments toward the rhythm-generating biologic timing systems, to improve outcomes through amplification, dampening, alteration, or resetting



CIRCADIAN RHYTHM

The chronotherapy of a medication may be accomplished by the appropriate timing of conventionally formulated tablets and capsules, and the special drug delivery system to synchronize drug concentrations to rhythms in disease activity



CHRONOTHERAPEUTIC

S

1) Genetic & environmental factors

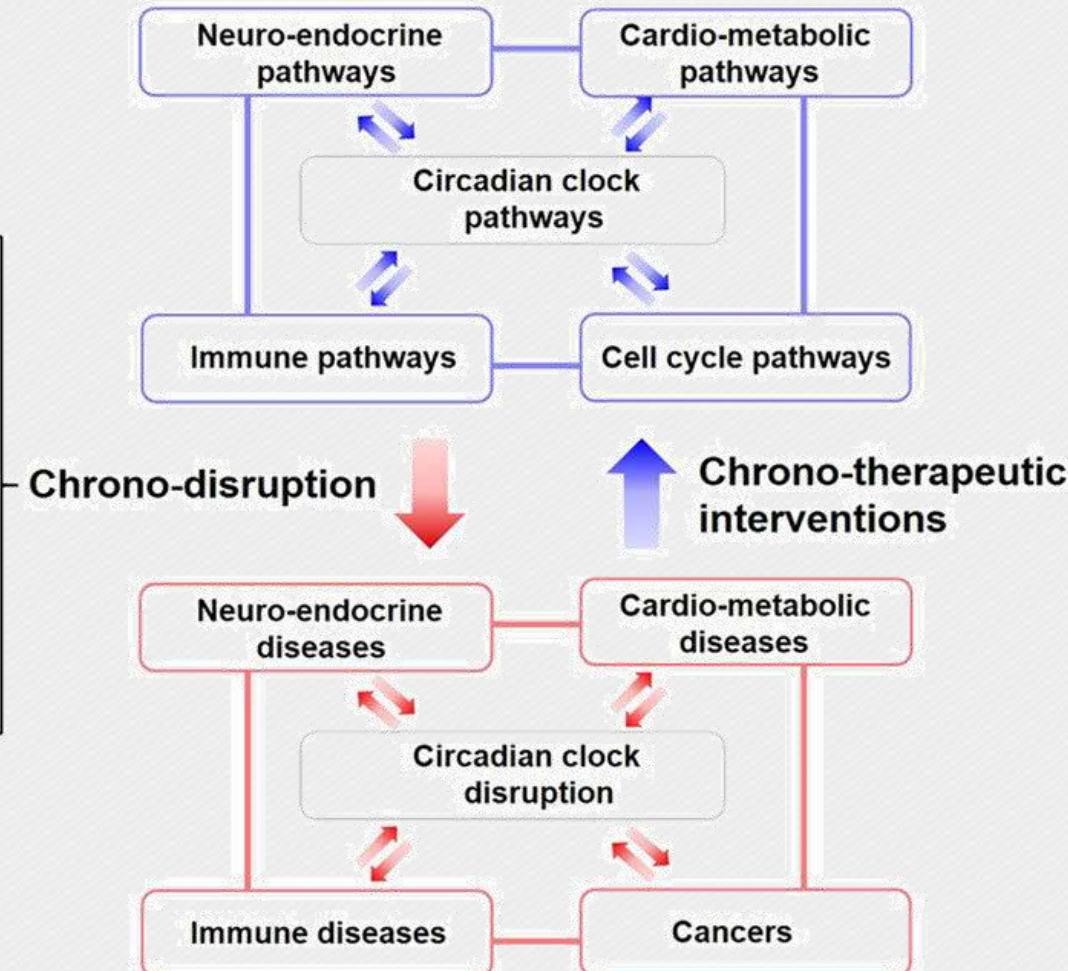
- Clock gene polymorphisms
- Sleep deprivation and jet-lag
- Artificial light exposure at night (LAN)

2) Metabolic factors

- High Fat diet
- Nocturnal eating
- Disbiosis

3) Pathophysiological factors

- Aging
- Inflammatory diseases
- Mood disorders
- Psycho-social stresses
- Critical illnesses



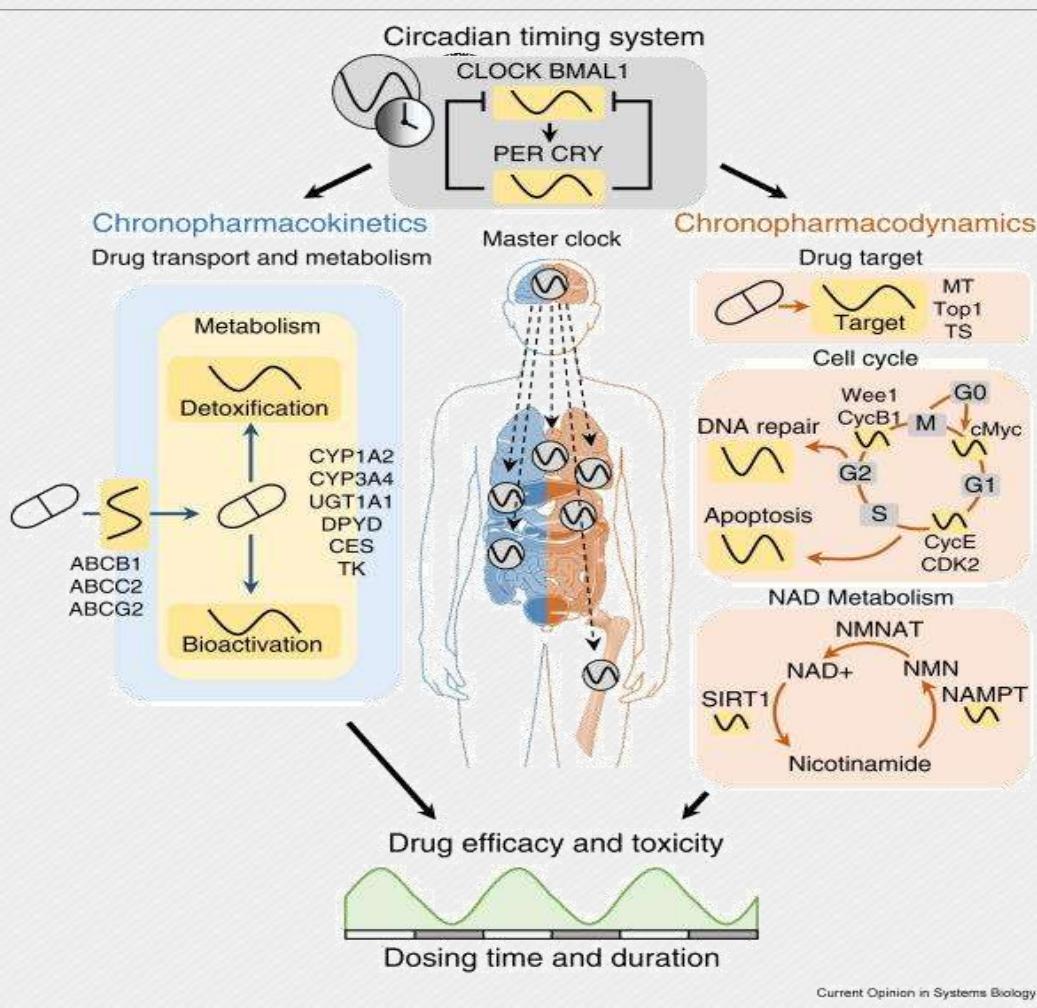
1) Clocks as targets

- i) Non-pharmacological interventions (NPI)
 - Morning bright light therapy
 - Time restricted feeding/exercise
- ii) Clocks as drug targets
 - Hormone therapy (e.g. Melatonin)
 - Targeting clock components (e.g. Clock, Bmal1, CRY1/2, CKIs, Rev-erba/β, RORα/β)
 - Natural compounds (e.g. Resveratrol, Nobiletin)

2) Clocks as modulators

- Timing neurological, cardio-metabolic, immunological medicine
- Timing vaccination
- Timing anti-cancer medicine

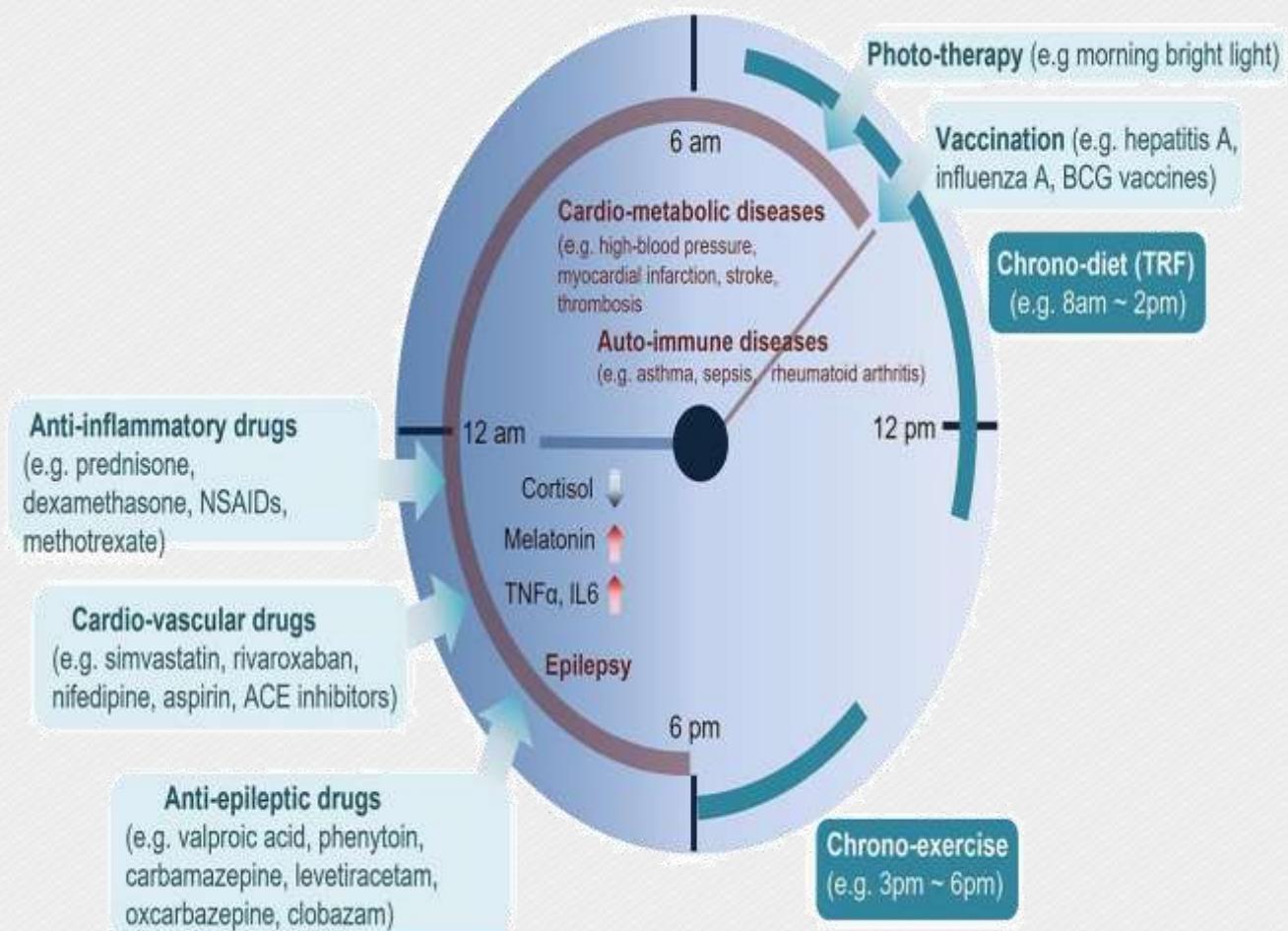
CHRONOTHERAPEUTIC



Disease	Chronological behavior and symptoms	Drugs used
Asthma	Precipitation of attacks after midnight or at early morning hours.	Beta-agonists, antihistaminic
Cardiovascular diseases	BP lowers during sleep cycle but rises steeply at early morning hours.	Nitroglycerin, calcium channel blockers
Arthritis	Increased conc. of c-reactive protein and interleukin-6 in blood. Pain in early morning compared to day time.	NSAIDs, Glucocorticoids
Diabetes mellitus	Increase in blood sugar level after meal.	Sulfonylurea, insulin
Attention deficit syndrome	Increase in DOPA level in afternoon.	Methylphenidate
Hypercholesterolemia	Increased cholesterol synthesis during night w.r.t day time.	HMG CoA Reductase inhibitors
Peptic ulcer	Acid secretion increases in night as well as in afternoon.	Proton pump blockers

CHRONOTHERAPEUTIC

Therapeutic Class	Examples
Anti asthmatic agents	Theophylline, Terbutaline sulphate
Cardiovascular drugs	Enalapril, diltiazem, nifedipine, propranolol, verapamil
Anticholesterolemic drugs	Lovastatin, Simvastatin
Gastro-intestinal agents	Ranitidine, omeprazole, Cemitidine, famotidine
Anti cancer agents	Doxorubicin, Cisplatin, methotrexate
NSAIDs	Ibuprofen, indomethacin, tenoxicam, acetylsalicylic acid

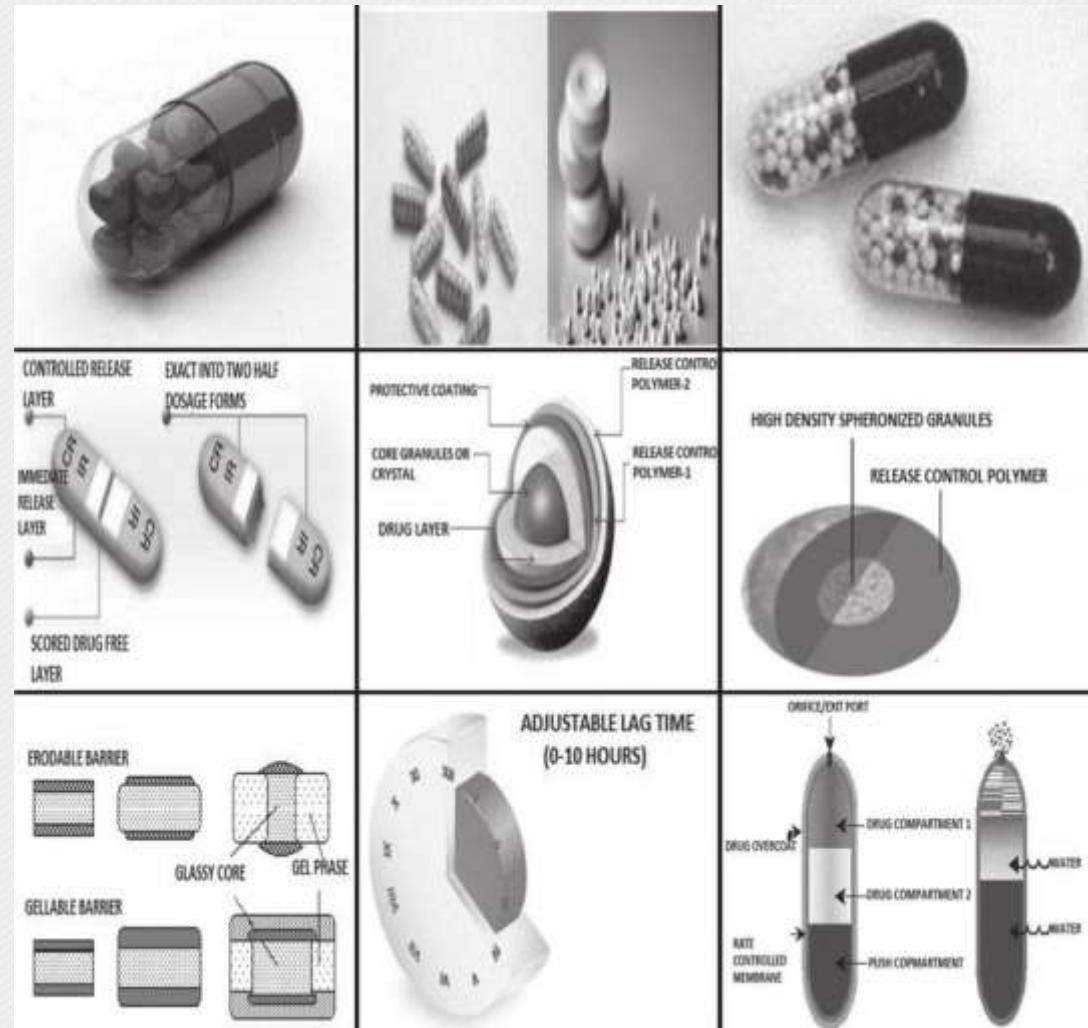


CHRONOTHERAPEUTIC

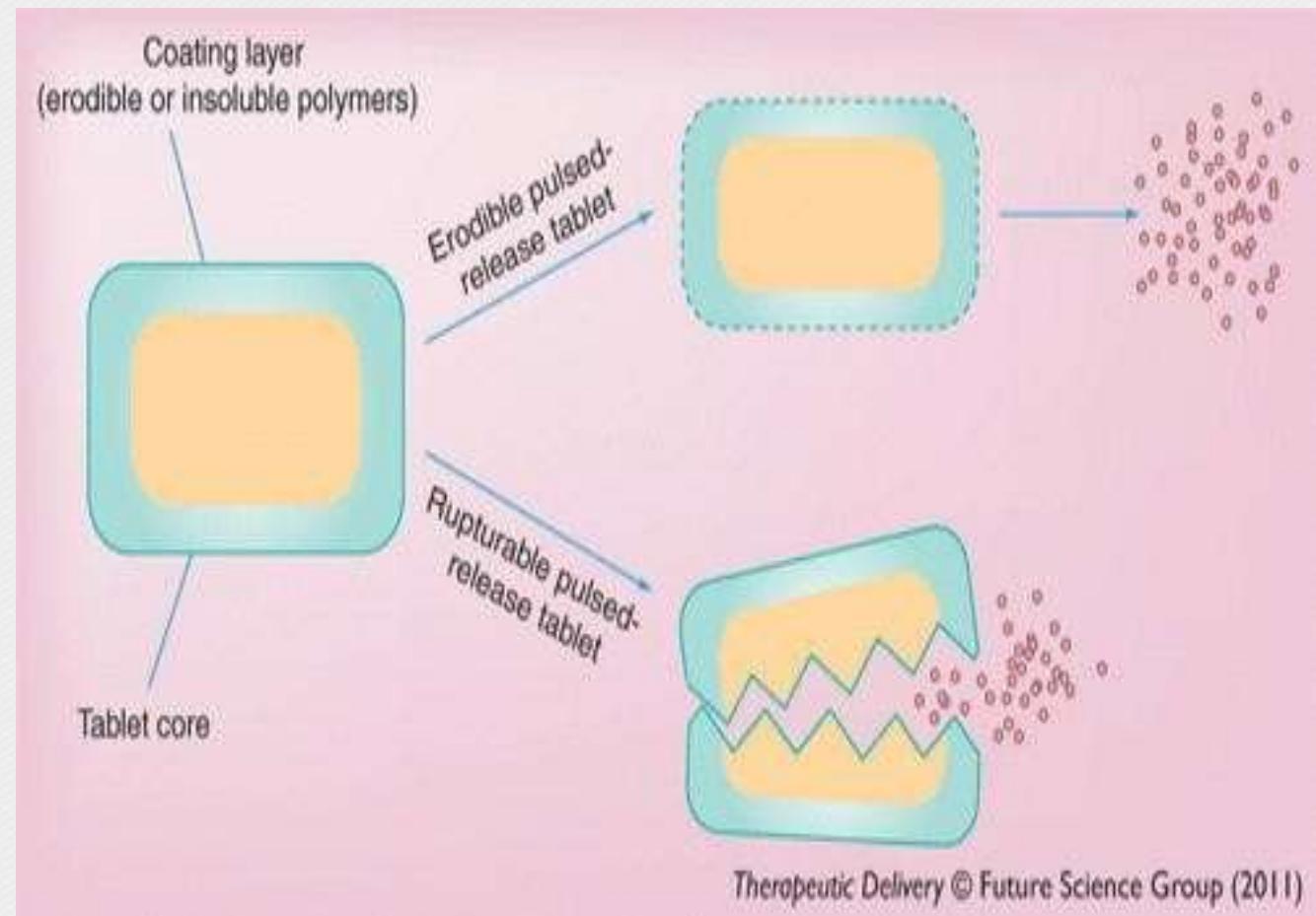
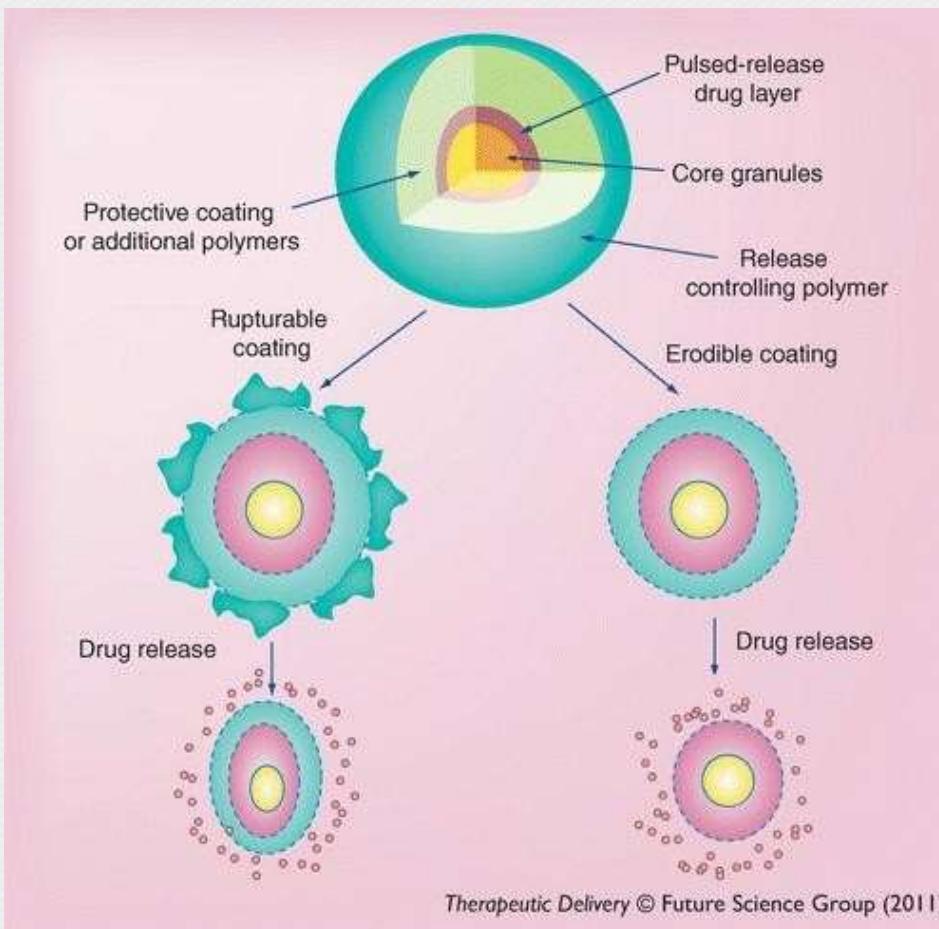
Chronotherapeutic technology

Chronotherapeutic technology consist of a core which contains plug and a polymer barrier layer which control the discharge of drug from the core. The chronotherapeutic technology can be broadly classified according to the techniques used.

- Time controlled chronotropic systems.
- Stimuli induced pulsatile drug delivery systems.
 - a) Thermo-responsive system
 - b) Chemical stimuli induced system
- Externally regulated pulsatile drug delivery systems.
 - a) Electro-responsive system
 - b) Micro electro mechanical system
 - c) Magnetically induced system



CHRONOTHERAPEUTIC



CHRONOTHERAPEUTIC

Technology	Rationale	Products	Company
CONTIN®	Drug blended with hydrophilic cellulose, then hydrated with polar solvent and fixed with a higher aliphatic alcohol to produce a semi-permeable matrix with uniform porosity.	Uniphyll® once daily theophylline MS Contin® and Oxycontin® for use in pain management.	Purdue Frederick, Norfolk, CT, USA
CODAS®	Chronotherapeutic oral drug absorption system consisting of drug loaded beads that are coated with release-controlling polymer. Polymer consists of water-soluble and water-insoluble polymers to induce a lag time.	Verelan® PA containing verapamil for use in hypertension	Elan Drug Technologies, San Francisco, CA, USA
CEFORM®	Biodegradable polymers/bioactives are subjected to varying temperature, thermal gradients and flow processes to produce microspheres of uniform size and shape (150-180µm)	Cardizem® LM containing diltiazem for use in hypertension.	Fuisz Technologies, Chantilly, VA, USA



CHRONOTHERAPEUTIC

DIFFUCAPS®	A multiparticulate system consisting of an inactive core, coated with an active pharmaceutical ingredient mixed with a water-soluble composition. This may be in the form of beads, pellets or granules.	Innopran® XL containing Propranolol for use in hypertension.	Eurand Pharmaceuticals LTD, Dayton, Ohio, USA
GEOMATRIX®	The controlled release is achieved by constructing a multilayered tablet made of two basic key components; 1) hydrophilic polymers such as hydroxypropyl methycellulose (HPMC) and 2) surface controlling barrier layers. Active loaded core surface that is available for drug release when exposed to the fluid is controlled by barrier layers.	Sular® (nisoldipine CR) & Coruno® (molsidomine)	SkyePharma, Muttenz, Switzerland
TIMERx®	A novel polysaccharide system that adopts the use of xanthan gum and locust bean gum in the presence of secondary and tertiary components, to form water-soluble granules.	‘Tablet within a tablet’ to obtain different chronotherapeutic profiles. Geminex® is an improvement which provides the potential for dual therapy.	Penwest Pharmaceuticals, Danbury, CT, USA



APLIKASI CHRONOTHERAPEUTICS

Drug (dose)	Study design (n)	Chronotherapeutic benefit	Reference
Angiotensin converting enzyme inhibitor (ACEi)			
Quinapril (20 mg/day for 4 weeks)	Double-blind cross-over (18)	Evening quinapril more effectively decreased nighttime BP and 24 h BP profile compared to morning treatment	Palatini (1992)
Enalapril (10 mg/day for 3 weeks)	Randomized cross-over (10)	Evening enalapril caused a greater reduction in nocturnal BP as compared to morning administration	Witte et al. (1993)
Lisinopril (20 mg/day for 2 months)	Randomized cross-over (40)	Evening lisinopril resulted in a largest reduction in morning BP (6 AM–11 AM) as compared to morning and afternoon treatment	Macchiarulo et al. (1999)
Ramipril (5 mg/day for 6 weeks)	PROBE ^a multicenter (115)	Bedtime ramipril led to the largest decrease in sleep-time BP and increased the number of patients with controlled 24 h ambulatory BP	Hermida and Ayala (2009)
Spirapril (6 mg/day for 12 weeks)	Randomized, open-label, parallel group, blinded endpoint (165)	Bedtime spirapril more effectively decreased the nocturnal BP and increased the proportion of patients with controlled 24 h ambulatory BP	Hermida et al. (2010a)

APLIKASI

Angiotensin receptor blocker (ARB)

Valsartan (160 mg/day for 3 months)	PROBE ^a non-dipper (148)	Bedtime valsartan further decreased nocturnal BP mean and led to a greater proportion of patients with dipper profiles and controlled BP over 24 h as compared to treatment upon awakening	Hermida et al. (2005b)
Telmisartan (80 mg/day for 12 weeks)	PROBE ^a (215)	Bedtime telmisartan further decreased sleep-time BP and increased the number of patients with dipper profiles as compared to morning administration	Hermida et al. (2007)
Olmesartan (20 mg/day for 3 months)	PROBE ^a (123)	Bedtime olmesartan resulted in the largest reduction in nocturnal BP mean and decreased prevalence of non-dipping from baseline as compared to the morning dose	Hermida et al. (2009)

β-Blocker

Nebivolol (5 mg/day for 1 week; titrated to 10 mg/day for 2 weeks)	Single-center, prospective, randomized, double-blind, placebo controlled, cross-over (38)	Evening but not morning, nebivolol significantly decreased morning preawakening systolic BP from baseline	Acelajado et al. (2012)
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APLIKASI GLIDONOTIFERADINIS

Non-steroidal anti-inflammatory drugs

Acetylsalicylic acid (100 mg/day for 3 months)	PROBE ^a (328)	Only bedtime administration reduced the 24 h BP mean, but not treatment upon awakening	Hermida et al. (2005a)
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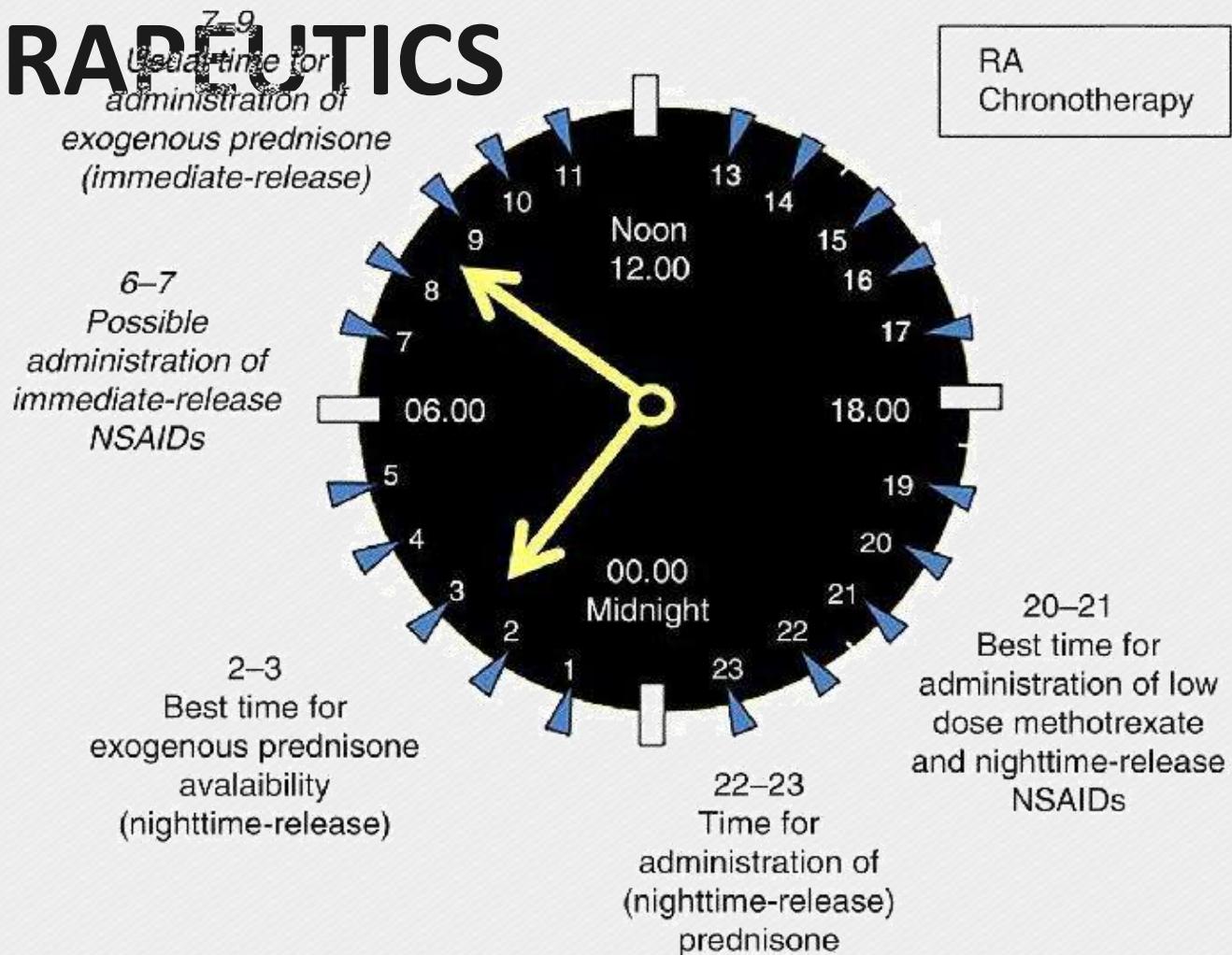
Combination therapy

Amlodipine (2.5–10 mg) plus Olmesartan (20–40 mg) (for 8 weeks)	Randomized, open-label, crossover (31)	Evening treatment significantly decreased the morning BP surge and decreased nocturnal BP in non-dippers as compared with morning treatment	Hoshino et al. (2010)
Valsartan (160 mg/day) plus Hydrochlorothiazide (12 mg/day) (for 12 weeks)	PROBE ^a (204)	Bedtime dose more effectively reduced sleep-time systolic BP mean and increased the proportion of patients with controlled sleep-time BP as compared to treatment upon awakening	Hermida et al. (2011)
Valsartan (160 mg/day) plus Amlodipine (5 mg/day) (for 12 weeks)	PROBE ^a (203)	Bedtime administration more efficiently decreased the 48h BP mean, lowered sleep-time BP, and had the largest percentage of patients with controlled BP over 24 h compared to morning administration	Hermida et al. (2010b)

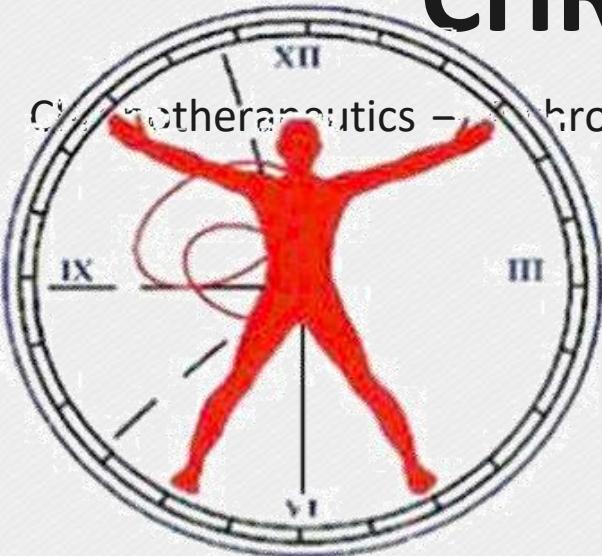
^aProspective, randomized, open-label, parallel group, blinded endpoint (PROBE).

APLIKASI CHRONOTHERAPEUTICS

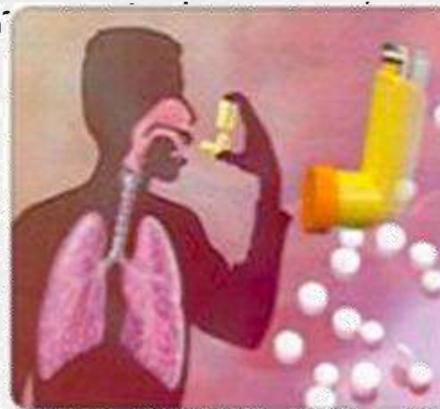
- ✓ Low-dose glucocorticoid chronotherapy in rheumatoid arthritis (RA) include the night-time-release prednisone, a timing drug release formulation with administration around 22–23 (22:00–23:00) and releasing prednisone around 2:00–3:00.
- ✓ Other therapeutical approaches used in RA, for example, with disease-modifying antirheumatic drugs (DMARDs: ie, methotrexate) and non-steroidal anti-inflammatory drugs (NSAIDs), should follow the same concept of glucocorticoid chronotherapy



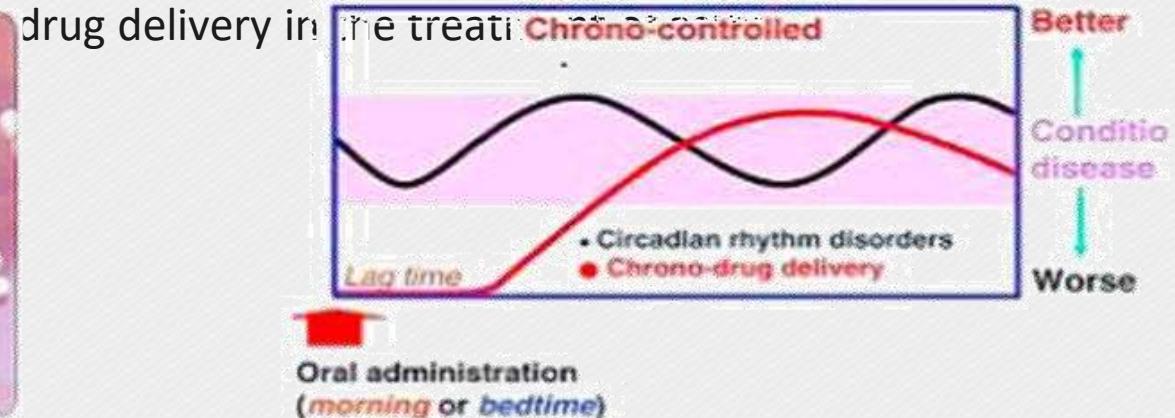
APLIKASI CHRONOTHERAPEUTICS



BIOLOGICAL CLOCK



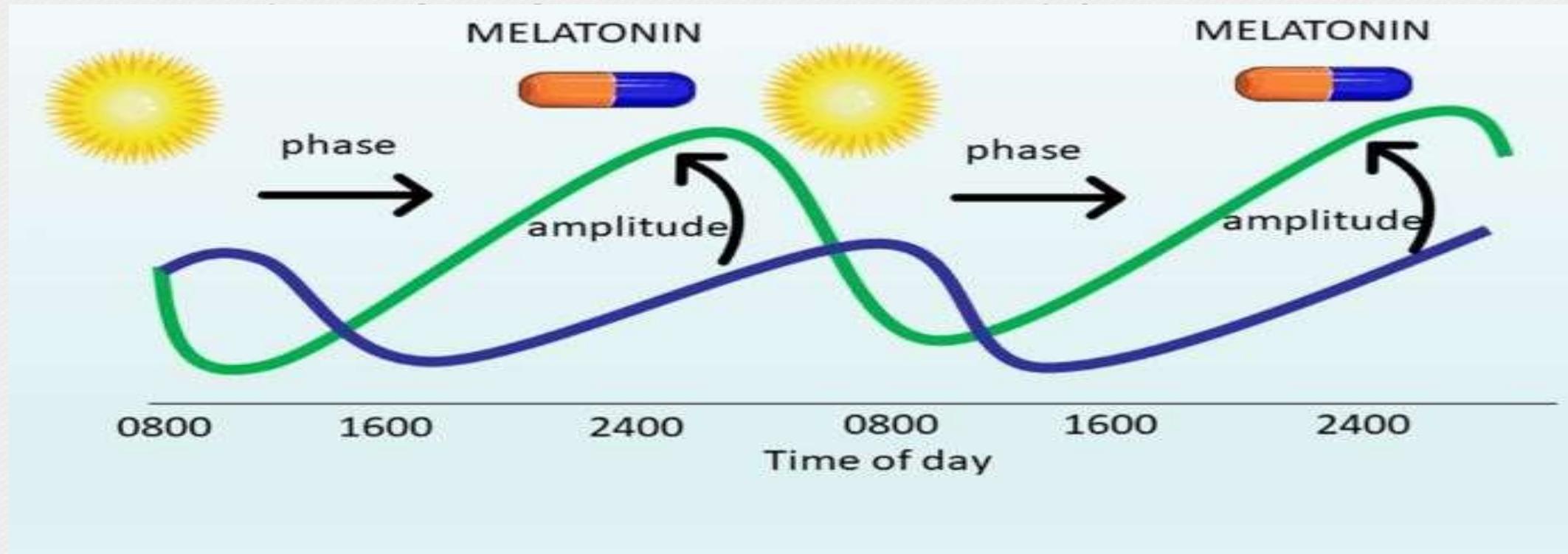
CHRONOTHERAPY OF ASTHMA



CHRONOCONTROLLED DRUG DELIVERY

Bronchial asthma is a chronic inflammatory disorder of the airways associated with airflow obstruction that is reversible spontaneously or with treatment. Bronchial asthma is a disease based on established circadian rhythm. The symptoms of asthma worsen during midnight to early morning and therefore it is required to deliver the drug in such fashion that effective treatment can be obtained during the time of asthma attacks

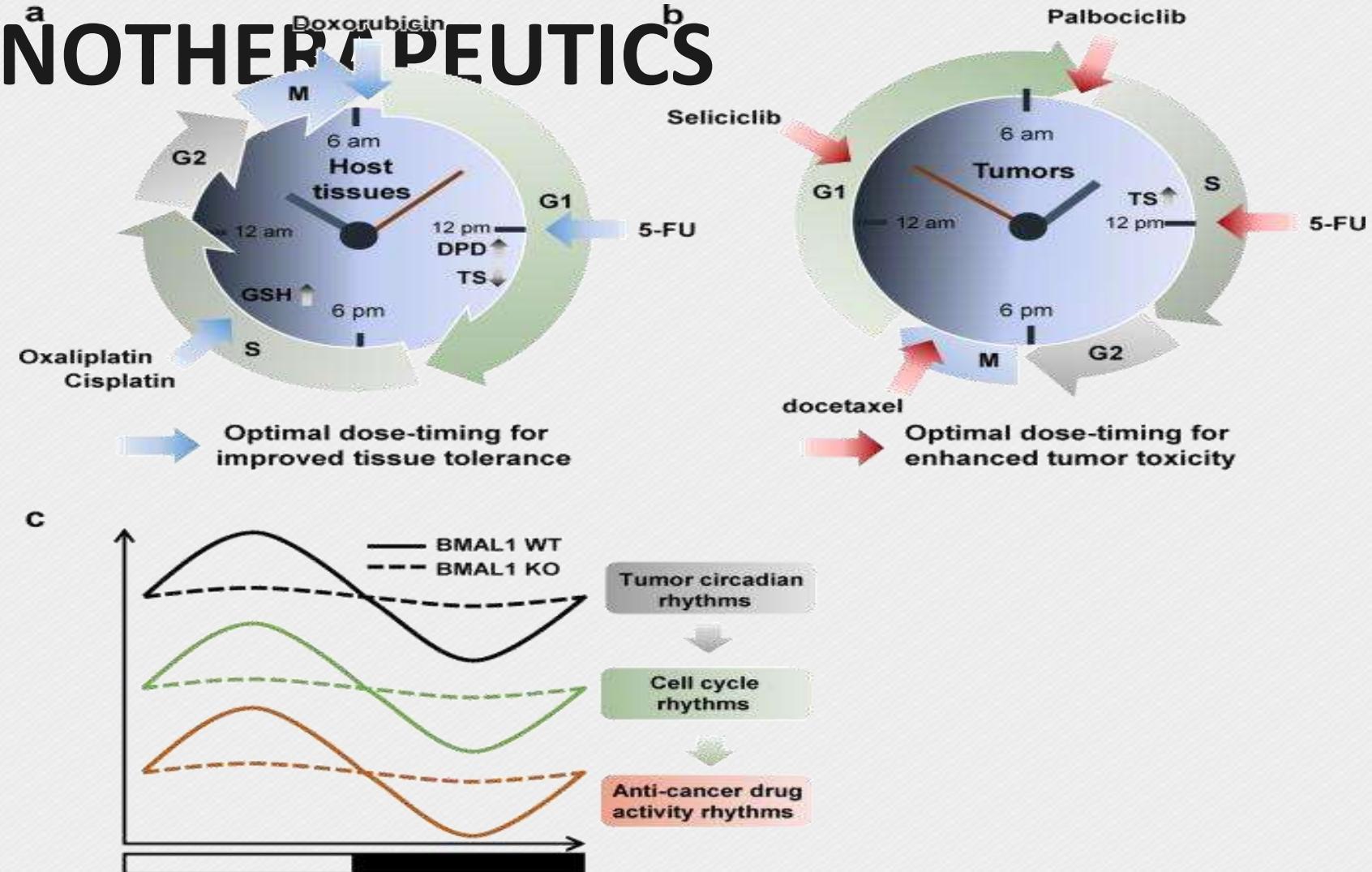
APLIKASI



Aktivitas kronobiotik melatonin. Penggunaan gabungan melatonin dan cahaya terang untuk meningkatkan amplitudo dan menyinkronkan ritme sirkadian endogen dalam penuaan. Cahaya terang di pagi hari bersama dengan melatonin pada waktu tidur berinteraksi untuk meningkatkan amplitudo siklus tidur/bangun dan ritme sirkadian lainnya. Dalam sindrom tidur fase tertunda melatonin menambah amplitudo dan fase-maju ritme tidur / bangun.

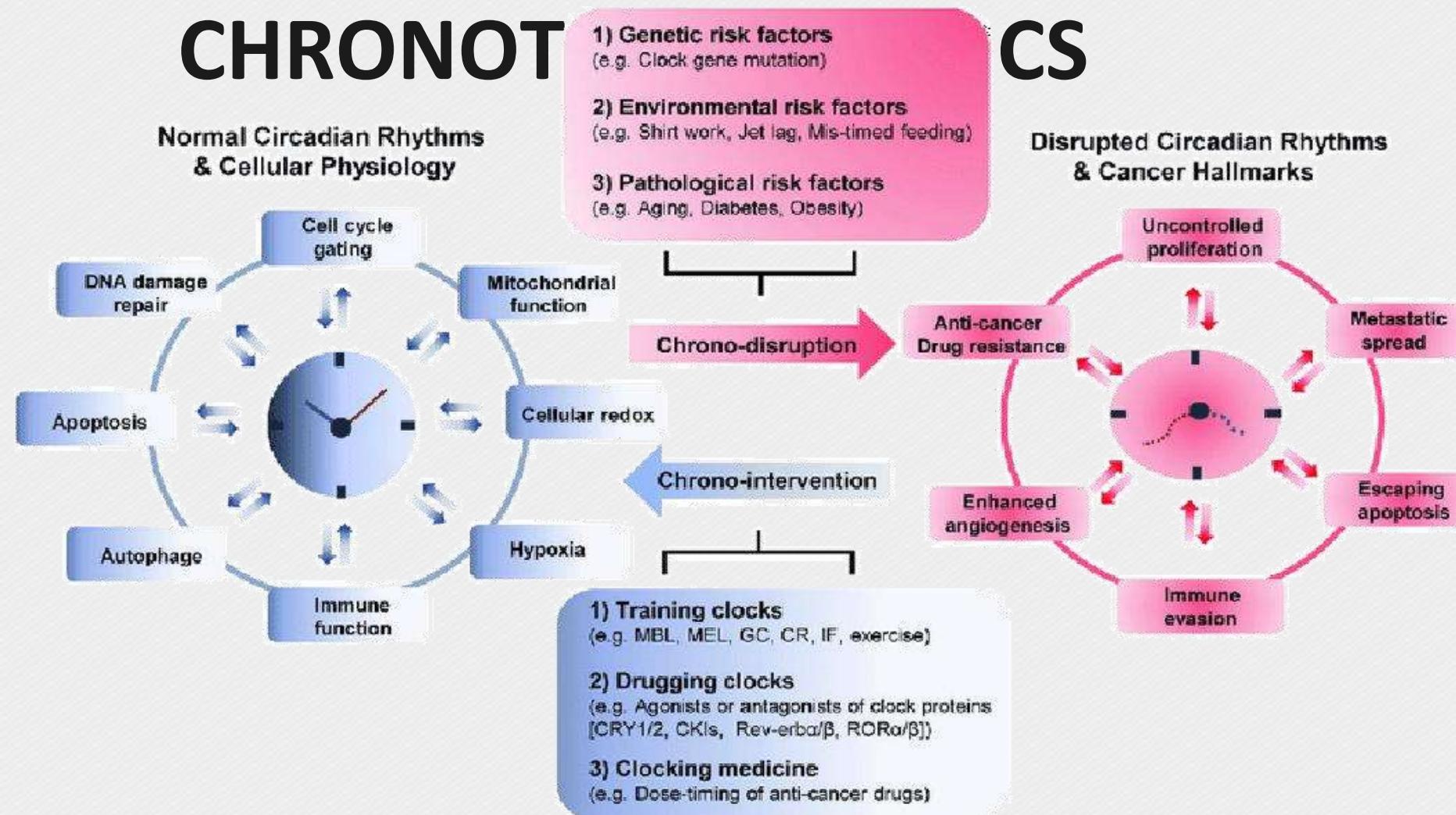
APLIKASI CHRONOTHERAPEUTICS

chronotherapy for the treatment of cancer. chronotherapy with anti- cancer medicine or regimen has been proposed to improve host tolerance and safety (a) and tumor cytotoxicity (b)



APLIKASI CHRONOT

CS



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3. Lee Y, Field JM, Sehgal A. Circadian Rhythms, Disease and Chronotherapy. *J Biol Rhythms*. 2021 Dec 1;36(6):503–31.
4. Tsimakouridze EV, Alibhai FJ, Martino TA. Therapeutic applications of circadian rhythms for the cardiovascular system. *Frontiers in Pharmacology* [Internet]. 2015 [cited 2022 Sep 29];6. Available from: <https://www.frontiersin.org/articles/10.3389/fphar.2015.00077>
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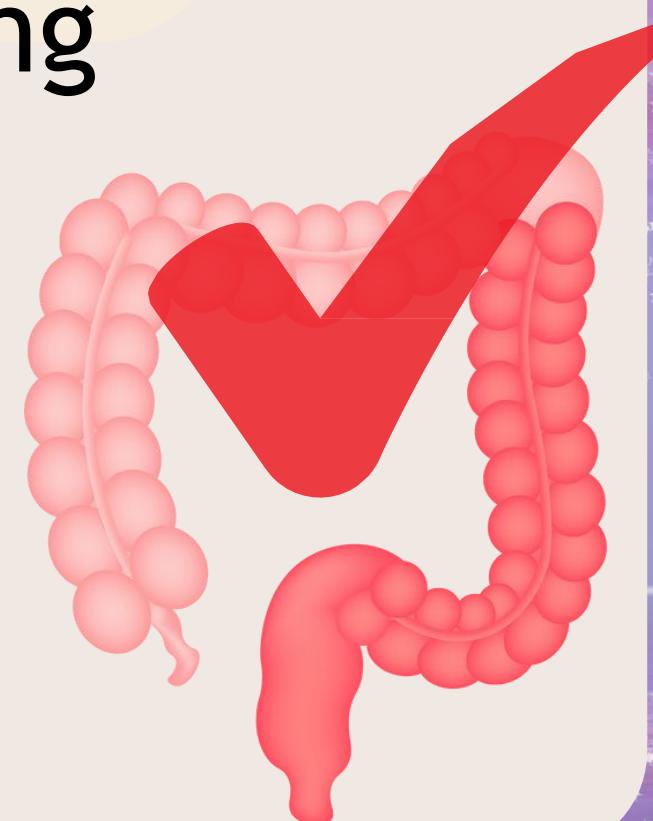
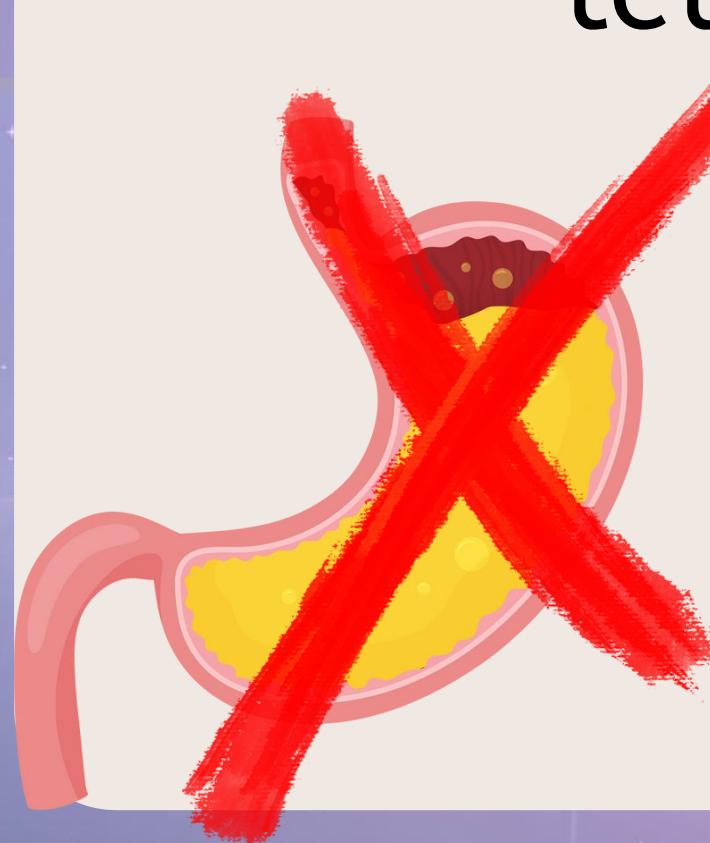
THANKS FOR
YOUR
ATTENTION

Colon Spesific Drug Delivery System

apt. Astri Rachmawati, M.Sc

Colon Specific Delivery System

Pelepasan dan penyerapan obat tidak boleh terjadi di lambung ataupun usus kecil, terapi harus terjadi di usus besar. Sehingga obat harus tetap terlindungi pada saat melewati lambung dan usus kecil



Anatomi Kolon

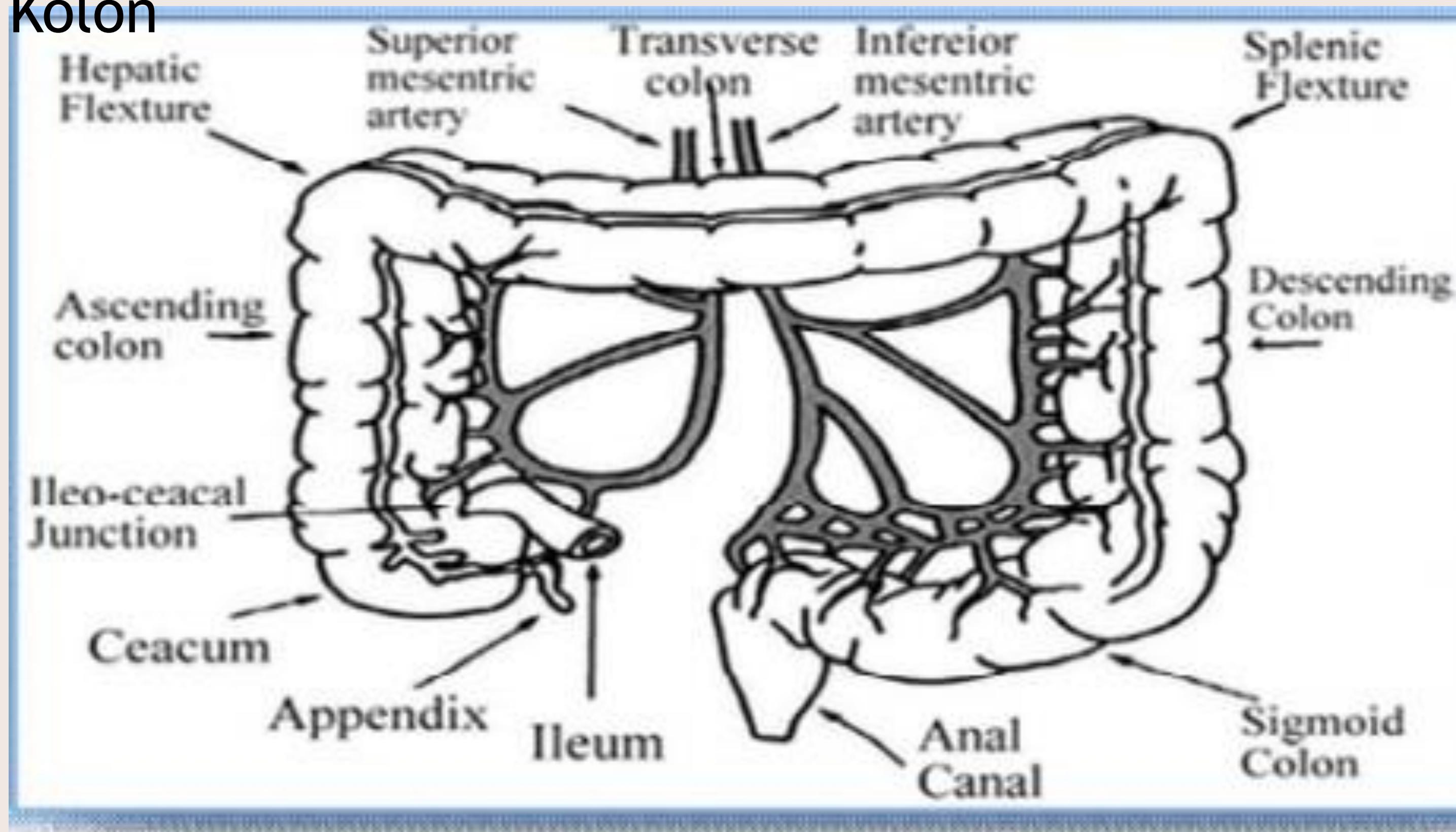


Table 1: Colon targeting diseases, drugs and sites

Target sites	Disease conditions	Drug and active agents
Topical action	Inflammatory Bowel Diseases, Irritable bowel disease and Crohn's disease. Chronic pancreatitis	Hydrocortisone, Budesonide, Prednisolone, Sulfasalazine, Olsalazine, Mesalazine, Balsalazide.
Local action	Pancreactomy and cystic fibrosis, Colorectal cancer	Digestive enzyme supplements 5-Fluorouracil.
Systemic action	To prevent gastric irritation To prevent first pass metabolism of orally ingested drugs Oral delivery of peptides Oral delivery of vaccines	NSAIDS Steroids Insulin Typhoid

Obat-obat yang dapat diserap usus besar

Keuntungan CPOs

1. mengurangi efek samping selama pengobatan penyakit kolon
2. menghindari first pass effect metabolism steroid
3. mencegah iritasi lambung akibat pemberian NSAID secara oral
4. melepas obat yang tertunda dalam pengobatan penyakit seperti angina, asma, dan RA
5. berkurangnya frekuensi pemberian obat sehingga meningkatkan kepatuhan pasien
6. menyediakan lingkungan yang sesuai utk protein dan peptida yang sensitif terhadap cairan lambung dan enzim pencernaan

Kekurangan CPS

1. langkah pembuatan yang rumit
2. pelepasan obatnya tidak sempurna
3. bioavailabilitas mungkin rendah karena berpotensi obat berikatan dengan makanan, sekresi usus, lendir atau tinja
4. mikroflora dapat mempengaruhi kinerja kolon melalui degradasi metabolisme onat
5. tidak tersedianya pengujian disolusi yang sesuai
6. obat harus berada dalam bentuk larutan sebelum

Karakter obat untuk CPDS

1. memiliki penyerapan yang buruk di lambung atau usus kecil, misal peptida
2. harus kompatibel dengan molekul pembawa dan mudah mengalami biotransformasi di usus besar
3. stabil pada pH basa
4. punya efek lokal maupun sistemik
5. digunakan untuk mengobat penyakit penyakit usus

Kriteria obat untuk CPDS

Criteria	Pharmacological class	Non-peptide drugs	Peptide drugs
Drugs used for local effects in colon against GIT diseases	Anti-inflammatory drugs	Oxyprenolol, Metoprolol, Nifedipine	Amylin, Antisense oligonucleotide
Drugs poorly absorbed from upper GIT	Antihypertensive and antianginal drugs	Ibuprofen, Isosorbides, Theophylline	Cyclosporine, Desmopressin
Drugs for colon cancer	Antineoplastic drugs	Pseudoephedrine	Epoetin, Glucagon
Drugs that degrade in stomach and small intestine	Peptides and proteins	Bromophenaramine, 5-Flourouracil, Doxorubicin	Gonadoreline, Insulin, Interferons
Drugs that undergo extensive first pass metabolism	Nitroglycerin and corticosteroids	Bleomycin, Nicotine	Protirelin, sermorelin, Saloatonin
Drugs for targeting	Antiarthritic and antiasthamatic drugs	Prednisolone, hydrocortisone, 5-Amino-salicylic acid	Somatropin, Urotoilitin

Faktor yang mempengaruhi CPDS



Faktor fisiologi

1. Pengosongan Lambung

Ukuran partikel kecil -> waktu transit lebih lama
Ukuran partikel besar -> waktu transit lebih cepat

2. pH usus besar

setiap individu memiliki kondisi pH usus yang berbeda-beda

3. Mikrofloran dan enzim kolon

mikroorganisme yang terkandung menghasilkan banyak enzim untuk keperluan metabolisme. pertumbuhannya dipengaruhi



Faktor farmasi

1. Calon Obat

waktu retensi usus besar sangat tinggi -> penyerapannya buruk

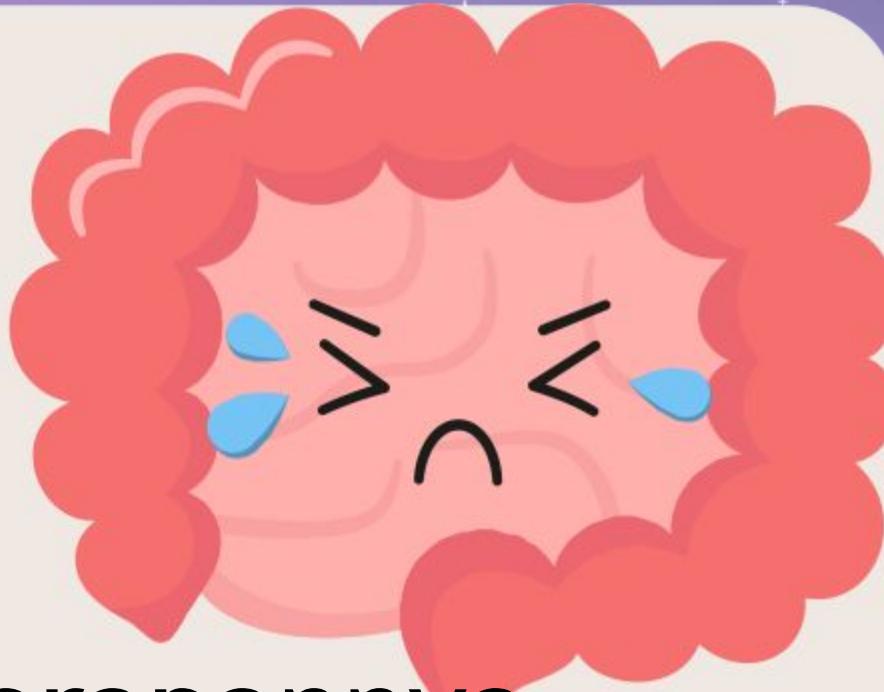
2. Pembawa Obat

pemilihan pembawa tergantung sifat obat.

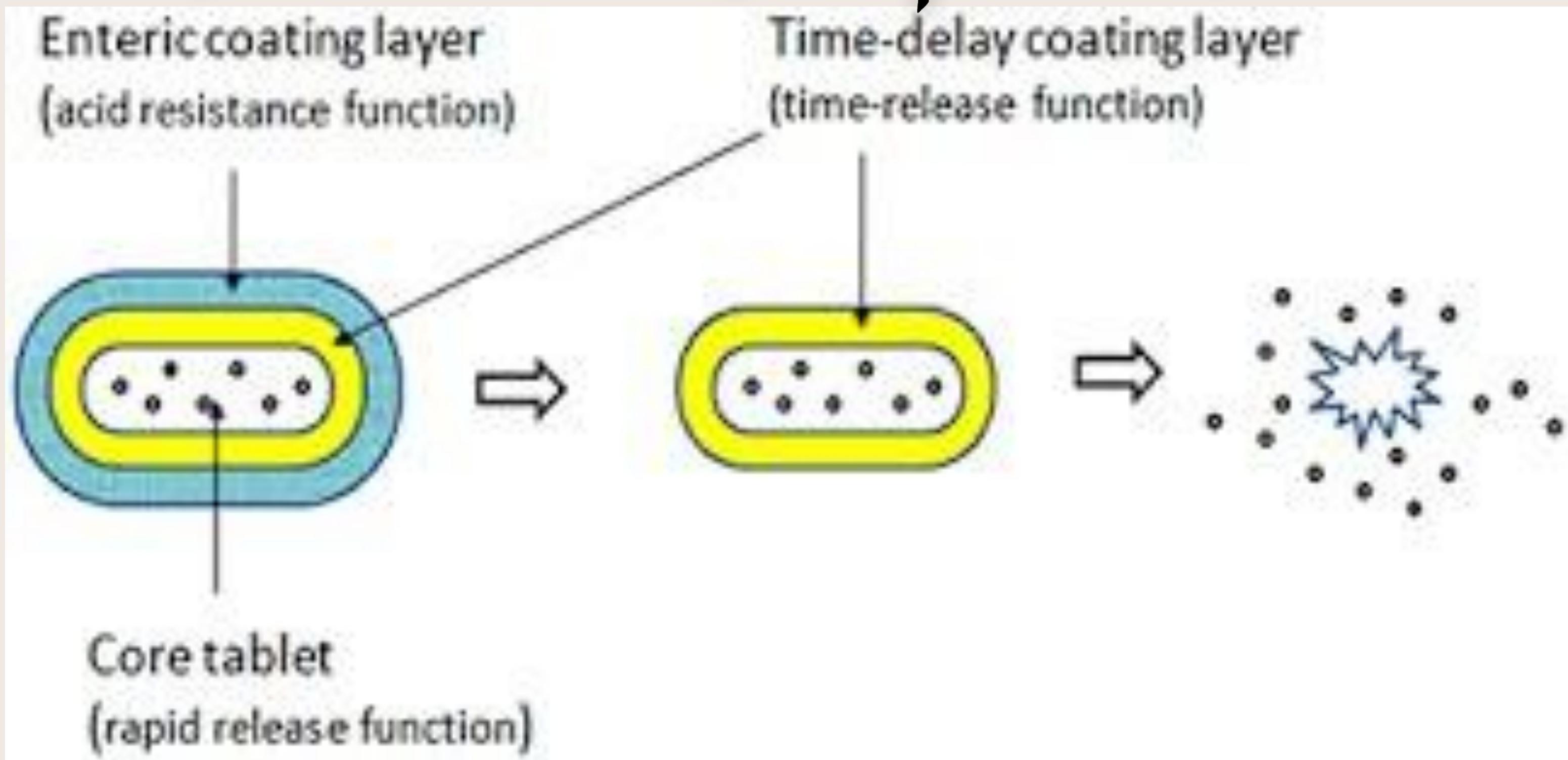
Faktor fisikokimia yang mempengaruhi pemilihan

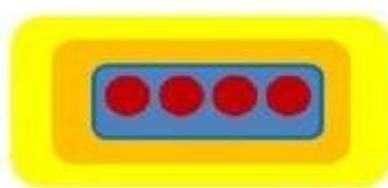
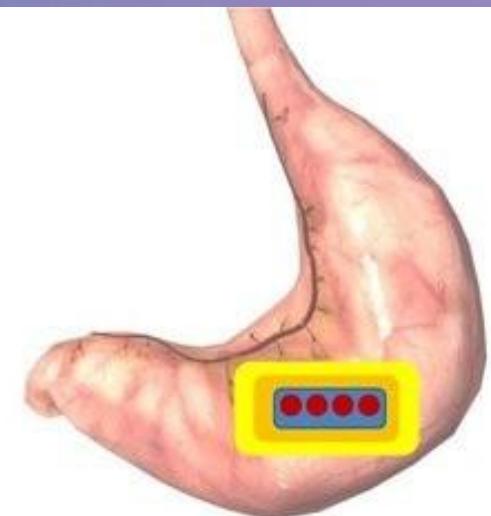
pembawa : sifat kimiawi, stabilitas, koefisien partisi,

gugus fungsi obat

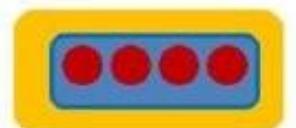


Mekanisme Pelepasan Obat

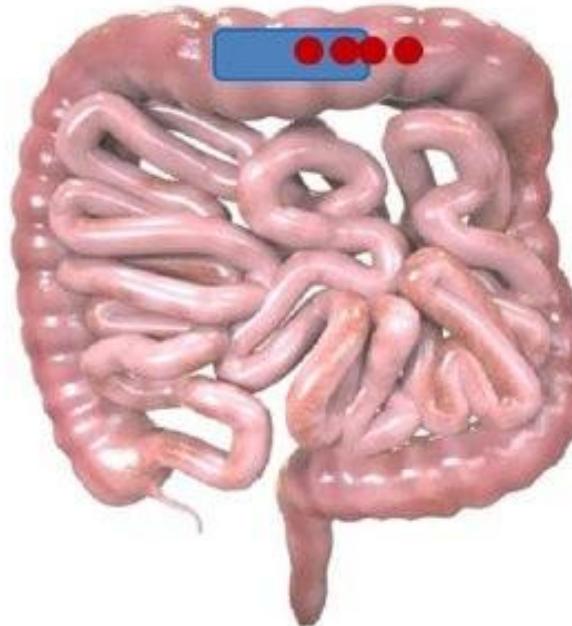




STOMACH
Coated tablet remains intact



SMALL INTESTINE
Enteric coated layer dissolves



COLON
Acid soluble coat dissolves



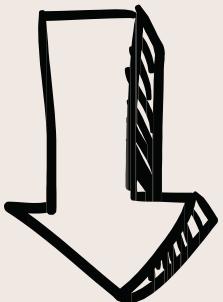
Drug Molecules

Mekanisme CPDS

Pengembangan Formulasi Obat CDDS

PENDEKATAN KIMIA/PRODRUG

Prodrug adalah obat atau senyawa yang, setelah administrasi, dimetabolisme (yaitu, diubah di dalam tubuh) menjadi obat yang aktif secara farmakologis

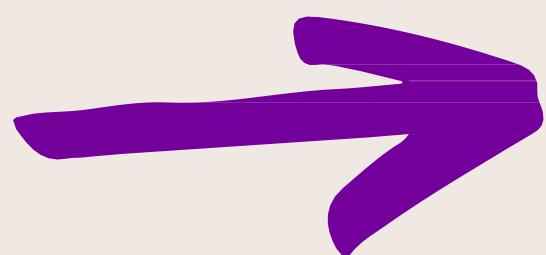
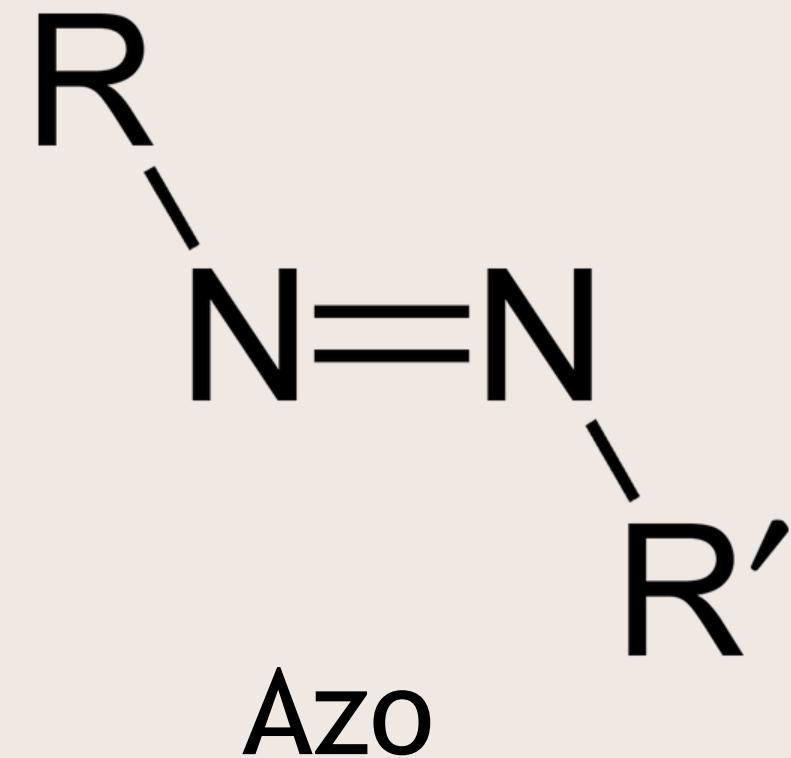


penyerapan dan hidrolisis minimum di GIT bagian atas dan menjalani hidrolisis enzimatik di usus besar



1. Konjugat Ikatan Azo

Senyawa azo dimetabolisme oleh bakteri usus, baik oleh enzimatik intraseluler komponen dan reduksi ekstraseluler. Ikatan azo ini stabil di GIT bagian atas dan dibelah di usus besar oleh azo-reduktase yang diproduksi oleh mikroflora

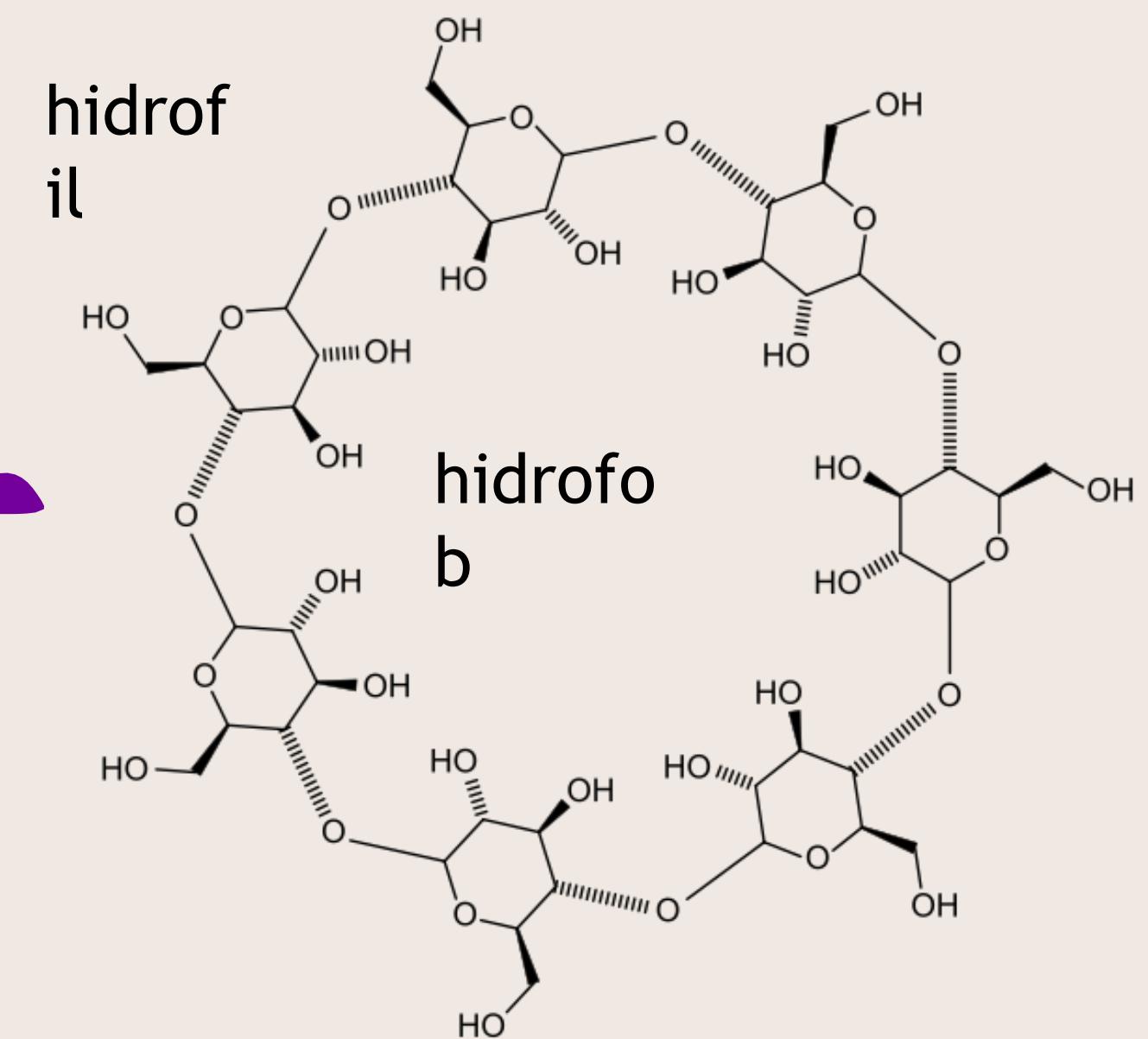
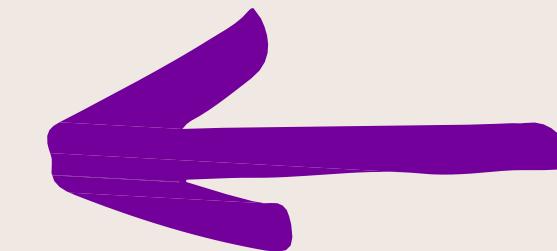


Dalam bentuk hidrogel
untuk melindungi inti obat
dan sebagai prodrug

2. Senyawa
Siklodextrin memiliki penyerapan terbatas dari GIT sehingga digunakan sebagai pembawa untuk beberapa obat yang tidak stabil di perut dan lingkungan usus



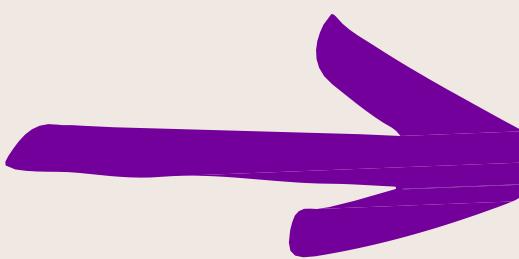
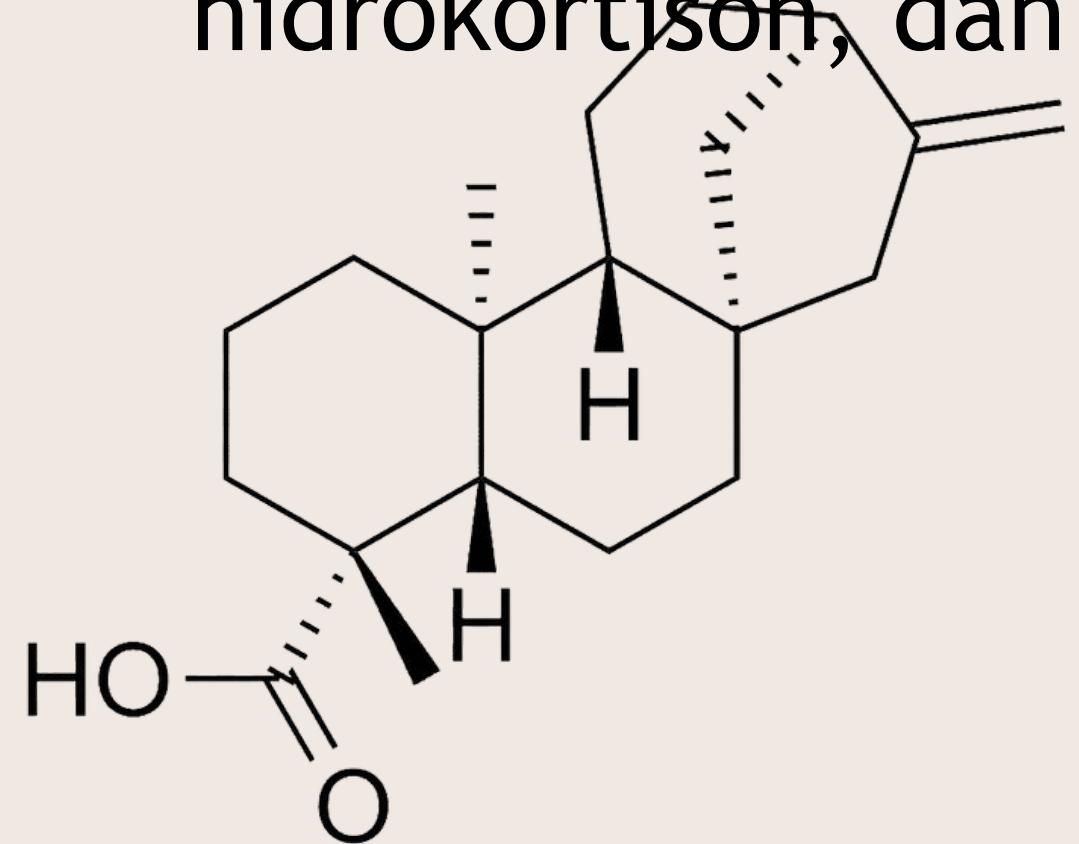
membentuk inklusi
kompleks dengan
berbagai molekul obat



3. Konjugasi glikosida bersifat hidrofilik dan buruk dalam penyerapan dari GIT.

Karena itu digunakan sebagai pembawa untuk mengantarkan obat ke usus besar.

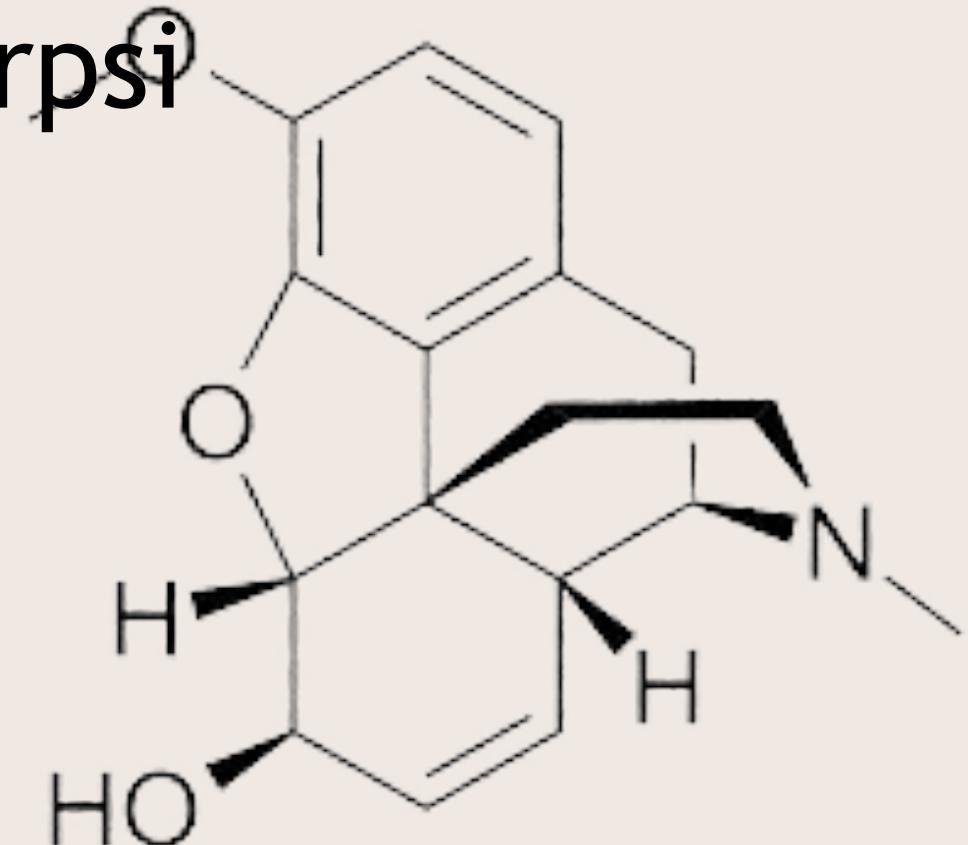
Obat yang ditargetkan oleh pendekatan ini adalah lucosida, galaktosida, dan selobiosida dari deksametason, prednisolon, hidrokortison, dan fludrokortison



Enzim glikosidase yang diproduksi oleh mikroflora adalah β -D-galaktosidase, α - Larabino furanosidase dan β -D glukosidase

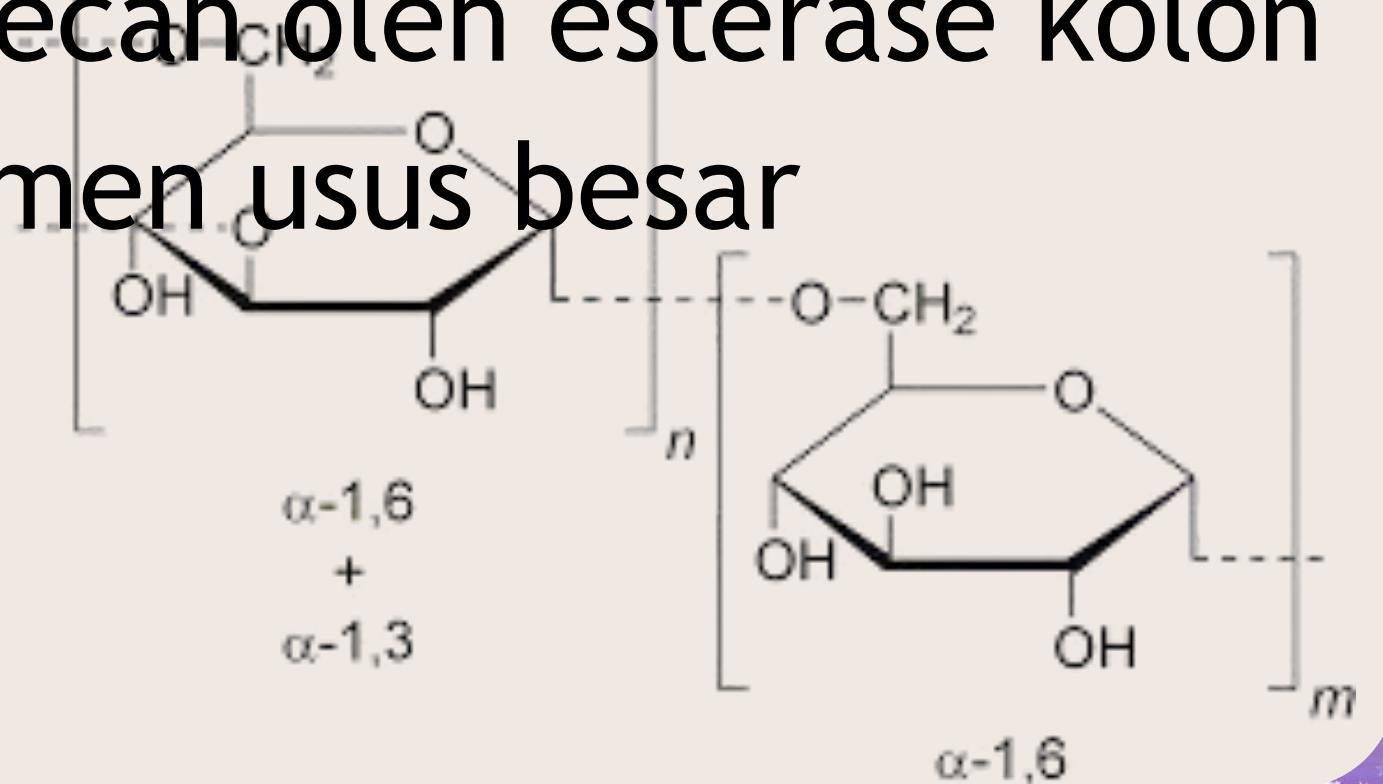
4. Konjugasi glukoronida

Bakteri yang ada di saluran cerna bagian bawah mengeluarkan β -glukuronidase dan dapat mendeglukuronidasi berbagai obat di usus. Dengan demikian, deglukuronidasi proses menghasilkan pelepasan obat aktif lagi dan memungkinkan reabsorpsi



5. Konjugat dextran
digunakan untuk pengiriman obat yang
mengandung asam karboksilat secara spesifik
untuk usus besar.

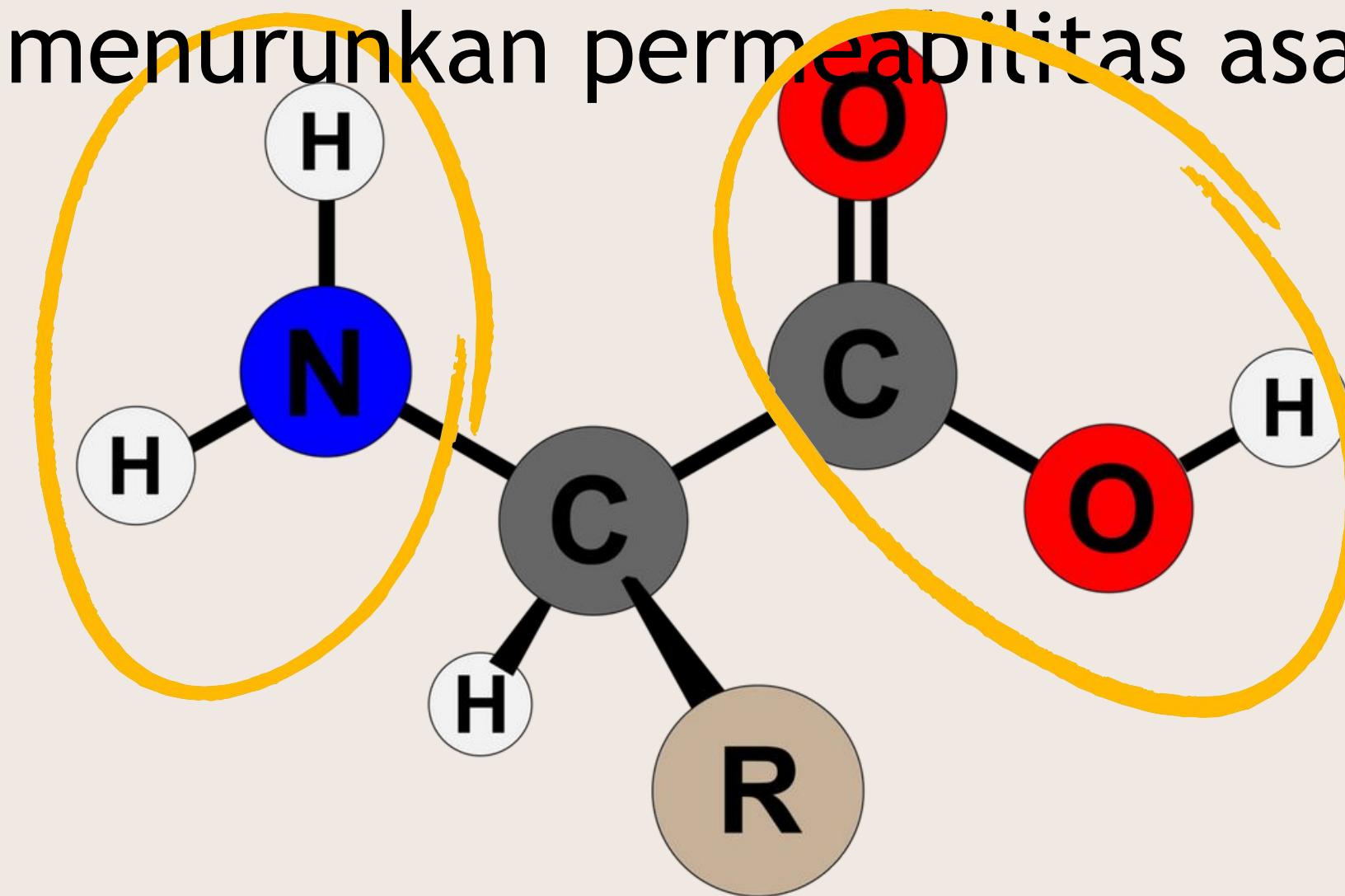
Di usus besar, dekstran ikatan glikosidik dihidrolisis oleh
dekstranase untuk menghasilkan oligomer prodrug yang
lebih pendek, yang selanjutnya dipecah oleh esterase kolon
untuk melepaskan obat bebas di lumen usus besar



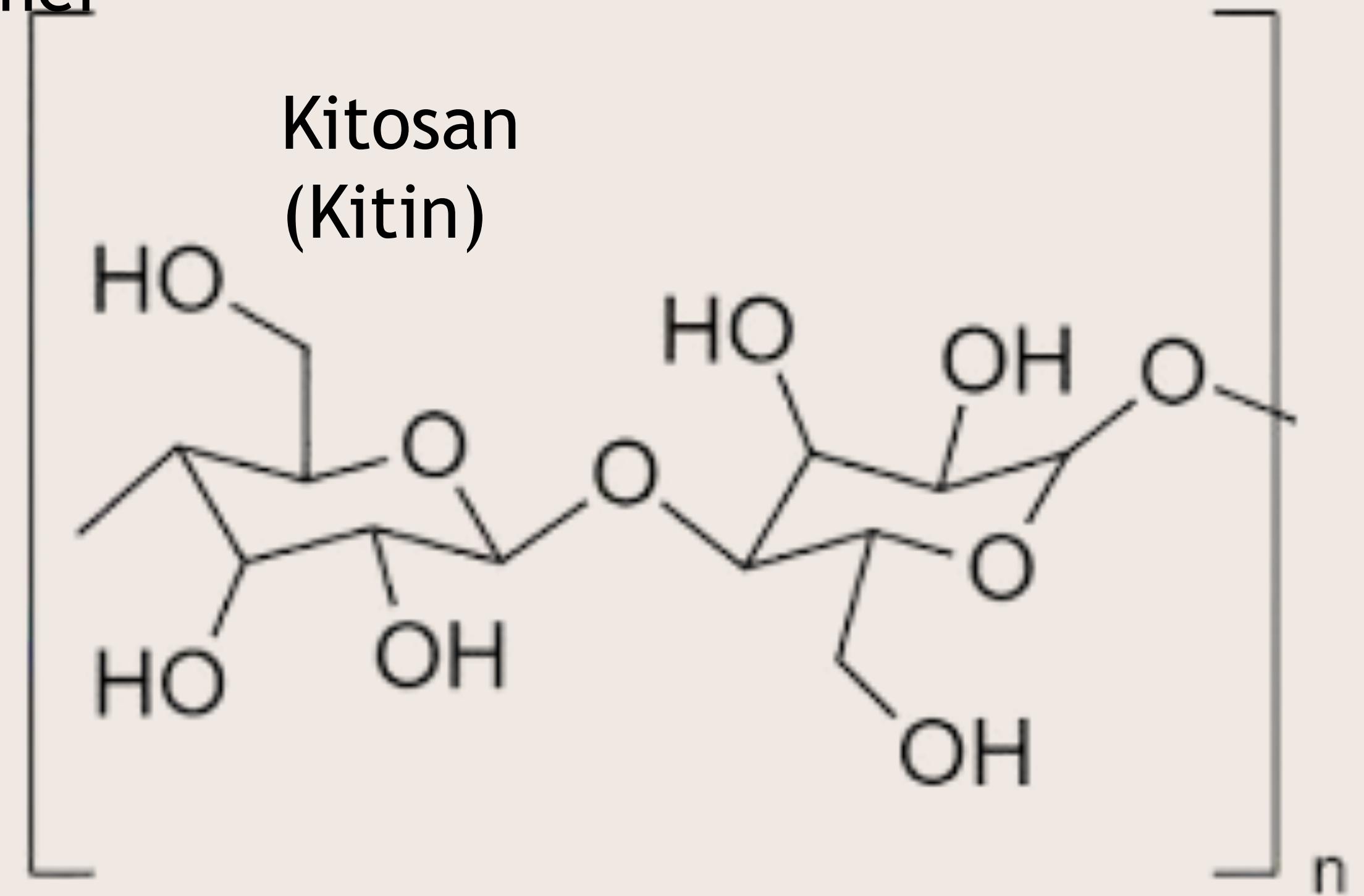
6. Konjugasi asam amino

mengurangi membran permeabilitas asam amino dan protein.

Peningkatan hidrofilisitas dan panjang rantai asam amino pembawa; menurunkan permeabilitas asam amino dan protein



7. Prodrug polimer



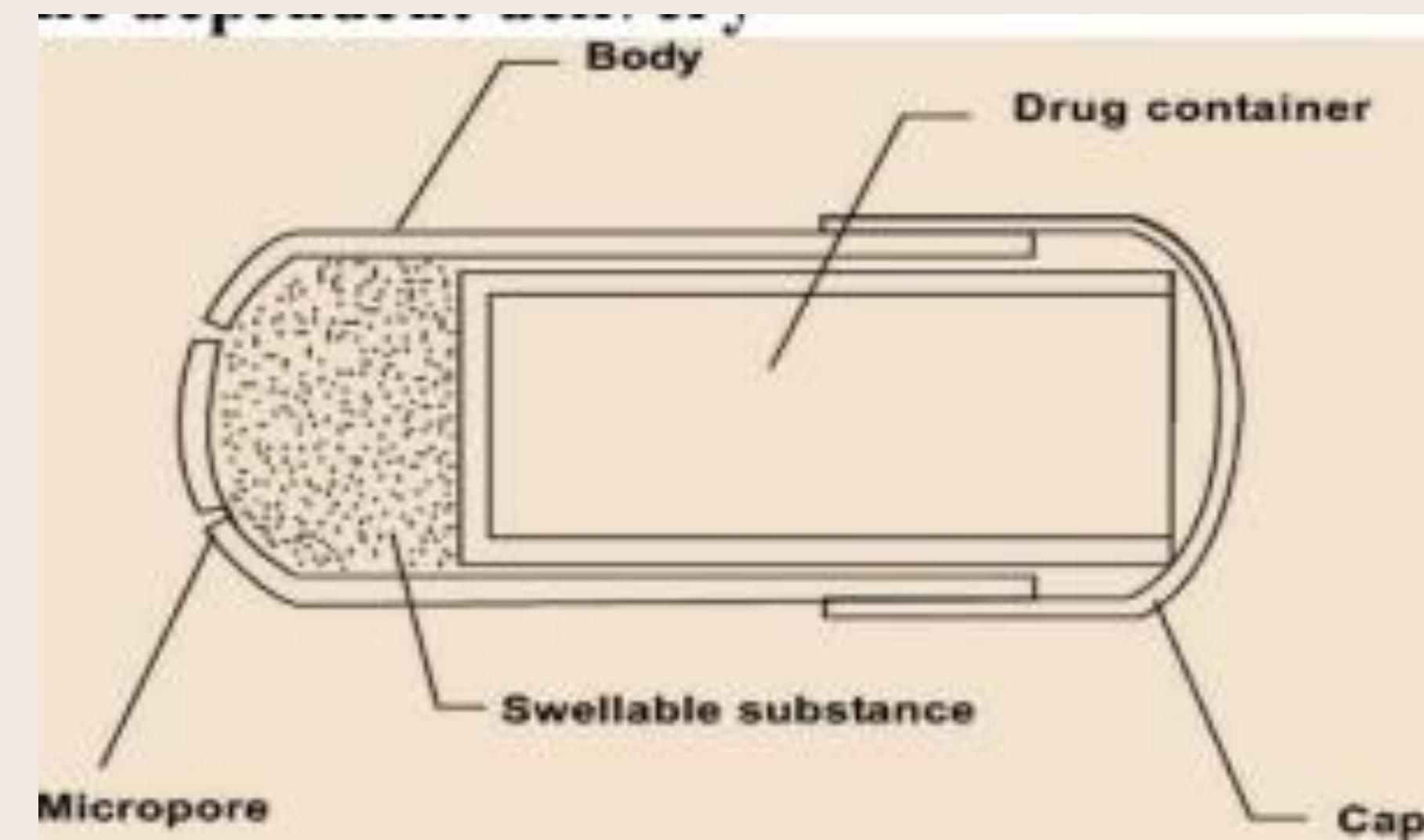
PENDEKATAN FARMASI

1. Pelapisan obat inti dengan pH sensitif polimer

Molekul obat dapat dilapisi dengan yang sesuai polimer, yang hanya terdegradasi di usus besar -> pelepasan tertunda dan melindungi obat dari cairan lambung

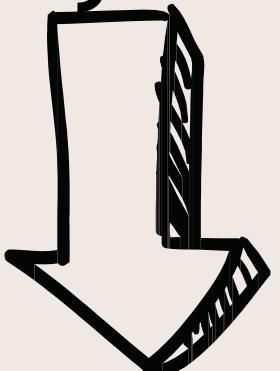
Keterbatasannya -> bahwa pH usus tidak stabil karena dipengaruhi oleh diet, penyakit dan adanya asam lemak, karbon dioksida, dan produk fermentasi lainnya.

2. Penghantaran tergantung waktu pelepasan obat -> setelah waktu jeda yang telah ditentukan sebelumnya menurut waktu transit dari mulut ke usus besar.



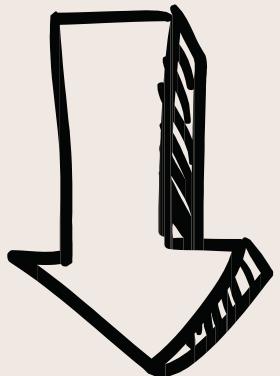
3. Sistem bioadhesive

bentuk sediaan tetap dalam kontak dengan organ tertentu untuk jangka waktu tertentu periode waktu tertentu -> penyerapannya tinggi



Polikarbofil, poliuretan, dan polietilen kopolimer
oksida-polipropilena oksida

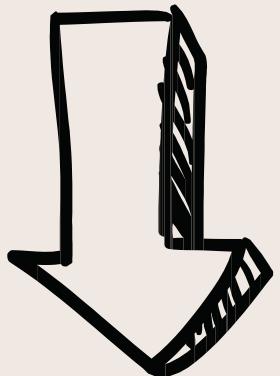
4. Sistem multipartikulat
pelet, mikropartikel, butiran, dan nanopartikel
digunakan sebagai pembawa obat yang sensitif terhadap
pH



Ukuran kecil memungkinkan bertahan di kolon
lebih lama

5. Pengiriman obat yang dikontrol secara osmotik

Sistem ini terdiri dari unit osmotik baik secara tunggal atau sebagai sebanyak 5-6 unit yang dikemas dalam kapsul gelatin



Prinsipnya: air memasuki membran semipermeabel lalu menyebabkan kompartemen membengkak dan mendorong obat untuk keluar

thank  you



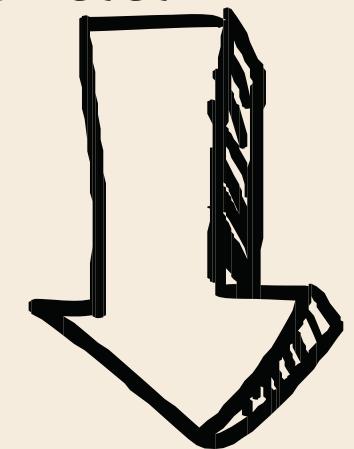
Intranasal Drug Delivery System

By: apt. Astri Rachmawati, M.Sc



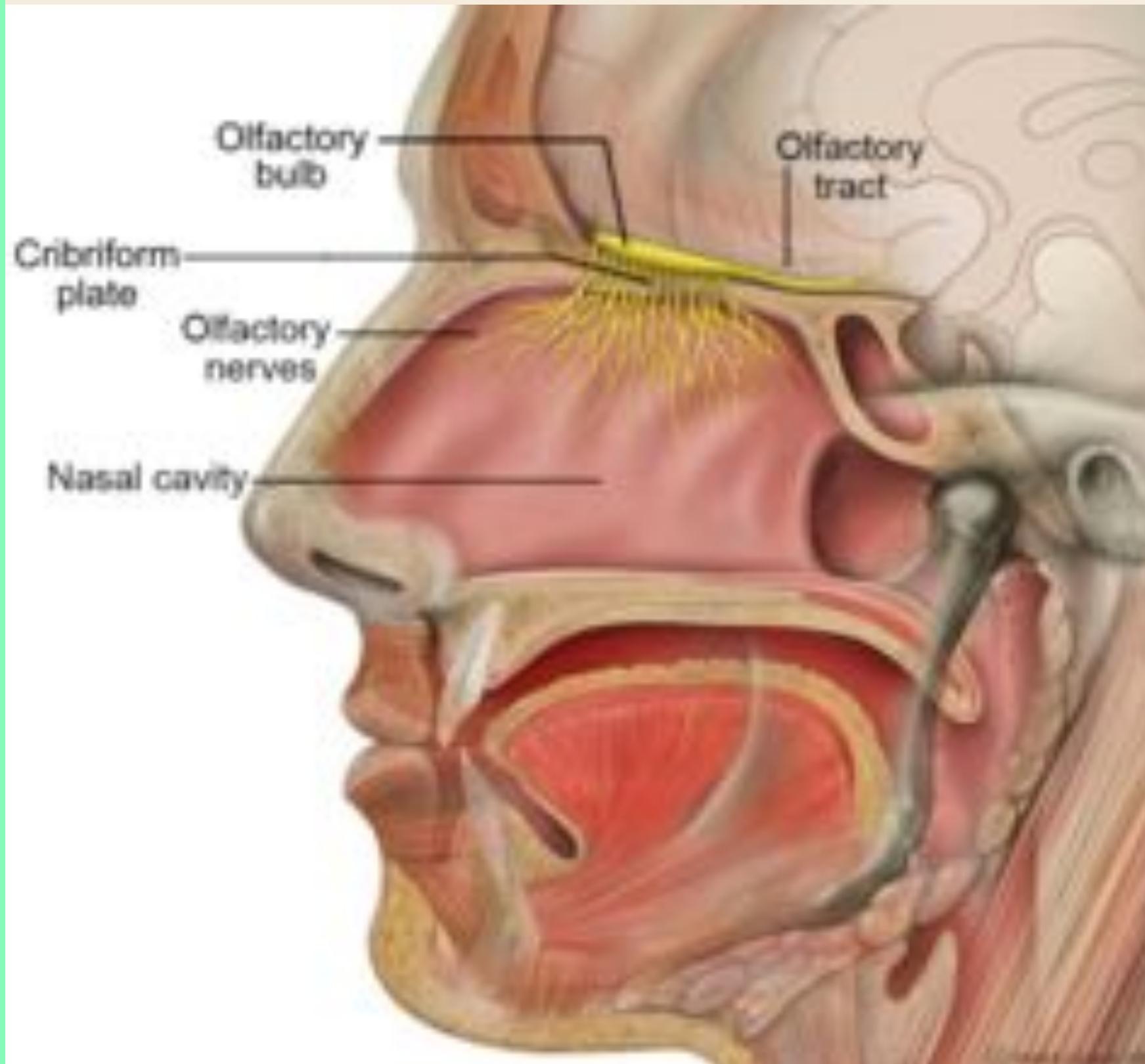
Sejarah

Rute alternatif untuk mencapai efek obat sistemik ke rute parenteral, yang kurang praktis, atau pemberian oral, yang beresiko rendahnya ketersediaan hayati



- Bagian epitel hidung sangat permeabel, submukosa kaya akan vaskularisasi, dan metabolisme first-pass dapat dihindari.
- Luas permukaan dan lancarnya edaran darah -> cepat diserap

Anatomi



- Mukosa -> mengatur suhu agar hidung tetap lembab
- Sekresi nasal (lendir) -> air (95%), glikoprotein (2%), albumin, imunoglobulin, lisozim, laktferin dan protein lain (1%), garam anorganik (1%) dan lipid (<1%)

Faktor yang mempengaruhi penyerapan obat

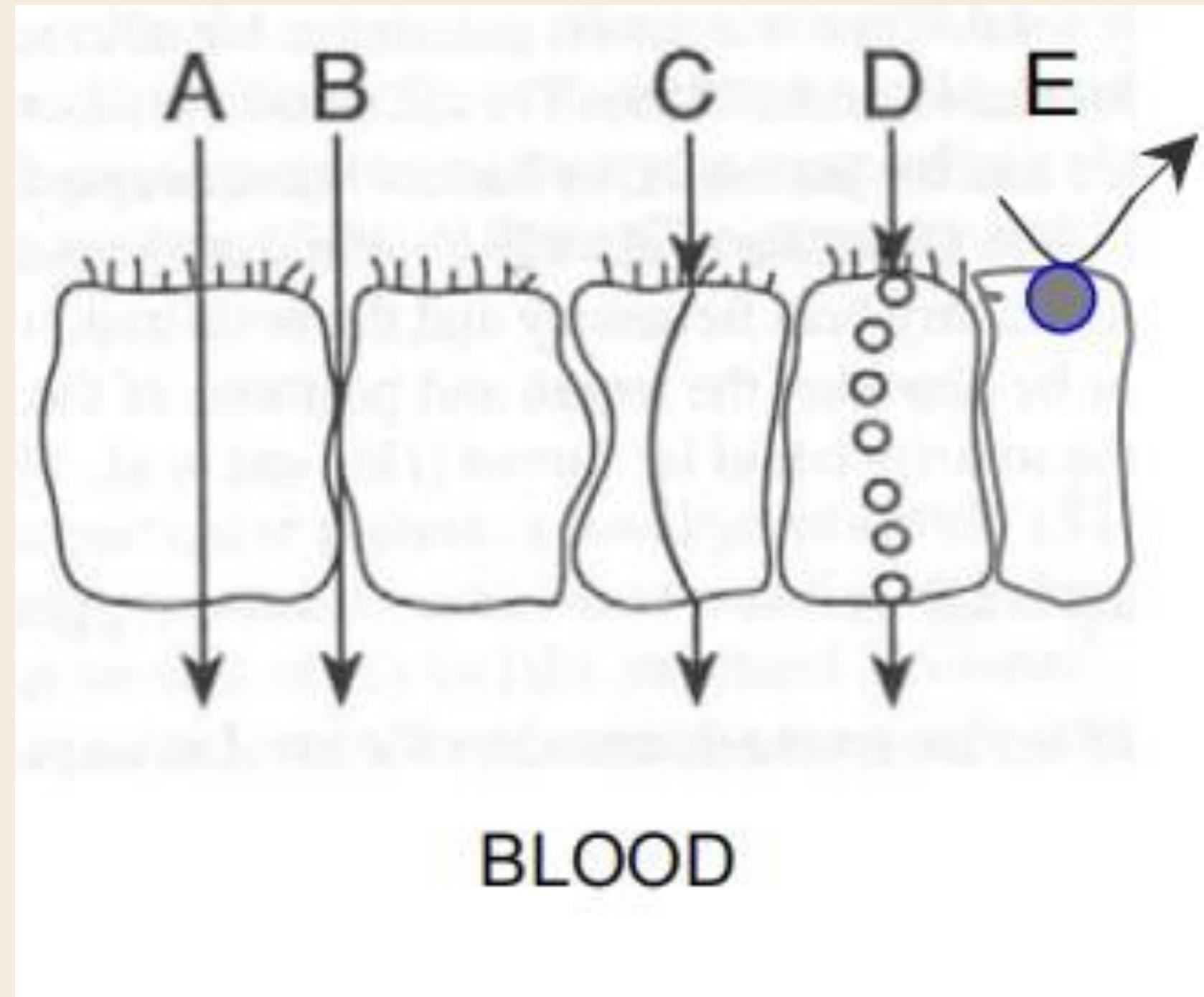
FAKTOR FISIKA

- Mukosiliar clearance -> tergantung pada silia dan sekresi
- nasal enzym -> dapat membatasi BA obat terutama yang mengandung peptida atau protein
- perubahan patofisiologi hidung seperti flu biasa, rinitis musiman, hidung, polip dan kanker, dapat merubah penyerapan

FAKTOR FISIKA-KIMIA

- ukuran molekul obat-> paling baik penyerapan obat dg ukuran > 300 Dalton
- kelarutan -> obat mudah diserap dalam bentuk
- cairan laju disolusi
- muatan obat
- koefisien
- partisi
- polimorfisme

Mekanisme NDDS



- A. Transeluler Pasif Difusion
- B. Paracelluler Pasif Difusion
- C. Carrier-mediated transport
- D. Adsorption through transcytosis
- E. Efflux transport

Mekanisme NDDS

1. Mekanisme Transeluler

Bertugas sebagai pengangkut lipofilik obat yang menunjukkan ketergantungan terhadap lipofilositas

2. Mekanisme paraseluler

Rute yang melibatkan trasnportasi berair, merupakan mekanisme yang lambat dan pasif

3. Mekanisme Carrier-dimediasi

Merupakan transportasi lintas membran dengan melalui pembukaan persimpangan ketat

Contoh: kitosan ->membuka sambungan yang erat antara epitel sel untuk memfasilitasi transportasi obat

Tahapan NDDS

1. Bentuk sediaan obat -> dirancang untuk efek lokal
2. Fase biofarmasetik -> dimulai dari menggunakan obat sampai melepasnya zat aktif
3. Ketersediaan farmasi -> Obat siap untuk diabsorbi obat dan di distribusikan keseluruh tubuh
4. Fase farmakokinetik -> Tidak terjadi ADME
5. Ketersediaan hayati -> obat mulai memberi efek dg mencari reseptor yang cocok
6. Fase farmakodimanik -> interaksi dengan reseptor
7. Efek terapi

Proses penggunaan NDDS

1. Ketika nafas dikeluarkan ke dalam alat, langit-langit lunak secara otomatis menutup rapat rongga hidung.
2. Nafas memasuki satu lubang hidung lewat mulut pipa yang menyegel.
3. Dan memicu pengeluaran partikel ke dalam aliran, memajukan partikel melewati klephidung untuk menuju tempat sasaran.
4. Aliran udara melewati communication posterior ke sekat hidung dan keluar melalui bagian hidung yang lain

Proses penggunaan NDDS

Proses ini akan menghasilkan :

1. 90 % dosis obat didepositkan melalui katup nasal.
2. > 70 % dosis didepositkan di bawah posterior 2/3 rongga nasal.
3. Reproducibility tinggi dari pendepositan melalui katup nasal.
4. Tidak ada endapan pada paru - paru

Kelebihan NDDS

1. dosis dapat dikurangi
2. Konsentrasi rendah dalam sirkulasi sistemik dapat mengurangi efeksamping sistemik
3. Area permukaan untuk absorpsi luas (160 cm³)
4. Onset of action yang cepat
5. Aktivitas metabolisme yang rendah dibandingkan peroral, menghindari reaksi saluran cerna metabolisme hati
6. Bentuk sediaan alternative, jika tidak dapat digunakan obat saluran cerna

Kekurangan NDDS

1. Difusi obat terhalang oleh mucus dan ikatan mucus
2. Mukosa nasal dan sekresinya dapat mendegradasi obat
3. Iritasi lokal dan sensitivisasi obat harus diperhatikan
4. Mucociliary clearance mengurangi waktu retensi obat dalam ronggahidung
5. Kurang reproduksibilitas pada penyakit yang berhubungan dengan ronggahidung
6. Hanya untuk obat yang poten (dosis kecil) dengan ukuran partikel 5- 10 μ m

TUGAS

Jelaskan formulasi untuk obat-obatan nasal drug delivery system, seperti:

1. faktor apa saja yang mempengaruhi
2. cara kerja obat
3. pelepasan obat

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Sediaan Nasal

apt. Astri Rachmawati, M.Sc

Jenis Sediaan



Menurut BPOM (Penjelasan di Peraturan BPOM No 9 Tahun 2023)

- Semprot nasal (Nasal spray/nonpressurised metered dose nasal spray)
- Aerosol nasal (Nasal aerosol/pressurised metered dose nasal spray)
- Cairan nasal (Nasal solution/Nasal liquids)
- Serbuk nasal (Nasal powder)



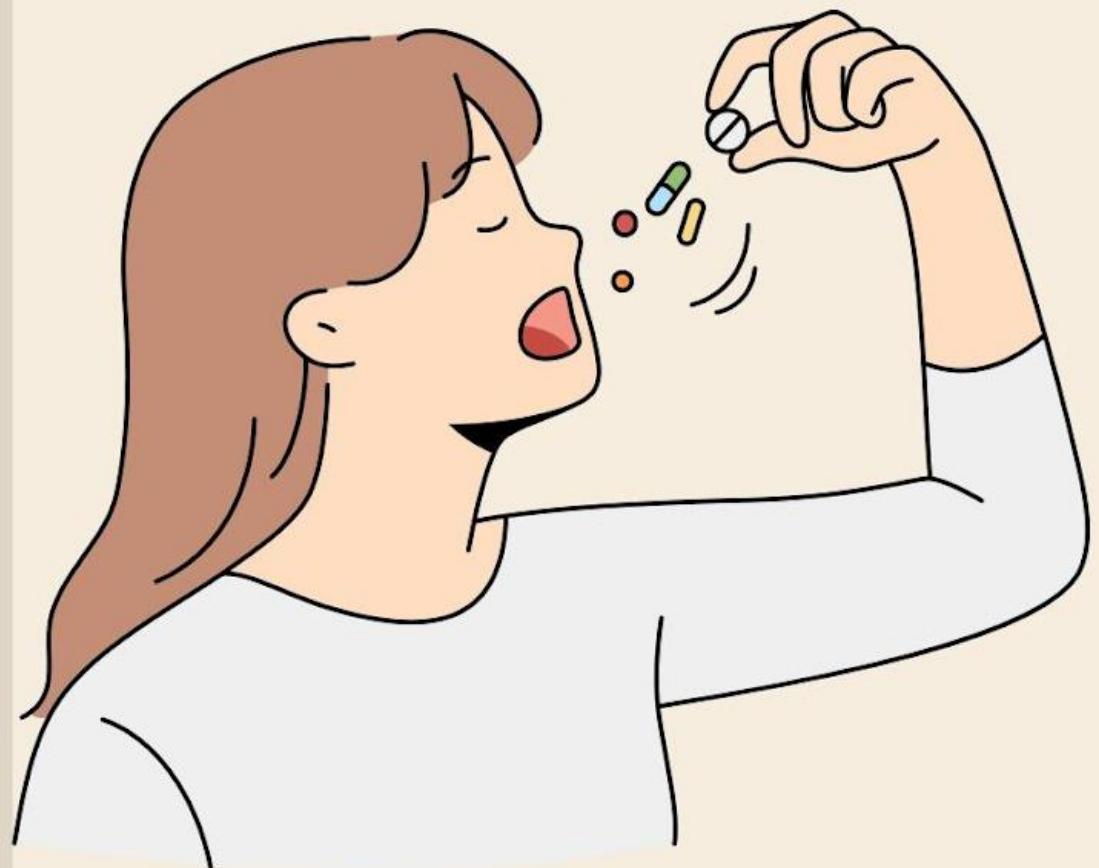


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Transmucosal Drug Delivery System



apt. Astri Rachmawati, M.Sc

Transmucosal Drug Delivery System



- Dapat dirancang melalui hidung -> intranasal
- Dapat dirancang melalui mulut -> mukoadhesif

digunakan untuk bahan yang mengikat lapisan musin dari membran biologis

Keuntungan Transmukosal

waktu tinggal obat yang lama

- penghantaran obat tertarget
- administrasi yang mudah
- menghindari first pass metabolism
- menghindari degradasi obat
- obat yang tidak stabil dalam asam akan dihancurkan oleh enzim usus
- sistem penyerapan obat pasif dan tidak harus aktivasi apapun
- mukus berperan penting dalam disintegrasi obat

Keuntungan Transmukosal

- frekuensi dosis kecil
- masa pengobatan lebih pendek
- meningkatkan kepatuhan dan kenyamanan pasien dalam mengkonsumsi obat
- dapat diberikan kepada pasien yang tidak sadar (kecuali gastrointestinal)

Kelemahan Transmukosal

- dapat mengiritasi mukosa mulut
- rasa dan bau yang kurang nyaman
- obat yang tidak stabil dalam bukal tidak dapat digunakan
- hanya dapat digunakan pada obat dengan dosis kecil
- hidrasi berlebihan dapat mengganggu polimer bioadhesif

Kelemahan Transmukosal

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Mekanisme Transmukosal

Kontak mukoadhesif
lebih lama berpengaruh
terhadap daya penyerapan obat

Mekanisme Transmukosal

1. Pembasahan dan Pembengkakan

Polimer (Wetting and Swelling)

terjadi ketika polimer menyebar ke permukaan substrat biologis atau membran mukosa untuk mengembangkan kontak intim dengan substrat. Pembengkakan polimer terjadi karena komponen di dalam polimer memiliki afinitas terhadap air

2. Interpenetrasi antara rantai polimer dan membran mukosa.

interdifusi dan interpenetrasi terjadi antara rantai polimer mukoadhesif dan jaringan gel mukosa yang menciptakan area kontak yang luas.

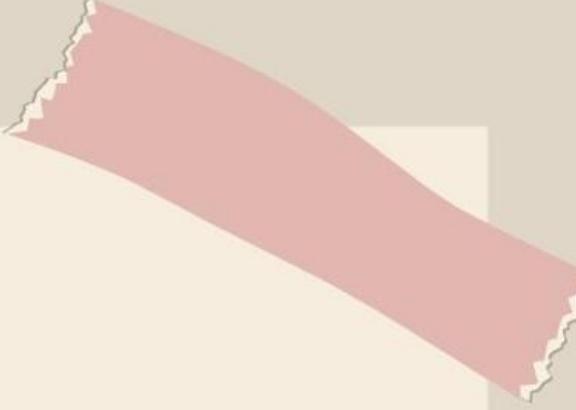
Untuk membentuk ikatan perekat yang kuat, satu gugus polimer harus larut di sisi lain dan kedua jenis polimer harus serupa struktur kimia

3. Pembentukan ikatan kimia antara rantai yang terjerat rantai.

Terjadi keterikatan dan pembentukan ikatan kimia yang lemah serta ikatan sekunder antara polimer antara rantai molekul mucin terjadi.

Terjadi banyak ikatan seperti ikatan kovalen, ikatan hydrogen.

Ikatan yang dipilih adalah ikatan yang paling kuat



Rute Transmukosa Drug Delivery System

1. Buccal Cavity



Di tempat ini, metabolisme jalur pertama dihindari, dan epitel non-keratin relatif permeabel terhadap obat. Karena sebagai tempat produksi mukus, maka obat diharapkan dapat stay longer.

OTFC (ACTIQ® ,Cephalon, Inc., Salt Lake City, UT, USA)

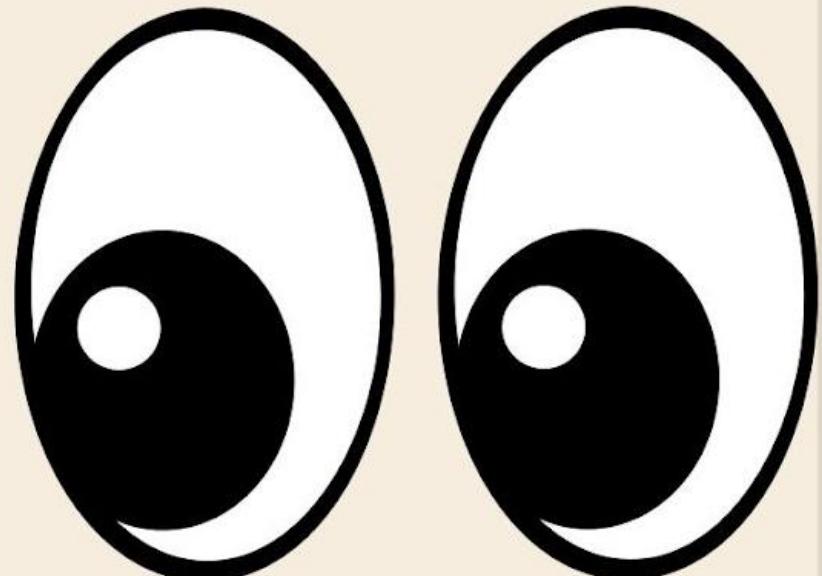
-> formulasi bukal yang terdiri dari tablet hisap fentanil untuk antinyeri karena kanker

2. Vagina

tempat yang sangat cocok untuk bioadhesif dengan waktu retensi bioadhesif mencapai 72 jam. Hanya membutuhkan obat dengan dosis kecil.

3. Mata

sebagai tempat untuk memperpanjang waktu retensi bioadesi karena obat banyak hilang akibat cairan mata



4. Rongga Hidung

Sebagai alternatif jika BA obat buruk jika diberikan secara oral.
Juga merupakan alternatif untuk rute iv maupun im.

5. Saluran Pencernaan

Kerugiannya adalah bahwa polimer formulasi bioadhesif mengikat lendir usus, yang terus-menerus membalik dan diangkut ke usus oleh gerak peristaltik

6. Kerongkongan

Tablet atau kapsul yang bersarang di kerongkongan dapat menyebabkan penyerapan yang tertunda dan oleh karena itu onset kerjanya tertunda, karena lapisan epitel esofagus tidak dapat ditembus oleh sebagian besar obat.

Diharapkan transmukosa DDS dapat melindungi lapisan epitel esofagus dari kerusakan yang diakibatkan refluks

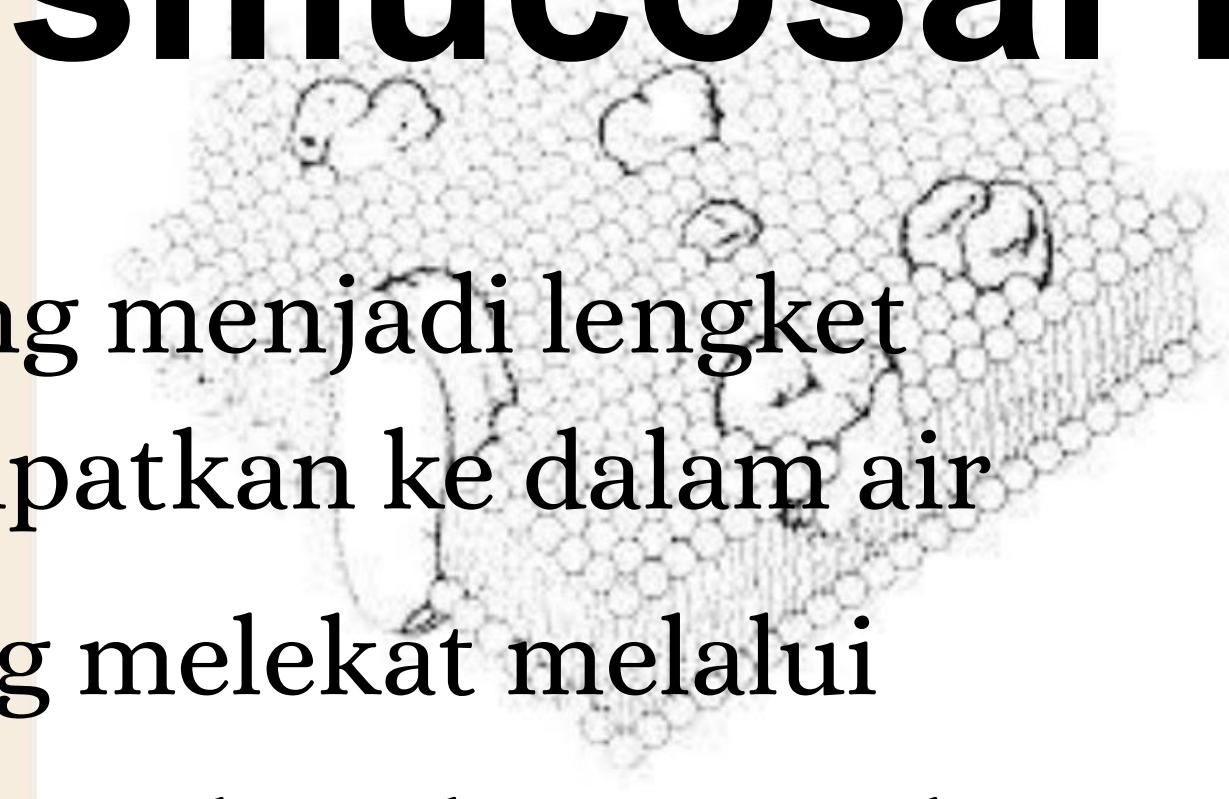
7. Rektal

Pemberian rute rektal aman dan nyaman karena rendahnya aktivitas enzimatik dan pH cenderung netral.

8. Paru-paru

Keuntungan yang membuatnya juga merupakan organ yang cocok untuk pemberian obat sistemik: epitel tipis yang memiliki pembuluh darah yang sangat baik, sehingga berbagai obat termasuk peptida dan protein (misalnya insulin, hormon pertumbuhan manusia, hormon pelepas hormon luteinizing, glukagon, kalsitonin) secara efisien telah dikirim melalui paru-paru

Transmucosal Polymer



1. polymer yang menjadi lengket ketika ditempatkan ke dalam air
2. Polimer yang melekat melalui nonspesifik, nonkovalen interaksi yang terutama bersifat elektrostatik
3. Polimer yang berikatan dengan situs reseptor spesifik pada sel permukaan

Gelatin, Na alginat, xanthan gum, HPMC, karbomer, CMC Na

Karakteristik Polimer

1. degradasi polimer tidak boleh beracun dan tidak terserap dalam saluran pencernaan
2. tidak menyebabkan iritasi pada selaput lendir
3. katan nonkovalen yang kuat dengan permukaan sel mukin-epitel
4. melekat dengan cepat ke jaringan lunak dan harus dimiliki beberapa spesifisitas
5. mudah ketika bergabung dengan obat lain dan mudah juga untuk melepaskannya

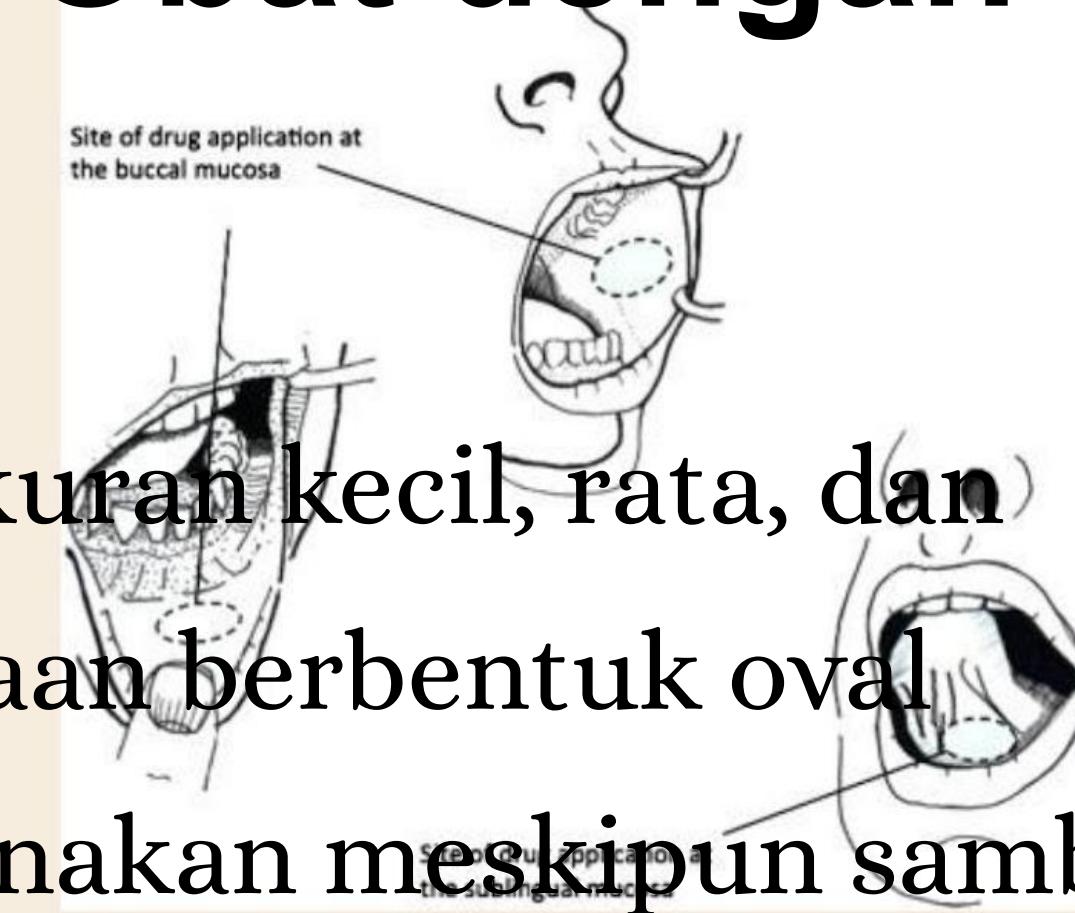
Karakteristik Polimer

- 6. Polimer tidak boleh terurai pada penyimpanan atau selama umur simpan dari bentuk sediaan
- 7. Biaya polimer tidak boleh tinggi, sehingga bentuk sediaan yang disiapkan tetap kompetitif
- 8. Polimer tidak boleh mengganggu analisis obat.

Pendekatan Obat dengan Transmucosal DDS

1. Tablet

- Tablet berukuran kecil, rata, dan bentuk sediaan berbentuk oval
- mudah digunakan meskipun sambil makan ataupun berbicara
- melunak dan melekat pada mukosa
- sendiri sampai disintegrasi contohnya pada tablet bukal



Pendekatan Obat dengan Transmucosal DDS

3. Gel dan Salep

- Penyebarannya paling mudah
- sistem penghantaran yang buruk dapat diatasi dengan menggunakan formulasi bioadhesif
- Polimer bioadhesif tertentu misalnya, CMC Na mengalami perubahan fase dari cairan menjadi semi-padat -> sehingga memperbaiki viskositas dna pelepasan obat

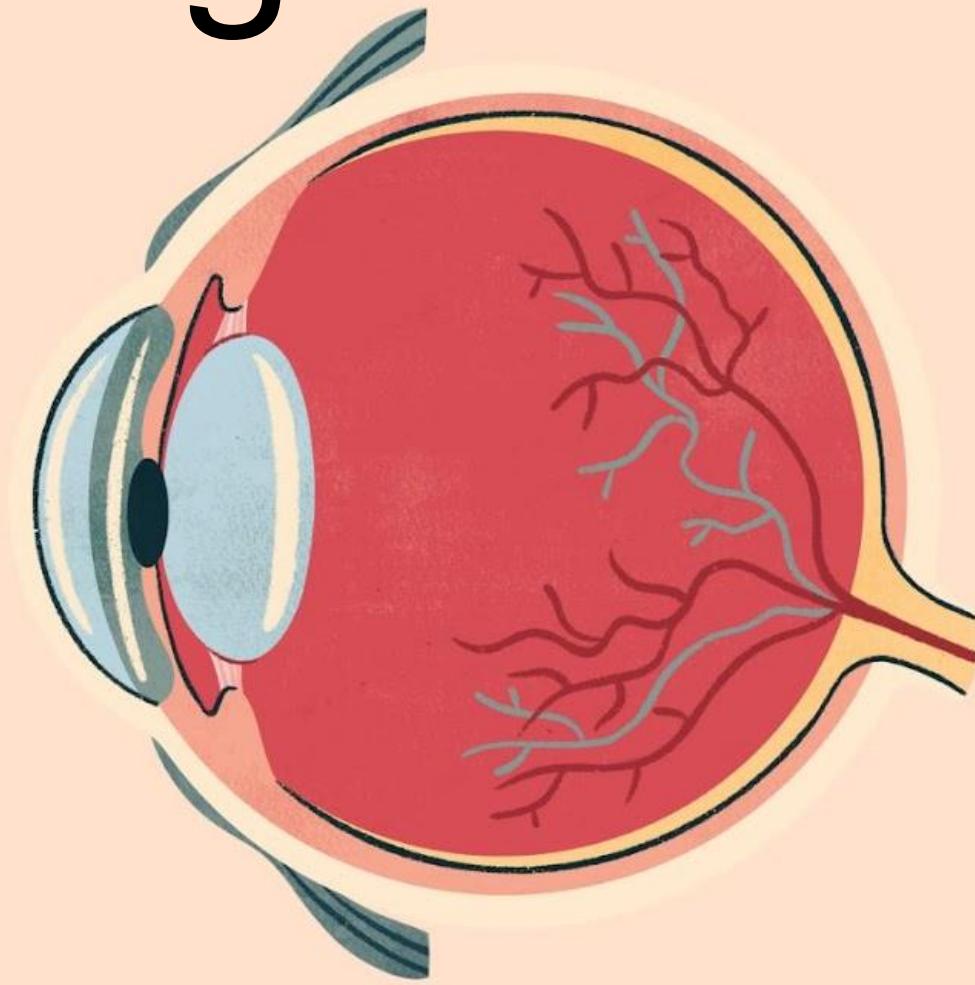
Pendekatan Obat dengan Transmucosal DDS

4. Spray

- memberikan dosis secara partikulat atau berupa tetesan yang kontak langsung dengan mukosa sehingga menjadi alternatif untuk obat yang penyerapannya kurang

Sebutkan bentuk dan jenis sediaan lain, serta jelaskan alasannya

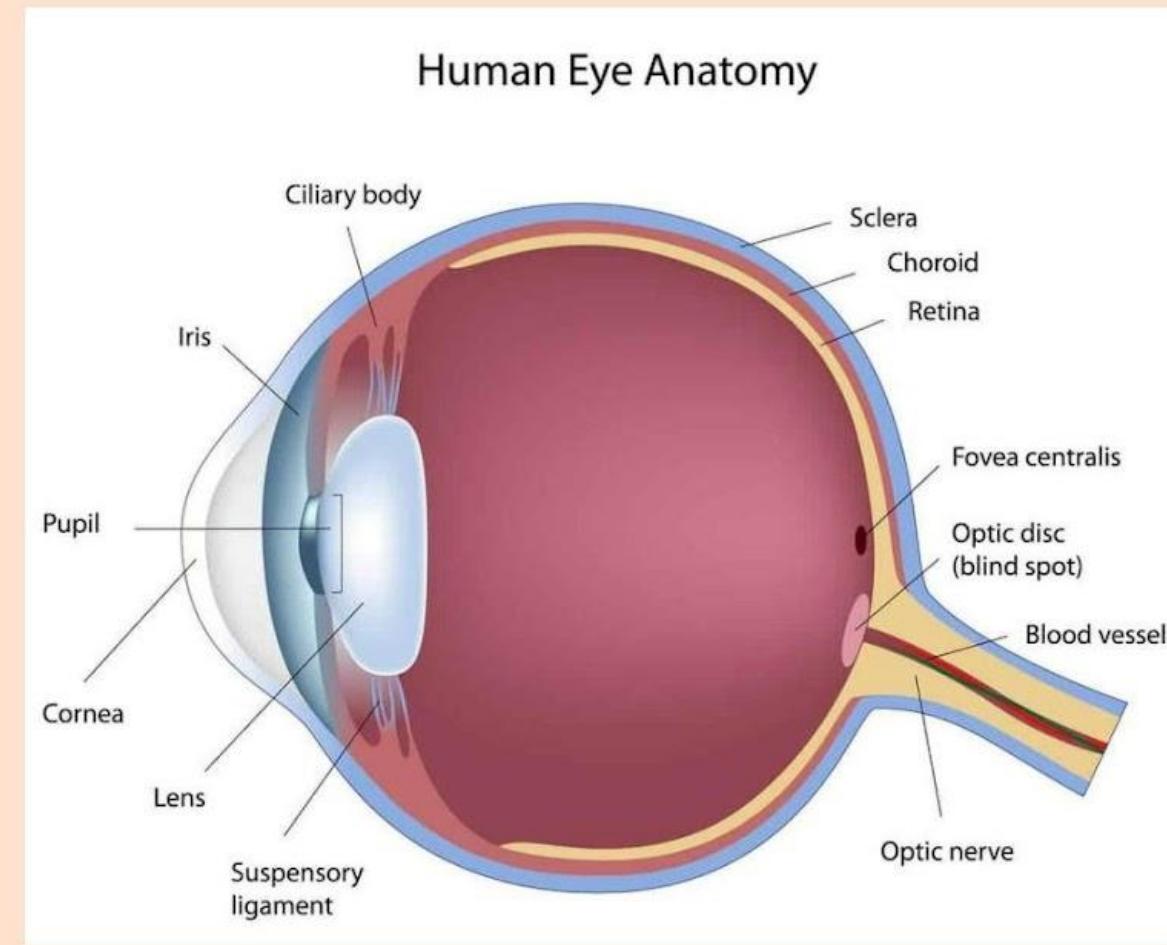
Ocular Drug Delivery System



apt. Astri Rachmawati, M.Sc

Anatomi Mata

Tantangan
ODD :



1. Hambatan statis (perbedaan kornea, sklera, retina)
2. hambatan dinamik (konjungtival, air mata)
3. pompa efflux

Strategi penghantaran obat ->
nanoemulsi, topikal, oral, dll

Route	Benefits	Challenges	Application in the treatment of diseases
Topical	High patient compliance, self-administrable and noninvasive	Higher tear dilution and turnover rate, cornea acts as barrier, efflux pumps, BA <5%	Keratitis, uveitis, conjunctivitis, scleritis, episcleritis, blepharitis
Oral/Systemic	Patient compliant and noninvasive route of administration	BAB, BRB, high dosing causes toxicity, BA <2%	Scleritis, episcleritis, CMV retinitis, PU
Intravitreal	Direct delivery to vitreous and retina, sustains drug levels, evades BRB	Retinal detachment, hemorrhage, cataract, endophthalmitis, patient incompliance	AMD, PU, BRVO, CRVO, DME, CME, UME, CMV retinitis
Intracameral	Provides higher drug levels in the anterior chamber, eliminates usage of topical drops, reduces corneal and	TASS, TECDS	Anesthesia, prevention of endophthalmitis, inflammation and pupil dilation

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BA bioavailability, *BAB* blood–aqueous barrier, *BRB* blood–retinal barrier, *AMD* age-related macular degeneration, *DME* diabetic macular edema, *BRVO* branch retinal vein occlusion, *CRVO* central retinal vein occlusion, *RVO* retinal

Incompliance			
Intracameral	Provides higher drug levels in the anterior chamber, eliminates usage of topical drops, reduces corneal and systemic side effects seen with topical steroid therapy	TASS, TECDS	Anesthesia, prevention of endophthalmitis, inflammation and pupil dilation
Subconjunctival	Delivery to anterior and posterior segment, site for depot formulations	Conjunctival and choroidal circulation	Glaucoma, CMV retinitis, AMD, PU
Subtenon	High vitreal drug levels, relatively noninvasive, fewer complications unlike intravitreal delivery	RPE, chemosis, subconjunctival hemorrhage	DME, AMD, RVO, uveitis
Retrobulbar	Administer high local doses of anesthetics, more effective than peribulbar, minimal influence on IOP	Retrobulbar hemorrhage, globe perforation, respiratory arrest	Anesthesia

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BA bioavailability, BAB blood-aqueous barrier, BRB blood-retinal barrier, AMD age-related macular degeneration, DME diabetic macular edema, BRVO branched retinal vein occlusion, CRVO central retinal vein occlusion, RVO retinal

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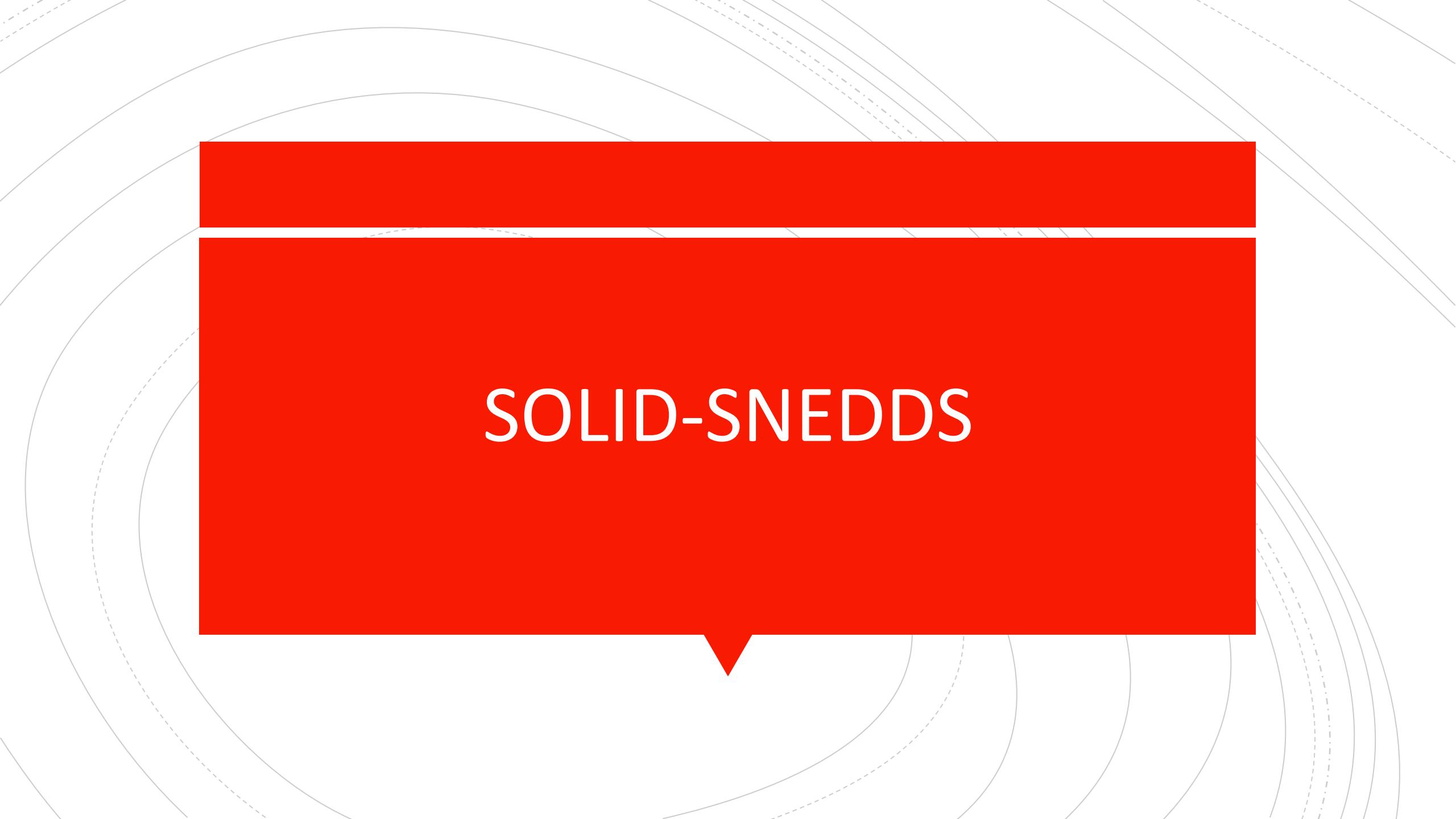


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	relatively noninvasive, fewer complications unlike intravitreal delivery	subconjunctival hemorrhage	
Retrobulbar	Administer high local doses of anesthetics, more effective than peribulbar, minimal influence on IOP	Retrobulbar hemorrhage, globe perforation, respiratory arrest	Anesthesia
Posterior juxtascleral	Safe for delivery of depot formulations, sustain drug levels up to 6 months to the macula, avoids risk of endophthalmitis and intraocular damage	Requires surgery and RPE acts as barrier	AMD

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BA bioavailability, *BAB* blood-aqueous barrier, *BRB* blood-retinal barrier, *AMD* age-related macular degeneration, *DME* diabetic macular edema, *BRVO* branched retinal vein occlusion, *CRVO* central retinal vein occlusion, *RVO* retinal



SOLID-SNEDDS



Kelemahan SNEDDS kelebihan S-SNEDDS

- SNEDDS merupakan sediaan cair yang membutuhkan kapsul gelatin lunak/keras atau kapsul HPMC. Namun, ketika dimasukkan ke dalam kapsul mengalami inkompatibilitas antara SNEDDS dengan cangkang kapsul pada waktu penyimpanan lama (Kuruvila, Mathew, and Kuppuswamy 2017).
- Adanya kemungkinan pengendapan obat pada proses produksi dan penyimpanan suhu rendah.
- SNEDDS tidak bisa digunakan pada obat bersifat hidrofob yang dapat terkatalisasi pH atau terdegradasi seperti degradasi hydrolytic dalam kondisi penyimpanan.
- S-SNEDDS : sistem penghantaran bagi obat yang sukar larut air : menggabungkan keunggulan liquid SNEDDS dan keunggulan bentuk sediaan padat (Zein, 2014).
- penghantaran obat berbasis lipid yang dibuat dengan proses pemadatan (solidification),

1

Metode

Adsorption to solid carrier

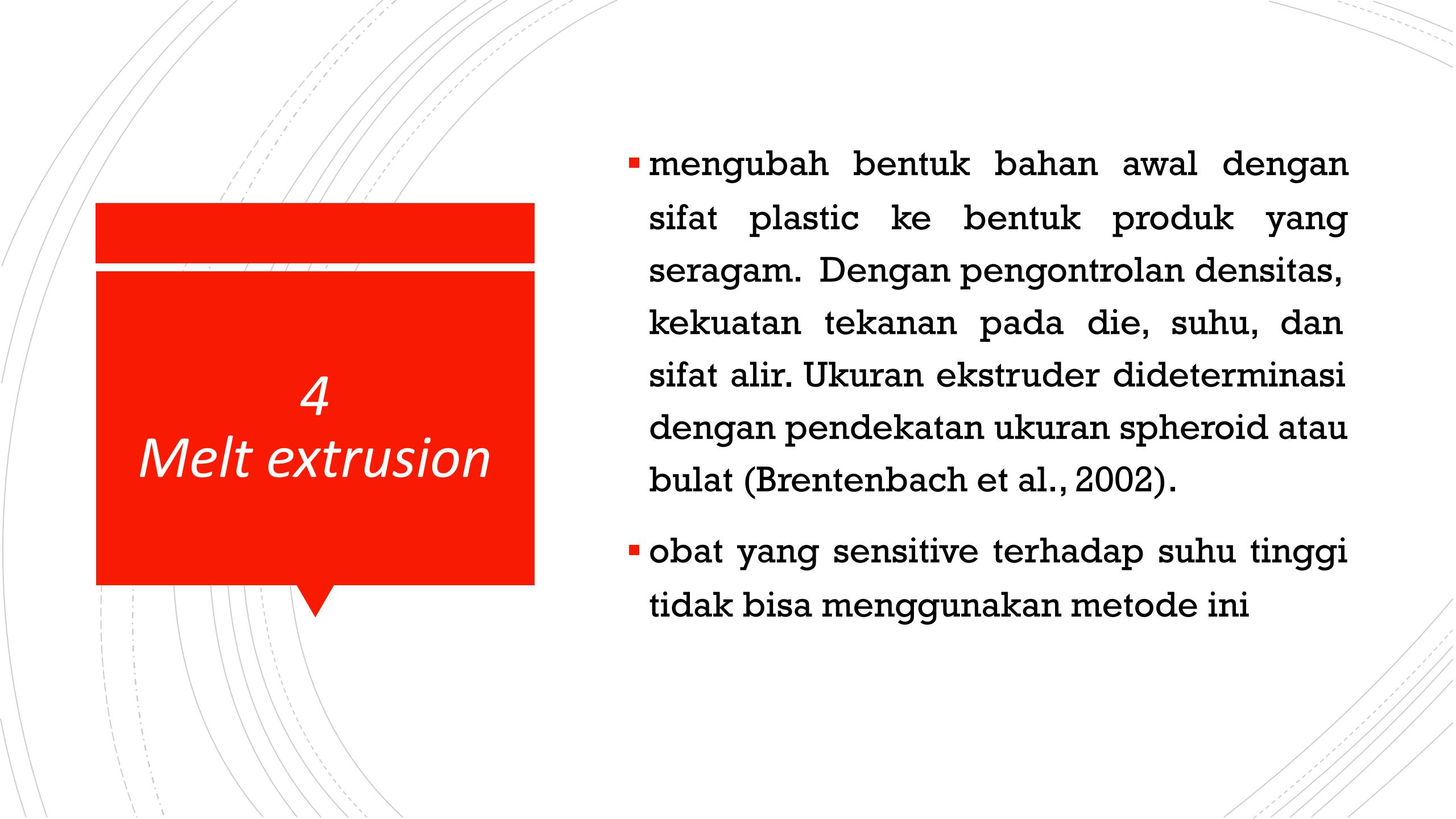
- sistem SNEDDS dicampur dengan adsorben padat dalam blender untuk menghasilkan solid SNEDDS.
- Adsorben yang dipilih harus mampu menyerap SNEDDS dalam jumlah besar, dan serbuk yang dihasilkan harus memiliki sifat alir yang baik (Reddy et al., 2018).
- teknik yang paling sederhana karena hanya melibatkan penambahan *solidifying agent* ke dalam formulasi cair.
- Serbuk yang dihasilkan dapat langsung diisikan ke cangkang kapsul atau dicampur dengan bahan pengisi yang sesuai sebelum dikompresi menjadi tablet.
- Manfaat yang signifikan dari teknik adsorpsi adalah meningkatkan keseragaman ukuran serbuk dan dapat terabsorpsi pada tingkat tinggi hingga 70% w/w dengan pembawa yang sesuai (Katteboina et al. 2009).

2 *Spray drying*

- Formulasi cair yang dilarutkan kemudian diatomized menjadi bentuk tetesan droplet.
- Droplet dimasukkan ke dalam ruang pengering, di mana fase volatil (misalnya air yang terkandung dalam emulsi) menguap, membentuk partikel kering di bawah suhu dan aliran udara yang dikontrol
- Partikel yang dihasilkan dapat dibuat menjadi tablet atau dimasukkan ke dalam kapsul.
- Alat penyemprot, suhu, pola aliran udara dan desain ruang pengering yang dipilih sesuai dengan karakteristik produk dan spesifikasi serbuk tersebut (Tanya dan Kumar, 2017)

3 *Freeze drying*

- dengan menambahkan adsorben hingga menghasilkan serbuk yang free flowing serta memiliki keunggulan dalam mempertahankan mutu hasil pengeringan, khususnya untuk produk-produk yang sensitif terhadap panas.
- Proses ini dapat dilakukan dengan cara pengeringan beku sehingga menghasilkan serbuk yang dapat diubah menjadi sediaan kapsul dan tablet.



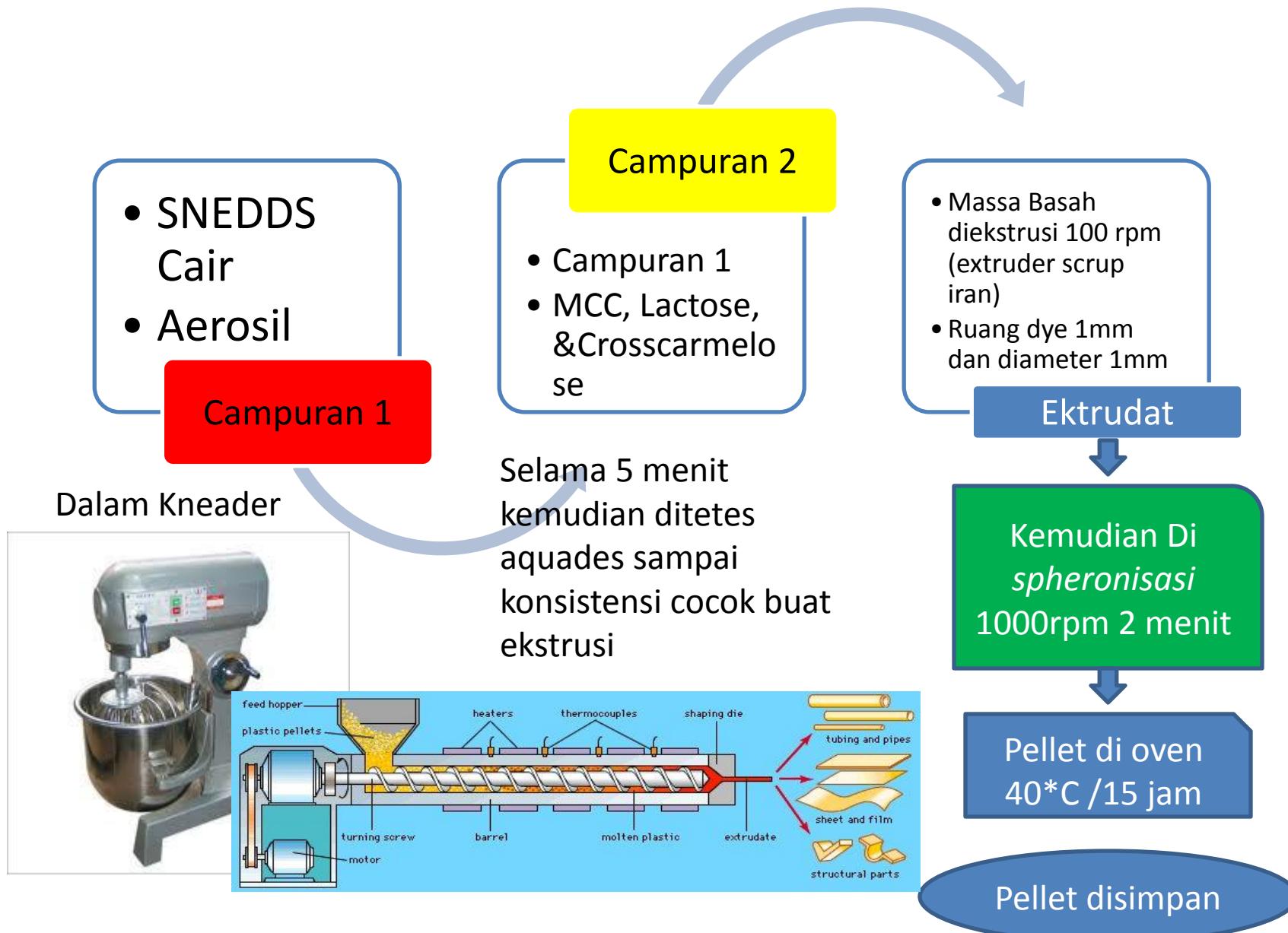
4 *Melt extrusion*

- mengubah bentuk bahan awal dengan sifat plastic ke bentuk produk yang seragam. Dengan pengontrolan densitas, kekuatan tekanan pada die, suhu, dan sifat alir. Ukuran ekstruder dideterminasi dengan pendekatan ukuran spheroid atau bulat (Brentenbach et al., 2002).
- obat yang sensitive terhadap suhu tinggi tidak bisa menggunakan metode ini

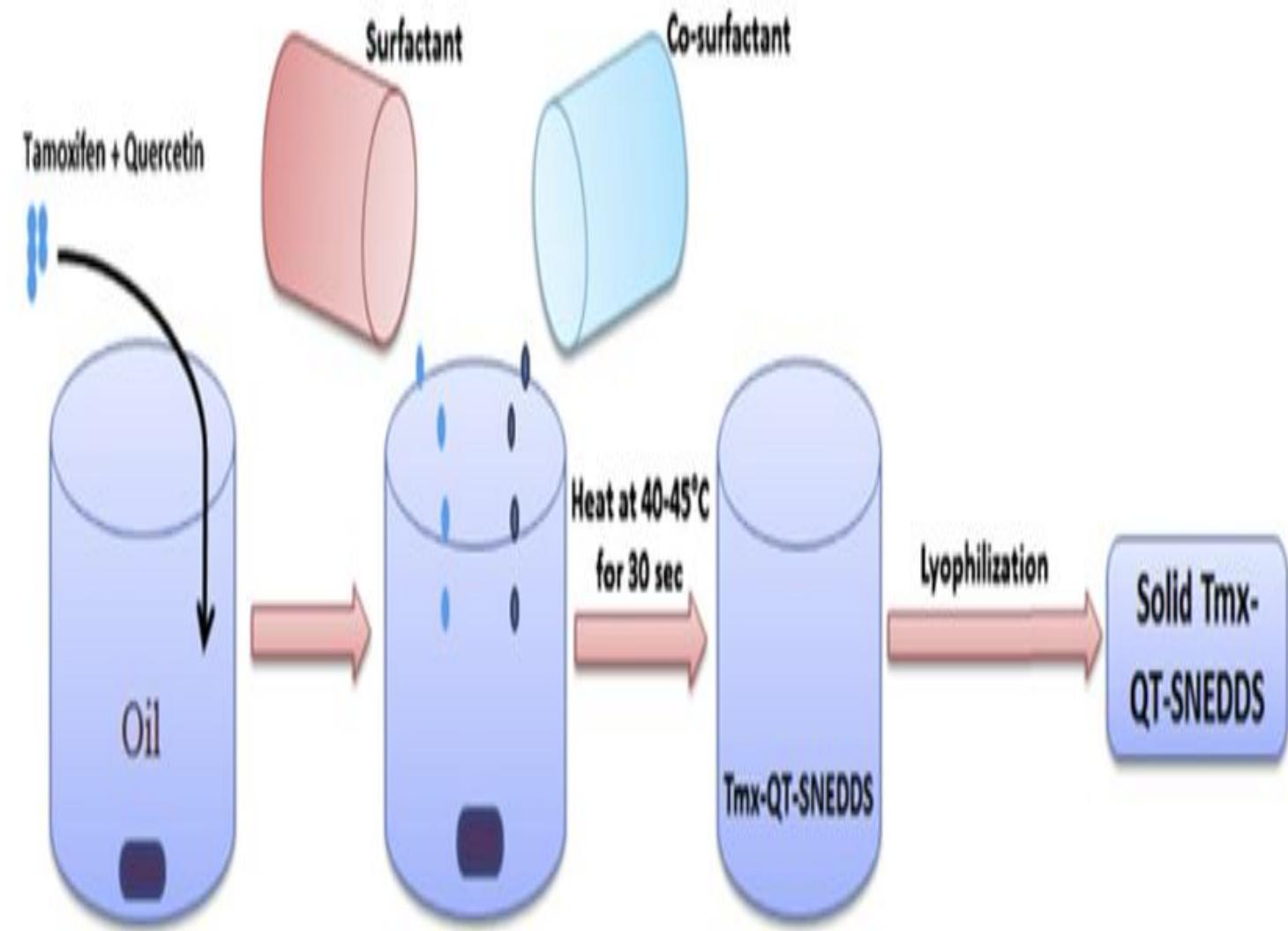
5 *Extrusion-spherization*

- pencampuran kering zat aktif dan eksipien sampai diperoleh serbuk yang homogen, kemudian diperoleh massa basah.
- Massa basah diberi pengikat dan dibentuk menjadi bentuk seperti spaghetti.
- Selanjutnya dilakukan spheronisasi dari ekstrudat ke spheroid lalu dikeringkan dan diayak sampai diperoleh ukuran yang seragam, dan akhirnya dilakukan penyalutan

Proses Pembuatan Pellet



6 *Lyophilization*



Karakterisasi : % transmitan

- 500 mL aquades dikondisikan di atas magnetic stirrer dengan kecepatan 100 rpm, kemudian 1 bagian S-SNEDDS dimasukkan ke dalam media dengan cepat dan distirer selama 5 menit.
- disampling dan dibaca trasmitannya dengan spektrofotometer pada panjang gelombang 650 nm untuk mengetahui kejernihannya dibandingkan dengan aquadest

Emulsification time

- 0,1 gram solid SNEDDS dilarutkan dalam 10 mL aqudest menggunakan magnetic stirrer dengan kecepatan 500 rpm pada suhu kamar sambil menghitung waktu untuk mencapai emulsifikasi menggunakan stopwatch sampai larutan terlihat jernih

Bulk (BD) dan tapped density (TD)

- dapat ditentukan bersamaan.
- 2 g serbuk solid SNEDDS ditimbang dan dimasukkan kedalam gelas ukur 10 ml dan dicatat volumenya (V_0), kemudian dilakukan pengetukan dengan alat sebanyak 500 kali dan dicatat kembali volumenya (V).

Indeks kompresibilita s

- Indeks kompresibilitas serbuk solid SNEDDS ditentukan dengan Carr's compressibility index
- Hausner ratio adalah perbandingan antara tapped density (TD) dengan bulk density (BD)

Uji stressing

- Sampel ditempatkan pada climatic chamber suhu $40^{\circ}\text{C} \pm 2^{\circ}\text{C}$ dengan kelembaban relatif $75\% \pm 5\%$ (To Agts 2016).
- Sampel akan diuji sifat alir, waktu emulsifikasi, persen transmitan, bulk density, tapped density, carr's compressibility index dan hausner ratio pada 0 dan 14 hari

Ukuran dan zeta potensial

- Pengukuran droplet dan zeta potensial diukur dengan Particle size analyser (PSA) dan zeta sizer.



REVIEW ARTICLE

OPEN

The blood–brain barrier: structure, regulation, and drug delivery

Di Wu ^{1,2}✉, Qi Chen ¹, Xiaojie Chen ¹, Feng Han ³, Zhong Chen ¹✉ and Yi Wang ^{1,2}✉

Blood–brain barrier (BBB) is a natural protective membrane that prevents central nervous system (CNS) from toxins and pathogens in blood. However, the presence of BBB complicates the pharmacotherapy for CNS disorders as the most chemical drugs and biopharmaceuticals have been impeded to enter the brain. Insufficient drug delivery into the brain leads to low therapeutic efficacy as well as aggravated side effects due to the accumulation in other organs and tissues. Recent breakthrough in materials science and nanotechnology provides a library of advanced materials with customized structure and property serving as a powerful toolkit for targeted drug delivery. In-depth research in the field of anatomical and pathological study on brain and BBB further facilitates the development of brain-targeted strategies for enhanced BBB crossing. In this review, the physiological structure and different cells contributing to this barrier are summarized. Various emerging strategies for permeability regulation and BBB crossing including passive transcytosis, intranasal administration, ligands conjugation, membrane coating, stimuli-triggered BBB disruption, and other strategies to overcome BBB obstacle are highlighted. Versatile drug delivery systems ranging from organic, inorganic, and biologics-derived materials with their synthesis procedures and unique physio-chemical properties are summarized and analyzed. This review aims to provide an up-to-date and comprehensive guideline for researchers in diverse fields, offering perspectives on further development of brain-targeted drug delivery system.

Signal Transduction and Targeted Therapy (2023)8:217

; <https://doi.org/10.1038/s41392-023-01481-w>

INTRODUCTION

Blood–brain barrier (BBB) is a semi-permeable barrier encompassing microvasculature of central nervous system (CNS). In the capillaries, the wedged endothelial cells line in the interior vessels forming extensive tight junctions.^{1–3} Together with an ensemble of receptors, transporters, efflux pumps and other cellular components, the barrier takes control of entrance and expulsion of the molecules in vascular compartment to the brain. The intact BBB impedes the influx of most blood-borne substances from entering the brain. But it should be noted that at meantime of brain protection, BBB also excludes more than 98% of small-molecule drugs and all macromolecular therapeutics from access to the brain.^{4,5} The tight gap allows only passive diffusion of lipid-soluble drugs at a molecular weight lower than 400–600 Da. Increasing lipophilicity of the therapeutic agents is a feasible method to improve the BBB permeability. For example, Crizotinib, an oral selective small-molecular tyrosine kinase inhibitor, is an effective anti-cancer medicine but with poor activity against brain tumor metastases due to its low BBB penetration.⁶ Structural modification of conjugation of a fluoroethyl moiety increases the lipophilicity of Crizotinib and results in enhanced brain permeability.⁷ However, increasing lipophilicity is not a universal strategy as it may inhibit the biological activity of drugs of interest. Further, therapeutic drugs with high liposolubility have longer retention and duration of action in non-target peripheral organs, causing considerable side effects. In addition, due to the presence of

P-glycoprotein (referred to as multidrug resistance associated membrane protein), drugs could be transported back into the blood by ATP-dependent efflux pumps.^{8,9} Thus, it is urging to address the issue of brain-targeted therapeutics by developing effective and safe delivery strategies.

Spurred by recent development of materials science and nanotechnology, various strategies for regulation of BBB permeability were developed as well as a library of brain-targeted drug delivery systems. Transport routes of the drug molecules across the BBB occurs via the pathways including paracellular and transcellular diffusion, receptor-mediated transcytosis, cell-mediated transcytosis, transporter-mediated transcytosis, and adsorptive mediated transcytosis (Fig. 1a).¹⁰ Many efforts have been made in response to each process of the drug transportation, which have also been accompanied by reviews of latest progress in this field, but most of literature emphasize the BBB breakdown in specific brain disorders,^{11–14} or give a general review of delivery strategies concentrating on the barrier physiology.^{15,16} On the basis of these strategies, functional materials with small size, tailored architecture and therapeutic motifs that facilitate the targeted drug delivery are widely engineered. They can be constructed by using a wide range of substrates including organic (e.g., liposomes, micelles, hydrogels, etc.),^{17–19} inorganic (e.g., metal/metal oxide particles, silica nanoparticles, quantum dots, etc.),^{20,21} and biomass-derived materials (e.g., exosomes, cells, bacteria, etc.).^{22–24} Improved performance of brain-targeted drug delivery was proved thanks to these materials

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Received: 30 November 2022 Revised: 19 April 2023 Accepted: 27 April 2023

Published online: 25 May 2023

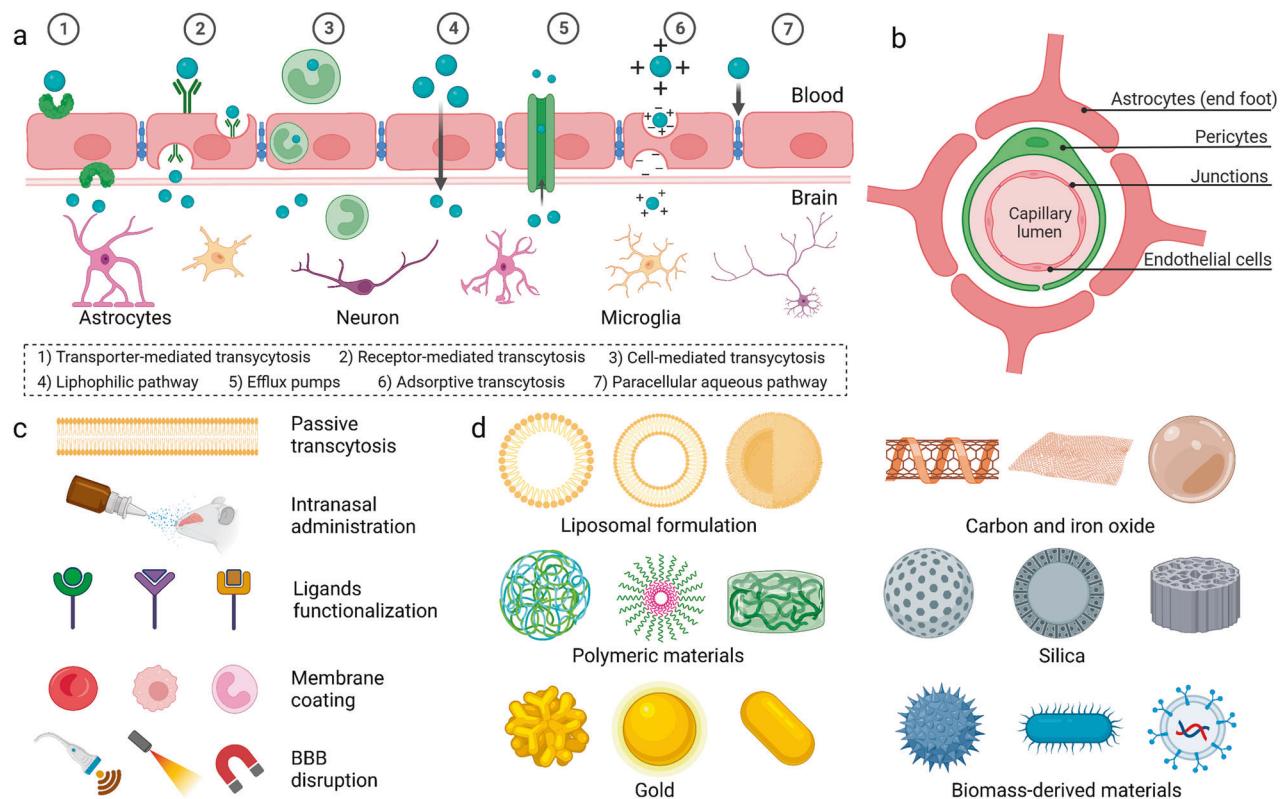


Fig. 1 Strategies and materials for BBB regulation and brain-targeted drug delivery. **a** Schematic diagram of different mechanisms for BBB crossing. **b** Schematic diagram of BBB structure. **c** Engineered materials for brain-targeted drug delivery. **d** Various non-invasive strategies for BBB crossing

with obvious advantages including non-invasive delivery, high drug loading, good biocompatibility, prolonged blood circulation, and importantly brain targeting effect. Over the past few years, we have witnessed the booming advances in exploiting materials science and nanotechnology in brain-targeted drug delivery. Brain disorder therapy utilizing tailored systems has been a benefactor of this emergence, yet a timely and comprehensive review is lacking. In the light of excellent performance of BBB crossing strategies for enhanced drug delivery, we will first summarize the structure and different cells contributing to the integrity of BBB (Fig. 1b). Further, main BBB crossing strategies derived are highlighted with relevant transcytosis mechanisms as well as their interactions at barrier interface (Fig. 1c). Specifically, we addressed the issues of different pathways from passive transcytosis, intranasal administration, ligands conjugation for brain targeting, membrane coating for brain targeting, to stimuli-mediated BBB disruption. Then, the updated progress of customized materials was overviewed and how they were fabricated and utilized for the treatment of brain disorders was summarized (Fig. 1d). The discussion of potential translational trials and the remaining challenging in this field will also be presented. This review will be of great interest to those working in materials science, nanotechnology, and especially to those in biomedical engineering and translational medicine, which will not only serve as an up-to-date compilation of achievements in this area, but also provide a generalized guideline for BBB regulation and rational design of targeted drug delivery systems.

BBB STRUCTURE AND PHYSIOLOGY

Anatomical structure of the BBB

The existence of the BBB was first found by Paul Ehrlich and proved by Edwin Goldmann.^{25,26} BBB is a spacious, multicellular, and dynamic semi-permeable membrane that isolates the foreign

substances in the blood from the CNS.²⁷ The presence of BBB avoids the brain from damage by keeping a stable environment.^{28,29} But it also limits the drugs that enter into the CNS for treating brain diseases such as neurodegenerative diseases and brain cancer.^{30,31} Capillaries are the major site of the BBB. Because the neural cell is close to a capillary no further than 25 μ m, passing the BBB for drug delivery is a favored route when compared to another by-passed route which is relatively longer.³² This case pushes researchers to develop effective strategies to regulate BBB permeability and targeted delivery systems to overcome the BBB limits. Some reviews have discussed the BBB recognition which is one of the key steps for enhanced brain-targeted delivery.^{33–35} For a deeper understanding of the interaction between delivery systems and the brain, how the BBB is constructed should be clarified.

From the physiological point of view, endothelial cells, astroglia, pericytes, and junctional complexes including tight junctions and adherens junctions compose the BBB basically.^{36–39} In this section, we focus on the five constituents mentioned above and others are not covered here.

Endothelial cells. Endothelial cells are considered as the BBB's core anatomical structure for lining the cerebral blood vessels and interacting with different types of cells in the CNS.^{40,41} The endothelial cells in the BBB differ from peripheral endothelial cells in morphology and function.^{42,43} The barrier performance is not the innate properties of endothelial cells.^{44,45} For morphology, the endothelial cells in the BBB are fastened by both tight junctions and adherens junctions, resulting in distinct luminal and abluminal membrane compartments.⁴⁶ They further present with no fenestrations, also known as small transcellular pores, which greatly limit free diffusion and the rapid exchange of molecules between brain tissue and blood.⁴⁷ Besides, the amounts of

mitochondria in endothelial cells in the BBB are higher than in peripheral endothelial cells, which means more energy is needed for transport.^{48,49} For function, first, they display a net negative surface charge, refusing to accept negatively charged compounds, as well as quite low degrees of leukocyte adhesion molecules, hampering the entry of the number of immune cells.⁵⁰⁻⁵² Second, they show designated transporters for regulating the inflow and outflow of specific substrates.⁵³ Third, they show a restriction on the number of transcellular vesicles through the vessel wall due to the high transendothelial electrical resistance.^{54,55} Because of the existence of the local environment, endothelial cells can together form and maintain the BBB.

Astrocytes. Astrocytes, also known as astroglia, are the most numerous glial cells, expressing polarized and complex morphology, which are heterogeneous throughout the brain.⁵⁶ In tradition, they are divided into two categories, that one is protoplasmic which locates in the well-vascularized gray matter, and the other one is fibrous which locates in the less vascular white matter.⁵⁷⁻⁵⁹ Their end feet link them with the basement membrane, via the binding of a set of proteins (aquaporin IV and the dystroglycan-dystrophin complex) with the proteoglycan agrin.^{60,61} In the CNS, they play a major role in dynamic signaling such as clearing waste, tuning brain blood flow, regulating vascular function, ion hemostasis and balancing neuroimmune responses.⁶²⁻⁶⁶ However, the exact role of astrocytes in BBB function is still controversial.⁶⁷⁻⁶⁹ Some studies considered astrocytes can arise barrier behaviors in cerebral, other endothelial cells, and related epithelial, while other studies thought the BBB goes first before the appearance of astrocytes. In this regard, there is no doubt that the BBB exists primarily through the coordination between cells, and astrocytes are a type of neural cells that together with pericytes surround blood vessels in the brain, serving as the interface between neurons and endothelial cells.^{70,71} Moreover, for invertebrates that lack a vascularized circulatory system, astrocytes are the main components of the barrier separating humoral fluids from the CNS.⁷²

Pericytes. Pericytes are mural cells presenting at intervals along the walls of the capillary blood vessels.⁷³ They are embedded in the basement membrane and lie abluminal to the endothelial cells.⁷⁴ The length that pericytes covering the CNS endothelium approaches 100%.⁷⁵ It should be noted that pericytes are central to the neurovascular unit function.⁷⁶⁻⁷⁸ Because of the physical apposition, pericytes and endothelial cells are in close communicate with each other. For example, the PDGF-B signaling pathway is one such communication.^{79,80} Endothelial cells secrete the PDGF-B to bind PDGFR β on pericytes, which recruits pericytes to blood vessels.^{81,82} In turn, pericytes also can release signaling factors to affect endothelial cells by determining the numbers of tight junctions and polarizing the end feet of astrocytes.⁸³ If the amounts of pericytes reduce, the tight junctions between endothelial cells will also be reduced.⁸⁴ Except for modulating and maintaining the BBB, pericytes also have functions in adjusting cerebral blood flow, vascular development and maintenance, and neuroinflammation.⁸⁵⁻⁸⁷

Tight junctions. In the BBB, tight junctions are the main functional components in sustaining the permeability barrier and controlling tissue homeostasis.⁸⁸⁻⁹¹ They are also known as occluding junctions or zonulae occludens which can restrict the cross of hydrophilic molecules and macromolecules.⁹² They reside between endothelial cells, seal the interendothelial cleft, and work as gates and fences to limit paracellular permeability and the lateral diffusion of integral membrane proteins and lipids, thus maintaining cell polarization.^{93,94} There are many transmembrane and cytoplasmic proteins involved in forming tight junctions. Claudins and occludins that situate in two-cell contacts are the

major tight junction proteins.^{95,96} Claudins display essential barrier function and occludins ensure the tightness of the tight junctions.⁹⁷ Tricellulin and the lipolysis-stimulated lipoprotein receptor that reside in three-cell contacts are also the major tight junction proteins.^{98,99} Besides, more like junction adhesion molecules, calcium/calmodulin-dependent serine protein kinase, monoclonal antibody 7H6, and heterotrimeric G protein also contribute to the constitution of tight junctions.¹⁰⁰⁻¹⁰³ Junction adhesion molecules mediate the early attachment in the BBB developmental processes.^{104,105} Kinase-like proteins modulate the blood-brain barrier permeability.¹⁰⁶ Interactions among these proteins provide physical support for the complex of tight junctions.¹⁰⁷ Downregulation of tight junction-related proteins will loss of the BBB phenotype.¹⁰⁸

Adherens junctions. Adherens junction is extra crucial for the BBB structural integrity and appropriate assembly of proteins of tight junctions.^{109,110} At cellular interfaces, they build spatially, chemically, and mechanically discrete microdomains.¹¹¹ In common with tight junctions, adherens junctions are linked to the cytoskeleton and consisted of transmembrane and cytoplasmic plaque proteins.^{112,113} Vascular endothelial-cadherin, scaffolding proteins catenins, scaffolding proteins p120, plakoprotein are the main components of adherens junctions.^{114,115} Vascular endothelial-cadherin primarily is associated with cell-to-cell adhesion.^{116,117} It is a homo-dimeric transmembrane protein whose extracellular domain can connect with the other same molecules of neighboring endothelial cells in the paracellular cleft, and the cytoplasmic domain can interact with the actin filaments via scaffolding proteins.² In the meantime, catenins, p120, plakoprotein are responsible for supporting physics and regulating junctions by forming a bridge that interacts with zonula occludens-1 (tight junctions proteins) and the actin filaments.^{118,119} Besides, other proteins, such as platelet and endothelial cell adhesion molecule 1, CD99, and nectin, have been reported that might be related to the adherens junction.¹²⁰⁻¹²² Totally, adherens junctions are fundamental for the integrity of BBB, any change of adherens junctions may disrupt inter-endothelial cell connections.¹²³

Physiology of the BBB

The existence of BBB provides a controlled microenvironment by regulating the exchange of ions and molecules between the bloodstream and brain tissue. Numerous studies have revealed the physiological functions of the BBB such as brain protection. In addition to physical restriction of the potentially harmful substances, the BBB also plays multiple roles in maintaining homeostasis,^{124,125} facilitating transport of the essential molecules,¹²⁶ regulating inflammation^{127,128} and so forth. The BBB maintains the brain homeostasis by regulating the specific ions channels and transporters. For example, Na^+ , K^+ , Ca^{2+} , Cl^- are the major ions in the CNS, which should be kept at an optimal level for neural and synaptic signaling functions. These ions are asymmetrically distributed between luminal and abluminal membranes, of which efflux and influx were mainly dependent on the ion transporters on BBB. For example, the influx of Na^+ and the efflux of K^+ are regulated by abluminal Na-K-ATPase against the concentration gradient for maintenance of the electrochemical gradient across the cell membrane.¹²⁹ Meanwhile, cotransporters such as NKCC1 regulate the ion balance by transporting Na^+ , K^+ , Cl^- .¹³⁰ The dysfunction of the ion transporters may induce the pathological alterations. Other BBB transporters such as solute carriers and ATP-binding case families control the transport of other essential molecules, metabolites and nutrients, maintaining the brain homeostasis.¹³¹ Intriguingly, pathways through the junctional complex or across the cells actively that participate in transport of ions, nutrients and other molecules could also be potential routes for drug delivery, which is discussed in detail in Section 3.1.

STRATEGIES FOR BBB REGULATION AND CROSSING

Brain tumors, cerebrovascular diseases, and neurodegenerative diseases, including Parkinson's disease, Alzheimer's disease, and multiple sclerosis, are serious CNS diseases.¹³² However, therapies for these challenging diseases are limited, because of the lack of effective methods, to enable drugs surpass natural protective hindrances to maintain homeostasis within the brain for preventing the entry of drug molecules to the CNS.¹³³ A number of drugs are routinely administrated by invasive strategies for the management of these diseases and symptom control. For instance, intrathecal drug administration is a typical method for drug delivery into the entire ventricular system without passing through the BBB.^{134,135} It has been approved to deliver anti-sense oligonucleotides for the treatment of spinal muscular atrophy.¹³⁶ Other invasive strategies including convection-enhanced delivery,^{137,138} intracranial implantation,^{139,140} and deep-brain stimulation were developed for brain drug delivery.^{141,142} Recent development of microneedle and polymeric wafers with minimal invasiveness provides sustained drug release for CNS disease management which circumvent the BBB.^{143–146} But the potential risks from brain exposure and damage of these invasive strategies limited their applications for long-term use. In order to efficiently deliver drugs into the brain with safety and precision, various non-invasive strategies to overcome BBB have been exploited. These strategies include BBB penetration via passive transcytosis, intranasal administration, ligands conjugation, membrane coating, and the BBB disruption using light, focused ultrasound, biochemical reagents, and radiation.

Passive transcytosis

Passive transcytosis, also known as non-specific transfers, has two possible routes across the microvascular endothelial layer, via paracellular and transcellular.¹⁴⁷

The paracellular pathway is the principal route blocked by the tight junctions of cell gaps, restricting ions, polar solutes, and most macromolecules.¹⁴⁸ But the tight junctions are not perfect, small and soluble substances could sufficiently cross through the paracellular pathway.¹⁴⁹ Typically, BBB is destroyed in some brain diseases. One strategy for therapeutics to use the paracellular pathway is by downregulating the expression of tight junction proteins. For example, a modulator called minoxidil sulfate (MS) that anchored the potassium channel, enhances shipping by attenuating the tight junction proteins.¹⁵⁰ Zhou et al. developed brain tumor-targeting ligand-modified nanoparticles named CTX-mHph2-III-62%, inside which co-encapsulation of three modulators, minoxidil, lexiscan, and NECA.¹⁵¹ If without further engineering, the ability of terpolymer III-62% to penetrate the BBB is limited. Through co-encapsulation, such nanoparticles could release BBB modulators in the local tumor site, which adjust the permeability of BBB in the paracellular pathway to ensure more nanoparticles in the same area. Besides, Han et al. developed M@H-NPs using hyaluronic acid-based nanoparticles to load minoxidil, which can target brain metastatic tumors.¹⁵² Hyaluronic acid can specially target cell surface receptor CD44, which is highly expressed in breast cancer.¹⁵³ With the help of the CD44 target and MS boost, M@H-NPs could penetrate blood–brain tumor barrier (BTB), internalizing into brain metastatic tumor cells (BMTCs), blunting drug efflux at BMTCs, and producing effective treatment which can extend the median survival time in breast cancer brain metastases models.

The transcellular pathway is the preferable route for carriers to enter and transport therapeutic compounds, when compared to the paracellular pathway. In brief, the molecules can partition into the cellular membranes from the top to the bottom lateral side through carrier-mediated and receptor-mediated transcytosis.¹⁵⁴ In particular, lipophilic carriers and some other known carrier systems like cationic amino acids are mainly transported via the

transcellular pathway. For instance, Allan et al. showed targeting is possible in intracerebral hemorrhage (ICH) using lipid nanoparticles.¹⁵⁵ They fabricated a liposome HSPC:CHOL: DSPE-PEG2000 and injected them into ICH mice. Brain liposome accumulation was measured via radioisotope and optical detection methods, in order to investigate the kinetics of the liposome across the brain. From their results, after injection, the entry of liposome amounts peaked at 3 h and 48 h, which provided evidence that by utilizing transcellular pathways, liposomes can gather at the lesion site through self-diffusion. Gu et al. modified OX26 antibody to the surface of PEGylated cationic lipid nanoparticles to load baicalin, which was known as OX26-PEG-CSLN.¹⁵⁶ OX26-PEG-CSLN not only can deliver drugs across BBB but also can adjust the changes of extracellular amino acids. OX26-PEG-CSLN showed a stronger effect than the baicalin solution, which might be attributed to the more enhanced ability to penetrate the BBB and prolong the valid time of the drugs.

The tightness of the BBB precludes the entrance of most pharmaceuticals into the brain via passive transcytosis, except for hydrophilic compounds which have a mass lower than 150 Da and highly hydrophobic compounds which have a mass lower than 400–600 Da.^{157,158} For this reason, if passive transcytosis is demanded to realize the delivery of the drugs at higher molecular weight, some strategies to enhance the BBB permeability or break BBB temporarily will be desired.

Intranasal administration

Intranasal administration is a non-invasive route, allowing rapid brain targeting from nose to brain, when compared to direct injection by intraventricular and intraparenchymal into brain tissue.¹⁵⁹ Except for those cleared drug molecules by mucociliary clearance, the remains of drugs entered the nasal cavity via neuronal pathway and systemic circulation. As depicted in Fig. 2a, the perineural and perivascular regions of the olfactory and trigeminal nerves are major contributors to the process of the target after intranasal administration. There are three nose-to-brain pathways: (1) Olfactory nerve-olfactory bulb-brain; (2) Trigeminal nerve-brain; and (3) Lungs/ Gastrointestinal tract-blood–brain.¹⁶⁰ Among them, (1) and (2) are the major routes through neuronal pathways while (3) is the minor route through the systemic circulation. Specifically, (1) is the shortest and most direct route. It has been used advantageously to deliver drugs at high speed. It was possible to complete the delivery within the time window of 1.5–6 h, and even the route via olfactory epithelial cells takes only a few minutes.¹⁶¹ (2) is also a direct route of drug delivery, because the trigeminal nerve locates in not only the respiratory region but also the olfactory region. The trigeminal nerve has three branches, each of them joined to the brain stem and olfactory bulb, mainly liable for sensing pain and temperature.¹⁶² (3) is an indirect route connected to the systemic circulation involving the gastrointestinal and respiratory systems. It belongs to systematic circulation, which may cause extensive drug metabolism. To sum up, the amount of indirect delivery of drugs, when compared to direct delivery, is probably less, due to unexpected elimination in the body.

Intranasal drug delivery systems, as one of the important brain-targeted systems, possess the ability to pass through the BBB using above discussed nose-to-brain pathways. Uchegbu et al. constructed a nano-peptide with a 30–60 nm particle size, encapsulating leucine5-enkephalin hydrochloride (LENK), and proved this nanoparticle was able to transport LENK through intranasal administration (Fig. 2b, c).¹⁶³ The results presented that after administered, LENK was found in the olfactory bulb, but into the brain it was hard to find them. But using the formulations of nanoparticles, the brain distribution of LENK was facilitated, with no peripheral exposure, and within the thalamus and cortex, nanoparticle localization can be observed. Similarly, in another study, Seta et al. developed nano micelles MPEG-PCL-Tat for

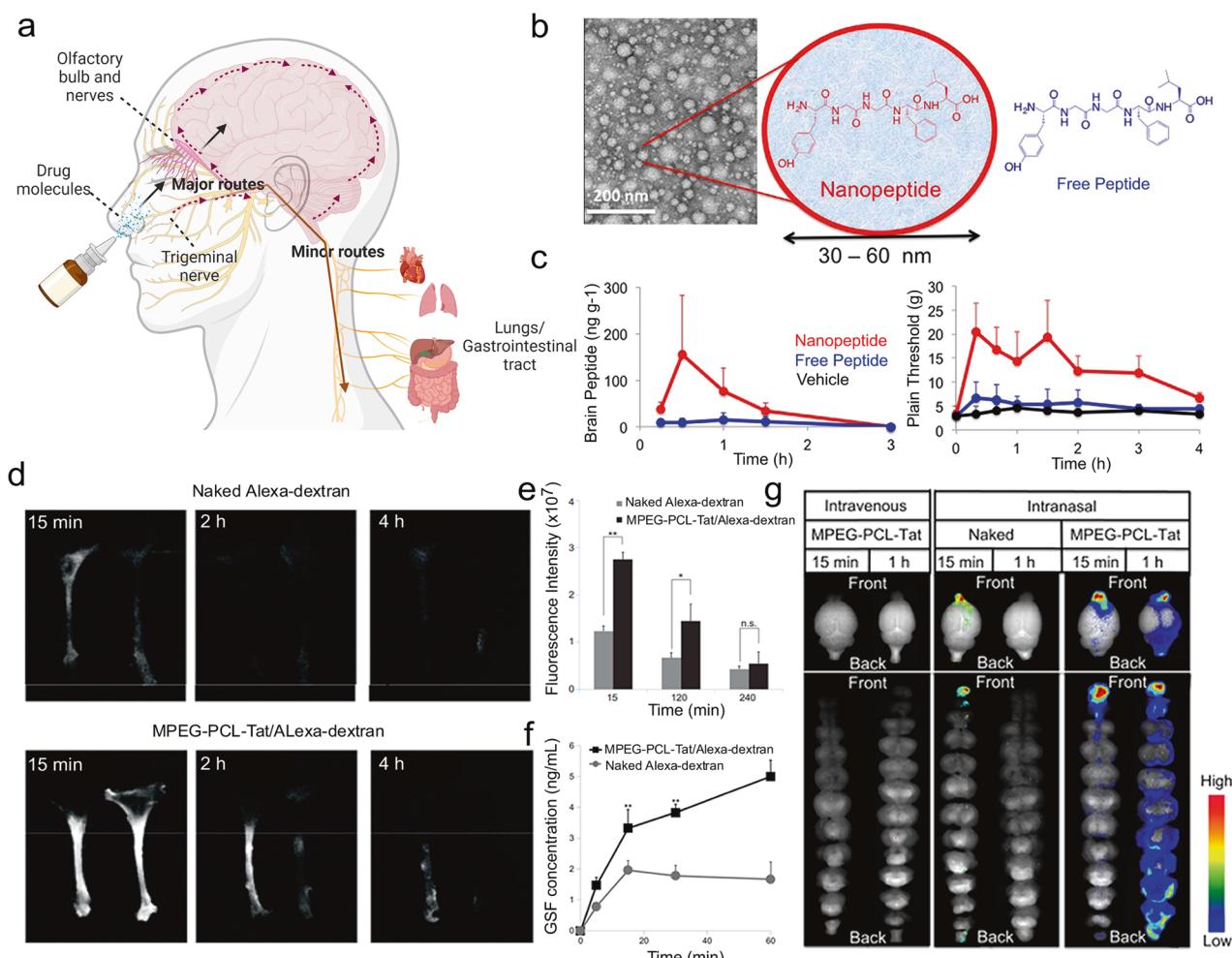


Fig. 2 Intranasal administration allows rapid brain targeting from nose to brain. **a** Schematic illustration of the routes from the nasal cavity to the brain. **b** Transmission electron microscopy and structure schematic images of LENK nanoparticles. **c** The change of concentration of LENK in the olfactory bulb and cerebrum after the administration of nanopeptide or as the peptide alone. **b, c** Reproduced with permission. Copyright 2017, Elsevier. **d** Dynamics of fluorescence in rat trigeminal nerve. **e** Fluorescence intensity in the trigeminal nerve. **f** CSF concentration of Alexa-dextran. **g** Dynamics of MPEG-PCL-Tat complex in brain tissue. Reproduced with permission. **d–g** Reproduced with permission. Copyright 2013, Elsevier

intranasal administration using a cell-penetrating peptide (Tat), who is derived from HIV, to modify nano micelles, which were comprised of polyethylene glycol-polycaprolactone polymers (Fig. 2d–g).¹⁶⁴ Functionally, this system played an important role to deliver siRNA to the brain. The authors harvested nasal olfactory mucosa or olfactory bulb, and prepared frozen samples of that, demonstrating the pathway of nucleic acid transfer using the system, focusing on the major nose-to-brain pathways involving olfactory nerve and trigeminal nerve.

Due to the unique anatomical relationship between the CNS and the nasal cavity, relatively quick along with easy access for nanodrugs to the brain could be realized via intranasal administration. However, there are also some limitations, including the difference in the shape of respective nasal cavities, the exact dosing of intranasal drugs, the mucociliary elimination, and the drainage to the pharynx or to the lower part.¹⁶⁵ Moreover, the health status of the body also needs to think, otherwise, maybe someone occurs conditions such as allergies or colds, which is not suited for intranasal administration. It appears the outcomes of delivery by the nasal route differ widely between the studies.¹⁶⁶ Thus, the nasal route to deliver drugs into the brain is rather immature and more high-quality drug delivery systems should note to solve the above-mentioned limitations.

Ligands conjugation for brain targeting

Ligands conjugation is an active targeting strategy using ligands that have high specificity toward the receptor expressed on the brain endothelial cells.¹⁶⁷ As shown in Fig. 3a, here we take transferrin receptors, insulin receptors, low-density lipoprotein receptors, and folate receptors as examples.

Transferrin receptor as a glycoprotein, has two subunits of 90 kDa linked by a disulfide bridge, participating in the transcytosis of cellular iron by each subunit is capable of binding to one molecule of transferrin.¹⁶⁸ There have been a lot of studies undertaken using transferrin ligands. Rao et al. formulated a di-block polymer of Poly-lactic-co-glycolic acid (PLGA) and hetero bi-functional COOH-PEG-NH₂, embedded with an imidazotetrazine alkylating agent (TMZ), and conjugated to a ligand (polysorbate-80/transferrin) and a stem cell targeting moiety (anti-nestin antibody).¹⁶⁹ Such nanocomposites having targeting ligands could deliver TMZ to intracerebral glioblastoma xenografts and present favorable pharmacokinetics and anti-cancer potential. Qi et al. used RI7217, a monoclonal antibody from mouse, which shows high selectivity and sensitivity for the transferrin receptor, to modify long-circulating liposomes (Fig. 3b, c).¹⁷⁰ In their research, hCMEC/D3 cells and U87-MG glioma cells were used to evaluate the uptake and mechanism of the targeted liposomes,

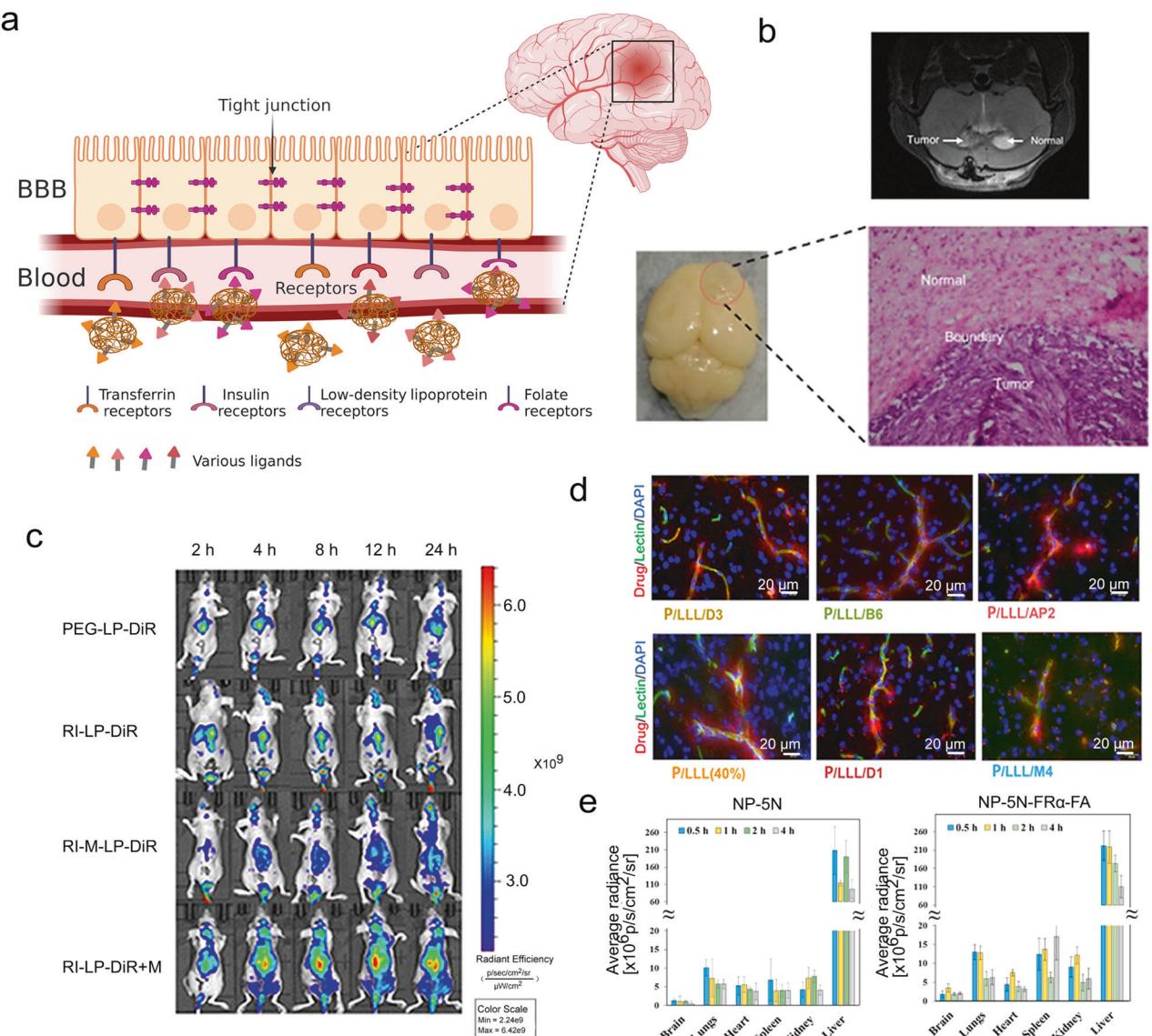


Fig. 3 Ligand conjugation is an active targeting strategy using ligands that have high specificity toward the receptor on the endothelial cells of the brain. **a** Schematic illustration of receptor-mediated drug delivery using ligands conjugated nanoparticles to the brain. **b** The MRI images of the brain of glioma-bearing mouse. The photo and micrograph image of glioma which was removed from U87-MG glioma nude mice. **c** Real-time imaging of the U87-MG glioma nude mice. **b, c** Reproduced with permission. Copyright 2020, Ivspring International Publisher. **d** Microscopic visualization of nanoconjugates after permeating the BBB. Scale bar: 20 μ m. Reproduced with permission. Copyright 2022, American Chemical Society. **e** Biodistribution results of NIR-797-labeled NP-5N and NP-5N-FR α -FA in ICR mice. Reproduced with permission. Copyright 2019, American Chemical Society

and intracranial U87-MG glioma was used to test the capacity of the targeted liposomes to cross the BBB and anti-tumor. They concluded that RI7217 antibody decoration is a promising strategy to make a drug delivery system towards brains at the end. Xie et al. optimized dual-mediated liposomes with transferrin and cell-penetrating peptide.¹⁷¹ Firstly, in order to construct the rational dual-mediated liposomes, they screened the different PEG molecular weight which is used for connecting transferrin and cell-penetrating peptide (CPP) with liposomes and the densities of ligands. Then, they evaluated the permeability for the BBB of the liposomes to confirm the role of transferrin, and the behaviors of cellular internalization and lysosomal escape to confirm the role of CPP. Meanwhile, nude mice were used as models to trace Tf-CPP-SSL in vivo, demonstrating this drug delivery system performed well in brain targeting and prolonged circulation. However, it should be noted that ligands could not be easily separated from

the transferrin receptor and the internalization by endo/lysosomes also compromised the detaching. For this reason, Gao and his group developed a series of nanoparticle platforms on the basis of acid-cleavable ligand modification.^{172,173} For example, acid-sensitive imine linker (DAK) was conjugated with D-T7 peptide on the nanoparticle surface, which would break up in acidic environment, facilitating the endo/lysosomal escape.¹⁷⁴ The system was demonstrated to have significant BBB transcytosis enhancement and was employed for further use in the treatment of autism spectrum disorder. Such responsive strategy mitigates the defects of transferrin receptor-mediated transcytosis.

Insulin receptors are highly expressed in the brain, not only in the hypothalamus, olfactory bulb, hippocampus, and striatum, but also in cerebral cortex, and cerebellum.¹⁷⁵ Insulin could bind to the α -subunits of insulin receptors which locate outside of the cells, inducing the β -subunits which locate in the inside of the cells

dimerization and autophosphorylation.¹⁷⁶ When compared to insulin, insulin-like growth factor 1 (IGF1) showed relative lower binding affinity to insulin receptors.¹⁷⁷ Similar intracellular signaling pathways could be initiated by both insulin and IGF1 receptors. Jörg et al. employed human serum albumin (HSA) nanoparticles to couple insulin or an anti-insulin receptor monoclonal antibody covalently.¹⁷⁸ They used loperamide as delivered drugs inside HSA and evaluated the potential of loperamide across the BBB. Loperamide-loaded and insulin-modified HSA presented an increase in size because of the existence of insulin agglomeration on the surface, demonstrating the successful preparation of such insulin-targeting nanoparticles using NHS-PEG-MAL5000 crosslinker. After being injected through the tails of ICR (CD-1) mice, the NP showed significant antinociceptive effects which means loperamide was able to be transported across BBB. Frey II et al. investigated the delivery of IGF1 to CNS, confirming they reached CNS target sites of rats by administering a mixture of [¹²⁵I]-labeled IGF1.¹⁷⁹ The results from high-resolution phosphor imaging autoradiography established the specific binding of IGF1 and binding sites. Further, they proved IGF1 could activate different signaling pathways in diverse CNS areas.

Low-density lipoprotein receptor-related protein (LRP) as a transmembrane glycoprotein can mediate the uptake of cholesterol-rich low-density lipoprotein, including cholesterol, tocopherol, and Apos.¹⁸⁰ The family of LRP has a lot of members, such as LRP-1, low-density lipoprotein (LDL) receptor-related protein 1B, megalin/LRP-2, apolipoprotein E receptor 2, sortilin-related receptor, LRP-5, and LRP-6.³³ Previously, our group has reported an angiopep-2 (a dual-targeting ligand towards LRP-1) modified nanogel for targeted delivery of anti-epileptic drugs.^{181,182} The brain accumulation of electro-responsive nanogels was significantly improved by the functionalization. Interestingly, although the mechanism remains to be explored, the nanogel was found to distribute at temporal lobe which is the common brain region of epileptic focus. Chung et al. synthesized nanoparticles conjugated with angiopep-2 which have core-shell structure, to target and treat glioma.¹⁸³ They proved the decoration of angiopep-2 can improve selective glioma targeting for the amounts of cellular uptake of nanoparticles by C6 glioma cells were higher than that by L929 fibroblasts. Besides, when to contrast the control group, intravenous injection of these angiopep-2 decorated nanoparticles could achieve a 10-fold diminution in tumor volume. Holler and co-workers reported six peptide vectors were attached to a poly(β-l-malic acid)-trileucine polymer (Fig. 3d).¹⁸⁴ These peptides could act the specific targeting function, aiming at low-density lipoprotein receptor-related protein-1, transferrin receptor, bee venom-derived ion channel, and Aβ/LRP-1 related transcytosis complex. They studied the ability of nanoconjugates to cross the BBB extensively, including tumor-bearing brains, Alzheimer's disease-like brains, and healthy brains. What's more, they conducted molecular mechanisms about regulating cross-talks between transcytosis pathways.

Folate receptors, high-affinity receptors, could mediate the cell uptake of folate or folic acid (FA), anticipating DNA synthesis and nutrient provision.¹⁸⁵ They are in relatively common use in the design of drug delivery systems. Zhang et al. demonstrated a grapefruit-derived nanovector (GNV) coated with folic acid to carry miR17 for treating the GL-26 brain tumors which is one kind of the folate receptor-positive tumors.¹⁸⁶ They found GNV reduces the toxicity of the polyethylenimine, which was used for the load of RNA, and FA-GNVs show better targeting behavior than GNVs with rapid movement into the brain within 1.5 h. Shu et al. constructed a folate-modified polymeric micellar delivery system using the thin-film hydration method.¹⁸⁷ The delivery drug was pterostilbene (Pt) and the main structure of this system was contributed by mPEG-PCL. Compared to free Pt/mPEG-PCL, FA-Pt/mPEG-PCL

showed enhanced toxicity toward folate receptors-overexpressing A172 cells, which proves folate anticipated in the condensation of Pt in A172 cells through folate receptor-mediated route. Additionally, *in vivo*, they analyzed the BBB penetration value and drug targeting index, illustrating the developed delivery system had great potential for brain delivery. Sosnik et al. produced poly(ethylene glycol)-b-poly(ϵ -caprolactone) block polymers and functioned them in the edge with folate receptor alpha (FR α) and FA (Fig. 3e).¹⁸⁸ Modified nanoparticles showed better compatibility and greater internalized extent by primary human choroid plexus epithelial cells. After intravenous administration, the biodistribution of unmodified nanoparticles and FR α -FA-modified nanoparticles was tested. As results showed from the systemic circulation, the introduction of FR α and FA to the surface of nanoparticles promote brain accumulation.

Membrane coating for brain targeting

Recently, cell membranes as a new root of materials have gained wide focus. They have unique characteristics coming from their parent cells, including the natural functionalities and transmitting information networks that could conquer many obstacles confronted *in vivo*.²³ Thanks to the multiple molecular interactions (hydrogen binding, electrostatic interaction, π interaction, etc.) and specific receptor recognition, between the membranes and potential substrates, the membranes of interest could be serve as the outer layer of the delivery systems.^{189–191} For this reason, many drug delivery systems based on different cells' membrane coating, such as red cell membrane, brain tumor cell membrane, immune cell membrane, and so on, could endow the brain targeting abilities (Fig. 4a).^{192–194}

Red blood cells, or erythrocytes, have been exploited as delivery systems due to the advantages of prolonging the life span of drugs in circulation and preventing drugs from immune clearance for many years.¹⁹⁵ They are easy to obtain and have uniformed size and shape. CD47 proteins rich on the red cell membrane ensure red cell membrane-coated systems can circulate almost 100–120 days without being cleared by macrophages.¹⁹⁶ Lu et al. used a facile method of avidin-biotin chemistry to modify the red blood cell membrane with CDX peptide, which shows high bond towards nicotinic acetylcholine receptors.¹⁹⁷ They demonstrated successful preparation of the modified blood cell membrane-coated systems and loading of DOX. And they verified the red cell membrane coating could improve the circulation time of the systems and locate them close to tumor vessels. Both targeting and therapeutic efficiency studies in cells and in animals illustrated that red blood cell membrane-peptide-coated systems not only had the capability to traverse the BBB, displaying exceptional brain targeting effect, but also could release DOX and prolong the survival of mice. Shi's group developed a biomimetic nanoparticles by modifying angiopep-2 to the surface of red blood cell membranes to camouflage polymer which was pH-sensitive and coload with anti-cancer drug DOX and BBB regulator lexisan (Fig. 4b-d).¹⁹⁸ The system with low immunogenicity and systemic toxicity improved blood cycle time and tumor accumulation in U87MG glioblastoma tumor-bearing nude mice.

Brain tumor cell membrane, originated from brain tumor cells, tend to have homotypic targeting, long-time circulation, and BBB crossing abilities.¹⁹⁹ Specific membrane proteins, such as focal adhesion proteins, integrin, focal adhesion kinase, and ras homologous family proteins, contribute to the functions of brain tumor cell membrane-coated systems.²⁰⁰ Liu et al. fabricated lanthanide-doped nanoparticles with the coating of brain tumor cell membrane, which can be used for brain tumor visualization and surgical navigation in the window from 1500 nm to 1700 nm in near-infrared-IIb.²⁰¹ Because of the existence of the cell membrane from the brain tumor, this nanoparticle could easily home to the tumor site. They compared the particle with indocyanine green which is a clinically approved imaging agent,

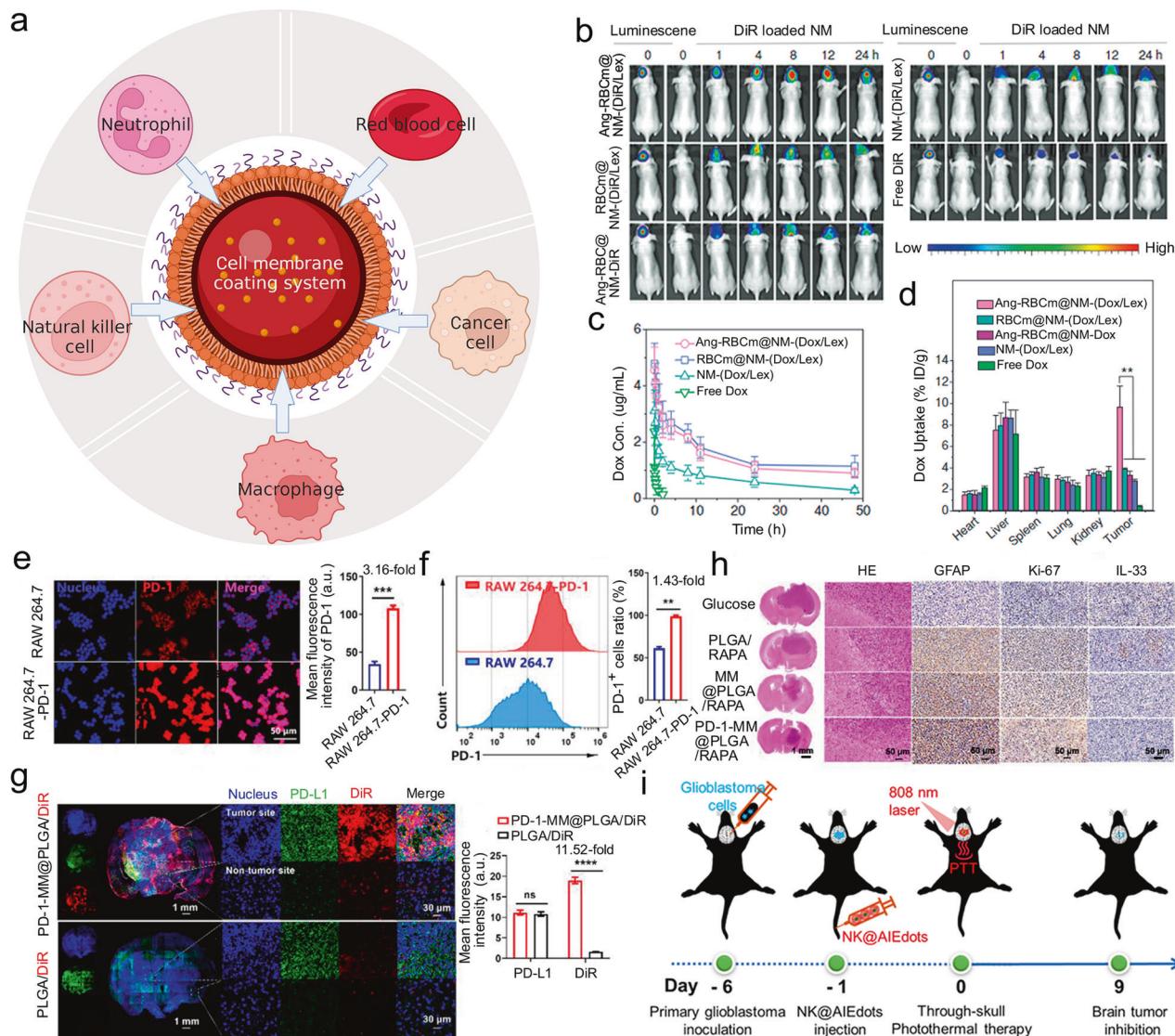


Fig. 4 Cell membranes donate drug delivery systems with the brain targeting abilities. **a** Schematic illustration of examples of cell membrane coating strategies. **b** The fluorescence images of orthotopic U87-Luc glioblastoma tumor. **c** In vivo pharmacokinetics. **d** Quantification in different organs and tumor of (doxorubicin) DOX accumulation. **e–h** Reproduced with permission. Copyright 2018, Wiley-VCH. **e** The analysis of PD-1 levels on different phenotypes of macrophages. **f** The analysis of the PD-1+ cell ratio in different types of macrophages. **g** The fluorescence images pictured in groups of PLGA/DIR and PD-1-MM@PLGA/DIR. **h** Immunohistochemistry staining images. Scale bar: left 1 mm; right 50 μ m. **i** Reproduced with permission. Copyright 2022, American Chemical Society. **i** Schematic illustration of the process of NK@AIEdots to inhibit the growth of the brain tumor. Reproduced with permission. Copyright 2020, American Chemical Society

and discovered this particle had a superior resolution with lower background signals, offering a clear view of the location of the tumor.

Immune cell membranes, like their mother immune cells, are a promising choice for constructing drug delivery systems, showing great biocompatibility and unnoticeable adverse effects to normal cells.²⁰²

Macrophages play important part in the physiological microenvironment and the polarization of their phenotypes affects tumor progression and metastasis directly. In response to neuroinflammation, macrophages could be activated into anti-inflammatory state, serving as protectors digesting cell debris and pathogens, as well as releasing anti-inflammatory factors and activating other immune cells. Thus, the macrophage-based strategy for drug delivery harnesses the prolonged circulation time, abundant surface receptors, and active targeting ability of macrophages under specific phenotype.²⁰³ Wang et al. enhanced programmed cell death-1 expression on macrophage membranes

and coated them onto rapamycin (RAPA)-loaded PLGA core to fabricate a novel nano-platform (PD-1-MM@PLGA/RAPA) (Fig. 4e-h).²⁰⁴ Macrophage membranes help the nano-platform to travel across the BBB in response to multiple chemokines. Programmed cell death-1 expression on macrophage membranes optimized the efficacy of immunotherapy, due to the PD-1/PD-L1 signal axis blockade. RAPA, as model drug, could induce cancer cell death and complement immunotherapy. This novel nano-platform provided an anti-glioblastoma multiforme (GBM) strategy through the combination of chemotherapy and immunotherapy. Their results showed more tumor-infiltrating immune-stimulatory cells, especially CD8⁺ cytotoxic T-lymphocyte, were recruited and triggered the release of anti-tumor cytokines, magnifying the anti-tumor effect. Sun et al. attached rabies virus glycoprotein and triphenylphosphine cation molecules on the macrophages membrane and coated them to solid lipid nanoparticles (SLNs), constructing RVG/TPP-MASLNs for delivering natural antioxidants Genistein (GS) to neuronal mitochondria which is a new curative

target for Alzheimer's disease.²⁰⁵ The MA membranes provided RVG/TPP-MASLNs with favorable biocompatibility and reticuloendothelial system evasion behaviors. In addition, the combination of MA membranes and functional ligands endowed RVG/TPP-MASLNs with the capabilities for double targeting including neuronal targeting and mitochondria targeting.

Neutrophils are the main type of white blood cells defending against the pathogens and could migrate from circulation to injured brain region by crossing the BBB. Upon recruitment, the membrane adhesion proteins such as intercellular adhesion molecule-1 on endothelial cells are up-regulated, and the proteins including integrin β 2, macrophage-1 antigen, and lymphocyte function-associated antigen 1 are overexpressed on the neutrophil membrane, together facilitating the transmigration.²⁰⁶ Chen et al. proposed a "nanobuffer", (LA-NM-NP/CBD), that has a clear structure.²⁰¹ The inner core consists of PLGA nanoparticles and reactive oxygen species (ROS)-scavenging cannabidiol (CBD). The neutrophil membrane serves as the shell to orient to the infarct core while α -lipoic acid (LA) serves as the corona to scavenge ROS. They used LA-NM-NP/CBD to change the adverse environment of the brain and take care of the salvageable penumbra for the therapy of ischemic stroke.

Natural killer (NK) cells are large granular lymphocytes and can naturally undergo immunosurveillance of diseased/stressed cells.²⁰⁷ With the assistance of inhibitory and activating receptors on the cell surface such as LAF-1 and VLA-4, they could efficiently target specific cells, providing the potential of brain-targeted delivery. They can directly bind to cancer cells via receptors and kill them without prior sensitization. Tang and co-workers developed nanorobots by coating an aggregation-induced emission-active polymeric endoskeleton with a membrane from NK cells to mimic NK cells (Fig. 4i).²⁰⁸ The mechanistic studies demonstrated that receptors from NK cells to the surface of the nanorobots, play a major duty in BBB traversing and tumor identification. Besides, with help of a laser, the AIE-active conjugated polymer could be a tight junction modulator, helping to disrupt the tight junction and making this nanorobot cross the BBB easier.

External stimuli-mediated BBB disruption

To regulate the BBB permeability, external stimuli-mediated BBB disruption based on the energy conversion materials has been widely explored. Such strategies can be manipulated with various external stimulations, such as light, ultrasound, electroacupuncture, etc.

Light has been widely used due to its advantages, such as spatiotemporal precision, minimized scattering and domestic nonlinear absorption.²⁷ As mentioned in the above chapter, light could help to open the BBB, inducing specific changes in the integrity of BBB. This phenomenon is temporary and could recover. In 1990, Eggert et al. investigated the Nd:YAG laser irradiation.²⁰⁹ They found laser irradiation immediately caused BBB breakdown which looked to be associated with structural damaged regions of brain microvessels. Besides, it suggested that laser-induced BBB abnormality or impairment is monophasic. After irradiation, the BBB dysfunction peaked at 2 h and persisted for 24 h approximately. However, the effects on brain from the irradiation is highly dependent on power intensity, irradiation time and distance between laser source and targeted area, which in all contributed to the temperature elevation. Thanks to the development of temperature measurement technology, researchers are able to monitor the temperature in a non-contact manner. Among all, near-infrared light (NIR) at the wavelength from 700 to 1600 nm has attracted great attention in this field due to its deep tissue penetration.^{210–212} In recent studies, NIR irradiation for BBB permeability regulation was applied under infrared thermal monitoring and the head temperature was kept lower than 43 °C. At this power intensity, the irradiation caused negligible brain

damage confirmed by histological staining.^{213,214} The reduced transendothelial electrical resistance of cellular monolayer induced by irradiation could recover within 10 min.²¹⁵ In 2011, Choi et al. reported without compromising vascular integrity, the ultrashort pulsed laser could induce transient leakage of blood plasma.²¹⁶ They combined the ultrashort pulsed laser with a systemic injection to deliver target molecules to brain cortex and different other tissues. This strategy allowed invasive local delivery to an extremely small extent. In 2018, Guo and co-workers demonstrated that 2D black phosphorus nanosheets that possess excellent photothermal effects can be a new neuroprotective platform to selectively capture Cu²⁺ for treating neurodegenerative disorders.²¹⁴ Under near-infrared irradiation, local hyperthermia for five minutes with the temperature at 41–43 °C increased the generation of tiny mechanical waves thus increasing the BBB permeability. Their results showed that the power density of light could be kept over 37% of the original value and the depth could be ~1.3–2.6 mm for the mouse brain. In addition, they studied the risk of cerebral thrombosis using nuclear magnetic resonance imaging and found no obvious cerebral thrombosis, which means the black phosphorus nanosheets have great potential in future clinical applications. In 2019, Wang and co-workers also designed black phosphorus nanosheets-based drug delivery system for loading with the antidepressant drug, Fluoxetine.²¹⁷ They conducted the release ability of fluoxetine and proved 90% of the drugs could be released under 30 min light irradiation. For in vivo studies, they reported, with near-infrared irradiation, the local temperature was kept at 41–43 °C for five minutes. Finally, they compared free fluoxetine and black phosphorus nanosheets loaded fluoxetine and got the conclusion that black phosphorus nanosheets loaded fluoxetine shortened the therapy time of depression with the help of light. In 2021, Qin et al. modulated BBB by using light boost of molecular targeted nanoparticles, the synthesized gold nanoparticles, which were conjugated with the antibody BV11.²¹⁸ Their results showed after light stimulation of BV11 modified gold nanoparticles, tight junctions of BBB ameliorated, allowing particles like macromolecules and virus to cross. Brain microvasculature and parenchyma were also examined. There were no obvious disruptions in vast dynamics or neuronal injury. Recently, an electro-responsive dopamine-pyrrole hybrid system that improved the delivery efficiency of anti-epileptic drugs by improving the cross of BBB via the combination of receptor-mediated transcytosis and photothermal conversion of NIR were reported.²¹⁵ This system was smart for epilepsy pharmacotherapy, showing enhanced conductivity and sensitivity in various seizure models, including acute seizure, continuous seizure, and spontaneous seizure. The authors realized two hours sustained and 30 s rapid release of phenytoin and reduced drug dosage.

Ultrasound is a technique that can noninvasively focus deep into the body using an ultrasound field.²¹⁹ They are mechanical or elastic vibrations in a medium of a frequency above the range of human hearing (18–20 kHz).²²⁰ Since the 1940s, ultrasound has been noted for non-invasive ablation in the brain.²²¹ For ultrasonic BBB disruption, varied sonication parameters can cause different impacts, including the threshold pressure, the magnitude, and the drug quantity for delivering.²²² In recent years, gas-filled microbubble has emerged as a contrast agent in conjunction with ultrasound for opening the BBB in an image-guided and targeted manner, ensuring the local delivery of drugs.²²³ Qin et al. constructed a microbubble delivery system, fixing quercetin-modified sulfur nanoparticles.²²⁴ In combination with ultrasound, this system could accumulate in the brain and promote drug delivery because of the transient opening of the BBB. Moreover, Qc@SNPs-MB effectively treated Alzheimer's disease by protecting nerve cells and reducing endoplasmic reticulum stress which comes from oxidative stress, inflammatory response, calcium homeostasis imbalance, and neuronal apoptosis. Price's group utilized gas-filled microbubbles for the selective transfection of

endothelial cells of the cerebral vasculature.²²⁵ The negative mCherry plasmid was conjugated to cationic microbubbles. Such microbubbles have good stability. Their method through the oscillating of microbubbles under the ultrasound field could implement the transport of the gene product beyond the blood vessels without breaking the tight junctions and disrupting the BBB. To be noted, one highlight of this study is the experiments on cell identification and enrichment of whole-brain tissue samples, demonstrating their strategy achieved around 90% cell specificity of selective transfection with no extra use of a cell-specific promoter.

Electroacupuncture is a widely accepted complementary therapy through stimulating acupoints, although there is limited supporting information in modern anatomical studies.²²⁶ Studies found that electroacupuncture stimulation at certain parameters could improve the permeability of the BBB.²²⁷ Lin and co-workers found the Baihui and Shuigou acupoints are ideal regions to use for electroacupuncture for 40 min to open BBB.²²⁸ However, research on the application of nanomaterials in synergy with electroacupuncture in the brain has not yet been found. We believe there will be improvements in this cross-field in the future.

Other non-invasive strategies

Besides the widely used strategies that have been discussed before, among which active strategies for BBB regulation and crossing are summarized in Table 1, there are more strategies that people used to achieve the intention of brain-targeted drug delivery (Fig. 5a).

Agents, such as metals, polysorbate-80 (PS-80), etc., are used to shrink the endothelial cells of the brain.²²⁹ Using this treatment, various drug delivery systems could bypass BBB. However, it has serious disadvantages, for example, compromising the integrity of BBB and further leading unwanted exogenous agents, including blood components, neurotoxic, and xenobiotics, to accumulate in cerebral tissue. For short, it is a non-patient-friendly method that may cause injury to the CNS. Joshi et al. reported a PLGA-based with different surface coatings platforms used for brain delivery of siRNA to treat traumatic brain injury (TBI; Fig. 5b–e).²³⁰ They tried a nonionic surfactant PS-80 coating among their formulations and proved drug delivery across BBB could be promoted by interacting with lipoprotein receptors. They euthanized mice after injection and extracted brains for observing the fluorescence signals labeled nanoparticles. PS-80 nanoparticles showed significantly superior fluorescence signals than other formulations. They pointed out in their manuscript that although the joint modulation of surface chemistry and PS-80 density, is a useful tool to adjust BBB penetration, functional or behavior evaluations, for instance, cell death, neuroinflammation, or larger animal models, are lacking in the study. Hence, biosafety and performance in clinical may still have questions.

AAVs, presenting targeting ligands, could interact with specific molecules identified on the luminal surface of the BBB.²³¹ The integrity of BBB could be breached by the intrinsic properties of the pathogens.²³² Directed evolution and capsid engineering have been developed to engineer a number of BBB-crossing AAVs.²³³ Among the AAV family, a natural AAV9 capsid variant which was isolated from human liver tissue, has the ability to bypass BBB, becoming a star capsid for drug delivery into CNS.²³⁴ After intravenous injection, AAV9 mainly enriches the brain and liver.²³⁵ Bei et al. reported a rational design of two AAV9 variants for brain drug delivery.²³⁶ Confirmed by rodent and primate models, the variants prepared by insertion of cell-penetrating peptide enhanced both BBB transcytosis and cellular transduction. The authors claimed that these variants not only displayed increased BBB crossing, but also of greater importance maintained the neurotropism, paving the translational potential of neurological disorders treatment.

Bacteria can go through the BBB and infect phagocytes.²³⁷ Researchers have proved the feasibility of adopting bacteria to build drug delivery systems to resist central nervous system diseases. For glioblastoma photothermal immunotherapy, Sun et al. developed a 'Trojan bacteria' consisting of two types of bacteria (Fig. 5f, g).²³⁸ They demonstrated that intravenously injected Trojan bacteria system could target and penetrate glioblastoma. The confocal images showed that 3D tumor microspheres could be penetrated with a depth of around 260 μm. With the help of a laser, bacterial cells and the adjacent tumor cells could be destructed by the heat from irradiation. The debris from bacteria and tumor cells also can act as antigens to promote cancer immunotherapy.

BBB is also modulated by redox-sensitive systems and cytokine-mediated systems. The former is mainly developed for oxidative stress, which is the similarity between brain disease.²³⁹ The latter is mainly developed for the pro-inflammatory state, which is a common state in a number of CNS pathologies.²⁴⁰ Oxidative stress is incited by an imbalance of oxidants.²⁴¹ These oxidants can further impact a variety of signaling pathways associated with pathological processes, resulting in BBB dysfunction eventually.²⁴² Redox-sensitive systems could be designed in response to the high level of oxidants, for example, Kong et al. reviewed the related developments in nerve.²⁴³ They discussed the choice of ROS-responsive functional groups, including sulfides, selenide, ferrocene, amino acrylate, etc. Meanwhile, the pro-inflammatory state, a result of local oxidative stress, stimulates many cytokines, such as IL-1 and TNF-α. Thus, conducting cytokine-mediated systems is an optional method. Veiseh et al. reported a cytokine delivery platform as interleukin-2-producing cytokine factory organized with polymer and ARPE-19 cells which can be clinically translatable (Fig. 5h).²⁴⁴ They conducted this robust platform in peritoneal tumors in ovarian and colorectal mouse models and considered it could be addressed in other cancers including brain cancer. They found no significant deviations from healthy ranges using complete blood count and blood chemistry analysis, showing this system was well tolerated in nonhuman primates.

ENGINEERED BRAIN-TARGETED DRUG DELIVERY SYSTEMS

To fight against the BBB, a growing number of advanced materials and technologies have been developed for enhanced brain-targeted drug delivery in CNS disorder treatment. By using the passive and/or active strategies for BBB regulation and crossing in a controlled and non-invasive manner, various drug delivery systems are engineered to facilitate the brain-targeted delivery of specific therapeutics including small-molecule drugs, proteins, genes, and other biopharmaceutics. Due to the requirement of both delivery efficiency and safety, the majority of drug delivery systems with the ability to cross BBB are designed at a nanoscale level with tailored chemical composition and surface properties (Table 2). Since the approval of DOX in liposomes (Doxil) for anti-cancer treatment nearly three decades ago, increasing numbers of drug delivery systems are studied in clinical trials and some formulations for enhanced drug delivery have entered to clinic.^{245–247}

Liposomal formulations

Liposomes are the first generation of drug delivery systems and have been widely used since their discovery in 1965.²⁴⁸ They are composed of one or more lipid bilayers and hollow aqueous compartment, which endow them with loading versatility for both hydrophobic and hydrophilic therapeutic agents.²⁴⁹ Together with high biocompatibility, biodegradability and its intrinsic capability of BBB crossing, liposomes are considered as one of the most successful delivery systems with a great potential in translational medicine. In the past decade, research on liposomes has further substantially increased along with the advance of materials

Table 1. Active strategies for BBB regulation and crossing

Strategy	Material/technique	Advantage	Specificity	Refs.
Ligands conjugation	Transferrin R17217 Acidic cleavable ligand-modified peptide Insulin or anti-insulin receptor monoclonal antibody IGF1	High specificity High selectivity and sensitivity Facilitating the endo/lysosomal escape Highly expressed Activate different signaling pathways in diverse CNS areas	Affinity to transferrin receptor Affinity to transferrin receptor Affinity to transferrin receptor Affinity to insulin receptor Affinity to IGF1 receptor	169,171 170 172–174 178 179
Angiopep-2	Six peptide vector	High BBB transcytosis capacity Multi-specific targeting function	Affinity to LDL receptor	181–183
Folate	Red cell membrane	Compatibility and internalized extent Long circulation and preventing from immune clearance Homotypic targeting and long-time circulation	Affinity to low-density LRP-1, transferrin receptor, bee venom-derived ion channel, and A β /LRP-1 related transcytosis complex Affinity to folate receptor Affinity to CD47 proteins receptor	184 186–188 195–198
Membrane coating	Brain tumor cell membrane Macrophage membrane Neutrophil membrane Natural killer cell membrane	Favorable biocompatibility and RES evasion behavior Pass across tissues and walls of veins Directly bind to cancer cells via receptors and kill them without prior sensitization Minimized scattering, domestic nonlinear absorption, and deep tissue penetration.	Affinity to focal adhesion proteins, integrin, focal adhesion kinase, and RHO family protein Polarization of their phenotypes affects brain tumor progression and metastasis Affinity to infarct core and inflammatory cytokine Naturally undergo immunosurveillance of diseased/stressed cells	199–201 204,205 207,208
External stimulation	Light (NIR) Gas-filled microbubble/Focused ultrasound Electroacupuncture Biochemical reagents AAVs Bacteria Redox-sensitive systems and cytokine-mediated system	Help to open the BBB, inducing specific changes in the integrity of BBB Non-invasive ablation Improve the BBB permeability Adjust the penetration High efficiency Act as antigens Responsive and sensitive	Help to open the BBB, inducing specific changes in the integrity of BBB Non-invasive ablation Stimulating acupoints Shrink the endothelial cells of the brain Specific molecules identified on the luminal surface of the BBB Target and penetrate Developed for oxidative stress and the pro-inflammatory state	209,213–218 219–225 226–228 229,230 231,233–236 237,238 239–244
Other active strategies				

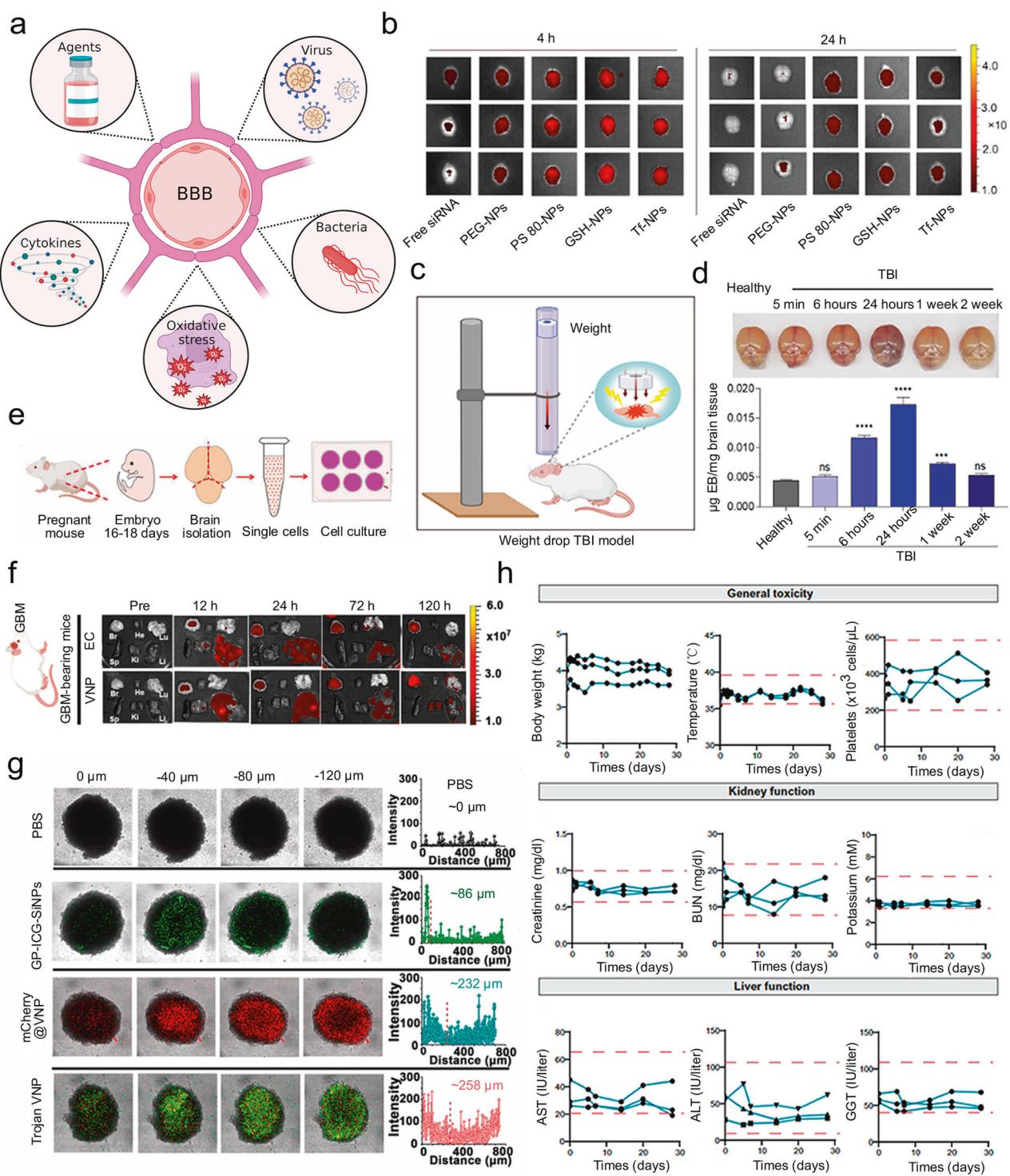


Fig. 5 Other strategies can achieve the intention of brain-targeted drug delivery. **a** Schematic illustration of examples of other strategies. **b** Fluorescence images using *in vivo* imaging system of isolated brains. **c** Schematic illustration of the weight drop-induced TBI model. **d** Time points of physically invaded BBB was studied. **e** Schematic illustration of the isolation of primary neuronal cells from mouse embryos. **f–e** Reproduced with permission. Copyright 2020, American Association for the Advancement of Science. **f** Ex vivo fluorescence images of primary organs of glioma-bearing mice. **g** Confocal images and corresponding fluorescence intensity of 3D tumor microspheres. **f, g** Reproduced with permission. Copyright 2022, Nature Publishing Group. **h** Evaluation of general toxicity, kidney function and liver function over time. Reproduced with permission. Copyright 2022, American Association for the Advancement of Science

engineering and nanotechnology.²⁵⁰ Various types of functionalization strategies have been involved for the development of liposomal delivery system such as brain/tumor-targeting delivery, controlled drug release, imaging-guided delivery, etc.²⁵¹ These

strategies facilitate the development of liposomal formulations to improve brain-specific delivery.

Brain-targeted delivery of the liposomes could be enhanced by modification of targeting ligands including polymers, peptides,

Table 2. Brain-targeted drug delivery systems engineered by various material types

Material type	Size (nm)	Representative delivery cargo	Refs.
Liposome	50–500	cisplatin, curcumin, DOX, erlotinib, obidoxime, paclitaxel, plasmid β-galactosidase	254,255,257,258,260,383,384
Micelle	2–300	curcumin, temozolomide, resveratrol, siRNA, RAPA	268–270,385,386
Polymeric nanoparticle	<200	enzyme, Epothilone B, memantine, Schisantherin A	264,387–389
Nanogel	50–300	DOX, harmine, insulin, thymidine analog, teriflunomide	272,273,275–277
Gold nanoparticle	2–80	cisplatin, DOX, insulin, lacosamide, quercetin, siRNA	290,295,296,298,390–392
Carbon nanotube	20–200	DOX	393,394
Graphene (oxide)	20–1000; thickness: <5	plasmid DNA, puerarin, ruthenium carbonyl clusters	313,395
Graphene quantum dot	<20	docetaxel	318
Iron oxide nanoparticle	10–300	cisplatin, paclitaxel, siRNA	332,333
Mesoporous silica nanoparticle	20–300; pore size: 2–50	berberine, docetaxel, DOX, leptin, monophosphate, pioglitazone, paclitaxel, siRNA, trastuzumab	341,343,345–347,396
Biomimetic system	40–200	a-CTLA-4, a-PD-1, chlorin e6, coumarin 6, CPPO, curcumin, dopamine, DOX, glucose polymer, human Mucin 1 protein, indocyanine green, methotrexate, monoclonal antibodies, mRNA, phosphatase, proteins, siRNA, succinobucol	238,359,360,365–367,369,397–406
Black phosphorus	3–250; thickness: <20	DOX, matrine, paeoniflorin	371,407,408

antibodies, and aptamers.²⁵² For example, Zhan et al. functionalized liposomal surface with amyloid-β-derived peptide which has a highly specific binding affinity towards plasma apolipoproteins, giving a protein corona-modified liposomal system. Significant enhancement of the brain distribution of DOX-loaded liposomes as well as higher anti-tumor efficacy were found.²⁵³ Quan et al. developed transferrin receptor aptamer-functionalized liposomes to deliver acetylcholinesterase reactivator in brain (Fig. 6a).²⁵⁴ Compared with non-targeting liposomes, this functionalized system has higher BBB penetration efficiency confirmed by both *in vitro* BBB model and *in vivo* biodistribution study. Conjugation of brain-targeting peptide is also proved to be an effective method to improve the brain accumulation. Zhang et al. used RVG29, a 29 amino-acid peptide derived from rabies virus glycoprotein, as a targeting ligand in the liposome-based delivery system for treatment of Parkinson's disease.²⁵⁴ But it begs for the question that how can targeting ligand-modified liposomes bypass through the BBB via receptor-mediated transcytosis. To give a vivid description, Lauritzen et al. characterized all steps of the liposome delivery routes into brain by using transferrin receptor-targeted liposomal nanoparticles as a model system.²⁵⁵ They revealed that post-capillary venules is the key site for transcytosis-mediated brain entry of nanoparticles.

For brain tumor treatment in particular, the systems are required to have a capability of both BBB crossing and tumor targeting.²⁵⁶ Thus, dual targeting strategy in liposome functionalization becomes a possible solution for drug delivery in brain tumor therapy. For instance, a GBM-specific cell-penetrating peptide and an anti-GBM antibody were simultaneously anchored onto the liposome surface, giving the ability of BBB penetration.²⁵⁷ By incorporation of superparamagnetic iron oxide nanoparticles (SPIONs) and DOX, the liposomes displayed a thermo-responsive drug release in an alternating magnetic field. Another example of dual functionalized liposomes was achieved by Singh's group.²⁵⁸ Surface modification of transferrin and a cell-penetrating peptide was performed. Their liposome system thus showed around 12 and 3.3-fold increases of two chemotherapeutics (DOX and erlotinib) delivery, respectively compared to the free drugs. These strategies confirmed that ligand modification for BBB and tumor targeting could largely improve the drug delivery for brain tumor treatment. Interestingly, the liposome without any targeting

ligands conjugation could also serve as an external stimuli-controlled nanosystem for brain-targeted drug delivery. As shown in Fig. 6b, Yanik et al. prepared drug-loaded liposomes tethered to lipid microbubbles containing perfluorobutane gas core.²⁵⁹ By applying two-component aggregation and uncaging focused ultrasound sequences at different stages, the drug-loaded liposomes could aggregate locally first and then uncage the cargo responsively to achieve high target specificity. The released drugs can cross the intact BBB without compromising the integrity.

Recently, some new types of liposomes with unique structures were reported for enhanced therapy of CNS diseases. Gomes et al. proposed a concept of exosome-like liposomes to overcome the limitations of large size and low productivity. A lipid film including DODAP (1,2-dioleoyl-3-dimethylammonium-propane) and DPPC (dipalmitoylphosphatidylcholine) was introduced in the preparation of the liposomes, giving the bilayer similar to the outer membrane of exosome.²⁶⁰ More liposome-based biomimetic nanomaterials for drug delivery will be emphasized in section 4.7.

Polymeric drug delivery systems

Polymeric materials for brain-targeted delivery refer an extensive number of drug delivery systems.²⁶¹ They have shown potentials in pre-clinical study in different animal models of CNS diseases demonstrating attractive properties for drug delivery including controlled drug release, cellular targeting and uptake, and the ability to avoid phagocytosis of reticuloendothelial system. PLGA is a typical Food and Drug Administration (FDA)-approved polymer used for the formulation of delivery systems in biomedicine.²⁶² PLGA-based delivery system is qualified to encapsulate a wide range of therapeutic cargos including small-molecule drugs, genes, proteins, vaccines, ensuring high bioavailability by protecting them from degradation. The PLGA assembles without any functionalization have a high distribution up to 16.4% in the brain and can keep at the level for at least seven days.²⁶³ Moreover, the possibility of surface decoration of targeting ligands could further promote their penetration of biological barriers. A typical example was reported by Cecchini et al., demonstrating that PLGA polymers conjugated with different targeting peptides could be used for enzyme therapy of brain disorders such as Krabbe disease (Fig. 6c).²⁶⁴

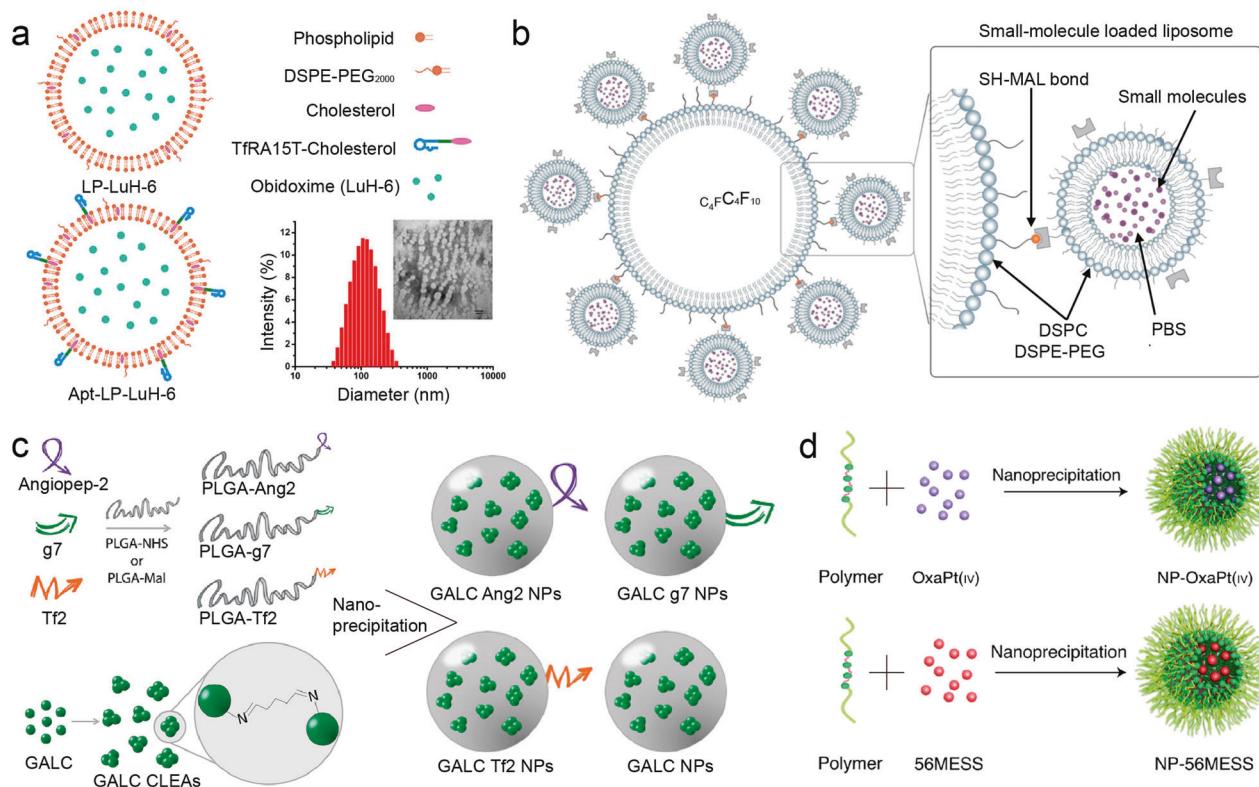


Fig. 6 Liposomal formulations and polymeric materials for brain-targeted drug delivery. **a** Schematic illustration of synthesis of Apt-LP-LuH-6 liposomes and the structure characterization. Reproduced with permission. Copyright 2021, Elsevier. **b** Small-molecule-loaded ultrasound-controlled liposomal nanocarrier. Reproduced with permission. Copyright 2020, Nature Publishing Group. **c** Schematic illustration of synthesis of micelles by nanoprecipitation. Reproduced with permission. Copyright 2019, American Association for the Advancement of Science. **d** Schematic illustration of nanoprecipitation of peptide-modified PLGA and GALC CLEAs for the generation of enzyme delivery system. Reproduced with permission. Copyright 2021, Nature Publishing Group

Amphiphilic polymers are known for their advantage of self-assembly into micelles which has a hydrophobic core and a hydrophilic shell at a size of 2–300 nm. Such architecture thus enables high loading capacity and prolonged blood circulation of therapeutic agents, and its efficient accumulation in brain lesions. We recently proposed a micelle-based drug delivery nanosystem for febrile seizure control.²⁶⁵ The designed copolymer of poly(acrylamide coacrylonitrile)-methoxy polyethylene glycolsuccinimidyl carbonate could self-assemble into defined micelles. Because of the incomplete development of BBB in mice pups, the micelles could quickly accumulate in neonatal brain as early as five minutes. Anti-inflammatory small-molecular inhibitor CZL-80 was chosen as a model drug. After micelle encapsulation, therapeutic window of the drugs was significantly increased to at least 4 hours, whereas 20 min for injection of CZL-80 alone. Importantly, the nano-engineered micelle is gifted for an upper critical solution temperature of 39 °C, showing a thermos-sensitive drug release mechanism for on-demand therapy. To combat against drug-resistant gliomas, Saltzman et al. prepared a reduction-responsive polymeric nanoparticle for co-delivery of oxaliplatin (the third-generation platinum anti-cancer drug) and 56MESS (a cationic platinum DNA intercalator) (Fig. 6d).²⁶⁶ Oxaliplatin and 56MESS were encapsulated inside the nanoparticles through hydrophobic interaction and electrostatic complexation, respectively. Higher level of glutathione (GSH) in tumor reductive microenvironment could trigger the drug release due to the rupture of disulfide bonds in polymer backbones. The authors claimed that by using convection-enhanced delivery, the drugs could traverse the BBB and accumulate at the glioma region. Another case of micelle-based drug delivery system for CNS disease treatment without any brain-targeted functionalization was reported by Jiang's group.²⁶⁷

They developed an microthrombus-targeted micelle-based system for ischemia stroke therapy. Due to the pathologically damaged BBB, microthrombus-targeted micelle could penetrate BBB efficiently and promoted RAPA delivery via hydrophobic interactions. These micelles are assembled by ROS-responsive and fibrin-binding polymer, giving extended drug retention and ROS-triggered drug release for neuroinflammation regulation. Micelle-based delivery systems is also effective in the treatment of those diseases with intact BBB structure. A brain and microglia dual targeting nanosystem was constructed by an targeting peptide derived from β-amyloid protein and ROS-responsive amphiphilic polymer.²⁶⁸ By mimicking the unregulated Aβ transportation, the micelles could target the Alzheimer's disease microenvironment and release the model drug curcumin in response to excessive ROS generation in Alzheimer's disease. Similar micelle-based strategies with surface modification of targeting ligands were performed for the synergistic chemotherapy of glioma,²⁶⁹ gene therapy of Alzheimer's disease,²⁷⁰ and traumatic brain injury.²³⁰

Nanogel is formulated by three-dimensional crosslink of functional polymers and has a network capable of efficient drug encapsulation.²⁷¹ Tunable properties such as deformability, nanoscale size and high hydrophilicity make nanogel a candidate for nose-to-brain delivery. Di Carlo et al. manufactured a poly(N-vinyl pyrrolidone)-based nanogel by e-beam irradiation and evidenced this nanogel-based system could provide nose-to-brain delivery of insulin.²⁷² Compared with free insulin administration, the drug levels in the anterior and cerebellar regions were significantly increased within 60 minutes. The authors indicated this improvement could be resulted from intranasal delivery via olfactory and trigeminal nerve pathways. Another polymeric nanogel delivery system of teriflunomide-loaded lipid-based

carbopol-gellan gum *in situ* gel was reported by Kokare and co-workers.²⁷³ By balancing the interactions of gelling agents, mucoadhesive agents, the nanogel was formulated with lipophilic medicine and achieved two-fold enhancement of drug permeability. The same group further developed paliperidone palmitate poloxamer-guar gum nanogel for schizophrenia treatment by nasal delivery directly to the brain bypassing the BBB.²⁷⁴ Wang et al. fabricated calcium ions-triggered harmine *in situ* nanogel through coupling homogenization and spray-drying technology.²⁷⁵ The bioavailability of harmine administrated by nanogel was found to be 25-fold higher than that by oral administration. At the meantime, incorporation of brain targeting motifs allows nanogel transcytosis across the BBB for brain-targeted drug delivery. Morgenroth reported nanogel-based carrier for the intracellular delivery of radiopharmaceuticals to brain tumor cells by functionalization of ligands of diphtheria toxin receptor overexpressed in abnormal cerebral blood vessels.²⁷⁶ The cross-linked network also contained matrix metalloproteinase substrate, permitting protease responsive drug release. Cell membrane-mimicked nanogel is another typical nanocarrier for BBB crossing. For example, Yu and his group utilized phosphorylcholine nanogels for enhanced GBM chemotherapy.²⁷⁷ The phosphorylcholine polymer exhibited long-lasting circulation and achieved higher accumulation in brain tumor tissue, serving as an effective tool for BBB crossing.

There are other polymers-enabled delivery platforms that have been proved for successful brain-targeted delivery including semiconducting polymers, polysaccharides, gelatin and other synthetic or natural polymers.²⁷⁸⁻²⁸² Further investigations on bioavailability, degradability, and bio-interactions of polymers *in vivo* will facilitate the development in this field.

Gold nanomaterials

Gold nanomaterials have a number of distinctive advantages over drug delivery for brain diseases.^{283,284} Inert surface chemistry of gold allows limited interactions at nano-bio interface and consequently leads to high cellular and tissue compatibility. They could enter the brain by crossing the brain endothelium in a size-dependent manner. In addition, it is comparatively simple to synthesize the gold nanomaterials with tailored structure and defined size. Although only smaller size (<10 nm) gold nanoparticles after intravenous injection was observed to be distributed in the brain slice.²⁸⁵ Sub-100-nm gold nanoparticles can extravasate through the damaged BBB under some pathological circumstance such as brain tumor, cerebral stroke, brain injury and epilepsy. Moreover, gold nanomaterials could be traced by using computed tomography imaging for imaging-guided therapy, evaluating their biodistribution and accumulation in the brain.^{286,287} A variety of applications based on gold nanoparticles have developed for brain disorders treatment thanks to their excellent properties. For example, some gold nanoparticles that have higher absorbance at near infrared biowindow are potential nanogents for photothermal therapy of brain tumor.²⁸⁸ In this section, we will focus on the discussion of the design and synthesis of gold nanomaterials-based delivery systems.

Functional ligands or drugs can be stably anchored onto the gold surface via gold-thiol bonding for enhanced drug delivery.²⁸⁹ Popovtzer developed insulin-coated gold nanoparticles as endogenous BBB transport system for delivering therapeutics into the brain regions, rich in insulin receptors.²⁹⁰ Prior to the modification, thiol-mPEG-COOH copolymer was attached onto the gold nanoparticles via gold-thiol interaction, leaving carboxylic groups for further EDC/NHS conjugation with insulin. They also proved the 20 nm of gold nanoparticles showed highest accumulation in the brain compared with 50 nm and 70 nm nanoparticles. Another example of maze tetrapeptide-anchored gold nanoparticles was confirmed by Guo's group.²⁹¹ The thiolated biomolecules were anchored onto the nanoparticle surface, achieving brain-targeted

delivery and neuroprotection to prevent Alzheimer's disease. As mentioned, the gold-thiol interaction between gold nanoparticles and functional ligand enabled a simple and effective strategy for nanoparticles functionalization.

More recently, chiral gold nanoparticles have received attention in both nanotechnology and biomedicine.^{292,293} Tang and co-workers firstly revealed that the BBB penetration of gold nanoparticles is clearly affected by their chirality (Fig. 7a, b). It is known that GSH transporters at high level in the brain promoted the BBB permeability of GSH-capped nanoparticles. In this work, the authors indicated that the D-GSH-stabilized gold nanoparticles at 3.3 nm (D3.3) possessed higher brain distribution compared to its enantiomer (L-GSH-stabilized nanoparticles, L3.3). Together with a larger binding affinity towards amyloid- β of D3.3, the introduction of chiral ligands endowed the nanoparticles with improved rescue of behavioral impairments in Alzheimer's disease. This study undoubtfully provides a deeper understanding of nanotechnology-enabled BBB crossing by ligand functionalization.

Gold nanoparticle-based drug delivery systems in unconventional structure other than sphere particle have been designed for enhanced brain-targeted delivery. For example, a switchable nanoplatform for co-delivery of gene and chemical drugs was nano-fabricated by Zhang and his team (Fig. 7c, d).²⁹⁵ The modification of nanoparticles with B6 peptide, mazindol, β -thioether ester bonded-copolymer endowed the nanosystem with brain targeting ability, high affinity towards dopaminergic neurons, and ROS-response drug release, respectively. It significantly improved the targeted delivery of curcumin and small interfering RNA to accomplish a synergistic delivery overcoming the issue of Parkinson's disease. Interestingly, the levodopa attached on the gold surface provides a Fe^{3+} -enabled assembly in neurons for enhanced computed tomography. Microenvironment-mediated switching between self-assembly and disassembly by gold nanoparticles was developed for brain tumor treatment. The endogenous factors in brain tumor such as low pH and higher GSH could triggered the transition of assembly-disassembly state to improve theranostic efficacy.^{296,297} Moreover, hybrid nanoparticles that are composed of gold and other materials inherited the intrinsic properties of each component. Bimetallic nanoparticles (gold and palladium) modified with quercetin could serve as a potential inducer for the therapy of Alzheimer's disease.²⁹⁸

Currently, some gold nanomaterials-based systems are undergoing pre-clinical and clinical trials. The limitations and strengths of these systems should be further investigated and summarized, provide a guidebook for the community. Comparative studies are required to explore the effects of shape, size, surface charge, and other factors on nano-bio interactions. In addition to the BBB crossing, research on the biodistribution and elimination of gold nanomaterials in the brain should be continued.

Carbon materials

Carbon materials including carbon dots (CDs), carbon nanotubes (CNTs), graphene, and graphene oxide have been considered as promising agents for biomedical applications.²⁹⁹⁻³⁰¹ They are evolving as functional materials not only for drug delivery but also, in parallel, for imaging, diagnosis and other treatments while proving negligible side effects.³⁰²⁻³⁰⁵

CDs have been exploited as biocompatible nanocarriers for brain-targeted drug delivery due to their tunable properties, photostability, small size, and facile synthesis.³⁰⁶ Leblanc et al. successively reported the development of two CDs-based nanocarriers to treat glioblastoma brain tumor and Alzheimer's disease.^{307,308} The CDs for brain tumor treatment were conjugated with transferrin, epirubicin, temozolomide via EDC/NHS reactions with carboxylic groups on CDs surface. And the CDs for Alzheimer's disease treatment were fabricated by an

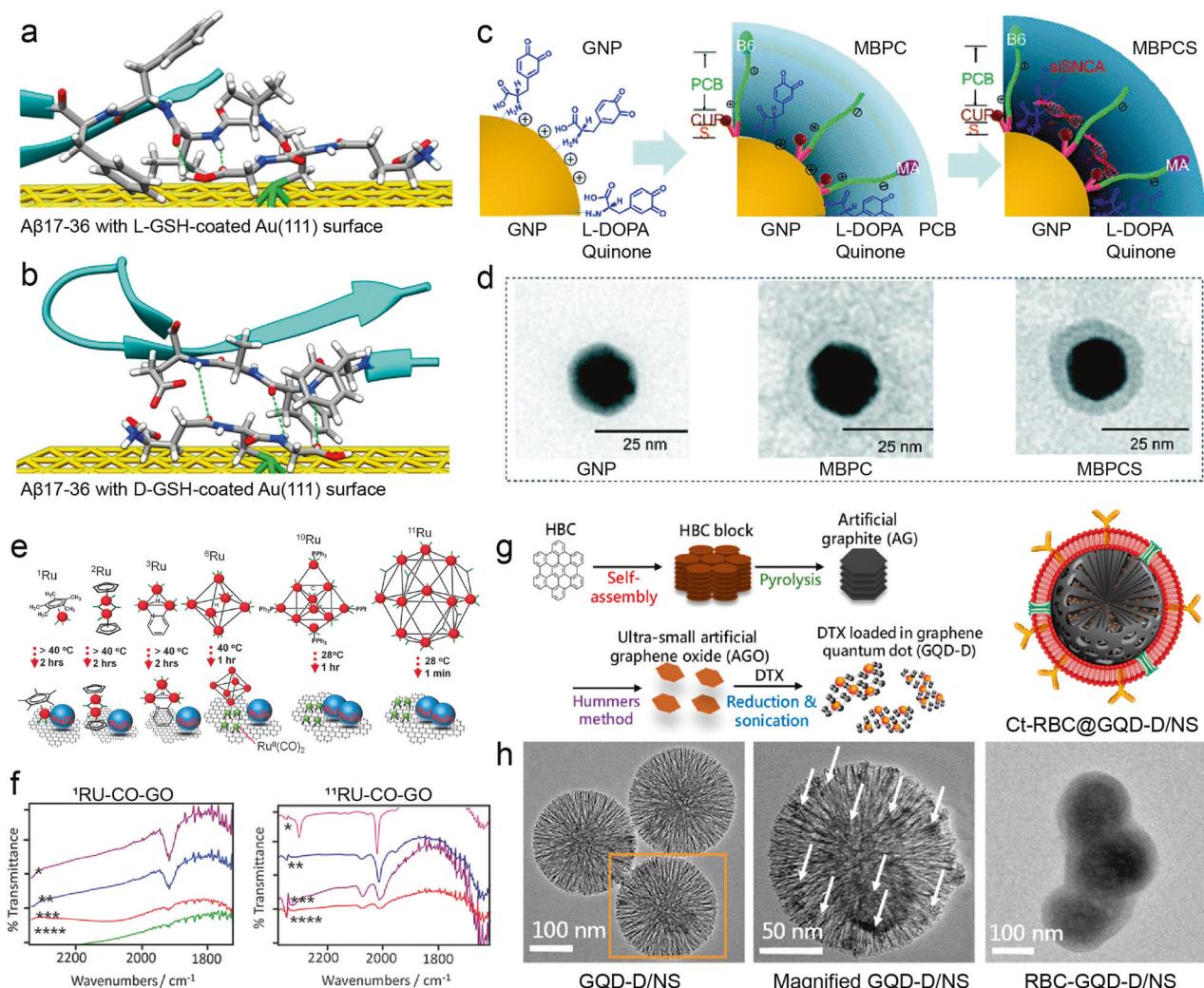


Fig. 7 Gold nanomaterials and carbon materials for brain-targeted drug delivery. **a** Simulated structures of A β 17-36 with L- and **b** D-GSH-coated Au(111) surface obtained from molecular docking simulation. Reproduced with permission. Copyright 2020, Nature Publishing Group. **c** Schematic illustration of synthesis and **d** TEM images of mazindol-B6 peptide-PCB-S-curcumin-siRNA (MBPCS) and intermediate products. Reproduced with permission. Copyright 2019, Royal Society of Chemistry. **e** Structures and reactivity of the various nuclearities of Ru-CO clusters on GO, and **f** FTIR spectra of 1Ru-and 11Ru-CO. Reproduced with permission. Copyright 2018, Wiley-VCH. **g** Schematic illustration of synthesis of drug-loaded graphene quantum dots (GQD-D) and Cetuximab-labeled red blood cell membrane-coated GQD-D anchored inside the nanospangle (Ct-RBC@GQD-D/NS) and **h** their TEM images. Reproduced with permission. Copyright 2019, American Chemical Society

ultrasonication-mediated strategy, producing amphiphilic yellow-emissive particles at a size of 3 nm. Such CDs with amphiphilicity could cross the BBB through passive fusion.

Graphene oxide (GO) and reduced GO (rGO) are two representative graphene-based materials.³⁰⁹ They were well known for their electro-mobility, and photothermal properties, high specific surface area, giving them great potentials in targeted drug delivery. Drug molecules could be conveniently loaded into graphene-based delivery system via non-covalent interactions (π - π stacking, hydrophobic interactions, hydrogen bonding, and electrostatic interactions).³¹⁰ Further, the -OH and -COOH groups of GO and rGO provides a feasibility to conjugate with targeted molecules and material matrix. Interestingly, the graphene-based materials themselves have the potential therapeutic effects in treatment of CNS disorders. They have been used to inhibit misfolding and aggregation of amyloid- β protein. By loading dauricine, a dibenzyl tetrahydroisoquinoline alkaloid that alleviates brain inflammation, GO sheets were verified to possess the therapeutic effects for Alzheimer's disease.³¹¹ In addition to small-molecule drugs, clusters such as Ru^{II}(CO)₄ species could be

absorbed onto GO (Fig. 7e, f).³¹² Under photothermal activation, carbon dioxide was released for the treatment of vascular diseases, like stroke remediation. Obviously, conjugation of functional ligands has been explored to facilitate the BBB transcytosis of graphene-based materials, such as lactoferrin, porphyrin, and transferrin.³¹³⁻³¹⁶ Physico-chemical properties such as size and surface charge also have impact on BBB penetration efficiency of GO and rGO.³⁰⁹ Graphene quantum dots at a size range from 2 to 4 nm have higher BBB permeability than GO at a size from 5 to 20 nm, indicating the crucial role of particle size in brain drug delivery.³¹⁷ Due to the small size, graphene quantum dots could be encapsulated onto mesoporous nanostructure and mediate the theranostic penetrative delivery of drug and photolysis (Fig. 7g, h).³¹⁸ The engineering of cell membrane onto the hybrid particles prolonged the blood circulation, leading to enhanced accumulation at brain tumors.

CNTs can be divided into two types, namely single-walled CNTs (SWCNTs) and multi-walled CNTs (MWCNTs) depending on the inner graphene layers. Unique surface chemistry and walled structure of CNTs permit drug loading and polymer conjugation

for targeted delivery to brains.³¹⁹ The CNTs for drug delivery were usually modified with functional groups such as -NH₂ or -COOH, providing reactive sites. Raza developed PEGylated CNTs after -NH₂ modification for delivery of mangiferin, a potential anti-cancer drug as a nanomedicine for brain tumor.³²⁰ Carboxylated SWCNTs were utilized for brain delivery of levodopa for the treatment of Parkinson's disease.³²¹ Chen et al. combined a mixture of brain targeting peptide, glioma targeting and polyethylenimine with carboxylated MWCNTs to form nanomedicine for orthotopic brain tumors.³²² The therapeutic agents could be loaded within the systems via either covalent conjugation or non-covalent bonding. However, it remains public concern for human health as exposure of CNTs may cause cytotoxicity in CNS,^{323,324} and more toxicological profiles are needed before they can be applied in clinical trials.

Iron oxide nanoparticles

Iron oxide nanoparticles (IONPs) are a class of widely used nanomaterials for biomedical applications including drug delivery, bioimaging, hyperthermia therapy, and magnetic separation.³²⁵⁻³²⁷ Magnetite (Fe₃O₄), hematite (α-Fe₂O₃) and maghemite (γ-Fe₂O₃) are three common IONPs, in which Fe₃O₄ nanoparticles received great interests. Of importance, customized IONPs with different size, shape, morphology, and surface chemistry could be synthesized in a controlled manner. Typically, administration of unmodified IONPs does not permit brain-targeted delivery. Their accumulation pattern in organs of rodent models was revealed as follows: spleen > blood > liver > kidney > lungs > heart > testis > brain.³²⁸ Covalent conjugation of targeting ligands, and/or polymeric materials such as PEG chains, carboxymethyl cellulose, dextran could distinctively facilitate the transport of IONPs across the BBB.³²⁹⁻³³¹

Spherical IONPs or SPIONs could serve as carriers for brain-targeted delivery. For instance, IONPs synthesized by a mixture of L-aspartic acid, FeCl₃·6H₂O, and FeCl₂·4H₂O could be functionalized with carboxylic groups, paclitaxel, PEG polymer chain, and GSH step by step.³³² The as-synthesized particles were proved to pass through the BBB with shuttle peptide and deliver the drug molecules into brain. Ni and co-authors fabricated brain-targeted IONPs for co-delivery of GSH peroxidase 4 and cisplatin for gene-chemotherapy.³³³ The small interfering RNA and the chemical drugs were loaded via EDC/NHS reaction and direct absorption, respectively. Small size IONPs were sometimes used as therapeutic agents other than the carriers. Guo developed an ultrasound-responsive nanoparticle for thrombolysis, by assembly of PLGA and targeting peptide dual-modified nanoparticles onto perfluorohexane nanodroplet (Fig. 8a-d).³³⁴ In another report, SPIONs, quantum dots, cilengitide were integrated into one nanoplateform, giving liposomal formulation for imaging-guided therapy. The hydrophilic cilengitide was encapsulated in the aqueous core, whereas SPIONs and quantum dots were concealed inside the lipid membrane. The SPIONs and the quantum dots used in the formulation have a size of ~20 nm and ~8 nm, respectively, and the hydrodynamic diameter of the final liposome was determined to be ~100 nm. The authors claimed the size change could promote the passive targeting via leaking vasculature (7–150 nm) and meanwhile prevent homogenous leakage of SPIONs into normal tissues.³³⁵

Recently, IONPs with tailored structures or multi-component IONPs-based particles were developed for brain diseases. Zhou et al. provided gallic acid-coated magnetic nanoclovers for targeted delivery of nanomedicine to brain tumors.³³⁶ The clover-shaped nanoparticle was synthesized by a mixture of CoFe-oleate, oleic acid, and oleyl alcohol after an elongated reaction time. The authors indicated that these nanoclovers have greater heat induction efficiency than common IONPs, leading to enhanced magnetic hyperthermia-chemotherapy combination for brain tumor treatment. Paulmurugan and co-workers synthesized

polyfunctional gold-iron oxide nanostars for microRNA delivery to combat against glioblastoma.³³⁷ The gold-iron oxide nanostars could be obtained by consecutive seed and growth steps, giving a uniform size distribution of around 34 nm. Further coating of hybrid polymer (β-cyclodextrin-chitosan) and decoration of PEG-T7 peptide enabled efficient cargo loading and brain tumor targeting.

IONPs are widely used in the clinic for diagnostic and/or prognostic applications. The development of IONPs-based drug delivery system enabled trackable delivery and imaging-guided therapy. Recent advances of magnetotherapy offer a new opportunity for combined therapy. Thus, future work on the construction of multi-functional nanoplateform, as well as the study on how to balance the interactions between each component for optimized efficacy should be conducted.

Silica nanomaterials

Silica nanoparticles are a type of stable, low toxic, and nanostructured bioceramics contributing their superlative properties and uses to biomedicine. Mesoporous silica nanoparticles (MSNs) characterized by ordered distribution of mesopores at a pore size between 2 and 50 nm with high pore volume and surface area are ideal candidates of starting biomaterials, particularly as drug carrier.^{338,339} The presence of silanol groups at particle surface enables the production of multifunctional derivatives of MSNs system for targeted drug delivery in the treatment of brain diseases.

There are mainly two strategies to fabricate MSNs-based delivery system for BBB crossing. First, MSNs can be employed as a drug delivery system by direct drug absorption and surface ligand functionalization. Chen et al. conjugated cRGD peptide with the MSNs and simultaneously load antineoplastic DOX by mixing.³⁴⁰ They found that such system exhibited strong permeability across the BBB and then could induce cancer cells apoptosis by releasing drugs. The transport capability of MSNs at the sizes of 20, 40, and 80 nm were evaluated by the authors and were calculated to be 44.0%, 59.2%, and 38.6%, respectively, which were all higher than that of free drugs (32.8%), indicating a size-dependent penetration mechanism. Gómez-Ruiz and co-workers prepared a MSNs-based nanoplateform for delivery of a cocktail of agents (leptin and pioglitazone) to fight against amyotrophic lateral sclerosis.³⁴¹ Leptin, a polypeptide hormone possessing neuroprotective effects, was conjugated with -NH₂ of MSNs through EDC/NHS coupling, and pioglitazone, an anti-inflammatory agent, was loaded through adsorption. The surface area and the pore volume before and after the drug loading were determined to be 853 m²/g and 0.73 cm³/g, 512 m²/g and 0.47 cm³/g, respectively. These results demonstrated successful incorporation of both agents. Other nanoplateforms using iRGD peptide,³⁴² lactoferrin,³⁴³ lipoic acid,³⁴⁴ Angiopep-2,³⁴⁵ lipid bilayer,³⁴⁶ as targeting ligands also demonstrated efficient drug loading and BBB crossing of MSNs-based delivery systems.

Moreover, MSNs were used as core substrates for further materials growth, or as the carrier shell coating on other functional nanostructures including those particles mentioned above. For example, a core-shell particle system was constructed by polymerization of tetraethyl orthosilicate grafting on magnetic Fe₃O₄ nanoparticles for both drug delivery and magnetic resonance imaging. Afterwards, the drug-loaded Fe₃O₄@MSNs particles were wrapped up by activated neutrophils, producing a biomimetic theranostic platform. The authors claimed the neutrophils not only have the native ability of BBB crossing, but also could act as "living" delivery system targeting inflammatory regions for maximizing the drug bioavailability.³⁴⁷ Similar magnetic core-shell particles were developed by Luo and co-workers (Fig. 8e-g).³⁴⁸ The Fe₃O₄@MSNs particles were modified with both amyloid-β antibody (1F12) and CD44-targeting ligand (hyaluronic acid). Thus, after BBB penetration enabled by hyaluronic acid, the

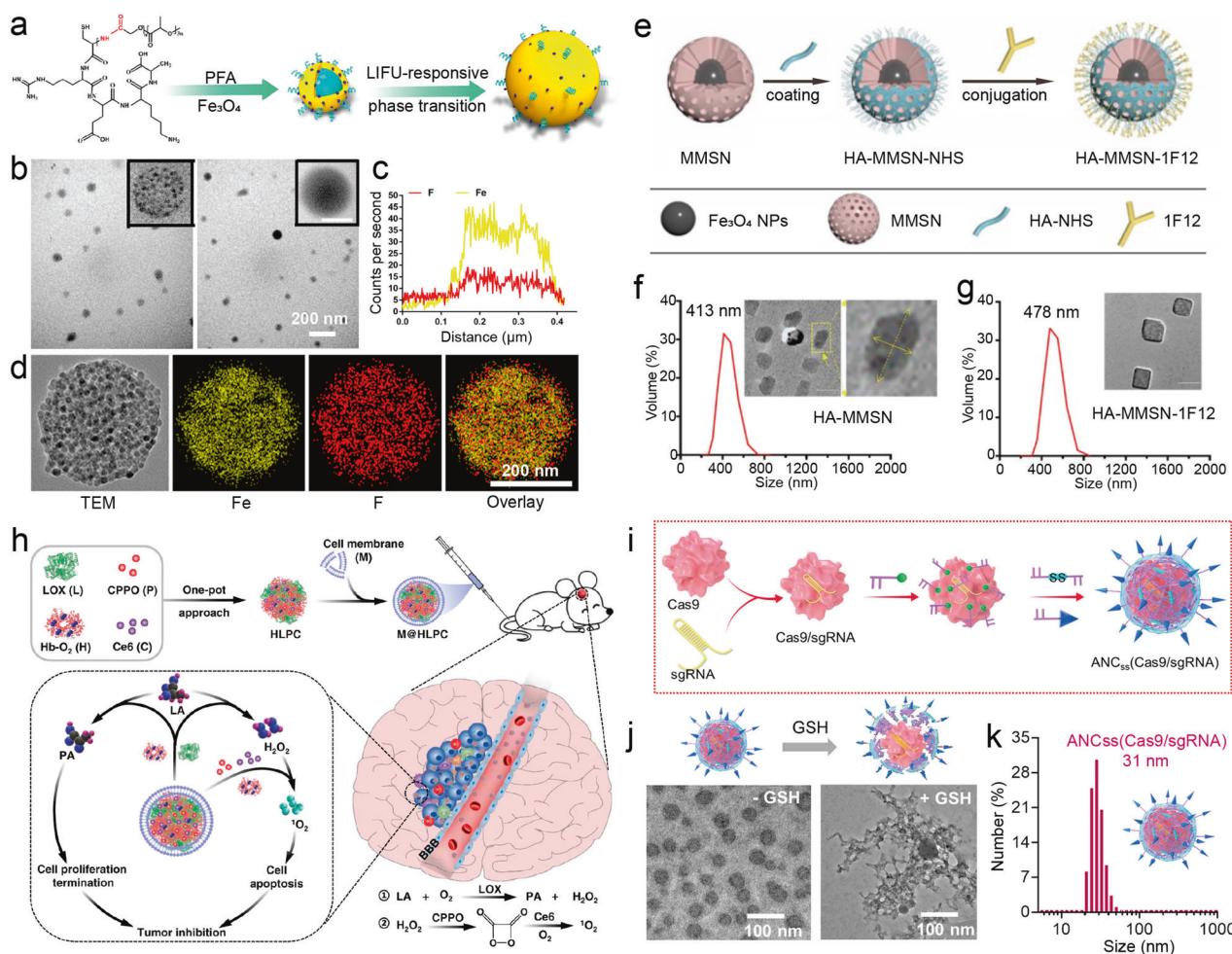


Fig. 8 Iron oxide nanoparticles, silica nanomaterials, biomimetic nanomaterials and Cas9/RNA nanoparticles for brain-targeted drug delivery. **a** Schematic illustration of synthesis of Fe_3O_4 nanoparticles-PLGA-perfluorohexane (PFH) nanoparticles with CREKA peptides and **b, c** representative TEM images of Fe_3O_4 -PLGA-PFH-CREKA and PLGA-PFH-CREKA nanoparticles, and **d** their elemental mapping results. Reproduced with permission. Copyright 2019, American Chemical Society. **e** Schematic illustration of synthesis of HA-MMSN-1F12 nanoparticles and **f** particle size and **g** TEM images of HA-MMSN and HA-MMSN-1F12 nanoparticles. Reproduced with permission. Copyright 2022, Ivspring International Publisher. **h** Schematic illustration of synthesis of cell membrane-coated nanostructures and its targeted synergistic therapy of glioblastoma. Reproduced with permission. Copyright 2022, Nature Publishing Group. **i** Schematic illustration of synthesis of CRISPR-Cas9 nanocapsules and **j** their TEM images and **k** their size distribution. Reproduced with permission. Copyright 2022, American Association for the Advancement of Science

particles could specifically remove amyloid- β oligomers. In their work, the particles size had a hydrodynamic size ranging from 413 to 478 nm which is not an ideal particle size for BBB crossing. However, the authors successfully settled the problem by conjugation of CD44-targeting ligand with MSNs. Karathanasis demonstrated the BBB permeability of Fe_3O_4 @MSNs modified with NH_2 -PEG polymer and fibronectin-targeting peptide CREKA. Thanks to the magnetic cores, external low-power radiofrequency field could facilitate deep penetration of drugs across blood-brain tumor interface.³⁴⁹

Unique properties of silica nanomaterials have made them ideal candidates to be used as drug carriers. In particular, the superior surface chemistry and structural feature of the materials distinctively improve the drug loading capacity. Thus, efficient and standardized production protocols of silica materials should be developed to achieve reproducibility.

Biomimetic drug delivery systems

Engineered materials could exert their therapeutic benefits in drug delivery as an enormous quantity of nanoparticles with customized physio-chemical properties according to the requirement in

disease treatment. In the past decade, camouflaged drug delivery systems that using biomimetic materials were developed to traverse BBB for brain-targeted drug delivery.³⁵⁰⁻³⁵² The earliest work can be traced back to twelve years ago that Zhang's group demonstrate an erythrocyte membrane-camouflaged polymeric nanoparticle for drug delivery.³⁵³ Since then, in addition to membrane-enabled technology, alternative strategies including biomacromolecule-enabled strategy,³⁵⁴ exosome-mediated carrier,³⁵⁵ virus-inspired synthesis,³⁵⁶ extracellular vesicles bionic method,³⁵⁷ and bacteria bionic strategy³⁵⁸ have been adopted in preparation of custom-build nanocarriers. In terms of the synthesis process, the biomimetic nanomaterials for brain delivery can generally be categorized into two strategies, namely bottom-up and top-down strategies.

The bottom-up strategy for particle construction mainly includes the use of a massive number of targeting ligands derived from living systems. From small molecules, short peptides, nucleic acids, to various functional proteins, researchers have created a toolbox of targeting ligands for nanoparticles decoration. In addition to direct conjugation to nanoparticles that have been mentioned in previous sections, targeting ligands are also able to

assemble into the nanostructures in assistance with polymers to accomplish the goals of targeted drug delivery. A synthetic protein nanoparticle assembled by HSA, cell-penetrating peptide (iRGD), reactive macromer (OEG) and siRNA against STAT3, a key factor related to tumor progression, was engineered by Lahann.³⁵⁹ Under the treatment of electrohydrodynamic jetting, the OEG macromer polymerized and covalently interacted with the lysine residues from albumin, giving nanoparticles at an average size of 115 nm. In vitro and in vivo study evidenced the BBB crossing and tumor accumulation of the protein-mediated nanoparticles. To improve the BBB permeability of cytotoxic T-lymphocyte associated antigen 4 (a-CTLA-4) and programmed cell death-1 (a-PD-1) for immunotherapy of brain glioma, Ljubimova and co-workers described a nanoscale immunoconjugate system.³⁶⁰ The immunoconjugate was obtained by covalently attaching antibodies (a-CTLA-4 IgG2b, or a-PD-1 IgG) to poly(β -L-malic acid) polymers, with pre-conjugation of anti-mouse transferrin receptor antibody, and trileucine. Some natural cell membranes such as exosomes without any functionalization have ability to cross the BBB.^{335,361} The delivery efficiency is mainly dependent on the lipid membrane and the active proteins which mediate the internalization between exosomes and target cells. In addition, some exosomes improved the drug delivery efficiency by increasing the BBB membrane fluidity. Interestingly, some natural exosomes not only could penetrate BBB, but also accumulate at brain tumor site³⁶² or inflammatory region,³⁶³ serving as dual targeted delivery systems.

Biomimetic nanomaterials developed with top-down cell-engineered approach inherited complexity of their source cells, bypassing cumbersome synthesis process for particle construction. Cellular internalization and cell membrane coating as typical top-down strategies endow the nanoparticles with bionic communications with biological entities including membrane fusion, cell tropism, immune evasion, cell-cell recognition, which in all contributes to targeted drug delivery. Researchers have reported a variety of biomimetic nanomedicines by engineering whole cells for synthesis of whole-cell-based systems, and parts of cells for semi-biological biomimetic systems. Zhang developed a neutrophil-mediated drug delivery system by anti-cancer drug encapsulation into cationic liposomes, followed by internalization by tumor-associated neutrophils.³⁶⁴ The camouflaged delivery system maintained the physiological features, which could efficiently traverse BBB and migrate to inflammatory sites such as tumor parenchyma. Interestingly, the internalization by leukocytes could complete *in vivo*. Qin et al. prepared cRGD-modified liposomes and demonstrated their enhanced uptake by monocytes and neutrophils *in vivo* due to the high and specific binding affinity.³⁶⁵ As known, leukocytes are promptly recruited when neuroinflammation occurs in brain disorders. This cell-mediated delivery strategy could thus facilitate the migration of drug-loaded liposomes across BBB *in vivo*. Thanks to the homotypic recognition of membrane components, cell membrane coating is an alternative method to fabricate biomimetic delivery system. For example, cell membrane harvested from glioma U251 cells was used as a chaperon to increase brain tumor targeting of delivery system (Fig. 8h).³⁶⁶ The self-assembly nanoparticles composed of hemoglobin, lactate oxidase, chlorin e6, and chemiluminescence reagent were co-extruded with tumor cell membranes to produce membrane-coated nanoparticles. Such system displayed efficient BBB penetration and tumor-targeting capability. In some cases, due to similar amphiphilicity between cell membrane and liposome, the functional proteins from the membranes could be inserted inside the liposomal bilayer after protein fusion, generating proteolipid nanoparticles. Zheng et al. prepared biomimetic proteolipid nanoparticles by embedding glioma cell membrane proteins into indocyanine green-loaded liposomes.³⁶⁷ Unlike membrane-coated polymeric "hard" nanoparticles such as PLGA nanoparticles, these

membrane-camouflaged nanoparticles were proved to be "soft" and the active proteins were easy to be inserted. Further study on platelet-camouflaged delivery system also confirmed the enhanced drug delivery in multiple tumor models including glioma, which was enabled by platelet membrane proteins.³⁶⁸ Such delivery systems largely improved the drug accumulation in brain tumor via homologous binding mechanism. To further optimize the membrane-mediated delivery with region-specific targeting, biomimetic systems could be labeled by targeting ligands via covalent or non-covalent conjugations. Ren and co-authors modified the exosome-based system with LDL peptide by simply co-incubation.³⁶⁹ The high binding affinity of the peptide and LDL receptor promoted the BBB penetration, glioma distribution and cellular uptake. Similar strategy was performed in a delivery system for brain tumor treatment by using conjugation of T7 peptide.³³⁹

Other materials

In addition to the aforementioned nanomaterials, development of biotechnology and materials engineering offers other opportunities for BBB crossing. Black phosphorus (BP) is two-dimensional layered semiconducting material with high drug loading capacity, efficient photothermal conversion, and satisfactory biocompatibility.³⁷⁰ Chen prepared a BP-based delivery system consisted of brain targeting peptide lactoferrin and Paeoniflorin-loaded BP nanosheets.³⁷¹ Elevated BBB permeability of the system was observed due to a combination of lactoferrin-mediated BBB transcytosis and photothermal effects. Some examples of metal or metal oxide-based materials (e.g., MnO₂, MgO, TiO₂) have been exploiting in carrier construction by taking advantages of their catalytic effects and imaging functions.³⁷²⁻³⁷⁵ More recently, variants of the AAV have been investigated for its potential use for BBB penetration. Nanocapsules containing single CRISPR-Cas9 and GSH-sensitive polymeric shell for glioblastoma gene therapy were designed by Shi and co-workers (Fig. 8i-k).³⁷⁶ The particle core of Cas9/sgRNA complexes were decorated with positively charged polymer via electrostatic interactions, as the particle size increased from 17 nm for naked Cas9/sgRNA to 31 nm.

CONCLUSION AND PERSPECTIVES

BBB is a natural barrier protecting the brain from the entrance of toxins and pathogens. However, intact BBB consisted of endothelial cells and tight junctions impedes the brain permeability of therapeutic agents, which largely comprises their therapeutic efficacy of CNS diseases. Along with the rapid development of materials science and nanotechnology, various strategies for BBB regulation and crossing have been developed and engineered delivery systems with unique physio-chemical properties and multifunctional motifs were prepared for enhanced drug delivery via different BBB crossing pathways. This review introduced the basic information of BBB structure and physiology and discussed the different strategies to enhance BBB crossing in detail as well as the bypassing routes and mechanisms. Recent progress of various types of drug delivery systems and their distinguishing attributes for BBB crossing were summarized. The engineered drug delivery systems with appropriate physio-chemical properties, multi-functional modules, and good biocompatibility guaranteed excellent performance of BBB penetration for enhanced drug delivery.

Although extensive achievements have been made in this community with several FDA-approved trials, there is still a long way to go from clinical popularization and translational application. More efforts on both development of materials engineering and biomedicine are needed to bridge the gap. We list some pointel aspects for future research as following: (1) More appropriate *in vitro* and *in vivo* models for evaluation of BBB permeability. Currently, cell monolayer model (e.g., Transwell

model) was widely used to verify the BBB crossing and calculate the penetration efficiency. Yet, a compliant three-dimensional BBB model is more preferred to investigate the role of blood flow and drug transport in BBB maintenance. Recent advances in 3D printing technology may provide an alternative approach to *in vitro* BBB study.^{377,378} (2) Targeted delivery with better spatial and temporal precision. Although abovementioned strategies provide means to improve brain targeting, none of them could complete brain region-specific delivery, which is crucial for treatment of brain disorders. Strategy of targeting ligand functionalization significantly relies on the receptor expression, and stimuli-triggered BBB disruption has limited resolution. Drug release in a time-controlled manner would also be highly favored. Treatment of paroxysmal disorders such as epilepsy required timely drug release. (3) Safety issues should be addressed before clinical translation. In addition to conventional acute and chronic toxicity evaluation in cellular, organ, tissue, and system levels, studies on distribution and metabolic fate of nanomaterials in a long-term period should be conducted. Even though most literature claimed satisfactory biocompatibility in their reports, toxicological studies on organic and inorganic drug delivery systems revealed neurotoxicity and inflammatory damages in the brain.³⁷⁹⁻³⁸¹ Researches on integrity and function of BBB at molecular level after non-invasive regulation should also be performed to verify the biosafety. (4) The interactions between drug delivery systems, cargo drug molecules, and cells should be identified. A deeper understanding of complex interactions and computational modeling, including machine learning algorithms,³⁸² could provide complementary insight on empirical design of drug delivery system. (5) Scalability and reproducibility should be guaranteed. New methodologies for carrier construction and drug loading will facilitate their practical uses. (6) In addition to drug delivery, a combinational delivery of other agents such as imaging probes and biosensors is anticipated to improve the therapeutic efficacy by fabricating theranostic nanoplatforms. Targeted drug delivery is a multi-disciplinary study involving biotechnology, chemistry, material science and medicine. Considered the promising results that shown in this field, we envision that further continuous interdisciplinary cooperation will build a broader platform for enhanced BBB crossing for the treatment of brain diseases in the future.

ACKNOWLEDGEMENTS

This work was supported by the National Natural Science Foundation of China (82273861, 82003666, 82022071), Natural Science Foundation of Zhejiang Province (LD22H31003, LQ23H300001), and Young Elite Scientists Sponsorship Program by CAST (YESS20220139). Schematic illustrations in Figs. 1, 2a, 3a, 4a, and 5a are created with BioRender.com.

AUTHOR CONTRIBUTIONS

Y.W., Z.C., and D.W. conceived this review. D.W. and Q.C. wrote the manuscript. Y.W. revised the manuscript, and other authors discussed and commented on the review. All authors have read and approved the article.

ADDITIONAL INFORMATION

Competing interests: The authors declare no competing interests.

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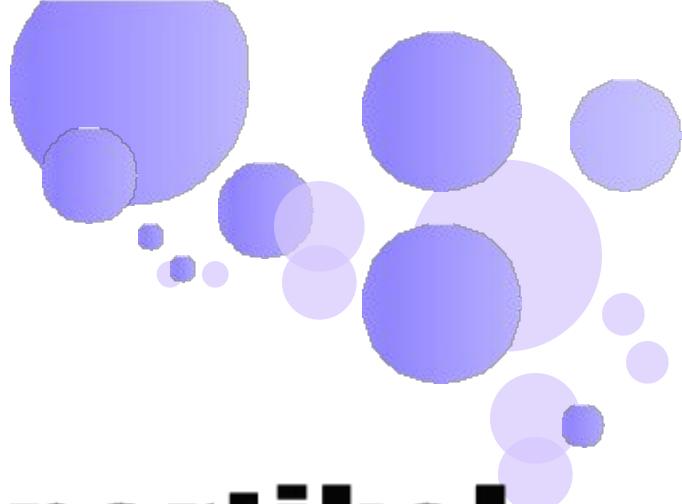
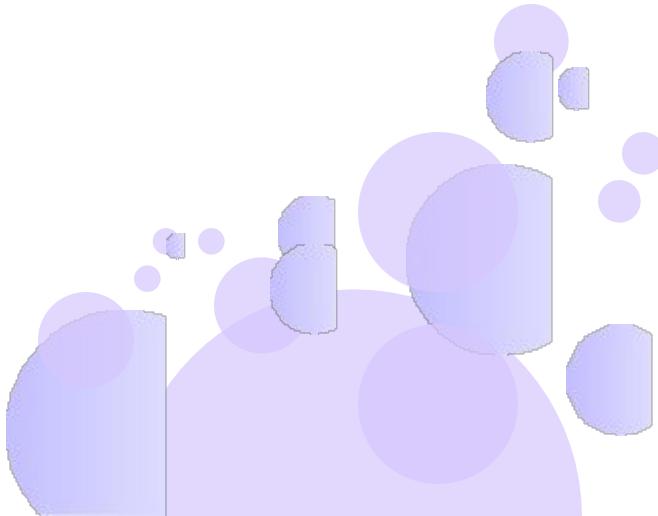
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Teknologi Nanopartikel untuk Penghantaran Obat



Nanopartikel :

dispersi partikel atau partikel padat yang berukuran di bawah 100 nm

- untuk hard material seperti silika, metal oksida, dan intan yang memiliki titik lebur di atas 1000°C.
- untuk obat dan molekul polimer dengan titik lebur di bawah 300°C, ukuran partikel yang diharapkan adalah di bawah 300 nm.

Kelebihan, dibandingkan dengan mikropartikel :

1. Ukuran lebih kecil, luas permukaan lebih besar, disolusi lebih cepat
2. Lebih stabil tedispersi karena ukuran lebih kecil, gaya gravitasi lebih kecil, kecepatan sedimentasi lebih rendah.

Kelemahan :

1. area permukaan yang luas dapat menyebabkan agregasi partikel,
2. memiliki kapasitas loading drug yang terbatas

(Tiyaboonchai, 2003; Mohanraj dan Chen, 2006; Pragati dkk., 2009).

APLIKASI DI KOSMETIK

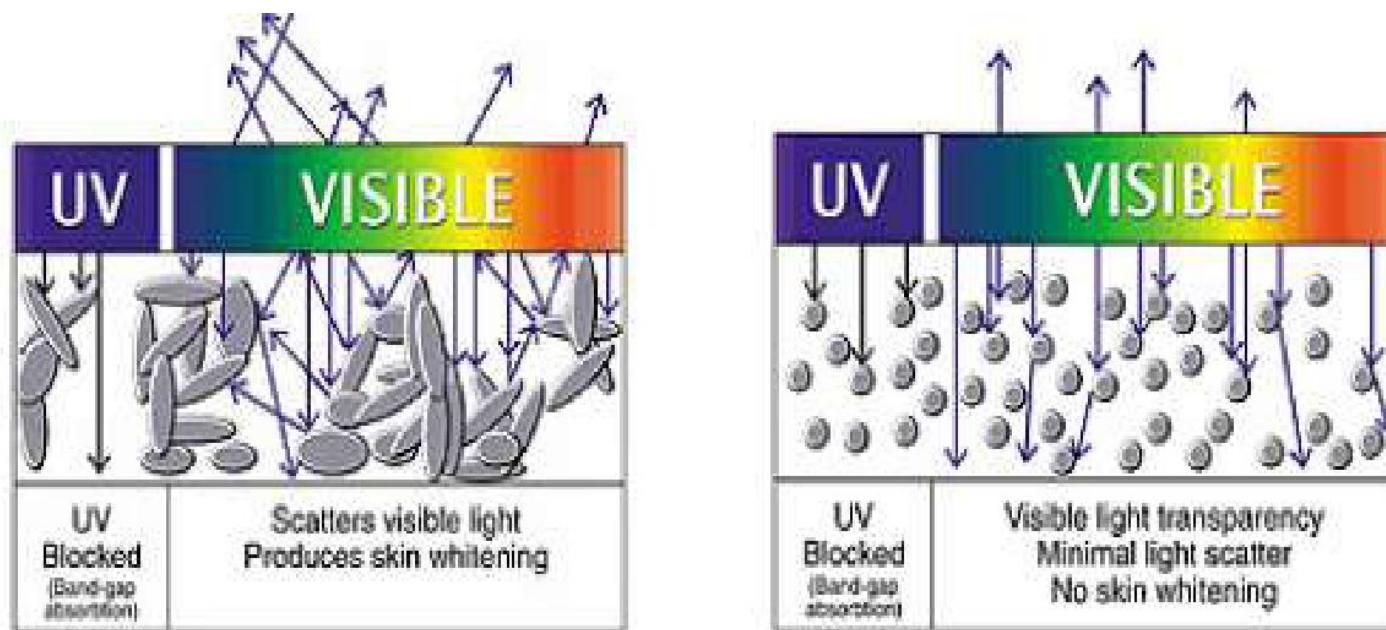
• Metal oxides, such as TiO_2 and ZnO , are found in many commercial applications



Photo Courtesy Nanophase Technologies

Nanophase Technologies' zinc oxide nanoparticles (seen in inset photo) are included in the above products. The nanoparticles are transparent and can block UV rays from the skin. They are also antimicrobial, which helps control odor.

UV BLOCK



Cosmetic clarity and the efficiency of zinc oxide in blocking UVB and UVA is directly related to particle size, size distribution, particle loading and dispersion. Whitening in sunscreens and cosmetics is a result of visible light scatter produced by large particles and poor dispersion.

PRODUK NANOPARTIKEL DI INDONESIA

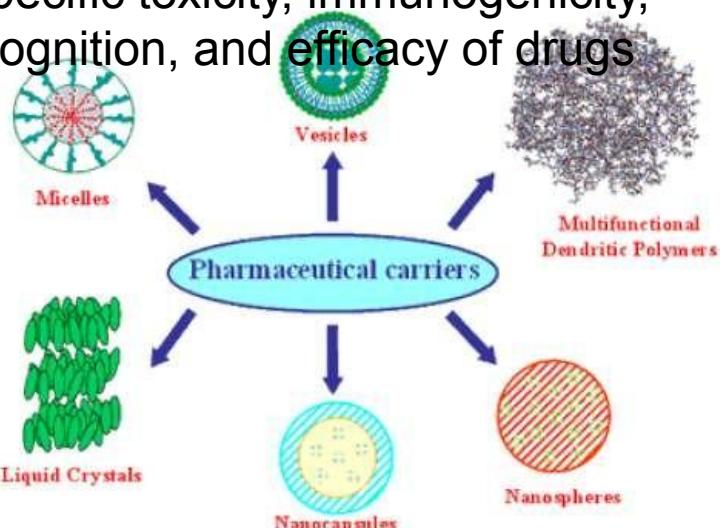


Nanopharmaceuticals can be developed either as drug delivery systems or biologically active products

Drug nanocarriers

Drugs with low stability, low bioavailability, or high toxicity

controlling the pharmacokinetics/dynamics, non-specific toxicity, immunogenicity, biorecognition, and efficacy of drugs



Drug nanoparticles

Poorly water soluble drugs

- Many new chemical entities (30%-50%) are poorly water soluble
- Poor solubility
- Fed/fasted variability
- Lack of dose proportionality
- Safety issues for i.v. administration

Drug Nanoparticles

- It is estimated that approximately 40% of all new drugs are insoluble, many of which suffer from poor oral bioavailability*
- For readily permeable compounds (BCS Class 2), a reduction in particle size can translate to substantial improvement in the rate and extent of oral absorption



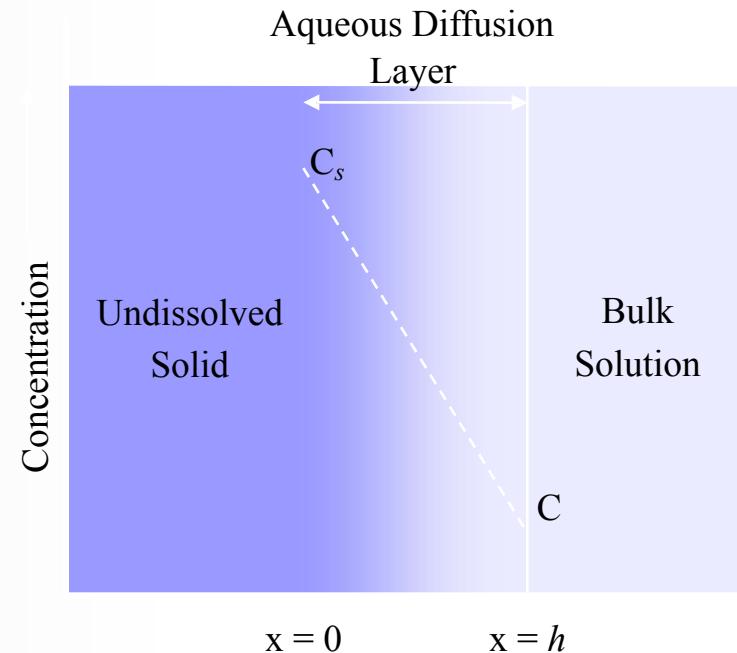
*Source: Merisko-Liversidge et al., "Nanosizing: A Formulation Approach for Poorly-Water-Soluble Compounds", *Eur. J. Pharm. Sci.*, Vol. 18, 2003 (113-120).

Ukuran partikel mempengaruhi kelarutan

$$\frac{dC}{dt} = \frac{DS}{Vh} (C_s - C) \quad (1)$$

$$\frac{dC}{dt} = \frac{DS}{Vh} (C_s - C) \quad (2)$$

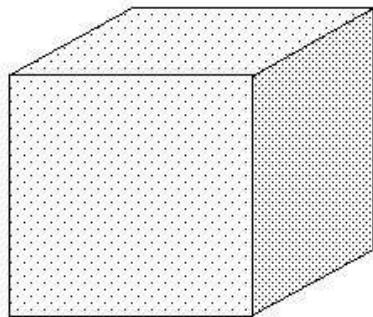
$$\frac{dC}{dt} = kS \quad (3)$$



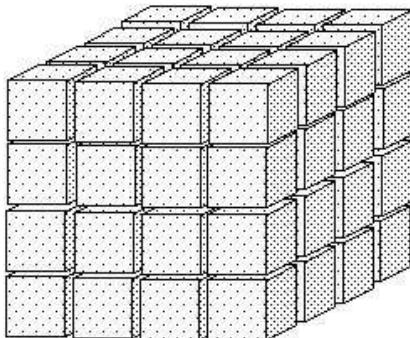
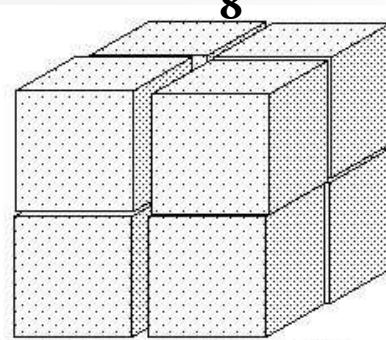
- For a freely soluble drug, S is not critical: large $C_s \Rightarrow$ large $k \Rightarrow$ large dC/dt
- For a poorly soluble drug, k is small $\Rightarrow dC/dt$ is highly responsive to S

Luas permukaan mempengaruhi aktifitas

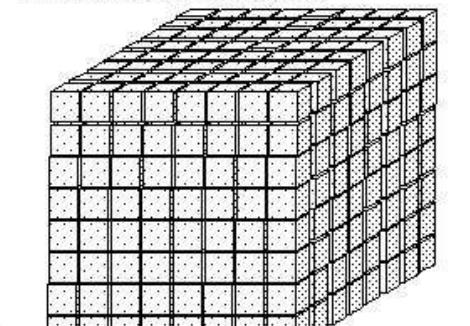
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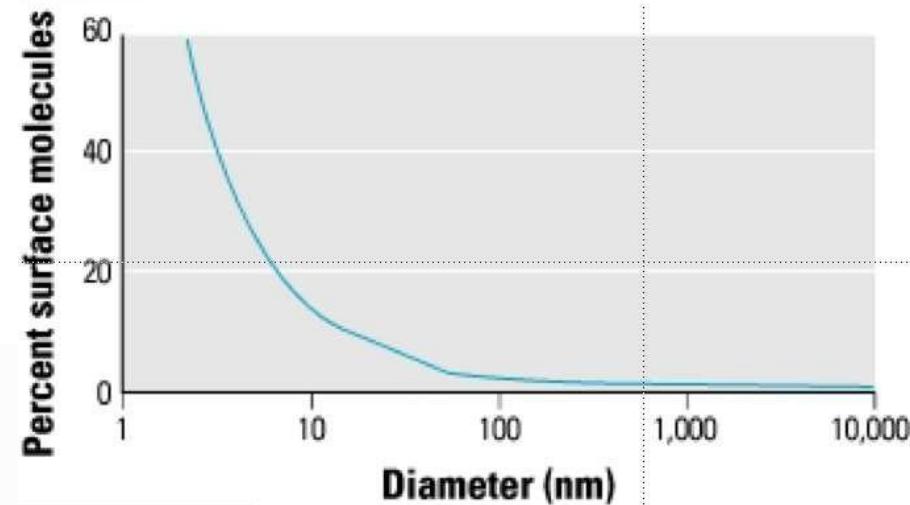


64



512

1/2 the size = 2x the surface area and $2^3 = 8x$ the number of particles
Approaches 100% of atoms on the surface



Production of Drug Nanoparticles

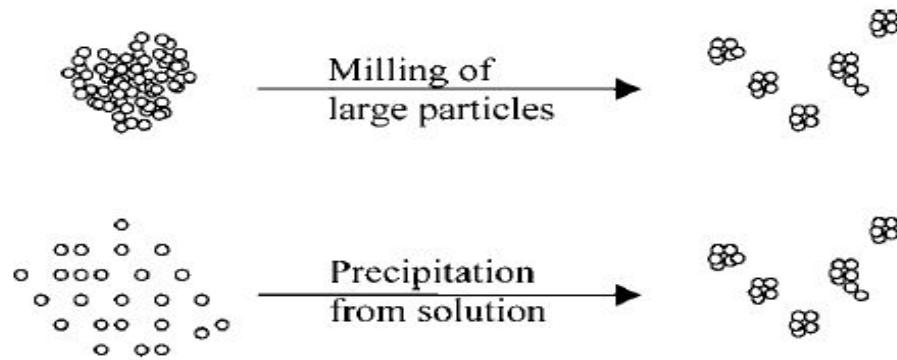
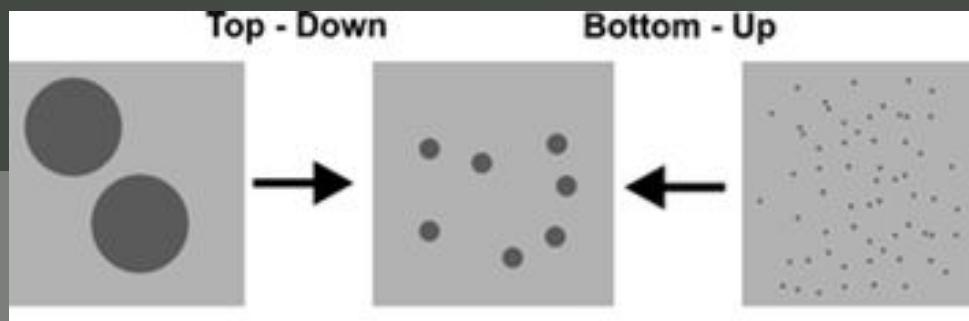


Figure 1 Schematic of the two general nanoparticle production techniques.



A. Breaking-down process

Comminuting or grinding or milling is the oldest mechanical unit operation for size reduction of solids and for producing large quantities of particulate materials. The material is subjected to stress, which results in the breakage of the particle.

Importance Parameters:

- (i) Toughness/brittleness (in tough materials, stress causes plastic deformation, whereas in brittle materials cracks are propagated; hence, size reduction of brittle materials is easier than for tough materials; sometimes, a material can be cooled to embrittle);
- (ii) Hardness, abrasiveness, particle shape and structure, heat sensitivity (only about 2% of the applied energy goes to size reduction, the rest is converted to heat; hence, heat-sensitive drugs require cooling), and explodability (most pharmaceuticals are organic materials; as the size is reduced air combustibility of the material increases, hence proper inerting is needed).

A. Breaking-down process

Preparation of Drug Nanoparticles by High-Energy Wet Milling

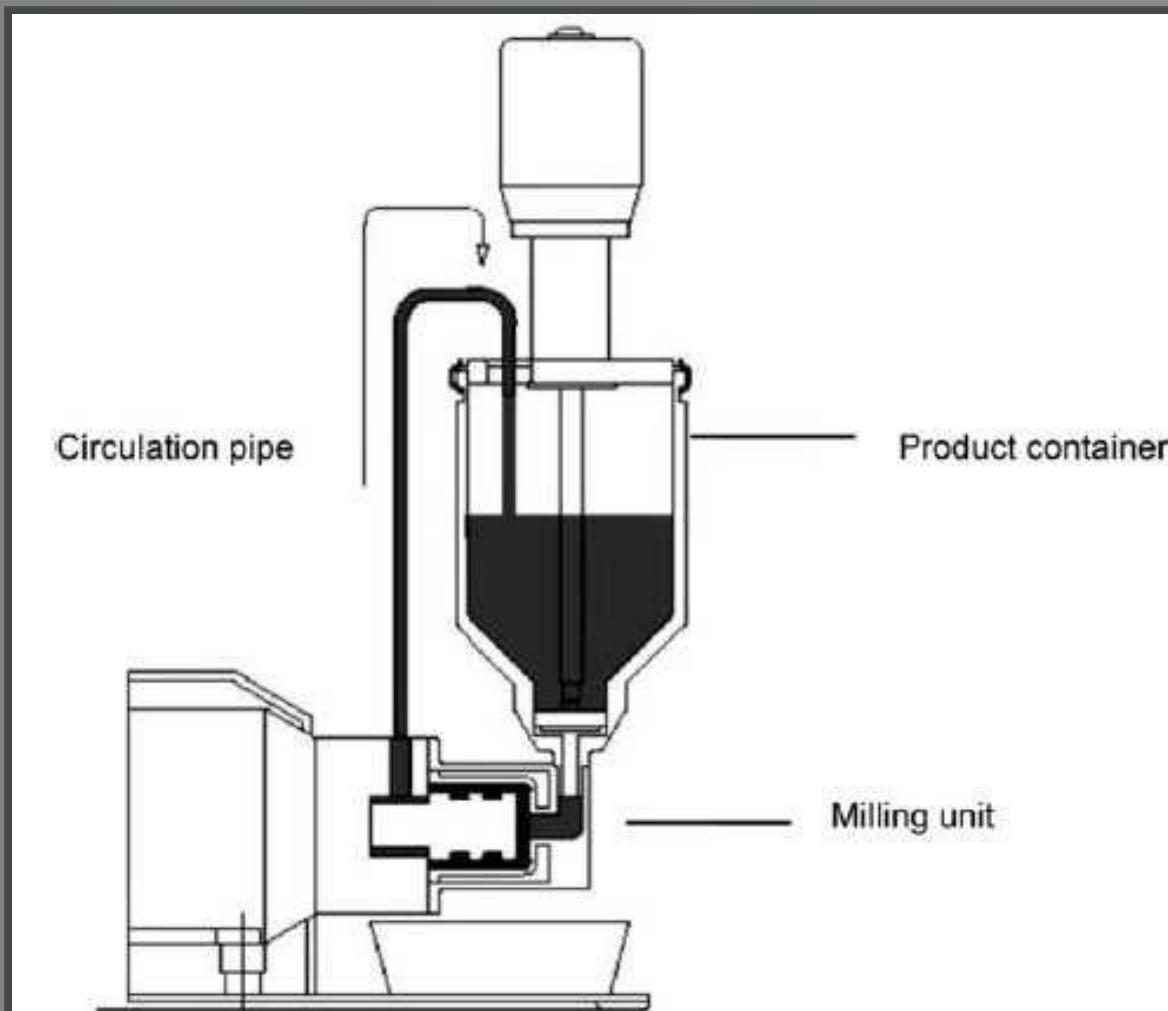


Figure 1 DISPERMAT® SL: schematic view of a bead mill using recirculation method. Source: From Ref. 21.

Source: Gupta & Kompella, Nanoparticle Technology for drug delivery, 2009.

A. Breaking-down process

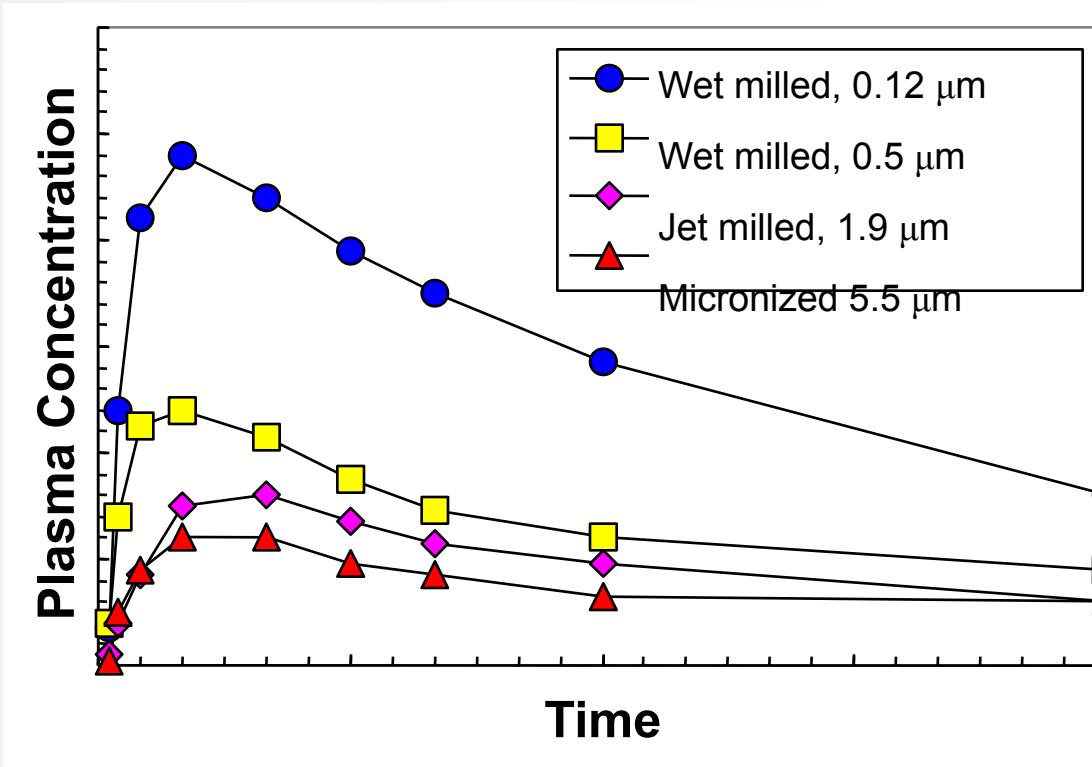
NanoMill®–2 Manufacturing Platform



PNoalnyoMMilill®I®isisaareregisistetereredtrtaraddeemmaarkroof
fEElalannPPhhaarmrmaalnInteternrnaatitoionnaal ILLimimitiedd. .

Source: Ruddy, Elan Corporation,
plc, 2008

Example: Particle-Size Dependence of MK-0869

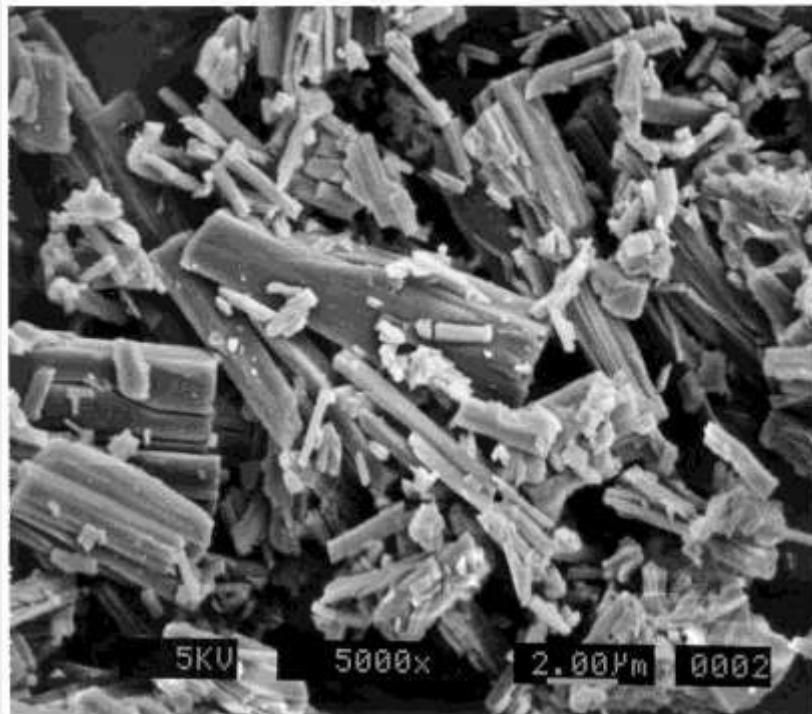


Redrawn from: Y. Wu et al., "The role of biopharmaceutics in the development of a clinical nanoparticle formulation of MK-0869: a Beagle dog model predicts improved bioavailability and diminished food effect on absorption in humans.", *Int. J. Pharm.*, Vol. 285 Number 1-2, 2004 (135-146).

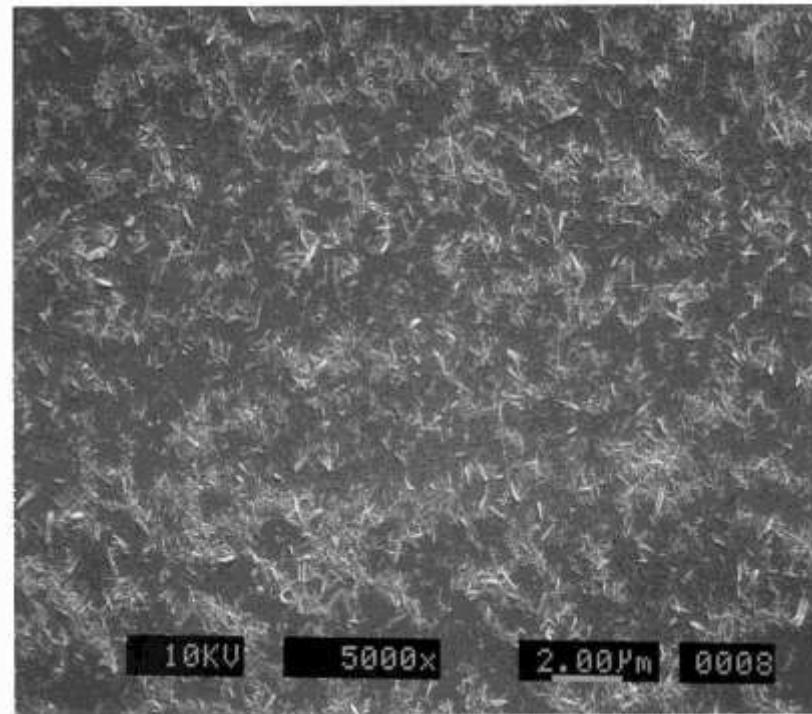
Source: Ruddy, Elan Corporation,
plc, 2008

Morphology of Unmilled and Milled Drug Particles

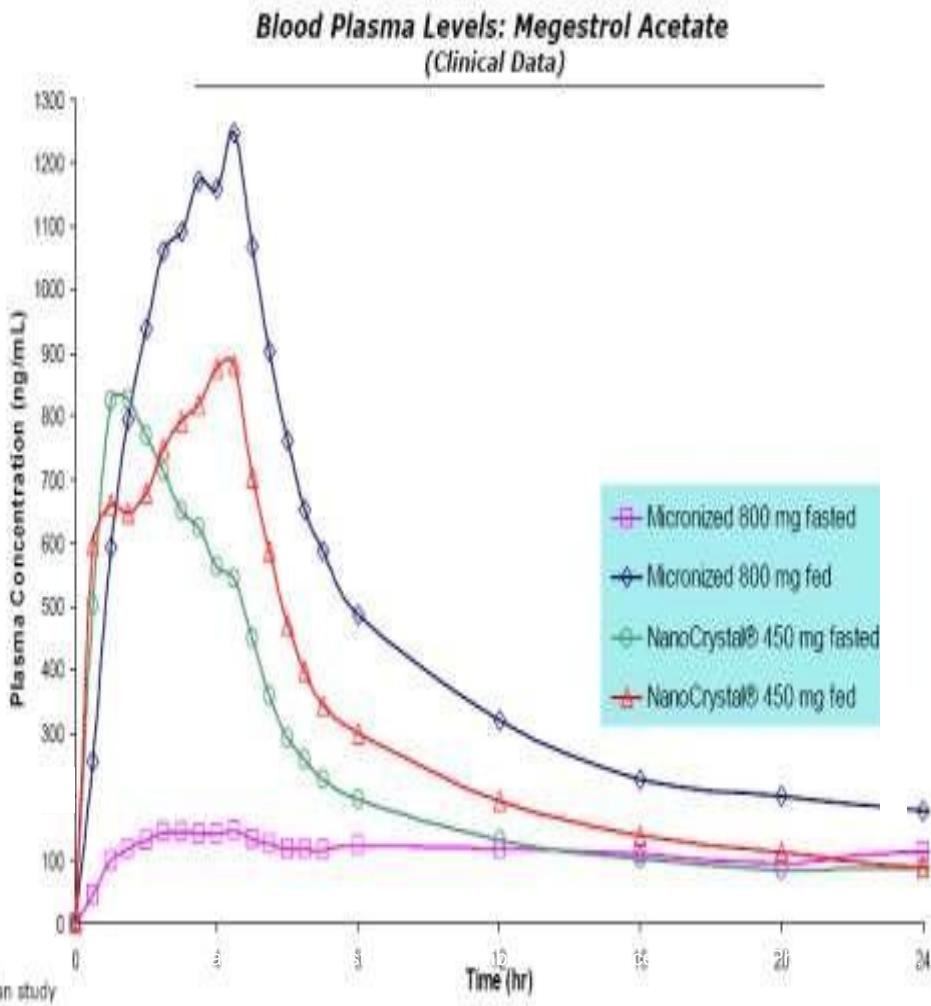
before milling



after milling



Commercial Example: Megace® ES (megestrol acetate oral suspension)



- 16-fold reduction in viscosity
- 75% reduction in dose volume
- elimination of fed/fasted variability

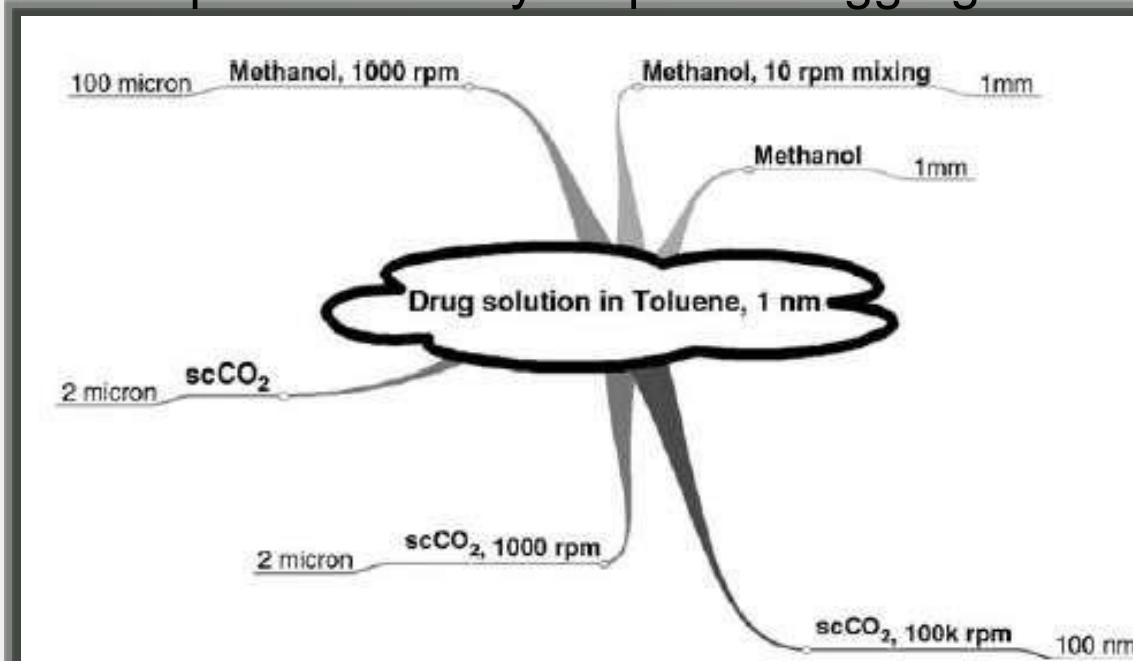
	 MegaceES	 Megestrol Acetate Oral Suspension
Dose	625mg	800mg
Volume	5 mL (teaspoon)	20 mL (dosing cup)
Dosing with regard to food ¹⁴	Bioequivalent in fed condition Bioavailability minimally reduced in unfed condition	Bioequivalent in fed condition Bioavailability substantially reduced in unfed condition
Dispensed as	30-day (1 Month) bottle	12- or 24-day bottles

B. Building-up process

In this process, a drug is dissolved in a solvent to achieve molecular solution. Then, the nanoparticle precipitate is obtained either by removing the solvent rapidly or by mixing an antisolvent (nonsolvent) to the solution, reducing its solubilizing strength. Initially, nuclei are formed, which grow because of condensation and coagulation giving the final particles.

Nanoparticle will only be obtained if:

- (i) Growth stop (by controlling the rate of antisolvent reaction)
- (ii) No subsequent tendency for particle aggregation



Nanopharmaceuticals can be developed either as drug delivery systems or biologically active products

Drug nanocarriers

Drugs with low stability, low bioavailability, or high toxicity

controlling the pharmacokinetics/dynamics, non-specific toxicity, immunogenicity, biorecognition, and efficacy of drugs



Drug nanoparticles

Poorly water soluble drugs

- Many new chemical entities (30%-50%) are poorly water soluble
- Poor solubility
- Fed/fasted variability
- Lack of dose proportionality
- Safety issues for i.v. administration

Nanocarrier

meliputi bahan – bahan makromolekul dan dapat digunakan untuk menghasilkan efek terapeutik dalam vaksin dan drug carier dimana bahan aktif terlarut, terjerap, terenkapsulasi, teradsorbsi, atau terikat secara kimia .

Nanocarrier

dapat meningkatkan stabilitas obat atau protein, meningkatkan durasi efek terapi, mengontrol pelepasan obat, mencegah atau meminimalkan obat dari degradasi, metabolisme, dan cellular efflux.

Nanosfer

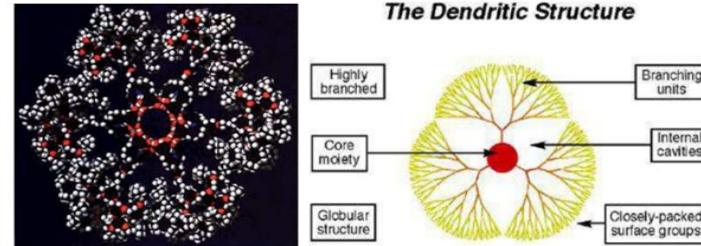
memiliki struktur tipe monolitik (matrix) obat fisik terdispersi secara seragam pada pembawa nanopartikel atau teradsorpsi di atas permukaannya.

Nanokapsul

memiliki struktur *membrane-wall* dan obat terjerap di dalam inti atau teradsorbsi pada bagian luarnya (obat terjerap di dalam rongga dan terselimuti oleh membran polimer)

Dendrimer

Makromolekul Yang Memiliki Struktur Nano, Berbentuk Globular, Memiliki Monodispersitas Dalam Ukuran, Dan Gugus Fungsional Pada Permukaannya.

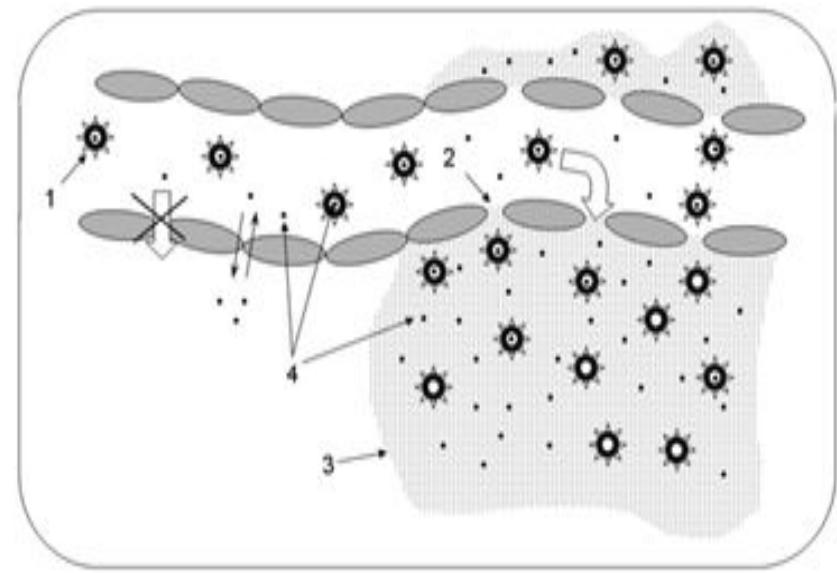
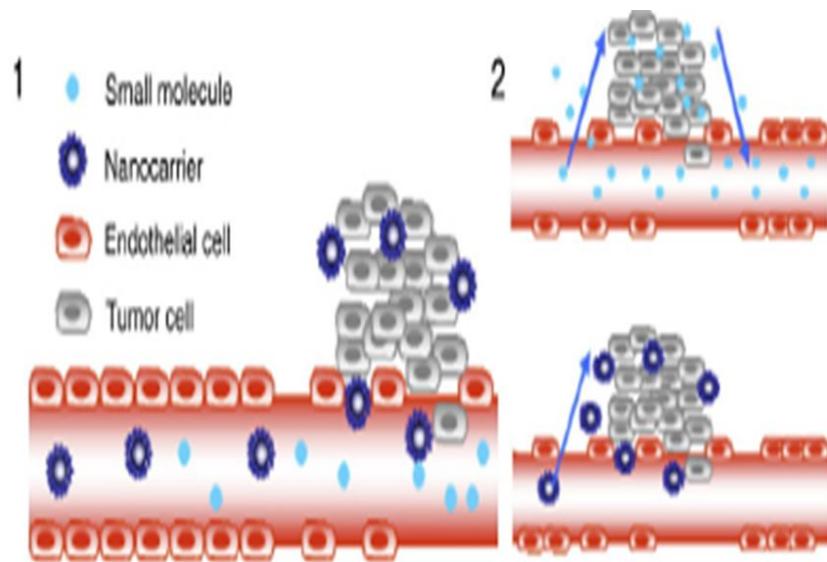


Properties	
Structure	Compact and Globular
synthesis	Careful and stepwise growth
Structure control	Very high
Shape	spherical
Crystallinity	Non crystalline, amorphous material, lower glass temperature
Nonpolar solubility	high
Aqueous solubility	high
viscosity	Non linear relationship with molecular weight
reactivity	high

Properties of Dendrimers

Pendekatan *magic gun* atau *magic missile*.

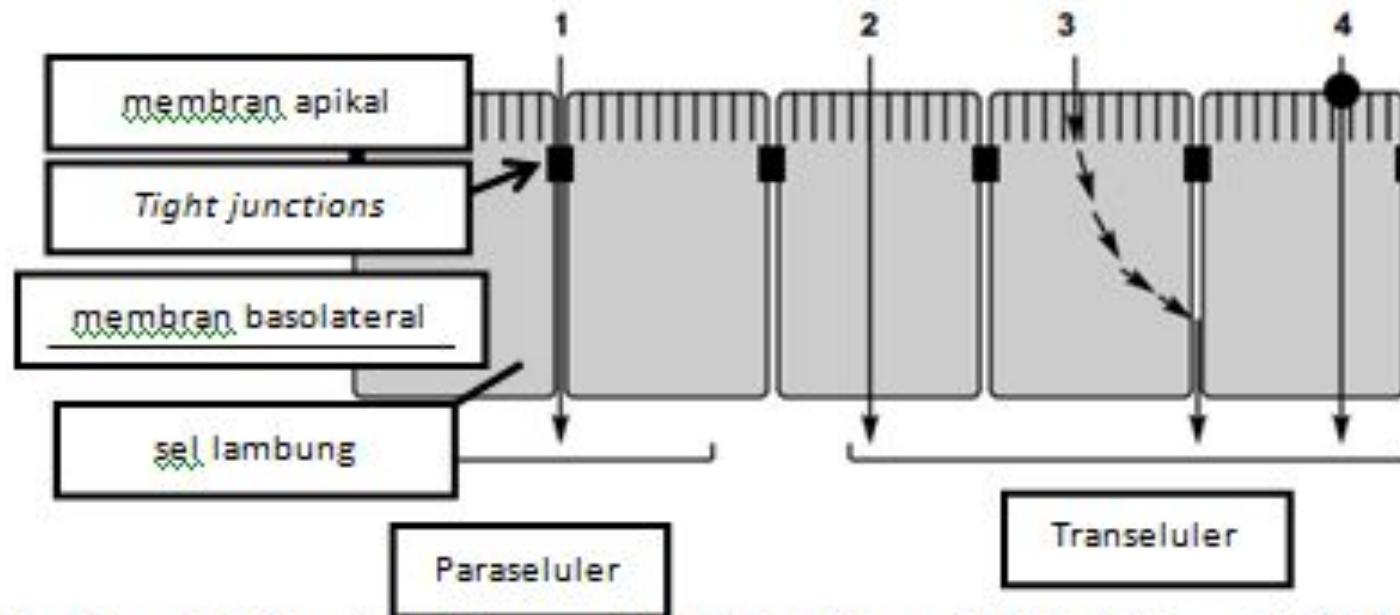
Senyawa diikatkan dengan suatu makromolekul yang inaktif farmakologis (nanocarrier)



Skema pasive cancer targeting. Konstruksi targeting

- (1) tidak mampu keluar menembus lapisan endotel pembuluh darah normal, tetapi mampu melewati fenestre
- (2) Degradasi di jaringan kanker
- (3) akan menyebabkan senyawa aktif terlepas (Torchilin, 2007)

Mekanisme transport transeluler dan paraseluler



Gambar 4. Mekanisme Transport Molekul Melewati Sel Epitel Intestinal (Ferrec *et al.*, 2001) Paraseluler, 2) Difusi Pasif Transeluler (endositosis), 3) Transcytosis, 4) *Carrier-Mediated Uptake* pada Bagian Apikal Dilanjutkan Difusi Pasif Menembus Membran Basolateral.

Drug Nanocarriers

- Nanoparticles -

Nanoparticles are currently made out of a very wide variety of materials:

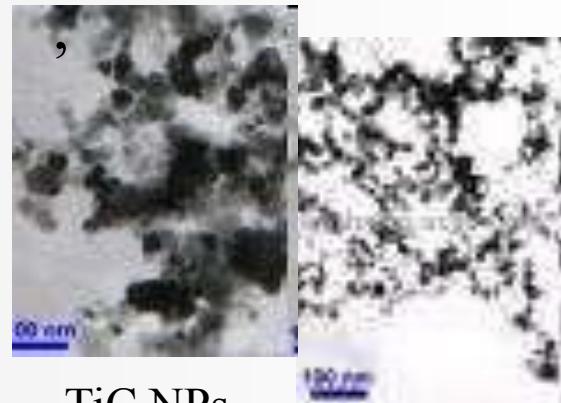
□ Metal nanoparticles: Ag, Au, Ti, Cu, Co, Pt etc

□ Ceramics nanoparticles: Carbides (SiC, TiC, ZrC), Nitrides

□ Polymeric nanoparticles: natural polymers (chitosan etc),
(Si_3N_4 , TiN, AlN), silicon (alginate, synthetic polymers (polystyrene PLA, PLGA etc))

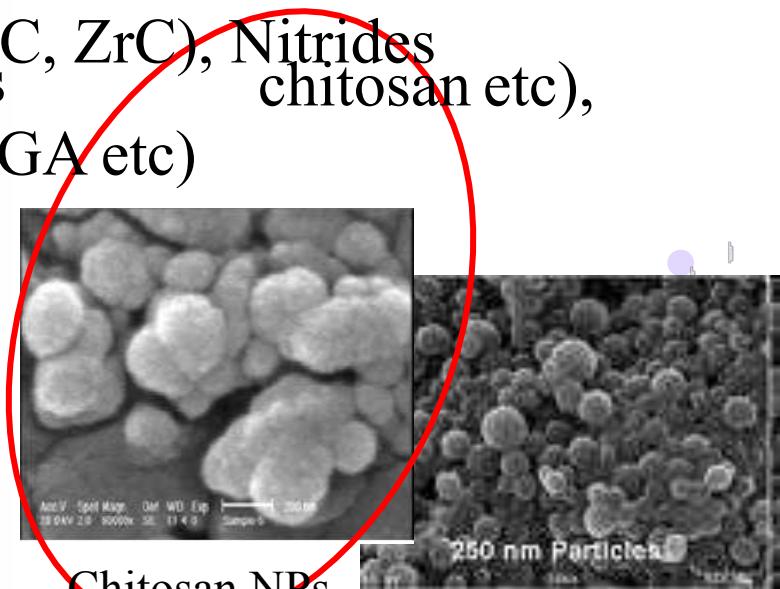


Metal NPs



TiC NPs

Silicone NPs



Chitosan NPs

PLGA NPs

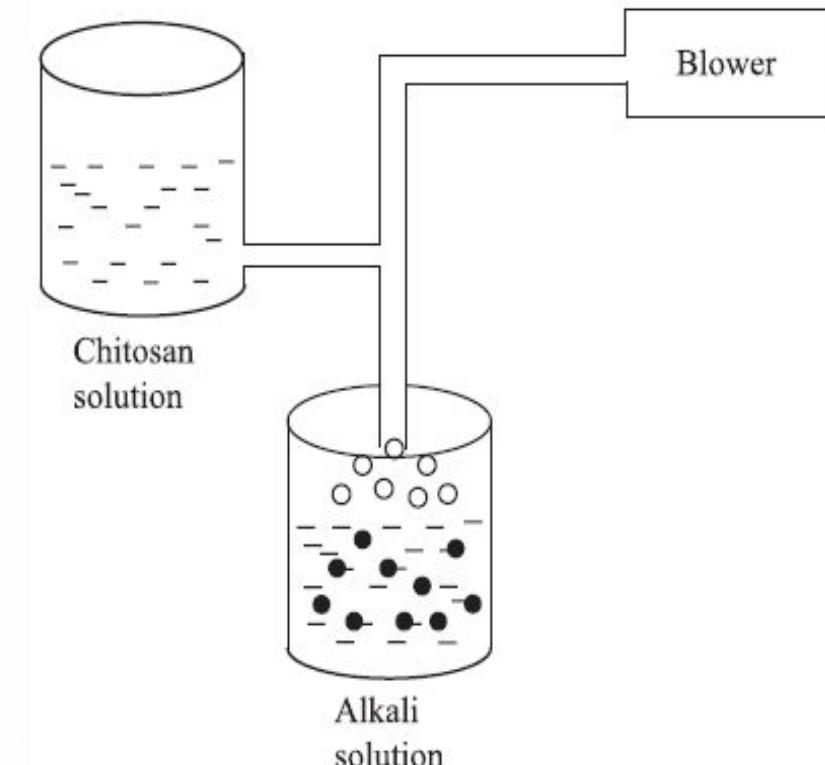
Preparation Methods

Different methods have been used to prepare chitosan particulate systems. Selection of any of the methods depends upon factors such as **particle size requirement, thermal and chemical stability of active agent, reproducibility of the release kinetic profiles, stability of the final product and residual toxicity** associated with the final product.

Coacervation techniques

Ex.: chitosan-DNA nanoparticles

(Mao, et al. 2001. Chitosan DNA nanoparticles as gene delivery carriers: synthesis, characterization and transfection efficiency. *J. Control. Release* 70, 399– 421)



Lanjutan...

- larutan **kitosan** dipancarkan pada larutan **alkali** seperti natrium hidroksida, NaOH-metanol atau etanadiamin menggunakan nozel udara bertekanan untuk membentuk droplet koaservat.
- Separasi dan purifikasi dari partikel dilakukan dengan filtrasi/ sentrifugasi yang diikuti pencucian dengan air panas dan air dingin secara berurutan.
- Variasi tekanan udara atau diameter nozel digunakan untuk mengatur ukuran partikel.

- larutan natrium sulfat ditambahkan tetes demi tetes pada larutan kitosan dalam asam encer yang mengandung surfaktan dengan pengadukan dan ultrasonikasi selama 30 menit.
- Microsphere dimurnikan dengan sentrifugasi dan disuspensi kembali dalam air yang telah didemineralisasi.
- Partikel ditambahkan dengan glutaraldehid agar terjadi ikatan silang

□ Emulsion-droplet coalescence method

Ex.: chitosan-gadopentetic acid NPs

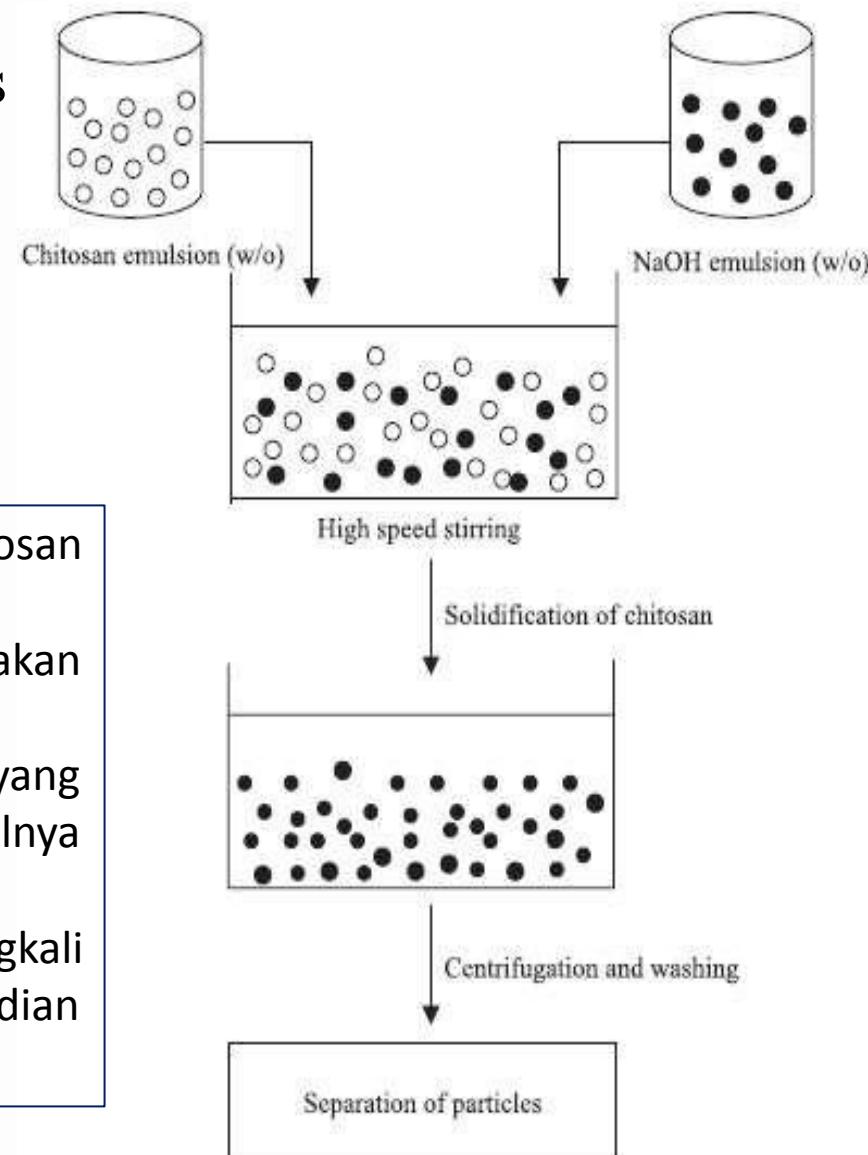
(Tokumitsu, et al. 1999. Chitosan– gadopentetic acid complex nanoparticles for gadolinium neutron capture therapy of cancer: preparation by novel emulsiondroplet coalescence technique

and characterization, Pharm. Res. 16, 1830– emulsi air dalam minyak : larutan encer kitosan 1835) dalam fase minyak.

Droplet encer distabilkan dengan menggunakan surfaktan yang tepat.

Emulsi yang stabil direaksikan dengan bahan yang tepat agar terjadi ikatan silang, misalnya glutaraldehid, untuk mengeraskan droplet.

Microsphere disaring dan dicuci berulangkali dengan n-heksan diikuti dengan alkohol kemudian dikeringkan.

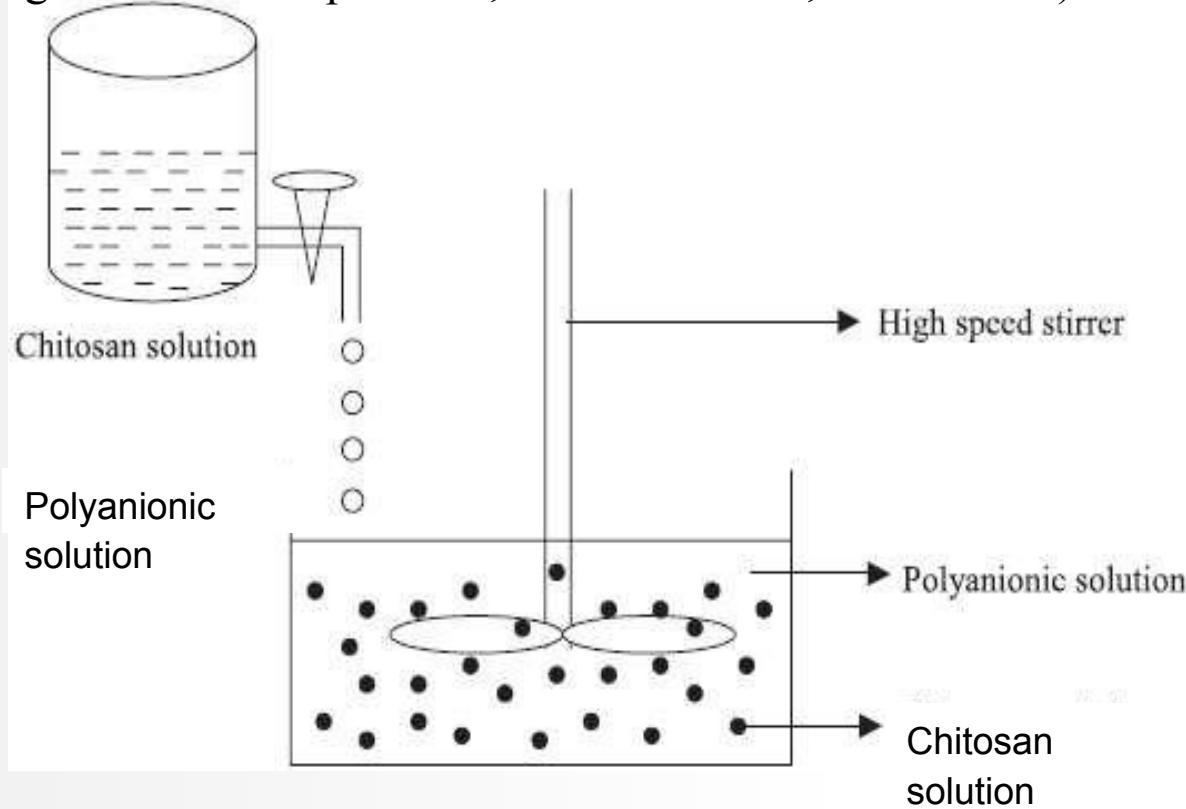


□ Ionic Gelation

Example: chitosan-insulin nanoparticles

(Fernandez-Urrusuno, et al. 1999. Enhancement of nasal absorption of

insulin using chitosan nanoparticles, Pharm. Res. 16, 1576– 1581)



Lanjutan...

- Mekanisme pembentukan nanopartikel : interaksi **elektrostatik** antara **grup amina kitosan** dan **grup muatan negatif polianion** seperti tripolifosfat (TPP).
- Pembuatan kompleks TPP-kitosan dilakukan dengan meneteskan droplet kitosan ke dalam larutan TPP.
- Pada metode gelasi ionik, kitosan dilarutkan dalam larutan asam encer untuk memperoleh kation kitosan.
- Larutan ditambahkan dengan meneteskan ke dalam larutan polianionik TPP sambil diaduk.
- Akibat kompleksasi antara muatan yang berbeda, kitosan mengalami gelasi ionik dan presipitasi membentuk partikel bulat seperti bola.
- nanopartikel dibentuk secara spontan akibat pengadukan mekanis pada suhu kamar.
- Ukuran dan muatan permukaan partikel dapat dimodifikasi dengan memvariasi rasio kitosan terhadap bahan penstabil (stabilizer)

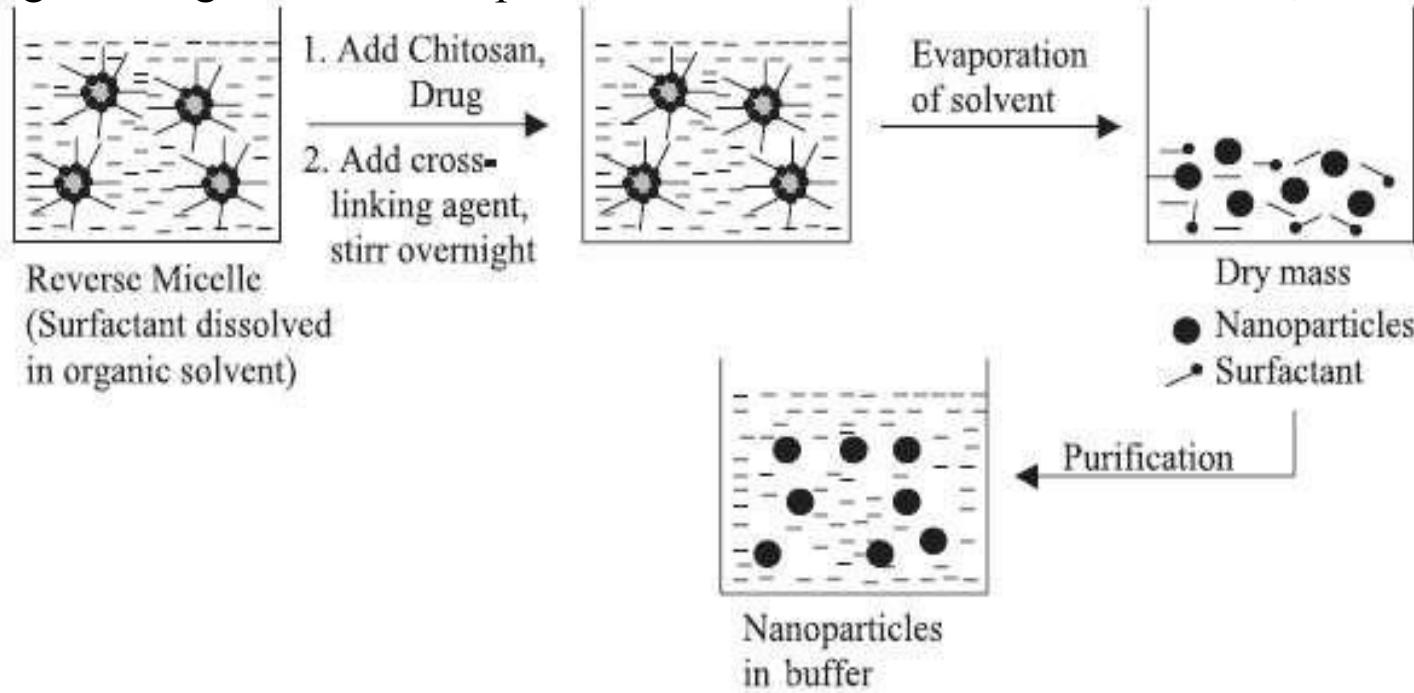
□ Reverse micellar method

Example: doxorubicin–dextran conjugate in chitosan nanoparticles

(Mitra, et al. 2001. Tumor targeted delivery of encapsulated dextran–doxorubicin

conjugate using chitosan nanoparticles as carrier, J. Control. Release 74, 317–

323



Lanjutan...

- Surfaktan dilarutkan dalam pelarut organik untuk membuat reverse micelles.
- larutan encer kitosan dan obat ditambahkan dengan pengadukan secara teratur untuk menghindarkan terjadinya kekeruhan.
- Fase cair dipertahankan tidak keruh dengan pengadukan untuk menjaga campuran dalam fase mikroemulsi yang transparan.
- Tambahan air diberikan untuk mendapatkan nanopartikel dengan ukuran yang lebih besar.
- Guna mendapatkan ikatan silang, terhadap larutan transparan tersebut ditambahkan bahan ikatan silang sambil diaduk selama semalam.
- Pelarut organik lalu diuapkan untuk mendapatkan massa kering transparan yang kemudian didispersikan dalam air dan ditambah garam yang sesuai untuk mengendapkan surfaktan.
- Campuran tersebut selanjutnya disentrifugasi.
- Larutan supernatan yang merupakan nanopartikel mengandung obat didekantasi.
- Dispersi cairan yang diperoleh segera didialisis melalui membran dialisis selama 1 jam dan cairan yang didapat, diliofilisasi sehingga dihasilkan serbuk kering

Key Characterization Needs for Nanoparticle Applications

- Particle size distribution
- Solid-state properties
- Dissolution behavior
- Microbial limits testing (for aqueous products or product intermediates)
- Application specific methods (e.g., route of administration)
- Technology specific methods (i.e., novel, unique to formulation/process)

MACAM KARAKTERISTIK NANOPARTIKEL

Poole & Owens (2003) :

karakterisasi fisik nanopartikel menjadi tiga macam yaitu metode **kristalografi, mikroskopi, dan spektroskopi**.

Kristalografi dengan menggunakan sinar X berguna untuk mengidentifikasi kristal isomorfik yaitu kristal yang memiliki kesamaan struktur tetapi berbeda dalam pola-pola geometrisnya.

Mikroskopi dapat digolongkan menjadi mikroskop elektron transmisi, mikroskop elektron payar, dan mikroskop medan ion.

Spektroskopi dapat menggunakan fotoemisi, spektroskopi resonansi magnetik, spektroskopi infra merah (Fourier Transform Infra Red/ FTIR), dan spektroskopi sinar X (X ray diffractometry/XRD).

SEM (Scanning Electrone Microscope).

- sumber cahaya : berupa elektron (energi sangat besar) 1000 kali lebih kuat dibandingkan dengan energi cahaya tampak (2-3Ev).
- memperbesar bayangan hingga 8000-400.000 kali.
- menampilkan gambar permukaan objek pengamatan dengan resolusi yang tinggi.
- Memberikan penjelasan yang detail dari permukaan, memberikan informasi mengenai ukuran dan bentuk yang homogen atau tidak dari nanopartikel.
- Hasil visualisasi SEM lebih baik dari mikroskop cahaya konvensional.
- memiliki jangkauan pandang yang luas terhadap objek
- mencitrakan objek dengan kontras yang lebih baik.



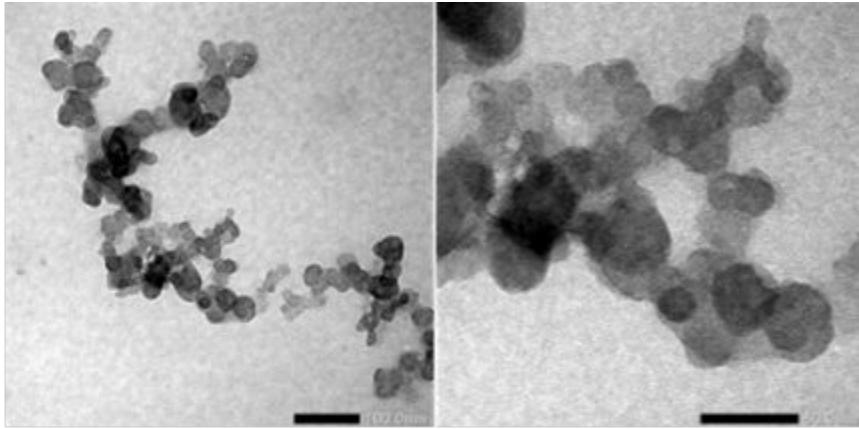
SEM

TEM

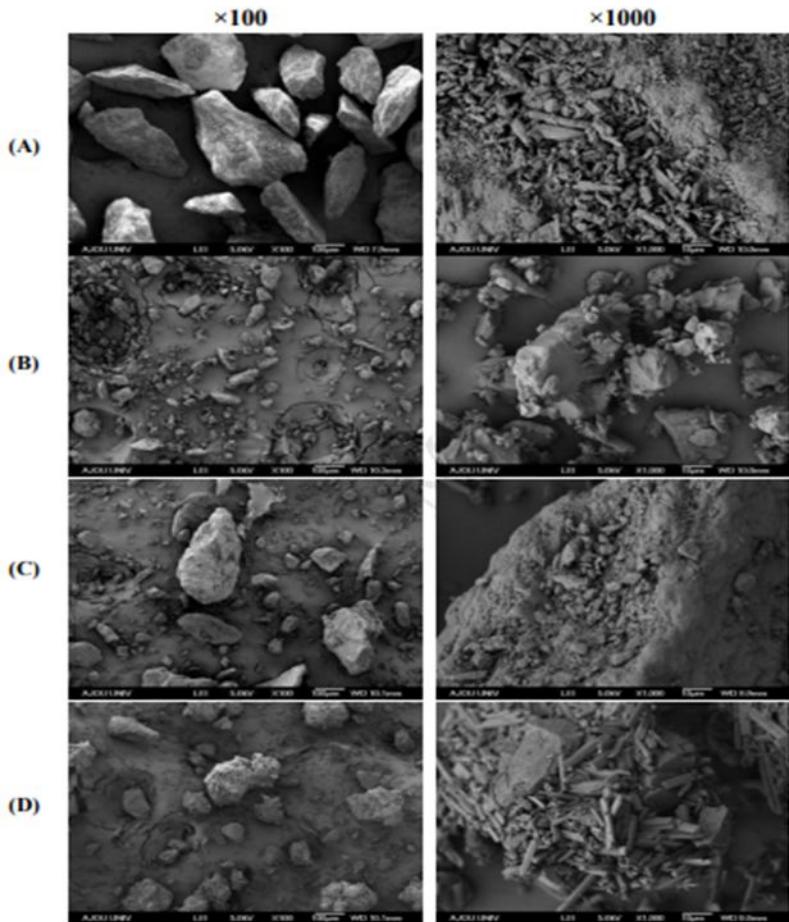
- berfungsi untuk analisis morfologi, struktur Kristal, dan komposisi spesimen.
- menyediakan resolusi lebih tinggi dibandingkan SEM, dan dapat memudahkan analisis ukuran atom menggunakan energi berkas electron 60 sampai 350 keV.
- Informasi struktural diperoleh dengan pencitraan resolusi tinggi dan difraksi elektron.
- Saat elektron ditumbukkan pada sebuah permukaan material, dari permukaan tersebut akan dipancarkan elektron.
- Dari pancaran elektron ini bisa diketahui bentuk permukaan zat tersebut (Stoian dkk. 2006).
- Perbedaan dari TEM dan SEM :
- TEM : sampel yang disiapkan sangat tipis sehingga elektron dapat menembusnya kemudian hasil dari tembusan elektron tersebut yang diolah menjadi gambar.
- SEM : sampel tidak ditembus oleh electron sehingga hanya pendaran hasil dari tumbukan elektron dengan sampel yang ditangkap oleh detektor dan diolah.



TEM



Hasil TEM partikel NCP-L.
Partikel berbentuk sferis dan
membentuk agregat dengan
partikel lainnya



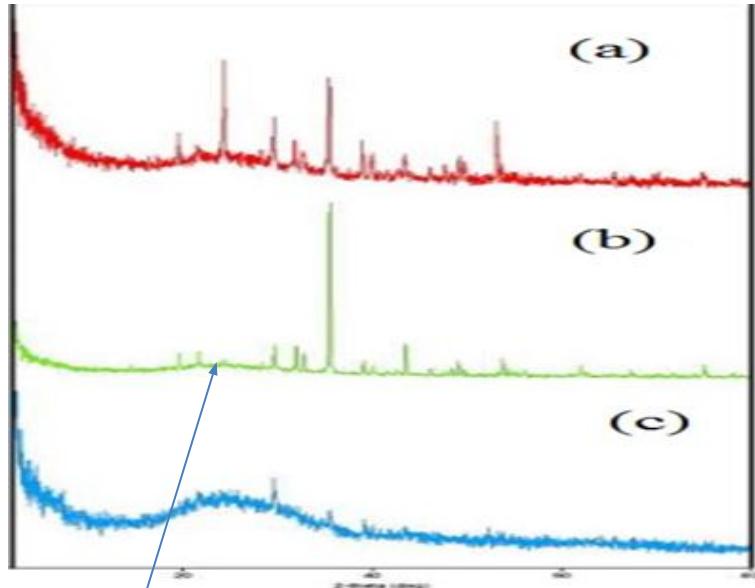
Gambar hasil SEM

KRISTALOGRAPHI, Analisis difraksi sinar X (XRD)

- menggunakan prinsip emisi sinar X yang dihasilkan oleh tumbukan elektron dan atom Cr, Fe, Co, Cu, Mo, atau W.
- dapat memberikan informasi mengenai struktur sampel seperti parameter kisi, orientasi, dan sistem kristal.
- berguna untuk mengidentifikasi fase sampel semi kuantitatif, dengan menghitung fraksi volume suatu sampel dan perbandingan fraksi area kristalin terhadap fraksi total area (Poole & Owens 2003).



XRD



Hasil nanopartikel *silver* 70% daun pepaya (*Carica papaya L.*) : sampel yang telah disintesis berupa amorf. karena tidak terdapat puncak spesifik melainkan sebuah gunung tanpa *peak*.

Hasil difraktogram XRD nanopartikel *silver* ekstrak etanol daun pepaya

- (a) gambar AgNO_3
- (b) Nanopartikel *silver* ekstrak etanol 96%
- (c) Nanopartikel *silver* ekstrak etanol 70%

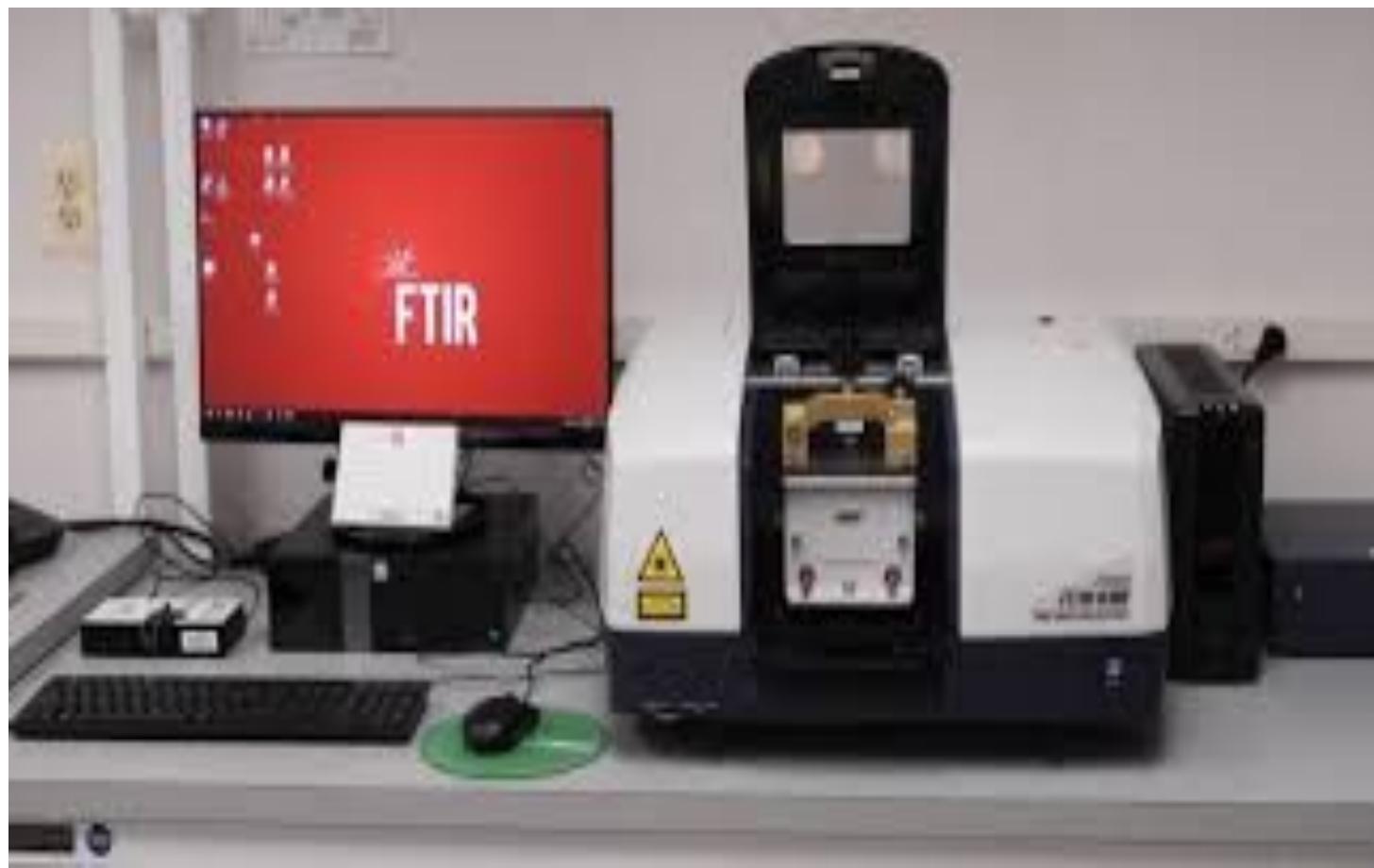
Hasil difraktogram peak AgNO_3 , nanopartikel *silver* 96% dan nanopartikel *silver* 70%

Nilai bidang kisi pada 2Θ (intensitas)		
AgNO_3	Nanopartikel <i>silver</i> 96%	Nanopartikel <i>silver</i> 70%
$29,69^\circ$	$29,56^\circ$	
$31,89^\circ$	$31,83^\circ$	
$32,66^\circ$	$32,69^\circ$	
$35,50^\circ$	$35,44^\circ$	Amorf
$39,05^\circ$	$39,03^\circ$	
	$40,02^\circ$	
	$43,43^\circ$	
	$53,15^\circ$	
	$62,52^\circ$	
	$75,04^\circ$	

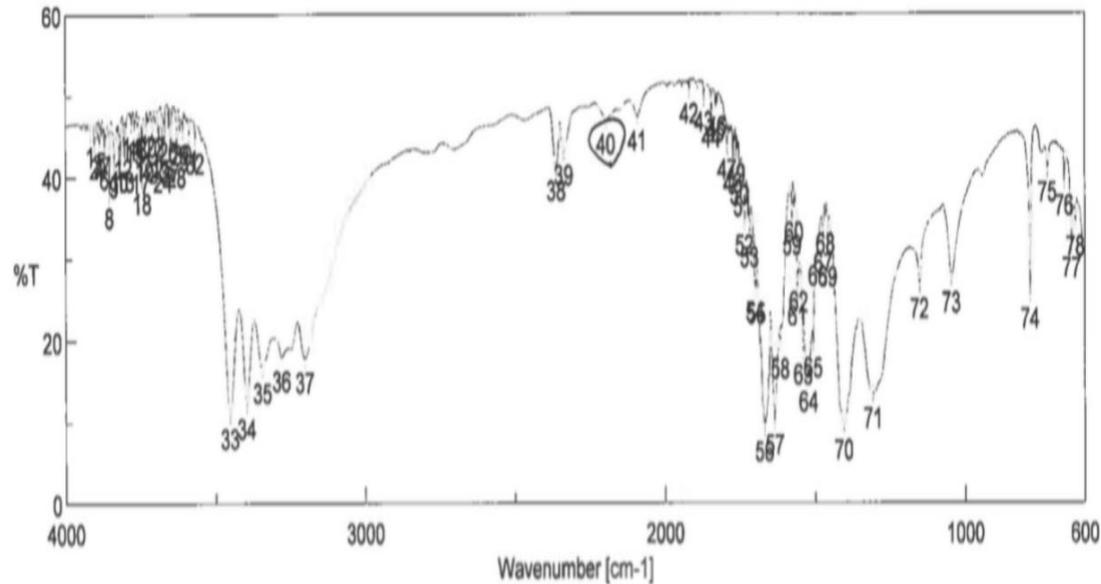
Kristal berbentuk *face centred cubic* (FCC)

Spektroskopi infra merah (FTIR)

- digunakan untuk mengidentifikasi gugus kompleks dalam senyawa tetapi tidak dapat menentukan unsur-unsur penyusunnya.
- radiasi infra merah dilewatkan pada sampel. Sebagian radiasi sinar infra merah diserap oleh sampel dan sebagian lainnya diteruskan.
- Jika frekuensi dari suatu vibrasi spesifik sama dengan frekuensi radiasi infra merah yang langsung menuju molekul, molekul akan menyerap radiasi tersebut.
- Spektrum yang dihasilkan menggambarkan penyerapan dan transmisi molekuler.
- Transmisi ini akan membentuk suatu sidik jari molekuler suatu sampel. Karena bersifat sidik jari, tidak ada dua struktur molekuler unik yang menghasilkan spektrum infra merah yang sama (Kencana 2009).



- **FTIR analysis**
- mengkonfirmasi ikatan hidrogen yang lebih kuat terbentuk antara obat dan pembawa dalam campuran adsorpsi dibandingkan dengan campuran fisik
- dapat digunakan untuk menjelaskan pengurangan signifikan dari ukuran partikel obat ketika metode adsorpsi diterapkan

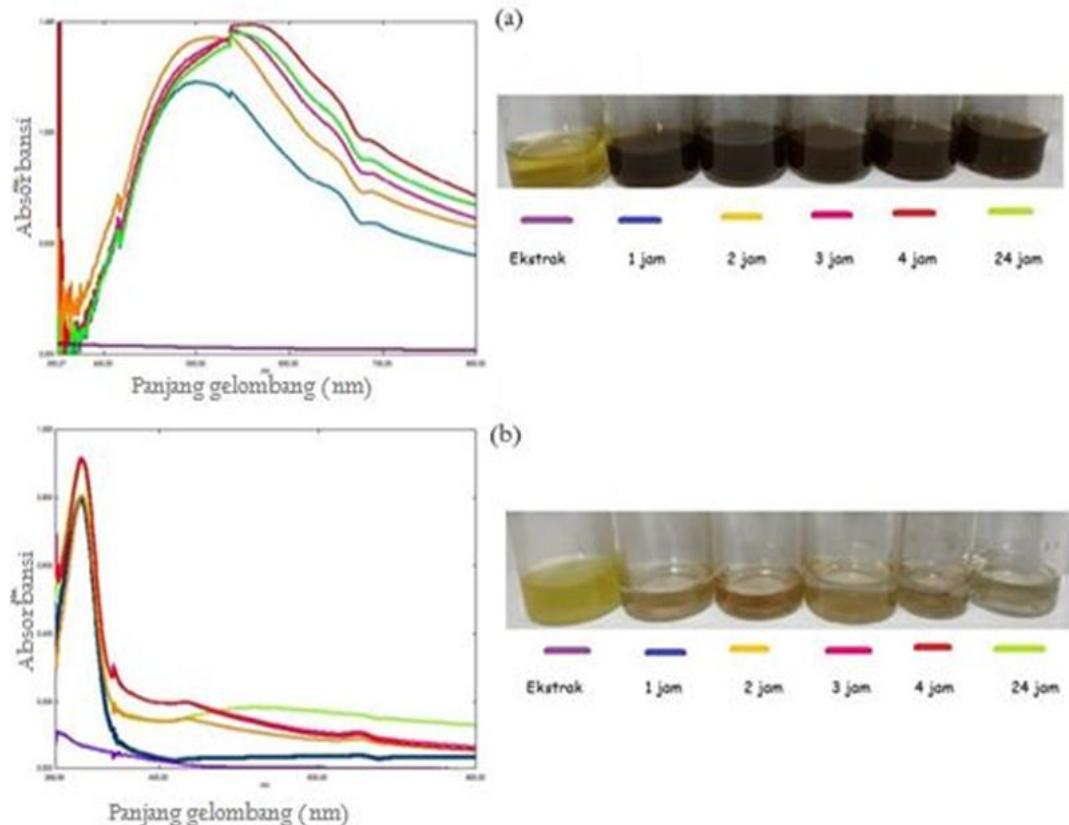


Peak Number	Wavenumber (cm ⁻¹)	% Transmission
33, 34, 35 (N-H stretches)	3452.44, 3396.51, 3343.96	10.9819, 12.2165, 16.5958
40 (C≡N)	2196.04	46.8968
41 (?)	2090.94	47.3125
63, 64, 65 (-NO ₂)	1539.4, 1521.56, 1506.61	18.7562, 15.4436, 19.5685
66 (-NO ₂)	1490.22	30.7612

Figure 13. FT-IR spectrum and peak assignments of NQ (l) sample irradiated for 24 hours.

Spektrofotometer UV-Vis

- Warna : pembentukan nanopartikel bisa menjadi pertanda dari serapan terbentuknya nanopartikel silver karena terbentuknya nanopartikel silver ditandai dengan perubahan warna dari tidak berwarna menjadi kuning hingga coklat tua (Chandran et al., 2006).

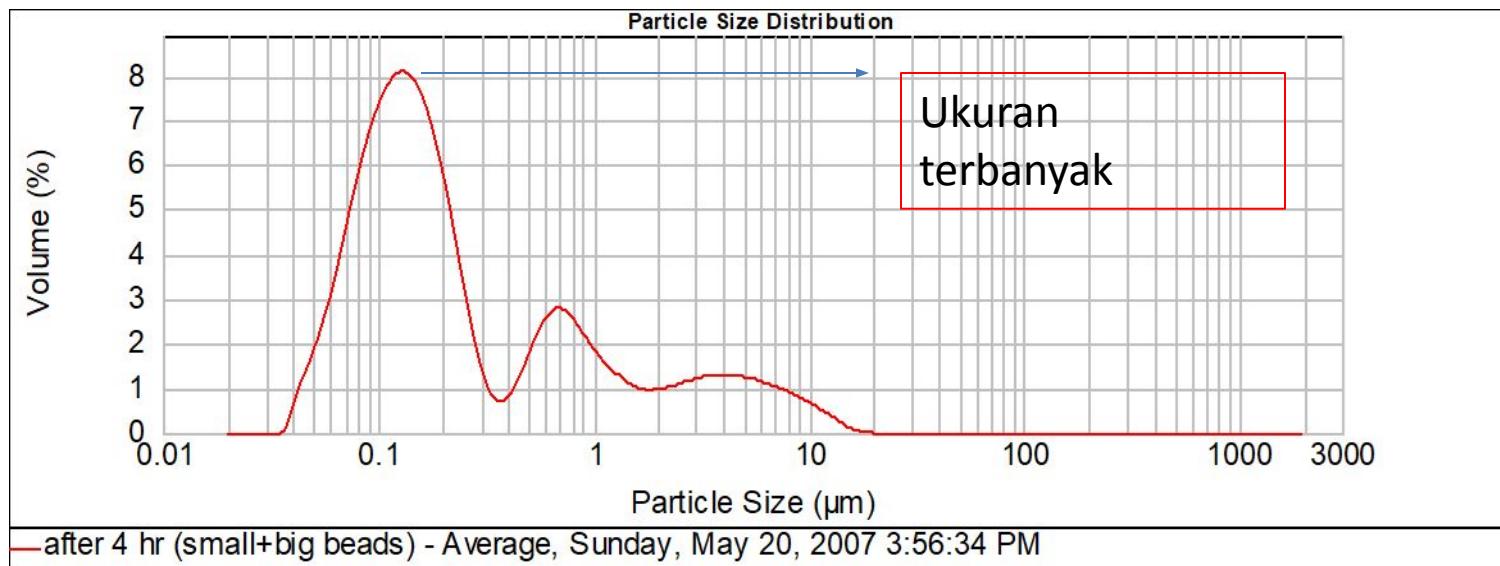
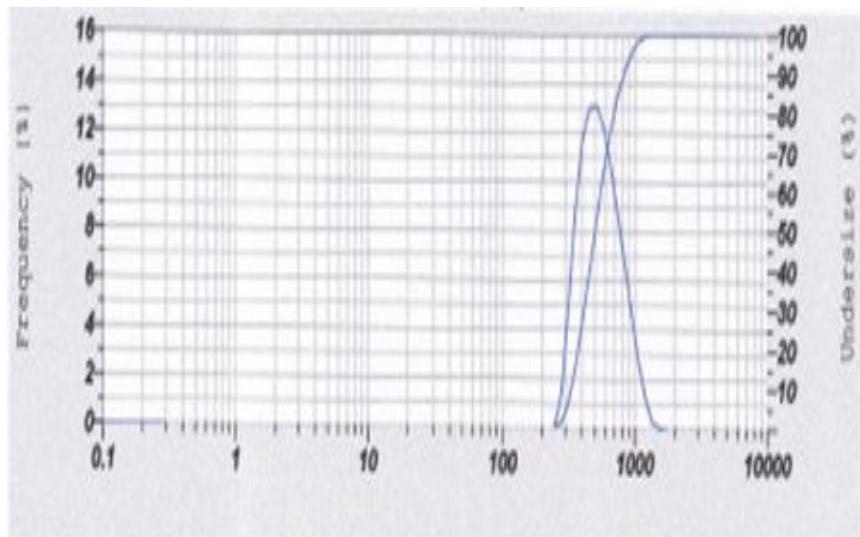


Gambar . Pengamatan pertumbuhan nanopartikel silver daun pepaya (*Carica papaya L.*) pada 1, 2, 3, 4, dan 24 jam. (a) Nanopartikel silver ekstrak etanol 70% (b) Nanopartikel silver ekstrak etanol 96%.

UKURAN PARTIKEL dan DISTRIBUSI UKURAN

Metode :

Photon Correlation Spectroscopy (PCS),
Scanning Electron Microscopy (SEM),
Transmission Electron Microscopy (TEM),
Small – Angel X- ray Scattering (SAXS).

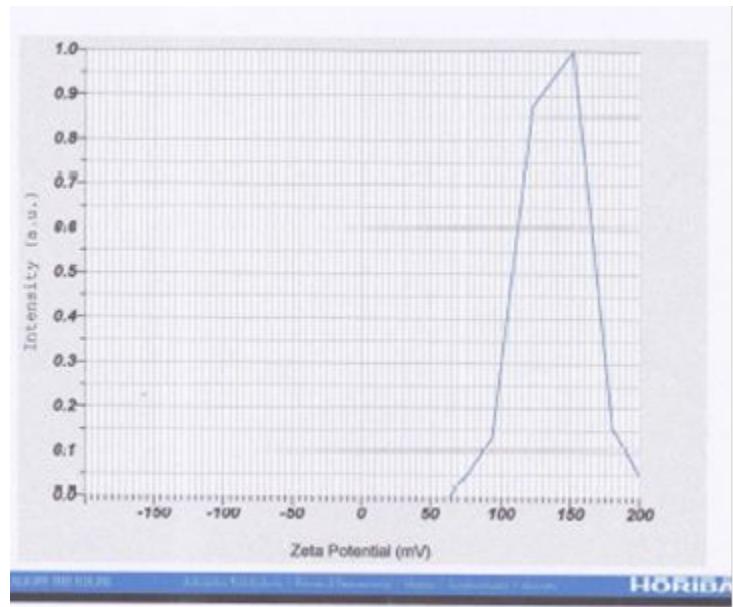




PAS : Particle Analyser Sizer (Ukuran rata rata
dan *Polydispersity index* (PI))

ZETA POTENSIAL

- muatan dari suatu partikel.
- mengatur derajat tolak menolak antara partikel – partikel terdispersi yang bermuatan sama dan saling berdekatan.
- Bila potensial zeta dikurangi dibawah suatu harga tertentu dan gaya tarik menarik melebihi gaya tolak menolak maka partikel – partikel akan bergabung (bersatu).
- memprediksi stabilitas penyimpanan dari dispersi koloid (nanopartikel).
- Nanopartikel dengan zeta potensial diatas (+/-) 30 mV menunjukkan suspensi yang stabil dan mencegah partikel beragregasi (Mohanraj and Chen, 2006).
- Alat yang digunakan untuk pengukuran zeta potensial adalah Particle Size Analyzer (PSA).



Gambar 14. Hasil Pengukuran Zeta Potensial Menggunakan Alat PSA



Zeta sizer

TERIMA KASIH

“Nanoparticles – the small particles with a big future”