Selective Photodetection and Photodynamic Therapy of Prostate Cancer through Targeting of Proteolytic Activity

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Abstract

Frequent side effects of radical treatment modalities and the availability of novel diagnostics have raised the interest in focal therapies for localized prostate cancer. To improve the selectivity and therapeutic efficacy of such therapies, we developed a minimally invasive procedure, based on a novel polymeric photosensitizer prodrug sensitive to urokinase-like plasminogen activator (uPA). The compound is inactive in its prodrug form and accumulates passively at the tumor site by the enhanced permeability and retention effect. There, the prodrug is selectively converted to its photoactive form by uPA which is over-expressed by prostate cancer cells. Irradiation of the activated photosensitizer exerts a tumor-selective phototoxic effect.

The prodrug alone (8 µM) showed no toxic effect on PC-3 cells, but upon irradiation the cell viability was reduced by 90%. In vivo, after systemic administration of the prodrug, PC-3 xenografts became selectively fluorescent. This is indicative of the prodrug accumulation in the tumor and selective local enzymatic activation. Qualitative analysis of the activated compound confirmed that the enzymatic cleavage occurred selectively in the tumor, with only trace amounts in the neighboring skin or muscle.

Subsequent photodynamic therapy studies demonstrated complete tumor eradication of animals treated with light (150 J/cm² at 665 nm) 16 hours after the injection of the prodrug (7.5 mg/kg). These promising results evidence the excellent selectivity of our prodrug with the potential to be used for both, imaging and therapy of localized prostate cancer.
Introduction

Prostate cancer (PCa) is the most prevalent cancer in the male population (1). The gold standard for the treatment of localized disease is radical prostatectomy or radiation therapy. A minority of low risk patients can be kept under active surveillance, but this often only delays the final treatment (2). The excellent results obtained in the radical treatment come at the cost of frequent side effects (mainly sexual or urinary dysfunction) and their long-lasting impact on the quality of life. Mapping biopsies and imaging with endo-rectal coil MRI have laid the foundation for local therapies, which might cause fewer side effects.

Current options for localized therapy include brachytherapy, cryotherapy, high intensity focused ultrasound, laser ablation, and photodynamic therapy (PDT) (3).

The latter requires three main elements: a photosensitizer (PS), light and oxygen. After administration, the PS accumulates to some extent in the target tissue and subsequently can be selectively activated by light to produce reactive oxygen species. With recent progress in light delivery and dosimetry, the use of PDT is no longer restricted to the skin. Fairly superficial lesions in hollow organs can be treated (4, 5) and PCa is also open to PDT if one inserts optical devices into the lesions.

HpD, a hematoporphyrin derivative, which is a complex mixture of porphyrins was among the first PSs assessed clinically. This was followed by the use of a somewhat purified mixture called Photofrin® that was used to treat PCa (6). Subsequently, small prospective clinical trials using Foscan® (7) and 5-aminolevulinic acid (8), have been reported. Despite promising PDT responses, one observed prolonged skin sensitization in the case of Foscan® and occasional extra-prostatic tissue injury. This encouraged further research efforts which aimed mainly at improving PDT selectivity and reducing side effects. In this context, LuTex® and Tookad® specifically targeting the vasculature combined with local light delivery to the
prostate were evaluated (9). Trials for the treatment of primary and recurrent PCa using these agents showed good tolerability. However, some patients did not respond to the treatment or presented urinary and rectal damage (10-13). Even with the improved formulation of Tookad®, insufficient therapeutic responses and collateral damage have been reported recently (Emberton, IPA congress, Innsbruck, 2011).

Therefore, improvements in the tumor selective delivery of PS are needed to avoid collateral damage of the urethra, rectum and urinary sphincter (14). With this goal in mind, we have developed polymeric protease-sensitive photosensitizer prodrugs (PPPs) following a triple targeting strategy: 1) Selective delivery of the PPP into tumor tissue is promoted by the polymeric carrier through the enhanced permeability and retention effect (15). In its prodrug form photoactivity is impeded through efficient intramolecular quenching between closely positioned PS molecules on the polymeric carrier. 2) Proteolytic activation occurs via cleavage of the peptide linkers by urokinase-like plasminogen activator (uPA), which is over-expressed by PCa cells (16). Release from the polymeric backbone thus reestablishes the PS’s photoactivity selectively in the target tissue. 3) Local irradiation further increases selectivity and induces toxic radicals.

In a previous study, we have reported on a prodrug candidate (uPA-PPP-4) capable of accumulating in PCa tumors and being activated by upregulated urokinase-like plasminogen activator (uPA) (17). The present report investigates the therapeutic potential of this prodrug by evaluating its phototoxic effect in vitro in PC-3 and luciferase-transfected PC-3M-luc-C6 cancer cells as well as in vivo in a PCa xenograft-model.

Materials and Methods

Compounds
uPA-PPP-4 (Fig. 1) consisted of multiple copies of the photosensitizer pheophorbide a (Pba) attached to a poly-L-lysine backbone via GSGRSAG peptide sequence. It was synthesized and characterized as described previously (17, 18) as well as in more detail in Supplementary Materials and Methods. The purity of the prodrug was confirmed by RP-HPLC, with monitoring at 280, 330 and 450 nm. A prodrug mass of approximately 108 kDa was confirmed by SEC-MALLS-RI-UV using a column Waters Ultrahydrogel linear (column temperature: 35 ± 0.2°C; mobile phase: 0.15 M acetic acid, 0.1 M sodium acetate, 0.05% NaN3 at a pH of 4.0; flux: 0.4 ml/min). This system contains a pump: Waters Alliance HPLC system (Milford, MA), and three detectors: a Schambeck RI detector (Bad Honnef, Germany), a light-scattering detector Wyatt MiniDawn (Dernbach, Germany), and a UV-VIS detector Waters Lambda-Max (Milford, MA).

Cell culture

PC-3 cells (ATCC, Manassas, VA) from human PCa origin were cultured in F-12 growth medium supplemented with 10% FBS. Luciferase-transfected PC-3M-luc-C6 cells, a kind gift of Caliper LifeSciences (Hopkinton, MA), were maintained in MEM/EMBSS with 10% FBS, non-essential amino acids, L-glutamine, sodium pyruvate, and MEM vitamin solution. Both cell lines were grown as monolayers at 37°C in a humidified incubator containing 5% CO2. The cells were harvested using TrypLE Express, and passaged every 4 to 5 days. Cell lines used in this study were not authenticated.

In vitro PDT

Phototoxicity was tested on PC-3 and luciferase-transfected PC-3M-luc-C6 cells. Aliquots of 1.2 x 10^4 and 1.0 x 10^4 cells, respectively, in 100 μL complete medium were seeded in 96-
well plates and cultured for 12 hours to 70% confluence. Cells were given fresh complete medium containing uPA-PPP-4 at final concentrations of 0.5, 1.0, 2.0, 4.0 and 8.0 µM Pb equivalents for 6 hours. Cells were washed twice with sterile HBSS and fresh medium was added. Plates were either placed on a light table equipped with OSRAM L 18W/67 Blue light tubes (PCI Biotech, Oslo, Norway) or kept in the dark. The radiation intensity was 7.5 mW/cm². Cells were irradiated at light doses of 2.5, 5.0 and 10 J/cm². Cell viability was measured using a mitochondrial MTT assay 24 hours after irradiation. First, cells were washed once with 200 µl HBSS and 50 µl MTT (1mg/mL) in complete medium was added into each well. After 3 hours, DMSO (200 µl) was added to dissolve formed violet formazan crystals. After brief agitation on a microplate shaker, the absorption at 525 nm was measured with a plate reader (Saphire, Tecan, Switzerland). Positive and negative controls were treated with complete medium or 0.1% Triton in NaOH 5M, respectively. Percentage cell survival was calculated with respect to control samples, as follows: \[
\frac{[A \text{ (test-conc.)} - A \text{ (100% dead)}]}{[A \text{ (100% viable)} - A \text{ (100% dead)}]} \times 100.
\] All conditions were tested in sextuplicates.

**Prostate cancer model**

Female swiss Nu/Nu mice (5 to 6 weeks, 17 to 22 g) were supplied by Charles River Laboratories (L’Arbresle, France). The mice were maintained with *ad libitum* access to sterile food and acidified water in a light cycled room acclimatized at 22 ± 2°C under pathogen free conditions. All experimental procedures on animals were performed in compliance with the Swiss Federal Law on the Protection of the Animals, according to a protocol approved by the local veterinary authorities. To induce xenografts, 1.5 x 10⁶ cells were injected subcutaneously into the dorsal region of mice. Tumors of approximately 200 mm³ in size were formed within 3 weeks after inoculation.
**In vivo PDT**

PC-3M-luc-C6 xenograft bearing mice (n=7) were injected retro-orbitally with uPA-PPP-4 (7.5 mg Pba equivalents /kg) when tumors had an estimated volume of 200 mm³ (3-4 weeks after inoculation). Tumors were irradiated with a light dose of 150 J/cm² at 665 ± 5 nm (Ceralas I 670, Biolitec; Jena, Germany) 16 hours after conjugate administration. The radiation intensity was 70 mW/cm². Animals were maintained under 1–2% isoflurane inhalation during irradiation. Two other groups of animals received drug alone (n=4) and light alone (n=4). PDT effects were followed up to 90 days by bioluminescence imaging of animals using an IVIS 200 small-animal imaging system (Caliper Life Sciences Inc., Hopkinton, MA). 10 to 15 minutes before in vivo bioluminescence imaging, animals received an intra-peritoneal injection of D-luciferin (150mg/kg in DPBS). Mice were sacrificed when tumors reached volumes bigger than 1000 mm³ or at the end of the study (90 days after treatment). Data were analyzed with Living Image 3.0 software (Caliper Life Sciences Inc.).

**Qualitative analysis of prodrug cleavage products**

Cleavage products were qualitatively analyzed in tumor, skin and muscle homogenates of the corresponding tissues 16 hours after systemic administration of uPA-PPP-4 (7.5 mg Pba equivalents/kg). Briefly, frozen tissues were weighed and homogenized with a solution containing a protease-inhibitor cocktail (5 μl per 100 mg tissue) and acetonitrile:water (1:1; 1 mL per 100 mg tissue) by means of a tissue homogenizer (Eurostar digital IK; Werke, Staufen, DE). The suspensions were sonicated (15 min at 14 kHz) and centrifuged (15 min at 1450 rpm). The supernatant was collected and extraction was repeated twice as described. Collected supernatants were lyophilized and subsequently reconstituted in acetonitril:water (1:1; 1 mL/100 mg tissue). Samples were sonicated (5 min, 14 kHz), filtered and subjected to
analytical HPLC (LaChroma, Merck, Darmstadt, Germany) with a fluorescence detector ($\lambda_{ex}=405$ nm, $\lambda_{em}=670$ nm). Separation was performed on a C18 column (Nucleodur gravity 3μ CC 125/4; Macherey-Nagel) using a 0.01% TFA/water/acetonitrile gradient.

**Statistical analysis**

Mean ± SD values were used for expression of data. Statistical analyses of data were done using Student’s t test. Differences of $P < 0.05$ were considered statistically significant.

**Results**

The phototoxic effect induced by uPA-PPP-4 was investigated in the uPA-overexpressing PCa cells PC-3 (19, 20) and its luciferase mutant PC-3M-luc-C6 cells. The latter was chosen for the subsequent quantitative assessment of PDT studies *in vivo*. The effect of PDT on cells treated with prodrug (0.5, 1.0, 2.0, 4.0 and 8.0 μM Pba equivalents), either irradiated with a light dose of 2.5, 5.0 and 10 J/cm² or kept in the dark is summarized in Fig. 2.

Both cell lines display a light and drug dose-dependent cell survival. uPA-PPP-4 alone presented little to no toxic effects as shown by cell survival percentages around 100% for all prodrug concentrations. Phototoxic effects were particularly evident at PS dose of 4.0 μM or higher. In PC-3 cells at 8 μM of Pba equivalents approximately 50% of cells survived irradiation with 2.5 or 5 J/cm² of light, while at a dose of 10 J/cm² only 5% of cells remained viable. In PC3-3M-luc-C6 cells similar dose-response curves were observed. Cell survival after treatment with 4.0 and 8.0 μM of Pba equivalents at all light doses were not statistically different between PC-3 and PC3-3M-luc-C6 cells ($P$ values > 0.05) except for the condition 8 μM-5 J/cm² ($P=2.11E-05$).
We have used PC-3M-luc-C6 as basis for our experimental animal model for PCa, since they allow non-invasive monitoring of tumor growth through bioluminescence in a quantitative manner (21). In this study, bioluminescence was used to assess the photodynamic efficacy of uPA-PPP-4 on tumors. Using whole body fluorescence imaging we found that tumors became selectively fluorescent 16 hours after prodrug administration (17). Fig. 3 illustrates the typical colocalization of fluorescence (rainbow-color scale) and bioluminescence (yellow-hot-color scale) signals at this time point. Therefore, we selected this condition as drug-light interval in further PDT studies.

HPLC analysis of tissue extracts confirmed the presence of the expected photoactive Pba-GSGR fragment inside tumors (see Fig. 4). Concentration of this compound in tumor was 27 times higher than in the skin. Some smaller fragments with longer retention times presumably due to further proteolytic processing were also found in the tumor and also to a much smaller extent in the skin. In contrast, no photoactive fragments were found in muscle.

For PDT, 7.5 mg Pba equivalents per kg of prodrug was given to the mice via retroorbital injection and 16 hours later, tumors were irradiated with 150 J/cm² at 665 ± 5 nm. The radiation intensity was 70 mW/cm². Animals receiving the drug alone or irradiated with light alone were used as controls. Fig. 5A shows a sequence of images before and after PDT taken on one mouse which ended up with complete remission. Bioluminescent images taken 15 minutes after administration of D-luciferin were used to quantify PCa cells. On the average a tumor volume of 200 mm³ corresponds to 2.5 x 10⁷ photon s⁻¹. Macroscopically, one day after treatment a local inflammatory response was visible. Inflammation developed into necrosis that appeared as a dark crust on the skin by day 3 and this was succeeded by healing and complete elimination of the tumor as confirmed with the bioluminescence image. The absence of a bioluminescent signal, which persisted over 90 days, indicated complete destruction of the tumor associated cells. Fig. 5B summarizes the ROI analysis of sequences of images.
obtained for the three treatment regimes (PDT, drug alone and light alone) until day 15 after treatment. Mice receiving both light and drug showed a three log reduction of tumor bioluminescence already the day after treatment. In this group the mean bioluminescent signal remained below the initial value for at least 30 days (Supplementary Fig. 1). In contrast to PDT, light alone showed a slight reduction on tumor bioluminescence ($P = 0.002$). No reduction in bioluminescence was observed for animals receiving prodrug alone ($P = 0.001$). In both control groups, we observed a 4-fold increase in tumor bioluminescence until day 15 after treatment, day at which the animals were euthanized. No significant difference between control groups could be established ($P = 0.6$).

The survival of mice treated with PDT, prodrug alone, and light alone is presented in Fig. 6. Animals treated with either prodrug alone or light alone had to be sacrificed before or on day 15 after treatment because of high tumor burden. The PDT survival curve was significantly different from these two groups ($P = 0.001$). Four animals which presented partial response to PDT were sacrificed on day 30 or 45 after treatment (57% survival). Complete remission to PDT treatment was observed in the 3 remaining mice (43% survival), which were sacrificed at the end of the study (90 days).

Discussion

Today, uPA is recognized as one of the key players in tumor progression in a wide panel of pathologies. Therefore, it has been identified as a target to specifically release cytotoxic agents. The first uPA sensitive prodrug was reported by Chung and Kratz (22). It consisted of an albumin-bound doxorubicin containing a uPA substrate. This compound was stable in human plasma and the maximum tolerated dose was 4.5-folds the dose of free doxorubicin as determined in a single nude mouse experiment. Subsequently, other uPA-sensitive prodrugs
of TNF (23) and anthrax toxin (24) containing motifs recognized by uPA have been evaluated, providing in vivo evidence of potent antitumor effects. Recently, a doxorubicin analogue was used for the development of an uPA-sensitive prodrug platform (25). The evaluation of one of these prodrugs in a variety of cancer cell lines showed a powerful inhibition of cell growth when activated in vitro.

The first polymeric photosensitizer prodrugs were developed by Choi et al. (26) for a more selective PDT. In this first generation PPP, multiple copies of the photosensitizer are tethered to a protease-sensitive polymeric backbone (26, 27). A major drawback of these compounds is their limited selectivity, since all proteases recognizing a Lys-Lys motif are able to activate them. To circumvent this problem a second generation PPPs have been developed introducing a small peptide linker between the PS and the polymeric backbone (18). In this new design the linker-sequence is constructed according to the specific cleavage requirements of proteolytic enzymes of the target site.

Due to the known overexpression of uPA in PCa (16, 28), we began to explore the potential of uPA-sensitive PPPs for a selective PDT of PCa. Upon the known uPA-sensitive substrates we have chosen the GSGRSAG peptide sequence for our PPPs (29). These have been characterized and optimized in our lab in the last years (17, 30).

We have demonstrated the selective cleavage of uPA-PPPs by uPA in the test tube and in the PCa cell lines DU145 and PC-3 overexpressing this protease (30). We further demonstrated a selective accumulation/activation in a PCa-xenograft model (17). In the present study, we combined enzymatic prodrug activation with light irradiation to obtain a phototoxic therapeutic effect. Because we have mostly used the wild type line PC-3 for in vitro optimization but intended to monitor PDT effects in vivo, we first investigated prodrug phototoxicity with a luciferase transfected mutant, PC-3M-luc-C6. Both cell lines were
susceptible to PDT with uPA-PPP-4 and no dark toxicity was observed at the applied conditions.

Using in vivo fluorescence imaging, we observed a highly selective tumor fluorescence 16 hours after prodrug administration. According to a previous study comparing the tumor fluorescence after administration of the prodrug and its analogous non-cleavable conjugate, this selective signal is mainly due to the site-specific proteolytic activation (17).

We further looked into the prodrug selectivity by analysis of various tissue samples for cleavage fragments. HPLC analysis of tumor tissue revealed a major peak corresponding to the Pba-GRGS fragment, whereas neighboring skin contained only insignificant amounts of the cleavage product. In previous studies using orthotopic PCa models, PS (BPDMA) content in tissues in close proximity to the prostate including nerve, rectum, and lymph node were found to be similar to those found in skin (31). However, comparison of the PS distribution between orthotopic and subcutaneous tumors has shown significant differences (32), and therefore, the prodrug accumulation/activation in prostate surrounding tissues will need to be addressed by performing studies in an orthotopic model.

In vivo, uPA-PPP-4 produced a strong photodynamic effect after irradiation of fluorescent PC-3M-luc-C6 tumors. Bioluminescence images show a drastic reduction of tumor cells in all animals included in the PDT group. 3 animals were completely cured from PCa after PDT (43% cure rate). In these animals the total bioluminescence was reduced by three orders of magnitude as compared to the pretreatment images. Only few PCa cells remained after treatment in 4 animals. However, tumor growth was delayed and tumors reached original volumes only 15 days after treatment or later. The phototoxic effect induced by prodrug alone and by light alone was negligible.
Successful eradication of PCa bulky tumors has been also achieved with a single session of the “vascular” PDT agent, Tookad® (33). Tookad® is so far, one of the most studied PS in the treatment of PCa and currently under clinical investigation for recurrent PCa (13). In the present in vivo studies, our prodrug has shown results that indicate that more satisfactory outcomes of PDT can be expected in the future, thus overcoming some of Tookad®‘s limitations. In the case of Tookad® collateral damage to the urinary and rectal function has been observed in the clinical trials (12, 13).

In the present study, bioluminescence imaging helped to evaluate the tumor progression non-invasively. Furthermore, the ratio between the photon counts before PDT and 1 day after was indicative for the therapeutic outcome. This is in accordance with Fleshker et al. (34) who evaluated bioluminescence imaging in the treatment of breast cancer with WST11 after “vascular” PDT. We found that an average reduction of more than 3-log values was necessary to cure the animals. Thus, bioluminescence imaging can also help to improve the cure rate and adapt photodynamic treatment regimes.

To further improve the therapeutic outcome, repetitive PDT can be envisaged to address the occasional partial response. This concept of repetitive PDT has been already studied in spheroids models, in vivo and in the clinic mostly for the treatment of brain cancer (35-39). According to these studies, the use of multiple sessions enhanced elimination of deep tumor cells infiltrating the surrounding brain. Combination treatments might also help to improve PDT efficacy. It is now widely accepted that stress induced through photodynamic insult in certain cases initiates signaling pathways, leading to VEGF increase in PCa cells (40), which in turn contributes to tumor survival and regrowth. In this context, PDT in combination with anti-angiogenic agents for PCa might result in an increased anticancer response.
Conclusions

We developed a uPA-sensitive prodrug that is not toxic to PCa cells but efficiently inactivates cells in vitro after enzymatic activation and exposure to light. Activation of the prodrug occurs selectively in the tumors and is correlated with uPA overexpression. In vivo PDT can completely eliminate PCa xenografts as demonstrated by bioluminescence imaging. More research in orthotropic PCa models is envisioned to confirm the potential advantages of our strategy over other current PDT approaches.

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References


Figure 1. Schematic representation of the macromolecular prodrug uPA-PPP-4. The prodrug is synthesized with an average loading of 30% Pbα-peptides per polymer chain. The polymeric backbone is modified with a single high molecular weight mPEG (20kDa) and the remaining ε-lysine residues are capped with mPEO₈.

Figure 2. Light and drug dose-dependent phototoxicity induced by uPA-PPP-4 in (A) PC-3 and (B) PC-3M-luc-C6 cells. After incubation with the prodrug for 6 hours, cells were kept in the (■) dark or irradiated at (▪) 2.5 J/cm², (≡) 5 J/cm² or (□) 10 J/cm².

Figure 3. A, tumor fluorescence intensity 16 hours after retro-orbital administration of 2 mg/Kg of uPA-PPP-4 (as Pbα equivalents). B, bioluminescence of luciferase-expressing PC-3M-luc-C6 tumor 15 minutes after intraperitoneal injection of D-luciferin.

Figure 4. Analytical HPLC analysis of tumor (– –), skin (---), and muscle (—) extracts. In tumor a major peak was found at 7.5 minutes, corresponding to the cleaved Pbα-peptidyl-fragment. The small peaks at 6.3 and 10 minutes are other minor cleavage Pbα peptidyl-fragments. The same compounds were detected in skin in trace amounts. In muscle, no cleavage products were detected at all. Chromatograms show representative traces of mouse tissues 16 hours after retroorbital injection of uPA-PPP-4 (7.5 mg Pbα equivalents /kg).

Figure 5. Treatment response was evaluated in terms of the remaining bioluminescence. A, in vivo imaging of a PC-3M-luc-C6 tumor bearing mouse receiving PDT. The animal was administered with 7.5 mg Pbα equivalents /kg of the prodrug and 16 hours after, the tumor was irradiated with a light dose of 150 J/cm² at 665 ± 5 nm. The radiation intensity was 70 mW/cm². Images were taken 15 min after peritoneal injection of D-luciferin. The intensity of the signal is correlated to cell density. The sequence on the top corresponds to the white-light images, from left to right: before, day 1, 3 and 90 after PDT. The sequence on the bottom corresponds to bioluminescent images, which confirmed total eradication of tumor cells. B, relative bioluminescence of PDT (●; n=7), drug alone (▲; n=4) and light alone (■; n=4) groups. Tumor growth was monitored weekly by in vivo bioluminescence imaging. Images were taken 15 min after peritoneal injection of D-luciferin. Because control mice had to be sacrificed 15 days after PDT, comparison was done only for this period.

Figure 6. Survival curves in PCa xenografted mice after PDT (—) as compared to control groups of light alone (– –) or drug alone (---). Animals receiving PDT were treated with 7.5 mg Pbα equivalents /kg of the prodrug. 16 hours after administration, tumors were irradiated with a light dose of 150 J/cm² at 665 ± 5 nm. The radiation intensity was 70 mW/cm². * The study concluded after 90 days.
Figure 2
Figure 3
Figure 4
Figure 5

A

B

Log relative bioluminescence (photons s⁻¹)

Time (days)

Before PDT

Day 1

Day 3

Day 90

Author manuscripts have been peer-reviewed and accepted for publication but have not yet been edited.

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Figure 6
Molecular Cancer Therapeutics

Selective Photodetection and Photodynamic Therapy of Prostate Cancer through Targeting of Proteolytic Activity

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