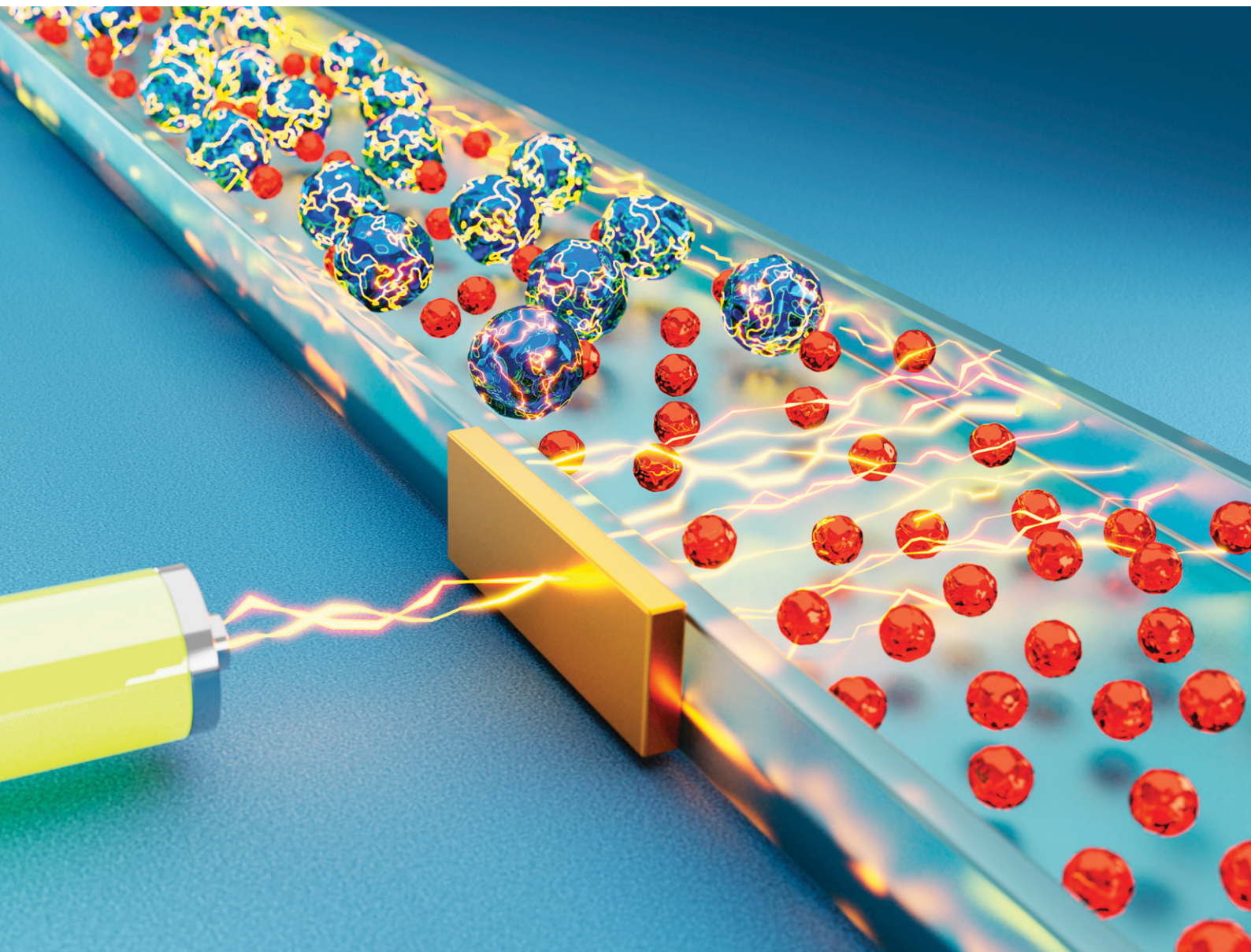


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**PAPER**

Di Trani *et al.*  
Electrostatically gated nanofluidic membrane for ultra-low  
power controlled drug delivery



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## Electrostatically gated nanofluidic membrane for ultra-low power controlled drug delivery†

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Patient-centered therapeutic management for chronic medical conditions is a desired but unmet need, largely attributable to the lack of adequate technologies for tailored drug administration. While triggered devices that control the delivery of therapeutics exist, they often rely on impractical continuous external activation. As such, next generation continuously tunable drug delivery systems independent of sustained external activation remain an elusive goal. Here we present the development and demonstration of a silicon carbide (SiC)-coated nanofluidic membrane that achieves reproducible and tunable control of drug release *via* electrostatic gating. By applying a low-intensity voltage to a buried electrode, we showed repeatable and reproducible *in vitro* release modulation of three model analytes. A small fluorophore (Alexa Fluor 647), a large polymer poly(sodium 4-styrenesulfonate) and a medically relevant agent (DNA), were selected as representatives of small molecule therapeutics, polymeric drug carriers, and biological therapeutics, respectively. Unlike other drug delivery systems, our technology performed consistently over numerous cycles of voltage modulation, for over 11 days. Importantly, low power consumption and minimal leakage currents were achieved during the study. Further, the SiC coating maintained integrity and chemical inertness, shielding the membrane from degradation under simulated physiological and accelerated conditions for over 4 months. Through leveraging the flexibility offered by electrostatic gating control, our technology provides a valuable strategy for tunable delivery, setting the foundation for the next generation of drug delivery systems.

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## Introduction

Personalized care and precision medicine are emerging as fundamental approaches for the prevention and treatment of pathologies. Patient-focused therapeutic management can be achieved by taking into account genetics, patient-to-patient variability, and environmental conditions.<sup>1</sup> Such approaches challenge the widespread ‘one-size-fits-all’ paradigm where treatment and prevention are designed around conventional disease archetypes. Despite the substantial resources dedicated to achieving precision medicine, personalized prevention and treatment remain largely unmet clinical needs.

Patient-focused therapeutic management requires advanced technologies for tailored drug administration. For example, sensors are needed for continuous monitoring of intra- and inter-patient variabilities to effectively achieve an individualized approach. Further, drug delivery technologies that allow for *ad hoc* rapid and simple adjustment of drug doses represent a desirable feature. An ideal drug delivery system includes integration of the following factors: 1) sensing of physical or biological signals that can trigger the release, adjustment or interruption of drug release, 2) a drug delivery actuator that can continuously modulate, activate or interrupt the drug administration, 3) a feedback loop architecture that allows for further control of drug release, 4) remote communication and control capabilities to enable clinicians to adjust drug delivery independently. In the pursuit of such technology, wearable and implantable systems have gained significant interest. This is especially evident in the management of chronic diseases such as type 1 diabetes,<sup>2–4</sup> and posterior eye conditions in ophthalmology,<sup>5</sup> among others, where continuous monitoring and adjustment of drug doses are imperative. Along with offering long-term controlled drug delivery, implants can eliminate the widespread issue of non-compliance to treatment,<sup>6</sup> and pill- and treatment-fatigue.

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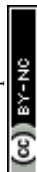
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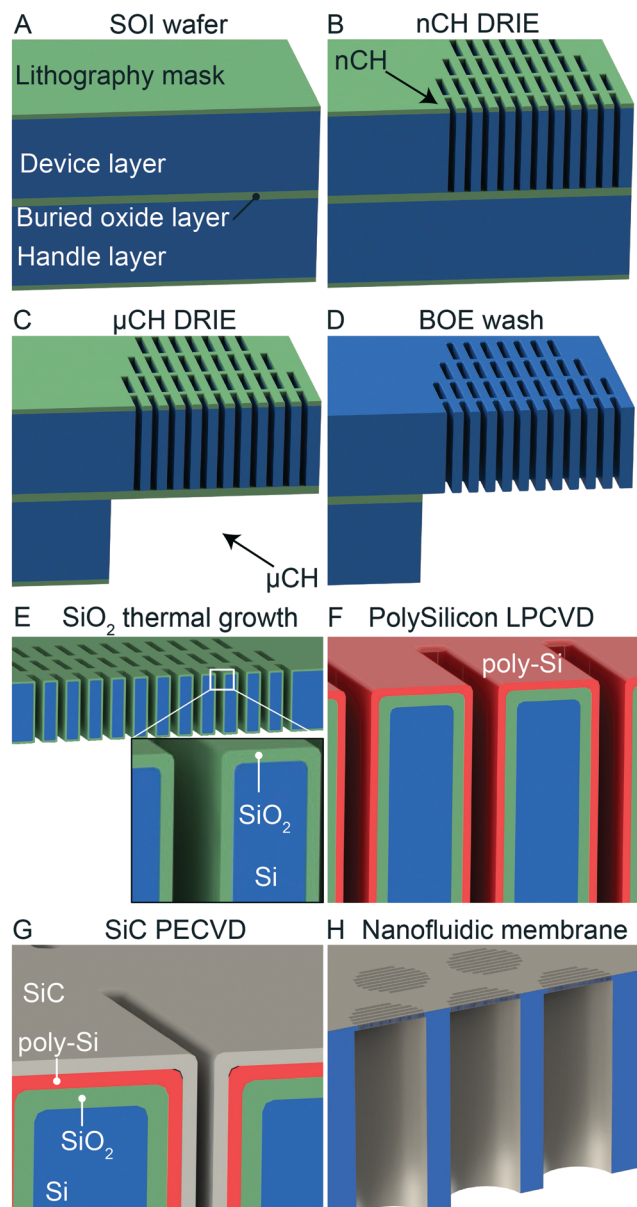
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‡ Equal contribution.









**Fig. 1** Fabrication process schematics. A) Silicon on insulator (SOI) wafer with lithography mask B) deep reactive ion etching (DRIE) for nanochannel (nCH) patterning. C) DRIE for microchannel ( $\mu$ CH) pattern. D)  $\text{SiO}_2$  mask removal. E)  $\text{SiO}_2$  thermal oxidation growth. F) Conductive poly-Si deposition. G) Insulating SiC deposition. H) Membrane structure.

vapor deposition (LPCVD; Fig. 1F). The whole wafer structure was coated with a 64 nm SiC dielectric layer *via* plasma-enhanced chemical vapor deposition PECVD (Fig. 1G). To expose the highly doped poly-Si, two contacts pads ( $\sim 1 \text{ mm}^2$ ) were created at the edge of the membranes by selective removal of SiC by fluorine-based RIE.

Each wafer features 120 membrane chips, which were diced into individual membranes ( $6 \times 6 \text{ mm}^2$ ) *via* a dicing Saw (ADT 7100 Dicing Saw). Each chip presents 199 round microchannels organized in a hexagonal spatial configuration (Fig. 1H). Every microchannel is connected

to 1400 identical slit nanochannels (length  $10 \mu\text{m}$ ) organized in 19 rows and 96 columns. Each membrane chip features a total of 278 600 nanochannels.

### Membrane degradation

To test the inertness of the membrane in view of implantable applications, we performed an *in vitro* study in simulated physiological conditions at  $37^\circ\text{C}$  as well as in accelerated conditions at  $77^\circ\text{C}$ . We employed two sets of membranes: 1) in the first set, the fabrication procedure was stopped at the thermal oxidation (set A), resulting in the outmost layer of  $\text{SiO}_2$  ( $\sim 300 \text{ nm}$ ), 2) the second set of membranes (set B) featured an outmost layer of SiC ( $\sim 70 \text{ nm}$ ), which was deposited as previously described right after  $\text{SiO}_2$  ( $\sim 270 \text{ nm}$ ) thermal growth. Each set of membranes was divided into 3 groups: the first group was soaked in 4 mL of  $2 \mu\text{M}$  sodium fluoride (NaF) in PBS at  $77^\circ\text{C}$ , the second group was soaked in the same solution at  $37^\circ\text{C}$  and the third group – in  $2 \mu\text{M}$  NaF in PBS also containing  $16 \text{ mg mL}^{-1}$  BSA at  $37^\circ\text{C}$ . This resulted in a total of 6 groups with  $n = 4$  replicates for each. To prevent exposure of  $\text{SiO}_2$  from the side in the set B, we covered the sides of each membrane with thermal epoxy (354-T Epoxy Technologies, Inc.) and cured at  $150^\circ\text{C}$  for 30 minutes.

The degradation study was run for a total of 120 days with timepoints every 15 to 30 days depending on the group. At each timepoint, the membranes were removed from the solution and triple rinsed in deionized water ( $\text{DI H}_2\text{O}$ ) followed by isopropyl alcohol (IPA) before being dried. To assess degradation, we measured surface roughness (AFM Catalyst), surface composition (EDAX, Nova NanoSEM 230) and thickness of the different layers (J. A. Woollam M2000U ellipsometer).

### Focused ion beam (FIB), scanning electron microscope (SEM) imaging

The structure and fabrication repeatability of the nanofluidic membrane was assessed by imaging with a dual-ion beam (FIB) system FEI 235 at the nanofabrication facility of the University of Houston, Texas. Nanochannel cross sections were obtained using gallium ion milling. The resulting structures were imaged at a  $52^\circ$  angle using scanning electron microscopy (SEM).

### Electrode connection

Insulated high-temperature 36 AWG wires (9510T1, McMaster Carr, Douglasville, GA) were connected to the exposed contact using conductive silver epoxy (H20E, Epoxy Technology, MA) and cured at  $150^\circ\text{C}$  for 1 hour. The conductive contact was then isolated with UV epoxy (OG116, Epoxy Technologies, Inc.) and cured with a UV lamp (UVL-18, UVL) for 2 hours.



### *In vitro* release fixture

Release modulation experiments were performed with a custom made, two reservoirs fixture comprising of a macro cuvette (sink reservoir) and a drug reservoir. The cuvette was glued with UV epoxy (OG116, Epoxy Technologies, Inc.) to a PMMA (McMaster Carr, Douglasville, GA) membrane holder. The drug reservoir (500  $\mu$ L capacity), made of PMMA, was secured to the membrane holder through 2 SS316L M3 screws. The membrane under testing was clamped between the two PMMA pieces, with 2 O-rings (2418T113, McMaster Carr, Douglasville, GA) to avoid solution leakage. The reservoir was capped with a silicone plugs (9277K87, McMaster Carr, Douglasville, GA).

### *In vitro* release modulation

Release modulation experiments were performed using 300 nm membranes with both poly-Si and SiC deposition. After the electrode connection, membranes were immersed in isopropyl alcohol for 1 h to ensure proper channel wetting, rinsed in deionized H<sub>2</sub>O at least three times and immersed in a sink solution of 0.01xPBS overnight. After filling the sink reservoir with 4.45 mL of 0.01xPBS solution, the membranes were assembled in the diffusion fixture. The source reservoir of the diffusion fixture was loaded with either 300  $\mu\text{g mL}^{-1}$  Alexa Fluor 647 (Thermo Fisher Scientific, Waltham, MA) ( $N = 1$ ) in 0.01xPBS, 200  $\mu\text{g mL}^{-1}$  of poly(sodium 4-styrenesulfonate) (243051-5G, Sigma Aldrich, St. Louis, MO) in 0.01xPBS ( $N = 4$ ) or 1 mg mL<sup>-1</sup> of DNA (deoxyribonucleic acid sodium salt from herring testes; D6898-1G, Sigma Aldrich, St. Louis, MO) in 0.01xPBS ( $N = 2$ ). At pH 7.4, all molecules are negatively charged:  $-3q$  ( $= -4.8 \times 10^{-19}$  C) for Alexa Fluor,  $\sim -380q$  ( $= -608 \times 10^{-19}$  C) for poly(sodium 4-styrenesulfonate) and highly charged DNA fragment which charge depends on the fragment length. A proof of concept release was performed with poly(sodium 4-styrenesulfonate) ( $N = 1$ ) in 1xPBS both in the source and sink reservoir. A reference Ag/AgCl pellet electrode (Harvard Apparatus, Holliston, MA) was positioned in the source reservoir.

The assembled diffusion fixtures were then loaded in a custom robotic carousel<sup>22</sup> connected to a Cary 50 UV-vis spectrophotometer (Agilent Technologies). Absorbance measurements of the sink reservoir were automatically performed every 5 minutes. Between each measurement, the sink solution was under constant stirring to ensure sample homogeneity. Wavelengths used for detection were 647 nm for Alexa Fluor, 256 nm for poly(sodium 4-styrenesulfonate) and 260 nm for DNA. Electrical DC potentials were applied between the reference and the gate electrode using an arbitrary waveform generator (Keysight Technologies 33522A) in a succession of passive (0 V) and active (−1.5 V or −3 V) phases. Phase durations were 12 h and 8 h for passive and active, respectively. Phases were shortened for DNA release, due to its high molar extinction coefficient to 6 h and 4 h for passive and active, respectively. These shortened phases were also used for the controlled release of polySS in 1xPBS for a total of 4 cycles.

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## Statistical analysis

Graphs were plotted and statistical data analyses were performed with GraphPad Prism 8 (version 8.1.1; GraphPad Software, Inc., La Jolla, CA). Data are represented as mean  $\pm$  SD. Statistical significance was determined using two-tailed paired *t*-tests. For statistical analyses, the cumulative release of each phase was fitted with a first order polynomial using MATLAB® polyfit function. The resulting angular coefficient represent the release rate of the considered phase.

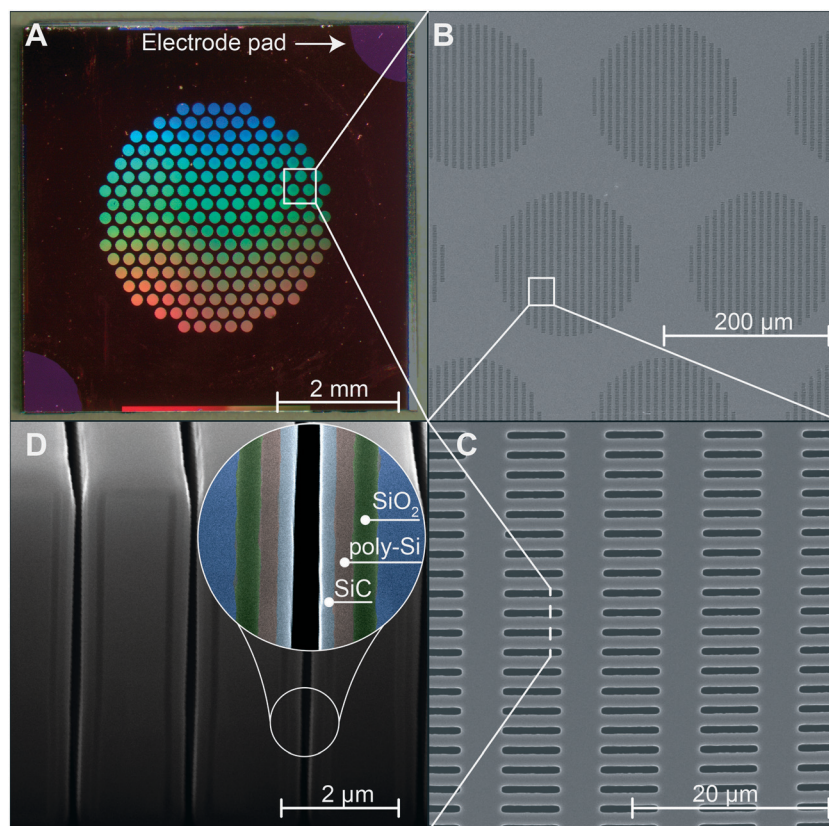
## Results and discussion

### Nanofluidic membrane

To assess the quality of the fabrication process, all chip membranes were first visually inspected through optical microscopy. We then performed gas test characterization on all chips to assess the nanochannel dimension uniformity across the wafer. We employed a previously developed model to predict the nanochannels dimension from the measurement of transmembrane nitrogen gas flow upon application of a pressure difference.<sup>23</sup> A Gaussian non-linear fit ( $R^2 = 0.99$ ) of the cumulative distribution of the obtained values shows a predicted nanochannel size of  $292 \pm 44$  nm. Selected chips were further analyzed using FIB-SEM imaging

(Fig. 2). Fig. 2A shows a picture of a single diced chip which has a size  $6 \times 6$  mm<sup>2</sup> and a thickness of 400  $\mu$ m. The membrane features 199 cylindrical microchannels which measure 200  $\mu$ m in diameter and 390  $\mu$ m in length.

The hexagonal configuration of the cylindrical microchannel ensures high channel density and structural mechanical robustness. Nanochannels are efficiently aligned in a circular pattern that matched the microchannel area (Fig. 2B and C). Fig. 2D shows FIB cross sections of the slit nanochannels where despite the high aspect ratio, all deposited layers show high uniformity (inset of Fig. 2D). The innermost SiO<sub>2</sub> layer created *via* slow thermal oxidation allows for tight control of the nanochannels dimension. The poly-Si is used as a distributed gate electrode that extends for the whole nanochannels area to offer high electrostatic gating performances. External connection to the poly-Si layer is possible through the conductive pads at the edge of the chip (Fig. 2A). The outer-most layer of SiC forms an excellent bio-inert coating, while serving as an insulating layer for the gate electrodes. As the SiC deposition is performed on both sides of the wafer, a slightly thicker layer of SiC can be noted at the entrance and exit of nanochannels due to the limited diffusivity of precursor gases in nanoconfinement during deposition. We do not expect this slight non-uniformity to



**Fig. 2** Nanofluidic membrane. A) Picture of the nanofluidic membrane which measure  $6 \text{ mm} \times 6 \text{ mm}$  with a total thickness of 400  $\mu\text{m}$ . B) SEM image of the top face of the membrane (device layer) that shows the vertically etched nanochannels arranged in circles. C) SEM image of nanochannels array. D) FIB-SEM image of nanochannel cross-section which shows the vertical nanochannels and highlight the layer stack on the nanochannels walls. In order from the innermost (silicon, blue) to the outermost layer there is silicon dioxide (SiO<sub>2</sub>, 175 nm, green), n-doped polycrystalline silicon (poly-Si, 121 nm, red) and silicon carbide (SiC, 64 nm, gray). The different layers in the FIB image are artificially colored for clarity.



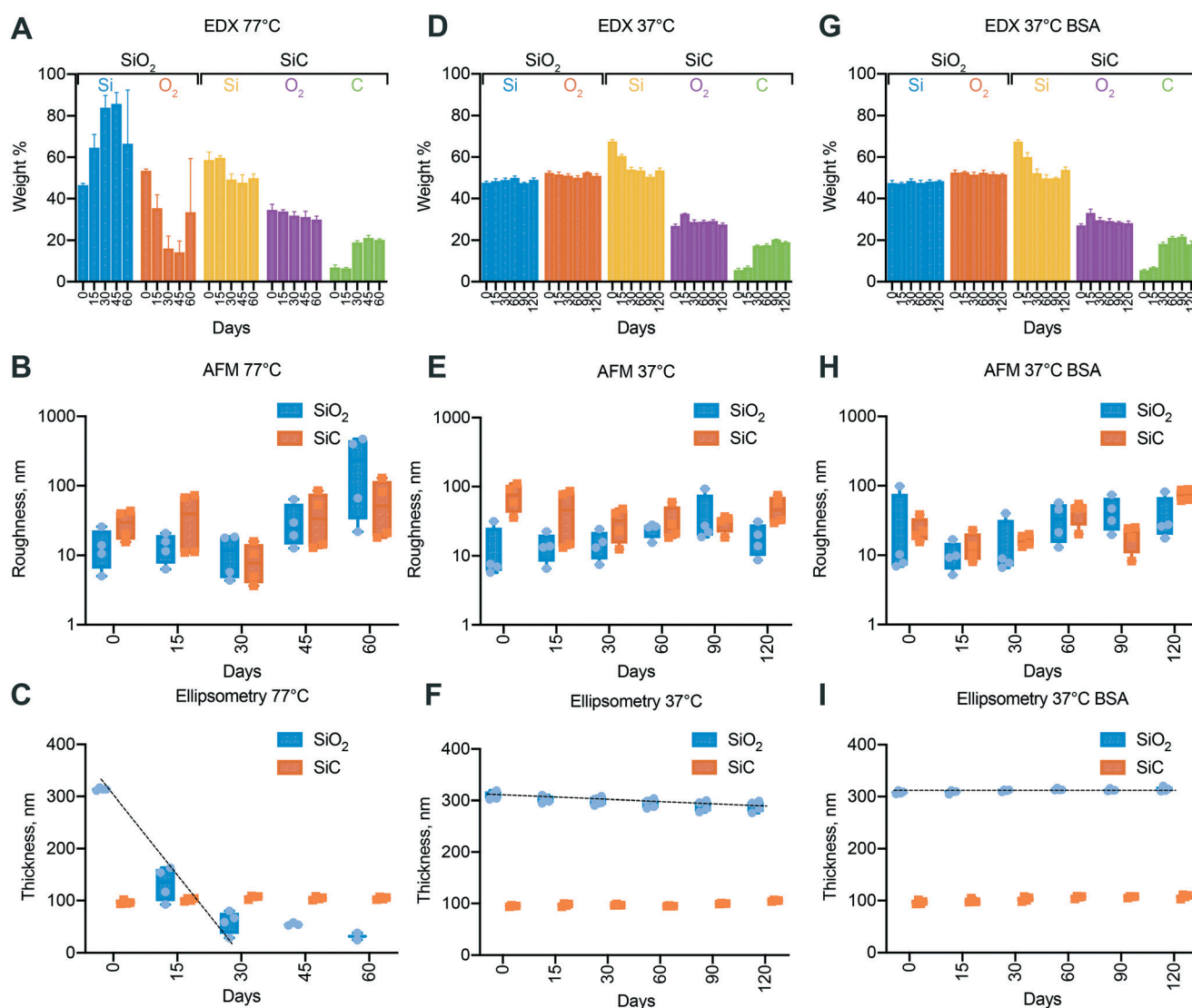
decrease the performance of our membrane, instead, it can potentially increase it. In fact, as the nanochannel narrows, the electrostatic effect on charged particles increases, resulting in a more pronounced gating effect.

As compared to our previous technology<sup>24–26</sup> the present membrane presents two key advantages: i) the streamlined fluidic structure, with cylindrical microchannels directly connected to the array of through nanochannels allows for a substantially simplified fabrication process;<sup>27</sup> ii) by accounting for same nanochannel size, the fluidic architecture achieves a 45% and 37% reduction in diffusive length and resistance, respectively. As compared to other AAO-based gating systems,<sup>28</sup> which dispersed pores size can affect performances,<sup>29</sup> the present membrane possesses monodispersed channel dimensions. This is important in the context of the tight control of drug delivery. Further, in

contrast to most gated fluidic systems, designed for the evaluation of electrostatic phenomena,<sup>30</sup> our technology achieves molecular transport rates suitable for medical applications.

### Degradation study

*In vitro* degradation testing was performed to evaluate the membrane chemical robustness in view of its application for implantable drug delivery. The testing conditions in PBS at 37 °C were chosen as they represent an established model of biological fluids in subcutaneous tissues. Accelerated conditions at 77 °C allowed us to monitor long-term degradation within a shorter timeframe, while maintaining relevance with respect to the physiologic conditions. Moreover, because fluoride ions are known to readily erode



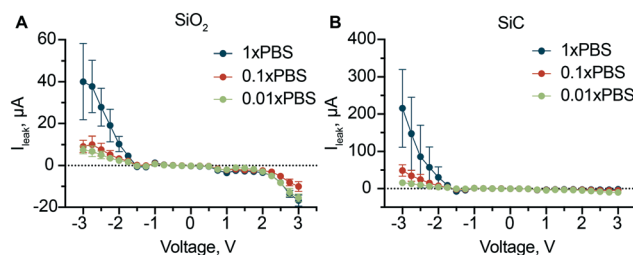
**Fig. 3** Nanofluidic membrane degradation. Energy-dispersive X-ray spectroscopy (EDX) for membranes coated with SiO<sub>2</sub> versus SiC at 77 °C (A), 37 °C (D) and at 37 °C with BSA (G). Surface roughness calculated with atomic force microscopy (AFM) for membranes coated with SiO<sub>2</sub> versus SiC at 77 °C (B), 37 °C (E) and at 37 °C with BSA (H). Layer thicknesses fitted through ellipsometry data for membranes coated with SiO<sub>2</sub> versus SiC at 77 °C (C), 37 °C (F) and at 37 °C with BSA (I).



No notable trends were observed in either the surface composition or roughness at 37 °C (Fig. 3D and E). However, the thickness of the silica layer was slowly decreasing as evident by ellipsometry (Fig. 3F). The degradation rate was

Overall, we found that silicon oxide erodes at appreciable rate in the absence of proteins at 37 °C and very fast at 77 °C. Despite the spontaneous formation of protective protein layer, it is not reliable for long term use *in vivo*. In contrast, silicon carbide showed superior stability and no evidence of degradation was observed across all tested conditions, including incubation in 2  $\mu$ M fluoride buffer at 77 °C.

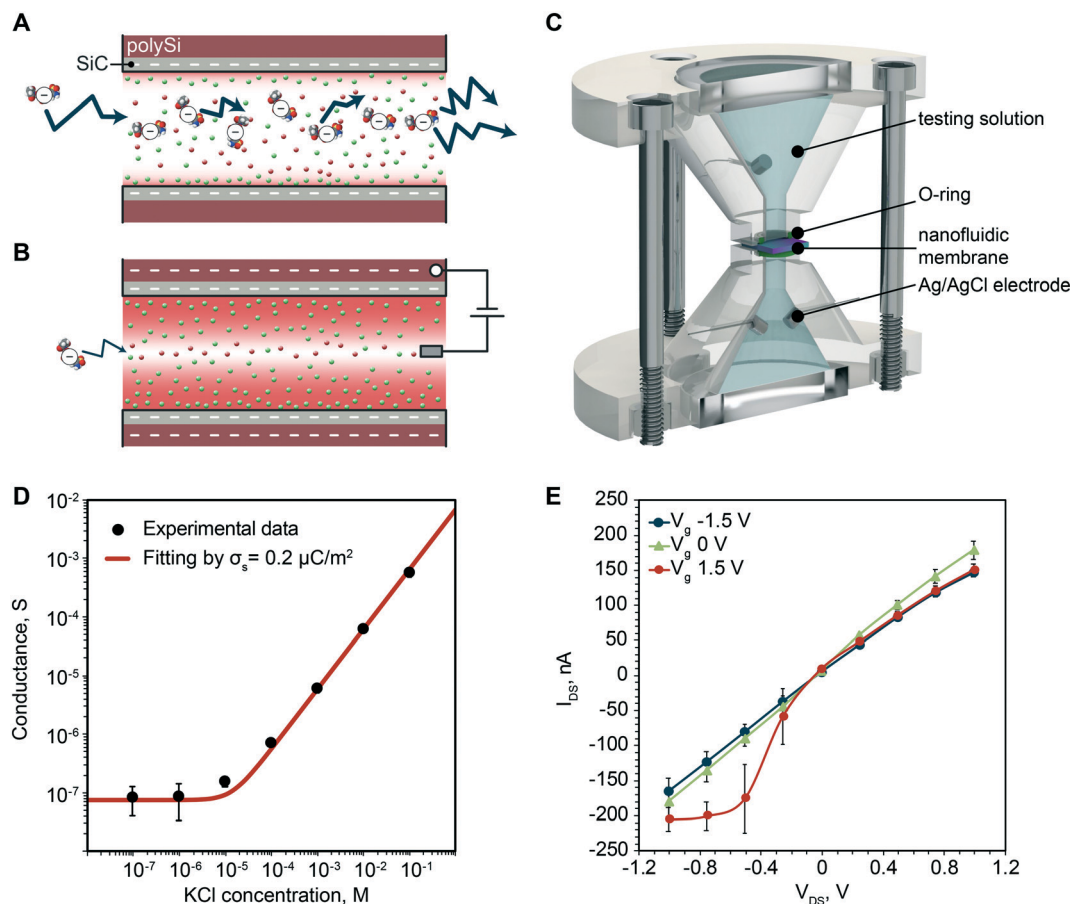
To test the performance of SiC as a dielectric insulator, we measured gate leakage current and compared it to an equivalent chip with a SiO<sub>2</sub> insulator layer instead of SiC. SiO<sub>2</sub> and in general metal oxides represent the standard for gate dielectrics in solid electronics.<sup>37</sup> However, lack of durability and reliability of SiO<sub>2</sub> in aqueous environment leads to the adoption of alternative materials such as SiC. As the leakage current is affected by the ionic strength of the solution,<sup>38</sup> we analyzed leakage for both SiO<sub>2</sub> (Fig. 4A) and SiC (Fig. 4B) at three different ionic strengths.



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Fig. 5D shows the measured ionic conductance. Two regimes can clearly be highlighted, the bulk conductance region and the surface dominated conductance region.<sup>55</sup> For high concentrations, the nanochannel height over Debye length ratio is  $h/\lambda \gg 1$ . The measured conductance is consistent with that of bulk electrolyte solution, and proportional to its ionic strength. For  $h/\lambda \sim 1$  or  $h/\lambda < 1$ , where the Debye length is comparable with characteristic dimension of the channel, the conductivity becomes independent of the ionic strength and channel height. In this scenario, channels are enriched in counter-ions to compensate for the surface charge and reach local neutrality.



**Fig. 5** Electrochemical characterization. A) Concentration driven diffusion of negatively charged molecule. B) Gated diffusion of negatively charged molecule. C) Rendering of *ad hoc* device for electrochemical measurements. D) Measured ionic conductance of the membrane. E) Current-voltage (*I*-*V*) curves for the membrane.

Thus, the measured conductance only depends on the exposed surface charge. For our membranes the transition between bulk and surface dominated conductance happens in a 10  $\mu$ M KCl solution, where the Debye length is expected to be  $\sim 200$  nm. The experimental results are in good agreement with the known conductance equation:<sup>55</sup>

$$\frac{I}{V} = F\mu \sqrt{\left(\frac{\Sigma}{2}\right)^2 + c_0^2} \frac{wh}{l}$$

where  $F$  is Faraday's constant,  $\mu$  is the ionic mobility,  $\Sigma$  is the volume charge density,  $c_0$  is the molarity of the solution, and  $w$ ,  $h$ , and  $l$  are respectively the width, height, and length of the nanochannel.  $\Sigma$  was determined by fitting the experimental data, resulting in a surface charge  $\sigma_s = 0.2 \mu\text{C m}^{-2}$  obtained using the relation  $zF\Sigma = -2\sigma_s/h$  and consistent with what was previously observed.<sup>56</sup>

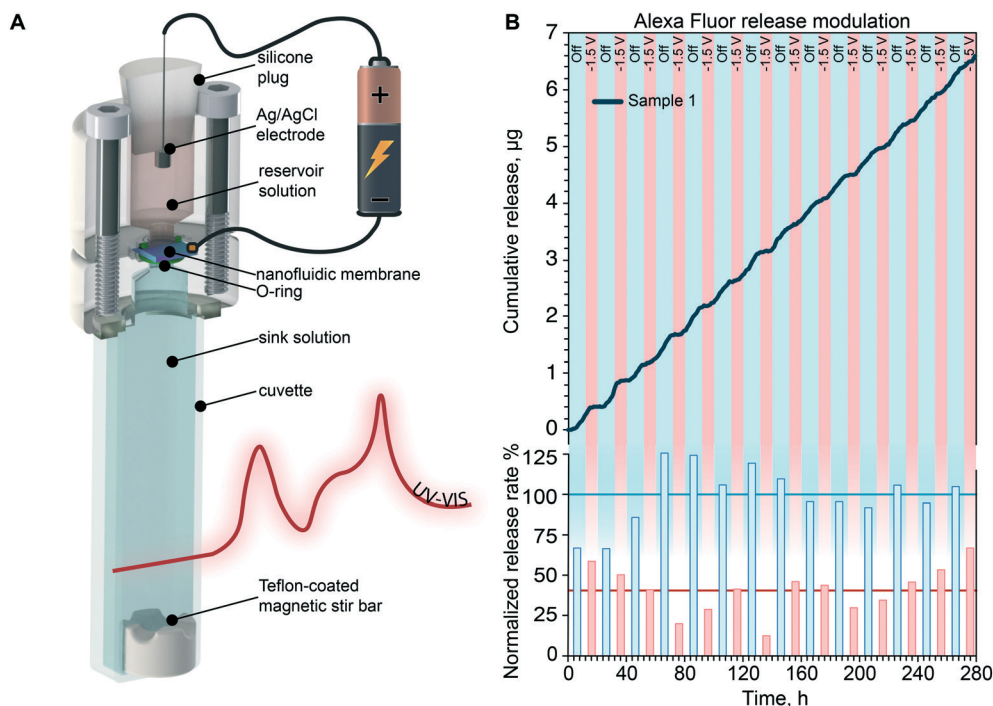
Fig. 5E shows representative *I*-*V* curves where a clear dependence of transmembrane current with gate voltage can be seen. Specifically, we observed an increase in conductance with the application of a positive gate potential especially for negative transmembrane voltages. Although unusual for  $\text{SiO}_2$

nanochannels, where the conductance decreases when a positive gate voltage is applied, it has been previously reported and attributed to a slip flow at the wall.<sup>57</sup> This phenomenon happens for  $\text{SiO}_2$  channels when the external  $V_{\text{DS}}$  is intense enough to overcome the attraction of the  $\text{K}^+$  ions within the Stern layer and move along the Stern layer, tangential to the surface. This explanation is further corroborated by the fact that the SiC surface exhibits a significantly smaller surface charge ( $0.2 \mu\text{C m}^{-2}$ ) when compared to  $\text{SiO}_2$  ( $1\text{--}100 \text{ mC m}^{-2}$ ).<sup>58</sup>

#### *In vitro* release rate modulation of Alexa Fluor 647

As a proof of concept for the controlled release of small molecule therapeutics, which represent the vast majority of drugs,<sup>59</sup> we investigated Alexa Fluor 647 (AF647). AF647 is a fluorescent dye that offers high photostability and sensitivity. AF647 presents a molecular weight of  $\sim 1$  kDa, and is a good surrogate for charged small molecule therapeutics. The release was performed in a custom-made release fixture (Fig. 6A) where an external voltage generator (represented as battery) switched the applied voltage between 0 V and  $-1.5$  V in alternating phases.





**Fig. 6** Modulated release of Alexa Fluor 647. A) Rendering of custom device used for *in vitro* release rate modulation. B) *In vitro* cumulative release modulation of Alexa Fluor (top). Release rate for every phase, normalized to the average of the passive phases. Blue and red line represent the average of the passive and active (-1.5 V) phases respectively.

Fig. 6B shows the cumulative release of the negatively charged AF647 where the passive (12 h) and active (8 h) phases are highlighted by the blue and red background respectively. During the passive phases the molecules are released following a concentration driven diffusion, achieving a constant release rate. Upon application of the active phase, co-ions repulsion reduces the concentration of negatively charged molecules in the channel, AF647 included, resulting in a reduced transmembrane diffusion. The phase switching is repeated for 14 cycles, demonstrating repeatability of the electrostatic gating phenomena. We observed smooth release rate transitions, which can be attributed to various factors, including i) capacitive charge/discharge of the poly-Si gate; ii) transient formation or dissolution of percolating paths in the dielectric; iii) rearrangement of charged species in nanochannels. While it is difficult to pinpoint the contribution of each of these factors, smooth transitions are desired therapeutic administration. In fact, they can avoid peak-and-trough plasma fluctuations that can elicit adverse side effects and negatively impact treatment.<sup>60</sup>

For ease of comparison, release rates calculated for each phase from cumulative profiles are plotted in Fig. 6B (bottom bar graph). To quantify the effect of gating we averaged the release rate of each phase (horizontal lines) and compared the active to the passive release. We observed a 60% reduction of release rate during active phase and an average release rate of  $\sim 1$   $\mu\text{g}$  per day during passive phases. Release rates in the order of  $\mu\text{g}$  per day are in line with daily therapeutic doses for numerous small molecule therapeutics.

This is the case for glucocorticoids,<sup>5</sup> antivirals<sup>61</sup> and hormone therapeutics,<sup>62</sup> among others.

### *In vitro* release modulation of polystyrene sulfonate

More than 40% of newly developed drugs are poorly soluble in water<sup>63,64</sup> and require vehicles for their administration. In this context, to assess the ability of our membrane to modulate the release of larger molecular constructs such as drug carriers,<sup>65</sup> we adopted poly(sodium 4-styrenesulfonate). PolySS (70–1000 kDa) is a polyelectrolyte used for the treatment of acute and chronic kidney disease<sup>66</sup> and for the encapsulation of pharmacologically active compounds that exhibit poor water solubility.<sup>67,68</sup> Additionally, polySS presents high exposed charge, which allow for effective transport modulation *via* electrostatic gating.

Fig. 7A shows the cumulative release of polySS when alternating passive (blue) and active phases (brown or red). During the first 5 active phases (brown) a voltage of  $-3$  V was applied to the gate electrode, while during the last 3, the voltage was reduced to  $-1.5$  V. As previously shown for AF647, the application of a gate voltage consistently decreased the release rate when compared to the passive phases, where a sustained release was observed. It is important to notice how for  $-3$  V the release rate was almost completely stopped while for  $-1.5$  V the release rate was considerably reduced, but not interrupted. We calculated the slope of each cumulative release and then normalized it to the passive release rate (Fig. 7A, bottom) to



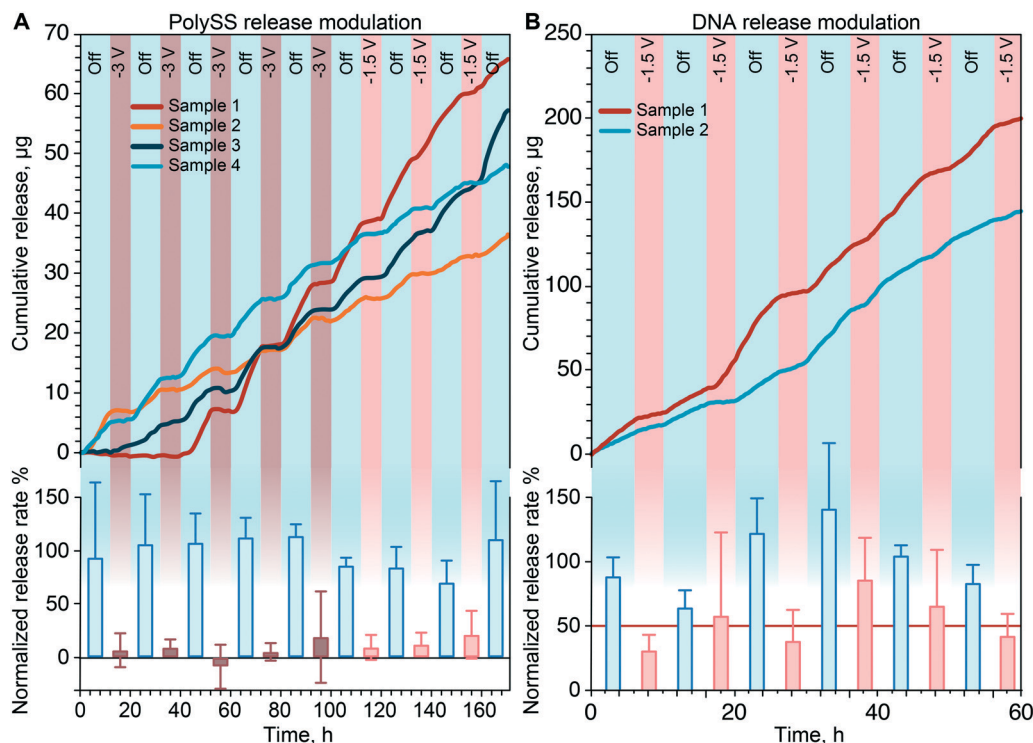


Fig. 7 Modulated release of poly(sodium 4-styrenesulfonate). A) *In vitro* cumulative release modulation of polySS (top). Release rate for every phase, normalized to the average of the passive phases (bottom). B) *In vitro* cumulative release modulation of DNA (top). Release rate for every phase, normalized to the average of the passive phases. Red line represents the average of the active ( $-1.5\text{ V}$ ) phases.

clearly show the differences between the release rates of active and passive phases. More importantly, the reduction and restoring of the release upon change of the applied voltage is consistently repeated demonstrating that electrostatic gating performances do not degrade over time. During the passive phases, we measured an average release rate of  $12\text{ }\mu\text{g}$  per day, which is clinically relevant in the context of hormone replacement therapies.<sup>69</sup> In these applications, our technology could emulate the function of the body by providing hormone release profiles that mimic the circadian cycle of hormone secretion.<sup>70</sup>

#### *In vitro* release modulation of DNA salt

To demonstrate the controlled delivery of gene therapeutics we performed a release study with DNA salt as a surrogate for plasmid DNA (pDNA) or small interfering RNA (siRNA). pDNA and siRNA are the two main vectors used in gene therapy for the treatment of incurable diseases such as cancer or various genetic disorder.<sup>71</sup> Fig. 7B shows the cumulative release of DNA when alternating passive (blue) and active phases (red). As for the AF647 and polySS, the application of a negative voltage ( $-1.5\text{ V}$ ) led to a substantial decrease of release rate with respect to the passive phase. Release rate analysis and normalization to the passive phases (Fig. 7B bottom) resulted in an average reduction of release rate of 50% of the passive release (Fig. 7B bottom red line). The passive phase yielded an average release rate of  $89\text{ }\mu\text{g}$  per day. A target therapeutic

dose for siRNA cannot be clearly identified, in part due to the fact that gene silencing therapies are still under development.<sup>72</sup> However, this result provides confidence of the ability of our system to function in conjunction with biologics, and control molecular transport at rates that are within the same order of magnitude of experimental therapies.<sup>73</sup>

#### Performance of release modulation through electrostatic gating

To better demonstrate the performance of electrostatic gating, Fig. 8 shows the normalized release rates of the molecules used in this study, when grouped by applied

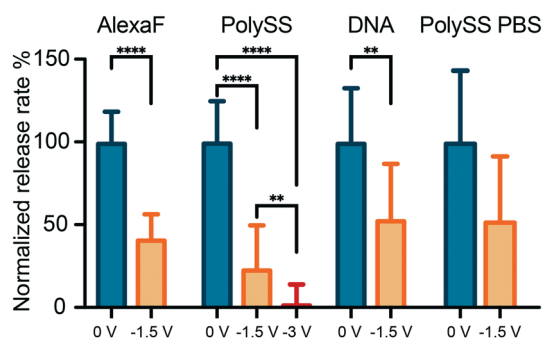


Fig. 8 Statistical analysis of release modulation. Release rates grouped by typology and compared.



It is worth mentioning that although in this study we have investigated the release modulation of negatively charged molecules, our membrane can be employed with positive molecules as well. However, our approach to drug release modulation is using electrostatic gating to increase the charge selectivity of channels and effectively generate a reduction in transport of co-ions. In this context, we start from negatively charged nanochannels to further increase the negative surface charge to limit the trans-membrane

Our future investigations focus on the integration of the present technology in our previously developed implantable device for remote control of drug administration. Upon successful integration we will move toward *in vivo* demonstration of repeatable administration of therapeutic agents. Moreover, due to unavoidable limited lifespan of batteries we are exploring alternative strategies for power source such inductive rechargeable batteries and energy harvesting from the human body.

Although further developments are needed, this study paved the way toward the use of electrostatic gating as a mean of repeatable modulation of drug delivery. The ability to reversibly control the permeability of a nanofluidic membrane with the simple application of an external voltage renders this technology an ideal actuator for drug delivery. In fact, it could be integrated with a completely implantable platform that provides a low-intensity power source that could either be a rechargeable battery or an energy harvesting device, avoiding constant external energy supply. This technology offers promise as a drug delivery actuator for the next generation of closed-loop drug delivery systems for personalized medicine.

## Author contribution

NDT: conceptualization, data curation, formal analysis, investigation, software, visualization, and writing original draft. ASilvestri: conceptualization, data curation, methodology, formal analysis, investigation and visualization. ASizovs: conceptualization, supervision and validation. YW: methodology and investigation. DRE: methodology and investigation. DD: validation. XL: conceptualization, methodology, investigation. AG: conceptualization, funding acquisition, project administration, writing original draft and validation.

## Conflicts of interest

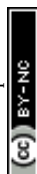
All the authors declare no conflicts of interest.

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