

# RSC Advances



This is an *Accepted Manuscript*, which has been through the Royal Society of Chemistry peer review process and has been accepted for publication.

*Accepted Manuscripts* are published online shortly after acceptance, before technical editing, formatting and proof reading. Using this free service, authors can make their results available to the community, in citable form, before we publish the edited article. This *Accepted Manuscript* will be replaced by the edited, formatted and paginated article as soon as this is available.

You can find more information about *Accepted Manuscripts* in the [Information for Authors](#).

Please note that technical editing may introduce minor changes to the text and/or graphics, which may alter content. The journal's standard [Terms & Conditions](#) and the [Ethical guidelines](#) still apply. In no event shall the Royal Society of Chemistry be held responsible for any errors or omissions in this *Accepted Manuscript* or any consequences arising from the use of any information it contains.

1 **Tumor specific delivery with redox-triggered mesoporous silica nanoparticles inducing**  
2 **neovascularization suppression and vascular normalization**

3

4 Lu Sun,<sup>a,b</sup> Yu-Jie Liu,<sup>a,b</sup> Zhen-Zhen Yang,<sup>b</sup> Xian-Rong Qi<sup>\*,a,b,c</sup>

5 *a. Beijing Key Laboratory of Molecular Pharmaceutics and New Drug Delivery System,*  
6 *Peking University, Beijing 100191, China*

7 *b. School of Pharmaceutical Sciences, Peking University, Beijing 100191, China*

8 *c. State Key Laboratory of Natural and Biomimetic Drugs, Peking University, Beijing*  
9 *100191, China*

10

11 *\*Corresponding author. School of Pharmaceutical Sciences, Peking University, 38 Xueyuan*  
12 *Road, Beijing, 100191, PR China. Tel./fax: 86 10 82801584. E-mail address:*

13 *qixr@bjmu.edu.cn (X.-R. Qi).*

14

## 1 Abstract

2 RNA interference (RNAi) has great potential in cancer therapy, however efficient  
3 cytoplasmic delivery still remains a major hurdle. In this study, a redox-responsive  
4 mesoporous silica nanoparticle with enlarged pores (denoted as MSN-siRNA/CrPEI) was  
5 designed by immobilizing polyethylenimine (PEI) via intermediate linkers of disulfide bond  
6 onto the MSNs as cap for redox-responsive intracellular gene delivery. The  
7 MSN-siRNA/CrPEI with high siRNA loading capacity (35 mg siRNA/g MSNs) could react  
8 to the specific reductive stimulation—upgraded glutathione concentration in tumor cells and  
9 release cargos through the rupture of disulfide bond. Subsequent, the MSN-siRNA/CrPEI  
10 was used to delivery VEGF siRNA for cancer therapy and the underlying mechanisms was  
11 explore. As we expected, the MSN-siRNA/CrPEI could be readily internalized into cells,  
12 escaped from the endolysosomes and distributed in cytoplasm where siRNA mediated its  
13 function. The MSN-siRNA/CrPEI showed remarkable anti-tumor efficacy by the suppression  
14 of neovascularization and vascular normalization after peritumoral application against mice  
15 with KB tumors, proved by interstitial fluid pressure (IFP) reduction, CD31 suppression and  
16 angioplerosis. It's noteworthy that siRNA combined with dexamethasone exerted a better  
17 treatment effect which attributed to the strong capability of dexamethasone to decrease the  
18 IFP, and a lower IFP lead to an improvement in the delivery and efficacy of exogenously  
19 administered therapeutics. These results indicate that tumor specific delivery of siRNA with  
20 redox-trigger mesoporous silica nanoparticles is a promising strategy to enhance therapeutic  
21 efficacy. Neovascularization suppression and vascular normalization may be benefits for  
22 cancer inhibition.

23  
24 Keywords: mesoporous silica nanoparticle; redox-stimulation; VEGF; dexamethasone;  
25 neovascularization; vascular normalization.

## 1 Introduction

2 Angiogenesis is critical to the growth of human tumors and the development of  
3 metastasize<sup>1,2</sup>. Amongst the many proangiogenic mechanisms identified, the vascular  
4 endothelial growth factor (VEGF) signaling pathway has been implicated as the key regulator  
5 of tumor neovascularization<sup>3</sup>. Various therapeutic agents targeting the VEGF pathway have  
6 been successfully developed in the past decades. Bevacizumab as a humanized monoclonal  
7 VEGF specific antibody has antivasular effects in human rectal cancer<sup>4</sup>. Sorafenib, Sunitinib,  
8 Pazopanib, and Vandetanib as angiogenesis inhibitors not only targeting VEGF but also  
9 multiple tyrosine kinase receptors have also been approved by the Food and Drug  
10 Administration for solid tumor therapy<sup>5,6</sup>.

11 VEGF small interference RNA (siRNA) utilize the RNA interference (RNAi) to block  
12 VEGF signaling pathway in cancer therapy. It is specificity and potentness<sup>7</sup>. But therapeutic  
13 application of siRNA still confronts great barriers due to its instability, poor membrane  
14 permeability and short serum half-life. Currently, the promising approach widely used to  
15 initiate RNAi is delivering siRNA into the cytoplasm of target cells via delivery systems,  
16 including viral and non-viral vectors<sup>8</sup>. Because of the unexpected safety risks from viral  
17 vectors, non-viral delivery systems are dominated in research field, which are categorized  
18 into lipid based delivery system, polycationic polymers and inorganic nanoparticles<sup>8</sup>.  
19 Mesoporous silica nanoparticles (MSNs) have already been widely used as delivery systems  
20 for various active molecules. Silica materials with defined structures and surface properties  
21 are known to be biocompatible and negligible cytotoxicity<sup>9</sup>. Furthermore, MSNs are able to  
22 enhance the biocompatibility of several drug delivery systems, such as magnetic  
23 nanoparticles, biopolymers, and micelles<sup>9,10</sup>. Most of all, the high surface area, large pore  
24 volume and controllable chemistry of the MSNs allow for loading of high concentrations into  
25 the pores<sup>11</sup>.

1 In many MSNs, the hexagonally symmetrical MCM-41 is one of the materials studied most  
2 commonly for drug delivery<sup>12</sup>. The traditional MCM-41 involving the synthesis method of  
3 liquid crystal templating has an average mesopore size of 2.5-3.7 nm<sup>13-15</sup> just a little bit  
4 bigger than the siRNA diameter (2.6 nm)<sup>16</sup>, thus limiting the amount of siRNA entering into  
5 mesopores. It is also convinced that the larger pores the MSNs own, the more quantities of  
6 cargo the MSNs may load<sup>17</sup>, the faster the MSNs may release the cargo in target cell<sup>18</sup>, the  
7 better effect the treatment may reach, especially for siRNA which acts in a dose dependent  
8 manner that a higher siRNA concentration results in more significant inhibition of protein  
9 expression<sup>19</sup>. Thus, the MSNs employed here had been enlarged the mesopore through a  
10 swelling agent incorporation method.

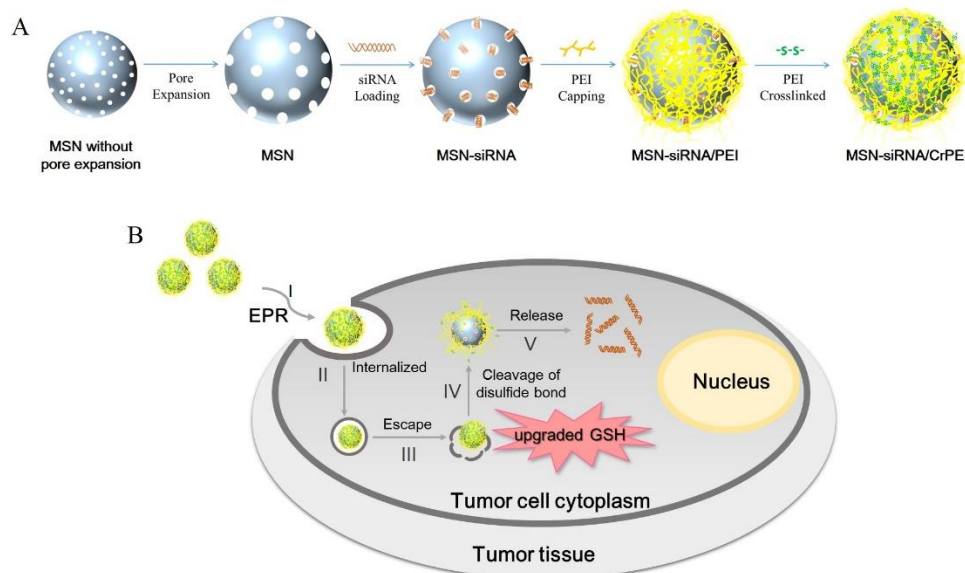
11 Generally for delivery strategies, the cargo within the MSNs must be retained and doesn't  
12 release until delivery to the target cell. Therefore, the pores being "sealed" after cargo loading  
13 is required for superior MSNs. Due to the intrinsic negative charge of the silica surface via  
14 deprotonation of surface silanols, we took advantage of positively charged polymers,  
15 polyethyleneimine (PEI), which can be electrostatically attracted on MSNs' surface as  
16 supramolecular cap and retain cargo within the MSNs. PEI not only owns considerable  
17 positive charge but also possesses an intrinsic endosomal release capacity, known as the  
18 "proton sponge effect"<sup>20</sup>. Thus, the PEI coated MSNs can not only protect siRNA in transit  
19 from the bloodstream to the intracellular compartment, but also guarantee quick escape from  
20 the endosomal/lysosomal "pitfall", thus avoiding siRNA degradation in endosomes and  
21 lysosomes, and achieving siRNA intracellular targeting. Here, low molecular weight PEI (2  
22 kDa) was used to coat on MSNs as cap for its lower toxicity than the long chain PEI (25  
23 kDa)<sup>21</sup>.

24 When the MSNs reach at target position, the cap on MSNs should depart after intracellular  
25 uptake and controlled release cargos. Various trigger mechanisms, such as sensitivity to pH

1 change, temperature, enzyme or redox condition, have been put forward<sup>22</sup>. The large  
2 difference in reducing potential between the intracellular and extracellular milieu enables the  
3 redox-triggered destabilization mechanism to be a promising strategy<sup>23</sup>. In body fluids (e.g.  
4 blood) and in extracellular matrices, a relatively high redox potential is maintained due to the  
5 low concentration of glutathione (GSH, approximately 2–20  $\mu\text{M}$ ). Contrary, the concentration  
6 of GSH inside cells is 0.5–10 mM, maintaining a highly reducing environment<sup>24</sup>. What's  
7 more, the tumor tissues own at least 4-fold higher concentrations of GSH over normal tissues,  
8 as a result the hypoxic tumor tissues are highly reducing. On account of the reducibility in the  
9 tumor intracellular milieu for the elevated GSH, the disulfide bond crosslinking is generally  
10 used<sup>25</sup>. Therefore, dithiobis(succinimidyl propionate) (DSP), as redox sensitive moiety, was  
11 applied to induce the thiol to construct disulfide bond so as to achieve the sensitivities to the  
12 upgraded GSH in tumor cytosol. Thus the redox-triggered MSNs possess “smart” multi-stage  
13 vesicles can stimuli sensitize according to the GSH changes in the physiological  
14 compartments, which protect siRNA from degradation and provide for timely drug release.

15 Based on above considerations, we report a redox-triggered MSNs (denoted as  
16 MSN-siRNA/CrPEI) in present study. The pores of MSNs were enlarged to load more siRNA.  
17 PEI of short chain was utilized as cap via disulfide linkages induced by DSP to protect the  
18 siRNA in pores (Fig. 1A). Once the siRNA loaded MSNs were internalized by tumor cells,  
19 the closed capping PEI on the surface of MSNs can be removed quickly due to the cleavage  
20 of disulfide linkages in the presence of GSH secreted by tumor cells. Subsequently, the  
21 loaded siRNA would be released from the MSNs in cytoplasm and play a role in gene  
22 silencing (Fig. 1B). As a result, a significant anti-cancer efficacy of VEGF siRNA were  
23 identified through gene silencing, tumor interstitial fluid pressure reduction, CD31  
24 suppression, angioplerosis, and tumor shrink after peritumoral application against mice with  
25 KB tumors. In addition, the siRNA combined with dexamethasone exerted a better treatment

1 effect which attributed to the extraordinary ability of dexamethasone to decrease the IFP. In  
 2 short, this work has demonstrated that the developed MSN-siRNA/CrPEI delivery system has  
 3 great promise for delivery of siRNA in tumor therapeutics.



4  
 5 Fig. 1 (A) Scheme illustrating the preparation of MSNs as delivery vectors loading siRNA.  
 6 The process includes pore expansion, encapsulating siRNA molecules into the mesopores of  
 7 MSNs (MSN-siRNA), PEI-capping MSN-siRNA composite (MSN-siRNA/PEI), and  
 8 crosslinking PEI via disulfide bond of DSP (MSN-siRNA/CrPEI). (B) Flowchart of  
 9 tumor-triggered targeting siRNA delivery: (I) accumulation of nanoparticles via the enhanced  
 10 permeability and retention (EPR) effect in tumor tissue; (II) internalization of nanoparticles  
 11 into tumor cells; (III) endosomal escape of delivery vehicles; (IV) glutathione-triggered PEI  
 12 loose via cleavage of disulfide bond; (V) release of siRNA into cytoplasm from the  
 13 mesopores, and develop RNAi.

14

## 15 Material

16 Hexadecyltrimethylammonium bromide (CTAB) was purchased from Biofunction Co. Ltd  
 17 (Beijing, China). Tetraethylorthosilicate (TEOS) was purchased from ZKTZ Chemical  
 18 Technology Co .Ltd (Beijing, China). 1,3,5-trimethylbenzene (TMB) and guanidine

1 hydrochloride were purchased from Sinopharm Chemical Reagent Co. Ltd (Beijing, China).  
2 Branched polyethylenimine (PEI, 2 kDa) was purchased from Sigma-Aldrich (St. Louis,  
3 USA). Lomant's Reagent (DSP) was from Thermo Scientific (Waltham, MA, USA).  
4 Dithiothreitol (DTT) was purchased from Amresco (OH, USA). The scrambled siRNAs  
5 (siN.C.) and the FAM-labeled negative siRNA (FAM-siRNA) (antisense strand,  
6 5'-ACGUGACACGUUCGGAGAATT-3'), as well as siRNA targeting VEGF (siVEGF,  
7 antisense strand, 5'-GAUCUCAUCAGGGUACUCCdTdT-3') were from Genepharma  
8 (Shanghai, China). The siRNAs are double-stranded RNA oligos containing 21 nt. All  
9 primers were synthesized by AuGCT Biotechnology (Beijing, China). Dexamethasone  
10 sodium phosphate (Dex) was purchased from Energy-chemical (Shanghai, China).  
11 RPMI-1640 medium, penicillin-streptomycin, trypsin and Hoechst 33258 were obtained from  
12 Macgene Technology (Beijing, China). LysoTracker Red was purchased from Invitrogen  
13 (Carlsbad, CA, USA). Human VEGF ELISA kit was from Raybiotech (Atlanta, Georgia,  
14 USA). Reverse Transcription System and GoTaq® qPCR Master Mix were from Promega  
15 (Madison, Wisconsin, USA). Pisum sativum agglutinin (PSA) was purchased from Vector  
16 labs (Burlingame, CA, USA).

17

## 18 **Methods**

### 19 **Preparation of MSNs with enlarged pores**

20 Synthesized silica nanoparticles were prepared according to the literature<sup>26</sup> with a little  
21 modification. 0.02 mmol CTAB was dissolved in 640 g methanol and 960 g water. 4.5 ml of  
22 1 M NaOH solution together with 4 ml of TEOS were added to the solution with vigorous  
23 stirring for 8 h followed by the mixture being placed overnight to obtain white precipitate,  
24 which was centrifugated and washed with ethanol and water three times each to remove  
25 remaining surfactant. Then the synthesized silica nanoparticles were dispersed in ethanol and



1 sonicated for 30 min. 25 ml of 1:1 mixture (v/v) of water and TMB was added subsequently  
2 to prepare the silica nanoparticles with enlarged pores. The mixture was placed in the  
3 pressure reactor with thick wall and kept stewing at 140°C for 4 days.

4 The obtained powder was washed with ethanol and water five times each, and refluxed in  
5 200 ml acidic ethanolic solution (100 ml ethanol added with 1 ml concentrated hydrochloric  
6 acid) overnight. Afterwards the white product was filtered out, washed with ethanol and then  
7 dried up in vacuum oven for 12 h.

8

### 9 **Preparation of MSN-siRNA/CrPEI**

10 The encapsulation of siRNA into MSNs was carried out in dehydration condition<sup>15</sup>. In brief,  
11 0.3 mg synthesized MSNs were dispersed in 100 µl ethanol by probe supersonic, followed by  
12 adding 10 µl 12 M guanidine hydrochloride salt (Guan-HCl) and 20 µl water solution of  
13 siRNA. The mixture was dispersed by vortex for 30 s and then was shaken with 100 rpm at  
14 25°C for 1 h continuously. The amount of adsorbed siRNA was determined from the different  
15 concentration of siRNA in solutions before and after adsorption process by Nanodrop 2000  
16 spectrophotometer (Thermo Scientific, USA).

17 Then the siRNA-loaded MSNs (MSN-siRNA) were dispersed in PEI ethanol solution to  
18 acquire aggregates capped with PEI (MSN-siRNA/PEI). After vortex for 30 s, the mixture  
19 was incubated at 25°C for 20 min, then centrifuged at 5000 rpm for 10 min to remove the free  
20 PEI in supernatant. The determination of PEI concentration in ethanol solution was using the  
21 standard curve plotted by measuring the absorption value at 220 nm through TU-1900  
22 spectrophotometer. The amount of capped PEI could be calculated from the different  
23 concentration of PEI in solutions before and after PEI-capping process.

24 To achieve PEI crosslinked by disulfide bond, 0.01 M DSP in dimethylsulfoxide (DMSO)  
25 was added to the preformed aggregates dispersed in ethanol<sup>27</sup>. The solutions were mixed by

1 vigorous vortex and incubated at 25°C for 30 min. Then the obtained MSN-siRNA/CrPEI  
2 aggregates were promoted the dispersion by being incubated in acidic deionized water under  
3 sonication for several minutes. The aggregates were later treated with deionized water to get  
4 the MSN-siRNA/CrPEI complex.

5

### 6 **Characterizations of MSNs**

7 Nitrogen adsorption-desorption isotherms were measured at 77 K with 100 mg of MSNs,  
8 using an Accelerated Surface Area and Porosimetry System (ASAP 2020). Before the  
9 measurements, all samples were degassed at 300°C for 12 h. Surface area calculations were  
10 carried out via the Brunauer-Emmett-Teller (BET) multimolecular layer adsorption model.  
11 Whereas the average pore sizes were calculated from the desorption branch by using the  
12 Barrett-Joyner-Halenda (BJH) model.

13 Transmission electron microscope (TEM) observation was carried out on a JEM-2100F  
14 transmission electron microscope. Samples were prepared in ethanol, and a drop of each  
15 suspension was placed onto the copper grid. The grids were then dried at room temperature  
16 for several hours before TEM observation.

17 The zeta potentials were measured via the Malvern Zetasizer Nano ZS (Malvern, UK) in  
18 automatic measurement position and laser attenuation.

19

### 20 **In vitro release experiments**

21 The PEI capping function were investigated by the release profiles of siRNA from the  
22 obtained MSN-siRNA/CrPEI. The release profiles of siRNA with and without dithiothreitol  
23 (DTT) at pH 7.4 were carried out as follows. Two parallel vials contain MSN-siRNA/CrPEI  
24 (2.0 mg) had been dispersed in 2.0 ml phosphate buffer (PBS) with pH 7.4 at 37°C. After 16  
25 h, 2 ml of 10  $\mu$ M DTT solution was added in one MSN-siRNA/CrPEI vials. At particular

1 time intervals, 10  $\mu$ l of sample from dissolution medium was collected and the same volume  
2 of fresh solution was added. After centrifugation at 12,000 rpm for 3 min, the supernatant of  
3 samples were analyzed by Nanodrop 2000 (Thermo Scientific, USA). Each assay was  
4 repeated in triplicates. The siRNA release from MSN-siRNA/PEI was also carried out as  
5 comparison.

6

### 7 **Cell culture**

8 KB cells were grown in RPMI-1640 medium supplemented with 10% fetal bovine serum  
9 (FBS, Sijiqing, China), 100 IU/ml penicillin and 100 mg/ml streptomycin. All cells were  
10 maintained in a 37°C humidified incubator with a 5% CO<sub>2</sub> atmosphere.

11

### 12 **Cellular uptake**

13 The cellular uptake of the nanoparticles loaded with FAM-siRNA was confirmed by  
14 fluorescence detection. KB cells were seeded in six-well plates at a density of  $5 \times 10^5$  cells per  
15 well in 2 ml of complete 1640 medium for 24 h. The cells were rinsed with PBS and  
16 incubated with MSN-siRNA/PEI and MSN-siRNA/CrPEI containing FAM-siRNA (50 nM)  
17 in serum-free medium. After incubation for 4 h at 37°C, the cells were rinsed with cold PBS,  
18 trypsinized and washed three times with cold PBS containing heparin (125 U/ml). The  
19 samples were centrifuged, resuspended and determined immediately by flow cytometry.

20

### 21 **Intracellular trafficking and endosomal escape**

22 A confocal fluorescent microscope was used to compare the intracellular distribution of the  
23 nanoparticles. KB cells were seeded on glass-bottom dishes at a density of  $2.5 \times 10^5$  per well  
24 containing complete 1640 medium for 24 h. After three washes with PBS, the nanoparticles  
25 were treated in serum-free medium for 4 h at 37°C. The final concentrations of FAM-siRNA

1 in the culture medium were 50 nM. Subsequently, the cells were rinsed with cold PBS  
2 containing heparin (125 U/ml) three times and fixed with 4% formaldehyde for 15 min at  
3 room temperature. Following another three rinses with cold PBS, the cell nuclei were stained  
4 with Hoechst 33258 (5 mg/ml) for 20 min at 37°C. Then the cells were imaged using a  
5 confocal laser scanning microscope (CLSM, Leica, Heidelberg, Germany). FAM-siRNA and  
6 Hoechst 33258 were excited using 488 nm and 345 nm lasers, respectively.

7 To track the internalization and endosomal escape of FAM-siRNA, KB cells were  
8 incubated for 0.5 h, 1 h, 2 h, 3 h, and 4 h with MSN-siRNA/CrPEI. Then,  
9 endosome/lysosome labeling was performed by LysoTracker Red (250 nM) for 30 min. After  
10 nuclear staining, the cells were observed by a CLSM. The LysoTracker Red was excited by  
11 561 nm lasers.

12

### 13 **Cytotoxicity evaluation**

14 The cytotoxicity of the nanoparticles (MSN/CrPEI) was evaluated via MTT assay. KB cells  
15 were seeded on 96-well plates at the density of  $1 \times 10^5$  cells per well in 180  $\mu$ l complete 1640  
16 medium for 24 h. Then cells were exposed to fresh culture medium containing MSN/CrPEI  
17 of different concentrations ranging from 10  $\mu$ g/ml to 100  $\mu$ g/ml for additional 48 h, followed  
18 by staining with MTT (5  $\mu$ g/ml). After 4 h of incubation at 37°C, the growth medium was  
19 replaced with 200  $\mu$ l DMSO. Absorbance was measured at 570 nm through an iMark™  
20 microplate absorbance reader (Bio Rad, USA).

21

### 22 **In vitro siRNA transfection and gene expression**

23 In vitro RNAi experiment was carried out according to our previously literature<sup>19</sup>. For  
24 VEGF protein assessment, KB cells were seeded into six-well plates at a density of  $2 \times 10^5$  per  
25 well. The amount of silencing VEGF in the supernatant medium was quantified by a human

1 VEGF immunoassay kit (RayBiotech, USA) according to the instructions of manufacturer.  
2 The total protein concentration was determined using a BCA Protein Assay Kit. For the  
3 cellular level of VEGF mRNA, quantitative real-time polymerase chain reaction (qRT-PCR)  
4 method was applied. KB cells were seeded into 25 cm<sup>2</sup> culture flasks at a density of 1×10<sup>6</sup> per  
5 well for 24 h. The final concentration of siRNA (VEGF siRNA or siN.C.) employed in the  
6 experiment was 80 nM. All experiments were performed in triplicate.

7

### 8 **In vivo tumor growth inhibition and body weight change**

9 The anti-tumor efficacy was investigated using the xenograft tumor model. All animal  
10 procedures were performed with the approval of the Institutional Animal Care and Use  
11 Committee at Peking University Health Science Center. Female BALB/c nude mice (16 ± 2 g)  
12 were purchased from Vital River (Beijing, China), and kept in standard housing conditions  
13 with free access to standard food and water. KB cells (5.0×10<sup>6</sup>) were implanted  
14 subcutaneously in the right armpit of nude mice. When the tumor volume reached  
15 approximately 100 mm<sup>3</sup>, the mice were randomly divided into two groups (n=5 per group)  
16 and treated with 50 μl of 5% glucose (control) and MSN-siRNA/CrPEI via peritumoral  
17 injection, respectively. The doses of VEGF siRNA was 1.0 mg/kg. Injection was performed  
18 every two days and total three times. The anti-tumor effect was evaluated in term of the  
19 tumor volume which was calculated by the formula: Volume (mm<sup>3</sup>) = a×b<sup>2</sup>/2, where a and b  
20 are the major axis and minor axis of the tumor, respectively, as reported previously<sup>28</sup>. After 6  
21 days, the mice were sacrificed and the tumors were harvested, weighed and photographed.  
22 The body weight of each mouse was monitored every day.

23

### 24 **Interstitial fluid pressure**

25 Interstitial fluid pressure (IFP) in the KB tumors was measured using an established

1 wick-in-needle technique before tumor resection<sup>29</sup>. Four nude mice per group were  
2 anesthetized by sodium pentobarbital solution and 2 to 3 measurements per tumor were made.  
3 IFP was recorded and calculated as the pressure change from baseline to average maximum  
4 pressure measured more than 10 seconds<sup>30</sup>.

5

### 6 **Perfusion and microvessel density observation**

7 The perfusion analysis was carried out by referring to the literature<sup>30</sup>. Three nude mice  
8 bearing tumors per group were received an intravenous injection of  
9 fluorescece-pisumsativum agglutinin (PSA). One hour later, the mice were euthanized.  
10 Tumor sections were frozen and cut into 4  $\mu\text{m}$  thick sections. All frozen sections were  
11 analyzed using CLSM.

12 To observe intratumoral microvessel density, the frozen sections of harvested tumors were  
13 fixed in 4% paraformaldehyde. After blocked with goat serum (10% in PBS), sections were  
14 further treated with CD31 antibody (Abcam, UK) followed by fluorescent secondary  
15 antibody and Hoechst 33258. All frozen sections stained with CD31 were analyzed using  
16 CLSM.

17

### 18 **Determination of intratumoral VEGF contents**

19 To determine the intratumor VEGF expression, approximately 100 mg tumor tissues were  
20 treated for total protein and mRNA extraction followed by ELISA and qRT-PCR assay,  
21 respectively. Tumor tissues were homogenized and incubate with 600  $\mu\text{l}$  RIPA tissue lysis  
22 buffer (1% 100 mM PMSF), and then centrifuged for 10 min at 12,000 rpm. The total protein  
23 and VEGF protein concentration were determined by a BCA Protein Assay Kit and human  
24 VEGF immunoassay kit (RayBiotech, USA), respectively. To evaluate the levels of VEGF  
25 mRNA, each extracted mRNA samples were normalized to the same 260 nm absorbance

1 value and detected via qRT-PCR as described above.

2

### 3 **Dexamethasone administration**

4 After the tumor volume reached approximately 100 mm<sup>3</sup>, dexamethasone (Dex) was  
5 administrated intravenously on day 1, 2, 3 and 5, meanwhile siRNA-loaded formulation was  
6 administrated peritumoral on day 3, 5 and 7. The dose of siRNA and dexamethasone was 1.00  
7 mg/kg and 3 mg/kg, respectively. After 8 days, the mice were sacrificed and the tumors were  
8 harvested, weighed and photographed. The tumor volume, IFP, blood perfusion, microvessel  
9 density, intratumoral VEGF contents and the body weight was evaluated as describe above.

10

### 11 **Statistical analysis**

12 All data was analyzed using student's t-test in statistical evaluation. P value <0.05 was  
13 considered to indicate statistically significance (\*P<0.05, \*\*P<0.01).

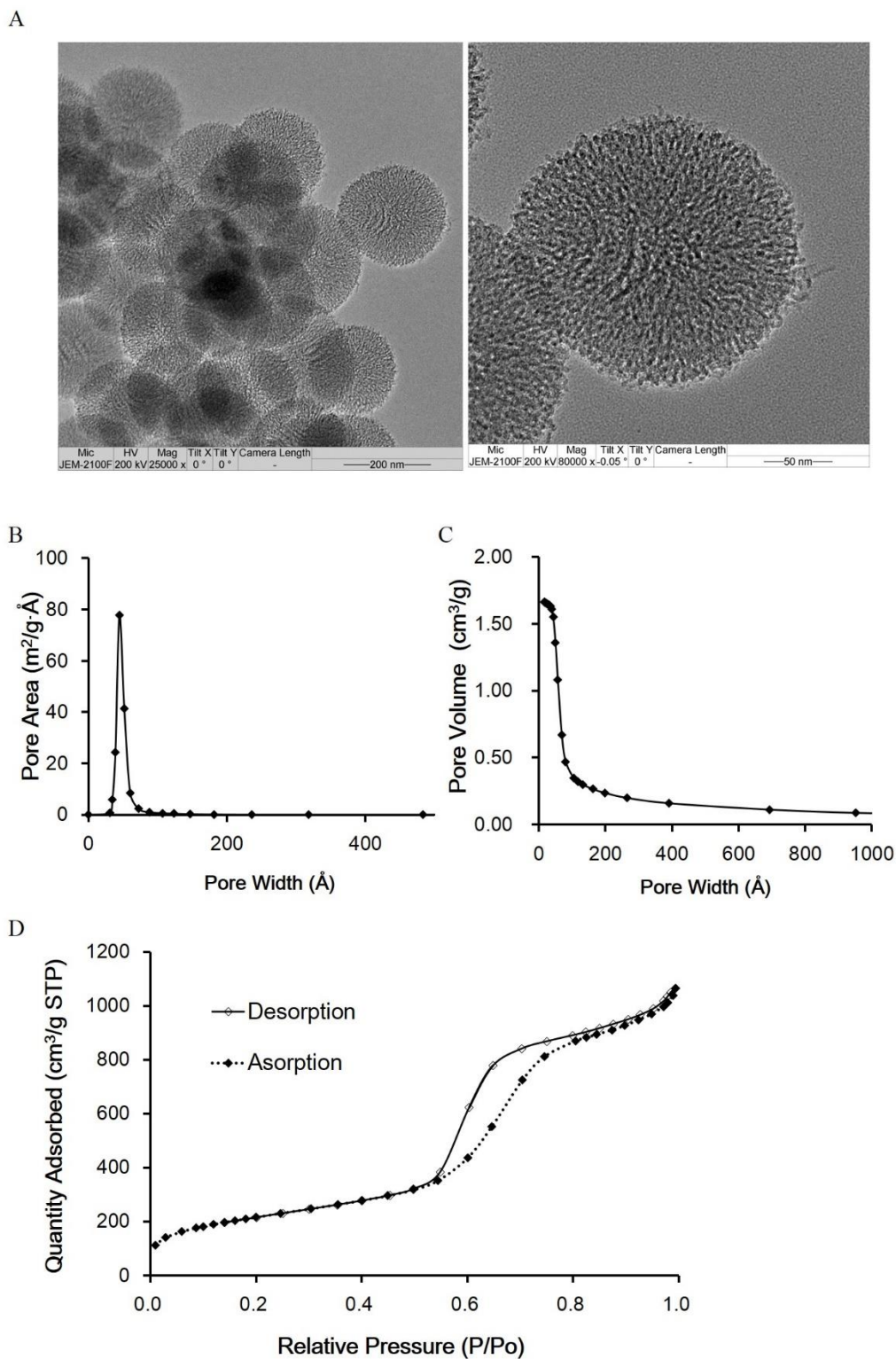
14

## 15 **Results and Discussion**

### 16 **Characterizations of MSNs**

17 MSNs with homogeneous size and morphology were prepared by TEOS as a silica source  
18 and cationic surfactant CTAB as a structure directing agent. Then the MSNs possessed  
19 enlarged pores with TMB as a hydrophobic swelling agent. TMB has a suitable size, which  
20 make it possible to penetrate into micelle rod inside mesopores driven by the hydrophobic  
21 forces between surfactant alkyl chain and TMB, thus enlarging the hydrophobic core of  
22 micelle and the pores, while retaining the morphology, monodispersity mesopores<sup>14</sup>. The  
23 finally synthesized MSNs had an average particle diameter around 160 nm (Fig. 2A), BET  
24 surface areas 771.65 m<sup>2</sup>/g, BJH pore sizes around 5.7 nm (Fig. 2B), pore volumes 1.67 cm<sup>3</sup>/g  
25 (Fig. 2C) much bigger than the traditional type of MCM-41, which has pore sizes around 2.7

1 nm, pore volumes  $1 \text{ cm}^3/\text{g}^{14}$ . Fig. 2D showed the nitrogen sorption isotherm. At a relative  
2 pressure of  $0.6 < P/P_0 < 0.8$ , a steep increase occurred and a desorption hysteresis loop appeared,  
3 which is a type IV for H1 hysteresis loop classified by IUPAC, that indicates the material has  
4 the ordered mesopore<sup>31</sup>.





1 Fig. 2 Characterizations of MSNs. (A) TEM for MSNs; (B) BJH desorption dA/dw pore area;  
2 (C) BJH desorption cumulative pore volume; (D) Nitrogen adsorption-desorption isotherms.

3

#### 4 **Characterizations of MSN-siRNA/CrPEI**

5 In hydrophilic solution, both siRNA and MSNs surfaces are negative and mutual repulsion.  
6 However, previous literature reported that the high concentration of ions in the chaotropic salt  
7 solution could decrease Debye Length and shields the negative charges so as to weaken the  
8 repulsive electrostatic force between siRNA and MSN<sup>15</sup>. Here, we utilized the published  
9 method with a little modification that 0.923 M Guan-HCl and 76.9% ethanol (v/v) as the  
10 composition of chaotropic salt solution was taken advantage. It is reported that Guan-HCl  
11 possess the outstanding ability to catch water molecules, thus offering the shielded  
12 intermolecular electrostatic force, dehydration effect, and intermolecular hydrogen bonds to  
13 facilitate siRNA's diffusion into the mesoporous structure, while organic solvent induce the  
14 dehydrated effect to ensure siRNA to be encapsulated within MSN mesopores<sup>32</sup>. The loading  
15 efficiency of siRNA was about 65%, and the amount of siRNA-loaded by MSNs could reach  
16 35 mg/g on average which is higher than that of traditional loading of MSNs (27 mg siRNA/g  
17 MSNs)<sup>33</sup>. The higher loading capacity may result from the enlarged pores.

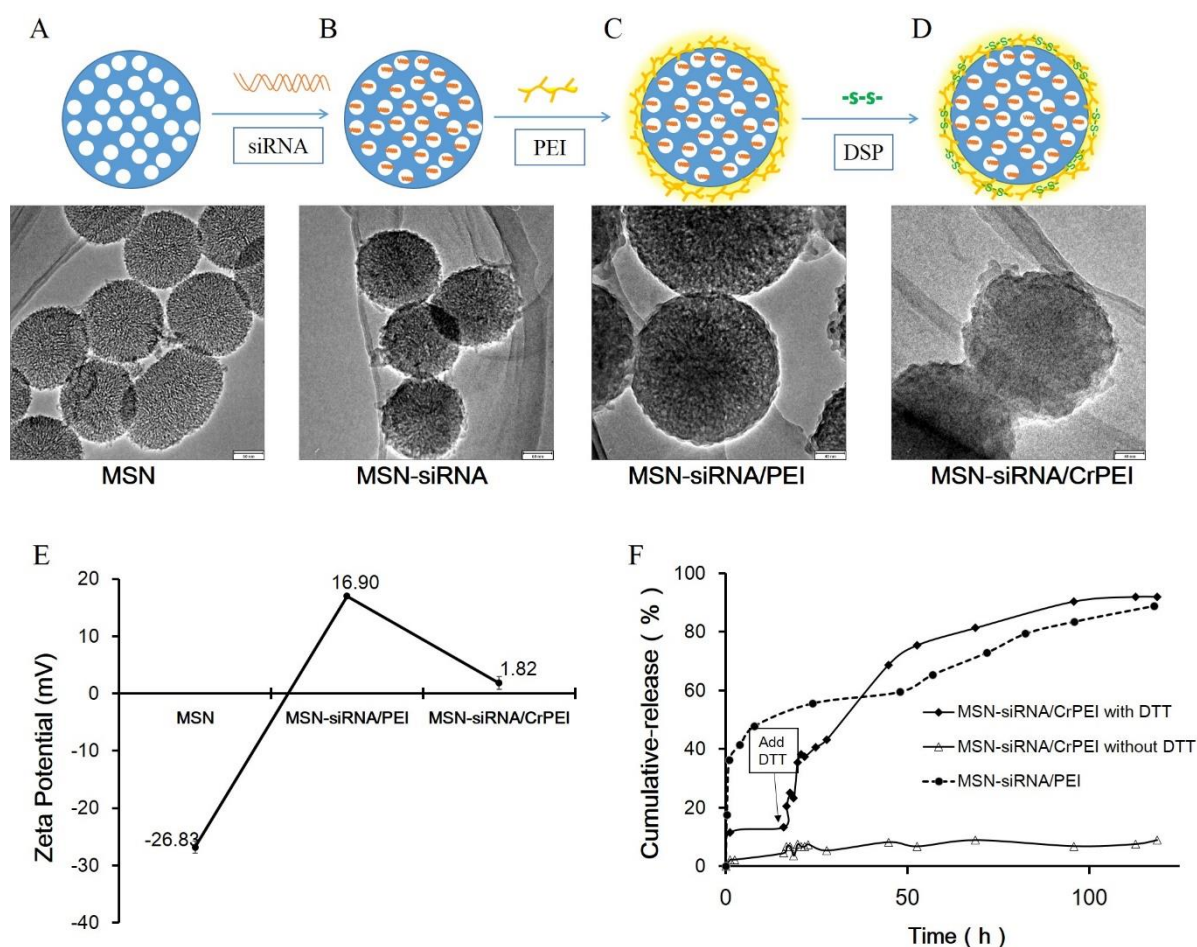
18 To prepare PEI-coating MSNs, the siRNA-loaded MSNs were mixed with PEI in ethanol  
19 solution. Because siRNA was insoluble in ethanol, PEI solution was enough hydrophobicity  
20 that adsorbed siRNA would not desorpt from the pores<sup>15</sup>. The amount of PEI coating on  
21 MSNs is 70  $\mu\text{g}/\text{mg}$ , which was calculated from the differences of PEI concentration in  
22 solutions before and after PEI-coating process via the standard curve of PEI concentration in  
23 ethanol.

24 The MSNs coated with PEI were subsequently crosslinked by the addition of the  
25 appropriate amount of DSP solution to introduce the disulfide bond by only one step reaction

1 to turn the nanoparticle stable. The molar ratio of DSP and PEI was 2. Based on the  
2 calculated amount of PEI, the number of DSP we needed was  $8.10 \times 10^{-8}$  mol/g MSNs.

3 Every process of mesoporous silica was characterized by TEM. Fig. 3 showed the TEM  
4 micrographs of such vehicle with different process respectively. Compared to naked or bare  
5 MSNs (Fig. 3A), the mesoporous structure of MSN-siRNA (Fig. 3B), MSN-siRNA/PEI (Fig.  
6 3C), and MSN-siRNA/CrPEI (Fig. 3D) became fuzzy gradually and the size of nanoparticles  
7 changed from 175 nm (bare MSNs) to 210 nm (MSN-siRNA/CrPEI), which also confirmed  
8 that the MSNs had been loaded with siRNA and embedded within the PEI layer and had a  
9 crosslinked PEI layer successfully. The thick of PEI layer was about 15 nm.

10 The bare MSNs displayed negative zeta potential ( $-(26.9 \pm 1.05)$  mV, Fig. 3E). The positive  
11 zeta potential of MSN-siRNA/PEI ( $+ (16.9 \pm 0.30)$  mV) was provided by PEI for its abundant  
12 primary amines. In addition, the zeta potential of MSN-siRNA/CrPEI ( $+(1.82 \pm 1.08)$  mV) was  
13 much smaller than that of MSN-siRNA/PEI, indicating the crosslinking of PEI via disulfide  
14 bond resulted in many amide bonds that contributed to an acute reduction of protonable  
15 primary amines of PEI, which may also decrease the toxicity from PEI on cells.



1  
2 Fig. 3 Characterizations of MSN-siRNA/CrPEI. TEM of (A) bare MSNs, (B) MSNs loaded  
3 with siRNA in the mesopores, (C) PEI capped MSN-siRNA, and (D) disulfide bond  
4 crosslinked PEI capped MSN-siRNA. The scale bar in A and B is 60 nm, and in C and D is  
5 40 nm. (E) Zeta potential of various MSNs. (F) siRNA release profiles of MSN-siRNA/CrPEI  
6 and MSN-siRNA/PEI in phosphate buffer solution (PBS) at pH 7.4.

7

### 8 siRNA release

9 In order to evaluate the crosslinked PEI via disulfide linkages having sensibility to  
10 reductive environment or not, DTT, a small reductive molecule used to simulate the effect of  
11 GSH, was added to investigate the siRNA release in vitro. As shown in Fig. 3F, there was no  
12 siRNA could be detected during 120 h in the absence of DTT, indicating the efficient  
13 confinement of siRNA in the mesopore of MSNs capped with PEI. In contrast, there was a

1 burst release of siRNA with the addition of DTT due to the cleavage of disulfide bond. In  
2 reductive condition, the cumulative drug release percentage was about ~90% at pH 7.4 after  
3 120 h release. Whereas for MSN-siRNA/PEI, the burst release of siRNA was observed during  
4 the first hour, suggesting the short chain PEI desorbed from the surface of MSNs and  
5 released siRNA in aquatic environment.

6 In our study, we took advantage of short chain PEI (2 kD) that owned less amino groups  
7 and positive charge than the long chain PEI (25 kD), thus making it more easier to fall off  
8 from the MSNs surface, which would cause siRNA release. The results suggest that the  
9 MSNs could be an effective siRNA carrier and encapsulate siRNA without release until the  
10 cap on MSNs was removed by the cleavage of disulfide bond induced by DTT or GSH in  
11 cells. This redox-triggered destabilization mechanism is the outcome of large differences in  
12 the GSH concentration found in different tissues. In the circulation of the blood, there is not  
13 enough reductant to cleavage the disulfide bond (the intracellular GSH level in normal tissue  
14 is 1-10 mM, but that in the blood is 2  $\mu$ M). While in tumor tissue environment, where GSH  
15 concentration is 7 to 10 times higher than that in normal cells<sup>34</sup>. Thus, the nanoparticles were  
16 internalized into the tumor cells that offered a higher GSH level than extracellular  
17 environment. As a consequence, it is much easier for the extremely elevated GSHs to split the  
18 crosslinked PEI cap and release the cargo.

19 In briefly, the prepared MSN-siRNA/CrPEI possess high loading of siRNA and can stimuli  
20 sensitize according to the GSH changes in the physiological compartments, which is “smart”  
21 multi-stage vesicles, protect siRNA from degradation in circulation and provide for timely  
22 drug release in tumor cells. In addition, the nature of the MSN-siRNA/CrPEI is intended to  
23 bestow drug carriers with suitable properties for passive localization in tumor tissues by the  
24 EPR effect<sup>35</sup>. All these features suggested applications for drug delivery in specific biological  
25 compartments.

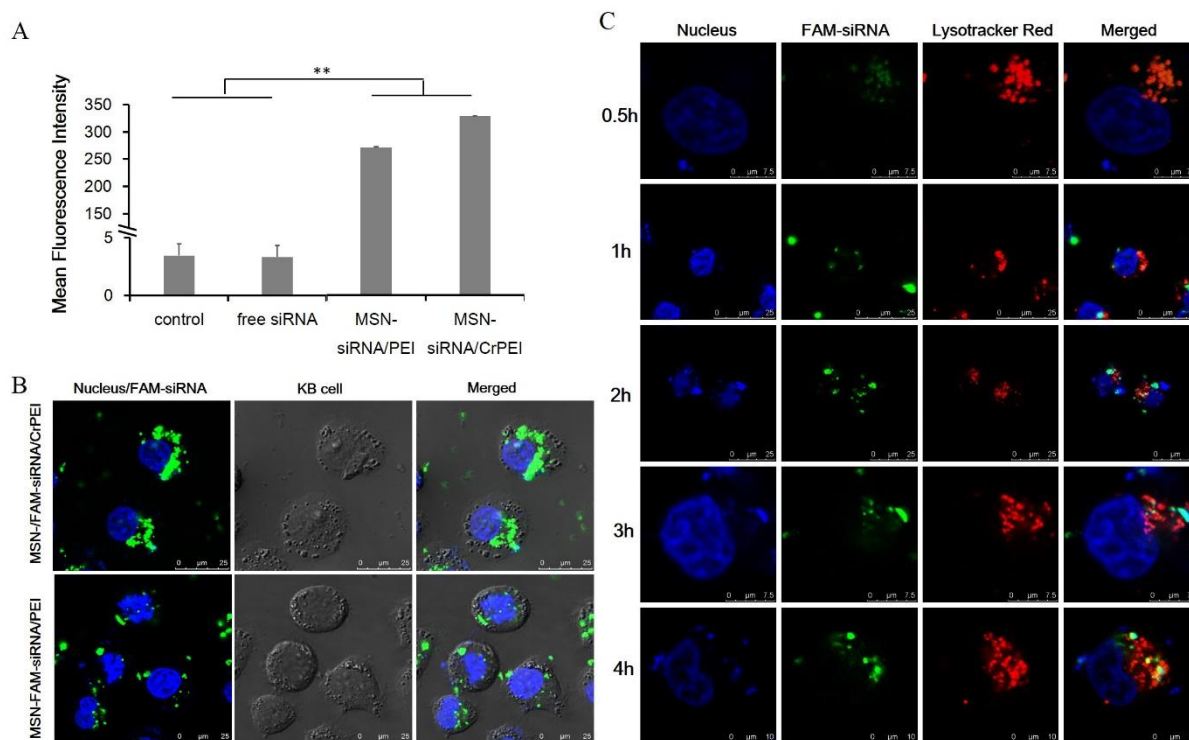
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

## Cellular uptake, intracellular trafficking and endosomal escape

Poor membrane permeability of siRNA with the large MW (about 13.3 kDa) and hydrophilic nature makes the therapeutic application a difficulty<sup>7</sup>. Two spectroscopy techniques were used to determine the cellular uptake, including flow cytometry and confocal fluorescent microscopy. Free FAM-siRNA and FAM-siRNA-loaded MSNs (MSN-siRNA/CrPEI and MSN-siRNA/PEI) that the siRNA concentration was 50 nM, together with KB cells were incubated for 4 hours at 37°C. The result of flow cytometry was indicated in Fig. 4A. Naked siRNA showed low fluorescence intensity, indicating little translocation of siRNA into cells, which was consistent with the nature that was poor membrane permeability of naked siRNA. Both MSN-siRNA/CrPEI and MSN-siRNA/PEI presented significant uptake than that of control and naked siRNA. Furthermore, MSN-siRNA/CrPEI performed a little bit higher uptake of FAM-siRNA than that of merely capped with PEI, suggesting more translocation of siRNA into the cells. This is perhaps the processes that when electropositive PEI combined with electronegative cell membranes, it was earlier for short chain PEI without crosslinked to fall off from MSN surface than the crosslinked PEI, resulting in more leakage of siRNA, during the entire process of internalization. The observation via confocal fluorescent microscopy as indicated in Fig. 4B was accordance with that of flow cytometry. Some punctate green fluorescence could be observed in the cytoplasm, suggesting that the nanoparticles had been internalized by cells.

In fact, to generate substantial gene silencing effect, it is not only necessary for siRNA to be transferred into the cells, but also escape from the endosome to work in the cellular cytoplasm. Thus, the intracellular distribution after trafficking into the cells and lysosome escape of siRNA was evaluated. KB cells were incubated with MSN-siRNA/CrPEI at 37°C for different incubation time (0.5 h, 1 h, 2 h, 3 h and 4 h) followed by live cell imaging under

1 a Leica SP5 confocal microscope. The endosome/lysosome was stained with LysoTracker Red.  
 2 As shown in Fig. 4C, for FAM-siRNA loaded MSNs capped with crosslinked PEI  
 3 (MSN-siRNA/CrPEI), the weak colocalization spots (yellow) of the green (FAM-siRNA) and  
 4 red (LysoTracker Red) fluorescence could be found in the cytoplasm, indicating the majority  
 5 of encapsulated siRNA was within endolysosomes in the early phase of uptake (0.5 h).  
 6 However, as time went, the green fluorescence strengthened which suggested the uptake  
 7 increased and partially separated from the red fluorescence over time (4 h), pointing the  
 8 successful escape of FAM-siRNA and distribution in cytoplasm where siRNA mediated its  
 9 function. This triggered rapidly escape is involved the proton sponge mechanism of PEI<sup>20</sup>.



10

11 Fig. 4 Cellular uptake and intracellular trafficking of FAM-siRNA delivered by MSNs. (A)  
 12 Fluorescence intensity of KB cells incubated with free siRNA, MSN-siRNA/PEI,  
 13 MSN-siRNA/CrPEI at 37°C for 4 h as measured by flow cytometry. Cells treated with  
 14 serum-free media were used as control. The data are expressed as the mean  $\pm$  SD (n=3).  
 15 \*\*P<0.01. \*P<0.05. (B) Intracellular trafficking of FAM-siRNA (50 nM) delivered by MSNs

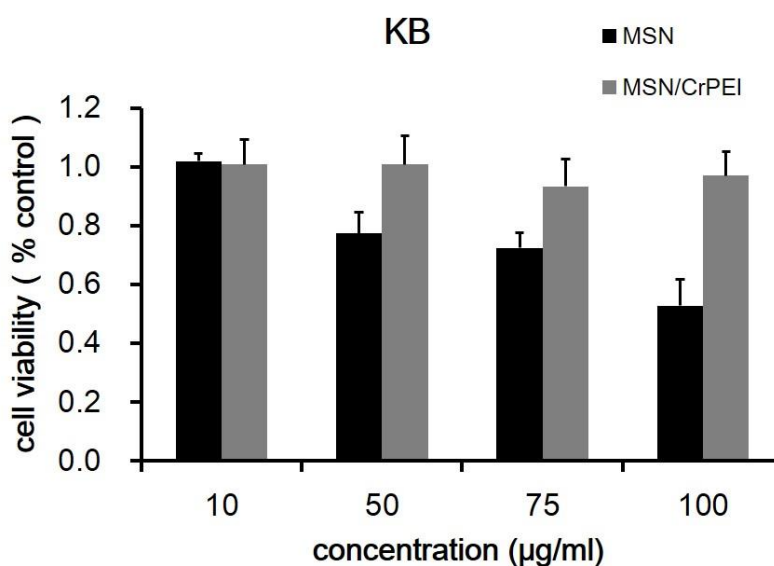
1 incubated with KB cells and for 4 h. (C) Intracellular distribution of MSN-siRNA/CrPEI in  
2 KB cells after incubated for 0.5 h, 1 h, 2 h, 3 h and 4 h. Green, red and blue represent  
3 fluorescence of FAM-siRNA, LysoTracker red for endolysosomes and Hoechst 33258 for  
4 nuclei staining, respectively.

#### 6 **Effect of MSN-siRNA/CrPEI on cell activity**

7 As we know, a critical issue for any nanocarrier application is nanoparticles' toxicity.  
8 Toxicity is associated with silanol groups on the surface of MSNs<sup>11,36</sup>. The cytotoxicity of  
9 MSN/CrPEI and bare MSNs was evaluated through the MTT assay. Fig. 5 showed the  
10 viability of KB cells incubated with MSNs for 48 h. It was found that MSN/CrPEI exhibited  
11 little toxicity to cells, even though the dose of MSNs reached as high as 100 µg/ml. While  
12 bare MSNs had toxic effects at high doses, since slight inhibition of cellular viability  
13 appeared at the dose of 100 µg/ml. A general consensus of toxicity from MSN is related to the  
14 silanol groups that can hydrogen bond to membrane or ionize to form SiO<sup>-</sup> that lead to strong  
15 interaction and possibly membranolysis. What's more the silica surface present the reaction  
16 of radicals with water to yield reactive oxygen species (ROS) that also cause cell death<sup>37</sup>. In  
17 addition, the toxicity was associated with the cell line that MSNs performed different toxicity  
18 on different cell line. In our other study, the bare MSN showed no significant toxicity on  
19 MCF-7 cells (data not shown). Fortunately the toxicity can be decreased by surface  
20 modification to protect the exposed silanol groups<sup>38</sup>.

21 It is known that PEI can induce the interaction with cell, which has toxicity especially at  
22 higher doses<sup>39</sup>. However, the previous study showed the crosslinked short chain PEI has a  
23 lower toxicity than the long chain<sup>21</sup> due to the lower positive charge, which may explain why  
24 the MSNs capping with crosslinked PEI didn't perform much toxicity. The results showed  
25 that the nanocarriers were highly compatible with cell membranes under physiological

1 conditions.



2

3 Fig. 5 The survival rate of KB cells cultured with bare MSNs and MSN/CrPEI for 48 h. Data  
4 are presented as the mean  $\pm$  SD (n=5).

5

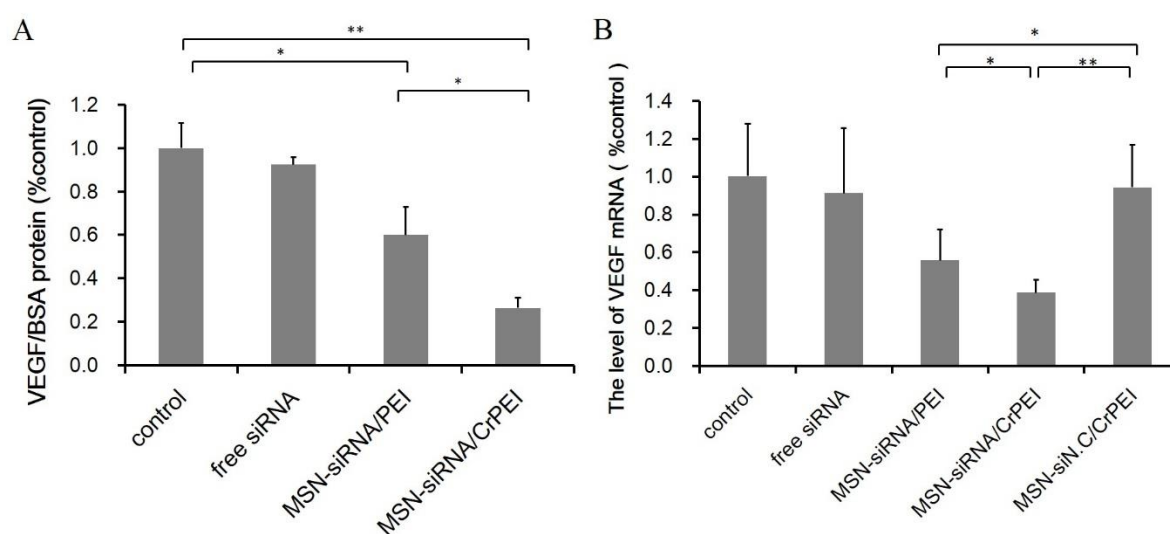
### 6 **In vitro siRNA transfection and gene expression**

7 We treated KB cells with loaded VEGF targeting siRNA MNSs and naked siRNA to verify  
8 gene suppression activity. As exhibited in Fig. 6A, compare with the control group, VEGF  
9 protein expression were significantly down-regulated in both MSN-siRNA/PEI (40%,  $P < 0.05$ )  
10 and MSN-siRNA/CrPEI (75%,  $P < 0.01$ ). While the difference between the two preparation  
11 groups was thought for the better protective efficiency of the loading within  
12 MSN-siRNA/CrPEI than that of MSN-siRNA/PEI, resulting in a higher efficiency of siRNA  
13 delivery into cells, and better effect of target gene silencing.

14 To confirm that the suppression of VEGF expression indeed resulted from the VEGF RNA  
15 reduction mediated by VEGF siRNA in tumor cells, we adopt the method of qRT-PCR to  
16 detect the transcriptional VEGF mRNA level (Fig. 6B). Relative quantitative method of  
17 GAPDH being used as internal reference, is applied to calculate relative content of VEGF



1 mRNA. The results were consistent with that of VEGF protein expression. Treatment with  
 2 MSN-siRNA/CrPEI caused a greater down-regulation of VEGF mRNA (~74%) compared  
 3 with MSN-siRNA/PEI (~40%), whereas there was no apparent knockdown shown by naked  
 4 VEGF siRNA and MSN-siN.C/CrPEI. The results were in accordance with the above assays  
 5 of cellular uptake and endosomal escape, suggesting efficient delivery of bioactive siRNA  
 6 into the cytosol.



7  
 8 Fig. 6 (A) The level of VEGF protein/BSA protein and (B) VEGF mRNA expression  
 9 determined by ELISA and quantitative real-time PCR after culturing with various  
 10 formulations carrying VEGF siRNA in KB cells, respectively. KB cells were transfected with  
 11 various samples carrying VEGF siRNA or siN.C at 37°C for 4 h. Data are presented as the  
 12 mean  $\pm$  SD (n=3). \*P<0.05, \*\*P<0.01.

13

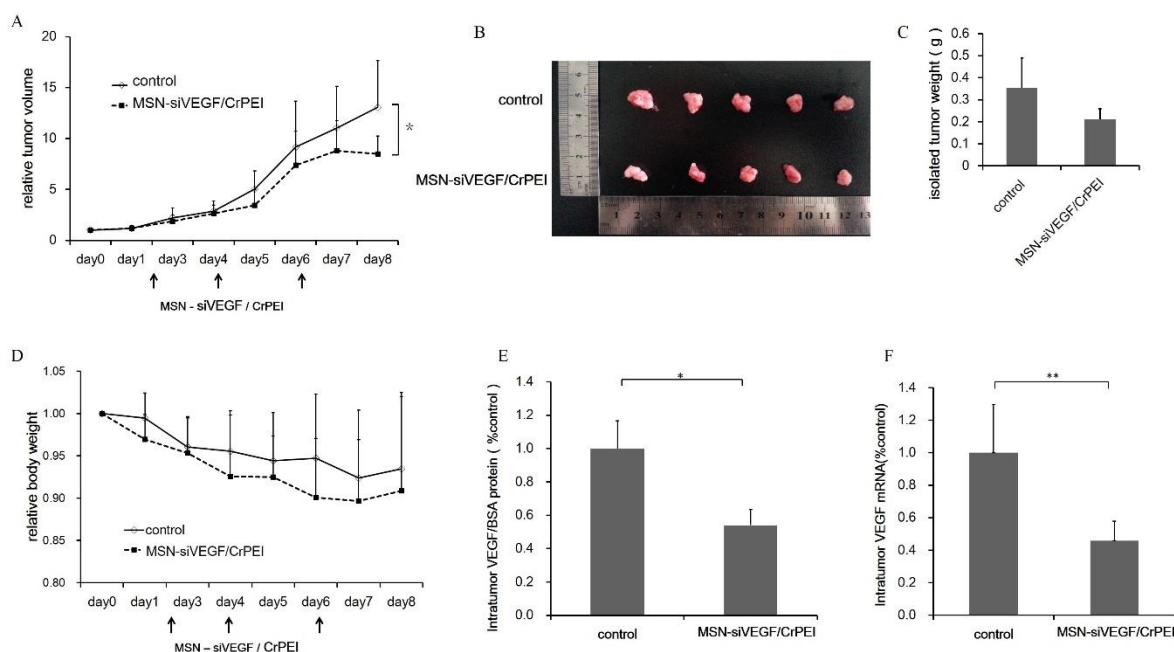
#### 14 **In vivo tumor growth inhibition study**

15 The MSN-siRNA/CrPEI had shown to be effective as expected in vitro. Therefore, the  
 16 effect in vivo of nanoparticles loaded with siRNA was evaluated further to observe the  
 17 therapeutic effect. Peritumoral administration of the MSN-siRNA/CrPEI (1.00 mg/kg VEGF  
 18 siRNA) was performed on nude mice bearing a KB xenografted tumor, and compared with

1 control. As shown in Fig. 7, MSN-siRNA/CrPEI showed a higher inhibition of tumor growth  
 2 (Fig. 7A) and smaller tumor size (Fig. 7B) and weight of excised tumors (Fig. 7C) compared  
 3 with control group.

4 During the entire process of medication, body weight of both the control group and  
 5 treatment group had a slight decline as shown in Fig. 7D, but there was no significant  
 6 difference between two groups. The reason of weight loss should be that, the growth of tumor  
 7 took in a large part of nutrition, and some factors secreted by tumor tissues would also cause  
 8 the inflammatory response, thus having negative impact on mices' living situation.

9 To evaluate whether the reduced tumor growth was associated with VEGF gene silencing  
 10 in vivo, VEGF expression at both the protein and mRNA levels within the tumor was  
 11 determined. As shown in Fig. 7E and Fig. 7F, VEGF protein and mRNA levels of  
 12 MSN-sRNA/CrPEI group was significantly inhibited about 46% ( $P < 0.05$ ) and 55% ( $P < 0.01$ ),  
 13 respectively, compared with control.



14  
 15 Fig. 7 (A) In vivo antitumor study of MSNs in KB tumor-bearing BALB/c nude mice after  
 16 injected with 5% glucose (Control), MSN-siVEGF/CrPEI. The dose of siRNA was 1.00  
 17 mg/kg. Arrow represent the time of drug administration. Data are presented as the mean  $\pm$  SD

1 (n=5-7). \*P<0.05 as compared with controls. (B) Photograph and (C) the weights of the solid  
2 tumors removed from different treatment groups at the study termination. Data are presented  
3 as the mean  $\pm$  SD (n=5). (D) The body weight variation of BALB/c nude mice implanted  
4 with KB cells after treatment. Data are presented as the mean  $\pm$  SD (n=5). There were no  
5 significant differences (P > 0.05). (E) The expression level of intratumor VEGF protein and  
6 (B) mRNA in tumors. Data are presented as the mean  $\pm$  SD (n=3). \*P<0.05, \*\*P<0.01.

7

8 **MSN-siVEGF/CrPEI reduces interstitial fluid pressure, induce angiogenesis regression,**  
9 **and increases vascular perfusion in tumor**

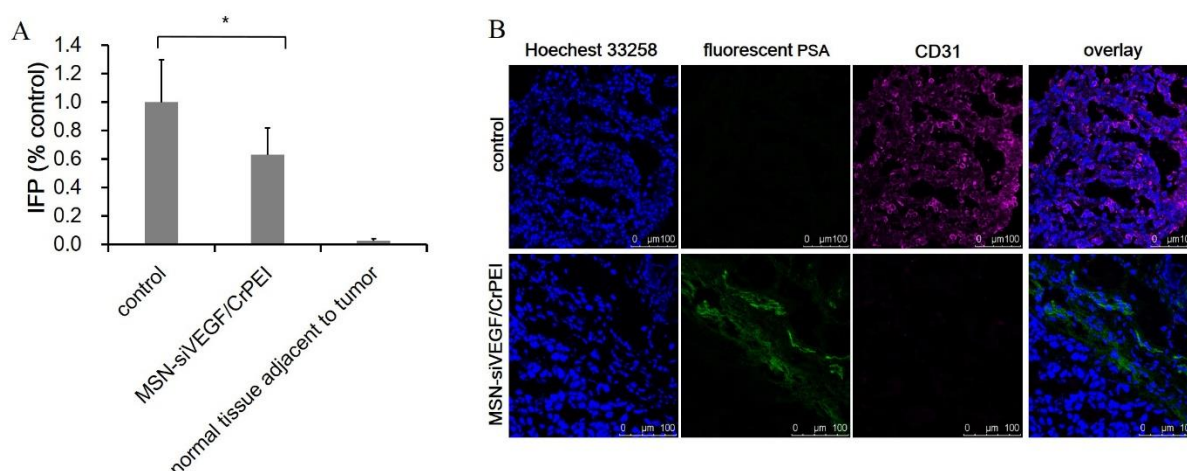
10 Normal tissues have an IFP close to 0 mm Hg, whereas an elevated IFP is found in  
11 experimental and human tumors<sup>40,41</sup>, which is contributed by the absence of normal  
12 lymphatic system, the abnormally high permeability within the tumor vessels, and the  
13 increased propensity of microthrombus formation in both extravascular and vascular of tumor.  
14 The higher osmotic pressure is not conducive to the accumulation of antineoplastic drugs  
15 within the tumor tissue, thus the modification of interstitial hypertension is considered an  
16 important factor in antineoplastic therapy. MSN-siRNA/CrPEI treatment reduced IFP by 30%  
17 (Fig. 8A). The decrease indicated the medication could mediate tumor vascular normalization  
18 which improve the blood perfusion.

19 Immunofluorescent staining of tumor sections for the analysis of tumor vasculature and  
20 blood perfusion was performed. As indicated in Fig. 8B, control group had abundant  
21 CD31-positive tumor vessels and little blood flow. In contrast, a significantly reduction of the  
22 CD31-positive tumor vessels and enhancement of blood flow marked by fluorescent PSA  
23 were observed in VEGF siRNA treatment groups.

24 In tumor tissues, the physiological abnormalities associated with tumor vessels stimulates  
25 the overproduction of proangiogenic factors (i.e. VEGF)<sup>42,43</sup>. Proangiogenic factors promotes

1 the formation of new immature, tortuous, and hyperpermeable vessels<sup>43</sup>, with messy  
 2 endothelial cells, loosely attached pericytes, and aberrant distribution of vascular basement  
 3 membrane<sup>44,45</sup>. These abnormalities lead to an impaired blood flow<sup>46</sup>. Precious literature<sup>47</sup>  
 4 elucidated that the observed effect of anti-VEGF therapy in preclinical models is a result of  
 5 both vascular regression and normalization. Vascular regression stand for the growth of  
 6 immature vessels in the decline. The vascular normalization is characterized as vessel  
 7 remodeling by the improvement of hyperpermeability, increased vascular pericyte coverage,  
 8 more ordered basement membrane, and a reduction in tumor hypoxia and IFP and improved  
 9 tumor vessel perfusion and oxygenation<sup>45</sup>.

10 All of the results revealed that VEGF siRNA in the MSNs had delivered into tumor and  
 11 made the effects, resulting in tumor vascular normalization, the increase of perfusion and the  
 12 reduction of IFP, which linked to a reduction in tumor growth (Fig. 7).



13  
 14 Fig. 8 (A) IFP in KB tumor-bearing BALB/c nude mice after injected with 5% glucose  
 15 (Control) or MSN-siVEGF/CrPEI. The dose of siRNA was 1.00 mg/kg. Data are presented as  
 16 the mean  $\pm$  SD (n=4-5). \*P<0.05 as compared with controls. (B) The immunohistochemistry  
 17 of CD31 and fluorescent PSA represented vessels and perfusion.

18

19 **siRNA combined with dexamethasone administration in vivo tumor growth inhibition**

1 As we mentioned above, abnormalities associated vasculature in tumor contributes the high  
2 IFP, acting as the obstacle for delivery of macromolecules into solid tumors<sup>40</sup>. Lower IFP  
3 may be lead to an improvement in the delivery and efficacy of exogenously administered  
4 therapeutics. Dexamethasone (Dex), a glucocorticoid class steroid hormone, is widely used as  
5 a potent anti-inflammatory and bone growth steroid or chemotherapeutic drugs to treat  
6 childhood leukemia<sup>48</sup>. Dex had been also reported for its strong capability to decrease the IFP  
7 of mice bearing tumor<sup>40</sup>. So Dex was given into KB tumor-bearing BALB/c nude mice to  
8 determine whether combination of Dex and siRNA nanoparticles can improve the cancer  
9 therapy.

10 As shown in Fig. 9A, Dex group reduced IFP by almost 80% compared to control,  
11 indicating Dex has a strong capability to decrease the IFP. The combined administration  
12 groups (MSN-siRNA/CrPEI+Dex or MSN-siN.C/CrPEI+Dex) both showed lower IFP than  
13 MSN-siRNA/CrPEI group, indicating a stronger IFP reduction.

14 The result of immunofluorescent staining (Fig. 9B) suggested that most tumor cells of  
15 control group, Dex group and MSN-siN.C/CrPEI with Dex group had more expression of  
16 CD31, accounting for a large number of new blood vessels may distribute in tumor tissue.  
17 MSN-siRNA/CrPEI with Dex combined administration group had a lower vascular positive  
18 rate, showing VEGF siRNA played a role to inhibit the formation of tumor angiogenesis.  
19 Meanwhile, compared with the control group, siRNA treatment group had relatively high  
20 blood perfusion marked with fluorescent-PSA and a tendency to normal, which is consistent  
21 with the determination results of decreased IFP.

22 As a consequence of the lower IFP, combined administration showed the highest inhibition  
23 of tumor growth and smallest tumor size and weight of excised tumors compared with other  
24 groups (Fig. 9C and 9D). MSN-siVEGF/CrPEI group took the second place. Although  
25 applying Dex alone also showed a trend of inhibition of the tumor growth, no significant

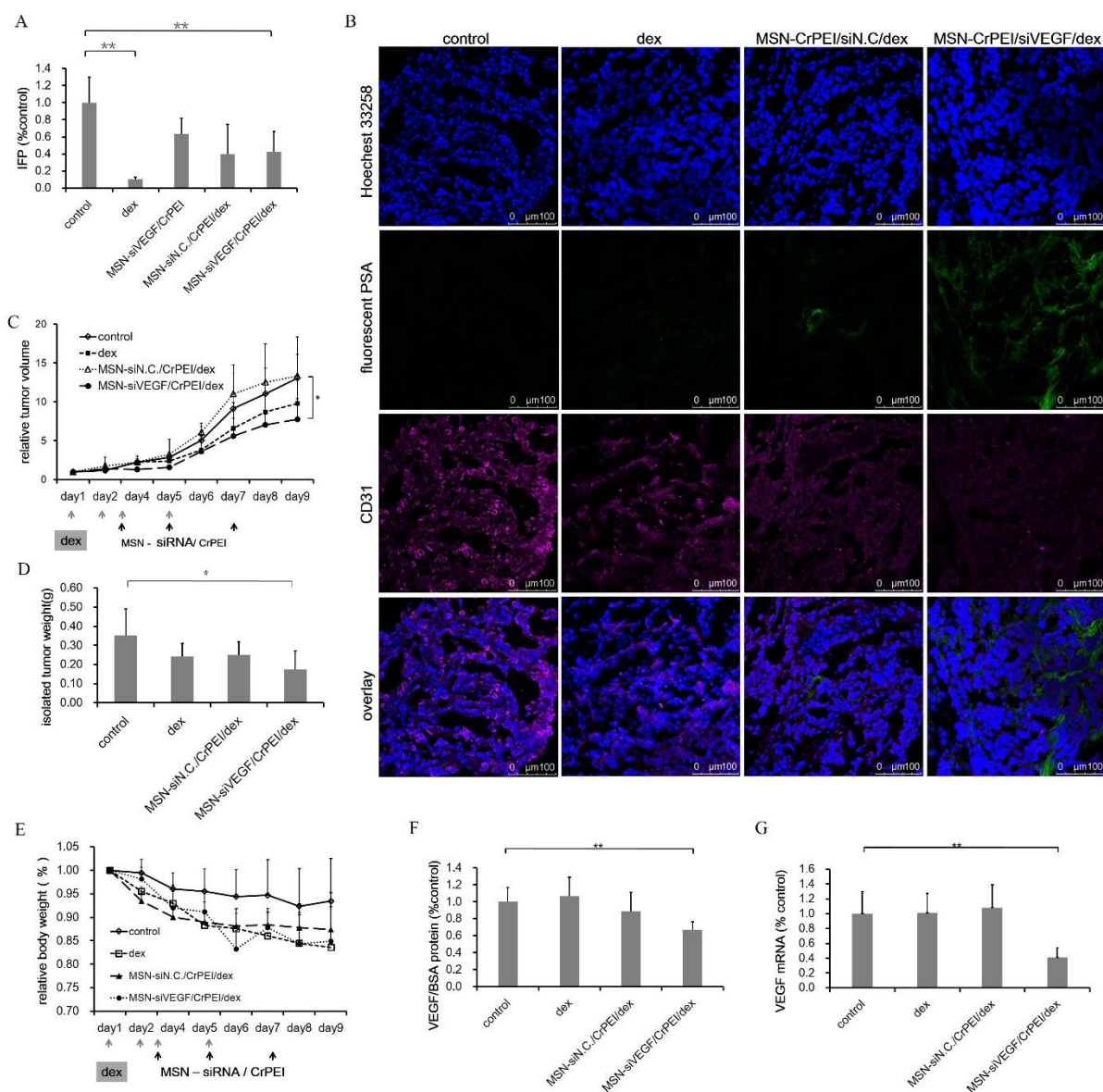
1 difference with control, indicating siRNA is considered the dominated drug for the solid  
2 tumor therapy. During the entire process of medication, body weight of all the groups had a  
3 decline (Fig. 9E), especially for the Dex group. According to the literature<sup>40</sup>, the dosage of  
4 Dex ranging from 0-30 mg/kg should be safe except the steroid toxicity which may cause a  
5 phenomenon that the tumors were eaten by the host animals or their peers. However during  
6 the process of experiment, we found the dosage of 3 mg/kg was high enough that it had  
7 induced the death of mice compared with the group received only siRNA.

8 VEGF protein expression and mRNA levels within the tumors were determined to evaluate  
9 if combined administration could make a greater effect on VEGF gene silencing in vivo. As  
10 shown in Fig. 9F, VEGF protein and mRNA levels of combined administration group and  
11 MSN-siRNA/CrPEI group didn't show much difference. The result also suggested siRNA  
12 should be the initiator who adjust the mRNA and protein expression and mediate the gene  
13 silencing.

14 Although the antitumor effects of combined administration of Dex and MSN-siRNA/CrPEI  
15 is the best, the distance to the ideal effect is still a big gap. A decreased IFP and improved  
16 perfusion may contribute the EPR effect<sup>44</sup>, which provides a greater opportunity for more  
17 nanoparticles accumulated in the tumor. However, it is undeniable that long-term systemic  
18 exposure to Dex causes adverse side effects including slowed growth, stomach and intestinal  
19 bleeding causing by ulcers, damage to the joints, high blood sugar (Cushing's syndrome),  
20 high blood pressure (hypertension), and of the most importance, immunosuppression due to  
21 nonspecific killing of normal T and B lymphocytes<sup>48</sup>. So it is necessary to further study the  
22 treatment effects of Dex and balance the benefits and risks.

23 The VEGF-siRNA showed moderate anti-tumor efficacy and single VEGF inhibition could  
24 not completely suppress angiogenesis and tumor growth. Furthermore, the effect of siRNA is  
25 temporary<sup>49</sup>. But it is of the most importance that antiangiogenic, specifically anti-VEGF

1 therapy in tumors can normalize the vasculature that just can provide a window of  
 2 opportunity for concurrent chemotherapy, which act as the main effect of cytotoxicity and  
 3 collaborative work to generate the highest anti-tumor efficacy via multiple tumor inhibition  
 4 pathways.



5  
 6 Fig. 9 Effects of dexamethasone combination with MSNs in KB tumor-bearing BALB/c nude  
 7 mice. The dose of siRNA and Dex was 1.00 mg/kg and 3 mg/kg, respectively. (A) IFP. Data  
 8 are presented as the mean  $\pm$  SD (n=4 or 5), \*P<0.05, \*\*P<0.01 as compared with controls. (B)  
 9 Immunohistochemistry of CD31 (red) and fluorescent PSA (green) represented vessels and

1 perfusion, respectively. (C) Relative tumor volumes. Arrow represent the time of drug  
2 administration. Data are presented as the mean  $\pm$  SD (n=5-7). \*P<0.05, \*\*P<0.01 as  
3 compared with controls. (D) Weights of the removed tumors. Data are presented as the mean  
4  $\pm$  SD (n=5). \*P<0.05, \*\*P<0.01 as compared with controls. (E) Body weight variation of  
5 BALB/c nude mice implanted with KB cells after treatment. Data are presented as the mean  $\pm$   
6 SD (n=5-7). There were no significant differences (P>0.05). (F) The expression level of  
7 intratumor VEGF protein and (G) mRNA in tumors. Data are presented as the mean  $\pm$  SD  
8 (n=3). \*P<0.05, \*\*P<0.01 as compared with controls.

9

## 10 **Conclusion**

11 In summary, we have successfully prepared MSNs capped with disulfide bond crosslinked  
12 PEI as nanoparticles to delivery siRNA. The MSN-siRNA/CrPEI possessed considerable  
13 siRNA loading capability, ascendant sensitivity to the reductive environment, negligible  
14 cytotoxicity to cells, readily internalization into cells and efficient escaping from the  
15 endolysosomes, so that the nanoparticles release the loaded siRNA molecules in cytoplasm,  
16 and mediate significant target gene silencing effect in tumor cells. As a result, the developed  
17 MSN-siRNA/CrPEI delivery system was able to facilitate anti-tumor efficacy, gene silencing  
18 and IFP reduction in KB xenografted tumors based on anti-angiogenesis and vascular  
19 normalization effects in vivo by targeting VEGF. In addition, the combined administration of  
20 the MSN-siRNA/CrPEI delivery system with dexamethasone exerted a better treatment effect  
21 which attributed to the strong ability of dexamethasone to decrease the IFP, and a lower IFP  
22 lead to an improvement in the delivery and efficacy of exogenously administered therapeutics.  
23 It is believed that the present MSN-siRNA/CrPEI delivery system can be further developed  
24 for effective strategy for siRNA delivery.

25



## 1 Acknowledgments

2 We would like to acknowledge National Key Basic Research Program (No.  
3 2013CB932501), NSFC (No. 81273454, No. 81473156), Beijing NSF (No. 7132113),  
4 Doctoral Foundation of the Ministry of Education (No. 20130001110055) for funding of the  
5 work.

## 7 Reference:

- 8 1. D. Hanahan and J. Folkman, *Cell*, 1996, **86**, 353-364.
- 9 2. H. M. Verheul, H. Hammers, K. van Erp, Y. Wei, T. Sanni, B. Salumbides, D. Z. Qian, G.  
10 D. Yancopoulos and R. Pili, *Clinical cancer research : an official journal of the American*  
11 *Association for Cancer Research*, 2007, **13**, 4201-4208.
- 12 3. P. Carmeliet and R.K. Jain, *Nature*, 2000, **407**, 249-257.
- 13 4. C. G. Willett, Y. Boucher, E. di Tomaso, D. G. Duda, L.L. Munn, R. T. Tong, D. C.  
14 Chung, D. V. Sahani, S. P. Kalva, S. V. Kozin, M. Mino, K. S. Cohen, D. T. Scadden, A.  
15 C. Hartford, A. J. Fischman, J. W. Clark, D. P. Ryan, A. X. Zhu, L. S. Blaszowsky, H.  
16 X. Chen, P. C. Shellito, G. Y. Lauwers and R. K. Jain, *Nature medicine*, 2004, **10**, p ágs.  
17 145-147.
- 18 5. A. R. Kirtane, S. M. Kalscheuer and J. Panyam, *Advanced drug delivery reviews*, 2013,  
19 **65**, 1731–1747.
- 20 6. N. S. Vasudev and A. R. Reynolds, *Angiogenesis*, 2014, **17**, 471-494.
- 21 7. L. Aagaard and J. J. Rossi, *Advanced Drug Delivery Reviews*, 2007, **59**, 75–86.
- 22 8. K. A. Whitehead, R. Langer and D. G. Anderson, *Nature Reviews Drug Discovery*, 2010,  
23 **8**, 129-138.

- 1 9. I. I. Slowing, J. L. Vivero-Escoto, C. W. Wu, and V. S. Y. Lin, *Advanced drug delivery*  
2 *reviews*, 2008, **60**, 1278–1288.
- 3 10. B. Liu, C. Li, P. Ma, Y. Chen, Y. Zhang, Z. Hou, S. Huang and J. Lin, *Nanoscale*, 2015,  
4 **7**, 1839-1848.
- 5 11. D. Tarn, C. E. Ashley, M. Xue, E. C. Carnes, J. I. Zink and C. J. Brinker, *Acc Chem Res*,  
6 2013, **46**, 792-801.
- 7 12. P. Selvam, S. K. Bhatia and C. G. Sonwane, *Ind. Eng. Chem. Res.*, 2001, **40**, 3237-3261.
- 8 13. H. Wen, J. Guo, B. Chang and W. Yang, *Eur J Pharm Biopharm*, 2013, **84**, 91-98.
- 9 14. M. Mizutani, Y. Yamada, T. Nakamura and K. Yano, *Chemistry of materials*, 2008, **20**,  
10 4777-4782.
- 11 15. X. Li, Q. R. Xie, J. Zhang, W. Xia and H. Gu, *Biomaterials*, 2011, **32**, 9546–9556.
- 12 16. D. V. Svintradze and G. M. Mrevlishvili, *Int J Biol Macromol*, 2005, **37**, 283–286.
- 13 17. S. B. Hartono, W. Gu, F. Kleitz, J. Liu, L. He, A. P. J. Middelberg, C. Yu, G. Q. Lu and S.  
14 Z. Qiao, *ACS Nano*, 2012, **6**, 2104-2117.
- 15 18. P. Horcajada, A. Rámila, J. Pérez-Pariente and M. Vallet-Regí, *Microporous and*  
16 *Mesoporous Materials*, 2004, **68**, 105–109.
- 17 19. Z. Z. Yang, J. Q. Li, Z. Z. Wang, D. W. Dong and X. R. Qi, *Biomaterials*, 2014, **35**,  
18 5226–5239.
- 19 20. A. Akinc, M. Thomas, A. M. Klibanov and R. Langer, *J Gene Med*, 2005, **7**, 657–663.
- 20 21. R. Deng, Y. Yue, F. Jin, Y. Chen, H. F. Kung, M. C. M. Lin and C. Wu, *Journal of*  
21 *Controlled Release*, 2009, **140**, 40–46.
- 22 22. E. Fleige, M. A. Quadir and R. Haag, *Advanced drug delivery reviews*, 2012, **64**, 866–

- 1 884.
- 2 23. G. Saito, J. A. Swanson and K. D. Lee, *Advanced drug delivery reviews*, 2003, **55**, 199–
- 3 215.
- 4 24. G. Wu, Y. Z. Fang, S. Yang, J. R. Lupton and N. D. Turner, *Journal of Nutrition*, 2004,
- 5 **134**, 489-492.
- 6 25. F. Meng, W. E. Hennink and Z. Zhong, *Biomaterials*, 2009, **30**, 2180–2198.
- 7 26. M. H. Kim, H. K. Na, Y. K. Kim, S. R. Ryoo, H. S. Cho, K. E. Lee, H. Jeon, R. Ryoo
- 8 and D. H. Min, *ACS nano*, 2011, **5**, 3568-3576.
- 9 27. M. Neu, O. Germershaus, S. Mao, K. H. Voigt, M. Behe and T. Kissel, *Journal of*
- 10 *Controlled Release*, 2007, **118**, 370–380.
- 11 28. W. Gao, B. Xiang, T. T. Meng, F. Liu and X. R. Qi, *Biomaterials*, 2013, **34**, 4137-4149.
- 12 29. M. Kato, Y. Hattori, M. Kubo and Y. Maitani, *International journal of pharmaceutics*,
- 13 2012, **423**, 428–434.
- 14 30. M. Murakami, M. J. Ernsting, E. Undzys, N. Holwell, W. D. Foltz and S. D. Li, *Cancer*
- 15 *research*, 2013, **73**, 4862-4871.
- 16 31. X. Li, J. Zhang and H. Gu, *Langmuir*, 2011, **27**, 6099-6106.
- 17 32. P. Chomczynski and N. Sacchi, *Nature Protocols*, 2006, **1**, 581-585.
- 18 33. X. Li, Y. Chen, M. Wang, Y. Ma, W. Xia and H. Gu, *Biomaterials*, 2013, **34**, 1391–1401.
- 19 34. S. Aluri, S. M. Janib and J. A. Mackay, *Advanced Drug Delivery Reviews*, 2009, **61**,
- 20 940–952.
- 21 35. R. K. Jain and T. Stylianopoulos, *Nature reviews. Clinical oncology*, 2010, **7**, 653-664.
- 22 36. I. I. Slowing, C. W. Wu, J. L. Vivero-Escoto and V. S. Y. Lin, *Small*, 2009, **5**, 57–62.

- 1 37. M. A. A. Schoonen, C. A. Cohn, E. Roemer, R. Laffers, S. R. Simon and T. O’Riordan,  
2       Reviews in Mineralogy and Geochemistry, 2006, **64**, 179-221.
- 3 38. D. Tarn, C. E. Ashley, M. Xue, E. C. Carnes, J. I. Zink and C. J. Brinker, Accounts of  
4       chemical research, 2013, **46**, 792-801.
- 5 39. J. Hoon Jeong, L. V. Christensen, J. W. Yockman, Z. Zhong, J. F. Engbersen, W. Jong  
6       Kim, J. Feijen and S. Wan Kim, Biomaterials, 2007, **28**, 1912–1917.
- 7 40. P. E. Kristjansen, Y. Boucher and R. K. Jain, Cancer research, 1993, **53**, 4764-4766.
- 8 41. Y. Boucher and R. K. Jain, Cancer research, 1992, **52**, 5110-5114.
- 9 42. M. Datta, L. E. Via, W. S. Kamoun, C. Liu, W. Chen, G. Seano, D. M. Weiner, D.  
10       Schimel, K. England, J. D. Martin, X. Gao, L. Xu, C.E. Barry and R. K. Jain,  
11       Proceedings of the National Academy of Sciences of the United States of America, 2015,  
12       **112**, 1827-1832.
- 13 43. P. Carmeliet and R. K. Jain, Nature Reviews Drug Discovery, 2011, **10**, 417-427.
- 14 44. N. Bertrand, J. Wu, X. Xu, N. Kamaly and O. C. Farokhzad, Advanced drug delivery  
15       reviews, 2014, **66**, 2-25.
- 16 45. P. Baluk, H. Hashizume and D. M. McDonald, Current opinion in genetics &   
17       development, 2005, **15**, 102–111.
- 18 46. R. K. Jain, Journal of Clinical Oncology : Official Journal of the American Society of  
19       Clinical Oncology, 2013, **31**, 2205-18.
- 20 47. S. Goel, D. G. Duda, L. Xu, L. L. Munn, Y. Boucher, D. Fukumura and R. K. Jain,  
21       Physiological Reviews, 2011, **91**, 1071-1121.
- 22 48. V. Krishnan, X. Xu, S. P. Barwe, X. Yang, K. Czymmek, S. A. Waldman, R. W. Mason,

- 1 X. Jia and A. K. Rajasekaran, *Molecular Pharmaceutics*, 2012, **10**, 2199-2210.
- 2 49. Z. X. Lu, L. T. Liu and X. R. Qi, *International Journal of Nanomedicine*, 2011, **6**,
- 3 1661-1673.