

Review

Targeted polymeric micelles for delivery of poorly soluble drugs

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Abstract. Polymeric micelles (micelles formed by amphiphilic block copolymers) demonstrate a series of attractive properties as drug carriers, such as high stability both in vitro and in vivo and good biocompatibility, and can be successfully used for the solubilization of various poorly soluble pharmaceuticals. These micelles can also be used as targeted drug delivery systems. The targeting can be achieved via the enhanced permeability and retention effect (into the areas with the compromised vasculature), by making micelles of stimuli-responsive amphiphilic block copolymers, or by attaching specific targeting ligand molecules to the micelle surface.

Immunomicelles prepared by coupling monoclonal antibody molecules to p-nitrophenylcarbonyl groups on the water-exposed termini of the micelle corona-forming blocks demonstrate high binding specificity and targetability. Immunomicelles prepared with cancer-specific monoclonal antibody 2C5 specifically bind to different cancer cells in vitro and demonstrate increased therapeutic activity in vivo. This new family of pharmaceutical carriers can be used for the solubilization and targeted delivery of poorly soluble drugs to various pathological sites in the body.

Key words. Targeted drug delivery; poorly soluble drugs; micelles; amphiphilic polymers; polymer-lipid conjugates; enhanced permeability and retention; immunotargeting.

Introduction

To minimize drug degradation and loss upon administration, prevent harmful or undesirable side-effects, and increase drug bioavailability and the fraction of the drug accumulated in the pathological zone, various drug delivery and drug targeting systems are currently being developed or under development. Among drug carriers one can find soluble polymers, microparticles made of natural and synthetic polymers, microcapsules, cells, cell ghosts, lipoproteins, liposomes and micelles [1, 2]. Each of those carrier types offers its own advantages and shortcomings, and all those carriers can be made slowly degradable, stimuli reactive (for example, pH or temperature sensitive) and even targeted (for example, by conjugating them with specific antibodies against certain

characteristic components of the area of interest). In addition, drug carriers should be long circulating [3, 4] since prolonged circulation allows for maintaining the required therapeutic level of pharmaceuticals in the blood for extended time intervals. Long-circulating, high molecular weight drugs or drug-containing microparticles can also slowly accumulate in pathological sites with affected and leaky vasculature (such as tumors, inflammations and infarcted areas) via the enhanced permeability and retention effect (EPR) and enhance drug delivery in these areas [5, 6]. In addition, prolonged circulation can help to achieve a better targeting effect for specific ligand-modified drugs and drug carriers since it increases the total quantity of targeted drug/carrier passing through the target, and the number of interactions between targeted drugs and their targets [7].

Ideally, pharmaceutical drug carriers for parenteral administration are expected to be biodegradable, have small particle size, possess high loading capacity, demonstrate prolonged circulation and accumulate in required pathological sites in the body [8]. The development of drug carriers meeting all these requirements for poorly soluble pharmaceuticals still represents a challenge. The therapeutic application of hydrophobic, poorly water soluble agents is associated with some serious problems, since low water solubility results in poor absorption and low bioavailability upon the oral administration [9]. In addition, drug aggregation upon intravenous administration might lead to such complications as embolism [10]. The formation of drug aggregates can also result in high local concentrations at the sites of aggregate deposition associated with local toxicity and lowered systemic bioavailability [11]. On the other hand, hydrophobicity and low solubility in water appear to be intrinsic properties of many drugs (such as anticancer agents, since many of them are bulky polycyclic compounds, such as camptothecin, paclitaxel and tamoxifen) [12]. This hydrophobicity helps a drug molecule to penetrate a cell membrane when the molecular target for the drug is located intracellularly [13, 14]. In addition, it has also been observed that a drug or, more generally, a biologically active molecule may need a hydrophobic group to have a sufficient affinity toward the appropriate target receptor [15, 16]. Almost a half of potentially valuable drug candidates identified by high-throughput screening technologies demonstrate poor solubility in water and, for this reason, never enter a formulation development stage [17].

To overcome the poor solubility of some drugs, certain clinically acceptable organic solvents are used in formulations [18]. More recent approaches include the use of liposomes [19] and cyclodextrins [17]. The administration of many co-solvents or surfactants causes toxicity and other undesirable side effects [20]. The use of liposomes and cyclodextrins demonstrated some promising results with certain poorly soluble drugs, although the capacity of the liposomal membrane and cyclodextrin inner cavity for water-insoluble molecules is rather limited. Another option is to use certain micelle-forming surfactants in formulations of insoluble drugs [18].

Micelles and micellization in drug delivery

Micelles represent so-called colloidal dispersions (with particle size normally within the 5–100-nm range) that belong to a large family of dispersed systems consisting of particulate matter or dispersed phase, distributed within a continuous phase or dispersion medium. They belong to a group of association or amphiphilic colloids. Such colloids are spontaneously formed under certain concentration and temperature by amphiphilic or surface-active

agents (surfactants), molecules of which consist of two clearly distinct regions with opposite affinities toward a given solvent [21]. At low concentrations in aqueous medium, these amphiphilic molecules exist separately; however, as their concentration is increased, aggregation takes place within a rather narrow concentration interval. Those aggregates, known as micelles, include several dozens of amphiphilic molecules and usually have a shape close to spherical. The concentration of a monomeric amphiphile at which micelles appear is called the critical micelle concentration (CMC), while the temperature below which amphiphilic molecules exist as unimers and above as aggregates is called the critical micellization temperature (CMT). Hydrophobic fragments of amphiphilic molecules form the core of a micelle, which can solubilize poorly soluble pharmaceuticals, while hydrophilic fragments form the micelle's corona [22–24]. In aqueous systems, nonpolar molecules are solubilized within the micelle core, polar molecules will be adsorbed on the micelle surface and substances with intermediate polarity will be distributed along surfactant molecules in intermediate positions. Figure 1 shows a principal scheme of micelle formation from an amphiphilic molecule and its loading with a poorly soluble drug.

Kabanov et al. [25] suggest that an 'ideal' self-assembling drug delivery systems should spontaneously form from the mixture of drug molecules, carrier components and targeting moieties. Their size should be of around 10 nm in order to be able to penetrate various tissues and even cells. They should be stable *in vivo* for a sufficiently long time and should not provoke any biological reactions. They should release a free drug upon contact with target tissues or cells; and, finally, the components of the carrier should be easily removed from the body when the therapeutic function is completed.

In broad terms, micelles as drug carriers provide a set of unbeatable advantages [26–31]. The solubilization of drugs using micelle-forming surfactants (which results in formation of mixed micelles) leads to increased water solubility of a sparingly soluble drug and its improved bio-

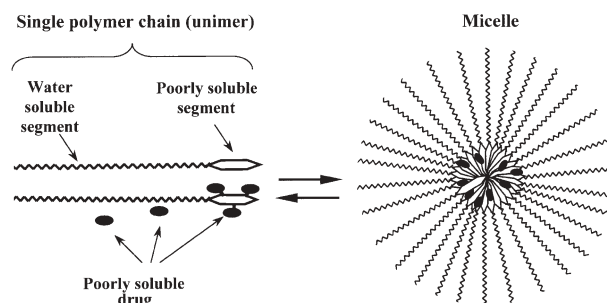


Figure 1. Micelle formation from amphiphilic unimers and drug incorporation into the micelle core by both covalent attachment to the hydrophobic fragment of the unimer and by non-covalent incorporation into the hydrophobic core micelle.

availability, reduction of toxicity and other adverse effects, enhanced permeability across the physiological barriers and substantial changes in drug biodistribution. The use of certain special amphiphilic molecules as surfactants can also introduce the property of micelle extended blood half-life upon intravenous administration [31]. Besides, micelles may be made targeted by chemical attachment of targeting moiety to their surface. In the latter case, local release of the loaded drug from the micelles in the target organ should lead to increased efficacy of the drug. On the other hand, being in a micellar form en route to the target organ or tissue, the drug is well protected from possible inactivation under the effect of biological surroundings, and itself does not provoke undesirable side effects on non-target organs and tissues. According to our analysis of the available literature, the most usual size of a pharmaceutical micelle is between 10 and 80 nm, optimal CMC value is expected to be in a low millimolar region or even lower, and the loading efficacy toward a hydrophobic drug should be between 5 and 25 % wt.

Polymeric micelles

Polymeric micelles represent a class of micelles and are formed from block copolymers consisting of hydrophilic and hydrophobic monomer units. It has repeatedly been shown that amphiphilic block and graft AB-type copolymers with the length of a hydrophilic block exceeding to some extent that of a hydrophobic one can form spherical micelles in aqueous solutions [31]. The particulates are composed of the core of the hydrophobic blocks stabilized by the corona of hydrophilic polymeric chains. If the length of a hydrophilic block is too high, copolymers exist in water as unimers (individual molecules), while molecules with very long hydrophobic blocks form structures with non-micellar morphology, such as rods and lamellae [32]. The major driving force behind self-association of amphiphilic polymers is the decrease of free energy of the system due to removal of hydrophobic fragments from the aqueous surroundings with the formation of a micelle core stabilized with hydrophilic blocks exposed into water [33, 34]. The lower the CMC value of a given amphiphilic polymer, the more stable micelles are even at low net concentration of amphiphile in the medium [35]. This is especially important from the practical point of view, since upon dilution with a large volume of blood, micelles with a high CMC value may dissociate into unimers, and their content may precipitate in the blood. Numerous studies have been published developing a theoretical description of micelle formation and properties. References [27, 35, 36] represent just a few examples.

The core compartment of the pharmaceutical polymeric micelle should demonstrate a high loading capacity, a

controlled release profile for the incorporated drug, and good compatibility between the core-forming block and the incorporated drug. The micelle corona should provide effective steric protection for the micelle. It should also determine micelle hydrophilicity, charge, the length and surface density of hydrophilic blocks, and the presence of reactive groups suitable for further micelle derivatization, such as attachment of targeting moieties [37–41]. These properties control important biological characteristics of a micellar carrier, such as its pharmacokinetics, biodistribution, biocompatibility, longevity, surface adsorption of biomacromolecules, adhesion to biosurfaces and targetability [1, 37–40, 42, 43].

In the majority of cases the structure of amphiphilic unimers follows a few simple rules: poly (ethylene glycol) (PEG) blocks with a molecular weight from 1 to 15 kDa are usual corona-forming blocks, and the length of a hydrophobic core-forming block is close or somewhat lower than that of a hydrophilic block [44]. Though other hydrophilic polymers may be used to make corona blocks [45, 46], PEG still remains the hydrophilic block of choice. At the same time, a variety of polymers may be used to build hydrophobic core-forming blocks: propylene oxide [39, 47], L-lysine [48, 49], aspartic acid [50, 51], β -benzoyl-L-aspartate [52, 53], γ -benzyl-L-glutamate [54], caprolactone [55, 56], D,L-lactic acid [40, 57] and spermine [58].

In some cases, phospholipid residues – short, but extremely hydrophobic due to the presence of two long-chain fatty acyl groups – can also be successfully used as hydrophobic core-forming groups [26]. The use of lipid moieties as hydrophobic blocks capping hydrophilic polymer (such as PEG) chains can provide additional advantages for particle stability when compared with conventional amphiphilic polymer micelles, due to the existence of two fatty acid acyls which might contribute considerably to an increase in the hydrophobic interactions between the polymeric chains in the micelle's core. Diacyllipid-PEG conjugates have been introduced into the area of controlled drug delivery as polymeric surface modifiers for liposomes [59]. However, the diacyllipid-PEG molecule itself represents a characteristic amphiphilic polymer with a bulky hydrophilic (PEG) portion and a very short but extremely hydrophobic diacyllipid part (see fig. 2). Similar to other PEG-containing amphiphilic block copolymers, diacyllipid-PEG conjugates were found to form micelles in an aqueous environment [60]. A series of PEG-phosphatidylethanolamine (PEG-PE) conjugates was synthesized using egg PE and N-hydroxysuccinimide esters of methoxy-PEG succinates (molecular weight of 2 kDa, 5 kDa and 12 kDa) [59]. High-pressure liquid chromatography (HPLC)-based gel permeation chromatography showed that these polymers form micelles of different sizes in water. No dissociation into individual polymeric chains was found following the

Figure 2. Chemical structure of an amphiphilic PEG-PE conjugate.

Drugs, such as diazepam and indomethacin [65, 66], adriamycin [50, 67–69], anthracycline antibiotics [70] and polynucleotides [71, 72] were effectively solubilized by polymeric micelles and demonstrated superior properties (as in the case of doxorubicin [73]) and lower toxicity [74] compared to free drugs. The circulation time and biodistribution of polymeric micelles formed by the copolymer of PEG and poly(aspartic acid) (PEG-b-PAA) with covalently bound adriamycin [PEG-b-PAA(ADR)] depended on the relative size of the copolymer blocks. Longer PEG blocks and shorter PAA segments favor longer circulation times and lower uptake of the micelles by the reticuloendothelial system [27, 50, 75, 76]. The whole set of micelle-forming copolymers of PEG with poly(L-amino acids) was used to prepare drug-loaded micelles by direct entrapment of a drug into the micelle core [52, 77–79]. PEG-b-poly(caprolactone) copolymer micelles were successfully used as delivery vehicles for dihydrotestosterone [80]. PEG-PE micelles can efficiently incorporate a variety of sparingly soluble and amphiphilic substances, including paclitaxel, tamoxi-

Thus, the transport efficacy and accumulation of microparticulates, such as liposomes and/or micelles, in the tumor interstitium is to a great extent determined by their ability to penetrate the tumor vascular endothelium [89,

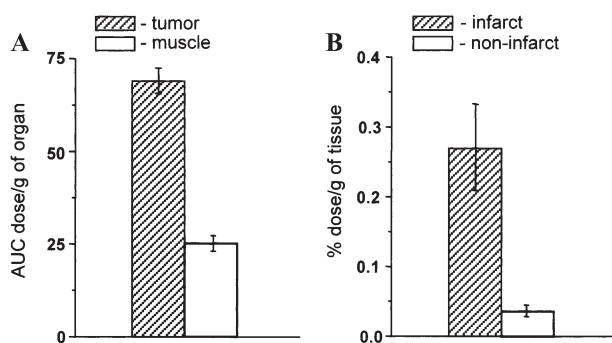


Figure 3. In vivo micelle accumulation in the pathological areas with increased vascular permeability. (A) Accumulation of PEG-PE micelles (as AUC) in murine Lewis lung carcinoma tumor compared to adjacent normal tissue. (B) Accumulation of PEG-PE micelles (as % dose per gram of tissue) in the area of experimental myocardial infarction in rabbit compared to surrounding non-infarcted myocardium.

90]. Diffusion and accumulation parameters were recently shown to be strongly dependent on the cutoff size of tumor blood vessel wall, and the cutoff size varies for different tumors [90–92]. Adriamycin in polymeric micelles was shown to be much more efficient in experimental treatment of murine solid tumor colon adenocarcinoma than the free drug [93]. Since tumor vasculature permeability depends on the particular type of the tumor [91], the use of micelles as drug carriers could be specifically justified for tumors whose vasculature has the low cutoff size (below 200 nm). Thus, the use of PEG-PE micelles for the effective delivery of a model protein drug to a solid tumor, Lewis lung carcinoma, in mice was reported [85]. In a general case, the biodistribution of a microparticulate carrier-associated anticancer drug depends on its circulation time in blood. Thus, it has been shown that long-circulating PEG-grafted liposomes demonstrate increased accumulation in implanted tumors [94]. Later, however, it was found that in some cases even the use of long-circulating liposomes could not provide their sufficient accumulation in certain tumors. Parr et al. [95] have shown that coating 100-nm liposomes with PEG did not result in increased accumulation of liposome-encapsulated drug in a subcutaneously established murine Lewis lung carcinoma. This phenomenon may be explained by the low vascular permeability (small cutoff size) of this as well as some other tumors. In those cases, drug carriers smaller in size than liposomes may provide more efficient drug delivery into tumors. Thus, the micelle-incorporated model protein (soybean trypsin inhibitor or STI, MW 21.5 kDa) accumulates to a higher extent in subcutaneously established murine Lewis lung carcinoma than the same protein in larger liposomes [85].

Another targeting mechanism is based on the fact that many pathological processes in various tissues and organs are accompanied with local temperature increase and/or

acidosis [96, 97]. So, the efficiency of the micellar carriers can be further improved by making micelles capable of disintegration under the increased temperature or decreased pH values in pathological sites, i.e. by combining the EPR effect with stimuli responsiveness. For this purpose, micelles are made of thermo- or pH-sensitive components such as poly(N-isopropylacrylamide) and its copolymers with poly(D,L-lactide) and other blocks, and acquire the ability to disintegrate in target areas, releasing the micelle-incorporated drug [33, 44, 98–100]. pH-responsive polymeric micelles loaded with phthalocyanine seem to be promising carriers for photodynamic cancer therapy [101], while doxorubicin-loaded polymeric micelles containing acid-cleavable linkages provided an enhanced intracellular drug delivery into tumor cells and thus higher efficiency [102]. Thermo-responsive polymeric micelles were shown to demonstrate increased drug release upon temperature changes [103]. The penetration of drug-loaded polymeric micelles into cells (tumor cells) as well as drug release from the micelles can be enhanced by externally applied ultrasound [104].

As with other delivery systems, the drug delivery potential of polymeric micelles may be still further enhanced by attaching targeting ligands to the micelle surface. The attachment of various specific ligands to the water-exposed termini of hydrophilic blocks could be used to improve the targeting of micelles and micelle-incorporated drugs and DNA [31]. Among those ligands one can name various sugar moieties [105], transferrin [106] and folate residues [107] since many target cells, especially cancer cells, overexpress appropriate receptors (such as transferrin and folate receptors) on their surface. Thus, it was shown that galactose- and lactose-modified micelles made of PEG-poly(lactide) copolymer specifically interact with lectins, thus modeling targeting delivery of the micelles to hepatic sites [105, 108]. Transferrin-modified micelles based on PEG and poly(ethyleneimine) sized between 70 and 100 nm are expected to target tumors with overexpressed transferrin receptors [106]. Mixed micelle-like complexes of PEGylated DNA and PEI modified with transferrin [109, 110] were designed for enhanced DNA delivery into cells overexpressing the same transferrin receptors. A similar targeting approach was successfully tested with folate-modified micelles [111]. Poly(L-histidine)/PEG and poly(L-lactic acid)/PEG block copolymer micelles carrying folate residues on their surface were shown to be efficient for the delivery of adriamycin to tumor cells in vitro, demonstrating the potential for solid tumor treatment and combined targetability and pH sensitivity [112].

Polymeric immunomicelles

Among all specific ligands, antibodies provide the broadest opportunities in terms of diversity of targets

and specificity of interaction. Several attempts to covalently attach an antibody to a surfactant or polymeric micelles (i.e. to prepare immunomicelles) have been described [31, 87, 106, 113]. Thus, micelles modified with fatty acid-conjugated Fab fragments of antibodies to antigens of brain glial cells (acid gliofibrillar antigen and alpha-2-glycoprotein) loaded with neuroleptic trifluoperazine increasingly accumulated in the rat brain upon intracarotid administration [113, 114].

By adapting the coupling technique developed for attaching specific ligands to liposomes [115], we have prepared PEG-PE-based immunomicelles modified with monoclonal antibodies. The approach uses PEG-PE with the free PEG terminus activated with a p-nitrophenylcarbonyl (pNP) group. Diacyllipid fragments of such a bi-functional PEG derivative firmly incorporate into the micelle core, while the water-exposed pNP group, stable at pH values below 6, efficiently interacts with amino groups of various ligands (such as antibodies and their fragments) at pH values above 7.5, yielding a stable urethane (carbamate) bond. All non-reacted pNP groups spontaneously hydrolyze at the same pH values. To prepare immunotargeted micelles, the antibody to be attached was simply incubated with drug-loaded micelles at pH around 8.0 (fig. 4). The micelle-attached protein was quantified using fluorescent labels or by SDS-polyacrylamide gel electrophoresis (PAGE) [87, 116]. It was calculated that 10–20 antibody molecules could be attached to a single micelle. Antibodies attached to the micelle corona preserve their specific binding ability, and immunomicelles specifically recognize their target substrates, as was confirmed by ELISA (enzyme-linked immunosorbent assay) with corresponding substrate monolayers. The analysis of micelle size and size distribution before and after attachment of various antibodies using dynamic light scattering and freeze-fracture electron microscopy demonstrated that protein attachment did not affect the size of the micelles substantially [87]. Both the original and antibody-modified micelles have a spherical shape and a uniform size of about 20 nm.

To specifically enhance the tumor accumulation of PEG-PE-based micelles, the latter have been modified with tu-

mor-specific monoclonal antibodies [87, 116]. Although anticancer antibodies are usually tumor type specific and unable to react with different tumors, earlier we showed that certain non-pathogenic monoclonal antinuclear autoantibodies with nucleosome-restricted specificity [monoclonal antibody 2C5 (mAb 2C5) being among them] recognize the surface of numerous tumor, but not normal, cells via tumor cell surface-bound nucleosomes [117, 118]. Because these antibodies bind a broad variety of cancer cells, they may serve as specific ligands for the delivery of drugs and drug carriers into tumors. The data shown in figure 5 indicate that rhodamine-labeled 2C5 immunomicelles effectively bind to the surface of several unrelated tumor cell lines: human BT20 (breast adenocarcinoma) and murine LLC (Lewis lung carcinoma) and EL4 (T lymphoma) cells. The incubation of antibody-free micelles with the same cells results in virtually no micelle-to-cell association. Drug(paclitaxel)-loaded 2C5 immunomicelles also demonstrated the same specific properties as 'empty' immunomicelles and effectively bound various tumor cells (fig. 5). Such specific recognition of cancer cells by drug-loaded mAb 2C5 immunomicelles results in dramatically improved cancer cell killing by such micelles. Figure 6 presents the results of *in vitro* experiments with human breast cancer MCF-7 cells, which showed a clearly superior efficiency of paclitaxel-loaded 2C5 immunomicelles compared to paclitaxel-loaded plain micelles or free drug.

In vivo experiments with LLC tumor-bearing mice revealed a dramatically enhanced tumor uptake of paclitaxel-loaded radiolabeled 2C5 immunomicelles compared to non-targeted micelles (fig. 7). An enhanced accumulation of 2C5-targeted micelles over plain micelles in the tumor (up to 30%) was observed both at 30 min and at 2 h post-injection, evidencing specific recognition and tumor binding of 2C5-targeted immunomicelles. These data suggest the possibility that drug-loaded immunomicelles may also be better internalized by tumor cells similar to antibody-targeted liposome [119] and, thus, deliver more drug inside tumor cells that might be achieved in the case of simple EPR effect-mediated tumor accumulation. By analyzing the absolute quantity of tumor-accu-

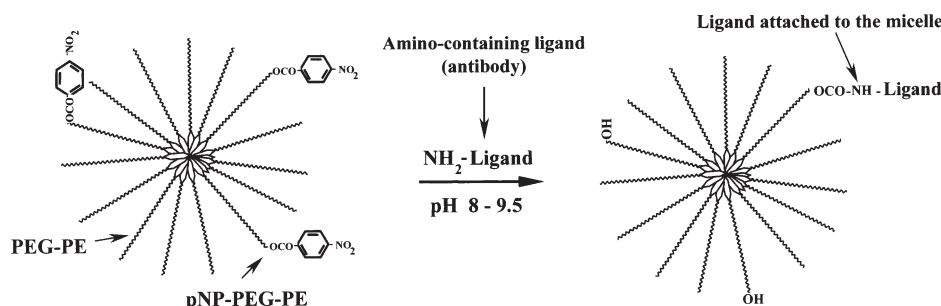


Figure 4. Antibody attachment to pNP-PEG-PE unimer via the pNP group.

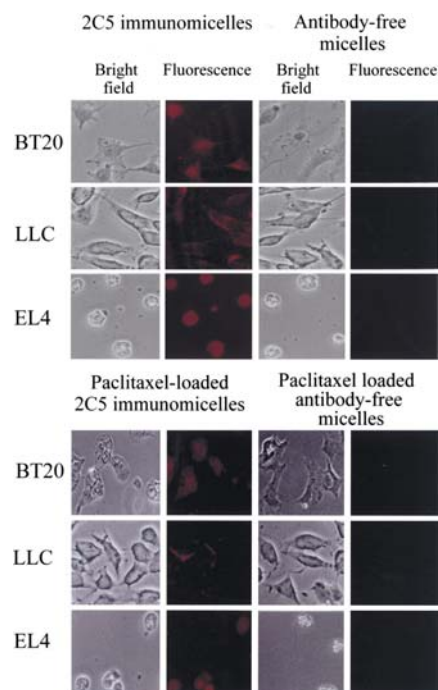


Figure 5. Binding of rhodamine-labeled empty and paclitaxel-loaded PEG-PE-based mAb 2C5 immunomicelles to tumor cells (murine Lewis lung carcinoma and EL4 T cell lymphoma, and human breast adenocarcinoma BT20) in vitro. Empty and drug-loaded immunomicelles demonstrate pronounced association with all cell lines (cell surface-bound red fluorescence); plain micelles do not bind to tumor cells.

mulated paclitaxel (HPLC [120]) delivered by different drug formulations, it was shown that mAb 2C5 immunomicelles were capable of bringing into tumors substantially higher quantities of paclitaxel than in the case of paclitaxel-loaded non-targeted micelles or free drug for-

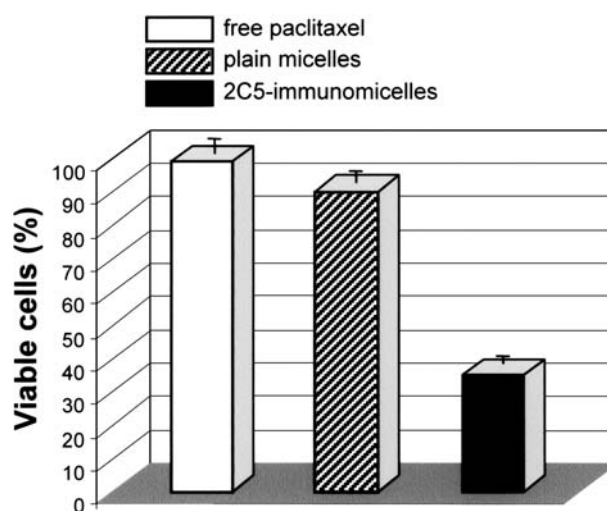


Figure 6. In vitro cytotoxicity of various preparations of paclitaxel against human breast adenocarcinoma MCF7 cells. The maximum level of cell killing is observed with the drug in mAb 2C5 immunomicelles.

mulations (Taxol; fig. 7). The difference in tumor accumulation of paclitaxel delivered by immunomicelles compared to other taxol preparations was larger at 2 h post-injection compared to 30 min post-injection. This fact might be explained by the accumulation of non-targeted paclitaxel formulations in the interstitial space of the tumor via the EPR effect and eventual drug clearance from this site. Contrary to that, paclitaxel-loaded 2C5 immunomicelles were internalized by cancer cells and thus kept the drug inside the tumor in a way similar to what was observed with drug-loaded anti-her2 immunoliposomes [119]. Internalization by tumor cells may have high therapeutic significant for many antitumor agents. For example, a much higher tumor regression was ob-

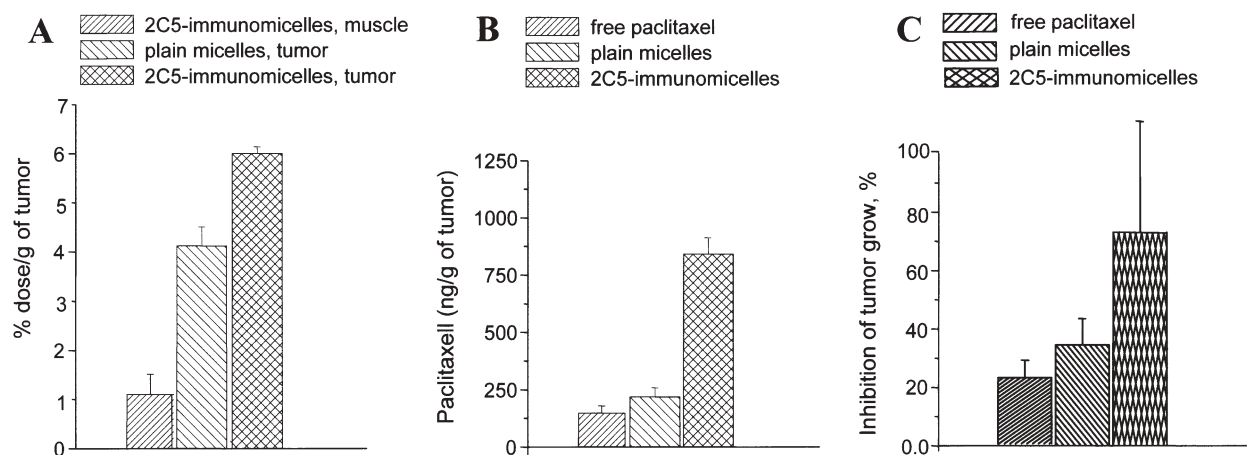


Figure 7. Paclitaxel-loaded PEG-PE-based mAb 2C5 immunomicelles in vivo. (A) Tumor accumulation of paclitaxel-loaded mAb 2C5 immunomicelles in Lewis lung carcinoma model in mice 2 h post-administration. (B) Tumor accumulation of free paclitaxel. (C) Inhibition of Lewis lung carcinoma growth in mice by various preparations of paclitaxel. Immunomicelles show the highest accumulation of all preparations, bring the maximum quantity of the drug into tumor and allow for maximum inhibition of tumor growth.

served with a carrier capable of intracellular drug delivery for an equal doxorubicin dose delivered to the tumor [119]. Naturally, it results in a higher therapeutic efficiency of paclitaxel-loaded mAb 2C5 micelles. The average weight of excised tumors in the group treated with paclitaxel in mAb 2C5 immunomicelles was ~0.7 g compared to 1.6 and 1.4 g in groups treated with the same quantity of paclitaxel as free drug or in plain PEG-PE micelles, respectively ($P < 0.05$ in both cases). The weight of untreated tumors was around 2.0 g (fig. 7).

In summary, stable polymeric micelles possessing an excellent ability to carry a variety of poorly soluble pharmaceuticals can be used as targeted drug delivery systems. The targeting can be achieved via the EPR effect by making micelles of stimuli-responsive amphiphilic block copolymers or by attaching specific targeting ligand molecules to the micelle surface. Immunomicelles can be prepared by coupling monoclonal antibody molecules to pNP groups on the water-exposed termini of the micelle corona-forming blocks. These micelle-coupled antibodies preserve their specific activity. Immunomicelles prepared with cancer-specific mAb 2C5 specifically bind to different cancer cells in vitro and demonstrate increased accumulation in experimental tumors in vivo. Loaded with the poorly soluble anticancer drug paclitaxel, mAb 2C5 immunomicelles demonstrate significantly increased cytotoxicity toward tumor cells in vitro and in vivo. These pharmaceutical carriers, targeted polymeric micelles, could be used for the enhanced delivery of poorly soluble pharmaceuticals to various pathological sites via a variety of mechanisms.

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