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▶ To cite this version:

Yi Zhou, Caroline Gaucher, Isabelle Fries, Mehmet-Akif Hobekkaya, Charlène Martin, et al.. Challenging development of storable particles for oral delivery of a physiological nitric oxide donor. Nitric Oxide: Biology and Chemistry, 2020, 104-105, pp.1-10. 10.1016/j.niox.2020.08.001. hal-02922699

HAL Id: hal-02922699 https://hal.univ-lorraine.fr/hal-02922699

Submitted on 24 Aug 2022

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Challenging development of storable particles for oral delivery of a physiological nitric oxide donor

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Mr Yi ZHOU was supported by a CSC (China Scholarship Council) funding.

The authors acknowledge support of EA 3452 CITHEFOR by the "Impact Biomolecules" project of the "Lorraine Université d'Excellence" (Investissements d'avenir – ANR).

These funding sources were not involved in study design, collection, analysis, interpretation of data, writing of the report nor in the decision to submit it for publication.

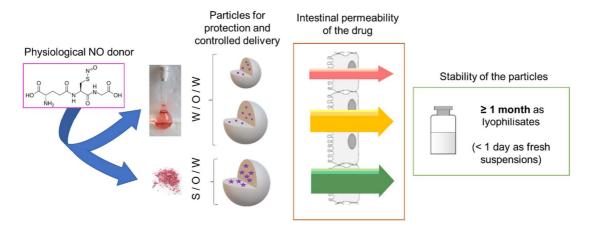
Declarations of interest: none

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Graphical Abstract:



Abstract:

Nitric oxide (NO) deficiency is often associated with several acute and chronic diseases. NO donors and especially *S*-nitrosothiols such as *S*-nitrosoglutathione (GSNO) have been identified as promising therapeutic agents. Although their permeability through the intestinal barrier have recently be proved, suitable drug delivery systems have to be designed for their oral administration. This is especially challenging due to the physico-chemical features of these drugs: high hydrophilicity and high lability. In this paper, three types of particles were prepared with an Eudragit polymer: nanoparticles and microparticles obtained with a water-in-oil-in-water emulsion/evaporation process *versus* microparticles obtained with a solid-in-oil-in-water emulsion/evaporation process. They had a similar encapsulation efficiency (around 30%), and could be freeze-dried then be stored at least one month without modification of their critical attributes (size and GSNO content). However, microparticles had a slightly slower *in vitro* release of GSNO than nanoparticles, and were able to boost by a factor of two the drug intestinal permeability (Caco-2 model). Altogether, this study brings new data about GSNO intestinal permeability and three ready-to-use formulations suitable for further preclinical studies with oral administration.

Keywords: nitric oxide, S-nitrosoglutathione, nanoparticles, microparticles, oral delivery

Highlights:

- GSNO is a promising drug, but challenging to formulate (hydrophilicity, lability)
- Nano and microparticles suitable for GSNO oral delivery were produced and compared
- Their critical attributes were maintained after freeze-drying and stable upon storage
- They improved the drug permeability through a Caco-2 model of intestinal barrier

1. Introduction

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- 2 Nitric oxide (NO) is a radical messenger with a variety of physiological roles, e.g. control of vascular
- 3 tone, neurotransmission at both central and peripheral levels, mediation of immune response,
- 4 wound healing, tissue regeneration and anti-cancer defense [1]. As a result of these pleiotropic
- 5 actions, many pathological conditions are accompanied by a NO deficiency (e.g. atherosclerosis,
- 6 pulmonary hypertension, thrombosis, ischemia... [2-5]). As these conditions are becoming
- 7 increasingly frequent in the population with ageing, a treatment able to restore the physiological NO
- 8 levels would represent a major therapeutic advance for a growing number of patients.
- 9 NO itself cannot be used directly in many cases because of its very short half-life (< 1 s) [6].
- 10 Moreover, its gaseous nature makes it difficult to store, to transport and to administer. In this
- 11 context, NO donors have been developed over the past decades, including organic nitrates [7-8],
- 12 nitrosamines [9], metal-NO complexes [10], diazenium-diolates (NONOates, [11]) and S-nitrosothiols
- 13 (RSNO, [12-13]. As RSNO are the physiologic forms of NO transport and storage in our body, they are
- 14 considered as "hot candidates" with no efficacy nor toxicity concerns. In particular, S-
- 15 nitrosoglutathione (GSNO) has gained a lot of attention in preclinical and clinical trials for different
- biomedical applications [14-15]. GSNO is a physiological low-molecular-weight RSNO, with
- 17 arterioselective vasodilating and antiplatelet effects. Additionally, the NO moiety in GSNO is grafted
- 18 to glutathione (GSH), which is the main redox buffer with antioxidant properties in our cells. Thus,
- 19 GSNO will release both NO and GSH: this could be beneficial as NO deficiency is generally associated
- 20 to oxidative stress in many conditions. However, pharmacokinetics data are drastically limited by the
- 21 fact that GSNO is a very hydrophilic (clogP = 2.7) and labile active drug, highly reactive to its
- 22 environment. GSNO is rapidly degraded or metabolized by several (e.g. protein disulfide isomerases
- 23 [16], thioredoxins [17], GSNO reductase [18], gamma-glutamyl transpeptidase [19]). RSNO
- 24 metabolism leads to the formation of multiple NO-derived species (NOx, including nitrite and nitrate
- 25 ions), therefore difficult to follow throughout the entire organism. Only few studies have attempted
- 26 to define RSNO pharmacokinetic parameters, especially after oral administration, as this require
- technically demanding methods (radioisotope tracking of NO [20-21]). Furthermore, little is known
- on the crossing of the intestinal barrier by RSNO. Bonetti et al. [22] revealed the ability of 3 RSNO
- 29 (including GSNO) to cross the intestinal barrier (Caco-2 model) with a medium apparent permeability
- rate, using a passive mode. As the therapeutic effects of NO depend not only on the location of
- 31 production/release, but also on the rate and quantity of available NO, it is a real pharmaceutical
- 32 challenge to propose a formulation of GSNO able to protect and to deliver it properly. As already
- mentioned, to the great distress of formulators, GSNO is very sensitive: to light, oxygen, heat, pH
- changes, or presence of thiols or metallic ions even at low concentrations. As a drug, GSNO can be
- 35 stored only as powder, at -20°C, protected from light and under an inert atmosphere. Precautions
- 36 (ultrapure water, light protection) have to be taken to prepare GSNO solutions, which should be
- 37 discarded after few hours. These characteristics make it very challenging and raise many hurdles to
- 38 develop GSNO formulations adapted to oral delivery, the most attractive route of administration to
- 39 manage patients in the context of chronic diseases.
- 40 Among the few examples in the literature, conjugation of GSNO to diblock polymers was proposed
- 41 [23] as well as direct encapsulation of GSNO into various hydrophilic (alginate, chitosan...) or
- 42 hydrophobic polymeric matrices [24-29]. Hydrophilic polymers have generally less standardized
- characteristics because of their natural origin. Their hydrophilic nature is favorable for GSNO
- 44 encapsulation, but the resulting loose hydrogels might lead to a fast drug release. Among
- 45 hydrophobic polymers, the Eudragit ones are especially interesting, as they are mucoadhesive
- 46 excipients already approved for human oral administration.

- 47 Wu et al. [30] used Eudragit RLPO, commonly used for tablet coating, to prepare nanoparticles which
- 48 were incorporated into an alginate/chitosan matrix to enhance GSNO loading and release profile
- 49 [31]. The resulting composite microparticles generated a NO store in rat aorta after a single oral
- administration [32]. Despite of these very interesting results, the preclinical development of these
- 51 composites formulations is hindered by several points. First, the multi-step preparation and the
- 52 adequate characterization are too time-consuming. Second, these formulations are not stable and
- should be used immediately after preparation (no possibility to be sent to other labs to be tested in
- 54 preclinical models).
- Following these precedents, the aims of this work were to: (i) propose a new drug delivery system
- that enables GSNO stabilization and controlled release; (ii) provide information on GSNO intestinal
- absorption from these developed delivery systems.
- To overcome these barriers, GSNO-loaded Eudragit RLPO particles adapted for oral delivery were
- 59 prepared, with a reasonably simple protocol, at least similar encapsulation efficiency and release
- 60 profile than the previously described particles, and with a sufficient stability to be stored and/or sent
- before use. According to the hydrophilic nature of the drug, microparticles (MP) were prepared by
- double emulsion/solvent evaporation, either with a water-in-oil-in water (W/O/W) process (GSNO-
- 63 MPW) or a solid-in-oil-in-water (S/O/W) process (GSNO-MPS). They were compared to nanoparticles
- obtained with a W/O/W process (GSNO-NP) in terms of size, encapsulation efficiency and in vitro
- release. Moreover, to get particles in a stable solid state, a lyophilization process was applied.
- 66 Potential modifications of critical product attributes (GSNO content and particle size) were assessed
- 67 immediately after lyophilization and during refrigerated storage. Afterwards, the cytocompatibility of
- the particles was evaluated on Caco-2 cells. Finally, intestinal permeability of NOx species was
- 69 evaluated using an *in vitro* model of intestinal barrier.

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2. Material and methods

- 72 All solutions were prepared with ultrapure deionized water (> 18.2 M Ω .cm). GSNO powder was
- 73 synthesized, purified and stored as previously described [31]. Eudragit® RLPO was a gift from Evonik
- 74 industries (Germany). HgCl₂ was purchased from Prolabo (Switzerland), NaNO₂ from Merck
- 75 (Germany), NaOH from VWR Chemicals (Czech Republic), methanol from Carlo Erba Reagents
- 76 (France). All other reagents were obtained from Sigma–Aldrich (France).

77 2.1. GSNO powder synthesis

- 78 GSNO powder was synthesized, purified and stored as previously described [33]. Briefly, sodium
- 79 nitrite and reduced glutathione (GSH), equivalent amount, were incubated under acidic condition
- 80 (0.626 M HCl). The solid form of GSNO was obtained by cold acetone precipitation, then washed,
- dried under vacuum and stored at -20°C under inert dinitrogen atmosphere. GSNO purity > 95% is
- 82 required for batch release (see [33] for details about control).

2.2 Quantification of GSNO, nitrite ions and nitrate ions

- 84 Nitrite ions and GSNO were quantified using a colorimetric (Griess and Griess-Saville reactions) or a
- 85 fluorimetric method (diaminonaphthalen (DAN) and DAN-Hg²⁺) with standard curves of sodium
- 86 nitrite and GSNO, respectively. Briefly, N₂O₃ generated from acidified nitrite ions reacts with Griess
- 87 reagent (Sulfanilamide and N-(1-naphtyl)ethylenediamine) or DAN in the presence (for GSNO) or
- 88 absence (for nitrite ions) of HgCl₂ producing a diazonium salt or 2,3-naphthotriazole that either
- absorbs at 540 nm or emits fluorescence at 415 nm after excitation at 375 nm (JASCO FP-8300,

- 90 France). GSNO concentration was obtained by subtracting Griess to Griess-Saville quantification or
- 91 DAN to DAN-Hg²⁺ quantification. Nitrate ions quantification (using a standard curve of sodium
- 92 nitrate) included a reduction step of nitrate in nitrite ions using a nitrate reductase and its cofactors
- 93 before the addition of DAN reagent (fluorometric kit nitrite/nitrate Cayman Chemical Ref. 780051,
- 94 USA). Nitrate concentration was obtained by subtracting DAN-Hg²⁺ quantification to nitrate
- 95 quantification using nitrate reductase.

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2.3. Preparation and lyophilization of GSNO-loaded particles

2.3.1. Preparation of GSNO-loaded nanoparticles and microparticles

- 98 GSNO-loaded nanoparticles (GSNO-NP) were prepared by a water-in-oil-in-water (W/O/W)
- 99 emulsion/solvent evaporation technique [30]. Briefly, 500 μL of 0.1% (w/v) Kolliphor P188 solution
- 100 containing 10 mg of GSNO was emulsified by sonication for 60 s (11 W, 100% amplitude, Vibra cell™
- 101 72434, France) in 5 mL of methylene chloride containing 500 mg of Eudragit, over an ice bath. The
- resulting primary emulsion was then poured in 19.5 mL of 0.1% (w/v) Kolliphor P188 solution with
- 103 ultrasonication (30 W, amplitude maximum, Vibra cell™ 75022, France) for 30 s, to get the W/O/W
- emulsion. The final GSNO-NP suspension was obtained after 10 min of solvent evaporation.
- 105 GSNO-loaded microparticles were prepared by W/O/W process (GSNO-MPW) or by S/O/W process
- 106 (GSNO-MPS). GSNO-MPW preparation followed the same process as GSNO-NP, except for the second
- emulsification, which was performed with a vortex (VV3, VWR, USA) at maximum speed for 60 s,
- 108 rather than with ultrasonication. The whole process was conducted at controlled temperature (24 ±
- 109 0.5 °C). GSNO-MPS were prepared as GSNO-MPW, except that 10 mg of GSNO powder (sieved at
- 40 μm) were directly suspended in the Eudragit/DCM solution. Attempts to reduce the size of GSNO
- powder grain were made with supercritical fluid technology (see Table 1).
 - Table 1. Conditions used in supercritical trials to decrease the size of GSNO powder grains. Gaseous
- antisolvent (GAS) and supercritical antisolvent (SAS) processes rely on the use of the supercritical CO₂
- as an anti-solvent. The crystallization of GSNO is induced by the mass transfer of the solvent (DMSO)
- in the supercritical phase.

Treatment	Crystallization conditions	Drying conditions	
	Crystallization pressure: 300 bar		
	Crystallization temperature: 40°C		
	GSNO 1% wt in DMSO	300 bar/40°C	
GAS	10.9 g of solution injected	CO ₂ flow rate: 0.6 kg/h	
	CO ₂ pressurization: 150 bar/min	Duration: 3 h	
	Equilibrium: agitation 54 rpm 10 min before drying		
	20 mL autoclave		
SAS (1 st trial)	Crystallization pressure: 300 bar		
	Crystallization temperature: 40°C	200 h - 1/40°C	
	GSNO 1% wt in DMSO		
	15.8 g of solution injected	300 bar/40°C	
	Molar CO ₂ fraction: 0.984	CO ₂ flow rate: 1.0 kg/h	
	$2.2 \text{ kg}_{\text{CO}2}/\text{h} - 1.0 \text{ g}_{\text{sol}}/\text{min}$	Duration: 2 h 30	
	Coaxial nozzle (100 μm i.d.)		
	300 mL autoclave		

Crystallization pressure: 160 bar Crystallization temperature: 40°C GSNO 1% wt in DMSO 160 bar/40°C 22.1 g of solution injected SAS CO₂ flow rate: 1.1 kg/h Molar CO₂ fraction: 0.971 (2nd trial) Duration: 3 h $1.1 \text{ kg}_{CO2}/h - 1.0 \text{ g}_{sol}/\text{min}$ Coaxial nozzle (130 µm i.d.) 300 mL autoclave 2.3.2. Lyophilization of GSNO-loaded particles After particles preparation, the suspensions were centrifuged (42,000 g, 4°C, 30 min for NP or 10 min for MP) and the pellets were re-suspended in 10 mL of 10% (w/v) sucrose solution. The resuspensions were frozen at -80°C for 15 h ± 1 h then lyophilizated for 24 h ± 1 h (FreeZone6 LABCONCO USA, setups: condenser at -50°C and pressure at 0.04 mbar). A preliminary study was conducted to optimize the lyophilization of GSNO-NP and to select the best and lowest-cost conditions such as -80 °C freezing of the particles (instead of liquid nitrogen) and using sucrose as protectant (instead of trehalose, and no mannitol). The residual water content in the lyophilizate was immediately tested after freeze-drying using a Karl-Fischer apparatus (756 KF coulometer, France). All powders were placed under nitrogen and stored at 4°C protected from light. 2.4. Physicochemical characterization of particles The hydrodynamic diameter, polydispersity index (PDI) and zeta-potential of the GSNO-NP were measured in triplicate in 1 mM NaCl by dynamic light scattering (Zetasizer Nano ZS, Malvern Instrument, France). All measurements were performed at 25°C after 30 s of equilibration with an angle detection of 173° backscatter. The size of GSNO-MP was also measured in triplicate in 0.001 M NaCl by a Mastersizer (hydro 2000 SM, Malvern Instruments, France). Span was calculated as follows: Span = (Dv90 - Dv10) / Dv50where Dv10, Dv50, Dv90 are values of size below which 10%, 50% or 90% of the particles are contained. The surface morphology of the particles was investigated by scanning electron microscopy (SEM, Hitachi S4800, Japan, accelerating voltage 1 kV). Briefly, fresh suspension of GSNO-NP was diluted 10⁶-fold. Then, a drop was deposited and dried overnight at room temperature, and flash carbon coated (4 s). In the case of GSNO-MP, lyophilizates were observed after carbon coating. 2.5. Determination of GSNO encapsulation efficiency (direct method) The encapsulation efficiency (EE) was determined by quantifying the GSNO contained inside the particles. After particles centrifugation (42,000 g, 30 min for NP, 10 min for MP), the pellets were collected and destroyed by methylene chloride. GSNO was then extracted with phosphate buffer saline (0.148 M PBS, pH=7.4) (ratio methylene chloride/PBS 1:10) using high speed shaking

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(2,000 rpm, Heidolph Vibramax 110, Germany). After centrifugation (2,500 g for 10 min), GSNO and

nitrite ions were quantified in the supernatant using Griess-Saville and Griess reactions. GSNO

- 150 concentration was deduced by subtracting Griess quantification to Griess-Saville quantification.
- 151 Total recovery of GSNO during the extraction process has been verified and potential matrix effect
- with polymer residues have been ruled out in preliminary experiments. The encapsulation efficiency
- was assessed immediately after particles preparation and calculated according to:
- 154 EE = $(m_e/m_i) *100\%$
- Where EE is encapsulation efficiency (%), me is the mass of drug entrapped in particles, and mi is the
- 156 mass of initial drug. The determination of GSNO content inside the particles after lyophilization and
- during storage was performed using the same protocol (the residual water content of the
- 158 lyophilizates was considered in the calculations).

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2.6. Stability of particles before and after lyophilization

- 161 After preparation, fresh suspensions of particles were centrifuged (42,000 g, 4°C, NP for 30 min and
- MP for 10 min). The pellets were re-suspended in 1 mL water and stored at 5±3°C protected from
- 163 light. After 1, 2, 3, or 4 days, size and GSNO and potential nitrite content of separated aliquots were
- measured as previously described.
- After lyophilization, the particle powders were stored at 5±3°C under nitrogen and protected from
- light. After 1, 2, 3, 4, 5, 8 and 12 weeks, size and GSNO content of separated aliquots were checked
- as previously described and compared to the values obtained immediately after lyophilization.

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2.7. Kinetics of GSNO release

- 170 Immediately after preparation, 1 mL of fresh particles suspensions were centrifuged (42,000 g, 4°C,
- 30 min for NP and 10 min for MP). The pellets were suspended in 1 mL of 0.148 M PBS (pH 7.4) and
- transferred into dialysis cellulose membrane (average flat width 10 mm (0.4 in), cut-off 14,000 Da).
- 173 The membrane was immerged in 200 mL PBS at 37°C protected from light with magnetic agitation at
- 174 200 rpm. The GSNO and nitrite ions released in the medium were quantified using the DAN and DAN-
- 175 Hg²⁺ methods at different time intervals (every 30 min during two hours and every hour from two to
- 176 six hours) [30].

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2.8. Cytocompatibility of particles

- 179 Intestinal Caco-2 cells (ATCC® HTB-37™) were grown in complete medium consisting of Eagle's
- 180 Minimum Essential Medium supplemented with 10% (v/v) fetal bovine serum (FBS), 4 mM of
- glutamine, 100 U/mL of penicillin, 100 U/mL of streptomycin, 1% (v/v) of non-essential amino acids.
- 182 Cells were cultivated at 37°C under 5% CO₂ (v/v) in a humidified incubator. Cells were then seeded in
- 96-well plates at 10^5 cells/well. After 24 h, cells were exposed to free GSNO (from 25 μ M to 2500
- 184 μM) or to lyophilizate particles (3 batches, in duplicate, at equivalent GSNO concentrations from 25
- µM to 2500 μM) for 24 h in complete medium. After incubation, cytocompatibility was checked by
- the 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) method [22]. The
- absorbance was read at 570 nm with a reference at 630 nm using EL 800-microplate reader (Bio-TEK
- 188 Instrument, France). Metabolic activity in the presence of treatments was compared to the control
- 189 condition, i.e. medium alone (as 100%).

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2.9. Intestinal Permeability

- 192 Caco-2 cells were seeded at 2 ×10⁶ cell/cm² on cell culture inserts (Transwell®, Corning, USA) with
- 193 0.4 μm pore size disposed in a 12-wells plate. Complete medium was replaced every two days during
- the first week and every day during the second week. The intestinal barrier was validated when the
- differentiated cell monolayer was obtained after 14-15 days of culture with a transepithelial
- 196 electrical resistance (TEER) value > 500 Ω .cm². Intestinal permeability of the 3 different lyophilizated
- 197 particles (GSNO concentration 100 μM in all cases, 3 batches, in triplicate) was compared to free
- 198 GSNO in HBSS containing Ca²⁺ and Mg²⁺ (HBSS+). Two controls of permeability and integrity of the
- intestinal barrier model using HBSS+ and HBSS without Ca²⁺ and Mg²⁺ (HBSS-) were performed. After
- 200 1 h of incubation, the amounts of NOx species (i.e. RSNO + nitrite ions + nitrate ions) were quantified
- using DAN-Hg²⁺, DAN methods with or without nitrate reductase, in the apical compartment both
- free in the medium and inside the particles, and in the basolateral compartment. A TEER value higher
- than 300 Ω .cm² and a fluorescein permeability lower than 5% at the end of the test validated the
- integrity of the intestinal monolayer [22].
- The apparent permeability coefficients (Papp) were calculated as follows:
- 206 Papp = $(dQ/dt) \times (1/(A \times C_0))$
- 207 Where dQ/dt (mol.s⁻¹) refers to the permeability rate (mol) of RSNO or NOx in the basolateral
- 208 compartment at the time of quantification, A (cm²) to membrane diffusion area, and C₀ (mol.mL⁻¹) to
- the initial concentration in the apical compartment.
- The recovery rate of NOx species (mass balance of GSNO) was checked by comparing the amount of
- 211 NOx species quantified in the different compartments (apical, basolateral, in the particles) with the
- 212 initial amount of GSNO deposited.

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2.10. Statistical analysis

- 215 All the results are shown as either mean ± standard deviation (sd, for characterization) or mean ±
- standard error of mean (sem, for cells results). In all cases, three independent batches (preparation
- 217 and lyophilization) were used.
- The one-way ANOVA or two-way ANOVA (Dunnett's multiple comparisons test or Tukey's multiple
- 219 comparisons test) were used for the analysis of particles stability, release and Caco-2 cells
- 220 experiments. p < 0.05 was considered as significantly different. Statistical analyses were performed
- using the GraphPad Prism software (GraphPad Software, USA).

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3. Results and discussion

- 224 Currently, pharmacokinetic data of the orally administered GSNO are lacking while its
- pharmacodynamic effects are well documented and indicate a great therapeutic potential. For
- example, a recent literature review from Liu et al. [15] highlighted the results obtained with GSNO in
- 227 clinical trials and preclinical models of stroke: repeated oral administration is used in several of the
- 228 preclinical studies with promising cerebro-protective or regenerative effects against ischemic lesions,
- 229 without deciphering the drug transport across the intestinal nor the haemato-encephalic barriers.
- This absence of information limits the use of GSNO as a therapeutic drug. A pioneer work has been
- done by Wu et al. [31], whose composite particles promoted GSNO intestinal permeation and led to
- the formation of releasable NO store in rat aorta 17 h after a single oral administration. However, a

lot of work remains to be done to implement data and identify the "best" way to present the drug (i.e. drug delivery system) to the intestinal barrier and how it will impact the drug permeability.

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3.1. Particles size and encapsulation efficiency

The double emulsion/solvent evaporation method is generally suitable for hydrophilic drugs and was previously successfully applied for GSNO encapsulation into Eudragit RLPO [30]. The process applied with two successive ultrasonic emulsifications and methylene chloride evaporation led to a submicronic formulation. However, the encapsulation was still limited and no sustained release was described. The optimization of this formulation process is the challenge of our present study. Starting from the same raw materials (and the same drug/polymer ratio), the initial W/O/W protocol was modified in two ways. On the one hand, the second emulsion step was modified to produce microparticles (GSNO-MPW) instead of nanoparticles (GSNO-NP), as the lower energy emulsification might protect GSNO from degradation. Additionally, the bigger size of the emulsion droplets and resulting particles might both hinder drug leakage during particles preparation and slow down its release from hardened particles [34]. On the second hand, the S/O/W protocol was tested (GSNO-MPS), using GSNO powder instead of GSNO solution in the first emulsion. In comparison to W/O/W processes, S/O/W methods generally improve encapsulation efficiency of hydrophilic or sensitive drugs and can also lead to better release profiles [35-37]. In our case, particles size was indeed increased, from $0.225 \pm 0.003 \,\mu m$ for GSNO-NP to $69 \pm 7 \,\mu m$ for GSNO-MPW and 165 ± 14 µm for GSNO-MPS. However, there was no improvement in the encapsulation efficiency (28 ± 2% for GSNO-MPS, 26 ± 3% for GSNO-MPW, versus 33 ± 6% for GSNO-NP), corresponding to a drug loading around 0.7% (w drug/w polymer). In all cases, the amount of nitrite ions was negligible (< limit of quantitation 0.5 μM), meaning that the formulation process is suitable for this fragile drug, and that the mild encapsulation efficiency of GSNO is more likely caused

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In the first step of the S/O/W method, the solid drug is dispersed into an organic solvent. A smaller size of the grain powder facilitates the homogeneous dispersion of the drug, thus improving its final encapsulation [38-39]. Grain size reduction is generally achieved with conventional grinding techniques, but the sensitivity of GSNO to thermal degradation, requires rather innovative supercritical fluid processes [40]. At first, a supercritical antisolvent (SAS 1st trial Table 1) process using DMSO was used. However, it led to a non-acceptable degradation of the drug (> 70% loss). So, at second, a gaseous anti-solvent (GAS) process was selected, which failed to obtain any solid product, probably because of the too high solubility of GSNO in the CO₂/DMSO mixture, and a too high fraction of DMSO. Finally, the SAS process adapted with milder conditions (2^d trial) led to a pink powder (yield 72%), with more than 80% purity. However, this GSNO powder was too hygroscopic and turned into a sticky product impossible to characterize. This could be due either to a high residual content of DMSO in the powder and/or to the specific features of GSNO, amplified by the higher surface are (reduction of powder particles size with the process). As a result, we used directly the raw GSNO powder in our experiments and dichloromethane as traditional solvent for the 3 formulations tested (GSNO-NP, -MPW, -MPS) to compare GSNO intestine absorption in order to conduct a pharmacokinetic approach.

by its low entrapment into the polymeric matrices rather than by its degradation.

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3.2. Stability: fresh suspensions versus lyophilized particles

According to the International Conference on Harmonization (ICH) guidelines (Q1A (R2)), a drug product should be evaluated in studies where "the storage conditions and the lengths of studies chosen should be sufficient to cover storage, shipment and subsequent use". For our studies, we choose to store our products at 5 ± 3 °C, as a compromise between the thermal fragility of GSNO and

an easier storage/shipment. Moreover, due to the very challenging development of GSNO stable particles, we considered that a 10% (and not 5% as in ICH) change from the initial value will be considered significant for the critical product attributes, i.e. size and GSNO content. When stored as suspensions, the size of all particles remained stable during three days (not shown). This can be explained by the electrostatic repulsion between particles allowed by positive charges (quaternary ammonium groups) brought by Eudragit RLPO polymer (zeta potential of GSNO-NP at +38 ± 1 mV). However, particles GSNO content dropped to less than 90% of the initial value after one day, and fell around 60% after two days (not shown) for all suspensions. These results are consistent with those reported previously for GSNO-NP [30-31]. Lyophilization using 10% w/v sucrose as cryoprotectant was successfully implemented to stabilize the three particles types (GSNO-NP, -MPW, -MPS) without modifying their critical attributes (Figure 1A, B, and C). A cryoprotectant was imperative to retain the GSNO content of the particles (no cryoprotectant = more than 50 % of GSNO lost during freeze-drying), but sucrose was as effective as trehalose. SEM images show that the particles are roughly spherical, with a more or less smooth surface and no visible pores at the surface (Figure 1D). It was not possible to observe freeze-dried powder of GSNO-NP (instead, fresh particles were observed), because the sucrose included in the

lyophilizate generated structures in the same range of size than NP.

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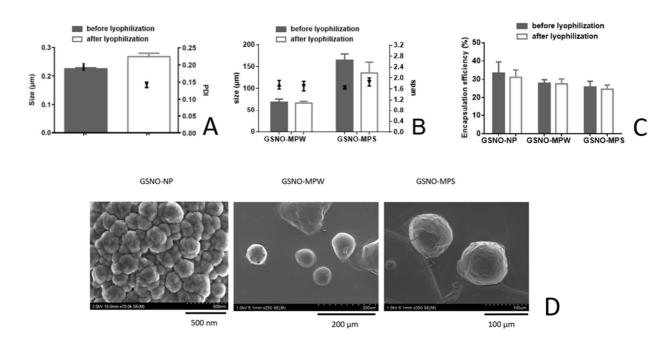


Figure 1: Characterization of GSNO-loaded particles before and after lyophilization. Size and polydispersity index (PDI) of the GSNO-NP (A) as well as size and span of the GSNO-MP (B), encapsulation efficiencies (C) are presented as mean \pm sd (n=3). Representative Scanning Electron Microscopy images are also presented (D).

After lyophilization, size remain stable for the three types of particles during storage for the three months of study (Figure 2). In contrast, GSNO content decreased significantly after four weeks of storage for both kinds of microparticles, and more slowly for GSNO-NP (90% of initial content remaining after three months). These results might be linked to the different residual water content (w/w) of the lyophilizates, namely $7 \pm 5\%$ for GSNO-NP, $9 \pm 5\%$ for GSNO-MPW and $26 \pm 11\%$ GSNO-MPS. These values are rather high for freeze-dried formulations (usually < 2%). Either the freeze-

drying process was not sufficiently efficient, or the formulations have recaptured water before the residual water content was measured (this was done as fast as possible, using dessicant to transport the formulations, but it was not technically feasible to do it in a moisture-controlled environment). This hygroscopic behavior echoes the one observed previously in the supercritical fluid experiments. Further investigation of the freeze-drying process might be warranted.

However, more than 80% of the initial GSNO amount remained inside GSNO-MPS after one month and inside GSNO-MPW after two months. This result offers a promising approach for oral delivery system development.

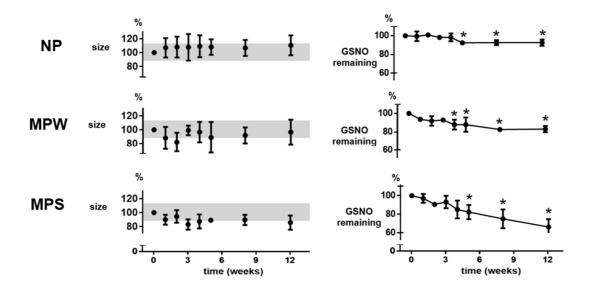


Figure 2: Evolution of size and GSNO remaining for the GSNO-NP, GSNO-MPW and GSNO-MPS particles stored at 4 °C under inert atmosphere after lyophilization. Values measured immediately after lyophilization are considered as 100%. Results are presented as mean \pm sd (n = 3). The grey areas delimit the sizes between 90% and 110% of the initial values. For GSNO remaining contents: one-way ANOVA p < 0.05 for the three formulations (Dunnett's multiple comparisons test* p < 0.05 versus week 0).

3.3. In vitro release

The kinetic release study was conducted under discriminating conditions (phosphate buffer), with no ambition of *vitro/vivo* correlation but to observe the ability of developed drug delivery systems to protect and release GSNO in a controlled manner. The *in vitro* GSNO release profiles (Figure 3) showed an initial burst in the first 1.5 h for all types of particles. At 2 h, the cumulative release from microparticles was lower (around 70-75%) than for free GSNO and GSNO-NP (around 90% released). Complete release was achieved after 6 h.

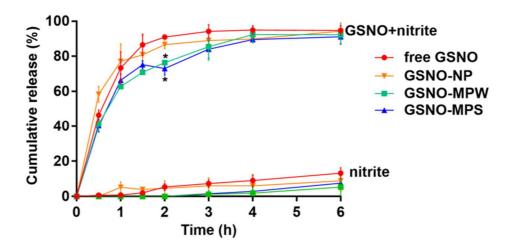


Figure 3: In vitro drug release. Results are presented as mean \pm sd (n = 3, free GSNO as control), two-way ANOVA with p< 0.05 for treatments, time and interaction (Tukey's multiple comparisons test: * p < 0.05 versus free GSNO and GSNO-NP). The cumulative release is presented as total release ("GSNO + nitrite", i.e. corresponding to the DAN-Hg²⁺ assay, upper curves) or as nitrite ions ("nitrite", lower curves, DAN assay).

In the recent literature, Lautner et al. [41] and Hlaing et al. [25] used S/O/W processes to encapsulate RSNO into PLGA microparticles. With these polymers, they achieved higher drugs loadings (respectively 12% for *S*-nitroso-*N*-acetylpenicillamine, SNAP, and 5% for GSNO) and sustained release (several days). With our polymer especially adapted for oral administration, we obtained a 0.7% drug loading, and a shorter release time, more suited for interaction with the gastrointestinal tract. These results clearly highlight the challenge to encapsulate GSNO directly into hydrophobic particles obtained by double emulsion/evaporation. Modifications of the drug (to increase its molecular weight, for example using phytochelatins, natural polymers of GSNO analogues [42]) or of the polymer (to graft GSNO directly on the polymer backbone) seem necessary to achieve high drug loading/sustained release. An attractive alternative strategy mimicking the physiology could be to encapsulate high molecular weight *S*-nitrosothiols, which will generate GSNO *in situ* by transnitrosation of physiological GSH. Previous studies with encapsulation of *S*-nitroso-N-acetylcysteine [43] and *S*-nitroso-captopril [44] proved the effectiveness of this transnitrosation approach to elicit vasodilation or anti-infectious effects after parenteral or local administration, respectively.

However, despite the lower encapsulation and duration of drug release with our Eudragit particles, the release rate itself, around 150 pmol. mg⁻¹.min⁻¹ for the first 1.5h, is in the range of previously described PLGA systems encapsulating NO donors (*e.g.* from 40 pmol.mg⁻¹.min⁻¹ with SNAP [41] to 400-800 pmol.mg⁻¹.min⁻¹ with DETA NONOate [45]). So, the interaction of particles with a cell model of intestinal barrier was evaluated.

3.4. Cytocompatibility

The 24-h cytocompatibility of the three particle types and free GSNO decreased while increasing the GSNO concentration (Figure 4). Concentrations tested in this study were deliberately far beyond the ones needed for physiological effect of GSNO, in order to compare IC_{50} values of free *versus* encapsulated drug. The cell metabolic activity went below 80% for concentrations above 500 μ M for



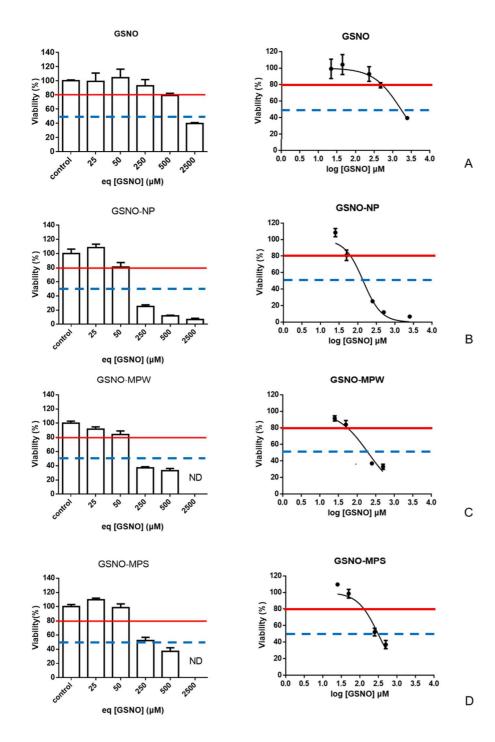


Figure 4: Cytocompatibility of Caco-2 cells after 24 h of incubation with GSNO (A), GSNO-NP (B), GSNO-MPW (C), GSNO-MPS (D). Control condition = culture medium without fetal bovine serum. Results are presented regarding GSNO loading, in equivalence of free GSNO from 25 μ M to 2500 μ M. Results are shown as means \pm sem, n = 3 in duplicate. ND = not determined

Eudragit RL (R for Retard) are poly(ethylacrylate,methyl methacrylate and methylammonio ethylmethacrylate copolymers, bearing 8.8–12% quaternary ammonium groups. This material is commonly employed for pH-independent coating of solid oral drug dosage forms. However, since it is insoluble in water at physiological pH values and undergoes a certain degree of swelling, it may also be suitable for the dispersion and controlled oral delivery of actives [46]. The cytocompatibility of drug delivery based on this polymer is well documented. In this context, the results obtained were not surprising. However, after oral administration, the concentration of 50 μ M (corresponding roughly to 2.5 g/L of particles) should not be locally achieved in 24 h but distributed and spread throughout the length of the intestine. In addition, it is important to note that the study conducted here was voluntarily conducted on undifferentiated Caco-2 cells, known to be more sensitive than the cells used for permeability studies (cultured for 15 days prior to the study) [47].

3.5. Intestinal permeability

The intestinal permeability of NOx species released from particles compared to free GSNO was evaluated using an *in vitro* intestinal barrier model (Figure 6). Bonetti et al. [22] demonstrated recently that free RSNO (GSNO, *S*-nitroso-*N*-acetylcysteine NACNO and SNAP), without drug delivery systems, can cross this barrier (Caco-2 model) with a medium apparent permeability rate, using a passive mode. In the present study, we wanted to explore the ability of Eudragit RL-based-drug delivery systems to improve GSNO intestine permeability. To follow the future of NO through the intestinal barrier, it is essential to follow the RSNO but also the degradation products (nitrite ions and nitrate ions).

The mass balance (Table 2) and the values of apparent permeability coefficient (Papp) (Table 3) were then calculated for all NOx species. The mass balance calculated at the end of the permeability study showed that most of the GSNO initially encapsulated or added (free) was recovered under RSNO, nitrite ions and mostly nitrate ions species. Therefore, no NOx species were produced by cells attesting for non-stress conditions imposed by the presence of particles.

Table 2. Mass balance of NOx species for GSNO non-formulated or formulated, after 1 h of permeability study (GSNO initial amount 50 nmol). Results are presented as mean \pm sem, n=3 in duplicate, one-way ANOVA on each compartment (Tukey's multiple comparisons test): *p < 0.05 *versus* GSNO.

	Amount in nmol			
_	Apical		Basolateral	Total
	Free	In particles	Basolateral	1 otai
GSNO	45 ± 2	_	0.8 ± 0.3	45 ± 2
GSNO	$(90 \pm 4\%)$	_	$(1.6 \pm 0.6\%)$	$(91 \pm 4\%)$
GSNO-NP	38 ± 2	5 ± 1	1.5 ± 0.8	44 ± 1
GSNO-NP	$(75 \pm 4\%)$	$(11 \pm 3\%)$	$(3\pm2\%)$	$(89 \pm 2\%)$
GSNO-MPW	32 ± 3*	10 ± 2	3 ± 1	43 ± 1
GSNO-MPW	$(62 \pm 6\%)$	$(20\pm 4\%)$	$(5 \pm 2\%)$	$(85 \pm 2\%)$

GSNO-MPS	$30 \pm 2^*$	11 ± 2	2 ± 1	43 ± 2
	$(60 \pm 5\%)$	$(21 \pm 4\%)$	$(5 \pm 2\%)$	$(86 \pm 4\%)$

At the end of incubation, the amount of GSNO in the apical media was significantly lower for GSNO-MPW and GSNO-MPS conditions (circa 60% of initial load) than for GSNO-NP (~75%) and free GSNO (~90%). While around 10% of GSNO remained inside NP, almost 20% were still inside MP. This confirms the slower release of GSNO for MP than NP, previously observed in the *in vitro* experiment, which is even slower than in the *in vitro* release study. This can be explained by the bioadhesion phenomenon, already observed for Eudragit RL, and the establishment of electrostatic interactions with plasma membranes of Caco-2 cells [46]. In the meantime, both types of MP led to a drastically higher concentration of nitrate ions (the most permeable NO species) in the basolateral side compared to free GSNO or NP conditions (Figure 5). Despite-the high local concentration of polymer proposed in this experiment in order to deliver a quantity of RSNO that can be measured, the cells do not endogenously produce nitrates, as shown by the mass balance (Table 2). As the same amount of GSNO is contained in the different formulations, this result demonstrates that the same dose of GSNO delivered by MPs, more localized with a more limited point of contact, results in greater permeability of the naturally more permeable NO species.

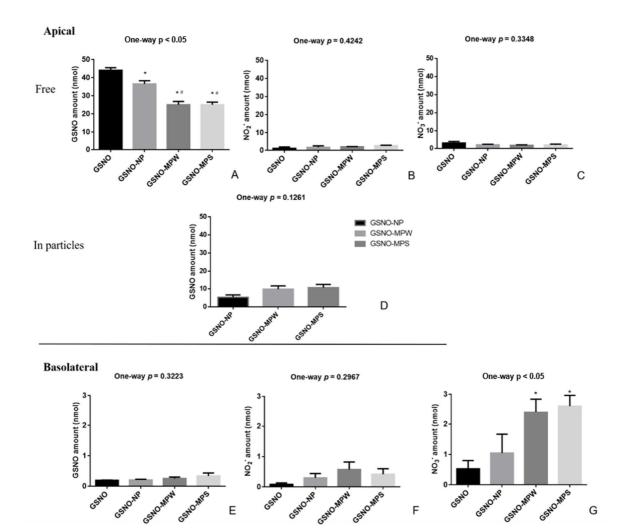


Figure 5: Quantity of GSNO, nitrite ions nitrate ions remaining in the apical medium (A, B and C, respectively), as well as in the basolateral medium (E, F and G, respectively), and GSNO remaining inside the particles (D) after 1 h of permeability study (GSNO initial amount = 50 nmol in all cases). Results are shown as means \pm sem, n=3 in duplicate, one-way ANOVA (Tukey's multiple comparisons test): *p < 0.05 versus GSNO and # p < 0.05 versus GSNO-NP).

The Papp values of each NO species are higher for the two types of GSNO-MP than for GSNO-NP or free GSNO (Table 3). This led to a global (NOx species) Papp value at least two times higher for GSNO-MPW and GSNO-MPS than for GSNO-NP and free GSNO. This situation is mainly driven by a higher permeability of nitrate ions than nitrite ions and RSNO, as previously observed for non-formulated RSNO [22]. As previously mentioned, this could be simply explained by the different distribution of particles on the cell surface (between NP or MP). The formation of an embolus, where the dose of GSNO is focalized on a more limited point of contact with the cell, is favorable to absorption in this *in vitro* model. This phenomenon will probably be different *in vivo* because the intestinal barrier is not limited to a cell monolayer and mucus also participates in bioadhesion phenomena.

Table 3. Values of apparent permeability coefficients (Papp) for RSNO, nitrite ions, nitrate ions and NOx (sum of all species) after 1 h of free GSNO, GSNO-NP or GSNO-MPs incubation. Results are presented as mean ± sem, n=3 in duplicate.

	Papp values (×10 ⁻⁶ cm.s ⁻¹)			
Treatment	RSNO	NO_2	NO ₃ -	NOx
GSNO	0.8 ± 0.4	0.3 ± 0.2	2.0 ± 0.2	3.1 ± 0.6
GSNO-NP	0.6 ± 0.2	0.9 ± 0.3	4 ± 1	6 ± 2
GSNO-MPW	1.1 ± 0.7	1.8 ± 0.3	7 ± 1	10 ± 2
GSNO-MPS	1.1 ± 0.6	1.3 ± 0.3	8 ± 2	11 ± 2

Indeed, the three types of particles showed an improvement of the intestinal permeability of NOx species (GSNO-MPS > GSNO-MPW > GSNO-NP) after only 1 h and without damaging the cells monolayer (Figure 6). The Papp parameter characterizes the intestinal permeability of a drug in *in vitro* or *ex vivo* models. Drugs could have low permeability (Papp < 1×10^{-6} cm.s⁻¹) or high permeability ($\ge 10 \times 10^{-6}$ cm.s⁻¹), or be in a medium permeability class [48]. As a result, considering all NOx species, GSNO is in the medium permeability class when administered as free GSNO or GSNO-NP, and reaches the high permeability class using GSNO-MPs ($\ge 10 \times 10^{-6}$ cm.s⁻¹). This data is relevant and the study shows that, depending on the drug delivery system used, a modulation of GSNO absorption can be observed.

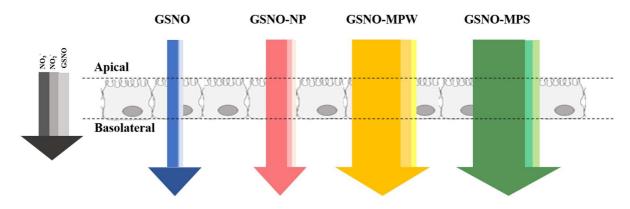


Figure 6: Graphical summary of NOx species permeability for each condition (free GSNO, GSNO-NP, GSNO-MPW and GSNO-MPS). The width of each section of the arrows is correlated with the amounts (from left to right) of NO_3^- , NO_2^- and GSNO.

4. Conclusion

In this study, we overcame the challenge of getting stable and easy-to transport particles for oral administration of GSNO. Critical parameters of the particles (i.e. size and GSNO content) were maintained after freeze-drying, and the resulting products were stable at last one month stored at 4°C protected from oxygen. In this way, the lyophilization process has brought a very significant improvement, since initial suspensions had to be used right after preparation. The discrepancies in water residual content of the particles after drying indicate that MP (especially the GSNO-MPS ones) still retain a high amount of water. This might be due to the hygroscopic properties of GSNO powder. As GSNO is less stable in solution than in dry state, optimization of the lyophilization process could be conducted in the future in order to reduce residual water content and therefore to improve the stability of these GSNO-MPS. Microparticles offered a slightly slower *in vitro* release of the drug than nanoparticles, and led to a better enhancement of NOx permeability through a model intestinal barrier. This work confirms the importance of presenting the drug with a suitable delivery system to the intestine. The NP and MP compared in this study could have different behaviors in *in vivo* situations and therefore constitute tools for future GSNO oral administration in chronic conditions.

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