



NCI Alliance for  
**Nanotechnology**  
in Cancer

# The NCI Nanotechnology Alliance for Cancer: Making Personalized Cancer Medicine a Reality

Policy Issues in Nanotechnology and Oncology: National Cancer Policy Forum Workshop

July 12-13, 2010

Anna D. Barker, Ph.D.  
*National Cancer Institute*

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- 
- Cancer?
- nanotechnology and  
medicine!

# The Future: Molecular Oncology

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Established system to treat established disease – a treatment/therapeutic focus (in cancer often too late)

Morphologic and pathologic diagnosis – drove treatment

Expensive in all respects – not sustainable in 21<sup>st</sup> century

Healthy population not a focus as a major national advantage/asset

Shift to targeted Interventions for prevention and treatment – shift in focus to early detection and prevention

Driven by the molecular characterization of disease – mechanistic understanding of pathways and processes

**Evidence based** – preserves human and financial capital – sustainable – Health becomes major national asset





*Does cancer represent a healthcare crisis – and why is it so difficult to intervene at all levels?*

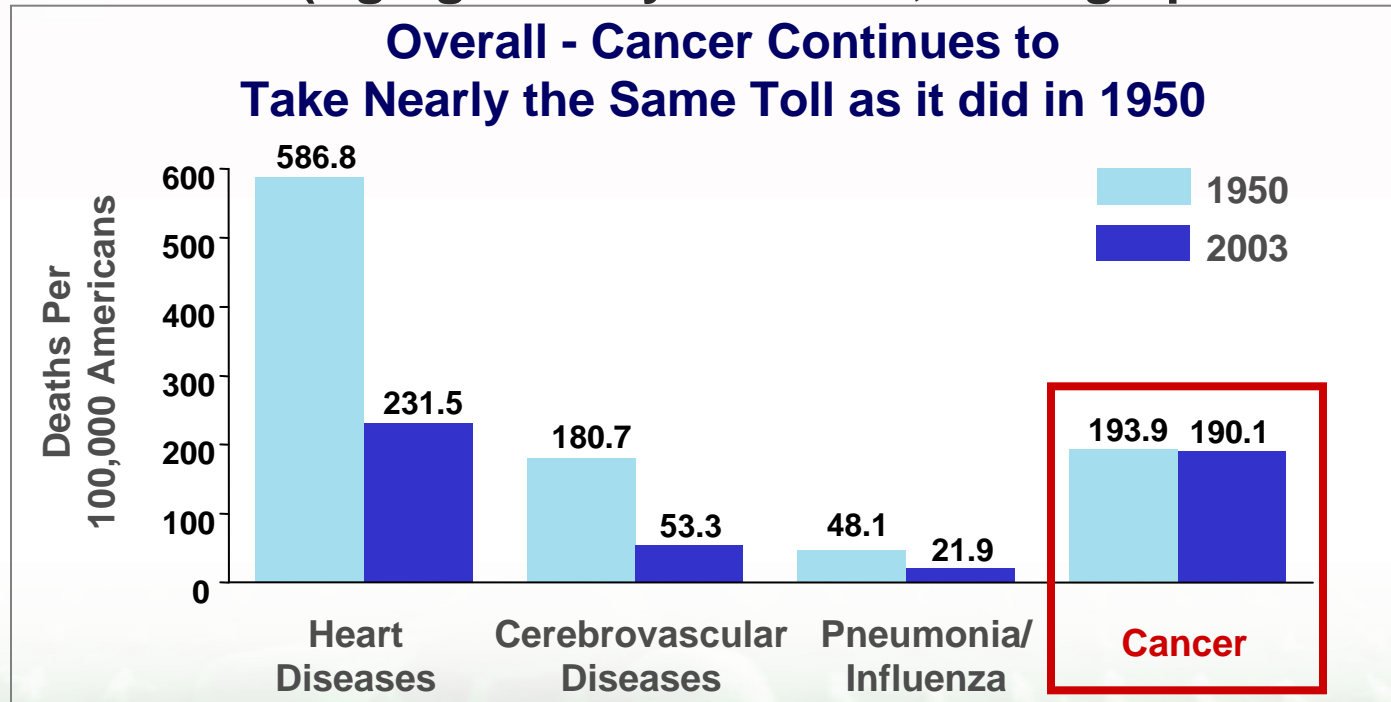
# Healthcare Realities

- Healthcare spending in 2009 projected - \$2.5 trillion
- Rose one percentage point last year – to represent 17.9% of U.S. economy (largest increase since CMS began tracking)
- Increases expected to continue through 2018 (anticipated to reach \$4.4 trillion - ~20% of economy) (public spending could account for 50% of total)
- Investment in private healthcare spending declining – (3.9% last year – 15 year low)
- Prescription drug spending slowing – 3.5% in 2008 vs. 4.9% in 2007
- Five “targeted” oncology drugs were in the \$1B class in 2007 – large numbers in pipelines

# By Nearly All Measures Cancer Already Represents a Healthcare Crisis

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- ~ 560,000 Americans will die of cancer this year
- ~ 1.4 million Americans will be diagnosed with cancer this year
- ~ \$213 billion for cancer healthcare costs
- Numbers of new cancer cases will increase by 30-50% as we approach 2020 (Aging of baby boomers, demographic shifts)

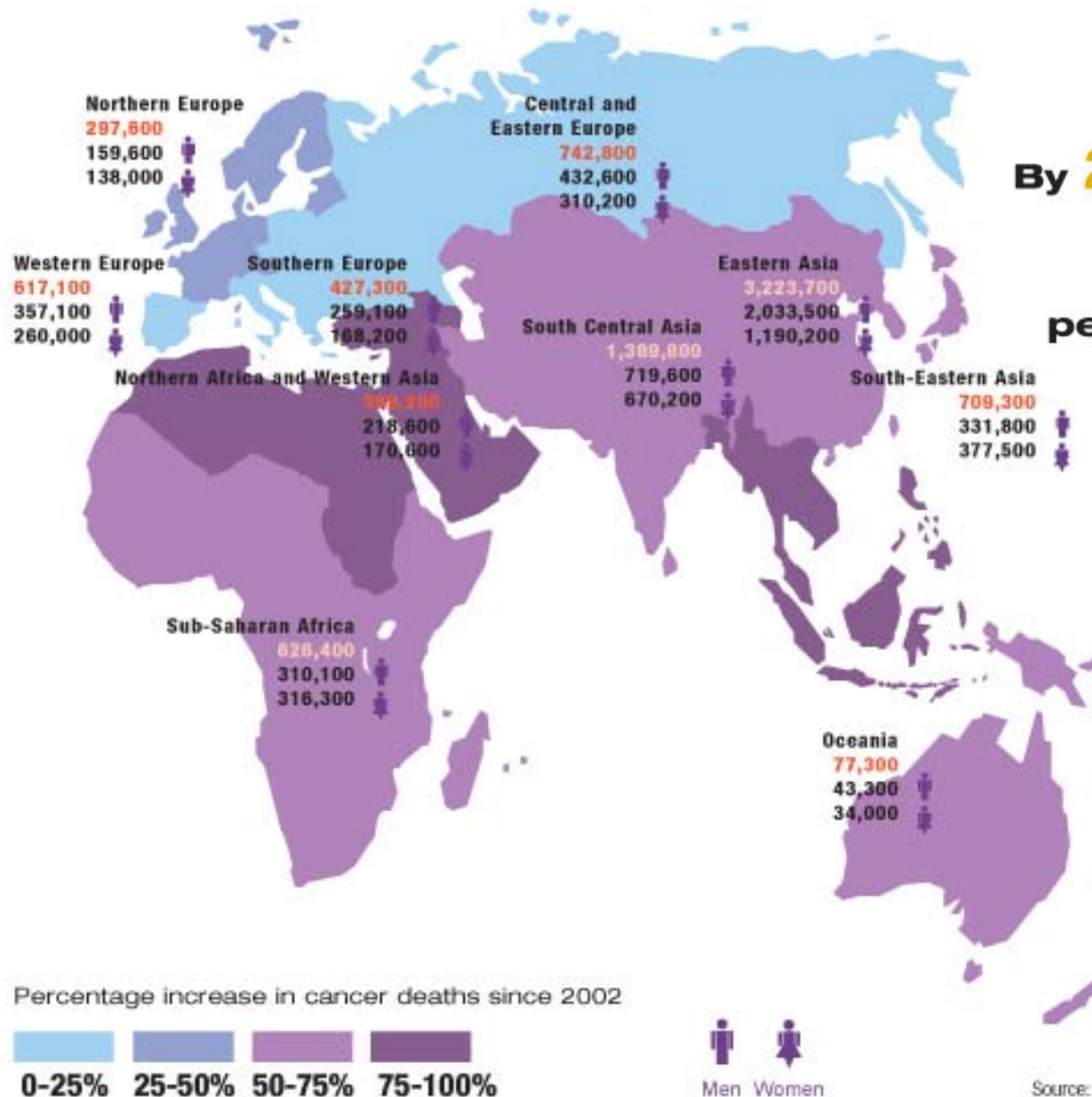


Source for 2006 deaths and diagnoses: American Cancer Society (ACS) 2006 Cancer Facts & Figures; Atlanta, Georgia  
Source for 2003 age-adjusted death rate: National Center for Health Statistics, U.S. Department of Health and Human Services, NCHS Public-use file for 2003 deaths.



# And a Looming Global Healthcare Crisis

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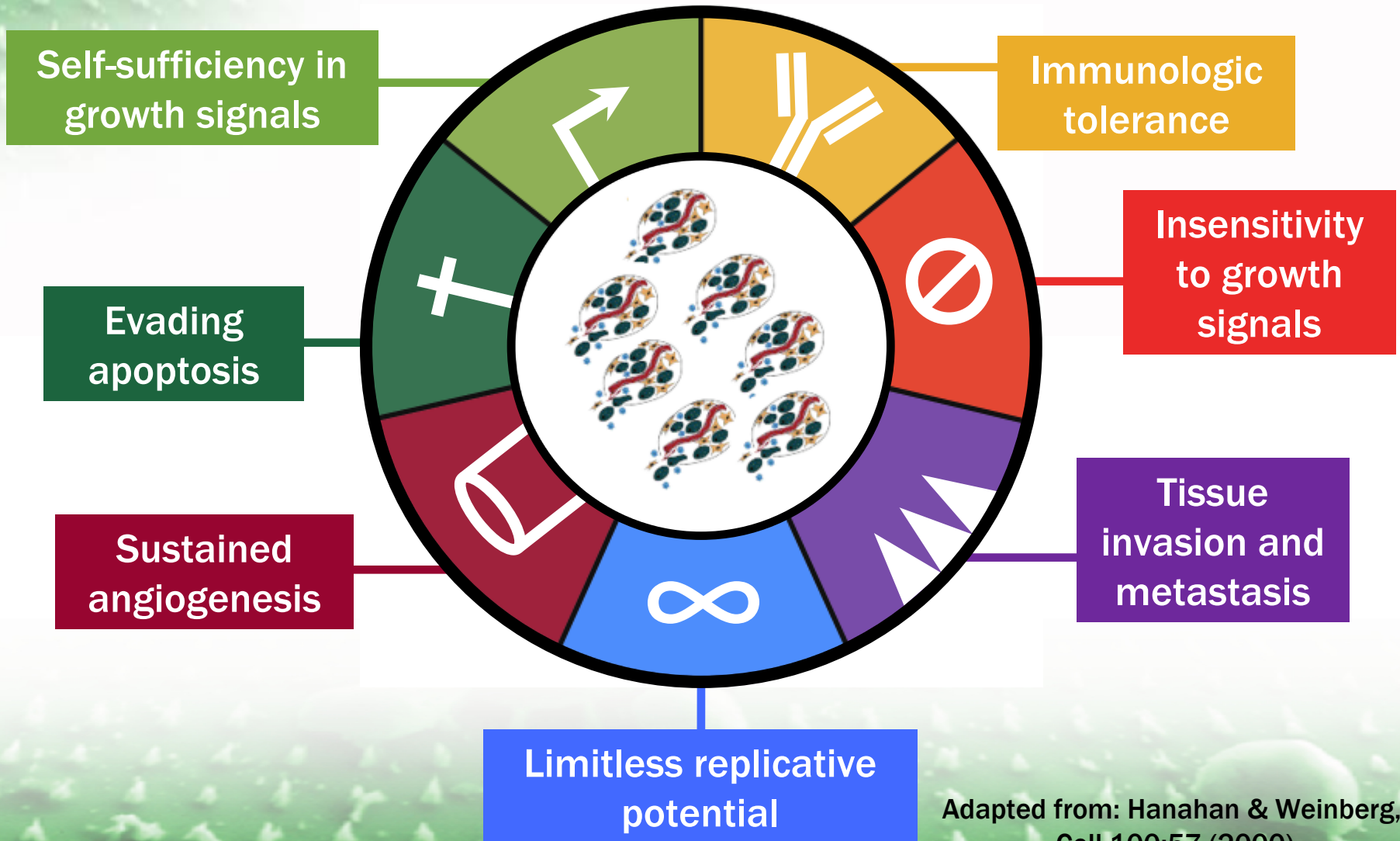
By **2020**, cancer **could kill**  
**10.3 million**  
people per year unless we act

Source: World Health Organization  
"Global Action Against Cancer" 2005

Source: IARC, Globocan 2002

# The Daunting Complexity of Cancer at Every Level is a Major Barrier

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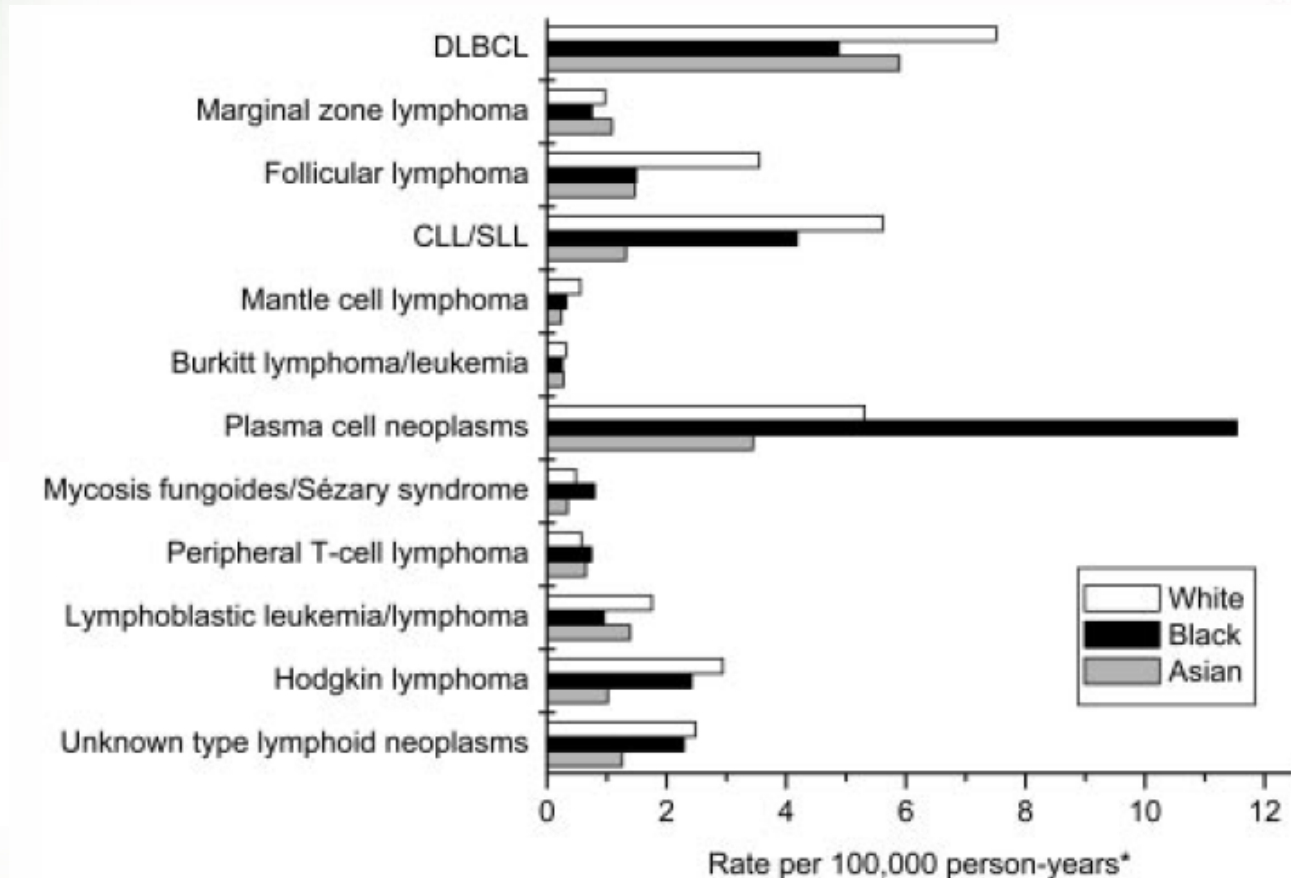


Adapted from: Hanahan & Weinberg,  
Cell 100:57 (2000)



# Tumors are Heterogeneity – A Major Barrier

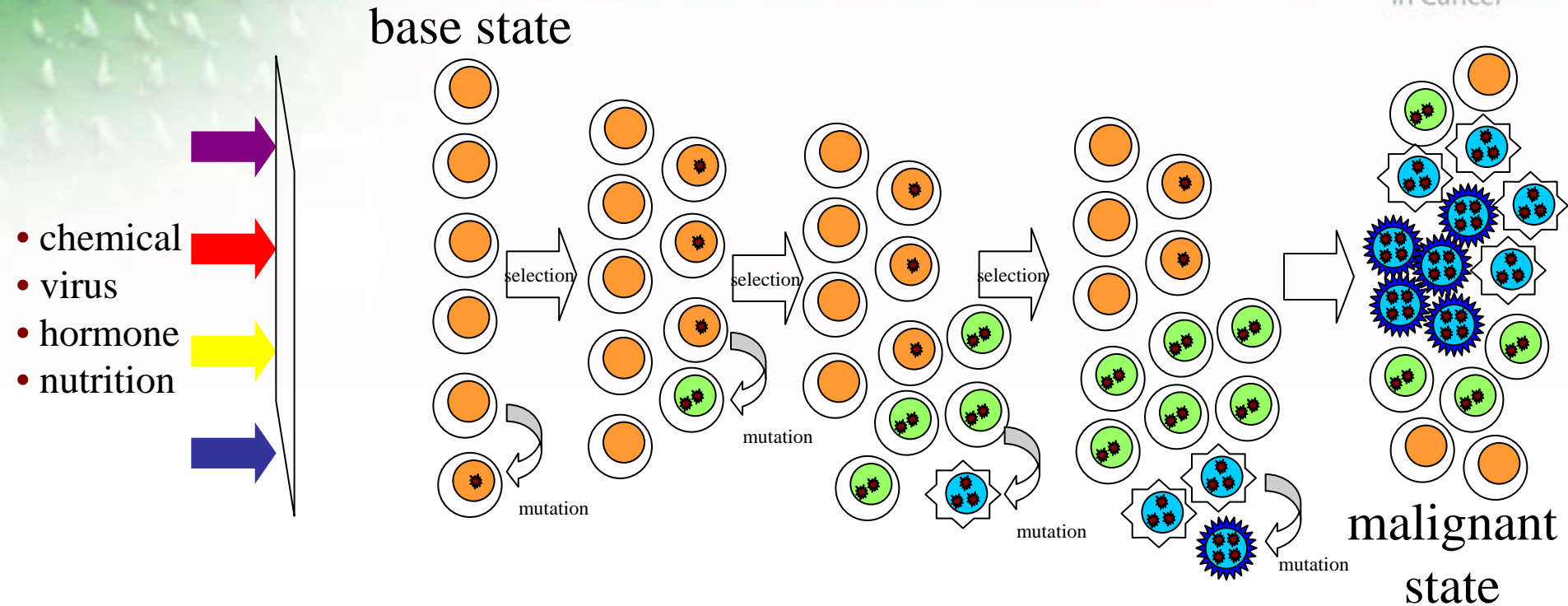
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**Figure 3. Incidence of lymphoid neoplasms by subtype and race, 12 SEER registries, 1992-2001.** \*All incidence rates are age adjusted to the 2000 United States population. Abbreviations are explained in Table 1.

# Cancer is a Complex Evolving System – Major Barrier

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*We have Insufficient Knowledge of the “Biological Space” over time!*

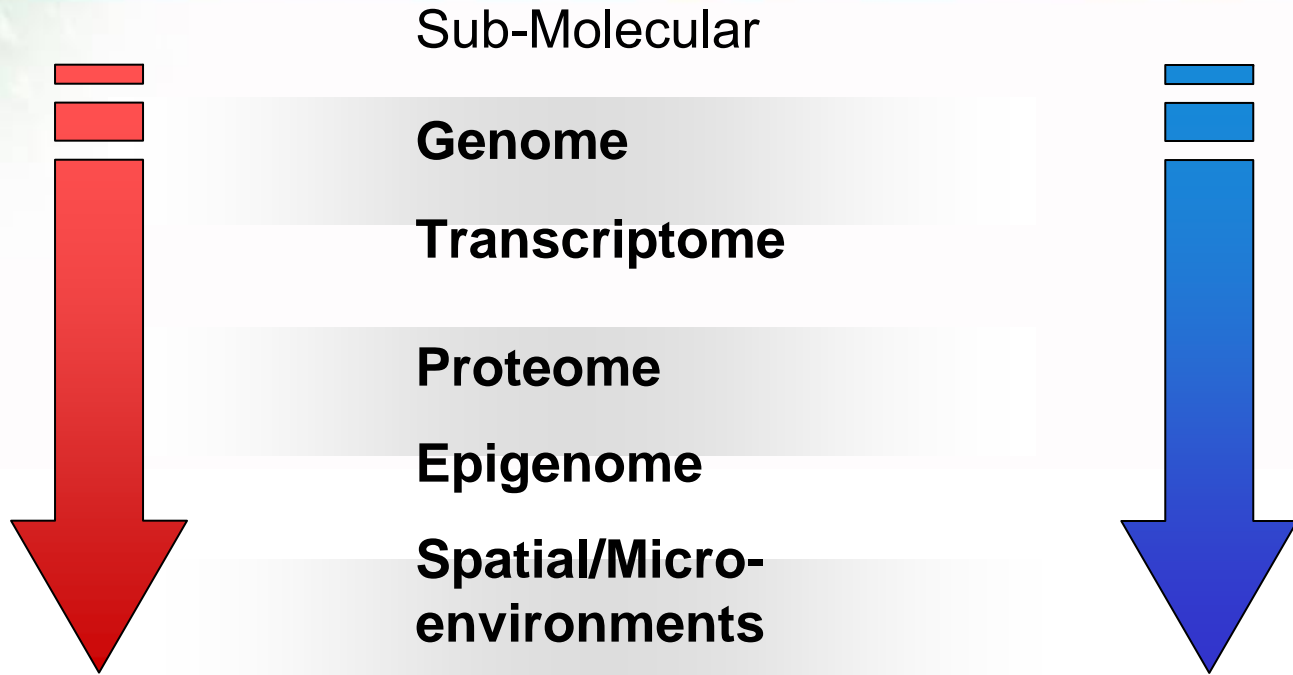


*What will personalized approaches to cancer intervention require?*



# Cancer: Requires Capabilities to Interrogate Complexity – Nanotechnology Offers Unparalleled Possibilities

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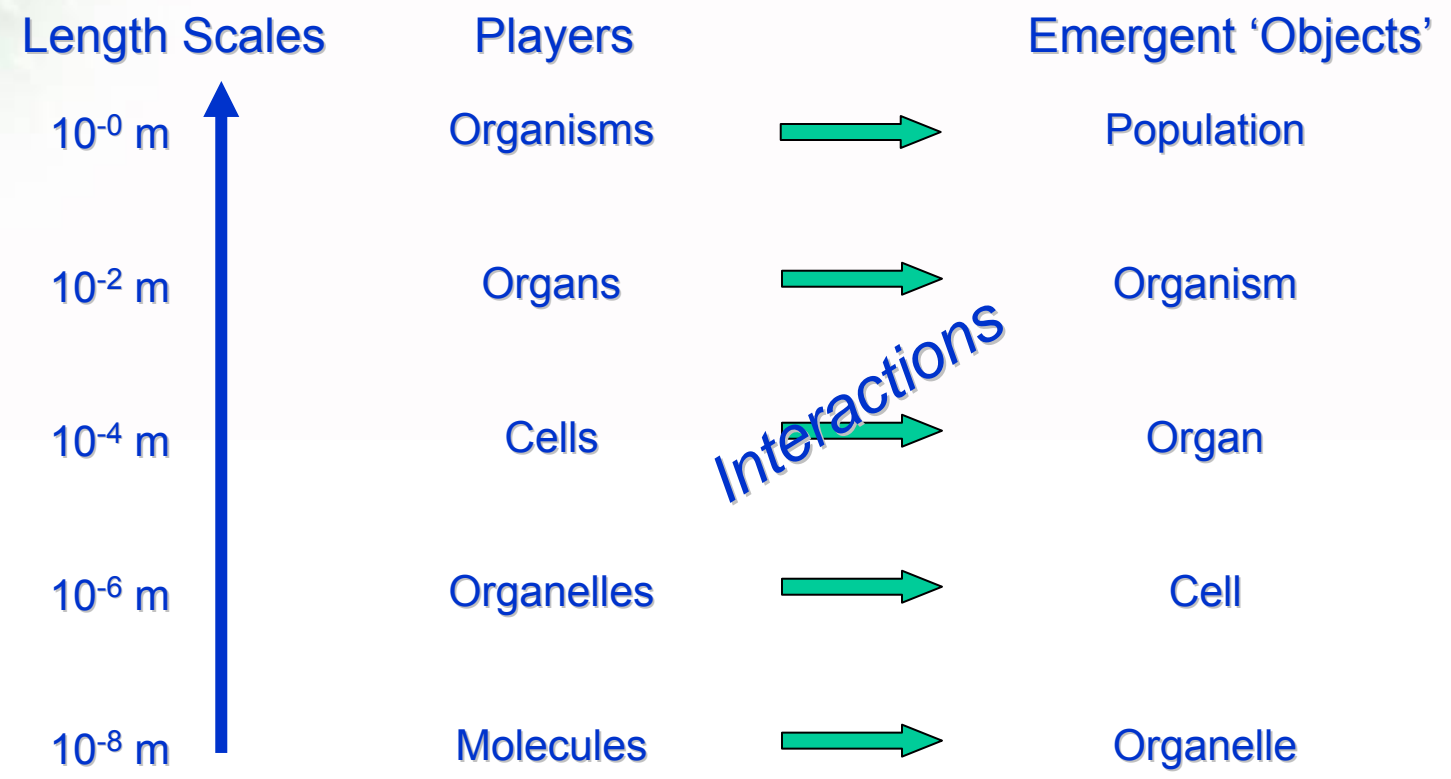
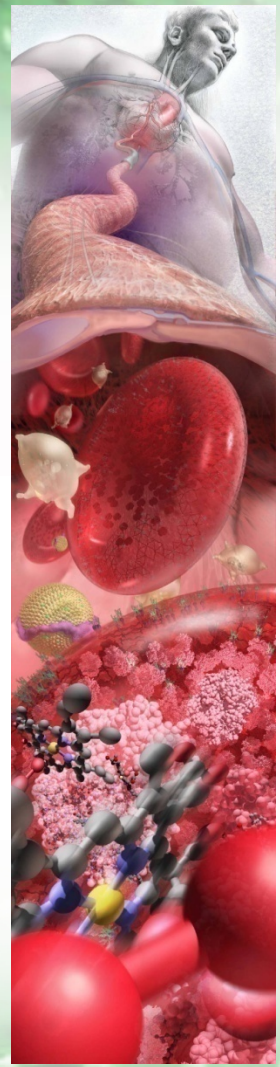
**Increasing  
layers of  
complexity**

**(Ability to detect, transcribe,  
Interpret and report information)**

**Complex Systems**

**Decreasing/limiting  
power of  
current  
Technologies  
(Promise of  
Nanotechnology)**

# Nanotechnology Offers Capabilities to Understand and Control Cancer Across Length Scales

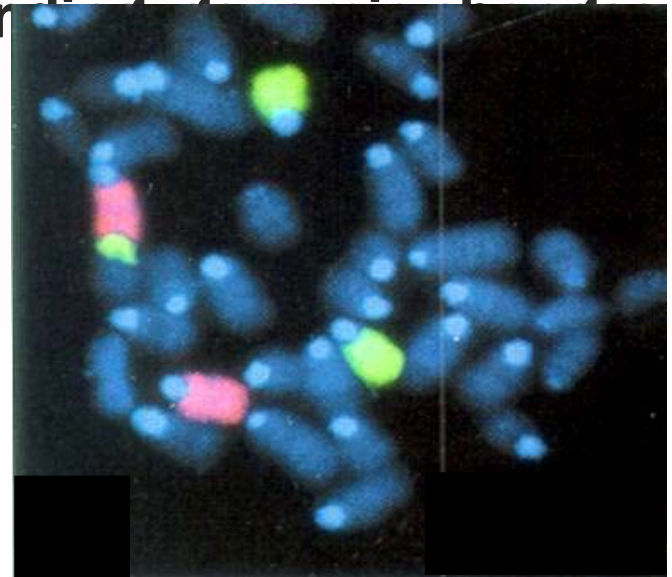


For decades biologists have been trying to understand complicated Biological systems of disease by understanding each part at its most basic level. However, we now look at how the interactions of all the 'players' (within a length-scale) lead to emergent 'objects'-properties that work together in complex tasks.

# Cancer – A Disease of the Genes

- Biological significance of understanding genomic alterations in cancer:

- Copy number
- Expression (regulation of)
- Regulation of translation
- Mutations
- Epigenome

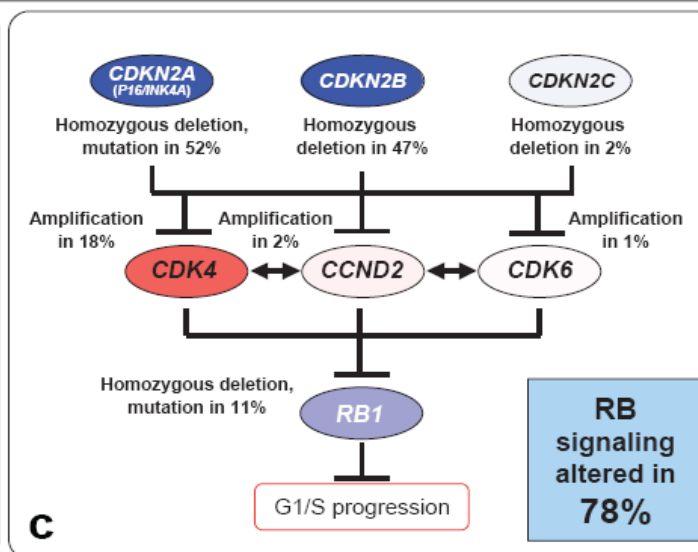
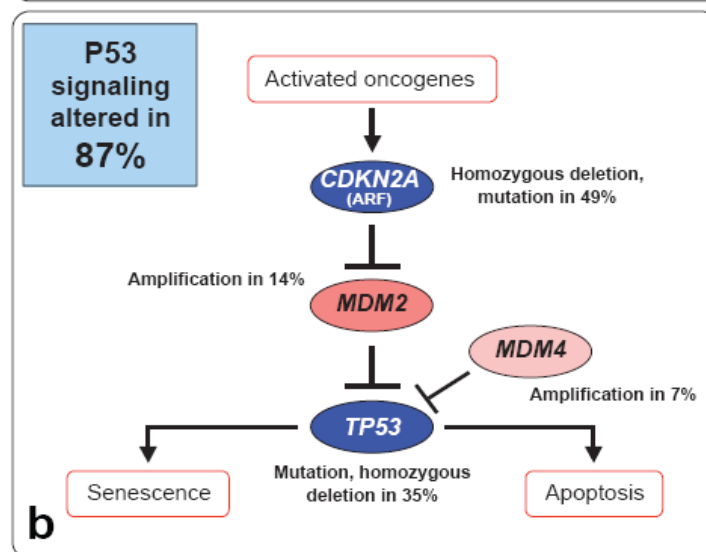
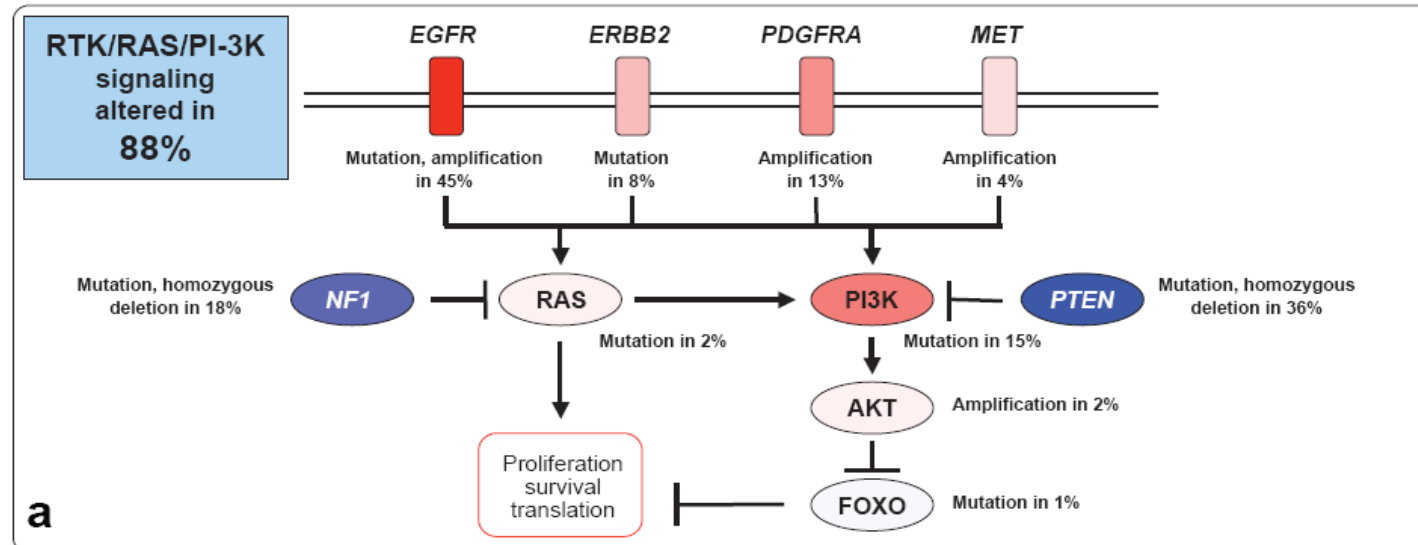


*Cancer is a disease of genomic alterations – **identification of all genomic changes would enable defining cancer subtypes** – potential to transform cancer drug discovery, diagnostics and prevention*



# Knowledge Expansion Challenges: The Cancer Genome Atlas (TCGA) – Glioblastoma Multiforme Mutations Assigned to Pathways

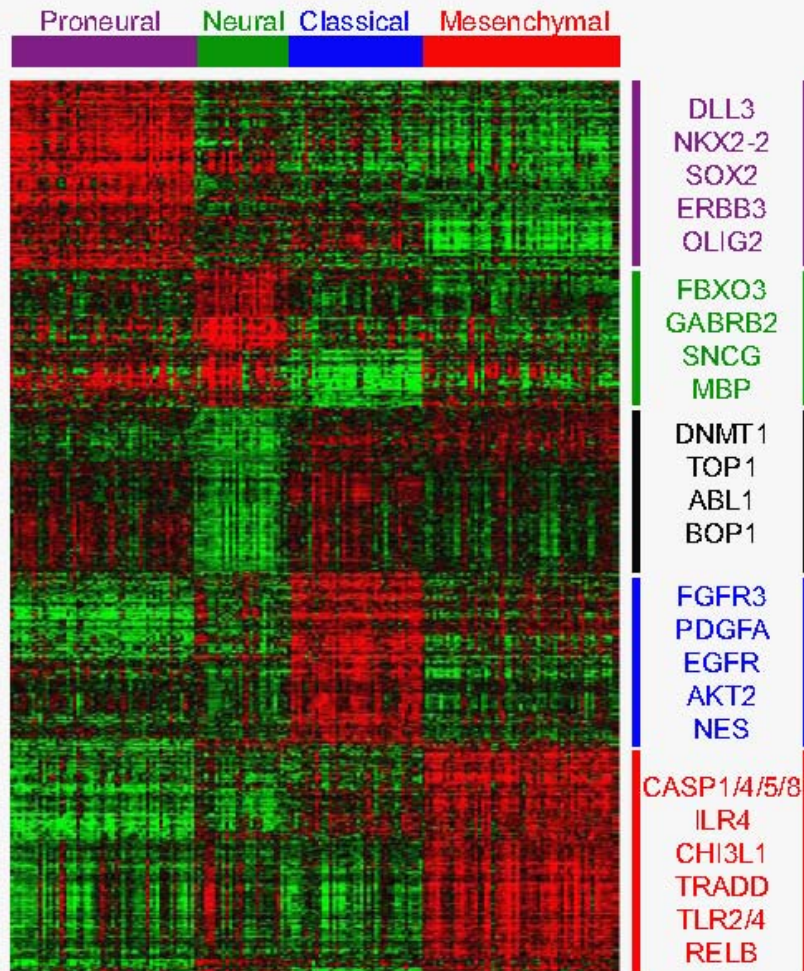
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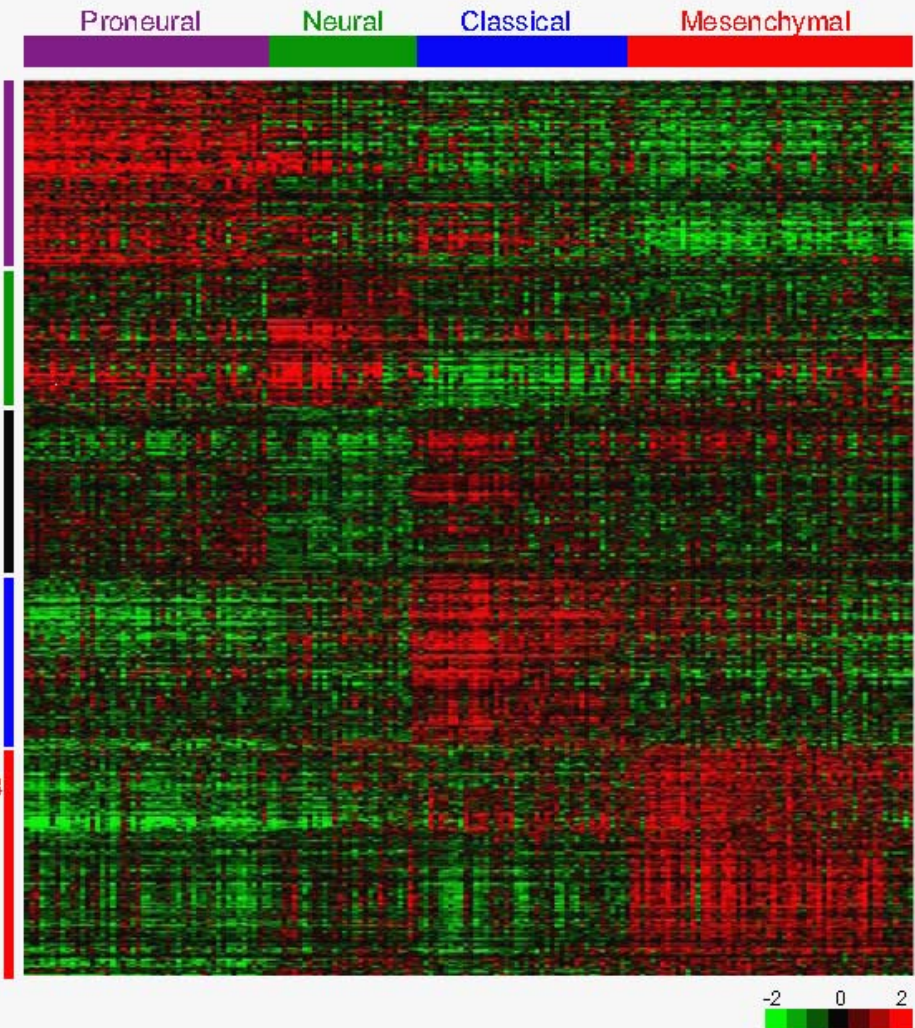
# Harnessing New Knowledge - Four Subtypes of GBM Were Identified

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A. TCGA Core Samples



B. Validation Samples





# The Major Barriers – Where Nanotechnology can Provide New Insights and Capabilities

- Knowing all of the relevant information that drives cancer initiation and progression – understanding the biological space
- Defining the types and subtypes of cancer
- Capturing enough information to diagnose cancer at the earliest possible time
- Stopping cancer metastasis
- For established disease – defining what a therapeutic target is - and directing an agent to that target – sparing normal cells
- Combining cancer biomarkers that can diagnose cancer - with therapies to reach the specific molecular lesions identified by the diagnostic
- Monitoring the effectiveness of an intervention to identify resistance and address it
- Being unable to monitor the state of cellular/tissue homeostasis – sense specific pre-neoplastic changes (genomic, physical, etc.)



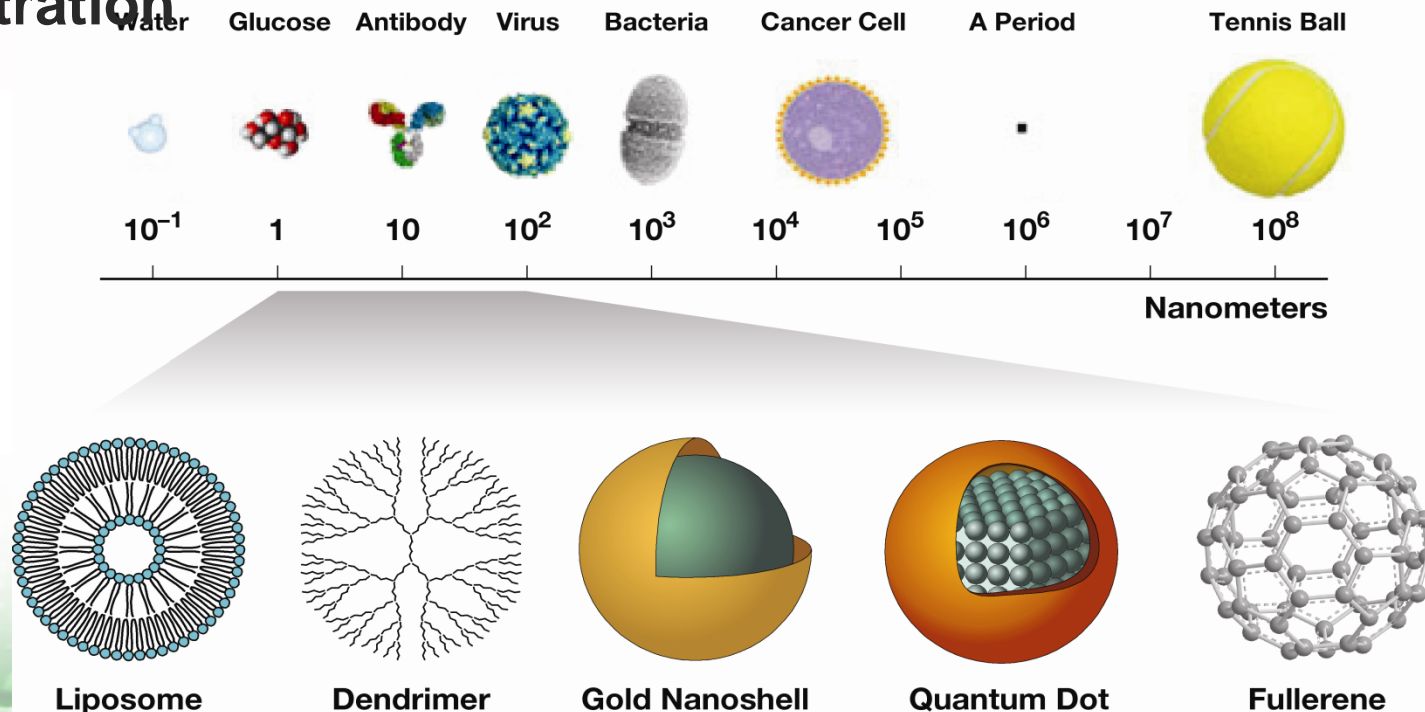


*Why Nanotechnology for cancer diagnosis, treatment and prevention?*

# Nanotechnology: A Disruptive Technology with the Capability to Change the Development and Delivery of Cancer Interventions

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**Varying dimensions and constructs lead to wide array of functional elements – classic physics meets quantum mechanics: increased surface to volume ratio; multiplexing capabilities; cell level access; targeted delivery; sustained/slow release and residence; enhanced tissue penetration**



# Nanotechnology and the Future of Cancer Interventions

**Nanotechnology is a “disruptive technology” that promises to enable** the transition of molecular-based science into the clinic – creating a new generation of diagnostics, therapeutics and preventives for cancer

Controlling matter in the range of 1-100 nanometers


- **Early detection – highly sensitive and specific sensors**
- **In-vivo imaging – new contrast agents, localization**
- **Therapeutics – local, on-particle delivery**



# Nanotechnology Offers Opportunities for Unprecedented Levels of Sensitivity for High Content Diagnostics

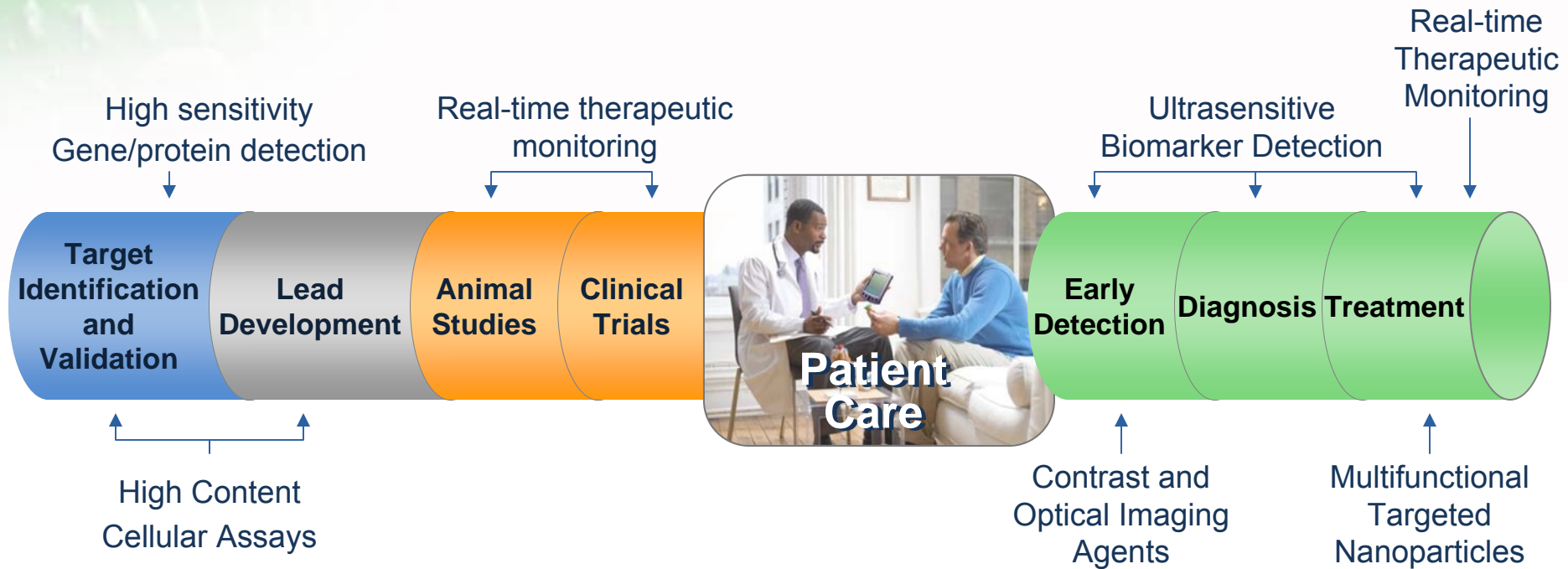
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## Biomolecule Detection Technology

	Concentration	Molecule/Drop	Detection/ Targets/Disease
	$10^{-3}$ - Millimolar	Quadrillions	Colorimetric/Enzymatic Chemistry Blood Sugar (Diabetes)
	$10^{-6}$ - Micromolar	Trillions	
	$10^{-9}$ - Nanomolar	Billions	ELISA & Chemiluminescence Troponin, CK-MB, BNP, $\beta$ HCG
	$10^{-12}$ - Picomolar	Millions	
	$10^{-15}$ - Femtomolar	Thousands	Bio-barcode Technologies Cancer: Prostate, Ovarian, Breast Alzheimer's Disease, Mad Cow Pulmonary Disease, Cardiovascular Disease
	$10^{-18}$ - Attomolar	Tens	
	$10^{-21}$ - Zeptomolar	<1	

# Nanotechnology Holds Significant Promise for Cancer Detection, Treatment, Prevention:

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## *NCI's Nanotechnology Alliance for Cancer*



# Alliance for Nanotechnology in Cancer (ANC): Multidisciplinary and Milestone-driven

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- NCI's long history in nanotechnology – dates back to the Unconventional Innovation program preceded the Alliance
- Planning for the ANC began in early 2003
- ANC Launched in September 2004
- Milestone driven – and focused on team science
- Included a network of centers (CCNEs), novel platforms, training programs and the Nanotechnology Characterization Laboratory
- Critical infrastructure support to facilitates clinical translation of discoveries through Nanotechnology Characterization Laboratory – focus on health and safety issues
- Multiple interagency collaborations- NIST, FDA, etc.
- Major focus on translational science and technology commercialization

# Major Programs of the Alliance

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- 1 Centers of Cancer Nanotechnology Excellence**
- 2 Nanotechnology Platforms for Cancer Research**
- 3 Multidisciplinary Research Training and Team Development**
  - Fellowships in Cancer Nanotechnology Research
  - Interagency Collaborations
- 4 Nanotechnology Characterization Laboratory**

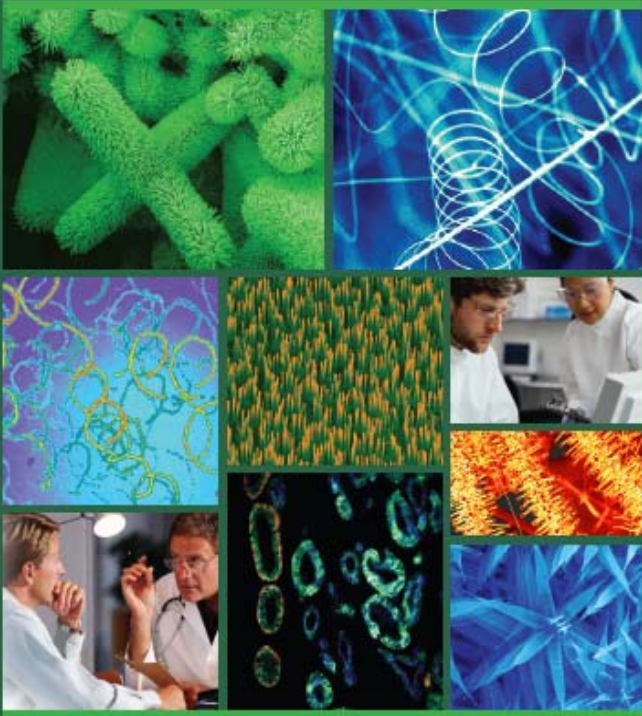
# Inaugural Years for the NCI's Alliance for Nanotechnology in Cancer

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**Established in 2004 – Renewed for 5 years**

- **Scientific output :** Over 1000 peer-reviewed journal papers published with average impact factor ~7. Strong evidence of establishing joint projects: growing number of publications involving multiple PIs
- **Clinical Translation:** 8-10 clinical trials underway; several companies in pre-IND discussions with FDA
- **Commercialization Efforts:** over 50 companies associated with the Alliance – 10 formed in last year
- **Technology:** Over 200 disclosures and patents filed
- **NCL:** Leader in characterization of nanotechnologies
- **Leveraged funding:** Significant additional funding to CCNEs (grants, philanthropy, industry, and venture investors).

**Unprecedented Teams, Technology - Science  
Convergence and - Engagement of Cancer  
Biologists and Oncologists**



**NCI Alliance for Nanotechnology in Cancer**

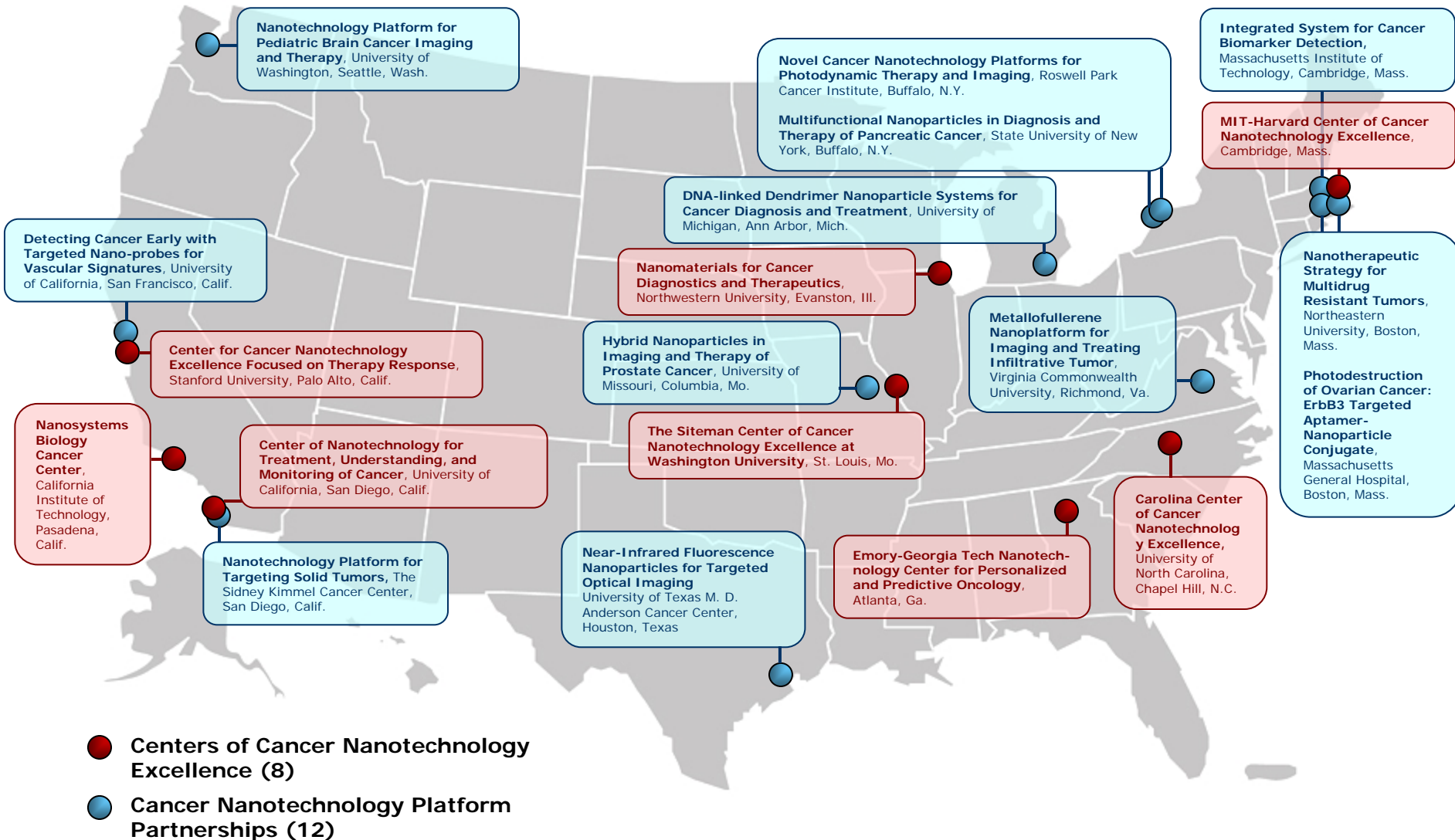
Program Update: Year 2  
Spring 2008

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
National Institutes of Health  
National Cancer Institute



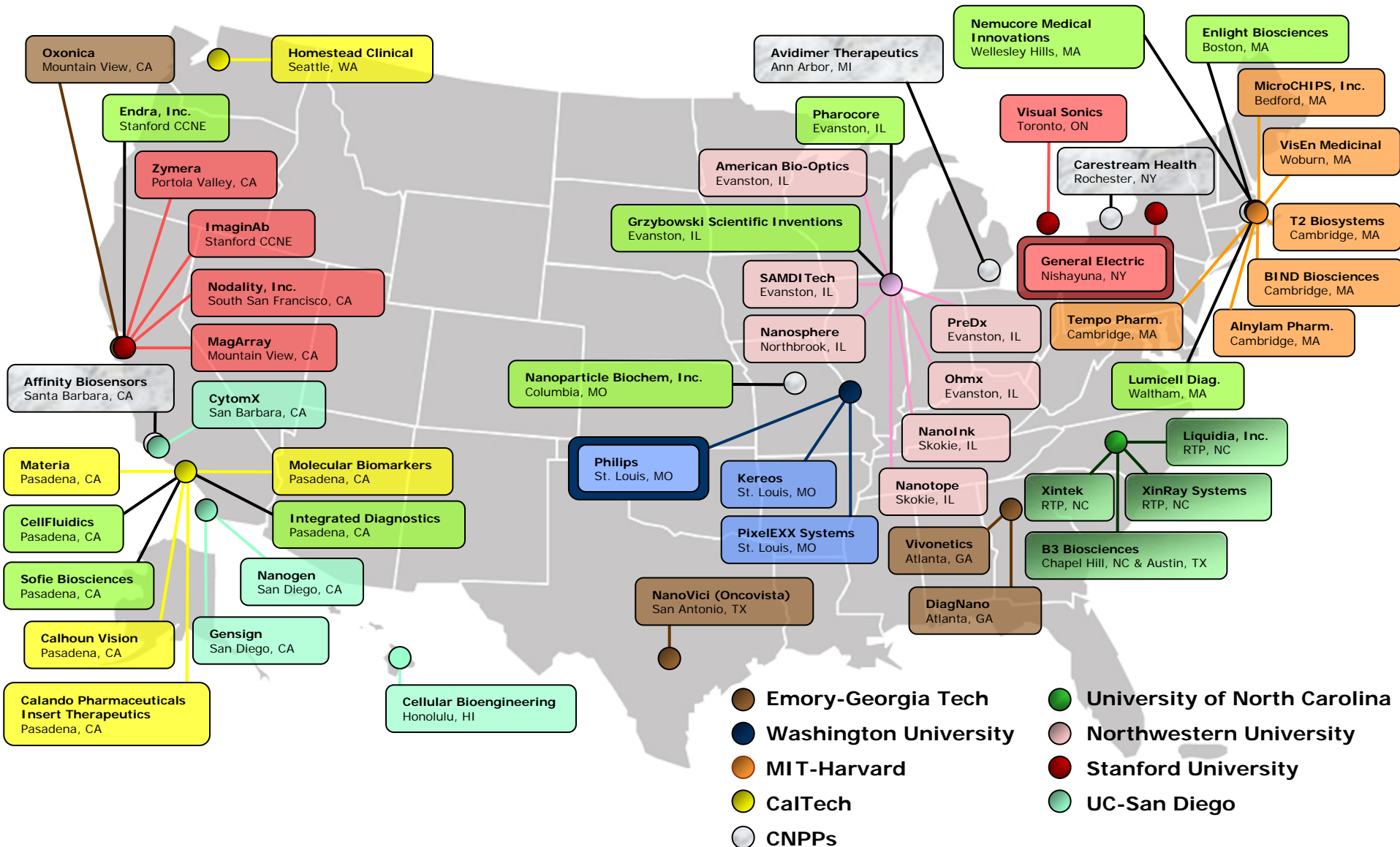
# NCI's Alliance for Nanotechnology in Cancer (Centers and Platforms)

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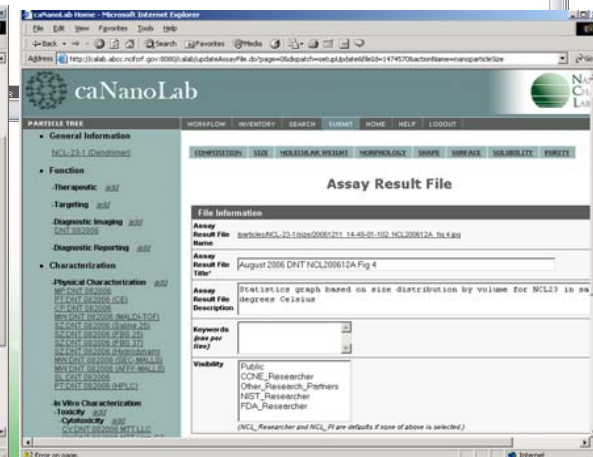
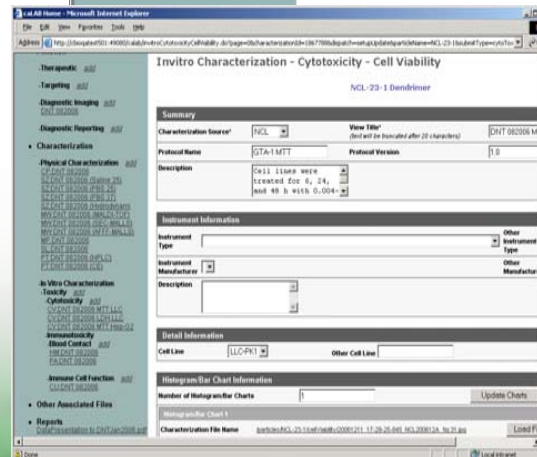
# NCI Nanotechnology Alliance and Commercial Partners

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- 
- caNanoLab Home - Microsoft Internet Explorer
- File Edit View Favorites Tools Help
- Back Forward Stop Reload Home Search Favorites
- Address http://localhost:8080/caNanoLab/searchNanoparticleRemote.do?dispatch=setup
- Google Go Bookmarks 267 blocked Check AutoLink AutoOff Send Settings
- National Cancer Institute U.S. National Institutes of Health | www.cancer.gov
- caNanoLab NANOTECHNOLOGY CHARACTERIZATION LABORATORY
- QUICK LINKS
- NCI HOME
- NCICB HOME
- NCL HOME
- WORKFLOW INVENTORY SEARCH SUBMIT HOME HELP LOGOUT
- ## Search Nanoparticles
- Help
- Search Criteria**
- Particle Source  Particle Type
- Function Type
- Characterization Type  Characterization
- Keywords (one per line)  for ☐ Manoparticle ☐ Assay Result
- Grid Node Name



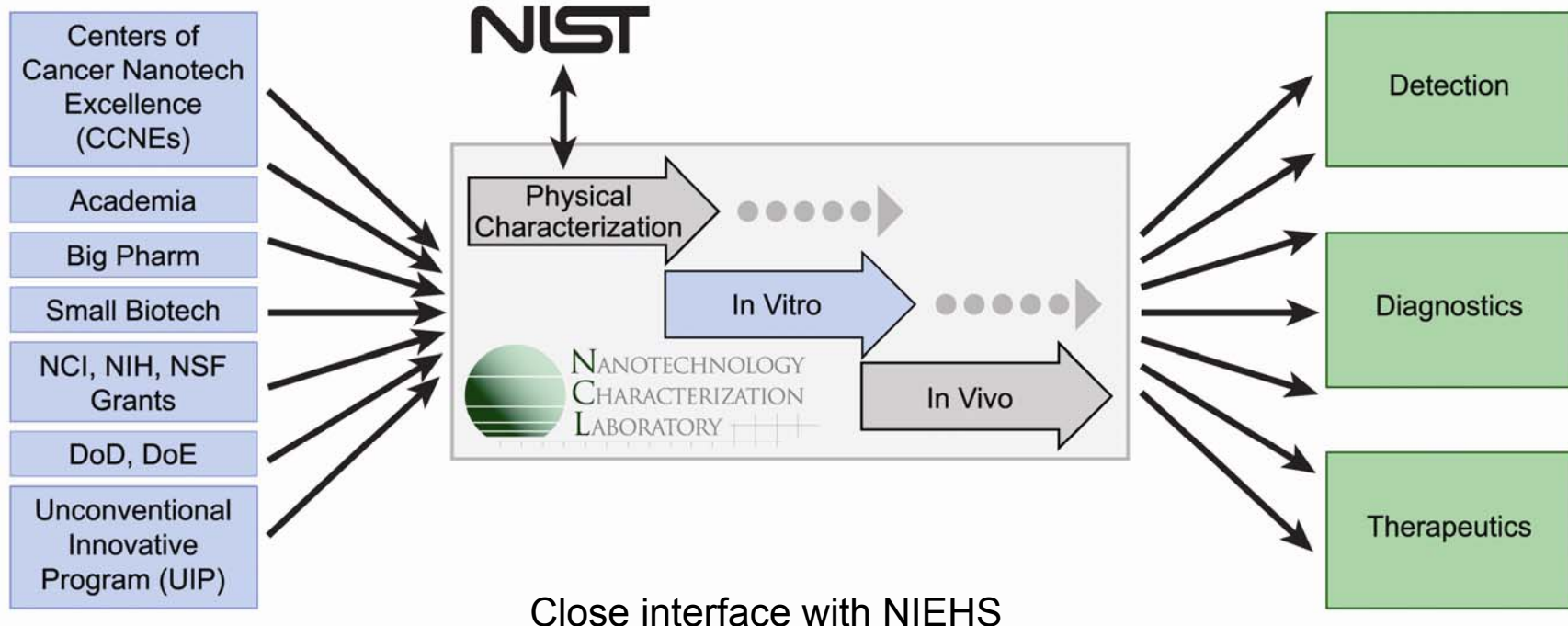


# NCI Nanotechnology Characterization Laboratory (NCL) - Proactively Addressing Health and Safety Questions

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- standardization of materials characterization
- acceleration of clinical translation

## Sources of Nanomaterials



NCL is a formal collaboration between NCI, FDA and NIST

# Nanotechnology Characterization Laboratory (NCL)

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- Interagency collaboration with FDA and NIST to develop and standardize characterization methodology for nanomaterials
- NCL achieved prominent standing in nanotechnology community and is used as a model for establishing efforts in academia and industry
- Serving as a bridge to bring NCI and Alliance nanotech investigators to the FDA



## Achievement:

- More than 165 individual nanoparticles undergoing characterization
  - 50 Active collaborations (MTAs)
  - In 2008, 14 new MTAs, 13 CDAs, 1 CRADA with GE
  - 45 animal studies to date

Scott McNeil  
Anil Patri

# Timeline: Moving into second phase of Cancer Nanotechnology

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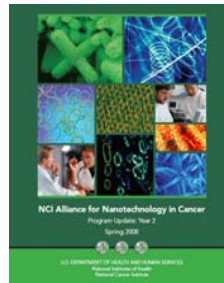
**Cancer  
Nanotechnology  
Plan Published**



**NCL Launches**

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in Cancer

**Phase I  
Awarded**



**Evaluation and Update**

- **Scientific Output**
  - Over 1000 pubs
- **Clinical Translation**
  - 50 companies
  - Over 200 patents
  - 8-10 clinical trials

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**Program  
Renewed**

**RFA  
Released**

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**Phase II  
Clinical Focused**

2004 2005 2006 2007 2008 2009 2010

**Nano Imaging**

## LETTERS

A pilot toxicology study of single-walled carbon nanotubes in a small sample of mice

MEIKE L. SCHUPPER<sup>1</sup>, NOZOMI NAKAYAMA-RATOHFORO<sup>2</sup>, CORINNE R. DAVIS<sup>1</sup>,  
NADINE WONG SHI KAM<sup>1</sup>, PAULINE CHU<sup>1</sup>, ZHUANG LUP, XIOMING SUN<sup>1</sup>, HONGJIE DAI<sup>1</sup>  
AND SANJIV S. GAMBHIR<sup>1\*</sup>

<sup>1</sup>Nanobiosensing Program at Stanford (BB70), Department of Radiology and Biomedical Engineering, Palo Alto, California 94304-5087, USA  
<sup>2</sup>Department of Chemistry, Palo Alto, California 94304-5087, USA  
<sup>3</sup>Department of Comparative Medicine, Stanford University, Palo Alto, California 94304-5087, USA  
<sup>4</sup>Present address: University of California, San Diego

**Nano Diagnostics**



Vol 464/15 April 2010 | doi:10.1038/nature08956

nature

## LETTERS

**Evidence of RNAi in humans from systemically administered siRNA via targeted nanoparticles**

Mark E. Davis<sup>1</sup>, Jonathan E. Zuckerman<sup>1</sup>, Chung Hang J. Choi<sup>1</sup>, David Seligson<sup>2,3</sup>, Anthony Tolcher<sup>1</sup>,  
Christopher A. Alabi<sup>1†</sup>, Yun Yen<sup>4</sup>, Jeremy D. Heidel<sup>1</sup> & Antoni Ribas<sup>1,4</sup>

**Nano Therapy**

**Basic**

**Translational**

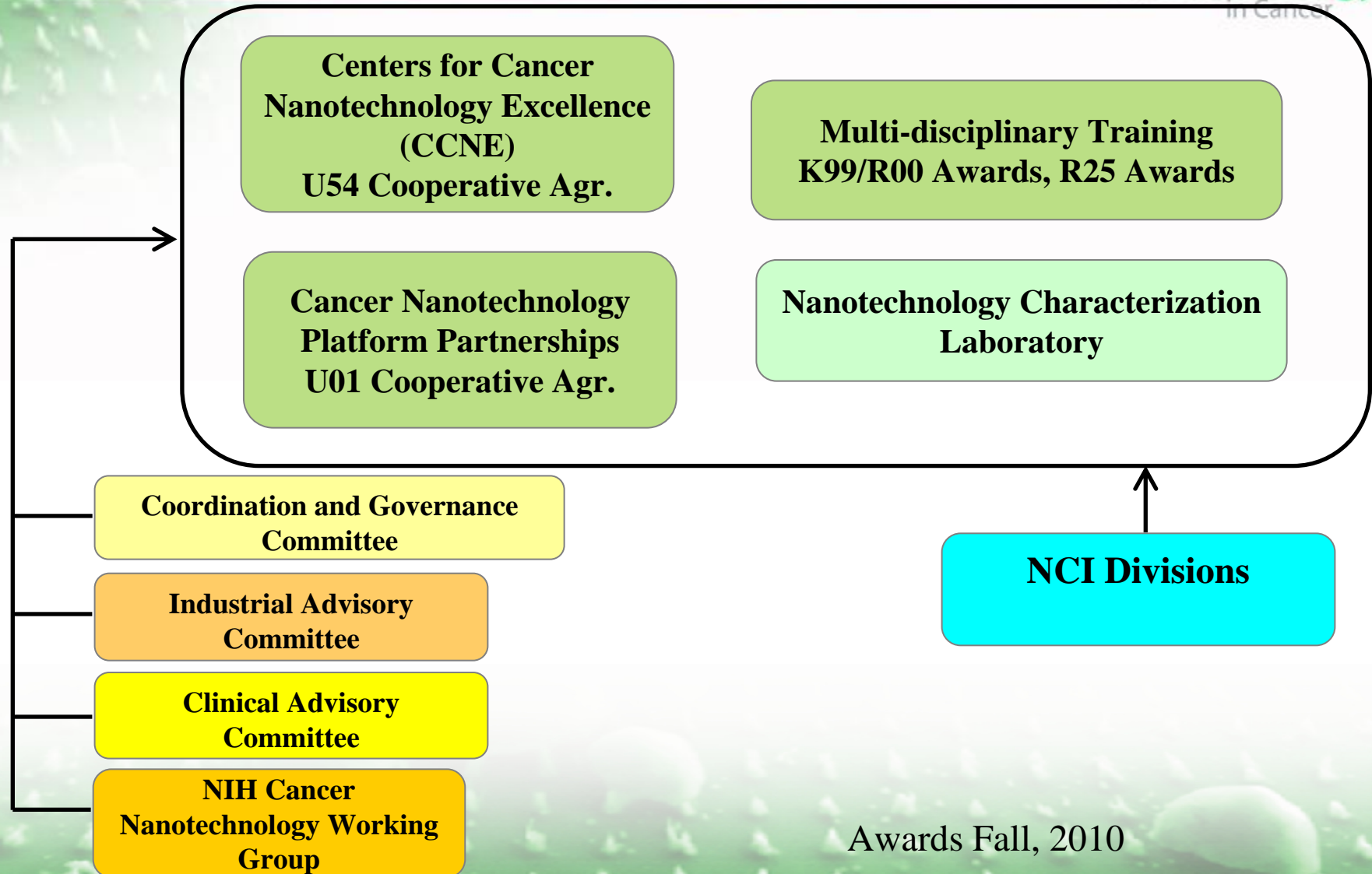
**Pre-Clinical**

**Clinical**



# NCI Alliance for Nanotechnology in Cancer – Open Competition Phase II (Organizational Structure)

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# http://nano.cancer.gov

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**National Cancer Institute**

U.S. National Institutes of Health | [www.cancer.gov](http://www.cancer.gov)

**NCI Alliance for Nanotechnology in Cancer**

Transforming the diagnosis, prevention, treatment and clinical outcomes for cancer patients

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**Nanotech Highlights**

[Request for Applications RFA-CA-06-010](#)  
Fellowships in Cancer Nanotechnology Research  
Receipt Date: November 16, 2005

[Nanotechnology in Cancer Spotlighted at NSTI Nanotech 2005](#)  
Speaker: Gregory Downing, D.O., Ph.D., National Cancer Institute

[NCI NCL Solicitation NOT-CA-05-011](#)  
Nanotech Strategies for Cancer Research

**DELIVERING**  
today's knowledge in  
Nanotech Oncology

**This Week's Nanotech News** [ view all ]

[Nanoscale "Cell Within A Cell" Delivers Multiple Therapies that Kill Tumors](#) Aug 1

[DNA Nanoparticles Deliver Genes Intravenously](#) Aug 1

[Nanostructured Scaffold Growing New Bladder Tissue](#) Aug 1

[Nanofluidics Produces Million-Fold Concentration of Proteins](#) Aug 1

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[Self Assembly for Nanoscale Devices](#)



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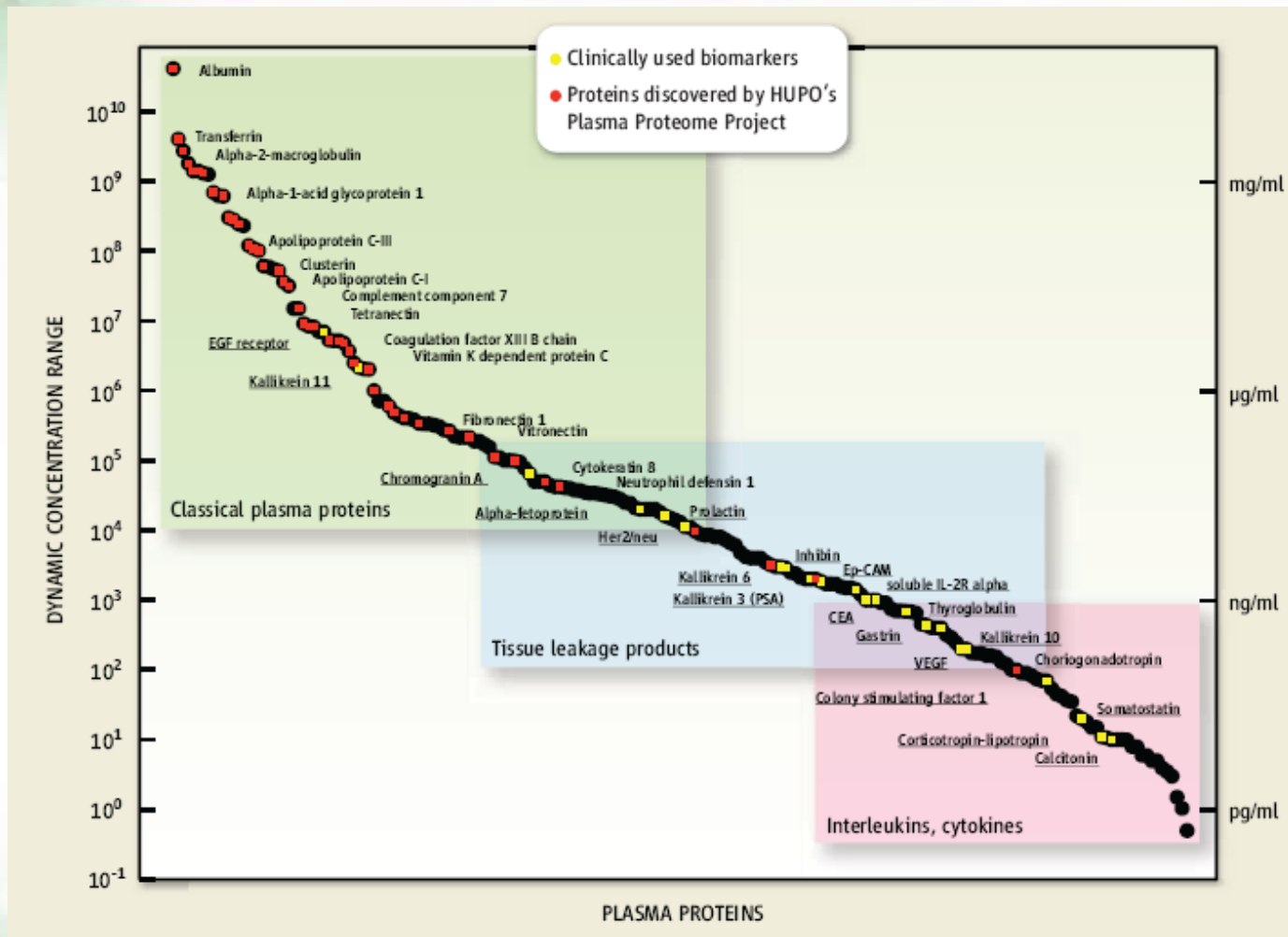


*The Future: Science from the Alliance*



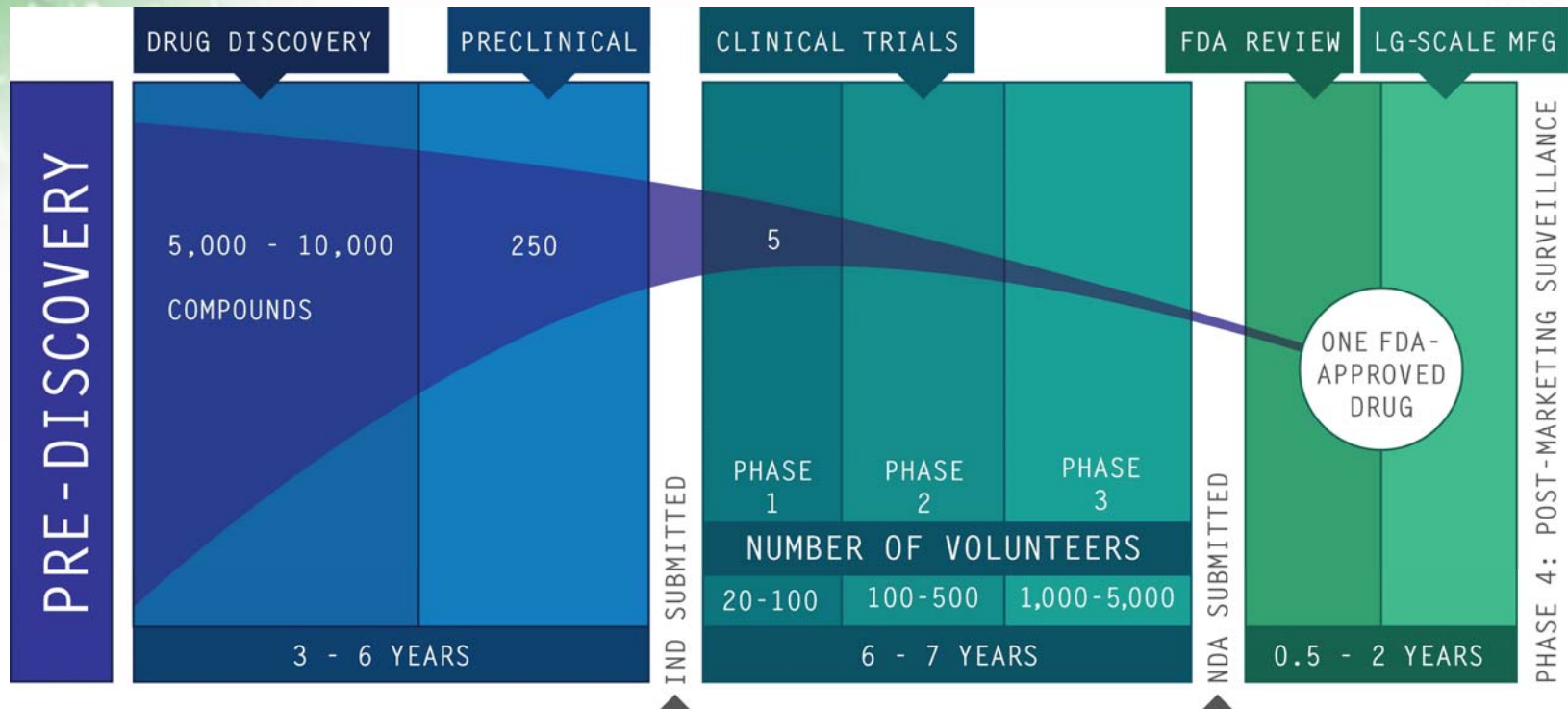
# Meeting Diagnostics Challenges Through Nanotechnology - High Content Assays for Proteins

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# Nanotechnologies are Addressing Toxicity - Delivery - Efficacy Barriers in Drug Development

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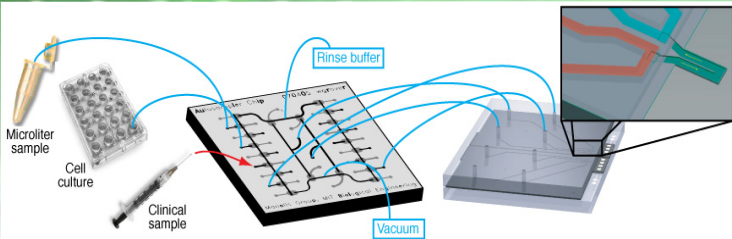


Time and attrition are both directly related to **insufficient knowledge of biological space**

~ US\$ 1 Billion

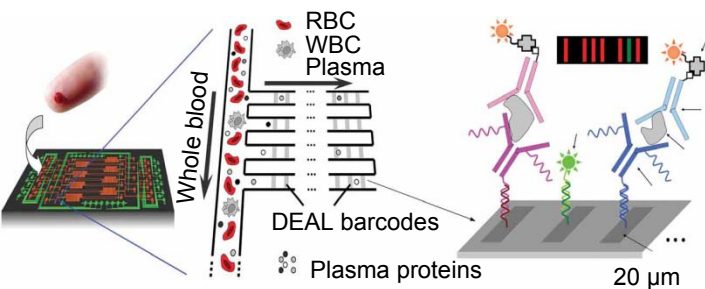
# The NCI's Nanotechnology Alliance – Examples of Paradigm Shifting Approaches to Cancer Diagnosis and Treatment

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## **Scott Manalis, MIT CNPP**

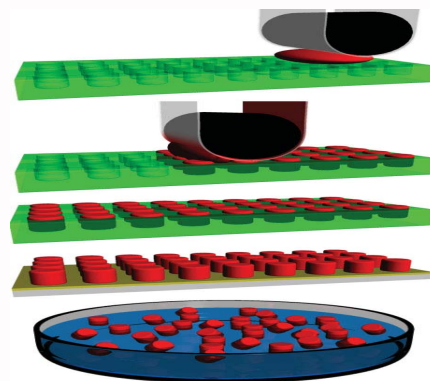
- Ultra-sensitive detection of circulating tumor cells using suspended microchannel resonant mass sensor (SMR) has been demonstrated.
- Electrokinetic concentrator (1 million fold) allows for evaluating samples of very low concentration (1 fg).



## **Jim Heath, Caltech/UCLA CCNE**

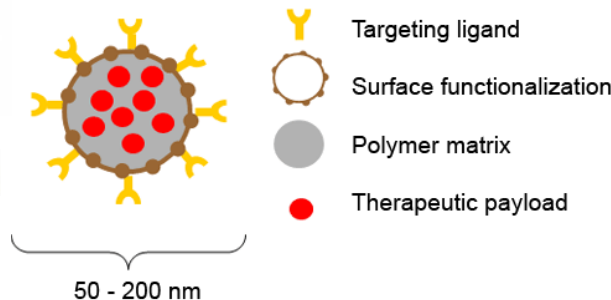
### Integrated Blood Barcode Chip

- Multiplexed protein detection from whole blood
- Microfluidic whole blood separation
- DNA Encoded Antibody Library barcode assay
- Cancer marker detection
- Less than 10 minute working time



## **Joe DeSimone, UNC CCNE**

- Diversified nanoparticle fabrication platform has been developed based on semiconductor lithographic techniques. Accurate control of particle size, shape, and cargo can be achieved.

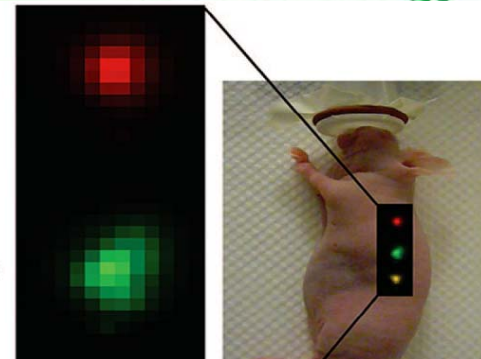


## **O. Farokhzad & R. Langer, MIT/Harvard CCNE**

- Efficacy of paclitaxel and doxorubicin delivered using PSMA targeted PLGA nanoparticles has been demonstrated

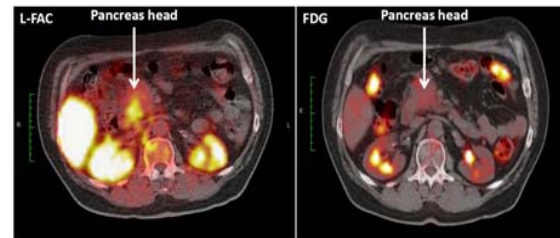
S421

S440



## **Sam Gambhir, Stanford CCNE**

- Gold nanoparticles and carbon nanotubes have been used as surface-enhanced Raman labels for multiplexed *in vivo* imaging of tumors in Raman spectroscopy. This technique allows for rapid studies of the effects of nanoparticle size, targeting, and drug dosing affects.



## **Michael Phelps, Caltech/UCLA CCNE**

- [18F]FAC PET probe, synthesized in microfluidic circuits, is being evaluated for biodistribution in newly started clinical trial.

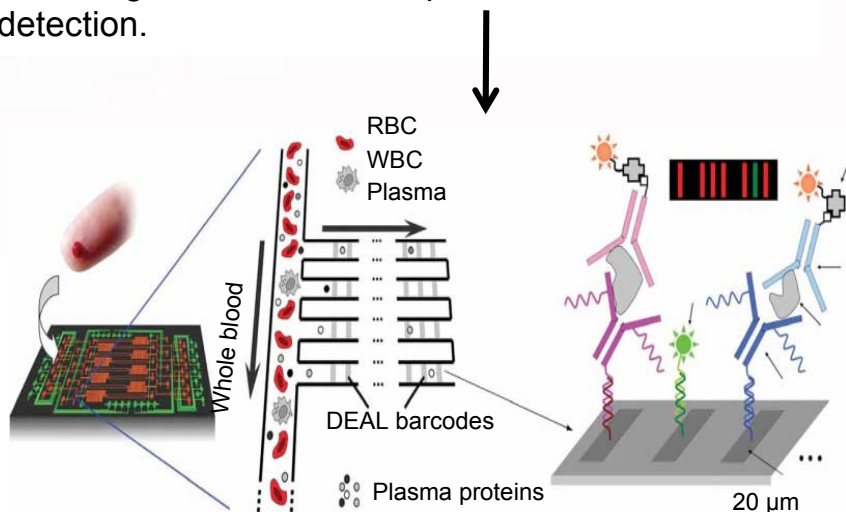


# In vitro Diagnosis and Post-therapy Monitoring Using Large-scale, Multi-parameter Protein Analysis in Microfluidic Devices

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## Integrated blood barcode chip (IBBC)

Plasma is separated from a finger prick of blood using multiple DNA-encoded antibody barcode (DEAL) arrays patterned within microfluidic plasma-skimming channels for multiplex fluorescence detection.

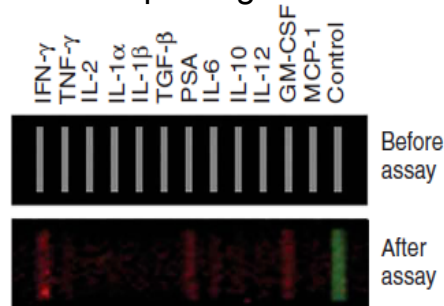


**Multiplexed protein measurements of clinical patient sera for prostate and breast cancers.** IBBC chip is used to measure the cancer marker PSA and 11 cytokines from 22 cancer patient serum samples. B01–B11, samples from breast cancer patients; P01–P11, samples from prostate cancer patients.

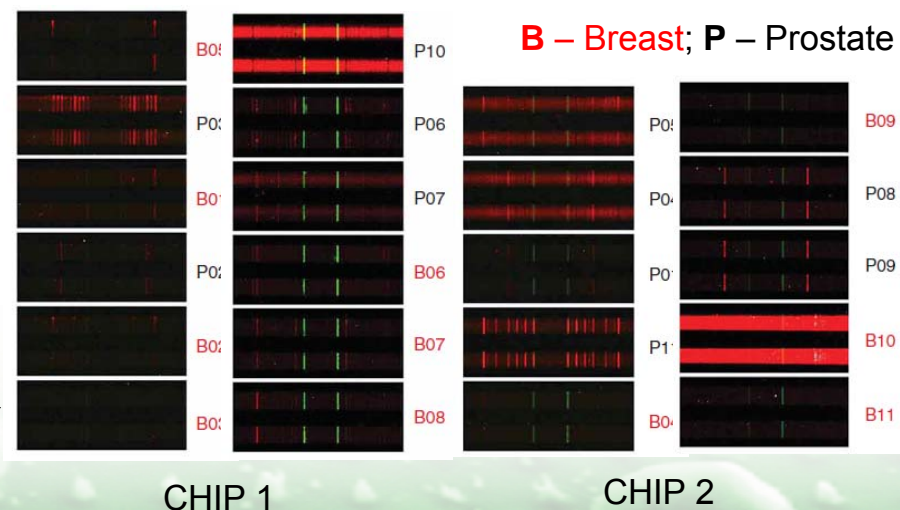
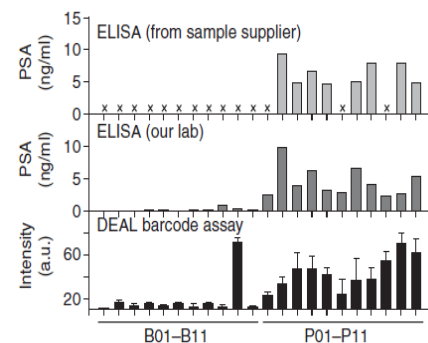
**James Heath, Ph.D.**

California Inst. of Technology

## Chip design



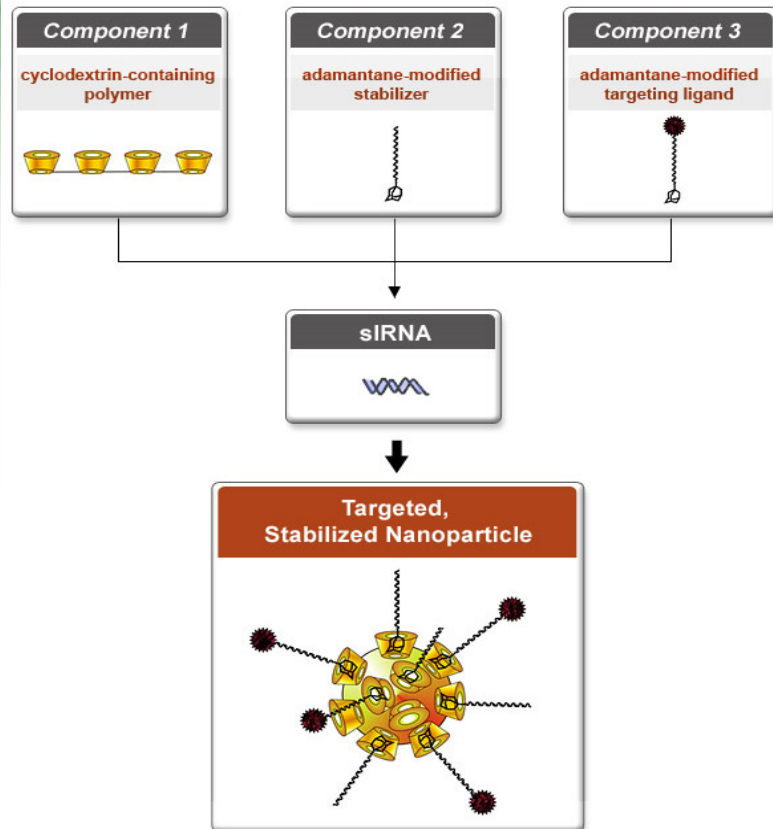
## ELISA validation of barcode assay



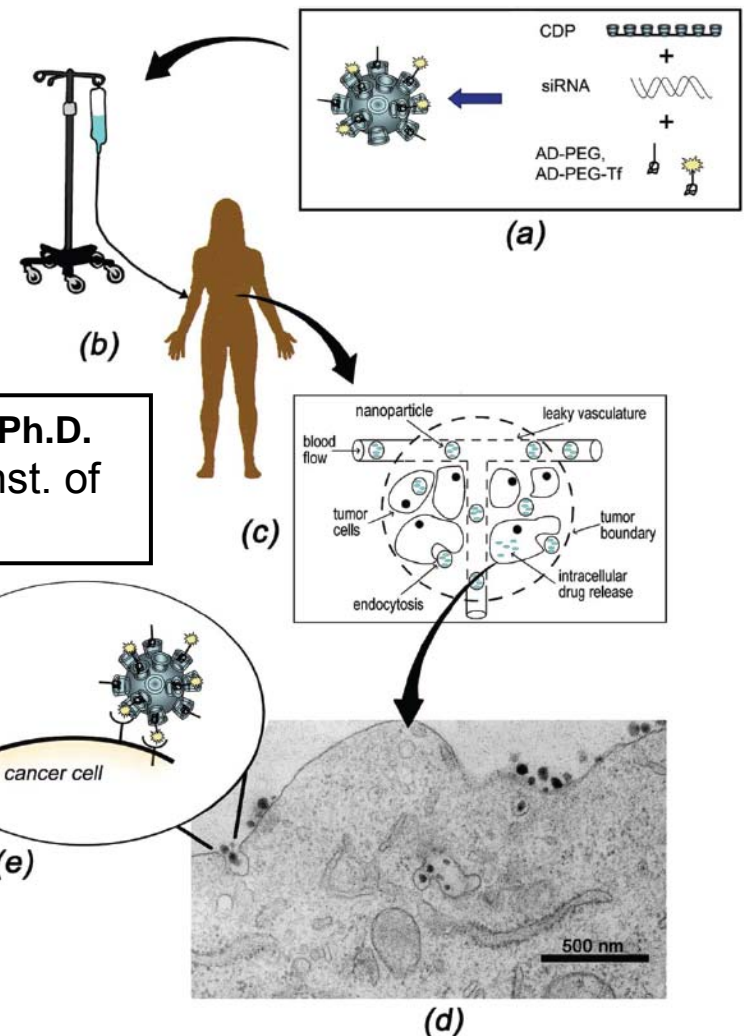
Lab Chip 9, 2016 (2009)

Nature Biotech 26, 1373 (2008)

# First Targeted Delivery of siRNA Therapy Using Cyclodextrin Polymer Based Nanoparticles



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Formulation of targeted nanoparticle-containing siRNA:

- Water-soluble, linear cyclodextrin-containing polymer
- Adamantane-PEG conjugate
- Targeting component (human transferrin)

Steps in the systemic delivery of siRNA to tumor cells:

- Nanoparticles are infused into patients
- Circulation in the blood
- Penetration through the tumor and endocytosis

**FIRST FORMULATED, TARGETED, SYSTEMIC siRNA DELIVERY TO ENTER THE CLINIC (PHASE I for SOLID TUMORS)**

Nature 464, 1067 (2010)

# Examples of Early Stage Nano-Based Cancer Therapies and Imaging Agents

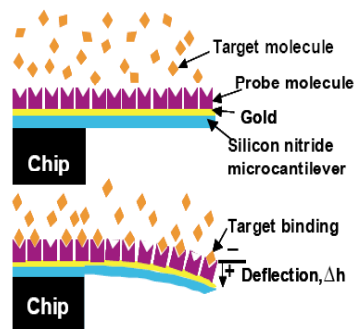
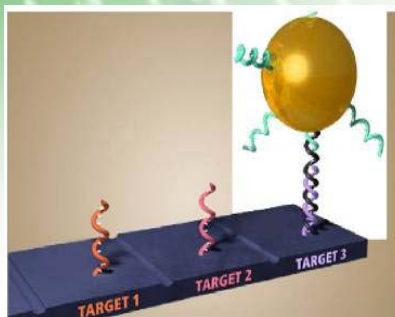
Alliance for  
**Nanotechnology**  
in Cancer

Company	Product(s)	Material	Indication	Status	Admin.
Advanced Magnetics	Combidex	Iron oxide nanoparticles	Tumor imaging	Conditional FDA approval	IV
Avidimer	Platform, ATI-001	Targeted dendrimers	Various cancers	Pre-clinical	IV
BIND	Platform technology	Targeted PLGA-PEG nanoparticles	Prostate cancer, others	Pre-clinical	IV
Carbon Nanotechnology	DF1	Dendritic fullerene	Chemoprotection	Pre-clinical	IV
Dendritic Nanotechnologies	Dendrimer-Magnevist	PAMAM dendrimer	MRI imaging agent	Pre-clinical	IV
ImaRx Therapeutics	MRX-951	Self-assembling block copolymer	Cancer	Pre-clinical	IV
Kereos	Platform technology	Perfluorocarbon polymers	Cancer and cardiovascular	Starting Phase I	IV
Liquidia Technologies	Platform technology	PRINT™ nanoparticles	Cancer, others	Pre-clinical	IV
Triton Biosystems	TNT-Anti-Ep-CAM	Polymer-coated iron oxide	Solid tumors	Pre-clinical	IV

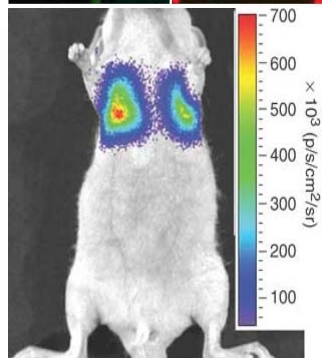
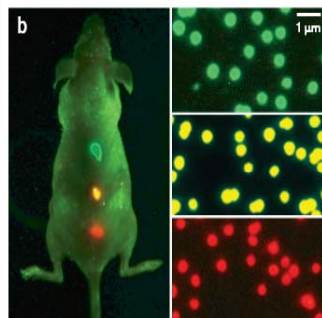


# Nanotechnology is an Enabler of New Solutions for Cancer

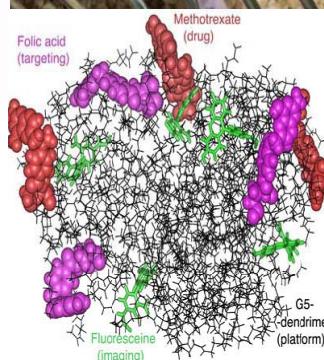
NCI Alliance for  
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in Cancer



Detection



Imaging



Therapy

- Multiple functions
  - Target, trace, treat
- In vitro sensing and in vivo imaging capabilities
  - Improved sensitivity
  - Multi-modal imaging
- Non-invasive treatment
  - Localized therapy
  - Lower dose used
  - Improved side effect profile

**Nanotechnology is a “disruptive technology” that promises to enable** the transition of molecular-based science into the clinic – creating a new generation of diagnostics, therapeutics and preventives for cancer

# Challenges: As With Any New Widespread Technology

- Concerns about safety
- Exaggerated expectations of timeline for impact
- Media coverage tends to extremes



*Posted October 10, 2006*

## **FDA Gets Mixed Advice On Nanotechnology**



*Posted October 11, 2006*

## **FDA told to watch nanotech products for risks**



*Posted October 11, 2006*

## **FDA Short On Nanotechnology Expertise, U. Md. Professor Says**



**PR Newswire**  
United Business Media

*Posted October 9, 2006*

## **Nanotechnology: It's Knocking on FDA's Door**



*Posted October 11, 2006*

## **FDA eyes tiny particles**

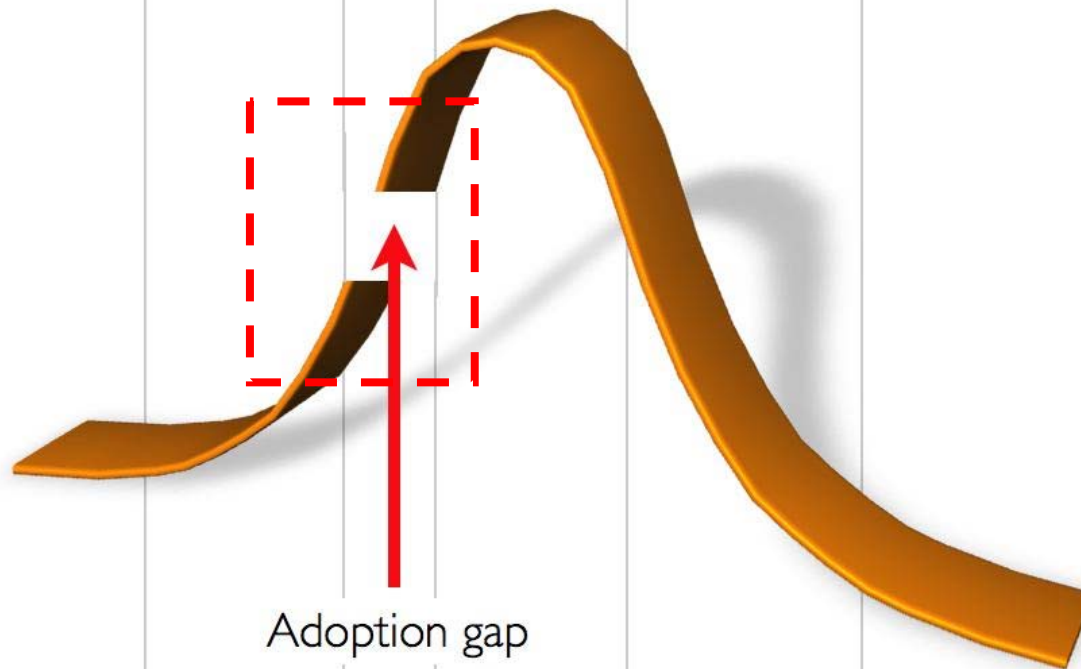
# Major Challenge – Shift from Classic Small Molecule Therapies and Classic Immunoassays to Nanotechnologies

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in Cancer



## Technology Adoption Curve

Innovators	Early adopters	Early majority	Late majority	Laggards
2.5% gp	13.5%	34%	34%	16%





# Why Nanotechnology for Personalized Cancer Medicine?

NCI Alliance for  
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- Cancer can generally be successfully treated – if diagnosed early – **Key efforts are already underway using multiple nanotechnologies to increase sensitivity of high information content assays**
- Cancer is an exceedingly complex disease (potentially hundreds of genomic changes – possibly thousands of proteomic changes to measure for diagnosis) – **Platforms are leveraging the fact that nanotechnology is not numbers/parameters limited**
- Specific delivery to the target is critical for cancer – now and in the future – **power of delivering therapies via nanotechnologies is well demonstrated**
- Imaging offers enormous potential for both diagnosis and therapy – especially functional imaging – **improvements in imaging (nearly all types) are increasingly driven by nanotechnology approaches**
- Multiplexing functions is necessary for cancer detection and treatment (need to detect – deliver – report – monitor – re-deliver) – **Multiplexing platforms are constantly improving – moving into clinical trials**
- Sensing changes in tissues/microenvironments could enable preventive strategies – **biosensors are in development – realistic possibilities**