





Stimuli-responsive polyboronate ester polymer nanocarrier as potential boron drug for combined BNCT and PD-1/PD-L1 Checkpoint Blockade Immunotherapy

Polyboronic acid 奈米免疫治療和中子捕獲治療-使癌症治療更加有 (NSTC-2124-M-007-003)

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Abstract: Boron neutron capture therapy (BNCT) is an emerging cancer treatment modality that allows selective destruction of individual cancer cells when a selective boron drug is administered without harming neighboring healthy cells upon low energy epithermal neutron irradiation. BNCT combines both radio- and chemotherapy when a sufficient concentration of boron-10 drug can be selectively accumulated into the tumor cell. The proposed plan aims at combining nanomedicine, BNCT, and immunotherapy in combating melanoma while maintaining the patients' quality of life. We have synthesized two amphiphilic block copolymers, namely, poly(ethylene glycol)-block-poly(4-vinylphenylboronate ester) (mPEG-b-PVBE) and poly(ethylene glycol)-block-random copolymer of poly(3-vinylbenzaldehyde) and poly(4-vinylphenylboronate ester) (mPEG-b-(PVB-r-PVBE)). Utilizing mPEG-b-PVBE as a model system, we optimized block copolymer synthesis, micelle preparation, and encapsulation of imaging contrast agents and chemotherapeutics, serving as theranostic agents for combined BNCT, chemotherapy. Our results indicate that mPEG₁₁3-b-PVBE₃₆ is the optimal amphiphilic block copolymer for generating polyboronate ester micelles with reproducible, uniform sizes ranging between 20 nm and 50 nm. In vitro studies using melanoma B16-F10 cells revealed that these polymeric micelles significantly enhanced intracellular boron uptake and induced cell death, surpassing the performance of boronophenylalanine (BPA). Moreover, in vivo studies employing B16-F10 melanoma-bearing mice assessed the antitumor efficacy of BNCT monotherapy as well as a combination of BNCT and immunotherapy. The results demonstrated significant tumor growth delay, particularly in mice treated using polymeric micelles combined therapies, leading to a tumor growth delay (TGD) of 6.6 days, as opposed to a TGD of **0.9 days** in mice treated with **BPA combined therapies**.

