

Liposzómák terápiás alkalmazásai (szisztémás terápia)

Dr. Voszka István

b) Szisztémás alkalmazások

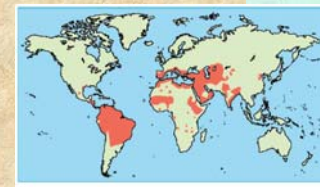
Általában akkor, ha az adott gyógyszernek súlyos mellékhatásai vannak.

1. A RES-t érintő betegségek kezelhetők

C-liposzómába zárt gyógyszerekkel.

Pl. a leishmaniasis kezelhető

liposzómás antimon-származékokkal



2. Antibiotikumok

Főképp, ha az adott gyógyszer terápiás és toxikus koncentrációja között kicsi a különbség

Liposzómában - a szükséges gyógyszer mennyiség lecsökken

- a kezelés hatásfoka javul

Baktériumellenes pl. aminoglikozid típusú antibiotikumok
brucellózis, vesemedence-gyulladás kezelésére (streptomycin, gentamycin, stb.)

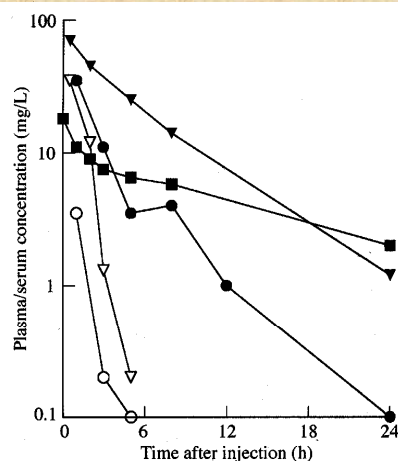


Figure 1. Circulation kinetics of conventional liposome encapsulated aminoglycosides (closed symbols) and free aminoglycosides (open symbols). Aminoglycoside concentrations at indicated time-points after injection of a single dose of gentamicin 20 mg/kg in rats (triangles),⁶⁶ amikacin 40 mg/kg in mice (circles)⁶⁸ or gentamicin 5.1 mg/kg in AIDS patients (squares).⁸⁰



Gombaellenes pl. Amphotericin B

(első törzskönyvezett liposzómás gyógyszerkészítmény – gyári neve AmBisome®)

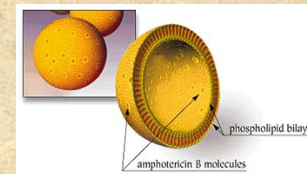
telített PC / Chol / DSPG (2: 1: 0,8) + 10 mol% AmB ~80 nm-es SUV-okban)

A toxicitás behatárolja az adható mennyiséget. Gyakran a toxikus koncentráció kisebb, mint a minimális terápiás.

Liposzómában kevesebb mellékhatás (mellékhatások: láz, izomfájdalom, thrombophlebitis, vesekárosodás, anaemia)

Feltételezett ok: a liposzómák affinitása sokkal kisebb a humán sejtek koleszterinjéhez, mint a gombasejtek ergosterinjéhez

Más törzskönyvezett liposzómás Amphotericin B készítmény: Abelcet®



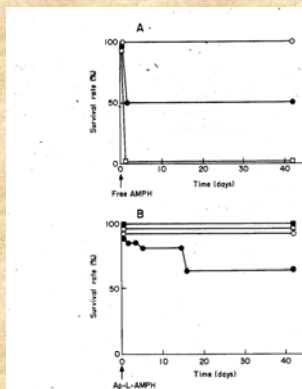


Fig. 2. Toxicity to normal mice. (A) Free amphotericin B. LD₅₀ was 1.2 mg/kg. The maximum dose without acute lethality was 0.8 mg/kg. n=10. Dose of free amphotericin B: 0.8 mg/kg (○—○); 1.2 mg/kg (●—●); 2.0 mg/kg (□—□). (B) Amphotericin-coated liposomal amphotericin B. LD₅₀ was greater than 10 mg/kg. All mice treated at a dose of 5.0 mg/kg were alive. n=10. Dose of amphotericin-coated liposomal amphotericin B: none (●—●); 2.0 mg/kg (□—□); 5.0 mg/kg (○—○); 10.0 mg/kg (●—●).

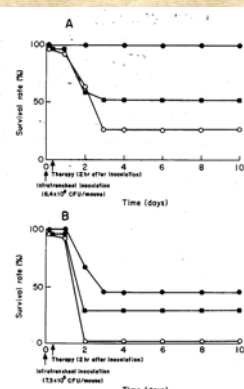


Fig. 4. Efficacy of liposomal amphotericin B and amphotericin-coated liposomal amphotericin B on survival rate in murine pulmonary candidiasis. Inoculum size: *Candida albicans* 7 N 6.4×10^6 CFU/mouse (A) and 7.3×10^6 CFU/mouse (B). Treatments at 2 hr after inoculation: amphotericin-coated liposomal amphotericin B 5 mg/kg (●—●); liposomal amphotericin B 5 mg/kg (□—□); empty liposome (○—○). n=10.

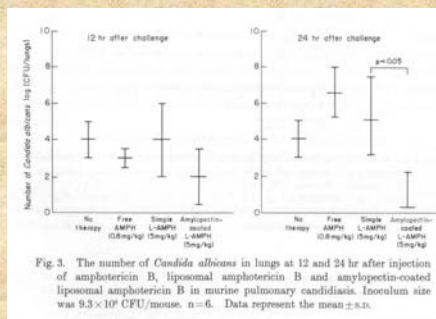
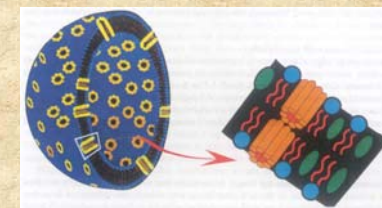


Fig. 3. The number of *Candida albicans* in lungs at 12 and 24 hr after injection of amphotericin B, liposomal amphotericin B and amphotericin-coated liposomal amphotericin B in murine pulmonary candidiasis. Inoculum size was 9.3×10^6 CFU/mouse. n=6. Data represent the mean \pm s.d.



Polysaccharide-Coated Liposomal Amphotericin B for Pulmonary Candidiasis 487

TABLE I. Organ concentration of amphotericin B after injection of free, simple liposomal, and amphotericin-coated liposomal amphotericin B in normal mice

	Free-AMPH ^a		Simple-Lipo-AMPH ^b		Ap-Lipo-AMPH ^b	
	30 min (μg/g)	24 h (μg/g)	30 min (μg/g)	24 h (μg/g)	30 min (μg/g)	24 h (μg/g)
Brain	ND ^c	ND	ND	ND	ND	ND
Heart	0.12 \pm 0.02 ^d	ND	1.64 \pm 0.41	0.85 \pm 0.22	1.13 \pm 0.46	0.35 \pm 0.06
Lungs	0.34 \pm 0.05	ND	25.42 \pm 7.78	2.36 \pm 0.5	55.33 \pm 0.71	2.5 \pm 0.38
Liver	0.94 \pm 0.12	0.29 \pm 0.07	14.2 \pm 2.36	14.7 \pm 1.28	10.46 \pm 1.16	12.47 \pm 1.07
Spleen	0.81 \pm 0.17	0.23 \pm 0.10	15.56 \pm 2.93	13.61 \pm 3.65	10.17 \pm 0.76	10.39 \pm 0.8
Kidneys	0.36 \pm 0.07	0.09 \pm 0.03	3.7 \pm 1.05	1.88 \pm 0.36	2.85 \pm 0.18	0.43 \pm 0.23

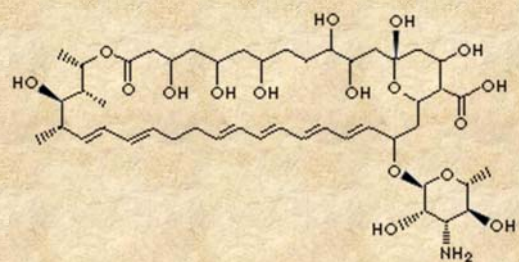
^aAmphotericin B 0.8 mg/kg weight.

^bAmphotericin B 5.0 mg/kg weight.

^cNot detectable (less than 0.09 μg/g tissue).

^dThe mean \pm s.d.

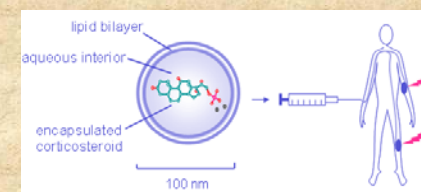
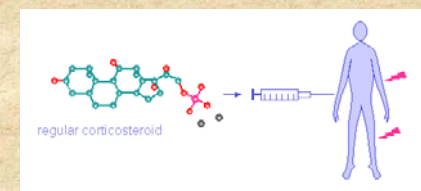
Nyotran (liposzómás nystatin) foszfolipid liposzómában



Szteroidok

Nanocort®: the therapeutic principle

Kortikoszteroid SUV-ba zárva. Szelektíven dűsul a gyulladásokban és a daganatokban az érfalak fokozott permeabilitása miatt. A liposzómákat foszfolipid és koleszterin alkotja.



3. Daganatterápia

Liposzómák alkalmazásával csökkenthetők a gyakran igen súlyos mellékhatások

Pl. doxorubicin (Doxyl®, Caelyx®, Myocet®)

– szívizom-károsodás

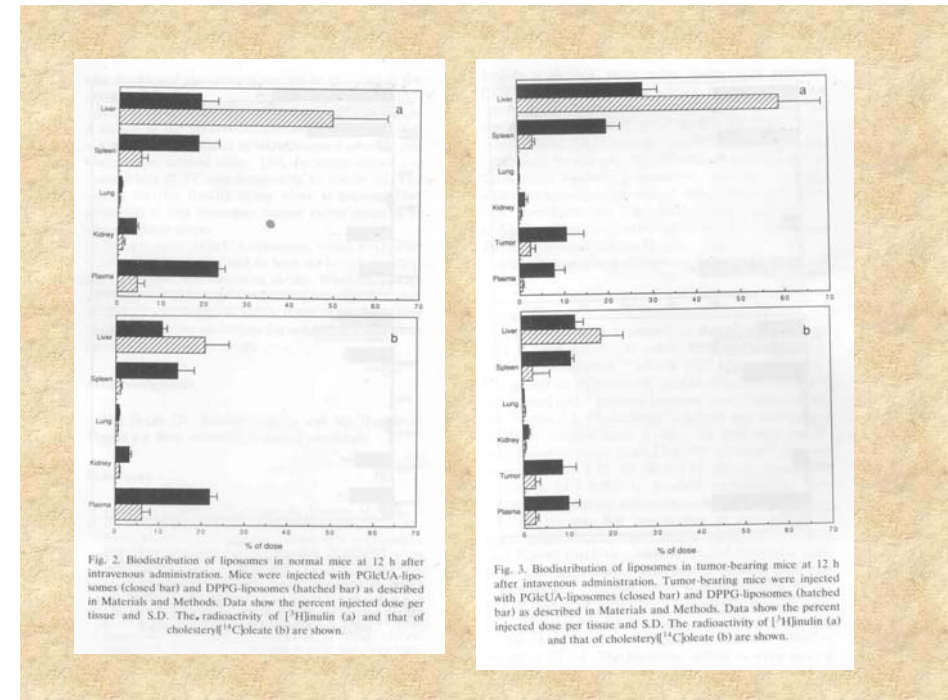
methotrexate – máj-, vesekárosodás, kopaszság

vincristin (Onco TCS) – perifériás idegek károsodása, kopaszság

Ara-C (DepoCyt®) – csontvelő-, bélfal-károsodás

Daunorubicin (DaunoXome®) – szívizom-, csontvelő-károsodás

Közönséges liposzómák → RES-t érintő daganatok ill. áttétek kezelése



Stealth liposzómában (PEG, glukuronsav, szíalsav a felületen) – nagyobb szelektivitás és hatékonyság

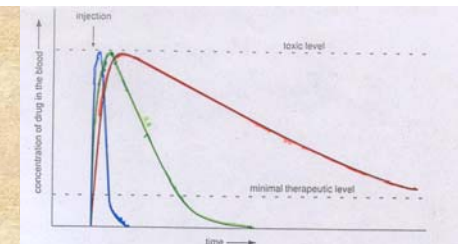
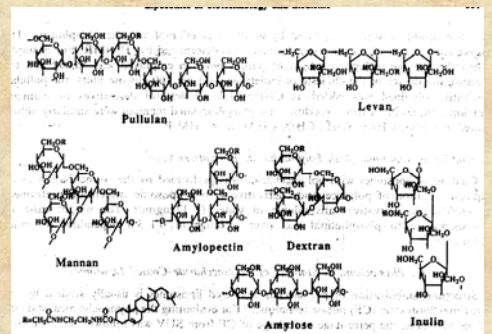
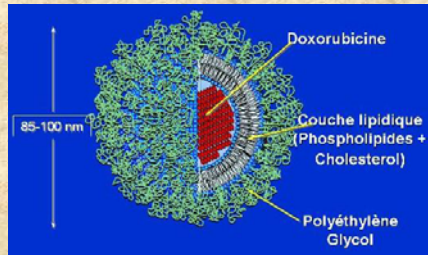


Figure 11. Concentration of a drug injected into the bloodstream depends on the form in which it is delivered. In treating a disease the usual goal is to maintain a therapeutic but nontoxic level of the drug in the blood for as long as possible. A free drug (delivered without a carrier) is usually present at therapeutic concentrations in the blood for a very short period (blue). Encapsulating the drug within a conventional liposome increases its duration in the blood (green), whereas drugs carried by Stealth liposomes (red) may remain at therapeutic levels hundreds of times longer than a free drug.

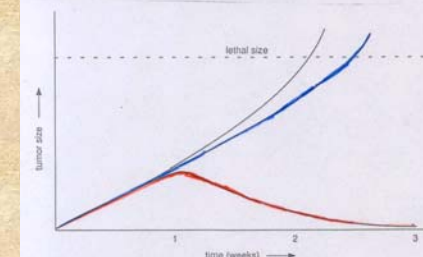


Figure 12. Size of a cancerous tumor in a laboratory animal is reduced with the use of an anti-tumor agent encapsulated within a Stealth liposome (red). In cases where the animal is left untreated (green) or the drug is administered in its free form (blue) the tumor will continue to grow until it reaches a lethal size. (Adapted from Papahadjopoulos et al. 1991.)

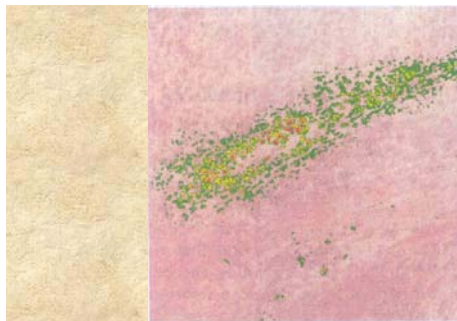
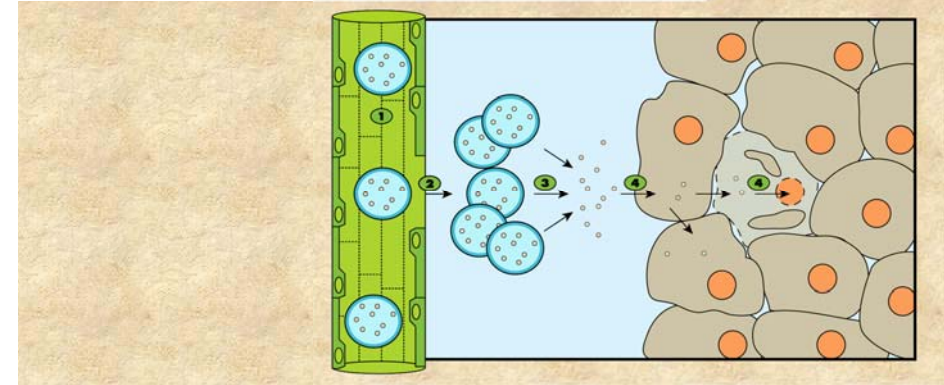
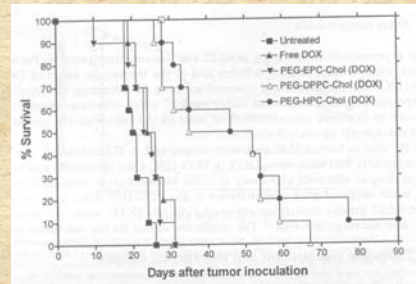
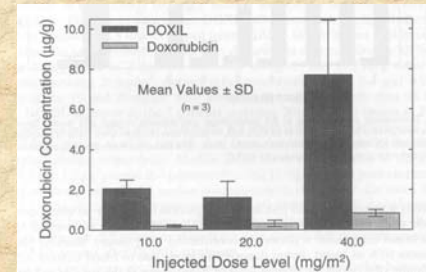
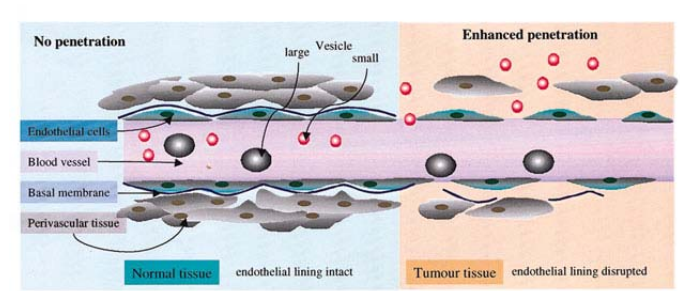
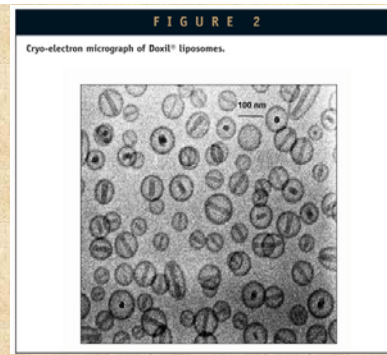
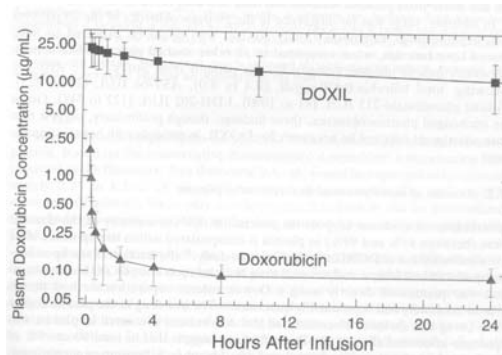


Figure 2

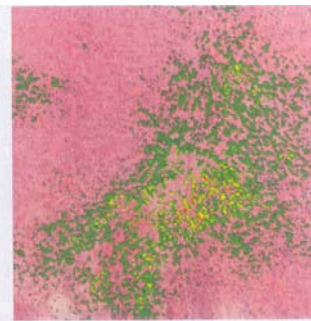


Figure 3

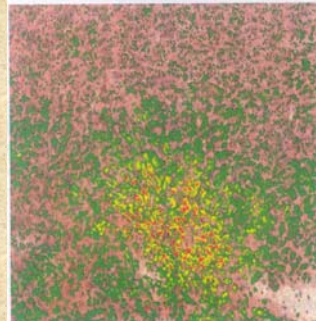


Figure 4

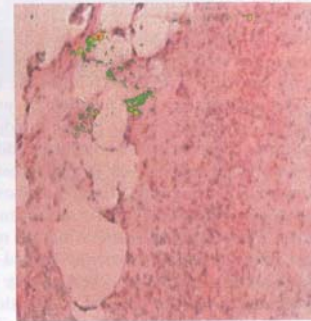
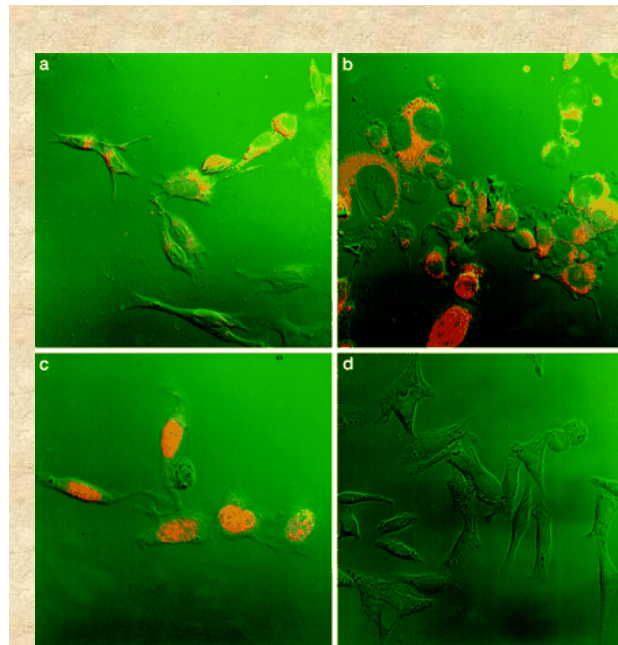


Figure 5

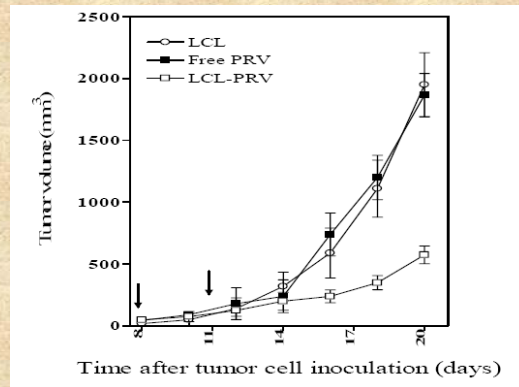


Confocal microscopy of liposomal DOX uptake by M109R-HiFR cells cultured in folate-depleted RPMI 1640 at 37°C. *a*, *b*, and *c*, binding, internalization, and nuclear localization of DOX delivered by FTL after a 30-min, 60-min, and 90-min incubation, respectively. *d*, cells exposed for 4 h to nontargeted PEG-coated liposomes encapsulating DOX (Doxil).

Sztatinok a tumorterápiában

Sokkal nagyobb dózis szükséges, mint a koleszterinszint csökkentéséhez, ezért célszerű liposzómába zárni.
(PRV = pravastatin)

egér melanóma modell



LDL-be zárt citosztatikumok

A daganatsejtek felszíni LDL-receptorainak száma a malignitással arányosan nő → szelektív bejuttatás a daganatba.

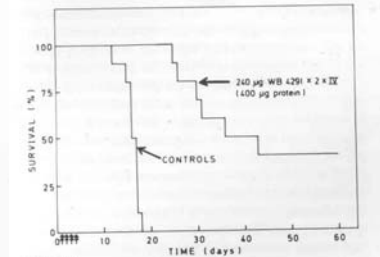
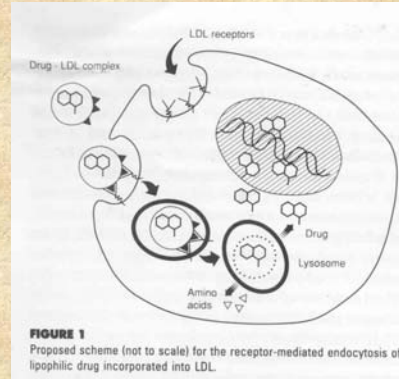


FIGURE 2 Survival of leukemic BALB/c mice after treatment with a WB 4291-LDL complex administered by intraperitoneal injection. The mice were inoculated intraperitoneally on day 0 with 10^6 WEHI-3B cells (a murine myelomonocytic leukemia cell line) and the WB 4291-LDL complex was given on days 1-4. There were ten animals in each group. WB 4291 is a highly lipophilic nitrogen mustard derivative. (Reprinted, with permission, from *Br. J. Cancer* 62: 724-729, 1990.)

Immunoliposzómák: szelektív kötődés a daganatsejthez. Toxin vagy citosztatikum zárható bele. TNF együttes adása segíti a liposzómák átlépését az erekből a tumorba.

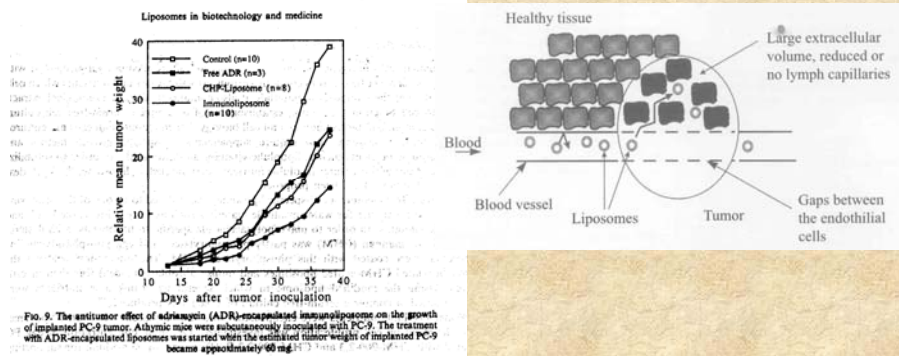


Fig. 9. The antitumor effect of adriamycin (ADR)-encapsulated immunoliposomes on the growth of implanted PC-9 tumor. Athymic mice were subcutaneously inoculated with PC-9. The treatment with ADR-encapsulated liposomes was started when the estimated tumor weight of implanted PC-9 became approximately 60 mg.

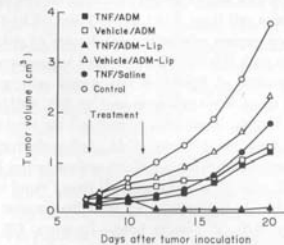
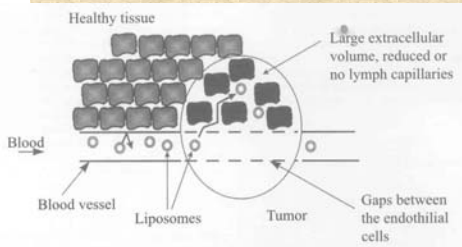


Fig. 3. Effect of TNF pretreatment on the growth inhibitory effect of ADM-Lip. The treatment with TNF and ADM-LIP was performed in 2 cycles at days showing by arrows. (Cited from Ref. of Suzuki et al. 1990).

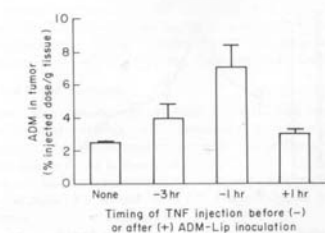


Fig. 2. Effect of injection time schedule of TNF treatment on the distribution to tumor. The indicated time after TNF injection, ADM-Lip were injected. (Cited from Ref. of Suzuki et al. 1990).

Fotodinámiás terápia (PDT)

Fényérzékenyítő anyagot (hematoporfirin, ftalocianin származékok, stb.) juttatnak a tumorsejtekbe. Megvilágítják megfelelő hullámhosszú fénnel → reaktív oxigéngyökök képződnek → tumorsejtek pusztulása.

A hatás függ a fényérzékenyítő anyag jellemzőitől. Minél hidrofilebb (pl. szulfonált forma) annál inkább a tumorban lokalizálódik. De a daganatpusztító hatás fordítottan arányos a szulfonáltsággal.

Megoldás pl.: a liposzómába zárt fényérzékenyítőt LDL-lel asszociáltatva juttatják a tumorba.

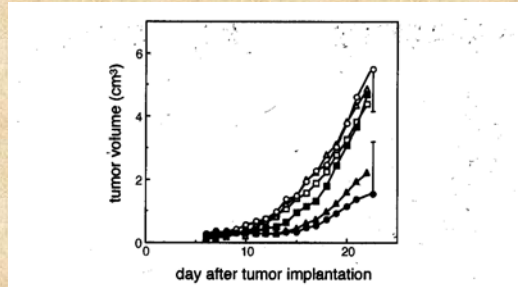
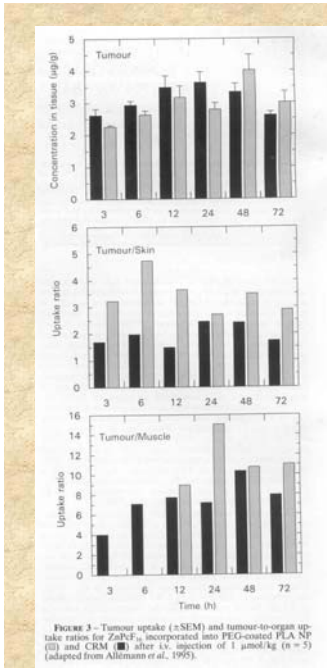
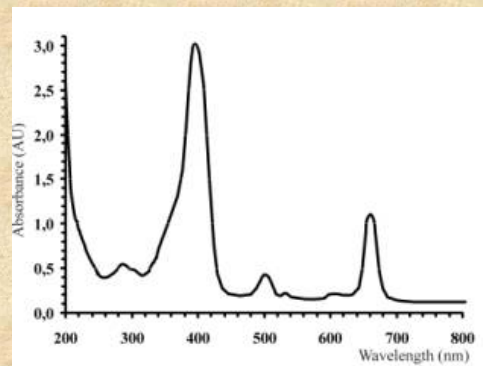
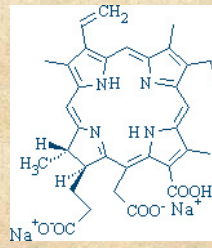
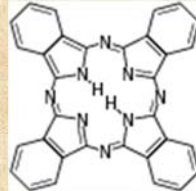
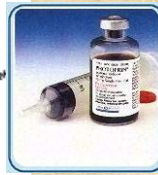
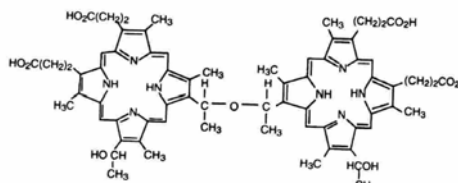
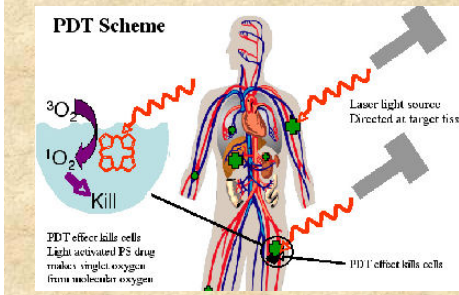
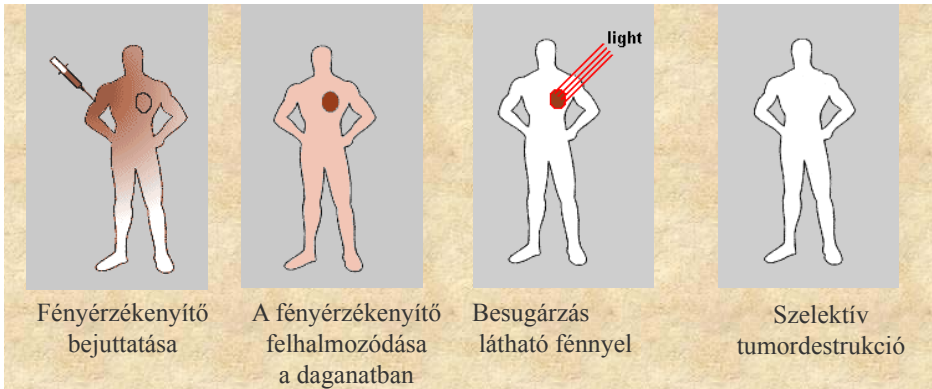
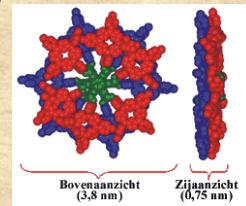


Fig. 1. Suppression of Tumor Growth by PDT with Free or Liposomal BPD-MA

Meth A sarcoma (1×10^6 cells/0.2 ml) were carefully implanted subcutaneously into the posterior flank of five-week-old Balb/c male mice. These mice (five per group) were injected i.v. with BPD-MA in PGlcUA-liposomes (●), BPD-MA entrapped in DPPG-liposomes (▲), or free BPD-MA (■), at day 6 after tumor implantation. In each injection, 2 mg/kg BPD-MA was dosed. Mice were kept in the dark for 5 h, and then their tumors were exposed to 690-nm laser light (180 J/cm^2). The tumor volume was determined at the indicated days as described in Materials and Methods. Open symbols show the tumor growth of the control mice injected with 0.3 M glucose solution (□) or with BPD-MA in PGlcUA (○) or DPPG (△) liposomes. S.D. bars are shown only for the last datum points of PGlcUA-liposomal treatment and its control for the sake of graphic clarity.

Röntgensugárzással indukált PDT

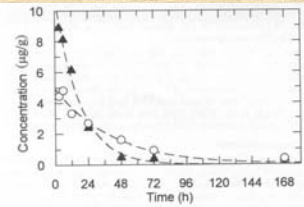
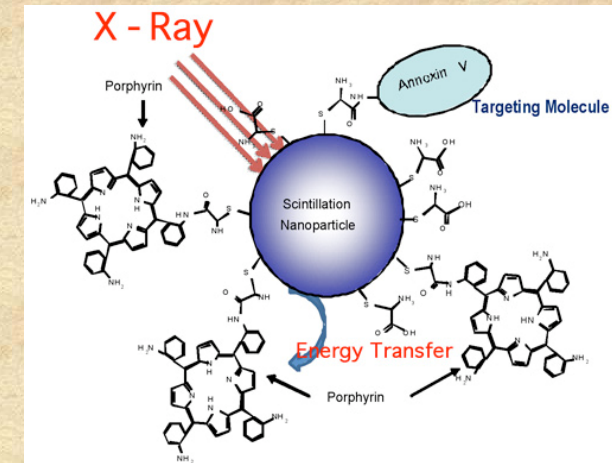


Figure 2 – ZnPcF₁₆ blood concentration after i.v. injection of 1 µmol/kg in EMT-6 tumour-bearing mice (○, PEG-coated PLA NP; ▲, CRM emulsion) (mean, SEM smaller than symbol, n = 5) (adapted from Allémann et al., 1995).

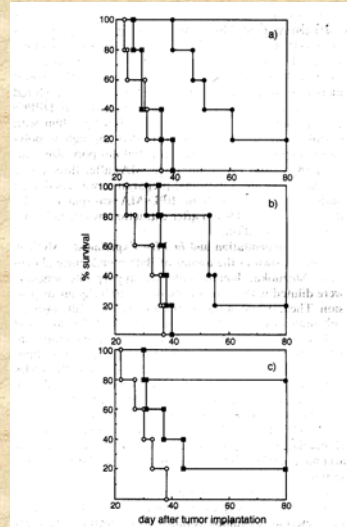
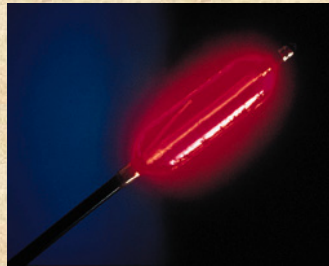
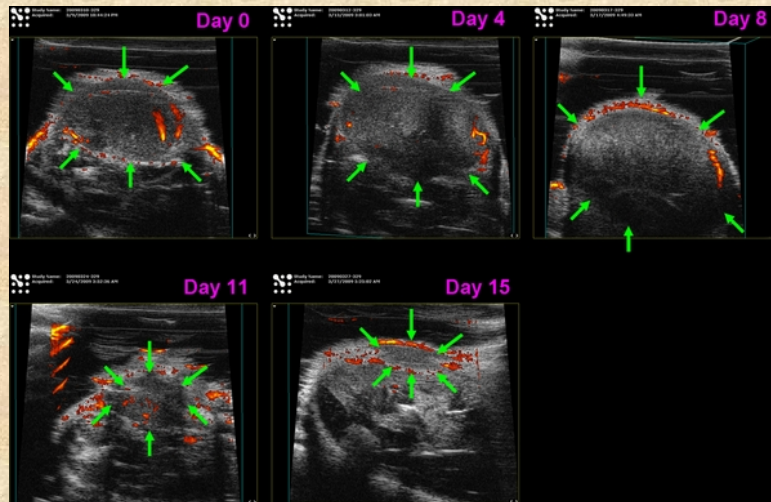


Fig. 4. Survival of Meth A-bearing Mice by PDT with Free or Liposomal BPD-MA.
Mice implanted s.c. with Meth A sarcoma (1 × 10⁶ cells) into the left posterior flank were injected i.v. with free BPD-MA (a), BPD-MA entrapped in DPPG-liposomes (b), or BPD-MA in PEG/UA-liposomes (c) prior to PDT, as described in the legend of Fig. 1. The survival of these mice after treatment with 2 mg/kg BPD-MA (■), 6 mg/kg BPD-MA (●), or 0.3 M glucose solution (○) are shown.

Radioterápia célzott izotópkezeléssel (Re-188)



Longitudinal power Doppler ultrasound Imaging. The images were acquired at 0, 4, 8, 11 and 15 days after injection of 188Re-liposome (29.6 MBq). The arrow marks an area of tumor. The imaging showed a decrease in the tumor volume and number of blood vessels.

4.AIDS

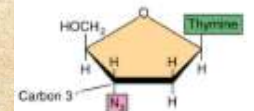
Mind a celluláris (főleg a CD4⁺ limfociták számának csökkenése miatt) mind a humorális immunválasz csökkent → védekezési képtelenség a fertőzésekkel szemben (opportunist fertőzések)

Okozója a HIV vírus – reverz transzkriptázzal rendelkező RNS vírus. A kezelés alapja a reverz transzkriptáz gátlása dezoxinukleozid-analógokkal, melyekben a 3'-OH- csoportot H-, azido-, vagy más csoport helyettesíti → nem képeznek foszfodiészter kötést. Hosszú távon alkalmazandók, ezért toxicitásukat figyelembe kell venni. Kombinációjuk célszerű – kevésbé szokik hozzá a vírus, kisebb toxicitás (a purin és pirimidin analógok más-más úton hatnak)

Pl. 3'-azido-3'-dezoitimidin (AZT) = zidovudin (ZDV)

Hosszabb kezelés során csontvelői toxicitása van.

Liposzómába zárással kivédhető. A plazmában tartózkodás ideje is nő.



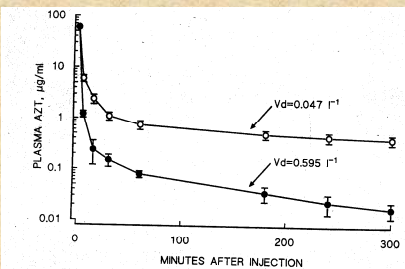


Fig. 7. Plasma AZT levels following the administration of AZT (●) or liposomal AZT (○). Plasma AZT levels (as ³H-methyl-AZT) were determined at 15-300 min following the i.v. administration of a bolus of AZT or liposomal AZT at a dose of 60 μg/mouse (2 mg/kg body weight). Results shown are the mean ± SD of groups of 5 mice. Volumes of distribution (V_d) were calculated using the equation V_d = A/C where A = 60 μg and C = plasma concentration at time zero (obtained by extrapolation of the elimination phase line to zero time).



Table III. Tissue distribution of AZT and liposomal AZT.

Tissue	AZT	% Injected dose/g tissue ^(a)	
		DPDC/DMPG	Liposomal AZT DPDC/PS
Liver	0.59 ± 0.06	3.10 ± 0.21 ^(b)	2.10 ± 0.13 ^(bc)
Spleen	0.60 ± 0.10	2.30 ± 0.08 ^(b)	2.15 ± 0.12 ^(b)
Kidney	7.00 ± 1.45	2.30 ± 0.41 ^(b)	1.10 ± 0.08 ^(bc)
Lung	0.30 ± 0.19	1.90 ± 0.17 ^(b)	4.60 ± 0.35 ^(bc)
Muscle	0.40 ± 0.11	0.50 ± 0.14	0.43 ± 0.17
Brain	0.15 ± 0.09	0.18 ± 0.10	0.16 ± 0.06
Bone marrow ^(d)	0.02 ± 0.003	< 0.0001 ^(b)	< 0.0001 ^(b)
Urine	59.9 ± 4.8	23.8 ± 3.6 ^(b)	21.9 ± 2.7 ^(b)

^(a) Groups of 5 CD1 mice were treated with AZT (2 mg/kg body weight) or 2.5 μmol liposomes containing AZT (2 mg/kg body weight) spiked with ³H-methyl-AZT. DPDC/DMPG liposomes were formulated in the molar ratio 10/1; DPDC/PS liposomes were formulated in the molar ratio 7/3. Tissue distribution was determined 60 min after i.v. injection using a dose volume of 200 μl.

^(b) Significantly different from AZT treatment (P < 0.01, Student's t-test for unpaired data).

^(c) Significantly different from DPDC/DMPG liposomes (P < 0.01).

^(d) Results for bone marrow are expressed as percent dose/10⁶ nucleated cells. The limit of detection using ³H-methyl-AZT was 2.5 pg AZT.

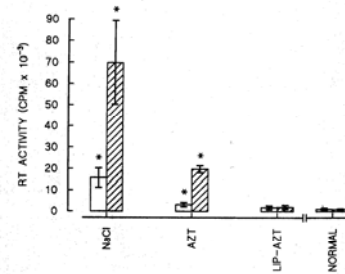


Fig. 10. Effect of treatment with AZT or liposomal AZT on the development of plasma RT activity in LP-BM5-infected C57BL/6 mice.

Groups of 5 LP-BM5-infected mice were treated for 6 weeks as described in the legend to figure 8. Plasma RT activity was determined after 3 and 6 weeks treatment. Blank columns: 3 weeks' treatment; hatched columns: 6 weeks' treatment; * = significantly different from control, mock-infected mice (P < 0.001, Student's t test for unpaired data).

Table IV. Bone marrow toxicity of AZT and liposomal AZT.

Treatment (mg/kg/day)	Bone marrow cells/femur (x 10 ⁶)	Leucocytes ml/blood (x 10 ⁹)	RBC ml/blood (x 10 ⁹)
Vehicle control	13.9 ± 1.6	10.3 ± 2.1	9.8 ± 0.7
Liposomes	14.2 ± 1.1	10.6 ± 0.9	10.1 ± 0.7
AZT			
0.08	11.8 ± 0.9	9.1 ± 1.7	8.7 ± 0.6
0.4	9.0 ± 1.4 ^(a)	7.9 ± 0.8	7.3 ± 0.4 ^(a)
2.0	6.6 ± 1.8 ^(b)	6.1 ± 0.9 ^(b)	6.3 ± 0.4 ^(a)
10.0	6.3 ± 1.3 ^(b)	5.1 ± 1.6	6.0 ± 0.6 ^(a)
50.0	5.9 ± 0.8 ^(b)	5.2 ± 1.9	5.4 ± 0.7 ^(a)
Liposomal AZT			
0.08	14.0 ± 2.1	10.0 ± 1.3	9.6 ± 0.8
0.4	13.6 ± 1.6	10.4 ± 1.3	9.8 ± 0.5
2.0	13.3 ± 1.8	10.6 ± 0.9	9.7 ± 0.8
10.0	13.9 ± 1.2	9.8 ± 1.3	9.2 ± 0.6

Groups of 5 CD1 mice were treated daily by the i.v. route with vehicle (0.85% NaCl), liposomes (2.5 μmol), AZT or liposomal AZT in a dose volume of 200 μl. Bone marrow cellularity, peripheral blood leucocytes and RBC numbers were determined after 3 treatments. The results shown are the mean ± SD.

^(a) Significantly different from control treatment (P < 0.05, Student's t test for unpaired data).

^(b) Significantly different from control treatment (P < 0.01).

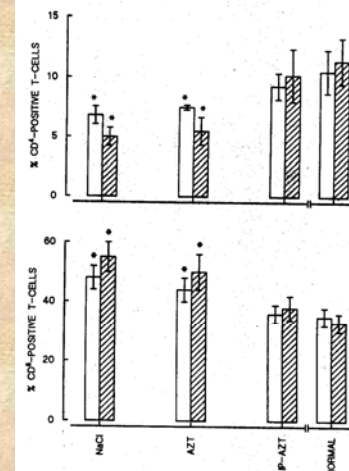


Fig. 9. Effect of treatment with AZT or liposomal AZT on splenic CD4⁺ and CD8⁺ T-cell populations.

Groups of 5 LP-BM5-infected mice were treated for 3 or 6 weeks as described in the legend to figure 8.

Upper panel: proportion of CD4⁺ T cells; lower panel: proportion of CD8⁺ T cells; blank columns: 3 weeks' treatment; hatched columns: 6 weeks' treatment; * = significantly different from control, mock-infected mice (P < 0.01, Student's t test for unpaired data).

Adjuváns hatás

Adjuváns: bármely ágens, amely nem specifikusan fokozza az immunválaszt egy specifikus antigénnel szemben.

A liposzómák hatékony adjuvánsként működnek, így pl. az AIDS során lecsökkent immunválaszt is fokozzák.

Előnyük: - nem toxikusak

- egyszerűen előállíthatók

- összetételük szükség szerint változtatható

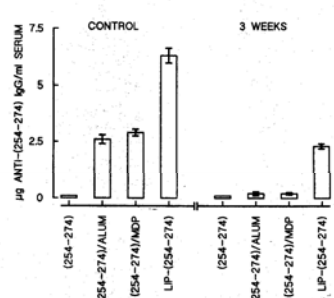
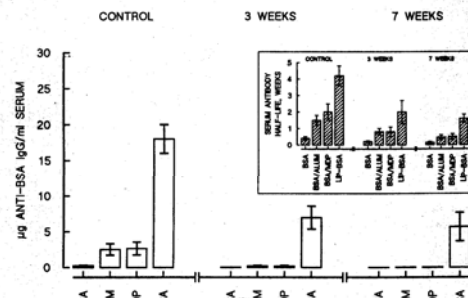


Fig. 4. Immunoadjuvant activity against peptide (254-274) in normal mice and in mice with MAIDS.



5. Vaccinatio

Kihasználható a liposzómák adjuváns hatása (liposzómában bevitt antigénnel az immunválasz fokozható)

Specifikus antigének zárhatók liposzómába, vagy köthetők a felszínére (a hatás az Ag elhelyezkedésétől függ.)

- Bezárt Ag → rövid távú válasz, főleg IgG1 termelődik.

- Felületen kötött Ag → hosszú távú válasz, IgG1, IgG2a, IgG3, IgM termelődik.

A két esetben a hatásmechanizmus különböző.

TABLE 1

Entrapment of Peptides and Proteins in DRV Liposomes

Material	Amount used (mg)	Phospholipid used (μmol)	Entrapment (% of used)
Tetanus toxoid	2.00	16	40-82
Bovine serum albumin	2.00	16	40-45
RIVE	0.05	16	29-31
A/Sichuan	0.05	16	38-45
rHBsAg	0.20	16	31-33
LV39	0.20	16	74-82
Interleukin-2	Up to 10 ⁶ units	16	60-70
Poliiovirus 1-VP2 peptide	0.22	16	74-82
Poliiovirus-VP2 peptide	0.22	16	62-68
HBsAg S peptide	1.00	32	42-46
HBsAg pre-S ₁ peptide	1.00	32	46-48

Note. Materials were entrapped as described in the text. RIVE, reconstituted influenza virus envelopes; A/Sichuan, strain influenza virus hemagglutinin and neuraminidase; rHBsAg, recombinant hepatitis B surface antigen; LV39, *Leishmania major* antigen (mixed isolate); HBsAg, full-length hepatitis B surface antigen synthetic S peptide had a 110-137 amino acid sequence (30); synthetic pre-S₁ peptide, sequence was 15-48 (30).

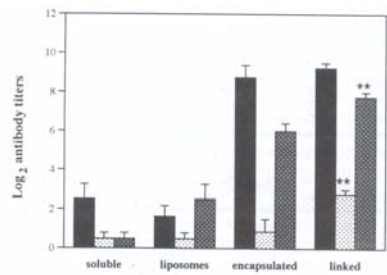


Figure 1 Groups of five mice were injected intraperitoneally with empty liposomes (1 μ mol) or with 100 μ g of either free, encapsulated or surface-linked cAlb. Blood was collected on the 12th day following immunization and specific anti-cAlb total Ig, IgM and IgG were measured on serum samples. The results are means \pm s.e.m. of individual determinations. ■, Total Ig; □, IgM; ▨, IgG

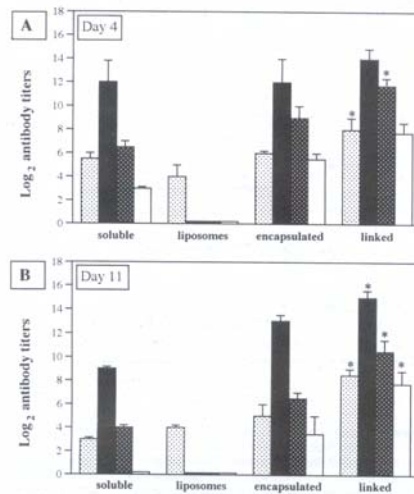


Figure 2 Mice were injected with empty liposomes (1 μ mol) or 20 μ g of either free, encapsulated or surface-linked cAlb and rechallenged 28 days later with the same antigenic formulations. The production of specific seric anti-cAlb IgM, IgG1, IgG2a and IgG3 was measured on the 4th day (A) or the 11th day (B) postboosting injection. Each point represents the mean antibody titre \pm s.e.m. of individual determinations. □, IgM; ■, IgG1; ▨, IgG2a; □, IgG3

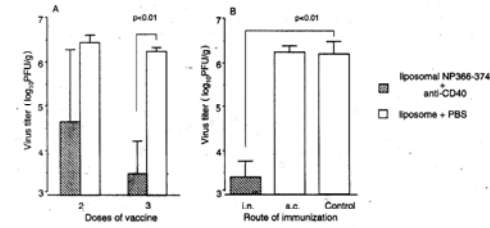


Fig. 3 Protective effects of two or three immunizations with liposomal NP366-374 together with anti-CD40 mAb (A). Three to four mice in each group were immunized intranasally twice or three times at 2-week intervals. Subcutaneous immunization provided no effective immunity against virus replication in the lung (B). Three to four mice in each group were intranasally or subcutaneously immunized three times at 2-week intervals. Mice were challenged intranasally with A/ichi/2/68 (H3N2) a week after the last immunization. In both experiments, control mice were given liposome alone. Five days later, mice were sacrificed and lungs were collected. Lung virus titers were determined as described in Section 2. Bars and error bars represent mean titers and standard deviations for each group.

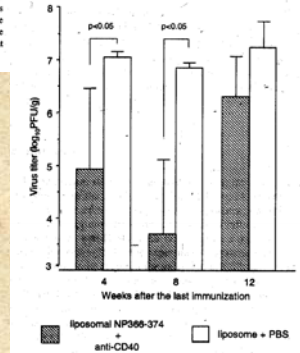
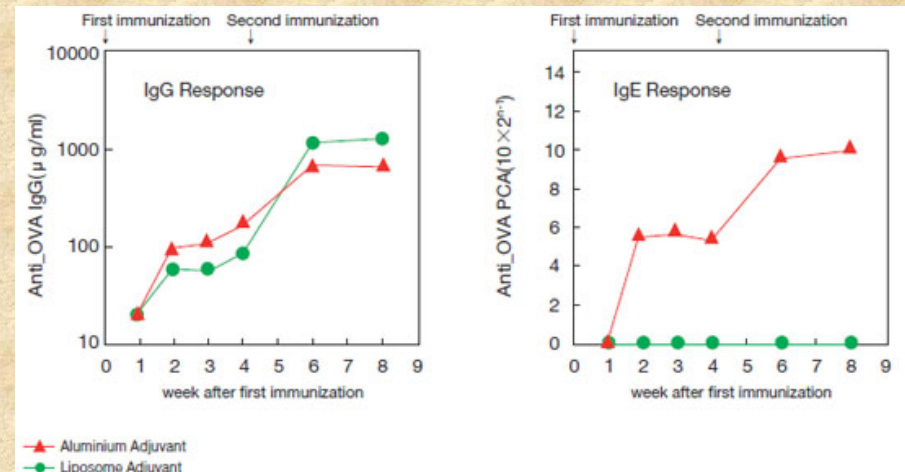
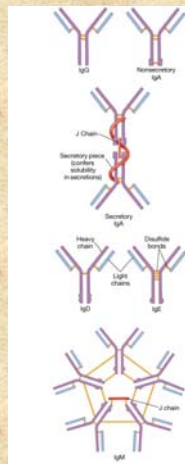


Fig. 4 Duration of the protective effect of immunization with liposomal NP366-374 together with anti-CD40 mAb. Three to four mice in each group were immunized intranasally three times at 2-week intervals. Mice were challenged with A/ichi/2/68 (H3N2) 4, 8, or 12 weeks after the last immunization. Five days later, lungs of mice were collected to calculate virus titers. Bars and error bars represent means and standard deviations for each group.

6. Allergia kezelése

Az allergiás reakció során IgE termelődik. Megfelelő összetételű liposzómába zárva az antigént csökkenthető az IgE és fokozható az IgG termelődése → allergiás betegségek immunterápiája.

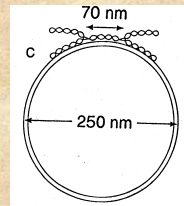
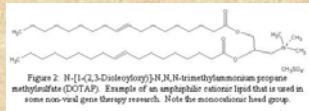


7. Génátvitel

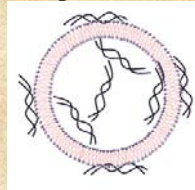
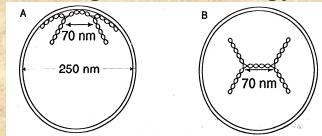
Megvalósítható DNS-darab bezárása, vagy a liposzóma felszínén való megkötése útján (főleg pozitív töltésű liposzómák esetén)

A kötődés lehet:

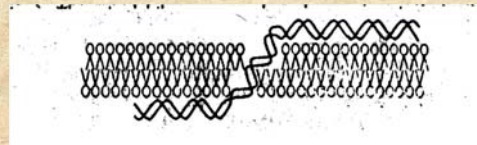
- elektrosztatikus kapcsolódás a külső felszínhez



- a liposzóma üregébe zárva, vagy a belső felszínhez kapcsolódva



- részben belül, részben kívül

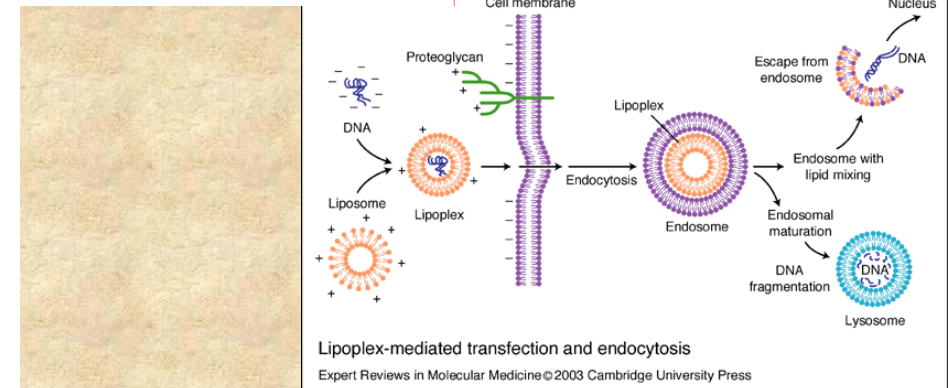
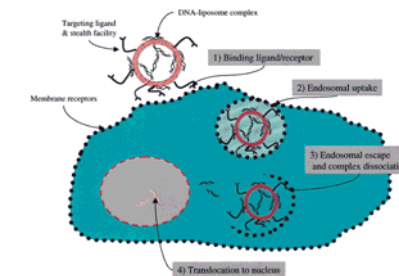
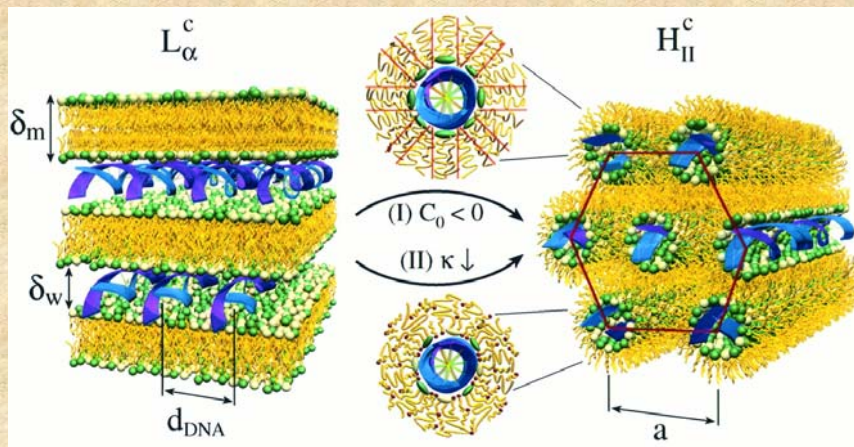
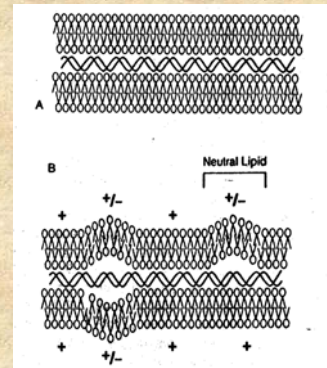
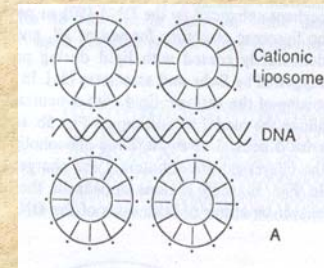


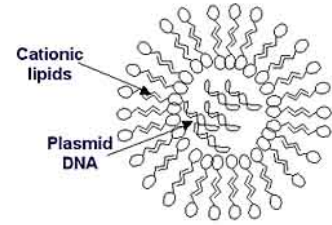
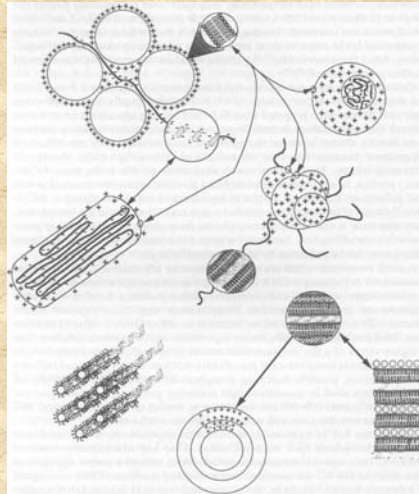
- fúzió során két bilayer közé kerülhet a DNS

A sejtbe juttatáshoz legcélszerűbb a liposzóma és a sejtmembrán fúziója.

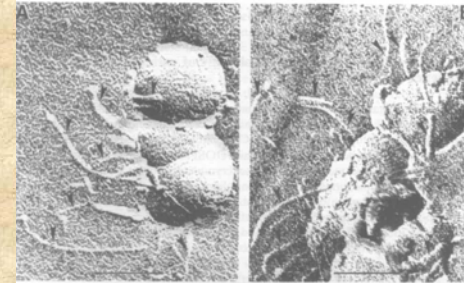
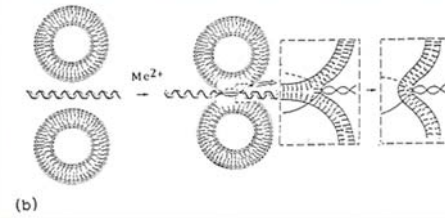
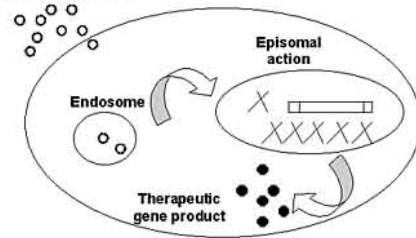
A liposzóma felszíni markereitől függően más-más sejtek vehetik fel, pl. galaktóz – májsejtek; mannóz – fehérvérsejtek

A DOPE általában alkotóeleme az ilyen célú liposzómáknak membrándestabilizáló hatás (ahhoz szükséges, hogy a DNS kiszabaduljon az endoszómából)





Liposome-DNA complexes



	Calcium phosphate precipita- tion	Direct injec- tion	Retro- viral medi- ated	Lipo- fec- tion
Viable <i>in vivo</i>	-	+	?	+
Efficient means of delivery	-	+	+	+
Not disruptive to cell membrane	-	-	+	+
Transfects many cell types	+	+	?	+
Non carcinogenic	+	+	-	+
Metabolizable delivery agent	-	-	-	+
Reproducibility	-	+	+	#
Ability to target to specific tissues <i>in vivo</i>	-	+	-	+
Low cost	+	+	-	-