

Graphene Oxide (GO)-based Nanosheets With Combined Chemo/photothermal/Photodynamic Therapy to Overcome Gastric Cancer (GC) Paclitaxel Resistance by Reducing Mitochondria-Derived Adenosine-Triphosphate (ATP)

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Research

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Abstract

Background

Paclitaxel (PTX) has been suggested to be a promising front-line drug for gastric cancer (GC), while P-glycoprotein (P-gp) could lead to drug resistance by pumping PTX out of GC cells. Consequently, it might be a hopeful way to combat drug resistance by inhibiting the out-pumping function of P-gp.

Results

In this study, we developed a drug delivery system incorporating PTX onto polyethylene glycol (PEG)-modified and oxidized sodium alginate (OSA) -functionalized graphene oxide (GO) nanosheets (NSs), called PTX@GO-PEG-OSA. Owing to pH/thermal-sensitive drug release properties, PTX@GO-PEG-OSA could induced more obvious antitumor effects on GC, compared to free PTX. With near infrared (NIR)-irradiation, PTX@GO-PEG-OSA could generate excessive reactive oxygen species (ROS), attack mitochondrial respiratory chain complex enzyme, reduce adenosine-triphosphate (ATP) supplement for P-gp, and effectively inhibit P-gp's efflux pump function. Since that, PTX@GO-PEG-OSA achieved better therapeutic effect on PTX-resistant GC without evident toxicity (Scheme 1).

Conclusions

In conclusion, PTX@GO-PEG-OSA could serve as a desirable strategy to reverse PTX's resistance, combined with chemo/photothermal/photodynamic therapy.

1. Background

Gastric cancer (GC) is a common malignancy with high morbidity worldwide, especially in East Asia [1, 2]. Most of GC patients are diagnosed with an advanced stage in China, while adjuvant chemotherapy has been preferred for GC's treatment [3]. According to 2019 National Clinical Cancer Network (NCCN), paclitaxel (PTX) is recommended as a front-line treatment (category 1) for GC patients [4, 5], since PTX could efficiently inhibit spindle function and thus suppress tumor cells' proliferation. Despite an initial antitumor response, multiple drug resistance (MDR) has dramatically compromised PTX's effectiveness in GC cells [6, 7]. Consequently, enhancing the efficacy of PTX with reduced side effects is a clinical problem being discussed.

Currently, drug delivery systems (DDSs) based on nanotechnology provide an opportunity to improve the antitumor efficacy of PTX [8, 9]. Among all materials, graphene oxide (GO) has considerable potential, owing to physically enormous surface area [10], chemically the π - π stacking interactions originating from the aromatic structure, electrostatic interactions between opposite charges of drug molecules and GO derivatives [11], high thermal conductivity, and plasma membrane traversing capacity [12]. However, low dispersion of GO in protein-rich or salted environments like cell medium and serum, could lead to uncontrollable dose-dependent toxicity. Therefore, free GO should be modified *via* either covalent or

noncovalent conjugation before using for bio-medical nanocarriers [13]. In our previous research, free GO could induce autophagy-related cell death, revealing its potential toxicity to human beings [14]. As is known, polyethylene glycol (PEG) is one of the most frequently-used reagents in biology owing to its high solubility in organic solvents, minimal toxicity and protein-resistance, and PEG-modified GO (GO-PEG) nanosheets (NSs) showed higher stability and better biocompatibility [13]. Studies have shown that PTX-loaded GO-based nano-DDSs have advantages on improving drug solubility and bioavailability, promoting cytotoxicity to cancer cells through enhanced permeability and retention effect (EPR) and reducing toxic side effects, compared to conventional PTX [15]. Meanwhile, pH-responsive smart drug delivery could help release PTX toward the nucleus and then induce more cancer cells death [16]. Oxidized sodium alginate (OSA) is a naturally existent polysaccharide which possesses pH-responsive properties due to the presence of aldehyde groups, and its hydrophilic property could help to avoid drug clearance by the mononuclear phagocyte system post intravenous injection [17-19]. Hence, we assumed that the functionalization of OSA onto GO-PEG might induce a pH-sensitive drug release effect, while GO-PEG-OSA nano-DDSs for pH-triggered releasing PTX are yet seldomly reported.

Despite the enhanced absorption and the pH-sensitive release of PTX achieved by smart nano-DDSs, P-glycoprotein (P-gp) could still pump intracellular PTX out of GC cells, reduce drug concentration inside GC cells, and compromised the effectiveness of PTX. Accordingly, inhibiting P-gp's efflux pump function directly would be a promising strategy for the reversal of MDR. Recently, the combination of chemotherapy and near infrared (NIR)-induced phototherapy has been considered to be a valid way against MDR [20], as proper phototherapy could impair P-gp's function [21, 22]. As a result, drug-sensitivities revived in MDR cancer cells, namely enhanced absorption of drugs could induce more cell apoptosis at the cancer region. In fact, GO could transfer NIR photon into heat and ROS owing to its broad adsorption spectrum [23, 24], highlighting the photothermal (PTT) and photodynamic (PDT) potentials of GO-based nano-DDSs [25, 26]. In other words, GO-based nano-DDSs could suppress P-gp's efflux pump function directly to achieve better therapeutic effect, under consistent phototherapy triggered by appropriate NIR irradiation. However, few studies reported GO's photo-therapeutic mechanism on inhibiting P-gp's function, and our research will provide new valuable insights into this issue.

In our study, we firstly modified the surface of GO NSs with PEG and OSA, scilicet the pH-sensitive GO-PEG-OSA NSs, and then loaded with PTX (PTX@GO-PEG-OSA). The as-prepared NSs were successfully applied to treat PTX-resistant GC cells and achieved excellent chemo/PTT/PDT additive therapeutic effect both *in vitro* and *in vivo*. Unlike the reported downregulated expression of P-gp [21], the mechanism of drug resistant reversal was elaborated that PTX@GO-PEG-OSA NSs with NIR-irradiation could induce the depolarization of mitochondrial transmembrane potential (MTP), inhibit the activity of mitochondrial respiratory chain complex enzyme and reduce ATP production, while mitochondrial damage was majorly induced by the generated ROS, instead of hyperthermia. PTX-resistant GC cells were therefore re-sensitive to PTX, since energy supply for P-gp was suppressed.

2. Materials And Methods

2.1 Materials

GO, polyethylene glycol diamine (NH₂-PEG-NH₂; molecular mass:2000), sodium alginate (SA), PTX, 1-(3-Dimethylaminopropyl)-3-ethylcarbodiimide hydrochloride (EDC), N-hydroxysuccinimide (NHS) and other reagents were purchased from Aladdin company (China).

2.2 Synthesis of GO-PEG-OSA NSs

Sodium hydroxide solution (1 mol/L) was added to nano-GO (5 mg/mL) dispersion, and the mixtures were maintained with stirring for 1 hour at room temperature. After centrifuging, precipitates were collected, washed with 0.1 mol/L hydrochloric acid, centrifuged again until supernatant was neutral. Collected GO dispersion (1 mg/mL) was dispersed in distilled water (pH 5-6), while polyethylene glycol diamine was added and further being stirred for 1 h. After that, 100 mg of EDC and 200 mg of NHS were added, while mixture was stirred for another 12 hours, centrifuged at 6000 rpm, and resuspended in distilled water. After purification by repeating dispersion in water and centrifugation, the product was freeze-dried to obtain GO-PEG-NH₂. According to Le-Tien's study [27], 5 g SA and NaClO₄ solutions were dissolved in 50 mL deionized water, while the mixtures were stirred for 24 h in a dark space at room temperature. Then, ethylene glycol was added to the mixtures for 15 min to stop the reaction. The unreacted NaClO₄ was removed by dialysis for 3 days, and the dialysis water was changed 2-3 times a day. After dialysis, the dialysate was freeze-dried to form OSA containing aldehyde groups. OSA was added to a solution of 20 mL GO-PEG-NH₂ dispersion (1 mg/mL), and the mixture was stirred for 12 hours at room temperature. The products were purified by dialysis (molecular weight cutoff: 3,500) against water for 3 d and then freeze-dried to yield GO-PEG-OSA.

2.3 Loading of PTX

A total of 200 μL of PTX solution (5 mg/L) was added to 2 mL GO-PEG-OSA or GO-PEG dispersion (5 mg/L), the mixture was stirred at 4 °C for 12 h and then centrifuged at 10000 rpm for 20 min. The content of free PTX was measured by collecting the supernatant liquid. The amount of loaded PTX was measured at 227 nm using HPLC (SHIMADZU, Japan) equipped with Hypersil BDS C18 column (4.6×250 mm, 5μm, Elite, China). The flow rate of mobile phase (acetonitrile: H₂O = 55:45, v/v) was 1.0 mL/min. The PTX loading efficiency (LE) were calculated as following equation:

$$LE (\%) = \frac{\text{Mass of loaded PTX}}{\text{Mass of loaded PTX} + \text{Mass of feeded "GO-PEG-OSA" conjugates}} \times 100\%$$

2.4 Characterizations of GO-PEG-OSA NSs

Fourier transform infrared (FTIR) spectrometer (Vertex 70, Bruker, Germany) was used to obtain the FT-IR spectra. The zeta potential and hydrodynamic diameter was evaluated by Zeta PALS system (Nanobrook Zeta PALS, Brookhaven Instruments Corporation, USA). The morphology was observed by transmission

electron microscopy (TEM, Hitachi-7650 Hitachi, Japan) and atomic force microscopy (AFM, Nanoscope Multimode, Veeco, USA). HPLC (Waters 1525, USA) were used to identify the PTX loading and drug release.

2.5 PTT/PDT effects of PTX@GO-PEG-OSA NSs

The GO-PEG-OSA and PTX@GO-PEG-OSA NSs were treated by 808 nm wavelength laser irradiation (1 W/cm² or 1.5 W/cm², 5 min), as a thermal probe was used to detect the temperature changes at different time-points, while equivalent amount of PBS with the same laser irradiation was chosen as negative control. The images of temperature changes were recorded by infrared imaging device (ThermaCAMSC3000, Flirsystem Incorporation, USA) at 0.5 min intervals for a total of 5 min.

GO-PEG-OSA and PTX@GO-PEG-OSA NSs were firstly treated with 808 nm wavelength laser irradiation (1 W/cm², 5 min), and then Singlet Oxygen Sensor Green reagent (Life Technologies, Carlsbad, CA, USA) was used to detect the production of singlet oxygen via a Jasco (Easton, MD, USA) FP-6200 spectrofluorometer.

2.6 Biocompatibilities of GO-PEG-OSA nanosheets

2.6.1 Hemolysis assay

Blood samples obtained from healthy individuals, were centrifuged and then washed twice with PBS. Then, different concentrations of GO-PEG-OSA were added to blood samples, while the negative and positive control groups were treated with pure PBS solution and Triton X-100 (1%, v/v), respectively. The mixture was incubated at 37°C for 4 hours, followed by centrifuged at 12,000 rpm for 5 min. Finally, the absorbance (optical density [OD]) of the supernatant at a wavelength of 545 nm was measured.

2.6.2 *In vitro* biosafety study

Normal gastric mucosal epithelial cells (GES-1) were seeded and cultured for 24 h in Dulbecco's modified Eagle's medium (DMEM) (Gibco) supplemented with 10% fetal bovine serum (FBS; Gibco). Then cells were incubated with different concentrations of GO-PEG-OSA or GO NSs for 48 h, then cells were analyzed with Cell Counting Kit-8 (CCK-8) assay (Dojido, Tokyo, Japan).

2.6.3 *In vivo* biosafety study

Sprague-Dawley (SD) rats were randomly treated with GO-PEG-OSA (2 mg/mL) and saline respectively *via* a tail vein injection. After that, we monitored the function of liver (including aspartate aminotransferase and alanine aminotransferase) and kidney (including blood urea nitrogen and uric acid) for 72 h by collecting blood samples from SD rats. An overdose of pentobarbital was administered to the rats, and their major organs were harvested for hematoxylin and eosin (H&E) staining to observe potential damage.

2.7 Cell uptake and intracellular distribution of PTX@GO-PEG-OSA NSs

PTX-resistant GC cells (HGC-27/PTX) were seeded and cultured for 24 hours in DMEM with 10% FBS at 37°C and 5% CO₂. Then, cells were treated with PTX@GO-PEG-OSA NSs, with or without pre-treatment of chlorpromazine. After incubation, Inversed Fluorescent Microscope (Olympus, Tokyo, Japan) was applied to observe the cells from 1 to 4 hours. Furthermore, PTX@GO-PEG-OSA NSs' endocytosis was observed by transmission electron microscopy (TEM), ultra-high-performance liquid chromatography (UHPLC) and Confocal Laser Scanning Microscopy (CLSM, Olympus).

2.8 *In vitro* antitumor effect of PTX@GO-PEG-OSA NSs

HGC-27/PTX cells were seeded and cultured for 24 hours in DMEM supplemented with 10% FBS. Then cells were treated with free PTX, OSA-PEG-OSA or PTX@GO-PEG-OSA NSs separately for 48 h. To evaluate the PTT/PDT of GO-based NSs, the above-treated cells were also treated with or without NIR irradiation (1 W/cm², 5 min), ice incubation or external heating. Then cells were analyzed with CCK-8 assay (Dojido), Annexin-V-FITC/PI assay (KeyGen, Nanjing, China) and 5-ethynyl-2' DNA nucleoside uracil (EdU) assay (KeyGen), according to manual instructions. To explore underlying mechanism, above treated cells were also analyzed with ROS, mitochondrial complex I-V, ATP, Rho123 Assay Kits (all bought from Solarbio, Beijing, China), MTP (KeyGen) and mitochondrial ROS (mitoROS; AAT Bioquest, Wuhan, China).

2.9 *In vivo* antitumor effect of PTX@GO-PEG-OSA NSs

All animal procedures were approved by Animal Ethics Center in Southern Medical University (Certification No. K2020015). Female nude mice (age, 4–5 weeks) were bought from the Experimental Animal Centre of Guangdong Province. To develop tumor-bearing model, HGC-27/PTX cells were harvested and injected into right flank of the nude mice at a density of 5*10⁶ cells/200 μL. When tumor volume exceeded 100 mm³, the mice were divided into eight groups, which were treated with saline (negative control), GO-PEG-OSA, free PTX or PTX@GO-PEG-OSA solutions (PTX concentration of 10 mg/kg) *via* a tail vein injection every 2 d, with or without irradiation of NIR (1 W/cm², 5 min) every 2 d on tumor sites. Tumor volumes were recorded every day for 21 d. After euthanizing, tumors were excised for data selecting, fixed with formalin for immunohistochemistry (IHC; Tunel, Abcam, USA) and H&E staining.

2.10 Western blot analysis

The RIPA lysis buffer (Beyotime Biotechnology, Shanghai, China) was added into the treated tissue samples for extracting total proteins. Equal quantities of proteins were loaded onto a sodium dodecyl sulfate polyacrylamide gel electrophoresis (SDS-PAGE) gel and transferred onto polyvinylidene difluoride (PVDF) membranes (Millipore, Bedford, Germany). After probing with primary antibodies at 4°C overnight, followed by blocking nonspecific antigens with 5% skimmed milk for 1 hour, the membranes were subsequently washed and incubated with HRP-conjugated secondary antibodies. Finally, the ECL detection system (FDbio, Shenzhen, China) was used to visualize the signals.

2.11 Statistical analysis

Mean \pm standard deviation (SD) was used to value the data. Quantitative analysis of the immunofluorescence intensity, western-blotting bands and IHC stained area by aniline was conducted by the Image J program (National Institutes of Health, Bethesda, MD). All experiments were repeated at least 3 times, unless indicated otherwise. The unpaired Student's t-test or the analysis of variance (ANOVA) followed by Scheffe's post hoc test was applied to value the data. When $P < 0.05$, significant differences were considered.

3. Results And Discussion

3.1 Synthesis and Characterizations of PTX@GO-PEG-OSA NSs

Though GO has been widely used in nano-sized DDSs, there are some drawbacks that hamper its applications, such as the tendency to aggregate in protein-rich or salted environments, and its dose dependent-toxicity [14]. To ameliorate this biomaterial, the most efficient approach is to coat the GO surfaces *via* covalent or noncovalent conjugation. PEG is one of the most frequently used reagents in biology owing to its high solubility in organic solvents, minimal toxicity, and protein resistance [28]. Nevertheless, PTX@GO-PEG NSs lack the ability to respond to external stimuli (such as pH), while these environment-sensitive properties are attractive for customized drug release and precise treatments due to the tumor microenvironments. Alginate is a naturally existing polysaccharide, exhibiting excellent biodegradability, biocompatibility, and water solubility [29]. Oxidized sodium alginate (OSA)-based biomaterials have pH-responsive property now that the presence of aldehyde groups, and its hydrophilic property could help avoid drug clearance by the mononuclear phagocyte system post-intravenous injection [18, 19]. Consequently, the functionalization of OSA onto GO-PEG might facilitate pH-sensitive drug release effect.

In our research, GO, GO-PEG, GO-PEG-OSA and PTX@GO-PEG-OSA NSs were prepared following the route shown in **Scheme 2**. As FT-IR spectra demonstrated (**Figure 1A**), the as-prepared GO showed specific strong and broad peaks at 3400 cm^{-1} (attributed to hydroxyls and carboxyls), 1620 cm^{-1} (the skeletal vibrations of C=C), and 1380 cm^{-1} (the O-H deformations of the hydroxyl and epoxy groups) [30]. After PEGylation, GO-PEG NSs showed new peaks at 2950 cm^{-1} (the skeletal vibrations of -C-H) and 1050 cm^{-1} (-C-O-), which represented the covalent grafting of PEG chains onto the surface of the GO sheets. Meanwhile, new peaks at 3200 and 3120 cm^{-1} (the skeletal vibrations of $-\text{NH}_2$) was also observed in GO-PEG, indicating that free primary amine groups were still available for further conjugation [31]. Furthermore, special peaks at 1610 cm^{-1} (-C=N-, characteristic of imine) corresponding to amido-linkages between GO-PEG and OSA appeared after modification with OSA. After PTX's loading, special peaks at 1246 cm^{-1} (C-N stretching) and 1731 cm^{-1} (C=O stretching) corresponding to PTX were also shown [32, 33]. The FI-TR results consistently confirmed the successful synthesis of PTX@GO-PEG-OSA NSs. The completion of surface modification was also demonstrated by the stable hydrodynamic sizes and alternative change of zeta potential (**Figure 1B&C; Supplementary files, Figure S1**). It could be seen in the TEM and AFM images that all GO-based products showed special sheet structures, while GO-PEG-OSA

and PTX@GO-PEG-OSA NSs showed much better dispersibility than unmodified GO (seen in **Figure 1E&F**). As-prepared GO-PEG-OSA and PTX@GO-PEG-OSA NSs performed remarkable stability compared to the naked GO nanosheets in both water and FBS (**Figure 1D; Supplementary files, Figure S1**), which was attributed to the higher zeta potentials in contrast to GO and GO-PEG NSs (**Figure 1B&C; Supplementary files, Figure S1**). Furthermore, as GO-based nano-DDSs represent one of the promising nanomedicines to accomplish the photo-therapy, the photothermal conversion ability was tested by exposure of GO-PEG-OSA NSs and PTX@GO-PEG-OSA NSs (GO-PEG-OSA concentration ~ 0.1 mg/mL) under 808 nm NIR laser irradiation [34]. Significant temperature increase ($\sim 8^\circ\text{C}$ and $\sim 13^\circ\text{C}$) was observed in GO-PEG-OSA group under NIR irradiation (1 W/cm^2 and 1.5 W/cm^2) and PTX@GO-PEG-OSA group showed similar photothermal conversion ability, while free PBS caused only a slight temperature increase (**Figure 1G&H**). In addition, higher concentration of GO-PEG-OSA NSs (~ 1 mg/mL) was further detected at 1 W/cm^2 and 1.5 W/cm^2 NIR power intensities, while ΔT_{max} rose to $\sim 14^\circ\text{C}$ and $\sim 21^\circ\text{C}$ (**Supplementary files, Figure S2**), indicating that NIR laser can be converted to thermal energy efficiently by GO-PEG-OSA NSs, which was similar to the results of other studies [10, 35]. Besides, according to the linear regression curve between the cooling stage and negative natural logarithm of driving force temperature, the photothermal conversion efficiency of GO-PEG-OSA NSs was calculated to be 50.1%. In addition, to determine whether GO-based NSs could produce ROS under NIR laser irradiation, a singlet oxygen sensor was applied to detect the ROS level. As shown in **Figure 1I**, GO-PEG-OSA and PTX@GO-PEG-OSA NSs (~ 0.1 mg/mL) exhibited time-dependent production of ROS in deionized water, namely their PDT ability. Therefore, GO-PEG-OSA NSs could be applied for GC's PTT and PDT treatments.

As calculated by HPLC, the PTX loading efficiency (LE) of PTX@GO-PEG-OSA NSs was $8.12 \pm 0.11\%$. To evaluate the release curve of PTX@GO-PEG-OSA, *in vitro* release of PTX was monitored in buffers with pH values mimicking those of blood plasma (pH 7.4) and tumor sites (pH 5.5). As shown in **Figure 1J**, throughout a 48-hour release period, the release amount of the drug was significantly higher at acidic environment (pH 5.5) than neutral (pH 7.4). Since GO-PEG-OSA NSs showed PTT capacity, release curve of PTX@GO-PEG-OSA was also monitored in the presence of NIR (1 W/cm^2). As expected, PTX@GO-PEG-OSA showed significant increased release rate, indicating their thermal-sensitive drug release abilities. Meanwhile, we detected drug release curve of PTX@GO-PEG NSs, while LE was proved to be $8.00 \pm 0.21\%$. Throughout a 48-hour release period, PTX release rates in PTX@GO-PEG NSs showed no significant change at pH levels of 5.5 and 7.4 respectively (**Supplemental materials, Figure S3**). Additionally, the 48h release rate of PTX@GO-PEG-OSA was similar to that of PTX@GO-PEG with a pH value of 5.5, but much slower at pH 7.4 (**Figure 1J; Supplemental materials, Figure S3**), suggesting that the modification of OSA could effectively reduce the drug leakage in normal tissues. Taken together, we assumed that the amido-linkage between GO-PEG and OSA led to the pH-sensitive drug release, which had a faster degradation rate in acidic environments owing to the Schiff's base structure. This pH-sensitive drug release is beneficial for cancer therapy due to the acidic tumor environments.

3.2 Biocompatibility of GO-PEG-OSA NSs *in vitro* and *in vivo*.

Good biological safety is an essential prerequisite for nanocarriers [36]. *In vitro* experiments were firstly performed by incubating GO-PEG-OSA NSs with red blood cells and normal GES-1 cells. The results demonstrated that GO-PEG-OSA NSs did not induce hemolysis at any tested concentrations (as shown in **Figure 2A**), and CCK-8 assay (**Figure 2B**) revealed cell viability above 80% for all concentrations. Besides, immunotoxicities were examined in RAW264.7 murine macrophage-like cells, which implied that GO-PEG-OSA NSs (2 mg/mL) treatment did not induce an inflammatory response in comparison with control group, and LPS significantly increased protrusion formation (**Figure 2C**). Moreover, the same doses of GO and GO-PEG-OSA were respectively incubated with GES-1 cells, while dramatical cell death was observed in free GO group at dose-dependent manner, compared to that in GO-PEG-OSA group (**Supplementary files, Figure S4**). All these results strongly indicated that GO-PEG-OSA NSs had perfect *in vitro* biocompatibilities. To further evaluate their *in vivo* potential toxicities, saline or GO-PEG-OSA NSs (2 mg/mL) were administered intravenously to SD rats (n = 5). The blood-serum samples were sent for biochemical analyses of clinically relevant indicators, and there were no significant differences among these groups, suggesting that there was no obvious liver or kidney damage apparently (**Figure 2D**). Additionally, histological analyses of the main organs (brain, kidney, lung, liver and heart) *via* H&E staining were performed. No significant pathological changes could be seen between these two groups, which revealed that the GO-PEG-OSA NSs had good biosafety *in vivo* (**Figure 2E**).

3.3 Cellular uptake and intracellular distribution of PTX@GO-PEG-OSA NSs

HGC-27/PTX cells were constructed (**Supplemental materials, Figure S5**) and used for assessment of the as-prepared NSs' cellular uptake and intracellular distribution. Bio-TEM images of HGC-27/PTX cells after treatment with PTX@GO-PEG-OSA NSs for 24 h, showed black nanosheets inside cytoplasm, while no NSs were observed in control group (**Figure 3A**), indicating the cellular uptake of PTX@GO-PEG-OSA NSs. To further observe the endocytosis process, PTX@GO-PEG-OSA were labeled with the fluorescent agent Cy5.5. After incubating with PTX@GO-PEG-OSA from 1 to 4 h, Cy5.5 intensities within HGC-27/PTX cells were examined by inverted fluorescent microscopy. The fluorescence images (**Figure 3B**) showed that red fluorescent intensity of Cy5.5-labeled PTX@GO-PEG-OSA NSs increased gradually and reached its peak in 4 hours. In addition, UHPLC results revealed a 4-folds increase of PTX in PTX@GO-PEG-OSA group compared with that for free PTX group (PTX concentrations are both 8 $\mu\text{g/mL}$) (**Figure 3C**). In order to detect the *in vivo* distribution of the nanosheets, we constructed the Cy7-loaded PTX@GO-PEG-OSA NSs. After 0-6 h, the mice were imaged using a small animal *in vivo* fluorescence imaging system (DIGITAL FPRECISION MEDICINE Company, Beijing, China). The *in vivo* fluorescence images indicate that PTX@GO-PEG-OSA NSs could accumulate in the cancer region in 3 h, then gradually enriched in the tumor site from 3 to 24 h. 24 h later, the tumor-bearing mice were sacrificed, and major organ were collected. And the *ex vivo* imaging also showed that PTX@GO-PEG-OSA NSs were mostly accumulated in the tumor and liver regions (**Supplemental materials, Figure S6**).

Several studies have demonstrated that GO-based NSs could enhance cellular uptake of anticarcinogen [37-39]. What's more, Huang et al reported that GO's internalization is mainly dependent on clathrin-mediated endocytosis [40], which was a classic endocytosis uptake routine [41]. Consequently, we

hypothesized that GO-PEG-OSA NSs might also increase the cellular uptake of PTX by the clathrin-mediated pathway. To confirm that, we pre-incubated HGC-27/PTX cells with chlorpromazine (10 µg/mL), a specific clathrin protein inhibitor [42, 43]. Fluorescence images and HPLC results consistently showed that the uptake of PTX@GO-PEG-OSA NSs was significantly suppressed in HGC-27/PTX cells (**Supplemental materials, Figure S7**). Taken together, our designed PTX@GO-PEG-OSA NSs could effectively facilitate the intracellular delivery efficiency of PTX to GC cells, mostly dependent on clathrin-mediated pathway. To further observe the intracellular distribution, HGC-27/PTX cells lysosomes were firstly labeled with green lysotracker probes. After incubation with PTX@GO-PEG-OSA NSs for 24 h, CLSM images showed that the location of PTX@GO-PEG-OSA largely overlapped with that of the lysosomes, and this phenomenon suggested that PTX@GO-PEG-OSA might have entered the lysosomes (**Figure 3D**).

3.4 In vitro chemo-therapeutic effect of PTX@GO-PEG-OSA NSs

To assess the chemo-therapeutic effect of our as-prepared NSs, HGC-27/PTX cells were incubated with different concentrations of PTX@GO-PEG-OSA NSs. According to the CCK-8 assays (**Figure 4A**), GO-PEG-OSA NSs showed relatively nontoxic to GC cells, as the rates of cell viability exceeded 90 % after incubation. To date, it could be seen that PTX@GO-PEG-OSA groups showed more significant therapeutic effects on HGC-27/PTX cells than a parallel dose of free PTX. To further detect the chemo-therapeutic effect, HGC-27/PTX cells were incubated with PTX@GO-PEG-OSA NSs (8 µg/mL) for 24 h, and then analyzed by EdU and apoptosis assay.

EdU dye is a kind of thymidine nucleoside analogues, which could specifically insert into DNA molecules of rapid proliferation cells [44]. After conjugated reactions with EdU, less EdU-positive cells were found in PTX@GO-PEG-OSA and PTX groups, compared to GO-PEG-OSA and blank groups, while PTX@GO-PEG-OSA showed least EdU-positive cells (**Figure 4B**). The apoptosis rates determined by flow cytometry (**Figure 4C**) demonstrated that PTX@GO-PEG-OSA induced 1.5-folds higher levels of total apoptosis (12%) than free PTX (7%), and 2-folds higher total apoptosis than blank and GO-PEG-OSA (5%). Actually, Cleaved caspase-3, Bax and p53 are all of pro-apoptotic protein that are up-regulated early in a sequence of events associated with programmed cell death, especially apoptosis [45]. Consistent with flow cytometry data, the expression of apoptosis-related proteins (including cleaved caspase-3, Bax and p53) remarkably increased in PTX-treated and PTX@GO-PEG-OSA-treated cells, while the anti-apoptosis marker (Bcl-2) was contrarily depleted in comparison to the GO-PEG-OSA treated and control cells (**Figure 4D; Supplemental materials, Figure S8**). Although the expression levels of the apoptosis marker proteins in PTX-treated cells were upregulated, the changes were still significantly lower than those in PTX@GO-PEG-OSA-treated cells. These results consistently revealed that PTX@GO-PEG-OSA possessed the most remarkable anti-proliferation properties. Apart from that, PTX@GO-PEG-OSA NSs were supposed to enter the lysosomes (**Figure 3D**), which are degradative organelles with a much lower pH microenvironment [46]. We hypothesized that the release of PTX might accelerate and therapeutic effect of PTX@GO-PEG-OSA might be superior to free PTX due to lysosomes. To verify the hypothesis, HGC-27/PTX cells were pre-incubated with NH₄Cl, which could neutralize the acidic microenvironment. Compared with the PTX@GO-PEG-OSA-

treated cells, the NH₄Cl-treated cells showed significantly higher cell survival rates (**Figure 4E**), confirming the pH-triggered drug release is useful for enhancing antitumor effect.

3.5 *In vitro* chemo/PTT/PDT effects of PTX@GO-PEG-OSA NSs

As it has been reported, PTT/PDT combined effect could increase the sensitivity of drug-resistant cancer cells to chemotherapeutic agents, thus facilitating the ability to overcome the drug resistance[47, 48]. In addition, the additive chemo/PTT/PDT effects of PTX@GO-PEG-OSA NSs (8 µg/mL) was evaluated. CCK-8 assays revealed that PTX@GO-PEG-OSA with NIR (refer to chemo/PTT/PDT) caused 2-folds changes higher cell toxicity (~70%) than PTX@GO-PEG-OSA without NIR (refer to chemo, ~30%) and GO-PEG-OSA with NIR (refer to PTT/PDT, ~22%) treatment. Meanwhile, NIR and GO-PEG-OSA group showed significant no viability change, compared to blank group (**Figure 5A**). EdU assay demonstrated that GO-PEG-OSA with NIR, PTX@GO-PEG-OSA and PTX@GO-PEG-OSA with NIR significantly induced less EdU-positive cell rates than GO-PEG-OSA did, while PTX@GO-PEG-OSA with NIR showed the most obvious anti-proliferation properties (**Figure 5B**). The apoptosis rates determined by flow cytometry (**Figure 5C**) implied that PTX@GO-PEG-OSA with NIR induced 2-folds higher levels of total apoptosis (27%) than GO-PEG-OSA with NIR (12%), PTX@GO-PEG-OSA (13%) and GO-PEG-OSA (5%). Consistently, the expression of apoptosis proteins (including cleaved caspase-3, Bax and p53) also remarkably increased in GO-PEG-OSA+NIR, PTX@GO-PEG-OSA and PTX@GO-PEG-OSA+NIR groups, while the anti-apoptosis marker (Bcl-2) was contrarily exhausted (**Figure 5D;Supplemental materials, Figure S9**). Among all the groups, the additive therapeutic PTX@GO-PEG-OSA+NIR group showed vastly obvious changes. Totally, both cell viabilities and apoptosis rates showed that PTX@GO-PEG-OSA with NIR induced a combination of chemo/PTT/PDT effects, namely increasing motility in HGC-27/PTX cells, a result that was much better than the results of single chemotherapy or single photo-therapeutic effect (**Figure 5A**).

3.6 PTT/PDT effects induced by GO-PEG-OSA NSs could combat drug resistance by reducing mitochondria-derived ATP

Although the as-prepared PTX@GO-PEG-OSA NSs could enhance the sensitivity to PTX in HGC-27/PTX cells with the assistance of PTT/PDT additive therapy, the underlying mechanism remains unknown. To clarify the roles of PTT and PDT on increasing PTX sensitivity, PTX@GO-PEG-OSA (containing 8 µg/mL of PTX and ~100 µg/mL of GO-PEG-OSA) or GO-PEG-OSA (~100 µg/mL of GO-PEG-OSA) groups were further applied on the surface of ice while being irradiated with NIR light, in order to control the temperature below 10°C and minimize the effect of NIR-induced PTT ablation. Furthermore, GO-PEG-OSA with NIR group was monitored with an infrared camera, and the temperature could be raised to about 43°C. An external heating group was accordingly set with temperature of 43°C to simulating the PTT, using a cell culture incubation. Whereupon, HGC-27/PTX cells were randomly divided into seven groups, including blank (control), GO-PEG-OSA+NIR (refer to PTT&PDT), External heating (refer to PTT), GO-PEG-OSA+NIR+Ice (refer to PDT), PTX@GO-PEG-OSA (refer to chemo), PTX@GO-PEG-OSA+External heating (refer to chemo&PTT), PTX@GO-PEG-OSA+NIR+Ice (refer to chemo&PDT). From CCK-8 results, we found that both GO-PEG-OSA+NIR and External heating groups could induce ~20% cell death, while no

significant cell death was shown in GO-PEG-OSA+NIR+Ice group (**Supplemental materials, Figure S10**). Subsequently, chemo&PTT and chemo&PDT effects were also carried out. CCK-8 assays revealed that PTX@GO-PEG-OSA caused ~30% cell toxicity, and PTX@GO-PEG-OSA+External heating (chemo&PTT) showed ~55% cell death. Furthermore, PTX@GO-PEG-OSA+NIR+Ice (chemo&PDT) also showed ~46% cell death (**Supplemental materials, Figure S10**). Thus, we concluded that PTT&PDT caused by our designed GO-based NSs could induce GC cell death, where hyperthermia was the key factor on killing tumor cells. Apart from this, the addition of PDT effect exerted super-additive therapeutic efficiency in PTX@GO-PEG-OSA groups.

MDR is highly associated with transmembrane efflux pumps such as P-gp, which belongs to the adenosine triphosphate (ATP)-binding cassette (ABC) transporter superfamily [49, 50]. Some studies have reported that the PDT effect could downregulate the expression level of P-gp, and thus increase the sensitivity of drug-resistant cancer cells [51, 52]. Though it was also identified that compared to normal HGC-27 cells, P-gp was overexpressed and downregulation of P-gp could enhance sensitivity of PTX in HGC-27/PTX cells (**Supplemental materials, Figure S11**), it is very surprising that there were no significant differences in P-gp expression level when we treated HGC-27/PTX cells with PTX@GO-PEG-OSA or GO-PEG-OSA with or without the presence of NIR irradiation (**Supplemental materials, Figure S12 A&B**). That is to say, some other factors might lead to the additive therapy effect rather than the reported inhibition of P-gp proteins' expression. Considering P-gp is a transmembrane glycoprotein with a molecular weight of 170 KD and works as an energy-dependent "drug pump", they could bind to ATP, acquire energy to pump intracellular drugs out of the cell, reduce the drug concentration in the cell and result in drug resistance [53, 54]. Additionally, intracellular ATP production mostly depends on the mitochondrial respiratory chain complex enzymatic activities [55]. Therefore, reducing mitochondria-derived ATP in cancer cells should be another effective tactic to overcome MDR [56]. As it has been reported, ROS is an inevitable product of cell metabolism, while phototherapeutic effect could cause high levels of intracellular ROS and lead to mitochondrial damage. Based on these, we hypothesized that these GO-based NSs with NIR irradiation might stimulate the generation of ROS inside HGC-27/PTX cells, trigger inner mitochondrial damage by means of its phototherapeutic effects. As a result, ATP can't be synthesized by ATP synthase and the efflux pump ability of P-gp should become lost due to the lack of energy supply. To verify this, we firstly treated the HGC-27/PTX cells with our designed GO-PEG-OSA (~ 0.1mg/mL) NSs with NIR. After the intervention, ROS generation was found to be significantly increased in PTX@GO-PEG-OSA+NIR or GO-PEG-OSA+NIR groups, whereas no significant changes were observed in either GO-PEG-OSA, PTX@GO-PEG-OSA or NIR laser irradiation alone groups, compared to blank group (**Figure 6A; Supplemental materials, Figure S13**). Meanwhile, significant ROS (green) was observed in GO-PEG-OSA with NIR group, and ROS was partly overlapped with mitochondria (red), compared to blank and GO-PEG-OSA groups (**Supplemental materials, Figure S14**). As a result, GO-PEG-OSA plus NIR inducing ROS could still attack mitochondria, even though most of the GO-PEG-OSA NSs might have entered the lysosomes (**Figure 3D**). Consistently, we found that the treatment of GO-PEG-OSA with NIR did occasion a sharp decrease of MTP (**Figure 6B**), indicating the damage of mitochondria in HGC-27/PTX cells. Accompanied strong production of ROS in mitochondria was also observed (**Figure 6C**), which could react on the total growth of ROS in

cells and the vicious circle of mitochondrial damage in turn. We further investigated the relative contribution of PTT on ROS generation and mitochondrial damage, while our results showed that PTT alone did not significantly increase ROS or injury mitochondria ((**Supplemental materials, Figure S14, 15-17**). Taken together, our research indicated that PDT seemed to play a powerful role on ROS generation and mitochondrial damage, thus help exert super-additive therapeutic efficiency of PTX@GO-PEG-OSA NSs. However, the mechanism of ROS suppressing ATP production in mitochondria, is still not fully explained.

Generally, the mammalian mitochondrial electron transport chain (ETC) includes complexes I-IV [57]. There are two electron transport pathways in the ETC, including NADH-dependent complex I/III/IV and succinic acid-dependent complex II/III/IV. In the ETC, ATP could be normally synthesized by ATP synthase (also called complex V) [58]. However, the transform process from complexes would be suppressed when excessive ROS was produced in mitochondria, and the concentration gradient of protons across the inner membrane of mitochondria would be subsequently minimized [59, 60]. In our research, the activities of complexes I/III/IV/V were consistently decreased in HGC-27/PTX cells with GO-PEG-OSA plus NIR treatment, while no significant change was observed on complex II, indicating GO-PEG-OSA plus NIR mainly injures NADH-dependent ETC. As the damage of mitochondria complexes, the generation of ATP was evidently suppressed (**Figure 6I**). Subsequently, more Rho123 was sequestered in HGC-27/PTX cells (**Figure 6J**), implying the efflux pump dysfunction of P-gp. Oligomycin (an inhibitor of ATP synthase) was also applied for 12 h to check the function of P-gp, while similar decrease of ATP and loss-function of P-gp were observed in HGC-27/PTX cells (**Figure 6I&J**). These results suggested mitochondrial-complexes I/III/IV/V chain was damaged in HGC-27/PTX cells treated with GO-PEG-OSA plus NIR, resulting in reducing ATP production and compromising the function of P-gp pumps in the MDR GC cells. In short, we found GO-PEG-OSA (~ 0.1mg/mL) with NIR irradiation (1 W/cm², 5min) maintained an appropriate temperature (43 °C), to which normal cells are generally tolerant and could prevent normal organs near the tumor from damaging when a comparatively high temperature was applied. On the other hand, the excessive produced ROS inside PTX-resistant GC cells, could efficiently depolarize mitochondrial membrane potential, inhibit mitochondrial respiratory chain complexes (I/III/IV/V) enzyme activities, reduce the amount of ATP available for P-glycoprotein (P-gp) and finally reverse gastric cancer drug resistance.

3.7 Inhibited production of ROS could increase ATP supply for P-gp efflux pumps and compromise MDR-reversal abilities of GO-PEG-OSA in HGC-27/PTX cells

Actually, the mitochondrial-dependent damage could be triggered via a range of exogenous and endogenous stimuli, such as oxidative stress, ischemia and DNA damage [61, 62]. Meanwhile, previous studies had proved that photo-therapy could induce the outbreak of ROS [63, 64], following by the activation of oxidative stress and the mediation of mitochondrial damage in cancer cells [65, 66]. In order to verify whether GO-PEG-OSA plus NIR causes mitochondrial dysfunction by producing ROS, HGC-27/PTX cells were pretreated with N-Acetyl-L-cysteine (NAC), an anti-oxidant containing sulfhydryl, before being treated with GO-PEG-OSA plus NIR. With the addition of NAC, ROS production was majorly reduced

(**Figure 7A**), while MTP and mitoROS in HGC-27/PTX cells were consistently recovered (**Figure 7B&C**). Furthermore, a sharp increase of total ATP in HGC-27/PTX cells was also observed (**Figure 7D**). We subsequently checked the function of P-gp in HGC-27/PTX cells treated with GO-PEG-OSA plus NIR. As shown in **Figure 7E**, less Rho123 was sequestered in HGC-27/PTX cells, indicating that the function of P-gp efflux pumps was indeed rescued. Exogenous ATP was also applied as positive control group to check the function of P-gp, while similar increase of ATP and regain-function of P-gp were observed in HGC-27/PTX cells (**Figure 7D&E**). These results suggested it's efficiently promoting generation of ROS that the key of GO-PEG-OSA plus NIR increasing mitochondrial-complexes chain damage and reducing ATP production in HGC-27/PTX cells.

To further explore the relationship of excessive ROS generated by GO-PEG-OSA plus NIR-treatment and HGC-27/PTX cells' drug resistance, we detected the additive chemo/PDT-therapeutic effect of PTX@GO-PEG-OSA NSs (8 $\mu\text{g}/\text{mL}$) under NIR irradiation ($1\text{W}/\text{cm}^2$, 5min). The CCK-8 assays (**Figure 7F**) revealed that PTX@GO-PEG-OSA plus NIR caused obvious cell death to HGC-27/PTX cells. After the addition of exogenous NAC (experimental group) or ATP (positive control), cell viabilities were dramatically increased. EdU assay demonstrated that PTX@GO-PEG-OSA plus NIR significantly reduced EdU-positive cell rates, while additional exogenous NAC and ATP could partly increase EdU-positive cell rates (**Figure 7G**). Consistently, the apoptosis rates determined by flow cytometry (**Figure 7H**) expounded that PTX@GO-PEG-OSA plus NIR induced 2-folds higher levels of total apoptosis (27%) than exogenous NAC (15%) and exogenous ATP (16%) groups.

In a word, these results elaborated that stimulating generation of ROS was an essential part for our designed GO-based NSs, in depleting mitochondrial-derived ATP and further increasing PTX sensitivity in HGC-27/PTX cells.

3.8 *In vivo* chemo/PTT/PDT effects of PTX@GO-PEG-OSA.

Moreover, to analyze the anti-tumor effect of PTX@GO-PEG-OSA *in vivo*, we constructed eight groups of tumor-bearing mice, and treated them with saline (negative control), GO-PEG-OSA, PTX or PTX@GO-PEG-OSA, with or without NIR irradiation. After the 21-day posttreatment, we found that tumor weights and volumes in PTX@GO-PEG-OSA plus NIR irradiation group were less than those of the other seven groups (**Figure 8A&B&C**), while there were no differences of tumor weights and volumes among saline group, saline plus NIR and GO-PEG-OSA groups, showing that GO-PEG-OSA or NIR themselves could not inhibit tumor growth. Tumor growth rates in the GO-PEG-OSA plus NIR group were inhibited significantly, and the tumor size was just 28% of that in the GO-PEG-OSA group. In addition, compared to control group, the inhibited tumor growth rate in PTX@GO-PEG-OSA group was approximately 78%, which was 20% higher than that in the free PTX group. These results indicated that the combination of chemo/PTT/PDT effects induced by PTX@GO-PEG-OSA NSs could kill more tumor cells and showed better antitumor effects than single phototherapy or single chemotherapy. More interestingly, after 9 days of treatment, tumor growth rates in PTX@GO-PEG-OSA plus NIR group were similar to those in the GO-PEG-OSA plus NIR group (**Figure 8C**). The most possible reason for this result was that the killing effect of PTX could not appear in

that short time. However, over more than 9 days posttreatment, owing to the combination of phototherapy of GO-PEG-OSA NPs and the chemotherapy of PTX, the antitumor effects in the PTX@GO-PEG-OSA plus NIR group were more remarkable.

The resected specimens were further sent for histological detection, and tumors were confirmed by H&E staining (**Figure 8D**). From TUNEL results, we found that the expression of TUNEL was upregulated in PTX (with or without NIR), GO-PEG-OSA with NIR and PTX@GO-PEG-OSA (with or without NIR) groups, while no evident changes were observed in GO-PEG-OSA and saline plus NIR groups in comparison with saline group. What's more, TUNEL showed highest expression on PTX@GO-PEG-OSA with NIR groups (**Figure 8D&E**) [67]. TUNEL, termed as "Terminal deoxynucleotidyl transferase dUTP nick end labeling", is a classic marker to detect DNA fragmentation in apoptotic tumor cells. As is showed highest expression of TUNEL in PTX@GO-PEG-OSA plus NIR group, the results of IHC consistently highlighted its superiority on anti-tumor proliferation.

Enhancing the efficacy of PTX with fewer side effects is a clinical problem being discussed. Body-weight loss was only found in the free PTX and free PTX with NIR groups compared to the other 6 groups (**Supplemental materials, Figure S18**), revealing that the PTX@GO-PEG-OSA NPs exhibited fewer side effects compared to free PTX NPs *in vivo*. Collectively, our results provided strong evidences that PTX@GO-PEG-OSA NPs have a promising application for gastric cancer treatment due to their enhanced antitumor effects and less system toxicity.

4. Conclusions

In this work, PEG and OSA modified GO NSs were synthesized and loaded with PTX (PTX@GO-PEG-OSA), which showed monodispersion, good biocompatibility and pH-sensitive drug release property. Under proper NIR irradiation ($1\text{W}/\text{cm}^2$), PTX@GO-PEG-OSA NSs exhibited photo-thermal effect, ROS generation and thermal-accelerated PTX release abilities. From *in vitro* experiments, PTX@GO-PEG-OSA NSs could efficiently enter PTX-resistant GC cells, reduce their proliferation, increase apoptosis rates and finally induce better antitumor effect compared to free PTX. With NIR-irradiation ($1\text{W}/\text{cm}^2$, 5 min), PTX@GO-PEG-OSA NSs with integration of PDT, mild PTT and chemotherapy exhibited significant super-additive therapeutic effect (called "1 + 1 > 2") by increasing drug sensitivity of PTX-resistant GC cells.

Distinguished from the reported downregulated expression of P-gp, the mechanism of drug resistance's reversal was described that the treatment of PTX@GO-PEG-OSA NSs with NIR-irradiation would cause the depolarization of mitochondrial membrane potential, inhibit the activity of mitochondrial respiratory chain complex enzyme and reduce ATP production. Mitochondrial dysfunction could induce mitoROS burst, which aggravates mitochondrial disorders in turn. Furthermore, it was surprisingly found that hyperthermia might not be the only factor of increasing PTX sensitivity, while PDT induced by ROS also seemed to play a more important role via inducing mitochondrial damage. Since energy supply for P-gp was suppressed, PTX-resistant GC cells were therefore re-sensitive to PTX. In conclusion, the well-designed PTX@GO-PEG-OSA NSs and combinational chemo/photothermal/photodynamic therapy could

present an effective approach for reversing GC drug resistance at mild temperature both *in vitro* and *in vivo*.

5. Abbreviations

GO: Graphene oxide; GC: gastric cancer; ATP: adenosine-triphosphate; PTX: Paclitaxel; P-gp: P-glycoprotein; PEG: polyethylene glycol; OSA: oxidized sodium alginate; NSs: nanosheets; NIR: near infrared; ROS: reactive oxygen species; ETC: electron transport chain; PTT: photothermal; PDT: photodynamic; MDR: multiple drug resistance; DDSs: drug delivery systems; EPR: enhanced permeability and retention effect; MTP: mitochondrial transmembrane potential; NH₂-PEG-NH₂: polyethylene glycol diamine; SA: sodium alginate; EDC: 1-(3-Dimethylaminopropyl)-3-ethylcarbodiimide hydrochloride; NHS: N-hydroxysuccinimide; LE: loading efficiency; FTIR: Fourier transform infrared; TEM: transmission electron microscopy; AFM: atomic force microscopy; OD: optical density; DMEM: Dulbecco's modified Eagle's medium; FBS: fetal bovine serum; CCK-8: Cell Counting Kit-8 assay; H&E: hematoxylin and eosin; HGC-27/PTX: PTX-resistant GC cells; UHPLC: ultra-high-performance liquid chromatography; CLSM: Confocal Laser Scanning Microscopy; EDU: 5-ethynyl-2' DNA nucleoside uracil ; mitoROS: mitochondrial reactive oxygen species; IHC: immunohistochemistry; SDS-PAGE: sodium dodecyl sulfate polyacrylamide gel electrophoresis; ABC: (ATP)-binding cassette; NAC: N-Acetyl-L-cysteine.

6. Declarations

Ethics approval and consent to participate

All the animal experiments were conducted in accordance with the guidelines and the ethical standards of the Institutional Animal Care and Use Committee of the Nanfang Hospital of Southern Medical University.

Consent for publication

All authors agree to be published.

Availability of data and materials

The datasets used during the present study are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

WG, ZC, XF, BZ, GL and YH designed the study. WG, ZC and XF collated the data, carried out data analyses and produced the initial draft of the manuscript. BZ, GL and YH revised the figures and tables. All authors contributed to drafting the manuscript, read and approved the final manuscript.

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Figures

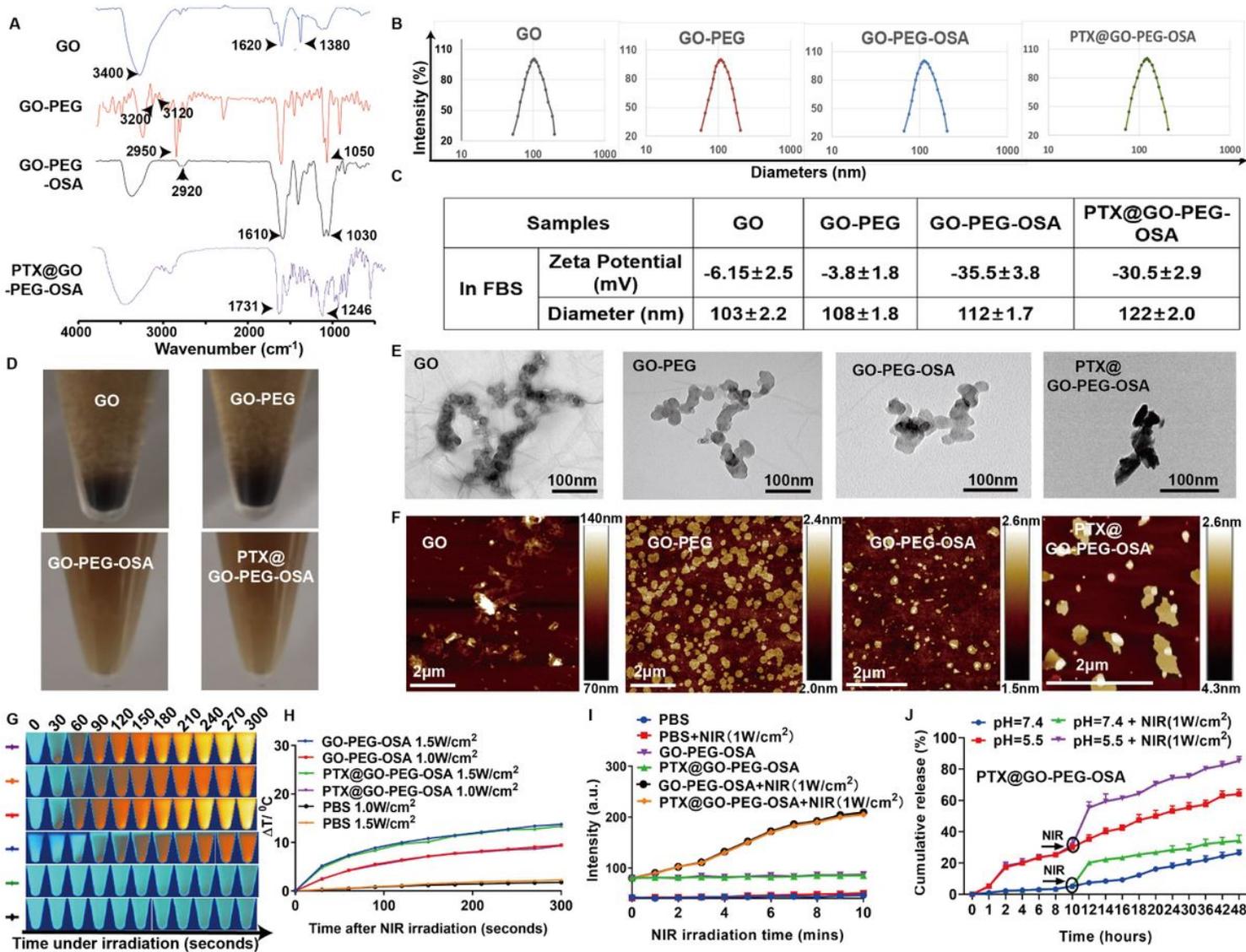


Figure 1

Physicochemical characteristics of PTX@GO-PEG-OSA NSs. (A) FT-IR spectra of GO, GO-PEG, GO-PEG-OSA and PTX@GO-PEG-OSA NSs. (B) Size distribution of GO, GO-PEG, GO-PEG-OSA and PTX@GO-PEG-OSA NSs in FBS. (C) Zeta potential and diameters (down) of GO, GO-PEG, GO-PEG-OSA and PTX@GO-PEG-OSA NSs in FBS. (D) The images of GO, GO-PEG, GO-PEG-OSA and PTX@GO-PEG-OSA NSs after storage in FBS for one month. (E) TEM images of GO, GO-PEG, GO-PEG-OSA and PTX@GO-PEG-OSA NSs. (F) AFM images of GO-PEG-OSA and PTX@GO-PEG-OSA NSs. (G&H) The temperature curves induced by GO-PEG-OSA, PTX@GO-PEG-OSA NSs and PBS under NIR irradiation. (I) Singlet oxygen generation abilities of GO-PEG-OSA and PTX@GO-PEG-OSA in water, with or without NIR irradiation. (J) Drug release curve for PTX@GO-PEG-OSA NSs. Data are shown as the mean \pm SD, n=3.

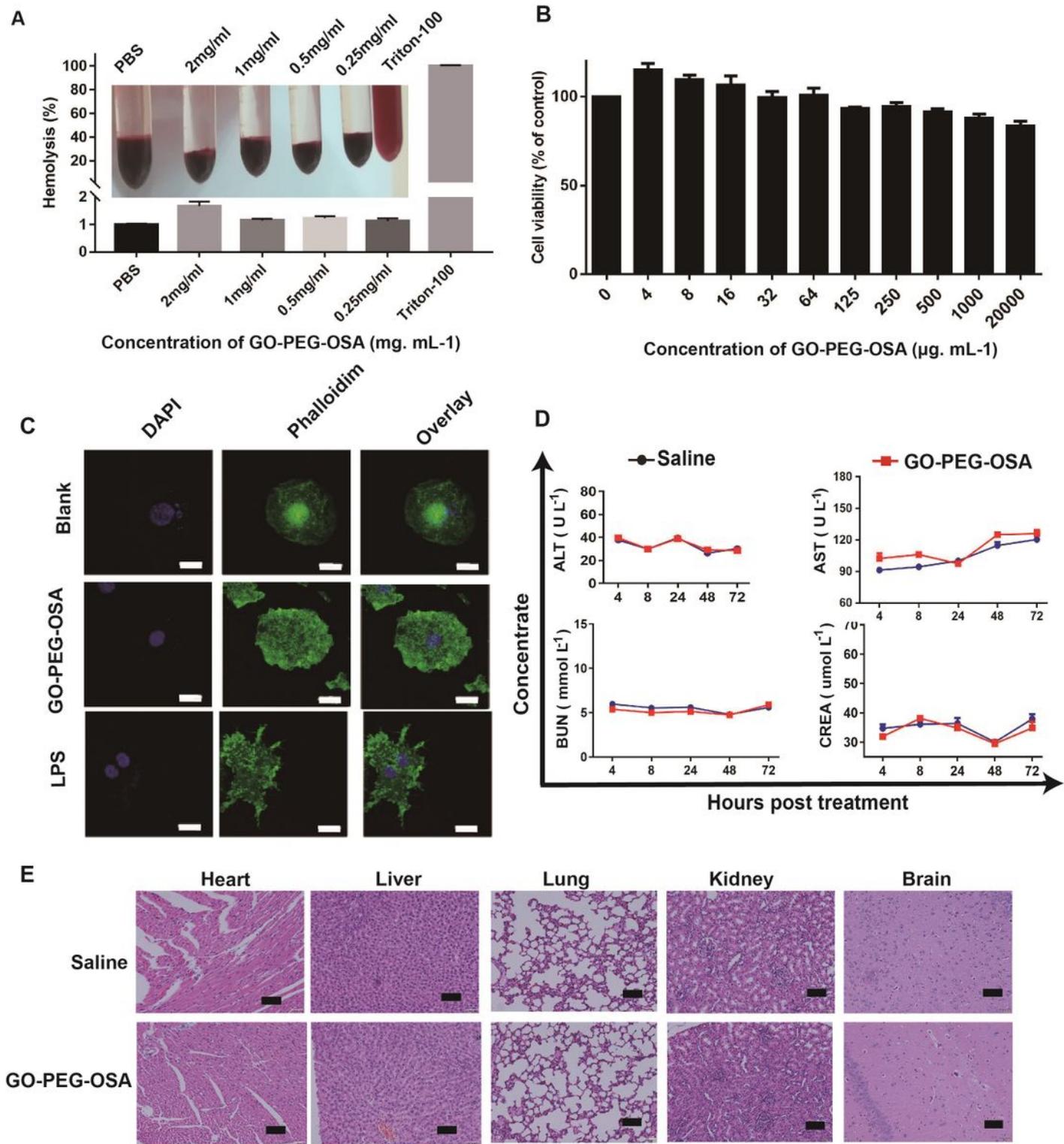


Figure 2

In vitro and in vivo biocompatibility of GO-PEG-OSA nanosheets. (A) Hemolysis assay results of GO-PEG-OSA NSs at different concentrations. Triton X-100 and PBS were used as positive and negative controls, respectively. (B) Cell viabilities of GES-1 cells after incubation with GO-PEG-OSA NSs at different concentrations. (C) Confocal microscopy images showing the morphologies of RAW264.7 cells before (control) and after treatment with LPS or GO-PEG-OSA NSs for 24 h. The F-actin and nuclei were stained

with the Rhodamine-phalloidin (green) and DAPI (blue), respectively. Scale bar: 20 μm . (D) Biochemical assay results of the sera collected from SD rats treated with saline or GO-PEG-OSA NSs. AST, aspartate aminotransferase; ALT, alanine aminotransferase; BUN, blood urea nitrogen; UA, blood uric acid. (E) Histopathological analysis of major organ tissues isolated from SD rats treated with saline or GO-PEG-OSA NSs. Scale bar, 50 μm . Data are shown as the mean \pm SD, $n=5$.

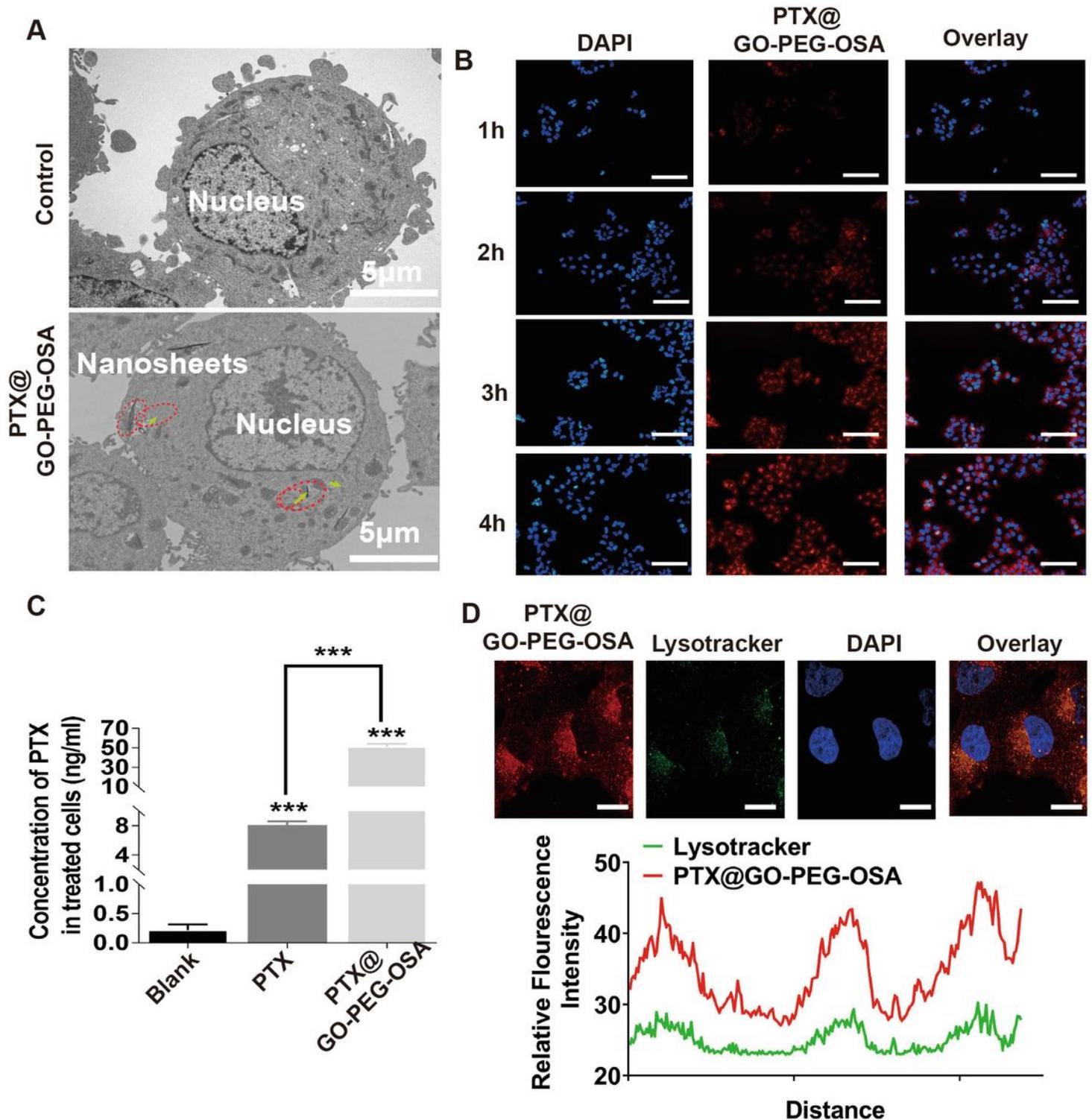


Figure 3

Cell uptake of PTX@GO-PEG-OSA NSs (the concentration of PTX was 8 $\mu\text{g}/\text{mL}$). (A) Bio-TEM images of HGC-27/PTX cells, after incubation with DMEM plus 10% FBS (control) or PTX@GO-PEG-OSA NSs for 48 hours. Yellow arrows represent PTX@GO-PEG-OSA NSs. (B) Inversed fluorescent microscopy images of HGC-27/PTX cells incubated with GO-PEG-OSA NSs for 1, 2, 3 and 4 hours. Scale bar, 50 μm . (C) Concentration of PTX in the treated cells determined using UHPLC. (D) CLSM images (up) and fluorescence intensity correlation plot (down) of HGC-27/PTX cells incubated with GO-PEG-OSA NSs for 24 hours. Scale bar, 500 nm. Data are shown as the mean \pm SD, $n=3$.

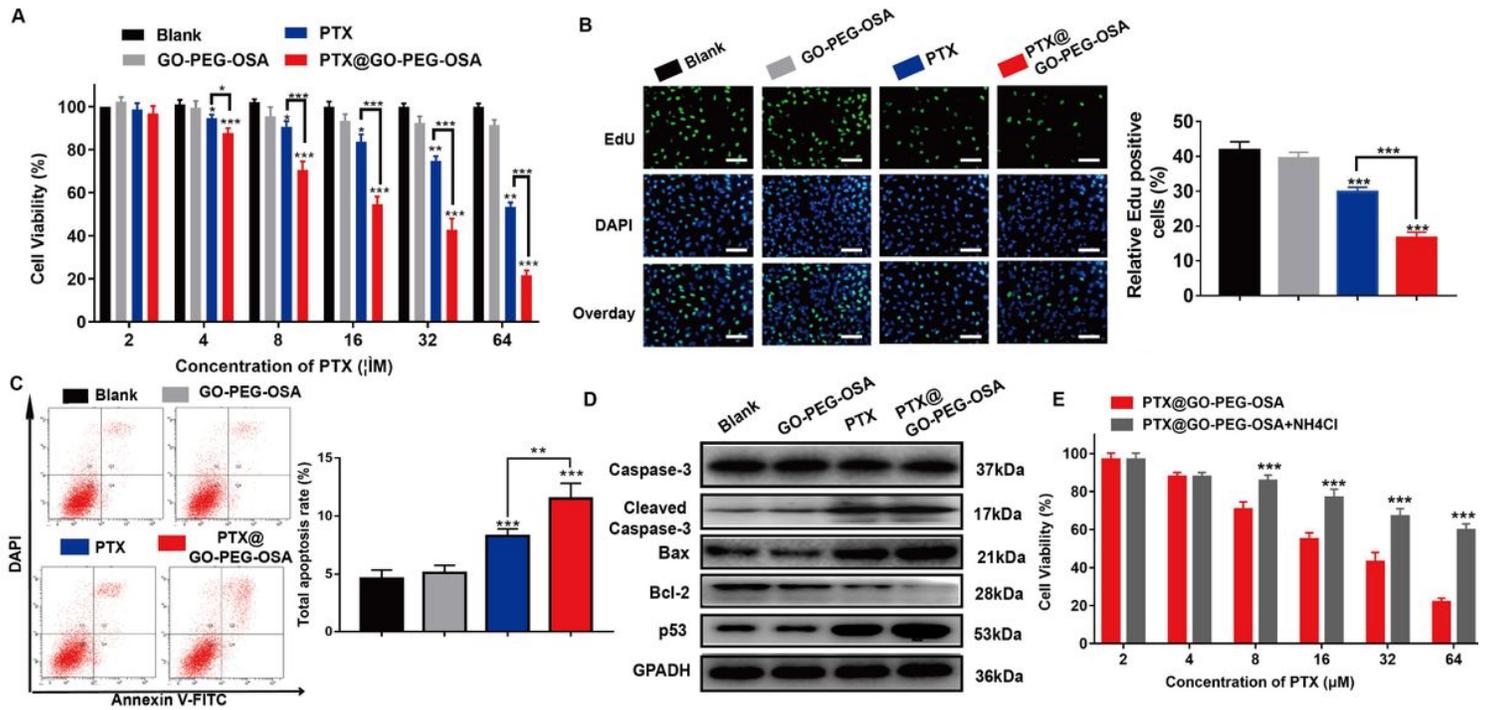


Figure 4

In vitro antitumor effect of PTX@GO-PEG-OSA NSs. (A) Viabilities of HGC-27/PTX cells after incubation with free PTX, PTX@GO-PEG-OSA and GO-PEG-OSA NSs, while the DMEM with 10% FBS was used as the negative control (blank) group. (B) EdU images and statistics EdU-positive number of HGC-27/PTX cells after the incubation with PTX, PTX@GO-PEG-OSA and GO-PEG-OSA NSs for 48 hours. Scale bar, 100 μm . (C) Flow cytometry images and statistics apoptotic number of HGC-27/PTX cells after the incubation with PTX, PTX@GO-PEG-OSA and GO-PEG-OSA NSs for 48 hours. (D) Expression of caspase-3, cleaved caspase-3, Bax, Bcl-2, p53 proteins and GAPDH protein in HGC-27/PTX cells after the incubation with PTX, PTX@GO-PEG-OSA and GO-PEG-OSA NSs for 48 hours. (E) Viabilities of HGC-27/PTX cells, with or without treatment by NH₄Cl, with the presence of PTX@GO-PEG-OSA NSs for 48 hours. Data are shown as the mean \pm SD, $n=3$. ** indicates $P<0.01$, *** indicates $P<0.001$.

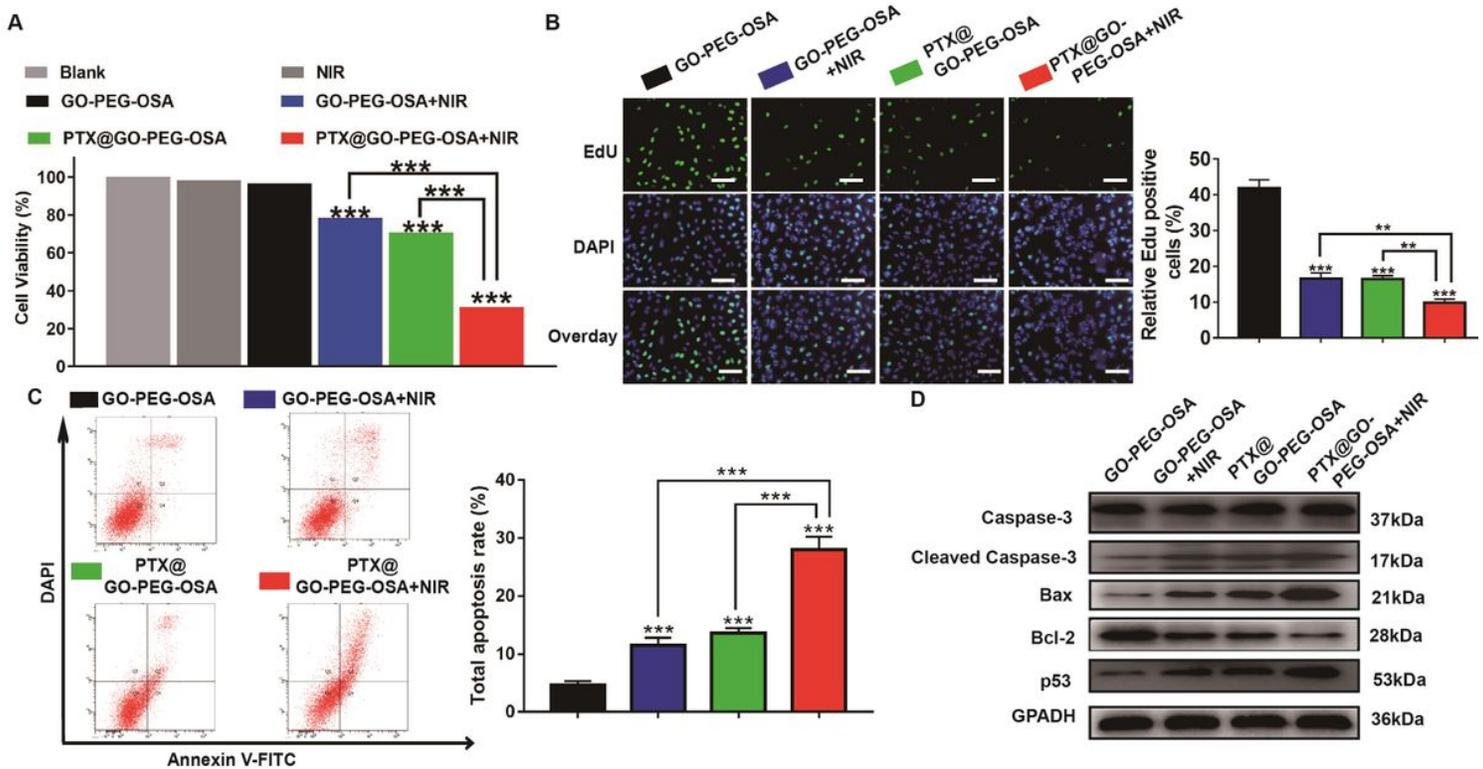


Figure 5

In vitro chemo/photothermal therapeutic effect of PTX@GO-PEG-OSA NSs. (A) Viabilities of HGC-27/PTX cells after incubation with DMEM plus 10%FBS, DMEM plus 10% PBS and NIR, GO-PEG-OSA and PTX@GO-PEG-OSA, with or without NIR irradiation. (B) EdU images and statistics EdU-positive number of HGC-27/PTX cells after the incubation with GO-PEG-OSA and PTX@GO-PEG-OSA, with or without NIR irradiation. Scale bar, 100 μ m. (C) Flow cytometry images and statistics apoptotic number of HGC-27/PTX cells after the incubation with GO-PEG-OSA and PTX@GO-PEG-OSA, with or without NIR irradiation. (D) Expression of caspase-3, cleaved caspase-3, Bax, Bcl-2, p53 proteins and GAPDH protein in HGC-27/PTX cells after the incubation with GO-PEG-OSA and PTX@GO-PEG-OSA, with or without NIR irradiation. Data are shown as the mean \pm SD, n=3. ** indicates P<0.01, *** indicates P<0.001.

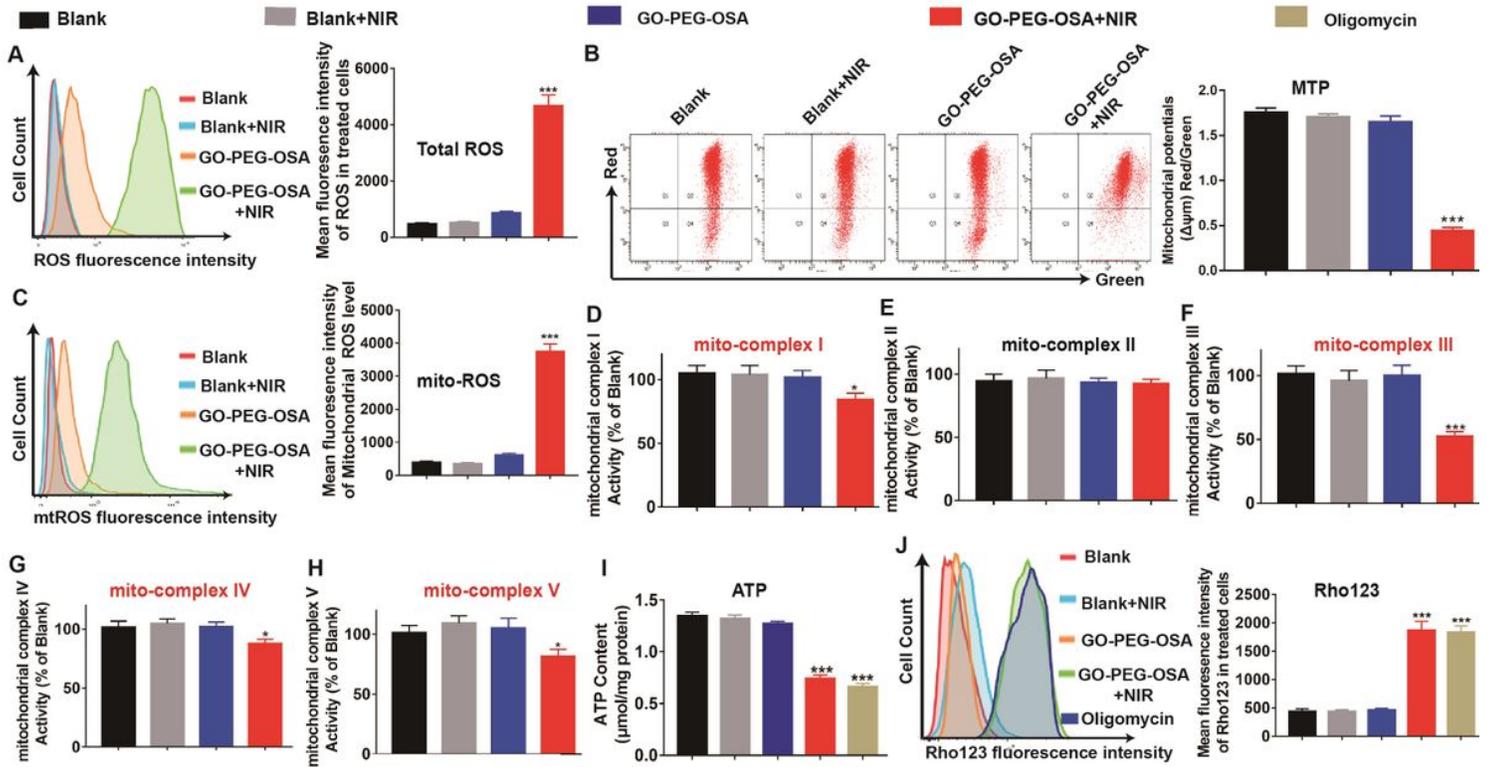


Figure 6

Production of ROS in mitochondria induced by photo-therapeutic effects of GO-PEG-OSA could combat drug resistance. (A). ROS in HGC-27/PTX cells after incubation with or without NIR in the presence of GO-PEG-OSA. (B) MTP in HGC-27/PTX cells after incubation with or without NIR in the presence of GO-PEG-OSA. (C) Mitochondrial-derived ROS in HGC-27/PTX cells after incubation with or without NIR in the presence of GO-PEG-OSA. (D-H) Mitochondrial complex I-V activities in HGC-27/PTX cells after incubation with or without NIR in the presence of GO-PEG-OSA. (I) Relative content of ATP in HGC-27/PTX cells after incubation with or without NIR in the presence of GO-PEG-OSA. (J) Relative Rho123 withheld in HGC-27/PTX cells after incubation with or without NIR in the presence of GO-PEG-OSA. Data are shown as the mean \pm SD, n=5. * indicates P<0.05, *** indicates P<0.001.

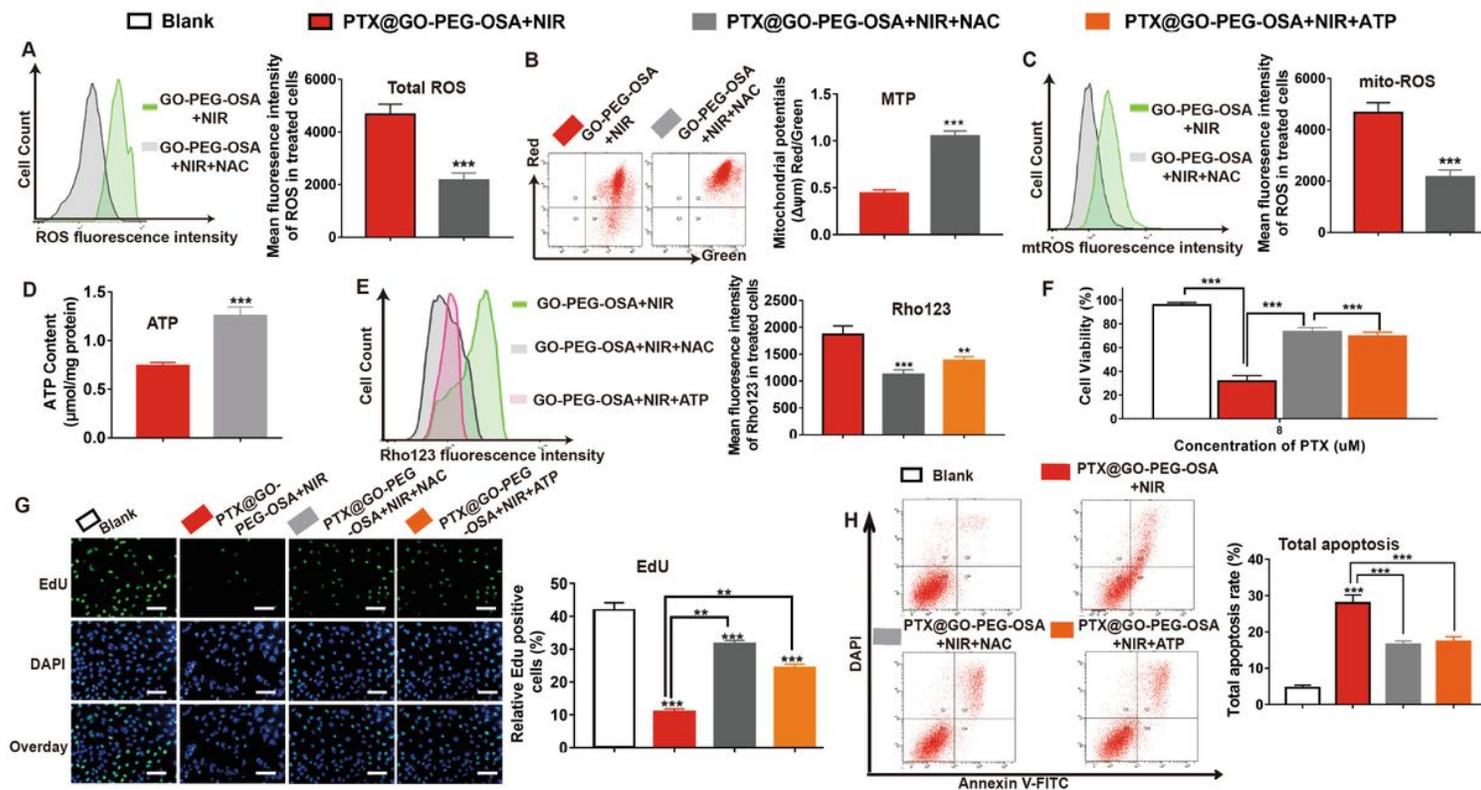


Figure 7

Anti-oxidant (NAC) could increase ATP supply for P-gp efflux pumps and compromise MDR-reversal abilities of GO-PEG-OSA in HGC-27/PTX cells. (A). ROS in GO-PEG-OSA plus NIR-treated HGC-27/PTX cells, with addition of NAC. (B) MTP GO-PEG-OSA plus NIR-treated HGC-27/PTX cells, with addition of NAC. (C) Mitochondrial-derived ROS in GO-PEG-OSA plus NIR-treated HGC-27/PTX cells, with addition of NAC. (D) Relative content of ATP in GO-PEG-OSA plus NIR-treated HGC-27/PTX cells, with addition of NAC. (E) Relative Rho123 withheld in GO-PEG-OSA plus NIR-treated HGC-27/PTX cells, with addition of NAC or exogenous ATP. (F) Viabilities of PTX@GO-PEG-OSA-treated HGC-27/PTX cells, with addition of NAC or exogenous ATP. (G) EdU images and statistics EdU-positive number of PTX@GO-PEG-OSA-treated HGC-27/PTX cells, with addition of NAC or exogenous ATP. Scale bar, 100 μm. (H) Flow cytometry images and statistics apoptotic number of PTX@GO-PEG-OSA-treated HGC-27/PTX cells, with addition of NAC or exogenous ATP. Data are shown as the mean ± SD, n=5. ** indicates P<0.01. *** indicates P<0.001.

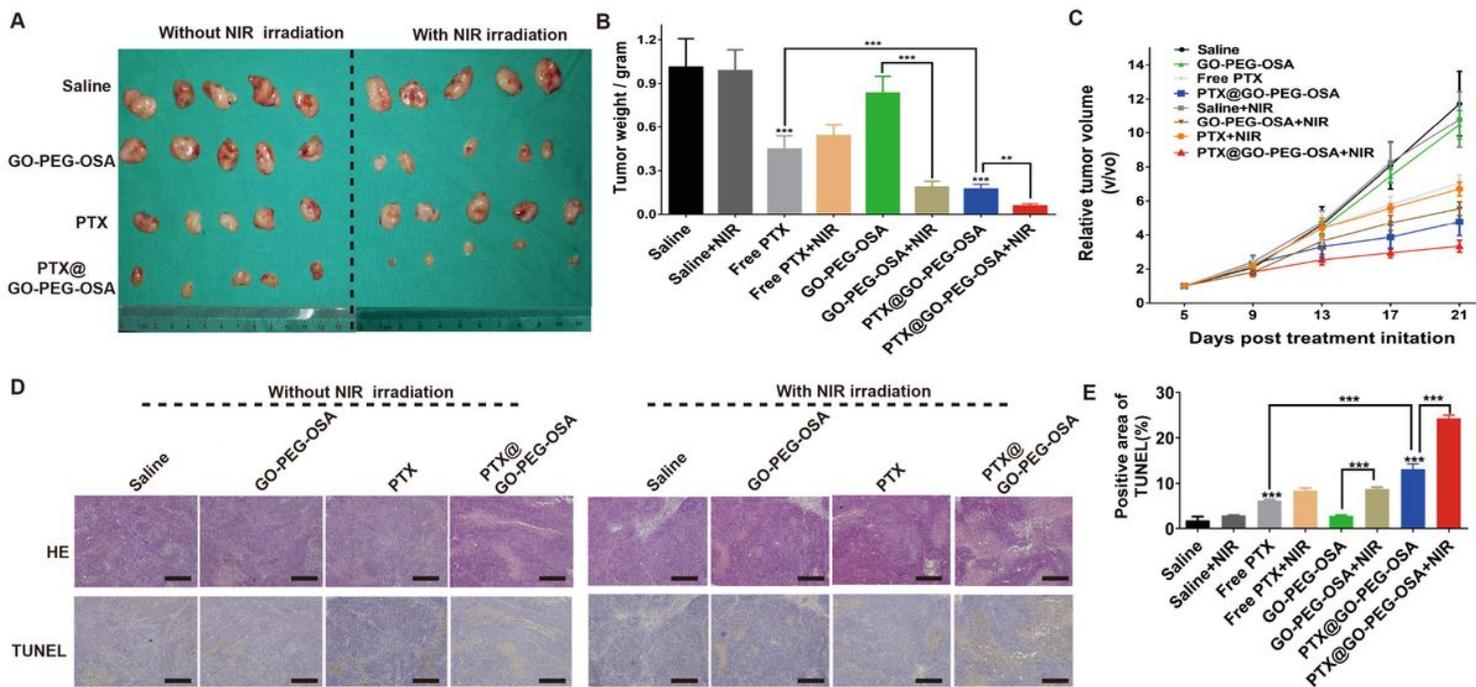


Figure 8

In vivo photothermal and chemotherapeutic effects of PTX@GO-PEG-OSA NSs. (A) Images of tumors derived from mice treated with drugs. (B) Weight of tumors isolated from mice. (C) Relative volume of tumors isolated from mice. (D) HE and TUNEL images of tumors isolated from mice. (E) The relative expression of TUNEL markers in tumors isolated from mice. Data are shown as the mean \pm SD, $n=5$. Scale bar, 50 μ m. * $P<0.05$, *** $P<0.001$.

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