

Supporting Information

for *Adv. Sci.*, DOI 10.1002/adv.202205294

Novel Self-Assembled Multifunctional Nanoprobes for
Second-Near-Infrared-Fluorescence-Image-Guided Breast Cancer Surgery and Enhanced
Radiotherapy Efficacy

*Yong-Qu Zhang, Wan-Ling Liu, Xiang-Jie Luo, Jun-Peng Shi, Yun-Zhu Zeng, Wei-Ling Chen,
Wen-He Huang, Yuan-Yuan Zhu, Wen-Liang Gao, Rong-Hui Li, Zi-He Ming, Li-Xin Zhang,
Rui-Qin Yang, Jia-Zheng Wang and Guo-Jun Zhang**

Supporting Information

Novel self-assembled multifunctional nanoprobes for second near-infrared-fluorescence image-guided breast cancer surgery and enhanced radiotherapy efficacy

This file includes:

Supplementary Figures S1–S16

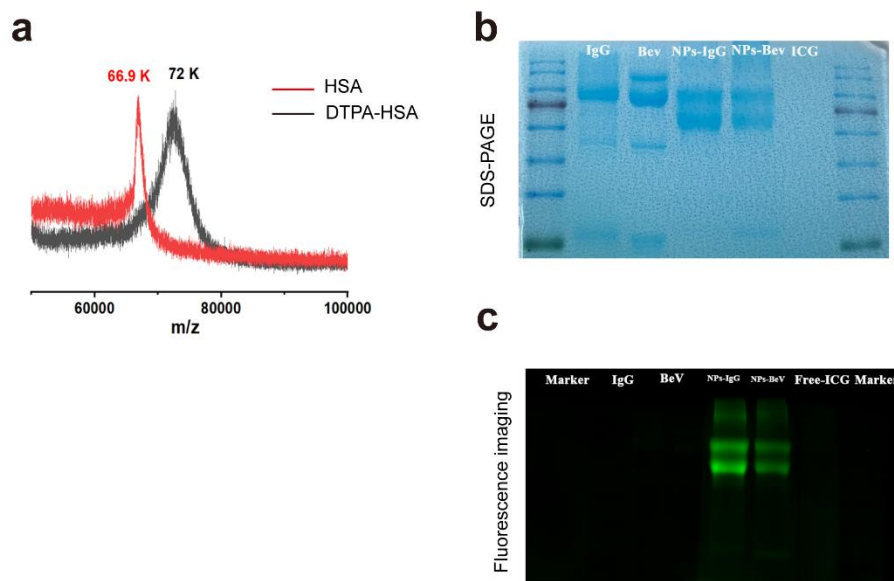


Figure S1. Characterization of the study probe and its components

(a) DTPA-HSA conjugates were characterized by MALDI-TOF mass spectrometry. An increase in molecular weight was observed from 66.9 kDa (native HSA, red line) to 72 kDa (DTPA-HAS, black line). (b, c) Sodium dodecyl sulfate-polyacrylamide gel electrophoresis (b) and multispectral laser fluorescence imaging (c) show the conjugation between NPs and the Bevacizumab antibody was successful.

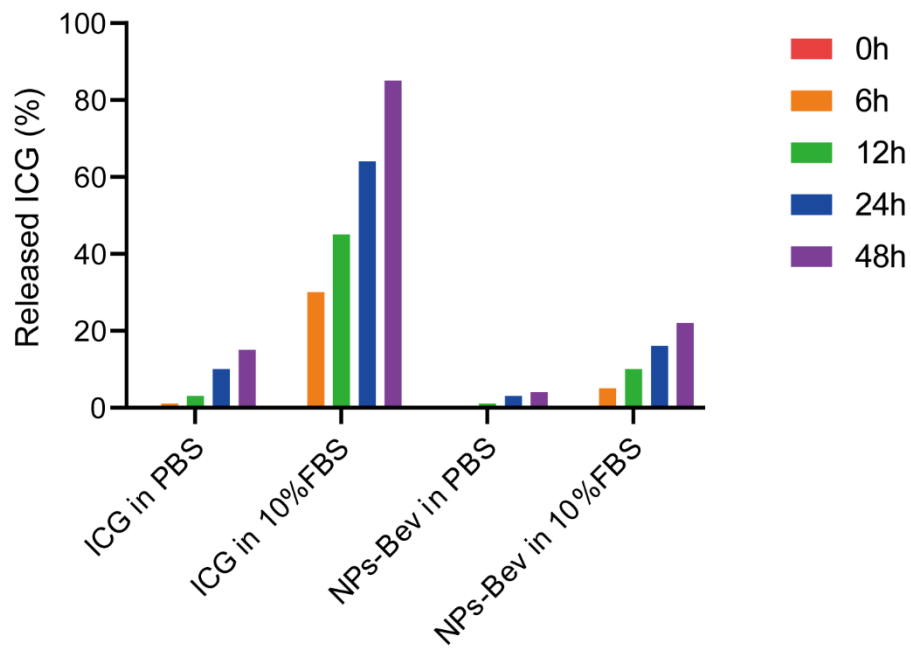


Figure S2. Stability profile of ICG in NPs-Bev

We added 1 ml NPs-Bev solution (ICG = 0.5 mg) to a dialysis bag (molecular weight cut-off = 10 kDa) and dialyzed it against 20 ml PBS or PBS plus 10% fetal bovine serum (FBS). Also, 1 ml ICG aqueous solution (ICG = 0.5 mg) was used as a control. For NPs-Bev and free ICG, ICG release was low due to ICG aggregation in PBS. However, in 10% FBS, ICG release from NPs-Bev solution was much lower when compared with free ICG at different times, indicating that ICG was stably embedded in NPs-Bev, with minimal leakage into the physiological environment.

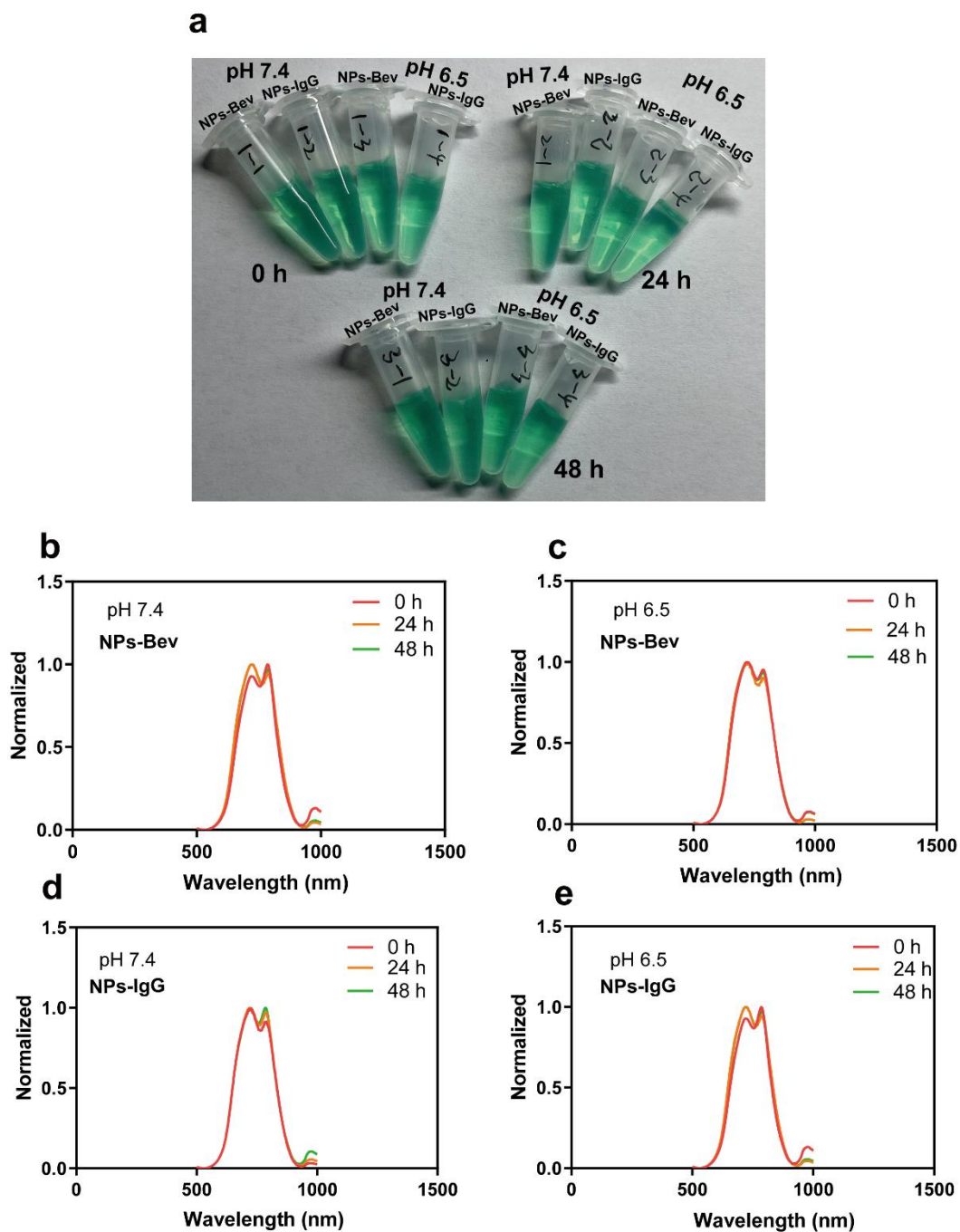


Figure S3. Fluorescence absorption analyses showing NPs-Bev and NPs-IgG stability in PBS at different pHs.

(a) NPs-Bev and NPs-IgG were dissolved in PBS at pH 7.4 and pH 6.5 under visible light, (b, c) The fluorescence absorption stability of NPs-Bev was examined in PBS at pH 7.4 (b) or pH 6.5 (c). (d, e) Fluorescence absorption stability of NPs-IgG was examined in PBS at pH 7.4 (d) or pH 6.5 (e).

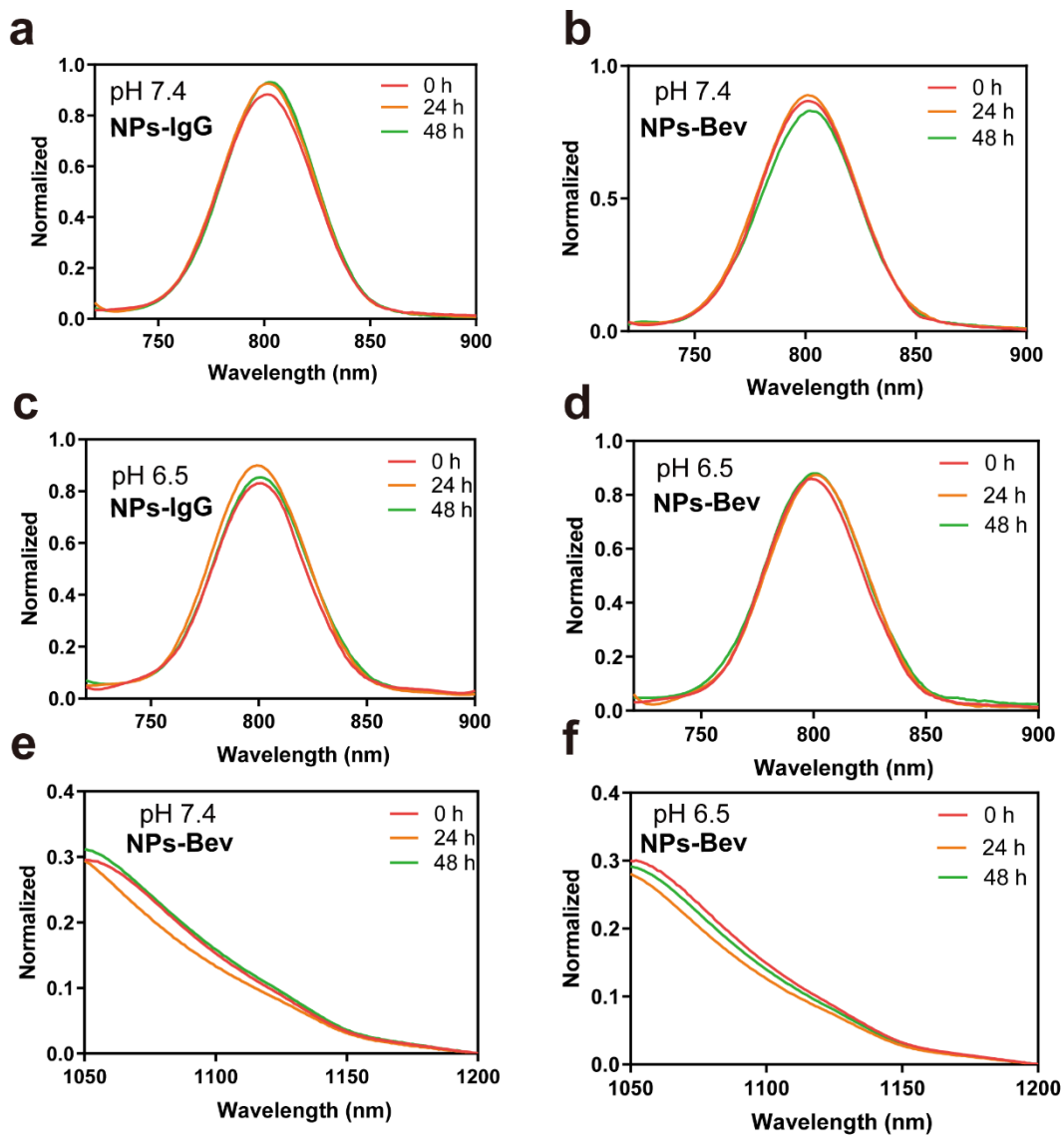


Figure S4. Fluorescence emission analyses of NPs-Bev and NPs-IgG stability in PBS at different pHs.

(a, b) Fluorescence emission stability of NPs-IgG (a) and NPs-Bev (b) in PBS at pH 7.4. (c, d) Fluorescence emission stability of NPs-IgG (c) and NPs-Bev (d) in PBS at pH 6.5 (e, f) NIR-II fluorescence long trailing signals of NPs-Bev in PBS at pH 7.4 (e) or pH 6.5 (f).

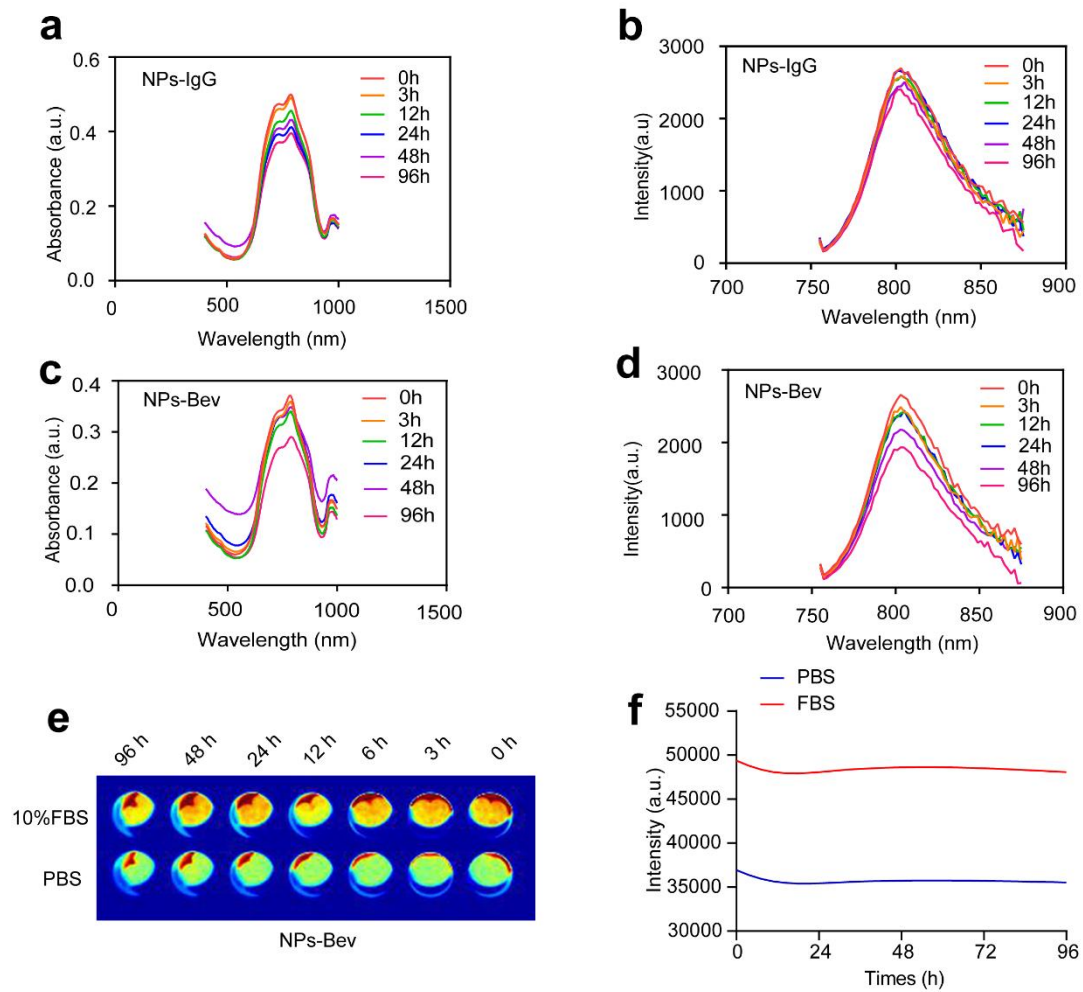


Figure S5. Characterization of NPs-Bev and NPs-IgG

(a, c) Fluorescence absorbance stability of NPs-IgG (a) and NPs-Bev (c) at different times (0, 3, 12, 24, 48, and 96 h) (b, d) Fluorescence intensity stability of NPs-IgG (b) and NPs-Bev (d) at different times (0, 3, 12, 24, 48, and 96 h) (e, f) Fluorescence intensity stability of NPs-Bev in PBS or 10% FBS for 96 h.

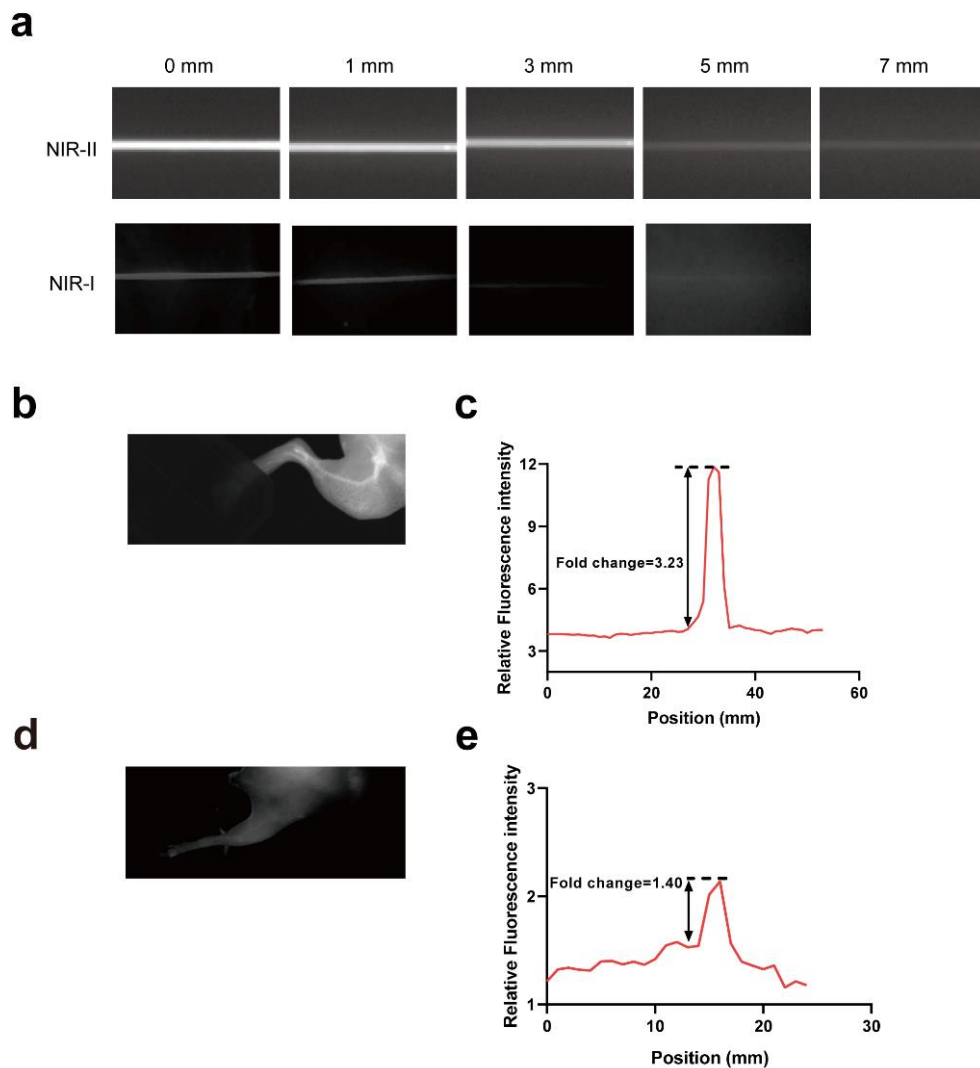


Figure S6. Penetration depth of ICG in NIR-I and NIR-II

(a) ICG penetrated up to 7 mm at NIR-II in 1% intralipid solution and only 5 mm at NIR-I in 1% intralipid solution (b, d) Fast whole body vascular imaging of BALB/C nude mice after injection with 100 μ l ICG ($1000 \mu\text{g ml}^{-1}$) in NIR-II or NIR-I (c, e) Cross-sectional fluorescence intensity profile of tumor vessels in b and d with relative fluorescence fold changes of 3.23 (c) and 1.40 (e), respectively.

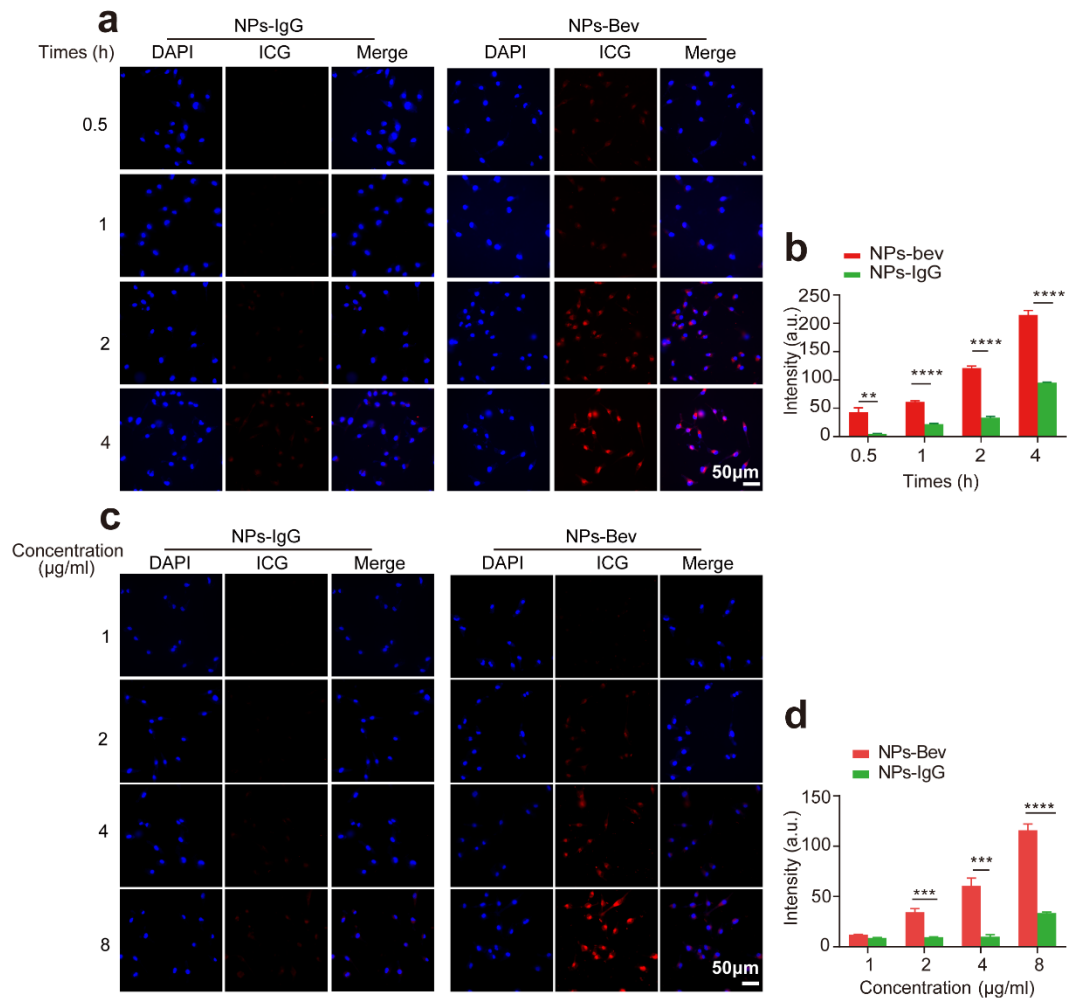


Figure S7. Optimal cell fluorescence uptake of NPs-IgG and NPs-Bev

Confocal laser scanning images of MDA-MB-231 cells incubated with NPs-IgG and NPs-Bev at different times (0.5, 1, 2, and 4 h) (**a, b**) and concentrations (1, 2, 4, and 8 μg/ml) (**c, d**) $**P < 0.01$, $***P < 0.001$, $****P < 0.0001$. Scale bar = 50 μm.

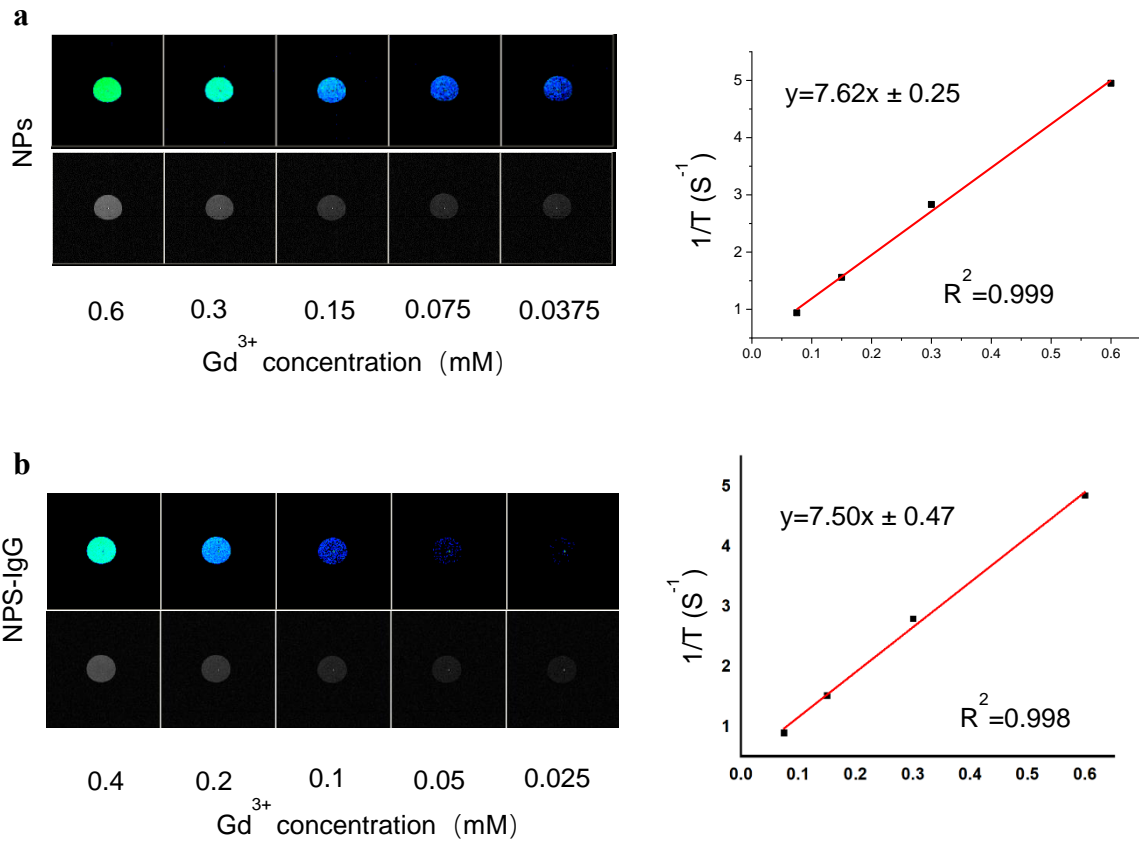


Figure S8. Ex vivo MRI of NPs and NPs-IgG

(a) T₁-weighted MR phantom imaging of ^{Gd}DTPA-HAS (NPs) (left) and longitudinal relaxivities (r₁) for NPs recorded using a 0.5-T MRI scanner (right) (b) T₁-weighted MR phantom imaging of NPs-IgG (left) and longitudinal relaxivities (r₁) for NPs-IgG recorded using a 0.5-T MRI scanner (right).

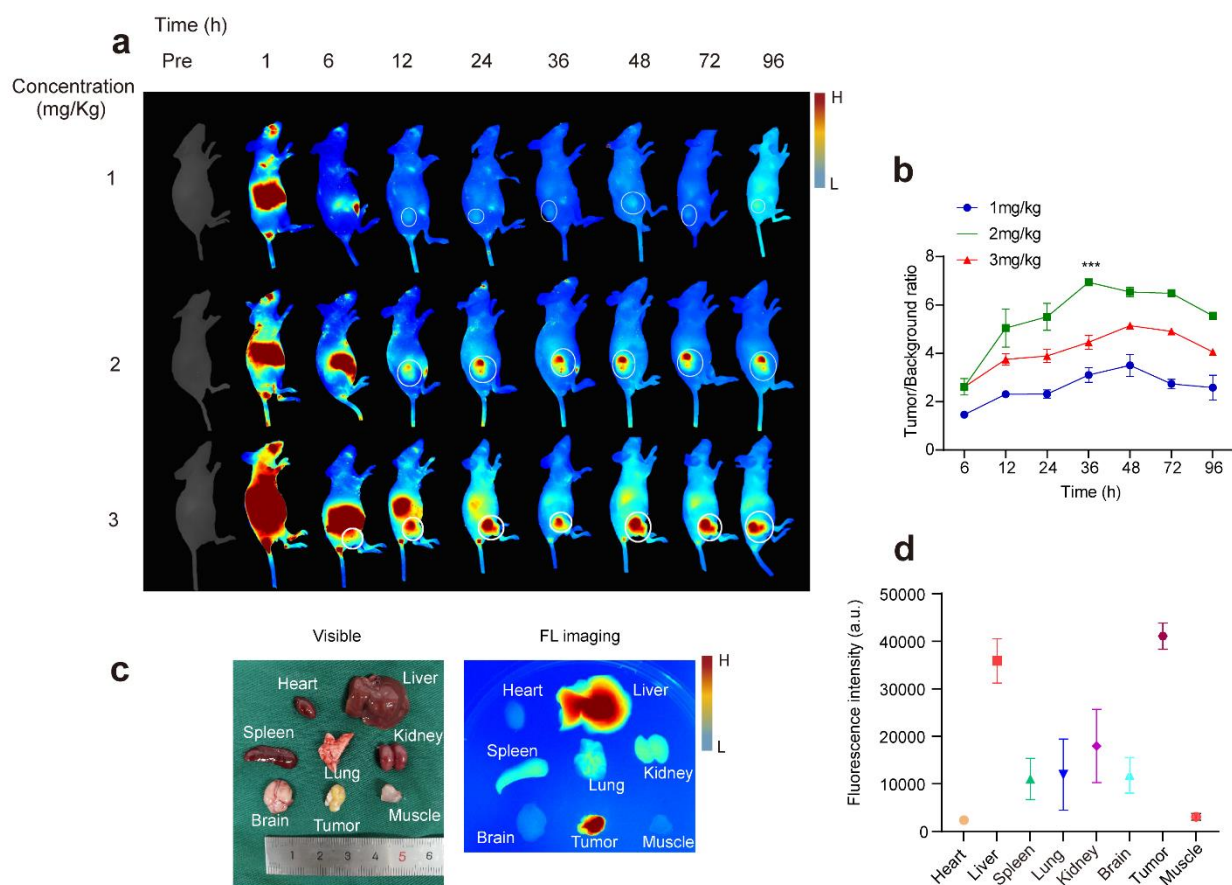


Figure S9. Optimal *in vivo* imaging showing concentration and biological distribution of NPs-Bev

(a) Optimal *in vivo* imaging showing different concentrations of NPs-Bev. (b) The 2 mg kg⁻¹ concentration at 36 h post-injection had the highest tumor/background ratio (TBR). (c) The biological distribution of NPs-Bev in MDA-MB-231 tumor-bearing mice at 36 h post-injection (Left: Visible, Right: fluorescence (FL) imaging). (d) Statistical analysis showing fluorescence signals were strongest in the tumor, followed by the liver.

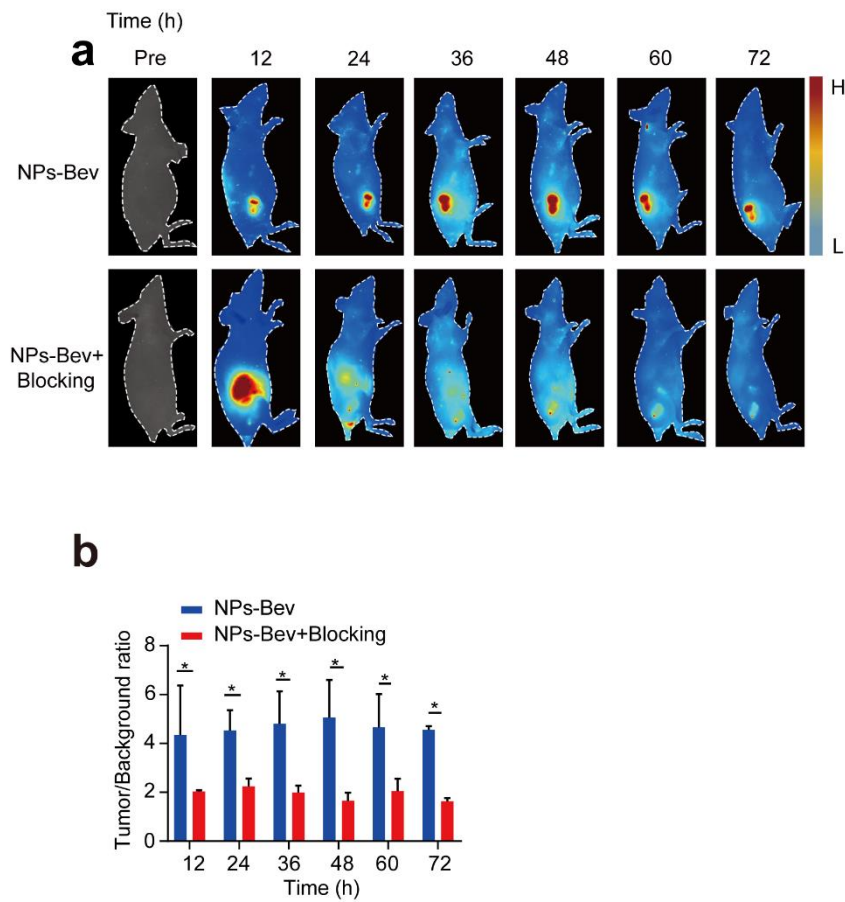


Figure S10. *In vivo* bevacizumab blocking experiments

(a) MDA-MB-231-Luc tumor-bearing mice were randomly divided into two groups ($n=3$) and intravenously injected with PBS or bevacizumab block (250 mg kg^{-1}) at 30 min before NPs-Bev injection at the equivalent ICG dose (2.0 mg kg^{-1}). (b) TBR analysis in groups with or without bevacizumab block. $*P<0.05$



Figure S11. Postoperative follow-up of NPs-Bev guided by NIR-II

Upper panel: Bioluminescence after 35 days in the White Light operation group

Lower panel: Bioluminescence after 35 days in the NPs-Bev operation group

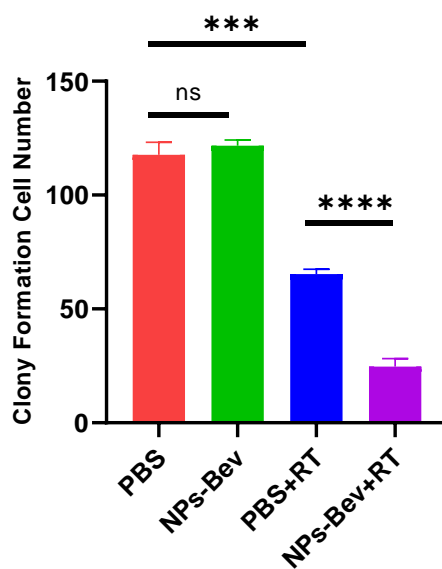


Figure S12. Quantitative analysis of MDA-MB-231 colony formation assays after irradiation (6 Gy) with PBS and NPs-Bev, with or without X-rays. *** $P < 0.01$, **** $P < 0.0001$, ns: Not Statistically Significant.

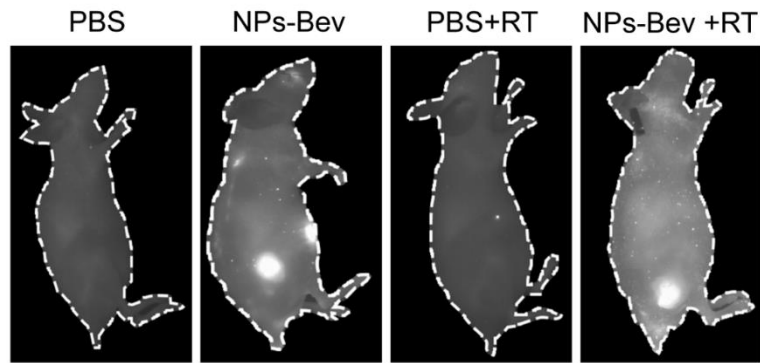


Figure S13. Representative images showing fluorescence in mice before treatment with NPs-Bev and PBS, with or without X-ray radiation therapy (RT). PBS: PBS without X-ray RT, NPs-Bev: NPs-Bev without X-ray RT, PBS+RT: PBS with X-ray RT, NPs-Bev+RT: NPs-Bev with X-ray RT. RT was conducted on days 0 and 6, and each exposure was 6 Gy.

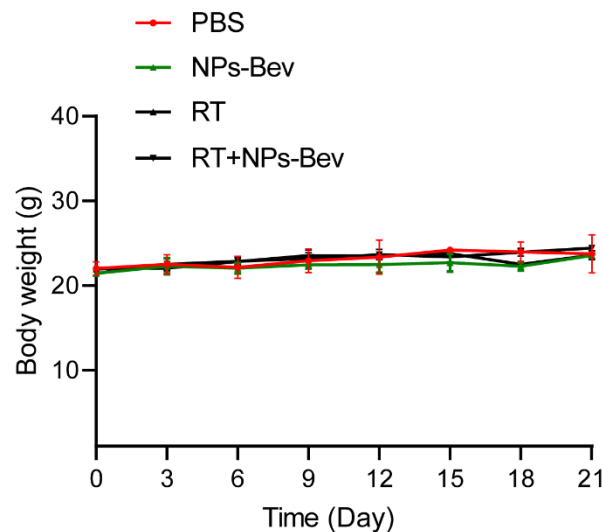


Figure S14. Body weight curves for mice treated with NPs-Bev and PBS, with or without X-ray RT ($n=5$).

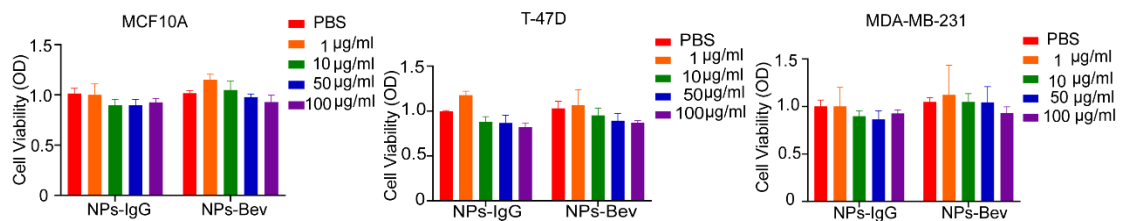


Figure S15. *Ex vivo* cytotoxicity of NPs-IgG and NPs-Bev. Normal mammary epithelial cell MCF-10A viability (a), T-47D viability (b), and MDA-MB-231 cell

viability (c) after incubation with NPs-IgG and NPs-Bev gradient concentrations using the CCK-8 assay.

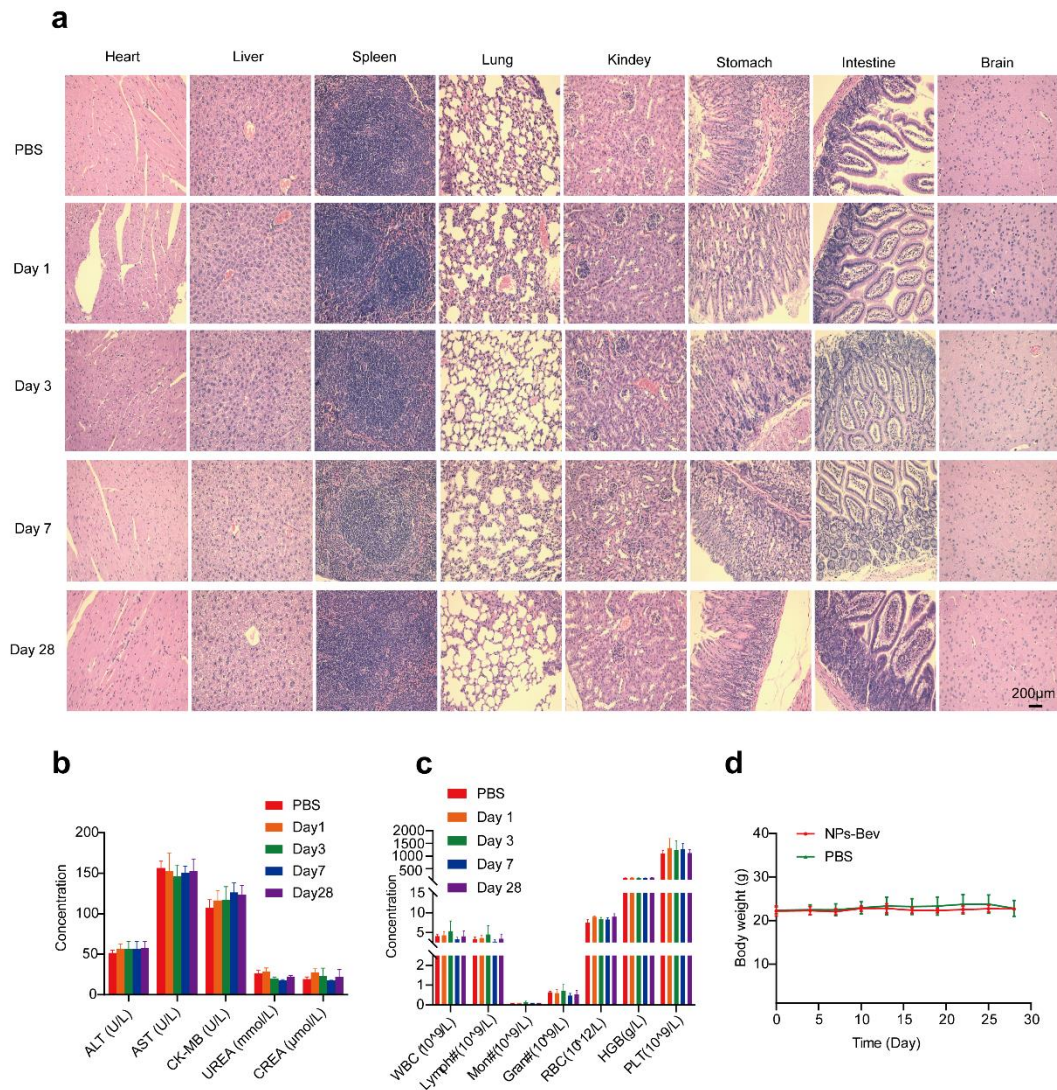


Figure S16. NPs-Bev biosafety

(a) H&E staining of vital organs (heart, liver, spleen, lung, kidney, and brain) from BALB/c mice at different times (1, 3, 7, and, 28 days) after intravenous injection with NPs-Bev or PBS. (b) Serum biochemistry results (c) and blood cytology at different times (days 1, 3, 7, and, 28) after intravenous injection with NPs-Bev or PBS (d) Body weight curves of mice treated intravenously with PBS or NPs-Bev ($n=3$). alanine aminotransferase (ALT), aspartate aminotransferase (AST), creatine kinase MB

(CK-MB), UREA, and creatinine (CREA), white blood cell (WBC), lymphocyte (Lymph), monocyte cell(Mon#), neutrophil granulocyte (Gran#), red blood cell (RBC), hemoglobin (HGB) and platelets (PLT). Scale bar = 200 μ m.