

## Supplementary Information for

### **Microalgae-based oral microcarriers for gut microbiota homeostasis and intestinal protection in cancer radiotherapy**

Dongxiao Zhang<sup>1,2\*</sup>, Danni Zhong<sup>1,2\*</sup>, Jiang Ouyang,<sup>3\*</sup> Jian He<sup>2</sup>, Yuchen Qi<sup>2</sup>, Wei Chen<sup>3</sup>, Xingcai Zhang<sup>5,6†</sup>, Wei Tao<sup>3†</sup>, and Min Zhou<sup>1,2,4†</sup>

<sup>1</sup> Eye Center, The Second Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou, 310029, China.

<sup>2</sup> Institute of Translational Medicine, Zhejiang University, Hangzhou, 310029, China

<sup>3</sup> Center for Nanomedicine and Department of Anesthesiology, Brigham and Women's Hospital, Harvard Medical School, Boston, 02115, MA, USA

<sup>4</sup> School of Engineering and Applied Sciences, Harvard University, Cambridge, MA, 02138, USA

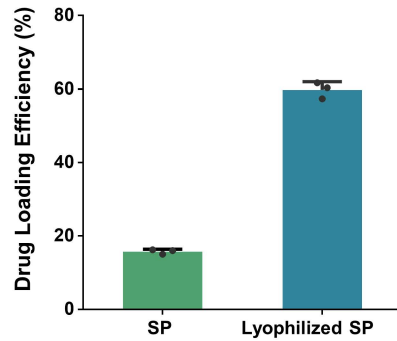
<sup>5</sup> School of Engineering, Massachusetts Institute of Technology, Cambridge, MA, 02139, USA

<sup>6</sup> State Key Laboratory of Modern Optical Instrumentations, Zhejiang University, Hangzhou, 310058, China

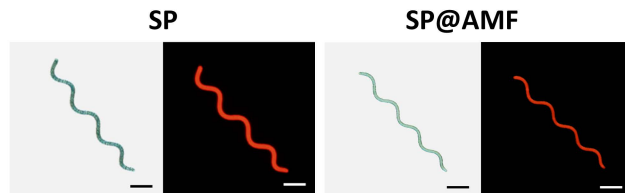
<sup>7</sup> Cancer Center, Zhejiang University, Hangzhou, 310058, China

\*These authors contributed equally to this work.

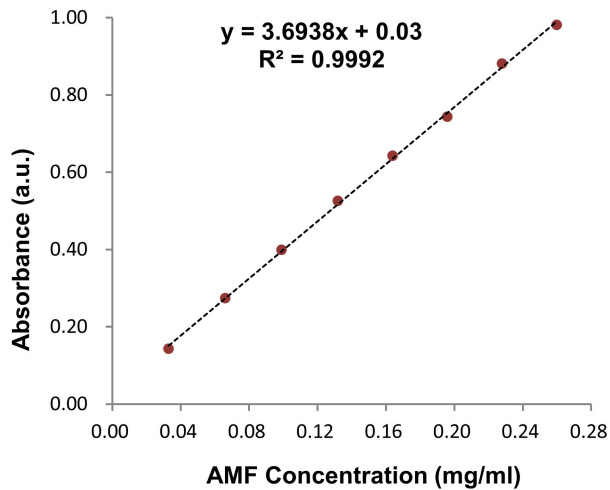
† Corresponding author. Email: zhoum@zju.edu.cn (M.Z.), wtao@bwh.harvard.edu (W.T.), xingcai@mit.edu (X.Z.)



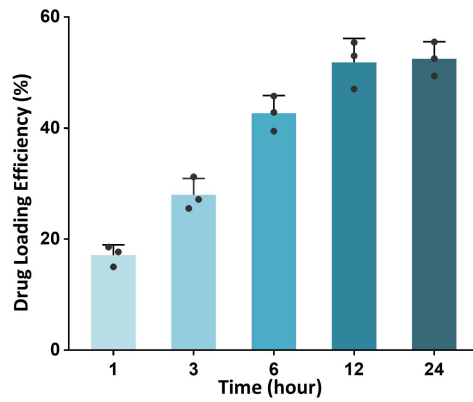
**Supplementary Fig. 1.** The drug loading efficiency of AMF in fresh SP and lyophilized SP (n = 3 biologically independent samples). Results are presented as means  $\pm$  SD.



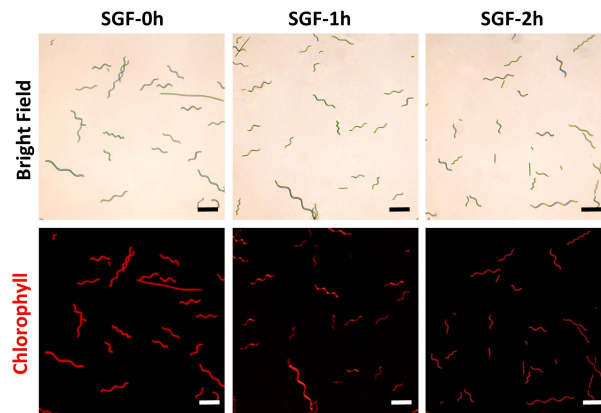
**Supplementary Fig. 2.** Bright-field images and fluorescence microscope images (red for SP's chlorophyll) of SP and SP@AMF, respectively. Scale bar = 20  $\mu$ m. Experiment was repeated three times independently with similar results.



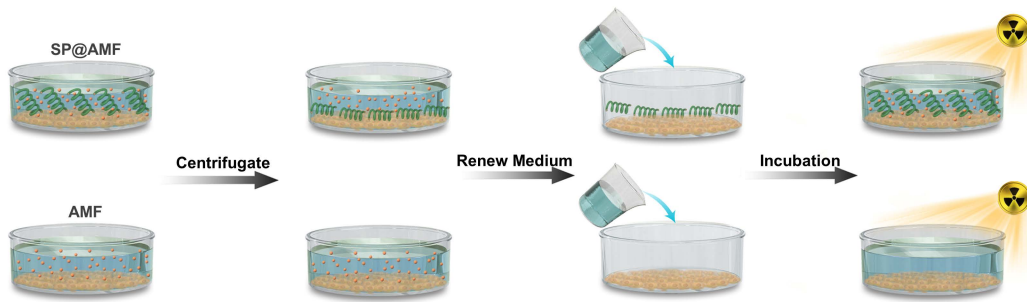
**Supplementary Fig. 3.** Standard curve of AMF in PBS solution calculated using the absorbance at 204 nm.



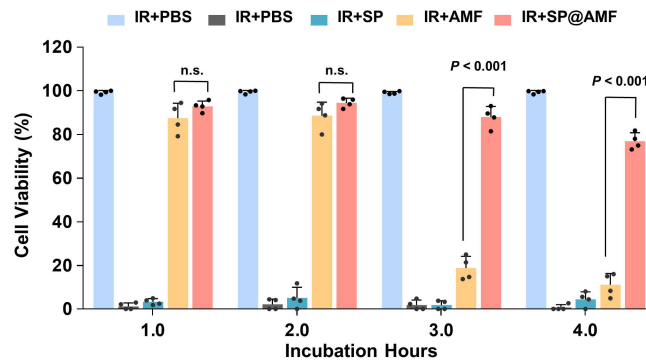
**Supplementary Fig. 4.** The drug loading efficiency of AMF in freeze-dried SP after 1, 3, 6, 12, and 24 h of drug loading ( $n = 3$  biologically independent samples). Results are presented as means  $\pm$  SD.



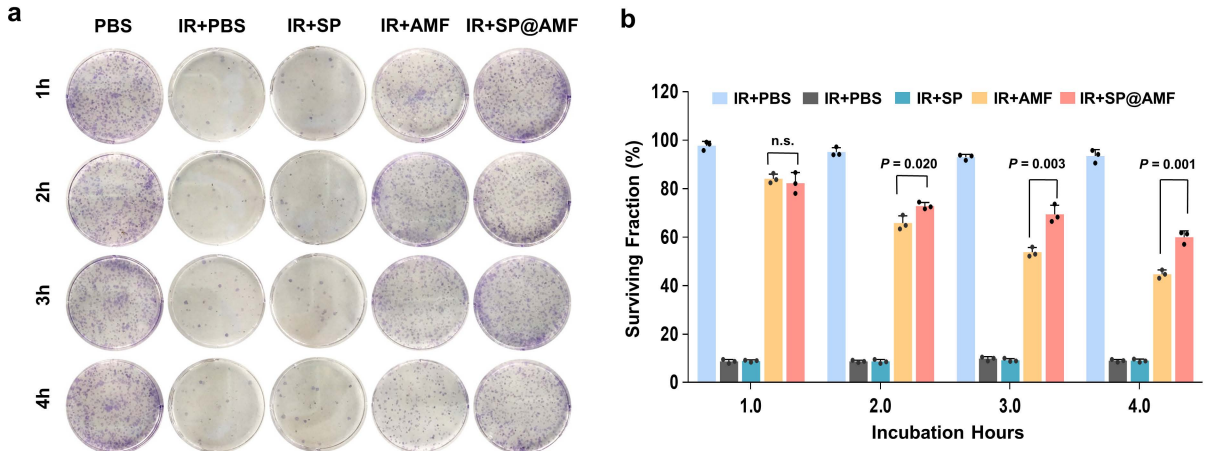
**Supplementary Fig. 5.** Bright-field and fluorescence microscope images (red for SP's chlorophyll) of SP@AMF treated by simulated gastric fluid (SGF) at 37°C for 0 (untreated), 1 and 2 h. Scale bar = 100  $\mu$ m. Experiment was repeated three times independently with similar results.



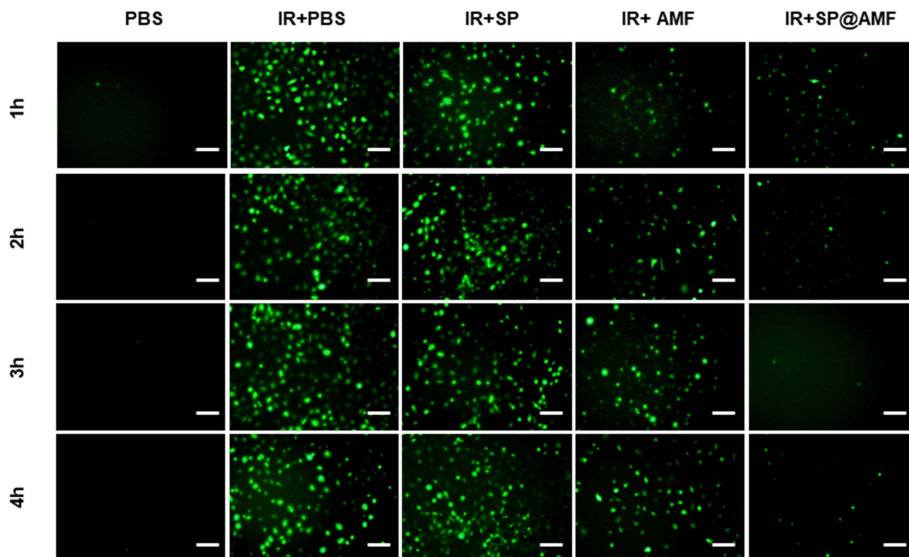
**Supplementary Fig. 6.** Schematic illustration of the cell experiments in Fig.2b and Supplementary Fig. 7-10.



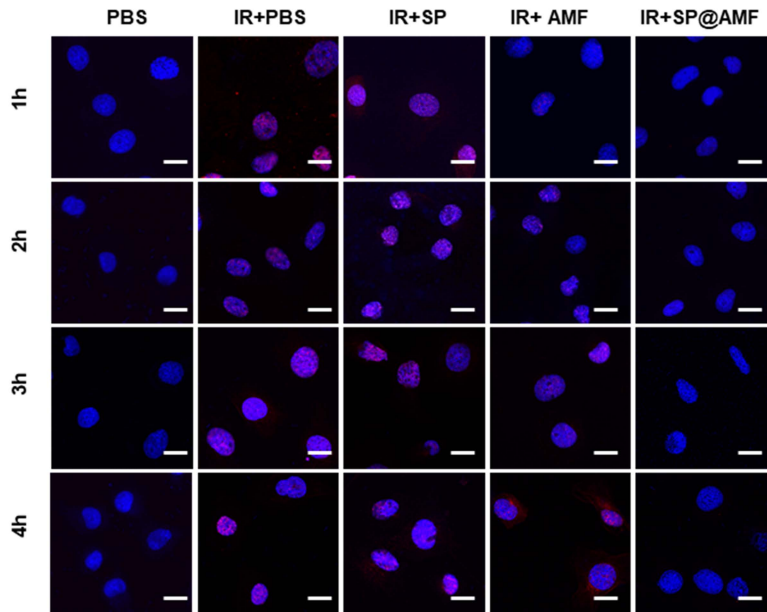
**Supplementary Fig. 7.** The viability of the IEC-6 cells irradiated by 6 Gy X-ray after 1, 2, 3, or 4 h of incubation with the renewed medium, determined by the Calcein-AM/PI fluorescence microscope images in Fig. 2b ( $n=4$  biologically independent cells). The data show means + SD.  $P$  was calculated using two-tailed t test. n.s., no significance ( $P > 0.05$ ).



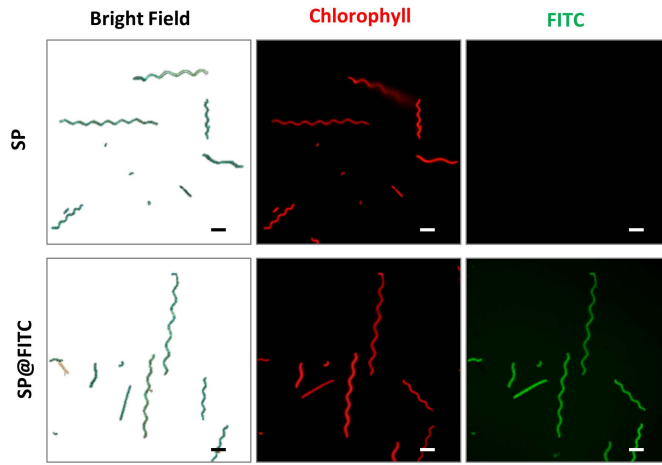
**Supplementary Fig. 8.** Crystal violet staining of the surviving colonies (a) and the quantification (b) of IEC-6 cells irradiated by 6 Gy X-ray after 1, 2, 3, or 4 h of incubation with the renewed medium (n=3 biologically independent cells). The data show means + SD. *P* was calculated using two-tailed t test. n.s., no significance ( $P > 0.05$ ).



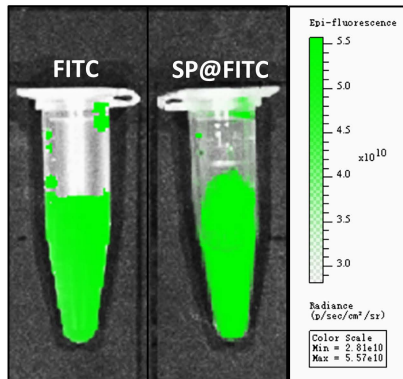
**Supplementary Fig. 9.** Fluorescence images of ROS production in IEC-6 cells after the exposure to 6 Gy X-ray irradiation (except for PBS group) after 1, 2, 3, or 4 h of incubation with the renewed medium in different groups, stained with ROS assay kit (green). Scale Bar =50  $\mu$ m. Experiment was repeated three times independently with similar results.



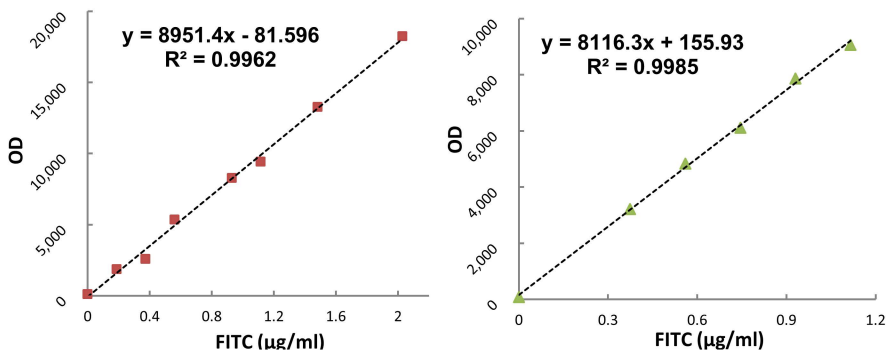
**Supplementary Fig. 10.** Immunofluorescence images showing the DNA double-strand break (DSB) of IEC-6 cells after the exposure to 6 Gy X-ray irradiation (except for PBS group) after 1, 2, 3, or 4 h of incubation with the renewed medium in different groups, in which  $\gamma$  H2AX was stained for DNA DSB (red) and DAPI was stained for nuclei (blue). Scale bar = 10  $\mu$ m. Experiment was repeated three times independently with similar results.



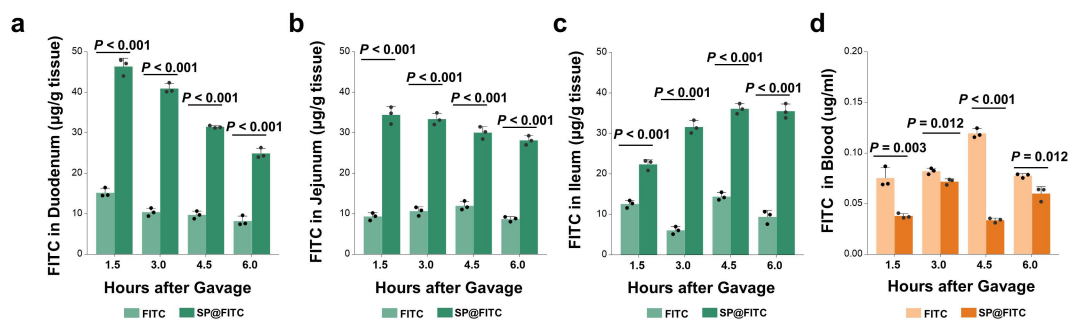
**Supplementary Fig. 11.** Bright field and fluorescence microscope (red for SP's chlorophyll, green for FITC) images of SP@FITC. Scale bar = 20  $\mu\text{m}$ . Experiment was repeated three times independently with similar results.



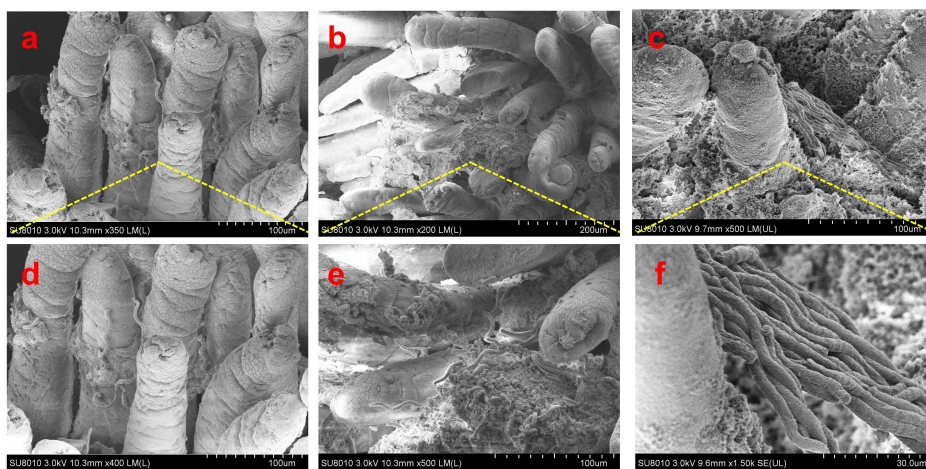
**Supplementary Fig. 12.** Fluorescence images of FITC and SP@FITC (with an equal concentration of FITC) that used for the observation of the in vivo biodistribution after oral administration. FITC channel: excitation wavelength = 445-490 nm, emission wavelength = 515-575 nm.



**Supplementary Fig. 13.** Standard curves of FITC in intestine homogenate (a) and blood serum (b) calculated using the absorbance at 515-575 nm (excitation spectrum: 445-490 nm).

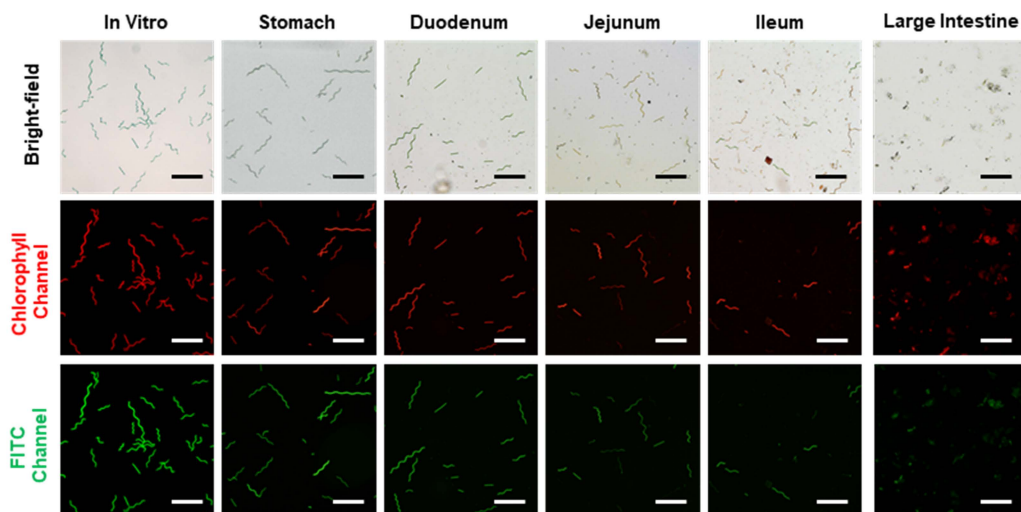


**Supplementary Fig. 14.** Quantification of FITC in the intestinal tissue of duodenum (a), jejunum (b), ileum (c), and the blood (d) at 0, 1.5, 3, 4.5, and 6 h after the oral administration of FITC or SP@FITC (with an equal amount of FITC) ( $n=3$  biologically independent animals). The data show means + SD.  $P$  was calculated using two-tailed t test.

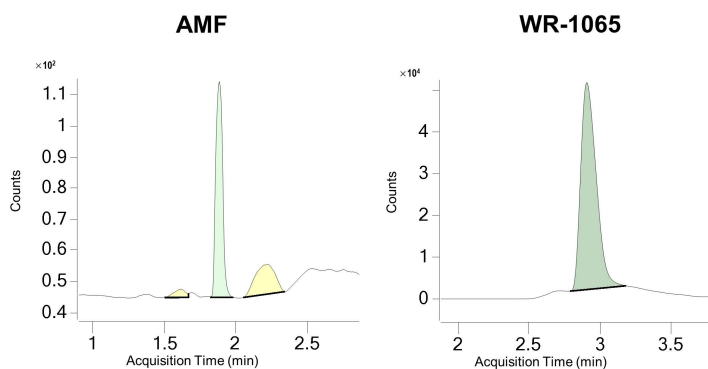


**Supplementary Fig. 15.** SEM images of SP@AMF on the surface of the ileum of mice. a, d. The original SEM images of Fig. 3c. Experiment was repeated three times independently with similar results.

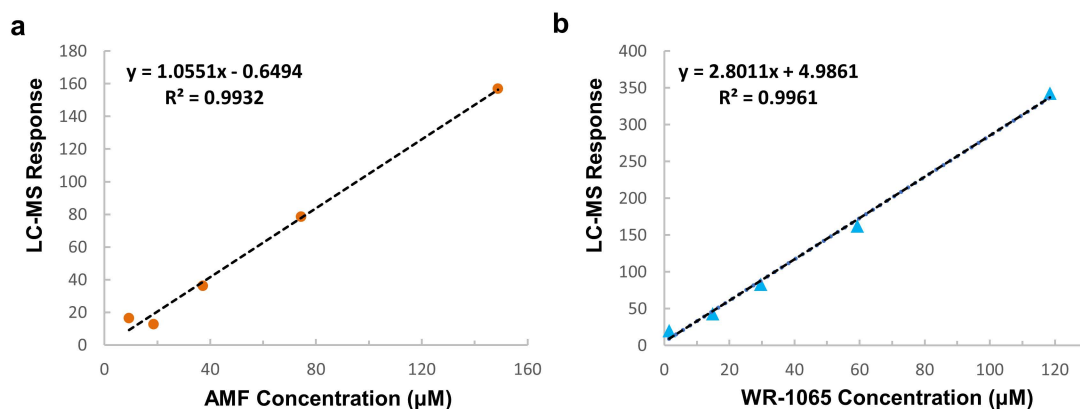




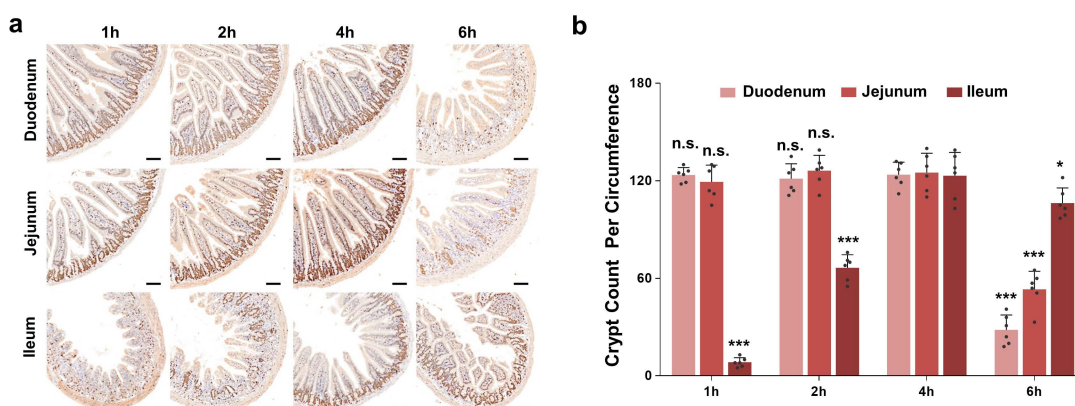
**Supplementary Fig. 16.** Bright field and fluorescence microscope (red, chlorophyll in SP; green, FITC) images of SP@FITC in the stomach, small and large intestines, at 4 h after the oral administration of SP@FITC. Scale bar = 200  $\mu\text{m}$ . Experiment was repeated three times independently with similar results.



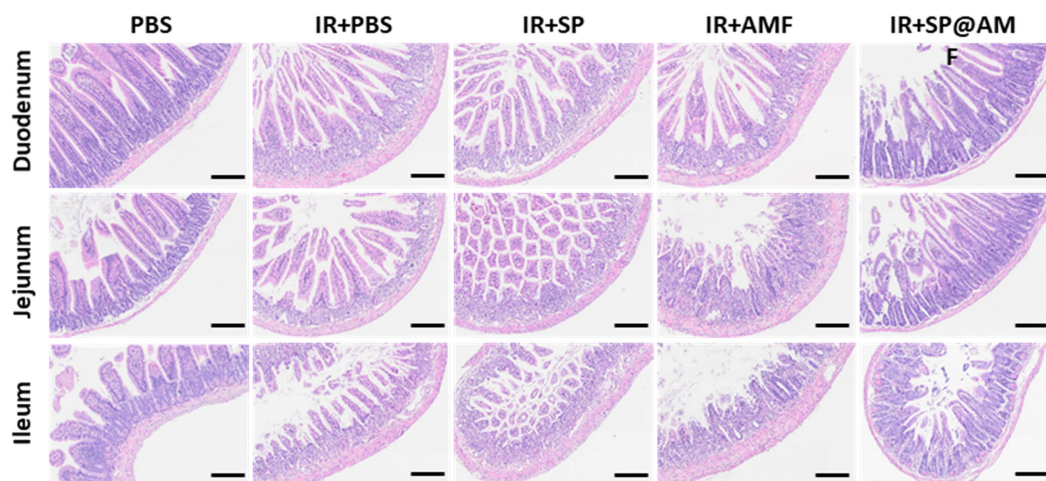
**Supplementary Fig. 17.** Representative LC-MS chromatograms of AMF (acquisition time 1.886 min) and its active metabolite WR-1065 (acquisition time 2.904 min).



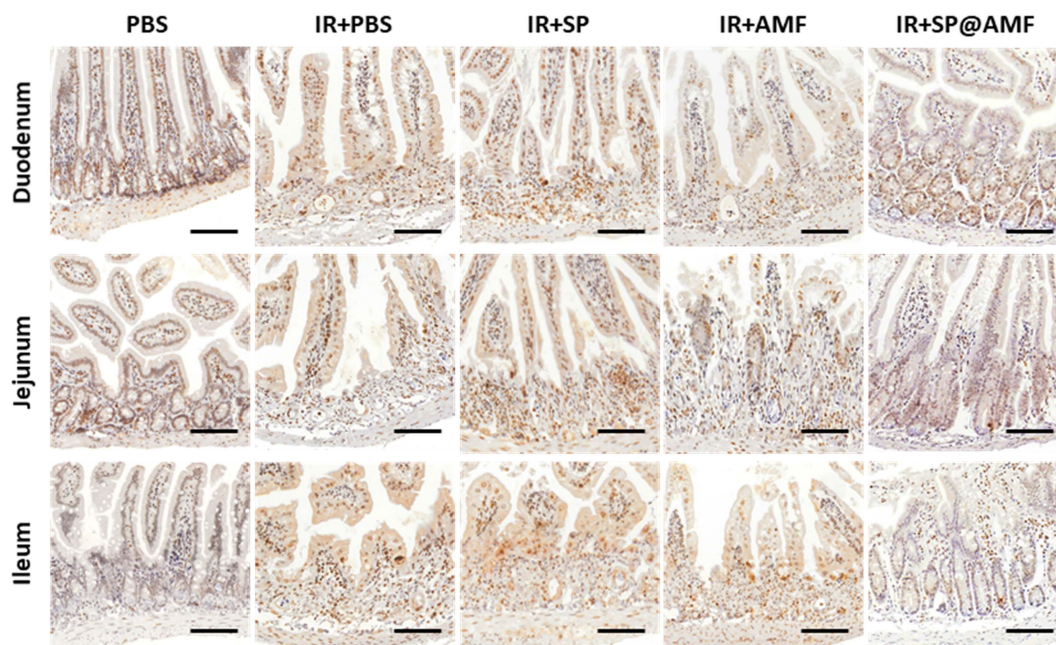
**Supplementary Fig. 18.** Standard calibration curves of AMF (a) and WR-1065 (b) detected by LC-MS.



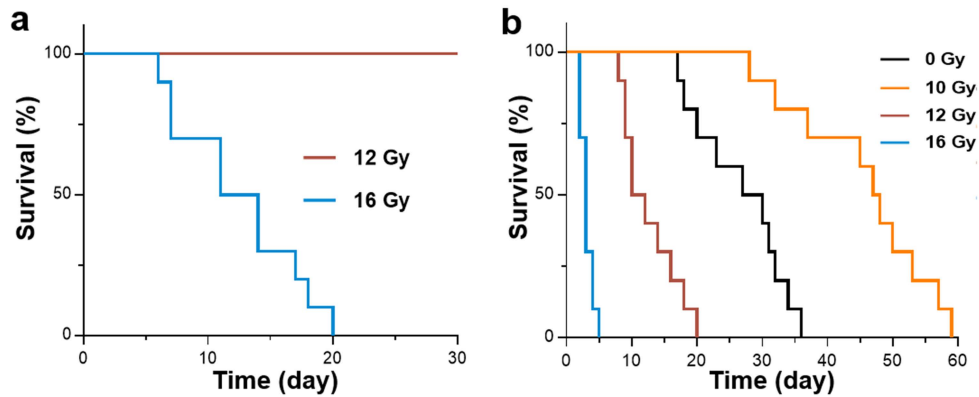
**Supplementary Fig. 19.** SP@AMF performs optimal radioprotective effect on the regenerating crypts in all parts of the small intestine when used 4 h before radiation, compared with other time intervals (1, 2, and 6 h). **a.** Represented Ki67 IHC images of the regenerating crypts in the small intestine (duodenum, jejunum, and ileum) of mice which have been irradiated by 12 Gy abdominal X-ray at 1, 2, 4, and 6 hours after the gavage of SP@AMF. Scale bar = 100  $\mu\text{m}$ . **b.** Quantification of the regenerating crypts in different groups (n=6 biologically independent animals). The data show means + SD. *P* versus 4 h group was calculated using two-tailed t test. \**P* < 0.05, \*\**P* < 0.01, \*\*\**P* < 0.001, n.s., no significance. Experiment was repeated three times independently with similar results.



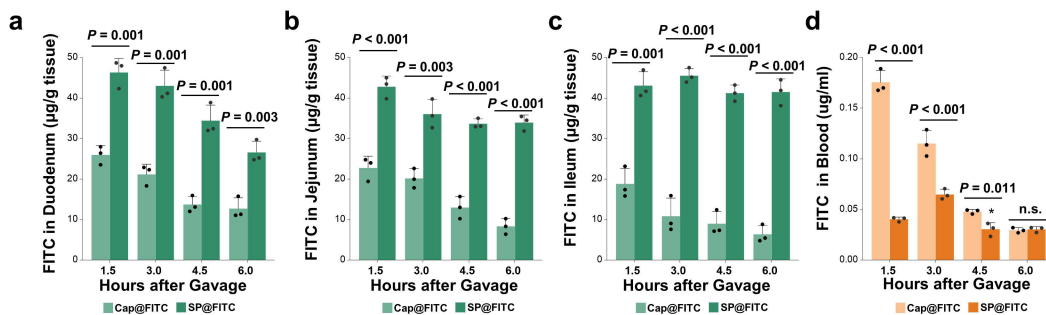
**Supplementary Fig. 20.** Representative images of HE-staining images of the small intestine of the mice treated by PBS + sham irradiation (PBS group), abdominal 12 Gy X-ray irradiation (IR) + PBS, SP, AMF, and SP@AMF. Scale bar = 200  $\mu$ m. Experiment was repeated three times independently with similar results.



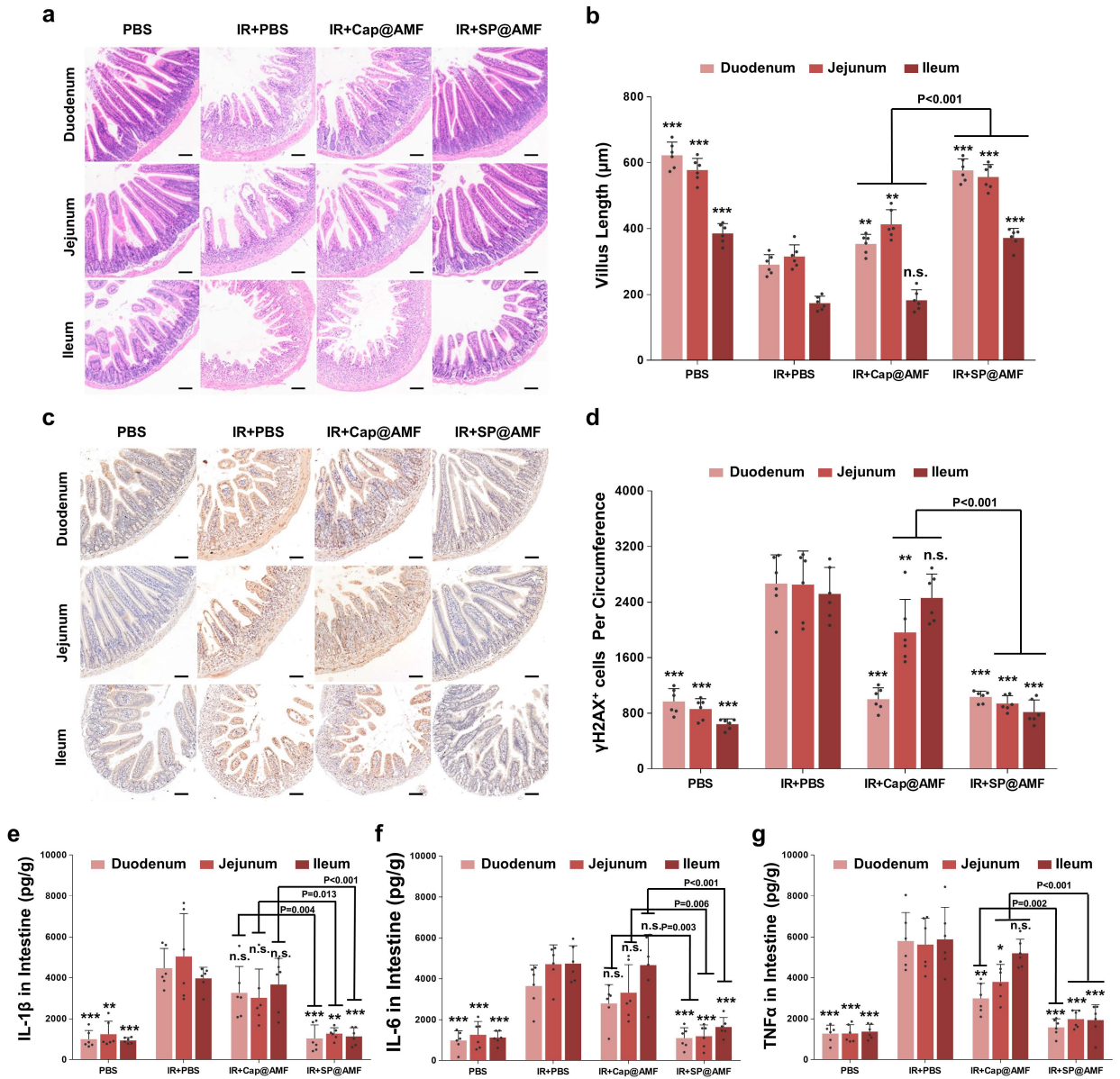
**Supplementary Fig. 21.** Representative IHC images of the  $\gamma$ H2AX staining of the small intestine of the mice treated by PBS + sham irradiation (PBS group), abdominal 12 Gy X-ray irradiation (IR) + PBS, SP, AMF, and SP@AMF. Scale bar = 100  $\mu$ m. Experiment was repeated three times independently with similar results.



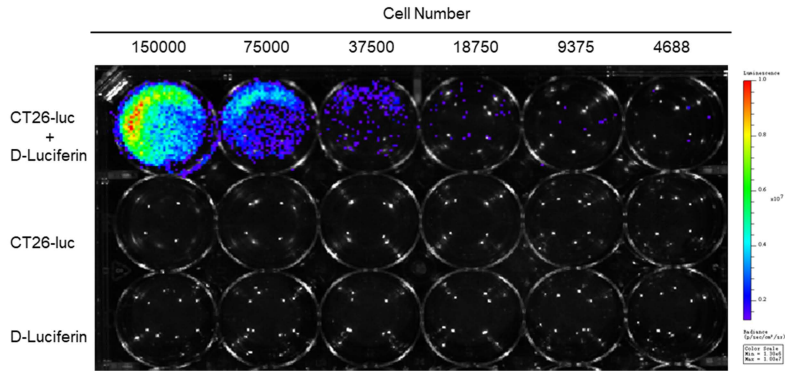
**Supplementary Fig. 22.** **a.** Survival curves of Balb/c mice exposed to various doses of X-ray abdominal irradiation (n=10 biologically independent animals). Median survival: 12 Gy, undefined (> 30 d); 16 Gy, 13d. *P* was calculated using Log-rank (Mantel-Cox) test. *P* < 0.001. **b.** Survival curves of Balb/c nude mice bearing orthotopic colorectal tumors exposed to various doses of X-ray abdominal irradiation (n=10 biologically independent animals). Median survival: 0 Gy, 28.5 d; 10 Gy, 47.5 d; 12 Gy, 11 d; 16 Gy, 3 d. *P* was calculated using Log-rank (Mantel-Cox) test. *P* < 0.001.



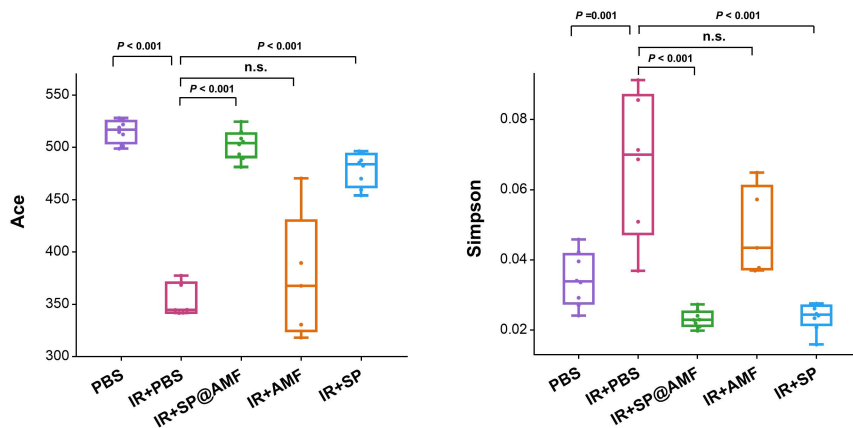
**Supplementary Fig. 23.** Quantification of FITC in small intestine tissue (duodenum, jejunum, and ileum) (a-c) and blood (d) of the mice at 0, 1.5, 3, 4.5, and 6 h after the oral administration of the enteric capsules of FITC (Cap@FITC) or SP@FITC (with equal amount of FITC) (n=3 biologically independent animals). The data show means + SD. *P* was calculated using two-tailed t test.



**Supplementary Fig. 24. SP@AMF shows longer and more extensive radioprotection in the whole small intestine compared with the enteric capsules of AMF (Cap@AMF). a-d.** Represented images and the quantification of the length of intestinal villi (**a, b**) and the  $\gamma$ H2AX-positive intestinal cells (**c, d**) at day 3 after being treated by sham irradiation + PBS (PBS group), 12 Gy abdominal X-ray (IR)+PBS, IR+ Cap@AMF, and IR+SP@AMF ( $n=6$  biologically independent animals). Scale bar =100  $\mu$ m. The data show means + SD.  $P$  was calculated using two-tailed t test. \*,  $P$  versus IR+PBS group (\* $< 0.05$ , \*\* $< 0.01$ , \*\*\* $< 0.001$ , n.s., no significance). Experiment was repeated three times independently with similar results. **e-g.** Pro-inflammatory cytokines including IL-1 $\beta$  (**e**), IL-6 (**f**), and TNF- $\alpha$  (**g**) in the small intestine tissue after different treatments ( $n=6$  biologically independent animals). The data show means + SD.  $P$  was calculated using two-tailed t test. \*,  $P$  versus IR+PBS group (\* $< 0.05$ , \*\* $< 0.01$ , \*\*\* $< 0.001$ , n.s., no significance).



**Supplementary Fig. 25.** Autofluorescence image of different numbers of CT26-luc cells incubated in a 24-well plate.



**Supplementary Fig. 26. Boxplot of alpha diversity of 16S rRNA gene sequencing of the gut microbiota after different treatments:** The index Ace represents the community richness, and the index Simpson represents the community diversity (the higher the Simpson value, the lower the diversity).  $n=8$  for PBS, IR+SP, and IR+SP@AMF;  $n=6$  for IR+PBS;  $n=5$  for IR+AMF (representing biologically independent animals). Results are presented as the boxes' bounds (the 25th to 75th percentile) and lines representing maxima, medians, and minima.  $P$  was calculated using two-tailed t test.

Supplementary Table 1. Principle of scoring the degree of delayed radiation injury.

<b>Mucosal ulcerations</b>
<b>1 = Small superficial ulcerations</b>
<b>2 = Ulcerations involving more than half of the intestinal circumference</b>
<b>Thickening of serosa</b>
<b>1 = Slight thickening of serosa; hyperplasia of peritoneal</b>
<b>2 = Marked thickening of serosa</b>
<b>3 = Extreme thickening and fibrosis of serosa</b>
<b>Epithelial atypia</b>
<b>1 = Abnormally oriented crypts</b>
<b>2 = Irregular crypt regeneration with atypical epithelial cells</b>
<b>3 = Adenocarcinoma</b>
<b>Vascular sclerosis</b>
<b>1 = Slight thickening and hyalinization of vessel wall</b>
<b>2 = Vessel wall double normal thickness; hyalinization and stenosis</b>
<b>3 = Extreme sclerosis with marked stenosis or complete occlusion; fibrinoid necrosis</b>
<b>Intestinal wall fibrosis</b>
<b>1 = Submucosa double normal thickness; broadened and hyalinized collagen fibres</b>
<b>2 = Submucosa three to four times normal thickness; abnormal collagen fibres</b>
<b>3 = Massive fibrosis including muscularis</b>
<b>Lymph congestion</b>
<b>1 = Dilated lymph vessels or cystic collections of lymph</b>
<b>Ileitis cystica profunda</b>
<b>1 = Submucosal glandular inclusions</b>
<b>2 = Submucosal cysts with Polypoid evagination of the mucosa</b>
<b>3 = Large cysts extending into the muscularis</b>