

1 Potential of biocompatible polymeric ultra-thin films, nanosheets, as topical and transdermal drug
2 delivery devices

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15

1 **ABSTRACT**

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3 The aim of the present study was to assess the potential of biocompatible polymeric nanosheets as
4 topical and transdermal drug-delivery devices. Nanosheets are two-dimensional nanostructures
5 with a thickness in the nanometer order, and their extremely large aspect ratios result in unique
6 properties, including high transparency, flexibility, and adhesiveness. Nanosheet formulations
7 containing betamethasone valerate (BV) as a model drug and consisting of poly (L-lactic acid) or
8 poly (lactic-co-glycolic) acid were fabricated through a spin-coating-assisted layer-by-layer
9 method using a water-soluble sacrificial membrane. The fabricated formulations could incorporate
10 and release higher amounts of BV compared with a commercial ointment, and the amounts could
11 be controlled by the polymers used, the amount of BV added, and the use of controlled-release
12 membranes. The presence of BV had a minimal effect on thickness, transparency, adhesiveness,
13 and moisture permeability of nanosheets, permitting their application to any area of skin for a long
14 period of time. Therefore, this biocompatible polymeric nanosheet formulation represents a novel
15 and promising topical and transdermal drug delivery device, which has potential to deliver drugs
16 regardless of the area of skin.

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18 **Keywords:** Nanosheet, Poly (L-lactic acid), Poly (lactic-co-glycolic) acid, Topical drug delivery,
19 Transdermal drug delivery, Betamethasone valerate

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1 **1. Introduction**

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3 Nanotechnology, the engineering and manufacturing of materials at the atomic and molecular
4 scale, has had an impact on pharmaceutical technology (Farokhzad and Langer, 2009). Since
5 nanoparticle formulations appeared in the 1970s (Gregoriadis, 1978; Couvreur et al., 1977),
6 various nanostructures, such as dendrimers (Cheng et al., 2008), nanohydrogels (Dalwadi and Patel,
7 2015), nanoemulsions (Sarker, 2005), nanoliposomes (Gregoriadis, 1978), and nanofibers (Hu et
8 al., 2014), have been utilized for the development of new dosing formulations for pharmaceuticals.
9 These nanostructures provide certain functions to the dosing mechanism, including the improved
10 dissolution of slightly soluble drugs, the enhanced transport of impermeable drugs across the
11 epithelial and endothelial barriers, and cell- or tissue-specific targeted delivery of drugs.
12 Nanotechnology continues to further advance drug-delivery strategies.

13 Ultra-thin films, often called nanosheets, are two-dimensional nanostructures with a thickness
14 in the nanometer order (Kado et al., 2005; Cheng et al., 2009). Their extremely large aspect ratios,
15 greater than 10^9 depending on surface area, result in markedly different physical, chemical, and
16 electronic characteristics from their bulk state. Therefore, nanosheets have been developed for a
17 variety of applications, including separation membranes, light-emitting devices, friction-reducing
18 coatings, chemical/mechanical sensors, and chemical/biological reactors (Osada and Sasaki, 2012;
19 Liu et al., 2016). One of the earliest types of nanosheet used for medical applications was graphene,
20 a single layer of carbon atoms arranged in a hexagonal lattice, which is capable of free existence
21 (Goenka et al., 2014). The high drug-loading capacity due to two-dimensional structure and
22 delocalized surface π electrons of graphene is an advantage for the delivery of chemotherapeutics
23 and other drugs. Unfortunately, bioincompatibility and cytotoxicity induced by graphene

1 nanomaterials have often been reported (Liao et al., 2018). We previously fabricated free-standing
2 polymeric nanosheets composed of biocompatible and biodegradable polymers such as chitosan
3 and poly (L-lactic acid) (PLA) for use as materials for pharmaceuticals (Okamura et al., 2009;
4 Komachi et al., 2017). The nanosheets, which are completely different from electrospun mats,
5 could be used as adhesive-free alternatives to surgical sutures, wound healing dressings and
6 postsurgical adhesion prevention sheets (Okamura et al., 2009; Okamura et al., 2013). Further
7 medical application, such as drug delivery devices, is expected because of their high transparency,
8 flexibility, and adhesiveness. On the other hand, there is a concern that ultra-thin nanosheets cannot
9 incorporate and release drugs at therapeutic levels.

10 Transdermal therapeutic systems are mechanisms of dosing that deliver effective amounts of
11 drugs to the systemic circulation via the skin (Tanner and Marks, 2008; Cevc et al., 1996).
12 Compared with oral dosage forms, they have great therapeutic advantages; overcoming the first-
13 pass metabolism of drugs, sustained systemic drug delivery, improved patient compliance, and
14 reduced side effects. Skin has also been the administration site of therapeutic agents for skin
15 diseases and disorders since ancient times (Chang et al., 2013). A variety of topical and transdermal
16 drug-delivery systems now exist.

17 These systems are roughly classified as solid formulations, e.g. dermal patches, tapes, plasters,
18 and cataplasms, semi-solid formulations, e.g. ointments, creams, and gels, and liquid formulations,
19 e.g. emulsions and lotions (Sugibayashi, 2017). When a solid formulation is applied onto the
20 patient's skin, the formulation adheres to an area of skin by an adhesive, and drug molecules
21 diffuse from the reservoir and/or adhesive layer to the skin surface at a certain rate controlled by a
22 semipermeable membrane and/or adhesive layer. Hence, the drug delivery is reliable throughout
23 the therapeutic period; however, the application of this formulation is limited to relatively flat skin

1 surface. Reapplication of these formulations often damages the stratum corneum and causes
2 dermatitis accompanied with symptoms such as erythema, itching, and edema (Ale et al., 2009;
3 Yataba et al., 2016). Conversely, semi-solid and liquid formulations can be applied to any location,
4 including the skin overlaying joints, such as the elbow and knee. However, they are weak in the
5 presence of friction and can be easily removed when the skin is rubbed (Tang et al., 2010). If
6 polymeric nanosheets can incorporate and release therapeutically required quantities of any drug,
7 this will aid the development of novel topical and transdermal drug delivery devices that are
8 applicable to any part of the skin without the need for adhesives and backing.

9 The present study was conducted to assess the potential of biocompatible polymeric nanosheets
10 as topical and transdermal drug delivery devices. The nanosheets were fabricated through a spin-
11 coating-assisted layer-by-layer method using a water-soluble sacrificial membrane (Okamura et
12 al., 2009; Fujie et al., 2007). PLA and poly (lactic-co-glycolic) acid (PLGA) were used as the
13 building blocks of nanosheets, and poly (vinyl alcohol) (PVA) was used as a sacrificial layer. A
14 steroidal anti-inflammatory drug, betamethasone valerate (BV) included in the topical ointments,
15 creams, and lotions for the treatment of various skin diseases and irritation (Drugs.com, 2018),
16 was chosen as a model drug. The morphology, drug-loading capacity, adhesiveness, and moisture
17 permeability of various nanosheets were evaluated. BV release from nanosheet formulations was
18 measured under various conditions to clarify the effects of BV concentration, molecular weight of
19 PLA, LA:GA molecular ratio, and rate-controlling membrane on release behavior. BV release
20 from formulations and BV concentration in pig skin after topical application of the formulations
21 were compared between nanosheet formulations and a commercial ointment product.

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23 **2. Materials and methods**

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2.1. Materials, animals, and subjects

PLA (Mw, 80,000–100,000 and ~700,000), PLGA (LA:GA, 85:15 and 50:50; Mw, 66,000–107,000 and 30,000–60,000, respectively), and PVA (Mw, ~22,000) were purchased from Polyscience Inc. (Warrington, PA, USA), Sigma-Aldrich (St. Louis, MO, USA), and Kanto Chemical Co. Inc. (Tokyo, Japan), respectively. BV was a gift from Sato Pharmaceutical Co., Ltd. (Tokyo). Vybrant™ DiO (3,3'-Dioctadecyloxycarbocyanine perchlorate) cell-labeling solution was obtained from Thermo Fisher Scientific Inc. (Waltham, MA, USA), and Rinderon®-V ointment 0.12% was from Shionogi & Co., Ltd (Osaka, Japan). Other chemicals and reagents were of special or HPLC grade, were obtained commercially, and were used without further purification.

Frozen ears of male and female pigs (LWD, 6-12 months) were purchased from ZEN-NOH Central Institute for Food and Livestock (Tsukuba, Japan). The porcine ears were stored at -80°C until the skin permeation of BV was measured from the nanosheet formulations.

Male hairless rats (WBN/Ita-Ht, weighing 200–250 g), obtained from the Life Science Research Center, Josai University (Sakado, Saitama, Japan) or Ishikawa Experimental Animal Laboratories (Fukaya, Saitama, Japan), were used to evaluate the influence of PLA nanosheets on transepidermal water loss (TEWL). All animal care procedures and experimental protocols were reviewed and approved by the Institutional Animal Care and Use Committee of Josai University.

Three healthy male subjects aged 22–27 years old participated in human studies, in which the adhesiveness to skin and moisture permeability of PLA nanosheets were assessed. The subjects agreed to participate after the purpose and procedures involved in the studies were explained. All

1 experimental protocols were reviewed and approved by the Human Medical Research Ethical
2 Review Committee of Josai University.

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4 *2.2. Preparation of nanosheet formulations*

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6 Nanosheets were fabricated through a spin-coating-assisted layer-by-layer method using a
7 water-soluble sacrificial membrane (Okamura et al., 2009; Fujie et al., 2007), as shown in Fig. 1.
8 In order to make a sacrificial layer, a 0.5 mL aliquot of 1.0 % PVA in ultra-purified water was
9 dropped onto a silicon oxide (SiO₂) substrate (SIO wafer, 200 nm thick of SiO₂, SUMCO Co.,
10 Tokyo), which was rotated at 4,000 rpm for 20 s by a spin-coater (MS-B100, Mikasa Co. Ltd.,
11 Tokyo) and then dried on a hotplate at 50°C for 60 s. The sacrificial layer was spin-coated with
12 0.5 mL of 0.1–6.0% PLA or PLGA in dichloromethane at 4,000 rpm for 20 s, followed by drying
13 at 50°C for 60 s, resulting in a bilayered film on the SiO₂ substrate. When the nanosheet
14 formulations containing BV or DiO were prepared, each chemical was dissolved in the PLA or
15 PLGA solution at 0.1–1.0% or 20 μM concentrations. The PLA or PLGA layer was spontaneously
16 released from the substrate by immersion in water, scooped up with a Teflon mesh (PFA,
17 SEMITEC Co., Osaka), and dried at 50°C for 2 h.

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Fig. 1.

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21 *2.3. Morphology of nanosheet formulations*

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1 The macroscopic morphology of the PLA nanosheet formulation containing BV was captured
2 by a digital camera (PEN Lite E-PL6, Olympus Co., Tokyo; M. ZUIKO DIGITAL 14-42 mm
3 F3.5-5.6 II R, Olympus) immediately after floating on the purified water or immediately after
4 application on moistened skin.

5 The nanosheet surface was observed using a field emission scanning electron microscope (FE-
6 SEM S-4800, Hitachi High-Technologies Co., Tokyo). The nanosheet formulations floating on
7 purified water were scooped with an aluminum oxide membrane (Anodisc®, GH Healthcare UK
8 Ltd., Little Chalfont, UK) and dried in a desiccator at room temperature overnight. The
9 formulations stuck to the membrane were fixed on a stage, and gold was sputtered with a desk-top
10 quick coater (SC-701, Sanyu Electron Co. Ltd., Tokyo) before observation.

11 The ultraviolet visible light (UV-Vis) absorption spectrum of the nanosheet was measured
12 using a UV spectrophotometer UV-1800 (Shimadzu, Kyoto, Japan).

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14 *2.4. BV content in nanosheet formulations*

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16 BV in the PLA and PLGA nanosheet formulations was extracted with acetonitrile. A
17 nanosheet formulation (20 x 20 mm), which was preweighed together with the Teflon mesh, was
18 soaked in 1.0 mL of acetonitrile and shaken for 30 min. The extract was mixed with an equal
19 volume of acetonitrile containing an internal standard (n-butyl 4-hydroxybenzoate) and the
20 mixture was centrifuged at $21,500 \times g$ and 4°C for 5 min. The amount of BV in the supernatant
21 was assayed by high performance liquid chromatography (HPLC). The weight of the formulation
22 was quantified by the difference in the Teflon mesh weight before and after extraction, and the BV
23 content per weight of formulation and per application area was calculated.

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2.5. Adhesiveness of nanosheet formulations

The adhesive strength of various nanosheet formulations was measured with a microscratch tester for thin films (JISR-3255, Rhesca Co., Tokyo), as described previously (Okamura et al., 2009; Baba et al., 1999). A nanosheet formulation was floated on purified water, scooped with a SiO₂ substrate, and then dried in a desiccator at room temperature overnight. The surface of the formulation was scratched using a diamond stylus with a curved radius of 25 μm under optimal conditions; vertical loading rate of 0.17 mN/s, scratch width of 100 μm, and scratch rate of 10 μm/s. When the signal of frictional vibration changed following detachment of formulation from the substrate, the critical load was regarded as the adhesive strength. The strength value was associated with the thickness measured with a microfigure measuring instrument (Surfcorder ET200, Kosaka Laboratory Ltd., Tokyo).

Adhesiveness to human skin was evaluated in healthy subjects, using a nanosheet formulation containing DiO for visualization. Two pieces (10 x 10 mm each) of formulation were applied adjacently to the skin of the inside part of the forearm after washing with water, one of which was covered with a gauze. The DiO nanosheet formulations were observed intermittently on the skin for 12 h at 501 nm by a macrofluorescence and stereomicroscopic system (Olympus Co., Tokyo), which was equipped with a stereomicroscope (SZX7), a fluorescence light source (U-LH100HG), a camera (DP73), and software (cellSens).

2.6. Moisture permeability of nanosheet formulations

1 The breathability of nanosheet formulations containing BV was quantified by the upright cup
2 method based on JIS K 6404-15. A glass cup was filled with 1.0 mL of purified water, covered
3 with a filter paper affixed to a PLA nanosheet, and placed in a thermostatic chamber maintained
4 at 32°C. At predetermined times, the cup was weighed and the amount of water that had evaporated
5 was calculated. The same test was performed for the filter paper-covered or -uncovered cup.

6 The influence of nanosheets on TEWL was assessed using a VAPO SCAN (AS-VT100RS,
7 Asch Japan Co. Ltd., Tokyo). Rats were anesthetized using an intraperitoneal injection of a
8 combination anesthetic (0.3 mg/kg of medetomidine, 4.0 mg/kg of midazolam, and 5.0 mg/kg of
9 butorphanol) (Bellini et al., 2014). A PLA nanosheet formulation (20 × 20 mm) was applied on
10 the dorsal skin, and the TEWL on the application site was measured with a Vapo Scan (AS-
11 VT100RS, Asch Japan Co. Ltd., Tokyo) for 8 h. The contralateral site across the midline served
12 as control. PLA nanosheets without BV were applied to the forehead, cheek, forearm, and breast
13 skin of healthy human subjects, and TEWL was measured intermittently for 12 h whilst undergoing
14 activities of daily life.

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16 *2.7. BV release from nanosheet formulations*

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18 BV release from various formulations was investigated using a vertical-type diffusion cell
19 (1.77 cm² of effective diffusion area), in which the receiver chamber was warmed to 32°C
20 (Hatanaka et al., 2015). A nanosheet formulation was applied to a silicone membrane (75 μm
21 thickness, LINTEC Co., Tokyo) after placing in water, the membrane was set in a diffusion cell
22 and excess water was removed. When the nanosheet without BV was used as a controlled-release
23 membrane, the nanosheet was first applied to a silicon membrane and nanosheet formulation was

1 piled on it. A fingertip unit ($1.90 \mu\text{g}/\text{cm}^2$) of commercial ointment was applied onto a silicone
2 membrane that had previously set in a diffusion cell (Finlay et al., 1989). Immediately after
3 applying the formulation, 6.0 mL of 40% (v/v) ethanol-water solution was added to the receiver
4 chamber to initiate the BV-release experiment. Ethanol was added to the receiver solution to
5 maintain the solubility of hydrophobic BV. The silicon membrane was used to prevent the
6 disintegration of all formulations and to minimize membrane resistance to BV diffusion. The
7 receiver solution was stirred with a stirrer bar on a magnetic stirrer and maintained at 32°C until
8 the end of the experiment. An aliquot (0.5 mL) was withdrawn from the receiver chamber and the
9 same volume of 40% (v/v) ethanol-water solution was added to the chamber. The concentration of
10 BV in the sample was determined by liquid chromatography-tandem mass spectrometry
11 (LC/MS/MS) using triamcinolone acetonide as an internal standard.

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13 *2.8. Determination of BV concentration in skin*

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15 A frozen pig ear was thawed at 32°C . The skin was excised, cleaned with water, shaved
16 carefully, and trimmed of excess fat. The formulation was applied and set in the diffusion cell
17 using the same procedure described for the BV-release experiment, except for the use of pig skin
18 instead of silicone membrane. The receiver chamber was filled with 6 mL of water and maintained
19 at 32°C throughout the experiments. The skin was collected 24 h after the application of
20 formulation, and the surface was cleaned with surgical spirit and cotton to completely remove the
21 formulation. Approximately 0.05 g of skin from the formulation-applied area was excised and
22 weighed. After addition of 0.5 mL of water, the skin was homogenized at 12,000 rpm and 4°C for
23 5 min using a homogenizer (Polytron PT 1200E, Kinematica AG, Littau-Lucerne, Switzerland).

1 Subsequently, 1.0 mL of ethyl acetate containing an internal standard (triamcinolone acetonide)
2 was added to the homogenate. The mixture was shaken mechanically for 30 min and centrifuged.
3 The ethyl acetate layer was evaporated to dryness under a nitrogen atmosphere. The residue was
4 reconstructed with 0.1 mL of mobile phase of LC/MS/MS and the concentration of BV was
5 determined.

6 7 *2.9. Analysis of BV*

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9 A 20 μ L sample was injected into an HPLC system. The system (Shimadzu) consisted of a
10 system controller (SCL-10AVP), pump (LC-10AD), auto-sampler (SIL-10AXL), column oven
11 (CTO-10A), UV detector (SPD-10A), and analysis software (LC Solution). An Inertsil[®] ODS-3
12 4.6×150 mm (GL Sciences Inc.; Tokyo) column was used, which was maintained at 40°C. The
13 mobile phase was acetonitrile: water (50:50), and the flow rate was adjusted to 1.0 mL/min. BV
14 and internal standard were detected at UV 220 nm.

15 A 10 μ L sample was injected into an LC/MS/MS system. The LC system (Shimadzu)
16 consisted of a system controller (CBM-20A), pump (LC-20AD), auto-sampler (SIL-20ACHT),
17 and column oven (CTO-20A). A Shodex ODP2HP-2B 2.0×50 mm column and a Shodex
18 ODP2HPG-2A 2.0×10 mm guard column (Showadenko Inc., Tokyo) were used, and both were
19 maintained at 40°C. The mobile phase was acetonitrile: methanol: 10 mM ammonium acetate
20 (25:25:50), and the flow rate was adjusted to 0.2 mL/min. Mass spectrometric detection was
21 performed on a 4000QTRAP mass spectrometer (AB Sciex, Tokyo), equipped with an electrospray
22 ionization source. The mass spectrometer was operated at positive-ion mode and ions were
23 detected in the multiple reaction monitoring mode. The optimized mass transition pairs (m/z) were

1 477.3→279.2 and 435.2→415.2 for BV and the internal standard (triamcinolone acetonide). Data
2 were acquired and quantified using analysis software (Analyst® version 1.4.3, Shimadzu).

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4 **3. Results**

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6 *3.1. Characteristics of nanosheet formulations*

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8 Figure 2 shows the morphological characteristics of PLA nanosheet formulations containing
9 BV. The formulation was prepared using 1% BV and 1% PLA (Mw, 80,000–100,000) in
10 dichloromethane. High transparency, flexibility, and adhesiveness of PLA nanosheets were
11 maintained, despite the existence of BV (Fig. 2a and b). A high transparency was confirmed by
12 the UV-Vis absorption spectra, in which an absorbance peak at 240 nm was assigned to BV;
13 absorption was hardly observed between 400 and 700 nm (Fig. 2c). SEM images showed that BV
14 crystals existed on the surface of the PLA nanosheet formulation (Fig. 2d), whereas PLA
15 nanosheets without BV had a flat surface (Fig. 2e). The BV content and thickness of nanosheet
16 formulations consisting of various biocompatible polymers are listed in Table 1. The formulations
17 were prepared using 1% BV and 1% polymer in dichloromethane. The formulation consisting of
18 high-molecular weight PLA possessed high BV content and thickness. The BV content decreased
19 with the increase in GA ratio of polymers, whereas there was minimal change in thickness.

20

21 Fig. 2.

22 Table 1

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2 *3.2. Adhesiveness of nanosheet formulations*

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4 Figure 3 shows the relationship between the adhesive strength and thickness of nanosheet
5 formulations prepared using 1% BV and 1% polymer in dichloromethane. Nanosheet data, in the
6 absence of BV, and previously reported data, in which PLA (Mw 80,000–100,000) nanosheets
7 were prepared using various concentration of PLA dichloromethane solutions without BV, are also
8 shown (Okamura et al., 2009). The thinner the PLA nanosheet, the stronger the adhesive strength.
9 Although the presence of BV increased the thickness of the nanosheets, the influence on thickness,
10 and hence adhesiveness, was minimal.

11 A PLA (Mw 80,000–100,000) nanosheet formulation containing DiO was applied to human
12 skin was observed intermittently for 12 h (Fig. 3). The formulation adhered to the skin for 12 h in
13 the presence and absence of a gauze.

14

15 Fig. 3.

16 Fig. 4.

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18 *3.3. Moisture permeability of nanosheet formulations*

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20 Moisture permeability of nanosheet formulation was assessed *in vitro* and *in vivo* (Fig. 5). The
21 PLA (Mw 80,000–100,000) nanosheet formulation containing BV had no effect on water

1 evaporation and the TEWL of rat back skin (Fig. 5a and b). The PLA nanosheet did not affect the
2 TEWL of human cheek, forehead, arm, or breast skin (Fig. 5c-f).

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Fig. 5.

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6 *3.4. BV release from nanosheet formulations*

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8 The profiles of BV release from nanosheet formulations fabricated under a variety of
9 conditions were compared with those of a commercial ointment (Fig. 6). The nanosheet
10 formulation consisting of high-molecular weight PLA demonstrated high BV releasing properties
11 (Fig. 6a). An increase in the GA ratio of polymer resulted in a decrease in the amount of BV
12 released from the nanosheet formulations (Fig. 6b). Because higher amounts of BV were released
13 from the nanosheet formulation prepared using 1% BV dichloromethane solution compared with
14 a commercial ointment, controlled release of BV was attempted. The amount of BV released
15 decreased with decreasing BV concentration in dichloromethane solutions (Fig. 6c). When a PVA
16 nanosheet without BV was placed on the nanosheet formulation as a controlled-release membrane,
17 BV release was suppressed (Fig. 6d). This suppression intensified when the number of controlled
18 release membranes was increased.

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Fig. 6.

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3.5. BV concentration in skin following the application of nanosheet formulations

Figure 7 shows the BV concentration in porcine skin 24 h after the application of various formulations. The skin concentration of BV after the application of PLA nanosheet formulations with or without a mono-layered controlled-release membrane were similar to that after the application of commercial ointment. The amount of BV that permeated through the skin was less than the detection limit (approximately 1 ng) for 24 h.

Fig. 7.

4. Discussion

The present study was performed to assess the possible use of biocompatible polymeric nanosheets as topical and transdermal devices using BV as a model drug. The nanosheets have high flexibility and adhesiveness due to the high aspect ratio (Okamura et al., 2009; Okamura et al., 2013; Komachi et al., 2017). The application of nanosheets as a dressing following the topical application of drugs, such as tetracycline and silver sulfadiazine, has been reported (Fujie et al., 2010; Ito et al., 2015). If nanosheets can incorporate and release therapeutic levels of drugs, they have potential for the development of a new type of topical and transdermal device, for the precise delivery of drugs to any area of skin.

Whether ultra-thin nanosheets can carry adequate levels of drugs remains a concern. However, when nanosheet formulations were fabricated using 1% BV and 1% polymer dichloromethane

1 solutions in the present study, the BV contents were about 10–20% (Table 1), which was markedly
2 higher than the 0.12% content of commercial ointment. The amount of drug per unit area of skin
3 was approximately 5–10 $\mu\text{g}/\text{cm}^2$. These values were higher than 1.90 $\mu\text{g}/\text{cm}^2$, which was
4 calculated based on the fingertip unit concept for steroid therapy (Finlay et al., 1989). In the spin-
5 coating-assisted layer-by-layer self-assembly method, thin film formation is promoted by
6 centrifugal and air shear forces (Ma and Hwang, 1990). Adsorption and rearrangement of adsorbed
7 polymer chains on the surface of the substrate and elimination of weakly bound polymer chains
8 from the substrate occur simultaneously at a high spinning speed for a short period of time (Cho
9 et al., 2001). BV is incorporated into the thin film together with surface adsorption of polymer
10 chains and the excess is crystallized on the film. Since BV is a hydrophobic drug (XLogP3, 3.6)
11 (Cheng et al., 2007), its concentration in the nanosheet formulations increased as the
12 hydrophobicity of polymers, used as building blocks, increased, which was provided by a high-
13 molecular weight and low GA ratio (Table 1). BV crystals were observed on the surface of the
14 PLA nanosheet formulation by SEM (Fig. 2c and d). A part of BV solved in the polymer matrices
15 and the remaining BV crystallized along with the evaporation of solvent. Pores, which may be
16 formed by the evaporation of solvent, were also observed (Fig. 2c). This phenomenon has been
17 reported in percutaneous absorption tape preparations made from pressure-sensitive adhesives
18 (Hatanaka et al., 1991). The high BV content of nanosheet formulations was due to the BV crystals.
19 It was difficult to develop a nanosheet formulation using a higher concentration of BV than PLA.
20 When the nanosheet formulation on the SiO_2 substrate was immersed in water, some fragments of
21 film were released due to the insufficient entanglement of polymer chains (data not shown).

22 Despite the high BV content, the adhesiveness of nanosheet formulations remained high (Fig.
23 4). The formulations remained on the skin for 12 h and could be removed by washing with soap

1 and water (data not shown). Although fluorescence declined in the nanosheet formulation that was
2 not covered with gauze, the formulation itself remained on the skin for 12 h. The adhesive strength
3 of nanosheets depends on their thickness (Okamura et al., 2009). The decreased interaction of
4 polymer chains in the ultra-thin film has been reported to decrease the glass transition temperature,
5 resulting in a polymer with high flexibility and adhesiveness (Mattsson et al., 2000). Minimal
6 changes in nanosheet thickness were observed following the incorporating of BV, resulting in the
7 high adhesiveness of nanosheet formulations (Fig. 3). The transparency of nanosheets was also
8 unaffected by BV probably, due to their thinness (Fig. 2a and b). This is favorable for drugs applied
9 to exposed areas of skin, such as the face, where appearance may be important.

10 Moisture permeability is an important property for topical and transdermal devices, because
11 the increased sweat volume due to occlusion may exacerbate miliaria rubra (Ale et al., 2009). The
12 PLA nanosheet formulation containing BV did not affect water evaporation or TEWL of rat skin,
13 and the PLA nanosheet did not alter the TEWL of human skin (Fig. 5). The TEWL values for
14 anesthetized rats decreased over time, because of dehydration (Fig. 5b). The TEWL value was
15 highest in human forehead skin, as followed by cheek, breast, and arm skin (Fig. 5c-f). Differences
16 in TEWL between application sites may be associated with differences in drug absorption
17 (Machado et al., 2010). The semi-crystalline domains and microscopic apertures in nanosheets are
18 formed by polymer chains (Fujie et al., 2013). Small water molecules can diffuse in the apertures.

19 The biocompatible polymeric nanosheets not only contain BV, but also release it (Fig. 6).
20 High amounts of BV were released from the nanosheet formulation consisting of hydrophobic
21 polymers, reflecting the high BV content (Table 1, Fig. 6a and b). The high BV release from the
22 nanosheet formulations compared with the commercial ointment requires a controlled-release
23 strategy. The use of a low BV concentration in dichloromethane solutions reduced the BV content

1 in nanosheet formulations, resulting in low levels of BV release (Fig. 6c). The use of a layered
2 PLA nanosheet as a controlled-release membrane reduced the amount of BV released from the
3 nanosheet formulation, and the effect of a bi-layered nanosheet was superior to that of a mono-
4 layered one (Fig. 6d). The permeability of molecules across PLA nanosheets depends on their
5 thickness and on the molecular size of the permeants (Fujie et al., 2013). The permeability of small
6 and hydrophobic molecules, such as BV (Mw, 476.58), is due to two mechanisms; the semi-
7 crystalline domains and microscopic apertures, which are based on solution-diffusion theory and
8 pore theory, respectively (Hatanaka et al., 1994). Controlled release by a rate-limiting membrane
9 is desirable to prevent overdose following the application of formulations to damaged skin,
10 although the reduced drug content in the formulation is economically favorable.

11 The BV concentration in porcine skin 24 h after application of nanosheet formulations with
12 and without a controlled-release membrane was similar to that after the application of a
13 commercial ointment (Fig. 7); therefore, sufficient therapeutic effect is obtained with the use of all
14 formulations. These results suggest that the rate-limiting step in the percutaneous absorption of
15 BV is skin permeation, and not BV release from the formulations. However, defects in the
16 epidermal permeability barrier are common in patients treated with steroids (Lee and Lee, 2014).
17 The controlled release of BV from the nanosheet formulations was safe compared with other
18 formulations.

19

20 **5. Conclusion**

21

22 Biocompatible polymeric nanosheets are promising devices for topical and transdermal drug
23 delivery. They can incorporate and release drugs at therapeutic levels, and the content and amount

1 released can be controlled by polymers, drug concentrations, and the addition of a controlled-
2 release membrane. Moreover, their high adhesiveness and transparency are retained, even though
3 some drug is incorporated. In addition to the high adhesiveness, the high moisture permeability
4 enables application to any area of skin for a long period of time. Thus, nanosheets may represent
5 a new type of topical and transdermal device, which precisely deliver drugs to any part of the skin.
6 Because they are the transparent, thin-films, they may have application in the cosmetic industry.
7 Further studies are needed to expand the range of usable bioactive compounds. Further
8 development of nanosheet formulations, such as spray formulations, is needed to improve the
9 usability of formulations.

10

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12

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18

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22

1 **Table 1**

2 BV content and thickness of nanosheet formulations consisting of various biocompatible
3 polymers^a.

4

Polymer (LA:GA, Mw)^b	BV content ($\mu\text{g}/\text{mg}$)^c	Thickness (nm)^c
PLA (100:0, 80,000–100,000)	164.9 \pm 17.9	99.8 \pm 2.9
PLA (100:0, ~700,000)	218.0 \pm 15.9	182.9 \pm 14.2
PLGA (85:15, 66,000–107,000)	148.0 \pm 13.5	108.3 \pm 9.0
PLGA (50:50, 30,000–60,000)	103.8 \pm 8.7	84.8 \pm 7.4

5 ^aThe formulations were prepared using 1% BV and 1% polymer in dichloromethane. ^bLA:GA is
6 lactic acid/glycolic acid molecular ratio, and Mw is molecular weight. ^cEach data represents the
7 mean \pm standard deviation (S.D.) of four samples.

8

9

1 **Figure captions**

2

3 **Fig. 1.** Schematic for the preparation of poly (L-lactic acid) (PLA) nanosheet formulations by a
4 spin-coating assisted layer-by-layer method using a sacrificial membrane. Poly (lactic-co-glycolic)
5 acid (PLGA) nanosheet formulations were fabricated in the same manner using PLGA in
6 substitution of PLA. When betamethasone valerate (BV) was incorporated in the formulations, BV
7 was added to dichloromethane solutions.

8 **Fig. 2.** Morphological characteristics of PLA nanosheet formulations containing BV. **a)**
9 Macroscopic image of a PLA nanosheet formulation floating in water. **b)** Macroscopic image of a
10 PLA nanosheet formulation applied to the forearm skin of a healthy volunteer. **c)** Ultraviolet
11 visible light absorption spectra of PLA nanosheets with and without BV. **d)** SEM image of a PLA
12 nanosheet formulation. **e)** SEM image of a PLA nanosheet not containing BV. Nanosheets are
13 indicated by arrows in **a)** and a dotted line in **b)**.

14 **Fig. 3.** Relationship between the adhesive strength and thickness of nanosheet formulations
15 prepared using 1% BV and 1% polymer in dichloromethane. Open circles denote previously
16 reported data [13]. The arrows indicate the change associated with BV. Each data point represents
17 the mean \pm S.D. of four samples.

18 **Fig. 4.** Adhesiveness of nanosheet formulations containing DiO to the skin of healthy human
19 subjects. Observations were made intermittently for 12 h. **a)** With gauze covering. **b)** Without
20 gauze covering.

21 **Fig. 5.** Moisture permeability of PLA nanosheet formulation. **a)** Water evaporation. **b)** TEWL of
22 rat back skin. **c)** TEWL of human cheek skin. **d)** TEWL of human forehead skin. **e)** TEWL of
23 human arm skin. **f)** TEWL of human breast skin. The PLA (Mw 80,000–100,000) nanosheet

1 formulations with BV (1% solution) were used for **a** and **b**, and those without BV were used for **c**
2 and **f**. Each data represents the mean \pm S.D. of three samples in **a** and **b**, and the raw data from one
3 sample in **c–f**.

4 **Fig. 6.** Influence of preparation conditions on the BV-releasing profiles of nanosheet formulations.

5 **a)** Molecular weight of PLA. **b)** LA:GA ratio of polymer. **c)** BV concentration in dichloromethane.

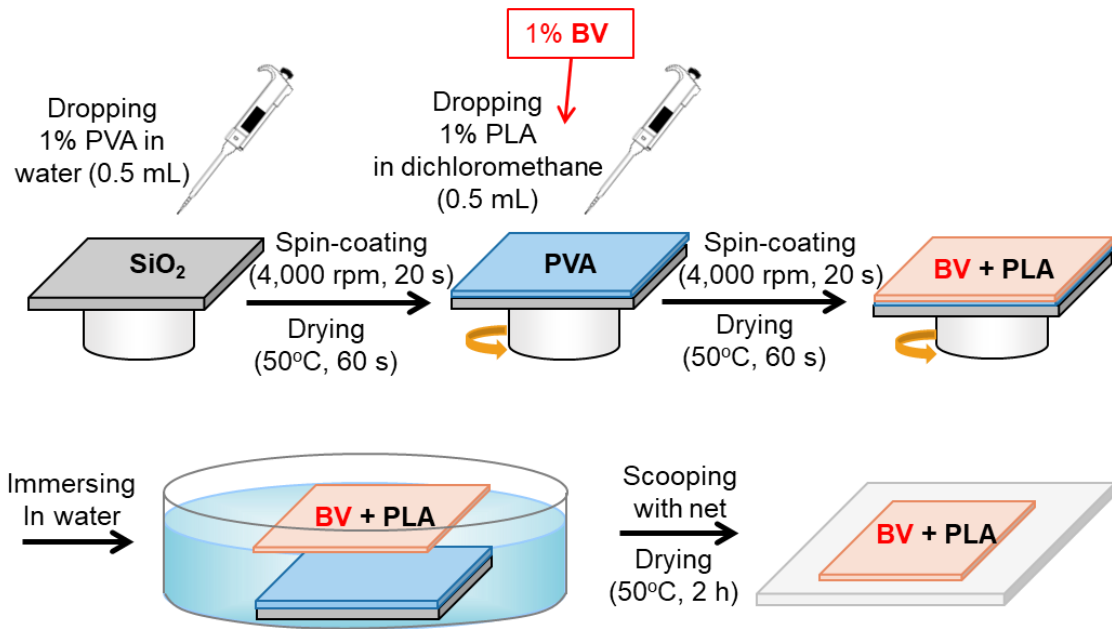
6 **d)** PLA nanosheet as a controlled-release membrane. The nanosheet formulations were fabricated
7 using 1% BV dichloromethane solution for **a**, **b**, and **d**. Each data point represents the mean \pm S.D.
8 of four samples.

9 **Fig. 7.** Skin concentration of BV 24 h after the application of a commercial ointment, PLA
10 nanosheet formulation, and a mono-layered controlled-release membrane. The PLA (Mw 80,000–
11 100,000) nanosheet formulations were fabricated using 1% BV dichloromethane solution. Each
12 data point represents the mean \pm S.D. of four samples.

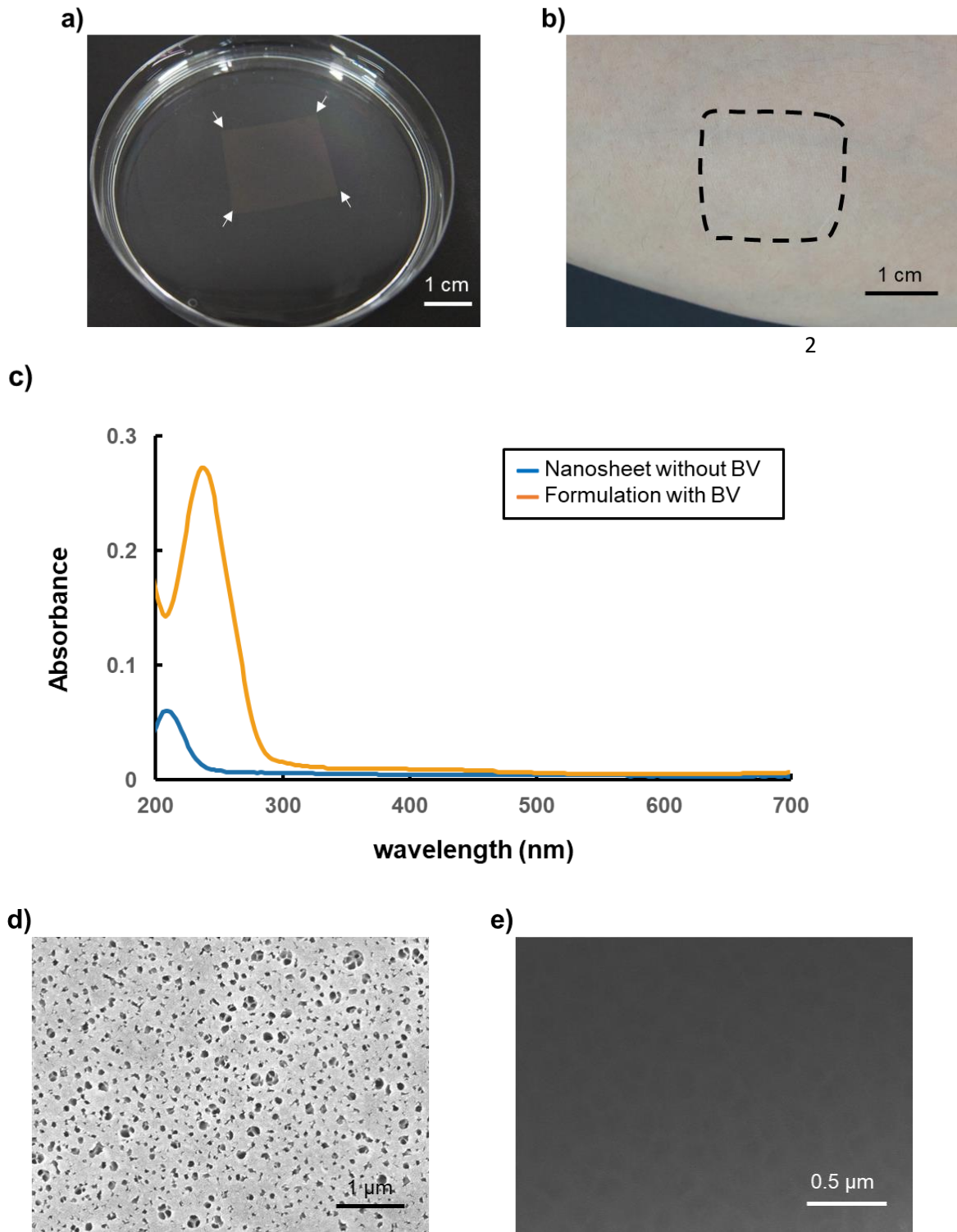
13

1 Fig.1.

2

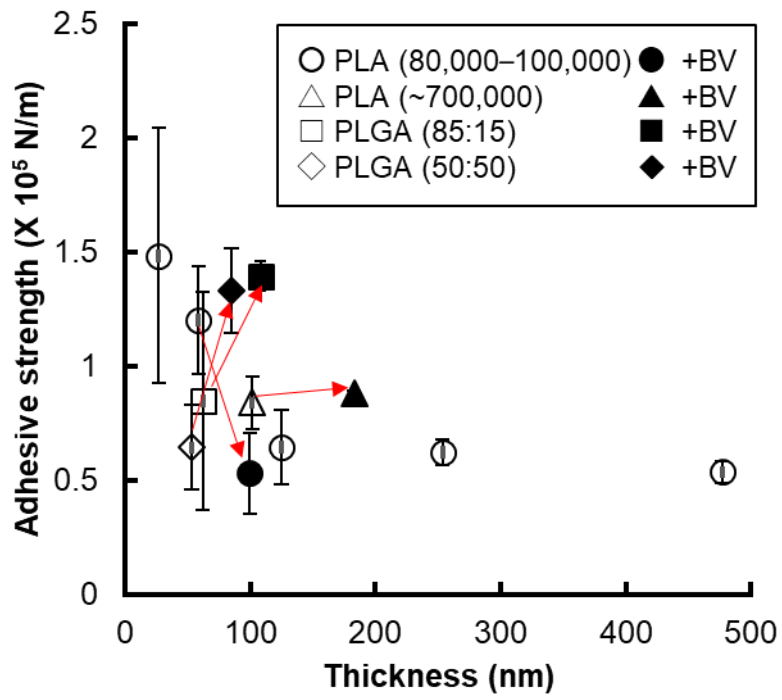


1 Fig. 2.



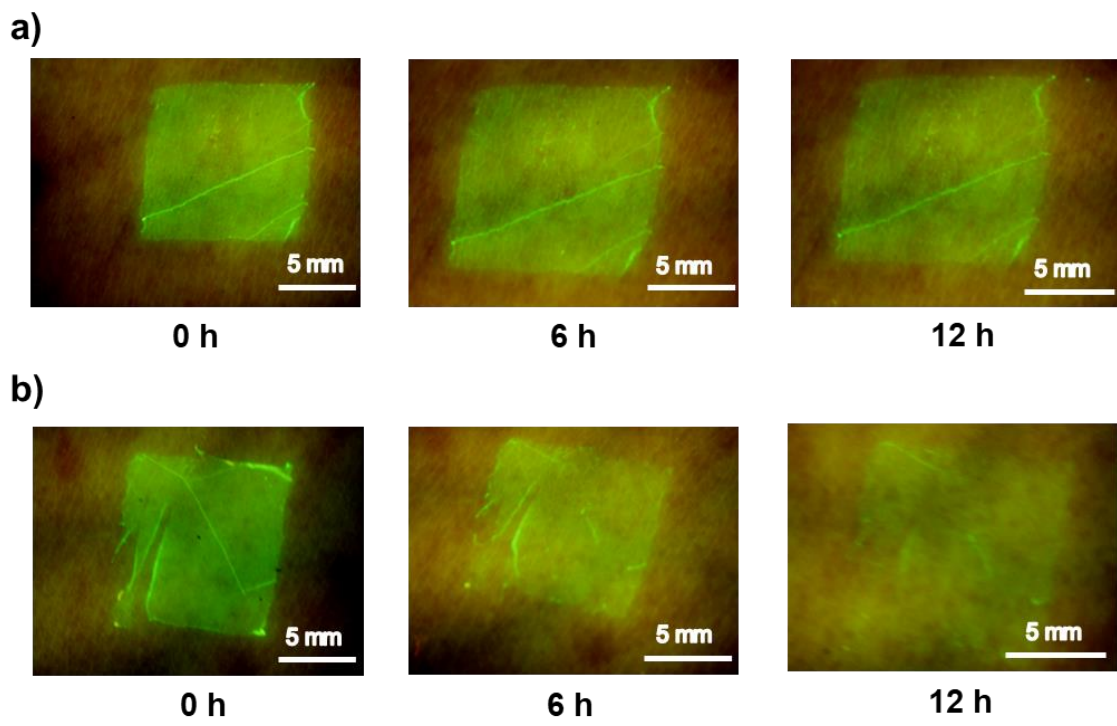
1 Fig. 3.

2



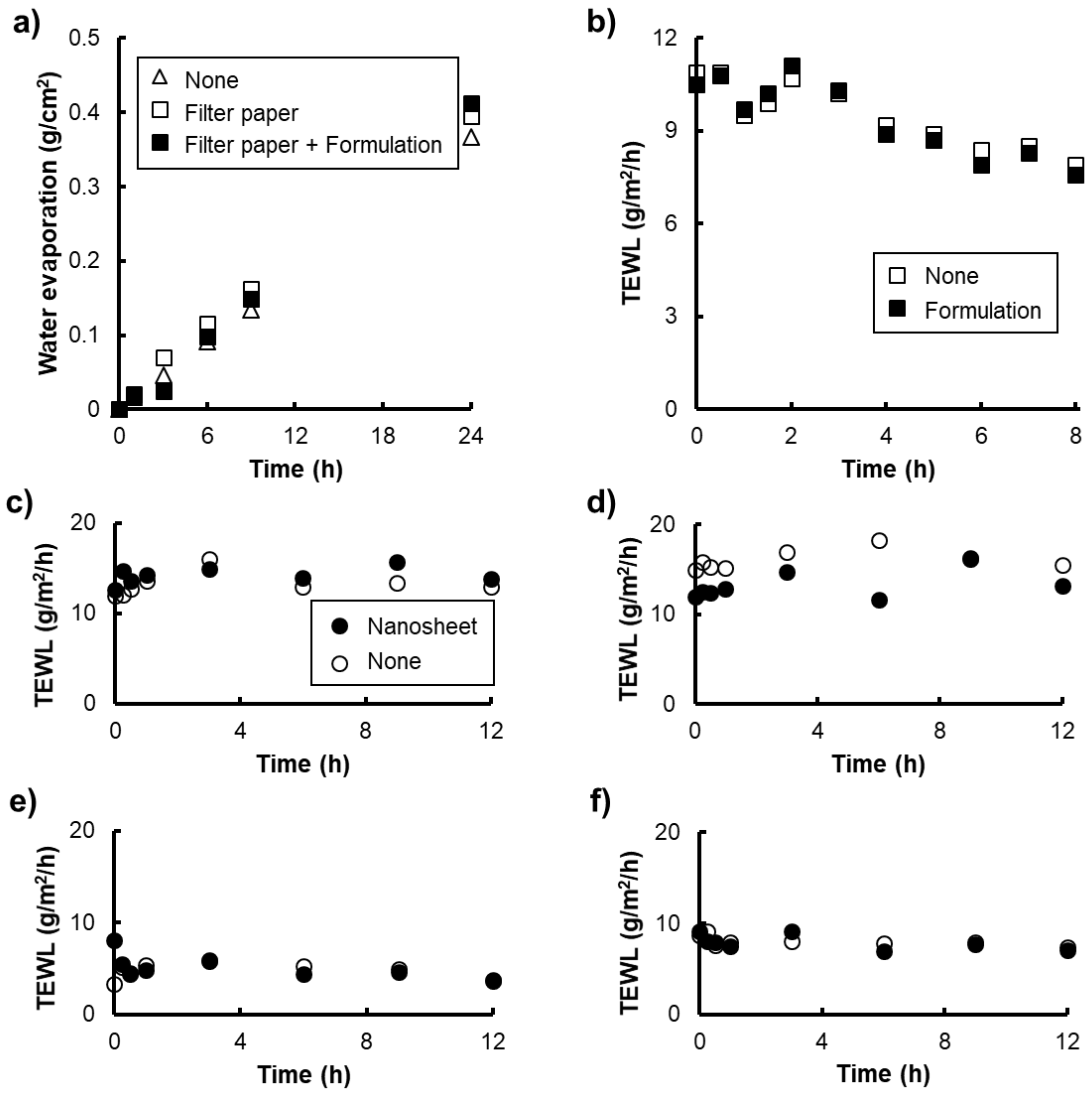
1 Fig. 4.

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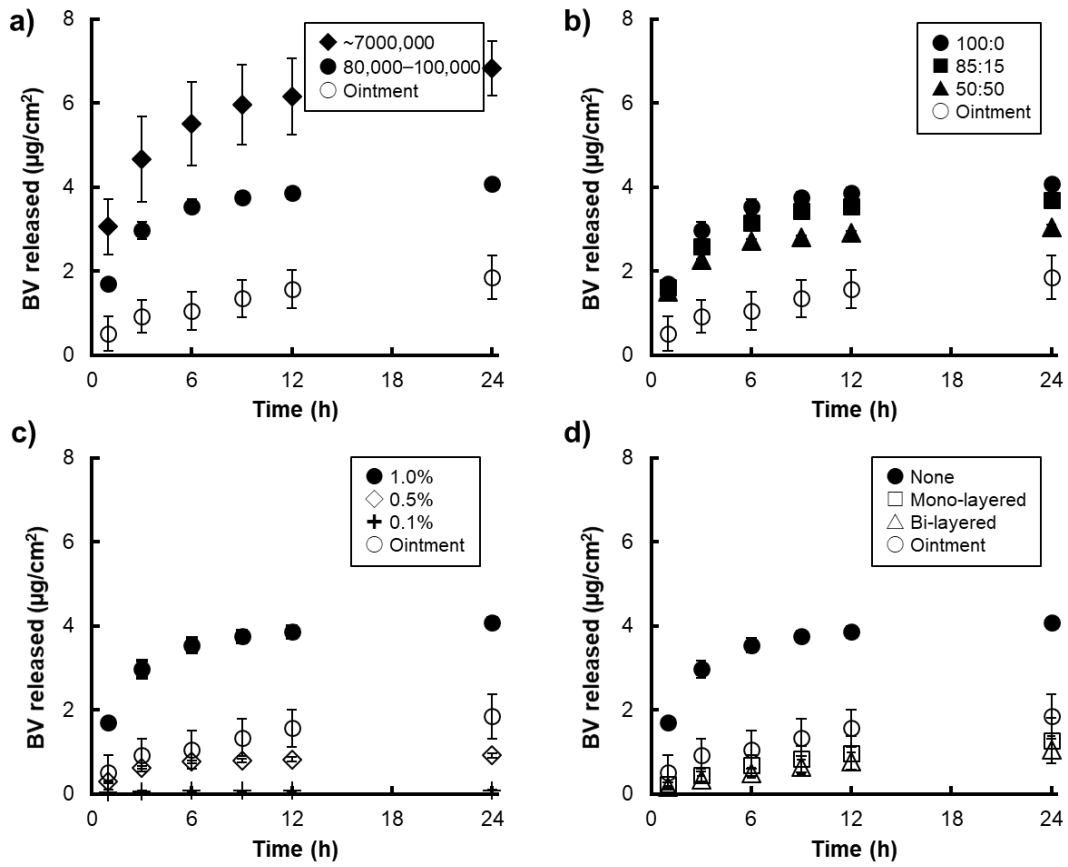
1 Fig. 5.

2



1 Fig. 6.

2



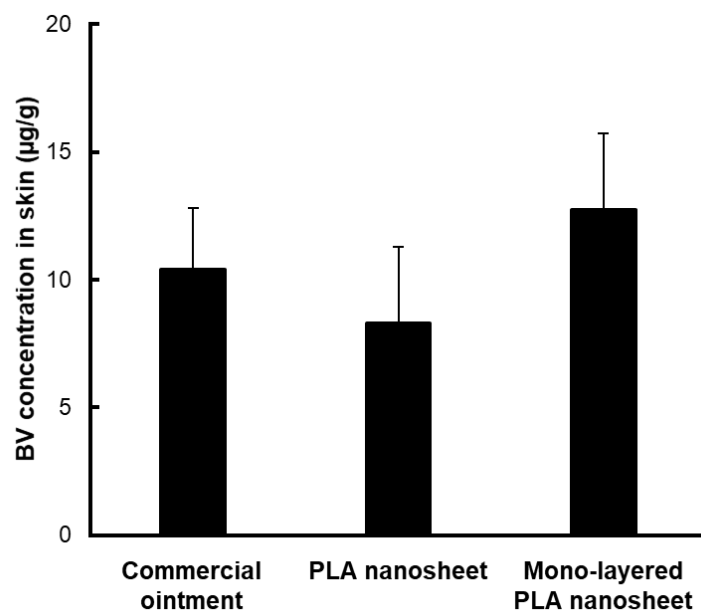
1 Fig. 7.

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