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## Engineered metal oxide nanomaterials inhibit corneal epithelial wound healing *in vitro* and *in vivo*

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### Abstract

Ocular exposure to metal oxide engineered nanomaterials (ENMs) is common as exemplified by zinc oxide (ZnO), a major constituent of sunscreens and cosmetics. The ocular surface that includes the transparent cornea and its protective tear film are common sites of exposure for metal ENMs. Despite the frequency of exposure of the ocular surface, there is a knowledge gap regarding the effects of metal oxide ENMs on the cornea in health and disease. Therefore, we studied the effects of metal oxide ENMs on the cornea in the presence or absence of injury. Cell viability of immortalized human corneal epithelial (hTCEpi) cells was assessed following treatment with 11 metal oxide ENMs with a concentration ranging from 0.5 to 250 µg/mL for 24 hours. An epithelial wound healing assay with a monolayer of hTCEpi cells was then performed using 11 metal oxide ENMs at select concentrations based on data from the viability assays. Subsequently, based on the *in vitro* results, *in vivo* testing of precorneal tear film (PTF) quantity and stability as well as a corneal epithelial wound healing were tested in the presence or absence ZnO or vanadium pentoxide (V<sub>2</sub>O<sub>5</sub>) at a concentration of 50 µg/mL. We found that WO<sub>3</sub>, ZnO, V<sub>2</sub>O<sub>5</sub> and CuO ENMs significantly reduced hTCEpi cell viability in comparison to vehicle control

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Conflict of interest

The authors declare no conflict of interest.

or the other metal oxide ENMs tested. Furthermore, ZnO and V<sub>2</sub>O<sub>5</sub> ENMs also significantly decreased hTCEpi cell migration. Although ZnO and V<sub>2</sub>O<sub>5</sub> did not alter PTF parameters of rabbits *in vivo*, corneal epithelial wound healing was significantly delayed by topical ZnO while V<sub>2</sub>O<sub>5</sub> did not alter wound healing. Finally, hyperspectral images confirmed penetration of ZnO and V<sub>2</sub>O<sub>5</sub> through all corneal layers and into the iris stroma. Considering the marked epithelial toxicity and corneal penetration of ZnO, further investigations on the impact of this ENM on the eye are warranted.

## Keywords

metal oxide engineered nanomaterials; nanometals; corneal epithelium; corneal wound healing; nanotoxicity

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## 1. Introduction

Metal oxide engineered nanomaterials (ENMs) are commonly used in various industrial applications and daily consumer goods including sunscreens (Burnett and Wang, 2011), cosmetic products (Lu et al., 2015), antimicrobial coatings (Raghunath and Perumal, 2017), solar cells (Singh et al., 2016), semiconductors (Jo et al., 2015), pigments and UV-absorption filters (Singh and Nanda, 2014; Kim and Min, 2013), filling materials in food production (Kapoor et al., 2018), as well as toothpastes, and sanitary ware coatings (Contado, 2015). In spite of the widely publicized benefits of metal oxide ENMs, recent concerns have been raised regarding potential adverse effects of these ENMs on human health and the environment. The toxicity of metal oxide ENMs is primarily attributed to overproduction of reactive oxygen species (ROS) induced by ENMs and ROS-induced damage (Djurišić et al., 2015; Raghupathi et al., 2011). However, other mechanisms of toxicity exist including release of metal ions (Martín-Cameán et al., 2015; De Matteis et al., 2015), the internalization of nanomaterials into the cells, and cell membrane disorganization due to accumulation of nanomaterials on the cell surface (Raghupathi et al., 2011; Li et al., 2008). A myriad of factors may impact the putative toxicity of metal oxide ENMs, including exposure dose and time, solvent pH, and oxidation/reduction potential (Joo and Zhao, 2017).

Inhalation and dermal routes of exposure are especially prominent for gases, aerosols and liquid particles of metal oxide ENMs (Yah et al., 2012). The eye, particularly the cornea, experiences similar exposure as dermal and inhalation routes. Although it is difficult to determine what constitutes risk for the eye, lungs and skin following metal oxide ENM exposure, each exposed organ can have an adverse response and the response may differ depending on the tissue type. Little is known regarding what kind of risks metal oxide ENM exposure poses for the eye. Yet, some metal oxide ENMs are used in commercial sunscreens and cosmetics (Burnett et al., 2011; Liu et al., 2012) that are routinely applied in close proximity to the eye thus increasing the potential for ocular exposure. Traditionally, ZnO and TiO<sub>2</sub> are major ingredients of sunscreens because of their ability to block ultraviolet light. Since 1999, the Food and Drug Administration have allowed the use of nanoparticles (NPs) in sunscreen, subsequently a large number of these products were formulated with nano-sized ZnO or TiO<sub>2</sub> (Australian Government TGA, 2006; Newman et al., 2009).

Specifically, >6,000 tons of sunscreens produced annually contain these NPs (Australian Government TGA, 2006). Given that facial sunscreens and cosmetics are commonly used, there is great potential for direct exposure to the ocular surface. A recent article by Zhou and colleagues demonstrated that ZnO decreased corneal epithelial cell viability and migration *in vitro* (Zhou et al., 2014). We therefore hypothesized that metal oxide ENMs that displayed *in vitro* epithelial toxicity, including ZnO, could also delay corneal epithelial wound healing *in vivo*.

The precorneal tear film (PTF) covers the ocular surface and serves as the first functional barrier by diluting and slowing the penetration of any exogenous material that contacts the eye via reflex tearing, blinking and drainage through the nasolacrimal duct (Kaur and Kanwar, 2002). Significant alterations of the PTF can lead to ocular surface diseases and delayed corneal epithelial wound healing (Rolando and Zierhut, 2001). The cornea is the outermost, transparent layer of the eye that provides protection for the fragile inner structures and it is in direct contact with the external environment. It can be viewed as a trilaminar sandwich comprised of a multilayered epithelium, a stroma and a single-layer endothelium with its specialized extracellular matrix. The corneal epithelium is self-renewing through proliferation of the stem cells located predominantly at the limbus and that give rise to basal cells that subsequently differentiate to intermediate polygonal wing cells and ultimately superficial squamous cells that are sloughed into the tears (Lu et al., 2001). Tight junctions between these squamous epithelial cells act as a physical barrier to prevent the entrance of noxious foreign agents (Urtti, 2006). Furthermore, the cornea also protects against mechanical trauma with a specific healing process for each layer. The corneal epithelium must repair quickly to prevent infection of, and damage to, the deeper layers. As such, the cells from the wound margin rapidly respond with flattening and centripetal migration to cover the defect followed by proliferation and differentiation of basal cells to restore the layers of the epithelium (Bukowiecki et al., 2017). Experimental corneal epithelial wounds can be easily created by mechanical (Li et al., 2017) or chemical methods (Ghiasi et al., 2018) then monitored non-invasively and in real time *in vivo*. As such, the unique attributes of the corneal epithelium offer numerous advantages for investigating the interaction of nanomaterials with *in vivo* tissues.

Currently, there are a paucity of studies assessing the impact of metal oxide ENMs on corneal cell health *in vitro* (Zhou et al., 2014) and *in vivo* (Han et al., 2017). Therefore, we tested the viability and migration of corneal epithelial cells *in vitro* following exposure to 11 metal oxide ENMs of commercial relevance including aluminum oxide (Al<sub>2</sub>O<sub>3</sub>), iron(III) oxide (Fe<sub>2</sub>O<sub>3</sub>), cerium(IV) oxide (CeO<sub>2</sub>), copper(II) oxide (CuO), magnesium(IV) oxide (MgO), tungsten(VI) oxide (WO<sub>3</sub>), vanadium(V) oxide (V<sub>2</sub>O<sub>5</sub>), titanium(IV) oxide (TiO<sub>2</sub>) and zinc(II) oxide (ZnO) ENMs. Based on the *in vitro* results, we then tested the impact of topical ZnO as well as V<sub>2</sub>O<sub>5</sub> ENMs on PTF quantity and stability, and corneal epithelial wound healing *in vivo* using a rabbit model.

## MATERIALS AND METHODS

### ENM synthesis and characterization and preparation of suspensions

The following metal oxide and gold ENMs were assessed in this study (primary particle diameter in parenthesis): Au (15 nm), Al<sub>2</sub>O<sub>3</sub> (30 nm), CeO<sub>2</sub> (10 and 30 nm), CuO (50 nm), Fe<sub>2</sub>O<sub>3</sub> (10 nm), MgO (20 nm), TiO<sub>2</sub> (100 nm), TiO<sub>2</sub> (25 nm), WO<sub>3</sub> (15 nm), ZnO (50 nm) and V<sub>2</sub>O<sub>5</sub> (100 nm). The ENMs used in this study were procured, synthesized, and characterized by the Engineered Nanomaterials Coordination Core (ERCC) as part of the Nanotechnology Health Implications Research (NHIR) Consortium at the Harvard T.H. Chan School of Public Health. Specifically, the citrate-capped Au nanoparticles were synthesized following the Turkevich method and characterized by Dong and coworkers (Dong et al., 2019). The CuO, TiO<sub>2</sub> (100 nm), TiO<sub>2</sub> (25 nm), MgO, ZnO, and V<sub>2</sub>O<sub>5</sub> were procured by Sigma Aldrich, Precheza, Acros Organics, Strem Chemicals, Inc., Meliorum Technologies, Inc. and NanoShel LLC, respectively. The physicochemical and biological characteristics of CuO and ZnO have been presented by Eweje and colleagues (Eweje et al., 2019) while the 100 nm and 25 nm of TiO<sub>2</sub> have been described by Lee *et al.* (2018) and Ahn *et al.* (2018), respectively. The Al<sub>2</sub>O<sub>3</sub>, CeO<sub>2</sub>, Fe<sub>2</sub>O<sub>3</sub>, MgO, and WO<sub>3</sub> nanoparticles were synthesized via flame spray pyrolysis using the Harvard Versatile Engineered Nanomaterials Generation System (VENGES) (Demokritou et al., 2010). Details on the synthesis and characterization of Al<sub>2</sub>O<sub>3</sub>, CeO<sub>2</sub>, and Fe<sub>2</sub>O<sub>3</sub> have been presented by Beltran-Huarac and coworkers (Beltran-Huarac et al., 2018) and characterized by ERCC. Details on the synthesis of WO<sub>3</sub> is presented in Supplement A. Finally, the physicochemical and biological properties of pristine MgO, V<sub>2</sub>O<sub>5</sub>, and WO<sub>3</sub> nanoparticles are summarized in Supplementary tables 1,2 and 3. It is important to note that all particles used in this study presented a near-spherical shape with the exception of V<sub>2</sub>O<sub>5</sub>, which was in the form of a nanoflake. Primary particle diameters as measured by transmission electron microscopy and specific surface area as measured by the Brunauer-Emmett-Teller (BET) method are summarized in Supplement B.

Prior to the use of the EMNs in this experiment, resuspended ENMs were sonicated using a calibrated sonication system (2510R-MT; Branson Ultrasonic Co., Danbury, CT) following the protocol reported by DeLoid and coworkers (DeLoid et al., 2017). Briefly, each ENM was placed into a 15-ml conical tube and deionized water (DW) added to achieve a final concentration of 2.5 mg/ml. Next, the nanosuspensions were vortexed at high speed for 30 seconds and sonicated for ~3–6 minutes as calculated time for each material (Supplement C). Following sonication, the stock suspensions were vortexed again for at least 30 seconds at high speed and diluted with balanced salt solution (BSS; Alcon®, Fort Worth, Texas) or culture media to the final concentration. All diluted suspensions were used immediately after preparation and all preparation procedures were repeated every 24 hours. Stability of metal oxide nanomaterials in suspension was tested with dynamic light scattering (DLS). The hydrodynamic diameter and polydispersity index were measured using a DLS instrument (Zetasizer Nano S90, Malvern Instruments Ltd., Malvern, UK) at 1 and 24 h after preparation. (Supplement C).

## Cell culture

Human telomerase reverse transcriptase-immortalized corneal epithelial (hTCEpi) cells, graciously donated by James Jester, PhD (University of California Irvine), were used between passage 48 and 56. The hTCEpi cells were cultured in growth medium composed of EpiLife® (LifeTechnologies, Carlsbad, CA) supplemented with 1% EpiLife Defined Growth Supplement (EDGS®; a proprietary combination of bovine serum albumin, bovine transferrin, hydrocortisone, recombinant human-like growth factor type-1, prostaglandin, and recombinant human epidermal growth factor; Life Technologies) and 1% penicillin-streptomycinamphotericin B (HyClone™ 100X; HyClone, Logan, UT) at 37°C and 5% CO<sub>2</sub>.

## Viability assays

The effects of 11 metal oxide ENMs on the viability of hTCEpi cells were tested using MTT (3-[4,5-dimethylthiazol-2-yl]-2,5 diphenyl tetrazolium bromide) and Calcein-AM (acetoxymethyl ester) assays. The hTCEpi cells were plated into 96-well plates at a density of 7,000 cells per well in 100 µL culture medium and allowed to attach for 24 hours prior to treatment. Then, cells were treated for 24 hours with one of 11 metal oxide ENMs at concentrations between 0.05 to 250 µg/mL in six replicates. Citrate capped gold NPs (Au NP; 5 µg/mL), and an equal volume of DW to the treatment volume of the ENM suspensions were used as negative and vehicle controls, respectively; saponin (1 mg/mL) was used as positive control. Then, MTT (0.5 mg/mL) solution was added to each well and incubated for 4 h at 37°C. The culture medium supernatant was carefully aspirated from the wells without disturbing the formazan precipitate. The formazan crystals were dissolved in 50 µL/well with dimethyl sulphoxide (DMSO; Sigma Chemical Co., St. Louis, MO) and mixed thoroughly. The absorbance was measured at 540 nm using a microplate spectrophotometer (Synergy 4; BioTek, Instruments Inc., Winooski, VT).

Cell viability was also tested using the Calcein-AM Cell Viability Kit (TREVIGEN®, R&D Systems, Inc. Minneapolis, MN). Viable hTCEpi cells were fluorescently labeled by Calcein-AM (1 µM for 30 minutes) following a 24 hour incubation with one of the aforementioned metal oxide ENMs, Au NP, DW or saponin (1 mg/mL) as described previously. The fluorescence intensity was measured with a 490 nm excitation filter and a 520 nm emission filter using a microplate spectrophotometer (Synergy 4). All viability tests were performed in triplicate; absorbance of ENMs only without cells at the aforementioned concentrations were also measured as a blank control for both assays. Then, the absorbed values for each concentration of NPs tested with MTT and Calcein-AM assays (ENMs only without cells) were subtracted from the original values (ENMs with cells) for the final calculation to control for any impact of ENMs on the viability measurement. These values were normalized to the vehicle control, and final results were expressed as percentage viability relative to the vehicle control.

## In vitro cell migration assay

*In vitro* cell migration was measured using the Oris™ 96-well cell migration assay kit (Platypus Technologies, Madison, WI) as per the manufacturer's instructions. In brief, 7 × 10<sup>4</sup> cells/ml of hTCEpi cells were seeded in each well of the 96-well plate, which had a

stopper in middle of each well, and allowed to attach for 24 hours in 37 °C. Once the cells formed a confluent monolayer, the silicone stoppers were removed to allow cells to migrate into the detection zone. Concomitantly, the cells were treated with one metal oxide ENM at selected concentrations for each material based on the viability assay results; five concentrations of each ENM were utilized including the lowest concentration with a demonstrated significant decrease in cell viability. The hTCEpi cells were also treated with DW or cytochalasin D (1 µg/mL) as vehicle or positive controls, respectively. Twenty-four hours after initiation of the migration, cells were fixed with 4% paraformaldehyde in PBS (Thermo Fisher Scientific Chemicals Inc., Waltham, MA) for 30 minutes. Nuclei were stained for 10 mins at room temperature with 4',6-diamidino-2-phenylindole (DAPI; BioGenex, San Ramon, CA) 1:5000 in PBS. Cells were imaged immediately after staining using a fluorescence microscope with x 5 objective (Axiovert 200 M; Carl Zeiss, Jena, Germany) or x 4 objective (BZ-X800; Keyence Co., Osaka, Japan). The area devoid of cells was measured using ImageJ analysis software (version 1.421). Data were expressed as relative percent migration compared with the vehicle control (DW).

## Animals

Eighteen female New Zealand White rabbits (Charles River laboratories, Wilmington, MA) were used with a mean age of  $4.0 \pm 0.0$  months and body weight of  $3.38 \pm 0.19$  kg. Animals were divided into three groups with the following treatments: (1) BSS (vehicle control; n=6), (2) 50 µg/mL of ZnO NP suspension (n=6), and (3) 50 µg/mL of V<sub>2</sub>O<sub>5</sub> nanoflake suspension (n=6); treatments were given 6 times daily in both eyes (oculus uterque, OU). The study was approved by the Institutional Animal Care and Use Committee of the University of California, Davis (IACUC #19691) and performed in compliance with the Association of Research in Vision and Ophthalmology statement for the use of animals in vision research. A complete ophthalmic examination and imaging were performed prior to inclusion in the study; only animals free of ocular disease were used.

## Test article preparation and treatments

For the *in vivo* study, the highest tolerated dose (~0.5 µg/mL) of the ZnO and V<sub>2</sub>O<sub>5</sub> ENMs was selected based on the *in vitro* toxicity and migration assays and multiplied by 100-fold (50 µg/mL) for use as a topical treatment to be administered six times daily while considering the following factors: (1) immediate dilution of the 40 µL ENM suspension by the PTF present on the ocular surface, and (2) exposure time on the corneal surface that the ENM suspensions will likely reside on the ocular surface after topical application. All treatment articles were prepared daily prior to initial treatment. A stock solution of ZnO or V<sub>2</sub>O<sub>5</sub> ENMs at a concentration of 2.5 mg/mL in DW was sonicated for 4 minutes following vigorous vortexing for 30 seconds. Following sonication, the ZnO and V<sub>2</sub>O<sub>5</sub> stock suspensions were vortexed again for 30 seconds prior to use. Subsequently, the stock solutions were diluted in BSS to a final concentration 50 µg/mL and 600 µL each aliquoted in 1.5-ml microcentrifuge tubes; the aliquots were stored at 4°C until use and vortexed 30 seconds immediately prior to use. Forty µL of ZnO or V<sub>2</sub>O<sub>5</sub> ENMs or vehicle controls were topically administered 6 times daily OU.



## Evaluation of PTF

Both eyes of 18 healthy rabbits were used to assess the tear film at baseline and 7 days following treatment. Tear film thickness and tear meniscus height, depth and area were assessed by Fourier-domain optical coherence tomography (FD-OCT, Optovue Inc., Fremont, CA). Specifically, 3 FD-OCT images were taken using the CAM-S (S/N 30107; 3-mm scan length) lens, and tear film thickness at the central cornea was measured using the RTVue 100 software (version 6.1, Optovue Inc.) (Supplement D). For analysis of the tear meniscus, three 45°, 8-mm length line scan images were obtained with the CAM-L (S/N 40107; 8-mm scan length) in a perpendicular position at the center of the inferior eyelid margin, and then its height, depth and area were measured using the RTVue 100 software (Supplement D). To access aqueous tear secretion, a Schirmer tear test (STT)-1 was performed by placing a commercially available standardized sterile test strip (Merck Animal Health, Summit, NJ) within the ventral conjunctival fornix for one minute. Tear film break-up time (TFBUT) was measured applying 2 µL of 2% sodium fluorescein solution that was diluted with BSS from 10% sodium fluorescein (AK-FLOUR®; Akron Inc., Lake Frost, IL).

## Epithelial debridement

At day 8 after initiating treatment, rabbits were pre-medicated with midazolam (0.7 mg/kg, intramuscular injection (IM)) and hydromorphone (0.1 mg/kg, IM) followed by ketamine (10–30 mg/kg, IM) for induction and maintenance of anesthesia. The surgical area was prepped with 0.2% povidone iodine and saline. The central 8-mm of the corneal epithelium of the right eye (OD) was marked with a trephine prior to application of 0.5% proparacaine hydrochloride ophthalmic solution (Alcon laboratories, Inc., Fort Worth, TX). Then, the marked area was debrided using a blunt spatula (Excimer Spatula; Beaver-Visitec, Waltham, MA) and epithelium confirmed to be absent from the area of the wound with fluorescein stain (NaFL ophthalmic strip; BIO GLOTM; 1 mg, HUB Pharmaceuticals, LLC., Rancho Cucamonga, CA). The cornea was imaged with a digital camera (Nikon D300, Nikon co., Tokyo, Japan ; flash 1/4, iso 250, F11; with cobalt blue filters [Blue-AWB, Nikon] over flash and yellow filter [HMC 62mm Y[K2], HOYA] over lens) to establish wound area at baseline.

Atropine 1% (Atropine Sulfate Ophthalmic Solution 1%; Akorn, Inc., Lake Forest, IL) and ofloxacin 0.3% (Alcon, Hunennerg, Switzerland) ophthalmic solutions were administered OD following the epithelial debridement five minutes apart, then, artificial tear ointment (Rugby Laboratories, Inc., Duluth, GA) was applied OU five minutes later to prevent the drying of the corneal surface. Buprenorphine (0.03–0.06 mg/kg, IM) was administered to reverse the hydromorphone and to provide analgesia. All animals were monitored every 10 minutes until they returned to an upright body position.

## Ocular exam scoring, imaging, and image analysis

A complete ophthalmic examination was performed prior to and daily following surgery until the integrity of the corneal epithelium had been re-established in the vehicle control group as determined by the absence of fluorescein retention. The semiquantitative preclinical ocular toxicology scoring (SPOTS) system (Eaton et al., 2017) was used in this study to assess the anterior segment using a hand-held slit lamp biomicroscope (SL-15). Rebound



tonometry was performed to measure intraocular pressure (TonoVet; Icare, Helsinki, Finland). Fluorescein stain was applied to assess epithelial wound area twice daily with digital photography (Nikon D300). All images were analyzed using image analysis software (ImageJ; ver 1.51j8; National Institutes of Health, Bethesda, MD). The percent remaining wound area at each time point was calculated from the photographic images using the following equation:

$$\% \text{ Wound area} = \text{Wound area on day } X / \text{Wound area on day } 0 \times 100$$

### Tissue harvest, processing and hyperspectral microscopy

Rabbits were euthanized with pentobarbital (200 mg/kg, IV) at 4 days post-surgery when the corneal epithelial wounds were completely healed in the control group. To identify the presence and spatial location of ENMs, enucleated eyes were fixed in 10% neutral buffered formalin and underwent routine paraffin processing. A 5  $\mu\text{m}$  thick paraffin-embedded section from each eye with the greatest limbal diameter was dissolved in xylene for 10 mins twice and rinsed in 100% ethanol for 5 mins twice. Then, a coverslip was applied and bound to the surface with mounting media (VectaMount<sup>TM</sup> Permanent Mounting Medium; Vector Laboratories, Inc., Burlingame, CA). The ZnO or V<sub>2</sub>O<sub>5</sub> ENM suspensions (50  $\mu\text{g}/\text{mL}$  in BSS) were used as positive controls. Hyperspectral microscopy was performed to detect ZnO and V<sub>2</sub>O<sub>5</sub> ENMs using a high signal-to-noise, darkfield-based illumination on an Olympus BX-41 microscope (Cytoviva, Auburn, AL; 10x and 40x). Spectral profiles from individual particles within the corneal layers were compared with the particles of the positive controls. When the spectral profile of the selected particle is congruous to the profile of the control ENM, the selected particle was considered a match with that ENM.

### Statistical Analysis

Data were presented as mean  $\pm$  standard deviation (SD) and statistical analysis was performed with GraphPad Prism 7.03 (GraphPad Software Inc., San Diego, CA). Data sets were compared with Student's *t*-test with Welch's correction, Kruskal-Wallis test (nonparametric oneway ANOVA) followed by Dunn's multiple comparisons test or repeated measures two-way ANOVA followed by Tukey's multiple comparisons as indicated. Values of  $P < 0.05$  were considered statistically significant. To compare *in vitro* toxicities for different concentrations of V<sub>2</sub>O<sub>5</sub> nanoflake and ZnO NP, repeated measure two-way ANOVA with the Geisser-Greenhouse correction followed by the Sidak's multiple comparisons test. Two-way ANOVA followed by Sidak's multiple comparisons tests was performed to compare the *in vitro* cell migrations between V<sub>2</sub>O<sub>5</sub> nanoflake and ZnO NP at different concentrations.

## RESULTS

### Most ENMs did not agglomerate in suspension at 24 hours

The properties of metal oxide ENM suspensions in EpiLife<sup>®</sup> media or BSS was measured by DLS. The mean hydrodynamic diameter of the 11 metal oxide ENMs were 100–1700 nm with  $< 0.7$  polydispersity index (Supplement C). The hydrodynamic diameters of each metal

oxide ENM did not significantly differ between 1- and 24-hours post suspension, indicating particle size distribution did not change significantly over 24 h of suspension ( $P > 0.05$ ).

### **V<sub>2</sub>O<sub>5</sub>, WO<sub>3</sub>, and ZnO ENMs markedly decreased cell viability**

For the 11 metal oxide ENMs tested, the data generated from the MTT and Calcein AM assays were remarkably consistent (Figure 1). While Al<sub>2</sub>O<sub>3</sub>, CeO<sub>2</sub> (10 and 30 nm), CuO, Fe<sub>2</sub>O<sub>3</sub>, and MgO ENMs significantly decreased hTCEpi cell viability at the highest concentrations tested (100 and/or 250 µg/mL) in one or both assays, only V<sub>2</sub>O<sub>5</sub>, WO<sub>3</sub>, and ZnO ENMs significantly decreased cell viability at concentrations of 50 µg/mL or less in both assays. The V<sub>2</sub>O<sub>5</sub> and ZnO ENMs were highly toxic at lower concentrations with cell viabilities markedly less than controls at 12.5 and 5 µg/mL, respectively. When comparing the V<sub>2</sub>O<sub>5</sub> and ZnO ENMs, the ZnO NPs were significantly more toxic than the V<sub>2</sub>O<sub>5</sub> nanoflakes in the concentration range of 5 to 50 µg/ml ( $P = 0.008$  for 5 µg/ml and  $P < 0.001$  for 12.5, 25 and 50 µg/ml).

### **Low concentrations of ZnO and V<sub>2</sub>O<sub>5</sub> ENMs significantly decreased cell migration**

Cell migration *in vitro* was significantly delayed for Al<sub>2</sub>O<sub>3</sub>, CeO<sub>2</sub> (10 nm), CuO and Fe<sub>2</sub>O<sub>3</sub> ENMs at 50 µg/ml, CeO<sub>2</sub> (30 nm) and TiO<sub>2</sub> (25 nm) ENMs at 100 µg/ml, and TiO<sub>2</sub> (100 nm) ENM at 250 µg/ml; MgO and WO<sub>3</sub> ENMs did not significantly delay hTCEpi cell migration at the concentrations tested versus vehicle control (Figure 2). By contrast, V<sub>2</sub>O<sub>5</sub> and ZnO ENMs showed markedly reduced migration rates at 5 µg/mL. In particular, the ZnO NPs had significantly lower migration rates compared to the V<sub>2</sub>O<sub>5</sub> nanoflakes at three of the concentrations tested ( $P = 0.002$  for 0.5 µg/ml and  $P < 0.001$  for 5 and 12.5 µg/ml). Based on the aforementioned cell viability and these migration assay results *in vitro*, ZnO and V<sub>2</sub>O<sub>5</sub> ENMs were selected to test their impact on the corneal epithelium in health and following wounding *in vivo*.

### **ZnO and V<sub>2</sub>O<sub>5</sub> ENMs showed no effects to the PTF**

No significant differences were observed between ENM treated groups (ZnO or V<sub>2</sub>O<sub>5</sub>) and vehicle controls in terms of aqueous tear production, TFBUT, tear meniscus thickness, tear meniscus height, volume, and area ( $P > 0.05$ ); no differences were also observed in these parameters prior to or following 7 days of treatment with ENMs or vehicle ( $P > 0.05$ ; Table 1).

### **Corneal epithelial wound healing was significantly delayed by topical ZnO NP *in vivo***

Corneal epithelial wound sizes were measured using digital images of sodium fluorescein staining (Figure 3A). The 50% wound closure was achieved within 27.0, 35.5 and 27.8 hours post-wounding in the BSS, ZnO NP and V<sub>2</sub>O<sub>5</sub> nanoflake treated groups, respectively. All wounded corneas were completely healed by 96 hours post wounding in the BSS and V<sub>2</sub>O<sub>5</sub> nanoflake treated groups. By contrast, half of the animals in the ZnO NP group still had a corneal ulcer at 96 hours post wounding, and 2 of 6 corneas in the ZnO NP group were not healed at the final time point (105 hours post wounding). Compared to vehicle control and V<sub>2</sub>O<sub>5</sub> nanoflake treatment, the ZnO NP treated group showed significantly delayed wound healing rates from 33 to 81 hours post wounding (Figure 3B); no significant differences

between the V<sub>2</sub>O<sub>5</sub> nanoflake treated group and vehicle control were identified at any time point.

Conjunctival hyperemia and swelling, discharge, corneal opacity and iris hyperemia were transiently observed in all wounded eyes until re-epithelialization but no significant differences were observed between groups using SPOTS (data not shown). In unwounded eyes, no significant adverse effects were observed in ZnO NP or V<sub>2</sub>O<sub>5</sub> nanoflake groups versus vehicle control at any time point.

### Transcorneal penetration of ZnO and V<sub>2</sub>O<sub>5</sub> ENMs

Hyperspectral darkfield microscopy demonstrated transcorneal penetration of ZnO and V<sub>2</sub>O<sub>5</sub> ENMs in both wounded and unwounded eyes with deposition in the corneal epithelium, stroma, Descemet's membrane and endothelium; a few particles of ZnO were also observed in the iris stroma (Figure 4).

## DISCUSSION

In the present study, we documented a spectrum of *in vitro* toxicity as measured by epithelial cell viability and migration of 11 metal oxide ENMs at concentrations ranging between 0.5 to 250 µg/mL. Specifically, we determined that ZnO and V<sub>2</sub>O<sub>5</sub> ENMs inhibited cell viability as well as delayed *in vitro* epithelial migration at markedly lower concentrations (~5 µg/mL) than other materials. We then demonstrated that 50 µg/mL of ZnO NPs but not V<sub>2</sub>O<sub>5</sub> nanoflakes delayed epithelial wound repair *in vivo* in a rabbit model. Commercial sunscreen products contain up to 25% w/w (generally between 10–20 % w/w) of ZnO NPs with an ~60–120 µg/mL of exposure to ZnO NPs following a single application to human skin (Surekha et al., 2012). Therefore, the concentration of ZnO NP tested in this *in vivo* study is consistent with potential physiologic exposure of these NPs at the ocular surface.

Previous studies have found that metal oxide ENMs exhibit relatively high toxicity compared to bulk metals through abundant dissolution of metal ions (Jeong et al., 2018), internalization into mammalian cells (Karisson et al., 2014; Noventa et al., 2018), and increased generation of reactive oxygen species (ROS) (Horie et al., 2012). In particular, ZnO NPs are highly soluble and release relatively large amounts of zinc ions (Zn<sup>2+</sup>) not only in the extracellular environment but also into the cells following uptake (Karisson et al., 2014; Cronholm et al., 2013; Ghaemi et al., 2018). Nanosized ZnO can also generate ROS which induces DNA damage and cytotoxicity via UV-induced photocatalysis (Li et al., 2012; Guo et al., 2013). Therefore, it is unsurprising that ZnO NP demonstrated the greatest toxicity *in vitro* and *in vivo* to corneal epithelial cells in the present study. Consistent with these results, numerous studies have determined that ZnO NPs are markedly cytotoxic to a variety cell types including corneal limbal epithelial cells (Zhou et al., 2014), bronchial epithelial cells (Heng et al., 2010), intestinal epithelial cells (Setyawati et al., 2015), retinal ganglion cells (Guo et al., 2013), retinal photoreceptors (Guo et al., 2015), periodontal fibroblasts (Seker et al., 2014), and corneal fibroblasts (Zhou et al., 2014). Similar to its cytotoxic effects to mammalian cells, ZnO NPs are potent antibacterial agents with a wide spectrum of bacteriostatic properties (Sirelkhatim et al., 2015) as well as show inhibitory activity to several fungal species including *Fusarium* species (Sharma et al., 2010).

We also identified reduced epithelial cell viability *in vitro* following exposure to V<sub>2</sub>O<sub>5</sub> nanoflakes albeit less marked than that of ZnO NPs. Vanadium compounds are generally acutely toxic to most species via a myriad of exposure routes including inhalation, and ingestion (Gruzewska et al., 2014). Moreover, the toxicity increases with its oxidation state, with the pentavalent forms causing the most harmful effects (Korbecki et al., 2012; Wilk et al., 2017). In particular, V<sub>2</sub>O<sub>5</sub> causes DNA damage via oxidation (Ehrlich et al., 2008) and induces pulmonary inflammation via excessive secretion of chemokines (Fallahi et al., 2018). While ocular irritation has been reported as a clinical feature of workplace exposure to V<sub>2</sub>O<sub>5</sub> (Venkataraman and Sudha, 2005), studies investigating the effects of V<sub>2</sub>O<sub>5</sub> ENMs to the eye are lacking. Interestingly, topical application of V<sub>2</sub>O<sub>5</sub> nanoflakes (50 µg/mL) six times daily did not impair corneal epithelial wound healing or incite ocular irritation in rabbits in the present study despite delaying epithelial migration and cytotoxicity *in vitro*, albeit less markedly than the ZnO NPs. We confirmed that the V<sub>2</sub>O<sub>5</sub> nanoflakes accumulated in the cornea by hyperspectral darkfield-based microscopy indicating that the epithelial cells were exposed to the V<sub>2</sub>O<sub>5</sub> nanoflakes. Cell migration is an orchestrated process that involves sequential formation and dissolution of adhesions between cells and to the extracellular matrix (ECM), cytoskeletal remodeling, mechanical forces and signaling networks (Le Clainche and Carrier, 2008; Tang and Geriach, 2017). Unlike *in vivo* corneal epithelial repair, the *in vitro* cell migration assay is carried out with only a monolayer of cells in the absence of critical ECM and inflammatory signals found *in vivo*. In aggregate, the *in vitro* and *in vivo* data from the ZnO and V<sub>2</sub>O<sub>5</sub> ENMs suggests that metal oxide cytotoxicity is variable and ENMs displaying marked *in vitro* toxicity must be confirmed using *in vivo* models.

Nanomaterials can impede cell migration by changing cellular mechanical properties and force generation (Jain and Matsumura, 2016). In particular, ROS which is commonly generated by metal oxide ENMs, can affect cell migration through microtubule remodeling (Apopa et al., 2009). In the present study, most metal oxide ENMs tended to decrease corneal epithelial cell migration in a dose-dependent manner with the exception of MgO and WO<sub>3</sub> NPs, which did not impact cellular migration at all concentrations tested. Magnesium ions promote the integrin-mediated cell migration of melanoma cells (Maier et al., 2004) and enhance infiltration of osteoblasts by increasing cell motility (Kim et al., 2017). These observations may be a possible explanation why the MgO NP had a negligible impact on migration of corneal epithelial cells *in vitro*. To our knowledge, this is the first assessment of the impact of WO<sub>3</sub> NPs on cell migration. In particular, ZnO NP dramatically inhibited cell migration rates at concentrations > 5 µg/mL *in vitro* consistent with previous reports using human corneal fibroblasts, human corneal limbal epithelial cells (Zhou et al., 2014) and a murine photoreceptor-derived cell line (Guo et al., 2015). To our knowledge, this is the first study to demonstrate that topical application of ZnO NPs to the eye delays corneal epithelial wound healing *in vivo*. The ZnO NPs may delay epithelial wound healing by increasing tumor necrotic factor- $\alpha$ , interleukin (IL)-6, and IL-8 production (Faddah et al., 2012) or by inhibiting mitochondrial function by the Zn<sup>2+</sup> cation release (Xia et al., 2008). Although ZnO has been used topically for management of skin wounds, its effects to the wound closure time is controversial (Lansdown et al., 2007). Interestingly, various skin wound dressing materials containing ZnO NPs accelerated wound healing in *in vivo* mouse dermal

wounds despite the ZnO NPs demonstrating toxicity to these cells in the *in vitro* environment (Lu et al., 2017). Given that ZnO NPs are a major component of numerous sunscreens and cosmetics (Australian Government TGA, 2006), and their use is expanding for skin wound dressings due to their potent antimicrobial effects (Lansdown et al., 2007; Lu et al., 2017), further studies are warranted to identify the mechanisms by which ZnO NPs delay corneal epithelial wound healing.

We also performed a comprehensive assessment of the PTF following a 7-day topical application of ZnO and V<sub>2</sub>O<sub>5</sub> ENMs to healthy rabbit eyes. Dry eye disease is a prevalent condition amongst aged adults with an overall economic burden of ~\$55 billion in the United States (Yu et al., 2011a). It is a multifactorial disorder that is characterized by PTF instability with concomitant ocular surface inflammation, irritation and vision compromise (Nelson et al., 2017). Moreover, a normal PTF is also critical to appropriate corneal wound healing (Rolando and Zierhut, 2001). Metal oxide ENMs have never been studied within the context of dry eye disease and yet their ubiquitous nature in the environment suggest that they may have a profound impact on the PTF with downstream effects on ocular tissues including the cornea. For example, Yu and coworkers have reported robust induction of mucin production in murine airways by V<sub>2</sub>O<sub>5</sub> via the NF- $\kappa$ B pathway (Yu et al., 2011b). Mucin is a critical component of the PTF to maintain the stability of the PTF and protecting the epithelial barrier of the ocular surface (Hodges and Dartt, 2013). Cell surface associated mucins, such as MUC1 and -16, reduce epithelial permeability by forming a dense glycocalyx that covers the apical surface of the cornea and conjunctiva. (Argüeso et al., 2009). Thus, it is critical to continue investigating how ENMs impact the PTF to gain a comprehensive understanding of the effects of ENMs on the ocular surface and during corneal epithelial wound repair.

Potential toxicity concerns of ENMs in cosmetics and sunscreens result from their ability to evade immunologic defense mechanisms and to induce inflammatory responses (Australian Government TGA, 2006). It is well known that both ZnO and V<sub>2</sub>O<sub>5</sub> ENMs can induce inflammation in other body systems (Australian Government TGA, 2006; Fallahi et al., 2018). Therefore, the ability of metal oxide ENMs to penetrate through the cornea into the anterior chamber is critical to the potential intraocular toxicity of these ENMs. Indeed, we demonstrated ZnO NPs in the iris stroma following topical application to the eye in the present study. This also raises concerns about the impact of cumulative exposure to NPs that an individual human may experience over a lifetime. Many studies have reported that penetration of ZnO NPs in skin is limited to the stratum corneum, the outermost layer of the skin and composed with ~20 layers of dead cells with tight junctions and intercellular junctions (Newman et al., 2009). However, skin with a compromised stratum corneum may not present an effective barrier to penetration of the ENMs (van der Merwe et al., 2009). For example, ZnO NPs (20 nm; 75–360 mg/kg) passed through skin with a compromised stratum corneum in rats (Surekha et al., 2012) and other studies demonstrated increased concentrations of Zn in the internal organs of mice following short term dermal application of sunscreen containing ZnO NPs (~30 nm; average of 0.1 g/animal) (Osmond-McLeod et al., 2014). In this study, we confirmed that the topically applied ZnO NPs, as well as the V<sub>2</sub>O<sub>5</sub> nanoflakes, penetrated through and accumulated in all corneal layers of both wounded

and nonwounded eyes indicating that the eye may be at greater risk for toxicity following exposure versus the skin.

In conclusion, ZnO ENMs showed the most marked toxicity *in vitro* to corneal epithelial cells amongst 11 metal oxide ENMs tested and significantly delayed corneal epithelial wound healing in a rabbit. Considering the high exposure risk of ZnO to the ocular surface, further investigations on the mechanisms by which ZnO NPs delay corneal epithelial repair and its effects on corneal stromal wound healing are warranted.

## Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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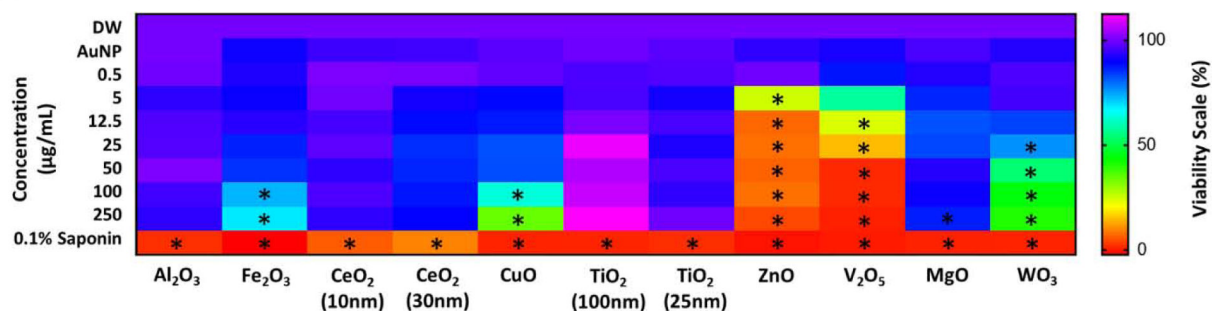
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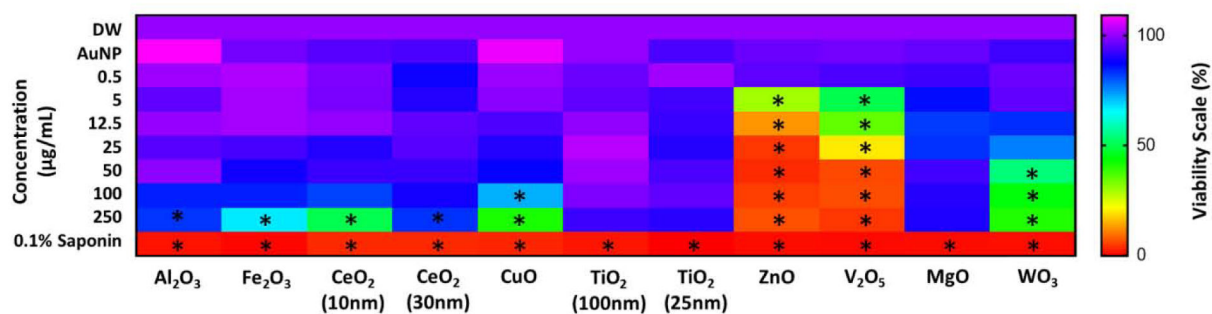
### Highlights

- Zinc oxide (ZnO) and vanadium pentoxide (V<sub>2</sub>O<sub>5</sub>) engineered nanomaterials (ENMs) markedly decreased viability of the immortalized corneal epithelial (hTCEpi) cells.
- Low concentrations of ZnO and V<sub>2</sub>O<sub>5</sub> ENMs significantly decreased migration of the hTCEpi cells.
- The ZnO and V<sub>2</sub>O<sub>5</sub> ENMs showed no effects to the precorneal tear film.
- Corneal epithelial wound healing was significantly delayed by topical ZnO ENM *in vivo*.
- Both the ZnO and V<sub>2</sub>O<sub>5</sub> ENMs penetrated through all corneal layers.

## (A) Calcein-AM assay

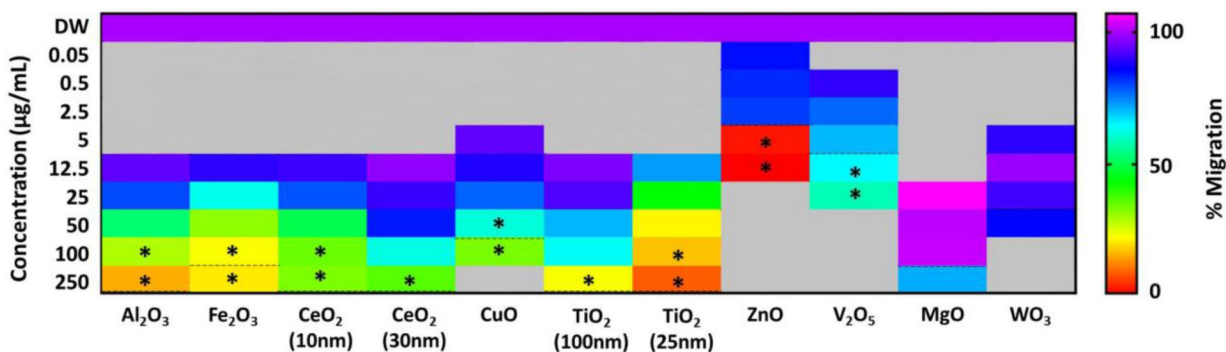


## (B) MTT assay



**Figure 1. Corneal epithelial cell viability was markedly reduced following treatment with ZnO and V<sub>2</sub>O<sub>5</sub> ENMs.**

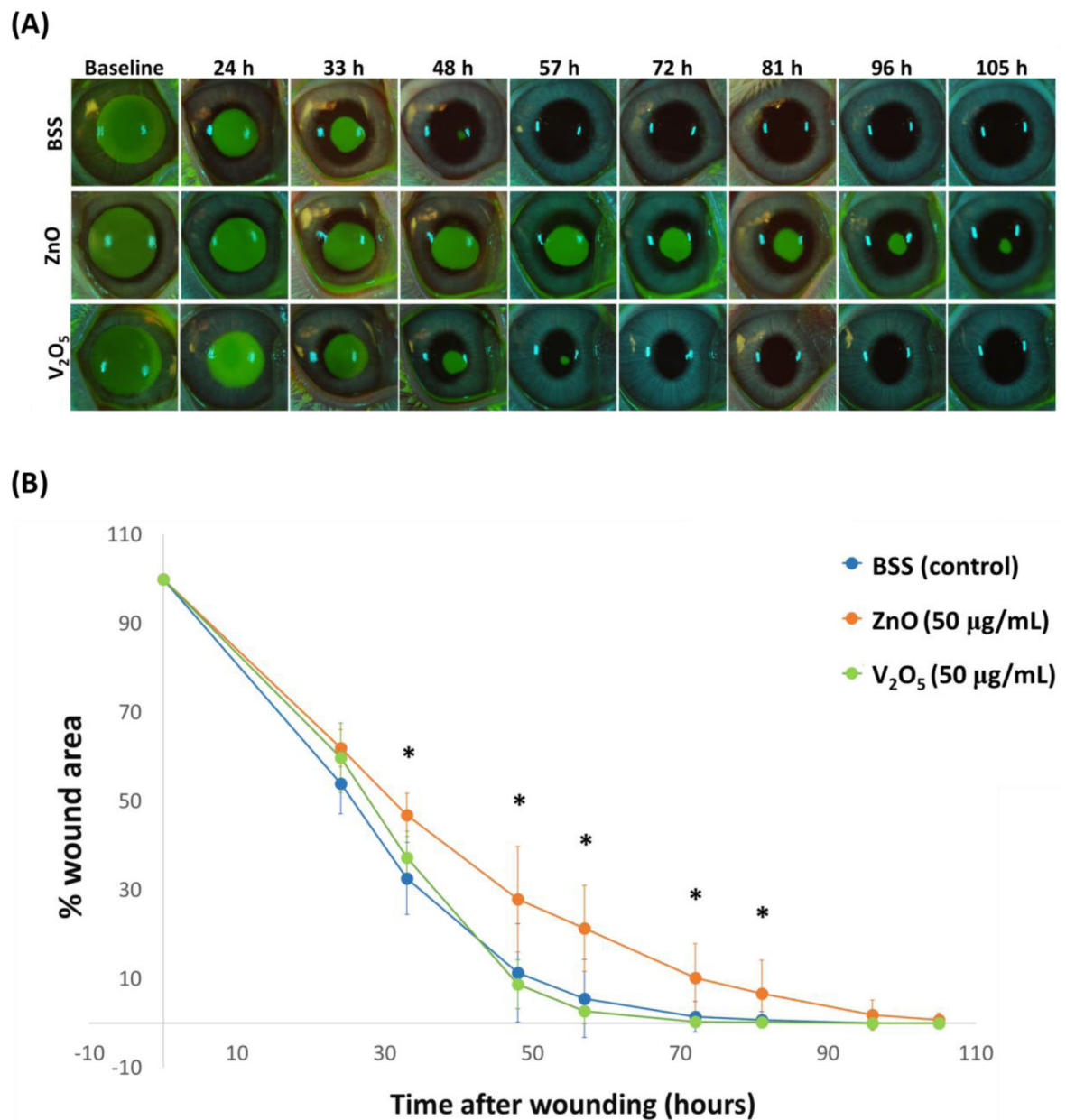
Calcein-AM (A) and MTT assays (B) revealed similar cell viability results for 11 metal oxide ENMs. The V<sub>2</sub>O<sub>5</sub> nanoflakes and ZnO nanoparticles were most potent at inducing cytotoxicity in comparison to the other metal oxide ENMs. A heatmap is used to indicate cell viability with purple and red indicate a high and low percentage of hTCEpi cell viability, respectively; other colors indicate intermediate viability as detailed on the viability scale. \**P* < 0.05, Kruskal-Wallis test followed by Dunn's multiple comparisons test was performed to compare with the vehicle (DW) controls. DW, deionized water; Au NP, gold nanoparticle; Al<sub>2</sub>O<sub>3</sub>, aluminum oxide; Fe<sub>2</sub>O<sub>3</sub>, iron(III) oxide; CeO<sub>2</sub>, cerium(IV) oxide; CuO, copper(II) oxide; TiO<sub>2</sub>, titanium(IV) oxide; ZnO, zinc(II) oxide; V<sub>2</sub>O<sub>5</sub>, vanadium(V) oxide; MgO, magnesium(IV) oxide; WO<sub>3</sub>, tungsten(VI) oxide.



**Figure 2. Corneal epithelial cell migration *in vitro* was significantly reduced by low concentrations of ZnO or V<sub>2</sub>O<sub>5</sub> ENMs.**

The Oris™ 96-well cell migration assay kit was used to assess cell migration *in vitro*.

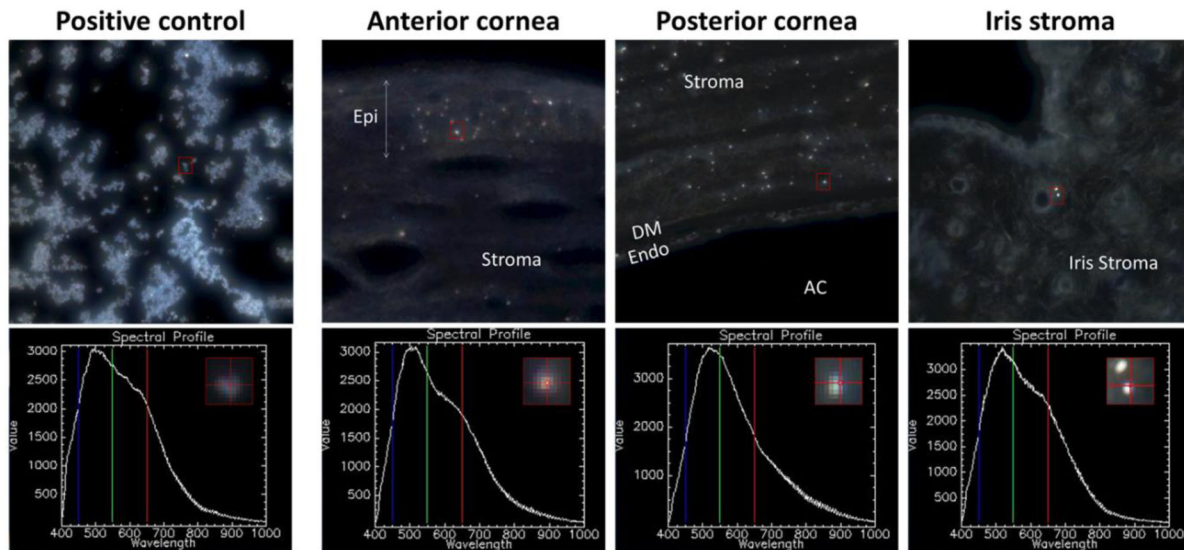
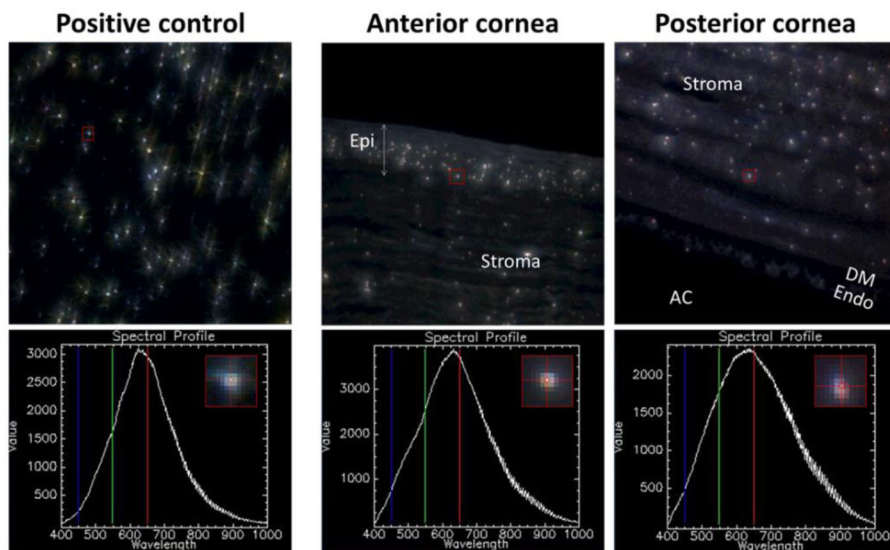
Compared with other metal oxide ENMs, ZnO and V<sub>2</sub>O<sub>5</sub> ENMs were more potent at inhibiting cell migration. A heatmap is used to indicate cell viability with purple and red indicate a high and low percentage of hTCEpi cell viability, respectively; other colors indicate intermediate viability as detailed on the viability scale. Grey color indicates doses that were not performed based on viability data. \**P* < 0.05, Kruskal-Wallis test followed by Dunn's multiple comparisons test was performed to compare with the vehicle (DW) controls. DW, deionized water; Au NP, gold nanoparticle; Al<sub>2</sub>O<sub>3</sub>, aluminum oxide; Fe<sub>2</sub>O<sub>3</sub>, iron(III) oxide; CeO<sub>2</sub>, cerium(IV) oxide; CuO, copper(II) oxide; TiO<sub>2</sub>, titanium(IV) oxide; ZnO, zinc(II) oxide; V<sub>2</sub>O<sub>5</sub>, vanadium(V) oxide; MgO, magnesium(IV) oxide; WO<sub>3</sub>, tungsten(VI) oxide.



**Figure 3. Topical ZnO NP but not V<sub>2</sub>O<sub>5</sub> nanoflake suspensions significantly delayed epithelial wound repair in an *in vivo* rabbit model.**

(A) Representative images of corneal epithelial wound healing in rabbits treated with topical ZnO NP, V<sub>2</sub>O<sub>5</sub> nanoflake or BSS six times daily. (B) The ZnO treated group showed significantly delayed corneal epithelial wound healing rates from 33 to 81 hours post wounding compared with V<sub>2</sub>O<sub>5</sub> treated group ( $P < 0.001$  from 33 to 72 h and  $P = 0.01$  at 81 h) and BSS controls ( $P < 0.001$  from 33 to 72 h and  $P = 0.02$  at 81 h). No significant differences were identified between V<sub>2</sub>O<sub>5</sub> and BSS treated groups at all time points. \* $P < 0.05$ , repeated measures two-way ANOVA followed by Tukey's multiple comparisons.



**(A) ZnO****(B) V<sub>2</sub>O<sub>5</sub>**

**Figure 4.** The ZnO and V<sub>2</sub>O<sub>5</sub> ENMs accumulated in all corneal layers following topical treatment using hyperspectral darkfield microscopy in both wounded and unwounded eyes. Both ZnO and V<sub>2</sub>O<sub>5</sub> ENMs were observed in the corneal epithelium (Epi), stroma, Descemet's membrane (DM) and endothelium (Endo) while a few particles of ZnO was also observed in the iris stroma. The presented images are from wounded eyes. Epi, epithelium; DM, Descemet's membrane; Endo, endothelium; AC, anterior chamber.

**Table 1.**  
**Multiple precorneal tear film parameters were assessed prior to and following 7 days of topical treatment with ZnO or V<sub>2</sub>O<sub>5</sub> ENM suspensions or vehicle control (BSS) six times daily.**

Kolmogorov-Smirnov test (nonparametric t-test) was performed to compare between day 0 and 7. There are no significant differences between BSS and ZnO or V<sub>2</sub>O<sub>5</sub> at any time point and no differences between ZnO and V<sub>2</sub>O<sub>5</sub> at any time point.

<b>1. Schirmer Tear Test (mm/min)</b>			
	<b>Day 0</b>	<b>Day 7</b>	<b>P-value</b>
<b>BSS</b>	11.4 ± 3.8	8.8 ± 1.7	0.100
<b>ZnO</b>	9.3 ± 2.6	10.1 ± 2.5	0.847
<b>V<sub>2</sub>O<sub>5</sub></b>	10.5 ± 3.2	11.5 ± 1.8	0.518
<b>2. Tear Film Break-Up Time (sec)</b>			
	<b>Day 0</b>	<b>Day 7</b>	<b>P-value</b>
<b>BSS</b>	82 ± 20	115 ± 16	0.143
<b>ZnO</b>	72 ± 21	79 ± 31	0.304
<b>V<sub>2</sub>O<sub>5</sub></b>	105 ± 36	76 ± 44	0.395
<b>3. Tear Film thickness (µm)</b>			
	<b>Day 0</b>	<b>Day 7</b>	<b>P-value</b>
<b>BSS</b>	10.9 ± 1.2	10.9 ± 1.5	0.847
<b>ZnO</b>	11.4 ± 1.3	12.1 ± 3.0	0.249
<b>V<sub>2</sub>O<sub>5</sub></b>	13.3 ± 2.0	13.6 ± 1.9	0.996
<b>4. Tear meniscus height (µm)</b>			
	<b>Day 0</b>	<b>Day 7</b>	<b>P-value</b>
<b>BSS</b>	0.031 ± 0.012	0.027 ± 0.009	0.518
<b>ZnO</b>	0.035 ± 0.014	0.027 ± 0.008	0.146
<b>V<sub>2</sub>O<sub>5</sub></b>	0.031 ± 0.014	0.046 ± 0.022	0.249
<b>5. Tear meniscus length (µm)</b>			
	<b>Day 0</b>	<b>Day 7</b>	<b>P-value</b>
<b>BSS</b>	249 ± 54.2	218 ± 39.0	0.249
<b>ZnO</b>	250 ± 50.8	222 ± 27.9	0.159
<b>V<sub>2</sub>O<sub>5</sub></b>	241 ± 54.7	300 ± 91.7	0.518
<b>6. Tear meniscus area (mm<sup>2</sup>)</b>			
	<b>Day 0</b>	<b>Day 7</b>	<b>P-value</b>
<b>BSS</b>	0.032 ± 0.012	0.026 ± 0.010	0.996
<b>ZnO</b>	0.036 ± 0.015	0.027 ± 0.008	0.866
<b>V<sub>2</sub>O<sub>5</sub></b>	0.032 ± 0.014	0.046 ± 0.023	0.847