Bio-effects of non-ionizing electromagnetic fields in context of cancer therapy

Timur Saliev¹, Katsuro Tachibana², Denis Bulanin¹, Sergey Mikhalovsky^{3,4}, Ray D.L. Whitby⁵

¹Department of Regenerative Medicine and Artificial Organs, PE "Center for Life Sciences", JSC Nazarbayev University, Unit 9, 53 Kabanbay batyr Ave., Astana 010000, Kazakhstan, ²Department of Anatomy, Faculty of Medicine, Fukuoka University, 7-45-1 Nanakuma, Fukuoka 814-0180, Japan, ³Biomaterials and Medical Devices Research Group, School of Pharmacy and Biomedical Sciences, University of Brighton, Cockcroft Building, Lewes Road, Brighton, BN2 4GJ, United Kingdom, ⁴School of Engineering, JSC Nazarbayev University, Unit 6, 53 Kabanbay batyr Ave., Astana 010000, Kazakhstan, ⁵Nanoscience and Nanotechnology Group, Faculty of Science & Engineering, University of Brighton, Cockcroft Building, Lewes Road, Brighton, BN2 4GJ, United Kingdom

TABLE OF CONTENTS

- 1. Abstract
- 2. Introduction
- 3. Non-thermal bio-effects induced by electromagnetic fields
 - 3.1. Possible mechanisms of action
 - 3.2. Potential for permeabilization of cellular membrane and drug delivery
 - 3.3. Feasibility of modulation of apoptosis
- 4. Thermal bio-effects caused by electromagnetic fields: applications for cancer therapy
- 5. Future directions
- 6. Acknowledgements
- 7. References

1. ABSTRACT

Bio-effects mediated by non-ionizing electromagnetic fields (EMF) have become a hot topic of research in the last decades. This interest has been triggered by a growing public concern about the rapid expansion of telecommunication devices and possible consequences of their use on human health. Despite a feasibility study of potential negative impacts, the therapeutic advantages of EMF could be effectively harnessed for the treatment of cancer and other diseases. This review aims to examine recent findings relating to the mechanisms of action underlying the bio-effects induced by non-ionizing EMF. The potential of non-thermal and thermal effects is discussed in the context of possible applications for the induction of apoptosis, formation of reactive oxygen species, and increase of membrane permeability in malignant cells. A special emphasis has been put on the combination of EMF with magnetic nano-particles and ultrasound for cancer treatment. The review encompasses both human and animal studies.

2. INTRODUCTION

Over the last few decades, researchers started to pay more attention to the bio-effects induced by EMF. The growth of interest in this area has been influenced by public concern about the possible negative impact of technologies employed for telecommunication and mobile telephones (1-7). The term non-ionizing 'electromagnetic fields' encompasses a broad spectrum of frequencies of electromagnetic waves between 3 kHz and 300 GHz. In this review the abbreviation 'EMF' strictly refers to non-ionizing electric and/or magnetic fields.

The last two centuries are characterized by an extensive research and rapid expansion of EMF applications for various commercial and technological needs. Some of them have been already successfully implemented in health care as a basis for diagnostic and therapeutic modalities. However some frequencies classically reserved for technological applications are still waiting for exploration and further clinical use. Research

has already begun in this area. The feasibility of use of EMF for treating of various pathologies has been discovered in many *in vivo* and *in vitro* studies. Some studies exploited mainly the electric component of EMF (electroporation (8); electro-chemotherapy (9, 10); pulsed electric fields (11)), while others have focused on the magnetic features of EMF (static and pulsed magnetic fields of different frequencies and powers) (12, 13). The magnetic aspect has been routinely utilized to induce thermal effect with assistance of metal-containing nanoparticles (14-16).

3. NON-THERMAL BIO-EFFECTS INDUCED BY ELECTROMAGNETIC FIELDS

3.1. Possible mechanisms of action

In spite of numerous studies up to date, the precise mechanism underlying the non-thermal bio-effects mediated by EMF remains vague. First of all, it concerns the impact of EMF at genetic level and its consequences for all cellular components. Unlike other physical modalities, such as ultrasound, EMF is unable to provide sufficient thermal or mechanical energy to directly trigger the breakage of the DNA molecular structure (17). Because of this, possible DNA damage has been linked to the induction of free radicals and oxidative stress. This assumption has been supported by various experimental studies (18-22).

Lai and Singh hypothesized that the increase of production of free radicals caused by EMF might be associated with the Fenton reaction (5). This phenomenon was discovered by Henry John Horstman Fenton (1894), and it is directly related to unbound iron inside cells. According to the classic theory, the iron ion can catalyze hydrogen peroxide decomposition with the generation of hydroxyl radicals (23) (Eq.1):

$$Fe^{2+} + H_2O_2 \rightarrow Fe^{3+} + OH^{-}$$

The reaction is highly pH-dependent and under normal physiological conditions the reduction potential of Fe³⁺ to Fe²⁺ is 772 mV (23, 24). It should be noted that iron maintains a high catalytic activity despite its predisposition to actively form chelate complexes in organic environment (23). As a result of the Fenton reaction, hydrogen peroxide is reduced to hydroxyl-free radicals by glutathione peroxidase and catalase, where iron plays a pivotal role. The formed free radicals can cause the DNA double-strand breaks, which can lead to accumulation of mutations due to inaccurate repair of damaged sites (25), and also to apoptosis (26-29).

There are reports indicating an abundance of iron in cancer cells and its cardinal role in formation of hydroxyl radicals and promotion of tumor growth (30-35). In order to harness this phenomenon for clinical purposes, researchers have been attempting to develop new strategies (36-39). As of today, most of the proposed iron-based therapeutic concepts are oriented on chemical or genetic approaches. However, in this context, the potential of biophysical modalities such as EMF has not yet been fully explored. First of all, it relates to the ability of EMF to

directly influence intracellular iron, thus providing an opportunity for precise targeting and selective destruction of tumors at different locations.

Another possible therapeutic strategy is targeting iron-containing cellular structural elements such as holotransferrin. In some studies, it has been experimentally demonstrated that EMF (60 Hz) affects an expression of human transferrin receptors, which play a crucial role in iron homeostasis in an organism (40-42). Apart from transferrin, other metal-proteins (cytochromes) and metalenzymes (catalases) might be a subject of interest for future electromagnetic applications (43, 44).

All aforementioned discoveries provide a foundation for possible clinical implementation of EMF-based therapies. On the other hand, there are reports about the negative effects of EMF on DNA and cellular structures (5, 45-47). It was revealed that EMF can directly affect hydrogen bonds of DNA thus disturbing the DNA structure (48). As mentioned above, the production of free radicals and stimulation of oxidative stress is feasible under the application of extremely-low EMF (ELF EMF) (49-53). Thus the genotoxic potential of EMF must be considered in the context of possible therapeutic applications.

3.2 Potential for permeabilization of cellular membrane and drug delivery

Electroporation is an established technique for the permeabilization of cells (54-57). Current review is more focused on recent insights on application of ELF magnetic and radio-wave components of EMF rather than on electrical conductivity. In this context, the work of Stratton and colleagues deserves special attention (58). The researchers used acute monocytic leukemic THP-1 cells (AML-M5) as cell model in order to investigate the response of cellular membrane to applied alternating current, pulsed ELF EMF (0.3 µT at 10 Hz, 6 V AC). To quantify the cellular damage, researchers utilized versatile bio-physical and bio-chemical analytic techniques such as flow cytometry, calcium chelation, detection of intracellular calcium and transmission electron microscopy. The results revealed that ELF EMF has a capacity to induce disruption of plasma membrane. Stratton et al assumed that the underlying mechanism could be linked to the formation of areas of low lipid density at the membrane due to realignment of charged phospholipid groups (58). In turn, it leads to the creation of pores in the plasma membrane and consequently to the influx of molecules from the extracellular space.

The deliberate poration of plasma membrane has been a basis for introduction of therapeutic and genetic compounds into the cytoplasm and nucleus. The mechanism involved in EMF induced membrane permeabilization completely differs from other non-viral methods of membrane poration such as microinjection (59-61), biolistics (62, 63), photoporation (64, 65), and sonoporation. (66-69). Most of those approaches involve the mechanical breakage of cellular membrane due to applied external forces. The disruption of the membrane can result in either resealing the damaged site and survival

of the cell or it dies due to the launching of an apoptotic reaction. In this sense, the membrane poration by means of EMF offers a method of drug delivery that does not cause a trauma to the cell.

The fundamental mechanism of EMF mediated molecular uptake has some similarities with the well-known technique of 'electroporation' (70, 71). The term 'electroporation' refers to re-arrangement of membrane lipids and formation of pores under applied electrical pulses. In the case of EMF, the main driving force of re-arrangement of phospholipid groups is the magnetic field, and direct application of electric pulses is not required. Thus the permeabilization of the plasma membrane by means of EMF is, by its nature, completely non-invasive. This feature significantly extends its clinical application for gene and drug delivery. However further extensive research in this area is ultimately needed.

3.3. Feasibility of modulation of apoptosis

The non-invasive modulation of apoptotic reactions is an area of great potential in cancer management. Apoptosis ('programmed cell death') is a natural process occurring in cells and it plays a fundamental role in maintaining and regulating vital functions of an organism (72-75). According to current knowledge and understanding of this phenomenon, apoptosis has two signaling cascades: intrinsic (mitochondrial) and extrinsic pathways (76, 77). The intrinsic pathway is linked to permeabilization of mitochondrial membrane resulting in escape of cytochrome C from mitochondria. It triggers a cascade of reactions, including the binding of cytochrome C to apoptotic protease activating factor 1 (Apaf-1), activation of the caspase chain and consequently leading to the breakdown of the nucleus (77-79). The extrinsic pathway relies on the ligation of Tumor Necrosis Factor (TNF) death receptors on the surface of cellular membrane with Fas ligand and the formation of a signaling complex containing Fas-Associated Death Domain protein (FADD). It triggers an activation of the caspase family (8, 3, 6 and 7), and finally nuclear cleavage (77, 80). Both pathways could be triggered by chemical, biological or physical stimuli (81-83).

In malignant cells, the apoptosis process is suppressed or deregulated, which promotes uncontrolled tumor growth and resistance to anti-cancer therapy (83). Restoring apoptotic reactions may amend the effect of traditional chemotherapy, making tumor cells more susceptible to pharmacological agents.

In this context, EMF provides an exciting opportunity for the targeting of the apoptotic pathways in a controllable, non-invasive and reliable manner. This might be achieved by the exploiting the magnetic component of EMF and the new generation of iron-based nano-carriers. Recently, Cho and colleagues conducted a study, in which they used magnetic nanoparticles (zinc-doped iron oxide) conjugated with antibody for death receptor 4 (DR4), which acted as a 'magnetic switch' for the induction of apoptosis in colon cancer cells (84). The magnetic

nanoparticles were bound to death-inducing signaling complex (DISC) containing the FADD, which launched the cascade of apoptotic reactions involving the activation of caspase 8 and caspase 3 therefore following the extrinsic apoptosis pathways. Apart from *in vitro* studies, the authors conducted experiments on animal models (zebra fish) in order to validate the effectiveness of induction of apoptosis by magnetic nanoparticles. The choice of zebra fish was dictated by the genetic similarity of zebra fish ovarian TNF receptor to human DR4 receptor (84). It was found that embryo development of fish subjected to magnetic field (0.5 Tesla) was significantly disturbed. Those findings demonstrated a potential of magnetic fields to be employed for apoptosis induction and may have an application for the treatment of various pathologies, including cancer.

The last decade has been characterized by extensive research addressing the induction of apoptosis by means of pharmacological compounds. Therapeutic agents were found to be able to induce or suppress apoptotic events in the cells by targeting apoptosis pathways (80, 83). Some agents, such as monoclonal antibodies agonist to Dr4 and Dr5 and all trans retinoic acid (ATRA), are active in the induction of an extrinsic pathway such as tumor necrosis factor-related apoptosis-inducing ligand receptor (TRAIL), while others such as arsenic trioxide, lonidamine and antisense Bcl-XL, Bak, Bax have been targeting the intrinsic (mitochondrial) pathway (80). There is also a range of agents that target the modulators of apoptosis pathways, e.g., proteasome inhibitors (bortezomib), NFnB inhibitor, and mTOR inhibitors. Most of these agents are currently in clinical trials or under development.

Taking into account the high therapeutic potential of the above-mentioned agents in cancer management, it would be worthwhile to investigate the effect of their combined use with bio-physical modalities such as EMF. Some attempts have been already made for other non-invasive and non-ionizing physical methods such as ultrasound (85), but to date only a few studies have been carried out on EMF.

4. THERMAL BIO-EFFECTS CAUSED BY ELECTROMAGNETIC FIELDS: APPLICATIONS FOR CANCER THERAPY

The thermal bio-effects induced by EMF have been mainly associated with microwave radiation, where the energy has been absorbed and distributed by tissues resulting in heat production. The elevation of temperature has a huge potential for clinical implementation, in particular for tumor elimination. However, it must be noted that the thermal effect depends on many factors such as the parameters of applied EMF, the duration of exposure, and the compensatory mechanisms of the tissue. In order to increase the efficiency and safety of thermal therapy, the researchers started paying close attention to exploiting magnetic nanoparticles. It has been demonstrated that the utilizing of nanoparticles in combination with EMF allows an effective destruction of malignant cells and provides a platform for drug and gene delivery (15, 86-91). Various types of nano-carriers such as magnetic microspheremethotrexate conjugates (92), micro-particles containing metallic iron and activated carbon (93), and magnetoliposomes have been proposed (94). Although all of them vary in size, structure, magnetic and thermal properties the application of magnetic nanoparticles mostly relies on generation of heat upon exposure to EMF, thus providing a basis for developing thermal bio-effects and release of loaded substances to the tissues. Apart from the potential for drug delivery, magnetic particles can facilitate target-navigation by means of Magnetic Resonance Imaging (MRI).

The thermal effects of EMF enhanced by iron-containing carriers have attracted interest among oncologists and biophysicists in the last decades. Giustini *et al* have exploited iron oxide magnetic nanoparticles (MNP) in combination with alternating magnetic field (169 kHz) to validate their radio-sensitization potential for cancer treatment (95). It was revealed that the coupling of magnetic field with MNP provided the optimal level of tumor regrowth compared with their solitary applications and micro-wave induced hyperthermia.

The organ targeting of nanoparticles could be significantly improved by combining with targeting ligands. Derfus and co-workers proposed the use of superparamagnetic nanoparticles conjugated to 30 bp DNA with oligonucleotides assembled on the surface for remote activation (96). In their study, the molecular release was triggered by dissociation of DNA oligonucleotides under EMF (400 kHz) induced heating.

Another promising area, which deserves attention and extensive research, is the incorporation of targeting ligands to the magnetic nano-carriers for binding to various factors on the tumor surface such as Fibroblast Growth Factor (FGF) or the family of TNF's. This method would provide a high concentration of therapeutic agents in the desired location. It has some similarities with the utilization of the new generation of ultrasound microbubbles for drug/gene delivery (97-100). However it should be mentioned that the ultrasound drug delivery systems suffer from the same issues as magnetic nano-carriers such as problems of controlling of size at fabrication stage, *in vivo* stability, biocompatibility, and bio-distribution.

Despite the challenges, which are mainly related to the development phase, magnetic nano-carriers provide promising material for the development of a new multifunctional platform for diagnostics, drug delivery, modulation of apoptosis, image-guided targeting, and tumor ablation.

Historically hyperthermia has been considered as a standard method for apoptosis induction (101). In this perspective, the hyperthermic potential of EMF could open a new avenue in the targeted activation of apoptosis in tumor tissues. Apart from this, EMF provides the means for non-thermal modulation of apoptosis, particularly in conjunction with the use of pharmacological apoptotic inducers. Potentially these modulators could be incorporated into the magnetic nano-carriers. Once injected

the carriers are activated by applying extracorporeal EMF, which would result in local release of apoptotic inducers. Such an approach can guarantee a synergistic effect and a lowering of the administrated dose.

At the same time, the potential of non-thermal induction of apoptosis by EMF should not be ignored. It has been shown that ELF EMF can non-invasively trigger apoptotic cascades without involvement of magnetic nanoparticles and high EM frequencies. Berg *et al* demonstrated the *in vitro* efficacy of ELF EMF and pulsed EMF (PEMF) in the induction of apoptosis, inhibition of angiogenesis, suppression of proliferation and direct death of cancer cells (102).

One of the latest technologies for the induction of apoptosis in cancer cells is Tumor Treating Fields (TTF) therapy, which has been proposed by Prof. Yoram Palti. This method exploits alternating electric fields with the frequency specific for the targeted cell type. At present, TTF is undergoing extensive studies, and the first results are promising.

5. FUTURE DIRECTIONS

The unique bio-physical features of EMF provide a mechanism for its combined use with chemical, biological and physical methods for treating cancer and other diseases. Both thermal and non-thermal bio-effects elicited by EMF could be effectively coupled with other non-invasive therapeutic modalities such as ionizing radiation, ultrasound, UV, photo-dynamic and laser therapies (7).

In this context, the combination of EMF and high intensity focussed ultrasound (HIFU) is an exciting direction of research, where synergistic properties of both modalities could be effectively utilized for tumor reduction, induction of apoptosis and remotely-activated drug delivery. HIFU has already proven its capability for noninvasive and precise eradication of tumors without damaging unaffected tissues (104-106). Apart from the induction of hyperthermic reaction, HIFU is able to cause the cavitation effect, which has been considered a driving force for ultrasound-assisted drug and gene delivery (67, 106, 107). For the latter, the exploitation of ultrasound contrast agents with paramagnetic properties might provide a new platform for cancer management. Stride and coworkers have already demonstrated the usefulness of such a strategy for gene delivery (108), where phospholipid microcontaining magnetic nanoparticles were bubbles synthesised. These micro-bubbles were found to be more effective compared with phospholipid micro-bubbles and micelles containing magnetic nanoparticles.

Double stranded DNA chain, where one chain is bonded to magnetic particle, and another is linked to therapeutic molecule, could be incorporated into the phospholipid micro-bubbles. This would protect the drug from immune arresting and prolong its lifetime in the circulation system. In addition, it provides visualization either by using MRI or ultrasound. After detection on the

target zone, the micro-bubbles could be subjected to an external magnetic or acoustic field in order to elevate local temperature. It would result in disruption of hydrogen bonding between two DNA strands and the release of therapeutic molecule. In order to enhance site specific gene delivery, the phospholipid micro-bubbles could be equipped with targeting ligands on their surface. This approach significantly broadens the EMF-associated applications for various clinical situations, where gene therapy is needed.

It must be noted that the EMF-based anticancer therapy can be utilized in other areas, where other physical modalities cannot provide an appropriate level of safety and effectiveness. For example, the treatment of brain tumors by means of ultrasound and laser therapy requires direct access to the affected brain tissues, because the skull acts as an impenetrable barrier for any type of waves except electromagnetic ones. Although the researchers have been trying to overcome this obstacle by developing multi-array ultrasonic transducers, there are still problems with the heating effect and necessity for total depilation. In this regard, EMF offers a unique opportunity to non-invasively suppress tumor growth by induction of apoptosis, site-specific delivery of chemotherapeutic agents and the direct ablation of malignant cells.

Apart from these features, EMF has potential to inhibit the growth of cancer cells in a highly selective manner without damaging normal tissues. Recent studies conducted by Zimmerman *et al* have provided experimental proof that a very low level of amplitude-modulated EMF is able to suppress the growth of hepatocellular carcinoma and breast cancer cells (109). This conforms to the results of another study conducted on patients (single-group, openlabel, phase I/II) by Costa *et al* (110). The researchers noted the anti-tumor efficacy of amplitude-modulated EMF in treatment of hepatocellular carcinoma.

The sensitivity of different types of tumor to specific EM frequencies is a crucial factor for effective anti-cancer therapy. In this context, the work of Barbault *et al* deserves special attention (111). In the study, 1524 types of EM frequencies (from 0.1 Hz up to 114 kHz) were scrutinized in order to determine tumor specific frequencies on patients diagnosed with various types of cancer, including colorectal cancer, hepatocellular carcinoma, breast cancer and others. It was revealed that 77.6 % of used frequencies were tumor-specific. The application of EMF was not accompanied by reports of adverse effects.

To summarize, EMF-based technology possesses all the features to become a new therapeutic modality. It particularly concerns the use of a new generation of magnetic nano-carriers for both diagnostic and therapeutic purposes. In the initial phase of disease, the application of these agents equipped with specific targeting ligands would significantly facilitate the imaging of affected tissues by means of MRI. At the same time, the nano-carriers might be loaded with anti-cancer drugs or apoptotic modulators, which could be released under externally applied EMF or ultrasound. Beside the drug release, EMF provides a means

for local hyperthermia, the stimulation of production of free radicals, induction of apoptosis, and direct damage DNA in cancerous cells. Moreover, EMF allows immediate post-treatment evaluation. Such an approach will allow the maximising of the therapeutic efficacy of anti-cancer drugs along with the decreasing probability of side effects.

Notably EMF provides a wide range of options for its use either alone or in combination with different pharmacological, genetic, and bio-physical modalities for the treatment of cancer and various disorders. However, further research for the optimization of treatment protocols is required.

6. ACKOWLEDGEMENTS

The authors would like to thank Professor Henry Lai, Mr Paul Bartlett and Mrs Almagul Kanafina for help with this review. The work has been funded by the grant of the Ministry of Education and Science of the Republic of Kazakhstan, 'Nanoparticle based wound dressings with microwave-enhanced antimicrobial function'.

7. REFERENCES

- 1. Phillips JL, WD Winters, L Rutledge: In vitro exposure to electromagnetic fields: changes in tumour cell properties. *Int J Radiat Biol Relat Stud Phys Chem Med*49,463-9(1986)
- 2. Nylund R, D Leszczynski: Mobile phone radiation causes changes in gene and protein expression in human endothelial cell lines and the response seems to be genome- and proteomedependent. *Proteomics*6, 4769-80 (2006)
- 3. Grundler W, F Kaiser, F Keilmann, J Walleczek: Mechanics of electromagnetic interaction with cellular systems. *Naturwissenschafte*79(12), 551-9 (1992)
- 4. Adey WR: Biological Effects of Electromagnetic-Fields. *J Cell Biochem*51, 410-6 (1993)
- 5. Lai H, NP Singh: Magnetic-field-induced DNA strand breaks in brain cells of the rat. *Environ Health Perspec*112, 687-94 (2004)
- 6. Khalil AM, MH Gagaa, AM Alshamali: 8-Oxo-7, 8-dihydro-2 '-deoxyguanosine as a biomarker of DNA damage by mobile phone radiation. *Hum Exp Toxicol* 31, 734-40 (2012)
- 7. Kostoff RNL, CGY Lau: Combined biological and health effects of electromagnetic fields and other agents in the published literature. *Technol Forecast Soc Change*80, 7:1331-1349 (2013)
- 8. Costa M, M Dottori, K Sourris, P Jamshidi, T Hatzistavrou, R Davis, L Azzola, S Jackson, SM Lim, M Pera, AG Elefanty, EG Stanley: A method for genetic modification of human embryonic stem cells using electroporation. *Nat Protoc*2, 792-6 (2007)
- 9. Mir LM, M Belehradek, C Domenge, S Orlowski, B Poddevin, J, Jr. Belehradek, G Schwaab, B Luboinski, C

- Paoletti: [Electrochemotherapy, a new antitumor treatment: first clinical trial]. *CR Acad Sci III*313, 613-8 (1991)
- 10. Jaroszeski MJ, D Coppola, C Pottinger, K Benson, RA Gilbert, R Heller: Treatment of hepatocellular carcinoma in a rat model using electrochemotherapy. *Eur J Cancer*37, 422-30 (2001)
- 11. Nuccitelli R, U Pliquett, X Chen, W Ford, R James Swanson, SJ Beebe, JF Kolb, KH Schoenbach: Nanosecond pulsed electric fields cause melanomas to self-destruct. *Biochem Biophys Res Commun* 343, 351-60 (2006)
- 12. Tatarov I, A Panda, D Petkov, K Kolappaswamy, K Thompson, A Kavirayani, MM Lipsky, E Elson, CC Davis, SS Martin, LJ DeTolla: Effect of Magnetic Fields on Tumor Growth and Viability. *Comparative Med*61, 339-45 (2011)
- 13. Raylman RR, AC Clavo, RL Wahl: Exposure to strong static magnetic field slows the growth of human cancer cells in vitro. *Bioelectromagnetics*17, 358-63 (1996)
- 14. Mornet S, S Vasseur, F Grasset, E Duguet: Magnetic nanoparticle design for medical diagnosis and therapy. *J Mater Chem*14, 2161-75 (2004)
- 15. Kruse DE, DN Stephens, HA Lindfors, ES Ingham, EE Paoli, KW Ferrara: A Radio-Frequency Coupling Network for Heating of Citrate-Coated Gold Nanoparticles for Cancer Therapy: Design and Analysis. *Ieee Transactions on Biomedical Engineering* 58, 2002-12 (2011)
- 16. Tseng P, JW Judy, D Di Carlo: Magnetic nanoparticle-mediated massively parallel mechanical modulation of single-cell behavior. *Nat Methods*9, 1113-9 (2012)
- 17. Phillips JL, NP Singh, H Lai: Electromagnetic fields and DNA damage. *Pathophysiology*16(2-3), 79-88 (2009)
- 18. Oral B, M Guney, F Ozguner, N Karahan, T Mungan, S Comlekci, G Cesur: Endometrial apoptosis induced by a 900-MHz mobile phone: Preventive effects of vitamins E and C. *Adv Ther*23, 957-73 (2006)
- 19. Piskorz-Binczycka B, J Fiema, M Nowak: Effect of the magnetic field on the biological clock in Penicillium claviforme. *Acta Biol Cracov Bot*45, 111-6 (2003)
- 20. Kerman M, N Senol: Oxidative stress in hippocampus induced by 900 MHz electromagnetic field emitting mobile phone: Protection by melatonin. *Biomed Res-India*23, 147-51 (2012)
- 21. Osera C, L Fassina, M Amadio, L Venturini, E Buoso, G Magenes, S Govoni, G Ricevuti, A Pascale: Cytoprotective Response Induced by Electromagnetic Stimulation on SH-SY5Y Human Neuroblastoma Cell Line. *Tissue Eng Pt A*17, 2573-82 (2011)
- 22. Tayefi H, A Kiray, M Kiray, BU Ergur, HA Bagriyanik, C Pekcetin, M Fidan, C Ozogul: The effects of

- prenatal and neonatal exposure to electromagnetic fields on infant rat myocardium. *Arch Med Sci*6, 837-42 (2010)
- 23. Toyokuni S: Role of iron in carcinogenesis: Cancer as a ferrotoxic disease. *Cancer Sci*100, 9-16 (2009)
- 24. Thauer RK, K Jungermann, K Decker: Energy conservation in chemotrophic anaerobic bacteria. *Bacteriol Rev*41, 100-80 (1977)
- 25. Jackson SP: Sensing and repairing DNA double-strand breaks. *Carcinogenesis*23, 687-96 (2002)
- 26. van Gent DC, JHJ Hoeijmakers, R Kanaar: Chromosomal stability and the DNA double-stranded break connection. *Nat Rev Genet*2, 196-206 (2001)
- 27. Graslund A: Quantitative-Determination of Free-Radicals and Strand Breaks in Pure and Radiosensitized DNA. *Br J Cancer* 37, 50-3 (1978)
- 28. Zhizhina GP, SA Moskalenko, VA Sinyak, YG Shekun, MA Yakshin: Induction of Free-Radicals and DNA Strand Breaks under Pulse Laser Irradiation of DNA-Dye Complexes. *Biofizika*35, 47-52 (1990)
- 29. Navasumrit P, TH Ward, NJF Dodd, PJ O'Connor: Ethanol-induced free radicals and hepatic DNA strand breaks are prevented in vivo by antioxidants: effects of acute and chronic ethanol exposure. *Carcinogenesis*21, 93-9 (2000)
- 30. Toyokuni S: Iron-induced carcinogenesis: The role of redox regulation. *Free Radical Bio Med*20, 553-66 (1996)
- 31. Weinberg ED: The role of iron in cancer. *Eur J Cancer Prev*5, 19-36 (1996)
- 32. Liehr JG, JS Jones: Role of iron in estrogen-induced cancer. *Curr Med Chem*8, 839-49 (2001)
- 33. Buss JL, FM Torti, SV Torti: The role of iron chelation in cancer therapy. *Curr Med Chem*10, 1021-34 (2003)
- 34. Huang X: Does iron have a role in breast cancer? *Lancet Oncol*9, 803-7 (2008)
- 35. Keeler BD, J Krell, AG Acheson, MJ Brookes, J Stebbing, AE Frampton: Is there a role for intravenous iron therapy in patients undergoing colorectal cancer resection? *Expert Rev Anticanc*12, 1407-12 (2012)
- 36. Chitambar CR, WE Antholine: Iron-targeting antitumor activity of gallium compounds and novel insights into triapine((R))-metal complexes. *Antioxid Redox Signal*18, 956-72 (2013)
- 37. Sun XY, RH Jiang, A Przepiorski, S Reddy, KP Palmano, GW Krissansen: "Iron-saturated" bovine lactoferrin improves the chemotherapeutic effects of tamoxifen in the treatment of basal-like breast cancer in mice. *BMC Cancer*12, 591 (2012)

- 38. Choi JG, J-L Kim, J Park, S Lee, SJ Park, JS Kim, CW Choi: Effects of oral iron chelator deferasirox on human malignant lymphoma cells. *Korean J Hematol*47, 194-201 (2012)
- 39. Merlot AM, DS Kalinowski, DR Richardson: Novel chelators for cancer treatment: where are we now? *Antioxid Redox Signal* 18, 973-1006 (2013)
- 40. Phillips JL, W Haggren, WJ Thomas, T Ishida-Jones, WR Adey: Magnetic field-induced changes in specific gene transcription. *Biochim Biophys Acta* 1132, 140-4 (1992)
- 41. Phillips JL, L Rutledge, WD Winters: Transferrin binding to two human colon carcinoma cell lines: characterization and effect of 60-Hz electromagnetic fields. *Cancer res*46, 239-44 (1986)
- 42. Phillips JL: Transferrin receptors and natural killer cell lysis. A study using Colo 205 cells exposed to 60 Hz electromagnetic fields. *Immunol Lett* 13, 295-9 (1986)
- 43. Patruno A, S Tabrez, P Amerio, M Pesce, G Vianale, S Franceschelli, A Grilli, MA Kamal, M Reale: Kinetic Study on the Effects of Extremely Low Frequency Electromagnetic Field on Catalase, Cytochrome P450 and Inducible Nitric Oxide Synthase in Human HaCaT and THP-1 Cell Lines. *Cns Neurol Disord-Dr*10, 936-44 (2011)
- 44. Zitka O, M Ryvolova, J Hubalek, T Eckschlager, V Adam, R Kizek: From amino acids to proteins as targets for metal-based drugs. *Curr Drug Metab* 13, 306-20 (2012)
- 45. Buldak RJ, R Polaniak, L Buldak, K Zwirska-Korczala, M Skonieczna, A Monsiol, M Kukla, A Dulawa-Buldak, E Birkner: Short-term exposure to 50 Hz ELF-EMF alters the cisplatin-induced oxidative response in AT478 murine squamous cell carcinoma cells. *Bioelectromagnetics*33, 641-51 (2012)
- 46. Atasoy A, Y Sevim, I Kaya, M Yilmaz, A Durmus, M Sonmez, SB Omay, F Ozdemir, E Ovali: The effects of electromagnetic fields on peripheral blood mononuclear cells in vitro. *Bratislavske lekarske listy*110, 526-9 (2009)
- 47. Panagopoulos DJ: Effect of microwave exposure on the ovarian development of Drosophila melanogaster. *Cell Biochem Biophys* 63, 121-32 (2012)
- 48. Blank M, R Goodman: A mechanism for stimulation of biosynthesis by electromagnetic fields: Charge transfer in DNA and base pair separation. *J Cell Physiol*214, 20-6 (2008)
- 49. Yokus B, DU Cakir, MZ Akdag, C Sert, N Mete: Oxidative DNA damage in rats exposed to extremely low frequency electromagnetic fields. *Free Radical Res*39, 317-23 (2005)
- 50. Mariucci G, M Villarini, M Moretti, E Taha, C Conte, A Minelli, C Aristei, MV Ambrosini: Brain DNA damage and 70-kDa heat shock protein expression in CD1 mice

- exposed to extremely low frequency magnetic fields. *Int J Radiat Biol*86, 701-10 (2010)
- 51. Ivancsits S, E Diem, O Jahn, HW Rudiger: Intermittent extremely low frequency electromagnetic fields cause DNA damage in a dose-dependent way. *Int Arch Occup Environ Health* 76, 431-6 (2003)
- 52. Luukkonen J, A Liimatainen, A Hoyto, J Juutilainen, J Naarala: Pre-exposure to 50 Hz magnetic fields modifies menadione-induced genotoxic effects in human SH-SY5Y neuroblastoma cells. *PLoS One6*, e18021 (2011)
- 53. Erdal N, S Gurgul, A Celik: Cytogenetic effects of extremely low frequency magnetic field on Wistar rat bone marrow. *Mutat Res*630, 69-77 (2007)
- 54. Andre FM, J Gehl, G Sersa, V Preat, P Hojman, J Eriksen, M Golzio, M Cemazar, N Pavselj, MP Rols, D Miklavcic, E Neumann, J Teissie, LM Mir: Efficiency of high- and low-voltage pulse combinations for gene electrotransfer in muscle, liver, tumor, and skin. *Hum Gene Ther*19, 1261-71 (2008)
- 55. Neumann E, M Schaefer-Ridder, Y Wang, PH Hofschneider: Gene transfer into mouse lyoma cells by electroporation in high electric fields. *EMBO J*1, 841-5 (1982)
- 56. Wolf H, MP Rols, E Boldt, E Neumann, J Teissie: Control by pulse parameters of electric field-mediated gene transfer in mammalian cells. *Biophys J*66, 524-31 (1994)
- 57. Fox MB, DC Esveld, A Valero, R Luttge, HC Mastwijk, PV Bartels, A van den Berg, RM Boom: Electroporation of cells in microfluidic devices: a review. *Anal Bioanal Chem* 385, 474-85 (2006)
- 58. Stratton D, S Lange, JM Inal: Pulsed extremely low-frequency magnetic fields stimulate microvesicle release from human monocytic leukaemia cells. *Biochem Bioph Res Co*430, 470-5 (2013)
- 59. Capecchi MR: High efficiency transformation by direct microinjection of DNA into cultured mammalian cells. *Cell*22, 479-88 (1980)
- 60. Paterson HF, AJ Self, MD Garrett, I Just, K Aktories, A Hall: Microinjection of recombinant p21rho induces rapid changes in cell morphology. *J Cell Biol*111, 1001-7 (1990)
- 61. Gordon JW, GA Scangos, DJ Plotkin, JA Barbosa, FH Ruddle:Genetic transformation of mouse embryos by microinjection of purified DNA. *P Natl Acad Sci USA*77, 7380-4 (1980)
- 62. Klein TM, ED Wolf, R Wu, JC Sanford: High-Velocity Microprojectiles for Delivering Nucleic-Acids into Living Cells. *Nature*327, 70-3 (1987)
- 63. Rochange F, L Serrano, C Marque, C Teulieres, AM Boudet: DNA Delivery into Eucalyptus-Globulus Zygotic

- Embryos through Biolistics Optimization of the Biological and Physical Parameters of Bombardment for 2 Different Particle Guns. *Plant Cell Rep*14, 674-8 (1995)
- 64. Tao W, J Wilkinson, EJ Stanbridge, MW Berns: Direct Gene-Transfer into Human Cultured-Cells Facilitated by Laser Micropuncture of the Cell-Membrane. *P Natl Acad Sci USA*84, 4180-4 (1987)
- 65. Paterson L, B Agate, M Comrie, R Ferguson, TK Lake, JE Morris, AE Carruthers, CTA Brown, W Sibbett, PE Bryant, F Gunn-Moore, AC Riches, K Dholakia: Photoporation and cell transfection using a violet diode laser. *Opt Express* 13, 595-600 (2005)
- 66. Ward M, JR Wu, JF Chiu. Ultrasound-induced cell lysis and sonoporation enhanced by contrast agents. *J Acoust Soc Am* 105, 2951-7 (1999)
- 67. Miller DL, SV Pislaru, JE Greenleaf: Sonoporation: mechanical DNA delivery by ultrasonic cavitation. *Somat Cell Mol Genet*27, 115-34 (2002)
- 68. Pepe J, M Rincon, J Wu: Experimental comparison of sonoporation and electroporation in cell transfection applications. *Acoust Res Lett Online*5, 62-7 (2004)
- 69. Miller DL: Overview of experimental studies of biological effects of medical ultrasound caused by gas body activation and inertial cavitation. *Prog Biophys Mol Bio*93, 314-30 (2007)
- 70. Neumann E, M Schaeferridder, Y Wang, PH Hofschneider: Gene-Transfer into Mouse Lyoma Cells by Electroporation in High Electric-Fields. *Embo J* 1, 841-5 (1982)
- 71. West CML: A Potential Pitfall in the Use of Electroporation Cellular Radiosensitization by Pulsed High-Voltage Electric-Fields. *Int J Radiat Biol*61, 329-34 (1992)
- 72. Majno G, I Joris: Apoptosis, oncosis, and necrosis. An overview of cell death. *Am J Pathol*146, 3-15 (1995)
- 73. Kerr JF, AH Wyllie, AR Currie: Apoptosis: a basic biological phenomenon with wide-ranging implications in tissue kinetics. *Br J Cancer*26, 239-57 (1972)
- 74. Gewies A: Introduction to Apoptosis. *ApoReview*1-26 (2003)
- 75. Bensassi F, C Gallerne, OS El Dein, MR Hajlaoui, C Lemaire, H Bacha: Mechanism of alternariol-induced mitochondrial apoptosis in vitro. *Toxicol Lett*211, S109-S (2012)
- 76. Call JA, SG Eckhardt, DR Camidge: Targeted manipulation of apoptosis in cancer treatment. *Lancet Oncol*9, 1002-11 (2008)

- 77. Tait SWG, DR Green: Mitochondria and cell death: outer membrane permeabilization and beyond. *Nat Rev Mol Cell Bio*11, 621-32 (2010)
- 78. Fulda S, KM Debatin: Targeting apoptosis pathways in cancer therapy. *Curr Cancer Drug Targets*4, 569-76 (2004)
- 79. Saelens X, N Festjens, L Vande Walle, M van Gurp, G van Loo, P Vandenabeele: Toxic proteins released from mitochondria in cell death. *Oncogene*23, 2861-74 (2004)
- 80. Ghobrial IM, TE Witzig, AA Adjei: Targeting apoptosis pathways in cancer therapy. *CA Cancer J Clin*55, 178-94 (2005)
- 81. Weinmann M, V Jendrossek, R Handrick, D Guner, B Goecke, C Belka: Molecular ordering of hypoxia-induced apoptosis: critical involvement of the mitochondrial death pathway in a FADD/caspase-8 independent manner. *Oncogene*23, 3757-69 (2004)
- 82. Andersson B, V Janson, P Behnam-Motlagh, R Henriksson, K Grankvist: Induction of apoptosis by intracellular potassium ion depletion: using the fluorescent dye PBFI in a 96-well plate method in cultured lung cancer cells. *Toxicol In Vitro*20, 986-94 (2006)
- 83. Sayers TJ: Targeting the extrinsic apoptosis signaling pathway for cancer therapy. *Cancer Immunol Immun*60, 1173-80 (2011)
- 84. Cho MH, EJ Lee, M Son, JH Lee, D Yoo, JW Kim, SW Park, JS Shin, J Cheon: A magnetic switch for the control of cell death signalling in in vitro and in vivo systems. *Nat Mater*11, 1038-43 (2012)
- 85. Poff JA, CT Allen, B Traughber, A Colunga, JW Xie, Z Chen, BJ Wood, C Van Waes, KCP Li, V Frenkel: Pulsed high-intensity focused ultrasound enhances apoptosis and growth inhibition of squamous cell carcinoma xenografts with proteasome inhibitor bortezomib. *Radiology*248, 485-91 (2008)
- 86. Sanapala KK, K Hewaparakrama, KA Kang: Effect of AEM energy applicator configuration on magnetic nanoparticle mediated hyperthermia for breast cancer. *Adv Exp Med Biol*701, 143-8 (2011)
- 87. Ghosh S, T Das, S Chakraborty, SK Das: Predicting DNA-mediated drug delivery in interior carcinoma using electromagnetically excited nanoparticles. *Comput Biol Med*41, 771-9 (2011)
- 88. Bendix PM, S Nader, S Reihani, LB Oddershede: Direct Measurements of Heating by Electromagnetically Trapped Gold Nanoparticles on Supported Lipid Bilayers. *Acs Nano*4, 2256-62 (2010)
- 89. Li TJ, CC Huang, PW Ruan, KY Chuang, KJ Huang, DB Shieh, CS Yeh: In vivo anti-cancer efficacy of magnetite nanocrystal-based system using locoregional

- hyperthermia combined with 5-fluorouracil chemotherapy. *Biomaterials* 34, 7873-83 (2013)
- 90. Bae S, SW Lee, Y Takemura, E Yamashita, J Kunisaki, S Zurn, CS Kim: Dependence of frequency and magnetic field on self-heating characteristics of NiFe2O4 nanoparticles for hyperthermia. *Ieee T Magn*42, 3566-8 (2006)
- 91. Kumar CSSR, F Mohammad: Magnetic nanomaterials for hyperthermia-based therapy and controlled drug delivery. *Adv Drug Deliver Rev*63, 789-808 (2011)
- 92. Devineni D, CD Blanton, JM Gallo: Preparation and in vitro evaluation of magnetic microsphere-methotrexate conjugate drug delivery systems. *Bioconjug Chem*6, 203-10 (1995)
- 93. Leakakos T, C Ji, G Lawson, C Peterson, S Goodwin: Intravesical administration of doxorubicin to swine bladder using magnetically targeted carriers. *Cancer Chemoth Pharm*51, 445-50 (2003)
- 94. Cintra ER, FS Ferreira, JL Santos Junior, JC Campello, LM Socolovsky, EM Lima, AF Bakuzis: Nanoparticle agglomerates in magnetoliposomes. *Nanotechnology*20, 045103 (2009)
- 95. Giustini AJ, AA Petryk, PJ Hoopes. Comparison of microwave and magnetic nanoparticle hyperthermia radiosensitization in murine breast tumors. Energy-Based Treatment of Tissue and Assessment. Proceedings of the SPIE, Volume 7901, article id. 79010E, 7 pp. Eds: TP Ryan (2011)
- 96. Derfus AM, G von Maltzahn, TJ Harris, T Duza, KS Vecchio, E Ruoslahti, SN Bhatia: Remotely triggered release from magnetic nanoparticles. *Adv Mater*19, 3932-3936 (2007)
- 97. Unger EC, E Hersh, M Vannan, T McCreery: Gene delivery using ultrasound contrast agents. *Echocardiogr-J Card* 18, 355-61 (2001)
- 98. Omata D, Negishi Y, Hagiwara S, Yamamura S, Endo-Takahashi Y, Suzuki R, Maruyama K, Aramaki Y. Enhanced gene delivery using Bubble liposomes and ultrasound for folate-PEG liposomes. *J Drug Target* 20, 355-63 (2012)
- 99. Hamano N, Y Negishi, D Omata, Y Takahashi, M Manandhar, R Suzuki, K Maruyama, M Nomizu, Y Aramaki: Bubble Liposomes and Ultrasound Enhance the Antitumor Effects of AG73 Liposomes Encapsulating Antitumor Agents. *Mol Pharm*10, 774-9 (2013)
- 100. Li TL, K Tachibana, M Kuroki: Gene transfer with echoenhanced contrast agents: Comparison between Albunex, Optison, and Levovist in mice Initial results. *Radiology*229, 423-8 (2003)
- 101. Vertrees RA, GC Das, AM Coscio, JW Xie, JB Zwischenberger, PJ Boor: A mechanism of hyperthermia-induced apoptosis in ras-transformed lung cells. *Mol Carcinog*44, 111-21 (2005)

- 102. Berg H, B Gunther, I Hilger, M Radeva, N Traitcheva, L Wollweber: Bioelectromagnetic Field Effects on Cancer Cells and Mice Tumors. *Electromagn Biol Med*29, 132-43 (2010)
- 103. Sibille A, F Prat, JY Chapelon, F Abou el Fadil, L Henry, Y Theillere, T Ponchon, D Cathignol: Extracorporeal ablation of liver tissue by high-intensity focused ultrasound. *Oncology* 50, 375-9 (1993)
- 104. Kennedy JE, F Wu, GR ter Haar, FV Gleeson, RR Phillips, MR Middleton, D Cranston: High-intensity focused ultrasound for the treatment of liver tumours. *Ultrasonics*42, 931-5 (2004)
- 105. Ritchie RW, T Leslie, R Phillips, F Wu, R Illing, GR ter Haar, A Protheroe, D Cranston: Extracorporeal high intensity focused ultrasound for renal tumours: a 3-year follow-up. *BJU Int*106, 1004-9 (2010)
- 106. Schlicher RK, H Radhakrishna, TP Tolentino, RP Apkarian, V Zarnitsyn, MR Prausnitz: Mechanism of intracellular delivery by acoustic cavitation. *Ultrasound Med Biol* 32, 915-24 (2006)
- 107. Sugano M, Y Negishi, Y Endo-Takahashi, R Suzuki, K Maruyama, M Yamamoto, Y Aramaki: Gene delivery system involving Bubble liposomes and ultrasound for the efficient in vivo delivery of genes into mouse tongue tissue. *Int J Pharm*422, 332-7 (2012)
- 108. Stride E, C Porter, AG Prieto, Q Pankhurst: Enhancement of Microbubble Mediated Gene Delivery by Simultaneous Exposure to Ultrasonic and Magnetic Fields. *Ultrasound Med Biol*35, 861-8 (2009)
- 109. Zimmerman JW, MJ Pennison, I Brezovich, N Yi, CT Yang, R Ramaker, D Absher, RM Myers, N Kuster, FP Costa, A Barbault, B Pasche: Cancer cell proliferation is inhibited by specific modulation frequencies. *Br J Cancer*106, 307-13 (2012)
- 110. Costa FP, AC de Oliveira, R Meirelles, MCC Machado, T Zanesco, R Surjan, MC Chammas, MD Rocha, D Morgan, A Cantor, J Zimmerman, I Brezovich, N Kuster, A Barbault, B Pasche: Treatment of advanced hepatocellular carcinoma with very low levels of amplitude-modulated electromagnetic fields. *Br J Cancer*105, 640-8 (2011)
- 111. Barbault A, FP Costa, B Bottger, RF Munden, F Bomholt, Kuster N, B Pasche. Amplitude-modulated electromagnetic fields for the treatment of cancer: Discovery of tumor-specific frequencies and assessment of a novel therapeutic approach. *J Exp Clin Canc Res*28, 51 (2009)
- **Key Words:** Electromagnetic Field; bio-effect; DNA; Apoptosis; Reactive Oxygen Species; Cancer; Drug Delivery; Nanoparticle; Ultrasound; Combined Therapy; Review

Bio-effects of NI-EM fields

Send correspondence to: Timur Saliev, Department of Regenerative Medicine and Artificial Organs, PE "Center for Life Sciences", JSC Nazarbayev University, Unit 9, 53 Kabanbay batyr Ave., Astana 010000, Kazakhstan, Tel: 7-7172-709307, Fax: 7-7172-706513, E-mail: tim.saliev@gmail.com