



Metabolic modulation-driven self-reinforcing pyroptosis-STING nanoadjuvant for potentiated metalloimmunotherapy

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ARTICLE INFO

Keywords:

Pyroptosis

cGAS-STING pathway

Glucose metabolism

CoF₂ nanoenzymes

Transarterial embolization

ABSTRACT

Pyroptosis is a critical process that triggers inflammatory responses and mitochondrial DNA (mtDNA) release, thereby activating the cGAS-STING pathway. However, tumor metabolism, particularly glycolysis, often suppresses immune activation. To address this, we developed GOCof₂, a self-amplifying pyroptosis-STING nanoadjuvant that integrates glucose oxidase (GOx) with cobalt fluoride (CoF₂) nanoenzymes. This nanoadjuvant excelled in converting intratumoral H₂O₂ into reactive oxygen species (ROS), inducing cell pyroptosis. Its self-sustaining mechanism involved glucose depletion and continuous H₂O₂ generation, ensuring persistent catalytic activity. This metabolic manipulation and induction of oxidative stress significantly enhance pyroptosis in tumor cells. The released mtDNA subsequently activated the cGAS-STING pathway, with Co²⁺ further amplifying this effect. Notably, glucose-dependent TREX2 inhibition intensified cGAS-STING activation through metabolic regulation, leading to a strong immune response and tumor growth suppression. When combined with immune checkpoint blockade therapy, GOCof₂ significantly inhibited primary and distant tumor progression via systemic immune activation. Additionally, we formulated GOCof₂-lipiodol for transarterial embolization, which demonstrated superior efficacy in a rat model of orthotopic hepatocellular carcinoma. This study not only sheds light on the intricate relationship between tumor metabolism and immune regulation but also introduces a novel therapeutic approach for hepatocellular carcinoma.

1. Introduction

Hepatocellular carcinoma (HCC) is a prominent contributor to global cancer-related deaths, maintaining a persistent substantial disease burden [1]. The insidious nature of HCC onset, coupled with its aggressive behavior, high metastatic potential, and frequent recurrence, leads to a troubling scenario in which nearly 70 % of patients are

diagnosed only in the mid-to-late stages [2]. This delayed detection frequently results in missed opportunities for potentially curative interventions like surgical resection and radiotherapy. Emerging trends in HCC management have led to a marked increase in the clinical adoption of minimally invasive interventional approaches, notably transarterial embolization (TAE) and its chemotherapeutic counterpart, transarterial chemoembolization (TACE) [3–5]. While these localized therapies

Peer review under the responsibility of editorial board of Bioactive Materials.

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<https://doi.org/10.1016/j.bioactmat.2025.07.040>

Received 12 May 2025; Received in revised form 11 July 2025; Accepted 22 July 2025

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effectively curtail primary tumor proliferation, their efficacy is limited against disseminated and recurrent lesions [6]. The metabolic landscape of neoplastic tissues presents a stark contrast to the normal cellular environment, characterized by altered metabolic pathways and vascular irregularities [7,8]. A predominantly observed phenomenon in various malignancies is the augmentation of aerobic glycolysis, which is commonly termed the Warburg effect [9–13]. This metabolic shift is intricately linked with cancer stem cell maintenance, tumor progression, metastatic spread, and the development of therapeutic resistance [14, 15]. The metabolic adaptation toward aerobic glycolysis in neoplastic cells has far-reaching consequences, particularly in the context of immune system evasion [16]. Within the tumor microenvironment (TME), a competitive interplay emerges between tumor cells and immune cells for essential nutrients [17]. The aberrant glycolytic pathway in cancer cells directly influences the expression of various immunoregulatory molecules [18]. Furthermore, the metabolic byproducts of aerobic glycolysis, such as lactate, exert suppressive effects on T-cell proliferation by interfering with the glycolytic machinery [19]. Concurrently, lactate generated via the Warburg effect serves as a critical endogenous modulator of tumorigenesis, promoting the expansion of the cancer stem cell population by suppressing their differentiation and inducing cancer differentiated cells into a proliferative cancer stem cell phenotype [20]. Given these insights, the strategic modulation of tumor metabolism, particularly through targeted intervention in glucose metabolism pathways, has emerged as a promising approach to enhance therapeutic outcomes.

The mechanism of tumor cell death plays a pivotal role in dictating neoplastic progression [21]. Cellular resistance to apoptosis, facilitated through diverse molecular pathways, represents a significant obstacle in cancer therapeutics. Pyroptosis, an increasingly recognized form of programmed inflammatory cell death governed by gasdermin (GSDM) protein family members, has emerged as a promising modality to increase immunotherapeutic efficacy [22–25]. This distinctive cell death process manifests through cytoplasmic expansion, culminating in membrane disruption, the subsequent release of cellular components, and the initiation of potent inflammatory cascades [26–28]. Contemporary research has shown increasing enthusiasm for harnessing nanobiotechnology and advanced nanomaterials to potentiate pyroptosis induction in malignant cells [29–31]. Current scientific exploration has identified several pyroptosis-inducing agents, including specific metal cations (notably Zn^{2+} , Sb^{3+} , and Co^{2+}) and reactive oxygen species (ROS) [32–37]. In parallel, tumor catalytic therapy has emerged as a promising therapeutic strategy, leveraging external stimuli or the TME to transform benign or minimally toxic endogenous compounds into potent cytotoxic molecules, particularly ROS, for selective tumor eradication [38–43]. Certain metal ions, including Fe^{2+} , Cu^{+} , and Mn^{2+} , demonstrate intrinsic enzyme-mimetic properties, enabling the catalysis of H_2O_2 within the TME to generate cytotoxic ROS, thereby facilitating microenvironment-targeted catalytic therapy [44–47]. Notably, Co-based nanozymes exhibit TME-activated cascade catalysis, efficiently transforming H_2O_2 into ROS, thereby facilitating the eradication of tumor cells [32,48]. However, the therapeutic potential of this approach is constrained by the inherently limited concentration of H_2O_2 within the tumor niche [49]. This limitation highlights the urgent necessity for the development of advanced catalytic systems that possess dual functionality: efficient conversion of H_2O_2 to ROS coupled with sustained amplification of H_2O_2 generation to maintain therapeutic efficacy.

The molecular cascade of GSDM-mediated pyroptosis initiates through mitochondrial impairment, leading to the liberation of mitochondrial DNA (mtDNA) [32,50]. This released mtDNA is facilitated to trigger the cyclic GMP-AMP synthase-stimulator of interferon gene (cGAS-STING) signaling axis, thereby potentiating antitumor immune activation [51–53]. The cGAS-STING pathway serves as a critical molecular switch in transforming immune-suppressed tumors into immune-responsive tumors, playing a central role in initiating and sustaining antitumor immunity [54–57]. Recent advancements in

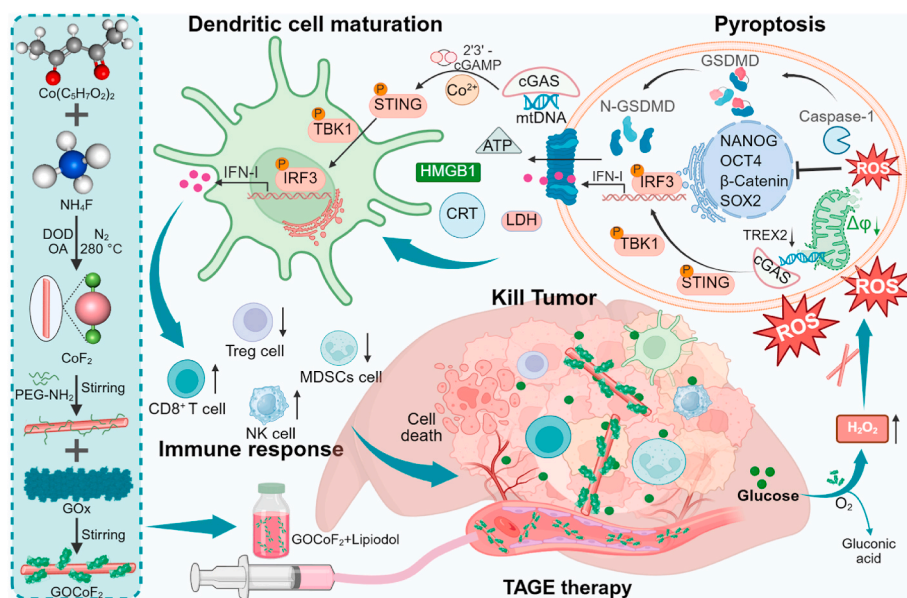
metalloimmunotherapy have revealed the immunoregulatory potential of various metal ions, including Mn^{2+} , Co^{2+} , Mg^{2+} , and Li^{+} , owing to their distinctive biological properties [19,58–63]. Among these, Co^{2+} has demonstrated the capacity to enhance STING activity in a cyclic GMP-AMP (cGAMP)-dependent manner, with no activation in the absence of cGAMP [32]. This specificity underscores the therapeutic potential of Co-based STING agonists in fine-tuning immune responses, particularly considering the pathological consequences of uncontrolled cGAS-STING pathway activation in inflammatory and degenerative disorders. However, NSUN2 (NOP2/Sun domain family, member 2) has emerged as a direct glucose sensor that is activated by glucose to suppress cGAS-STING signaling through TREX2 (three prime repair exonuclease 2) upregulation [15,64]. This mechanism drives oncogenesis and confers resistance to immunotherapeutic interventions. Therefore, the development of targeted strategies to induce tumor cell pyroptosis, coupled with the precise delivery of Co-containing nano-adjuvants, represents a critical approach for specific cGAS-STING pathway activation. Furthermore, therapeutic inhibition of tumor cell glycolysis has surfaced as a promising adjunct strategy to amplify STING activation, potentially enhancing immune system stimulation and improving therapeutic outcomes [15,65,66]. This multifaceted approach underscores the complex interplay between cellular metabolism, pyroptosis, and immune modulation in cancer therapy.

Herein, an innovative self-amplifying pyroptosis-STING nano-adjuvant, termed GOCof₂ was developed and demonstrated significant therapeutic potential against HCC through dual modulation of tumor metabolism and the immunosuppressive microenvironment (Scheme 1). This nanoadjuvant was constructed by integrating glucose oxidase (GOx) onto the surface of cobalt fluoride (CoF₂) nanoenzymes, creating a sophisticated catalytic system. The GOCof₂ nanoadjuvant exhibited a remarkable capacity for intratumoral H_2O_2 conversion into ROS, thereby initiating pyroptosis mechanisms. The unique self-sustaining feature of this system stemmed from its ability to deplete glucose while simultaneously generating additional H_2O_2 , thus maintaining continuous catalytic activity. This metabolic manipulation, coupled with oxidative stress induction, significantly amplified cancer cell pyroptosis. The subsequent release of mtDNA activated the cGAS-STING pathway, with Co^{2+} acting as a synergistic enhancer. Notably, the glucose-dependent inhibition of TREX2 activity further potentiated the cGAS-STING pathway through metabolic regulation. This multifaceted approach elicited a robust immune response, resulting in substantial tumor growth suppression. When integrated with immune checkpoint blockade (ICB) therapy, GOCof₂ demonstrated enhanced efficacy, effectively controlling both primary and distant tumor progression through systemic immune activation. Furthermore, a clinically relevant formulation was developed by incorporating GOCof₂ into lipiodol embolic agents for TAE, yielding the GOCof₂-lipiodol complex. This formulation showed superior efficacy in inhibiting orthotopic liver cancer in an experimental model. Our findings not only elucidated the intricate interplay between tumor metabolism and immune regulation but also provided a promising therapeutic paradigm for HCC. The GOCof₂ nanoadjuvant represents a significant advancement in nanomedicine, offering a multifaceted approach to cancer therapy through simultaneous metabolic modulation and immune activation.

2. Results and discussion

2.1. Preparation and characterization of the GOCof₂ nanoadjuvant

Initially, cobalt acetylacetonate and ammonium fluoride (NH_4F) were employed as sources of Co and F, respectively, to synthesize rod-shaped CoF₂ via high-temperature thermal synthesis. Subsequently, GOx self-assembled onto the surface of CoF₂ through DSPE-PEG₂₀₀₀-NH₂ modification, leading to the formation of the GOCof₂ nanoadjuvant (Fig. 1A). Transmission electron microscopy (TEM) analysis demonstrated the successful formation of well-defined rod-like CoF₂



Scheme 1. Schematic illustration of self-reinforcing pyroptosis-STING nanoadjuvant driven by metabolic modulation for enhanced metalloimmunotherapy.

nanoparticles with a narrow size distribution, with typical dimensions of ~ 7.5 nm in width and ~ 200 nm in length (Fig. 1B, Fig. S1 and 2). Elemental mapping through energy dispersive X-ray spectroscopy (EDS) confirmed the homogeneous spatial distribution of Co and F within the nanostructures, verifying compositional uniformity (Fig. 1C). X-ray diffraction (XRD) patterns exhibited characteristic peaks corresponding to the tetragonal phase of CoF₂ (JCPDS 33-0417), confirming the presence of a crystalline structure (Fig. 1D). In addition, X-ray photoelectron spectroscopy (XPS) analysis revealed two distinct cobalt states with Co 2p_{3/2} and Co 2p_{1/2} binding energies of ~ 781.48 eV and ~ 797.88 eV, respectively, accompanied by characteristic shake-up satellite peaks at ~ 787.18 eV and ~ 803.38 eV (Fig. 1E, Fig. S3). The prominent F 1s signal at 684.18 eV further confirmed fluorine coordination with the metal centers through ionic bonding. These collective findings validated the successful synthesis of phase-pure CoF₂ nanorods via the high-temperature decomposition approach. The GOCof₂ nanoadjuvant was successfully developed through surface modification with DSPE-PEG₂₀₀₀-NH₂, thereby facilitating the integration of CoF₂ and GOx. UV-Vis spectral analysis revealed a distinctive GOx absorption signature in GOCof₂ that was absent in bare CoF₂ nanoparticles (Fig. 1F). The successful immobilization of GOx on the CoF₂ nanozyme was further corroborated by zeta potential measurements and dynamic light scattering (DLS) analysis (Fig. 1G, Fig. S4). Moreover, Fourier transform infrared spectroscopy (FT-IR) characterization revealed vibrational modes in the 1500–1700 cm⁻¹ range for GOCof₂, which was remarkably consistent with the pure GOx spectra (Fig. 1H). To evaluate potential enzyme activity interference, comparative glucose depletion assays revealed equivalent glucose concentration reduction profiles for both free GOx and GOCof₂ complexes, confirming preserved enzymatic functionality after nano-conjugation (Fig. S5). All these multidisciplinary characterizations collectively validated the successful fabrication of the GOCof₂ nanoadjuvants, positioning them as promising therapeutic agents for oncological applications.

To systematically assess the catalytic properties of CoF₂ and GOCof₂ nanoparticles under TME-mimetic conditions containing elevated glucose and H₂O₂ levels, we conducted a series of radical generation experiments. The oxygen radical production capacity was initially investigated using 1,3-diphenylisobenzofuran (DPBF) as a chromogenic indicator, where the characteristic absorption at 420 nm decreases proportionally with radical-mediated conversion to colorless 1,2-dibenzoylbenzene (DBB) (Fig. 1I). The time-dependent spectral analysis

revealed significant DPBF degradation exclusively in the H₂O₂ + CoF₂ group, confirming efficient oxygen radical generation (Fig. 1J, Fig. S6). In addition, nitro blue tetrazolium (NBT) was further used to detect the generation of O₂^{•-}. A time-dependent decrease in NBT absorbance was observed in the H₂O₂ + CoF₂ group, indicating that O₂^{•-} was effectively generated (Fig. 1K, Fig. S7). Subsequent evaluation of peroxidase-like activity through 3,5,3',5'-tetramethylbenzidine (TMB) oxidation demonstrated marked ~ 652 nm absorbance enhancement in H₂O₂ + CoF₂ mixtures, indicative of effective hydroxyl radical (\bullet OH) production (Fig. 1L–M, Fig. S8). In addition, o-phenylenediamine (OPD) was used to further identify the generation of \bullet OH. The results showed that the characteristic peak intensity of OPD in the H₂O₂ + CoF₂ group increased significantly with time, further confirming \bullet OH generation (Fig. 1N, Fig. S9). Furthermore, to validate the cascade catalytic activity of GOCof₂, the DPBF probe was utilized to assess the ability of glucose to be enzymatically converted by GOx into H₂O₂, which was subsequently decomposed by CoF₂ into ROS. In the glucose + GOCof₂ group, the absorbance of DPBF at about 420 nm was significantly reduced (Fig. 1O, Fig. S10). Similarly, the absorbance of NBT at about 260 nm was significantly reduced (Fig. 1P, Fig. S11). Further TMB oxidation experiments showed that only oxTMB was formed in the glucose + GOCof₂ system (Fig. 1Q, Fig. S12). Similarly, only OPD in the glucose + GOCof₂ group was oxidized (Fig. 1R, Fig. S13). These findings collectively demonstrated that the GOCof₂ nanoadjuvant functions as self-amplifying biocatalysts, effectively utilizing TME-abundant glucose to elevate H₂O₂ concentrations and subsequently increase ROS (e.g., O₂^{•-}, \bullet OH) generation through catalytic reactions (Fig. 1S). This dual-substrate exploitation mechanism presented promising therapeutic potential for tumor-specific oxidative stress amplification.

2.2. In vitro oxidative stress killing via GOCof₂

Given that the GOCof₂ nanoadjuvant exhibited remarkable efficacy in terms of glucose consumption and ROS generation, we investigated its *in vitro* therapeutic effects and biological functions on H22 cells (Fig. 2A). First, the effects of GOx and GOCof₂ on glucose metabolism in H22 cells were evaluated, as efficient cellular glucose consumption is essential for treatment efficacy. The results revealed that both the GOx and GOCof₂ treatments caused significant glucose depletion in cancer cells after 12 h of incubation (Fig. 2B). Concurrently, CCK-8 assays revealed that GOx had a slight effect on cell viability, while both CoF₂

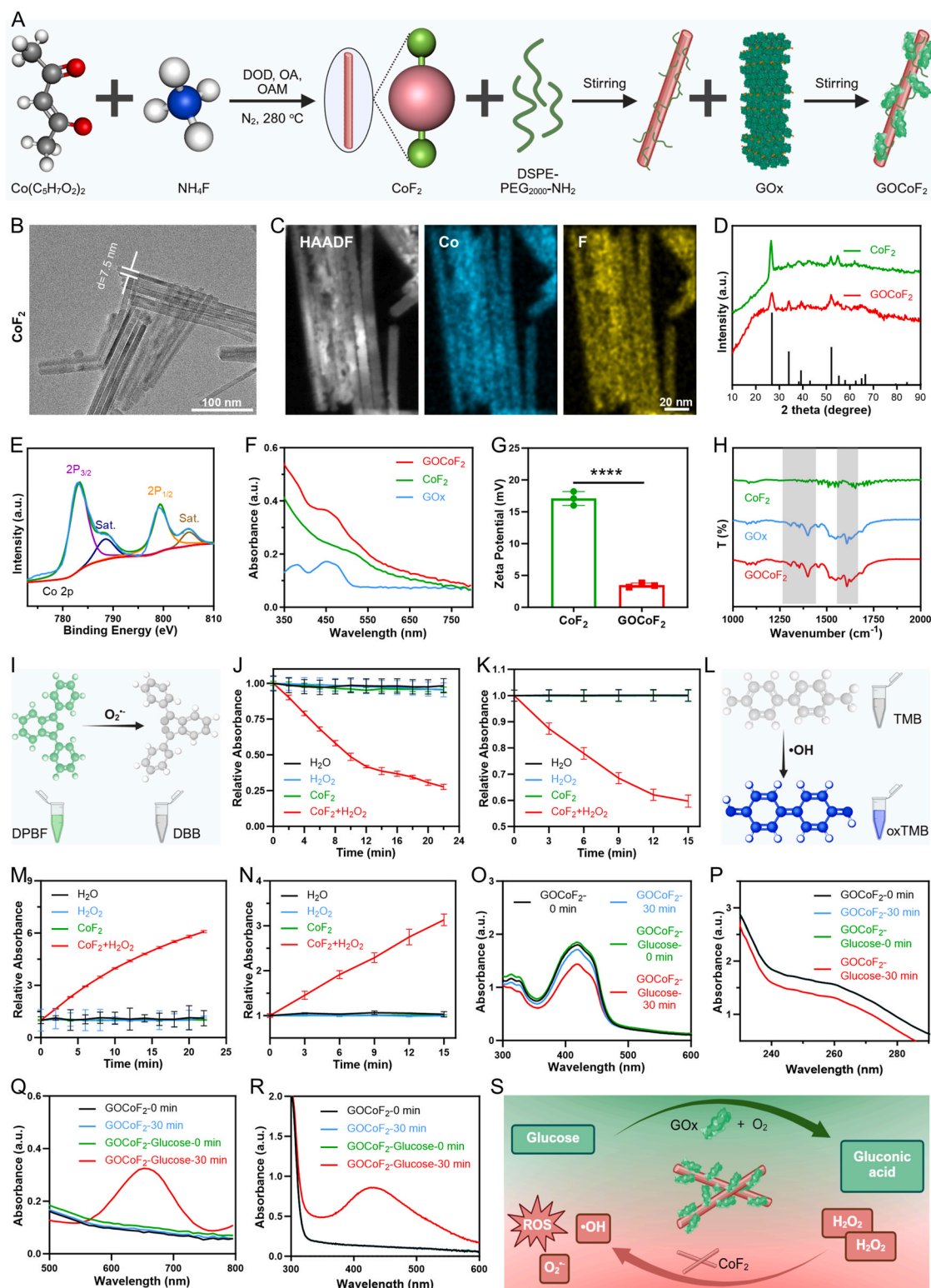


Fig. 1. Preparation and characterization of GOCof₂. **A)** The synthetic process of GOCof₂. **B)** TEM images of the CoF₂. **C)** HAADF-STEM image and CoF₂ element distribution (F, Co). **D)** XRD patterns of CoF₂ and GOCof₂. **E)** XPS spectrum of Co 2p in CoF₂. **F)** UV-Vis spectra of GOx, CoF₂ and GOCof₂. **G)** Zeta potentials of the CoF₂ and GOCof₂. **H)** FT-IR spectra of GOx, CoF₂ and GOCof₂. **I)** Diagram of the reaction of green DPBF with O₂^{•-} to form the colorless product DBB. **J)** Time-dependent oxidation of DPBF by the CoF₂ under H₂O₂. **K)** Time-dependent oxidation of NBT by the CoF₂ under H₂O₂. **L)** Schematic illustration of the TMB oxidation procedure. **M)** The TMB probe was used to study the time-dependent changes in the •OH generation efficiency of CoF₂ under H₂O₂. **N)** The OPD probe was used to study the time-dependent changes in the •OH generation efficiency of CoF₂ under H₂O₂. **O)** The OPD probe was used to study the time-dependent changes in the •OH generation efficiency of the GOCof₂ in the presence of glucose. **P)** Time-dependent oxidation of NBT by the GOCof₂ under glucose. **Q)** The time-dependent changes of •OH generation efficiency of the GOCof₂ in the presence of glucose were investigated using a TMB probe. **R)** The time-dependent changes of •OH generation efficiency of the GOCof₂ in the presence of glucose were investigated using an OPD probe. **S)** Schematic diagram of glucose catalysis by GOx to generate H₂O₂, which is then oxidized into ROS by CoF₂. The data are presented as the mean values ± SD. The P values indicated in the figure were determined by employing the two-tailed student's t-test. ****p < 0.0001.

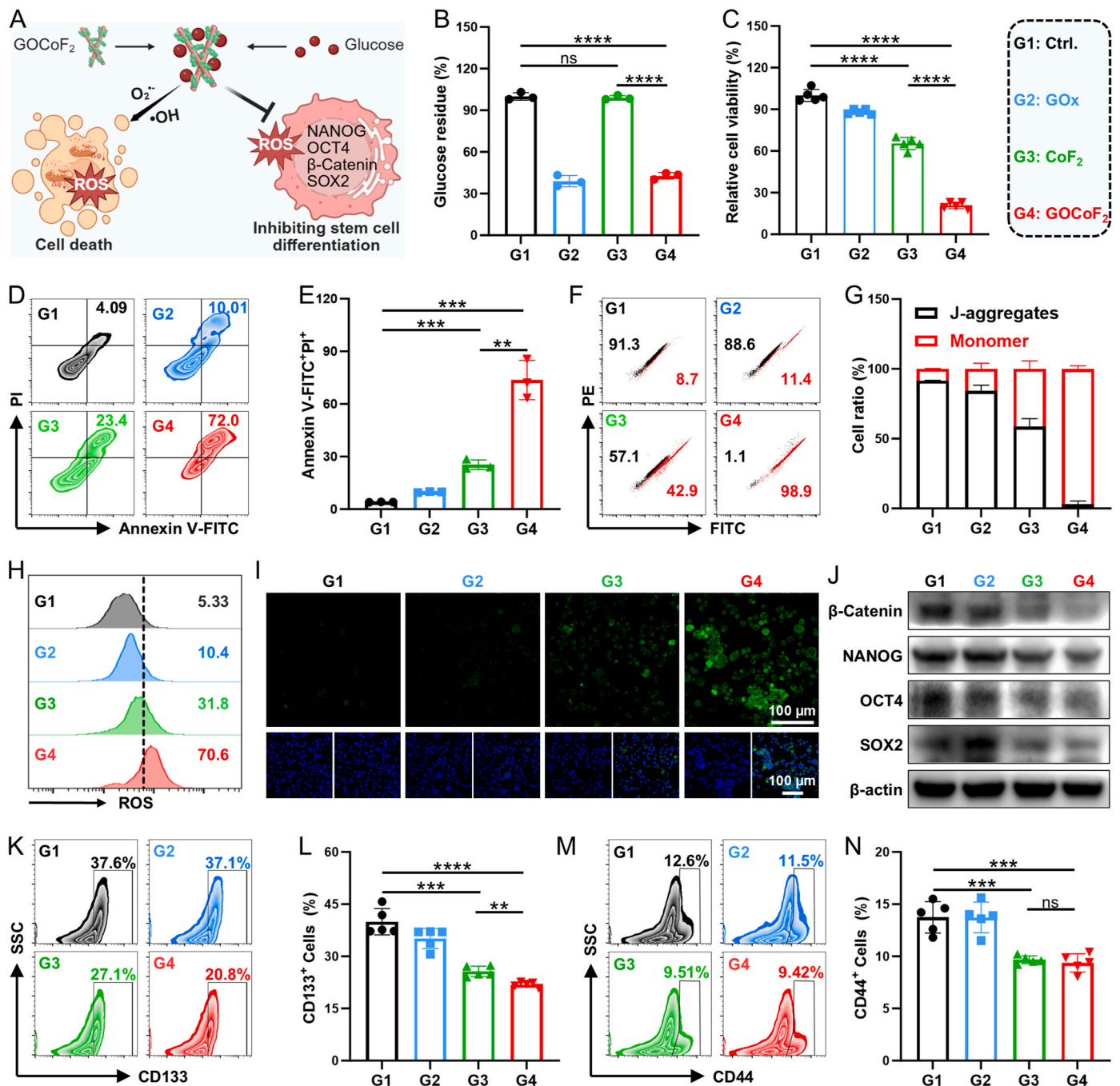


Fig. 2. *In vitro* catalytic therapy by GOCof₂. **A**) Schematic diagram of the mechanism by which GOCof₂ killed tumor cells and inhibited stemness by consuming glucose to produce ROS. **B**) Relative concentrations of glucose after various treatments. G1: Ctrl., G2: GOx, G3: CoF₂, G4: GOCof₂. **C**) Relative viability of H22 cells after various treatments. **D**) Flow cytometry analysis and **E**) quantification of Annexin V-FITC⁺PI⁺ H22 cell after various treatments. **F**) Flow cytometry analysis and **G**) quantification of the mitochondrial membrane potential levels in H22 cells after various treatments. **H**) Flow cytometry analysis of ROS levels in H22 cells after various treatments. **I**) Confocal images of ROS-stained H22 cells after different treatments. **J**) The expression levels of β-catenin, NANOG, OCT4 and SOX2 in H22 cells were detected by western blotting. **K**) Flow cytometry analysis and **L**) quantification of CD133⁺ H22 cells after different treatments. **M**) Flow cytometry analysis and **N**) quantification of CD44⁺ H22 cells after different treatments. The data are presented as the mean values ± SD. The P values indicated in the figure were determined by employing the two-tailed student's t-test. **p < 0.01, ***p < 0.001, ****p < 0.0001.

and GOCof₂ markedly decreased cell viability. Notably, GOCof₂ demonstrated a more pronounced effect compared with CoF₂ (Fig. 2C). To further investigate the cytotoxic effects of GOCof₂ on H22 cells, we employed Annexin V-FITC and PI staining in conjunction with flow cytometry analysis. The results indicated that GOCof₂ treatment significantly induced H22 cell death (Fig. 2D and E). The evaluation of mitochondrial dysfunction via the JC-1 probe revealed a substantial increase in the proportion of depolarized mitochondria (monomer/

aggregate ratio) following GOCof₂ exposure (Fig. 2F and G). Specifically, the monomer ratio in H22 cells increased from approximately 8.7%–42.9% after CoF₂ treatment, while GOCof₂ treatment markedly elevated this ratio to approximately 98.9%. To further investigate the altered state of oxidative stress in H22 cells, a 2',7'-dichlorodihydrofluorescein diacetate (DCFH-DA) probe was employed to quantify intracellular ROS generation. Flow cytometric analysis demonstrated a significant elevation in intracellular ROS levels following GOCof₂

treatment (Fig. 2H, Fig. S14). Consistent with these findings, confocal microscopy revealed greater green fluorescence intensity in the GOCof₂-treated cells than in the modest signal observed in CoF₂-treated cells, confirming robust intracellular ROS generation (Fig. 2I, Fig. S15). Together, these findings suggested a cascade pathway from metabolic disruption to oxidative stress-induced cell death. The aerobic glycolysis of cancer, also known as the Warburg effect, represents a critical metabolic hallmark of malignancy. This phenomenon is intricately associated with the maintenance of cancer stem cell characteristics, tumor progression, metastasis, and chemoresistance. Consequently, we conducted an in-depth evaluation of the impact of this strategy on tumor stemness. Notably, after 24 h of co-incubation of H22 cells with GOCof₂, Western blot analysis revealed significant downregulation of the expression of stemness markers, such as β -catenin, NANOG, OCT4, and SOX2 (Fig. 2J). Furthermore, flow cytometry analysis revealed a substantial decrease in the expression of the stem cell markers CD133 and CD44 in H22 cells (Fig. 2K–N), which suggested the inhibition of tumor stem-like properties. These findings collectively demonstrated that the GOCof₂ nanoadjuvant exhibited potent antitumor activity through metabolic modulation (specifically glucose depletion), ROS-mediated cellular damage, and the inhibition of stemness, which showed considerable promise for the development of novel metabolic intervention strategies against HCC.

2.3. Activation and amplification of the self-cascading pyroptosis and cGAS-STING pathway

Considering the potential for ROS accumulation in the cellular environment and GOCof₂-mediated biological effects, which can synergistically induce inflammatory pathways and pyroptosis, we performed a more comprehensive analysis of the mechanisms of cell death. Initial assessment of H22 cell morphology was performed through Annexin V-FITC/PI dual fluorescence labeling, an established method for detecting alterations in membrane integrity. The staining mechanism relies on annexin V binding to externalized phosphatidylserine- and PI-stained nuclei in permeabilized cells. Confocal imaging revealed distinctive membrane blebbing, a key morphological indicator of pyroptosis in GOCof₂-treated H22 cells (Fig. 3A). Cell pyroptosis is a sophisticated form of programmed cell death that amplifies antitumor immunity via the liberation of proinflammatory intracellular components and tumor-associated antigens. Comparative analysis revealed a marked increase in adenosine triphosphate (ATP) and lactate dehydrogenase (LDH) secretion from H22 cells in the GOCof₂-treated group compared with the CoF₂ group (Fig. 3B and C). In addition, GOCof₂-triggered pyroptosis significantly enhanced the secretion of the inflammatory cytokine interleukin (IL)-1 β (Fig. 3D). Subsequent investigations were conducted to corroborate the immunogenic cell death (ICD) mechanism associated with pyroptosis induction. Flow cytometric analysis revealed enhanced calreticulin (CRT) expression in H22 cells subjected to the GOCof₂ nanoadjuvant, indicating successful CRT externalization (Fig. 3E and F). Concurrently, the nuclear high mobility group box 1 (HMGB1) content in the GOCof₂-treated cells was substantially reduced (Fig. 3G and H). These findings confirmed that GOCof₂ administration markedly augmented oxidative stress, culminating in pyroptosis. Biological TEM further substantiated these observations, revealing pronounced cell ultrastructural alterations, including mitochondrial dilation, cristae obliteration, and vacuole formation (Fig. 3I). To further elucidate the molecular mechanisms underlying pyroptosis induction, Western blot analysis was conducted to evaluate the expression profiles of key pyroptosis-associated proteins in GOCof₂-treated cells. The quantitative assessment revealed significant upregulation of cleaved Caspase-1 (C-Caspase-1) and N-GSDMD, which were pivotal mediators of the canonical pyroptosis pathway, in response to GOCof₂ exposure (Fig. 3J). Mechanistically, activated C-Caspase-1 catalyzes the proteolytic cleavage of GSDMD proteins, leading to the formation of N-terminal oligomers that perforate the plasma membrane.

This membrane permeabilization facilitates the release of cytoplasmic contents, ultimately executing the pyroptosis program. Collectively, these results demonstrated that GOCof₂ triggered substantial pyroptosis activation through a sequential mechanism involving glucose deprivation and ROS accumulation.

To investigate the consequential effects of ROS-mediated DNA damage, a comet assay analysis was performed, and the results demonstrated that GOCof₂-treated H22 cells presented substantially elongated tail moments compared with control and CoF₂-treated groups (Fig. 3K). However, NSUN2 functions as a direct glucose sensor that is activated by glucose to suppress cGAS-STING signaling via the upregulation of TREX2 [64]. This mechanism promotes oncogenesis and confers resistance to immunotherapeutic interventions. Western blot analysis confirmed a significant reduction in TREX2 expression following GOx and GOCof₂ exposure (Fig. 3L, Fig. S16), indicating that GOCof₂-mediated glucose depletion disrupts TREX2 methylation, consequently promoting dsDNA accumulation and cGAS-STING signaling. Pyroptosis facilitates the release of extensive mtDNA release, which serves as a potent cGAS-STING activator [50]. Given the well-established role of Co²⁺ in amplifying cGAMP-dependent STING activity, we hypothesized that GOCof₂ functioned as a specific STING agonist. To validate this hypothesis, we assessed cGAS-STING pathway activation and observed a significant increase in the levels of phosphorylated TBK1, IRF3, and STING (p-TBK1, p-IRF3, and p-STING) proteins under both CoF₂ and GOCof₂ conditions, with marked superiority in the GOCof₂ group (Fig. 3M). These findings underscored the pivotal role of GOCof₂ in modulating the glucose metabolism cascade, thereby activating the pyroptosis-STING pathway. The proposed mechanism by which GOCof₂ mediated cell pyroptosis and STING pathway activation could be outlined as follows (Fig. 3N). Initially, GOCof₂ triggered an intracellular glucose cascade that increased ROS generation. This ROS surge activated Caspase-1, which cleaved GSDMD into its N-terminal fragments. These cleaved fragments subsequently translocated to the plasma membrane, where they formed transmembrane pores that enabled the release of intracellular components. This process not only induced pyroptosis but also caused DNA damage in tumor cells through ROS-mediated pathways. Simultaneously, the liberated cellular components, particularly mtDNA, acted as molecular signals detected by cGAS. This recognition initiated and amplified the cGAS-STING signaling cascade. Through this dual mechanism, GOCof₂ exerted its antitumor effects by regulating glucose metabolism and stimulating the pyroptosis-STING signaling axis. This coordinated action effectively reversed the immunosuppressive TME and augmented anti-tumor immune responses, thereby enhancing therapeutic outcomes.

2.4. In vivo antitumor study and immune evaluation mediated by GOCof₂

To explore the remarkable cytotoxic activity of GOCof₂ against H22 tumor cells *in vitro*, we investigated its therapeutic potential *in vivo*. Following tumor establishment (volume ~150 mm³), H22 tumor-bearing mice were randomized into four cohorts: (1) untreated control, (2) GOx, (3) CoF₂, and (4) GOCof₂. On day 0, the respective groups received intratumoral injections of GOx, CoF₂, or GOCof₂, and the therapeutic outcomes were monitored every other day (Fig. 4A). Quantitative tumor volume analysis demonstrated that while GOx alone provided moderate tumor suppression, both CoF₂ and GOCof₂ treatments significantly impaired tumor progression, with GOCof₂ exhibiting superior anti-tumor activity (Fig. 4B, Fig. S17). These results indicated that the GOCof₂ nanoadjuvant could effectively manipulate tumor glucose metabolism to potentiate cancer treatment. Notably, the GOCof₂ group exhibited significantly increased long-term survival, as all five mice achieved complete tumor eradication and remained tumor-free for more than 30 days (Fig. 4C). All treatment regimens were well-tolerated, as evidenced by stable body weights throughout the study (Fig. S18). In addition, hematoxylin and eosin (H&E) staining of major organs from GOCof₂ treated mice revealed no obvious damage or

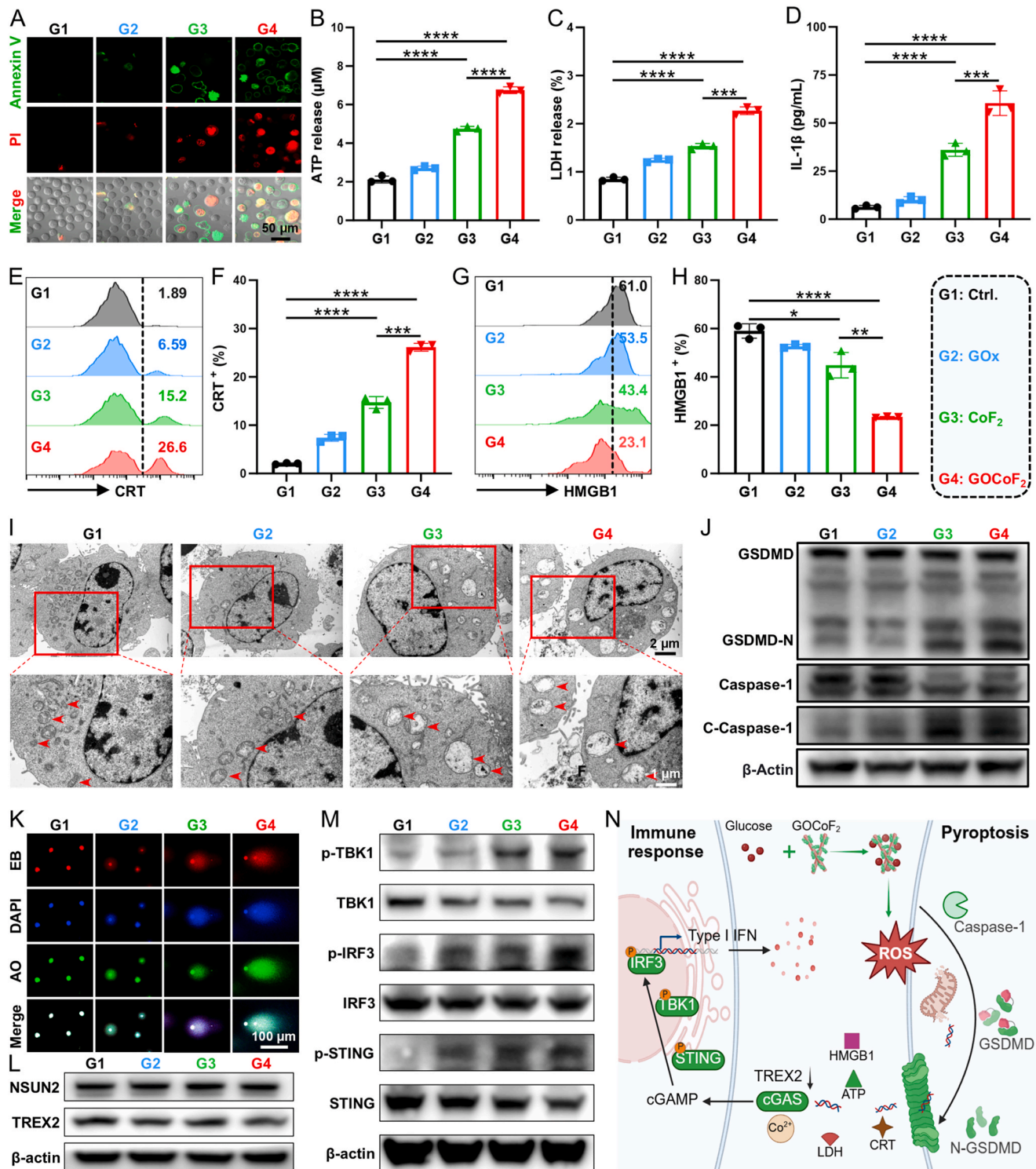
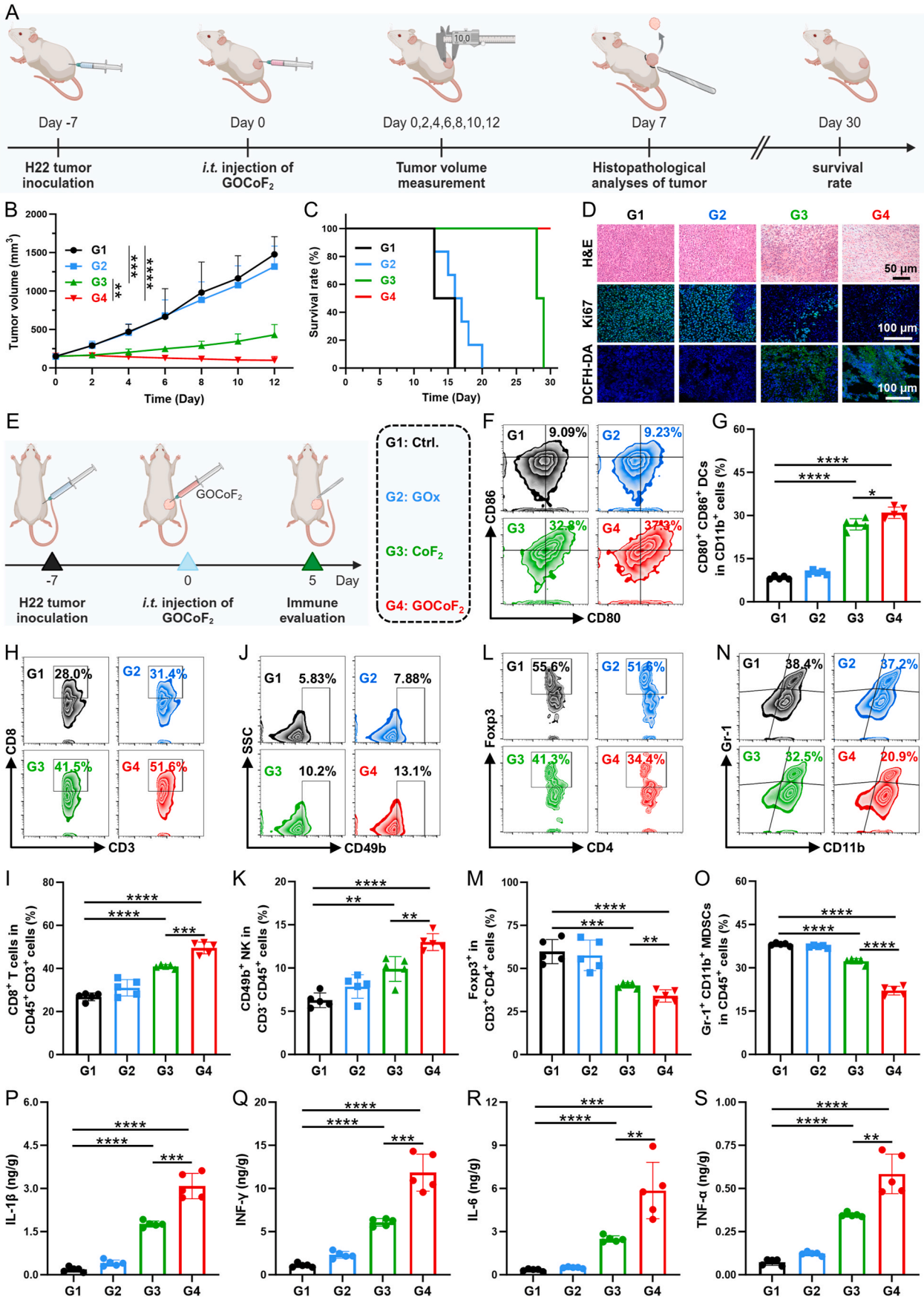


Fig. 3. Activation and amplification of the self-cascading pyroptosis and cGAS-STING pathway. **A)** Confocal fluorescence images showing pyroptosis in H22 cells after different treatments. G1: Ctrl., G2: GOx, G3: CoF₂, G4: GOCOx₂. **B)** ATP release by H22 cells after different treatments. **C)** LDH release levels in H22 cells after different treatments. **D)** Secretion levels of IL-1 β from H22 cells after different treatments detected by ELISA. **E)** Flow cytometry analysis and **F)** quantification of CRT expression in H22 cells after various treatments. **G)** Flow cytometry analysis and **H)** quantification of HMGB1 release in H22 cells after various treatments. **I)** Biological TEM images showing the mitochondria of H22 cells after different treatments. **J)** The expression levels of GSDMD, Caspase-1, GSDMD-N, and C-Caspase-1 in H22 cells were detected via western blotting analysis. **K)** Comet assay images showing the DNA damage in H22 cells after different treatments. EB: Ethidium Bromide, AO: Acridine Orange. **L)** The expression levels of NSUN2 and TREX2 in H22 cells after different treatments were detected by Western blot analysis. **M)** The expression levels of p-TBK1, TBK1, p-IRF3, IRF3, p-STING, and STING in H22 cells were detected via western blotting analysis. **N)** The diagram illustrated that GOCOx₂ induced tumor cell pyroptosis by consuming glucose to produce ROS and cascade to activate the STING pathway. The data are presented as the mean values \pm SD. The P values indicated in the figure were determined by employing the two-tailed student's t-test. *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001.



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Fig. 4. **In vivo antitumor study and immune evaluation mediated by GOCof₂.** **A)** Schematic illustration of the in vivo treatment procedure in mice. **B)** Changes in the tumor growth curve after different treatments. G1: Ctrl., G2: GOx, G3: CoF₂, G4: GOCof₂. **C)** Survival rate curves of the mice after different treatments for 30 days. **D)** Images of tumor sections after H&E, Ki-67, and DCFH-DA staining obtained from mice subjected to different treatments. **E)** Schematic illustration of the in vivo treatment procedure in mice. **F)** Flow cytometry analysis of CD80⁺ CD86⁺ matured DCs among CD11c⁺ cells within the lymph node after different treatments and **G)** statistical data. **H)** Flow cytometry analysis of CD8⁺ T cells among CD3⁺ CD45⁺ cells and **I)** quantitative analysis. **J)** Flow cytometry analysis of CD49b⁺ NK cells among CD3⁺ CD45⁺ T cells and **K)** quantitative analysis. **L)** Flow cytometry analysis of Foxp3⁺ Tregs among CD3⁺ CD4⁺ T cells and **M)** quantitative analysis. **N)** Flow cytometry analysis of Gr-1⁺ CD11b⁺ MDSCs among CD45⁺ T cells and **O)** quantitative analysis. **P–S)** The concentrations of IL-1 β , IFN- γ , IL-6 and TNF- α in the supernatant after various treatments. The data are presented as the mean values \pm SD. The P values indicated in the figure were determined by employing the two-tailed student's t-test. *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001.

inflammation, indicating the excellent biocompatibility of this therapeutic strategy (Fig. S19). Moreover, the serum biochemical analysis revealed that all the parameters in the GOCof₂-treated mice remained within normal ranges and were not significantly different from those in the control group, confirming the absence of significant toxic effects (Fig. S20). To investigate the underlying mechanisms of GOCof₂-induced tumor regression, H&E staining revealed extensive cellular damage in the GOCof₂-treated tumors, characterized by pronounced cellular shrinkage and nuclear loss (Fig. 4D). Complementary Ki67 immunofluorescence analysis confirmed significant suppression of cellular proliferation in the GOCof₂ group, indicating reduced tumor aggressiveness (Fig. 4D, Fig. S21). To further investigate the mechanism, tumor sections were subjected to ROS staining. Compared with those in the control group, the CoF₂-treated tumors displayed green fluorescence, while the GOCof₂ group exhibited markedly stronger fluorescence intensity (Fig. 4D, Fig. S22). Collectively, these findings demonstrated that GOCof₂ effectively alleviated the tumor burden and improved survival outcomes, suggesting a novel therapeutic paradigm for solid tumor management.

The ultimate objective of tumor therapy extends beyond localized tumor eradication, encompassing systemic immune activation to counteract the immunosuppressive TME, thereby preventing tumor metastasis and recurrence. To delineate the mechanisms underlying its enhanced therapeutic performance, we performed detailed investigations into its antitumor immune effects. Following a 5-day treatment regimen, tumor tissues and associated lymph nodes were harvested and homogenized for immunological profiling (Fig. 4E). Flow cytometric evaluation of dendritic cell (DC) maturation in the lymph nodes revealed that both CoF₂ and GOCof₂ treatments outperformed other interventions in stimulating DC maturation, with GOCof₂-treated mice showing markedly elevated populations of mature DCs within tumors (Fig. 4F and G). This enhancement was pivotal for optimizing subsequent antigen presentation processes. Further examination of T-cell dynamics in the TME revealed a substantial increase in the proportion of CD8⁺ cytotoxic T lymphocytes post-treatment with CoF₂ or GOCof₂, which was particularly pronounced in the GOCof₂-treated group (Fig. 4H and I), underscoring the robust induction of antitumor immunity. GOCof₂ also notably augmented the infiltration of natural killer (NK) cells into tumor sites (Fig. 4J and K), reinforcing its therapeutic potency. Consistent with these findings, GOCof₂ treatment led to a reduction in regulatory T cells (Tregs) and myeloid-derived suppressor cells (MDSCs) (Fig. 4L–O). The diminished presence of these immunosuppressive entities validated the successful mobilization of antitumor defenses, potentially improving immunotherapeutic outcomes. Moreover, cytokine profile alterations were quantified via enzyme-linked immunosorbent assay (ELISA). The GOCof₂ administration resulted in a significant increase in the level of interleukin IL-1 β , a critical mediator in the pyroptosis pathway (Fig. 4P), alongside elevated levels of cytotoxic cytokines such as interferon- γ (IFN- γ), IL-6, and tumor necrosis factor- α (TNF- α) (Fig. 4Q–S). Above all, GOCof₂ orchestrated a tumor glucose-fuelled pyroptosis sequence, fostering immune cell infiltration and increasing proinflammatory cytokine release, culminating in a fortified antitumor immune response.

2.5. RNA sequencing and analysis of the therapeutic mechanism

To better understand the underlying therapeutic mechanisms of the GOCof₂ nanoadjuvant in HCC, we performed transcriptomic profiling to analyze mRNA expression changes in H22 tumor tissues before and after treatment. Unsupervised hierarchical clustering revealed distinct groupings of samples within the same treatment cohort, underscoring the reliability of the RNA sequencing data (Fig. S23). Comparative analysis revealed 887 differentially expressed genes (DEGs) between the GOCof₂-treated and control groups, including 216 downregulated and 671 upregulated genes (Fig. 5A–C). To further explore the biological significance of these DEGs, gene ontology (GO) and Kyoto Encyclopedia of Genes and Genomes (KEGG) pathway analyses were conducted, revealing functional annotations and pathway enrichments associated with the observed mRNA changes (Fig. 5D). KEGG pathway enrichment analysis revealed that the DEGs identified after GOCof₂ treatment were predominantly involved in inflammatory and stress-responsive pathways, such as the NF- κ B, cytokine-cytokine receptor interaction, Toll-like receptor, IL-17, TNF, MAPK, NOD-like receptor, FoxO, p53, JAK-STAT, reactive oxygen species, and PI3K-Akt signaling pathways (Fig. 5E). These findings suggested a strong link between GOCof₂-induced inflammation, driven by tumor glucose utilization, and oxidative stress-mediated pyroptosis. Intriguingly, metabolic pathways and the HIF-1 signaling pathway were also significantly enriched, indicating potential shifts in tumor energy metabolism and oxygen homeostasis following treatment (Fig. 5E). To further dissect the key regulatory genes within these pathways, a chord diagram was constructed via KEGG analysis, revealing that the most prominently regulated genes were associated with cytokine-cytokine receptor interactions, the MAPK signaling pathway, the PI3K-Akt signaling, and the HIF-1 signaling pathway (Fig. 5F). To further explore the changes and alterations in GOCof₂ and genes related to glucose metabolism, cell pyroptosis, the immune response, and stemness. We performed gene set enrichment analysis (GSEA), and the results revealed that genes related to the glucose metabolic process and cell pyroptosis were significantly upregulated in tumor tissues (Fig. 5G and H). It is worth noting that in tumors treated with GOCof₂, genes involved in the activation of innate immune response pathway and the adaptive immune response pathway, which are closely related to the STING pathway, were significantly upregulated (Fig. 5I, Fig. S24). This finding further verified that GOCof₂ induced a strong immune response to kill tumors. In addition, genes related to the negative regulation of stem cell proliferation pathway related to stemness were all upregulated (Fig. 5J), confirming that GOCof₂ inhibited tumor stem-like properties. Collectively, these transcriptomic findings underscored the multifaceted role of GOCof₂ in modulating tumor glucose metabolism and inducing pyroptosis, thereby highlighting its therapeutic potential in anti-tumor strategies. Overall, RNA sequencing provided a comprehensive view of the transcriptional alterations induced by GOCof₂ in tumor tissues. These results not only confirmed the central role of GOCof₂ in regulating glucose metabolism but also revealed its ability to activate inflammatory and stress-related pathways, ultimately leading to pyroptosis. These findings further solidified the therapeutic efficacy of GOCof₂ in targeting tumor cells through metabolic and immune modulation, offering a promising avenue for cancer treatment.

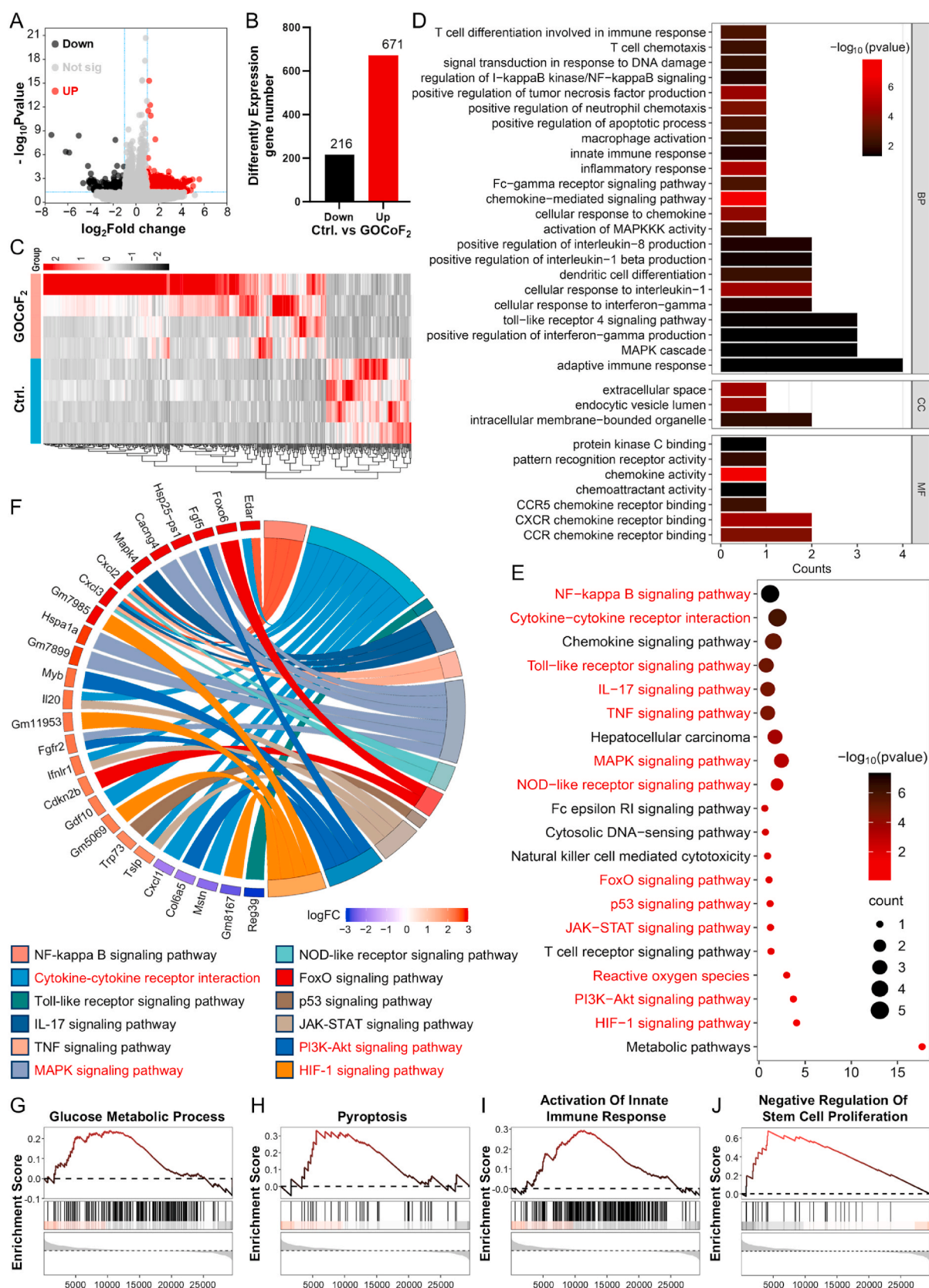


Fig. 5. Transcriptional analysis of H22 subcutaneous tumors after various treatments was performed by RNA-seq. **A)** Volcano plots and **B)** numbers of the downregulated genes and upregulated genes in the GOCof₂ group compared with the control group. **C)** Cluster diagram of DEGs between the of GOCof₂ group and the control group (n = 4 per group). **D)** GO and KEGG analyses of the differentially expressed genes in the GOCof₂ group and control group (BP, biological process; CC, cellular component; MF, molecular function). **E)** KEGG enrichment analysis for studying underlying pathways after GOCof₂ treatments. **F)** Circle diagram of KEGG enrichment analysis of inflammation/immune-related DEGs. **G–J)** GSEA analysis showed the gene sets of Glucose Metabolic Process, Pyroptosis, Activation of Innate Immune Response and Negative Regulation of Stem Cell Proliferation signaling pathway.

2.6. Treatment of bilateral tumors with the combination of GOCof₂ and α -PD-1 therapy

Despite the remarkable therapeutic potential of ICB in cancer immunotherapy, its clinical effectiveness is frequently limited by the immunosuppressive TME [67–70]. Nevertheless, the profound immunosuppressive milieu characteristic of HCC frequently compromises therapeutic outcomes. In this context, pyroptosis engineering has emerged as a promising avenue to potentiate immune activation and enhance therapeutic responses. Given the demonstrated efficacy of GOCof₂, subsequent investigations focused on evaluating its systemic anticancer properties when combined with α -PD-1 blockade. In this study, H22 cell tumor-bearing mice with bilateral lesions were divided into four experimental cohorts. The right-sided tumor served as the primary treatment target, while the left-sided lesion remained untreated to model distant metastasis. The experimental design comprised: (1) control, (2) α -PD-1, (3) GOCof₂, and (4) GOCof₂ combined with α -PD-1. On day 0, primary tumors in groups 3 and 4 received GOCof₂ injection, followed by systemic α -PD-1 administration on days 1, 4, and 7 for groups 2 and 4 (Fig. 6A). The combination therapy demonstrated superior efficacy in primary tumor management, achieving complete tumor regression in approximately 40 % of the mice, underscoring the therapeutic superiority of this dual-modality approach (Fig. 6B and C, Fig. S25). Notably, local GOCof₂ application independently reduced distant tumor progression, with enhanced anti-tumor effects observed when GOCof₂ was combined with α -PD-1 (Fig. 6D and E, Fig. S26). The treatment response was further corroborated by significant reductions in both primary and distal tumor weights following combination therapy (Fig. 6F and G). Complementary immunofluorescence analysis of tumor sections revealed increased CD45⁺ and CD8⁺ infiltration in the combination therapy group, suggesting increased immune activation (Fig. 6H and I, Fig. S27 and 28). Throughout the treatment course, maintained body weights confirmed the safety profile of this therapeutic regimen (Fig. S29). These findings collectively demonstrated that the integration of GOCof₂-mediated catalytic metalloimmunotherapy with ICB potentiated systemic anti-tumor immunity, effectively controlling both primary and metastatic lesions through a self-amplified pyroptosis-STING activation pathway.

2.7. GOCof₂-mediated embolization of rat orthotopic N1S1 HCC tumors

TAE and TACE are recognized as primary therapeutic approaches for treating HCC who are not amenable to surgical resection [3]. In TACE procedures, therapeutic agents, including chemotherapeutic drugs and embolic materials such as lipiodol or polymeric microspheres, are selectively delivered into the hepatic artery to occlude the hepatic tumor. However, this therapeutic strategy is significantly impeded by the immunosuppressive characteristics of the TME, which markedly diminishes treatment effectiveness [71]. Given that our developed GOCof₂ nanoadjuvant demonstrated exceptional capabilities in reprogramming the immunosuppressive TME during combined immunotherapeutic approaches in murine models, we subsequently developed a combined therapeutic approach by incorporating GOCof₂ into lipiodol-based TAE (TAGE) treatment (Fig. 7A). The TAGE emulsion ($V_{\text{lipiodol}}: V_{\text{aqueous}} = 2:1$) was obtained by mixing and stirring the GOCof₂ aqueous solution with lipiodol (Fig. 7B). The experimental investigation employed orthotopic HCC models in rats, in which N1S1 tumor cells were stereotactically implanted into the left hepatic lobe. 7 days after tumor cell implantation, the experimental subjects were allocated into three treatment groups: Group I (control), Group II (TAE with lipiodol alone), and Group III (TAGE with lipiodol incorporating GOCof₂). Longitudinal tumor monitoring via a 7.0 T small animal MRI system at 0, 4, 7, and 14 days post-intervention revealed differential therapeutic responses across treatment groups. While Lipiodol-based TAE partially suppressed N1S1 tumor progression relative to that of untreated controls, the TAGE of GOCof₂ significantly augmented this

antitumor effect (Fig. 7C–E). Complementary histological evaluation of N1S1 tumor specimens harvested on days 7 post-treatment through H&E and Ki67 staining confirmed these findings. The tissue sections from the rats that received Lipiodol combined with GOCof₂ presented the most extensive tumor necrosis and the lowest cellular proliferation indices (Fig. 7F, Fig. S30). Further characterization through immunofluorescence assays demonstrated enhanced immune cell infiltration, as indicated by increased CD45⁺ cell populations in tumors treated with the TAGE therapies (Fig. 7G, Fig. S31). This immunological remodeling of the TME suggested a potential mechanism underlying the observed therapeutic enhancement. Collectively, these findings established the translational potential of GOCof₂, not only as an intratumoral therapeutic agent but also as an effective adjunct in TAE/TACE-based locoregional therapies for hepatic malignancies.

3. Conclusion

In summary, the innovative GOCof₂ nanoplateform was constructed to introduce a transformative approach to simultaneously address tumor metabolic adaptation and the immunosuppressive microenvironment in HCC treatment. This self-amplifying nanoadjuvant, engineered through the integration of GOx with CoF₂ nanozymes, created a tumor-selective catalytic cycle that disrupted glycolytic pathways and intensified oxidative stress, leading to pyroptosis and mtDNA release. Unlike traditional catalytic therapies constrained by H₂O₂ limitations, GOCof₂ utilized GOx-mediated glucose consumption to generate H₂O₂ and ROS in a self-perpetuating cycle. This metabolic modulation strategy not only initiated pyroptosis but also alleviated TREX2-mediated inhibition of the cGAS-STING pathway, which was a typically glucose-dependent. The Co²⁺ component further augments STING pathway activation, effectively linking metabolic alterations with immune stimulation and transforming immunologically inert tumors into immunologically active tumors. When combined with α -PD-1 immunotherapy, GOCof₂ demonstrated significant systemic immune activation, addressing the constraints of immune checkpoint blockade monotherapy.

The localized administration of the GOCof₂ nanoadjuvant, a powerful immune-stimulatory agent, may be identified as the optimal approach for generating potent antitumor immunity while reducing the likelihood of systemic immune hyperactivation and subsequent cytokine release syndrome. Additionally, our research revealed that GOCof₂ can potentiate TAE therapy, a primary treatment modality for inoperable HCC. By capitalizing on tumor metabolic characteristics, GOCof₂ converts glucose into a therapeutic advantage through sequential catalytic processes, thereby strengthening the pyroptosis-STING axis and enhancing tumor suppression. This investigation not only highlighted the therapeutic value of metabolic reprogramming in cancer immunotherapy but also established a framework for developing nanocatalytic systems that target tumor-specific metabolic weaknesses. The effective implementation of GOCof₂ in TAE protocols further confirmed its clinical applicability, opening new avenues for advanced interventional immunotherapies against progressive malignancies. These discoveries reveal a complex interaction among metabolic regulation, pyroptosis induction, and STING pathway stimulation, offering a strategic model for next-generation nanotherapeutic approach focused on the metabolic-immunological axis in solid tumors.

CRedit authorship contribution statement

Lin Zhu Zhang: Writing – original draft, Formal analysis, Data curation. **Di Wang:** Formal analysis, Data curation. **Yiming Liu:** Formal analysis, Data curation. **Nailin Yang:** Writing – review & editing, Project administration. **Shumin Sun:** Formal analysis, Data curation. **Chunjie Wang:** Formal analysis, Data curation. **Duo Wang:** Formal analysis, Data curation. **Jihu Nie:** Formal analysis, Data curation. **Juan Qin:** Formal analysis, Data curation. **Lei Zhang:** Writing – review & editing, Resources, Project administration. **Liang Cheng:** Writing –

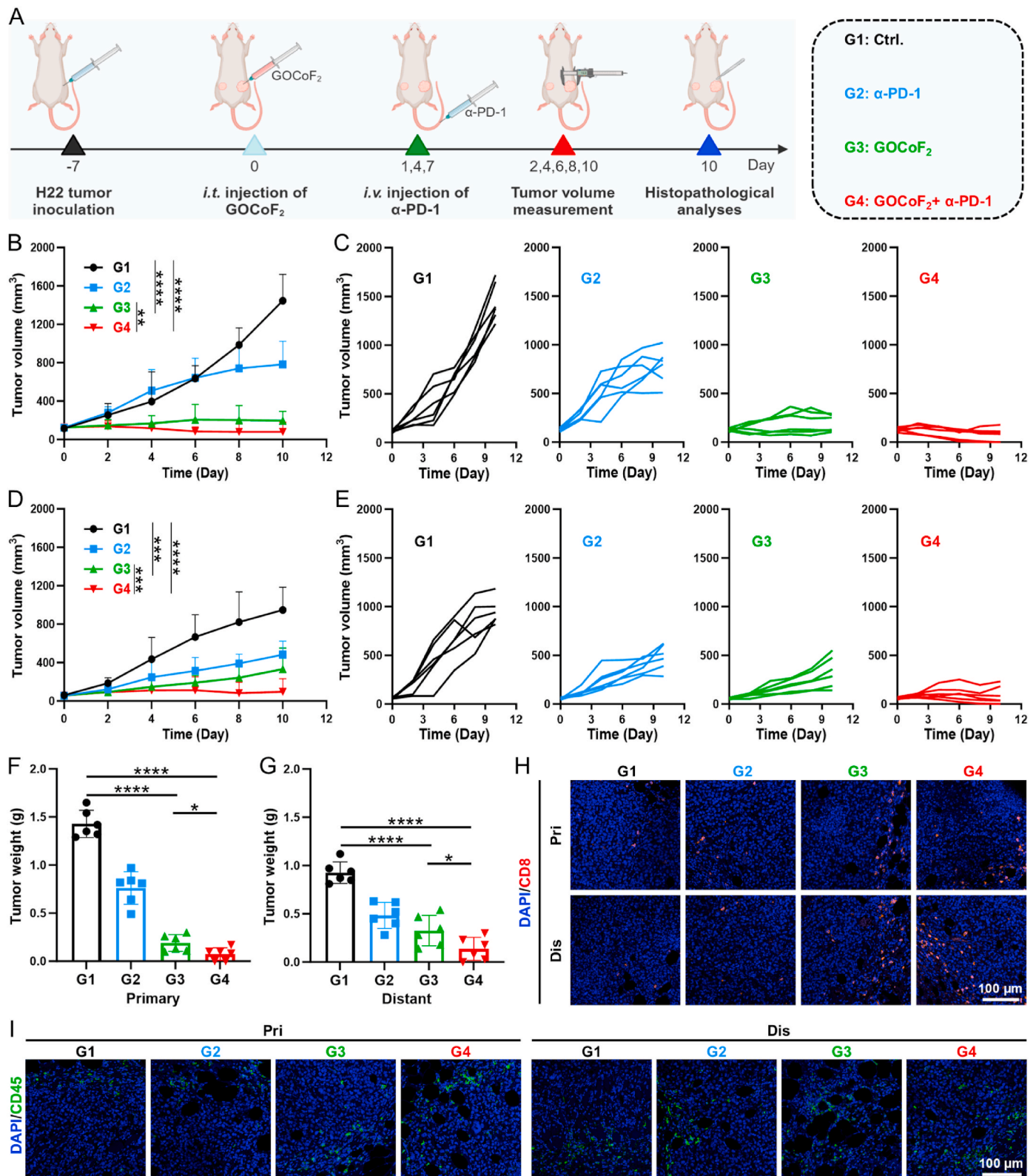


Fig. 6. GOCof₂ induced metabolic-pyrototic-immunotherapy combined with α -PD-1 treatment. **A)** Schematic illustration of the in vivo treatment procedure in mice. G1: Ctrl., G2: α -PD-1, G3: GOCof₂, G4: GOCof₂ + α -PD-1. **B)** Changes in the volume of primary H22 tumors after different treatments. **C)** Individual growth curves of H22 primary tumors after various treatments. **D)** Changes in the volume of distant H22 tumors after different treatments. **E)** Individual growth curves of H22 distant tumors after various treatments. **F)** Weight changes in the primary tumor and **G)** distant tumor after different treatments. **H)** Images of the primary tumor and distant tumor slices after fluorescence staining for CD8⁺ and **I)** CD45⁺ cells obtained from mice subjected to different treatments. The data are presented as the mean values \pm SD. The P values indicated in the figure were determined by employing the two-tailed student's t-test. *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001.

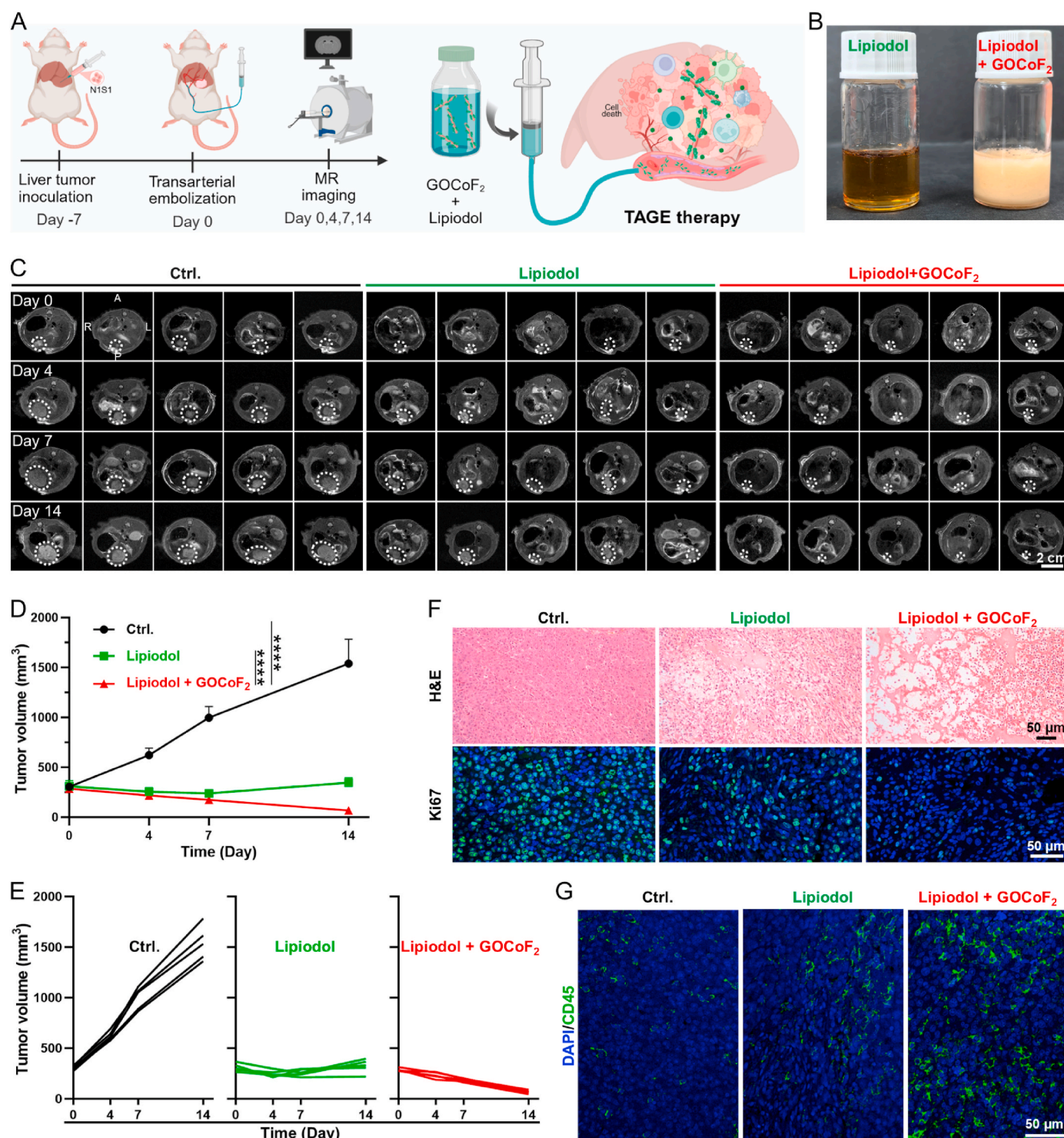


Fig. 7. Embolization therapy of rat orthotopic HCC with GOCof₂ mixed with lipiodol. **A)** A schematic diagram of the TAGE treatment schedule in N1S1-bearing rats. **B)** Photograph of GOCof₂ + Lipiodol. **C)** Representative T2 contrast-enhanced MR images of N1S1-bearing rats after various treatments. L: Left, R: Right, A: Anterior, P: Posterior. **D)** Changes in the tumor growth curve after different treatments. **E)** Individual growth curves of N1S1 tumors after various treatments. **F)** Representative images of H&E and Ki-67 staining of mouse tumor sections after various treatments. **G)** Fluorescence staining of CD45⁺ cells in the N1S1 liver mice with various groups. The data are presented as the mean values \pm SD. The P values indicated in the figure were determined by employing the two-tailed student's t-test. ****p < 0.0001.

review & editing, Supervision, Project administration. **Haidong Zhu:** Supervision, Funding acquisition.

Ethics approval and consent to participate

All animal experiments were approved by the Animal Care and Use Committee of Soochow University (approval number: 202409A0028), and all protocols adhered strictly to the Guide for the Care and Use of

Laboratory Animals.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

This article was partially supported by the National Key R&D Program of China (No. 2023YFC2413500), National Natural Science Foundation of China (52472288, 52403386, 82072039, 82372067), Collaborative Innovation Center of Radiological Medicine of Jiangsu Higher Education Institutions (FY202302), Collaborative Innovation Center of Suzhou Nano Science and Technology, Suzhou Key Laboratory of Nanotechnology and Biomedicine, 111 Project, and Joint International Research Laboratory of Carbon-Based Functional Materials and Devices, Medical Research Project of Jiangsu Province (ZD2022024). N. Y. was supported by the Macao Young Scholars Program and the Jiangsu Funding Program for Excellent Postdoctoral Talent. L.Z. was supported by the SEU Innovation Capability Enhancement Plan for Doctoral Students (CXJH_SEU 25229) and Postgraduate Research&Practice Innovation Program of Jiangsu Province (KYCX25_0523).

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.bioactmat.2025.07.040>.

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