

An innovative inflammation-targeting platform for ulcerative colitis treatment



Waliul Islam, PhD

Postdoctoral fellow

Dr. Selaru's lab

Division of Gastroenterology and Hepatology
Johns Hopkins University School of Medicine



JOHNS HOPKINS
M E D I C I N E

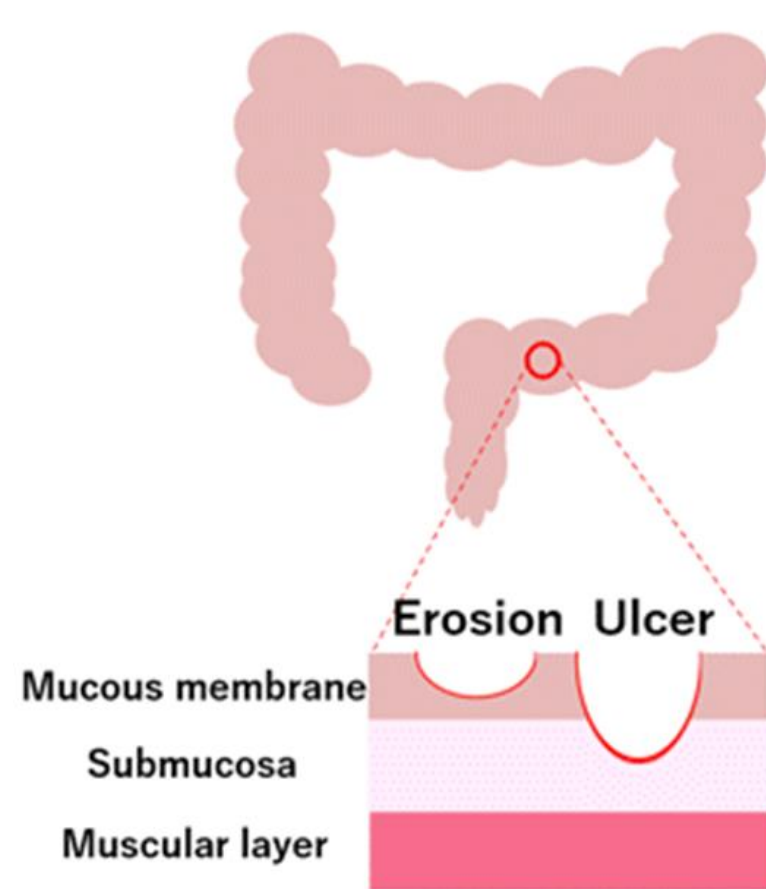
CRS **2025**
ANNUAL MEETING
& EXPOSITION

PHILADELPHIA, PA
JULY 13-18, 2025

**NEXT-GENERATION
DELIVERY INNOVATIONS**

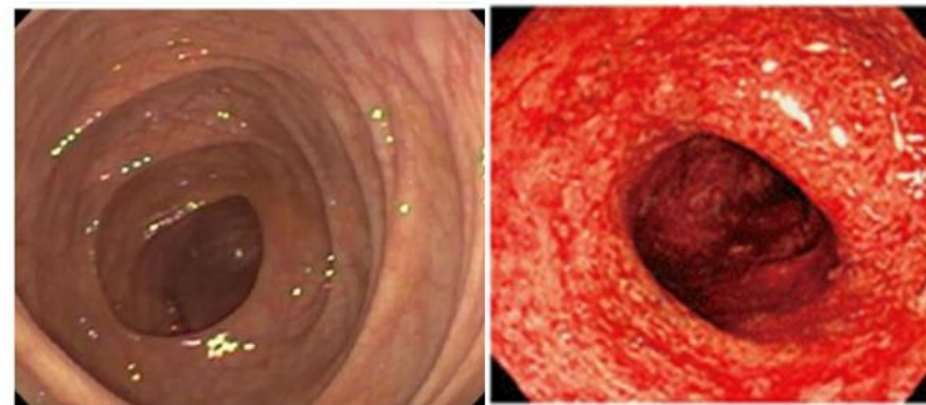
Ulcerative colitis (UC)

UC is a long-term condition where the colon and rectum become inflamed. As of 2025, an estimated 10 million people worldwide have ulcerative colitis.



Erosions and ulcers occur continuously from the rectum in the large intestine mucosa

Endoscopic findings



Normal

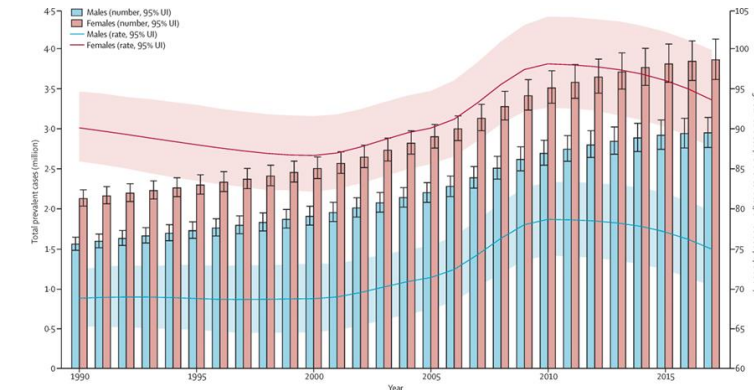
Ulcerative colitis

- ◆ Symptoms such as diarrhea, bloody stools and abdominal pain
- ◆ Onset mainly in young people to elderly people
- ◆ Repeat active period and remission period



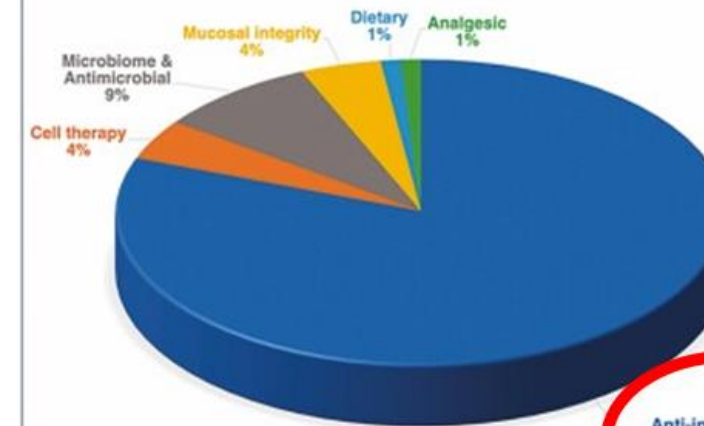
Needs long-term treatment

Incident of IBD

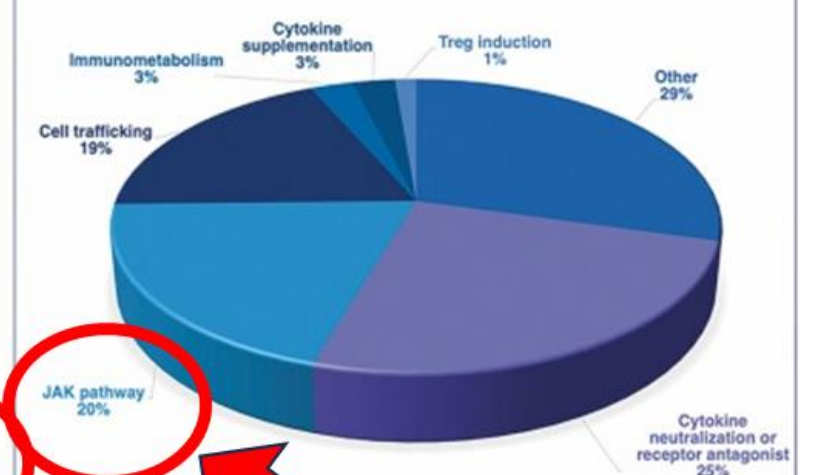


The Lancet Gastroenterology and Hepatology,
Volume 5, Issue 1 P17-30 January 2020

Therapeutic Modalities in Clinical Development (P2 & P3)

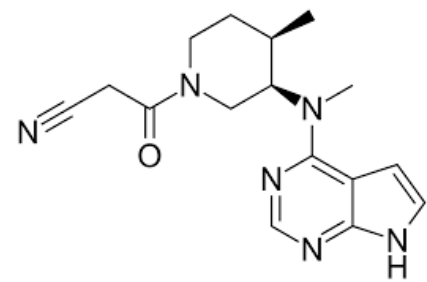


Anti-inflammatory MoAs



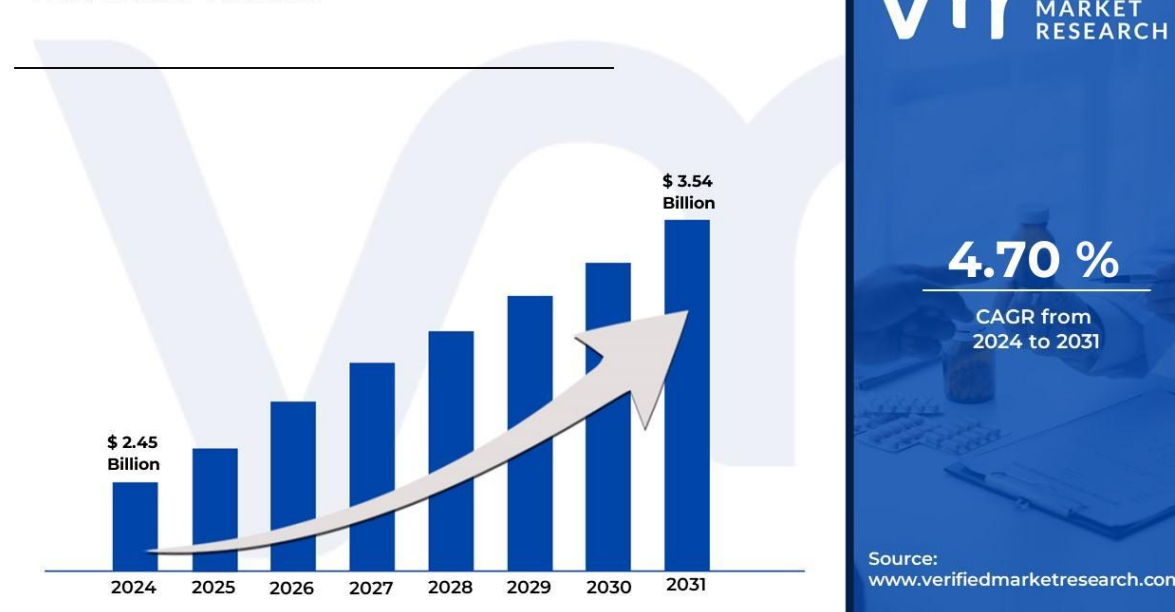
Tofacitinib (Xeljanz®): a small molecule JAK inhibitor

FDA approved for UC, represented a paradigm shift in a field dominated by biologics.



Chemical structure of tofacitinib

Tofacitinib Market



Tofacitinib—Concerns !

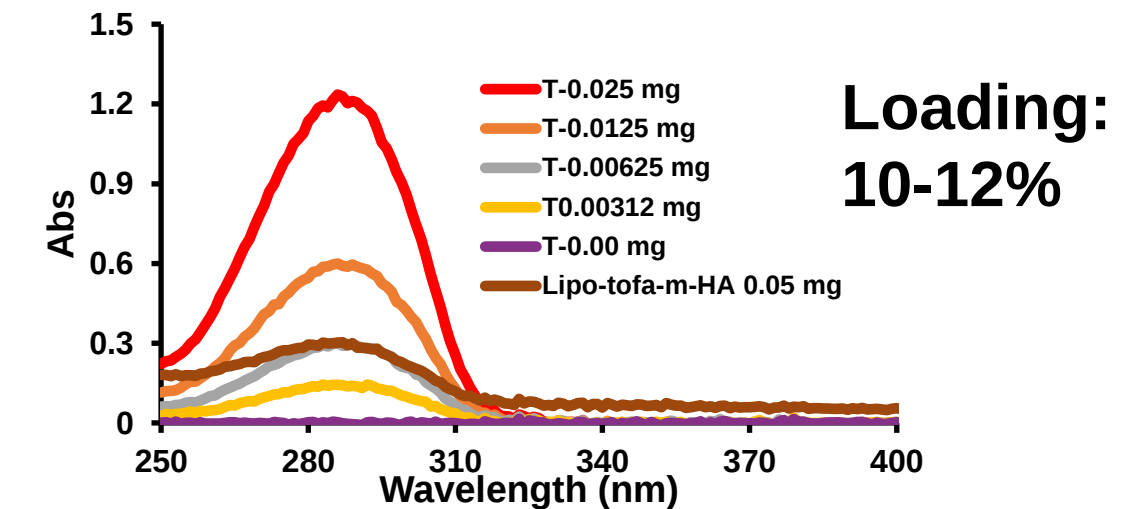
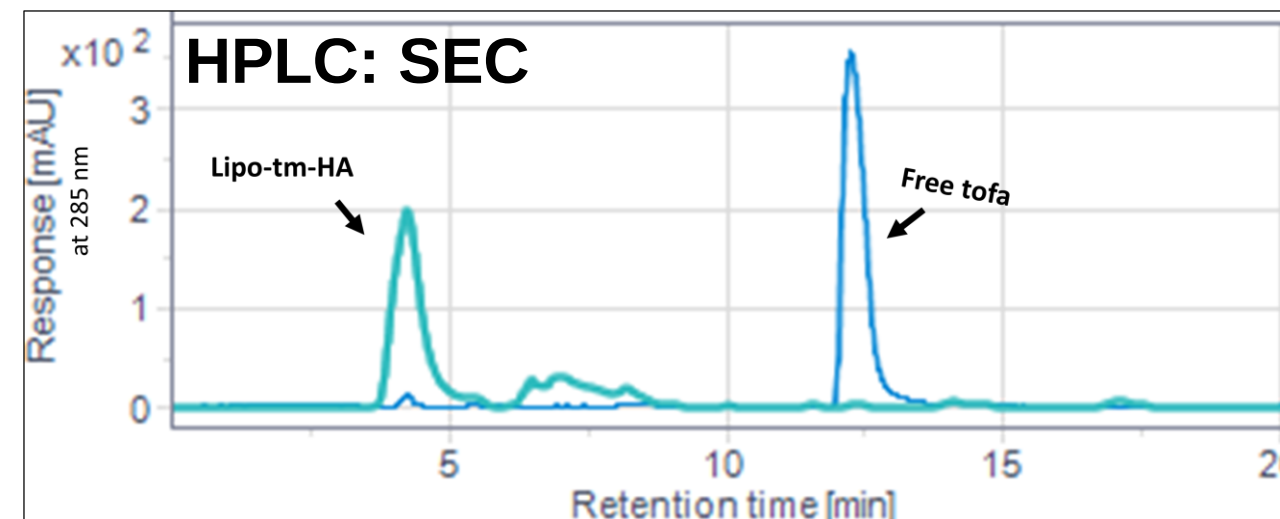
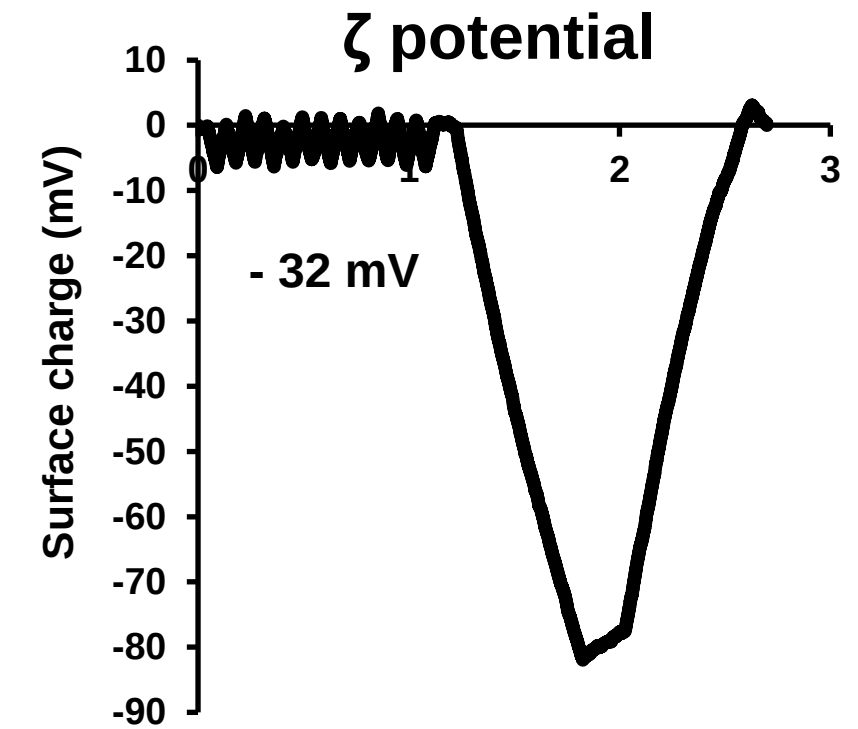
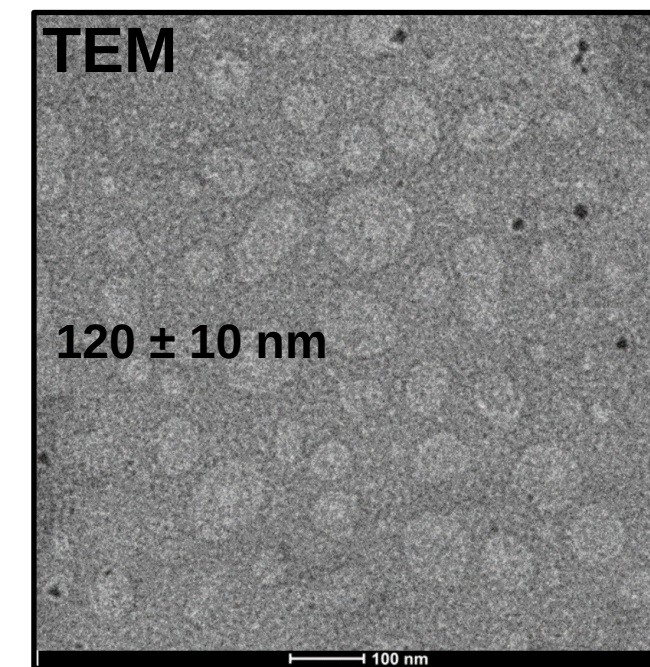
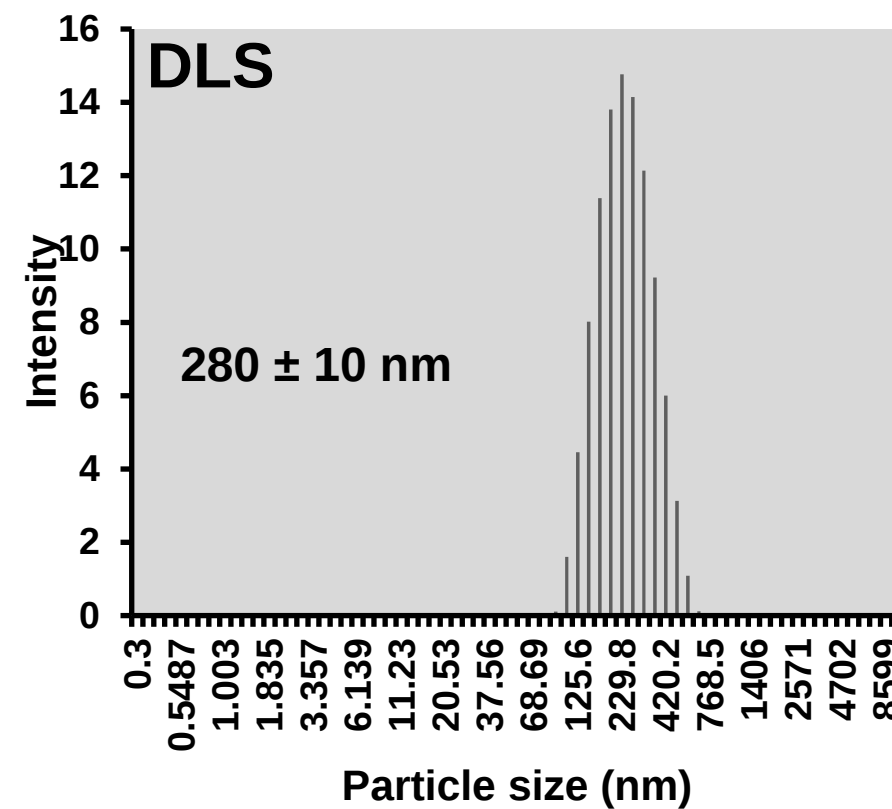
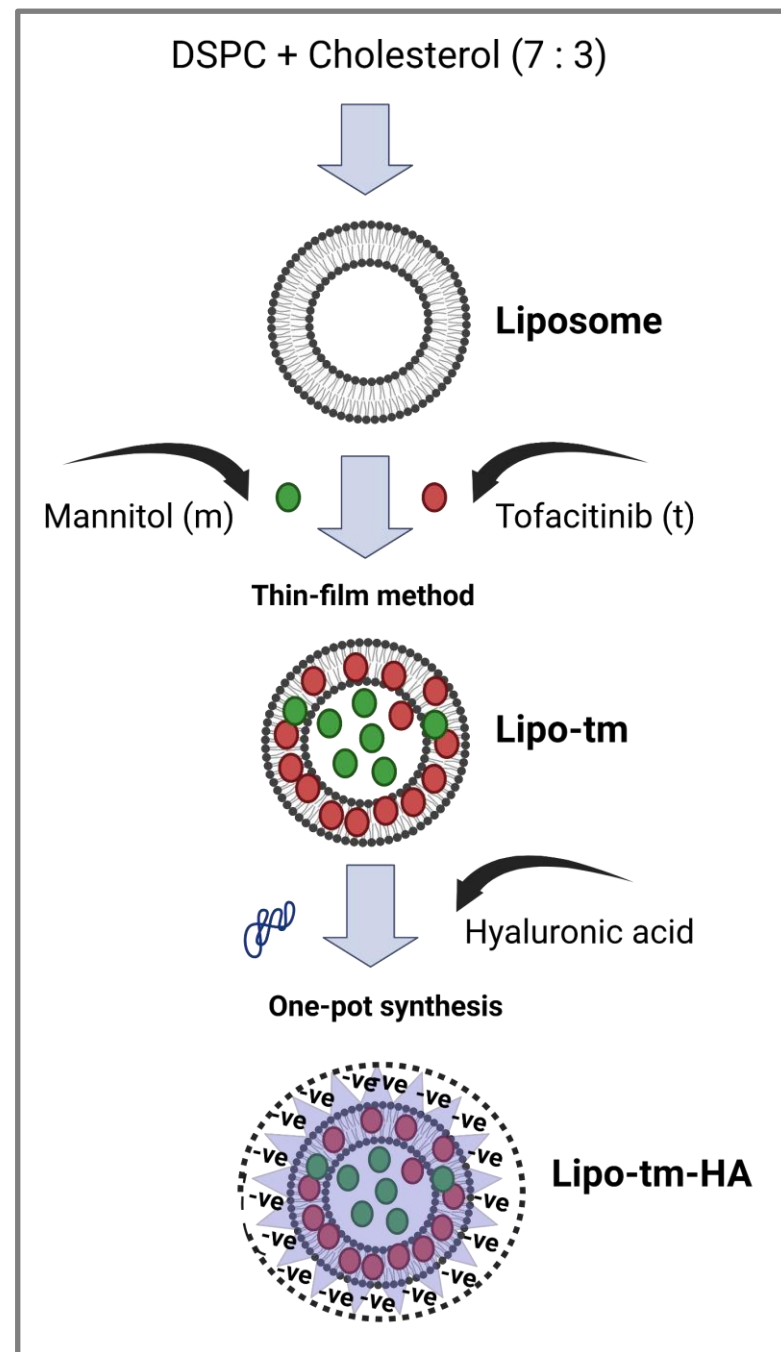
- ❑ Distribute entire body indiscriminately
 - ❑ Potential teratogenicity and fetolethality which leads to avoidance of tofacitinib in women of child bearing age.
 - ❑ It carries an FDA black box warning due to serious infections, mortality, malignancy major adverse cardiovascular events and thrombosis.

Source:

FDA Drug Safety Communication, 2021
Lewis et al. Gastroenterology, 2023
Sandborn et al N. Engl. J. Med. 2017

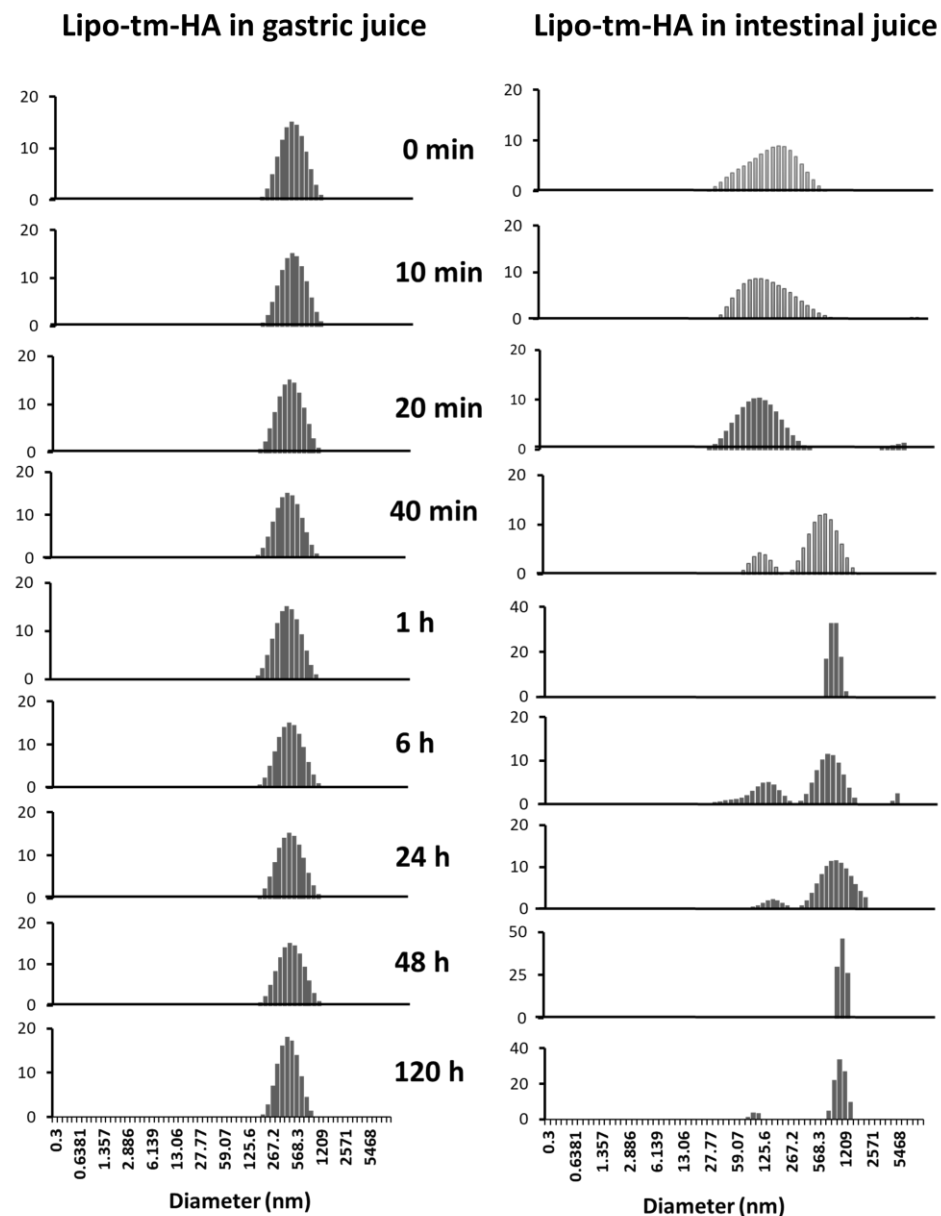
A great clinical need to enhance tofacitinib safety to expand IBD access

Innovative drug delivery platform: Lipo-tm-HA

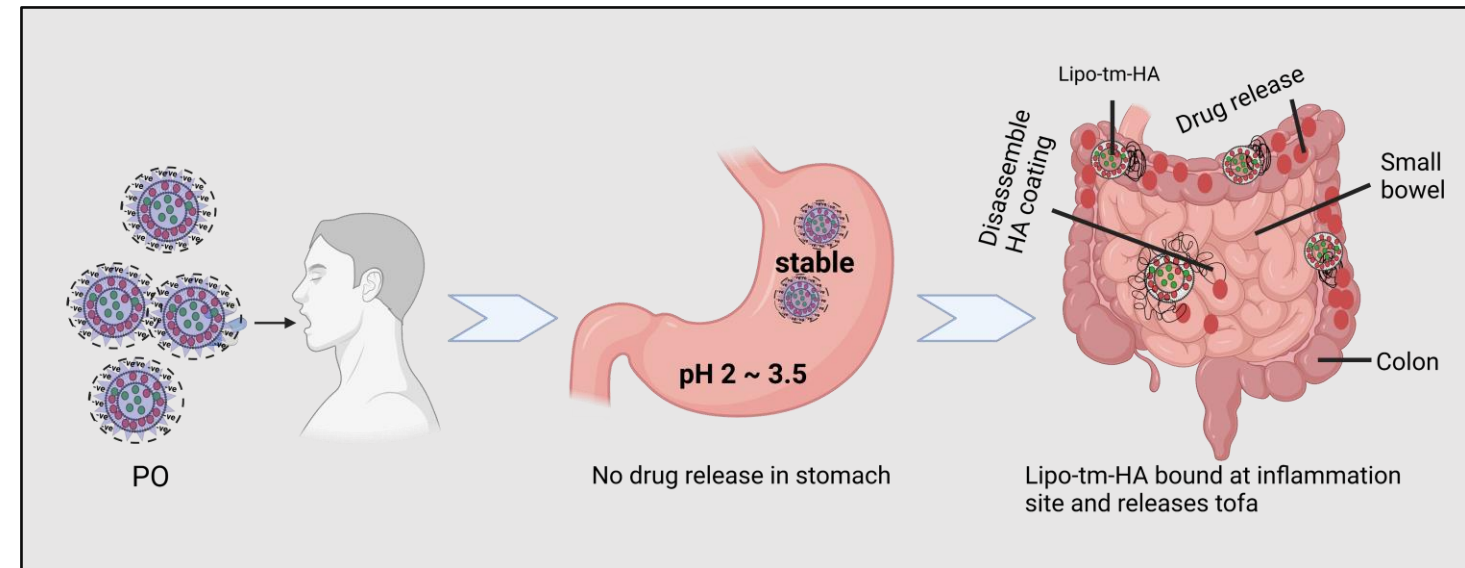


Lipo-tm-HA avoids gastric environment

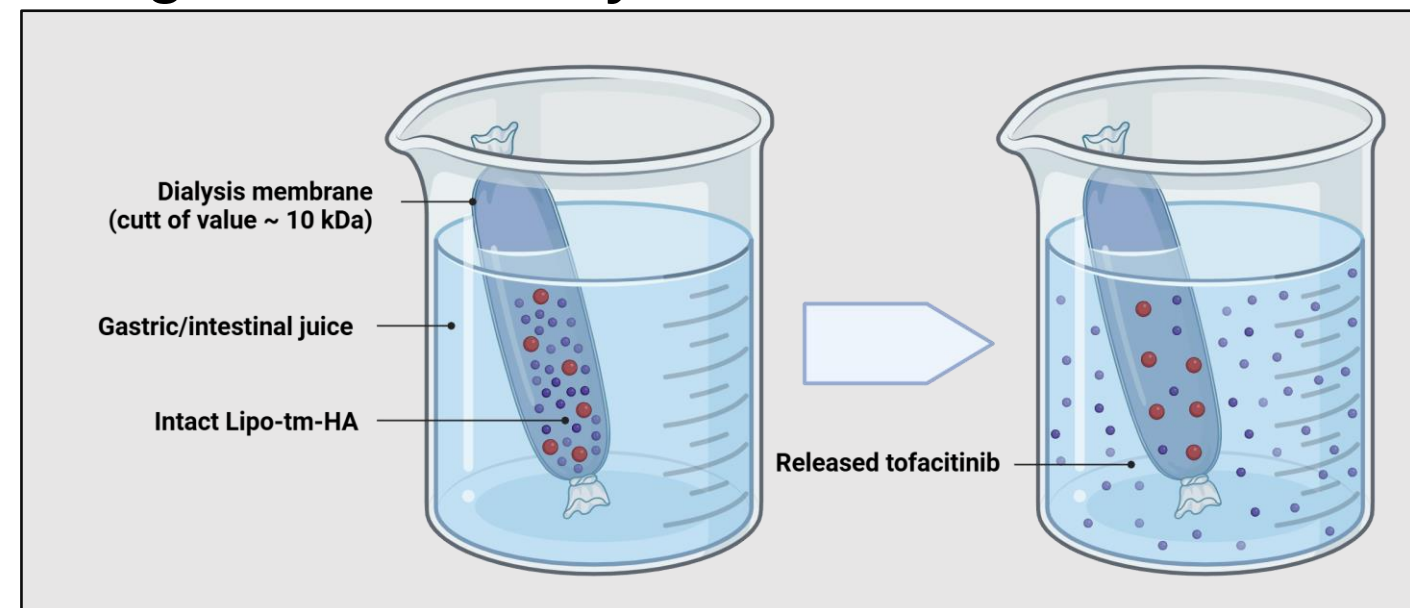
Stability study by DLS



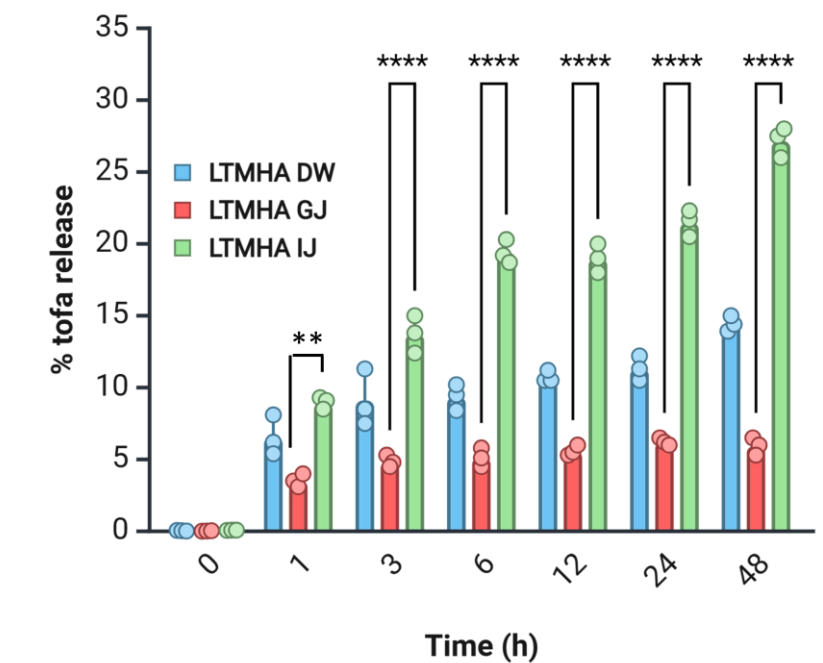
Proposed hypothesis:



Drug release study



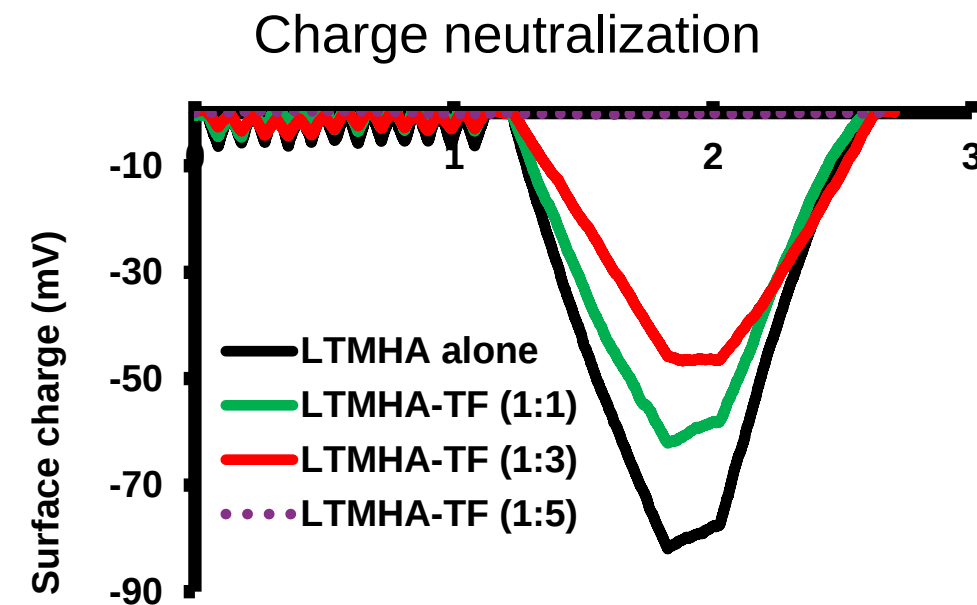
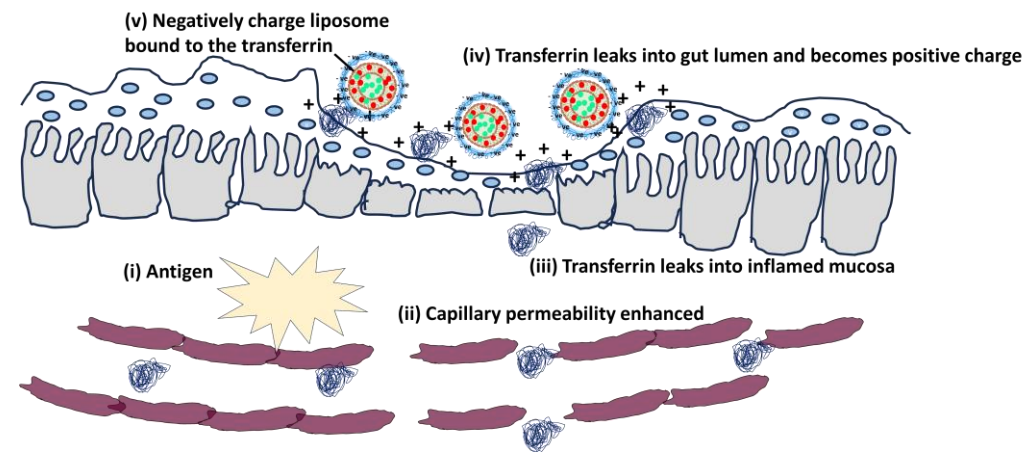
Hyaluronic acid coating protects the liposomal formulation in gastric milieu



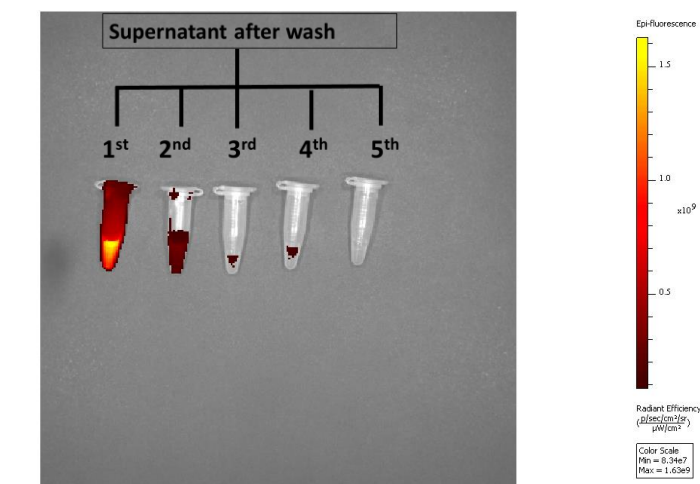
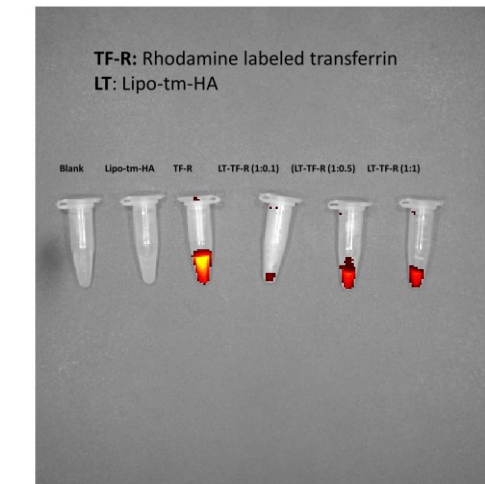
Higher drug release in intestinal juice

Dual targeting of inflamed colon

Target-1: Transferrin binding in inflamed colonic mucosa

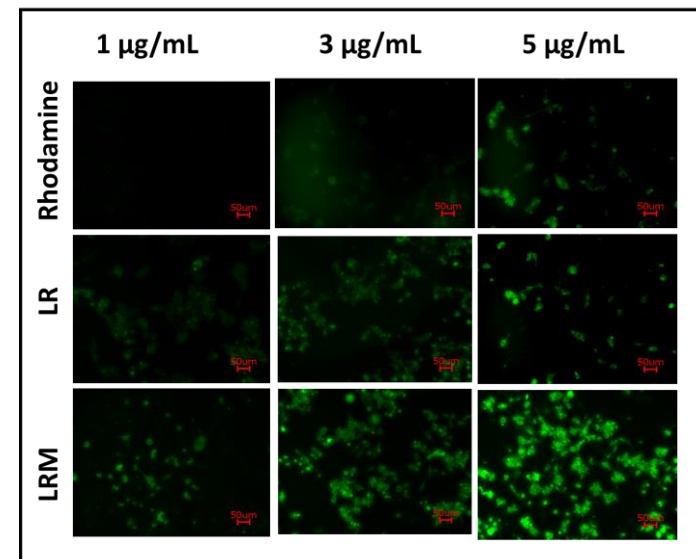


Binding confirmed by fluorescent label transferrin

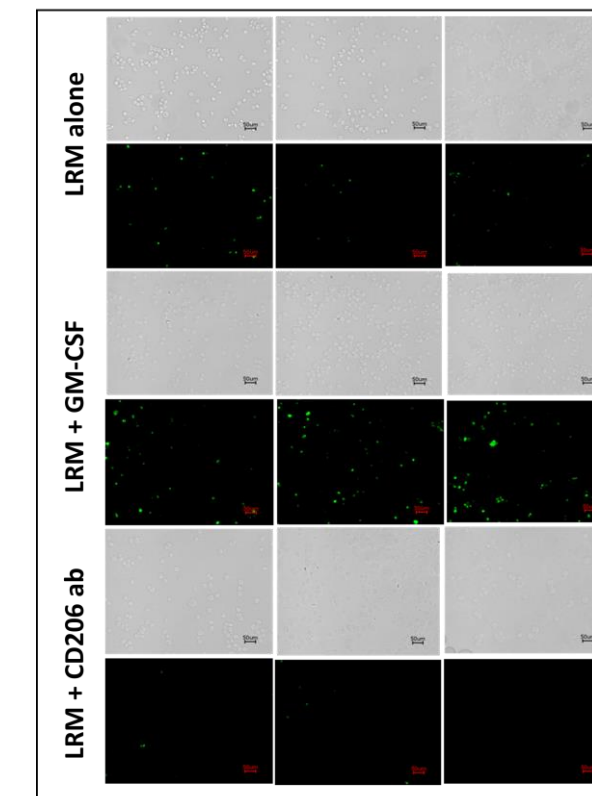
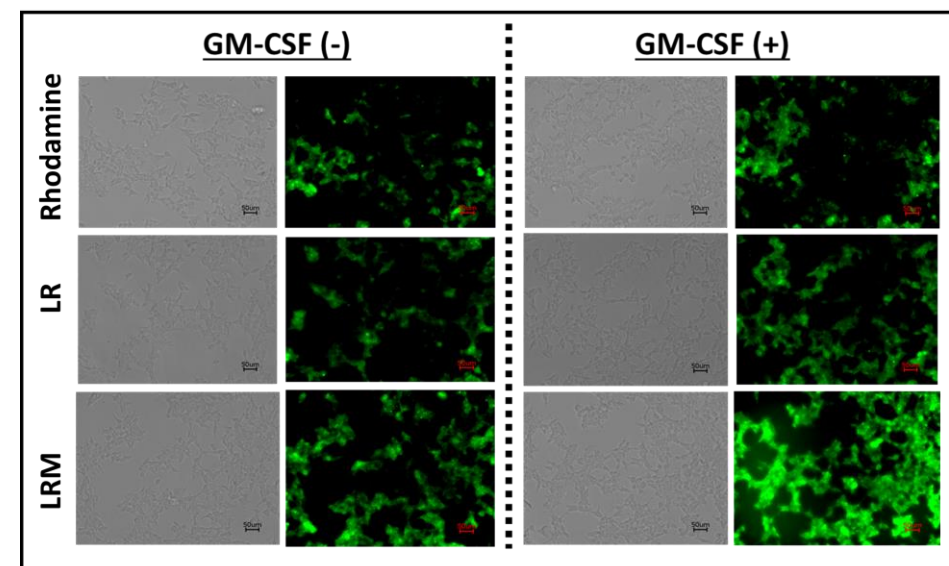


Target-2: Macrophage through mannose receptor (CD206)

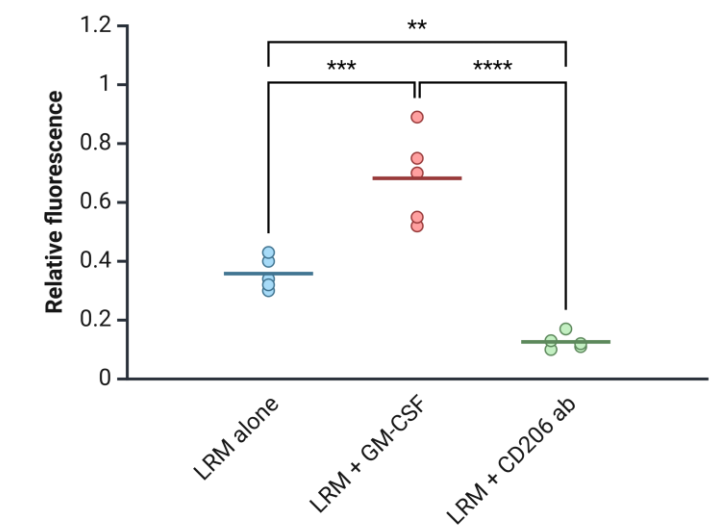
Dose dependency in RAW 264.7 macrophage



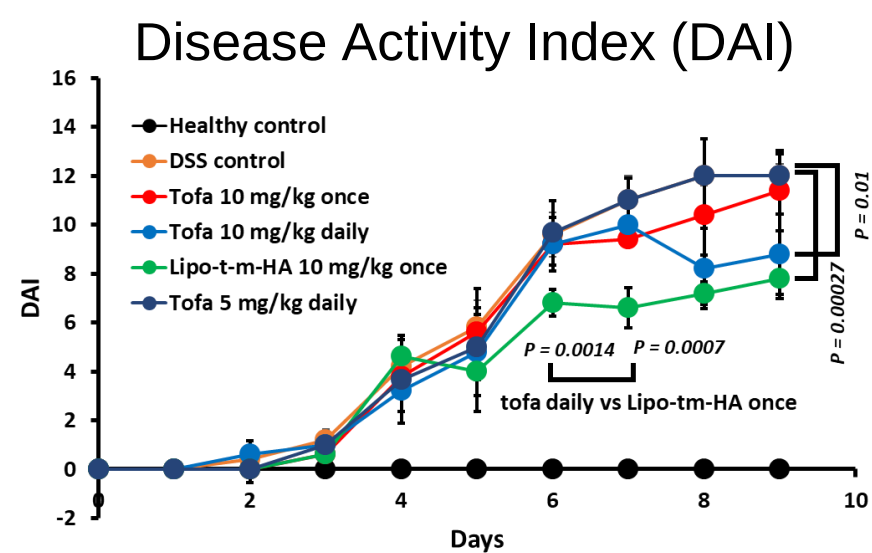
Granulocyte-Macrophage Colony-Stimulating Factor



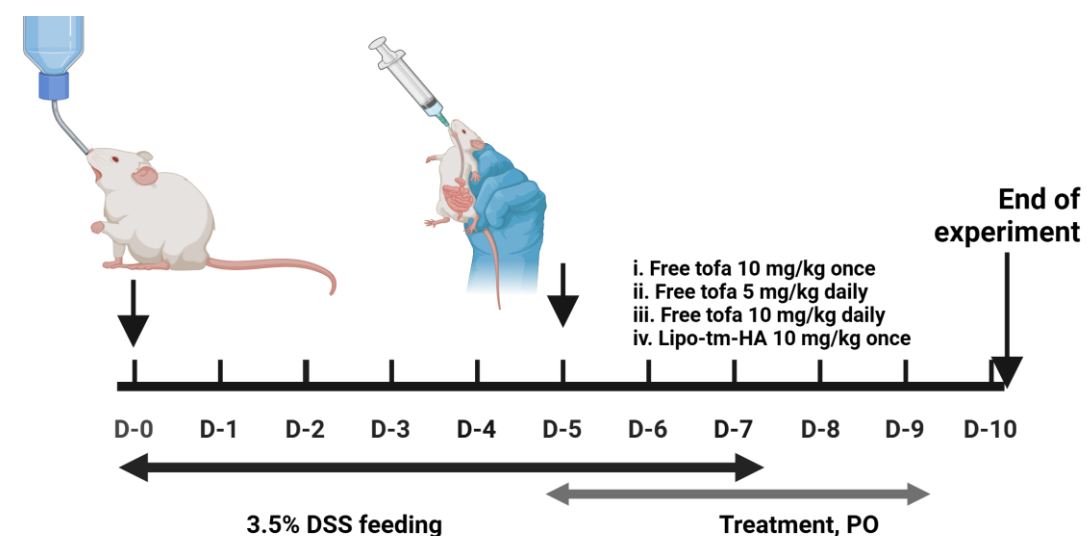
Mannose receptor mediated uptake



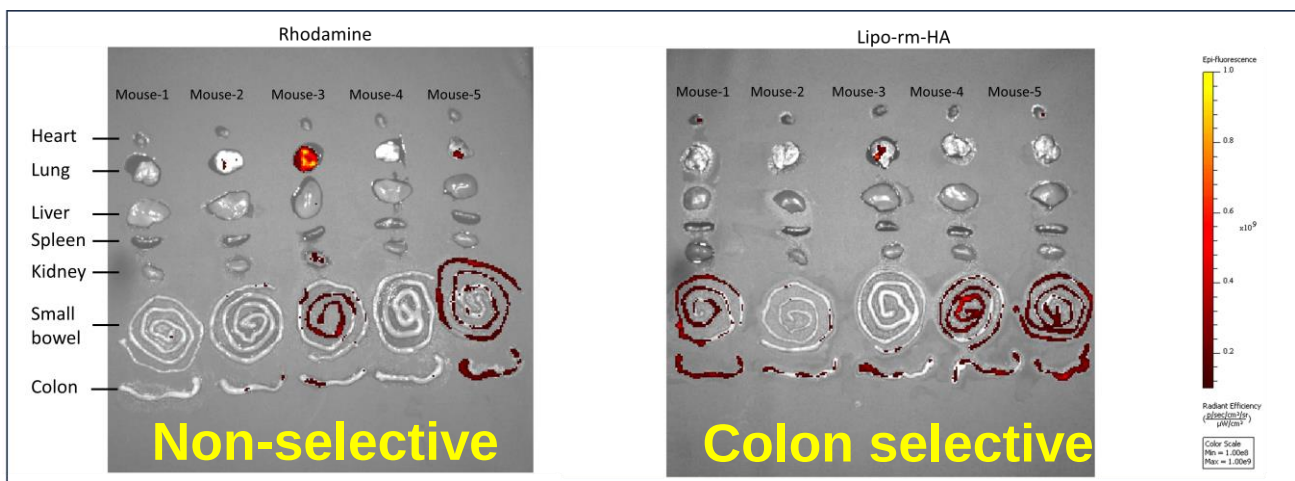
Enhanced therapeutic effect by targeting inflamed colon



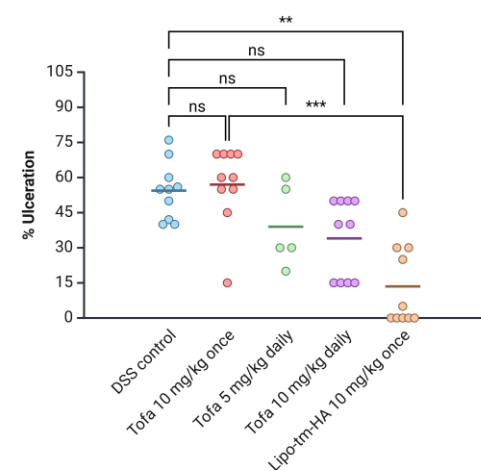
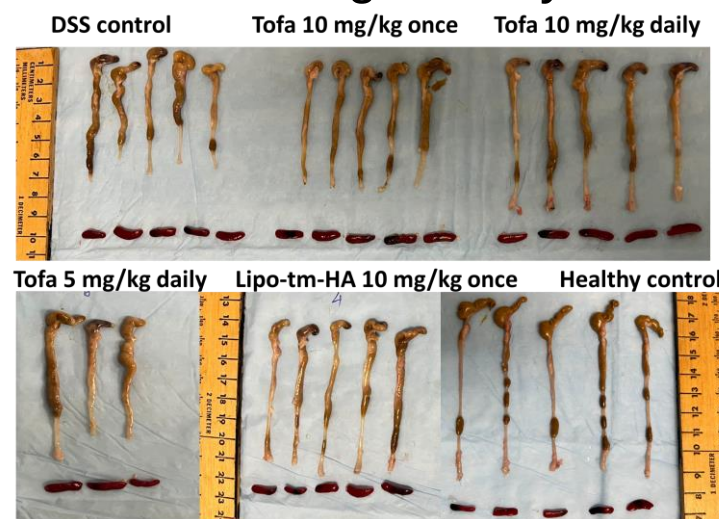
Experimental design: therapeutic efficacy



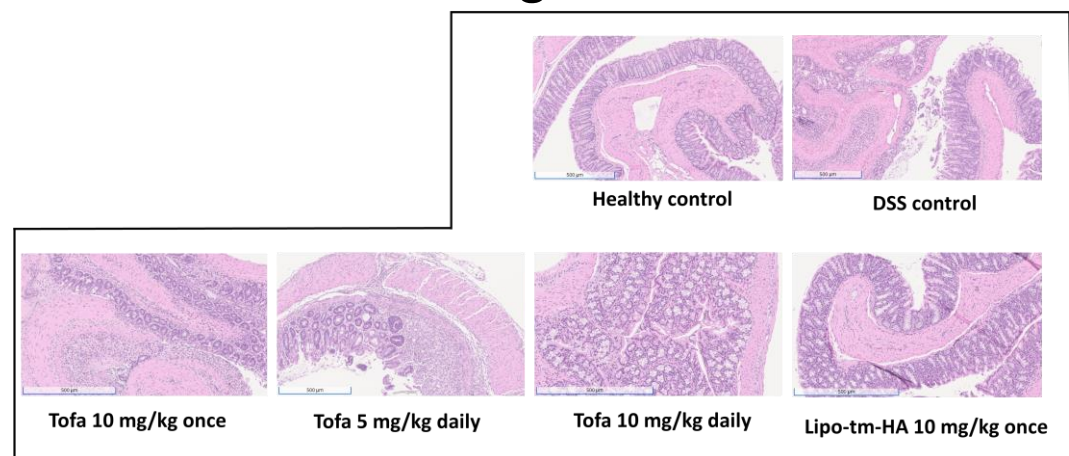
Biodistribution in colitis mice



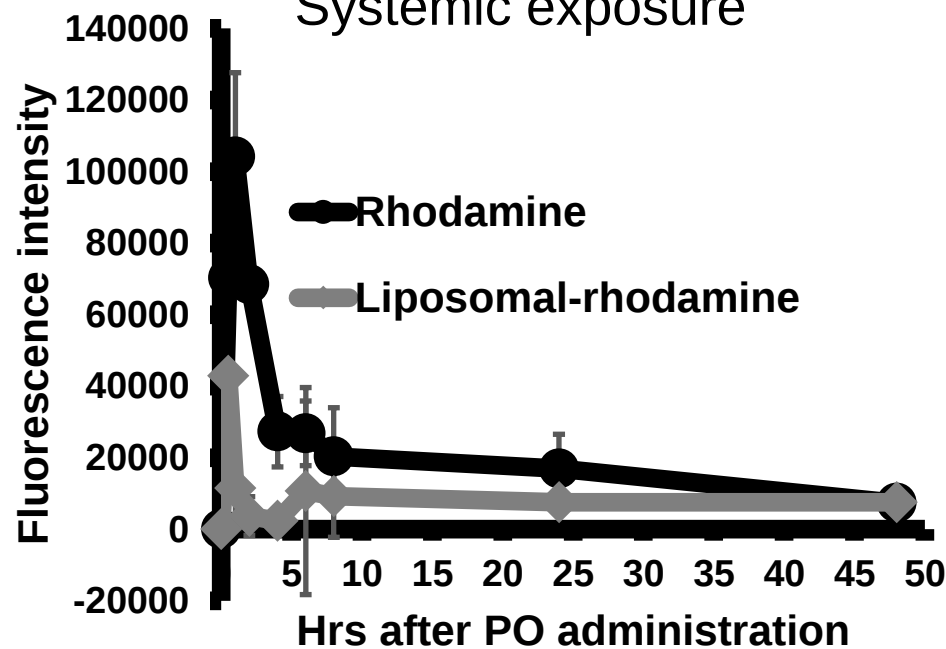
Colon image at day 10.



H&E staining of colon tissue



Systemic exposure



Single-dose Lipo-tm-HA (10 mg/kg) outperformed daily free tofacitinib

Concluding remark

Administered orally

(i) Remain stable due to HA coating

(iii) (-ve) charge liposome bound to transferrin at inflammation site

- ❖ Improved drug conc. at inflammation site
- ❖ Reduce systemic exposure
- ❖ Reduce dose frequency
- ❖ Improved therapeutic efficacy

ive ing!

to

Small intestine

to disassemble

Acknowledgement



Professor Florin M. Selaru, MD, MBA

Atran Foundation Professor in IBD Research
Professor of Medicine,
Biomedical Engineering and Oncology; Director - IBD Center,
Division of Gastroenterology, Institute for Nanobiotechnology,
Johns Hopkins University

Dr. Alina Iuga, MD



Professor Jordan Green lab
Johns Hopkins University School of Medicine



Professor Hai-Quan Mao lab
Johns Hopkins University

