

Engineering Nanotherapeutics for Local Intestinal Delivery Responding to Oxidative Cues in the Gut Microenvironment

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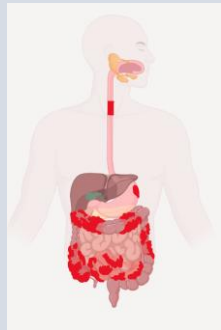
PHILADELPHIA, PA
JULY 13-18, 2025

**NEXT-GENERATION
DELIVERY INNOVATIONS**

Inflammatory Bowel Disease as a burden

IBD

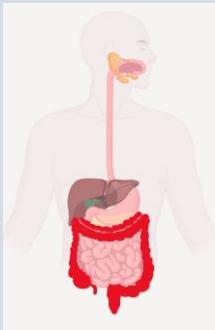
Crohn's Disease



✓ Can affect any part of the Gastrointestinal tract (GIT)

✓ Discontinuous inflammation pattern with a thicker mucus layer

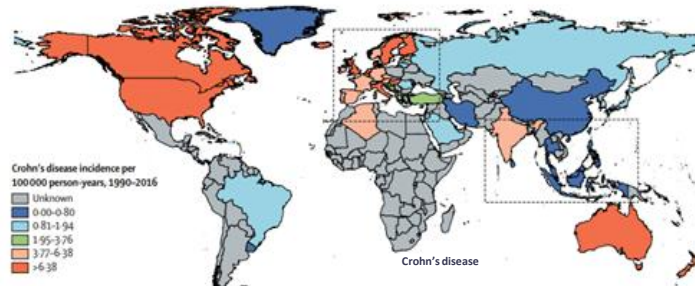
Ulcerative Colitis



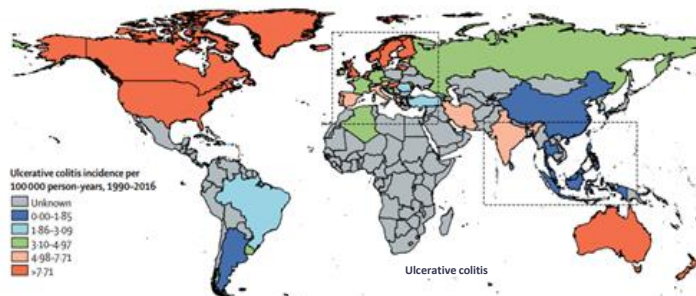
✓ Affects mainly the large intestine

✓ Continuous superficial inflammatory lesion with thin mucus layer

Crohn's Disease



Ulcerative Colitis



Incidence rate increase of 85.1% worldwide

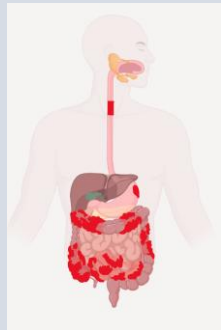
IBD direct cost in USA: ~\$5000 per person/year

IBD direct cost in Europe: ~€2000 per person/year

Inflammatory Bowel Disease as a burden

IBD

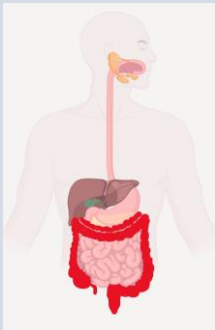
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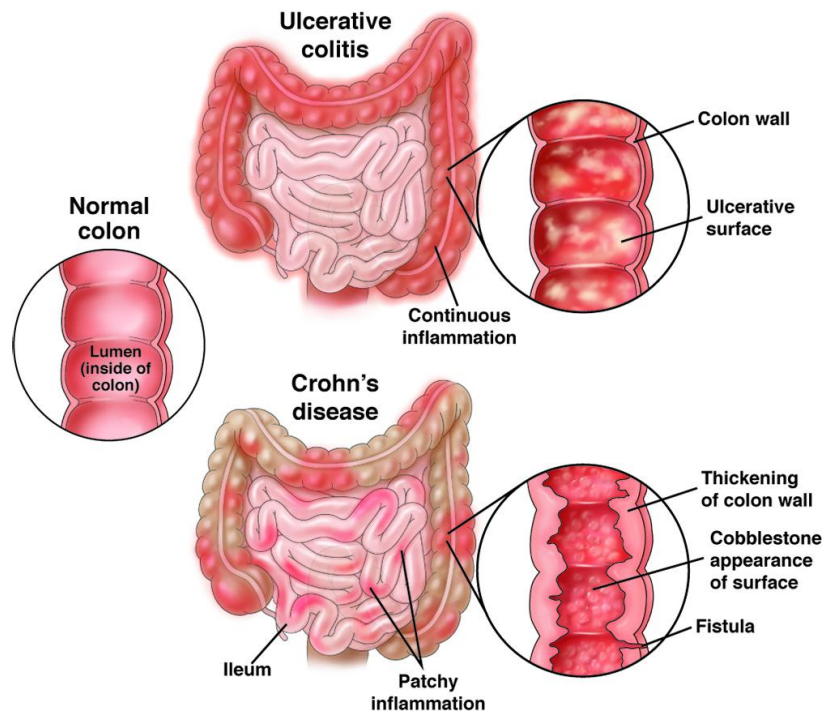
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Ulcerative Colitis



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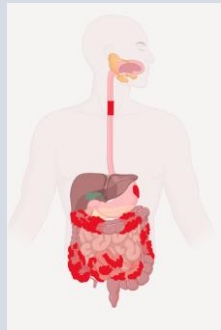
✓ Continuous superficial inflammatory lesion with thin mucus layer



Inflammatory Bowel Disease as a burden

IBD

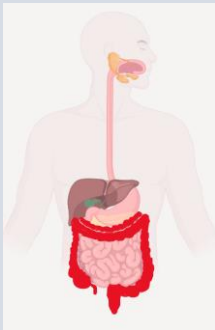
Crohn's Disease



✓ Can affect any part of the Gastrointestinal tract (GIT)

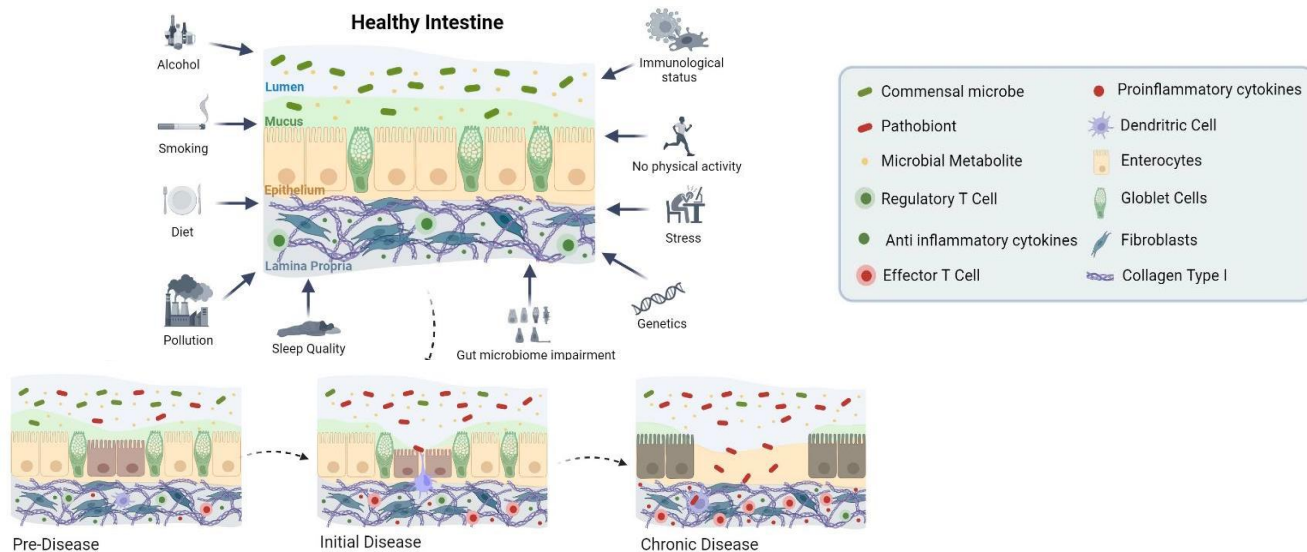
✓ Discontinuous inflammation pattern with a thicker mucus layer

Ulcerative Colitis



✓ Affects mainly the large intestine

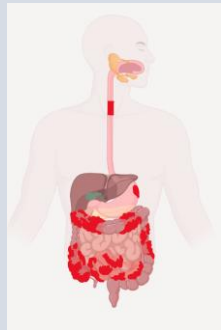
✓ Continuous superficial inflammatory lesion with thin mucus layer



Inflammatory Bowel Disease as a burden

IBD

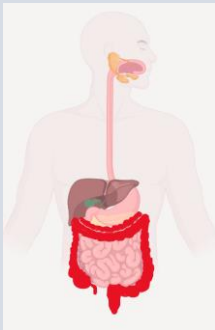
Crohn's Disease



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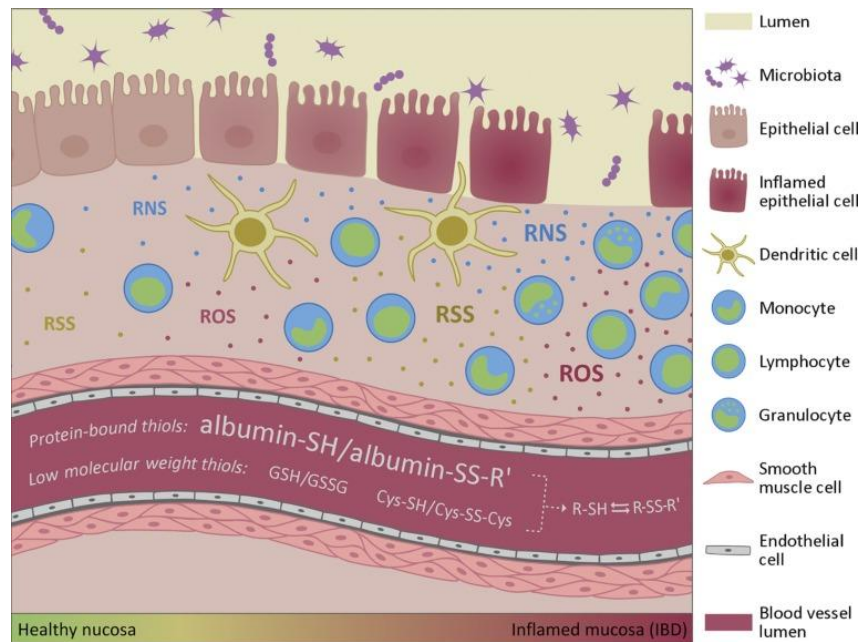
Ulcerative Colitis



✓ Affects mainly the large intestine

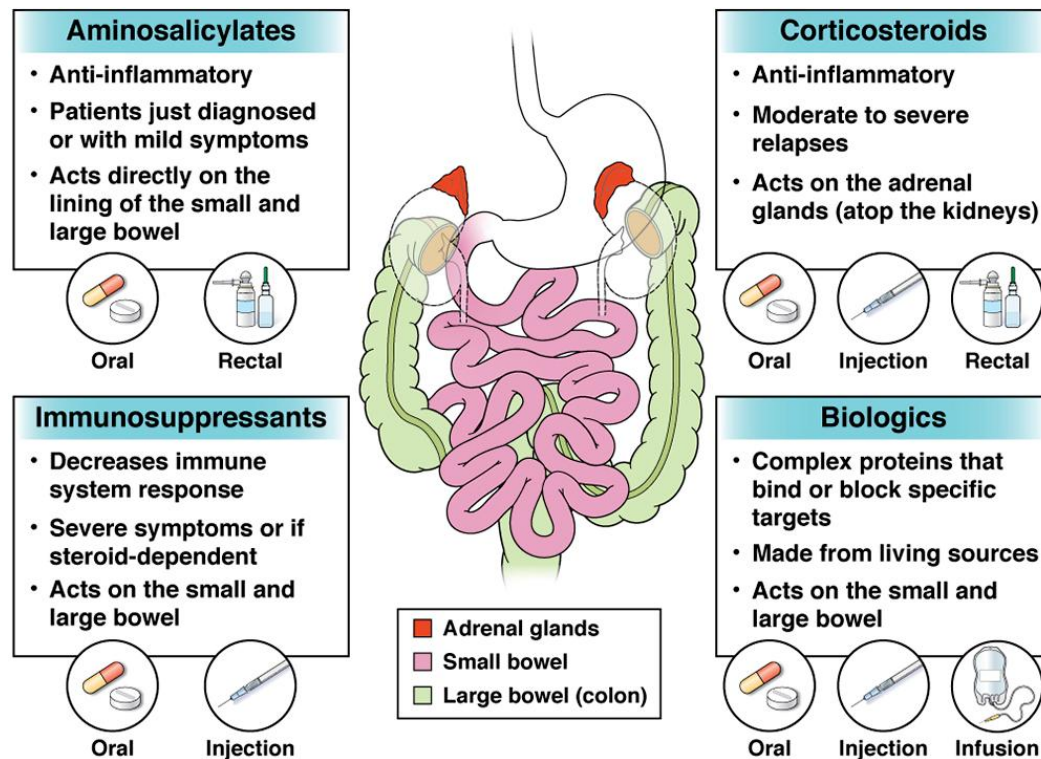
✓ Continuous superficial inflammatory lesion with thin mucus layer

Intestinal Reactive Species Interactome (RSI) and Systemic Redox Status in Healthy and Inflamed Intestinal Mucosa



Trends in Molecular Medicine

Therapeutic toolkit for inflammatory bowel disease



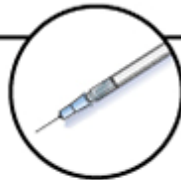
Therapeutic toolkit for inflammatory bowel disease

Corticosteroids

- Anti-inflammatory
- Moderate to severe relapses
- Acts on the adrenal glands (atop the kidneys)



Oral



Injection



Rectal

Prednisolone

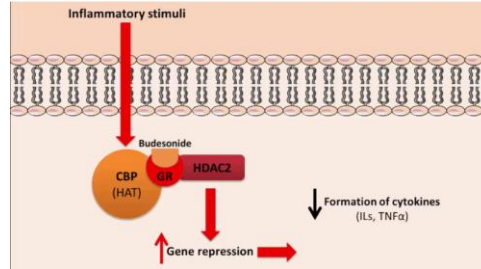
Budesonide

Rapid control of flares
Versatile administration

Long-term limitations
Adverse effects

Therapeutic toolkit for inflammatory bowel disease

Budesonide

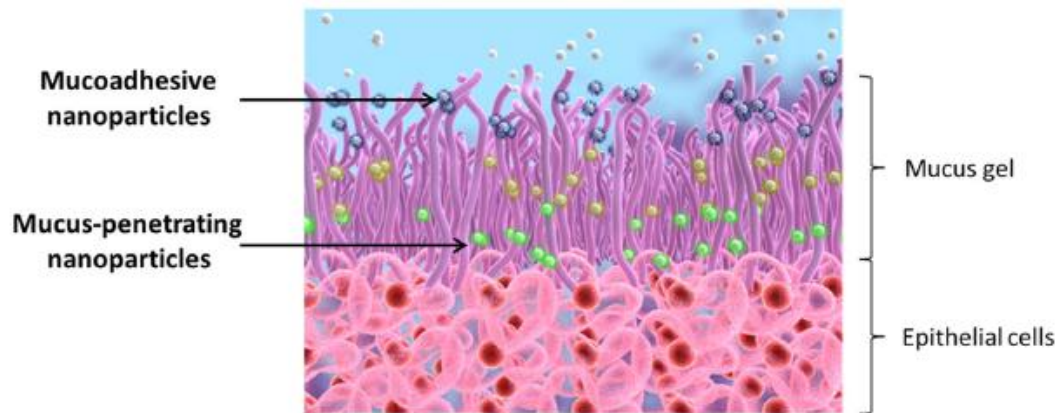


Acts directly on the affected area of the bowel, causes fewer side effects.

Still... inferior efficacy compared to systemic steroids

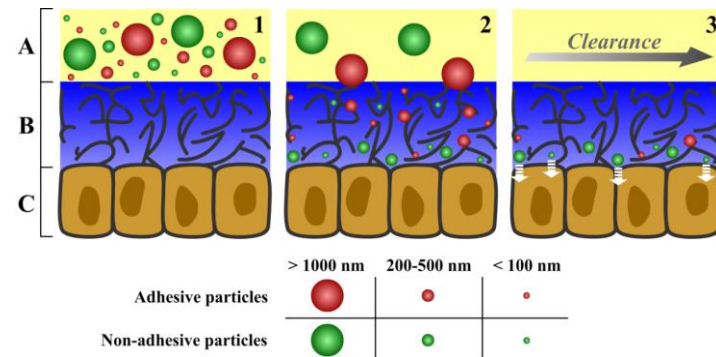
Site specific drug delivery can lead to avoidance of first pass metabolism, which is a limitation for its oral bioavailability

Oxidative intestinal environment as an opportunity

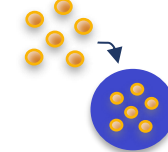


Nanomedicines

- Provide stability to payload
- Mucopenetration
- Cross physiological barriers
- Enhance intracellular uptake

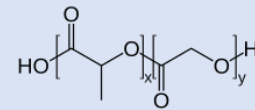


Drug



Poly(lactic-co-glycolic) acid - PLGA

- Biodegradable
- Biocompatible
- Hydrophobic

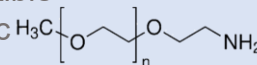


PEGylation

Polyethylene glycol - PEG

-Biocompatible

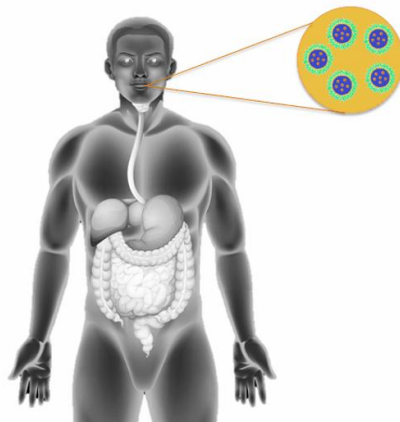
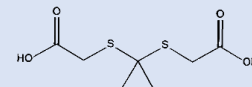
-Hydrophilic $\text{H}_3\text{C} \left[\text{O} \text{---} \text{CH}_2 \text{---} \text{CH}_2 \text{---} \text{O} \right]_n \text{CH}_2 \text{---} \text{CH}_2 \text{---} \text{NH}_2$



ROS-sensitive linker

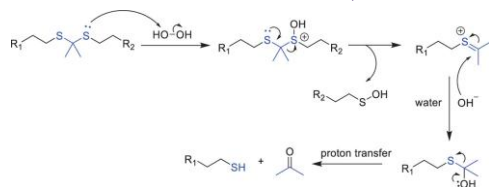


- ROS-sensitive linker

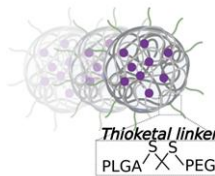


 ROS-sensitive NPs
  PLGA
  PEG

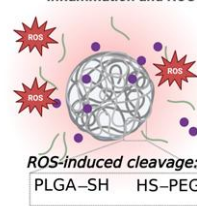
 Thioketal linker
  Drug
  Immune cells



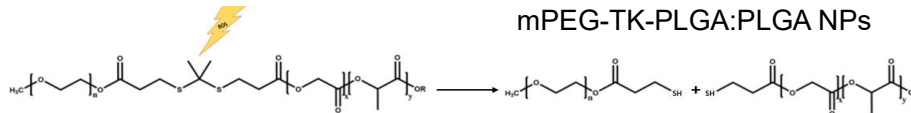
Absence of inflammation



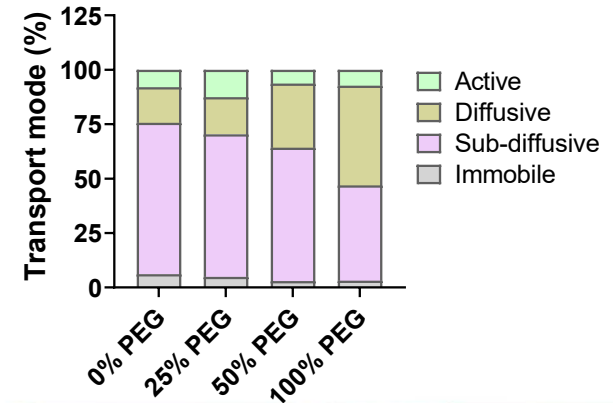
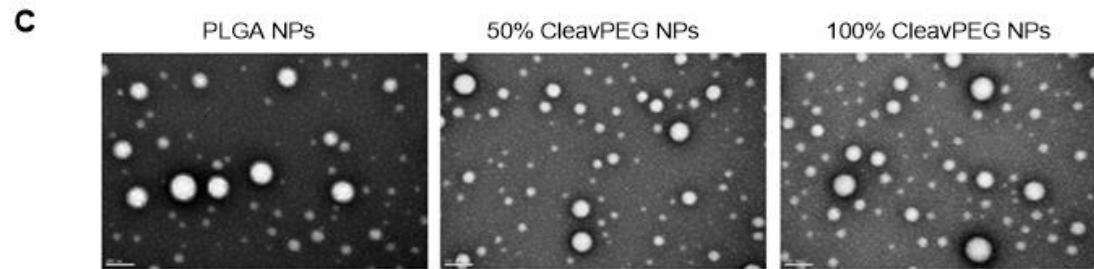
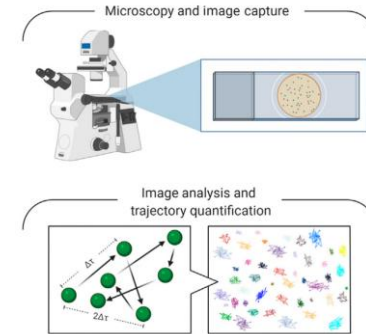
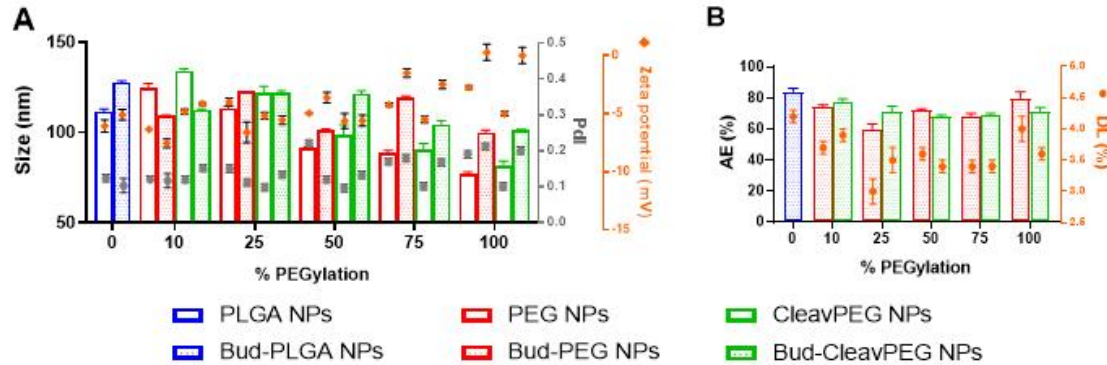
Inflammation and ROS



mPEG-TK-PLGA:PLGA NPs

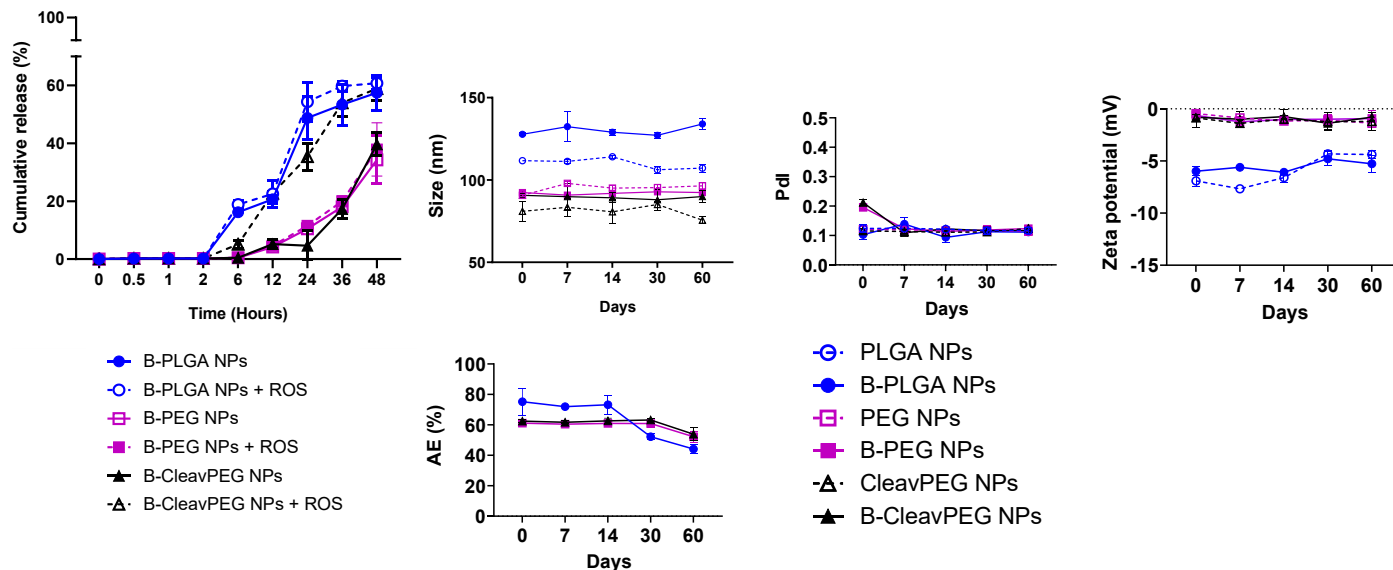


Stimulus-responsive nanomedicines for oral delivery of budesonide



Cristelo *et al.* J Control Rel, 384, 113948, 2025

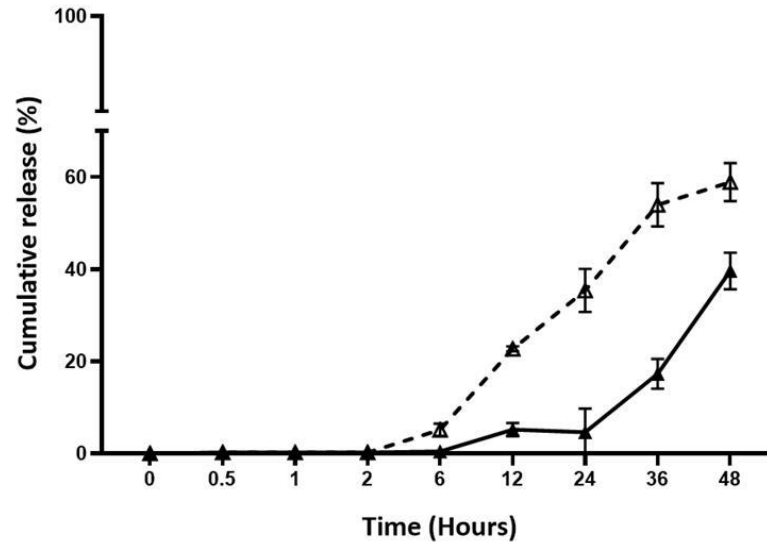
Stimulus-responsive nanomedicines for oral delivery of budesonide – Release and stability



Release profile of BUD from CleavPEG NPs was faster in presence of ROS

NPs were stable under normal and ROS conditions

Stimulus-responsive nanomedicines for oral delivery of budesonide – Release and stability



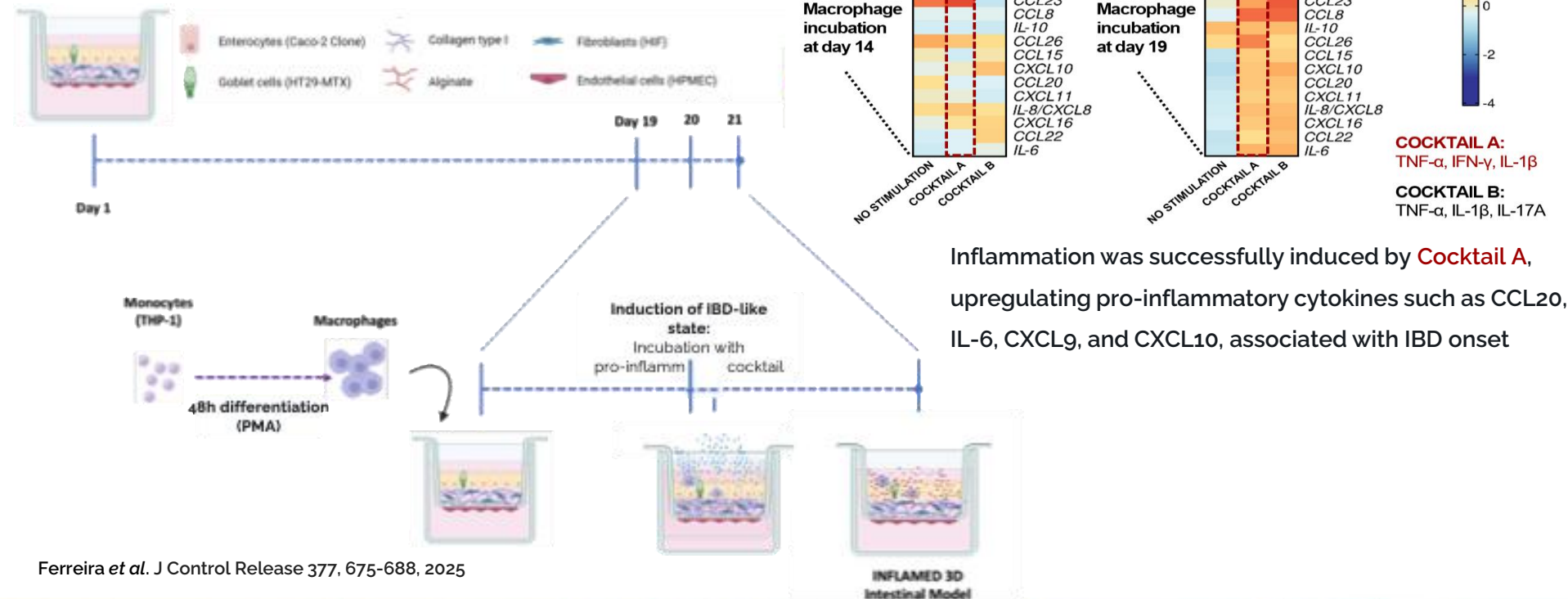
- ▲ B-CleavPEG NPs
- ▲ B-CleavPEG NPs + ROS

Release profile of BUD from CleavPEG NPs was faster in presence of ROS

NPs were stable under normal and ROS conditions

Cristelo *et al.* J Control Rel, 384, 113948, 2025

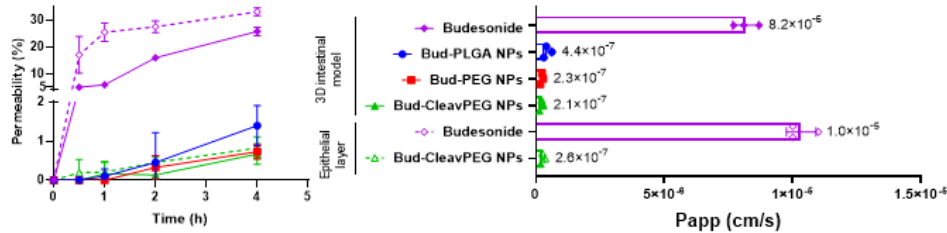
In vitro IBD 3D model



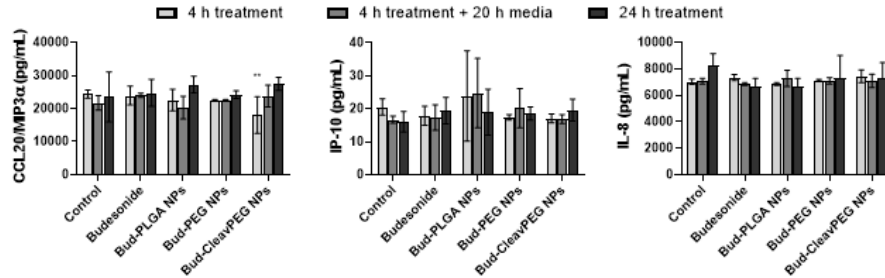
Ferreira et al. J Control Release 377, 675-688, 2025

Stimulus-responsive nanomedicines for oral delivery of budesonide – Cell interactions

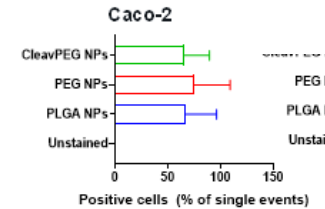
A



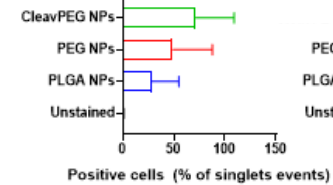
B



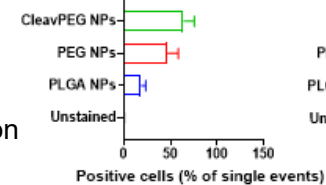
Encapsulation reduced BUD absorption, demonstrating its local action
Budesonide-CleavPEG NPs reduced CCL20/MIP3α levels



HT29-MTX

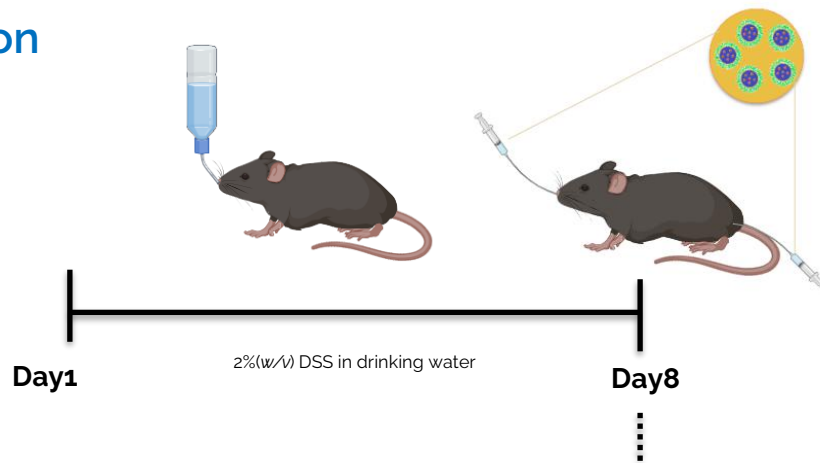


dTHP 1



Cristelo *et al.* J Control Rel, 384, 113948, 2025

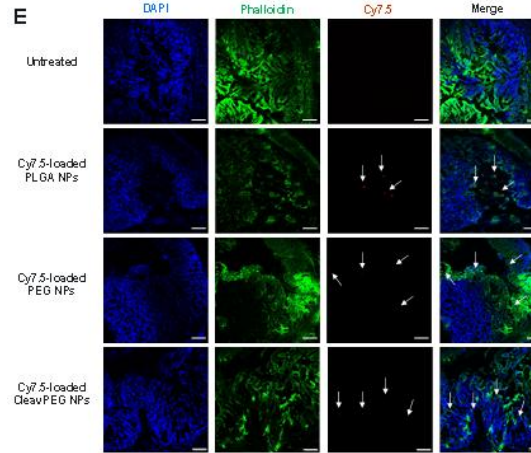
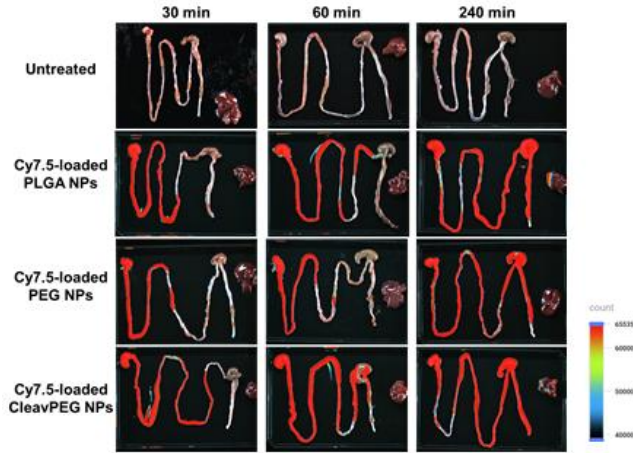
Stimulus-responsive nanomedicines for oral delivery of budesonide – In vivo distribution



Cy7.5 – loaded NPs administration (orally or rectally)

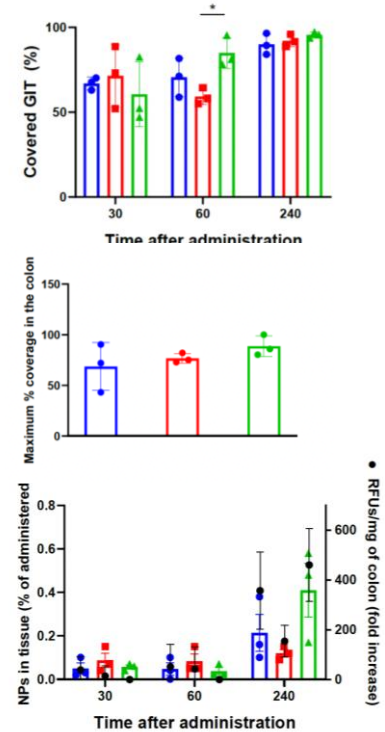
After 30, 60 and 240 min: Euthanasia; IVIS imaging and organ collection

Stimulus-responsive nanomedicines for oral delivery of budesonide – In vivo distribution



CleavPEG NPs were more retained in inflamed colon

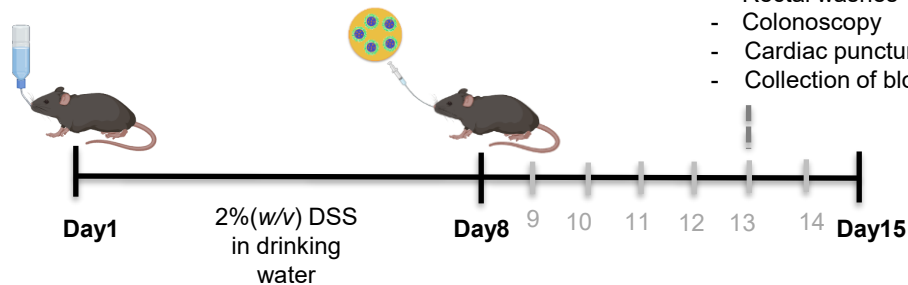
- PLGA NPs
- PEG NPs
- ▲ CleavPEG NPs



Cristelo *et al.* J Control Rel, 384, 113948, 2025

Stimulus-responsive nanomedicines for oral delivery of budesonide – In vivo efficacy

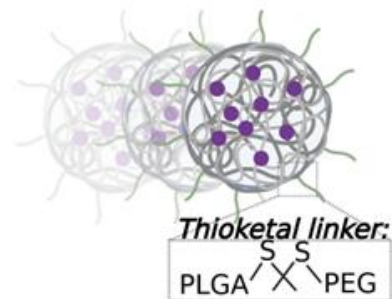
Oral dose:
1.85 mg/kg/day



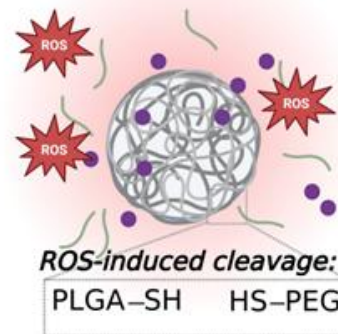
Treatment groups:

- Free BUD oral
- BUD-loaded PLGA NPs
- BUD-loaded mPEG-TK-PLGA:PLGA NPs
- BUD-loaded mPEG-PLGA NPs
- Healthy
- Non-treated disease

Absence of inflammation

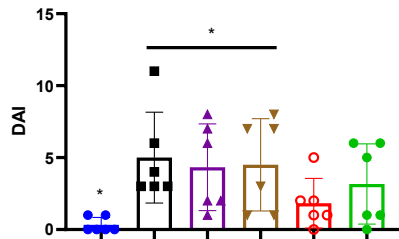
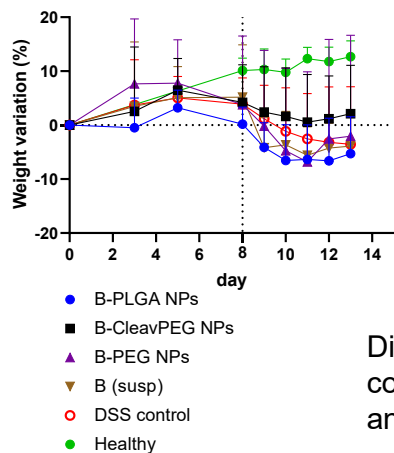


Inflammation and ROS

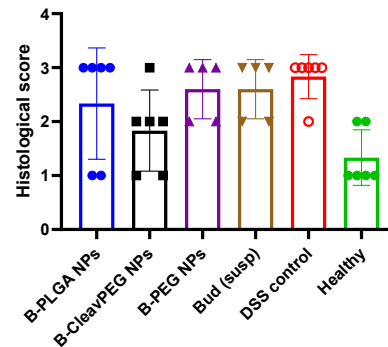


Stimulus-responsive nanomedicines for oral delivery of budesonide–

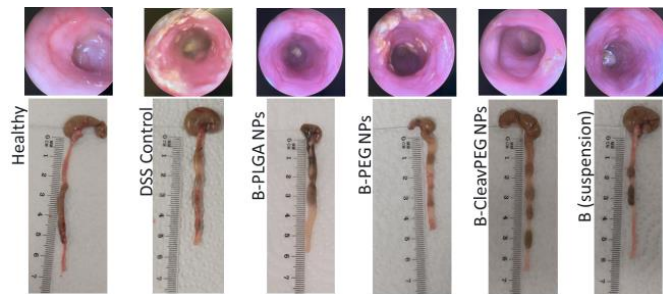
In vivo efficacy



Disease activity index (DAI) on day 12, considering weight loss, stool consistency and presence of blood in feces



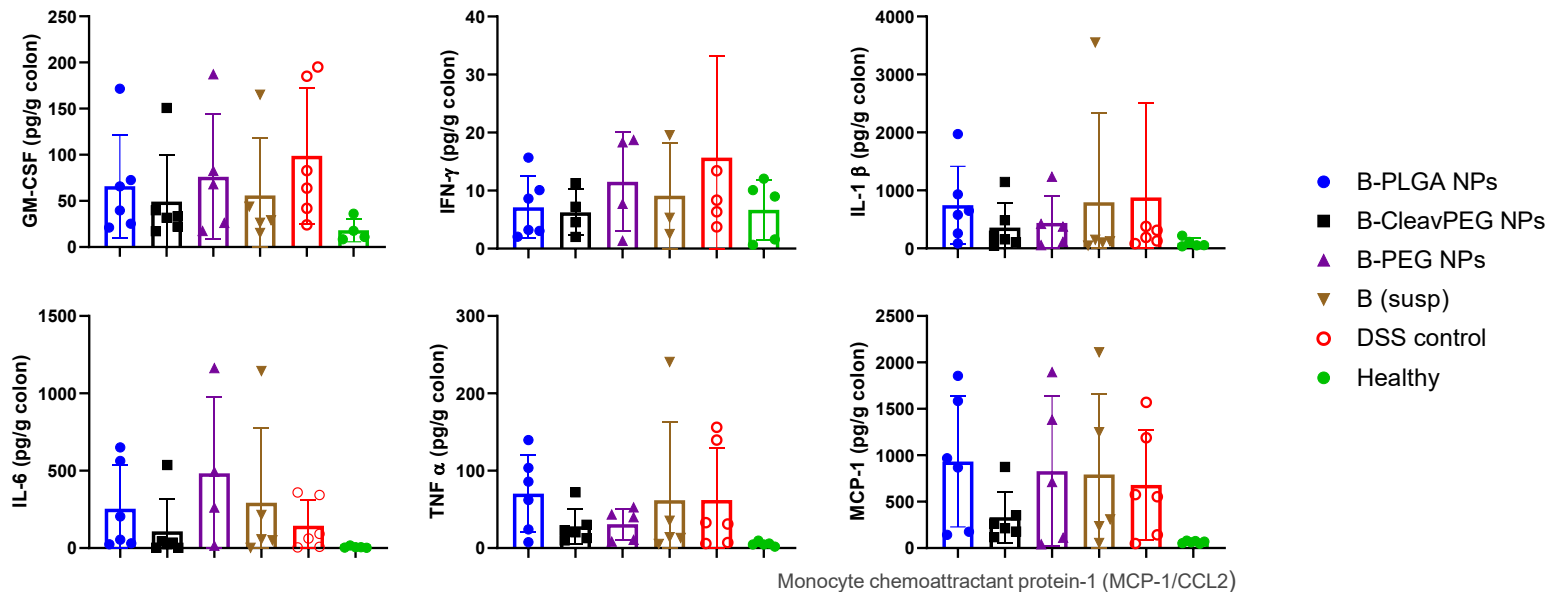
Bud-loaded CleavPEG NPs presented both DAI and histological scores similar to healthy animals



Cristelo *et al.* J Control Rel, 384, 113948, 2025

Stimulus-responsive nanomedicines for oral delivery of budesonide –

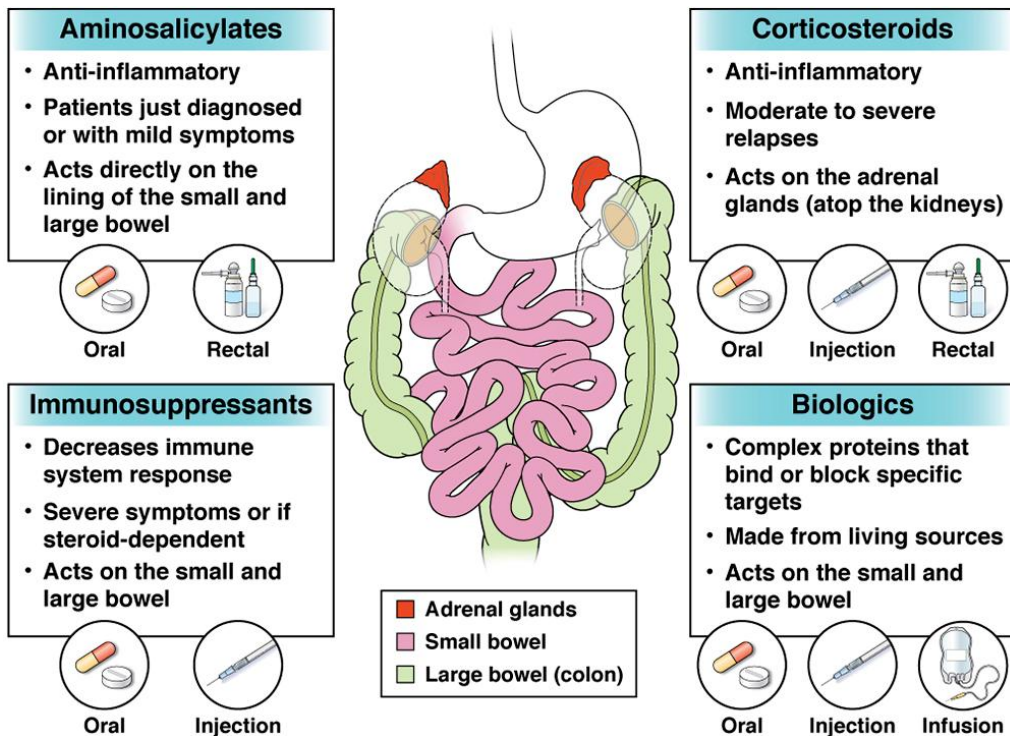
In vivo efficacy



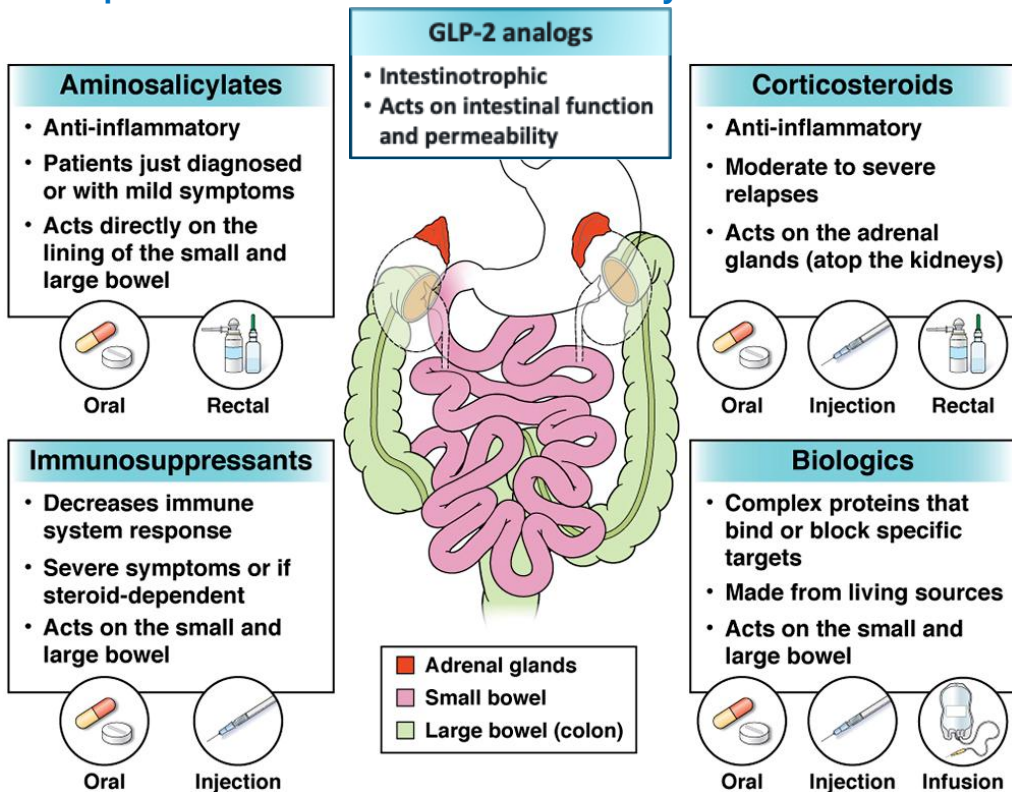
Bud-loaded CleavPEG NPs decreased inflammatory markers

Cristelo *et al.* J Control Rel, 384, 113948, 2025

Therapeutic toolkit for inflammatory bowel disease



Therapeutic toolkit for inflammatory bowel disease



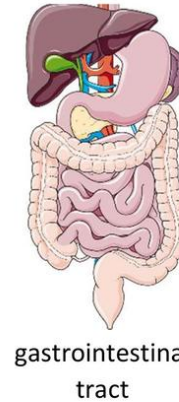
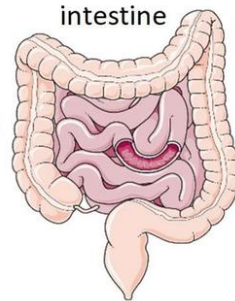
Therapeutic toolkit for inflammatory bowel disease

GLP-2 analogs

- Intestinotrophic
- Acts on intestinal function and permeability

Teduglutide

Glepaglutide
Apraglutide



Intestinotrophic actions

- ✓ ↑ cytoprotection & proliferation
- ✓ ↑ elongation of the enterocytes
- ✓ ↑ epithelial surface expansion

Gastrointestinal properties

- ✓ ↓ gastric acid secretion & gastric emptying
- ✓ ↑ intestinal & portal blood flow
- ✓ ↑ intestinal barrier function & ↓ intestinal permeability
- ✓ ↑ nutrient absorption

Bone metabolism

- ✓ ↓ bone resorption



Therapeutic toolkit for inflammatory bowel disease

Teduglutide is used in adults and children 1 year of age and older with short bowel syndrome (SBS)

Teduglutide

Crohn's & Colitis 2024, 6, 1-7
<https://doi.org/10.1093/crocolita/000>
Advance access publication 24 January 2024
Observations and Research



Improved Outcomes Associated With Teduglutide Use in Patients With Both Short Bowel Syndrome and Crohn's Disease

Rex K. Siu, MD, MSc,¹ Christian Karime, MD,² Jana G. Hashash, MD, MSc,¹ Jami Kinnucan, MD,³ Michael F. Picco, MD, PhD,¹ and Francis A. Farraye, MD, MSc¹

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³Address correspondence to: Francis A. Farraye, MD, MSc, Inflammatory Bowel Disease Center, Department of Gastroenterology and Hepatology, Mayo Clinic, 4500 San Pablo Rd S, Jacksonville, FL 32224, USA; Tel.: (904) 1

Clinical Nutrition 42 (2023) 722-730



Original article

Short-term clinical evaluation of teduglutide for patients with Crohn's disease on home parenteral support for postoperative short bowel syndrome with intestinal failure

Toshiyuki Sato^{a,*}, Motoi Uchino^b, Jiro Takeuchi^c, Yutaro Fujihira^a, Kazuma Shimizu^a, Keiko Yokoyama^a, Soichi Yagi^a, Koji Kaku^a, Yusuke Takashima^a, Maiko Ikenouchi^a, Kentaro Kojima^a, Mikio Kawai^a, Kazuko Nagase^a, Koji Kamikozuru^a, Yoko Yokoyama^a, Tetsuya Takagawa^a, Hiroki Ikeuchi^c, Kenji Watanabe^a, Shinichi Shinzaki^a

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Usually, **people with SBS have undergone surgery to remove parts of the intestine**. This may include portions that produce GLP-2.

If those parts are removed, then **the body may not make enough GLP-2** to help the remaining intestine absorb nutrients and fluids.



Increasing the surface area of the villi may help the body absorb more essential nutrition.

Hypothetical illustration of a digestive tract following resection.

[illegible]

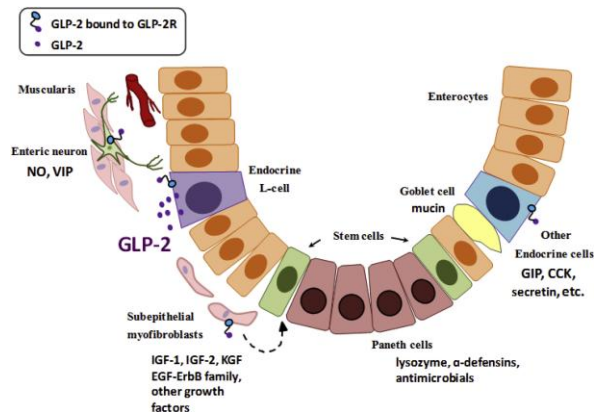
GLP-2 analog (33 aa) with higher half-time (from 7 min to 2-3h)

Increases intestinal absorption

Easily degradable

Injectable administration is inconvenient for patients

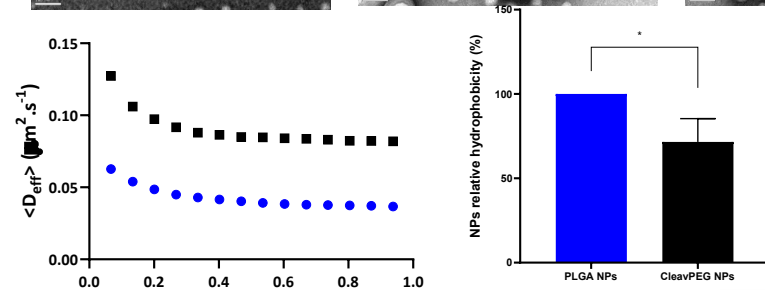
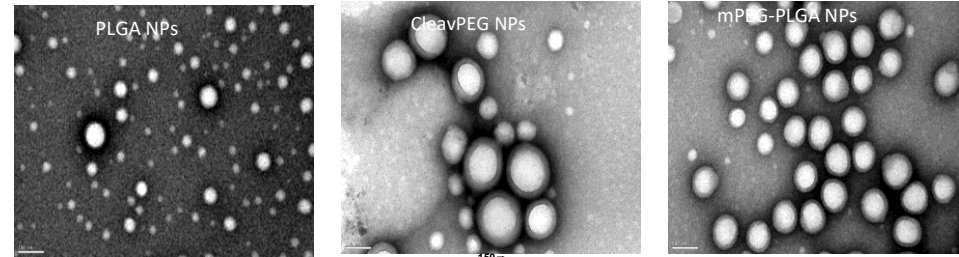
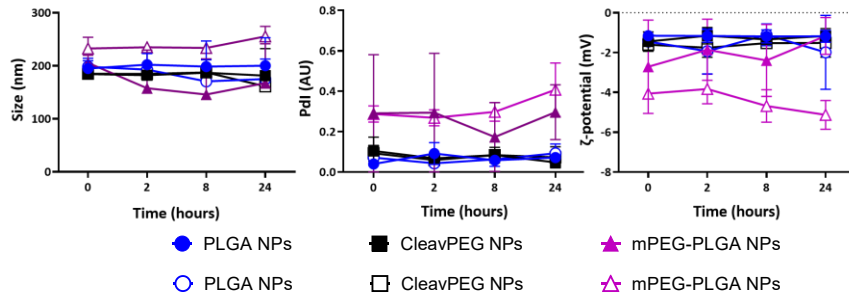
Low local concentration



Stimulus-responsive nanomedicines for oral delivery of teduglutide



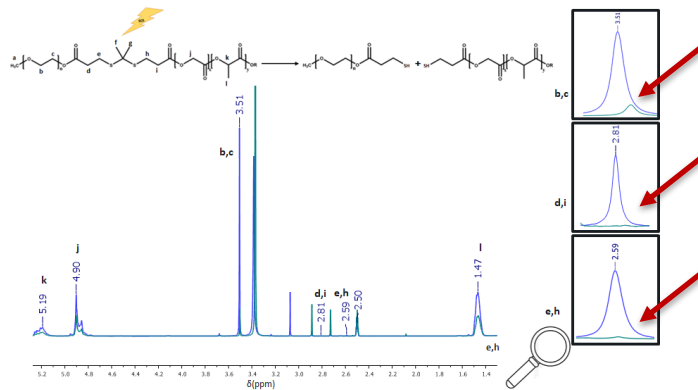
Samples	Size (nm)	PdI	ζ -potential (mV)	AE (%)	DL (%)
PLGA NPs	203 $\pm$ 5	0.113 $\pm$ 0.042	-1.0 $\pm$ 0.5	---	---
mPEG-PLGA NPs	194 $\pm$ 7	0.125 $\pm$ 0.029	-1.6 $\pm$ 0.2	---	---
CleavPEG NPs	205 $\pm$ 5	0.097 $\pm$ 0.041	-0.9 $\pm$ 0.3	---	---
TED-loaded CleavPEG NPs	222 $\pm$ 4	0.217 $\pm$ 0.036	-0.8 $\pm$ 0.3	71 $\pm$ 14	7.1 $\pm$ 1.4



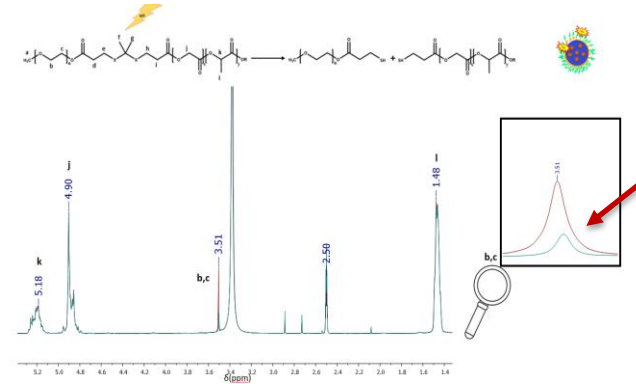
Barros *et al.* Small 20, 2402502, 2024

ROS-responsive profile

Co-polymer: mPEG-TK-PLGA



NPs

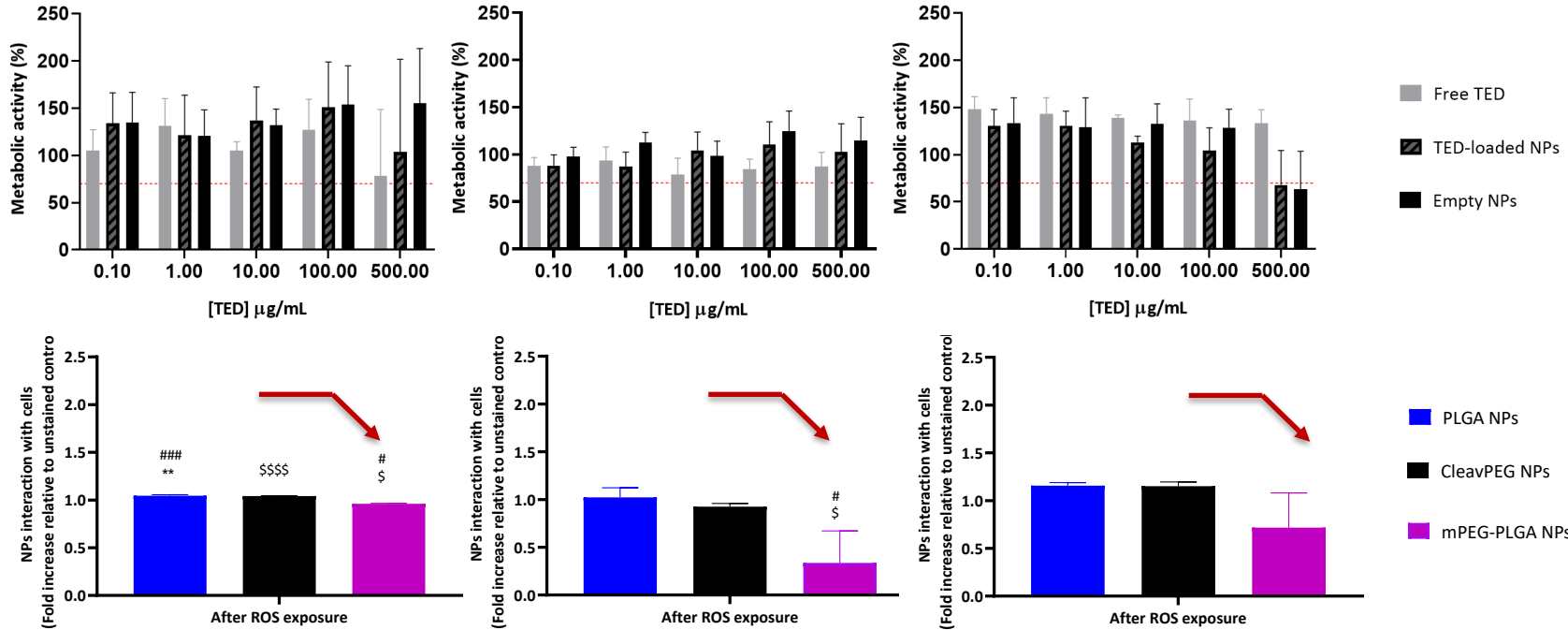


Absence of the TK characteristic ¹H NMR peak after ROS exposure

Barros *et al.* Small 20, 2402502, 2024

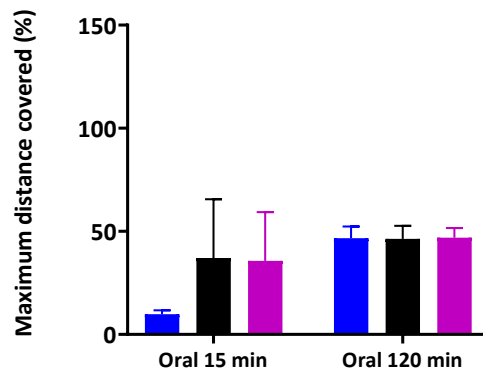
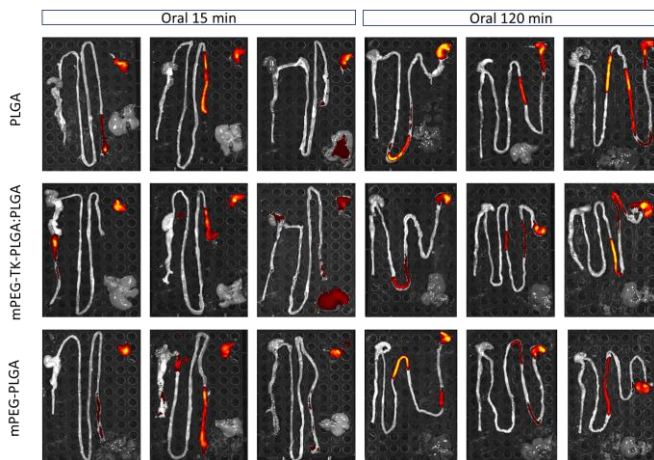
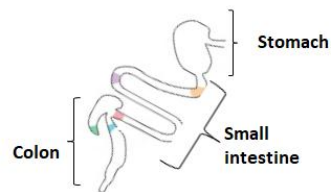
Decrease of PEG characteristic ¹H NMR peaks after ROS exposure

Interaction of NPs with cells

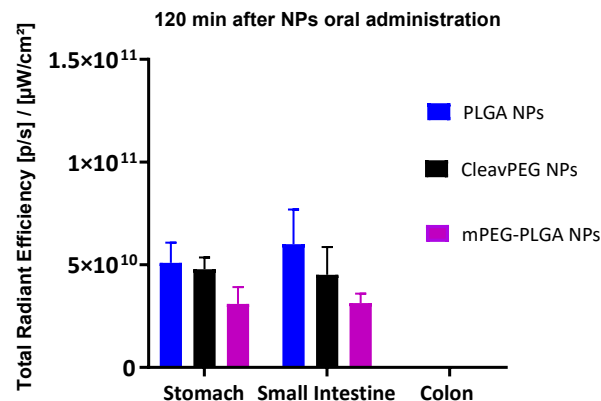
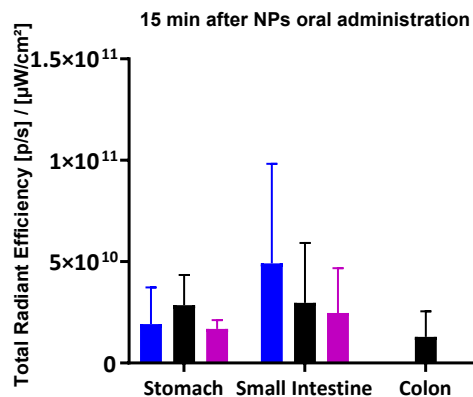


ROS-sensitive NPs have a higher interaction profile with cells than PEGylated NPs, after ROS exposure

In vivo oral biodistribution



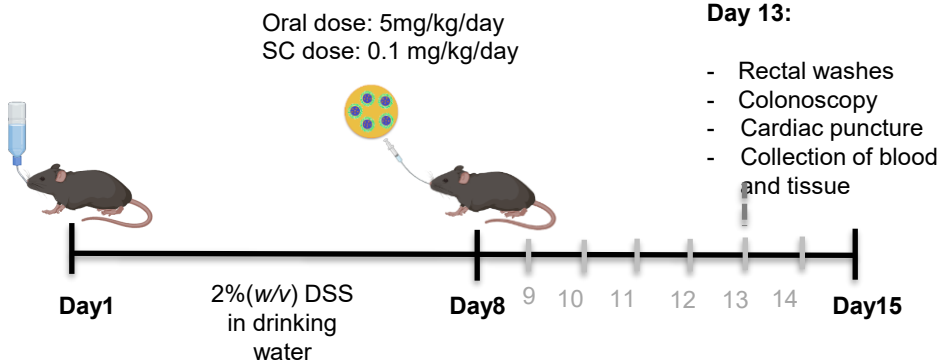
Cy7.5 – loaded NPs administration (orally or rectally)
After 15 and 120 min: Euthanasia; IVIS imaging and organ collection



ROS-responsive NPs reached the target (inflamed colon) after 15 min of oral administration
PEGylated NPs have a higher GIT covered area compared to PLGA NPs

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In vivo efficacy

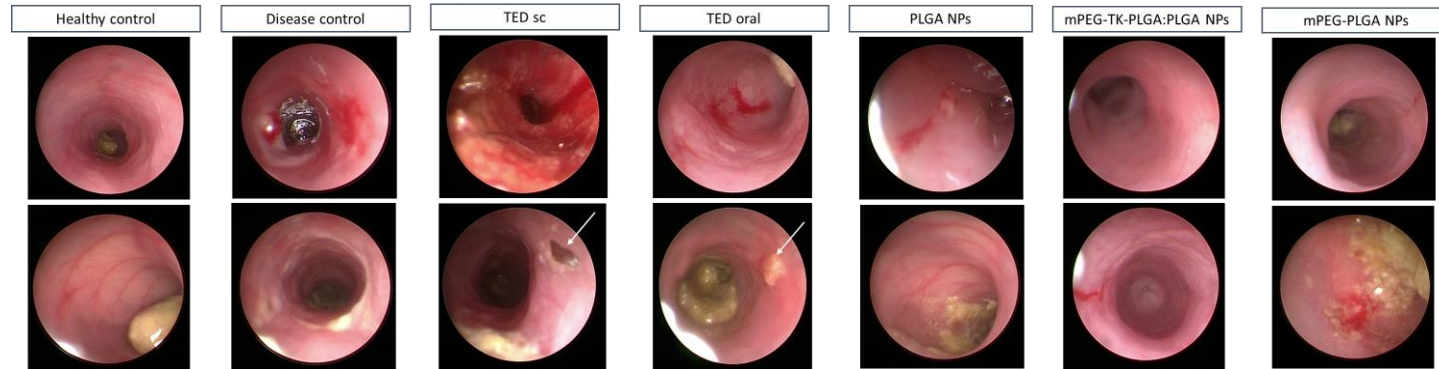


Treatment groups:

- Free TED oral
- Free TED sc
- TED-loaded PLGA NPs
- TED-loaded mPEG-TK-PLGA:PLGA NPs
- TED-loaded mPEG-PLGA NPs
- Healthy
- Non-treated disease

In vivo efficacy

Colonoscopy evaluation



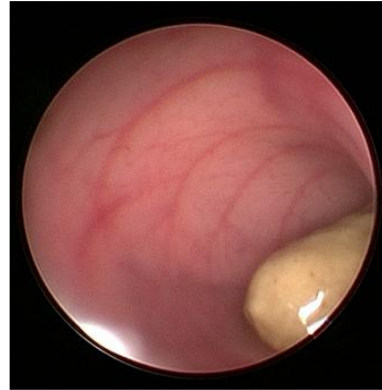
TED-loaded NPs resulted in better recover scores compared to free TED, both oral and s.c.

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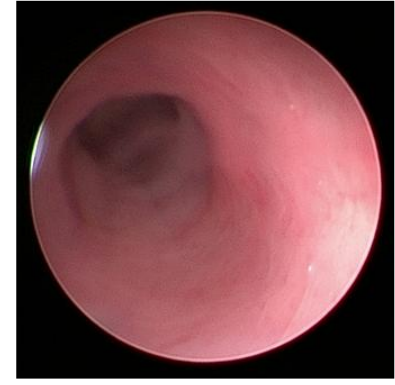
In vivo efficacy

Colonoscopy evaluation

Healthy control

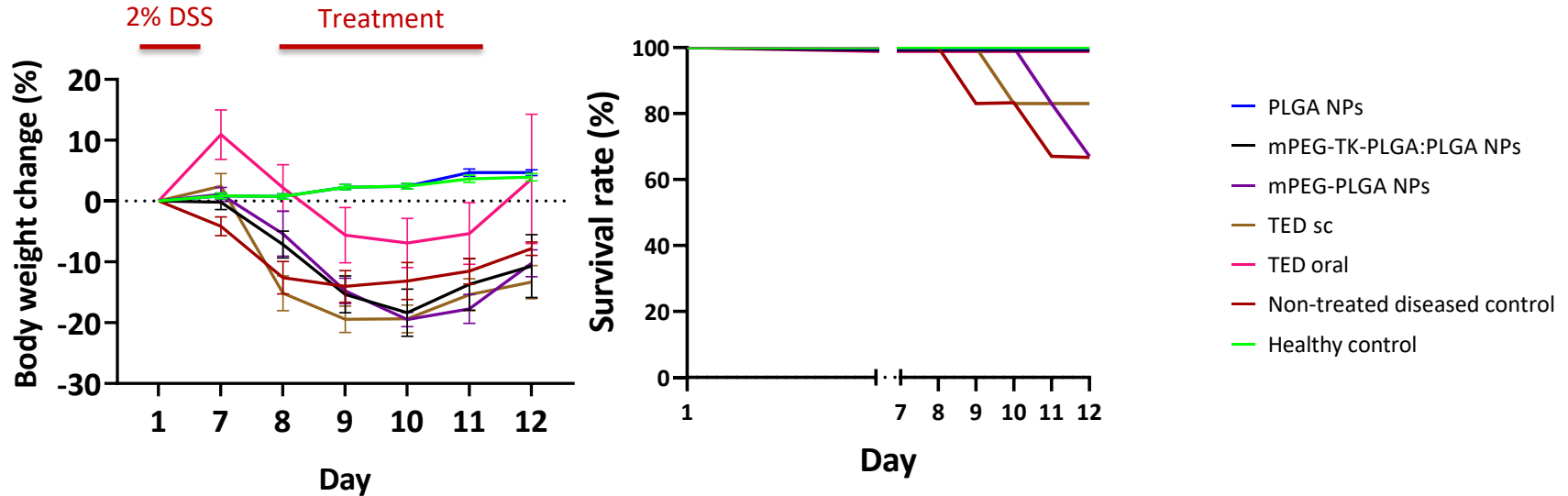


mPEG-TK-PLGA:PLGA NPs



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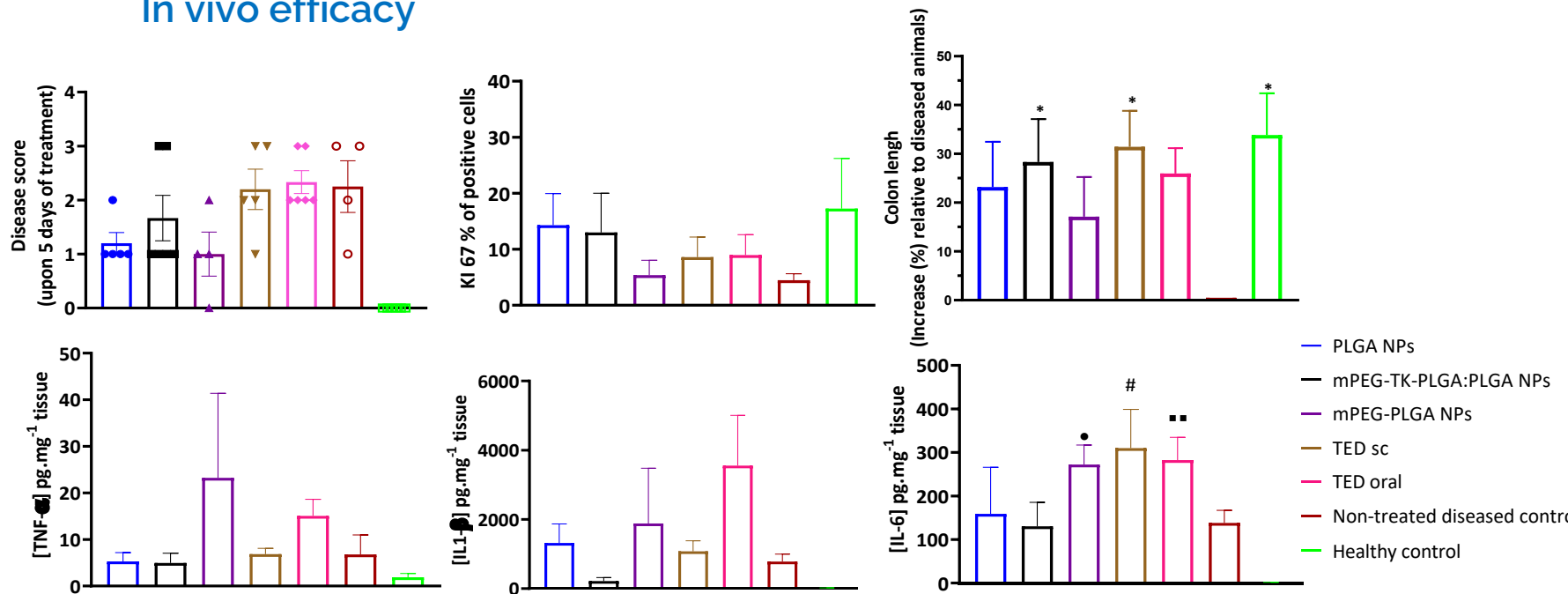
In vivo efficacy



Body weight decrease after DSS treatment and an increase with TED treatment

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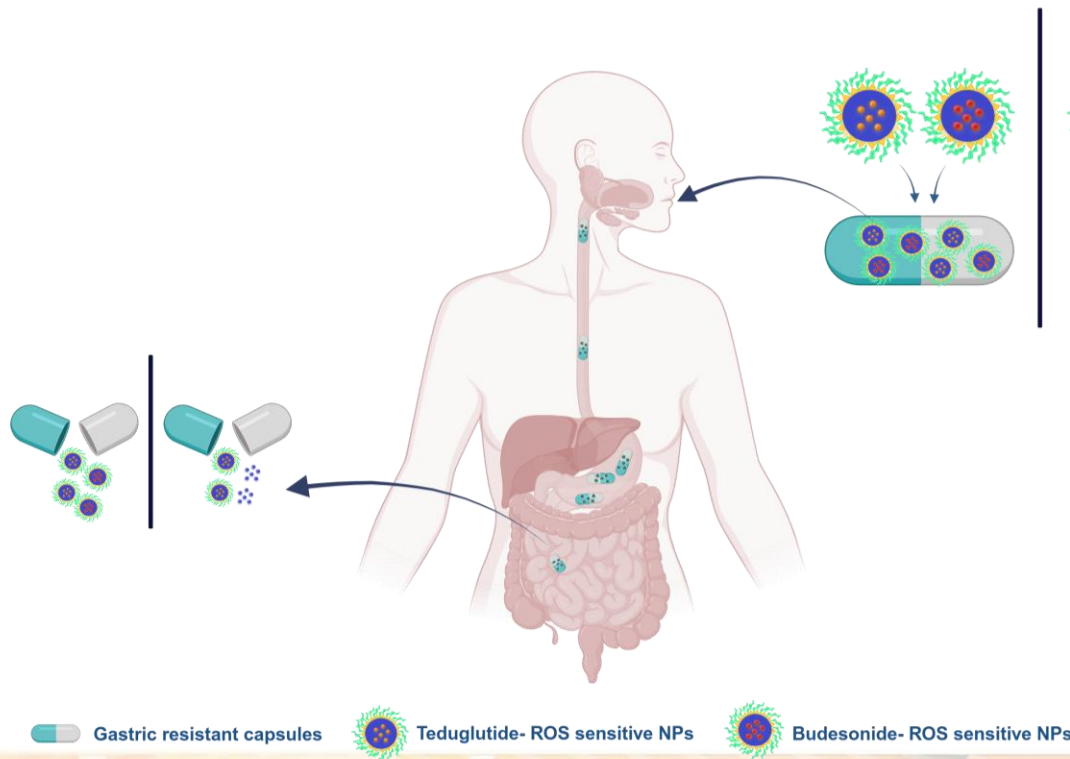
In vivo efficacy



ROS-responsive NPs decreased inflammatory markers and promote mucosal healing

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ROS-based stimulus-responsive nanomedicines – on going work



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