

Heather Sheardown

MUCOADHESIVE MICELLES FOR ANTERIOR SEGMENT DRUG DELIVERY

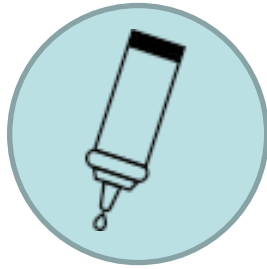


The Problems with Eye Drops

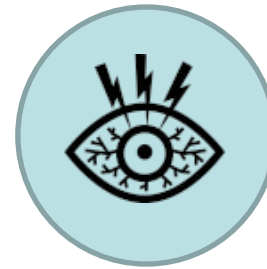
90% of Ophthalmic Pathology is treated with eye drops, but drops simply DO NOT WORK VERY WELL!
Can we make a drop that is better?



95% is lost after
the first blink



Wasteful, systemic exposure;
Low bioavailability



Uncomfortable and irritating when
given multiple times per day

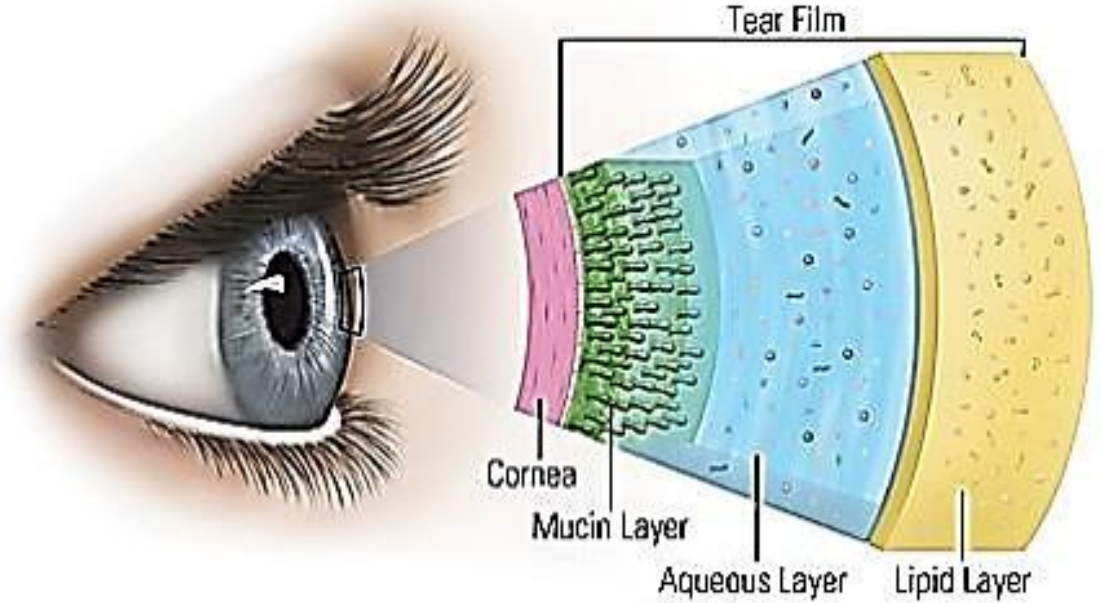


Poor patient
compliance



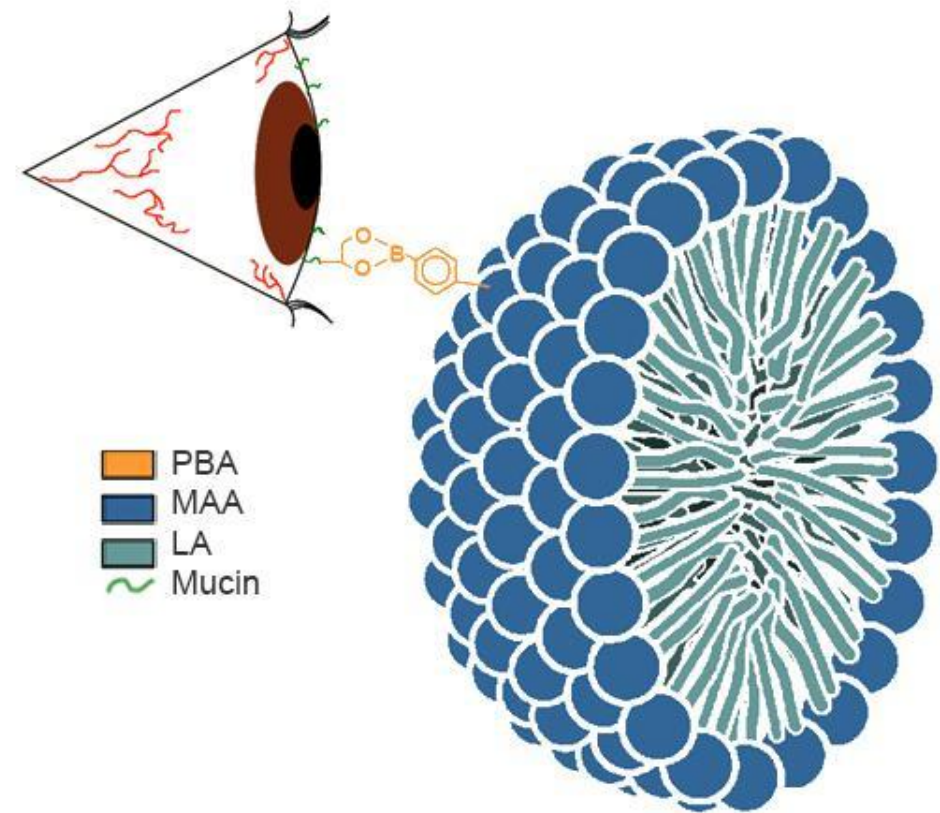
Mucoadhesive Materials for Drug Delivery

- Eyedrops are well accepted but ineffective
- Increase the residence time on eye by increasing contact with the ocular surface
- Mucin layer on the surface of cornea shown to bind to a variety of different natural and synthetic materials
- Use this layer to facilitate interactions with the corneal layer over a prolonged period of time



Mucoadhesive Micelles for front of the Eye Formulations

- To improve clinical efficacy of pharmacological treatments, a mucoadhesive micelle drug delivery platform for controlled, sustained, and target delivery has been developed
- Particles are uniform with sizes on the order of 200 nm
- Prepared by RAFT and FRP
- In aqueous solution, particles are transparent when PBA content is low (<20%)



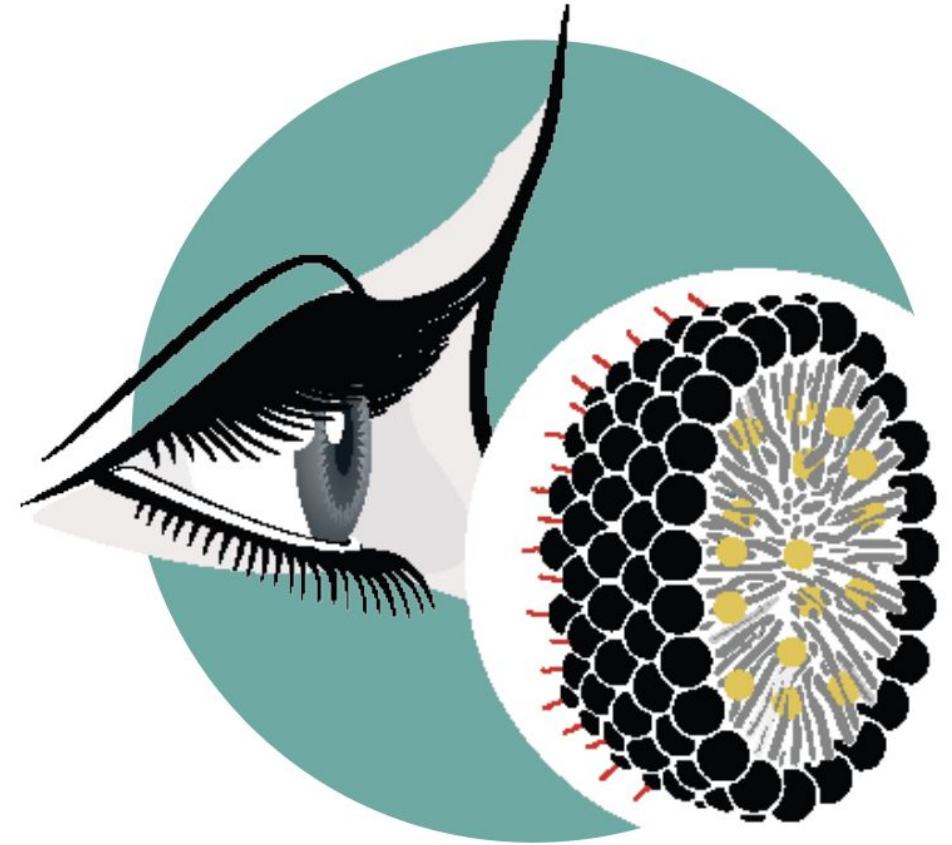
OptimEyes Micelle Technology

- Drug encapsulation improves solubility and decreases irritation
- Sustained release
- Binds to the ocular surface
- Increased ocular residence time gives greater bioavailability



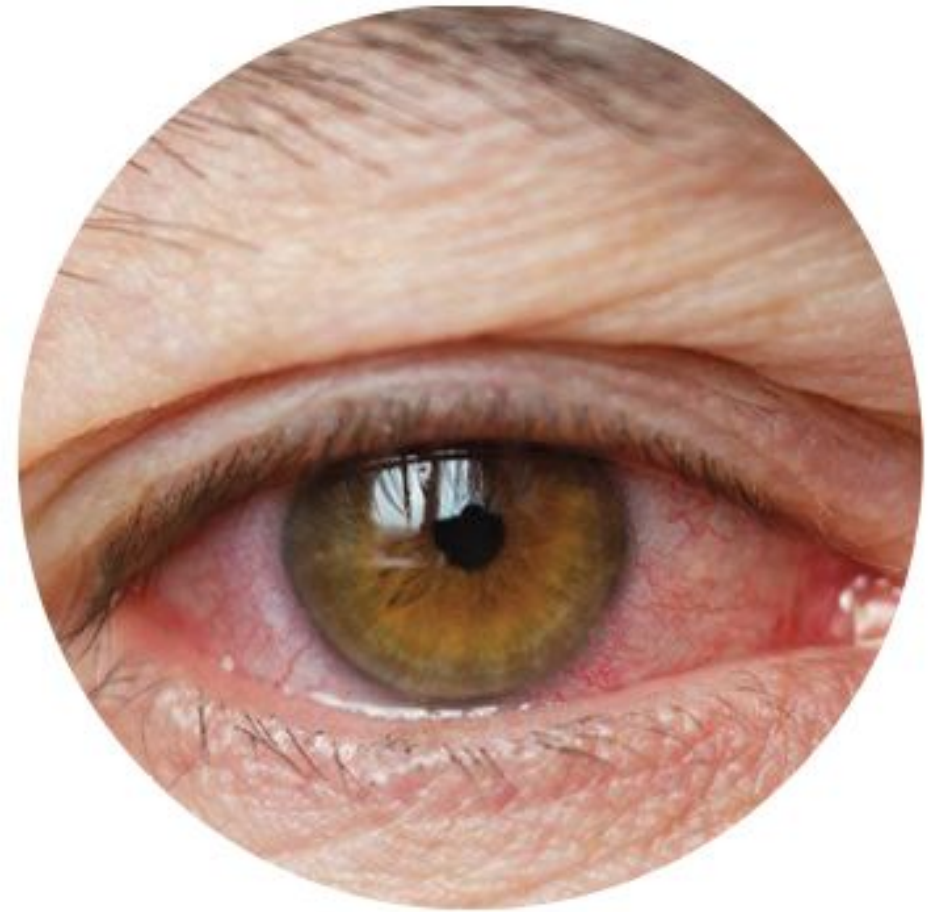
OptimEyes Micelle Technology

- Patented Technology
- Platform with many potential applications
- Lead Indications = Dry Eye Disease – (High Dose Cyclosporine) and Glaucoma (Latanoprost)



Dry Eye Disease

- Affects millions throughout the world
- Most common reason for visits to eye practitioners
- Characterized by vicious cycle of tear film instability and hyperosmolarity that leads to inflammation and ocular surface damage
- Associated with significant pain, limitations in performing daily activities, reduced general health and depression



Growing Dry Eye Market

Treatments – lubricating drops, cyclosporine A, lifitgrast
Estimates 2019; Courtesy Market Scope
Market-scope.com

\$4.5 BILLION

2019

DRY EYE
MARKET

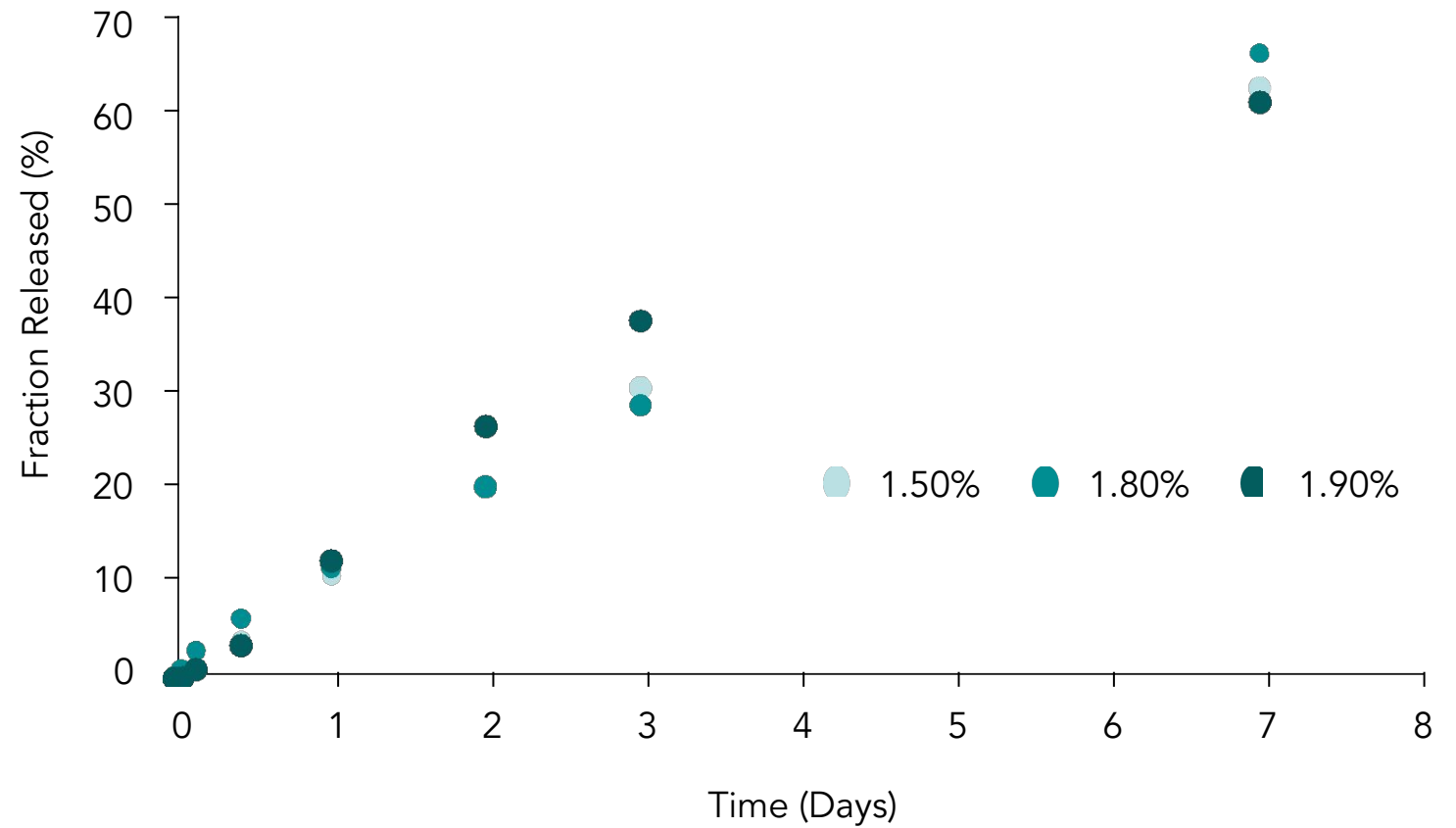
2024

\$6.5 BILLION



In Vitro Drug Release

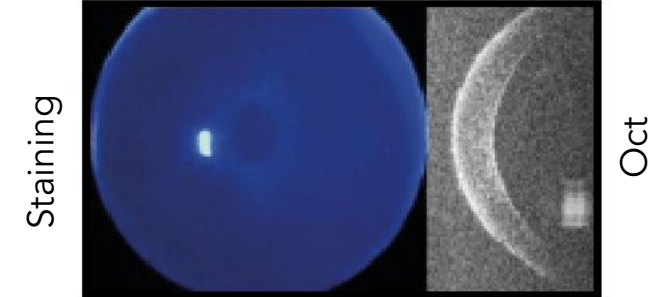
Cyclosporine A (CycA), a common topical drug used to treat dry eye disease (DED) released over 2 weeks



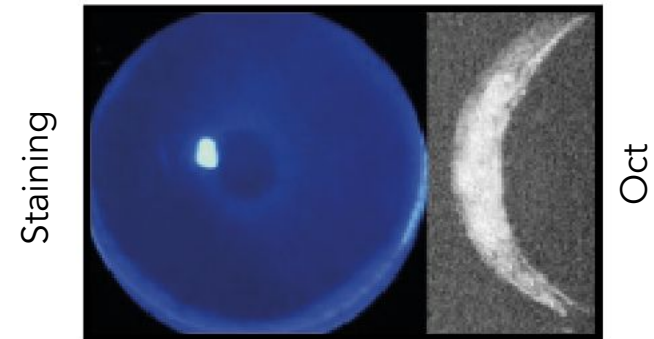
Micelles Appear Safe & Tolerable

- Rabbits & Rats
- No signs of corneal thickening, morphology changes or irritation at various micelle dose levels
- No cell death with polymer incubation

PBS Control



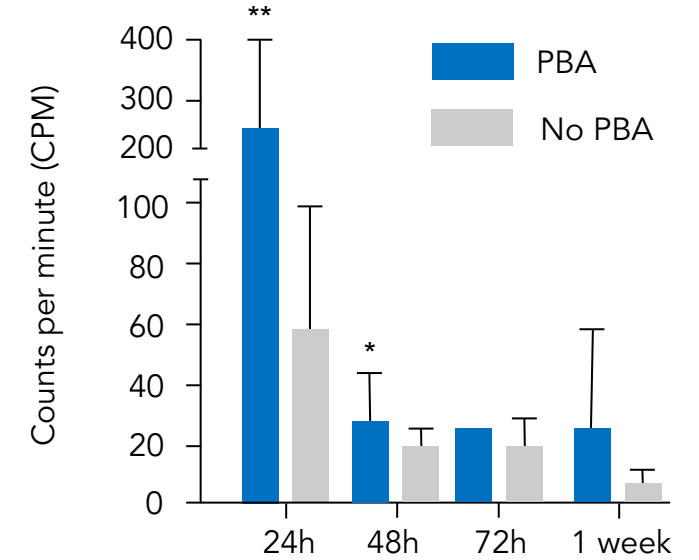
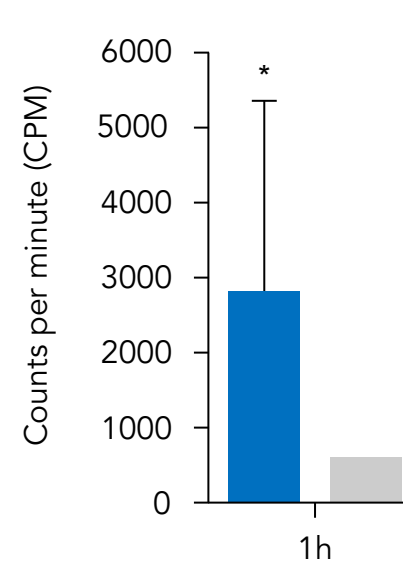
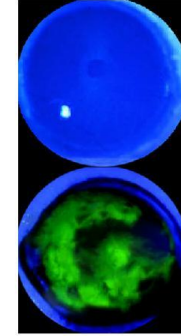
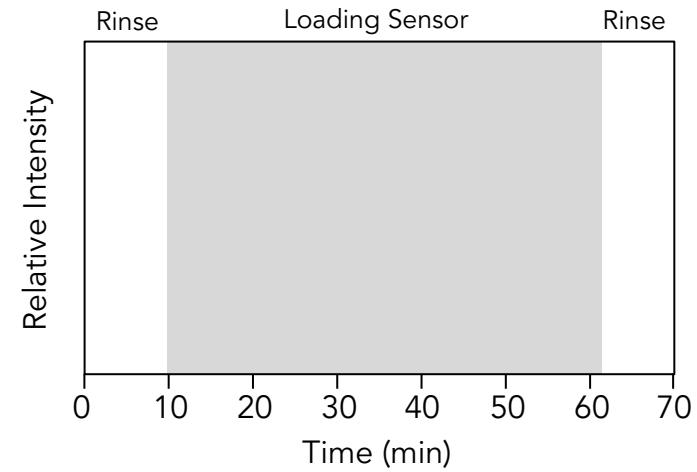
Michelle Formulation



Micelles Appear Safe & Tolerable

Significantly more mucin binding when PBA is present confirmed:

- In vitro: Surface plasmon resonance (SPR)
- In vivo: 1-125 Radiolabelling



Comparison of Clinical Efficacy to Restasis®



A scopolamine induced dry eye disease rat model

Restasis®

0.05% cyclosporine

TWICE PER DAY

EVERY 3 DAYS

OptimEyes Micelle Formulation

0.075% cyclosporine A

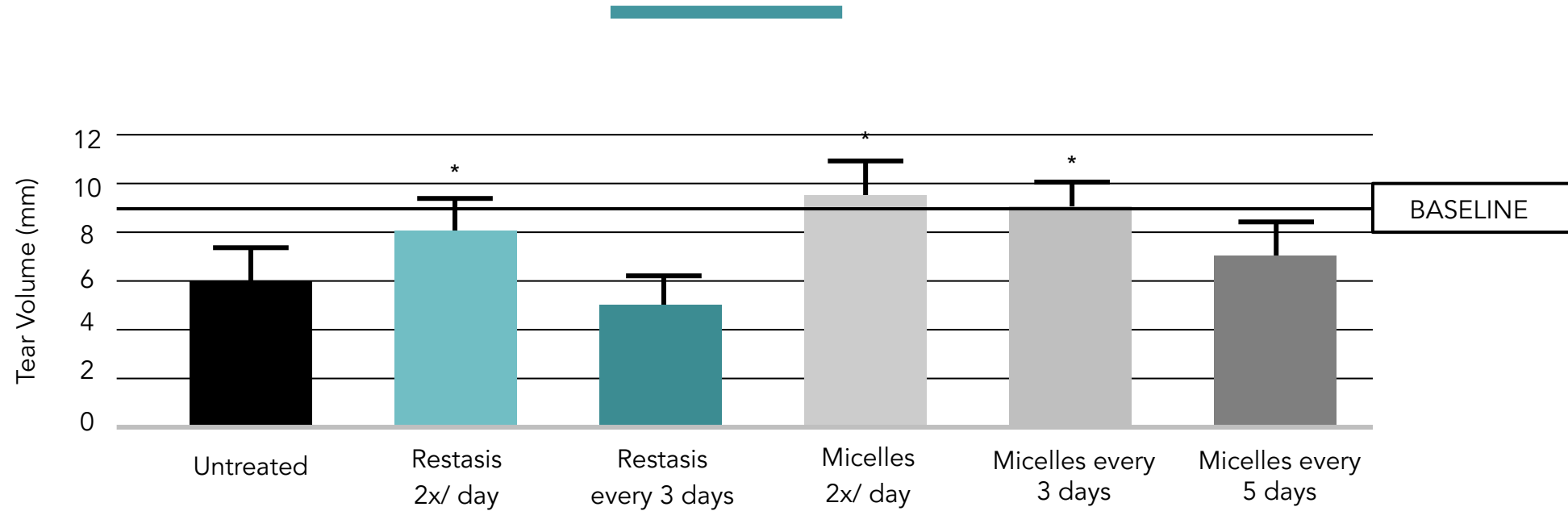
TWICE PER DAY

EVERY 3 DAYS

EVERY 5 DAYS

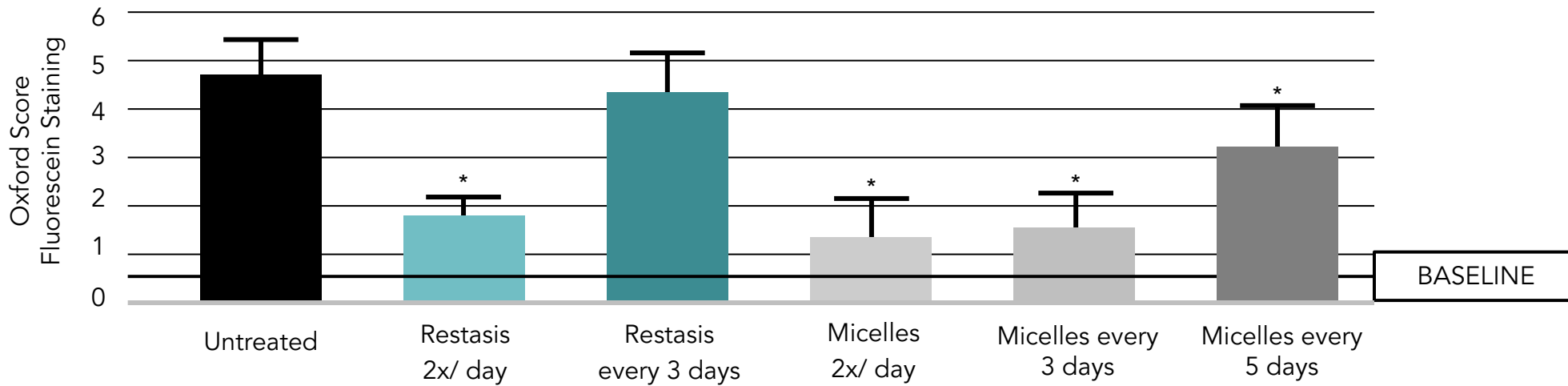


Tear Volume Returns to Baseline



Micelles dosed once every three days is equivalent to Restasis twice daily

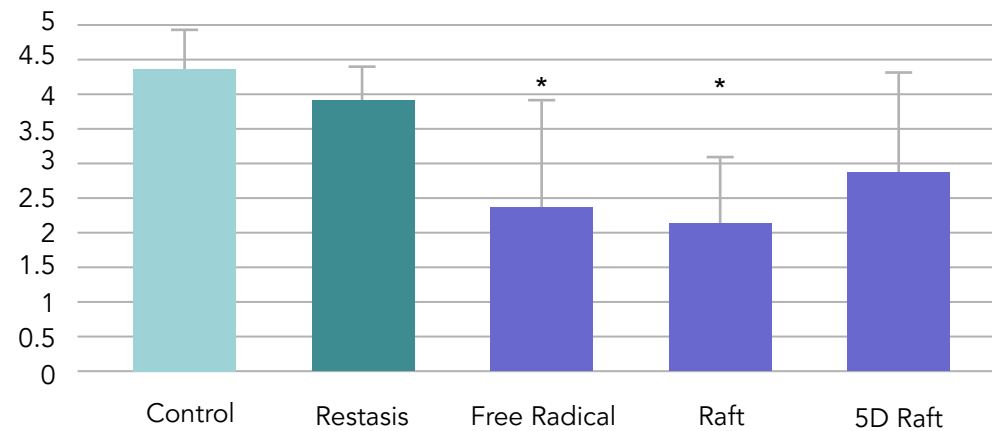
Staining Returns to Baseline



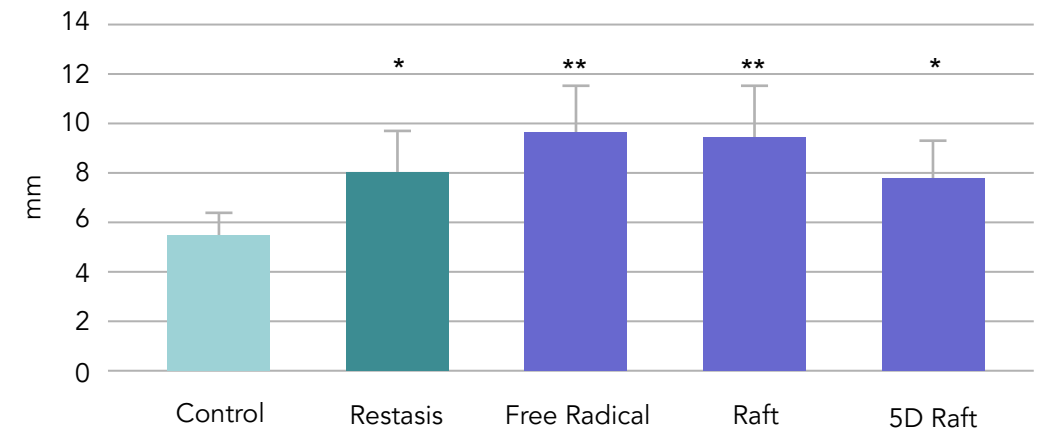
Micelles dosed once every three days is equivalent to Restasis twice daily

Higher Concentration Micelles Prepared by Free Radical Polymerization

Modified Oxford Schema Fluorescein Score After 14 Days of Treatment



Tear Volume after 14 Days of Treatment



Comparison of Corneal Bioavailability



Results after 15 days in New Zealand White Rabbits

Restasis®

0.05% cyclosporine A

TWICE PER DAY

OptimEyes Micelle Formulation

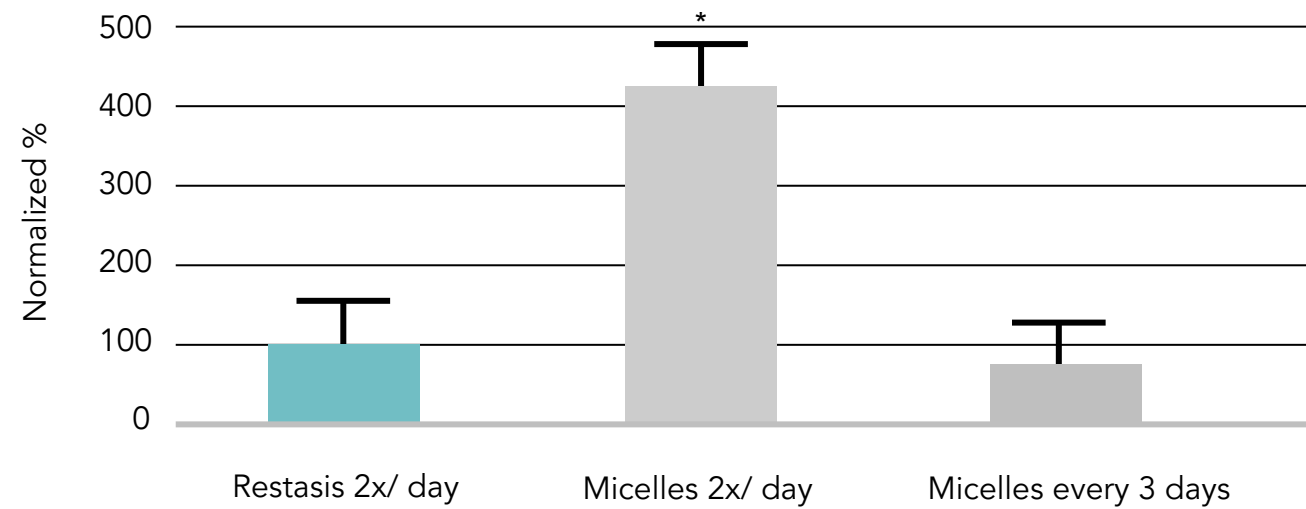
0.15% cyclosporine A

TWICE PER DAY

EVERY 3 DAYS



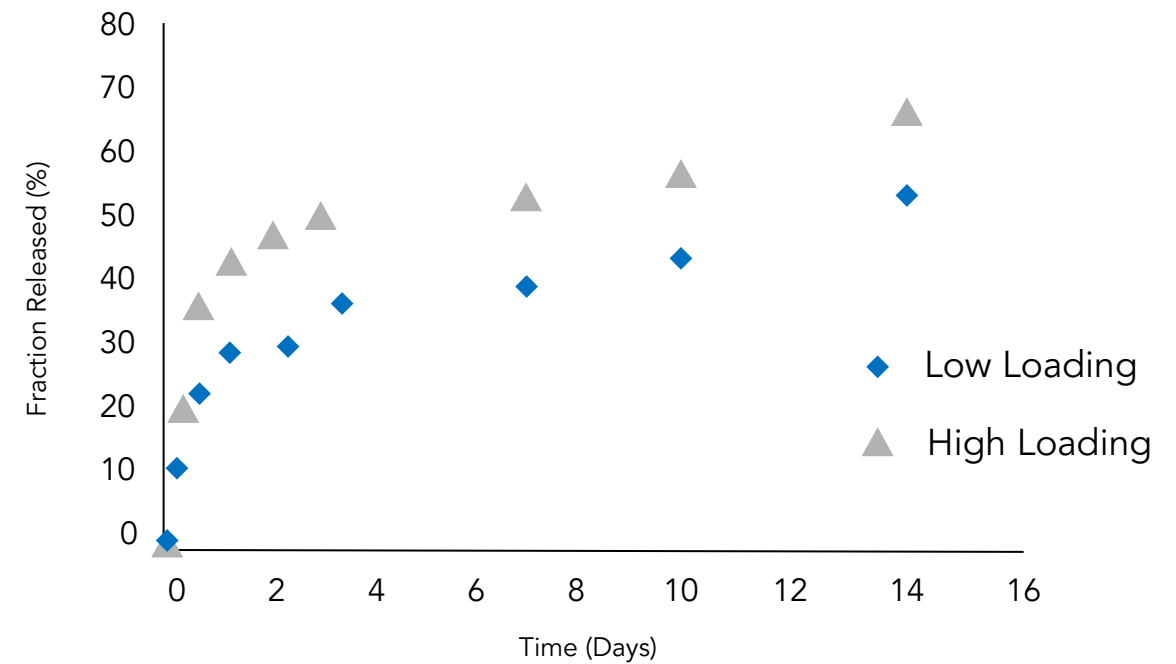
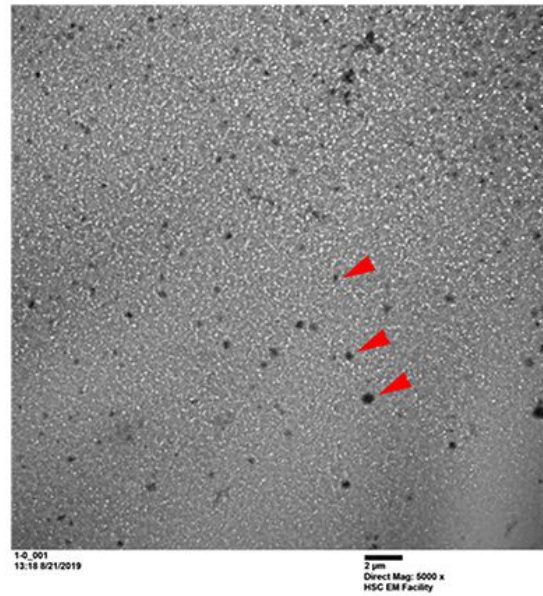
Corneal Bioavailability



Micelles ocular adherence and sustained release provide greater corneal drug amounts relative to Restasis®

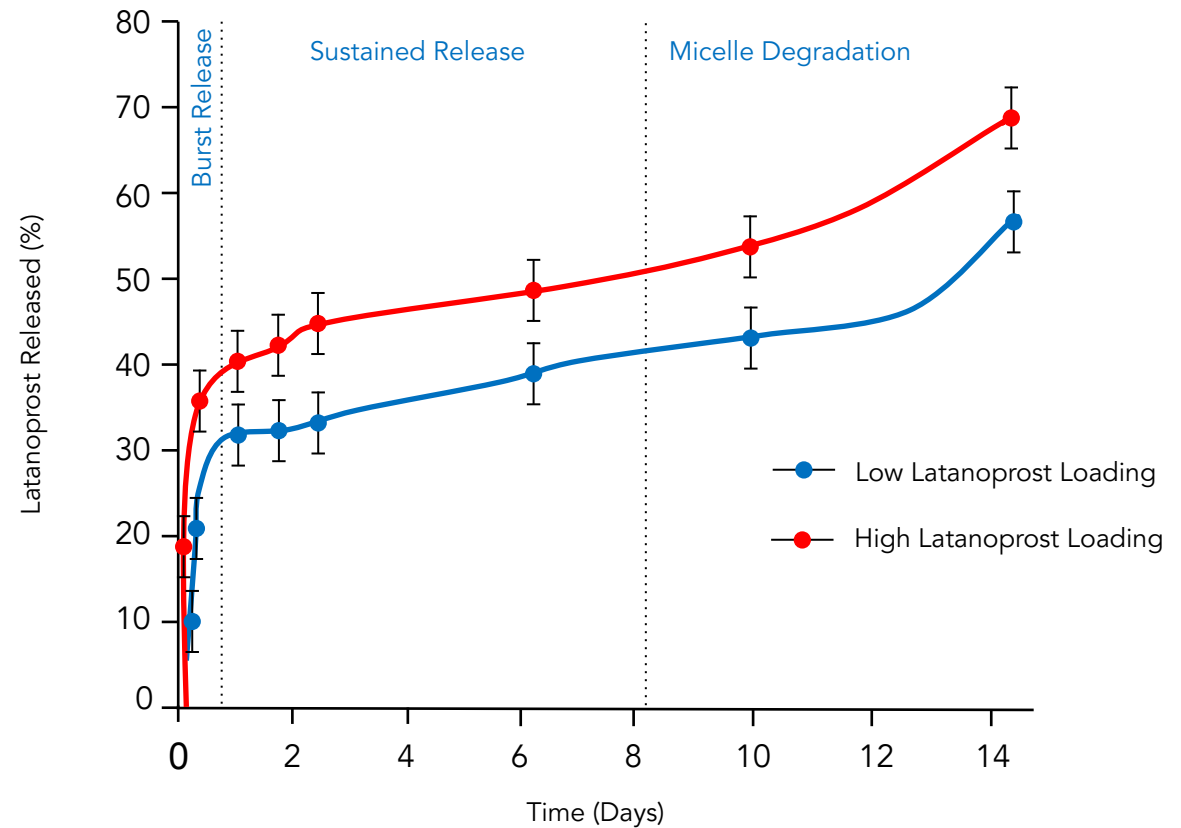
Latanoprost as an Alternate Therapeutic

A) Transmission electron micrographs of the micelles (arrowheads). Scale bars, 2 μ m. B) % release of latanoprost from micelle-latanoprost conjugate

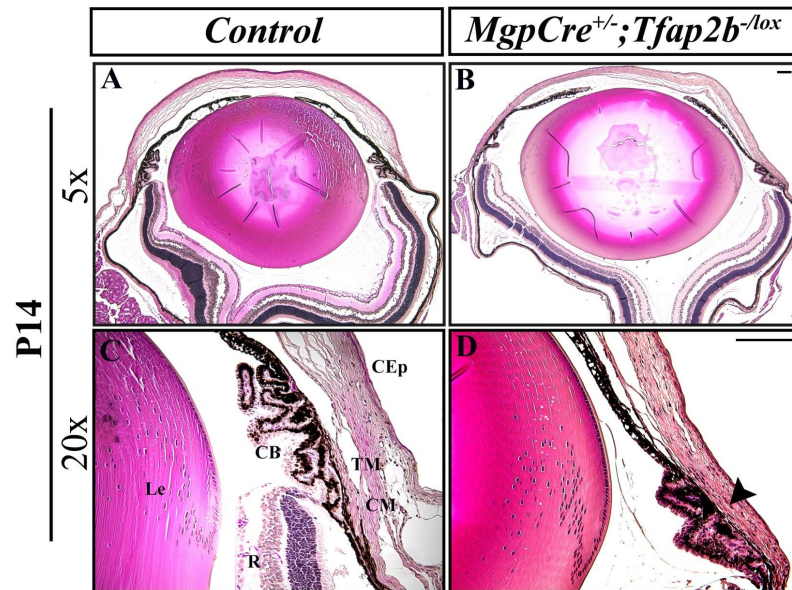


Release can be Tailored by Loading

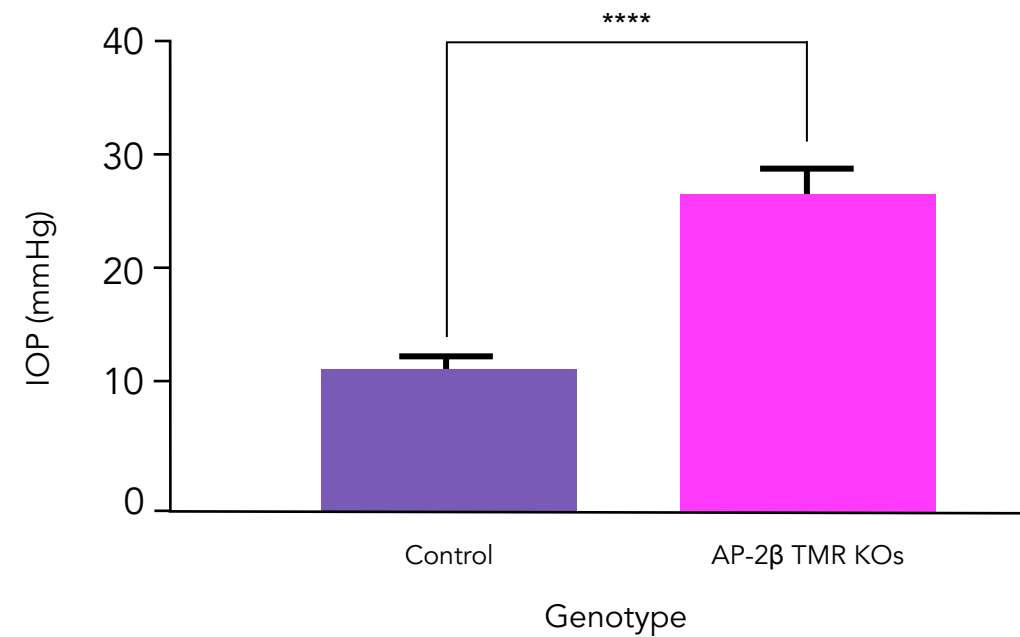
- Higher loading gives a similar release profile but more drug release
- Micelle degradation seems to occur after about 12 days, with a second burst following this



Testing in a Novel Glaucoma Model



IOP of P30 Controls vs. AP-2 β TMR KOs



Treatment Protocol

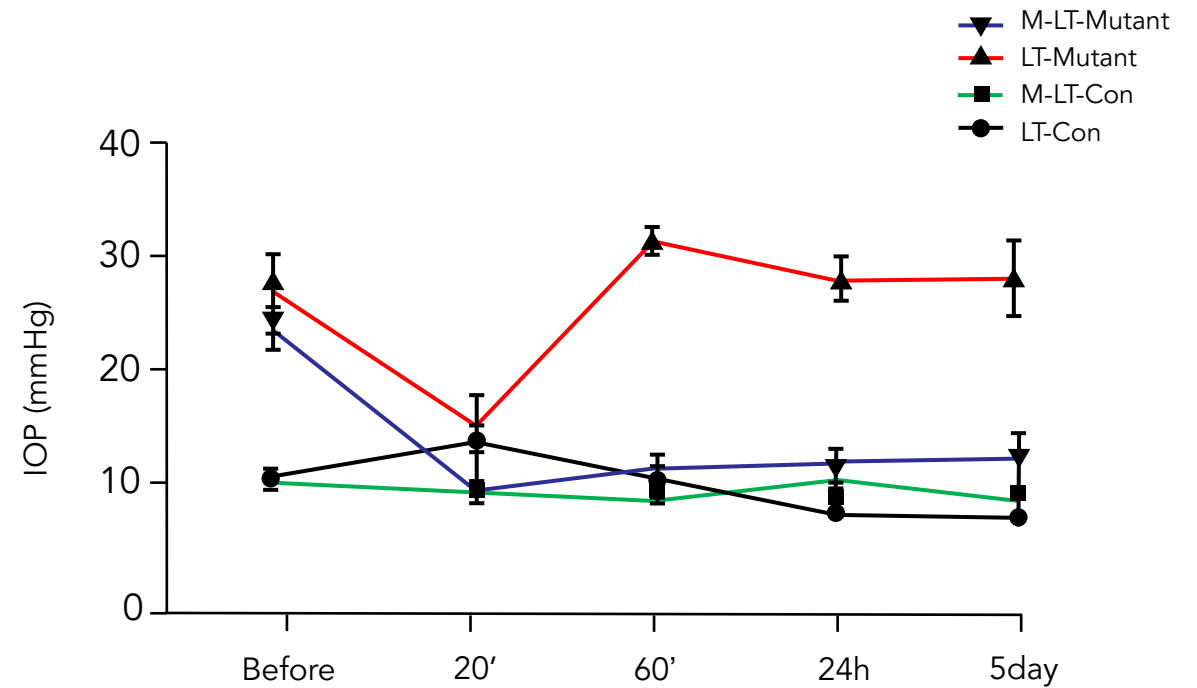
Mutant and wild-type littermates were used for the experiments.

5 mL of blank micelle, 0.005% Latanoprost (50ng/mL) or micelle loaded with 0.05% Latanoprost was administered in the mouse eyes every 5 days.

IOPs were taken before and after administering the drops.



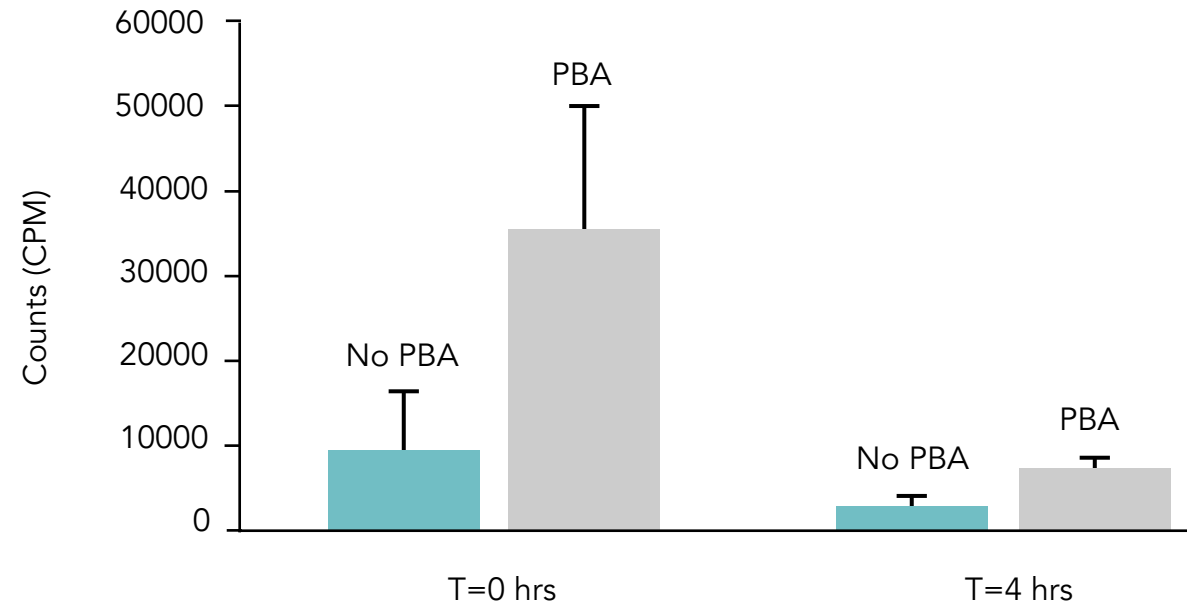
Effect of Latanoprost Micelles on IOP in Glaucomatous Mice



Micelle Properties with Alternate Drugs

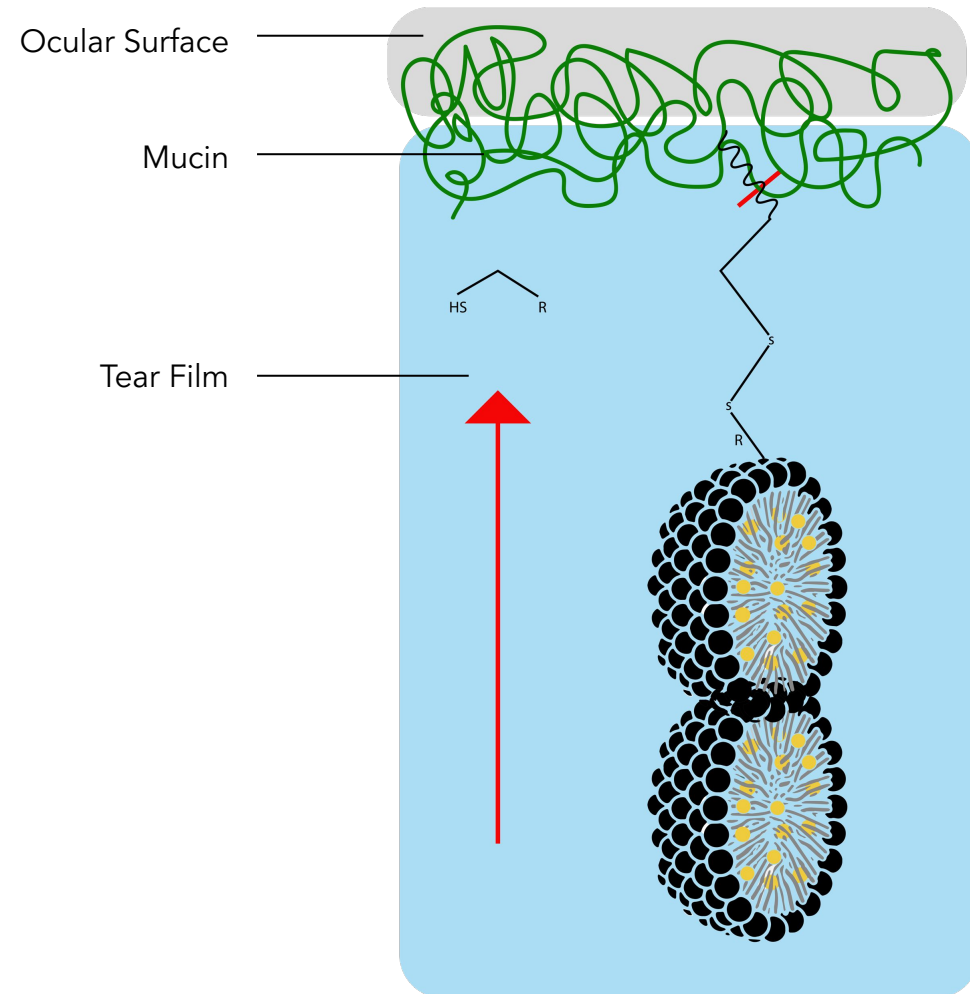
Drug	Solubility (Water)	Uses	Dosage Form	Drug Loading	Release character	Micelle Size (nm)
Cyclosporine A	0.08 mg/mL	Tear modulator	0.05% Emulsion 500 µg/mL	1.95 mg/mL	Prolonged release over 10 days	131.5 ± 1.00
Latanoprost	0.05 mg/mL	Glaucoma	0.005% Solution 50 µg/mL	2.5 mg/mL	Biphasic release over 14 days	92 ± 3.42
Hydroxy-chlo roquine	20 µg/mL	Anti-malari al	400 mg (oral)	751 µg/mL	Complete release within 72 hours	

Nasal Administration of Micelles



Alternative Formulations – Thiol Binding

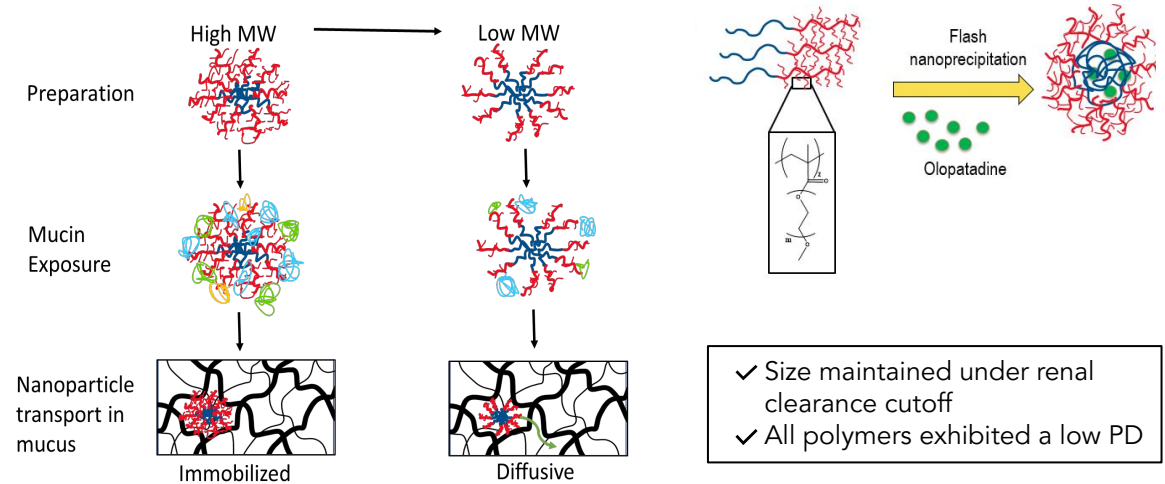
- Nanoparticle travels through tear film to mucin-layer
- Thiol-disulfide exchange occurs, binding the nanoparticle to the mucin-layer
- Small thiol molecule leaving group provides secondary benefits



R = Small Thiol Molecule

Alternative Formulations: Mucoadhesive/Mucopenetrative Nanoparticles

- (1) Mucoadhesive nanocarriers – adhere to the tear film mucin proteins to allow for localization of drug at the site of absorption
- (2) Mucopenetrative nanocarriers – penetrate through the tear film mucins to directly reach the underlying epithelium for localized drug delivery
 - Linear-brush copolymers based on polylactic acid (PLA) and poly(oligo(ethylene glycol) methacrylate) (POEGMA), a brush polymer derivative of PEG:
 - Offers the capacity of easy functionalization of PEG-based polymer
 - Facilitates tunable molecular weight distributions
 - Offers potential to balance mucopenetration/ mucoadhesion
 - Incorporation of a poorly soluble drug (i.e. olopatadine for treatment of allergic conjunctivitis) during NP synthesis via flash nano precipitation

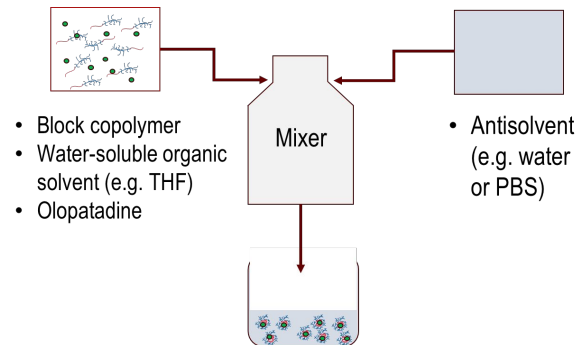


Name	#OEGMA monomer repeat units	Synthesis Time (min)	Mn (g/mol)	Mw (g/mol)	Đ
PLA-POEGMA250	4	180	18800	25200	1.34
PLA-POEGMA475	7-9	45	17500	24700	1.41
PLA-POEGMA900	20	40	30800	42900	1.40
PLA-POEGMA2000	40	15	27300	34100	1.25

Nanoparticle Fabrication:

Nanoparticles fabrication through flash nanoprecipitation:

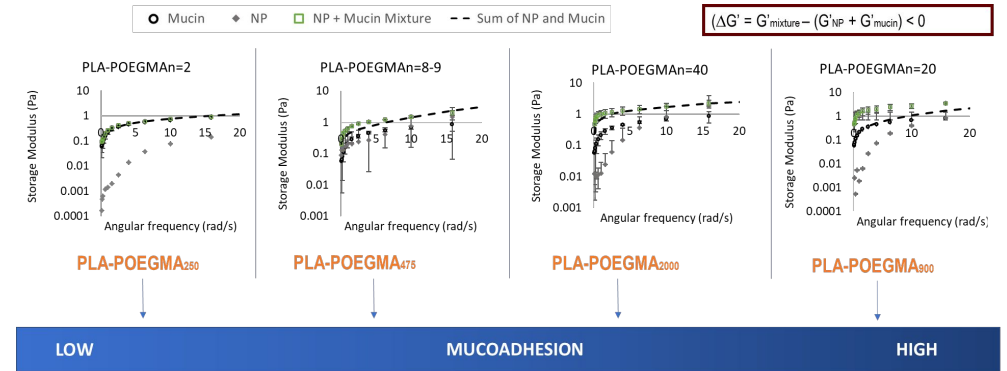
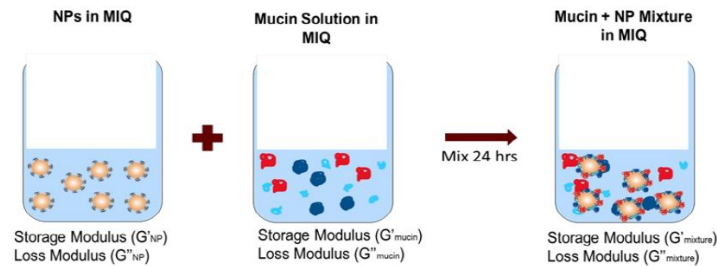
- Nanoparticle size can be tuned through (1) choice of organic solvent and (2) injection flow rate through mixer.



Rheology:

Assessing mucoadhesive properties of PLA-POEGMA NPs through Rheology:

- The Rheological response of the NP-mucin mixture should be greater than the contributions from the NPs and mucin alone for mucoadhesive polymers.



	Average Eff Diameter	Average Polydispersity
PLA-POEGMA 250	217 ± 1.37	0.15 ± 0.04
PLA-POEGMA 475	56 ± 0.55	0.24 ± 0.01
PLA-POEGMA 900	80 ± 0.99	0.16 ± 0.01
PLA-POEGMA 2000	82 ± 0.67	0.15 ± 0.02

Conclusions

OptimEyes Therapeutics

Internal Product Development

1-2 per week high-dose
Cyclosporine A

Once per week latanoprost

Other Potential
Once-Per-Week
Therapeutics



20|20
OptimEyes
Technologies

Strategic Partnership

External Collaborations

Wide Spectrum of
small molecules

Feasibility Studies &
Licensing
Agreements



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