# Inhalation Toxicity Profile of a 2´-MOE Modified Antisense Oligonuclotide in Mice

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# Abstract

Antisense oligonucleotides (oligo) have a broad range of therapeutic targets. The toxicity profiles of first- (phosphorothioate) and second-generation (2-MoE phosphorothioate) and second-generation (2-MoE phosphorothioate) and second-generation (2-MoE) phosphorothioate) and seven been characterized after general I.v. or s.c. administration. However, little information exists on the local and systemic toxicity of these compounds after aerosolized administration to the lung. For the correct study, so that the second is a second property of the sec

These observations are consistent with the mild proinflamatory affects of both first- and second-generation antisense oligos administered to rodents by other routes of administration, with a somewhat milder systemic profile of general monoculcear cell infiltrates.

### ntroduction

### Exposure:

Test Article: 2'-MOE modified antisense oligonucleotic

Exposure System: In-Tox, 24-port cylindrical nose-only chamber,

PARI LC Plus™ nebulizer

Test System: Male and female CD-1 mice

Exposures: Nose-only inhalation

Exposure Levels: 0 (clean air), 0.05, 0.15, 0.5, mg/L

Duration: 9 total exposure days, 2.5 hours per day

# Health Endpoints:

Morbidity and mortality

Clinical signs
Clinical pathology
Body/organ weight

Histopathology (respiratory tract in all dose groups; liver, kidney and spleen in high-dose and control exposure groups)

Chamber exhaust Primary dilution Primary aerosol dump

Pari LC Plus nebulizer

Demand (passive) dilution

Chamber pressure line

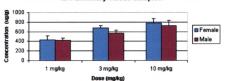
Mouse exposure tube

## **Deposition Assumptions**

- Mouse, minute volume (Vm): 0.04 L/min
- Particle size ~1.5 μm
- Pulmonary deposition fraction (Df): 0.10
- Concentration exposure chamber (Ce): e.g., high dose = 0.5 mg/L
- Time of exposure (T): 2.5 h
- Deposited dose (DD): 10, 3, 1 mg/kg (0.03 kg mouse = 0.3, 0.09, 0.03 mg)

where: DD = Ce (mg/L) x Vm (L/min) x Df x T (min)

# Gender Comparison of Total Oligonucleotide Detection in Pulmonary Tissue Samples



#### Study Design

	Group	Treatment	Interval
-	Control	Vehicle	Every
	Low	1 mg/kg	other day
	Mid	3 mg/kg	x 18 days (9 exposure days)
	High	10 mg/kg	

# Target and Actual Exposure and Dose Values

Exposure Level	Target Aerosol []	Actual Mean Aerosol [] Mean ± (SD)	Dose Target (mg/kg)	Calculated Average Deposited Dose (30 g mouse and 2.5 h exposure) <sup>a</sup>
Low	0.05	0.051 (0.005)	1	1 mg/kg (range 88–116%)
Mid	0.15	0.149 (0.016)	3	2.98 mg/kg (range 82–115%)
High	0.5	0.49 (0.029)	10	9.8 mg/kg (range 90–109%)

\*Calculated deposited dose not based on individual mouse body weight or exposure group mean body weight at any exposure interval

### Summary Pulmonary Histopathology



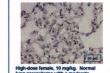
parenchyma.



Low-dose remaie, 1 mg/kg. Normai iung parenchyma with a slight increase in alveolar macrophages with expanded, granular, basophilic cytoplasm. Enlarge shandar macrophage.



Mid-dose male, 3 mg/kg. Normal lu parenchyma with a mild increase in alveolar macrophages with expand granular basephilic cytoplasm.



High-dose female, 10 mg/kg. Normal lung parenchyma with a moderate increase in alveolar macrophages with expanded, granular, basophilic cytoplasm.

# No Exposure-Related Effects

- Morbidity and mortality
- Body weight (M/F) for all study animals
- Clinical observations for all study animals
- Gross pathology for all study animals
- Clinical pathology

### Conclusions

- Repeated exposures of male and female CD mice up to 10 mg/kg of antisense 2'-MOE antisense oligos were associated with mild health responses.
  - Drug delivery by inhalation was feasible as indicated by the retained oligo present in the lung.
  - Increases in cytoplasmic volume of macrophages were consistent with uptake of oligo.
  - Minimal to moderate macrophage hyperplasia and hypertrophy.
- These observations are consistent with the mild proinflamatory effects of both first- and second-generation
  antisense oligos administered to rodents by other routes of administration, with a somewhat milder systemic
  profile of general monoculcoar cell inflitrates.
- Overall, inhaled oligonucleotide therapy is feasible and unlikely to be associated with clinically significant side effects of pulmonary administration.