



Accommodation wanted!

Finding a good home for poorly soluble drugs to treat lung infections

leaann.dailey@univie.ac.at

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leaann.dailey@univie.ac.at

leaann.dailey@univie.ac.at

leaann.dailey@univie.ac.at

leaann.dailey@univie.ac.at

leaann.dailey@univie.ac.at

leaann.dailey@univie.ac.at

leaann.dailey@univie.ac.at

leaann.dailey@univie.ac.at

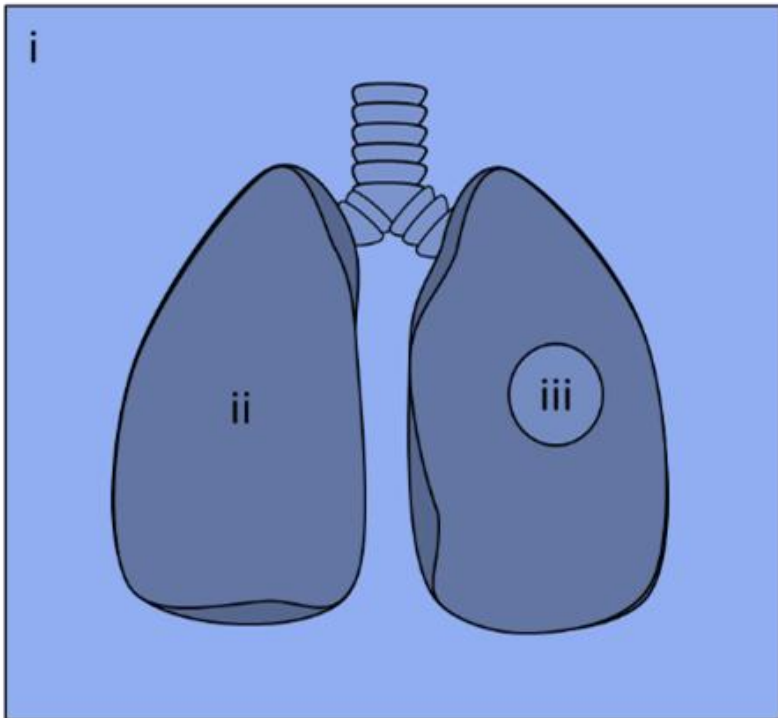
leaann.dailey@univie.ac.at

leaann.dailey@univie.ac.at

leaann.dailey@univie.ac.at

leaann.dailey@univie.ac.at

Promises of anti-infective delivery to the lung



Maximise drug exposure in the lung



Improved anti-infective efficacy



Fewer side effects



Reduced resistance

Challenges in anti-infective delivery to the lung

①

High dose
lipophilic
APIs



Accumulation +
non-specific
inflammation

②

Lung
retention



Fast clearance
of lipophilic
APIs

③

Limited
formulation
excipients



No tox data
Dilution of drug

④

Dose
requirements



Unknown
scaling factor

ANTI-TB

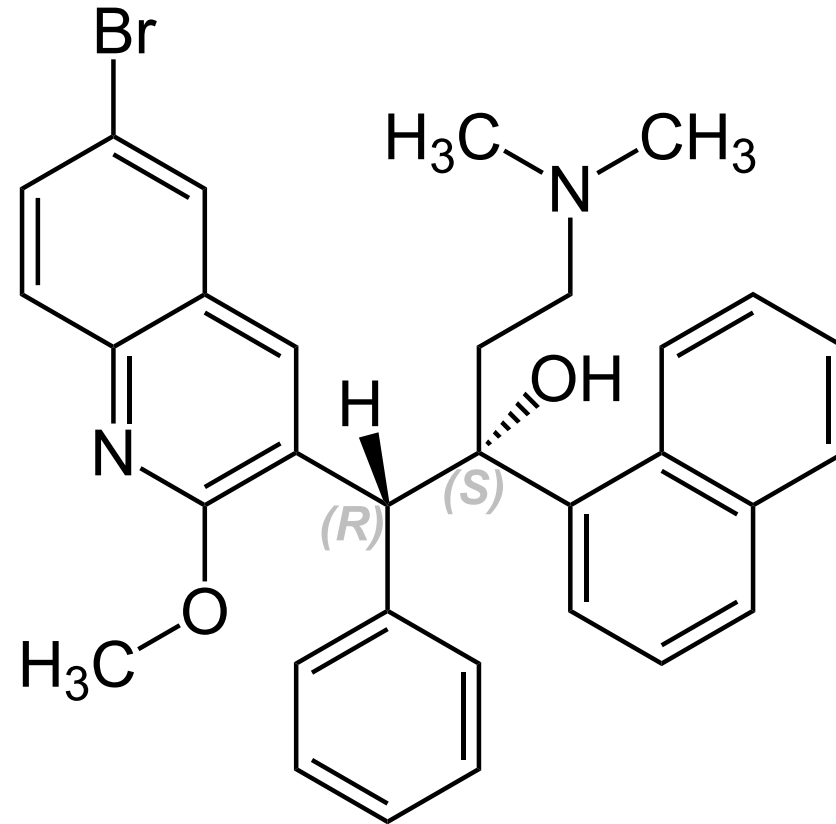
Antibiotic-loaded nanocarriers for therapeutic inhalation against tuberculosis



Lipophilic compounds chosen for study

Low solubility
0.002 $\mu\text{g/mL}$

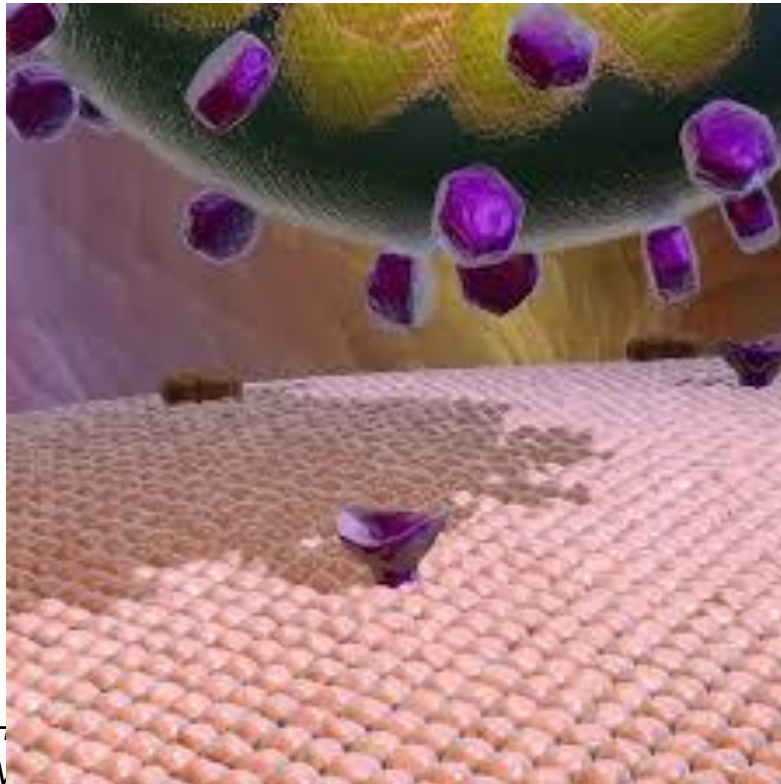
oral BA
~90%



BEDAQUILINE

Log P
7.74

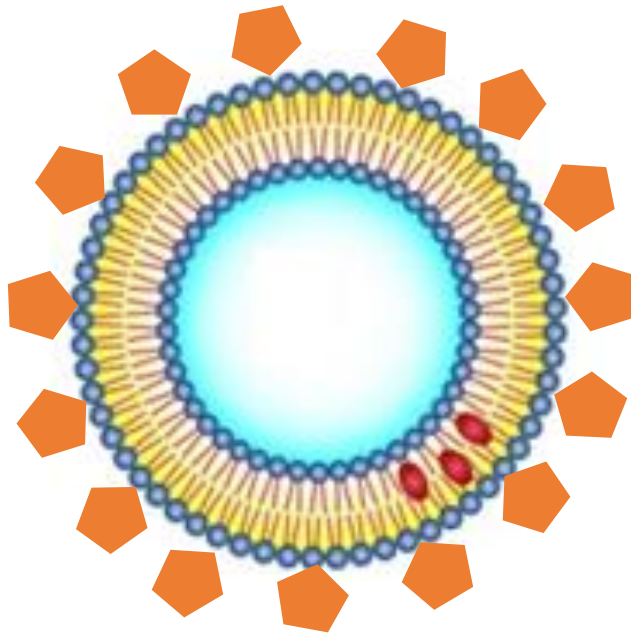
CAD
QT
prolongation



Fucosylated liposomes

- Target C-Lectin type receptors
- Human dendritic cells and monocytes
- DMPC:DMPG (2:1) liposomal composition
- 8 mol% cholesterol-fucose conjugate
- Lipid:BDQ mol ratio = ~15:1

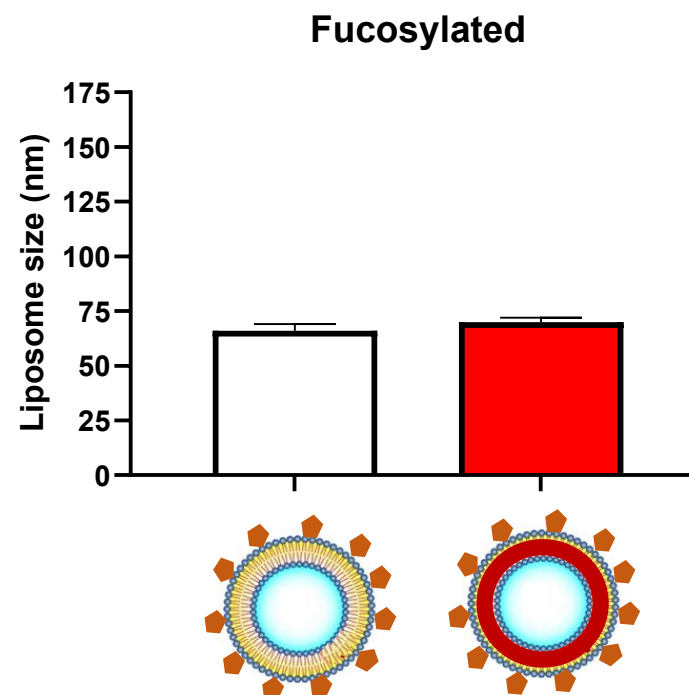
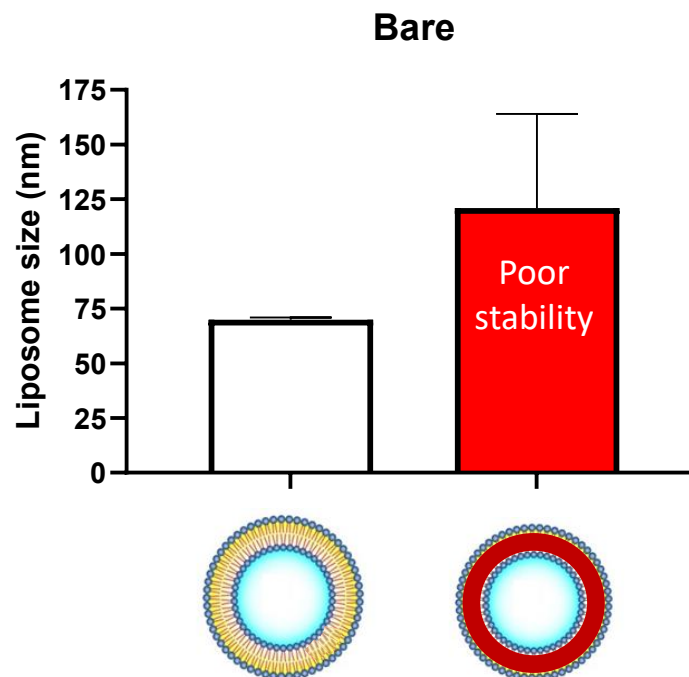
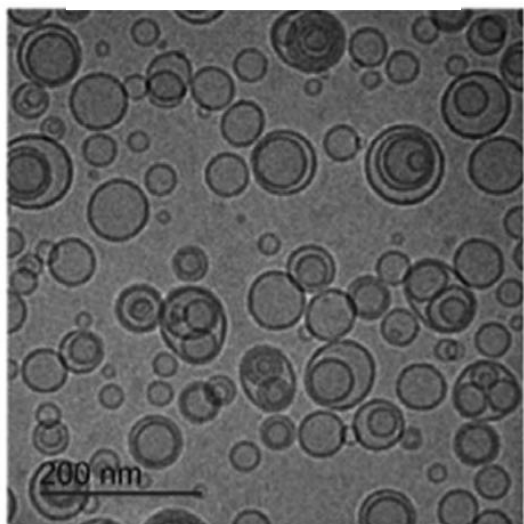
Liposomal bedaquiline for inhalation



liposomes

- Drug solubilization: > 4 mg/mL
- Higher applicable doses with nebulization: 40 - 50 mg in one sitting
- No accumulation of undissolved drug in the lung
- Lung retention for improved efficacy
- Possibility for drug targeting?

An unexpected advantage of fucosylated liposomes



How active is liposomal BDQ against TB?



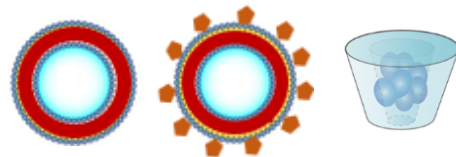
Infection model

Treatment
groups (n=5)

Administration

Endpoints

Mtb H37Rv
(100 CFU, aerosol)
C3HeB/FeJ mice



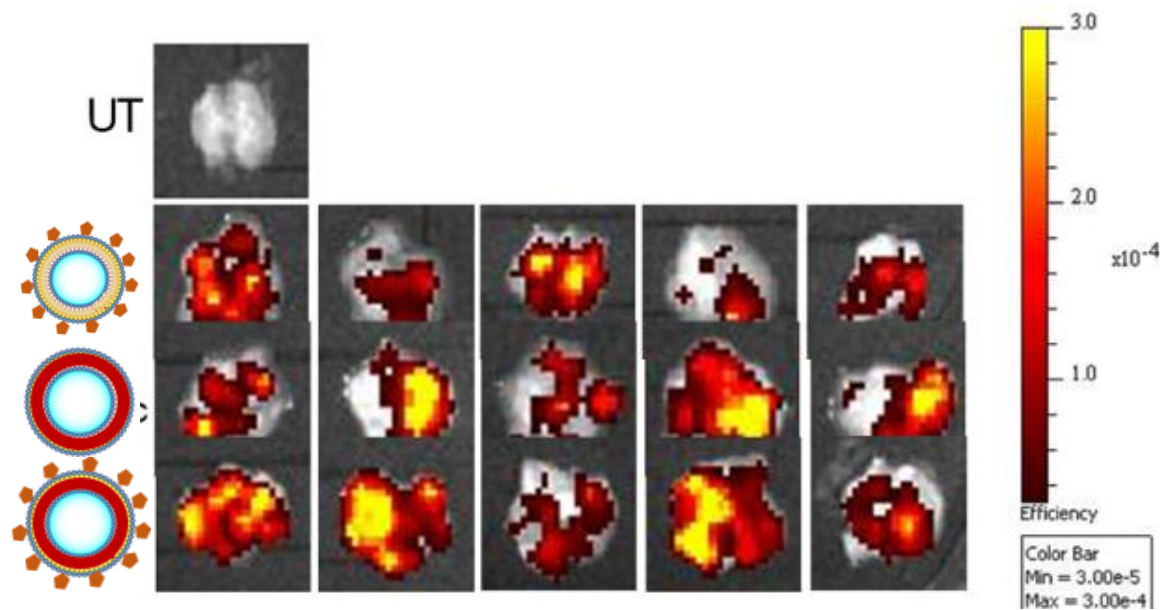
intranasal
two weeks
every 2nd day
5 mg/kg

CFU in
lung &
spleen

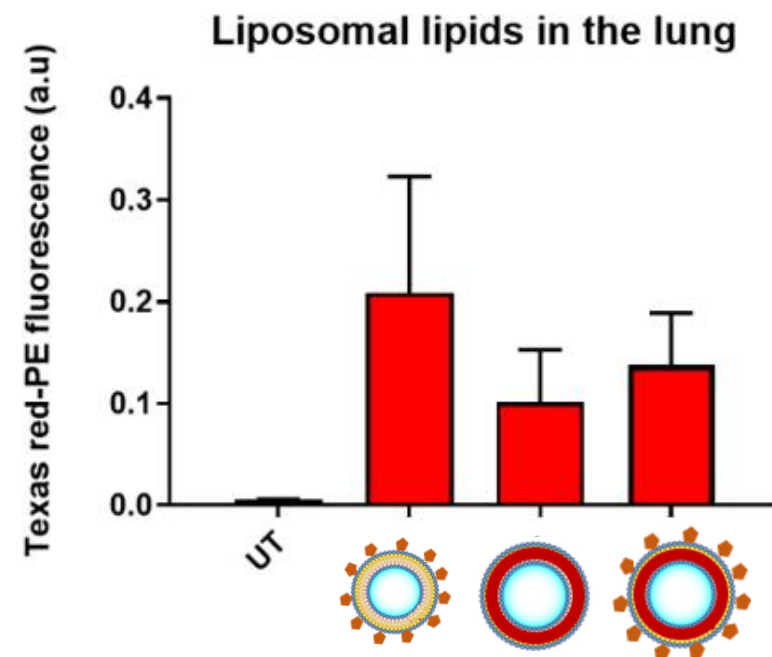
Why intranasal instillation?

Less invasive for multiple daily dosing
(required by ethics committee)

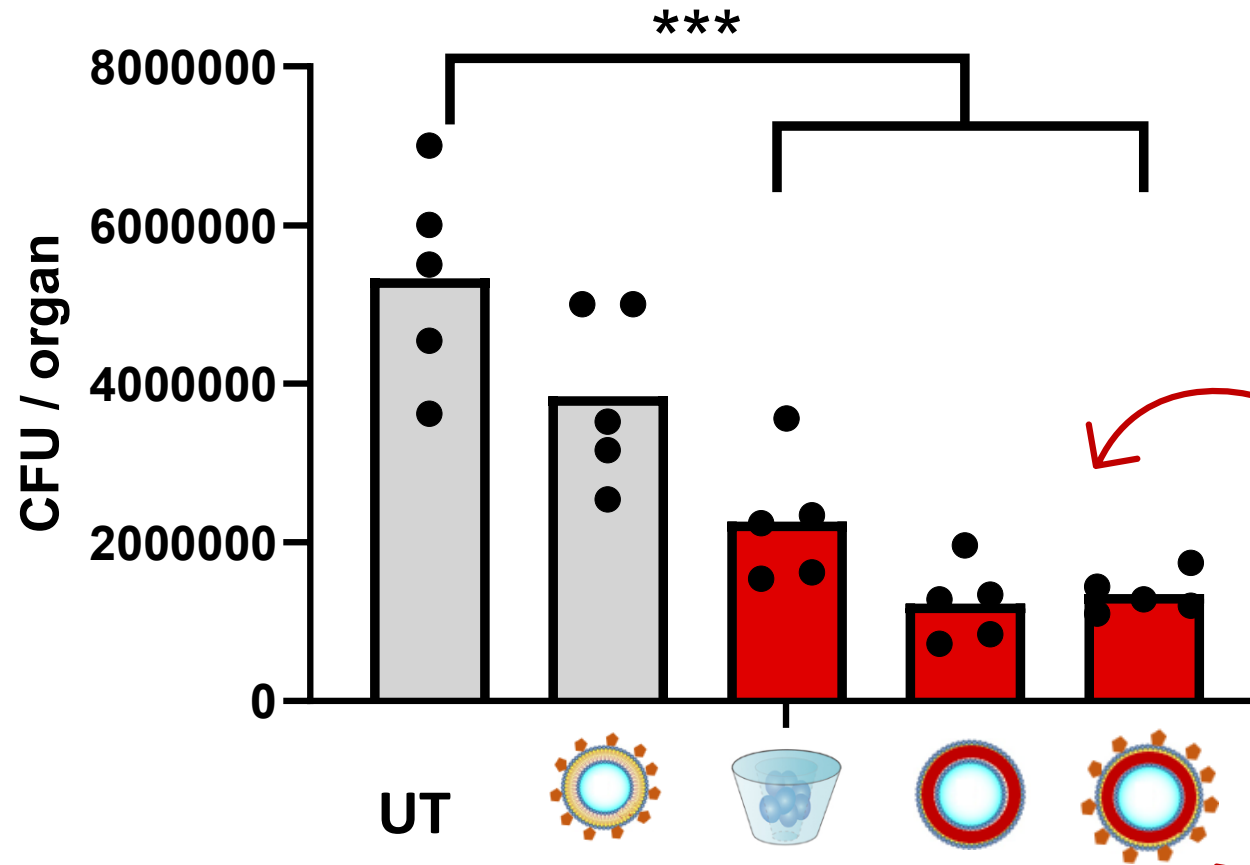
Does intranasal dosing reach the lung?



C



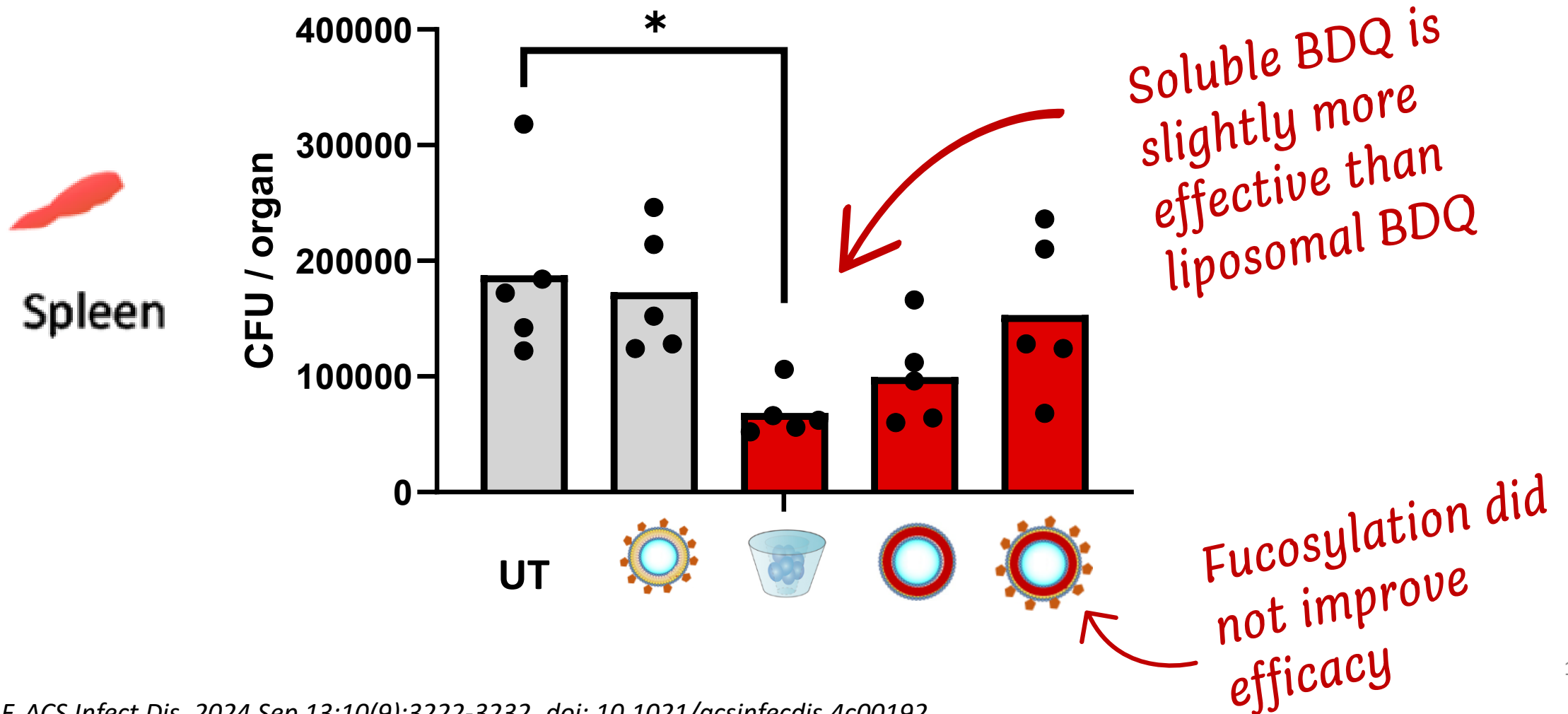
M. tuberculosis burden in the lung



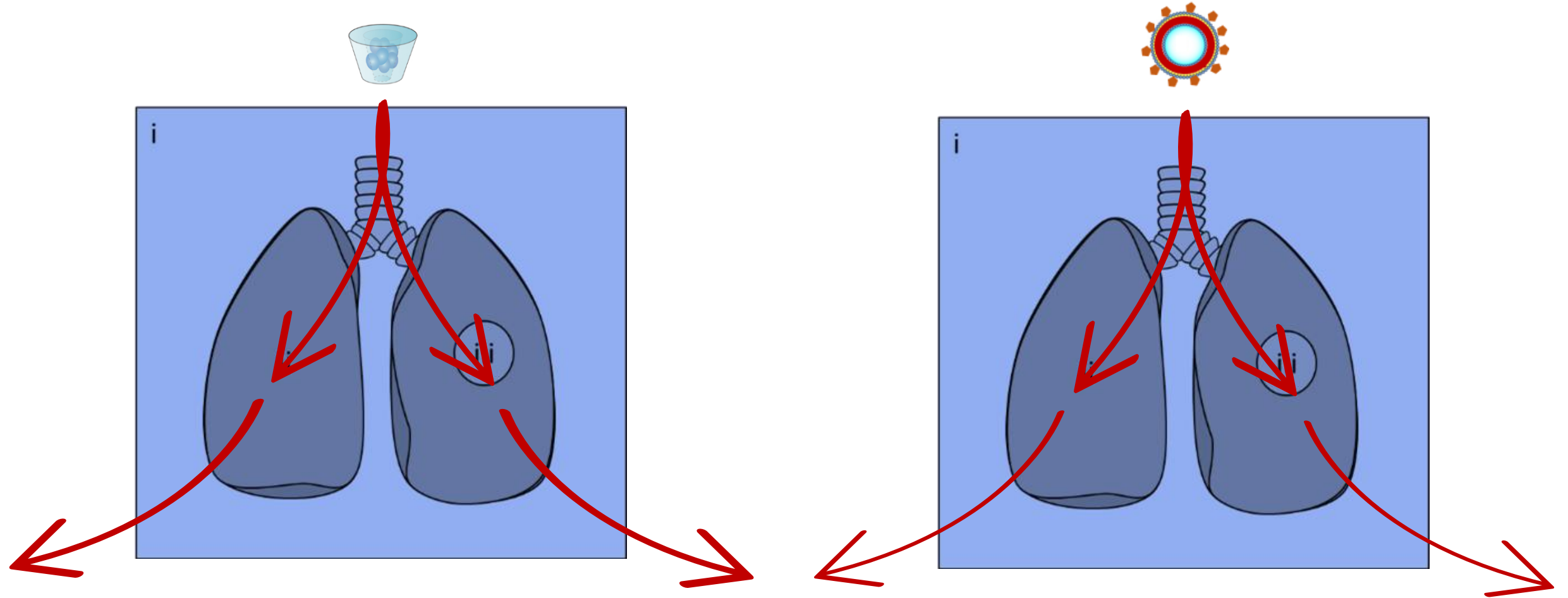
Liposomal BDQ is slightly more effective than soluble BDQ

Fucosylation did not improve efficacy

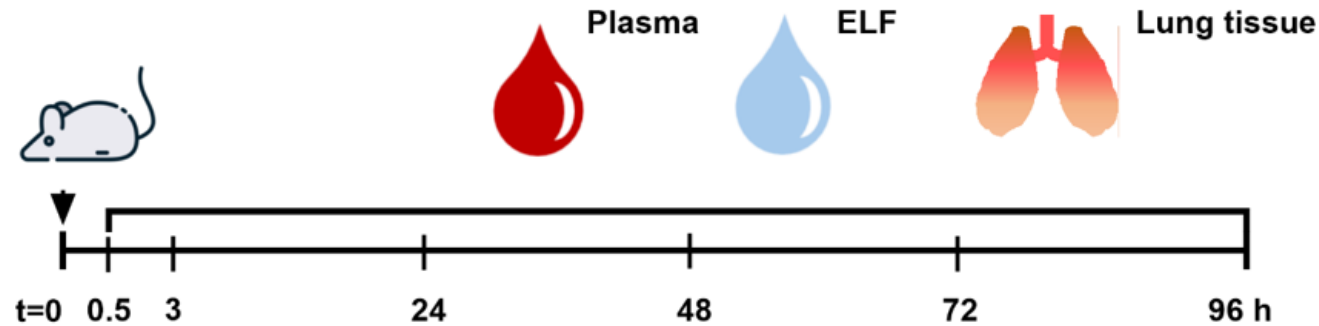
M. tuberculosis burden in the spleen



Hints of PK modulation?



PK study comparing administration routes



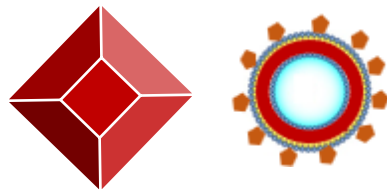
Mouse model

Treatment
groups (n=6)

Administration

Endpoints

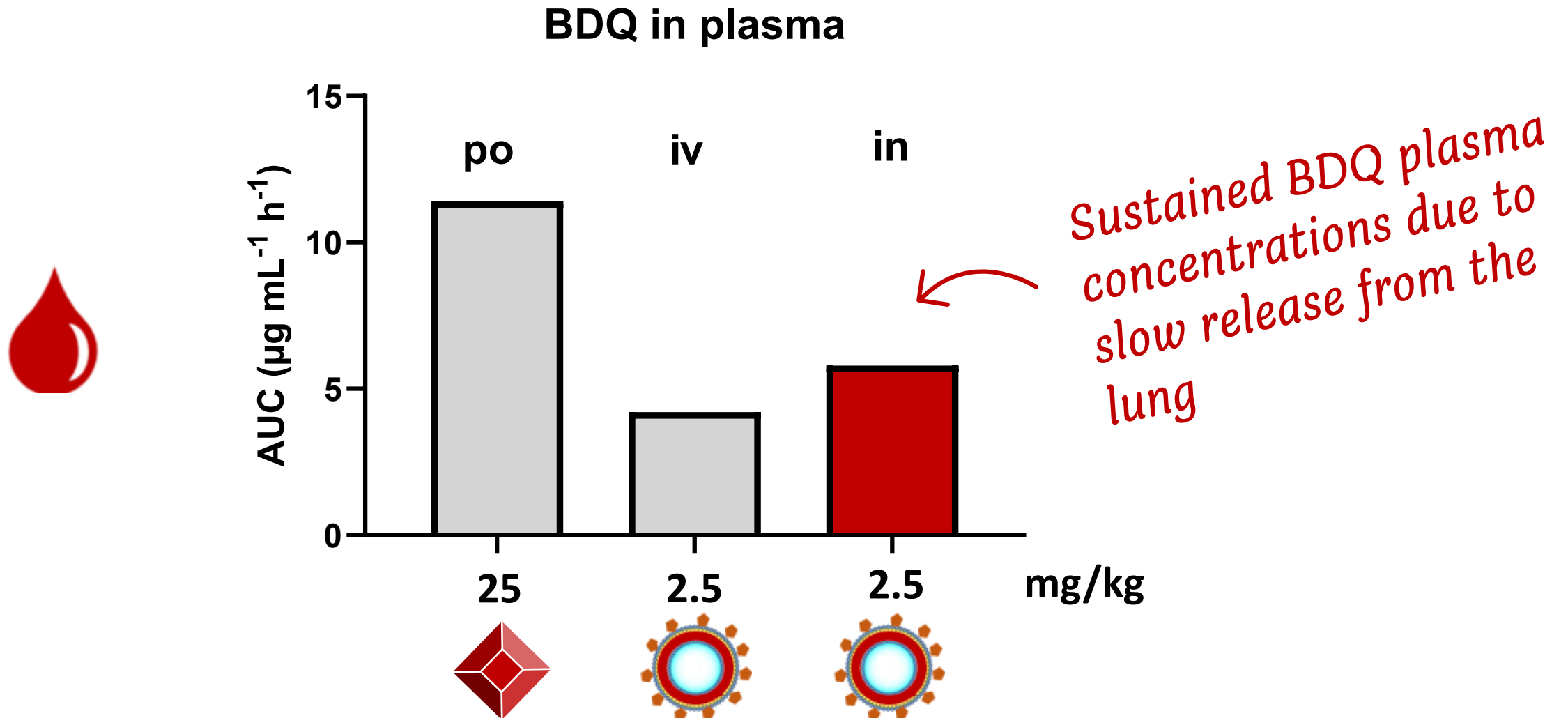
Healthy Balb/c
mice



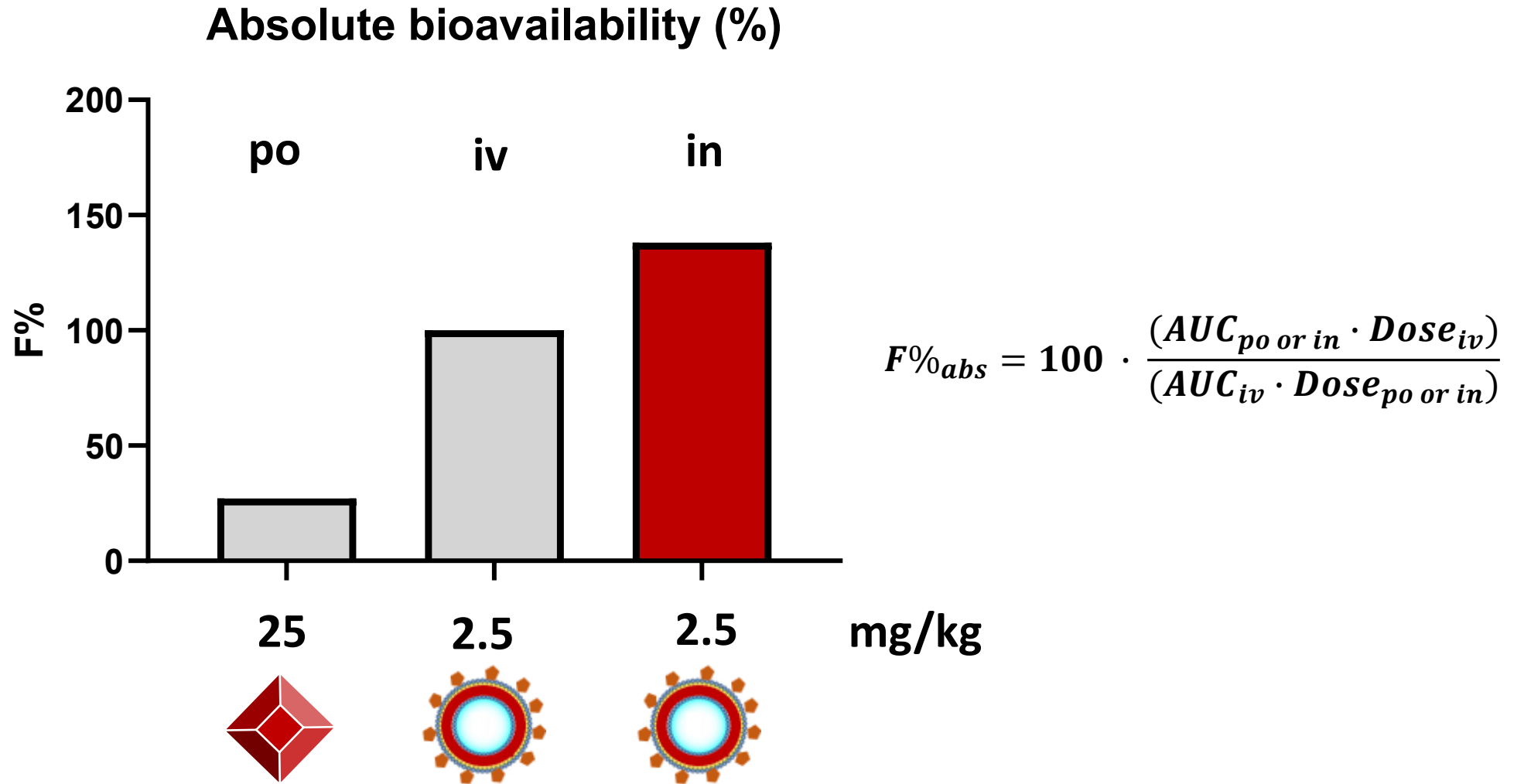
po 25 mg/kg
iv 2.5 mg/kg
in 2.5 mg/kg

BDQ conc
in plasma,
epithelial lining
fluid & lung

Exposure levels in plasma

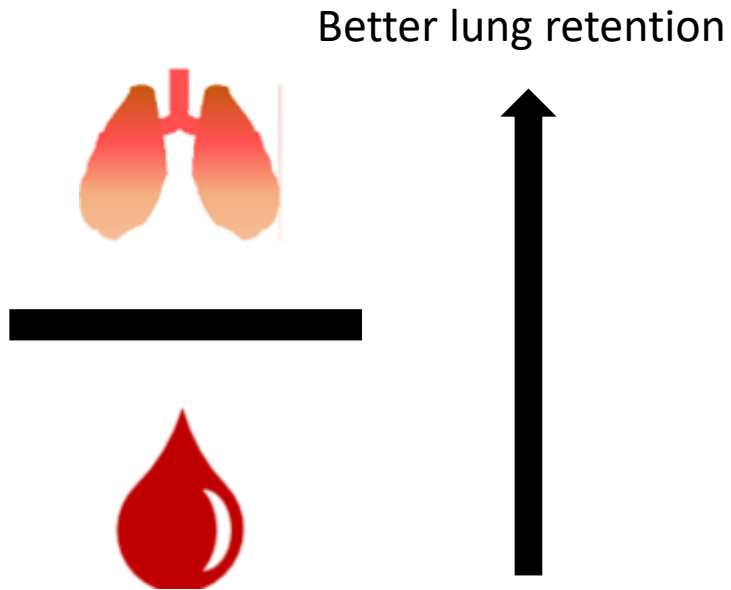


Intranasal delivery improves bioavailability

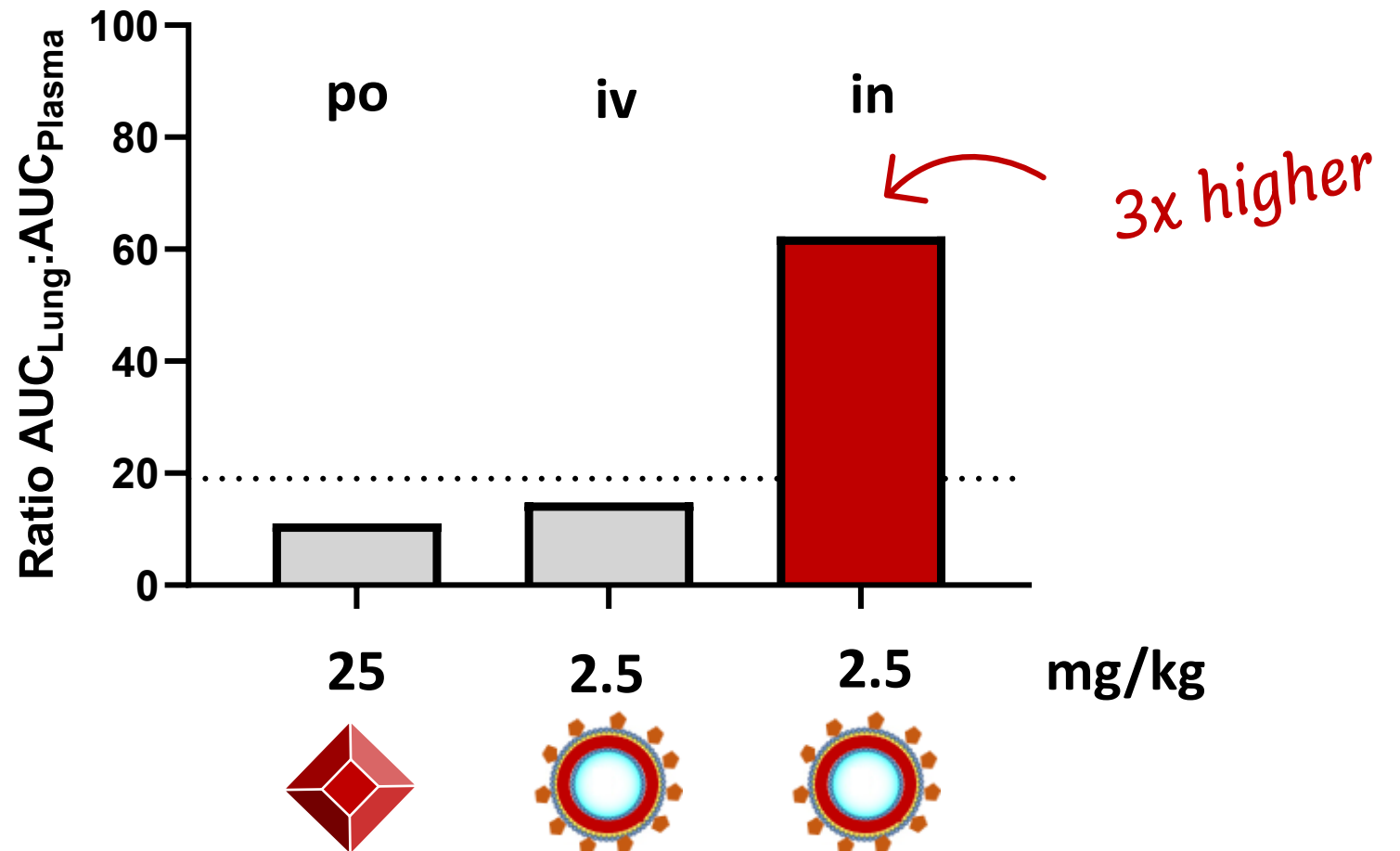


Does i.n. BDQ improve lung retention?

Lung targeting effect

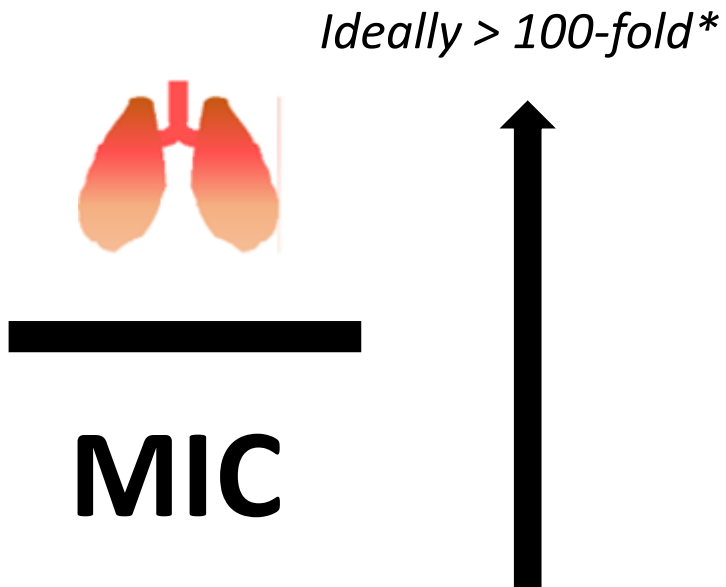


Lung targeting effect



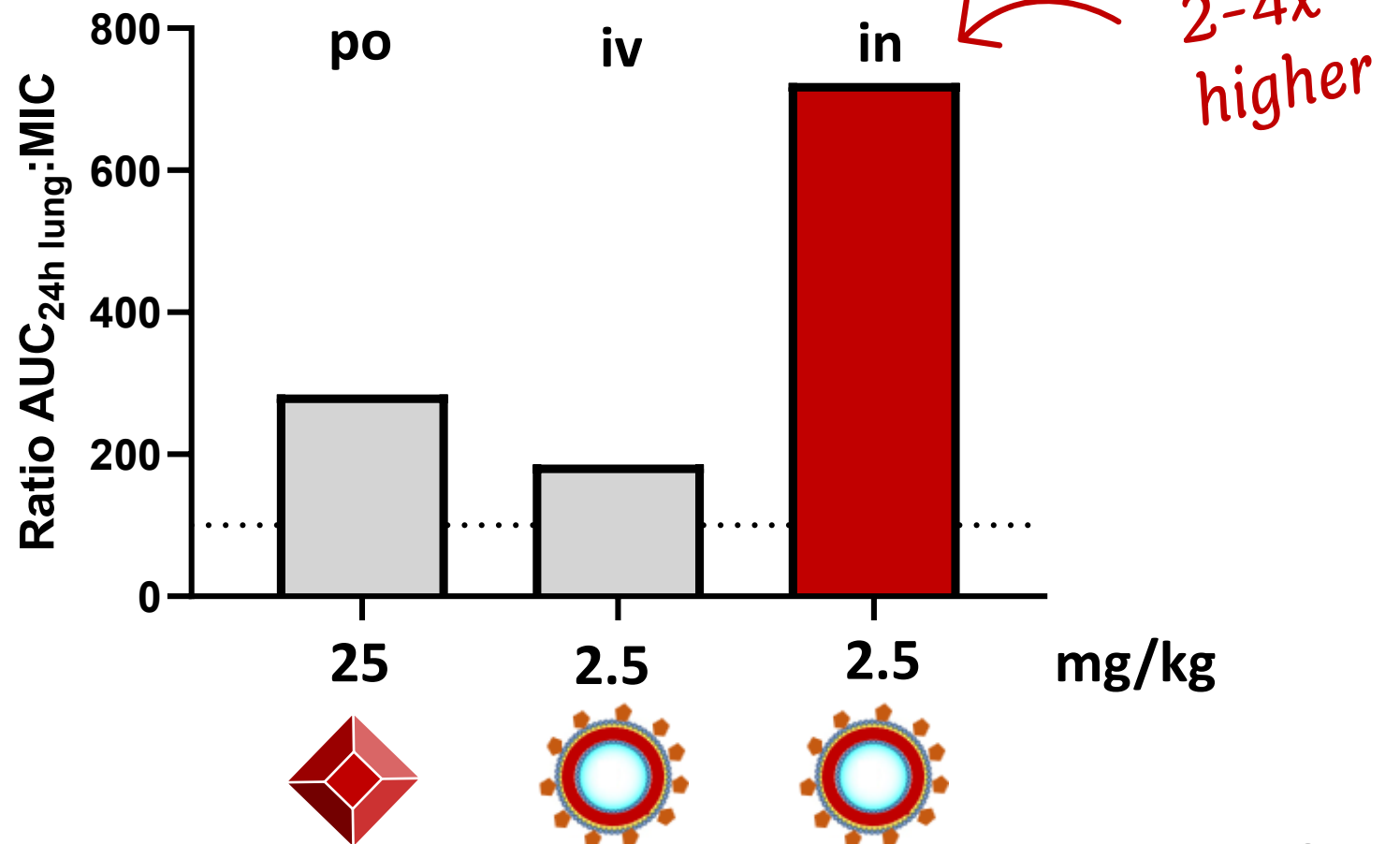
Does i.n. BDQ improve lung exposure?

Exposure in target organ (24h)

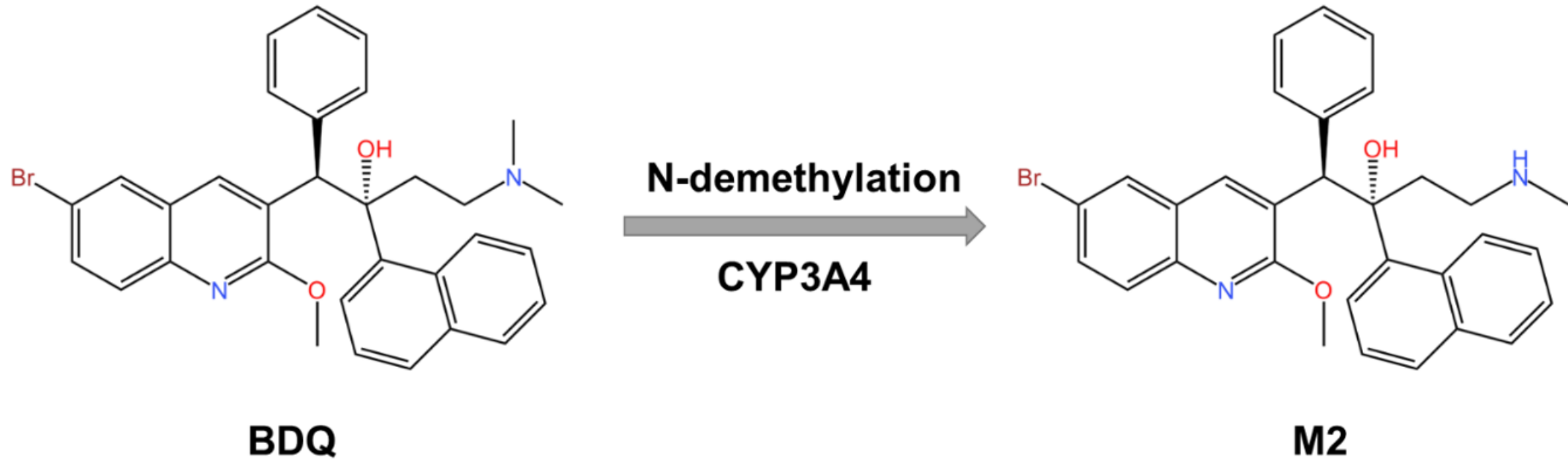


*Jacobs MR. Optimisation of antimicrobial therapy using pharmacokinetic and pharmacodynamic parameters. *Clin Microbiol Infect.* 2001 Nov;7(11):589-96.

Lung AUC:MIC ratio



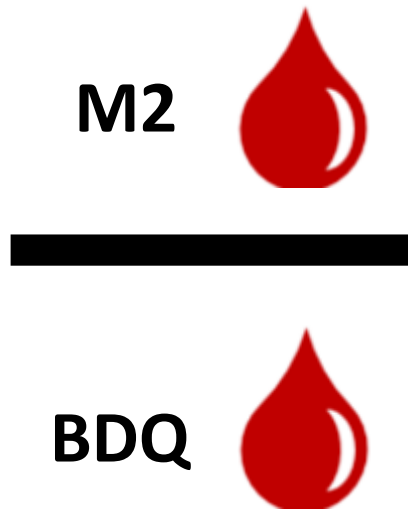
BDQ side effects: Risk of QT prolongation



Phospholipidosis
QT prolongation

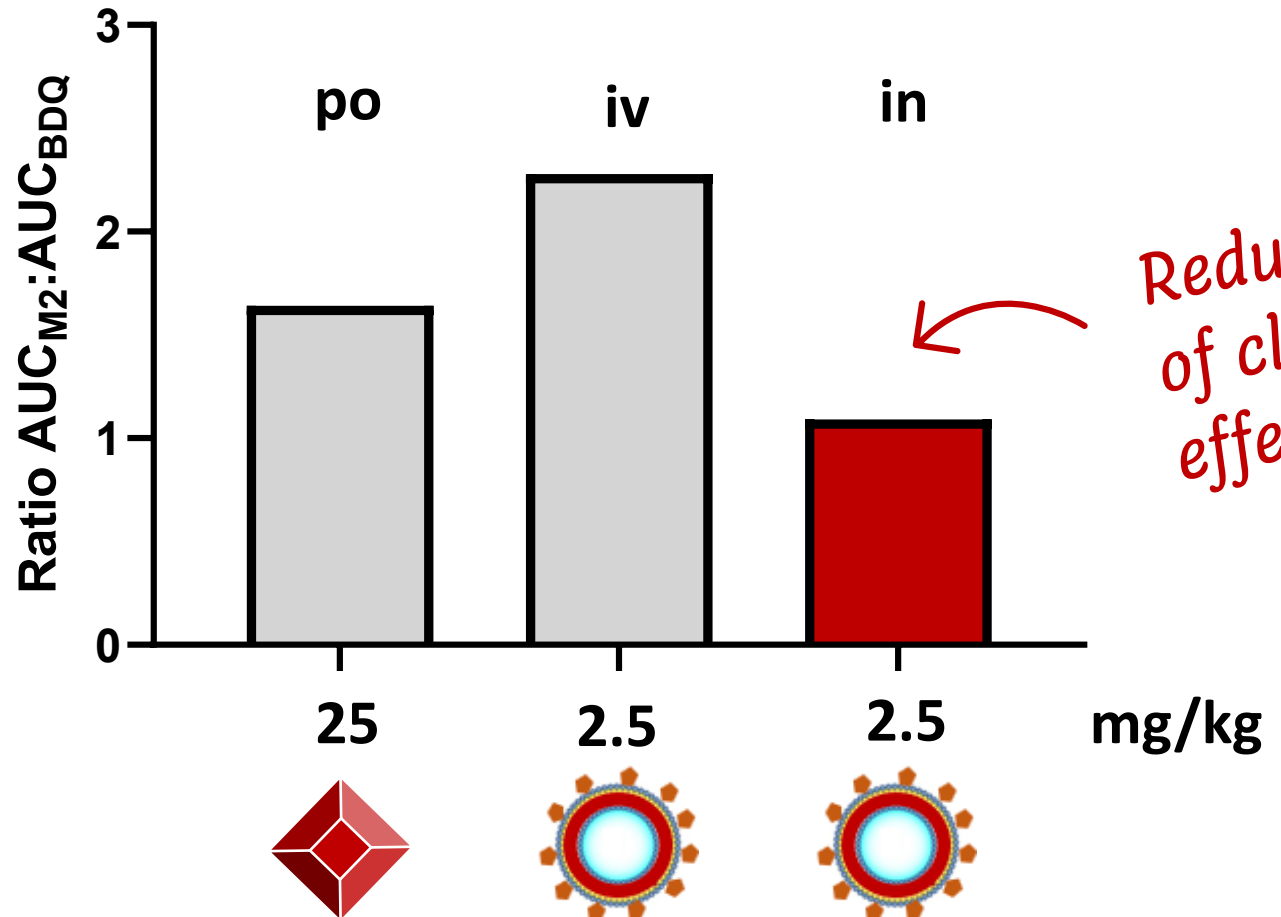
Lower plasma M2 levels: i.n. dosing

Risk of systemic side effects



Reduced side effects

M2:BDQ in plasma



Reduced risk of clinical side effects?

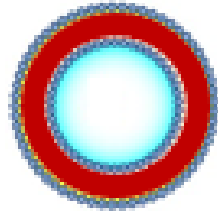
Liposomal bedaquiline for inhalation



European and world patents filed!

The BDQ liposomal formulation... A fluid choice

Non-fucosylated liposomes

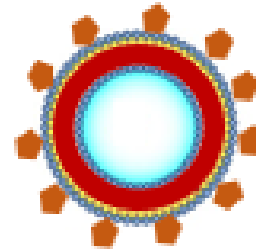


C14 lipids

- DMPC:DMPG (2:1) liposomal composition
- $T_m \sim 23^\circ\text{C}$ (without drug)
- Lipid:BDQ mol ratio = $\sim 15:1$

Quite low T_m

Fucosylated liposomes

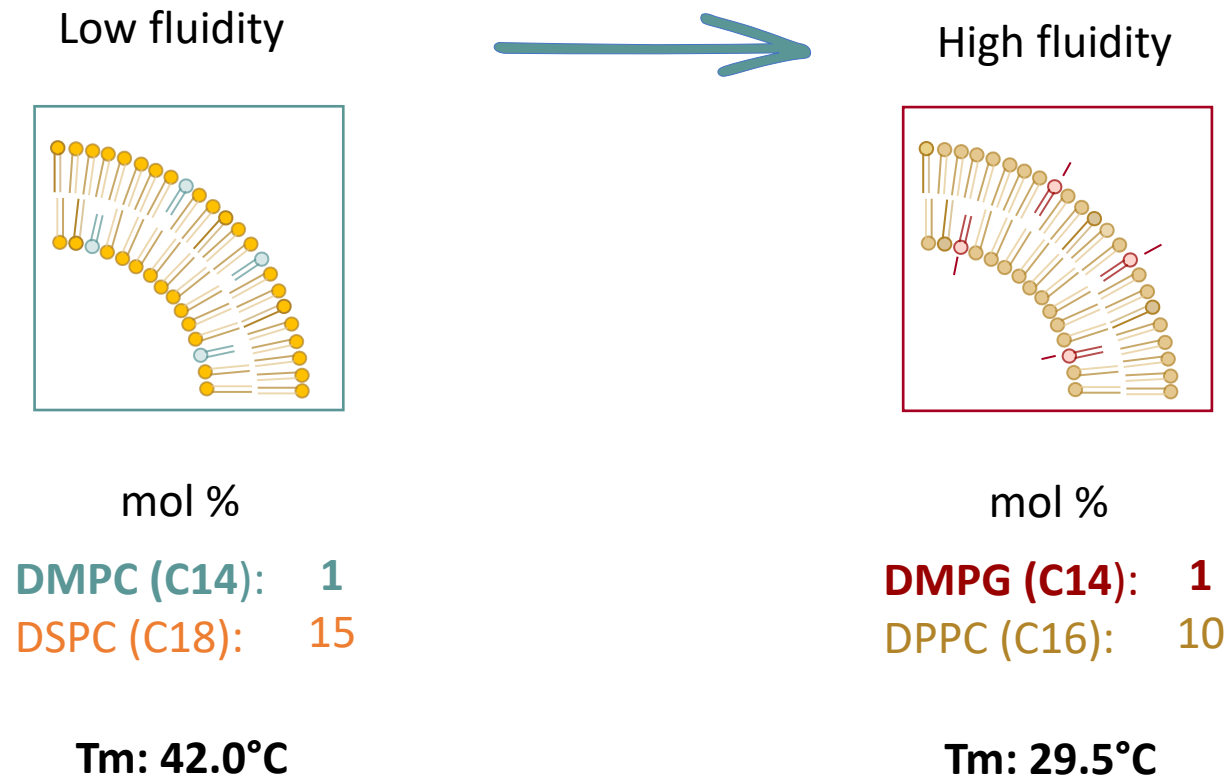


- DMPC:DMPG (2:1) liposomal composition
- 8 mol% cholesterol-fucose conjugate
- Lipid:BDQ mol ratio = $\sim 15:1$

T_m of drug-loaded, fucosylated systems likely even lower

Unintentionally reminiscent of the fluidosome concept

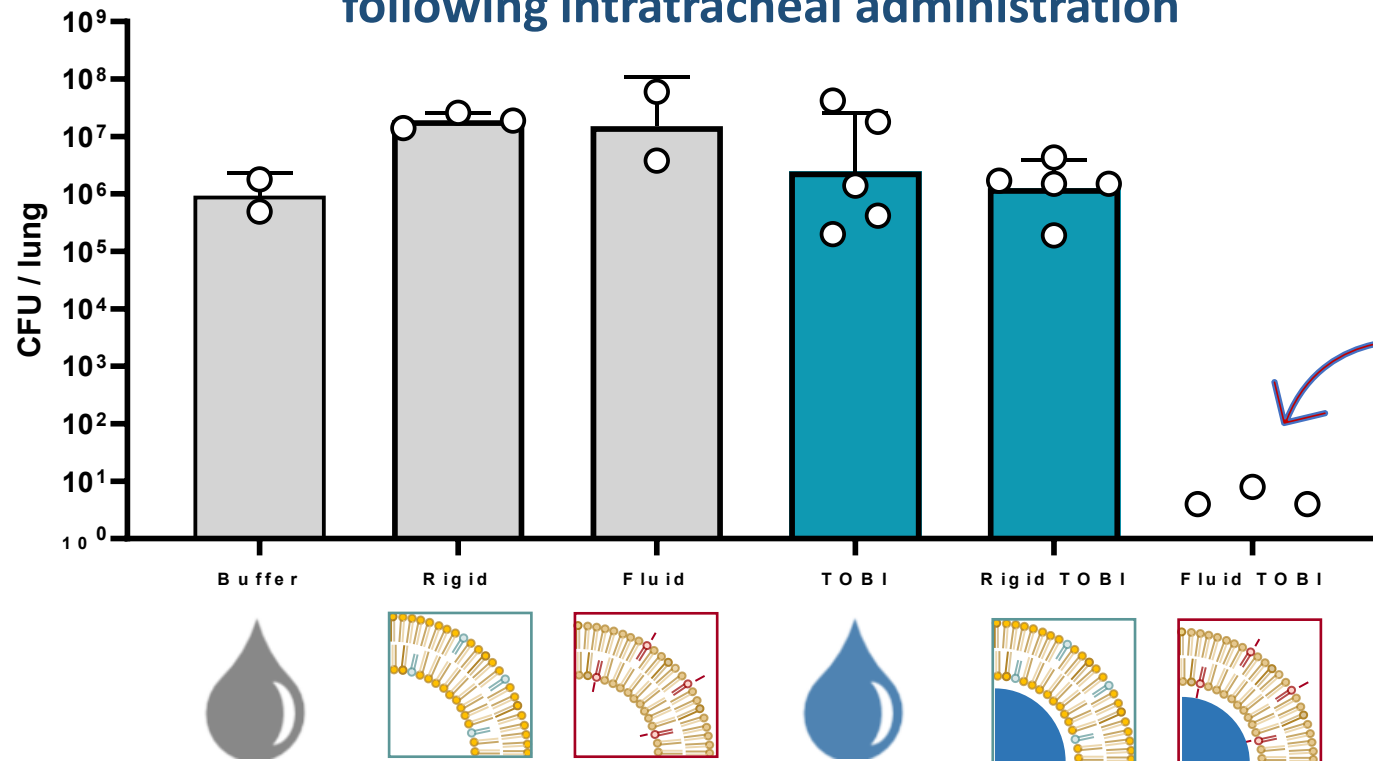
Fluidosomes: Beaulac et al, 1996



In vivo proof-of-concept: Fluidosomes

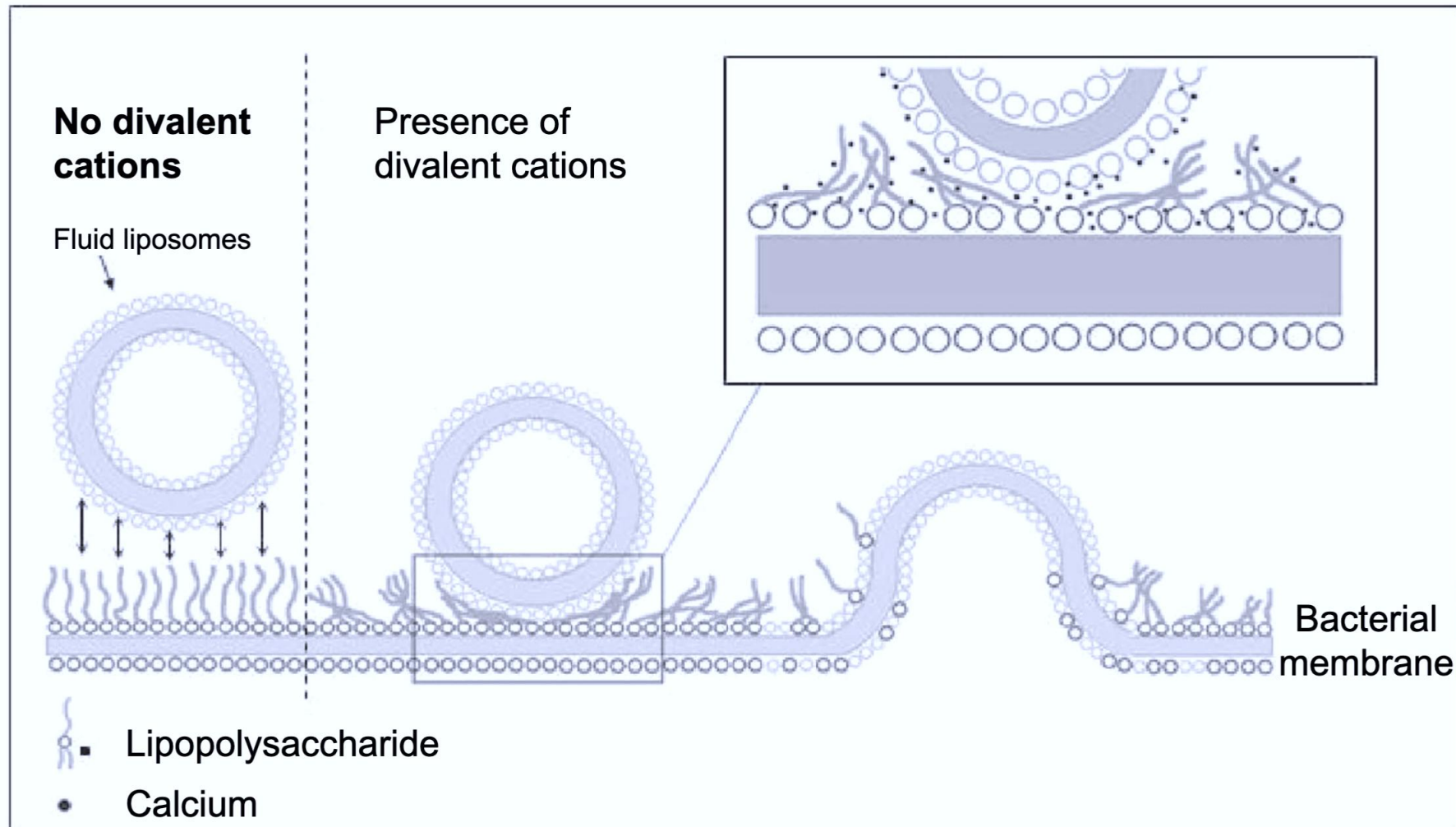
Fluidosomes: Beaulac et al, 1996

**Tobramycin activity in *P. aeruginosa* infection model
(Balb/c mice)
following intratracheal administration**

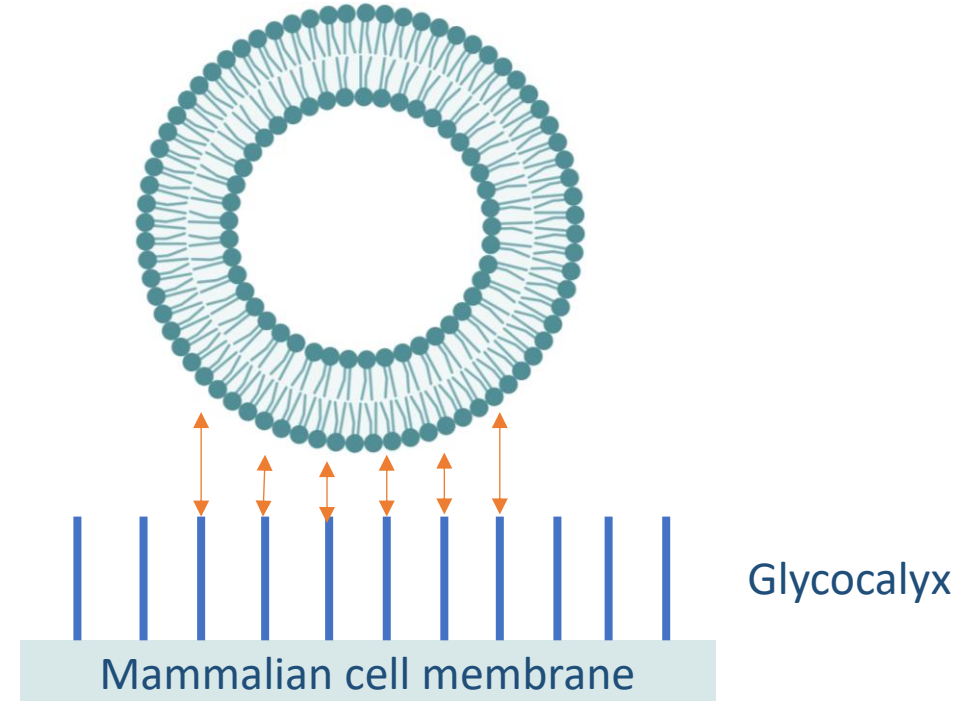
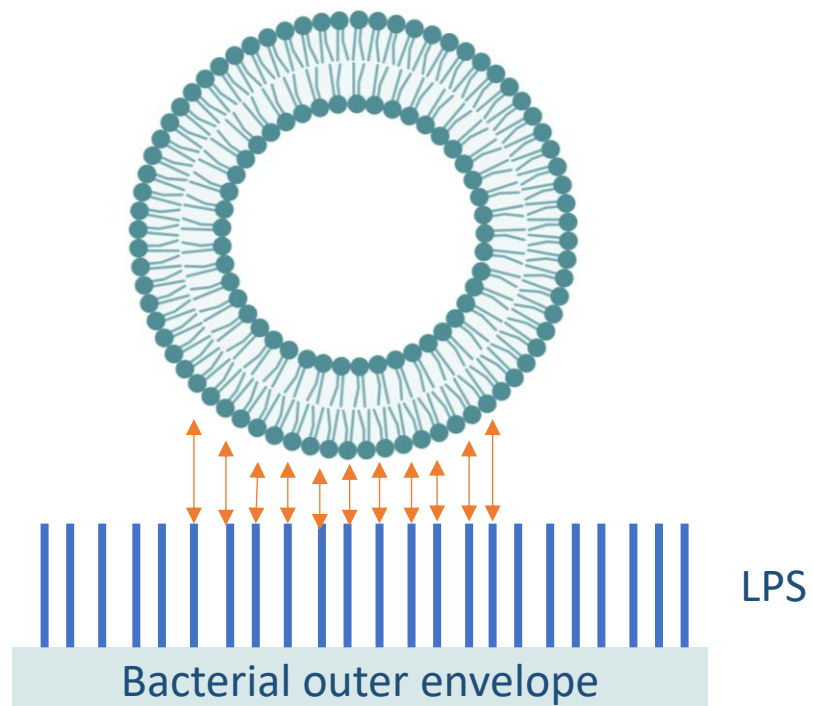


Reduction in
CFU 5-6
magnitudes of
order!

Hypothesized mechanism: Membrane fusion

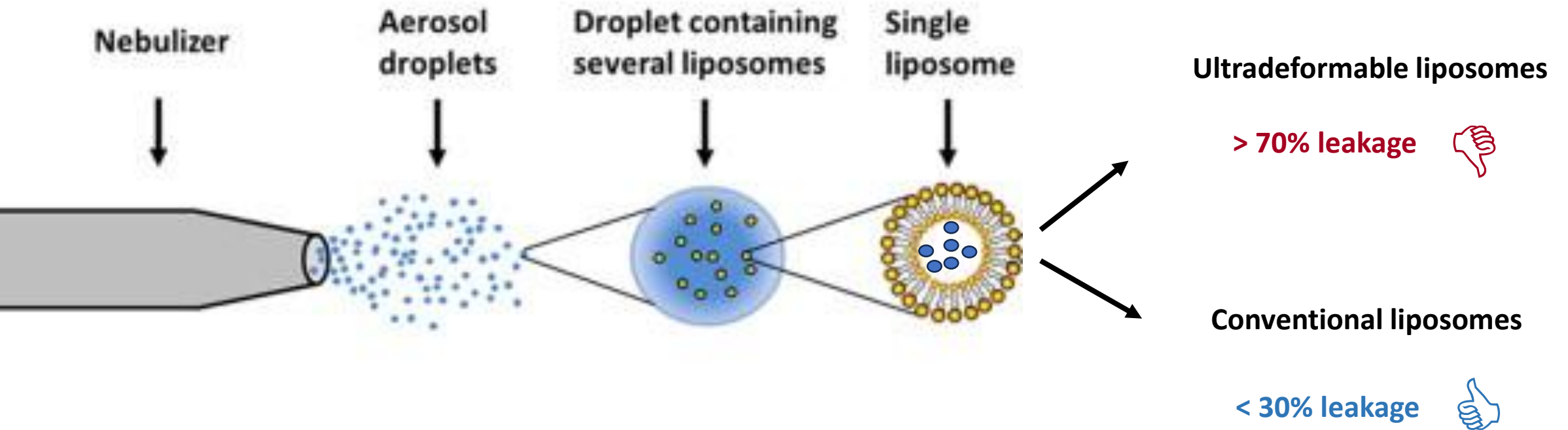


Hypothesized selectivity: Mechanism



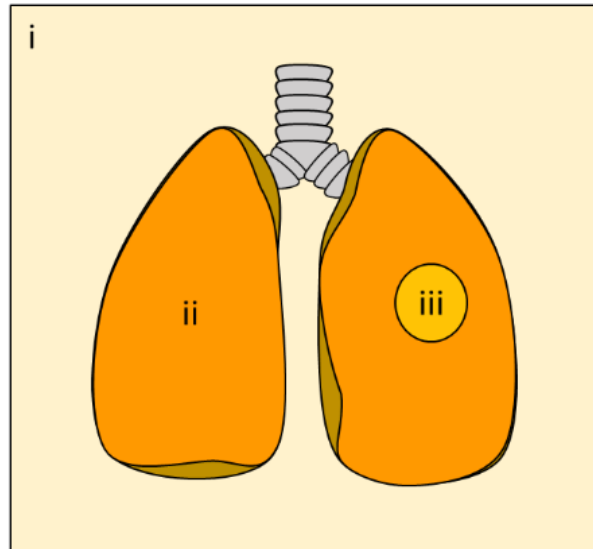
Why weren't fluidosomes commercialized?

Hydrophilic drug leakage following nebulization



Many anti-infectives are hydrophilic, but not all...

Poorly soluble anti-infectives for inhalation: The sequel



Sanggenon C & D

stereoisomeric natural products



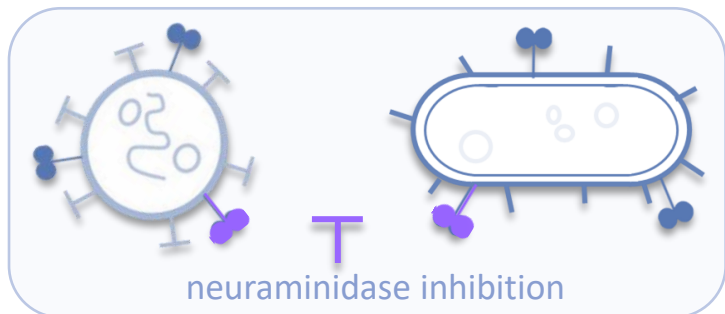
prenylated flavonoids



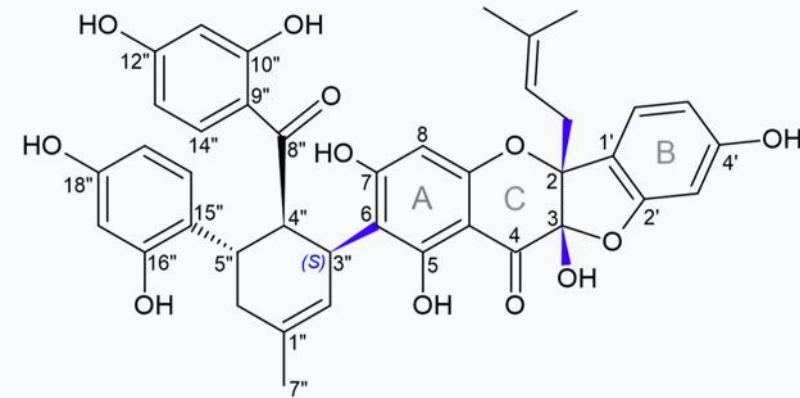
stereoisomers differing at C3''



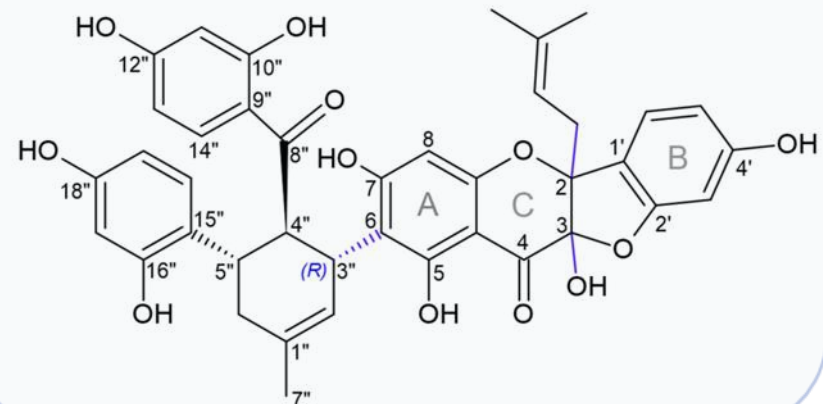
Antiviral & antibacterial activity
- dual neuraminidase inhibition



Sanggenon C

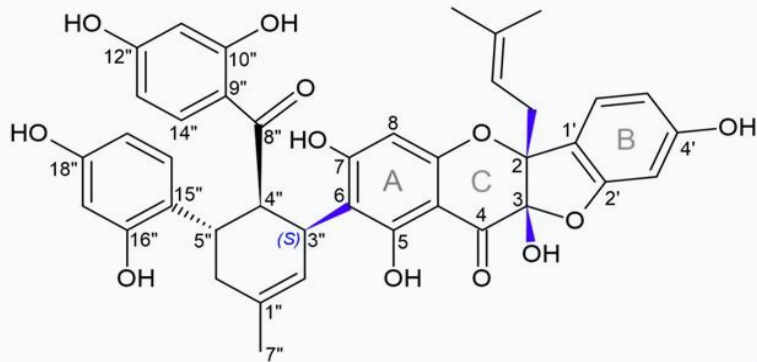


Sanggenon D



Sanggenon stereoisomers are markedly different

Sanggenon C



Moderately
low solubility

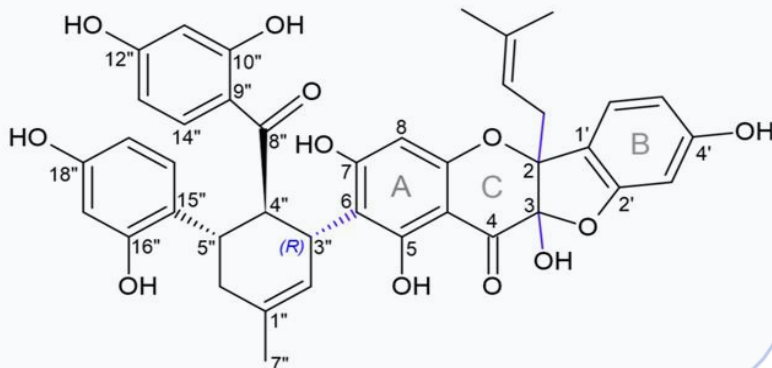
50 µg/mL

Log P

3.48

oral BA:
not measurable

Sanggenon D



Moderate
solubility

500 µg/mL

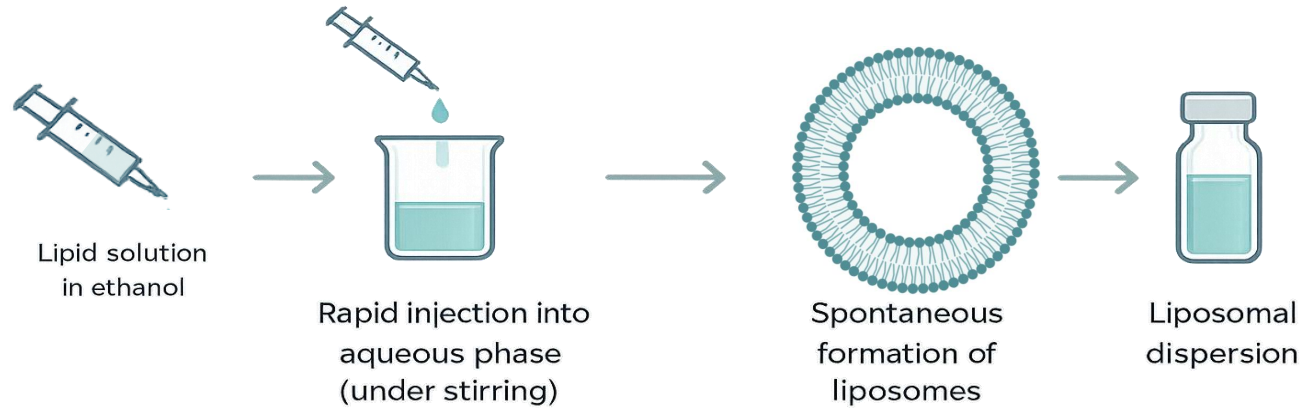
Log P

2.92

Hey...if liposomes worked for bedaquiline, then why not?

 overcoming solubility limitations

ETHANOL INJECTION



COMPOSITION

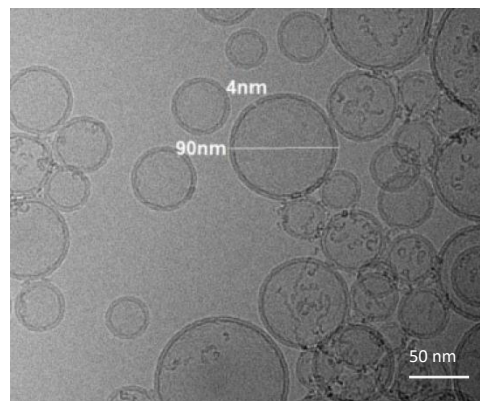
- DMPC:DMPG (2:1)
- Lipid:sanggenon (5:1)
- Adjusted volume to achieve 3.5 to 4 mg/mL drug
- Vehicle: sterile 0.9% NaCl

It was surprisingly easy...

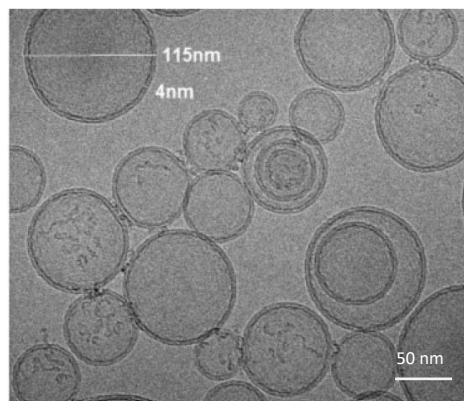
Parameter	SGC-Lip	SGD-Lip	Interpretation
size	98	117	✓ suitable nm-sized vesicles
PDI	0.19	0.21	✓ narrow size distribution
drug loading (mg/mL)	3.56	3.78	✓ high drug loading
EE	99%	96%	✓ efficient incorporation
size stability	✓	✓	✓ stable over 8 weeks and after nebulisation

Representative Cryo-TEM images

SGC



SGD



Success friends!

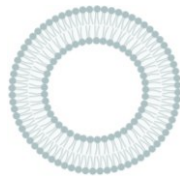


overcame solubility limitations

SGC



Aqueous solubility
~50 $\mu\text{g/mL}$



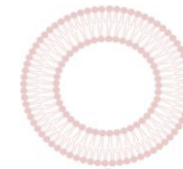
drug loading
~3560 $\mu\text{g/mL}$

70x

SGD



Aqueous solubility
~500 $\mu\text{g/mL}$



drug loading
~3780 $\mu\text{g/mL}$

7x

Sanggenons are very happy in the lipid bilayer

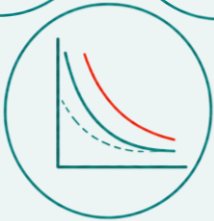
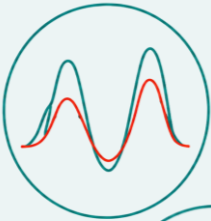


Fluid DMPC:DMPG liposomes can accommodate a high sanggenon content

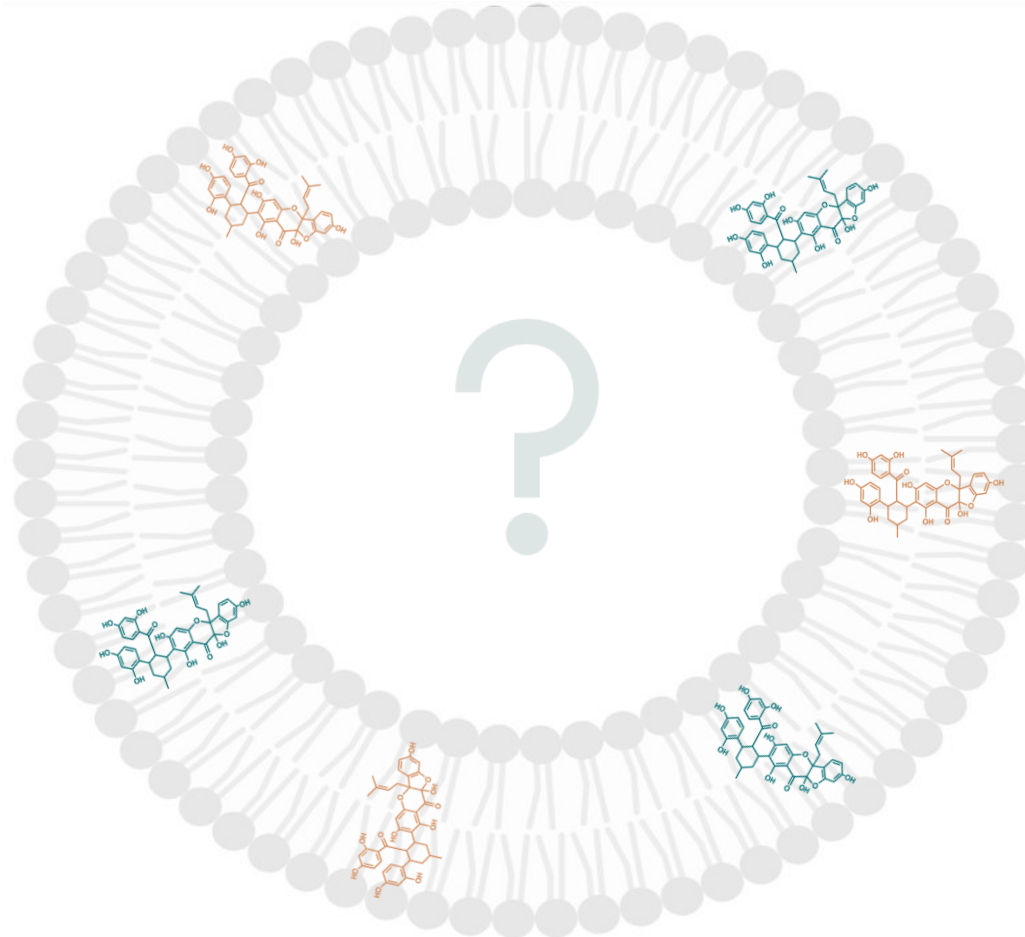
biophysical methods

SAXS

DSC



Langmuir
monolayer studies



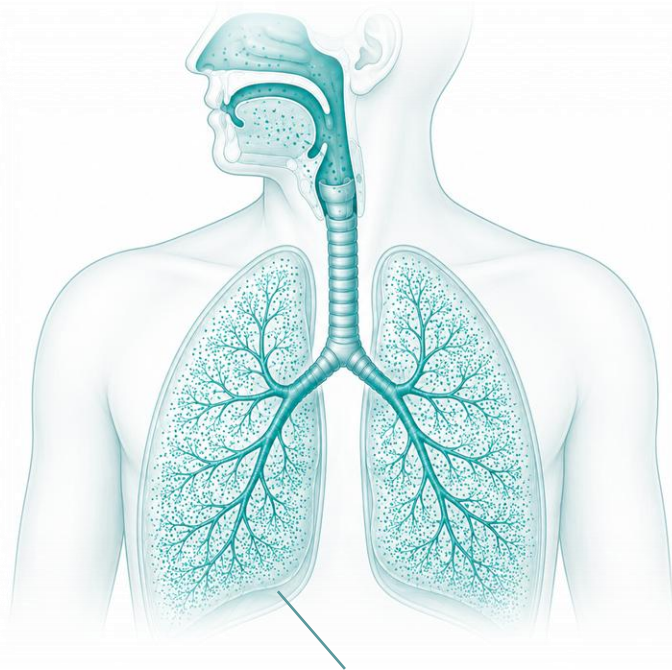
*Schwarzinger J, Eur J Pharm Sci.
2025 Dec 1;215:107361.*

- ✓ strong drug–lipid interactions (planarity?)
- ✓ fluidizing effect on lipids
- ✓ stereoisomeric differences visible, but less pronounced in final liposomes
- ✓ higher drug loading potential suggested

Nebulization is no problem!



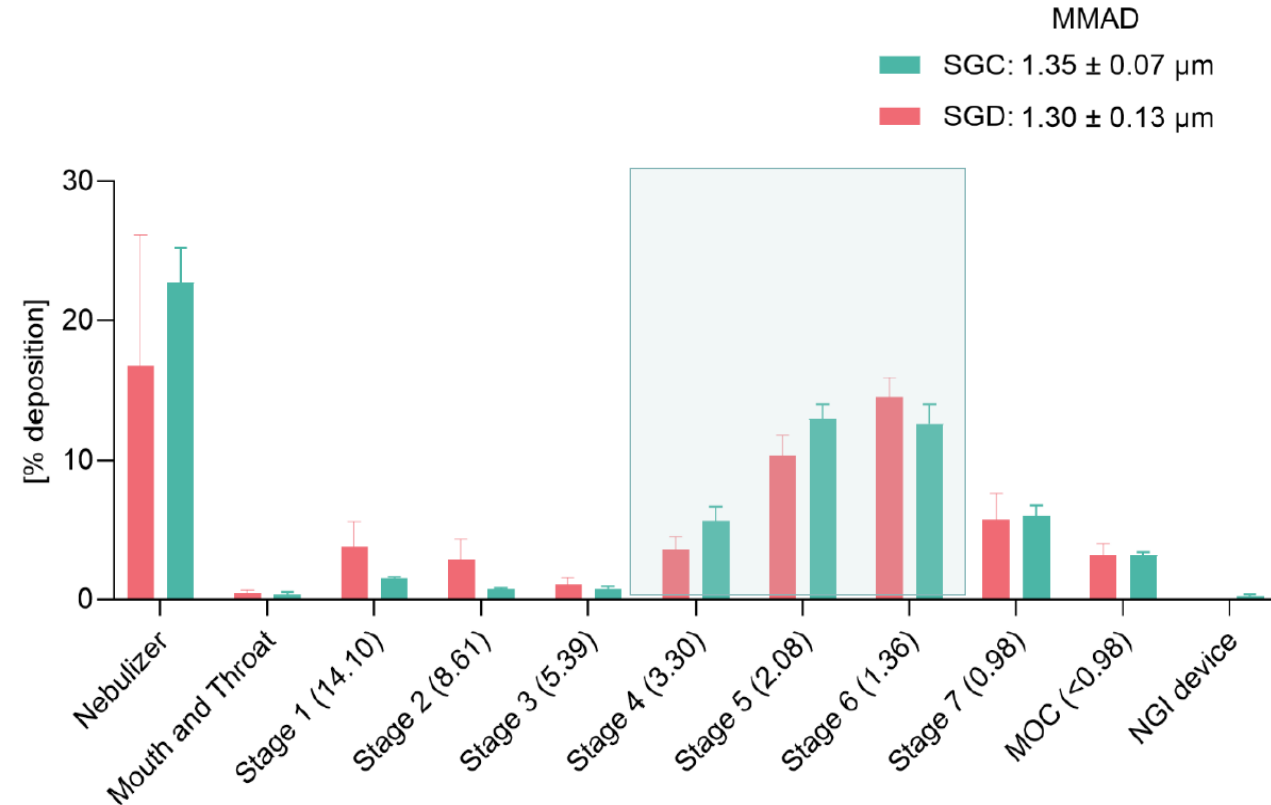
aerosol performance



1-5 μm

Homogeneous lung deposition,
extending into the deep lungs

NGI deposition profile

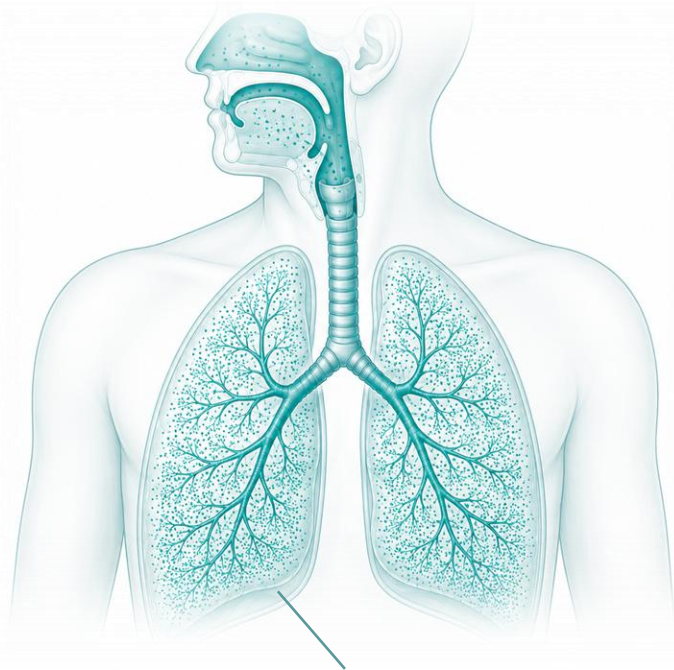


both formulations generated respirable aerosols suitable for pulmonary delivery

Nebulization is no problem!



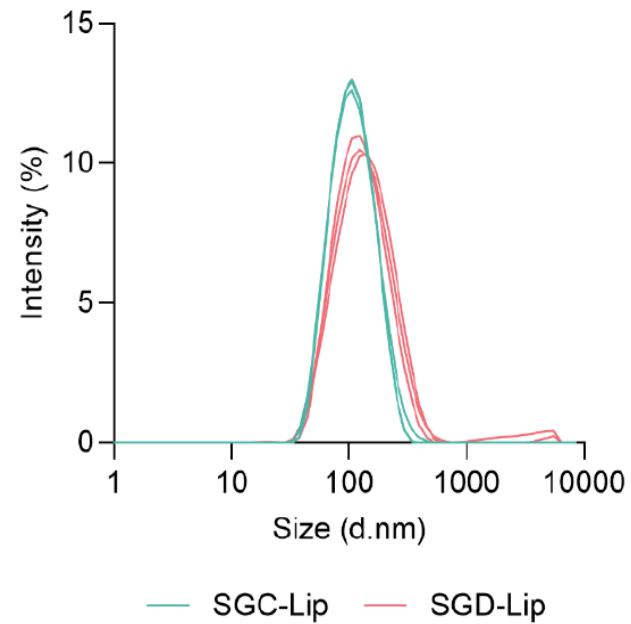
aerosol performance



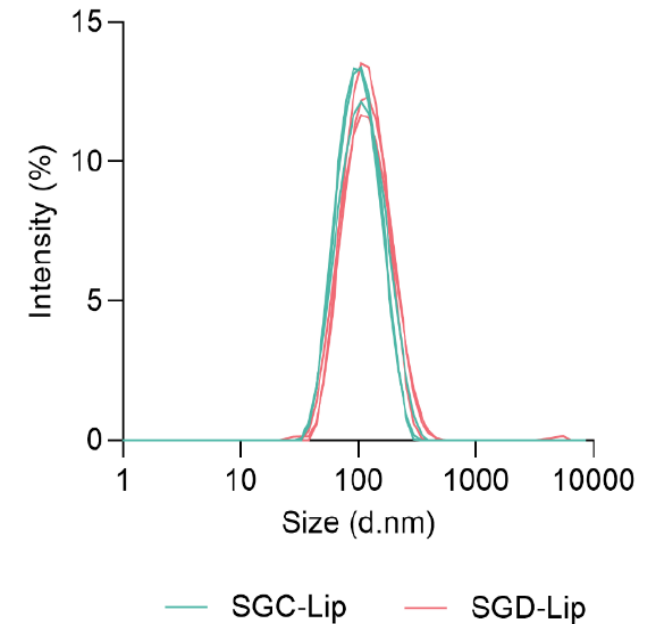
1-5 μm

Homogeneous lung deposition,
extending into the deep lungs

Size distribution before nebulization



Size distribution after nebulization



✓ both formulations generated respirable aerosols suitable for pulmonary delivery

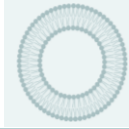
Fluid liposomes do not appear to fuse with mammalian cell membranes



Fluid liposomes protect against sanggenon-induced cytotoxicity

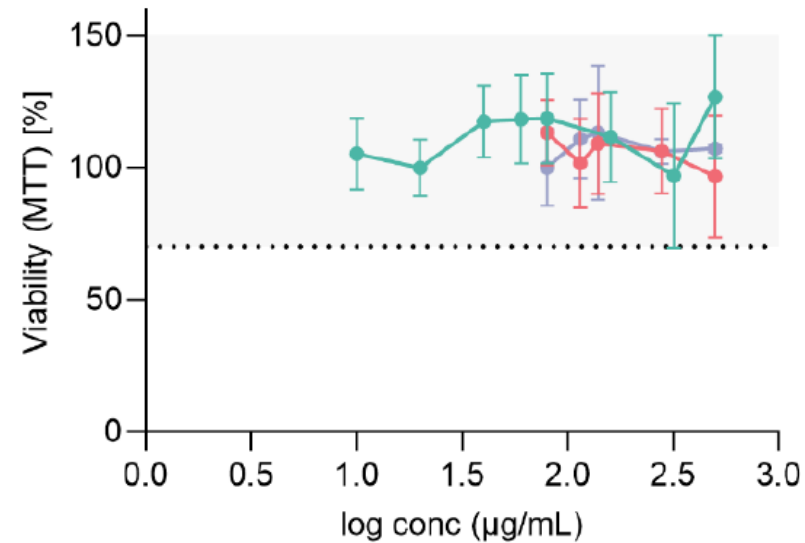
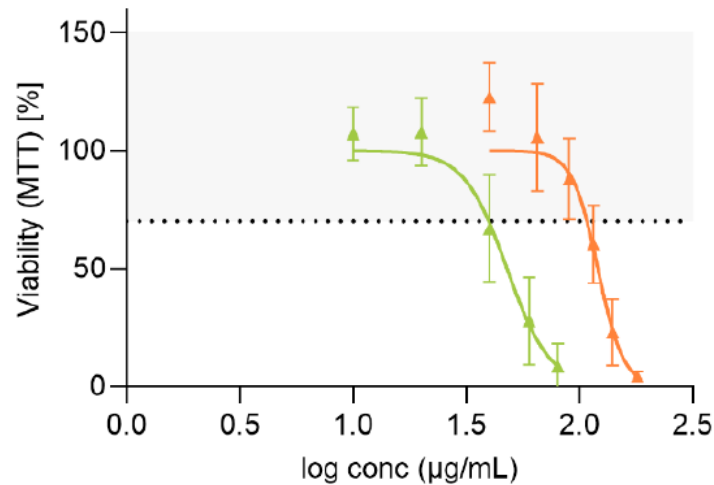


pure
compounds



liposomes

MTT

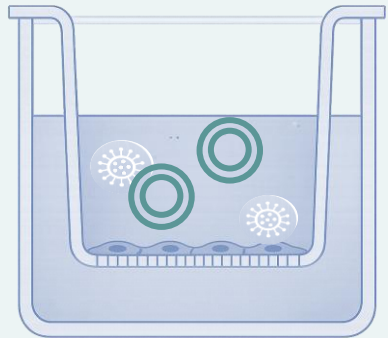


First attempt at efficacy studies



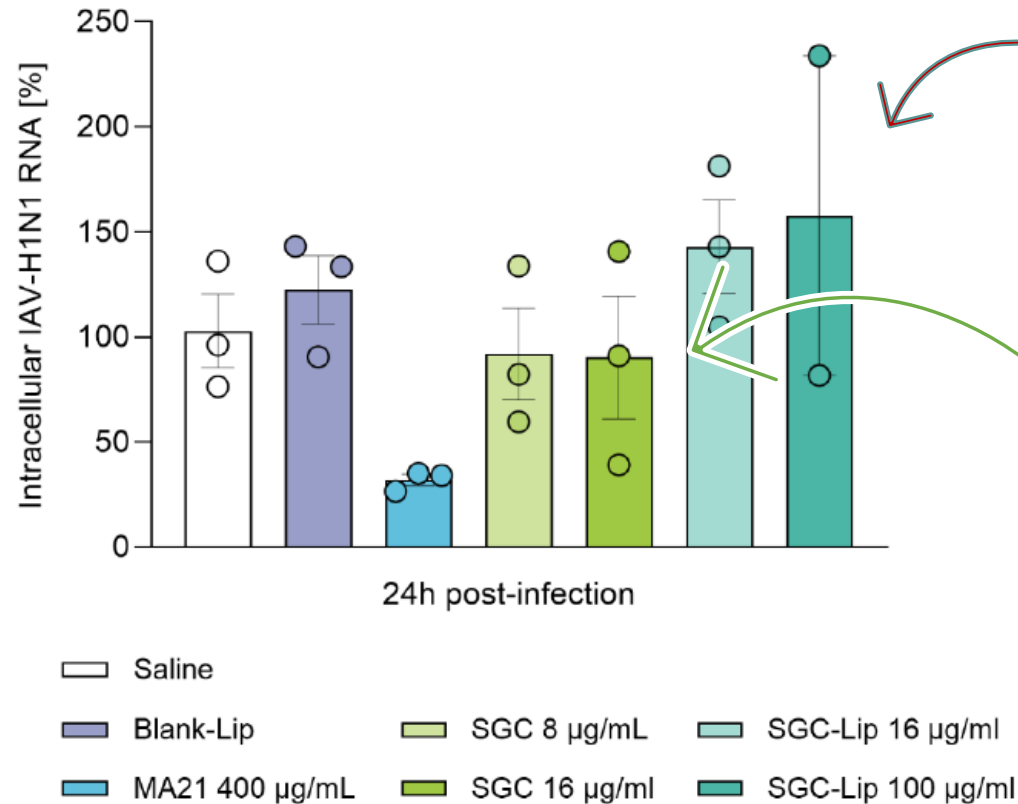
Can SGC-loaded liposomes reduce intracellular viral RNA load?

Influenza A infection model



HBEC3-KT cells

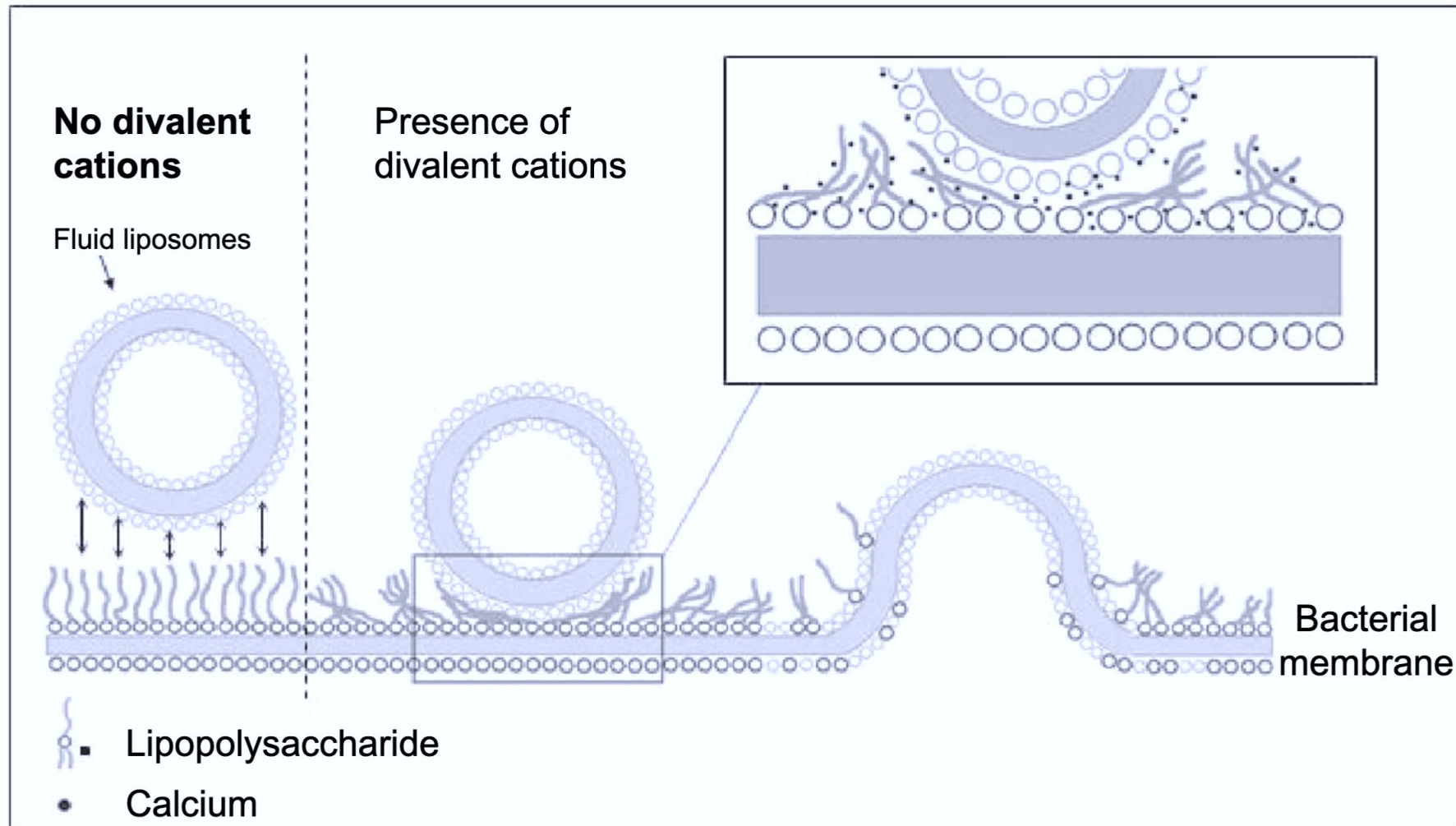
Antiviral efficacy of sGC liposomes against IAV-H1N1



No effect of liposomal SGC at two concentrations

But also no effect of an SGC solution at two concentrations supposedly > MIC

Are fluidosomes specifically active against bacteria?

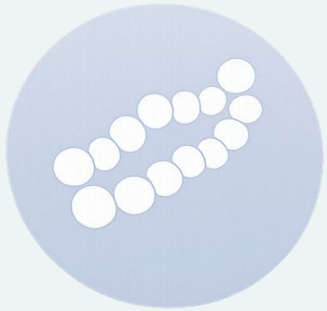


Future studies planned...



Now that we have approval for Biosafety Level 2 studies...

S. pneumoniae model



Planktonic and
biofilm models

Efficacy study	SGC	SGD
<i>S. pneumoniae</i> (ATCC 33400), MIC ₉₀ ¹¹⁷	2.7 ± 0.4 µg/mL	8.7 ± 3.5 µg/mL
<i>S. pneumoniae</i> (ATCC 33400), MBIC ₉₀ ¹¹⁷	1.1 ± 0.4 µg/mL	5.9 ± 0.2 µg/mL
IC ₅₀ values of influenza A viral replication in MDCK cells ¹¹⁷	8.3 ± 0.7 µg/mL	no activity
IC ₅₀ values of SARS-CoV-2 viral replication in Calu-3 cells ¹¹⁵	4.6 µM	18.5 µM
<i>S. aureus</i> (ATCC 6538), MIC ¹²⁰	70.6 µmol/L	17.6 µmol/L
<i>S. aureus</i> (MRSA, ATCC 43300), MIC ¹²²	3.16 µM	10 µM
<i>E. faecalis</i> (ATCC 29212), MIC ¹²¹	3.125 µM	12.5 µM
<i>E. faecalis</i> (vancomycin-resistant ATCC 51575), MIC ¹²¹	3.125 µM	12.5 µM
<i>E. faecium</i> (ATCC 35667), MIC ¹²¹	3.125 µM	25 µM
<i>E. faecium</i> (vancomycin-resistant ATCC 70021), MIC ¹²¹	3.125 µM	12.5 µM

Let's revisit fluid liposomes for inhalation of poorly soluble anti-infectives

①

High dose
lipophilic
APIs



Accumulation +
non-specific
inflammation

②

Lung
retention



Fast clearance
of lipophilic
APIs

③

Fusogenic
properties
with bacteria



Improved drug
efficacy

④

Stability



Can be
nebulized
without drug
loss

Acknowledgements

BDQ study:

- Franziska Marwitz
- Gabriela Hädrich
- Natalja Redinger
- Karen F. W. Besecke
- Feng Li
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- Simone Thomsen
- Michaela Cohrs
- Robert Neumann
- Henrike Lucas
- Julia Kollan
- Constantin Hozsa
- Robert K. Gieseler
- Dominik Schwudke
- Marcus Furch
- Ulrich Schaible

SG study:

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- Gianluca Bello
- Timur Tropin
- Christian Wölk
- Clement Blanchet
- Sigrid Adelsberger
- Judith M. Rollinger
- Ulrike Grienke
- Richard D. Harvey

NPQ study:

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- Gabriela Hädrich
- Fernanda de Santos
- Leonie Wurster
- Richard D. Harvey



Bundesministerium
für Bildung
und Forschung



Der Wissenschaftsfonds.