BD Advanced Drug Delivery



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# **Cutaneous or Mucosal Delivery of Anthrax rPA Provides Protection against Inhalational Anthrax**

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### **Overview of Presentation**

- I. Introduce BD Advanced Vaccine Delivery Platforms
  - Cutaneous Delivery
  - Intranasal Delivery
- I. Progress of BD / USAMRIID collaboration
   Anthrax rPA Vaccine Studies
- III. Summary and Next Steps



### Attributes of BD Advanced Drug Delivery Platforms

- **Safety:** *low possibility of secondary infection*
- Efficacy: enablement of new vaccines, improvement of existing vaccines, and enablement of new clinical practices
- **Ease of use**: *minimal training necessary*
- **Dispersibility**: *fully loaded unit dose disposables*
- Favorable system economics: overall cost of immunizations lowered vs standard practice

These attributes represent major unmet needs for biodefense vaccination



### **BD Advanced Vaccine Delivery**

| Intradermal<br>Delivery   | Microneed   | <ul> <li>Pain Minimized</li> <li>Enhanced<br/>Drug delivery</li> <li>Immune<br/>Response</li> </ul> |
|---------------------------|---|---|
| Epidermal<br>Delivery     | Microarray  | <ul> <li>Pain Free</li> <li>"Swipe and Go"</li> <li>Enhanced<br/>Immune<br/>Response</li> </ul>     |
| Formulation<br>Technology | ALP Powd  | er<br>• Instant<br>Reconstitution<br>• Enhanced<br>Stability<br>• Suitable for<br>ID, IN, ED        |
| Intranasal<br>Delivery    | Propelled<br>Mist or Po<br>from Prop<br>Nebulizer | wder<br>rietary<br>• Pain Free<br>• Effective Immune<br>Response                                    |

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#### Epidermal Delivery via Onvax Microabrasion Technology



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# BD OnVax

US Patent 6595947 US 09/405488 allowed



### **OnVax Platform Provides "Wipe & Go"** Vaccine Delivery



- direct access to antigen presenting cells in dermis
- "wipe & go" vaccination
- easy self administration
- easy clinical administration
- painless

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### **OnVax is a Minimally-invasive Platform for Epidermal Vaccine Delivery**

Highly defined furrows expose epidermis...

. . . allowing vaccine to penetrate epidermis

OnVax devices gently expose
 Langerhans cells to vaccines
 without painful injections

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150-200 microns

#### MicroMedica employs microneedles for shallow intradermal delivery



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#### MicroMedica delivers vaccine to the shallow skin



### **BD Intradermal Delivery Products Under Development**

#### **ID** Syringe

#### Automatic Injector

#### Microinfusor







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### MicroMedica Platforms are Designed for Reliable Shallow ID Delivery



### MicroMedica platforms provide:

- vaccine delivery into epidermis/upper dermis
- direct access to APCs and lymph circulation
- easy self administration
- easy clinical administration

Yorkshire Swine Model

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### **CT Scan Visualization of ID Delivery in Human Forearm**



- Contrast agent located in dermis
- No SC contamination

Controlled delivery

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#### **BD** Auto-Injector is Designed for Self-Administration



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### Aerodynamically Light Powder (ALP) rPA Formulations Developed



ALP powders suited for rapid reconstitution injection as well as direct intranasal delivery

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### SoloVent <sup>TM</sup> Nasal Delivery Platform





- Low cost, robust, ergonomic design
- Prototype testing underway

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### SoloVent Provides Non-Invasive Needle-Less Vaccine Delivery



No other commercial offering combines Solovent's ease of use with high efficiency delivery of therapeutics and vaccines.

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### CRADA UPDATE

- Progress of BD / USAMRIID collaboration
- Anthrax (rPA) Vaccine Studies
  - Immunogenicity in mice
  - Lethal Challenge in rabbits



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## Anthrax rPA: Mouse Immunogenicity Study Design

Compare efficacy of various delivery routes

- MicroMedica-based ID delivery
- OnVax-based topical delivery
- Topical (no device)
- IM injection
- IN instillation (liquid formulation)
- Adjuvant comparison (Alhydrogel, CpG or none)
- BALB/c female mice (n=10/group)
- **Dosed with 10\mug rPA on d0, d21 and 42** 
  - Sera collected at d0, d21, d42 and d56
    - PA-specific antibody titers by ELISA
    - PA / LT-neutralizing antibody titers in monocyte cell cultures



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# Rapid sero-conversion following ID delivery of anthrax rPA in mice (ELISA Titers)



#### % Seroconversion after 1 dose of vaccine

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#### Induction of Anthrax Toxin Neutralizing Antibodies in Mice



- Only ID and IM induce TNA after single dose
- IN and epidermal delivery required 3<sup>rd</sup> dose to reach comparable TNA as via IM and ID

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## Anthrax rPA: Rabbit Challenge Study Design

Compare protective efficacy of various delivery routes

- MicroMedica-based ID delivery
- OnVax-based topical delivery
- Topical (no device)
- IM injection
- IN instillation (liquid formulation)
- IN delivery (ALP powder formulation and SoloVent device)
- Adjuvant comparison (Alhydrogel, CpG or none)
- NZW female rabbits (n=6/group)
- Dosed with  $50\mu g$  rPA on d0, d21 and 42
- Sera collected at d0, d21, d35 and d56
  - PA-specific antibody titers by ELISA
  - PA / LT-neutralizing antibody titers in monocyte cell cultures
- Aerosol challenge with ~100 LD50 anthrax spores



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#### **Antibody Response (ELISA) in Rabbits**



IM and ID-induced titers strongest No major adjuvant effect

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#### ID and IN powder delivery provide complete protection against lethal aerosol challenge





### **Summary of Anthrax Studies**

- First demonstration of complete protection against inhalational anthrax via cutaneous or mucosal vaccination
- Powder vaccine provides better protection than liquid formulation administered IN
- Onvax-based epidermal delivery provides partial protection – potential to improve with modifications in device design and/or vaccine formulation
- Additional studies required to evaluate potential dose sparing advantages from ID delivery and powder formulations



## **Next Steps**

- Human clinical trial to evaluate ID delivery of rPA anthrax vaccine
  - Johns Hopkins University School of Public Health
- Dose reduction studies for anthrax rPA vaccine in rabbits
- Optimize storage stability of powder and liquid rPA vaccine formulations
- Accelerate development of ID auto-injection platform
- Feasibility studies with additional biodefense vaccine candidates (Staphylococcal toxic shock, botulism, others...)



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