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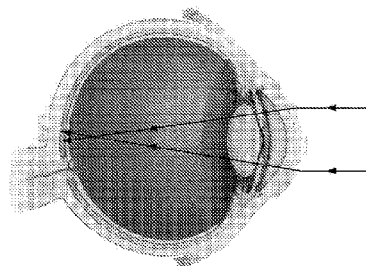
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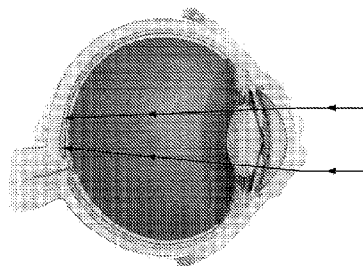
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FIGS. 1A-C

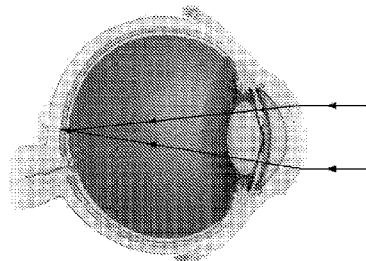
1A. Unstable Tear Film; Blink #1



1B. Unstable Tear Film; Blink #2



1C. Tear Film After PRG4 Administration



(57) Abstract: Disclosed are methods involving the therapeutic use of human PRG4 (lubricin) protein, to improve vision, to reduce aberrations such as impaired night vision, halos, and glare, to improve the stability of the tear film, and to homogenize the refractive index of the surface of the eye.

## USE OF PRG4 TO IMPROVE DYNAMIC VISUAL ACUITY AND HIGHER ORDER ABERRATIONS

### CROSS-REFERENCE TO RELATED APPLICATIONS

[0001] This application claims priority to and the benefit of U.S. Provisional Patent  
5 Application No. 62/163,753 filed May 19, 2015, the contents of which are incorporated by  
reference herein.

### BACKGROUND OF THE INVENTION

[0002] This invention relates to new vision therapies exploiting solutions of lubricin, or  
PRG4. More particularly, it relates to use of lubricin-containing eye drops for improving static  
10 and dynamic visual acuity, reducing vision halos and starbursts, diminishing glare, diminishing  
coma, spherical, or trefoil aberration, improving night vision, and/or stabilize the tear film to  
prevent or limit degradation of its optical lensing function between blinks.

[0003] The proteoglycan 4 (PRG4) gene encodes a highly glycosylated proteins now  
known as lubricin. Lubricin originally was identified as an expression product of synovial  
15 fibroblasts and shown to possess boundary lubricating ability by Jay et al. O-linked beta (1-3)  
Gal-GalNAc oligosaccharides pendant from a large central mucin-like domain of 940 amino  
acids encoded by exon 6 of the PRG4 gene subsequently were shown to be critical to the  
molecule's boundary lubricating ability. Lubricin has been shown to contribute to the  
boundary lubrication of apposing articular cartilage surfaces. More recently, lubricin has been  
20 discovered to be useful in the eye, for the treatment of dry eye disease, as a coating for a  
contact or intraocular lens to improve comfort and maintain uncontaminated exploiting its anti-  
adhesive effects, and as a component of a solution for cleaning or storing a contact lens. The  
function of PRG4 heretofore has been almost entirely associated with prevention of wear  
between articulating joints and lubrication of interfacing tissues such as between the surface of  
25 the eye and eyelid. See, for example, U.S. Patent Application Publication Nos. 2009/0068247,  
2010/0092452, 2011/0059902, 2011/0070222, 2011/0142908, and 2012/0321611.

[0004] Deterioration or impairment of vision occurs through aging, injury, irritation, and many unknown factors related to genetics. Of course, enormous vision improvements are routinely achieved through the use of corrective lenses, and in the last 40 years or so increasingly by various surgical procedures. Laser in-situ keratomileusis (LASIK surgery), involves surgical creation of a flap across the central portion of the cornea, and beneath this epithelial flap reshaping the cornea using a laser to improve the way light passes through the eye. Once the reshaping is complete, the flap is set down to heal. LASIK reshapes the underlying corneal stroma but does not modify the epithelium, excepting any residual ridges from the flap interface healing. Photorefractive keratectomy surgery (PRK) is used to correct mild to moderate nearsightedness, farsightedness, and/or astigmatism. During PRK surgery, the epithelium is fully abraded and removed prior to an excimer laser ablation of the stroma, followed by a healing period where the epithelium is encouraged to grow back over the reshaped stomal surface. In laser epithelial keratomileusis (LASEK), an epithelial flap is created by loosening epithelial cells using an alcohol solution, pulling the flap back prior to excimer reshaping of the stroma, then replacing and securing the flap with a soft contact lens while it heals. Cataract surgery involves replacement of a patient's cloudy natural lens with a synthetic lens to restore the lens's transparency. Refractive lens exchange (RLE) is similar to cataract surgery and involves making a small incision at the edge of the cornea to remove the natural lens of the eye and replacing it with a silicone or plastic lens. Presbyopic lens exchange (PRELEX), is a procedure in which a multifocal lens is implanted to correct presbyopia, a condition in which the eye's lens loses its flexibility.

[0005] None of these solutions to correct vision impairment or aberrations due to the epithelium or any optical dysfunction caused by the tear film, and none is guaranteed to correct vision perfectly. Rather, each of these procedures carry a non-negligible risk that the epithelium and tear film are compromised following surgery. All of these surgical approaches have limitations or varying frequencies of adverse side effects. For example, wearers of corrective contact lenses often report irritation and loss of visual acuity and clarity after a day of contact lens wear. Eye surgery patients can suffer from starbursts, excessive glare, and issues with low-light, low contrast, and especially night vision. One report suggests that the visual acuity of one out of every five patients is worse after LASIK than the pre surgical acuity corrected with glasses. Halos are smudges of light or rings that appear around luminous or bright objects. They can be around a light itself or around some object that is bright relative to its

surroundings, such as a yield or stop sign at night. Halos are distinct from other aberrations that may be faced following eye surgery, such as glare and starbursts, though these all tend to be interrelated. One large retrospective study of LASIK patients found that halos were reported by 30%, glare by 27%, and starbursts by 25%. (Bailey et al, 2003) A survey of physicians who underwent laser eye surgery from 2000 to 2012, exposed post-surgical adverse effects reported by physician-respondents: “glare (43%), halos (41%), and trouble seeing in dim light (35.2%).” Mamalis N., Laser vision correction among physicians: “the proof of the pudding is in the eating”. J Cataract Refract Surg. 2014 Mar;40(3):343-4. Fully 19% of patients enrolled in an FDA clinical trial for LASIK using the latest technology reported worse or significantly worse “night driving difficulty” six months after surgery. Patients are known to suffer from dysphotopsia following cataract surgery, and from coma, spherical, or trefoil aberration following wavefront-optimized LASIK, often towards the end of an inter-blink period. Common higher order aberrations include vertical prism, horizontal prism, astigmatism, defocus, trefoil, vertical coma, horizontal coma, quadrafoil, secondary astigmatism, spherical aberration, or other aberrations described by higher order Zernike polynomials, as well as generalized micro- or macro-aberrations. These aberrations are generally described by the broadening of the point spread function of the eye.

[0006] Such visual impairments are believed to be due in part to inconsistent vision correction across the cornea, to an unstable tear film, various corneal epitheliopathies, dry eye disease, and to corneal swelling. As the pupil dilates, the optical quality of the eye worsens when ocular surface irregularities overlap the ocular aperture. A large pupil makes any uncorrected refractive error more apparent and introduces a variety of aberrations. This leads to the perception of glare and halos around headlights and streetlights. Nighttime glare and halos may also occur if the pupil dilates beyond the area of laser treatment in low light conditions, or if the laser ablation is centered improperly on the eye. When either of these exists, light can bend irregularly at the junction between the treated and untreated cornea. Halo and coma-like effects and other aberrations can affect and interfere with night driving, loss of contrast sensitivity, double vision and poor reading ability, especially in patients who have big pupils in dark conditions. Visual acuity is defined as the sharpness of vision, typically measured by the ability to discern letters or numbers at a given distance according to a fixed standard. Dynamic visual acuity refers to the ability to discriminate these fine details over time, specifically as it relates to the stability of the image across the inter-blink interval.

**SUMMARY OF THE INVENTION**

[0007] It has now been discovered that lubricin can improve quality of vision by smoothing out and homogenizing the refractive index of the tear film, the initial lensing surface of the eye, and by stabilizing the tear film between blinks. The lubricin-ocular surface interaction is a novel mechanism that can contribute to improved vision and can extend and exploit lubricin's function beyond its well-known boundary lubricating and mechanical properties. Lubricin can therefore be used in a number of novel ways in therapeutic contexts to improve vision via its effect on the corneal surface and improvement of tear film stability. Lubricin drops have multiple beneficial effects on the quality of a patient's vision, including improved static and dynamic visual acuity, reduction in halos and starbursts, diminished glare, improved night vision, and reduction or elimination of various higher order aberrations such as vertical prism, horizontal prism, astigmatism, defocus, trefoil, vertical coma, horizontal coma, quadrafoil, secondary astigmatism, spherical aberration, and micro- and macro-aberrations. The drops may be used by persons suffering from any of these visual aberrations, whether caused by a surgical procedure, an eye injury, eye irritation, or a consequence of natural deterioration of vision parameters. The effects are achieved by topical administration of lubricin to the surface of the eye in an amount sufficient to homogenize the refractive index of the corneal surface and to stabilize the tear film to prevent or limit degradation of its optical lensing function during the time interval between blinks.

[0008] Accordingly, in one embodiment, the invention provides a method of treating a patient suffering from a visual aberration such as visual halos, visual starbursts, visual glare, loss of static or dynamic visual acuity, or diminished night vision. The method comprising the step of depositing onto the surface of one or both eyes of the patient an amount of an ophthalmically acceptable solution comprising lubricin sufficient to form a film of lubricin across the corneal surface of the eye or eyes and to alleviate the visual aberration. The film may be of a thickness and mass sufficient to stabilize the tear film, to prevent or limit degradation of its optical lensing function, or to stabilize and homogenize its refractive index. The method also may be used to treat patients suffering from higher order visual aberrations such as vertical prism, horizontal prism, astigmatism, defocus, trefoil, vertical coma, horizontal coma, quadrafoil, secondary astigmatism, spherical aberration, micro- and macro-aberrations, or other aberrations described by Zernike polynomials. The method also can treat unstable

vision, particularly with increasing higher order aberrations over time between blinks, by in this case depositing onto the surface of one or both an amount of an ophthalmically acceptable lubricin solution sufficient both to form a film of lubricin across the corneal surface of the eye or eyes and to alleviate the time-varying visual aberrations. The invention permits treatment of patients suffering from these aberrations who have had prior eye surgery such as cataract surgery, laser in-situ keratomileusis (LASIK), photorefractive keratectomy (PRK), laser epithelial keratomileusis (LASEK), refractive lens exchange (RLE) and presbyopic lens exchange (PRELEX).

**[0009]** In preferred embodiments, the method comprises depositing the lubricin as one or more drops of solution having a volume of 10 to 100 microliters, preferably 15 to 30 microliters.

**[0010]** In preferred embodiments, the method comprising depositing the lubricin as a solution having a concentration within the range of 5  $\mu\text{g/mL}$  to 5,000  $\mu\text{g/mL}$ , 10  $\mu\text{g/mL}$  to 300  $\mu\text{g/mL}$ , or 50  $\mu\text{g/mL}$  to 200  $\mu\text{g/mL}$ . The lubricin solution may also include an ophthalmically acceptable surface active phospholipid such as L- $\alpha$ -dipalmitoylphosphatidylcholine, phosphatidylcholine, phosphatidylethanolamine and sphingomyelin, a phosphate buffered saline solution comprising at least sodium phosphate and sodium chloride, an ophthalmically acceptable balanced salt solution comprising one or more electrolytes such as potassium chloride, sodium bicarbonate, potassium bicarbonate, calcium chloride, magnesium chloride, sodium citrate, hydrochloric acid, and sodium hydroxide. The lubricin solution may also include a hyaluronate salt or hyaluronic acid.

**[0011]** In one aspect, the method is practiced on patients who have not been diagnosed with dry eye disease.

**[0012]** In another aspect the invention provides lubricin glycoprotein for the preparation of a medicament for topical application to the human eye of a patient suffering from visual halos, visual starbursts, visual glare, loss of static or dynamic visual acuity, diminished night vision or higher order visual aberrations caused in whole or in part by a defective tear film.

**[0013]** Lubricin drops may be contraindicated for eye surgery patients suffering from an as yet open, or unhealed corneal or other wound (such as a fresh LASIK incision or PRK abrasion) as lubricin's anti adhesive properties may interfere with proper healing.

### **BRIEF DESCRIPTION OF THE DRAWINGS**

[0014] FIGS. 1A-C are illustrations of the effect an irregular and unstable ocular surface film has on vision, represented by the impact of a variable tear film on the focus of incoming, parallel light rays. FIG. 1A represents the focus after a first blink. FIG. 1B represents a different focus after a second blink caused by a change in the unstable tear film. FIG. 1C

5 represents the effect of a topically applied lubricin that homogenizes the refractive index of the tear film on the ocular surface and stabilizes it over time to improve vision and remove higher order aberrations.

[0015] FIG. 2 is the full length lubricin amino acid sequence, showing the secretion signal (first 24 amino acids which are removed during post translational processing).

10 [0016] FIG. 3 is the full length human DNA encoding lubricin.

### **DETAILED DESCRIPTION OF THE INVENTION**

[0017] The film on the human eye, or tear film, comprises a fluid covering the exposed ocular surface. It is essential for the health and normal function of the eye and visual system. Recent work suggests it comprises a network of mucins disposed in an aqueous body of tear covered by lipids. The various components of the tear system are highly interdependent such

15 that any abnormality in quantity or quality can cause an imbalance in the system and affect vision. Because light must pass through the tear film before it reaches the cornea and deeper posterior eye structures, it may be appreciated that it functions as the “first lens” of the eye.

[0018] The present invention provides methods of alleviating vision abnormalities suffered by patients by depositing lubricin on the eye surface to positively affect the tear film’s light

20 transmissive properties. Without wishing to be bound, in summary, it is hypothesized that lubricin works to improve vision by stabilizing the tear film (providing lens consistency over time), and homogenizing the refractive index of the ocular surface (providing lens consistency over space) by creating a network of hydrophilic polymer brushes that extend a hydrated layer past the diffraction limit of visible light (a few hundred nm).

25 *Lubricin and the Ocular Surface*

[0019] The tear film is the first refractive interface between air and water in the eye. It is generally thought to comprise an external lipid layer on the order of 50 nm thick, a middle

aqueous layer with varying, time-sensitive estimates on the order of 1-8  $\mu\text{m}$ , and an epithelial interfacial layer comprising the glycocalyx-rich microplicae and microvilli riding atop the corneal surface, estimated to be about 129 nanometers high, with an 95% confidence interval range of about 500 nanometers - including the difference in surface height between cells (King-Smith *et al.*, Invest Ophthalmol Vis Sci., 2014, Apr 21; 55(4):2614-8). For a normally incident light, the total reflected radiant power function as described by Harvey JE *et al.* (Optical Engineering 2012, 51(1): 013402; 1-11) is  $1 - \exp(-(4\pi\sigma/\lambda)^2)$ , where  $\sigma$  is the RMS roughness of the surface and  $\lambda$  is the wavelength of light. An additional approximation, the Rayleigh criterion for smoothness, suggests that a surface may be considered as smooth if the standard deviation of the roughness  $h < \lambda / (8 \cos \theta)$ , where  $\theta$  is the angle of incidence. As the surface roughness of the cornea is on the order of the wavelengths of visible light, the lack of a glycocalyx or the loss of superficial epithelial cells (exposing the immature, hydrophobic, glycocalyx-deficient basal cells beneath) will contribute to an irregular ocular surface and significantly increased scattering in both of these approximations.

[0020] Without wishing to be bound, the following is what the inventors suggest is the explanation for lubricin's vision improving properties. Although never measured directly, there is speculation that the glycocalyx may have a higher refractive index than the corneal epithelium, which may bend light preferentially as compared to the other layers. Note that the focal length of a lens ( $f$ ) is determined by its refractive index ( $n$ ) and curvature where  $1/f = (n - 1)(1/R1 - 1/R2)$ , where  $R1$  and  $R2$  represent the semi-major and semi-minor radii of curvature. Local changes in radii or refractive index will change the focal length and create sub-optimal alterations in focus. In addition, the tear film is a dynamic system, especially when compromised. As evaporation is a constant input to the tear film dynamics, the thickness changes as the eye is held open between blinks. Normal, healthy subjects can typically hold their eyes open for well over ten to twenty seconds before the breakup and critical evaporation of the thin film triggers an uncomfortably high osmolarity that triggers a restorative blink. After blinking, the upper lid draws sufficient fluid from the lower tear meniscus over the hydrophilic corneal surface to reform a patent, smooth optical lens at a homeostatic concentration. In conditions where either the tear film has become unstable or the corneal surface has been compromised, the thickness and continuity of the tear film is rapidly degraded, sometimes instantaneously after a blink. This can happen as a natural progression of eye disease (where inflammation or friction cause a glycocalyx-deficient, hyperosmolar corneal



epitheliopathy), or following refractive or cataract surgery where incisions into the ocular surface induce scarring or an irregular healing pattern on the ocular surface. In these situations, the normally stable, robust tear film becomes a meta-stable or chaotic system that results in an spatially and temporally unpredictable optical lens. People with these conditions will see  
5 different images projected on to their retina from blink-to-blink, causing frustrating variable focus. In order to compensate, these individuals often increase blink rate as they search for a stable image. Breakup may also be anisotropic across the ocular surface, with the resultant irregularity leading to significant, dynamically changing aberrations. Moreover, certain persistent higher order aberrations (HOAs) appear following the incomplete or irregular healing  
10 post-surgery that result from subtly raised features or small imperfections atop the corneal surface. These aberrations are frequently exacerbated at night when the pupil dilates to allow more light into the eye, and any post-surgical corneal roughness becomes part of the lens system. In addition, many micro-aberrations (less than  $\approx 0.5$ –1 mm in size) unclassified by Zernike eigenvectors may contribute to poor optical quality.

15 **[0021]** The current methods of the invention as disclosed herein address to some degree lower order aberrations (LOA), higher order aberrations (HOA) and very high order aberrations, and macro- and micro-aberrations, whether arising from the tear film or from corneal surface irregularity, as well as the time varying components thereof. According to this method, the ocular surface is exposed to lubricin which noncovalently binds to the cornea and  
20 conjunctiva to create a regular, smooth optical lens with a relatively stable focal distance.

**[0022]** Accordingly, the invention provides a method for improving the stability of vision. According to this method, an ocular surface with a dysfunctional tear film is exposed to lubricin, and lubricin binds to the cornea to create a regular, smooth, hydrophilic surface that significantly improves tear film thinning rates and increases breakup time so that the subject  
25 can reduce blink rate and maintain a high quality retinal image during the inter-blink interval. Lubricin is believed to bind to hydrophobic basal cells and desquamated mature epithelial cells on the ocular surface to create a hydrated gel layer with a continuous, homogenous refractive index, thereby reducing scatter and other aberrations. The lubricin attachment serves as an anchor to create a diffuse network of mucins and glycoproteins that extend from the surface of  
30 the epithelium out into the aqueous layer of the tear film, the depth of which is governed largely by the equilibration of shear stress between blinks and attachment forces within the network. Accordingly, this proteoglycan matrix would fill in defects atop the ocular surface to

create a homogeneous optical lens with smoothness far superior to that of the dehydrated, basal epithelium. In sections where a deeper support is located, e.g., atop an immature basal epithelial cell exposed by the sloughing of an apoptotic surface cell, sufficient lubricin and other glycoproteins can accumulate and reach out into the bulk tear film until the shear stress of a blink pulls the most radially distal molecules off from the network, allowing them to re-establish and fill in holes elsewhere. As the shear forces should gradually extend from the lid to the corneal surface, deeper layers will accumulate more lubricin due to the relative lack of shear at those depths.

**[0023]** In any event, it has been observed that application to the eye surface of sufficient lubricin has the effect of essentially immediately ameliorating aberrant optical effects traceable to temporary or prolonged disruption of the ocular surface and tear film. These effects include the improvement of static and dynamic visual acuity (or vision clarity over space and time), improvement in night vision, reduction in size, intensity, or elimination of halos and starbursts about relatively bright objects in a visual field, reductions in the perception of glare, and reduction or elimination of various higher order aberrations such as vertical prism, horizontal prism, astigmatism, defocus, trefoil, vertical coma, horizontal coma, quadrafoil, secondary astigmatism, and spherical aberration. These beneficial effects are achieved in appropriate patients suffering therefrom simply by depositing on the surface of the eye (typically followed by blinking to spread the solution) enough lubricin glycoprotein to repair or supplement the eye film. This is believed to require, depending on the patient, as little as about 200 ng lubricin per eye and possibly as much as 3  $\mu$ g lubricin per eye. Excellent results have been achieved depositing a single drop of solution, perhaps 15 to 30  $\mu$ L, of about 150  $\mu$ g/mL concentration of lubricin (as measured by UV absorbance assay at A280 nm, where the protein in solution is at least 90% recombinant human lubricin). Generally, it is believed that beneficial effects are apparent with a single drop of solution comprising about 15 to 25  $\mu$ g/mL lubricin, and the beneficial effects saturate with a drop comprising a lubricin concentration of perhaps 200  $\mu$ g/mL.

**[0024]** A person readily can detect vision improvement characteristic of the invention with simple tests. One example procedure is for a volunteer to view a scene which has a halo or starburst, excessive glare, or other eye film related visual impairment. A drop of lubricin is placed in one naked eye, the patient blinks five times, then compares vision between the treated

and untreated eye. A reduction or sometimes disappearance of the visual artifact is immediately noticeable by most people who suffer from these impairments.

[0025] For visual acuity, a simple test is to position any sheet of printed matter far enough away from the eye (with or without eyeglasses, and indoors in ordinary daylight or in artificial  
5 light), such that the printed letters are on the edge of clarity or readability for that person: in other words, at a position where, if the sheet is moved a bit closer, the print is readable by the test patient, and if moved a bit further away, the print is indistinct and unreadable or barely readable. The patient then applies an eye drop containing lubricin to the naked eye, blinks five times, then again gazes at the sheet which is maintained at this “edge of clarity” position.

10 Essentially all volunteers who take this test immediately report that the print is easier to read and that their vision is more acute after lubricin application. The effect often can be made more noticeable by comparing vision through the lubricin-treated eye to the untreated eye. Similarly, people suffering from a halo effect, e.g., as a side effect of eye surgery such as LASIK, cataract surgery, or the like, report a reduction or disappearance of halos after self-administration of one  
15 or more lubricin drops in one or both eyes. Indeed, volunteers report an improvement in vision comparable to moving from a standard definition to a high definition television following topical instillation of lubricin.

[0026] Thus, patients with tired eyes, irritated eyes, e.g., have worn contact lenses for a prolonged period and suffer from a destabilized tear film and shortened break-up time,  
20 suffering from poor night vision, starbursts or halos, or higher order anomalies, in accordance with the invention, can carry a suitable applicator of lubricin eye drops and apply a drop in either eye as necessary to relieve symptoms.

#### *Lubricin*

[0027] Lubricin is now well known. Its full length amino acid sequence (secretion signal in  
25 bold) is set forth in Figure 2 (NCBI Accession Numbers AK131434 and U70136). The human gene encoding it is set forth in Figure 3. It is a polypeptide with surface lubricating properties expressed from the megakaryocyte stimulating factor (MSF) gene, also known as PRG4. Its natural form in all mammals investigated contains multiple repeats of an amino acid sequence which is at least 50% identical to the sequence KEPAPTT (SEQ ID NO: 3). Natural lubricins  
30 typically comprise multiple redundant forms of this repeat, but typically always include proline and threonine residues, with at least one threonine being glycosylated in some, most, or all

repeats. The threonine anchored O-linked sugar side chains are critical for lubricin's boundary lubricating function. The side chain moiety typically is a  $\beta$ -(1-3)-Gal-GalNac moiety. Optionally, the  $\beta$ -(1-3)-Gal-GalNac is capped with sialic or N-acetylneuraminic acid or NeuAc. The polypeptide also typically comprises N-linked oligosaccharides. Lubricin is polydisperse in that individual lubricin molecules differ in their degree and pattern of glycosylation.

[0028] The amino acid sequence of the protein backbone of lubricin may differ depending on alternative splicing of exons of the human MSF gene. This robustness against heterogeneity was exemplified when researchers created a recombinant form of lubricin missing 474 amino acids from the central mucin domain, yet still achieved reasonable, although muted, lubrication (Flannery et al., *Arthritis Rheum* 2009; 60(3):840-7). PRG4 has been shown to exist not only as a monomer but also as a dimer and multimer disulfide-bonded through the conserved cysteine-rich domains at both N- and C-termini. Lubris, LLC has developed a full-length recombinant form of human lubricin. The molecule is expressed using the Selexis Chinese hamster ovary cell line (CHO-M), with a final apparent molecular weight of 450–600 kDa, with polydisperse multimers frequently measuring at 2,000 kDa or more, all as estimated by comparison to molecular weight standards on SDS tris-acetate 3–8% polyacrylamide gels. Of the total glycosylations, about half of the molecules contain two sugar units (GalNAc-Gal), and half three sugar units (GalNAc-Gal-Sialic acid). This method of recombinant human PRG4 production is provided in International Patent Application Publication No. WO 2015/061488, the disclosure of which is incorporated herein by reference.

[0029] All useful molecules comprise the sequence encoded by exon 6, or homologs or truncated versions thereof, for example, versions with fewer repeats within this central mucin-like KEPAPTT-repeat domain (SEQ ID NO:3), together with O-linked glycosylation. All useful molecules also comprise at least the biological active portions of the sequences encoded by exons 1-5 and 7-12, i.e., sequences responsible for imparting to the molecule its affinity for extracellular matrix and endothelial surfaces. In certain embodiments, lubricin protein has an average molar mass of between 50 kDa and 500 kDa, preferably between 224 to 467 kDa, comprising one or more biological active portions of the PRG4 protein, or functional fragments, such as a lubricating fragment, or a homolog thereof. In a more preferred embodiment, a PRG4 protein comprises monomers of average molar mass of between 220 kDa to about 280 kDa.

[0030] Methods for isolation of lubricin from natural sources, for its purification, and for its recombinant expression are well known in the art. As disclosed in International Patent Application Publication No. WO 2015/061488, recombinant production methods start with cloning and isolating mRNA and cDNA encoding PRG4 proteins or isoforms using standard molecular biology techniques, such as PCR or RT-PCR. The isolated cDNA encoding the PRG4 protein or isoform is then cloned into an expression vector, preferably CHO-M, and further transformed and expressed in a host cell for producing recombinant PRG4 protein. Purification involves empirical experimentation to develop the most efficient protocol which effectively removes host cell proteins, inhibits aggregation, and remove virus and other contaminants.

[0031] Any one or more of various native and recombinant PRG4 proteins and isoforms may be utilized in methods described herein. For instance, U.S. Patent Nos. 6,433,142; 6,743,774; 6,960,562; 7,030,223, and 7,361,738 disclose how to make various forms of human PRG4 expression product, each of which is incorporated herein by reference. Preferred for use in the practice of the invention is full length, robustly glycosylated, recombinant lubricin, expressed from CHO-M cells, as disclosed in the above referenced PCT application. This protein comprises 1404 amino acids including a central exon comprising repeats of the sequence KEPAPTT (SEQ ID NO:3) variously glycosylated with O-linked  $\beta$  (1-3) Gal-GalNAc oligosaccharides, and including N and C-terminal sequences with homology to vitronectin. Its sequence is disclosed in Figure 2. The molecule is polydisperse with the glycosylation pattern of individual molecules varying, and can comprise monomeric, dimeric, and multimeric species.

#### *Lubricin Eye Drop Formulation*

[0032] The eye drops suitable for topical application to an ocular surface comprise a therapeutically effective concentration of a PRG4 protein disposed in an ophthalmically acceptable balanced salt solution, e.g., phosphate buffered saline. Ophthalmically acceptable compositions are considered suitable for topical application to the ocular surface if, upon application, they lack unacceptable eye toxicity, burning, itchiness, viscosity, etc. The concentration of lubricin may vary widely, from a few micrograms per milliliter to as many as 200 or 300 micrograms per milliliter. More dilute solutions may permit the patient to titrate the therapeutic dose to suit his or her vision anomaly by adding multiple drops.

[0033] In certain embodiments, the eye drops used in the present invention also may comprise one or more optional ingredients such as an ophthalmically acceptable demulcent, excipient, astringent, vasoconstrictor, or emollient. The aqueous lubricin glycoprotein solutions used in the method of the present invention optionally further may comprises a therapeutically effective concentration of one or more additional therapeutic agents, including for example sodium hyaluronate, hyaluronic acid, and/or phospholipid. Exemplary phospholipids include L- $\alpha$ -dipalmitoylphosphatidylcholine, phosphatidylcholine, phosphatidylethanolamine and sphingomyelin. The lubricin typically is dissolved in an ophthalmically acceptable balanced salt solution comprising at least three electrolytes, including, for example, sodium chloride (NaCl) 0.64%, potassium chloride (KCl) 0.075%, calcium chloride dihydrate ( $\text{CaCl}_2 \cdot 2\text{H}_2\text{O}$ ) 0.048%, magnesium chloride hexahydrate ( $\text{MgCl}_2 \cdot 6\text{H}_2\text{O}$ ) 0.03%, sodium acetate trihydrate ( $\text{C}_2\text{H}_3\text{NaO}_2 \cdot 3\text{H}_2\text{O}$ ) 0.39%, sodium citrate dihydrate ( $\text{C}_6\text{H}_5\text{Na}_3\text{O}_7 \cdot 2\text{H}_2\text{O}$ ) 0.17%, and sodium hydroxide and/or hydrochloric acid (to adjust pH to approximately 7.5) with an osmolarity of approximately 300 mOsm/L. In other embodiments, the aqueous vehicle may comprises 128 mM sodium, 24 mM potassium, approximately 113 mM chloride, approximately 0.4 mM calcium, approximately 0.3 mM magnesium, approximately 5 mM  $\text{HCO}_3^-$ , approximately 1 mM citrate, approximately 14 mM phosphate, approximately 15 mM acetate, and sodium hydroxide and/or hydrochloric acid sufficient to adjust pH to approximately 7.5, and with an osmolarity of approximately 200–300 mOsm/L.

[0034] Other embodiments are within the following claims.

What is claimed is:

1. A method of treating a patient suffering from a visual aberration selected from the group consisting of visual halos, visual starbursts, visual glare, loss of static or dynamic visual acuity, or diminished night vision, the method comprising the step of depositing onto the  
5 surface of one or both eyes of said patient an amount of an ophthalmically acceptable solution comprising lubricin sufficient to form a film of lubricin across the corneal surface of the eye or eyes and to alleviate said visual aberration.
2. A method of treating a patient to reduce visual halos comprising the step of depositing onto the surface of one or both eyes of said patient an amount of an ophthalmically acceptable  
10 solution comprising lubricin sufficient to form a film of lubricin across the corneal surface of the eye or eyes.
3. A method of improving static or dynamic visual acuity of a patient comprising the step of depositing onto the surface of one or both eyes of said patient an amount of an ophthalmically acceptable solution comprising lubricin sufficient to form a film of lubricin  
15 across the corneal surface of the eye or eyes.
4. A method of treating a patient to reduce visual starbursts comprising the step of depositing onto the surface of one or both eyes of said patient an amount of an ophthalmically acceptable solution comprising lubricin sufficient to form a film of lubricin across the corneal surface of the eye or eyes.
- 20 5. A method of treating a patient suffering from visual glare or diminished night vision to reduce glare or to improve night vision comprising the step of depositing onto the surface of one or both eyes of said patient an amount of an ophthalmically acceptable solution comprising lubricin sufficient to form a film of lubricin across the corneal surface of the eye or eyes.
6. A method of treating a patient suffering from higher order visual aberrations selected  
25 from vertical prism, horizontal prism, astigmatism, defocus, trefoil, vertical coma, horizontal coma, quadrafoil, secondary astigmatism, spherical aberration, aberrations described by other Zernike polynomials, micro-aberrations, or macro-aberrations, the method comprising the step of depositing onto the surface of one or both eyes of said patient an amount of an

ophthalmically acceptable solution comprising lubricin sufficient to form a film of lubricin across the corneal surface of the eye or eyes and to alleviate said visual aberration.

7. A method of treating a patient suffering from unstable vision, particularly with increasing higher order aberrations over time between blinks, the method comprising the step of depositing onto the surface of one or both eyes of said patient an amount of an ophthalmically acceptable solution comprising lubricin sufficient to form a film of lubricin across the corneal surface of the eye or eyes and to alleviate said time-varying visual aberrations.

8. The method of claims 1-7 comprising depositing said solution onto the surface of the eye of a patient who is both suffering from visual halos, visual starbursts, visual glare, loss of static or dynamic visual acuity, or diminished night vision, and has had prior eye surgery selected from the group consisting of cataract surgery, laser in-situ keratomileusis (LASIK), photorefractive keratectomy (PRK), laser epithelial keratomileusis (LASEK), refractive lens exchange (RLE) and presbyopic lens exchange (PRELEX).

9. The method of any of claims 1-8 comprising depositing the lubricin as a drop of solution having a volume of 10 to 100 microliters.

10. The method of any of claims 1-8 comprising depositing the lubricin as a drop of solution having a volume of 15 to 30 microliters.

11. The method of any of claims 1-8 comprising depositing the lubricin as a solution having a concentration within the range of 5  $\mu\text{g/mL}$  and 5,000  $\mu\text{g/mL}$ .

12. The method of any of claims 1-8 comprising depositing the lubricin as a solution having a concentration within the range of 10  $\mu\text{g/mL}$  and 300  $\mu\text{g/mL}$ .

13. The method of any of claims 1-8 comprising depositing the lubricin as a solution having a concentration within the range of 50  $\mu\text{g/mL}$  and 200  $\mu\text{g/mL}$ .

14. The method of any of claims 1-8 comprising depositing the lubricin in a solution comprising an ophthalmically acceptable surface active phospholipid selected from the group



consisting of L- $\alpha$ -dipalmitoylphosphatidylcholine, phosphatidylcholine, phosphatidylethanolamine and sphingomyelin.

15. The method of any of claims 1-8 comprising depositing the lubricin in a solution comprising a phosphate buffered saline solution comprising at least sodium phosphate and sodium chloride.

16. The method of any of claims 1-8 comprising depositing the lubricin in a solution comprising an ophthalmically acceptable balanced salt solution comprising one or more electrolytes selected from the group consisting of potassium chloride, sodium bicarbonate, potassium bicarbonate, calcium chloride, magnesium chloride, a sodium citrate, hydrochloric acid, and sodium hydroxide.

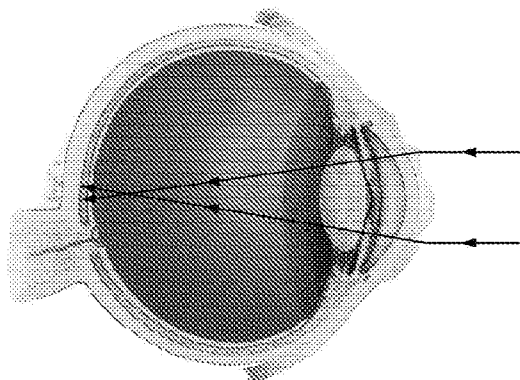
17. The method of any of claims 1-8 comprising depositing the lubricin in an ophthalmically acceptable solution comprising hyaluronate salt or hyaluronic acid.

18. The method of any of claims 1-8 comprising depositing said solution onto the surface of the eye of a patient who has not been diagnosed with dry eye disease.

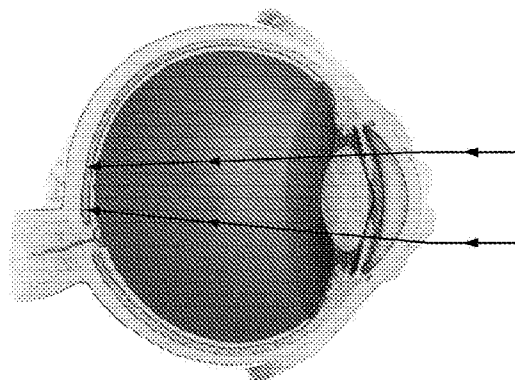
19. Lubricin glycoprotein for the preparation of a medicament for topical application to the human eye of a patient suffering from visual halos, visual starbursts, visual glare, loss of static or dynamic visual acuity, diminished night vision, or other visual aberration caused at least in part by a defective tear film.

FIGS. 1A-C

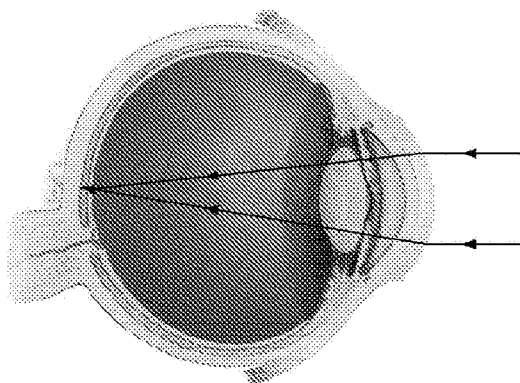
1A. Unstable Tear Film; Blink #1



1B. Unstable Tear Film; Blink #2



1C. Tear Film After PRG4 Administration



**FIG. 2**

SEQ ID NO: 1, LENGTH: 1404, ORGANISM: Homo sapiens, UniProt  
Accession No. Q92954:

**MAWKTLPIYL LLLLSVFVIQ QVSS**QDLSSC AGRCGEGYSR DATCNC DYNC QHYMECCPDF  
KRVCTAELSC KGRCFESFER GRECDCAQC KKYDKCCPDY ESFCAEVHNP TSPPSSKKAP  
PPSGASQTIK STTKRSPKPP NKKKTKKVIE SEEITEHSV SENQESSSSS SSSSSSSTIR  
KIKSSKNSAA NRELQKKLV KDNKKNRTKK KPTPKPPVVD EAGSGLDNGD FKVTPDTST  
TQHNKVSTSP KITTAKPINP RPSLPPNSDT SKETSLTVNK ETTVETKETT TTNKQSTDG  
KEKTTSAKET QSIEKTSKD LAPT SKVLAK PTPKAETTTK GPALTTPKEP TPTTPKEPAS  
TTPKEPTPTT IKSAPTPKE PAPT TTKSAP TTPKEPAPT TKEPAPTTPK EPAPT TTKEP  
APT TTKSAPT TPKEPAPTTP KKPAPTTPKE PAPTTPKEPT PTPKEPAPT TKEPAPTTPK  
EPAPTAPKKP APTTPKEPAP TTPKEPAPT TKEPSPTTPK EPAPT TTKSA PTTTKEPAPT  
TTKSAPTTPK EPSPT TTKEP APTTPKEPAP TTPKKPAPT PKEPAPTTPK EPAPT TTKKP  
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APTTPKKPAP KELAPT TTKPE PTSTTCDKPA PTPKGTAPT TPKEPAPTTP KEPAPTTPKG  
TAPTTLKEPA PTPKKPAPK ELAPT TTKGP TSTTSDKPAP TTPKETAPT PKEPAPTTPK  
KPAPTTPETP PPTTSEVSTP TTTKEPTTIH KSPDESTPEL SAEPTPKALE NSPKEPGVPT  
TKTPAATKPE MTTTAKDKTT ERDLRTTPET TTAAPKMTKE TATTTEKTTE SKITATTTQV  
TSTTTQDTP FKITTLKTTT LAPKVTTTKK TITTTEIMNK PEETAKPKDR ATNSKATTPK  
PQKPTKAPKK PTSTKKPKTM PRVRKPKTTP TPRKMTSTMP ELNPTSRIAE AMLQTTTRPN  
QTPNSKLVEV NPKSEDAGGA EGETPHMLLR PHVFMPEVTP DMDYLPRVPN QGIIINPMLS  
DETNICNGKP VDGLTTLRNG TLVAFRGHYF WMLSPFSPPS PARRITEVWG IPSPIDTVFT  
RCNCEGKTFE FKDSQYWRFT NDIKDAGYPK PIFKGFGLT GQIVAALSTA KYKNWPESVY  
FFKRGGSIQQ YIYKQEPVQK CPGRPALNY PVYGETTQVR RRRFERAIGP SQHTTIRIQY  
SPARLAYQDK GVLHNEVKVS ILWRGLPNVV TSAISLPNIR KPDGYDYYAF SKDQYYNIDV  
PSRTARAITT RSGQTL SKVW YNCP

**FIG. 3**

SEQ ID NO: 2 LENGTH: 5041, TYPE: DNA, ORGANISM: Homo sapiens,  
GenBank Accession No. U70136.1:

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CACTACATGGAGTGCTGCCCTGATTTCAAGAGAGTCTGCACTGCGGAGCTTTCTGTAAAGG
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TTAAAAA

## INTERNATIONAL SEARCH REPORT

 International application No.  
**PCT/US2016/033248**

## A. CLASSIFICATION OF SUBJECT MATTER

**A61K 38/16 (2006.01) A61K 31/728 (2006.01) A61P 27/02 (2006.01)**

According to International Patent Classification (IPC) or to both national classification and IPC

## B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

Google, EPOQUE and STN Search - EPODOC, WPIAP, MEDLINE, CAPLUS, BIOSIS, EMBASE; Keywords - lubricin, PRG4, PRG-4, visual halos, visual starbursts, visual glare, visual acuity, night vision, visual aberration, unstable vision, cataract

Applicant/Inventor Search - Patentscope, Auspat; LUBRIS LLC, SULLIVAN Benjamin D., TRUITT Edward R. III

## C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
	Documents are listed in the continuation of Box C	



Further documents are listed in the continuation of Box C



See patent family annex

* "A"	Special categories of cited documents: document defining the general state of the art which is not considered to be of particular relevance	"T"	later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"E"	earlier application or patent but published on or after the international filing date	"X"	document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
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"O"	document referring to an oral disclosure, use, exhibition or other means	"&"	document member of the same patent family
"P"	document published prior to the international filing date but later than the priority date claimed		

Date of the actual completion of the international search 27 June 2016	Date of mailing of the international search report 27 June 2016
<b>Name and mailing address of the ISA/AU</b>  AUSTRALIAN PATENT OFFICE PO BOX 200, WODEN ACT 2606, AUSTRALIA Email address: pct@ipaustalia.gov.au	<b>Authorised officer</b>  Luke Pasfield AUSTRALIAN PATENT OFFICE (ISO 9001 Quality Certified Service) Telephone No. 0262223605

INTERNATIONAL SEARCH REPORT		International application No.
C (Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		PCT/US2016/033248
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 2010/135736 A2 (SINGULARIS INC.) 25 November 2010 abstract, pg 1 para 2, pg 5 para 18, pg 30 para 124 – pg 31 para 127, claims	1-5 and 8-19
A	WO 2009/137602 A1 (THE REGENTS OF THE UNIVERSITY OF CALIFORNIA) 12 November 2009 abstract, pg 4 para 10 - pg 6 para 18, pg 9 para 26, claims	
A	WO 2011/050287 A1 (THE REGENTS OF THE UNIVERSITY OF CALIFORNIA et al.) 28 April 2011 abstract, pg 5 para 12 - pg 7 para 16, pg 8 para 22, claims	
A	WO 2015/060935 A1 (LUBRIS, LLC) 30 April 2015 abstract, pg 3 para 11 - pg 5 para 17, claims	
A	Cataracts Symptoms [retrieved from internet on 20 September 2007] <URL:http:// http://web.archive.org/web/20150507081543/http://www.mayoclinic.org/diseases- conditions/cataracts/basics/symptoms/con-20015113> published on 7 May 2015 as per Wayback Machine whole document	
A	Visual Acuity, Wikipedia [retrieved from internet on 20 September 2007] <URL:http://web.archive.org/web/20150506193820/http://en.wikipedia.org/wiki/Visual _acuity> published on 6 May 2015 as per Wayback Machine whole document	
A	Cataract, Merck Manuals [retrieved from internet on 20 September 2007] http://web.archive.org/web/20150418063508/http://www.merckmanuals.com/profession al/eye-disorders/cataract/cataract> published on 18 April 2015 as per Wayback Machine whole document	

INTERNATIONAL SEARCH REPORT		International application No.	
Information on patent family members		PCT/US2016/033248	
This Annex lists known patent family members relating to the patent documents cited in the above-mentioned international search report. The Australian Patent Office is in no way liable for these particulars which are merely given for the purpose of information.			
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Publication Number	Publication Date	Publication Number	Publication Date
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		JP 5508398 B2	28 May 2014
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		US 8945604 B2	03 Feb 2015
		US 2011070222 A1	24 Mar 2011
Due to data integration issues this family listing may not include 10 digit Australian applications filed since May 2001.			
Form PCT/ISA/210 (Family Annex)(July 2009)			



<b>INTERNATIONAL SEARCH REPORT</b>		International application No.	
Information on patent family members		<b>PCT/US2016/033248</b>	
This Annex lists known patent family members relating to the patent documents cited in the above-mentioned international search report. The Australian Patent Office is in no way liable for these particulars which are merely given for the purpose of information.			
Patent Document/s Cited in Search Report		Patent Family Member/s	
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		US 2014296159 A1	02 Oct 2014
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		US 2011059902 A1	10 Mar 2011
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INTERNATIONAL SEARCH REPORT		International application No.	
Information on patent family members		PCT/US2016/033248	
This Annex lists known patent family members relating to the patent documents cited in the above-mentioned international search report. The Australian Patent Office is in no way liable for these particulars which are merely given for the purpose of information.			
Patent Document/s Cited in Search Report		Patent Family Member/s	
Publication Number	Publication Date	Publication Number	Publication Date
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