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(54) Title: COMBINATION FOR TREATING INFLAMMATORY DISEASES

(57) Abstract: The present invention relates to a pharmaceutical compostion containing a combination of a leukotriene receptor antagonist and a histamine H_3 receptor antagonist, wherein the leukotriene receptor antagonist is particularly selected from montelukast, pranlukast and zafirlukast. The composition can be used for treating an allergic and/or inflammatory condition, such as seasonal and perennial allergic rhinits, non-allergic rhinitis, asthma, sinusitis, colds, dermatitis and uriticaria.

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Combination for treating inflammatory diseases

The present invention relates to a pharmaceutical composition containing a combination of a leukotriene antagonist and a histamine H_3 receptor ligand. The composition can be used in the treatment of inflammatory and/or allergic conditions.

Leukotrienes are mediators which belong to the group of eicosanoids. They are derivatives of arachidonic acid, a fatty acid which is a constituent of membrane phospholipids. The leukotrienes are formed from arachidonic acid via 5-lipoxygenase (5-LOX). At the present time, only the pathogenetically relevant role of the so-called cysteinyl-leukotrienes, to which LTC_4, LTD_4 and LTE_4 belong, has been confirmed. The leukotrienes are very potent substances, producing a variety of biological effects when present in the nanomolar or picomolar concentration range. They have been implicated in a variety of disease states, including allergic rhinitis and adult respiratory distress syndrome. Leukotriene receptor antagonists, such as montelukast, have been shown to antagonize the effects of cysteinyl-leukotrienes, particularly LTD_4.

Histamine H_3 receptors are found inter alia on presynaptic terminals of peripheral nerves, where they modulate autonomic neurotransmission and modulate a variety of end organ responses under control of the autonomic nervous system.

The present invention provides a pharmaceutical composition containing a combination of a leukotriene antagonist and a histamine H_3 receptor ligand.

It is believed that this combination gives a synergistic clinical effect in relief of the symptoms of allergic rhinitis and avoids or reduces certain side effects associated with treatments in current use such as H_1 antagonists/pseudoephedrine combinations. Histamine and leukotrienes are

major mediators in allergy manifest in diseases such as allergic rhinitis. Surprisingly and unexpectedly, histamine H_3 receptor ligands and LT antagonists produce synergistic relief of the signs and symptoms of allergic rhinitis, as assessed by methods such as nasal congestion, nasal and ocular itching and lachrymation.

The suitability of the histamine H_3 receptor ligand and the leukotriene antagonist can be readily determined by evaluation of their potency and selectivity followed by evaluation of their toxicity, pharmacokinetics (absorption, metabolism, distribution and elimination), etc in accordance with standard pharmaceutical practice. Suitable compounds are those that are potent and selective, have no significant toxic effect at the therapeutic dose, and preferably are bioavailable following administration.

Potency of the histamine H_3 receptor ligand can be determined according to the assays known to the skilled person, in particular the assay described hereafter in the experimental section Preferred histamine H_3 receptor ligands have a potency, expressed as one or other well-accepted measure of affinity for the human histamine H_3 receptor i.e.: pA2 of 8 or greater, or pK_b of 8 or greater, or K_i of 10nM or less. Suitable assays and references are described in the experimental section hereafter.

In the present application "H_3 receptor ligand" is meant to include H_3 receptor antagonists, H_3 receptor agonists and H_3 receptor inverse agonists. Preferred are H_3 receptor antagonists.

A background on histamine H_3 receptor ligands together with examples of suitable compounds can be found in *Expert Opin. Ther. Patents (2003)* ***13****(6):851-865.*

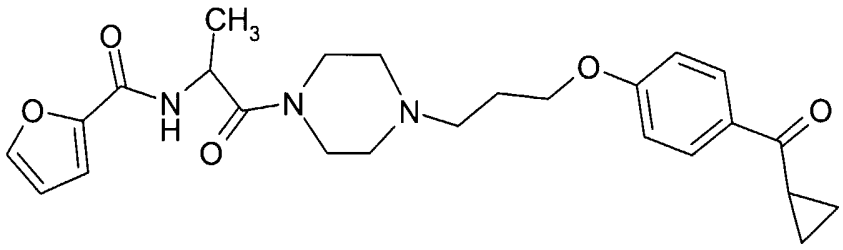
Other examples of H_3 ligands are described in the scientific literature such as: Ganellin et al., *Arch. Pharm. (Weinheim) (1998)* ***331*** *(12) 395-404*; Walczynski et al, *Farmaco (1999)* ***54*** *(10) 684-694*; Walczynski et al., *Arch. Pharm.*

(Weinheim) (1999) ***332*** *389-398;* Linney et al., *J. Med. Chem. (2000)* ***43*** *(12) 2362-2370;* Lazewska et al., *Pharmazie (2001)* ***56*** *(12) 927-932* ; Meier et al., *Bioorg. Med. Chem. (2002)* ***10****(8) : 2535-2542* ; Lazewska et al. *Pharmazie (2002)* **57**(12) 791-795 ; Shah et al., *Bioorg. Med. Chem. Lett. (2002)* ***12*** *3309-3312.*

The following patent applications also describe suitable histamine H_3 receptor ligands:

WO00/64884, WO03/004480, US2002/0058659, US2003/0130253, US2003/0135056, US6417218, US6437147, WO03/064411, WO03/066604, WO02/24657, WO02/24658, WO02/24659, WO02/244141, WO99/42458, US6407132, WO00/06254, WO01/74773, WO01/74810, WO01/74813, WO01/7814, WO01/7815, US6436939, US6489337, WO02/12214, WO02/24695, WO03/044059, WO02/079168, WO02/12190, WO02/12224, WO02/40461, WO02/4074758, WO02/06223, WO01/66534, US2002/0111340, US2002/0169188, US2002/0183309, WO03/059341, US2002/0082272, US2002/0082278, US2002/0103235, WO02/32893, WO02/072570, WO02/24657, WO02/24658, WO02/24659, WO02/44141, WO02/076925, WO04/018432, US6448282. Particularly suitable examples of H_3 ligands are found in WO02/12190, WO02/12224, WO02/076925 and WO04/018432.

Specific compounds that could be used as a histamine H_3 receptor ligand in the present invention are



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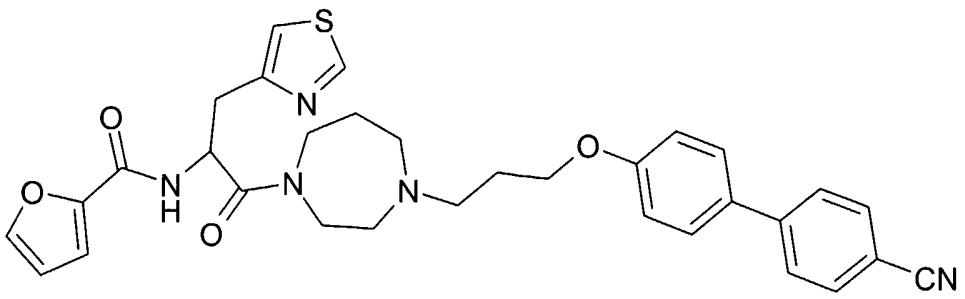

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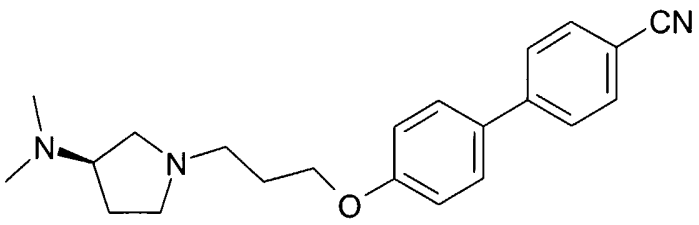

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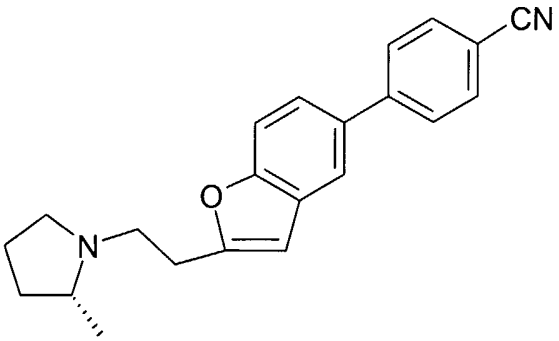

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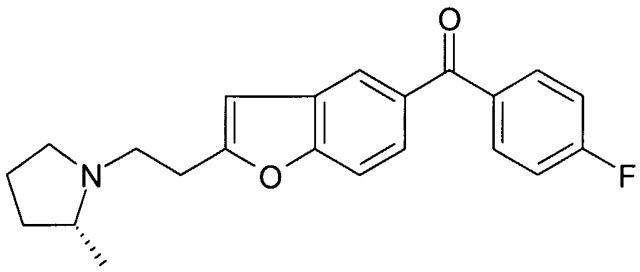

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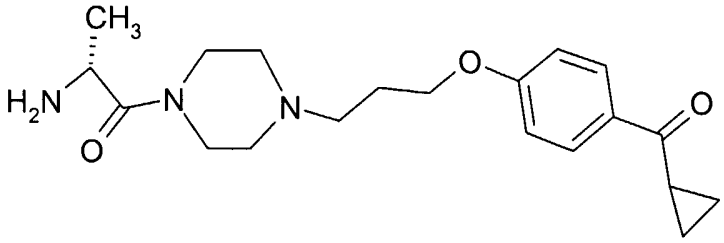

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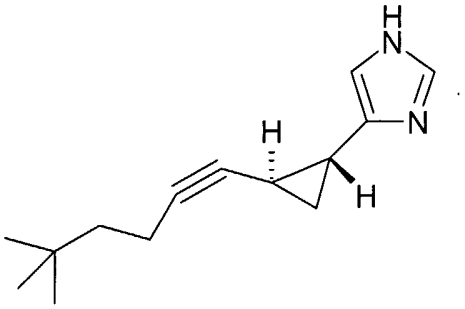

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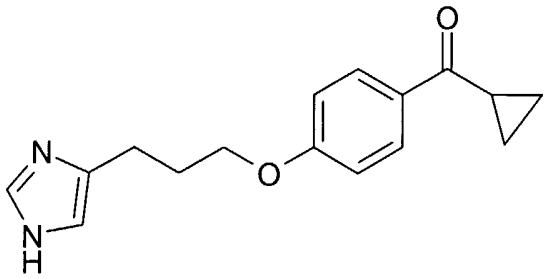

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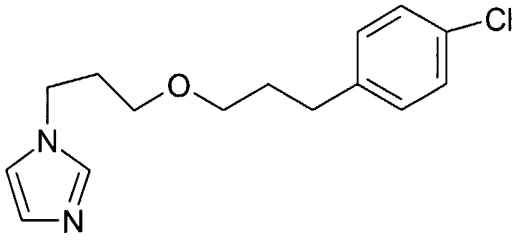

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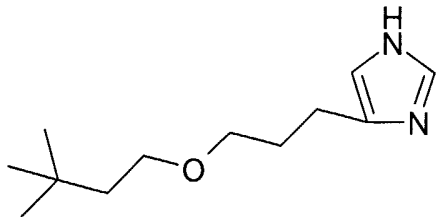

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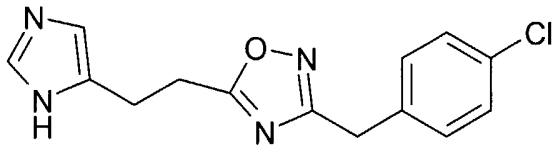

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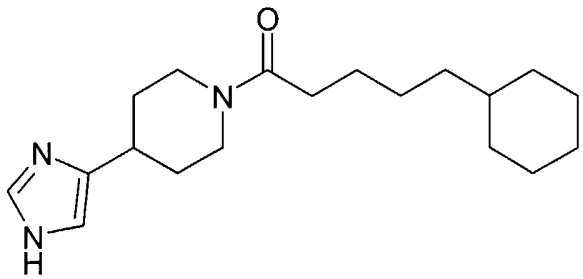
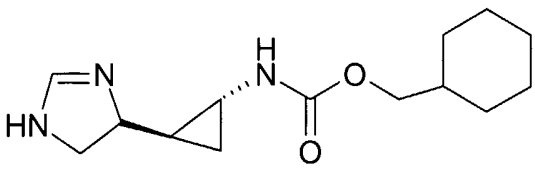


GT-2016



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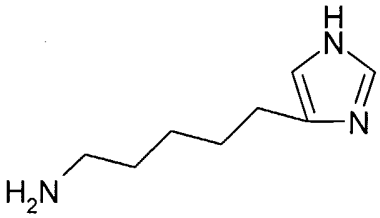

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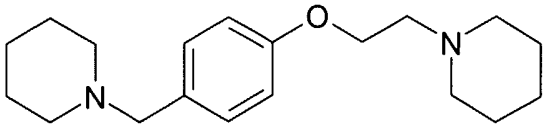

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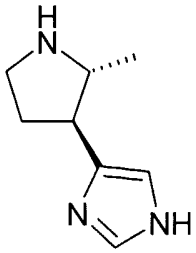

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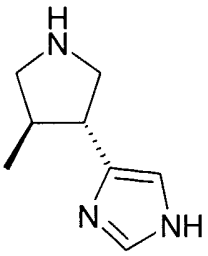

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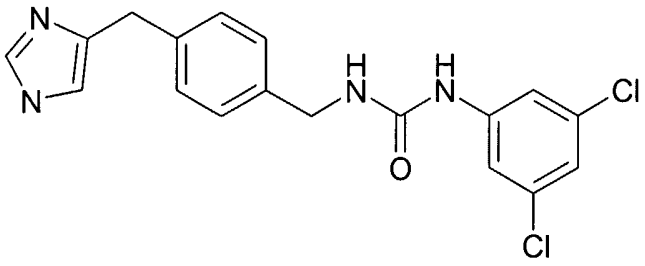

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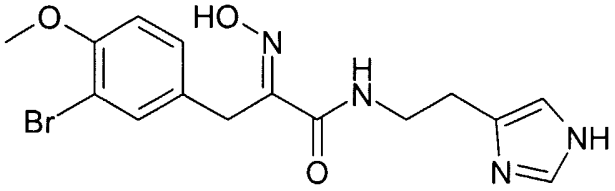
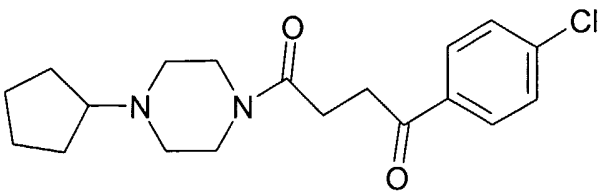


Verongamine



NCC-0028-1049

Preferred leukotriene receptor antagonists are:

montelukast (Singulair®, CAS 151767-02-1): 1-((R-(3-(2-(7-chloro-2-quinolinyl)ethenyl)phenyl)-3-(2-(2-hydroxy-2-propyl)phenyl)thio)methyl)cyclopropoaneacetate, and pharmaceutically acceptable salts thereof, in particular the sodium salt, which is described in US 5,565,473;

pranlukast (CAS 103177-37-3); N-[4-oxo-2-(1 H-tetrazol-5 -yl)-4H- 1 -benzopyran-8-yl] -p-(4-phenylbutoxy) benzamide and pharmaceutically acceptable salts thereof, which is described in EP 173,516;

zafirlukast (CAS 107753-78-6) Cyclopentyl-3 -[2-methoxy4-[(o-tol ylsulfonyl)carbamoyl] - benzyl]- 1 -methylindole-5-carbamate and pharmaceutically acceptable salts thereof, which is described in EP 199,543.

Most preferably the histamine H_3 receptor ligand is combined with montelukast, in particular montelukast sodium.

The ideal ratio of these therapeutic principles is that which delivers free concentrations of each compound which are active at their respective receptors i.e. typically in the range of 1-5 x their respective pA2 values (Smith D, Jones B and Walker D (1996) "Design of drugs involving the concepts and theories of drug metabolism and pharmacokinetics", *Medicinal Research Reviews*, 16(3), 243-266) or other functionally equivalent measures of potency (such as pK_b or K_i).

The combination according to the invention can be used for the treatment of a patient (a mammal, in particular a human being) suffering from a H_3 mediated disease and/or leukotriene mediated disease. In particular the combination is

used for treating a patient suffering from an allergic and/or inflammatory condition. Examples of such allergic and/or inflammatory conditions are seasonal and perennial allergic rhinits, non-allergic rhinitis, asthma, sinusitis, colds, dermatitis and uriticaria.

It is to be appreciated that all references herein to treatment include curative, palliative and prophylactic treatment.

The histamine H_3 receptor ligand and the leukotriene receptor antagonist according to the invention can be administered sequentially, separately or simultaneously. To this effect, the compounds can be formulated as a single dose, as separate doses or as a kit.

Thus, according to a further aspect of the invention, there is provided a kit containing a leukotriene antagonist and a histamine H_3 receptor ligand for sequential, separate or simultaneous use in the treatment of inflammatory diseases.

The kit of the invention comprises two or more separate pharmaceutical compositions, and means for separately retaining said compositions, such as a container, divided bottle, or divided foil packet. An example of such a kit is the familiar blister pack used for the packaging of tablets, capsules and the like.

The kit of the invention is particularly suitable for administering different dosage forms, for example, oral and parenteral, for administering the separate compositions at different dosage intervals, or for titrating the separate compositions against one another. To assist compliance, the kit typically comprises directions for administration and may be provided with a so-called memory aid.

Pharmaceutically acceptable salts of the leukotriene antagonists and the H_3 ligands to be used in the combination of the invention include the acid addition and base salts thereof.

Suitable acid addition salts are formed from acids which form non-toxic salts. Examples include the acetate, aspartate, benzoate, besylate, bicarbonate/carbonate, bisulphate/sulphate, borate, camsylate, citrate, edisylate, esylate, formate, fumarate, gluceptate, gluconate, glucuronate, hexafluorophosphate, hibenzate, hydrochloride/chloride, hydrobromide/bromide, hydroiodide/iodide, isethionate, lactate, malate, maleate, malonate, mesylate, methylsulphate, naphthylate, 2-napsylate, nicotinate, nitrate, orotate, oxalate, palmitate, pamoate, phosphate/hydrogen phosphate/dihydrogen phosphate, saccharate, stearate, succinate, tartrate, tosylate and trifluoroacetate salts.

Suitable base salts are formed from bases which form non-toxic salts. Examples include the aluminium, arginine, benzathine, calcium, choline, diethylamine, diolamine, glycine, lysine, magnesium, meglumine, olamine, potassium, sodium, tromethamine and zinc salts.

For a review on suitable salts, see "Handbook of Pharmaceutical Salts: Properties, Selection, and Use" by Stahl and Wermuth (Wiley-VCH, Weinheim, Germany, 2002).

Compounds used in the combination of the invention intended for pharmaceutical use may be administered as crystalline or amorphous products. They may be obtained, for example, as solid plugs, powders, or films by methods such as precipitation, crystallization, freeze drying, spray drying, or evaporative drying. Microwave or radio frequency drying may be used for this purpose.

They may be administered as a formulation in association with one or more pharmaceutically acceptable excipients. The term "excipient" is used herein to

describe any ingredient other than the compound(s) of the invention. The choice of excipient will to a large extent depend on factors such as the particular mode of administration, the effect of the excipient on solubility and stability, and the nature of the dosage form.

Pharmaceutical compositions suitable for the delivery of compounds of the present invention and methods for their preparation will be readily apparent to those skilled in the art. Such compositions and methods for their preparation may be found, for example, in 'Remington's Pharmaceutical Sciences', 19th Edition (Mack Publishing Company, 1995).

The compounds in the combination of the invention may be administered orally. Oral administration may involve swallowing, so that the compound enters the gastrointestinal tract, or buccal or sublingual administration may be employed by which the compound enters the blood stream directly from the mouth.

Formulations suitable for oral administration include solid formulations such as tablets, capsules containing particulates, liquids, or powders, lozenges (including liquid-filled), chews, multi- and nano-particulates, gels, solid solution, liposome, films (including muco-adhesive), ovules, sprays and liquid formulations.

Liquid formulations include suspensions, solutions, syrups and elixirs. Such formulations may be employed as fillers in soft or hard capsules and typically comprise a carrier, for example, water, ethanol, polyethylene glycol, propylene glycol, methylcellulose, or a suitable oil, and one or more emulsifying agents and/or suspending agents. Liquid formulations may also be prepared by the reconstitution of a solid, for example, from a sachet.

The compounds in the combination of the invention may also be used in fast-dissolving, fast-disintegrating dosage forms such as those described in Expert Opinion in Therapeutic Patents, 11 (6), 981-986 by Liang and Chen (2001).

For tablet dosage forms, depending on dose, the drug may make up from 1 wt% to 80 wt% of the dosage form, more typically from 5 wt% to 60 wt% of the dosage form. In addition to the drug, tablets generally contain a disintegrant. Examples of disintegrants include sodium starch glycolate, sodium carboxymethyl cellulose, calcium carboxymethyl cellulose, croscarmellose sodium, crospovidone, polyvinylpyrrolidone, methyl cellulose, microcrystalline cellulose, lower alkyl-substituted hydroxypropyl cellulose, starch, pregelatinised starch and sodium alginate. Generally, the disintegrant will comprise from 1 wt% to 25 wt%, preferably from 5 wt% to 20 wt% of the dosage form.

Binders are generally used to impart cohesive qualities to a tablet formulation. Suitable binders include microcrystalline cellulose, gelatin, sugars, polyethylene glycol, natural and synthetic gums, polyvinylpyrrolidone, pregelatinised starch, hydroxypropyl cellulose and hydroxypropyl methylcellulose. Tablets may also contain diluents, such as lactose (monohydrate, spray-dried monohydrate, anhydrous and the like), mannitol, xylitol, dextrose, sucrose, sorbitol, microcrystalline cellulose, starch and dibasic calcium phosphate dihydrate.

Tablets may also optionally comprise surface active agents, such as sodium lauryl sulfate and polysorbate 80, and glidants such as silicon dioxide and talc. When present, surface active agents may comprise from 0.2 wt% to 5 wt% of the tablet, and glidants may comprise from 0.2 wt% to 1 wt% of the tablet.

Tablets also generally contain lubricants such as magnesium stearate, calcium stearate, zinc stearate, sodium stearyl fumarate, and mixtures of magnesium stearate with sodium lauryl sulphate. Lubricants generally comprise from 0.25 wt% to 10 wt%, preferably from 0.5 wt% to 3 wt% of the tablet.

Other possible ingredients include anti-oxidants, colourants, flavouring agents, preservatives and taste-masking agents.

Exemplary tablets contain up to about 80% drug, from about 10 wt% to about 90 wt% binder, from about 0 wt% to about 85 wt% diluent, from about 2 wt% to about 10 wt% disintegrant, and from about 0.25 wt% to about 10 wt% lubricant.

Tablet blends may be compressed directly or by roller to form tablets. Tablet blends or portions of blends may alternatively be wet-, dry-, or melt-granulated, melt congealed, or extruded before tabletting. The final formulation may comprise one or more layers and may be coated or uncoated; it may even be encapsulated.

The formulation of tablets is discussed in "Pharmaceutical Dosage Forms: Tablets, Vol. 1", by H. Lieberman and L. Lachman, Marcel Dekker, N.Y., N.Y., 1980 (ISBN 0-8247-6918-X).

Solid formulations for oral administration may be formulated to be immediate and/or modified release. Modified release formulations include delayed-, sustained-, pulsed-, controlled-, targeted and programmed release.

Suitable modified release formulations for the purposes of the invention are described in US Patent No. 6,106,864. Details of other suitable release technologies such as high energy dispersions and osmotic and coated particles are to be found in Verma *et al*, Pharmaceutical Technology On-line, 25(2), 1-14 (2001). The use of chewing gum to achieve controlled release is described in WO 00/35298.

The compounds in the combination of the invention may also be administered directly into the blood stream, into muscle, or into an internal organ. Suitable means for parenteral administration include intravenous, intraarterial, intraperitoneal, intrathecal, intraventricular, intraurethral, intrasternal,

intracranial, intramuscular and subcutaneous. Suitable devices for parenteral administration include needle (including microneedle) injectors, needle-free injectors and infusion techniques.

Parenteral formulations are typically aqueous solutions which may contain excipients such as salts, carbohydrates and buffering agents (preferably to a pH of from 3 to 9), but, for some applications, they may be more suitably formulated as a sterile non-aqueous solution or as a dried form to be used in conjunction with a suitable vehicle such as sterile, pyrogen-free water.

The preparation of parenteral formulations under sterile conditions, for example, by lyophilisation, may readily be accomplished using standard pharmaceutical techniques well known to those skilled in the art.

The solubility of compounds used in the preparation of parenteral solutions may be increased by the use of appropriate formulation techniques, such as the incorporation of solubility-enhancing agents.

Formulations for parenteral administration may be formulated to be immediate and/or modified release. Modified release formulations include delayed-, sustained-, pulsed-, controlled-, targeted and programmed release. Thus compounds of the invention may be formulated as a solid, semi-solid, or thixotropic liquid for administration as an implanted depot providing modified release of the active compound. Examples of such formulations include drug-coated stents and PGLA microspheres.

The compounds in the combination of the invention may also be administered topically to the skin or mucosa, that is, dermally or transdermally. Typical formulations for this purpose include gels, hydrogels, lotions, solutions, creams, ointments, dusting powders, dressings, foams, films, skin patches, wafers, implants, sponges, fibres, bandages and microemulsions. Liposomes may also be used. Typical carriers include alcohol, water, mineral oil, liquid petrolatum, white petrolatum, glycerin, polyethylene glycol and propylene

glycol. Penetration enhancers may be incorporated - see, for example, J Pharm Sci, 88 (10), 955-958 by Finnin and Morgan (October 1999).

Other means of topical administration include delivery by electroporation, iontophoresis, phonophoresis, sonophoresis and microneedle or needle-free (*e.g.* Powderject™, Bioject™, *etc.*) injection.

Formulations for topical administration may be formulated to be immediate and/or modified release. Modified release formulations include delayed-, sustained-, pulsed-, controlled-, targeted and programmed release.

The compounds in the combination of the invention can also be administered intranasally or by inhalation.

The combinations of the invention may be administered rectally or vaginally, for example, in the form of a suppository, pessary, or enema. Cocoa butter is a traditional suppository base, but various alternatives may be used as appropriate.

Formulations for rectal/vaginal administration may be formulated to be immediate and/or modified release. Modified release formulations include delayed-, sustained-, pulsed-, controlled-, targeted and programmed release.

The combinations of the invention may also be administered directly to the eye or ear, typically in the form of drops of a micronised suspension or solution in isotonic, pH-adjusted, sterile saline. Other formulations suitable for ocular and aural administration include ointments, biodegradable (*e.g.* absorbable gel sponges, collagen) and non-biodegradable (*e.g.* silicone) implants, wafers, lenses and particulate or vesicular systems, such as niosomes or liposomes. A polymer such as crossed-linked polyacrylic acid, polyvinylalcohol, hyaluronic acid, a cellulosic polymer, for example, hydroxypropylmethylcellulose, hydroxyethylcellulose, or methyl cellulose, or a heteropolysaccharide polymer, for example, gelan gum, may be incorporated

together with a preservative, such as benzalkonium chloride. Such formulations may also be delivered by iontophoresis.

Formulations for ocular/aural administration may be formulated to be immediate and/or modified release. Modified release formulations include delayed-, sustained-, pulsed-, controlled-, targeted, or programmed release.

The compounds in the combination of the invention may be combined with soluble macromolecular entities, such as cyclodextrin and suitable derivatives thereof or polyethylene glycol-containing polymers, in order to improve their solubility, dissolution rate, taste-masking, bioavailability and/or stability for use in any of the aforementioned modes of administration.

Drug-cyclodextrin complexes, for example, are found to be generally useful for most dosage forms and administration routes. Both inclusion and non-inclusion complexes may be used. As an alternative to direct complexation with the drug, the cyclodextrin may be used as an auxiliary additive, *i.e.* as a carrier, diluent, or solubiliser. Most commonly used for these purposes are alpha-, beta- and gamma-cyclodextrins, examples of which may be found in International Patent Applications Nos. WO 91/11172, WO 94/02518 and WO 98/55148.

For administration to human patients, the total daily dose of the histamine H_3 receptor ligand is typically in the range 0.1mg to 100mg and the total daily dose of the leukotriene receptor antagonist is typically in the range of 1mg to 10mg depending, of course, on the mode of administration. The total daily dose may be administered in single or divided doses.

These dosages are based on an average human subject having a weight of about 65kg to 70kg. The physician will readily be able to determine doses for subjects whose weight falls outside this range, such as infants and the elderly.

Assays

To determine the activity of the histamine H_3 receptor ligands of the invention the following assays were used

Binding to human H_3 receptors

Cell pellets from HEK-293 cells stably expressing the human histamine H_3 receptor were homogenised in ice-cold 50mM Tris-HCl buffer containing a protease inhibitor cocktail (Roche®, United Kingdom) using a ground glass homogeniser. Homogenates were centrifuged at 48000g for 30min at 4°C. The membrane pellet was resuspended in 50mM Tris-HCl in the same volume as the original cell pellet. Aliquots of membrane preparations were stored at -80°C and were used for [^{3}H]-N$^\alpha$-methylhistamine binding experiments.

Cell membranes (20-40μg/well) were incubated for 90min shaking at room temperature with 1nM [^{3}H]-N$^\alpha$-methylhistamine (82-85Ci/mmol) in 50mM Tris-HCl (pH 7.4), with or without competing H_3 ligands. The reaction was terminated by rapid filtration through 0.5% polyethylenimine-soaked Unifilter GF/B plates (Packard) followed by three washes with 1ml ice-cold 50mM Tris-HCl. Filters were dried for 45min at 45°C and bound radiolabel was determined using scintillation counting techniques. Non-specific binding was defined with 10μM Histamine. For competition binding studies, Ki values were calculated from the IC_{50} value (concentration of test compound which displaces 50% of the specific binding) based on an experimentally determined ligand K_d of 1.8nM and a ligand concentration of 1nM according to the Cheng-Prussoff equation (*Biochem. Pharmacol.* (1973), vol 22, p3099-3108) where; $K_i = (IC_{50})/(1+([L]/K_d))$

Functional activity in vitro - EFS Guinea-pig ileum H_3 preparation

H_3 activity was determined according to the methods of Menkveld et al, 1990, (*Eur. J. Pharmacol.*, 186, 343-7) with modifications. Briefly, male guinea pigs (Dunkin Hartley, 350-450g) were killed by cervical dislocation. The ileum was removed and segments 3cm in length prepared and cleared of attached

mesentery. The segments of ileum were suspended between a tissue hook and isometric strain gauge and placed under an initial tension of 1000mg. The segments were bathed in pre-warmed (37°C), pre-gassed (95%O_2/5%CO_2) Krebs-Henseleit solution containing 1μM Pyrilamine. The tissues were washed by over flow with fresh Krebs-Henseleit buffer at 15-20 min intervals for a period of 1hour prior to the start of an experiment. Tissues were electrically field stimulated using platinum parallel wire electrodes positioned vertically at either side of the segment. Tissues were stimulated with single pulses of 5V and 1ms pulse width every 10s beginning at the end of the equilibration period and continuing for the duration of the experiment. Responses to field stimulation were recorded as the average amplitude (maximum-minimum) of three twitch responses over a period of 30s. Cumulative dose response curves to R-α methyl histamine were generated over the concentration range $1x10^{-10}$M to $1x\ 10^{-5}$M in half-log increments, using a contact time of 2 min. The preparation described above was sufficiently robust to allow 4 reproducible RαMH curves to be generated in each tissue when a 1 hour gap was left between agonist dose response curves. To determine pK_B values (point estimates of pA2, Arunlakshana & Schild, (1959), *Brit. J. Pharmacol.*, vol 14, p48-57) antagonists were incubated with the tissue for 1 hour prior to the second agonist dose response curve.

Functional activity in vitro - Human Saphenous Vein H_3 preparation.

H_3 activity was determined according to the methods of Valentine et al, 1999, (*Eur. J. Pharmacol.*, 366, 73-8) with modifications. Briefly, segments of human saphenous vein 3-7mm in diameter were cleared of connective tissue and cut into rings 5mm in length. The rings were mounted in 15ml tissue baths between a stainless steel hook and an isometric strain gauge. Tissues were bathed in Krebs solution containing 1μM chlorpheniramine and 1μM cimetidine maintained at 37°C and gassed with 95%O_2/5%CO_2 and placed under an initial tension of 1000mg. The tissues were allowed to equilibrate for 2-3 h with washes at 20min intervals. Vessels responsive to 100μM noradrenaline and 60mM KCl were subjected to repeated field stimulation (12-

20V, 16Hz, 1ms pulse width, 30s train) at 15 min intervals. R-α-methyl histamine cumulative dose/response curves were generated over the concentration range $1x10^{-10}$M to $1x\ 10^{-5}$M in half-log increments, using a contact time of 10 min. For antagonist studies separate tissues were pre-incubated with the antagonist for 1h prior to the r-α-methyl histamine dose response curve and pK_B values calculated.

Animal study

The efficacy of the combinations of the invention can be demonstrated in an animal model of airway inflammation or nasal congestion

Sephadex-induced pulmonary eosinophilia

Compounds were administered by various routes (e.g. sub-cutaneously) before or after a suspension of Sephadex G-200 superfine (BioChemika) was instilled directly into the lungs of rats to induce a pulmonary eosinophilia 24-72 hours later. Under brief Isoflurane anaesthesia 100µl of a suspension of Sephadex (20 mg/ml) was instilled into the trachea of male Sprague-Dawley rats (Charles River, 350-400 g) by the oro-laryngeal route from a microsyringe (Hamilton, 725RN fitted with a blunt 125 mm 22G needle). Twenty-four hours later the rats were overdosed with sodium pentobarbitone and bronchoalveolar lavage (BAL) was performed. The trachea was exposed by a mid-ventral incision caudal to the larynx followed by blunt dissection. A cut-down Portex leur-fitting cannula (2.0 mm outside diameter) was inserted into the trachea and tied-in securely. Using a 2.5 ml syringe, 2.5 ml of room temperature PBS (pH 7.4) containing 2.6 mM EDTA was slowly instilled into the lungs via the cannula and the BAL fluid (BALf) was immediately aspirated and stored on ice. This process was repeated a further three times until a total volume of 10 ml was instilled. The total leukocyte numbers in the BALf samples were evaluated using an A^c.T5Diff haematology analyser (Beckman Coulter). Aliquots of the BALf samples were then diluted in PBS to give approximately $0.5x10^6$ cells/ml. Cytospins prepared from these diluted aliquots (200µl per slide) by centrifugation at 2000 rpm for 5 min at room temperature were allowed to air-dry before staining using the DiffQuik stain

system (Dade Behring). Differential leukocyte counts were determined from cytospins under light microscopy using standard morphological criteria and the numbers of eosinophils per ml of BALf were enumerated. Activities of H3 antagonists and LT antagonists, dosed alone or in combination, and given as pre- or post-treatments, were determined.

Nasal congestion in anaesthetized cats

Nasal congestion, as measured by rhinomanometry, was determined in anesthetized cats according to the method of McLeod et al 1999 (*Am. J. Rhonil.*, 13, 391-99). Briefly, pentobarbitone anesthetized cats were mechanically ventilated with ambient air. One nostril was sealed externally and a cuffed endotracheal tube inserted in a retrograde manner via the oesophagus into the nasopharynx. Using a constant air flow through the tube, the pressure (and thus resistance) was determined and modulated by nasal exposure to the mast cell degranulating agent 48/80, and pre or post treatment with H3 or LT antagonists, or a combination of these agents.

Nasal congestion in guinea-pigs

Nasal congestion, as measured by acoustic rhinomanonmetry, was determined in anesthetized guinea-pigs, according to the method of Joynson et al 2003 (proceedings of the World Inflammation Congress, Vancouver). Briefly, male Dunkin-Hartley guinea-pigs were anaesthetized with urethane (50mg/kg i.p.) and placed in a supine position. The trachea was cannulated through which the animals breathed spontaneously. An acoustic rhinomter (GJ Electronik, Denmark) was used to measure cross-sectional area of the nasal cavity as a function of distance, and was modulated by various stimuli including nasal allergen (ovalbumin) in previously actively sensitized animals. Test compounds were administered alone or in combination as pre- or post-treatments.

Claims

1. A pharmaceutical composition containing a combination of a leukotriene receptor antagonist and a histamine H_3 receptor ligand.

2. The pharmaceutical composition according to claim 1, wherein the leukotriene receptor antagonist is selected from montelukast, pranlukast and zafirlukast and pharmaceutically acceptable salts thereof.

3. The pharmaceutical composition according to claim 2, wherein the leukotriene receptor antagonist is montelukast sodium.

4. The pharmaceutical composition according to claim 1 or 2, wherein the histamine H_3 receptor ligand has a Ki of 10 nM or less.

5. The pharmaceutical composition according to any one of claims 1 to 4, wherein the histamine H_3 receptor ligand is selected from compounds described in WO00/64884, WO03/004480, US2002/0058659, US2003/0130253, US2003/0135056, US6417218, US6437147, WO03/064411, WO03/066604, WO02/24657, WO02/24658, WO02/24659, WO02/244141, WO99/42458, US6407132, WO00/06254, WO01/74773, WO01/74810, WO01/74813, WO01/7814, WO01/7815, US6436939, US6489337, WO02/12214, WO02/24695, WO03/044059, WO02/079168, WO02/12190, WO02/12224, WO02/40461, WO02/4074758, WO02/06223, WO01/66534, US2002/0111340, US2002/0169188, US2002/0183309, WO03/059341, US2002/0082272, US2002/0082278, US2002/0103235, WO02/32893, WO02/072570, WO02/24657, WO02/24658, WO02/24659, WO02/44141, WO02/076925, WO04/018432, US6448282.

6. The pharmaceutical composition according to any one of claims 1 to 5, wherein the H_3 receptor ligand is selected from:

A-317920, A-320436, A-331440, ABT-239, A-431404, A-304121, Cipralisant, iproxifan, FUB-181, FUB-407, GR-175737, GT-2016, GT-2394, Impentamine, JNJ-5207852, SCH-49648, SCH-50971, SCH-79687, Verongamine, NCC-0028-1049.

7. The pharmaceutical composition according to any one of claims 1 to 6 for use as a medicament.

8. A method for treating a patient suffering from a H_3 mediated disease and/or leukotriene mediated disease, by administering to said patient an effective amount of a leukotriene antagonist and an effective amount of a histamine H_3 receptor ligand.

9. The method according to claim 8, for treating a patient suffering from an allergic and/or inflammatory condition.

10. The method according to claim 9, wherein the allergic and/or inflammatory condition is selected from the group consisting of seasonal and perennial allergic rhinits, non-allergic rhinitis, asthma, sinusitis, colds, dermatitis and uriticaria,

11. Kit containing a leukotriene antagonist and a histamine H_3 receptor ligand for sequential, separate or simultaneous use in the treatment of inflammatory diseases
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INTERNATIONAL SEARCH REPORT

In ional Application No
PCT/IB2005/000606

A. CLASSIFICATION OF SUBJECT MATTER
IPC 7 A61K31/47 A61K31/00 A61K45/06 A61P11/06 A61P37/08
A61P29/00 A61P17/00 A61P11/02 A61P11/00

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)
IPC 7 A61K A61P

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 practical, search terms used)
EPO-Internal, EMBASE, BIOSIS, WPI Data, PAJ

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category °	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	US 5 565 473 A (BELLEY ET AL) 15 October 1996 (1996-10-15) cited in the application column 2, lines 3-9 Paragraph linking columns 8 and 9 claims 9,14,21,22	1-11
Y	US 2002/037896 A1 (BOGENSTAETTER MICHAEL ET AL) 28 March 2002 (2002-03-28) paragraphs '0021!, '0022!, '0194! claims 23,31	1-11
Y	WO 03/039469 A (SCHERING CORPORATION) 15 May 2003 (2003-05-15) page 2, lines 21-28 page 23, line 3 - page 24, line 13 claims 8-10	1-11

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[X] Further documents are listed in the continuation of box C.

[X] Patent family members are listed in annex.

° Special categories of cited documents :

"A" document defining the general state of the art which is not considered to be of particular relevance

"E" earlier document but published on or after the international filing date

"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"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

"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

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.

"&" document member of the same patent family

Date of the actual completion of the international search	Date of mailing of the international search report
19 May 2005	10/06/2005

Name and mailing address of the ISA	Authorized officer
European Patent Office, P.B. 5818 Patentlaan 2 NL – 2280 HV Rijswijk Tel. (+31–70) 340–2040, Tx. 31 651 epo nl, Fax: (+31–70) 340–3016	Paul Soto, R

Form PCT/ISA/210 (second sheet) (January 2004)

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category °	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	WO 02/36124 A (SCHERING CORPORATION; HARRIS, ALAN, G; MEDEIROS, PAUL, T) 10 May 2002 (2002-05-10) page 2, lines 19-21 page 5, line 17 - page 7, line 13 page 11, line 17 - page 12, line 7 claims 1,6,16,25	1-11
A	STARK H: "Recent advances in histamine H3/H4 receptor ligands" EXPERT OPINION ON THERAPEUTIC PATENTS, ASHLEY PUBLICATIONS, GB, vol. 13, no. 6, 2003, pages 851-865, XP002298271 ISSN: 1354-3776 cited in the application the whole document	1-11

INTERNATIONAL SEARCH REPORT

national application No.
PCT/IB2005/000606

Box II Observations where certain claims were found unsearchable (Continuation of item 2 of first sheet)

This International Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. [X] Claims Nos.: 8-10
because they relate to subject matter not required to be searched by this Authority, namely:

Although claims 8-10 are directed to a method of treatment of the human/animal body, the search has been carried out and based on the alleged effects of the compound/composition.

2. [ ] Claims Nos.:
because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:

3. [ ] Claims Nos.:
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box III Observations where unity of invention is lacking (Continuation of item 3 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. [ ] As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.

2. [ ] As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.

3. [ ] As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:

4. [ ] No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

[ ] The additional search fees were accompanied by the applicant's protest.

[ ] No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

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Int ɔnal Application No
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INTERNATIONAL SEARCH REPORT

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Int nal Application No
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