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(54) Title: PROCESS OF PREPARING GUANYLATE CYCLASE C AGONISTS

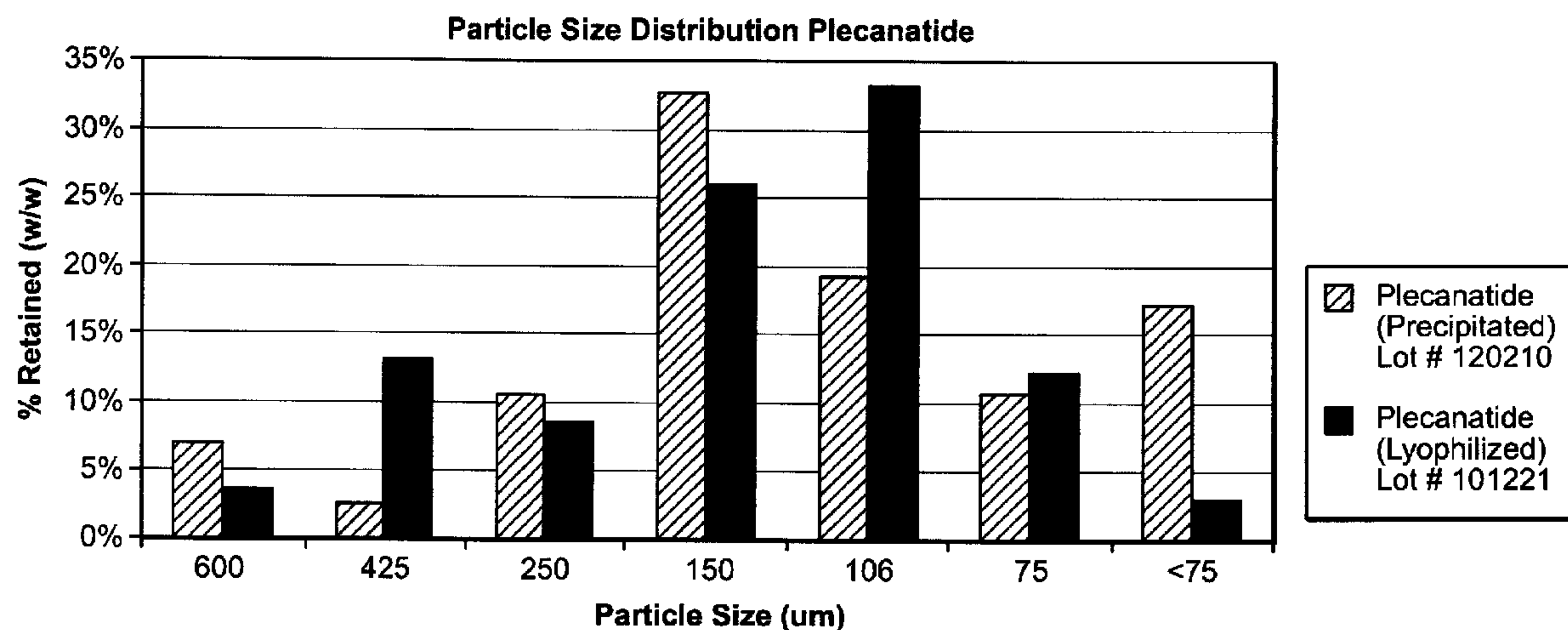


FIG. 1

(57) Abrégé/Abstract:

The invention provides processes of preparing a peptide including a GCC agonist sequence selected from the group consisting of SEQ ID NOs: 1-249 described herein.

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(54) Title: PROCESS OF PREPARING GUANYLATE CYCLASE C AGONISTS

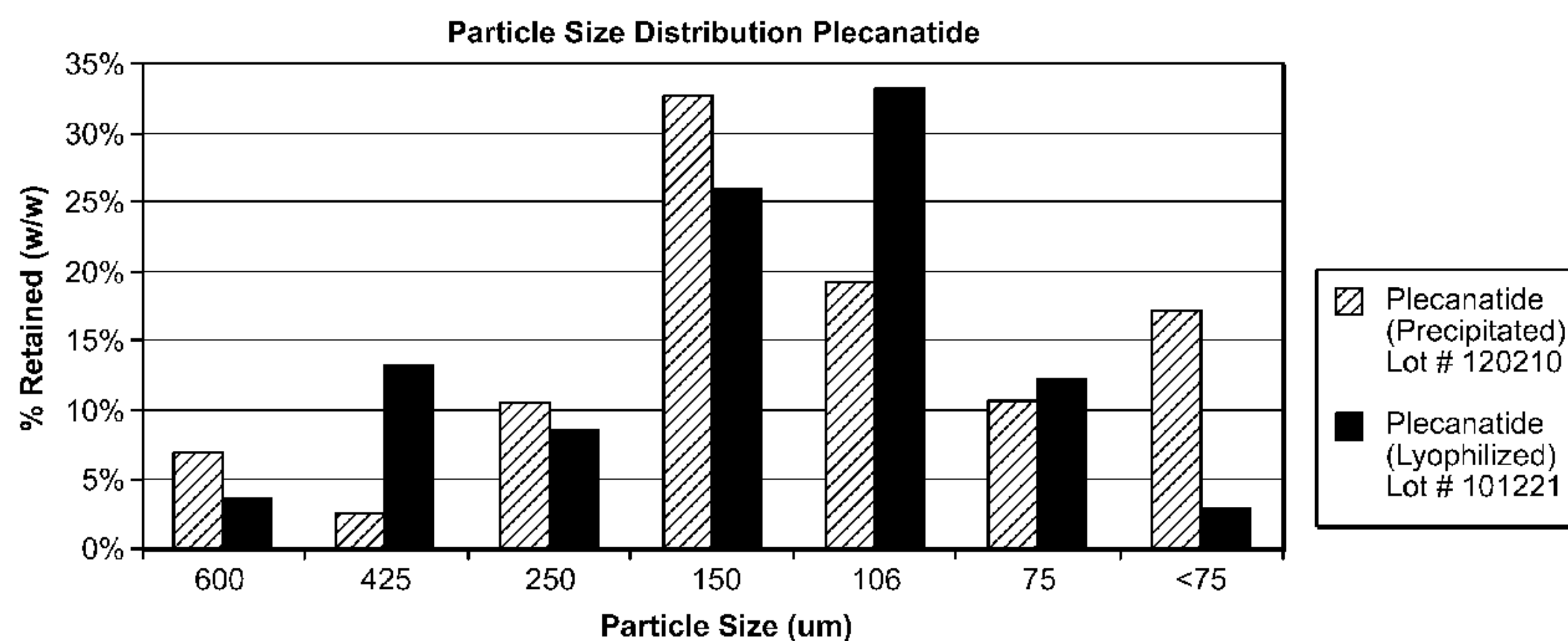


FIG. 1

(57) Abstract: The invention provides processes of preparing a peptide including a GCC agonist sequence selected from the group consisting of SEQ ID NOs: 1-249 described herein.

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PROCESS OF PREPARING GUANYLATE CYCLASE C AGONISTS

RELATED APPLICATIONS

[01] This application claims the benefit of and priority to U.S. Provisional Application No. 61/447,891 filed on March 1, 2011, the content of which is incorporated by reference in its entirety.

FIELD OF THE INVENTION

[02] The present invention relates to processes of preparing guanylate cyclase C peptide agonists useful for the treatment and prevention of various diseases and disorders.

BACKGROUND OF THE INVENTION

[03] Guanylate cyclase C is a transmembrane form of guanylate cyclase that is expressed on various cells, including gastrointestinal epithelial cells (reviewed in Vaandrager 2002 *Mol. Cell. Biochem.* 230:73-83). It was originally discovered as the intestinal receptor for the heat-stable toxin (ST) peptides secreted by enteric bacteria and which cause diarrhea. The ST peptides share a similar primary amino acid structure with two peptides isolated from intestinal mucosa and urine, guanylin and uroguanylin (Currie, *et al.*, *Proc. Nat'l Acad. Sci. USA* 89:947-951 (1992); Hamra, *et al.*, *Proc. Nat'l Acad. Sci. USA* 90:10464-10468 (1993); Forte, L., *Reg. Pept.* 81:25-39 (1999); Schulz, *et al.*, *Cell* 63:941-948 (1990); Guba, *et al.*, *Gastroenterology* 111:1558-1568 (1996); Joo, *et al.*, *Am. J. Physiol.* 274:G633-G644 (1998)).

[04] In the intestines, guanylin and uroguanylin act as regulators of fluid and electrolyte balance. In response to high oral salt intake, these peptides are released into the intestinal lumen where they bind to guanylate cyclase C localized on the luminal membrane of enterocytes (simple columnar epithelial cells of the small intestines and colon). The binding of the guanylin peptides to guanylate cyclase C induces electrolyte and water excretion into the intestinal lumen via a complex intracellular signaling cascade that is initiated by an increase in cyclic guanosine monophosphate (cGMP).

[05] The cGMP-mediated signaling that is initiated by the guanylin peptides is critical for the normal functioning of the gut. Any abnormality in this process could lead to gastrointestinal disorders such as irritable bowel syndrome (IBS) and inflammatory bowel diseases. Inflammatory bowel disease is a general name given to a group of disorders that cause the intestines to become inflamed, characterized by red and swollen tissue. Examples include ulcerative colitis and Crohn's disease. Crohn's disease is a serious inflammatory disease that predominantly affects the ileum and colon, but can also occur in other sections of the gastrointestinal tract. Ulcerative colitis is exclusively an inflammatory disease of the colon, the large intestine. Unlike Crohn's disease, in which all layers of the intestine are involved, and in which there can be normal healthy bowel in between patches of diseased bowel, ulcerative colitis affects only the innermost lining (mucosa) of the colon in a continuous manner. Depending on which portion of the gastrointestinal tract is involved, Crohn's disease may be referred to as ileitis, regional enteritis, colitis, etc. Crohn's disease and ulcerative colitis differ from spastic colon or irritable bowel syndrome, which are motility disorders of the gastrointestinal tract. Gastrointestinal inflammation can be a chronic condition. It is estimated that as many as 1,000,000 Americans are afflicted with inflammatory bowel disease, with male and female patients appearing to be equally affected. Most cases are diagnosed before age 30, but the disease can occur in the sixth, seventh, and later decades of life.

[06] IBS and chronic idiopathic constipation are pathological conditions that can cause a great deal of intestinal discomfort and distress but unlike the inflammatory bowel diseases, IBS does not cause the serious inflammation or changes in bowel tissue and it is not thought to increase the risk of colorectal cancer. In the past, inflammatory bowel disease, celiac disease, and IBS were regarded as completely separate disorders. Now, with the description of inflammation, albeit low-grade, in IBS, and of symptom overlap between IBS and celiac disease, this contention has come under question. Acute bacterial gastroenteritis is the strongest risk factor identified to date for the subsequent development of postinfective irritable bowel syndrome. Clinical risk factors include prolonged acute illness and the absence of vomiting. A genetically determined susceptibility to inflammatory stimuli may also be a risk factor for irritable bowel syndrome. The underlying pathophysiology indicates increased intestinal permeability and low-grade inflammation, as well as altered motility and visceral sensitivity.

Serotonin (5-hydroxytryptamine [5-HT]) is a key modulator of gut function and is known to play a major role in pathophysiology of IBS. The activity of 5-HT is regulated by cGMP.

[07] While the precise causes of IBS and inflammatory bowel diseases (IBD) are not known, a disruption in the process of continual renewal of the gastrointestinal mucosa may contribute to disease pathology in IBD and aggravate IBS. The renewal process of the gastrointestinal lining is an efficient and dynamic process involving the continual proliferation and replenishment of unwanted damaged cells. Proliferation rates of cells lining the gastrointestinal mucosa are very high, second only to the hematopoietic system. Gastrointestinal homeostasis depends on both the proliferation and programmed cellular death (apoptosis) of epithelial cells lining the gut mucosa. Cells are continually lost from the villus into the lumen of the gut and are replenished at a substantially equal rate by the proliferation of cells in the crypts, followed by their upward movement to the villus. The rates of cell proliferation and apoptosis in the gut epithelium can be increased or decreased in a variety of circumstances, *e.g.*, in response to physiological stimuli such as aging, inflammatory signals, hormones, peptides, growth factors, chemicals and dietary habits. In addition, an enhanced proliferation rate is frequently associated with a reduction in turnover time and an expansion of the proliferative zone. The proliferation index is much higher in pathological states such as ulcerative colitis and other gastrointestinal disorders. Intestinal hyperplasia is a major promoter of gastrointestinal inflammation. Apoptosis and cell proliferation together regulate cell number and determine the proliferation index. Reduced rates of apoptosis are often associated with abnormal growth, inflammation, and neoplastic transformation. Thus, both increased proliferation and/or reduced cell death may increase the proliferation index of intestinal tissue, which may in turn lead to gastrointestinal inflammatory diseases.

[08] In addition to a role for uroguanylin and guanylin as modulators of intestinal fluid and ion secretion, these peptides may also be involved in the continual renewal of gastrointestinal mucosa by maintaining the balance between proliferation and apoptosis. For example, uroguanylin and guanylin peptides appear to promote apoptosis by controlling cellular ion flux. Given the prevalence of inflammatory conditions in Western societies a need exists to improve the treatment options for inflammatory conditions, particularly of the gastrointestinal tract.

[09] Peptide agonists of guanylate cyclase C agonists ("GCC agonists") are described in U.S. Patent Nos. 7,041,786, 7,799,897, and U.S. Patent Application Publication Nos. US2009/0048175, US 2010/0069306, US 2010/0120694, US 2010/0093635, and US 2010/0221329. However, the solid phase synthesis of peptides for pharmaceutical application presents a number of special problems such as an overall low yield (e.g., less than 10%).

SUMMARY OF THE INVENTION

[10] The present invention provides a process of preparing a peptide, particularly a peptide comprising the sequence of a peptide agonist of guanylate cyclase C ("GCC"). The GCC agonist sequence is selected from the group consisting of SEQ ID NOs: 1-249. The GCC agonist sequence is n amino acid units in length, with the N-terminal unit at position 1 and the C-terminal unit at position n .

[11] The process of the invention includes solid phase and/or solution phase syntheses of suitable peptide fragments, subsequent fragment condensation in a solution to form a linear crude peptide, and optional oxidative cyclization of cysteine amino acid residues of the linear crude peptide to form the cyclized final product. Particularly, the process includes the following steps:

providing a first fragment having a first sequence of amino acid units from position j through position k of the GCC agonist sequence, wherein j is an integer between 1 and $n-1$, k is an integer between 2 and n and is greater than j , and the first fragment is protected except for an amino group of the amino acid unit at position j , or alternatively, a carboxyl group of the amino acid unit at position k ,

providing a second fragment having a second sequence of amino acid units from position h through position $j-1$ of the GCC agonist sequence or having a third sequence of amino acid units from position $k+1$ through position m of the GCC agonist sequence, wherein h is an integer between 1 and $n-2$ and is smaller than j , m is an integer between $k+2$ and n , and the second fragment is protected except for a carboxyl group of the amino acid unit at position $j-1$ or an amino group of the amino acid unit at position $k+1$, and

coupling the first and the second fragments via a solution-phase synthesis to yield a protected peptide having a sequence of amino acid units from position h through position k of the GCC agonist sequence or a protected peptide having a sequence of amino acid units from position j through position m of the GCC agonist sequence.

[12] The process of the invention may include one or more of the features described in the following embodiments.

[13] In one embodiment, the GCC agonist sequence is selected from the group consisting of SEQ ID NOs: 1, 8, 9, 55, 56, 58, and 59.

[14] In one embodiment, the GCC agonist sequence is SEQ ID NO: 1 or 9. In one embodiment, h is 1, j is 7, and k is 16. More specifically, the first fragment has a sequence of amino acid units from position 7 through position 16 of SEQ ID NO: 1 or 9 and the second fragment has a sequence of amino acid units from position 1 through position 6 of SEQ ID NO: 1 or 9. In another embodiment, h is 7, j is 15, and k is 16. More specifically, the first fragment has a sequence of amino acid units from position 15 through position 16 of SEQ ID NO: 1 or 9, the second fragment has a sequence of amino acid units from position 7 through position 14 of SEQ ID NO: 1 or 9, and the protected peptide produced via coupling the first and second fragments has a sequence of amino acid units from position 7 through position 16 of SEQ ID NO: 1 or 9. In one embodiment, the process of the invention further includes deprotecting an amino group of the amino acid unit at position 7 of the protected peptide having the sequence of amino acid units from position 7 through position 16 of SEQ ID NO: 1 or 9 to yield a position-7 reactive peptide. In one embodiment, the process of the invention further includes providing a third fragment having a sequence of amino acid units from position 1 through position 6 of SEQ ID NO: 1 or 9, wherein the third fragment is protected except for a carboxyl group of the amino acid at position 6. In one embodiment, the process further includes coupling the third fragment and the position-7 reactive peptide via a solution-phase synthesis to yield a protected linear peptide having a sequence of amino acid units from position 1 through position 16 of SEQ ID NO: 1 or 9. In one embodiment, the process further includes deprotecting the protected linear peptide to yield a deprotected linear peptide. In one embodiment, the process further comprises oxidizing the

deprotected linear peptide to yield the peptide having the GCC agonist sequence of SEQ ID NOs: 1 or 9.

[15] In one embodiment, each of the first and second fragments is not more than 10 amino acid units in length (e.g., 2-10 amino acid units in length, 3-9 amino acid units in length, or 4-8 amino acid units in length).

[16] In one embodiment, the second fragment has the second sequence of amino acid units from position h through position $j-1$ of the GCC agonist sequence and either one or both of the amino acid unit of the second fragment at position $j-1$ and the amino acid unit of the first fragment at position k is selected from the group consisting of glycine, proline, leucine, alanine, and arginine. In one embodiment, at least one of the amino acid units at positions $j-1$ and k is either glycine or proline.

[17] In one embodiment, the second fragment has the third sequence of amino acid units from position $k+1$ through position m of the GCC agonist sequence and either one or both of the amino acid unit of the third fragment at position m and the amino acid unit of the first fragment at position k is selected from the group consisting of glycine, proline, leucine, alanine, and arginine. In one embodiment, at least one of the amino acid units at positions m and k is either glycine or proline.

[18] In one embodiment, k is n . In one embodiment, the second fragment has the second sequence of amino acid units from position h through position $j-1$ of the GCC agonist sequence, and the amino acid unit at positions $j-1$ is selected from the group consisting of glycine, proline, leucine, alanine, and arginine. In one embodiment, the amino acid unit at position $j-1$ is either glycine or proline. In one embodiment, the process of the invention further comprises deprotecting an amino group of the amino acid unit at position h of the protected peptide having a sequence of amino acid units from position h through position k of the GCC agonist sequence to yield a position- h reactive peptide. In one embodiment, the process further comprises providing a fourth fragment having a sequence of amino acid units from position 1 through position $h-1$ of the GCC agonist sequence, wherein the fourth fragment is protected except for a carboxyl group of the amino acid unit at position $h-1$. In one embodiment, the fourth fragment is not more than 10 amino acid units in length (e.g., 2-10 amino acid units in length, 3-9 amino acid

units in length, or 4-8 amino acid units in length). In one embodiment, the process further includes coupling the fourth fragment and the position-*h* reactive peptide via a solution-phase synthesis to yield a protected linear peptide having a sequence of amino acid units from position 1 through position *n* of the GCC agonist sequence. In one embodiment, the process further comprises deprotecting the protected linear peptide to yield a deprotected linear peptide having a sequence of amino acid units from position 1 through position *n* of the GCC agonist sequence. In one embodiment, the process of the invention further comprises oxidizing the deprotected linear peptide to yield the peptide comprising the GCC agonist sequence selected from the group consisting of SEQ ID NOs: 1-249.

[19] In one embodiment, at least one of the fragments of the peptide of interest (e.g., the first, second, third, and/or fourth fragments) is provided via a solid-phase peptide synthesis. In one embodiment, the solid-phase peptide synthesis is a Fmoc solid-phase synthesis. In one embodiment, the Fmoc solid-phase synthesis is performed on 2-chlorotrityl resin, such as those having 1% DVB and a substitution rate ranging from 0.3 mmol/g to 1.2 mmol/g (e.g., 0.9-1.1 mmol/g).

[20] The methods of this invention unexpectedly produce GCC agonist peptides of high purities (e.g., >96%) at high yields (e.g., >14%) compared to conventional step-by-step solid-phase peptide synthesis (SPPS), where the overall yield of the peptides having a 96% purity level is approximately 5%. The fragment condensation process (i.e., hybrid solution- and solid-phase process) of this invention also requires much less time for synthesizing GCC peptides than conventional SPPS. In addition to the cost effectiveness afforded by the increased yields and reduced time, the process of this invention is also readily scalable for commercial production.

[21] In another aspect, the invention features the peptides, e.g., GCC agonist peptides, prepared by the methods described herein.

[22] In still another aspect, the invention also provides a process of purifying the peptide comprising the GCC agonist sequence selected from the group consisting of SEQ ID NOs: 1-249. The process comprises adsorbing the peptide onto a polymeric adsorbent column, optionally rinsing the peptide with deionized water, eluting the optionally rinsed peptide off the polymeric adsorbent column with a solvent mixture (e.g., an alcohol aqueous solution) to form a

peptide solution, removing part or all of the solvent mixture (e.g., water and the alcohol) from the peptide solution to precipitate the peptide, and optionally adding an ether to the dewatered peptide to facilitate precipitation of the peptide.

[23] In one embodiment, the peptide is precipitated by concentrating the peptide solution by removing water and the alcohol under vacuum without the need of adding an ether. In another embodiment, an ether is added to facilitate the precipitation, e.g., by hastening the precipitation process.

[24] In one embodiment, rinsing the peptide after adsorption onto a polymeric adsorbent column is not needed when, e.g., the peptide adsorbed is substantially free of water-soluble salts (e.g., phosphates or acetates). In this context “substantially” free of water-soluble salts means that the salt content of the peptide is preferably less than 5%, less than 4.5%, less than 4.25%, less than 4%, less than 3.5%, less than 3%, less than 2.5%, less than 2%, less than 1.5%, less than 1%, less than 0.5%, less than 0.25%, or less than 0.1%, of the total weight of the peptide.

[25] In one embodiment, the polymeric adsorbent column comprises a polystyrene resin. In particular, the resin is selected so that the purified peptide eluted or desorbed is not less than 80% of the peptide amount adsorbed on the resin, e.g., not less than 85%, not less than 90%, or not less than 95%. In one embodiment, the resin is formed of crosslinked polystyrene with an average pore diameter greater than 5 nm, e.g., about 6-8 nm, 10-15 nm, 15-20 nm, or 25-30 nm.

[26] In one embodiment, the solvent mixture used for eluting the peptide comprises water, e.g., a mixture of water and one or more second solvents which can form azeotrope with water such as ethanol, isopropanol, tert-butanol, 2-butanol, 1-chloro-2-propanol, 1-methoxy-2-propanol, 2-methoxy-ethanol, 2-methyl-2-propanol, acetic acid, methyl acetate, and propyl acetate. The one or more second solvents can be Class 3 solvents (or low-toxicity solvents) as defined in the ICH guideline. In another embodiment, the solvent mixture used for eluting comprises ether, such as a mixture of ethanol/ether or isopropanol/ether

[27] In one embodiment, the alcohol aqueous solution comprises isopropanol, propanol, tert-butanol, 2-butanol, or ethanol.

[28] In one embodiment, the ether comprises diethyl ether or MTBE.

[29] In one embodiment, the process further includes salt exchanging the peptide by washing the peptide with an aqueous solution comprising an ammonium salt (e.g., ammonium acetate), acetic acid, and/or an acetate salt (e.g., sodium acetate) before the purification. In one embodiment, if the process includes the salt exchanging step, the process also includes rinsing the peptide with deionized water after adsorption on the polymeric resin column to desalt the peptide.

[30] In one embodiment, the process further includes lyophilizing the peptide after the salt exchanging step before the purification.

[31] In one embodiment, the process further includes drying the precipitated peptide after adding the ether, e.g., under reduced pressure.

[32] In one embodiment, the purified peptide is selected from the group consisting of SEQ ID NOs: 1, 8, 9, and 56. Preferably, the purified peptide is SEQ ID NO: 1 or 9.

[33] The purification methods of this invention unexpectedly produce GCC agonist peptides of high purities (e.g., >96%) and high bulk and/or tap densities (e.g., > 0.3 g/mL) compared to conventional purification methods such as lyophilization, where the bulk and/or tap densities of the purified are at approximately 10 times lower than those of the peptides purified by the methods of this invention. The purification process of this invention also requires much less time than conventional lyophilization, which can potentially lead to reductions in topoisomer content, deamidation degradation products, and other impurities. The purification process of this invention is also readily scalable for commercial production compared to conventional lyophilization.

[34] In yet another aspect, the invention features the peptides, e.g., GCC agonist peptides, purified by the process described herein. The purified peptides may have one or more of the following features.

[35] In one embodiment, the purified peptide has a bulk density of no less than 0.05 g/mL, no less than 0.1 g/mL, no less than 0.2 g/mL, no less than 0.3 g/mL, no less than 0.4 g/mL, or no less than 0.5 g/mL. For example, the purified peptide has a bulk density ranging between 0.05 g/mL and 2 g/mL.

[36] In one embodiment, the purified peptide has a tap density of no less than 0.08 g/mL, no less than 0.1 g/mL, no less than 0.15 g/mL, no less than 0.2 g/mL, no less than 0.3 g/mL, no less than 0.4 g/mL, no less than 0.5 g/mL, or no less than 0.6 g/mL. For example, the purified peptide has a tap density ranging between 0.08 g/mL and 2 g/mL.

[37] In one embodiment, the purified peptide has a chromatographic purity of no less than 96%, no less than 97%, or no less than 98%. For example, the GCC agonist peptide has chromatographic impurity content of no greater than 4%, no greater than 3.5%, no greater than 3%, no greater than 2.5%, no greater than 2%, no greater than 1.5%, or no greater than 1%. The chromatographic impurity content is determined as total area percentages of impurities by HPLC. The chromatographic impurity content includes topoisoimer content. The impurities do not include any pharmaceutically acceptable excipient used for drug formulation.

[38] In one embodiment, the purified peptide is substantially free of contaminants resulted from the peptide preparation process such as organic solvents used in the process, e.g., ammonium, acetonitrile, acetamide, alcohol (e.g., methanol, ethanol, or isopropanol), TFA, ether or other contaminants. In this context “substantially” free of contaminants means that the contaminant content of the peptide at the end of the purification process is preferably less than 0.5%, less than 0.3%, less than 0.25%, less than 0.1%, less than 0.05%, less than 0.04%, less than 0.03%, less than 0.02%, less than 0.01%, less than 0.005%, less than 0.003%, or less than 0.001% of the total weight of the peptide. For example, the purified peptide contains < 0.01% acetamide, <0.3% ammonium ion, <0.01% acetonitrile, and/or < 0.1% TFA. The content of contaminants can be determined by conventional methods such as gas chromatography. Preferably, the residual solvents in the purified peptide of the invention are less than the limits set in the ICH guidelines, e.g., IMPURITIES: GUIDELINE FOR RESIDUAL SOLVENTS Q3C(R5) (available at http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Quality/Q3C/Step4/Q3C_R5_Step4.pdf). For example, the purified peptide contains <410 ppm acetonitrile (e.g., ≤ 40 ppm or ≤ 20 ppm), <5000 ppm ethanol (e.g., ≤ 140 ppm), <5000 ppm isopropanol, < 5000 ppm ethyl acetate (e.g., ≤ 20 ppm), <3000 ppm methanol (e.g., ≤ 250 ppm), <5000 ppm MTBE (e.g., ≤ 20 ppm), < 290 ppm hexane, and/or < 5000 ppm heptane or pentane.

[39] In one embodiment, the purified peptide is substantially free of topoisomers. In this context “substantially” free of topoisomers means that the topoisomer content of the peptide at the end of the purification process is preferably less than 2%, less than 1.5%, less than 1.25%, less than 1%, less than 0.9%, less than 0.8%, less than 0.7%, less than 0.6%, less than 0.5%, less than 0.4%, less than 0.3%, less than 0.2%, or less than 0.1%, of the total weight of the peptide.

[40] In one embodiment, the purified peptide is substantially free of water. In this context “substantially” free of water means that the water content of the peptide at the end of the purification process is preferably less than 7%, less than 6%, less than 5%, less than 4.5%, less than 4.25%, less than 4%, less than 3.5%, less than 3%, less than 2.5%, less than 2%, less than 1.5%, less than 1%, less than 0.5%, less than 0.25%, or less than 0.1%, of the total weight of the peptide.

[41] In one embodiment, the purified peptide includes the GCC agonist sequence of SEQ ID NO: 1.

[42] In one embodiment, the purified peptide includes the GCC agonist sequence of SEQ ID NO: 9.

[43] The invention also relates to a formulation (e.g., an oral formulation) containing the peptides prepared and/or purified by the methods described herein and in particular, a low dose formulation containing 0.05-10 mg (e.g., 0.1 mg, 0.3 mg or 0.5 mg) of the purified peptides. The low-dose formulation can further have one or more additional features as described in PCT/US2011/051805 and can be prepared by the methods disclosed therein, such as dry blending.

[44] Other features and advantages of the invention will be apparent from and are encompassed by the following detailed description and claims.

BRIEF DESCRIPTION OF DRAWINGS

[45] Figure 1 is a graph showing particle size distribution by sieving analysis for lyophilized plecanatide and precipitated plecanatide.

[46] Figure 2 is an optical microscopic image of lyophilized plecanatide.

[47] Figure 3 is an optical microscopic image of precipitated plecanatide.

DETAILED DESCRIPTION

[48] The invention provides processes of preparing peptides, e.g., peptide GCC agonists, in particular a hybrid solution- and solid-phase process. The process of the invention includes providing two or more fragments of a peptide of interest via solid-phase and/or solution-phase syntheses and coupling them via a solution-phase synthesis to obtain the target peptide. The process may further include, if needed, oxidative cyclization of cysteine amino acid residues of a linear peptide formed by the fragment coupling to produce a cyclized peptide.

[49] The fragments described above can be prepared by standard solution phase peptide synthesis or solid phase peptide synthesis techniques in which a peptide linkage occurs through the direct condensation of the amino group (i.e., NH_2) of a first amino acid with the carboxy group (i.e., COOH) of a second amino acid with the elimination of a water molecule. In one embodiment, at least one of the fragments is prepared by solid phase peptide synthesis.

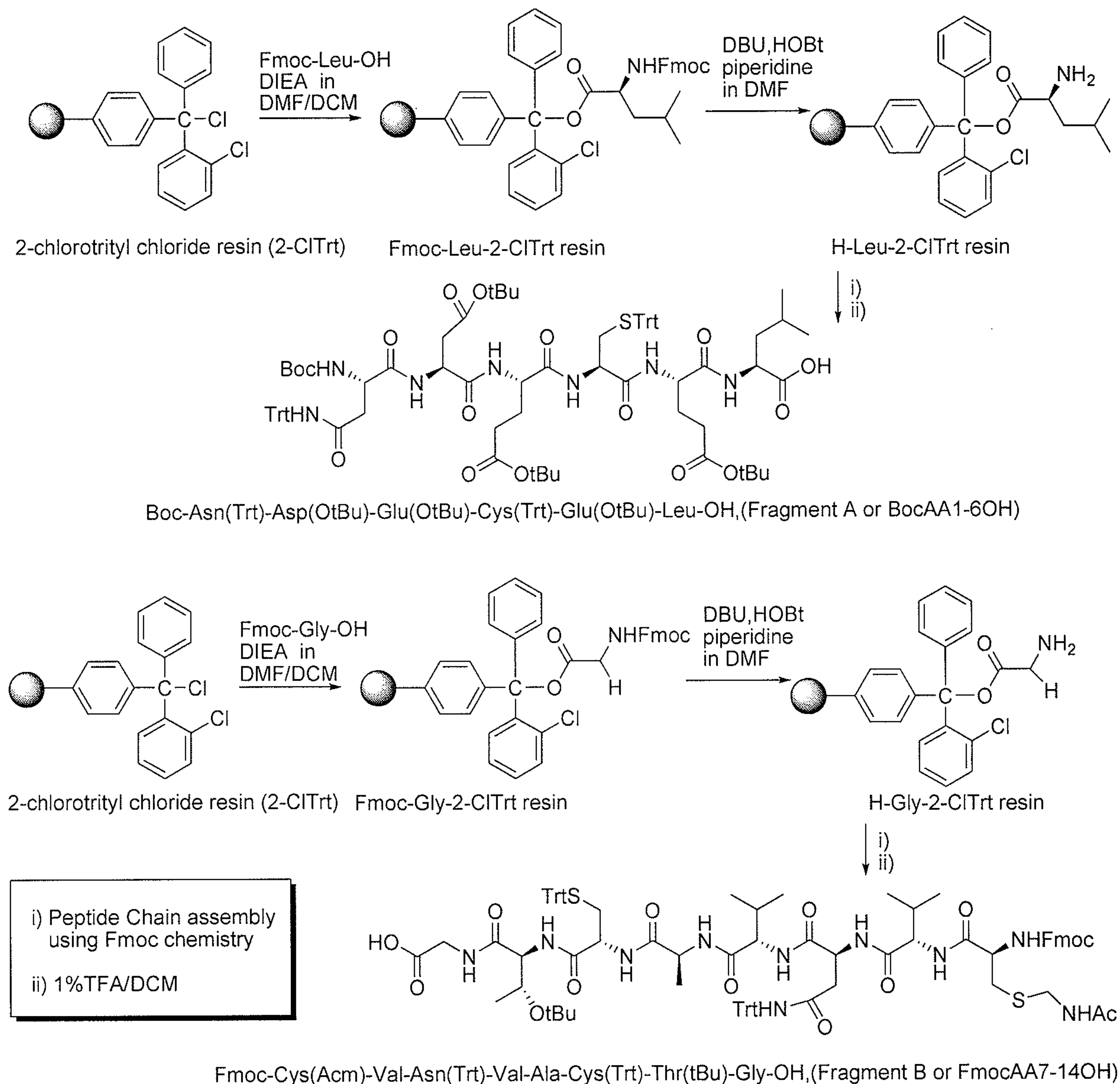
[50] Peptide bond synthesis by direct condensation, as formulated above, requires suppression of the reactive character of the amino group of the first and of the carboxyl group of the second amino acid. The masking substituents (i.e., protecting groups) must permit their ready removal, without inducing breakdown of the labile peptide molecule. The term “protected peptide” or “protected peptide fragment” refers to a peptide or peptide fragment, in which all reactive groups on its constituting amino acids, are masked by protecting groups, unless otherwise specified. The term “deprotected peptide” or “deprotected peptide fragment” refers to a peptide or peptide fragment, in which all reactive groups on its constituting amino acids, are free from being masked by protecting groups, unless otherwise specified. The term “reactive groups” refers to the groups forming the peptide bond and those interfering with the peptide bond formation, such as amino, carboxyl, hydroxyl, and thiol (as in cysteine) groups. Examples of protecting groups for amino include and are not limited to 9-fluorenylmethyloxycarbonyl (Fmoc), tert-butoxycarbonyl (Boc), benzoyl (Bz), acetyl (Ac), and benzyl (Bn). Examples of protecting groups for carboxyl include trityl (triphenylmethyl, Trt) and O-tert-butyl (OtBu).

Examples of protecting groups for thiol include acetamidomethyl (Acm), tert-butyl (tBu), 3-nitro-2-pyridine sulfenyl (NPYS), 2-pyridine-sulfenyl (Pyr), and trityl (Trt). Additional examples of protecting groups are described in Greene, T.W., Wuts, P.G. M., *Protective Groups in Organic Synthesis*, 3rd edition, John Wiley & Sons: New York, 1999, whose context is incorporated by reference herein.

[51] In a preferred embodiment, the methods of the invention are used for preparing SP-304 (plecanatide). In particular, three peptide fragments, A, B and C are prepared and then a linear peptide sequence is assembled by the condensation of fragment A, B and C as follows: preparing fragment A, Boc-Asn(Trt)-Asp(OtBu)-Glu(OtBu)-Cys(Trt)-Glu(OtBu)-Leu-OH, by solid phase from 2-chloro-trityl chloride resin; preparing fragment B, Fmoc-Cys(Acm)-Val-Asn-Val-Ala-Cys(Trt)-Thr(tBu)-Gly-OH, by solid phase from 2-chlorotrityl chloride resin; preparing fragment C, Cys(Acm)-Leu-OtBu, by solution phase synthesis, coupling fragments B and C in solution phase to yield fragment B-C, and coupling fragments A and B-C to yield linear peptide A-B-C.

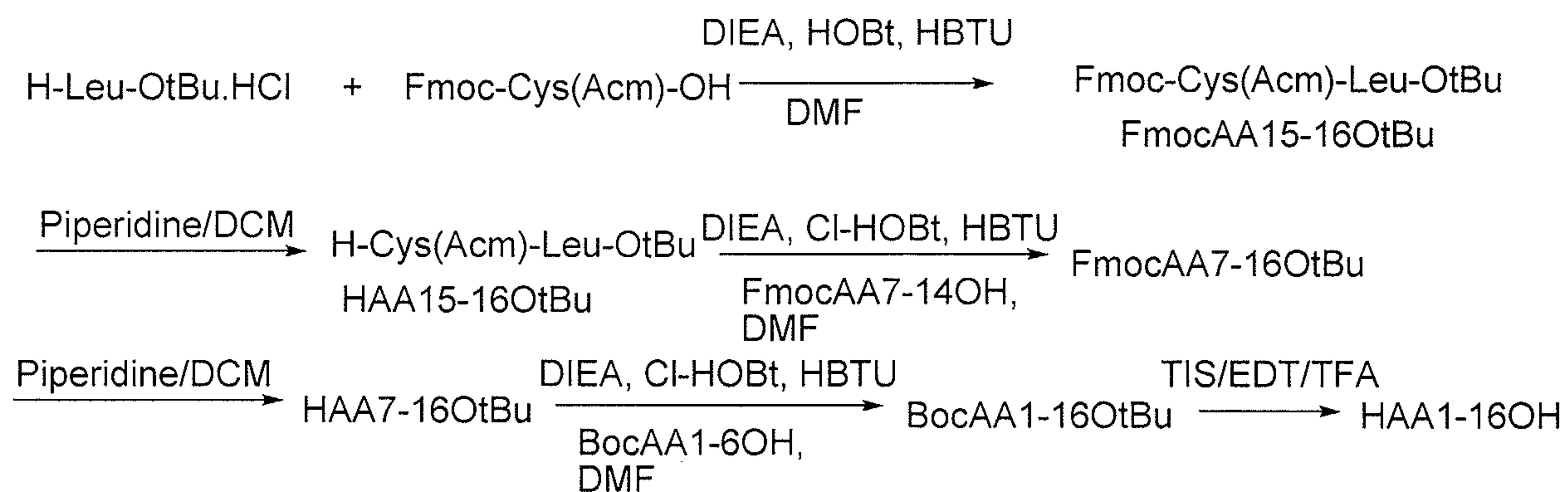
[52] The side-chain-protected Fragments A (BocAA 1-6OH) and B (FmocAA7-14OH) can be prepared by Fmoc SPPS using the super acid-sensitive 2-chlorotrityl chloride (2-ClTrt) resin and Fmoc-protected amino acid derivatives, as shown in Scheme 1 below.

Scheme 1

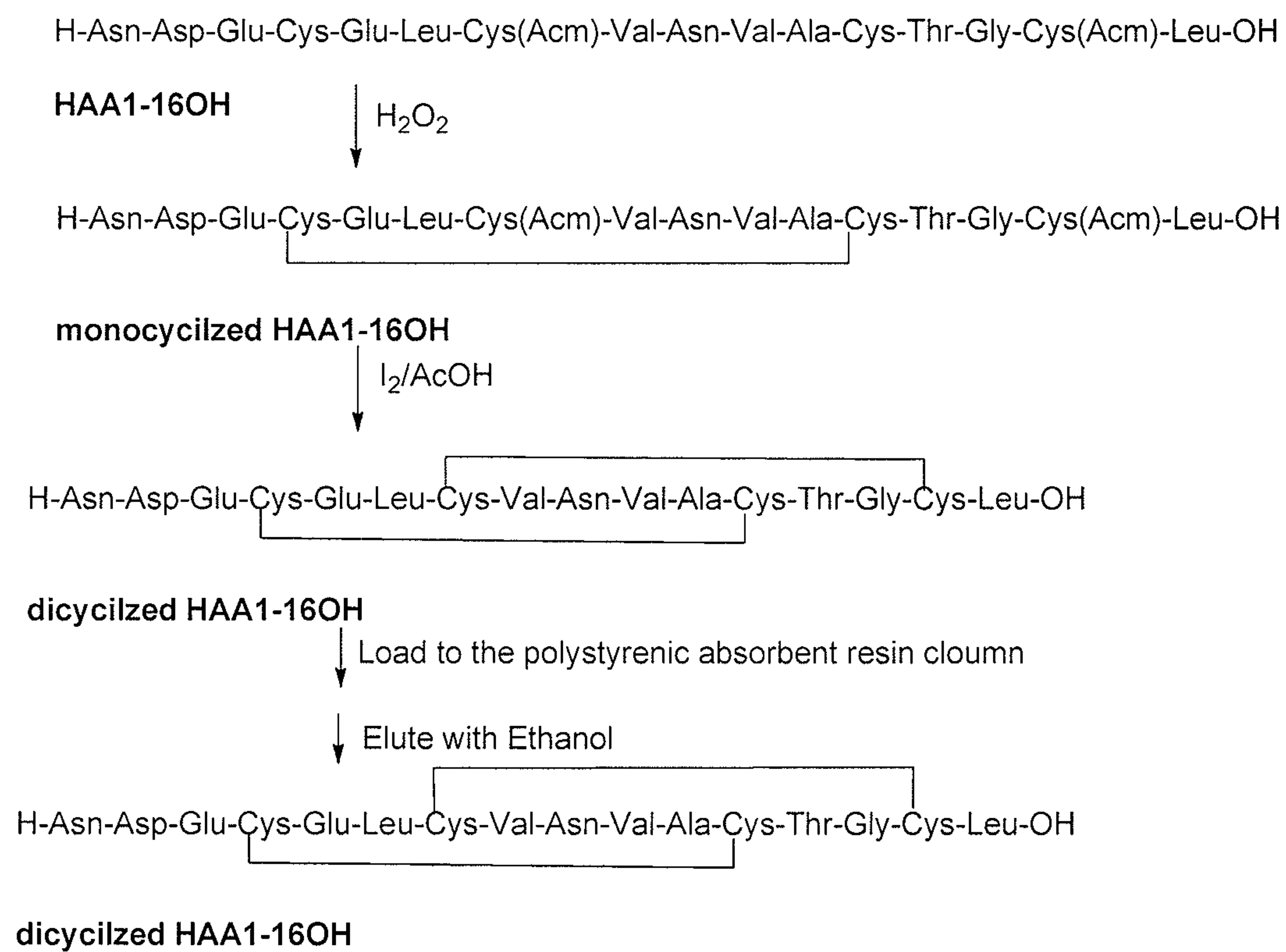


[53] Fragment C (HAA15-16OtBu) can be prepared by the solution phase synthesis and then be coupled to Fragment B (FmocAA7-14OH) in solution phase to give Fragment B-C (FmocAA7-16OtBu). The Fmoc protecting group can then be removed from Fragment B-C (FmocAA7-16OtBu) to give HAA7-16OtBu, which is then coupled to Fragment A (BocAA1-6OH) to yield side-chain-protected linear SP-304 (BocAA1-16OtBu), as shown in Scheme 2 below.

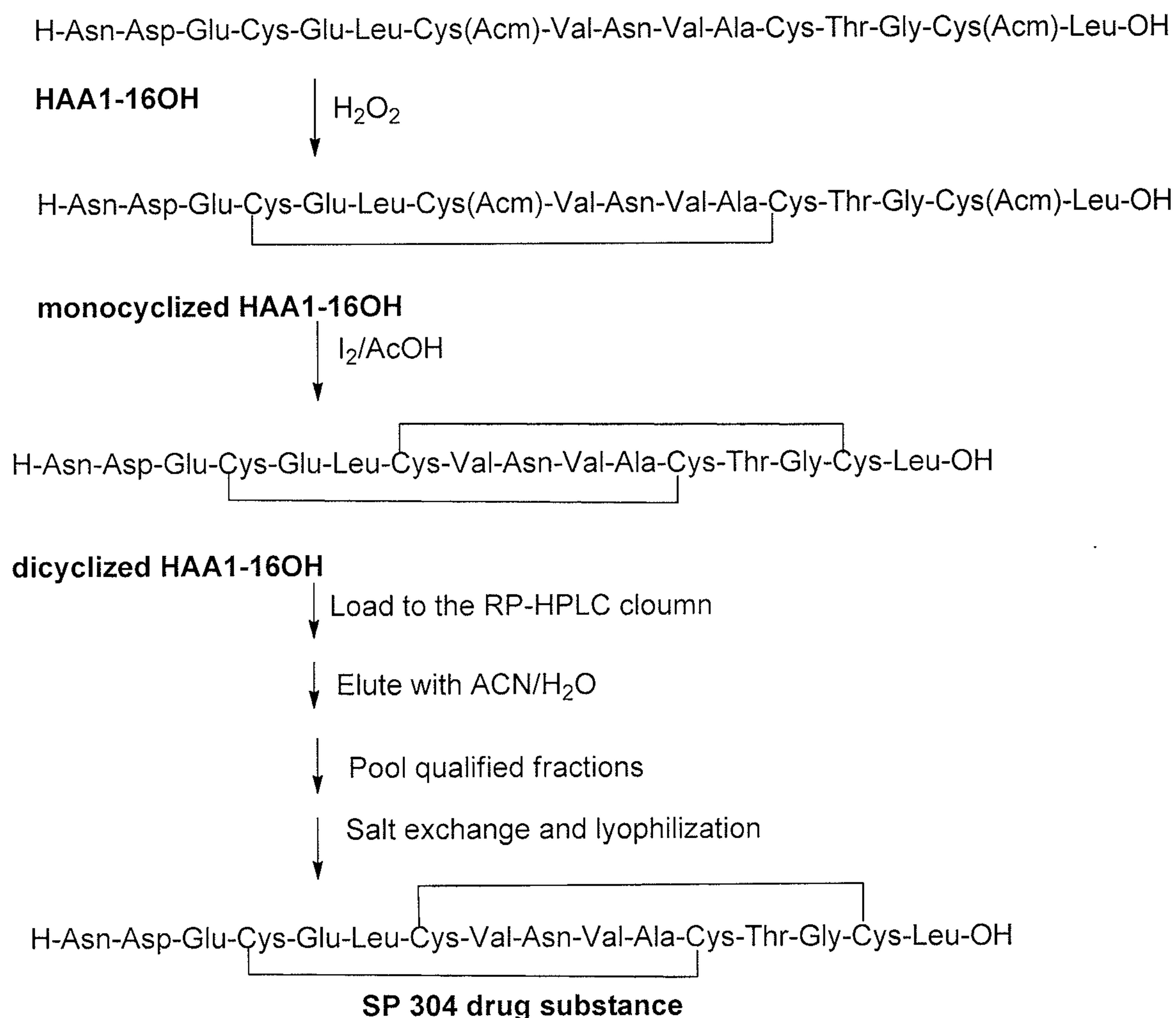
Scheme 2



[54] The side-chain-protected linear SP-304 (BocAA1-16OtBu) can be treated with trifluoroacetic acid/triisopropylsilane/ethanedithiol (TFA/TIS/EDT) to give the partially protected SP-304 (HAA1-16OH) in which the 2 S-Acm groups (as shown in Scheme 2 above) are intact. The partially protected linear SP-304 (HAA1-16OH) can be oxidized by H₂O₂, followed by simultaneous removal of the S-Acm groups and disulfide formation with iodine to give crude dicyclic SP-304, as shown in Schemes 3 and 4 below.

Scheme 3

Scheme 4



[55] The solution of crude dicyclic SP-304 can then be purified and concentrated, as shown in Scheme 3 above, by loading the solution to a polystyrenic adsorbent resin (e.g., D101 (Anhui Sanxing (China); crosslinked polystyrene; surface area 500-550 m^2/g ; average pore diameter: 9-10 nm; pore volume: 1.18-1.24 ml/g ; bulk density: 0.65-0.70 g/ml ; specific density: 1.03-1.07 g/ml ; moisture: 67-75%; particle size: 0.315~1.25 $\text{mm} \geq 95\%$; effective diameter: 0.4~0.7 mm ; uniformity coefficient: $\leq 1.6\%$), DA201C, DA201H, ADS-8, and ADS-5) column, eluting the dicyclic SP-304 from the column with an eluent (e.g., a 90% ethanol aqueous solution), concentrating the collected SP-304 solution under reduced pressure, and precipitating SP-304

with methyl t-butyl ether (MTBE). The precipitate can then be collected by filtration or centrifugation, dried under high vacuum to give SP-304 in solid form.

[56] As illustrated in Scheme 4 above, the solution of crude dicyclic SP-304 can also be purified directly on preparative HPLC C18 column with acetonitrile (ACN), methanol, and/or water in various buffer system. The crude dicyclic SP-304 can also be purified via other methods known to a skilled person in the art.

[57] Those of ordinary skill in the art will recognize that, in solid phase synthesis, deprotection, and coupling reactions must go to completion and the side-chain blocking groups must be stable throughout the synthesis.

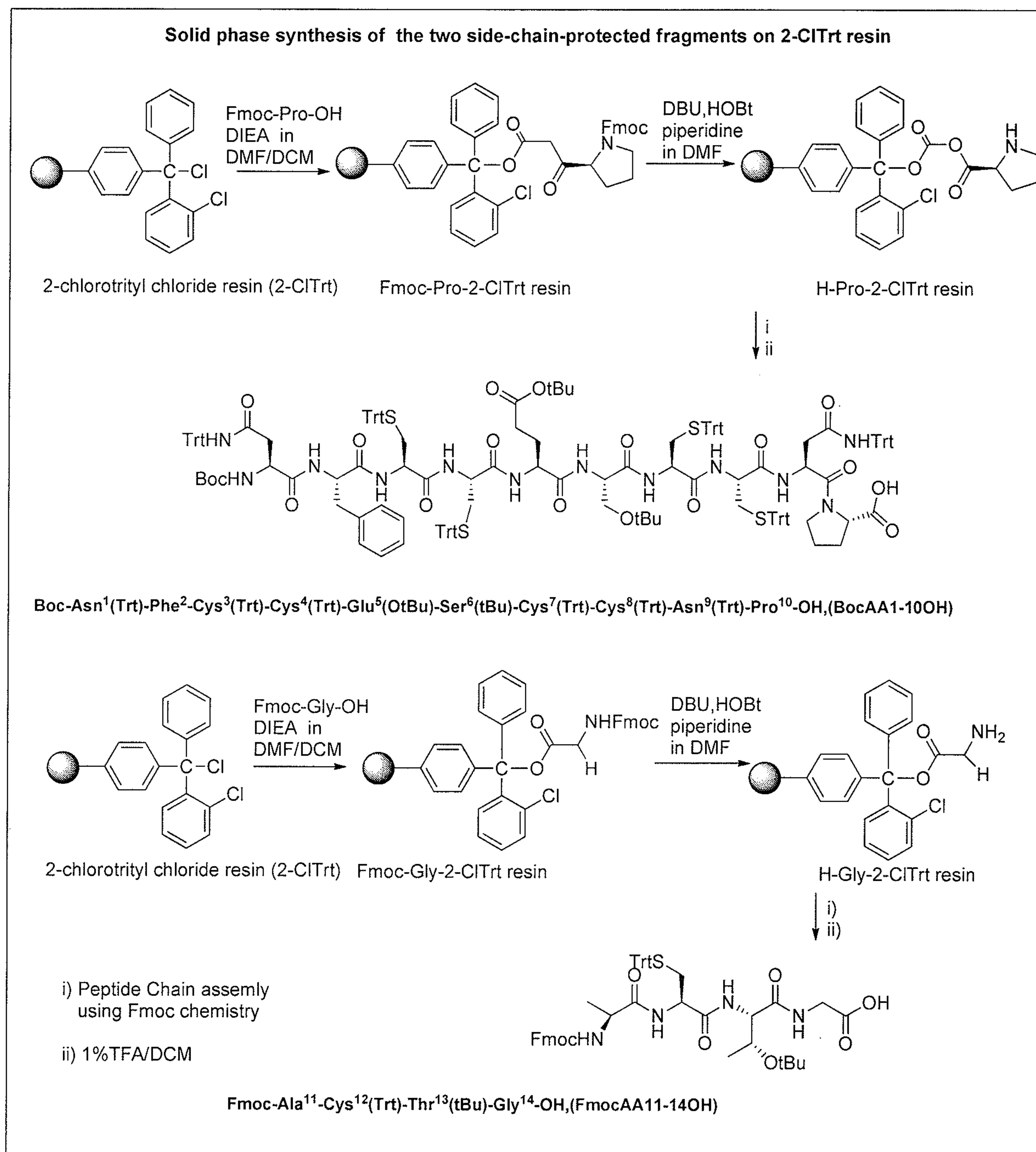
[58] Acetylation of the N-terminal can be accomplished by reacting the final peptide with acetic anhydride before cleavage from the resin. C-amidation is accomplished using an appropriate resin such as methylbenzhydrylamine resin using the Boc technology.

[59] In solution phase synthesis, a wide variety of coupling methods and protecting groups may be used (*See*, Gross and Meienhofer, eds., "The Peptides: Analysis, Synthesis, Biology," Vol. 1-4 (Academic Press, 1979); Bodansky and Bodansky, "The Practice of Peptide Synthesis," 2d ed. (Springer Verlag, 1994)). In addition, intermediate purification and linear scale up are possible. Those of ordinary skill in the art will appreciate that solution synthesis requires consideration of main chain and side chain protecting groups and activation method. In addition, careful fragment selection is necessary to minimize racemization during fragment condensation. For example, racemization is minimized when fragments contain C-terminal Gly or Pro. Solubility considerations are also a factor. Solid phase peptide synthesis uses an insoluble polymer for support during organic synthesis. The polymer-supported peptide chain permits the use of simple washing and filtration steps instead of laborious purifications at intermediate steps. Solid-phase peptide synthesis may generally be performed according to the method of Merrifield et al., J. Am. Chem. Soc., 1963, 85:2149, which involves assembling a linear peptide chain on a resin support using protected amino acids. Solid phase peptide synthesis typically utilizes either the Boc or Fmoc strategy, both of which are well known in the art.

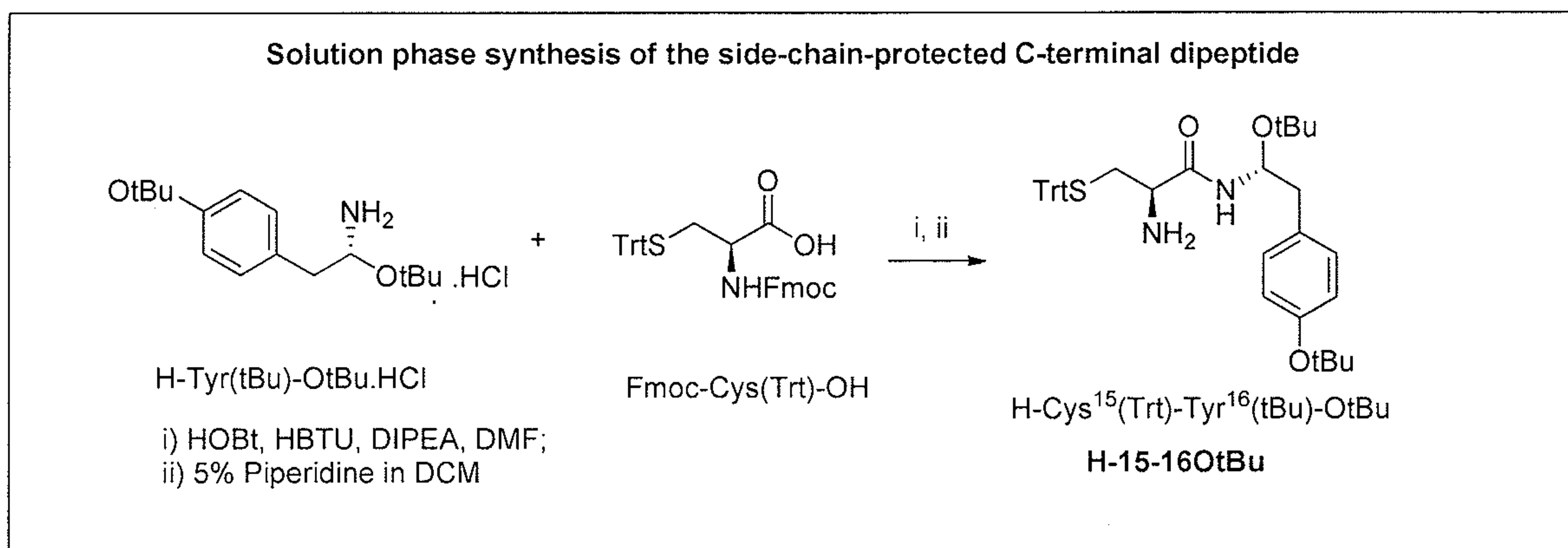
[60] The processes of the present invention can be used to make any peptide-based GCC agonist known in the art, such as analogs of uroguanylin, guanylin, lymphoguanylin, linacotide, ST peptides, SP-304, and SP-333. Non-limiting examples of such analogs of uroguanylin, guanylin, lymphoguanylin, linacotide, SP-304, SP-333, and bacterial ST peptides are described in Section 1.1 below. In certain embodiments, the methods are used to prepare a peptide consisting essentially of an amino acid sequence selected from SEQ ID NOs: 1-249. In a preferred embodiment, the peptide thusly made consists essentially of an amino acid sequence selected from SEQ ID NOs: 1, 8, 9, 55, and 56. The term "consists essentially of" refers to a peptide that is identical to the reference peptide in its amino acid sequence or to a peptide that does not differ substantially in terms of either structure or function from the reference peptide. A peptide differs substantially from the reference peptide if its primary amino acid sequence varies by more than three amino acids from the reference peptide or if its activation of cellular cGMP production is reduced by more than 50% compared to the reference peptide. Preferably, substantially similar peptides differ by no more than two amino acids and not by more than about 25% with respect to activating cGMP production. In preferred embodiments, the GCC agonist made by the methods of the invention is a peptide comprising at least 12 amino acid residues, and most preferably comprising between 12 and 26 amino acids.

[61] In another embodiment, the process of the invention is used for preparing SP-353, which is a bacterial ST peptide analog. The general strategy for the hybrid synthesis of SP-353 includes solid phase and solution phase syntheses to produce suitable peptide fragments (see Schemes 5 and 6 below), subsequent segment condensation to form the linear crude peptide (see Scheme 7 below), and natural oxidative folding to form the cyclized final product (see Scheme 7 below). The same strategy can also be used to produce other ST peptide analogs (such as SP-354, linacotide, etc.) of similar amino acid sequences shown in Table II.

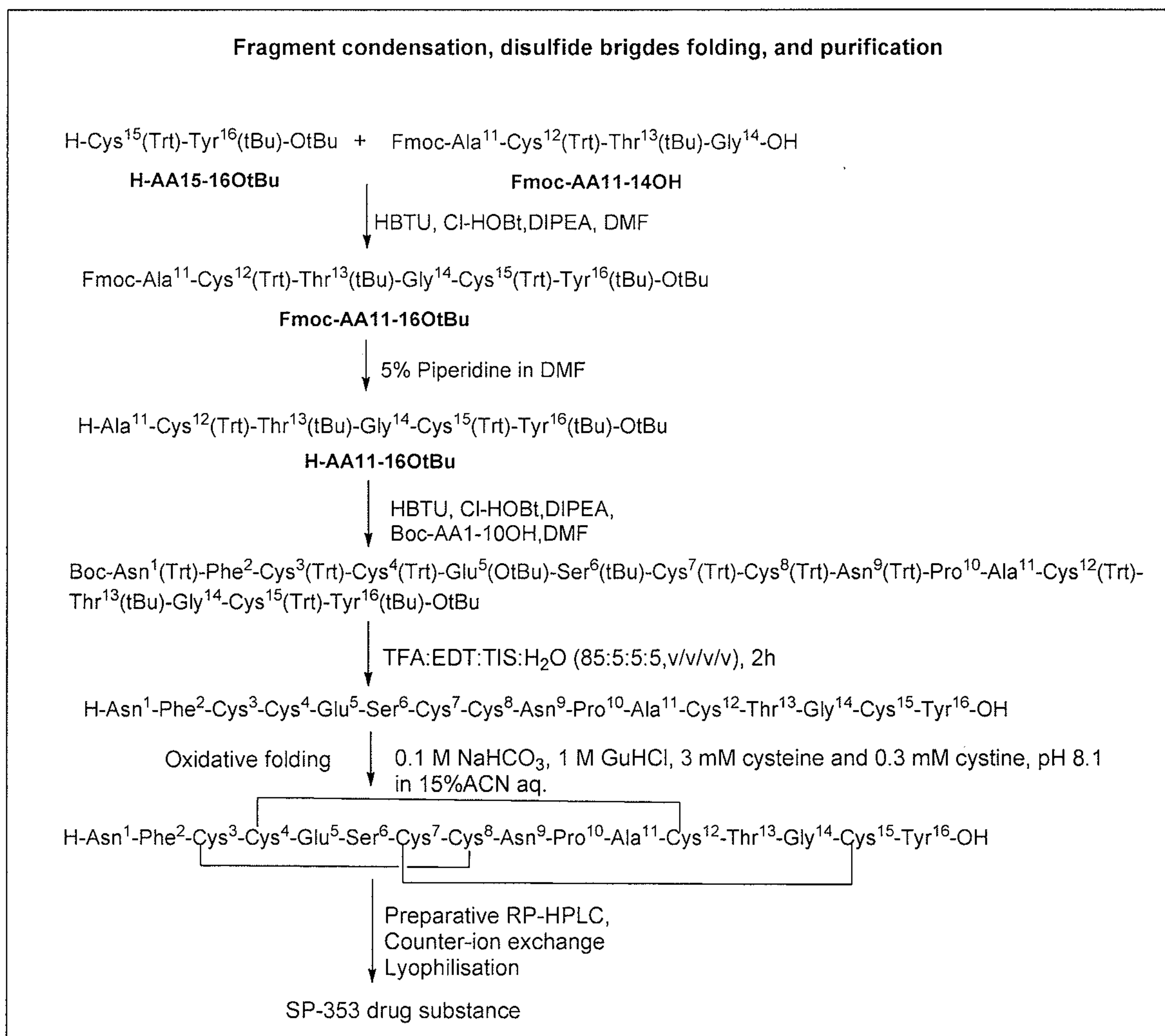
Scheme 5



Scheme 6

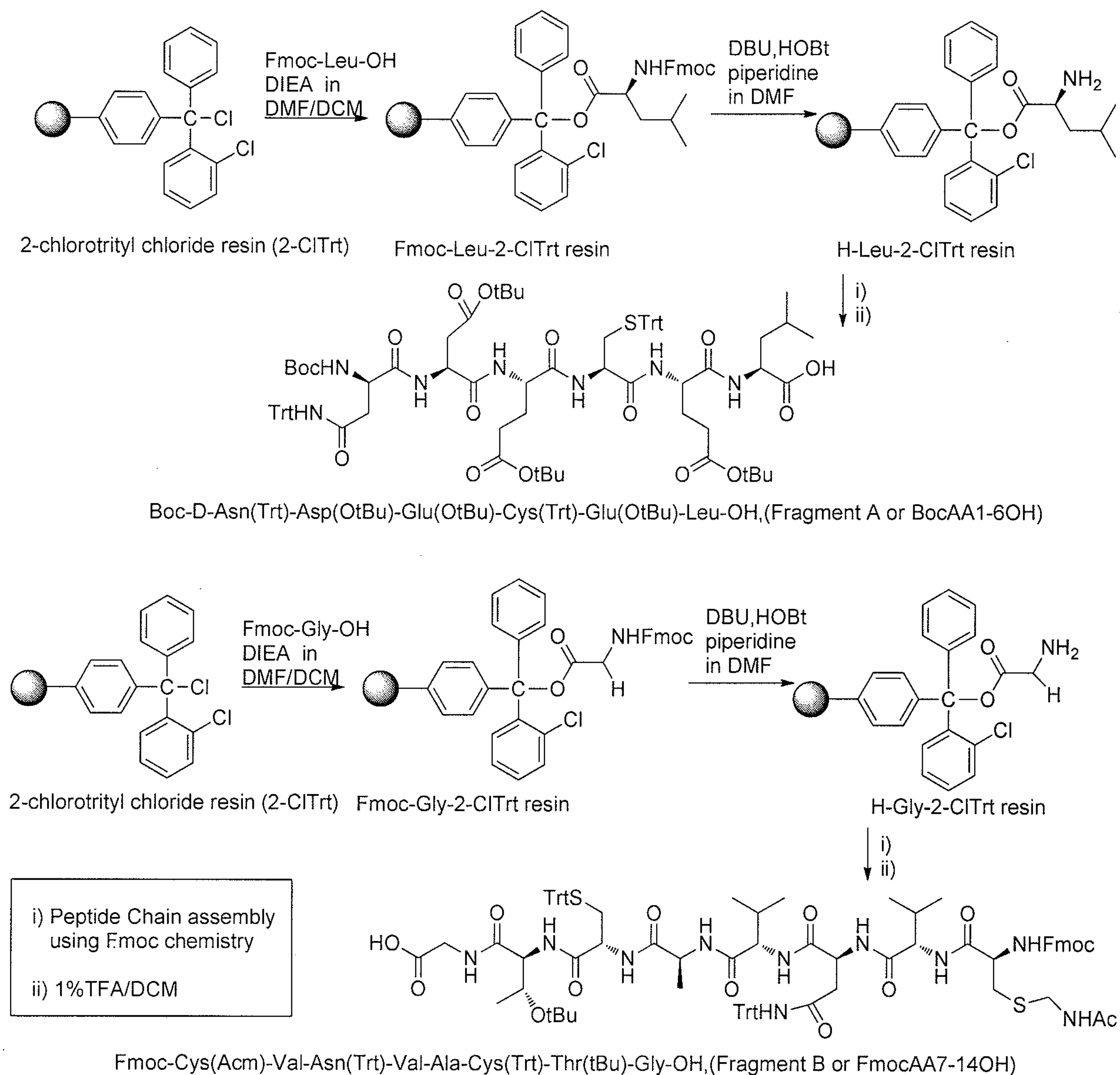


Scheme 7

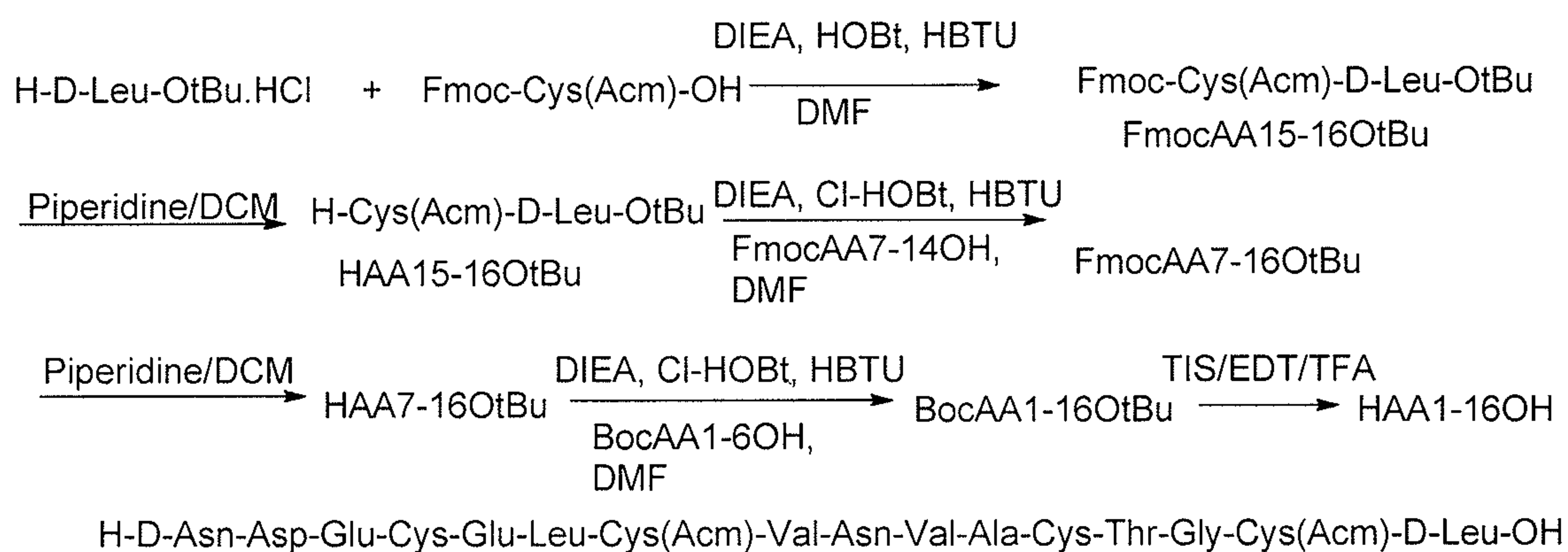


[62] In yet another embodiment, the process of the invention is used for preparing SP-333. The general strategy for the hybrid synthesis of SP-333 includes solid phase and solution phase syntheses to produce suitable peptide fragments (see Schemes 8 and 9 below), subsequent segment condensation to form the linear crude peptide (see Scheme 9 below), oxidative folding to form the cyclized final product, purification, and lyophilization (see Scheme 10 below).

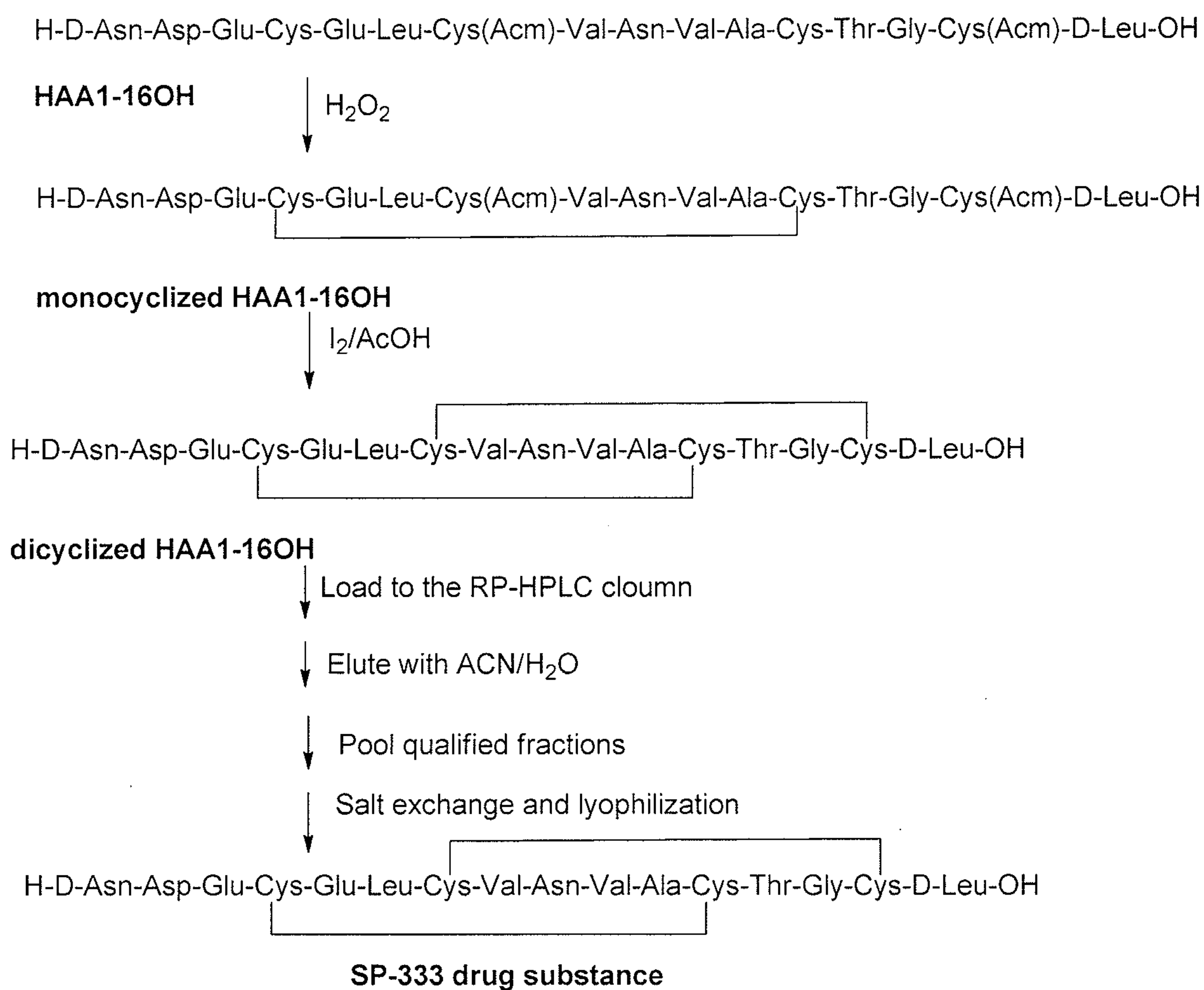
Scheme 8



Scheme 9



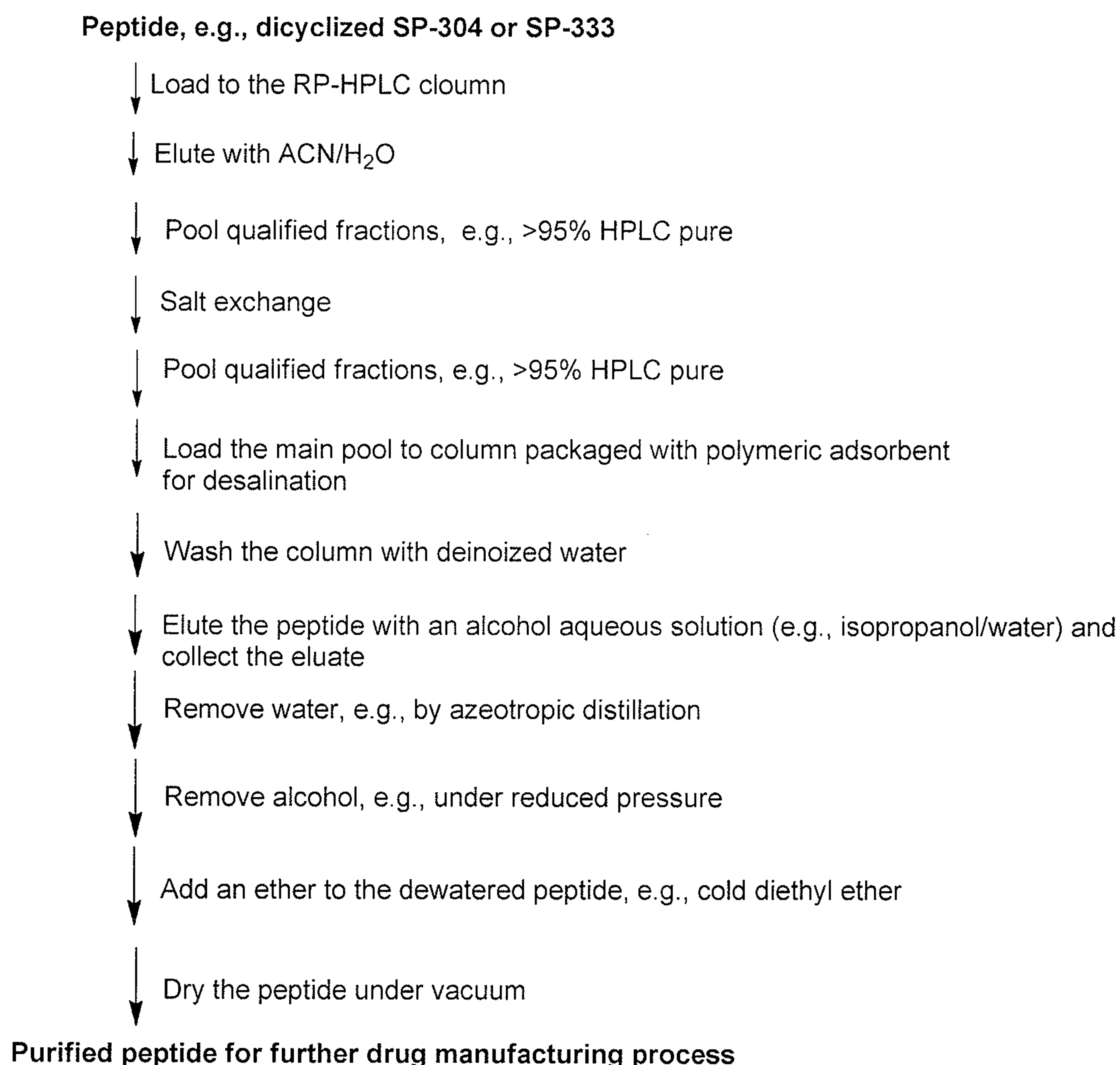
Scheme 10



[63] In another aspect, the invention also provides a process of purifying peptides, e.g., peptide GCC agonists. The general strategy for purifying peptides, including those synthesized

by the hybrid methods disclosed herein, include, e.g., the steps illustrated in Scheme 11 below. It is understood that certain steps in Scheme 11 may be repeated (e.g., rinsing column with deionized water) or absent (e.g., salt exchange or alcohol removal after dewatering) to optimize the purification process.

Scheme 11



[64] In yet another aspect, this invention provides a purified peptide, e.g., peptide GCC agonists, purified by the precipitation process described herein. Preferably, the purified peptide is SP-304 (SEQ ID NO:1) or SP-333 (SEQ ID NO:9). In one embodiment, the purified SP-304 or SP-333 has a bulk density of no less than 0.05 g/mL, no less than 0.1 g/mL, no less than 0.2 g/mL, no less than 0.3 g/mL, no less than 0.4 g/mL, or no less than 0.5 g/mL. In a preferred

embodiment, the purified SP-304 or SP-333 has a bulk density of about 0.05-2 g/mL, about 0.2-0.7 g/mL, about 0.3-0.6 g/mL, or about 0.4-0.5 g/mL. In one embodiment, the purified SP-304 or SP-333 has a tap density of no less than 0.08 g/mL, no less than 0.1 g/mL, no less than 0.15 g/mL, no less than 0.2 g/mL, no less than 0.3 g/mL, no less than 0.4 g/mL, no less than 0.5 g/mL, or no less than 0.6 g/mL. For example, the purified SP-304 or SP-333 has a tap density of 0.08-2 g/mL, about 0.4-0.9 g/mL, about 0.5-0.8 g/mL, or about 0.6-0.7 g/mL. In one embodiment, the purified peptide SP-304 or SP-333 contains < 0.01% acetamide (e.g., <28ppm), <0.3% ammonium ion (e.g., <0.25%), <0.01% acetonitrile (e.g., <20 ppm), and/or < 0.1% TFA (e.g., ≤0.09%). In one embodiment, the purified peptide SP-304 or SP-333 has a bulk density of 0.4-0.5 g/mL, has a tap density of 0.6-0.7 g/mL, and contains < 0.01% acetamide (e.g., <28ppm), <0.3% ammonium ion (e.g., <0.25%), <0.01% acetonitrile (e.g., <20 ppm), and/or < 0.1% TFA (e.g., ≤0.09%).

1.1 GCC Agonists

[65] The GCC agonists prepared by the processes of the invention can bind to guanylate cyclase C and stimulate intracellular production of cGMP. Optionally, the GCC agonists induce apoptosis and inhibit proliferation of epithelial cells. The term, “guanylate cyclase C” refers to a transmembrane form of guanylate cyclase that acts as the intestinal receptor for the heat-stable toxin (ST) peptides secreted by enteric bacteria. Guanylate cyclase C is also the receptor for the naturally occurring peptides guanylin and uroguanylin. The possibility that there may be different receptors for each of these peptides has not been excluded. Hence, the term “guanylate cyclase C” may also encompass a class of transmembrane guanylate cyclase receptors expressed on epithelial cells lining the gastrointestinal mucosa.

[66] The term “GCC agonist” refers to both peptides and non-peptide compounds such as that bind to an intestinal guanylate cyclase C and stimulate the intracellular production of cGMP. Where the GCC agonist is a peptide, the term encompasses biologically active fragments of such peptides and pro-peptides that bind to guanylate cyclase C and stimulate the intracellular production of cGMP.

1.1.1 GCC Agonist Peptides

[67] The GCC agonists prepared by the methods of the invention are preferably peptides. In some embodiments, the GCC agonist peptide is less than 30 amino acids in length. In particular embodiments, the GCC agonist peptide is less than or equal to 30, 25, 20, 15, 14, 13, 12, 11, 10, or 5 amino acids in length. Examples of GCC agonist peptides for use in the formulations and methods of the invention include those described in U.S. Patent Nos. 7,879,802 and 8,034,782, and U.S. Publication Nos. US 2010-0069306 and US 2010-0120694, each of which is incorporated by reference herein in its entirety.

[68] Specific examples of GCC agonist peptides that can be prepared by the methods of the invention include those described in Tables I-VII below. As used Tables I-VII, the terms “PEG3” or “3PEG” refer to a polyethylene glycol such as aminoethyloxy-ethyloxy-acetic acid (AeeA), and polymers thereof. The term “X_{aa}” refers to any natural or unnatural amino acid or amino acid analogue. The term “M_{aa}” refers to a cysteine (Cys), penicillamine (Pen) homocysteine, or 3-mercaptoproline. The term “Xaa_{n1}” is meant to denote an amino acid sequence of any natural or unnatural amino acid or amino acid analogue that is one, two or three residues in length; Xaa_{n2} is meant to denote an amino acid sequence that is zero or one residue in length; and Xaa_{n3} is meant to denote an amino acid sequence zero, one, two, three, four, five or six residues in length. Additionally, any amino acid represented by Xaa, Xaa_{n1}, Xaa_{n2}, or Xaa_{n3} may be an L-amino acid, a D-amino acid, a methylated amino acid or any combination of thereof. Optionally, any GCC agonist peptide represented by Formulas I to XX in the tables may contain one or more polyethylene glycol residues at the N- terminus, C-terminus or both.

[69] In certain embodiments, a GCC agonist prepared by the methods of the invention comprises a peptide selected from SEQ ID NOs: 1-249, the sequences of which are set forth below in Tables I to VII below. In one embodiment, a GCC agonist prepared by the methods of the invention comprises the peptide designated by SEQ ID NOs: 1, 8, 9, 55, or 56.

[70] In certain embodiments, a GCC agonist prepared by the methods of the invention comprises a peptide that is substantially equivalent to a peptide selected from SEQ ID NOs: 1-249. The term “substantially equivalent” refers to a peptide that has an amino acid sequence

equivalent to that of the binding domain where certain residues may be deleted or replaced with other amino acids without impairing the peptide's ability to bind to an intestinal guanylate cyclase receptor and stimulate fluid and electrolyte transport.

[71] In certain embodiments, the GCC agonist peptides are analogues of uroguanylin or a bacterial ST peptide. Uroguanylin is a circulating peptide hormone with natriuretic activity. An ST peptide is a member of a family of heat stable enterotoxins (ST peptides) secreted by pathogenic strains of *E. coli* and other enteric bacteria that activate guanylate cyclase receptor and cause secretory diarrhea. Unlike bacterial ST peptides, the binding of uroguanylin to guanylate cyclase receptor is dependent on the physiological pH of the gut. Therefore, uroguanylin is expected to regulate fluid and electrolyte transport in a pH dependent manner and without causing severe diarrhea.

[72] The GCC agonist peptides prepared by the methods of the invention can be polymers of L-amino acids, D-amino acids, or a combination of both. For example, in various embodiments, the peptides are D retro-inverso peptides. The term "retro-inverso isomer" refers to an isomer of a linear peptide in which the direction of the sequence is reversed and the chirality of each amino acid residue is inverted. *See, e.g., Jameson et al., Nature, 368, 744-746 (1994); Brady et al., Nature, 368, 692-693 (1994).* The net result of combining D-enantiomers and reverse synthesis is that the positions of carbonyl and amino groups in each amide bond are exchanged, while the position of the side-chain groups at each alpha carbon is preserved. Unless specifically stated otherwise, it is presumed that any given L-amino acid sequence of the invention may be made into a D retro-inverso peptide by synthesizing a reverse of the sequence for the corresponding native L-amino acid sequence.

[73] The GCC agonist peptides prepared by the methods of the invention are able to induce intracellular cGMP production in cells and tissues expressing guanylate cyclase C. In certain embodiments, the GCC agonist peptide stimulates 5%, 10%, 20%, 30%, 40%, 50%, 75%, 90% or more intracellular cGMP compared to naturally occurring GCC agonists such as uroguanylin, guanylin, or ST peptides. Optionally, the GCC agonist peptide stimulates 5%, 10%, 20%, 30%, 40%, 50%, 75%, 90% or more intracellular cGMP compared to SP-304 (SEQ ID NO:1). In

further embodiments, the GCC agonist peptide stimulates apoptosis, *e.g.*, programmed cell death, or activate the cystic fibrosis transmembrane conductance regulator (CFTR).

[74] In some embodiments, the GCC agonist peptides prepared by the methods of the invention are more stable than naturally occurring GCC agonists and/or SP-304 (SEQ ID NO:1), SP-339 (linaclotide) (SEQ ID NO: 55) or SP-340 (SEQ ID NO: 56). For example, the GCC agonist peptide degrades 2%, 3%, 5%, 10%, 15%, 20%, 30%, 40%, 50%, 75%, 90% or less compared to naturally occurring GCC agonists and/or SP-304, SP-339 (linaclotide) or SP-340. In certain embodiments, the GCC agonist peptides for use in the formulations and methods of the invention are more stable to proteolytic digestion than naturally occurring GCC agonists and/or SP-304 (SEQ ID NO:1), SP-339 (linaclotide) (SEQ ID NO: 55) or SP-340 (SEQ ID NO: 56). In one embodiment, a GCC agonist peptide is pegylated in order to render the peptides more resistant towards proteolysis by enzymes of the gastrointestinal tract. In a preferred embodiment, the GCC agonist peptide is pegylated with the aminoethoxy-ethoxy-acetic acid (Aeea) group at its C-terminal end, at its N-terminal end, or at both termini.

[75] Specific examples of GCC agonist peptides that can be prepared by the methods of the invention include a peptide selected from the group designated by SEQ ID NOs: 1-249.

[76] In one embodiment, the GCC agonist peptide is a peptide having the amino acid sequence of any one of Formulas X- XVII (*e.g.* SEQ ID NOs: 87-98).

[77] In some embodiments, GCC agonist peptides include peptides having the amino acid sequence of Formula I, wherein at least one amino acid of Formula I is a D-amino acid or a methylated amino acid and/or the amino acid at position 16 is a serine. Preferably, the amino acid at position 16 of Formula I is a D-amino acid or a methylated amino acid. For example, the amino acid at position 16 of Formula I is a d-leucine or a d-serine. Optionally, one or more of the amino acids at positions 1-3 of Formula I are D-amino acids or methylated amino acids or a combination of D-amino acids or methylated amino acids. For example, Asn¹, Asp² or Glu³ (or a combination thereof) of Formula I is a D-amino acid or a methylated amino acid. Preferably, the amino acid at position Xaa⁶ of Formula I is a leucine, serine or tyrosine.

[78] In alternative embodiments, GCC agonist peptides include peptides having the amino acid sequence of Formula II, wherein at least one amino acid of Formula II is a D-amino acid or a methylated amino acid. Preferably, the amino acid denoted by Xaa_{n2} of Formula II is a D-amino acid or a methylated amino acid. In some embodiments, the amino acid denoted by Xaa_{n2} of Formula II is a leucine, a d-leucine, a serine, or a d-serine. Preferably, the one or more amino acids denoted by Xaa_{n1} of Formula II is a D-amino acid or a methylated amino acid. Preferably, the amino acid at position Xaa⁶ of Formula II is a leucine, a serine, or a tyrosine.

[79] In some embodiments, GCC agonist peptides include peptides having the amino acid sequence of Formula III, wherein at least one amino acid of Formula III is a D-amino acid or a methylated amino acid and/or Maa is not a cysteine. Preferably, the amino acid denoted by Xaa_{n2} of Formula III is a D-amino acid or a methylated amino acid. In some embodiments the amino acid denoted by Xaa_{n2} of Formula III is a leucine, a d-leucine, a serine, or a d-serine. Preferably, the one or more amino acids denoted by Xaa_{n1} of Formula III is a D-amino acid or a methylated amino acid. Preferably, the amino acid at position Xaa⁶ of Formula III is a leucine, a serine, or a tyrosine.

[80] In other embodiments, GCC agonist peptides include peptides having the amino acid sequence of Formula IV, wherein at least one amino acid of Formula IV is a D-amino acid or a methylated amino acid, and/or Maa is not a cysteine. Preferably, the Xaa_{n2} of Formula IV is a D-amino acid or a methylated amino acid. In some embodiments, the amino acid denoted by Xaa_{n2} of Formula IV is a leucine, a d-leucine, a serine, or a d-serine. Preferably, the one or more of the amino acids denoted by Xaa_{n1} of Formula IV is a D-amino acid or a methylated amino acid. Preferably, the amino acid denoted Xaa⁶ of Formula IV is a leucine, a serine, or a tyrosine.

[81] In further embodiments, GCC agonist peptides include peptides having the amino acid sequence of Formula V, wherein at least one amino acid of Formula V is a D-amino acid or a methylated amino acid. Preferably, the amino acid at position 16 of Formula V is a D-amino acid or a methylated amino acid. For example, the amino acid at position 16 (i.e., Xaa¹⁶) of Formula V is a d-leucine or a d-serine. Optionally, one or more of the amino acids at position 1-3 of Formula V are D-amino acids or methylated amino acids or a combination of D-amino acids or methylated amino acids. For example, Asn¹, Asp² or Glu³ (or a combination thereof) of

Formula V is a D-amino acids or a methylated amino acid. Preferably, the amino acid denoted at Xaa⁶ of Formula V is a leucine, a serine, or a tyrosine.

[82] In additional embodiments, GCC agonist peptides include peptides having the amino acid sequence of Formula VI, VII, VIII, or IX. Preferably, the amino acid at position 6 of Formula VI, VII, VIII, or IX is a leucine, a serine, or a tyrosine. In some aspects the amino acid at position 16 of Formula VI, VII, VIII, or IX is a leucine or a serine. Preferably, the amino acid at position 16 of Formula V is a D-amino acid or a methylated amino acid.

[83] In additional embodiments, GCC agonist peptides include peptides having the amino acid sequence of Formula X, XI, XII, XIII, XIV, XV, XVI or XVII. Optionally, one or more amino acids of Formulas X, XI, XII, XIII, XIV, XV, XVI or XVII is a D-amino acid or a methylated amino acid. Preferably, the amino acid at the carboxy terminus of the peptides according to Formulas X, XI, XII, XIII, XIV, XV, XVI or XVII is a D-amino acid or a methylated amino acid. For example the amino acid at the carboxy terminus of the peptides according to Formulas X, XI, XII, XIII, XIV, XV, XVI or XVII is a D-tyrosine.

[84] Preferably, the amino acid denoted by Xaa⁶ of Formula XIV is a tyrosine, phenylalanine or a serine. Most preferably the amino acid denoted by Xaa⁶ of Formula XIV is a phenylalanine or a serine. Preferably, the amino acid denoted by Xaa⁴ of Formula XV, XVI or XVII is a tyrosine, a phenylalanine, or a serine. Most preferably, the amino acid position Xaa⁴ of Formula V, XVI or XVII is a phenylalanine or a serine.

[85] In some embodiments, GCRA peptides include peptides containing the amino acid sequence of Formula XVIII. Preferably, the amino acid at position 1 of Formula XVIII is a glutamic acid, aspartic acid, glutamine or lysine. Preferably, the amino acid at position 2 and 3 of Formula XVIII is a glutamic acid, or an aspartic acid. Preferably, the amino acid at position 5 is a glutamic acid. Preferably, the amino acid at position 6 of Formula XVIII is an isoleucine, valine, serine, threonine, or tyrosine. Preferably, the amino acid at position 8 of Formula XVIII is a valine or isoleucine. Preferably, the amino acid at position 9 of Formula XVIII is an asparagine. Preferably, the amino acid at position 10 of Formula XVIII is a valine or a methionine. Preferably, the amino acid at position 11 of Formula XVIII is an alanine. Preferably, the amino acid at position 13 of Formula XVIII is a threonine. Preferably, the amino

acid at position 14 of Formula XVIII is a glycine. Preferably, the amino acid at position 16 of Formula XVIII is a leucine, serine or threonine

[86] In alternative embodiments, GCRA peptides include peptides containing the amino acid sequence of Formula XIX. Preferably, the amino acid at position 1 of Formula XIX is a serine or asparagine. Preferably, the amino acid at position 2 of Formula XIX is a histidine or an aspartic acid. Preferably, the amino acid at position 3 of Formula XIX is a threonine or a glutamic acid. Preferably, the amino acid at position 5 of Formula XIX is a glutamic acid. Preferably, the amino acid at position 6 of Formula XIX is an isoleucine, leucine, valine, or tyrosine. Preferably, the amino acid at position 8, 10, 11, or 13 of Formula XIX is an alanine. Preferably, the amino acid at position 9 of Formula XIX is an asparagine or a phenylalanine. Preferably, the amino acid at position 14 of Formula XIX is a glycine.

[87] In further embodiments, GCRA peptides include peptides containing the amino acid sequence of Formula XX. Preferably, the amino acid at position 1 of Formula XX is a glutamine. Preferably, the amino acid at position 2 or 3 of Formula XX is a glutamic acid or an aspartic acid. Preferably, the amino acid at position 5 of Formula XX is a glutamic acid. Preferably, the amino acid at position 6 of Formula XX is threonine, glutamine, tyrosine, isoleucine, or leucine. Preferably, the amino acid at position 8 of Formula XX is isoleucine or valine. Preferably, the amino acid at position 9 of Formula XX is asparagine. Preferably, the amino acid at position 10 of Formula XX is methionine or valine. Preferably, the amino acid at position 11 of Formula XX is alanine. Preferably, the amino acid at position 13 of Formula XX is a threonine. Preferably, the amino acid at position 1 of Formula XX is a glycine. Preferably, the amino acid at position 15 of Formula XX is a tyrosine. Optionally, the amino acid at position 15 of Formula XX is two amino acid in length and is Cysteine (Cys), Penicillamine (Pen) homocysteine, or 3-mercaptoproline and serine, leucine or threonine.

[88] In certain embodiments, one or more amino acids of the GCC agonist peptides are replaced by a non-naturally occurring amino acid or a naturally or non-naturally occurring amino acid analog. Such amino acids and amino acid analogs are known in the art. See, for example, Hunt, "The Non-Protein Amino Acids," in *Chemistry and Biochemistry of the Amino Acids*, Barrett, Chapman, and Hall, 1985. In some embodiments, an amino acid is replaced by a

naturally-occurring, non-essential amino acid, *e.g.*, taurine. Non-limiting examples of naturally occurring amino acids that can be replaced by non-protein amino acids include the following: (1) an aromatic amino acid can be replaced by 3,4-dihydroxy-L-phenylalanine, 3-iodo-L-tyrosine, triiodothyronine, L-thyroxine, phenylglycine (Phg) or nor-tyrosine (norTyr); (2) Phg and norTyr and other amino acids including Phe and Tyr can be substituted by, *e.g.*, a halogen, -CH₃, -OH, -CH₂NH₃, -C(O)H, -CH₂CH₃, -CN, -CH₂CH₂CH₃, -SH, or another group; (3) glutamine residues can be substituted with gamma-Hydroxy-Glu or gamma- Carboxy-Glu; (4) tyrosine residues can be substituted with an alpha substituted amino acid such as L-alpha-methylphenylalanine or by analogues such as: 3-Amino-Tyr; Tyr(CH₃); Tyr(PO₃(CH₃)₂); Tyr(SO₃H); beta-Cyclohexyl-Ala; beta-(1-Cyclopentenyl)-Ala; beta- Cyclopentyl-Ala; beta-Cyclopropyl-Ala; beta-Quinolyl-Ala; beta-(2-Thiazolyl)-Ala; beta- (Triazole-1-yl)-Ala; beta-(2-Pyridyl)-Ala; beta-(3-Pyridyl)-Ala; Amino-Phe; Fluoro-Phe; Cyclohexyl-Gly; tBu-Gly; beta-(3-benzothienyl)-Ala; beta-(2-thienyl)-Ala; 5-Methyl-Trp; and A- Methyl-Trp; (5) proline residues can be substituted with homopro (L-pipecolic acid); hydroxy-Pro; 3,4-Dehydro-Pro; 4-fluoro-Pro; or alpha-methyl-Pro or an N(alpha)-C(alpha) cyclized amino acid analogues with the structure: n = 0, 1, 2, 3; and (6) alanine residues can be substituted with alpha-substituted or N-methylated amino acid such as alpha-amino isobutyric acid (aib), L/D-alpha-ethylalanine (L/D-isovaline), L/D-methylvaline, or L/D-alpha-methylleucine or a non-natural amino acid such as beta-fluoro-Ala. Alanine can also be substituted with: n = 0, 1, 2, 3 Glycine residues can be substituted with alpha-amino isobutyric acid (aib) or L/D-alpha- ethylalanine (L/D-isovaline).

[89] Further examples of non-natural amino acids include: an unnatural analog of tyrosine; an unnatural analogue of glutamine; an unnatural analogue of phenylalanine; an unnatural analogue of serine; an unnatural analogue of threonine; an alkyl, aryl, acyl, azido, cyano, halo, hydrazine, hydrazide, hydroxyl, alkenyl, alkynyl, ether, thiol, sulfonyl, seleno, ester, thioacid, borate, boronate, phospho, phosphono, phosphine, heterocyclic, enone, imine, aldehyde, hydroxylamine, keto, or amino substituted amino acid, or any combination thereof; an amino acid with a photoactivatable cross-linker; a spin-labeled amino acid; a fluorescent amino acid; an amino acid with a novel functional group; an amino acid that covalently or noncovalently interacts with another molecule; a metal binding amino acid; an amino acid that is amidated at a site that is not naturally amidated, a metal-containing amino acid; a radioactive amino acid; a photocaged and/or photoisomerizable amino acid; a biotin or biotin-analogue containing amino

acid; a glycosylated or carbohydrate modified amino acid; a keto containing amino acid; amino acids comprising polyethylene glycol or polyether; a heavy atom substituted amino acid (*e.g.*, an amino acid containing deuterium, tritium, ^{13}C , ^{15}N , or ^{18}O); a chemically cleavable or photocleavable amino acid; an amino acid with an elongated side chain; an amino acid containing a toxic group; a sugar substituted amino acid, *e.g.*, a sugar substituted serine or the like; a carbon-linked sugar-containing amino acid; a redox-active amino acid; an α -hydroxy containing acid; an amino thio acid containing amino acid; an α , α disubstituted amino acid; a β -amino acid; a cyclic amino acid other than proline; an O-methyl-L-tyrosine; an L-3-(2-naphthyl)alanine; a 3-methyl-phenylalanine; a p-acetyl-L-phenylalanine; an O-4-allyl-L-tyrosine; a 4-propyl-L-tyrosine; a tri-O-acetyl-GlcNAc β -serine; an L-Dopa; a fluorinated phenylalanine; an isopropyl-L-phenylalanine; a p-azido-L-phenylalanine; a p-acyl-L-phenylalanine; a p-benzoyl-L-phenylalanine; an L-phosphoserine; a phosphoserine; a phosphotyrosine; a p-iodo-phenylalanine; a 4-fluorophenylglycine; a p-bromophenylalanine; a p-amino-L-phenylalanine; an isopropyl-L-phenylalanine; L-3-(2-naphthyl)alanine; D- 3-(2-naphthyl)alanine (dNal); an amino-, isopropyl-, or O-allyl-containing phenylalanine analogue; a dopa, 0-methyl-L-tyrosine; a glycosylated amino acid; a p-(propargyloxy)phenylalanine; dimethyl-Lysine; hydroxy-proline; mercaptopropionic acid; methyl-lysine; 3-nitro-tyrosine; norleucine; pyro-glutamic acid; Z (Carbobenzoxyl); ϵ -Acetyl-Lysine; β -alanine; aminobenzoyl derivative; aminobutyric acid (Abu); citrulline; aminohexanoic acid; aminoisobutyric acid (AIB); cyclohexylalanine; d-cyclohexylalanine; hydroxyproline; nitro-arginine; nitro-phenylalanine; nitro-tyrosine; norvaline; octahydroindole carboxylate; ornithine (Orn); penicillamine (PEN); tetrahydroisoquinoline; acetamidomethyl protected amino acids and pegylated amino acids. Further examples of unnatural amino acids and amino acid analogs can be found in U.S. 20030108885, U.S. 20030082575, US20060019347 (paragraphs 410-418) and the references cited therein. The polypeptides of the invention can include further modifications including those described in US20060019347, paragraph 589. Exemplary GCC agonist peptides which include a non-naturally occurring amino acid include for example SP-368 and SP-369.

[90] In some embodiments, the GCC agonist peptides are cyclic peptides. GCC agonist cyclic peptides can be prepared by methods known in the art. For example, macrocyclization is often accomplished by forming an amide bond between the peptide N- and C-termini, between a side chain and the N- or C-terminus [*e.g.*, with $\text{K}_3\text{Fe}(\text{CN})_6$ at pH 8.5] (Samson *et al.*,

Endocrinology, 137: 5182-5185 (1996)), or between two amino acid side chains, such as cysteine. See, e.g., DeGrado, *Adv Protein Chem*, 39: 51-124 (1988). In various embodiments, the GCC agonist peptides are [4,12; 7,15] bicycles.

[91] In certain embodiments, one or both Cys residues which normally form a disulfide bond in a GCC agonist peptide are replaced with homocysteine, penicillamine, 3-mercaptoproline (Kolodziej *et al.* 1996 *Int. J. Pept. Protein Res.* 48:274), β , β dimethylcysteine (Hunt *et al.* 1993 *Int. J. Pept. Protein Res.* 42:249), or diaminopropionic acid (Smith *et al.* 1978 *J. Med. Chem.* 21:117) to form alternative internal cross-links at the positions of the normal disulfide bonds.

[92] In certain embodiments, one or more disulfide bonds in a GCC agonist peptide are replaced by alternative covalent cross-links, e.g., an amide linkage (-CH₂CH(O)NHCH₂- or -CH₂NHCH(O)CH₂-), an ester linkage, a thioester linkage, a lactam bridge, a carbamoyl linkage, a urea linkage, a thiourea linkage, a phosphonate ester linkage, an alkyl linkage (-CH₂CH₂CH₂CH₂-), an alkenyl linkage (-CH₂CH=CHCH₂-), an ether linkage (-CH₂CH₂OCH₂- or -CH₂OCH₂CH₂-), a thioether linkage (-CH₂CH₂SCH₂- or -CH₂SCH₂CH₂-), an amine linkage (-CH₂CH₂NHCH₂- or -CH₂NHCH₂CH₂-) or a thioamide linkage (-CH₂C(S)NHCH₂- or -CH₂NHC(S)CH₂-). For example, Ledu *et al.* (*Proc. Natl. Acad. Sci.* 100:11263-78, 2003) describe methods for preparing lactam and amide cross-links. Exemplary GCC agonist peptides which include a lactam bridge include, for example, SP-370.

[93] In certain embodiments, the GCC agonist peptides have one or more conventional polypeptide bonds replaced by an alternative bond. Such replacements can increase the stability of the polypeptide. For example, replacement of the polypeptide bond between a residue amino terminal to an aromatic residue (e.g. Tyr, Phe, Trp) with an alternative bond can reduce cleavage by carboxy peptidases and may increase half-life in the digestive tract. Bonds that can replace polypeptide bonds include: a retro-inverso bond (C(O)-NH instead of NH-C(O)); a reduced amide bond (NH-CH₂); a thiomethylene bond (S-CH₂ or CH₂-S); an oxomethylene bond (O-CH₂ or CH₂-O); an ethylene bond (CH₂-CH₂); a thioamide bond (C(S)-NH); a trans-olefine bond (CH=CH); a fluoro substituted trans-olefine bond (CF=CH); a ketomethylene bond (C(O)-CHR or CHR-C(O) wherein R is H or CH₃); and a fluoro-ketomethylene bond (C(O)-CFR or CFR-C(O) wherein R is H or F or CH₃).

[94] In certain embodiments, the GCC agonist peptides are modified using standard modifications. Modifications may occur at the amino (N-), carboxy (C-) terminus, internally or a combination of any of the preceding. In one aspect described herein, there may be more than one type of modification on the polypeptide. Modifications include but are not limited to: acetylation, amidation, biotinylation, cinnamoylation, farnesylation, formylation, myristoylation, palmitoylation, phosphorylation (Ser, Tyr or Thr), stearylation, succinylation, sulfurylation and cyclisation (via disulfide bridges or amide cyclisation), and modification by Cys3 or Cys5. The GCC agonist peptides described herein may also be modified by 2, 4-dinitrophenyl (DNP), DNP-lysine, modification by 7-Amino-4-methyl- coumarin (AMC), fluorescein, NBD (7-Nitrobenz-2-Oxa-1,3-Diazole), p-nitro-anilide, rhodamine B, EDANS (5-((2-aminoethyl)amino)naphthalene-1-sulfonic acid), dabcyI, dabsyl, dansyl, texas red, Fmoc, and Tamra (Tetramethylrhodamine). The GCC agonist peptides described herein may also be conjugated to, for example, polyethylene glycol (PEG); alkyl groups (e.g., C1-C20 straight or branched alkyl groups); fatty acid moieties; combinations of PEG, alkyl groups and fatty acid moieties (*See*, U.S. Patent 6,309,633; Soltero et al., 2001 *Innovations in Pharmaceutical Technology* 106-110); BSA and KLH (Keyhole Limpet Hemocyanin). The addition of PEG and other polymers which can be used to modify polypeptides of the invention is described in US20060 19347 section IX.

[95] A GCC agonist peptide can also be a derivative of a GCC agonist peptide described herein. For example, a derivative includes hybrid and modified forms of GCC agonist peptides in which certain amino acids have been deleted or replaced. A modification may also include glycosylation. Preferably, where the modification is an amino acid substitution, it is a conservative substitution at one or more positions that are predicted to be non-essential amino acid residues for the biological activity of the peptide. A "conservative substitution" is one in which the amino acid residue is replaced with an amino acid residue having a similar side chain. Families of amino acid residues having similar side chains have been defined in the art. These families include amino acids with basic side chains (e.g., lysine, arginine, histidine), acidic side chains (e.g., aspartic acid, glutamic acid), uncharged polar side chains (e.g., glycine, asparagine, glutamine, serine, threonine, tyrosine, cysteine), nonpolar side chains (e.g., alanine, valine, leucine, isoleucine, proline, phenylalanine, methionine, tryptophan), beta-branched side chains (e.g., threonine, valine, isoleucine) and aromatic side chains (e.g., tyrosine, phenylalanine, tryptophan, histidine).

[96] In one embodiment, a GCC agonist peptide prepared by the methods described herein is subjected to random mutagenesis in order to identify mutants having biological activity.

[97] In one embodiment, the methods of the invention can be used to prepare a GCC agonist peptide that is substantially homologous to a GCC agonist peptide described herein. Such substantially homologous peptides can be isolated by virtue of cross-reactivity with antibodies to a GCC agonist peptide described herein.

[98] Further examples of GCC agonist peptides that can be prepared by the methods of the invention are found in Tables I-VII below.

1.1.2 Alternative Preparation Methods of GCC agonist peptides and Their Fragments

[99] GCC agonist peptides and their fragments can be prepared using art recognized techniques such as molecular cloning, peptide synthesis, or site-directed mutagenesis.

[100] In addition to the conventional solution- or solid-phase peptide synthesis described above, the GCC agonist peptides or their fragments can be produced by modern cloning techniques. For example, the GCC agonist peptides are produced either in bacteria including, without limitation, *E. coli*, or in other existing systems for polypeptide or protein production (*e.g.*, *Bacillus subtilis*, baculovirus expression systems using *Drosophila* Sf9 cells, yeast or filamentous fungal expression systems, mammalian cell expression systems), or they can be chemically synthesized. If the GCC agonist peptide or variant peptide is to be produced in bacteria, *e.g.*, *E. coli*, the nucleic acid molecule encoding the polypeptide may also encode a leader sequence that permits the secretion of the mature polypeptide from the cell. Thus, the sequence encoding the polypeptide can include the pre sequence and the pro sequence of, for example, a naturally-occurring bacterial ST polypeptide. The secreted, mature polypeptide can be purified from the culture medium.

[101] The sequence encoding a GCC agonist peptide described herein can be inserted into a vector capable of delivering and maintaining the nucleic acid molecule in a bacterial cell. The DNA molecule may be inserted into an autonomously replicating vector (suitable vectors include, for example, pGEM3Z and pcDNA3, and derivatives thereof). The vector nucleic acid

may be a bacterial or bacteriophage DNA such as bacteriophage lambda or M13 and derivatives thereof. Construction of a vector containing a nucleic acid described herein can be followed by transformation of a host cell such as a bacterium. Suitable bacterial hosts include but are not limited to, *E. coli*, *B. subtilis*, *Pseudomonas*, *Salmonella*. The genetic construct also includes, in addition to the encoding nucleic acid molecule, elements that allow expression, such as a promoter and regulatory sequences. The expression vectors may contain transcriptional control sequences that control transcriptional initiation, such as promoter, enhancer, operator, and repressor sequences.

[102] A variety of transcriptional control sequences are well known to those in the art. The expression vector can also include a translation regulatory sequence (*e.g.*, an untranslated 5' sequence, an untranslated 3' sequence, or an internal ribosome entry site). The vector can be capable of autonomous replication or it can integrate into host DNA to ensure stability during polypeptide production.

[103] The protein coding sequence that includes a GCC agonist peptide described herein can also be fused to a nucleic acid encoding a polypeptide affinity tag, *e.g.*, glutathione S-transferase (GST), maltose E binding protein, protein A, FLAG tag, hexa-histidine, myc tag or the influenza HA tag, in order to facilitate purification. The affinity tag or reporter fusion joins the reading frame of the polypeptide of interest to the reading frame of the gene encoding the affinity tag such that a translational fusion is generated. Expression of the fusion gene results in translation of a single polypeptide that includes both the polypeptide of interest and the affinity tag. In some instances where affinity tags are utilized, DNA sequence encoding a protease recognition site will be fused between the reading frames for the affinity tag and the polypeptide of interest.

[104] Genetic constructs and methods suitable for production of immature and mature forms of the GCC agonist peptides and variants described herein in protein expression systems other than bacteria, and well known to those skilled in the art, can also be used to produce polypeptides in a biological system.

[105] The peptides disclosed herein may be modified by attachment of a second molecule that confers a desired property upon the peptide, such as increased half-life in the body, for example, pegylation. Such modifications also fall within the scope of the term "variant" as used herein.

Table I. GCRA Peptides (SP-304 and Derivatives)

Name	Position of Disulfide bonds	Structure	SEQ ID NO
SP-304	C4:C12, C7:C15	Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	1
SP-326	C3:C11, C6:C14	Asp ¹ -Glu ² -Cys ³ -Glu ⁴ -Leu ⁵ -Cys ⁶ -Val ⁷ -Asn ⁸ -Val ⁹ -Ala ¹⁰ -Cys ¹¹ -Thr ¹² -Gly ¹³ -Cys ¹⁴ -Leu ¹⁵	2
SP-327	C2:C10, C5:C13	Asp ¹ -Glu ² -Cys ³ -Glu ⁴ -Leu ⁵ -Cys ⁶ -Val ⁷ -Asn ⁸ -Val ⁹ -Ala ¹⁰ -Cys ¹¹ -Thr ¹² -Gly ¹³ -Cys ¹⁴	3
SP-328	C2:C10, C5:C13	Glu ¹ -Cys ² -Glu ³ -Leu ⁴ -Cys ⁵ -Val ⁶ -Asn ⁷ -Val ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³ -Leu ¹⁴	4
SP-329	C2:C10, C5:C13	Glu ¹ -Cys ² -Glu ³ -Leu ⁴ -Cys ⁵ -Val ⁶ -Asn ⁷ -Val ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³	5
SP-330	C1:C9, C4:C12	Cys ¹ -Glu ² -Leu ³ -Cys ⁴ -Val ⁵ -Asn ⁶ -Val ⁷ -Ala ⁸ -Cys ⁹ -Thr ¹⁰ -Gly ¹¹ -Cys ¹² -Leu ¹³	6
SP-331	C1:C9, C4:C12	Cys ¹ -Glu ² -Leu ³ -Cys ⁴ -Val ⁵ -Asn ⁶ -Val ⁷ -Ala ⁸ -Cys ⁹ -Thr ¹⁰ -Gly ¹¹ -Cys ¹²	7
SP332	C4:C12,C7:C15	Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	8
SP-333	C4:C12,C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	9
SP-334	C4:C12,C7:C15	dAsn ¹ -dAsp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	10
SP-335	C4:C12,C7:C15	dAsn ¹ -dAsp ² -dGlu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	11
SP-336	C4:C12,C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	12
SP-337	C4:C12,C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -dLeu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	13
SP-338	C4:C12, C7:C15	Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵	14
SP-342	C4:C12, C7:C15	PEG3-Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶ -PEG3	15
SP-343	C4:C12, C7:C15	PEG3-dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶ -PEG3	16
SP-344	C4:C12, C7:C15	PEG3-dAsn ¹ -dAsp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶ -PEG3	17
SP-347	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶ -PEG3	18
SP-348	C4:C12, C7:C15	PEG3-Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	19

Attorney Ref.: 40737-508001WO

SP-350	C4:C12, C7:C15	PEG3-dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	20
SP-352	C4:C12, C7:C15	Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶ -PEG3	21
SP-358	C4:C12, C7:C15	PEG3-dAsn ¹ -dAsp ² -dGlu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶ -PEG3	22
SP-359	C4:C12, C7:C15	PEG3-dAsn ¹ -dAsp ² -dGlu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	23
SP-360	C4:C12, C7:C15	dAsn ¹ -dAsp ² -dGlu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶ -PEG3	24
SP-361	C4:C12, C7:C15	dAsn ¹ -dAsp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶ -PEG3	25
SP-362	C4:C12, C7:C15	PEG3-dAsn ¹ -dAsp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	26
SP-368	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dNal ¹⁶	27
SP-369	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -AIB ⁸ -Asn ⁹ -AIB ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	28
SP-370	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Asp[Lactam] ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Orn ¹⁵ -dLeu ¹⁶	29
SP-371	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	30
SP-372	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Ser ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	31
N1	C4:C12, C7:C15	PEG3-dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶ -PEG3	32
N2	C4:C12, C7:C15	PEG3-dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	33
N3	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶ PEG3	34
N4	C4:C12, C7:C15	PEG3-dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Ser ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶ -PEG3	35
N5	C4:C12, C7:C15	PEG3-dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Ser ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶	36
N6	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Ser ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu ¹⁶ -PEG3	37
N7	C4:C12, C7:C15	Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	38
N8	C4:C12, C7:C15	PEG3-Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶ -PEG3	39
N9	C4:C12, C7:C15	PEG3-Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	40
N10	C4:C12, C7:C15	Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶ -PEG3	41
N11	C4:C12, C7:C15	PEG3-Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dSer ¹⁶ -PEG3	42

Attorney Ref.: 40737-508001WO

N12	C4:C12,C7:C15	PEG3-Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dSer ¹⁶	43
N13	C4:C12,C7:C15	Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dSer ¹⁶ -PEG3	44
Formula I	C4:C12,C7:C15	Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Xaa ⁵ -Xaa ⁶ -Cys ⁷ -Xaa ⁸ -Xaa ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Cys ¹² -Xaa ¹³ -Xaa ¹⁴ -Cys ¹⁵ -Xaa ¹⁶	45
Formula II	C4:C12,C7:C15	Xaa _{n1} -Cys ⁴ -Xaa ⁵ -Xaa ⁶ -Cys ⁷ -Xaa ⁸ -Xaa ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Cys ¹² -Xaa ¹³ -Xaa ¹⁴ -Cys ¹⁵ -Xaa _{n2} ¹⁶	46
Formula III	4:12,7:15	Xaa _{n1} -Maa ⁴ -Glu ⁵ -Xaa ⁶ -Maa ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Maa ¹² -Thr ¹³ -Gly ¹⁴ -Maa ¹⁵ -Xaa _{n2}	47
Formula IV	4:12,7:15	Xaa _{n1} -Maa ⁴ -Xaa ⁵ -Xaa ⁶ -Maa ⁷ -Xaa ⁸ -Xaa ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Maa ¹² -Xaa ¹³ -Xaa ¹⁴ -Maa ¹⁵ -Xaa _{n2} ¹⁶	48
Formula V	C4:C12,C7:C15	Asn ¹ -Asp ² -Asp ³ -Cys ⁴ -Xaa ⁵ -Xaa ⁶ -Cys ⁷ -Xaa ⁸ -Asn ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Cys ¹² -Xaa ¹³ -Xaa ¹⁴ -Cys ¹⁵ -Xaa ¹⁶	49
Formula VI	C4:C12,C7:C15	dAsn ¹ -Glu ² -Glu ³ -Cys ⁴ -Xaa ⁵ -Xaa ⁶ -Cys ⁷ -X ³ ⁸ -Asn ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Cys ¹² -Xaa ¹³ -Xaa ¹⁴ -Cys ¹⁵ -d-Xaa ¹⁶	50
Formula VII	C4:C12,C7:C15	dAsn ¹ -dGlu ² -Asp ³ -Cys ⁴ -Xaa ⁵ -Xaa ⁶ -Cys ⁷ -Xaa ⁸ -Asn ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Cys ¹² -Xaa ¹³ -Xaa ¹⁴ -Cys ¹⁵ -d-Xaa ¹⁶	51
Formula VII	C4:C12,C7:C15	dAsn ¹ -dAsp ² -Glu ³ -Cys ⁴ -Xaa ⁵ -Xaa ⁶ -Cys ⁷ -Xaa ⁸ -Asn ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Cys ¹² -Xaa ¹³ -Xaa ¹⁴ -Cys ¹⁵ -d-Xaa ¹⁶	52
Formula VIII	C4:C12,C7:C15	dAsn ¹ -dAsp ² -dGlu ³ -Cys ⁴ -Xaa ⁵ -Xaa ⁶ -Cys ⁷ -Xaa ⁸ -Tyr ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Cys ¹² -Xaa ¹³ -Xaa ¹⁴ -Cys ¹⁵ -d-Xaa ¹⁶	53
Formula IX	C4:C12,C7:C15	dAsn ¹ -dGlu ² -dGlu ³ -Cys ⁴ -Xaa ⁵ -Xaa ⁶ -Cys ⁷ -Xaa ⁸ -Tyr ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Cys ¹² -Xaa ¹³ -Xaa ¹⁴ -Cys ¹⁵ -d-Xaa ¹⁶	54

Table II. Linaclotide and Derivatives

Name	Position of Disulfide bonds	Structure	SEQ ID NO:
SP-339 (linaclotide)	C1:C6, C2:C10, C5:13	Cys ¹ -Cys ² -Glu ³ -Tyr ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³ -Tyr ¹⁴	55
SP-340	C1:C6, C2:C10, C5:13	Cys ¹ -Cys ² -Glu ³ -Tyr ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³	56
SP-349	C1:C6, C2:C10, C5:13	PEG3-Cys ¹ -Cys ² -Glu ³ -Tyr ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³ -Tyr ¹⁴ -PEG3	57
SP-353	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Ser ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶	58
SP-354	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Phe ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶	59
SP-355	C1:C6, C2:C10, C5:13	Cys ¹ -Cys ² -Glu ³ -Tyr ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³ -dTyr ¹⁴	60
SP-357	C1:C6, C2:C10, C5:13	PEG3-Cys ¹ -Cys ² -Glu ³ -Tyr ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³ -Tyr ¹⁴	61
SP-374	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶	62
SP-375	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Ser ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dTyr ¹⁶	63
SP-376	C3:C8, C4:C12, C7:15	dAsn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Ser ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶	64
SP-377	C3:C8, C4:C12, C7:15	dAsn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Ser ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dTyr ¹⁶	65
SP-378	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dTyr ¹⁶	66
SP-379	C3:C8, C4:C12, C7:15	dAsn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶	67
SP-380	C3:C8, C4:C12, C7:15	dAsn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dTyr ¹⁶	68
SP-381	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Phe ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dTyr ¹⁶	69

Attorney Ref.: 40737-508001WO

SP-382	C3:C8, C4:C12, C7:15	dAsn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Phe ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶	70
SP-383	C3:C8, C4:C12, C7:15	dAsn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Phe ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dTyr ¹⁶	71
SP-384	C1:C6, C2:C10, C5:13	Cys ¹ -Cys ² -Glu ³ -Tyr ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³ -Tyr ¹⁴ -PEG3	72
N14	C1:C6, C2:C10, C5:13	PEG3-Cys ¹ -Cys ² -Glu ³ -Tyr ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³ -PEG3	73
N15	C1:C6, C2:C10, C5:13	PEG3-Cys ¹ -Cys ² -Glu ³ -Tyr ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³	74
N16	C1:C6, C2:C10, C5:13	Cys ¹ -Cys ² -Glu ³ -Tyr ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³ -PEG3	75
N17	C3:C8, C4:C12, C7:15	PEG3- Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Ser ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶ -PEG3	76
N18	C3:C8, C4:C12, C7:15	PEG3- Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Ser ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶	77
N19	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Ser ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶ -PEG3	78
N20	C3:C8, C4:C12, C7:15	PEG3- Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Phe ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶ -PEG3	79
N21	C3:C8, C4:C12, C7:15	PEG3- Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Phe ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶	80
N22	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Phe ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶ -PEG3	81
N23	C3:C8, C4:C12, C7:15	PEG3- Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶ -PEG3	82
N24	C3:C8, C4:C12, C7:15	PEG3- Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶	83

Attorney Ref.: 40737-508001WO

N25	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ³ -Tyr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶ -PEG3	84
N26	C1:C6, C2:C10, C5:13	Cys ¹ -Cys ² -Glu3-Ser ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³ -Tyr ¹⁴	85
N27	C1:C6, C2:C10, C5:13	Cys ¹ -Cys ² -Glu3-Phe ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³ -Tyr ¹⁴	86
N28	C1:C6, C2:C10, C5:13	Cys ¹ -Cys ² -Glu3-Ser ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³ -	87
N29	C1:C6, C2:C10, C5:13	Cys ¹ -Cys ² -Glu3-Phe ⁴ -Cys ⁵ -Cys ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Cys ¹⁰ -Thr ¹¹ -Gly ¹² -Cys ¹³	88
N30	1:6, 2:10, 5:13	Pen ¹ -Pen ² -Glu3-Tyr ⁴ -Pen ⁵ -Pen ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Pen ¹⁰ -Thr ¹¹ -Gly ¹² -Pen ¹³ -Tyr ¹⁴	89
N31	1:6, 2:10, 5:13	Pen ¹ -Pen ² -Glu3-Tyr ⁴ -Pen ⁵ -Pen ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Pen ¹⁰ -Thr ¹¹ -Gly ¹² -Pen ¹³	90
Formula X	C9:C14, C10:C18, C13:21	Xaa ¹ -Xaa ² -Xaa ³ -Xaa ⁴ -Xaa ⁵ -Xaa ⁶ -Asn ⁷ -Tyr ⁸ -Cys ⁹ -Cys ¹⁰ -Xaa ¹¹ -Tyr ¹² -Cys ¹³ -Cys ¹⁴ -Xaa ¹⁵ -Xaa ¹⁶ -Xaa ¹⁷ -Cys ¹⁸ -Xaa ¹⁹ -Xaa ²⁰ -Cys ²¹ -Xaa ²²	91
Formula XI	C9:C14, C10:C18, C13:21	Xaa ¹ -Xaa ² -Xaa ³ -Xaa ⁴ -Xaa ⁵ -Xaa ⁶ -Asn ⁷ -Phe ⁸ -Cys ⁹ -Cys ¹⁰ -Xaa ¹¹ -Phe ¹² -Cys ¹³ -Cys ¹⁴ -Xaa ¹⁵ -Xaa ¹⁶ -Xaa ¹⁷ -Cys ¹⁸ -Xaa ¹⁹ -Xaa ²⁰ -Cys ²¹ -Xaa ²²	92
Formula XII	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Xaa ⁵ -Phe ⁶ -Cys ⁷ -Cys ⁸ -Xaa ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Cys ¹² -Xaa ¹³ -Xaa ¹⁴ -Cys ¹⁵ -Xaa ¹⁶	93
Formula XIII	3:8, 4:12, C:15	Asn ¹ -Phe ² -Pen ³ -Cys ⁴ -Xaa ⁵ -Phe ⁶ -Cys ⁷ -Pen ⁸ -Xaa ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Cys ¹² -Xaa ¹³ -Xaa ¹⁴ -Cys ¹⁵ -Xaa ¹⁶	94
Formula XIV	3:8, 4:12, 7:15	Asn ¹ -Phe ² -Maa ³ -Maa ⁴ -Xaa ⁵ -Xaa ⁶ -Maa ⁷ -Maa ⁸ -Xaa ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Maa ¹² -Xaa ¹³ -Xaa ¹⁴ -Maa ¹⁵ -Xaa ¹⁶	95
Formula XV	1:6, 2:10, 5:13	Maa ¹ -Maa ² -Glu3-Xaa ⁴ -Maa ⁵ -Maa ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Maa ¹⁰ -Thr ¹¹ -Gly ¹² -Maa ¹³ -Tyr ¹⁴	96
Formula XVI	1:6, 2:10, 5:13	Maa ¹ -Maa ² -Glu3-Xaa ⁴ -Maa ⁵ -Maa ⁶ -Asn ⁷ -Pro ⁸ -Ala ⁹ -Maa ¹⁰ -Thr ¹¹ -Gly ¹² -Maa ¹³ -	97
Formula XVII	1:6, 2:10, 5:13	Xaa _{n3} -Maa ¹ -Maa ² -Xaa ³ -Xaa ⁴ -Maa ⁵ -Maa ⁶ -Xaa ⁷ -Xaa ⁸ -Xaa ⁹ -Maa ¹⁰ -Xaa ¹¹ -Xaa ¹² -Maa ¹³ -Xaa _{n2}	98

Attorney Ref.: 40737-508001WO

Table III. GCRA Peptides

Name	Position of Disulfide bonds	Structure	SEQ ID NO:
SP-363	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu-AMIDE ¹⁶	99
SP-364	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dSer ¹⁶	100
SP-365	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dSer-AMIDE ¹⁶	101
SP-366	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dTyr ¹⁶	102
SP-367	C4:C12, C7:C15	dAsn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dTyr-AMIDE ¹⁶	103
SP-373	C4:C12, C7:C15	Pyglu ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dLeu-AMIDE ¹⁶	104
SP-304 di PEG	C4:C12, C7:C15	PEG3-Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶ -PEG3	105
SP-304 N-PEG	C4:C12, C7:C15	PEG3-Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	106
SP-304 C-PEG	C4:C12, C7:C15	Asn ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶ -PEG3	107

Table IV. SP-304 Analogs, Uroguanylin, and Uroguanylin Analogs

Name	Position of Disulfide bonds	Structure	SEQ ID NO
Formula XVIII	C4:C12, C7:C15	Xaa ¹ -Xaa ² -Xaa ³ -Maa ⁴ -Xaa ⁵ -Xaa ⁶ -Maa ⁷ -Xaa ⁸ -Xaa ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Maa ¹² -Xaa ¹³ -Xaa ¹⁴ -Maa ¹⁵ -Xaa ¹⁶	108
Uroguanylin	C4:C12, C7:C15	Asn ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	109
N32	C4:C12, C7:C15	Glu ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	110
N33	C4:C12, C7:C15	Glu ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	111
N34	C4:C12, C7:C15	Glu ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	112
N35	C4:C12, C7:C15	Glu ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	113
N36	C4:C12, C7:C15	Asp ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	114
N37	C4:C12, C7:C15	Asp ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	115
N38	C4:C12, C7:C15	Asp ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	116

Attorney Ref.: 40737-508001WO

N39	C4:C12, C7:C15	Asp ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	117
N40	C4:C12, C7:C15	Gln ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	118
N41	C4:C12, C7:C15	Gln ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	119
N42	C4:C12, C7:C15	Gln ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	120
N43	C4:C12, C7:C15	Gln ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	121
N44	C4:C12, C7:C15	Lys ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	122
N45	C4:C12, C7:C15	Lys ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	123
N46	C4:C12, C7:C15	Lys ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	124
N47	C4:C12, C7:C15	Lys ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	125
N48	C4:C12, C7:C15	Glu ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	126
N49	C4:C12, C7:C15	Glu ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	127
N50	C4:C12, C7:C15	Glu ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	128

Attorney Ref.: 40737-508001WO

N51	C4:C12, C7:C15	Glu ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	129
N52	C4:C12, C7:C15	Asp ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	130
N53	C4:C12, C7:C15	Asp ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	131
N54	C4:C12, C7:C15	Asp ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	132
N55	C4:C12, C7:C15	Asp ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	133
N56	C4:C12, C7:C15	Gln ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	134
N57	C4:C12, C7:C15	Gln ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	135
N58	C4:C12, C7:C15	Gln ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	136
N59	C4:C12, C7:C15	Gln ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	137
N60	C4:C12, C7:C15	Lys ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	138
N61	C4:C12, C7:C15	Lys ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	139
N62	C4:C12, C7:C15	Lys ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	140

Attorney Ref.: 40737-508001WO

N63	C4:C12, C7:C15	Lys ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Val ⁸ -Asn ⁹ -Val ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	141
N65	C4:C12, C7:C15	Glu ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	142
N66	C4:C12, C7:C15	Glu ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	143
N67	C4:C12, C7:C15	Glu ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	144
N68	C4:C12, C7:C15	Glu ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	145
N69	C4:C12, C7:C15	Asp ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	146
N70	C4:C12, C7:C15	Asp ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	147
N71	C4:C12, C7:C15	Asp ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	148
N72	C4:C12, C7:C15	Asp ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	149
N73	C4:C12, C7:C15	Gln ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	150
N74	C4:C12, C7:C15	Gln ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	151
N75	C4:C12, C7:C15	Gln ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	152

Attorney Ref.: 40737-508001WO

N76	C4:C12, C7:C15	Gln ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	153
N77	C4:C12, C7:C15	Lys ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	154
N78	C4:C12, C7:C15	Lys ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	155
N79	C4:C12, C7:C15	Lys ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	156
N80	C4:C12, C7:C15	Lys ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Leu ¹⁶	157
N81	C4:C12, C7:C15	Glu ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	158
N82	C4:C12, C7:C15	Glu ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	159
N83	C4:C12, C7:C15	Glu ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	160
N84	C4:C12, C7:C15	Glu ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	161
N85	C4:C12, C7:C15	Asp ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	162
N86	C4:C12, C7:C15	Asp ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	163
N87	C4:C12, C7:C15	Asp ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	164

Attorney Ref.: 40737-508001WO

N88	C4:C12, C7:C15	Asp ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	165
N89	C4:C12, C7:C15	Gln ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	166
N90	C4:C12, C7:C15	Gln ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	167
N91	C4:C12, C7:C15	Gln ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	168
N92	C4:C12, C7:C15	Gln ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	169
N93	C4:C12, C7:C15	Lys ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	170
N94	C4:C12, C7:C15	Lys ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	171
N95	C4:C12, C7:C15	Lys ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	172
N96	C4:C12, C7:C15	Lys ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	173

Attorney Ref.: 40737-508001WO

Table V. Guanylin and Analogs

Name	Position of Disulfide bonds	Structure	SEQ ID NO
Formula XIX	4:12,7:15	Xaa ¹ - Xaa ² - Xaa ³ - Maa ⁴ - Xaa ⁵ - Xaa ⁶ - Maa ⁷ - Xaa ⁸ - Xaa ⁹ - Xaa ¹⁰ - Xaa ¹¹ - Maa ¹² - Xaa ¹³ - Xaa ¹⁴ - Maa ¹⁵	174
Guanylin	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Ile ⁶ - Cys ⁷ - Ala ⁸ - Phe ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	175
N97	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Ile ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	176
N98	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Leu ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	177
N99	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Val ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	178
N100	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Tyr ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	179
N101	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Ile ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	180
N102	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Leu ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	181
N103	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Val ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	182
N104	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Tyr ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	183
N105	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Ile ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	184
N106	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Leu ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	185
N107	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Val ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	186
N108	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Tyr ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	187

Attorney Ref.: 40737-508001WO

N109	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Ile ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	188
N110	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Leu ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	189
N111	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Val ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	190
N112	C4:C12, C7:C15	Ser ¹ - His ² - Thr ³ - Cys ⁴ - Glu ⁵ - Tyr ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	191
N113	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Ile ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	192
N114	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Leu ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	193
N115	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Val ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	194
N116	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Tyr ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	195
N117	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Ile ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	196
N118	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Leu ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	197
N119	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Val ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	198
N120	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Tyr ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	199
N121	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Ile ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	200
N122	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Leu ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	201
N123	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Val ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	202
N124	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Tyr ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	203
N125	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Ile ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	204
N126	C4:C12, C7:C15	Asn ¹ - Asp ² - Glu ³ - Cys ⁴ - Glu ⁵ - Leu ⁶ - Cys ⁷ - Ala ⁸ - Asn ⁹ - Ala ¹⁰ - Ala ¹¹ - Cys ¹² - Ala ¹³ - Gly ¹⁴ - Cys ¹⁵	205

N127	C4:C12, C7:C15	Asn ¹ - Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Val ⁶ -Cys ⁷ -Ala ⁸ -Asn ⁹ -Ala ¹⁰ -Ala ¹¹ -Cys ¹² -Ala ¹³ -Gly ¹⁴ -Cys ¹⁵	206
N128	C4:C12, C7:C15	Asn ¹ - Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Ala ⁸ -Asn ⁹ -Ala ¹⁰ -Ala ¹¹ -Cys ¹² -Ala ¹³ -Gly ¹⁴ -Cys ¹⁵	207

Table VI. Lymphoguanylin and Analogs

Name	Position of Disulfide bonds	Structure	SEQ ID NO
Formula XX	4:12,7:15	Xaa ¹ - Xaa ² - Xaa ³ -Maa ⁴ -Xaa ⁵ -Xaa ⁶ -Maa ⁷ -Xaa ⁸ -Xaa ⁹ -Xaa ¹⁰ -Xaa ¹¹ -Maa ¹² -Xaa ¹³ -Xaa ¹⁴ -Xaa ¹⁵	208
<u>Lymphoguanylin</u>	C4:C12	Gln ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Leu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	209
N129	C4:C12	Gln ¹ -Glu ² - Glu ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	210
N130	C4:C12	Gln ¹ -Asp ² - Glu ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	211
N131	C4:C12	Gln ¹ -Asp ² - Asp ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	212
N132	C4:C12	Gln ¹ -Glu ² - Asp ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	213
N133	C4:C12	Gln ¹ -Glu ² - Glu ³ -Cys ⁴ -Glu ⁵ -Glu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	214
N134	C4:C12	Gln ¹ -Asp ² - Glu ³ -Cys ⁴ -Glu ⁵ -Glu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	215
N135	C4:C12	Gln ¹ -Asp ² - Asp ³ -Cys ⁴ -Glu ⁵ -Glu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	216

Attorney Ref.: 40737-508001WO

N136	C4:C12	Gln ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Glu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	217
N137	C4:C12	Gln ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	218
N138	C4:C12	Gln ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	219
N139	C4:C12	Gln ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	220
N140	C4:C12	Gln ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	221
N141	C4:C12	Gln ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Ile ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	222
N142	C4:C12	Gln ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Ile ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	223
N143	C4:C12	Gln ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Ile ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	224
N144	C4:C12	Gln ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Ile ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Tyr ¹⁵	225
N145	C4:C12, C7:C15	Gln ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	226
N146	C4:C12, C7:C15	Gln ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	227
N147	C4:C12, C7:C15	Gln ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	228
N148	C4:C12, C7:C15	Gln ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	229
N149	C4:C12, C7:C15	Gln ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Glu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	230

Attorney Ref.: 40737-508001WO

N150	C4:C12, C7:C15	Gln ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Glu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser	231
N151	C4:C12, C7:C15	Gln ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Glu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	232
N152	C4:C12, C7:C15	Gln ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Glu ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	233
N153	C4:C12, C7:C15	Gln ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	234
N154	C4:C12, C7:C15	Gln ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	235
N155	C4:C12, C7:C15	Gln ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	236
N156	C4:C12, C7:C15	Gln ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	237
N157	C4:C12, C7:C15	Gln ¹ -Glu ² -Glu ³ -Cys ⁴ -Glu ⁵ -Ile ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	238
N158	C4:C12, C7:C15	Gln ¹ -Asp ² -Glu ³ -Cys ⁴ -Glu ⁵ -Ile ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	239
N159	C4:C12, C7:C15	Gln ¹ -Asp ² -Asp ³ -Cys ⁴ -Glu ⁵ -Ile ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	240

N160	C4:C12, C7:C15	Gln ¹ -Glu ² -Asp ³ -Cys ⁴ -Glu ⁵ -Ile ⁶ -Cys ⁷ -Ile ⁸ -Asn ⁹ -Met ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Ser ¹⁶	241
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Table VII. ST Peptide and Analogues

Name	Position of Disulfide bonds	Structure	SEQ ID NO
ST Peptide	C3:C8, C4:C12, C7:15	Asn ¹ -Ser ² -Ser ³ -Asn ⁴ -Ser ⁵ -Ser ⁶ -Asn ⁷ -Tyr ⁸ -Cys ⁹ -Cys ¹⁰ -Glu ¹¹ -Lys ¹² -Cys ¹³ -Cys ¹⁴ -Asn ¹⁵ -Pro ¹⁶ -Ala ¹⁷ -Cys ¹⁸ - Thr ¹⁹ -Gly ²⁰ -Cys ²¹ -Tyr ²²	242
N161	C3:C8, C4:C12, C7:15	PEG3-Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶ -PEG3	243
N162	C3:C8, C4:C12, C7:15	PEG3-Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶	244
N163	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Thr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶ -PEG3	245
N164	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶	246
N165	C3:C8, C4:C12, C7:15	dAsn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dTyr ¹⁶	247
N166	C3:C8, C4:C12, C7:15	Asn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -dTyr ¹⁶	248
N167	C3:C8, C4:C12, C7:15	dAsn ¹ -Phe ² -Cys ³ -Cys ⁴ -Glu ⁵ -Tyr ⁶ -Cys ⁷ -Cys ⁸ -Asn ⁹ -Pro ¹⁰ -Ala ¹¹ -Cys ¹² -Thr ¹³ -Gly ¹⁴ -Cys ¹⁵ -Tyr ¹⁶	249

1.2 Methods of Use

[106] The invention provides methods for treating or preventing gastrointestinal disorders and increasing gastrointestinal motility in a subject in need thereof by administering an effective amount of a GCC agonist or a formulation thereof to the subject. Non-limiting examples of gastrointestinal disorders that can be treated or prevented according to the methods of the invention include irritable bowel syndrome (IBS), non-ulcer dyspepsia, *H. pylori* infection related ulcers, chronic intestinal pseudo-obstruction, functional dyspepsia, colonic pseudo-obstruction, duodenogastric reflux, gastroesophageal reflux disease (GERD), ileus (*e.g.*, post-operative ileus), gastroparesis, heartburn (high acidity in the GI tract), constipation (*e.g.*, constipation associated with use of medications such as opioids, osteoarthritis drugs, or osteoporosis drugs); post surgical constipation, constipation associated with neuropathic disorders, Crohn's disease, and ulcerative colitis.

[107] In one embodiment, the invention provides methods for treating or preventing gastrointestinal motility disorder, irritable bowel syndrome, a functional gastrointestinal disorder, gastroesophageal reflux disease, duodenogastric reflux, functional heartburn, dyspepsia, functional dyspepsia, non-ulcer dyspepsia, gastroparesis, chronic intestinal pseudo-obstruction, colonic pseudo-obstruction, obesity, congestive heart failure, or benign prostatic hyperplasia.

[108] In one embodiment, the invention provides methods for treating or preventing constipation and/or increasing gastrointestinal motility in a subject in need thereof by administering an effective amount of a GCC agonist or a formulation thereof to the subject. Clinically accepted criteria that define constipation range from the frequency of bowel movements, the consistency of feces and the ease of bowel movement. One common definition of constipation is less than three bowel movements per week. Other definitions include abnormally hard stools or defecation that requires excessive straining (Schiller 2001 *Aliment Pharmacol Ther* 15:749-763). Constipation may be idiopathic (functional constipation or slow transit constipation) or secondary to other causes including neurologic, metabolic or endocrine disorders. These disorders include diabetes mellitus, hypothyroidism, hyperthyroidism, hypocalcaemia, Multiple sclerosis, Parkinson's disease, spinal cord lesions, Neurofibromatosis, autonomic neuropathy, Chagas disease, Hirschsprung disease and cystic fibrosis. Constipation

may also be the result of surgery or due to the use of drugs such as analgesics (like opioids), antihypertensives, anticonvulsants, antidepressants, antispasmodics and antipsychotics.

[109] In various embodiments, the constipation is associated with use of a therapeutic agent; the constipation is associated with a neuropathic disorder; the constipation is postsurgical constipation; the constipation is associated with a gastrointestinal disorder; the constipation is idiopathic (functional constipation or slow transit constipation); the constipation is associated with neuropathic, metabolic or endocrine disorder (e.g., diabetes mellitus, hypothyroidism, hyperthyroidism, hypocalcaemia, Multiple Sclerosis, Parkinson's disease, spinal cord lesions, neurofibromatosis, autonomic neuropathy, Chagas disease, Hirschsprung disease or cystic fibrosis). Constipation may also be the result of surgery or due to the use of drugs such as analgesics (e.g., opioids), antihypertensives, anticonvulsants, antidepressants, antispasmodics and antipsychotics.

[110] In one embodiment, the invention provides methods for treating or preventing chronic idiopathic constipation and increasing gastrointestinal motility in a subject in need thereof by administering an effective amount of a GCC agonist or a formulation thereof to the subject.

[111] The term "treating" as used herein refers to a reduction, a partial improvement, amelioration, or a mitigation of at least one clinical symptom associated with the gastrointestinal disorders being treated. The term "preventing" refers to an inhibition or delay in the onset or progression of at least one clinical symptom associated with the gastrointestinal disorders to be prevented. The term "effective amount" as used herein refers to an amount that provides some improvement or benefit to the subject. In certain embodiments, an effective amount is an amount that provides some alleviation, mitigation, and/or decrease in at least one clinical symptom of the gastrointestinal disorder to be treated. In other embodiments, the effective amount is the amount that provides some inhibition or delay in the onset or progression of at least one clinical symptom associated with the gastrointestinal disorder to be prevented. The therapeutic effects need not be complete or curative, as long as some benefit is provided to the subject. The term "subject" preferably refers to a human subject but may also refer to a non-human primate or other mammal preferably selected from among a mouse, a rat, a dog, a cat, a cow, a horse, or a pig.

[112] The invention also provides methods for treating gastrointestinal cancer in a subject in need thereof by administering an effective amount of a GCC agonist or a formulation thereof to the subject. Non-limiting examples of gastrointestinal cancers that can be treated according to the methods of the invention include gastric cancer, esophageal cancer, pancreatic cancer, colorectal cancer, intestinal cancer, anal cancer, liver cancer, gallbladder cancer, or colon cancer.

[113] The invention also provides methods for treating lipid metabolism disorders, biliary disorders, inflammatory disorders, lung disorders, cancer, cardiac disorders including cardiovascular disorders, eye disorders, oral disorders, blood disorders, liver disorders, skin disorders, prostate disorders, endocrine disorders, and obesity.

[114] Lipid metabolism disorders include, but are not limited to, dyslipidemia, hyperlipidemia, hypercholesterolemia, hypertriglyceridemia, sitosterolemia, familial hypercholesterolemia, xanthoma, combined hyperlipidemia, lecithin cholesterol acyltransferase deficiency, tangier disease, abetalipoproteinemia, erectile dysfunction, fatty liver disease, and hepatitis.

[115] Biliary disorders include gallbladder disorders such as for example, gallstones, gall bladder cancer cholangitis, or primary sclerosing cholangitis; or bile duct disorders such as for example, cholecystitis, bile duct cancer or fascioliasis.

[116] Inflammatory disorders include tissue and organ inflammation such as kidney inflammation (e.g., nephritis), gastrointestinal system inflammation (e.g., Crohn's disease and ulcerative colitis); necrotizing enterocolitis (NEC); pancreatic inflammation (e.g., pancreatitis), pancreatic insufficiency, lung inflammation (e.g., bronchitis or asthma) or skin inflammation (e.g., psoriasis, eczema).

[117] Lung Disorders include for example chronic obstructive pulmonary disease (COPD), and fibrosis.

[118] Cancer includes tissue and organ carcinogenesis including metastases such as for example gastrointestinal cancer, (e.g., gastric cancer, esophageal cancer, pancreatic cancer colorectal cancer, intestinal cancer, anal cancer, liver cancer, gallbladder cancer, or colon cancer; lung cancer; thyroid cancer; skin cancer (e.g., melanoma); oral cancer; urinary tract cancer (e.g. bladder cancer or kidney cancer); blood cancer (e.g. myeloma or leukemia) or prostate cancer.

[119] Cardiac disorders include for example, congestive heart failure, trachea cardia hypertension, high cholesterol, or high triglycerides. Cardiovascular disorders include for example aneurysm, angina, atherosclerosis, cerebrovascular accident (stroke), cerebrovascular disease, congestive heart failure, coronary artery disease, myocardial infarction (heart attack), or peripheral vascular disease.

[120] Liver disorders include for example cirrhosis and fibrosis. In addition, GC-C agonist may also be useful to facilitate liver regeneration in liver transplant patients. Eye disorders include for example increased intra-ocular pressure, glaucoma, dry eyes, retinal degeneration, disorders of tear glands or eye inflammation. Skin disorders include for example xerosis. Oral disorders include for example dry mouth (xerostomia), Sjögren's syndrome, gum diseases (e.g., periodontal disease), or salivary gland duct blockage or malfunction. Prostate disorders include for example benign prostatic hyperplasia (BPH). Endocrine disorders include for example diabetes mellitus, hyperthyroidism, hypothyroidism, and cystic fibrosis.

1.2.1 Therapeutically Effective Dosages

[121] Disorders are treated, prevented or alleviated by administering to a subject, *e.g.*, a mammal such as a human in need thereof, a therapeutically effective dose of a GCC agonist peptide. The present invention is based in part on the unexpected results of clinical trials in humans which demonstrated that the formulations of the invention are therapeutically effective at much lower doses than predicted based on animal studies. In accordance with one aspect of the invention, the therapeutically effective dose is between 0.01 milligrams (mg) and 10 mg per unit dose. The term “unit dose” refers to a single drug delivery entity, *e.g.*, a tablet, capsule, solution, inhalation, controlled release or extended release formulation (*e.g.* MMX® technology of Cosmo Pharmaceuticals). In one embodiment, the effective dose is between 0.01 mg and 9 mg. In another embodiment, the effective dose is between 0.01 mg and 5 mg. In another embodiment, the effective dose is between 0.01 mg and 3 mg. In another embodiment, the effective dose is between 0.10 mg and 5 mg. In another embodiment, the effective dose is between 0.10 mg and 3 mg. In one embodiment, the unit dose is .01 mg, .05 mg, 0.1 mg, 0.2 mg, 0.3 mg, 0.5 mg, 1.0 mg, 1.5 mg, 2.0 mg, 2.5 mg, 3.0 mg, 5 mg, or 10 mg. In one embodiment, the unit dose is 0.3 mg, 1.0 mg, 3.0 mg, 9.0 mg, or 9.5 mg.

[122] The GCC agonist peptides may be in a pharmaceutical composition in unit dose form, together with one or more pharmaceutically acceptable excipients. The amount of peptide present should be sufficient to have a positive therapeutic effect when administered to a patient. What constitutes a “positive therapeutic effect” will depend upon the particular condition being treated and will include any significant improvement in a condition readily recognized by one of skill in the art.

[123] The GCC agonists for use in the methods described above are preferably administered orally. Dosage forms include solutions, suspensions, emulsions, tablets, and capsules.

[124] The total daily dose can be administered to the patient in a single dose, or in multiple sub-doses. Typically, sub-doses can be administered two to six times per day, preferably two to four times per day, and even more preferably two to three times per day. Preferably, a single daily dose is administered.

[125] The GCC agonists may be administered as either the sole active agent or in combination with one or more additional active agents. In all cases, additional active agents should be administered at a dosage that is therapeutically effective using the existing art as a guide. The GCC agonists may be administered in a single composition or sequentially with the one or more additional active agents. In one embodiment, the GCC agonist is administered in combination with one or more inhibitors of cGMP dependent phosphodiesterase such as suldinac sulfone, zaprinast, motapizone, vardenafil, or sildenafil. In another embodiment, the GCC agonist is administered in combination with one or more chemotherapeutic agents. In another embodiment, the GCC agonist is administered in combination with one or more anti-inflammatory drugs such as steroids or non-steroidal anti-inflammatory drugs (NSAIDS), such as aspirin.

[126] Combination therapy can be achieved by administering two or more agents, *e.g.*, a GCC agonist peptide described herein and another compound, each of which is formulated and administered separately, or by administering two or more agents in a single formulation. Other combinations are also encompassed by combination therapy. For example, two agents can be formulated together and administered in conjunction with a separate formulation containing a third agent. While the two or more agents in the combination therapy can be administered

simultaneously, they need not be. For example, administration of a first agent (or combination of agents) can precede administration of a second agent (or combination of agents) by minutes, hours, days, or weeks. Thus, the two or more agents can be administered within minutes of each other or within 1, 2, 3, 6, 9, 12, 15, 18, or 24 hours of each other or within 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 14 days of each other or within 2, 3, 4, 5, 6, 7, 8, 9, or 10 weeks of each other. In some cases even longer intervals are possible. While in many cases it is desirable that the two or more agents used in a combination therapy be present in within the patient's body at the same time, this need not be so.

[127] The GCC agonist peptides described herein may be combined with phosphodiesterase inhibitors, *e.g.*, sulindae sulfone, Zaprinst, sildenafil, vardenafil or tadalafil to further enhance levels of cGMP in the target tissues or organs.

[128] Combination therapy can also include two or more administrations of one or more of the agents used in the combination. For example, if agent X and agent Y are used in a combination, one could administer them sequentially in any combination one or more times, *e.g.*, in the order X-Y- X, X-X-Y, Y-X-Y, Y-Y-X, X-X-Y-Y, etc.

1.2.2 Exemplary Agents for Combination Therapy

[129] The GCC agonist formulations of the invention may be administered alone or in combination with one or more additional therapeutic agents as part of a therapeutic regimen for the treatment or prevention of a gastrointestinal disease or disorder. In some embodiments, the GCC agonist formulation comprises one or more additional therapeutic agents. In other embodiments, the GCC agonist is formulated separately from the one or more additional therapeutic agents. In accordance with this embodiment, the GCC agonist is administered either simultaneously, sequentially, or at a different time than the one or more additional therapeutic agents. In one embodiment, the GCC agonist formulation is administered in combination with one or more additional therapeutic agents selected from the group consisting of phosphodiesterase inhibitors, cyclic nucleotides (such as cGMP and cAMP), a laxative (such as SENNA or METAMUCIL), a stool softener, an anti-tumor necrosis factor alpha therapy for IBD (such as REMICADE, ENBREL, or HUMIRA), and anti-inflammatory drugs (such as COX-2 inhibitors, sulfasalazine, 5-ASA derivatives and NSAIDS). In certain embodiments, the GCC

agonist formulation is administered in combination with an effective dose of an inhibitor of cGMP-specific phosphodiesterase (cGMP-PDE) either concurrently or sequentially with said GCC agonist. cGMP-PDE inhibitors include, for example, suldinac sulfone, zaprinast, motapizone, vardenafil, and sildenafil. In another embodiment, the GCC agonist formulation is administered in combination with inhibitors of cyclic nucleotide transporters. Further examples of therapeutic agents that may be administered in combination with the GCC agonist formulations of the invention are given in the following sections.

1.2.2.1 Agents to Treat Gastrointestinal Cancers

[130] The GCC agonist formulations described herein can be used in combination with one or more antitumor agents including but not limited to alkylating agents, epipodophyllotoxins, nitrosoureas, anti-metabolites, vinca alkaloids, anthracycline antibiotics, nitrogen mustard agents, and the like. Particular antitumor agents include tamoxifen, taxol, etoposide, and 5-fluorouracil. In one embodiment, the GCC agonist formulations are used in combination with an antiviral agent or a monoclonal antibody.

[131] Non-limiting examples of antitumor agents that can be used in combination with the GCC agonist formulations of the invention for the treatment of colon cancer include anti-proliferative agents, agents for DNA modification or repair, DNA synthesis inhibitors, DNA/RNA transcription regulators, RNA processing inhibitors, agents that affect protein expression, synthesis and stability, agents that affect protein localization or their ability to exert their physiological action, agents that interfere with protein-protein or protein-nucleic acid interactions, agents that act by RNA interference, receptor binding molecules of any chemical nature (including small molecules and antibodies), targeted toxins, enzyme activators, enzyme inhibitors, gene regulators, HSP-90 inhibitors, molecules interfering with microtubules or other cytoskeletal components or cell adhesion and motility, agents for phototherapy, and therapy adjuncts.

[132] Representative anti-proliferative agents include N-acetyl-D-sphingosine (C.sub.2 ceramide), apigenin, berberine chloride, dichloromethylenediphosphonic acid disodium salt, loe-emodine, emodin, HA 14-1, N-hexanoyl-D-sphingosine (C.sub.6 ceramide), 7b-hydroxycholesterol, 25-hydroxycholesterol, hyperforin, parthenolide, and rapamycin.

Representative agents for DNA modification and repair include aphidicolin, bleomycin sulfate, carboplatin, carmustine, chlorambucil, cyclophosphamide monohydrate, cyclophosphamide monohydrate ISOPAC.RTM., cis-diammineplatinum(II) dichloride (Cisplatin), esculetin, melphalan, methoxyamine hydrochloride, mitomycin C, mitoxantrone dihydrochloride, oxaliplatin, and streptozocin.

[133] Representative DNA synthesis inhibitors include (.+-.).amethopterin (methotrexate), 3-amino-1,2,4-benzotriazine 1,4-dioxide, aminopterin, cytosine b-D-arabinofurndnoside (Ara-C), cytosine b-D-arabinofuranoside (Ara-C) hydrochloride, 2-fluoroadenine-9-b-D-arabinofuranoside (Fludarabine des-phosphate; F-ara-A), 5-fluoro-5'-deoxyuridine, 5-fluorouracil, ganciclovir, hydroxyurea, 6-mercaptopurine, and 6-thioguanine.

[134] Representative DNA/RNA transcription regulators include actinomycin D, daunorubicin hydrochloride, 5,6-dichlorobenzimidazole 1-b-D-ribofuranoside, doxorubicin hydrochloride, homoharringtonine, and idarubicin hydrochloride.

[135] Representative enzyme activators and inhibitors include forskolin, DL-aminogluthethimide, apicidin, Bowman-Birk Inhibitor, butein, (S)-(+)-camptothecin, curcumin, (-)-deguelin, (-)-depudecin, doxycycline hyclate, etoposide, formestane, fostriecin sodium salt, hispidin, 2-imino-1-imidazolidineacetic acid (Cyclocreatine), oxamflatin, 4-phenylbutyric acid, roscovitine, sodium valproate, trichostatin A, tyrphostin AG 34, tyrphostin AG 879, urinary trypsin inhibitor fragment, valproic acid (2-propylpentanoic acid), and XK469.

[136] Representative gene regulators include 5-aza-2'-deoxycytidine, 5-azacytidine, cholecalciferol (Vitamin D3), ciglitizone, cyproterone acetate, 15-deoxy-D.sup.12,14-prostaglandin J.sub.2, epitestosterone, flutamide, glycyrrhizic acid ammonium salt (glycyrrhizin), 4-hydroxytamoxifen, mifepristone, procainamide hydrochloride, raloxifene hydrochloride, all trans-retinal (vitamin A aldehyde), retinoic acid (vitamin A acid), 9-cis-retinoic acid, 13-cis-retinoic acid, retinoic acid p-hydroxyanilide, retinol (Vitamin A), tamoxifen, tamoxifen citrate salt, tetradecylthioacetic acid, and troglitazone.

[137] Representative HSP-90 inhibitors include 17-(allylamino)-17-demethoxygeldanamycin and geldanamycin.

[138] Representative microtubule inhibitors include colchicines, dolastatin 15, nocodazole, taxanes and in particular paclitaxel, podophyllotoxin, rhizoxin, vinblastine sulfate salt, vincristine sulfate salt, and vindesine sulfate salt and vinorelbine (Navelbine) ditartrate salt.

[139] Representative agents for performing phototherapy include photoactive porphyrin rings, hypericin, 5-methoxypsoralen, 8-methoxypsoralen, psoralen and ursodeoxycholic acid.

[140] Representative agents used as therapy adjuncts include amifostine, 4-amino-1,8-naphthalimide, brefeldin A, cimetidine, phosphomycin disodium salt, leuprolide (leuprorelin) acetate salt, luteinizing hormone-releasing hormone (LH-RH) acetate salt, lectin, papaverine hydrochloride, pifithrin-a, (-)-scopolamine hydrobromide, and thapsigargin.

[141] The agents can also be anti-VEGF (vascular endothelial growth factor) agents, as such are known in the art. Several antibodies and small molecules are currently in clinical trials or have been approved that function by inhibiting VEGF, such as Avastin (Bevacizumab), SU5416, SU11248 and BAY 43-9006. The agents can also be directed against growth factor receptors such as those of the EGF/Erb-B family such as EGF Receptor (Iressa or Gefitinib, and Tarceva or Erlotinib), Erb-B2, receptor (Herceptin or Trastuzumab), other receptors (such as Rituximab or Rituxan/MabThera), tyrosine kinases, non-receptor tyrosine kinases, cellular serine/threonine kinases (including MAP kinases), and various other proteins whose deregulation contribute to oncogenesis (such as small/Ras family and large/heterotrimeric G proteins). Several antibodies and small molecules targeting those molecules are currently at various stages of development (including approved for treatment or in clinical trials).

[142] In a preferred embodiment, the invention provides a method for treating colon cancer in a subject in need thereof by-administering to the subject a GCC agonist formulation in combination with one or more antitumor agent selected from the group consisting of paclitaxel, docetaxel, tamoxifen, vinorelbine, gemcitabine, cisplatin, etoposide, topotecan, irinotecan, anastrozole, rituximab, trastuzumab, fludarabine, cyclophosphamide, gentuzumab, carboplatin, interferons, and doxorubicin. In a particular embodiment the antitumor agent is paclitaxel. In a further embodiment, the method further comprises an antitumor agent selected from the group consisting of 5-FU, doxorubicin, vinorelbine, cytoxan, and cisplatin.

1.2.2.2 Agents that Treat Crohn's Disease

[143] In one embodiment, a GCC agonist formulation of the invention is administered as part of a combination therapy with one or more additional therapeutic agents for the treatment of Crohn's disease. Non-limiting examples of the one or more additional therapeutic agents include sulfasalazine and other mesalamine-containing drugs, generally known as 5-ASA agents, such as Asacol, Dipentum, or Pentasa, or infliximab (REMICADE). In certain embodiments, the one or more additional agents is a corticosteroid or an immunosuppressive agent such as 6-mercaptopurine or azathioprine. In another embodiment, the one or more additional agents is an antidiarrheal agent such as diphenoxylate, loperamide, or codeine.

1.2.2.3 Agents that Treat Ulcerative Colitis

[144] In one embodiment, a GCC agonist formulation of the invention is administered as part of a combination therapy with one or more additional therapeutic agents for the treatment of ulcerative colitis. The agents that are used to treat ulcerative colitis overlap with those used to treat Crohn's Disease. Non-limiting examples of the one or more additional therapeutic agents that can be used in combination with a GCC agonist formulation of the invention include aminosalicylates (drugs that contain 5-aminosalicylic acid (5-ASA)) such as sulfasalazine, olsalazine, mesalamine, and balsalazide. Other therapeutic agents that can be used include corticosteroids, such as prednisone and hydrocortisone, immunomodulators, such as azathioprine, 6-mercapto-purine (6-MP), cytokines, interleukins, and lymphokines, and anti-TNF-alpha agents, including the thiazolidinediones or glitazones such as rosiglitazone and pioglitazone. In one embodiment, the one or more additional therapeutic agents includes both cyclosporine A and 6-MP or azathioprine for the treatment of active, severe ulcerative colitis.

1.2.2.4 Agents that Treat Constipation/Irritable Bowel Syndrome

[145] In one embodiment, a GCC agonist formulation of the invention is administered as part of a combination therapy with one or more additional therapeutic agents for the treatment of constipation, such as that associated with irritable bowel syndrome. Non-limiting examples of the one or more additional therapeutic agents include laxatives such as SENNA, MIRALAX, LACTULOSE, PEG, or calcium polycarbophil, stool softeners (such as mineral oil or

COLACE), bulking agents (such as METAMUCIL or bran), agents such as ZELNORM (also called tegaserod), and anticholinergic medications such as BENTYL and LEVSIN.

1.2.2.5 Agents for the Treatment of Postoperative Ileus

[146] In one embodiment, a GCC agonist formulation of the invention is administered as part of a combination therapy with one or more additional therapeutic agents for the treatment of postoperative ileus. Non-limiting examples of the one or more additional therapeutic agents include ENTEREG (alvimopan; formerly called ado lor/ ADL 8-2698), conivaptan, and related agents describes in US 6,645,959.

1.2.2.6 Anti-obesity agents

[147] In one embodiment, a GCC agonist formulation of the invention is administered as part of a combination therapy with one or more additional therapeutic agents for the treatment of obesity. Non-limiting examples of the one or more additional therapeutic agents include 11 β HSD-I (11-beta hydroxy steroid dehydrogenase type 1) inhibitors, such as BVT 3498, BVT 2733, 3-(1-adamantyl)-4-ethyl-5-(ethylthio)- 4H-1,2,4-triazole, 3-(1-adamantyl)-5-(3,4,5-trimethoxyphenyl)-4-methyl-4H-1,2,4-triazole, 3- adamantanyl-4,5,6,7,8,9,10,11,12,3a-decahydro-1,2,4-triazolo[4,3-a][1 l]annulene, and those compounds disclosed in WO01/90091, WOO 1/90090, WOO 1/90092 and WO02/072084; 5HT antagonists such as those in WO03/037871, WO03/037887, and the like; 5HT1a modulators such as carbidopa, benserazide and those disclosed in US6207699, WO03/031439, and the like; 5HT2c (serotonin receptor 2c) agonists, such as BVT933, DPCA37215, IK264, PNU 22394, WAY161503, R-1065, SB 243213 (Glaxo Smith Kline) and YM 348 and those disclosed in US3914250, WO00/77010, WO02/36596, WO02/48124, WO02/10169, WO01/66548, WO02/44152, WO02/51844, WO02/40456, and WO02/40457; 5HT6 receptor modulators, such as those in WO03/030901, WO03/035061, WO03/039547, and the like; acyl-estrogens, such as oleoyl-estrone, disclosed in del Mar-Grasa, M. et al, Obesity Research, 9:202-9 (2001) and Japanese Patent Application No. JP 2000256190; anorectic bicyclic compounds such as 1426 (Aventis) and 1954 (Aventis), and the compounds disclosed in WO00/18749, WO01/32638, WO01/62746, WO01/62747, and WO03/015769; CB 1 (cannabinoid-1 receptor) antagonist/inverse agonists such as rimonabant

(Acomplia; Sanofi), SR-147778 (Sanofi), SR-141716 (Sanofi), BAY 65-2520 (Bayer), and SLV 319 (Solvay), and those disclosed in patent publications US4973587, US5013837, US5081122, US5112820, US5292736, US5532237, US5624941, US6028084, US6509367, US6509367, WO96/33159, WO97/29079, WO98/31227, WO98/33765, WO98/37061, WO98/41519, WO98/43635, WO98/43636, WO99/02499, WO00/10967, WO00/10968, WO01/09120, WO01/58869, WO01/64632, WO01/64633, WO01/64634, WO01/70700, WO01/96330, WO02/076949, WO03/006007, WO03/007887, WO03/020217, WO03/026647, WO03/026648, WO03/027069, WO03/027076, WO03/027114, WO03/037332, WO03/040107, WO03/086940, WO03/084943 and EP658546; CCK-A (cholecystokinin-A) agonists, such as AR-R 15849, GI 181771 (GSK), JMV-180, A- 71378, A-71623 and SR146131 (Sanofi), and those described in US5739106; CNTF (Ciliary neurotrophic factors), such as GI- 181771 (Glaxo-SmithKline), SRI 46131 (Sanofi Synthelabo), butabindide, PD 170,292, and PD 149164 (Pfizer); CNTF derivatives, such as Axokine® (Regeneron), and those disclosed in WO94/09134, WO98/22128, and WO99/43813; dipeptidyl peptidase IV (DP-IV) inhibitors, such as isoleucine thiazolidide, valine pyrrolidide, NVP-DPP728, LAF237, P93/01, P 3298, TSL 225 (tryptophyl-1,2,3,4-tetrahydroisoquinoline-3- carboxylic acid; disclosed by Yamada et al, Bioorg. & Med. Chem. Lett. 8 (1998) 1537-1540), TMC-2A/2B/2C, CD26 inhibitors, FE 999011, P9310/K364, VIP 0177, SDZ 274-444, 2- cyanopyrrolidides and 4-cyanopyrrolidides as disclosed by Ashworth et al, Bioorg. & Med. Chem. Lett., Vol. 6, No. 22, pp 1163-1166 and 2745-2748 (1996) and the compounds disclosed patent publications. WO99/38501, WO99/46272, WO99/67279 (Probiodrug), WO99/67278 (Probiodrug), WO99/61431 (Probiodrug), WO02/083128, WO02/062764, WO03/000180, WO03/000181, WO03/000250, WO03/002530, WO03/002531, WO03/002553, WO03/002593, WO03/004498, WO03/004496, WO03/017936, WO03/024942, WO03/024965, WO03/033524, WO03/037327 and EP1258476; growth hormone secretagogue receptor agonists/antagonists, such as NN703, hexarelin, MK- 0677 (Merck), SM-130686, CP- 424391 (Pfizer), LY 444,711 (Eli Lilly), L-692,429 and L- 163,255, and such as those disclosed in USSN 09/662448, US provisional application 60/203335, US6358951, US2002049196, US2002/022637, WO01/56592 and WO02/32888; H3 (histamine H3) antagonist/inverse agonists, such as thioperamide, 3-(1H-imidazol-4- yl)propyl N-(4-pentenyl)carbamate, clobenpropit, iodophenpropit, imoproxifan, GT2394 (Gliatech), and A331440, O-[3-(1H-imidazol-4-yl)propanol]carbamates (Kiec-Kononowicz, K. et al., Pharmazie, 55:349-55 (2000)),

piperidine-containing histamine H₃-receptor antagonists (Lazewska, D. et al., *Pharmazie*, 56:927-32 (2001), benzophenone derivatives and related compounds (Sasse, A. et al., *Arch. Pharm.(Weinheim)* 334:45-52 (2001)), substituted N- phenylcarbamates (Reidemeister, S. et al., *Pharmazie*, 55:83-6 (2000)), and proxifan derivatives (Sasse, A. et al., *J. Med. Chem.* 43:3335-43 (2000)) and histamine H₃ receptor modulators such as those disclosed in WO02/15905, WO03/024928 and WO03/024929; leptin derivatives, such as those disclosed in US5552524, US5552523, US5552522, US5521283, WO96/23513, WO96/23514, WO96/23515, WO96/23516, WO96/23517, WO96/23518, WO96/23519, and WO96/23520; leptin, including recombinant human leptin (PEG-OB, Hoffman La Roche) and recombinant methionyl human leptin (Amgen); lipase inhibitors, such as tetrahydrolipstatin (orlistat/Xenical®), Triton WRI 339, RHC80267, lipstatin, teasaponin, diethylumbelliferyl phosphate, FL-386, WAY-121898, Bay-N-3176, valilactone, esteracin, ebelactone A, ebelactone B, and RHC 80267, and those disclosed in patent publications WO01/77094, US4598089, US4452813, USUS5512565, US5391571, US5602151, US4405644, US4189438, and US4242453; lipid metabolism modulators such as maslinic acid, erythrodiol, ursolic acid uvaol, betulinic acid, betulin, and the like and compounds disclosed in WO03/011267; Mc4r (melanocortin 4 receptor) agonists, such as CHIR86036 (Chiron), ME- 10142, ME-10145, and HS-131 (Melacure), and those disclosed in PCT publication Nos. WO99/64002, WO00/74679, WOO 1/991752, WOO 1/25192, WOO 1/52880, WOO 1/74844, WOO 1/70708, WO01/70337, WO01/91752, WO02/059095, WO02/059107, WO02/059108, WO02/059117, WO02/06276, WO02/12166, WO02/11715, WO02/12178, WO02/15909, WO02/38544, WO02/068387, WO02/068388, WO02/067869, WO02/081430, WO03/06604, WO03/007949, WO03/009847, WO03/009850, WO03/013509, and WO03/031410; Mc5r (melanocortin 5 receptor) modulators, such as those disclosed in WO97/19952, WO00/15826, WO00/15790, US20030092041; melanin-concentrating hormone 1 receptor (MCHR) antagonists, such as T-226296 (Takeda), SB 568849, SNP-7941 (Synaptic), and those disclosed in patent publications WOO 1/21169, WO01/82925, WO01/87834, WO02/051809, WO02/06245, WO02/076929, WO02/076947, WO02/04433, WO02/51809, WO02/083134, WO02/094799, WO03/004027, WO03/13574, WO03/15769, WO03/028641, WO03/035624, WO03/033476, WO03/033480, JP13226269, and JP1437059; mGluR5 modulators such as those disclosed in WO03/029210, WO03/047581, WO03/048137, WO03/051315, WO03/051833, WO03/053922, WO03/059904, and the like; serotonergic

agents, such as fenfluramine (such as Pondimin® (Benzeneethanamine, N-ethyl- alpha-methyl-3-(trifluoromethyl)-, hydrochloride), Robbins), dexfenfluramine (such as Redux® (Benzeneethanamine, N-ethyl-alpha-methyl-3-(trifluoromethyl)-, hydrochloride), Interneuron) and sibutramine ((Meridia®, Knoll/Reductil™) including racemic mixtures, as optically pure isomers (+) and (-), and pharmaceutically acceptable salts, solvents, hydrates, clathrates and prodrugs thereof including sibutramine hydrochloride monohydrate salts thereof, and those compounds disclosed in US4746680, US4806570, and US5436272, US20020006964, WOO 1/27068, and WOO 1/62341; NE (norepinephrine) transport inhibitors, such as GW 320659, despiramine, talsupram, and nomifensine; NPY 1 antagonists, such as BIBP3226, J-115814, BIBO 3304, LY-357897, CP-671906, GI- 264879A, and those disclosed in US6001836, WO96/14307, WO01/23387, WO99/51600, WO01/85690, WO01/85098, WO01/85173, and WO01/89528; NPY5 (neuropeptide Y Y5) antagonists, such as 152,804, GW-569180A, GW-594884A, GW- 587081X, GW-548118X, FR235208, FR226928, FR240662, FR252384, 1229U91, GI-264879A, CGP71683A, LY-377897, LY-366377, PD-160170, SR- 120562A, SR-120819A, JCF-104, and H409/22 and those compounds disclosed in patent publications US6140354, US6191160, US6218408, US6258837, US6313298, US6326375, US6329395, US6335345, US6337332, US6329395, US6340683, EP01010691, EP-01044970, WO97/19682, WO97/20820, WO97/20821, WO97/20822, WO97/20823, WO98/27063, WO00/107409, WO00/185714, WO00/185730, WO00/64880, WO00/68197, WO00/69849, WO/0113917, WO01/09120, WO01/14376, WO01/85714, WO01/85730, WO01/07409, WO01/02379, WO01/23388, WO01/23389, WOO 1/44201, WO01/62737, WO01/62738, WO01/09120, WO02/20488, WO02/22592, WO02/48152, WO02/49648, WO02/051806, WO02/094789, WO03/009845, WO03/014083, WO03/022849, WO03/028726 and Norman et al, J. Med. Chem. 43:4288-4312 (2000); opioid antagonists, such as nalmefene (REVEX ®), 3-methoxynaltrexone, methylnaltrexone, naloxone, and naltrexone (e.g. PT901; Pain Therapeutics, Inc.) and those disclosed in US20050004155 and WO00/21509; orexin antagonists, such as SB-334867-A and those disclosed in patent publications WO01/96302, WO01/68609, WO02/44172, WO02/51232, WO02/51838, WO02/089800, WO02/090355, WO03/023561, WO03/032991, and WO03/037847; PDE inhibitors (e.g. compounds which slow the degradation of cyclic AMP (cAMP) and/or cyclic GMP (cGMP) by inhibition of the phosphodiesterases, which can lead to a relative increase in the intracellular concentration of cAMP and cGMP; possible PDE inhibitors

are primarily those substances which are to be numbered among the class consisting of the PDE3 inhibitors, the class consisting of the PDE4 inhibitors and/or the class consisting of the PDE5 inhibitors, in particular those substances which can be designated as mixed types of PDE3/4 inhibitors or as mixed types of PDE3/4/5 inhibitors) such as those disclosed in patent publications DE1470341, DE2108438, DE2123328, DE2305339, DE2305575, DE2315801, DE2402908, DE2413935, DE2451417, DE2459090, DE2646469, DE2727481, DE2825048, DE2837161, DE2845220, DE2847621, DE2934747, DE3021792, DE3038166, DE3044568, EP000718, EP0008408, EP0010759, EP0059948, EP0075436, EP0096517, EPO1 12987, EPO1 16948, EP0150937, EP0158380, EP0161632, EP0161918, EP0167121, EP0199127, EP0220044, EP0247725, EP0258191, EP0272910, EP0272914, EP0294647, EP0300726, EP0335386, EP0357788, EP0389282, EP0406958, EP0426180, EP0428302, EP0435811, EP0470805, EP0482208, EP0490823, EP0506194, EP0511865, EP0527117, EP0626939, EP0664289, EP0671389, EP0685474, EP0685475, EP0685479, JP92234389, JP94329652, JP95010875, US4963561, US5141931, WO9117991, WO9200968, WO9212961, WO9307146, WO9315044, WO9315045, WO9318024, WO9319068, WO9319720, WO9319747, WO9319749, WO9319751, WO9325517, WO9402465, WO9406423, WO9412461, WO9420455, WO9422852, WO9425437, WO9427947, WO9500516, WO9501980, WO9503794, WO9504045, WO9504046, WO9505386, WO9508534, WO9509623, WO9509624, WO9509627, WO9509836, WO9514667, WO9514680, WO9514681, WO9517392, WO9517399, WO9519362, WO9522520, WO9524381, WO9527692, WO9528926, WO9535281, WO9535282, WO9600218, WO9601825, WO9602541, WO9611917, DE3142982, DE1 116676, DE2162096, EP0293063, EP0463756, EP0482208, EP0579496, EP0667345 US6331543, US20050004222 (including those disclosed in formulas I- XIII and paragraphs 37-39, 85-0545 and 557-577), WO9307124, EP0163965, EP0393500, EP0510562, EP0553174, WO9501338 and WO9603399, as well as PDE5 inhibitors (such as RX-RA-69, SCH-51866, KT-734, vesnarinone, zaprinast, SKF-96231, ER-21355, BF/GP-385, NM-702 and sildenafil (ViagraTM)), PDE4 inhibitors (such as etazolate, ICI63197, RP73401, imazolidinone (RO-20-1724), MEM 1414 (R1533/R1500; Pharmacia Roche), denbufylline, rolipram, oxagrelate, nitraquazone, Y-590, DH-6471, SKF-94120, motapizone, lixazinone, indolidan, olprinone, atizoram, KS-506-G, dipamfylline, BMY-43351, atizoram, arofylline, filaminast, PDB-093, UCB-29646, CDP-840, SKF-107806, piclamilast, RS-17597, RS-25344- 000, SB-

207499, TIBENELAST, SB-210667, SB-211572, SB-211600, SB-212066, SB-212179, GW-3600, CDP-840, mopidamol, anagrelide, ibudilast, amrinone, pimobendan, cilostazol, quazinone and N-(3,5-dichloropyrid-4-yl)-3-cyclopropylmethoxy-4-difluoromethoxybenzamide, PDE3 inhibitors (such as ICI153, 100, bemorandane (RWJ 22867), MCI-154, UD-CG 212, sulmazole, ampizone, cilostamide, carbazeran, piroximone, imazodan, CI-930, siguazodan, adibendan, saterinone, SKF-95654, SDZ-MKS-492, 349-U-85, emoradan, EMD-53998, EMD- 57033, NSP-306, NSP-307, revizinone, NM-702, WIN-62582 and WIN-63291, enoximone and milrinone, PDE3/4 inhibitors (such as benafentrine, trequinsin, ORG-30029, zardaverine, L- 686398, SDZ-ISQ-844, ORG-20241, EMD-54622, and tolafentrine) and other PDE inhibitors (such as vinpocetin, papaverine, enprofylline, cilomilast, fenoximone, pentoxifylline, roflumilast, tadalafil(Cialis®), theophylline, and vardenafil(Levitra®); Neuropeptide Y2 (NPY2) agonists include but are not limited to: polypeptide YY and fragments and variants thereof (e.g. YY3-36 (PYY3-36)(N. Engl. J. Med. 349:941, 2003; IKPEAPGE DASPEELNRY YASLRHYLNL VTRQRY (SEQ ID NO:XXX)) and PYY agonists such as those disclosed in WO02/47712, WO03/026591, WO03/057235, and WO03/027637; serotonin reuptake inhibitors, such as, paroxetine, fluoxetine (Prozac™), fluvoxamine, sertraline, citalopram, and imipramine, and those disclosed in US6162805, US6365633, WO03/00663, WOO 1/27060, and WOO 1/162341; thyroid hormone β agonists, such as KB-2611 (KaroBioBMS), and those disclosed in WO02/15845, WO97/21993, WO99/00353, GB98/284425, U.S. Provisional Application No. 60/183,223, and Japanese Patent Application No. JP 2000256190; UCP-I (uncoupling protein-1), 2, or 3 activators, such as phytanic acid, 4-[(E)-2-(5, 6,7,8- tetrahydro-5,5,8,8-tetramethyl-2-napthalenyl)-l-propenyl]benzoic acid (TTNPB), retinoic acid, and those disclosed in WO99/00123; β 3 (beta adrenergic receptor 3) agonists, such as AJ9677/TAK677 (Dainippon/Takeda), L750355 (Merck), CP331648 (Pfizer), CL-316,243, SB 418790, BRL-37344, L-796568, BMS-196085, BRL-35135A, CGP12177A, BTA-243, GW 427353, Trecadrine, Zeneca D7114, N-5984 (Nisshin Kyorin), LY-377604 (Lilly), SR 59119A, and those disclosed in US5541204, US5770615, US5491134, US5776983, US488064, US5705515, US5451677, WO94/18161, WO95/29159, WO97/46556, WO98/04526 and WO98/32753, WO01/74782, WO02/32897, WO03/014113, WO03/016276, WO03/016307, WO03/024948, WO03/024953 and WO03/037881; noradrenergic agents including, but not limited to, diethylpropion (such as Tenuate® (1- propanone, 2-(diethylamino)-l -phenyl-, hydrochloride),

Merrell), dextroamphetamine (also known as dextroamphetamine sulfate, dexamphetamine, dexedrine, Dexampex, Ferndex, Oxydess II, Robese, Spancap #1), mazindol ((or 5-(p-chlorophenyl)-2,5-dihydro-3H-imidazo[2,1-a]isoindol-5-ol) such as Sanorex®, Novartis or Mazanor®, Wyeth Ayerst), phenylpropanolamine (or Benzenemethanol, alpha-(1-aminoethyl)-, hydrochloride), phentermine ((or Phenol, 3-[[4,5-dihydro-1H-imidazol-2-yl)ethyl](4-methylphenyl)amino], monohydrochloride) such as Adipex-P®, Lemmon, FASTIN®, Smith-Kline Beecham and Ionamin®, Medeva), phendimetrazine ((or (2S,3S)-3,4-Dimethyl-2-phenylmorpholine L-(+)-tartrate (1:1)) such as Metra® (Forest), Plegine® (Wyeth-Ayerst), Prelu-2® (Boehringer Ingelheim), and Statobex® (Lemmon), phendamine tartrate (such as Thephorin® (2,3,4,9-Tetrahydro-2-methyl-9-phenyl-1H-indenol[2,1-c]pyridine L-(+)-tartrate (1:1)), Hoffmann-LaRoche), methamphetamine (such as Desoxyn®, Abbot ((S)-N, (alpha)-dimethylbenzeneethanamine hydrochloride)), and phendimetrazine tartrate (such as Bontril® Slow-Release Capsules, Amarin (-3,4-Dimethyl-2-phenylmorpholine Tartrate); fatty acid oxidation upregulator/inducers such as Famoxin® (Genset); monamine oxidase inhibitors including but not limited to befloxatone, moclobemide, brofaromine, phenoxathine, esuprone, befol, toloxatone, pirlindol, amiflamine, sercloremine, bazinaprine, lazabemide, milacemide, caroxazone and other certain compounds as disclosed by WO01/12176; and other anti-obesity agents such as 5HT-2 agonists, ACC (acetyl-CoA carboxylase) inhibitors such as those described in WO03/072197, alpha-lipoic acid (alpha-LA), AOD9604, appetite suppressants such as those in WO03/40107, ATL-962 (Alizyme PLC), benzocaine, benzphetamine hydrochloride (Didrex), bladderwrack (focus vesiculosus), BRS3 (bombesin receptor subtype 3) agonists, bupropion, caffeine, CCK agonists, chitosan, chromium, conjugated linoleic acid, corticotropin-releasing hormone agonists, dehydroepiandrosterone, DGAT1 (diacylglycerol acyltransferase 1) inhibitors, DGAT2 (diacylglycerol acyltransferase 2) inhibitors, dicarboxylate transporter inhibitors, ephedra, exendin-4 (an inhibitor of glp-1) FAS (fatty acid synthase) inhibitors (such as Cerulenin and C75), fat resorption inhibitors (such as those in WO03/053451, and the like), fatty acid transporter inhibitors, natural water soluble fibers (such as psyllium, plantago, guar, oat, pectin), galanin antagonists, galega (Goat's Rue, French Lilac), garcinia cambogia, germander (teucrium chamaedrys), ghrelin antibodies and ghrelin antagonists (such as those disclosed in WO01/87335, and WO02/08250), polypeptide hormones and variants thereof which affect the islet cell secretion, such as the hormones of the secretin/gastric inhibitory polypeptide

(GIP)/vasoactive intestinal polypeptide (VIP)/pituitary adenylate cyclase activating polypeptide (PACAP)/glucagon-like polypeptide II (GLP- II)/glicentin/glucagon gene family and/or those of the adrenomedullin/amylin/calcitonin gene related polypeptide (CGRP) gene family including GLP-1 (glucagon-like polypeptide 1) agonists (e.g. (1) exendin-4, (2) those GLP-I molecules described in US20050130891 including GLP- 1(7-34), GLP-I(7-35), GLP-I(7-36) or GLP-I(7-37) in its C-terminally carboxylated or amidated form or as modified GLP-I polypeptides and modifications thereof including those described in paragraphs 17-44 of US20050130891, and derivatives derived from GLP-I-(7- 34)COOH and the corresponding acid amide are employed which have the following general formula: R-NH-HAEGTFTSDVSYLEGQAAKEFIAWLVK-CONH₂ wherein R=H or an organic compound having from 1 to 10 carbon atoms. Preferably, R is the residue of a carboxylic acid. Particularly preferred are the following carboxylic acid residues: formyl, acetyl, propionyl, isopropionyl, methyl, ethyl, propyl, isopropyl, n-butyl, sec-butyl, tert- butyl.) and glp-1 (glucagon-like polypeptide- 1), glucocorticoid antagonists, glucose transporter inhibitors, growth hormone secretagogues (such as those disclosed and specifically described in US5536716), interleukin-6 (IL-6) and modulators thereof (as in WO03/057237, and the like), L- carnitine, Mc3r (melanocortin 3 receptor) agonists, MCH2R (melanin concentrating hormone 2R) agonist/antagonists, melanin concentrating hormone antagonists, melanocortin agonists (such as Melanotan II or those described in WO 99/64002 and WO 00/74679), no name herba, phosphate transporter inhibitors, phytopharm compound 57 (CP 644,673), pyruvate, SCD-I (stearoyl-CoA desaturase-1) inhibitors, T71 (Tularik, Inc., Boulder CO), Topiramate (Topimax®, indicated as an anti-convulsant which has been shown to increase weight loss), transcription factor modulators (such as those disclosed in WO03/026576), β -hydroxy steroid dehydrogenase- 1 inhibitors (β -HSD-I), β -hydroxy- β -methylbutyrate, p57 (Pfizer), Zonisamide (Zonegran™, indicated as an anti-epileptic which has been shown to lead to weight loss), and the agents disclosed in US20030119428 paragraphs 20-26.

1.2.2.7 Phosphodiesterase inhibitors

[148] In certain embodiments, the regimen of combination therapy includes the administration of one or more phosphodiesterase ("PDE") inhibitors. PDE inhibitors slow the degradation of cyclic AMP (cAMP) and/or cyclic GMP (cGMP) by inhibiting phosphodiesterases, which can

lead to a relative increase in the intracellular concentration of cAMP and/or cGMP. Non-limiting examples of PDE inhibitors that can be used in combination with the GCC agonists of the invention include PDE3 inhibitors, PDE4 inhibitors and/or PDE5 inhibitors, in particular those substances which can be designated as mixed types of PDE3/4 inhibitors or as mixed types of PDE3/4/5 inhibitors. Non-limiting examples of such PDE inhibitors are described in the following patent applications and patents: DE1470341, DE2108438, DE2123328, DE2305339, DE2305575, DE2315801, DE2402908, DE2413935, DE2451417, DE2459090, DE2646469, DE2727481, DE2825048, DE2837161, DE2845220, DE2847621, DE2934747, DE3021792, DE3038166, DE3044568, EP000718, EP0008408, EP0010759, EP0059948, EP0075436, EP0096517, EPOI 12987, EPOI 16948, EP0150937, EP0158380, EP0161632, EP0161918, EP0167121, EP0199127, EP0220044, EP0247725, EP0258191, EP0272910, EP0272914, EP0294647, EP0300726, EP0335386, EP0357788, EP0389282, EP0406958, EP0426180, EP0428302, EP0435811, EP0470805, EP0482208, EP0490823, EP0506194, EP0511865, EP0527117, EP0626939, EP0664289, EP0671389, EP0685474, EP0685475, EP0685479, JP92234389, JP94329652, JP95010875, U.S. Pat. Nos. 4,963,561, 5,141,931, WO9117991, WO9200968, WO9212961, WO9307146, WO9315044, WO9315045, WO9318024, WO9319068, WO9319720, WO9319747, WO9319749, WO9319751, WO9325517, WO9402465, WO9406423, WO9412461, WO9420455, WO9422852, WO9425437, WO9427947, WO9500516, WO9501980, WO9503794, WO9504045, WO9504046, WO9505386, WO9508534, WO9509623, WO9509624, WO9509627, WO9509836, WO9514667, WO9514680, WO9514681, WO9517392, WO9517399, WO9519362, WO9522520, WO9524381, WO9527692, WO9528926, WO9535281, WO9535282, WO9600218, WO9601825, WO9602541, WO9611917, DE3142982, DE1 116676, DE2162096, EP0293063, EP0463756, EP0482208, EP0579496, EP0667345 US6,331,543, US20050004222 (including those disclosed in formulas I-XIII and paragraphs 37-39, 85-0545 and 557-577) and WO9307124, EP0163965, EP0393500, EP0510562, EP0553174, WO9501338 and WO9603399. PDE5 inhibitors which may be mentioned by way of example are RX-RA-69, SCH-51866, KT-734, vesnarinone, zaprinast, SKF-96231, ER-21355, BF/GP-385, NM-702 and sildenafil (Viagra®). PDE4 inhibitors which may be mentioned by way of example are RO-20-1724, MEM 1414 (R1533/R1500; Pharmacia Roche), DENBUFYLLINE, ROLIPRAM, OXAGRELATE, NITRAQUAZONE, Y-590, DH-6471, SKF-94120, MOTAPIZONE,

LIXAZINONE, INDOLIDAN, OLPRINONE, ATIZORAM, KS-506-G, DIPAMFYLLINE, BMY-43351, ATIZORAM, AROFYLLINE, FILAMINAST, PDB-093, UCB-29646, CDP-840, SKF- 107806, PICLAMILAST, RS- 17597, RS-25344-000, SB-207499, TIBENELAST, SB-210667, SB-211572, SB-211600, SB-212066, SB-212179, GW-3600, CDP-840, MOPIDAMOL, ANAGRELIDE, IBUDILAST, AMRINONE, PIMOBENDAN, CILOSTAZOL, QUAZINONE and N-(3,5-dichloropyrid-4-yl)-3-cyclopropylmethoxy-4-difluoromethoxybenzamide. PDE3 inhibitors which may be mentioned by way of example are SULMAZOLE, AMPIZONE, CILOSTAMIDE, CARBAZERAN, PIROXIMONE, IMAZODAN, CI-930, SIGUAZODAN, ADIBENDAN, SATERINONE, SKF-95654, SDZ-MKS-492, 349-U-85, EMORADAN, EMD-53998, EMD-57033, NSP-306, NSP-307, REVIZINONE, NM-702, WIN-62582 and WIN-63291, ENOXIMONE and MILRINONE. PDE3/4 inhibitors which may be mentioned by way of example are BENAFENTRINE, TREQUINSIN, ORG-30029, ZARDAVERINE, L-686398, SDZ-ISQ-844, ORG-20241, EMD-54622, and TOLAFENTRINE. Other PDE inhibitors include: cilomilast, pentoxifylline, roflumilast, tadalafil(Cialis®), theophylline, and vardenafil(Levitra®), zaprinast (PDE5 specific). GCC AGONIST

1.2.2.8 Analgesic Agents

[149] In certain embodiments, the regimen of combination therapy includes the administration of one or more analgesic agents, *e.g.*, an analgesic compound or an analgesic polypeptide. In some embodiments, the GCC agonist formulation is administered simultaneously or sequentially with one or more analgesic agents. In other embodiments, the GCC agonist is covalently linked or attached to an analgesic agent to create a therapeutic conjugate. Non-limiting examples of analgesic agents that can be used include calcium channel blockers, 5HT receptor antagonists (for example 5HT₃, 5HT₄ and 5HT₁ receptor antagonists), opioid receptor agonists (loperamide, fedotozine, and fentanyl), NK₁ receptor antagonists, CCK receptor agonists (*e.g.*, loxiglumide), NK₁ receptor antagonists, NK₃ receptor antagonists, norepinephrine-serotonin reuptake inhibitors (NSRI), vanilloid and cannabinoid receptor agonists, and sialorphin. Further examples of analgesic agents in the various classes are known in the art.

[150] In one embodiment, the analgesic agent is an analgesic polypeptide selected from the group consisting of sialorphin-related polypeptides, including those comprising the amino acid

sequence QHNPR (SEQ ID NO: 239), including: VQHNPR (SEQ ID NO: 240); VRQHNPR (SEQ ID NO: 241); VRGQHNPR (SEQ ID NO: 242); VRGPQHNPR (SEQ ID NO: 243); VRGPRQHNPR (SEQ ID NO: 244); VRGPRRQHNPR (SEQ ID NO: 245); and RQHNPR (SEQ ID NO: 246). Sialorphin-related polypeptides bind to neprilysin and inhibit neprilysin-mediated breakdown of substance P and Met-enkephalin. Thus, compounds or polypeptides that are inhibitors of neprilysin are useful analgesic agents which can be administered with the GCC agonists described herein or covalently linked to a GCC agonist to form a therapeutic conjugate. Sialorphin and related polypeptides are described in U.S. Patent 6,589,750; U.S. 20030078200 A1; and WO 02/051435 A2.

[151] In another embodiment, a GCC agonist formulation of the invention is administered as part of a regimen of combination therapy with an opioid receptor antagonist or agonist. In one embodiment, the GCC agonist and the opioid receptor antagonist or agonist are linked via a covalent bond. Non-limiting examples of opioid receptor antagonists include naloxone, naltrexone, methyl naloxone, nalmefene, cypridime, beta funaltrexamine, naloxonazine, naltrindole, nor-binaltorphimine, enkephalin pentapeptide (HOE825; Tyr-D-Lys-Gly-Phe-L-homoserine), trimebutine, vasoactive intestinal polypeptide, gastrin, glucagons. Non-limiting examples of opioid receptor agonists include fedotozine, asimadoline, and ketocyclazocine, the compounds described in WO03/097051 and WO05/007626, morphine, diphenyloxylate, frakefamide (H-Tyr-D-Ala-Phe(F)-Phe-NH₂; WO 01/019849 A1), and loperamide.

[152] Further non-limiting examples of analgesic agents that can be used in a regimen of combination therapy along with the GCC agonist formulations of the invention include the dipeptide Tyr-Arg (kyotorphin); the chromogranin-derived polypeptide (CgA 47-66; *See, e.g.*, Ghia et al. 2004 Regulatory polypeptides 119:199); CCK receptor agonists such as caerulein; conotoxin polypeptides; peptide analogs of thymulin (FR Application 2830451); CCK (CCKa or CCKb) receptor antagonists, including loxiglumide and dexloxiglumide (the R- isomer of loxiglumide) (WO 88/05774); 5-HT₄ agonists such as tegaserod (Zelnorm®), mosapride, metoclopramide, zacopride, cisapride, renzapride, benzimidazolone derivatives such as BIMU 1 and BIMU 8, and lirexapride; calcium channel blockers such as ziconotide and related compounds described in, for example, EP625162B1, US 5,364,842, US 5,587,454, US 5,824,645, US 5,859,186, US 5,994,305, US 6,087,091, US 6,136,786, WO 93/13128 A1, EP

1336409 A1, EP 835126 A1, EP 835126 B1, US 5,795,864, US 5,891,849, US 6,054,429, WO 97/01351 A1; NK-1, receptor antagonists such as aprepitant (Merck & Co Inc), vofopitant, ezlopitant (Pfizer, Inc.), R-673 (Hoffmann-La Roche Ltd), SR-48968 (Sanofi Synthelabo), CP-122,721 (Pfizer, Inc.), GW679769 (Glaxo Smith Kline), TAK-637 (Takeda/Abbot), SR-14033, and related compounds described in, for example, EP 873753 A1, US 20010006972 A1, US 20030109417 A1, WO 01/52844 A1 (for a review see Giardina et al. 2003.Drugs 6:758); NK-2 receptor antagonists such as nepadutant (Menarini Ricerche SpA), saredutant (Sanofi-Synthelabo), GW597599 (Glaxo Smith Kline), SR-144190 (Sanofi-Synthelabo) and UK-290795 (Pfizer Inc); NK3 receptor antagonists such as osanetant (SR-142801; Sanofi-Synthelabo), SSR-241586, talnetant and related compounds described in, for example, WO 02/094187 A2, EP 876347 A1, WO 97/21680 A1, US 6,277,862, WO 98/1 1090, WO 95/28418, WO 97/19927, and Boden et al. (J Med Chem. 39:1664-75, 1996); norepinephrine-serotonin reuptake inhibitors (NSRI) such as milnacipran and related compounds described in WO 03/077897; and vanilloid receptor antagonists such as arvanil and related compounds described in WO 01/64212 A1.

[153] In addition to sialorphin-related polypeptides, analgesic polypeptides include: AspPhe, endomorphin-1, endomorphin-2, nocistatin, dalargin, lupron, ziconotide, and substance P.

1.2.2.9 Insulin and Insulin Modulating Agents

[154] The GCC agonist peptides described herein can be used in combination therapy with insulin and related compounds including primate, rodent, or rabbit insulin including biologically active variants thereof including allelic variants, more preferably human insulin available in recombinant form. Sources of human insulin include pharmaceutically acceptable and sterile formulations such as those available from Eli Lilly (Indianapolis, Ind. 46285) as Humulin™ (human insulin rDNA origin). See, the THE PHYSICIAN'S DESK REFERENCE, 55.sup.th Ed. (2001) Medical Economics, Thomson Healthcare (disclosing other suitable human insulins).

[155] The GCC peptides described herein can also be used in combination therapy with agents that can boost insulin effects or levels of a subject upon administration, e.g. glipizide and/or rosiglitazone. The polypeptides and agonists described herein can be used in combitherapy with SYMLIN® (pramlintide acetate) and Exenatide® (synthetic exendin-4; a 39 aa polypeptide).

1.2.2.10 Anti-Hypertensive Agents

[156] The GCC agonist peptides described herein can be used in combination therapy with an anti-hypertensive agent including but not limited to: (1) diuretics, such as thiazides, including chlorthalidone, chlorthiazide, dichlorophenamide, hydroflumethiazide, indapamide, polythiazide, and hydrochlorothiazide; loop diuretics, such as bumetanide, ethacrynic acid, furosemide, and torsemide; potassium sparing agents, such as amiloride, and triamterene; carbonic anhydrase inhibitors, osmotics (such as glycerin) and aldosterone antagonists, such as spironolactone, eplerenone, and the like; (2) beta-adrenergic blockers such as acebutolol, atenolol, betaxolol, bevantolol, bisoprolol, bopindolol, carteolol, carvedilol, celiprolol, esmolol, indenolol, metoprolol, nadolol, nebivolol, penbutolol, pindolol, propanolol, sotalol, tertatolol, tilisolol, and timolol, and the like; (3) calcium channel blockers such as amlodipine, aranidipine, azelnidipine, barnidipine, benidipine, bepridil, cinaldipine, clevidipine, diltiazem, efonidipine, felodipine, gallopamil, isradipine, lacidipine, lemdipine, lercanidipine, nicardipine, nifedipine, nilvadipine, nimodipine, nisoldipine, nitrendipine, manidipine, pranidipine, and verapamil, and the like; (4) angiotensin converting enzyme (ACE) inhibitors such as benazepril; captopril; ceranapril; cilazapril; delapril; enalapril; enalapril; fosinopril; imidapril; lisinopril; losinopril; moexipril; quinapril; quinaprilat; ramipril; perindopril; perindopril; quanipril; spirapril; tenocapril; trandolapril, and zofenopril, and the like; (5) neutral endopeptidase inhibitors such as omapatrilat, cadoxatril and ecadotril, fosidotril, sampatrilat, AVE7688, ER4030, and the like; (6) endothelin antagonists such as tezosentan, A308165, and YM62899, and the like; (7) vasodilators such as hydralazine, clonidine, minoxidil, and nicotiny alcohol, and the like; (8) angiotensin II receptor antagonists such as aprosartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, prazosartan, tasosartan, telmisartan, valsartan, and EXP-3137, FI6828K, and RNH6270, and the like; (9) α/β adrenergic blockers such as nipradilol, arotinolol and amosulalol, and the like; (10) α 1 blockers, such as terazosin, urapidil, prazosin, tamsulosin, bunazosin, trimazosin, doxazosin, naftopidil, indoramin, WHP 164, and XENOIO, and the like; (11) α 2 agonists such as lofexidine, tiamenidine, moxonidine, rilmenidine and guanobenz, and the like; (12) aldosterone inhibitors, and the like; and (13) angiopoietin-2 -binding agents such as those disclosed in WO03/030833. Specific anti-hypertensive agents that can be used in combination with polypeptides and agonists described herein include, but are not limited to: diuretics, such as thiazides (e.g., chlorthalidone, cyclothiazide (CAS RN 2259-96-3),

chlorothiazide (CAS RN 72956-09-3, which may be prepared as disclosed in US2809194), dichlorophenamide, hydroflumethiazide, indapamide, polythiazide, bendroflumethazide, methyclothazide, polythiazide, trichlormethazide, chlorthalidone, indapamide, metolazone, quinethazone, althiazide (CAS RN 5588-16-9, which may be prepared as disclosed in British Patent No. 902,658), benzthiazide (CAS RN 91-33-8, which may be prepared as disclosed in US3108097), buthiazide (which may be prepared as disclosed in British Patent Nos. 861 ,367), and hydrochlorothiazide), loop diuretics (e.g. bumetanide, ethacrynic acid, furosemide, and torasemide), potassium sparing agents (e.g. amiloride, and triamterene (CAS Number 396-01-O)), and aldosterone antagonists (e.g. spironolactone (CAS Number 52-01-7), epirenone, and the like); β -adrenergic blockers such as Amiodarone (Cordarone, Pacerone), bunolol hydrochloride (CAS RN 31969-05-8, Parke-Davis), acebutolol ($\pm$ N-[3-Acetyl-4-[2-hydroxy-3-[(1-methylethyl)amino]propoxy]phenyl]-butanamide, or ($\pm$)-3'-Acetyl-4'-[2-hydroxy -3-(isopropylamino) propoxy] butyranilide), acebutolol hydrochloride (e.g. Sectral®, Wyeth-Ayerst), alprenolol hydrochloride (CAS RN 13707-88-5 see Netherlands Patent Application No. 6,605,692), atenolol (e.g. Tenormin®, AstraZeneca), carteolol hydrochloride (e.g. Cartrol® Filmtab®, Abbott), Celiprolol hydrochloride (CAS RN 57470-78-7, also see in US4034009), cetamolol hydrochloride (CAS RN 77590-95-5, see also US4059622), labetalol hydrochloride (e.g. Normodyne®, Schering), esmolol hydrochloride (e.g. Brevibloc®, Baxter), levobetaxolol hydrochloride (e.g. Betaxon™ Ophthalmic Suspension, Alcon), levobunolol hydrochloride (e.g. Betagan® Liquifilm® with C CAP® Compliance Cap, Allergan), nadolol (e.g. Nadolol, Mylan), practolol (CAS RN 6673-35-4, see also US3408387), propranolol hydrochloride (CAS RN 318-98-9), sotalol hydrochloride (e.g. Betapace AF™, Berlex), timolol (2-Propanol, 1-[(1,1-dimethylethyl)amino]-3-[[4-(4-morpholinyl)-1,2,5-thiadiazol-3-yl]oxy]-, hemihydrate, (S)-, CAS RN 91524-16-2), timolol maleate (S)-1-[(1,1 -dimethylethyl) amino]-3-[[4- (4-morpholinyl)-1,2,5-thiadiazol -3- yl] oxy]-2-propanol (Z)-2-butenedioate (1 :1) salt, CAS RN 26921-17-5), bisoprolol (2-Propanol, 1-[4-[[2-(1-methylethoxy)ethoxy]-methyl]phenoxy]-3-[(1-meth- ylethyl)amino]-, ($\pm$), CAS RN 66722-44-9), bisoprolol fumarate (such as ($\pm$)-1-[4-[[2-(1-Methylethoxy) ethoxy]methyl]phenoxy]-3-[(1-methylethyl)amino]-2-propanol (E) -2-butenedioate (2:1) (salt), e.g., Zebeta™ , Lederle Consumer), nebivolol (2H-1-Benzopyran-2-methanol, $\alpha\alpha'$ -[iminobis(methylene)]bis[6-fluoro-3,4-dihydro-, CAS RN 99200-09-6 see also U.S. Pat. No. 4,654,362), cicloprolol hydrochloride, such 2-Propanol, 1-[4-[2-

(cyclopropylmethoxy)ethoxy]phenoxy]-3-[1-methylethyl)amino]-, hydrochloride, A.A.S. RN 63686-79-3), dexpropranolol hydrochloride (2-Propanol, 1-[1-methylethyl)-amino]-3-(1-naphthalenyloxy)-hydrochloride (CAS RN 13071-11-9), diacetolol hydrochloride (Acetamide, N-[3-acetyl-4-[2-hydroxy-3-[(1-methyl-ethyl)amino]propoxy] [phenyl]-, monohydrochloride CAS RN 69796-04-9), dilevalol hydrochloride (Benzamide, 2-hydroxy-5-[1-hydroxy-2-[1-methyl-3-phenylpropyl)amino]ethyl]-, monohydrochloride, CAS RN 75659-08-4), exaprolol hydrochloride (2-Propanol, 1-(2-cyclohexylphenoxy)-3-[(1-methylethyl)amino]-, hydrochloride CAS RN 59333-90-3), fleistolol sulfate (Benzoic acid, 2-fluoro-, 3-[[2-[aminocarbonyl)amino]- - dimethylethyl]amino]-2-hydroxypropyl ester, (+)- sulfate (1:1) (salt), CAS RN 88844-73-9; metolol hydrochloride (Methanesulfonamide, N-[4-[1-hydroxy-2-(methylamino)propyl]phenyl]-, monohydrochloride CAS RN 7701-65-7), metoprolol 2-Propanol, 1-[4-(2-methoxyethyl)phenoxy]-3-[1-methylethyl)amino]-; CAS RN 37350-58-6), metoprolol tartrate (such as 2-Propanol, 1-[4-(2-methoxyethyl)phenoxy]-3-[(1-methylethyl)amino]-, e.g., Lopressor®, Novartis), pamatolol sulfate (Carbamic acid, [2-[4-[2-hydroxy-3-[(1-methylethyl)amino]propoxyl]phenyl]-ethyl]-, methyl ester, (±) sulfate (salt) (2:1), CAS RN 59954-01-7), penbutolol sulfate (2-Propanol, 1-(2-cyclopentylphenoxy)-3-[1,1-dimethylethyl)amino] 1, (S)-, sulfate (2:1) (salt), CAS RN 38363-32-5), practolol (Acetamide, N-[4-[2-hydroxy-3-[(1-methylethyl)amino]-propoxy]phenyl]-, CAS RN 6673-35-4; tiprenolol hydrochloride (Propanol, 1-[(1-methylethyl)amino]-3-[2-(methylthio)-phenoxy]-, hydrochloride, (±), CAS RN 39832-43-4), tolamolol (Benzamide, 4-[2-[[2-hydroxy-3-(2-methylphenoxy)-propyl] amino] ethoxyl]-, CAS RN 38103-61-6), bopindolol, indenolol, pindolol, propanolol, tertatolol, and tilisolol, and the like; calcium channel blockers such as besylate salt of amlodipine (such as 3-ethyl-5-methyl-2-(2-aminoethoxymethyl)-4-(2-chlorophenyl)-1,4-dihydro-6-methyl-3,5-pyridinedicarboxylate benzenesulphonate, e.g., Norvasc®, Pfizer), clentiazem maleate (1,5-Benzothiazepin-4(5H)-one, 3-(acetyloxy)-8-chloro-5-[2-(dimethylamino)ethyl]-2,3-dihydro-2-(4-methoxyphenyl)-(2S-cis)-, (Z)-2-butenedioate (1:1), see also US4567195), isradipine (3,5-Pyridinedicarboxylic acid, 4-(4-benzofurazanyl)-1,4-dihydro-2,6-dimethyl-, methyl 1-methylethyl ester, (±)-4-(4-benzofurazanyl)-1,4-dihydro-2,6-dimethyl-3,5-pyridinedicarboxylate, see also US4466972); nimodipine (such as isopropyl (2-methoxyethyl) 1,4-dihydro-2,6-dimethyl-4-(3-nitrophenyl)-3,5-pyridine-dicarboxylate, e.g. Nimotop®, Bayer), felodipine (such as ethyl methyl 4-(2,3-dichlorophenyl)-1,4-dihydro-2,6-dimethyl-3,5-

pyridinedicarboxylate-, e.g. Plendil® Extended-Release, AstraZeneca LP), nilvadipine (3,5-Pyridinedicarboxylic acid, 2-cyano-1,4-dihydro-6-methyl-4-(3-nitrophenyl)-,3-methyl 5-(1-methylethyl) ester, also see US3799934), nifedipine (such as 3, 5 -pyridinedicarboxylic acid,1,4-dihydro-2,6-dimethyl-4-(2-nitrophenyl)-, dimethyl ester, e.g., Procardia XL® Extended Release Tablets, Pfizer), diltiazem hydrochloride (such as 1,5-Benzothiazepin-4(5H)-one,3-(acetyloxy)-5[2-(dimethylamino)ethyl]-2,-3-dihydro-2(4-methoxyphenyl)-, monohydrochloride, (+)-cis., e.g., Tiazac®, Forest), verapamil hydrochloride (such as benzeneacetonitrile, (alpha)-[[3-[[2-(3,4-dimethoxyphenyl) ethyl]methylamino]propyl] -3 ,4-dimethoxy-(alpha)-(1 -methylethyl) hydrochloride, e.g., Isoptin® SR, Knoll Labs), teludipine hydrochloride (3,5-Pyridinedicarboxylic acid, 2-[(dimethylamino)methyl]4-[2-[(1E)-3-(1,1-dimethylethoxy)-3-oxo- 1-propenyl]phenyl]-1,4-dihydro-6-methyl-, diethyl ester, monohydrochloride) CAS RN 108700-03-4), belfosdil (Phosphonic acid, [2-(2-phenoxy ethyl)- 1,3 -propane- diyl]bis-, tetrabutyl ester CAS RN 103486-79-9), fostedil (Phosphonic acid, [[4-(2-benzothiazolyl)phenyl]methyl]-, diethyl ester CAS RN 75889-62-2), aranidipine, azelnidipine, barnidipine, benidipine, bepridil, cinaldipine, clevidipine, efonidipine, gallopamil, lacidipine, lemildipine, lercanidipine, monatepil maleate (1-Piperazinebutanamide, N-(6, 11 -dihydrodibenzo(b,e)thiepin- 11 -yl)4-(4-fluorophenyl)-, (+)-, (Z)-2-butenedioate (1 :1) (±)-N-(6,11-Dihydrodibenzo(b,e)thiep- in-11-yl)-4-(p- fluorophenyl)-1-piperazinebutyramide maleate (1 :1) CAS RN 132046-06-1), nicardipine, nisoldipine, nitrendipine, manidipine, pranidipine, and the like; T-channel calcium antagonists such as mibefradil; angiotensin converting enzyme (ACE) inhibitors such as benazepril, benazepril hydrochloride (such as 3-[[1-(ethoxycarbonyl)-3- phenyl-(1 S)-propyl]amino]-2,3 ,4,5-tetrahydro-2-oxo- 1 H - 1 -(3 S)-benzazepine- 1 -acetic acid monohydrochloride, e.g., Lotrel®, Novartis), captopril (such as 1-[(2S)-3-mercapto-2- methylpropionyl]-L-proline, e.g., Captopril, Mylan, CAS RN 62571-86-2 and others disclosed in US4046889), ceranapril (and others disclosed in US4452790), cetapril (alacepril, Dainippon disclosed in Eur. Therap. Res. 39:671 (1986); 40:543 (1986)), cilazapril (Hoffman-LaRoche) disclosed in J. Cardiovasc. Pharmacol. 9:39 (1987), indalapril (delapril hydrochloride (2H-1,2,4- Benzothiadiazine-7-sulfonamide, 3-bicyclo[2.2.1]hept-5-en-2-yl-6-chloro-3,4-dihydro-, 1,1- dioxide CAS RN 2259-96-3); disclosed in US4385051), enalapril (and others disclosed in US4374829), enalapril, enalaprilat, fosinopril, ((such as L-proline, 4-cyclohexyl-1-[[[2-methyl- 1-(1-oxopropoxy) propoxy](4-phenylbutyl) phosphinyl]acetyl]-, sodium salt, e.g., Monopril, Bristol-Myers Squibb

and others disclosed in US4168267), fosinopril sodium (L- Proline, 4-cyclohexyl-1-[[[(R)-[(1S)-2-methyl-1-(1-oxo- propoxy)propox], imidapril, indolapril (Schering, disclosed in J. Cardiovasc. Pharmacol. 5:643, 655 (1983)), lisinopril (Merck), losinopril, moexipril, moexipril hydrochloride (3-Isoquinolinecarboxylic acid, 2-[(2S)-2-[[[(1S)- 1 -(ethoxycarbonyl)-3-phenylpropyl]amino]- 1 - oxopropyl]- 1 , - 2,3,4-tetrahydro-6,7-dimethoxy-, monohydrochloride, (3S)- CAS RN 82586-52-5), quinapril, quinaprilat, ramipril (Hoechst) disclosed in EP 79022 and Curr. Ther. Res. 40:74 (1986), perindopril erbumine (such as 2S,3aS,7aS- 1 -[(S)-N-[(S)- 1 - Carboxybutyl]alanyl]hexahydro^indolinecarboxylic acid, 1 -ethyl ester, compound with tert-butylamine (1 :1), e.g., Aceon®, Solvay), perindopril (Servier, disclosed in Eur. J. clin. Pharmacol. 31 :519 (1987)), quanipril (disclosed in US4344949), spirapril (Schering, disclosed in Acta. Pharmacol. Toxicol. 59 (Supp. 5): 173 (1986)), tenocapril,trandolapril, zofenopril (and others disclosed in US4316906), rentiapril (fentiapril, disclosed in Clin. Exp. Pharmacol. Physiol. 10:131 (1983)), pivopril, YS980, teprotide (Bradykinin potentiator BPP9a CAS RN 35115-60-7), BRL 36,378 (Smith Kline Beecham, see EP80822 and EP60668), MC-838 (Chugai, see CA. 102:72588v and Jap. J. Pharmacol. 40:373 (1986), CGS 14824 (Ciba-Geigy, 3-([1-ethoxycarbonyl-3-phenyl-(1S)-propyl]amino)-2,3,4,5-tetrahydro-2-oxo- o-l-(3S)-benzazepine-1 acetic acid HCl, see U.K. Patent No. 2103614), CGS 16,617 (Ciba- Geigy, 3(S)-[[[(1S)-5-amino-1-carboxypentyl]amino]-2,3,4,- 5-tetrahydro-2-oxo-lH-l- benzazepine-1-ethanoic acid, see US4473575), Ru 44570 (Hoechst, see Arzneimittelforschung 34:1254 (1985)), R 31-2201 (Hoffman-LaRoche see FEBS Lett. 165:201 (1984)), CI925 (Pharmacologist 26:243, 266 (1984)), WY-44221 (Wyeth, see J. Med. Chem. 26:394 (1983)), and those disclosed in US2003006922 (paragraph 28), US4337201, US4432971 (phosphoramidates); neutral endopeptidase inhibitors such as omapatrilat (Vanlev®), CGS 30440, cadoxatril and ecadotril, fasidotril (also known as aladotril or alatriopril), sampatrilat, mixanpril, and gemopatrilat, AVE7688, ER4030, and those disclosed in US5362727, US5366973, US5225401, US4722810, US5223516, US4749688, US5552397, US5504080, US5612359, US5525723, EP0599444, EP0481522, EP0599444, EP0595610, EP0534363, EP534396, EP534492, EP0629627; endothelin antagonists such as tezosentan, A308165, and YM62899, and the like; vasodilators such as hydralazine (apresoline), clonidine (clonidine hydrochloride (1H-Imidazol- 2-amine, N-(2,6-dichlorophenyl)4,5-dihydro-, monohydrochloride CAS RN 4205-91-8), catapres, minoxidil (loniten), nicotinyl alcohol (roniacol), diltiazem hydrochloride (such as 1,5- Benzothiazepin-

4(5H)-one,3-(acetyloxy)-5[2-(dimethylamino)ethyl]-2,3-dihydro-2(4-methoxyphenyl)-, monohydrochloride, (+)-cis, e.g., Tiazac®, Forest), isosorbide dinitrate (such as 1,4:3,6-dianhydro-D-glucitol 2,5-dinitrate e.g., Isordil® Titradose®, Wyeth-Ayerst), isosorbide mononitrate (such as 1,4:3,6-dianhydro-D-glucitol 1,5-nitrate, an organic nitrate, e.g., Ismo®, Wyeth-Ayerst), nitroglycerin (such as 2,3 propanetriol trinitrate, e.g., Nitrostat® Parke-Davis), verapamil hydrochloride (such as benzeneacetonitrile, (±)-(α)[3-[[2-(3,4 dimethoxyphenyl)ethyl]methylamino]propyl]-3,4-dimethoxy-(α)-(1-methylethyl) hydrochloride, e.g., Covera HS® Extended-Release, Searle), chromonar (which may be prepared as disclosed in US3282938), clonitate (Annalen 1870 155), droprenilamine (which may be prepared as disclosed in DE2521113), lidoflazine (which may be prepared as disclosed in US3267104); prenylamine (which may be prepared as disclosed in US3152173); propatyl nitrate (which may be prepared as disclosed in French Patent No. 1,103,113), mioflazine hydrochloride (1-Piperazineacetamide, 3-(aminocarbonyl)-4-[4,4-bis(4-fluorophenyl)butyl]-N-(2,6-dichlorophenyl)-, dihydrochloride CAS RN 83898-67-3), mixidine (Benzeneethanamine, 3,4-dimethoxy-N-(1-methyl-2-pyrrolidinylidene)-Pyrrolidine, 2-[(3,4-dimethoxyphenethyl)imino]-1-methyl-1-Methyl-2-[(3,4-dimethoxyphenethyl)imino]pyrrolidine CAS RN 27737-38-8), molsidomine (1,2,3-Oxadiazolium, 5-[(ethoxycarbonyl)amino]-3-(4-morpholinyl)-, inner salt CAS RN 25717-80-0), isosorbide mononitrate (D-Glucitol, 1,4:3,6-dianhydro-, 5-nitrate CAS RN 16051-77-7), erythrityl tetranitrate (1,2,3,4-Butanetetrol, tetranitrate, (2R,3S)-rel-CAS RN 7297-25-8), clonitate(1,2-Propanediol, 3-chloro-, dinitrate (7Cl, 8Cl, 9Cl) CAS RN 2612-33-1), dipyridamole Ethanol, 2,2',2'',2'''-[(4,8-di-1-piperidinylpyrimido[5,4-d]pyrimidine-2,6-diyl)dinitrilo]tetrakis- CAS RN 58-32-2), nicorandil (CAS RN 65141-46-0 3-), pyridinecarboxamide (N-[2-(nitrooxy)ethyl]-Nisoldipine-3,5-Pyridinedicarboxylic acid, 1,4-dihydro-2,6-dimethyl-4-(2-nitrophenyl)-, methyl 2-methylpropyl ester CAS RN 63675-72-9), nifedipine-3,5-Pyridinedicarboxylic acid, 1,4-dihydro-2,6-dimethyl-4-(2-nitrophenyl)-, dimethyl ester CAS RN 21829-25-4), perhexiline maleate (Piperidine, 2-(2,2-dicyclohexylethyl)-, (2Z)-2-butenedioate (1:1) CAS RN 6724-53-4), oxprenolol hydrochloride (2-Propanol, 1-[(1-methylethyl)amino]-3-[2-(2-propenyloxy)phenoxy]-, hydrochloride CAS RN 6452-73-9), pentrinitrol (1,3-Propanediol, 2,2-bis[(nitrooxy)methyl]-, mononitrate (ester) CAS RN 1607-17-6), verapamil (Benzeneacetonitrile, α-[3-[[2-(3,4-dimethoxyphenyl)ethyl]-methylamino]propyl]-3,4-dimethoxy-α-(1-methylethyl)- CAS RN 52-53-9) and the like; angiotensin II receptor

antagonists such as, aprosartan, zolasartan, olmesartan, prazosartan, FI6828K, RNH6270, candesartan (1 H-Benzimidazole-7-carboxylic acid, 2-ethoxy-1-[[2'-(1H-tetrazol-5-yl)][1,1'-biphenyl]4-yl]methyl]- CAS RN 139481-59-7), candesartan cilexetil ((+/-)-1-(cyclohexylcarbonyloxy)ethyl-2-ethoxy-1-[[2'-(1H-tetrazol-5-yl)biphenyl-4-yl]-1H-benzimidazole carboxylate, CAS RN 145040-37-5, US5703110 and US5196444), eprosartan (3-[1-4-carboxyphenylmethyl)-2-n-butyl-imidazol-5-yl]-(2-thienylmethyl) propenoic acid, US5185351 and US5650650), irbesartan (2-n-butyl-3- [[2'-(1H-tetrazol-5-yl)biphenyl-4-yl]methyl] 1,3-diazaspiro[4,4]non-1-en-4-one, US5270317 and US5352788), losartan (2-N-butyl-4-chloro-5-hydroxymethyl-1-[(2'-(1H-tetrazol-5-yl)biphenyl-4-yl)-methyl]imidazole, potassium salt, US5138069, US5153197 and US5128355), tasosartan (5,8-dihydro-2,4-dimethyl-8-[(2'-(1H-tetrazol-5-yl)[1,1'-biphenyl]4-yl)methyl]-pyrido[2,3-d]pyrimidin-7(6H)-one, US5149699), telmisartan (4'-[(1,4-dimethyl-2'-propyl-(2,6'-bi-1H-benzimidazol)-r-yl)]-[1,1'-biphenyl]-2-carboxylic acid, CAS RN 144701-48-4, US5591762), milfasartan, abitesartan, valsartan (Diovan® (Novartis), (S)-N-valeryl-N-[[2'-(1H-tetrazol-5-yl)biphenyl-4-yl)methyl]valine, US5399578), EXP-3137 (2-N-butyl-4-chloro-1-[(2'-(1H-tetrazol-5-yl)biphenyl-4-yl)-methyl]imidazole-5-carboxylic acid, US5138069, US5153197 and US5128355), 3-(2'-(tetrazol-5-yl)-1,1'-biphen-4-yl)methyl-5,7-dimethyl-2-ethyl-3H-imidazo[4,5-b]pyridine, 4'[2-ethyl-4-methyl-6-(5,6,7,8-tetrahydroimidazo[1,2-a]pyridin-2-yl)-benzimidazol-1-yl]-methyl]-1,1'-biphenyl]-2-carboxylic acid, 2-butyl-6-(1-methoxy-1-methylethyl)-2-[2'-(1H-tetrazol-5-yl)biphenyl-4-ylmethyl] guinazolin-4(3H)-one, 3-[2'-carboxybiphenyl-4-yl)methyl]-2-cyclopropyl-7-methyl-3H-imidazo[4,5-b]pyridine, 2-butyl-4-chloro-1-[(2'-tetrazol-5-yl)biphenyl-4-yl)methyl]imidazole-carboxylic acid, 2-butyl-4-chloro-1-[[2'-(1H-tetrazol-5-yl)][1,1'-biphenyl]-4-yl]methyl]-1H-imidazole-5-carboxylic acid-1-(ethoxycarbonyloxy)ethyl ester potassium salt, dipotassium 2-butyl-4-(methylthio)-1-[[2-[[[(propylamino)carbonyl]amino]-sulfonyl](1,1'-biphenyl)-4-yl]methyl]-1H-imidazole-5-carboxylate, methyl-2-[[4-butyl-2-methyl-6-oxo-5-[[2'-(1H-tetrazol-5-yl)-[1,1'-biphenyl]-4-yl]methyl]-1-(6H)-pyrimidinyl]methyl]-3-thiophencarboxylate, 5-[(3,5-dibutyl-1H-1,2,4-triazol-1-yl)methyl]-2-[2-(1H-tetrazol-5-ylphenyl)]pyridine, 6-butyl-2-(2-phenylethyl)-5[[2'-(1H-tetrazol-5-yl)][1,1'-biphenyl]-4-methyl]pyrimidin-4-(3H)-one D,L lysine salt, 5-methyl-7-n-propyl-8-[[2'-(1H-tetrazol-5-yl)biphenyl-4-yl]methyl]-[1,2,4]-triazolo[1,5-c]pyrimidin-2(3H)-one, 2,7-diethyl-5-[[2'-(5-tetrazolyl)biphenyl-4-yl]methyl]-5H-pyrazolo[1,5-b][1,2,4]triazole potassium salt, 2-[2-butyl-4,5-

dihydro-4-oxo-3-[2'-(1H-tetrazol-5-yl)-4-biphenylmethyl]-3H-imidazol[4,5- c]pyridine-5-ylmethyl]benzoic acid, ethyl ester, potassium salt, 3-methoxy-2,6-dimethyl-4- [[2'-(1H-tetrazol-5-yl)-1,1'-biphenyl-4-yl]methoxy]pyridine, 2-ethoxy-1-[[2'-(5-oxo-2,5-dihydro- 1,2,4-oxadiazol-3-yl)biphenyl-4-yl]methyl] - 1 H-benzimidazole-7-carboxylic acid, 1 - [N-(2'-(1 H- tetrazol-5-yl)biphenyl-4-yl-methyl)-N-valerolylaminomethyl]cyclopentane- 1 -carboxylic acid, 7- methyl-2n-propyl-3-[[2' 1H-tetrazol-5-yl)biphenyl-4-yl]methyl]-3H-imidazo[4,5-6]pyridine, 2- [5-[(2-ethyl-5,7-dimethyl-3H-imidazo[4,5-b]pyridine-3-yl)methyl]-2-quinolinyl]sodium benzoate, 2-butyl-6-chloro-4-hydroxymethyl-5 -methyl-3 -[[2'-(1 H-tetrazol-5 -yl)biphenyl-4-yl]methyl]pyridine, 2- [[[2-butyl- 1 - [(4-carboxyphenyl)methyl] - 1 H-imidazol-5 -yl]methyl]amino]benzoic acid tetrazol-5-yl)biphenyl-4-yl]methyl]pyrimidin-6-one, 4(S)- [4-(carboxymethyl)phenoxy]-N-[2(R)-[4-(2-sulfobenzamido)imidazol- 1 -yl]octanoyl]-L-proline, 1 - (2,6-dimethylphenyl)-4-butyl-1,3-dihydro-3-[[6-[2-(1H-tetrazol-5-yl)phenyl]-3-pyridinyl]methyl]-2H-imidazol-2-one, 5 ,8-ethano-5 ,8-dimethyl-2-n-propyl-5 ,6,7,8-tetrahydro-1 - [[2'-(1H-tetrazol-5-yl)biphenyl-4-yl]methyl]-1H,4H-1,3,4a,8a-tetrazacyclopentanaphthalene-9-one, 4-[1-[2'-(1,2,3,4-tetrazol-5-yl)biphen-4-yl)methylamino]-5,6,7,8-tetrahydro-2-triflylquinazoline, 2-(2-chlorobenzoyl)imino-5-ethyl-3-[2'-(1H-tetrazole-5-yl)biphenyl-4-yl)methyl-1,3,4-thiadiazoline, 2-[5-ethyl-3-[2-(1H-tetrazole-5-yl)biphenyl-4-yl]methyl-1,3,4-thiazoline-2-ylidene]aminocarbonyl-1-cyclopentencarboxylic acid dipotassium salt, and 2-butyl-4-[N-methyl-N-(3 -methylcrotonoyl)amino] - 1 - [[2'-(1 H-tetrazol-5 -yl)biphenyl-4-yl]methyl]- 1 H- imidzole-5 -carboxylic acid 1-ethoxycarbonyloxyethyl ester, those disclosed in patent publications EP475206, EP497150, EP539086, EP539713, EP535463, EP535465, EP542059, EP497121, EP535420, EP407342, EP415886, EP424317, EP435827, EP433983, EP475898, EP490820, EP528762, EP324377, EP323841, EP420237, EP500297, EP426021, EP480204, EP429257, EP430709, EP434249, EP446062, EP505954, EP524217, EP514197, EP514198, EP514193, EP514192, EP450566, EP468372, EP485929, EP503162, EP533058, EP467207 EP399731, EP399732, EP412848, EP453210, EP456442, EP470794, EP470795, EP495626, EP495627, EP499414, EP499416, EP499415, EP511791, EP516392, EP520723, EP520724, EP539066, EP438869, EP505893, EP530702, EP400835, EP400974, EP401030, EP407102, EP411766, EP409332, EP412594, EP419048, EP480659, EP481614, EP490587, EP467715, EP479479, EP502725, EP503838, EP505098, EP505111 EP513,979 EP507594, EP510812, EP511767, EP512675, EP512676, EP512870, EP517357, EP537937, EP534706,

EP527534, EP540356, EP461040, EP540039, EP465368, EP498723, EP498722, EP498721, EP515265, EP503785, EP501892, EP519831, EP532410, EP498361, EP432737, EP504888, EP508393, EP508445, EP403159, EP403158, EP425211, EP427463, EP437103, EP481448, EP488532, EP501269, EP500409, EP540400, EP005528, EP028834, EP028833, EP411507, EP425921, EP430300, EP434038, EP442473, EP443568, EP445811, EP459136, EP483683, EP518033, EP520423, EP531876, EP531874, EP392317, EP468470, EP470543, EP502314, EP529253, EP543263, EP540209, EP449699, EP465323, EP521768, EP415594, WO92/14468, WO93/08171, WO93/08169, WO91/00277, WO91/00281, WO91/14367, WO92/00067, WO92/00977, WO92/20342, WO93/04045, WO93/04046, WO91/15206, WO92/14714, WO92/09600, WO92/16552, WO93/05025, WO93/03018, WO91/07404, WO92/02508, WO92/13853, WO91/19697, WO91/11909, WO91/12001, WO91/11999, WO91/15209, WO91/15479, WO92/20687, WO92/20662, WO92/20661, WO93/01177, WO91/14679, WO91/13063, WO92/13564, WO91/17148, WO91/18888, WO91/19715, WO92/02257, WO92/04335, WO92/05161, WO92/07852, WO92/15577, WO93/03033, WO91/16313, WO92/00068, WO92/02510, WO92/09278, WO92/10179, WO92/10180, WO92/10186, WO92/10181, WO92/10097, WO92/10183, WO92/10182, WO92/10187, WO92/10184, WO92/10188, WO92/10180, WO92/10185, WO92/20651, WO93/03722, WO93/06828, WO93/03040, WO92/19211, WO92/22533, WO92/06081, WO92/05784, WO93/00341, WO92/04343, WO92/04059, US5104877, US5187168, US5149699, US5185340, US4880804, US5138069, US4916129, US5153197, US5173494, US5137906, US5155126, US5140037, US5137902, US5157026, US5053329, US5132216, US5057522, US5066586, US5089626, US5049565, US5087702, US5124335, US5102880, US5128327, US5151435, US5202322, US5187159, US5198438, US5182288, US5036048, US5140036, US5087634, US5196537, US5153347, US5191086, US5190942, US5177097, US5212177, US5208234, US5208235, US5212195, US5130439, US5045540, US5041152, and US5210204, and pharmaceutically acceptable salts and esters thereof; α/β adrenergic blockers such as nipradilol, arotinolol, amosulalol, bretylium tosylate (CAS RN: 61-75-6), dihydroergtamine mesylate (such as ergotaman-3', 6', 18-trione, 9, -10-dihydro-12'-hydroxy-2'-methyl-5'-(phenylmethyl)-, (5'(α))-monomethanesulfonate, e.g., DHE 45® Injection, Novartis), carvedilol (such as ($\pm$)-1-(Carbazol-4-yloxy)-3-[[2-(o-methoxyphenoxy)ethyl] amino] -2-propanol, e.g., Coreg®, SmithKline Beecham), labetalol (such as 5-[1-hydroxy-2-[(1-methyl-3-phenylpropyl) amino]

ethylsalicylamide monohydrochloride, e.g., Normodyne®, Schering), bretylium tosylate (Benzenemethanaminium, 2-bromo-N-ethyl-N,N-dimethyl-, salt with 4-methylbenzenesulfonic acid (1 :1) CAS RN 61-75-6), phentolamine mesylate (Phenol, 3-[[[(4,5-dihydro-1H-imidazol-2-yl)methyl](4-methylphenyl)amino]-, monomethanesulfonate (salt) CAS RN 65-28-1), solypertine tartrate (5H-1,3-Dioxolo[4,5-f]indole, 7-[2-[4-(2-methoxyphenyl)-1-piperazinyl]ethyl]-, (2R,3R)-2,3-dihydroxybutanedioate (1 :1) CAS RN 5591-43-5), zolertine hydrochloride (Piperazine, 1-phenyl-4-[2-(1H-tetrazol-5-yl)ethyl]-, monohydrochloride (8Cl, 9Cl) CAS RN 7241-94-3) and the like; α adrenergic receptor blockers, such as alfuzosin (CAS RN: 81403-68-1), terazosin, urapidil, prazosin (Minipress®), tamsulosin, bunazosin, trimazosin, doxazosin, naftopidil, indoramin, WHP 164, XENOLO, fenspiride hydrochloride (which may be prepared as disclosed in US3399192), proroxyan (CAS RN 33743-96-3), and labetalol hydrochloride and combinations thereof; α 2 agonists such as methyldopa, methyldopa HCL, lofexidine, tiamenidine, moxonidine, rilmenidine, guanobenz, and the like; aldosterone inhibitors, and the like; renin inhibitors including Aliskiren (SPPIOO; Novartis/Speedel); angiotensin-2-binding agents such as those disclosed in WO03/030833; anti-angina agents such as ranolazine (hydrochloride 1-Piperazineacetamide, N-(2,6-dimethylphenyl)-4-[2-hydroxy-3-(2-methoxyphenoxy)propyl]-, dihydrochloride CAS RN 95635-56-6), betaxolol hydrochloride (2-Propanol, 1-[4-[2 (cyclopropylmethoxy)ethyl]phenoxy]-3-[(1-methylethyl)amino]-, hydrochloride CAS RN 63659-19-8), butopropine hydrochloride (Methanone, [4-[3(dibutylamino)propoxy]phenyl](2-ethyl-3-indoliziny)-, monohydrochloride CAS RN 62134-34-3), cinepazet maleate-Piperazineacetic acid, 4-[1-oxo-3-(3,4,5-trimethoxyphenyl)-2-propenyl]-, ethyl ester, (2Z)-2-butenedioate (1 :1) CAS RN 50679-07-7), tofisfen (Benzenesulfonamide, 4-methyl-N-[[[(1S)-1-methyl-2-phenylethyl]amino]carbonyl]- CAS RN 32295-184), verapamilhydrochloride (Benzeneacetonitrile, α -[3-[2-(3,4-dimethoxyphenyl)ethyl]methylamino]propyl]-3,4-dimethoxy- α -(1-methylethyl)-, monohydrochloride CAS RN 152-114), molsidomine (1,2,3-Oxadiazolium, 5-[(ethoxycarbonyl)amino]-3-(4-morpholinyl)-, inner salt CAS RN 25717-80-0), and ranolazine hydrochloride (1-Piperazineacetamide, N-(2,6-dimethylphenyl)-4-[2-hydroxy-3-(2-methoxyphenoxy)propyl]-, dihydrochloride CAS RN 95635-56-6); tofisfen (Benzenesulfonamide, 4-methyl-N-[[[(1S)-1-methyl-2-phenylethyl]amino]carbonyl]- CAS RN 32295-184); adrenergic stimulants such as guanfacine hydrochloride (such as N-amidino-2-(2,6-dichlorophenyl)

acetamide hydrochloride, e.g., Tenex® Tablets available from Robins); methyl dopa-hydrochlorothiazide (such as levo-3-(3,4-dihydroxyphenyl)-2-methylalanine) combined with Hydrochlorothiazide (such as 6-chloro-3,4-dihydro-2H -1,2,4-benzothiadiazine-7- sulfonamide 1,1-dioxide, e.g., the combination as, e.g., Aldoril® Tablets available from Merck), methyl dopa-chlorothiazide (such as 6-chloro-2H-1, 2,4-benzothiadiazine-7-sulfonamide 1,1-dioxide and methyl dopa as described above, e.g., Aldoclor®, Merck), clonidine hydrochloride (such as 2-(2,6-dichlorophenylamino)-2-imidazoline hydrochloride and chlorthalidone (such as 2-chloro-5-(1-hydroxy-3-oxo-1-isoindoliny) benzenesulfonamide), e.g., Combipres®, Boehringer Ingelheim), clonidine hydrochloride (such as 2-(2,6-dichlorophenylamino)-2-imidazoline hydrochloride, e.g., Catapres®, Boehringer Ingelheim), clonidine (1H-Imidazol-2-amine, N-(2,6-dichlorophenyl)4,5-dihydro-CAS RN 4205-90-7), Hyzaar (Merck; a combination of losartan and hydrochlorothiazide), Co-Diovan (Novartis; a combination of valsartan and hydrochlorothiazide, Lotrel (Novartis; a combination of benazepril and amlodipine) and Caduet (Pfizer; a combination of amlodipine and atorvastatin), and those agents disclosed in US20030069221.

1.2.2.11 Agents for the Treatment of Respiratory Disorders

[157] The GCC agonist peptides described herein can be used in combination therapy with one or more of the following agents useful in the treatment of respiratory and other disorders including but not limited to: (1) β -agonists including but not limited to : albuterol (PRO VENTIL® , S ALBUT AMOI® , VENTOLIN®), bambuterol, bitoterol, clenbuterol, fenoterol, formoterol, isoetharine (BRONKOSOL®, BRONKOMETER®), metaproterenol (ALUPENT®, METAPREL®), pirbuterol (MAXAIR®), reproterol, rimiterol, salmeterol, terbutaline (BRETHAIRE®, BRETHINE®, BRICANYL®), adrenalin, isoproterenol (ISUPREL®), epinephrine bitartrate (PRIMATENE®), ephedrine, orciprenline, fenoterol and isoetharine; (2) steroids, including but not limited to beclomethasone, beclomethasone dipropionate, betamethasone, budesonide, budesonide, butixocort, dexamethasone, flunisolide, fluocortin, fluticasone, hydrocortisone, methyl prednisone, mometasone, predonisolone, predonisone, tipredane, tixocortal, triamcinolone, and triamcinolone acetonide; (3) β 2-agonist-corticosteroid combinations [e.g., salmeterol-fluticasone (AD V AIR®), formoterol-budesonid (S YMBICORT®)] ; (4) leukotriene D4 receptor antagonists/leukotriene antagonists/LTD4 antagonists (i.e., any compound that is capable of blocking, inhibiting, reducing or otherwise

interrupting the interaction between leukotrienes and the Cys LTI receptor) including but not limited to: zafhiukast, montelukast, montelukast sodium (SINGULAIR®), pranlukast, iralukast, pobilukast, SKB-106,203 and compounds described as having LTD4 antagonizing activity described in U.S. Patent No. 5,565,473; (5) 5 -lipoxygenase inhibitors and/or leukotriene biosynthesis inhibitors [e.g., zileuton and BAY1005 (CA registry 128253-31-6)]; (6) histamine H1 receptor antagonists/antihistamines (i.e., any compound that is capable of blocking, inhibiting, reducing or otherwise interrupting the interaction between histamine and its receptor) including but not limited to: astemizole, acrivastine, antazoline, azatadine, azelastine, astemizole, bromopheniramine, bromopheniramine maleate, carbinoxamine, carebastine, cetirizine, chlorpheniramine, chlorpheniramine maleate, cimetidine clemastine, cyclizine, cyproheptadine, descarboethoxyloratadine, dexchlorpheniramine, dimethindene, diphenhydramine, diphenylpyraline, doxylamine succinate, doxylamine, ebastine, efletirizine, epinastine, famotidine, fexofenadine, hydroxyzine, hydroxyzine, ketotifen, levocabastine, levocetirizine, levocetirizine, loratadine, meclizine, mepyramine, mequitazine, methdilazine, mianserin, mizolastine, noberastine, norastemizole, noraztemizole, phenindamine, pheniramine, picumast, promethazine, pynlamine, pyrilamine, ranitidine, temelastine, terfenadine, trimeprazine, tripelenamine, and triprolidine; (7) an anticholinergic including but not limited to: atropine, benztropine, biperiden, flutropium, hyoscyamine (e.g. Levsin®; Levbid®; Levsin/SL®, Anaspaz®, Levsinex timecaps®, NuLev®), ilutropium, ipratropium, ipratropium bromide, methscopolamine, oxybutinin, rispenzepine, scopolamine, and tiotropium; (8) an anti-tussive including but not limited to: dextromethorphan, codeine, and hydromorphone; (9) a decongestant including but not limited to: pseudoephedrine and phenylpropanolamine; (10) an expectorant including but not limited to: guaifenesin, guaicol sulfate, terpin, ammonium chloride, glycerol guaicolate, and iodinated glycerol; (11) a bronchodilator including but not limited to: theophylline and aminophylline; (12) an anti-inflammatory including but not limited to: fluribiprofen, diclophenac, indomethacin, ketoprofen, S-ketroprophen, tenoxicam; (13) a PDE (phosphodiesterase) inhibitor including but not limited to those disclosed herein; (14) a recombinant humanized monoclonal antibody [e.g. xolair (also called omalizumab), rhuMab, and talizumab]; (15) a humanized lung surfactant including recombinant forms of surfactant proteins SP-B, SP-C or SP-D [e.g. SURFAXIN®, formerly known as dsc-104 (Discovery Laboratories)], (16) agents that inhibit epithelial sodium channels (ENaC) such as amiloride and related

compounds; (17) antimicrobial agents used to treat pulmonary infections such as acyclovir, amikacin, amoxicillin, doxycycline, trimethoprim sulfamethoxazole, amphotericin B, azithromycin, clarithromycin, roxithromycin, clarithromycin, cephalosporins(cefixitin, cefmetazole etc), ciprofloxacin, ethambutol, gentamicin, ganciclovir, imipenem, isoniazid, itraconazole, penicillin, ribavirin, rifampin, rifabutin, amantadine, rimantidine, streptomycin, tobramycin, and vancomycin; (18) agents that activate chloride secretion through Ca^{++} dependent chloride channels (such as purinergic receptor (P2Y(2) agonists); (19) agents that decrease sputum viscosity, such as human recombinant DNase 1, (Pulmozyme®); (20) nonsteroidal anti-inflammatory agents (acetaminophen, acetylsalicylic acid, alclufenac, alminoprofen, apazone, aspirin, benoxaprofen, bezpiperylon, bucloxic acid, carprofen, clidanac, diclofenac, diclofenac, diflunisal, diflusal, etodolac, fenbufen, fenbufen, fenclofenac, fenclozic acid, fenoprofen, fentiazac, feprazone, flufenamic acid, flufenisal, flufenisal, fluprofen, flurbiprofen, flurbiprofen, furofenac, ibufenac, ibuprofen, indomethacin, indomethacin, indoprofen, isoxepac, isoxicam, ketoprofen, ketoprofen, ketorolac, meclofenamic acid, meclofenamic acid, mefenamic acid, mefenamic acid, miroprofen, mofebutazone, nabumetone oxaprozin, naproxen, naproxen, niflumic acid, oxaprozin, oxpinac, oxyphenbutazone, phenacetin, phenylbutazone, phenylbutazone, piroxicam, piroxicam, piroprofen, pranoprofen, sudoxicam, tenoxicam, sulfasalazine, sulindac, sulindac, suprofen, tiaprofenic acid, tiopinac, tioxaprofen, tolafenamic acid, tolmetin, tolmetin, zidometacin, zomepirac, and zomepirac); and (21) aerosolized antioxidant therapeutics such as S-Nitrosoglutathione.

1.2.2.12 Anti-Diabetic Agents

[158] The GCC agonist peptides described herein can be used in therapeutic combination with one or more anti-diabetic agents, including but not limited to: PPAR γ agonists such as glitazones (e.g., WAY-120,744, AD 5075, balaglitazone, ciglitazone, darglitazone (CP-86325, Pfizer), englitazone (CP-68722, Pfizer), isaglitazone (MIT/J&J), MCC- 555 (Mitsubishi disclosed in US5594016), pioglitazone (such as Actos™ pioglitazone; Takeda), rosiglitazone (Avandia™; Smith Kline Beecham), rosiglitazone maleate, troglitazone (Rezulin®, disclosed in US4572912), rivoglitazone (CS-OI 1, Sankyo), GL-262570 (Glaxo Wellcome), BRL49653 (disclosed in WO98/05331), CLX-0921, 5-BTZD, GW-0207, LG- 100641, JJT-501

(JPNT/P&U), L-895645 (Merck), R-119702 (Sankyo/Pfizer), NN-2344 (Dr. Reddy/NN), YM-440 (Yamanouchi), LY-300512, LY-519818, R483 (Roche), T131 (Tularik), and the like and compounds disclosed in US4687777, US5002953, US5741803, US5965584, US6150383, US6150384, US6166042, US6166043, US6172090, US6211205, US6271243, US6288095, US6303640, US6329404, US5994554, W097/10813, W097/27857, W097/28115, W097/28137, W097/27847, W000/76488, W003/000685, W003/027112, W003/035602, W003/048130, W003/055867, and pharmaceutically acceptable salts thereof; biguanides such as metformin hydrochloride (N,N-dimethylimidodicarbonimidic diamide hydrochloride, such as Glucophage™, Bristol-Myers Squibb); metformin hydrochloride with glyburide, such as Glucovance™, Bristol-Myers Squibb); buformin (Imidodicarbonimidic diamide, N-butyl-); etoformine (1-Butyl-2-ethylbiguanide, Schering A. G.); other metformin salt forms (including where the salt is chosen from the group of, acetate, benzoate, citrate, ftimate, embonate, chlorophenoxyacetate, glycolate, palmoate, aspartate, methanesulphonate, maleate, parachlorophenoxyisobutyrate, formate, lactate, succinate, sulphate, tartrate, cyclohexanecarboxylate, hexanoate, octanoate, decanoate, hexadecanoate, octodecanoate, benzenesulphonate, trimethoxybenzoate, paratoluenesulphonate, adamantanecarboxylate, glycoxylate, glutarnate, pyrrolidonecarboxylate, naphthalenesulphonate, 1-glucosephosphate, nitrate, sulphite, dithionate and phosphate), and phenformin; protein tyrosine phosphatase- IB (PTP-IB) inhibitors, such as A-401,674, KR 61639, OC- 060062, OC-83839, OC-297962, MC52445, MC52453, ISIS 113715, and those disclosed in WO99/585521, WO99/58518, WO99/58522, WO99/61435, WO03/032916, WO03/032982, WO03/041729, WO03/055883, WO02/26707, WO02/26743, JP2002114768, and pharmaceutically acceptable salts and esters thereof; sulfonylureas such as acetohexamide (e.g. Dymelor, Eli Lilly), carbutamide, chlorpropamide (e.g. Diabinese®, Pfizer), gliamilide (Pfizer), gliclazide (e.g. Diamcron, Servier Canada Inc), glimepiride (e.g. disclosed in US4379785, such as Amaryl , Aventis), glipentide, glipizide (e.g. Glucotrol or Glucotrol XL Extended Release, Pfizer), gliquidone, glisolamide, glyburide/glibenclamide (e.g. Micronase or Glynase Prestab, Pharmacia & Upjohn and Diabeta, Aventis), tolazamide (e.g. Tolinase), and tolbutamide (e.g. Orinase), and pharmaceutically acceptable salts and esters thereof; meglitinides such as repaglinide (e.g. Prandin®, Novo Nordisk), KAD1229 (PF/Kissei), and nateglinide (e.g. Starlix®, Novartis), and pharmaceutically acceptable salts and esters thereof; α glucoside hydrolase inhibitors (or glucoside inhibitors) such

as acarbose (e.g. Precose™, Bayer disclosed in US4904769), miglitol (such as GLYSET™, Pharmacia & Upjohn disclosed in US4639436), camiglibose (Methyl 6-deoxy-6-[(2R,3R,4R,5S)-3,4,5-trihydroxy-2- (hydroxymethyl)piperidino]-alpha-D-glucopyranoside, Marion Merrell Dow), voglibose (Takeda), adiposine, emiglitate, pradimicin-Q, salbostatin, CKD-711, MDL-25,637, MDL- 73,945, and MOR 14, and the compounds disclosed in US4062950, US4174439, US4254256, US4701559, US4639436, US5192772, US4634765, US5157116, US5504078, US5091418, US5217877, US51091 and WOO 1/47528 (polyamines); α -amylase inhibitors such as tendamistat, trestatin, and AI -3688, and the compounds disclosed in US4451455, US4623714, and US4273765; SGLT2 inhibtors including those disclosed in US6414126 and US6515117; an aP2 inhibitor such as disclosed in US6548529; insulin secreatagogues such as linoglriride, A-4166, forskilin, dibutylr cAMP, isobutylmethylxanthine (IBMX), and pharmaceutically acceptable salts and esters thereof; fatty acid oxidation inhibitors, such as clomoxir, and etomoxir, and pharmaceutically acceptable salts and esters thereof; A2 antagonists, such as midaglizole, isaglidole, deriglidole, idazoxan, earoxan, and fluparoxan, and pharmaceutically acceptable salts and esters thereof; insulin and related compounds (e.g. insulin mimetics) such as biota, LP-100, novarapid, insulin detemir, insulin lispro, insulin glargine, insulin zinc suspension (lente and ultralente), Lys-Pro insulin, GLP-I (1-36) amide, GLP-I (73-7) (insulintropin, disclosed in US5614492), LY-315902 (Lilly), GLP-I (7-36)-NH₂), AL-401 (Autoimmune), certain compositions as disclosed in US4579730, US4849405, US4963526, US5642868, US5763396, US5824638, US5843866, US6153632, US6191105, and WO 85/05029, and primate, rodent, or rabbit insulin including biologically active variants thereof including allelic variants, more preferably human insulin available in recombinant form (sources of human insulin include pharmaceutically acceptable and sterile formulations such as those available from Eli Lilly (Indianapolis, Ind. 46285) as Humulin™ (human insulin rDNA origin), also see the THE PHYSICIAN'S DESK REFERENCE, 55.sup.th Ed. (2001) Medical Economics, Thomson Healthcare (disclosing other suitable human insulins); non-thiazolidinediones such as JT-501 and farglitazar (GW-2570/GI- 262579), and pharmaceutically acceptable salts and esters thereof; PPAR α/γ dual agonists such as AR-HO39242 (Aztazeneca), GW-409544 (Glaxo-Wellcome), BVT-142, CLX-0940, GW-1536, GW-1929, GW-2433, KRP-297 (Kyorin Merck; 5-[(2,4-Dioxo thiazolidinyl)methyl] methoxy-N-[[4-(trifluoromethyl)phenyl] methyl]benzamide), L-796449, LR-90, MK-0767

(Merck/Kyorin/Banyu), SB 219994, muraglitazar (BMS), tesaglitazar (Astrazeneca), reglitazar (JTT-501) and those disclosed in WO99/16758, WO99/19313, WO99/20614, WO99/38850, WO00/23415, WO00/23417, WO00/23445, WO00/50414, WO01/00579, WO01/79150, WO02/062799, WO03/004458, WO03/016265, WO03/018010, WO03/033481, WO03/033450, WO03/033453, WO03/043985, WO 031053976, U.S. application Ser. No. 09/664,598, filed Sep. 18, 2000, Murakami et al. Diabetes 47, 1841-1847 (1998), and pharmaceutically acceptable salts and esters thereof; other insulin sensitizing drugs; VPAC2 receptor agonists; GLK modulators, such as those disclosed in WO03/015774; retinoid modulators such as those disclosed in WO03/000249; GSK 3 β /GSK 3 inhibitors such as 4-[2-(2-bromophenyl)-4-(4-fluorophenyl)-1H-imidazol-5-yl]pyridine and those compounds disclosed in WO03/024447, WO03/037869, WO03/037877, WO03/037891, WO03/068773, EP1295884, EP1295885, and the like; glycogen phosphorylase (HGLPa) inhibitors such as CP-368,296, CP-316,819, BAYR3401, and compounds disclosed in WOO 1/94300, WO02/20530, WO03/037864, and pharmaceutically acceptable salts or esters thereof; ATP consumption promoters such as those disclosed in WO03/007990; TRB3 inhibitors; vanilloid receptor ligands such as those disclosed in WO03/049702; hypoglycemic agents such as those disclosed in WO03/015781 and WO03/040114; glycogen synthase kinase 3 inhibitors such as those disclosed in WO03/035663 agents such as those disclosed in WO99/51225, US20030134890, WO01/24786, and WO03/059870; insulin-responsive DNA binding protein-1 (IRDBP-I) as disclosed in WO03/057827, and the like; adenosine A2 antagonists such as those disclosed in WO03/035639, WO03/035640, and the like; PPAR δ agonists such as GW 501516, GW 590735, and compounds disclosed in JP10237049 and WO02/14291; dipeptidyl peptidase IV (DP-IV) inhibitors, such as isoleucine thiazolidide, NVP-DPP728A (1- [[[2-[(5-cyanopyridin-2-yl)amino]ethyl]amino]acetyl]-2-cyano-(S)-pyrrolidine, disclosed by Hughes et al, Biochemistry, 38(36), 11597-11603, 1999), P32/98, NVP-LAF-237, P3298, TSL225 (tryptophyl-1,2,3,4-tetrahydro-isoquinoline-3-carboxylic acid, disclosed by Yamada et al, Bioorg. & Med. Chem. Lett. 8 (1998) 1537-1540), valine pyrrolidide, TMC-2A/2B/2C, CD- 26 inhibitors, FE999011, P9310/K364, VIP 0177, DPP4, SDZ 274-444, 2-cyanopyrrolidides and 4-cyanopyrrolidides as disclosed by Ashworth et al, Bioorg. & Med. Chem. Lett., Vol. 6, No. 22, pp 1163-1166 and 2745-2748 (1996) ,and the compounds disclosed in US6395767, US6573287, US6395767 (compounds disclosed include BMS-477118, BMS-471211 and BMS 538,305), WO99/38501,

WO99/46272, WO99/67279, WO99/67278, WO99/61431 WO03/004498, WO03/004496, EP1258476, WO02/083128, WO02/062764, WO03/000250, WO03/002530, WO03/002531, WO03/002553, WO03/002593, WO03/000180, and WO03/000181; GLP-I agonists such as exendin-3 and exendin-4 (including the 39 aa polypeptide synthetic exendin-4 called Exenatide®), and compounds disclosed in US2003087821 and NZ 504256, and pharmaceutically acceptable salts and esters thereof; peptides including amlintide and Symlin® (pramlintide acetate); and glyckinase activators such as those disclosed in US2002103199 (fused heteroaromatic compounds) and WO02/48106 (isoindolin-1-one-substituted propionamide compounds).

[159] All patents, patent applications, and publications mentioned herein are hereby incorporated by reference in their entireties. However, where a patent, patent application, or publication containing express definitions is incorporated by reference, those express definitions should be understood to apply to the incorporated patent, patent application, or publication in which they are found, and not to the remainder of the text of this application. In the case of conflict, the present specification, including definitions, will control. The references cited herein are not admitted to be prior art to the invention.

[160] It is to be understood that while the invention has been described in conjunction with the preferred specific embodiments thereof, that the foregoing description is intended to illustrate and not limit the scope of the invention. It will be understood by those skilled in the art that various changes may be made and equivalents may be substituted without departing from the scope of the invention, and further that other aspects, advantages and modifications will be apparent to those skilled in the art to which the invention pertains.

EXAMPLES

Example 1: Preparation of side-chain protected fragments of SP-304

[161] Attachment Fmoc-AA-OH to 2-ClTrt resin

[162] 2-ClTrt resin (10 g, substitution = 1.0 mmol/g resin) was suspended in 100 mL of dichloromethane (DCM) for 5 minutes, and then drained. The esterification was performed

using 1.5 equiv. of Fmoc-amino acid and 1.7 equiv. Diisopropylethylamine (DIEA) in 80 mL of DCM (with minimum quantity of dimethylformamide (DMF) to dissolve the amino acid completely) for 2 hours. The resulting resin was washed with 60 mL of DCM and endcapped with 60 mL of DIEA/methanol (1:9, v/v) solution for 30 minutes. The loaded resin was then washed with DCM (6 vol.) for 2 times, DMF (6 vol.) for 3 times and methyl t-butylether (MTBE) (6 vol.) for 3 times, and dried under high vacuum. The substitution of the Fmoc-protected resin was determined by Fmoc release assay. Finally, the Fmoc group was deprotected with a mixture of 5% piperidine, 1% 1,8-diazobicyclo[5.4.0]undec-7-ene (DBU) and 1% N-Hydroxybenzotriazole (HOBt) in DMF (10 vol.) for 2 times and the resin was washed and dried under high vacuum to give the final resin for peptide synthesis. The results of the experiments are listed in Table VIII below.

Table VIII. Preparation of H-Gly-2ClTrt and H-Leu-2ClTrt resin

Amino acid 2-ClTrt resin	Synthesis scale (mmol)	Substitution of the loaded resin from Fmoc release assay	Yield (Weight, % yield)
H-Gly-2ClTrt resin	4.16	0.57mmol/g resin	6g, 82%
H-Leu-2ClTrt resin	5.20	0.81mmol/g resin	6.4g, 100%
H-Gly-2ClTrt resin	300	0.80mmol/g resin	328.6g, 88%
H-Leu-2ClTrt resin	300	0.75mmol/g resin	338.5g, 84%

[163] Synthesis of side-chain-protected fragments A and B

[164] H-Gly-2-ClTrt resin or H-Leu-2-ClTrt resin was suspended in DMF (10 vol.) for 20 minutes, then drained. The resulting resin was washed with DMF (10 vol.) for 5 minutes. The chain assembly was conducted using the standard Fmoc chemistry. Generally, 1.5 equiv. of Fmoc amino acid and 1.5 equiv. of HOBt were dissolved in DMF (4.5 vol.), followed by addition of 1.5 equiv. of DIEA. Then, the resulting solution was cooled to below 5 °C with an ice water bath, and activated by addition of 1.5 equiv. of HBTU. DCM (1.5 vol.) was added to the resin, followed by addition of the activated Fmoc amino acid solution. The resulting mixture

was stirred at room temperature for 2 hours and the completion of the acylation was monitored by Kaiser Test. If Kaiser Test indicated the presence of unreacted amine after 2 hours, recoupling with the same protocol using 1.0 equiv. of Fmoc amino acid, 1.0 equiv. of HOBt and 1.0 equiv. of DIEA was required. Capping was generally achieved by acetylating the unreacted amine with a mixture of acetic anhydride/pyridine/DMF solution. The peptide sequence was assembled by repeating the above capping procedure with the corresponding Fmoc-amino acid derivatives in the sequence from C- to N-terminal. The coupling of Fmoc-Cys(Trt)-OH or Fmoc-Cys(Acm)-OH residue was achieved by using 2.0 equiv. of Fmoc-Cys(Trt)-OH or Fmoc-Cys(Acm)-OH, 2.0 equiv. HOBt and 2.0 equiv. of DIC *in situ* activation in DCM/DMF protocol to minimize racemization of cysteine.

[165] After completion of the synthetic step, the peptide resin was thoroughly washed with DMF (10 vol.), MTBE (10 vol.), DMF (10 vol. 3 times) and MTBE (10 vol. 3 times) and subsequently dried in a vacuum oven to a constant weight.

[166] The side-chain-protected peptide was cleaved from the resin using 1%TFA/DCM (10 vol.) for 3 times, 5 minutes for each time and the cleavage fractions were collected onto pyridine each time (1:1 volume ratio to TFA in each cleavage fraction). The peptide resin was washed with DCM (7.5 vol.). The fractions were combined and concentrated under vacuum to 10% of the original volume, and the resulting solution was reconstituted with ethanol (3 vol.) and concentrated to 50% of the original volume. Finally, the peptide was precipitated out by addition of water (1 vol.). The solid was collected by vacuum filtration or centrifugation and washed with water twice. The product was dried in vacuum to a constant weight and subjected to HPLC and ES-MS analysis. The results of the experiments are presented in Table IX below.

Table IX. Preparation of Fragments A and B

Fragment	Synthesis scale (mmol)	Final peptide resin weight and yield from the weight gain of the resin	Yield of Fragment obtained (%yield)	Purity (HPLC)	Fragment Masses Calculated/Found*

FmocAA7-14OH (1)	3.4	9.5g, 66.4%	3.337g (61.3%)	87.8%	1599.95/1598.86
BocAA1-6OH (2)	5.2	11.8g, 76.3%	5.896g (76.9%)	94.6%	1474.80/1473.94
FmocAA7-14OH (1')	200	479.7g, 74.4%	213.7g (66.8%)	90.1%	1599.95/1598.81
BocAA1-6OH (2')	200	544.0g, 101.3%	247.0g (83.7%)	94.2%	1474.80/1473.94

*Calculated = average molecular mass; Found = mono-isotopic mass by ES-MS

Example 2: Condensation of fragments of SP-304 in solution

[167] Synthesis of fragment C: H-AA15-16OtBu (1-1)

[168] A solution of Fmoc-Cys(Acm)-OH (124.38 gm, 0.3 mol), H-Leu-OtBu.HCl (67.12 gm, 0.3 mol), and HOBt (40.54 gm, 0.3 mol) in DMF (600 mL) was cooled to -5 °C. 2-[1H-Benzotriazole-1-yl]-1,1,3,3-tetramethyluronium hexafluorophosphate (HBTU) (113.79 gm, 0.3 mol) was added and dissolved completely. DIEA (183.1 mL, 1.05 mol) was added dropwise over a period of 105 minutes at the same temperature with good stirring, keeping the pH of the mixture between 6 and 7. Stirring was continued for 15 minutes at 0 °C and the reaction was monitored with TLC. The reaction mixture was diluted with ethyl acetate (EtOAc) (600 mL) and 5% H₃PO₄ (300 mL). The organic layer was separated and the aqueous layer was extracted with EtOAc (600 mL). The combined extracts were washed with 5% H₃PO₄ (2 times), H₂O (1 time), saturated NaHCO₃ (3 times), H₂O (2 times), and brine (2 times). The solution was dried over MgSO₄ anhydrous, filtered, and evaporated in vacuo to dryness. The product was recrystallized from petroleum ether/EtOAc (3:1) and dried: 166.75 gm (yield 95.0%, purity 99.0%).

[169] Fmoc-Cys(Acm)-Leu-OtBu (166.75 gm, 0.277 mol) was dissolved in a 10% piperidine/DCM solution (810 mL) with stirring. The reaction was monitored with TLC. After the reaction was completed in 3 hours, the solvent and the volatile materials were removed using a rotavap. The oily material obtained was triturated with petroleum ether to remove the by-products by decantation. The residue, a syrup, was taken up in EtOAc, and washed with a mixture solution of $\text{NaH}_2\text{PO}_4/\text{Na}_2\text{HPO}_4$ (pH=6), then saturated NaHCO_3 , purified H_2O , and brine. The organic layer was dried over MgSO_4 anhydrous. Evaporation of the solvent and the volatile materials yielded an oily product H-Cys(Acm)-Leu-OtBu (**1-1**) (73.23 gm, yield: 73.1%, purity: 98.0%).

[170] Synthesis of fragment B-C: HAA7-16OtBu (**2-3**)

[171] A solution of Fmoc-AA7-14OH (**1'**) (198.3 gm, 124.0 mmol), H-AA15-16OtBu (**1-1**) (52.3 gm, 148.8 mmol) and Cl-HOBt (21.0 gm, 124.0 mmol) in DMF (2500 mL) was cooled to -5 °C. HBTU (51.7 gm, 136.4 mmol) was added and dissolved completely. DIEA (54.1 mL, 310 mmol) was then added with stirring, keeping the pH of the mixture between 6 and 7. Stirring was continued for 30 minutes at 0-5 °C. The reaction mixture was allowed to warm up to 20-27 °C slowly and stirring was continued for one and a half hours. Then, the mixture was poured into precooled (10-20 °C) 0.5 N HCl aq. (20 L). The suspension was stored at 20-25 °C for 45 minutes. The solid was collected by filtering the suspension through a fritted-glass funnel of medium porosity and subsequent washing with 0.5 N HCl aq. (3500 mL, 2 times), purified water (3500 mL), saturated NaHCO_3 aq. (3500 mL, 2 times) and purified water (3500 mL, 2 times) and diethyl ether (2000 mL, 2 times). Finally, the wet, crude peptide FmocAA7-16OtBu (**2-3**) was dried in a desiccator under high vacuum at room temperature to yield product 238.22 gm (purity, 85.27%, yield 98.9%).

[172] Synthesis of the fully protected A-B-C: BocAA1-16OtBu (**3-3**)

[173] A solution of HAA7-16OtBu (**2-3**) (183.67 gm, 106.71 mmol), BocAA1-6-OH (**2'**) (157.65 gm, 106.71 mmol), and 6-Cl-HOBt (18.141 gm, 106.71 mmol) in DMF (3 L) were cooled to at -3 to 0 °C. HBTU (44.523 gm, 117.38 mmol) was added and dissolved completely. DIEA (55.8 mL, 320.13 mmol) was then added with stirring, keeping the pH of the mixture 6. Stirring was continued for 20 minutes at -5 to 0 °C. The reaction mixture was allowed to warm

up to 25 °C slowly and stirring was continued for 2.5 hours, followed by further addition of HBTU (4.048 gm, 10.671 mmol) and DIEA (2 mL). Stirring was continued for another 1.5 hours. The resulting mixture was poured into MeOH (15 L), and the precipitate was collected and washed with MeOH/DMF mixture (5:1, v/v) (2 times, 3 L), 0.1N HCl (3 L, 2 times), saturated NaHCO₃ (2 times), purified water (3 times), diethyl ether (2 times) and dried in vacuo to yield the product BocAA1-16OtBu (**3-3**) (278.0 gm, yield 82.0%. Note: the purity was determined after the deprotection).

[174] Synthesis of the Partially Protected Linear SP-304: HAA1-16OH (**4-4**)

[175] A mixture of TFA/TIS/EDT (8:1:1, 2400 mL) was cooled to (0-5°C) under nitrogen and Boc-AA1-16OtBu (**3-3**) (201 gm) was added in portions. The resulting suspension was stirred at 0-10°C for 30 min, then the reaction solution was allowed to warm up to 20-25°C with a water bath (10 minutes) and stirring was continued for additional 1hr and 50 min at the same temperature. The reaction mixture was poured into pre-cooled (10 °C) MTBE (18 L). Some heat was evolved during the addition of the peptide/TFA solution and the internal temperature went up to 25 °C. The resulting suspension was then stored in an ice-water bath (5-10 °C) for 40 min. The precipitate was collected by filtration and washed with MTBE (2000 mL, 4 times), and dried in vacuum over P₂O₅, yielding 148.37 gm of off-white product, HAA1-16OH (**4-4**) (purity: 62.23%, ES-MS, MW: calculated=1828.07, found=1826.67).

Example 3: Oxidative cyclization and purification of SP-304 by polystyrenic absorbent resin

[176] HAA1-16OH (**4-4**) (0.58 gm) was dissolved in 5 mL of acetonitrile and diluted with 575 mL of purified water. The solution was adjusted to pH 8-9 with 25% ammonia solution, and 3% hydrogen peroxide (0.58 mL) was added, then the reaction mixture was kept for an hour with monitoring the disulfide formation by HPLC. Nitrogen was then passed through the reaction mixture and the solution was acidified to pH 3-4 with acetic acid (71.8% HPLC, recovery 98.5% estimated from peak area). The resulting mixture was added 1% iodine/ACN dropwise over a period of 10 minutes with good stirring until the yellow color of the iodine persisted. Stirring was continued for 30 minutes at 17-20 °C. The iodine was quenched by addition of 0.5 M

ascorbic acid aq. until the yellow disappeared. Then, the pH of the mixture was adjusted to 6-7 with 25% ammonia solution (51.0% HPLC, recovery 50% estimated from peak area).

[177] The polystyrenic absorbent resin (D101) was packed to a 3(ID) × 9(L) CM column and well equilibrated with 6 column volume (CV) of ethanol, 4 CV of purified water, 2 CV of 5% HCl aq., 4 CV of purified water, 2 CV of 2% NaOH aq. and 4 CV of purified water at the flow rate of 3 CV/hour. The oxidized peptide solution was then loaded to the column at 2 CV/h. After loading, the column was washed with 2 CV purified water at 2 CV/h. The elution was conducted by applying 80% ethanol aq. to the column at 2 CV/h. The fractions with UV absorbents at 215 nm, was collected and combined (125 mL). The combined fractions were then evaporated in vacuum to 10% of the original volume and the suspension was precipitated with 125 mL of cold MTBE (10 vol). The solid was collected by filtration and dried in vacuum to yield the crude SP-304 (0.282 g, 55.0% HPLC).

Example 4: Oxidative cyclization and purification of SP-304 by RP-HPLC

[178] Crude peptide (4-4), prepared as described in Example 2 was dissolved in 10% ACN aqueous to an approximate concentration of 1.25 g/L with continuous stirring via a mechanical stirrer. The pH of the peptide solution was adjusted to 8.5-9.0 with 20% ammonia aqueous and the resulting solution was stirred vigorously open to the atmosphere. Hydrogen peroxide (3%, 0.25 equiv.) was added and stirring was continued at room temperature for 60 minutes. The HPLC analysis showed complete consumption of the linear peptide. Then, the solution was acidified to pH 3-4 with 10% AcOH aqueous. The resulting solution was diluted to a concentration of about 1 g/L with purified water. Iodine (1.3% in ACN) was added in with vigorous stirring over a period of 10 minutes until the yellow color of the iodine persisted. At about half-hourly intervals samples were taken from the mixture and analyzed by RP-HPLC. The monocyclized peptide peak decreased gradually and a new peak (dicyclized peptide) emerged. Oxidation was complete when no monocyclized peptide peak left. The excess iodine was neutralized by a small amount of ascorbic acid. The resulting solution was loaded on a C₁₈ RP-HPLC column packed with Kromasil 100Å, 10µm silica gel. After the dicyclized peptide solution was loaded, a 3 column volume of a solution of 90% mobile phase A (1.0%TEA, 0.5%H₃PO₄ in H₂O, pH=7) and 10% mobile phase B (acetonitrile) was loaded to wash out lines. Then, gradient was operated from 10% B to 30% B in 80 minutes. Fractions were collected at

recorded intervals when main peak began to elute. The purity of each fraction was monitored by analytical RP-HPLC. Fractions of purity $\leq 95\%$ (not meeting the Main Pool criteria) were pooled accordingly and forward processed using the same buffer system and gradient elution parameters stated above. All fractions with purity $\geq 95\%$ were pooled and stored at 2-8°C. The purified peptide solution was diluted in a 1:1 ratio with purified water and then loaded to the same RP-HPLC column. The counter-ion exchange was accomplished by washing the column with 2-3 column volumes of 0.5M ammonium acetate aqueous, followed by gradient elution from 90% C (0.2% AcOH aqueous solution) and 10% mobile phase D (ACN) to 50% mobile phase C and 50% mobile phase D in 50 minutes. Fractions were collected at recorded intervals and monitored by analytical RP-HPLC. The fractions ($\geq 95\%$) were collected and lyophilized to obtain final dry peptide, 68.0g (96.1% pure).

Example 5: Desalination and isolation of SP-304 after purification by RP-HPLC

[179] After plecanatide was purified by RP-HPLC as described in Example 4, it was desalinated and isolated. Briefly, the purified plecanatide in ammonium acetate/acetonitrile/water buffer was loaded onto a column packed with polymeric adsorbent (macroporous adsorption resin) and then eluted by a mixture of alcohol/water. Finally, the peptide alcohol solution was concentrated under reduced pressure, precipitated with an ether, e.g., diethyl ether or MTBE, and dried under vacuum to give the final product.

[180] Resin (Polymeric Adsorbents) Screening

[181] **Resin pre-treatment:** Polymeric adsorbents, DA201-C (from Jiangsu Suqing, China; crosslinked polystyrene; surface area 1200-1400 m²/g; average pore diameter: 3-4 nm; pore volume: 1.1-1.2 ml/g; bulk density: 0.68-0.75 g/ml; specific density: 1.03-1.1 g/ml; moisture: 50-60%; particle size: 0.315~1.25 mm $\geq 95\%$; effective diameter: 0.4~0.7 mm; uniformity coefficient: $\leq 1.6\%$), DA201-H (from Jiangsu Suqing, China; crosslinked polystyrene; surface area ≥ 800 m²/g; average pore diameter: 6-8 nm; pore volume: 1.5-1.8 ml/g; bulk density: 0.65-0.70 g/ml; specific density: 1.02-1.07 g/ml; moisture: 55-65%; particle size: 0.315~1.25 mm $\geq 95\%$; effective diameter: 0.4~0.7 mm; uniformity coefficient: $\leq 1.6\%$), ADS-5 (from Nankai Hecheng, China; crosslinked polystyrene; surface area 520-600 m²/g; average pore diameter: 25-

30 nm; bulk density: 0.7-0.8 g/ml; moisture: 60-70%; particle size: 0.315~1.25 mm $\geq 95\%$; uniformity coefficient: $\leq 1.6\%$), and ADS-8 (from Nankai Hecheng, China; crosslinked polystyrene; surface area 450-500 m²/g; average pore diameter: 12-16 nm; bulk density: 0.65-0.75 g/ml; moisture: 60-70%; particle size: 0.315~1.25 mm $\geq 95\%$; uniformity coefficient: $\leq 1.6\%$) were suspended in 4-6 volume of ethanol overnight. Decant or suction off the supernatant from the settled resin. Add 6-8 volume of deionized water and resuspend the resin with gentle overhead stirring. Again, decant or suction off the supernatant from the settled resin. Repeat the above water treatment and decantation steps until fines appearance is minimal.

[182] **Column packing and regeneration:** Resuspend the pre-treated resins above with 1-2 volume of deionized water to form the resin slurry respectively by using gentle agitation. Pour the resin slurry slowly down the inside of the column to prevent air entrapment. After the resin slurry has been fully transferred to the column, rinse the inside of the column using a squirt bottle containing deionized water. Open the column outlet to form a settled resin bed (ID=4cm, H=10cm). Then the resin beds were washed successively at a flow rate of 3CV per hour by 4 CV of deionized water, 2CV of 5% HCl aq, 4CV of deionized water, 2CV of 2% NaOH aq and finally 4 CV of deionized water till the pH of the elute was around 7.

[183] **Preparation of loading samples:** 2000mg of lyophilized plecanatide was dissolved in a mixture of 60mL of ACN and 150mL of 0.2% AcOH aq (the pH of the AcOH aq was adjusted to 4 with 10% ammonia aq.). After filtration with 1.2 μ m Nylon membrane, the filtrate was diluted to 250 mL with 0.2% AcOH aq (pH4) and split into 4 parts (62.5 mL each) for loading.

[184] **Loading the sample to the columns:** 62.5 mL of peptide solution above was loaded onto the above 4 columns at a flow rate of 2CV/h respectively. The loading elute was collected and tested by RP-HPLC to evaluate the absorbent capacity of each resin. The absorbent capacity results of each resin were demonstrated in Table X below.

Table X

Resins	Peptide in loading sample	Peptide absorbed	Absorbent ratio
DA201-C	500mg	303.5mg	60.7%

DA201-H	500mg	493.4mg	98.7%
ADS-5	500mg	450.5mg	90.1%
ADS-8	500mg	466.1mg	93.2%

[185] **HPLC Method:** HPLC machine: Shimadzu LC-10AD vp; column: Kromasil, C18, 4.6x250mm ; mobile phase A: 0.1%TFA in water; mobile phase B: 0.1%TFA in ACN; detect at: 215nm; column temperature: 40°C; flow rate: 1.0mL/min; gradient: 25%B to 45% B in 30 min.

[186] **Absorbent Capacity Calculation:** The absorbent capacity of each resin was demonstrated by the absorbent ratio of the peptide loaded onto each column, which was calculated by the quantity of the peptide absorbed in each resin column divided by the peptide quantity in each loading sample (500mg). The quantity of peptide absorbed in each column was calculated by the formula below:

[187] **Quantity of peptide absorbed**=Quantity of peptide in the loading sample-Quantity of peptide in the loading elute= 500mg- 62.5mLx (1.6mg/mL x HPLC peak area of the eluate/HPLC peak area of the peptide standard solution)

[188] **Washing the Column with Deionized Water:** The loaded columns above were then washed with 2CV of deionized water at 2CV/h to remove the salts. The washing eluates were collected and analyzed by RP-HPLC to determine the peptide quantity desorbed by water using the same method above. The desorbed peptide ratios of each resin were listed in Table XI below.

Table XI

Resins	Peptide absorbed in resin	Peptide desorbed	Desorption ratio
DA201-C	303.5mg	184.5mg	60.8%
DA201-H	493.4mg	40.9mg	8.3%
ADS-5	450.5mg	41.9mg	9.3%
ADS-8	466.1mg	40.1mg	8.6%

[189] ***Desorbing the Peptide with 90%Ethanol/Water:*** After 2CV of water washes, the peptide absorbed in each column was then eluted by 1-2CV of 90% ethanol in water at 2 CV/h. The elution was collected and analyzed by RP-HPLC to determine the peptide quantity desorbed by 90% ethanol using the same method above. The desorbed peptide ratios of each resin were listed in Table XII below.

Table XII

Resins	Peptide absorbed in resin after 2CV water washes	Peptide desorbed	Desorption ratio
DA201-C	119.0mg	47.6mg (by 2CV ethanol)	40%
DA201-H	452.5mg	452.5mg (by 1.5CV ethanol)	100%
ADS-5	408.6mg	408.6mg (by 1.5 CV ethanol)	100%
ADS-8	426.0mg	426.0mg (by 1.5 CV ethanol)	100%

[190] ***Isolation of the Peptide from the Ethanol Solution:*** The collected peptide/ethanol/water solution from each column was concentrated under reduced pressure, precipitated with MTBE, filtered and dried *in vacuo* to give the final product. The overall yield of the peptide processed by each column was demonstrated in Table XIII below.

Table XIII

Resins	Peptide in loading sample	Final product obtained	Overall yield
DA201-C	500mg	52mg	10.4%
DA201-H	500mg	460mg	92.0%
ADS-5	500mg	400mg	80.0%
ADS-8	500mg	430mg	86.0%

[191] **Resin Screening Conclusion:** From the data above (Table X to Table XIII), the DA201-H resin presented the best absorbent capacity and the best desorption (by ethanol) performance for plecanatide among the resins in the experiment.

[192] **Desalination and Isolation Process Optimization**

[193] **Eluting Solvents Selection:** Isopropanol and ethanol are two commonly used solvents for eluting the peptide from the polymeric absorbents. Table XIV shows the amount of plecanatide that is able to be dissolved in aqueous ethanol or isopropanol solution depending on the v/v % isopropanol (or ethanol): water.

Table XIV

Solvent	Solubility
90%IPA/Water	67.5 mg/mL
75%IPA/Water	596.1 mg/mL
50%IPA/Water	635.0 mg/mL
90%EtOH/Water	302.0 mg/mL
75%EtOH/Water	700.0 mg/mL

[194] The water in the peptide/alcohol solution can be removed by azeotropic distillation. Table XV shows the property of the binary azeotropes of ethanol/water and isopropanol/water.

Table XV

Component A	Component B	Boiling Point A	Boiling Point B	Azeotrope Boiling Point	Azeotrope Wt.% A
Water	Ethanol	100 °C	78.3 °C	78.2 °C	4 %
Water	Isopropanol	100 °C	82.3 °C	80.3 °C	12.6 %

[195] Degradation of plecanatide will occur during the long time storage of the peptide/alcohol/water solution and the concentration process. Table XVI demonstrates the stability data of plecanatide in 75% IPA/water solution and 90% EtOH/water at 23°C.

Table XVI

Duration	Purity (in 90% EtOH aq.)*	Purity (in 75% IPA aq.)*
0 hours	98.5%	98.7%
2 hours	98.4%	98.7%
4 hours	N/A	98.3%
6 hours	98.1%	97.5%
8 hours	N/A	96.6%
10 hours	95.5%	N/A
24hours	92.0%	N/A
25 hours	N/A	96.1%

* **HPLC Method:** HPLC machine: Shimadzu LC-10AD vp; column: Kromasil, C18, 4.6x250mm; mobile phase A: 0.1%TFA in water; mobile phase B: 0.1%TFA in ACN; detect at: 215nm; column temperature: 40°C; flow rate: 1.0mL/min; gradient: 25%B to 45% B in 30 min.

[196] From the testing data obtained, plecanatide was fairly stable at 23 °C in alcohol/water solution within 6 hours.

[197] Elution experiments were conducted using isopropanol/water mixtures with different v/v %. The desorption ratio and water content of the peptide eluates were listed in Table XVII below.

Table XVII

v/v % IPA/Water	75% IPA/water	95% IPA/water	100% IPA/water
Water content in peptide	65.9%	53.0%	49.8%
Desorption ratio	100%	100%	90%

[198] **75% Isopropanol/water as eluting solution:** 500mg of plecanatide (98.1% pure) was dissolved in a mixture of 16 mL ACN and 49 mL of 0.2% AcOH aqueous (the pH of the 0.2%AcOH solution was adjusted to 4.0 by addition of 10% NH₄OH aq). After filtration by 1.2 µm nylon membrane, the peptide solution was loaded onto a column packed with DA201-H resin (ID=4cm, H=10cm, packed and pre-treated by the procedure mentioned previously) at 2CV/h. After loading, the column was washed with 2 CV deionized water at 2CV/h. Then, the peptide was eluted by 1.5CV of 75% IPA/water at 2CV/h. The elution was monitored by RP-HPLC. The eluate was collected (124mL, 98.3% pure). Karl Fisher analysis indicated water (65.9% wt. %). Into a 1-neck, 500-mL round bottom flask was placed 124mL of peptide/IPA/water eluate collected above (97.6% pure, slight degradation occurred during storage at 2-8 °C for 2 days). The flask was then placed under reduced pressure (60 Pa) on a rotary evaporator and partially immersed in a 23 °C water bath. A whitish suspension was formed by feed-stripping approximately 622mL of isopropanol in 2 hours to about 1/3 of the initial volume of the solution (97.7% pure). Karl Fisher analysis indicated water (0.17% wt. %). To the concentrate was added 350 mL of pre-chilled diethyl ether, the solid was collected by centrifugation at 3500 rpm for 3 minutes and dried under vacuum to yield 333 mg of final product (yield 66.6%, 97.2% HPLC purity).

[199] **95% Isopropanol/water as eluting solution I:** 500mg of plecanatide (98.1% pure) was dissolved in a mixture of 16 mL ACN and 49 mL of 0.2% AcOH aqueous (the pH of the 0.2%AcOH solution was adjusted to 4.0 by addition of 10% NH₄OH aq). After filtration by 1.2 µm nylon membrane, the peptide solution was loaded onto a column packed with DA201-H resin (ID=4cm, H=10cm, pre-treated by the procedure mentioned previously) at 2CV/h. After loading, the column was washed with 2 CV deionized water at 2CV/h. Then, the peptide was eluted by 1.5CV of 95% IPA/water at 2CV/h. The elution was monitored by RP-HPLC. The eluate was collected (117mL, 98.1% pure). Karl Fisher analysis indicated water (52% wt. %). Into a 1-neck, 500-mL round bottom flask was placed 117mL of peptide/IPA/water eluate collected above. The flask was then placed under reduced pressure (50 Pa) on a rotary evaporator and partially immersed in a 23 °C water bath. A whitish solid was formed by feed-stripping approximately 470mL of isopropanol in 130min (97.9% pure). To the solid above was added 50 mL of pre-chilled diethyl ether to form a suspension and evaporated under reduced pressure

(50Pa) on a rotary evaporator at 23°C to dryness. Yield was 430mg of final product (86%). HPLC purity was 97.9%.

[200] **95% Isopropanol/water as eluting solution II:** 500 mg of plecanatide (98.1% pure) was dissolved in a mixture of 16 mL ACN and 49 mL of 0.2% AcOH aqueous (the pH of the 0.2%AcOH solution was adjusted to 4.0 by addition of 10% NH₄OH aq). After filtration by 1.2 µm nylon membrane, the peptide solution was loaded onto a column packed with DA201-H resin (ID=4cm, H=10cm, packed and pre-treated by the procedure mentioned previously) at 2CV/h. After loading, the column was washed with 2 CV deionized water at 2CV/h. Then, the peptide was eluted by 1.5CV of 95% IPA/water at 2CV/h. The elution was monitored by RP-HPLC. The eluate was collected (118mL, 98.2% pure). Karl Fisher analysis indicated water (53% wt. %). Into a 1-neck, 500-mL round bottom flask was placed 118mL of peptide/IPA/water eluate collected above. The flask was then placed under reduced pressure (50 Pa) on a rotary evaporator and partially immersed in a 23 °C water bath. A whitish suspension (~40mL) was formed by feed-stripping approximately 330mL of isopropanol in 100min (97.7% pure). To the suspension above was added 400 mL of pre-chilled diethyl ether to form a suspension. After standing at ambient temperature for 1 hour, the solid was collected by centrifugation at 3500 rpm for 3 minutes, and dried under vacuum to yield 370 mg of final product. Yield was 74%. HPLC purity was 97.9%.

[201] **95% Isopropanol/water as eluting solution III:** 10g of plecanatide was desalted and precipitated in a manner similar to that described above. Interestingly, the precipitation yield was improved to 93%, which is a significant increase in yield. HPLC purity after precipitation was 98.47%.

Example 6: Characterization of lyophilized SP-304 and precipitated SP-304

[202] The plecanatide purified by lyophilization as described in Example 4 and plecanatide purified by precipitation as described in Example 5 were analyzed to determine significant chemical impurity values such as the levels of acetamide, TFA, ammonium ion, and acetonitrile. The results are listed in the table below.

	Acetamide	TFA	Ammonium ion	Acetonitrile
Lyophilized plecanatide	356 ppm	0.14%	1.58%	40 ppm
Precipitated plecanatide	< 28 ppm (LOQ of method)	0.09%	0.23%	Not Detected (20 ppm LOQ)

[203] As demonstrated by results above, the precipitation process provided significantly reduced levels of undesirable process impurities.

[204] The plecanatide purified by lyophilization as described in Example 4 and plecanatide purified by precipitation as described in Example 5 were measured to obtain their bulk densities, tap densities, particle size distribution, and shape.

[205] **EQUIPMENT:** (1) Tap Density Tester Model TD-1020; (2) Sonic Sifter Separator Model L3P; (3) Optical Microscope LINITRON 2850.

[206] **METHODS:**

- 1) Bulk and Tap Density Measurements: Modified USP 1 Method
 - a. 100.0 mL graduate cylinder was used for lyophilized plecanatide
 - b. 10.0 mL graduated cylinder was used for precipitated plecanatide
- 2) Particle Size Distribution Analysis
 - a. Screens used: 200, 140, 100, 60, 40 and 30 meshes.
 - b. Sample size: 2g of lyophilized plecanatide and 6.4g of precipitated plecanatide
- 3) Optical Microscopic Analysis: Particle Size and Shape
 - a. Dry powder was manually dispersed onto a microscopic plate
 - b. Magnification: 100 x
 - c. Under normal light condition (no polarized filters)

[207] **RESULTS:**

[208] (1) *Physical Appearance*: lyophilized plecanatide is a light, fluffy and white powder. Precipitated plecanatide is a slightly off-white powder.

[209] (2) *Bulk and Tap Density*: Table XVIII provides bulk and tap density data for Plecanatide samples of both lyophilized and precipitated:

Table XVIII

Plecanatide Sample	Bulk Density, g/mL	Tap Density, g/mL
Lyophilized, Lot 101221	0.0332	0.0680
Precipitated, Lot 120210	0.486	0.641

[210] As seen from the data, the precipitated plecanatide is unexpectedly significantly denser than the lyophilized plecanatide. The precipitated plecanatide has less tendency of dust generation during processing, which affords the advantages of increased safety and reduced processing losses.

[211] (3) *Particle Size Distribution*: Table XIX summarizes the particle size distribution analysis. Figure 1 presents the data graphically.

Table XIX

# Mesh Size	Particle Size (μm)	Weight Retained (g)		Percent Retained	
		Lyophilized	Precipitated	Lyophilized	Precipitated
30	600	0.07	0.45	3.6%	7.1%
40	425	0.26	0.17	13.3%	2.7%
60	250	0.17	0.67	8.7%	10.5%
100	150	0.51	2.08	26.0%	32.7%
140	106	0.65	1.22	33.2%	19.2%

200	75	0.24	0.68	12.2%	10.7%
Pan	< 75	0.06	1.09	3.1%	17.1%
	Total	1.96	6.36	100.0%	100.0%

[212] As demonstrated by Table XIX and Fig. 1, the particle size distributions are different for both types of plecanatide. During analysis, it was observed that the precipitated plecanatide contained some larger particles, which could be broken up easily. It was also noticed that the lyophilized plecanatide appeared to be flaky and sticking onto top and bottom of sieves, whereas no sticking was observed for the precipitated plecanatide. It indicates a better processing property of the precipitated plecanatide.

[213] (4) *Particle Size and Shape*: Figures 2 and 3 provide optical microscopic analysis of samples of lyophilized and precipitated plecanatide, respectively. As seen in Figure 2, the lyophilized plecanatide is in amorphous form and has irregular shapes of particles. They form physical aggregates with particles lying on top of each other. In Figure 3, the precipitated plecanatide shows distinguishable individual particles. From the particle appearances and shapes, the precipitated plecanatide will have better flow property and therefore can facilitate solid processing during manufacturing.

[214] The lyophilized and precipitated forms of plecanatide have shown distinguishable physical appearances and properties by density, particle size distribution and shape analyses. The precipitated form is more suitable for solid dosage form processing during manufacturing in terms of reducing dust generation, less sticking onto processing equipment, and potentially less processing losses.

[215] The precipitated form is more suitable for processing solid dosage form during manufacture (e.g., a low-dose solid dosage form). The higher density of the precipitated material will reduce aerosol or “dust” losses during weighing, transferring, and blending. The different particle shape has been shown to reduce loss caused by sticking to screens or sieves. The higher density should improve content uniformity since the size and density of the drug particles more closely match those of the excipients.

Example 7: Low-dose formulation of precipitated SP-304

[216] The plecanatide purified by precipitation as described in Example 5 is processed further to make low-dose formulations as described below.

composition of dry-blending batch

Item No.	Ingredient	Concentration % w/w
1	SP-304	0.3246
2	Microcrystalline cellulose (Avicel PH 102)	99.43
3	Magnesium stearate	0.2500
4	HPMC capsule shells	n/a
	Total	100

Blending:

[217] Avicel PH 102 is screened through a 60 mesh screen. V-blenders (1 Qt, 4Qt, and 16 Qt) are then dusted by the screened Avicel PH 102. SP-304 is screened through a 200 mesh screen and loaded into the 1-Qt V-blender. Then, about 80 g Avicel PH 102 is added into the 1-Qt blender and the mixture is blended for 10 minutes at 25 rpm. The mixture is then transferred to the 4-Qt V-blender which is pre-dusted by the screened Avicel PH 102. The 1-Qt blender is rinsed with Avicel and the rinse material is transferred to the 4-Qt blender. The rinsing is repeated until all SP-304 is transferred to the 4-Qt blender. About 200g Avicel is added to the 4-Qt V-blender and the mixture is blended for 10 minutes. The resulting blend is then screened through a 60 mesh screen and then transferred into the pre-dusted 16-Qt blender (dusted with 1500g Avicel). The 4-Qt blender is rinsed with Avicel and the rinse material is transferred to the 16-Qt blender. The remaining Avicel is added to the 16-Qt blender and the mixture is blended for 10 minutes. The resulting blend is passed through Comil, rinsed with excess of Avicel, and then returned to the 16-Qt blender and is further blended for 5 minutes. Proper amount of magnesium stearate is weighed, screened through a 60 mesh screen, and added into the 16-Qt

blender. The resulting mixture is blended for 2 minutes. The resulting mixture is then either packaged in capsules or compressed to form tablets.

Encapsulation

[218] A MG2 Planeta capsule filler is set up. Average weight of the empty capsule shells is determined and target capsule fill weight was calculated ($\pm 5\%$). The blend from the above process is added into the hopper of the capsule filler and encapsulation is started. Run weight parameters are manually adjusted. Resulting capsules are then sorted according to the target fill weight.

Compression

[219] A Fette tablet press is set up. Then the blend mixture is loaded into the powder hopper and tooling is installed. The weight of each tablet is set to be 100 mg $\pm 5\%$ and hardness to be 4-6 Kp. The weight, hardness, and thickness of tablets are measured and recorded every 5 to 10 minutes. Friability measurement is also performed to ensure satisfactory product.

We claim:

1. A process of preparing a peptide comprising a GCC agonist sequence selected from the group consisting of SEQ ID NOs: 1-249, wherein the GCC agonist sequence is n amino acid units in length, with the N-terminal unit at position 1 and the C-terminal unit at position n , the process comprising:

providing a first fragment having a first sequence of amino acid units from position j through position k of the GCC agonist sequence, wherein j is an integer between 1 and $n-1$, k is an integer between 2 and n and is greater than j , and the first fragment is protected except for an amino group of the amino acid unit at position j , or alternatively, a carboxyl group of the amino acid unit at position k ,

providing a second fragment having a second sequence of amino acid units from position h through position $j-1$ of the GCC agonist sequence or having a third sequence of amino acid units from position $k+1$ through position m of the GCC agonist sequence, wherein h is an integer between 1 and $n-2$ and is smaller than j , m is an integer between $k+2$ and n , and the second fragment is protected except for a carboxyl group of the amino acid unit at position $j-1$ or an amino group of the amino acid unit at position $k+1$, and

coupling the first and the second fragments via a solution-phase synthesis to yield a protected peptide having a sequence of amino acid units from position h through position k of the GCC agonist sequence or a protected peptide having a sequence of amino acid units from position j through position m of the GCC agonist sequence.

2. The process of claim 1, wherein the GCC agonist sequence is selected from the group consisting of SEQ ID NOs: 1, 8, 9, 55, 56, 58, and 59.

3. The process of claim 1, wherein the GCC agonist sequence is selected from the group consisting of SEQ ID NOs: 1 and 9.

4. The process of claim 3, wherein at least one of the first and second fragments is provided via a solid-phase peptide synthesis.

5. The process of claim 4, wherein the solid-phase peptide synthesis is a Fmoc solid-phase synthesis.

6. The process of claim 5, wherein the Fmoc solid-phase synthesis is performed on 2-chlorotrityl resin.
7. The process of claim 3, wherein *h* is 1, *j* is 7, and *k* is 16.
8. The process of claim 3, wherein *h* is 7, *j* is 15, and *k* is 16.
9. The process of claim 8, further comprising deprotecting an amino group of the amino acid unit at position 7 of the protected peptide having the sequence of amino acid units from position 7 through position 16 of the GCC agonist sequence to yield a position-7 reactive peptide.
10. The process of claim 9, further comprising providing a third fragment having a sequence of amino acid units from position 1 through position 6 of the GCC agonist sequence, wherein the third fragment is protected except for a carboxyl group of the amino acid at position 6.
11. The process of claim 10, wherein the third fragment is provided via a solid-phase peptide synthesis.
12. The process of claim 11, wherein the solid-phase peptide synthesis is Fmoc solid-phase synthesis.
13. The process of claim 10, further comprising coupling the third fragment and the position-7 reactive peptide via a solution-phase synthesis to yield a protected linear peptide having a sequence of amino acid units from position 1 through position 16 of the GCC agonist sequence.
14. The process of claim 13, further comprising deprotecting the protected linear peptide to yield a deprotected linear peptide.
15. The process of claim 14, further comprising oxidizing the deprotected linear peptide to yield the peptide comprising the GCC agonist sequence selected from the group consisting of SEQ ID NOs: 1 and 9.

16. The process of claim 1, wherein at least one of the first and second fragments is provided via a solid-phase peptide synthesis.
17. The process of claim 16, wherein the solid-phase peptide synthesis is Fmoc solid-phase synthesis.
18. The process of claim 1, wherein each of the first and second fragments is not more than 10 amino acid units in length.
19. The process of claim 18, wherein the second fragment has the second sequence of amino acid units from position h through position $j-1$ of the GCC agonist sequence and either one or both of the amino acid unit of the second fragment at position $j-1$ and the amino acid unit of the first fragment at position k is selected from the group consisting of glycine, proline, leucine, alanine, and arginine.
20. The process of claim 18, wherein the second fragment has the second sequence of amino acid units from position h through position $j-1$ of the GCC agonist sequence and either one or both of the amino acid unit of the second fragment at position $j-1$ and the amino acid unit of the first fragment at position k is selected from the group consisting of glycine and proline.
21. The process of claim 18, wherein the second fragment has the third sequence of amino acid units from position $k+1$ through position m of the GCC agonist sequence and either one or both of the amino acid unit of the second fragment at position m and the amino acid unit of the first fragment at position k is selected from the group consisting of glycine, proline, leucine, alanine, and arginine.
22. The process of claim 18, wherein the second fragment has the third sequence of amino acid units from position $k+1$ through position m of the GCC agonist sequence and either one or both of the amino acid unit of the second fragment at position m and the amino acid unit of the first fragment at position k is selected from the group consisting of glycine and proline.
23. The process of claim 1, wherein k is n , the second fragment has the second sequence of amino acid units from position h through position $j-1$ of the GCC agonist sequence,

and the amino acid unit at positions $j-1$ is selected from the group consisting of glycine, proline, leucine, alanine, and arginine.

24. The process of claim 23, further comprising deprotecting an amino group of the amino acid unit at position h of the protected peptide having a sequence of amino acid units from position h through position k of the GCC agonist sequence to yield a position- h reactive peptide.

25. The process of claim 24, further comprising providing a fourth fragment having a sequence of amino acid units from position 1 through position $h-1$ of the GCC agonist sequence, wherein the fourth fragment is protected except for a carboxyl group of the amino acid unit at position $h-1$.

26. The process of claim 25, wherein the fourth fragment is provided via a solid-phase peptide synthesis.

27. The process of claim 26, wherein the solid-phase peptide synthesis is Fmoc solid-phase synthesis.

28. The process of claim 25, wherein the fourth fragment is not more than 10 amino acid units in length.

29. The process of claim 25, further comprising coupling the fourth fragment and the position- h reactive peptide via a solution-phase synthesis to yield a protected linear peptide having a sequence of amino acid units from position 1 through position n of the GCC agonist sequence.

30. The process of claim 29, further comprising deprotecting the protected linear peptide to yield a deprotected linear peptide having a sequence of amino acid units from position 1 through position n of the GCC agonist sequence.

31. The process of claim 30, further comprising oxidizing the deprotected linear peptide to yield the peptide comprising the GCC agonist sequence selected from the group consisting of SEQ ID NOs: 1-249.

32. The process of claim 31, further comprising purifying the peptide comprising the GCC agonist sequence selected from the group consisting of SEQ ID NOs: 1-249, wherein the purification comprises adsorbing the peptide onto a polymeric adsorbent column, optionally rinsing the peptide with deionized water, eluting the optionally rinsed peptide off the polymeric adsorbent column with an alcohol aqueous solution to form a peptide solution, removing water and the alcohol from the peptide solution to precipitate the peptide, and optionally adding an ether to the dewatered peptide to facilitate precipitation of the peptide.

33. The process of claim 32, wherein the alcohol aqueous solution comprises isopropanol.

34. The process of claim 32, wherein the ether comprises diethyl ether.

35. The process of claim 32, further comprising salt exchanging the peptide by washing the peptide with an aqueous solution comprising an ammonium salt before the purification.

36. The process of claim 35, further comprising, lyophilizing the peptide after the salt exchanging step before the purification.

37. A process of purifying the peptide comprising the GCC agonist sequence selected from the group consisting of SEQ ID NOs: 1-249, the process comprising adsorbing the peptide onto a polymeric adsorbent column, desalting the peptide, eluting the desalted peptide off the polymeric adsorbent column with an alcohol aqueous solution to form a peptide solution, removing water from the peptide solution, and adding an ether to the dewatered peptide to precipitate the peptide.

38. The process of claim 37, wherein the alcohol aqueous solution comprises isopropanol.

39. The process of claim 37, wherein the ether comprises diethyl ether.

40. The process of claim 37, further comprising salt exchanging the peptide by washing the peptide with an aqueous solution comprising an ammonium salt before the purification.

41. The process of claim 40, further comprising, lyophilizing the peptide after the salt exchanging step before the purification.

42. A purified peptide comprising the GCC agonist sequence selected from the group consisting of SEQ ID NOs: 1-249, wherein the peptide has a bulk density of no less than 0.1 g/mL, no less than 0.2 g/mL, no less than 0.3 g/mL, no less than 0.4 g/mL, or no less than 0.5 g/mL.

43. A purified peptide, wherein the peptide is purified by the process of any of claims 37-41.

44. The purified peptide of claim 42, wherein the peptide is purified by the process of any of claims 37-41.

45. The purified peptide of any of claims 42-44, wherein the peptide has a tap density of no less than 0.1 g/mL, no less than 0.2 g/mL, no less than 0.3 g/mL, no less than 0.4 g/mL, no less than 0.5 g/mL, or no less than 0.6 g/mL.

46. The purified peptide of any of claims 42-45, wherein the peptide has a chromatographic purity of no less than 95%, no less than 97%, or no less than 98%.

47. The purified peptide of any of claims 42-46, wherein peptide is substantially free of water.

48. The purified peptide of any of claims 42-47, wherein peptide is substantially free of impurities selected from acetonitrile, acetamide, alcohols, ammonium, and TFA.

49. The purified peptide of any of claims 42-48, wherein the peptide is substantially free of topoisomers.

50. The purified peptide of any of claims 42-49, wherein the peptide comprises the GCC agonist sequence of SEQ ID NO: 1.

51. The purified peptide of any of claims 42-49, wherein the peptide comprises the GCC agonist sequence of SEQ ID NO: 9.

Application number / Numéro de demande: 2828 346

Figures: _____

Pages: 2, 3

Unscannable items received with this application
(Request original documents in File Prep. Section on the 10th floor)

Documents reçu avec cette demande ne pouvant être balayés
(Commander les documents originaux dans la section de la préparation
des dossiers au 10^{ième} étage)

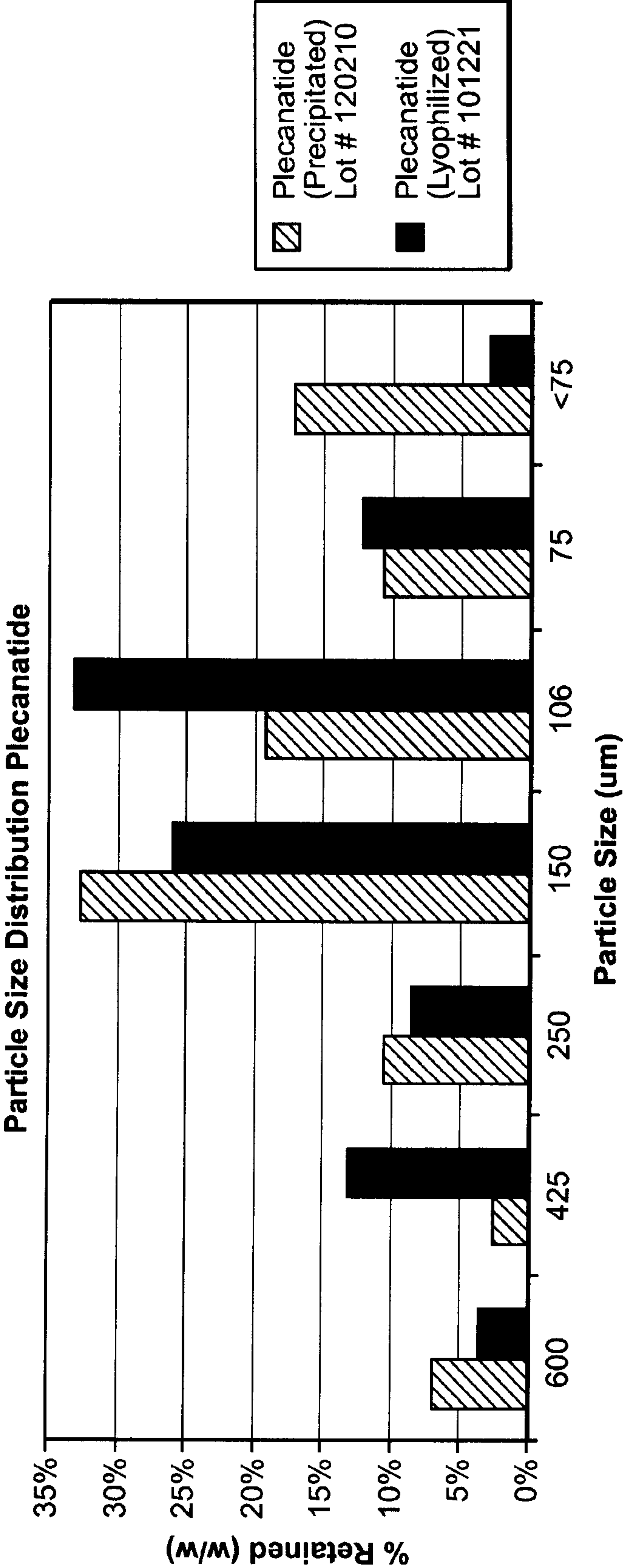


FIG. 1

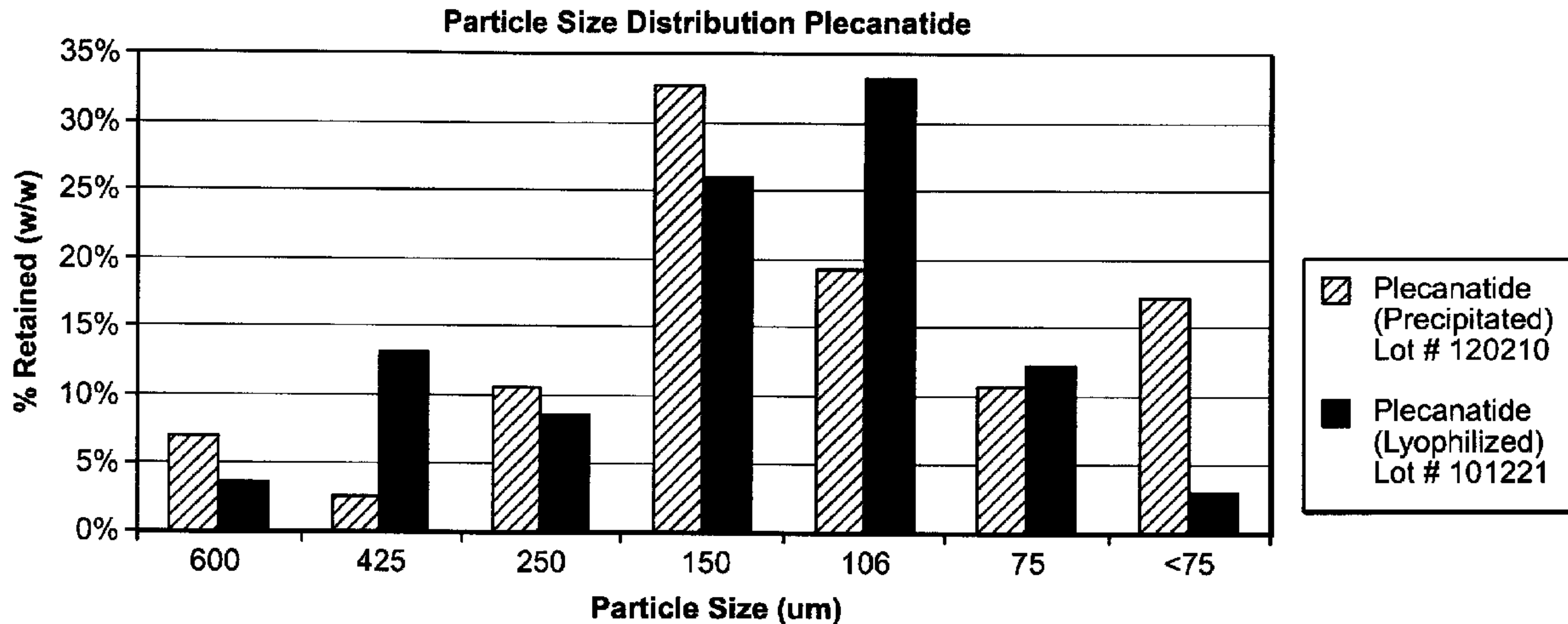


FIG. 1