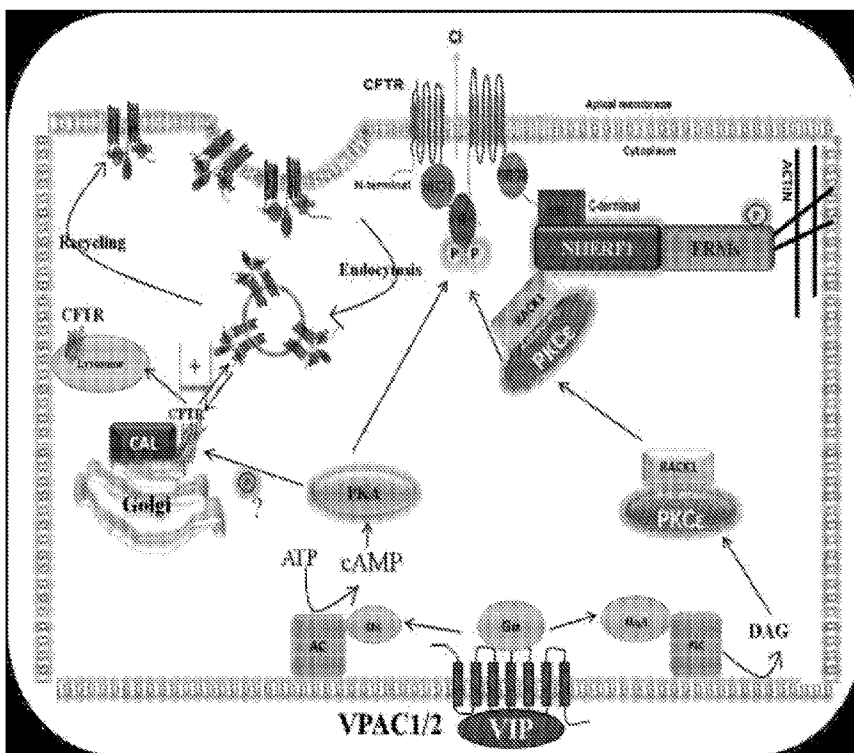




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(57) Abrégé/Abstract:

The present disclosure provides a method of treating diseases or disorders associated with CFTR protein dysfunction, including Cystic Fibrosis, by administering stable, long-lasting vasoactive intestinal peptide therapeutic agents. These agents include one or more elastin-like peptides and can be administered at a low-dose.

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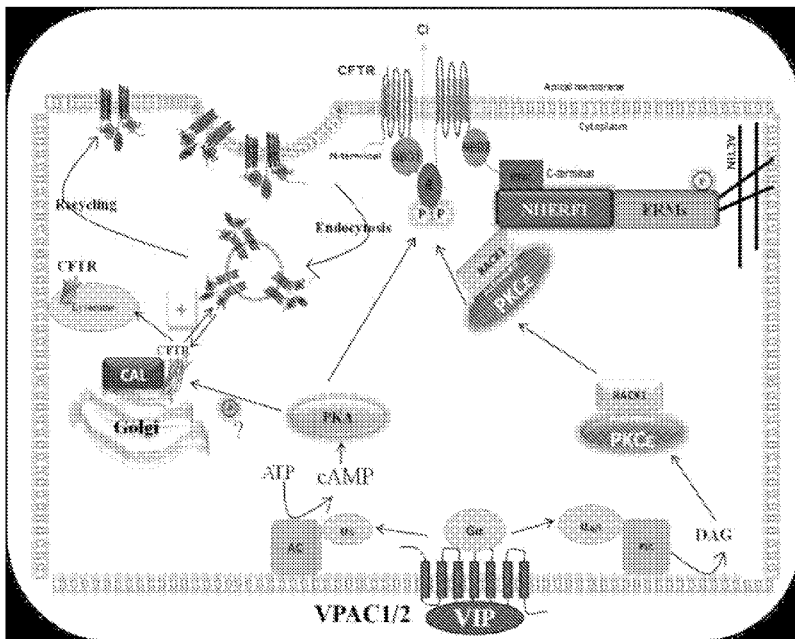
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(54) Title: METHODS AND COMPOSITIONS FOR TREATING CYSTIC FIBROSIS

FIGURE 1



(57) Abstract: The present disclosure provides a method of treating diseases or disorders associated with CFTR protein dysfunction, including Cystic Fibrosis, by administering stable, long-lasting vasoactive intestinal peptide therapeutic agents. These agents include one or more elastin-like peptides and can be administered at a low-dose.

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METHODS AND COMPOSITIONS FOR TREATING CYSTIC FIBROSIS

[0001]

[0002]

BACKGROUND

[0003] Cystic Fibrosis is a chronic, progressive, and fatal genetic disorder afflicting approximately 1 in 2,500 people worldwide. This disease is caused by loss of function mutations in the Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) gene which codes for a cAMP-regulated anion channel expressed primarily at the apical plasma membrane of secretory epithelial cells in the airways, pancreas, intestine, and other tissues. Nearly 2000 mutations in the CFTR gene have been identified that produce the loss of function phenotype by impairing translation, cellular processing, and/or chloride channel gating. (Rowe and Verkman (2013)).

[0004] In addition to inherited mutations in the CFTR gene, environmental factors, such as cigarette smoke, can lead to acquired CFTR protein defects. The loss of function CFTR phenotype leads to impaired ion and water transport across the cell membrane. Consequently, the affected cells produce abnormally thick mucus which obstructs the airways and glands, leading to difficulty breathing, increased infection, infertility, tissue damage, and death.

[0005] Current therapies focus on alleviating the symptoms of CFTR protein dysfunction. However, therapies that correct the underlying CFTR protein defect are needed.

SUMMARY OF THE INVENTION

[0006] The present disclosure provides Vasoactive Intestinal Peptide (VIP) therapeutics to treat, delay, or ameliorate symptoms of CFTR protein dysfunction. The buildup of thick, sticky mucus in afflicted patients results in permanent tissue damage, including the formation of scar tissue (fibrosis). This tissue damage leads to severe patient impairment and death. Preventing, delaying, or ameliorating the formation of this thick, sticky mucus can treat CFTR protein dysfunction.

[0007] In some aspects, the present disclosure provides a method for treating cystic fibrosis comprising administering to a patient in need thereof a pharmaceutical composition comprising a Vasoactive Intestinal Peptide (VIP) and one or more elastin-like peptides (ELP).

[0008] In some aspects, the present disclosure provides a method for treating symptoms of CFTR protein dysfunction comprising administering to a patient in need thereof a pharmaceutical composition comprising a Vasoactive Intestinal Peptide (VIP) and one or more elastin-like peptides (ELP).

[0009] In some aspects, the present disclosure provides a method for increasing CFTR protein function in a patient in need thereof comprising administering a pharmaceutical composition comprising a Vasoactive Intestinal Peptide (VIP) and one or more elastin-like peptides (ELP).

[0010] In some aspects, the present disclosure provides a method for increasing CFTR function comprising administering to a patient with an acquired defect in CFTR function a pharmaceutical composition comprising a Vasoactive Intestinal Peptide (VIP) and one or more elastin-like peptides (ELP). In some aspects, the patient acquired a defect in CFTR function through smoking. In some aspects, the patient with an acquired defect in CFTR function has chronic obstructive pulmonary disease (COPD).

[0011] In some aspects, the present disclosure provides a method for increasing ion efflux rates in the cells of a subject with CFTR protein dysfunction comprising administering to the patient a pharmaceutical composition comprising a Vasoactive Intestinal Peptide (VIP) and one or more elastin-like peptides (ELP).

[0012] In some aspects, the present disclosure provides a method for increasing respiratory rates in a subject with CFTR protein dysfunction comprising administering to the patient a

pharmaceutical composition comprising a Vasoactive Intestinal Peptide (VIP) and one or more elastin-like peptides (ELP).

[0013] In some aspects, the present disclosure provides a method for decreasing sweat chloride concentration in a subject with CFTR protein dysfunction comprising administering to the patient a pharmaceutical composition comprising a Vasoactive Intestinal Peptide (VIP) and one or more elastin-like peptides (ELP).

BRIEF DESCRIPTION OF THE FIGURES

[0014] **Figure 1** is a schematic depicting the mechanism whereby VIP increases CFTR protein membrane density. (1) The dissociation of CFTR from CAL into the cytoplasm to promote CFTR membrane insertion; (2) Activation of the PKC ϵ signaling cascade that potentiates NHERF1/PERMs complex interaction with membrane CFTR to mediate its surface stability (Alshafie (2014)).

[0015] **Figure 2A-D** shows the iodide efflux rates of VIP (Panel B), PB1046 (Panel C), and PB1120 (Panel D). Cells were treated with the indicated concentrations for 2 hours before stimulation with a cAMP activator cocktail. Rescued F508-delCFTR were stimulated by a cAMP activator cocktail added to the efflux buffer from time 3 to 15 minutes. Panel A shows the iodide efflux rates from JME/CF15 cells maintained at 37°C in the absence of correctors. EC₅₀ and plateau concentrations (n=3-5) are indicated for each compound.

[0016] **Figure 3A-C** shows the iodide efflux rates of JME/CF15 cells maintained at 37°C and incubated with VIP, PB1046, or PB1120 as indicated for 2 to 24 hours before stimulation with a cAMP activator cocktail. Rescued F508-delCFTR were stimulated by a cAMP activator cocktail added to the efflux buffer from time 3 to 15 minutes. The lower panels show the effect of addition of the CFTR inhibitor CFTR_{inh172} (20 μ M) 30 minutes before and during the entire efflux experiments.

[0017] **Figure 4A-B** shows the correction of F508del-CFTR maturation and membrane expression. JME/CF15 cells were immunostained for CFTR (A). Panel B shows an immunoblot of lysates from cells maintained at 37°C and incubated with each compound for 24 hours.

[0018] **Figure 5** shows iodide efflux rates measured on JME/CF15 cells treated with the following conditions before stimulation with a cAMP activator cocktail: (27C) 24 hours at 27°C; (VIP) 37°C + treatment with 900 nM VIP for 24 hours; (PB1120) 37°C + treatment with 1µM PB1120 for 24 hours; (PB1046) 37°C + treatment with 1.2 µM PB1046 for 18 hours; (VX809) 37°C + treatment with 1µM VX809 for 24 hours; (VX661) 37°C + treatment with 3µM VX661 for 24 hours. Rescued F508del-CFTR was stimulated by a cAMP activator cocktail.

[0019] **Figure 6A-C** demonstrates iodide efflux rates measured on JME/CF15 cells maintained at 37°C. Panel **A** shows acute treatment with 1µM VX770 at 37°C did not produce any significant stimulation compared to basal levels ($p > 0.7$). Panel **B** shows treatment with 350 nM PB1046 for 18 hours alone or in combination with acute treatment with 1µM VX770. Panel **C** shows treatment with 140 nM PB1120 for 24 hours, alone or in combination with acute treatment with 1µM VX770. Rescued F508del-CFTR was stimulated by a cAMP activator cocktail. Administration of agents together resulted in a synergistic effect on iodide efflux.

[0020] **Figure 7** demonstrates iodide efflux rates measured on JME/CF15 cells maintained at 37°C. Cells were treated with 1µM PB1120 for 24 hours alone or in combination with 1µM VX809 for 24 hours. Administration of the agents together resulted in a synergistic effect on iodide efflux.

DETAILED DESCRIPTION

[0021] Cystic Fibrosis (CF) is a recessive genetic disorder characterized by the buildup of thick, sticky mucus that leads to increased incidence of infections and tissue damage in afflicted patients. The disorder's most common symptoms include progressive damage to the respiratory system and chronic digestive problems. Cystic Fibrosis is caused by mutations in the Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) gene that reduce or abolish the activity of the resulting protein. The CFTR protein is a transmembrane chloride channel primarily localized to the luminal, or apical membranes of epithelial cells in a variety of different tissues and organs including airway tissues, intestine, pancreas, kidney, vas deferens, and sweat duct.

[0022] Currently nearly 2,000 mutations in the CFTR gene have been identified that lead to a loss of function phenotype. For example, the F508del mutation, which is present in at least one allele in about 90% of Cystic Fibrosis patients, impairs CFTR folding, stability at the endoplasmic reticulum, and chloride channel gating (Rowe and Verkman (2013). Other

identified mutations alter, for example, channel gating (e.g. G551D), conductance (e.g. R117H), or translation (e.g. G542X).

[0023] Subjects can also acquire a defect in CFTR protein function (e.g. through smoking). For example, cigarette smoking inhibits chloride transport in cultured bronchial epithelial cells, and reduced CFTR activity is observed in smokers without mutations in the CFTR gene (Sloane (2012)). A number of extrapulmonary disorders associated with CFTR dysfunction are also found in smokers, including idiopathic pancreatitis, male infertility, cachexia, and diabetes mellitus (Raju (2013)).

[0024] The loss of function CFTR phenotype decreases the movement of chloride ions across the cell membrane, leading to aberrant ion and fluid homeostasis at epithelial surfaces, and damage to numerous organs and tissue systems. For example, in the lung, the defect in chloride transport is coupled with hyperabsorption of sodium, leading to the generation of thick and dehydrated mucus which allows chronic bacterial infections, and causes bronchiectasis and progressive airway destruction, eventually leading to the loss of pulmonary function. In the pancreas, the altered transport of electrolytes leads to decreased production of sodium bicarbonate and a build-up of mucus which blocks the pancreatic ducts. This blockage prevents digestive enzymes from exiting the pancreas causing digestive issues, and also tissue damage and fibrosis in the pancreas itself. In Cystic Fibrosis patients, pancreatic fibrosis can decrease the production of insulin, leading to Cystic Fibrosis-related diabetes mellitus. In the intestines, the altered ion and water transport leads to chronic digestive problems, diarrhea, and distal intestinal obstruction syndrome.

[0025] Vasoactive Intestinal Peptide (VIP) stimulates water and chloride transport across epithelial surfaces (Heinz-Erian (1985)) and was recently discovered to play a role in regulating CFTR protein stability (Chappe and Said (2012)). Prolonged VIP exposure can rescue F508delta-CFTR trafficking to the apical cell membrane and restore protein function (Chappe and Said (2012)). In the airway submucosal gland epithelial cell line Calu-3, VIP binding to one of its receptors, VPAC1, stimulates CFTR-dependent chloride secretion through activation of both PKA- and PKC-dependent signaling pathways (Chappe (2008); Derand (2004)). This signaling cascade results in CFTR protein being anchored to the actin cytoskeleton, thereby maintaining the protein at the membrane and reducing its endocytosis (Chappe and Said (2012)). As a protein that has effects on correcting CFTR function, VIP is an attractive therapeutic to treat

diseases or disorders associated with CFTR protein dysfunction, however, VIP's poor stability after systemic administration (e.g. half-life of ≤ 1 minute in circulation) has limited its clinical application.

[0026] The present disclosure provides a method of preventing, delaying, or ameliorating the onset or progression of symptoms of CFTR protein dysfunction in subjects by administering Vasoactive Intestinal Peptide (VIP) therapeutics.

Vasoactive Intestinal Peptides

[0027] Vasoactive intestinal peptide (VIP) is a 28 amino acid neuropeptide which binds to two receptors, VPAC1 and VPAC2, found in a variety of tissues including the airway, small intestine, testes, and pancreas. VIP and its functionally and structurally related analogs are known to have many physiological functions, including, relaxing airway smooth muscle thereby acting as a bronchodilator, stimulating fluid secretion in airway submucosal glands, and regulating water and electrolyte secretion in the intestines and pancreas (Wine (2007); Wu (2011); Derand (2004)).

[0028] VIP-producing nerve fibers are co-localized with acetylcholine secreting neurons surrounding exocrine glands (Lundberg (1980); Heinz-Erian (1986)). In glands from subjects with functional CFTR protein, VIP induces fluid secretion, but this induction is impaired or absent in Cystic Fibrosis patients (Joo (2002); Joo (2012)). Further, in human and pig airway glands, administration of low concentrations of both VIP and acetylcholine stimulates the secretion mucus, but this synergism is lost in cystic fibrosis patients (Choi (2007)).

[0029] As shown in **Figure 1**, VIP increases CFTR membrane insertion, stability, and function in human airway epithelial cells (Alshafie (2014)). In a murine VIP knockout model CFTR does not localize to the apical cell membrane, but instead remains mainly intracellular (Chappe and Said (2012)). The absence of CFTR from the apical membrane is associated with a lung pathology similar to that seen in Cystic Fibrosis patients, with inflammatory cell infiltration, thickening of the alveolar wall and the bronchiolar mucosa, and goblet cell hyperplasia. Administration of VIP intraperitoneally for three weeks restores CFTR apical membrane localization, and prolonged VIP stimulation increases the number of CFTR channels at the cell membrane (Chappe (2008)). This increase in apical CFTR density, which occurs via stabilization

of CFTR at the membrane, is associated with an increase in CFTR-dependent function as measured by iodide efflux assays (Chappe (2008)).

[0030] In some aspects the disclosure provides therapeutic compositions that may include one or more various VIP peptides. For example, the VIP peptide may comprise or consist of a polypeptide having SEQ ID NO: 14, SEQ ID NO: 17, or SEQ ID NO: 19. In some embodiments, the present disclosure provides a VIP without the N-terminal Methionine (e.g. SEQ ID NO: 17). In some embodiments, the present disclosure provides a VIP with the N-terminal Methionine (e.g. SEQ ID NO: 14).

[0031] Mature human VIP has 28 amino acid residues with the following sequence: HSDAVFTDNYTRLRQMAVKKYLNLSILN (SEQ ID NO: 17). VIP results from processing of the 170-amino acid precursor molecule prepro-VIP. Structures of VIP and exemplary analogs have been described in US Patents 4,835,252, 4,939,224, 5,141,924, 4,734,400, 4,605,641, 6,080,837, 6,316,593, 5,677,419, 5,972,883, 6,489,297, 7,094,755, and 6,608,174.

[0032] A number of mutations to improve peptide stability against proteases etc. are detailed in the literature (see Onune *et al* Physicochemical and pharmacological characterization of novel vasoactive intestinal peptide derivatives with improved stability, *Eur. J. Pharm. Biopharm.* 2009). For example, modified VIP peptides include the sequences of SEQ ID NOs: 14-19. In some aspects, the present disclosure provides modified VIP peptides that include one or more of these modifications. In some embodiments, the present disclosure provides modified VIP peptides that include one or more of these modifications and further include additional VIP modifications described herein.

[0033] In various embodiments, the present disclosure provides a modified VIP (e.g., comprising SEQ ID NO: 14) or a functional analog as described herein. Generally, functional analogs of VIP, include functional fragments truncated at the N- or C-terminus by from 1 to 10 amino acids, including by 1, 2, 3, or up to about 5 amino acids (with respect to SEQ ID NO: 14). Such functional analogs may contain from 1 to 5 amino acid insertions, deletions, and/or substitutions (collectively) with respect to the native sequence (e.g., SEQ ID NO: 17), and in each case retain the activity of the native peptide (e.g., through VPAC2 and/or VPAC1 binding). Such activity may be confirmed or assayed using any available assay, including an assay described herein, and including any suitable assay to determine or quantify an activity described in Delgado et al., The Significance of Vasoactive Intestinal Peptide in Immunomodulation, *Pharmacol. Reviews*

56(2):249-290 (2004). In these or other embodiments, the VIP component of the modified VIP has at least about 50%, 75%, 80%, 85%, 90%, 95%, or 97% identity with the native mature sequence (SEQ ID NO: 17). The determination of sequence identity between two sequences (e.g., between a native sequence and a functional analog) can be accomplished using any alignment tool, including for example, that disclosed in Tatusova et al., Blast 2 sequences - a new tool for comparing protein and nucleotide sequences, *FEMS Microbiol Lett.* 174:247-250 (1999).

[0034] In various aspects, the present disclosure provides a modified VIP molecule having receptor preference for VPAC2 or VPAC1, as compared to unmodified VIP (e.g., a peptide consisting of the amino acid sequence of SEQ ID NO: 14). For example, the modified VIP may have a relative binding preference for VPAC2 over VPAC1 of at least about 2:1, about 5:1, about 10:1, about 25:1, about 50:1, about 100:1, about 500:1 or more. In other embodiments, the modified VIP may have a relative binding preference for VPAC1 over VPAC2 of at least about 2:1, about 5:1, about 10:1, about 25:1, about 50:1, about 100:1, about 500:1, or more. For example, in certain embodiments, the modified VIP activates the VPAC2 receptor with an EC50 within a factor of about 2 of mature, unmodified, human VIP (SEQ ID NO: 17). However, this same modified VIP is 50- or 100-fold or more less potent than mature, unmodified, human VIP in activating the VPAC1 receptor. In some embodiments, the modified VIP may have relatively equipotent binding preferences for VPAC1 and VPAC2.

[0035] Such modified VIP molecules may contain modified N-terminal regions, such as an addition of from 1 to about 500 amino acids to the N-terminal histidine of VIP, which may include heterologous mammalian amino acid sequences. For example, the modified VIP may contain a single methionine at the N-terminal side of the natural N-terminal histidine of mature VIP. This can be prepared in *E. coli* or other bacterial expression system, since the methionine will not be removed by *E. coli* when the adjacent amino acid is histidine. Alternatively, the N-terminal amino acid may be any of the naturally-occurring amino acids, namely alanine, arginine, asparagine, aspartic acid, cysteine, glutamic acid, glutamine, glycine, histidine, isoleucine, leucine, lysine, methionine, phenylalanine, serine, threonine, tryptophan, tyrosine, valine, and proline.

[0036] The additional sequence added to the N-terminus of VIP may be of any sequence, including biologically active and biologically inert sequences of from 1 to about 100, 1 to about 50, 1 to about 20, 1 to about 10, and 1 to about 5 amino acids.

[0037] The N-terminus of the modified VIP may have the structure M-N, where M is methionine, and N is the N-terminus of the VIP molecule (e.g., SEQ ID NO. 14). This methionine supports translation of the protein in a bacterial or eukaryotic host cell. Thus, the modified VIP can be made in a biological system, including bacterial and yeast expression systems (e.g., *E. coli*). While methionine can sometimes be removed by methionine aminopeptidase (MA) in bacterial expression systems, histidine (H) is one of the least favored residues at position 2 for MA.

[0038] The half-life of protein therapeutics can be extended by a variety of means, including increasing the size and thus the hydrodynamic volume of the protein therapeutic, adding modified or unnatural amino acids, conjugation of moieties (e.g. pegylation), the addition of synthetic sequences (e.g. XTEN® sequences, PASylation®), carboxy-terminal extension from hCG (CTP), addition of albumin-binding sequences (e.g. AlbuAb®), conjugation of albumin-binding fatty acids, and post-translational modifications such as N-glycosylation and fusion to other peptides. In still other embodiments, VIP is modified by fusion with a mammalian heterologous protein, such as a mammalian protein effective for extending half-life of therapeutic molecules. Such sequences may be mammalian sequences, such as albumin, transferrin, or antibody Fc sequences. Such sequences are described in See US Patent No. 7,238,667 (particularly with respect to albumin conjugates), US Patent No. 7,176,278 (particularly with respect to transferrin conjugates), and US Patent No. 5,766,883. In some embodiments, the VIP is modified at the N-terminus. In some embodiments, the VIP is modified at the C-terminus.

[0039] In other embodiments, VIP is activatable by a peptidase or protease, such as an endogenous peptidase or protease. Such activatable sequences are described in International Application No. PCT/US2009/068656. As used herein, the terms "peptidase" and "protease" are interchangeable. For example, the VIP may be designed to be activatable by a dipeptidyl peptidase. Exemplary dipeptidyl peptidases include dipeptidyl peptidase-1 (DPP-I), dipeptidyl peptidase-3 (DPP-III), dipeptidyl peptidase-4 (DPP-IV), dipeptidyl peptidase-6 (DPP-VI), dipeptidyl peptidase-7 (DPP-VII), dipeptidyl peptidase-8 (DPP-VIII), dipeptidyl peptidase-9

(DPP-IX), dipeptidyl peptidase-10 (DPP-X). Substrate sequences for such dipeptidases are known.

[0040] In some embodiments, the N-terminus of an activatable VIP may have the structure Z-N, where Z is a substrate for a dipeptidase (e.g., Z is removed by dipeptidase exposure), and N is the N-terminus of VIP. The activatable VIP may have an N-terminal sequence with the formula M-X-N where M is methionine, X is Pro, Ala, or Ser, and N is the N-terminal of VIP or VIP analog. In this manner, M and X will be sensitive to, and removed by a host cell (e.g., *E. coli*), and/or a dipeptidase (e.g., DPP-IV), subsequently. Alternatively, the N-terminal sequence of the activatable VIP may be X1-X2-N, where X1 is Gly, Ala, Ser, Cys, Thr, Val, or Pro; X2 is Pro, Ala, or Ser; and N is the N-terminal of VIP. X1-X2 is a substrate for dipeptidase (e.g., DPP-IV), and dipeptidase digestion will expose N, the desired N-terminus of the VIP or the VIP analog (e.g., SEQ ID NO. 16). In such embodiments, the protein may be produced by expression of a construct encoding M-X1-X2-N (where M is methionine) in a host cell (e.g., *E. coli*), since Gly, Ala, Ser, Cys, Thr, Val, or Pro at the second position will signal the removal of the Met, thereby leaving X1-X2 on the N-terminus, which can be activated by a dipeptidase (e.g., DPP-IV) *in vivo*. In some embodiments, the peptidase may be present in the body and act on the activatable VIP after injection.

[0041] In other embodiments, the N-terminus of the modified activatable VIP has the structure M-Z-N, where M is methionine, Z is a substrate for a dipeptidase (e.g., Z is removed by dipeptidase exposure), and N is a non-His N-terminal of an active VIP (modified VIP). For example, the modified activatable VIP may have an N-terminal sequence with the formula M-X-N where M is methionine; X is Pro, Ala, or Ser; and N is a non-His N-terminal of the active VIP. In this manner, M and X will be sensitive to, and removed by a host cell (e.g., *E. coli*), and/or a dipeptidase (e.g., DPP-IV), subsequently. Alternatively, the N-terminal sequence of the activatable VIP may be X1-X2-N, where X1 is Gly, Ala, Ser, Cys, Thr, Val, or Pro; X2 is Pro, Ala, or Ser; and N is a non-His N-terminal of the active VIP. X1-X2 is a substrate for dipeptidase (e.g., DPP-IV), and dipeptidase digestion will expose N, the desired non-His N-terminus of the VIP.

[0042] Still other embodiments, the N-terminus of a modified activatable VIP has the structure M-Z-S-N, where M is methionine; Z is a substrate for a dipeptidase (e.g., Z is removed by dipeptidase exposure); N is the N-terminus of mature VIP (His); and S is one or more amino

acids which will be exposed after dipeptidase digestion, and which provide a modified VIP as previously described. For example, the modified activatable VIP may have an N-terminal sequence with the formula M-X-S-N where M is methionine, X is Pro, Ala, or Ser; N is the N-terminal of mature VIP; and S is one or more amino acids which will be exposed after dipeptidase digestion, and will provide receptor preference. Alternatively, the N-terminal sequence of the activatable VIP may be X1-X2-S-N, where X1 is Gly, Ala, Ser, Cys, Thr, Val, or Pro; X2 is Pro, Ala, or Ser; N is a non-His N-terminal of VIP; and S is one or more amino acids which will be exposed after dipeptidase digestion. X1-X2 is a substrate for dipeptidase (e.g., DPP-IV), and dipeptidase digestion will expose S.

[0043] In some embodiments, N-terminal chemical modifications to the VIP N-terminus provides receptor preference. Chemical modification of proteins and methods thereof are well known in the art. Non-limiting exemplary chemical modifications are PEGylation, methylglyoxalation, reductive alkylation, performic acid oxidation, succinylation, aminoethylation, and lipidation (Clifton, *New Protein Techniques*, New Jersey: Humana Press, 1985. ISBN. 0-89603-126-8. Volume. 3 of. *Methods in Molecular Biology*). Chemical groups, such as PEGylation, may be attached by modifications of cysteine, methionine, histidine, lysine, arginine, tryptophan, tyrosine, carboxyl groups have been described previously (see Lundblad, *Techniques in Protein Modification*, CRC Press, 1995).

Elastin-like Peptides

[0044] In some aspects the disclosure provides therapeutic compositions that include a Vasoactive Intestinal Peptide and one or more elastin-like peptides (ELP). In some embodiments, a VIP and one or more ELPs are fused together. In some embodiments, a VIP and one or more ELPs are produced as a recombinant fusion polypeptide. In some embodiments, the therapeutic composition includes a Vasoactive Intestinal Peptide and one or more ELPs as separate molecules. In yet other embodiments, the compositions include a VIP-ELP fusion protein and ELPs as separate molecules. In some embodiments, the compositions include SEQ ID NO: 15 (PB1046). In some embodiments, the compositions include SEQ ID NO: 20 (PB1120).

[0045] The ELP sequence includes structural peptide units or sequences that are related to, or mimics of, the elastin protein. The ELP sequence is constructed from structural units of from

three to about twenty amino acids, or in some embodiments, from four to ten amino acids, such as four, five or six amino acids. The length of the individual structural units may vary or may be uniform. For example, structural units include units defined by SEQ ID NOS: 1-13, which may be employed as repeating structural units, including tandem-repeating units, or may be employed in some combination. Thus, the ELP includes essentially structural unit(s) selected from SEQ ID NOS: 1-13.

[0046] In some embodiments, the amino acid sequence of the ELP unit is from about 1 to about 500 structural units, or in certain embodiments about 9 to about 200 structural units, or in certain embodiments about 10 to 200 structural units, or in certain embodiments about 50 to about 200 structural units, or in certain embodiments from about 80 to about 200 structural units, or from about 80 to about 150 structural units, such as one or a combination of units defined by SEQ ID NOS: 1-13. Thus, the structural units collectively may have a length of from about 50 to about 2000 amino acid residues, or from about 100 to about 800 amino acid residues, or from about 200 to about 700 amino acid residues, or from about 400 to about 600 amino acid residues, or from about 500 to about 700 amino acid residues. In exemplary embodiments, the amino acid sequence of the ELP structural unit includes about 3 structural units, about 7 structural units, about 9 structural units, about 10 structural units, about 15 structural units, about 18 structural units, about 20 structural units, about 40 structural units, about 80 structural units, about 100 structural units, about 120 structural units, about 140 structural units, about 144 structural units, about 160 structural units, about 180 structural units, about 200 structural units, or about 500 structural units. In exemplary embodiments, the structural units collectively have a length of about 45 amino acid residues, of about 90 amino acid residues, of about 100 amino acid residues, of about 200 amino acid residues, of about 300 amino acid residues, of about 400 amino acid residues, of about 500 amino acid residues, of about 600 amino acid residues, of about 700 amino acid residues, of about 800 amino acid residues, or of about 1000 amino acid residues.

[0047] The ELP amino acid sequence may exhibit a visible and reversible inverse phase transition with the selected formulation. That is, the amino acid sequence may be structurally disordered and highly soluble in the formulation below a transition temperature (Tt), but exhibit a sharp (2-3°C range) disorder-to-order phase transition when the temperature of the formulation is raised above the Tt. In addition to temperature, length of the amino acid polymer, amino acid composition, ionic strength, pH, pressure, temperature, selected solvents, presence of organic

solutes, and protein concentration may also affect the transition properties, and these may be tailored in the formulation for the desired absorption profile. Absorption profile can be easily tested by determining plasma concentration or activity of the active agent over time.

[0048] In certain embodiments, the ELP component(s) may be formed of multi-peptide structural units (e.g. tetrapeptides, pentapeptides, hexapeptides, octapeptides, or nonapeptides), including but not limited to:

- (a) the tetrapeptide Val-Pro-Gly-Gly, or VPGG (SEQ ID NO: 1);
- (b) the tetrapeptide Ile-Pro-Gly-Gly, or IPGG (SEQ ID NO: 2);
- (c) the pentapeptide Val-Pro-Gly-X-Gly (SEQ ID NO: 3), or VPGXG, where X is any natural or non-natural amino acid residue, and where X optionally varies among polymeric or oligomeric repeats;
- (d) the pentapeptide Ala-Val-Gly-Val-Pro, or AVGVP (SEQ ID NO: 4);
- (e) the pentapeptide Ile-Pro-Gly-X-Gly, or IPGXG (SEQ ID NO: 5), where X is any natural or non-natural amino acid residue, and where X optionally varies among polymeric or oligomeric repeats;
- (e) the pentapeptide Ile-Pro-Gly-Val-Gly, or IPGVG (SEQ ID NO: 6);
- (f) the pentapeptide Leu-Pro-Gly-X-Gly, or LPGXG (SEQ ID NO: 7), where X is any natural or non-natural amino acid residue, and where X optionally varies among polymeric or oligomeric repeats;
- (g) the pentapeptide Leu-Pro-Gly-Val-Gly, or LPGVG (SEQ ID NO: 8);
- (h) the hexapeptide Val-Ala-Pro-Gly-Val-Gly, or VAPGVG (SEQ ID NO: 9);
- (i) the octapeptide Gly-Val-Gly-Val-Pro-Gly-Val-Gly, or GVGVPGVG (SEQ ID NO: 10);
- (j) the nonapeptide Val-Pro-Gly-Phe-Gly-Val-Gly-Ala-Gly, or VPGFGVGAG (SEQ ID NO: 11);
- (k) the nonapeptides Val-Pro-Gly-Val-Gly-Val-Pro-Gly-Gly, or VPGVGVPGG (SEQ ID NO: 12); and
- (l) the pentapeptide Xaa-Pro-Gly-Val-Gly, or XPGVG (SEQ ID NO: 13) where X is any natural or non-natural amino acid residue, and where X optionally varies among polymeric or oligomeric repeats.

[0049] The multipetide structural units as defined in SEQ ID NOS: 1-13 form the elastin-like peptide component. In some embodiments, the ELP includes more than one structural unit. In some embodiments, the ELP includes two or more structural units of any of SEQ ID NOS: 1-13, which may be in any combination. In some embodiments, the two or more structural units are the same and are repeated tandemly. In some embodiments, the two or more structural units are different and are repeated alternately. In some embodiments, the ELP includes structural units repeated tandemly for one or more portions of sequence, and also different structural units repeated alternately for other portions of the sequence. In some embodiments, the ELP component is formed entirely (or almost entirely) of one or a combination of (e.g., 2, 3 or 4) structural units selected from SEQ ID NOS: 1-13. In other embodiments, at least 75%, or at least 80%, or at least 90% of the ELP component is formed from one or a combination of structural units selected from SEQ ID NOS: 1-13. In certain embodiments, the ELP contains repeat units, including tandem repeating units, of Val-Pro-Gly-X-Gly (SEQ ID NO: 3), where X is as defined above, and where the percentage of Val-Pro-Gly-X-Gly (SEQ ID NO: 3) units taken with respect to the entire ELP component (which may comprise structural units other than VPGXG) is greater than about 50%, or greater than about 75%, or greater than about 85%, or greater than about 95% of the ELP. The ELP may contain motifs of 5 to 15 structural units (e.g. about 10 structural units) of SEQ ID NO: 3, with the guest residue X varying among at least 2 or at least 3 of the units in the motif. The guest residues may be independently selected, such as from non-polar or hydrophobic residues, such as the amino acids V, I, L, A, G, and W (and may be selected so as to retain a desired inverse phase transition property). In certain embodiments, the guest residues are selected from V, G, and A. In some embodiments, the ELP includes the ELP 1 series (VPGXG: V5A2G3). In some embodiments, the ELP includes the ELP 4 series (VPGXG: V-5). In some embodiments, the ELP includes a combination of the ELP1 and ELP4 series. Without being bound by theory, the differences in the ELP polymer hydrophobicity is determined by the guest residues and their ratios, with the ELP 4 series being more hydrophobic than the ELP1 series.

[0050] In certain embodiments, the ELP contains repeat units, including tandem repeating units, of Xaa-Pro-Gly-Val-Gly (SEQ ID NO: 13), where X is as defined above, and where the percentage of Xaa-Pro-Gly-Val-Gly units taken with respect to the entire ELP component (which may include structural units other than XPGVG) is greater than about 50%, or greater than about 75%, or greater than about 85%, or greater than about 95% of the ELP. The ELP may contain

motifs of 5 to 15 structural units (*e.g.* about 9 structural units) of SEQ ID NO: 13, with the guest residue X varying among at least 2 or at least 3 of the units in the motif. The guest residues may be independently selected, such as from non-polar or hydrophobic residues, such as the amino acids V, I, L, A, G, and W (and may be selected so as to retain a desired inverse phase transition property). In certain embodiments, the guest residues are selected from V and A.

[0051] In certain embodiments, the ELP contains repeat units, including tandem repeating units of any of SEQ ID NOs: 1-13 either alone or in combination. In one embodiment, the ELP contains repeats of two or more of any of SEQ ID NOs: 1-13 in combination. In certain embodiments, the ELP contains repeats of SEQ ID NO: 3 and SEQ ID NO: 13. In some embodiments, the ELP contains repeats of SEQ ID NO: 3 and SEQ ID NO: 13, wherein the guest residues are independently selected, such as from non-polar or hydrophobic residues, such as the amino acids V, I, L, A, G, and W (and may be selected so as to retain a desired inverse phase transition property). In certain embodiments, the guest residues are selected from V and A. In some embodiments, the ELP comprises 9mers comprising five copies of a pentapeptide disclosed herein. In some embodiments, the ELP comprises 9mers comprising SEQ ID NOs: 3 and 13 in any combination. In some embodiments, the ELP comprises a sequence alternating between SEQ ID NOs: 3 and 13.

[0052] In some embodiments, the ELP may form a β -turn structure. Exemplary peptide sequences suitable for creating a β -turn structure are described in International Patent Application PCT/US96/05186. For example, the fourth residue (X) in the sequence VPGXG, can be altered without eliminating the formation of a β -turn.

[0053] The structure of exemplary ELPs may be described using the notation ELP_k [X_iY_j-n], where k designates a particular ELP repeat unit, the bracketed capital letters are single letter amino acid codes and their corresponding subscripts designate the relative ratio of each guest residue X in the structural units (where applicable), and n describes the total length of the ELP in number of the structural repeats. For example, ELP₁ [V₅A₂G₃-10] designates an ELP component containing 10 repeating units of the pentapeptide VPGXG, where X is valine, alanine, and glycine at a relative ratio of about 5:2:3; ELP₁ [K₁V₂F₁-4] designates an ELP component containing 4 repeating units of the pentapeptide VPGXG, where X is lysine, valine, and phenylalanine at a relative ratio of about 1:2:1; ELP₁ [K₁V₇F₁-9] designates a polypeptide containing 9 repeating units of the pentapeptide VPGXG, where X is lysine, valine, and

phenylalanine at a relative ratio of about 1:7:1; ELP1 [V-5] designates a polypeptide containing 5 repeating units of the pentapeptide VPGXG, where X is valine; ELP1 [V-20] designates a polypeptide containing 20 repeating units of the pentapeptide VPGXG, where X is valine; ELP2 [5] designates a polypeptide containing 5 repeating units of the pentapeptide AVGVP (SEQ ID NO: 4); ELP3 [V-5] designates a polypeptide containing 5 repeating units of the pentapeptide IPGXG (SEQ ID NO: 5), where X is valine; ELP4 [V-5] designates a polypeptide containing 5 repeating units of the pentapeptide LPGXG (SEQ ID NO: 7), where X is valine.

[0054] With respect to ELP, the Tt is a function of the hydrophobicity of the guest residue. Thus, by varying the identity of the guest residue(s) and their mole fraction(s), ELPs can be synthesized that exhibit an inverse transition over a broad range. Thus, the Tt at a given ELP length may be decreased by incorporating a larger fraction of hydrophobic guest residues in the ELP sequence. Examples of suitable hydrophobic guest residues include valine, leucine, isoleucine, phenylalanine, tryptophan and methionine. Tyrosine, which is moderately hydrophobic, may also be used. Conversely, the Tt may be increased by incorporating residues, such as those selected from: glutamic acid, cysteine, lysine, aspartate, alanine, asparagine, serine, threonine, glycine, arginine, and glutamine.

[0055] For polypeptides having a molecular weight > 100,000 Da, the hydrophobicity scale disclosed in PCT/US96/05186 provides one means for predicting the approximate Tt of a specific ELP sequence. For polypeptides having a molecular weight <100,000 Da, the Tt may be predicted or determined by the following quadratic function: $Tt = M0 + M1X + M2X^2$ where X is the MW of the fusion protein, and $M0 = 116.21$; $M1 = -1.7499$; $M2 = 0.010349$.

[0056] The ELP in some embodiments is selected or designed to provide a Tt ranging from about 10 to about 37°C at formulation conditions, such as from about 20 to about 37°C, or from about 25 to about 37°C. In some embodiments, the transition temperature at physiological conditions (e.g., 0.9% saline) is from about 34 to 36°C, to take into account a slightly lower peripheral temperature.

[0057] In certain embodiments, the amino acid sequence capable of forming the hydrogen-bonded matrix at body temperature is the ELP-1 series which includes $[VPGXG]_m$, where m is any number from 1 to 200, each X is selected from V, G, and A, and wherein the ratio of V:G:A may be about 5:3:2. In certain embodiments, the amino acid sequence capable of forming the hydrogen-bonded matrix at body temperature includes $[VPGXG]_{90}$, where each X is selected

from V, G, and A, and wherein the ratio of V:G:A may be about 5:3:2. In certain embodiments, the amino acid sequence capable of forming the hydrogen-bonded matrix at body temperature includes [VPGXG]₁₂₀, where each X is selected from V, G, and A, and wherein the ratio of V:G:A may be about 5:3:2.

[0058] In certain embodiments, the amino acid sequence capable of forming the hydrogen-bonded matrix at body temperature includes [VPGXG]₁₄₄, where each X is selected from V, G, and A, and wherein the ratio of V:G:A is about 7:2:0. In certain embodiments, the amino acid sequence capable of forming the hydrogen-bonded matrix at body temperature includes [VPGXG]₁₄₄, where each X is selected from V, G, and A, and wherein the ratio of V:G:A is about 7:0:2. In certain embodiments, the amino acid sequence capable of forming the hydrogen-bonded matrix at body temperature includes [VPGXG]₁₄₄, where each X is selected from V, G, and A, and wherein the ratio of V:G:A is about 6:0:3. In certain embodiments, the amino acid sequence capable of forming the hydrogen-bonded matrix at body temperature includes [VPGXG]₁₄₄, where each X is selected from V, G, and A, and wherein the ratio of V:G:A is about 5:2:2.

[0059] In certain embodiments, the amino acid sequence capable of forming the hydrogen-bonded matrix at body temperature includes [XPGVG]_m, where m is any number from 1 to 200, each X is selected from V, G, and A. In certain embodiments, the amino acid sequence capable of forming the hydrogen-bonded matrix at body temperature includes [XPGVG]₁₄₄, where m is any number from 1 to 200, each X is selected from V, G, and A and wherein the ratio of V:G:A is about 5:0:4. In certain embodiments, the amino acid sequence capable of forming the hydrogen-bonded matrix at body temperature includes [XPGVG]₁₄₄, where each X is selected from V, G, and A, and wherein the ratio of V:G:A is about 5:0:4.

[0060] Alternatively, the amino acid sequence capable of forming the matrix at body temperature is the ELP-4 series which includes [VPGVG]₉₀, or [VPGVG]₁₂₀. 120 structural units of this ELP can provide a transition temperature at about 37°C with about 0.005 to about 0.05 mg/ml (*e.g.*, about 0.01 mg/ml) of protein. Alternatively, the amino acid sequence capable of forming the matrix at body temperature includes [VPGXG]₁₄₄ or [XPGVG]₁₄₄. For example, 144 structural units of either of these ELPs can provide a transition temperature at between about 28°C and 35°C.

[0061] Elastin-like-peptide (ELP) protein polymers and recombinant fusion proteins can be prepared as described in U.S. Patent Publication No. 2010/0022455. In some embodiments, the ELP protein polymers are constructed through recursive ligation to rapidly clone highly repetitive polypeptides of any sequence and specified length over a large range of molecular weights. In a single cycle, two halves of a parent plasmid, each containing a copy of an oligomer, are ligated together, thereby dimerizing the oligomer and reconstituting a functional plasmid. This process is carried out recursively to assemble an oligomeric gene with the desired number of repeats. For example, one ELP structural subunit (e.g. a pentapeptide or a 9mer of pentapeptides) is inserted into a vector. The vector is digested, and another ELP structural unit (e.g. a pentapeptide or a 9mer of pentapeptides) is inserted. Each subsequent round of digestion and ligation doubles the number of ELP structural units contained in the resulting vector until the ELP polymer is the desired length.

[0062] In other embodiments, the amino acid sequence capable of forming the matrix at body temperature includes a random coil or non-globular extended structure. For example, the amino acid sequence capable of forming the matrix at body temperature includes an amino acid sequence disclosed in U.S. Patent Publication No. 2008/0286808, WIPO Patent Publication No. 2008/155134, and U.S. Patent Publication No. 2011/0123487.

[0063] For example, in some embodiments the amino acid sequence includes an unstructured recombinant polymer of at least 40 amino acids. For example, the unstructured polymer may be defined where the sum of glycine (G), aspartate (D), alanine (A), serine (S), threonine (T), glutamate (E) and proline (P) residues contained in the unstructured polymer, constitutes more than about 80% of the total amino acids. In some embodiments, at least 50% of the amino acids are devoid of secondary structure as determined by the Chou-Fasman algorithm. The unstructured polymer includes more than about 100, 150, 200 or more contiguous amino acids. In some embodiments, the amino acid sequence forms a random coil domain. In particular, a polypeptide or amino acid polymer having or forming "random coil conformation" substantially lacks a defined secondary and tertiary structure.

[0064] In various embodiments, the intended subject is human, and the body temperature is about 37°C, and thus the therapeutic agent is designed to provide a sustained release at or near this temperature (e.g. between about 28°C to about 37°C). A slow release into the circulation with reversal of hydrogen bonding and/or hydrophobic interactions is driven by a drop in

concentration as the product diffuses at the injection site, even though body temperature remains constant. In other embodiments, the subject is a non-human mammal, and the therapeutic agent is designed to exhibit a sustained release at the body temperature of the mammal, which may be from about 30 to about 40°C in some embodiments, such as for certain domesticated pets (e.g., dog or cat) or livestock (e.g., cow, horse, sheep, or pig). Generally, the Tt is higher than the storage conditions of the formulation (which may be from about 2 to about 30°C, or about 10 to about 25°C, or from about 15 to about 22°C, or from about 2 to about 8°C), such that the therapeutic agent remains in solution for injection. Alternatively, the therapeutic agent may be stored frozen, such as from about -80°C to about -20°C.

Disorders Associated with CFTR Protein Dysfunction and Methods of Treatment

[0065] Dysfunction of the CFTR protein occurs in various diseases or disorders, including but not limited to Cystic Fibrosis, Chronic Obstructive Pulmonary Disease (COPD), exocrine organ disorders, non-Cystic Fibrosis bronchiectasis, recurrent pancreatitis, congenital bilateral absence of vas deferens and disorders associated with an acquired defect in CFTR protein function (e.g. caused by smoking or other environmental factors). In an exemplary embodiment, CFTR dysfunction is associated with Cystic Fibrosis. In another exemplary embodiment, CFTR dysfunction is associated with smoking-related lung damage.

[0066] As used herein, the term “CFTR protein dysfunction” refers to any decrease in CFTR protein function compared to a healthy subject. The CFTR protein may exhibit a total loss of function, or it may exhibit some residual or partial function compared to CFTR function in a healthy subject. In some embodiments, CFTR function is decreased by about 1%, about 5%, about 10%, about 20%, about 30%, about 40%, about 50%, about 60%, about 70%, about 80%, about 90%, about 95%, or about 99% compared with CFTR protein function in a healthy subject.

[0067] In some embodiments, CFTR protein dysfunction is characterized by a loss of chloride ion transport across the cell membrane. In some embodiments, CFTR protein dysfunction is characterized by a decrease in water transport across the cell membrane. In some embodiments, the CFTR protein is mis-localized in the cell. In some embodiments, the CFTR protein is not localized to the apical membrane of the cell.

[0068] CFTR protein dysfunction symptoms vary among individual patients, but in general, CFTR protein dysfunction is characterized by production of thick mucus that for example, clogs

respiratory airways, obstructs the intestines, blocks pancreatic and bile ducts, interferes with liver function, and damages tissue. The tissue damage observed in subjects with CFTR protein dysfunction may affect a variety of tissues and organs including, but not limited to, the lungs, the pancreas, the liver, the intestines, the reproductive system, the airway system, and/or the digestive system.

[0069] In some embodiments, CFTR protein dysfunction is characterized by an increased salinity in sweat or other body fluids. In some embodiments, CFTR protein dysfunction is characterized by defective excretion of bicarbonate in the gut. In some embodiments, CFTR protein dysfunction is characterized by increased incidence of infections, including but not limited to infections of the airway. In some embodiments, CFTR protein dysfunction is characterized by an inflammatory lung phenotype. In some embodiments, CFTR protein dysfunction is characterized by impaired respiratory activity. In some embodiments, CFTR protein dysfunction is characterized by chronic digestive problems. In some embodiments, Cystic Fibrosis is characterized by male infertility. A patient will not necessarily present with all of these symptoms, some of which might be absent in milder cases of CFTR protein dysfunction, or earlier during disease progression.

[0070] In some aspects, the present disclosure provides a method of treating, delaying, or ameliorating symptoms of CFTR protein dysfunction comprising administering pharmaceutical compositions of a vasoactive intestinal peptide and one or more ELPs to a subject in need.

[0071] Cystic Fibrosis caused by any one or more mutations in the CFTR gene may be treated, delayed, or ameliorated by the pharmaceutical compositions disclosed herein. In some embodiments, the subject is homozygous for one or more mutations in the CFTR gene. In some embodiments, the subject is heterozygous for one or more mutations in the CFTR gene. In some embodiments, the one or more mutations are nonsense mutations. In some embodiments, the one or more mutations are gating mutations. In some embodiments, the one or more mutations are protein processing mutations. In some embodiments, the one or more mutations are conductance mutations. In some embodiments, the one or more mutations are translation mutations. Examples of CFTR mutations include, but are not limited to, F508del, G542X, G85E, R334W, Y122X, G551D, R117H, A455E, S549R, R553X, V520F, R1162X, R347H, N1203K, S549N, R347P, R560T, S1255X, Add9T, Y1092X, M1191K, W1282X, 3659de;C, 394delTT, 3905insT, 1078delIT, delta I507, 3876delA, 2184delA, 2307insA, 711+1G>T, 1717-1G>A, 2789+5G>A,

1898+5G>T, 3120+1G>A, 621+1G>T, 3849+10kbC>T, 1898+1G>A, 2183 AA>G, and/or 5/7/9T. In a preferred embodiment, the mutation is F508del.

[0072] In some embodiments, the CFTR protein dysfunction is acquired (e.g. through smoking or by exposure to environmental damage). In some embodiments, the CFTR protein dysfunction is not associated with a mutation in the CFTR gene.

[0073] The treatment, delay, or amelioration of CFTR protein dysfunction symptoms may be measured by any means known in the art. For example, tests used to evaluate patients with CFTR protein dysfunction include, but are not limited to, a sweat chloride test, an immunoreactive trypsinogen test (IRT), a blood test (e.g. to test pancreatic function), chest X-rays, lung function tests, a nasal potential difference test, CFTR protein function assays (e.g. testing the efflux of ions in the cells), cellular current measurement test, forced expiratory volume in 1 second (FEV1), and/or immunofluorescence to detect the localization of the CFTR protein in the cell.

[0074] The effects of administration of the pharmaceutical compositions disclosed herein may be measured in any relevant tissue and/or organ, including but not limited to epithelial cells (e.g. nasal epithelial cells), lungs, pancreas, the digestive system, the reproductive system and/or the airway system.

[0075] In some embodiments, administration of the pharmaceutical compositions disclosed herein prevents, delays, or ameliorates one or more CFTR protein dysfunction symptoms in a subject. In some embodiments, one or more CFTR protein dysfunction symptoms are prevented, delayed, or ameliorated for about 1 week, about 1 month, about 2 months, about 3 months, about 4 months, about 5 months, about 6 months, about 8 months, about 1 year, about 2 years, about 5 years, and/or about 10 years compared with the one or more CFTR protein dysfunction symptoms in an untreated subject with CFTR dysfunction. In some embodiments, one or more CFTR protein dysfunction symptoms are prevented, delayed, or ameliorated by about 1%, about 5%, about 10%, about 20%, about 30%, about 40%, about 50%, about 60%, about 70%, about 80%, about 90%, about 95%, or about 99% compared with the one or more CFTR protein dysfunction symptoms in an untreated subject with CFTR dysfunction. In some embodiments, this prevention, delay, or amelioration of one or more CFTR protein dysfunction symptoms is observed at the time points disclosed herein.

[0076] In some embodiments, administration of the pharmaceutical compositions disclosed herein decrease sweat chloride levels in a subject compared to an untreated subject with CFTR

protein dysfunction. In some embodiments, sweat chloride levels are decreased for about 1 week, about 1 month, about 2 months, about 3 months, about 4 months, about 5 months, about 6 months, about 8 months, about 1 year, about 2 years, about 5 years, and/or about 10 years compared with the mucus viscosity of an untreated subject with CFTR protein dysfunction. In some embodiments, sweat chloride levels are decreased by about 1%, about 5%, about 10%, about 20%, about 30%, about 40%, about 50%, about 60%, about 70%, about 80%, about 90%, about 95%, or about 99% compared with the mucus viscosity of an untreated subject with CFTR protein dysfunction. In some embodiments, this decrease in sweat chloride levels is observed at the time points disclosed herein.

[0077] In some embodiments, administration of the pharmaceutical compositions disclosed herein improves mucus viscosity in a subject compared to an untreated subject with CFTR protein dysfunction. In some embodiments, mucus viscosity is improved for about 1 week, about 1 month, about 2 months, about 3 months, about 4 months, about 5 months, about 6 months, about 8 months, about 1 year, about 2 years, about 5 years, and/or about 10 years compared with the mucus viscosity of an untreated subject with CFTR protein dysfunction. In some embodiments, mucus viscosity is improved by about 1%, about 5%, about 10%, about 20%, about 30%, about 40%, about 50%, about 60%, about 70%, about 80%, about 90%, about 95%, or about 99% compared with the mucus viscosity of an untreated subject with CFTR protein dysfunction. In some embodiments, this improvement in mucus viscosity is observed at the time points disclosed herein.

[0078] In some embodiments, administration of the pharmaceutical compositions disclosed herein prevents, delays, or ameliorates the development of fibrosis in a subject. In some embodiments, development of fibrosis is prevented, delayed, or ameliorated for about 1 week, about 1 month, about 2 months, about 3 months, about 4 months, about 5 months, about 6 months, about 8 months, about 1 year, about 2 years, about 5 years, and/or about 10 years compared with the development of fibrosis in an untreated subject with CFTR protein dysfunction. In some embodiments, the development of fibrosis is prevented, delayed, or ameliorated by about 1%, about 5%, about 10%, about 20%, about 30%, about 40%, about 50%, about 60%, about 70%, about 80%, about 90%, about 95%, or about 99% compared with the development of fibrosis in an untreated subject with CFTR protein dysfunction. In some

embodiments, this prevention, delay, or amelioration of fibrosis is observed at the time points disclosed herein.

[0079] In some embodiments, administration of the pharmaceutical compositions disclosed herein prevents, delays, or ameliorates tissue damage in one or more organs and/or tissues in a subject. In some embodiments, the tissue damage is caused by inflammation. In preferred embodiments, administration of the pharmaceutical compositions disclosed herein prevents, delays, or ameliorates tissue damage in the digestive tract. In some embodiments, preventing, delaying, or ameliorating tissue damage in the digestive tract alleviates digestive problems in the subject. In preferred embodiments, administration of the pharmaceutical compositions disclosed herein prevents, delays, or ameliorates tissue damage in the lungs in a subject. In some embodiments, tissue damage is prevented, delayed, or ameliorated for about 1 week, about 1 month, about 2 months, about 3 months, about 4 months, about 5 months, about 6 months, about 8 months, about 1 year, about 2 years, about 5 years, or about 10 years compared with the tissue damage in an untreated subject with CFTR protein dysfunction. In some embodiments, tissue damage is prevented, delayed, or ameliorated by about 1%, about 5%, about 10%, about 20%, about 30%, about 40%, about 50%, about 60%, about 70%, about 80%, about 90%, about 95%, or about 99% compared with the tissue damage in an untreated subject with CFTR protein dysfunction. In some embodiments, this prevention, delay, or amelioration of tissue damage is observed at the time points disclosed herein.

[0080] In some embodiments, administration of the pharmaceutical compositions disclosed herein improves respiratory function in a subject. In some embodiments the improvement in respiratory function is determined by measuring the forced expiratory volume in 1 second (FEV1) using methods well known in the art. In some embodiments, respiratory function is improved by about 20%, about 30%, about 40%, about 50%, about 60%, about 70%, about 80%, about 90%, about 95%, or about 99% of the respiratory function of an untreated subject with CFTR protein dysfunction. In some embodiments, administration of the pharmaceutical compositions disclosed herein improves respiratory function in a subject for about 1 week, about 1 month, about 2 months, about 3 months, about 4 months, about 5 months, about 6 months, about 8 months, about 1 year, about 2 years, about 5 years, and/or about 10 years compared to the respiratory function of an untreated subject with CFTR protein dysfunction. In some

embodiments, the respiratory function is improved in the subject at the time points disclosed herein.

[0081] In some embodiments, administration of the pharmaceutical compositions disclosed herein improves water transport across cell membranes in a subject. In some embodiments, the water transport is improved by about 20%, about 30%, about 40%, about 50%, about 60%, about 70%, about 80%, about 90%, about 95%, or about 99% of the rate of water transport of an untreated subject with CFTR protein dysfunction. In some embodiments, administration of the pharmaceutical compositions disclosed herein improves water transport across cell membranes in a subject for about 1 week, about 1 month, about 2 months, about 3 months, about 4 months, about 5 months, about 6 months, about 8 months, about 1 year, about 2 years, about 5 years, and/or about 10 years compared to the rate of water transport of an untreated subject with CFTR protein dysfunction. In some embodiments, the rate of water transport across cell membranes is improved in the subject at the time points disclosed herein.

[0082] In some embodiments, administration of the pharmaceutical compositions disclosed herein increases CFTR protein function in a subject. In some embodiments, the CFTR protein function is the transport of chloride ions across the cell membrane. In some embodiments, administration of the pharmaceutical compositions disclosed herein increases CFTR protein function by about 20%, about 30%, about 40%, about 50%, about 60%, about 70%, about 80%, about 90%, about 95%, or about 99% compared with the CFTR protein function in an untreated subject with CFTR protein dysfunction. In some embodiments, administration of the pharmaceutical compositions disclosed herein increases CFTR protein function in a subject for about 1 week, about 1 month, about 2 months, about 3 months, about 4 months, about 5 months, about 6 months, about 8 months, about 1 year, about 2 years, about 5 years, and/or about 10 years compared with CFTR protein function in an untreated subject with CFTR protein dysfunction. In some embodiments, the degree of increased CFTR protein function is observed in the subject at the time points disclosed herein.

[0083] In some embodiments, administration of the pharmaceutical compositions disclosed herein increases CFTR protein function more than other CFTR protein dysfunction treatments. In some embodiments, the CFTR protein function is the transport of chloride ions across the cell membrane. In some embodiments, the other CFTR protein dysfunction treatments are CFTR correctors, CFTR potentiators, and/or nonsense mutation suppressors (e.g. ataluren). In some

embodiments, the other Cystic Fibrosis treatment is a combination treatment. In some embodiments, the combination treatment is a combination of a CFTR corrector and a CFTR potentiator. In some embodiments, the other CFTR protein dysfunction treatments are VX770, VX809, or VX661. In some embodiments, administration of the pharmaceutical compositions disclosed herein increases CFTR protein function by about 20%, about 30%, about 40%, about 50%, about 60%, about 70%, about 80%, about 90%, about 95%, or about 99% compared with the CFTR protein function in a CFTR protein dysfunction subject treated with the other CFTR protein dysfunction treatment. In some embodiments, administration of the pharmaceutical compositions disclosed herein increases CFTR protein function in a subject for about 1 week, about 1 month, about 2 months, about 3 months, about 4 months, about 5 months, about 6 months, about 8 months, about 1 year, about 2 years, about 5 years, and/or about 10 years compared with the CFTR protein function in a subject with CFTR protein dysfunction treated with the other CFTR protein dysfunction treatment. In some embodiments, the degree of increased CFTR protein function is observed in the subject at the time points disclosed herein.

[0084] In some embodiments, administration of the pharmaceutical compositions disclosed herein increases the density of the CFTR protein at the apical cell membrane in a subject. In some embodiments, administration of the pharmaceutical compositions disclosed herein increases the density of the CFTR protein at the apical cell membrane in a subject as measured by immunoblotting. In some embodiments, the CFTR protein is not recycled as quickly as in an untreated subject with CFTR protein dysfunction. In some embodiments, administration of the pharmaceutical compositions disclosed herein increases the density of the CFTR protein at the apical cell membrane by about 20%, about 30%, about 40%, about 50%, about 60%, about 70%, about 80%, about 90%, about 95%, or about 99% compared to the density of the CFTR protein at the apical cell membrane in an untreated subject with CFTR protein dysfunction. In some embodiments, administration of the pharmaceutical compositions disclosed herein increases the density of the CFTR protein at the apical cell membrane in a subject for about 1 week, about 1 month, about 2 months, about 3 months, about 4 months, about 5 months, about 6 months, about 8 months, about 1 year, about 2 years, about 5 years, and/or about 10 years compared with the density of the CFTR protein at the apical cell membrane in an untreated subject with CFTR protein dysfunction. In some embodiments, the degree of increased localization of the CFTR protein in the cell membrane is observed in the subject at the time points disclosed herein.

[0085] In some embodiments, administration of the pharmaceutical compositions disclosed herein corrects CFTR protein maturation and membrane expression in a subject. In some embodiments, this correction of CFTR protein maturation and membrane expression is measured by immunoblotting or immunostaining with molecules that bind to CFTR. In some embodiments, administration of the pharmaceutical compositions disclosed herein increases the CFTR immunoblot or immunostain signal by about 20%, about 30%, about 40%, about 50%, about 60%, about 70%, about 80%, about 90%, about 95%, or about 99% compared to the CFTR immunoblot or immunostain signal in an untreated subject with CFTR protein dysfunction. In some embodiments, administration of the pharmaceutical compositions disclosed herein increases the CFTR immunoblot or immunostain signal for about 1 week, about 1 month, about 2 months, about 3 months, about 4 months, about 5 months, about 6 months, about 8 months, about 1 year, about 2 years, about 5 years, and/or about 10 years compared with the CFTR immunoblot or immunostain signal in an untreated subject with CFTR protein dysfunction. In some embodiments, the degree of increased CFTR immunoblot or immunostain signal is observed in the subject at the time points disclosed herein.

Pharmaceutical Compositions and Administration

[0086] The present disclosure provides pharmaceutical compositions including a Vasoactive Intestinal Peptide and one or more ELPs with one or more pharmaceutically acceptable excipients and/or diluents. For example, such excipients include salts, and other excipients that may act to stabilize hydrogen bonding. Exemplary salts include alkaline earth metal salts such as sodium, potassium, and calcium. Counter ions include chloride and phosphate. Exemplary salts include sodium chloride, potassium chloride, magnesium chloride, calcium chloride, and potassium phosphate.

[0087] The protein concentration in the formulation is tailored to drive the formation of the matrix at the temperature of administration. For example, higher protein concentrations help drive the formation of the matrix, and the protein concentration needed for this purpose varies depending on the ELP series used. For example, in embodiments using an ELP1-120, or amino acid sequences with comparable transition temperatures, the protein is present in the range of about 1 mg/mL to about 200 mg/mL, or is present in the range of about 5 mg/mL to about 125

mg/mL. The vasoactive intestinal peptide portion of the fusion protein in the therapeutic composition may be present in the range of about 10 mg/mL to about 50 mg/mL, or about 15 mg/mL to about 30 mg/mL, or about 10-20 mg/ml, or about 5-15 mg/ml, or about 1-10 mg/ml. In embodiments using an ELP4-120, or amino acid sequences with comparable transition temperatures, the protein is present in the range of about 0.005 mg/mL to about 10 mg/mL, or is present in the range of about 0.01 mg/mL to about 5 mg/mL. In some embodiments, the vasoactive intestinal peptide is present in the range of about 0.5 mg/mL to about 200 mg/mL, or is present in the range of about 5 mg/mL to about 125 mg/mL. In some embodiments, vasoactive intestinal peptide is present in the range of about 10 mg/mL to about 50 mg/mL, or the range of about 15 mg/mL to about 30 mg/mL.

[0088] The pharmaceutical composition is generally prepared such that it does not form the matrix at storage conditions. Storage conditions are generally less than the transition temperature of the formulation, such as less than about 32°C, or less than about 30°C, or less than about 27°C, or less than about 25°C, or less than about 20°C, or less than about 15°C, or less than about 10°C. The storage condition may, alternatively, be below freezing, such as less than about -10°C, or less than about -20°C, or less than about -40°C, or less than about -70°C. For example, the formulation may be isotonic with blood or have an ionic strength that mimics physiological conditions. For example, the formulation may have an ionic strength of at least that of 25 mM Sodium Chloride, or at least that of 30 mM Sodium chloride, or at least that of 40 mM Sodium Chloride, or at least that of 50 mM Sodium Chloride, or at least that of 75 mM Sodium Chloride, or at least that of 100 mM Sodium Chloride, or at least that of 150 mM Sodium Chloride. In certain embodiments, the formulation has an ionic strength less than that of 0.9% saline. In some embodiments, the pharmaceutical composition includes two or more of calcium chloride, magnesium chloride, potassium chloride, potassium dihydrogen phosphate, potassium hydrogen phosphate, sodium chloride, sodium dihydrogen phosphate and disodium hydrogen phosphate. The liquid pharmaceutical composition can be stored frozen, refrigerated or at room temperature.

[0089] In exemplary embodiments, the disclosure provides a sustained release pharmaceutical composition that includes a vasoactive intestinal peptide or derivatives thereof (e.g. having an N-terminal moiety such as a Methionine) and one or more amino acid sequences including [VPGXG]₉₀, or [VPGXG]₁₂₀, where each X is selected from V, G, and A. V, G, and A may be

present at a ratio of about 5:3:2, of about 7:2:0, of about 7:0:2, of about 6:0:3, or of about 5:2:2. Alternatively, the amino acid sequence includes [VPGVG]₉₀ or [VPGVG]₁₂₀. In exemplary embodiments, the disclosure provides a sustained release pharmaceutical composition that includes a vasoactive intestinal peptide or derivatives thereof (e.g. having an N-terminal moiety such as a Methionine) and one or more amino acid sequences including [XPGVG]₁₄₄, where each X is selected from V, G, and A. V, G, and A may be present at a ratio of about 5:0:4. Alternatively, the amino acid sequence includes [XPGVG]₁₄₄. The formulation further includes one or more pharmaceutically acceptable excipients and/or diluents for formation of a reversible matrix from an aqueous form upon administration to a human subject. VIP and derivatives thereof are disclosed in U.S. Patent Publication No. 2011/0178017.

[0090] Other formulation components for achieving the desired stability, for example, may also be employed. Such components include one or more amino acids or sugar alcohol (e.g., mannitol), surfactants (e.g. polysorbate 20, polysorbate 80), preservatives, and buffering agents (e.g. histidine), and such ingredients are well known in the art. In certain embodiments, the pharmaceutical compositions disclosed herein have enhanced efficacy, bioavailability, therapeutic half-life, persistence, degradation assistance, etc.

[0091] Advantageously, the compositions provide for prolonged pharmacokinetic exposure due to sustained release of the active agent. In particular aspects, the maximal exposure level may be achieved at about 10 hours, about 24 hours, about 48 hours or about 72 hours after administration; typically the maximum exposure rate is achieved between about 10 hours and about 48 hours after administration. After the maximal exposure rate is achieved the compositions may achieve a sustained rate of release whereby a substantial percentage of the maximal rate is obtained for a period of time. For example, the sustained rate may about 50%, about 60%, about 70%, about 80%, about 90% or about 100%. Exemplary periods of time for maintaining the sustained rate are about 3 days, about 4 days, about 5 days, about 6 days, about 1 week, about 2 weeks, about 4 weeks, about 6 weeks, or about 8 weeks, after the maximal exposure rate is achieved. Subsequently, the sustained rate may lower to a reduced exposure rate. Such reduced exposure rates may be about 5%, about 10%, about 20%, about 30%, about 40%, about 50% or about 60%.

[0092] In various embodiments, the plasma concentration of the active agent does not change by more than a factor of 10, or a factor of about 5, or a factor of about 3 over the course of a

plurality of administrations, such as at least 2, at least about 5, or at least about 10 administrations of the formulation. The administrations are substantially evenly spaced, such as, for example, about daily, or about once per week, or from one to about five times per month, or about once every two months, or about once every three months.

[0093] In another aspect, the disclosure provides a method for delivering a sustained release regimen of a vasoactive intestinal peptide or analogues thereof. The method comprises administering the pharmaceutical composition described herein to a subject in need, wherein the pharmaceutical composition is administered from about 1 to about 8 times per month. In some embodiments, the pharmaceutical composition is administered about 1 time, about 2 times, about 3 times, and/or about 4 times per month. In some embodiments, the pharmaceutical composition is administered weekly. In some embodiments, the pharmaceutical composition is administered daily. In some embodiments, the pharmaceutical composition is administered from one to three times weekly. In some embodiments, the pharmaceutical composition is administered once every two weeks. In some embodiments, the pharmaceutical composition is administered from one to two times a month. In particular embodiments, the pharmaceutical composition is administered about 1 time per month. In some embodiments, the pharmaceutical composition is administered about once every 2 months, about once every 3 months, about once every 4 months, about once every 5 months, and/or about once every 6 months. In some embodiments, VIP may have an additional moiety such as Methionine at the N-terminus to alter the receptor binding profile, as described in U.S. Patent Publication No. 2011/0178017. In some embodiments, VIP is fused to ELP1 (having from about 90 to about 150 ELP units). In some embodiments, VIP is fused to ELP4 (having from about (having from about 90 to about 150 ELP units). The pharmaceutical composition can be packaged in the form of pre-filled pens or syringes for administration once per week, twice per week, or from one to eight times per month, or alternatively filled in conventional vials and the like.

[0094] In some embodiments, the pharmaceutical compositions disclosed herein are administered chronically. In some embodiments, the pharmaceutical compositions disclosed herein are administered for about 6 months, for about 7 months, for about 8 months, for about 9 months, for about 10 months, for about 11 months, for about 1 year, for about 2 years, for about 3 years, for about 4 years, for about 5 years, for about 10 years or more. The pharmaceutical compositions may be administered at any required dose and/or frequency disclosed herein.

[0095] In some embodiments, the pharmaceutical compositions disclosed herein are administered until CFTR protein dysfunction symptoms improve. In some embodiments, the pharmaceutical compositions disclosed herein are administered until CFTR protein dysfunction symptoms are ameliorated, delayed, and/or cured.

[0096] In some embodiments, the pharmaceutical compositions disclosed herein are administered before the patient begins to exhibit one or more CFTR protein dysfunction symptoms. In some embodiments, the pharmaceutical compositions disclosed herein are administered immediately or shortly after diagnosis. In some embodiments, the pharmaceutical compositions disclosed herein are administered at the onset of CFTR protein dysfunction symptoms. In some embodiments, the pharmaceutical compositions disclosed herein are administered at the onset of an exacerbation of CFTR protein dysfunction symptoms.

[0097] The therapeutic agent is generally for “systemic delivery,” meaning that the agent is not delivered locally to a pathological site or a site of action. Instead, the agent is absorbed into the bloodstream from the injection site, where the agent acts systemically or is transported to a site of action via the circulation. The therapeutic agent may be administered by any known route, such as for example, orally, intravenously, intramuscularly, nasally, subcutaneously, intravaginally, and intra-rectally. In one embodiment, the formulation is generally for subcutaneous administration. In one embodiment, the pharmacokinetic (PK) parameters are prolonged when the agent is administered subcutaneously. In one embodiment, the half-life of the fusion protein is prolonged. In one embodiment, the PK parameters when the agent is administered subcutaneously are prolonged compared with the agent administered by other means (e.g. intravenously). In one embodiment, the depot of the agent is prolonged when the agent is administered subcutaneously compared with the agent administered by other means (e.g. intravenously).

[0098] In some embodiments, the formulation is administered about monthly, and may be administered subcutaneously or intramuscularly. In some embodiments, the formulation is administered about weekly, and may be administered subcutaneously or intramuscularly. In some embodiments, the site of administration is not a pathological site, for example, is not the intended site of action.

[0099] The pharmaceutical compositions disclosed herein may be administered in smaller doses and/or less frequently than unfused or unconjugated counterparts. While one of skill in the art

can determine the desirable dose in each case, a suitable dose of the therapeutic agent for achievement of therapeutic benefit, may, for example, be in a range of about 1 microgram (μg) to about 100 milligrams (mg) per kilogram body weight of the recipient per day, preferably in a range of about 10 μg to about 50 mg per kilogram body weight per day and most preferably in a range of about 10 μg to about 50 mg per kilogram body weight per day. In some embodiments, the pharmaceutical composition is administered at a low dose. In some embodiments, the pharmaceutical composition is administered at a dose between 1 mg per kilogram per body weight per day to about 9 mg per kilogram per body weight per day. In some embodiments, the pharmaceutical composition is administered at about 1 mg per kilogram body weight per day, about 3 mg per kilogram body weight per day, and/or about 9 mg per kilogram body weight per day. The desired dose may be presented as one dose or two or more sub-doses administered at appropriate intervals throughout the day. These sub-doses can be administered in unit dosage forms, for example, containing from about 10 μg to about 1000 mg, preferably from about 50 μg to about 500 mg, and most preferably from about 50 μg to about 250 mg of active ingredient per unit dosage form. Alternatively, if the condition of the recipient so requires, the doses may be administered as a continuous infusion.

[00100] In certain embodiments, the subject is a human, but in other embodiments may be a non-human mammal, such as a domesticated pet (*e.g.*, dog or cat), or livestock or farm animal (*e.g.*, horse, cow, sheep, or pig).

Combination Therapies

[00101] The pharmaceutical compositions disclosed herein may be administered with various therapies used to treat, prevent, delay, or ameliorate symptoms of CFTR protein dysfunction, including, but not limited to, physical therapy, oxygen therapy, respiratory therapy, gene therapy, bronchial or postural drainage, and/or therapeutic agents. The pharmaceutical compositions disclosed herein may be used alone or in combination with one or more therapeutic agents. The one or more therapeutic agents may be any compound, molecule, or substance that exerts therapeutic effect to a subject in need thereof.

[00102] The one or more therapeutic agents may be “co-administered”, *i.e.*, administered together in a coordinated fashion to a subject, either as separate pharmaceutical compositions or admixed in a single pharmaceutical composition. By “co-administered”, the one or more

therapeutic agents may also be administered simultaneously with the present pharmaceutical compositions, or be administered separately, including at different times and with different frequencies. The one or more therapeutic agents may be administered by any known route, such as orally, intravenously, intramuscularly, nasally, subcutaneously, intra-vaginally, intra-rectally, and the like; and the therapeutic agent may also be administered by any conventional route. In many embodiments, at least one therapeutic agent may be administered subcutaneously.

[00103] These one or more therapeutic agents include, but are not limited to, antibiotics, mucolytics, CFTR potentiators (e.g. flavones, xanthines, benzimidazoles, ivacaftor (VX-770), QBW251, PG-01, VR-532), CFTR correctors (e.g. lumacaftor (VX-809), VX-661, curcumin, miglustat, sildenafil, 4-phenyl-butyrate, corr-4a, glafaninc, RDR1), nonsense mutation read-through agents (e.g. ataluren), CFTR production correctors, read-through agents, small molecule ion channel agents, osmotic agents, RNA repair, soluble guanylate cyclase stimulators, S-nitrosoglutathione reductase inhibitors, DNase, antifungals, bronchodilators, nitric oxide, anticholinergics, nonsteroidal anti-inflammatory drugs (NSAIDs), membrane stabilizers, corticosteroids, enzyme replacement therapy, corticosteroids, glucocorticosteroids, decongestants, and/or antifibrotic agents (e.g. halofuginone). In some embodiments, a CFTR potentiator and a CFTR corrector are co-administered. In some embodiments, the pharmaceutical compositions disclosed herein are co-administered with one or more CFTR potentiators and/or CFTR correctors. In preferred embodiments, the pharmaceutical compositions disclosed herein are co-administered with VX770, VX809, and/or VX661.

[00104] In some embodiments, the co-administration of the pharmaceutical compositions disclosed herein with one or more therapeutic agents has a synergistic effect. In some embodiments, the synergistic effect is on CFTR protein function. In some embodiments, the one or more therapeutic agents are CFTR correctors. In some embodiments, the one or more therapeutic agents are CFTR potentiators. In some embodiments, the one or more therapeutic agents are VX770, VX809, and/or VX661.

[00105] When two or more therapeutic agents are used in combination, the dosage of each therapeutic agent is commonly identical to the dosage of the agent when used independently. However, when a therapeutic agent interferes with the metabolism of others, the dosage of each therapeutic agent is properly adjusted. Alternatively, where the two or more therapeutic agents

show synergistic effects, the dose of one or more may be reduced. Each therapeutic agent may be administered simultaneously or separately in an appropriate time interval.

[00106] It should be understood that singular forms such as “a,” “an,” and “the” are used throughout this application for convenience, however, except where context or an explicit statement indicates otherwise, the singular forms are intended to include the plural. All numerical ranges should be understood to include each and every numerical point within the numerical range, and should be interpreted as reciting each and every numerical point individually. The endpoints of all ranges directed to the same component or property are inclusive, and intended to be independently combinable.

[00107] The term “about” when used in connection with a referenced numeric indication means the referenced numeric indication plus or minus up to 10% of that referenced numeric indication. For example, the language “about 50” covers the range of 45 to 55.

[00108] As used herein, the word “include,” and its variants, is intended to be non-limiting, such that recitation of items in a list is not to the exclusion of other like items that may also be useful in the materials, compositions, devices, and methods of this technology. Similarly, the terms “can” and “may” and their variants are intended to be non-limiting, such that recitation that an embodiment can or may comprise certain elements or features does not exclude other embodiments of the present technology that do not contain those elements or features. Although the open-ended term “comprising,” as a synonym of terms such as including, containing, or having, is used herein to describe and claim the disclosure, the present technology, or embodiments thereof, may alternatively be described using more limiting terms such as “consisting of” or “consisting essentially of” the recited ingredients.

[00109] Unless defined otherwise, all technical and scientific terms herein have the same meaning as commonly understood by one of ordinary skill in the art to which this disclosure belongs. Although any methods and materials, similar or equivalent to those described herein, can be used in the practice or testing of the present disclosure, the preferred methods and materials are described herein.

[00110] This disclosure is further illustrated by the following non-limiting examples.

EXAMPLES

Example 1: Administration of PB1046 or PB1120 rescues F508del-CFTR Function

[00111] Highly functional F508del-CFTR can be rescued in Cystic Fibrosis epithelial cells by correcting its misfolding to promote membrane targeting while increasing surface stability. While VIP has been shown to rescue this mutation in Cystic Fibrosis cells, the brief half-life of this protein in serum (≤ 1 minute) limits its therapeutic use. Disclosed herein are long lasting, stable VIP therapeutics, PB1120 and PB1046 which include ELP sequences. These data demonstrate PB1120 and PB1046 rescue F508del-CFTR.

[00112] A human nasal epithelial cell line JME/CF15, derived from a Cystic Fibrosis patient homozygous for the F508del mutation (Jefferson (1990)) was used to evaluate the effect of VIP compounds on CFTR protein function. Cells were cultured at 37°C with at 5% CO₂ - 95% humidity in DMEM-F12 with 10% FBS and supplemented with transferrin (5 µg/ml), triiodothyronine (2 nM), insulin (5 µg/ml), hydrocortisone (1.1 µM), EGF (1.64 nM), epinephrine (5.5 µM), and adenine (18 µM). Cells were maintained at 37°C and incubated with 900 mM VIP, 1.2 µM PB1046 (SEQ ID NO: 15), or 1 µM PB1120 (SEQ ID NO: 20) for 18 or 24 hours before the assaying for iodide efflux. For comparison, cells were incubated with the CFTR correctors VX-809 (lumacaftor) or VX-661.

[00113] To evaluate the effect of test compounds on CFTR protein function, the activity of the CFTR chloride channel was determined by studying the efflux of iodide ions using an iodide sensitive electrode. Cells were incubated with NaI loading buffer (136 mM NaI, 3 mM KNO₃, 2 mM Ca(NO₃), 11 mM glucose, 20mM HEPES, pH 7.4) for 1 hour at room temperature. Extracellular NaI solution was then removed and replaced with efflux buffer in which NaI was replaced with NaNO₃. Samples were taken and replaced at 1 minute intervals. The first 3 samples taken before addition of the CFTR activation cocktail (time 0-2 min) were used to establish a stable baseline of ion efflux. CFTR activation cocktail (150 µM cpt-cAMP + 1mM IBMX + 10µM forskolin) was included in the efflux buffer from time 3 minutes. NaI concentration was then measured using an iodide sensitive electrode moved over each sample by a computerised autosampler and the NaI efflux rate constant k (min⁻¹) was calculated. Iodide efflux peaks (maximum efflux rate during stimulation – basal level) were compared.

[00114] Iodide efflux rates were measured on JME/CF15 cells maintained at 37°C and pre-incubated with VIP, PB1046, or PB1120 at 30-3,500 nM for 2 hours. **Figure 2** shows the

iodide efflux rates for these agents, and Table 1 shows the EC₅₀ and plateau concentrations (n = 3-5) for each. Rescued F508del-CFTR was stimulated by a cAMP activator cocktail added to the efflux buffer. **Figure 3** shows the time-course of the corrector effects of these VIP therapeutics. The activity was significantly reduced when the CFTR inhibitor compound CFTR_{inh172} (20µM) was included in the incubation, confirming that the iodide efflux was mediated by CFTR.

Table 1

	VIP	PB1120 (n = 3-5)	PB1046 (n = 3-5)
EC ₅₀	65 nM	140 nM	355 nM
plateau concentration	900 nM	1000 nM	1200 nM

[00115] Immunoblotting was performed to visualize the localization of the F508del-CFTR in the epithelial cells treated with VIP, PB1120, or PB1046. As shown in **Figure 4**, treatment with PB1120 and PB1046 corrected F508del-CFTR maturation and membrane expression.

[00116] Incubation of JME/CF15 cells at 27 °C, rather than 37 °C allows processing of F508del-CFTR and its expression at the cell membrane. When cells are incubated at 37 °C essentially no iodide efflux is detected above background. **Figure 5** shows that VIP, PB1046 and PB1120 were all able to correct and/or potentiate the activity of F508del-CFTR to an equivalent or greater extent than VX-809 and VX-661.

Example 2: Co-Administration of PB1120 or PB1046 with VX-770 or VX-809 has a synergistic effect on rescuing F508del-CFTR Function

[00117] To study the effects of administration of PB1120 or PB1046 together with CFTR potentiators or CFTR correctors, iodide efflux assays were performed as described in Example 1.

[00118] JME/CF15 cells were acutely treated with 1 µM of the CFTR potentiator VX-770 (ivacaftor) and then treated with 350 nM PB1046 for 18 hours or 140 nM PB1120 for 24 hours. As shown in **Figure 6A**, treatment with VX-770 alone demonstrated no effect on iodide efflux. However, when PB1046 or PB1120 were administered in combination with VX-770 a synergistic effect on iodide efflux was observed (**Figures 6B and C**). This synergism is also seen when cells are treated with both 1µM PB1120 and 1µM VX-809 for 24 hours (**Figure 7**).

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CLAIMS

1. Use of a pharmaceutical composition for treating cystic fibrosis, the pharmaceutical composition comprising a fusion protein comprising a Vasoactive Intestinal Peptide (VIP) and one or more elastin-like peptides (ELP) comprising repeat units of any of SEQ ID NOs: 1-13 or a combination thereof, and one or more pharmaceutically acceptable excipients, wherein the pharmaceutical composition is for administration to a patient in need thereof.
2. Use of a pharmaceutical composition for treating a condition associated with decreased CFTR protein function in a patient, the pharmaceutical composition comprising a fusion protein comprising a Vasoactive Intestinal Peptide (VIP) and one or more elastin-like peptides (ELP) comprising repeat units of any of SEQ ID NOs: 1-13 or a combination thereof, and one or more pharmaceutically acceptable excipients, wherein the pharmaceutical composition is for administration to a patient in need thereof.
3. The use of claims 1 or 2, wherein the ELP comprises repeat units of VPGXG (SEQ ID NO:3).
4. The use of claim 3, wherein the ELP comprises 120 repeat units of VPGXG (SEQ ID NO:3), where X is independently selected from Val, Ala, and Gly.
5. The use of claim 4, wherein X is independently selected from Val, Ala, and Gly in a ratio of about 5:2:3.
6. The use of claims 1 or 2, wherein the VIP peptide has a relative binding preference for VPAC2 over VPAC1.
7. The use of claims 1 or 2, wherein the VIP peptide has a relatively equipotent binding preference for VPAC2 and VPAC1.
8. The use of claims 1 or 2, wherein the pharmaceutical composition is formulated for systemic delivery.
9. The use of claims 1 or 2, wherein the pharmaceutical composition comprises SEQ ID NO: 15 or SEQ ID NO: 20.
10. The use of claims 1 or 2, wherein the pharmaceutical composition is formulated for sustained release.

11. The use of claims 1 or 2, wherein the pharmaceutical composition is for administration with one or more additional cystic fibrosis therapies or therapies to treat disorders associated with CFTR protein dysfunction.

12. The use of claim 11, wherein the one or more additional cystic fibrosis therapies is selected from the group consisting of Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) potentiators, CFTR correctors, nonsense mutation readthrough agents, CFTR production correctors, read-through agents, small molecule ion channel agents, osmotic agents, gene therapy, RNA repair, soluble guanylate cyclase stimulators, S-nitrosoglutathione reductase inhibitors, DNase, antibiotics, antifungals, mucolytics, bronchodilators, nitric oxide, anticholinergics, nonsteroidal anti-inflammatory drugs (NSAIDs), membrane stabilizers, corticosteroids, and enzyme replacement therapy.

13. The use of claim 12, wherein the CFTR potentiator is selected from the group consisting of ivacaftor (VX-770) and QBW251.

14. The use of claim 12, wherein the CFTR corrector is selected from the group consisting of lumacaftor (VX-809) and VX-661.

15. The use of claims 1 or 2, wherein the patient has at one or more mutations in a CFTR gene.

16. The use of claim 15, wherein the patient is homozygous for the one or more mutations in the CFTR gene.

17. The use of claim 15, wherein the patient is heterozygous for the one or more mutations in the CFTR gene.

18. The use of any one of claims 15-17, wherein the patient has a F508del.

19. The use of claim 2, wherein the patient has acquired the CFTR protein dysfunction.

20. The use of claim 19, wherein the CFTR protein dysfunction is acquired by smoking.

21. The use of claim 20, wherein the patient has Chronic Obstructive Pulmonary Disease (COPD).

22. The use of claim 19, wherein the acquired CFTR protein dysfunction is not associated with a mutation in the CFTR gene.

23. The use of any of claims 1-10, wherein administration of the pharmaceutical composition increases CFTR protein function in the patient's cells compared to CFTR protein function in an untreated patient.

24. The use of claim 23, wherein administration of the pharmaceutical composition increases ion efflux rates in the patient's cells compared to ion efflux rates in an untreated patient.

25. The use of claim 23, wherein administration of the pharmaceutical composition increases the patient's respiratory function compared to the respiratory function of an untreated patient.

26. The use of claim 23, wherein administration of the pharmaceutical composition decreases sweat chloride concentration in a patient compared to the sweat chloride concentration of an untreated patient.

FIGURES

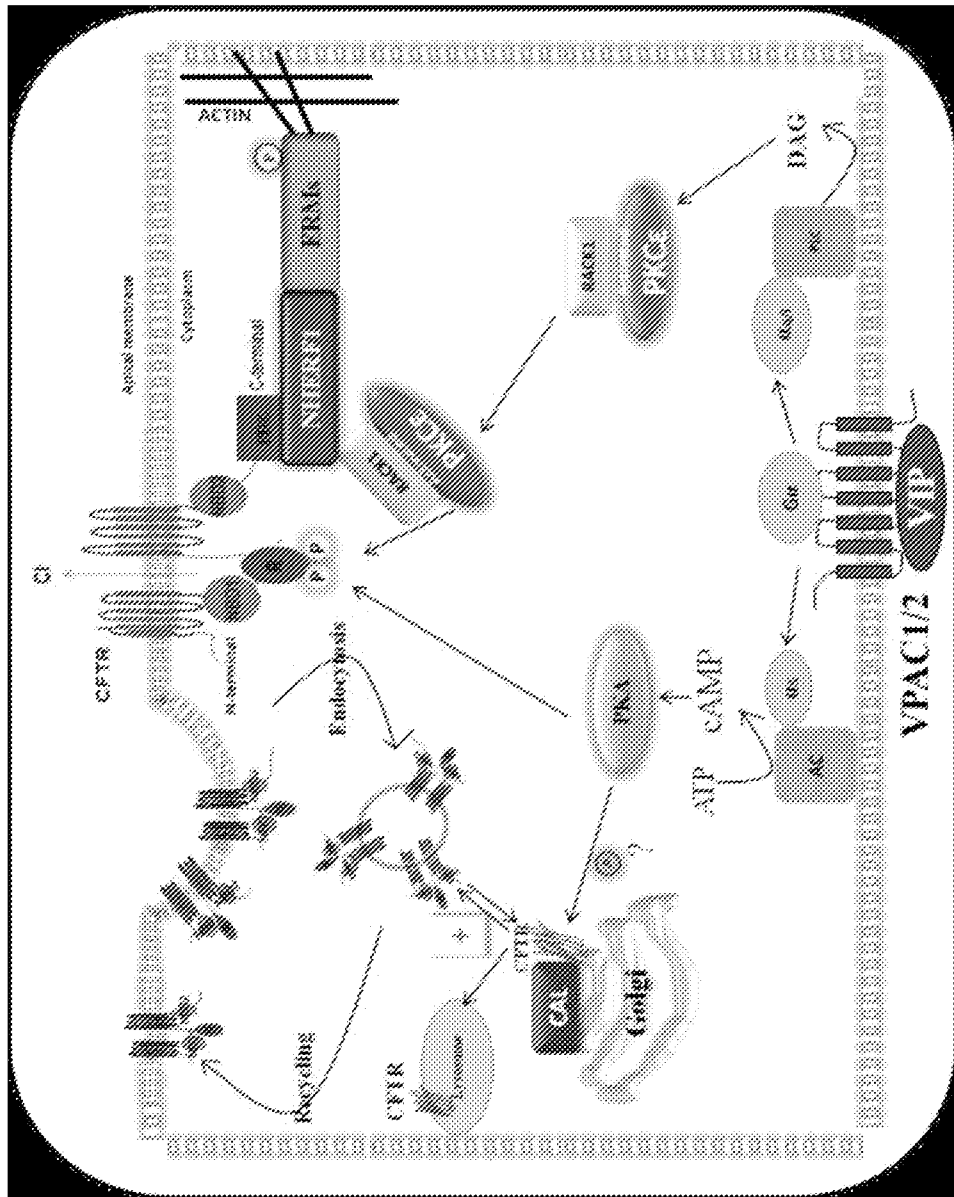


FIGURE 1

FIGURE 2

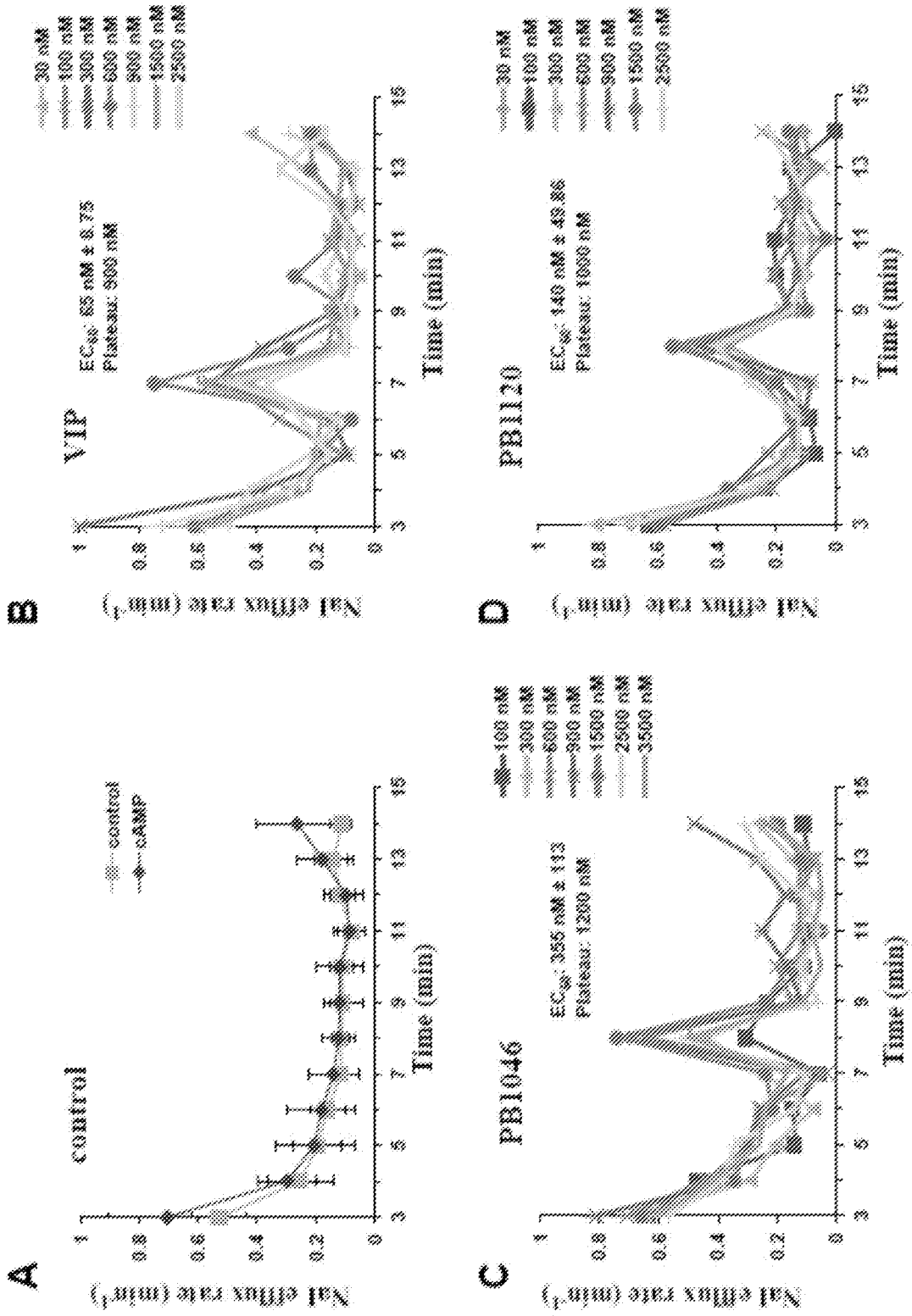


FIGURE 3

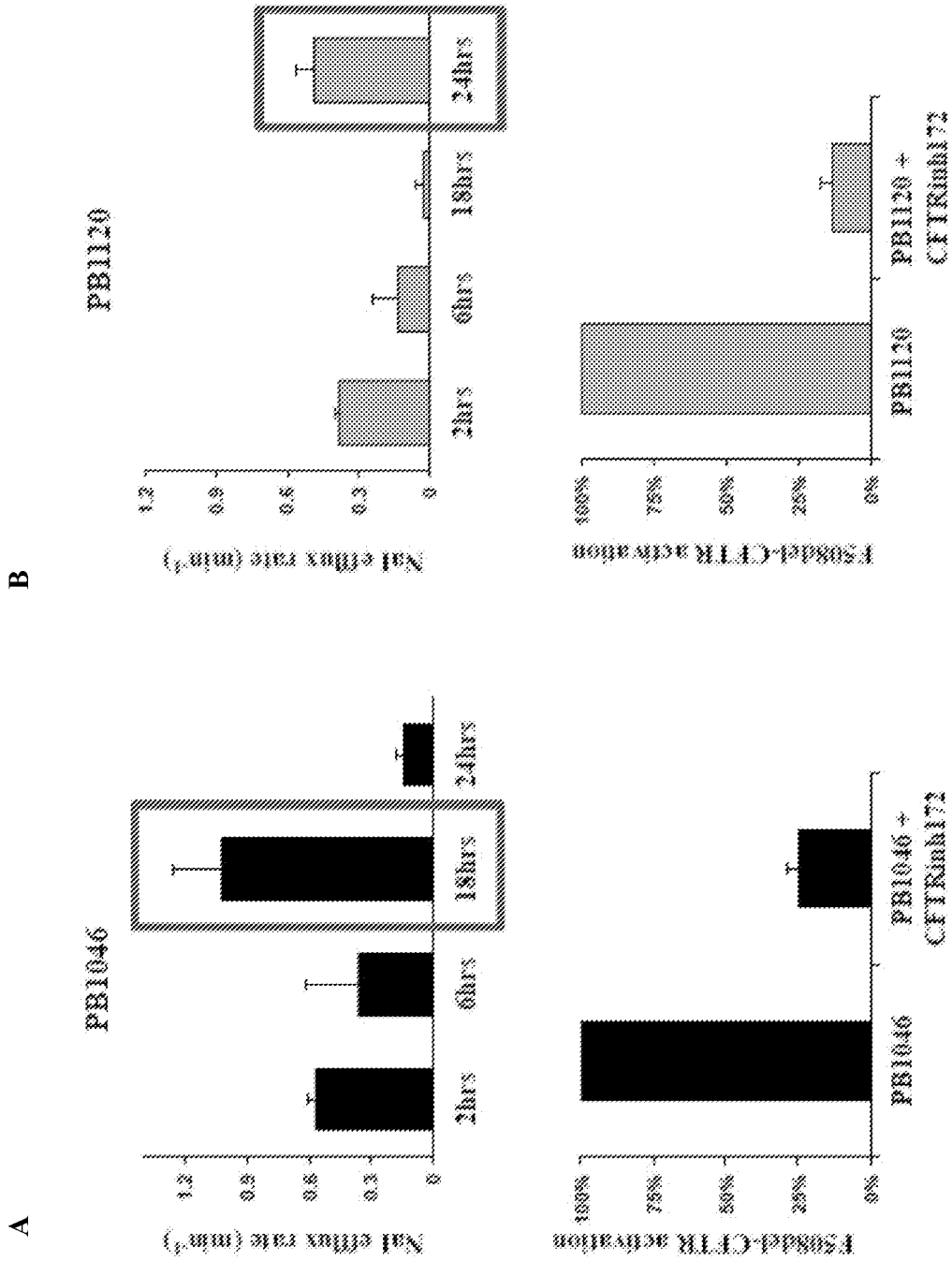


FIGURE 3C

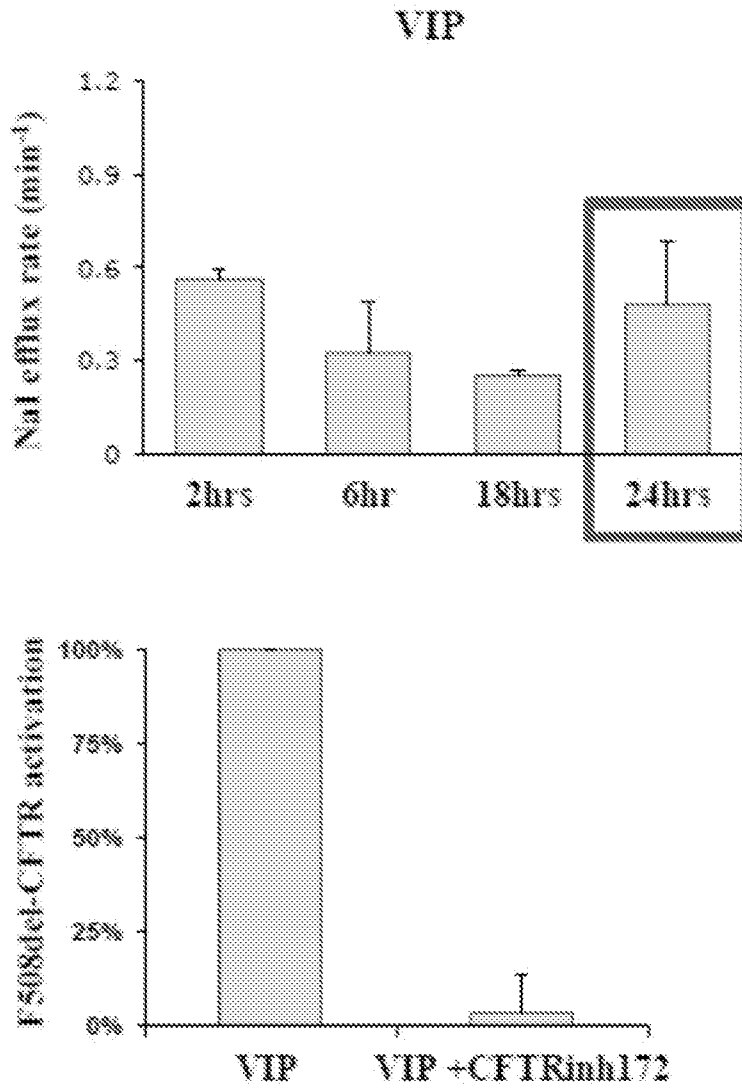


FIGURE 4

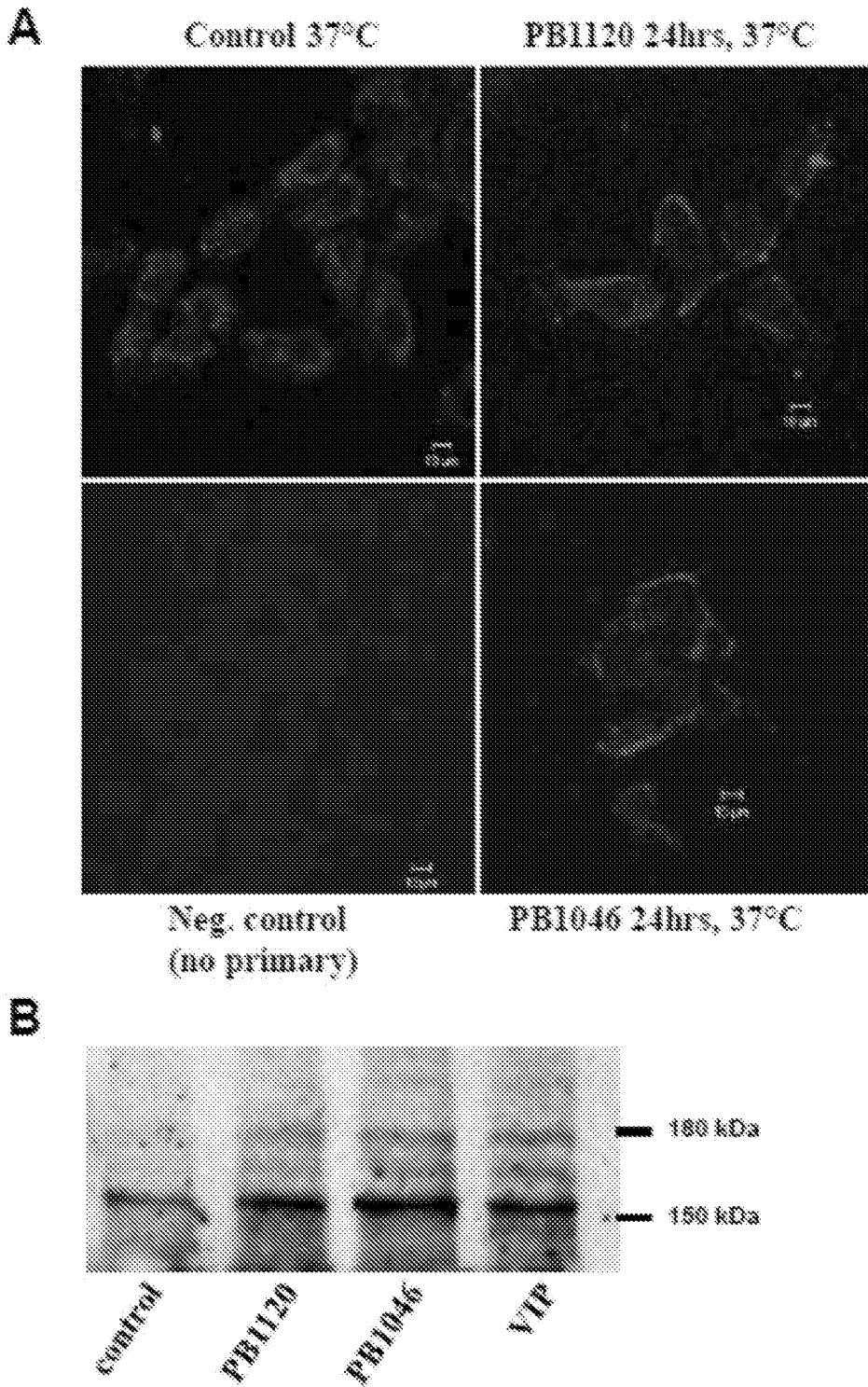
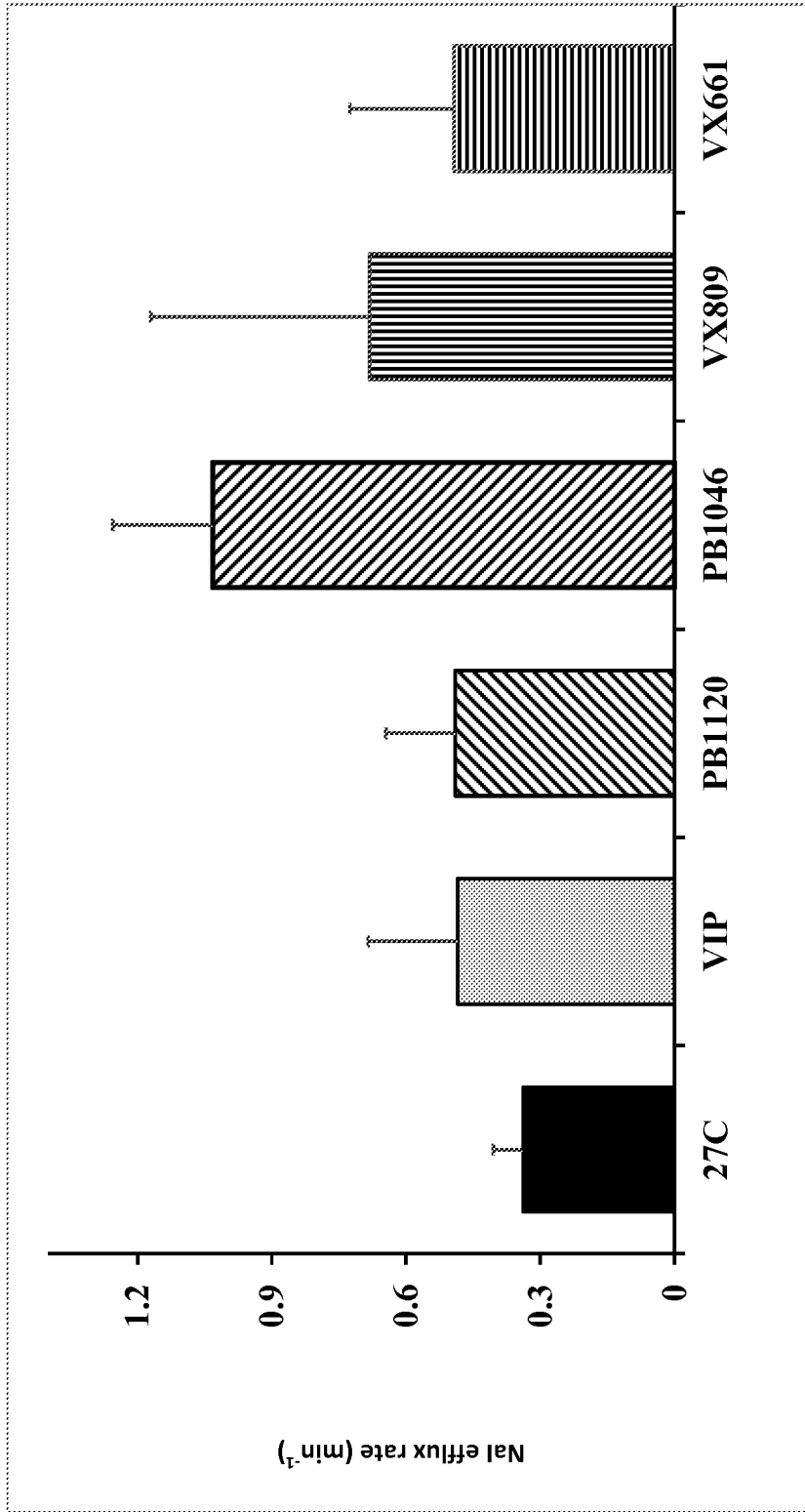


FIGURE 5



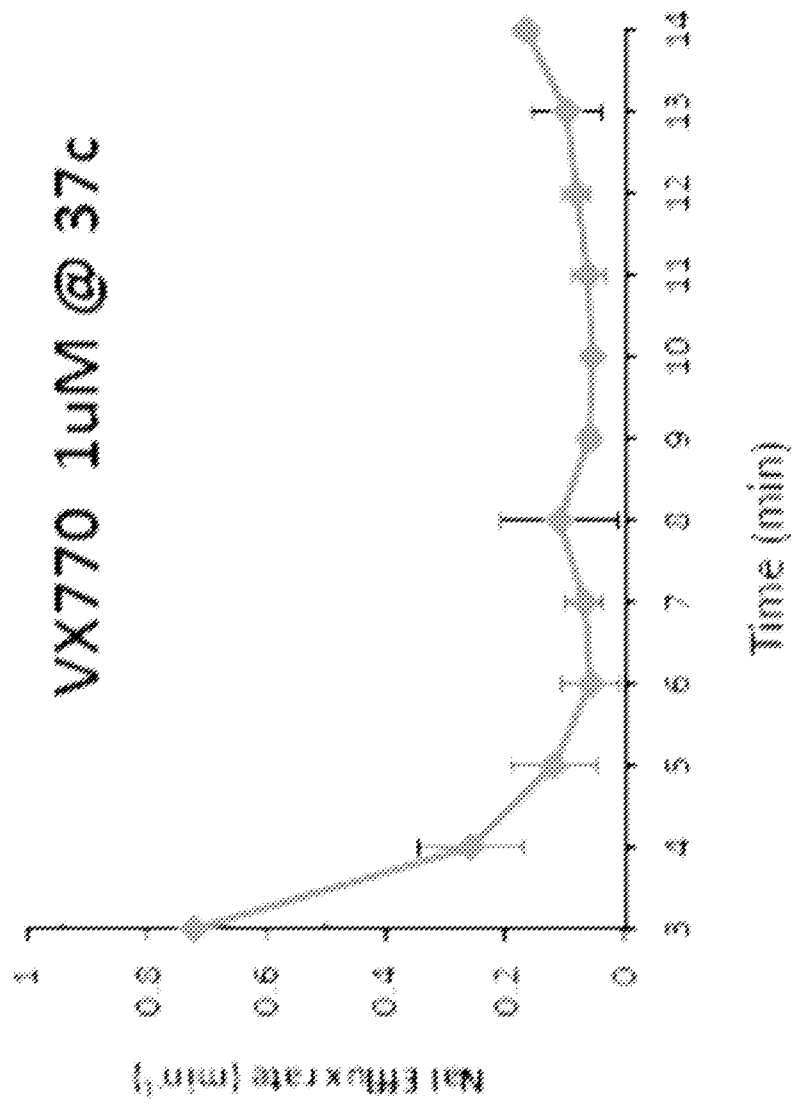


FIGURE 6A

Figure 6B

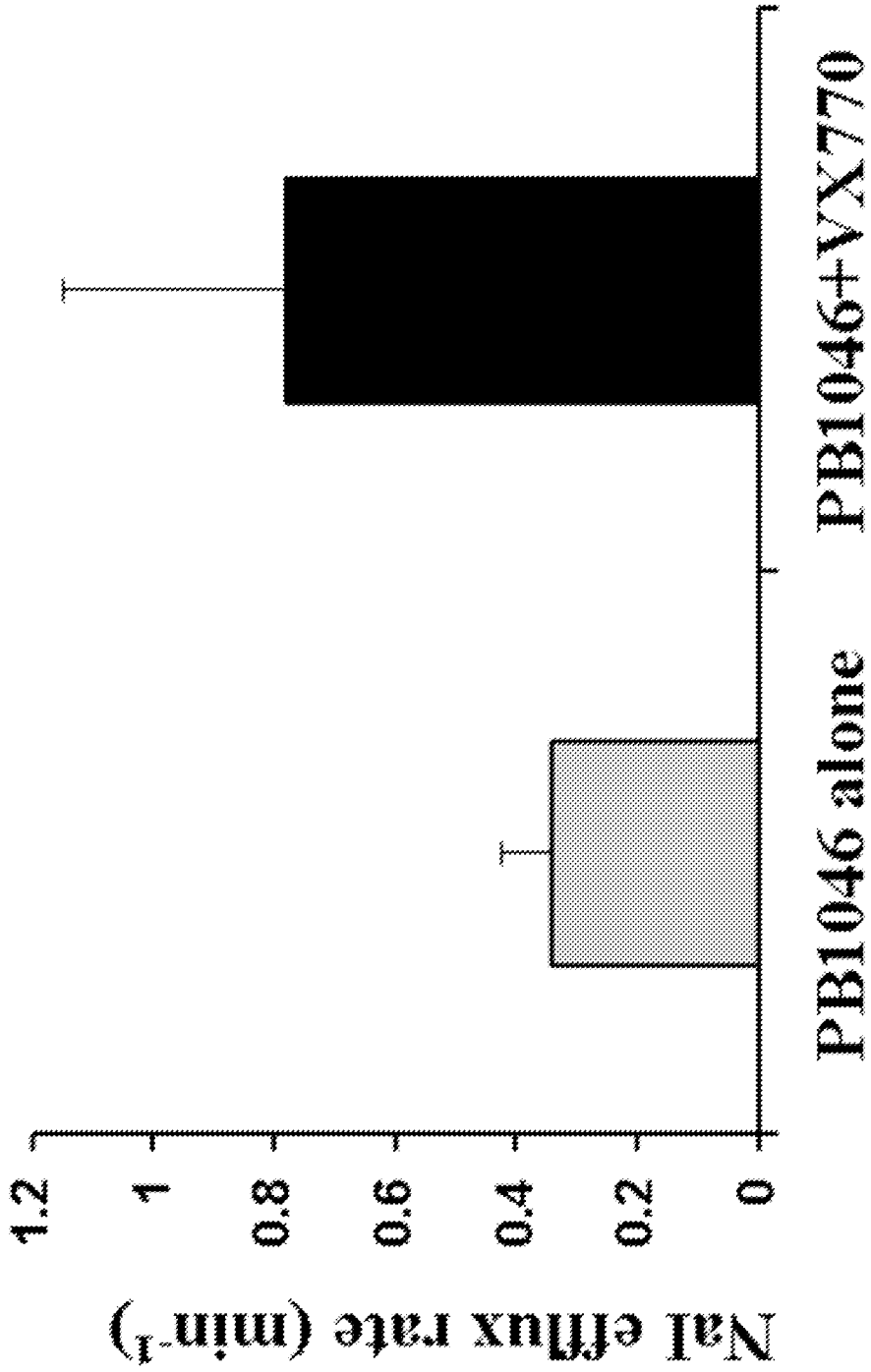
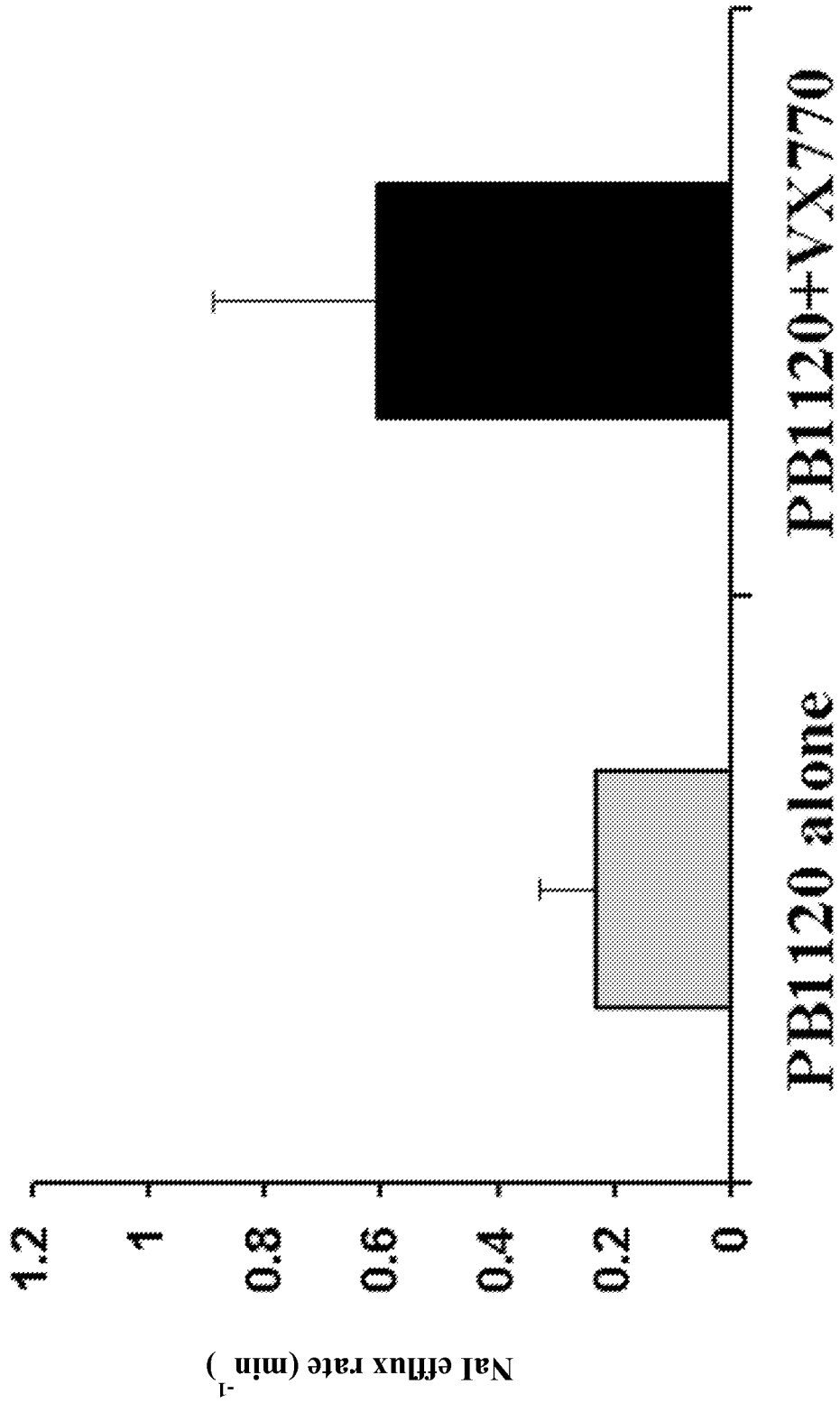


Figure 6C



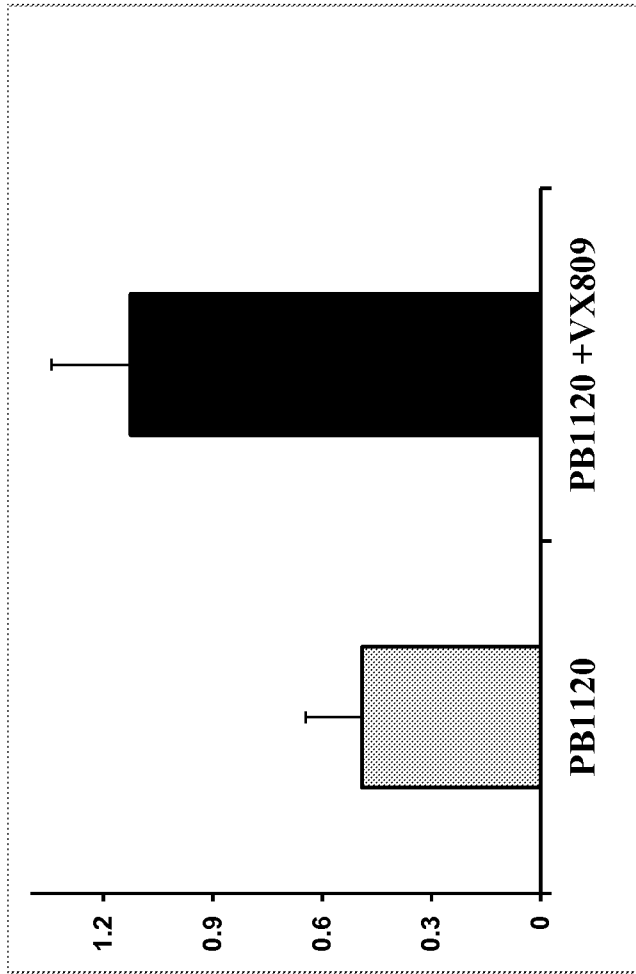


FIGURE 7

NaI efflux rate (min⁻¹)

