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(54) Title: PHARMACEUTICAL PREPARATIONS AND METHODS FOR THEIR REGIONAL ADMINISTRATION			
(57) Abstract <p>Formulations have been developed for regional delivery of drugs, for example, into a cavity such as the pelvic region, peritoneal region, or directly on organs of interest. Regional delivery increases comfort and bioavailability of the drug, resulting in rapid and relatively high blood levels in the regions to be treated in the substantial absence of side effects due to the high levels required for efficacy following systemic delivery. In the preferred embodiment, these formulations consist of drug micro or nanoparticles, which may be formed of drug alone or in combination with an excipient or polymeric carrier. The excipient or polymer may be used to manipulate release rates and to increase adhesion to the affected region. The drug formulation can be applied as a dried powder, a liquid suspension or dispersion, or as a topical ointment, creme, lotion, foam or suppository.</p>			

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**PHARMACEUTICAL PREPARATIONS AND METHODS
FOR THEIR REGIONAL ADMINISTRATION**

Field of the Invention

The present invention relates to
5 pharmaceutical preparations, and especially
pharmaceutical formulations that can be introduced
topically, locally, intrapelvically,
intraperitoneally or directly on reproductive
organs of interest in amounts effective to treat
10 various conditions, particularly local diseases of
the female reproductive system, such as pelvic,
uterine, cervical and vaginal diseases which are
present in this region of the body.

Background of the Invention

15 It has long been known that treatment of
female reproductive diseases by traditional methods
of oral or systemic administration is associated
with drug bioavailability problems and concomitant
side effect complications from unwanted absorption
20 of drugs into the systemic circulation. For
example, normal digestive tract action may break
down orally administered active ingredients to
decrease effective drug delivery dosages, or the
pharmaceutical preparation may be changed by
25 passage through the liver or by systemic
circulation or may not achieve adequate levels in
the area of interest. To counteract these
undesirable actions, the dosage of the active
ingredient needs to be increased, oftentimes
30 leading to undesirable side effects.

Danazol, an isoxazolo derivative of 17α
ethenyltestosterone (an androgen hormone), is
commonly administered to women for treatment of
endometriosis, range up to 800 mg daily. At high
35 doses, adverse side effects are seen which may
include weight gain, voice change, development of

facial and chest hair, loss of libido, acne, and central nervous system ("CNS") symptoms such as depression, anxiety, fatigue, nausea and diarrhea, as well as the inhibition of pregnancy while
5 undergoing treatment. See, for example, Spooner, *Classification of Side Effects to Danazol Therapy*, Winthrop Laboratories, Surrey, England.

It is therefore highly desirable to provide new systems and methods for the administration of
10 pharmaceuticals which would avoid such drawbacks. Mizutani, et al., in Fertility and Sterility 63, 1184-1189 (1995), describes administration of danazole vaginally by means of a 100 mg suppository, and compared the results with oral
15 administration of a 400 mg dosage. No effect on the hypothalamic-pituitary-ovarian axis was noted, although high concentrations were present in the ovary, uterus and serum, with insignificant serum levels, following vaginal administration.
20 Mizutani, et al., conducted their study following a report by Igarishi, Asia-Oceania J. Obstet. Gynaecol. 16(1), 1-12 (1990), that administration of danazole in a silicone vaginal ring reduced endometriotic tissue in the uterus and increased
25 the incidence of pregnancy in treated women to a statistically significant degree. The immediate drawback to both therapies, however, is that the formulation and delivery platform such as vaginal rings and other devices are particularly
30 unsatisfactory for women who already suffer from the cramps and pains associated with endometriosis. The dosages which were used were also quite high and extremely variable and may potentially have a negative and accumulative depot effect.



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Igarashi's implant, and other proposed
danazole formulations for local release of danazol
for treatment of endometriosis, wherein the effect
is achieved by direct administration of the
5 danazole to the tissue to be treated, are described
in U.S. Patent No. 4,997,653 to Igarashi and EPA 0
501 056 (col. 2, lines 24-29 of the U.S. patent).

Many other drug delivery systems are
available, but have not been developed for this
10 purpose. Examples include U.S. Patent No.
3,921,636 to Zaffaroni, which describes a drug
delivery reservoir for controlled, sustained
release of water soluble materials as a function of
diffusion of water into the device and dissolution
15 of the drug to be released for systemic or local
effect (col. 10, line 46). EPA 0 566 135 by Takeda
Chemical Industries describes a preparation for
systemic delivery of proteins or peptides via the
mucosal regions such as the mouth or vagina,
20 wherein delivery is enhanced by inclusion of a
cytidine nucleotide derivative. WO 96 37232 by
Universidade de Santiago de Compostela describes
complexes of nanoparticles, emulsions or
nanocapsules within a matrix formed by ionic
25 complexing of a water soluble positively charged
amino polysaccharide and a negatively charged
phospholipid, which are useful for topical or
transmucosal administration of drugs. WO 95 07071
by Edko Trading describes an ointment or creme for
30 intravaginal administration of antifungal drugs.
U.S. Patent No. 5,510,118 to Nanosystems describes
preparation of a powder consisting solely of
nanoparticles of drugs, such as danazole, which is
highly soluble and therefore advantageous for

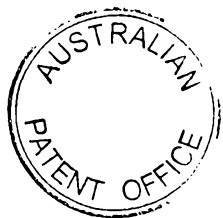


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systemic administration by injection.

It is therefore an object of the present invention to provide formulations which are effective in treating disorders of the reproductive



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organs which has high patient compliance and comfort.

It is a further object of the present invention to provide formulations and methods of administration which provide for extremely rapid uptake of drug in the affected region, with low
5 systemic concentrations and few concordant side effects.

It is still another object of the present invention to provide greatly enhanced bioavailability of drug in formulations administered topically or locally, intrapelvically, intraperitoneally or directly on reproductive
10 organs of interest as compared to the drugs administered in controlled release devices.

Summary of the Invention

In one aspect this invention resides in a topical formulation suitable for regional administration of an
15 effective amount of a drug to provide relief from symptoms in a region in patients in need thereof, wherein the drug is in a form selected from the group consisting of micro- or nanoparticulate form, a liquid suspension or dispersion, a hydrogel thereof, an ointment, a cream, a lotion, or a foam.

20 Formulations which have been developed for topical or local delivery intrapelvically, intraperitoneally or directly onto organs of interest, to produce a regional effect, with lower systemic drug levels than obtained when an effective dosage is systemically administered. In a preferred
25 embodiment, drug is administered to a region such as the female reproductive system, provide for increased comfort, increased bioavailability, rapid and relatively high blood levels in the regions to be treated without causing systemic levels of drug which cause side effects. The preferred formulations consist
30 of drug micro or nanoparticles, which may be formed of drug alone or in combination with an excipient or



polymeric carrier. The excipient or polymer may be used to manipulate release rates and to increase adhesion to the affected region. The drug formulation can be applied as a dried powder, a liquid suspension or dispersion, a hydrogel suspension or dispersion, sponges, or as a topical ointment, creme, lotion, foam or suppository.

Specific danazole formulations are described. Rat studies demonstrate rapid uptake of danazole into the tissues affected in endometriosis, with serum drug levels that are almost undetectable.

In another aspect this invention resides in a method of treating a patient including the step of administering to the patient a topical formulation suitable for regional administration of an effective amount of a drug to provide relief from symptoms in a region in the patient in need thereof, wherein the drug is in a form selected from the group consisting of micro- or nanoparticulate form, a liquid suspension or dispersion, a hydrogel thereof, an ointment, a cream, a lotion, or a foam.

In a further aspect this invention resides in a method for treating endometriosis including administering to the mucosal membranes of the female reproductive tract a regionally effective amount of a micro- or nanoparticulate danazole in a form promoting quick uptake into the blood stream

In a still further aspect this invention resides in a composition for treating endometriosis including a regionally effective amount of a micro- or nanoparticulate danazole in a form promoting quick uptake into the blood stream when applied to the mucosal membranes of the female reproductive tract.

Detailed Description of the Invention

The compositions and methods for administration thereof provide for significantly diminished side effects with



increased bioavailability and comfort, as compared to conventional drug administration techniques, and avoid the need for oral and parenteral administration, the use of complex and expensive biocompatible polymeric material, and
5 insertion into the body and maintenance therein of potentially infectious foreign objects, such as intrauterine devices, vaginal rings, and suppositories.

I. Formulations.

The formulations are designed to provide maximum uptake
10 in the affected tissues with rapid dissemination throughout the region to be treated, with little to no increase in systemic blood levels of the drug. The formulations can consist solely of drug, or drug combined with excipient or polymeric material.

A. Drugs

The term "drug" can refer to any pharmaceutically active substance capable of being administered in a particulate formulation, which achieves the desired effect. Drugs can be synthetic or isolated natural organic compounds, proteins or
20 peptides, oligonucleotides or nucleotides, or polysaccharides or sugars. Drugs may have any of a variety of activities, which may be inhibitory or stimulatory, such as antibiotic activity, antiviral
25



activity, antifungal activity, steroidal activity, cytotoxic or anti-proliferative activity, anti-inflammatory activity, analgesic or anesthetic activity, or be useful as contrast or other diagnostic agents. A description of classes of drugs and species within each class can be found in Martindale, *The Extra Pharmacopoeia*, 31st Ed., The Pharmaceutical Press, London (1996) and Goodman and Gilman, *The Pharmacological Basis of Therapeutics*, (9th Ed., McGraw-Hill Publishing company (1996).

Examples of compounds with steroidal activity include progestins, estrogens, antiestrogens and antiprogestins.

In a preferred embodiment, the drug is danazole or gestrinone in a micro or nanoparticulate formulation. This can be achieved by milling of the drug or atomization of drug solution, for example, into a solvent extraction fluid, or other standard techniques. The danazole or gestrinone can be present as a complex with a cyclodextrin, for example, hydroxypropyl- β -cyclodextrin (HPB).

In another preferred embodiment, the drug is a polysaccharide, preferably a sulfated polysaccharide. Examples of suitable sulfated polysaccharides include carageenan, dextran sulfate, heparin, and fucoidin.

B. Excipients or Carriers

The drug substance may be "associated" in any physical form with a particulate material, for example, adsorbed or absorbed, adhered to or dispersed or suspended in such matter, which may take the form of discrete particles or microparticles in any medicinal preparation, and/or suspended or dissolved in a carrier such as an ointment, gel, paste, lotion, sponge or spray.



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Standard excipients include gelatin, casein, lecithin, gum acacia, cholesterol, tragacanth, stearic acid, benzalkonium chloride, calcium stearate, glyceryl monostearate, cetostearyl alcohol, cetomacrogol emulsifying wax, sorbitan esters, polyoxyethylene alkyl ethers, polyoxyethylene castor oil derivatives, polyoxyethylene sorbitan fatty acid esters, polyethylene glycols, polyoxyethylene stearates, colloidol silicon dioxide, phosphates, sodium dodecylsulfate, carboxymethylcellulose calcium, carboxymethylcellulose sodium, methylcellulose, hydroxyethylcellulose, hydroxypropylcellulose, hydroxypropylmethycellulose phthalate, noncrystalline cellulose, magnesium aluminum silicate, triethanolamine, polyvinyl alcohol, polyvinylpyrrolidone, sugars and starches.

C. Polymeric Materials

In a preferred embodiment, the drug is present on or within micro or nanoparticulates formed of a polymeric material. Additional materials, such as diagnostic agents, including echogenic gases, radioactive materials - which may also in themselves be therapeutic, and magnetic materials for detection by MRI or PET, can optionally be included in the particles.

Various polymers can be used to increase adhesion to mucosal surfaces, to control release as a function of the diffusion rate of drugs out of the polymeric matrix and/or rate of degradation by hydrolysis or enzymatic degradation of the polymers and/or pH alteration, and to increase surface area of the drug relative to the size of the particle.

The polymers can be natural or synthetic, and can be biodegradable or non-biodegradable. High molecular weight drugs can be delivered partially by diffusion but mainly by degradation of the

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polymeric system. For this reason, biodegradable polymers, bioerodible hydrogels, and protein delivery systems are particularly preferred when high molecular weight drugs are being delivered.

5 The polymers may be natural or synthetic polymers, although synthetic polymers are preferred due to the better characterization of degradation and release profiles. The polymer is selected based on the period over which release is desired,
10 generally in the range of at least immediate release to release over a period of twelve months, although longer periods may be desirable. In some cases linear release may be most useful, although in others a pulse release or "bulk release" may
15 provide more effective results. The polymer may be in the form of a hydrogel (typically absorbing up to about 90% by weight of water), and can optionally be crosslinked with multivalent ions or polymers.

20 Representative natural polymers include proteins such as zein, modified zein, casein, gelatin, gluten, serum albumin, and collagen, polysaccharides such as cellulose, dextrans, and polyhyaluronic acid.

25 Representative synthetic polymers include polyphosphazenes, poly(vinyl alcohols), polyamides, polycarbonates, polyacrylates, polyalkylenes, polyacrylamides, polyalkylene glycols, polyalkylene oxides, polyalkylene terephthalates, polyvinyl
30 ethers, polyvinyl esters, polyvinyl halides, polyvinylpyrrolidone, polyglycolides, polysiloxanes, polyurethanes and copolymers thereof.

 Examples of suitable polyacrylates include
35 poly(methyl methacrylate), poly(ethyl methacrylate), poly(butyl methacrylate), poly(isobutyl methacrylate), poly(hexyl

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methacrylate), poly(isodecyl methacrylate),
poly(lauryl methacrylate), poly(phenyl
methacrylate), poly(methyl acrylate),
poly(isopropyl acrylate), poly(isobutyl acrylate)
5 and poly(octadecyl acrylate).

Synthetically modified natural polymers
include cellulose derivatives such as alkyl
celluloses, hydroxyalkyl celluloses, cellulose
ethers, cellulose esters, and nitrocelluloses.
10 Examples of suitable cellulose derivatives include
methyl cellulose, ethyl cellulose, hydroxypropyl
cellulose, hydroxypropyl methyl cellulose,
hydroxybutyl methyl cellulose, cellulose acetate,
cellulose propionate, cellulose acetate butyrate,
15 cellulose acetate phthalate, carboxymethyl
cellulose, cellulose triacetate and cellulose
sulfate sodium salt.

Each of the polymers described above can be
obtained from commercial sources such as Sigma
20 Chemical Co., St. Louis, MO., Polysciences,
Warrenton, PA, Aldrich Chemical Co., Milwaukee,
WI, Fluka, Ronkonkoma, NY, and BioRad, Richmond,
CA. or can be synthesized from monomers obtained
from these suppliers using standard techniques. The
25 polymers described above can be separately
characterized as biodegradable, non-biodegradable,
and bioadhesive polymers, as discussed in more
detail below.

1. Biodegradable polymers

30 Representative synthetic degradable polymers
include polyhydroxy acids such as polylactides,
polyglycolides and copolymers thereof,
poly(ethylene terephthalate), poly(butic acid),
poly(valeric acid), poly(lactide-co-caprolactone),
35 polyanhydrides, polyorthoesters and blends and
copolymers thereof.

Representative natural biodegradable polymers include polysaccharides such as alginate, dextran, cellulose, collagen, and chemical derivatives thereof (substitutions, additions of chemical groups, for example, alkyl, alkylene, hydroxylations, oxidations, and other modifications routinely made by those skilled in the art), and proteins such as albumin, zein and copolymers and blends thereof, alone or in combination with synthetic polymers. In general, these materials degrade either by enzymatic hydrolysis or exposure to water *in vivo*, by surface or bulk erosion.

2. Non-Biodegradable Polymers

Examples of non-biodegradable polymers include ethylene vinyl acetate, poly(meth)acrylic acid, polyamides, polyethylene, polypropylene, polystyrene, polyvinyl chloride, polyvinylphenol, and copolymers and mixtures thereof.

3. Bioadhesive polymers

Hydrophilic polymers and hydrogels tend to have bioadhesive properties. Hydrophilic polymers that contain carboxylic groups (e.g., poly[acrylic acid]) tend to exhibit the best bioadhesive properties. Polymers with the highest concentrations of carboxylic groups are preferred when bioadhesiveness on soft tissues is desired. Various cellulose derivatives, such as sodium alginate, carboxymethylcellulose, hydroxymethylcellulose and methylcellulose also have bioadhesive properties. Some of these bioadhesive materials are water-soluble, while others are hydrogels.

Rapidly bioerodible polymers such as poly(lactide-co-glycolide), polyanhydrides, and polyorthoesters, whose carboxylic groups are exposed on the external surface as their smooth surface erodes, can also be used for bioadhesive

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drug delivery systems. In addition, polymers containing labile bonds, such as polyanhydrides and polyesters, are well known for their hydrolytic reactivity. Their hydrolytic degradation rates can generally be altered by simple changes in the polymer backbone. Upon degradation, these materials also expose carboxylic groups on their external surface, and accordingly, these can also be used for bioadhesive drug delivery systems.

10 D. Hydrogel Matrices

In another preferred embodiment, the drug is present as a dispersion of micro- or nanoparticles in a hydrogel matrix. The hydrogel matrix can be used to cause the particles to remain at a particular location over an extended period of time, particularly when the hydrogel is adhered to a tissue surface. The use of hydrogels to provide local delivery of drugs is described, for example, in U.S. Patent No. 5,410,016 to Hubbell et al.

20 The particles to be incorporated in the hydrogel matrix can be formed of drug alone, or can include the excipients and/or polymers described above. The drug can also be added as a dispersion or solution to the matrix. The drug can be released from the particles through dissolution of the particles, the hydrogel or both. Suitable hydrogels can be formed from synthetic polymers such as polyethylene glycol, polyethylene oxide, polyvinyl alcohol, polyvinyl pyrrolidone, polyacrylates, poly (ethylene terephthalate), poly(vinyl acetate), and copolymers and blends thereof, as well as natural polymers such as cellulose and alginate, as described above. Exemplary materials include SEPTRAFILM™ (modified sodium hyaluronate/carboxymethylcellulose, Genzyme Pharmaceuticals) and INTERCEED™ (oxidized

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regenerated cellulose, Johnson & Johnson Medical, Inc.)

II. Methods of Administration

The formulations are preferably administered
5 locally within the region to be treated, for
example, vaginally for treatment of diseases of the
ovaries and uterus. As used herein, "locally" can
refer to topical application generally to the
mucosal or endometrial surfaces of the vagina
10 and/or uterus, or to a particular portion of the
vagina or uterus. As used herein, "regionally"
refers to reproductive organs and their surrounding
environs, which include uterus, fallopian tube,
peritoneal space, pelvic cul-de-sac, ovaries,
15 perineum, abdominal; the rectovaginal region and
corresponding regions in men, and urinogenital
tract, including bladder, urinary tract, and
rectum. As used herein, "systemically" refers to
the circulatory system, and regions outside the
20 spaces described above.

Vaginally administered pharmaceutical
preparations as described herein are particularly
effective in treating certain diseases of female
reproductive systems, such as the administration of
25 danazol for treatment of endometriosis, and in the
treatment of other disorders such as urinary
incontinence. It is desirable to administer the
danazol formulations locally with dosages which are
less than other modes of delivery, such as oral
30 delivery. Transdermal doses are usually found to
be one-quarter of the oral dose for similar
efficacy. In this instance, it is possible to
lower the dose even lower (the ring delivered
between about 1 and 2 mg/day). Such dosage
35 administration will ensure negligible or relatively
low serum levels of danazol to avoid undesirable

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side effects associated with oral dosing, such as hirsutism and other androgenic side effects.

The following non-limiting examples more fully demonstrate the present invention.

5 **EXAMPLE 1: Preparation of Gel Products.**

The drug substance, micronized danazol (carrying DMF-Drug Master File Certification) was manufactured by Cipla Pharmaceuticals and bought from Byron Chemical Company. UV absorption
10 identified the drug substance as being identical to Danazol USP. Individual impurities were noted to be not more than 0.5%, and total impurities not more than 1.0%. Assay of dried basis was between 97% and 102% w/w on dried basis. More than 90% of
15 the particles were less than 5 microns in diameter and the remaining particles were between 5 and 15 microns in diameter.

Micronized danazol was levigated in a commercial preparation of KY Jelly, which is made
20 up of a polymer hydroxyethyl cellulose to 10 ml volume (based on weight using density of jelly of 2.16 g/ml) to deliver a dosage of 1 mg in 50 μ l. Gels were smooth in consistency, uniformly white and flowable. Particle size measurements were
25 conducted with a Coulter H4mD particle size analyzer and were noted to be as follows:

Danazol Powder:

Average of 6 measurements 3.2 μ g
Individual measurement and variation 3.2 μ g \pm 9 μ g

30 1 mg gel:

Average of 5 measurements 3.0 μ g
Individual measurement and variation 3.4 μ g \pm 1.5 μ g

EXAMPLE 2: Administration of Danazole microparticulate formulation to rats.
35

Mature female Sprague-Dawley rats were used for the experiment. 1 mg of the microparticulate

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danazol was delivered in a volume of 50 μ l to the vaginal vault and the animals sacrificed at the times noted below. The uterus and ovaries were separately homogenized and blood was drawn. All
5 tissues and biological samples were processed. Danazol was extracted and assayed by HPLC methodology.

Danazol clinical assay:

Danazol was extracted from serum and tissue
10 hexane/chloroform 80/20. For tissues, 1 ml aliquote of each homogenate was taken. The extracted danazol was reconstituted in a water/acetonitrile mobile phase and a Beckman Ultrasphere 5 micron, 4.6 mm X 15 cm reverse phase
15 column (C-18 RP) was used for all the HPLC analyses. A danazol recovery study was conducted using danazol drug product. The recovery was determined by comparing the extracted signal with unextracted signal. A recovery of between 75 and
20 84% was obtained for the extraction method.

Study Results:

Tissue and serum levels are summarized below in Table 1:

Table 1: Tissue and Serum Levels of Danazole in Rats

<u>RATE AND TIME</u>	<u>UTERUS—ng/g</u>	<u>OVARIES ng/g</u>	<u>SERUM ng/ml</u>
2 hours	0.43	0.33	0.21
4 hours	0.57	not detected	not detected
6 hours	0.77	not detected	not detected

30 The results of this study demonstrate that the formulation used resulted in a preferential absorption of danazol into the uterus.

In the above examples, danazol concentrations of 1 mg/300 g rat were administered. In work by
35 Mizutami, danazol concentrations of 100 mg/50 kg

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women were administered. These concentrations are roughly equivalent. The data demonstrate that the suppository used by Mizutami resulted in uterine concentrations of danazol which were 10^5 times
5 higher than the uterine concentrations of danazol provided by the microparticles in the above examples. Such high local concentrations could result in significant changes in the local delivery of the drug and effects on the reproductive organs,
10 for instance, changes in hormone steroid responsiveness and depot effect.

Igarashi administered a vaginal ring contained in silicone. This type of drug delivery device releases drug in a constant manner, creating a
15 continuous flow of drug and potentially to a depot effect. Igarashi discloses two examples in which danazol was administered via the vaginal ring. In both examples, the uterine concentration of danazol was 100 times higher than the uterine concentration
20 in the above examples.

EXAMPLE 3: Protocol for Studies in Primate Models of Endometriosis.

Microparticle formulation allows for considerable decrease in delivered dose, increased
25 bioavailability to the organs of interest with lower tissue concentrations.

Monkey Protocol:

The monkey study will demonstrate efficacy of the microparticle formulation in an animal model of
30 endometriosis, while also evaluating systemic levels of locally delivered danazol. The simian model of endometriosis will be used to demonstrate efficacy and safety. The rationale for using monkeys is the finding that certain monkeys will
35 naturally develop endometriosis which resembles, in crucial ways, the human disease. In addition, monkeys are a good model for studying the human

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female reproductive system, both anatomically and physiologically for testing a vaginal product such as Danazol TVDT. This study will assist in identifying the dose needed to treat human endometriosis and furthermore, corroborate preliminary evidence that danazol can be delivered vaginally for treatment of endometriosis with reduced systemic levels. Microparticle danazol will be formulated in the presence of poly(vinylpyrrolidone). Three doses of Danazol TVDT will be studied in monkeys with endometriosis and compared to orally delivered danazol as described below. The study will be a nine week, parallel, randomized study comparing the effects of oral danazol given at 200 mg daily and three doses of Danazol TVDT: at 10 mg/day; (one-twentieth the oral dose), 25 mg/day (one-tenth the oral dose) and 50 mg/ day, (one quarter the oral dose). The results will demonstrate local delivery of microparticle danazol results in efficacy and low systemic levels.

THE CLAIMS DEFINING THE INVENTION ARE AS FOLLOWS:

1. A topical formulation suitable for regional administration of an effective amount of a drug to provide relief from symptoms in a region in patients in need thereof,

wherein the drug is in a form selected from the group consisting of micro- or nanoparticulate form, a liquid suspension or dispersion, a hydrogel thereof, an ointment, a cream, a lotion, or a foam.

2. A formulation according to claim 1, wherein the drug is regionally effective in the female reproductive organs.

3. A formulation according to claim 2, wherein the patients have a disorder located in the reproductive organs.

4. A formulation according to any one of claims 1 to 3, wherein the drug is for treatment of endometriosis.

5. A formulation according to any one of claims 1 to 4, wherein the formulation adheres to mucosal tissue.

6. A formulation according to any one of claims 1 to 5, wherein the formulation includes polymers which alter the rates of drug absorption in the region to be treated.

7. A formulation according to any one of claims 1 to 6 which can be administered vaginally or intraperitoneally.

8. A formulation according to any one of claims 1 to 7, wherein the drug is danazol and wherein the formulation is suitable for vaginal administration in patients in need



thereof and is in a dosage effective for treatment of endometriosis.

9. A formulation according to claim 1 to 3, and 5 to 7, wherein the drug is an anticancer drug, cytotherapeutic or anti-proliferative drug in a dosage effective for treatment of cancer in the region of the patient where administered.

10. A formulation according to any one of claims 1 to 3, and 5 to 7, wherein the drug is an antiviral agent effective for treatment of viral infections selected from the group consisting of genital herpes and genital papilloma viral infections.

11. A formulation according to any one of claims 1 to 3 and 5 to 7, wherein the drug is an antifungal agent effective for treatment of vaginal fungal infections.

12. A formulation according to any one of claims 1 to 8, wherein the drug is an antibacterial agent effective for treatment of vaginal and endometrial bacterial infections.

13. A formulation according to any one of claims 1 to 3 and 5 to 7, wherein the drug is a steroid or steroid-like product suitable for treatment of endocrine conditions.

14. A formulation according to any one of claims 1 to 3 and 13, wherein the drug is effective for treatment of menopause, infertility, contraception, dysfunctional uterine bleeding, dysmenorrhea, adenomyosis, or assisted reproductive technologies.



15. A method of treating a patient including the step of administering to the patient a topical formulation suitable for regional administration of an effective amount of a drug to provide relief from symptoms in a region in the patient in need thereof,

wherein the drug is in a form selected from the group consisting of micro- or nanoparticulate forms liquid suspension or dispersion, a hydrogel thereof, an ointment, a cream, a lotion, or a foam.

16. A method according to claim 15, wherein the drug is regionally effective in the female reproductive organs.

17. A method according to claim 16, wherein the patient has a disorder located in the reproductive organs.

18. A method according to any one of claims 15 to 17, wherein the drug is for treatment of endometriosis and the patient has endometriosis.

19. A method according to any one of claims 15 to 18, wherein the step of administration is selected from the group consisting of vaginal administration or intraperitoneal administration.

20. A method according to any one of claims 15 to 19, wherein the drug is danazol and wherein the formulation is vaginally administered in patients in need thereof in a dosage effective for treatment of endometriosis.

21. A method according to any one of claims 15 to 17 and 19, wherein the drug is an anticancer drug, cytotherapeutic or



anti-proliferative drug in a dosage effective for treatment of cancer in the region of the patient where administered.

22. A method according to any one of claims 15 to 17 and 19, wherein the drug is an antiviral agent effective for treatment of viral infections selected from genital herpes and genital papilloma viral infections.

23. A method according to any one of claims 15 to 17 and 19, wherein the drug is an antifungal agent effective for treatment of vaginal fungal infections.

24. A method according to any one of claims 15 to 20, wherein the drug is an antibacterial agent effective for treatment of vaginal and endometrial bacterial infections.

25. A method according to any one of claims 15 to 17 and 19, wherein the drug is a steroid or steroid-like product suitable for treatment of endocrine conditions.

26. A method according to claim 25, wherein the drug is effective for treatment of menopause, infertility, contraception, dysfunctional uterine bleeding, dysmenorrhea, adenomyosis, or assisted reproductive technologies.

27. A method for treating endometriosis including administering to the mucosal membranes of the female reproductive tract a regionally effective amount of a micro- or nanoparticulate danazole in a form promoting quick uptake into the blood stream



28. A method according to claim 27, wherein the danazole is in a form selected from the group consisting of foams, tablets, and creams.

29. A method according to claim 27 or claim 28, wherein the danazole is in a form suitable for application to the uterus.

30. A composition for treating endometriosis including a regionally effective amount of a micro- or nanoparticulate danazole in a form promoting quick uptake into the blood stream when applied to the mucosal membranes of the female reproductive tract.

31. A composition according to claim 30, wherein the danazole is in a form selected from the group consisting of foams, tablets, and creams.

32. A composition according to claim 30 or claim 31, wherein the danazole is in a form suitable for application to the uterus.

33. A drug formulation substantially as substantially hereinbefore described with reference to the accompanying examples.

34. A method of treating a patient including the step of administering to the patient an effective amount of a drug formulation substantially as hereinbefore described with reference to the accompanying examples.



DATED THIS TWENTY-THIRD DAY OF NOVEMBER 2001

FEMMEPHARMA

BY

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