

Controlled local drug delivery of SB-525334 to treat subglottic stenosis

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Introduction

Laryngotracheal stenosis (LTS): narrowing of the airway caused by the buildup of fibrotic tissue.

Current treatments:

- management of symptoms, sometimes over a lifetime
- requires surgical correction

Key Question: Is it possible to locally deliver a minimally invasive therapy to **prevent** the development of LTS?

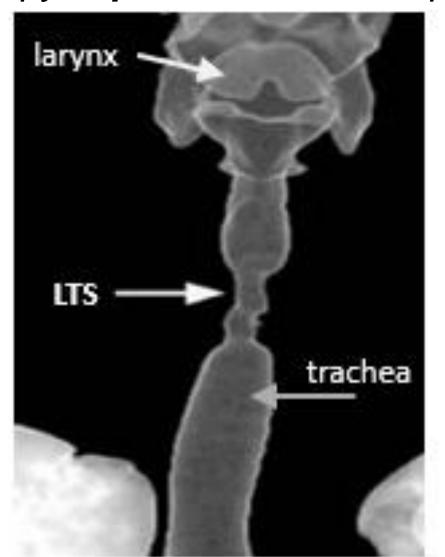


Fig. 1. 3D rendering of human upper airway.

Intubation is required in many of the over 20,000 premature births that take place every year in the United States.



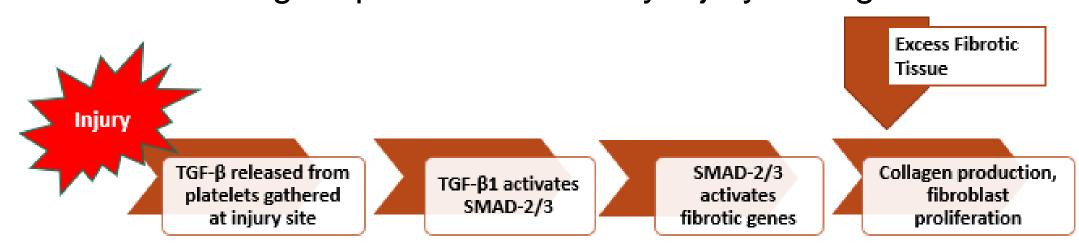
Fig. 2. X-ray of human upper airway.

.21%

Up to 21% of intubated patients are at risk of developing LTS.

What causes Laryngotracheal Stenosis?

Over 90% of LTS cases in children are acquired, following an abnormal healing response after airway injury during intubation.



References

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Review of LTS Treatments Higher Efficacy Lower Efficacy Endoscopic Laryngotracheal Stents Drugs Dilation Reconstruction Higher Risk Lower Risk Fig. 4. Airway balloon dilation. Fig. 3. Tracheal stenosis, tracheal resection, and tracheal reconstruction. Endoscopio Laryngotrachea Dilation Reconstruction Advantages Effective at managing Advantages LTS symptoms Lower efficacy · Removing scar tissue is most effective way to treat LTS Limitations · Potential lifetime of Limitations periodic treatment Fig. 5. Airway balloon dilation. · Surgical intervention is risky and (annual or biannual) invasive

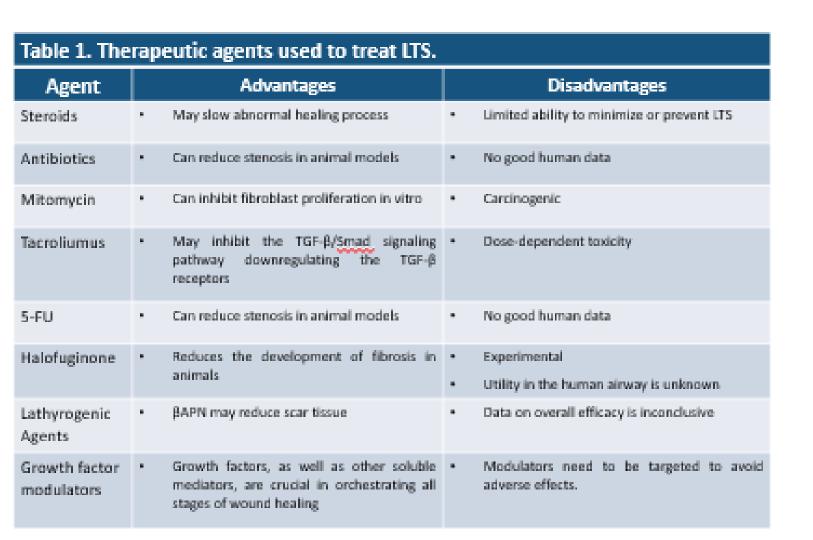


- Complications (like migration) intervention
- Only manages existing LTS

Fig. 7. Commercially available stent.

Limitations

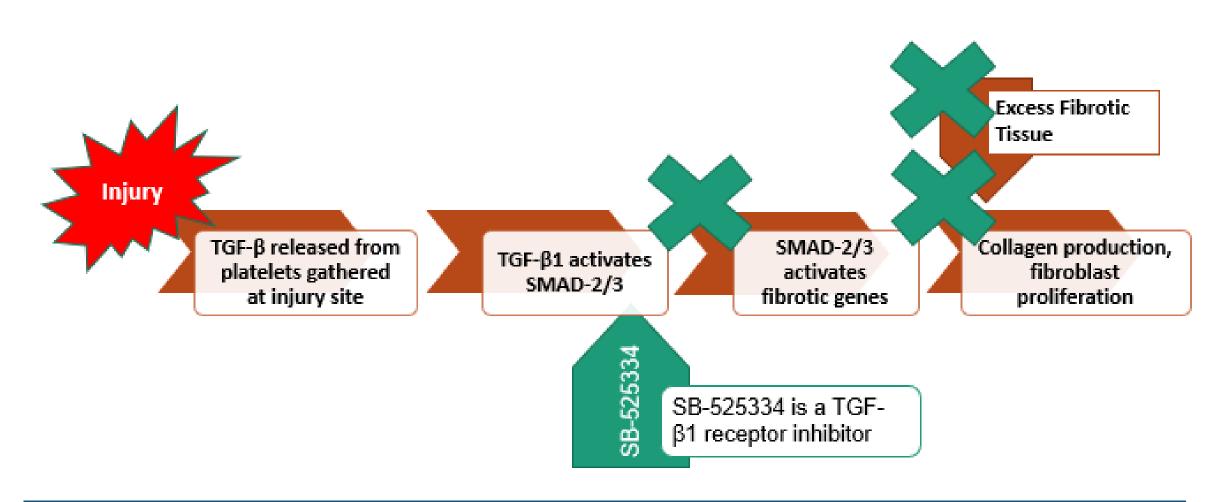
· Needs more research and development to safely prevent LTS



TGF-β1 pathway and tissue healing

Primary Investigator: Riccardo Gottardi, PhD

- Growth factors are crucial for normal and abnormal healing processes.
- TGF-β1 stimulates ECM production, and increased TGF-β1 production is associated with normal and pathological repair processes, including fibrosis. TGF-β1 has a natural affinity for the ECM and can exacerbate a fibrotic response.
- Regulating TGF-β may prevent the buildup of pathological fibrotic tissue.



Delivery

Because the target TGF-β receptors are located on cell membranes, the SB-525334 inhibitor should be delivered locally rather than systematically.

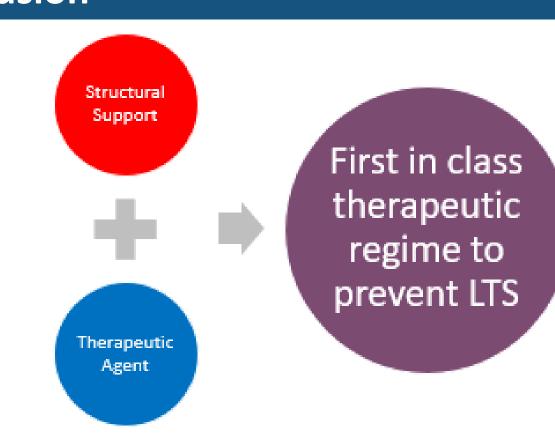
A biodegradable drug-eluting stents can (i) locally deliver the inhibitor and (ii) provide structural small molecules agents cannot provide.

- Easy to place
- Structural support
- Targeted release
- Breaks down over time

Conclusion

SB-525334 inhibitor Deliver locally with a biodegradable drugeluting stent.

- Structural Support
- Local Delivery
- Stent degrades when treatment is finished



This proposed solution is an ideal LTS therapy because it provides a targeted and effective therapy to inhibit the development of LTS.

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