
Carninci，
 Diatchenko ＇y‘surxdor －s＇vnysziv
 （uewnu）suaṭdes owioh BCO69301．1 GI：47481402
MGC．

 US－10－107－814－20（1－16）× A79702（1－336）
WSINdפyo
 noIssajoz吻

뭄 so
 ／organism＝＂unidentified＂
／mol＿type＝＂unassigned DNA＂
$/ \mathrm{db}$ xref＝＂taxon： $32644^{n}$
FEATURES
source



묻

（ZL－T）عOL6L甘 $\times$（9T－T）OZ－bT8－LOT－OT－Sn
：qa
yozew
Kano


$\stackrel{\square}{\sigma}$






 Strausberg，R．L．，Feingold，B．A．，Grouse，L．H．，Derge，J．G．，


## Location／Qualifiers

FORSSMANN WOLF GEORG（DE）；KIST ANDREAS（DE）
PORsBmann，W．and Kist，A．
unclassified．
（bases 1 to 336）
Porssmann，W．and Kist，A．
A79702．1 GI：6092630


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0
$\cdots$

SnDOI
6LZচEnSH
$\llcorner$ LTNSgy

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| $\varepsilon 日 5$ | ：ч7бuə゙ | 90－2LO．8 | ：On＇paxd |
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|  |  | $\begin{aligned} & \text { ZLS }{ }^{\circ} \quad \angle \\ & \varepsilon 8 \mathrm{~S}^{\circ} \cdot \frac{1}{2} \end{aligned}$ |  |
|  |  |  |  |

966T－九甘W－8Z I4



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Sgunctua



요
965



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 DB: 9 Gaps:

 $\begin{array}{ll}\text { Score: } \\ \text { Percent Similarity: } & \quad 92.00 \\ 100.008\end{array}$
 ORIGIN

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 Sas
$\begin{gathered}\text { әวxnos } \\ \text { Saxnuyad }\end{gathered}$


Db


Assembly program: Phrap; version at least 040
Consensus quality: 141496 bases at


 On Jul 8, 2003 this sequence version replaced gi: 31442465






 3 (bases 1 to 141677)
Kau, R.K., Olson,M.V., Zhou, Y., James,R.A., Rouse, G., Wu, Z..
Saenphimmachak, C., Phelps,K.A., Buckley, D., Raymond, C. and

 Haugen, E.D.
Direct Submission


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$\square$

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$\vdots$



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 st US－10－107－814－20（1－16）$\times$ AF469496（1－358）


cDs



ORIGIN

 /note $=$ "signaling peptide; intestinal peptide."
/codon start $=1$
/product $=$ preprouroguanylin"



$$
\begin{aligned}
& \text { 1. . } 548 \\
& \text { /organism="Rattus norvegicus" } \\
& \text { /mol_type="mRNA" }
\end{aligned}
$$



Rattus norvegicus (Norway rat)

RNU73898 $\quad 548 \mathrm{bp} \quad$ mRNA
Rattus norvegicus preprouroguanylin mRNA,
U73898

[^1]\[

$$
\begin{aligned}
& \text { Chapel Hill, NC } 27599, \text { US } \\
& \text { Location/Qualifiers } \\
& 1 . .548
\end{aligned}
$$
\]



| FT | /product= "GC |  |
| :--- | :--- | :--- |
| XX |  |  |
| PN | DE19543628-A1. |  |
| XX |  |  |
| PD | $28-M A Y-1997$. |  |
| XX |  |  |
| PF | $24-N O V-1995 ;$ | $95 D E-01043628$. |
| XX |  |  |
| PR | $24-N O V-1995 ; \quad 95 D E-0104362 B$. |  |
| XX |  |  |
| PA | (FORS/) FORSSMANN W. |  |

$\begin{aligned} & \text { "xosxnoaxd II-d甘DD." }=7 o n p o x d / \\ & e=Б e 7 * /\end{aligned}$

## Key CDS

 Homo sapiens.ALIGNMENTS










/bound_moiety $=$ "primer HUGU-5 (AAT60814)"
complement(346. ${ }^{3} .365$ )

##  <br> ocation/Qualifiers

recombinant production; transgenic animal; antibody; immunoassay reagent; gastrointestinal tract; diarrioea; gene therapy; probe; ; hypophysis; transepithelial cransport; erearment; kidney; intestinal; respiratory; Human; guanylate cyclase; activating peptide; GCAP-II; CGMP;

29-OCT-1997 (first entry)
Guanylate cyclase activati AAT60819;
29-OCT-19

## AAT60819 standard; CDNA; 583 BP <br> RE

US-10-107-814-20 (1-16) $\times$ AAT65115 (1-583)
 Alignment Scores:
Pred. No.:
Score:
Percent Similarit
Pert $\begin{array}{ll}\text { Length: } & 583 \\ \text { Matches: } & 15 \\ \text { Conservative: } & 1 \\ \text { Mismatches: } & 0 \\ \text { Indels: } & 0 \\ \text { Gaps: } & 0\end{array}$
$9.8 e-05$
92.00
$100.00 \%$
$93.75 \%$
$96.84 \%$
2



## 










 Claim 2; Page 4; 15pp; German.

 Forssmann W ; (FORS/) FCRSSMANN $W$

 - 266 T-89A-90


B 0 0 0 0 0

primer_bind
ABK63793
ID AB63793 standard；CDNA； 651 BP.
XX AB
AC
XX


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 of the invention Diagnosing cancer comprises determining the polypeptide or polynucleotide
levels e．g．，hepatic lipase，in a sample from a subject，where a higher
level compared to that in a subject free of cancer is indicative of
cancer．
Disclosure；SEQ ID NO $290 ; 272 p p$ ；English．
The invention relates to a novel method for diagnosing a cancer in a
subject．the method comprises determining，in a sample from the subject，
the level of at least one polypeptide，where a higher level of the
polypeptide compared to the level of the polypeptide in a subject free of
cancer is indicative of cancer．The polypeptide is selected from any of
the polypeptides encoded by the polynucleotides listed in the
specification and polypeptides which are at least $70 \%$ homologous to the
polypeptides．The method of the invention has cytostatic activity，and
may have a use in gene therapy．The method is useful in identifying
markers specific for one or several types of cancer，depending on the
tissue origin，which may be used in numerous diagnostic and prognostic
applications as well as cancer type－specific targets for therapeutic
intervention．The compounds that modulate the activity of a tumour
suppressor gene are useful in the treatment of cancer or as anti－cancer
drugs．The present sequence represents a polynucleotide of the invention． －9G／E6E86G－を00Z！IdM （QUAR－）QUARK BIOTECH INC．
（CLEV－）CLEVBLAND CLINIC FOUND．

 Homo sapiens．
 Human tumour suppressor mRNA SEQ ID NO： 290 （Kxวua 28xţj）booz－NHf－st ؛ 6586zad
D ADD29859 standard；mRNA； 596 BP．










 of a compound or progression of a coxic effect，preferably the

 Claim 1；SEQ ID NO $1700 ; 239 \mathrm{pp}$ ；English． effects by determining the changes in gene expression in tissues or cell
exposed to the toxin and comparing these to gene expression in unexposed
tissues or cells．
 6Z／Sて9โゃて－z00て ！IdM Mendrick D，Porter MW，Johnson KR，Castle AL，Elashoff MR； 09－JUL－2001；2001US－0303459P $\begin{array}{ll}13-J U N-2001 ; & 2001 U S-0297457 P \\ 19-J U N-2001 ; & 2001 U S-0298884 P \\ 09-J U L-2001 ; & 2001 U S-0303459 P\end{array}$

 | 0 |
| :--- |
| 0 |
| 0 | $\begin{array}{ll}12-N O V-2000 ; & 2000 U S-0244880 \mathrm{P} \\ 11-\mathrm{MAY}-2001 ; & 2001 \mathrm{US}-0290029 \mathrm{P} \\ 15-\mathrm{MAY}-2001 ; & 2001 \mathrm{US}-0290645 \mathrm{P}\end{array}$ $\begin{array}{ll}31-J U L-2000 ; & 2000 \text { US－0222040P } \\ 2-N O V-2000 ; & 2000 \text { US－0244880P }\end{array}$ 30－JUL－2001；2001WO－US023872 07－EEB－2002． WO200210453－A2． Rattus norvegicus Rat；ss；hepatotoxin；expressed sequence tag；EST；drug screening；

differential expression；centrilobular necrosis；steatosis．
 18－JUN－2002（first entry）
 WPI; 2004-460771/43.

Mendrick $\mathrm{DL}_{\text {, }}$, Porter MW, Johnson KR, Castle A, Higgs B;
Elashoff $\mathrm{M}_{i}$ $22-$ NOV-2002; 2002US-00301856.
(GENE-) GENE LOGIC INC. 24-NOV-2003; 2003WO-US037556. -b00z-Nnf-ot WO2004048598-A2. Rattus norvegicus. kidney necrosis; glomerular injury; tubular injury;
focal segmental glomerulosclerosis. differential gene expression; toxicity progression; toxicity marker; Renal toxin progression gene marker Hile 26-AUG-2004 (first entry) ADP72757; ADP72757 standard; DNA; 651 BP. 440 GATGAATGTGAGCTGTGTATAAATGTTGCCTGTACGGGCTGC 481
g




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 Disclosure; Page 22; 126pp; French.

 WPI; 2001-640835/74. Der Vartanian M, Batisson I; (INRG ) inRA inst nat rech agronomique. 10-MAR-2000; 2000FR-00003141.
 - TOOZ-dGS-もL FR2805994-A1. Homo sapiens.
 Human thermostable enterotoxin STh coding fragment SPGST5. 01-FEB-2002 (first entry) ABA01869; TOUGY
2698
01

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g 8
 5

 WPI; 2001-640835/74. (INRG) INRA INST NAT RECH AGRONOMIQUE
Der Vartanian M, Batisson I;

ADR48400／C
ID $\quad$ ADR48400 standard；$D N A ; 69 \mathrm{BP}$.
XX
AC
XX


62 （1－69）

##  <br> 

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| :--- | :--- | :--- | :--- |
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| Score： | 63300 | Matches： | 10 |
| Percent Similarity： | $83.33 \%$ | Conservative： | 0 |
| Best Local Similarity： | $83.33 \%$ | Mismatches： | 2 |
| Query Match： | $66.32 \%$ | Indels： | 0 |
| DB： | 4 | Gaps： | 0 |
| US－10－107－814－20（1－16） | x ABA01862 | （1－69） |  |
|  |  |  |  |

SQ Sequence $69 \mathrm{BP} ; 18 \mathrm{~A} ; 17 \mathrm{C} ; 14 \mathrm{G} ; 20 \mathrm{~T} ; 0 \mathrm{U}$ ； 0 Other $\begin{array}{ll}\text { CC } & \text { sequence } \\ \text { XX } & \text { sequence } \\ \text { SO } & \text { Sequence }\end{array}$
 －もL／Sع80ロ9－L00Z ！IdM $\begin{gathered}\text { XX } \\ \text { Zd }\end{gathered}$ （INRG）INRA INST NAT RECH AGRONOMIQUE
Der Vartanian $M$ ，Batisson $I ;$
 －Ibte0000－za000z ：000z－ztw－0I －T002－das－bt FR2805994－A1． Homo sapiens． Human；thermostable enterotoxin；STh；metastatic colorectal cancer；
guany1 eyclase－C；GC－C；STa；ds． Human thermostable enterotoxin STh coding fragment Sth69c5． zooz－89a－to
！z98tovay

ABA01862 standard；DNA； 69 BP．
ABA01862；

（69－T）s98tovat $\times$（ $9 T-T$ ）OZ－bT8－LOT－OT－Sn





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 Novel purified peptide capable of activating the guanylate cyclase c
receptor，useatul for rexeating obesity，congestive heart failure and
benign prostatic hyperplasia． －85／zeモb09－b00z：TaM ؛s sotитw－ие！ечен＇sw әтлano （micr－）microbia inc
 －06Ez00sn－OMb00z ！booz－nec－bz
 － $2 甘$－59t690800zOM ратэттиартй
 ؛ Кбхәтte



 oligonucleotide M03622．

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 06£zoosn-омbо0z : booz-NUS-8z WO2004069165-A2. -рәтэтาиәртй




 Oligonucleotide MO3621.
 ? 66 ह8byay

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SQ Sequence $69 \mathrm{BP} ; 24 \mathrm{~A} ; 16 \mathrm{C} ; 11 \mathrm{G} ; 18 \mathrm{~T} ; 0 \mathrm{U}$; 0 Other;
intestine to aid in imaging and diagnosing or treating
colorectal/metastasised or $10 c a l$ colorectal cancer. The current sequence
represents an olingonucleotide used in an example from the invention in
the prepartion of variant ST peptides and wild-type ST peptide.
 Sequence $69 \mathrm{BP} ; 18 \mathrm{~A} ; 11 \mathrm{C} ; 16 \mathrm{G} ; 24 \mathrm{~T} ; 0 \mathrm{U}$; 0 Other; the prepartion of variant ST peptides and wild-type ST peptide. intestine to aid in imaging and diagnosing or treating
colorectal/metastasised or local colorectal cancer. The current sequenc
represents an oligonucleotide used in an example from the invention in fibropis lesions and specific cells lining the intestinal tract, thus
useful in targeting radioactive moieties or therapeutic moieties to the


 pancreatitis, allergies, etc. P1 is useful for treating or preventing such as nausea, vomiting, bloating, and delayed gastric emptying. P1 is
suseful for treating or preventing asthma, nephritis, hepatitis,



 heartburn, dyspepsia, functional dyspepsia, nonulcer dyspepsia, irritable bowel syndrome, chronic constigation, a functional
gastrointestinal disorder, gastroesophageal reflux disease, functional er;

##  <br>  <br> st

 $\begin{array}{ll}\mathrm{Db} & 24 \text { TGTGAATTGTGTTGTAATCCTGCTTGTACCGGGTGC } 59 \\ \text { RESULT } 15 \\ \text { ABA01860 }\end{array}$ Human thermostable enterotoxin STh coding fragment Sth72N5.
 ABA01860; ABA01860 standard; DNA; 72 BP.路 -


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| NGOIWんITI LEとI8SOD | LEEIBSOJ | $L$ | EOL | 8．96 | て6 | $L$ |  |
| －002－H－In bOLLZOOG | bOLLZOOG | S | 966 | 8．96 | 26 | 9 | 5 |
| x－0TFE8SM 0TS600M | 0IS600M | $z$ | SSb | 8．96 | 26 | 5 | 2 |
| 658260X日 658260xE | 6S8Z60XG | 5 | L9E | 8．96 | 26 | $b$ |  |
| Tdes omoh S己60toxt | G260tゃス＊ | 6 | 6EE | 8．96 | 26 | $\varepsilon$ |  |
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| ＊：¢7sə＿q5 ：¢ |  |  |  |  |  |  |  |
| ＊：จวप－q6 ：ह |  |  |  |  |  |  |  |
| ＊： 7789 －${ }^{\text {－}}$ ： |  |  |  |  |  |  |  |
| ＊ 1783 ¢6 ： |  |  |  |  |  |  |  |
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AA689133 vq52b01．r N3DIWNTII LEELBSOO

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## Description

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 Fax: +493032639111
www.r2pd.de
This clone is availabl
contact RZZD (clonearz
M13r, Primer sequence:
Location/Qual

1. 367
 Heubnerweg 6, D-14059 Berlin, Germany
Tel: 499303263101
Fax: +493032639111 bin/showLib.pl.cgi/response?libNo=972 Contact: Ina Rolfs
RZPD Deutsches Ressourcenzentrum fuer Genomforschung GmbH
Heubnerweg 6, D-14059 Berlin, Germany RZPDLIB T.M.A.G.E. CDNA Clone Collection;
Human Unigeneset - RZPD (RZPDLIB No. 972 )
http:/www.rpd.delonecards/cgi-
bin/showLib.pl.cgi/response?1ibNo 972 Conta
 Human UnigeneSet - RZPD3
Unpubished (2003)
Contact: Ina Rolfs
 nnig, S. Chordata; Craniata; Vertebrata; Euteleostomi;
Primates; Catarrhini; Hominidae ; Homo.
 （bases 1 to 703）
Katze，M．G．，Thomas，M．，Korth，M．，Iadonato，S．P．and Magness，C．L．
Largescaie Rhesus Macaque cDNA＇Sequencing
Unpublished（2003）





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noluiniaga


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（965－T）bOLLZOO日 $\times(9 \tau-\tau)$ OZ－bT8－LOT－OT－Sn





first－strand cDNA contains a library tag sequence that is
located between the Not I site and the（dT） 18 tail．The
sequence tags for this library are CGTC，AACG，GGGCC，







 through the I．M．A．G．E．Conso
Seq primer：M13 FORWARD
POLYA＝Yes．
Location／Qualifiers
1． 496
／mol type＂mRNA＂
／db＿xref＝${ }^{\text {taxan：}} 9606$＂
1．${ }^{\text {organism＝＂Homo sapiens＂}}$




Email：cmagness＠illumigen．com
Sequence on 2004.07 .03 ． 605 Q Q 0
Michael Kases．Library Preparation：Prof．
Mab at University of Washington DNA Sequencing：


ษSก＇七عโ86 vM








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 Illumigen $/$／ww．macaque．org
PCR PRimers
FORWARD：CCCTCACTAAAGGG Michael Katze Lab at University of Washington DNA Sequencing
 Tel： 2063780400
Fax： 2063780408
Emai1： Illum Airport Way S，Suite 450，Seattle，WA 98134，USA
2203 Ale 2063780400 l






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WSINYPצo


 뭄 db $\quad 272$ AACGACGAATGTGAACTGTGTATAAATGTTGCTGTACAGGCTGC 316 BM446293
BM446293.1
GI:18530449
EST.
Bos taurus (cow)




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 c9zt 26b $08 L$ :xed

 Gene Expression Profiling of the Bovine Gastrointestinal Tract
Unpublished (2002)
 (MOD)

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Best Local Similarity:
Query Match:
DB:
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 1organism="Mus musculus"
/mol type
mRNA


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## This clone is available royalty-free from RZPD

 Fax: +49 3032639111www.rzpd.de RZPDLIB;
Rat Arratid CDNA
http://www.rzpd.de/c RZPD; LIONP463B03218.
RZPDLIB; R2PD Deutsches Ressourcenzentrum fuer Genomforschung GmbH
Heubnerweg 6, D-14059 Berlin, Germany
Email: www.rzpd.de Contact: Inge Arlart Rat ArrayTAG CDNA
 Eukaryota; Metazoa; Chordata; Craniata; Vertebrata; Euteleostomi; 2 /db xref="taxon: 10116"
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/lab host $=$ "DH100"
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 RP: CAGGAAACAGCTATGAC
Location/Qualifiers

1. 252 contact RZPD (clone@rzpd.de) for further information. Seq primer Fax: +4930 32639111

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\begin{aligned}
& \text { http://www.rzpd.de/cgi- } \\
& \text { bin/producs/showLib...1.cgi/response?libNo=463 Contact: Inge Arlart } \\
& \text { RZPD Deutsches Ressourcenzentrum fuer Genomforschung GmbH } \\
& \text { Heubnerweg } 6 \text { D-14059 Berlin, Germany } \\
& \text { Tel: }+493032639100
\end{aligned}
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Berlin,

\author{
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Mouse Arraytag cdna (LION) -

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898.26 \\ \\ \(\% 2 \sigma^{\circ} 88\)
\(\% 98^{\circ} 26\) \\ \\ \(\% 2 \sigma^{\circ} 88\)
\(\% 98^{\circ} 26\) : sexoos} BX640323.1 GI:33620198

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 FEATURES
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 further details.
Location/Qualifiers
us-10-107-814-20.p2n.rst







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REGISTRATION NUMBER: 33,229
REFERENCE/DOCKET NMMER: TJU-0903 FPPLICA DATE:
FTIINE
ATTORNEY/AGENT INFORMATI
NAME: D DLuca, Mark CLASSIFICATION: 435
PRIOR APLICATION DTA:
APPLICATION NUMBER:




g
Sequence 4., Application US/08141892A
Patent No. S51888
Db
( \(\angle 5-\mathrm{T}\) ) I-HZ68-TLI-80-Sn \(\times\) (
 Pred. No.:
Score:
Percent simin RESULT 3 3-447-1






 STATE: Pennsylvania
COUNRY: USA
ZIP: 19103
COMPUTER READABLE FORM:
 ADDRESSEE: Woodcock Washburn Kurtz Mackiewicz \& No. 5879656 ris CORRESPONDENCE ADDRESS: APPLICANT: Waldman, Scott A.
TITLE OF INVENTION: ST Receptor Binding Compounds and
TITLE OF INVENTION: Methods of Using the Same
 (LS-T) V-甘L68-TDT-80-Sn \(\times\) ( \(9 \tau-\tau\) ) OZ-bT8-LOT-OT-Sn Best Local Similarity:
Query Match:
DB: US-08-583-447A-1


\(\begin{array}{lrl}; & \text { FEATURE: } \\ \text { NAME/KEY: } & \text { CDS } \\ \text { LOCATION: } & 1 . .57 \\ \text { US-08-583-447A-4 }\end{array}\)

TITLEE OF INVENTION: And Methods of Using The Same
NUMBER OF SEEQUENCES: 54
CORRESPONDENCE ADDRESS:
 GENERAL INFORMATION: US-08-467-920-4 Application US/08467920
Db

\(\begin{array}{llll}\text { Alignment Scores: } & & & \\ \text { Pred. No.: } & 0.152 & \text { Length: } & 57 \\ \text { Score: } & 58.00 & \text { Matches: } & 9 \\ \text { Percent Similarity: } & 75.00 \% & \text { Conservative: } & 0 \\ \text { Best Local Similarity: } & 75.00 \% & \text { Mismatches: } & 3 \\ \text { Query Match: } & 61.058 & \text { Indels: } & 0 \\ \text { DB: } & 2 & \text { Gaps: } & 0 \\ \text { US-10-107-814-20 (1-16) } & \times \text { US-08-467-920-1 (1-57) } & \end{array}\)
 \(\begin{array}{lll}\text {; } & \text { FELATURE: } & \\ \text {; } & \text { NAME/KBY: } & \text { CDS } \\ \text { LOCATION: } & 1 . .57 \\ \text { US-08-467-920-1 }\end{array}\)
\(\begin{array}{llll}\text { lignment Scores: } & & & \\ \text { red. No.: } & 0.152 & \text { Length: } & 57 \\ \text { core: } & 58.00 & \text { Matches: } & 9 \\ \text { ercent Similarity: } & 75.00 \% & \text { Conservative: } & 0 \\ \text { est Local Similarity: } & 75.00 \% & \text { Mismatches: } & 3 \\ \text { uery Match: } & 61.05 \% & \text { Indels: } & 0 \\ \text { B: } & 2 & \text { Gaps: } & 0 \\ \text { S-10-107-814-20 (1-16) } & \times \text { US-08-467-920-1 (1-57) } & \end{array}\)
4 CysGluLeucysvalasnvalalacysthrglycys 15
19 TGTGAACTTTGTTGTAATCCTGCCTGTGCTGGATGT 54
9 LTnssy

 INFORMATION: FOR SEO ID NO: 1

 ATTORNEY/AGENT INFORMATION
NAME: DELuCa, Mark
 APLLICATION NUMBER: US/08/467,920
CILING DATE: 435 CORERATING SYSTEM: PC-DOS/MS-DOS
OPOPTWRE: WORXPerfect 5.0
CURRENT APPLICATION DATA: COMPDUM TTPE: Floppy disk
MEDIUM
COMPUTR:
IBM PC compatible
 ADDRE
STREET: One Liberty Place, 46th Floor
CITY: Philadelphia
STATE: Pennsylvania NUMBER OF SEQUENCES: \({ }^{54}\)
CORRSPONDENCE ADDRES:
ADDRESSEE: WOOdcock Washburn Kurtz Mackiewicz \&


ZIP: 19103
 qa
\(\alpha 0\)








 APPLICATION NUMBER: \(08 / 141,892\)
FILING DATE: \(26-\mathrm{OCCT}-1993\)
CLASSIFICATITN: 435







\begin{tabular}{|c|c|c|c|}
\hline ment Scores: & 0.235 & Length: & 45 \\
\hline & 56.00 & Matches: & \\
\hline cent Similarity: & 75.00\% & Conservativ & \\
\hline Local similarity: & 66.67\% & Mismatches: & 3 \\
\hline ry Match: & \(58.95 \%\) & Indels: & 0 \\
\hline & 2 & Gaps: & \\
\hline \multicolumn{4}{|l|}{10-107-814-20 (1-16) \(\times\) US-07-903-029-3 (1-45)} \\
\hline \multicolumn{4}{|l|}{\begin{tabular}{l}
4 CysGluLeuCysValAsnValalacysthrglycys 15 \\
10 TGTGAAATCTGTGCCTACGCTGCCTGTACCGGATGC 45
\end{tabular}} \\
\hline \multicolumn{4}{|l|}{\multirow[t]{2}{*}{\[
\begin{aligned}
& \text { ULT } 14 \\
& 07-903-029-2
\end{aligned}
\]}} \\
\hline & & & \\
\hline \multicolumn{4}{|l|}{equence 2, Application US/07903029} \\
\hline \multicolumn{4}{|l|}{atent No. 5969097} \\
\hline \multicolumn{4}{|l|}{GENERAL INFORMATION:} \\
\hline \multicolumn{4}{|l|}{\multirow[t]{2}{*}{APPLICANT: Wiegand, Roger C. APPLICANT: Currie, Mark C.}} \\
\hline & & & \\
\hline \multicolumn{4}{|l|}{APPLICANT: Fok, Kam F.} \\
\hline \multicolumn{4}{|l|}{\multirow[t]{2}{*}{TITLE OF INVENTION: Human Guanylin}} \\
\hline & & & \\
\hline \multicolumn{4}{|l|}{CORRESPONDENCE ADDRESS:} \\
\hline \multicolumn{4}{|l|}{ADDRESSEE: Dennis A. Bennett, Monsanto Co., A3SG} \\
\hline \multicolumn{4}{|l|}{STREET: 800 N . Lindbergh Blvd.} \\
\hline \multicolumn{4}{|l|}{\multirow[t]{2}{*}{CITY: St, Louis}} \\
\hline \multicolumn{4}{|l|}{\multirow[t]{2}{*}{STATE: Missouri}} \\
\hline & & & \\
\hline \multicolumn{4}{|l|}{ZIP: 63167} \\
\hline \multicolumn{4}{|l|}{COMPUTER READABLE FORM:} \\
\hline \multicolumn{4}{|l|}{\multirow[t]{2}{*}{MEDIUM TYPE: Floppy disk}} \\
\hline \multicolumn{2}{|l|}{COMPUTER: IBM PC compatible} & & \\
\hline \multicolumn{4}{|l|}{\multirow[t]{2}{*}{OPERATING SYSTEM: PC-DOS/MS-DDS}} \\
\hline \multicolumn{2}{|l|}{SOFTWARE: Patentin Release \#1.0, version \#1. 25} & & \\
\hline \multicolumn{4}{|l|}{\multirow[t]{2}{*}{RRENT APPLICATION DATA:}} \\
\hline & & & \\
\hline \multicolumn{4}{|l|}{APPLICATION NUMBER: US/07/903,020} \\
\hline
\end{tabular}

\begin{tabular}{|c|}
\hline \multirow[t]{6}{*}{\begin{tabular}{l}
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\end{tabular}

ALIGNMENTS
RESULT 1
US－10－335－053－281
；Sequence 281，Application US／10335053
；Publication No．US20040241653A1
；GENERAL INFORMATION：
ATTLEANT：OUark Biotech，Inc．



 i Sequence 6, Application US/10765790
i Publication No. US20050130172A1
GENERAL INFORMATION:
GAC RESULT \({ }^{3}\)
US \(-10-765\) Db 3126 AACGACGACTGTGAGCTGTGTGTGACGTTGCGTGTACCGGCTGCCTC 3173 8
US-10-737-082-6 SOFTWRR: PatentIn version 3.2
SEQ ID NO 6
LENGTH: 3404
PRIOR APPLICATION NMBER: US 10/737,082
PRIOR FILING DATE: \(2003-12-16\)
NUMBER OF SEQ ID NOS 300
SOPTWAR: PatentIn version 3.2 CURENT APPLICATION NUMBER: US \(/ 10 / 737,082\)
CURENT FILING DATE: \(2003-12-16\)
PRIR ; APPLICANT: LLI Zheng
; TITLE OF INVENTION: Identification and Verification of Methylation Marker Sequences
; PILE REFERENE: \(1657 / 2032\)


 동
 Best Local Similarity
Query Match:
DB:
 TYPE: DNA
ORGANISM: Homo
US \(-10-335-053-281\)
 798.26
890.007
00.88
\(90100 \%\)

0
\(\tau\)
\(\varepsilon\)
\(\tau \varsigma 9\)
 snoṭbentou snz7ey : WSIntoxo NUMBER
SOFTARE: PatentIn Ver. 2.1
SEQ ID NO 1700
LENGTH: 651
TYPE: DNA
 PRIOR FILING DATE: 2001-06-13
PRIIR APPICATION NUBER: US \(60 / 298,884\)
PRIOR FILING DATE: \(2001-06-19\)






 FURE RENT APELICATION NUMBER: US/09/917, 800A
CURRENT FILING DATE: \(2001-07-31\)
PRIOR APDLICATION NUMBER: US \(60 / 222,040\)

APPLICANT: Mendrick, Donna
Sequence 1700 , Application US/09917800A
Patent No. US2020119462A1 RESULT 4
US-09-917-800A-1700 Db 3126 AACGACGACTGTGAGCTGTGTGTGAACGTTGCGTGTACCGGCTGCCTC 3173

 \(\begin{array}{llll}\text { Alignment Scores: } & & & \\ \text { Pred. No.: } & 0.000379 & \text { Length: } & 3404 \\ \text { Score: } & 92.00 & \text { Matches: } & 15 \\ \text { Percent Similarity: } & 92.00 \\ \text { Best Local Similarity: } & 100.008 & \text { Conservative: } & 1 \\ \text { Q3.758 } & \text { Mismatches: } & 0 \\ \text { Query Match: } & 96.848 & \text { Indels: } & 0 \\ \text { DB: } & 22 & \text { Gaps: } & 0\end{array}\)
 \(z \cdot \varepsilon\) иотв CURRENT FILING DATE: 2004-01-27
PRIOR APPLICATION NUMBER:US 10/737,082
PRIOR FILING DATE: 2003-12-16

\(\qquad\)

\[
\begin{aligned}
& \text { RESULT } 66 \\
& \text { US-10-766- }
\end{aligned}
\]


TITLE OF INVENTION: TREATMENT OF GASTROINTESTINAL DISORDERS - APPIICANT: Mahriey Mark

; Sequence 63, Application US/10766735

\section*{24 TGTGAATTGTGTTGTAATCCTGCTTGTACCGGGTGC 59}

8
Q


Qy
Db -
 RES











 
US－10－489－273－1
；Sequence 1，Application US／10489273
；Publication No．US20050054075A1 \begin{tabular}{ll} 
Qy & 4 CysGluleucysvalasnvalalaCysThrglycys 15 \\
Db & 175 TGTGATTGTGTTGTAATCCTGCTTGTACCGGGTGC \\
\hline
\end{tabular}
 \(\begin{array}{llll}\text { Alignment Scores：} & & & \\ \text { Pred．No．：} & 0.587 & \text { Length：} & 214 \\ \text { Score：} & 0.587 & \text { Matches：} & \text { 10 } \\ \text { Percent Similarity：} & 63.00 & 83.33 \% & \text { Conservative：} \\ \text { Best Localilimimilarity：} & 83.33 \% & \text { Mismatches：} & 2 \\ \text { Query Match：} & 66.328 & \text { Indels：} & 0 \\ \text { DB：} & 20 & \text { Gaps：} & 0\end{array}\)


 CURRENT APPLICATION NUMBER：US／10／425，821
CURRENT FILING DTE：2003－04－30
NUMER OF SEQ ID NOS： 176

 S－10－425－821－88
Sequence 88，Application US／10425821
Publication No．US20040219530A1
GENERAL INFRMATIN：
APPLICANT：BROUSSEAU，Roland db 50 TGTGAATTGTGTTGTAATCCTGCTGGTACCGGGTGC 15

 －96L－0I－Sn




SUMER
SEFTWARE：PatentIn version 3.2
SEO ID NO 4
LENGTH 1183
TMPE：DNA
ORGANISM：Escherichia coli
US \(-10-489-273-4\) ；SOFTWARE：PatentIn version 3.2 PRIOR FILING DATE：2001－09－11
NUMBER OF SEQ ID NOS： 103

 CURRENT APPICATION NUMBER：US／10／489， 273
CURRNT FILING DATE： \(2004-03-11\)
PRTOR APPLTATION NUMBER：PCT／GB02／04164


 Sequence 4，Application US／10489273
Publication No．US20050054075A1
GENERAL INFORMATION：
 324 TGTGAATTGTGTTGTAATCCTGCTTGTACCGGGTGC 359




 PRIOR APPLICATION NUMBER：PCT／GB02／04164
PRIOR FILING DATE： \(200-09-11\) CURRRNT APPLICATION NMMBER：US／10／489，273
CURENT FILING DATE： \(2004-03-11\) APPLICANT：Beavis，Juliet Claire
APPICANT：Darsiey，Michael James
TITLE OF INVENTIN：Atenuated Bacteria Useful in Vaccines
FILE REFERENCE： \(117-499\) N 1 N83542B
CURENT APPLICATION NUMBER：US \(/ 10 / 489,273\)
 （NOIJNNはINI



\section*{NOTICE OF ALLOWANCE AND FEE(S) DUE}

\author{
\(43569 \quad 7590 \quad\) 11/01/2005 \\ MAYER, BROWN, ROWE \& MAW LLP \\ 1909 K STREET, N.W. \\ WASHINGTON, DC 20006
}


DATE MAILED: 11/01/2005
\begin{tabular}{|c|c|c|c|c|}
\hline APPLICATION NO. & FILING DATE & FIRST NAMED INVENTOR & ATTORNEY DOCKET NO. & CONFIRMATION NO. \\
\hline \(10 / 107,814\) & \(03 / 28 / 2002\) & Kunwar Shailubhai & P 0284943 \\
\hline
\end{tabular}

TITLE OF INVENTION: GUANYLATE CYCLASE RECEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS
\begin{tabular}{|c|c|c|c|c|c|}
\hline APPLN. TYPE & SMALL ENTITY & ISSUE FEE & PUBLICATION FEE & TOTAL FEE(S) DUE & DATE DUE \\
\hline nonprovisional & NO & \(\$ 1400\) & \(\$ 300\) & \(\$ 1700\)
\end{tabular}

\section*{THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.}

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORX PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

\section*{HOW TO REPLY TO THIS NOTICE:}
I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:
A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
B. If the status above is to be removed, check box 5 b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:
A. Pay TOTAL FEE(S) DUE shown above, or
B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and \(1 / 2\) the ISSUE FEE shown above.
II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section " 4 b " of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12,1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

\section*{PART B - FEE(S) TRANSMITTAL}
\begin{tabular}{|c|c|c|c|c|c|}
\hline \multicolumn{3}{|l|}{Complete and send this form, together with applicable fee(s), to:} & & \begin{tabular}{l}
FEE \\
Patents \\
nia 22313-1450
\end{tabular} & \\
\hline \multicolumn{6}{|l|}{INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as
indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRES" for maintenance fee notifications.} \\
\hline \multicolumn{3}{|l|}{CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for eny change of address)
\(\begin{array}{ccc} \\ 43569 & 7590 & 11 / 01 / 2005\end{array}\)} & \multicolumn{3}{|l|}{Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmital. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.} \\
\hline \multicolumn{3}{|l|}{\multirow[t]{4}{*}{\begin{tabular}{l}
MAYER, BROWN, ROWE \& MAW LLP 1909 K STREET, N.W. \\
WASHINGTON, DC 20006
\end{tabular}}} & \multicolumn{3}{|l|}{\begin{tabular}{l}
Certificate of Mailing or Transmission \\
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.
\end{tabular}} \\
\hline & & & & & (Depositors name) \\
\hline & & & & & (Signaure) \\
\hline & & & & & (Date) \\
\hline APPLICATION NO. & FILING DATE & \multicolumn{2}{|l|}{FIRST NAMED INVENTOR} & ATTORNEY DOCKET NO. & CONFIRMATION NO. \\
\hline \multicolumn{2}{|l|}{10/107,814 03/28/2002} & \multicolumn{3}{|l|}{Kunwar Shailubhai P 0284943} & 9117 \\
\hline
\end{tabular}

TITLE OF INVENTION: GUANYLATE CYCLASE RECEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bcen filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.
(A) NAME OF ASSIGNEE
(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent) : \(\qquad\)
\(\qquad\) Government 4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):
\(\square\) Issue Fee
Publication Fee (No small entity discount permitted)
\(\square\) A check in the amount of the fee(s) is enclosed.
\(\square\) Publication Fee (No small entity discount permitted) \(\square\) Payment by credit card. Form PTO-2038 is attached.
\(\square\) Advance Order - \# of Copies \(\qquad\) \(\square\) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above)
\(\square\) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
\(\square\) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR \(1.27(\mathrm{~g})(2)\).
The Director of the USPTO is requested to apply the Issue Fce and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issuc Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

\section*{Authorized Signature}
\(\qquad\)
Typed or printed name

Date \(\qquad\)
Registration No. \(\qquad\)

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete suis form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. this form and/or suggestions for reducing this burden, shound 1450 , lexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box, 1450 , Box 1450, Alexandria, Virginia 223
Alexandria, Virginia 22313-1450.
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)
(application filed on or after May 29, 2000)
The Patent Term Adjustment to date is 479 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 479 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.
\begin{tabular}{|c|l|l|l|}
\hline \multirow{3}{*}{ Notice of Allowability } & Application No. & \multicolumn{1}{|l|}{ Applicant(s) } \\
& \(10 / 107,814\) & SHAILUBHAI ET AL. \\
\cline { 2 - 5 } & Examiner & Art Unit &. \\
& Stephen L. Rawings, Ph.D. & 1643 &. \\
\hline
\end{tabular}
-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address-All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308.
1. \(\triangle\) This communication is responsive to 15 Auqust 2005.
2. \(\triangle\) The allowed claim(s) is/are 1,20-23 and 26 .
3. \(\square\) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119 (a)-(d) or (f).
a) ) \(\square\) Al b) \(\square\) Some*
c)None of the:
1. Certified copies of the priority documents have been received.
2.Certified copies of the priority documents have been received in Application No. \(\qquad\) -.
3.Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)).
* Certified copies not received: \(\qquad\) -.

Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application.
THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.
4. \(\triangle\) A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient.
5. \(\square\) CORRECTED DRAWINGS ( as "replacement sheets") must be submitted.
(a) \(\square\) including changes required by the Notice of Draftsperson's Patent Drawing Review ( PTO-948) attached 1) \(\square\) hereto or 2) \(\square\) to Paper No./Mail Date \(\qquad\) _.
(b) \(\square\) including changes required by the attached Examiner's Amendment / Comment or in the Office action of Paper No./Mail Date \(\qquad\) _.
Identifying indicia such as the application number (see 37 CFR \(1.84(\mathrm{c})\) ) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d).
6.DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL.

\section*{Attachment(s)}
1. \(\square\) Notice of References Cited (PTO-892)
2.Notice of Draftperson's Patent Drawing Review (PTO-948)
3. \(\boxtimes\) Information Disclosure Statements (PTO-1449 or PTO/SB/08), Paper No./Mail Date 20050815
4. \(\square\) Examiner's Comment Regarding Requirement for Deposit of Biological Material
5. \(\square\) Notice of Informal Patent Application (PTO-152)
6. \(\boxtimes\) Interview Summary (PTO-413),

Paper No./Mail Date 20051024.
7. \(\boxtimes\) Examiner's Amendment/Comment
8.Examiner's Statement of Reasons for Allowance
9.Other \(\qquad\) .

\section*{EXAMINER'S AMENDMENT}
1. An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the issue fee.

Authorization for this examiner's amendment was given in a telephone interview with Gregory J. Sieczkiewicz on October 16, 2005.
2. The application has been amended as follows:

\section*{In the claims:}

Claims 20-23 have been amended as follows:
20. (Currently amended) A pharmaceutical composition in unit dose comprising a guanylate cyclase receptor agonist peptide consisting of the amino acid sequence of SEO ID NO: 20 present in a therapeutically effective amount.
21. (Currently amended) A pharmaceutical composition in unit dose form comprising: a) a guanylate cyclase receptor agonist peptide consisting of the amino acid sequence of SEQ ID NO: 20; and b) at least one compound selected from the group consisting of: a cGMP-dependent phosphodiesterase inhibitor, an anti-inflammatory agent, an antiviral agent and an anticancer agent; wherein said guanylate cyelase receptor agonist-and-said compound are each present in-a therapeutically effective amount.
22. (Currently amended) The pharmaceuticat composition of either claim 20 or 21, wherein the unit dose form is selected from the group consisting of a tablet, a capsule, a solution of and an inhalation formulation.
23. (Currently amended) The pharmaceutical composition of either claim 20 nor or 21 , further comprising one or more excipients.

In the specification:

The paragraph beginning at page 23 , line 30 has been replaced with the following:
12. Basoglu, et al., in: Proceedings of the Second FEPS Congress, June 29-Jul. 4, 1999, Prague, Czech Republic-,http://1f2.cuni.cz/physiolres/feps/basoglu.htm.

\section*{Oath/Declaration}
3. The oath or declaration is defective. A new oath or declaration in compliance with 37 CFR 1.67 (a) identifying this application by application number and filing date is required. See MPEP \(\S \S 602.01\) and 602.02 .

The oath or declaration is defective because the copy of the declaration filed August 1, 2002 is not legible; in particular, the signatures and hand-written dates have not been reproduced such that they may be read. Applicant's procurement and submission of a substitute copy of the declaration, which has been legibly reproduced, will prevent delay during the preparation of the published patent document.

\section*{Conclusion}
4. Claims 1, 20-23, and 26 have been allowed and renumbered as claims 1-6, respectively.
5. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Stephen L. Rawlings, Ph.D. whose telephone number is (571) 272-0836. The examiner can normally be reached on Monday-Friday, 8:30AM5:00PM.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Larry Helms, Ph.D. can be reached on (571) 272-0832. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

slr
October 24, 2005


\footnotetext{
(Applicant/Applicant's Representative Signature - if appropriate)
}

Continuation of Substance of Interview including description of the general nature of what was discussed: The Examiner telephoned Mr. Sieczkiewicz to propose an examiner's amendment in which claims \(20-23\) would be amended to delete "pharmaceutical", claim 20 would be further amended to delete "present in a therapeutically effective amount", claim 21 would be further amended to delete "; wherein said guanylate cyclase receptor agonist and said compound are each present in a therapeutically effective amount, claim 22 would be further amended to recite "and an" in place of "or" between "solution" and "inhalation formulation", and claim 23 would be further amended to recite "or" in place of "nor". Furthermore, the specification would be amended to delete ", http://1f2.cuni.cz/physiores/feps/basoglu.htm". Mr. Sieczkiewicz authorized entry of the proposed examiner's amendment. .

\title{
Summary of Record of Interview Requirements
}

Manual of Patent Examining Procedure (MPEP), Section 713.04, Substance of Intorviow Must be Made of Record
A complete writen atatement as to the subatance of any faco-to-face, video confarence, or talaphane interview with regard to an application must be made of record in the application whethof of not an agreemont with the examiner was reached at the interview.

\section*{Title 37 Code of Federal Regulations (CFR) \(\mathbf{8 1 . 1 3 3}\) Interviews}

Paragraph (b)
In every Instance where reconsideration is requested in view of an interview with an examinar, a complate witten etatement of the reasons presented at the interviow as warraniling favarable action must be filed by the applicant. An Interview does not remove the necessty for reply to Office action as specified in \(851.111,1.135\). (35 U.S.C. 132)

\section*{37 CFR \(\$ 1.2\) Business to be Iransacted in writing.}

All tusiness with the Patent or Trademark Office should be transacted In writing. The personal attendance of applicants or their attorneys or agents at the Patent and Trademark Office is unnecessary. The cotion of the Patent and Trademark Office will be based exclusivaly on the witten record in the Office. No attention will be pald to any allaged oral promise, stipulation, or understanding in relation to whith there is diagegrement or doubt.

The action of the Palent and Trademark Office cannot be based exclusively on the written record in the Office if that record is itself incomplete through the fallure to record the substance of interviews.

It is the responsibility of the applicant or the attorney or agent to make the substance of an interview of record in the application file, unless the examiner Indicates he or she will do so. It is the examiner's responsibilly to see that such a record is made and to correct material inaccuracies which bear directly on the question of patentability.

Examiners must complete an Interview Summary Form for each Interview held where a matter of substance has been discussed during the Interview by chacking the appropriate boxes and fllling in the blanks. Discussions regarding only procedural matters, directed solely to restrictlon requiremente for which interview recordation is otherwise provided for in Section 812.01 of the Manual of Patent Examining Procedure, or pointing out typographical errors or unreadable script in Office actions or the like, are excluded from the interview recordation procedures below. Where the substance of an Interview is completely recorded in an Examiners Amendment, no separate Interview Summary Record is required.

The Interview Summary Form shall be given an appropriate Paper No., placed in the right hand portion of the file, and listed on the "Contents" seotion of the file wrapper. in a personal interview, a duplicate of the Form is given to the applicant (or attorney or agent) at the conclusion of the interview. In the case of a telephone or video-conference interview, the copy is malled to the applicant's correspondence address elther with or prior to the next official communication. If additlonal correspondence from the examiner is not likely before an allowance or if other circumstances dictate, the Form should be mailed promptly after the interview rather than with the next official communication.

The Form provides for recordation of the following Information:
- Application Number (Series Code and Serial Number)
- Name of applicant
- Name of examiner
- Date of intervlew
- Type of interview (telephonic, video-conference, or personal)
- Name of participani(s) (applicant, attorney or agent, examiner, other PTO personnel, etc.)
- An indication whether or not an exhibit was shown or a demonstration conducted
- An identification of the specific prior art discussed
- An indication whether an agreement was reached and if so, a description of the general nature of the agreement (may be by attachment of a copy of amendments or claims agreed as being allowable). Note: Agreement as to allowability is tentative and does not restrict further aetion by the examiner to the contrary.
- The signature of the examiner who conducted the Interview (if Form is not an attachment to a signed Office action)

It ls desirable that the examiner orally remind the applicant of his or her obligation to record the substance of the Interview of each case. It should be noted, however, that the interview Surnmary Form will not normally be considered a complete and proper recordation of the interview unless it includes, or is supplemented by the applicant or the examiner to Include, all of the applicable items required below concerning the substance of the interview.

A complete and proper recordation of the substance of any interview should include al least the following appillcable lems:
1) A brief description of the naturo of any exhiblt shown or any demonstration conducted,
2) an Identification of the claims discussed,
3) an identification of the specific prlor art discussed,
4) an identification of the principal proposed amendments of a substantive nature diseusted, unless these are already described on the Interview Summary Form completed by the Examiner,
5) a brief identification of the general thrust of the principal arguments presented to the examiner,
(The identification of arguments need not be lengthy or elaborate. A verbatim or highly detailed description of the arguments is not
required. The identification of the arguments is sufficient if the general nature or thrust of the principal arguments made to the examiner can be understood in the context of the application file. Of course, the applicant may desire to emphasize and fully deseribe those arguments which he or she feols were or might be persuasive to the examiner.)
6) a general Indlcalion of any other pertinent matters discussed, and
7) if appropriate, the general results or outcome of the interview unless already described in the Interview Summary Form completed by the examlifer.

Examinars are expected to carefully review the applicant's record of the substance of an interview. If the record is not complete and accurate, the examiner will glve the applicant an extendable one month time period to correct the record.

\section*{Examiner to Chack for Accuracy}

If the claims are allowable for other reasons of record, the examiner should send a letter setting forth the examiner's version of the statement attributed to him or her. If the record is complete and accurate, the examiner should place the indication, "Interview Record OK' on the paper recording the substance of the intervlew along with the date and the examiner's initials.

Express Mail No.: EV463107857US
Page 1 of 1
Date of Deposit: August 15, 2005
\begin{tabular}{|l|l|}
\hline Application Number & \(10 / 107,814\) \\
\hline Filing Date & March 28, 2002 \\
\hline First Named Inventor & Shailubhai \\
\hline Group Art Unit & 1642 \\
\hline Examiner Name & Stephen L. Rawlings \\
\hline Attorney Docket Number & \(33357-503\) \\
\hline
\end{tabular}





EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.
\begin{tabular}{|c|c|c|c|}
\hline Search Notes (continued) & Application/Control No.
\[
10 / 107,814
\] & \multicolumn{2}{|l|}{\begin{tabular}{l}
Applicant(s)/Patent under Reexamination \\
SHAILUBHAI ET AL.
\end{tabular}} \\
\hline  & \begin{tabular}{l}
Examiner \\
Stephen L. Rawlings, Ph.D.
\end{tabular} & Art Unit
\[
1643
\] & \\
\hline
\end{tabular}
\begin{tabular}{|l|l|l|l|}
\hline \multicolumn{5}{|c|}{ SEARCHED } \\
\hline Class & Subclass & Date & Examiner \\
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\hline Class & Subclass & Date & Examiner \\
\hline 514 & 10 & \(10 / 24 / 2005\) & SR \\
\hline 514 & 13 & \(10 / 24 / 2005\) & SR \\
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\hline Search Notes & Application/Control No.
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10 / 107,814
\] & \multicolumn{2}{|l|}{Applicant(s)/Patent under Reexamination} \\
\hline  & \begin{tabular}{l}
Examiner \\
Stephen L. Rawlings, Ph.D.
\end{tabular} & Art Unit
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1643
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\begin{tabular}{|c|c|c|c|}
\hline \multicolumn{4}{|c|}{ SEARCHED } \\
\hline Class & Subclass & Date & Examiner \\
\hline updated & updated & \(10 / 24 / 2005\) & SR \\
\hline 530 & 317 & \(10 / 24 / 2005\) & SR \\
\hline 530 & 300 & \(10 / 24 / 2005\) & SR \\
\hline 530 & 326 & \(10 / 24 / 2005\) & SR \\
\hline 514 & 10 & \(10 / 24 / 2005\) & SR \\
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\hline Class & Subclass & Date & Examiner \\
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\hline 530 & 300 & \(10 / 24 / 2005\) & SR \\
\hline 530 & 326 & \(10 / 24 / 2005\) & SR \\
\hline \begin{tabular}{l} 
sequence search: SEQ \\
ID NO: 20 (interference \\
databases)
\end{tabular} & \(9 / 1 / 2005\) & SR \\
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SEARCH NOTES \\
(INCLUDING SEARCH STRATEGY)
\end{tabular}} \\
\hline & DATE & EXMR \\
\hline updated sequence search: SEQ ID NO: 20 (all commercial, issued, published and interference databases) & 9/1/2005 & SR \\
\hline updated WEST (PGPUB, USPT, EPOA, JPOA, DWPI); PALM-EXPO: Shailubhai K; Nikiforovich G; Jacob GS & 10/24/2005 & SR \\
\hline updated 60/348,646 & 10/24/2005 & SR \\
\hline updated MEDLINE; WEST (PGPUB, USPT, EPOA, JPOA, DWPI): Shailubhai K; Nikiforovich G; Jacob GS; uroguanylin; variant; mutant & 10/24/2005 & SR \\
\hline Conferred with L. Helms re. claim interpretation & 10/24/2005 & SR \\
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TITLE
Guanylate cyclase receptor agonists for the treatment of tissue inflammation and carcinogenesis
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Untted States Patent and Trademark Office
UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Addres: COMMISSIONER FOR PATENTS
P.O. Box 1450

Alexandria, Vigjinia 22313-1450
www,uspto.gov
www.uspto.gov

CONFIRMATION NO. 9117
Bib Data Sheet
\begin{tabular}{|c|c|c|c|c|}
\hline \begin{tabular}{c} 
SERIAL NUMBER \\
\(10 / 107,814\)
\end{tabular} & \begin{tabular}{c} 
FILING OR 371(c) \\
DATE \\
\(03 / 28 / 2002\) \\
RULE
\end{tabular} & \begin{tabular}{c} 
CLASS \\
514
\end{tabular} & \begin{tabular}{c} 
GROUP ART UNIT \\
1643
\end{tabular} & \begin{tabular}{c} 
ATTORNEY DOCKET \\
NO. \\
P 0284943
\end{tabular} \\
\hline
\end{tabular}

APPLICANTS
Kunwar Shailubhai, Blue Bell, PA; Gregory Nikiforovich, St. Louis, MO; Gary S. Jacob, Creve Coeur, MO;
** CONTINUING DATA
This appln claims benefit of \(60 / 348,646\) 01/17/2002

\section*{** FOREIGN APPLICATIONS ******************** \\ IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/02/2002}
\begin{tabular}{|c|c|c|c|c|}
\hline \begin{tabular}{ll} 
Foreign Priority claimed & \(\square\) yes \(\square_{\text {no }}\) \\
35 USC 119 (a-d) conditions met & \(\square\) yes \(\square_{\text {no }} \square\) \\
Verified and Acknowledged & Met after Allowance \\
Examiner's Signature
\end{tabular} & STATE OR COUNTRY PA & SHEETS \(\underset{0}{\text { DRAWING }}\) & \[
\begin{aligned}
& \text { TOTAL } \\
& \text { CLAIMS }
\end{aligned}
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27
\] & INDEPENDENT
CLAIMS
12 \\
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ADDRESS
43569
TITLE
Guanylate cyclase receptor agonists for the treatment of tissue inflammation and carcinogenesis
\begin{tabular}{|c|c|c|}
\hline \multirow{6}{*}{FILING FEE 2158} & \multirow{6}{*}{\begin{tabular}{l}
FEES: Authority has been given in Paper \\
No. \(\qquad\) to charge/credit DEPOSIT ACCOUNT \\
No. \(\qquad\) for following:
\end{tabular}} & \(\square_{\text {All }}\) Fees \\
\hline & & 1.16 Fees ( Filing) \\
\hline & & \(\square_{1.17 \text { Fees ( Processing Ext. of time) }}\) \\
\hline & & 1.18 Fees ( Issue) \\
\hline & & \(\square\) Other \\
\hline & & \(\square_{\text {Credit }}\) \\
\hline
\end{tabular}

Mail Stop ISSUE FEE
Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450
IAN 1.37006
or Fax
(571) 273-2885

INSTRUCTIONS: \({ }^{\text {Sh}}\), form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All former correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as defeated un gsaceofrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for mai g ABPEA \({ }^{2}\) e notifications.
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)
\(43569 \quad 7590 \quad 11 / 01 / 2005\)
MAYER, BROWN, ROWE \& MAW LLP
1909 K STREET, N.W.
WASHINGTON, DC 20006
Note: A certificate of mailing can only be used for domestic mailings of the Fees) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fees) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

\(01 \mathrm{FC}: 2501\)
02 FC:1504
700.00 op
300.00 Op


TITLE OF INVENTION: GUANYLATE CYCLASE RECEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.
(A) NAME OF ASSIGNEE
(B) RESIDENCE: (CITY and STATE OR COUNTRY)
CALLISTO PHARMACEUTICALS
NEW YORK, NY

Please check the appropriate assignee category or categories (will not be printed on the patent) : \(\square\) Individual \(\triangle\) Corporation or other private group entity \(\square\) Government 4 a . The following fees) are enclosed: 4b. Payment of Fees):

Issue Fee
X A check in the amount of the fees) is enclosed.
团 Publication Fee (No small entity discount permitted)
\(\square\) Payment by credit card. Form PTO-2038 is attached.
\(\square\) Advance Order - \# of Copies \(\qquad\) The Director is hereby authorized by charge additives, 1 or credit any overpayment, to Deposit Account Number \(\quad\) 50-0311 \(\quad\) (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above)
\(\mathbb{Z}_{\text {a. Applicant claims SMALL ENTITY status. See } 37 \text { CFR 1.27. }}\)
\(\square\) b. Applicant is no longer claiming SMALL ENTITY status. See 37 FR \(1.27(\mathrm{~g})(2)\).
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.


Date January 13, 2006
Registration No. \(\qquad\) 48,223
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CR 1.14 . This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of
Box 1450 , Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 , Box 1450, Alexandra, Virginia 223 .
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

\section*{IN THE UNITED STATES PATENT AND TRADEMARK OFFICE}

SERIAL NUMBER: 10/107,814
Filing Date: March 28, 2002

For: Guanylate Cyclase Receptor Agonists for the Treatment of Tissue Inflammation and Carcinogenesis

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450
TRANSMITTAL LETTER

Enclosed herewith for filing in the above-identified application please find the following documents:
1. Response to Notice of Allowance and Fees Due (1 page);
2. Form PTOL-85, Part B (1 page) (in duplicate);
3. Check No. 21815 in the amount of \(\$ 1000\);
4. Replacement Declaration and Power of Attorney form (2 pages); and
5. Return Postcard

The Commissioner is hereby authorized to charge payment of any additional fees required in connection with the papers transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0311, (Reference No. 33357-503). A duplicate copy of this transmittal letter is enclosed.


Dated: January 13, 2006

\section*{IN THE UNITED STATES PATENT AND TRADEMARK OFFICE}

APPLICANTS: Shailubhai et al.
\begin{tabular}{rlrl} 
Serial Number: & \(10 / 107,814\) & Examiner : & Stephen L. Rawlings \\
Filing Date: & March 28, 2002 & ART UNIT & 1643
\end{tabular}

FOR: Guanylate Cyclase Receptor Agonists for the Treatment of Tissue Inflammation and Carcinogenesis

\section*{MAIL STOP ISSUE FEE}

Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450

\section*{RESPONSE TO NOTICE OF ALLOWANCE AND FEES DUE}

In response to the Notice of Allowance and Fee(s) Due, mailed November 1, 2005 the following is submitted herewith for filing in the above-referenced application: Form PTOL-85, Part B and Check No. 21815 in the amount of \(\$ 1,000\). Applicants hereby claim small entity status. In addition, Applicants submit herewith a replacement Declaration and Power of Attorney form in compliance with 37 CFR § 1.67(a).

Applicants believe no additional fees are due with this timely filing. However, the Commissioner is hereby authorized to charge any additional fees that may be due, or to credit any overpayment, to Account 50-0311, Ref. No. 33357-503. An extra copy of Part B of Form PTOL-85 is enclosed for this purpose.

Dated: January 13, 2006


Gregory J. Sieczkiewicz (Reg. No. 48,223)
Attorneys for Applicants
c/o MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
One Financial Center Boston, Massachusetts 02111
Tel: (617) 542-6000
Fax: (617) 542-2241
Customer No. 30623

\section*{CIPIPCT NATIONAL/PLAN \\ ORIGINALISUBSTITUTE/SUPPLEMENTALAN INTHE}

RULE 63 (37 C.F 1.63)
PW FORM LARATION AND POWL OF ATTORNEY

As a below named inventor, I hereby declare tha matesiden foost office address and citizenship are as stated below next to my name, and believe 1 am the original, first and sole inventor (if onfy below) of the subject matter which is claimed and tor which a patent is sought on the INVENTION ENTITLED Guanylate Cyclase Receptor Agonists for the Treatment of Tissue Inflammation and Carcinogenesis


\section*{If more prior foreign applications, X box at bottom and continue on attached page.}

Except as noted below. I hereby claim domestic priority benefit under 35 U.S.C. \(119(e)\) or 120 and/or 365(c) of the indicated United States applications listed below and PCT internationai applications listed above or below and. if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available beiween the filing date of each such pror application and the national or PCT international filing date of this application:

PRIOR U.S. PROVISIONAL, NONPROVISIONAL ANDIOR PCT APPLICATIONIS)
Application No. (series code/serial no.)
60/279,438
60/279.437
60/300.850
60/303.806
60/307.358
Day/MONTH/Year Filed
29/03/2001
29/03/2001
27/6/2001
10/7/2001
25/7/2001
60/348,646

Status Priority NOT Claimed
pending, abandoned, patented

1 hereby declate that all statements made herein ot my own knowledge are true and that all stelements made on information and beliet are believed to be true; and further that these stetements were made with the knowlecoe that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Titie 18 of the United States Code and that such willtul false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Pillsbury Winthrop LLP. Intellectual Froperty Group, telephone number (703) 905-2000 (to whom all communications are to be directed), and


 the personfassioneelettorney/firm/ organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disc:osure to De iepresented untess/until I instruct the above Firm andior an attorney of that Firm in writing to the contrary


\(\triangle\) FOR ADDITIONAL INVENTORS see attached page
See additional foreign priorities on attached page (incorporated herein by reference).



\begin{tabular}{|c|c|c|c|c|}
\hline (7) INVENTOR'S S & \multicolumn{4}{|c|}{Date:} \\
\hline & Firsi & Middle Initial & & Family Name \\
\hline Residence & & & & \\
\hline & City & & State/Foreion Counin & Country of Citizenship \\
\hline Mailing Addiess & & & & \\
\hline (include Zip Code) & & & & \\
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE


Attorney Docket No.: 33357-503

Shailubhai, et al.

PATENT Number: \(\quad 7,041,786\)
SERIAL Number: \(10 / 107,814\)
Filing Date: \(\quad\) March 28, 2002

Issue Date: May 9, 2006
Examiner: Stephen L. Rawlings
ART ÜNIT: 1643

For: Guanylate Cyclase Receptor Agonists For The Treatment Of Tissue Inflammation And Carcinogenesis

Boston, Massachusetts
October 1, 2007

\section*{Mail Stop PETITIONS}

Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450

\section*{TRANSMITTAL}

Transmitted herewith for filing in the present application are the following documents:
1. Request for Certificate of Correction (2 pages);
2. Proposed Certificate of Correction (1 page, in duplicate);
3. Statement in Support of Request under 37 C.F.R. \(\S 3.81\) (2 pages);
4. Copy of the Notice of Recordation of Assignment Document - Exhibit A (2 pages);
5. Copy of the executed Assignment Document to Synergy Pharmaceuticals Inc. Exhibit B (2 pages);
6. Check No. 24706 in the amount of \(\$ 100.00\) (certificate of correction);
7. Check No. 24707 in the amount of \(\$ 130.00\) (processing fee);
8. Return postcard.

The Commissioner is hereby authorized to charge any additional fees that may be due, or to credit any overpayment, to Deposit Account No. 50-0311, Reference No. 33357-503. A duplicate copy of this Transmittal is enclosed.


Ivor R. Elrifi, Reg. No. 39,529
Cynthia A. Kozakiewicz, Reg. No. 42,764
Attorneys for Applicants
Tel: (617) 542-6000
Fax: (617) 542-2241

\section*{Customer Number 30623}

\section*{IN THE UNITED STATES PATENT AND TRADEMARK OFFICE}

APPLICANTS: Shailubhai, et al.
\begin{tabular}{rlrl} 
Patent Number: & \(7,041,786\) & ISSUe Date: & May 9, 2006 \\
Serial Number: & \(10 / 107,814\) & Examiner: & Stephen L. Rawlings \\
Filing Date: & March 28,2002 & Art Unit: & 1643
\end{tabular}

For: Guanylate Cyclase Receptor Agonists For The Treatment Of Tissue Inflammation And Carcinogenesis

Boston, Massachusetts
October 1, 2007
Mail Stop PETITIONS
Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450

\section*{REQUEST FOR CERTIFICATE OF CORRECTION OF LETTERS PATENT}
1. Attached, in duplicate, is Form PTO-1050, with at least one copy being suitable for printing.
2. The exact pages and line numbers of the corrections are:

At Page 1, line 73, the Assignee should be: "Synergy Pharmaceuticals Inc." (US).
3. Please send the Certificate of Correction to:

10/04/2007 EAYALEWI 00000026 7041786
01 FC:1811

Ivor R. Elrifi, Esq. Attorney for Applicants Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. One Financial Center
Boston, MA 02111

Shailubhai, et al.
U.S. Patent No. 7,041,786

\section*{REMARKS}

Applicants request this Certificate of Correction to correct the assignee name. In accordance with 37 CFR \(1.20(a)\), a check for \(\$ 100.00\) is enclosed herewith in payment of the Certificate of Correction. Should the Certificates Branch wish to discuss Applicant's request, the Certificates Branch is invited to telephone the undersigned attorneys at 617/542-6000.

Respectfully submitted,

Ivor R. Elrifl, Reg. No. 39,529
Cynthia A. Kozakiewicz, Reg. No. 42,764
Attorneys for Applicants
Tel: (617) 542-6000
Fax: (617) 542-2241

Customer Number 30623

4155226 v .1

\section*{UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION}

PATENT NO.: \(\quad 7,041,786\)
APPLICATION NO.: \(\quad 10 / 107,814\)
ISSUE DATE: May 9, 2006
INVENTOR(S): Shailubhai, et al.
It is certified that an error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Page 1, line 73, the Assignee should be: "Synergy Pharmaceuticals Inc." (US).

MAILING ADDRESS OF SENDER:
Ivor R. Elrifi, Reg. No. 39,529
Cynthia A. Kozakiewicz, Reg. No. 42,764
Attorneys for Applicants
MINTZ LEVIN
One Financial Center
Boston, Massachusetts 02111
Tel: (617) 542-6000
Fax: (617) 542-2241

\section*{UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION}
\begin{tabular}{ll} 
PATENT NO.: & \(7,041,786\) \\
APPLICATION NO.: & \(10 / 107,814\) \\
ISSUE DATE: & May 9,2006 \\
INVENTOR(S): & Shailubhai, et al.
\end{tabular}

It is certified that an error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Page 1, line 73, the Assignee should be: "Synergy Pharmaceuticals Inc." (US).

MAILING ADDRESS OF SENDER:
Ivor R. Elrifi, Reg. No. 39,529
Cynthia A. Kozakiewicz, Reg. No. 42,764
Attorneys for Applicants
MINTZ LEVIN
One Financial Center
Boston, Massachusetts 02111
Tel: (617) 542-6000
Fax: (617) 542-2241


The Commissioner is invited to contact the undersigned by collect telephone call if there are any questions concerning this statement or the accompanying petition.

Respectfully submitted,


Ivor R. Elrifi, Reg. No. 39,529
Cynthia A. Kozakiewicz, Reg. No. 42,764
Attorneys for Applicants
Tel: (617) 542-6000
Fax: (617) 542-2241

\section*{Customer Number 30623}

4147991 v .1

OCTOBER 08, 2002
PILLSBURY WINTHROP, LLP
RICHARD A. STEINBERG
P.O. BOX 10500

MCLEAN, VA 22102

Under Secretary of Commerce For Intellectual Property and Director of the United States Patent and Trademark Office Washington, DC 20231 www.uspto.gov


UNITED STATES PATENT AND TRADEMARK OFFICE NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION MOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 08/01/2002
REEL/FRAME: 013156/0592
NUMBER OF PAGES: 3
BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).
ASSIGNOR:
SHAILUBHAI, KUNWAR
ASSIGNOR:
JACOB, GARY S. DOC DATE: 06/19/2002
ASSIGNEE:
SYNERGY PHARMACEUTICALS INC.
TWO EXCUTIVE DRIVE, SUITE 450
SOMERSET, NEW JERSEY 08873
SERIAL NUMBER: 10107814
FILING DATE: 03/28/2002
ISSUE DATE:

RECZTWED


¿EOF.

\section*{TO THE ASSISTANT COMMISSIONER C}

Lutumbit

\section*{SIR: PLEASE RECORD THE ATTACHED ORIGINAL UUU}
1. Kunwar Shailubhai
3. Gary S. Jacob
5.
7.

ADDITIONAL NAME(S) OF ONVEYING
2. Gregory Nikiforovich
4.
6.
8.
\(\square\) YES \(\boxtimes\) NO
2. PARTY(IES) (ASSIGNEE(S)) RECEIVING INTEREST:

NAME: Synergy Pharmaceuticals Inc.
ADDRESS: Two Executive Drive, Suite 450, Somerset, New Jersey 08873
ADDITIONAL NAME(S) \& ADDRESS(ES) ATTACHED? \(\square\) YES \(\boxtimes N O\)
3. NATURE OF CONVEYANCE (DOCUMENT):
(Submit herewith only one document for recordation-multiple copies of same Assignment signed by different inventors is one document)
\begin{tabular}{lll} 
ØASSIGNMENT OF & ØWHOLE \(\quad \square\) PART INTEREST & \begin{tabular}{l} 
EXEC. DATE: June 18 and 19, 2002 \\
ØORIGINAL \\
\(\square\) CHANGE OF NAME
\end{tabular} \\
\(\square\) FACSIMILE/PHOTOCOPY & \(\square\) VERIFIED TRANSLATION & \\
\(\square\) SECURITY \(\square\) MERGER & \(\square\) OTHER: & \\
\hline
\end{tabular}

EXECUTION DATE(S) ON THE DECLARATION IF FILED HEREWITH: (NOTE: IF DATES ON DECLARATION AND ASSIGNMENT DIFFER SEE ATTY!) June 18 and 19, 2002
\begin{tabular}{|c|c|c|c|c|c|}
\hline \multicolumn{4}{|l|}{4.5 APPL. NO.(S) OR PAT NO.(S). OTHERS ON ADDITIONAL SHEET(S) attached?} & YES \(\square\) NO & \\
\hline ADPAT APP NO. (S) senies code/serial no &  & TETINVENTOR if inot in item 1 & B. PATENT NO(S) & MA & TISINENTOR if not in item 1 \\
\hline 10/107,814 & 0284943 & Shailubhai & & & \\
\hline \multicolumn{3}{|l|}{5. Name \& Address of Party to Whom Correspondence Concerning Document Should be Mailed:} & \multicolumn{2}{|l|}{\begin{tabular}{l}
6. NUMBER INVOLVED: \\
APPLNS \(1+\) PATS \(\underline{0}=\) TOTAL \(=\)
\end{tabular}} & 1 \\
\hline \multicolumn{3}{|l|}{Pillsbury Winthrop LLP Intellectual Property Group P.O. Box 10500McLean, VA 22102} & \multicolumn{3}{|l|}{7. AMOUNT OF FEE DUE: (Code 581) ABOVE TOTAL \(\mathrm{x} \$ 40=\$ 40\)} \\
\hline \multicolumn{3}{|l|}{5.5ATTY DKT:} & \multicolumn{3}{|l|}{8. PLEASE CHARGE TO OUR DEPOSIT ACCOUNT NUMBER: 03-3975} \\
\hline \multicolumn{3}{|l|}{P 0284943} & UNDER ORDER NO & 081361 & 0284943 \\
\hline MATTER NO. & & ENT REF. & dup. sheet not required & CLIENT NO. & MATTER NO. \\
\hline
\end{tabular}
9. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.


\section*{FILE WITH P \(\quad\) O RETURN RECEIPT (PAT-103A)}

08/09/2002 Lnieller 00000035 03397510107814
01 FC:5b1 \(\quad 40.00\) 도

WHEREAS, the undersigned, to wit:
1) Kunwar SHAIL UBHAI
2) Gregory NIKIFOROVICH
3) Gary S. JACOB
4) \(\qquad\)
5) \(\qquad\) 6) \(\qquad\)
7) \(\qquad\) 8) \(\qquad\)
(hereinafter collectively ASSIGNOR), has/have made an invention known as Dkt.
and entitled. Guanylate Cyclase Receptor Agonists for the Treatment of Tissue Inflammation and Carcinogenesis
for which an application for Letters Patent of the United States
\(\square\) was executed even date herewith and is about to be filed in the United States Patent and Trademark Office; \(\boxtimes\) was filed on

March 28, 2002 , Appin. No. \(\qquad\) 10/107,814

AND WHEREAS Synergy Pharmaceuticals Inc.
(hereinafter ASSIGNEE), duly organized and existing under the laws of the State of DELAWARE and having its principal office and place of business at Two Executive Drive, Suite 450, Somerset, NJ 08873 desires to acquire an interest therein;

NOV, THEREFORE, in consideration of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the said ASSIGNOR, does hereby sell, assign and transfer unto ASSIGNEE, its successors, assigns and legal representatives, the full and exclusive right, title and interest to the said invention in the United States and all foreign countries, as described in the aforesaid application, and to the said application and to all continuations, divisions, reissues and substitutes of said application, together with the right of priority under the International Convention for the Protection of Industrial Property, Inter-American Convention Relating to Patents, Designs and Industrial Models, and any other international agreements to which the United States of America adheres, and ASSIGNOR hereby authorizes and requests the Commissioner of Patents to issue said Letters Patent to ASSIGNEE, for its interest as ASSIGNEE, irs successors: assigns and legal representatives.

AND ASSIGNOR hereby agrees to execute any papers requested by ASSIGNEE, its successors, assigns and legal representatives: deemed essential to ASSIGNEE's full protection and title in and to the invention hereby transferred.

ASSIGNOR furthermore agrees upon request of said ASSIGNEE, and without further remuneration, to execute any and all papers desired by said ASSIGNEE for the filing and granting of foreign applications and the perfecting of title thereto in said ASSIGNEE.

NOTE: The undersigned hereby authorizes Pillsbury Winthrop LLP of the above address to insert hereon any further identification necessary or desirable for recordation of this document.

Executed on the dates) below indicated.

3)

Name: Gregory NixjFOROVICH
Date Signed

\(6 / 19 / 02\)
\[
6 / 18 / 02
\]
\(\qquad\)
Name:
5)

\section*{Name:}
6)
\(\qquad\)
7)

\section*{Name:}
8)

Name:

\section*{Witness}

\(\qquad\)
\(\qquad\)
\(\qquad\)
\(\qquad\)
\(\qquad\)

MAYER, BROWN, ROWE \& MAW LLP
71 SOUTH WACKER
CHICAGO IL 60606

COPY MAILED
NOV 282007
OFFICE OF PETITIONS
In re Patent No. 7041786 :
Issue Date: 05/09/2006 :
Application Number: 10/107814 :
Filing Date: 03/28/2002 :
Attorney Docket Number: P 0284943 :
:

This is a decision on the paper filed on October 1, 2007, which is treated as a request under \(37 \mathrm{CFR} 3.81(\mathrm{~b})^{\prime}\) to correct the assignee on the front page of the above-identified patent by way of a Certificate of Correction.

The petition is granted.
Telephone inquires concerning this matter may be directed to the undersigned at 571.272.3231. Any questions concerning the issuance of the Certificate of Correction should be directed to the Certificates of Correction Branch at 703.305.8309.

The address in the request is different than the correspondence address. A courtesy copy of this decision is being mailed to the address in the request. All future correspondence, however, will be mailed solely to the address of record.

The application is referred to the Certificate of Corrections Branch for issuance of the Certificate of Correction.
```

ghrood
Douglas I. Wood
Senior Petitions Attorney
Office of Petitions
Cc:
MINTZ, LEVIN, COHN, FERRIS,
GLOVSKY AND POPEO, P.C.
ONE FINANCIAL CENTER
BOSTON MA 02111.

```
\({ }^{1}\) See Official Gazette of 22 June, 2004.
\begin{tabular}{lll} 
PATENT NO. & \(: 7,041,786\) B2 & Page 1 of 1 \\
APPLICATION NO. & \(: 10 / 107814\) & \\
DATED & \(:\) May 9,2006 & \\
INVENTOR(S) & \(:\) Shailubhai et al. &
\end{tabular}

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

On Title page item 73, the Assignee should be: "Synergy Pharmaceuticals Inc." (US).

Signed and Sealed this
Eighth Day of January, 2008

\begin{tabular}{|l|l|l|}
\hline \multirow{4}{*}{} & Patent Number & \(7,041,786\) \\
\cline { 3 - 4 } & Filing Date & Issued: May 9, 2006 \\
\cline { 3 - 4 } (to be used for all correspondence after initial filing) & First Named Inventor & Kunwar Shailubhai \\
\cline { 2 - 4 } & Art Unit & 1646 \\
\hline Total Number of Pages in This Submission & Examiner Name & Stephen L. Rawlings \\
\hline
\end{tabular}

\begin{tabular}{|c|c|c|}
\hline \multirow[t]{7}{*}{POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS} & \multirow[t]{2}{*}{Application Number} & 10/107,814 \\
\hline & & \multirow[t]{2}{*}{March 28, 2002 Kunwar Shailubhai} \\
\hline & Flling Date First Namped Inventor & \\
\hline & \multicolumn{2}{|l|}{\begin{tabular}{l|l} 
& GUANYLATE CYCLASE RECEPTOR \\
TItte & AGONISTS FPR THE TREATMENT OF \\
\hline
\end{tabular}} \\
\hline & Art Unit & 1643 \\
\hline & Examiner Name & Stephen L. Rawlings \\
\hline & Attorney Docket No. & 40737-501001US \\
\hline
\end{tabular}

I hereby revoke all prevlous powers of attorney given in the above-identified application.
A Power of Attorney is submitted herewith.
OR
X I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attomey(s) or agent(s) to prosecute the application Identifled above, and to transact all business in the United States Patent and Trademark Office connecled therewith:


OR
\(\square\) I hereby appoint Practitioner(s) named below as mifour attomey(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Palent and Trademark Office connected therewth:


\section*{STATEMENT UNDER 37 CFR 3.73(b)}

ApplicantPatent Owner: Synergy Pharmaceuticals, Inc.
Application No.IPatent No.: \(\qquad\) Filed/ssue Date: \(\qquad\)
Titled: GUANYLATE CYCLASE RECEPTOR AGONISTS FPR THE TREATMENT OF TISSUE INFLAMINATION AND CACINOGENESES

states that it is:
1. \(x\) the assignee of the entire right, title, and interest in;
2. \(\square\) an assignee of less than the entire right, title, and interest in (The extent (by percentage) of its ownership interest is \(\qquad\) \(\%\); ; or
3. \(\square\) an assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made) the patent application/patent identified above by virtue of either.
A. \(x\) An assignment from the inventors) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \(\qquad\) Frame \(\qquad\) , or for which a copy thereof is attached.
OR
B. \(\square\) A chain of title from the inventors), of the patent application/patent identified above, to the current assignee as follows:
1. From: \(\qquad\) To: \(\qquad\)
The document was recorded in the United States Patent and Trademark Office at Reel \(\qquad\) , Frame \(\qquad\) , or for which a copy thereof is attached.
2. From: \(\qquad\) To: \(\qquad\)
The document was recorded in the United States Patent and Trademark Office at Reel \(\qquad\) , Frame \(\qquad\) , or for which a copy thereof is attached.
3. From: \(\qquad\) To:
The document was recorded in the United States Patent and Trademark Office at
Reel \(\qquad\) , Frame \(\qquad\) , or for which a copy thereof is attached.

\(\square\)Additional documents in the chain of title are listed on a supplemental sheets).

XX As requited by 37 CR \(3.73(\mathrm{~b})(1)(1)\), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.
[NOTE: A separate copy (fe., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3 , to record the assignment in the records of the USPTO. See MPFP 302.08]
The undersigned (whose title is supplies belowsts authorized to act on behalf of the assignee.

\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|r|}{Electronic Acknowledgement Receipt} \\
\hline EFS ID: & 7067654 \\
\hline Application Number: & 10107814 \\
\hline International Application Number: & \\
\hline Confirmation Number: & 9117 \\
\hline Title of Invention: & GUANYLATE CYCLASE RECEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS \\
\hline First Named Inventor/Applicant Name: & Kunwar Shailubhai \\
\hline Customer Number: & 43569 \\
\hline Filer: & Cynthia A. Kozakiewicz/Victoria Hughes \\
\hline Filer Authorized By: & Cynthia A. Kozakiewicz \\
\hline Attorney Docket Number: & P 0284943 \\
\hline Receipt Date: & 23-FEB-2010 \\
\hline Filing Date: & 28-MAR-2002 \\
\hline Time Stamp: & 14:42:40 \\
\hline Application Type: & Utility under 35 USC 111(a) \\
\hline
\end{tabular}

\section*{Payment information:}
\begin{tabular}{|c|c|c|c|c|c|}
\hline \multicolumn{2}{|l|}{Submitted with Payment} & \multicolumn{4}{|l|}{no} \\
\hline \multicolumn{6}{|l|}{File Listing:} \\
\hline Document Number & Document Description & File Name & File Size(Bytes)/ Message Digest & Multi Part /.zip & Pages (if appl.) \\
\hline \multirow{2}{*}{1} & \multirow{2}{*}{Miscellaneous Incoming Letter} & \multirow{2}{*}{Trans.pdf} & 78298 & \multirow{2}{*}{no} & \multirow{2}{*}{1} \\
\hline & & &  & & \\
\hline \multicolumn{6}{|l|}{Warnings:} \\
\hline \multicolumn{6}{|l|}{Information: \(\mathrm{P}_{\mathrm{g}}\)} \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|}
\hline \multirow{2}{*}{2} & \multirow{2}{*}{Power of Attorney} & \multirow{2}{*}{POA.pdf} & 43662 & \multirow{2}{*}{no} & \multirow{2}{*}{1} \\
\hline & & &  & & \\
\hline \multicolumn{6}{|l|}{Warnings:} \\
\hline \multicolumn{6}{|l|}{Information:} \\
\hline \multirow{2}{*}{3} & Assignee showing of ownership per 37 & \multirow{2}{*}{Statement.pdf} & 40745 & \multirow{2}{*}{no} & \multirow{2}{*}{1} \\
\hline & & & 2 2f18524110c9b644581 cda8c9f48890c8974 & & \\
\hline \multicolumn{6}{|l|}{Warnings:} \\
\hline \multicolumn{6}{|l|}{Information:} \\
\hline \multicolumn{3}{|r|}{Total Files Size (in bytes):} & \multicolumn{2}{|c|}{162705} & \\
\hline \multicolumn{6}{|l|}{This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.} \\
\hline \multicolumn{6}{|l|}{New Applications Under 35 U.S.C. 111} \\
\hline \multicolumn{6}{|l|}{If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.} \\
\hline \multicolumn{6}{|l|}{National Stage of an International Application under 35 U.S.C. 371} \\
\hline \multicolumn{6}{|l|}{If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.} \\
\hline \multicolumn{6}{|l|}{New International Application Filed with the USPTO as a Receiving Office} \\
\hline \multicolumn{6}{|l|}{If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.} \\
\hline
\end{tabular}

United States Patent and Trademark Office


Date Mailed: 03/04/2010

\section*{NOTICE REGARDING CHANGE OF POWER OF ATTORNEY}

This is in response to the Power of Attorney filed 03/03/2010.
- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).
/dolipscomb/

Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101

United States Patent and Trademark Office


APPLICATION NUMBER
10/107,814
FILING OR 371(C) DATE
03/28/2002

30623
MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C
ONE FINANCIAL CENTER
BOSTON, MA 02111
Date Mailed: 03/04/2010

\section*{NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY}

This is in response to the Power of Attorney filed 03/03/2010.
The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33 .
/dolipscomb/

Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101

\section*{POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO}

I hereby revoke all prevous powers of attorney given in the application identifed in the attached statement under 37 CFR 3.73(b)
I hereby appoint:
Prachitoners associated with the Customer Number: OR


Practitoners) named below (if more than ten patent pracitioners are to be named, then a customer number must be used):
\begin{tabular}{|c|c|c|c|c|}
\hline Name & Registration Number & & Name & Registration
Number \\
\hline & & & & \\
\hline & & & & \\
\hline & & & & \\
\hline & & & & \\
\hline & & & & , \\
\hline
\end{tabular}
as attomey(s) or agents) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in comection with any and all patent applications assigned poly fo his undersigned according to the USPTO assignment records or assignment documents attached to this fom in acoorgnes with 37 COA 37 7ig2.

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73 (b) to:

The address associated with Customer Number:
58249

OR


\section*{Assignee Name and Address:}

\section*{Synergy Pharmacenticals imc.}

420 Lexington Avenue, Suite 2012
New York, NY 10170
A copy of this form, together with a statement under 37 CFRR \(3.73\{b\) ) (Form PTo/SE/96 or equivalent) is required to be fled in each application in which this form is used. The statement under 37 cFR \(3.73(b)\) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behaff of the assignee, and must identify the applicatbon in which this Power of Attorney is to be flied.


This collection of infomation is raquired by 37 CFR \(4.31,1.32\) and 1.33 . The imformation is required to obtain of retain a benefit by the public which is to file (and by the USPTO to process) an appication. Confidentiaity is governed by 35 U.S.C. 122 and 37 CFP 1.11 and 1.14 . This collection is estimated to take 3 minutes to complete, including gathering. preparing. and submiting the completed appication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form andior suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Fatent and Trademark Offce, U.S. Department of Commerce, F.O. Box 1450. Alexandria. VA 22313-1450. DO NOT SENO FEES OR COMPLETED FORMS TO THE ADORESS, SEND TO: COmmissioner for Patents, P.O. Exx 1480, Alexarndria, VA 22313-1450.

\footnotetext{
If you need assistance in completing the form, call \(1-800\) - 1 TO- 9193 and select option 2.
}

\section*{STATEMENT UNDER 37 CTR \(3.73\{(\mathrm{O})\)}

Applicant/ Patent Owner: Kunwar Shailubhai et al.
Application No./Patent Na: 10/107,814_ Filed/lssue Date: 03/28/2002

\section*{Till: GUANYLATE CYCLASE RECEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS}

Synergy Pharmaceuticals Inc.
a corporation
(Name of Assignee)
(Type of Assignee, egg. corporation, partnership, university, government agency, etc.
states that it is:
1.

the assignee of the entire right, title, and interest in:
2.an assignee of less than the entire right, title, and interest in (The extent (by percentage) of its ownership interest is \(\qquad\) \(\%\) ) or
3. \(\square\) the assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made) the patent applicatignipatent identified above, by virtue of either:
A. \(\square\)
An assignment from the inventors) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \(\qquad\) , Frame \(\qquad\) , or for which a copy therefore is attached.

OR
8. \(X\)

A chain of title from the inventors), of the patent application/patent identified above, to the current assignee as follows:
1. From: Kumwar Shailubhai et al.
To: Synergy Pharmaceuticals Inc.

The document was recorded in the United States Patent and Trademark Office at
\(\qquad\) - Frame 0592 ... Of for which a copy thereof is attached.
2. From: Kunwar Shailubhai et al

To: Synergy Pharmaceuticals inc.
The document was recorded in the United States Patent and Trademark Office at
Reel 021031 . Frame 0438 , or for which a copy thereof is attached.
3. From: \(\qquad\) To: \(\qquad\)
The document was recorded in the United States Patent and Trademark Office at Reel \(\qquad\) , Frame \(\qquad\) or for which a copy thereof is attached.
E) Additional documents in the chain of title are listed on a supplemental sheets).

As required by 37 CR 3.73 (b)(1)(), the documentary evidence of the chain of the from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CF 3.11 .
[NOTE: A separate copy (ie, a true copy of the original assignment documents)) must be submitted to Assignment Division in acomangewwi 37 CFR Part 3 , to record the assignment in the records of the USPTO. See MPEP 302.08]



Gary S. Jacob, Ph .D.
Printed or typed Name


President and Chief Executive Title

This collection of information is required by 37 GR 3.73 (b). The information is required to obtain or retain a benefit by the public which is to fine (and by the USPTO to process) an application, Confidentiality is governed Dy \(35 \mathrm{U} . \mathrm{S.C}\).122 and 37 CFR 1.11 and 1.14 , This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form andor suggestions for reducing this burden, should be sent to the Chief himation Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 14s0, Alexandra, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADORESS. SEND YO: COmmissioner for Patents, 8.0 . Box 1450, Alexandria, YA 22313-1450.
\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|r|}{Electronic Acknowledgement Receipt} \\
\hline EFS ID: & 20467443 \\
\hline Application Number: & 10107814 \\
\hline International Application Number: & \\
\hline Confirmation Number: & 9117 \\
\hline Title of Invention: & GUANYLATE CYCLASE RECEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS \\
\hline First Named Inventor/Applicant Name: & Kunwar Shailubhai \\
\hline Customer Number: & 30623 \\
\hline Filer: & Cynthia A. Kozakiewicz/Donna Doyle \\
\hline Filer Authorized By: & Cynthia A. Kozakiewicz \\
\hline Attorney Docket Number: & 40737-501001US \\
\hline Receipt Date: & 24-OCT-2014 \\
\hline Filing Date: & 28-MAR-2002 \\
\hline Time Stamp: & 16:53:23 \\
\hline Application Type: & Utility under 35 USC 111(a) \\
\hline
\end{tabular}

\section*{Payment information:}
\begin{tabular}{|c|c|c|c|c|c|}
\hline Submitted with & ment & \multicolumn{4}{|l|}{no} \\
\hline \multicolumn{6}{|l|}{File Listing:} \\
\hline Document Number & Document Description & File Name & File Size(Bytes)/ Message Digest & Multi Part /.zip & Pages (if appl.) \\
\hline \multirow{2}{*}{1} & \multirow{2}{*}{Power of Attorney} & \multirow{2}{*}{SYPA_SB80_GeneralPOA.pdf} & 110734 & \multirow{2}{*}{no} & \multirow{2}{*}{1} \\
\hline & & &  & & \\
\hline \multicolumn{6}{|l|}{Warnings:} \\
\hline \multicolumn{6}{|l|}{Information:} \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|}
\hline 2 & Assignee showing of ownership per 37 CFR 3.73. & SYPA_00101US_Statement.pdf & \(\frac{95069}{\substack{51 \text { e7ff6000dflb42a587f62afe9696ace8d5b } \\ \text { Seff }}}\) & no & \\
\hline \multicolumn{6}{|l|}{Warnings:} \\
\hline \multicolumn{6}{|l|}{Information:} \\
\hline \multicolumn{3}{|r|}{Total Files Size (in bytes):} & \multicolumn{3}{|c|}{205803} \\
\hline \multicolumn{6}{|l|}{This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.} \\
\hline \multicolumn{6}{|l|}{New Applications Under 35 U.S.C. 111} \\
\hline \multicolumn{6}{|l|}{If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.} \\
\hline \multicolumn{6}{|l|}{National Stage of an International Application under 35 U.S.C. 371} \\
\hline \multicolumn{6}{|l|}{If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.} \\
\hline \multicolumn{6}{|l|}{New International Application Filed with the USPTO as a Receiving Office} \\
\hline \multicolumn{6}{|l|}{If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.} \\
\hline
\end{tabular}

United States Patent and Trademark Office


30623
Mintz Levin/Boston Office
One Financial Center
Boston, MA 02111
Date Mailed: 10/29/2014

\section*{NOTICE REGARDING CHANGE OF POWER OF ATTORNEY}

This is in response to the Power of Attorney filed 10/24/2014.
- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

> /rmturner myles/

Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101

United States Patent and Trademark Office
\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|l|}{\begin{tabular}{l}
UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS \\
PO Box 1450 \\
Alexandria, Virginia 22313-1450 \\
www:uspto.gov
\end{tabular}} \\
\hline PLICANT & ATTY. DOCKET NO./TITLE \\
\hline
\end{tabular}

CONFIRMATION NO. 9117
58249
POA ACCEPTANCE LETTER
COOLEY LLP
ATTN: Patent Group
1299 Pennsylvania Avenue, NW

Suite 700
Washington, DC 20004
Date Mailed: 10/29/2014

\section*{NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY}

This is in response to the Power of Attorney filed 10/24/2014.
The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.
/rmturner myles/

Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101

\section*{IN THE UNITED STATES PATENT AND TRADEMARK OFFICE}
\begin{tabular}{|ll|}
\hline Re: & \begin{tabular}{l} 
US Patent No.: 7,041,786 issued \\
May 9, 2006
\end{tabular} \\
To: & \begin{tabular}{l} 
Kunwar Shailubhai, Gregory \\
Nikiforovich, and Gary Jacob
\end{tabular} \\
Assignee: & Synergy Pharmaceuticals, Inc. \\
Title: & \begin{tabular}{l} 
Guanylate Cyclase Receptor \\
\\
\\
\\
\end{tabular} \begin{tabular}{l} 
Agonists for the Treatment of \\
Tissue Inflammation and \\
Carcinogenesis
\end{tabular} \\
\hline
\end{tabular}

\section*{MAIL STOP HATCH-WAXMAN PTE}

Commissioner for Patents
U.S. Patent and Trademark Office

Office of Patent Legal Administration
Room MDW 7D55
600 Dulany Street (Madison Building)
Alexandria, VA 22314

\section*{APPLICATION FOR EXTENSION OF PATENT TERM UNDER 35 U.S.C. § 156}

Sir:
Applicants, patent owners Synergy Pharmaceuticals, Inc. New York, NY request extension of the term of U.S, Patent Number 7,041,786 ("the ' 786 patent"), pursuant to 35 U.S.C. § 156. A copy of the ' 786 patent (with certificate of correction) is provided as Exhibit 1.

United States Patent No. 7,041,786 naming Kunwar Shailubhai, Gregory Nikiforovich, and Gary Jacob as inventors, entitled "Guanylate Cyclase Receptor Agonists for the Treatment of Tissue Inflammation and Carcinogenesis" issued on May 9, 2006. The entire right, title, and interest in the ' 786 patent was assigned to Synergy Pharmaceuticals, Inc. in Assignments recorded
 in the records of the United States Patent and Trademark Office at Reel/Frame \(13156 / 0592\) on August 1, 2002, and Reel/Frame 021031 / 0438 on May 30, 2008. \({ }^{1}\) A copy of the Assignments is attached as Exhibit 2.

\footnotetext{
\({ }^{1}\) The face of the patent incorrectly indicates that Callisto Pharmaceuticals is the assignee, however the Certificate of Correction corrects this to Synergy Pharmaceuticals, Inc.
}

Synergy Pharmaceuticals is the sponsor of New Drug Application ("NDA") No. 208745 for TRULANCE \({ }^{\text {TM }}\) (also known as plecanatide or SP-304) which is claimed in U.S. Patent 7,041,786.

Applicants hereby request an extension of patent term under 37 C.F.R. § 1.730 (c), by providing the following information required under convenience of the Office. The information is presented in a format that follows the paragraph numbering in 37 C.F.R. § 1.740.

A copy of the Power of Attorney is attached as Exhibit 3 confirming that the undersigned registered practitioner is authorized to act on behalf of Applicants.
(1) Identification of the Approved Product [§ 1.740(a)(1)]

The approved product, TRULANCE \({ }^{\mathrm{TM}}\), is a guanylate cyclase-C ("GCC) receptor agonist and contains an active ingredient, plecanatide. Plecanatide is a 16 amino acid peptide having the amino acid sequence shown below.

\section*{Asn Asp Glu Cys Glu Leu Cys Val Asn Val Ala Cys Thr Gly Cys Leu}

\section*{(2) Federal Statute Governing Regulatory Approval of the Approved Product [§}

\subsection*{1.740(a)(2)]}

The approved product, TRULANCE \({ }^{\text {TM }}\), was subject to regulatory review under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 355).
(3) Date of Approval for Commercial Marketing [§ 1.740(a)(3)]

Synergy Pharmaceuticals, Inc. received permission for commercial marketing or use of TRULANCE \({ }^{\text {TM }}\) under Section 505 of the Federal food, Drug, and Cosmetics Act ( 21 U.S.C. § 355 ) on January 19, 2017. A copy of the letter from the FDA approving marketing of TRULANCE \({ }^{\text {TM }}\) (including a copy of the approved label) is attached as Exhibit 4.
(4) Identification of Active Ingredient and Certifications Related to Commercial Marketing of Approved Product [§ 1.740(a)(4)]

The active ingredient in TRULANCE \({ }^{\mathrm{TM}}\) is plecanatide, which has never been approved for commercial marketing or use under the Federal Food, Drug, and Cosmetic Act prior to the
approval of NDA 208745 by the Food and Drug Administration on January 19, 2017.
TRULANCE \({ }^{\mathrm{TM}}\) was approved under 21 U.S.C.§ \(355(\mathrm{~b})\) for the treatment of chronic idiopathic constipation.
(5) Statement Regarding Timeliness of Submission of Patent Term Extension Request [§ 1.740(a)(5)]

This application for extension of patent term under 35 U.S.C. § 156 is being submitted within the sixty (60) day period permitted for submission pursuant to 37 C.F.R. § 1.720(f). The date of the last day on which the application could be submitted being March 20, 2017. The present application, therefore is timely submilled.
(6) Complete Identification of the Patent for Which Extension is Being Sought [§ 1.740(a)(6)]

The patent for which extension is being sought is identified as follows:
Inventors: Kunwar Shailubhai
Gregory Nikiforovich
Gary Jacob
Patent No.: US Patent No.: 7,041,786
Title: \(\quad\) Guanylate Cyclase Receptor Agonists for the Treatment of Tissue Inflammation and Carcinogenesis

Issued: May 9, 2006
Expires: March 25, 2023 (including 362 days of PTA)

\section*{(7). Copy of the Patent for Which and Extension is Being Sought [§ 1.740(a)(7)]}

A copy of US Patent No. 7,041,786, including entire specification and drawings (with certificate of correction) is attached as Exhibit 1.
(8) Copies of Disclaimers, Certificates of Correction, Receipt of Maintenance Fee Payment, or Reexamination Certificate [§ 1.740(a)(8)]

The most recent maintenance fee was timely paid. A copy of the most recent maintenance fee statement is attached as Exhibit 5.

No disclaimer or reexamination certificate has been filed and/or issued for US Patent No.: 7,041,786.

A certificate of correction for US Patent No.: 7,041,786 issued on January 8, 2008 (copy attached at Exhibit 1).

\section*{(9) Statement on a New Page For Patent Claims on Approved Product [§ 1.740(a)(9)]}

The statements provided herein are made solely to comply with the requirements of 37 C.F.R § \(1.740(a)(9) \cdot\) We note that, as the M.P.E.P. acknowledges, the requirement of 37 C.F.R § 1.740(a)(9) does not require an applicant to show whether or how the listed claims would be infringed; and that this question cannot be answered without specific knowledge concerning acts performed by third parties. As such, these comments are not an assertion or an admission of Applicants as to the scope of the listed claims, or whether or how any of the listed claims would be infringed, literally or under the doctrine of equivalents, by the manufacture, use, sale, offer for sale, or the importation of any product.
(a). At least the following claim of U.S. Patent No. 7,041,786 covers the approved product.

Specifically, the approved product is claimed in Claims 1, 2, 4 and 5.
(b) Pursuant to M.P.E.P. § 2573 and 37 C.F.R. § 1.740(a)(9), the following explanation is provided which shows how each of the above-listed claims of the patent claim the approved product; or a method of making or using the approved product.

Claims 1, 2, 4 and 5 of US Patent No. 7,041,786 are recited below, along with an explanation which shows how the claim reads on the approved product:
1. A peptide consisting of the amino acid sequence of SEQ ID NO:20.

The amino acid sequence of SEQ ID NO: 20 is Asn Àsp Glu Cys Glu Leu Cys Val Asn Val Ala Cys Thr Gly Cys Leu. This is the same amino acid sequence as plecanatide (see section 1 above), the active ingredient in TRULANCE \({ }^{\mathrm{TM}}\). Claim 1 accordingly reads on the approved product.
2. A composition in unit dose comprising a guanylate cyclase receptor agonist peptide consisting of the amino acid sequence of SEQ ID NO:20.

The amino acid sequence of SEQ ID NO: 20 is Asn Asp Glu Cys Glu Leu Cys Val Asn Val Ala Cys Thr Gly Cys Leu. This is the same amino acid sequence as plecanatide (see section 1 above), the active ingredient in TRULANCE \({ }^{\text {TM }}\). In addition, TRULANCE \({ }^{\text {TM }}\). is approved in a unit dose of 3 mg tablets. Claim 2 accordingly reads on the approved product.
4. The composition of either claim 2 or 3 , wherein the unit dose form is selected from the group consisting of a tablet, a capsule, a solution and an inhalation formulation.

Claim 4 depends from, inter alia, claim 2, which recites a composition in unit dose comprising a guanylate cyclase receptor agonist peptide consisting of the amino acid sequence of SEQ ID NO: 20. The amino acid sequence of SEQ ID NO: 20 is Asn Asp Glu Cys Glu Leu Cys Val Asn Val Ala Cys Thr Gly Cys Leu. This is the same amino acid sequence as plecanatide, the active ingredient in TRULANCE \({ }^{\text {TM }}\). In addition, TRULANCE \({ }^{\text {TM }}\) is approved in a unit dose of 3 mg tablets. Claim 4 accordingly reads on the approved product.
5. The composition of either claim 2 or 3 , further comprising one or more excipients.

Claim 5 depends from, inter alia, claim 2, which recites a composition in unit dose comprising a guanylate cyclase receptor agonist peptide consisting of the amino acid sequence of SEQ ID NO: 20. The amino acid sequence of SEQ ID NO: 20 is Asn Asp Glu Cys Glu Leu Cys Val Asn Val Ala Cys Thr Gly Cys Leu. This is the same amino acid sequence as plecanatide, the active ingredient in TRULANCE \({ }^{\mathrm{TM}}\). In addition, TRULANCE \({ }^{\text {TM }}\) is approved in a unit dose of 3 mg tablets. Moreover, TRULANCE \({ }^{\mathrm{TM}}\) contains magnesium stearate and microcrystalline cellulose as excipients. Claim 5 accordingly reads on the approved product.
(10) Provide On a New Page a Statement of Relevant Dates Under 35 U.S.C. § 156 for Determination of Applicable Regulatory Review Period [§ 1.740(a)(10)]

The relevant dates and information pursuant to 35 U.S.C. \(\S 156(\mathrm{~g})\) to enable the Secretary of Health and Human Services to determine the applicable review period are as follows:
(a) Patent Issue Date

US Patent No.: 7,041,786 issued on May 9, 2006. (Exhibit 1)
(b) IND Effective Date [35 U.S.C.§ 156(a)(1)(B)(i); 37 C.F.R. §1.740(a)(10)(i)(A)]

Investigational New Drug Application (IND 74,883) was submitted on April 2, 2008 and the IND was effective on May 2, 2008. (See Exhibit 6)
(c) NDA Submission Date [35 U.S.C.§ 156(g)(1)(B)(i); 37 C.F.R. § 1.740(a)(10)(i)(B)]

New Drug Application (NDA 208745) was submitted on January 29, 2016. (Exhibit 4)
(d) \(\quad N D A\) Issue Date [35 U.S.C.§ 156(g)(1)(B)(ii); 37 C.F.R. § 1.740(a)(10)(i)(C)]

New Drug Application (NDA 208745) was approved on January 19, 2017. (Exhibit 4)
(11) Provide On a New Page a Summary of Significant Events During Regulatory Review Period [§ 1.740(a)(11)]

Investigational New Drug Application (IND 74,883) for TRULANCE \({ }^{\text {TM }}\) was submitted on April 2, 2008 and the IND was effective on May 2, 2008. New Drug Application (NDA 208745) for TRULANCE \({ }^{\mathrm{TM}}\) was submitted on January 29, 2016. New Drug Application (NDA 208745) was approved on January 19, 2017.

A brief description of the significant activities undertaken during the applicable regulatory review period with respect to the TRULANCE \({ }^{\text {TM }}\) and the significant dates applicable to such activities is attached as Exhibit 6.
(12) Statement on a New Page Concerning Eligibility for and Duration of Extension Sought Under § 156 [§ 1.740(a)(12)]
(12)(A) Applicants are of the opinion that US Patent No. 7,041,786 is eligible for an extension under 35 U.S.C. \(\S 156\) because it satisfies all of the requirements for such an extension as follows:
(a) 35 U.S.C. § 156(a): US Patent No. 7,041,786 claims a product.
(b) 35 U.S.C. § 156(a)(1): The term of US Patent No. 7,041,786 expires March 25,2023 , and thus has not expired before submission of this application.
(c) 35 U.S.C. § 156(a)(2): The term of US Patent No. 7,041,786 has never been extended under this provision of the law.
(d) 35 U.S.C. § 156(a)(3): The application is submitted by Cooley, LLP, an agent of the patent owner of record in accordance with the requirements of 35 U.S.C. § 156(d) and the rules of the U.S. Patent and Trademark Office.
(e) 35 U.S.C. § 156(a)(4): The product TRULANCE \({ }^{\mathrm{TM}}\) has been subjected to a regulatory review period before its commercial marketing or use.
(f) 35 U.S.C. § \(156(\mathrm{a})(5)(\mathrm{A})\) : The commercial marketing or use of TRULANCE \({ }^{\text {TM }}\) after the regulatory review period is the first permitted commercial marketing or use of product under the provision of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 355) under which such regulatory review period occurred.
(g) 35 U.S.C. § 156(c)(4): No other patent has been extended for the same regulatory review period for the product TRULANCE \({ }^{\mathrm{TM}}\).

12(B) The length of extension of the patent term of US Patent No. 7,041,786 claimed by Applicants is 1771 days. The length of the extension was determined pursuant to 37 C.F.R. § 1.775 as follows:
(a) The regulatory review period under 35 U.S.C. § \(156(\mathrm{~g})(1)(\mathrm{B})\) began on May 2, 2008 and ended on January 19, 2017 which is a total of 3185 days which is the sum of (i) and (ii) below:
(i) The period of review under 35 U.S.C. § \(156(\mathrm{~g})(1)(\mathrm{B})(\mathrm{i})\) began on May 2, 2008 and ended on January 28, 2016 which is 2828 days; and
(ii) The period of review under 35 U.S.C. \(\S 156(\mathrm{~g})(1)(\mathrm{B})(\mathrm{ii})\) began on January 29, 2016 and ended on January 19, 2017 which is 357 days.
(b) The regulatory review period upon which the period of extension is calculated is the entire regulatory review period as determined in subparagraph 12(B)(a) above (3185 days) less:
(i) The number of days in the regulatory review period which were on or before the date on which US Patent No. 7,041,786 issued is 0 days, and,
(ii) The number of days during which Applicants did not act with due diligence, which is 0 days, and
(iii) One-half of (2828 days), which is 1414 days;
(iv) The regulatory review period is calculated by subtracting the number of days determined in subparagraph \(12(\mathrm{~B})\) (b)(i)-(iii) from the entire regulatory review period, as determined in subparagraph 12 (B)(a) (which is 3185 minus 1414 days from (iii)), which equals 1771 days;
(c) The number of days as determined in sub-paragraph 12(B)(b)(iv) (1771 days) when added to the term of the patent (March 25, 2023) would result in the date January 29, 2028;
(d) Fourteen years, when added to the date of NDA approval (January 19, 2017) would result in the date January 19, 2031.
(e) The earlier date as determined in subparagraphs \(12(B)(c)\) and \(12(B)(d)\) is January 29, 2028.
(f) Since the original patent was issued after September 24, 1984, the extension otherwise obtainable is limited to not more than five years. Five years when added to the expiration date of the patent (March 25, 2023) would result in the date March 25, 2028.
(g) The earlier date as determined in subparagraph 12(B)(e) and 12(B)(f) is January 29, 2028 which is 1771 days from the expiration date of the patent.
(13) Statement Pursuant to 37 C.F.R. [§ 1.740(a)(13)]

Applicants acknowledge a duty to disclose to the Commissioner of Patents and Trademarks and the Secretary of Health and Human Services any information which is material to the determination of entitlement to the extension sought, particularly as that duty is defined in 37 C.F.R. § 1.765.
(14) Applicable Fee [§ 1.740(a)(14)]

The prescribed fee for receiving and acting upon this application is to be charged to Deposit Account 50-1283 as authorized in the attached letter, which is submitted in triplicate.
(15) Name and Address for correspondence [§ 1.740(a)(15)]

Correspondence related to this application for extension of the patent term of US Patent No. \(7,041,786\) should be addressed to:

Ivor R. Elrifi, Esq.
Keg. No. 39,529
Cooley LLP
1114 Avenue of the Americas
New York, NY 10036
Telephone: (212) 479-6000
Telefax: (212) 479-6275
(16) Additional Copies of the Application for Extension [§ 1.740(a)(16)]

This application for extension of the patent term of US Patent No. 7,041,786 is being submitted as ONE original and TWO additional copies thereof. Applicants hereby certify that the copies submitted herein are true copies.

Transmitted herewith IN THREE COPIES total is the application for extension of patent term of US Patent No. 7,041,786 under 35 U.S.C. § 156. Please charge \(\$ 1,120.00\) in accordance with 37 C.F.R. § 1.20/(j)(1) to Cooley LLP, Deposit Account 50-1283. The undersigned has authority to request that the Office charge this account for this application.

Respectfully submitted,


A

\section*{Index of Attachments:}

Exhibit 1: Copy of US Patent No. 7,041,786, with Certificate of Correction
Exhibit 2: Copy of the Assignment from Inventors to Synergy Pharmaceuticals, Inc.
Exhibit 3: Authorization of Agent/Power of Attorney for US Patent No. 7,041,786
Exhibit 4: Copy of letter from the FDA approving marketing of TRULANCE \({ }^{\text {TM }}\) Including Copy of the Approved label for TRULANCE \({ }^{\text {TM }}\)

Exhibit 5: Maintenance Fee Statement for US Patent No. 7,041,786
Exhibit 6: Brief Description of Significant Activities During Applicable Regulatory Review
(10) Patent No.: US 7,041,786 B2
(45) Date of Patent:
(54) GUANYLATE CYCLASE RECEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS
(75) Inventors: Kunwar Shailubhai, Blue Bell, PA (US); Gregory Nikiforovich, St. Louis, MO (US); Gary S. Jacob, Creve Coeur, MO (US)
(73) Assignee: Callisto Pharmaceuticals, New York, NY (US)
(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 362 days.
(21) Appl. No.: 10/107,814
(22) Filed: Mar. 28, 2002

US 2003/0073628 A1 Apr. 17, 2003
Related U.S. Application Data
(60) Provisional application No. 60/348,646, filed on Jan. 17, 2002.
(51) Int. Cl.

A61K 38/12 (2006.01)
U.S. CI. ..................... 530/317; 530/300; 530/326; 514/10; 514/13
(58)

Field of Classification Search
\(\ldots . . . . . . . . . . . .5\)
300,\(326 ;\)
\(514 / 10,13\) Sce application file for complete search history.

References Cited
U.S. PATENT DOCUMENTS
\begin{tabular}{|c|c|c|c|c|}
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\hline 2002/0128176 & \(\mathrm{Al}^{*}\) & \(9 / 2002\) & Forssmann et al & 514/2 \\
\hline 2005/0032684 & A1 & 2/2005 & Cetin ct al. & \\
\hline
\end{tabular}

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WU WU U2.0Y8912 AZ 12i2002
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\section*{OTHER PUBLICATIONS}

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ABSTRACT
A method of treatment of inflamed, pre-cancerous or cancerous lissue or polyps in a mammalian subject is disclosed. The treatment involves administration of a composition of at least one peptide agonist of a guanylate cyclase receptor and/or other small molecules that enhance intracellular production of cGMP. The at least one peptide agonist of a guanylate cyclase receptor may be administered either alone or in combination with an inhibitor of cGMP-dependent phosphodiesterase. The inhibitor may be a small molecule, peptide, protein or other compound that inhibits the degradation of cGMP. Without requiring a particular mechanism of action, this treatment may restore a healthy balance between proliferation and apoptosis in the subject's population of epithelial cells, and also suppress carcinogenesis. Thus, the method may be used to treat, inter alia, inflammation, including gastrointestinal inflammatory disorders, general organ inflammation and asthma, and carcinogenesis of the lung. gastrointestinal tract, bladder, testis, prostate and pancreas, or polyps.

6 Claims, No Drawings

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\section*{GUANYLATE CYCLASE RECEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS}

\section*{CROSS REFERENCE TO RELAITED APPLICATIONS}

The present application claims the benefit of U.S. provisional application No. 60/348,646, filed on Jan. 17, 2002.

\section*{FIELD OF THE INVENTION}

The present invention relates to the therapeutic use of guanylate cyclase receptor agonists as a means for enhancing the intracellular production of cGMP. The agonists may be used either alone or in combination with inhibitors of cGMP-specific phosphodiesterase to prevent or treat cancerous, pre-cancerous and metastatic growths, particularly in the gastrointestinal tract and lungs. In addition, the agonists may be used in the treatment of inflammatory disorders such as ulcerative colitis and asthma.

\section*{BACKGROUND OF THE INVENTION}

Uroguanylin, guanylin and bacterial ST peptides are structurally related peptides that bind to a guanylate cyclase receptor and stimulate intracellular production of cyclic guanosine monophosphate (cGMP) (1-6). This results in the activation of the cystic fibrosis transmembrane conductance regulator (CFTR), an apical membrane channel for efllux of chloride from enterocytes lining the intestinal tract ( \(1-6\) ). Activation of CFTR and the subsequent enhancement of transepithelial secretion of chloride leads to stimulation of sodium and water secretion into the intestinal lumen. Therefore, by serving as paracrine regulators of CFTR activity, cGMP receptor agonists regulate fluid and electrolyte transport in the GI tract (1-6; U.S. Pat. No. 5,489,670).

The process of epithelial renewal involves the proliferation, migration, differentiation, senescence, and eventual loss of GI cells in the lumen \((7,8)\). The Gl mucosa can be divided into three distinct zones based on the proliferation index of epithelial cells. One of these zones, the proliferative zone, consists of undifferentiated stem cells responsible for providing a constant source of new cells. The stem cells migrate upward toward the lumen to which they are extruded. As they migrate, the cells lose their capacity to divide and become differentiated for carrying out specialized functions of the GI mucosa (9). Renewal of Gl mucosa is very rapid with complete turnover occurring within a \(24-48\) hour period (9). During this process mutated and unwanted cells are replenished with new cells. Hence, homeostasis of the GI mucosa is regulated by continual maintenance of the balance between proliferation and apoptotic rates (8).

The rates of cell proliferation and apoptosis in the gut epithelium can be increased or decreased in a wide variety of different circumstances, e.g., in response to physiological stimuli such as aging, inflammatory signals, hormones. peptides, growth lactors, chemicals and dietary habits. In addition, an enhanced proliferation rate is Jrequently associated with a reduction in turnover time and an expansion of the proliferative zone (10). The proliferation index has been observed to be much higher in pathological cases of ulcerative colitis and other Gl disorders (11). Thus, intestinal hyperplasia is the major promoter of gasirointestinal inllammation and carcinogenesis.

In addition to a role for uroguanylin and guanylin as modulators of intestinal fluid and ion secretion, these peptides may also be involved in the continual renewal of Gl mucosa. Previously published data in WO 01/25266 sug5 gests a peptide with the active domain of uroguanylin may function as an inhibitor of polyp development in the colon and may constinute a treatment of colon cancer. However, the mechanism by which this is claimed to occur is questionable in that WO 01/25266 teaches uroguanylin agonist peptides that bind specifically to a guanylate cyclase receptor, termed GC-C, that was first described as the receptor for \(E\). coli heat-stable enterotoxin (ST) (4). Knockout mice lacking this guanylate cyclase receptor show resistance to ST in intestine, but effects of uroguanylin and ST are not disturbed in the kidney in vivo (3). These results were further supported by the fact that membrane depolarization induced by guanylin was blocked by genistein, a tyrosine kinase inhibitor, whereas hyperpolarization induced by uroguanylin was not effected (12,13). Taken together these data suggest that uroguanylin also binds to a currently unknown receptor, which is distinct from GC-C.

Other papers have reported that production of uroguanylin and guanylin is dramatically decreased in pre-cancerous colon polyps and tumor tissues (14-17). In addition, genes for both uroguanylin and guanylin have been shown to be localized to regions of the genome frequently associated with loss of heterozygosity in human colon carcinoma (18-20). Taken together, these findings indicate that uroguanylin. guanylin and other peptides with similar activity may be used in the prevention or treatment of abnormal colon growths. This proposal is bolstered by a recent study demonstrating oral administration of uroguanylin inhibits polyp formation in mice \((15,16)\).

Uroguanylin and guanylin peptides also appear to promote apoptosis by controlling cellular ion flux. Alterations in apoptosis have been associated with tumor progression to the metastatic phenotype. While a primary gastrointestinal (GI) cancer is limited to the small intestine, colon, and rectum, it may metastasize and spread to such localities as bone, lymph nodes, liver, lung, peritoneum, ovaries, brain. By enhancing the efflux of \(\mathrm{K}^{+}\)and influx of \(\mathrm{Ca}^{++}\), uroguanylin and related peptides may promote the death of transformed cells and thereby inhibit metastasis.
Onc of the clinical manifestations of reduced CFTR activity is the inflammation of airway passages (21). This effect may be due to CTFR regulating the expression of NF-KB, chemokines and cytokines (22-25). Recent reports have also suggested that the C.FTR channel is involved in the transport and maintenance of reduced glutathione, an antioxidant that plays an important role in protecting against inflammation caused by oxidative stress (39). Enhancement of intracellular levels of cGMP by way of guanylate cyclase activation or by way of inhibition of cGMP-specific phosphodiesterase would be expected to down-regulate these inflammatory stimuli. Thus, uroguanylin-type agonists should be useful in the prevention and treatment of inflammatory diseases of the lung (e.g., asthma), bowel (e.g., ulcerative colitis and Crohn's disease), pancreas and other organs.

Overall, it may be concluded that agonists of guanylate cyclase receptor such as uroguanylin have potential therapeutic value in the treatment of a wide variety of inflammatory conditions. cancer (particularly colon cancer) and as anti-metastatic agents. The development ol new agonists is therefore of substantial clinical importance.

\section*{SUMMARY OF THE INVENTION}

The present invention is based upon the development of new agonists of guanylate cyclase receptor, and new uses of naturally occurring agonists. The agonists are analogs of uroguanylin, many of which have superior properties either in terms of improved receptor activation, stability, activity at low pH or reduced adverse eflects. The peptides may be used to treat any condition that responds to enhanced intracellular levels of cGMP. Intracellular levels of cGMP can be increased by enhancing intracellular production of eGMP and/or by inhibition of its degradation by cGMP-specific phosphodiesterases. Among the specific conditions that can be treated or prevented are inflammatory conditions, cancer, polyps, and metastasis.

In its first aspect, the present invention is directed to a peptide consisting essentially of the amino acid sequence of any one of SEQ ID NOs:2-21 and to therapeutic compositions which contain these peptides. The term "consisting essentially of" includes peptides that are identical to a recited sequence identification number and other sequences that do not differ substantially in terms of either structure or function. For the purpose of the present application, a peptide differs substantially if its structure varies by more than three amino acids from a peptide of SEQ ID NOs:2-21 or if its activation of cellular cGMP production is reduced or enhanced by more than \(50 \%\). Preferably, substantially similar peptides should differ by no more than two amino acids and not differ by more than about \(25 \%\) with respect to activating cGMP production. The most preferred peptide is a bicycle having the sequence of SEQ ID NO:20.

The peptides may be in a pharmaceutical composition in unit dose form, logether with one or more pharmaceutically acceptable excipients. The term "unit dose form" refers to a single drug delivery entity, e.g., a tablet, capsule, solution or inhalation formulation. The amount of peptide present should be sufficient to have a positive therapeutic effect when administered to a patient (typically, between \(100 \mu \mathrm{~g}\) and 3 g ). What constitutes a "positive therapeutic eflect" will depend upon the particular condition being treated and will include any significant improvement in a condition readily recognized by one of skill in the art. For example, it may constitute a reduction in inflammation, a shrinkage of polyps or tumors, a reduction in metastatic lesions, etc.

The invention also encompasses combination therapy utilizing a guanylate cyclase receptor agonist administered either alone or together with an inhibitor of cGMP-dependent phosphodiesterase, an anti-inflammatory agent or an anticancer agent. These agents should be present in amounts known in the art to be therapeutically effective when administered to a patient. Anti-neoplastic agents may include alkylating agents, epipodophyllotoxins, nitrosoureas, antimetabolites, vinca alkaloids, anthracycline antibiotics, nitrogen mustard agents, and the like. Particular anti-neoplastic agents may include tamoxifen, \(\mathrm{TAXOL}^{\mathrm{Tm}}\), etoposide and 5-fluorouracil. Antiviral and monoclonal antibody therapics may be combined with chemotherapeutic compositions comprising at least one guanylate cyclase receptor agonist in devising a treatment regimen tailored to a patient's specific needs.

In another aspect, the invention is directed to a method for preventing, treating or retarding the onset of cancer. particularly cancer of epithelial cells, or polyps in a subject by administering a composition comprising an effective amount of a guanylate cyclase receptor agonist. prelerably a synthelic guanylate cyclase receptor agonist. The term "effective amount" refers to sufficient agonist to measurably
increase intracellular levels of cGMP. The term "synthetic" refers to a peptide created to bind a guanylate cyclase receptor, but containing certain amino acid sequence substitutions not present in known endogenous guanylate cyclase agonists, such as uroguanylin. The agonist should be a peplide selected from those defined by SEQ ID NOs:2-21 and which are listed in Tables 2 and 3 . Also included in the invention are methods of treating primary cancers, other than primary colon cancer, by administering an effective dosage of a peptide selected from the group consisting of: uroguanylin; guanylin; and E. coli ST peptide. Any known form of uroguanylin or guanylin can be used for this purpose, although the human peptides are preferred.

The invention also includes methods of preventing or treating tumor metastasis from a primary tumor mass. Metastatic tumor cells having guanylate cyclase receptors may be targeted by peptides generated according to the invention. In a preferred embodiment, the targeted receptor is found on cells of gastrointestinal (GI) cancers and on metastasized cells derived from those cancers. Such receptors are typically transmembranc proteins with an extracellular ligandbinding domain, a membrane-spanning domain, and an intracellular domain with guanylate cyclase activity. Although the invention is not bound by any particular mechanism of action, it is believed that the peptides will act by binding to these cellular receptors and inducing apoptosis. Metastatic tumors may also be treated by administering any known form of uroguanylin or guanylin (preferably human) or by administering E. coli ST peptide.

Peptides may be administered either alone or together with one or more inhibitors of cGMP dependent phosphodiesterase. Examples of cGMP dependent phosphodiesterase inhibitors include suldinac sulfone, zaprinast, and motapizonc. Treatable forms of cancer include breast cancer, colorectal cancer, lung cancer, ovarian cancer, pancreatic cancer, prostate cancer, renal cancer, and testicular cancer. Colon carcinogenesis may be prevented by inhibiting precancerous colorectal polyp development via administration of a composition according to the invention. It is believed that the peptides should be especially effective with respect to the treatment of colon cancer and in preventing the metastasis of colon tumors.

In another aspect, the invention is directed to a method for treating, preventing, or retarding the onset of organ inflammation (e.g., inflammation associated with the Gl tract, asthma, nephritis, hepatitis, pancreatitis, bronchitis, or cystic fibrosis) of a subject by administering a composition comprising an agonist of a guanylate cyclase receptor that enhances intracellular production of cGMP. Preferred peptide agonists are selected from the group defined by SEQ ID NOs:2-21 shown in Tables 2 and 3, or uroguanylin, or guanylin, or E.coli ST peptide. These peptides may optionally be administered with one or more inhibitors of cGMP dependent phosphodiesterase, e.g., suldinac sulfone, zaprinast, or motapizone. In a preferred embodiment, the invention is directed to a method of treating an inflammatory disorder in a manmalian gastrointestinal tract. The inflammatory disorder may be classified as an inflammatory bowel disease, and more particularly may be Crohn's disease or ulcerative colitis. Administration may be enteric, and employ formulations tailored to target enterocytes.

In a broader sense, the invention includes methods of inducing apoptosis in a patient by administering an effective amount of a peptide having the sequence of any one of \(S E Q\) ID) NO:2-SEQ ID NO:21. or uroguanylin, or guanylin or \(E\). coli Sl " peplide. An "ellective amount" of peptide, in this sense, refers to an amount suflicient to increase apoptosis in
a target tissue. For example, sullicient peptide may be given to induce an increased rate of cell death in a ncoplastic growth.

The most preferred peptide for use in the methods described above is the peptide defined by SEQ ID NO:20. The sequence is as follows (see also Table 3):
disease and other organ inflammation (e.g., associated with asthma, nephritis, hepatitis, pancreatitis, bronchitis, cystic fibrosis).

Without intending to be bound by any theory, it is envisioned that ion transport across the plasma membrane may prove to be an important regulator of the balance
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Asn $^{1}$ Asp $^{2} \mathrm{Glu}^{3} \mathrm{Cys}_{*} \mathrm{Glu}^{5} \mathrm{Leu}^{6} \mathrm{Cys}_{\star+} \mathrm{Val}^{8} \mathrm{Asn}^{9} \mathrm{Val}^{10} \mathrm{Ala}^{11} \mathrm{Cys}^{12} \mathrm{Thr}^{13} \mathrm{Gly}^{14} \mathrm{Cys}^{15} \mathrm{Leu}^{16}$

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and wherein there is one disulfide linkage between the cysteine at position 4 and the cysteine at position 12; and a second disulfide linkage between the cysteine at position 7 and the cysteine at position 15 (SEQ ID NO:20). This peptide has been found to have enhanced biological activity as an agonist of cGMP production due to its enhanced binding constant for the guanylate cyclase receptor, and is superior to uroguanylin with regard to temperature and protease stability and with regard to its biological activity at the physiologically favorable pH range ( pH 6 to 7 ) in the large intestine.

The guanylate cyclase receptor agonists used in the methods described above may be administered cither orally, systemically or locally. Dosage forms include preparations for inhalation or injection, solutions, suspensions, emulsions, tablets, capsules, topical salves and lotions, transdermal compositions, other known peptide formulations and pegylated peptide analogs. An effective dosage of the composition will typically be between about \(1 \mu \mathrm{~g}\) and about 10 mg per kilogram body weight, preferably between about 10 \(\mu \mathrm{g}\) to 5 mg of the compound per kilogram body weight. Adjustments in dosage will be made using methods that are routine in the art and will be based upon the particular composition being used and clinical considerations. Agonists may be administered as either the sole active agent or in combination with other drugs, e.g., an inhibitor of cGMPdependent phosphodiesterase. In all cases, additional dnugs should be administered at a dosage that is therapeutically effective using the existing art as a guide. Drugs may be administered in a single composition or sequentially.

\section*{DETAJLED DESCRIPTION OF THE INVENTION}

The present invention is based upon several concepts. The first is that there is a cGMP-dependent mechanism which regulates the balance between cellular proliferation and apoptosis and that a reduction in cGMP levels, due to a deficiency of uroguanylin/guanylin and/or due to the activation of cGMP-specific phosphodiesterases, is an early and critical step in meuplastic transformaion. A second concept is that the release of arachidonic acid from membrane phospholipids: which leads to the activation of \(\mathrm{cPLA}_{2}\) : COX-2 and possibly 5 -lipoxygenase during the process of inflammation, is down-regulated by a cGMP-dependent mechanism, leading to reduced levels of pristaglandins and leukotrienes, and that increasing intracellular levels of cGMP may therefore produce an anti-inflanmatory response. In addition, a cGMP-dependent mechanism. is thought to be involved in the control of proinflammatory processes. Therefore, elevating intracellular levels of cGMP may be used ats a means of treating and controlling inflammatory bowel diseases such as uleemtive colitis and Crohn's
between cell proliferation and apoptosis that will be affected by compositions altering cGMP concentrations. Uroguanylin has been shown to stimulate \(\mathrm{K}^{+}\)efflux: \(\mathrm{Ca}^{++}\)influx and water transport in the gastrointestinal tract (3). Moreover, atrial natriuretic peptide (ANP), a peptide that also binds to a specific guanylate cyclase receptor, has also been shown to induce apoptosis in rat mesangial cells, and to induce apoptosis in cardiac myocytes by a cGMP mechanism (26-29). It is believed that binding of the present agonists to a guanylate cyclase receptor stimulates production of \(c\) GMP. This ligand-receptor interaction, via activation of a cascade of cGMP-dependent protein kinases and CFTR, is then expected to induce apoptosis in target cells. Therefore, administration of the novel peptides defined by SEQ ID NOs:2-21, as shown in Tables 2 and 3, or uroguanylin, or guanylin or E. coli ST peptide is expected to eliminate or, at least retard, the onset of inflammatory diseases of the Gl tract and general organ inflammation (e.g., asthma, nephritis, hepatitis, pancreatitis, bronchitis, cystic fibrosis).

In another aspect, the invention is directed to a method for preventing, treating or retarding the onset of cancer: particularly cancer of epithelial cells, in a subject by adminis. tering a composition comprising an effective amount of a guanylate cyclase receptor agonist, preferably a synthetic a guanylate cyclase receptor agonist. The term "eflective amount" refers to sufficient agonist to measurably increase intracellular levels of cGMP. The term "synthetic" refers to a peptide created to bind a guanylate cyclase receptor, but containing certain amino acid sequence substitutions not present in known endogenous guanylate cyclase agonists, such as uroguanylin. The agonist should be a peptide selecled from those defined by SEQ 1D NOs:2-21 and which are listed in Tables 2 and 3. Also included in the invention are methods of treating primary and metastatic cancers, other than primary colon cancer, by administering an effective dosage of a peptide selected from the group consisting of: uroguanylin; guanylin; and E. coli ST peptidc. Any known form of uroguanylin or guanylin can be used for this purpose, although the human peptides are preferred.

The cGMP-dependent mechanism that regulates the balance between cellular proliferation and apoptosis in metastatic tumor cells may serve as a mechanism for targeting and treating metastatic tumors. The liver is the most common site of metastasis from a primary colorectal cancer. Toward later stages of disease, colorectal metastatic cells may also invade other parts of the body. It is important to note that metastatic cells originating from the primary site in the gastrointestinal tract typically continue to express guanylate cyclase receptors and therefore, these cells should be sensitive to apoptosis therapy mediated by intestinal guanylate cyclase receptors. Peptides having uroguanylin activity. when used either alone or in combination with specilic inhibitors of cGMP-phosphodicsterase, also retard the onsel
of carcinogenesis in gut epithelium by restoring a healthy balance between cell proliferation and apoptosis via a cGMP-mediated mechanism.

As used herein, the term "guanylate cyclase receptor" refers to the class of guanylate cyclase receptors on any cell type to which the inventive agonist peptides or natural agonists described herein bind.

As used herein, the term "guanylate cyclase receptoragonist" refers to peptides and/or other compounds that bind to a guanylate cyclase receptor and stimulate cGMP production. The term also includes all peptides that have amino acid sequences substantially equivalent to at least a portion of the binding domain comprising amino acid residues 3-15 of SEQ ID NO:1. This term also covers fragments and pro-peptides that bind to guanylate cyclase receptor and stimulate cGMP production. The term "substantially equivalent" refers to a peptide that has an amino acid sequence equivalent to that of the binding domain where certain residues may be deleted or replaced with other amino acids without impairing the peptide's ability to bind to a guanylate cyclase receptor and stimulate cGMP production.

Strategy and Design of Novel Guanylate Cyclase Receptor Agonists

Uroguanylin is a peptide secreted by the goblet and other epithelial cells lining the gastrointestinal mucosa as prouroguanylin, a functionally inactive form. The human propeptide is subsequently converted to the functionally active 16 amino acid peptide set forth in SEQ ID NO:1 (human uroguanylin sequence, see Table 2) in the lumen of the intestine by endogenous proteases. Since uroguanylin is a heat-resistant, acid-resistant, and proteolysis-resistant peptide, oral or systemic administration of this peptide and/or other peptides similar to the functionally active 16 amino acid peptide sequence of SH:Q II) NO:I may be eflectively employed in treatment methods.

Peptides similar to, but distinct from. uroguanylin are described below, including some which produce superior cGMP enhancing properties and/or other benelicial characteristics (c.g., improved temperature stability, enhanced protease stability, or superior activity at preferred pH 's) compared to previously know'n uroguanylin peptides. The peptides may be used to inhibit GI inflammation and for treating or preventing the onset of polyp formation associated with gut inflanmation. Epithelial tissues susceptible to cancer cell formation may also be treated. The guanylate cyclase receptor agonists described have the amino acid sequences shown in Tables 2 and 3. The "binding domain" for agonist-receptor interaction includes the amino acid residues from 3-15 of SEQ ID NO: 1 .

Molecular modeling was applied to the design of novel guanylate cyclase receptor agonists using methods detailed in (30). It consisted of energy calculations for three compounds known to interact with guanylate cyclase receptors, namely for human uroguanylin. bicyclo [4.12: 7,15]Asn-\(\mathrm{Asp}^{2}-\mathrm{Asp}^{3}-\mathrm{Cys}^{4}-\mathrm{Glu}^{5}-\mathrm{Leu}^{6} \mathrm{Cys}^{7}-\mathrm{Val}^{8}-\mathrm{Asn}^{9}-\mathrm{Val}^{10}\)-Ala \({ }^{11}\) Cys \({ }^{12}\)-Thr \({ }^{13}\)-Gly \({ }^{14}\)-Cys \({ }^{15}\)-Leu \({ }^{16}\) (UG. SEQ 1D NO:1); human guanylin, bicyclo [4.12: 7.15]Pro'-Gly \({ }^{2}\) - \(\mathrm{Thr}^{3}\)-Cys \({ }^{4}\) -
 \(\mathrm{Cys}^{15}\) (GU, SEQ 1D NO:22); and \(E\). coli small heat-stable enterotoxin. tricyclo \(16.10 ; 7.15: 11-18]\) Asn' \({ }^{\prime}\) Ser \(^{2}\)-Ser \({ }^{3}\) -\(\mathrm{Asn}^{4}-\mathrm{Tyr}^{5}-\mathrm{Cys}^{6}-\mathrm{Cys}^{7}-\mathrm{Glu}^{3}-\mathrm{Leu}^{9}-\mathrm{Cys}^{10}-\mathrm{Cys}^{11}-\mathrm{Asn}^{12}-\mathrm{Pro}^{13}-\) Ala \({ }^{14}\)-Cys \({ }^{15}\)-Thr \({ }^{16}\)-Gly \({ }^{17}\)-Cys \({ }^{18}\)-Tyr \({ }^{19}\) (ST. SEQ ID NO:23). Geometrical comparisons of all possible low-enengy conformations for these three compounds were used to reveal the common 3D structures that served as the "tem-
plates" for the bioactive conformation, i.e., for the conformation presumably adopted by GU, UG and ST during interaction with receptor. It allowed designing novel analogs with significantly increased conformational population of the bioactive conformation at the expense of other lowenergy conformations by selecting individual substitutions for various amino acid residues.

Energy calculations were performed by use of build-up procedures (30). The ECEPP/2 potential field \((31,32)\) was used assuming rigid valence geometry with planar transpeptide bonds, including that for Pro \({ }^{13}\) in ST. The \(\omega\) angle in Pro \({ }^{13}\) was allowed to vary. Aliphatic and aromatic hydrogens were generally included in united atomic centers of \(\mathrm{CH}_{n}\) type; \(\mathrm{H}^{\mathrm{\alpha}}\)-atoms and amide hydrogens were described explicitly.

The main calculation scheme involved several successive steps. First, the sequences of the two monocyclic model fragments (three fragments for ST), Ac-cyclo (Cys \({ }^{i}\). . . -Cys')-NMe, were considered, where all residues except Cys, Gly and Pro were replaced by alanines; the i and j values corresponded to the sequences of GU, UG and ST. At this step, all possible combinations of local minima for the peptide backbone for each amino acid residue were considered, i.e., the minima in the Ramachandran map of \(E, F, C\), \(D, A\) and \(A^{*}\) types (according to the notation in (33)) for the Ala residue; of \(E^{*}, \mathrm{~F}^{*}, \mathrm{C}^{*}, \mathrm{D}^{*}, \mathrm{~A}, \mathrm{E}, \mathrm{F}, \mathrm{C} \mathrm{D}\) and \(\mathrm{A}^{*}\) types for the Gly residue; and of F, C and A types for Pro. For each backbone conformation, one optimal possibility to close a cycle employing the parabolic potential functions, intrinsic to the ECEPP force field, was found by checking an energy profile of rotation around the dihedral angle \(x_{1}\) for the D-Cys residue.

Totally, as many as ca. 180,000 conformations for cach of the cyclic moieties were considered. Then, the confomers satisfying the \(\mathrm{E}-\mathrm{E}_{\text {min }}<\Delta \mathrm{E}=15 \mathrm{kcal} / \mathrm{mol}\) criterion and differing by more than \(40^{\circ}\) in at least one value of any backbone dihedral angle were selected (from ca. 3,000 to 8,000 conformations for different model fragments). At the next step, the selected conformations of the matching monocyclic fragments were overlapped to create possible conformations of the bicyclic model fragments (the tricyclic fragments in the case of ST). Typically, this procedure yielded ca. 20,000-30,000 conformations. All these conformations were submitted for a new cycle of energy calculations, which resulted in 191 conformations satisfying the \(\mathrm{E}-\mathrm{E}_{\text {min }}<\Delta \mathrm{E}=20 \mathrm{kcal} / \mathrm{mol}\) criterion for the ST model fragment and in 6,965 conformations satisfying the same criterion for the GU/UG model fragment. After that, the missing side chains in the model fragments were restored, and energy calculations were performed again; the dihedral angle values of side chain groups (except the \({ }_{21}\) angle for the Cys residues) and of the terminal groups of the backbone being optimized before energy minimization to achieve their most lavorable spatial arrangements, employing an algorithon previously described (34). For the UG 4-15 fragment, 632 conformations satisfied the criterion of \(\Delta \mathrm{E}=20 \mathrm{kcal} / \mathrm{mol}\); 164 of them satisfied the more stringent criterion of \(\wedge t:=12\) \(\mathrm{kcal} / \mathrm{mol}\), which corresponds to the accepted criterion of 1 \(\mathrm{kcal} / \mathrm{mol} /\) residue (30). Subsequent elongation of the UG 4-15 fragment to 3-16, and then to the entire UG molecule was performed by the same build-up procedure. Finally, 31 backbone conformations of UG were found as satisfying the critcrion of \(\Delta E=16 \mathrm{kcal} / \mathrm{mol}\).

Geometrical comparison of conformers was performed in the following manner. The best fit in the superposition for the atomic centers in a pair of confomers was assessed to check the level of geometrical similarity between the two conformers, according to (35). The criterion for geometrical similarity was the rms value, which was calculated for a pair of conformations \(A\) and \(B\) as follows:
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rms=(1/N)\mp@subsup{\Sigma}{}{N}\mp@subsup{i}{i=1}{|}|(\mp@subsup{x}{i}{-1}-\mp@subsup{x}{i}{B}\mp@subsup{)}{}{2}+(\mp@subsup{y}{i}{N}-\mp@subsup{y}{i}{B}\mp@subsup{)}{i}{2}+(\mp@subsup{z}{i}{-4}-\mp@subsup{z}{i}{B}\mp@subsup{)}{}{2}]s,

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where N is the number of the \(\mathrm{C}^{\text {a }}\)-atom pairs chosen for superposition, and \(x, y\) and \(\%\) are the Cartesian coordinates. By the criterion of geometrical similarity of rms \(<2.0 \AA\), low-energy conformations of the rigid conformational fragment UG 4-15 fell into seven conformational families. Onc of them consists of the same six conformers that are similar both to IUYA and IETN; this family contains also the lowest-energy conformer of UG. (IUYA and IETN are the experimentally defined 3D structures of UG and ST, respectively, which are known to possess high biological activity (36,37); the 3D structures were available in the Protein Data Bank.)

TABLE 1
\begin{tabular}{|c|c|c|c|c|c|c|c|}
\hline \multirow[b]{3}{*}{Residue} & \multicolumn{7}{|l|}{The values of dihedral angles (in degrees) for peptide backbone in the "template" conformation of UG} \\
\hline & \multirow[b]{2}{*}{Angle} & \multicolumn{6}{|c|}{Confonner's:} \\
\hline & & 1 & 3 & 9 & 22 & 25 & 27 \\
\hline Cys \({ }^{4}\) & \(\psi\) & -37 & -41 & -40 & -55 & -38 & -54 \\
\hline \multirow[t]{2}{*}{Glu \({ }^{5}\)} & \(\phi\) & -71 & -67 & -72 & -69 & -68 & -70 \\
\hline & \(\psi\) & -50 & -47 & -48 & -33 & -43 & -22 \\
\hline \multirow[t]{2}{*}{Leu \({ }^{6}\)} & 中 & -86 & -86 & -85 & -81 & -88 & -91 \\
\hline & \(\psi\) & 163 & 165 & 160 & 153 & 160 & 156 \\
\hline \multirow[t]{2}{*}{Cys \({ }^{\prime}\)} & \(\phi\) & -79 & -82 & -79 & -83 & -79 & -81 \\
\hline & 1 & 74 & 68 & 78 & 67 & 75 & 72 \\
\hline \multirow[t]{2}{*}{Val \({ }^{8}\)} & \$ & -120 & -114 & -126 & -124 & -125 & -128 \\
\hline & \(\boldsymbol{\psi}\) & -65 & -51 & -62 & -55 & -60 & -64 \\
\hline \multirow[t]{2}{*}{Asn \({ }^{9}\)} & \(\phi\) & -83 & -95 & -82 & -88 & -89 & -82 \\
\hline & \(\psi\) & 119 & 113 & 134 & 118 & 111 & 116 \\
\hline \multirow[t]{2}{*}{Val \({ }^{10}\)} & \$ & -84 & -82 & -97 & -90 & -82 & -82 \\
\hline & \(\psi\) & -21 & -13 & -16 & -4 & -15 & -16 \\
\hline \multirow[t]{2}{*}{\(\mathrm{Ala}^{11}\)} & \$ & -79 & -86 & -87 & -89 & -8.5 & -80 \\
\hline & \$ & -32 & -21 & -35 & -35 & -18 & -27 \\
\hline \multirow[t]{2}{*}{Cys \({ }^{12}\)} & \$ & -86 & -92 & -78 & -79 & -95 & -90 \\
\hline & W & -52 & -53 & -55 & -57 & -53 & -54 \\
\hline \multirow[t]{2}{*}{Thr \({ }^{13}\)} & ¢ & -129 & -121 & -127 & -119 & -118 & -130 \\
\hline & \(\boldsymbol{\psi}\) & 111 & 153 & 141 & 155 & 141 & 119 \\
\hline \multirow[t]{2}{*}{Gly \({ }^{14}\)} & \(\phi\) & -64 & -78 & -78 & -80 & -78 & -68 \\
\hline & \$ & 8.3 & 64 & 68 & 62 & 67 & 78 \\
\hline Cys \({ }^{15}\) & \(\phi\) & -139 & \(-160\) & \(-150\) & -156 & -78 & -131 \\
\hline
\end{tabular}

The dihedral angles \(\phi\) and 4 , values that determine the overall 3D shape of this UG fragment, are similar (Table 1). It allowed performing preliminary design of new analogs aimed at stabilizing this particular family of conformations employing the knuwn lucal conformational limitations imposed by various types of amino acids.

For instance, it is known that Gly is more conformationally flexible compared to any other L-amino acid residue, since Gly may adopt conformations with any of the four combinations of signs for \(\phi\) and 中. i.e.,,-+ : -,-; +,+; and \(t,-\). The last combination is sterically forbidden for the L-amino acids. as Ala. Therefore. substitution of Gly \({ }^{14}\) for Ala should limit conformational flexibility in position 14 preserving the conformations described in Table 1. Also, substitution for Aib ( \(\alpha\)-Me-Ala. di- \(\alpha\)-methyl-alanine) should limit the local conformational flexibitity by awo regions only. namely for - . - and.++ . the first one being compatible
with conformers of \(\mathrm{Ala}^{11}\) in Table 1. Therefore, one more desirable substitution is \(\mathrm{Aib}^{11}\). In Pro, the \(\phi\) value is fixed at \(-75^{\circ}\); this residue is also similar to valine by its hydrophobic properties. Therefore, Val \({ }^{10}\) may be replaced by \(\mathrm{Pro}^{10}\), which adds more local conformational constraints to the UG conformers in Table 1. Replacement by Pro also requires that the preceding residue possesses only positive \(\psi\) values; Asn \({ }^{9}\) in Table 1 fulfills this requirement. The Pro residue already exists in the corresponding position of ST. All suggested substifutions within SEQ ID NO:1 shown below (e.g., \(\mathrm{Pro}^{10}, \mathrm{Aib}^{11}\) or \(\mathrm{Ala}^{14}\) ) do not change the chemical nature of the non-aliphatic amino acids (such as Asn, Asp or Thr), which may be important for the actual interaction with receptor. The former substitutions should lead only to conformational limitations shifting conformational equilibrium in UG towards the suggested "template" 3-D shape.
Based on the 3D structures defined in Table 1, a threedimensional pharmacophore for uroguanylin was defined, enabling the determination of distances between functional groups of uroguanylin thought to directly interact with the receptor. Those groups thought to directly interact with the receptor are side groups of residues in positions 3, 5, 9 and 13 of the backbone sequence. Preferably, the residues are Glu3, Glu5, Asn9, and Thr13, as shown in SEQ ID NO: 2 and SEQ ID NO:20. Thus, a three dimensional pharmacophore of uroguanylin is described in which the spatial arrangement of the four side chains of the residues at positions 3, 5, 9 and 13 may be created such that the distances between these side chains enable optional biological activity. Those distances (measured as distances between \(\mathrm{C} \beta\) atoms of corresponding residues) are as follows: from 5.7 to \(7.6 \AA\) for the 3-5 distance, from 4.0 to \(6.0 \AA\) for \(3-9\); from 7.7 to \(8.3 \AA\) for 3-13, from 9.4 to from 9.4 to \(9.5 \AA\) for 5-13, and from 5.8 to \(6.3 \AA\) for \(9-13\).

The distances above depend only on conformations of the peptide backbone. In some cases, however, conformations of side chains themselves are also important. For instance, calculations showed that there is no conformational ditference between the backbones of UG (SP301), [Glu\(\left.{ }^{2}\right]\)-UG (SP303), [Glu \(\left.{ }^{3}\right]\)-UG (SP304) and [Glu \({ }^{2}\), Glu3]-UG (SP302) in terms of their low-energy conformations. However, there is a distinct difference in the spatial positions of the \(\beta\)-carboxyls of Asp and \(y\)-carboxyls of Glu in position 3. Namely, \(\gamma\)-carboxyls of the Glu residues in position 3 are clearly stretched "outwards" of the bulk of the molecules farther than the corresponding \(\beta\)-carboxyls of the Asp residues. The above observation strongly suggests that the negatively charged carboxyl group of the side chain in position 3 specifically interacts with a positively charged binding site on the receptor; therefore, analogs containing Glu3 instead of Asp3 should be more active. At the same time, to ensure efficiency of this particular interaction, an entire system of the long-range electrostatic interactions between ligand and receptor should be well balanced. Since the Glu \({ }^{2}\) side chain presents more conformational possibilities compared to the Asp \({ }^{2}\) side chain, this balance may be slightly changed in SP302 (double substitution of Asp's for Glu's) compared to SP 304 (single substitution of \(\mathrm{Asp}^{3}\) for Glu \({ }^{3}\) ).
Compounds capable of adopting low-cncrgy conformations described in Table 1 are listed in Table 2. All compounds are \([4,12 ; 7,15]\) bicycles.
1. Parent compound: uroguanylin
(SEQ ID NO:1):
\(A s n^{1}-A s p^{2}-A s p^{3}-C y s^{1}-G l u^{5}-L e u^{6}-C y s^{7}-V a l^{B}-A s n^{y}-V a l^{10}-A l a^{11}-\) Cys \(^{12}-\) Thr \(^{13}-G l y^{14}-C y s^{15}-L e u^{16}\)
2. Compounds without modifications of cysteines:

Common sequence (SEQ ID NO:2):
\(A s n^{1}-\) Xaa \(^{2}-X a a^{3}-\) Cys \(^{4}-G 1 u^{5}-L e u^{6}-\) Cys \(^{7}-\) Val \(^{8}-\) Asn \(^{9}-X a a^{10}-\) Xaa \(^{12}-\) Cys \(^{12}-\mathrm{Thr}^{13}-X a a^{14}-\) Cys \(^{15}-L e u^{16}\)
where \(X a a^{2}=A s p, G l u ; ~ X a a^{3}=A s p, G l u\)
with the exception that \(X a a^{2}\) and \(X a a^{3}\) are not both Asp in same molecule
And where Xaa \({ }^{10}=V a l\), Pro; Xaa \({ }^{11}=\) Ala, Aib; Xaa \({ }^{14}=\) Gly, Ala
3. Compounds with mercaptoproline (Mpt) substituted for cysteine in position 7:

Common sequence (SEQ ID NO:3):
\(A s n^{1}-X_{a a^{2}}-X_{a a^{3}}-\) Cys \(^{4}-G l u^{5}-L e u^{6}-X a a^{9}-\) Val \(^{8}-A s n^{9}-X a a^{10}-X a a^{13}-\) Cys \(^{12}-\) Thr \(^{13}-X_{a a^{14}}-\) Cys \(^{15}-L e u^{16}\)
where \(X a a^{2}=A s p, G l u ; X a a^{3}=A s p, G l u\)
where Xaa \({ }^{10}=\) Val, Pro; Xaa \({ }^{11}=\) Ala, Aib; Xaa \({ }^{14}=G l y, ~ A l a\)
4. Compounds with penicillamines ( \(\beta\), \(\beta\)-dimethylcysteines, Pen) substituted for cysteines:

Common sequence (SEQ ID NO: 4):
Asn \({ }^{1}-X a a^{2}-X a a^{3}-X a a^{4}-G l u^{5}-L e u^{6}-X a a^{7}-V a l^{6}-\) Asn \(^{9}-X a a^{10}-X a a^{11}-X a a^{12}-\) Thr \(^{13}-X a a^{14}-X a a^{15}-L e u^{16}\)
where \(X a a^{2}=A s p\), Glu; \(X a a^{3}=A s p, G l u\)
where Xaa \({ }^{10}=\) Val, Pro; Xaa \({ }^{11}=\) Ala, Ajb; Xaa \({ }^{14}=\) Gly, Ala
and Xaa \({ }^{4}\), Xaa \({ }^{7}\), Xaa \({ }^{12}\), Xaa \({ }^{15}\) are either Cys or Pen (except not all are Cys in the same
conformer)
5. Compounds with lactam bridges substituted for disulfide bridges:

Common sequence (SEQ ID NO:5):
\(A s n^{1}-X a a^{2}-X a a^{3}-X a a^{4}-G l u^{5}-L e u^{6}-X a a^{7}-V a l^{8}-A s n^{9}-X a a^{10}-X a a^{11}-X a a^{12}-T h r^{13}-X a a^{14}-X a a^{15}-L e u^{16}\)
where Xaa \({ }^{2}=\) Asp, Glu; Xaa3 \(=\) Asp, Glu
where \(X a a^{10}=\) Val, Pro; Xaa \({ }^{11}=\) Ala, Aib; Xaa \({ }^{14}=\) Gly, Ala
and all combinations of the following (Dpr is diaminopropionic acid):
Xaa \({ }^{4}\) is either Asp or Glu, and Xaa \({ }^{12}\) is Dpr;
\(X a a^{7}\) is either Cys or Pen;
Xaa \({ }^{15}\) is either Cys or Pen;
or:
\(X a a^{7}\) is DPr and Xaa \({ }^{1 s}\) is either Asp or Glu;
Xaa \({ }^{7}\) is either Asp or Glu, and Xaa \({ }^{15}\) is Dpr;
Xaa \({ }^{4}\) is either Cys or Pen;
Xaa \({ }^{12}\) is either Cys or Pen;

Some of the peptides shown in Table 2 contain 16 amino acid residues in which cysteine residues form disulfide bridges between \(\mathrm{Cys}^{4}\) and \(\mathrm{Cys}^{12}\), and \(\mathrm{Cys}^{7}\) and \(\mathrm{Cys}{ }^{15}, 40\) respectively. These peptides difler from the peplide sequences described in WO 01/25266, and are designed on the basis of peptide conformation and energy calculations.

In addition, peptides, varying in length from 13 to 16 amino acids, shown in Table 3, are designed, based on
energy calculations and three-dimensional structures, to promote stabilization of the biologically active conformer 40 and minimize or eliminate interconversion to biologically inactive conformers. These peptides are also designed to promote stability against proteolysis and higher temperatures. The design of these peptides involves modifications of amino acid residues that contain ionic charges at lower pH values, such as glutamic and aspartic acids.

TABLE 3


TABLE 3-continued


X1 to X9 can be any amino acid. The disulfide bridges are formed between Cys residues at 4 and 12 and between 7 and 15 , respectively. SEQ ID NO: 18 represents the minimum length requirement for these peptides to bind a guanylate cyclase receptor.

\section*{Pharmaceutical Compositions and Formulations}

The guanylate cyclase receptor agonists of the present invention (Table 2; SEQ ID NOs:2-5 and Table 3; SEQ ID NOs:6-21), as well as uroguanylin, guanylin and/or bacterial enterotoxin ST, may be combined or formulated with various excipients, vehicles or adjuvants for oral, local or systemic administration. Peptide compositions may be administered in solutions, powders, suspensions, emulsions, tablets: capsules, transdermal patches, ointments, or other formutations. Formulations and dosage forms may be made using methods well known in the art (see, e.g.; Remington's Pharmaceutical Sciences, \(16^{\text {th }}\) ed., A. Oslo ed., Easton, Pa. (1980)).

Inhibitors of cGMP-dependent phosphodiesterase may be small molecules, peptides, proteins or other compounds that specifically prevent the degradation of cGMP. Inhibitory compounds include suldinac sulfone, zaprinast, motapizone and other compounds that block the enzymatic activity of cGMP-specific phosphodiesterases. One or more of these compounds may be combined with a guanylate cyclase receptor agonist exemplified in SEQ ID NOs:2-21, uroguanylin, guanylin and \(E\). Coli ST peptide.

The selection of carriers (e.g., phosphate-buffered saline or PBS) and other components suitable for use in compositions is well within the level of skill in this art. In addition to containing one or more guanylate cyclase receptor agonists, such compositions may incorporate phamaceutically acceptable carriers and other ingredients known to facilitate administration and/or enhance uptake. Other formulations, such as microspheres, nanoparlicles, liposomes, pegylated protein or peptide, and immunologically-based systems may also be used. Examples include formulations employing polymers (e.g.; \(20 \% \mathrm{w} / \mathrm{v}\) polyethylene glycol) or cellulose, or enteric formulations and pegylated peptide analogs for increasing systemic half-life and stability.

\section*{Treatment Mchods}

The lermi "Ireatanent" refers to reducing or alleviating symptoms in a subject, preventing symptoms from worsening or progressing. or preventing disease development. For a given subject. improvement in a symptom, its worsening, regression. or progression may be determined by any objective or subjective measure typically employed by one of skill in the art fillicacy of the treatment in the case of cancer maty be measured as an improvement in morbidity or mortality (e.g.: lengthening of the survival curve for a selected population). Thus. effective treatment would inchude therapy of existing disease. control of disease by slowing or stopping its progression. prevention of disease occurrence, reduction in the number or severity of symploms, or a combination
thereof. The effect may be shown in a controlled study using one or more statistically significant criteria.

Combination therapy with one or more medical/surgical procedures and/or at least one other chemotherapeutic agent may be practiced with the invention. Other suitable agents useful in combination therapy include anti-inflammatory drugs such as, for example, steroids or non-steroidal antiinflammatory drugs (NSAIDS), such as aspirin and the like. Prophylactic methods for preventing or reducing the incidence of relapse are also considered treatment.

Cancers expected to be responsive to compositions include breast, colorectal, lung, ovarian, pancreatic, prostatic, renal, stomach, bladder, liver, esophageal and testicular carcinoma. Further examples of diseases involving cancerous or precancerous tissues that should be responsive to a therapeutic comprising at least one guanylate cyclase receptor agonist include: carcinoma (e.g., basal cell, basosquamous, Brown-Pearce, ductal, Ehrlich tumor, in situ, Krebs, Merkel cell, small or non-small cell lung, oat cell, papillary, bronchiolar, squamous cell, transitional cell, Walker), leukemia (e.g., B-cell, T-cell, HTLV, acute or chronic lymphocytic, mast cell, myeloid), histiocytoma, histiocytosis, Hodgkin disease, non-Hodgkin lymphoma, plasmacyoma, reticuloendotheliosis, adenoma, adeno-carcinoma, adenofibroma, adenolymphoma, ameloblastoma, angiokeratoma, angiolymphoid hyperplasia with eosinophilia, sclerosing angioma, angiomatosis, apudoma, branchioma, malignant carcinoid syndrome, carcinoid heart disease, carcinosarcoma, cementoma, cholangioma, cholesteatoma, chondrosarcoma: chondroblastoma, chondrosarcoma, chordoma, choristoma, craniopharyngioma, chrondroma, cylindroma, cystadenocarcinoma, cystadenoma, cystosarcoma phyllodes, dysgerminoma, ependymoma, Fwing sarcoma, fibroma, fibro-sarcoma: giant cell tumor, ganglioneuroma, glioblastoma, glomangioma, granulosa cell tumor, gynandroblastoma, hamartoma, hemangioendothelioma, hemangioma, hemangio-pericytoma, hemangiosarcoma, hepatoma, islet cell tumor, Kaposi sarcoma, leiomyomat, leiomyosarcoma, Jeukosarcoma, Leydig cell tumor, lipoma, liposarcoma, lymphangioma, lymphangiomyoma, lymphangiosarcoma, medulloblastoma, meningioma. mesenchymoma, mesonephroma, mesotheliona, myoblastoma, myoma, myosarcoma, myxoma, myxosarcoma, neurilemmoma, neuroma, neuroblastoma, neuroepithelioma, neurolibroma, neurofibromatosis. odontoma, ostcoma. ostcosarcoma, papilloma, paraganglioma. paraganglioma nonchromaftin, pinealoma, rhabdomyoma, rhabdonyosarcoma. Sertoli cell tumor: teratoma. theca cell tumor, and other diseases in which cells have become dysplastic. immortalized, or transformed.

A bolus of the inventive composition may be administered over a short time. Once a day is a convenient dosing schedule to treat, inter alia, one of the above-mentioned disease states. Alternatively, the effective daily dose may be divided into multiple doses for purposes of administration, for example, two to twelve doses per day. The dose level selected for use will depend on the bioavailability, activity, and stability of the compound, the route of administration, the severity of the disease being treated, and the condition of the subject in need of treatment. It is contemplated that a daily dosage will typically be between about \(10 \mu \mathrm{~g}\) and about 2 mg (c.g., about \(100 \mu \mathrm{~g}\) to 1 mg ) of the compound per kilogram body weight. The amount of compound administered is dependent upon factors known to a person skilled in this art such as, for example, chemical properties of the compound, route of administration, location and type of cancer, and the like.

The subject manmal may be any animal or human patient. Thus, both veterinary and medical treatments are envisioned according to the invention.

The invention will be further described by the following non-limiting example.

\section*{EXAMPLE}

\section*{Materials and Methods}

Cell Culture: Iluman T84 colon carcinoma cells were obtained from the American Type Culture Collection at passage 52. Cells were grown in a \(1: 1\) mixture of Ham's F-12 medium and Dulbecco's modified Eagle's medium (DMEM) supplemented with \(10 \%\) fetal bovine serum, 100 U penicillin \(/ \mathrm{ml}\), and \(100 \mu \mathrm{~g} / \mathrm{ml}\) streptomycin. The cells were fed fresh medium every third day and split at a confluence of approximately \(80 \%\).
'l'84 cell-based assay for determining the intracellular levels of cGMP: Peptide analogs were custom synthesized by Multiple Peptide Systems, San Diego, Calif., and by Princeton Biomolecules, Langhorne, Pa. Biological activity of the synthetic peptides was assayed as previously reported (15). Briefly, the confluent monolayers of T-84 cells in 24 -well plates were washed twice with \(250 \mu \mathrm{l}\) of DMEM containing 50 mM HEPES ( pH 7.4 ), pre-incubated at \(37^{\circ} \mathrm{C}\). for 10 min with 250 ul of DMEM containing 50 mM HEPES (pH 7.4) and 1 mM isobutylmethylxanthine (1BMX), followed by incubation with peptide analogs ( 0.1 nM to \(10 \mu \mathrm{M}\) ) for 30 min . The medium was aspirated, and the reaction was terminated by the addition of \(3 \%\) perchloric acid. Following centrifugation, and neuralization with 0.1 N NaOH , the supematant was used directly for measurements of cGMP using an ELISA kit (Caymen Chemical, Ann Arbor, Mich.). Results
Peptides shown in Table 4 were custom synthesized and purified ( \(>95 \%\) purity) using a published procedure (38). Peptide analogs were evaluated in the T84 cell-based assay for their ability to enhance intracellular levels of cGMP. As shown in Table 4. SP304 (SEQ ID NO:20) gave the greatest enhancement of intracellular cGMP of all the analogs tested. SP3IG (SEQ ID NO:21) was second in effectiveness, whereas the biological activities of SP301, SP302 and SP303 were all somewhat weaker. The peptide analogs SP306'and SP310 were not active in this assay. These results indicate that SP304 is the most potent peptide for enhancing cGMP. These results also suggest that the cysteine residue at position 7 cannot be substituted with penicillamine as a component of the [7.15] disulfide linkage, and that the Asn residue at position 9 cannot be changed to a Gln.

TABLE 4
\begin{tabular}{ccc}
\hline & \begin{tabular}{c} 
Peptide agonists evaluated for biological activity \\
in the I84 cell bioassay.
\end{tabular} \\
\cline { 2 - 3 } SEQ ID NO.* & Compound Code & \begin{tabular}{c} 
cGMP Level** \\
(pmol'well)
\end{tabular} \\
\hline 1 & SP301 & 205 \\
6 & SP302 & 225 \\
7 & SP303 & 195 \\
20 & SP304 & 315 \\
14 & SP306 & 0 \\
4 & SP310 & 0 \\
21 & SP316 & 275 \\
\hline
\end{tabular}
*SEQ ID's for SP301, SP304 and SP316 are the precise amino acid sequences for these analogs as given in the text.
*Intracellular cGMP level observed in T84 cells following treatment with I micromolar solution of the respective peptide agonist for 30 minutes. The value observed for SP304 was statistically significant with a \(p>0.5\)

To examine heat stability, 10 micromolar solutions of peptide analogs were heated at \(95^{\circ} \mathrm{C}\). for up to 90 minutes. At specific times during the treatment, samples were tested for their biological activity in the T84 cell-based assay. Biological activity of SP301, SP302, SP303 and SP304 did not change significantly after 60 minutes of heating. After 90 minutes, the activities of SP301, SP302 and SP303 were reduced to about \(80 \%\) of their original values, whereas the biological activity of SP304 remained unaltered. This indicates that SP304 is more stable to heat denaturation com-; pared to the other peptides tested. Based on energy calculations and 3D structure, we expected that the negatively charged carboxyl group of the side chain in position 3 of SEQ ID NO:1 specifically interacts with a positively charged binding site on the receptor. In the case where this interaction can be enhanced, analogs containing Glu3 instead of Asp3 should be more active, as was found to be the case with SP304. At the same time, to ensure efficiency of this particular interaction, an entire system of the longrange electrostatic interactions between ligand and receptor should be well balanced. Since the Glu \({ }^{2}\) side chain presents more conformational possibilities compared to the \(\mathrm{Asp}^{2}\) side chain, this balance may be slightly changed in SP302 (double substitution of Asp's for Glu's) compared to SP304 (single substitution of \(\mathrm{Asp}^{3}\) for Glu \({ }^{3}\) ). Indeed, biological activity of SP 304 is the best amongst the analogs evaluated.

Synthetic peptides SP301, SP302, SP303 and SP304 were also tested for their activities at different pll values of the T84 cell-based assay. Whereas all of these peptides showed enhanced intracellular production of cGMP at pH's ranging from 5 to 7, SP304 showed the greatest enhancement in the range between 6.5 and 7 . It is important to note that the physiological pH of the large intestine is in a similar range, and, therefore, SP304 would be expected to be especially efficacious for colon cancer treatment.
We also evaluated peptides used either alone or in combination with inhibitors of cGMP dependent phosphodiesterase (e.g., zaprinast or sulindac sulfone) in T84 cellbased assays for enhancement of intracellular levels of cGMP. Combinations of an inhibitor of cGMP dependent phosphodiesterase with SP304 displayed a dramatic effect in enhancing cGMP levels in these experiments. Synthetic peptide SP304 substantially increased the cGMP level over the level reached in the presence of either zaprinast or sulindac sulfone alone. Treatment of wells with SP304 in combination with either Zaprinast or sulindac sulfone resulted in synergistic increases in intracellular cGMP levels. These increases were statistically significant. with \(p\)

\section*{-}
values of \(<0.5\). These data indicate that treatments combining a peptide agonist of a guanylate cyclase receptor with one or more inhibitors of cGMP dependent phosphodiesterase result in a greater than additive increase in cGMP concentrations.

While the invention has been described in detail and with reference to specific embodiments thereof, it will be apparent to those of ordinary skill in the art that various changes and modifications can be made without departing from the spirit and scope of the invention.

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<2<1> NAME/KEY: MUU HE'S
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\(<223>\) OTHER INFORMATION: Any amino acid
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<223> OTHER INFORMATION: Any amino acid
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<221> NAME/KEY: MOD_RES
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<221> NAME/KEY: DISULFID
<2.2.) TOCATTON: (7)..(15)
<221> NAME/KEY: MOD_RES
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<221> NAME/KEY: MOD_RES
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1 5 10

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<221> NAME/KEY: MOD_RES
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\(<222>\) LOCATION: (15)
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1 & 10 & 15
\end{tabular}
\(<210>\) SEQ ID NO 23
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\(<400>\) SEQUENCE: 23
Asn Ser Ser Asn Tyr Cys Cys Glu Leu Cys Cys Asn Pro Ala Cys Thr Gly Cys
1 \begin{tabular}{lll}
1 & 5 & 10
\end{tabular}

What is claimed is:
1. A peptide consisting of the amino acid sequence of SEQ ID NO:20.
2. A composition in unit dose comprising a guanylate cyclase receptor agonist peptide consisting of the amino acid \(s\) sequence ol SEQ ID NO:20.
3. A composition in unit dose form comprising: a) a guanylate cyclase receptor agonist peptide consisting of the amino acid sequence of SEQ ID NO: 20; and b) at least one compound selected from the group consisting of: a cGMP- 10 dependent phosphodiesterase inhibitor, an anti-inflammatory agent, an antiviral agent and an anticancer agent.
4. The composition of either claim 2 or 3 , wherein the unit dose form is selected from the group consisting of a tablet, a capsule, a solution and an inhalation formulation.
5. The composition of either claim 2 or 3 , further comprising one or more excipients.
6. A peptide conjugate comprising polyethylene glycol (PEG) attached to a peptide consisting of the amino acid sequence SEQ ID NO:20.

\section*{UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION}

PATENT NO. :7,041,786 B2 Page 1 of 1 APPLICATION NO. : \(10 / 107814\)
DATED : May 9, 2006
INVENTOR(S) : Shailubhai et al.

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

On Title page item 73, the Assignee should be: "Synergy Pharmaceuticals Inc." (US).

Signed and Sealed this
Eighth Day of January, 2008


JON W. DUDAS
Director of the Linited States Paten and Trademark Office

WHEREAS, the undersigned, to wit:

(hereinafter collectively ASSIGNOR), has/have made an invention known as Dki
and entitled: Guanylate Cyclase Receptor Agonists for the Treatment of Tissue Inflammation and Carcinogenesis
for which an application for Letters Patent of the United States
\(\square\) was execuled even date herewith and is about to be filed in the United States Patent and Trademark Office:
区 was filed on March 28, 2002
, Appln. No. 10/107:814

AND WHEREAS
Synergy Pharmaceuticals Inc.
(hereinafter ASSIGNEE), duly organized and existing under the laws of the State of DELAWARE and having its principal office and place of business at Two Execulive Drive, Suite 450, Somerset, NJ 08873 desires to acquire an interest therein:

NOW, THEREFORE, in consioieration of Ten Doliars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the said ASSIGNOR, does hereby sell, assign and transfer unto ASSIGNEE, its successors, assigns and legal representatives, the full and exclusive right, title and interest to the said invention in the United States and all foreign countries, as described in the aforesaid application. and to the said application and to all continuations; divisions, reissues and substitules of said application. logether with the right of priority under the international Convention for the Protection of Industrial Property. Inter-American Convention Relating to Patents. Designs and Industrial Models. and any other iinternationat agreements to which the United States of America adheres; and ASSIGNOR hereby authorizes and requests the Commissioner of Patents to issue said Letters Patent to ASSIGNEE, for its interest as ASSIGNEE, irs successors, assigns and legal representatives.

3

AND ASSIGNOR hereby agrees to execute any papers requested by ASSIGNEE, its successors, assigns and legal representatives, deemed essential to ASSIGNEE's full protection and title in and to the invention hereby transferred.
- ASSIGNOR furthermore agrees upon request of said ASSIGNEE, and without further remuneration, to execute any and all papers desired by said ASSIGNEE for the filing and granting of foreign applications and the perfecting of title thereto in said ASSIGNEE.

NOTE: The undersigned hereby authorizes Pillsbury Winthrop LLP of the above address to insert hereon any further identification necessary or desirable for recordation of this document.

Executed on the dates) below indicated

\section*{1) \\ 2)}


Name: Gregory NIkiFOROVICH
3)


Name: Gary S.JACOB
4)

Name:
5)

Name:
6)

Name:
7)

Name:
8)

Name:

\section*{Date Signed}


6/19/02
\(6 / 18 / 02\)

\(\qquad\)
\(\qquad\)
\(\qquad\)
\(\qquad\)

\(\qquad\)
\(\qquad\)

\(\qquad\)

\section*{STATEMENT UNDER 37 CFR 3.73 (b)}

Applicant/Patent Owner: Kunwar Shailubhai et al.


\section*{Tithed: GUANYLATE CYCLASE RECEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS}

Synergy Pharmaceuticals Inc. \(\because a\) \(\qquad\)
(Name of Assignee)
(Type of Assignee, e.g., corporation, partnership, Üivarsity, government agency, etc.
states that it is:
1. \(X\) the assignee of the entire right, title, and interest in;
2. \(\square\) an assignee of less than the entire right, title, and interest in (The extent (by percentage) of its ownership interest is \(\qquad\) \%); or
3. the assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made) the patent application/patent identified above, by virtue of either:
A.An assignment from the inventors) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel copy therefore is attached.
or
B. X A chain of title from the inventor(s); of the patent application/patent identified above, to the current assignee as follows:
1. From: Kunwar Shailubhai et al.

To: Synergy Pharmaceuticals Inc.
The document was recorded in the United States Patent and Trademark Office at
Reel 013156 , Frame 0592 . or for which a copy thereof is attached.
2. From: Kunwar Shailubhai et al. To: Synergy Pharmaceuticals Inc.
The document was recorded in the United States Patent and Trademark Office at Reel 021031 - Frame 0438 ..... or for which a copy thereof is attached:
3. From: \(\qquad\) To: \(\qquad\)
The document was recorded in the United States Patent and Trademark Office at Reel! \(\qquad\) . Frame. \(\qquad\) or for which a copy thereof is attached.

\section*{\(\square\) Additional documents in the chain of title are listed on a supplemental sheets).}

X: As required by 37 CF 3.73 (b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was. or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.
[NOTE: A separate copy (ie., a true copy of the original assignment documents)) must be submitted to Assignment Division in BCcordangessili 37 CFR.Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]
The undersides (whose title is supplied below) is authorized to act on behalf of the assignee.


Gary S. Jacob, PhD.
President and Chief Executing
Printed or Typed Name
Title
This collection of information is required by 37 CFR 3.73 (b). The information is required to obtain or retain a benefit by the public which is to file (ard by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, inducing gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of tine you require to cornplete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S Department of Commerce, P.O, Box 1450, Alexandra, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADORESS. SEND TO: Cominissionar for Patents, P.O. Box 1450, Alexandria, YA 22313-1450.


Date Mailed: 10/29/2014

\section*{NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY}

This is in response to the Power of Attorney filed 10/24/2014.
The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by. 37 CFR 1.33.
/rmturner myles/

Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101

United States Patent and Trademark Office
\begin{tabular}{|c|c|c|c|}
\hline APPLICATION NGMBER & FIIING OR 371(C) DATE & FIRST NAMED ARPLICANT & ATTY. DOCKET NO./TTTLE \\
\hline \(10 / 107,814\) & \(03 / 28 / 2002\) & Kunwar Shailubhai & \(40737-501001 \mathrm{~S}\) \\
\hline
\end{tabular}

CONFIRMATION NO. 9117
30623
Mintz Levin/Boston Office
One Financial Center
Boston, MA 02111
Date Mailed: 10/29/2014

\section*{NOTICE REGARDING CHANGE OF POWER OF ATTORNEY}

This is in response to the Power of Attorney filed 10/24/2014.
- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).
/mmiurner myles/

Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101

\section*{POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO}

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73 (b)
I hereby appoint:

Practitioners associated with the Customer Number: OR

\(\square\) Practitioneri(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

as attomoy(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in comneclion with any and all patent applications assigned anly fothe undersigned according to the USPTO assigrment records or assignment documents


Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:


\section*{Assignee Name and Address: \\ Synergy Pharmaceuticals Inc. \\ 420 Lexington Avenue, Suite 2012}

New York, NY 10170
A copy of this form, together with a statement under 37 CFR 3.73 (b) (Form PTO/SB/96 or equivalent) is required to be filed in each applicationith which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitloners appointed in this form if the appolnted practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.


This collection of information is required by 37 CFR 1.31, 1.32 and 1.33 . The information is required to obtain of retain a benefit by the public which is to file (and by ths USPTO to process) an appilcation. Conflentality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This ccllection is estimated to take 3 minutes to complete, includirg gathering, preparing, and submitting the complated application form to the USPTO. Time vill vary depending upon the individual case. Any cormments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sant to the Chief informallon Otficer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SENO FEES OR COMPLETED FORMS TO TIIS ADDRESS. SEND TO: Commissloner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Synergy Pharmaceuticals Inc.
Attention: Evelyn Jaeger
Head of Regulatory Operations
420 Lexington Avenue, Suite 2012
New York, NY 10170
Dear Ms. Jaeger:
Please refer to your New Drug Application (NDA) dated January 29, 2016, received January 29, 2016, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Trulance (plecanatide) tablets, 3 mg .

This new drug application provides for the use of Trulance (plecanatide) tablets for the treatment of chronic idiopathic constipation (CIC) in adults.

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the agreed-upon labeling text and with the minor editorial revisions to Section 8.1 indicated in the enclosed labeling.

\section*{CONTENT OF LABELING}

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50 (1)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm. Content of labeling must be identical to, except with the revisions indicated, the enclosed labeling (text for the package insert and Medication Guide). Information on submitting SPL files using eLIST may be found in the guidance for industry SPL Standard for Content of Labeling Technical Qs and \(A s\), available at http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/U CM072392.pdf.

The SPL will be accessible via publicly available labeling repositories.

\section*{CARTON AND IMMEDIATE CONTAINER LABELS}

Submit final printed carton and immediate container labels that are identical to the enclosed carton and immediate container labels and carton and immediate container labels submitted on January 3, 2017, as soon as they are available, but no more than 30 days after they are printed.

Please submit these labels electronically according to the guidance for industry Providing Regulatory Submissions in Electronic Format - Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (June 2008). Alternatively, you may submit 12 paper copies, with 6 of the copies individually mounted on heavy-weight paper or similar material. For administrative purposes, designate this submission "Final Printed Carton and Container Labels for approved NDA 208745." Approval of this submission by FDA is not required before the labeling is used.

Marketing the product with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

\section*{ADVISORY COMMITTEE}

Your application for Trulance was not referred to an FDA advisory committee because the application did not raise significant public health questions on the role of the drug in the diagnosis, cure, mitigation, treatment, or prevention of a disease.

\section*{REQUIRED PEDIATRIC ASSESSMENTS}

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric studies requirement for ages birth to less than 2 years because there is evidence strongly suggesting that the drug product would be unsafe in this pediatric group. In non-clinical studies of plecanatide, a guanylate cyclase-C (GC-C) agonist, deaths due to dehydration occurred within 24 hours in young juvenile mice. This data and the literature regarding GC-C receptor ontogeny indicate that plecanatide would not be safe to administer to pediatric patients under 2 years of age.

We are deferring submission of your pediatric studies for ages 6 years to less than 18 years of age for this application because this product is ready for approval for use in adults and the pediatric studies have not been completed. We are deferring submission of your pediatric studies for ages 2 years to less than 6 years of age because this product is ready for approval for use in adults, and pediatric studies should be delayed in this age group until additional safety data from a study evaluating GC-C receptor ontogeny and the results of the clinical studies of plecanatide in older pediatric cohorts have been evaluated. In order to avoid severe diarrhea and its serious sequelae, nonclinical data and literature findings suggest special caution should be exercised in defining the initial plecanatide dose range for young pediatric patients.

Your deferred pediatric studies required by section 505B(a) of the FDCA are required postmarketing studies. The status of these postmarketing studies must be reported annually
according to 21 CFR 314.81 and section \(505 \mathrm{~B}(\mathrm{a})(3)(\mathrm{C})\) of the FDCA. These required studies are listed below.

3117-1. Determine the appropriate Trulance (plecanatide) treatment dose for pediatric patients with chronic idiopathic constipation (CIC) who are 12 years to less than 18 years of age by assessing the safety and efficacy of once daily oral plecanatide in an eight (8) week, proof-of-concept, dose-ranging with sparse pharmacokinetic (PK) sampling study.
\begin{tabular}{ll} 
Final Protocol Submission: & \(12 / 31 / 15\) (completed) \\
Study Completion: & \(12 / 18\) \\
Final Report Submission: & \(02 / 19\)
\end{tabular}

3117-2. Determine the appropriate Trulance (plecanatide) treatment dose for pediatric patients with chronic idiopathic constipation (CIC) who are 6 years to less than 12 years of age by assessing the safety and efficacy of once daily oral plecanatide in an eight (8) week, proof-of-concept, dose-ranging with sparse pharmacokinetic (PK) sampling study.
\[
\begin{array}{ll}
\text { Final Protocol Submission: } & 12 / 18 \\
\text { Study Completion: } & 12 / 20 \\
\text { Final Report Submission: } & 02 / 21
\end{array}
\]

3117-3. Confirm the efficacy and safety of Trulance (plecanatide) in pediatric patients with chronic idiopathic constipation (CIC) who are 6 years to less than 18 years of age by performing a randomized, double-blind, placebo-controlled, parallel group, 12 week treatment study.

Final Protocol Submission: \(12 / 18\)
Study Completion: \(\quad 12 / 21\)
Final Report Submission: \(\quad 02 / 22\)
3117-4. Determine the appropriate Trulance (plecanatide) treatment dose for pediatric patients with chronic idiopathic constipation (CIC) who are 2 years to less than 6 years of age by assessing the safety and efficacy of once daily oral plecanatide in an eight (8) week, proof-of-concept, dose-ranging with sparse pharmacokinetic (PK) sampling study.

Final Protocol Submission: \(12 / 20\)
Study Completion: \(\quad 12 / 22\)
Final Report Submission: \(02 / 23\)

3117-5. Confirm the efficacy and safety of Trulance (plecanatide) treatment in pediatric patients with chronic idiopathic constipation (CIC) who are 2 years to less than 6 years of age by performing a randomized, double-blind, placebo-controlled, parallel group, 12 week treatment study.
\[
\begin{array}{ll}
\text { Final Protocol Submission: } & 12 / 22 \\
\text { Study Completion: } & 12 / 25 \\
\text { Final Report Submission: } & 02 / 26
\end{array}
\]

3117-6. Assess the long-term safety of Trulance (plecanatide) in pediatric patients with chronic idiopathic constipation (CIC) who are 2 years to less than 18 years of age and have completed a confirmatory efficacy and safety study with plecanatide.
\begin{tabular}{ll} 
Final Protocol Submission: & \(02 / 17\) \\
Study Completion: & \(06 / 26\) \\
Final Report Submission: & \(08 / 26\)
\end{tabular}

Submit the protocols to your IND 74883, with a cross-reference letter to this NDA.
Reports of these required pediatric postmarketing studies must be submitted as a new drug application (NDA) or as a supplement to your approved NDA with the proposed labeling changes you believe are warranted based on the data derived from these studies. When submitting the reports, please clearly mark your submission "SUBMISSION OF REQUIRED PEDIATRIC ASSESSMENTS" in large font, bolded type at the beginning of the cover letter of the submission.

\section*{POSTMARKETING REQUIREMENTS UNDER 505(0)}

Section 505(o)(3) of the FDCA authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection \(505(\mathrm{k})(1)\) of the FDCA will not be sufficient:
- to identify an unexpected serious risk of development of immune-mediated reactions with the use of Trulance (plecanatide);
- to identify unexpected serious risks related to use of Trulance (plecanatide) in the development of anti-drug antibodies that may cross react with endogenous guanylin peptide family members and theoretically lead to deficiency syndromes; or
- to assess a signal of a serious potential risk of a significant fluid shift into the intestine due to age-dependent expression of the target receptor (GC-C), leading to severe
dehydration and possibly death, in pediatric patients from birth to 6 years of age exposed to a GC-C receptor agonist.

Furthermore, the new pharmacovigilance system that FDA is required to establish under section \(505(\mathrm{k})(3)\) of the FDCA will not be sufficient to assess these serious risks.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following:

3117-7. . Develop and validate a sensitive and precise assay for the detection of anti-plecanatide antibodies (ADA), including IgM, IgG, and IgA, that may be present in the serum at the time of patient sampling.

The timetable you submitted on November 29, 2016, states that you will conduct this study according to the following schedule:

Final Report Submission: 04/18
The final report should include screening, confirmation and titer assay validation reports and assay standard operating procedures (SOPs).

3117-8. Develop and validate assays to evaluate the cross reactivity of anti-plecanatide antibodies to guanylin and uroguanylin.

The timetable you submitted on November 29, 2016, states that you will conduct this study according to the following schedule:

Final Report Submission: 04/20
The final report should include assay validation reports and the assay standard operating procedures (SOPs).

3117-9. Develop and validate an assay to evaluate the neutralizing capacity of ADAs detected in the patient samples taking Trulance (plecanatide).

The timetable you submitted on November 29, 2016, states that you will conduct this study according to the following schedule:

Final Report Submission: 08/20
The final report should include assay validation report and the assay standard operating procedures (SOPs).

3117-10. A study to characterize guanylate cyclase-C (G-CC) mRNA expression in duodenal and colonic mucosal biopsies in pediatric patients ages 0 to 6 years undergoing diagnostic gastrointestinal endoscopies as part of their medical care.

The timetable you submitted on October 13, 2016, states that you will conduct this study according to the following schedule:
\begin{tabular}{ll} 
Final Protocol Submission: & \(12 / 17\) \\
Study Completion: & \(04 / 19\) \\
Final Report Submission & \(07 / 19\)
\end{tabular}

Finally, we have determined that only clinical trials (rather than a nonclinical or observational study) will be sufficient:
- to identify an unexpected serious risk of development of immune-mediated reactions with the use of Trulance (plecanatide);
- to identify unexpected serious risks related to use of Trulance (plecanatide) in the development of anti-drug antibodies that may cross react with endogenous guanylin peptide family members and theoretically lead to deficiency syndromes; or
- to identify an unexpected serious risk associated with the presence of plecanatide, or its active metabolite, in human breast milk.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following:

3117-11. Assess development of anti-drug antibody (ADA) responses in patient samples using the immunogenicity serum samples collected in the plecanatide studies (SP304203-00 and SP304203-03 and SP304203-01). Validated assays capable of sensitively and accurately detecting ADA responses, developed under PMR 3117-7, will be used. Evaluate the anti-drug antibody (ADA) rates, individual patient titers and the relationships between ADA status and the safety and efficacy of Trulance (plecanatide).

The timetable you submitted on November 29, 2016, states that you will conduct this trial according to the following schedule:

Final Report Submission: 04/19
3117-12. Use the validated cross reactivity assays developed under PMR 3117-8 to test the ADA positive samples detected under PMR 3117-11. Evaluate the relationships between cross reactivity status and the safety and efficacy of Trulance (plecanatide).

The timetable you submitted on November 29, 2016, states that you will conduct this trial according to the following schedule:

Final Report Submission: 06/20
3117-13. Use the validated neutralizing antibody assay developed under PMR 3117-9 to test the ADA positive samples detected under PMR 3117-11. Evaluate the relationships between neutralizing antibody status and the safety and efficacy of Trulance (plecanatide).

The timetable you submitted on November 29, 2016, states that you will conduct this trial according to the following schedule:

Final Report Submission: 08/21
3117-14. Perform a milk-only lactation trial in lactating women who have received multiple, once daily, doses of Trulance (plecanatide) therapeutically to assess concentrations of plecanatide and its active metabolite in breast milk using a validated assay in order.

The timetable you submitted on October 13, 2016, states that you will conduct this trial according to the following schedule:
\[
\begin{array}{ll}
\text { Final Protocol Submission: } & 12 / 17 \\
\text { Trial Completion: } & 06 / 18 \\
\text { Final Report Submission: } & 12 / 18
\end{array}
\]

Submit the protocols to your IND 74883, with a cross-reference letter to this NDA. Submit all final reports to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate: "Required Postmarketing Protocol Under 505(0)," "Required Postmarketing Final Report Under 505(o)," "Required Postmarketing Correspondence Under 505(o)."

Section \(505(\mathrm{o})(3)(\mathrm{E})\) (ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B of the FDCA, as well as 21 CFR 314.81 (b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B and 21
CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81 (b)(2)(vii). We remind you that to comply with \(505(\mathrm{o})\), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o)
on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

\section*{PROMOTIONAL MATERIALS}

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the package insert, Medication Guide, and patient PI (as applicable) to:

\author{
OPDP Regulatory Project Manager \\ Food and Drug Administration \\ Center for Drug Evaluation and Research \\ Office of Prescription Drug Promotion \\ 5901-B Ammendale Road \\ Beltsville, MD 20705-1266
}

Alternatively, you may submit a request for advisory comments electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft Guidance for Industry (available at: http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ UCM443702.pdf).

As required under 21 CFR 314.81 (b)(3)(i), you must submit final promotional materials, and the package insert, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf. Information and Instructions for completing the form can be found at http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf. For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm.

\section*{REPORTING REQUIREMENTS}

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

\section*{MEDWATCH-TO-MANUFACTURER PROGRAM}

The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at http://www.fda.gov/Safety/MedWatch/HowToReport/ucm 166910.htm.

\section*{POST APPROVAL FEEDBACK MEETING}

New molecular entities and new biologics qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

\section*{FDA BENEFIT-RISK FRAMEWORK APPLICANT INTERVIEW}

FDA has contracted with Eastern Research Group, Inc. (ERG) to conduct an assessment of FDA's initial phase implementation of the Benefit-Risk Framework (BRF) in human drug review. A key element of this evaluation includes interviews with applicants following FDA approval of New Molecular Entity (NME) New Drug Applications (NDAs) and original Biologic License Applications (BLAs). The purpose of the interview is to assess the extent to which the BRF provides applicants with a clear understanding of the reasoning behind FDA's regulatory decisions for NME NDAs and original BLAs.

ERG will contact you to schedule a BRF applicant interview and provide specifics about the interview process. Your responses during the interview will be confidential with respect to the FDA review team. ERG has signed a non-disclosure agreement and will not disclose any identifying information to anyone outside their project team. They will report only anonymized results and findings in the interim and final reports. Members of the FDA review team will be interviewed by ERG separately. While your participation in the interview is voluntary, your fcedback will be helpful to this evaluation.

If you have any questions, call Maureen Dewey, Regulatory Project Manager, at (301) 796-0845.

Sincerely,
\{See appended electronic signature page\}
Julie Beitz, M.D.
Director
Office of Drug Evaluation III
Center for Drug Evaluation and Research

Enclosure:
Content of Labeling
Medication Guide
Carton and Container Labeling

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use TRULANCE safely and effectively. Sec full prescribing information for TRULANCE.

TRULANCE (plecanatide) tablets, for oral use Initial U.S. Approval: 2017

\section*{WARNING: RISK OF SERIOUS DEHYDRATION IN PEDIATRIC PATIENTS \\ See full prescribing information for complete boxed warning.}
- TRULANCE is contraindicated in patients less than 6 years of age; in young juvenile mice, plecanatide caused death due to dehydration. \((4,8.4)\)
- Avoid use of TRULANCE in patients 6 years to less than 18 years of age. (5.1, 8.4)
- The safety and effectiveness of TRULANCE have not been established in patients less than 18 years of age. (8.4)

\section*{INDICATIONS AND USAGE}

TRULANCE is a guanylate cyclase-C agonist indicated in adults for treatment of chronic idiopathic constipation (CIC). (1)

\section*{DOSAGE AND ADMINISTRATION \\ The recommended adult dosage of TRULANCE is 3 mg taken orally} once daily. (2.1)

Administration Instructions (2.2):
- Take with or without food.
- Swallow tablets whole.
- For patients who have difficulty swallowing tablets whole or those with a nasogastric or gastric feeding tube, see full prescribing information with instructions for crushing the tablet and administering with applesauce or water.
\(\qquad\)
Tablets: 3 mg (3)

\section*{CONTRAINDICATIONS}
- Patients less than 6 years of age due to the risk of serious dehydration. \((4,5.1,8.4)\)
- Patients with known or suspected mechanical gastrointestinal obstruction. (4)

WARNINGS AND PRECAUTIONSdiarrea occurs, suspend dosing and rehydrate the patient. (5.2)
___ADVERSE REACTIONS-
Most common adverse reaction ( \(\geq 2 \%\) ) is diarrhea. (6.1)
To report SUSPECTED ADVERSE REACTIONS, contact Synergy Pharmaceuticals at 1-888-869-8869 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 01/2017
\begin{tabular}{|c|c|}
\hline \multirow[t]{3}{*}{FULL PRESCRIBING INFORMATION: CONTENTS*} & 8.1 Pregnancy \\
\hline & 8.2 Lactation \\
\hline & 8.4 Pediatric Use \\
\hline WARNING: RISK OF SERIOUS DEHYDRATION IN & 8.5 Geriatric Use \\
\hline \multirow[t]{2}{*}{PEDIATRIC PATIENTS} & 11 DESCRIPTION \\
\hline & 12 CLINICAL PHARMACOLOGY \\
\hline 1 Indications and usage & 12.1 Mechanism of Action \\
\hline 2 DOSAGE AND ADMINISTRATION & 12.2 Pharmacodynamics \\
\hline 2.1 Recommended Dosage & 12.3 Pharmacokinetics \\
\hline 2.2 Preparation and Administration Instructions & 13 NONCLINICAL TOXICOLOGY \\
\hline 3 DOSAGE FORMS AND STRENGTHS & 13.1 Carcinogenesis, Mutagenesis, Impairment of \\
\hline 4 CONTRAINDICATIONS & Fertility \\
\hline 5 WARNINGS AND PRECAUTIONS & 14 CLINICAL STUDIES \\
\hline 5.1 Risk of Serious Dehydration in Pediatric Patients & 16 HOW SUPPLIED/STORAGE AND HANDLING \\
\hline 5.2 Diarrhea & 17 PATIENT COUNSELING INFORMATION \\
\hline 6 ADVERSE REACTIONS & \\
\hline - 6.1 Clinical Trials Experience & *Sections or subsections omitted from the full prescribing \\
\hline 8 USE IN SPECIFIC POPULATIONS & information are not listed. \\
\hline
\end{tabular}

\section*{FULL PRESCRIBING INFORMATION}

\section*{WARNING: RISK OF SERIOUS DEHYDRATION IN PEDIATRIC PATIENTS}
- TRULANCE is contraindicated in patients less than 6 years of age; in nonclinical studies in young juvenile mice administration of a single oral dose of plecanatide caused deaths due to dehydration [see Contraindications (4), Use in Specific Populations (8.4)].
- Avoid use of TRULANCE in patients 6 years to less than 18 years of age [see Warnings and Precautions (5.1), Use in Specific Populations (8.4)].
- The safety and effectiveness of TRULANCE have not been established in patients less than 18 years of age [see Use in Specific Populations (8.4)].

\section*{1 INDICATIONS AND USAGE}

TRULANCE is indicated in adults for the treatment of chronic idiopathic constipation (CIC).

\section*{2 DOSAGE AND ADMINISTRATION}

\subsection*{2.1 Recommended Dosage}

The recommended dosage of TRULANCE is 3 mg taken orally once daily.

\subsection*{2.2 Preparation and Administration Instructions}
- Take TRULANCE with or without food [see Clinical Pharmacology (12.3)].
- If a dose is missed, skip the missed dose and take the next dose at the regular time. Do not take two doses at the same time.
- Swallow a tablet whole for each dose.
- For adult patients with swallowing difficulties, TRULANCE tablets can be crushed and administered orally either in applesauce or with water or administered with water via a nasogastric or gastric feeding tube. Mixing TRULANCE crushed tablets in other soft foods or in other liquids has not been tested.

Oral Administration in Applesauce:
1. In a clean container, crush the TRULANCE tablet to a powder and mix with 1 teaspoonful of room temperature applesauce.
2. Consume the entire tablet-applesauce mixture immediately. Do not store the mixture for later use.

Oral Administration in Water:
1. Place the TRULANCE tablet in a clean cup.
2. Pour approximately 30 mL of room temperature water into the cup.
3. Mix by gently swirling the tablet and water mixture for at least 10 seconds. The TRULANCE tablet will fall apart in the water.
4. Swallow the entire contents of the tablet water mixture immediately.
5. If any portion of the tablet is left in the cup, add another 30 mL of water to the cup, swirl for at least 10 seconds, and swallow immediately.
6. Do not store the tablet-water mixture for later use.

Administration with Water via a Nasogastric or Gastric Feeding Tube:
1. Place the TRULANCE tablet in a clean cup with 30 mL of room temperature water.
2. Mix by gently swirling the tablet and water mixture for at least 15 seconds. The TRULANCE tablet will fall apart in the water.
3. Flush the nasogastric or gastric feeding tube with 30 mL of water using an appropriate syringe.
4. Draw up the mixture using the syringe and immediately administer via the nasogastric or gastric feeding tube. Do not reserve for future use.
5. If any portion of the tablet is left in the cup, add another 30 mL of water to the cup, swirl for at least 15 seconds, and using the same syringe, administer via the nasogastric or gastric feeding tube.
6. Using the same or a fresh syringe, flush the nasogastric or gastric feeding tube with at least 10 mL of water.

\section*{3 DOSAGE FORMS AND STRENGTHS}

TRULANCE Tablets:
3 mg : white to off-white, plain, round tablet debossed with "SP" on one side and " 3 " for 3 mg on the other side.

\section*{4 CONTRAINDICATIONS}

TRULANCE is contraindicated in:
- Patients less than 6 years of age due to the risk of serious dehydration [see Warnings and Precautions (5.1), Use in Specific Populations (8.4)].
- Patients with known or suspected mechanical gastrointestinal obstruction.

\section*{5 WARNINGS AND PRECAUTIONS}

\subsection*{5.1 Risk of Serious Dehydration in Pediatric Patients}

TRULANCE is contraindicated in patients less than 6 years of age. The safety and effectiveness of TRULANCE in patients less than 18 years of age have not been established. In young juvenile mice (human age equivalent of approximately 1 month to less than 2 years), plecanatide increased fluid-secretion into the intestines as a consequence of stimulation of guanylate cyclase-C (GC-C), resulting in mortality in some mice within the first 24 hours, apparently due to dehydration. Due to increased intestinal expression of GC-C, patients less than 6 years of age may be more likely than patients 6 years of age and older to develop severe diarrhea and its potentially serious consequences.
Avoid the use of TRULANCE in patients 6 years to less than 18 years of age. Although there were no deaths in older juvenile mice, given the deaths in younger mice and the lack of clinical safety and efficacy data in pediatric patients, avoid the use of TRULANCE in patients 6 years to less than 18 years of age [see Contraindications (4), Warnings and Precautions (5.2), Use in Specific Populations (8.4)].

\subsection*{5.2 Diarrhea}

Diarrhea was the most common adverse reaction in the two placebo-controlled clinical trials. Severe diarrhea was reported in \(0.6 \%\) of patients [see Adverse Reactions (6.1)]. If severe diarrhea occurs, suspend dosing and rehydrate the patient.

\section*{6 ADVERSE REACTIONS}

\subsection*{6.1 Clinical Trials Experience}

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of another drug and may not reflect the rates observed in practice.
The safety data described below reflect data from 1733 adult patients with CIC randomized in two double-blind, placebo-controlled clinical trials (Study 1 and Study 2) to receive placebo or 3 mg of TRULANCE once daily for 12 weeks. Demographic characteristics were comparable between the TRULANCE and placebo groups [see Clinical Studies (14)].

\section*{Most Common Adverse Reactions}

Table 1 provides the incidence of adverse reactions reported in at least \(2 \%\) of CIC patients in the TRULANCE-treated group and at an incidence that was greater than in the placebo group.

Table 1: Most Common Adverse Reactions* in Two Placebo-Controlled Trials of TRULANCE [Study 1 and Study 2] in Patients with CIC
\begin{tabular}{|l|c|c|}
\hline & TRULANCE, 3 mg \\
\((\mathrm{N}=863)\) & Placebo \\
Adverse Reaction & 5 & \((\mathrm{~N}=870)\) \\
\(\%\)
\end{tabular}
* reported in at least \(2 \%\) of TRULANCE-treated patients and at an incidence greater than placebo

\section*{Diarrhea}

The majority of reported cases of diarrhea occurred within 4 weeks of treatment initiation. Severe diarrhea was reported in \(0.6 \%\) of TRULANCE-treated patients compared to \(0.3 \%\) of placebo-treated patients. Severe diarrhea was reported to occur within the first 3 days of treatment [see Warnings and Precautions (5.2)].

\section*{Adverse Reactions Leading to Discontinuation}

Discontinuations due to adverse reactions occurred in 4\% of TRULANCE-treated patients and \(2 \%\) of placebo-treated patients. The most common adverse reaction leading to discontinuation was diarrhea: \(2 \%\) of TRULANCE-treated patients and \(0.5 \%\) of placebo-treated patients withdrew due to diarrhea.

Less Common Adverse Reactions
Adverse reactions reported in less than \(2 \%\) of TRULANCE-treated patients and at an incidence greater than placebo were: sinusitis, upper respiratory tract infection, abdominal distension, flatulence, abdominal tenderness, and increased liver biochemical tests ( 2 patients with alanine aminotransferase (ALT) greater than 5 to 15 times the upper limit of normal and 3 patients with aspartate aminotransferase (AST) greater than 5 times the upper limit of normal).

\section*{8 USE IN SPECIFIC POPULATIONS}

\subsection*{8.1 Pregnancy}

\section*{Risk Summary}

Plecanatide and its active metabolite are negligibly absorbed systemically following oral administration [see Clinical Pharmacology (12.3)] and maternal use is not expected to result in fetal exposure to the drug. The available data on TRULANCE use in pregnant women are not sufficient to inform any drug-associated risks for major birth defects and miscarriage. In animal developmental studies, no effects on embryo-fetal development were observed with oral administration of plecanatide in mice and rabbits during organogenesis at doses much higher than the recommended human dosage.
The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the United States general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is \(2 \%\) to \(4 \%\) and \(15 \%\) to \(20 \%\), respectively.

\section*{Data}

\section*{Animal Data}

Pregnant mice and rabbits were administered plecanatide during the period of organogenesis. There was no evidence of harm to embryo-fetal development at oral doses up to \(800 \mathrm{mg} / \mathrm{kg} / \mathrm{day}\) in mice and \(250 \mathrm{mg} / \mathrm{kg} / \mathrm{day}\) in
rabbits. Oral administration of up to \(600 \mathrm{mg} / \mathrm{kg} /\) day in mice during organogenesis through lactation produced no developmental abnormalities or effects on growth, learning and memory, or fertility in the offspring through maturation.

The maximum recommended human dose is approximately \(0.05 \mathrm{mg} / \mathrm{kg} /\) day, based on a \(60-\mathrm{kg}\) body weight. Limited systemic exposure to plecanatide was achieved in animals during organogenesis (area under the plasma concentration-time curve \(\left[A U C_{t}\right]=449 \mathrm{ng} \cdot \mathrm{h} / \mathrm{mL}\) in rabbits given \(250 \mathrm{mg} / \mathrm{kg} / \mathrm{day}\) ). Plecanatide and its active metabolite are not measùrable in human plasma following administration of the recommended clinical dosage. Therefore, animal and human doses should not be compared directly for evaluating relative exposure.

\subsection*{8.2 Lactation}

\section*{Risk Summary}

There is no information regarding the presence of plecanatide in human milk, or its effects on milk production or the breastfed infant. No lactation studies in animals have been conducted. Plecanatide and its active metabolite are negligibly absorbed systemically following oral administration [see Clinical Pharmacology (12.3)].

It is unknown whether the negligible systemic absorption of plecanatide by adults will result in a clinically relevant exposure to breastfed infants. Exposure to plecanatide in breastfed infants has the potential for serious adverse effects [see Use in Special Populations (8.4)]. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for TRULANCE and any potential adverse effects on the breastfed infant from TRULANCE or from the underlying maternal condition.

\subsection*{8.4 Pediatric Use}

TRULANCE is contraindicated in pediatric patients less than 6 years of age. Avoid use of TRULANCE in patients 6 years to less than 18 years of age [see Contraindications (4), Warnings and Precautions (5.1)]. The safety and effectiveness of TRULANCE in patients less than 18 years of age have not been established.

In nonclinical studies, deaths occurred within 24 hours in young juvenile mice (human age equivalent of approximately 1 month to less than 2 years) following oral administration of plecanatide, as described below in Juvenile Animal Toxicity Data. Because of increased intestinal expression of GC-C, patients less than 6 years of age may be more likely than patients 6 years of age and older to develop diarrhea and its potentially serious consequences. TRULANCE is contraindicated in patients less than 6 years of age. Given the deaths in young juvenile mice and the lack of clinical safety and efficacy data in pediatric patients, avoid the use of TRULANCE in patients 6 years to less than 18 years of age.

\section*{Juvenile Animal Toxicity Data}

Single oral doses of plecanatide at \(0.5 \mathrm{mg} / \mathrm{kg}\) and \(10 \mathrm{mg} / \mathrm{kg}\) caused mortality in young juvenile mice on postnatal days 7 and 14 , respectively (human age equivalent of approximately 1 month to less than 2 years). Treatment-related increases in the weight of intestinal contents were observed in juvenile mice following single doses of plecanatide on postnatal day 14 (human age equivalent of approximately less than 2 years), consistent with increased fluid in the intestinal lumen. Although the recommended human dose is approximately 0.05 \(\mathrm{mg} / \mathrm{kg} /\) day, based on a \(60-\mathrm{kg}\) body weight, plecanatide and its active metabolite are not measurable in adult human plasma, whereas systemic absorption was demonstrated in the juvenile animal toxicity studies. Animal and human doses should not be compared directly for evaluating relative exposure.

\subsection*{8.5 Geriatric Use}

Clinical studies of TRULANCE did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from patients 18 years to less than 65 years of age. Of 2601 subjects in clinical trials of TRULANCE, 273 ( \(10 \%\) ) were 65 years of age and over, and 47 ( \(2 \%\) ) were 75 years and over.

In general, dose selection for an elderly patient should be cautious, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

\section*{11 DESCRIPTION}

TRULANCE (plecanatide) is a guanylate cyclase-C (GC-C) agonist. Plecanatide is a 16 amino acid peptide with the following chemical name: L-Leucine, L-asparaginyl-L- \(\alpha\)-aspartyl-L- \(\alpha\)-glutamyl-L-cysteinyl-L- \(\alpha\) -glutamyl-L-leucyl-L-cysteinyl-L-valyl-L-asparaginyl-L-valyl-L-alanyl-L-cysteinyl-L-threonylglycyl-L-cysteinyl-, cyclic \((4 \rightarrow 12),(7 \rightarrow 15)\)-bis(disulfide).
The molecular formula of plecanatide is \(\mathrm{C}_{65} \mathrm{H}_{104} \mathrm{~N}_{18} \mathrm{O}_{26} \mathrm{~S}_{4}\) and the molecular weight is 1682 Daltons. The amino acid sequence for plecanatide is shown below:


The solid lines linking cysteines illustrate disulfide bridges.
Plecanatide is an amorphous, white to off-white powder. It is soluble in water. TRULANCE tablets are supplied as a 3 mg tablet for oral administration. The inactive ingredients are magnesium stearate and microcrystalline cellulose.

\section*{12 CLINICAL PHARMACOLOGY}

\subsection*{12.1 Mechanism of Action}

Plecanatide is structurally related to human uroguanylin, and similar to uroguanylin, plecanatide functions as a guanylate cyclase-C (GC-C) agonist. Both plecanatide and its active metabolite bind to GC-C and act locally on the luminal surface of the intestinal epithelium. Activation of GC-C results in an increase in both intracellular and extracellular concentrations of cyclic guanosine monophosphate (cGMP). Elevation of intracellular cGMP stimulates secretion of chloride and bicarbonate into the intestinal lumen, mainly through activation of the cystic fibrosis transmembrane conductance regulator (CFTR) ion channel, resulting in increased intestinal fluid and accelerated transit. In animal models, plecanatide has been shown to increase fluid secretion into the gastrointestinal (GI) tract, accelerate intestinal transit, and cause changes in stool consistency.
In an animal model of visceral pain, plecanatide reduced abdominal muscle contractions, a measure of intestinal pain. The mechanism has not been studied.

\subsection*{12.2 Pharmacodynamics}

\section*{Food Effect}

Subjects who received either a low-fat, low calorie (LF-LC) meal or a high fat, high calorie (HF-HC) meal reported looser stools than fasted subjects up to 24 hours after a single dose of TRULANCE 9 mg ( 3 times the recommended dose). In clinical studies, TRULANCE was administered with or without food [see Dosage and Administration (2.2)].

\subsection*{12.3 Pharmacokinetics}

\section*{Absorption}

Plecanatide is minimally absorbed with negligible systemic availability following oral administration. Concentrations of plecanatide and its active metabolite in plasma are below the limit of quantitation after an oral TRULANCE dose of 3 mg . Therefore, standard pharmacokinetic parameters such as AUC, maximum concentration ( \(\mathrm{C}_{\text {max }}\) ), and half-life ( \(\left(\mathrm{t}_{2}\right)\) cannot be calculated.

\section*{Food Effect}

In a crossover study, 24 healthy subjects were given a single dose of TRULANCE 9 mg ( 3 times the recommended dose) in 3 different states: fasted; following a low-fat, low-calorie meal (LF-LC; approximately 350 calories: \(17 \%\) from fat, \(66 \%\) from carbohydrate, and \(17 \%\) from protein); and following a high-fat, high-calorie meal (HF-HC; approximately 1000 calories: \(60 \%\) from fat, \(25 \%\) from carbohydrate, and \(15 \%\) from protein). Plecanatide was detected in 1 subject (fasted state) at 0.5 and 1 hour post dose. Plecanatide concentrations were below the limit of quantitation for all other time points and for all other subjects. The active metabolite was not detected in any subject.

\section*{Distribution}

Given that plecanatide concentrations following clinically relevant oral doses are not measurable, plecanatide is expected to be minimally distributed in tissues. Oral plecanatide is localized to the GI tract where it exerts its effects as a GC-C agonist with negligible systemic exposure. Plecanatide exhibits little to no binding to human serum albumin or human \(\alpha-1\)-acid glycoprotein.

\section*{Elimination}

\section*{Metabolism}

Plecanatide is metabolized in the GI tract to an active metabolite by loss of the terminal leucine moiety. Both plecanatide and the metabolite are proteolytically degraded within the intestinal lumen to smaller peptides and naturally occurring amino acids.

\section*{Excretion}

No excretion studies have been conducted in humans. Plecanatide and.its active metabolite are not measurable in plasma following administration of the recommended clinical doses.

\section*{Drug Interaction Studies}

Neither plecanatide nor its active metabolite inhibited the cytochrome P450 (CYP) enzymes 2C9 and 3A4, and they did not induce CYP3A4 in vitro.

Plecanatide and its active metabolite are neither substrates nor inhibitors of the transporters P-glycoprotein (P-gp) or breast cancer resistance protein (BCRP) in vitro.

\section*{13 NONCLINICAL TOXICOLOGY}

\subsection*{13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility}

\section*{Carcinogencsis}

The carcinogenic potential of plecanatide was assessed in 2-year carcinogenicity studies in mice and rats. Plecanatide was not tumorigenic in mice at oral doses up to \(90 \mathrm{mg} / \mathrm{kg} /\) day or in rats at oral doses up to \(100 \mathrm{mg} / \mathrm{kg} / \mathrm{day}\). Limited systemic exposure to plecanatide was achieved at the tested dose levels in animals, whereas no detectable exposure occurred in humans. Therefore, animal and human doses should not be compared directly for evaluating relative exposure.

\section*{Mutagenesis}

Plecanatide was not genotoxic in the in vitro bacterial reverse mutation (Ames) assay, in vitro mouse lymphoma mutation assay, or the in vivo mouse bone marrow micronucleus assay.

\section*{Impairment of Fertility}

Plecanatide had no effect on fertility or reproductive function in male or female mice at oral doses of up to \(600 \mathrm{mg} / \mathrm{kg} / \mathrm{day}\).

\section*{14 CLINICAL STUDIES}

The efficacy of TRULANCE for the management of symptoms of CIC was established in two 12-week, double-blind, placebo-controlled, randomized, multicenter clinical studies in adult patients (Study 1 and Study 2). In the Intention-to-Treat (ITT) population, a total of 905 patients (Study 1) and 870 patients (Study 2) were randomized \(1: 1\) to either placebo or TRULANCE 3 mg , once daily. In clinical studies, study medication was administered without respect to food intake. Demographics for these studies included an overall mean age of 45 years (range 18 to 80 years), \(80 \%\) female, \(72 \%\) white, and \(24 \%\) black.

To be eligible for the studies, patients were required to meet modified Rome III criteria for at least 3 months prior to the screening visit, with symptom onset for at least 6 months prior to diagnosis. Rome III criteria were modified to require that patients report less than 3 defecations per week, rarely have a loose stool without the use of laxatives, not use manual maneuvers to facilitate defecations, and not meet criteria for IBS-C. In addition, patients were required to report at least two of the following symptoms:
- Straining during at least \(25 \%\) of defecations
- Lumpy or hard stool in at least \(25 \%\) of defecations
- Sensation of incomplete evacuations for at least \(25 \%\) of defecations
- Sensation of anorectal obstruction/blockage for at least \(25 \%\) of defecations

Patients who met these criteria were also required to demonstrate the following during the last 2 weeks of the screening period:
- Less than 3 complete spontaneous bowel movements (CSBMs) (a CSBM is an SBM that is associated with a sense of complete evacuation) in each of the two weeks
- Bristol Stool Form Scale (BSFS) of 6 or 7 in less than \(25 \%\) of spontaneous bowel movements (SBMs) (an SBM is a bowel movement occurring in the absence of laxative use)
- One out of the following three:
- BSFS of 1 or 2 in at least \(25 \%\) of defecations
- A straining value recorded on at least \(25 \%\) of days when a BM was reported
- At least \(25 \%\) of BMs result in a sense of incomplete evacuation

The efficacy of TRULANCE was assessed using a responder analysis and change-from-baseline in CSBM and SBM endpoints. Efficacy was assessed using information provided by patients on a daily basis in an electronic diary.
A responder was defined as a patient who had a least 3 CSBMs in a given week and an increase of at least 1 CSBM from baseline in the same week for at least 9 weeks out of the 12 week treatment period and at least 3 of the last 4 weeks of the study. The responder rates are shown in Table 2.

Table 2: Efficacy Responder Rates in the Two Placebo Controlled Studies of CIC: at least 9 of \(\mathbf{1 2}\) weeks and at least 3 of the last 4 weeks (ITT Population)
\begin{tabular}{|c|c|c|c|}
\hline \multicolumn{4}{|c|}{Study 1} \\
\hline & TRULANCE 3 mg
\[
N=453
\] & Placebo
\[
\mathrm{N}=452
\] & Treatment Difference \({ }^{\text {H }}\)
[95\% CI*] \\
\hline Responder \({ }^{\wedge}\) & 21\% & 10\% & \[
\begin{gathered}
11 \% \\
{[6.1 \%, 15.4 \%]}
\end{gathered}
\] \\
\hline \multicolumn{4}{|c|}{Study 2} \\
\hline & TRULANCE 3 mg
\[
N=430
\] & Placebo
\[
N=440
\] & Treatment Difference \({ }^{\text {* }}\) [ \(95 \% \mathrm{CI}^{*}\) ] \\
\hline Responder \({ }^{\wedge}\) & 21\% & 13\% & \[
\begin{gathered}
8 \% \\
{[2.6 \%, 12.4 \%]} \\
\hline
\end{gathered}
\] \\
\hline
\end{tabular}
\({ }^{*} \mathrm{CI}=\) confidence interval
^ primary endpoint defined as a patient who had a least 3 CSBMs in a given week and an increase of at least 1 CSBM from baseline in the same week for at least 9 weeks out of the 12 week treatment period and at least 3 of the last 4 weeks of the study
\# p -value \(<0.005\)
In both studies, improvements in the frequency of CSBMs/week were seen as early as week 1 with improvement maintained through week 12. The difference between the TRULANCE group and the placebo group in the mean change of CSBMs/week frequency from baseline to week 12 was approximately 1.1 CSBMs/week.

Over the 12 week treatment period, improvements were observed in stool frequency (number of CSBMs/week and SBMs/week) and/or stool consistency (as measured by the BSFS), and/or in the amount of straining with bowel movements (amount of time pushing or physical effort to pass stool) in the TRULANCE group as compared to placebo.
Following completion of the study drug treatment period, patients continued to record data in the daily diary for a 2 week Post-Treatment Period. During this time, TRULANCE-treated patients generally returned to baseline for these study endpoints.
In Studies 1 and 2, a third randomized treatment arm of TRULANCE 6 mg once daily did not demonstrate additional treatment benefit and had a greater incidence of adverse reactions than TRULANCE 3 mg once daily. Therefore, TRULANCE 6 mg once daily is not recommended [see Dosage and Administration (2.1)].

\section*{16 HOW SUPPLIED/STORAGE AND HANDLING}

TRULANCE tablets are packaged in an aluminum foil unit dose blister pack of 30 in a child-resistant pack or in a white, opaque, high-density polyethylene round bottle with a screw-top polypropylene child-resistant cap and heat-activated induction seal. Each bottle container-closure system also contains a desiccant and a polyester coil.
TRULANCE 3 mg tablets are white to off-white, plain and round, debossed with "SP" on one side and " 3 " for 3 mg on the other side and supplied as:
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ NDC Number } & \multicolumn{1}{c|}{ Size } \\
\hline \(70194-203-30\) & Bottle of 30 \\
\hline \(70194-003-30\) & Aluminum foil unit dose blister pack of 30 in a child-resistant pack \\
\hline
\end{tabular}

Store at room temperature, 20 to \(25^{\circ} \mathrm{C}\left(68\right.\) to \(\left.77^{\circ} \mathrm{F}\right)\); excursions permitted to 15 to \(30^{\circ} \mathrm{C}\left(59\right.\) to \(\left.86^{\circ} \mathrm{F}\right)\) [see USP Controlled Room Temperature].

Keep TRULANCE in a dry place. Protect from moisture. For bottles, keep TRULANCE in the original bottle. Do not remove desiccant from the bottle. Do not subdivide or repackage.

\section*{17 PATIENT COUNSELING INFORMATION}

Advise the patient to read the FDA-approved patient labeling (Medication Guide).
Advise Patients:

\section*{Diarrhea}

To stop TRULANCE and contact their healthcare provider if they experience severe diarrhea [see Warnings and Precautions (5.2)].

\section*{Accidental Ingestion}

Accidental ingestion of TRULANCE in children, especially in children less than 6 years of age, may result in severe diarrhea and dehydration. Instruct patients to take steps to store TRULANCE securely and out of reach of children and to dispose of unused TRULANCE [see Contraindications (4), Warnings and Precautions (5.2)].

\section*{Administration and Handling Instructions}
- To take TRULANCE once daily with or without food [see Dosage and Administration (2.2)].
- If a dose is missed, skip the missed dose and take the next dose at the regular time. Do not take two doses at the same time.
- To swallow TRULANCE tablets whole.
- If adult.patients have swallowing difficulties, TRULANCE tablets can be crushed and administered orally in either applesauce or with water, or administered with water via a nasogastric or gastric feeding tube, as described in the Medication Guide.
- To keep TRULANCE in a dry place. Protect from moisture. For bottles, keep TRULANCE in the original bottle. Do not remove desiccant from the bottle. Do not subdivide or repackage. Remove and discard polyester coil after opening. Keep bottles closed tightly [see How Supplied/Storage and Handling (16)].

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Manufactured for:
Synergy Pharmaceuticals Inc.
420 Lexington Avenue, Suite 2012
New York, New York 10170

> Medication Guide
> TRULANCE \({ }^{\text {TM }}\) (troo' lans)
> (plecanatide) tablets

What is the most important information I should know about TRULANCE?
- Do not give TRULANCE to children who are less than 6 years of age. It may harm them.
- You should not give TRULANCE to children 6 years to less than 18 years of age. It may harm them.
See "What are the possible side effects of TRULANCE?" for more information about side effects.

\section*{What is TRULANCE?}

TRULANCE is a prescription medicine used in adults to treat a type of constipation called chronic idiopathic constipation (CIC). Idiopathic means the cause of the constipation is unknown.

\section*{It is not known if TRULANCE is safe and effective in children less than 18 years of age.}

\section*{Who should not take TRULANCE?}
- Do not give TRULANCE to children who are less than 6 years of age.
- Do not.take TRULANCE if a doctor has told you that you have a bowel blockage (intestinal obstruction).

Before taking TRULANCE, tell your doctor about all of your medical conditions, including if you:
- are pregnant or plan to become pregnant. It is not known if TRULANCE will harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if TRULANCE passes into your breast milk.

Talk with your doctor about the best way to feed your baby if you take TRULANCE.
Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

\section*{How should I take TRULANCE?}
- Take TRULANCE exactly as your doctor tells you to take it.
- Take TRULANCE by mouth, 1 time earch तay with or without food.
- If you miss a dose, skip the missed dose. Take the next dose at your regular time. Do not take 2 doses at the same time.
- TRULANCE tablets should be swallowed whole.
- Adults who cannot swallow TRULANCE tablets whole may crush the TRULANCE tablet and mix with applesauce or dissolve TRULANCE in water before swallowing. TRULANCE tablets may also be taken with water by adults through a nasogastric or gastric feeding tube.
It is not known if TRULANCE is safe and effective when crushed and mixed with other foods or dissolved in other liquids.

\section*{Taking TRULANCE in applesauce:}
- Crush the TRULANCE tablet in a clean container until it is a powder and mix with 1 teaspoon of room temperature applesauce.
- Swallow all of the TRULANCE and applesauce mixture right away. Do not keep the TRULANCE and applesauce mixture for future use.
Taking TRULANCE in water:
- Place the TRULANCE tablet in a clean cup and pour 1 ounce \((30 \mathrm{~mL})\) of room temperature water into the cup.
- Gently swirl the TRULANCE tablet and water for at least 10 seconds. The TRULANCE tablet will fall apart in the water.
- Swallow all of the TRULANCE tablet and water mixture right away. Do not keep the mixture for

\section*{future use.}
- If you see any part of the tablet left in the cup, add another 1 ounce ( 30 mL ) of water to the cup, swirl for at least 10 seconds, and swallow right away.
Taking TRULANCE through a nasogastric or gastric feeding tube:
Gather the supplies you will need to take your TRULANCE dose. Your doctor should tell you what size catheter tipped syringe you will need for your dose. Ask your doctor if you have any questions about how to give TRULANCE the right way.
- Place the TRULANCE tablet in a clean cup with 1 ounce \((30 \mathrm{~mL})\) of room temperature water.
- Gently swirl the TRULANCE tablet and water for at least 15 seconds. The TRULANCE tablet will fall apart in the water.
- Flush the nasogastric or gastric feeding tube with 1 ounce ( 30 mL ) of water.
- Draw up the TRULANCE tablet and water mixture into a catheter tipped syringe and give right away through the nasogastric or gastric feeding tube. Do not keep the mixture for future use.
- If you see any part of the tablet left in the cup, add another 1 ounce \((30 \mathrm{~mL})\) of water to the cup, swirl for at least 15 seconds and use the same catheter tipped syringe to give the mixture through the nasogastric or gastric feeding tube.
- Using the same or another catheter tipped syringe, flush the nasogastric or gastric feeding tube with at least 10 mL of water.
What are the possible side effects of TRULANCE?
TRULANCE can cause serious side effects, including:
- See "What is the most important information I should know about TRULANCE?"
- Diarrhea is the most common side effect of TRULANCE, and it can sometimes be severe.
- Diarrhea often begins within the first 4 weeks of TRULANCE treatment.

Stop taking TRULANCE and call your doctor if you develop severe diarrhea.
These are not all the possible side effects of TRULANCE.
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA1088.

\section*{How ehould I Etore TRULANCE?}
- Store TRULANCE at room temperature between \(68^{\circ} \mathrm{F}\) to \(77^{\circ} \mathrm{F}\left(20^{\circ} \mathrm{C}\right.\) to \(\left.25^{\circ} \mathrm{C}\right)\).
- Keep TRULANCE in a secure place and in the bottle or blister pack that it comes in.
- The TRULANCE bottle contains a desiccant packet to help keep your medicine dry (protect it from moisture). Do not remove the desiccant packet from the bottle.
- The TRULANCE bottle contains a polyester coil to help protect the tablets during shipping. Remove the polyester coil from the bottle and throw it away when you are ready to start taking TRULANCE.
- Keep the container of TRULANCE tightly closed and in a dry place.
- Safely throw away TRULANCE that is out of date or no longer needed.

Keep TRULANCE and all medicines out of the reach of children.

\section*{General information about the safe and effective use of TRULANCE.}

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use TRULANCE for a condition for which it was not prescribed. Do not give TRULANCE to other people, even if they have the same symptoms that you have. It may harm them.
You can ask your doctor or pharmacist for information about TRULANCE that is written for health professionals.
What are the ingredients in TRULANCE?
Active ingredient: plecanatide
Inactive ingredients: magneslum stearate and microcrystalline cellulose

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For more information, go to www.synergypharma.com or call 1-888-869-8869.
This Medication Guide has been approved by the U.S. Food and Drug Administration.




\section*{7CT Blister Pack}


7CT Bottle Sticker


This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.
/s/

JULIE G BEITZ
01/19/2017

\begin{tabular}{l}
\multicolumn{5}{|l|}{ United States } \\
\hline
\end{tabular}

Need Help? I USPTO Home Page | USPTO Privacy Policy | Finance Online Shopping Page | Alerts Page
\begin{tabular}{|c|c|c|}
\hline Date & \multicolumn{2}{|l|}{Serial No. \(l\) Interaction} \\
\hline April 13, 2006 & N/A-01 & Request for a type B pre-IND meeting for SP-304 (guanilib) for the treatment of ulcerative colitis and Crohn's Disease. Sent to the attention of Brian Strongin (Document Control Room). The cover letter was dated April 13, 2006, and was received by FDA on April 14, 2006. \\
\hline April 21, 2006 & N/A-02 & \begin{tabular}{l}
Fax received from Kristin Everett (regulatory project manager), Division of Gastroenterology Products, granting pre-IND meeting request and confirming Type \(B\) meeting for PIND 74,883 (assigned to SP-304) for discussion of clinical and nonclinical issues. Date if meeting is June 15, 2006, from 3 PM to 4 PM (EST). Location of meeting is White Oak Campus, 10903 New Hampshire Ave, Silver Spring, MD 20993. \\
Background info package to be received by FDA by May \(16{ }^{\text {th }}\). FDA wants 3 copies submitted to IND and 8 desk copies sent to Kristin Everett. Request diskette (CD) with Word document with the pre-IND meeting package containing 2 files: 1) list of firm's attendees, and 2) specific questions to be answered at the meeting.
\end{tabular} \\
\hline May 10, 2006 & N/A-03 & Pre-IND Meeting Information Package sent to FDA by FedEx for their receipt May 11, 2006. Package included 3 IND copies (1 each of red, orange, green binders) and 8 plain (desk) copies along with a CD containing 2 files: 1 with names of attendees from Synergy, and 1 with the questions. CD was scanned using Norton software to assure virus-free status. \\
\hline May 15, 2006 & N/A-04 & Kristen Everett calls Don and inquires about the meeting information package and Word files, which she had not received yet. Kristen requested these files to be sent as soon as possible. \\
\hline May 16, 2006 & N/A-05 & Don sends an E-mail Kristen Everett containing the meeting information package (Adobe pdf), tracking information (Adobe pdf), and two Word files (meeting attendees and list of questions). Don followed up the E-mail with a phone call prior to noon, at which time Kristen informed Don that package was delivered to her office this morning and she has everything. Kristen confirmed that the meeting is still on for June 15th. Kristin also indicated that they would probably have comments before the meeting to Synergy. \\
\hline June 12, 2006 & N/A-06 & FDA (from Kristin Everett) sends answers to questions by fax (4 pages) to Don Picker (2 days prior to scheduled meeting). \\
\hline June 13, 2006 & N/A-07 & Synergy canceled the pre-IND meeting after receiving FDA's responses to Synergy's questions by fax. \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|}
\hline Date & Serial No. 1 Interaction & Description \\
\hline June 29-30, 2006 & N/A-08 & As a result of FDA's responses to the exploratory pre-IND submission, Synergy revised the IND filing strategy for SP-304 to submit a traditional IND to the FDA. Second request sent by FedEx for a type B pre-IND meeting for SP-304 (guanilib) via a traditional IND pathway this time (not exploratory IND pathway) for the treatment of ulcerative colitis and Crohn's Disease was sent. Sent 3 copies in blue binders on June 29, 2006 to the attention of Kristin Everett, RN, Regulatory Project Manager (Document Control Room). The cover letter was dated June 30, 2006, and was received by FDA on June 30, 2006. \\
\hline July 13, 2006 & N/A-09 & Fax received by Synergy (Don Picker) dated July 13, 2006 granting a Type B pre-IND meeting (teleconference) to discuss the traditional IND for SP-304 (guanilib). Meeting will be Friday, Sept. 8,2006 from 10 AM to 11 AM EST at the White Oak Campus, -10903 New Hampshire Ave, Silver Spring, MD 20993. FDA wants 3 IND copies and 7 desk copies at least 30 days prior to the meeting (by Aug 9 \({ }^{\text {th }}\) 2006). FDA also wants a disk or email with two separate Word files: 1) List of firm's attendees with titles, and 2) specific questions to be answered at the meeting. \\
\hline July 26, 2006 & N/A-10 & Pre-meeting information package (the requested number of copies indicated above) and CD with Word files sent to FDA to the attention of Kristin Everett. \\
\hline \[
\begin{aligned}
& \text { September 5, } \\
& 2006
\end{aligned}
\] & N/A \(\cdot 12\) & Don Picker receives draft answers from FDA sent as a fax to questions posed in the pre-IND meeting submission. \\
\hline \[
\begin{aligned}
& \text { September } 7 \text {, } \\
& 2006
\end{aligned}
\] & N/A-13 & Don Picker calls Kristin Everett and confirms that the meeting is still on for September 8 th \({ }^{\text {th }}\), asks for the teleconference to be delayed a little in the day to allow FDA time to review a fax and email from Synergy with more information on Question 6 (sent by fax to Kristin Everett on September 7 \({ }^{\text {th }}\) around 4:30 PM. \\
\hline \[
\begin{aligned}
& \text { September } 8 \text {, } \\
& 2006
\end{aligned}
\] & N/A-14 & Pre-IND meeting with FDA starting at 10 AM . Lasted approximately 35 minutes. Primary points of discussion were clarification of the answers to Questions 1 and 6 of the nonclinical questions posed in the pre-IND meeting package. \\
\hline \[
\begin{aligned}
& \text { September 11, } \\
& 2006
\end{aligned}
\] & N/A-15. & Don receives a request from FDA for names and organizations of the Synergy teleconference participants (Sept. 8, 2006). Don faxed back the completed meeting roster back to FDA containing the names of the 4 participants from Synergy on the call (Don Picker, Shailu, Katie Colgate, and Rita O'Neil) \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|}
\hline .... \(\quad\) Dăte & Interac & Desćription \\
\hline October 3, 2006 & N/A - 16 & FDA official meeting minutes from the Sept. 8, 2006 meeting are received, signed electronically by Kristin Everett (Project Manager) and John Hyde (Medical Team Leader) at the Division of Gastroenterology Drug Products. In the minutes, FDA notes that Synergy is responsible for notifying them of "any significant differences in understanding regarding the meeting outcomes". The minutes include the original answers to the questions received on Sept. 4, 2006, along with a summary of additional discussion that occurred at the meeting with respect to Questions 1 and 6. \\
\hline April 2, 2008 & 0000 & Original IND filing for SP-301 \\
\hline April 2, 2008 & N/A-17 & Gary Jacob sends email to Brian Strongin at FDA, Supervisory Project Manager, Division of Gastroenterology Products, asking status of IND \\
\hline May 2, 2008 & N/A - 18 & Email received from Matthew Scherer indicating the IND has been approved. \\
\hline May 23, 2008 & 0001 & Protocol Version 2 Amendment No. 1 for Protocol No. SP-SP304101-08 dated May 2, 2008 \\
\hline May 29, 2008 & n/a & 74,883 IND Acknowledgement Letter \\
\hline June 27, 2008 & 0002 & Protocol Version 2 Amendment No. 2 for Protocol No. SP. SP304101-08 dated May 30, 2008 \\
\hline July 11, 2008 & 0003 & Protocol Version 2 Amendment No. 3 for Protocol No. SP-SP304101-08 dated June 27, 2008 \\
\hline \[
\begin{aligned}
& \text { November 3, } \\
& 2008
\end{aligned}
\] & 0004 & Provide additional non-clinical data to support request to lower max dose of GLP monkey study to \(75 / \mathrm{mg} / \mathrm{kg}\) for repeat dosc IND \\
\hline February 20. 2009 & N/A - 23 & FDA response to November 3, 2008 request to lower max dose of GLP monkey study to \(75 / \mathrm{mg} / \mathrm{kg}\) for repeat dose IND \\
\hline March 4, 2009 & N/A-24 & FDA places SP-304 on partial clinical hold until repeat dose animal data is submitted and reviewed prior to starting any repeat dose studies in humans \\
\hline June 17, 2009 & 0005 & 2009 Annual Report \\
\hline January 4, 2010 & N/A - 26 & E-mail communication with FDA PM to let him know that the Complete Response to the Clinical Hold would be submitted with 28 -day tox reports under Serial No. 0006 and that we would submit the Phase lla protocol and Phase I HV CSR under Serial No. 0007 on January 7, 2010 \\
\hline January 7, 2010 & 0006 & Submit audited draft 28-Day Toxicology Study reports (monkey mouse, and pilot mouse) \\
\hline January 7, 2010 & 0007 & Submit SP-SP304101-08 HV CSR and SP-SP304201-09 Phase lla protocol \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|}
\hline Date &  & Description \\
\hline January 8, 2010 & N/A - 29 & E-mail communication with FDA PM to confirm IND Amendment Serial No. 0006 and 0007 were both sent for delivery on January 8, 2010 (including the requested 2 desk copies of each IND amendment. \\
\hline February 5, 2010 & N/A - 30 & FDA letter removing the partial clinical hold \\
\hline February 24, 2010 & 0008 & Submit SP-304201-09 Protocol Amendments 1 and 2, IB version 2 dated 02-22-10, Investigator information for Investigators participating in the SP-SP304201-09 clinical trial and to submit update to Section 7 of the IND (CMC) \\
\hline April 28, 2010 & 0009 & Submit SP-304201-09 Protocol Amendment 3 and updated Investigator information for Investigators participating in the SP. SP304201-09 clinical trial \\
\hline June 16, 2010 & 0010 & Submit FINAL 28-Day Toxicology Study reports (monkey and mouse) \\
\hline June 17, 2010 & 0011 & 2010 Annual Report \\
\hline July 8, 2010 & 0012 & Chemistry, Manufacturing and Control (CMC) Information Amendment: CMC information for the 0.3 mg dosage strength SP 304 drug product (API in capsules) manufactured for use in the phase 2a clinical study (Protocol No. SP-SP304201-09) \\
\hline July 26, 2010 & N/A - 36 & E-mail to Matthew Scherer (Regulatory Project Manager) from Cliff Chyatte providing contact information \\
\hline August 6, 2010 & 0013 & Request for a type C meeting with FDA to obtain guidance and seek agreement on the development and validation plan to demonstrate that the patient-reported outcome (PRO) instruments to support labeling claims are fit for purpose for use in the SP-304 (plecanatide) clinical program \\
\hline August 20, 2010 & N/A - 38 & E-mail from Matthew Scherer indicating that FDA has granted Synergy's request for a meeting to discuss our PRO instrument validation plan. \\
\hline Sept 10, 2010 & N/A-39 & Letter from Matthew Scherer confirming that FDA has granted Synergy's request for a meeting to discuss our PRO instrument validation plan, and stipulating that the meeting has been scheduled for December 6, 2010. \\
\hline October 7, 2010 & 0014 & Clinical Information Amendment: Investigator Data for Protocol No. SP-SP304201-09 \\
\hline November 5, 2010 & 0015 & Briefing Materials for a Type C meeting with FDA on December 6, 2001 to discuss Synergy's patient-reported outcome (PRO) development and validation plans \\
\hline November 5, 2010 & N/A-41 & Six (6) desk copies to Matthew Scherer of Briefing Materials for a Type C meeting with FDA on December 6, 2001 to discuss Synergy's patient-reported outcome (PRO) development and validation plans \\
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Synergy Pharmaceuticals Inc. FDA Correspondence Log
\begin{tabular}{|c|c|c|}
\hline November 10; 2010 & 0016 & Final, audited study reports for segment II reproductive toxicity studies of SP-304 in rabbits (Study No. 20003036) and in mice (Study No. 20001133) \\
\hline November 19, 2010 & N/A-44 & E-mail from Matthew Scherer to Gary Jacob requesting an electronic copy of the Briefing Materials for the upcoming meeting with FDA \\
\hline November 19, 2010 & N/A-45 & E-mail from Cliff Chyatte to Matthew Scherer providing an electronic copy of the Briefing Materials for the upcoming meeting with FDA \\
\hline November 19, 2010 & N/A-46 & E-mail from Matthew Scherer to Cliff Chyatte confirming the receipt of an electronic copy of the Briefing Materials for the upcoming meeting with FDA \\
\hline November 29, 2010 & N/A-47 & E-mail from Cliff Chyatte to Matthew Scherer providing a list of anticipated participants and dial-in information for the upcoming meeting with FDA \\
\hline December 2, 2010 & N/A-48 & E-mail from Matthew Scherer to Cliff Chyatte providing FDA's preliminary résponse to our meeting questions \\
\hline December 2, 2010 & N/A-49 & Letter from Matthew Scherer containing FDA's preliminary comments on our meeting questions \\
\hline December 3, 2010 & N/A - 50 & E-mail from Cliff Chyatte to Matthew Scherer providing replacement materials for Appendix A of the Briefing Book that was previously provided as part of the briefing materials for the FDA meeting \\
\hline December 13, 2010 & N/A-51 & E-mail from Cliff Chyatte to Matthew Scherer providing Synergy Pharmaceuticals' meeting minutes for a Type C meeting with FDA that took place as a teleconference on December 6, 2010 and discussed Synergy's patient-reported outcome (PRO) development and validation plans in support of labeling claims for SP-304 (plecanatide). \\
\hline December 14, 2010 & 0017 & Synergy Pharmaceuticals' meeting minutes for a Type C meeting with FDA that took place as a teleconference on December 6, 2010 and discussed Synergy's patient-reported outcome (PRO) development and validation plans in support of labeling claims for SP-304 (plecanatide). \\
\hline January 5, 2011 & N/A-52 & FDA's meeting minutes for a Type C meeting with FDA that took place as a teleconference on December 6, 2010 and discussed Synergy's patient-reported outcome (PRO) development and validation plans in support of labeling claims for SP-304 (plecanatide). \\
\hline July 15, 2011 & 0018 & Form 1571 and Letter stating intent to change to electronic submissions- Octagon \\
\hline July 15, 2011 & 0019 & 2011 IND Annual Report \\
\hline August 23, 2011 & 0020 & 13-Week Toxicology Study Reports-Mice and Monkey \\
\hline August 29, 2011 & 0021 & Investigator Brochure Version 4.3 Dated 8/23/11 Delegation of Authority Synergy to Parexel (with 1571) \\
\hline September 7, 2011 & 0022 & Protocol SP30420210, ePRO dossier, summary of supporting documentation, 1571 and Delegation of Authority to Parexel \\
\hline \[
\begin{aligned}
& \text { September 20, } \\
& 2011
\end{aligned}
\] & 0023 & Final Study Report for Phase lla study with mention of dose selection for Study SP 304 202-09 CSR \\
\hline \[
\begin{aligned}
& \text { September } 23 \text {, } \\
& 2011
\end{aligned}
\] & 0024 & Protocol Amendment: New Investigators - Drs. Cyzner (CTRN 073), Fogel (CTTN 121), Fowler (CTRN 122), Gonzalez (CTRN 149), Horn (CTRN 182), Huffman (CTRN 184), Levinsky (CTRN 245), Lubin (CTRN 253), Medoff (CTRN 274), Ringold (CTRN 351), Schneider (CTRN 369), Wiltz (CTRN 438), Choi (CTRN 449) \\
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\hline \[
\begin{array}{|l}
\hline \text { September 23, } \\
2011 \\
\hline
\end{array}
\] & N/A - 53 & Email from L. Barrow to M. Scherer @ FDA with attachment for Serial 0025 (see Serial \#0025 below.) \\
\hline \[
\begin{aligned}
& \text { September } 23 \text {, } \\
& 2011
\end{aligned}
\] & 0025 & General Correspondence - Other; US IND Agent Appointment (Michae! Kim PAREXEL will submit and receive correspondence on technical and administrative matters on behalf of Synergy \\
\hline October 6, 2011 & 0026 & Protocol Amendment: New Investigators - Drs. Bennett (CTRN 028),
Blumenau (CTRN 036), Campbell (CTRN 048), Clark (CTRN 063), Diaz
(CTRN 088), Karn (CTRN 206), Moussa (CTRN 297), Paddu (CTRN 316), \\
\hline October 12, 2011. & 0027 & Protocol Amendment: New Investigators - Drs. Dawson (CTRN 080), Egelhof (CTRN 103), Glover (CTRN 141), Gonte (CTRN 148), Gupta (CTRN 157), Klein (CTRN 220), Perez (CTRN 325), Wiener (CTRN 435). \\
\hline October 20, 2011 & N/A - 54 & New Contact for IND, Revicw of New Protocol \\
\hline October 21, 2011 & 0028 & Information Amendment: CMC Information. GMP drug substance batch 101221; drug product lots 2011F101A, 2011099A, 2011F100A (new mfg., production method, release testing and COA. GMP placebo drug product lot 2011 F096A - new mfg., release \& COA. \\
\hline October 25, 2011 & 0029 & Protocol Amendment: New Investigators - Drs. Barish (CTRN 019), Dimitroff (CTRN 089), Ervin (CTRN 110), Gasic (CTRN 130), Hoekstra (CTRN 178), Kaplan (CTRN 203), Koltun (CTRN 224), Krause (CTRN 227), Kuettel (CTRN 230), Velazquez (CTRN 259), Marcadis (CTRN 260), Oberoi (CTRN 311), Padilla (CTRN 317), Schwartz (CTRN 373), Serje (CTRN 378), Surowitz (CTRN 408), Wakefield (CTRN 431), Prince (CTRN 454). \\
\hline November 2, 2011 & 0030 & Information Amendment - Clinical Protocol Amendment to submit SAIRB approved protocol SP304-20210 V2.0 dated 25 Oct 2011 completed by US Agent PXL. \\
\hline November 4, 2011 & 0031 & Protocol Amendment - New Investigators: Drs. Allen (CTRN 003), Danzig (CTRN 075), Goldstein (CTRN 147), Holmes (CTRN 179), Jo (CTRN 195), Kirstein (CTRN 217), Balakrishnan (CTRN 390). \\
\hline November 22, 2011 & 0032 & Protocol Amendment - New Investigators: Drs. Andrews (CTRN 008), Call (CTRN 046), Cha (CTRN 054), Curtis (CTRN 071), DeLuca (CTRN 084), Ennis (CTRN 106), Naccarato (CTRN 303), and Smith (CTRN 456). \\
\hline December 2, 2011 & 0033 & Protocol Amendment - New Investigators: Drs. Baber (CTRN 014), Belingar (CTRN 459), Ferrera (CTRN 117), Grossman (CTRN 155), Hellstern (CTRN 450), and LaFata (CTRN 234). \\
\hline December 9, 2011 & 0034 & Protocol Amendment - New Investigators: Drs. Barclay (CTRN 018), 0uPree (CTRN 098), Johnson (CTRN 197), Karnam (CTRN 302), Menn (CRTN 278), Rosell (CTRN 355), and Trate (CTRN 418). \\
\hline December 16, 2011 & 0035 & Protocol Amendment - New Investigators: Drs. Beyer (CTRN 030), Johnson (CTRN 198), Shah (CTRN 380), Liakos (CTRN 463), and Forde (CTRN 464). \\
\hline December 23, 2011 & 0036 & Protocol Amendment - New Investigators: Drs. Bala (CTRN 016), Hale (CTRN 161), Jasper (CTRN 193), Moparty (CTRN 293), Alapati (CTRN 314), Tieman (CTRN 416), and Turner (CTRN 420). \\
\hline January.6, 2012 & 0037 & Protocol Amendment - New Investigators: Drs. Ahuja (CTRN 002), BenZvi. (CTRN. 026), Fein.(CTRN-115), Kneller.(CTRN 222), McGuire (CTRN 237), Sligh (CTRN 392), and Souder (CTRN 395). \\
\hline January 24, 2012 & 0038 & General Correspondence - Change of US Agent to Synergy \\
\hline February 3, 2012 & 0039 & Information Amendment - Pharmacology/Toxicology to submit Study of Fertility and Early Embryonic Development to Implantation of Plecanatide by Oral Gavage in Mice (Study No. 20016090, dated 20 January 2012). \\
\hline February 7, 2012 & 0040 & \(\frac{\text { Protocol Amendment: New Investigators - Dr. Faruqui (CTRN 466), Dr. }}{\text { Granda (CTRN 151), Dr. Gross (CTRN 154), Dr. Harris (CTRN 168), Dr. }}\) Granda (CTRN 151), Dr. Gross (CTRN 54), Dr. Harrs (CTRN 347), Robles-Pena (CTRN 462). \\
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IND 74,883-SP-304
Synergy Pharmaceuticals Inc.
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\begin{tabular}{|c|c|c|}
\hline February 9, 2012 & 0041 & Information Amendment - Pharmacology/Toxicology Final Study Reports 1) Bacterial Reverse Mutation Assay (Study No. AD275J. 503. BTL, dated 26 January 2012), and 2) In Vitro Mammalian Cell Gene Mutation Test (L5178Y/TK \({ }^{ \pm 1-}\) Mouse Lymphoma Assay) (Study No. AD27SJ.704.BTL, dated 24 January 2012). \\
\hline February 28, 2012 & 0042 & Information Amendment - Pharmacology/Toxicology to submit Final Study Report for Mouse Bone Marrow Erythrocyte Micronucleus Test Following Oral Administration of Plecanatide (SP-304), Study No. AD275J. 123. BTL dated 21 February 2012. \\
\hline March 20, 2012 & 0043 & Protocol Amendment: New Investigators - Drs. Ayub (CTRN 013), Bretton (CTRN 225), Sellers (CTRN 375) and Singh (CTRN 079) \\
\hline March 22, 2012 & 0044 & General Correspondence - Request for Type C Meeting for IBS-C \\
\hline March 26, 2012 & n/a & Phone message received from M. Scherer (also see April 2, 2012 email \\
\hline March 27, 2012 & n/a-55 & Email Correspondence from B. Strongin FDA to establish a Pre-IND to archive the IBS-C submission and to withdraw Serial 0044 Request for Type C meeting under IND 74,883. \\
\hline March 28, 2012 & 0045 & General Correspondence - Form FDA 1571, box 15 revised to Dr. Steven Caras as person responsible for review of safety for plecanatide. \\
\hline April 2, 2012 & n/a & Email communication to M. Scherer Response to 26 March phone message and status update of CIC study. \\
\hline April 3, 2012 & n/a-56 & Email response from \(M\). Scherer to withdraw the Type C meeting request with a formal submission to the IND. \\
\hline April 4, 2012 & 0046 & General Correspondence - Withdrawn request for Type C Meeting for BS.C (see SS \#0044) \\
\hline April 19, 2012 & 0047 & General Correspondence -Type C Meeting Request to discuss the Approach for Selecting the High Dose of Plecanatide in the Planned Carcinogenicity Studies \\
\hline April 30, 2012 & 0048 & New Investigators - Drs. Finnegan (CTRN 470), Maynard (CTRN 468), and Ibarra (CTRN 188) \\
\hline May 9, 2012 & 0049 & IND Safety Report Initial MFR Report no. 2012US001277, 1571, MedWatch Report \\
\hline May 29, 2012 & n/a-57 & FDA Correspondence (SS 0047) Type C Meeting Request Granted for July 25, 2012. \\
\hline June 1, 2012 & 0050 & IND Safety Report Follow-Up To A Written Report no 2012US001277, 1571, MedWatch Report \\
\hline June 25, 2012 & 0051 & General Correspondence - Type C Meeting package (see FDA correspondence of May 29, 2012 and serial submission 0047 for details). \\
\hline June 27, 2012 & 0052 & New Investigator, Drs. Friedenberg (CTRN 469), Espinoza (CTRN 355), Bargar (CTRN 481), Brown (CTRN 479), Dorn (CTRN 092), Stamatin (CTRN 473) \\
\hline June 29, 2012 & 0053 & Annual Report 2012-Compilation cut-off May 1, 2012 \\
\hline July 13, 2012 & 0054 & CMC capsules stability at room temperature \\
\hline July 17, 2012 & n/a-58 & \begin{tabular}{l}
Email communication to M Scherer List of Synergy Participants for July 25, 2012 meeting \\
Email communication to M Scherer Word version of questions tor the Type C meeting July 25, 2012
\end{tabular} \\
\hline July 19, 2012 & n/a-59 & Email communication Attachment from M. Scherer. Meeting Preliminary Comments (carc study) \\
\hline \[
\begin{aligned}
& \text { July } 20,23 \text { and } 24, \\
& 2012
\end{aligned}
\] & n/a-60 & Email communication to M Scherer from Gary Jacob regarding cancellation of July 25 meeting, and SPA for carc study. Email \\
\hline
\end{tabular}

IND 74,883-SP-304
Synergy Pharmaceuticals Inc. FDA Correspondence Log

Page 8
\begin{tabular}{|c|c|c|}
\hline & & communication from \(M\) Scherer to Gary Jacob regarding cancellation of July 25 meeting and SPA for carc study. \\
\hline July 27, 2012 & 0055 & New Investigators, Drs. Yong (474) and House (475) \\
\hline October 4, 2012 & 0056 & Information Amendment - Pharm/Tox: Plecanatide - 26 Week Oral Tox Study in Mice with a 4 -wk Recovery \\
\hline October 18, 2012 & 0057 & Information Amendment - CMC for new drug product tablet dosage. \\
\hline November 5; 2012 & 0058 & Information Amendment: Chemistry, manufacturing, and Control (CMC) information \\
\hline November 9,2012 & 0059 & General Correspondence - Other Notification of Pending Carcinogenicity Protocol Submission for SPA. \\
\hline November 21, 2012 & 0060 & Information Amendment - Clinical. Submission of bioanalytical reports including Pxyant Rpt 1902 (12.17.09) previously submitted as paper in serial 0007. \\
\hline November 7, 2012 & 0061 & Study 2078 Amendment 1 of Bioanalytical report - see 0023 \\
\hline December 20, 2012 & 0062 & Request for SPA - Carcinogenicity Protocol package " 2 -Year Oral (Gavage) Carcinogenicity Study in CD-1 (ICR) Mice. Also see 0059. \\
\hline - December 20,2012 & \(\mathrm{n} / \mathrm{a}^{-}-61\) & Email cömmunication to M.- Scherer re: 0062 ' submission. \\
\hline December 21, 2012 & n/a-62 & SYN email response to FDA re: Dec \(20^{\text {h }}\) email above. \\
\hline January 10, 2013 & n/a-63 & Email communication to M. Scherer re: 0062 Carc SPA \\
\hline January 15, 2013 & n/a-64. & M. Scherer Email response to Jan \(10^{\text {ax }}\) email above. \\
\hline January 16, 2013 & n/a-65 & G. Jacob email response to email above \\
\hline January 22, 2013 & 0063 & Amendment to Request for SPA - see SS0062 \\
\hline January 25, 2013 & 0064 & Information Amendment - X Ref correspondence to IND115118 (SS0006) \\
\hline January 30, 2013 & n/a-66 & G. Jacob email to M. Scherer follow up to SPA - SS 0062 above. \\
\hline January 30, 2013 & n/a-67 & M. Scherer response to SPA end of review period - Feb 2, 2013 \\
\hline January 31, 2013 & n/a-68 & FDA Exec CAC Minutes \\
\hline February 8, 2013 & 0065 & General Correspondence - Other Notification of Pending Carcinogenicity Protocol Submission for SPA (SD Rats) (also see 0068) \\
\hline February 12, 2013 & n/a - 69 & G. Jacob Information email to FDA acknowledges CAC Minutes and revised SPA protocol; dosing to begin 2/26/13. \\
\hline February 19, 2013 & 0066 & Protocol Amendment - New Protocol SP304101-09 Food Effect Study in Healthy Adult Subjects \\
\hline March 5, 2013 & 0067 & Information Amendment - Pharm/Tox 13 Wk Oral Tox Rat \\
\hline March 5, 2013 & 0068 & Request for SPA Rat Carc.104-Wk Oral Sprague-Dawley Rats (see 0065) \\
\hline March 8, 2013 & n/a-70 & IND 074883 (plecanatide) - information request re: rat CARC SPA request \\
\hline March 15, 2013 & 0069 & Information Amendment - Pharm/tox Monkey study \\
\hline March 15, 2013 & 0070 & Response to FDA request 'Rat Carc study \\
\hline March 20, 2013 & 0071 & Protocol Amendment -New Investigator, Dr. Hernandez-Illas for Serial 0066, Food Effect Study \\
\hline March 22, 2013 & 0072 & General Correspondence - EOP2 Meeting Request CMC ( x -ref IBSC) \\
\hline April 11, 2013 & 0073 & Information Amendment - Clinical Investigator's Brochure v 6.0 revision (Apr 2013). \\
\hline April 12, 2013 & n/a-72 & FDA Response to CARC SPA - Final CAC Report \\
\hline April 15, 2013 & n/a-71 & Email to FDA M. Scherer -IND 74883: Status update request re: Type B EOP2 - CMC meeting (Serial \#0072) \\
\hline April 16-17, 2013 & n/a-73 & FDA granting EOP2 CMC meeting and SYN response and clarification. \\
\hline April 30, 2013 & n/a-74 & Email to FDA requesting status update on EOP2 Meeting follow-up of April \(17^{\text {th }}\) above. \\
\hline May 1, 2013 & 0074 & General Correspondence: Type B EOP2 CMC Meeting Pkg. \\
\hline May 7, 2013 & 0075 & General Correspondence: Type B EOP2 Clinical Meeting Pkg, \\
\hline May 9, 2013 & 0076 & Protocol Amendment: New Protocol SP304203-01 OLE study (V1) \\
\hline May 20, 2013 & 0077 & Protocol Amendment-New Investigator for CIC Study Drs. Vasudeva (471), Valor (149), Nayyar (157) and Lapham (482) previously not \\
\hline
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\begin{tabular}{|c|c|c|}
\hline & & submitted. \\
\hline May 22, 2013 & n/a-75 & Email from Catherine Tran-Zwanetz re:IND 115118 clarification \\
\hline May 22-23, 2013 & n/a-76 & FDA \& SYN emails re: EOP2 for CMC \\
\hline May 23-24, 2013 & n/a-77 & FDA \& SYN emails on status of EOP2 clinical \\
\hline May 27, 2013 & n/a-78 & SYN letter re:clinical EOP2 authorization to TH Inc \\
\hline May 28, 2013 & n/a-79 & SYN email to FDA confirming the revision of the EOP2 questions that will be submitted a revised meeting request. \\
\hline May 29, 2013 & n/a-80 & SYN email to FDA follow-up on May \(22{ }^{\text {no }}\) email \\
\hline May 30-31, 2013 & n/a-81 & SYN email to FDA confirming CMC EOP2 meeting date and attendees \\
\hline June 3, 2013 & n/a-82 & Email to FDA of no foreign visitors to EOP2 CM \\
\hline June 4, 2013 & n/a-83 & FDA EOP2 CMC - Meeting Preliminary Comments \\
\hline June 4, 2013 & n/a-84 & M. Scherer email response to May \(28{ }^{\text {Wh }}\) (above)" tentatively reserved July \(31^{\text {st }}\) for the F2F clinical meeting. \\
\hline June 4, 2013 & n/a-85 & SYN responses to CMC EOP2 questions from FDA \\
\hline June 13, 2013 & n/a-86 & SYN sent to FDA revised questions for clinical EOP2 meeting as per M. Scherer email above of June \(4^{\text {th }}\). \\
\hline June 18, 2013 & n/a-87. & FDA CMC Meeting Minutes \\
\hline June 19, 2013 & 0078 & Information Amendment-Pharmacology and Toxicology Final Reports SP-PH001, PHOO2, PH003, PH005, 06-119, 88418/070880/070973, and 88418-070888, And 8841807088888687070973. \\
\hline June 19, 2013 & 0079 & General Correspondence - Dr. Griffin, CMO added to IND as CMO \\
\hline June 19, 2013 & 0080 & Information Amendment - Pharmacology and Tox Final reports 89608/080025/080092 and 91588/080627/Rev 4 \\
\hline June 24, 2013 & n/a-88 & SYN: email F/U of FDA June \(4^{\text {th }}\) to confirm July \(31^{\frac{5 t}{4}}\) Mtg. \\
\hline June 26, 2013 & 0081 & Information Amendment - Final CSR Protocol 20210 (CIC) \\
\hline June 26, 2013 & n/a-89 & FDA Response to June 24 email confirming date of F2F Mtg. \\
\hline June 26, 2013 & n/a-90 & SYN Response to FDA clinical Mtg. question (SEALD) \\
\hline June 27, 2013 & 0082 & Request for Meeting - EOP2 clinical meeting package referenced in SS0075 above. \\
\hline July 10, 2013 & n/a-91 & SYN request for follow-up on meeting granted letter and confirmation that remaining questions will be submitted in to Matt for written response and not as a meeting request. Matt Scherer same day response included. \\
\hline July 16, 2013 & n/a-92 & SYN email to M. Scherer related to the SS 0083 for EOP2 mtg. \\
\hline July 19, 2013 & 0083 & Information Amendment - Pharm/Tox - Audited draft report hERG
120924.TZP. \\
\hline July 26, 2013 & n/a-93 & SYN \& FDA communication to confirm clinical EOP2 meeting process. Request follow-up on Mtg Grant Letter. \\
\hline July 30, 2013 & n/a-94 & FDA Preliminary Meeting Minutes EOP2 31 July meeting \\
\hline July 30, 2013 & \[
\begin{gathered}
\mathrm{n} / \mathrm{a}-95 \\
95 \mathrm{a}
\end{gathered}
\] & \begin{tabular}{l}
- SYN response to Preliminary Meeting -Based on the informative comments received from the Agency, Synergy had determined that the scheduled Type B EOP2 clinical meeting was no longer needed and this was communicated back to Matt Scherer. \\
- SYN Internal Mtg Minutes - Not sent to FDA.
\end{tabular} \\
\hline August 13, 2013 & 0084 & Information Amendment - Pharm/Tox: 13 wk Tox in Rats \\
\hline August 16, 2013 & 0085 & Information Amendment - Pharma/Tox: Reports 0722-07246/072207281/692345/1275MS58.001/692342 and 15056 \\
\hline August 20, 2013 & 0086 & Information Amendment - CMC stability \\
\hline August 22, 2013 & 0087 & Information Amendment - New Protocol SP304203-00 (CIC3) V1 \\
\hline August 23, 2013 & 0088 & Information Amendment: Pharma/Tox: Final and Uraft Reports 10474 and 30145. Also reference SS0085 \\
\hline August 30, 2013 & 0089 & Protocol Amendment - 10 New Investigators added to Study SP30420301 (OLE CIC3) Drs. Andrews (008), Barish (019), Blumenau (036), DuPree (098), Egelhof (103), Kaplan (203), Kirstein (217), Klein (220), Kuettel (230) and Lubin (253). \\
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\end{tabular}

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\begin{tabular}{|c|c|c|}
\hline September 4, 2013 & 0090 & Protocol Amendment - 19 New Investigators added to Study SP304203. 01 (OLE CIC3) Drs. Friedenberg (469), Glover (141), Holmes (179), Horn (182), Huffman (184), Koltun (224), Krause (227), Maynard (468), Padilla (317), Patel (317), Perez (325), Schwartz (373), Sellers (376), Stamatin (473), Surowitz (408), Vasudeva (471), Wakefield (431), Wiener (435) and Wiltz (438). \\
\hline September 6, 2013 & 0091 & Annual Report 2013 \\
\hline September 9, 2013 & 0092 & Protocol Amendment - 23 New Investigators added to Study SP30420301 (OLE CIC3) Drs. Baber (14), Bargar (481), Campbell (48), Cha (54), Clark (63), Dawson (80), Ennis (106), Espinoza (365), Fogel (121), Hoekstra(178), Jasper (193), Marcadis (260), Moparty (302), Muse (302), (467), Iyer (467), Souder (395), Call (46), Gonte (148), Heurich (182), Moussa (297), Ringold (351), Singh (79), and Varunnk (426). \\
\hline \[
\begin{aligned}
& \text { September 12, } \\
& 2013
\end{aligned}
\] & 0093 & Information Amendment - Pharm/Tox Final hERG report (Final hERG from 0083) and Final Study Reports: No. 120924. TZP, No. AB20754, No. SP-PH-008, No. SP-PH-10, SP-PH-11, No. 13SYNRP1A, No. 13SYNRP1B. \\
\hline \[
\begin{aligned}
& \text { September 26, } \\
& 2013
\end{aligned}
\] & 0094 & Protocol Amendment - 4 New Investigators added to Study SP30420301 (OLE CIC3) Drs. Bala (16), Brown (479) DeLuca (84), and Valor (149) \\
\hline October 9, 2013 & 0095 & Protocol Amendment - Change in Protocol SP304203-00 (CIC3) V2 \\
\hline October 14, 2013 & 0096 & Other - Pediatric Study Plan (PSP) (CIC/IBS-C) \\
\hline November 5, 2013 & 0097 & Protocol Amendment - 4 New Investigators added to Study SP30420301 (OLE CIC3) Drs. Lumicao (460), McGuire (237), Naccarato (303), and Sligh (392) \\
\hline November 11, 2013 & 0098 & Protocol Amendment - Change in Protocol SP304203.01 (OLE) V2 \\
\hline November 14, 2013 & 0099 & Protocol Amendment - Change in Protocol SP304203-00 (CIC3) V2.1 \\
\hline November 22, 2013 & 0100 & Protocol'Amendment - 5 New Investigators added to Study SP30420300 (CIC3) Drs. Cha (54), Huffman (184), Klein (220), Koltun (224) and Surowitz' (408). \\
\hline November 25, 2013 & n/a-96 & Email FDA M. Scherer request to separate CIC and CIBS indication for PSP. Revised submission PSP V2 - see SS0103 below. \\
\hline December 3, 2013 & 0101 & Protocol Amendment - 10 New Investigators added to Study SP304203. 00 (CIC3) Drs. Andrews (008), Barish (019), Fogel (121), Glover II (141), Holmes (179), Horn (182), Krause (227), Kuettel (230), Ringold (351), and Wiener (435) \\
\hline December 9, 2013 & 0102 & Information Amendment - Final CSR Food Effect SP304101-09 \\
\hline December 10, 2013 & 0103 & Pediatric Study Plan - Revised submission PSP V2 \\
\hline December 12, 2013 & 0104 & Protocol Amendment - 10 New Investigators added to Study SP30420300 (CIC3) Drs. Call (046), DuPree (098), Egelhof (103), Hoekstra (178), Jasper (193), Kaplan (203), Lubin (253), Muse (302), Naccarato (303), and. Padilla (317) \\
\hline December 18, 2013 & 0105 & Information Amendment - Pharm/Tox Studies - No. 20039567, No. 20046300, No. 20035794, and No. 20034218 (Plecanatide nonclinical IND of 4 pilot juvenile toxicity studies) \\
\hline December 17, 2013 & 0106 & Protocol Amendment - 10 New Investigators added to Study SP30420300 (CIC3) Drs. Bauch (609), Doering (620), Heurich (071), Inzerello (644), Korff (641), Kroll (664), Meli Jr. (638), Sharma (657), Vargas (662): and Wiltz (438) \\
\hline December 26, 2013 & 0107 & Protocol Amendment - Change in Protocol SP304203.00 (CIC3) V2.2 \\
\hline January 9, 2014 & 0108 & Protocol Amendment - 10 New Investigators added to Study SP30420300 (CIC3) Drs. Bargar (481), Blumenau (036), Bradley (655), Deluca (084), Hilal (601), Iyer (467), Moussa (267), Perez (325), Preston (628), and Reynolds (680) \\
\hline January 20, 2014 & 0109 & Protocol Amendment - 10 New Investigators added to Study SP30420300 (CIC3) Drs. DeLissio (700), Hubbard (617), Lindenbaum (645), McLaughlin (676), Adler (602), Lillestol (68), Muller (623), Onyema (630), Vargas (612), and Sones (685) \\
\hline January 31, 2014 & 0110 & Protocol Amendment - Change in Protocol SP304203-00 (CIC3) V3.1 \\
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\end{tabular}

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\begin{tabular}{|c|c|c|}
\hline January 31, 2014 & 0111 & Protocol Amendment - 15 New Investigators added to Study SP304203. 00 (CIC3) Drs. Dawson (80), Cova (699) Wombolt (652), Clark (63), Klein (636), Espinoza (355), Goldstein (637), DeSantis (618), Valor (149), Pucillo (77), Desta (613), Brandon (696), Florez (684), Schilling (654), and Dulitz (632). \\
\hline February 11, 2014 & 0112 & Protocol Amendment - 35 New Investigators added to Study SP30420300 (CIC3) Drs. Funk (616), Whitmer (694), Holbrook (672), Ricci (619), Friedenberg (469), Bhandari (639), Kaplan (675), Bruce (643), Farsad (689), Khan (663), Farris, (702), Silvers (633), Maletz (671), Andersen (640), Estevez (605), Sutter (687), Mariano (653), Rashbaum (678), Keller (661), Aguilar (607), Barton (693), Samson (600), Tarleton (604), Matusow (688), Mullen (708), Rock (648), Qadri (649), Herrington (660), Hunter (624), Springsteen (692), Baber (14), Tatu (658), Singh(674), Geisberg (634), and Webster (606). \\
\hline February 25, 2014 & 0113 & Protocol Amendment - 20 New Investigators added to Study SP304203. 00 (CIC3) Drs. Erwin (603), Kim (706), Dawood (615), Carter (730), DeBusk (656), Serfer (667), Malik (629), Rausher (716), Nicholson-Uhl (626), Kessler (695), Yazdi (621), Badar (709), Chachar (608), Berman (647), Sensenbrenner (686), Cifuentes (719), Suarez (631), Wagner (627), Vaughn (705), and Mikhail (625). \\
\hline March 3, 20114 & 0114 & Information Amendment - New Protocol SP304203-03 Global V1
(NCIC3) \\
\hline March 14, 2014 & n/a-97 & FDA Advice Information Request Response to iPSP submission letter \\
\hline March 17, 2014 & 0115 & Protocol Amendment - 15 New Investigators added to Study SP30420300 (CIC3) Drs. Oguchi, (697), Al-Amin (736), Bohman (665), Karimiee (735), De La Portilla (718), Wingo (635), Azzam (683), Chhablani (691), Rigby (650), Souder (395), Marilley (701), Lesh (724), Hardi (734), Clark (651), and Nalamachu (614). \\
\hline March 17-19, 2014 & n/a-98 & Emails re omission of \(\mathrm{V} 30 \mathrm{CIC3}\) protocol to 1 ND \\
\hline March 24, 2014 & 0116 &  \\
\hline March 25, 2014 & 0117 & Protocol Amendment - 3 New Investigators added to Study SP30420301 (OLE CIC3) Drs. Dimitroff (089), Liakos, Dorn (920), and Oberoi (311). + (12) Revised Form 1572 \\
\hline March 31, 2014 & 0118 & Information Amendment - Change in Protocol SP304203-03 National
V2.1 (NCIC 3 ) \\
\hline April 7, 2014 & 0119 & Pediatric Study Plan PSP V3 revised in response to FDA inquiry of March 14, 2014 ( \(\mathrm{n} / \mathrm{a}-97\) ) above. \\
\hline April 14, 2014 & 0120 & Information Amendment - CMC updates to drug substance process. \\
\hline April 22-24, 2014 & n/a. 99 & Email Communications from FDA and SYN response to PSP submission of SS 0119 above. \\
\hline April 28, 2014 & 0121 & Protocol Amendment - 8 New Investigators added to Study SP30420303 (CIC 3 National) Drs. Schmidt (328), Earl (329), Feldman (333), Sotolongo (334), Young (335), Gershenbaum (383), Berenguer (397) \& Gonzalez (455) + Drug label \\
\hline April 29, 2014 & n/a-100 & SYN email to FDA M. Brancazio Revised Pediatric Study Plan (PSP) V4 \\
\hline April 29, 2014 & 0122 & Pediatric Study Plan (PSP) V4 \\
\hline May 06, 2014 & 0123 & \begin{tabular}{l}
Protocol Amendment - 7 New Investigators added to Study SP304203-01 (OLE CIC3) Drs. Florez (684), Hubbard (617), Schilling (654), Vargas (662), Meli (638), Onyema (630) \& Goldstein (637). \\
15 New Investigators added to Study SP304203-00 (CIC3) Drs. Florea (611), Willette (642), Triebling (682), Ginsberg (703), Kuliev (710), Daboul (711), Poonawala (712), Guss (707), Arif (738), Gonte (148), Miner (646), Bacha (713), Campbell (742), Lucksinger (741) \& Sligh (392) + (3) Revised Form 1572
\end{tabular} \\
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\begin{tabular}{|c|c|c|}
\hline May 15, 2014 & 0124 & Information Amendment - Nonclinical Final Report Study No. 20049883 (GLP-compliant dose range-finding study in juvenile mice) and draft Protocol Study No. 20059246 (Juvenile toxicity study in mice) \\
\hline May 16, 2014 & 0125 & Response TO FDA Request For Information - TQT \\
\hline May 21, 2014 & n/a-101 & FDA request of Clin Pharm_Cardiac Safety related to TQT Waiver \\
\hline May 22, 2014 & 0126 & General Correspondence - Sponsor Change of Address \\
\hline May 27, 2014 & 0127 & \begin{tabular}{l}
Protocol Amendment - 11 New Investigators added to Study SP304203-00 (CIC3) USA Drs. Pruitt (714), Patton (723), Zakko (729), Tagore (717); Canada Drs. Green (720), Lasko (679), Pliamm (668), Aggarwal (7250, Gagné (673), Fraser (690), \& Schacter (722) 7 New Investigators added to Study SP 304203-01 (OLE CIC3) Drs. Liakos (463), Preston (628), Stephen Funk (616), Ricci (619), Korff (641), De La Portilla (718), and Adler (602). \\
35 New Investigators added to Study SP304203-03 (National CIC3) Drs. Prida (261), Chalhoub (269), Lentz (2910, Lasala (307), Trevino (322), Downing (3230, Swor (324), Powell (326), Fowler (330), Layle (337), Wolfson (357), Guerra (363), Ocampo (366), Scheeler (367), Rubino (375), Maiquez (379), Dever (384), Barbel-Johnson.(393), Fidelholtz (394), Jarrett (399), Schreiber (401), Lustbader (409), Deck (411), Maldonaldo (415), Finneran (423), Tamayo (424), Sanchez (428), Intelisano (429), Manning (451), Dinh (459), Cheekati (465), Nguyen (478), VanDermark (485), Homoky (493), \& Aplizar (495).
\end{tabular} \\
\hline June 5, 2014 & \[
0128
\] & \begin{tabular}{l}
Protocol Amendment - 4 New Investigators added to
Study SP304203-00 (CIC3) USA Drs. Parmar (728), Rao (727) \& Dorn \\
(092) and Canada Dr. Lee (698) + Revised 1572 Dr. Mullen. \\
7 New Investigators added to Study SP304203- 01 (OLE CIC3) Drs. \\
Nicholson-Uhl (626), Whitmer (694), Singh(674), Vaughn (705), Wagner \\
(627), Aguilar (607) \& Kaplan (675) \\
33 New Investigators added to Study SP304203-03 (National CIC3) \\
Drs. Acosta (234), Ledo-Sanchez (235), Garcia (240), Pouzar (241), \\
Kalafer (243), Christina (255), Hadi (257), Vora (262), Usdan (268), \\
Saumell (272), Alvarez (273), Hazan (282), Braun (284), Ramos (285), \\
Kalen (312), Kravitz (340), Fox (243), Steinberg (344), Khan (345), \\
Jayson (348), Hudson (350), Ruiz (354), McGuire (356), Khan (371), \\
Bretton (382), Jessani (396), Champlin (400), Marquez (402), Blatt \\
(407), Terrelonge (414), Hyett (417), Gonzalez (419) \& Grant (425).
\end{tabular} \\
\hline June 6, 2014 & 0129 & Response To FDA Request For Information - TQT Follow-up \\
\hline June 16, 2014 & 0130 & Information Amendment: Nonclinical Study Reports Study No.AB23825 (To evaluate, in Radioligand Binding, and Tissue assays), Study No.13SYNRP2 (Assessment of the Stability of Plecanatide in Surgically Ligated Rat Intestinal Loops) and Study No. 20046300 (Study Report Amendment Plecanatide: An Acute Oral Toxicity Study in Pre-weanling and Weanling CD-1 Mice (Final Summary Report Amendment No.1) \\
\hline June 18, 2014 & 0131 & \begin{tabular}{l}
-Protocol-Amendment- 3.New Investigators added to Study SP30420300 (CIC3) USA Drs. Vaguihelyi (622); Canada Drs. Rheault (610), and Blouin (739). \\
9 New Investigators added to Study SP304203-01 (OLE CIC3) Drs. Lillestol (681), Bhandari (639), Suarez (631), Estevez (605), Francyk (609), Bradley (655), Marilley (701), Rigby (650), and Barton (693). 42 New Investigators added to Study SP304203-03 (National CIC3) Drs. Weinstein (242), Mbogua (247), Blanco (276), Izquierdo (279), Clarke (280), Roche (281), Fernandez (283), Race (287), Fisher Jr. (227), Winder (267); Bloom (278), Bassan (288), DeMicco (299), Holt (308), Soucie (358), Kim (361), Nand (362), Gross (387), Goldstein
\end{tabular} \\
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& IND 74,883-SP-304 \\
Synergy Pharmaceuticals Inc. & FDA Correspondence Log
\end{tabular}
\begin{tabular}{|c|c|c|}
\hline & & (404), Parrillo (406), Edris (422), Goetsch (427), DaCosta (457), Radin (482), Dawson (492), Berg (496), Davidson (430), Waldbaum (432), Vo (433), Ackerman (436), Moya (448), Poss (452), Brinson (464), Lorch Jr. (480), Kashyap (484), Iyer (487), Bravo (488), Saway (489), Stewart (494), Gothard (497). Akins (498), and Labissiere (499) \\
\hline June 18, 2014 & n/a-102 & FDA Advice letter SP-304 plecanatide on Juvenile Toxicology \\
\hline June 25, 2014 & 0132 & Annual Report 2014 \\
\hline July 9, 2014 & 0133 & \begin{tabular}{l}
Protocol Amendment - 1 New Investigators added to Study SP304203-00 (CIC3) USA Dr. Wolosin (732) \\
10 New Investigators added to Study SP304203-01 (OLE CIC3) Drs. Farsad (689), Geisberg (634), Klein (636), Mullen (708), Sutter (687), McLaughlin (667), Pucillo (677), Rausher (716), Kessler (695), and Qadri (649). \\
45 New Investigators added to Study SP304203-03 (National CIC3) Bellingar (440), Mahmud (206), Seiden (208), Soefje (211), Wolfrum (212), Schoffner (216), Gutierrez-Stone (219), Miranda (221), \\
Walland (226), Frei (228), Herring (230), Ingham (277), Vento (289), Harris (298), Boghara (301), Moretti (304), Crespo (306), Provenza (318), Randall (338), Corder (320), Gimness (327), Banks (339), Elder (389), Woyshville (931), Ayub (403), Echarri (445), Willits (446), Mock (353), Chaykin (474), Maw (477), Arroyo (483), White (486), Shoemaker (205), Fitzgerald (207), Mehta (209), Kirby (229), DeGarmo (252), Columbi (231), Kellogg (236), Trueba (239), Hewitt (244), Abbas (246), Raoof (248), Davis (253), \& Vaz (256)
\end{tabular} \\
\hline August 6, 2014 & 0134 & Information Amendment - CMC drug substance and drug product sections updates \& SYN f/u to CMC EOP2 (7 Jun 13) response to question 7 \\
\hline August 7, 2014 & n/a-103 & FDA email Advise/Information for TQT Waiver Request \\
\hline August 12, 2014 & 0135 & \begin{tabular}{l}
Protocol Amendment - 1 New Investigators added to Study SP304203-00 (CIC3) Dr. Garcia (745). \\
24 New Investigators added to Study SP304203-01 (OLE CIC3) Drs. Kroll (664), Carter (730), Cifuentes (719), Mikhail (625), Dulitz (632), Desta (613), Berman (647), Farris (702), DeBusk (656), Morris (612), DeLissio (700), Serfer (667), Sharma (657), Ginsberg (703), Mariano (653), Silvers (633), Al-Amin (736), Tarleton (604), Kim (706), Wombolt (652), Sensenbrenner (686), Daboul (711), Karimjee (735), \& Multer (623). \\
9 New Investigators added to Study SP304203-03 (National CIC3) Drs. Cohen (213), Zeno (265), Guerrero (275), Jimenez-Barredo (290), Snoy (294), Dao (447), Madoff (257), Penate (415), \& Morgan (279).
\end{tabular} \\
\hline August 15, 2014 & 0136 & Response to FDA Advice Letter SP-304 Plecanatide on Juvenile Toxicity Studies (20059246 Plecanatide Protocol \& 20059246 Plecanatide Protocol Amendmen). \\
\hline September 9; 2014 & 0137 & Information Amendment - Clinical Investigator's Brochure v 7.0 revision (Aug 2014). \\
\hline \[
\begin{aligned}
& \text { September 18, } \\
& 2014
\end{aligned}
\] & 0138 & Information Amendment - CSR Amendment 1 Protocol 20210 (CIC) \\
\hline \[
\begin{aligned}
& \text { September } 22, \\
& 2014
\end{aligned}
\] & 0139 & \begin{tabular}{l}
Protocol Amendment - 11 New Investigators added to Study SP304203-00 (CIC 3 ) USA Drs. Prieto (355), Ojuri (740), Lane (750), Deshmukh (744), Watson (752), Rigolosi (751), Yeoman (753), Simmons (756), Lacy (721), and Canada Dr. Campbell (743), Godsell (746). \\
15 New investigators added to Study SP304203-01 (OLE CIC3) Drs. Bansal (373), James (640), Chhablani (691), Keller (053), Miner, Jr. (646), Hardi (734), Hunter (624), Azzam (683), Lesh (724), Bohman (665), Rock (648), Campbell (742), Willette (642), Badar III (090), and Lindenbaum (645).
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\begin{tabular}{|c|c|c|}
\hline October 14, 2014 & 0140 & Information Amendment - CMC drug substance and drug product sections updates (SS 0134) \\
\hline October 20, 2014 & n/a-104 & FDA response SYN email request for FU on PSP (SS0122 above) \\
\hline November 10, 2014 & 0141 & Information Amendment (Pharma/Tox) - Follow-up (SS 0062 above) \\
\hline November 18, 2014 & n/a-105 & FDA response to SS0141 Follow-up to SPA CARC \\
\hline Nov 18 \& 21, 2014 & n/a-106 & Email communication with FDA M. Brancazio requesting following up on PSP (SS 0122) and his response. \\
\hline November 25, 2014 & 0142 & Protocol Amendment - 6 New Investigators added to Study SP304203-00 (CIC3). Drs. Goldstein (748), Karyotakis (749), Soufer (757), DiGiovanna (758), MacGillivray (763), and Pruthi, (674) - 14 New Investigators added to Study SP304203-01 10L CIC3) USA Drs. Samson (600), Chachar (608), Clark (651), Khan (663), Pruthi (674), Reynulds (680), Oguchi (697), Parmar (728), Zakko (729), and Lucksinger (741) Canada Drs. Pliamm (688), Fraser (690), and Blouin (739) - 19 New Investigators added to Study SP304203-03 (National CIC3) Drs. Ampajwala (497), Anandu (198), Binker (266) DeLa Llana (237) Joseph (368), Latorre (364), Lefebvre (349). Toler Meyers (385), Ortiz (210), Polster (372), Protell (201), Sanabria (445), Seco (360), Slandzicki (429), Tement (342), Van (359), Vega (195), Wilhoit (365), Volpe (279) Revised Transfer of Obligation CIC3 \&OL) \\
\hline December 3, 2014 & n/a-107 & SYN EMAIL to FDA for follow-up on SS 0141 SPA for Mouse Carcinogenicity Study \\
\hline December 4, 2014 & n/a-108 & FDA Response to SS0141 SPA CARC \\
\hline December 5, 2014 & n/a-109 & FDA Response to Revised Pediatric SP v4 (SS 0122 above) \\
\hline December 5, 2014 & 0143 & Protocol Amendment - change in protocol SP304203-01 (OLE now LTS) Version 3.0 \\
\hline December 29, 2014 & 0144 & Protocol Amendment - change in protocol SP304203-01 (OLE now LTS) Version 4.0 \\
\hline December 29, 2014 & 0145 & Information Amendment Response to FDA Advice/Revised PSP v5.(SS 0122 above) \\
\hline December 29, 2014 & 0146 & Information Amendment (Pharma/Tox) - Follow-up to SPA CARC (SS
0068. above) \\
\hline December 31, 2014 & 0147 & General Correspondence - Change in Synergy Authorization signature to. EJaeger. \\
\hline January 16, 2015 & n/a-110 & SYN EMAIL to FDA Plecanatide Rat CARC Study SS 0146 \\
\hline January 16, 2015 & 0148 & Protocol Amendment - 11 New Investigators added to Study SP304203-01 (OLE CIC3) USA Drs. Clarence (622), Dotherow (685), Yazdi (621), Lane (750), Rigolosi (751), Kuliev (710), Gordon (672), and Arif (738) Canada Drs. Toma (679), Lee (698), and Rheault (610) - 1 New Investigators added to Study SP304203-03 (National CIC3) Dr. Eugene (499). \\
\hline Jan 22, 2015 & n/a-111 & Email from FDA to IND 74883 Serial 0146 (plecanatide rat carcinogenicity study) \\
\hline January 30, 2015 & 0149 & Request For Proprietary Name Review \\
\hline February 2, 2015, & 0150 & Information Amendment (Pharma/Tox) - Follow-up to Rat CARC Study (SS 0146 above) \\
\hline February 3, 2015 & n/a-112 & Email FDA SYN follow up on SS 0150 rat carcinogenicity study \\
\hline February 4, 2015 & n/a-113 & Email to FDA to confirm Agreed Upon Pediatric Study Plan submission \\
\hline February 6, 2015 & n/a-114 & EMAIL SYN TO FDA as follow-up Final Agreed Upon PSP (V5) SS0151 \\
\hline February 6, 2015 & 0151 & Response to FDA Request for Information - Agreed Upon IPSP (V5) \\
\hline February 9, 2015 & 0152 & Reguest For Proprietary Name Revised \\
\hline February 10, 2015 & n/a-115 & Email to FDA request for WORD iPSP SS\# 0151 \\
\hline February 12, 2015 & 0153 & Protocol Amendment -12 New Investigators added to Study SP304203- \\
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\begin{tabular}{|c|c|c|}
\hline & & 00 (CIC3) Drs. Goisse (191), Focil (196), Erman (197), Levy (200), Jacobs (223), Lentnek (483), Llerena (295), Ruderman (204), Slye (484), Taber (319), Torres (482), and Drummond (245) - 2 New Investigators added to Study SP304203-01 (OLE CIC3) Drs. Yeoman (753) and Brandon (696). \\
\hline February 23, 2015 & 0154 & Information Amendment - Nonclinical Studies (Pharma/Tox) previously submitted on paper (11 Final Reports: SP-PH-004, VMF00019, VMF00007, 018683, 30169, 30155, VMF00009, VMF00028, 0020001133, VMFOOO29, \& 20003036 \\
\hline March 5, 2015 & 0155 & IND Safety Report Initial MFR Report no. US-000031, 1571, MedWatch Report \\
\hline March 6, 2015 & 0156 & Protocol Amendment - OL Change in Protocol \& Revised Label \\
\hline March 23, 2015 & n/a-116 & FDA Advice - Pediatric Study Plan notification \\
\hline April 15, 2015 & 0157 & Protocol Amendment - Change in Protocol SP304203-00 (CIC3) V4.0 \\
\hline April 27, 2015 & n/a-117 & Plecanatide INDS 74883 and 115118 - CMC information follow-UP request \\
\hline May 1, 2015 & 0158 & Information Amendment - Bioanalytical validation reports for the measurement of SP-304 and SP-338 in plasma from various species. Reports 1988, 2474, 2475, 2142, 1991, 2452, 2066, 2492, 2486 2067, 2476, 2431, and 2432 \\
\hline May 4, 2015 & 0159 & \begin{tabular}{l}
Protocol Amendment - 7 New Investigators added to Study SP304203-00 \\
(CIC3) Drs. Agarwal (755), Francyk (609), Gordon (672), Dotherow (685), \\
Caves (622), Chiong (295), and Toma (679). \\
5 New Investigators added to Study SP304203-01 (OLE CIC3) Drs. \\
Agarwal (755), Simmons (756), Soufer (757), Prieto (355), and Tatu (473)
\end{tabular} \\
\hline May 5, 2015 & 0160 & Information Amendment - Change in Protocol SP304203-03 National Version 3.0 (NCIC3) \\
\hline May 5, 2015 & 0161 & Protocol Amendment - Change in Protocol SP304203-01 (OLE now LTS) \\
\hline May 11, 2015 & 0162 & General Correspondence - CMC following Synergy's IBS-C EOP 2 meeting for IND 115118 \& associated with IND 74883 Synergy proposed to submit at least one batch of drug substance and drug product manufactured using S.acetamidomethyl-L-cysteinyl \\
\hline May 28, 2015 & 0163 & Type B Pre-NDA Clinical and CMC Meeting Request \\
\hline May 29, 2015 & n/a-118 & FDA Email re Pre-IND mtg request 550163 separate clin \& CMC \\
\hline June 3, 2015 & 0164 & Type B Pre-NDA Clinical/Nonclinical Request for Meeting \\
\hline June 5, 2015 & 0165 & Information Amendment - CMC Chemistry Manufacturing, and Control \\
\hline June 10, 2015 & 0166 & Protocol Amendment - 3 New Investigators added to Study SP30420300 (CIC3) Drs. Latortue (752), Pulicharam (687), and Stone (724). 5 New Investigators added to Study SP304203-01 (OLE CIC3) Drs. Morin (182), Stone (724), Campbell (746), Godsell (746), and Gagne (673). \\
\hline June 10, 2015 & 0167 & Information Amendment - Statistics (V 1.0, dated 02 June 2015) Protocol SP304203-00 \\
\hline June 15, 2015 & 0168 & Information Amendment - Pharmacology/Toxicology reports - final reports /amendments for studies of primary pharmacology, pharmacokinetic, analytical methods, and metabolism - (13 Reports SP-PH-010, SP-PH-016, 06-169, 100006614, VMF00002DX, 1896-003, 1896-010, 20043655, 1896-004, 0020002293, 1896-019, 1896-020 and, SP-PH-015 \\
\hline Jun 17, 2015 & n/a-119 & SYN email to FDA requesting FU of preNDA Mtg Request \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|}
\hline June 18, 2015 & n/a-120 & IND 74883 CMC Meeting Request Granted letter \\
\hline June 19, 2015 & n/a-121 & SYN email acknowledgmient of CMC Meeting Request Granted \\
\hline June 23, 2015 & n/a-122 & SYN email to FDA FU on Clinical Mtg Request \\
\hline June 23, 2015 & n/a-123 & FDA email Clinical Pre-NDA meeting granted letter \\
\hline June 23, 2015 & n/a-124 & SYN email to FDA acknowledge clinical noncliin type B meeting request granted \\
\hline Jun 25, 2015 & n/a - 125 & SYN email to FDA Type C mtg clarification \\
\hline June 26, 2015 & 0169 & Protocol Amendment -1 New Investigator added to Study SP304203-03 (NCIC3) Dr. Nualart +1572 Updates \\
\hline June 26, 2015 & 0170 & Information Amendment - Statistics (V 1.0, dated 02 June 2015)
Protocol SP304203-03 \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|}
\hline June 30, 2015 & 0171 & General Correspondence - Pre-NDA CMC Meeting Briefing Package \\
\hline June 25, 2015 & n/a-126 & FDA Proprietary Name Unacceptable \\
\hline July 1, 2015 & n/a-127 & SYN email to FDA Clinical type B meeting request granted \\
\hline July 6, 2015 & n/a-128 & SYN email to FDA Clinical type B Mtg granted related email \\
\hline July 7, 2015 & 0172 & General Correspondence - Pre-NDA Clinical/Nonclinical Meeting Briefing Package \\
\hline July 16, 2015 & 0173 & Information Amendments - Pharmacology/Toxicology and Clinical Pharmacology 8 final/amendment Reports SP-PH-001, SP-PH-002, SP-PH-003, 14SYNRP2R3-B, 0066-13, 0066-13-01, RSN00008, and SP.PH018) \\
\hline Juty 21, 2015 & n/a-129 & Email to FDA re CMC F2F Mtg Request FU \\
\hline July 24, 2015 & n/a-131 & CMC Meeting Preliminary Comments \\
\hline July 27, 2015 & n/a-132 & EMAIL to FDA of SYN response to CMC Preliminary Mtg Comments \\
\hline July 27, 2015 & n/a-132a & SYN email Preliminary Meeting Comments \\
\hline July 27, 2015 & n/a-133 & Final IND 74883 Synergy Reponses to Preliminary Mtg Response 27 JUL 2015 CMC \\
\hline July 27-28, 2015 & n/a-134 & Email FDA for listing of CMC attendees for PreNDA Mtg \\
\hline July 29, 2015 & n/a-135 & Email to FDA List of SYN Clin attendees and FU prell mtg comments \\
\hline July 30, 2015 & n/a-136 & Email to FDA of TopLine NCIC3 results \\
\hline July 30, 2015 & n/a-136a & FDA acknowledgement of Topline tables \\
\hline Aug 2, 2015 & n/a-137 & FDA IND 74883 Plecanatide Lobbyguard \\
\hline Aug 4, 2015 & n/a-138 & FDA EMAIL with Clinical Plecanatide Preliminary Comments 7-20-15 \\
\hline Aug 4-5, 2015 & n/a-139 & SYN EMAIL acknowledging Clinl Preliminary Mtg Comments \\
\hline Aug 4, 2015 & 0174 & Information Amendment - Pharmacology/Toxicology (3 final/amendment Reports SP-PH-004, 20053292, and 20059246) \\
\hline Aug 5, 2015 & n/a-140 & SYN response to Clin Preliminary Mtg Comments \\
\hline Aug 5, 2015 & n/a-140a & SYN acknowledge Clinical Preliminary Comments \\
\hline Aug 5, 2015 & n/a-140b & FDA Email Response on FDA Staff present for the Preliminary mtg. \\
\hline Aug 11, 2015 & n/a-141 & CMC IND 74883 7-28-2015 CMC Meeting Minutes \\
\hline Aug 19, 2015 & n/a-142 & Email to FDA to n/a140a above including requested information to Questions 5 and 7. \\
\hline Aug 31, 2015 & n/a-143 & EMAIL Response to FDA Exposure query \\
\hline Sep 1-2, 2015 & n/a-144 & Email from FDA - confirmation receipt of the response to FDA Exposure query (IND 74883 Plecanatide-Synergy Information Request 9-1-201) \\
\hline Sep 3, 2015 & 0175 & Protocol Amendment - Change in Protocol SP304203-01 (OLE now LTS) Version 6.0 \\
\hline Sep 14, 2015 & n/a-145 & Email to FDA on status Prel Mtg Min and Blue Stream Validation Rpt \\
\hline Sep 15, 2015 & 0176 & Annual Report 2015 \\
\hline Sep 21-22, 2015 & n/a-146 & Clinical preNDA Meeting Minutes \\
\hline Sept 23, 2015 & n/a-147 & FDA email response preNDA Clinical Mtg Minutes \\
\hline Sept 24, 2015 & \(\mathrm{n} / \mathrm{a}-148\) & FDA pre-assigned NDA number \\
\hline Oct 8, 2015 & n/a-149 & SYN request for follow up on 141 above \\
\hline Oct 21, 2015 & n/a-150 & SYN request for follow-up above 146 \\
\hline Oct 21, 2015 & 0177 & Information Amendment - Pharmacology/Toxicology and Clinical Pharmacology ( 7 final/amendment Reports SP-PH-001, 13SYNRP2R1, 14SYNRP2R3 A, 20053292, 20059246, 13SYNRP6A \& 13SYNRP6B) \\
\hline Oct 27, 2015 & 0178 & Protocol Amendment -68 New Investigators added to Study SP30420301 (OL) Drs. Acosta (234), Alpizar (495), Alvarez (273), Berenguer (397), Berg (496), Binker (266), Bravo (488), Cardona (402), Cheekati (465), Dever (384), Dinh (459), Duardo-Guerra (363), Dushkin (340), Edris (422), Eugene (499), Fisher, Jr. (227), Freed (407), Goldstein \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|}
\hline & & (404), B. Gonzalez (455), J. Gonzalez (419), Grant (425), GutierrezStone (219), Herring, Jr. (230), Layle (337), Ledo-Sanchez (235), Lefebvre (349), Lentz (291), Lustbader (409), Mahmud (206), McGuire (356), Nand (362), Nualart (231), Ocampo (366), Penate (415), Prida (261), Ramos (285), Saumell (272), Scheeler (367), Slandzicki (429) , Soucie (358), Tamayo (424), Trevino (322), Trueba (239), Usdan (268) Varela (414), Velazquez (483), Vora (262), Willits (446), Wolfson (357), Young (335), Akins (498), Blanco (276), Feldman (333), Fernandez (283), Fidelholtz (394), Fox (343), Frias (275), Douglas (350), Latorre (364), Lorch, Jr. (480), Miranda (221), Moya (448) , Petersen (396), Ruiz (354), Sanabria (445), Sanchez (428), Seco (360), and Vento (289) + TOO CIC3, OL \& NCIC3 \\
\hline November 5-6, 2015 & n/a-151 & Email to FDA - Pediatric Study Protocol status request \\
\hline November 17, 2015 & 0179 & Request For Proprietary Name Review Primary Name: Trulance (Plecanatide) \\
\hline December 3, 2015 & 0180 & Protocol Amendment - 2 New Investigators added to Study SP30420301 (OL) Drs. Khan (345) and Vega (195); + Revised 1572 Dr. Rao \\
\hline December 4, 2015 & 0181 & Information Amendment - Final CSR CIC3 SP304203-00 \\
\hline December 8, 2015 & 0182 & Information Amendment - Pharmacology/Toxicology (4 Final Reports SP-PH-019, SP-PH-020, 12-2324, \& 1896-011) \\
\hline December 11, 2015 & 0183 & Protocol Amendment - 1 New Investigator 1572 Update to Study SP304203-03 (NCIC3) Dr. Vega (195) \\
\hline December 14, 2015 & 0184 & Information Amendment - Final CSR CIC3 SP304203.03 \\
\hline December 18, 2015 & 0185 & Information Amendment -FDA Mtg minutes drug stability Question 4 \\
\hline December 22, 2015 & 0186 & Information Amendment - Pharmacology/Toxicology (5 Final Reports SYN-GJ-080108C, SYN-GJ-080108M, 1896-021, 1896-022 and SYNGJ 080616C) \\
\hline December 28, 2015 & n/a-152 & Email to FDA - final draft pediatric study protocol SP304202-13 \\
\hline December 28, 2015 & \[
0187
\] & Information Amendment - CSR Protocol SP304203-00 \& 03; Section 14.3.3, Narratives of Deaths, Other Serious and Certain Other Significant Adverse Events \\
\hline December 31, 2015 & 0188 & Protocol Amendment - Pediatric New Protocol SP304202-13 (Draft Version 1.0 ) \\
\hline January 12, 2016 & 0189 & Information Amend - Pharmacology/Toxicology (1 Final Report No.1896-023) \\
\hline January 18, 2016 & 0190 & Response to FDA Request for Information - Blue Stream Validation Rpt TR15-0283 \\
\hline January 20, 2016 & n/a-153 & Email communication on Synergy User Fee Waiver Documentation Status Request \\
\hline January 20, 2016 & n/a 153a & FDA letter on the User Fee Waiver Granted - Synergy \\
\hline January 26, 2016 & 0191 & Information Amendment - Clinical Investigator's Brochure v 8.0 revision (Jan 2016). \\
\hline Feb 11, 2016 & n/a-154 & Email from FDA -NDA information Request 1.11.16 on the summary site level data \\
\hline Feb 11, 2016 & n/a-155 & Email from FDA : NDA 208745 Plecanatide-Synergy Acknowledgement \\
\hline Feb 22-23, 2016 & n/a-156 & Email from FDA - status update on Pediatric Study PSP \\
\hline Feb 23, 2016 & n/a-157 & Email to \({ }^{-1}\) DA \(^{-}\)Cross Rēf to \({ }^{-1}{ }^{\text {a }} 74883\) request Proprietary Name Review \\
\hline March 7, 2016 & 0192 & Information Amendment - Statistics (V 2.0, dated 26 Feb 2016) Protocol SP304203-01 \\
\hline April 12, 2016 & 0193 & Response to FDA Request for Information - Blue Stream Validation Rpt \\
\hline April 19, 2016 & 0194 & Information Amendment - Pharma/Toxicology (1 Final Report No.1896024) \\
\hline May 3, 2016 & 0195 & Information Amendment - Protocol SP304203-00, CSR Amendment 1' (dated April 28, 2016) \\
\hline May 3, 2016 & 0196 & Information Amendment - Protocol SP304203-03, CSR Amendment 1 (dated April 28, 2016) \\
\hline
\end{tabular}
\begin{tabular}{|l|c|l|}
\hline May 16, 2016 & n/a-158 & \begin{tabular}{l}
\(\frac{\text { SYN follow up on status of the request for proprietary name review for }}{\text { Trulance }}\)
\end{tabular} \\
\hline May 20,2016 & 0197 & \begin{tabular}{l}
\(\frac{\text { Protocol Amendment -3 New Investigators added to Study SP304203- }}{01 \text { (OL) Drs. Klymiuk (054), Chang (396), and Terrelonge (414) } \pm}\) \\
Revised 1572 Dr. Berman.
\end{tabular} \\
\hline May 25, 2016 & 0198 & Information Amendment - Final CSR SP304203-01 (OL) \\
\hline June 20,2016 & 0199 & \(\frac{\)\begin{tabular}{l}
\text { Information Amendment - Pharma/Toxicology Study ( 3 Report } \\
\text { Amendments 2475, 2486, 12-2324) }
\end{tabular}}{} \\
\hline
\end{tabular}

Contact information for Synergy Pharmaceuticals Inc.:
Gary S. Jacob, Ph.D., CEO
Synergy Pharmaceuticals Inc.
420 Lexington Ave., Suite 2012
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Phone: 212-297-0020
Fax: 212-297-0019
E-mail: gjacob@synergypharma.com
Laura Barrow, Pharm.D,
Sr. VP, Clinical Operations
Synergy Pharmaceuticals Inc.
420 Lexington Ave., Suite 2012
New York, NY 10170
Phone: 212-297-0020
Fax: 212-297-0019
E-mail: lbarrow@synergypharma.com
Original (Exploratory) Pre-IND Meeting Request Letter was sent to:
Brian Strongin
Division of Gastroenterology Products
Food and Drug Administration
Center for Drug Evaluation and Research
Central Document Room
5901-B Ammendale Rd.
Beltsville, Md. 20705-1266
301-796-1008 (Brian)
Original (Exploratory) and Traditional Pre-IND Meeting Request Letters and Meeting Information Package were addressed to:
Brian E. Harvey, M.D., Ph.D.
Division of Gastroenterology Products
DHHS/FDA/CDER/OND/ODE3/DGP
SUPV MEDICAL OFFICER
White Oak CDER Office Building 22
10903 New Hampshire Avenue
Silver Spring MD 20993
Room RM5112
Silver Spring MD 20993
Phone 301-796-2120
Fax 301-796-9905 or 301-796-9895
E-mail brian1.harvey@fda.hhs.gov
Regulatory Project Manager (2006)
Kristen Everett, RN
Division of Gastroenterology Drug Products
Phone: 301-796-0453 (Kristen)
Phone: 301-796-2120 (division secretary)
Fax: 301-796-9905
E-mail: kristen.everett@fda.hhs.gov

Pre-IND Meeting Submission Package was sent to:
Kristin Everett, RN
Regulatory Project Manager
Division of Gastroenterology Products
Food and Drug Administration
Center for Drug Evaluation and Research
Central Document Room
5901-B Ammendale Rd.
Beltsville, MD 20705-1266
301-796-0453
Regulatory Project Manager (2008)
Matthew C. Scherer
Senior Regulatory Project Manager
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CDER/OND/ODEIII
10903 New Hampshire Avenue
White Oak Building 22, Room 5139
Silver Spring, MD 20903
Ph: 301-796-2307
Fax: 301-796-9905
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Desk Copies to:
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Food and Drug Administration
Center for Drug Evaluation and Research
White Oak Building 22, Room: 5139
10903 New Hampshire Avenue
Silver Spring, MD 20903
Donna Griebel, M.D.
Director
Division of Gastroenterology Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research
Central Document Room
5901-B Ammendale Rd.
Beltsville, MD 20705-1266
eCTD Regulatory Submission for Synergy
Accenture Accelerated R\&D Services
1160 W. Swedesford Rd. Bldg. One
Berwyn PA 19312
Main No. : (610) 407-1880 | Web: www.accenture.com
Accenture submission team:
\begin{tabular}{|l|c|c|}
\hline \begin{tabular}{l} 
Joshua Truby \\
Submission Project Manager
\end{tabular} & \((610) 407-1844\) & joshua.f.truby@accenture.com \\
\hline \begin{tabular}{l} 
Krista Schroth \\
Project Coordinator
\end{tabular} & \((610) 407-1897\) & krista.l.schroth@accenture.com \\
\hline \begin{tabular}{l} 
Poonam Rajput \\
Sr. Regulatory Affairs Associate
\end{tabular} & \((610) 407-1734\) & poonam.rajput@accenture.com \\
\hline
\end{tabular}

Food and Drug Administration
CDER, Office of Regulatory Policy
10903 New Hampshire Avenue,
Bldg. 51 Room 6250

Silver Spring MD 20993-0002
Attention: Beverly Friedman
The attached application for patent term extension of U.S. Patent No. 7,041,786 was filed on February 7, 2017, under 35 U.S.C. § 156.

The assistance of your Office is requested in confirming that the product identified in the application Trulance \({ }^{\mathrm{TM}}\) (plecanatide), has been subject to a regulatory review period within the meaning of 35 U.S.C. \(\S 156(\mathrm{~g})\) before its first commercial marketing or use and that the application for patent term extension was filed within the sixty-day period beginning on the date the product was approved. Since a determination has not been made whether the patent in question claims a product which has been subject to the Federal Food, Drug and Cosmetic Act, or a method of manufacturing or use of such a product, this communication is NOT to be considered as notice which may be made in the future pursuant to 35 U.S.C. § 156(d)(2)(A).

Our review of the application to date indicates that the subject patent would be eligible for extension of the patent term under 35 U.S.C. § 156.

Inquiries regarding this communication should be directed to the undersigned at (571) 272-7755 (telephone) or (571) 273-7755 (facsimile).


Senior Legal Advisor
Office of Patent Legal Administration
Office of the Deputy Commissioner
for Patent Examination Policy
cc: Ivor R. Elrifi
Cooley LLP
1114 Avenue of the Americas
New York, NY 10036

Re: TRULANCE
Patent No. 7,041,786
Docket No. FDA-2017-E-4282

\author{
Acting Director \\ United States Patent and Trademark Office \\ Mail Stop Hatch-Waxman PTE \\ P.O. Box 1450 \\ Alexandria, VA 22313-1450
}

Dear Acting Director:
This is concerning the application for patent term extension for U.S. Patent No. 7,041,786 filed by Synergy Pharmaceuticals, Inc., under 35 U.S.C. 156. The human drug product claimed by the patent is TRULANCE (plecanatide), which was assigned new drug application (NDA) No. 208745.

A review of the Food and Drug Administration's official records indicates that this product was subject to a regulatory review period before its commercial marketing or use, as required under 35 U.S.C. 156(a)(4). Our records also indicate that it represents the first permitted commercial marketing or use of the product, as defined under 35 U.S.C. \(156(f)(1)\).

The NDA was approved on January 19, 2017, which makes the submission of the patent term extension application on February 7, 2017, timely within the meaning of 35 U.S.C. 156(d)(1).

Should you conclude that the subject patent is eligible for patent term extension, please advise us accordingly. As required by 35 U.S.C. 156 (d)(2)(A) we will then determine the applicable regulatory review period, publish the determination in the Federal Register, and notify you of our determination.

Please let me know if we can be of further assistance.

Sincerely yours,


Director
Center for Drug Evaluation and Research
Food and Drug Administration

\footnotetext{
U.S. Food and Drug Administration 10903 New Hampshire Avenue WO Building 51, Room 6250 Silver Spring, MD 20993-0002 www.fda.gov
}

TRULANCE
Patent No. 7,041,786
Page 2
cc: Ivor R. Elrifi, Esq.
Cooley LLP
1114 Avenue of the Americas New York, NY 10036

Food and Drug Administration
CDER, Office of Regulatory Policy
10903 New Hampshire Avenue,
Bldg. 51 Room 6250
Silver Spring MD 20993-0002

\section*{JUL 182018}

Attention: Beverly Friedman
Dear Sir:
Transmitted herewith is a copy of the application for patent term extension of U.S. Patent No. \(7,041,786\). The application was filed on February 7, 2017, under 35 U.S.C. § 156.

The patent claims a product which has been subject to review under the Federal Food, Drug and Cosmetic Act, or a method of manufacturing or use of such a product. Subject to final review, the subject patent is considered to be eligible for patent term extension. Thus, a determination by your office of the applicable regulatory review period is necessary. Accordingly, notice and a copy of the application are provided pursuant to 35 U.S.C. § \(156(\mathrm{~d})(2)(\mathrm{A})\).

Inquiries regarding this communication should be directed to the undersigned at (571) 272-7755 (telephone) or (571) 273-7755 (facsimile).


\author{
cc: Ivor R. Elrifi \\ Cooley LLP \\ 1111 Avenue of the Americas \\ New York, NY 10036
}

RE: TRULANCE® (plecanatide)
Docket No. FDA-2017-E-4282

\section*{FDA U.S. FOOD \& DRUG}

ADMINISTRATION

Re: TRULANCE
Patent No.: 7,041,786
Docket No.: FDA-2017-E-4282
The Honorable Andrei Iancu
Under Secretary of Commerce for Intellectual Property
Director, United States Patent and Trademark Office
Mail Stop Hatch-Waxman PTE
P.O. Box 1450

Alexandria, VA 22313-1450

\section*{NOV 192018}

\section*{Dear Acting Director:}

This is in regard to the application for patent term extension for U.S. Patent No. 7,041,786, filed by Synergy Pharmaceuticals, Inc., under 35 U.S.C. section 156 et seq. We have reviewed the dates contained in the application and have determined the regulatory review period for TRULANCE (plecanatide), the human drug product claimed by the patent.

The total length of the regulatory review period for TRULANCE is 3,186 days. Of this time, 2,829 days occurred during the testing phase and 357 days occurred during the approval phase. These periods of time were derived from the following dates:
1. The date an exemption under subsection 505(i) of the Federal Food, Drug, and Cosmetic Act involving this drug product became effective: May 2, 2008.

FDA has verified the Synergy Pharmaceuticals, Inc. claim that May 2, 2008, is the date the investigational new drug application (IND) became effective.
2. The date the application was initially submitted with respect to the new drug application under section 505 of the Federal Food, Drug, and Cosmetic Act: January 29, 2016.

FDA has verified the applicant's claim that the new drug application (NDA) for TRULANCE (NDA 208745) was submitted on January 29, 2016.
3. The date the application was approved: January 19, 2017.

FDA has verified the applicant's claim that NDA 208745 was approved on January 19, 2017.

\footnotetext{
U.S. Food and Drug Administration

10903 New Hampshire Avenue
WO Building 51, Room 6250
Silver Spring, MD 20993-0002
www.fda.gov
}

USPTO - TRULANCE
Patent No. 7,041,786
pg. 2
This determination of the regulatory review period by FDA does not take into account the effective date of the patent, nor does it exclude one-half of the testing phase as required by 35 U.S.C. section 156(c)(2).

Please let me know if we can be of further assistance.
Sincerely yours,

cc: . Ivor R. Elrifi, Esq.
Cooley LLP
1114 Avenue of the Americas
New York, NY 10036

Re: TRULANCE
Patent No. 7,041,786
Docket No. FDA-2017-E-4282

The Honorable Andrei Iancu
Under Secretary of Commerce for Intellectual Property and
Director, United States Patent and Trademark Office
Mail Stop Hatch-Waxman PTE
P.O. Box 1450

Alexandria, VA 22313-1450

\section*{AUG 052019}

Dear Director Iancu:
This is in regard to the patent term extension application for U.S. Patent No. 7,041,786 filed by Synergy Pharmaceuticals, Inc. under 35 U.S.C. § 156. The patent claims TRULANCE (plecanatide), a human drug product reviewed in new drug application (NDA) 208745.

In the December 4, 2018, issue of the Federal Register (83 Fed. Reg. 62590), the Food and Drug Administration published its determination of this product's regulatory review period, as required under 35 U.S.C. § \(156(\mathrm{~d})(2)(\mathrm{A})\). The notice provided that on or before June 3, 2019, 180 days after the publication of the determination, any interested person could file a petition with FDA under 35 U.S.C. § 156(d)(2)(B)(i) for a determination of whether the patent term extension applicant acted with due diligence during the regulatory review period.

The 180-day period for filing a due diligence petition pursuant to this notice has expired and FDA has received no such petition. Therefore, FDA considers the regulatory review period determination to be final.

Please let me know if we can provide further assistance.
Sincerely yours,


Director
Center for Drug Evaluation and Research
Food and Drug Administration

\footnotetext{
U.S. Food and Drug Administration 10903 New Hampshire Ave.
www.fda.gov
}

USPTO - Patent No. 7,041,786
Synergy Pharmaceuticals, Inc.
TRULANCE
Page 2
cc: Ivor R. Elrifi, Esq.
Cooley LLP
1114 Avenue of the Americas
New York, NY 10036





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\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|r|}{Electronic Acknowledgement Receipt} \\
\hline EFS ID: & 39116327 \\
\hline Application Number: & 10107814 \\
\hline International Application Number: & \\
\hline Confirmation Number: & 9117 \\
\hline Title of Invention: & GUANYLATE CYCLASE RECEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS \\
\hline First Named Inventor/Applicant Name: & Kunwar Shailubhai \\
\hline Customer Number: & 58249 \\
\hline Filer: & Domingos J. Silva/Katie Wray \\
\hline Filer Authorized By: & Domingos J. Silva \\
\hline Attorney Docket Number: & SYPA-001/01US 321994-2051 \\
\hline Receipt Date: & 09-APR-2020 \\
\hline Filing Date: & 28-MAR-2002 \\
\hline Time Stamp: & 17:14:38 \\
\hline Application Type: & Utility under 35 USC 111(a) \\
\hline
\end{tabular}

\section*{Payment information:}
\begin{tabular}{|c|c|c|c|c|c|}
\hline Submitted w & Payment & \multicolumn{4}{|l|}{no} \\
\hline \multicolumn{6}{|l|}{File Listing:} \\
\hline Document Number & Document Description & File Name & File Size(Bytes)/ Message Digest & Multi Part /.zip & Pages (if appl.) \\
\hline & & & 313181 & & \\
\hline 1 & Assignee showing of ownership per 37 CFR 3.73 & 376464-2000US1-AssigneeStatement.pdf &  & no & 13 \\
\hline \multicolumn{6}{|l|}{Warnings:} \\
\hline
\end{tabular}


\section*{STATEMENT UNDER 37 CFR 3.73(b)}

Applicant/Patent Owner: Bausch Heath Ireland Limiled
Application No./Patent No.: 7,041,786 Filed/Issue Date: May 9, 2006
Titled:
GUANYLATE CYCLASE RECEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAA *
Bausch Heall ireland Limited , a
(Name of Assignee) corporation
(Type of Assignee, e.g., corporation, partnership, university, govemment agency, etc.
states that it is:
1. \(\square\) the assignee of the entire right, title, and interest in;
2. \(\square\) an assignee of less than the entire right, title, and interest in (The extent (by percentage) of its ownership interest is \(\qquad\) \%); or
3. \(\square\) the assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made) the patent application/patent identified above, by virtue of either:
A. \(\square\) An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \(\qquad\) Frame \(\qquad\) , or a copy* is attached.
OR
B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:
1. From:

\section*{Kunwar Shailubhai; Gregory Nikiforovich; Gary S. Jacob}

TO: SYNERGY PHARMACEUTICALS INC.
The document was recorded in the United States Patent and Trademark Office at Reel 021031 _, Frame 0438 ,__ or a copy* is attached.
2. From: SYNERGY PHARMACEUTICALSINC

To: Bausch Health Ireland Limited
The document was recorded in the United States Patent and Trademark Office at Reel \(\qquad\) ,

Frame \(\qquad\) , or a copy* is attached.
3. From: \(\qquad\) To:
The document was recorded in the United States Patent and Trademark Office at Reel \(\qquad\) , Frame \(\qquad\) , or a copy* is attached.

Additional documents in the chain of title are listed on a supplemental sheet(s).
*As required by 37 CFR \(3.73(\mathrm{~b})(1)(\mathrm{i})\), if a copy/copies is/are attached, the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.
/Domingos J. Sival
Signature
April 9, 2020
Date

Domingos J. Siva, Ph.D., J.D.

\section*{64197}

Printed or Typed Name
Title or Registration Number
This collection of information is required by 37 CFR 3.73 (b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14 . This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

\section*{Privacy Act Statement}

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. \(2(\mathrm{~b})(2)\); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:
1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.
4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. \(552 \mathrm{a}(\mathrm{m})\).
5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.
6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).
7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection or an issued patent.
9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

\section*{PATENT ASSIGNMENY AGRECMENT- UNTTED STATES}

THIS PATENT PROPERTY ASSIGNMENT AGREEMENT - UNITED STATES, dated as of March 6, 2019 (this "Agreement"), is made by and among Bausch Health Ireland Limited, a private limited company organized under the laws of Ireland (the "Assionee"), and Synergy Pharmaceuticals Inc., a Delaware corporation (the "Parent"), and its wholly-owned subsidiary, Synergy Advanced Phamaceuticals, Inc., a Delaware corporation ("SF Sub") (each of the Parent and SF Sub, an "Assignor" and collectively, the "Assignors"). Each of the Assignee and the Assignors are referred to individually herein as a "Party" and collectively as the "Panties." Capitalized terms used herein and not otherwise defined shall have the respective meanings set forth in the Asset Purchase Agreement (as defined below).

\section*{RECITALS:}

WHEREAS, the Assignee and the Assignors have entered into that certain Asset Purchase Agreement, dated as of December 11, 2018, as amended and restated on January 4, 2019 (as further amended, restated, supplemented or otherwise modified from time to time, the "Asset Purchase Agreement"), and

WHEREAS, this Agreement is made and delivered pursuant to the terms and subject to the conditions set forth in the Asset Purchase Agreement.

\section*{AGREEMENT:}

NOW, THEREFORE, subject to the terms and conditions of the Asset Purchase Agreement, and in consideration of the representations, warranties, covenants and agreements set forth therein, the Parties hereto agree as follows:
1. Acquired Patents. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Assignors hereby irrevocably and unconditionally sell, transfer, assign, convey, and deliver to the Assignee and its successors and permitted assigns, forever, and the Assignee accepts and acquires from the Assignors all of the Assignors' right, title, and interest (of every nature, kind, and description, tangible or intangible (including goodwill), whether real, personal, or mixed, whether accrued, contingent, or otherwise, wherever located), in each case free and clear of any and all Encumbrances (other than Permitted PostClosing Encumbrances) in, to, and under all of Seller's right, title and interest in and to those patents and patent applications set forth on Schedule I hereto (the "Accuired Patents"), including (i) all of Assignors' rights in and to all income, royalties, damages and payments now or hereafter due or payable with respect thereto, (i) all causes of action (whether in law or in equity) with respect thereto, and (iii) the right to sue, counterclaim, and recover for past, present and future infringement of the Acquired Patents.
2. Further Assurances. This Agreement has been executed and delivered by the Assignors with the agreement that the same may be recorded with the United States Patent and Trademark Office and with other applicable governmental entity or registrar in other jurisdictions outside the United States. From time to time hereafter, and without further consideration, each of the Assignors, the Assignee, and their respective successors and permitted
assigns, covenant and agree that each of the Assignors, the Assignee, and their respective successors and permitted assigns shall execute and deliver, or shall cause to be executed and delivered, such further instruments of conveyance and transfer and take such additional action as the other Party may reasonably request to effect, consummate, confirm, or evidence the transfer to the Assignee, its successors, and permitted assigns of the Acquired Patents in accordance with the foregoing. Assignor shall provide Assignee and its successors and assigns reasonable cooperation and assistance at Assignee's request and expense (including the execution and delivery of any and all country specific forms of assignment, affidavits, declarations, oaths, exhibits, powers of attomey or other documentation) as are reasonably requested by Assignee to effect, record, register or maintain this Assignment and/or the rights assigned herein. The Parties hereby authorize the relevant authority at the United States Patent and Trademark Office and respective foreign patent and trademark offices to record this Agreement and record Assignee as the owner of the Acquired Patents and to issue any and all Acquired Patents to Assignee, as assignee of Assignor's entire right, title and interest in, to and under the same.
3. Power of Attomey. The Assignors hereby constitute and appoint the Assignee as the Assignors' true and lawful attomey in fact, with full power of substitution in the Assignors' name and stead, to take any and all steps, including proceedings at law, in equity or otherwise, to execute, acknowledge and deliver any and all instruments and assurances necessary or expedient in order to vest or perfect the aforesaid rights more effectively in the Assignee or to protect the same or to enforce any claim or right of any kind with respect thereto. The Assignors hereby declare that the foregoing power is coupled with an interest and as such is irrevocable.
4. Notices. All notices, requests, claims, demands or other communications hereunder to any Party shall be given in the manner set forth in the Asset Purchase Agreement. Any Party may change its address for receiving notices, requests, and other documents by giving written notice of such change to the other Parties in accordance with the Asset Purchase Agreement.
5. Severability. If any provision of this Agreement or the application thereof to any Person or circumstance is held invalid or unenforceable, the remainder of this Agreement, and the application of such provision to other Persons or circumstances, shall not be affected thereby, and to such end, the provisions of this Agreement are agreed to be severable.
6. Effectiveness. This Agreement shall be effective as of the Closing Date pursuant to the terms of the Asset Purchase Agreement.
7. Amendments; Waivers. This Agreement may not be waived, altered, amended or modified except by an instrument in writing signed by, or on behalf of each of the Parties hereto.
8. Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed to be an original but all of which shall constitute one and the same agreement.
9. Governing Law; Submission of Jurisdiction; Waiver of Jury Trial. With regard to patent, trademark and copyright issues, this Agreement shall be govemed by and construed in accordance with the federal Laws of the United States. For all other matters, this Agreement shall be governed by and construed in accordance with the Laws of the State of Delaware
without regard to the rules of conflict of Laws of the State of Delaware or any other jurisdiction. Each of the Parties irrevocably and unconditionally consents to submit to the exclusive jurisdiction of the Bankruptcy Court for any litigation arising out of or relating to this Agreement and the transactions contemplated thereby (and agrees not to commence any litigation relating thereto except in the Bankruptcy Court, provided, however, that if the Chapter 11 Case has been closed and/or the Bankruptcy Court declines jurisdiction, each of the Parties agree to and hereby irrevocably and unconditionally consents to submit to the exclusive jurisdiction of the United States District Court sitting in Wilmington, Delaware. Each of the Parties irrevocably and unconditionally waives any objection to the laying of venue of any such litigation in any such court. Each Party hereby consents to service of process in the manner set forth in Section 4. EACH PARTY HERETO IRREVOCABLY AND UNCONDITIONALLY WAIVES ANY RIGHT IT MAY HAVE TO A TRIAL BY JURY IN RESPECT OF ANY LITIGATION ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTIONS CONTEMPLATED HEREBY.
10. Third Parties. This Agreement will be binding upon, inure to the benefit of and be enforceable by the Parties hereto and their respective successors and permitted assigns and shall not be binding upon, inure to the benefit of, or be enforceable by any other party.
[Signature Pages Follow]

IN WITNESS WHEREOF, the Parties have caused this Assignment to be executed by their respective officers thereunto duly authorized as of the date first above written.

ASSIGNORS:

SUNERGY PUARMACEUTICALS INC.
By:

Name: Odyld. Gemighani
Title; EVP and Chief Financial Officer

\section*{SYNERGY ADVANCED \\ PUARMACEUTICALS, INC.}

By:


Name: Gapd Gemignani
Title: EVP and Chict Financial Officer
stateof Connecticut )
county of Faifteld
: ss.Daren

On this fth day of Hord 20 , before me personally appeared Goin G Gemignan: in wher capacity as \(E v\) and CFO of Synergy Phamaceuticals Inc., and Gad G Gemphamsher capacity as EVP on CFof Synergy Advanced Phamaceuticals, Inc.., who eadh proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to or who executed the foregoing instrument in his authorized capacity, and who duly acknowledged to me that execution of the same is his/her own free act and deed and made with appropriate authority.


My Commission Expires:

[Notary Seal]

N WITMESS WHEREOF, the Pantes have caused this Assigment to be executed by their respoctive officer theremito duly authorized as of the date fret above writen.

\section*{ASSIGNEX:}

\section*{BAUSCH HEALTH TEFLAND}

\section*{LMITEB}


Director

\section*{Schedule I}

Acqured Patents
\begin{tabular}{|c|c|c|c|c|c|c|}
\hline  & \multicolumn{6}{|l|}{} \\
\hline GUANYATE CYCLASERECEPTOR & & & & & & \\
\hline AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCiNOGENESIS & 101107,814 & 3/23/2002 & 7,041,786 & 5/9/2006 & Granted & United States of America \\
\hline GUANYLATE CYCLASE REGEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS & 11/347,115 & 2/212006 & 7,790,807 & 9/21/2010 & Granted & United States of America \\
\hline GUANYLATE CYCLASE REGEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS & 12763,707 & 4/20/2010 & 8,114,831 & 2/14/2012 & Granted & United States of America \\
\hline GUANYLATECYCLASE RECEPTOR AGONISTS FOR THE TREATMENT OF TISSUE INFLAMMATION AND CARCINOGENESIS & 13/339,785 & 12/29/2011 & 8,637,451 & 1/28/2014 & Granted & United States of America \\
\hline GUAMYLATE CYCLASE RECEPTOR AGONISTE FOR THE TREATMENT OF TIGSUE INFLAMMATION AND CARCINOGENESIS & 14/137,256 & 12/20/2013 & & & Pending & United States of America \\
\hline AGONGTSOF GUANVLATE CYCLASE USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS, INFLAMMATION, CANCER AND OTHER DISORDERS & 12/133,344 & 6/4/2008 & 7,879,802 & 2/1/2011 & Gramed & United States of America \\
\hline AGONISTS OF GUAMYLATE CYCLASE USEFUL FOR THE TREATMENT OF HYPERCHOLESTEROLEMIA. ATHEROSCLEROSIS, CORONARY HEART DISEASE, GALLSTONE, OEESITY AND OTHER cardiovascular digeases & 12/630,654 & 12/3/2008 & 8,868,514 & 3/3/2015 & Granted & United States of America \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|c|}
\hline AGONISTS OF GUANMATE CYCLASE USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS, INFLAMMATION, CANCER AND OTHER DISORDERS & 13/010,267 & 1/20/2011 & 8,716,224 & 5/6/2014 & Granted & Unied States of America \\
\hline AGONISTS OF GUAMYLATE CYOLASE USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERE, INFLAMMATION, CANCER AND OTHER DISORDERS & 13/857,283 & 4/5/2013 & 8,901,075 & 12/2/2014 & Granied & United States of America \\
\hline AGONISTS OF GUAMYLATECYOLASE USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS, inflamimation, cancer and OTHER DISORDERS & 14/528,257 & \(10 / 30 / 2014\) & 9,266,926 & 2/23/2016 & Granted & United States of America \\
\hline \begin{tabular}{l}
AOONISTS OF GUANVLATE CYCLASE USEFUL FOR THE TREATMENT OF HYPERCHOLESTEROLEMAA, \\
ATHEROSCLEROSIS, CORONARY heart disease, gallstone, OBESITY AND OTHER \\
CAPDIOVASCULAR DISEASES
\end{tabular} & 14/742,456 & 6/17/2015 & 9,814,752 & 11/14/2017 & Gramed & United States of America \\
\hline AGCNISTS OF GUANYLATE CYCLASE USEFUL FOR THE TREATMENT OF GASTPOINTESTINAL DIBORDERS, INFLAMMATION. CANCER AND OTHER DISORDERS & 15/049,740 & 2/22/2016 & 9,914,752 & 3/13/2018 & Granied & United States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE USEFUL FOR THE TREATMENT OF gastrontestinal disorders, inflammation, cancer and OTHER DISORDERS & 15/471,462 & \(3 / 28 / 2017\) & & & Pending & United States of America \\
\hline AOONSTS OF GUANMATE CYCLASE USEFLL FOR THE TREATMENT OF GASTRONTESTINAL DISORDERS, INFLARBRATION, CANCER AND OTHER DISORDERS & 16/918,047 & 3/12/2018 & & & Pending & United States of America \\
\hline AGONSTS OF GUANYLATE CYCLASE USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS, INFLAMMATION, CANCER AND OTHER DISORDERS & 14/228,843 & \(3 / 28 / 2014\) & 9,238,677 & 1/19/2016 & Gramed & United States of America \\
\hline
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\begin{tabular}{|c|c|c|c|c|c|c|}
\hline METHOD OF NHIBITING BILE ACID ABSORPTION BY ADMINISTERING AN AGONIST OF A GUANYLATE CYCLASE PECEPTOR & 13/513,224 & 12/3/2010 & 9,089,612 & 7/28/2015 & Granted & United States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS, INFLAMMATION, CANCER AND OTHER DISORDERS & 12/478,505 & 6/4/2009 & 8,207,295 & 6/26/2012 & Gramed & United States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS, INFLAMMATION, CANCER AND OTHER DISORDERS & 13/467,703 & 5/9/2012 & 8,357,775 & 1/22/2013 & Granted & United States of America \\
\hline AGONISTS OF GUANYLATECYCLASE USEFUL FOR THE TREATMENT OF GASTRONTESTINAL DISORDERS, INFLAMMATION, CANCER AND OTHER DISORCERS & 13/716,874 & 1217/2012 & 8,497,348 & 7/30/2013 & Granted & United States of America \\
\hline AGONISTS OF GUANVLATE GYCLASE USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS, INFLARMAATIOM, CANCER AND OTHER DISORDERS & 14/831,293 & \(8 / 20 / 2015\) & 9,520,065 & 3/20/2018 & Gramed & United States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS. INFLAMMATION, CANCER AND OTHER DISORDERS & 121504,288 & 7/16/2009 & 8,034,782 & \(10 / 11 / 2011\) & Gramed & United States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS, INFLAMMATION. CANCER AND OTHER DISORDERS & 14/632,314 & 2/26/2015 & 9,505,805 & 11/29/2016 & Granted & United States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE USEFUL FOR THE TREATMENT OF GASTRONTESTIMAL DIGORDERS, INFLAMMATION, CANCER AND OTHER DISORDERS & 13/226,300 & 9/6/2011 & 8,367,800 & 2/5/2013 & Granted & United States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS, INFLARMMATION, GANCER AND OTHER DIGORDERS & 13/731,483 & 12/31/2012 & 3,565,246 & \(10 / 20 / 2013\) & Gramed & United States of America \\
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\begin{tabular}{|c|c|c|c|c|c|c|}
\hline AGONISTSOF GUANVATE CVCLASE USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS, INFLAMMATION, CANCER AND OTHER DISORDERS & 13/955,710 & 7/31/2013 & 8,664,354 & 3/4/2014 & Granted & United States of America \\
\hline formulations of guanylate CYCLABE C AGONISTS AND METHODS OF USE & 14/301,812 & 6/11/2014 & 10,034:836 & 7/31/2018 & Gramied & United States of America \\
\hline FORMULATIONS OF GUANYLATE CYCLASECAGONISTSAND METHODS OF USE & 181018,278 & 6/26/2018 & & & Pending & United States of America \\
\hline PPOCESS OF PREFARING gUANYLATE OYCLASE C AgONIST & 15/405,787 & 1/13/2017 & & & Pending & United States of America \\
\hline PROCESS OF PPEPARING GUANYLATE CYCLASE G AGONET & 14/001,638 & 3/1/2012 & 9,530,471 & 2/28/2017 & Gramed & United States of America \\
\hline FORMULATIONS OF GUANYLATE CYCLASE C AGONGTS AND METHODS OF USE & 14/845,644 & 9/4/2015 & 9,510,321 & 4/4/2017 & Granted & United States of America \\
\hline FORMULATIONS OF GUANYLATE CYCLASE CAGONISTSARD METHODS OF USE & 15/467,631 & 3/23/2017 & 3,325,231 & 3/27/2018 & Granted & United States of America \\
\hline FORMULATIONS OF GUANYLATE CYCLASEC AGONISTSAND METHODS OF USE & 16/467,648 & 3/23/2017 & 3,819,024 & \(3 / 20 / 2018\) & Graited & Unied States of America \\
\hline FORMULATIONS OF GUANYLATE CYCLASE C AGONISTS AND METHODS OF USE & 15/924,940 & 3/19/2018 & & & Pending & United States of America \\
\hline FCRMULATIONS OF GUANYLATE CYCLASE CAOONISTSAND METHODS OF USE & 13/421,769 & \(3 / 15 / 2012\) & 0,616,097 & 4/11/2017 & Granted & Unied States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE USEFUL FOR DOWNREGULATION OF PROINFLAMMATORY CYTOKINES & 15/026,560 & 10/9/2014 & & & Pending & United States of America \\
\hline COMPOSITIONS USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS & 14/207,749 & 3/13/2014 & 9,486,494 & 11/8/2016 & Granted & Unitod States of America \\
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\hline COMPOSITIONS USEFUL FOR THE TREATMENT OF GASTROINTESTINAL DISOROERS & 15/272,873 & 9/22/2015 & & & Pending & United States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE AND THEIR USES & 14/189,645 & 2125/2014 & 9,545,446 & 1/17/2017 & Granted & United States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE AND THEIR USES & 15/381,680 & 12110/2013 & & & Pending & United States of America \\
\hline AGONISTS OF GUANVLATE CYCLASE AND THETR USES & 14/207.753 & 3/13/2014 & 9,708,367 & 7/18/2017 & Granted & United States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE AND THEIR USES & 15/622,526 & 6/14/2017 & 10,118,946 & 11/6/2018 & Granted & United States of America \\
\hline AOONISTS OF GUANYLATE CYCLASE AND THEIR USES & 16/150,703 & 10/3/2018 & & & Pending & Uniied States of America \\
\hline FORMULATIONS AND METHODS FOR TREATING ULCERATIVE COLITIS & 16/069,313 & 1/11/2017 & & & Pending & Unined States of America \\
\hline COMPOSITIONS AND METHOD FOR THE TREATMENT AND DETECTION OF COLON CANCER & 15/777,273 & 11/19/2016 & & & Pending & Unined States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE USEFUL FOR THE TREATMENT OF OPIOL INDUCED DYSFUNCTIONS & 15/026,563 & 10/10/2014 & & & Pending & United States of America \\
\hline AGONISTS OF GUANYLATE CYCLASE USEFUL FOR THE TREATMENT OF opiom nduceo dysfunctions & 14/944,499 & 11/18/2015 & & & Pending & United States of Arrerica \\
\hline ULTRA.PUPE AGOMISTS OF GUANYLATE CYCLASE C, METHOD OF MAKING AND USING SAME & 16/000,251 & 6/5/2018 & & & Pending & United States of America \\
\hline ULTRA-PURE AGONISTS OF GUANYLATE CYCLASE C, METHOD of making and using same & 14/396,019 & 6/5/2014 & 10,011,637 & 7/3/2018 & Gramed & United States of America \\
\hline
\end{tabular}


United States Patent and Trademark Office

> UNITEDSTATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS

PO. Bax 1450
wwwwispto gov
\begin{tabular}{|c|c|c|c|}
\hline APPLICATION NUMBER & FLING OR 371(C) DATE & FIRST NAMED APPLICANT & ATTY. DOCKET NO./TTTLE \\
\hline \multirow[t]{2}{*}{10/107,814} & \multirow[t]{2}{*}{03/28/2002} & \multirow[t]{2}{*}{Kunwar Shailubhai} & 376464-2000US1(00008) \\
\hline & & & CONFIRMATION NO. 9117 \\
\hline \multicolumn{2}{|l|}{162421} & \multicolumn{2}{|r|}{POA ACCEPTANCE LETTER} \\
\hline \multicolumn{4}{|l|}{SAUL EWING ARNSTEIN \& LEHR LLP (Bausch Health)} \\
\hline \multicolumn{2}{|l|}{Attn: Patent Docket Clerk, Centre Square West,} & \multicolumn{2}{|r|}{\multirow[t]{2}{*}{ OC000000116154033}} \\
\hline \multicolumn{2}{|l|}{1500 Market Street, 38th Floor} & & \\
\hline
\end{tabular}

Date Mailed: 04/13/2020

\section*{NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY}

This is in response to the Power of Attorney filed 04/09/2020.
The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

Questions about the contents of this notice and the requirements it sets forth should be directed to the Office of Data Management, Application Assistance Unit, at (571) 272-4000 or (571) 272-4200 or 1-888-786-0101.
/nrhayden/

United States Patent and Trademark Office
\[
\begin{aligned}
& \text { UNTTED STATES DEPARTMENT OF COMMERCE } \\
& \text { United States Patent and Trademark Office } \\
& \text { Address: COMMISSIONER FOR PATENTS }
\end{aligned}
\]
Address: COMMISSIONER FOR PATENTS

PO. Box 1450
Alexandria, Virginia 22313-1450
APPLICATION NUMBER
FILING OR 371(C) DATE
FIRST NAMED APPLICANT ATTY. DOCKET NO./TITLE SYPA-001/01US
10/107,814
03/28/2002
Kunwar Shailubhai 321994-2051

58249
COOLEY LLP
ATTN: IP Docketing Department 1299 Pennsylvania Avenue, NW


Suite 700
Washington, DC 20004
Date Mailed: 04/13/2020

\section*{NOTICE REGARDING CHANGE OF POWER OF ATTORNEY}

This is in response to the Power of Attorney filed 04/09/2020.
- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

Questions about the contents of this notice and the requirements it sets forth should be directed to the Office of Data Management, Application Assistance Unit, at (571) 272-4000 or (571) 272-4200 or 1-888-786-0101.
/nrhayden/

\title{
Saul Ewing Arnstein \& Lehr LLP (Bausch Health) In Re: Patent Term Extension
}

Attn: Patent Docket Clerk
Application for
Centre Square West
U.S. Patent No. 7,041,786

1500 Market Street
38th Floor
Philadelphia, PA 19102-2186
April 13, 2020

\section*{NOTICE OF FINAL DETERMINATION}

A determination has been made that U.S. Patent No. 7,041,786, which claims the human drug product known by the tradename TRULANCE® (plecanatide), is eligible for patent term extension under 35 U.S.C. § 156 . The period of extension has been determined to be 1,772 days.

A single request for reconsideration of this final determination as to the length of extension of the term of the patent may be made if filed within one month of the date of this notice. Extensions of time under \(37 \mathrm{CFR} \S 1.136(\mathrm{a})\) are not applicable to this time period. In the absence of a request for reconsideration, the Director will issue a certificate of extension, under seal, for a period of 1,772 days.

The period of extension set forth in 35 U.S.C. § 156(c) has been calculated using the Food and Drug Administration determination of the length of the regulatory review period published in the Federal Register of December 4, 2018 (83 FR 62590). Under 35 U.S.C. § 156(c):
\[
\begin{aligned}
\text { Period of Extension } & =\quad \text { RRP }- \text { PGRRP }- \text { DD }-1 / 2(\text { TP }- \text { PGTP })^{1} \\
& =3,186 \text { days }-0-0-1 / 2(2,829 \text { days }-0) \\
& =1,772 \text { days }(4.9 \text { years })
\end{aligned}
\]

Since the regulatory review period began May 2, 2008, after the date that the patent issued (May 9,2006 ), the entire regulatory review period has been considered in the above determination of the length of the extension period 35 U.S.C. § 156(c). No determination of a lack of due diligence under 35 U.S.C. § 156 (c)(1) was made.

\footnotetext{
\({ }^{1}\) Consistent with 35 U.S.C. § 156 (c), "RRP" is the total number of days in the regulatory review period, "PGRRP" is the number of days of the RRP which were on and before the date on which the patent issued, "DD" is the number of days of the RRP that the applicant did not act with due diligence, "TP" is the testing phase period described in paragraphs \((1)(B)(i),(2)(B)(i),(3)(B)(i)\), \((4)(B)(\mathrm{i})\), and \((5)(\mathrm{B})(\mathrm{i})\) of subsection \((\mathrm{g})\) of 35 U.S.C. § 156 , and "PGTP" is the number of days of the TP which were on and before the date on which the patent issued, wherein half days are ignored for purposes of the subtraction of \(1 / 2\) (TP - PGTP).
}

Neither the limitations of 35 U.S.C. § 156(g)(6) nor 35 U.S.C. § 156(c)(3) operate to reduce the period of extension determined above.

Upon issuance of the certificate of extension, the following information will be published in the Official Gazette:
U.S. Patent No.:

Granted:
Original Expiration Date \({ }^{2}\) :
Applicant:
Owner of Record:
Title:

Product Trade Name:
Term Extended: 1,772 days
Expiration Date of Extension:

7,041,786

May 9, 2006
March 25, 2023
Kunwar Shailubhai et al.
Synergy Pharmaceuticals, Inc.
Guanylate Cyclase Receptor Agonists for the Treatment of Tissue Inflammation and Carcinogenesis

TRULANCE® (plecanatide)

January 30, 2028

Any correspondence from applicant with respect to this matter should be submitted via the USPTO's EFS Web system and should be addressed as follows:

Mail Stop Hatch-Waxman PTE
Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450.

\footnotetext{
\({ }^{2}\) Subject to the provisions of 35 U.S.C. § 41(b).
}

Telephone inquiries related to this determination should be directed to the undersigned at (571) 272-7728.

\author{
/Raul Tamayo/ \\ Raul Tamayo \\ Senior Legal Advisor \\ Office of Patent Legal Administration Office of the Deputy Commissioner for Patent Examination Policy
}
cc: FDA, CDER, Office of Regulatory Policy 10903 New Hampshire Avenue, Bldg. 51, Room 6250
Silver Spring, MD 20993-0002
Attention: Beverly Friedman

RE: TRULANCE® (plecanatide) Docket No.: FDA-2017-E-4282

Saul Ewing Arnstein \& Lehr LLP (Bausch Health)
Attn: Patent Docket Clerk
Centre Square West
1500 Market Street
38th Floor
Philadelphia, PA 19102-2186

In Re: Patent Term Extension Application for U.S. Patent No. 7,041,786

Obber 29,2020

A certificate under 35 U.S.C. § 156 is enclosed extending the term of U.S. Patent No. 7,041,786 for a period of 1,772 days. While a courtesy copy of this letter is being forwarded to the Food and Drug Administration (FDA), you should directly correspond with the FDA regarding any required changes to the patent expiration dates set forth in the Patent and Exclusivity Data Appendix of the Orange Book (Approved Drug Products with Therapeutic Equivalence Evaluations) or in the Patent Information set forth in the Green Book (FDA Approved Animal Drug Products). Patent submissions for publication in the Orange Book and Docket *95S-0117 need to be submitted on form FDA-3542, which may be downloaded from the FDA Forms webpage at https://www.fda.gov/about-fda/reports-manuals-forms/forms (https://www.fda.gov/media/69889/download).

Inquiries regarding this communication should be directed to the undersigned by telephone at 571-272-7728, or by email at raul.tamayo@uspto.gov.

\section*{/Raul Tamayo/}

Raul Tamayo
Senior Legal Advisor
Office of Patent Legal Administration
Office of the Deputy Commissioner for Patent Examination Policy
cc: Food and Drug Administration
RE: TRULANCE \({ }^{\circledR}\) (plecanatide)
CDER, Office of Regulatory Policy
Docket No.: FDA-2017-E-4282
10903 New Hampshire Avenue
Bldg. 51, Room 6250
Silver Spring, MD 20993-0002
Attention: Beverly Friedman

This is to certify that an application under 35 U.S.C. \(\S 156\) has been filed in the United States Patent and Trademark Office, requesting extension of the term of U.S. Patent No. 7,041,786 based upon the regulatory review of the product TRULANCE \({ }^{\circledR}\) (plecanatide) by the Food and Drug Administration. According to United States Patent and Trademark Office records, the original expiration date of the patent as of the date of issuance of this certificate is March 25, 2023. Because it appears that the requirements of the law have been met, this certificate extends the term of the patent for the period of

1,772 days
subject to the payment of maintenance fees as provided by law, with all rights pertaining thereto as provided by 35 U.S.C. § 156.


I have caused the seal of the United States Patent and Trademark Office to be affixed this \(\underline{23 r d}\) day of October 2020.


Andrei Iancu
Under Secretary of Commerce for Intellectual Property and Director of the United States Patent and Trademark Office

AO 120 (Rev. 08/10)
\begin{tabular}{|c|c|}
\hline & Mail Stop 8 \\
TO: & Director of the U.S. Patent and Trademark Office \\
& P.O. Box 1450
\end{tabular}\(\quad\) FILING OR DETERMINATION OF AN

In Compliance with 35 U.S.C. \(\S 290\) and/or 15 U.S.C. \(\S 1116\) you are hereby advised that a court action has been filed in the U.S. District Court for the District of Delaware on the following
\(\square\) Trademarks or \(\quad \square\) Patents. ( \(\square\) the patent action involves 35 U.S.C. § 292.):
\begin{tabular}{|c|c|c|}
\hline DOCKET NO. & DATE FILED
\(4 / 29 / 2021\) & U.S. DISTRICT COURT \(\quad\) for the District of Delaware \\
\hline \begin{tabular}{l}
PLAINTIFF \\
BAUSCH HEALTH IR and SALIX PHARMA
\end{tabular} & AND LIMITED UTICALS, INC. & \begin{tabular}{l}
DEFENDANT \\
MYLAN LABORATORIES LTD., AGILA SPECIALTIES INC., MYLAN API US LLC, MYLAN INC., VIATRIS INC. and MYLAN PHARMACEUTICALS INC. - a VIATRIS COMPANY
\end{tabular} \\
\hline PATENT OR TRADEMARK NO. & \begin{tabular}{l}
DATE OF PATENT \\
OR TRADEMARK
\end{tabular} & HOLDER OF PATENT OR TRADEMARK \\
\hline 1 7,041,786 & 5/9/2006 & Bausch Health Ireland Limited and Salix Pharmaceuticals, Inc. \\
\hline 2 7,799,897 & 9/21/2010 & Bausch Health Ireland Limited and Salix Pharmaceuticals, Inc. \\
\hline \(38,637,451\) & 1/28/2014 & Bausch Health Ireland Limited and Salix Pharmaceuticals, Inc. \\
\hline 4 9,610,321 & 4/4/2017 & Bausch Health Ireland Limited and Salix Pharmaceuticals, Inc. \\
\hline 5 9,616,097 & 4/11/2017 & Bausch Health Ireland Limited and Salix Pharmaceuticals, Inc. \\
\hline
\end{tabular}

In the above-entitled case, the following patent(s)/trademark(s) have been included:
\begin{tabular}{|c|c|c|c|c|c|}
\hline DATE INCLUDED & INCLUDED BY & & & & \\
\hline & \(\square\) Amendment & \(\square\) Answer & \(\square\) Cross Bill & \(\square\) & Other Pleading \\
\hline PATENT OR TRADEMARK NO. & DATE OF PATENT OR TRADEMARK & \multicolumn{4}{|r|}{HOLDER OF PATENT OR TRADEMARK} \\
\hline 1 & & & & & \\
\hline 2 & & & & & \\
\hline 3 & & & & & \\
\hline 4 & & & & & \\
\hline 5 & & & & & \\
\hline
\end{tabular}

In the above entitled case, the following decision has been rendered or judgement issued:
\begin{tabular}{|l|l|l|}
\hline DECISION/JUDGEMENT & \\
\hline \\
\hline CLERK & (BY) DEPUTY CLERK & DATE \\
\hline
\end{tabular}

AO 120 (Rev. 08/10)
\begin{tabular}{|c|c|}
\hline TO: & Mail Stop 8 \\
& Director of the U.S. Patent and Trademark Office \\
P.O. Box 1450 & REPORT ON THE \\
& FILING OR DETERMINATION OF AN \\
& Alexandria, VA 22313-1450
\end{tabular}

In Compliance with 35 U.S.C. § 290 and/or 15 U.S.C. § 1116 you are hereby advised that a court action has been filed in the U.S. District Court for the District of Delaware on the following
\(\square\) Trademarks or \(\quad \square\) Patents. ( \(\square\) the patent action involves 35 U.S.C. § 292.):
\begin{tabular}{|c|c|c|}
\hline DOCKET NO. & DATE FILED
\(4 / 29 / 2021\) & U.S. DISTRICT COURT for the District of Delaware \\
\hline PLAINTIFF BAUSCH HEALTH IR and SALIX PHARMA & AND LIMITED UTICALS, INC. & \begin{tabular}{l}
DEFENDANT \\
MYLAN LABORATORIES LTD., AGILA SPECIALTIES INC., MYLAN API US LLC, MYLAN INC., VIATRIS INC. and MYLAN PHARMACEUTICALS INC. - a VIATRIS COMPANY
\end{tabular} \\
\hline PATENT OR TRADEMARK NO. & DATE OF PATENT OR TRADEMARK & HOLDER OF PATENT OR TRADEMARK \\
\hline 1 9,919,024 & 3/20/2018 & Bausch Health Ireland Limited and Salix Pharmaceuticals, Inc. \\
\hline 2 9,925,231 & 3/27/2018 & Bausch Health Ireland Limited and Salix Pharmaceuticals, Inc. \\
\hline 3 10,011,637 & 7/3/2018 & Bausch Health Ireland Limited and Salix Pharmaceuticals, Inc. \\
\hline \multicolumn{3}{|l|}{4} \\
\hline 5 & & \\
\hline
\end{tabular}

In the above-entitled case, the following patent(s)/ \(\operatorname{trademark}(\mathrm{s})\) have been included:
\begin{tabular}{|l|c|c|}
\hline DATE INCLUDED & \multicolumn{1}{|c|}{\begin{tabular}{l} 
INCLUDED BY \\
\\
\hline
\end{tabular} \begin{tabular}{c} 
PATENT OR \\
TRADEMARK NO.
\end{tabular}} & \begin{tabular}{c} 
DATE OF PATENT \\
OR TRADEMARK
\end{tabular} \\
\hline 1 & & \(\square\) Answer \(\quad \square\) Cross Bill \(\quad \square\) Other Pleading
\end{tabular}

In the above entitled case, the following decision has been rendered or judgement issued:
\begin{tabular}{|l|l|l|}
\hline DECISION/JUDGEMENT & \\
\hline \\
\hline CLERK & (BY) DEPUTY CLERK & DATE \\
\hline
\end{tabular}








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\section*{CRER}

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\section*{

 TRADEMARK}
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\section*{SN THE UNTEBSTATES DISTRYCE COERT FOR THE DISTRICT OF BEEAWARE}
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GAUSCH HEALTH IRELAND EMMTED, and
SAgEXPHARMACEUTICALS, INC.
Plainuffs,

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\section*{४.}
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MYLAN LABORATORIESLTD. AGILA SPECLALTES RNC, MYLAN APIUSULC, MYLAN INC, VIATRS INC, and MYLAN PHARMACEUTICAES RNC.--a VLATRIS COMPANY,

```

CA. No. 12 \(21-\mathrm{CY}-00611-\mathrm{ES}\)

Defendants.

\section*{NOYRCE OF VOLUNGARY DISMISSAE WTYGOUS PREYUDICE}

Plantifs Bausch Gealth Ircland Limited and Salix Pharmaceuticals, Inc, pursuant to Fed.
R. Civ. \(3.41(\mathrm{a})(\mathrm{A})(\mathrm{A})(\mathrm{i})\), hereby voluntarily dimiss this action, without prejudice.

GIBBONS PC.

OF COUNSEL:
Bryan C. Diner
Gustin I. Hasford
FNNEGAN, HENDERSON,
FARABOW, GARRETT\&
DUNNER, LLP
901 New York Avenue, NW
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Te\}:(202) 408-4000
By: /s/Cheistopher Viceconte
Chistopher Viceconte (No. 5568)
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300 Gelaware Avenue, Sute 1015
Wlmington, Delaware 19801
Tel: (302) S18-6322
Fax: (302) 397.2050
cvicecontegibbonslaw.com
jruter@gibonslaw.com
Athomeys for Plamtifs Bauseh Healh
Irelond Limited and Salix phaymaceuticals, fnc.
Dated: May 5, 2021```


[^0]:    

[^1]:    
    US-10-107-814-20 (1-16) x RNU41322 (1-526) Percent Similarity:
    Best Local Similarity
    Query Match:
    DB: Alignment Scores:
    Prea. No.:
    Score:

[^2]:    ## 

