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Declarations under Rule 4.17:

- as to applicant's entitlement to apply for and be granted a patent (Rule 4.17(ii)) for the following designations AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VC, VN, YU, ZA, ZM, ZW, ARIPO patent (BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG)
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- as to the applicant's entitlement to claim the priority of the earlier application (Rule 4.17(iii)) for the following designations AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VC, VN, YU, ZA, ZM, ZW, ARIPO patent (BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG)
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METHODS AND COMPOSITIONS FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS

TECHNICAL FIELD

This invention relates to methods and compositions for treating gastrointestinal disorders,
5 obesity, congestive heart failure, benign prostatic hyperplasia and other disorders.

BACKGROUND

Irritable bowel syndrome (IBS) is a common chronic disorder of the intestine that affects 20 to
60 million individuals in the US alone (Lehman Brothers, Global Healthcare-Irritable Bowel
10 Syndrome Industry Update, September 1999). IBS is the most common disorder diagnosed by
gastroenterologists (28% of patients examined) and accounts for 12% of visits to primary care
physicians (Camilleri 2001 *Gastroenterology* 120:652-668). In the US, the economic impact of
IBS is estimated at \$25 billion annually, through direct costs of health care use and indirect costs
15 of absenteeism from work (Talley 1995 *Gastroenterology* 109:1736-1741). Patients with IBS
have three times more absenteeism from work and report a reduced quality of life. Sufferers may
be unable or unwilling to attend social events, maintain employment, or travel even short
distances (Drossman 1993 *Dig Dis Sci* 38:1569-1580). There is a tremendous unmet medical
need in this population since few prescription options exist to treat IBS.

Patients with IBS suffer from abdominal pain and a disturbed bowel pattern. Three subgroups of
20 IBS patients have been defined based on the predominant bowel habit: constipation-predominant
(c-IBS), diarrhea-predominant (d-IBS) or alternating between the two (a-IBS). Estimates of
individuals who suffer from c-IBS range from 20-50% of the IBS patients with 30% frequently
cited. In contrast to the other two subgroups that have a similar gender ratio, c-IBS is more
common in women (ratio of 3:1) (Talley et al. 1995 *Am J Epidemiol* 142:76-83).

25 The definition and diagnostic criteria for IBS have been formalized in the "Rome Criteria"
(Drossman et al. 1999 *Gut* 45:Suppl II:1-81), which are well accepted in clinical practice.
However, the complexity of symptoms has not been explained by anatomical abnormalities or

metabolic changes. This has led to the classification of IBS as a functional GI disorder, which is diagnosed on the basis of the Rome criteria and limited evaluation to exclude organic disease(Ringel et al. 2001 *Annu Rev Med* 52: 319-338). IBS is considered to be a “biopsychosocial” disorder resulting from a combination of three interacting mechanisms:

5 altered bowel motility, an increased sensitivity of the intestine or colon to pain stimuli (visceral sensitivity) and psychosocial factors (Camilleri 2001 *Gastroenterology* 120:652-668). Recently, there has been increasing evidence for a role of inflammation in the etiology of IBS. Reports indicate that subsets of IBS patients have small but significant increases in colonic inflammatory and mast cells, increased inducible nitric oxide (NO) and synthase (iNOS) and altered expression

10 of inflammatory cytokines (reviewed by Talley 2000, Medscape Coverage of DDW Week).

SUMMARY OF THE INVENTION

The present invention features compositions and related methods for treating IBS and other gastrointestinal disorders and conditions (e.g., gastrointestinal motility disorders, functional gastrointestinal disorders, gastroesophageal reflux disease (GERD), duodenogastric reflux,

15 Crohn’s disease, ulcerative colitis, inflammatory bowel disease, functional heartburn, dyspepsia (including functional dyspepsia or nonulcer dyspepsia), gastroparesis, chronic intestinal pseudo-obstruction (or colonic pseudoobstruction), and disorders and conditions associated with constipation, e.g., constipation associated with use of opiate pain killers, post-surgical constipation, and constipation associated with neuropathic disorders as well as other conditions

20 and disorders. The compositions feature peptides that activate the guanylate cyclase C (GC-C) receptor.

The present invention also features compositions and related methods for treating obesity, congestive heart failure and benign prostatic hyperplasia (BPH).

Without being bound by any particular theory, in the case of IBS and other gastrointestinal

25 disorders the peptides are useful because they can increase gastrointestinal motility.

Without being bound by any particular theory, in the case of IBS and other gastrointestinal disorders the peptides are useful, in part, because they can decrease inflammation.

Without being bound by any particular theory, in the case of IBS and other gastrointestinal disorders the peptides are also useful because they can decrease gastrointestinal pain or visceral pain.

The invention features pharmaceutical compositions comprising certain peptides that are capable of activating the guanylate-cyclase C (GC-C) receptor. Also within the invention are pharmaceutical compositions comprising a peptide of the invention as well as combination compositions comprising a peptide of the invention and one or more additional therapeutic agents, e.g., an agent for treating constipation (e.g., a chloride channel activator such as SPI-0211; Sucampo Pharmaceuticals, Inc.; Bethesda, MD, a laxative such as MiraLax; Braintree Laboratories, Braintree MA) or some other gastrointestinal disorder. Examples of additional therapeutic agents include: acid reducing agents such as proton pump inhibitors (e.g. omeprazole, esomeprazole, lansoprazole, pantorazole and rabeprazole), H2 receptor blockers (e.g., cimetidine, ranitidine, famotidine and nizatidine), pro-motility agents such as motilin agonists (e.g., GM-611 or mitemincinal fumarate), 5HT receptor agonists (e.g. 5HT4 receptor agonists such as Zelnorm[®]; 5HT3 receptor agonists such as MKC-733), 5HT receptor antagonists (e.g., 5HT1, 5HT2, 5HT3 (e.g., alosetron), 5HT4 receptor antagonists, muscarinic receptor agonists, anti-inflammatory agents, antispasmodics, antidepressants, centrally-acting analgesic agents such as opioid receptor agonists, opioid receptor antagonists (e.g., naltrexone), agents for the treatment of Inflammatory bowel disease, Crohn's disease and ulcerative colitis (e.g., Traficet-ENTM (ChemoCentryx, Inc.; San Carlos, CA)), agents that treat gastrointestinal or visceral pain, and cGMP phosphodiesterase inhibitors (e.g., motapizone, zaprinast, and sildinac sulfone). The peptides of the invention can also be used in combination with agents such as tianeptine (Stablon[®]) and other agents described in U.S. 6,683,072, (E)-4 (1,3bis(cyclohexylmethyl)-1,2,3,4,-tetrahydro-2,6-diono-9H-purin-8-yl)cinnamic acid nonaethylene glycol methyl ether ester and related compounds described in WO 02/067942. The peptides can also be used in combination with treatments entailing the administration of microorganisms useful in the treatment of gastrointestinal disorders such as IBS. Probiactrix[®]

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