

UROMUNE® PERLINGUAL SPRAY

Bacterial immunomodulator

Perlingual Spray Immunotherapy

Inactivated Whole Bacteria

More Comfortable Application

INNOVATING AND SHARING IDEAS



Since 1992



BACTERIAL IMMUNOMODULATORS

• Stimulate activity of dendritic cells

• Increase production of cytokines

• Increase the proliferative response of CD4 lymphocytes

URON

INGUAL SPRAY

Benito-Villalvilla C, et al. Immunological mechanisms activated by a polyvalent bacterial preparation used for the treatment of recurrent urinary tract infections (RUTIs). Allergy 2016; 71(S102):118–272.

SPRAY

INACTIVATED WHOLE BACTERIA

- High antigenic potential because it contains components capable of activating the Immune System
- Wide spectrum of action since it stimulates the immune system by increasing the response even in microorganisms not contained in the vaccine
- High security because it has no capability to infect



Hessle *et al.* Gram-Positive bacteria are potent inducers of monocytic Interleukin-12 (IL-12) while Gram-Negative bacteria preferentially stimulate IL-10 production. Infection and Immunity, June 2000; 68(6):3581-3586 Lorenzo-Gómez *et al.* Comparison of sublingual therapeutic vaccine with antibiotics for the prophylaxis of recurrent urinary track infection. Front. Cell. Infect. Microbiol. 5:50. doi: 10.3389/fcimb.2015.00050.



WHOLE BACTERIA vs BACTERIAL LYSATES

ADVANTAGES

- Optimun process of inactivation of whole bacteria conserve capacity of immune system response
- Essential components for the immune system activation are present in whole bacteria
- Whole bacteria have higher capacity to activate the immune system than bacterial lysates

Hessle et al. Gram-Positive bacteria are potent inducers of monocytic Interleukin-12 (IL-12) while Gram-Negative bacteria preferentially stimulate IL-10 production. Infection and Immunity, June 2000; 68(6):3581-3586



WHOLE BACTERIA vs BACTERIAL LYSATES



EFFECTIVENESS

CORRELATION OF THE MICROBIAL THREAT WITH INFLAMMATORY RESPONSES

	BACTERIAL	WHOLE INACTIVATED	VIABLE	PATHOGENIC
	LYSATES	BACTERIA	BACTERIA	BACTERIA
IMMUNE RESPONSE LEVEL				

THREAT LEVEL -----

Adapted from: Blander et al. "Beyond pattern recognition: five immune checkpoints for scaling the microbial threat". Nat Rev Immunol. 2012; Mar; 12(3):215-25.



Benito-Villalvilla C, et al. Immunological mechanisms activated by a polyvalent bacterial preparation used for the treatment of recurrent urinary tract infections (RUTIs). Allergy 2016; 71(5102):118–272.
Holmgren et al. Mucosal immunity and vaccines. Nature Medicine 11, 545 - 553 (2005).
Lorenzo-Gómez et al. Evaluation of a therapeutic vaccine for the prevention of recurrent urinary tract infections versus prophylactic treatment with antibiotics. Int Urogynecol J (2013) 24:127 – 134.



PERLINGUAL APPLICATION

- Direct stimulation of the immune system components present in the oral mucosa
- Avoids degradation caused by the action of gastrointestinal secretions
- High bioavailability by avoiding the degradation by the first hepatic transit and speed of action
- Suitable for patients with swallowing disorders



RLINGUAL SPRAY

UROMUNE[®]





Pineapple flavor

STIMULATION OF THE MUCOSA



	/x		
	SUBLINGUAL	NASAL	ORAL
Upper respiratory tract	+++	+++	-
Lower respiratory tract	+++	+a+++	-
Stomach	+/+++		+/+++
Small intestine	+++	-	+++
• Colon	?	-	t
• Rectum	?	-	:
Genital tract	+++	++	-
• Blood	++	+++	+
1 minut			

Adapted from: Çuruburu et al. Vaccine. Sublingual immunization induces broad-based systemic and mucosal immune responses in mice. Vaccine 25 (2007) 8598–8610 Czerkinsky et al. Sublingual vaccination. Human Vaccines (2011) 7:1, 110-114



REDUCES URINARY TRACT

ITUs

 Reduction of UTIs (mean 78.2%) in patients treated with Uromune[®] compared to those treated with antibiotics (sulfamethoxazol/trimethoprim) (P<0.0001)



MONTHS	UROMUNE®	ANTIBIOTIC	%
De 0 a 3 M	0,36	1,60	77,5
De 3 a 9 M	0,72	3,71	80,6
De 9 a 15 M	1,35	5.75	76,5

 Uromune[®] reduces 4 times the risk of suffering a UTI compared to conventional treatment.

UROMUNE[®]

RLINGUAL SPRAY



Lorenzo-Gómez *et al.* **Evaluation of a therapeutic vaccine for the prevention of recurrent urinary tract infections versus prophylactic treatment with antibiotics.** Int. Urogynecol J (2013) 24:127 - 134



REDUCES POSITIVE UROCULTURES

 Reduction of positive UC (mean 76.7%) in patients treated with Uromune[®] compared to those treated with antibiotic. (P<0.0001)



MONTHS	UROMUNE®	ANTIBIOTIC	%
De 0 a 3 M	0,50	1,60	68,8
De 3 a 9 M	1,06	5,01	78,8
De 9 a 15 M	1,34	7,64	82,5



• Uromune[®] **reduces by 7** times the positive urocultures with conventional treatment



Lorenzo-Gómez *et al.* **Evaluation of a therapeutic vaccine for the prevention of recurrent urinary tract infections versus prophylactic treatment with antibiotics.** Int. Urogynecol J (2013) 24:127 - 134



CLINICAL BENEFITS OF UROMUNE®

STUDY CONDUCTED IN 319 PATENTS, FROM WHICH 159 WERE TREATED WITH UROMUNE® AND 160 WITH ANTIBIOTICS FOR 3 MONTHS

- 63.5% of patients were free from UTIs in 3 months
- 34.6% of patients were free from UTIs in 15 months



PATIENTS FREE FROM UTIs

UROMUNE®

LINGUAL SPRAY

- 50.3% of patients were free from UC+ in 3 months
- 30.8% of patients were free from UC+ in 15 months



PATIENTS FREE FROM UC+

Lorenzo-Gómez et al. Evaluation of a therapeutic vaccine for the prevention of recurrent urinary tract infections versus prophylactic treatment with antibiotics. Int. Urogynecol J (2013) 24:127 - 134





UROMUNE® PERLINGUAL SPRAY

Urinary tract infections (UTIs)

BACTERIA	%
Escherichia coli	25
Klebsiella pneumoniae	25
Proteus vulgaris	25
Enterococcus faecalis	25

Antonia Andreu et al. Etiology of community-acquired lower urinary infections and antimicrobial resistance of Escherichia coli: a national surveillance study. Med Clin (Barc). 2008;130(13):481-6

>>> Product Characteristics

UROMUNE * is a glycerinated suspension of four types of whole inactivated bacteria (300 FTU/mL (Formazin Turbidity Unit), 10* bacteria/mL) for sublingual specific immunotherapy (per-lingual).

Composition: glycerinated suspension containing four whole inactivated bacterial concentrates as active substances of the formulation: Klebsiella pneumoniae (25%), Escherichia coli (25%), Enterococcus faecalis (25%) and Proteus vulgaris (25%).

Excipients: Glycerol, artificial pineapple flavouring, sodium chloride and water for injection.

Pharmaceutical Form: The pharmaceutical product is a suspension for sublingual/per-lingual spraying of an adequate concentration of whole inactivated bacterial concentrates suspended in an isotonic saline solution with 50% glycerol, and packed in amber-glass bottles closed with a plastic cap, containing a spray pump and applicator for spraying, secured with a seal.

Presentations: Depending on the desired treatment duration, UROMUNE® is available in two presentations:

- Monthly treatment: 1 vial containing 6 ml.

- Three-month treatment: 2 vials containing 9 ml.

Therapeutic indications: UROMUNE* is an immunomodulator, for the prevention of recurrent urinary infections. Its function is to stimulate the immune system, thus enhancing its resistance against urinary tract infections. UROMUNE* can be administered to adults, children and breast-feeding mothers.

Administration instructions: UROMUNE® must be administered by spraying over the sublingual area (per-lingual route). UROMUNE® is to be self-administered by the patient at home. The adequate use of the spray container is as follows: Remove the plastic seal of the vial for the application. When opening each vial and before use, turn the pipette horizontally and spray 3 or 4 times to make sure that the dispenser is primed with enough solution to work properly. Turn aside the pipette and put it under the tongue, thus applying the product over the sublingual/per-lingual area. Spray the product. Do not swallow it immediately. Keep the solution under the tongue for 2 minutes and then swallow it. Once the administration is finished, turn the pipette into its original position in order to block the spray button, and place the bottle in its original package.

The posology consists of two daily applications. Patients should be warned not to eat or drink immediately before or after the intake of the vaccine in order to allow a maximum exposure and contact of the product with the area of administration.

>>> Bibliographic References

Benito-Villalvilla C, et al. Immunological mechanisms activated by a polyvalent bacterial preparation used for the treatment of recurrent urinary tract infections (RUTIs). Allergy 2016; 71(S102):118–272.

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Allam JP, et al. Distribution of Langerhans cells and mast cells within the human oral mucosa: new application sites of allergens in sublingual immunotherapy?. Allergy 2008 Jun: 63(6): 720–727

Çuruburu et al. Vaccine. Sublingual immunization induces broad-based systemic and mucosal immune responses in mice. Vaccine 25 (2007) 8598–8610

Czerkinsky et al. Sublingual vaccination. Human Vaccines (2011) 7:1, 110-114

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