

# Nintedanib does not improve lung function and fibrosis in a spirometry-confirmed and bleomycin-induced mouse model of IPF

## Authors

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## Background & Aim

Idiopathic pulmonary fibrosis (IPF) is a chronic and fatal interstitial lung disease, characterized by progressive lung fibrosis and declining pulmonary function. Nintedanib is currently one of only two drugs that are clinically approved for treating IPF patients.

The present study aimed to characterize Nintedanib in a bleomycin-induced (BLEO) and spirometry-confirmed mouse model of IPF.

## Methods

Male C57BL/6JRj mice (16-19 weeks old) received a single intratracheal instillation of BLEO (2 mg/kg, 50  $\mu$ L) or saline (CTRL). BLEO-IPF animals were randomized and stratified to treatment based on whole-body plethysmography (WBP; enhanced pause, PenH) and body weight (BW) on day 6 after BLEO administration. Nintedanib (50 or 60 mg/kg, PO, BID) or vehicle (PO, BID) was administered for 14 days (study 1) or 21 days (study 2 and 3), starting on day 1. The TGF $\beta$  receptor inhibitor ALK5 (ALK5i, SB525334, 60 mg/kg, QD for 21 days) was included as comparator drug.

Terminal pulmonary endpoints included spirometry (flexiVent), hydroxyproline (HP), Ashcroft score using Gubra Histopathological Objective Scoring Technique (GHOST), and quantitative histological markers of fibrosis (PSR, MT), and inflammation (Gal-3). Terminal plasma exposure of Nintedanib and lung RNA sequencing was performed in study 2.

## 1 Study outline

