

The potential of siRNA based drug delivery in respiratory disorders: recent advances and progress

Kamal Dua^{*a,b,c}, Ridhima Wadhwa^d, Gautam Singhvi^e, VamshiKrishna Rapalli^e, Shakti Dhar Shukla^c, Madhur D. Shastri^f, Gaurav Gupta^g, Saurabh Satija^h, Meenu Mehta^h, Navneet Khurana^h, Rajendra Awasthiⁱ, Pawan Kumar Maurya^j, Lakshmi Thangavelu^k, S Rajesh Kumar^k, Murtaza M. Tambuwala^l, Trudi Collet^m, Philip M. Hansbro^{b,c,n}, Dinesh Kumar Chellappan^{o,*}

^aDiscipline of Pharmacy, Graduate School of Health, University of Technology Sydney, Ultimo NSW 2007, Australia.

^bCentenary Institute, Royal Prince Alfred Hospital, Camperdown, NSW 2050, Australia.

^cPriority Research Centre for Healthy Lungs, Hunter Medical Research Institute (HMRI) & School of Biomedical Sciences and Pharmacy, University of Newcastle, Callaghan, NSW 2308, Australia.

^dFaculty of Life Sciences and Biotechnology, South Asian University, Akbar Bhawan, Chanakyapuri, New Delhi 110021, India.

^eDepartment of Pharmacy, Birla Institute of Technology and Science (BITS), Pilani, 333031, India

^fSchool of Health Sciences, College of Health and Medicine, University of Tasmania, Launceston, Australia.

^gSchool of Pharmaceutical Sciences, Jaipur National University, Jagatpura, 302017, Jaipur, India

^hSchool of Pharmaceutical Sciences, Lovely Professional University, Jalandhar-Delhi G.T. Road (NH-1), Phagwara-144411, Punjab, India.

ⁱAmity Institute of Pharmacy, Amity University, Sec. 125, Noida 201303, Uttar Pradesh, India

^jDepartment of Biochemistry, Central University of Haryana, Jant-Pali, Mahendergarh District-123031, Haryana, India.

^kNanobiomedicine Lab, Department of Pharmacology, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Chennai-600077, Tamil Nadu, India.

^lSchool of Pharmacy and Pharmaceutical Sciences, Ulster University, Coleraine, County Londonderry, BT52 1SA, Northern Ireland, United Kingdom.

^mInovative Medicines Group, Institute of Health & Biomedical Innovation, Queensland University of Technology, Kelvin Grove, Brisbane, Queensland, Australia 4059.

ⁿSchool of Life Sciences, University of Technology Sydney, Sydney, NSW 2007, Australia.

^oDepartment of Life Sciences, School of Pharmacy, International Medical University, Bukit Jalil, Kuala Lumpur 57000, Malaysia.

***Corresponding authors**

Dr. Kamal Dua

Discipline of Pharmacy, Graduate School of Health,
University of Technology Sydney, P.O. Box: 123 Broadway,
NSW 2007, Australia.
Tel: +61 2 95147387; E-mail: kamalpharmacist02@gmail.com

Dr Dinesh Kumar Chellappan

Department of Life Sciences, International Medical University,
Bukit Jalil 57000, Kuala Lumpur, Malaysia
Tel: +60 126361308; E-mail: dineshkumarchellappan.imu@gmail.com, Dinesh_Kumar@imu.edu.my

1 **Abstract**

2 Lung diseases are the leading cause of mortality worldwide. The currently available therapies are not
3 sufficient, leading to the urgent need for new therapies with sustained anti-inflammatory effects.
4 Small/short or silencing interfering RNA (siRNA) has potential therapeutic implications through post-
5 transcriptional downregulation of the target gene expression. siRNA is essential in gene regulation, so is
6 more favorable over other gene therapies due to its small size, high specificity, potency and no or low
7 immune response. In chronic respiratory diseases, local and targeted delivery of siRNA is achieved *via*
8 inhalation. The effectual delivery can be attained by the generation of aerosols *via* inhalers and nebulizers
9 which overcomes anatomical barriers, alveolar macrophage clearance and mucociliary clearance. In this
10 review, we discuss the different siRNA nanocarrier systems for chronic respiratory diseases, for safe and
11 effective delivery. siRNA mediated pro-inflammatory gene or miRNA targeting approach can be a useful
12 approach in combating chronic respiratory inflammatory conditions and thus providing sustained drug
13 delivery, reduced therapeutic dose, and improved patient compliance. This review will be of high
14 relevance to the formulation, biological and translational scientists working in the area of respiratory
15 diseases.

16 **Keywords:** siRNA; delivery systems; pulmonary; nanocarriers; RNA interference

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1 **Introduction**

2 Chronic respiratory disease (CRD), in particular, asthma and chronic obstructive pulmonary disease
3 (COPD), are amongst the leading causes of mortality and morbidity that also exert huge health and
4 economic burden globally ("Global, regional, and national deaths, prevalence, disability-adjusted life
5 years, and years lived with disability for chronic obstructive pulmonary disease and asthma, 1990-2015: a
6 systematic analysis for the Global Burden of Disease Study 2015," 2017). Asthma is a complex and
7 heterogeneous chronic inflammatory disorder, primarily affecting the airways. The disease is largely
8 'allergic' in nature and is characterized by the upregulation of genes that lead to multiple inflammatory
9 cascades implicated in asthma (Moheimani et al., 2016). Current asthma therapies focus on reduction of
10 symptoms and limit exacerbations during the course of the disease. However, the proportion of asthmatics
11 with the uncontrolled disease remain significantly high and utilizes the majority of healthcare expenses
12 globally (P. M. Hansbro *et al.*, 2017; Peters, Ferguson, Deniz, & Reisner, 2006). Despite the increasing
13 classification/categorization of asthmatics into various endotypes/phenotypes (based on a number of
14 molecular biomarkers, clinical presentation and responsiveness to common therapies)(Fajt & Wenzel,
15 2015), the key pathological feature of asthma is involvement of multiple inflammatory mediators that are
16 often regulated by 'key' genes/proteins, which are also referred as master transcription regulators(Sel,
17 Henke, Dietrich, Herz, & Renz, 2006). Thus, targeting these key pro-inflammatory genes would
18 potentially improve the overall disease outcomes(Sel et al., 2006).

19 COPD is another complex and multi-factorial respiratory disease that is caused primarily due to chronic
20 exposure to cigarette smoking(Rennard & Vestbo, 2006). In addition, exposures to biomass smoke, air
21 pollution and a variety of occupational exposures to chemical dust and fumes also play an important role
22 in the onset and progression of COPD(KC, Shukla, Gautam, Hansbro, & O'Toole, 2018). COPD
23 constitutes multiple inflammatory pathways, that are induced by chronic exposure to irritants and, in
24 addition, due to an imbalance between the oxidase/anti-oxidant ratio and/or proteases/anti-proteases ratio
25 (Peter J. Barnes, 2016). The course of the disease is further complicated by frequent acute exacerbations,
26 which are described as worsening of disease symptoms that require a change of daily medications and
27 often requiring hospitalizations(Rodriguez-Roisin, 2000). Acute exacerbations are primarily caused by
28 infections (bacterial and/or viral) which dramatically increase the risk of mortality and morbidity amongst
29 COPD patients(Sapey & Stockley, 2006). In addition, the lack of effective therapies to limit the onset
30 and/or progression of COPD further aids in increased global morbidity and mortality, especially in aging
31 populations.

1 Idiopathic pulmonary fibrosis (IPF) is a life-threatening lung disease that involves the progressive loss of
2 lung function along with clinically significant thickness/stiffness of lung tissues, generally accompanied
3 by tissue scarring. The 3- and 5-year mortality rates in IPF patients are almost 50% (Meltzer & Noble,
4 2008). Integrative network analysis revealed a total of 27 genes (CHIT1, CXCL14, LPPR4, etc.) and 22
5 miRNAs (in particular, miR-409-5p and has-miR-376c) that are associated with the disease
6 development (L. Wang, Huang, Zhang, Chen, & Zhao, 2018). Targeting these and similar nucleic acids
7 that are crucial in the onset/progression of IPF would certainly lead to the development of novel therapies
8 for treating IPF and enhancing the quality of life in IPF patients.

9 Lung cancer is one of the leading causes of cancer-related mortality globally (Bray et al., 2018). A number
10 of genetic mutations have been linked to the pathogenesis of two major types of lung cancer, including
11 non-small-cell lung cancer (e.g., KRAS, EGFR, ALK, MET exon 14, BRAF, PIK3CA, ROS1, HER2, and
12 RET) ("Comprehensive molecular profiling of lung adenocarcinoma," 2014) and squamous cell carcinoma
13 (PIK3CA, PTEN and amplification of FGFR1) (Rosell & Karachaliou, 2016). Importantly, circulating
14 cell-free nucleic acids are now being investigated/utilized in both diagnosis and personalised treatments
15 for lung cancers, which have been reviewed in detail by Sorber *et al.* (Sorber *et al.*, 2017). Given the
16 immense burden and limited treatment options for lung cancer, nucleic acid-based therapies may present a
17 novel therapeutic front to develop personalised therapies.

18 Respiratory infections, especially with viruses and bacteria, further complicate the course of chronic
19 respiratory diseases. In particular, viral pathogens, such as rhinovirus, influenza virus and respiratory
20 syncytial virus, are often implicated in the exacerbations of respiratory diseases, including asthma, COPD
21 and IPF (Wark, Tooze, Powell, & Parsons, 2013). In addition, bacterial pathogens (e.g., *Haemophilus*
22 *influenzae*, *Streptococcus pneumoniae*, and *Moraxella catarrhalis*), either on its own or as a secondary
23 pathogen following prior viral infections seem to be more detrimental to the lung health and poorer
24 quality of life (Didierlaurent, Goulding, & Hussell, 2007; Wark *et al.*, 2013). A better understanding of the
25 interactions between respiratory infections and chronic respiratory diseases (asthma, COPD) is essential
26 for the design of more effective preventive and treatment strategies. For instance, tuberculosis seems to
27 increase the risk of COPD and vice versa (O'Toole, Shukla, & Walters, 2015). Moreover, tuberculosis
28 increases the oxidative burden in the lungs (K. Dua *et al.*, 2018; Shastri *et al.*, 2018), regulated by
29 multiple inflammatory mediators (K. Dua *et al.*, 2019), that could be targeted with the novel, nucleic acid-
30 based therapies for reducing the treatment regimens.

31 Despite the huge burden of major respiratory disease, there is a lack of effective treatments that could
32 limit the disease onset and/or disease progression (K Dua, DK Chellappan, *et al.*, 2018; K Dua, Gupta,

1 Chellappan, Shukla, & Hansbro, 2018; Kamal Dua, Vamshi Krishna Rapalli, *et al.*, 2018; Kamal Dua,
2 Shukla, de Jesus Andreoli Pinto, & Hansbro, 2017; Rapalli *et al.*, 2018). Thus, extensive research into
3 potentially novel therapeutics is urgently required. Currently, the potential of novel classes of
4 therapeutics, which are nucleic acid-based, for treating lung diseases is under intense investigation due to
5 their crucial roles in regulating gene expression(Kamal Dua, Terezinha de Jesus Andreoli Pinto, *et al.*,
6 2018; Kamal Dua, Hansbro, Foster, & Hansbro, 2017; Kamal Dua, Shukla, Tekade, & Hansbro, 2017).
7 For instance, antisense oligonucleotides, which are single-strand DNAs or RNAs that selectively bind to
8 complementary mRNAs and modulate their functions, could potentially result in up-/down-regulation of
9 particular genes, thus aiding in limiting the disease progression (Bennett, Baker, Pham, Swayze, & Geary,
10 2017). Similarly, small interference RNAs (siRNAs) are double-strand RNA molecules (~21-23 base
11 pairs in length) capable to ‘silence’ specific genes of a known sequence responsible for genome
12 stability(J. K. Lam, Chow, Zhang, & Leung, 2015). siRNA works at two stages: post-transcriptional gene
13 silencing (PTGS) resulting in direct sequence-specific cleavage causing repression of translation and
14 degradation resulting in transcriptional gene silencing (TGS). siRNA is found associated with effector
15 associations which are recognized by RNA-induced silencing complexes (RISCs)(Martinez,
16 Patkaniowska, Urlaub, Lüthmann, & Tuschl, 2002). Further, this siRNA uses its full sequence for the
17 recognition of the target sequence and cleaves the target mRNA (Jie Wang, Lu, Wientjes, & Au, 2010).
18 Micro RNAs (miRNAs) are single-stranded, endogenous non-coding RNA molecules (~18–24 base pairs
19 long). The miRNAs act as important regulators for a variety of immunological and cellular pathways
20 (Awasthi, Madan, Malipeddi, Dua, & Kulkarni, 2019; Hansbro & Dua, 2018; D. D. Nguyen & Chang,
21 2017).

22 Notably, siRNAs have been previously speculated to be an effective nucleic acid-based therapy in
23 asthma(M. Choi, J. Gu, M. Lee, & T. Rhim, 2017; Luo *et al.*, 2012), COPD(Luo *et al.*, 2012), IPF(C. N.
24 D'Alessandro-Gabazza *et al.*, 2012), lung cancer(Merkel, Rubinstein, & Kissel, 2014) and respiratory
25 infections(Merkel *et al.*, 2014). We have attempted to primarily focus on the potential drug delivery
26 strategies to enhance the efficacy of siRNAs in treating chronic respiratory diseases, because siRNA can
27 result in multiple gene mutations (oncogenes and tumor suppressor genes) and acts as efficient and
28 promising cure of disease in comparison to other therapies.

29 **Drug delivery systems for siRNA in pulmonary diseases**

30 siRNA has an enormous prospective for the treatment or avoidance of different lung infections. When the
31 RNA particles effectively enter the target, they may obstruct the expression of specific gene series
32 through RNA interference (RNAi) to produce remedial impacts(Amreddy *et al.*, 2018; Ayatollahi *et al.*,

1 2017). The greatest deterrent to translating siRNA treatment from the research facilities into the clinics is
2 delivery. A perfect delivery operator ought to shield the siRNA from enzymatic debasement, encourage
3 cell take-up and advance endosomal escape inside the cells, with irrelevant poisonous effect(V. Capel *et*
4 *al.*, 2018; Jin *et al.*, 2018). Pulmonary targeting could be accomplished by fundamental delivery or lung
5 delivery. The latter administrative route could possibly upgrade siRNA maintenance in the lungs and
6 lessen fundamental poisonous impacts. The delivery design should be planned cautiously so as to boost
7 the deposition of siRNA to the unhealthy region of the aviation routes. In majority of the lung siRNA
8 treatment studies *in vivo*, siRNA was conveyed either intranasally or intratracheally (Figure: 1) (I.
9 d'Angelo *et al.*, 2018; Ding *et al.*, 2018; He *et al.*, 2018).

10 Limited studies have been reported on siRNA formulations *via* inhalation, although, it is expected for
11 potential future prospects. Following are the delivery systems of siRNA in pulmonary diseases:

12 **1. Lipid-based delivery vectors**

13 The lipid-based delivery system is generally used to deliver siRNA *in vitro* and *in vivo*. Ordinarily,
14 cationic lipids or liposomes utilizes negatively charged siRNA through electrostatic forces and are known
15 as lipoplexes. Several commercially available agents are lipid-based, some of which are for *in vivo* lung
16 delivery, for example, DharmFECT, **lipofectamine**, and Oligofectamine. The main difficulties of utilizing
17 lipid-based conveyance vectors in the clinical setup are their harmfulness and their non-specific activation
18 of inflammatory cytokines and interferon reactions. Lipid-based delivery vectors can be classified into
19 five types of molecules: Cationic lipoplexes and liposomes; PEGylated lipids; Neutral lipids; Lipids
20 particles and Lipid-like molecules(Kaczmarek *et al.*, 2018; Liu *et al.*, 2019; Mokhtarieh, Lee, Kim, &
21 Lee, 2018; O. S. Muddineti, A. Shah, S. V. K. Rompicharla, B. Ghosh, & S. Biswas, 2018).

22 **2. Polymer-based delivery vectors**

23 The polymer-based delivery vectors have an adaptable nature, which enables their physicochemical
24 qualities to change effectively to accommodate their purpose. Also, it has been recommended that
25 polymers usually do not induce a strong immune response (Ni *et al.*, 2018; Otsuka *et al.*, 2017). Polymer-
26 based vectors are separated into two classes: polycations and polymeric nanoparticles. Engineered
27 polycations, for example, polyamidoamine dendrimers and polyethyleneimine and natural polycations, for
28 example, chitosan are utilized for conveying DNA for a long time(Y. Qiu *et al.*, 2017; Sasaki & Guo,
29 2018).

30 **3. Peptide-based delivery vectors**

1 Since the discovery of TAT protein from HIV-1, which assists in the uptake of the virus in the cell, a
2 range of cell-penetrating peptides (CPPs) have been identified. CPPs are most commonly utilized as
3 vehicles of restorative macromolecules. This technique can thus be used to deliver siRNA (Veilleux *et al.*,
4 2018; P. Y. Xu *et al.*, 2018). CPPs and subsidiaries have been explored for siRNA conveyance which
5 include MPG, TAT, transportan, penetratin, CARY and LAH4. The peptides are either covalently
6 connected to siRNA through disulfide bond development or electrostatically in a non-covalent way (Yuan
7 *et al.*, 2017; D. Zhang *et al.*, 2018).

8 **Immune response in siRNA-mediated drug delivery to lungs**

9 Airway inflammation is the major contributing factor in the pathogenesis of lung diseases, which
10 corresponds to the degree of symptoms, airways hyper-responsiveness, and obstruction. Therefore,
11 siRNA mediated delivery vehicle, as well as the products of secondary RNAi, stimulate the immune
12 system by enhancing the expression or suppressing pro-inflammatory cytokines, interferons, and toll-like
13 receptors *via* signaling pathways (Sioud, 2015). This is evident from an *in vivo* study for intratracheal
14 administration of penetratin (peptide) conjugated siRNA capable of penetrating cytosol, activating several
15 biochemical pathways and elevates the expression of TNF- α , IL-12, and p40. It also activates the innate
16 immune system to target p38 MAP kinase (Moschos *et al.*, 2007).

17 The approach of siRNA based therapeutics against tuberculosis infections directs the gene expression
18 modulation of the host rather than the bacilli (Man, Chow, Casettari, Gonzalez-Juarrero, & Lam, 2016).
19 The genes that regulate autophagy in the host can be targets for *M. tuberculosis* infection such as Rap22a,
20 Bfl-1/A1, Ras homologue enriched in brain (Rheb) and UV radiation resistance associated genes
21 (UVRAG) (Kathania, Raje, Raje, Dutta, & Majumdar, 2011; Kim *et al.*, 2015; Roberts, Chua, Kyei, &
22 Deretic, 2006; Jinli Wang *et al.*, 2013). The suppression of these genes can hinder bacterial growth and
23 proliferation. Another strategy is immunosuppression to inhibit bacterial growth. TNF- α and IFN γ are
24 essential for macrophage activation to initiate granuloma formation for the proliferation of *M.*
25 *tuberculosis* (Ramakrishnan, 2012; Silva Miranda, Breiman, Allain, Deknuydt, & Altare, 2012).
26 Chemokine and Lymphotoxin/XCL-1 activate CD8⁺T cells during severe tuberculosis infection. In
27 addition to this, XCL-1 regulates IFN- γ and CD4⁺T cells to maintain granuloma. When siRNA targeting
28 XCL-1 is delivered in TB infected mice, the expression of XCL-1 is greatly reduced, therefore,
29 decreasing T lymphocytes, INF γ , and granuloma (Rosas-Taraco, Higgins, Sanchez-Campillo, *et al.*,
30 2009).

31 The intranasal siRNA mediated delivery of SOCS3 in chronic asthma mouse model had been reported to
32 improve eosinophil count and airways hyper-responsiveness. This has also been correlated to improved

1 mucus secretion, collagen reduction, and airway remodeling. siRNA mediated SOC3 reduces RhoA/Rho
2 kinase signaling pathway, thereby, regulating inflammation, bronchial smooth muscle contractions and
3 upregulating IL-13, IL-4 *via* RhoA protein and STAT6 activation. This reduces cytokine expression and
4 airways hyper-responsiveness. It is known that IL-17 and IL-23 are responsible for neutrophilic and
5 eosinophilic inflammation in mice (Figure.2)(Molet *et al.*, 2001; Wakashin *et al.*, 2008). Thus, siRNA
6 mediated silencing of SOC3 regulates IL-17 expression(Staff, 2014).

7 **siRNA drug delivery in asthma/allergic airway diseases**

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9 The combination therapy for asthma includes the use of inhaled corticosteroids, β_2 adrenergic receptor
10 agonists, injected immunoglobulin E antibodies and quick-relief medications for effective control of
11 asthma (Peter J Barnes, 2004). However, conventional inhaled corticosteroid therapies do not work in
12 severe asthmatic patients (refractory asthma) and may cause adverse effects after long-term treatment
13 (Kamal Dua, Hansbro, & Hansbro, 2017; Philip M Hansbro *et al.*, 2017; Mealey, Kenyon, Avdalovic, &
14 Louie, 2007). Therefore, more attention is needed in asthma research focused on the development of
15 target-specific therapeutics. It has been previously reported that proteins such as
16 chemokines(Rosenwasser, Zimmermann, Hershey, Foster, & Rothenberg, 2003) and cytokines (Peter J
17 Barnes, 2008) are involved in the asthmatic-inflammatory processes. Leukotrienes are also involved in
18 the pathogenesis of asthma (Ogawa & Calhoun, 2006).

19 Omalizumab (Xolair[®] - a monoclonal antibody against IgE), reslizumab (Cinqair[®] in the US and
20 Cinqaero[®] in Europe -a humanized antibody against human interleukin-5) and mepolizumab (Nucala[®] -
21 blocks interleukin-5) are commercially available potential targeted therapeutics to treat asthma (Catley,
22 Coote, Bari, & Tomlinson, 2011; Corren, 2012). Due to the complex nature of the disease, there is no
23 single medication available for effective control of the asthmatic symptoms. Such targeted therapies may
24 provide a valuable breakthrough in the pathophysiology of asthma and increase the possibility of
25 decreasing asthma burden (M Choi, J Gu, M Lee, & T Rhim, 2017; Cook & Bochner, 2010).

26 siRNA delivery to the pulmonary system has ameliorated the therapeutic benefits of RNA interference
27 (RNAi) for asthma (H.-Y. Huang & Chiang, 2009). RNAi has been reported to be effective in blocking
28 functions of molecular targets of asthma. siRNAs (21-23 bp in length) are involved in the sequence-
29 specific degradation of messenger RNA (mRNA) and decrease the expression of the corresponding
30 proteins (Agrawal *et al.*, 2003; Xie & Merkel, 2015). Prolonged lung retention of siRNA administered *via*
31 the pulmonary route can reduce systemic side effects and improve the therapeutic benefits in the

1 treatment of asthma (Deng *et al.*, 2014; Rettig & Behlke, 2012; Xie & Merkel, 2015). Intranasal
2 administration of siRNA formulation with or without a transfection agent has been reported to inhibit
3 replication of the respiratory syncytial virus in mice models (Whitehead, Langer, & Anderson, 2009).

4 Xie *et al.*, (2016) developed a siRNA based delivery system, transferring polyethylenimine (Tf-PEI), to
5 target specific delivery of siRNAs and activated T cells in the lung. The optimized polyplexes possess
6 ideal physical properties such as zeta-potential, size, distribution and siRNA condensation efficiency.
7 Formulated polyplexes showed significant enhancement in cellular uptake and gene knockdown.
8 Biodistribution studies in murine asthmatic model confirmed effective delivery of siRNA to the activated
9 T cells (Xie *et al.*, 2016). Based on the literature evidence, Xie and Merkel summarized that chemokines,
10 cytokines, tyrosine kinases, transcription factors, and co-stimulatory factors are the target of siRNA-
11 mediated asthma treatment. Further, the authors proposed potential applications of targeted siRNA
12 delivery to macrophages, T cells, and dendritic cells in asthma therapy (Xie & Merkel, 2015).

13 Wang *et al.*, 2008 reported imiquimod cream-chitosan nanoparticle system containing siRNA green
14 indicator (siGLO) or siRNA for natriuretic peptide receptor (siNPRA). The formulation was applied to
15 the mice skin. Fluorescence microscopy confirmed the delivery of SiGLO to the lungs *via* transdermal
16 route. OVA-sensitized asthmatic BALB/c mice model treated with imiquimodcream-siNPRA chitosan
17 nanoparticles showed significant (< 0.05) decrease in airway hyper-responsiveness, lung histopathology,
18 eosinophilia and pro-inflammatory cytokines IL-4 and IL-5 (X. Wang *et al.*, 2008).

19 Packaging RNAs (pRNAs), a component of the bacteriophage phi29-packaging motor, have been used to
20 deliver signal transducer and activator of transcription (STAT5b) siRNA to asthmatic spleen
21 lymphocytes. Reverse transcription-polymerase chain reaction (RT-PCR) study showed that the STAT5b
22 gene mRNA expression was effectively inhibited by the pRNA dimer. It is suggested that pRNA dimer
23 carrying aptamer (ligand to interact with receptors) and siRNA can deliver functional siRNA to cells (C.
24 Qiu, Peng, Shi, & Zhang, 2012). The first report on lung alveolar epithelial A549 cell targeting by
25 siRNA-generation four, amine-terminated poly (amidoamine) dendrimerdendriplexes and about 40% gene
26 silencing *via* siRNA exposed to the propellant used in oral inhalation devices was given by Conti *et al.*,
27 (Conti, Brewer, Grashik, Avasarala, & da Rocha, 2014).

28 Choi *et al.*, developed dexamethasone and vitamin D binding protein (VDBP) siRNA combination
29 therapeutic system for the treatment of asthma. The results showed that the dexamethasone-conjugated
30 polyethyleneimine/ vitamin D binding protein (DEXA-PEI/VDBP) siRNA, reduced goblet cell
31 hyperplasia, ovalbumin sensitization, challenge-induced enhancement of airway inflammation, and

1 expressions of interleukin-4 (IL-13), interleukin-4 (IL-4) and eosinophil mobilizing chemokine (CCL11)
2 (M Choi *et al.*, 2017). Wu *et al.*, investigated the ability of c-kit silenced siRNA to decrease the
3 inflammation caused by allergic asthma using asthmatic mouse model treated with intranasal anti-c-kit
4 siRNA. The result showed that siRNA significantly inhibited c-kit gene expression and decreased airway
5 mucus secretion. The production of stem cell factor, IL-4, and IL-5 declined significantly by c-kit siRNA.
6 However, no effect was recorded on interferon- γ (IFN- γ) generation (Wu *et al.*, 2014).

7 Ambient particulate matters (PMs) are the major causative agents for asthma and chronic obstructive
8 pulmonary disease, by increasing mucus hypersecretion and inflammation. Wang *et al.*, used ambient
9 particulate matter (PM)-exposed human bronchial epithelial cells (HBEC) to determine the function of
10 Amphiregulin (AREG), a ligand for epidermal growth factor receptor (EGFR), in PM-induced
11 inflammation and mucus hypersecretion. The AREG-siRNA significantly suppressed the PM-induced
12 inflammation and mucus hypersecretion. This also suppressed the activation of the EGFR-AKT/ERK
13 pathway (Jian Wang, Zhu, Wang, Chen, & Song, 2019).

14 **siRNA drug delivery in lung cancer**

15 Lung cancer is the leading cause of death all over the world (Siegel, Naishadham, & Jemal, 2012). The
16 widely available therapies include chemotherapy, radiotherapy, and surgery, while, NSCLC treatment is
17 majorly dependent on chemotherapy. Conventionally, chemotherapy has been practiced by intravenous
18 (IV) administration. However, IV administration has side effects like bioavailability of the drug
19 throughout the body *via* the bloodstream, which affects both malignant as well as healthy cells, the death
20 of healthy cells causes adverse side effects like hair loss, fatigue and infections(Gandhi *et al.*, 2018;
21 Moding, Kastan, & Kirsch, 2013). Dobashi *et al.*, reported that the Akt/mTOR pathway is abnormally
22 activated in NSCLC (Dobashi, Watanabe, Miwa, Suzuki, & Koyama, 2011). Several tumor suppressors
23 have been found to be mutated in NSCLC, proposing the function of mTOR pathway. Furthermore, the
24 use of mTOR inhibitors is responsible for adverse side effects on healthy cells. Several molecular
25 targeting drugs such as gefitinibcause inhibition of phosphorylation and tyrosine kinase activity of
26 intracellular ATP binding domain of EGFR via competitive inhibition, erlotinib also inhibits tyrosine
27 kinase and bevacizumab inhibits angiogenesis (Y.K. Oh & Park, 2009; Tiseo, Bartolotti, Gelsomino, &
28 Bordi, 2010). Due to numerous side effects, there is an emerging need for therapeutics for the treatment of
29 lung cancer especially NSCLC (Sadowski, Kotulska, & Józwiak, 2016).

30 Taratula and his co-workers developed nanostructured lipid-based carriers (NLCs) for simultaneous
31 delivery of anticancer drug and siRNA specifically for lung cancer. The drug encapsulated nanocarriers

1 induce cell death, whereas, siRNA suppresses multi-drug resistance. Two types of siRNA were delivered
2 to improve efficacy; the first siRNA was targeting the MRP1 (Multidrug resistance-associated protein)
3 mRNA which is responsible for the suppression of main drug efflux transporter. The second siRNA was
4 targeting Bcl2 (B-cell lymphoma) mRNA, which suppresses cellular anti-apoptotic defense. The drug was
5 delivered to lungs by inhalation after encapsulation in NLCs. Inhalation leads to high accumulation of
6 nanocarriers in lungs whereas, intravenous injection led to major accumulation in liver, spleen, and
7 kidney compared to lungs. The developed NLC formulation effectively delivered the drug and siRNA
8 into cancer cells. This induced cell death of lung tumor cells by targeted gene silencing (Taratula,
9 Kuzmov, Shah, Garbuzenko, & Minko, 2013).

10 Xu *et al.*, studied the combined effect of doxorubicin and Bcl2 siRNA using polyethyleneimine as a
11 carrier for pulmonary delivery. Confocal laser scanning microscopy and flow cytometry exhibited a high
12 cellular uptake of drug and siRNA in B16F10 cell lines. Real-time polymerase chain reaction (RT-PCR)
13 observations had high gene silencing, where, 70% of Bcl2 mRNA were bashed down. The combination
14 has increased cell apoptosis and cell proliferation inhibition in B1F10 cells. The *in-vivo* studies in mice
15 showed high accumulation of doxorubicin and siRNA in metastatic lung cancer upon pulmonary delivery
16 (C.-N. Xu *et al.*, 2017).

17 Hybrid lipid-polymer nanoparticles comprising of dipalmitoylphosphatidylcholine and poly(lactic-co-
18 glycolic) acid were developed to encapsulate siRNA. siGENOMESMART pool siRNA was used to check
19 their fate on the human epithelial airway barrier, which acts against α and β subunits of the sodium trans
20 epithelial channel. The developed nanoparticles exhibited ~150nm hydrodynamic diameter, with -25mV
21 zeta potential. *In-vitro* aerosolization studies were performed on a triple cell co-culture model which
22 mimic human epithelial airway barrier. There were no changes in nanoparticulate structure by
23 transmission electron microscopic imaging after nebulization. Nanoparticles were internalized in
24 epithelial cells and there were no cytotoxic effects or acute inflammation towards cell components. *In-*
25 *vitro* inhibition of sodium trans-epithelial channel protein expression was evaluated in A549 cell lines,
26 which confessed prolonged inhibition (Ivana d'Angelo *et al.*, 2018).

27 Capel *et al.*, reported delivery of siRNA using water-soluble piperazine substituted chitosan derivatives
28 for efficient delivery by inhalation. The piperazine derivative chitosan is water-soluble at physiological
29 pH, and forms nano-complexes with siRNA up to the size of 300nm at a relatively low polymer to siRNA
30 ratio (5:1). Glyceraldehyde-3-phosphate dehydrogenase (GADPH) targeting siRNA was complexed with
31 siRNA, *in-vitro* studies performed on lung epithelial cells revealed chitosan and siRNA complexes
32 exhibited silencing of a gene from 40-80%. There was no effect of the aerosolization by PenCentury™

1 microsprayer device on particle size and integrity. *In-vivo* studies performed to determine the potential of
2 piperazine chitosan complex in subcutaneous bioluminescent tumor A540-lucxenograft model. There was
3 a significant reduction of the tumor with absence of adverse effects. The modified chitosan siRNA
4 complexes were found to be safe and had the potential to deliver by inhalation therapy (Victoria Capel *et*
5 *al.*, 2018).

6 Ihara *et.al.*, developed dry powdered chitosan siRNA complexes, and its gene silencing efficiency was
7 quantified histologically after intratracheal administration into murine lungs. EGFP-siRNA chitosan
8 complex efficacy was studied in EGFP transgenic mice and mice carrying metastatic lung cancer of
9 Lewis lung carcinoma. Transgenic mice are divided into three groups, where, one group was treated with
10 targeting siRNA, one group treated with non-targeting siRNA and one was left without any treatment.
11 The fluorescence in bronchus, bronchioles, alveolar walls of the group treated with targeting siRNA is
12 reduced to a large extent in comparison to mice group treated with non-targeting siRNA and group
13 without treatment. Similarly, the same results were observed in the metastatic lung tumor consisting of
14 mice groups. The results conclude a high extent of gene silencing in proximal airways compared to
15 peripheral lung tissues. The study proves pulmonary delivery of siRNA is a predominant approach to
16 target gene expression in respiratory disorders involving airways, parenchyma and lung cancers (Ihara *et*
17 *al.*, 2015).

18 A dry powder siRNA based formulation was developed targeting vascular endothelial growth factors
19 (VEGF), which inhibits lung tumor growth in mice. *In-vivo* studies were performed on mice with
20 metastatic lung cancer, which were induced by B16F10 melanoma cells or Lewis lung carcinoma cells.
21 VEGF siRNA efficiency in gene suppression was evaluated by treating B16F10 and Lewis lung
22 carcinoma cell lines. There was reduced VEGF protein and mRNA pertaining to VEGF. *In-vivo* studies
23 were performed in tumor-bearing mice, where, chitosan was used to deliver siRNA. Prior to delivery of
24 siRNA, VEGF levels were measured in bronchoalveolar lavage fluid (BALF) collected from mice bearing
25 a tumor. The results showed reduced VEGF concentrations in BALF after single intratracheal
26 administration of dry siRNA powder. Repeated intratracheal administration reduced tumor growth in the
27 lungs. An *in-vitro* inhalation performance study was performed with jethaler single, which exhibited a
28 low-pressure drop. These results suggest chitosan dry powder of siRNA is a novel strategy for lung
29 cancer-specific and high gene silencing effect (Miwata *et al.*, 2018).

30 Bohr and his co-workers developed phosphorus-based dendrimers for delivery of siRNA. Pyrrolidinium
31 and morpholinium were selected as protonated amino groups for better compatibility. The dendriplexes
32 form strong complexes with siRNA targeting tumor necrosis factor- α (TNF- α). The *in-vitro* studies

1 revealed high cellular uptake and *in-vitro* silencing efficiency of TNF- α in RAW264.7 lipopolysaccharide
2 activated macrophage cell line with pyrrolidinium dendriplexes. The improved efficiency of pyrrolidinium
3 complexes is expected due to high pKa value which improves stronger siRNA complex formation. Nasal
4 administration of complexed dendriplexes has higher efficacy towards lung injury in comparison to non-
5 complexed siRNA (Table 1) (Bohr *et al.*, 2017).

6 The RNAi mechanism and siRNA provides the potential for designing therapeutics for the treatment of
7 disease like cancer (Leung & Whittaker, 2005). siRNA has intrinsic efficacy as it utilizes the endogenous
8 RNAi pathway, reduces the expression of disease-linked genes and can be used for any gene with its
9 complementary sequence (Vogelstein & Kinzler, 2004). Several genes, their mutations, and pathways
10 have been found to be associated in different cancers, thus it is evident that siRNA can provide
11 therapeutic effect in cancers. siRNA mediated silencing of cancer associated proteins causes a remarkable
12 apoptotic effect (Pai *et al.*, 2006). The major barriers for effective delivery of siRNA to the lungs are
13 complex branching of lungs associated with biomechanical barriers including mucus over the airways and
14 the airways cell membrane. Gene silencing will be achieved only when siRNA delivered is stable, is of
15 good concentration, penetrates the cell and reaches the cytoplasm (Durcan, Murphy, & Cryan, 2008).
16 Zhang *et al.*, reported siRNA counters K-RAS mutants and observed the anti-cancer effect by reducing K-
17 RAS in lung cancer cell line. Additionally, adenovirus-mediated siRNA precisely targets RAS and acts as
18 a drug for lung cancer treatment (Z. Zhang, Jiang, Yang, & Wang, 2006). Han *et al.*, proposed the use of
19 p65 siRNA for anti-tumor effect by blocking PI3-kinase and NF κ B (Han & Roman, 2006).

20 Presently, in clinical trials, siRNA was locally administered to the target site to bypass the systemic
21 delivery but the systemic route is required for the treatment of cancers and other diseases. For an *in vivo*
22 delivery system, it ought to be biocompatible, non-immunogenic and biodegradable. The siRNA should
23 be effectively delivered to the target site and must be protected from the action of serum nucleases. The
24 system must evade from immediate hepatic or renal clearance and foster endosomal siRNA release into
25 the cytoplasm for endogenous RISC interaction (Juliano, Alam, Dixit, & Kang, 2008). Development and
26 validation of different strategies of siRNA delivery are underway. Zhang *et al.*, studies the *in vitro*
27 delivery of encapsulated human double-minute gene 2-specific siRNA in arginine octamer surface-
28 modified liposomes. The complex was reported to be stable for 24 hours in blood and had potentially
29 good transfection in different lung cancer cell lines (C. Zhang *et al.*, 2006). Another study based on
30 siRNA against human survivin was coated with cationic liposomes containing DOTAP and cholesterol
31 (1:1 molar ratio) which resulted in LPD (liposome-polycation-DNA) nanoparticles. Further, LPD was
32 PEGylated for ligand targeting and steric stabilization for selective delivery to the lungs. Further analysis
33 suggested that PEGylated LPD has an anti-cancer effect via surviving downregulation (Li & Huang,

1 2006). In the *in vivo* mouse model, LPD nanoparticle encapsulating siRNA for epidermal growth factor
2 showed anti-tumor activity in combination with cisplatin on intravenous injection (Li, Chen, Hackett, &
3 Huang, 2008). Biodegradable cationic poly (amino-ether) (mPAE) were accessed as a carrier for mTOR
4 siRNA for lower toxic effect, the prohibition against nuclease degradation and inhibition of cancer cell
5 proliferation (Gandhi *et al.*, 2018). Chono *et al.*, reported on the immunotoxicity and organ defects of
6 siRNA-LPD nanoparticle administration intravenously (Chono, Li, Conwell, & Huang, 2008). Cationic
7 immune-liposomes conjugated with anti-transferrin receptor single chain antibody fragment with the
8 fluorescent label have been studied for systemic delivery for lung cancer metastasis. It was observed that
9 the labeled siRNA was distributed in lung metastasis rather than liver (Pirollo *et al.*, 2006). Cationic
10 single-walled carbon nanotubes having siRNA for telomerase reverse transcriptase are being currently
11 studied as *in vitro* lung cancer models. *In vitro* internalization of siRNA suppresses target gene
12 expression. Furthermore, this model has also been reported for mice model for subcutaneous Lewis lung
13 tumors (Zhuohan Zhang *et al.*, 2006). Xu and his colleagues developed a pH-sensitive nanoparticulate
14 system for co-delivery of doxorubicin and survivin siRNA. Doxorubicin was conjugated with
15 polyethylenimine by a pH-sensitive hydrazine bond using 3-maleimidopropionic acid hydrazide. The
16 formed polyethyleneimine-doxorubicin -3- maleimidopropionic acid hydrazides are cationic in nature,
17 and form complexes with anionic survivin siRNA with electrostatic interactions. On pulmonary delivery
18 of these complexes in B16F10 tumor-bearing mice, resulted in the high accumulation of doxorubicin and
19 siRNA in lungs. There was limited accumulation in case of normal lung tissues which indicates targeted
20 drug delivery. The nanoparticulate system has improved anti-tumor efficacy in comparison to individual
21 delivery of doxorubicin or surviving siRNA (C. Xu, Tian, Wang, Wang, & Chen, 2016). A similar study
22 was performed using Bcl2 siRNA with pH-sensitive polyethyleneimine hydrazine doxorubicin complex.
23 The *in-vitro* and *in-vivo* studies showed pH sensitive complex nanoparticles improved anti-tumor efficacy
24 by pulmonary administration. There were high deposition and prolonged retention time in the lungs by
25 pulmonary administration (C. Xu *et al.*, 2015).

26 Self-assembled cholesterol conjugated chitosan nanoparticles were used to deliver curcumin and siRNA
27 concurrently to achieve a synergistic effect against the cancer cells. Curcumin and siRNA were
28 internalized by clathrin-dependent endocytosis in a time-dependent manner. This method was successful
29 for A549 human lung carcinoma cell line for the co-delivery of siRNA and hydrophobic drug (Omkara
30 Swami Muddineti, Aashma Shah, Sri Vishnu Kiran Rompicharla, Balaram Ghosh, & Swati Biswas,
31 2018). Similarly, cationic polyethyleneimine-poly(lactic acid) (PEI-PLA) was synthesized for systemic
32 delivery of paclitaxel and siRNA for the knockdown of survivin gene for lung carcinoma. Upon
33 nanoparticle uptake by the A549 cells, they turn electrically neutral due to lower endosomal pH. These

1 nanoparticles have pH-responsive property as pH 5.5 leads to drug release while pH 7.4 for cellular
2 uptake. This study proved tumor growth inhibition along with surviving mRNA knockdown. Such co-
3 delivery systems provide large surface area for high drug loading, time-dependent drug release which
4 allows extended exposure to tumor treatment, passive targeting, lower cytotoxicity increased the
5 proliferative effect and anti-cancer activity (Jin *et al.*, 2018) as depicted in the Figure:3.

6 Inhalation therapy can be potentially used for siRNA delivery due to high gene silencing effect and
7 sequence specificity. *In vivo* study on mice with Lewis lung carcinoma reveals the effect of intratracheal
8 vascular endothelial growth factor (VEGF) siRNA dry powder delivery downregulates the VEGF levels
9 in both tumor tissue as well as broncho-alveolar lavage and reduces the metastatic loci in lungs (Miwata
10 *et al.*, 2018). The aerosol composed of PEA and siRNA for Akt1 was administered in mice with urethane-
11 induced inhaled lung cancer. The use of aerosol for 4 weeks reduces Akt1 levels and inhibits the tumor
12 progression (C.-X. Xu *et al.*, 2008).

13 **Clinical trial studies for siRNA drug delivery in pulmonary diseases**

14 A drug called Excellair™ was developed by ZaBeCor Pharmaceuticals for the treatment of
15 asthma. The drug targets mRNA of spleen tyrosine kinase (Syk) which is responsible for
16 activation of several pro-inflammatory transcription factors. In the Phase I of the study, patients
17 received siRNA Excellair™ via inhalation for 21 days (Watts & Corey, 2010). The drug did not
18 cause any side effects to the asthma patients and almost 75% of the patients reported improved
19 breathing and reduction in the use of inhalers while placebo patients showed no improvement.
20 Further, in 2009, Excellair™ entered Phase II of clinical trials but in 2015 it was discontinued as
21 Syk can act as both suppressor and promoter of cell growth(Krisenko & Geahlen, 2015).

22 Alnylan Pharmaceuticals developed ALN-RSV01, a siRNA therapeutic to target mRNA of viral
23 protein in respiratory syncytial virus (RVS) (DeVincenzo *et al.*, 2010). ALN-RSV01 targets
24 nucleocapsid (N) protein of RSV which is essential for viral replication. In the Phase I of the
25 clinical trial, 100 healthy males of 18 to 45 years age group were accounting to 65 having single
26 and multiple dose of ALN-RSV01 while 36 were placebo. All the volunteers were given the
27 therapeutic doses via nasal spray. No severe adverse effects were observed in different treated
28 groups which lead ALN-RSV01 to enter Phase II (DeVincenzo *et al.*, 2008). The Phase II study
29 comprised of 85 healthy males of 18-45 years of age. All subjects received RSV01 inoculation at
30 day 0, and the ALN-RSV01 treated cohorts received the siRNA intranasal spray at days -1, 0,

1 +1, +2, and +3. A statistically significant reduction in detected RSV by quantitative culture and
2 real-time PCR was reported for patients receiving 150mg of study drug, the highest dosage
3 tested. Averaged for all treated patients vs. placebo, an acquisition over time effect was observed
4 by either PCR or quantitative culture. Indeed, the strongest effects of treatment with ALN-
5 RSV01 were observed by its prophylactic efficacy. The drug provided an antiviral effect over an
6 11-day time course, which resulted in reduced infection over time noticeable within 3–4 days
7 after inoculation (DeVincenzo *et al.*, 2008). The safety trial for antiviral activity was conducted
8 for lung transplant patients with RSV. In Phase II b it was showed the safety of ALN-RSV01
9 treated RSV infections across the broader groups for lung transplant (Alvarez *et al.*, 2009).

10 Atu-027 is composed of siRNA with lipoplex delivery system represents RNAi mediated
11 suppression of protein kinase N3 (PKN3) in vascular endothelial cells and prevents lung
12 metastasis. Phase Ib trials for the safety of Atu-027 with gemcitabine have been completed
13 (Schultheis *et al.*, 2014).

14 **Future prospects of drug delivery with siRNA in pulmonary diseases**

15 RNA interference plays a key role in the treatment of several disorders. siRNA induces gene silencing by
16 acting on sequence-specific cleavage of complementary mRNA (messenger RNA) and thereby inhibiting
17 protein synthesis. siRNA based therapy was found to be a better strategy over the existing therapeutics,
18 such as drug molecules, monoclonal antibodies and proteins (Fujita, Takeshita, Kuwano, & Ochiya,
19 2013). Apart from its advantages, administration and delivery of siRNA is the major challenge. siRNA
20 undergoes degradation in the presence of serum nucleases when they are administered directly into the
21 blood. Several strategies are utilized for delivery of siRNA to the target organ (T. Nguyen, Menocal,
22 Harborth, & Fruehauf, 2008). siRNA demonstrated as potential therapeutic agents to treat pulmonary
23 disorders including lung cancer, infectious diseases, airway inflammatory diseases, and cystic fibrosis.
24 Delivery of siRNA directly by pulmonary route has added advantages such as reduced dose, reduced
25 systemic side effects and reduced degradation due to a lower concentration of nuclease enzymes in
26 airways. Pulmonary delivery of siRNA can also be helpful in systemic action, due to the large surface
27 area, thin epithelium and high vascularization in alveoli which favors rapid absorption of siRNA(Fujita *et*
28 *al.*, 2013). Inhalation is the most preferred and easy mode of non-invasive administration which can be
29 applied for siRNA by liquid aerosol or dry aerosol formulations. There is a need for a high attention
30 regarding stability and biological activity of siRNA at the time of formulation development and delivery.
31 However, the pulmonary delivery of these siRNA is challenging due to mucociliary clearance by ciliated

1 epithelium cells, mucus, alveolar fluid and macrophages along the airways. Particles inhaled get deposited
2 on ciliated cells and eventually get cleared by cough and swallowed. The mucus secreted, form a thin film
3 thereby restricting diffusion and penetration of siRNA into the cell membrane. The alveolar fluids form a
4 thin film as a pulmonary surfactant (phospholipids and surfactant proteins) obstruct permeation efficiency
5 of lipid-based formulations to some extent and there was no effect in case of polymer-based systems.
6 Macrophages engulf the inhaled particles as part of the defense mechanism. There will be altered
7 conditions like increased mucus secretion, viscosity and ciliary clearance in diseased conditions. siRNA
8 with a negative charge and high molecular weight (13kDa), has also contributed to the poor ability to
9 cross cell membrane even it reaches the target surface area. Viral vectors and non-viral vectors are used
10 for the delivery of siRNA. Viral vectors are found to be more efficient to transfer genetic material into
11 host cells. Despite of its advantages, activation of immune responses after repeated administration may
12 lead to organ failure and chances of serious concerns. Non-viral vectors which include lipids, polymers,
13 inorganic materials and transfection agents (i.e., Lipofectamine, Oligofectamine, TransIT-TKO and
14 DharmaFECT) are more vastly utilized for siRNA delivery. The ideal characteristic feature for a siRNA
15 delivery system should include a) Protection from enzymatic degradation, b) Ability to penetrate cell
16 membrane (facilitate cell uptake) c) It should able to protect from endosomal degradation and induce gene
17 silencing d) Should not affect siRNA activity and specificity e) Non-toxic (Feldmann & Merkel, 2015; J.
18 K.-W. Lam, Liang, & Chan, 2012; Yingshan Qiu, Lam, Leung, & Liang, 2016; Youngren-Ortiz, Gandhi,
19 España-Serrano, & Chougule, 2016, 2017). Several strategies are utilized to overcome stated challenges
20 in the delivery of siRNA some of them are discussed below.

21 **Conclusion**

22 The potential siRNA based therapeutics for lung diseases have to be explored further. The nanoparticle-
23 based inhalable and aerosols have been studied extensively for improved delivery and clinical efficiency.
24 Therefore, *ex vivo* models for inhaled particulate distribution and *in vivo* models for
25 pharmacokinetics/pharmacodynamics are being taken under consideration to understand their distribution,
26 safety, and efficiency of siRNA in the pulmonary system. Different organic and inorganic nanoparticle
27 with varied size, charge, and chemistry have been used as carriers of siRNA or siRNA drug conjugate
28 delivery. Also, upon internalization at the target site siRNA should be able to escape the endosomal
29 mechanism. Furthermore, a nanoparticle with small size have been preferred for longevity at the target
30 site, non-specific interactions and to prevent the off-site toxic effect.

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27 **Table 1: siRNA delivery systems for targeted pulmonary therapy**

Delivery system	siRNA delivered	Target	Route of administration	Outcome	Reference
Polyethylenimine-cis-aconitic anhydride-doxorubicin and (B cell) Bcl2 siRNA complex nanoparticles	Bcl-2 siRNA	Lung cancer	Intratracheal	The polyethylenimine-cis-aconitic anhydride-doxorubicin/Bcl2 siRNA complex nanoparticles are for treating metastatic lung cancer by pulmonary delivery with low side effects on the normal tissues.	(C. Xu et al., 2015)
Arginine-glycine-aspartic acid peptide (RGD) gold nanoparticles	c-mycsiRNA	Lung cancer	Intratracheal	c-myc-RGD gold nanoparticles are capable of targeting tumor cells, significant tumor growth inhibition, as well as extended survival of mice bearing tumors.	(Conde et al., 2013)

Glycerol propoxylate and spermine	Sodium-dependent phosphate co-transporter 2b(NPT2b) siRNA	Lung cancer	Intratracheal	siNPT2b successfully suppressed lung cancer growth and decreased cancer cell proliferation and angiogenesis, facilitating apoptosis.	(Hong et al., 2014)
Chitosan powder	Luciferase siRNA	Lung cancer	Intratracheal	siRNA/chitosan powder prepared using super critical carbon dioxide has an effective and specific gene silencing against the tumor cells metastasized in the lungs of mice	(Okuda et al., 2013)
Naked siRNA or TransIT-TKO	Phosphoproteins siRNA	Parainfluenza virus (PIV), Respiratory syncytial virus (RSV)	Intranasal	Animals were successfully protected from RSV and PIV infections specifically	(Bitko, Musiyenko, Shulyayeva, & Barik, 2005)
Naked siRNA	Nucleocapsid gene-specific siRNA	Viral infections	Intranasal	Significant reductions of viral load were achieved in both prophylactic and therapeutic regimens	(Alvarez et al., 2009)
Oligofectamine	Nucleocapsid protein and Polymerase acidic protein	Influenza type A	Intranasal and hydrodynamic injection	Treated animals lung virus titres were reduced and protected from lethal challenge with highly pathogenic viruses	(Tompkins, Lo, Tumpey, & Epstein, 2004)
Naked siRNA	Lymphotactin (XCL1) siRNA	Tuberculosis	Intratracheal	XCL1 expression in the lungs was significantly suppressed; decreased T lymphocytes, IFN- response and disorganized granulomatous lesions and high fibrosis	(Rosas-Taraco, Higgins, Sánchez-Campillo, et al., 2009)
Naked siRNA	Transforming growth factor-β1 siRNA	Tuberculosis	Intratracheal	Increased expression of antimicrobial mediators, with the reduced bacterial load in the lungs of treated mice	(Rosas-Taraco et al., 2011)
Naked siRNA	Suppressor	Asthma	Intranasal	Decrease in lung	(Staff, 2014)

	s of cytokine signaling protein 3 (SOCS) siRNA			eosinophilia, normalization of hyperresponsiveness, increase in mucus secretion and reduction in collagen deposition in the lungs.	
Naked siRNA	Interleukin -4 siRNA and Phosphoprotein siRNA	Asthma	Intranasal	Esinophilia in bronchoalveolar lavage fluid, hyperresponsiveness and airway inflammation were significantly reduced	(Khaitov et al., 2014)
Naked siRNA	Signal transducer and activator of transcription factor 6 (STAT6) siRNA	Asthma	Intratracheal and intranasal	Allergen-induced lung inflammation was significantly reduced and Expression of key cytokines (IL-4, IL-13) and allergen-induced inflammation in lung tissues were significantly reduced	(Darcan-Nicolaisen et al., 2009)
Naked siRNA	Receptor-interacting protein 2 (Rip2) siRNA	Asthma	Intratracheal	Ovalbumin-induced cytokine release, inflammatory cell infiltration and mucus hypersecretion was inhibited. elevation of serum Ovalbumin-specific IgE level was markedly suppressed	(Goh et al., 2013)
Naked siRNA	cluster of differentiation 86 (CD86) siRNA	Asthma	Intratracheal	Ovalbumin-induced airway eosinophilia, airway hyperresponsiveness, and cytokines production was reduced	(Asai-Tajiri et al., 2014)
Naked siRNA	Spleen tyrosine kinase (syk) siRNA	Asthma	Intranasal	siRNA administration by intranasal route inhibited inflammatory cells in the bronchoalveolar lavage fluid (BALF) of allergen sensitized mice.	(Z.-Y. Huang, Kim, Kim-Han, Indik, & Schreiber, 2013)
Naked siRNA	c-kitsiRNA	Asthma	Intranasal	Airway mucus secretion and eosinophil infiltration in BALF was effectively reduced. C-kit further	(Wu et al., 2014)

				reduced the production of stem cell factor, IL-4, and IL-5, but had no effect on interferon- γ (IFN- γ) generation	
Transferrin polyethylenimine (Tf-PEI)	Fluorescently labeled siRNA	Asthma	Intratracheal	Tf-PEI polyplexes selectively delivered siRNA to activated T cells	(Xie et al., 2016)
R3V6 peptides were used as a carrier. (Ternary complex of siS1PLYase, HMGB1A, and R3V6 was produced by charge interaction)	siS1PLYase/HMGB1A/R3V6 ternary complex	Acute lung injury	Intratracheal	siS1PLYase/HMGB1A/R3V6 complex reduced the levels of IL-6 and TNF- α more efficiently compared to HMGB1A alone and siS1PLYase/R3V6 complex in lipopolysaccharides activated macrophages and reduced the inflammatory response and apoptosis in acute lung injury	(B. Oh & Lee, 2014)
Naked siRNA, i.v, liposomes	Tumor necrosis factor- α	Acute lung injury	Intratracheal	Systemic injection but not intratracheal delivery of TNF- α siRNA significantly reduced the incidence of acute lung injury. Results suggest pulmonary endothelial and/or other possible vascular resident cells, not epithelial cells, play a greater role in mediating the TNF- α priming response in hemorrhage/sepsis-induced acute lung injury.	(Lomas-Neira, Perl, Venet, Chung, & Ayala, 2012)
Naked siRNA	Transforming growth factor- β 1 (TGF- β 1) siRNA	Pulmonary fibrosis	Intratracheal	Levels of inflammatory cytokines, including IFN- α and IFN- β , were not significantly affected, whereas TGF- β 1 was significantly inhibited.	(Corina N D'Alessandro-Gabazza et al., 2012)
PEGylated poly(dimethylamino)ethylmethacrylate (PDMAEMA)	Connective tissue growth factor (CTGF) siRNA	Pulmonary fibrosis	Intratracheal	There was a reduction in collagen deposition, inflammatory cytokines production and drastic attenuation of pulmonary fibrosis	(Sung et al., 2013)

Self-assembled micelle interfering RNA (siRNA) nanoparticles	Amphiregulin (AR) and connective tissue growth factor (CTGF) targeting siRNA	Pulmonary fibrosis	Intratracheal/intravenous	Collagen accumulation was significantly reduced and lung function was substantially restored in TGF- β transgenic mice.	(Yoon et al., 2016)
Chitosan-based siRNA nanoparticle	siRNA specific to the BCR/ABL-1 junction sequence	Potential of chitosan nanocarriers	Nasal	In bronchiole epithelial cells of transgenic EGFP (endogenous enhanced green fluorescent protein) mice.	(Howard et al., 2006)
Spray dried naked siRNA using L-leucine dispersion enhancer	siRNA targeting interleukin 10	2%W/W siRNA developed into an inhalable dry powder	Not applicable	The integrity of siRNA was successfully retained after spray drying. Spray dried powder were crystalline in nature with low moisture levels traits stable formulation.	(Chow et al., 2017)