

Pharmacokinetic Studies based on Clinical Chemistry

臨床化学を基盤とした薬物動態研究

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What is “Clinical Chemistry”?

Clinical chemistry is an academic discipline that sees practical application in the clinical setting. In addition to forming the basis of services providing chemical analysis results for medical care in the daily clinical setting, it aids the elucidation of disease etiologies and pathologies and contributes to treatment and prevention. Thus, having various academic and practical aspects and including both analytical chemistry and clinical medicine, clinical chemistry is very wide ranging, and there is much interaction with other academic disciplines. Therefore, it does not only involve researchers in university and other research institutions but also those in various research laboratories such as those in hospitals and individual clinical departments, and industry research institutions.

(Japan Society of Clinical Chemistry)

Contents

- 1. Development of analytical method of transporter function using fluorescent probes and its application**
- 2. Construction of accurate analytical methods using LC/ESI-MS/MS for pharmacokinetic studies**
 - 2-1 Shifting the linear range in ESI by in-source collision-induced dissociation**
 - 2-2 Application to the pharmacokinetic analysis of the stable organic germanium compound Ge-132**

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Why I started the study using fluorescent probes

- Bioimaging research has been actively conducted to see various biological reactions occurring in body.
- Most of them aim to dynamically observe movement of specific genes or proteins.
- On the other hand, bioimaging research on membrane permeation mechanism of endogenous small molecules and drugs has not been developed.

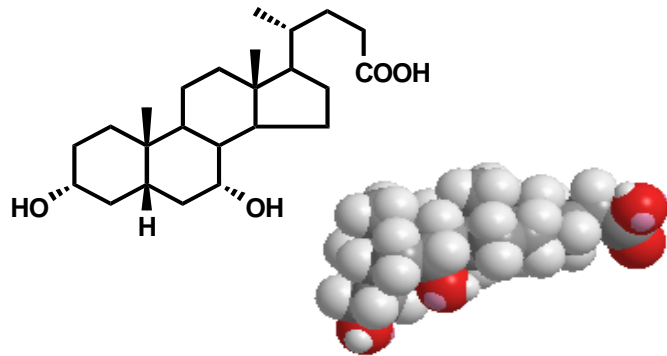
I thought that...

Imaging of membrane transport of low molecular compounds can be expected to observe transporter function over time and to be applicable to high throughput screening.

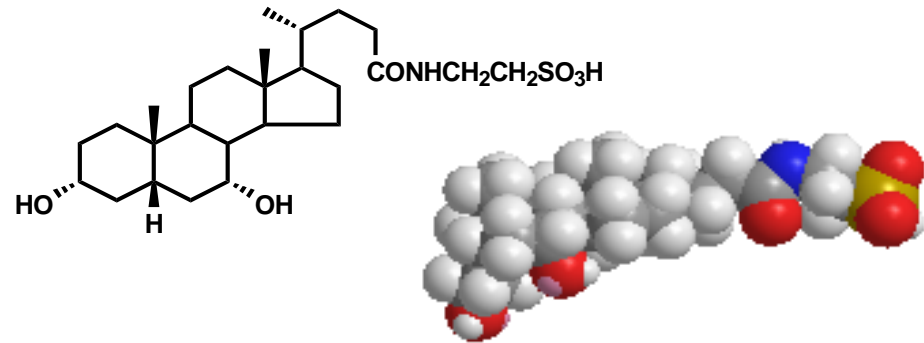


Chemical structure of fluorescent bile acid

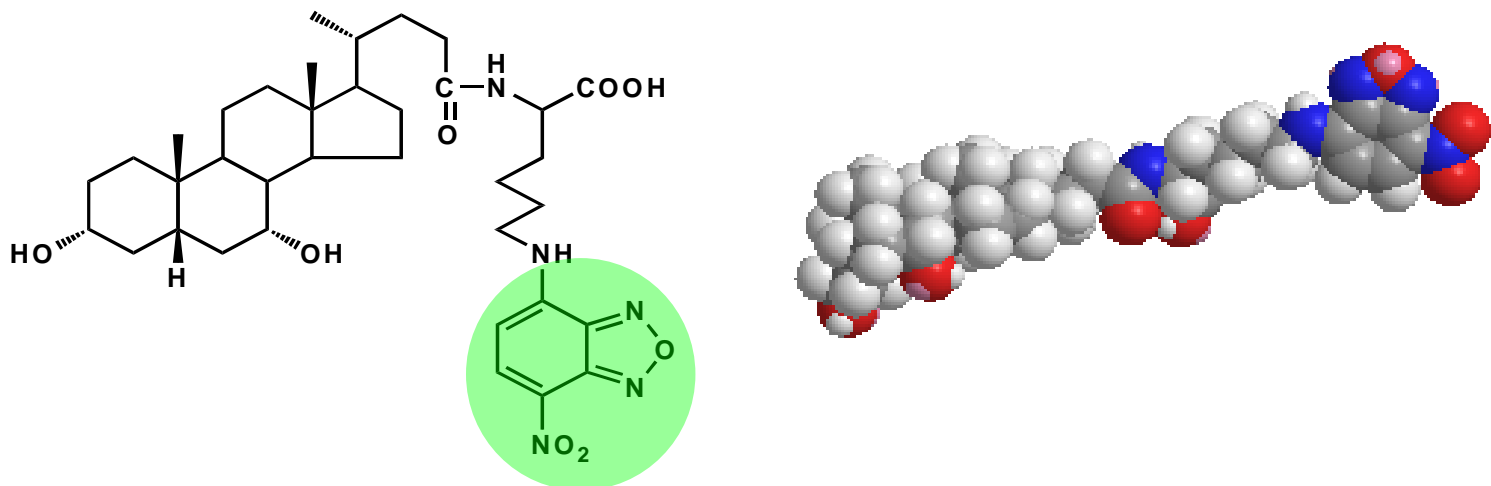
Chenodeoxycholic acid



Taurochenodeoxycholate

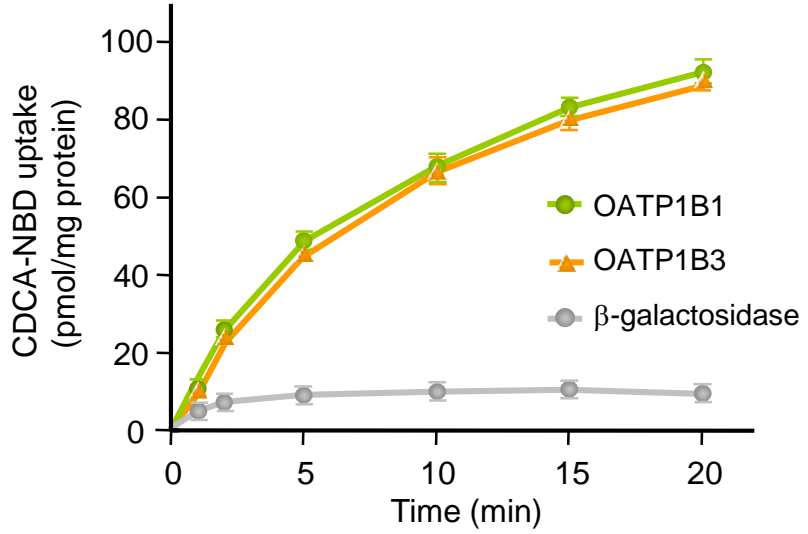


CDCA-(*N*^ε-NBD)-lysine (CDCA-NBD)

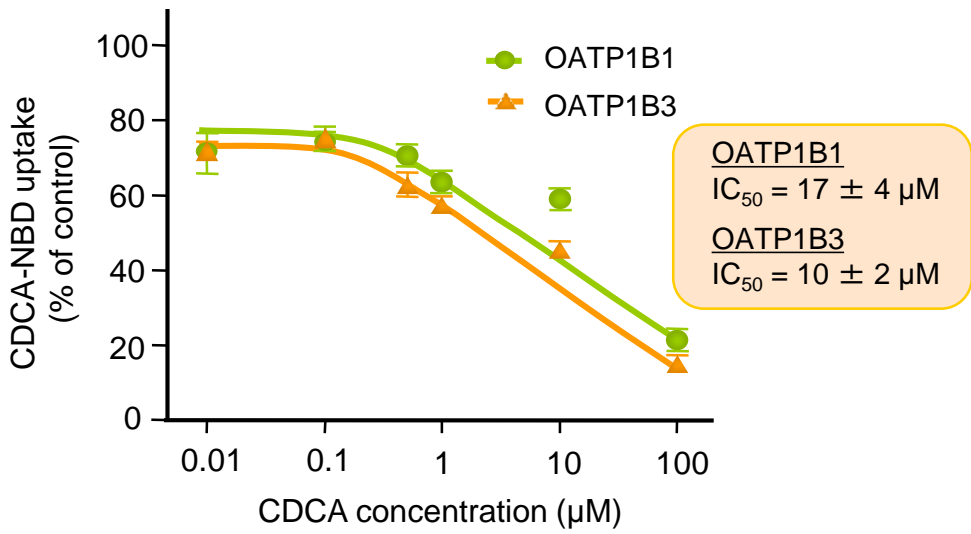


Transport of CDCA-NBD by OATP1B1- and OATP1B3-overexpressing cells

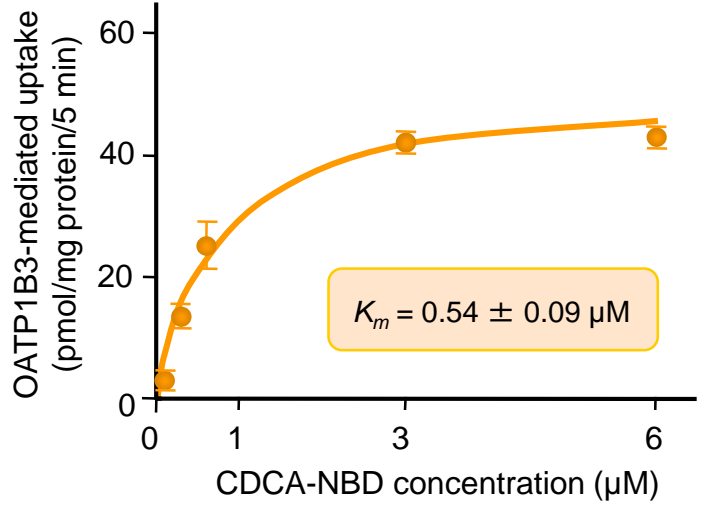
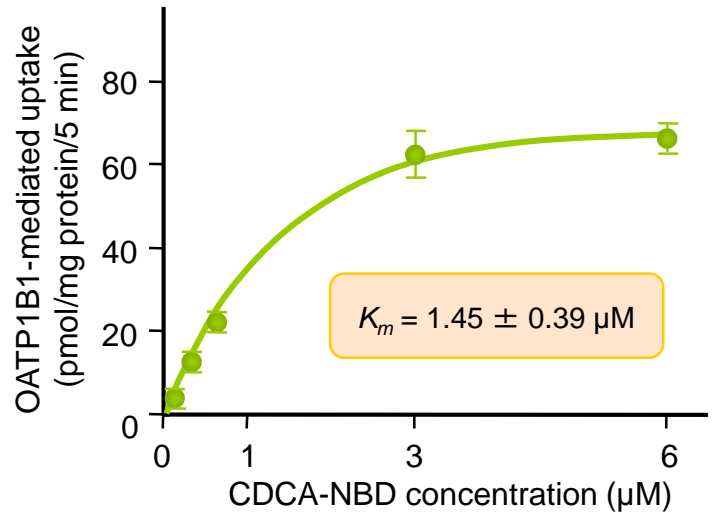
Time-dependent uptake



Concentration-dependent CDCA inhibition

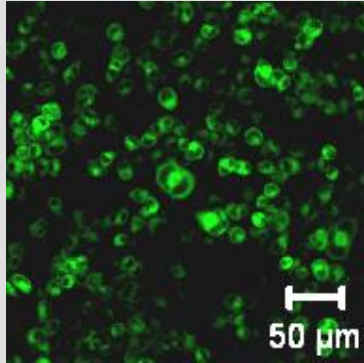


Concentration-dependent uptake

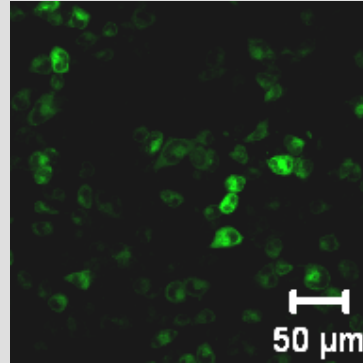


Visualization of CDCA-NBD transport via OATP1B1 and OATP1B3

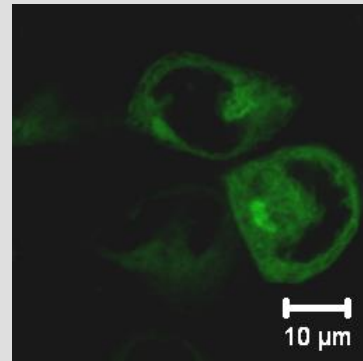
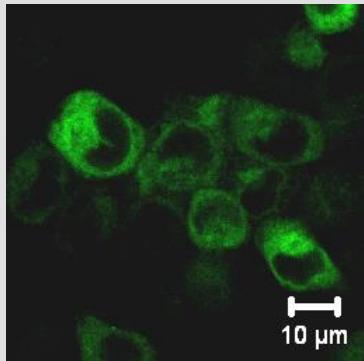
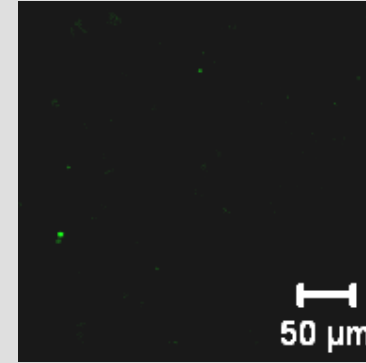
HepG2/OATP1B1



HepG2/OATP1B3

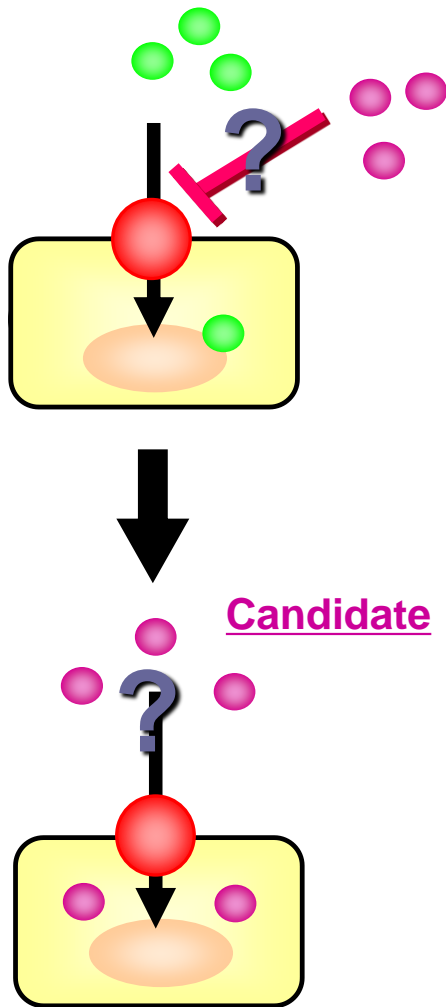


HepG2/ β -galactosidase



Drug screening system using fluorescent probe

Fluorescent probe



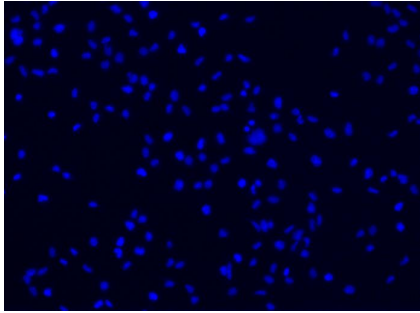
IN Cell Analyzer 1000 (GE Healthcare)

The screenshot shows the IN Cell Analyzer 1000 Workstation software interface. The main window displays a data table with the following columns: Well, Cell, Mean Cytoplasm Intensity, and Mean Cell Intensity. The table is titled "Fluorescence". The right side of the interface shows three image views: "Nuclear stain" (blue), "CDCA-NBD" (green), and "Fused image" (blue and green).

Well	Cell	Mean Cytoplasm Intensity	Mean Cell Intensity
			657.614
			657.820
			620.504
			553.687
			572.360
			687.314
B - 7(fld 2)		566.836	632.307
B - 7(fld 3)		587.061	605.820
B - 8(fld 1)		724.753	674.407
B - 8(fld 2)		654.646	619.292
B - 8(fld 3)		627.085	622.820
B - 9(fld 1)		700.724	640.407
B - 9(fld 2)		640.281	619.292
B - 9(fld 3)		647.714	622.820
C - 2(fld 1)		610.606	592.596
C - 2(fld 2)		588.006	570.603
C - 2(fld 3)		574.473	562.050
C - 3(fld 1)		603.250	589.748
C - 3(fld 2)		596.865	583.191
C - 3(fld 3)		627.305	612.856
C - 4(fld 1)		617.461	588.096
C - 4(fld 2)		601.091	583.319
C - 4(fld 3)		587.360	572.705
C - 5(fld 1)		686.095	676.895
C - 5(fld 2)		684.671	675.224
C - 5(fld 3)		698.872	688.937
C - 6(fld 1)		697.656	673.781
C - 6(fld 2)		634.830	609.775
C - 6(fld 3)		643.672	624.661
C - 7(fld 1)		685.294	665.264
C - 7(fld 2)		663.056	641.570
C - 7(fld 3)		658.376	636.894
C - 8(fld 1)		672.355	645.449
C - 8(fld 2)		633.777	609.897
C - 8(fld 3)		649.246	622.266
C - 9(fld 1)		604.546	592.575
C - 9(fld 2)		638.946	621.526
C - 9(fld 3)		640.963	620.936
D - 2(fld 1)		3314.244	3286.441
D - 2(fld 2)		3211.664	3176.752
D - 2(fld 3)		3199.123	3180.861
D - 3(fld 1)		505.897	501.620
D - 3(fld 2)		503.293	498.714
D - 3(fld 3)		495.964	492.088
D - 4(fld 1)		564.921	552.952
D - 4(fld 2)		568.813	545.901
D - 4(fld 3)		598.456	578.443

Images of OATP1B3-mediated CDCA-NBD transport

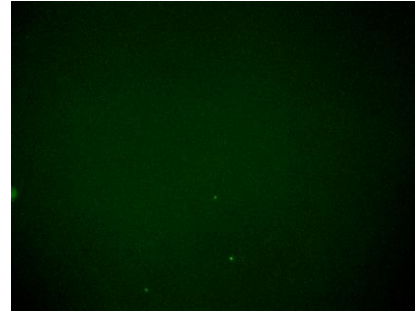
mock



0 min



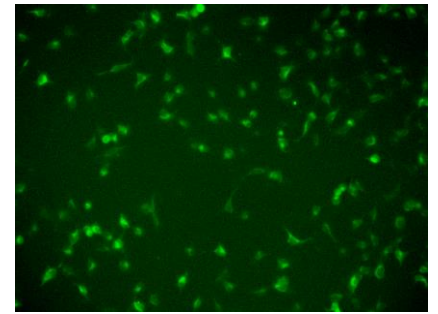
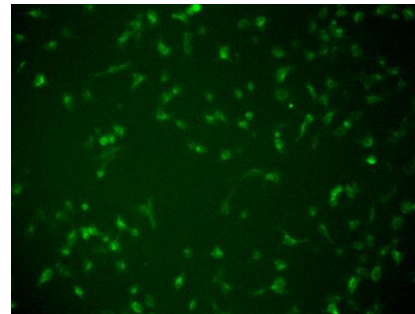
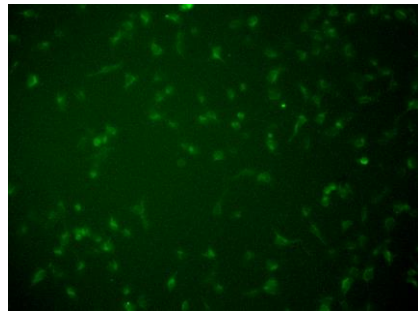
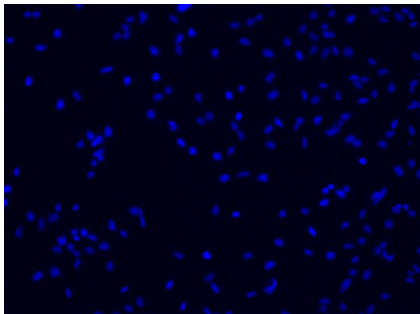
2 min



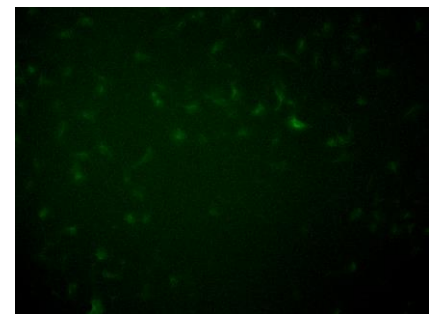
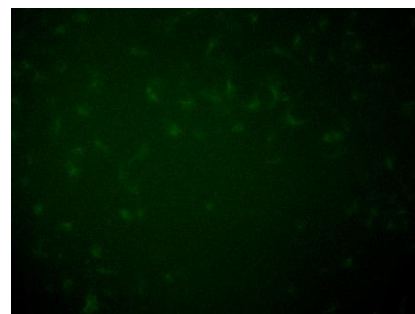
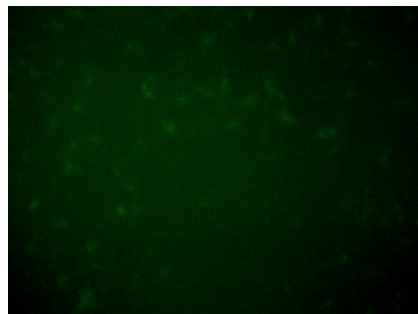
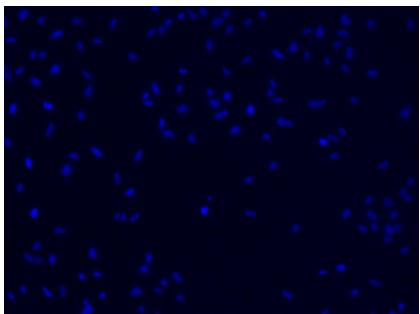
5 min



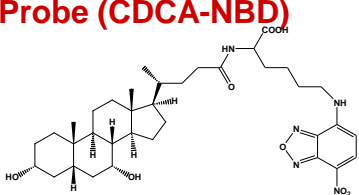
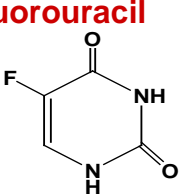
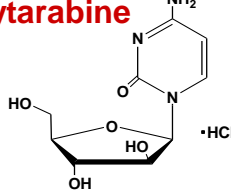
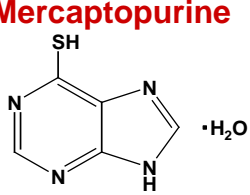
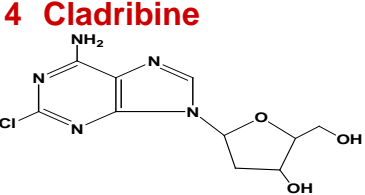
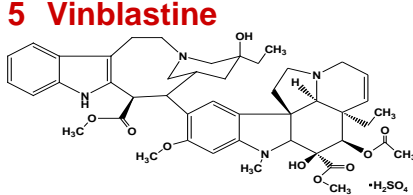
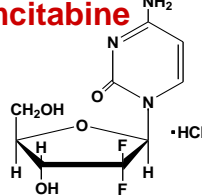
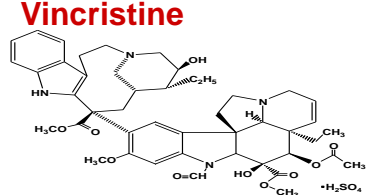
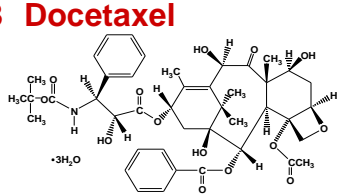
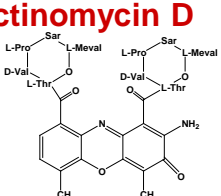
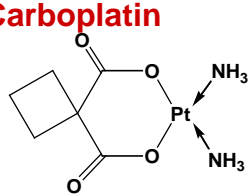
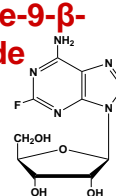
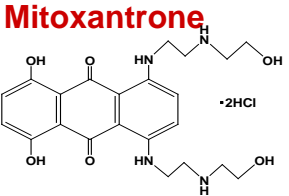
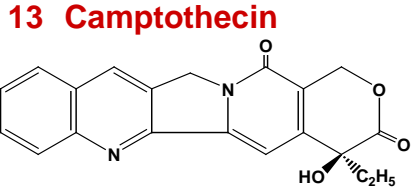
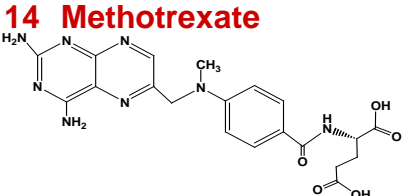
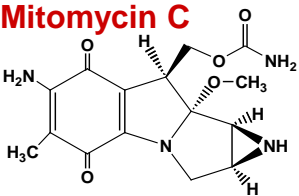
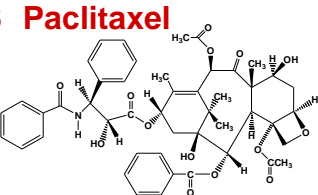
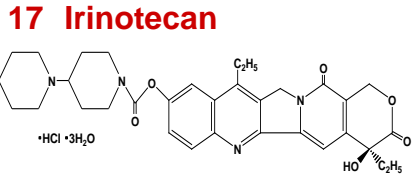
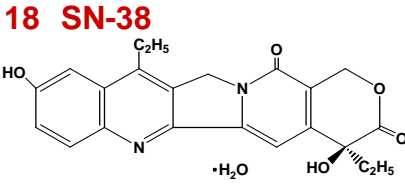
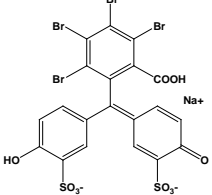
OATP1B3



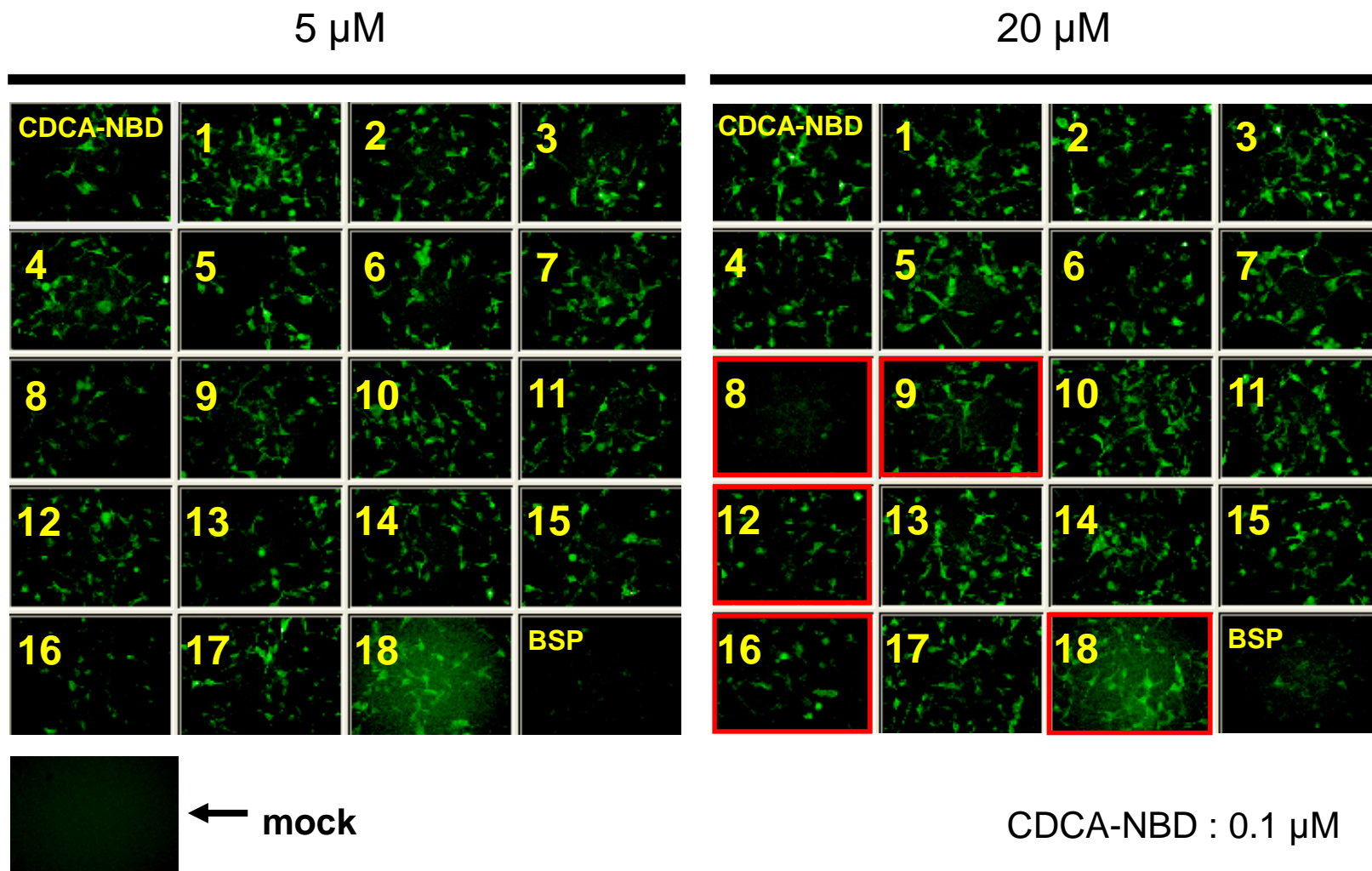
OATP1B3 (with sulphobromophthalein)



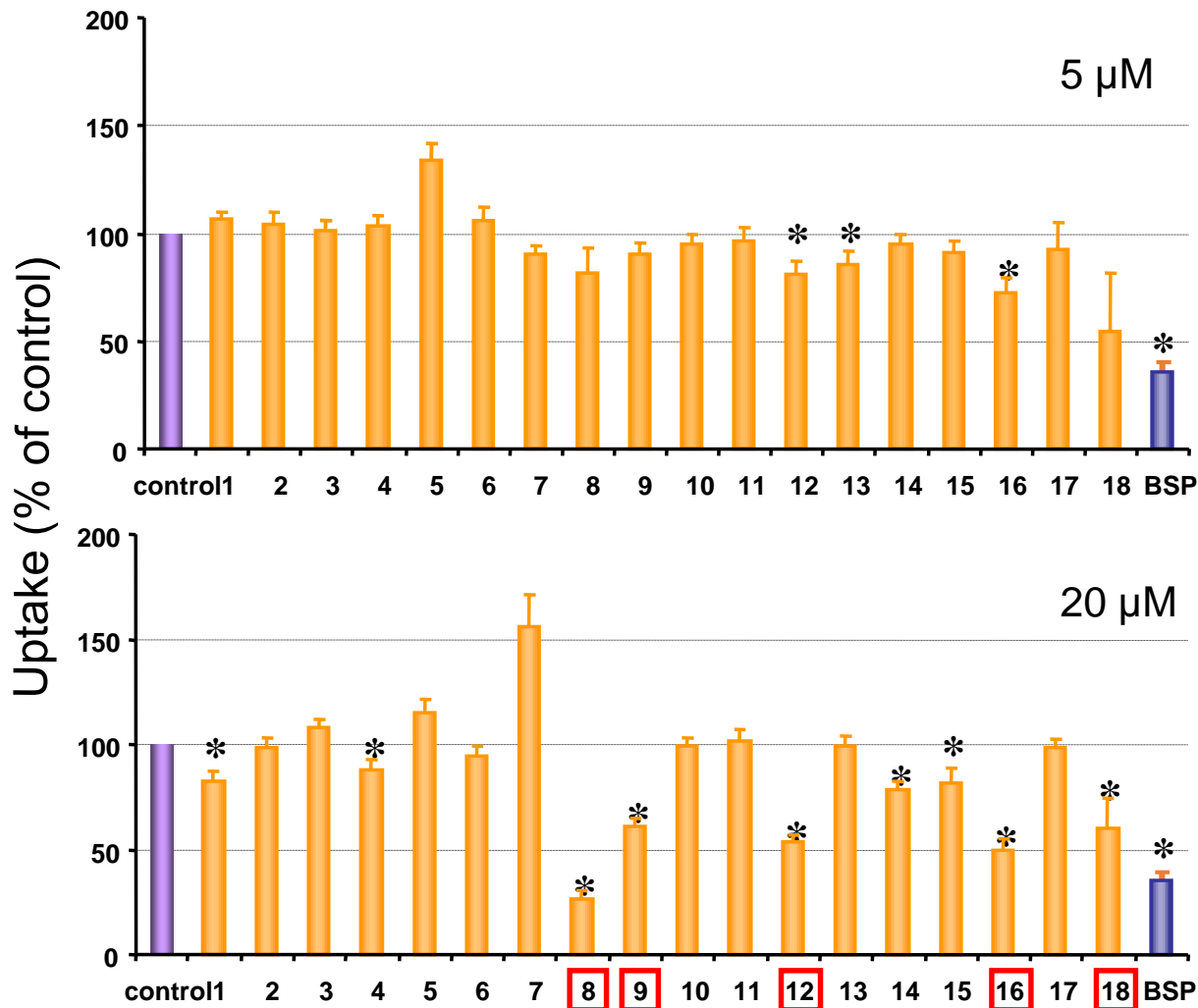
Tested drugs for the screening of candidate of OATP1B3 substrate

Probe (CDCA-NBD) 	1 5-Fluorouracil 	2 Cytarabine 	3 6-Mercaptopurine 
4 Cladribine 	5 Vinblastine 	6 Gemcitabine 	7 Vincristine 
8 Docetaxel 	9 Actinomycin D 	10 Carboplatin 	11 2-Fluoroadenine-9-β-D-arabinofuranoside 
12 Mitoxantrone 	13 Camptothecin 	14 Methotrexate 	15 Mitomycin C 
16 Paclitaxel 	17 Irinotecan 	18 SN-38 	BSP 

Effect of anticancer drugs on OATP1B3-mediated CDCA-NBD transport



Effect of anticancer drugs on OATP1B3-mediated CDCA-NBD transport

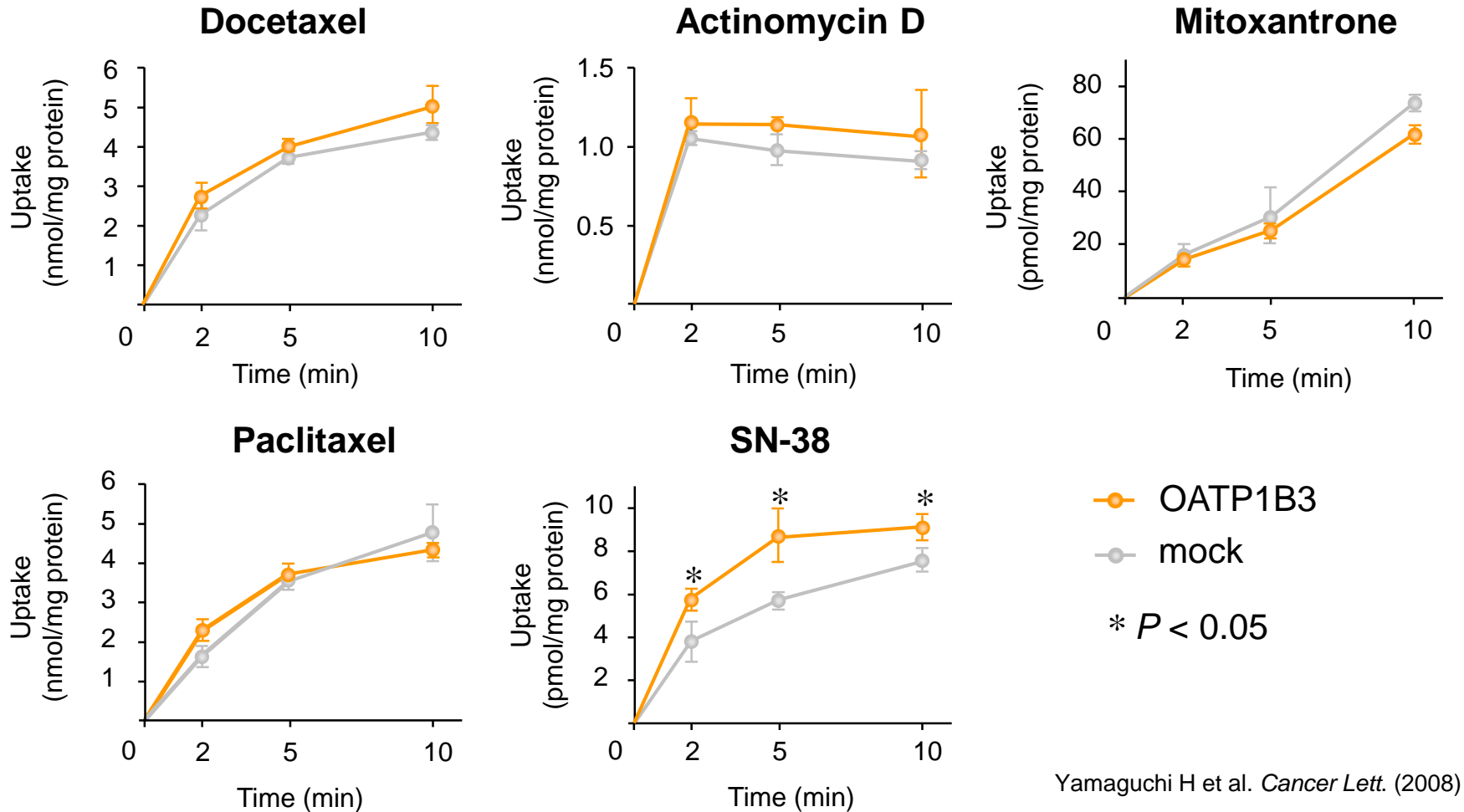


1	5-Fluorouracil
4	Cladribine
8	Docetaxel
9	Actinomycin D
12	Mitoxantrone
13	Camptothecin
14	Methotrexate
15	Mitomycin C
16	Paclitaxel
18	SN-38

* $P < 0.05$

Control = OATP1B3 - mock (CDCA-NBD intensity) = 100%

Transport of substrates candidate by OATP1B3

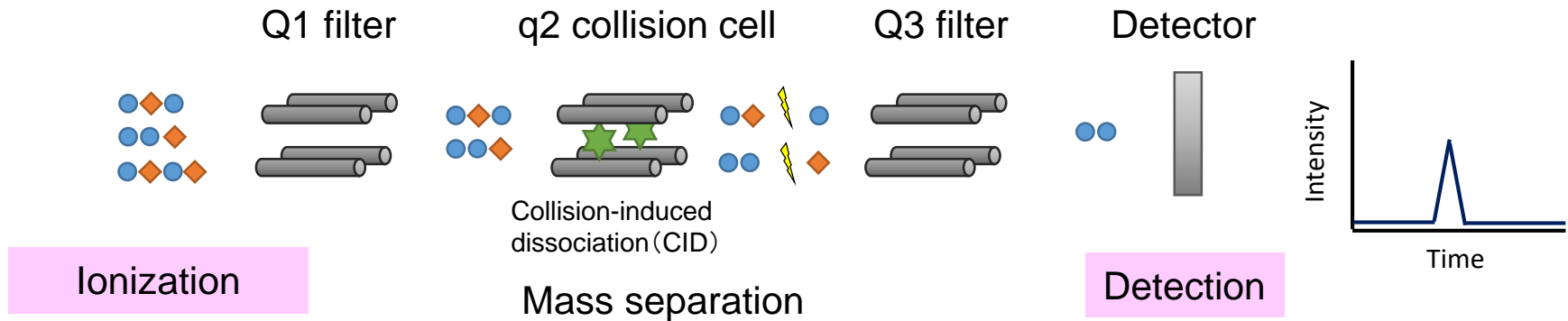


Fluorescent probes are useful for not only the visualization of transporter function but also the detecting the transporter-mediated drug-drug interaction and seeking the candidates of transporters.

Contents

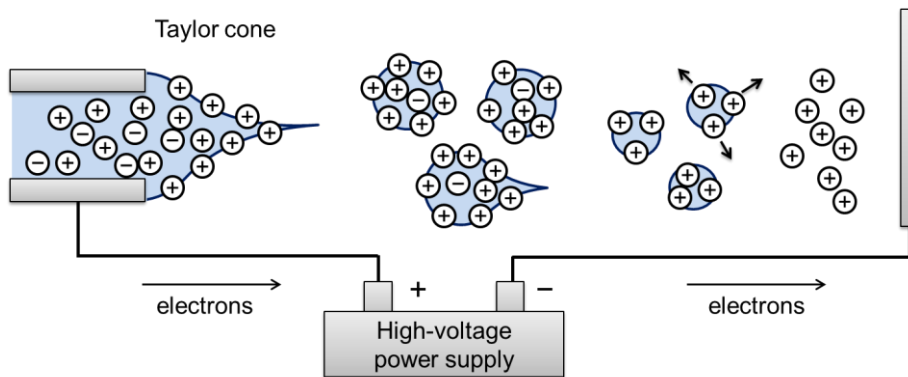
1. Development of analytical method of transporter function using fluorescent probes and its application
2. **Construction of accurate analytical methods using LC/ESI-MS/MS for pharmacokinetic studies**
 - 2-1 **Shifting the linear range in ESI by in-source collision-induced dissociation**
 - 2-2 **Application to the pharmacokinetic analysis of the stable organic germanium compound Ge-132**

Quantification of low molecular weight compounds by LC/ESI-MS/MS



In mass spectrometry, the linear ranges of responses are relatively narrow due to saturation of ionization and/or detection by an electron multiplier.

Principle of electrospray ionization (ESI)



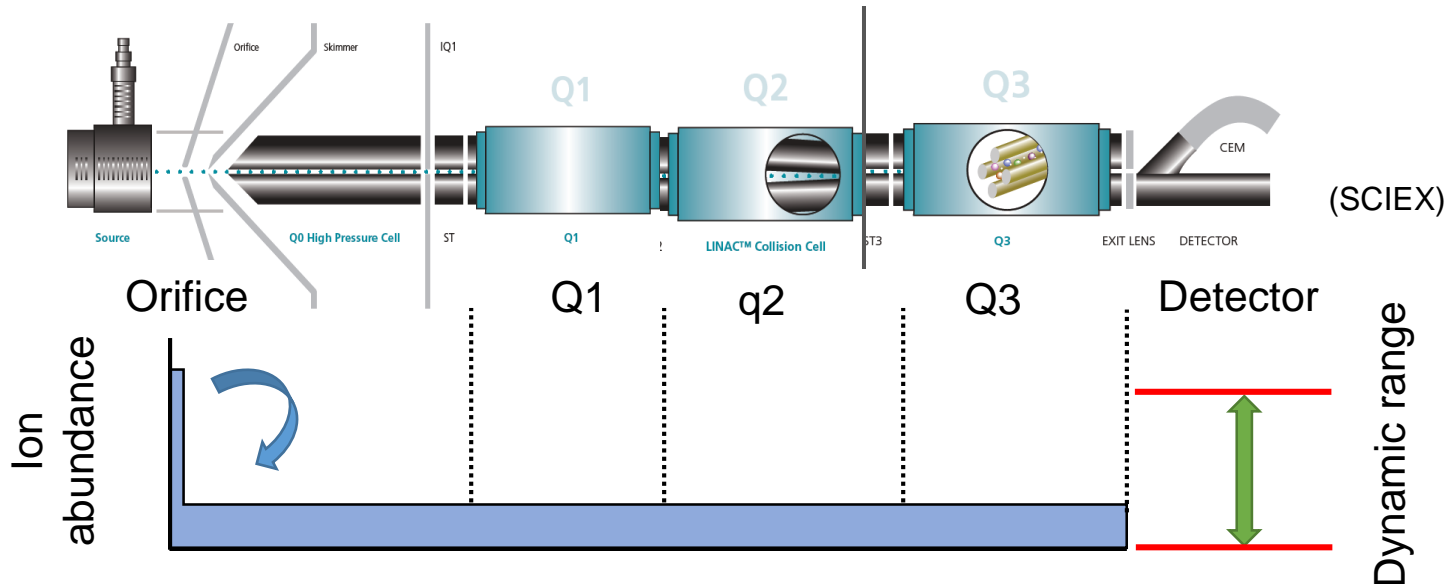
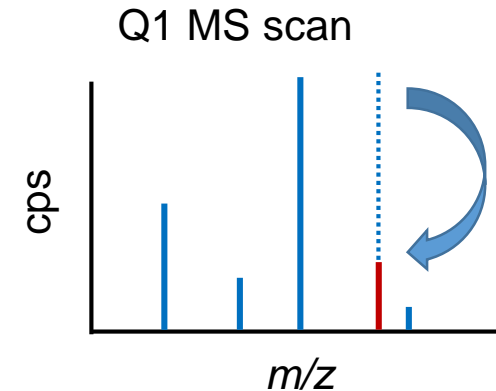
Ionization saturation is particularly common in ESI.

When linearity cannot cover the quantitative range due to saturation, we must reduce the injection volume or dilute the samples.

Therefore, multiple analyses are required when analyzing more than two analytes with extremely different responses, such as a drug and its metabolites.

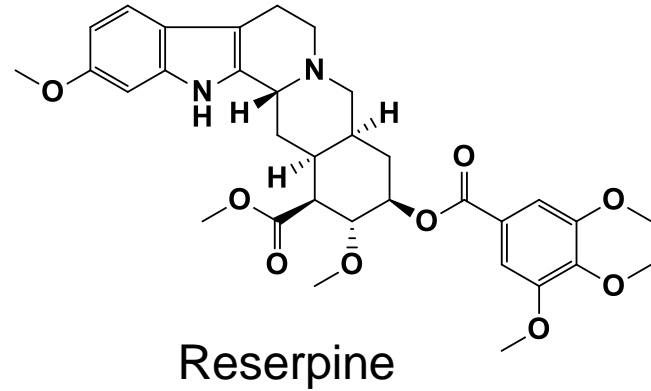
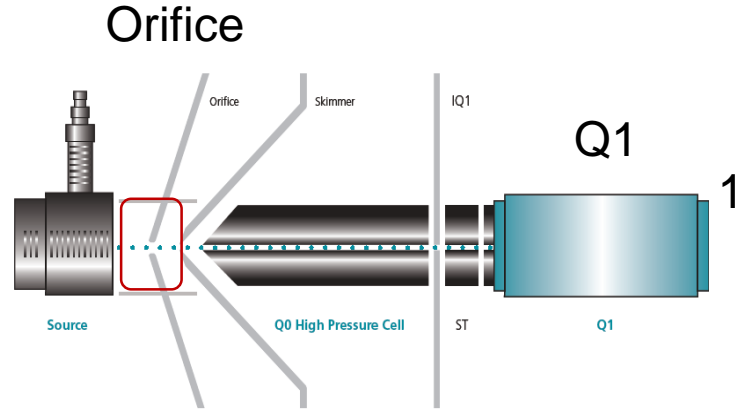
In-source collision-induced dissociation (CID)

- Monitor precursor ions reduced by CID
- Limit the amount of ions after orifice
- Ion amount can be arbitrarily controlled by applied voltage

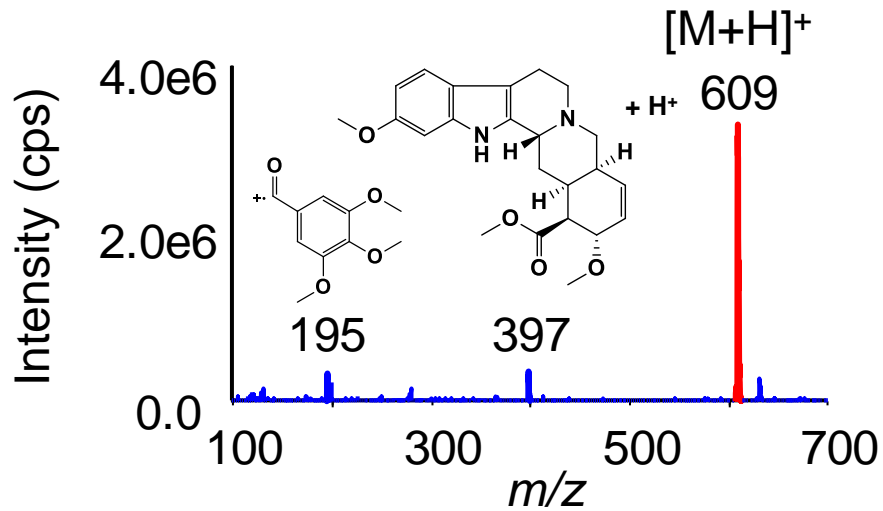


In-source CID has been used for structural analysis in qualitative analysis and noise reduction by decomposition of contaminants in quantitative analysis.

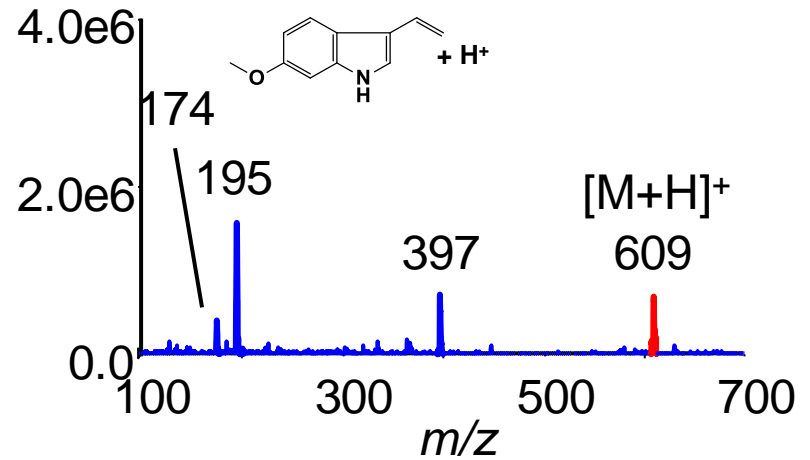
Principle of in-source CID



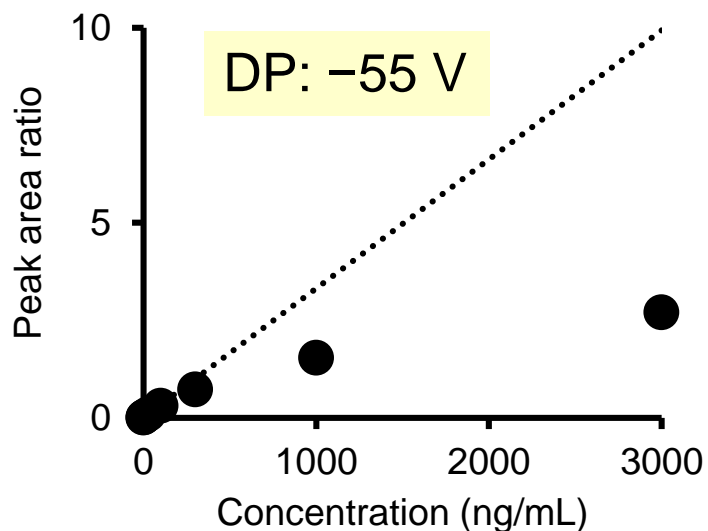
Declustering potential (DP): 135 V



DP: 175 V

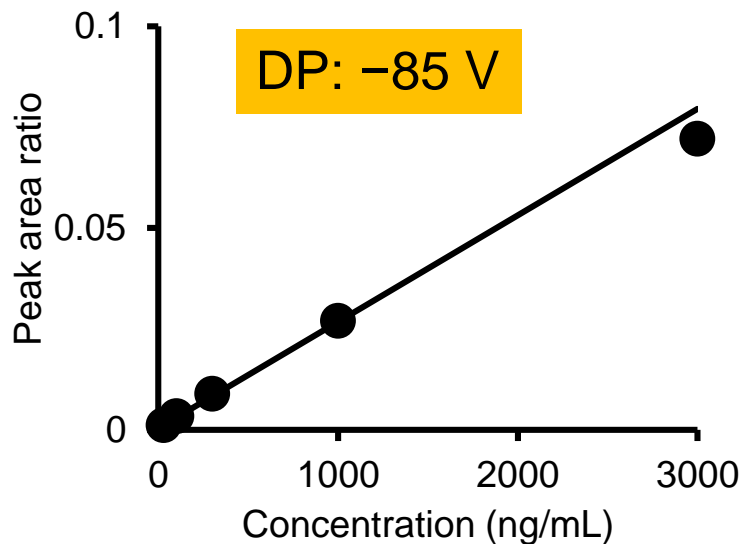


Shifting the linear range of dUrd by in-source CID



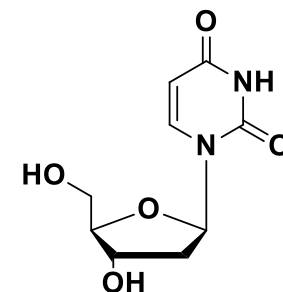
$$y = 3.3 \times 10^{-3} x + 6.0 \times 10^{-4} \quad (r = 1.000)$$

Linear range: 1-100 ng/mL



$$y = 2.0 \times 10^{-5} x + 1.4 \times 10^{-3} \quad (r = 0.999)$$

Linear range: 30-3,000 ng/mL



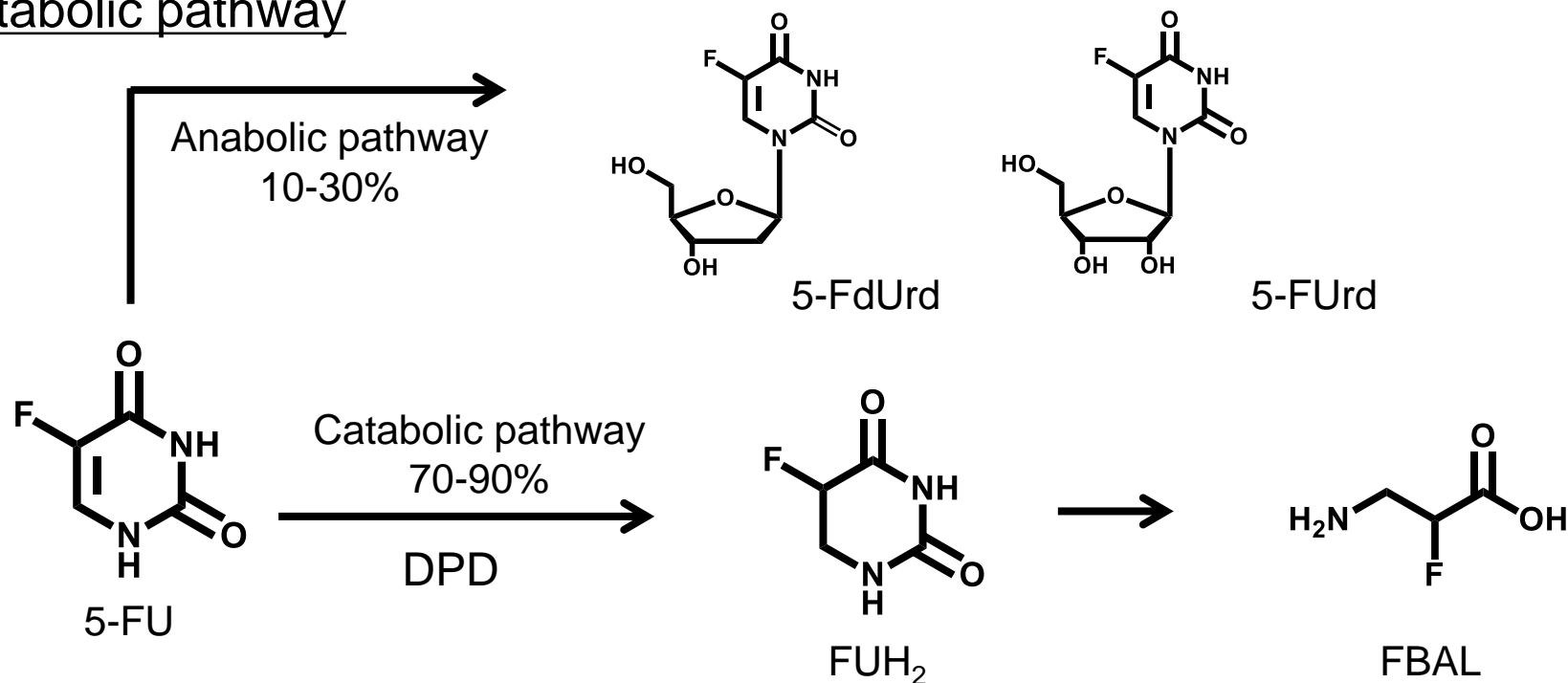
2'-Deoxyuridine (dUrd)

$C_9H_{12}N_2O_5$
Exact mass
228.07
Log P -1.5
pKa 9.7

Linear range shifted by 30 times

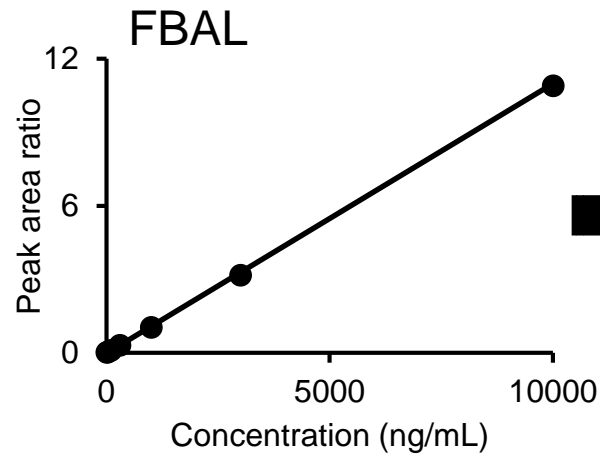
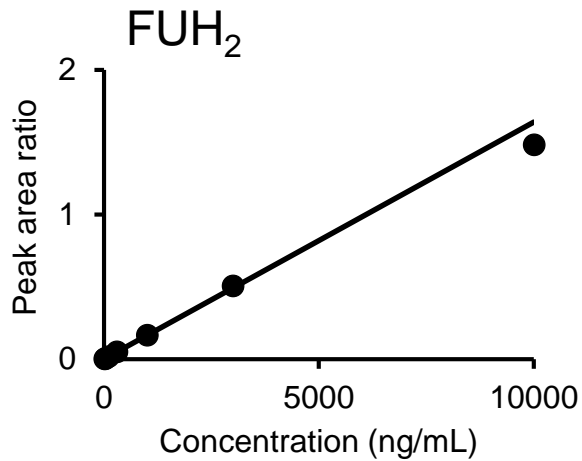
Application to determination method for 5-FU and its metabolites

Metabolic pathway

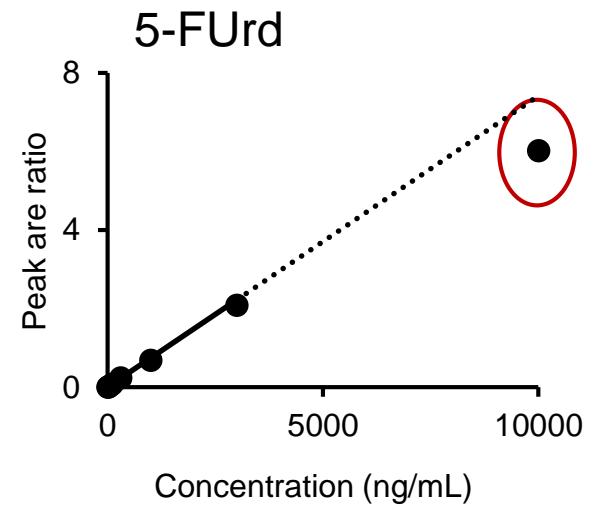
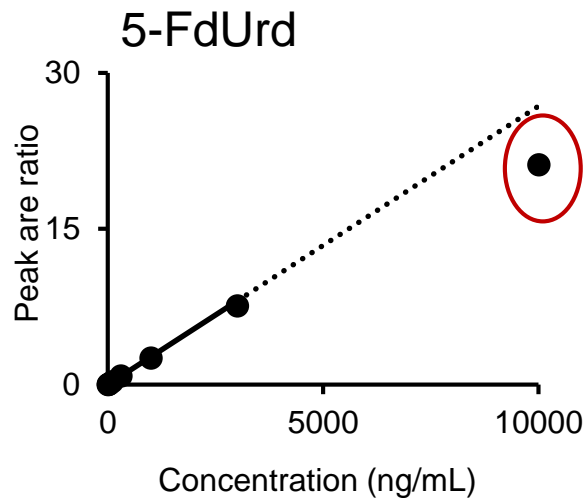
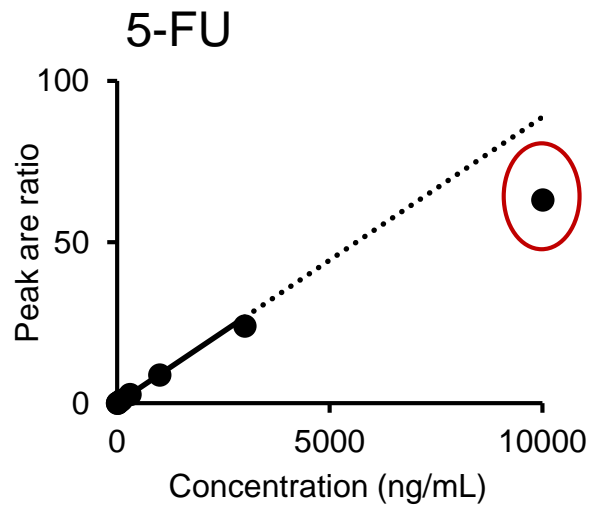


Quantitative range of 10-10,000 ng/mL is required for pharmacokinetic analysis. However, simultaneous measurement is difficult because physical properties and detection intensity are largely different.

Confirmation of linear range of each analyte

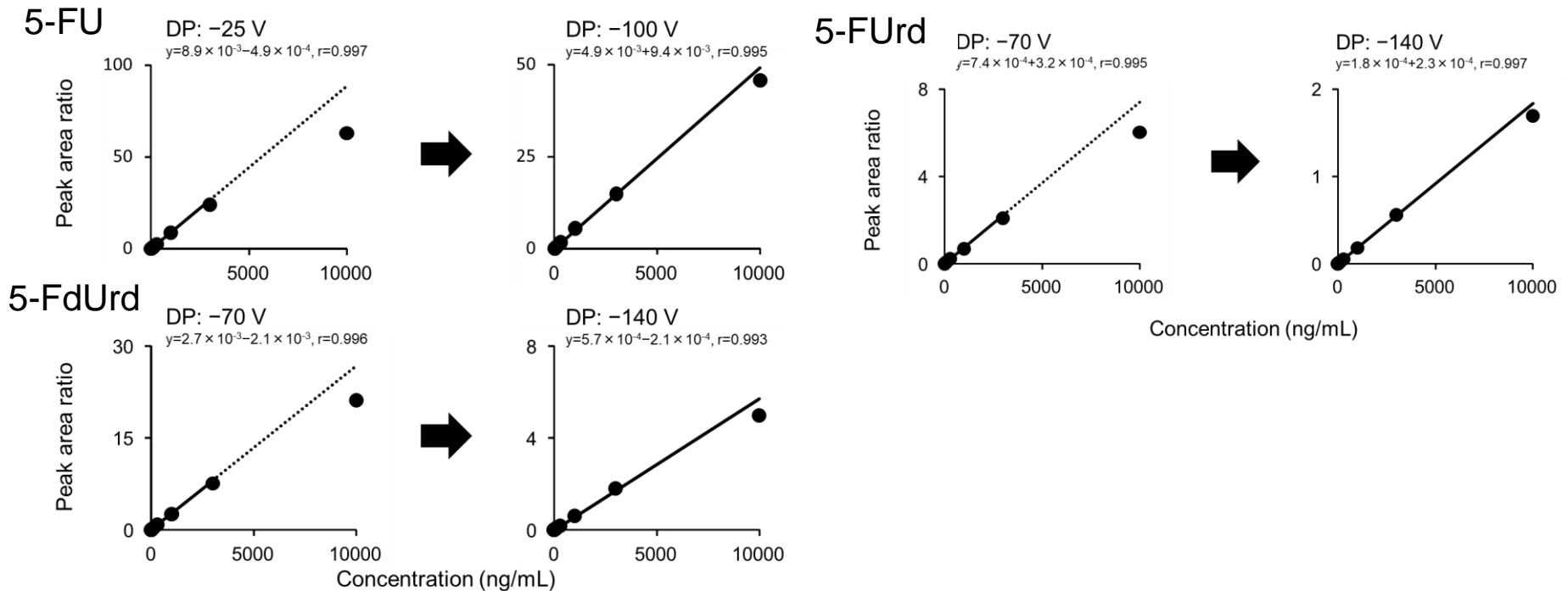


➔ Linear range : 10~10,000 ng/mL



➔ Linear range : 10~3,000 ng/mL

Changes of linear range by in-source CID



DP (V)	5-FU (ng/mL)	5-FdUrd (ng/mL)	5-FUrd (ng/mL)
Initial value	3-3,000	3-3,000	3-3,000
Initial value and 70V more negative	3-10,000	3-10,000	10-10,000

It was possible to shift the linear range to 10,000 ng/mL when additional DP of 70 V more negative was applied.

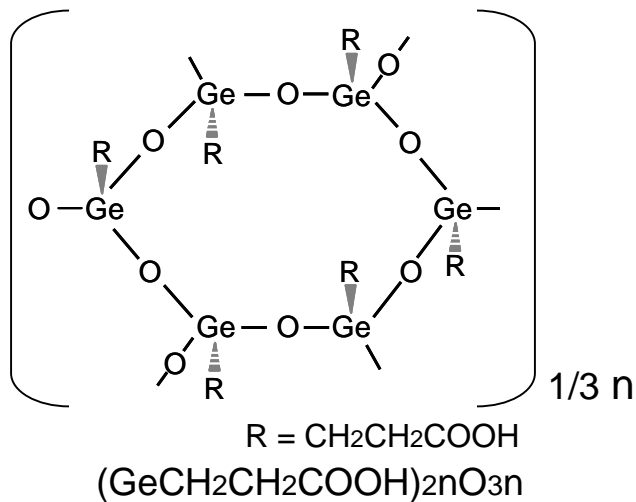
Summary of validation results

	Condition	Results
Linearity	5-FU: 3-10,000 ng/mL metabolite: 10-10,000 ng/mL	$r > 0.99$ Accuracy $\leq \pm 14.1\%$
Intra-assay	5-FU: 3, 10, 300, and 8,000 ng/mL metabolite: 10, 30, 300, and 8,000 ng/mL (n=6)	Accuracy $\leq \pm 11.8\%$ CV $\leq 10.4\%$
Inter-assay	3 days of intra-assay	Accuracy $\leq \pm 10.8\%$ CV $\leq 9.9\%$
Recovery	5-FU: 10, 300, and 8,000 ng/mL metabolite: 30, 300, and 8,000 ng/mL (n=3)	95.4-111.4%
Matrix effect	5-FU: 10 and 8,000 ng/mL metabolite: 30 and 8,000 ng/mL 6 individuals (3 males, 3 females)	Accuracy $\leq 12.8\%$ CV $\leq 8.7\%$

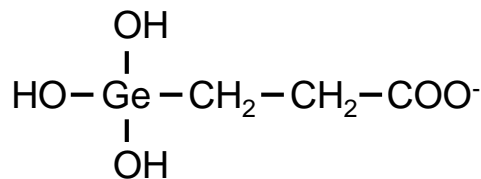
Ishii H et al. *Biomed Chromatogr.* (2016)

The usefulness of the controlling ion amounts by in-source CID for simultaneous determination of compounds with markedly different physicochemical properties in complex biological samples was indicated.

Organic germanium compound Ge-132



Ge-132



THGP

Ge-132 (Poly-trans-[(2-carboxyethyl) germasesquioxane])

Ge-132 is the most common water-soluble organic germanium compound. This compound is hydrolyzed to 3-(trihydroxygermyl)propanoate (THGP) in water.

Physiological effect of THGP

Immunomodulating effect

Nakamura et al. *Biosci Biotechnol Biochem.* (2012)

Nakamura et al. *Int J for Vit Nutr Res.* (2014)

Anti-inflammatory effect

Aso et al. *J Biol Response Modif.* (1989)

Analgesic effect

Suzuki et al., *Ouyouyakuri*, **26**:803-810 (1983)

Nakamura et al. *Future MedChem.* (2015)

The reason why THGP causes these physiological effects remains unclarified.

We needed information about the structure and the concentration of THGP in these tissues to understand the physiological effects that are caused by THGP.

Quantification of germanium compound

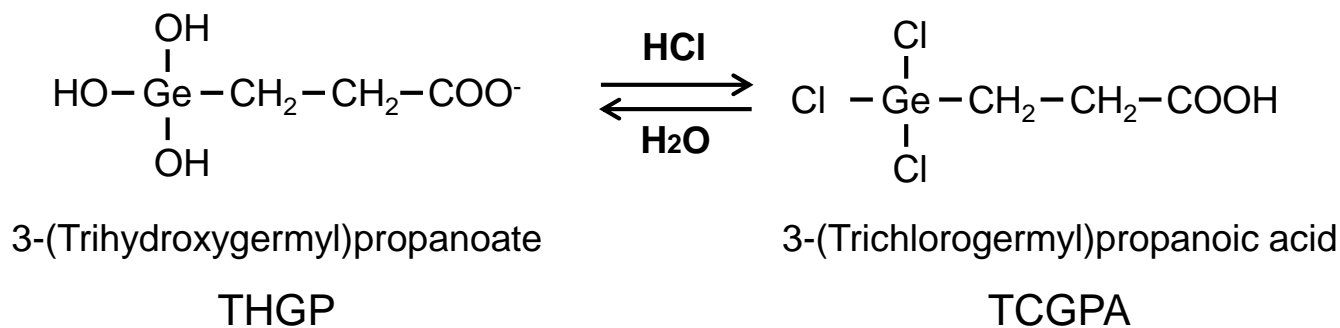
- Atomic Absorption Spectrometry (AAS)
- Inductively Coupled Plasma - Mass Spectrometry (ICP-MS)

However, these methods measure Ge atom!

It is important to determine intact molecule.

→ We developed the quantification method of intact THGP by LC/ESI-MS/MS for detailed THGP pharmacokinetic analysis.

A novel extraction method based on a reversible chemical conversion



100 μL plasma

↓ IS (Ge-132-d_2)

↓ HCl 200 μL

↓ Chloroform 2 mL

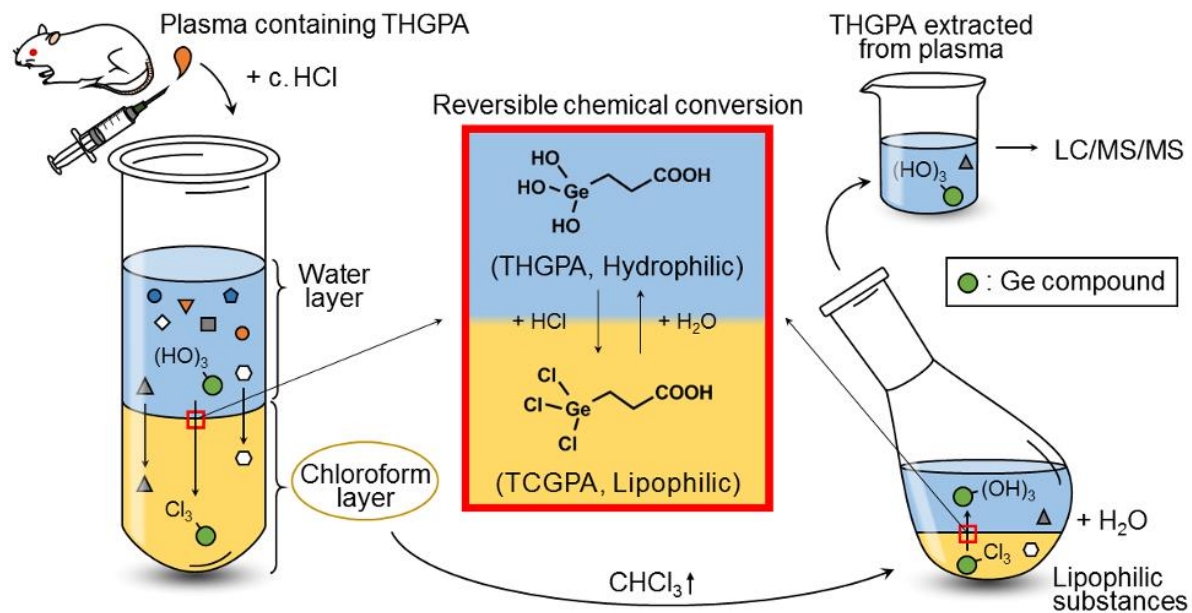
↓ Incubate for 1 hr

↓ Collection chloroform layer

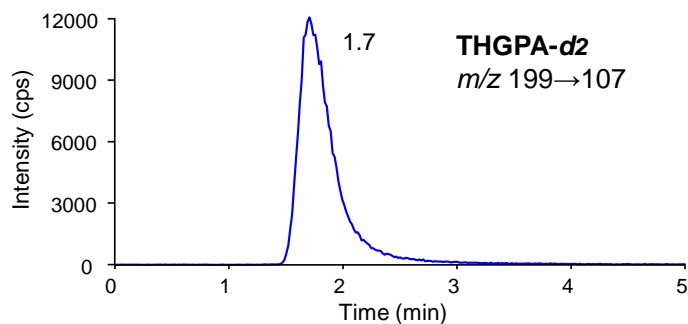
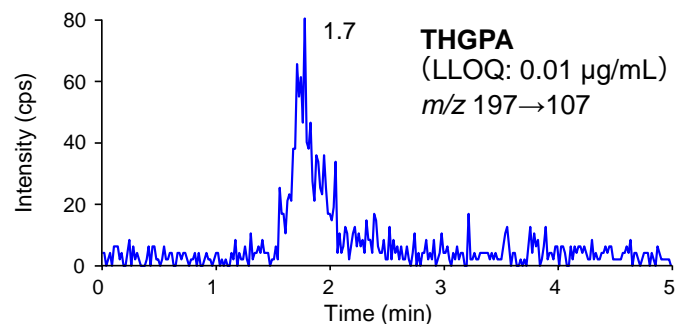
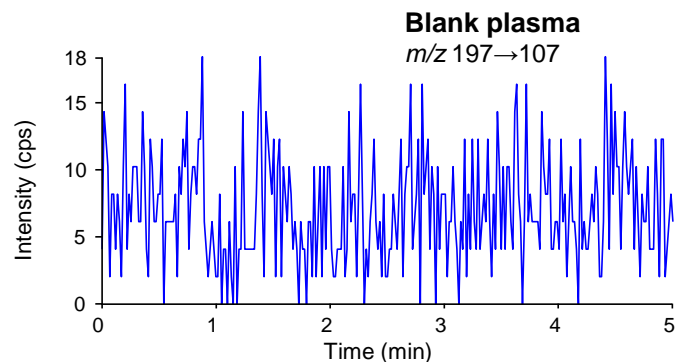
↓ Evaporation

↓ 50 μL water

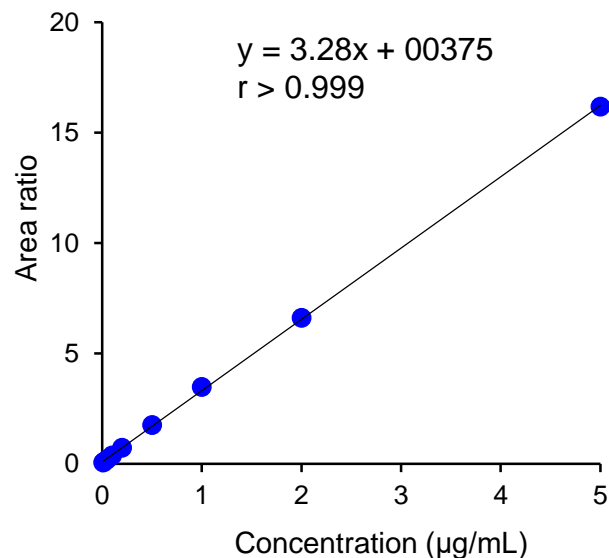
↓ 5 μL injection into LC/MS/MS



A novel extraction method based on a reversible chemical conversion



Analytical column RSpak DE413-2D
(150 mm x 2.0 mm i.d., Showa Denko)
Mobile phase Water-methanol-acetic acid (95:5:0.1, v/v/v)
Flow rate 300 $\mu\text{L/min}$ Column temperature 50°C



Analytical range 0.01 – 5 $\mu\text{g/mL}$ (as Ge-132)

Chen et al. (HPIEC)¹⁾

Ge-132: 0.1 – 100 $\mu\text{g/mL}$

Trikas et al. (GC-MIP-AED)²⁾

Ge-132: 1 – 250 $\mu\text{g/mL}$

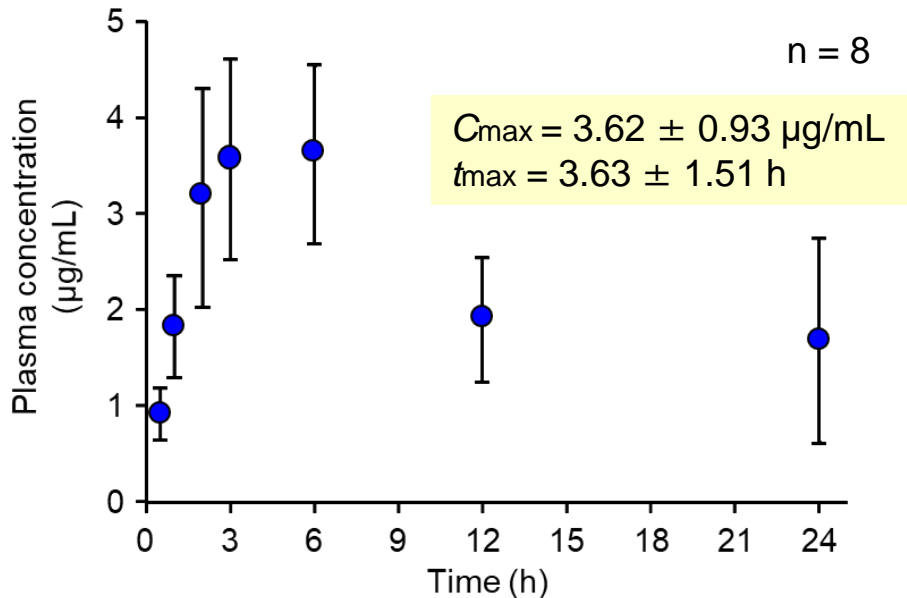
1. Chen et al. *J Chromatogr A*. (1997)

2. Trikas et al. *Anal Bioanal Chem*. (2014)

10-100 times higher sensitivity
compared to previous reports

Application to a pharmacokinetic study

Wistar rat ♂ fasted overnight
Ge-132 100 mg/kg p.o.

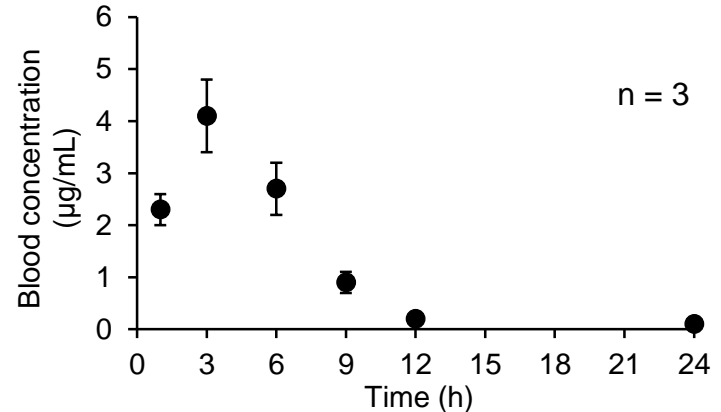


The value of our study (C_{max} 3.62 µg/mL) was concentration in plasma, and therefore the theoretical blood concentration is 2.26 µg/mL (calculated as hematocrit value 50% and 80% distribution in plasma).

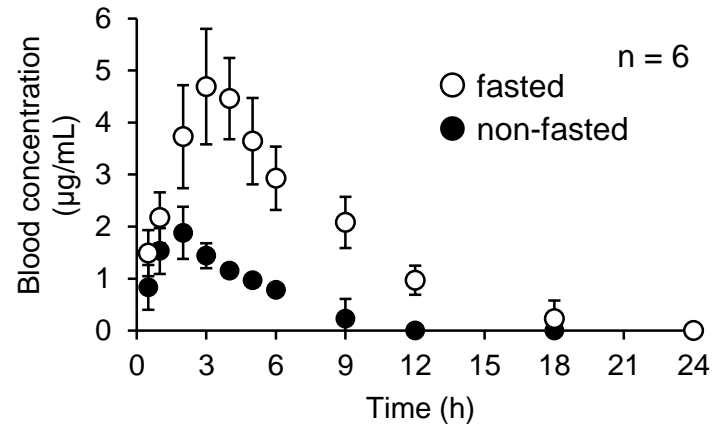
Compared to the previous report, C_{max} was low, but AUC was comparable.

The agreement among these three analytical methods suggests that almost all of the THGP remains without metabolism in blood.

Wistar rat ♂ fasted for 24 hr
 ^{14}C -Ge-132 100 mg/kg p.o.¹⁾



Wistar rat ♂
Ge-132 100 mg/kg p.o.²⁾
Determined by AAS



Application of LC/ESI-MS/MS methods to the pharmacokinetic studies

Bile acid

Steroids, **78**:967-972 (2013)

PLoS One, **12**:e016719 (2017)

Ann Clin Biochem, **52**:576-587 (2015)

Mass Spectrom (Tokyo), **5**:S0053 (2016)

Prostaglandins

Prostaglandins Leukot Essent Fatty Acids, **76**:321-329 (2007)

J Chromatogr B Analyt Technol Biomed Life Sci, **879**:3378-3385 (2011)

Prostaglandins Other Lipid Mediat, **106**:37-44 (2013)

Prostaglandins Leukot Essent Fatty Acids, **91**:61-71 (2014)

PLoS One, **9**:e109270 (2014)

Anal Bioanal Chem, **407**:1625-1639 (2015)

OATP substrates

J Chromatogr B Analyt Technol Biomed Life Sci, **972**:73-80 (2014)

J Pharm Pharm Sci, **17**:475-484 (2014)

J Pharmacol Exp Ther, **362**:271-277 (2017)

Anti-cancer drugs

J Chromatogr B Analyt Technol Biomed Life Sci, **893-894**:157-161 (2012)

J Pharm Biomed Anal, **71**:99-103 (2012)

Biomed Chromatogr, **27**:539-544 (2013)

J Chromatogr B Analyt Technol Biomed Life Sci, **917-918**:18-23 (2013)

Chromatography, **38**:95-100 (2017)

Biomed Chromatogr, **32**:e4184 (2018)

Chromatography, **39**:41-47 (2018)

Immunosuppressive drugs

J Chromatogr B Analyt Technol Biomed Life Sci, **879**:968-974 (2011)

J Chromatogr B Analyt Technol Biomed Life Sci, **879**:987-992 (2011)

Ther Drug Monit, **39**:648-653 (2017)

J Pharm Health Care Sci, **4**:7 (2018)

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