

Determination of Free (Unbound) Anamorelin in Human Plasma by Ultrafiltration

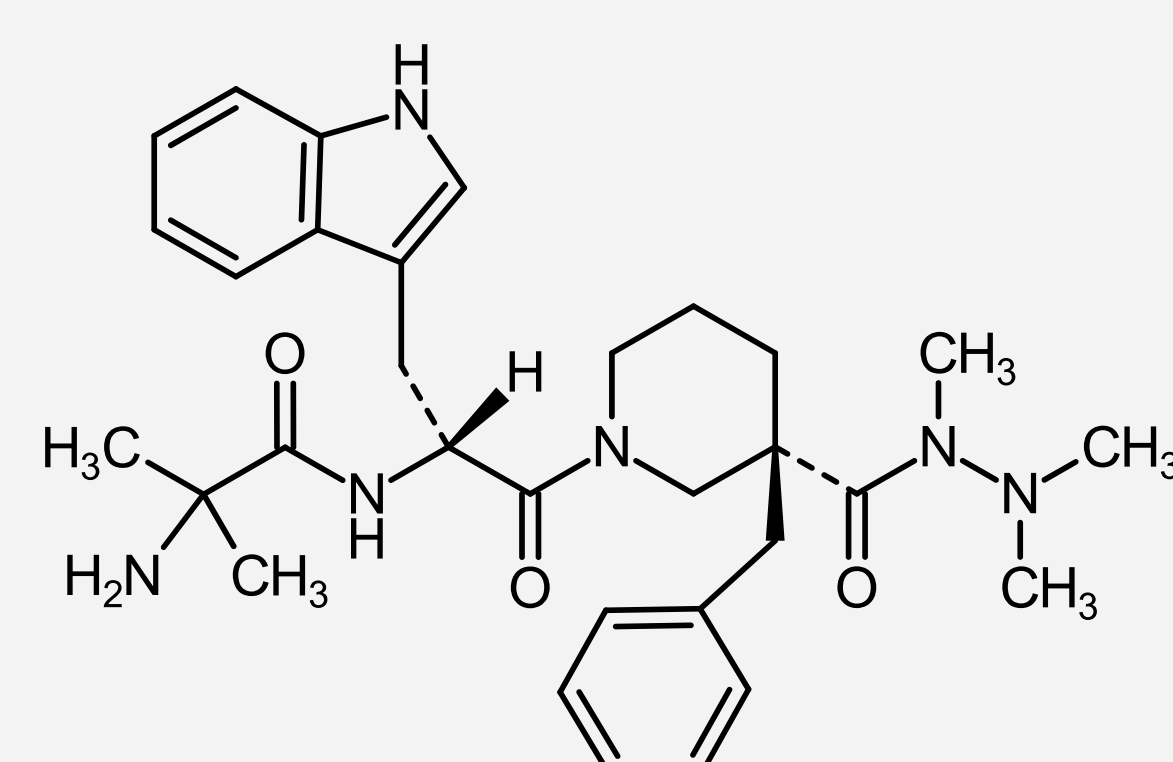
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INTRODUCTION

Anamorelin is under investigation for cancer cachexia, a devastating, often late-stage complication of an underlying malignancy. Despite the significant importance of cancer-related cachexia, treatments are lacking and no products are approved for this indication. Anamorelin, by virtue of its ghrelin agonist activity, may serve a role in the treatment of cancer cachexia.

To evaluate the extent of free (unbound) Anamorelin in human plasma, the appropriate procedures for processing samples were investigated. Ultrafiltration was found to be valid technique with limited non-specific binding (NSB) observed to the device. LC-MS/MS methods were then validated for the analysis of free and total Anamorelin.



Chemical Structure

METHOD

Protein Binding Assessments

- Non-Specific Binding
- Concentration Dependency
- Affect of pH
- Affect of Freeze/Thaw
- Anticoagulant (Heparin vs. EDTA)
- Binding to Selected Proteins

Ultrafiltration

Device: Amicon Centrifree®, YM-30
Centrifugation: 1000 x g, Fixed Angle Rotor
Maximum Filtration: 1/3 Sample Volume
Temperature: 37 ± 2 °C

Sample Extraction

Plasma (50 mL) or Ultrafiltrate (150 mL) were combined with 400 mL internal standard (Piroxicam in MeOH/ACN, 50:50). Samples were centrifuged 5 min at 15,000 rpm and the resulting supernatants combined 1:1 with 10 mM ammonium formate buffer, pH 3.2, and analyzed by LC-MS/MS.

METHOD (Cont.)

Extracts were analyzed using fully validated methods for
Human Plasma (5 to 1280 ng/mL)
Human Plasma Ultrafiltrate (1 to 100 ng/mL)

Liquid Chromatography

HPLC : Shimadzu 10AD
Autosampler : Perkin Elmer 200
Column : Pursuit C18 (50 x 2 mm) 5µ
Temperature: 30 °C
MP A : ACN/Ammonium Formate Buffer, pH 3.2 (10/90)
MP B : ACN/MeOH (40/60)
Flow Rate: 0.35 mL/min
Rinse : ACN/DI H₂O (90/10)

Mass Spectrometry

AB Sciex API 3000 with Turbo-ion Spray interface
Polarity : Positive
Scan type : Multiple Reaction Monitoring
Anamorelin: 547.5 → 276.3 m/z
Piroxicam (IS): 332.0 → 164.0 m/z

RESULTS

Non-Specific Binding (NSB)

| Ultrafiltrate Conc. ng/mL | Recovery % | NSB % |
|---------------------------------|---------------|----------|
| 3 | 92.4 | 7.6 |
| 15 | 93.9 | 6.1 |

Concentration Dependency

| Plasma Conc. ng/mL | Free Fraction (Mean) % |
|--------------------------|------------------------------|
| 100 | 3.57 ± 0.27 |
| 200 | 3.59 ± 0.39 |
| 300 | 3.91 ± 0.35 |
| 375 | 3.67 ± 0.40 |
| 750 | 4.05 ± 0.21 |
| 1000 | 4.43 ± 0.27 |
| 1500 | 4.66 ± 0.12 |

Li Heparin, n = 5 replicates, pH 7.40 at 37 °C

RESULTS (Cont.)

Affect of pH

| pH | Free Fraction (Mean) % |
|------|------------------------------|
| 7.00 | 6.91 ± 0.11 |
| 7.40 | 6.54 ± 0.34 |
| 8.20 | 5.80 ± 0.13 |

Li Heparin, n = 5 replicates, c = 375 ng/mL at 37 °C.
Plasma pH was adjusted using carbon dioxide gas.

Affect of Freeze/Thaw

| Anamorelin Conc. ng/mL | Plasma | Free Fraction (Mean) % |
|------------------------------|-------------------------|---------------------------------|
| 200 | Fresh (Non-Frozen) | 4.63 ± 0.14 |
| 375 | | 5.23 ± 0.01 |
| 200 | 3 Cycles Freeze/Thaw | 4.86 ± 0.12 |
| 375 | | 4.93 ± 0.07 |

Li Heparin, n = 4 replicates at pH 7.40 at 37 °C.

Affect of Anticoagulant

Slightly lower free fractions were observed for Anamorelin in plasma containing Li heparin (3.57 – 4.66%) compared to plasma containing K₂EDTA anticoagulant (4.06 – 5.15%).

Binding to Selected Plasma Proteins

| Anamorelin Conc. ng/mL | Plasma Protein | Free Fraction (Mean) % |
|------------------------------|--|---------------------------------|
| 200 | α ₁ -Acid Glycoprotein (AGP) | 2.79 |
| | | 3.05 |
| | | 3.05 |
| 200 | Human Albumin | 62.8 |
| | | 63.7 |

AGP, 1.25 mg/mL and Albumin, 40 mg/mL in PBS, pH 7.40;
(n = 4 replicates) at 37 °C.

RESULTS (Cont.)

Clinical Trial Results

Protein binding assessment for Anamorelin have been conducted in three separate clinical trials.

ST-ANAM-110 entitled “An Open-Label, Single and Multiple-Dose, Pharmacokinetic, Safety and Tolerability Study of Anamorelin HCl in Healthy Normal Volunteers”.

RC-1291-203 entitled “A Two-Part Phase II Study of the Effects of RC-1291HCl in Patients with Cancer Anorexia/Cachexia: An In-patient Crossover Study of the Appetite-Enhancing and Biochemical Effects of RC-1291 HCl followed by an Out-patient Parallel Group Study of the Effects of RC-1291 HCl on Body Weight, Body Composition and Functional Performance”.

ST-ANAM-207 entitled “A Randomized, Double-Blind, Placebo-Controlled, Multicenter Phase II Anamorelin HCl Dose Range Study to Evaluate the Safety and Efficacy of Anamorelin HCl in Patients with NSCLC”.

| Subject Status | Protocol | Free Fraction (%) | | |
|-------------------|-------------|-------------------|------|------|
| | | Mean | Low | High |
| Healthy | ST-ANAM-110 | 6.31 | 3.86 | 10.6 |
| Cancer | RC-1291-203 | 4.07 | 1.94 | 7.07 |
| Cancer | ST-ANAM-207 | 4.53 | 2.09 | 8.61 |

CONCLUSION

An accurate procedure was developed and validated for the determination of free Anamorelin in human plasma samples using ultrafiltration. Of significance was the high percentage to which Anamorelin binds to α₁-acid glycoprotein (≥ 97%) with nominal binding to albumin (~36.5%).

The results from clinical sample analyses suggests higher extent of plasma protein binding in subjects with cancer (4.1- 4.5% free) compared to healthy normal subjects (6.3% free). The upcoming investigation will now explore the correlation between the extent of Anamorelin protein binding and α₁-acid glycoprotein levels.