# Comparison of Encapsulated and Non-encapsulated Doxorubicin Pharmacokinetics Following Single Intravenous Administration of ATI-0918, an Encapsulated Liposomal Formulation, and DOXIL® in Female Rats

Ahmed Kousba¹, Richard Underbrink², Donald Kruppa²;

<sup>1</sup>BioAgilytix, San Diego, CA, 92121. <sup>2</sup>Azaya Therapeutics, San Antonio, TX, 78249.





## **ABSTRACT**

#### Purpose:

To compare the pharmacokinetics (PK) of encapsulated IV) were 212 µg/mL, 6140 µg·h/mL, 7400 µg·h/mL and non-encapsulated doxorubicin following a 6 and 39.5. The % ATI-0918/CAELYX® encapsulated mg/kg IV bolus dose of ATI-0918 or DOXIL® (CAELYX®) doxorubicin C<sub>max</sub>, AUC<sub>(O-T)</sub> and AUC<sub>(O-inf)</sub> were 92.9%, in female rats. ATI-0918 is being developed by 89.3% and 82.6%, respectively. Azaya Therapeutics to match the physiochemical properties and release specifications of DOXIL®, a Similarly, non-encapsulated doxorubicin PK doxorubicin hydrochloride liposome injection which parameters following ATI-0918 were comparable to is marketed in the United States as DOXIL® and those following CAELYX®. The % ATI-0918/CAELYX® elsewhere as CAELYX<sup>®</sup>. ATI-0918 in being investigated non-encapsulated doxorubicin  $C_{max}$ ,  $AUC_{(O-T)}$  and in a Phase I clinical trial.

#### **Methods:**

Two groups of female rats were included in the 45-62x higher that that of non-encapsulated study. Group 1 received an IV injection of 6 mg/kg doxorubicin. ATI-0918 and Group 2 received an IV injection of 6 mg/kg CAELYX®. Blood samples were collected **Conclusions:** for up to 96 hour postdose. The plasma was analyzed for encapsulated and non-encapsulated doxorubicin by an HPLC/MS/MS assay. PK parameters of PK parameters after ATI-0918 were approximately following ATI-0918 and CAELYX® dosing were determined by non-compartmental analysis.

# Results:

The encapsulated doxorubicin Cmax, AUC(0-T), AUC(0inf) and TI/2 values following a 6 mg/kg ATI-0918 IV dosing were 197 µg/mL, 5480 µg•h/mL, 6110 µg•h/mL

and 30.5 h, respectively. The corresponding values following the same dose of CAELYX® (i.e., 6 mg/kg

 $AUC_{O-inf}$  were 101%, 91.4% and 88.3%, respectively.

For both ATI-0918 and CAELYX®, the encapsulated doxorubicin exposure ( $C_{max}$  and AUC) was ~

The encapsulated and non-encapsulated doxorubicin

encapsulated and non-encapsulated doxorubicin equal to the corresponding values after CAELYX® dosing. The ATI-0918/CAELYX® encapsulated and non-encapsulated doxorubicin %C<sub>max</sub>, %AUC<sub>(O-T)</sub> and %AUC<sub>(O-inf)</sub> were within 80-120%.

# **METHODS**

# Study Design

Two groups of female rats were included in the study. Group 1 received an IV injection of 6 mg/kg ATI-0918 and Group 2 received an IV injection of 6 mg/kg CAELYX®. Blood samples were collected at predetermined times for up

### to 96 hour postdose. **Analytical Method**

The plasma samples were analyzed for encapsulated and non-encapsulated doxorubicin by an HPLC/MS/MS assay.

Time, Hour

Time, Hour

#### **PK Analysis**

The PK parameters of encapsulated and non-encapsulated doxorubicin following ATI-0918 and CAELYX® dosing were determined by standard model independent methods (4).

The following PK parameters were calculated using Phoenix WinNonlin Professional Version 6.1 (Pharsight Corp., Saint Louis, MO).

- C<sub>max</sub> is the observed maximum plasma concentration after dosing.
- T<sub>max</sub> is the time to reach C<sub>max</sub>.
- AUC<sub>(O-T)</sub> is the area under the plasma concentrationtime curve from immediate post dose to the last measurable sampling time and is calculated by linear trapezoidal rule.
- AUC<sub>(O-inf)</sub> is the area under the plasma concentration-time curve from time zero to infinity. It is calculated as the sum of the area from time zero to the time of the last quantifiable plasma concentration (T) and the area from T to infinity, calculated as the last quantifiable plasma concentration divided by I, where  $\lambda$  is the terminal elimination rate constant.
- $T_{1/2}$  is apparent half-life calculated by  $ln(2)/\lambda$  where  $\lambda$ is the rate constant for the log-linear portion of the terminal phase. A minimum of three values in the post-distribution phase of the plasma concentrationtime curve is required for calculation of  $\lambda$ .
- CL is the systemic plasma clearance calculated by dividing the dose by the AUC<sub>(O-inf)</sub>

Time, Hour

Time, Hour

Vss is the volume of distribution after an IV dosing

# Table 1

Summary Pharmacokinetic Parameters of Encapsulated and Non-encapsulated Doxorubicin in Female Rats Following a Single IV Bolus Dose of 6 mg/kg of ATI-0918 or

Parameter	ATI-0918			CAELYX®		
	Encapsu- lated	Non	Encapsu- lated/Non	Encapsu- lated	Non	Encapsu- lated/Non
C <sub>max</sub> , µg/mL	197	3.45	57.1	212	3.40	62.4
T <sub>max</sub> , h	0.500	2.00	-	0.250	4.00	-
AUC <sub>(O-T)</sub> , µg•h/mL	5,480	117	46.8	6,140	128	48.0
AUC <sub>(O-inf)</sub> , µg•h/mL	6,110	136	44.9	7,400	154	48.1
CL, L/h/kg	9.82E-04	-	-	8.10E-04	-	-
Vss, L/kg	0.0399	-	-	0.0423	-	-
T <sub>1/2</sub> , h	30.5	37.9	-	39.5	39.0	-
C <sub>max</sub> Ratio (ATI-0918/CAELYX®)	0.929	1.01	-	-	-	-
AUC <sub>(O-T)</sub> Ratio (ATI-0918/CAELYX®)	0.893	0.914	-	-	-	-
AUC <sub>(O-inf)</sub> Ratio (ATI-0918/CAELYX®)	0.826	0.883	-	_	-	-

# Results

#### Doxorubicin PK after ATI-0918 Administration

The encapsulated and non-encapsulated doxorubicin The non-encapsulated doxorubicin  $C_{max}$ ,  $AUC_{(C-T)}$  and elimination with terminal  $T_{1/2}$  values of 30.5 and 37.9h, µg·h/mL, respectively (Table 1). respectively (Figure 1 and Table 1).

CL and Vss values were 197 µg/mL, 5480 µg·h/mL, doxorubicin (Table 1). 6110 µg·h/mL, 9.82E-04 L/h/kg and 0.0399 L/kg, respectively (Table 1). The encapsulated doxorubicin exhibited low clearance and small volume of distribution.

concentrations in plasma displayed multi-exponential AUC<sub>(0-inf)</sub> values were 3.45 µg/mL, 117 µg•h/mL and 136

Encapsulated doxorubicin exposure (C<sub>max</sub> and AUC) was The encapsulated doxorubicin  $C_{max}$ ,  $AUC_{(O-T)}$ ,  $AUC_{(O-inf)}$ ,  $\sim 45$  to 57x higher than that of non-encapsulated

#### Doxorubicin PK after CAELYX® Administration

The encapsulated and non-encapsulated doxorubicin The non-encapsulated doxorubicin  $C_{max}$ ,  $AUC_{(0-T)}$  and elimination with terminal T<sub>1/2</sub> values of 39.5 and 39.0h, µg•h/mL, respectively (Table 1). respectively (Figure 2 and Table 1).

CL and Vss values were 212 µg/mL, 6140 µg·h/mL, doxorubicin (Table 1) 7400 µg•h/mL, 8.10E-04 L/h/kg and 0.0423 L/kg, respectively (Table 1). The encapsulated doxorubicin exhibited low clearance and small volume of distribution.

concentrations in plasma displayed multi-exponential AUC<sub>(O-inf)</sub> values were 3.40 µg/mL, 128 µg·h/mL and 154

Encapsulated doxorubicin exposure (C<sub>max</sub> and AUC) was The encapsulated doxorubicin  $C_{max}$ ,  $AUC_{(O-T)}$ ,  $AUC_{(O-inf)}$ ,  $\sim 48$  to 62x higher than that of non-encapsulated

# Comparison of Doxorubicin PK after ATI-0918 and CAELYX®

were approximately equal to the corresponding values and 0.883, respectively (Table 1).

after CAELYX® dosing (Figures 3 and 4 and Table 1). The ATI-0918 to CAELYX®  $C_{max}$ ,  $AUC_{(O-T)}$  and  $AUC_{(O-inf)}$ 

The encapsulated and non-encapsulated doxorubicin The ATI-0918 to CAELYX® C<sub>max</sub>, AUC<sub>(O-T)</sub> and AUC<sub>(O-inf)</sub> C<sub>max</sub>, AUC<sub>(0-T)</sub> and AUC<sub>(0-inf)</sub> values after ATI-0918 dosing ratios of non-encapsulated doxorubicin were 1.01, 0.914

ratios of encapsulated doxorubicin were 0.929, 0.893 and 0.826, respectively (Table 1).

# Purpose

To compare the pharmacokinetic exposure of encapsulated and non-encapsulated doxorubicin following a single IV bolus dose of 6 mg/kg of ATI-0918 and CAELYX® in female rats.

# Introduction

Doxorubicin is an anticancer chemotherapy drug. Currently, the pharmacokinetic equivalence of synthesis.

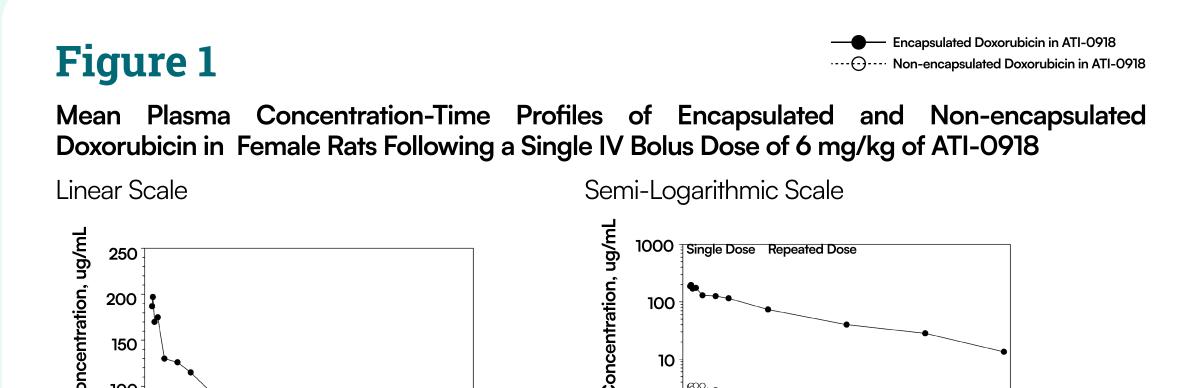
DOXIL® is a doxorubicin hydrochloride pegylated This work compares the pharmacokinetics of elsewhere as CAELYX®. DOXIL® is approved by female rats. the FDA for treatment of ovarian cancer, AIDSrelated Kaposi's sarcoma, and in combination therapy for multiple myeloma (1).

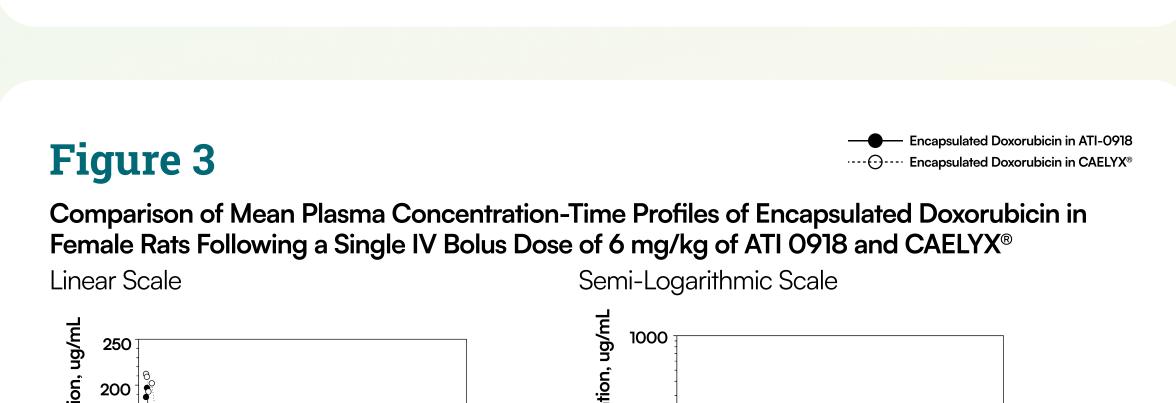
Liposomal formulations of doxorubicin are effective in reducing doxorubicin cardiotoxicity and improving its delivery to tumor sites (2, 3).

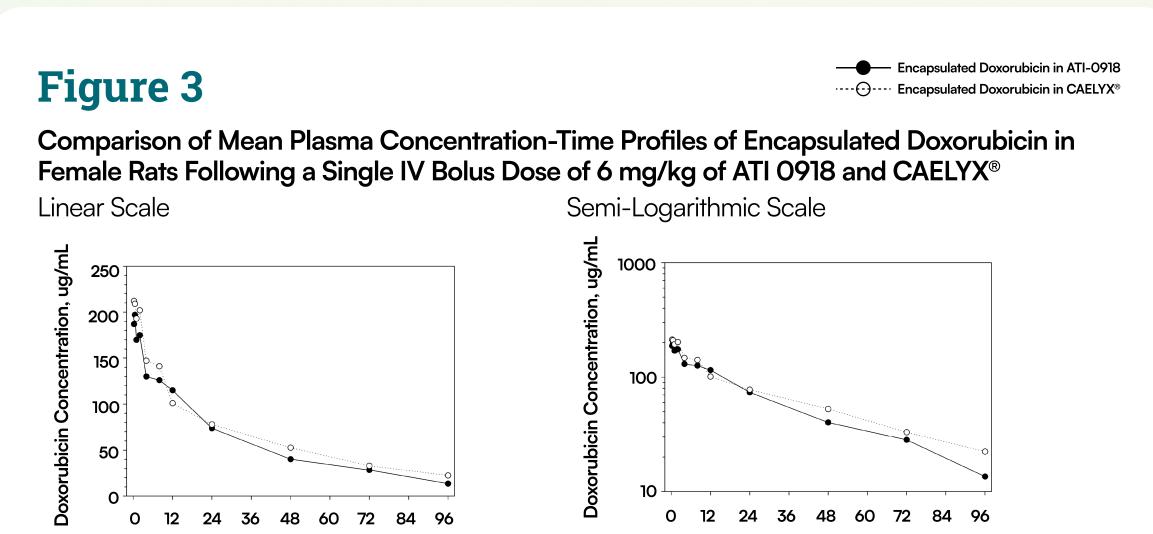
ATI-0918 is being developed by Azaya Therapeutics to match the physiochemical properties and release specifications of DOXIL® (i.e., a generic formulation of DOXIL®). ATI-0918 has the same mechanism of action of standard doxorubicin.

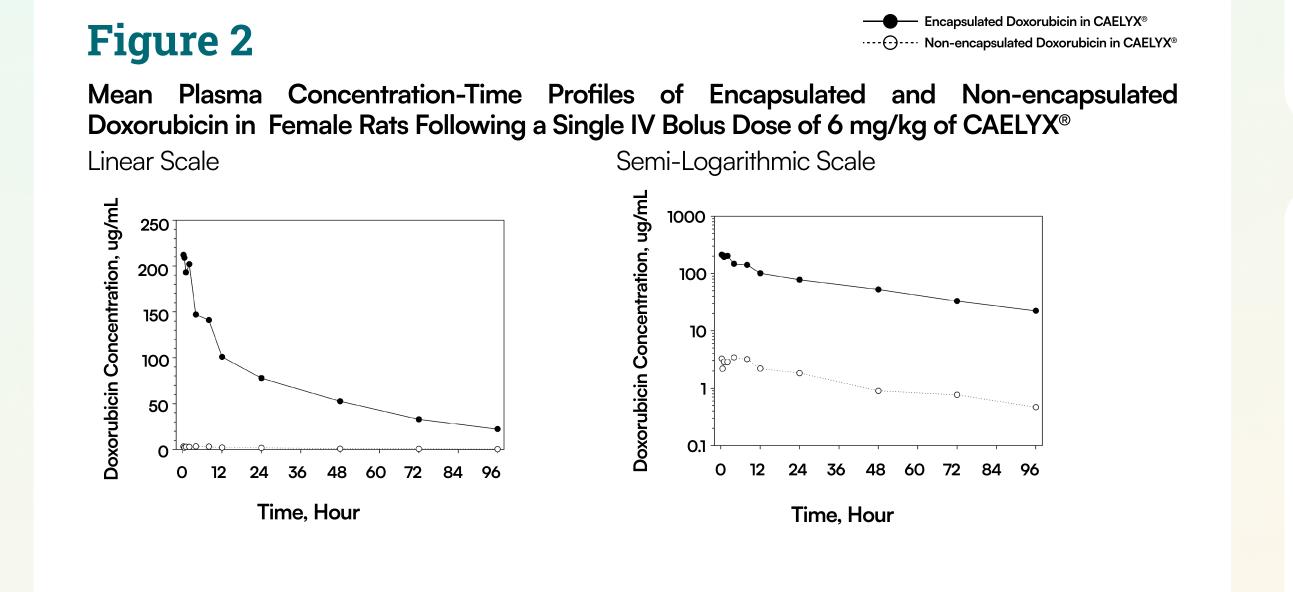
It is an anthracycline topoisomerase inhibitor ATI-0918 and DOXIL®/CAELYX® is being which prevents DNA replication and inhibits protein investigated by Azaya Therapeutics in patients with ovarian cancer.

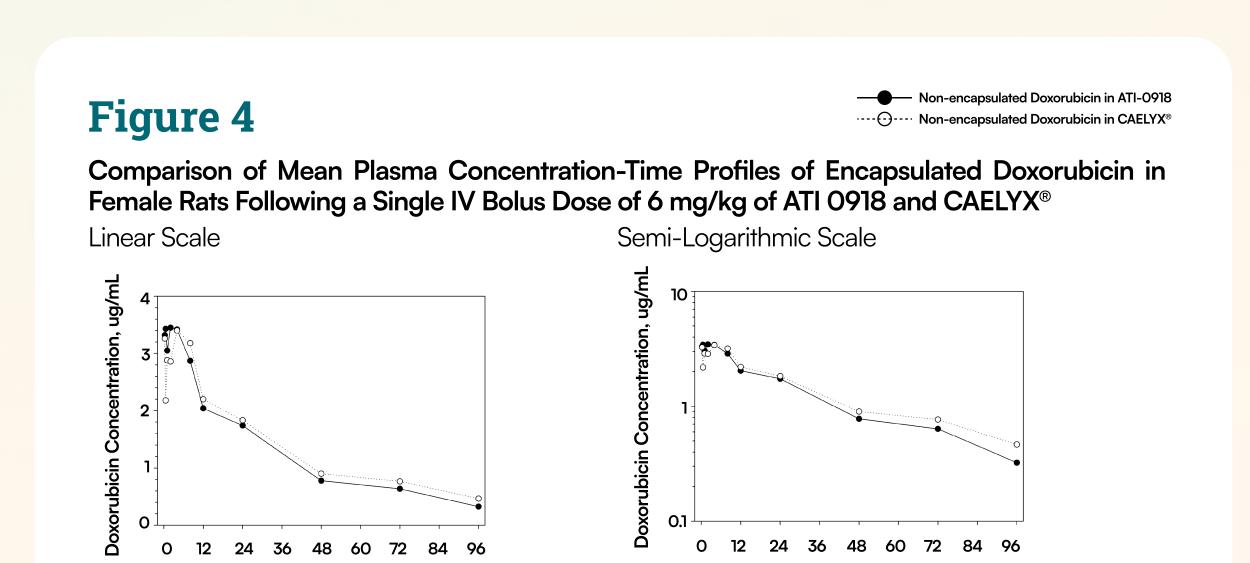
liposome injection which is marketed in the encapsulated and non-encapsulated doxorubicin United States, Israel and Japan as DOXIL® and following ATI-0918 and CAELYX® dosing to











Time, Hour

Time, Hour

# Conclusions

Encapsulated doxorubicin exposure ( $C_{max}$  and AUC) was ~ AUC<sub>(0-1)</sub>, AUC<sub>(0-inf)</sub> were 92.9%, 89.3% and 82.6%, respectively. 45-62x higher than that of non-encapsulated doxorubicin  $%C_{max}$ ,  $%AUC_{(O-T)}$  and  $%AUC_{(O-inf)}$  were within 80-120%. after ATI-0918 and CAELYX® administration. The encapsulated and non-encapsulated doxorubicin  $C_{max}$ ,  $AUC_{(O-T)}$  and  $AUC_{(O-inf)}$  The % ATI-0918 / CAELYX® non-encapsulated doxorubicin values after ATI-0918 dosing were approximately equal to the  $C_{max}$ ,  $AUC_{(O-T)}$ , AUC(O-inf) were 101%, 91.4% and 88.3%. corresponding values after CAELYX® dosing.

The % ATI-0918 / CAELYX® encapsulated doxorubicin C\_\_\_\_

 $C_{\text{max}}$ , %AUC<sub>(O-T)</sub> and %AUC<sub>(O-inf)</sub> were within 80-120%.

# References

- l DOXIL® (doxorubicin HCl liposome injection) Full 3 Gabizon A, Shmeeda H, Barenholz Y. (2003). Prescribing Information. Centocor Ortho Biotech Products, LP, Raritan, NJ. Updated in 2010. Available at: http://www.doxil.com/assets/DOXIL\_PI\_Booklet.pdf
- 2 Gabizon A, Goren D, Cohen R, Barenholz Y. (1998). Development of liposomal anthracyclines: from basics to clinical applications. J Control Release; 53(1-3):275-279.
- Pharmacokinetics of pegylated liposomal Doxorubicin: review of animal and human studies. Clin Pharmacokinet; 42(5):419-436.
  - Gibaldi, M. and Perrier, D (1982). Pharmacokinetics, Second Edition, Marcel Dekker, Inc., New York.