



<http://researchspace.auckland.ac.nz>

### *ResearchSpace@Auckland*

#### **Copyright Statement**

The digital copy of this thesis is protected by the Copyright Act 1994 (New Zealand).

This thesis may be consulted by you, provided you comply with the provisions of the Act and the following conditions of use:

- Any use you make of these documents or images must be for research or private study purposes only, and you may not make them available to any other person.
- Authors control the copyright of their thesis. You will recognise the author's right to be identified as the author of this thesis, and due acknowledgement will be made to the author where appropriate.
- You will obtain the author's permission before publishing any material from their thesis.

To request permissions please use the Feedback form on our webpage.

<http://researchspace.auckland.ac.nz/feedback>

#### **General copyright and disclaimer**

In addition to the above conditions, authors give their consent for the digital copy of their work to be used subject to the conditions specified on the Library Thesis Consent Form.

# **Development and Evaluation of Nanoparticulate Drug Delivery Systems for Anticancer Drugs**

**Srinivas Ganta**

A Thesis submitted in fulfilment of the requirements for the degree of

Doctor of Philosophy

The University of Auckland, New Zealand, 2008

## Abstract

The main aim of this study was to develop nanoparticulate drug delivery systems for chlorambucil (CHL) and asulacrine (ASL). CHL is a DNA alkylating agent. In an attempt to alter the pharmacokinetics (short half-life, rapid clearance and high volume of distribution) and improve the anticancer activity, CHL was incorporated into a lipid nanosphere (LN) formulation. The LN were composed of soybean oil as the internal oil phase, egg lecithin as the primary emulsifier, cholesterol as the phospholipid layer stabilizer, and water as the external phase. PEG-modified (long circulating) and DOTAP-modified (cationic) LN were prepared to evade the reticulo-endothelial system and enhance cellular delivery, respectively. LN prepared by ultra-sonicator and microfluidizer had an average particle size below 200 nm, with a CHL encapsulation efficiency of over 97%. Zeta potential of the LN ranged from -30.6 to +41.5 mV. The LN exhibited good physical stability over six months at 4°C and 25°C. *In vitro* evaluation on SKOV-3 cells showed that the cytotoxicity and the pro-apoptotic activity of CHL were significantly enhanced when given in the LN formulation compared to the CHL solution ( $P < 0.05$ ). An altered pharmacokinetics with increased plasma AUC and elimination half-life, and reduced clearance were observed after intravenous administration of CHL incorporated LN compared to a CHL solution ( $P < 0.01$ ). A marked reduction in the tissue distribution of CHL was also noted when it was given in LN. In addition, CHL incorporated in LN showed greater anticancer activity compared with the CHL solution in colon-38 tumour-bearing mice ( $P < 0.01$ ). These results suggest that LN could be an effective parenteral carrier for CHL delivery.

ASL is an inhibitor of topoisomerase II. In an attempt to improve its efficacy by altering the pharmacokinetic profile, ASL was formulated as a nanocrystal suspension (NS). The NS was consisting of ASL nanoparticles produced by high pressure homogenization and stabilized by stabilizers. The lyophilized NS exhibited good stability over three months at 4°C and 25°C. The dissolution and solubility of ASL were enhanced in NS form compared to un-milled ASL ( $P < 0.05$ ). Initial peak plasma concentration and AUC were remarkably reduced in the plasma after intravenous administration of NS compared to the ASL solution ( $P < 0.01$ ). This suggests reduced systemic exposure to the drug.

## **Acknowledgements**

Firstly, I would like to thank my supervisor Associate Professor Sanjay Garg for his affectionate encouragement, inspiring guidance and excellent support throughout the course of this research.

I would also like to thank my co-supervisor Professor Bruce C. Baguley for his continuous support and guidance. Thanks are also due to my advisor Associate Professor James W. Paxton for his critical input in pharmacokinetic study. My special thanks to Elaine Marshal for helping me with the animal experiments.

I extend my gratitude to the University of Auckland, UniServices and Education New Zealand for the support to carry out this project.

I express my sincere thanks to Professor John Shaw, Head of Department for providing all the required facilities for carrying out this project. My whole hearted thanks to the entire faculty and staff members of School of Pharmacy who directly or indirectly supported my endeavours.

I take pleasure to express my sincere thanks to Professor Mansoor M. Amiji, Department of Pharmaceutics, Northeastern University, Boston, USA for providing laboratory facilities, support and valuable suggestions to carry out part of my PhD work. I also thank Hari Krishna and Swapna for the hospitality during my stay at Boston.

Puneet, Hemant, Sushila, Mridula and Darren, deserve a special mention for being nice friends during all these years. My thanks are due to my colleagues Ilva, Judy, Shane, Alvin, James, Thilini and Usthana. I wish to thank Sai, Kareena, Asma, Mandy, and all other AnQual GLP team for their support. My special thanks to Pradeep with whom I enjoyed every moment in NZ.

I take pleasure in thanking my friends JK, Mamatha, Ajmeera, Thiru, Murali, CA, Ram Reddy, RK, and Raghu for their support in completing my PhD.

Finally, I wish to thank my wife Priyanka and other members of my family for their encouragement, support and love all through my ups and downs during my PhD. This thesis would not have been possible without their support.

# Table of Contents

<b>Abstract</b> .....	<b>ii</b>
<b>Acknowledgements</b> .....	<b>iii</b>
<b>List of Figures</b> .....	<b>xi</b>
<b>List of Tables</b> .....	<b>xv</b>
<b>List of Abbreviations</b> .....	<b>xviii</b>
<b>List of Research Output</b> .....	<b>xxi</b>
<b>1 INTRODUCTION</b> .....	<b>1</b>
<b>1.1 Introduction</b> .....	<b>1</b>
<b>1.2 Aims and Objectives</b> .....	<b>3</b>
<b>1.3 Literature Review</b> .....	<b>5</b>
<b>1.3.1 Cancer</b> .....	<b>5</b>
1.3.1.1 Angiogenesis and Tumour Structure .....	6
1.3.1.2 Vascular Permeability and Passive Tumour Targeting.....	7
1.3.1.3 Membrane Target Sites and Active Tumour Targeting .....	7
<b>1.3.2 Drug Delivery Systems Selected for the Study</b> .....	<b>9</b>
<b>1.3.3 Lipid Nanospheres</b> .....	<b>9</b>
1.3.3.1 Preparation of Lipid Nanospheres .....	12
1.3.3.2 Stability of Lipid Nanospheres .....	15
1.3.3.3 Biodistribution of Lipid Nanospheres.....	15
1.3.3.4 Factors Influencing the Biodistribution of Lipid Nanospheres.....	16
1.3.3.4.1 Lipids Used in the Formulation .....	16
1.3.3.4.2 Particle Size .....	16
1.3.3.4.3 Surface Charge of Nanospheres .....	16
1.3.3.5 Future Trends .....	17
<b>1.3.4 Nanocrystal Suspensions</b> .....	<b>20</b>
1.3.4.1 Properties of Nanocrystals and Formulation Theory .....	22
1.3.4.2 Preparation of Nanocrystal Suspension .....	24
1.3.4.2.1 Pearl Milling .....	25
1.3.4.2.2 High Pressure Homogenization .....	25
1.3.4.3 Characterization Tests.....	26
1.3.4.3.1 Particle Size Distribution and Charge .....	26

1.3.4.3.2	Particle Morphology and Crystalline State.....	27
1.3.4.3.3	In Vitro Dissolution to Assess the In Vivo Performance.....	27
1.3.4.4	Potential Applications of Nanosuspension .....	28
1.3.4.5	Nanocrystal Technology: Advantages and Disadvantages .....	28
1.3.4.6	Future Trends .....	29
<b>1.3.5</b>	<b>Drugs Evaluated – Chlorambucil and Asulacrine.....</b>	<b>31</b>
<b>1.3.6</b>	<b>Chlorambucil Drug Profile .....</b>	<b>31</b>
1.3.6.1	Physicochemical Properties .....	31
1.3.6.2	Mechanism of Action.....	31
1.3.6.3	Pharmacokinetics .....	33
1.3.6.4	Dose and Administration .....	33
1.3.6.5	Potential of a New Formulation Development for Chlorambucil.....	33
<b>1.3.7</b>	<b>Asulacrine (SN 21407, FB) Drug Profile.....</b>	<b>34</b>
1.3.7.1	Physicochemical Properties .....	34
1.3.7.2	Mechanism of Action.....	36
1.3.7.3	Pharmacokinetics .....	36
1.3.7.4	Dose and Administration .....	36
1.3.7.5	The Potential of a Novel Delivery System for Asulacrine .....	37
<b>2</b>	<b>DEVELOPMENT AND CHARACTERIZATION OF CHLORAMBUCIL LIPID NANOSPHERES .....</b>	<b>38</b>
<b>2.1</b>	<b>Introduction .....</b>	<b>38</b>
<b>2.2</b>	<b>Materials and Methods .....</b>	<b>39</b>
<b>2.2.1</b>	<b>Materials.....</b>	<b>39</b>
<b>2.2.2</b>	<b>Methods .....</b>	<b>42</b>
<b>2.2.3</b>	<b>Analytical Method .....</b>	<b>42</b>
2.2.3.1	Chromatographic Conditions .....	42
2.2.3.2	Calibration Curve of Chlorambucil .....	42
2.2.3.3	Method Validation .....	43
<b>2.2.4</b>	<b>Preformulation.....</b>	<b>43</b>
2.2.4.1	Solubility of Chlorambucil in Various Lipids .....	43
2.2.4.2	Partitioning Behaviour of Chlorambucil in Various Lipids.....	43
2.2.4.3	Drug-excipient Compatibility Studies .....	44
2.2.4.3.1	Characterization by Differential Scanning Calorimetry.....	44
2.2.4.3.2	Characterization by HPLC Analysis .....	44

<b>2.2.5</b>	<b>Formulation Development .....</b>	<b>44</b>
2.2.5.1	Optimization of Process Variables: General Processes in the Preparation of Lipid Nanospheres .....	45
2.2.5.2	Effect of Homogenization Time on Particle Size .....	45
2.2.5.3	Effect of Ultrasonication Time on Particle Size .....	45
<b>2.2.6</b>	<b>Formulation Optimization .....</b>	<b>46</b>
2.2.6.1	Primary Emulsifier Type and Concentration .....	46
2.2.6.2	Co-emulsifier Type and Concentration.....	46
2.2.6.3	Stabilizer Concentration.....	46
2.2.6.4	Preparation of the Chlorambucil Lipid Nanospheres (CHL-LN) .....	47
2.2.6.5	Preparation of the Chlorambucil PEGylated Lipid Nanospheres (CHL-PEG-LN) .....	47
<b>2.2.7</b>	<b>Characterization of Lipid Nanospheres .....</b>	<b>48</b>
2.2.7.1	Measurement of Particle Size .....	48
2.2.7.2	Measurement of Zeta Potential .....	48
2.2.7.3	Morphology of Lipid Nanospheres by Transmission Electron Microscopy .....	48
2.2.7.4	Osmolality and pH Measurement .....	49
2.2.7.5	Drug Assay.....	49
2.2.7.6	Encapsulation Efficiency of the Lipid Nanospheres.....	49
2.2.7.7	<i>In vitro</i> Release of Chlorambucil.....	50
2.2.7.8	Stability of Lipid Nanospheres with Encapsulated Chlorambucil.....	50
2.2.7.8.1	Effect of Diluents .....	50
2.2.7.8.2	Effect of Storage Conditions .....	50
<b>2.2.8</b>	<b>Data Analysis.....</b>	<b>51</b>
<b>2.3</b>	<b>Results and Discussion .....</b>	<b>51</b>
<b>2.3.1</b>	<b>Analytical Method .....</b>	<b>51</b>
2.3.1.1	Calibration Curve of Chlorambucil .....	51
<b>2.3.2</b>	<b>Preformulation.....</b>	<b>54</b>
2.3.2.1	Solubility and Partitioning Behaviour of Chlorambucil .....	54
2.3.2.2	Drug-excipient Compatibility Studies .....	54
<b>2.3.3</b>	<b>Optimization of Process Variables.....</b>	<b>57</b>
<b>2.3.4</b>	<b>Formulation Optimization.....</b>	<b>59</b>
<b>2.3.5</b>	<b>Characterization of Lipid Nanospheres .....</b>	<b>63</b>
2.3.5.1	Measurement of Particle Size .....	63
2.3.5.2	Measurement of Zeta Potential .....	64

2.3.5.3	Morphology of Lipid Nanospheres by Transmission Electron Microscopy .....	65
2.3.5.4	Entrapment Efficiency of the Lipid Nanospheres.....	68
2.3.5.5	<i>In vitro</i> Release of Chlorambucil from Lipid Nanosphere Formulations .....	68
2.3.5.6	Stability of Lipid Nanospheres and Encapsulated Chlorambucil .....	71
<b>2.4</b>	<b>Conclusion .....</b>	<b>75</b>
<b>3</b>	<b>IN VITRO AND IN VIVO EVALUATION OF CHLORAMBUCIL LIPID NANOSPHERES .....</b>	<b>76</b>
<b>3.1</b>	<b>Introduction .....</b>	<b>76</b>
<b>3.2</b>	<b>Materials and Methods .....</b>	<b>76</b>
<b>3.2.1</b>	<b>Materials.....</b>	<b>76</b>
<b>3.2.2</b>	<b>Methods .....</b>	<b>77</b>
<b>3.2.3</b>	<b><i>In Vitro</i> Evaluation of Chlorambucil Incorporated Lipid Nanospheres .....</b>	<b>77</b>
3.2.3.1	Preparation of Lipid Nanosphere Formulations by Microfluidizer Processor .....	77
3.2.3.2	Characterization of the Lipid Nanospheres prepared by Microfluidizer Processor .....	78
3.2.3.3	Cellular Uptake and Intracellular Distribution .....	78
3.2.3.3.1	Cell Culture Conditions .....	78
3.2.3.3.2	Preparation of Fluorescent Lipid Nanospheres .....	79
3.2.3.3.3	Fluorescence Microscopy .....	79
3.2.3.3.4	Cytotoxicity of Chlorambucil in Solution and Lipid Nanospheres .....	79
3.2.3.3.5	Quantitative and Qualitative Apoptotic Analysis .....	80
3.2.3.4	Data Analysis .....	81
<b>3.2.4</b>	<b><i>In Vivo</i> Evaluation of Chlorambucil Incorporated Lipid Nanospheres: Pharmacokinetics and Tissue Distribution .....</b>	<b>81</b>
3.2.4.1	Bioanalytical Method .....	82
3.2.4.2	Preparation of Stock, Standards and Quality Control Samples .....	82
3.2.4.3	Plasma Samples Processing .....	82
3.2.4.4	Tissue Samples Processing .....	83
3.2.4.5	Preparation of Standard Curves in Mouse Plasma and Tissues .....	83
3.2.4.6	Bioanalytical Method validation .....	83
3.2.4.6.1	Recovery .....	83
3.2.4.6.2	Accuracy and Precision .....	83



3.2.4.7	Pharmacokinetics and Tissue Distribution Studies.....	84
3.2.4.7.1	Animals.....	84
3.2.4.7.2	Preparation of Chlorambucil Solution.....	84
3.2.4.7.3	Pharmacokinetics of Chlorambucil Formulations.....	84
3.2.4.7.4	Tissue Distribution of Chlorambucil Formulations.....	85
3.2.4.7.5	Pharmacokinetic and Statistical Analysis.....	85
<b>3.2.5</b>	<b>Evaluation of Anticancer Activity of Chlorambucil Incorporated Lipid Nanospheres in a Colon-38 adenocarcinoma.....</b>	<b>85</b>
<b>3.3</b>	<b>Results and Discussion .....</b>	<b>86</b>
<b>3.3.1</b>	<b><i>In Vitro</i> Evaluation of Chlorambucil Incorporated Lipid Nanospheres .....</b>	<b>86</b>
3.3.1.1	Preparation and Characterization.....	86
3.3.1.2	Fluorescence Analysis of Cellular Uptake and Distribution.....	87
3.3.1.3	<i>In Vitro</i> Cell Viability Assay .....	89
3.3.1.4	<i>In Vitro</i> Apoptosis Analysis.....	89
<b>3.3.2</b>	<b>Pharmacokinetics and Tissue Distribution of Chlorambucil Incorporated Lipid Nanospheres .....</b>	<b>95</b>
3.3.2.1	Bioanalytical Method.....	95
3.3.2.2	Standard Curve of Chlorambucil in Mouse Plasma.....	95
3.3.2.3	Standard Curves of Chlorambucil in Mouse Tissues.....	95
3.3.2.4	Pharmacokinetics of Chlorambucil.....	98
3.3.2.5	Tissue Distribution of Chlorambucil .....	102
<b>3.3.3</b>	<b>Evaluation of Anticancer Activity of Chlorambucil Incorporated Lipid Nanospheres in a Colon-38 adenocarcinoma.....</b>	<b>107</b>
<b>3.4</b>	<b>Conclusion.....</b>	<b>111</b>
<b>4</b>	<b>DEVELOPMENT AND CHARACTERIZATION OF ASULACRINE NANOSUSPENSION.....</b>	<b>112</b>
<b>4.1</b>	<b>Introduction .....</b>	<b>112</b>
<b>4.2</b>	<b>Materials and methods.....</b>	<b>113</b>
<b>4.2.1</b>	<b>Materials.....</b>	<b>113</b>
<b>4.2.2</b>	<b>Methods .....</b>	<b>116</b>
<b>4.2.3</b>	<b>Analytical Method .....</b>	<b>116</b>
4.2.3.1	Chromatographic Conditions .....	116
4.2.3.2	Standard Curve of Asulacrine.....	116
<b>4.2.4</b>	<b>Development of Asulacrine Nanosuspension Formulation.....</b>	<b>117</b>
4.2.4.1	Formulation Optimization.....	117

4.2.4.1.1	Drug.....	117
4.2.4.1.2	Stabilizing Agents .....	117
4.2.4.1.3	Other Components.....	118
4.2.4.2	Optimization of Process Variables.....	118
4.2.4.2.1	High Pressure Homogenization Method .....	118
4.2.4.2.2	Development of Lyophilized Product .....	119
<b>4.2.5</b>	<b>Characterization of Nanosuspension .....</b>	<b>119</b>
4.2.5.1	Measurement of Particle Size .....	119
4.2.5.2	Morphology of Nanosuspension by Scanning Electron Microscopy	119
4.2.5.3	Crystalline State Evaluation of Lyophilized Nanosuspension.....	120
4.2.5.3.1	Differential Scanning Calorimetry Analysis .....	120
4.2.5.3.2	Powder X-Ray Diffraction Analysis .....	120
4.2.5.4	Drug Assay.....	120
4.2.5.5	Saturation Solubility .....	121
4.2.5.6	Dissolution Study.....	121
4.2.5.7	Stability Study.....	121
<b>4.2.6</b>	<b>Data Analysis.....</b>	<b>121</b>
<b>4.3</b>	<b>Results and Discussion .....</b>	<b>122</b>
<b>4.3.1</b>	<b>Analytical Method .....</b>	<b>122</b>
4.3.1.1	Calibration Curve of Asulacrine .....	122
<b>4.3.2</b>	<b>Development of Asulacrine Nanosuspension Formulation.....</b>	<b>125</b>
4.3.2.1	Formulation Optimization.....	125
4.3.2.2	Optimization of Process Variables.....	129
4.3.2.2.1	High Pressure Homogenization Method .....	129
4.3.2.2.2	Development of Lyophilized Product .....	133
<b>4.3.3</b>	<b>Characterization of Nanosuspension .....</b>	<b>135</b>
4.3.3.1	Measurement of Particle Size .....	135
4.3.3.2	Morphology of Nanosuspension by Scanning Electron Microscopy	136
4.3.3.3	Crystalline State Evaluation of Lyophilized Nanosuspension.....	140
4.3.3.4	Dissolution Study.....	145
4.3.3.5	Saturation Solubility .....	145
4.3.3.6	Stability Study.....	149
<b>4.4</b>	<b>Conclusion.....</b>	<b>151</b>
<b>5</b>	<b>PHARMACOKINETICS AND TISSUE DISTRIBUTION OF ASULACRINE NANOSUSPENSION .....</b>	<b>152</b>

<b>5.1</b>	<b>Introduction .....</b>	<b>152</b>
<b>5.2</b>	<b>Materials and Methods .....</b>	<b>153</b>
<b>5.2.1</b>	<b>Materials.....</b>	<b>153</b>
<b>5.2.2</b>	<b>Methods .....</b>	<b>153</b>
<b>5.2.3</b>	<b>Bioanalytical Method .....</b>	<b>153</b>
5.2.3.1	Chromatographic Conditions .....	154
5.2.3.2	Preparation of Stock, Standards and Quality Controls .....	154
5.2.3.3	Plasma Sample Processing.....	154
5.2.3.4	Tissue Samples Processing .....	155
5.2.3.5	Preparation of Standard Curves in Mouse Plasma and Tissues.....	155
5.2.3.6	Bioanalytical Method Validation.....	155
5.2.3.6.1	Recovery.....	155
5.2.3.6.2	Accuracy and Precision .....	155
<b>5.2.4</b>	<b>Pharmacokinetics and Tissue Distribution Studies.....</b>	<b>156</b>
5.2.4.1	Animals .....	156
5.2.4.2	Preparation of Asulacrine Solution.....	156
5.2.4.3	Pharmacokinetics of Asulacrine Solution and Asulacrine Nanosuspension .....	156
5.2.4.4	Tissue Distribution of Asulacrine Solution and Asulacrine Nanosuspension .....	157
5.2.4.5	Pharmacokinetic and Statistical Analysis .....	157
<b>5.3</b>	<b>Results and Discussion .....</b>	<b>158</b>
<b>5.3.1</b>	<b>Bioanalytical Method .....</b>	<b>158</b>
5.3.1.1	Standard Curve of Asulacrine in Mouse Plasma .....	158
5.3.1.2	Standard Curves of Asulacrine in Mouse Tissues .....	158
<b>5.3.2</b>	<b>Pharmacokinetics of Asulacrine.....</b>	<b>161</b>
<b>5.3.3</b>	<b>Tissue Distribution of Asulacrine.....</b>	<b>166</b>
5.3.3.1	Liver.....	166
5.3.3.2	Kidney.....	166
5.3.3.3	Heart.....	167
5.3.3.4	Lungs.....	167
<b>5.4</b>	<b>Conclusion.....</b>	<b>171</b>
<b>6</b>	<b>GENERAL DISCUSSION AND FUTURE DIRECTIONS.....</b>	<b>172</b>
	<b>References .....</b>	<b>175</b>
	<b>Appendix - Publications.....</b>	<b>190</b>

## List of Figures

Figure 1.1 The schematic representation of the passive targeting of nanoparticulate drug carrier through the leaky vasculature and the role of cut-off size (21).....	8
Figure 1.2 Comparison of lipid nanospheres versus liposome.....	11
Figure 1.3 Dissolution velocity (dc/dt) and saturation solubility $C_s$ as a function of the size of drug particles ranging from macro to nanosize (78). .....	23
Figure 1.4 Structure of chlorambucil. ....	32
Figure 1.5 Structure of asulacrine (SN 21407, free base). ....	35
Figure 2.1 A representative chromatogram of chlorambucil (5 $\mu\text{g/ml}$ ). ....	52
Figure 2.2 DSC thermograms: A) PEG <sub>2000</sub> DSPE (PEG-DSPE), chlorambucil (CHL) and cholesterol (CH) alone, B) Physical mixture of chlorambucil and cholesterol (CHL/CH), C) Physical mixture of PEG <sub>2000</sub> DSPE and chlorambucil (PEG-DSPE/CHL). ....	56
Figure 2.3 Chlorambucil recovery from drug-excipient mixture stored at 25 and 50°C. The legend depicts CHL in soybean oil (CHL-SO), CHL in soybean oil and egg lecithin (CHL-SO-EL) and CHL in soybean oil and cholesterol (CHL-SO-CH). Data shown as mean $\pm$ SD, n=3.....	56
Figure 2.4 TEM images of lipid nanospheres. The lower magnification image (A) shows the droplets approximately 100-200 nm in diameter. The higher magnification image (B) shows the phospholipids layer on the surface of the oil droplet. ....	67
Figure 2.5 TEM images of lipid nanospheres. A. CHL-LN and B. CHL-PEG-LN. Scale bar shows 500 nm. ....	67
Figure 2.6 Chlorambucil release in 0.5% polysorbatephosphate buffered saline media. The legend depicts: Chlorambucil loaded lipid nanospheres (CHL-LN) and chlorambucil loaded PEG-modified lipid nanospheres (CHL-PEG-LN). Error bars shows mean $\pm$ S.D., n=3.....	70
Figure 3.1 Differential interference contrast (DIC), epi-fluorescence and overlay images of DiD oil-containing lipid nanospheres in SKOV-3 cells. The legend depicts untreated cells (Untreated Control), fluorescent lipid nanospheres (Control LN), PEG-modified (PEG-LN) and cationic-modified (DOTAP-LN).....	90
Figure 3.2 Percent cell viability of SKOV-3 cells as a function of chlorambucil concentrations when administered in solution (CHL Solution) and in lipid nanospheres. The lipid nanospheres were formulated as control (CHL-LN), PEG-modified (CHL-PEG-LN), and cationic lipid-modified (CHL-DOTAP-LN). The results represent mean $\pm$ SD, n = 4.....	91

Figure 3.3 Qualitative pro-apoptotic analysis using TUNNEL staining in SKOV-3 cells upon treatment with chlorambucil in solution (CHL Sol) or in lipid nanospheres formulations. The lipid nanospheres were formulated as plain (CHL-LN), PEG-modified (CHL-PEG-LN), and cationic lipid-modified (CHL-DOTAP-LN). The Control cells were not treated with chlorambucil. The apoptotic cells show brown colored nuclei.....	93
Figure 3.4 Quantitative pro-apoptotic analysis using ApoONE Caspase 3/7 activity measurements in SKOV-3 cells following chlorambucil treatment. The legend depicts chlorambucil in solution (CHL Sol), and the chlorambucil in lipid nanospheres (CHL-NE), PEG-modified (CHL-PEG-NE), and cationic lipid-modified (CHL-DOTAP-NE). The mean value $\pm$ SD, n=4.....	94
Figure 3.5 Quantitative pro-apoptotic analysis using fluorescence activated cell sorter with Alexa®-488 conjugated Annexin-V in SKOV-3 cells following chlorambucil treatment. The legend depicts chlorambucil in solution (CHL Sol), and the chlorambucil in lipid nanospheres (CHL-LN), PEG-modified (CHL-PEG-LN), and cationic lipid-modified (CHL-DOTAP-LN). .....	94
Figure 3.6 A representative chromatogram of chlorambucil (5 $\mu$ g/ml) and internal standard (5 $\mu$ g/ml).....	96
Figure 3.7 Plasma concentration-time curves for chlorambucil solution (CHL), chlorambucil incorporated control lipid nanospheres (CHL-LN) and PEG-modified lipid nanospheres (CHL-PEG-LN) after 10 mg/kg chlorambucil IV in mice. Data are mean $\pm$ SD, n=3 mice.....	100
Figure 3.8 Plasma log concentration-time curves for chlorambucil solution (CHL), chlorambucil incorporated control lipid nanospheres (CHL-LN) and PEG-modified lipid nanospheres (CHL-PEG-LN) after 10 mg/kg chlorambucil IV in mice. Data are mean $\pm$ SD, n=3 mice.....	100
Figure 3.9 Liver concentration-time curves after IV administration (10 mg/kg) of chlorambucil solution (CHL), chlorambucil incorporated lipid nanospheres (CHL-LN), PEG-modified lipid nanospheres (CHL-PEG-LN). Data are mean $\pm$ SD, n=3 mice.....	104
Figure 3.10 Kidney concentration-time curves after IV administration (10 mg/kg) of chlorambucil solution (CHL), chlorambucil incorporated lipid nanospheres (CHL-LN), PEG-modified lipid nanospheres (CHL-PEG-LN). Data are mean $\pm$ SD, n=3 mice.....	104
Figure 3.11 Heart concentration-time curves after IV administration (10 mg/kg) of chlorambucil solution (CHL), chlorambucil incorporated lipid nanospheres (CHL-LN), PEG-modified lipid nanospheres (CHL-PEG-LN). Data are mean $\pm$ SD, n=3 mice.....	105
Figure 3.12 Lungs concentration-time curves after IV administration (10 mg/kg) of chlorambucil solution (CHL), chlorambucil	

incorporated lipid nanospheres (CHL-LN), PEG-modified lipid nanospheres (CHL-PEG-LN). Data are mean $\pm$ SD, n=3 mice.....	105
Figure 3.13 Effect of chlorambucil solution (CHL), chlorambucil incorporated plain lipid nanospheres (CHL-LN) and PEG-modified lipid nanospheres (CHL-PEG-LN) on the change of the percentage of tumour growth suppression rate of mice induced by chlorambucil. Data shown as mean $\pm$ SD, n=6.....	109
Figure 3.14 Changes in tumour volume as a function of time in colon-38 adenocarcinoma-bearing mice after chlorambucil (10 mg/kg, IV) treatment. The legend depicts chlorambucil solution (CHL), chlorambucil loaded plain lipid nanospheres (CHL-LN), PEG-modified lipid nanospheres and control (Control). .....	109
Figure 3.15 Change in body weight as a function of time in colon-38 adenocarcinoma-bearing mice after chlorambucil therapy. The legend depicts chlorambucil solution (CHL), chlorambucil loaded plain lipid nanospheres (CHL-LN), PEG-modified lipid nanospheres and vehicle control (Control). Data shown as mean $\pm$ SD, n=6. ....	110
Figure 4.1 A representative chromatogram of asulacrine (5 $\mu$ g/ml).....	123
Figure 4.2 Particle size distribution curve of un-milled asulacrine.....	131
Figure 4.3 Influence of processing parameters on asulacrine particle size for asulacrine-0.5% (w/v) and poloxamer-1% (w/v) suspension.....	131
Figure 4.4 Scanning electron micrograph of un-milled asulacrine. ....	138
Figure 4.5 Scanning electron micrograph of un-milled asulacrine. ....	138
Figure 4.6 Scanning electron micrograph of a lyophilized ASL-NS-P188 nanosuspension.....	139
Figure 4.7 Scanning electron micrograph of a lyophilized ASL-NS-P188 nanosuspension.....	139
Figure 4.8 DSC thermograms for (A) un-milled asulacrine; (B) mannitol; (C) HPMC; and (D) polaxamer 188.....	141
Figure 4.9 DSC thermograms for ASL-NS-P188 nanosuspension. (A) Asulacrine.....	142
Figure 4.10 DSC thermogram for ASL-NS-P188/HPMC nanosuspension. (A) Asulacrine nanocrystals; (B) mannitol and (D) polaxamer 188.....	142
Figure 4.11 PXRD diffractograms for: (A) un-milled asulacrine; (B) Polaxamer 188; (C) Mannitol; and (D) HPMC.....	143
Figure 4.12 PXRD diffractograms for ASL-NS-P188 nanosuspension.....	144
Figure 4.13 PXRD diffractograms for ASL-NS-P188/HPMC.....	144
Figure 4.14 Dissolution profiles for ASL-NS-P188 and ASL-NS-P188/HPMC nanosuspension following ultra-turrax (UT) milling and high pressure homogenization (HPH) milling. ....	146

Figure 4.15 Solubility as a function of particle size following successive size reduction steps for asulacrine (ASL-NS-P188). Data are mean $\pm$ SD, n=3.....	148
Figure 5.1 A representative chromatogram of asulacrine (5 $\mu$ g/ml) and internal standard (5 $\mu$ g/ml).....	159
Figure 5.2 Plasma concentration-time curves for asulacrine solution (ASL) and asulacrine nanosuspension (ASL-NS) after 30 mg/kg asulacrine IV in mice. Data are mean $\pm$ SD, n=3 mice. ....	164
Figure 5.3 Plasma log concentration-time curves for asulacrine solution (ASL) and asulacrine nanosuspension (ASL-NS) after 30 mg/kg asulacrine IV in mice. Data are mean $\pm$ SD, n=3 mice. ....	164
Figure 5.4 Liver concentration-time curves after IV administration (30 mg/kg) of asulacrine solution (ASL) and asulacrine nanosuspension (ASL-NS). Data are mean $\pm$ SD, n=3 mice.....	168
Figure 5.5 Kidney concentration-time curves after IV administration (30 mg/kg) of asulacrine solution (ASL) and asulacrine nanosuspension (ASL-NS). Data are mean $\pm$ SD, n=3 mice.....	168
Figure 5.6 Heart concentration-time curves after IV administration (30 mg/kg) of asulacrine solution (ASL) and asulacrine nanosuspension (ASL-NS). Data are mean $\pm$ SD, n=3 mice.....	169
Figure 5.7 Lungs concentration-time curves after IV administration (30 mg/kg) of asulacrine solution (ASL) and asulacrine nanosuspension (ASL-NS). Data are mean $\pm$ SD, n=3 mice.....	169

## List of Tables

Table 1.1 Comparison of lipid nanospheres and liposomes.....	13
Table 1.2 Various ingredients used in the formulation of lipid nanospheres.....	14
Table 1.3 Drugs formulated as lipid nanospheres .....	18
Table 1.4 Commercially available lipid nanosphere drug delivery systems.....	19
Table 1.5 Potential benefits of nanosuspension, modified from ref (1).....	21
Table 1.6 Various components used in nanosuspension .....	21
Table 1.7 Overview of nanosuspension based formulations of drugs in the market and in different clinical phases, modified from ref (1).....	30
Table 2.1 Drug and excipients used for the project.....	40
Table 2.2 Chemicals and reagents used for the project.....	40
Table 2.3 Equipment used for the project .....	41
Table 2.4 Miscellaneous items used for the project .....	41
Table 2.5 Precision and accuracy for the determination of chlorambucil by HPLC assay .....	53
Table 2.6 Solubility of chlorambucil in various lipids.....	55
Table 2.7 Partitioning behaviour of chlorambucil in various lipids.....	55
Table 2.8 Effect of homogenization time on particle size.....	58
Table 2.9 Effect of ultrasonication time on particle size.....	58
Table 2.10 Various compositions evaluated for the development of lipid nanospheres formulations.....	61
Table 2.11 Optimized compositions of the lipid nanospheres for the parenteral delivery of chlorambucil .....	62
Table 2.12 Properties of lipid nanospheres formulations.....	66
Table 2.13 Drug assay and encapsulation efficiency of lipid nanospheres formulations.....	69
Table 2.14 In vitro release of chlorambucil from lipid nanospheres formulations.....	69
Table 2.15 Effect of diluting fluids on particle size of lipid nanosphere formulations.....	72
Table 2.16 Influence of time and temperature on the mean particle size of LN formulations stored at different conditions and time intervals .....	73
Table 2.17 Influence of time and temperature on the chemical stability of chlorambucil in LN formulations stored at different conditions and time intervals .....	74



Table 3.1 Formulation optimization of the lipid nanospheres using the microfluidizer for 30 sec .....	88
Table 3.2 The properties of lipid nanospheres prepared using the microfluidizer .....	88
Table 3.3 The 50% inhibitory concentration values of chlorambucil in solution and in different lipid nanospheres .....	92
Table 3.4 Precision and accuracy for the determination of chlorambucil by HPLC assay .....	97
Table 3.5 Percentage recovery of chlorambucil from mouse plasma and tissues .....	97
Table 3.6 Pharmacokinetic parameters after IV administration of CHL, CHL-LN and CHL-PEG-LN at a dose of 10 mg/kg of chlorambucil .....	101
Table 3.7 Comparison of tissue distribution of chlorambucil after IV administration of CHL, CHL-LN and CHL-PEG-LN at a dose of 10 mg/kg of chlorambucil .....	106
Table 4.1 Drug and excipients used for the project.....	114
Table 4.2 Chemicals and reagents used for the project.....	114
Table 4.3 Equipment used for the project .....	115
Table 4.4 Precision and accuracy for the determination of asulacrine by HPLC assay .....	124
Table 4.5 Various compositions evaluated for the development of asulacrine nanosuspension formulations .....	127
Table 4.6 Particle size as a measure of physical stability for various nanosuspension compositions stored at 4°C .....	128
Table 4.7 Selected compositions of the nanosuspension for the intravenous delivery of asulacrine .....	128
Table 4.8 Effect of processing parameters on particle size of asulacrine for asulacrine-0.5% (w/v) and poloxamer-1% (w/v) suspension.....	132
Table 4.9 Particle size of nanosuspension formulations before and after lyophilization.....	134
Table 4.10 Particle size of various compositions before and after lyophilization.....	134
Table 4.11 Particle size distribution data of various nanosuspension compositions.....	137
Table 4.12 <i>In vitro</i> dissolution of asulacrine in phosphate buffered saline media (pH 7.4) for ASL-NS-P188 after ultra-turrax and high pressure homogenization.....	147
Table 4.13 <i>In vitro</i> dissolution of asulacrine in phosphate buffered saline media pH 7.4 for ASL-NS-P188/HPMC after ultra-turrax and high pressure homogenization.....	147

Table 4.14 Influence of time and temperature on the particle size of lyophilized nanosuspension stored at different conditions and time intervals .....	150
Table 4.15 Influence of time and temperature on the chemical stability of asulacrine on lyophilized nanosuspension stored at different conditions and time intervals.....	150
Table 5.1 Precision and accuracy for the determination of asulacrine by HPLC assay .....	160
Table 5.2 Percentage recovery of asulacrine from mouse plasma and tissues.....	160
Table 5.3 Pharmacokinetic parameters after IV administration of ASL solution and ASL-NS at a dose of 30 mg/kg of asulacrine .....	165
Table 5.4 Comparison of tissue area under the concentration-time profile of asulacrine after IV administration of ASL and ASL-NS at a dose of 30 mg/kg of asulacrine.....	170
Table 5.5 Comparison of tissue mean residence time of asulacrine after IV administration of ASL and ASL-NS at a dose of 30 mg/kg of asulacrine.....	170

## List of Abbreviations

ANOVA	Analysis of the variance
ASL	Asulacrine
ATCC	American Type Culture Collections
AUC	Area under the concentration-time
BCS	Biopharmaceutics Classification system
BCNU	1,3-bis(2-chloroethyl)-1-nitrosourea (carmustin)
CFC	Chlorofluorocarbon
CH	Cholesterol
CHL	Chlorambucil
Cl	Clearance
CLL	Chronic lymphocytic leukaemia
C-38	Colon-38 adenocarcinoma
DDS	Drug delivery systems
DIC	Differential interference contrast
DiD oil	1,1'-dioctadecyl-3,3,3',3'-tetramethylindodicarbocyanine perchlorate
DLS	Dynamic light scattering
DMA	Dimethylacetamide
DMSO	Dimethylsulfoxide
DNA	Deoxyribonucleic acid
DOTAP	1,2-dioleoyl-3-trimethylammonium-propane
DSC	Differential scanning calorimetry
DSPE	Distearyl phosphatidyl ethanolamine
EL	Egg lecithin
EPR	Enhanced permeation and retention
FDA	Food and Drug Administration
GRAS	Generally regarded as safe
HPMC	Hydroxypropyl methyl cellulose
IC	Inhibitory concentration
IV	Intravenous

IS	Internal standard
LHRH	Luteinising hormone relasing hormone
LN	Lipid nanospheres
MPS	Mononuclear phagocytic system
MRT	Mean residence time
MTT	3-[4, 5-dimethyl thiazolyl]-2, 5-diphenyl tetrazolium bromide
MW	Molecular weight
MCT	Medium chain triglycerides
NMP	N-methyl 2- pyrrolidone
NCA	Non-compartmental analysis
NS	Nanocrystal suspension
PBS	Phosphate buffered saline
PCS	Photon correlation spectroscopy
PC	Phosphatidylcholine
PDI	Polydisperisty index
PEG	Poly(ethylene glycol)
PEG <sub>2000</sub> DSPE	1,2-distearoyl- <i>sn</i> -glycero-3-phosphoethanolamine-N-[methoxy(polyethylene glycol)-2000] (ammonium salt)
PE	Phosphatidylethanolamine
PG	Propylene glycol
PMNS	Polymorphonuclear neutrophils
PS	Phosphatidylserine
PXRD	Powder X-ray diffraction
QC	Quality control
RPM	Revolution per minute
RI	Refractive index
RP-HPLC	Reversed phase – High performance chromatography
RSD	Relative standard deviation
SD	Standard deviation
SEM	Scanning electron microscopy
SKOV-3	Human ovarian adenocarcinoma cells
SO	Soybean oil

SMANCS	Styrene maleic anhydride - neo carzinostain
TPP	Target product profile
TEM	Transmission electron microscopy
TUNEL	Transferase dUTP nick end labelling
UV	Ultra-violet spectrophotometry
WFI	Water for injection

# List of Research Output

## Journal Publications

1. Ganta S, Paxton JW, Baguley BC, Garg S. Development and validation of bioanalytical method for the determination of asulacrine in plasma by liquid chromatography. *J Pharm Biomed Anal.* 2008;46(2):386-390.
2. Ganta S, Devalapally H, Baguley BC, Garg S, Amiji M. Microfluidic preparation of chlorambucil nanoemulsion formulations and evaluation of cytotoxicity and pro-apoptotic activity in tumor cells. *J Biomed Nanotechnol.* 2008;4(2):165-173.
3. Ganta S, Paxton JW, Baguley BC, Garg S. Pharmacokinetics and pharmacodynamics of chlorambucil delivered in parenteral emulsion. *Int J Pharm.* 2008; 360: 115-121.
4. Ganta S, Paxton JW, Baguley BC, Garg S. Formulation and pharmacokinetic evaluation of an asulacrine nanocrystalline suspension for intravenous delivery. *Int J Pharm.* (In press).
5. Ganta S, Paxton JW, Baguley BC, Garg, S. Pharmacokinetics and biodistribution analysis of chlorambucil containing long-circulating nanoemulsion. *Pharm Res.* (communicated).

## Book Chapters

1. Ganta S, Sharma P, Garg S. Permeability Assessment. In: S.C. Gad (ed.), *Preclinical Development Handbook: ADME and Biopharmaceutical Properties.* New Jersey, USA: John Wiley and Sons Inc. 2008; 227-248.
2. Sharma P, Ganta S, Garg S. Scale Up and Post Approval Changes (SUPAC) regulations. In: S.C. Gad (ed.). *Pharmaceutical Manufacturing Handbook: Regulations and Quality.* New Jersey, USA: John Wiley and Sons Inc. 2008; 67-95.

## Conference Abstracts

1. Ganta S, Sharma P, Baguley BC, Paxton JW, Garg S. Comparative pharmacokinetics and anticancer activity of chlorambucil delivered in nanoemulsions. Annual meeting & exposition of the AAPS 2008, Atlanta, GA, USA.
2. Ganta S, Sharma P, Baguley BC, Garg S. Preparation and characterization of long circulating nanoemulsion for passive tumor targeting. 34<sup>th</sup> CRS Annual meeting & exposition of the Controlled Release Society 2007, Long Beach, California, USA.
3. Ganta S, Sharma, P, Baguley BC, Garg S. Pre-formulation studies to evaluate the chlorambucil properties for developing a lipid nanosphere formulation. NZ bio conference 2007, Auckland, NZ.
4. Ganta S, Sharma P, Garg S. Selection of parenteral dosage form composition through drug-exciipient compatibility testing. APSA Annual conference 2006, Adelaide, Australia.