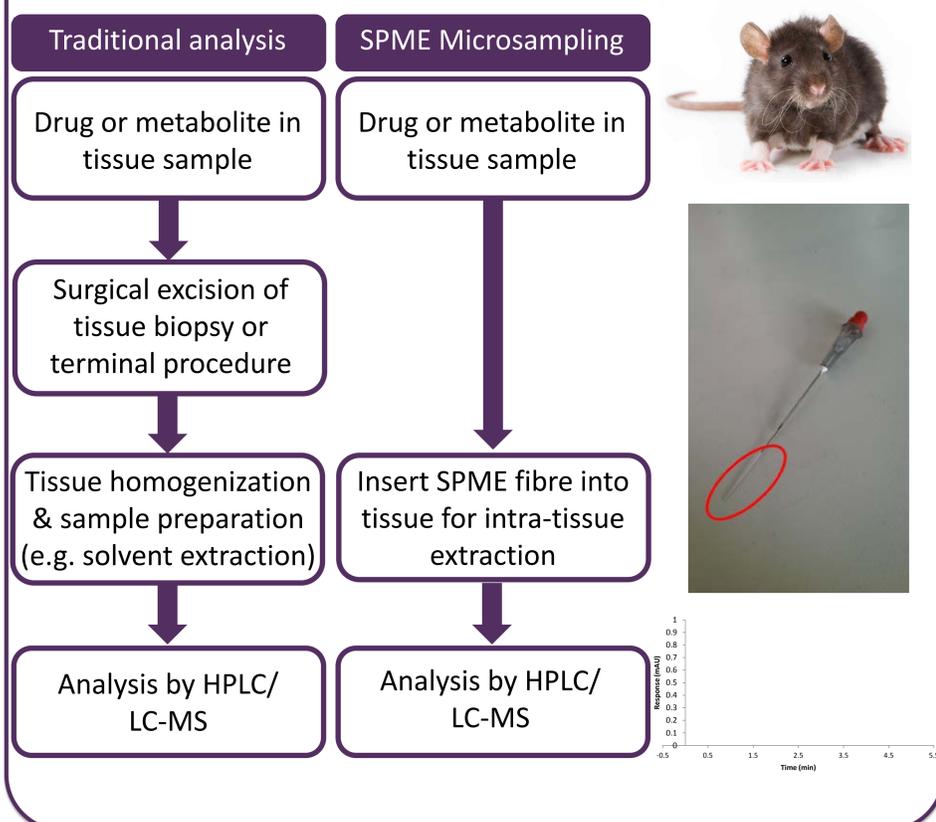


Introduction

- Drug development requires a stage of preclinical testing whereby animals are dosed with novel compounds to assess pharmacological, toxicological and disposition properties.
- It is not only the concentration of drug and metabolites in blood that is of interest, but also measurement of their distribution to tissues and organs from the bloodstream.
- Tissue and organ sampling restrictions require multiple animal sacrifice to assess local drug concentrations and novel sampling methods that can be used *in vivo* would be of benefit.
- Solid Phase Micro Extraction (SPME) is a minimally invasive technique using a stainless steel fibre coated with extraction phases, to which drug adsorbs from sample matrices.
- SPME has characteristics suited to *in vivo* drug metabolism, pharmacokinetic and toxicokinetic (DMPKT) testing: amenable to miniaturisation, sampling is independent of sample volume (i.e. tissue sites); and small fractions of total sample concentration are extracted leaving the tissue's drug concentration largely unchanged for later time points.



Aims

- To investigate metoprolol drug adsorption to different SPME fibre chemical phases from models of hydrophilic/hydrophobic tissue compartment (PBS and corn oil) in order to find the optimal fibre type for drug adsorption on to fibre.
- To use one of the optimal fibre types for method development for extraction of metoprolol by SPME from tissue homogenates (liver and skin).
- To investigate loading of an internal standard onto the SPME fibre, to allow for SPME-calibration in future studies; thus increasing method precision.

Methodology

- Metoprolol adsorption phase: SPME fibres were inserted into different sample volumes, matrices, and concentrations.
- Metoprolol desorption phase: SPME fibres were sonicated for 20 min in 1.5 mL MeCN in order to recover analyte from the fibres.
- Experimental parameters are shown; tissue homogenate was made up 10 %w/v with PBS
- Detection: uHPLC-UV/LC-MS analysis was performed using a C18 column (50 mm x 2.1 mm, 1.8 μ m) at 35°C, flow rate 0.5 mL min⁻¹, 1 μ L injection volume, 270 nm detection, or *m/z* detection 268 >> 116. A gradient method from 90% acidified water/10% MeCN to 30% water over 4 min was employed.

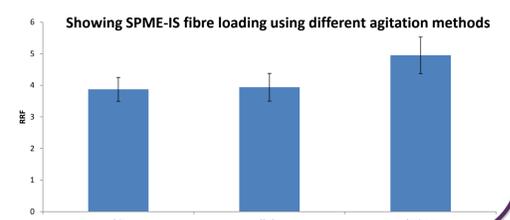
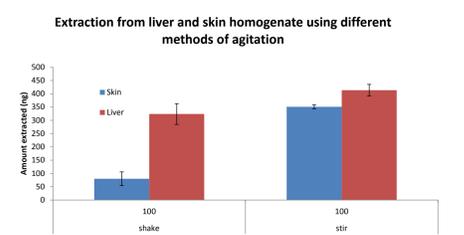
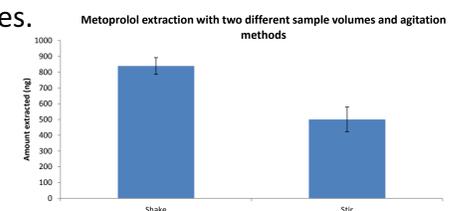
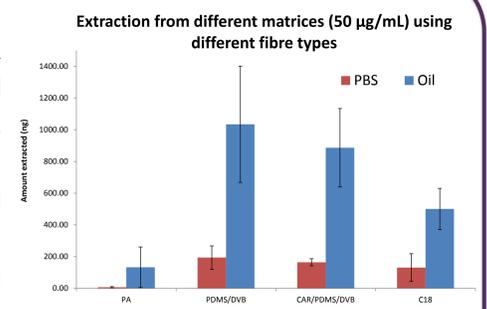
Adsorption
Fibre inserted into sample and agitation applied to increase speed to reach equilibrium

Desorption
20 minutes sonication in 1.5 mL MeCN

Matrix	Concentration (μ g/mL)	Agitation
PBS + Corn Oil	50	Stirring
PBS	150	Stirring/Shaking
Liver/Skin homogenate	50	Stirring/ Shaking
PBS	50	Stirring/Shaking/Sonication

Results

- Screening of fibre types took place from simulated hydrophilic & hydrophobic tissue compartments.
- Extraction from PBS showed no difference between fibre types; from oil PDMS/DVB was optimal but with high RSD
- Different agitation methods (shaking and stirring) were investigated: Shaking showed larger amounts of drug extracted vs stirring and was considered in future studies.
- Extraction from skin and liver homogenates as tissue matrices using two different methods of agitation: Stirring was shown to extract more drug from tissue, however less drug was extracted from skin; indicative of greater drug-tissue binding.
- Loading of an internal standard onto fibre for SPME calibration by extraction from an IS solution – sonication was shown to give a higher RRF.



Conclusions and Future Work

- SPME was evaluated by *in vitro* studies with simplified model media, to select an optimum fibre type (C18, PDMS/DVB).
- C18 fibres were chosen to study extraction from tissue homogenates. The effect of stirring and tissue type on recovery was identified, and the need for SPME-calibration was revealed.
- SPME detection of drugs will be evaluated in a step-wise manner in animal dosing studies; using homogenates, whole tissues, isolated perfused organ, and *in vivo* animal studies.

Acknowledgements

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National Centre for the Replacement Refinement & Reduction of Animals in Research