

Pharmaceutical Development

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Confidential

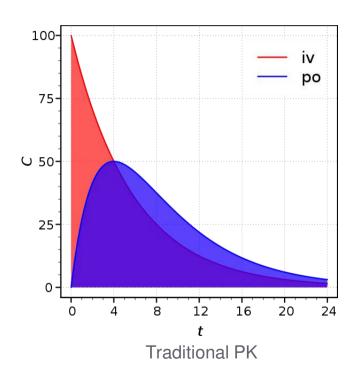


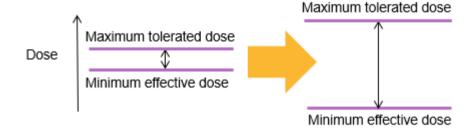
Biopharmaceutics in Complex Parenteral Formulation Design

November 2020

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Patient Centric Formulation Design

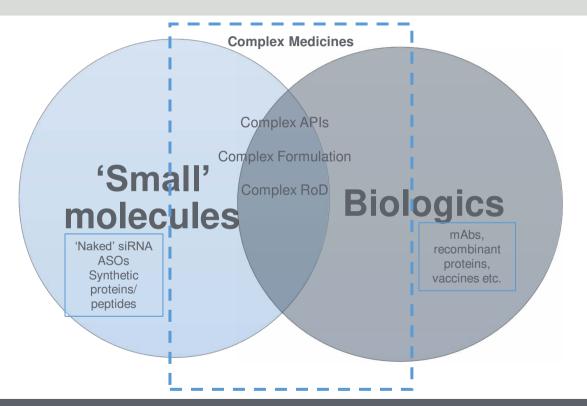




Optimise PK and Biodistribution to Maximise Therapeutic Index



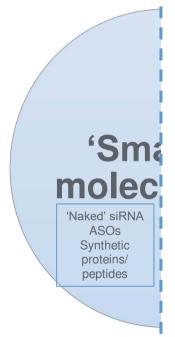
Complex Medicines in Oncology



RoD = route of delivery ASOs = Antisense oligonucleotides siRNA = small interfering RNA ADCs = antibody-drug conjugates



Complex Medicines in Oncology



Complex Medicines

Complex API (conjugated to targeting moiety)

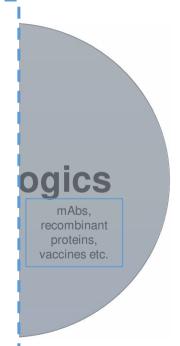
Dendrimers, glatiramoids, polymeric conjugates, ADCs, oligo conjugates, GalNAc-siRNA conjugates

Complex Formulation

Nanomeds e.g. liposomes, polymeric/solid-lipid/inorganic NPs, polymersomes, micelles, nanocrystals, colloids, microbubbles, other carriers (e.g. chitosan-based), albumin-bound agents, extracellular vesicles (exosomes, microvesicles)

Complex RoD

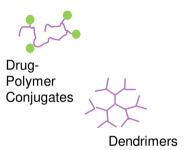
Non-systemic site of action including intratumoural injection, targeted therapies



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Nanomedicines





Antibody Drug Conjugates

Drug chemically linked to a carrier







Polymeric nanoparticles



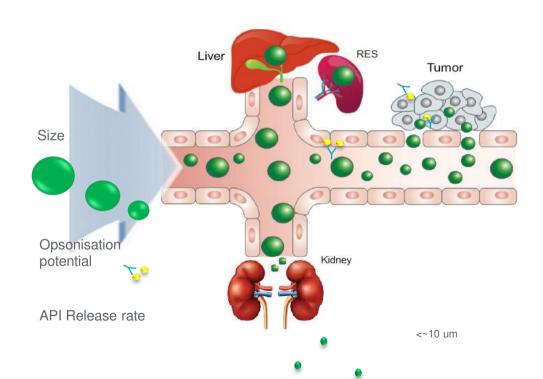




Drug encapsulated in a carrier



Nanoparticles for Biophysical Targeting: Critical Quality Attributes





Subcutaneous Injection: Patient and Clinical Perspective

Patients Prefer Subcutaneous Trastuzumab Administration in HER2-Positive Metastatic Breast Cancer

European Journal of Cancer

TAKE-HOME MESSAGE

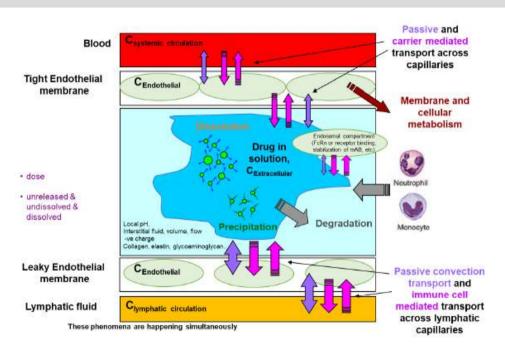
- This randomized study was designed to evaluate patients' preference of subcutaneous or intravenous trastuzumab for the management of metastatic, HER2-positive breast cancer. The subcutaneous formulation was preferred by 85.9% of patients vs 14.1% who preferred the intravenous formulation (P < 0.001). Toxicity was consistent with the known safety profile.
- The definitive preference for subcutaneous trastuzumab is consistent with what has been previously reported in patients with early-stage breast cancer.

- Neil Majithia, MD

+	-
Patient convenience – less chair time	Bleeding risk in patients with low platelet counts
Less time and manipulation from Pharmacy	Sites of admin need to be rotated
Less nurse administration time – i.e more patients treated	Max injection volume is limited to ~2ml, multiple injections per dose may be required
Potential for home administration	Injection site reactions/allergic reaction
Potential for improved safety profile	



SC Absorption Processes (mAbs)



M. Sánchez-Félix, M. Burke, H.H. Chen, et al., Predicting bioavailability of monoclonal antibodies after subcutaneousadministration: Open innovati..., Adv. Drug Deliv. Rev.

Biopharmaceutics Challenges

- Biopharm tools for SC formulations are in their infancy compared with oral delivery
- Preclinical to clinical and cross species translation of SC bioavailability/absorption rate is poor
- In vitro release models are often non compendial, lack guidance, poorly predictive
- In vitro in vivo correlation is challenging

Active research efforts ongoing to develop novel biorelevant in vitro methods and mechanistic in silico models to improve IVIVR and enable smarter formulation and in-vivo study design





Pharmaceutical Development Services

Questions?

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