NON-LINEAR PHARMACOKINETICS OF 5-FLUOROURACIL AS DESCRIBED BY IN VIVO BEHAVIOUR OF 5,6 DIHYDRO-5-FLUOROURACIL

E.A. de Bruijn, L. Remeyer, U.R. Tjaden, C. Erkelens, L.M. de Brauw, C.J.H. van de Velde.

Center for Bio-Pharmaceutical Sciences, Division of Analytical Chemistry, Sylvius Laboratories, P.O. Box 9503, 2300 RA Leiden, The Netherlands.

Department of Clinical Oncology, Sylvius Laboratories, Wassenaarseweg 72, 2333 AL Leiden, The Netherlands.

(Received 28 January 1986; accepted 5 May 1986)

INTRODUCTION

5-Fluorouracil (FU) is widely used in the treatment of disseminated cancers, especially of the gastro-intestinal tract, breast and ovary. In fact, no other drug has proven more effective so as to replace it for gastro-intestinal tumours. The metabolism of FU has been studied extensively and it is clear that it participates for the greater part in the same pathways as uracil and its metabolites. The biochemistry of FU has been reviewed recently (1); the metabolic activation, the anabolism, and degradation, the catabolism, as presented in Fig. 1 is generally accepted now. Treatment of FU produces two major effects in cells: an inhibition of DNA synthesis by inhibition of dUMP synthetase by fluorodeoxyuridine monophosphate (FdUMP) and an alteration in the processing function of some types of RNA because of extensive incorporation of FU instead of uracil (2).

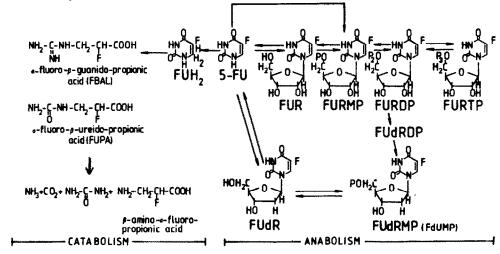


Fig. 1. The metabolic activation (anabolism) as 5-FU (FUR, FURMP, FURDP, FURTP, FUdRDP, FUdRMP/FdUMP, FUdR) and the degradation (catabolism) of the antimetabolite (FUH₂, FUDA, FBAL, β -amino- α -fluoropropionic acid).

The major part of the dose administered is converted into 5,6 dihydro-5-fluorouracıl (FUH₂) by liver metabolism, a compound earlier assumed to lack antitumour activity (2). Recently, it has been demonstrated that FUH₂ could produce inhibition of thymidilate synthetase activity in Ehrlich ascites tumour cells (3).

Despite a large number of efforts put into studies of FU metabolism, only a few reports are available dealing with <u>in vivo</u> catabolism of FU (4-12). Studies of possible dosedependent FU pharmacokinetics related to the <u>in vivo</u> behaviour of FUH₂ are lacking until now.

In this report we describe the pharmacokinetics of FU and its catabolic conversion to FUH₂ in tumour-bearing WAG/Rij rats following i.v. administration of four different doses of FU.

MATERIALS AND METHODS

 $\underline{\text{Drugs}}\colon \text{FU}$ and FUH_2 were kindly supplied by Hoffmann-La Roche (Basle, Switzerland) and appeared to be free from contaminations with FUH2 and FU, respectively, as was demonstrated by HPLC and Mass Spectrometry.

Animals and drug administration: Female WAG/Rij rats with two implanted tumours of about 1 cm³ in both flanks and weighing 200 + 10 g, were cannulated in the carotid artery and the jugular vein under light ether anaesthesia one day before treatment with FU. From cannulation till the end of the kinetic experiments the rats were fasted, while water was supplied ad libitum. During the experiments the rats were kept in cages in which free movements were possible despite the cannulation. Each cage contained one rat; the cages were placed in a temperature-controlled room at 20°C, illuminated from 7.00 till 19.00 h. Drug treatment started at 9.00 a.m. FU was injected to at least 6 animals per dose; the 4 doses administered were 10 mg/kg, 20 mg/kg, 40 mg/kg and 80 mg/kg. The maximal number of rats that could be treated once was 4; the four different doses were equally spread over this number.

Collection of blood samples: Via the cannula in the carotid artery 400 μ l of blood was collected in polythene tubes at 1, 5, 15, 30, 45, 60, 75, 90, 120, 150, 180, 240, 300 and 360 min. Blood samples were centrifuged immediately at 1000g for 10 minutes and plasma was stored at -35°C until analysis.

Assay of FU and FUH₂: FU plasma concentrations were determined with high performance liquid chromatography (12), FUH₂ was determined with gaschromatography (10,13). The amount of plasma available for the assays was 100 μ l each.

a. High performance liquid chromatographic assay of FU. After addition of the internal standard 2-thiouracil to 100 μ l plasma, the mixture was adjusted to pH 6 with a 5 mM Tris buffer and was extracted with 1.4 ml ethyl acetate. The evaporation of the organic phase occured at room temperature under a gentle stream of nitrogen. The remaining fraction was dissolved in 200 μ l 0.05 M Tris buffer (pH 8), after which 20 μ l was injected on to a 100 mm MOS-Hypersil 5 μ m column of a Shimadzu liquid chromatograph (LC4A) with a variable wavelength detector (SPD 2 AS), fixed at 269 nm, and a chromatograph terminal (BD 8/CR IB). Elution was carried out iso-cratically at 2 ml/min with water/0.05 mM Trix/0.005 mM Cetrimide. The retention times of FU and 2-thiouracil were 4.1 and 6.5 min, respectively. The limit of determination, based on a signal to noise ratio of 3 : 1, was 0.1 μ M, the coefficient of variation for three successive determinations was 3%, and the recovery of FU extracted from plasma was 70%. The method showed good linearity in plasma concentrations from 0.1 mM to at least 0.1 M FU.

b. Gas chromatographic assay of FUH2. Gas chromatographic determination of FUH2 was carried out on support-coated open tubular columns (10, 12,13). Before plasma pretreatment started, 5-Chlorouracil was added as internal standard; 100 μl plasma was extracted first with chloroform and then with ethyl acetate. The ethyl acetate layer was removed and dried under a gentle stream of nitrogen. Diphenylsuccinimide, dissolved in 200 μ l ethyl acetate, was added to the residue as standard for the gas chromatogrpahic conditions, i.e. the external standard. A Packard Becker gas chromatograph (420, Packard Becker, Delft, The Netherlands) combined with a Hewlett-Packard NPSD (Hewlett-Packard, Avondale, PA, USA) and/or a Hewlett-Packard ECD was used for plasma measurements. A ball valve sample injector was applied and the inlet and detector temperature were set at 245 °C and 300 °C, respectively; the oven temperature was 195 °C. Helium was used for both carrier gas (12 ml/min) and make-up gas (30 ml/min). The limit of detection for FUH₂ was 0.5 ng, resulting in a limit of determination of 0.2 μ M for NPSD and 0.05 μ M for ECD. Both limits were calculated as described for the high performance liquid chromatographic assay. The coefficient of variation for the assay ranged from 6.6% at a level of 100 ng/ml to 1.0% at 5 μg/ml (n = 3). The recovery of FUH_2 extracted from plasma amounted to about 60%, the assay showed a good (n = 3). The recovery of FUH₂ extracted from plasma amounted to about 50%, and about 50% that a linearity in the concentration range of FUH₂ expected to occur in rats: 0.2 μM to 50 μM. It has to be stressed that FUH₂ in blood and plasma with pH 5-7 is unstable at room temperature owing to degradation probably by NADPH + H⁺ and dihydropyrimidine dehydrogenase*. Preservation of FUH₂ can be gained by treatment of samples by low temperature and/or adjusting pH at 3.5. Since 5-FU has

determined also and can be extracted easily at a plasma pH 6, extraction of FUH, on ice is preferred.

Pharmacokinetic analysis: Pharmacokinetic calculations of FU and FUH, were carried out by noncompartmental analysis, the elimination half-live (t, _) was calculated by least-squares regression
analysis after log transformation. The area under the curve (AUC) was calculated by the trapezoidal
rule with extrapolation to infinity. The CL was calculated by Dose/AUC; the maximal concentration
(C _) of FUH, at a specific time (t _) was determined as the highest measured concentration of FUH,
in plasma of a rat.

RESULTS

Following i.v. administration of the four doses FU concentrations declined rapidly within the first 15 min after drug administration. The subsequent plasma concentration decay could be fitted to a straight line on semi-logarithmic scale. In all rats the t_{ν} of FU was determined between 45 min and the last measured concentration of FU. The mean t_{ν} are are a summarized in table I. The data of the three pharmacokinetic parameters, t_{ν} , AUC and CL, as depicted in table I show non-linear kinetics of FU in rats.

^{*} Data presented at the Fifth International Symposium on Capillary Chromatography, Riva del Garda, Italy, April 26-28, 1983. Also: The stability of FUH, in absence and presence of FU as elucidated by Mass-Spectrometry and NMR-Spectroscopy, submitted for publication.

TABLE ;

PHARMACOKINETIC	DATA	OF	FU	AND	FUH ₂	AFTER	Į.V.	ADMINISTRATION	OF	10 MG/KG	(I),	20 MG/KG	(11).
					MA MA	JUR 14.		NO AA MAJUA JAWA					

			FU		FUH ₂						
		t _{%,z} (min)	AUC (ug/mlxmin)	CL (ml/min)	t¥, z (min)	AUC (ug/mlxmin)	C max (ug/ml)	t (min)			
τ	ž	10.5	281.0	7.2	19.0	13.5	0.292	41.3			
(n=6)	s.d.	1.0	43.5	1.0	2.2	2.1	0.072	7.5			
ı	ž	14.0	510.0	7.8	28.0	108.8	1.381	41.3			
n=7)	s.d.	2.5	72.1	1.3	4.2	36.2	0.146	7.6			
11	ž	23.3	1610.3	5.0	52.4	199.3	2.335	37.5			
(n×7)	s.d.	2.2	239.8	0.7	11.9	23.0	0.338	8.7			
v	x	34.5	4285,5	3.8	60.0	268.8	2.788	45.0			
n=7)	s.d.	2.1	640,0	0.6	4.0	48.7	0.518	12.2			

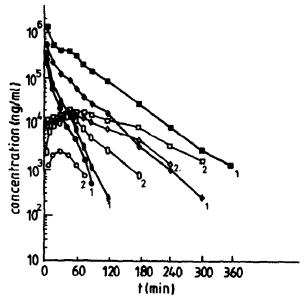


Fig. 2. Plasma concentration time curves of FU (1 st) and FUH (2nd) after 10 mg/kg (, 0) and 40 mg/kg (, 0) and 80 mg/kg (, 0).

In Fig. 2 the plasma concentration-time curves of FUH, are also presented; in all rats this compound was measured within 5 min after drug administration. In most cases the C was observed at t = 45 min, while the concentrations never exceeded 3.5 μ g/ml. The elimination of FUH, appeared to be also dose-dependent: the t½,z increased with the dose of FU from 19.0 to 60.0 min (Table I). Surprisingly, the AUC did not increase linearly with the dose; doubling of the dose from 10 mg/kg to 20 mg/kg resulted in a large increase of AUC and C The ratio of AUCFU/AUCFUH2 versus the dose, as presented in Fig. 3, reveals a curve with a minimum at D = 20 mg/kg.

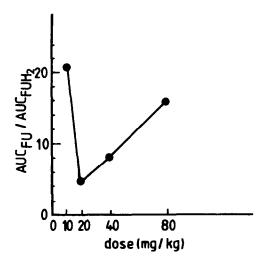


Fig. 3. Relationship between the ratio of ${
m AUC}_{
m FU}/{
m AUC}_{
m FUH_{\odot}}$ versus the dose of FU.

DISCUSSION

Since the synthesis of FU 25 years ago, there have been extensive reports on FU metabolism. The development of selective and sensitive analytical techniques which are routinely applicable has permitted a reevaluation of FU catabolism. FUH, has been demonstrated to be a quantitatively important fluoropyrimidine catabolite in in vitro and in vivo studies and not an insignificant transient metabolite as was implied in the early days of FU. In view of this renewed interest in FUH, it is of importance to be aware of FUH, instability in biological fluids as plasma and ascites and tissue culture media as we have been elucidated by Mass -Spectrometry and NMR-spectroscopy*. This might explain the absence of FUH, in plasma samples of several patients as reported earlier (9,10). Therefore, plasma samples have to be adjusted to low pH or treated at 4°C as soon as possible following blood centrifugation.

This study shows that in rats treated with FU non-linear pharmacokinetics of both FU and the quantitative most important metabolite FUH, occur. Non-linear pharmacokinetics of FU was reported before (9,14,15), no data about non-linear kinetics of FUH, are available at this moment as far as we know. The plasma concentration-time curves of FUH, suggest that FUH, is rapidly formed and released by liver tissue. An explanation for the differences between data of FUH, obtained after administration of 10 mg/kg and 20 mg/kg FU can not be given. The capacity of liver tissue to convert FUH, to further catabolites FUPA and subsequently FBAL (Fig. 1), might be saturated at D 20 mg/kg, resulting in a plateau of FUH, concentrations between 1-3 µg/ml. This is stressed by the elongation of the ty, of FUH, after increasing the dose to 80 mg/kg, while C was relatively stable. Thus, in addition to a dose-dependent conversion of FU to FUH, there may be also a dose-dependent conversion of FUH, to FUPA and FBAL (Fig. 1). This could also explain the AUCFU/AUCFUH2 versus FU dose relationship as presented in Fig. 3. A modulation of in vitro catabolism of FU has been described recently (16). The implications of the findings of that study are now being studied in the described animal model to reveal possible ways of alteration of in vivo catabolism of FU and FUH. Furthermore, the tumour-bearing WAG/Rij rats allow a careful analysis of the antitumour effects and side-effects caused by FU and metabolites. The relationship between the pharmacokinetics, metabolism and effects of FU is now further under evaluation and will be published separately.

The present findings are suggestive for a key role of FUH, degradation in the non-linear pharmacokinetics of FU in rats. A dose-dependent relationship for the ratio of ${\rm AUC}_{\rm FU}$ and ${\rm AUC}_{\rm FUH2}$ was found in a range of 20-80 mg/kg.

ACKNOWLEDGEMENTS

This work was supported by grants from the Dutch Cancer Society, "Het Koningin Wilhelmina Fonds" (LUKC 84-52 and 85-78), the "Maurits and Anna de Kock-stichting" and the "Dr. Saal van Zwanenberg-stichting".

REFERENCES

- Valeriote F., Santelli G. (1984). Pharmac. Ther. 24: 107-132.
- 2. Heidelberger C. (1974). Fluorinated pyrimidines and their nucleosides. Antineoplastic and Immunosuppressive Agents, A.C. Sartorelli & D.G. Johns, eds. Vol. 38, p. 193. Springer Verlag, New York.
- Diasio R.B., Schuetz J.D., Wallace H.J., Sommadossi J.P. (1985). Cancer Res. 45: 4900-4903.
- 4. Chaudhuri N.K., Montag B.J., Heidelberger C. (1958). Cancer Res. 18: 318-328.
- Chaudhuri N.K., Mukherjee K.L., Heidelberger C. (1959). Biochem. Pharmacol. 1: 328-341. Mukherjee K.L., Heidelberger C. (1960). J. Biol. Chem. 235: 433-437.
- 7. Mukherjee K.L., Boohar J., Wentland D., Aasfield F.J., Heidelberger C. (1963). Cancer Res. <u>23</u>: 49-66.
- Aubert C., Cano J.P., Rigault J.P., Seitz J.F., Carcassone Y. (1981). Bull. Cancer 68: 343-345. 8.
- 9. Mc Dermott B.J., Van den Berg H.W., Murphy R.F. (1982). Cancer Chemother. Pharmacol. 9: 173-178.
- 10. De Bruijn E.A., Driessen O., Van den Bosch N., Van Streijen E., Slee P.H.Th.J., Van Oosterom A.T., Tjaden U.R. (1983). J. Chromatogr. 278: 283-289.
- 11. Sommadossi J.P., Aubert C., Cano J.P., Gouveia J., Ribaud J., Mathé G. (1983). Cancer Res. <u>43</u>: 930-933.
- 12. De Bruijn E. $\overline{A_1}$, Van Oosterom A.T., Tjaden U.R., Reeuwijk H.J.E.M., Pinedo H.M. (1985). Cancer Res. 45: 5931-5935.
- 13. De Bruijn E.A., Tjaden U.R., Van Oosterom A.T., Leeflang P., Leclercq P.A. (1983). J. Chromatogr. 279: 603-608.
- 14. Collins J.M., Dedrick R.L., King F.G., Speyer J.L., Meyers C.E. (1980). Clin. Pharmacol. Ther. 28: 235-246.
- Wagner J.G., Gyres J.W., Stetson P.L., Walker-Andrews S.C., Wollner I.S., Cochran M.K., Ensminger W.D. (1986). Cancer Res. 46: 1499-1506.
- 16. Sommadossi J.P., Gerwitz D.A., Cross D.S., Goldman I.D., Cano J.P., Diasio R.B. (1985). Cancer Res. 45: 116-121.