Bioanalytics, Metabolomics and Pharmacokinetics Shared Resource (BMPK)

Director: Dr. James Mohler

Docetaxel in Heparinized Human Plasma

(Sensitivity: 0.200 ng/mL)

BMPK has validated a highly sensitive HPLC assay with tandem mass spectrometric detection (LC-MS/MS) for the analysis of docetaxel (Taxotere®) in heparinized human plasma. Docetaxel is an antineoplastic agent that acts by disrupting the microtubular network in cells, which is essential for mitotic and interphase cellular functions.¹ Docetaxel binds to free tubulin and promotes the assembly of tubulin into stable microtubules while simultaneously inhibiting their disassembly. *In vitro* drug interaction studies have shown that docetaxel is metabolized by the CYP3A4 isoenzyme and its metabolism can be inhibited by CYP3A4 inhibitors, such as ketoconazole, erythromycin, troleandomycin, and nifedipine.¹ Based on these *in vitro* findings, it is likely that CYP3A4 inhibitors and/or substrates may lead to substantial increases in docetaxel blood concentrations. Currently, it is approved alone or in combination with other agents for locally advanced or metastatic breast cancer, non-small cell lung cancer, hormone refractory prostate cancer, gastric adenocarcinoma, and squamous cell carcinoma of the head and neck cancer.

Specifications and Validation Performance

Matrix (Anticoagulant): Human Plasma (Sodium Heparin)

Sample Volume: 200 µL

Preparation Procedure: Liquid / liquid extraction

HPLC Column: C18

Mobile Phase: Acetonitrile with Ammonium Acetate

Flow Rate: 200 µL/min

Detection Type: Tandem Mass Spectral Analysis (MS/MS)

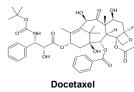
Calibration Range: 0.200 - 400 ng/mL

Calibrator Accuracy: 100% (93.6 - 108%; n=5)

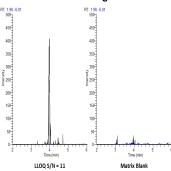
Calibrator Precision: 2.56% CV (1.42 - 4.84%; n=5)

QC Concentrations: 0.750, 15.0 and 300 ng/mL QC Accuracy: 105% (104 - 105%; n=18)

QC Precision: 4.45% CV (3.75 - 5.13%; n=18)



Docetaxel Formula: C₄₃H₅₃NO₁₄ MW: 807.88 g/mol



Human Pharmacokinetic Parameters of Docetaxel 1,2,3

Single Agent Recommended Dosing

60-100 mg/m² IV qw followed by 7 day rest; dependent on disease type and prior treatment

Single Agent Maximum Tolerated Dose

>125 mg/m² IV qw followed by 7 day rest, dependent on disease type and prior treatment

(MTD)

None

Metabolism

75% excreted in feces and 6% in urine after 7 days as oxidized metabolites (>8% as unchanged drug)

Plasma Protein Binding

Active Metabolites

94% in vitro, 97% in vivo

Overall Exposure by Area Under the Curve (AUC)

Dose proportional from 70-115 mg/m² using a three-compartment pharmacokinetic model

Major Adverse Reactions

Hepatoxicity, neutropenia, hypersensitivity, fluid retention

¹Patient Information Leaflet for Taxotere, Aventis Pharmaceuticals, Inc., Revision. May 2004; ²CDER Application Number NDA 20-449/S-035, Approved March 22, 2006; and ³Clinical Pharmacokinetics of Docetaxel, Clin Pharmacokinet, 45 (3), 2006.

BMPK offers a wide range of bioanalytical and PK/PD modeling services to assist investigators with their basic research, preclinical, and clinical study objectives. For information on services and pricing, contact John Wilton, Ph.D., Associate Director, at (716) 845-3258 or John.Wilton@RoswellPark.org.

