

In vitro interactions of TNO₆ with human plasma

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Summary. The ability of TNO₆ to react with human plasma was investigated by *in vitro* incubation of plasma or plasma fractions with injectable TNO₆. HPLC, ultrafiltration and flameless atomic absorption spectrophotometry were used to separate the platinum-containing chemical species and to measure the platinum content. The initial concentration of TNO₆ in plasma declines very rapidly. The kinetics of the loss of initial TNO₆ is very different from that of cisplatin loss. Most of the TNO₆ is bound more quickly to proteins, while a little is transformed to less reactive or nonreactive platinum species. The level of final nonreactive platinum species depends on the particular plasma concerned. In addition, the reactivity of TNO₆ towards proteins is very sensitive to Cl⁻ concentration. The usefulness of HPLC for the study of TNO₆ kinetics is demonstrated.

Introduction

TNO₆ (1,1-diamino-methylcyclohexane-sulfate-platinum II) is a new neoplastic platinum compound tested in clinical trials. TNO₆ differs from cisplatin structurally and belongs to the 'second-generation' metal complex with expected equivalent or better antitumor activity and reduced toxicity. While the pharmacodynamics of cisplatin are well documented [3–6], the pharmacodynamic properties of TNO₆ are still not well established.

Reactions of cisplatin with human plasma, especially protein binding, are important factors for the behavior of cisplatin in the body [1, 2, 7], and it can be expected that TNO₆ also reacts with plasma components.

The purpose of the present study was investigation of the TNO₆ reactions with human plasma. To eliminate other pharmacokinetic parameters, only *in vitro* TNO₆ reactions with plasma collected from patients untreated with platinum compounds were investigated.

Materials and methods

All chemicals used were analytical-grade reagents. Cisplatin and TNO₆ was obtained from Bristol Laboratories (New York, USA) as injectable solutions.

TNO₆ and cisplatin reactions were studied at 37° C with plasma from patients with different neoplasms. None of the patients had received chemotherapy in the weeks prior to the blood collection. Aliquots (2–3 ml) of the reaction solutions were sampled at appropriate time intervals.

The samples were ultrafiltered by centrifugal ultrafiltration using centriflo CF 50 filters (Amicon Corp) to separate ultrafilterable and non-filterable platinum.

HPLC was used to separate components of the ultrafiltrates. The HPLC system consisted of Waters Associates model 6000 A and model M 45 pumps, model 660 solvent programmer and model U6K injector. Separations were accomplished on a Waters C18 reverse phase radial compression column in a Waters Z module radial compression separation system. Ultrafiltrates were eluted by application of a solvent gradient. Solvent A was 0.1 M KH₂PO₄ (adjusted to pH 2.55 with H₃PO₄). Solvent B was acetonitrile-solvent A (3/2, v/v). After elution with solvent A for 2 min, the proportion of the solvent B in the mobile phase was increased from 0 to 100% over a period of 20 min (linear gradient). The flow rate was 1.5 ml/min and the retention times were about 3 min for cisplatin and 11 min for TNO₆. The injection volumes were 20 µl.

Quantification of platinum in the ultrafiltrates or in the fractions of HPLC eluate was accomplished by flameless atomic absorption spectrophotometry (FAAS). A Perkin Elmer model 2280 absorption spectrophotometer equipped with a model HGA 400 graphite furnace was used for these analyses, with a 3-stage heating program consisting of drying at 120° C for 30 s, ashing at 1,400° C for 30 s, and atomizing at 2,700° C for 5 s. The inert gas was argon.

Results

Binding of TNO₆ and cisplatin to proteins (molec. wt > 50,000)

TNO₆ and cisplatin were incubated with two samples of the same plasma at 37° C. Aliquots were ultrafiltered after several different incubation periods, using Amicon filters with a molecular weight cut-off value of 50,000.

The rate of loss of platinum in ultrafiltrates is very different for cisplatin and TNO₆ (Fig. 1). The observed binding of TNO₆ to proteins with molecular weights up to 50,000 is faster than the binding of cisplatin.

The loss of cisplatin in the ultrafiltrate follows a familiar apparent first-order kinetic, while the loss of TNO₆ is more complex (Fig. 2). The loss of TNO₆ is very significant in the first minutes, then decreases to a constant concentration of platinum in the ultrafiltrate. The value of the constant concentration raised after 4 h depends on the plasma (Fig. 3). In no case is the value ever equal to zero. The binding of TNO₆

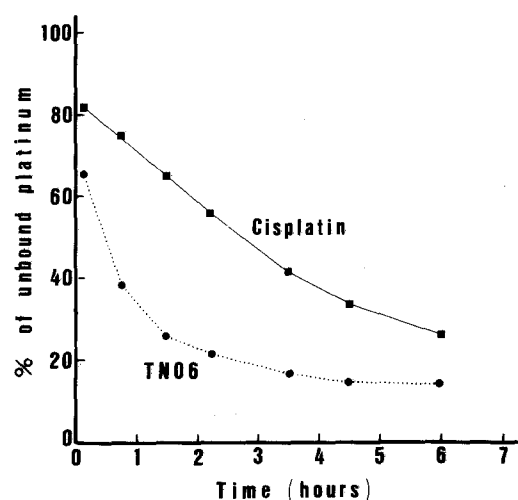


Fig. 1. The loss of platinum in ultrafiltrates of a plasma incubated at 37° C with TNO₆ 2.9 µg/ml (●) and cisplatin 2.9 µg/ml (■)

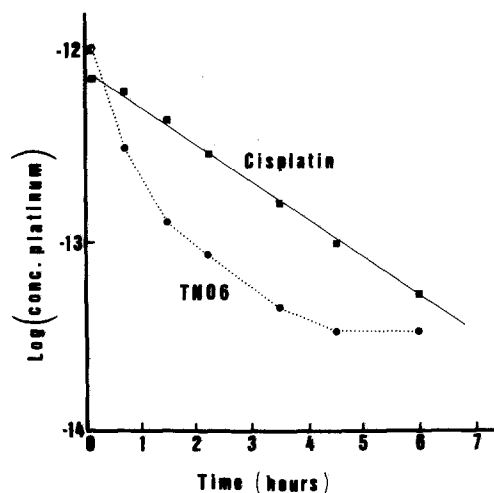


Fig. 2. Analysis of the hypothesis of a first-order loss of platinum for TNO₆ (●) and cisplatin (■) incubated at 37° C in a plasma. Log (conc. platinum) = f(t) must be a straight line

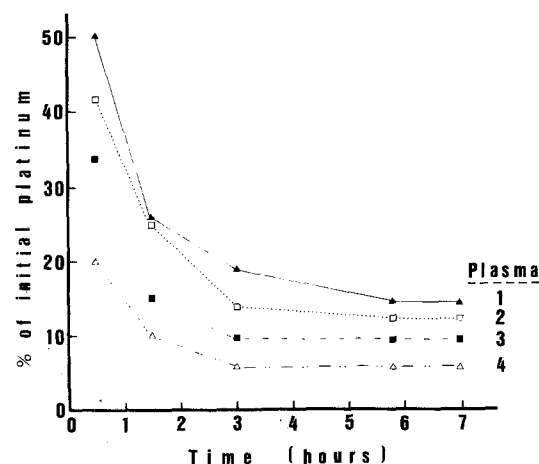


Fig. 3. Variation of the kinetics of TNO₆ (2.9 µg/ml) binding in different plasmas at 37° C

Table 1. Loss of platinum in ultrafiltrates of plasma incubated with TNO₆ and cisplatin (25 µg/ml)

Time (min)	Platinum in ultrafiltrate			
	TNO ₆ incubated alone	Cisplatin incubated alone	TNO ₆ and cisplatin incubated together (theoretical)	TNO ₆ and cisplatin incubated together (experimental)
15	14.5	4.3	18.8	19.4
60	11.4	1.8	13.2	13
120	7.4	1.2	8.6	8.5
180	5.4	0.9	6.3	5.9
255	3.7	0.7	4.4	4
300	2.8	0.7	3.5	3.5
360	2.2	0.7	2.9	2.7

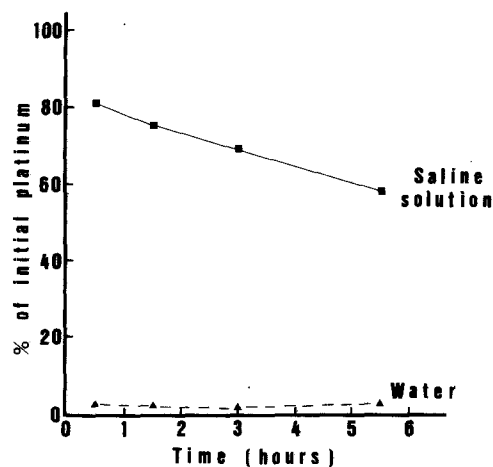


Fig. 4. Loss of platinum in ultrafiltrate of a TNO₆ (10 µg/ml) and a BSA (40 mg/ml) solution in water (▲) and in NaCl/water (9 g/l) (■) at 37° C

to proteins is not complete and the protein-binding capacity of plasma differs with patients.

These results do not depend on the plasma concentration of platinum compound, at least in the range of 2 µg/ml to 50 µg/ml.

The loss of platinum in the ultrafiltrate of a plasma when TNO₆ and cisplatin were incubated together was next examined (Table 1). The total loss of platinum is about equal to the sum of the losses for each compound incubated alone in the same plasma. Cisplatin and TNO₆ do not seem to compete for protein binding, at least in pseudophysiological concentrations.

To allow a better understanding of the TNO₆ protein reaction, the loss of TNO₆ (initial concentration 10 µg/ml) in the ultrafiltrate of a 40-mg/ml serum albumin (BSA) solution in water was examined (Fig. 4). The observed rates of reaction do not agree with the findings in plasma, since after 30 min the concentration of TNO₆ in ultrafiltrate was less than 2% of the initial concentration. TNO₆ binding to protein alone in water is

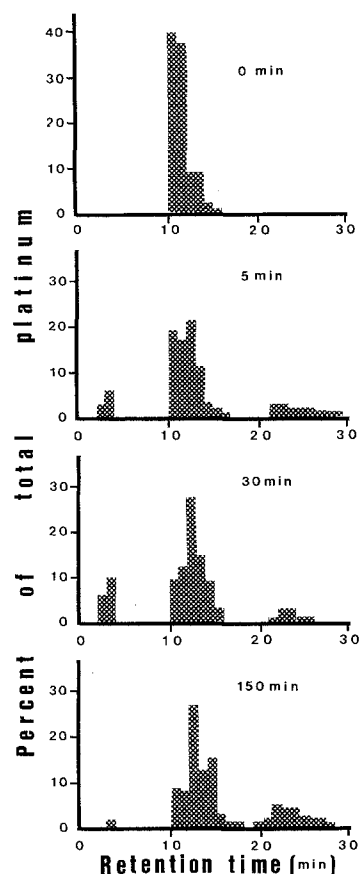


Fig. 5. Platinum contents of HPLC eluate from plasma ultrafiltrate incubated at 37° C several times with TNO₆ (43 µg/ml)

very much faster than to proteins in plasma. In contrast, the loss of TNO₆ incubated with BSA in isotonic solution (NaCl 9 g/l) was very slow (Fig. 4), since 60% of initial platinum concentration remained in the ultrafiltrate after 5 h. These data illustrate the role of the milieu on the kinetics of the protein binding of TNO₆. Therefore we studied the reaction of TNO₆ with ultrafiltrates alone.

Reaction of TNO₆ with plasma ultrafiltrates

TNO₆ reactions with low-molecular-weight (< 50,000) compounds were first conducted with ultrafiltrates from a pool of plasma. TNO₆ (40 µg/ml) was incubated with the ultrafiltrates, and an aliquot of the solution (20 µl) was then injected into a HPLC chromatograph as described in *Materials and methods*. The platinum content of each fraction of the eluate was measured by atomic absorption.

Figure 5 shows the HPLC chromatograms of TNO₆ alone and TNO₆ in ultrafiltrates after several different incubation periods. With increasing time the initial peak of TNO₆ quickly disappeared and it was observed that several other platinum-containing peaks appeared, associated with the loss of TNO₆. TNO₆ is not stable in the ultrafiltrate, and reacts either with chemical degradation or with association to low-molecular-weight elements. TNO₆ is also unstable in a solution of NaCl (9 g/l). In an NaCl solution with a low concentration of TNO₆ (43 µg/ml) the initial peak in HPLC disappears (Fig. 6). There is evidence that a physiologic concentration of NaCl can induce chemical degradation of TNO₆. Such a degradation can occur in the plasma.

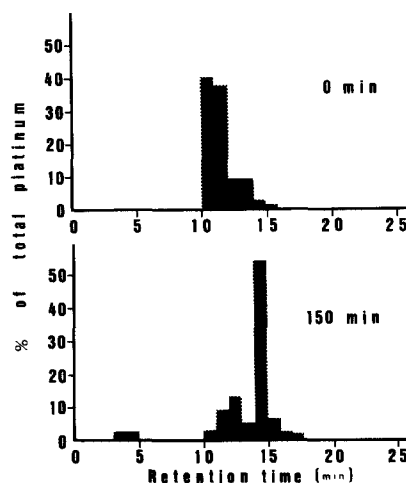


Fig. 6. Platinum contents of HPLC eluate from TNO₆ (43 µg/ml) in NaCl/water solution (9 g/l) after 0 and 150 min

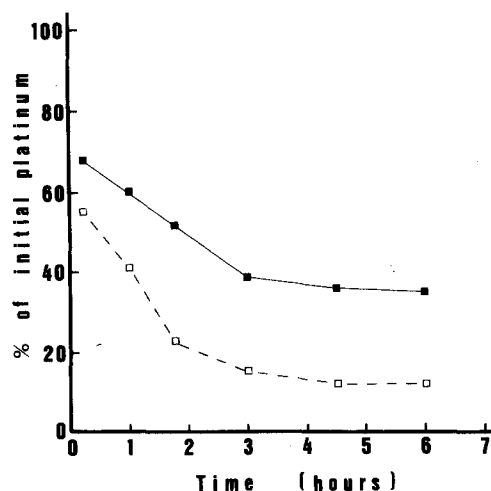


Fig. 7. Loss of platinum in plasma with TNO₆ (10 µg/ml) previously incubated with ultrafiltrate (■) or not previously incubated (□)

The major problem connected with protein binding of platinum in ultrafiltrates, then concerns the ability of the new platinum-containing compounds to react with plasma proteins.

To determine the binding capacity of these we added a TNO₆ (10 µl/ml) ultrafiltrate solution incubated for 2 h 30 min to a sample of total plasma. We compared the loss of platinum in ultrafiltrate with the similar loss of platinum in a solution containing the same plasma and the same ultrafiltrate not previously incubated with TNO₆.

Figure 7 shows that the loss of platinum is slower when TNO₆ has previously been incubated with ultrafiltrate, and that the constant concentration reached after some hours is higher in this case. This result seems to indicate that some of the platinum compound in ultrafiltrate can react with proteins, but at a lower rate than initial TNO₆. Some of the rest of the platinum in ultrafiltrates does not react with proteins within 6 h.

Reaction of TNO₆ with total plasma

We have previously described the evolution of platinum compound monitored by HPLC analysis of an ultrafiltrate

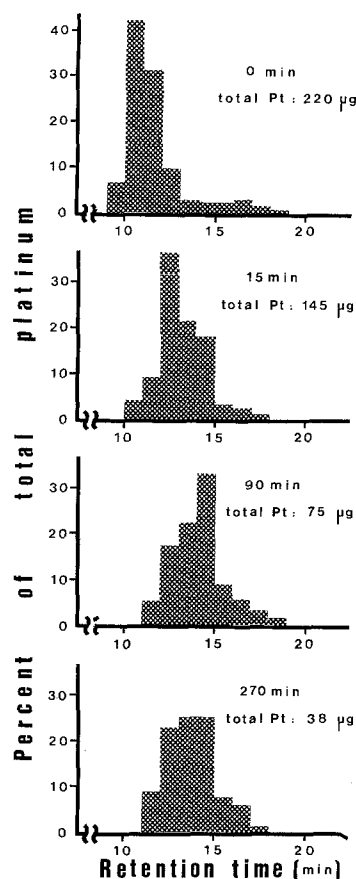


Fig. 8. Platinum contents of HPLC eluate from ultrafiltrates of plasma incubated for several times with TNO₆ (220 µg/ml)

incubated with TNO₆. We then examined the same evolution in ultrafiltrate (molec. wt < 50,000) of total plasma incubated with TNO₆.

Figure 8 shows that initial TNO₆ disappears very quickly from the ultrafiltrates. Most of the TNO₆ lost is bound to the high-molecular-weight proteins, while a little reacts with ultrafiltrate to give new platinum peaks, as observed previously. The parent compounds of TNO₆ in ultrafiltrate (products of degradation or associated forms) do not appear and decline simultaneously. On the contrary, the evolution of the peaks seems to indicate either successive conversion of the platinum compounds or, more probably, differences in the reactivity of these compounds towards proteins.

Discussion

Until the introduction of new platinum-containing compounds, such as TNO₆, into phase I and phase II testing, cisplatin was the only platinum derivative that has been commonly used in cancer treatment [6].

The ability of cisplatin to bind to proteins is an important aspect of its pharmacology [1–5, 7], and as expected, TNO₆ exhibits the same property.

In fact TNO₆ shows a greater affinity to plasma proteins *in vitro* (molec. wt > 50,000) than cisplatin, but reacts with different kinetics (Figs. 1 and 2). While cisplatin binding is a first-order reaction, TNO₆ binding is very fast in the early

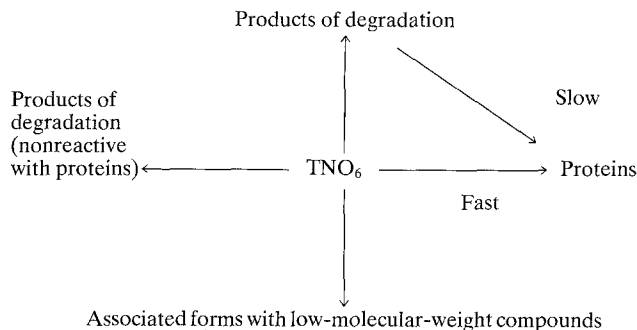


Fig. 9. Schematic showing *in vitro* protein binding of TNO₆

minutes of the reaction, then decreases until no fixation of the platinum compounds remaining in the plasma.

Incubation of TNO₆ and cisplatin together in plasma shows that the two compounds do not compete for protein binding (Table 1), at least with concentrations in the range of 2 µg/ml to 50 µg/ml. When incubated with TNO₆ the plasma content of unbound platinum reaches a plateau after 4 or 5 h (Figure 1). The level of the unbound platinum concentration depends on the particular plasma studied and varies from about 5% to 20% of the initial platinum concentration (Fig. 3).

In contrast, binding of TNO₆ to a single protein in water is very fast and complete (Fig. 4). Otherwise TNO₆ reactions depend on the plasma contents.

These results are in agreement with the HPLC chromatography of TNO₆ incubated with plasma ultrafiltrate (without any possible reaction on proteins). The initial chromatographic peak quickly declines, while new platinum-containing peaks appear (Fig. 5). At least some of these new platinum compounds cannot react with the plasma proteins, while another fraction reacts much slowly than TNO₆ (Fig. 7).

In complete plasma there is competition between protein binding and formation of new platinum species with new kinetic properties (Fig. 8).

The nature of the new platinum species is problematic. There may be several explanations for their formation. TNO₆ may react with one or many of the numerous low-molecular-weight molecules present in plasma (peptides for example), or may be transformed to degradation products.

Although we are currently unable to exclude any of these possibilities, there are some arguments for the presence, at least, of degradation products, the main one being that TNO₆ is unstable even at a low concentration in an isotonic solution of NaCl (Fig. 6). Moreover, while TNO₆ reacts quickly with a single protein in water it reacts slowly with the same protein in an isotonic solution (Fig. 4). This fact is in keeping with a difference in kinetic properties between TNO₆ and its degradation products.

In conclusion, *in vitro* protein binding of TNO₆ is more complex than cisplatin binding, and it can be summarized by the schematic of Fig. 9.

The initial velocity of the TNO₆ binding, the sensitivity of the reaction to Cl[−] concentration and the possible presence of unreactive platinum species may be important pharmacodynamic properties for the explanation of TNO₆ behavior *in vivo*.

Acknowledgements. This study was realized with the technical assistance of Charles Fournier.

References

1. Gullo JJ, Litterst CL, McGuire PJ, Sikic BI, Hoth DF, Woolley PV (1980) Pharmacokinetics and protein binding of CDDP administered as a one-hour or as a twenty-hour infusion. *Cancer Chem Pharmacol* 5: 21–26
2. Le Roy AF, Lutz RJ, Dedrick RL, Litterst CL, Guarino AM (1979) Pharmacokinetic study of CDDP in the beagle dog: thermodynamic and kinetic behavior of DDP in a biological milieu. *Cancer Treat Rep* 63: 59–71
3. Long DF, Repta AJ (1981) Cisplatin: chemistry, distribution and biotransformation. *Biopharm Drug Dispos* 2: 1–16
4. Prestayko AW (1981a) Molecular pharmacology of cisplatin: In: *Cancer and chemotherapy*, vol 3. Academic Press, New York, pp 303–310
5. Prestayko AW (1981b) Clinical pharmacology of cisplatin: In: *Cancer and chemotherapy*, vol 3. Academic Press, New York, pp 351–357
6. Prestayko AW, Crooke ST, Carter SK (eds) (1980) *Cisplatin: Current status and new developments*. Academic Press, New York
7. Repta AJ, Long DF (1980) Reactions of cisplatin with human plasma and plasma fractions: In: Prestayko AW, Crooke ST, Carter SK (eds) *Cisplatin: Current status and new developments*. Academic Press, New York, pp 285–304

Received April 6, 1983/Accepted May 14, 1983