

Karen H. Lingertat-Walsh<sup>1</sup>, JoEllen Weinau<sup>3</sup>, L Lee Dupuis<sup>1,6</sup>, Andrew Ostrenga<sup>4</sup>, M. Petrea Cober<sup>3,5</sup>, Shirley Law<sup>2</sup>, Scott E. Walker<sup>2,6</sup>

<sup>1</sup>Departments of Pharmacy, The Hospital for Sick Children, Toronto, Ontario, <sup>2</sup>Sunnybrook Health Sciences Centre, Toronto, Ontario, <sup>3</sup>Akron Children's Hospital, Akron, Ohio, <sup>4</sup>University of Mississippi Medical Center, Jackson, Mississippi, <sup>5</sup>Northeast Ohio Medical University, College of Pharmacy, Rootstown, Ohio, and the <sup>6</sup>Faculty of Pharmacy, University of Toronto

## INTRODUCTION

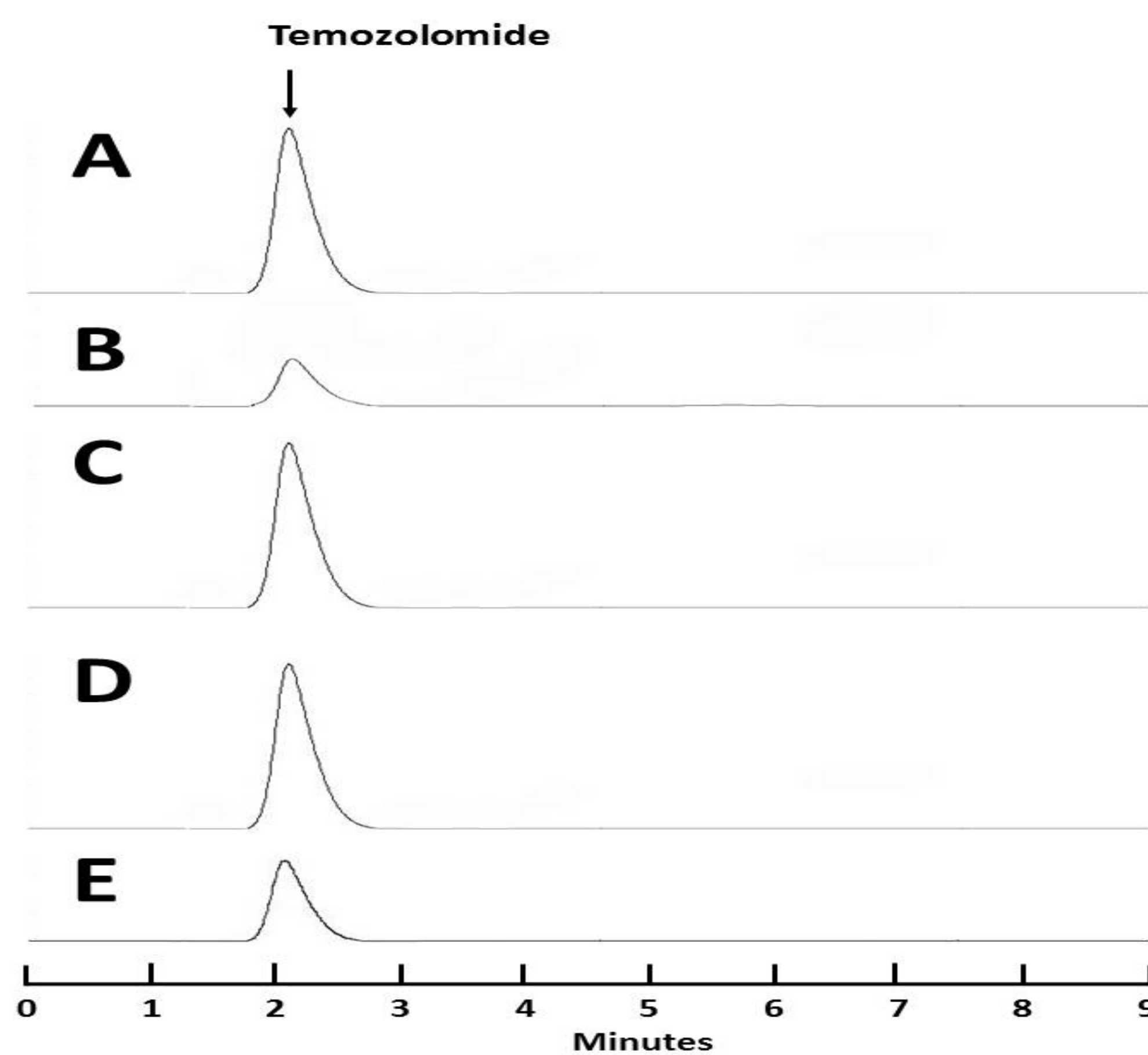
Temozolomide is an antineoplastic drug used to treat a variety of cancers. Color changes and crystal formation have been observed in previously published stability studies on temozolomide suspensions. Furthermore, stability data in various containers such as glass, PET and polypropylene oral syringes are lacking.

Pharmacists require acceptable stability data in order to compound suspensions and to have confidence in the expiry assigned.

## OBJECTIVES

The objective of this study was to evaluate the stability of 3 different temozolomide 10 mg/mL suspensions stored in amber glass, amber plastic PET bottles and plastic oral syringes at both 23°C (RT) or 4°C using Oral Mix SF (sugar free) vehicle.

The concentration of temozolomide in bottles and syringes was evaluated during storage at each temperature using a validated stability-indicating liquid chromatographic method using UV detection.



**Figure 1.** Chromatograms of Temozolomide  
Chromatogram A represents 0.5 mg/mL of temozolomide at time zero prior to incubation with heat. Chromatogram B represents temozolomide sample after 240 minutes of incubation at 40°C when 20.4% of initial temozolomide remains. Chromatogram C represents a sample in Oral Mix SF stored in a PET bottle at 4°C on day zero. Chromatogram D represents a sample in Oral Mix SF after 56 days storage at 4°C when 93.89% remained. Chromatogram E shows temozolomide in Oral Mix SF after storage at 25°C for 56 days when approximately 32.6% remains. Degradation products were not visually evident in any chromatogram during the accelerated or stability study.

## METHODS

### Liquid Chromatographic Method

The liquid chromatographic system consisted of a Supelcosil ABZ (Supelco, Toronto) C18 column with 30% acetonitrile and 70% 0.05M phosphoric acid with 0.01 M sodium lauryl sulfate as the mobile phase with a flow rate of 1 mL/min and UV detection at 330 nm.

### Assay Validation

Following development of the chromatographic system capable of separating temozolomide from its degradation products (Figure 1), the accuracy and reproducibility of standard curves was then tested over 5 days. During the study, within-day and between day errors of reproducibility were assessed by the coefficients of variation and the standard deviation of regression for the standards, quality control (QC) samples and suspension samples.

### Stability Study: Bottles and Syringes at 23°C and 4°C

On study day 0, three separate batches of 3 different formulations of temozolomide 10 mg/mL suspensions were prepared. All formulations were prepared using temozolomide 100 mg tablets (Merck) and Oral Mix SF (Medisca). Formulation #1 also contained povidone K30. Formulation #2 contained povidone K30 and citric acid. Formulation #3 contained no additives. All formulations were stored, protected from light, in 3 different container types (glass, PET bottles and plastic oral syringes). Half the samples of each container type were stored at 25°C, the other half at 4°C. On study days 0,5,8,14,21,28,35,42,56 physical stability was assessed and the temozolomide concentration was determined from samples drawn from each container type and storage. Results are reported in Table 1 and 2.

### Data Reduction and Statistical Analysis

Analysis of variance was used to test differences in concentration on different study days, at different temperatures, in different bottle containers and with different formulations. The 5% level was used as the a priori cut-off for significance. The most appropriate BUD is assigned by using the fastest degradation rate, with 95% CI, while never exceeding the study duration. This is determined by the intersection of the lower limit of the 95% confidence interval (CI) of the observed degradation rate and the time to achieve 90% of the initial concentration <T<sub>90</sub>(95%)>.

Interested in a copy of this poster  
or other Sunnybrook Posters?

Scan the QR code or go to : [http://metrodix.org/SB\\_PPC](http://metrodix.org/SB_PPC)  
And download the poster from this site.



## RESULTS

**Table 1. Studies of Temozolomide at 4°C reported as Percent remaining relative to Concentration on Day 0**

Study Day	Formulation #1			Formulation #2			Formulation #3		
	PET	Glass	Syr	PET	Glass	Syr	PET	Glass	Syr
0	100	100	100	100	100	100	100	100	100
5	99.94	97.84	99.33	98.38	98.09	98.10	98.69	98.24	97.84
8	98.83	97.59	98.27	98.29	98.16	97.84	97.93	97.87	97.42
14	98.69	97.77	98.94	98.44	98.31	98.42	98.12	97.78	97.62
21	100.56	97.40	98.46	97.24	101.22	98.27	100.05	97.94	97.99
28	96.45	96.33	96.81	97.10	96.72	96.55	96.54	97.55	97.13
35	96.26	96.75	96.58	95.35	96.30	96.28	96.53	97.31	96.75
42	96.00	96.37	96.17	95.10	95.86	95.06	95.88	95.56	95.61
56	95.18	95.47	95.61	94.31	94.39	94.49	93.89	94.36	94.97
Slope (%/day)	-0.09	-0.06	-0.08	-0.09	-0.09	-0.09	-0.09	-0.08	-0.07
Intercept	100.19	98.70	99.63	99.39	99.72	99.72	99.71	99.26	98.88
Std regression (Sy.x)	1.05	0.65	0.49	0.49	1.42	0.63	1.03	0.66	0.68
Confidence Interval for slope (%/day)	0.05	0.03	0.022	0.02	0.06	0.03	0.05	0.03	0.03
Fastest slope (%/day; 95% CI)	-0.14	-0.09	-0.10	-0.12	-0.15	-0.12	-0.14	-0.11	-0.10
Upper limit (%/day; 95% CI)	-0.048	-0.008	-0.057	-0.08	-0.02	-0.06	-0.05	-0.05	-0.04
Shortest T-90 (95%CI)(days)	70.36	110.74	98.80	83.64	65.91	85.21	71.08	91.31	99.77

**Table 2. Studies of Temozolomide 10 mg/mL Oral Suspensions at 23°C reported as Percent Remaining relative to Concentration on Day 0**

Study Day	Formulation #1			Formulation #2			Formulation #3		
	PET	Glass	Syr	PET	Glass	Syr	PET	Glass	Syr
0	100	100	100	100	100	100	100	100	100
5	93.11	93.58	93.14	92.77	92.12	92.17	92.23	92.22	93.21
8	84.55	84.65	85.37	84.56	84.34	86.63	84.50	84.48	85.27
14	75.29	76.73	75.75	77.35	76.83	76.28	77.47	76.49	75.43
21	66.88	66.45	66.91	65.72	65.64	66.65	66.03	65.28	66.58
28	57.70	57.91	55.95	57.25	56.80	55.83	55.59	55.84	56.04
35	51.19	50.05	50.32	50.97	50.49	48.92	50.76	51.06	47.88
42	44.76	43.76	44.46	44.93	45.42	44.20	43.13	43.94	42.34
56	33.00	36.29	34.06	36.38	36.43	35.46	32.60	32.40	31.65
Slope (%/day)	-1.20	-1.18	-1.21	-1.17	-1.16	-1.20	-1.23	-1.22	-1.26
Intercept	95.34	95.21	95.34	94.89	94.50	95.21	95.38	95.11	95.69
Std regression (Sy.x)	3.84	4.63	4.34	4.57	4.65	4.72	4.01	4.04	4.19
Confidence Interval for slope (%/day)	0.17	0.21	0.19	0.20	0.21	0.21	0.18	0.18	0.19
Fastest slope (%/day; 95% CI)	-1.38	-1.39	-1.40	-1.37	-1.37	-1.41	-1.41	-1.39	-1.45
Upper limit (%/day; 95% CI)	-1.03	-0.98	-1.01	-0.96	-0.95	-0.99	-1.05	-1.04	1.07
Shortest T-90 (95%CI)(in days)	7.27	7.19	7.14	7.28	7.31	7.08	7.12	7.15	6.92

## CONCLUSION

All 3 oral suspension formulations of 10 mg/mL temozolomide assayed above 93% of the initial concentration for 56 days when stored in any of the 3 types of containers (amber glass, PET, and plastic oral syringes) at 4°C. At 25°C, concentrations remained above 92% of initial concentration for only 5 days. The shortest T-90 (95%CI) in all containers at 4°C is 65 days and 6 days at 25°C. However, since temozolomide will be exposed to room temperature daily when taken out of the fridge, this could affect potency, depending on duration of storage. Furthermore, crystal growth increased over time in all formulations. For these reasons, it is recommended to assign a much shorter BUD than reported in this study, such as 30 days storage in the refrigerator. The suspension should be dispensed with cooler packs to ensure that it is not exposed to high temperatures while in transit from pharmacy to home. Patients should remove the dose from the bottle and immediately return the suspension to the refrigerator, reducing or eliminating exposure at room temperature.

**Acknowledgements:** This study was supported by an unrestricted research grant from The Canadian Society of Hospital Pharmacists and from MEDISCA St-Laurent, Quebec and also jointly funded by the Departments of Pharmacy at The Hospital for Sick Children, Toronto, Ontario, and Sunnybrook Health Sciences Centre, Toronto, Ontario.