SNF472 PHARMOCOKINETICS-PHARMACODYNAMICS IN A VITAMIN D-INDUCED CALCIFICATION RAT MODEL

J. Perelló, M.M. Pérez, M. Lazo, E. Bañón, J.M. Campistol, C. Salcedo, M.D. Ferrer
1 Laboratoris Sanifit SL. Research and Development Department, 07121 Palma de Mallorca, Spain
2 Laboratory of Renal Lithiasis Research, IUNICS, University of the Balearic Islands, 07121 Palma de Mallorca, Spain
3 Laboratorio Experimental de Nefrología i Trasplament (IDIBAPS)
4 Hospital Clinic, Nephrology and Renal Transplantation, Barcelona, Spain
Contact: joan.perello@sanifit.com

INTRODUCTION

SNF472, an intravenous (i.v.) formulation of phytate or myo-inositol hexaphosphate (IP₆), exhibits beneficial properties in calcium related diseases such as the prevention of renal lithiasis¹, osteoporosis² and cardiovascular calcification (CVC)³ by binding and blocking the growing sites of the hydroxyapatite (HAP) crystal. This formulation is currently being developed as a treatment for CVC in hemodialysis patients.

AIM

To evaluate the efficacy and the pharmacokinetics-pharmacodynamics (PK/PD) relationship of the i.v. infusion of SNF472 in a vitamin D rat model.

MATERIALS AND METHODS

A total of 40 Sprague Dawley rats were divided into four groups of nine to ten animals. Calcification was induced by subcutaneous (s.c.) administration of 75,000 IU/kg Vitamin D for three consecutive days (day 1 to day 3). Treatment or saline were daily administered for 12 days by 4-hour i.v. infusion starting on day 1. Groups 1, 2 and 3 received 3, 10 and 30 mg/kg SNF472, respectively; group 4 received saline. Animals were sacrificed on day 12. The experimental design is summarized in Figure 1.

Efficacy: Aorta and heart were collected to determine calcium content by inductively coupled plasma optical emission spectrometry (ICP-OES) after acidic digestion as a measure of CVC. PK: Blood was collected on day 11 to evaluate SNF472 plasma levels before infusion, and 60 and 240 minutes after the infusion start. SNF472 levels were quantified by UPLC-MS². PD: Blood was collected at the end of the last infusion immediately before sacrifice to measure the effect of SNF472 on the ex vivo blood crystalization potential (PD assay). HAP crystalization was induced ex vivo by the addition of 12.5 mM Ca²⁺ and 1.5 mM HPO₄²⁻ to plasma samples and followed by spectrophotometric measurements at 550 nm for 30 minutes.

RESULTS

Efficacy: CVC was inhibited by SNF472 (Figure 2). The 3 mg/kg dose was able to inhibit calcification up to 65 and 50% in aorta and heart, respectively. Maximum efficacy (80%) in both tissues was achieved with the dose of 10 mg/kg and maintained at 30 mg/kg. The IC₅₀ values were calculated for aorta and heart as 0.5 and 3.1 µM (0.8 and 4.6 µM) of SNF472, respectively.

Figure 2. Inhibition of (A) aorta and (B) heart calcification in rats treated with 4 hours intravenous infusion of SNF472 after calcification induction with 3 x 75 kIU/kg vitamin D

PK: IP₆ plasma levels were undetectable (LLOQ of 0.5 µg/mL) for the first hour of infusion in the group treated with 3 mg/kg, but quantifiable levels were attained at 4 hours. SNF472 levels were quantifiable at 1 hour in the groups treated with 10 and 30 mg/kg and lineal to the administered dose. Cₘₐₓ of 0.9, 13.5 and 65.9 µg/mL (1.3, 20.5 and 99.9 µM) were achieved at 4 hours after dosing 3, 10 and 30 mg/kg of SNF472, respectively. These results are shown in Figure 3 and Table 1.

Table 1. Cₘₐₓ of IP₆ after SNF472 administration in calcifying rats treated with 3 x 75 kIU/kg vitamin D. Results represent mean ± S.E.M.

<table>
<thead>
<tr>
<th>Group</th>
<th>Cₘₐₓ (µg/mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 mg/kg</td>
<td>0.9 ± 0.2</td>
</tr>
<tr>
<td>10 mg/Kg</td>
<td>13.5 ± 4.4</td>
</tr>
<tr>
<td>30 mg/Kg</td>
<td>65.9 ± 19.0</td>
</tr>
</tbody>
</table>

Figure 3. Pharmacokinetics of SNF472 in calcifying rats treated with 3 x 75 kIU/kg vitamin D

PD: Treatment with increasing doses of SNF472 inhibited the ex vivo formation of calcium crystals in plasma with a clear dose-response (Figure 4A). The inhibition of crystallization potential in plasma was also related to IP₆ plasma levels at Cₘₐₓ. As observed in Figure 4B, a relation could be obtained and an IC₅₀ of 6.3 µg/mL (9.6 µM) was calculated. Considering a 70% of IP₆ protein binding, the IC₅₀ for free IP₆ would be 1.9 µg/mL (2.9 µM). Therefore, a direct correlation exists between the reduction of CVC and the PD assay results.

Figure 4. (A) Pharmacodynamic assay of inhibition of plasma crystallization potential and (B) relation between IP₆ circulating levels and inhibition of plasma crystallization potential in rats treated with 4 hours intravenous infusion of SNF472 after calcification induction with 3 x 75 kIU/kg vitamin D

CONCLUSIONS

1. SNF472 i.v. infusion dose-dependently inhibits CVC in rats induced by vitamin D reaching a maximum of 80% inhibition with doses of 10 mg/kg or higher.
2. A PK/PD relationship is observed as the presence of SNF472 in plasma in the micromolar range decreases plasma crystallization potential and correlates with CVC inhibition.
3. PK/PD measurements predict CVC inhibition and the PD assay is suggested as a valuable tool to evaluate the effect of CVC inhibitors in clinical trials with hemodialysis patients.

BIBLOGRAPHY


This study was supported by a RETOS COLABORACIÓN: RTC-2014-4459-1 ISCIII grant (Ministerio de Economía y Competitividad. Government of Spain)