

The stability of cyclophosphamide (CPA) and mesna mixture is shortened by cyclophosphamide instability causing quick pH decrease in solution

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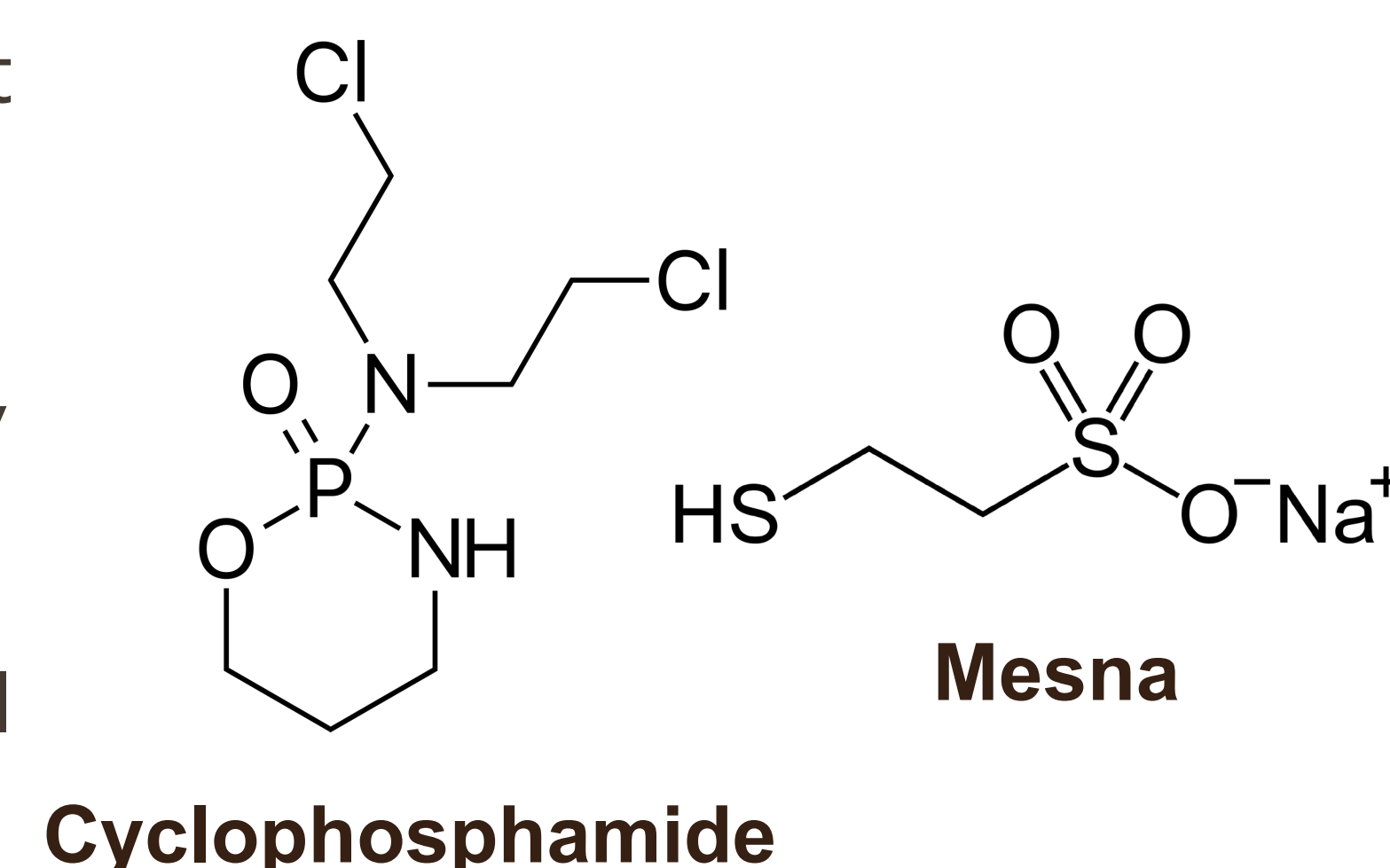


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Background and Importance

- Cyclophosphamide (CPA) and mesna are commonly co-administered in oncological therapies to prevent bladder toxicity caused by metabolization of CPA.
- Mesna can be administered at a dose equivalent to the total dose of CPA divided into 3 administrations, with the first mixed within the same infusion bag as CPA to facilitate the work of nurses.
- Stability studies could allow the anticipated preparation of the mixture in centralized unit in hospital pharmacy.



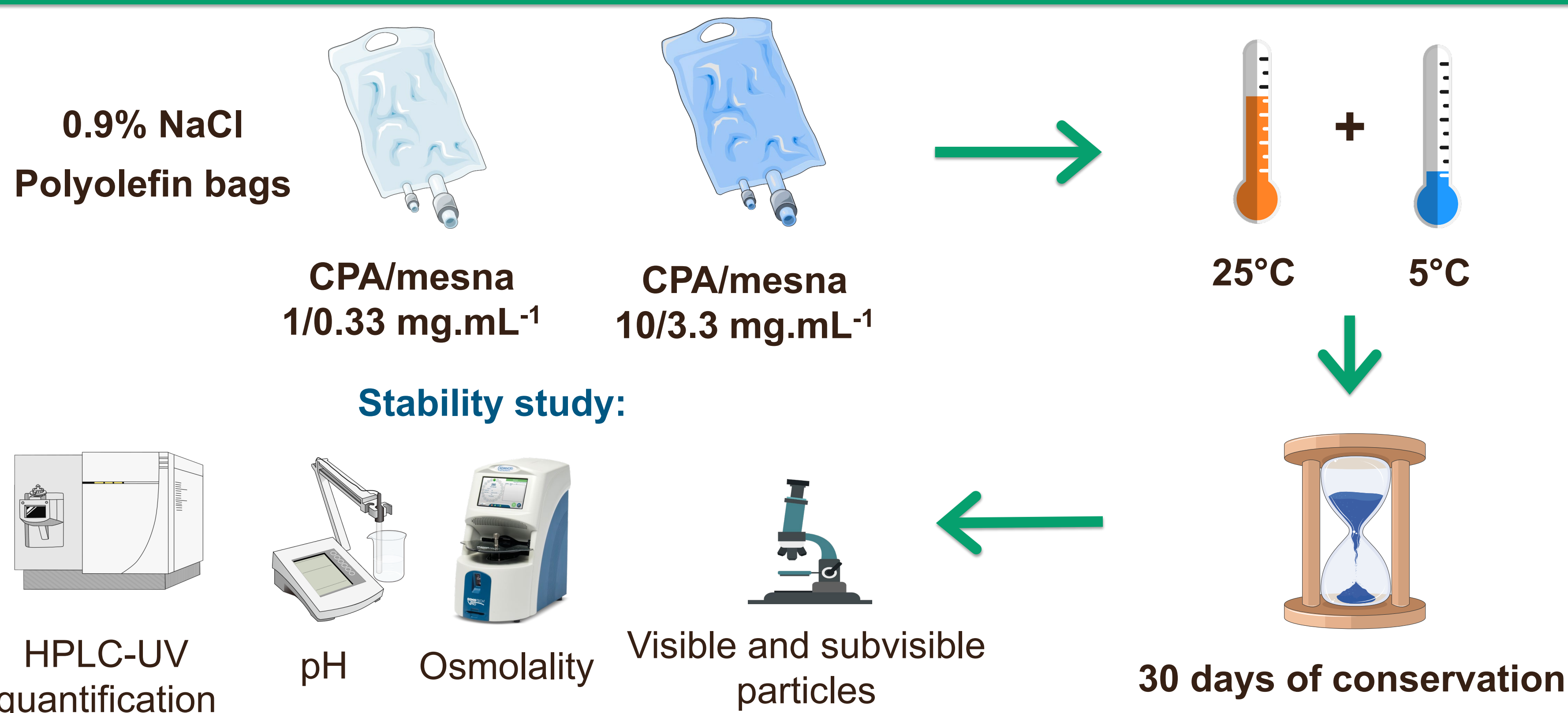
Objectives and aim



Evaluate the **stability of CPA/mesna mixture** in polyolefin bags at 5°C and 25°C with a stability indicating method

Investigate on causes of instability of the mixture

Materials and Methods



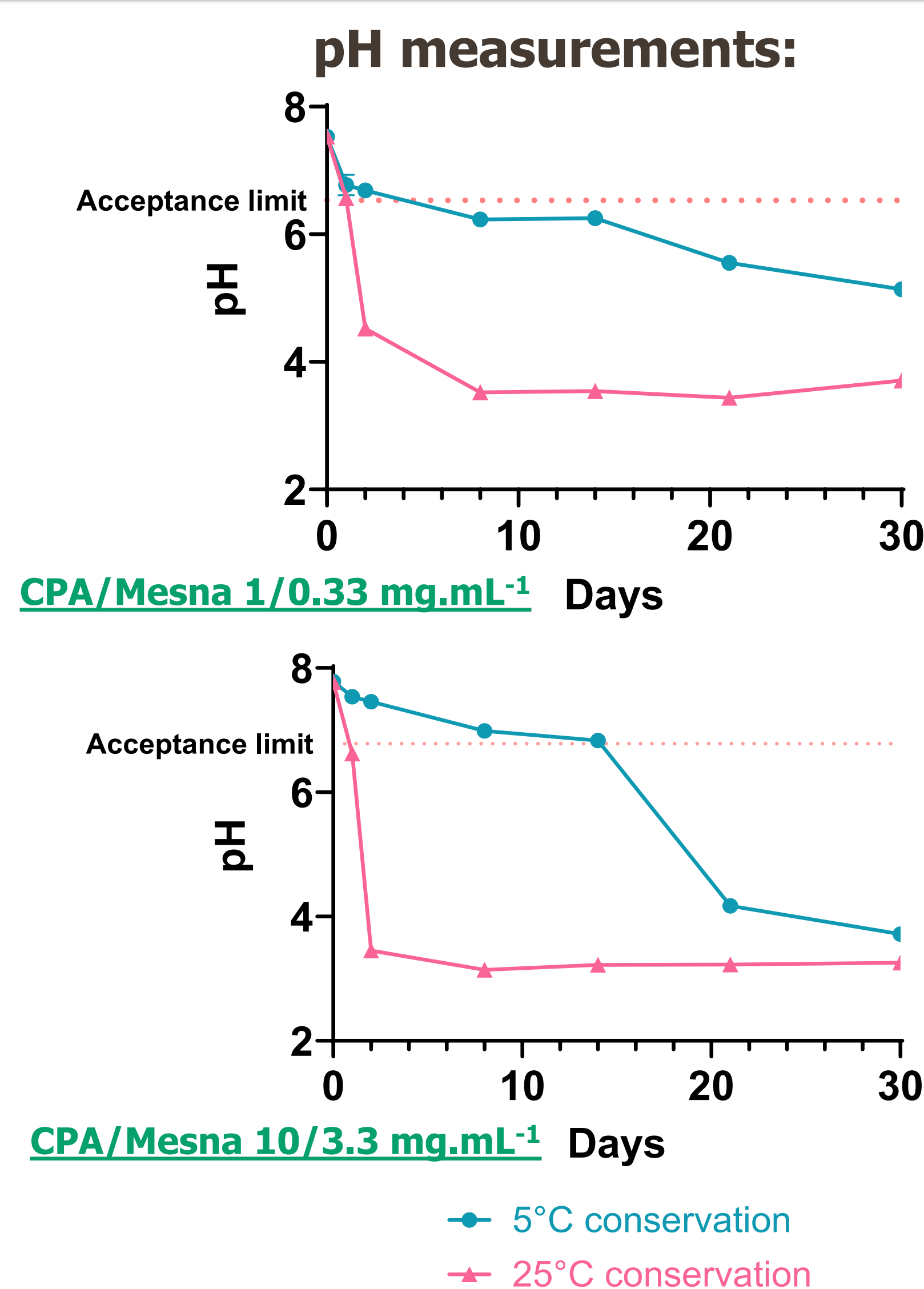
Results

Over the 30 days period:

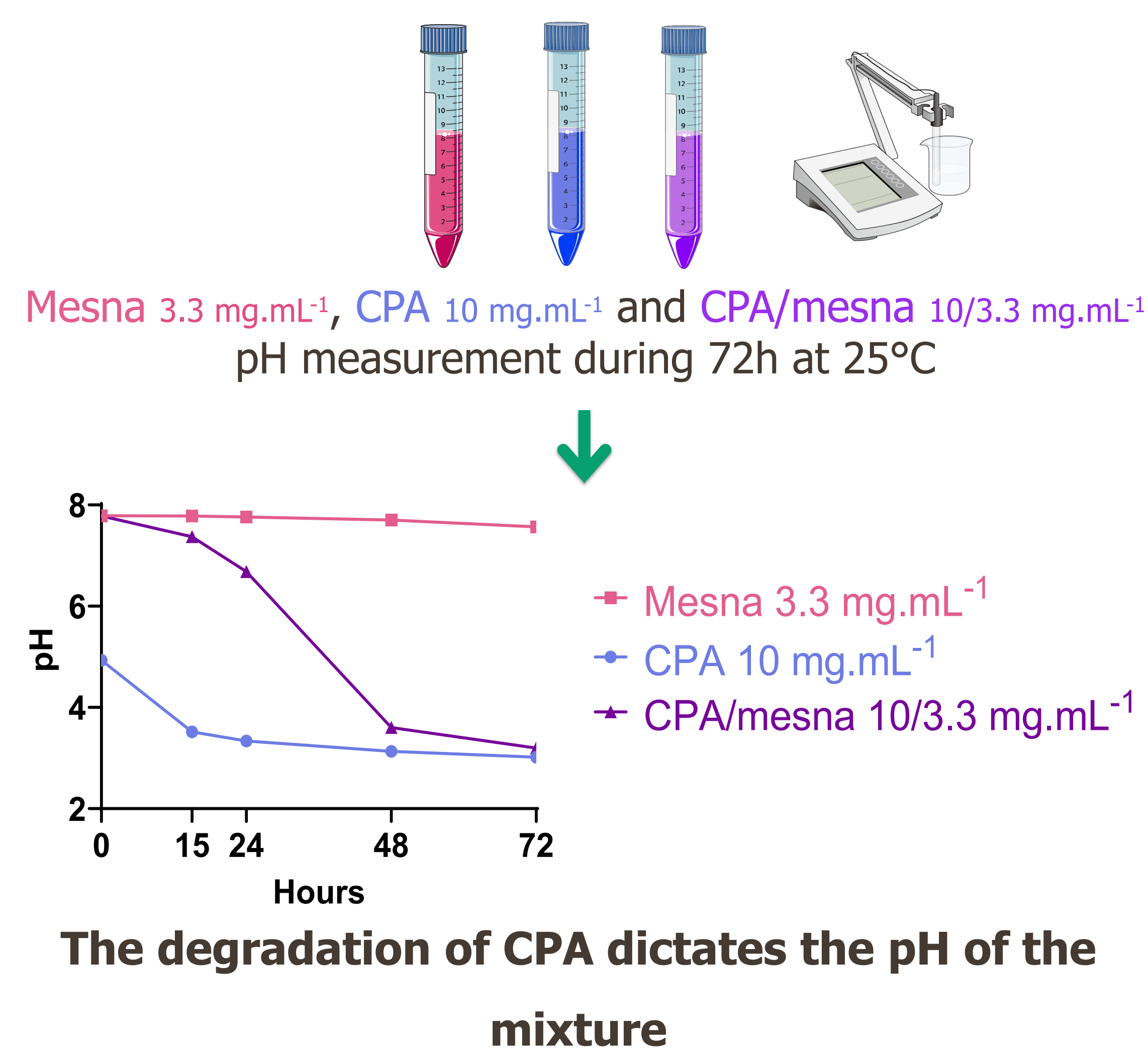
- ✓ Osmolality
- ✓ Visual examination
- ✓ Visible/subvisible particles
- ✓ HPLC quantification : 8 days at 25°C
- 14 days at 5°C

⚠ pH : decrease > 1 unit (acceptance limit) within the first day at 25°C

Slowed with 5°C conservation



Subsequent investigations:



Conclusion and Relevance

- Shelf life of 48 hours at 5°C** for mixture of CPA/mesna from 1/0.33 mg.mL⁻¹ to 10/3.3 mg.mL⁻¹
- Shelf life is **limited by pH decrease**
- No CPA degradation product detected with UV detection. A complementary study using HPLC-CAD (Charged Aerosol Detector) was able to detect a degradation product at 24 hours
- under 25°C conservation.
- Previous CPA stability studies (1) concluded 7 days of shelf life at 5°C **without pH measurement**.
- Our results indicate CPA in solution induces a fast pH drop even at 5°C
- New studies focused on CPA shelf life should be carried out.**

References

(1) Beijnen et al., « Chemical stability of two sterile, parenteral formulations of cyclophosphamide (Endoxan) after reconstitution and dilution in commonly used infusion fluids. » J Parenter Sci Technol. 1992;46(4):111-6

Acknowledgements

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