

Cancer Research UK Formulation Unit



Strathclyde Institute for Pharmacy and
Biomedical Sciences

Welcome and Introduction

Welcome to the Cancer Research UK Formulation Unit within the Strathclyde Institute of Pharmacy and Biomedical Sciences at the University of Strathclyde. The Unit was initially established in 1983 based on experience in the manufacture of small volume injectable products, established clean room facilities and a pharmaceutical science research portfolio.

This unique move was designed to provide Cancer Research UK (previously Cancer Research Campaign) with facilities to formulate and manufacture experimental anti-cancer drugs for initial clinical trials in patients. Current facilities date from 2003 and this move permitted the Unit to meet the challenges of the

future, both in scientific and regulatory terms.



For more information go to
www.strath.ac.uk/cancerresearch

Role

The Cancer Research UK Formulation Unit is a unique academic facility with an international reputation for the pharmaceutical research and development of new anti-cancer drugs. The central role of the Formulation Unit is to take a new compound from the bench to the clinic:



Statistics

The Formulation Unit is entirely funded by Cancer Research UK, has a staff complement of 20, an annual budget around £1 million and performs pharmaceutical research on up to 8 compounds annually.

Since inception the Unit has handled around 100 compounds and manufactured over 1,000,000 product units. Several of the compounds have been passed on to international pharmaceutical companies and two are now available



worldwide for the treatment of cancer : temozolomide marketed as Temodal® by Schering Plough and abiraterone acetate marketed as Zytiga® by Johnson and Johnson. With these two drugs alone, the Unit has impacted on the lives of over 3.5 million cancer patients globally.



The Unit is involved in the pharmaceutical control of up to 15-20 compounds in clinical trial and deals with the Experimental Cancer Medicine Centres (ECMC) throughout the United Kingdom funded by Cancer Research UK and the health departments for Scotland, England, Wales and Northern Ireland.

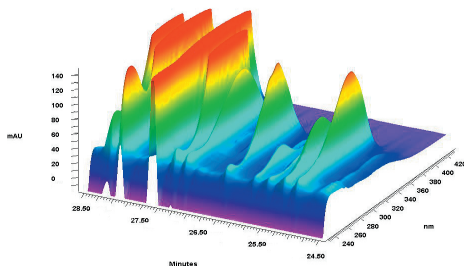
Analysis



Once a new drug arrives in the Unit it must undergo analytical testing. This involves the development of methods to confirm its identity, purity and quality. These tests include detection of possible impurities such as synthetic intermediates and manufacturing reagents (including solvents and heavy metal catalysts).

Through a series of tests designed to assess the suitability of the material for human use, a Certificate of Analysis for the drug is established. The assessment criteria are based upon the available pharmacopoeial guidelines, the route of administration and clinical requirements of the drug.

A similar testing regime is applied to the final drug product to ensure consistency between manufactured batches.



Formulation

The formulation of a new drug is a key step in its conversion from the chemist's powder to clinical reality. There are two main stumbling blocks in this process: poor aqueous solubility and poor chemical stability. Unfortunately, the majority of new anti-cancer drugs possess one or usually both of these problems! Aqueous solubility can be improved by employing solubilising agents such as biocompatible solvents or through special formulations such as liposomes.

Chemical stability can be enhanced through careful examination of the degradation process and removal of the degradation driving force. For substances which undergo hydrolysis (i.e. degradation by water) freeze drying removes the water and greatly improves stability.

In one case, formulation required the utilisation of two solvent systems and lyophilisation. One solvent was used to dissolve the drug initially, it was then lyophilised from this solvent, and finally just before administration it was re-dissolved in a second solvent to provide the final formulation.

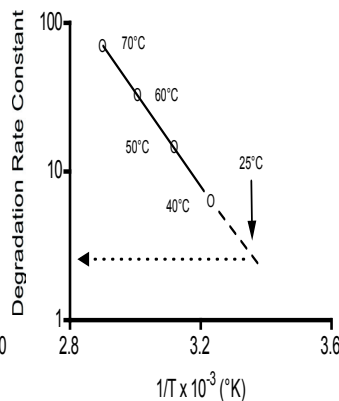
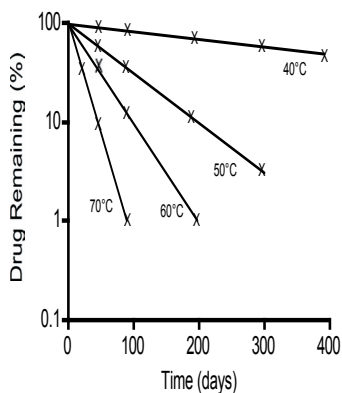


Stability

Every patient on trial must receive the same medication and an important feature is the formulation's stability during storage. To ensure stability all formulations are subjected to accelerated and real time stability testing.

Current guidelines require testing at 25°C (50% relative humidity) equivalent to real time and 40°C (75% relative humidity) equivalent to accelerated or stressed conditions. Conditions are modified however to suit the properties of individual formulations.

Real time cannot be accelerated nor recaptured! Stability testing is therefore an important stage, product instability could delay



entry into clinical trial. In addition the small scale nature of early formulations means that each batch may be different,

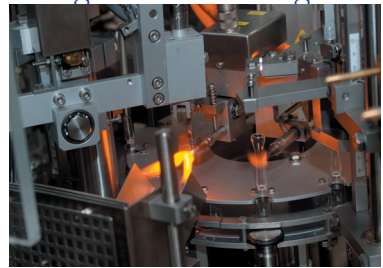
requiring at least real time monitoring to ensure stability.

Manufacture



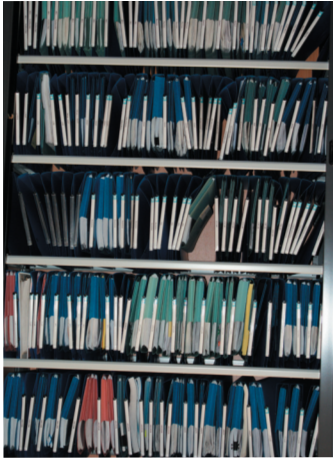
After analysis and formulation drugs handled by the Unit have to be manufactured on a suitable scale. For stability studies and early clinical trials the quantity required is low at no more than 100-1000 units per batch.

At the lower end of the scale, automated equipment is not available so all manufacturing steps are conducted manually. This ranges from the initial washing of glassware and re-usable items through to the filling and sealing of the formulation in its final container. As batch sizes increase the Formulation Unit have the facility using semi-automated equipment to prepare ampoules, vials and capsules.



On average the Unit manufactures over 25 batches of product per annum. Once prepared each batch of product is then quarantined until it has passed various quality control tests.

Regulatory



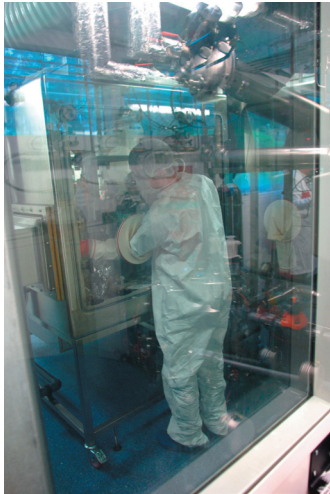
The Formulation Unit is licensed by the Medicines and Healthcare products Regulatory Agency (MHRA) for the production of Human Investigational Medicinal Products.

The regulations that the Unit must comply with are uniform throughout all manufacturers of medicines for human use.

The Formulation Unit is inspected every two years by the MHRA to certify that all work carried out complies with Good Manufacturing Practice (GMP). The objective of GMP is to ensure that products are consistently produced and controlled to particular quality standards.

The Formulation Unit has staff trained in Quality Assurance and Regulatory Affairs, and these staff members ensure that current regulations in manufacture are employed.

Clean Rooms



The Formulation Unit specialises in the preparation of small volume parenteral (injection) products. These products have demanding quality parameters and for example must be sterile to protect the patient from infection.

To ensure sterility the products are manufactured in specialised “Clean Rooms”. These rooms are supplied with filtered air to remove any micro-organisms and the operators wear protective clothing to prevent human contamination of the atmosphere.

In addition manipulations are conducted in cabinets in a continuous stream of filtered air to provide further product protection.

The atmosphere inside the rooms is continuously monitored and cleaned to ensure freedom from contamination.



Distribution

The Formulation Unit does not treat patients, therefore all products must be delivered to the Experimental Cancer Medicine Centres (ECMCs) spread throughout the United Kingdom.

There are 18 ECMCs in the UK ranging from centres in Glasgow, Belfast, Cardiff to London and Southampton. Drugs are therefore despatched to all parts of the UK and even in one case as far afield as Auckland in New Zealand.

On average the Unit despatches product to a clinical centre every two to three days. This requires close control to ensure that all products are correctly transported. In addition product in the field must be supported to ensure that expired product is recalled or destroyed.



Facility Plan

