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Research Study

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Analytical Method development and validation for the Estimation of Dasatinib by Using RP—HPLC Method

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ABSTRACT

A simple and precise method was developed for estimating Dasatinib. The method was found to be specific and precise. The separation was attained on Acquity CSH C18 Column (150*2.0mm & 1.5 μ m) and linearity was achieved in the concentration range of 50 μ g/ml to 250 μ g/ml of Dasatinib with correlation coefficient 0.99. The percent recovery from the assay was found to be 99.79% for Dasatinib. Limit of detection and quantitation for Dasatinib were within the acceptable range. From the stability studies, the percentage variation was less than 10.0% which is the desired criteria. Therefore, this method can be adopted to estimate Dasatinib in other pharmaceutical formulations.

Keywords: Dasatinib, HPLC, Method development, Linearity, Validation

INTRODUCTION

Dasatinib is an oral dual BCR/ABL and Src family tyrosine kinase inhibitor approved for use in patients with chronic myelogenous leukemia (CML).¹ The main targets of Dasatinib, are BCRABL, SRC, Ephrins and GFR. Dasatinib, at nanomolar concentrations, inhibits the following kinases: BCR-ABL, SRC family (SRC, LCK, YES, FYN), c-KIT, EPHA2, and PDGFR β . Based on modeling studies, dasatinib is predicted to bind to multiple conformations of the ABL kinase. In vitro, dasatinib was active in leukemic cell lines representing variants of imatinib mesylate sensitive and resistant disease.^{2,3} Dasatinib inhibited the growth of chronic

myeloid leukemia (CML) and acute lymphoblastic leukemia (ALL) cell lines overexpressing BCR-ABL. Under the conditions of the assays, dasatinib was able to overcome imatinib resistance resulting from BCR-ABL kinase domain mutations, activation of alternate signaling pathways involving the SRC family kinases (LYN, HCK), and multi-drug resistance gene overexpression.⁴⁻⁶ From the literature survey, it was revealed that few UV spectrophotometric method was developed but were not economical. Moreover, RP-HPLC⁷⁻¹⁰ and LC-MS¹¹ and derivative methods were also developed which estimates Dasatinib. In the present research work, a new method was developed to estimate Dasatinib and validated as per ICH guidelines.¹²

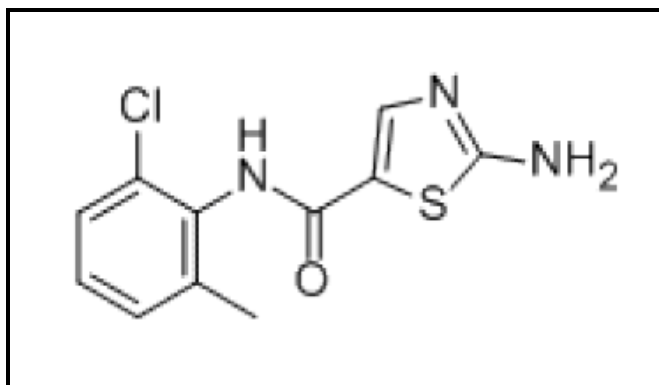


Fig 1: Structure of Dasatinib

MATERIALS AND METHODS

Gift samples of Dasatinib were received from Chandra lab, Hyderabad. KH_2PO_4 was purchased from Final chemicals whereas water, methanol for HPLC and ortho phosphoric acid were purchased from Merck.

Instrumentation

Waters HPLC was used for the estimation of Dasatinib. UV/VIS spectrophotometer (LABINDIA UV 12.500⁺) was used for detection. Instruments such as; pH meter used was of Adwa — AD 10100 and weighing machine was of Afcoset ER-1000A.

Method Development

Preparation of Standard solution

10 mg of Dasatinib was weighed and exchanged in to 100 ml volumetric jar and broken up in portable stage and after that make up to the check with portable stage and plan 10 μg /ml of arrangement by weakening 1ml to 10ml with portable stage.

Preparation of Sample solution

Sample name: Dasatinib Tablets (Sprycel-100mg). Weigh amount of powder proportionate to 100mg of Dasatinib and exchanged in to 100 ml volumetric carafe and broken up in versatile stage and after that make up to the check with portable stage and plan 10 μg /ml of arrangement by weakening 1ml to 10ml with versatile stage.

Procedure

Mixture of Tri ethylene amine, ACN and Methanol in the ratio 30:50:20 % v/v was used as mobile phase which was injected into the system for 30 minutes prior to injecting the prepared solutions of standard as well as sample. Detection of the drug was achieved at the wavelength of 230nm at room temperature. After several trials, method was optimized followed by validation of the method considering various validation parameters.

RESULTS AND DISCUSSION

Method development was achieved using Acquity CSH C18 Column (150*2.0mm & 1.5 μm). Mobile phase was mixture of Tri ethylene amine, ACN and methanol (30:50:20% v/v). Flow rate (1ml/min) and injection volume (10 μl) was set. The peaks obtained had good resolution with the retention time 2.090. Chromatogram of optimized trial is shown in figure 2.

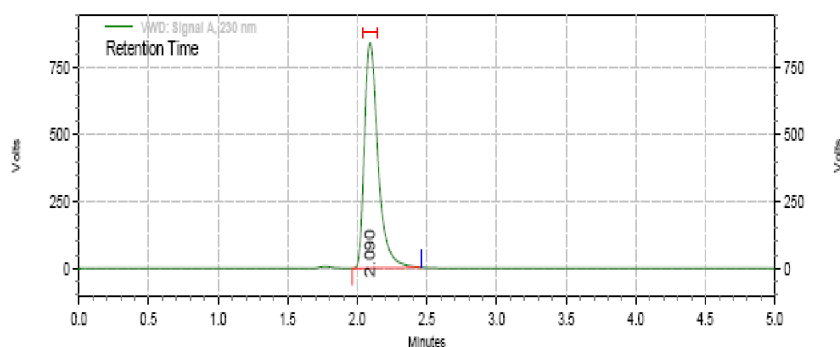


Fig 2: Chromatogram of optimized trial

System Suitability and System Precision

All the parameters were evaluated by performing system suitability studies. The recorded responses for System Suitability & System Precision are depicted in table 1.

Table 1: Results of system suitability parameters

Injection	RT	Peak area	Theoretical plates (TP)	Tailing factor (TF)
1	2.091	96343680	2433	1.12
2	2.093	96364770	2415	1.10
3	2.088	96438444	2424	1.11
4	2.086	95994191	2419	1.09
5	2.090	96704491	2463	1.11
6	2.089	96202740	2489	1.13
Mean	2.090	96341386.0	-	-
SD	0.002	237311.884	-	-
%RSD	0.116	0.246	-	-

Method validation

Validation of the method was evaluated for various parameters which include linearity, specificity, robustness

and stability. The method was also evaluated for specificity of the method and was found to be specific as there were no interactions found. Linearity obtained was shown to have good correlation as shown in table 2.

Table 2: Linearity Relationship

S. No	Parameter	Dasatinib
1	Correlation coefficient	0.9997
2	Slope	32947
3	Intercept	923452

Linearity

The linearity range was observed from 50µg/ml to 250µg/ml of Dasatinib. The respective absorbance values are depicted in table 3. The linearity graph plotted is presented in figure 3.

Table 3: Linearity Results

S. No	Concentration (µg/mL)	Area
1	50	1885.11
2	100	3005.34
3	150	3752.19
4	200	4561.04
5	250	5613.84

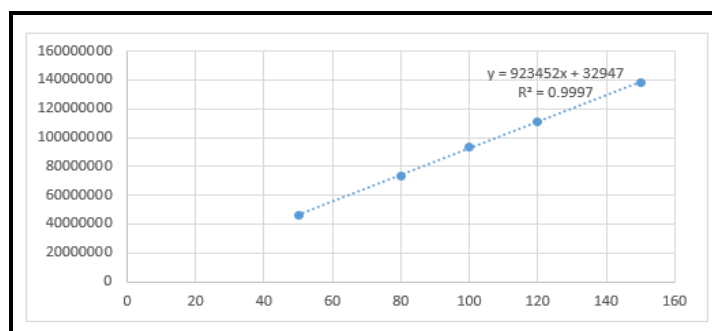


Fig 4: Linearity graph for Dasatinib

Accuracy

Percent recovery of sample solutions at different concentrations (50%, 100%, and 150%) was calculated. The Percent recovery of Dasatinib is depicted in table 4.

Table 4: Accuracy (recovery) data for Dasatinib

Recovery	Area	Avg Area	% Recovery	% Recovered
50	46743357	46650586.67	50.42	100.84
	46590321			
	46618082			
	93917031			
100	93857319	93839437.67	100.64	100.64
	93743963			
	138525998			
	138257065			
150	139250427	138677830.00	150.44	100.29

Limit of Detection and Quantitation

Lowest concentrations of the sample were prepared and measured for LOD and LOQ. The LOD for this method was found to be 8.74 µg/ml Dasatinib. The LOQ for this method was found to be 26.50 µg/ml Dasatinib.

$$\text{LOD} = \frac{3.3\sigma}{S}$$

$$= 3.3 * (87311.88) / 32947$$

$$= 8.74 \mu\text{g/ml}$$

$$\text{LOQ} = \frac{10\sigma}{S}$$

$$= 10 * (87311.88) / 32947$$

$$= 26.50 \mu\text{g/ml}$$

Where

σ = the standard deviation of the response

S = the slope of the calibration curve

The slope S may be estimated from the calibration curve of the analyte.

Robustness

The standard and samples were injected by changing the conditions of chromatography. There was no change observed in the parameters like tailing factor, resolution,

plate count and asymmetric factor. Chromatograms for variation in flow rate are presented in figure 5 and 6 whereas chromatograms for variation in temperature are presented in figure 7 and 8. Their respective results are depicted in table 5.

Variation in flow

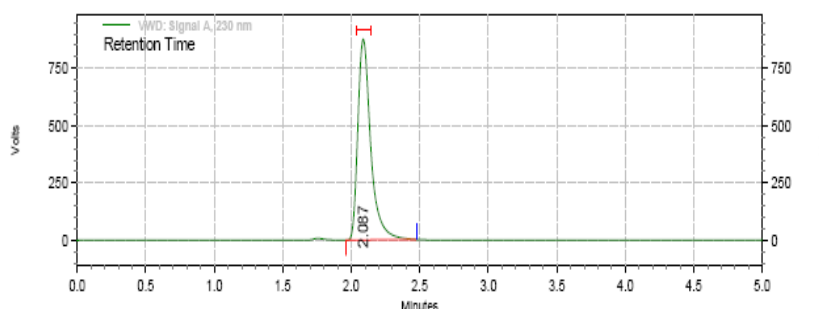
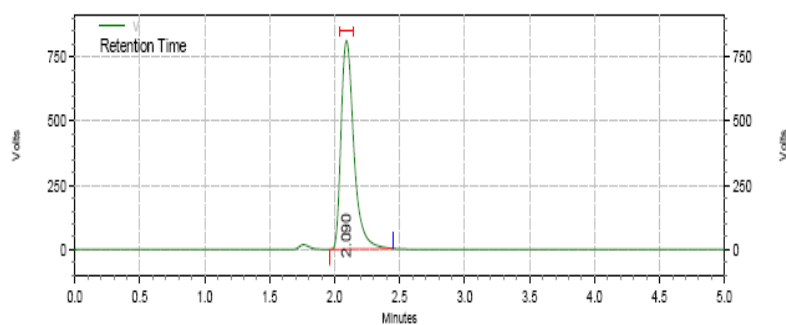
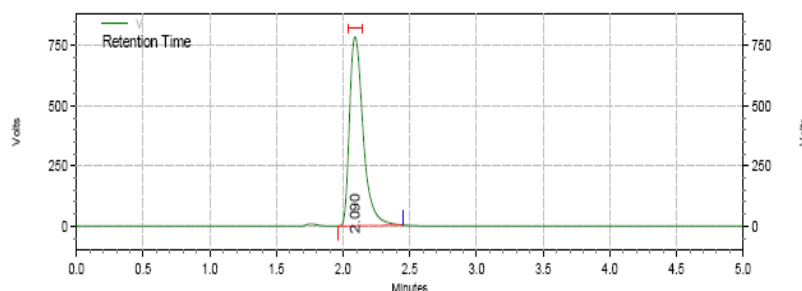
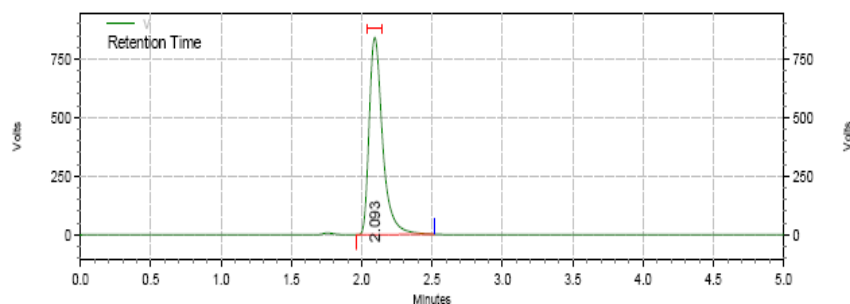


Fig 5: Chromatogram showing less flow

**Fig 6: Chromatogram showing more flow**

Variation of temperature

**Fig 7: Chromatogram with less temperature****Fig 8: Chromatogram with more temperature****Table 9: Results for variation for Dasatinib**

Chromatographic changes		Retention time(min)	Tailing Factor	Theoretical Plates
Flow rate	0.8	2.087	1.74	2456
(mL/min)	1.2	2.090	1.28	2469
Temperature (°C)	35	2.090	1.53	2585
	45	2.093	1.59	2481

CONCLUSION

From the above experimental results and parameters it was concluded that, this newly developed method for the estimation of Dasatinib was found to be simple, precise, accurate and high resolution and shorter retention time makes this method more acceptable and cost effective and it can be effectively applied for routine analysis in research institutions, quality control department in industries,

approved testing laboratories, bio-pharmaceutical and bio-equivalence studies and in clinical pharmacokinetic studies in near future.

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