



UNIVERSITÄT GREIFSWALD
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Gastrointestinal imaging with MRI: providing information about conditions at the site of drug delivery

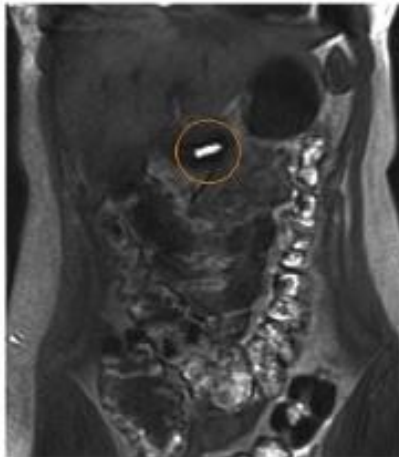
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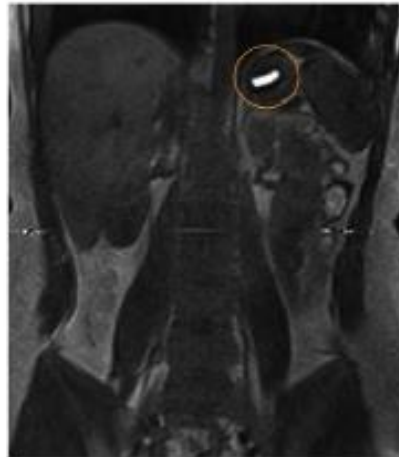
FDA/MCERSI Workshop, May 23-24, 2023

Pros:

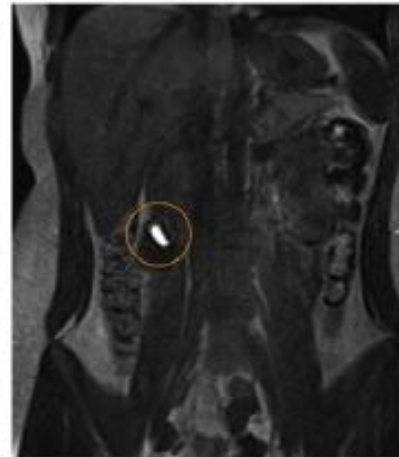
- Anatomical imaging (organs visible)
- High spatial resolution
- Safety



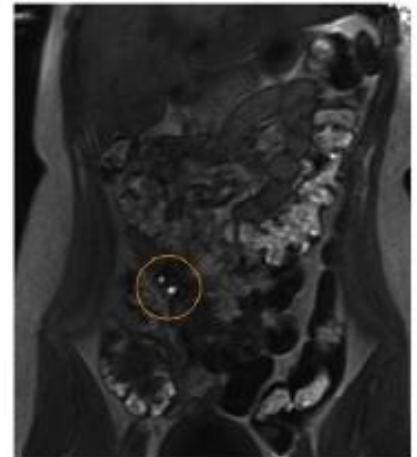
5 min



90 min



150 min



210 min

Cons:

- Low temporal resolution (transport dynamics?)
- Restricted body position (supine)
- Duration of measurements (discomfort)
- Limited contrast: Identification of dosage forms requires labelling

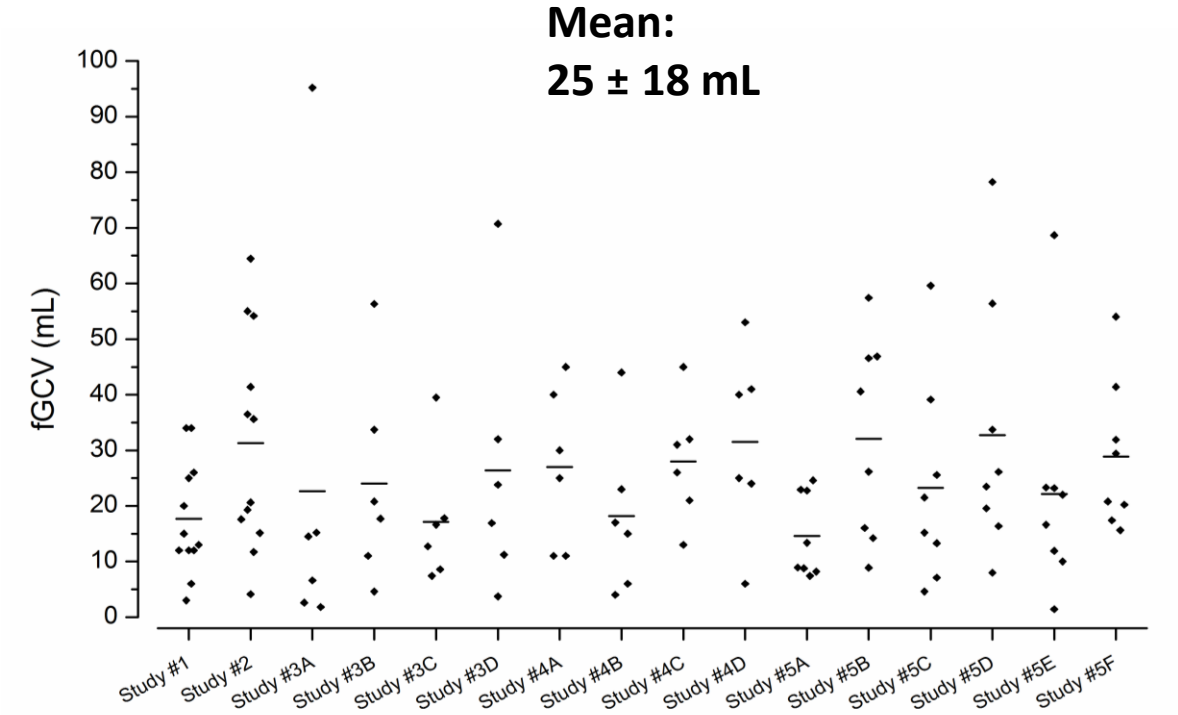
Use of MRI to investigate GI conditions drug delivery systems meet

Fasting intake conditions

Standardized conditions (FDA, EMA) in Clinical Pharmacology
(Phase 1 studies)

- at least 10 h (Europe 8 h) fasting (over night)
- Volunteer takes the dosage form with 1 glass of water (240 mL, 20 °C)
- further fasting for at least 4 h
- first water intake after > 1 h

What is inside the stomach after overnight fasting?

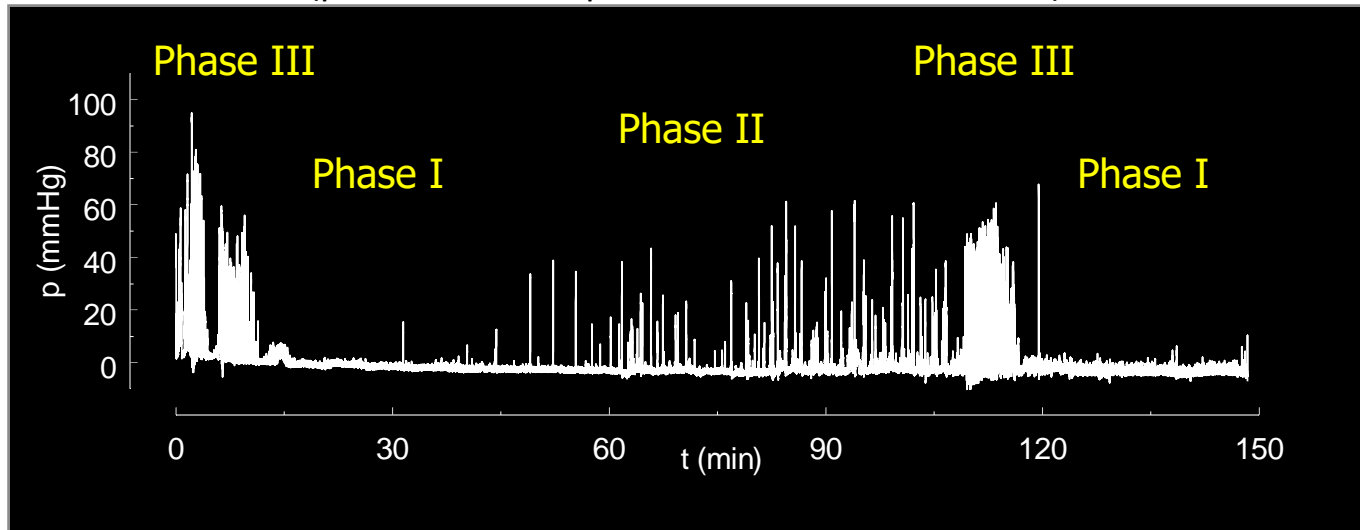


Why only a few Millilitres?

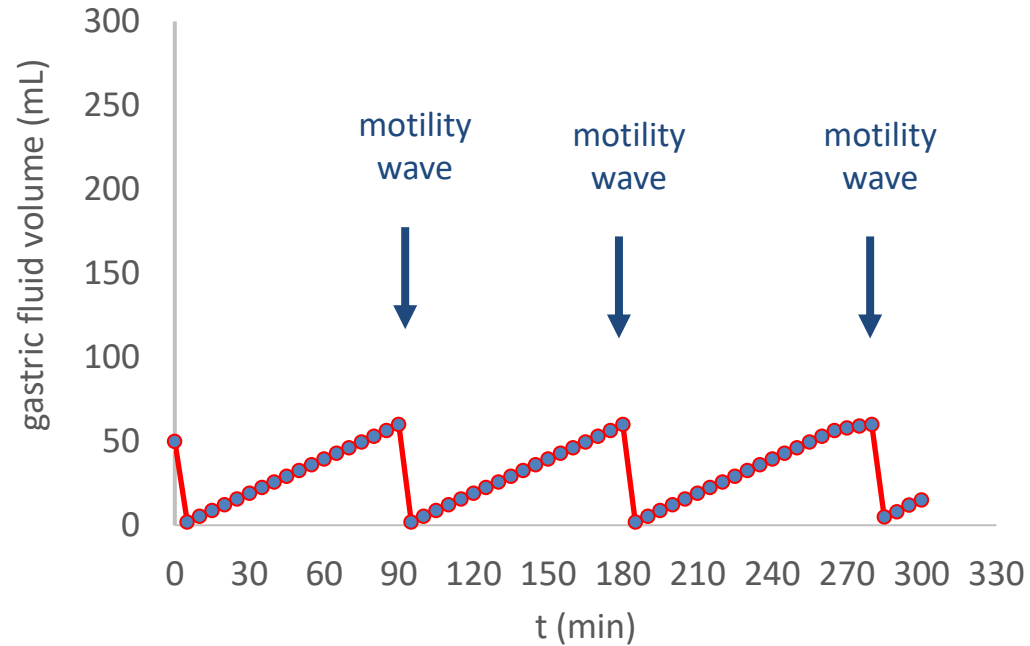
Basal gastric inflow (gastric juice + saliva): about 2 mL / min
i.e. 120 mL / h or up to 1 L during night!

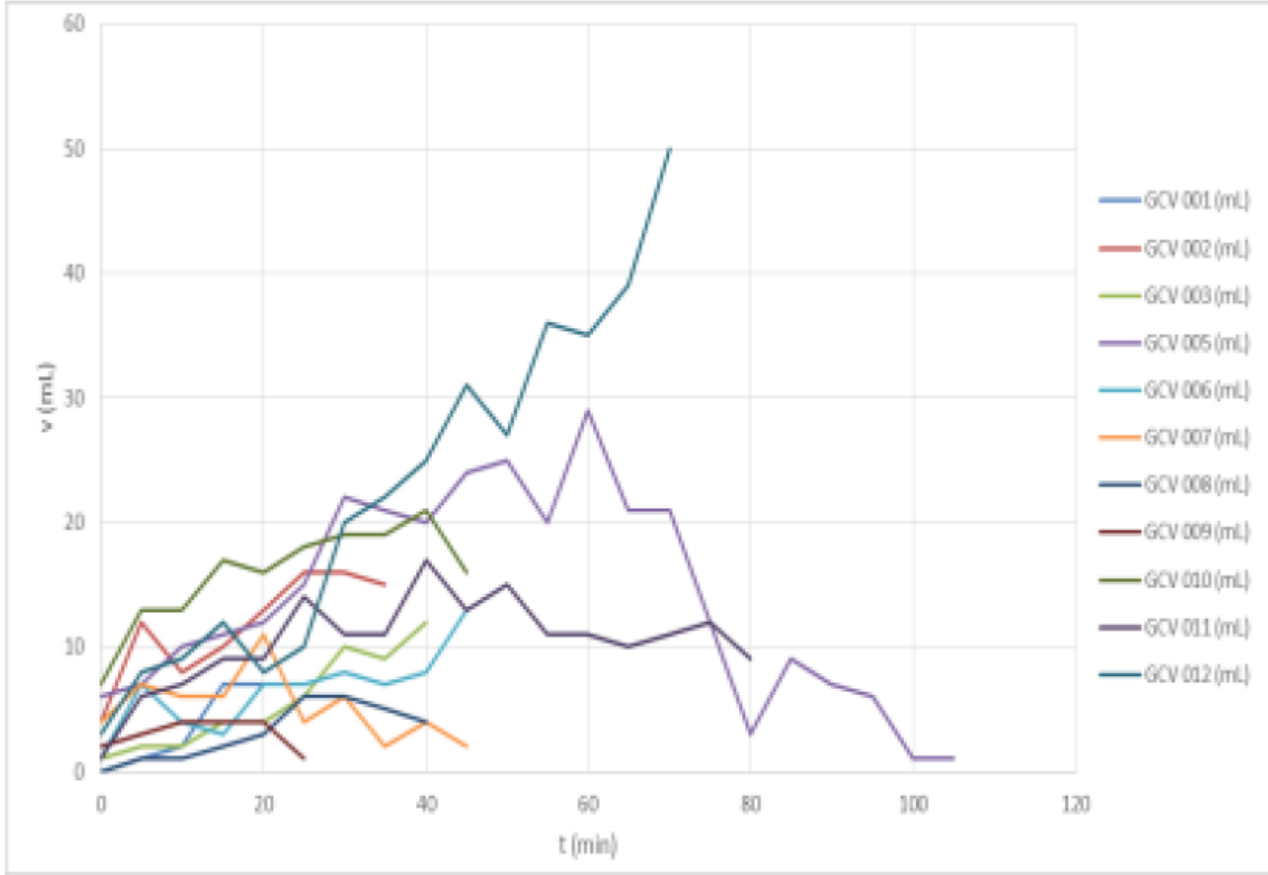
The (human) stomach 'falls asleep' during rest

Interdigestive Migrating Motor Complex (IMMC) (pressure sensor placed in antrum of stomach)



Our understanding





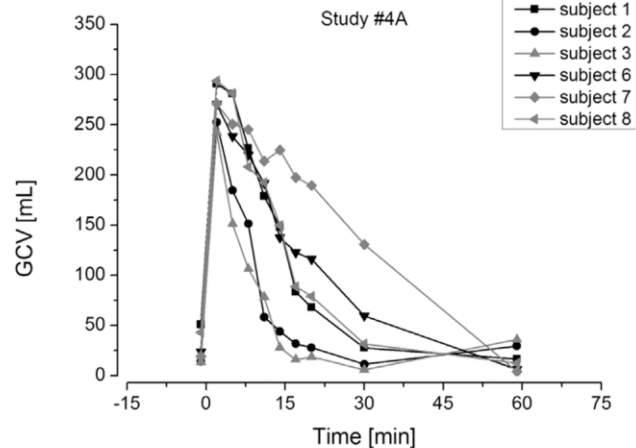
Subjects drank 240 mL of water, graph shows volume changes of GCV in fasted state after completed water emptying

Pretreatment: at least 10h overnight fast, intake of 240 mL water

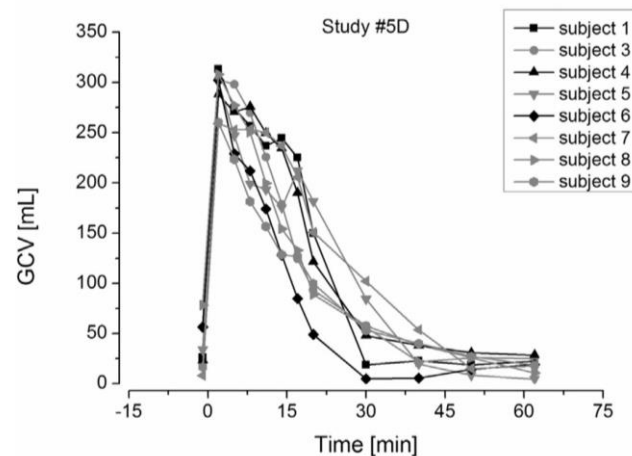
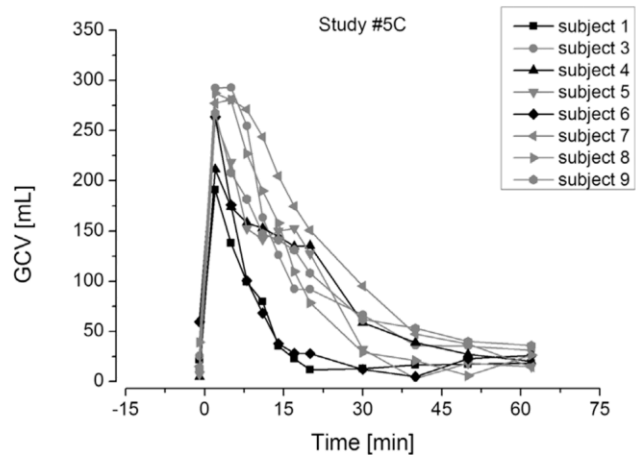
Fasting intake conditions: The stomach

What happens with 240 mL of water (20 °C) taken on an empty stomach?

Gastric content volumes (GCV) after drinking 240 mL water

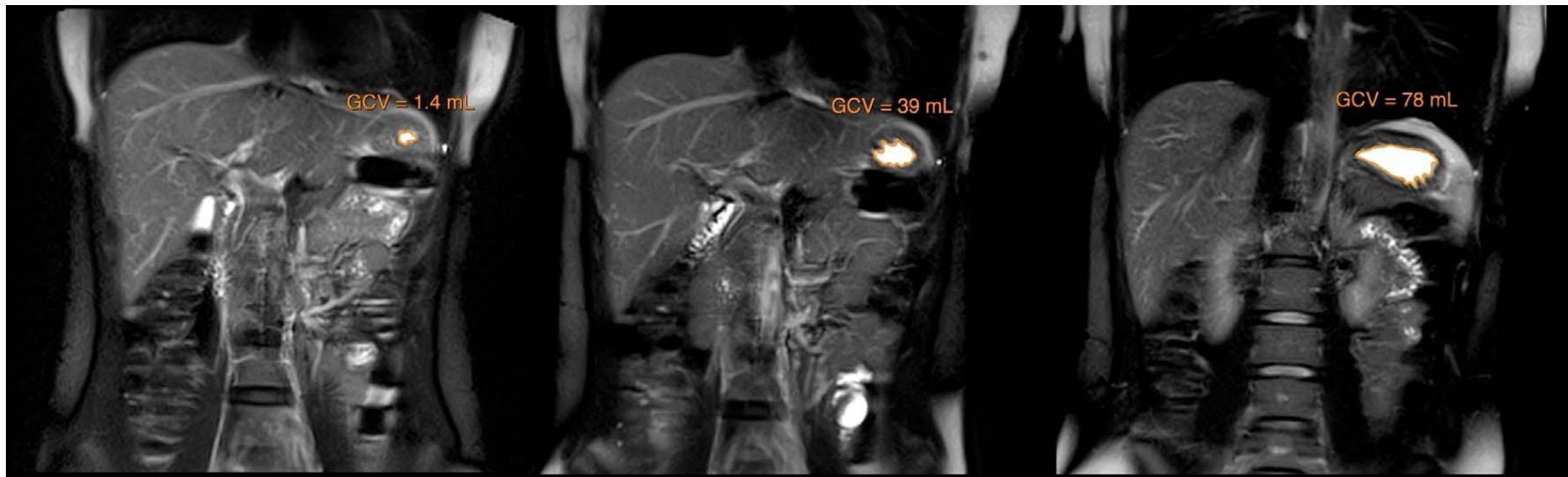


$85 \pm 13\%$ of initially available gastric volume are emptied after 30 min.

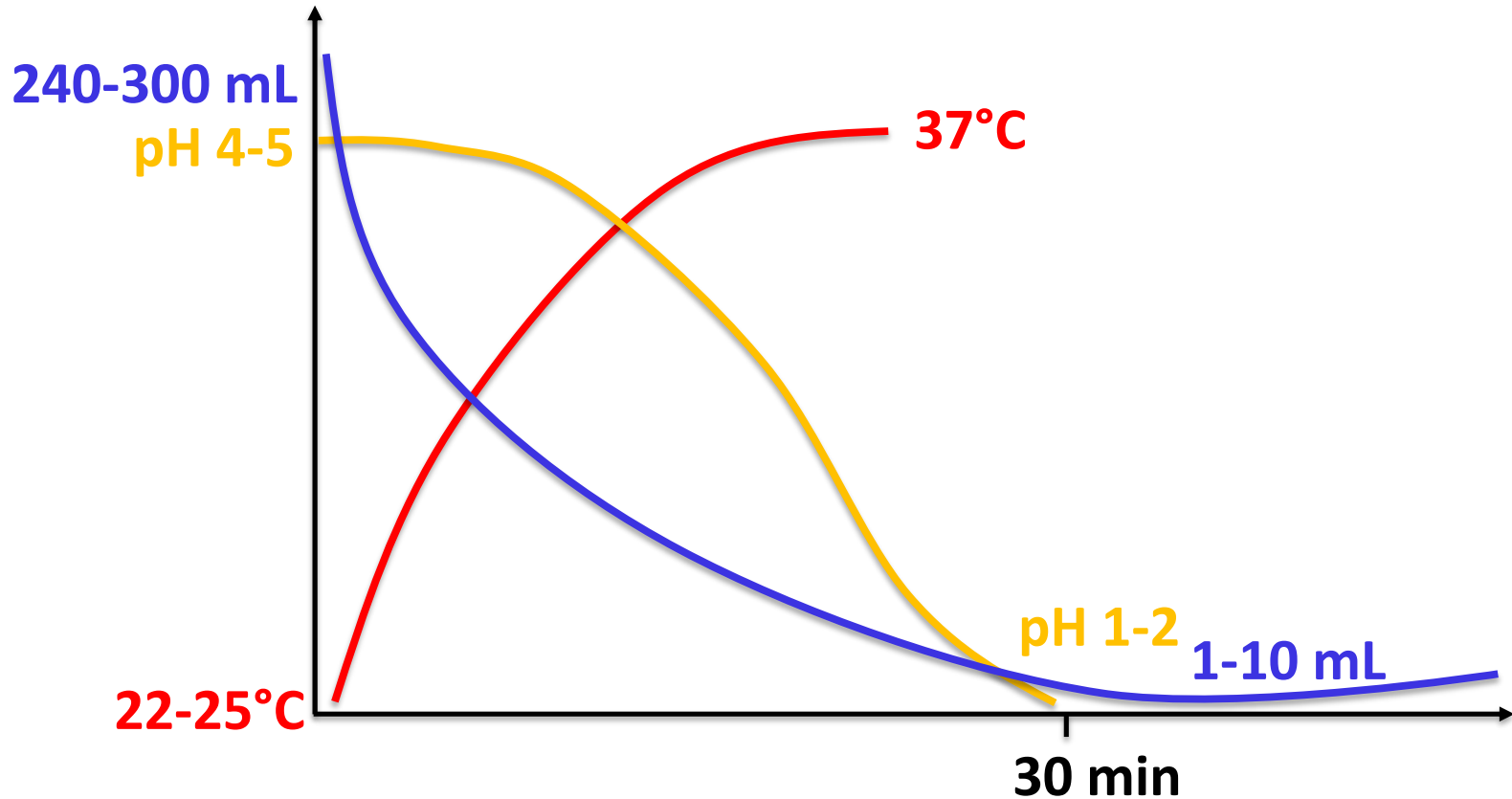


Gastric content volumes (GCV) after drinking 240 mL water

Interindividual and intraindividual variability are comparable



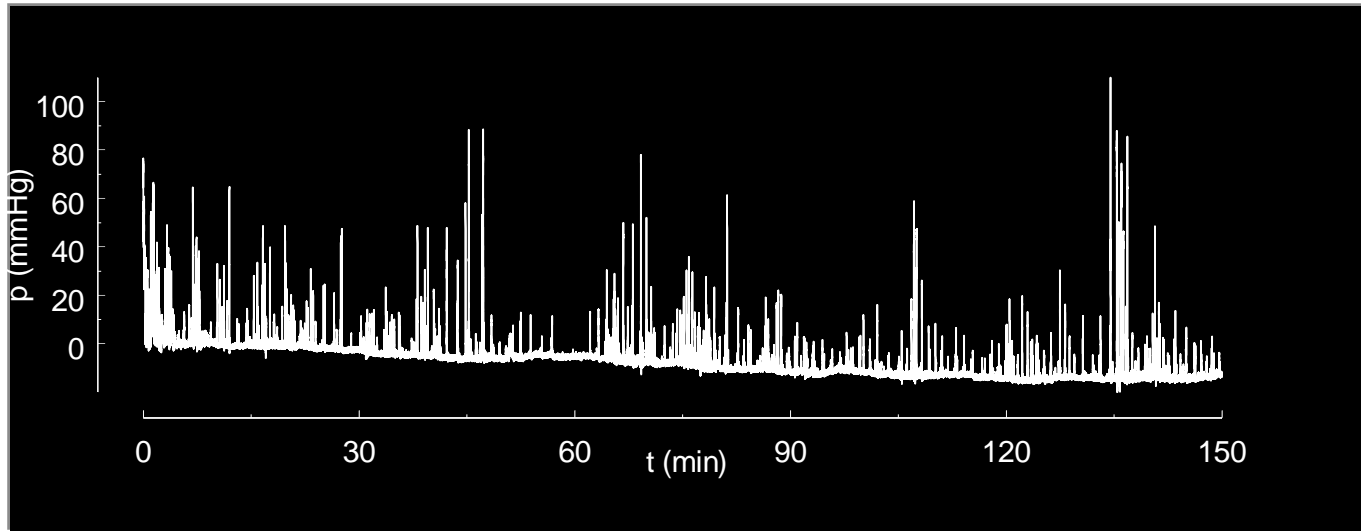
Fasting intake conditions: The stomach



'Awakening' of the stomach is triggered by food intake

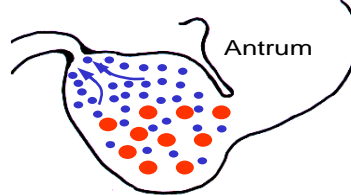
Migrating Motor Complex (MMC)

(pressure sensor placed in antrum of stomach)



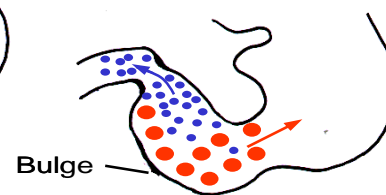
Gastric sieving:

Phase of propulsion



Rapid flow of liquids with suspended small particles and delayed flow of large particles towards pylorus

Phase of emptying



Emptying of liquids with small particles whereas large particles are retained in the bulge of the terminal antrum

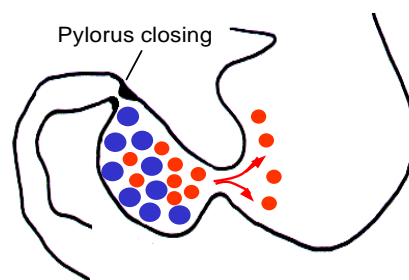
Phase of retro propulsion



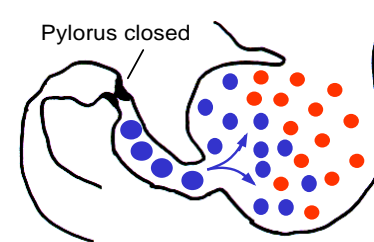
Retro propulsion of large particles and clearing of the terminal antrum

Gastric grinding:

Onset of terminal antral contraction

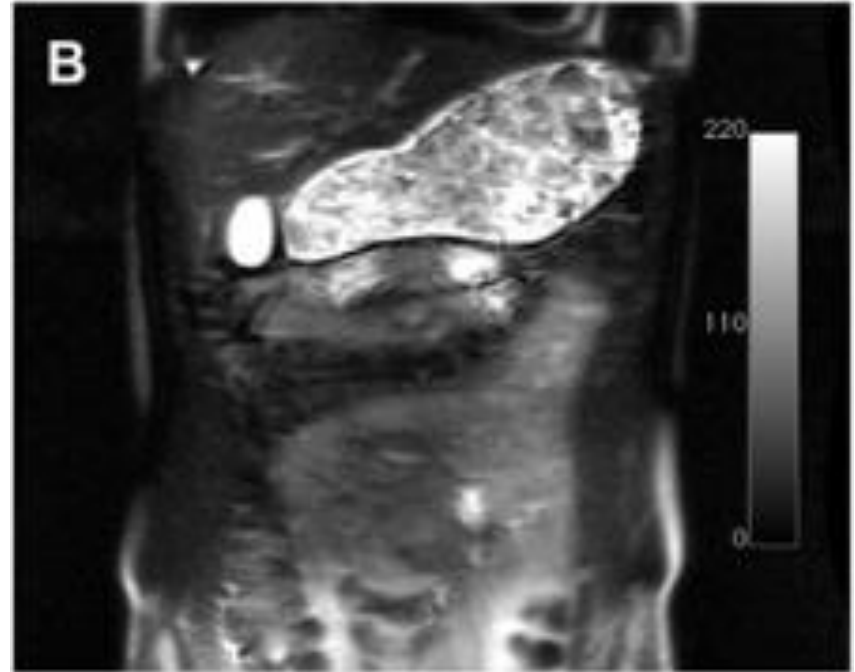


Late phase of terminal antral contraction



Fed intake conditions: The stomach

What is inside the stomach after the „FDA breakfast“?



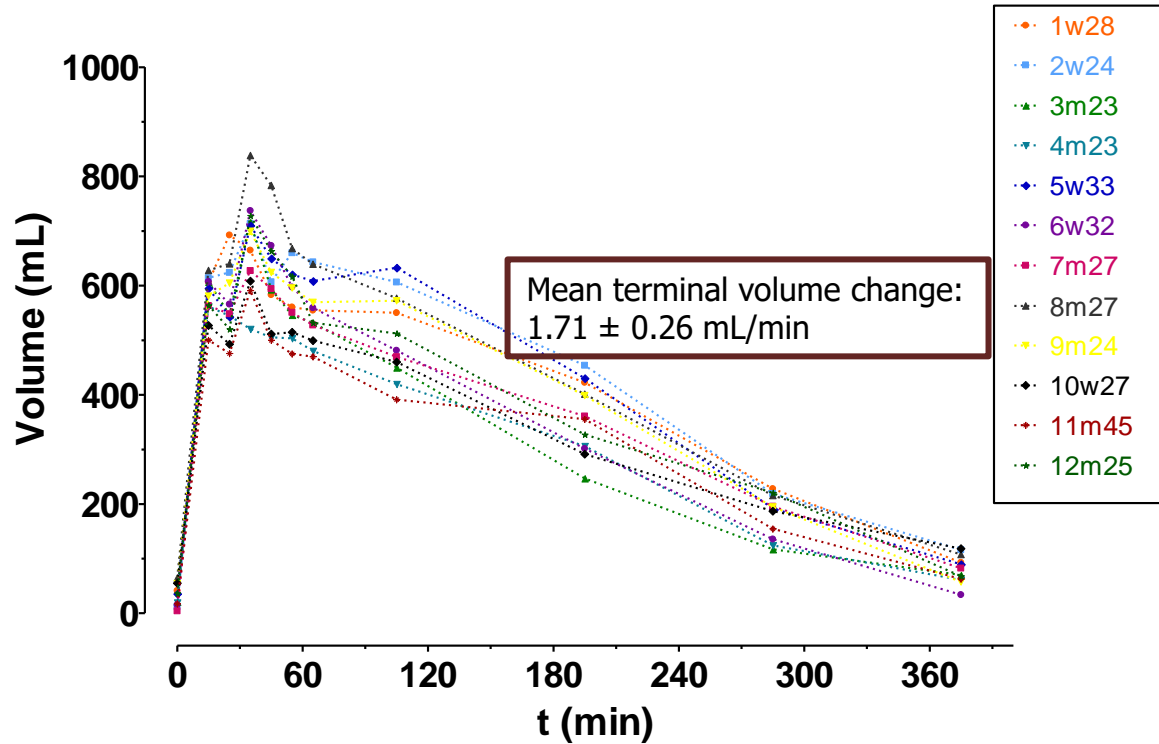
Fed intake conditions

Study design (in compliance with guidelines of FDA and EMA)

- 12 volunteers (7 male, 5 female, 23-45 y)
- 10 h fasting over night
- Breakfast in the morning
 - “FDA” breakfast
 - 964 kcal (> 50 % fat)
 - 535-540 g
 - 480-500 mL
- 30 min after start of breakfast (15 min after end of breakfast) intake of 240 mL water whilst in the MRI via a tube

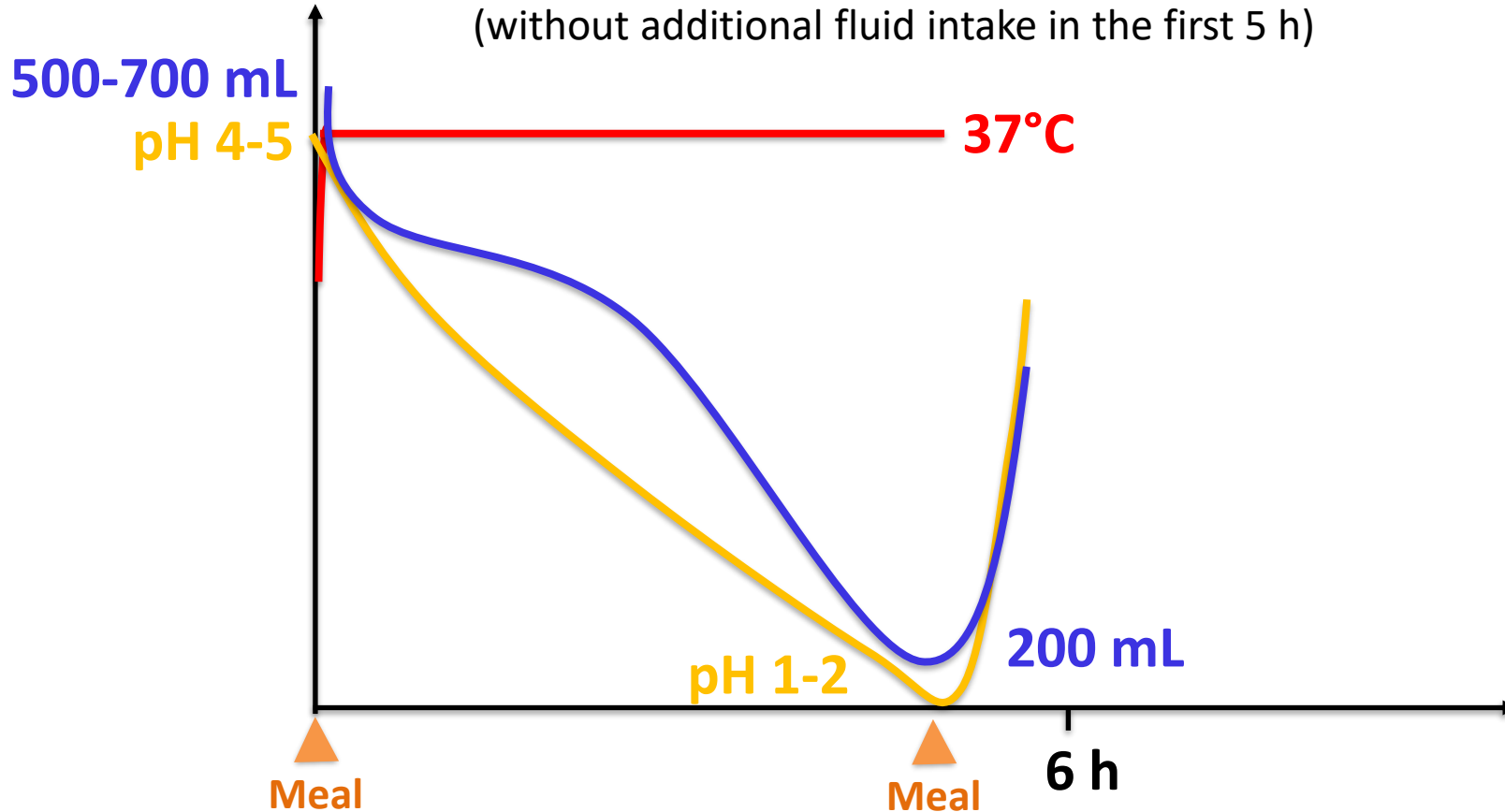


Gastric content volumes



Fed state intake conditions: The stomach in bioavailability/bioequivalence studies

(without additional fluid intake in the first 5 h)



Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)



Food-Effect Bioavailability and Fed Bioequivalence Studies

December 2002
BP

A food-effect study involving administration of [the drug product] to healthy volunteers under fasting conditions and with a high-fat meal indicated that the C_{max} and AUC were increased 57% and 45%, respectively, under fed conditions. This increase in exposure can be clinically significant, and therefore [the drug] should be taken **only on an empty stomach (1 hour before or 2 hours after a meal)**

Guidance for Industry

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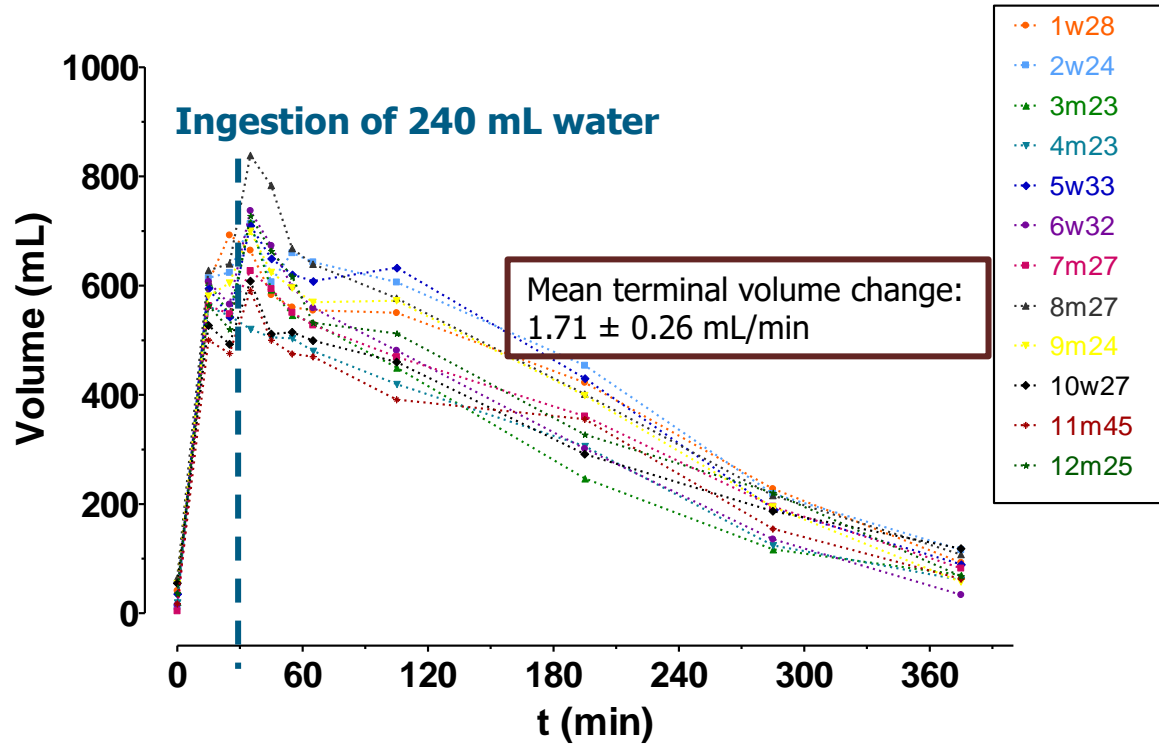
Food-Effect Bioavailability and Fed Bioequivalence Studies

December 2002
BP

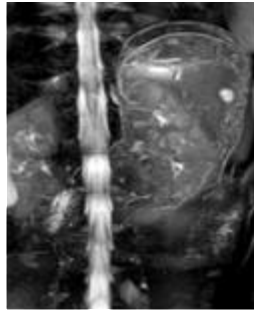
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WIP

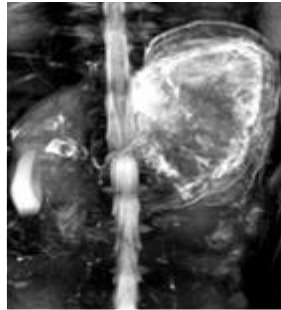
Gastric content volumes



Fed intake conditions: The stomach



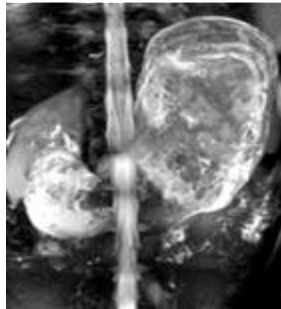
0 s



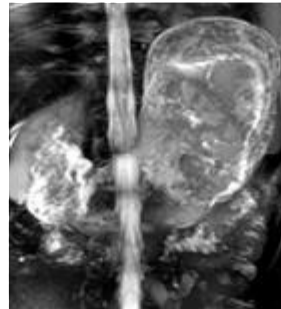
36 s



72 s



162 s

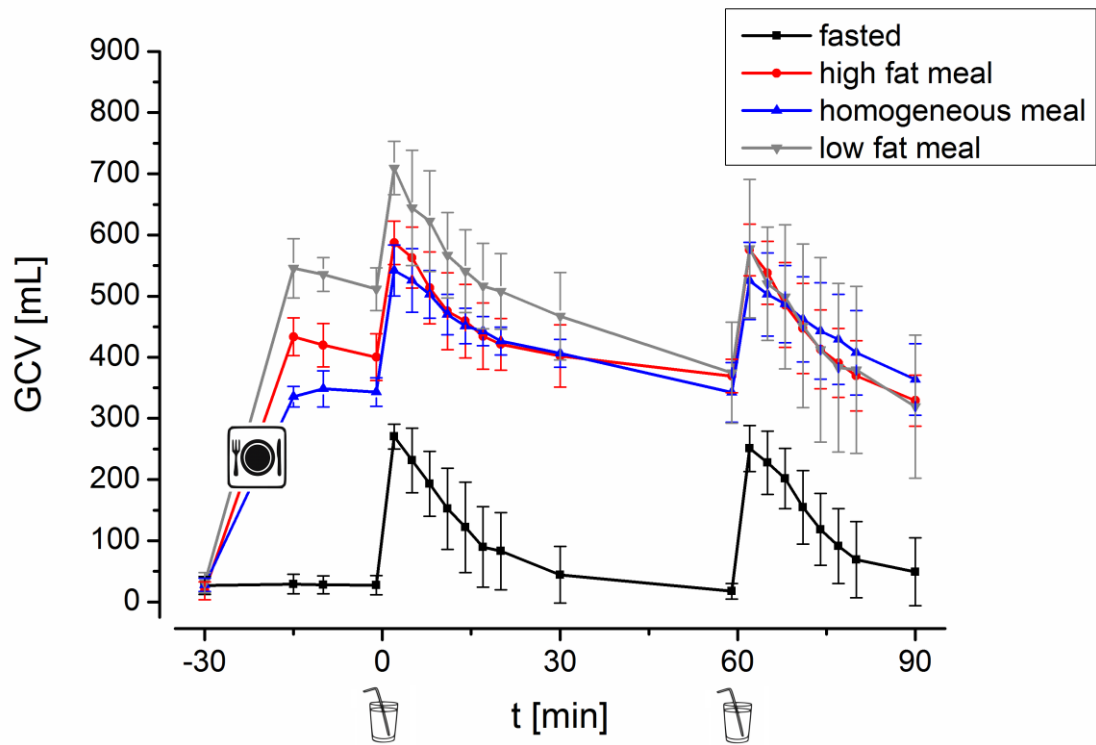


234 s

Maximum intensity projections of the stomach after ingestion of 240 mL of water (0 s indicates the starting point of drinking).

- Rapid emptying of water: Magenstrasse

Rapid emptying of water: Magenstrasse ('stomach road')



High fat meal (FDA breakfast)

460 kcal (63% from fat)



Homogeneous meal (chocolate mousse)

491 kcal (59 % from fat)



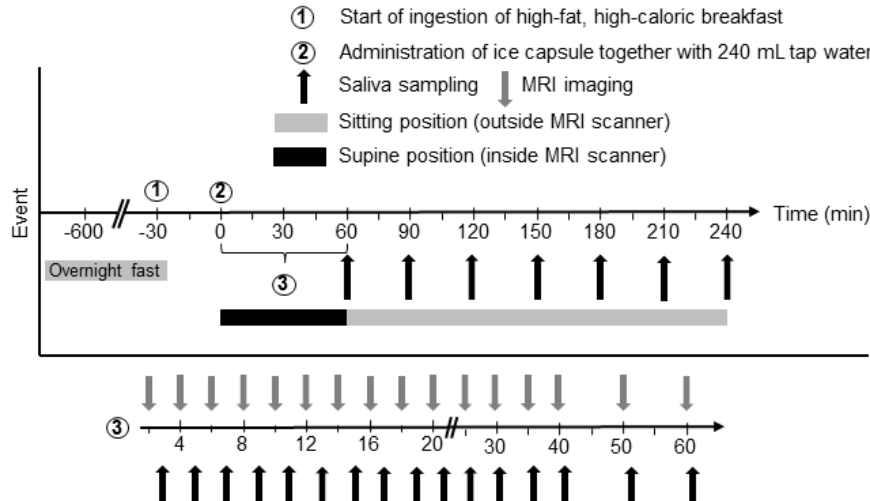
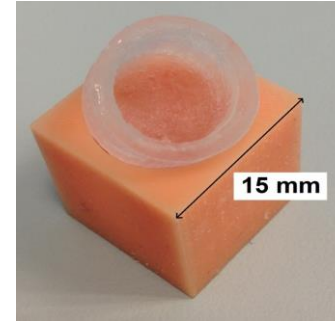
Low fat meal (typical breakfast)

466 kcal (13 % from fat)



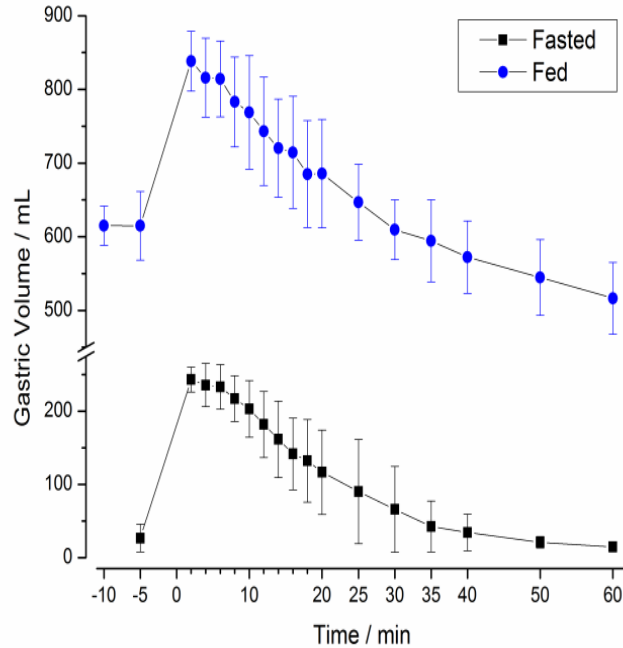
Rapid emptying of water: Validation using caffeine in “ice capsule”

Caffeine solution (0.5 ml, 35 mg caffeine) frozen in “ice capsule” (extremely fast melting after ingestion).

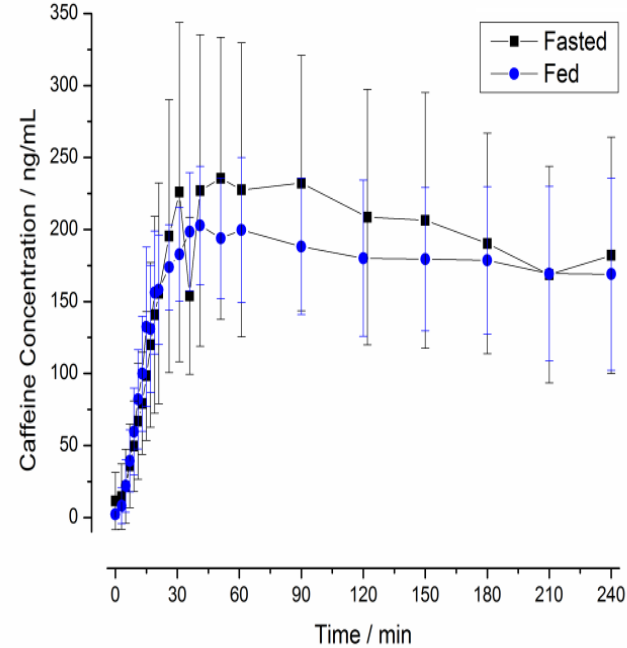


Comparison: Fasted - Fed

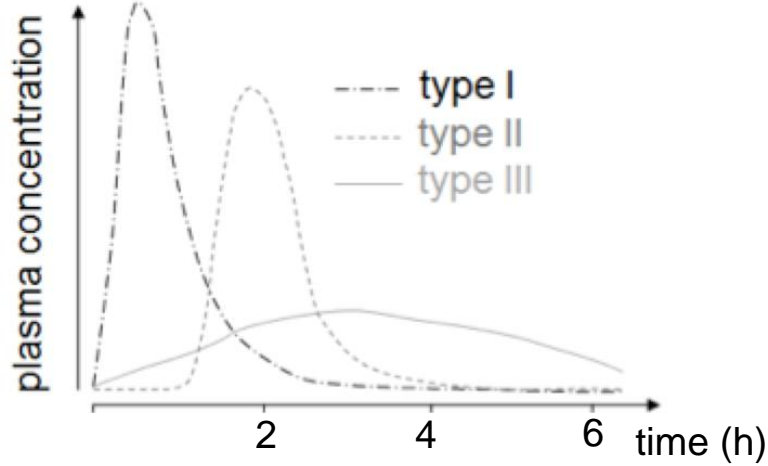
Gastric volumes (MRI)



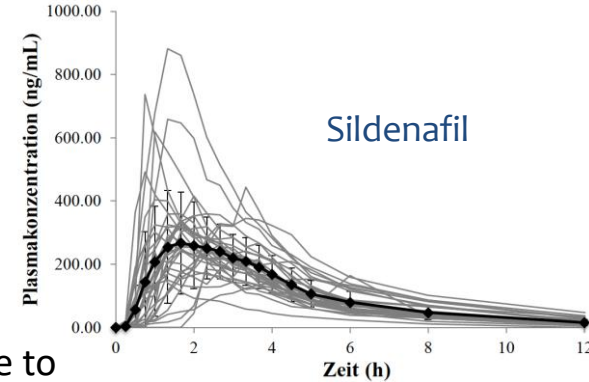
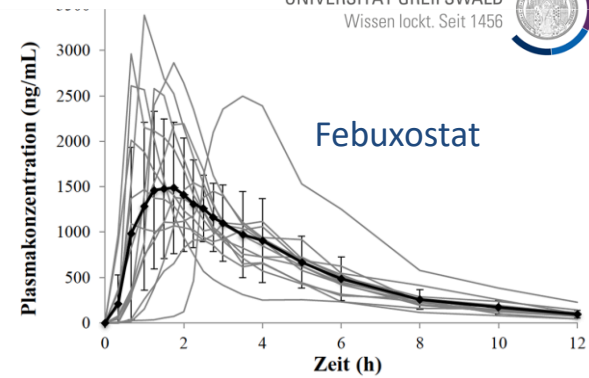
Caffeine concentrations in saliva



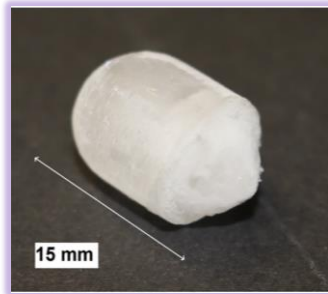
Rapid emptying of water: Magenstrasse ('stomach road')



- **Type I:** Rapid intragastric disintegration/dissolution, evacuation of suspended/dissolved API with co-swallowed water via “Magenstrasse”
- **Type II:** Slow intragastric disintegration/dissolution, local enrichment due to poor gastric mixing (fundus region), evacuation (“wash out”) of suspended/dissolved API with later swallowed water via “Magenstrasse”
- **Type III:** Material mixed with gastric contents, evacuation with gastric chyme



Development of a rapidly dissolving tablet that delivers caffeine straight to the stomach in order to label the co-swallowed water



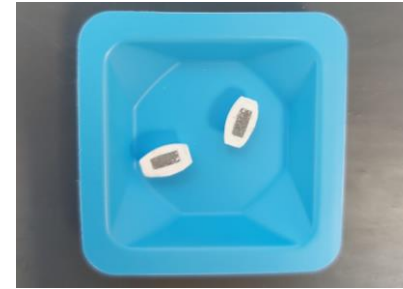
(Sager et al., 2018)*

Limitations:

15 mm size –
inconvenient to
swallow

Storage and
transportation are
challenging

Melts quickly at
room temperature
and in the oral cavity

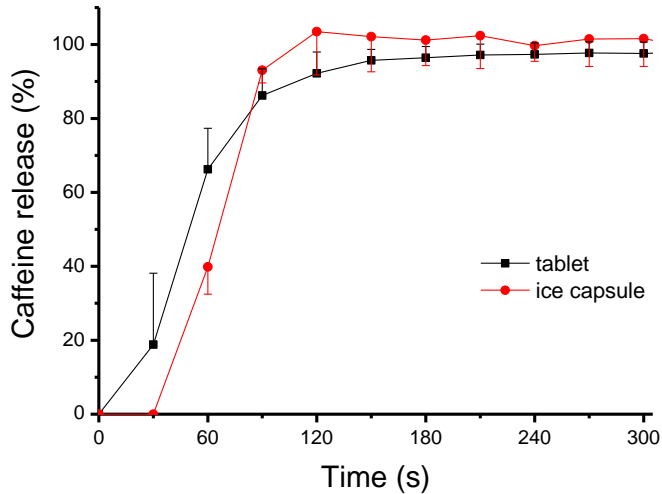


Solution:

Development of a
compression-coated tablet
as an alternative vehicle

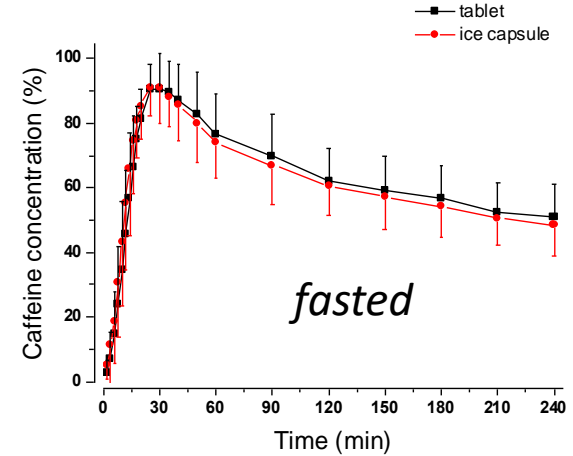
In vivo: 12 healthy volunteers

Paddle: 300 ml SGF_{sp}, pH 1.2; 25 °C; 25 rpm

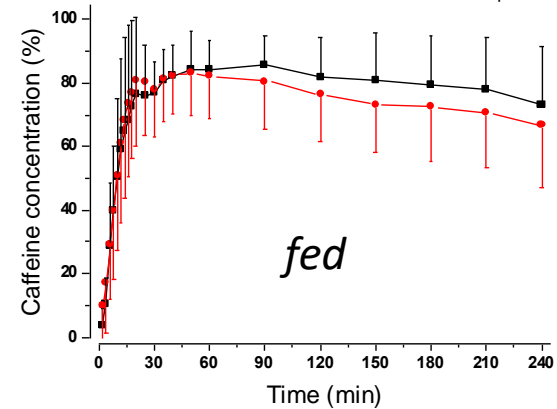


n = 3, mean ± SD

Tzakri et al. In preparation



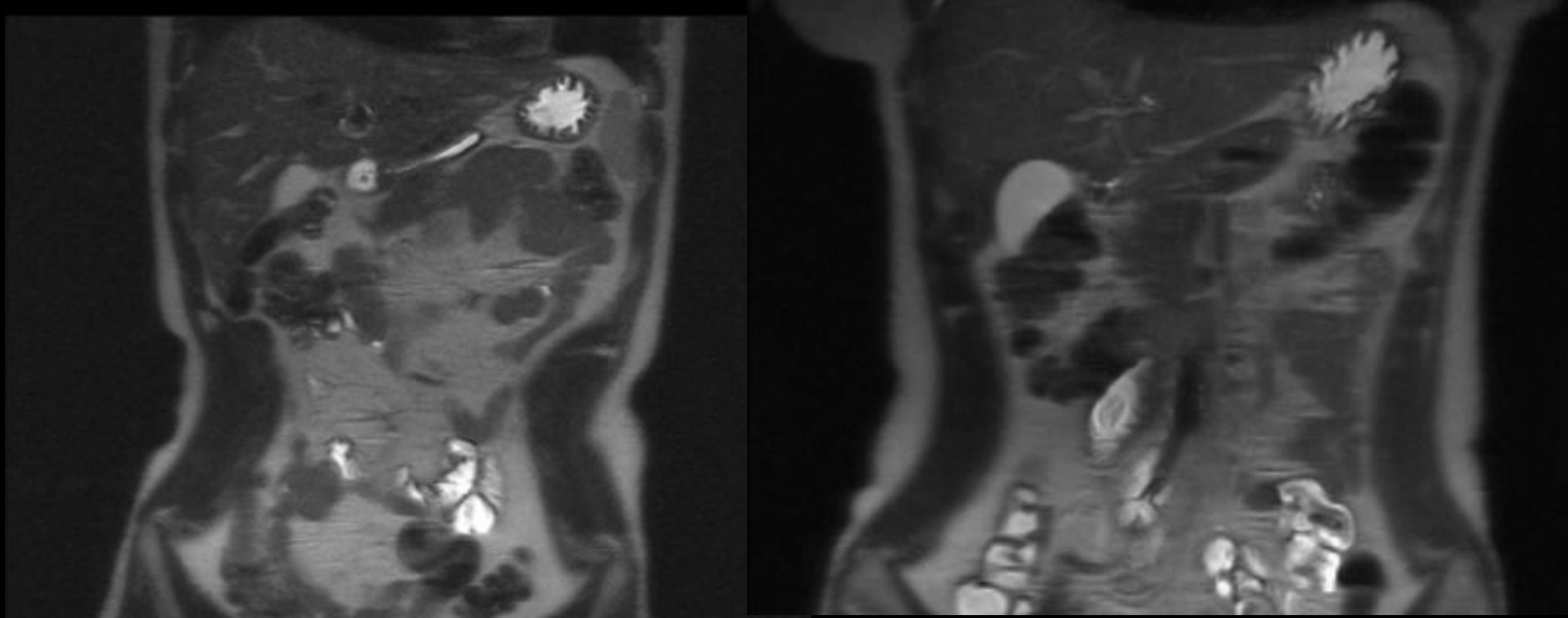
fasted



fed

The intestines: Fed or Fasting?

What is the difference?



Fasted state

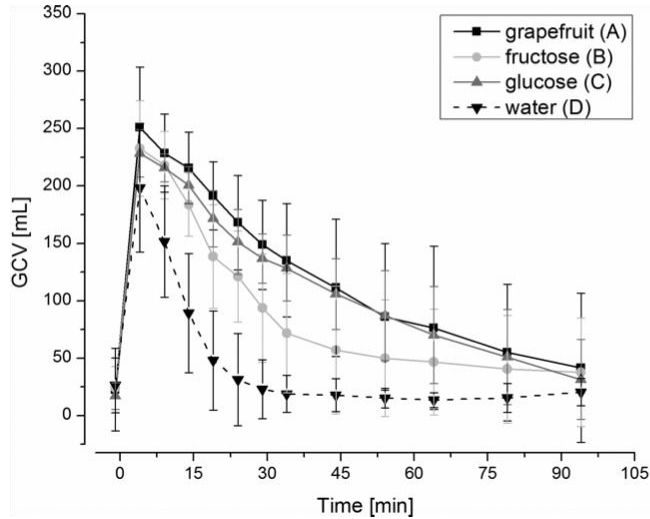
Intestinal fluid volumes

minimum	45 mL
maximum	320 mL
median	83 mL
mean	105 mL
SD	72 mL

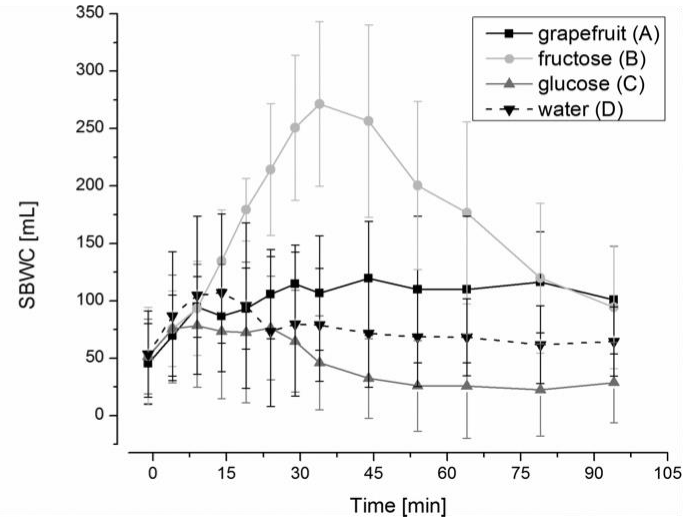
Influence of different carbohydrates on gastric emptying rates and small intestinal water content

	mOsmol/kg	pH	kcal/100 mL
Grapefruit juice	554	3.3	103
Fructose solution	641	7.8	102
Glucose solution	644	7.8	102
Still water	5	7.8	0

Stomach

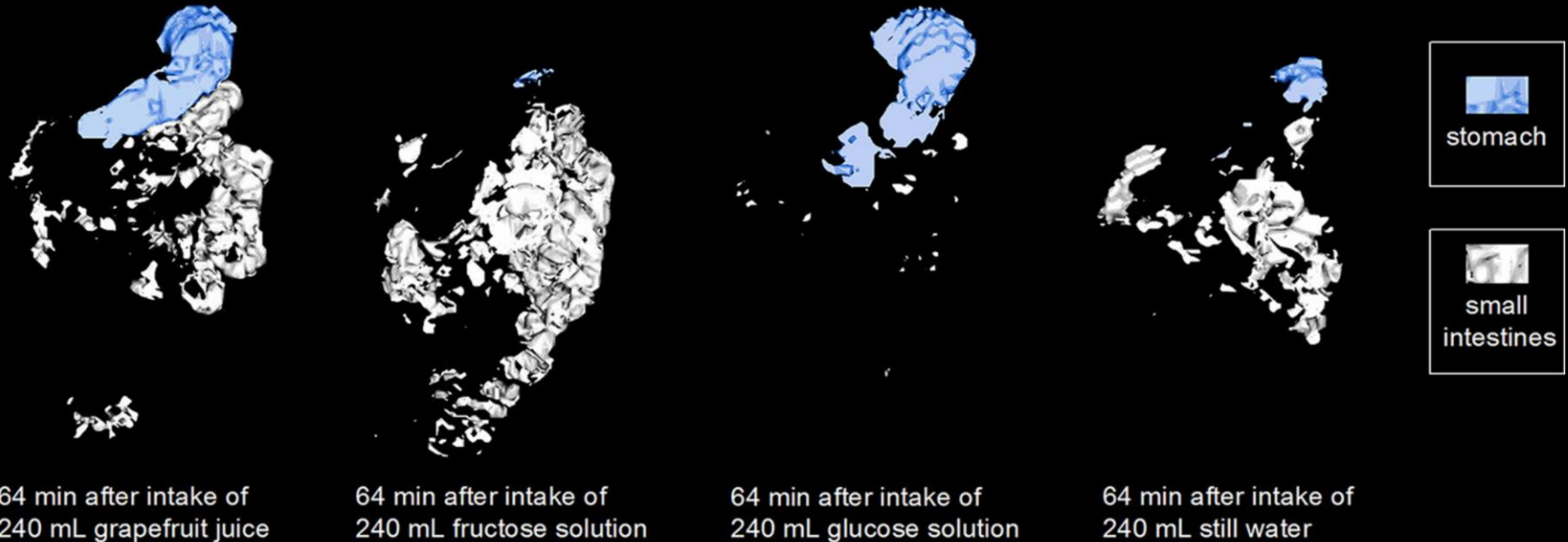


Small intestine



Fed intake conditions: The intestines

3D reconstructions from MRI data of gastrointestinal fluid distribution after different drinks



Conclusion

- MR Imaging provides fascinating insights into the conditions to which dosage forms are exposed to in the GI tract
- We need much more data to understand the interaction between GI physiology and drug delivery

Thank You

The “Gastronauts”

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