

# *In vitro* biopharmaceutical characterisation of nasal products

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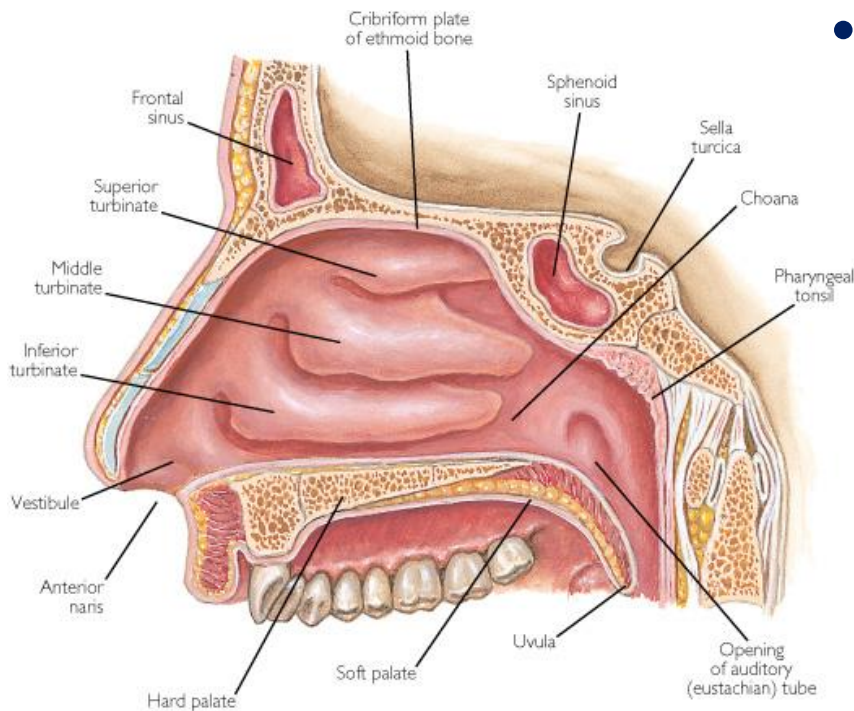
APS Workshop at DDL 2022  
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Alison B. Lansley PhD SFHEA  
Principal Lecturer in Pharmaceutics



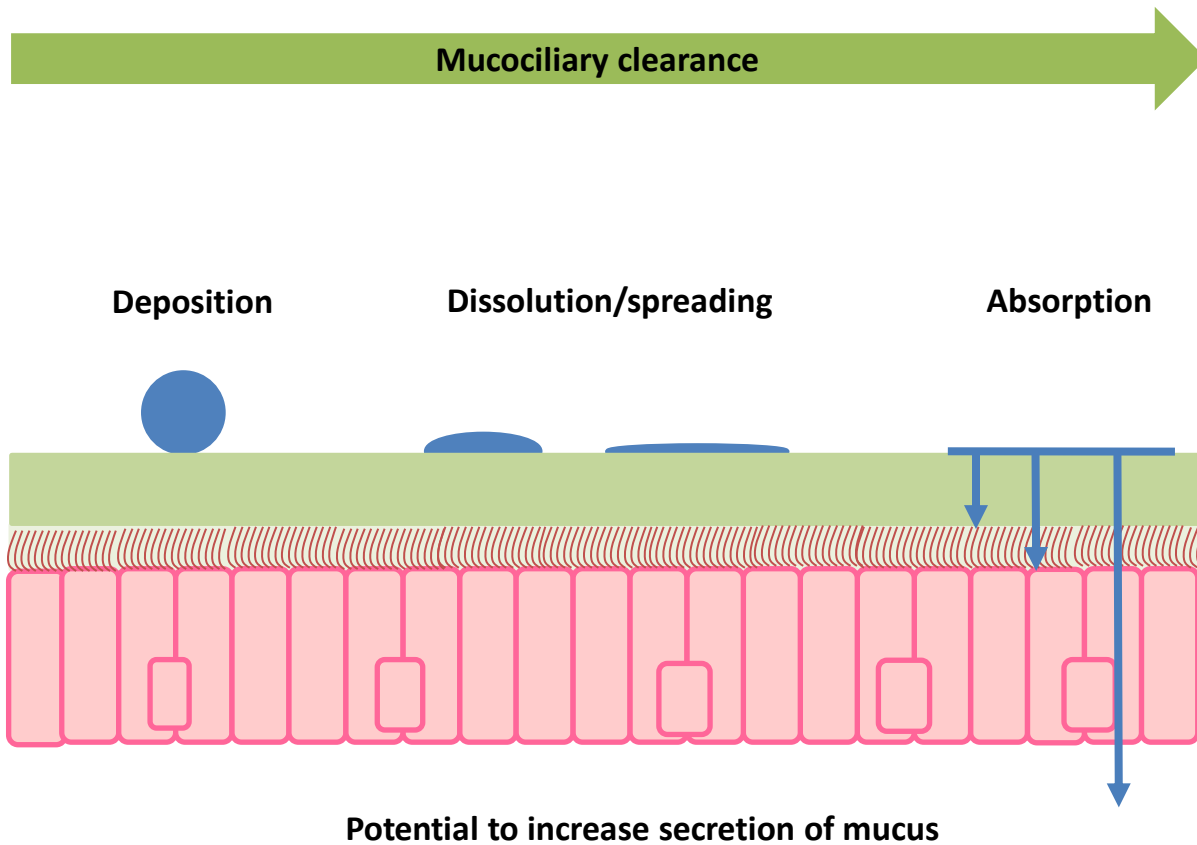
**University of Brighton**

# What regions do we want to model?

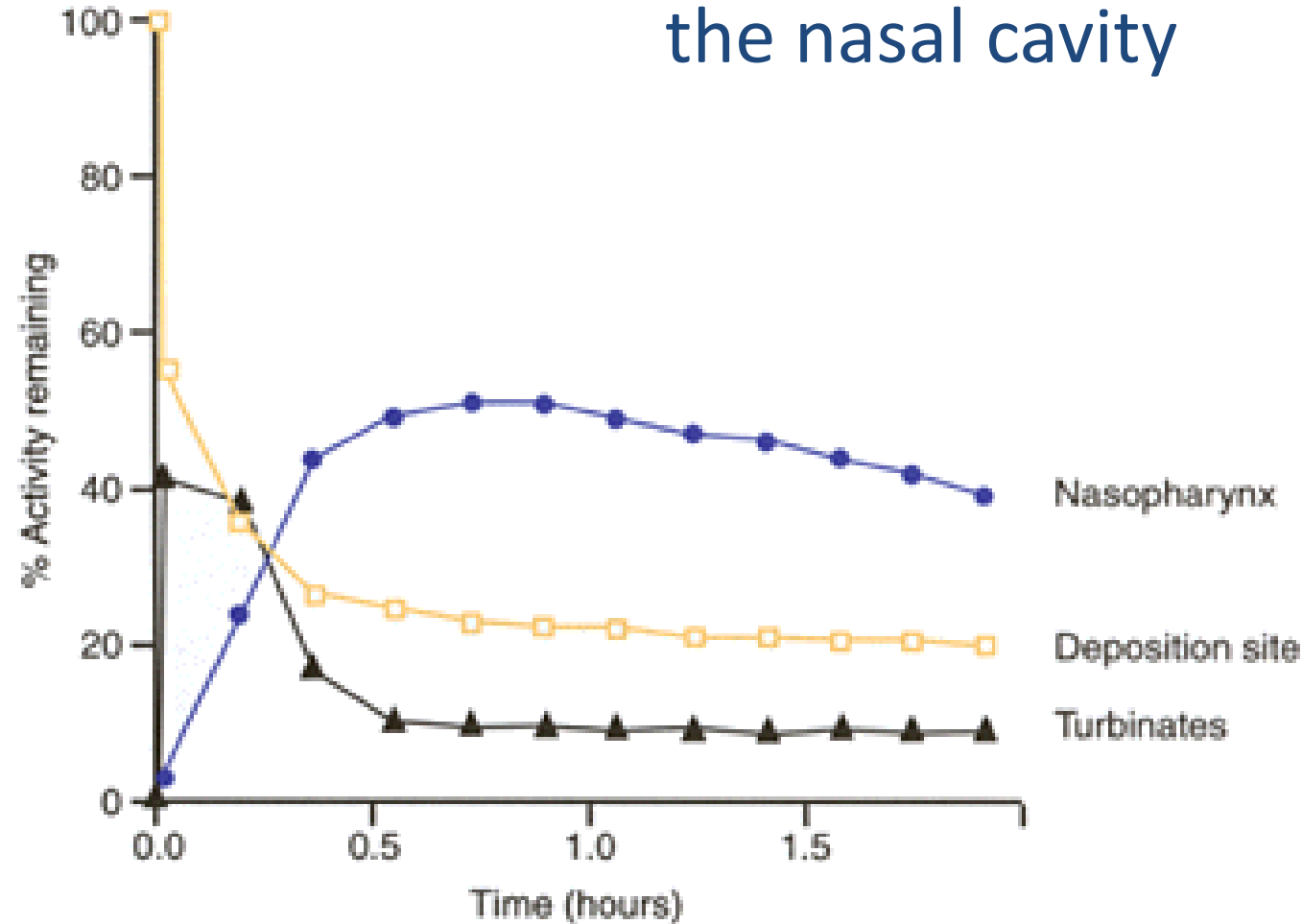


- Different areas of nasal cavity
  - Turbinates (~150 cm<sup>2</sup>)
    - Submucosal glands, goblet cells
  - Olfactory region (~10 cm<sup>2</sup>)
    - Bowman's glands
  - Nasal-associated lymphoid tissue (NALT); Waldeyer's ring (tonsils)

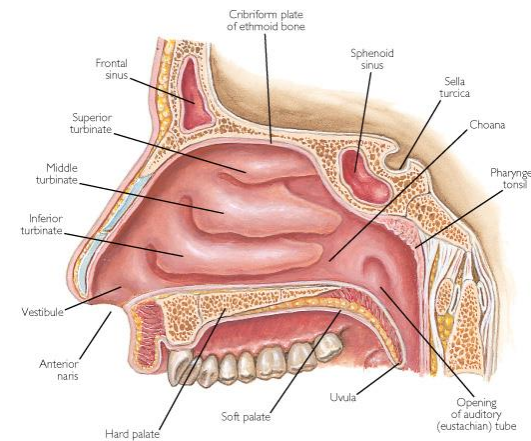




# Deposition and clearance of a nasal spray from the nasal cavity



Bulk cleared from turbinates  
after 20 minutes



# Complete recapitulation of native tissue or just key (rate-limiting) features?

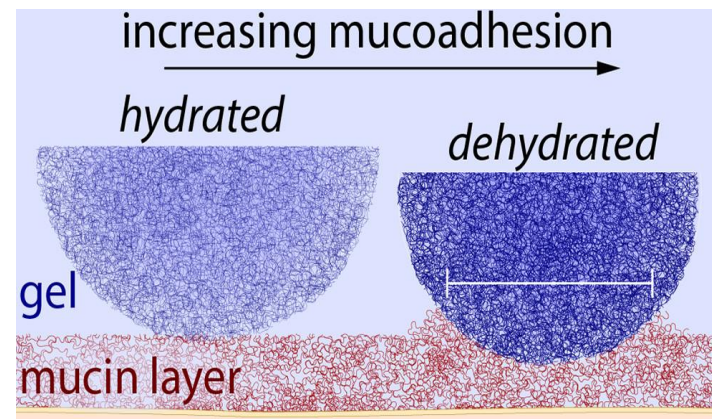
- Mucus
- Mucociliary clearance
  - Is this necessary for drugs in solution?
  - Could it be controlled for by exposure time?
- Barrier provided by epithelium
  - Appropriate TEER
  - Relevant transporters



# Role of mucus in drug delivery is often neglected

## Involved in:

- Dissolution
  - Drugs in suspension
  - Soluble fillers
- Swelling of polymers
  - Competition with mucin for water
  - Mucoadhesion



# Role of mucus in drug delivery is often neglected

## Involved in:

- Diffusion barrier/binding
- Biocompatibility
  - Increased mucus secretion



# Models used to consider role of mucus

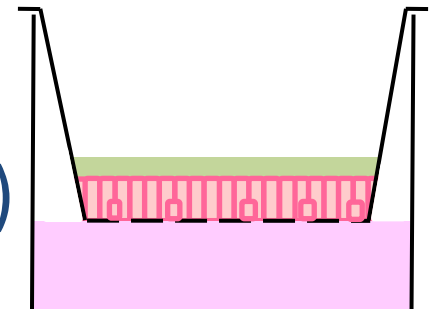
- Native mucus
- Mucin solutions
- Mucus or artificial mucus applied to cells that don't secrete mucus
- **Mucus-secreting cell lines**
- Co-cultures of mucus-secreting cells and cells that don't secrete mucus
- Primary cell cultures
- Explants
- *Ex vivo* tissue
  - Olfactory mucosa; Waldeyer's ring (tonsils, adenoids, and other lymphoid tissue)



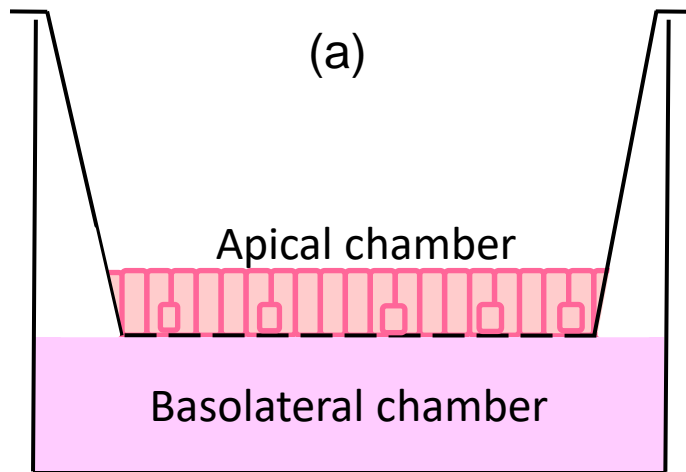


# Cell models of turbinates that secrete mucus

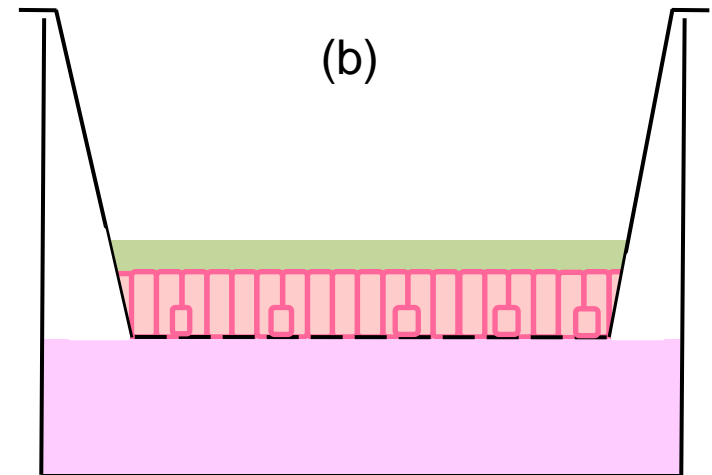
- Human lung cell line (Calu-3)
- Rat tracheal cell line (SPOC-1)
- Human bronchial cell line (UNCN3T)
- Human airway epithelial cell line (NuLi-1)
- Human **nasal** epithelial cell line (RPMI 2560)
  
- Primary cultures of rat, human nasal/airway epithelium (MucilAir, EpiAirway)
  
- **Goblet cells** (no glandular contribution)



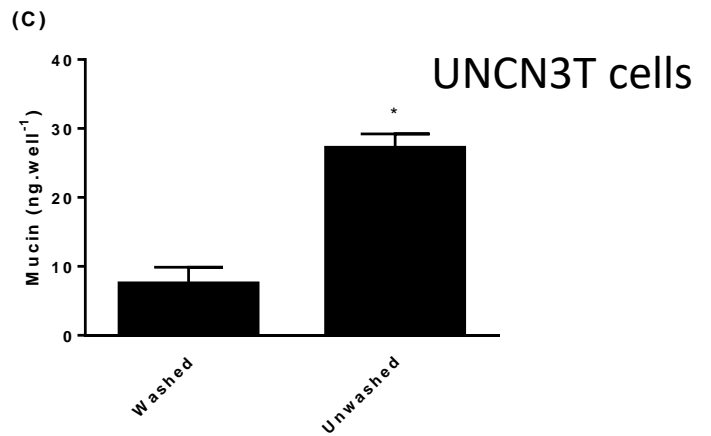
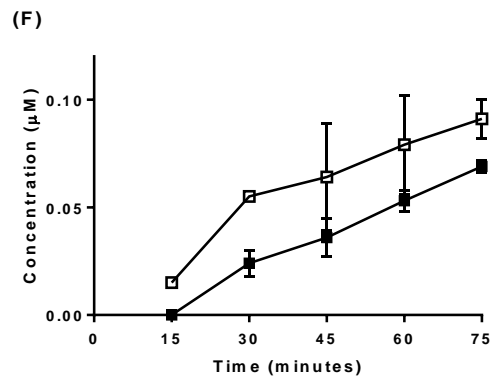
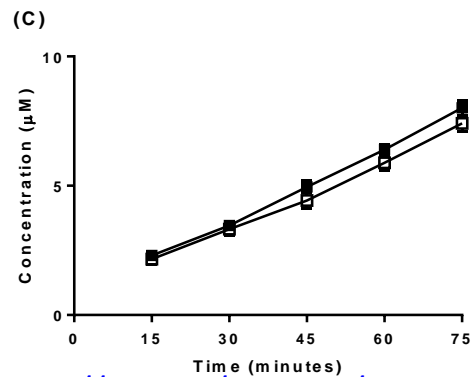
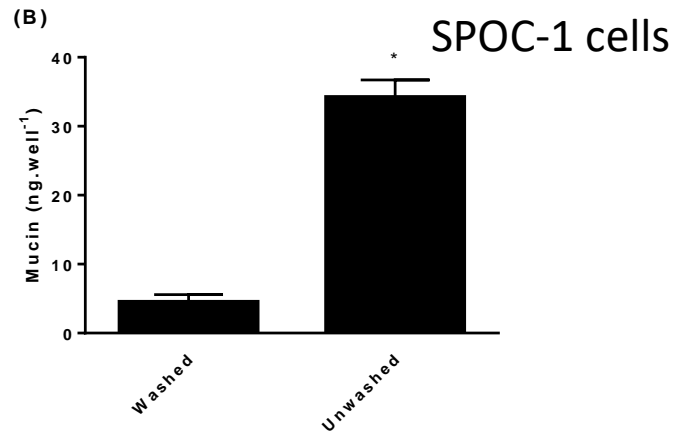
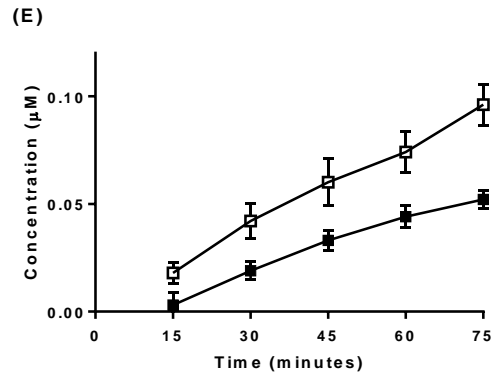
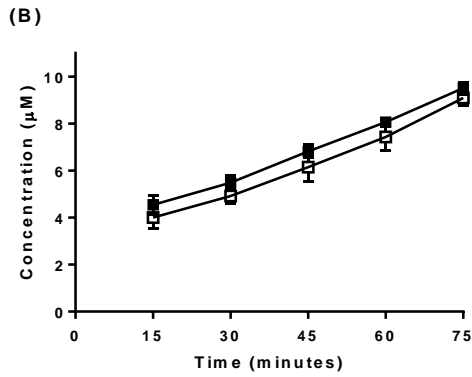
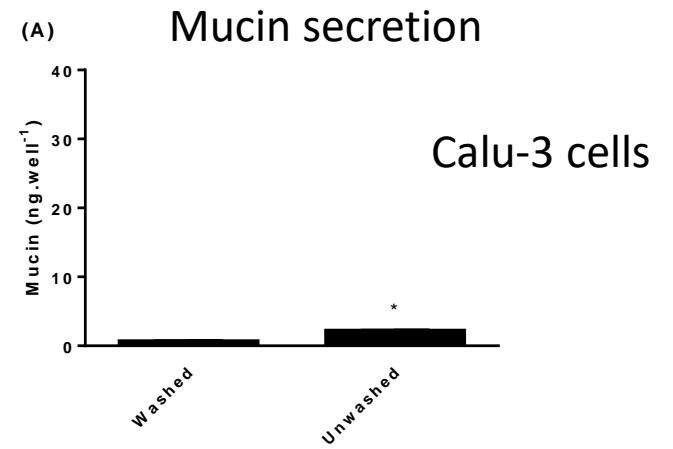
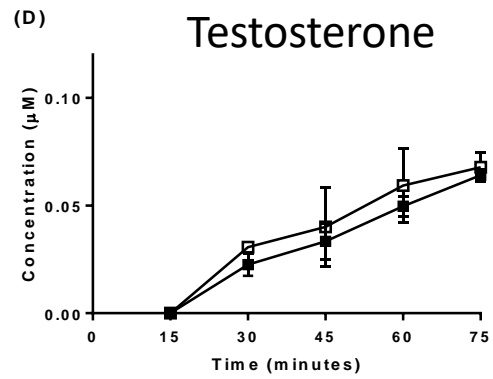
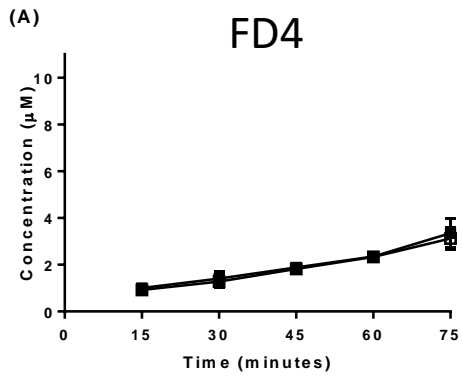
# Comparing absorption in absence and presence of mucus



Deplete mucus by washing



Unwashed



# Validation of cell models

- Standard culturing conditions
- Standard experimental protocol
- Standard set of compounds with a range of physicochemical characteristics to test/validate each model

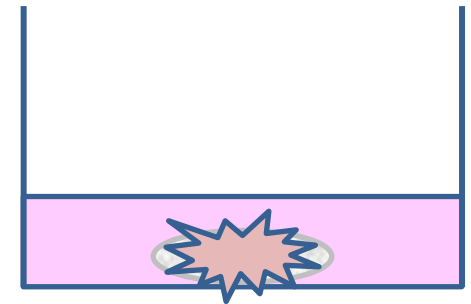
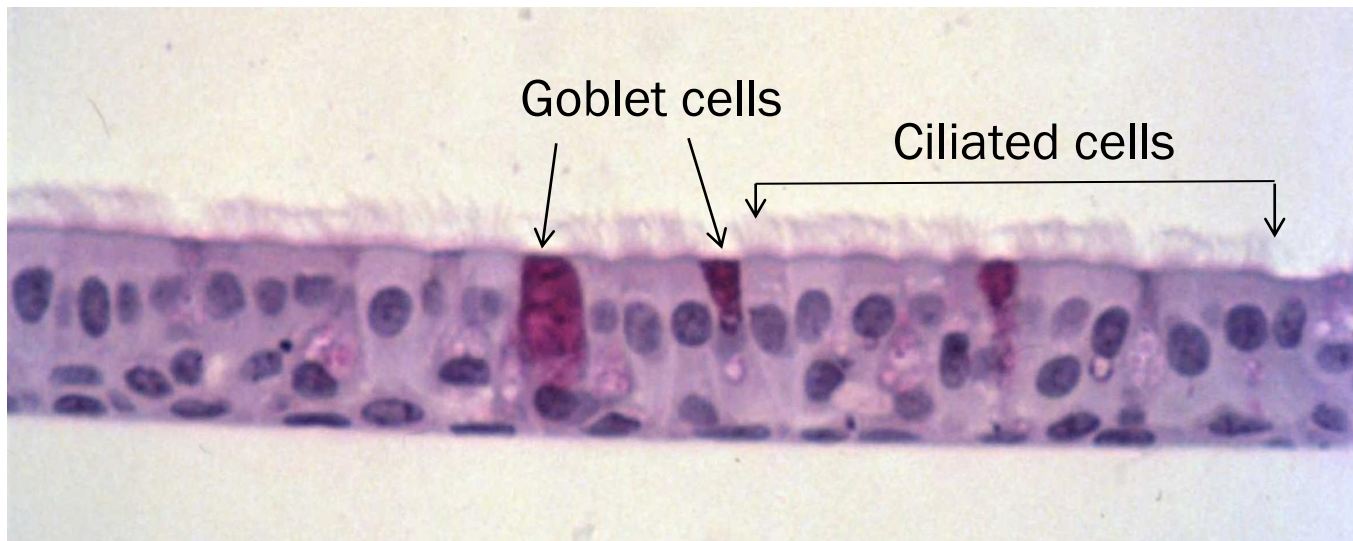


# Validation of cell models

- Ideally, *in vitro* - *in vivo* correlation in human (rather than rodents)
  - Drug in blood (or urine) at 30 min (*cf.* lung) or earlier
  - Aerodynamic droplet/particle size controlled to avoid lung deposition
- What is deposition area of delivery device? – link to area of cells?
- What is retention time in nasal cavity – link to duration of experiment?



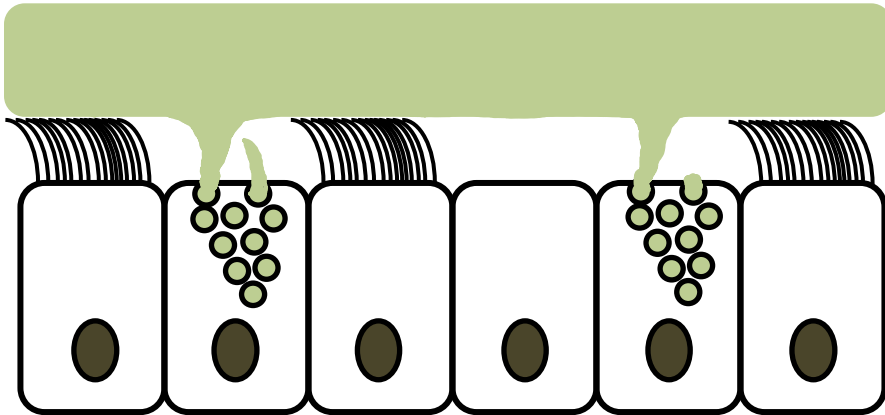
# Ovine tracheal epithelial explant showing ciliated cells and goblet cells



# Biocompatibility

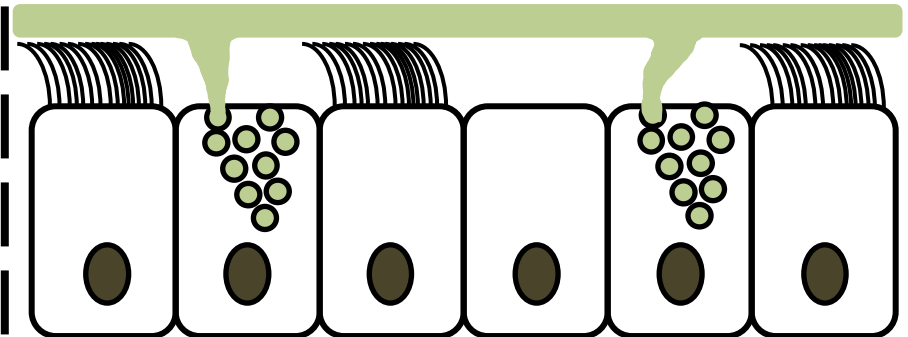
Benzalkonium chloride (0.015% w/w)  
Methocel™ E50 premium LV (1.0% w/w)  
Propylene glycol (PG) (1.5% w/w)  
Potassium sorbate + PG (0.3% w/w + 1.5% w/w)  
Polysorbate 80 (0.025% w/w)

**Increased mucin secretion**

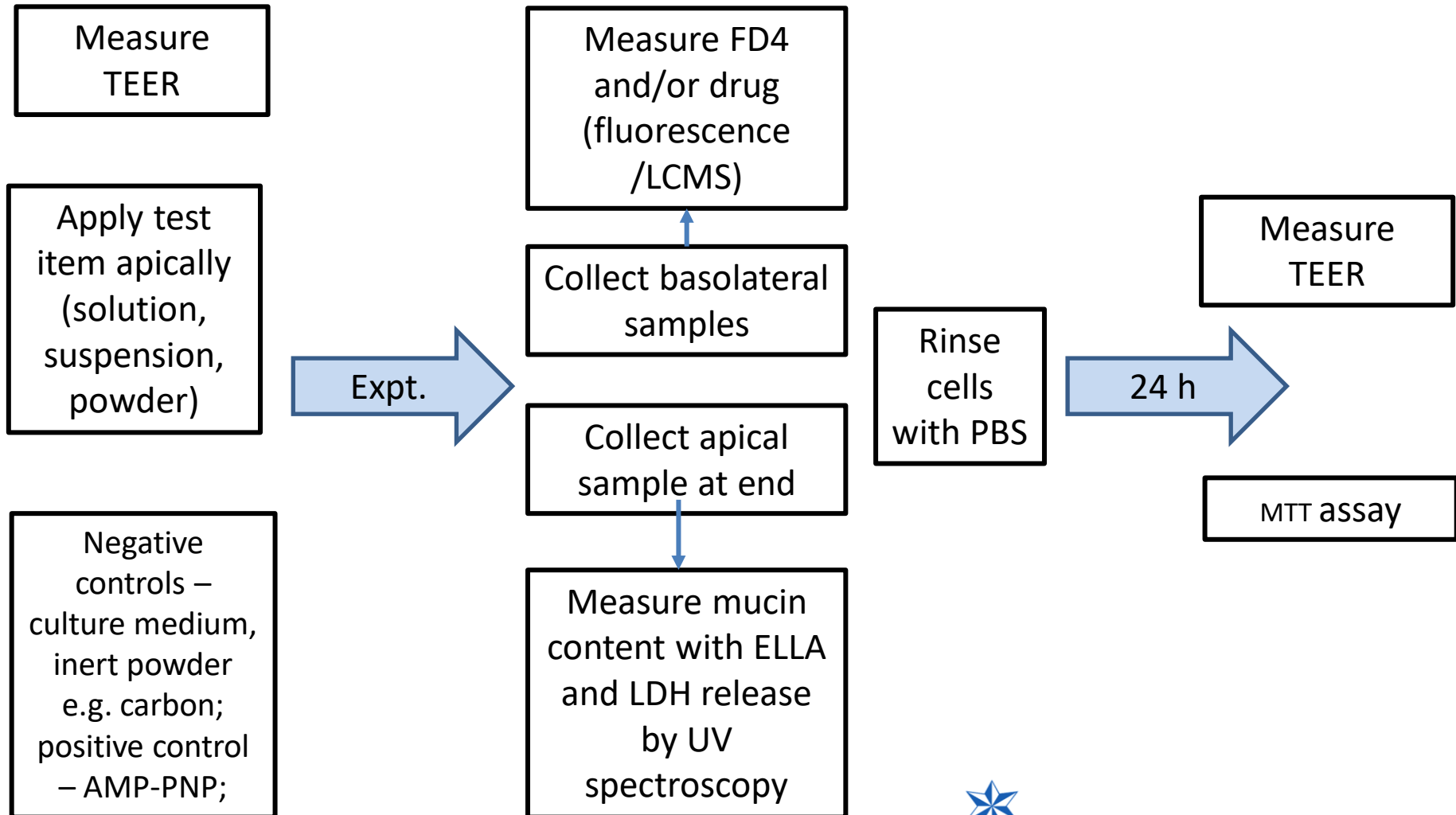


EDTA (0.015% w/w)  
Avicel® RC591 (1.5% w/w)  
Fluticasone furoate *in solution* (0.0004% w/w)  
DMSO (0.2% w/w)

**Did not affect mucin secretion**



# Absorption and biocompatibility





# Acknowledgements

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Alison B Lansley  
School of Applied Sciences  
University of Brighton  
Brighton, BN2 4GJ, UK

Email: [a.lansley@brighton.ac.uk](mailto:a.lansley@brighton.ac.uk)

Personal website:  
<https://research.brighton.ac.uk/en/persons/alison-lansley>

# Questions

- What regions of nasal cavity do we want to model?
- Complete recapitulation of native tissue or just key (rate-limiting?) features?
- How important is mucus in nasal drug delivery?
- How best to validate existing/new models?