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**Empirical validation of a rat *in vitro* organ slice model as a tool for *in vivo*  
clearance prediction**

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**List of abbreviations:** UW= University of Wisconsin organ preservation solution, 7-HC =7-hydroxycoumarin, 7-EC= 7-ethoxycoumarin,  $f_u$  = unbound fraction,  $CL$  = metabolic clearance,  $CL_{int}$  = intrinsic clearance,  $CL_{org}$  = metabolic organ clearance,  $CL_{int,org}$  = intrinsic metabolic organ clearance, WME= Williams medium E, L-15= Leibovitz's L-15 medium

## Abstract

Tissue slices have been shown to be a valuable tool to predict metabolism of novel drugs. However, besides the numerous advantages of their use for this purpose, also some potential draw-backs exist including reported poor penetration of drugs into the inner cell layers of slices and loss of metabolic capacity during prolonged incubation leading to under-prediction of metabolic clearance. In the present study we empirically identified (and quantified) sources of under-prediction using rat tissue slices of lung, intestine, kidney and liver and found that thin liver slices ( $\approx 100 \mu\text{m}$ ) metabolized model substrates (7-hydroxycoumarin, testosterone, warfarin, 7-ethoxycoumarin, midazolam, haloperidol and quinidine) as rapidly as isolated hepatocytes. Furthermore, it was found that organ slices remain metabolically active for sufficient periods of incubation enabling study of the kinetics of low clearance compounds. In addition, we determined the influence of albumin on the clearance prediction of 6 model substrates. For 3 of these substrates the intrinsic clearance in the presence of albumin was approximately 3 times higher than that obtained from incubations without albumin, but corrected for  $f_u$ . This resulted into a much more accurate prediction of *in vivo* whole body metabolic clearance for these compounds. Taken together, these results show that draw-backs of the use of slices for clearance prediction are largely surmountable. Provided that thin liver slices and physiological albumin concentration are used, whole body metabolic clearance is predicted with acceptable (2-fold) accuracy with organ slices. These results emphasize the applicability of organ slices in this field of research.

## Introduction

Many potential drug candidates are rejected in drug discovery because of undesirable *in vivo* pharmacokinetics. *In vitro* tools can serve to predict pharmacokinetics, enabling selection of lead compounds with favorable properties. A major advantage of the use of *in vitro* models is the opportunity to use human tissue for predictions, overcoming difficulties that may occur with extrapolation of animal data due to large inter-species differences in metabolism. Until recently, liver-derived models were solely used for this purpose, while only few researchers have included *in vitro* models from extra-hepatic organs into predictions (De Kanter et al., 2002; De Graaf et al., 2002; De Kanter et al., 2004). However, especially intestine has been proven to be metabolically very active and moreover, its metabolism has been shown to be readily influenced by drug interactions on enzyme and transporter activity (Pelkonen et al., 2001). But also kidney (e.g. furosemide (Wallin et al., 1977)) and lung (e.g. naphthol (Mistry and Houston, 1985)) may take part significantly in the metabolic clearance of some compounds.

Recently, we have developed an *in vitro* model using tissue slices from liver, small intestine, colon, kidney and lung to predict whole body metabolic clearance (De Kanter et al., 2004) and showed that, dependent on the substrate used, extra-hepatic organs may account for a significant part of metabolic clearance of xenobiotics. An advantage of the use of slices for clearance prediction, which they share with isolated cells like hepatocytes, is that they exhibit the natural interplay between cofactors, transporters and metabolizing enzymes which is lost when sub-cellular fractions are used. Unlike in hepatocytes, however, cell-to-cell contacts and normal tissue micro-architecture remain intact in slices, and they are prepared according to a rapid, reproducible and relatively simple method (Krumdieck et al., 1980) from various organs and animal species. However, also potential drawbacks exist, including reported poor penetration of high turnover drugs into the inner cell layers of slices (Worboys et al., 1997) and loss of metabolic capacity during prolonged incubation (VandenBranden et al., 1998). Both these phenomena can potentially

influence the predictability of metabolic clearance in a negative manner by introducing an underestimation of metabolic rate.

Another potential source of error in clearance prediction, which is not necessarily limited to the use of slices but is also relevant for other *in vitro* models, is calculation of *in vivo* organ clearances from *in vitro* intrinsic organ clearances. In this calculation, it should be taken into account that clearance *in vivo* is limited by blood flow and binding of the substrate to plasma proteins. Though it is generally accepted that *in vivo* organ clearance is directly related to the free fraction of the compound in plasma, which has been confirmed *in vitro* (Shibata et al., 2000; Bachmann et al., 2003), in some publications it is reported that *in vivo* clearance is under-predicted *in vitro* when intrinsic clearance is corrected for plasma protein binding (Ludden et al., 1997; Blanchard et al., 2004).

In the present study, we empirically identified and designed strategies to eliminate potential sources of under-prediction of *in vivo* clearance using tissue slices of rat lung, intestine, kidney and liver. Intrinsic clearance of model compounds with variable intrinsic liver clearance (7-hydroxycoumarin [7-HC], testosterone, warfarin, 7-ethoxycoumarin [7-EC], midazolam, haloperidol and quinidine) was compared between liver slices of various thicknesses and with freshly isolated hepatocytes. In this manner, the extent to which cells in the inner layers of liver slices take part in metabolic conversion of high and low clearance drugs was examined. Besides, intrinsic slice metabolic clearances of 7-HC, testosterone and 7-EC in organ slices were determined after various periods of pre-incubation (0, 4, 8 and 24 hours) to assess the stability of metabolism during prolonged culturing. In addition, organ slices were incubated with model compounds either without or in the presence of albumin in the incubation medium in order to determine the influence of the free fraction on calculated organ clearances. Finally, an improved *in vitro* method using organ slices for whole body metabolic clearance prediction is proposed.

## Materials and methods

### *Chemicals*

Quinidine, haloperidol, 7-HC, warfarin, testosterone, Leibovitz's L-15 medium, insulin, trypan blue and low gelling temperature agarose (type VII-A) were purchased from Sigma-Aldrich Chemie GmbH (St. Louis MO, USA). Williams Medium E [WME] with glutamax-I, gentamicin, fungizone (amphotericin B) and penicillin/streptomycin were products from Gibco (Paisley, UK). Liver Perfusion Medium, Liver Digest Medium and glutamine were from Invitrogen (Carlsbad, CA, USA) and sodium thiopental from Pfizer (Nerviano, Italy). D-glucose, NaHCO<sub>3</sub> and NaOH were purchased from Merck (Darmstadt, Germany). University of Wisconsin organ preservation solution [UW] (DuPont Pharmaceuticals, Waukegan, IL, USA) and midazolam were gifts from the University Medical Center Groningen, The Netherlands. Bio-rad protein assay reagent was from Bio-Rad Laboratories GmbH (Munich, Germany), 7-EC was from Fluka Chemie (Buchs, Switzerland). HEPES and bovine serum albumin (acid-free) were obtained from ICN Biomedicals, Inc. (Aurora, Ohio, USA).

### *Preparation of precision-cut organ slices*

Male Wistar rats (body weight between 300 and 350 g from Harlan, The Netherlands) were housed in standard cages, with food (Harlan chow) and tap water available *ad libitum*. They were anaesthetized with isoflurane and N<sub>2</sub>O/O<sub>2</sub> before organs were excised and placed in either ice-cold UW solution (lung, kidney and liver) or in oxygenized ice-cold Krebs-Henseleit buffer supplemented with 10 mM HEPES, 25 mM D-glucose, 25 mM NaHCO<sub>3</sub> (small intestine and colon). Subsequently, liver and kidney cores of 8 mm were prepared with a coring tool of 9 mm diameter (Alabama R&D, USA) attached to a drilling machine with a variable rotation speed (Kinzo, Ede, The Netherlands). For some experiments a coring tool of 6 mm was used to produce cores with a 5 mm diameter, because in this manner the amount of liver and kidney tissue used for incubations was comparable to that of the other organ slices. No difference between metabolic rates between 8 and 5 mm slices were observed (data not shown). In this case 12-wells plates were used for incubations (see below).

To prepare 8 mm cores of the lung, this organ was first filled with a 37°C solution of 1.5% (w/v) low melting agarose and 0.9% (w/v) NaCl, via the trachea. Then, the agarose was allowed to solidify in ice-cold Krebs-Henseleit buffer.

From the small intestine, the first 25 cm measured from the stomach were rejected and the following 15 cm, which corresponds to the jejunum, was cut into 3 to 4 cm pieces and flushed thoroughly with ice-cold Krebs-Henseleit buffer to remove its contents. The colon underwent the same treatment. Then, the flushed parts were filled with 3% (w/v) low melting agarose solution with 0.9% (w/v) NaCl of 37°C as described before (de Kanter et al., 2005) and subsequently embedded in the same solution to produce agarose cylinders with a diameter of 16 mm, using a Tissue Embedding Unit (Alabama R&D, USA).

From the organ cores, slices were cut using a Krumdieck Tissue Slicer (Alabama R&D, USA) filled with ice-cold and oxygenated Krebs-Henseleit buffer as previously described (De Kanter et al., 2004). Liver and kidney precision-cut slices with a 8 mm diameter were cut to have a wet weight of 10–15 mg, while lung slices were cut to have a wet weight of around 40 mg, as less tissue is present due to the agarose filling. For some experiments, thickness and diameter of liver slices was varied. Slices of variable thicknesses were produced by varying the blade-to-tissue distance in the tissue slicer. Thickness was monitored indirectly by measuring the wet weight of 5-6 representative slices (with a fixed diameter). In this manner, for the experiments in which the influence of slice thickness on clearance was determined, 5 groups of slices with varying thicknesses were cut. Retrospectively, the number of cell layers of 3 slices of each group was estimated upon histomorphological examination (see later). After preparation, slices were kept on ice-cold UW (lung, liver and kidney slices) or Krebs-Henseleit buffer (colon and small intestinal slices) until incubation. The whole procedure from organ excision until incubation typically took maximally 2 hours.

#### *Incubation of slices*

Slices were cultured individually in 6-wells culture plates (Greiner Bio-one, Kremsminster, Austria) that were filled with WME (3.2 ml per well), supplemented with glucose (25mM) and antibiotics/fungicides and pre-warmed inside a plastic box in an incubation cabinet under a constant flow of humidified 95% O<sub>2</sub>/5% CO<sub>2</sub>.

Sometimes (when 5 mm liver and kidney slices were used, and/or in the experiments with albumin in the medium, where the reduction of volume/tissue ratio made substrate depletion more readily measurable), 12-wells plates (Costar, New York, USA) filled with 1.3 ml medium per well were used. For liver, lung, colon and intestinal slices gentamicin (50 µg/ml) was used as antibiotic, while for kidney penicillin (100 U/ml) and streptomycin (100 µg/ml) were used, to avoid kidney slice toxicity by gentamicin. In addition, fungizone (2.5 µg/ml) was added as an antifungal agent to the medium used for slices from small intestine and colon. These agents are poorly metabolized themselves and should therefore not interfere with biotransformation. Model compounds were added to the medium directly in the beginning of the incubation, as a 100 or 1000x stock solution (in methanol) to reach a final concentration of 1 or 2 µM. To test the influence of albumin on clearance, 4% albumin was added to the incubation medium when appropriate. In some experiments, slices were first pre-incubated in medium without the compounds. Before transferring them into the culture plates (one slice per well), liver, lung and kidney slices were washed briefly (< 1 minute) in WME. As a control, compounds were incubated without slice to determine whether spontaneous degradation or adherence to the wells had occurred. During incubation, plates were shaken (90 times/minute), while the slices were continuously submerged in the medium. (Medium) samples were taken at various time-points and/or at the end of incubation.

#### *Preparation of hepatocytes*

For the isolated hepatocyte studies, male Sprague-Dawley rats (200-220 g) from Charles River (Como, Italy) were maintained under a 12-h light/dark cycle in standard cages and bedding with free access to standard commercial food pellets and tap water. Although another rat strain was used for the hepatocyte studies than for the slices (due to the fact that these studies were performed in different laboratories), we do not expect this to influence the experimental outcome, since previous (unpublished) studies with microsomes from Wistar and Sprague Dawley rats within our laboratories did not show differences in metabolic rates of 20 tested compounds (including warfarin, quinidine, midazolam and testosterone) between the two strains. After i.p. anesthesia with sodium thiopental (100 µg/kg), the liver was perfused *in*



*situ* with pre-warmed (37°C) and pre-gassed (95% O<sub>2</sub>/5% CO<sub>2</sub>) Liver Perfusion Medium for about 5 minutes, and then with pre-warmed (37°C) and pre-gassed (95% O<sub>2</sub>/5% CO<sub>2</sub>) with Liver Digest Medium for about 10 minutes. Then the liver was excised and hepatocytes were harvested, by removing the capsule, into Leibovitz's L-15 medium (L-15) (4°C), pre-gassed (95% O<sub>2</sub>/5% CO<sub>2</sub>), containing 1 μM insulin and 2 mM glutamine and 1% BSA. After filtration, washing with L-15 (4°C) and centrifugation (four times at 50 g for 5 minutes at 4°C) the viability of the hepatocytes was determined using the trypan blue (0.4 %) exclusion method. Only preparations with a viability higher than 80% were used. Hepatocytes were resuspended in L-15 medium at a trypan blue viable concentration of 10<sup>6</sup> cells / ml.

#### *Incubation of hepatocytes*

Hepatocyte incubations were performed in 24-wells plates under continuous shaking at 37°C under room atmosphere. In each well 10<sup>6</sup> hepatocytes were incubated in a final volume of 1 ml L-15 medium containing 1 μM insulin and 2 mM glutamine. The amount of solvent (DMSO) present in the incubation was 0.1%. From each well containing hepatocytes, an aliquot of 80 μl of the incubation suspension was taken at 0, 5, 10, 20, 30, 45, 60 and 90 minute.

#### *Sample analysis*

Medium samples taken from the incubations without albumin were immediately mixed with an equal amount of ice-cold methanol (slices) or acetonitrile (hepatocytes). In case albumin was used in the incubation medium, samples were mixed at a 1 to 4 ratio with the methanol/acetonitril, to precipitate all the protein. The medium/solvent mixture was then centrifuged (700 g for 20 minute at 4°C) and stored at -20°C until analysis. Then, the supernatants were used for LC-MS analysis. To exclude substrate depletion by unspecific binding of compounds to the slice, in some cases, substrate concentrations in slice incubations were also determined at the end of incubation in the slice/medium homogenate (obtained by sonification), which was then mixed with methanol and centrifuged (2 minute, 2000 g). Since in previous studies testosterone was shown to bind to the slices, for this compound, the latter approach was used standardly. Then, the supernatant was used for LC-MS analysis

while the precipitates were used to determine the protein content of the slices. For hepatocyte incubations, suspension samples were taken in all cases.

#### *LC-MS analysis*

The samples were analyzed by LC-MS, using a Turbo ion Spray Source and a Triple Quadrupole API 2000 instrument (Perkin-Elmer, Woodbridge, Canada). A 4.6 (inner diameter) x 12.5 mm C<sub>8</sub> column (Zorbax - Agilent Technologies) was applied using a mobile phase containing 10 mM ammonium formate, pH 4.0, and acetonitrile increasing from 5% to 95% within 0.4 minute and then back to 5% in 1.4 minute. The flow rate was 1.5 ml/minute for the first 0.2 minute to equilibrate the column quickly and 0.2 minute after injection the flow rate was reduced to 0.6 ml/minute. The eluent from the column was led into the MS system only between 0.3 minute and 1.05 minute after injection of the sample. The ion spectra were acquired by injecting 20  $\mu$ l of the sample and quantification was performed by comparing the peak areas with authentic standards of each compound.

#### *Protein determination*

Protein content of the samples was determined using a Bio-Rad protein assay dye reagent, using a BSA standard curve. Slice protein was either determined (from the albumin-free incubations) after dissolving the precipitate left after methanol extraction (when homogenate samples were taken for LC/MS analysis, see above) or in slices taken at the end of incubation (when medium samples were used for LC/MS analysis, see above). Either the precipitate or the slices were dissolved in 5 M NaOH at 37°C during half an hour, sonicated and subsequently diluted to 0.1 M NaOH. Then, the Bio-rad reagent was added and finally the protein content was determined by an Elisa reader (ThermoMax micro-plate reader, Molecular Devices, USA) at 450 and 650 nm.

#### *Calculation of clearance*

The intrinsic clearance ( $CL_{int}$ ) which is defined as clearance without the physiological limitation by blood flow or plasma protein binding, such as is the case in the current *in vitro* situations, was determined according to the substrate depletion method as

previously described (Houston, 1994, De Kanter et al., 2004). Shortly,  $CL_{int}$  was calculated by multiplying the slope ( $k$ ) of the natural logarithm of the concentration of compound remaining against the time curve with the incubation volume and dividing this value by the number of hepatocytes in the incubation volume (eq. 1) or the protein content of the slices (eq 2):

$$CL_{int} = \frac{-k * \text{volume}}{\text{number of hepatocytes}} \quad [\text{eq. 1}]$$

$$CL_{int} = \frac{-k * \text{volume}}{\text{slice protein content (mg)}} \quad [\text{eq. 2}]$$

For all compounds it was found that the slope of the natural logarithmic concentration of compound remaining against time was constant when the initial concentration was 2  $\mu\text{M}$ . This implies that the (overall) apparent metabolic  $K_m$  was  $\gg 2 \mu\text{M}$ .

If in previous slice experiments metabolic rates had appeared to be constant and no aspecific adhesion to the slices had occurred, samples were taken only at the end of incubation instead of at different time-points. Then,  $k$  was determined from the slope of the natural logarithm of the initial concentration (in this case substrate incubated without a slice) and the end-concentration in the medium (or slice homogenate in the case of testosterone) against time.

Then,  $CL_{int}$  in this way obtained (in ml/minute/ $10^6$  cells for hepatocytes or ml/minute/mg protein for slices) was up-scaled to obtain the whole organ intrinsic clearance ( $CL_{int, org}$ ) by multiplying with a scaling factor. Scaling factors for slice data were calculated by multiplying the organ weight (per kg body weight) with the protein content (in mg) per g organ wet weight (Table 1), thus obtaining the total organ protein content/kg rat. Scaling factors differ somewhat from previous data published by our laboratory (De Kanter et al., 2004), due to differences in procedures of solubilizing the protein from slices and organs. From data obtained from the hepatocyte incubations (ml/minute/ $10^6$  cells), intrinsic organ clearance (per kg body weight) was calculated assuming a hepatocellularity of 109 million hepatocytes / g

liver (Carlile et al., 1997) and 39.9 g liver / kg body weight, which was determined previously in our laboratory (see Table 1).

To calculate metabolic organ clearance ( $CL_{org}$ ) from  $CL_{int, org}$ , the organ blood flow and the unbound fraction of the compound in plasma *in vivo* ( $f_u$ ), and the unbound fraction of the compound in the medium ( $f_u'$ ) *in vitro* were taken into account according to equation 3, which is based on the venous equilibration model (or well-stirred model). For blood flow rates see previous report from our laboratory (De Kanter et al., 2004).  $f_u$ 's of the various compounds in plasma were obtained from literature data (references in Table 2). When slices were incubated without albumin the compound was supposed to be unbound ( $f_u'=1$ ), whereas in the presence of 4% albumin  $f_u'$  was supposed to be equal to  $f_u$  so  $f_u / f_u'$  becomes equal to 1 in the equation.

$$CL_{org} = \frac{\text{blood flow} \times \frac{f_u'}{f_u} \times CL_{int,org}}{\text{blood flow} + \frac{f_u'}{f_u} \times CL_{int,org}} \quad [\text{Eq. 3}]$$

From individual organ clearances, the whole body clearance was calculated as previously described, taking into account the pre-hepatic extraction ratio on liver clearance (De Kanter et al., 2004).

#### *Determination of ATP content and histomorphological examination of slices*

For the experiments determining the influence of slice thickness on clearance, the ATP content of liver slices with various thicknesses was determined as described previously (De Kanter, 2005) with the only difference that the slice homogenate was centrifuged (at 16.000 g during 2 minutes) and the supernatant was used for measuring the ATP content with a Luminometer (Lumicounter, Packard, Groningen, The Netherlands) instead of the homogenate. ATP content was determined relative to the protein content of the slices.

For histomorphological examination slices were fixed in 70% ethanol and further processed as described previously (de Graaf et al., 2000). Sections were stained with

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haematoxylin and eosin. The number of cell layers of which slices consisted was estimated by counting the number of cells in their cross sections.

## Results

### *Influence of slice thickness on clearance*

Intrinsic organ clearance of model compounds was determined with liver slices of several thicknesses as well as with hepatocytes in suspension. As shown in Fig. 1, there is a strong relationship between the wet weight and the protein content of liver slices (Fig. 1A) and the wet weight and the number of cell layers in a slice, as determined upon histomorphological examination (Fig. 1B). Therefore, wet weight was further used as a measure for slice thickness. As shown in Fig. 2, for all compounds with a high (>blood flow) liver intrinsic clearance (midazolam, 7-EC, 7-HC, testosterone, quinidine and haloperidol)  $CL_{int,liver}$  was significantly lower (1.5 to 4 times) when calculated from slices with a 'standard format' (9-12 mg wet weight/11 cell layers = appr. 220  $\mu\text{m}$ ) than when thin slices of 2-5 mg (5 cell layers = appr. 100  $\mu\text{m}$ ) were used.

$CL_{int,liver}$  calculated for these compounds with (thin) liver slices were not significantly different from those obtained with hepatocytes, indicating that metabolism was not limited by penetration of the compounds into these thin slices.  $CL_{int,liver}$  of warfarin, a low turnover compound with  $CL_{int,liver} \ll$  liver blood flow, was not different in slices of various thicknesses. Metabolism of warfarin was too slow to be measured during the 6 hours culture period with hepatocytes in suspension. As indicated by slice ATP levels (Fig. 3), decrease of  $CL_{int,org}$  calculated with thicker slices appeared not to be caused by a lower viability: 'standard' slices of 9-12 mg had a somewhat higher ATP content/mg protein than the thinnest slices but this difference was not statistically different, while they exhibited a lower intrinsic clearance of most compounds.

### *Metabolic activity during prolonged culturing*

Intrinsic clearance of 7-HC, testosterone and 7-EC by organ slices was determined after various periods (0, 4, 8 or 24 hours) of pre-incubation. It appeared that intrinsic metabolic clearance of 7-HC (Fig. 4A), which is conjugated with glucuronide and sulfate, was unchanged during at least 24 hours of incubation of liver, kidney, colon and lung slices. Only in small intestinal slices, the clearance was reduced to around 50% of initial values after 24 hours of pre-incubation.

Testosterone, which in rat is metabolized via several cytochrome P450 iso-enzymes (Arlotto et al., 1991) and 17 $\beta$ -HSD (Farthing et al., 1982) was cleared at constant rates in all organs after various periods of pre-incubation (Fig. 4B). In contrast, slice intrinsic clearance of 7-EC (Fig. 4C) decreased to significantly lower values after 8 hours (liver) and 24 hours (liver and lung) of pre-incubation. In colon and small intestinal slices, metabolic rates tended to decrease as well although not statistically significantly.

#### *Influence of albumin on clearance prediction*

*In vivo*, clearance is limited by protein binding, as only the free fraction ( $f_u$ ) of a given compound can be taken up by the cell and metabolized. *In vitro*, therefore, intrinsic clearances should be corrected for protein binding *in vivo* when no protein is present in the incubations. This also means that, for compounds that *in vivo* predominantly bind to albumin, intrinsic clearances found *in vitro* in the presence of 4% albumin should be lower, proportionally to  $f_u$ , than those of albumin-free incubations. In Fig. 5, intrinsic clearances of 6 model compounds from incubations with liver slices in the presence of 4% albumin are shown as a fraction of those obtained from albumin free incubations (set to 1). According to the foregoing, this fraction should be equal to the literature  $f_u$  *in vivo*. In fact, this is the case for testosterone, quinidine and 7-EC, but not for haloperidol, 7-HC and midazolam. For the latter compounds, intrinsic clearances were approximately 3 times higher than expected based on protein binding data from literature. Correspondingly, liver clearances were also higher for these compounds, when calculated from intrinsic clearances obtained from incubations in the presence of 4% albumin.

Strikingly, the whole body clearance, calculated with the venous equilibrium model from albumin-free incubations with the different organ slices, was underestimated for the same compounds (haloperidol, 7-HC and midazolam), whereas the whole body clearance of testosterone, quinidine and 7-EC was correctly predicted (Fig. 6). Importantly, when whole body clearance was calculated from organ slice incubations (using thin liver and kidney slices) with 4% albumin, predicted values were in the desired range of 0.5 to 2 fold *in vivo* values for *all* compounds under study.

## Discussion

The major advantage of using precision-cut slices for prediction of *in vivo* metabolic clearance is that metabolically active extra-hepatic organs can easily be taken into account besides the liver. A disadvantage of slices is that not all cells are in direct contact with the medium containing the drug, making it necessary for the drug to travel through the slice into the inner cell layers. This phenomenon might not play a role in intestinal and lung slices, since metabolizing cells are in direct contact with the easily permeable agarose gel, but in kidney and liver slices metabolism might be limited to the outer cell layers. Intrinsic clearances of drugs were reported to be structurally lower in liver slices than in hepatocytes (Worboys et al., 1997). It was suggested that this could be partly due to poor penetration of oxygen into the slice. However, although in the present study we also found, for most of the tested compounds found, a 2-4 fold lower  $CL_{int}/mg$  protein in thicker slices than in thinner slices (and hepatocytes), ATP content of thick (approximately 20 cell layer) liver slices was not lower than that of thin (5 cell layer) slices. Moreover, the intrinsic clearance of warfarin was not different in thick and thinner slices and no signs of cell damage in the inner cell layers of slices were observed histomorphologically (data not shown). Thus, comprised metabolic function by lack of oxygen seems not to be the cause of lower clearance in slices. It seems more likely that metabolism of lipophilic high and intermediate turnover drugs like testosterone, haloperidol, midazolam, quinidine, 7-EC and 7-HC is limited by delayed penetration of the drug into thicker slices, preventing establishment of equilibrium concentrations. The solution for this problem, however, seems obvious: when thin slices (appr. 2-5 mg wet weight/100  $\mu m$  thickness/ 4-6 cell layers) were used,  $CL_{int}$  was found to be equal or higher than in hepatocytes, thus preventing under-prediction.

Stability of metabolic rate upon culturing is a pre-requisite to adequately predict metabolic clearance of low clearance compounds (such as warfarin) *in vitro*, for which up to 24 hours of incubation is required to reliably measure substrate depletion. With hepatocytes in suspension, used in the present study, viability is not sufficient (approximately 50% after 6 hours of culturing) to accurately measure clearance of such compounds. With organ slices, metabolic activity towards



testosterone (metabolized via several CYPs (Arlotto et al., 1991) and 17 $\beta$ -HSD (Farthing et al., 1982)) was maintained during culturing for 24 hours. Conjugation of 7-HC with glucuronide and sulfate was only significantly decreased in small intestinal slices after 24 hours pre-incubation. Metabolism of 7-EC (via CYP1A1 (Zhang et al., 1997), CYP1A2, 2A1, 2B1/2 (Bayliss et al., 1994)) decreased upon incubation. Calculated over 24 hours, the mean activity towards 7-EC was minimally 50% of initial values. This implies that for highly stable compounds, clearance may be underestimated by maximally 50% depending on the CYP-isoform involved. The fact that conjugation reactions, which presumably are highly energy-consuming and require maintained cellular viability, were barely affected, implies that slice quality is not the cause of this loss. Loss of CYP-activity upon culturing has been reported repeatedly using conventional (monolayer) cultures of isolated hepatocytes (Sherratt and Damani, 1989; Bayliss et al., 1994; Rogiers et al., 1990; Wortelboer et al., 1990; McMillan et al., 1991) and has been ascribed to activation of NO-synthesis due to collagenase treatment (Lopez-Garcia, 1998), and dedifferentiation of hepatocytes by loss of cell-to-cell or cell-to-matrix interactions. Indeed, culturing of hepatocytes in co-cultures with other liver derived cells and/or in combination with extra-cellular matrix has expanded the time-course in which hepatocytes stay viable (Rogiers et al., 1990) and to some extent has also lead to better preserved CYP450 levels (Evans, 1995; Kern et al., 1997; Koebe et al., 1994). However, damage by collagenase, loss of intercellular communication and cell-matrix interactions cannot play a role in the loss of CYP-activity in the present study and those of others (Wright and Paine, 1992; VandenBranden et al., 1998; Renwick et al., 2000) since no disruptive isolation procedure is used to prepare slices and cellular interactions are presumably maintained. The observed decrease of CYP-activity towards 7-EC might be due to the loss of (endogenous or exogenous) inductive stimuli, which are constantly present at basal levels *in vivo*, but not *in vitro*. Differential sensitivity of CYP-isoenzymes to inactivation has been reported before (Utesch et al., 1991; Renwick et al., 2000) and may be caused by differences in turnover times and/or inducibility.

Protein binding decreases the free concentration and thereby the intracellular concentration of drugs. Since the rate of metabolic conversion of drugs in concentrations under  $K_m$  is directly related to the concentration that is 'seen' by the

metabolic enzyme, metabolic rate is expected to decrease proportionally to the extent of protein binding in the presence of plasma proteins. After adding 4% albumin to the incubation medium we observed, as expected, that the metabolic rate of model compounds was decreased. For testosterone, 7-EC and quinidine, this decrease was exactly proportional to their literature  $f_u$ . However,  $CL_{int}$  of midazolam, 7-HC and haloperidol was much less affected by albumin than was expected based on their extent of protein binding, resulting in an approximately 3 times higher predicted CL for the latter compounds in the presence of albumin. Several explanations could account for this observation. First, BSA which was used in the present study, might not exhibit the same drug-binding properties as rat plasma. This explanation might not be unlikely, since plasma contains also other drug-binding proteins although albumin is the most abundant. Besides this, drugs may bind with another affinity to rat serum albumin than to BSA. To exclude this for the used model compounds, we performed a pilot study in which we compared intrinsic clearance of these compounds in the presence of 20% rat plasma and an equivalent amount of 0.8% BSA. No differences were found, indicating that the use of BSA in the present study was valid (data not shown). Despite this validation, it seems to be more straightforward to use full plasma or serum in future studies (Shibata et al., 2000). However, the latter method may be difficult to standardize due to the presence of other components (prostaglandins, growth factors etc.) in serum. Future studies need to elucidate whether this may influence the reproducibility and predictive value of the assay.

A second explanation for our results might be that some compounds may non-specifically bind to the slices decreasing their free concentration in the incubation medium. Correcting  $CL_{int}$  for *in vivo*  $f_u$  could then have introduced an over-correction. However, no difference in the concentration of neither of these compounds between the incubation medium and the medium/slice homogenate at the end of incubation was found (unpublished observations), indicating that binding to slices was not sufficient to influence medium concentration. Protein ‘contamination’, possibly caused by production of albumin by (liver) slices, ‘sticking’ albumin left after slice preparation (organs were not perfused, so some blood could be left) or release of proteins from dying cells can also be a reason of the culture medium mistakenly being considered as drug-binding protein-free. However, the presence of protein in the

medium would imply an impact (proportional to the extent of protein binding) on the clearance of all tested compounds, which was not the case. Another explanation may be that albumin facilitates (active) transport of a compound into metabolizing cells, thereby (partly) compensating its decreasing effect on intracellular drug concentration. An example is furosemide, of which uptake by specific anion transporters in the kidney is enhanced by albumin binding (Pichette et al., 1996). *In vivo*, it has also been shown that hepatic extraction of some (lipophilic) compounds (e.g. propranolol (Garipey et al., 1992) is not restricted by protein binding.

It has been suggested that the possibly enhancing effect of albumin on the uptake of drugs is rather aspecific and might be explained by the fact that albumin helps to bring the drug more 'closely' to the cell by ionic interactions with the plasma membrane, thereby shortening the diffusional distance (Blanchard et al., 2004). Also, albumin could improve solubility of compounds that have a low solubility in water. However, this explanation seems less likely for current results since clearance of the compound with the lowest solubility (testosterone) was not increased, while that of 7-HC (that has a much higher solubility) was. To further unravel the mechanism by which albumin enhances clearance, more research is required.

Extrahepatic organ clearance of midazolam, haloperidol and 7-HC was equally affected by the presence of 4% albumin and it appeared that whole body metabolic clearance was much better predicted. Clearances of all tested model compounds predicted in the presence of albumin (and using thin liver and kidney slices) lay within a 2-fold range of *in vivo* metabolic clearances. Thus, this approach seems promising to adequately predict *in vivo* clearance.

In conclusion these results confirm the applicability of slices in metabolic clearance prediction. The application of thin slices eliminates the penetration limitation reported for high clearance drugs in conventional slices. Furthermore, organ slices can be kept metabolically active for sufficient periods of incubation enabling study of the kinetics of low clearance compounds, though (a slight) underestimation of clearance can be expected in some cases due to down-regulation of certain CYPs. *In vitro* prediction with organ slices of *in vivo* metabolic clearance is significantly improved for a number of compounds when incubation is conducted in

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the presence of albumin resulting in predictions that lay within a 0.5 to 2-fold range of *in vivo* values.

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## Footnotes

a) footnote providing the source of financial support

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b) name + full address of person to receive reprint requests

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## Legends

**Fig. 1 Relation between slice wet weight and protein content (A) and slice wet weight and the number of cell layers in the slice cross section (B).** Values represent the mean of 3 (2-5 mg slices) to 8 (all other groups) experiments, 3-5 slices per experiment (+SEM)..

**Fig. 2 Liver clearance ( $CL_{int,liver}$ ) of model compounds (A) quinidine (B) midazolam (C) 7-EC (D) haloperidol (E) testosterone (F) 7-HC (G) warfarin calculated with hepatocytes or slices of several thicknesses.** Bars represent the mean of 3-8 experiments (+SEM), 3-5 slices per substrate per experiment, one hepatocyte incubation per substrate per experiment. Slices were incubated with 1  $\mu$ M of substrate, for 1 (testosterone), 3 (7-HC, 7-EC), 6 (quinidine, haloperidol, midazolam) or 24 hours (warfarin). Hepatocytes were incubated for 6 hours. Neither slices or hepatocytes were pre-incubated. Medium samples were taken at various time-points or/and at the end of incubation. \*Values differ significantly ( $p < 0.05$ ) from those obtained with the thinnest slices, \*\* with  $p < 0.01$ . ND (=not detectable):  $CL_{int,liver}$  was lower than 5 ml/minute/kg, but the exact amount could not be determined since this compound was hardly metabolized by hepatocytes

**Fig. 3 ATP content of liver slices after 3 and 24 hours of incubation.** Values are given as % of the values of 'standard' 9-12 mg liver slices (+SEM) of 3 to 8 experiments (3 slices per experiment). Mean ATP content of slices with 9-12 mg wet weight was 6.2 ( $\pm 0.6$ ) nmol/mg protein after 3 hours of incubation and 8.7 ( $\pm 1.6$ ) nmol/mg protein after 24 hours of incubation. \*Values differ significantly ( $p < 0.05$ ) from those of the 'standard' slices.

**Fig. 4 Intrinsic clearance of model compounds (A) 7-HC, (B) Testosterone, (C) 7-EC by organ slices during prolonged culturing.** Slices were pre-incubated during 0, 4, 8 or 24 hours prior to adding of the drug (2  $\mu$ M) and than 1-3 hours with the drug. Samples of medium and/or medium-slice homogenate were taken at the end of incubation. Each bar represents at least 3 experiments, 3-5 slices per experiment (+SEM). \*Values differ significantly ( $p < 0.05$ ) from those obtained without pre-incubation.

**Fig. 5 The influence of the presence of albumin in the incubation on intrinsic clearance and clearance of model compounds (A) testosterone, quinidine and 7-EC (B) haloperidol, 7-HC and midazolam.**  $CL_{int,liver}$  (without albumin) and  $CL_{liver}$  without albumin were normalized to 1. Values represent the mean of 3-5 experiments (+SEM), 3-4 slices per experiment per substrate. Substrate concentration was 1  $\mu$ M. Slices were incubated for 1 (testosterone), 3 (7-HC, 7-EC) or 6-8 hours (quinidine, haloperidol, midazolam) with the model compound. \* $CL_{int,liver}$  differs significantly ( $p < 0.05$ ) from those obtained from incubations without albumin. # $CL_{liver}$  differs significantly ( $p < 0.05$ ) from those obtained from incubations without albumin.

**Fig 6. Whole body clearances of model compounds (A) quinidine (B) 7-HC (C) testosterone (D) midazolam (E) 7-EC and (F) haloperidol calculated from incubations with or without albumin with organ slices, compared with *in vivo* values.** Values represent the mean of 3-8 experiments (+SEM), 3-4 slices per substrate per experiment. Slices were generally incubated with testosterone for 1 (liver) to 3 hours (other organs), with 7-HC for 3 hours, with 7-EC for 3 (liver) to 8 hours (other organs) and with quinidine, haloperidol, midazolam for 6 (liver) to 8 hours (other organs), substrate concentration 1  $\mu$ M. *In vivo* data were from literature (see Table 2). For quinidine and midazolam, clearance in kidney, colon and lung could not be detected.

**Table 1 – Determination of scaling factors**

	<b>Organ weight</b> (g/kg body weight)	<b>Organ protein content</b> (mg/gram organ weight) <sup>a</sup>	<b>Scaling</b> <b>factor<sup>b</sup></b>
<b>Liver</b>	39.9	141	5660
<b>Lung (agarose filled)</b>	18.4	9	163
<b>Kidney</b>	7.7	170	1320
<b>Small Intestine</b>	18.9	120	2258
<b>Colon</b>	2.9	122	354

*a) Determined by measuring the protein content of an organ sample with a known wet weight*

*b) Calculated by multiplying organ weight with the protein content per g organ*

**Table 2 – The unbound fraction ( $f_u$ ) and *in vivo* clearances of used compounds**

	$f_u$	CL (ml/minute/kg)	Reference
<b>Warfarin</b>	0.11	0.18	(Shibata et al., 2000)
<b>7-EC</b>	0.22	40	(Carlile et al., 1998)
<b>7-HC</b>	0.10	97.4	(Ritschel et al., 1992)
<b>Testosterone</b>	0.40	62	(Pardridge, 1986) / (De Kanter et al., 2004)
<b>Midazolam</b>	0.04	79	(Kotegawa et al., 2002)
<b>Quinidine</b>	0.325	33.8	(Sawada et al., 1985)
<b>Haloperidol</b>	0.08	78	(Lombardo et al., 2002) / (Cheng and Paalzow, 1992)

Fig. 1

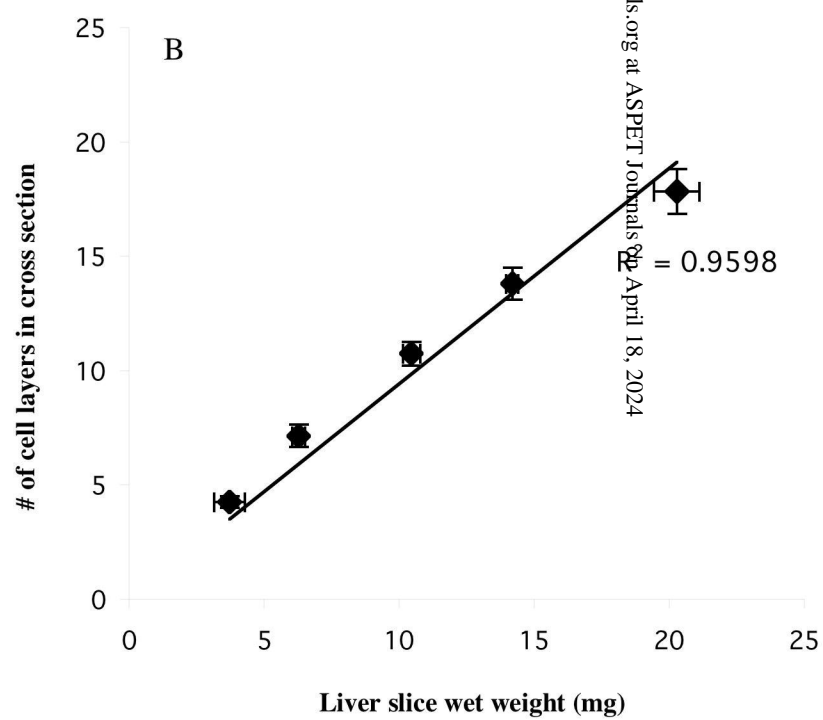
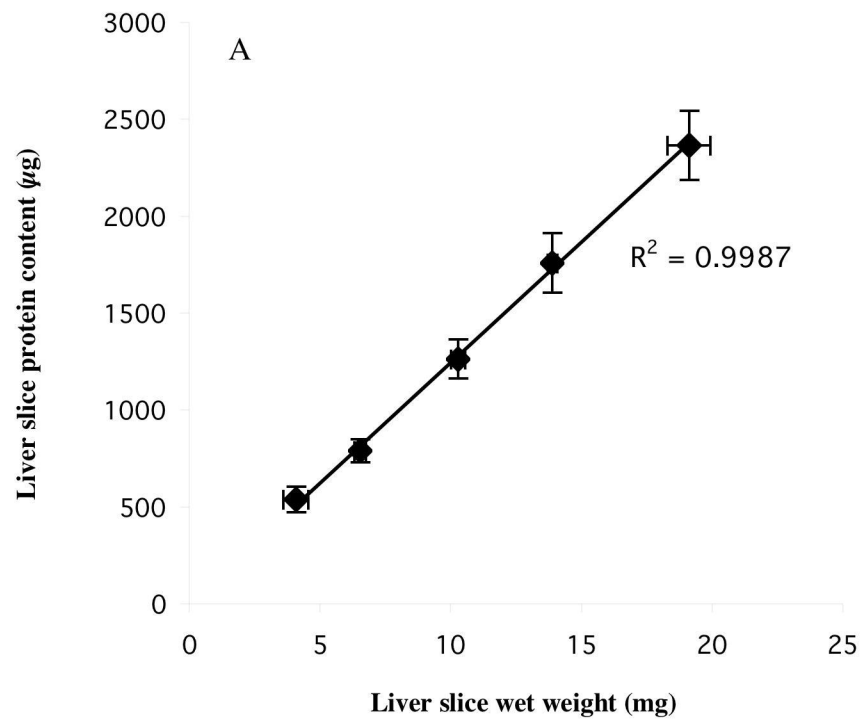


Fig. 2 A - E

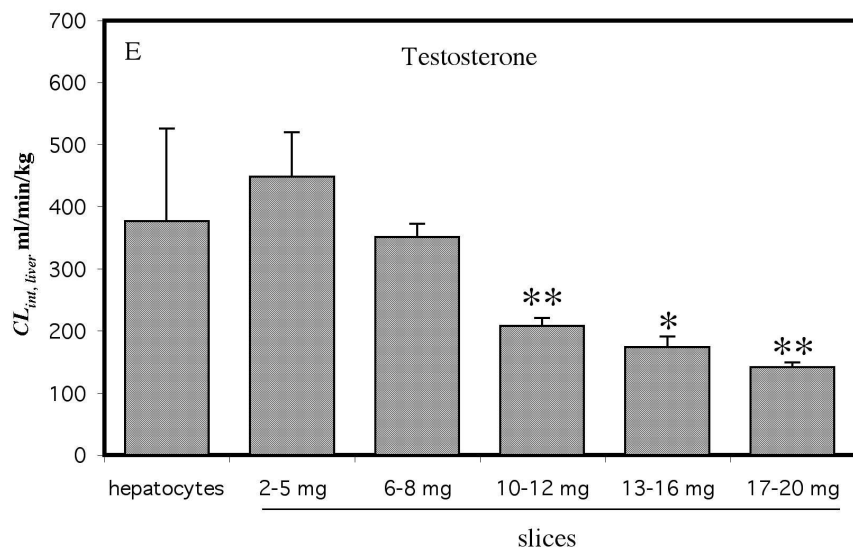
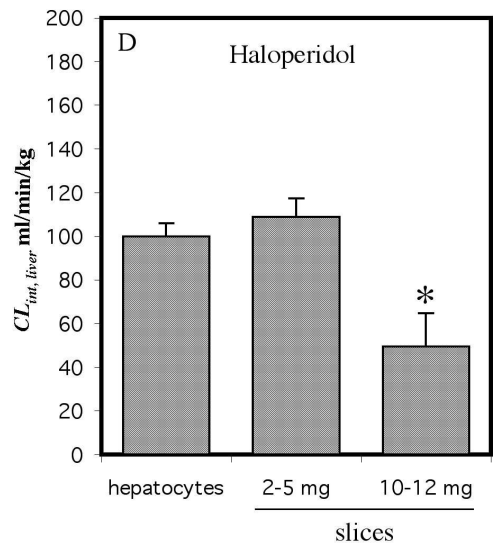
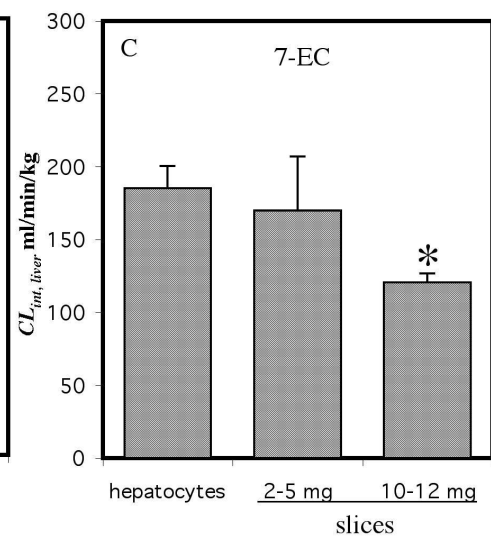
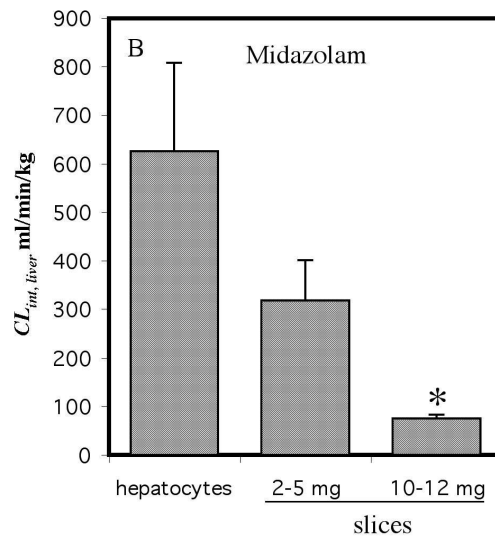
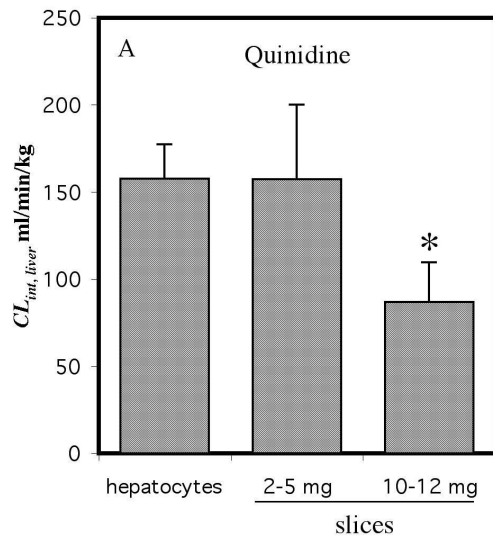




Fig. 2 F - G

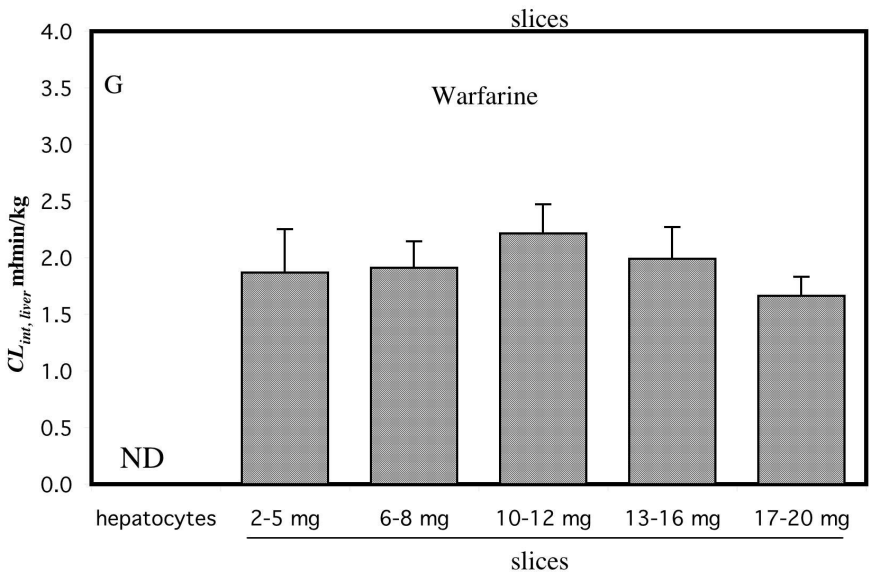
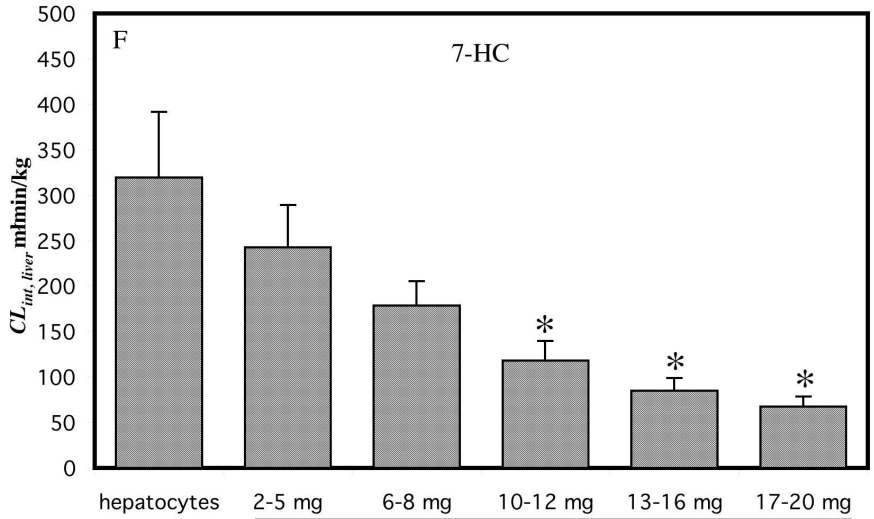


Fig. 3

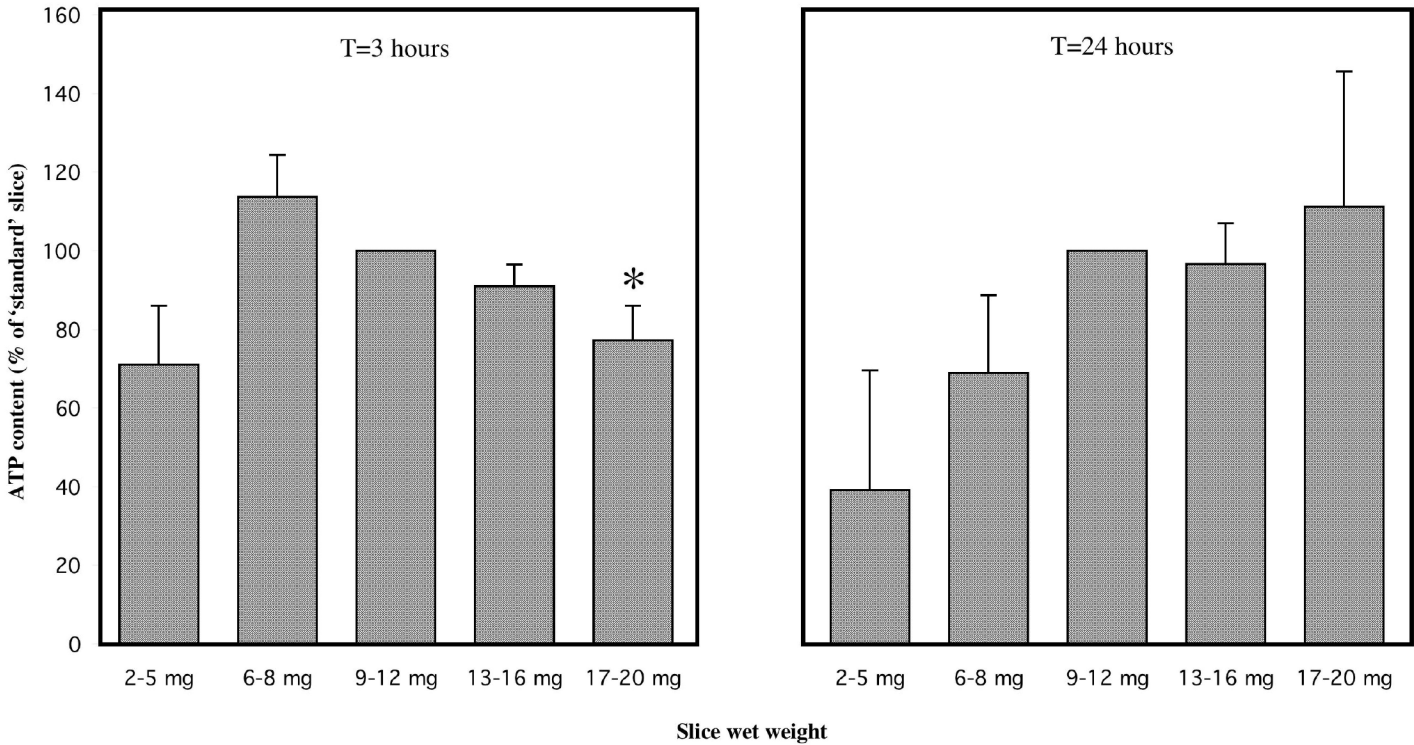


Fig. 4

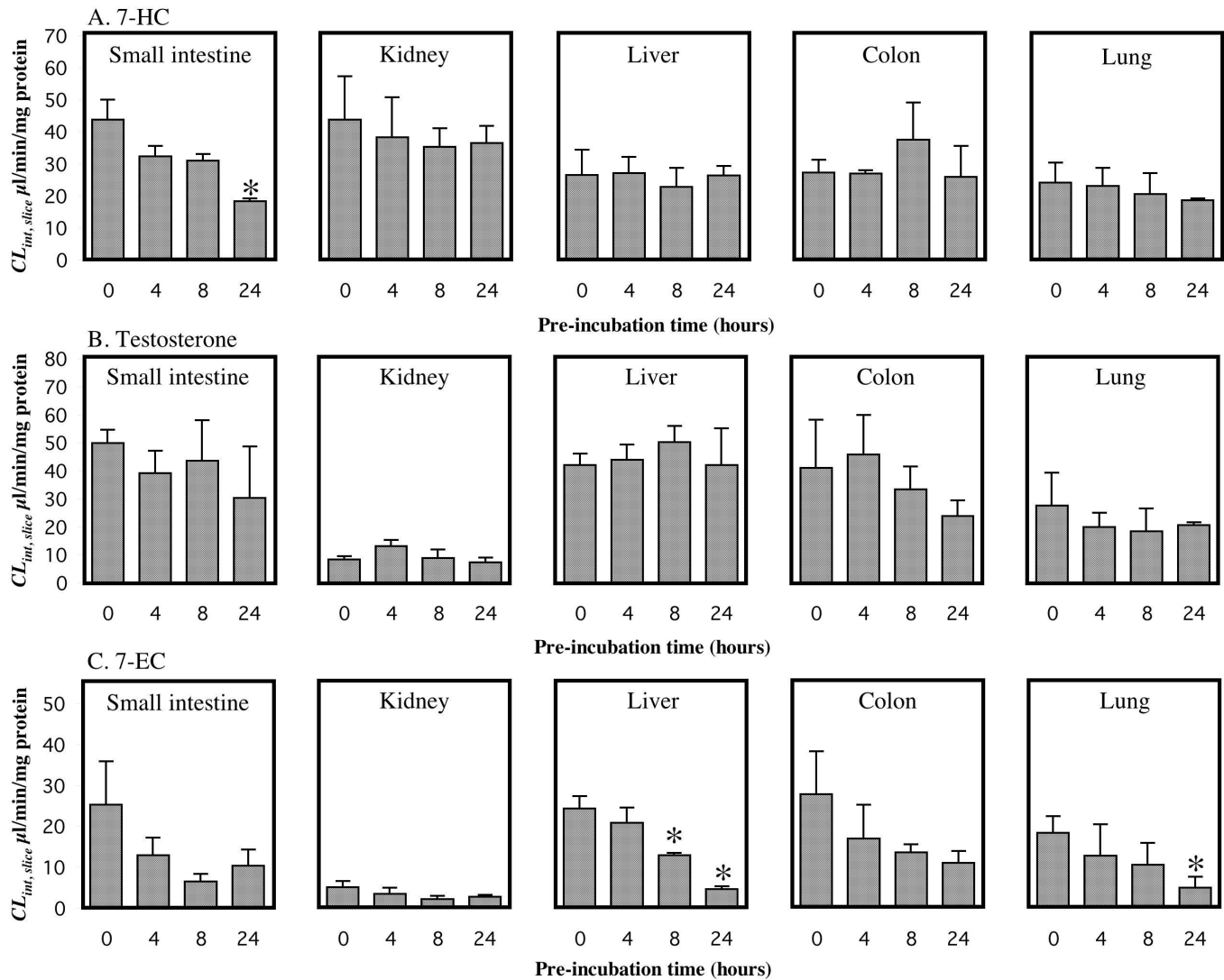


Fig. 5

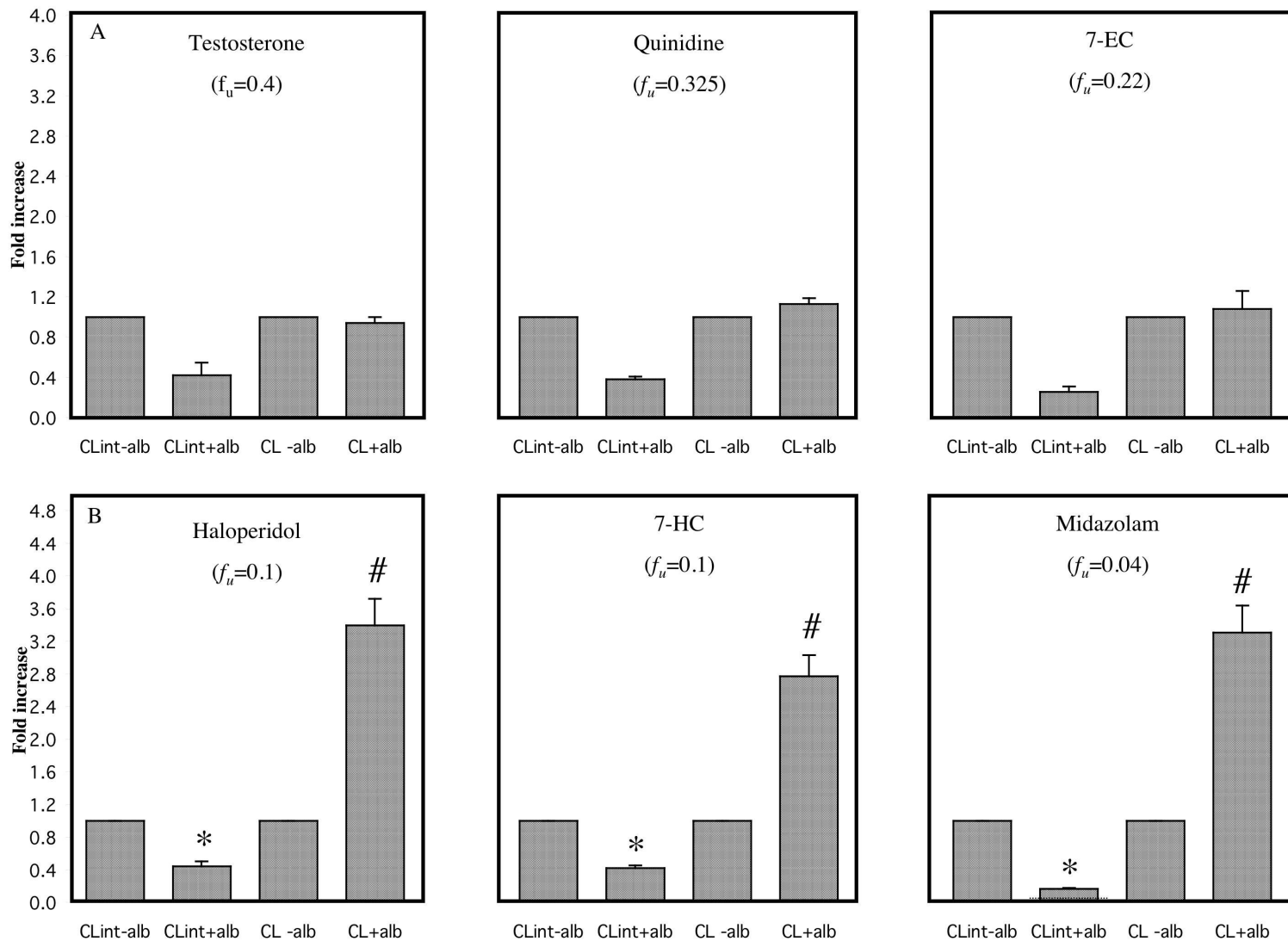


Fig. 6

