

Current Issues in Cascade Impaction

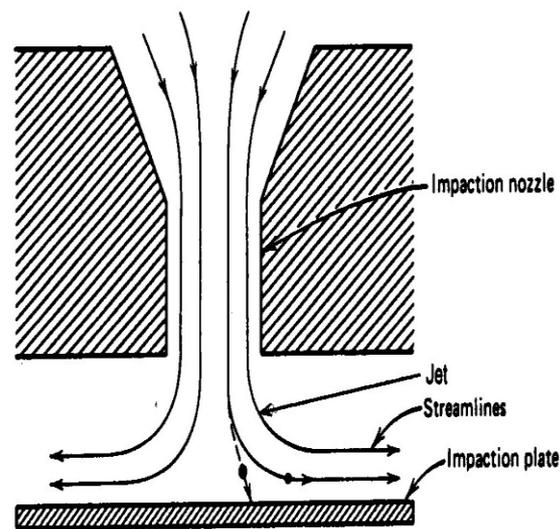
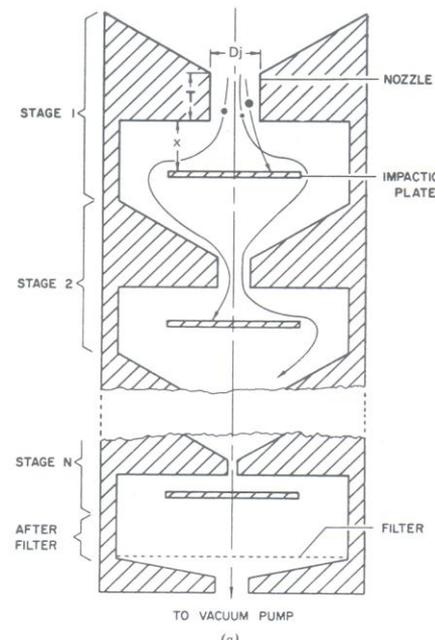
Frank Chambers

JPAG Meeting

15th October 2009

Key Factors

- Impactor Control
 - Coating
 - Leak testing
 - Mensuration
- Method Control Strategies
 - Analytical methodologies
 - Device handling
 - Efficiency
- New Developments
 - Abbreviated Impactor Measurements (AIM)
 - Alternatives to cascade impaction?



The Hardware



Andersen
(ACI)



Next Generation
Impactor (NGI)



Marple/Miller



Multi Stage
Liquid
Impinger
(MLSI)

Andersen Cascade Impactor (ACI)



- Industry Standard for a long time
- Robust and Compact
- Performance well understood
- Full classification of respirable fraction possible
- “Automatable”
- Origins lay in environmental science
- Tricky to Wash down
- *In-situ* sample prep impossible
- Inter-stage losses can be high
- A high degree of skill, including manual dexterity is required to obtain consistent **results** - (Christopher, D., *et al.* (2003), *J. Aerosol Med.*, 16:235-247)





Next Generation Impactor (NGI)

First Impactor designed specifically for Pharma industry



courtesy MSP Corp.

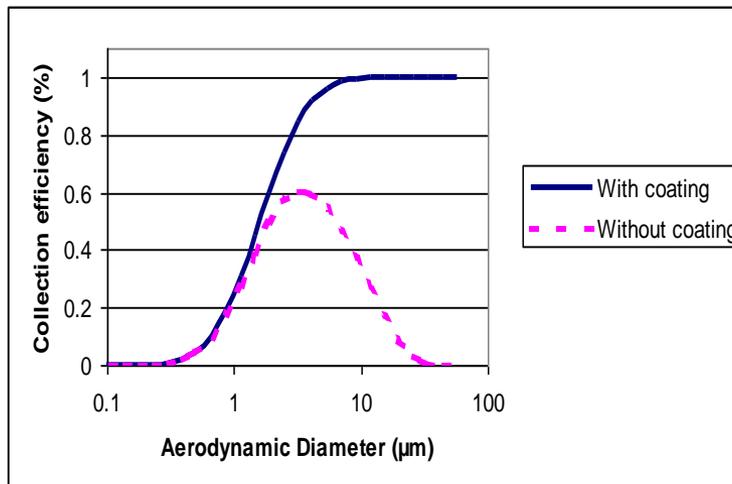
- Bulky (Base unit Heavy)
- Flow resistance
- Some initial Quality Issues
 - Corrosion/jet occlusion
- Serviceability



- Full classification of respirable fraction
- Automation in mind
- Low inter-stage losses
- In-situ sample prep possible
- **Faster turnaround** (however **labour-intensive** cf laser diffractometry time of flight Systems)

Plate Coating

- Impactor Collection Surface Coating (DDL14)
 - Highlighted the range of coating practices in use
 - Range of coating materials
 - Opportunity to Standardise?- Yes??
 - Re-validation could be a barrier to this
 - Provided a ready reference to the range of practices and materials in use
- Cleaning Best Practices (Survey – DDL17)



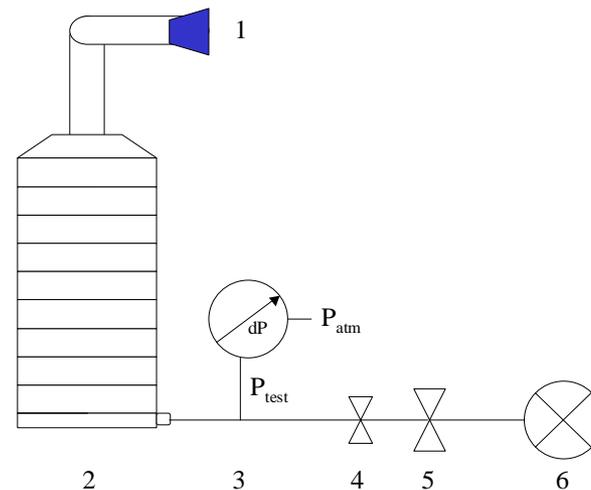


Impactor Leak testing (EPAG Study)

Impactor type	Operational flow	Mole flow* at 1% of operational flow	Internal impactor volume according to [3]	Corresponding leak rate*
NGI with UIP	15 L/min	0.0062 moles/min	1245 mL	12 kPa/min
NGI with UIP + pre-separator	30 L/min	0.0125 moles/min	2025 mL	15 kPa/min
ACI with UIP	28.3 L/min	0.0118 moles/min	975 mL	29 kPa/min
ACI with UIP + pre-separator	30 L/min	0.0125 moles/min	1155 mL	26 kPa/min

*at ambient conditions: $T=293.15\text{ K}$ ($=20^{\circ}\text{C}$), $p=101.3\text{ kPa}$ (=atmospheric pressure).

- A new method devised to measure impactor leakage
- DDL18 – Poster made recommendations regarding criteria for a suitable in-use leak test



Impactor Qualification/Mensuration

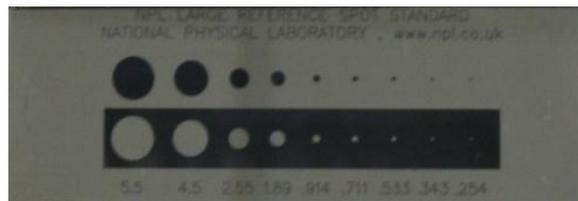
- Mensuration of Impactor jet diameters
 - Optical measuring systems typically used
- Most commonly used method for determining CI “fitness for purpose”
- Pharmacopoeial Guidance focuses on achievable manufacturing tolerances
 - Alternative limits can be justified on a case by case basis
- **Can we establish appropriate limits by understanding the capabilities of our measuring systems?**



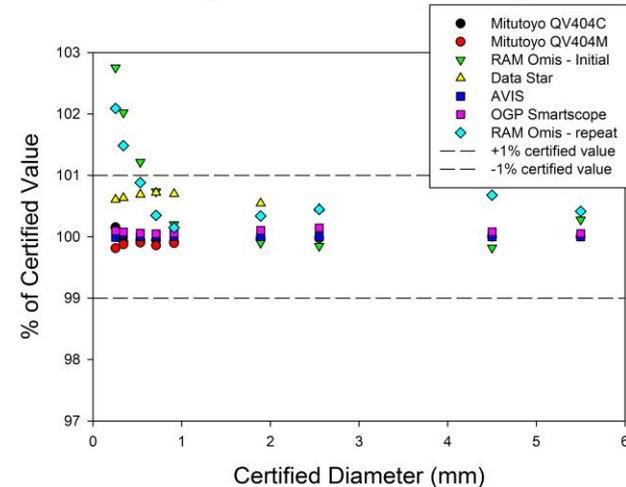
Impactor Mensuration (EPAG Study)



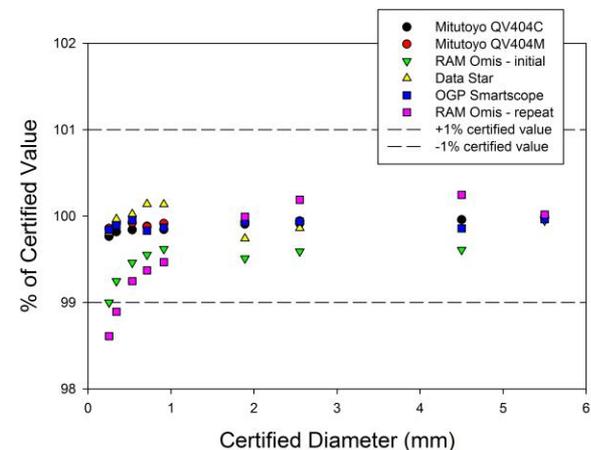
- Accuracy Assessment (6 Sites)
- Calibrated Reticles Ex. Copley
 - Chrome and Glass spot reticles (0.254 - 5.5 mm)
- Ring gauges ex. Westech 1.0, 2.5 & 4.5 mm
- Chrome spots better than 1% @ 0.254mm
- Glass Spots worst case >2% @ 0.254mm
- Ring Gauges all within 1% of Certified values
- Findings submitted to PharmSciTechnol Rev.



Glass Spots on Chromium Background



Chromium Dots on Glass Background

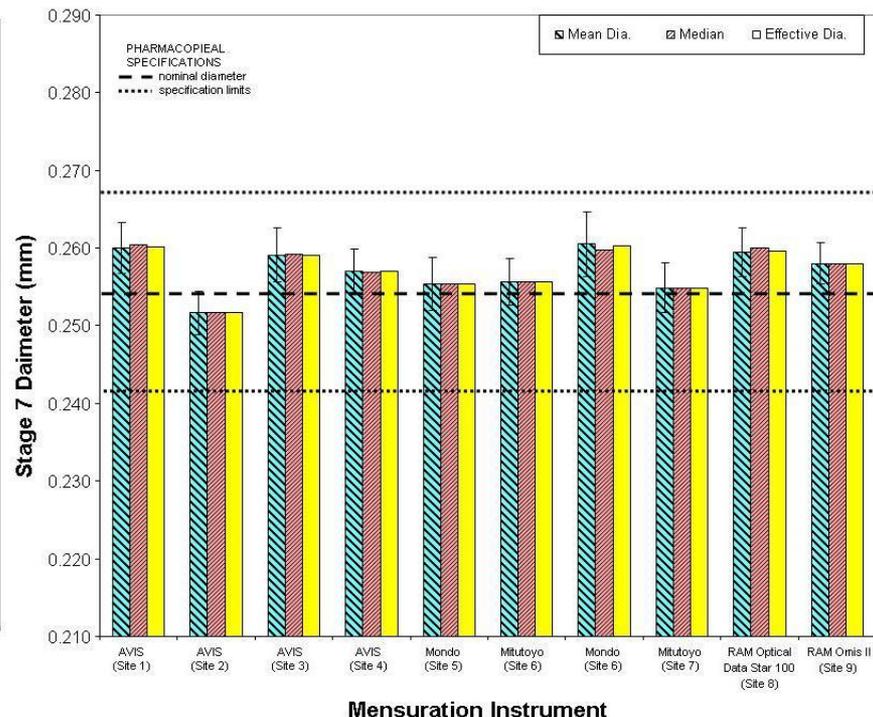
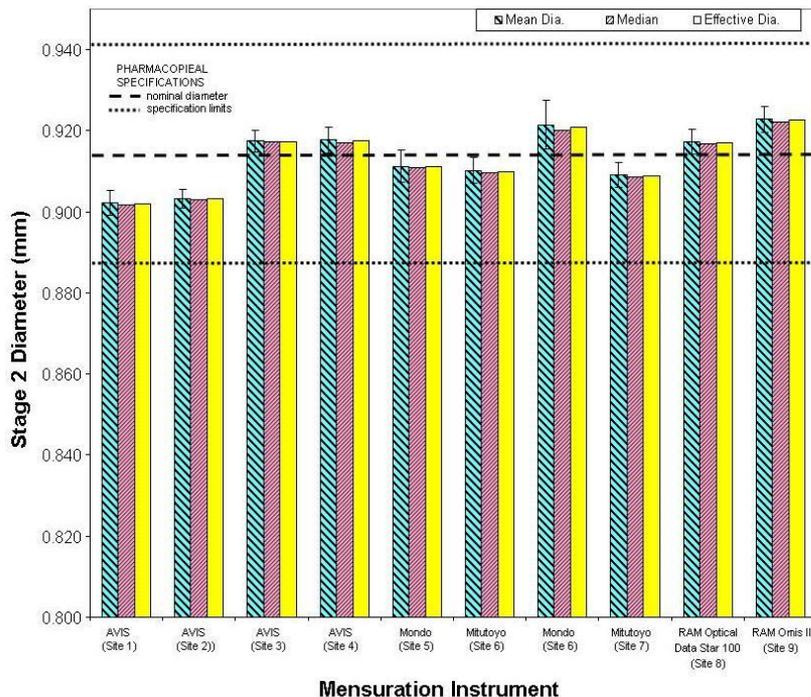




Impactor Mensuration (EPAG Study)

- Precision Assessment (9 Sites)

- Two ACI Stages (2 & 7)
- Five Measurement systems evaluated (AVIS/Mituoyo/RAM Omnis/RAM Data Star/Mondo)
- Good Reproducibility of measurement across sites





Method Control Strategies

Minimising Variability of Cascade Impaction Measurements in Inhalers and Nebulizers

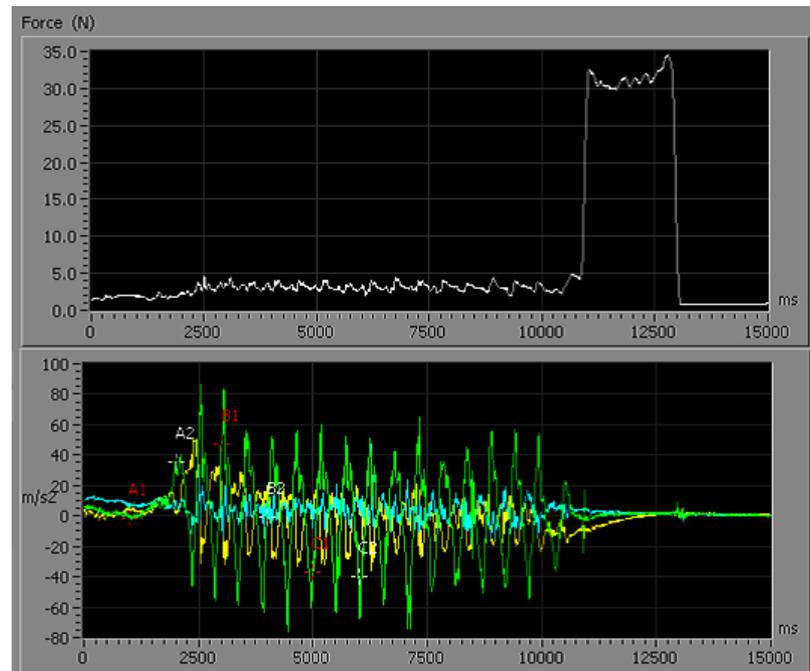
Bonam, Christopher et al for IPAC-RS; AAPS PharmSciTech, Vol 9, No. 2, June 2008

“The results illustrate the intricate network of underlying causes of CI variability with the potential for several multi-way statistical interactions. It was also found that significantly more quantitative information exists about impactor related causes than about operator-derived influences, the contribution of drug assay methodology and product related causes , suggesting a need for further research in those areas”



Method Control Strategies

- Ensure the method requirements are consistently met via control of the identified critical analytical method parameters.
- Appropriate Analytical test method validation/SST's
 - API recovery from impactor (mass balance checks/re-wash Strategies)
- Standardized device handling
 - Shake/Fire for pMDI
 - Continued training and monitoring is also important for OINDPs
- Product specific issues
 - Direct impact of validation
 - Product properties
 - Electrostatics – DPI?



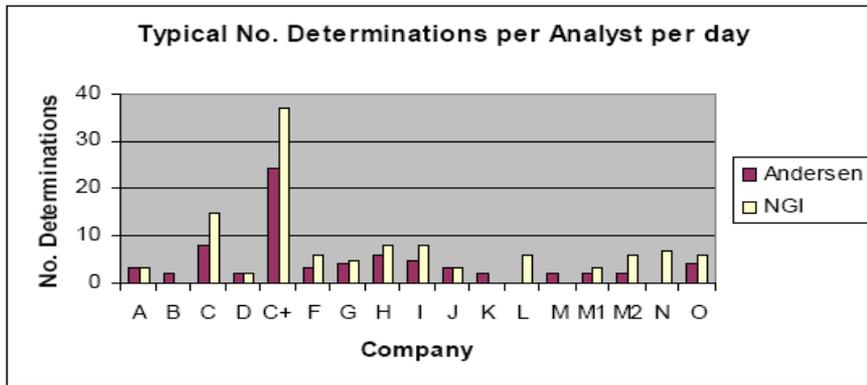
Measurement of Operator shake/fire inputs



Analysis Efficiency – NGI vs ACI

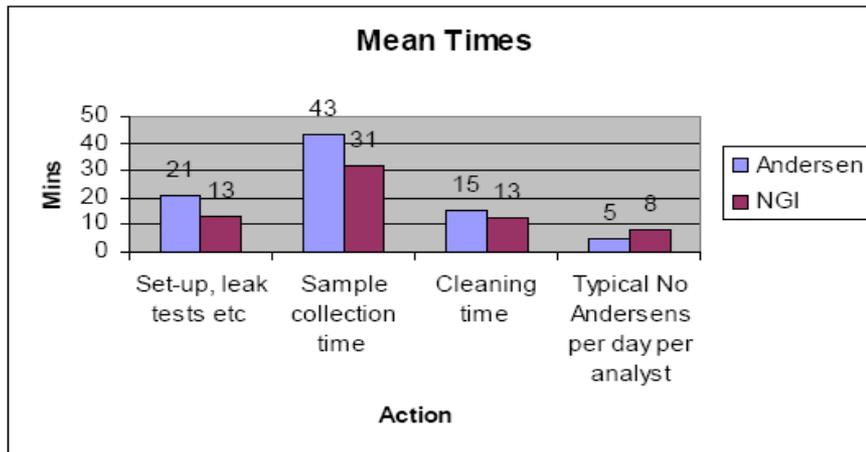


TYPICAL No. PER ANALYST PER DAY



- 14 Companies took part (coded)
- Overall NGI Showed improvements in throughput
- Many NGI's not yet in future use

MEANS



- Total mean 79 mins & 59 mins for ACI & NGI respectively (NGI 21% quicker)
- 5 ACI & 8 NGI per analyst per day (50% more)



New Developments

- Abbreviated Impactor Measurements (AIM)
 - A simplified Impactor based approach to the problem of inhaler Aerosol Particle Size Characterisation
- Alternatives to Cascade Impaction?

Background - AIM



- Assessment of particle size distribution from oral inhaled products (OIPs) is typically by multi-stage cascade impactor (CI)
- Gold standard method:
 - Provides *aerodynamic* size
 - Traceability to drug mass
 - System suitability verifiable through mass balance
 - Though cumulative error in drug recovery can adversely effect this

...but full resolution CI measurements are complicated and therefore both time-consuming and prone to error
[Bonam et al. *AAPS PharmSci Technol.* 2008;9:404-413]

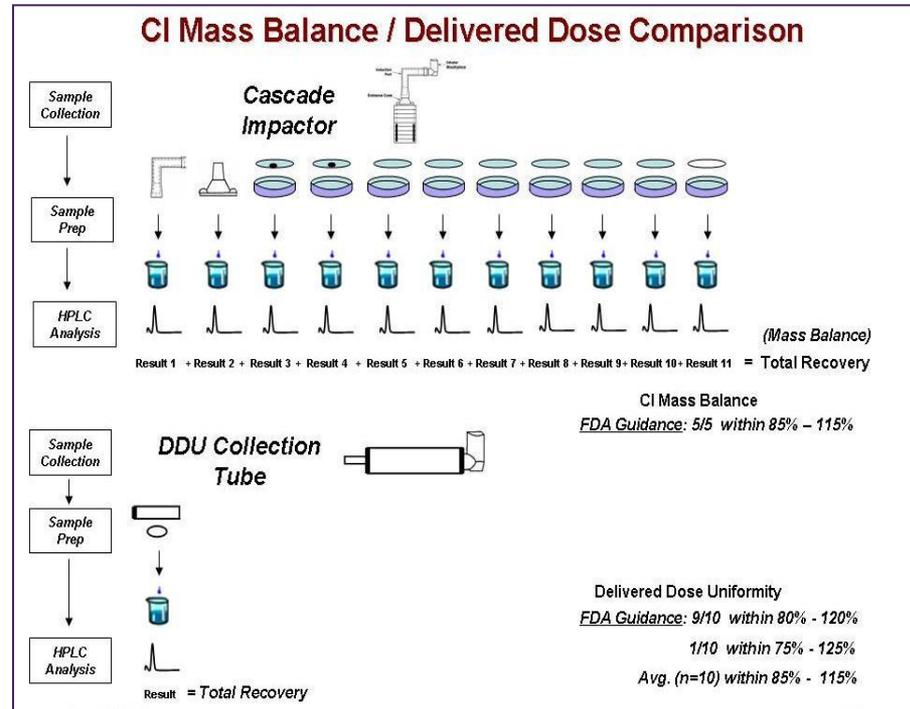
AIM is a concept and various impactor tools are available to us

- Essentially modification of existing systems



Full Resolution CI Measurements

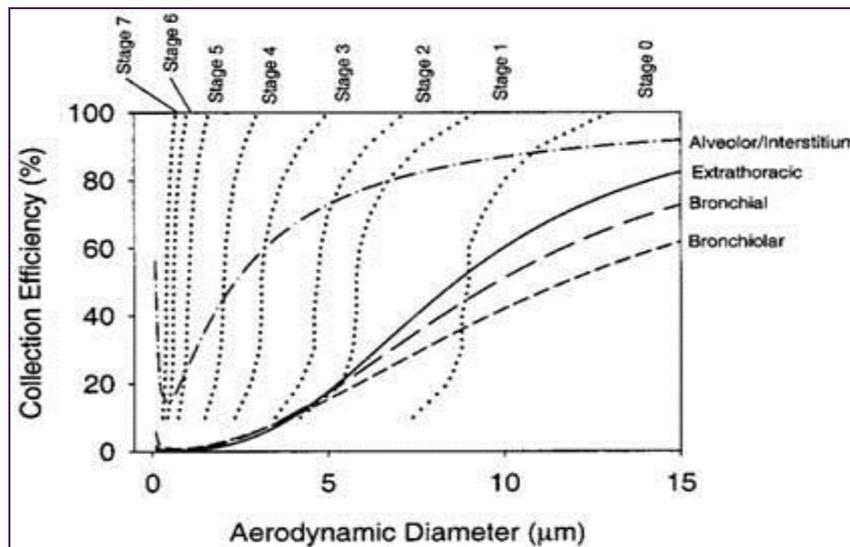
- Primary focus is on assessing changes in sub-fractions that are believed pertinent to predict particle deposition in respiratory tract
- Secondary focus on the APSD itself:
 - Often assumed log-normal and uni-modal in estimates of MMAD and GSD



CI STAGE RESOLUTION IN RELATION TO PARTICLE DEPOSITION PROCESSES



- **Multi-stage CI selectivity (resolution) >> size-related deposition selectivity in human respiratory tract (HRT)**
- The multi-stage CI is therefore **NOT** an analogue of the HRT with regards to describing particle deposition



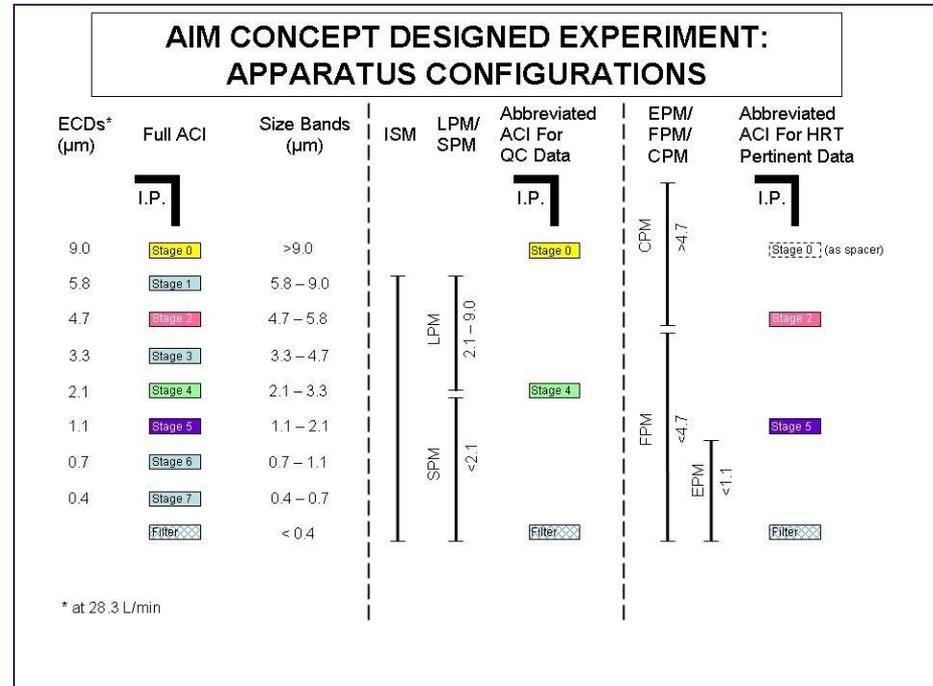
Respiratory tract deposition (ICRP-66) model with collection efficiency curves for the Andersen 8-stage cascade impactor (ACI) operated at 28.3 L/min superimposed

- from Dunbar and Mitchell (2005) J. Aerosol Med., 18:439-451



Why Consider AIM Systems?

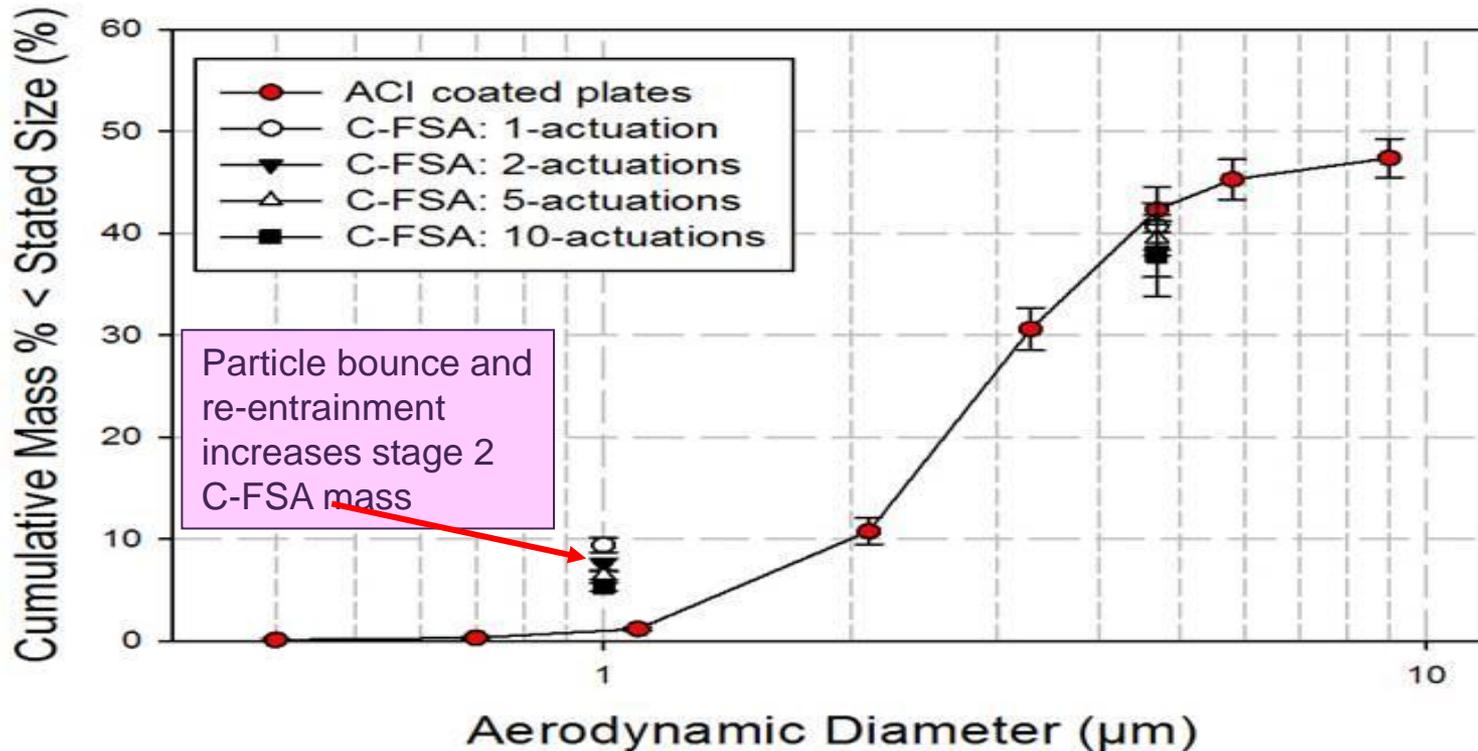
- Faster Analysis
 - 3 – 4 stage measurement cf ~ 9 - 11 stage determinations
- Flexibility
 - Tailor stage selection to the parameters required
 - QC or Human Respiratory tract pertinent measurement
 - Robust to flow rate





Coating of collection plates for ACI and C-FSA is *essential* for the most accurate work

UNCOATED COLLECTION PLATES IN C-FSA

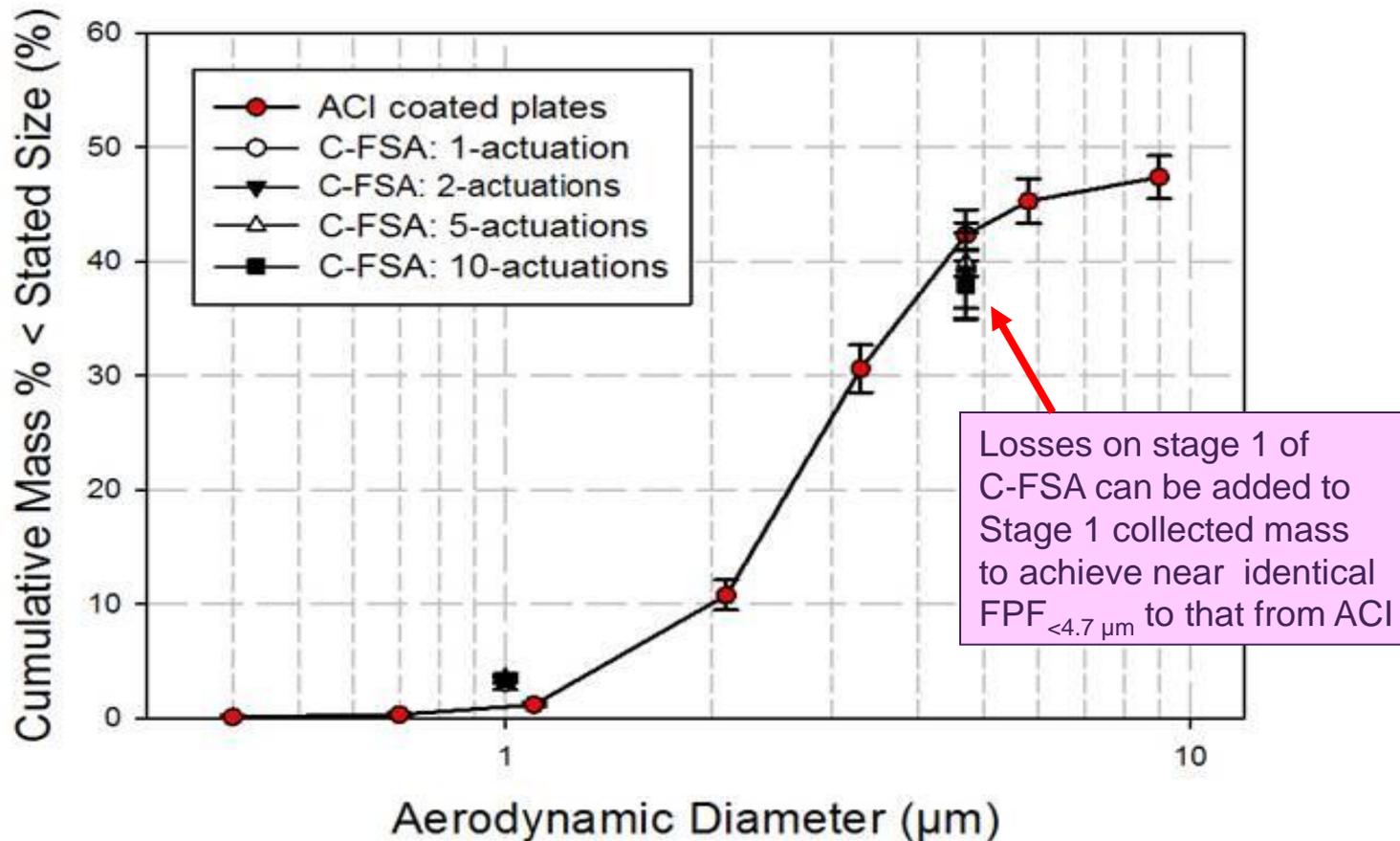


A Brij-soaked glass microfibre filter on stage 2 can reduce bias due to particle bounce

Substantial equivalence has been achieved between C-FSA and ACI



BRIJ 35 COATED COLLECTION PLATES IN C-FSA

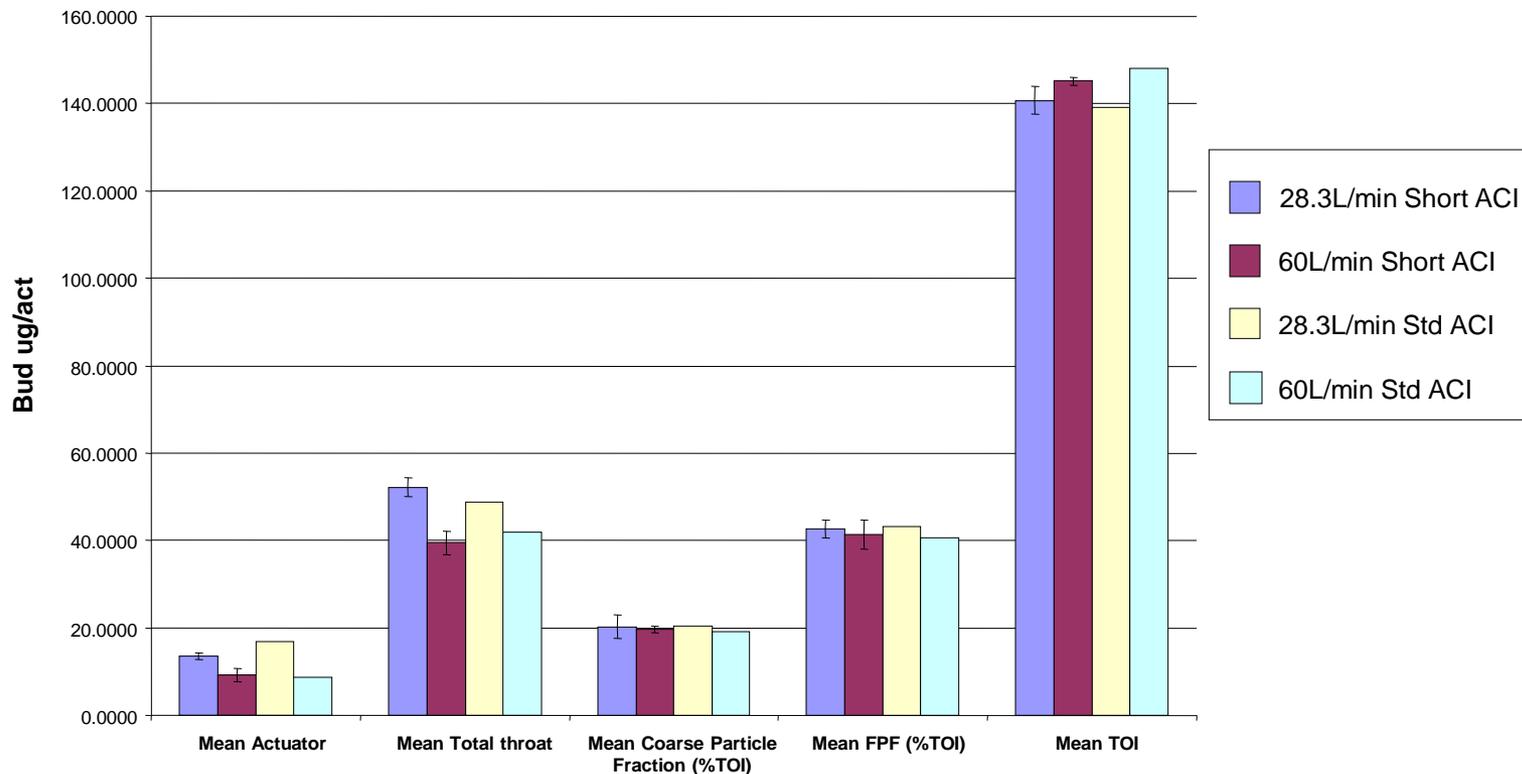




Flow rate effects - Short Stack ACI (AZ)

- Stack composition – IP/Stage 0/Stage 2/ stage 7/Filter
- Stage 1 substituted for stage 2 @ 60 Litres min⁻¹

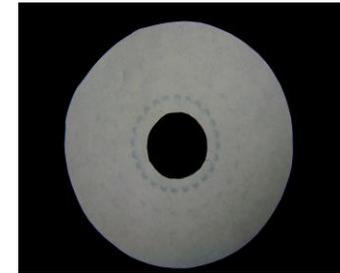
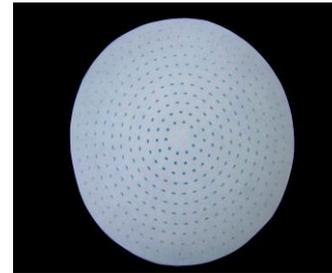
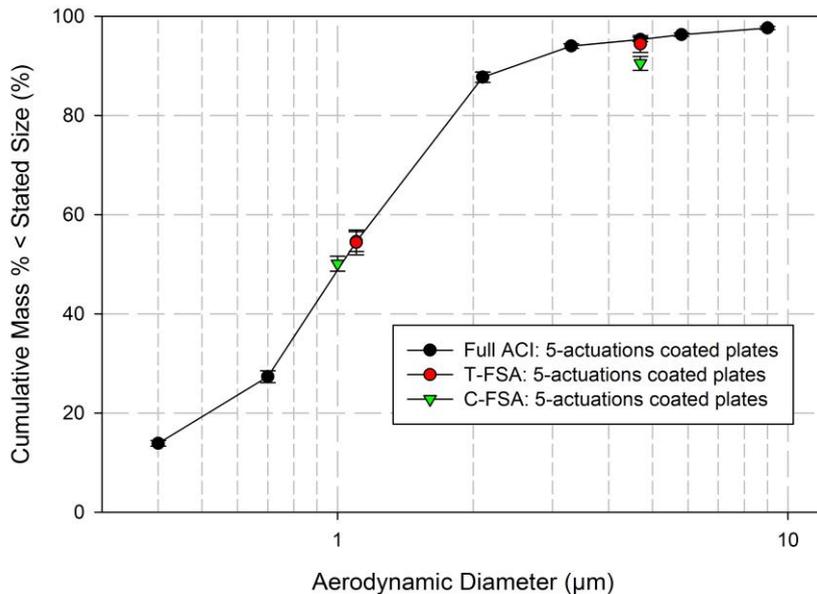
Comparison of key ASPD parameters at 28.3 and 60L/min for both standard and shortened ACI with sectionable throat.





EVAPORATIVE EFFECTS – QVAR*

Fig. 7: Trudell T-FSA vs. Copley C-FSA and Full ACI with Qvar*-100 as Test Formulation - Excluding Mass Collected by Induction Port



Liquid EtOH deposits on stage '1' of C-FSA
Liquid EtOH deposits on stage '0' of full ACI



'empty' stage '0'



- 8% v/v ethanol in Qvar* has small, but measurable impact on FPF
- Can be eliminated by use of empty stage '0' above stages 2 and 5 in abbreviated design

Non-Impactor Based Systems



Malvern SprayTec
(Laser Diffractometry)



ELPI



TSI Aerodynamic
Particle Sizer (APS)

- Spraytec/APS most applicable to solution based formulations
- ELPI suffers from charge per particle issues and EMF effects
- All the above cannot offer API specific detection
- Current screening techniques like Spraytec/APS/ELPI lack specificity to drug components in the formulation
- Is there an alternative?



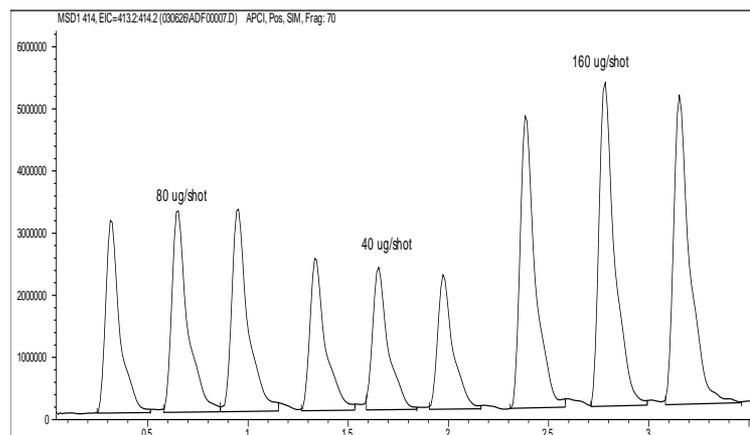
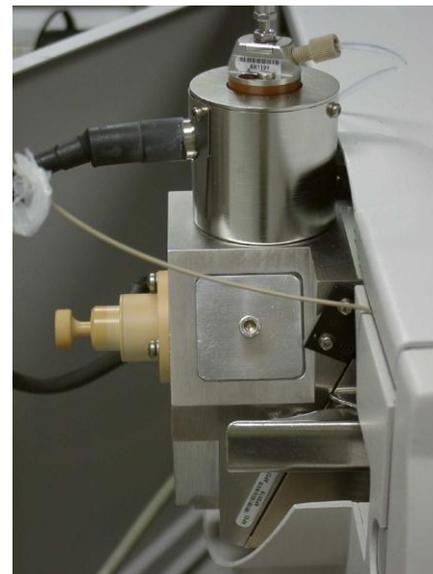
Direct Spray MS (direct sample induction)

- Current screening techniques like APS/ELPI/Spraytec lack specificity to drug components in the formulation
- Could Mass Spec selectivity offer a solution to these issues?
 - Droplet size range from pMDI similar to that produced by an LC-MS nebuliser spray
 - If so how would we approach it?
 - LC-MS?
 - No chromatography?
- Or possibly direct sample induction?
 - Can we spray the pMDI directly into an MS spray chamber

Pat Ref –WO/2008088270

How it works

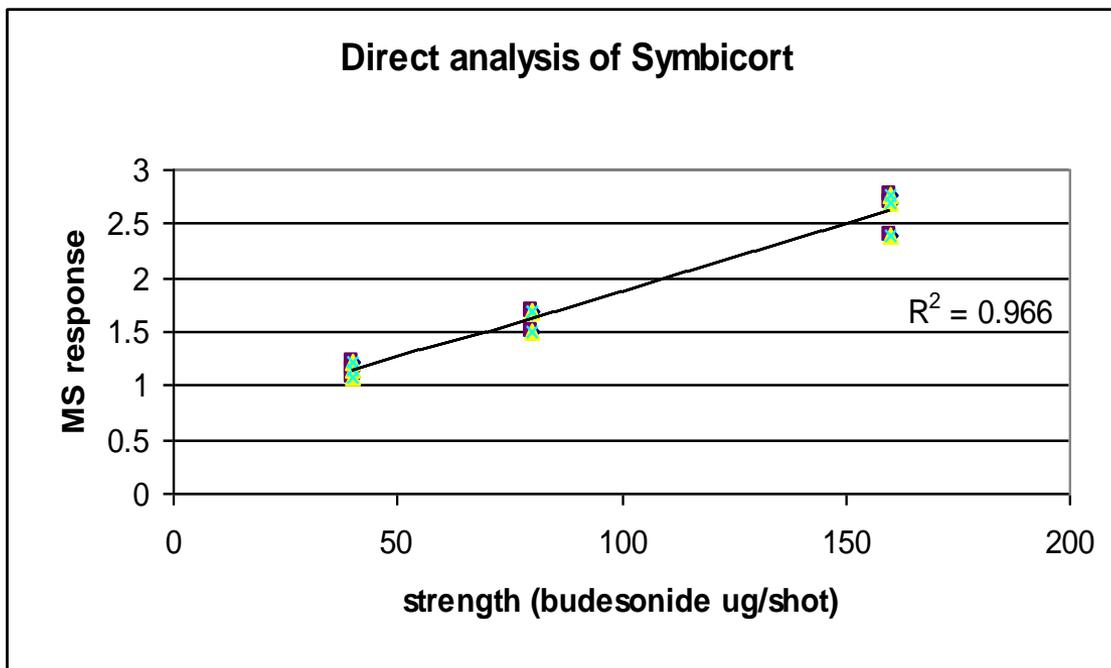
- Very Simply!
- The pMDI actuated directly into the spray chamber of an LC-MS





Initial Results

- Reproducibility
 - Better than 10%
 - Linearity - Symbicort 40/4.5, 80/4.5, 160/4.5

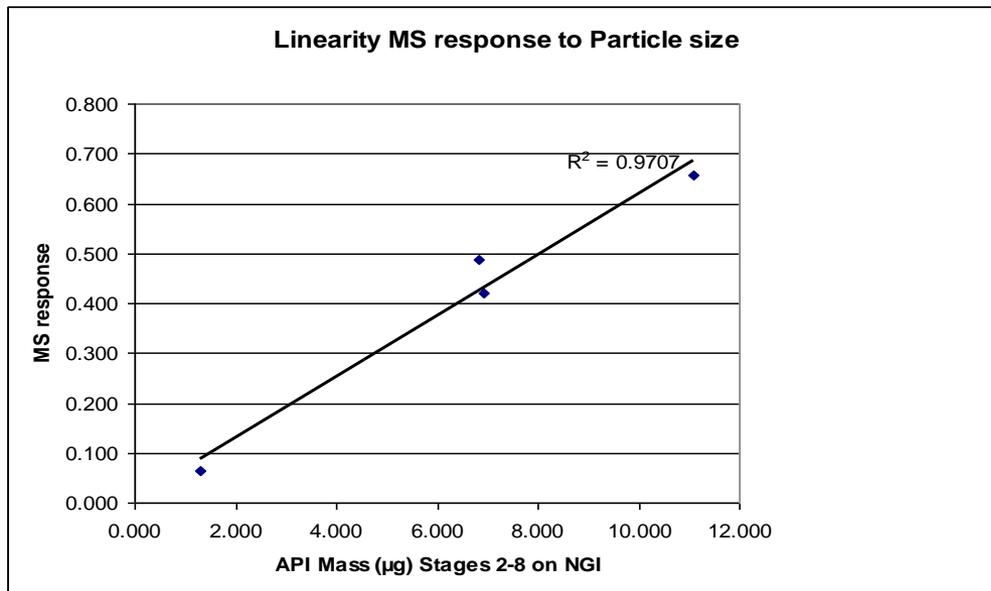


POTENTIAL FOR A QUANTITATIVE TECHNIQUE EXISTS



Sensitivity to Particle Size

- The MS has shown a degree of proportionality to large differences in particle size
- Analysing prepared pMDIs with differing particle size material and comparing direct spray response with with NGI mass per stage data (stages 2-8)
 - Linear response with good correlation





Future work

- Optimise Mass Spectrometer test equipment for direct analysis of pMDI, DPI and nebulisers
 - Optimise sample induction techniques
 - Development of Standard induction methods
 - Understand/Optimise airflow into the Spray Chamber
 - Minimise impaction effects/losses
 - Lead to Hardware optimisation?
- Assess the capability of the technique to become a fully quantitative analytical technique for pMDIs
- Evaluate technique for assessment of Fine Particle Dose
- Suitable for any ionisable species

An analytical tool to aid Reduction in pMDI development cycle times



Summary

- The drive to improve analysis efficiency has led to a new focus on seeking alternative approaches to full impactor testing
 - AIM initiative is a key activity
 - The search for no-impactor based screening tools continues!
- Control of impactors in-use is key to minimising
 - Standardised approaches will be an advantage
 - Pharm industry and regulators
 - Product specific issues will remain
 - Method validation and device handling issues need to be considered on a case by case basis

Acknowledgements

- EPAG Impactor Group – especially Jolyon Mitchell Trudell Medical International for kindly allowing me to use his AIM presentation material

Questions?

