P-glycoprotein and Breast Cancer Resistance Protein Influence Brain Distribution of Dasatinib

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ABSTRACT

The novel tyrosine kinase inhibitor dasatinib (Sprycel; BMS-354825) is approved for use in imatinib (Gleevec; STI 571)-resistant or -intolerant chronic myelogenous leukemia and may be useful for other tumors in the central nervous system (CNS). The objective of this study was to investigate the role of P-glycoprotein (P-gp) and breast cancer resistance protein (BCRP) in modulating the CNS penetration of dasatinib. Results from the in vitro studies indicate that cellular delivery of dasatinib is significantly limited by active efflux due to both P-gp and BCRP. Permeability studies indicated greater permeability in the basolateral-to-apical direction than in the apical-to-basolateral direction due to active efflux by P-gp or BCRP. Selective inhibitors of P-gp and BCRP, such as (R)-4-((1aR,6R,10bS)-1,2-difluoro-1,1H11-1,2-difluoro-1,1H11,2H11,2H11,7,12-dihydrodibenzo(c,e)cycloheptan-6-yl)-α-(5-quinoloxyl)methyl)-1-piperazineethanol, trihydropyridone (zosuquidar; LY335979) and 3-(6-isobutyl-9-methoxy-1,4-dioxo-1,1H11,2H11,2H11)-octahydropyrazino1,6pryrido3,4-indol-3-yl)-propionic acid tert-butyl ester (Ko143), were able to restore the intracellular accumulation and abolish the directionality in net flux of dasatinib. In vivo brain distribution studies showed that the CNS distribution of dasatinib is limited, with the brain-to-plasma concentration ratios less than 0.12 in wild-type mice, which increased approximately 8-fold in Mdr1a/b(−/−) Bcrp1(−/−) mice. Dasatinib brain distribution was significantly increased in Mdr1a/b(−/−) mice and when wild-type mice were pretreated with LY335979. Simultaneous inhibition of P-gp and BCRP by elacridar [N-(4-[2-(1,2,3,4-tetrahydro-6,7-dimethoxy-2-isoquinolinyloxy)-ethyl]-phenyl)-9,10-dihydro-5-methoxy-9-oxo-4-acyrinc carboxamide] (GF120918) resulted in a 5-fold increase in brain concentration. These in vitro and in vivo studies demonstrate that dasatinib is a substrate for the important efflux transporters P-glycoprotein and BCRP. These transport systems play a significant role in limiting the CNS delivery of dasatinib and may have direct implications in the treatment of primary and metastatic brain tumors.

Chronic myelogenous leukemia (CML) accounts for 15 to 20% of all cases of adult leukemia in western populations (Quintás-Cardama et al., 2007). Imatinib (Gleevec; STI 571) is a first-generation tyrosine kinase inhibitor (TKI) that was approved for use in the treatment of CML and gastrointestinal stromal tumor (Druker, 2003). Imatinib inhibits the BCR-ABL, c-kit, platelet-derived growth factor, and the Abl-related gene tyrosine kinases (Druker et al., 2003). CNS involvement is a common complication seen in CML, and most patients with CML and Ph+ acute lymphoblastic leukemia (Ph+ ALL) develop extramedullary involvement during the course of their disease. CNS failure has been reported in approximately 20% of imatinib-treated patients with CML or Ph+ ALL (Leis et al., 2004). CNS relapses were observed in patients despite a complete hematological response (Leis et

ABBREVIATIONS: CML, chronic myelogenous leukemia; TKI, tyrosine kinase inhibitor; BCR, breakpoint cluster region; ABL, Abelson; CNS, central nervous system; ALL, acute lymphoblastic leukemia; Ph, Philadelphia chromosome; BBB, blood-brain barrier; P-gp, P-glycoprotein; BCRP, breast cancer resistance protein; BMS-354825 (dasatinib), N-(2-chloro-6-methyl-phenyl)-2-(6-(2-hydroxyethyl)-piperazin-1-yl)-2-methylpyrimidin-4-ylamine)/H9251-(5-quinoloxyl)methyl)-1-piperazineethanol, trihydropyridone (zosuquidar; LY335979 (zosuquidar), (R)-4-((1aR,6R,10bS)-1,2-difluoro-1,1H11,2H11,2H11,7,12-dihydrodibenzo(c,e)cycloheptan-6-yl)-α-(5-quinoloxyl)methyl)-1-piperazineethanol, trihydropyridone (Ko143), 3-(6-isobutyl-9-methoxy-1,4-dioxo-1,1H11,2H11,2H11)-octahydropyrazino1,6pryrido3,4-indol-3-yl)-propionic acid tert-butyl ester (GF120918 (elacridar), N-(4-[2-(1,2,3,4-tetrahydro-6,7-dimethoxy-2-isoquinolinyloxy)-ethyl]-phenyl)-9,10-dihydro-5-methoxy-9-oxo-4-acrynic carboxamide; MDCK, Madin-Darby canine kidney; WT, wild type; A-to-B, apical-to-basolateral; B-to-A, basolateral-to-apical; Mdr, multidrug resistance protein; Peff, effective permeability; ER, efflux ratio; LC-MS/MS, liquid chromatography-tandem mass spectrometry; IS, internal standard; B/P, brain-to-plasma.
al., 2004). This can be attributed to the poor penetration of imatinib across the blood-brain barrier (BBB), resulting in subtherapeutic drug levels in the brain. This limited delivery of imatinib to the brain is primarily a result of active efflux at the BBB by drug eluting P-glycoprotein (P-gp) and the breast cancer resistance protein (BCRP). Our laboratory and several others have reported that imatinib is a good substrate for these two drug transporters, which limit CNS distribution (Dai et al., 2003; Breedveld et al., 2005). An inadequate concentration of imatinib in the CNS can make the brain a sanctuary for chronic myelogenous leukemia (Leis et al., 2004; Neville et al., 2004; Rajappa et al., 2004).

Dasatinib (Sprycel; BMS-354825) is a second-generation TKI approved for use in imatinib-resistant CML patients (Shah, 2007). Dasatinib is an extremely potent BCR-ABL inhibitor and has shown significant activity in imatinib-resistant or -intolerant CML patients (Cortes et al., 2007; Kantarjian et al., 2007; Ottmann et al., 2007). It effectively inhibits the proliferation of tumor cells expressing nearly all imatinib-resistant isoforms of BCR-ABL (Anonymous, 2006). In addition, dasatinib also inhibits the Src tyrosine kinase (Lombardo et al., 2004), which has been identified as a potential target for glioblastoma therapy (Du et al., 2009). Given that dasatinib was designed to overcome the molecular resistance seen with imatinib, one question that arises is whether dasatinib can also overcome the CNS delivery problem and prevent CNS metastasis. There is little information available about the delivery of dasatinib across the BBB, including the action of relevant BBB transporters in modulating this delivery. As a promising multitargeted TKI, adequate CNS delivery of dasatinib is important for the prevention of CNS metastases in CML as well as in treatment of other CNS malignancies.

It was suggested recently that dasatinib can cross the BBB to achieve therapeutic response in a mouse model of CML and in Ph^+ ALL and CML patients with CNS involvement (Porkka et al., 2008). However, dasatinib brain concentrations were, on average, 12- to 31-fold lower than the plasma concentrations, and the therapeutic benefit was attributed to the extremely high potency of dasatinib against the BCR-ABL and SRC therapeutic targets. That this low level of brain penetration was able to result in antitumor activity may be true in this case but may not hold for other tumors of the CNS, such as those driven by less sensitive tyrosine kinase targets, e.g., c-kit. In general, the limited CNS distribution of dasatinib may be a consideration in developing new therapeutic strategies for the treatment of brain tumors. Therefore, the objective of this study was to investigate the extent to which dasatinib can distribute to the brain and to establish the influence of active efflux by P-gp and BCRP at the blood-brain barrier on the brain distribution of dasatinib.

**Materials and Methods**

**Chemicals and Reagents**

Dasatinib and [^{14}C]dasatinib (31.9 μCi/mg) were kindly provided by Bristol-Myers Squibb Co. (Princeton, NJ). [^{3}H]Vinblastine sulfate and [^{3}H]mitoxantrone were purchased from Moravek Biochemicals (La Brea, CA). LY335979 was a gift from Eli Lilly & Co. (Indianapolis, IN), and GP120918 was generously provided by GlaxoSmithKline (Research Triangle, NC). Dr. Alfred H. Schinkel (The Netherlands Cancer Institute, Amsterdam, The Netherlands) kindly provided Ko143 (Allen et al., 2002). Cell culture reagents were purchased from Invitrogen (Carlsbad, CA). All other reagents and chemicals were purchased from Sigma-Aldrich (St. Louis, MO).

**In Vitro Studies: Cell Lines**

Epithelial Madin-Darby canine kidney (MDCK) II cells were used in all in vitro studies. Wild-type (WT) and MDR1-transfected cells were a gift from Dr. Piet Borst (The Netherlands Cancer Institute), and WT and Bcrp1-transfected cells were kindly provided by Dr. Alfred H. Schinkel (The Netherlands Cancer Institute). Cells were cultured in Dulbecco’s modified Eagle’s medium supplemented with 10% fetal bovine serum (SeraCare Life Sciences, Inc., Oceanside, CA), penicillin (100 U/ml), streptomycin (100 μg/ml), and amphotericin B (250 ng/ml) (Sigma-Aldrich) and maintained at 37°C with 5% CO₂ under humidifying conditions. Cells between passages 5 and 15 were used in all experiments.

**Intracellular Accumulation Studies in MDCKII Cells**

The wild-type and MDR1- or Bcrp1-transfected cells were seeded in clear polystyrene 12-well plates (TPP cell culture plate; Sigma-Aldrich) at a seeding density of 2 × 10⁶ cells/well. The medium was changed on alternate days until the cells formed confluent monolayers. On the day of the experiment, the medium was aspirated, and the monolayer was washed twice with 1 ml of prewarmed (37°C) assay buffer. The cells were preincubated with 1 ml of assay buffer for 30 min, after which the buffer was aspirated and the experiment was initiated by adding tracer solution of radiolabeled drug (1 μg of [^{14}C]dasatinib or tracer vinblastine or mitoxantrone for positive controls) in 1 ml of assay buffer per well. The plates were continuously agitated at 60 rpm in an orbital shaker maintained at 37°C for the duration of the experiment. At the end of the 3-h accumulation period, the assay buffer containing the radiolabeled drug was aspirated from all the wells, and the cells were washed three times with 2 ml of ice-cold phosphate-buffered saline. Cells were then solubilized using 1 ml of mammalian protein extraction reagent (M-PER; Pierce Chemical, Rockford, IL). A 200-μl sample of solubilized cell fractions was drawn from each well in triplicate, and 4 ml of scintillation fluid (ScintiSafe Econo cocktail; Thermo Fischer Scientific, Waltham, MA) was added to each sample and counted using liquid scintillation counting LS-6500 instrument; Beckman Coulter, Fullerton, CA) to determine the radioactivity associated with the cell fractions. The protein concentration was determined using the bicinechonic acid protein assay (Pierce Chemical) to normalize the radioactivity in each well for cell number. For inhibition studies, the cells were treated with the selective inhibitors LY335979 (1 μM) for P-gp and Ko143 (200 nM) for BCRP during both the preincubation and the accumulation periods. Drug accumulation in cells was expressed as a percentage of the accumulated radioactivity measured in the wild-type control cells (dpm) per microgram of protein. The stock solutions for all the inhibitors used were prepared in dimethy sulfoxide and diluted using assay buffer to obtain working solutions, so that the final concentration of dimethyl sulfoxide was less than 0.1%.

**Directional Flux across MDCKII Monolayers**

The methods used for directional flux were similar to those described previously by Dai et al. (2003). In brief, cells were seeded at a density of 2 × 10⁶ cells/well on polyester semipermeable membrane supports of the inserts in six-well Transwell plates (Corning Inc., Corning, NY). The medium was changed on alternate days, and the cells formed confluent polarized epithelial monolayers in 3 to 4 days. The representative transepithelial electrical resistance was 300 ± 8 ohm · cm² (n = 6) in the WT MDCKII monolayers, 275 ± 26 ohm · cm² (n = 6) in the MDR1-transfected MDCKII monolayers, and 248 ± 27 ohm · cm² (n = 6) in the Bcrp1-transfected MDCKII monolayers. Mannitol flux across the monolayer was also measured to confirm the existence of tight junctions, with approximately 1% per hour flux,
effective permeability ($P_{\text{eff}}$) = $9 \times 10^{-8}$ cm/s. The monolayers were washed with 2 ml of prewarmed (37°C) assay buffer, and after a 30-min preincubation period, the experiment was initiated by adding a tracer solution of radiolabeled drug (1.5 or 2.6 μg of [14C]dasatinib) in assay buffer to the donor side (apical side, 1.5 ml; basolateral side, 2.6 ml). Fresh assay buffer was added to the receiver side, and 200 μl was sampled from the receiver compartment at 0, 10, 20, 30, 45, 60, and 90 min. The volume sampled was immediately replaced with fresh assay buffer. Additional samples were drawn at 0 and 90 min from the donor compartment. The amount of radioactivity in the samples was determined using liquid scintillation counting. The apical-to-basolateral (A-to-B) flux was determined by addition of radiolabeled drug solution to the apical compartment and sampling the basolateral compartment, whereas for basolateral-to-apical (B-to-A) flux, the donor was the basolateral compartment and the apical compartment was sampled at the mentioned times. When an inhibitor was used in the flux study, the cell monolayers were preincubated with the inhibitor (1 μM LY335979 for P-gp and 200 nM Ko143 for Bcrp1) for 30 min, followed by determination of A-to-B and B-to-A flux with the inhibitor being present in both compartments throughout the course of the experiment.

### Permeability Calculation

The $P_{\text{eff}}$ value was calculated by the following equation:

$$P_{\text{eff}} = \frac{\frac{dQ}{dt}}{A\cdot C_{0}}$$

where $Q$ is the amount of radiolabeled drug transported through the cell monolayer, $t$ is time, $dQ/dt$ is the mass transport rate, $A$ is the apparent surface area of the cell monolayer (4.67 cm²), and $C_{0}$ is the initial donor concentration. The efflux ratio (ER) is defined as the ratio of $P_{\text{eff}}$ in the B-to-A direction to the $P_{\text{eff}}$ in the A-to-B direction and gives an indication of the magnitude of P-gp- or Bcrp1-mediated efflux.

### In Vivo Studies

**Animals.** Animals used in this study were male Mdr1a/b(−/−) (P-gp knockout), Bcrp1(−/−) (Bcrp1 knockout), Mdr1a/b(−/−)Bcrp1(−/−) (triple knockout), and wild-type mice of a FVB genetic background. All mice were purchased from Taconic Farms (Germantown, NY) and were between 8 to 10 weeks old at the time of experiments. Animals were maintained under temperature-controlled conditions with a 12-h light/dark cycle and unlimited access to food and water. All mice were allowed to acclimatize for a minimum of 1 week upon arrival. All experiments were approved by the Institutional Animal Care and Use Committee of the University of Minnesota.

**Dasatinib Brain and Plasma Distribution Studies in Mice.** All mice received dasatinib (1:1, propylene glycol/water; pH 4.6) by intravenous administration in the tail vein at a dose of 5 mg/kg or an oral dose of 10 mg/kg. The study involved the following five groups.

1. Wild-type and Mdr1a/b(−/−) Bcrp1(−/−) mice received intravenous dasatinib after which blood and brain were sampled at 5, 20, 60, 120, and 180 min after dose, $n = 4$ at each time point.
2. Wild-type mice received 25 mg/kg LY335979, 10 mg/kg Ko143, or 10 mg/kg GF120918 intravenously 30 min before intravenous dasatinib, and brain and blood were sampled at 20 and 120 min, $n = 4$ at each time point.
3. Wild-type, Mdr1a/b(−/−), Bcrp1(−/−), and Mdr1a/b(−/−) Bcrp1(−/−) mice were administered intravenous dasatinib, and blood and brain were sampled at 20 and 120 min after dose, $n = 4$ at each time point.
4. Wild-type mice received 25 mg/kg LY335979, 10 mg/kg Ko143, or 10 mg/kg GF120918 intravenously 30 min before an oral dose of dasatinib, and brain and blood were sampled at 120 min, $n = 4$.
5. Wild-type, Mdr1a/b(−/−), Bcrp1(−/−), and Mdr1a/b(−/−) Bcrp1(−/−) mice were administered dasatinib by oral gavage, and blood and brain were sampled at 120 min after dose, $n = 4$.

The animals were euthanized at predetermined time points by using a CO₂ chamber. Blood was immediately harvested via cardiac puncture and collected into tubes preloaded with potassium EDTA (BD Biosciences, Franklin Lakes, NJ). Whole brain was immediately harvested, rinsed with ice-cold saline to remove extraneous blood, and flash-frozen using liquid nitrogen. Plasma was isolated from blood by centrifugation at 3000 rpm for 10 min at 4°C. All plasma and whole brain samples were stored at −80°C until analysis by LC-MS/MS.

**Determination of Dasatinib Concentrations in Plasma and Brain using LC-MS/MS.** Mouse plasma and brain samples were analyzed by LC-MS/MS. Sample preparation included addition of 3 volumes of acetonitrile containing internal standard (IS) d6-dasatinib to the plasma samples. Whole brain samples were first homogenized in water with a volume ratio of 1:3 followed by the addition of acetonitrile containing IS. After centrifugation to remove precipitated proteins, 10 μl of the clear supernatant was analyzed by LC-MS/MS. Chromatographic separation was obtained using an Atlantis dC18 column (2.1 × 50 mm) packed with a 3-μm stationary phase (Waters, Milford, MA). The mobile phase was composed of 10 mM ammonium acetate with 0.1% formic acid (A) and acetonitrile (B). A gradient elution method was used with the initial mobile phase consisting of 90% A and 10% B. After sample injection, the mobile phase was held at the initial condition for 1 min and then changed to 10% solvent A and 90% solvent B over 1 min and held at that composition for an additional 0.8 min. The mobile phase was then returned to initial conditions and the column was re-equilibrated for 1 min. The total analysis time was 4 min. The high-performance liquid chromatograph was interfaced to a Micromass Quattro LC triple quadrupole mass spectrometer (Waters) equipped with electrospray ionization interface. The desolvation temperature was 350°C, and the source temperature was 120°C. Data acquisition used selected reaction monitoring. Positively charged ions representing the [M+H]⁺ for dasatinib and the IS were selected in MS1 and dissociated with argon at a pressure of 2.5 × 10⁻³ Torr to form specific product ions that were subsequently monitored by MS2. All dwell times were 100 ms. The selected reaction monitoring transitions monitored were m/z 488 → 401 for dasatinib, m/z 496 → 409 for the internal standard. The cone voltage was optimized at 35 V for both dasatinib and IS, whereas the collision energy was 35 eV. The retention time for dasatinib and IS was 2.05 and 2.04 min, respectively. The lower limit of quantification was 1 ng/ml.

### Statistical Analysis

Statistical analysis was conducted using SigmaStat, version 3.1(Systat Software, Inc., San Jose, CA). Statistical comparisons between two groups were made by using two-sample $t$ test at $p < 0.01$ significance level. If groups failed the normality test, then the nonparametric alternative of two-sample $t$ test, the Mann-Whitney rank sum test was used. Multiple groups were compared by one-way analysis of variance with the Holm-Sidak post hoc test for multiple comparisons at a significance level of $p < 0.01$. When groups failed the normality test, the Kruskal-Wallis one-way analysis of variance on ranks was used.

### Results

**Intracellular Accumulation Studies in MDCKII Cells.** Intracellular accumulation of [14C]dasatinib was studied in MDCKII-Bcrp1, MDCKII-MDR1, and MDCKII wild-type cells. [3H]Vinblastine, a prototypical P-gp substrate, was included as a positive control in all accumulation studies...
done in MDR1-transfected cells and showed significantly lower accumulation in the MDR1-transfected cells compared with wild-type cells (−13% of WT control; p < 0.01) (Fig. 1). Similar to the positive control, accumulation of [14C]dasatinib in the MDR1-transfected cells was significantly lower than that in the wild-type cells (−15% of WT control; p < 0.01). Treatment with 1 μM LY335979, the P-gp-selective inhibitor, abolished P-gp efflux activity such that there was no significant difference in the accumulation of [14C]dasatinib between the two cell types (Fig. 1). Accumulation of dasatinib in the Bcrp1-transfected cells was approximately 25-fold lower than the accumulation in wild-type cells (p < 0.01), similar to the positive control for BCRP, mitoxantrone. Use of the BCRP-selective inhibitor Ko143 abolished this difference in dasatinib accumulation between the Bcrp1-transfected and wild-type cells (Fig. 2).

**Directional Flux across MDCKII Cell Monolayers.** Transport of [14C]dasatinib was studied in MDCKII cells, and the effective permeabilities were calculated. In the MDCKII wild-type cells, effective permeability of dasatinib was significantly greater in the B-to-A direction than in the A-to-B direction, yielding an ER of 4.8. Similarly, in the MDR1-transfected cells, the effective permeability was significantly enhanced in the B-to-A direction compared with the A-to-B direction, with an ER of 25.6. Treatment with 1 μM LY335979 abolished this directionality in dasatinib transport by P-gp, such that there was no significant difference in permeabilities of dasatinib in the two directions in either cell type. Use of 1 μM LY335979 dramatically reduced the ER to 0.9 in the wild-type cells and to 1.2 in the MDR1-transfected cells (Table 1). Transport of [14C]dasatinib in the wild-type and Bcrp1-transfected cells also showed significant directionality, with the effective permeability significantly increased in the B-to-A direction in both cell types. The ER was 51.5 in the Bcrp1-transfected cells compared with 4.1 in the wild-type cells. The BCRP inhibitor Ko143 (200 nM) was not able to abolish this directionality in transport. Permeability of dasatinib in the B-to-A direction decreased, resulting in a reduction of the ER to approximately 9 in the Bcrp1-transfected cells compared with 4.1 in wild-type cells (Table 2).

**Dasatinib Brain Distribution in Mice.** Brain distribution of dasatinib after an intravenous dose was determined in wild-type mice and Mdr1a/b−/− Bcrp1−/− mice. There was no significant difference in plasma concentrations between the wild-type and Mdr1a/b−/− Bcrp1−/− mice (Fig. 3A); however, brain concentrations in the Mdr1a/b−/− Bcrp1−/− triple-knockout mice were significantly greater (p < 0.001) than those in wild-type mice (Fig. 3B). The brain-to-plasma concentration ratio (B/P), a measure of the brain distribution, was significantly greater (p < 0.001) in the triple-knockout mice at all of the five measured time points (Fig. 4). The B/P concentration ratio was lower than 0.12 in the wild-type mice at all the time points, suggesting that less than 12% dasatinib in blood crosses the blood-brain barrier to reach brain. In the triple-knockout mice, this ratio reached an “equilibrium” value of 1 after 60 min.

The brain concentrations of dasatinib were also measured in wild-type mice that were pretreated with the efflux inhibitors LY335979, Ko143, or GF120918. P-gp inhibition by LY335979 significantly increased brain dasatinib concentrations in the wild-type mice (p < 0.001) (Fig. 5A). Pretreatment with the BCRP inhibitor Ko143 was not able to increase brain distribution of dasatinib to any significant extent. Interestingly, simultaneous inhibition of both P-gp and BCRP by the dual inhibitor GF120918 resulted in a dramatic increase in brain dasatinib concentrations, the B/P ratio increasing by more than 5-fold at both time points (p < 0.001). A study was then conducted in wild-type, Mdr1a/b−/−, Bcrp1−/−, and Mdr1a/b−/− Bcrp1−/− to replicate pharmacological inhibition with genetic deletion of drug efflux proteins. Results from this study were similar to those seen when P-gp, BCRP, or P-gp and BCRP were inhibited using pharmacological inhibitors (Fig. 5B). Brain dasatinib concentrations increased significantly in Mdr1a/b−/− mice compared with those in wild-type mice (p < 0.001). Although
brain concentrations in Bcrp1<sup>−/−</sup> mice did not increase to any significant extent, brain dasatinib concentrations increased by greater than 10-fold in the Mdr1a/b<sup>−/−</sup> Bcrp1<sup>−/−</sup> mice (<i>p < 0.001</i>).

Dasatinib brain distribution was also studied after oral administration of drug in FVB mice. Brain concentrations after a 10-mg/kg oral dose of dasatinib were significantly lower than the plasma concentrations. Similar to the intravenous study, brain distribution was enhanced when FVB wild-type mice were treated with efflux inhibitors LY335979, Ko143, or GF120918 before receiving oral dasatinib. The brain-to-plasma ratio increased 2-fold on treatment with the P-gp inhibitor, although this difference did not reach significance. Treatment with Ko143 did not change the B/P ratio; however, GF120918 dramatically increased the B/P ratio by more than 6-fold (<i>p < 0.01</i>) (Fig. 6). In the gene knockout animals, the B/P concentration ratio increased approximately 4-fold in the Mdr1a/b<sup>−/−</sup> mice and by more than 9-fold in the Mdr1a/b<sup>−/−</sup> Bcrp1<sup>−/−</sup> mice (<i>p < 0.01</i>). The brain-to-plasma concentration ratio did not change in the Bcrp1<sup>−/−</sup> mice (Fig. 6).

**Discussion**

Imatinib mesylate showed initial remarkable efficacy in patients with CML. However, this success was relatively short lived, with reports of rapid relapse and CNS metastases in imatinib treated patients (Ottmann et al., 2002; Sawyers et al., 2002). This led to the development of dasatinib—an extremely potent inhibitor of the BCR-ABL tyrosine kinase, for use in imatinib-resistant and -intolerant CML patients. In addition to its potent inhibitory effects against BCR-ABL, dasatinib also inhibits the Src family proteins (Lombardo et al., 2004; Nam et al., 2005), which have been implicated in the development of resistance and the extramedullary expansion of disease in CML (Donato et al., 2003; Dai et al., 2004; Ptaszynski et al., 2004). Taking into consideration the role of Src in tumors of the CNS and the potent inhibitory effect of dasatinib against Src, dasatinib may be a promising drug for treatment of brain tumors such as glioblastoma.
as glioblastoma multiforme (Du et al., 2009; Milano et al., 2009). However, one caveat behind the use of dasatinib in CNS tumors is its ability to cross the BBB and achieve therapeutic concentrations in the brain.

Drug penetration into the CNS is often limited by active efflux proteins in the BBB, such as P-gp and BCRP. In the current study, we have shown that dasatinib is a substrate for both P-gp and BCRP using in vitro P-gp- and Bcrp-transfected cell models. In vivo transport studies demonstrate that these two efflux proteins significantly limit the amount of drug that traverses the BBB. Moreover, our studies have evaluated the possibility that the two drug efflux transporters act in association with each other to extrude substrate drugs out of the brain.

In a recent report, Porkka et al. (2008) suggested that dasatinib can cross the BBB to result in therapeutic response in CNS leukemia. However, the group also reported that dasatinib concentrations in brain were, on average, 12- to 31-fold lower than in plasma. A brain penetration of less than 10% reported in this study indicates that dasatinib does not readily cross the BBB. The group has concluded that, given the greater potency of dasatinib against BCR-ABL, the CNS penetration seen was sufficient to produce antitumor activity against CML in the CNS. However, it remains to be tested whether this level of CNS distribution can result in therapeutic response for other tumors of the CNS. Furthermore, whether this level of CNS distribution can result in therapeutic concentrations in the brain.

This study assessed the importance of the efflux transporters P-gp and BCRP, individually and in combination, on dasatinib brain distribution using transporter gene knockout mouse models, such as Mdr1a/b(-/-), Bcrp1(-/-), and Mdr1a/b(-/-) Bcrp1(-/-) mice. After intravenous administration in FVB wild-type mice, dasatinib demonstrated low brain penetration, with brain-to-plasma concentration ratios lower than 0.12 during the entire period of study (Fig. 4). This is consistent with the findings by Porkka et al. (2008) and confirms that dasatinib brain distribution is limited. In Mdr1a/b(-/-) Bcrp1(-/-) mice, this brain-to-plasma ratio increased by greater than 10-fold and reached an equilibrium value of 1 after 1 h. This increase in the B/P ratios in the absence of P-gp and BCRP confirms the role of these two transporters in limiting brain distribution of dasatinib. To delineate the relative involvement of P-gp and BCRP in limiting dasatinib delivery across the BBB, we studied the brain concentrations in the Mdr1a/b(-/-) and Bcrp1(-/-) mice. Surprisingly, brain concentrations in the Bcrp1(-/-) mice were not different from those in the wild-type mice. Brain concentrations in the Mdr1a/b(-/-) mice were increased by greater than 6-fold (120 min) compared with the wild-type mice (Fig. 5B). These findings were confirmed by the results from the pharmacological inhibition studies in FVB wild-type mice. Dasatinib brain concentration in FVB wild-type mice increased 3-fold (120 min) compared with control, when they were pretreated with the P-gp-selective inhibitor LY335979. However, pretreatment with the selective and potent BCRP inhibitor Ko143 was unable to result in any increase in
compared with wild-type control. The values are presented as mean ± S.E. **, p < 0.01, compared with wild-type control.

dasatinib brain concentrations (Fig. 5A). One common observation from the studies in gene knockout animal groups and the pharmacological inhibited animal groups is that the greatest increase in brain concentration was observed when both P-gp and BCRP were knocked out or inhibited. Brain concentrations increased by greater than 18-fold in the Mdr1a/b(−/−) Bcrp1(−/−) and Mdr1a/b(−/−) Bcrp1(−/−) mice were administered a 10 mg/kg oral dose of dasatinib. Plasma and brain were collected at 120 min after dose (n = 4 at each time point). Similar to the in vivo study, the brain-to-plasma ratio increased when P-gp was inhibited or genetically deleted. Although absence of BCRP did not cause any change, the greatest increase in brain distribution was seen when both P-gp and BCRP was inhibited or absent. The values are presented as mean ± S.E. **, p < 0.01, compared with wild-type control.

It is interesting to see that inhibition or genetic deletion of BCRP alone does not enhance brain penetration of dasatinib in vivo, because in vitro results show that dasatinib is a good BCRP substrate. One possibility could be that P-gp compensates for the loss of BCRP and is still able to extrude drugs out of the brain. Even more interesting is the dramatic increase in brain concentrations in the Mdr1a/b(−/−) Bcrp1(−/−) mice and the GF120918-pretreated FVB mice. This suggests that the two transporters work in concert in limiting delivery of dasatinib across the BBB. BCRP alone has no such effect on dasatinib transport. Moreover, these two transporters in combination exert the highest efflux activity and brain distribution is enhanced to a significant extent when they both are pharmacologically inhibited or both are genetically deleted.

The finding that P-gp and BCRP have a combined effect on delivery of dasatinib to the CNS has important potential consequences for the treatment of CNS metastasis in chronic myeloid leukemia and other CNS tumors. Although it was introduced to circumvent the resistance seen with imatinib therapy, dasatinib is now being evaluated for use in other tumors of the CNS. Limited CNS distribution of dasatinib may yield concentrations insufficient to adequately treat some CNS tumors, whether they are primary or secondary metastases. This could be of great importance in primary tumors of the brain such as glioblastoma multiforme, in which inadequate delivery of dasatinib to a highly heterogeneous tumor may significantly limit therapy. These findings also provide insight into novel therapeutic strategies, such as concurrent administration of a dual P-gp and BCRP inhibitor such as elacridar, to improve brain and tumor delivery of dasatinib and other dual substrates (Breedveld et al., 2006). Similar to the reports by Polli et al. (2000) and de Vries et al. (2007), this study warrants further investigation of the possible mechanisms by which the two transporters interact with each other to limit drug delivery to the brain. The findings also highlight the need to better understand the role of BCRP at the blood-brain barrier.

In summary, dasatinib is a substrate of efflux transporters P-gp and BCRP and these two transport proteins play a central role in limiting CNS delivery of dasatinib. The use of potent inhibitors of both P-gp and BCRP should be able to improve CNS delivery and may provide a potential therapeutic strategy to improve delivery and efficacy of dasatinib against CNS tumors. This finding will have direct clinical implications in the treatment of primary and metastatic brain tumors with dasatinib and is one mechanism that may be exploited to improve delivery across the blood-brain barrier and the tumor cell barrier.

References


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Active Efflux Limits CNS Distribution of Dasatinib