



DERMALDOSE

Intradermal drug delivery made easy

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What do we do?

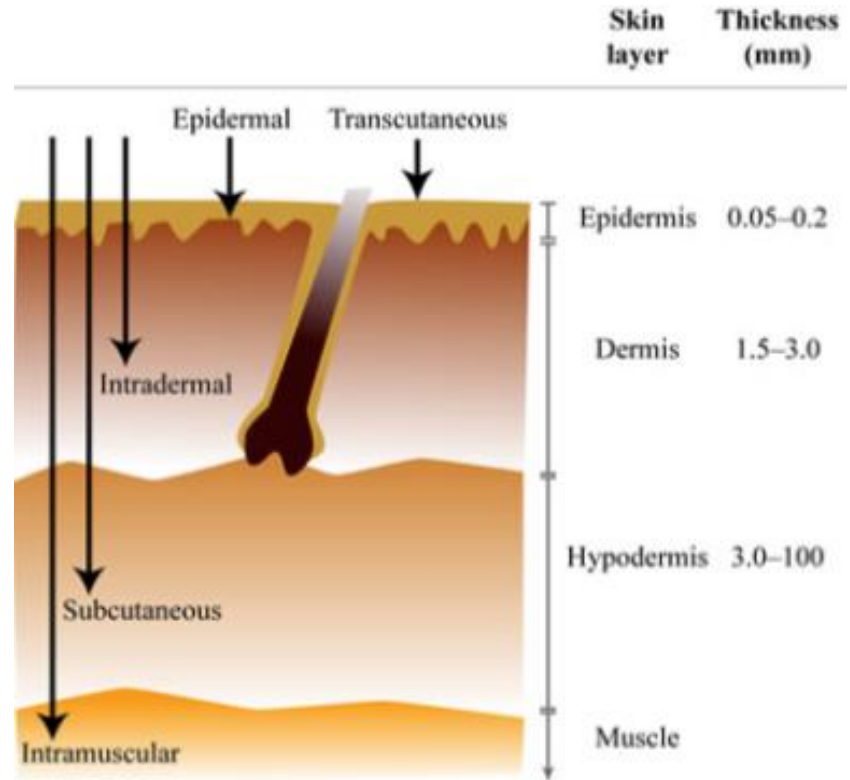
We develop and deliver DermalDose, a patented alternative for syringes, to pharmaceutical industries

Our mission, is to deliver a convenient and accessible method for intradermal drug delivery to people all over the world, by offering a user-friendly solution with great attention for reliability, precision, comfort and durability.

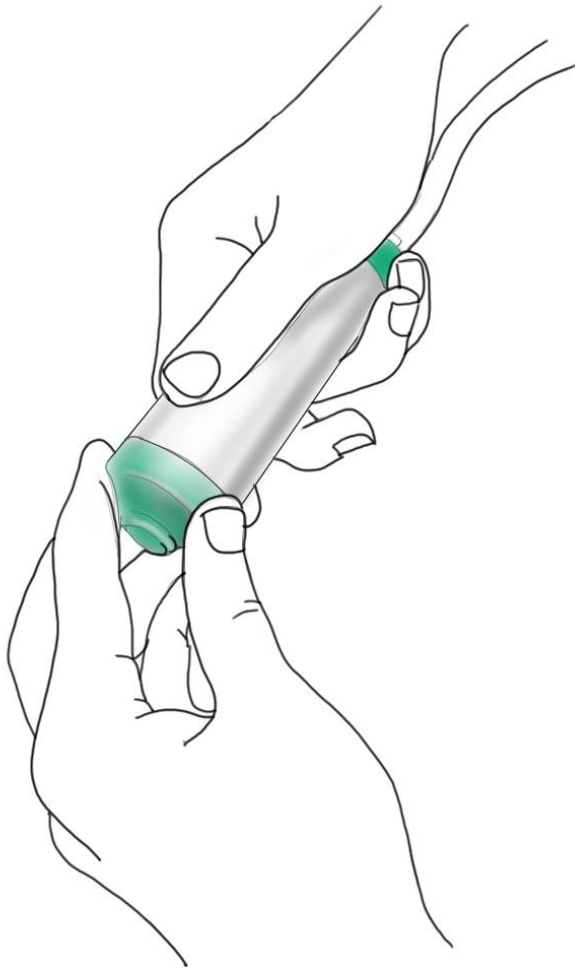


Intradermal drug delivery (IDD)

- Drug delivery in the dermis
- Has many advantages over regular injection methods according to literature
- Current ID injections are regularly given, but:
 - Hard to perform
 - Painful
 - Only in clinical situations



The DermalDose system



- Patented ss hollow microneedle based solution for IDD
- Injection at a depth of 900 μm
- Precise and reliable delivery.
 - Volumes between 5 and 100 μl
- Designed for self-administration and home-use
- Fast delivery in less than a second



DermalDose and IDD

Literature study on the use of hollow microneedles for IDD:

Advantages and disadvantages with regards to:

- Compliance;
- Pharmacokinetics;
- Children;

Can DermalDose be applied for the delivery of Methotrexate?



Compliance

- 25% of patients admit omitting or underdosing injections due to needle phobia. [2]
 - Prof. van Riel believed this to be 40% amongst Methotrexate users
- Microneedle insertion found to be significantly less painful than s/c catheters or hypodermic needles [1][2]
- Microneedles show no infections, little skin irritation and no bleeding [1]
- Self administration discontinuation is reported to be caused by:
 - intolerance to injections;
 - needle phobia;
 - side effects as nausea and vomiting;
 - sloughing at the injection site;
 - social difficulty to integrated in daily activities, or with friends, or in public area's [1]
- Nausea can occur anticipatory a day before medication, till 24 hrs after medication, in total of 3 days. [1]



Compliance

- Less skin trauma and injection site healing was faster with micro needle injections [3]
- Historically IDD injections were not attractive regarded difficult, unreliable, and not suitable for self administration. [4]
- Skin erythema caused by microneedles was small and disappeared in 2,5 hrs. [4]
 - After catheter treatment erythema was significantly greater
- IDD is alternative to oral or parenteral routes for reasons such as bad taste, drug degradation, first-pass metabolism, hepatotoxicity, pain of injections, emotional traumas and **improved patient compliance**. [1]
- Applicators must be designed for ease of use, convenient carriage, simplicity for self-administration, re-usable and low cost [1]
- **Concluding: all sources speak of a need for a consistent, reliable and comfortable IDD device for self-administration.**



Pharmacokinetics

- The uptake properties of IDD delivery have not been studied well due to difficulty to directly and reliably accessing the tissue bed by mechanical means. [5]
- Hollow ss micro needles successfully delivered human doses of etanercept to swine, without effect on drug stability. [5]
 - Domestic swine demonstrates similar intradermal pharmacokinetics to human beings. [2]
- IDD results in faster uptake of drug compared to S/C delivery
 - Insulin peak was 30 min and 40% faster than s/c, the offset time was 100 min and 24 % faster than s/c[2]
 - Tmax value for ID was 37% of the s/c Tmax time and the Cmax value for ID was 130% of the s/c Cmax. (insulin)[4]
 - The time to max. concentration was 71% lower, and the maximum concentration was 191% higher compared to the s/c route. (etanercept in swine). [5]



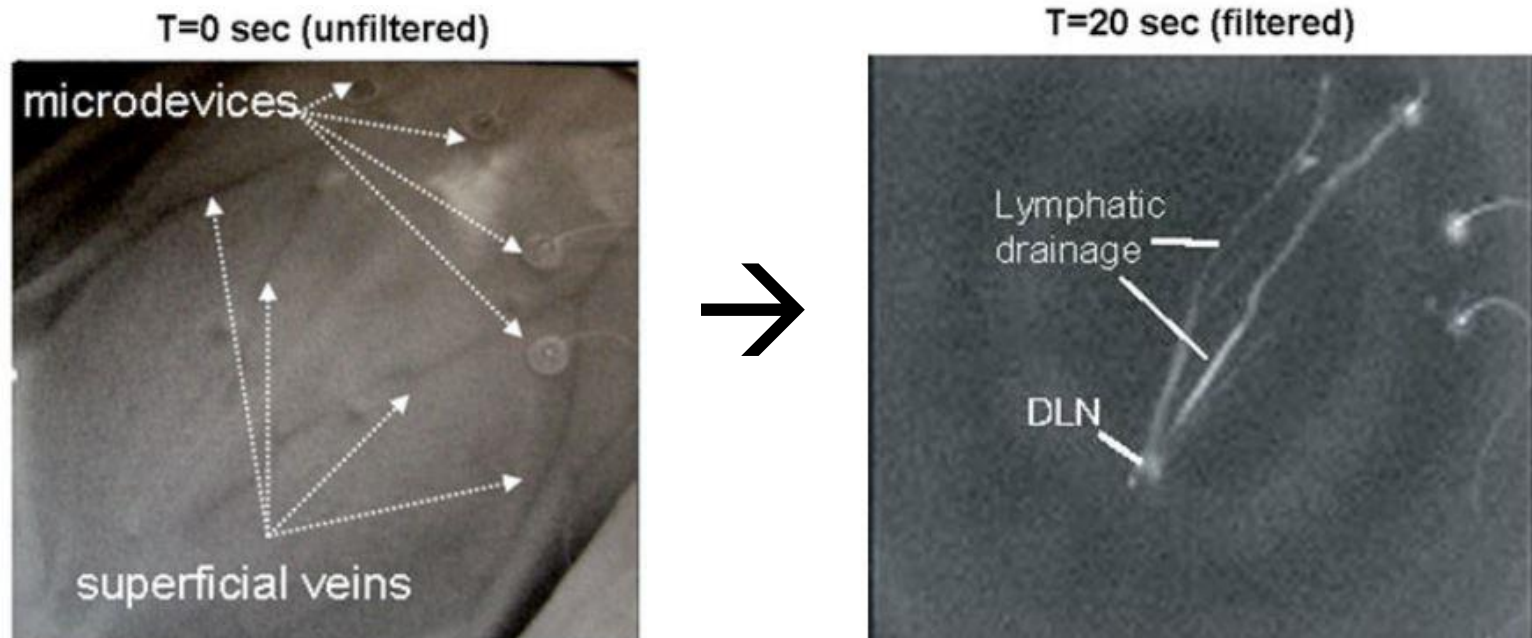
Pharmacokinetics

- Blebs from the μ Needles absorbed within 2 hours without any pain [2]
- The dermis is highly perfused with vascular and lymph capillary networks [5]
- The reason for accelerated pharmacokinetics is believed to be the rich capillary bed found in the superficial dermis or via lymphatic drainage [2]
 - Utilizing the lymphatic pathway intradermal delivery may provide faster access to the systemic circulation, especially for larger molecules. [3]



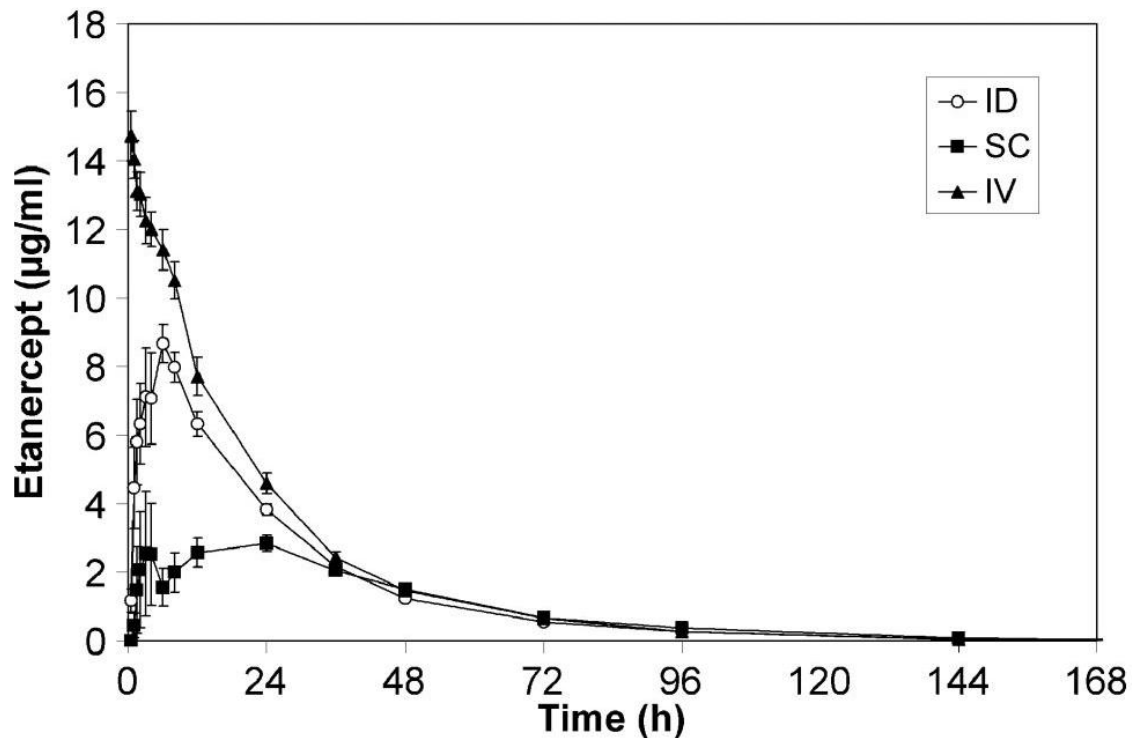
Pharmacokinetics

- ID delivery resulted in immediate uptake by the local lymphatic vessels as shown. [5]



Pharmacokinetics

- Etanercept microneedle administration demonstrated substantially higher bioavailability than the traditional S/C route. [5]



Pharmacokinetics

- Data reported by Harvey et al. comparing SC delivery with IDD. [5]

			ID	SC
Ethanercept	T _{max}	hr	5.21±2.20	17.80±9.7
	C _{max}	ng/ml	9,002±1,884	4,657±3,375
	Bioavailability	AUC/IV AUC	75	50
Somatropin	T _{max}	hr	0.47±0.25	2.75±0.46
	C _{max}	mIU/ml	612.60±187.10	158.50±31.00
	Bioavailability	AUC/IV AUC	101	109
Insulin	T _{max}	min	25.00±6.45	61.00±20.74
	C _{max}	μIU/m	117.51±56.01	31.76±10.58
	Bioavailability	AUC/IV lispro AUC	67 (lispro)	48



Children

- Children present with juvenile idiopathic arthritis (JIA) from 1 to 2 years of age benefit from a system that is less painful and has less impact on daily activities. [1]
- Babies and children below the age of 8 years are considered to be more susceptible to skin irritation. [1]



DermalDose and ID delivery

- Huge gain in terms of compliance:
 - Comfortable injection to relieve patients from injection stress and pain
 - Design adjusted to needs of severe rheumatic patients
 - Designed for self-administration by uneducated people and elderly
 - Offers a platform for home healthcare
 - Connectivity with pharmacy, doctors or external devices possible
 - Able to inject a partner/family member without “needle fear”
 - No skin damage
- Results show efficient transport of medicine through the body
- Results show a better uptake of drug via dermis tissue
- Potentially less acting substance needed to obtain same effect
- Consistent ID delivery is new to the market, knowledge and research will expand when it arrives.



References

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4. Jyotii Gupta, Eric I. Felner, et al. Rapid Pharmacokenitics of ID insulin administered using microneedles in Type Diabetes subjects. Diabetes technology & Therapeutics volume 13, number 4, 2011
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