

[HOME](#) [ARCHIVES](#) [Vol 7 Suppl 2 \(May-June\) 2014](#)

## ARTICLES

### **CURCUMIN, A POTENT ANTICARCINOGENIC POLYPHENOL " A REVIEW**

SRINIVASAN M, STEFFI .P.F

Pages 1-8

[View PDF](#)[Abstract](#)[Download PDF](#)

### **COMPARATIVE EVALUATION BETWEEN QUALITY OF LIFE (QOL), ADVERSE EVENTS AND SURVIVAL ANALYSIS OF ISCADOR FOR THE TREATMENT OF SOLID TUMORS.**

SADEEP ROY

Pages 9-13

[View PDF](#)[Abstract](#)[Download PDF](#)

### **A RP-HPLC METHOD FOR SIMULTANEOUS DETERMINATION OF HALOPERIDOL AND TRIHEXYPHENIDYL HYDROCHLORIDE IN TABLET DOSAGE FORM**

RAMESH RAJU RUDRA RAJU, SRIKANTHA DAMMALAPATI

Pages 14-18

[View PDF](#)[Abstract](#)[Download PDF](#)

### **IN VITRO LIPASE INHIBITORY EFFECT OF THIRTY TWO SELECTED PLANTS IN MALAYSIA**

**ANTIBACTERIAL ACTIVITY OF HYDROLYZED VIRGIN COCONUT OIL**

JANSEN SILALAH, YADEMETRI PERMATA, EFFENDY DE LUX PUTRA

Pages 90-94

[View PDF](#) [Abstract](#) [Download PDF](#)**IN-VITRO ANTHELMINTIC ACTIVITY OF LEAF EXTRACTS OF SHOREA TUMBUGGAIA ROXB. AND HOLOSTEMMA ADA KODIEN SCHULT. ON (PHERETIMA POSTHUMA )INDIAN EARTHWORM.**

RUBESH KUMAR S

Pages 95-97

[View PDF](#) [Abstract](#) [Download PDF](#)**FORMULATION AND EVALUATION OF MECLIZINE HYDROCHLORIDE FAST DISSOLVING TABLETS USING SOLID DISPERSION METHOD**

RAMA RAO TADIKONDA, BHASKAR DARAVATH

Pages 98-102

[View PDF](#) [Abstract](#) [Download PDF](#) [View Figure 1](#)**TOXICOLOGICAL PROFILING OF METHANOLIC AND AQUEOUS EXTRACTS OF AMORPHOPHALLUS COMMUTATUS VAR. WAYANADENSIS - ENDANGERED MEDICINAL PLANT IN RODENT MODELS**

SREENA RAJ, MERLENE ANN BABU, V. ABDUL JALEEL, K M GOTHANDAM

Pages 103-108

[View PDF](#) [Abstract](#) [Download PDF](#)**COMPARATIVE EVALUATION OF FEW MARKETED PRODUCTS OF AMOXICILLIN TRIHYDRATE DISPERSIBLE TABLETS IP**

GIRISH PAI K, VAMSHI KRISHNA T, MOHAN SINGH, LALIT KUMAR, M SREENIVASA REDDY

Pages 109-110

[View PDF](#) [Abstract](#) [Download PDF](#)[View PDF](#) [Abstract](#) [Download PDF](#)**FORMULATION AND EVALUATION OF MEMBRANE-CONTROLLED TRANSDERMAL DRUG DELIVERY OF TOLTERODINE TARTARATE**

P.K. - LAKSHMI, PAWANA. S., APARANJITHA RAJPUR, PRASANTHI D.

Pages 111-115

 [View PDF](#)  [Abstract](#)  [Download PDF](#)

---

### PHARMACEUTICAL INTERACTION BETWEEN CYTOSTATIC DRUGS AND NACL 0,9% AND DEXTROSE 5% INFUSION

JUNAIDI KHOTIB, DEWI WARA SHINTA, SURJIANI KARSONO, BETTY ZUBAIDA, . SAMIRAH, TOETIK ARYANI, MUHAMMAD ARIF KURNIAWAN, **BUDI SUPRAPTI**

Pages 116-119

 [View PDF](#)  [Abstract](#)  [Download PDF](#)

---

### LAXATIVE ACTIVITY OF RAPHANUS SATIVUS L. LEAF

PAYAL DANDE, ABHISHEK VAIDYA, PRATIKSHA ARORA

Pages 120-124

 [View PDF](#)  [Abstract](#)  [Download PDF](#)

---

### FINGER PRINTING ANALYSIS OF THE ALKALOIDS FROM SPHAERANTHUS AMARANTHOIDES LEAVES USING HPTLC ANALYSIS

SWARNALATHA Y, LAKSHMI KOMMINENI

Pages 125-127

 [View PDF](#)  [Abstract](#)  [Download PDF](#)

---

### STUDY OF THE ANTICONVULSANT ACTIVITY OF ETHANOLIC EXTRACT OF SEEDS OF BENINCASA HISPIDA LINN. IN ALBINO RATS.

SHIPRA KAUSHIK, KALPANA GOHAIN

Pages 128-130

 [View PDF](#)  [Abstract](#)  [Download PDF](#)

---

### VALIDATION METHOD FOR MEASURING SIMVASTATIN IN HUMAN PLASMA BY HPLC-UV AND ITS APPLICATION IN STUDY SIMVASTATIN STABILITY IN PLASMA AND WORKING SOLUTION

KHALED. M. ALAKHALI

Pages 131-133

## PHARMACEUTICAL INTERACTION BETWEEN CYTOSTATIC DRUGS AND NaCl 0,9% AND DEXTROSE 5% INFUSION

JUNAIDI KHOTIB\*, DEWI WARAS HINTA\*, SURJIANI KARSONO\*\*, BETTY ZUBAIDA\*\*, SAMIRAH\*, TOETIK ARYANI\*, MUHAMMAD ARIF KURNIAWAN\*, BUDI SUPRPTI\*

Clinical Pharmacy Department, Faculty of Pharmacy, Airlangga University, Dharmawangsa Dalam, Surabaya, Indonesia, 60286.

Email: junaidi-k@ff.unair.ac.id, de.shinta@yahoo.com

Received: 24 February 2014, Revised and Accepted: 31 March 2014

### ABSTRACT

**Objective.** Pharmaceutical interaction between cytostatic drugs and its infusion fluids and packaging materials may cause therapy failure and reduce its cytostatic potential. Therefore, several tests on pharmaceutical interaction between several cytostatic drugs which are most commonly used in clinics and its infusion fluids need to be done.

**Methods.** Some cytostatic drugs (such as cyclophosphamide, 5-fluorouracyl, cisplatin, and paclitaxel) are dissolved in certain concentration of NaCl 0.9% or Dextrose 5% infusion solution. Then, the solutions are incubated at room temperature and protected from sunlight. On the 0<sup>th</sup> hour (initial condition), 2<sup>nd</sup>, 4<sup>th</sup>, 8<sup>th</sup>, 12<sup>th</sup>, and 24<sup>th</sup> hour visual observations, pH measurement, and content measurement are performed.

**Results.** Based on visual observations, it is indicated that there is no change in color, clarity, and particles of all solutions. At pH measurement, obtained changes in pH of cytostatic solution, which is still within the tolerable range of injection preparation (pH 4-10) and on active compounds stability range. Meanwhile, based on change of cytostatic concentration in each solution, it is indicated that there is no significant difference after 24-hour observation.

**Conclusion.** Cytostatic drugs dissolved in NaCl 0.9% or Dextrose 5% infusion remained stable in terms of clarity, pH, and concentration level.

**Keywords:** cyclophosphamide, 5-fluorouracyl, cisplatin, paclitaxel, pharmaceutical interaction.

### INTRODUCTION

Interaction between drug compounds and its solvent and packaging materials is an important issue that needs to be solved well by pharmaceutical industries in order to produce a stable, effective, and safe product. Pharmaceutical interaction may occur between drugs active compounds and its packaging materials (1-6). Pharmaceutical interaction may also occur between active compounds and its solvent or other active compounds which are mixed before drug usage (7-10). The interaction may affect drug preparations usage in clinics or hospitals by reducing the stability of preparation or mixture, reducing solubility and contents of the drugs, and possibly resulting toxicity or unpredicted activities.

Cytostatic drugs are given on toxic dosage to growing cells; therefore any change on concentration may affect the patient. Practically, cytostatic drugs should be dissolved into infusion fluids such as NaCl 0.9% or Dextrose 5% (D5%) to obtain particular concentration. While being formulated as a solution, some drugs are very vulnerable to chemical decomposition. This may occur mainly on mixing and infusion preparation stages. Interaction between drugs and its infusion fluids and its packaging materials made from glass or plastic material such as PVC and polyethylene may occur likewise (11). In addition, the uses of continuous infusion technology will extend the contact time between active solution and its packaging materials which mostly made from polymer materials (plastic). Thus, physico-chemical interaction and incompatibility may occur before or during intravenous infusion (12,13). Incompatibility reduces the potential of the drugs and lowers its dosage into sub-therapeutic level. Besides, incompatibility also causes intolerance and toxicity, such as emboli, pH change, and irritation on injected area (14,15). Hence, it is important to determine reconstituted anti-cancer agent stability, especially during infusion.

Considering the importance of infusion fluids, especially NaCl 0.9% and D5% and its packaging materials which is commonly used in

cytostatic injection for certain period, a research on cytostatic drugs preparation stability needs to be conducted.

### MATERIALS AND METHODS

#### Materials

D5% and NaCl 0,9% (PT Widatra Bhakti), Cyclophosphamide Powder for Injection 1000 mg/vial (PT. Kalbe Farma), 5-Fluorouracyl Ebewe 500 mg/10 ml vial (PT. Ferron/Ebewe), Cisplatin 50 mg/50 ml vial (Platosin PT. Combiphar/Pharmacemie), Paclitaxel 30 mg/5 ml vial (Paxus PT. Kalbe Farma), Water for Irrigation USP (PT. Otsuka), Methanol HPLC Grade, Acetonitrile HPLC Grade, Kalium dihydrogen phosphate Analytical Grade (Riedel deHaen), Natrium dihydroxide Analytical Grade (Merck).

#### Preparation

All cytostatic solutions are prepared inside *laminar air flow*. Dosage of each cytostatic substance used in this research are: cyclophosphamide (500 and 4000 ppm), 5-fluorouracyl (1000 and 4000 ppm), cisplatin (100 and 400 ppm), and paclitaxel (120 and 300 ppm). All of these substances are dissolved into appropriate solvents namely 100 ml NaCl 0.9% and D5% inside its package. Then all concentrations are duplicated and stored in room temperature and protected from sunlight. Then the samples of all cytostatic infusion solutions are taken on 0<sup>th</sup>, 2<sup>nd</sup>, 4<sup>th</sup>, 8<sup>th</sup>, 12<sup>th</sup>, and 24<sup>th</sup> hour for visual observation, pH measurement, and concentration measurement.

#### Visual Observation

Visual observation is performed under laboratory standard lighting. Each solution will be observed its color change, clarity, and particle existence.

#### pH Measurement

pH of all solutions are measured by using *Crison pH meter* (Crison instruments, S. A., Barcelona) which have been calibrated on standard buffers pH 4.0, 7.0, and 9.21.

#### Concentration Measurement

The concentrations of each cytostatic infusion solution are measured by using HPLC Agilent 1100 series. The condition of HPLC used in this research is described on Table 1.

#### Statistical Analysis

Significant difference between groups of each parameter measured in this research are done using One-way ANOVA statistical analysis (SPSS 20).

### RESULTS AND DISCUSSION

Interaction between drug compounds and its carrier solution or its packaging materials is an important issue in assuring stability, effectiveness, and safety of drug compound during preparation. Interaction between drug compounds and its carrier or packaging material causes decomposition of drug compounds which resulting in degradant compounds, visual and physico-chemical changes, and may harm the patients (16). This research has observed pharmaceutical interactions of several cytostatic drugs and infusion solutions produced by local pharmaceutical industries.

The issue regarding interaction between active compounds and its carrier solution and packaging materials often occurs on injection preparation. During preparation process, injection preparation should be dissolved in infusion solution (such as D5% or NaCl 0.9%) in order to obtain particular concentration before being injected intravenously. Some drug compounds such as cytostatic drugs are very vulnerable to chemical decomposition during solution/injection formulation, especially during mixing stage of infusion preparation. These drugs are dripped intravenously for a

certain period so that interactions between drug compounds and its infusion solution or its package material, such as glass and PVC (plastic) are likely to occur. Furthermore, the use of continuous infusion technology extends contact time between active compounds and infusion packages which are commonly made from polymer (plastic) material. Thus, physico-chemical interaction and incompatibility may occur before and during intravenous injection. Considering the vast use of the technology on hospitals and physico-chemical characteristic variability of drug compounds, it potentially causes serious problems on therapy (17). Therefore, this research is conducted to observe the interaction between cytostatic preparations, such as cyclophosphamide, 5-fluorouracyl, cisplatin, and paclitaxel which are commonly injected through intravenous drips with infusion solutions Dextrose 5% and NaCl 0.9% produced by PT. Widatra Bhakti.

Interaction occurred between cytostatic drugs and its carrier or package can be observed through several evaluations. They are: visual evaluation, physico-chemical evaluation, and chemical evaluation. Visual parameter is used to observe sedimentation formed in the solution, turbidity and color changes of the cytostatic solutions which have been stored for 24 hours. Physico-chemical parameter is used to observe pH stability of the solutions when being stored for 24 hours and to assure that the pH of cytostatic solution does not exceed injection preparation range (pH 4 - 10) while chemical parameter is used to observe cytostatic solution decomposition and degradation by quantifying its drug compound contents using HPLC instrument.

#### Visual Observation

All of cytostatic infusion solutions dissolved in NaCl 0.9% or D5% infusions have passed visual observation in every observation period based on color parameter, clarity, and inexistence of particles. This result is not different from comparator.

**Table 1: HPLC condition in the measurement of cytostatic concentration in infusion**

	Cyclophosphamide 500 and 4000 ppm	5-Fluorouracil 1000 and 4000 ppm	Cisplatin 100 and 400 ppm	Paclitaxel 120 and 300 ppm
<b>Detector</b>	UV 195 nm	UV 204 nm	UV 204 nm	UV 226 nm
<b>Coloumn</b>	C18 (250 mm x 4.6 mm, 5µm), packing L1	C18 (250 mm x 4.6 mm, 5µm), packing L1	CN (150 mm x 4,6mm, 5µm), packing L10	C18 (250 mm x 4.6 mm, 5µm), packing L1
<b>Flow rate</b>	1 mL/min	1 mL/min	0,3 mL/min	1 mL/min
<b>Mobile phase</b>	Acetonitrile and water (3:7)	Methanol : Kalium dihydrogen phosphate 0.01 mol/L (5:95)	0,005 M phosphat buffer pH 6.5	Acetonitrile and phosphate buffer pH 7,4 (60:40)
<b>Coloum temperature</b>	30 °C	30 °C	30 °C	30 °C
<b>Volume injection</b>	50 µL	1 µl	5 µl	10 µl

#### pH Measurement

Before the addition of cytostatic, NaCl 0.9% or D5% PT Widatra Bhakti have indicated different pH (5.13 or 5.84 respectively). pH of each cytostatic infusion during 24-hour observation period is described in Table 2, Table 3, Table 4, and Table 5. Cyclophosphamide 500 ppm infusion inside D5% or NaCl 0.9% has been decreased by 0.67 units and 0.81 units respectively. Different result shown by high-concentration cyclophosphamide (4000 ppm) in which the pH decrease sharply by 1.18 units and 1.2 units respectively on NaCl 0.9% and D5%. Meanwhile, the pH of 5-fluorouracyl 1000 ppm infusion shows a slight decrease by 0.27 units (on NaCl 0.9%) and 0.24 units (on D5%). This result is similar to the pH of high-concentration 5-fluorouracyl (4000 ppm).

An anomaly is shown on cisplatin infusion 100 ppm and 400 ppm which are dissolved in NaCl 0.9%. pH of these infusions seem to be increased when compared to initial pH. However, this increase is only as much as 0.13 and 0.15 units. Meanwhile, the pH of paclitaxel 120 ppm and 300 ppm which are dissolved in NaCl 0.9% and D5% shows a minor change. The pH of all cytostatic infusions which are dissolved in NaCl 0.9% or D5% are on tolerable range of infusion

solution pH (4 ≤ pH ≤ 10), except for cyclophosphamide 4000 ppm after 4-hour observation. This result is also shown on cyclophosphamide 4000 ppm which have been dissolved in the comparator infusion.

#### Concentration Measurement

Chemical stability data of cyclophosphamide, 5-fluorouracyl, cisplatin, and paclitaxel in NaCl 0.9% and D5% infusions for all observation periods are presented in Table 2. An infusion is categorized as "stable" when the variation (concentration deviation) does not exceed ± 5% of initial concentration. The initial concentration (concentration at the 0<sup>th</sup> hour) is considered 100%.

Cyclophosphamide 500 ppm infusions remained stable for 24 hours either for NaCl 0.9% or D5% solutions. Similarly, cyclophosphamide 4000 ppm which has been dissolved in the two solvents remained stable for 24 hours with the lowest content as much as 96.34%. The similar result was also found on 5-fluorouracyl 1000 ppm which has been dissolved in NaCl 0.9% and D5%. The solutions remained stable for 24 hours. Concentration variations of 5-fluorouracyl 1000 ppm in NaCl 0.9% and D5% are 97.50% - 100.04% and 99.72% - 100.86% respectively. Meanwhile, content variations of 5-

fluorouracyl 4000 ppm in NaCl 0.9% and D5% are 98.35% - 100.72% and 99.05% - 100.92%. Cisplatin 100 ppm which dissolved in NaCl 0.9% remains stable for 24 hours with content variation ranged between 99.80% - 102.30%. Meanwhile, cisplatin 400 ppm in NaCl 0.9% remains stable for 12 hours. At the 24<sup>th</sup> hour, the content

was decreased by over than 5% (92.23%). The result of paclitaxel 120 ppm and 300 ppm which have been dissolved in the two infusion solutions indicated stability for 24 hours, except for paclitaxel 120 ppm in NaCl 0.9% at the 8<sup>th</sup> hour observation which indicated content decreasing over than 5% (94.42 %).

**Table 2: Physical and Chemical Stability of Cyclophosphamide infusion in NaCl 0.9% and D5% of PT. Widatra Bhakti over 24 hours**

Time (hours)	pH ± SD		Visual appearance	% concentration ± SD Cytostatics remaining	
	NaCl 0.9%	D5%		NaCl 0.9%	D5%
Cyclophosphamide 500 ppm					
0	5.40±0.11	5.11±0.15	Pass	500.2 ± 10.4	500.2 ± 8.2
2	5.35±0.16	4.95±0.03	Pass	98.8	100.54
4	5.27±0.11	4.83±0.02	Pass	98.14	96.63
6	5.16±0.08	4.78±0.00	Pass	96.34	99.02
8	5.10±0.11	4.74±0.04	Pass	97.94	99.22
12	4.96±0.09	4.65±0.05	Pass	96.76	100.1
24	4.59±0.02	4.44±0.01	Pass	100.74	102.96
Cyclophosphamide 4000 ppm					
0	4.54 ± 0.01	4.51±0.02	Pass	4000.0 ± 15.9	4000.0 ± 37.9
2	4.26 ± 0.01	4.24±0.04	Pass	99.40	98.63
4	4.00 ± 0.01	3.98±0.03	Pass	99.75	99.87
6	3.84 ± 0.01	3.82±0.01	Pass	100.16	98.90
8	3.71 ± 0.00	3.69±0.01	Pass	99.50	98.95
12	3.45 ± 0.17	3.54±0.04	Pass	99.05	98.45
24	3.36 ± 0.01	3.31±0.01	Pass	98.66	96.70

**Table 3: Physical and Chemical Stability of 5-FU infusion in NaCl 0.9% and D5% of PT. Widatra Bhakti over 24 hours**

Time (hours)	pH ± SD		Visual appearance	% concentration ± SD Cytostatics remaining	
	NaCl 0.9%	D5%		NaCl 0.9%	D5%
5-Fluorouracyl 1000 ppm					
0	8.78 ± 0.02	8.87 ± 0.01	Pass	1000.0 ± 6.6	1000.0 ± 10.5
2	8.79 ± 0.01	8.81 ± 0.02	Pass	99.76	101.82
4	8.81 ± 0.08	8.83 ± 0.02	Pass	99.15	100.54
6	8.72 ± 0.01	8.74 ± 0.04	Pass	99.69	99.98
8	8.69 ± 0.00	8.73 ± 0.00	Pass	100.04	100.86
12	8.65 ± 0.00	8.71 ± 0.01	Pass	97.50	100.81
24	8.51 ± 0.01	8.63 ± 0.00	Pass	99.96	99.72
5-Fluorouracyl 4000 ppm					
0	8.80 ± 0.04	8.89 ± 0.04	Pass	4000.0 ± 38.8	4000.0 ± 7.9
2	8.80 ± 0.01	8.87 ± 0.01	Pass	98.35	100.08
4	8.82 ± 0.01	8.86 ± 0.01	Pass	99.72	100.04
6	8.78 ± 0.00	8.87 ± 0.00	Pass	99.57	99.05
8	8.78 ± 0.01	8.86 ± 0.04	Pass	99.76	99.95
12	8.78 ± 0.01	8.89 ± 0.03	Pass	99.83	100.07
24	8.72 ± 0.01	8.65 ± 0.00	Pass	100.72	100.92

**Table 4: Physical and Chemical Stability of Cisplatin infusion in NaCl 0.9% of PT. Widatra Bhakti over 24 hours**

Time (hours)	pH ± SD		Visual appearance	% concentration ± SD Cytostatics remaining	
	NaCl 0.9%	D5%		NaCl 0.9%	D5%
Cisplatin 100 ppm					
0	5.67 ± 0.01	-	Pass	100.0 ± 0.8	-
2	5.77 ± 0.01	-	Pass	100.7	-
4	5.69 ± 0.08	-	Pass	101.1	-
6	5.77 ± 0.04	-	Pass	102.6	-
8	5.75 ± 0.01	-	Pass	99.8	-
12	5.72 ± 0.04	-	Pass	100.0	-
24	5.81 ± 0.04	-	Pass	102.3	-
Cisplatin 400 ppm					
0	4.36 ± 0.01	-	Pass	400.0 ± 1.1	-
2	4.34 ± 0.01	-	Pass	100.42	-
4	4.40 ± 0.01	-	Pass	100.4	-
6	4.38 ± 0.01	-	Pass	99.08	-
8	4.43 ± 0.01	-	Pass	100.03	-
12	4.47 ± 0.01	-	Pass	100.48	-
24	4.51 ± 0.01	-	Pass	92.23	-

Table 5: Physical and Chemical Stability of Paclitaxel infusion in NaCl 0.9% and D5% of PT. Widatra Bhakti over 24 hours

Time (hours)	pH $\pm$ SD		Visual appearance	% concentration $\pm$ SD Cytostatics remaining	
	NaCl 0.9%	D5%		NaCl 0.9%	D5%
Paclitaxel 120 ppm					
0	4.95 $\pm$ 0.01	4.97 $\pm$ 0.02	Pass	120.0 $\pm$ 0.2	120.0 $\pm$ 7.4
2	4.95 $\pm$ 0.00	4.98 $\pm$ 0.02	Pass	99.67	103.25
4	5.09 $\pm$ 0.01	5.06 $\pm$ 0.01	Pass	95.25	102.75
6	4.90 $\pm$ 0.03	5.12 $\pm$ 0.04	Pass	102.08	98.92
8	4.98 $\pm$ 0.04	5.04 $\pm$ 0.01	Pass	94.42	100.08
12	5.06 $\pm$ 0.01	5.04 $\pm$ 0.01	Pass	97.25	99.25
24	5.05 $\pm$ 0.01	5.12 $\pm$ 0.00	Pass	96.25	99.83
Paclitaxel 300 ppm					
0	4.74 $\pm$ 0.02	4.58 $\pm$ 0.01	Pass	300.0 $\pm$ 17.9	300.0 $\pm$ 4.0
2	4.73 $\pm$ 0.01	4.56 $\pm$ 0.01	Pass	103.27	99.87
4	4.70 $\pm$ 0.01	4.56 $\pm$ 0.01	Pass	104.60	95.87
6	4.67 $\pm$ 0.01	4.58 $\pm$ 0.01	Pass	99.87	99.93
8	4.65 $\pm$ 0.01	4.56 $\pm$ 0.00	Pass	103.40	98.10
12	4.69 $\pm$ 0.01	4.56 $\pm$ 0.01	Pass	103.03	98.70
24	4.69 $\pm$ 0.00	4.55 $\pm$ 0.01	Pass	101.87	102.00

Based on these results, it is indicated that there is no cytostatic solution which shows concentration decrease more than 5%, except for cisplatin 400 ppm and paclitaxel 120 ppm which have been dissolved into NaCl 0.9% at the 24<sup>th</sup> hour observation and the 8<sup>th</sup> hour observation respectively. Compared to comparator, paclitaxel 120 ppm which has been dissolved into NaCl 0.9% also indicated more than 5% decreased concentration (93.60 %) at 8<sup>th</sup> hour observation. These findings indicated that all cytostatic solution dissolved into NaCl 0.9% and D5% infusion solutions produced by PT. Widatra Bhakti remained stable.

#### CONCLUSION

Stability research on cytostatic drugs which are dissolved into D5% or NaCl 0.9% infusions produced by PT Widatra Bhakti indicates no visual change (color, clarity, and sedimentation). Besides that, the pH and cytostatic concentration after dissolve into infusion solution also indicates insignificant changes compared to initial condition. Therefore, the data suggest that the infusions can maintain the stability of cytostatic compounds which are dissolved into it.

#### ACKNOWLEDGMENT

This work was supported by PT Widatra Bhakti.

#### REFERENCES

- Beitz C, Bertsch T, Hannak D, Schrammel W, Einberger C, Wehling M. Compatibility of plastics with cytotoxic drug solutions-comparison of polyethylene with other container materials. *Int J Pharm.* 1999;185(1):113-21.
- Mazzo DJ, Nguyen-Huu J-J, Pagniez S, Denis P. Compatibility of docetaxel and paclitaxel in intravenous solutions with polyvinyl chloride infusion materials. *Am J Heal Syst Pharm.* 1997;54:566-9.
- Donyai P, Sewell GJ. Physical and chemical stability of paclitaxel infusions in different container types. *J Oncol Pharm Pract.* 2006;12(4):211-22.
- Hlum L, Bundgaard H. Sorption of drugs by plastic infusion bags. *Int J Pharm.* 1982;10(4):339-51.
- Sewell G. Physical and chemical stability of cisplatin infusions in PVC containers. *Eur J Oncol.* 2010;4(06):11-3.
- Martel P, Petit I, Pinguet F, Poujol S, Astre C, Fabbro M. Long-term stability of 5-fluorouracil stored in PVC bags and in ambulatory pump reservoirs. *J Pharm Biomed Anal.* 1996;14(4):395-9.
- Pinguet F, Martel P, Rouanet P. Effect of sodium chloride concentration and temperature on melphalan stability during storage and use. *Am J Hosp Pharm.* 1994;51(21):2701-4.
- Pascal A, Salvatore C, Roy A-L. Stability of oxaliplatin in infusion bags containing 5% dextrose injection. *Am J Heal Syst Pharm.* 2007;64:1950-4.
- Stewart CF, Fleming RA. Compatibility of cisplatin and fluorouracil in 0.9% sodium chloride injection. *Am J Hosp Pharm.* 1990;47(6):1373-7.
- Konda N, Prashanth P, Arvind G, Shah S. Pharmaceutical Development and Compatibility Studies on Cytarabine Injection. *Asian J Pharm Clin Res.* 2013;6(3):4-7.
- Vincke BJ, Verstraeten AE, El Eini DID, McCarthy TM. Extended stability of 5-fluorouracil and methotrexate solutions in PVC-containers. *Int J Pharm.* 1989;54:181-9.
- Chantelau E, Lange G, Gasthaus M, Boxberger M, Berger M. Interaction between plastic catheter tubings and regular insulin preparations used for continuous subcutaneous insulin-infusion therapy. *Diabetes Care.* 1987;10(3):348-51.
- Quebbeman EJ, Hamid AAR, Hoffman NE, Ausman RK. Stability of fluorouracil in plastic containers used for continuous infusion at home. *Am J Hosp Pharm.* 1984;41:1153-6.
- Rahmawati F, Hidayati N, Rochmah W, Sulaiman SAS. Potentiality of Drug-drug Interactions in Hospitalized Geriatric Patients in a Private Hospital, Yogyakarta, Indonesia. *Asian J Pharm Clin Res.* 2010;3(3):191-4.
- Benvenuto JA, Adams SC, Vyas HM, Anderson RW. Pharmaceutical Issues in Infusion Chemotherapy Stability and Compatibility. In: Lokich JJ, editor. *Cancer Chemotherapy by Infusion.* Chicago: Springer Netherlands; 1987. p. 100-13.
- Beijnen JH, Schellens JHM. Review Drug interactions in oncology. *Lancet Oncol.* 2004;5(August):489-96.
- Astier A. The stability of anticancer drugs. *Eur J Hosp Pharm Pract.* 2007;13(2):91-2.

## International Symposium 2020

international journal indexed by Scopus, Wos, Esci, Doaj, Google Scholar, Copernicus, etc

isasem.com

OPEN

# Asian Journal of Pharmaceutical and Clinical Research



**Country** India - SIR Ranking of India

# 26

**Subject Area and Category** Medicine  
Pharmacology (medical)  
Pharmacology, Toxicology and Pharmaceutics  
Pharmaceutical Science  
Pharmacology

H Index

**Publisher** Asian Journal of Pharmaceutical and Clinical Research

**Publication type** Journals

**ISSN** 09742441, 24553891

**Coverage** 2009-ongoing

**Scope** AJPCR (Asian J Pharm Clin Res) started in 2008 and is peer reviewed monthly (Onward Jan 2017) open access Journal. The journal publishes original research in the field of Pharmaceutical sciences and Clinical Sciences. The Journal has been designed to cover all the fields of research, which has any correlation and impact on Pharmaceutical Science and clinical research (Pharmacognosy, Natural Product, Pharmaceutics, Novel Drug Delivery, Pharmaceutical Technology, Biopharmaceutics, Pharmacokinetics, Pharmaceutical/Medicinal Chemistry, Computational Chemistry, Drug Design, Pharmacology, Pharmaceutical Analysis, Pharmacy Practice, Clinical Pharmacy, Pharmaceutical Biotechnology and Pharmaceutical Microbiology, Medicine). AJPCR publishes original research Article or as a Short Communication for original research work. The journal publishes Reviews to keep readers up to speed with the latest advances across diverse current scientific topics on under mentioned scopes are also considered for publication. In addition, a case report is also invited now for the publication.



Homepage

How to publish in this journal

Contact



Join the conversation about this journal

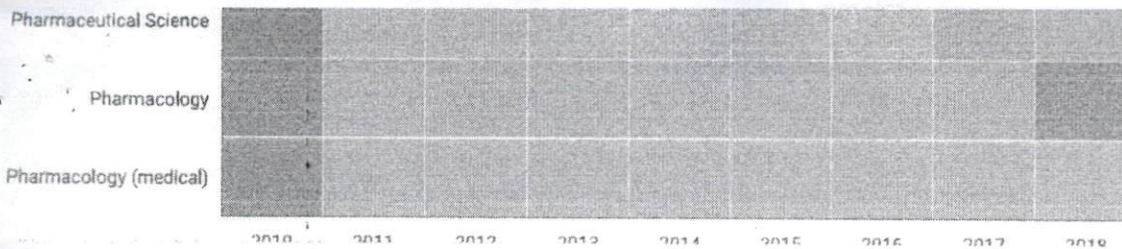
## International Symposium 2020

international journal indexed by Scopus, Wos, Esci, Doaj, Google Scholar, Copernicus, etc

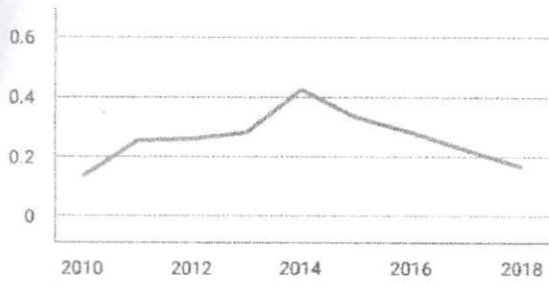
isasem.com

OPEN

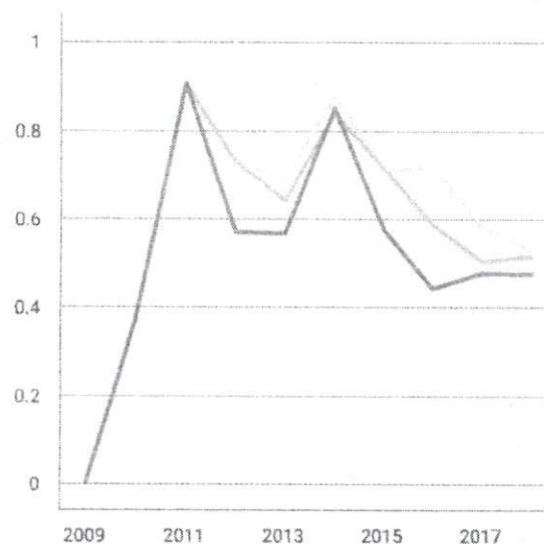




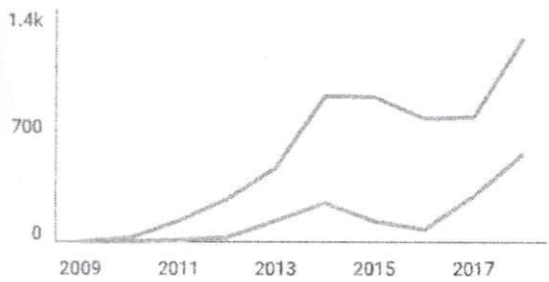
SJR



Citations per document

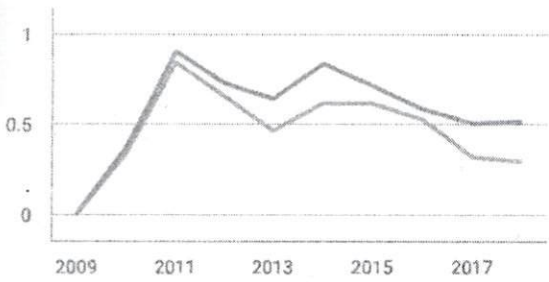


Total Cites Self-Cites

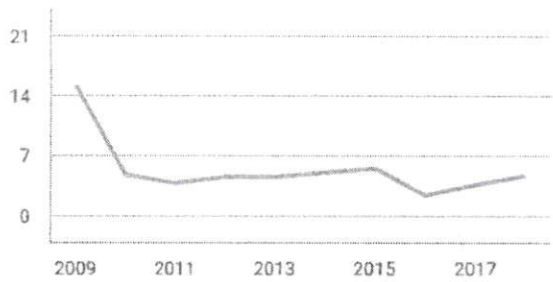


○ Cites / Doc. (4 years)  
 ● Cites / Doc. (3 years)  
 ● Cites / Doc. (2 years)

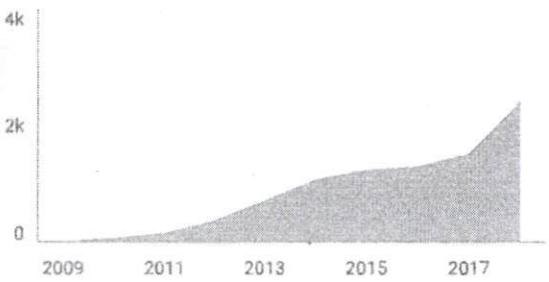
External Cites per Doc Cites per Doc



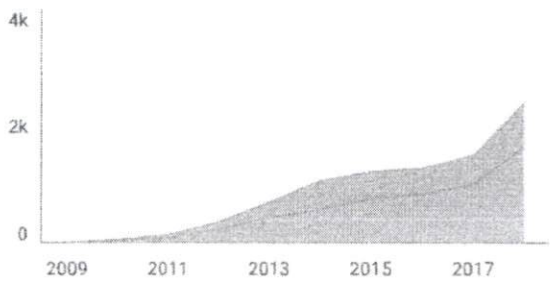
% International Collaboration



Citable documents Non-citable documents

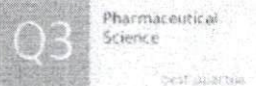


Cited documents Uncited documents



Asian Journal of Pharmaceutical and Clinical...

Show this widget in your own website



Just copy the code below and paste within your html code:

SJR 2018 0.17

<a href="https://www.scimago.org" data-bbox="211 879 363 893">

powered by scimagojr.com

## Editorial Board

### Editorial Board

AJPCR is committed to have dynamic and potential advisory-editorial board. Those established in the field can directly send their resume. New people are first needed to serve as referee before being considered member of advisory-editorial board. Email your resume to [editor@ajpcr.com](mailto:editor@ajpcr.com)

### Editor-in-Chief

- **Dr. Anurekha Jain**  
Dept. of Pharmaceutical Sciences, Jyoti Mahila Vidyapeeth University, Jaipur, Rajasthan  
Email: [anurekhajain@jvwu.ae.in](mailto:anurekhajain@jvwu.ae.in)

### Associate Editor

- **Dr. Nuray Ari**  
Prof., Department of Pharmacology, Faculty of Pharmacy, Ankara University, 06100 Ankara, Turkey.  
Email: [ari@ankara.edu.tr](mailto:ari@ankara.edu.tr)
- **Dr. Neeraj Upmanyu**  
Prof., Peoples Institute of Pharmacy & Research Center, Bhopal, MP, India. Email:  
[drneerajupmanyu@gmail.com](mailto:drneerajupmanyu@gmail.com)

### Assistant Editor

- **Dr. Omotoso Abayomi Ebenezer**  
Prof., Department of Pharmaceutical & Medicinal Chemistry. Faculty of Pharmaceutical Sciences, University of Port Harcourt, Nigeria. Email: [abatoseb2001@yahoo.com](mailto:abatoseb2001@yahoo.com)
- **Dr. Vimal Kumar Jain**  
Principal, ITM School of Pharmacy, ITM Universe, Vadodara & Associate Dean, Pharmacy, GTU, Ahmedabad

### Editorial Board Members

- **Dr. Vikas Sharma**  
Shri Rawatpura Sarkar Institute of Pharmacy, Datiya, MP, India
- **Dr. Sadia shakeel**  
Prof., Department of Pharmacy Practice, Dow College of Pharmacy, Dow University of Health Sciences, Karachi, Pakistan.
- **Dr. Rupesh Kumar Gautam**  
Associate Prof., ADINA Institute of Pharmaceutical Sciences, Sagar, MP, India
- **Dr. Farhan Ahmed Siddiqui**  
Faculty of Pharmacy, Federal Urdu University Arts, Science and Technology Karachi, Sindh, Pakistan
- **Dr. Javad Sharifi Rad**  
Department of Pharmacognosy, Faculty of Pharmacy, Zabol University of Medical Sciences, P.O. Box 61615-585 Zabol, Iran
- **Dr. Rajesh Mohanraj**  
Dept. of Pharmacology, CMHS, UAE
- **Dr. Sami Saqf El Hait**  
Junior Executive - Quality Control At Jamjoom Pharmaceuticals Company Limited jeddah, Saudi Arabia
- **Md. Moklesur Rahman Sarker**  
Faculty of Medicine, University of Malaya, Malaysia
- **Dr. Hao Wu**  
Postdoctoral Fellow At Ngm Biopharmaceuticals, Inc, South San Francisco, CA 94080, USA
- **Dr. Madhu Bala**  
Scientist 'F' and Joint Director, Institute of Nuclear Medicine and Allied Sciences (INMAS), India
- **Dr. Mohanraj Rathinavelu**  
Department of Pharmacy Practice, Raghavendra Institute of Pharmaceutical Education & Research, Riper, India
- **Dr. Sandip Narayan Chakraborty**  
Research Asst, Translational Molecular Pathology, Ut Md Anderson Cancer Center, Life Sciences Plaza, Houston, TX 77030
- **Dr. Tushar Treembak Shelke**  
Head of Department of Pharmacology and Research Scholar, In Jspms Charak College of Pharmacy & Research, Pune, India
- **Dr. D. Nagsamy Venkatesh**  
Associate Prof., Department of Pharmaceutics, JSS College of Pharmacy, Ooty, TN India
- **Dr. Subas Chandra Dinda**  
Professor-cum-Director: School of Pharmaceutical Education & Research (SPER), Berhampur University, Berhampur, Orissa, India.
- **Dr. Kanagala Vijaya Sri**  
Associate professor, Malla Reddy College of Pharmacy, Maisammaguda, Dhullapally, Secunderabad

- **Dr. Jagdale Swati Changdeo**  
Professor and Head, Department of Pharmaceutics, MAEER's Maharashtra Institute of Pharmacy, S.No.124, MIT Campus, Kothrud, Pune-411038
- **Dr. Biplab Kumar Dey**  
Principal, Department of Pharmacy, Assam down town University, Sankar Madhab Path, Panikhaiti 781026, Guwahati, Assam, India
- **Dr. Yogesh Pandurang Talekar**  
Research Associate, National Toxicology Centre
- **Dr. Indranil Chanda**  
Assistant Professor, Girijananda Chowdhury Institute of Pharmaceutical Science, Hathkhowapara, Azara Guwahati-17, Assam, India.

### Editorial office

Asian Journal of Pharmaceutical and Clinical Research  
B-11, In front of Beema Hospital, Nayi Awadi, Mandasaur 458001, MP, India  
E-mail: [editor@ajpcr.com](mailto:editor@ajpcr.com)



Online ISSN: 2455-3891

Print ISSN: 0974-2441

ICV: 92

Journal Metrics 2018

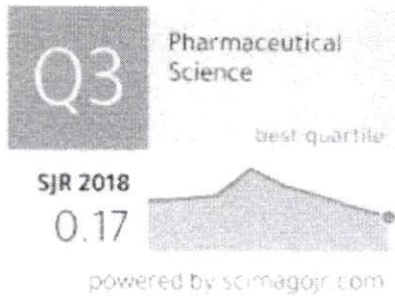
Source Normalized Impact per Paper (SNIP): 0.655

SCImago Journal Rank (SJR): 0.17

Print ISSN: 0974-2441

Online ISSN: 2455-3891

Asian Journal of  
Pharmaceutical and Clinical...



Visitor No. 06472

[Our Journals](#) || [Open Access Policy](#) || [Publication & Peer Review Policy](#) || [Publication Ethics](#)

The publication is licensed under a Creative Commons License (CC BY) [View Legal Code](#)

Copyright © 2018 All Rights Reserved. **Innovare Academic Sciences** | Powered By **CyberDairy**