

1

2 **“Comparison of antibiotic protein binding in human plasma vs. rabbit plasma”**

3 Maximilian Pesta^a, Philip Datler^a, Georg Scheriau^a, Peter Wohlrab^a, Sabine Eberl^b,
4 Edith Lackner^b, Claudia Franz^a, Walter Jäger^c, Alexandra Maier-Salamon^c, , Markus
5 Zeitlinger^b, Edda Tschernko^a

6

7 ^a Department of Anesthesiology, Intensive Care Medicine and Pain Management,
8 Division of Cardio-, Thoracic-and Vascular- Anesthesia and Intensive Care Medicine,
9 Medical University of Vienna, Vienna, Austria

10 ^b Department of Clinical Pharmacology, Medical University of Vienna, Vienna, Austria

11 ^c Department of Pharmaceutical Sciences, University of Vienna, Vienna, Austria

12

13

14 **Send correspondence to:**

15 Edda M. Tschernko

16 Dept. of Cardiothoracic and Vascular Anesthesia & Intensive Care Medicine

17 Medical University of Vienna,

18 Waehringerguertel 18-20, 1090 Wien

19 edda.tschernko@meduniwien.ac.at

20

21

22 Abstract:

23 Rabbits are frequently used for the examination of the pharmacokinetics and
24 effectiveness of antibiotic substances. However, antibiotics vary substantially in
25 protein binding affecting the concentration of the antimicrobially effective unbound
26 drug. We hypothesized that the binding properties of vancomycin, meropenem and
27 ceftriaxone might vary between human and rabbit plasma. In an in-vitro study we
28 observed dose dependent variability in protein binding of antibiotics between species.
29 Thus, in-vitro-pre-studies are required to guarantee for translational conditions.

30

31 Introduction:

32 Small animals are frequently used for translational studies of antibiotic efficacy.
33 Numerous antibiotics show high protein binding, mainly to albumin, but only the
34 unbound substance is antimicrobially active. In addition, tissue distribution and renal
35 clearance might be effected by protein binding. Therapeutically effective unbound
36 plasma concentrations of vancomycin, meropenem and ceftriaxone are influenced by
37 several factors (1,2). To date, few studies are available comparing antibiotic binding
38 of human and rabbit albumin for various antibiotic substances (3, 4). However, none
39 of the studies evaluated protein binding in human and in rabbit plasma comparing
40 normal antibiotic concentrations with extremely high or low antibiotic concentrations.
41 Differences in protein binding properties at variable antibiotic concentrations could
42 define the antibiotic concentration range in which translational comparability between
43 species can be expected. Therefore, we undertook an in-vitro study comparing the
44 binding properties of three antibiotics with different albumin binding affinity. We
45 hypothesized that the binding properties of vancomycin, meropenem and ceftriaxone
46 might vary between human and rabbit plasma. In an in-vitro study, we set out to
47 identify dose-dependent variability in protein binding.

48 Microdialysis technique (5) was used for determination of protein binding of
49 vancomycin, meropenem and ceftriaxone, since these antibiotics are known to have
50 different binding properties to albumin in humans. Three concentrations were used
51 for each antibiotic substance: expected peak antibiotic plasma concentration after
52 standard treatment as quoted in the literature, 25% and 1000% of antibiotic standard
53 concentration of established treatment concentration. For vancomycin we used
54 concentrations of 5 µg/ml, 20 µg/ml and 200 µg/ml, (6) for meropenem we used
55 concentrations of 2.5 µg/ml, 10 µg/ml and 100 µg/ml (7), and for ceftriaxone we used

56 concentrations of 4 µg/ml, 15 µg/ml and 150 µg/ml (8). Each drug concentration was
57 emersed in three solutions: NaCl 0.9%, human citrat plasma and rabbit citrat plasma.
58 The concentration of vancomycin, meropenem and ceftriaxone in microdialysate
59 samples was determined by HPLC using a Dionex “UltiMate 3000” system (Dionex
60 Corp., Sunnyvale, CA) with UV detection at 260 nm, 296 nm and 220 nm,
61 respectively. Chromatographic separation for all drugs was carried out on a Hypersil
62 BDS-C18 column (5 µm, 250 x 4.6 mm I.D., Thermo Fisher Scientific, Inc, Waltham,
63 MA), preceded by a Hypersil BDS-C18 precolumn (5 µm, 10 x 4.6mm I.D.),
64 constantly heated to 45°C. Calibration of the chromatograms for all three drugs was
65 accomplished using the external standard method by spiking drug-free microdialysate
66 with standard solutions of the respective drugs. The limit of quantification for
67 vancomycin, meropenem and ceftriaxone was 0.1 µg/ml; with coefficients of accuracy
68 and precision below 8.7%.

69

70 Results:

71 Vancomycin protein binding in rabbit and human plasma were comparable in the low
72 antibiotic vancomycin concentration of 5 µg/mL (39.0±16.0% vs 43.7±13.5; p=0.612;
73 Figure) and standard treatment plasma concentration of 20 µg/mL (38.2±14.0% vs
74 39.8±13.2%; p=0.71; Figure). In contrast, in high plasma vancomycin concentrations
75 of 200 µg/mL was significantly lower protein binding in rabbit plasma vs human
76 plasma (43.1±10.1% vs 54.0±9.0%; p=0.002; Figure).

77

78 Ceftriaxone protein binding in rabbit and human plasma were 41.9±7.7% vs
79 45.4±10% in standard treatment plasma concentrations of 15 µg/mL (p=0.24; Figure)
80 and 37.1±6.8% vs 39.8±7.4% in high plasma ceftriaxone concentrations of 150
81 µg/mL (p=0.27; Figure). In contrast, in low plasma ceftriaxone concentrations of 4
82 µg/mL (p<0.001; Figure) rabbit plasma exhibited significant lower protein binding vs
83 human plasma (27.3±12.3% vs 40.3±9.8%; p<0.05; Figure).

84

85 Meropenem protein binding in rabbit and human plasma were 13.8±9.5% vs
86 17.3±10.2% in low antibiotic meropenem plasma concentration of 2.5 µg/mL (p=0.66;
87 Figure) and in high antibiotic meropenem plasma concentration of 100 µg/mL
88 9.7±4.6% vs 11.1±5.6% (p=0.43; Figure). However, in the standard treatment plasma
89 concentrations of 10 µg/mL significantly lower protein binding was displayed in rabbit

90 plasma compared to human plasma ($11.9 \pm 7.3\%$ vs $26.6 \pm 11.6\%$; $p < 0.001$; Figure).
91 Meropenem measurements of protein binding were carried out twice in different
92 laboratories to doublecheck and validate the primary findings. Results in both
93 measurement series were found to be comparable.

94

95 Conclusion:

96 For vancomycin and ceftriaxone standard treatment plasma concentrations were
97 comparable between species. Extreme plasma concentrations of these antibiotics
98 revealed differences in antibiotic binding between species. Remarkably, meropenem
99 protein binding was detected to be significantly different between rabbit and human
100 plasma if standard antibiotic treatment concentrations are aimed for. Thus, rabbit
101 models lack translational value for studies with meropenem in standard
102 concentrations. Since protein binding can be substantially different at high, normal
103 and low antibiotic concentrations in plasma depending on the antibiotic substance
104 examined, it is advisable to perform in-vitro studies with the respective drug under
105 investigation before animal studies are carried out. Animal species and drug
106 concentrations must be chosen carefully before performing translational antibiotic
107 research, because antibiotic protein binding can vary substantially between species
108 and plasma concentrations. Thus, in-vitro pre-studies of antibiotic binding can be
109 essential before choosing a species and an antibiotic substance at a certain
110 concentration in order to guarantee for comparability to human conditions.

111

112 References:

- 113 1. Economou CJP, Kielstein JT, Czock D, Xie J, Field J, Richards B, Tallott M,
114 Visser A, Koenig C, Hafer C, Schmidt JJ, Lipman J, Roberts JA. 2018.
115 Population pharmacokinetics of vancomycin in critically ill patients receiving
116 prolonged intermittent renal replacement therapy. *Int J Antimicrob Agents*
117 *52*:151–157.
- 118 2. Skhirtladze D, Dworschak K, Hutschala D, Reining G, Dittrich P, Bartunek A,
119 Dworschak M, Tschernko EM. 2019. Cefuroxime plasma and tissue
120 concentrations in patients undergoing elective cardiac surgery: Continuous vs
121 bolus application. A pilot study. *Br J Clin Pharmacol* *85*:818.
- 122 3. Ahmed H, Bergmann F, Zeitlinger M. 2022. Protein Binding in Translational
123 Antimicrobial Development-Focus on Interspecies Differences. *Antibiot (Basel,*

- 124 Switzerland) 11.
- 125 4. Popick A, Crouthamel W, Bekersky I. 1987. Plasma protein binding of
126 ceftriaxone. *Xenobiotica* 17.
- 127 5. Stahl M, Bouw R, Jackson A, Pay V. 2002. Human microdialysis. *Curr Pharm*
128 *Biotechnol* 3:165–78.
- 129 6. Álvarez R, López Cortés LE, Molina J, Cisneros JM, Pachón J. 2016.
130 Optimizing the Clinical Use of Vancomycin. *Antimicrob Agents Chemother*
131 60:2601–9.
- 132 7. Petersson J, Giske CG, Eliasson E. 2016. Standard dosing of piperacillin and
133 meropenem fail to achieve adequate plasma concentrations in ICU patients.
134 *Acta Anaesthesiol Scand* 60:1425–1436.
- 135 8. Tsai D, Stewart P, Goud R, Gourley S, Hewagama S, Krishnaswamy S, Wallis
136 SC, Lipman J, Roberts JA. 2016. Total and unbound ceftriaxone
137 pharmacokinetics in critically ill Australian Indigenous patients with severe
138 sepsis. *Int J Antimicrob Agents* 48:748–752.

139

140

141 **Figure Legend:**

142 Shades of red indicate in-vitro human plasma experiments and shades of green
143 indicate in-vitro rabbit plasma experiments. Examined antibiotic concentrations
144 increase from left to right or from light to dark colors, respectively. $P < 0.05$ is indicated
145 with an asterisk.

