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Review Article

Preclinical Development Laying the Groundwork for Safe and Effective Medicines

Amrita Shukla^{1*}, Vinod Sachan², Veeresh Babu Pratap³, Sreelakshmi Namburu³, Neelkanth M. Pujari⁴

¹Department of Pharmacology, Dr. M.C. Saxena College of Pharmacy, Lucknow, Uttar Pradesh, India.

²Department of Pharmacology, Anantraj Institute of Pharmacy, Akbarpur, Kanpur Dehat, Uttar Pradesh, India.

³Department of Pharmacology, Gokaraju Rangaraju College of Pharmacy, Hyderabad, Telangana, India.

⁴Department of Pharmacology, Faculty of Pharmacy, Dr. APJ Abdul Kalam Technical University, Lucknow, Uttar Pradesh, India.

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ABSTRACT

Preclinical research serves as a cornerstone in the development of novel therapeutic drugs and medical treatments. This review article explores the pivotal role of preclinical studies in providing crucial data on the safety, efficacy, and biological activity of potential candidates before advancing to human clinical trials. Through extensive laboratory experiments and animal studies, preclinical research aims to elucidate the pharmacokinetics, pharmacodynamics, and toxicological profiles of investigational compounds. Adhering to rigorous scientific and regulatory standards, including good laboratory practice (GLP), preclinical investigations strive to generate reliable and reproducible data that can accurately predict human responses and guide dose selection in subsequent clinical trials. By identifying promising therapies and minimizing risks to human subjects, preclinical research contributes significantly to the ethical and effective advancement of medical science. This scholarly review underscores the indispensable nature of preclinical research in the translational journey from bench to bedside, ultimately improving patient outcomes and public health.

INTRODUCTION

Overview of the drug development process

The drug development process is a complex journey involving multiple stages, rigorous testing, and regulatory approval before a new medicine reaches patients (Fig. 1). Here's an overview:

Discovery and research

This phase involves identifying potential drug targets through extensive research, often in laboratories.

Scientists study diseases and their underlying mechanisms to pinpoint molecules or biological pathways that could be targeted to treat or prevent the condition.

Preclinical testing

Once a potential drug target is identified, researchers conduct preclinical studies using cell cultures and animal models to assess the safety, efficacy, and potential side effects of the drug candidate. This stage helps determine whether the drug candidate should progress to clinical trials in humans (Shapiro, 1998).

***Corresponding Author:** Amrita Shukla

Address: Department of Pharmacology, Dr. M.C. Saxena College of Pharmacy, Lucknow, Uttar Pradesh, India.

Email ✉: amrita.shukla27@gmail.com

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The Drug Discovery Process

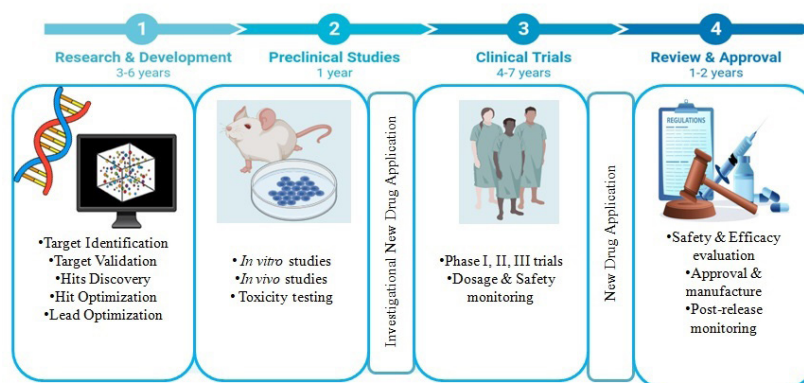


Fig. 1: Different stages of drug development process

Investigational new drug (IND) application

Before testing a drug candidate in humans, the sponsor (usually a pharmaceutical company or research institution) submits an IND application to regulatory authorities such as the U.S. Food and Drug Administration (FDA). The application includes preclinical data and outlines the proposed clinical trial plans (Parkinson & Grasso, 1993; Vos, 1980).

Clinical trials

Clinical trials are conducted in multiple phases:

- *Phase 1*

Involves a small group of healthy volunteers to evaluate the safety, dosage, and pharmacokinetics (how the drug moves through the body) of the drug candidate.

- *Phase 2*

Focuses on a larger group of patients with the target disease to assess the drug's efficacy and further evaluate its safety.

- *Phase 3*

Enrolls an even larger group of patients to confirm the drug's efficacy, monitor side effects, and compare it with existing treatments or a placebo (Penta, Rosenzweig, & Guarino, 1979).

- *Phase 4 (Post-Marketing Surveillance)*

Occurs after the drug is approved and marketed. It involves ongoing monitoring of the drug's safety and effectiveness in larger patient populations over an extended period (Martignoni *et al.*, 2003).

- *New drug application (NDA) submission*

If clinical trials demonstrate that the drug is safe and effective, the sponsor submits an NDA to regulatory agencies. The NDA includes comprehensive data from preclinical and clinical studies, manufacturing information, and proposed labeling.

- *Regulatory review*

Regulatory agencies, such as the FDA in the United States, review the NDA to determine whether the drug should be approved for marketing. They assess the drug's safety, efficacy, and quality based on the data provided.

- *Approval and post-marketing activities*

If the regulatory agency approves the NDA, the drug is authorized for marketing and distribution. Post-marketing activities include continued monitoring of the drug's safety, label updates based on new information, and potential additional studies (Nestorov, 2003). Throughout the entire process, drug development involves collaboration among scientists, clinicians, regulatory authorities, and other stakeholders to ensure that new medicines meet high standards of safety and efficacy before reaching patients (Mahmood & Balian, 1999).

Importance of Preclinical studies

Preclinical studies serve as the crucial foundation upon which the safety and efficacy of potential therapies or interventions are assessed before they advance to human trials. These studies, typically conducted in laboratory settings and animal models, play a pivotal role in identifying promising candidates for further clinical development while mitigating potential risks to human participants (Lin, 1998). Through meticulous experimentation and analysis, preclinical research enables scientists to understand the biological mechanisms underlying diseases and the potential effects of therapeutic interventions. Moreover, preclinical studies help refine experimental protocols, dosage regimens, and safety profiles, ensuring the optimization of resources and maximizing the likelihood of success in subsequent clinical trials. Ultimately, the significance of preclinical studies lies in their ability to bridge the gap between basic research and clinical practice, offering invaluable insights that pave the way for the development of safe and effective treatments for various medical conditions (Davies & Morris, 1993).

Target Identification and Validation

Target identification and validation are crucial steps in drug discovery and development. Here's a breakdown of each:

Target Identification

- **Biological Context:** Firstly, researchers identify a biological process or pathway that plays a key role in a disease. This could involve understanding the molecular mechanisms underlying the disease, such as aberrant signaling pathways or dysfunctional cellular processes (Kuhlmann, 1997).
- **Genomics and Proteomics:** With advancements in technologies like genomics and proteomics, researchers can identify potential targets by studying gene expression patterns, protein interactions, and post-translational modifications associated with the disease (Kubinyi, 1995).
- **Literature Review:** Researchers extensively review existing literature to identify molecules or biological entities that have been implicated in the disease process. This could involve studying research articles, patents, and databases.
- **Bioinformatics:** Computational methods, such as bioinformatics and data mining, are employed to analyze large-scale biological datasets and identify potential targets based on patterns and correlations (Hardin & Smietana, 1995).

Target Validation

- ***In-vitro* Studies:** Once potential targets are identified, researchers conduct *in-vitro* experiments to validate the biological relevance of the target. This could involve cell culture studies, biochemical assays, and molecular biology techniques to confirm the target's role in the disease pathway (Purcell & Clayton, 1973).
- ***In-vivo* Studies:** After successful validation *in-vitro*, researchers move on to *in-vivo* studies using animal models. This helps assess the target's relevance in a complex biological system and its potential as a therapeutic target (Buchwald & Bodor, 1998).
- **Genetic Studies:** Genetic approaches, such as knockout or knockdown experiments, can provide further validation by demonstrating the impact of modulating the target gene on disease phenotypes in animal models (Daly, 1999).
- **Clinical Studies:** In some cases, early clinical studies may be conducted to validate the target's relevance in human patients. This could involve analyzing biomarker data or conducting small-scale clinical trials to assess the target's potential as a therapeutic intervention (Johnson *et al.*, 2001).

Overall, target identification and validation are iterative processes that involve a combination of experimental and computational approaches to identify and confirm potential drug targets for further development (Bertucci

& Wainer, 1997). These steps are crucial for ensuring that resources are focused on targets with the highest likelihood of success in developing effective therapeutics for a given disease.

Hit Discovery and Lead Optimization:

"Hit discovery" and "lead optimization" are both terms commonly used in the field of drug discovery and development, particularly in the pharmaceutical industry.

Hit Discovery:

Hit discovery is the initial phase of the drug discovery process, where researchers identify chemical compounds or biological substances that show some level of activity against a particular target, such as a protein involved in a disease process (Russeva & Zhivkova, 1999). Hits can be identified through various methods, including high-throughput screening (HTS), virtual screening, fragment-based screening, natural product screening, and computational methods. The goal of hit discovery is to identify starting points for drug development, which can later be optimized to improve their potency, selectivity, and other drug-like properties (Koeplinger & Zhao, 1996; Busch *et al.*, 1997).

Lead Optimization

Lead optimization is the process of refining and improving the initial hits identified during the hit discovery phase to develop more potent, selective, and drug-like compounds. This phase involves iterative cycles of chemical synthesis, structural modification, and biological testing to optimize the properties of the lead compounds. The primary objectives of lead optimization include improving potency, selectivity for the target, pharmacokinetic properties (such as absorption, distribution, metabolism, and excretion), and minimizing off-target effects and toxicity. Lead optimization often requires a multidisciplinary approach involving medicinal chemists, pharmacologists, structural biologists, and computational scientists to design and evaluate new compounds (Camenisch *et al.*, 1998; Yazdanian *et al.*, 1998; Camenisch *et al.*, 1998; Martin, 1981).

In-vitro Studies

In-vitro studies play a crucial role in preclinical drug development, providing valuable insights into the efficacy, safety, and mechanism of action of potential therapeutic compounds before they are tested in humans (Wils *et al.*, 1994). Here's an overview of how *in-vitro* studies contribute to the preclinical drug development process:

Target identification and validation

In-vitro studies help researchers identify potential molecular targets for drug action, such as specific proteins or pathways involved in a disease process. Once identified, these targets can be validated using *in-vitro* assays to confirm their role in the disease and assess their suitability for drug intervention (Amidon *et al.*, 1995).

Screening and lead optimization

In-vitro assays are used to screen large libraries of compounds to identify potential drug candidates with desired pharmacological activity. These assays allow researchers to quickly assess the potency, selectivity, and pharmacokinetic properties of candidate compounds in a controlled laboratory setting. Lead optimization involves modifying promising compounds to improve their efficacy, safety, and drug-like properties based on *in-vitro* data (Pade & Stavchansky, 1998).

Mechanism of action studies

In-vitro studies help elucidate the molecular mechanisms underlying the therapeutic effects of candidate drugs. By studying how drugs interact with their molecular targets in cell-based assays or biochemical assays, researchers can gain insights into the specific pathways or processes affected by the drug and optimize its therapeutic potential (Abraham *et al.*, 1994).

Safety assessment

In-vitro studies are used to assess the potential toxicity of candidate drugs on various cell types or tissues. These studies include evaluating cytotoxicity, genotoxicity, cardiotoxicity, hepatotoxicity, and other adverse effects using cell-based assays, organotypic cultures, or tissue slices. *In-vitro* safety assessments help identify potential safety concerns early in the drug development process and guide further optimization or elimination of unsafe compounds (Gotoh *et al.*, 2005).

Pharmacokinetic and pharmacodynamic studies

In-vitro models are used to study the absorption, distribution, metabolism, and excretion (ADME) properties of candidate drugs. These studies involve assessing drug stability, permeability, metabolism, and protein binding using cell-based assays, microsomal assays, or tissue culture models. *In-vitro* pharmacokinetic data help predict the behavior of drugs *in-vivo* and optimize dosing regimens for subsequent preclinical and clinical studies (Stewart *et al.*, 1995).

Disease modeling and drug efficacy studies

In-vitro models of disease, such as cell lines, primary cell cultures, organoids, or patient-derived cells, are used to study the efficacy of candidate drugs in relevant biological contexts. These studies involve assessing the ability of drugs to modulate disease-relevant endpoints, such as cell proliferation, apoptosis, inflammation, or biomarker expression. *In-vitro* efficacy data help prioritize promising drug candidates for further preclinical and clinical evaluation (Rousset *et al.*, 1979).

Overall, *in-vitro* studies provide valuable insights into the pharmacological properties, safety profile, and therapeutic potential of candidate drugs, helping to guide decision-making and optimize the drug development process (Pinto *et al.*, 1983). However, it's important to note that *in-vitro*

findings must be complemented with *in-vivo* studies to confirm efficacy, safety, and pharmacokinetic properties in whole organisms before advancing to clinical trials.

In-vivo Studies: Acute Toxicity and Pharmacokinetics

In preclinical drug development, *in-vivo* studies are crucial for assessing the safety and efficacy of a potential drug candidate before it progresses to human clinical trials (Grasset *et al.*, 1984). Two key types of *in-vivo* studies commonly conducted during preclinical development are acute toxicity studies and pharmacokinetic studies.

Acute Toxicity Studies

Acute toxicity studies are designed to evaluate the adverse effects of a drug candidate when administered at a single or a few doses over a short period, usually within 24 hours. Animals, often rodents like rats or mice, are typically used in these studies (Hilgers *et al.*, 1990; Hidalgo *et al.*, 1989; Artursson & Karlsson, 1991). The drug candidate is administered via various routes, such as oral, intravenous, or intraperitoneal, and the animals are closely monitored for signs of toxicity. Endpoints may include changes in behavior, clinical signs of toxicity, alterations in physiological parameters, and mortality (Walter *et al.*, 1996). The dose-response relationship is examined to determine the maximum tolerated dose (MTD), which is the highest dose of the drug that does not cause unacceptable toxicity. Acute toxicity studies are a regulatory requirement to ensure the safety of a drug candidate before advancing to further stages of development (Yee, 1997).

Pharmacokinetic Studies

Pharmacokinetic studies assess how a drug candidate is absorbed, distributed, metabolized, and excreted in the body over time. These studies help determine the drug's bioavailability, half-life, clearance, and distribution. Animals are again commonly used, and the drug candidate is administered via various routes to mimic potential human routes of administration (Caro *et al.*, 1995). Blood samples are collected at predetermined time points to measure drug concentrations. Pharmacokinetic parameters are calculated from the concentration-time data using mathematical models. These parameters include maximum concentration (C_{max}), time to reach maximum concentration (T_{max}), area under the concentration-time curve (AUC), clearance, volume of distribution, and half-life (Gres *et al.*, 1998). Data analysis involves fitting concentration-time curves to appropriate models and calculating pharmacokinetic parameters. Pharmacokinetic data are essential for dose selection and designing human clinical trials. Regulatory agencies require comprehensive pharmacokinetic data to ensure appropriate dosing regimens and safety profiles in humans (Chong, 1995; Chong *et al.*, 1997; Tannergren *et al.*, 2001).



Overall, both acute toxicity and pharmacokinetic studies provide critical information for assessing the safety and pharmacological profile of a drug candidate, guiding its further development toward clinical trials.

***In-vivo* Studies: Efficacy and Chronic Toxicity**

In-vivo studies play a crucial role in preclinical drug development, providing valuable insights into both the efficacy and chronic toxicity of potential pharmaceutical compounds before they advance to clinical trials involving human subjects.

Efficacy studies

These studies aim to evaluate the effectiveness of a drug candidate *in-vivo*, typically using animal models that mimic the disease or condition the drug is intended to treat. Key aspects of efficacy studies include:

- **Disease Models:** Animal models are chosen based on their relevance to the human condition being studied. For example, mice with tumors may be used to assess the anticancer properties of a drug candidate (Markowska *et al.*, 2001).
- **Dose-Response Relationships:** Researchers administer varying doses of the drug to determine the optimal dose that achieves the desired therapeutic effect while minimizing adverse effects (Cho *et al.*, 1989).
- **Pharmacokinetics and Pharmacodynamics:** These studies assess how the drug is absorbed, distributed, metabolized, and excreted in the body, as well as its mechanism of action and duration of effect (Rinaldi *et al.*, 1996).
- **Endpoint Measurements:** Biomarkers, physiological parameters, or behavioral changes are often monitored to quantify the drug's efficacy. For example, tumor size reduction or improvement in symptoms may serve as endpoints in efficacy assessments (Irvine *et al.*, 1999).

Chronic toxicity studies

These studies focus on evaluating the long-term effects of repeated drug exposure on various organ systems and overall health. Key aspects of chronic toxicity studies include:

- **Duration of Exposure:** Animals are exposed to the drug candidate for an extended period, often ranging from several weeks to several months, to simulate chronic use in humans (Taylor *et al.*, 1997).
- **Dose Escalation Studies:** Animals may receive escalating doses of the drug to assess potential cumulative toxicity over time (Caldwell *et al.*, 1998).
- **Monitoring of Adverse Effects:** Researchers carefully monitor animals for signs of toxicity, including changes in behavior, physiological parameters, organ function, and histopathological alterations (Stevenson *et al.*, 1999).
- **Risk Assessment:** The data obtained from chronic toxicity studies are used to assess the potential risks

associated with long-term use of the drug in humans, informing decisions regarding dosing regimens, patient monitoring, and safety precautions during clinical trials (Tiberghien & Loor, 1996).

By conducting *in-vivo* efficacy and chronic toxicity studies in preclinical drug development, researchers can gather essential data to support the safe and effective progression of promising drug candidates to human clinical trials, ultimately advancing the development of new treatments for various diseases and medical conditions (Sarkadi *et al.*, 1992).

Safety Pharmacology

Safety pharmacology studies are an integral part of preclinical drug development. They focus on assessing the potential adverse effects of a new drug candidate on vital physiological functions in various organ systems (Urbatsch *et al.*, 1994). These studies are crucial for identifying potential safety concerns early in the development process before advancing to human clinical trials. Here's an overview of safety pharmacology studies and their importance (Table 1):

Cardiovascular safety studies

These studies evaluate the effects of the drug candidate on the cardiovascular system, including heart rate, blood pressure, and cardiac rhythm. They aim to identify any potential risks of arrhythmias, hypertension, or other cardiovascular complications (Wang *et al.*, 2000).

Respiratory safety studies

Respiratory safety pharmacology studies assess the impact of the drug on respiratory function, including respiratory rate, tidal volume, and pulmonary function. They help identify any potential risks of respiratory depression or bronchoconstriction (Tolle-Sander *et al.*, 2003).

Central nervous system safety studies

These studies evaluate the effects of the drug on the central nervous system (CNS), including its potential to cause sedation, cognitive impairment, or other neurological side effects. They assess parameters such as locomotor activity, coordination, and behavior (Eylan *et al.*, 1997).

Renal and hepatic safety studies

These studies assess the impact of the drug on renal and hepatic function, including markers of kidney and liver toxicity. They help identify any potential risks of nephrotoxicity or hepatotoxicity (Polli *et al.*, 2001).

Gastrointestinal safety studies

These studies evaluate the effects of the drug on gastrointestinal function, including gastric motility, secretion, and integrity of the gastrointestinal mucosa. They help identify any potential risks of gastrointestinal irritation, ulceration, or bleeding (Press & Di Grandi, 2008).

Table 1: Safety pharmacology studies in preclinical drug development

S. No.	Organ system	Essential safety pharmacology (core battery)	Follow-up safety pharmacology	Supplemental safety pharmacology
1	CNS	Motor activity, behavioral changes, coordination, sensory/motor reflex responses, & body temperature	Behavioral pharmacology, learning & memory, ligand-specific binding, neurochemistry, visual, auditory and/or electrophysiology assessments	NA
2	CVS	Blood pressure, heart rate, and electrocardiogram	Cardiac output, ventricular contractility, vascular resistance, the effects of endogenous and/or exogenous substances on the cardiovascular responses	NA
3	Respiratory system	Respiratory rate and other measures of respiratory function (e.g., tidal volume, or hemoglobin oxygen saturation etc.)	Airway resistance, compliance, pulmonary arterial pressure, blood gases, blood pH, etc.	NA
4	Renal/Urinary	NA	NA	Urinary volume, specific gravity, osmolality, pH, fluid/electrolyte balance, proteins, cytology, and blood chemistry
5	ANS	NA	NA	Binding to receptors, functional responses to agonists or antagonists <i>in-vivo</i> or <i>in-vitro</i> , direct stimulation of autonomic nerves and measurement of cardiovascular responses
6	GI	NA	NA	Gastric secretion, GI injury potential bile secretion, transit time <i>in-vivo</i> , ileal contraction <i>in-vitro</i> , gastric pH and pooling
7	Others	NA	NA	Immune, endocrine, skeletal muscle

Ocular safety studies

Ocular safety pharmacology studies assess the impact of the drug on ocular tissues and vision. They evaluate parameters such as intraocular pressure, pupil size, and visual acuity to identify any potential risks of ocular toxicity or visual disturbances (Schwab *et al.*, 2003).

Reproductive and developmental safety studies

These studies assess the effects of the drug on reproductive organs and fertility, as well as its potential to cause developmental toxicity or teratogenicity in offspring (White, 1998).

Genotoxicity and mutagenicity studies

These studies evaluate the potential of the drug to cause DNA damage or mutations, which could increase the risk of cancer or hereditary defects (Wrighton *et al.*, 1995). Overall, safety pharmacology studies are essential for identifying and mitigating potential risks associated with a new drug candidate before it is administered to humans in clinical trials. They help ensure the safety of patients and contribute to the overall success of the drug development process (Fig. 2).

Genotoxicity and Carcinogenicity Assessment

Assessing genotoxicity and carcinogenicity is a critical component of preclinical drug development to ensure the

safety of potential therapeutics before they reach human trials. Here's a breakdown of how this assessment typically occurs:

Genotoxicity testing

Genotoxicity refers to the ability of a substance to damage genetic information within a cell, potentially leading to mutations or cancer. Several tests are employed to evaluate genotoxicity:

- ***In-vitro* Tests:** These tests are conducted in controlled laboratory conditions using cell cultures. Common assays include the Ames test (for detecting gene mutations in bacteria), the micronucleus assay (for evaluating chromosomal damage), and the comet assay (for detecting DNA damage) (Parkinson, 1996; Lamberg *et al.*, 1998; Lin & Lu, 1997; Eddershaw & Dickens, 1999).
- ***In-vivo* Tests:** *In-vivo* tests involve exposing animals to the substance and then examining their cells or tissues for genetic damage. The rodent micronucleus assay and the transgenic rodent gene mutation assay are examples of *in-vivo* genotoxicity tests (Obach *et al.*, 1997; Rane *et al.*, 1977; Houston, 1994).

Carcinogenicity testing

Carcinogenicity testing assesses the potential of a substance to induce cancer in animals. These tests are



typically conducted in rodents over an extended period, often lasting two years. The primary study designs include:

- **Rodent Bioassays:** These studies involve administering the test substance to rodents (usually rats or mice) at various doses for a prolonged period. Animals are monitored for signs of tumor development, and tissues are examined histologically to determine the nature of any observed tumors (Iwatsubo *et al.*, 1997).
- **Transgenic Models:** Transgenic mouse models engineered to be susceptible to cancer are increasingly used to expedite carcinogenicity testing. These models can provide valuable insights into the carcinogenic potential of a substance more rapidly than traditional bioassays (Houston & Carlile, 1997).

Regulatory requirements

Regulatory agencies such as the U.S. Food and Drug Administration (FDA) and the European Medicines Agency (EMA) have established guidelines for genotoxicity and carcinogenicity testing in drug development. These guidelines outline the specific tests and study designs required to evaluate the safety of new compounds (Chiba *et al.*, 1990).

Interpretation and risk assessment

The results of genotoxicity and carcinogenicity testing are carefully evaluated to assess the potential risks to human health. If significant genotoxic or carcinogenic effects are observed in preclinical studies, further investigation may be warranted before advancing to clinical trials. Conversely, if no adverse effects are detected, the compound may proceed to human testing with appropriate safety monitoring (Obach, 1996).

Overall, genotoxicity and carcinogenicity assessment play a crucial role in identifying potential safety concerns early in the drug development process, helping to mitigate risks to human health during clinical trials and beyond.

Good Laboratory Practice (GLP) Compliance

Good laboratory practice (GLP) is a set of principles intended to ensure the quality and integrity of non-clinical laboratory studies conducted for the safety assessment and regulatory approval of chemicals

(including pharmaceuticals) and other products (Obach, 1997). In preclinical drug development, GLP compliance is crucial for generating reliable data on the safety and efficacy of a drug candidate before it progresses to clinical trials in humans (DiFrancesco & Bickel, 1977).

Here are some key aspects of GLP compliance in preclinical drug development:

Study conduct

GLP requires that all preclinical studies be conducted according to predefined protocols that outline the objectives, methodology, and analysis plan. These protocols must be approved before the study begins, and any deviations must be documented and justified (Ashforth *et al.*, 1995).

Facilities and Equipment

Laboratories conducting GLP studies must meet specific requirements regarding facilities, equipment, and personnel. This includes maintaining adequate space, temperature control, and cleanliness, as well as ensuring that equipment is properly calibrated and maintained (Zomorodi *et al.*, 1995).

Personnel Training

All individuals involved in GLP studies must receive appropriate training to perform their assigned tasks competently. Training should cover study protocols, standard operating procedures (SOPs), safety procedures, and data documentation practices (Carlile *et al.*, 1998).

Documentation and recordkeeping

GLP requires comprehensive documentation of all aspects of the study, including experimental procedures, raw data, and final results. This documentation should be organized, legible, and traceable to demonstrate the study's integrity and compliance with GLP standards (Worboys *et al.*, 1995).

Quality assurance (QA)

GLP mandates the establishment of a QA program to monitor study conduct, data integrity, and compliance with GLP regulations. QA activities may include audits, inspections, and reviews of study documentation to identify and address any issues or deviations from GLP requirements (Worboys *et al.*, 1996).

Archiving and retention

Study records, including raw data, final reports, and samples, must be archived and retained for a specified period according to regulatory guidelines. This ensures that the data generated during preclinical studies are accessible for inspection and verification by regulatory authorities (Worboys *et al.*, 1997).

Nonclinical study reports

GLP-compliant preclinical studies culminate in the preparation of detailed study reports summarizing the

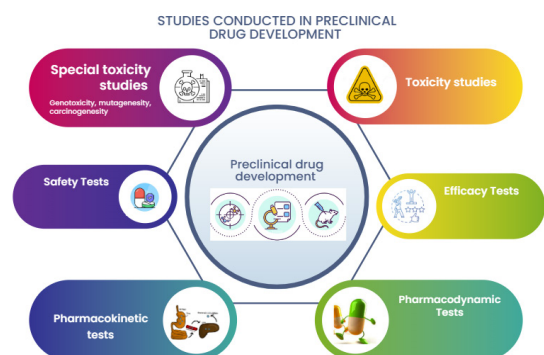


Fig. 2: Types of studies conducted during preclinical development

experimental design, procedures, results, and conclusions. These reports are submitted to regulatory agencies as part of the drug approval process and serve as a critical source of information for assessing the safety and efficacy of the drug candidate (Worboys *et al.*, 1996).

Overall, adherence to GLP principles is essential for ensuring the reliability, reproducibility, and regulatory acceptability of preclinical data generated during drug development (Carlile *et al.*, 1999). Compliance with GLP standards helps to minimize the risk of data manipulation or bias, thereby enhancing the credibility of preclinical studies and supporting informed decision-making in drug development and regulatory review processes.

Ethical Considerations in Preclinical Research

Ethical considerations in preclinical research are crucial for ensuring that the studies are conducted responsibly and with respect for both human and animal subjects. Here are some key ethical considerations:

Informed consent

While preclinical research typically involves animal models rather than human subjects, ethical considerations still apply, particularly in cases where human tissues or data are involved. Informed consent should be obtained from human participants supplying any materials or data for research (Witherow & Houston, 1999; Kuhnz & Gieschen, 1998; Van *et al.*, 1998).

Animal welfare

Preclinical research often involves animal models, and ethical guidelines mandate that researchers minimize harm to animals and ensure their welfare throughout the study. This includes providing appropriate housing, food, and medical care, as well as minimizing pain and distress through humane procedures and euthanasia when necessary (Rees, 1996).

Humane endpoints

Researchers must establish humane endpoints, which are predetermined criteria for when an animal should be euthanized to minimize suffering. This requires careful monitoring of animal health and behavior throughout the study (Fernandez-Metzler *et al.*, 1999).

Reduction, replacement, refinement (3Rs)

The 3Rs framework promotes the ethical use of animals in research by advocating for the reduction of the number of animals used, the replacement of animals with alternative methods when possible, and the refinement of experimental procedures to minimize pain and distress (Honig *et al.*, 1993).

Scientific merit and validity

Ethical research must be scientifically valid and have a clear purpose that justifies the use of animals. Researchers should ensure that their methods are appropriate and that

the potential benefits of the research outweigh any harm to animals (U.S.D.H.H.S., 1997).

Transparency and accountability

Researchers have a responsibility to report their methods and findings accurately and transparently, including any potential conflicts of interest. This helps ensure the reproducibility of research and allows for scrutiny by the scientific community and regulatory bodies (Von Moltke *et al.*, 1998).

Regulatory compliance

Researchers must adhere to relevant regulations and guidelines governing preclinical research, which may vary depending on the country or institution. This includes obtaining approval from institutional animal care and use committees (IACUCs) or ethics review boards (Crespi *et al.*, 1997).

Data sharing

Ethical considerations also extend to the sharing of research data and materials to promote scientific progress and transparency. Researchers should make their data and methods available for scrutiny and replication by other scientists while respecting intellectual property rights and confidentiality agreements (Newton *et al.*, 1995).

By addressing these ethical considerations, researchers can ensure that their preclinical research is conducted responsibly and contributes to scientific knowledge in an ethical and meaningful way.

Risk assessment and mitigation

In preclinical drug development, risk assessment and mitigation play critical roles in ensuring the safety and efficacy of potential pharmaceutical compounds before they advance to clinical trials. Risk assessment involves identifying and evaluating potential hazards associated with the drug candidate, such as toxicity, off-target effects, and lack of efficacy (Ono *et al.*, 1996). This process often utilizes *in-vitro* and *in-vivo* studies to assess pharmacological activity, metabolic stability, and potential adverse effects. Once risks are identified, mitigation strategies are implemented to minimize or eliminate these concerns (Hickman *et al.*, 1998). This may involve modifying the chemical structure of the compound, adjusting dosage regimens, or exploring alternative formulations. Additionally, rigorous preclinical safety pharmacology and toxicology studies are conducted to assess the compound's impact on various organ systems and the potential for long-term toxicity. Collaborative efforts between researchers, regulatory agencies, and industry stakeholders are crucial for effective risk assessment and mitigation, ensuring that only the safest and most promising drug candidates progress to clinical evaluation (Chauret *et al.*, 1998; Eagling *et al.*, 1998; Busby *et al.*, 1999).



IND Application and Beyond

In preclinical drug development, the Investigational New Drug (IND) application marks a pivotal milestone. This application is submitted to regulatory agencies like the FDA in the United States, signaling the sponsor's intent to conduct human trials with a new pharmaceutical compound (Rodrigues, 1999; Tarbit & Berman, 1998; Chiu *et al.*, 1995; Lin *et al.*, 1998; Lesko, 1999). The IND includes extensive data from preclinical studies covering pharmacology, toxicology, and manufacturing details. Once the IND is approved, human trials can commence, typically in three phases, to evaluate safety, efficacy, and dosing (Phillips *et al.*, 1990; The Johns Hopkins, 1992; Palmer, 1993; Bass, 1994). However, the significance of the IND extends beyond just regulatory approval. It represents the transition from laboratory research to clinical investigation, signifying a commitment to advancing potential therapeutics for patient benefit (Dean & Olson, 1993). Moreover, the IND process fosters collaboration between sponsors, regulatory agencies, and researchers, ensuring rigorous evaluation and safety standards are met before exposing human subjects to experimental treatments. Thus, the IND application serves as a critical gateway in preclinical drug development, bridging the gap between promising laboratory discoveries and clinical reality (Davila *et al.*, 1998; Timbrell, 1998; Rogiers & Vercruysse, 1998).

CONCLUSION

In conclusion, preclinical research stands as a vital pillar in the development of safe and effective medicines, laying the groundwork for the advancement of medical science. Through meticulous laboratory experiments and rigorous animal studies, preclinical investigations provide invaluable insights into the safety, efficacy, and biological activity of potential therapeutic candidates before they progress to human clinical trials. Adherence to stringent scientific and regulatory standards, such as GLP, ensures the generation of reliable and reproducible data, facilitating accurate predictions of human responses and informed dose selection in subsequent clinical studies. By identifying promising therapies and mitigating risks to human subjects, preclinical research plays a pivotal role in the ethical and effective translation of scientific discoveries from bench to bedside. Ultimately, the culmination of preclinical efforts contributes to the improvement of patient outcomes and the enhancement of public health, underscoring the indispensable nature of preclinical research in the quest for innovative medical interventions.

REFERENCES

- Abraham, M. H., Chadha, S. H., Whiting, G. S., & Mitchell, R. C. (1994). Hydrogen bonding. 32. An analysis of water-octanol and water alkane partitioning and the delta log P of Seiler. *Journal of Pharmaceutical Sciences*, 83, 1085–1100.
- Amidon, G. L., Lennernas, H., Shah, V. P., & Crison, J. R. (1995). A theoretical basis for a pharmaceutical drug classification: The correlation of *in-vitro* drug product dissolution and *in-vivo* bioavailability. *Pharmaceutical Research*, 12, 413–420.
- Artursson, P., & Karlsson, J. (1991). Correlation between oral drug absorption in humans and apparent drug permeability coefficients in human intestinal epithelial (Caco-2) cells. *Biochemical and Biophysical Research Communications*, 175(3), 880–885.
- Ashforth, E. I., Carlile, D. J., Chenery, R., *et al.* (1995). Prediction of *in-vivo* disposition from *in-vitro* systems: Clearance of phenytoin and tolbutamide using rat hepatic microsomal and hepatocyte data. *Journal of Pharmacology and Experimental Therapeutics*, 274(2), 761–766.
- Bass, R. (1994). *In-vitro* methods in regulatory toxicology. In *Toxicology in Transition. Proceedings of the 1994 EUROTOX Congress* (pp. 21–24). Basel, Switzerland.
- Bertucci, C., & Wainer, I. W. (1997). Improved chromatographic performance of a modified human albumin based stationary phase. *Chirality*, 9(4), 335–340.
- Buchwald, P., & Bodor, N. (1998). Octanol–water partition: Searching for predictive models. *Current Medicinal Chemistry*, 5, 353–380.
- Busby, W. F., Ackerman, J. M., & Crespi, C. L. (1999). Effect of methanol, ethanol, dimethyl sulfoxide, and acetonitrile on *in-vitro* activities of cDNA-expressed human cytochromes P-450. *Drug Metabolism and Disposition*, 27(2), 246–249.
- Busch, M. H., Carels, L. B., Boelens, H. F., *et al.* (1997). Comparison of five methods for the study of drug–protein binding in affinity capillary electrophoresis. *Journal of Chromatography A*, 777(2), 311–328.
- Caldwell, G. W., Easlick, E. M., Gunnet, J., & al. (1998). *In-vitro* permeability of eight β -blockers through Caco2 monolayers utilizing liquid chromatography/electrospray ionization mass spectrometry. *Journal of Mass Spectrometry*, 33, 607–614.
- Camenisch, G., Alsenz, J., van de Waterbeemd, H., & Folkers, G. (1998). Estimation of permeability by passive diffusion through Caco-2 cell monolayers using the drugs' lipophilicity and molecular weight. *European Journal of Pharmaceutical Sciences*, 6, 313–319.
- Camenisch, G., Folkers, G., & van de Waterbeemd, H. (1998). Shapes of membrane permeability–lipophilicity curves: Extension of theoretical models with an aqueous pore pathway. *European Journal of Pharmaceutical Sciences*, 6, 321–329.
- Carlile, D. J., Hakooz, N., Bayliss, M. K., *et al.* (1999). Microsomal prediction of *in-vivo* clearance of CYP2C9 substrates in humans. *British Journal of Clinical Pharmacology*, 47(6), 625–635.
- Carlile, D. J., Stevens, A. J., Ashforth, E. I., *et al.* (1998). *In-vivo* clearance of ethoxycoumarin and its prediction from *in-vitro* systems. Use of drug depletion and metabolite formation methods in hepatic microsomes and isolated hepatocytes. *Drug Metabolism and Disposition*, 26(3), 216–221.
- Caro, I., Boulenc, X., Rousset, M., & al. (1995). Characterization of a newly isolated Caco-2 clone (TC-7), as a model of transport processes and biotransformation of drugs. *International Journal of Pharmaceutics*, 116, 147–158.
- Chauret, N., Gauthier, A., & Nicoll-Griffith, D. A. (1998). Effect of common organic solvents on *in-vitro* cytochrome P450-mediated metabolic activities in human liver microsomes. *Drug Metabolism and Disposition*, 26(1), 1–4.
- Chiba, M., Fujita, S., & Suzuki, T. (1990). Pharmacokinetic correlation between *in-vitro* hepatic microsomal enzyme kinetics and *in-vivo* metabolism of imipramine and desipramine in rats. *Journal of Pharmaceutical Sciences*, 79, 281–287.
- Chiu, S.-H. L., Thompson, K. A., Vincent, S. H., *et al.* (1995). The role of metabolism in drug discovery: A case study in the selection of an oxytocin receptor antagonist for development. *Toxicologic Pathology*, 23(2), 124–130.
- Cho, M. J., Thompson, D. P., Cramer, C. T., & al. (1989). The Madin-Darby canine kidney (MDCK) epithelial cell monolayer as a model cellular transport barrier. *Pharmaceutical Research*, 6, 71–77.
- Chong, S. (1995). Evaluation of Biocoat intestinal epithelium

- differentiation environment as an absorption screening model with improved productivity. *Pharmaceutical Research*, 13, S240–S245.
- Chong, S., Dando, S. A., & Morrison, R. A. (1997). Evaluation of Biocoat intestinal epithelium differentiation environment (3-day cultured Caco-2 cells) as an absorption screening model with improved productivity. *Pharmaceutical Research*, 14(12), 1835–1837.
- Crespi, C. L., Miller, V. P., & Penman, B. W. (1997). Microtiter plate assays for inhibition of human, drug-metabolizing cytochromes P450. *Analytical Biochemistry*, 248, 188–190.
- Daly, A. K. (1999). Pharmacogenetics. In T. F. Woolf (Ed.), *Handbook of Drug Metabolism* (pp. 175–202). New York, NY: Marcel Dekker, Inc.
- Davies, B., & Morris, T. (1993). Physiological parameters in laboratory animals and humans. *Pharmaceutical Research*, 10(7), 1093–1095.
- Davila, J. C., Rodriguez, R. J., Melchert, R. B., *et al.* (1998). Predictive value of *in-vitro* model systems in toxicology. *Annual Review of Pharmacology and Toxicology*, 38, 63–96.
- Dean, J. H., & Olson, H. M. (1993). The integration of investigative toxicology in the drug discovery process. *Biology of the Cell*, 77, 58–66.
- DiFrancesco, C., & Bickel, M. H. (1977). Membrane lipids as intracellular binders of chlorpromazine and related drugs. *Chemico-Biological Interactions*, 16, 335–346.
- Eagling, V. A., Tjia, J. F., & Back, D. J. (1998). Different selectivity of cytochrome P450 inhibitors against probe substrates in human and rat liver microsomes. *British Journal of Pharmacology*, 45, 107–114.
- Eddershaw, P. J., & Dickens, M. (1999). Advances in *in-vitro* drug metabolism screening. *Pharmaceutical Science & Technology Today*, 2(1), 13–19.
- Eylan, G. D., Regev, R., Oren, G., & al. (1997). Efficiency of P-glycoprotein-mediated exclusion of rhodamine dyes from multidrug-resistant cells is determined by their passive transmembrane movement rate. *European Journal of Biochemistry*, 248, 104–112.
- Fernandez-Metzler, C. L., Owens, K. G., Baillie, T. A., *et al.* (1999). Rapid liquid chromatography with tandem mass spectrometry-based screening procedures for studies on the biotransformation of drug candidates. *Drug Metabolism and Disposition*, 27(1), 32–40.
- Gotoh, Y., Kamada, N., & Momose, D. (2005). The advantages of the Ussing chamber in drug absorption studies. *Journal of Biomolecular Screening*, 10(5), 517–523.
- Grasset, E., Pinto, M., Dussaulx, E., Zweibaum, A., & Haffen, K. (1984). Epithelial properties of human colonic carcinoma cell line Caco-2: Electrical parameters. *American Journal of Physiology*, 247, C260–C267.
- Gres, M. C., Julian, B., Bourrie, M., & al. (1998). Correlation between oral drug absorption in humans and apparent drug permeability in TC-7 cells, a human epithelial intestinal cell line: Comparison with the parental Caco-2 cell line. *Pharmaceutical Research*, 15(5), 726–733.
- Hardin, J. H., & Smietana, F. R. (1995). Automating combinatorial chemistry: A primer on benchtop robotic systems. *Molecular Diversity*, 1, 270.
- Hickman, D., Wang, J.-P., Wang, Y., *et al.* (1998). Evaluation of the selectivity of *in-vitro* probes and suitability of organic solvents for the measurement of human cytochrome P450 monooxygenase activities. *Drug Metabolism and Disposition*, 26(3), 207–215.
- Hidalgo, I. J., Raub, T. J., & Borchardt, R. T. (1989). Characterization of the human colon carcinoma cell line (Caco-2) as a model system for intestinal epithelial permeability. *Gastroenterology*, 96(3), 736–749.
- Hilgers, A. R., Conradi, R. A., & Burton, P. S. (1990). Caco-2 cell monolayers as a model for drug transport across the intestinal mucosa. *Pharmaceutical Research*, 7(9), 902–910.
- Honig, P. K., Wortham, D. C., Zamani, K., *et al.* (1993). Terfenadine-ketoconazole interaction: Pharmacokinetic and electrocardiographic consequences. *Journal of the American Medical Association*, 269, 1513–1518.
- Houston, J. B. (1994). Utility of *in-vitro* drug metabolism data in predicting *in-vivo* metabolic clearance. *Biochemical Pharmacology*, 47(9), 1469–1479.
- Houston, J. B., & Carlile, D. J. (1997). Prediction of hepatic clearance from microsomes, hepatocytes, and liver slices. *Drug Metabolism Reviews*, 29(4), 891–922.
- Irvine, J. D., Takahashi, L., Lockhart, K., & al. (1999). MDCK (Madin-Darby Canine Kidney) cells: A tool for membrane permeability screening. *Journal of Pharmaceutical Sciences*, 88(1), 28–33.
- Iwatsubo, T., Hirota, N., Ooie, T., & al. (1997). Prediction of *in-vivo* drug metabolism in the human liver from *in-vitro* metabolism data. *Pharmacological Reviews*, 73(2), 147–171.
- Johnson, J. I., Decker, S., Zaharevitz, D., *et al.* (2001). Relationships between drug activity in NCI preclinical *in-vitro* and *in-vivo* models and early clinical trials. *British Journal of Cancer*, 84, 1424–1431.
- Koeplinger, K. A., & Zhao, Z. (1996). Chromatographic measurement of drug-protein interaction: Determination of HIV protease inhibitor-serum albumin association. *Analytical Biochemistry*, 242(1), 66–73.
- Kubinyi, H. (1995). Strategies and recent technologies in drug discovery. *Pharmazie*, 50, 647–662.
- Kuhlmann, J. (1997). Drug research: From the idea to the product. *International Journal of Clinical Pharmacology and Therapeutics*, 35(12), 541–552.
- Kuhn, W., & Gieschen, H. (1998). Predicting the oral bioavailability of 19-nortestosterone progestins *in-vivo* from their metabolic stability in human liver microsomal preparations *in-vitro*. *Drug Metabolism and Disposition*, 26(11), 1120–1127.
- Lamberg, T. S., Kivisto, K. T., & Neuvonen, P. J. (1998). Effects of verapamil and diltiazem on the pharmacokinetics and pharmacodynamics of buspirone. *Clinical Pharmacology and Therapeutics*, 63(6), 640–645.
- Lesko, L. (1999). The biopharmaceutics classification system: Rational use in new drug development and scientific applications in regulatory decision making. In *Proceedings of the Second Annual Land O'Lakes Drug Metabolism Meeting* (pp. 1504–1510). Merrimac, WI.
- Lin, J. H. (1998). Applications and limitations of interspecies scaling and *in-vitro* extrapolation in pharmacokinetics. *Drug Metabolism and Disposition*, 26(12), 1202–1212.
- Lin, J. H., & Lu, A. Y. H. (1997). Role of pharmacokinetics and metabolism in drug discovery and development. *Pharmacological Reviews*, 49(4), 403–449.
- Lin, J. H., Ostovic, D., & Vacca, J. P. (1998). The integration of medicinal chemistry, drug metabolism, and pharmaceutical research and development in drug discovery and development. In R. Borchardt *et al.* (Eds.), *Integration of Pharmaceutical Discovery and Development: Case Studies* (pp. 233–255). New York: Plenum Press.
- Mahmood, I., & Balian, J. D. (1999). The pharmacokinetic principles behind scaling from preclinical results to phase I protocols. *Clinical Pharmacokinetics*, 36(1), 1–11.
- Markowska, M., Oberle, R., Juzwin, S., & al. (2001). Optimizing Caco-2 cell monolayers to increase throughput in drug intestinal absorption analysis. *Journal of Pharmacological and Toxicological Methods*, 46(1), 51–55.
- Martignoni, M., Monshouwer, M., de Kanter, R., *et al.* (2003). Phase I and phase II metabolic activities are retained in liver slices from mouse, rat, dog, monkey and human after cryopreservation. *Toxicology In-vitro*, 18(1), 121–128.
- Martin, Y. C. (1981). A practitioner's perspective of the role of quantitative structure-activity analysis in medicinal chemistry. *Journal of Medicinal Chemistry*, 24, 229–237.
- Nestorov, I. (2003). Whole body pharmacokinetic models. *Clinical Pharmacokinetics*, 42(10), 883–908.
- Newton, D. J., Wang, R. W., & Lu, A. Y. H. (1995). Evaluation of specificities in the *in-vitro* metabolism of therapeutic agents by human liver microsomes. *Drug Metabolism and Disposition*, 23(1), 154–158.
- Obach, R. S. (1996). The importance of nonspecific binding in *in-vitro* matrices, its impact on enzyme kinetic studies of drug metabolism reactions, and implications for *in-vitro-in-vivo* correlations. *Drug Metabolism and Disposition*, 24(10), 1047–1049.
- Obach, R. S. (1997). Nonspecific binding to microsomes: Impact on scale-up of *in-vitro* intrinsic clearance to hepatic clearance as assessed through examination of warfarin, imipramine, and



- propranolol. *Drug Metabolism and Disposition*, 25(12), 1359–1369.
- Obach, R. S., Baxter, J. G., Liston, T. E., & al. (1997). The prediction of human pharmacokinetic parameters from preclinical and *in-vitro* metabolism data. *Journal of Pharmacology and Experimental Therapeutics*, 283(1), 46–58.
- Ono, S., Hatanaka, T., Hotta, H., *et al.* (1996). Specificity of substrate and inhibitor probes for cytochrome P450s: Evaluation of *in-vitro* metabolism using cDNA-expressed human P450s and human liver microsomes. *Xenobiotica*, 26(7), 681–693.
- Pade, V., & Stavchansky, S. (1998). Link between drug absorption solubility and permeability measurements in Caco-2 cells. *Journal of Pharmaceutical Sciences*, 87(12), 1604–1607.
- Palmer, A. K. (1993). Introduction to (pre)screening methods. *Reproductive Toxicology*, 7, 95–98.
- Parkinson, A. (1996). An overview of current cytochrome P450 technology for assessing the safety and efficacy of new materials. *Toxicologic Pathology*, 24(1), 45–57.
- Parkinson, C., & Grasso, P. (1993). The use of the dog in toxicity tests on pharmaceutical compounds. *Human & Experimental Toxicology*, 12, 99–109.
- Penta, J. S., Rosencweig, M., & Guarino, A. M. (1979). Mouse and large animal toxicology studies of 12 antitumor agents: Relevance to starting doses for phase I clinical trials. *Cancer Chemotherapy and Pharmacology*, 3, 97–101.
- Phillips, J. C., Gibson, W. B., Yam, J., *et al.* (1990). Survey of the QSAR and *in-vitro* approaches for developing non-animal methods to supersede the *in-vivo* LD50 test. *Food and Chemical Toxicology*, 28(5), 375–394.
- Pinto, M., Robine-Leon, S., Appay, M. D., Keding, M., Triadou, N., Dussaulx, E., Lacroix, B., Simon-Assmann, P., Haffen, K., Fogh, J., & Zweibaum, A. (1983). Enterocyte-like differentiation and polarization of the human colon carcinoma cell line Caco-2 in culture. *Biology of the Cell*, 47, 323–330.
- Polli, J. W., Wring, S. A., Humphreys, J. E., & al. (2001). Rational use of *in-vitro* P-glycoprotein assays in drug discovery. *Journal of Pharmacology and Experimental Therapeutics*, 299, 620–628.
- Press, B., & Di Grandi, D. (2008). Permeability for intestinal absorption: Caco-2 assay and related issues. *Current Drug Metabolism*, 9(9), 893–900.
- Purcell, W. P., Bass, G. E., & Clayton, J. M. (1973). *Strategy to Drug Design: A Guide to Biological Activity*. New York: Wiley Interscience.
- Rane, A., Wilkinson, G. R., & Shand, D. G. (1977). Prediction of hepatic extraction ratio from *in-vitro* measurement of intrinsic clearance. *Journal of Pharmacology and Experimental Therapeutics*, 200(2), 420–424.
- Rees, S. A. (1996). Bioanalytical strategies to support a discovery research programme. *Journal of Pharmaceutical and Biomedical Analysis*, 14, 1185–1190.
- Rinaldi, G., Seneci, P., Guba, W., & al. (1996). Transport of the antimicrobial agent oxazolidin-2-one and derivative across intestinal (Caco-2) and renal (MDCK) epithelial cell lines. *Antimicrobial Agents and Chemotherapy*, 40, 652–658.
- Rodrigues, A. D. (1999). Preclinical drug metabolism in the age of high-throughput screening: An industrial perspective. *Pharmacological Research*, 14(11), 1504–1510.
- Rogiers, V., & Vercruysse, A. (1998). Hepatocyte cultures in drug metabolism and toxicological research and testing. In I. R. Phillips & E. A. Shephard (Eds.), *Methods in Molecular Biology. Cytochrome P450 Protocols* (Vol. 107). Totowa, NJ: Humana Press.
- Rousset, M., Chevalier, G., Rousset, J. P., & Zweibaum, A. (1979). Presence and cell growth-related variations of glycogen in human colorectal adenocarcinoma cell lines in culture. *Cancer Research*, 39, 531–534.
- Russeva, V. N., & Zhivkova, Z. D. (1999). Protein binding of some nonsteroidal anti-inflammatory drugs studied by high-performance liquid affinity chromatography. *International Journal of Pharmaceutics*, 180(1), 69–74.
- Sarkadi, B., Price, E. M., Boucher, R. C., & al. (1992). Expression of the human multidrug resistance cDNA in insect cells generates a high activity drug-stimulated membrane ATPase. *Journal of Biological Chemistry*, 267, 4854–4858.
- Schwab, D., Fischer, H., Tabatabaei, A., & al. (2003). Comparison of *in-vitro* P-glycoprotein screening assays: Recommendations for their use in drug discovery. *Journal of Medicinal Chemistry*, 46, 1716–1725.
- Shapiro, K. J. (1998). Looking at animal models: Both sides of the debate. *Lab Animal*, 27(10), 26–29.
- Stevenson, C. L., Augustijns, P. A., & Hendren, R. W. (1999). Use of Caco-2 cells and LC-MS to screen a peptide combinatorial library for permeable structures. *International Journal of Pharmaceutics*, 177, 103–115.
- Stewart, B. H., Chan, O. H., Lu, R. H., & Freundlich, M. (1995). Comparison of intestinal permeabilities determined in multiple *in-vitro* and *in situ* models: Relationship to absorption in humans. *Pharmaceutical Research*, 12(5), 693–699.
- Tanner, C., Langguth, P., & Hoffman, K. J. (2001). Compound mixtures in Caco-2 permeability screens as a means to increase screening capacity. *Pharmazie*, 56(4), 337–342.
- Tarbit, M. H., & Berman, J. (1998). High-throughput approaches for evaluating absorption, distribution, metabolism and excretion properties of lead compounds. *Current Opinion in Chemical Biology*, 2, 411–416.
- Taylor, E. W., Gibbons, J. A., & Braeckman, R. A. (1997). Intestinal absorption screening of mixtures from combinatorial libraries in the Caco-2 model. *Pharmaceutical Research*, 14(5), 572–577.
- The Johns Hopkins Center for Alternatives to Animal Testing. (1992). *Cell culture systems and in-vitro toxicity testing*. Cytotechnology, 8, 129–176.
- Tiberghien, F., & Loo, F. (1996). Ranking of P-glycoprotein substrates and inhibitors by calcein-AM fluorometry assay. *Anticancer Drugs*, 7, 568–578.
- Timbrell, J. A. (1998). Biomarkers in toxicology. *Toxicology*, 129, 1–13.
- Tolle-Sander, S., Rautio, J., Wring, S., & al. (2003). Midazolam exhibits characteristics of a highly permeable P-glycoprotein substrate. *Pharmaceutical Research*, 20(5), 757–764.
- U.S. Department of Health and Human Services, U.S. Food and Drug Administration, Center for Drug Evaluation and Research. (1997). *Guidance for Industry Drug Metabolism/Drug Interaction Studies in the Drug Development Process: Studies In-vitro*. April.
- Urbatsch, I. L., al-Shawi, M. K., & Senior, A. E. (1994). Characterization of the ATPase activity of purified Chinese Hamster P-glycoprotein. *Biochemistry*, 33, 7069–7076.
- Van Breeman, R. B., Nikolic, D., & Bolton, J. L. (1998). Metabolic screening using on-line ultrafiltration mass spectrometry. *Drug Metabolism and Disposition*, 26(2), 85–90.
- Von Moltke, L. L., Greenblatt, D. J., Schmider, J., *et al.* (1998). *In-vitro* approaches to predicting drug interactions *in-vivo*. *Biochemical Pharmacology*, 55(2), 113–122.
- Vos, J. G. (1980). Immunotoxicity assessment screening and function studies. *Archives of Toxicology*, 4, 95–108.
- Walter, E., Janich, S., Roessler, B. J., Hilfinger, J. M., & Amidon, G. L. (1996). HT29-MTX/Caco-2 cocultures as an *in-vitro* model for the intestinal epithelium: *In-vitro-in-vivo* correlation with permeability data from rats and humans. *Journal of Pharmaceutical Sciences*, 85(10), 1070–1076.
- Wang, E., Casciano, C. N., Clement, R. P., & al. (2000). Two transport binding sites of P-glycoprotein are unequal yet contingent: Initial rate kinetic analysis by ATP hydrolysis demonstrates intersite dependence. *Biochimica et Biophysica Acta (BBA) - Biomembranes*, 1481, 63–74.
- White, R. E. (1998). Short and long-term projections about the use of drug metabolism in drug discovery. *Drug Metabolism and Disposition*, 26(12), 1213–1216.
- Wils, P., Warnery, A., Phung-ba, V., & Monique, L. P. (1994). High lipophilicity decreases drug transport across intestinal epithelial cells. *Journal of Pharmacology and Experimental Therapeutics*, 269(2), 654–658.
- Witherow, L. E., & Houston, J. B. (1999). Sigmoidal kinetics of CYP3A substrates: An approach for scaling dextromethorphan metabolism in hepatic microsomes and isolated hepatocytes to predict *in-vivo*

- clearance in rat. *Journal of Pharmacology and Experimental Therapeutics*, 290(1), 58–65.
- Worboys, P. D., Bradbury, A., & Houston, J. B. (1995). Kinetics of drug metabolism in rat liver slices. Rates of oxidation of ethoxycoumarin and tolbutamide, examples of high and low-clearance compounds. *Drug Metabolism and Disposition*, 23(3), 393–397.
- Worboys, P. D., Bradbury, A., & Houston, J. B. (1996). Kinetics of drug metabolism in rat liver slices. II. Comparison of clearance by liver slices and freshly isolated hepatocytes. *Drug Metabolism and Disposition*, 24(6), 676–681.
- Worboys, P. D., Bradbury, A., & Houston, J. B. (1997). Kinetics of drug metabolism in rat liver slices. III. Relationship between metabolic clearance and slice uptake rate. *Drug Metabolism and Disposition*, 25(4), 460–467.
- Worboys, P. D., Brennan, B., Bradbury, A., *et al.* (1996). Metabolite kinetics of ondansetron in rat. Comparison of hepatic microsomes, isolated hepatocytes and liver slices, with *in-vivo* disposition. *Xenobiotica*, 26(9), 897–907.
- Wrighton, S. A., Ring, B. J., & VandenBranden, M. (1995). The use of *in-vitro* metabolism techniques in the planning and interpretation of drug safety studies. *Toxicologic Pathology*, 23(2), 199–208.
- Yazdani, M., Glynn, S. L., Wright, J. L., & Hawi, A. (1998). Correlating partitioning and Caco-2 cell permeability of structurally diverse small molecular weight compounds. *Pharmaceutical Research*, 15(9), 1490–1494.
- Yee, S. (1997). *In-vitro* permeability across Caco-2 cells (colonic) can predict *in-vivo* (small intestinal) absorption in man—fact or myth. *Pharmaceutical Research*, 14(6), 763–766.
- Zomorodi, K., Carlile, D. J., & Houston, J. B. (1995). Kinetics of diazepam metabolism in rat hepatic microsomes and hepatocytes and their use in predicting *in-vivo* hepatic clearance. *Xenobiotica*, 25(9), 907–916.

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