

An Evaluation of YMC's Strong Cation-Exchange Stationary Phase for the Analysis of Charged Isoforms of a Commercially Available Antibody Drug

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Introduction

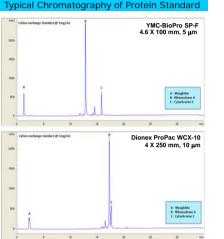
Ion-exchange chromatography (IEC) has seen an increased role in recent years for the analysis of charged isoforms in large molecule pharmaceutical and antibody drugs. During this time, weak cation-exchange (WCX) columns in 10um particle size have been considered the gold standard for these types of analyses. This work details an analytical comparison between a strong cation-exchange resin versus a conventional WCX stationary phase for the analysis of a commercially available antibody drua.

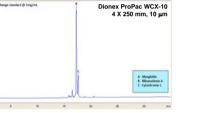
Results and Discussion

ince the 2008 introduction of analytical YMC ioPro series ion exchange columns, the BioPro SF non-porous SP version) methacrylate based SCX on exchange columns have allowed many cientists to improve the speed and resolution of eparations of mAb isoforms. Thousands of runs many different mAb's using a variety of mobile hase conditions (buffers, salt gradient conditions tc.) have shown short length (30 -100 mm), 5 m non-porous BioPro SF columns to offer nproved resolution with shorter run times than der larger particle non-porous polystyrene based VCX resins

he BioPro family of ion exchangers is also vailable in scalable higher capacity porous 5, 30, nd 75 um particles in either packed columns or vailable for purchase as bulk materials offering e possibility of larger scale prep separations



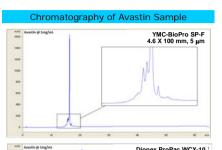


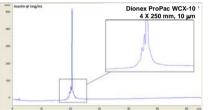


tR 64.0 min

60

Improved resolution on YMC BioPro SP-F column





Significant Improvement in resolution for acidic and basic variants and approximate 20% improvement in throughput for BioPro SP-F column.

Experimental: Avastin & protein standard

Sample Preparation

Samples were made by diluting a 25mg/mL stock solution of Avastin (Genentech Corp.) to 1mg/mL using a 1X solution of phosphate buffered saline (PBS) as the diluent. Samples were mixed well and kept refrigerated (4°C) when not in use.

Mobile Phase:

The dial-a-mix method was used via quaternary pump. Mobile phases were as follows:

Nobile F	hase	A:	0.1M	Sodium	Phosphate	Monobas
Nobile F	hase	B:	0.1M	Sodium	Phosphate	Dibasic
Nobile F	hase	C:	1.0M	Sodium	Chloride	
Nobile F	hase	D:	100%	5 Water		

Antibody analyses (Avastin) were run using a pH=6.5 phosphate buffer. Analyses of a commercially available cation-exchange standard (BioRad) containing myoglobin, cytochrome C, and ribonuclease A were run using a pH=7.2 phosphate buffer. Both analyses used a linear salt gradient of 0-70% spanning 60 minutes.

All columns were equilibrated with a minimum 10 column volumes of mobile phase prior to 1st injection.

Instrument Parameters

PLC System:	Agilent 110
ow rate:	0.5mL/min
olumn Temperature:	25°C
etection λ:	215 nm
jection Volume:	10µL
•	

IEX Columns:

H

Flo

Co

Dr

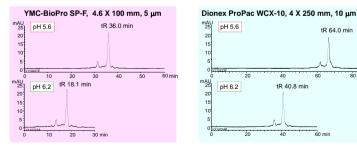
In

BioPro SP-F. 5um 4.6 x 100 mm Dionex WCX 10, 10 um, 4.0 x 250 mm

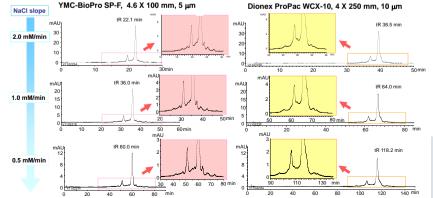
Other experimental as noted under chromatograms

Humanized monoclonal IgG1

MAb analysis on non-porous type cation-exchange columns Comparison of SCX (SP-F) and WCX under the different pH condition



parison of SCX (SP-F) and WCX under the same gradient cong



The separation of MAb is compared on SCX (YMC-BioPro SP-F) and WCX under the same gradient condition at pH 5.6. The lower NaCl slope results in better resolution of minor peaks of MAb. YMC-BioPro SP-F can achieve higher resolution of MAb than the WCX column under any condition.

Conclusion:

YMC BioPro SP-F: gives superior resolution with higher throughput under all chromatographic conditions.

NaCl/min) Flow rate: 180 cm/hr (0.5 mL/min for 100 X 4.6 mml.D., 0.378 mL/min for 250 X 4.0 mml.D.) Temperature: 30°C Detection: LIV at 280 nm

A)20 mM MES-NaOH (pH 5.6) B)20 mM MES-NaOH (pH 5.6) containing 0.2 M NaCl

Initial gradient conc.: 35% B (70 mM NaCl) Gradient slope: 1%B/min (2 mM NaCl/min), 0.5%B (1 mM NaCl/min), 0.25%B (0.5 mM

Sample MAb (Humanized monoclonal IgG 1) (1 mg / mL)

Eluent ·

Experimental: Humanized monoclonal IgG1

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