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Method Development & Validation Of Stability Indicating Assay Method Of Clindamycin In Adapalene And Clindamycin Gel Formulation By RP-HPLC

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Abstract:

Background: It is applied to the skin to treat bacterial vaginosis, which usually stops Propionibacterium acnes and acne vulgaris from growing on the skin.

Objectives: It was the goal of this study to create and test a new RP-HPLC method that can show stability while measuring stabilizers, CP, and ADA in topical gel formulations at the same time.

Material and Methods: The best way to separate analytes and stress-induced degradant peaks on the XBridge C18 (50 x 4.6 mm, 3.5 µm) column was to use a mobile phase that was a variable mix of acetonitrile, tetrahydrofuran, and ammonium hydrogen phosphate buffer (pH 2.50), along with gradient elution. At 210 nm, phenoloxyethanol, methylparaben, and clindamycin phosphate were found. At 321 nm, adapalene was found.

Results and Conclusion: The developed RP-HPLC method was validated for determination of Clindamycin using linearity, accuracy, precision, precision Day-2, Ruggedness, robustness, Specificity, Solution Stability Study. All parameters % RSDs were below two, demonstrating the method's validity and stability, and indicating that the assay results obtained using this procedure are highly consistent.

Keywords: Validation, Clindamycin Phosphate, Adapalene Stability Study

Introduction:

Clindamycin is the name for the 2-phosphate form of clindamycin. Clindamycin is a chemical that is partly manufactured and partly natural. It works as an antibiotic against Gram-negative and Gram-positive bacteria that don't need oxygen, as well as Gram-positive aerobes [1, 2]. It is applied to the skin to treat bacterial vaginosis, which usually stops Propionibacterium acnes and acne vulgaris from growing on the skin. When Propionibacterium acnes is stopped from working, the amount of free fatty acids on the skin's surface goes down [1-3].

When clindamycin phosphate is applied to the skin, it deeply penetrates open comedones, causing a large number of them to show up. Adapalene (ADA) is a synthetic retinoid from the third generation that is used to treat acne. It comes from naphthoic acid and is a chemical that likes fats a lot. Combination therapy with a topical retinoid and an antibacterial drug is the best way to treat acne for most people because it gets rid of most of the problems that cause acne [2-4].

Adapalene has been shown to help clindamycin get deeper into hair follicles. This combination treatment works well and is well tolerated. Topical treatments need to have a way to keep them fresh so that microbes don't grow while they're being stored [3-5]. Because they kill germs and fungi, preservatives are an important part of many products. Phenoxyethanol, methylparaben, and propylparaben are common preservatives found in topical treatments that are water-based. Preservatives in medicines need to be checked often to see how well they work during the shelf life [4-6].

The aim of this study was to create and test a new RPHPLC method that can show how stable something is while also measuring the amounts of preservatives, CP, and ADA in dermal gels. In line with ICH guidelines, the procedure's precision, accuracy, linearity, specificity, solution stability, and durability were all carefully checked.

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MATERIAL AND METHODS:

Materials:

Waters Alliance HPLC system having PDA detector. Separation was achieved on LiChroCart-Lichrospher RP-Select B (250 mm × 4.6 mm, 5.0 µ) [COL/ADL/14-020]. The peaks were checked with the PDA detector. All weighing were done on electronic balance (Model Shimadzu AUW-220D)[BAL/NO.-004,005].pH meter used for adjusting pH was Digital pH Meter. All samples and Mobile phase sonicated by using Ultrasonicator model Ultrasonic Cleaner.

Method Development:

Various chromatographic settings were employed to facilitate the elution of the component. Clearly defined symmetrical peaks were achieved by monitoring the eluent response under optimal conditions following comprehensive experimental trials that can be described [5-7].

Selection of Mobile Phase:

At first, various ratios of mobile phases were tested in order to estimate Clindamycin simultaneously. Considering system suitability parameters such as RT, tailing factor, number of theoretical plates, and HETP, the optimal mobile phase for the analysis was determined to be buffer [6-8].

Preparation of Mobile phase and Buffer:

Prepare a mixture of 225:775 acetonitrile and buffer, then pass it through a 0.45 μ nylon membrane filter and degas it. Measure out 1000 milliliters of water, dissolve 13.68 grams of potassium dihydrogen phosphate in it, and then use orthophosphoric acid to bring the pH level up to 2.5+0.1 [7-9].

Preparation of Standard Solution:

Precisely transfer 23.74 milligrams of Clindamycin by weighing it. Put 20 milligrams of Clindamycin (the phosphate working standard) into a 100 milliliter volumetric flask, add 70 milliliters of mobile phase, and sonicate until dissolved. Add enough mobile phase to make up the volume, then mix [8-10].

Preparation of Placebo Solution:

Transfer around 2 grams of the placebo to a 100 milliliter volumetric flask after carefully weighing it. Add enough mobile phase to reach the desired volume, stir, shake vigorously to evenly distribute the gel, and sonicate for 5 minutes while whirling occasionally to include the mobile phase. When cooled, return to a room temperature state. Separate the liquid sample by centrifuging it. This liquid is called the supernatant [9-11].

Preparation of Sample Solution:

Precisely measure out 2 grams of the sample and put it to a 100 milliliter volumetric flask. Add enough mobile phase to reach the desired volume, stir, shake vigorously to evenly distribute the gel, and sonicate for 5 minutes while whirling occasionally to include the mobile phase. When cooled, return to a room temperature state. Separate the liquid sample by centrifuging it. This liquid is called the supernatant [10-12].

Method Validation:

In terms of specificity, linearity, accuracy, precision, and robustness, the recently created method was validated in accordance with the ICH standards. Injecting a standard solution determined that the system was suitable. We looked for any additional peaks in the chromatograms. There was no evidence of chromatographic interference caused by the excipients. The precision of the method was assessed by utilizing six separate test solutions [11-13].

Even when excipients were present, Clindamycin remained completely separated. The retention time of the Clindamycin chromatogram of the formulation solution was also unaffected by any interference [12-14].

Five calibration standard solutions were created over the concentration range in order to construct the calibration curves. Clindamycin was shown to have linearity between 80 and 120 µg mL-1. A value of 0.994 was recorded for the correlation coefficient ('r2') [13-15].

Precision:

The repeatability of the results was checked after six sets of standard solutions of Clindamycin (Conc. 20 µg/ml) were prepared. Six sets of standard solutions were prepared for Precision Day-2 [14-16].

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Accuracy:

In order to conduct recovery investigations, the pre-analysis samples were supplemented with 21, 26, and 31 µg of Clindamycin, respectively. Chromatograms were recorded after injecting the resulting sample solutions. Results were obtained after three determinations were conducted at each level [15-17].

Robustness:

Modifying the chromatographic settings slightly in accordance with ICH criteria allowed us to assess the method's robustness. The chromatograms showed no significant changes, indicating that the established RP-HPLC technique and System suitability parameters were within acceptable bounds. The table shows that the test procedure worked well under all of the different scenarios. So, the approach could withstand the usual fluctuations in chromatographic conditions [16-18].

Ruggedness:

Ruggedness was performing by preparing six set of standard solution (concentration 20 µg/ml) of Clindamycin and check out reproducibility of result [17-19].

Force Degradation study:

Acid Degradation:

Weigh accurately and transfer about 2gm gel sample into 100 ml volumetric flask. Add 10 ml of 0.1N methanolic Hydrochloric acid solution, and sonicate for 10 min, keep at room temp for 24 hours. Neutralized with 0.1N methanolic NaOH solution make up the volume with mobile phase and mix. Centrifuge the sample solution to get the clear supernatant liquid [18-20].

Base Degradation:

Weigh accurately and transfer about 2gm gel sample into 100 ml volumetric flask. Add 10 ml of 0.1N methanolic NaOH solution, and sonicate for 10 min, keep at room temp for 24 hours. Neutralized with 0.1N methanolic Hydrochloric acid solution make up the volume with mobile phase and mix. Centrifuge the sample solution to get the clear supernatant liquid [19-21].

Peroxide Degradation:

Weigh accurately and transfer about 2gm gel sample into 100 ml volumetric flask. Add 10 ml of 3Percentage v/v methanolic H2O2 solution, and sonicate for 10 min, keep at room temp for 24 hours make up the volume with mobile phase and mix. Centrifuge the sample solution to get the clear supernatant liquid [20-22].

Thermal Degradation:

Sample to be exposed at 105°C for at least 24 hours and made up sample as per previous procedure, and analyze by using a Photodiode Array Detector [21-23].

Humidity Degradation:

Sample to be exposed at 25°C/92Percentage RH condition for at least 24 hours and made up sample as per previous procedure, and analyze by using a Photodiode Array Detector [22-24].

Photolytic Degradation:

Sample to be exposed at 1.2 million Lux hours for at least 24 hours and made up sample as per previous procedure, and analyze by using a Photodiode Array Detector [23-25].

Solution Stability Study:

Freshly prepared Standard solution and Sample solution was taken as Initial Stability Standard and Sample solutions. Initial Stability Standard and Sample Solutions was taken as 23 Hours Stability Standard and Sample solutions resp. Initial Stability Standard and Sample Solutions was taken as 33 Hours Stability Standard and Sample solutions resp. [24-26].

HPLC Method Development:

The drug's solubility and spectral characteristics informed the selection of Acetonitrile: Buffer as the diluents, and following extensive testing, a mixture of 25:75 buffer and Acetonitrile was chosen as the mobile phase. Continuous chromatographic conditions were maintained throughout the technique to determine the concentrations of these medicines using high-performance liquid chromatography [26, 27].

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RESULTS AND DISCUSSION:

Method Development:

To get the component out, different chromatographic settings were tried. After many tries at experiments, clearly defined symmetrical peaks were found when the eluent's response was tested in perfect conditions. The best clarity can be seen at a flow rate of 1 milliliter per minute. The PDA detector's reaction was studied, and it was found that 210 nm is the best wavelength for getting the best results.

Selection of Mobile Phase:

To figure out how much Clindamycin was present at the same time, different combinations of mobile phases were first tried, as shown below. The best mobile phase for the study was found to be buffer, taking into account factors like retention time, tailing factor, amount of theoretical plates, and height equivalent to a theoretical plate (HETP). A 0.45 µm nylon membrane filter was used to remove particle waste from the mobile phase. The mixture was then degassed using sonication. For the test, a flow rate of 1 ml/min was used. The table 1 shows the results that have been added together (figure 1).

Sr. No. Observation **Mobile Phase** Result Methanol: Water (50:50) 01 Only one peak Method Rejected (1.368 gm KH₂PO₄ in 100ml water (pH-02 Poor Resolution Method Rejected 3) and ACN (50:50) 1.368 gm KH₂PO₄ in 100ml water (pH-2) 03 Poor Resolution Method Rejected and ACN (30:70) 1.368 gm KH₂PO₄ in 100ml water (pH-Good resolution with acceptable 04 Method accepted 2.5) and ACN (25:75) System suitability parameters

Table 1: Selection of Mobile Phase

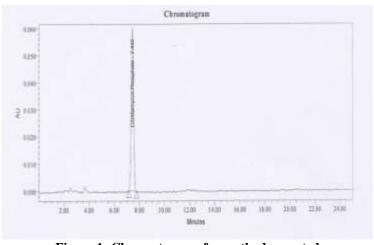


Figure 1: Chromatogram for method accepted

Preparation of Mobile phase and Buffer:

Mix acetonitrile and buffer in a 225:775 ratio. Then, filter the mixture through a 0.45 μ nylon membrane filter and remove any air bubbles. Weigh 13.68 grams of potassium dihydrogen phosphate, dissolve it, and then use orthophosphoric acid to bring the pH level back to 2.5 ± 0.1 .

Preparation of Standard Solution:

Accurately measure and move about 23.74 milligrams of clindamycin. Put 20 mg of Clindamycin (the phosphate working standard) into a 100 ml volumetric jar. Then add 70 ml of mobile phase and sonicate to break up the Clindamycin. To get the amount you want, mix the mixture and the mobile phase together.

Preparation of Placebo Solution:

Very carefully weigh out two grams and put them in a 100-milliliter volumetric flask. After adding the mobile phase to get the right amount and mixing well, stir the mixture very well to make sure the gel is spread out evenly, and sonicate it with the mobile phase for five minutes, swirling it every now and then. Let it cool down to room temperature. To get the clear liquid supernatant out of the sample solution, centrifuge it.

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Preparation of Sample Solution:

Weigh the sample carefully and move about 2 grams of it to a 100-milliliter volumetric flask. After adding the mobile phase to get the right amount and mixing well, stir the mixture very well to make sure the gel is spread out evenly, and sonicate it with the mobile phase for five minutes, swirling it every now and then. Let it cool down to room temperature. To get the clear liquid supernatant, centrifuge the sample solution. The table 2 shows an overview of the best chromatographic settings.

Table 2: Chromatographic Condition

Parameter	Value
Column	LiChroCart-Lichrospher RP-Select B (250 mm × 4.6
Column	mm, 5.0 μ) [COL/ADL/14-020].
Mobile Phase	Acetonitrile : Buffer (225:775v/v)
Flow rate	1.0 ml min ⁻¹
Run time	25 min
Retention Time	7 min
Column Temperature	25°C
Injection volume	20 μL
Detection wavelength	210 nm
Diluents	Mobile phase

Method Validation:

The method of getting the standards from the excipients was used to check that it was right. Three different amounts of the real standards were added to the samples that were used for the pre-analysis. The created HPLC method was used to separate and study the mixtures. There were solutions made for the linearity measurement. To test how resilient the method was, changes were made on purpose to the end experimental conditions, and the outcomes were studied. The flow rate was changed by ± 0.05 ml min⁻², the pH was changed by ± 0.05 pH units, and the mobile phase percentage was changed by $\pm 2\%$.

Specificity:

It was seen that clindamycin was completely separated when it was mixed with other substances. Also, there was no interference seen during the Clindamycin chromatogram's retention time in the preparation solution (figure 2).

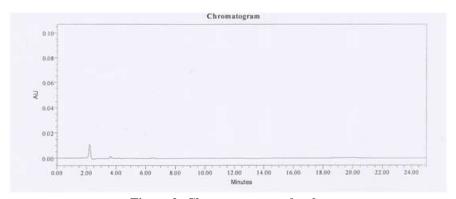


Figure 2: Chromatogram -placebo

Linearity:

To make the calibration graphs, five standard solutions for calibration were made across the concentration range. Clindamycin was found to be linear between 80 and 120 µg mL-1. The result of the correlation coefficient, or "r²," was 0.994. The effects of linearity can be seen in Table 3 and figure 3.

Table 3. Linearity of Clindamycin

Sr. No	Clindamycin	Clindamycin				
	Conc. (µg/ml)	Conc. of std (PPM)	Area	SD	% RSD	
1	50 %	91.80	382174	2371.64	0.621	
2	80 %	146.88	614193	8452.05	1.376	
3	90 %	165.24	679048	3160.06	0.465	
4	100 %	183.59	764052	13490.89	1.766	
5	110 %	201.95	851098	163.34	0.019	

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6	120 %	220.31	918093	1567.66	0.171
7	150 %	275.39	1156088	9130.87	0.790
Correlation	0.99974				
Slope (m)	4221				
Y-Interce	-8543				

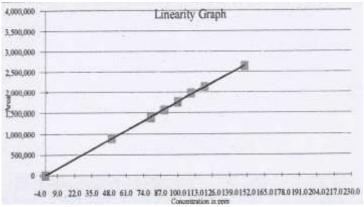


Figure 3: Clindamycin Linearity Graph

Precision:

A precision test was conducted by creating six sets of a Clindamycin standard solution with a concentration of 20 μ g/ml and then checking the repeatability of the results (figure 4 and table 4).

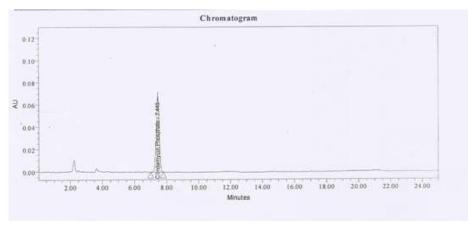


Figure 4: Chromatogram of Clindamycin - Precision

Table 4: Precision of Clindamycin

Sr. No	Clindamyci	n	
	Conc. (µg/ml)	Area (mV)	Conc. found (µg/ml)
1	20	882753	19.67
2	20	887174	19.34
3	20	887814	20.27
4	20	885469	20.34
5	20	873402	19.73
6	20	884540	20.12
		Mean	19.91
		S.D	0.593
		Percentage RSD	0.568

Precision Day-2:

To see if the data could be used again and again, on Precision Day 2, six sets of standard solutions containing $20 \mu g/ml$ of clindamycin were made (figure 5 and table 5).

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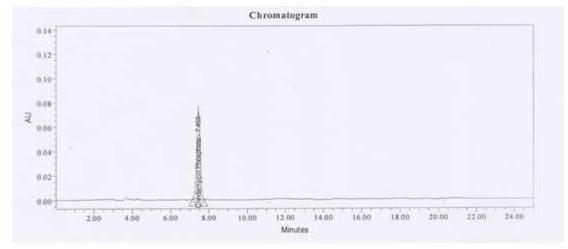


Figure 5: Chromatogram of Clindamycin – Precision Day-2

Table 5: precision of Clindamycin (Precision Day-2)

C. No	Clindamycin	Clindamycin				
Sr. No.	Conc. (µg/ml)	Area (mV)	%Conc. found			
1	20	888679	103.5			
2	20	898316	103.8			
3	20	897627	104.1			
4	20	898937	105.7			
5	20	873402	105.4			
6	20	884540	105.0			
		Mean	104.6			
		S.D	0.906			
		Percentage RSD	0.866			

Accuracy:

To do recovery tests, 21~gg, $26~\mu\text{g}$, and $31~\mu\text{g}$ of Clindamycin were added to the sample that had already been analyzed. The chromatograms were made after the sample liquids were injected. There were three decisions, and results at each level. The results are shown in tables (table 6 and figure 6).

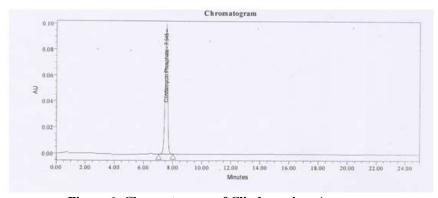


Figure 6: Chromatogram of Clindamycin – Accuracy

Table 6: Accuracy of Clindamycin

Table 0. Accuracy of Childainychi							
Recovery Level		Amount	added	Amount	Recovered	Percentage	
		(µg/ml)		(µg/ml)		Recovery	
	Set-1	16.2539		16.4186		101.0	
80%	Set-2	16.2539		16.5618		101.9	
	Set-3	16.2539		16.3390		100.5	
	Set-1	20.3174		20.2875		99.9	
100%	Set-2	20.3174		20.2197		99.5	
	Set-3	20.3174		20.2762		99.8	

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	Set-1	24.3809	24.7113	101.4
120%	Set-2	24.3809	24.7396	101.5
	Set-3	24.3809	24.4812	101.5
			Mean	101.0
			SD	0.841
			Percentage RSD	0.833

Robustness:

ICH guidelines said that small changes should be made to the chromatographic settings in order to test how reliable the method was. There were no noticeable changes in the chromatograms, which means that the RP-HPLC method worked as expected and the system suitability parameters were found to be within acceptable ranges. The data in the table show that the testing method works reliably in all possible situations. In the end, the method showed enough resilience to handle expected changes in chromatographic conditions (table 7).

Doromoto **Conditions Parameter** Variation % Conc. found SD % RSD Area and sets Low Flow set-0.9 1003178 107.1 0.9 1014939 108.2 Set-2 0.9 1014939 104.1 Set-3 Flow rate 105.6 1.641 1.554 Mean $(mL min^{-1})$ High Flow 1.1 799221 104.4 $(\pm 0.1 \text{ mL})$ Set-2 1.1 829616 108.1 803340 Set-3 1.1 104.8 1.405 1.334 Mean 105.3 Low comp. 23:77 1006667 101.3 Set-1 23:77 1012296 102.1 Set-2 M.P. Set-3 23:77 1009672 101.7 Composition 101.9 0.327 0.321 Mean (ACN: High comp. 27:73 1005162 102.6 Buffer) Set-1 $(\pm 2\%)$ Set-2 27:73 1012903 103.6 Set-3 27:73 1007806 102.9 Mean 102.5 0.665 0.649

Table 7: Robustness Study of Clindamycin

Ruggedness:

Ruggedness was performing by preparing six set of standard solution (concentration $20 \,\mu\text{g/ml}$) of Clindamycin and check out reproducibility of result (figure 7 and table 8).

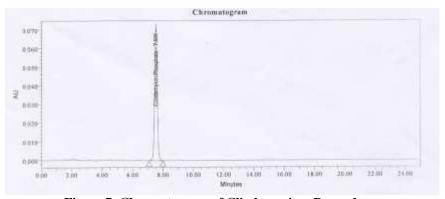


Figure 7: Chromatogram of Clindamycin – Ruggedness

Table 8: Ruggedness Study of Clindamycin

Cm No	Clindamycin				
Sr. No.	Sample taken (mg)	Area (mV)	% Conc. Found		

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1	2051.04	999949	101.7
2	2046.04	1000063	102.0
3	2049.41	997881	101.6
4	2042.28	993556	101.5
5	2047.01	998380	101.8
6	2050.06	993792	101.1
		Mean	101.6
		S.D	0.306
		Percentage RSD	0.301

Force Degradation study:

Acid Degradation:

Weigh a 2-gram sample of the gel carefully and carefully move it into a 100-ml volumetric flask. As soon as the 10 milliliters of 0.1N methanolic hydrochloric acid solution is done being sonicated, leave it at room temperature for 24 hours. Change the amount of the mobile phase and mix it after neutralizing it with a 0.1N methanolic NaOH solution. By centrifuging the sample solution, you can separate the clear liquid supernatant (figure 8).

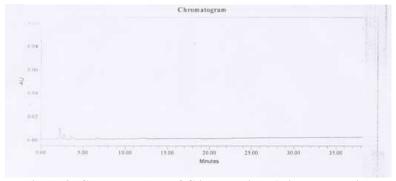


Figure 8: Chromatogram of Clindamycin - Acid Degradation

Base Degradation:

Put approximately 2 grams of gel sample into a 100 milliliter volumetric flask after carefully weighing it. Sonicate for 10 minutes after adding 10 milliliters of 0.1N methanolic NaOH solution; then, let stand at room temperature for 24 hours. Combine the mobile phase with the neutralized 0.1N methanolic hydrochloric acid solution to achieve the desired volume. Separate the liquid sample by centrifuging it. This liquid is called the supernatant (figure 9).

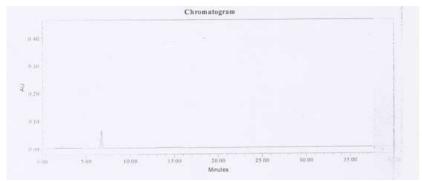


Figure 9: Chromatogram of Clindamycin - Base Degradation

Peroxide Degradation:

Accurately weigh and transfer a 2 gram sample of the gel into a 100 ml volumetric flask. To make up the volume, add 10 ml of the percentage v/v methanolic H2O2 solution, sonicate for 10 minutes, and then leave at room temperature for 24 hours. Then, combine. Extract the clear liquid supernatant by centrifuging the sample solution (figure 10).

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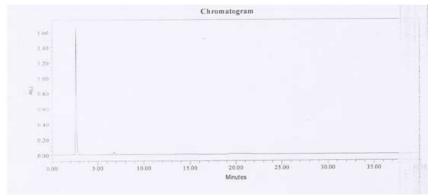


Figure 10: Chromatogram of Clindamycin - Peroxide Degradation

Thermal Degradation:

Sample to be exposed at 105°C for at least 24 hours and made up sample as per previous procedure, and analyze by using a Photodiode Array Detector (figure 11).

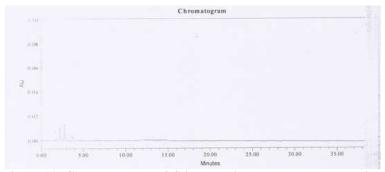


Figure 11: Chromatogram of Clindamycin – Thermal Degradation

Humidity Degradation:

Sample to be exposed at 25°C/92Percentage RH condition for at least 24 hours and made up sample as per previous procedure, and analyze by using a Photodiode Array Detector (figure 12).



Figure 12: Chromatogram of Clindamycin - Humidity Degradation

Photolytic Degradation:

The sample must be prepared in accordance with the preceding protocol, exposed at 1.2 million Lux hours for at least 24 hours, and then examined using a photodiode array detector (figure 13).

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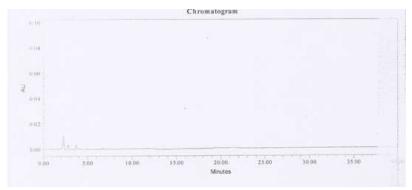


Figure 13: Chromatogram of Clindamycin - Photo Degradation

Solution Stability Study:

Newly made Standard and Sample solutions were used to make preliminary Stability Standard and Sample solutions. Both the basic stability standard and the sample solutions were set up after 23 hours. Thirty hours were set aside for the sample solutions and the basic stability standard (table 9).

Table 9: Solution Stability Study of Clindamycin

		Clindamycin		
Sr. No.	Sample Identity	Sample taken (mg)	Area (mV)	Co-relation
1	Initial Sample Solution Stability			
2	23-Hours Sample Solution Stability	2051.04	997755	99.7
3	33-Hours Sample Solution Stability	2051.04	1012053	101.2
4	Initial Standard Solution Stability	23.28	854667	
5	23-Hours Standard Solution Stability	23.28	850852	99.5
6	33-Hours Standard Solution Stability	23.28	993792	99.2

It was found that the suggested ways of measuring Clindamycin in gel form were exact, easy to use, and effective. The methods described can be used to do routine drug screening of gel formulations. The tests on gel recovery got results between 98% and 102%. The formulation's excipients don't get in the way of anything. It is possible to do routine quality control research quickly and easily. All three processes have been checked to make sure they meet ICH standards for being correct, easy to use, quick, precise, reliable, sensitive, repeatable, and cost-effective. A correlation value that is close to 1 in clindamycin's working range shows that it is linear. The biggest relative standard deviation that was found was less than 2, which shows that the data is reliable, precise, and accurate. As a result, all of the validation values are within the acceptable range. Because of this, the method can be used to regularly test for Clindamycin.

Conclusion:

Its main purpose was to discover Clindamycin in gel using HPLC. Trial and error and a literature study gave rise to the statistical principle of sampling. The method's simplicity, efficacy, repeatability, and low cost fulfill this study's goal. This study employed an HPLC Waters-Alliance with a PDA Detector to analyze a medication formulation using RP-HPLC. Clindamycin was measured using the novel RP-HPLC technology. Testing linearity, accuracy, precision, Day-2 precision, durability, sensitivity, and solution stability proved it worked. The procedure was valid, stable, and generated consistent assay findings because all factors had %RSD values less than two.

Funding:

None

Conflict of Interest:

None

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