

# DILIsym<sup>®</sup> User Training – Bilirubin Data Collection and DILIsym<sup>®</sup> setup

October 2016

**DILIsym® Development Team** 

CONFIDENTIAL

\*DILIsym® and MITOsym® are registered trademarks, and SimPops™ is a trademark of DILIsym® Services Inc. for computer modeling software and for consulting services.

#### Goal for This Training Session

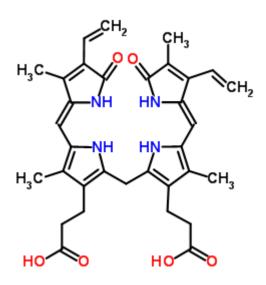
#### Participants should understand the following general concepts:

Data collection and model setup for DILIsym<sup>®</sup> bilirubin sub-model



#### Drug-Induced Hyperbilirubinemia

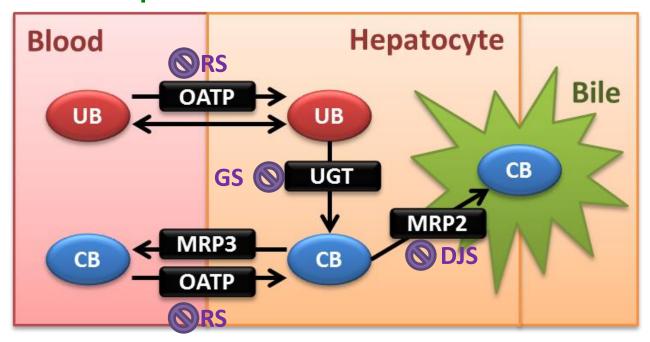
- Bilirubin, the product of heme breakdown from red blood cells, is exclusively eliminated by liver
- Circulating bilirubin is widely used as a diagnostic biomarker for liver function
- Elevations in serum bilirubin may indicate severe liver injury



 Observations of Hy's Law cases (concomitant elevations in serum ALT > 3X ULN and total bilirubin > 2X ULN) can raise concerns about irreversible liver injury that may lead to liver failure



## Inhibition of Hepatic Enzyme and Transporters Can Increase Serum Bilirubin



UB: unconjugated bilirubin

CB: conjugated bilirubin

RS: Rotor Syndrome

GS: Gilbert's Syndrome

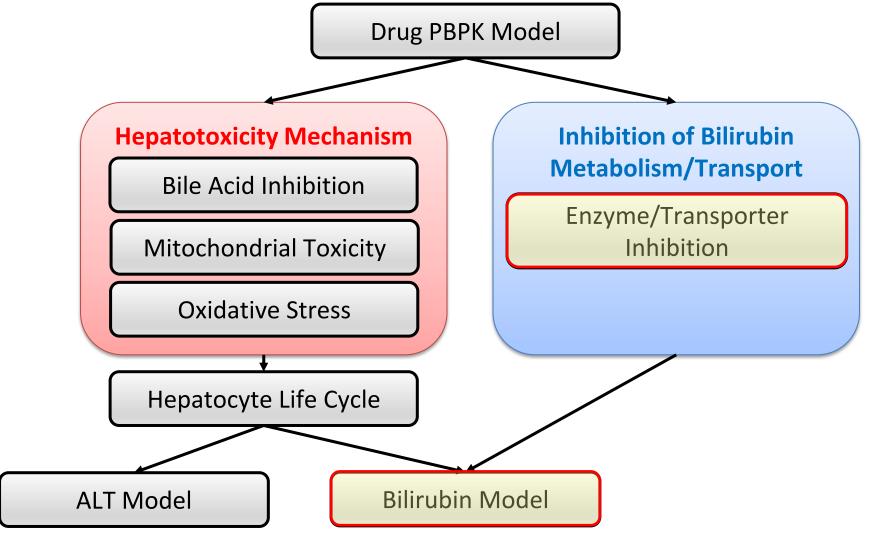
DJS: Dubin-Johnson Syndrome

- Multiple hepatic enzyme and transporters are involved in bilirubin elimination
- Elevated serum bilirubin observed in patients with inherited disorders of bilirubin metabolism and transport
- Drugs that interact with these enzymes/transporters can also cause hyperbilirubinemia





## Underlying Mechanisms of Drug-Induced Hyperbilirubinemia in DILIsym® v5A







## Gathering Data for DILIsym® Parameter Inputs: Inhibition of Bilirubin Enzyme/Transporters

- DILIsym® parameter inputs
  - Inhibition constant: K<sub>i</sub>, IC<sub>50</sub>
  - Competitive inhibition assumed
- In vitro assessment using multiple bilirubin enzyme/transporters is recommended

Enzyme/ Transporter	Function	Experimental System	Probe Substrate	
OATP1B1	Basolateral uptake	Transfected cell lines	Estradiol 17β-Glucuronide, estrone 3-sulfate, pitavastatin, pravastatin, rosuvastatin, atorvastatin, varsartan	
OATP1B3	Basolateral uptake	Transfected cell lines	Cholecystokinin octapeptide, bromosulfophthalein, estradiol 17β-Glucuronide, valsartan	
UGT1A1	Metabolism	Liver microsome	B-Estradiol	
MRP2	Biliary excretion	Membrane vesicles	Leukotriene C4, estradiol 17β-Glucuronide, ethacrynyl glutathione, carboxy-dichlorofluorescein	
MRP3	Basolateral efflux	Membrane vesicles	Estradiol 17β-Glucuronide, carboxy-dichlorofluorescein	



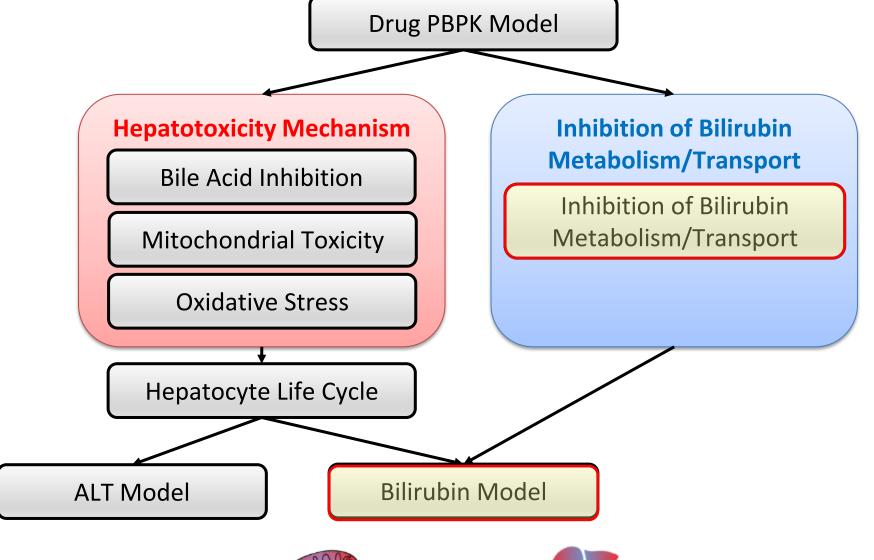


## Modeling Compounds that Inhibit Bilirubin and Bile Acid Transport: A Case Study with CKA

- Introduction
  - CKA induced dose-dependent hepatotoxicity and bilirubin increase in rats
  - Just modest increases in serum ALT, AST, and GLDH observed in humans administered CKA
  - In vitro assays indicate that CKA inhibits bilirubin and bile acid transporters, induces oxidative stress, and inhibits mitochondrial ETC function
- Modeling CKA-mediated hyperbilirubinemia that involves liver injury and bilirubin transporter inhibition
  - Translate bilirubin transporter inhibition data to DILIsym<sup>®</sup> parameters
- Simulate CKA-mediated hyperbilirubinemia using DILIsym<sup>®</sup>
  - Simulate CKA-mediated hyperbilirubinemia in baseline rat and rat SimPops™



#### Modeling CKA-Mediated Hyperbilirubinemia







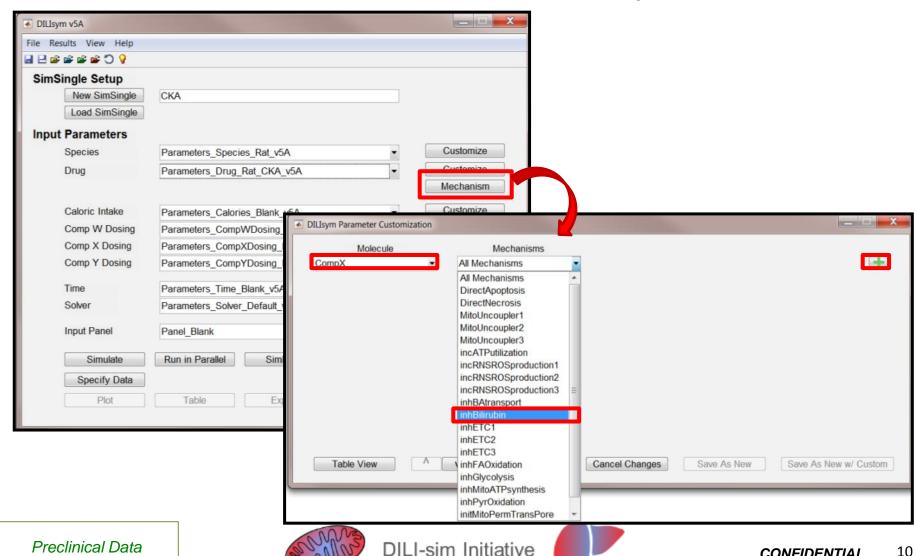
# Translate Bilirubin Transport Inhibition Data to DILIsym® Parameters for CKA

- CKA inhibits OATP1B1, MRP2, and MRP3 with IC<sub>50</sub> values of 0.84, 68.5, and 11.2 μM, respectively
- CKA effects on UGT1A1 unknown
- Unit of bilirubin enzyme/transporter inhibition constant is μM

DILIsym® Parameter	DILIsym <sup>®</sup> Parameter Input
Compound X OATP inhibition constant	0.84 μΜ
Compound X MRP2 inhibition constant	68.5 μΜ
Compound X MRP3 inhibition constant	11.2 μΜ
Compound X UGT1A1 inhibition constant	1e10 μM

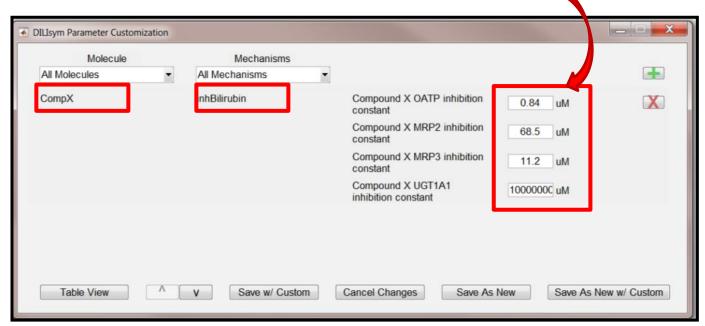


#### Define CKA-Mediated Bilirubin Transport Inhibition Data in DILIsym®



#### Define CKA-Mediated Bilirubin Transport Inhibition Data in DILIsym®

DILIsym® Parameter	DILIsym® Parameter Input		
Compound X OATP inhibition constant		0.84 μΜ	
Compound X MRP2 inhibition constant		68.5 μM	
Compound X MRP3 inhibition constant		11.2 μΜ	
Compound X UGT1A1 inhibition constant		1e10 μM	



DILI-sim Initiative

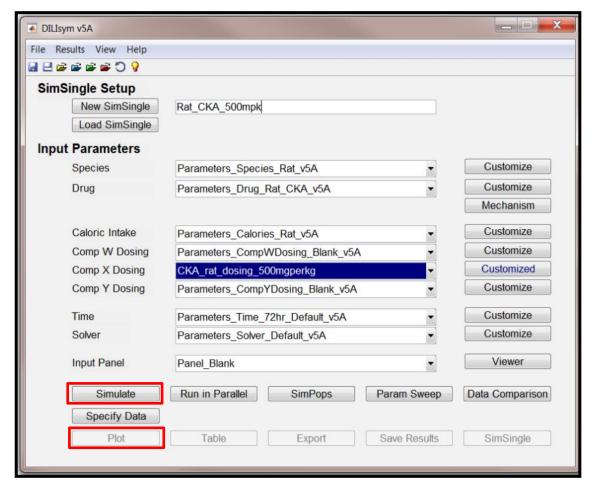


11

#### Simulating CKA-Mediated Hyperbilirubinemia in Rat SimSingle<sup>TM</sup>

**RAT** 

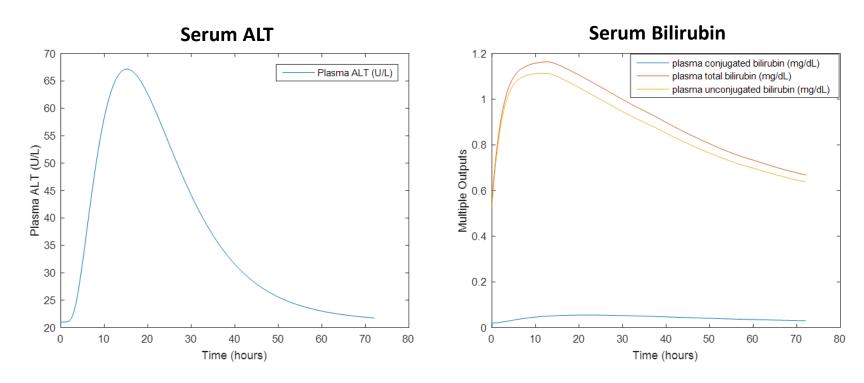
#### CKA 500mg/kg Single Dose







## Simulating CKA-Mediated Hyperbilirubinemia in Rat SimSingle<sup>TM</sup>



 Single oral dose of 500 mg/kg induced elevation of serum ALT and bilirubin in the baseline rat







13

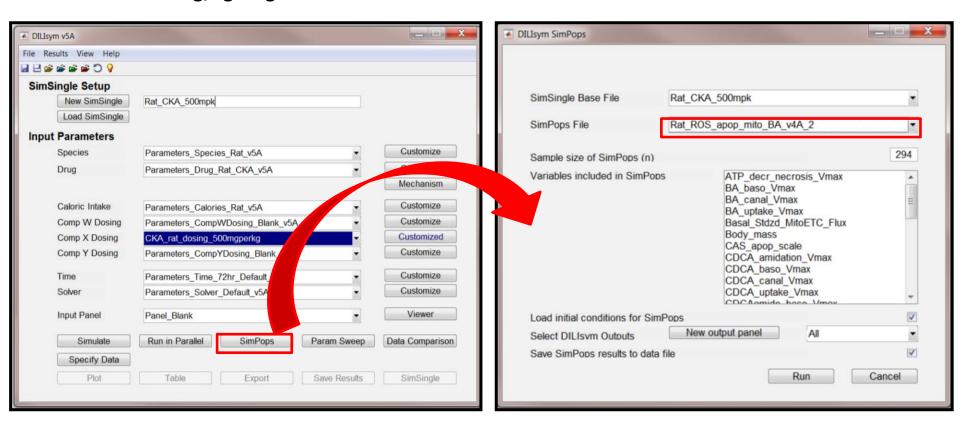
#### Simulating CKA-Mediated Hyperbilirubinemia in Rat SimPops<sup>TM</sup>

**RAT** 

CKA 500mg/kg Single Dose

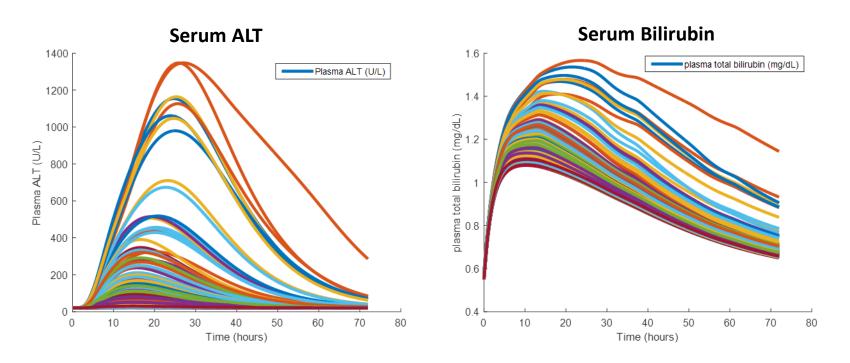
#### **SimPops**<sup>TM</sup>

Rat\_ROS\_apop\_mito\_BA\_v4A\_2





#### Simulating CKA-Mediated Hyperbilirubinemia in Rat SimPops<sup>TM</sup>



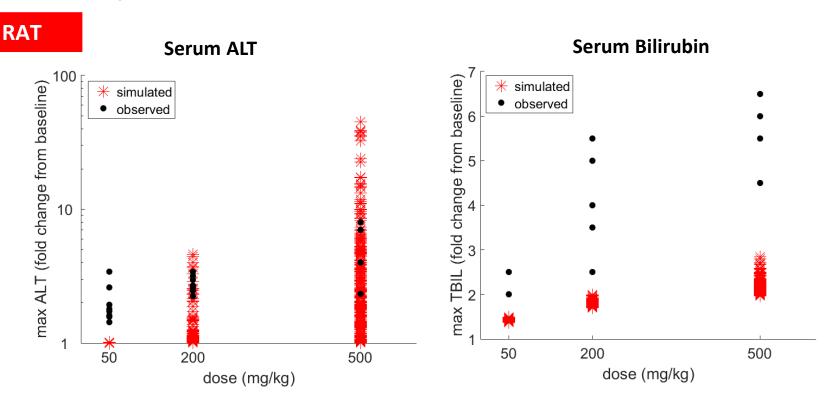
 Single oral dose of 500 mg/kg induced elevation of serum ALT and bilirubin in the rat SimPops™







#### Simulating CKA-Mediated Hyperbilirubinemia in Rat SimPops<sup>TM</sup>



- Simulations recapitulated dose-dependent increase in serum ALT and bilirubin in rats administered CKA
- Underestimated the extent of bilirubin increase
  - Likely due to absence of metabolite effects in the current model
  - Could be due partly to lack of variability in the bilirubin model

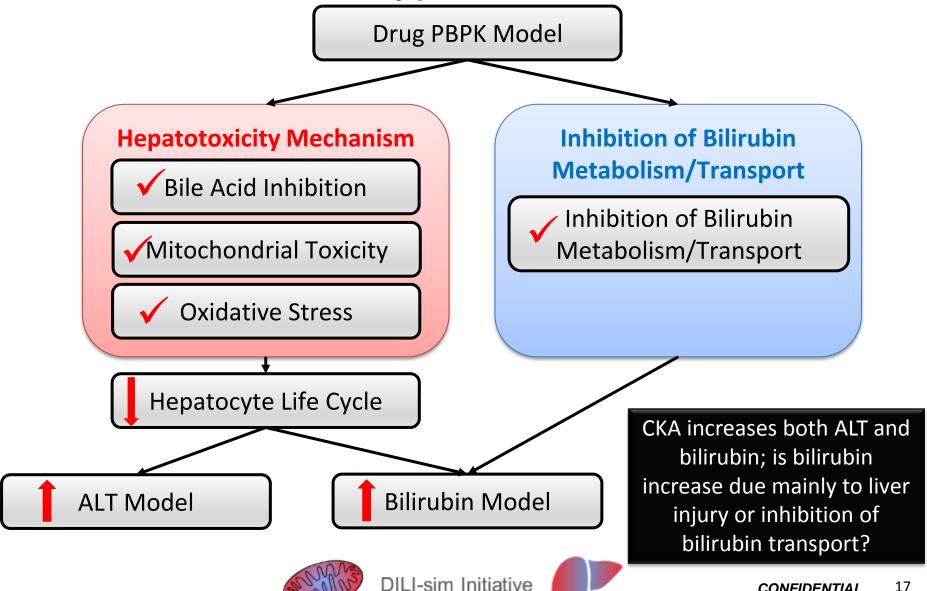




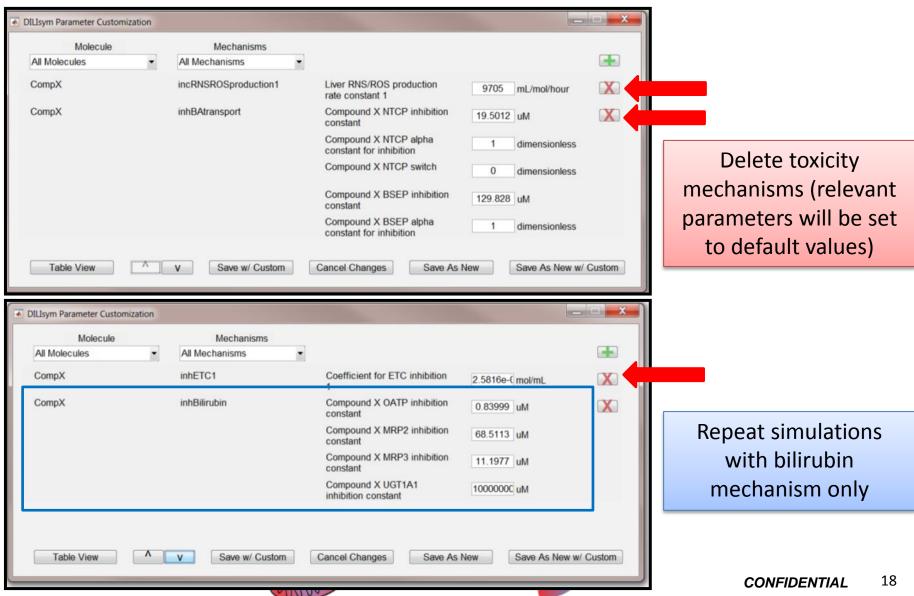




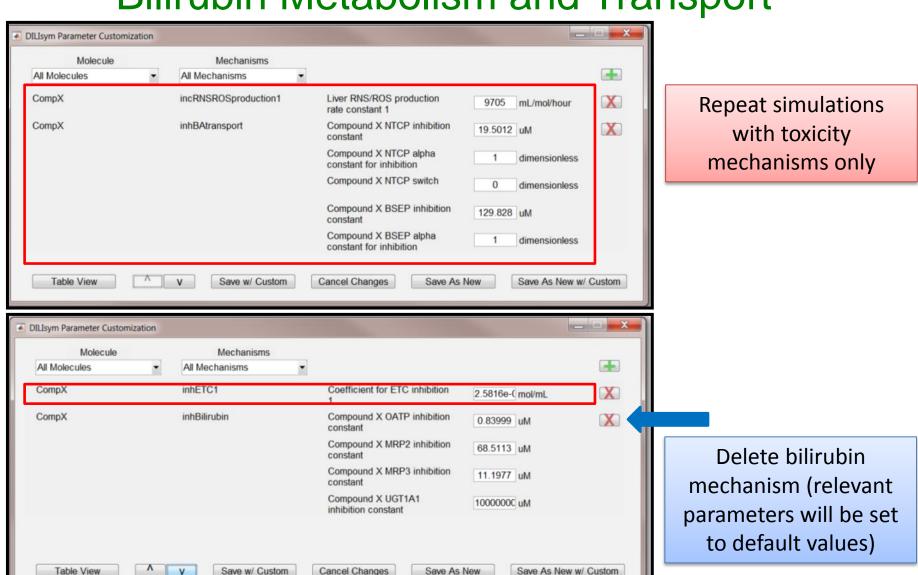
## What is the Underlying Mechanism of CKA-Mediated Hyperbilirubinemia?



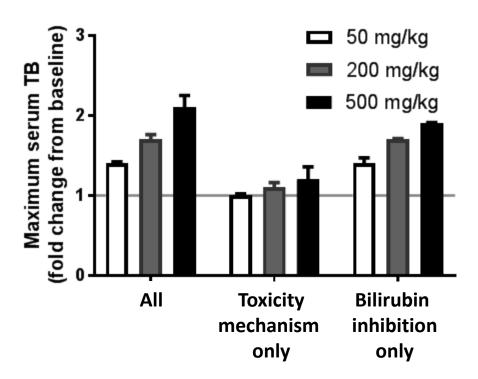
#### Turning Off CKA-Mediated Toxicity Mechanisms



# Turning Off Inhibitory Effects of CKA on Bilirubin Metabolism and Transport



# Simulated Serum Bilirubin with Different Mechanistic Inputs



 CKA-mediated bilirubin elevation primarily resulted from inhibition of transporters rather than liver injury



