



# **DILIsym® User Training – DILIsym® v5A Updates Overview**

**July 2016**

**DILIsym® Development Team**

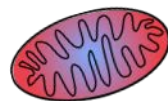
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# Goal for This Training Session

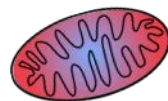
*Participants should understand the following general concepts:*

- The most notable updates included in DILIsym<sup>®</sup> v5A as compared to v4B
- Some practical considerations for utilizing DILIsym<sup>®</sup> v5A as compared to v4B



# MATLAB 2015a is Recommended for DILIsym<sup>®</sup> v5A Simulations

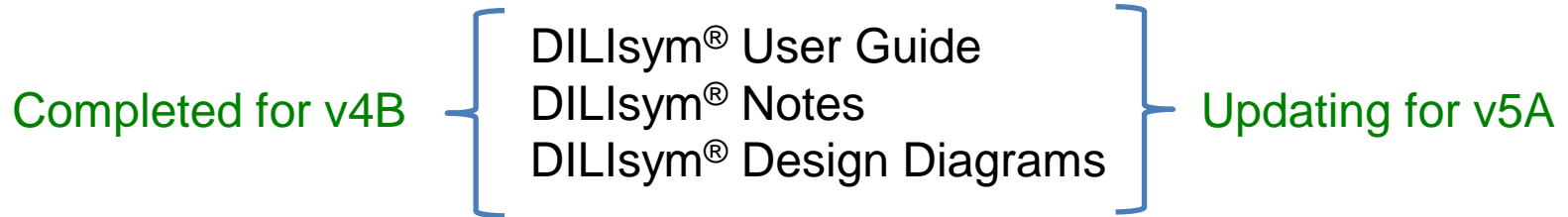
- MATLAB made internal changes as of MATLAB 2015b that cause variables declared within a parent function and accessed from a nested function to use much more memory and therefore take much longer to access
  - Related to Just in Time (JIT) compiler feature
- MathWorks has assured DILIsym Services that they are working on possible solutions for MATLAB for Spring of 2017
- In the meantime, the DILIsym Services team recommends using DILIsym<sup>®</sup> v5A on **MATLAB 2015a** until MATLAB resolves the problem
- DILIsym<sup>®</sup> v5A will run properly on MATLAB 2016a, but simulation time is increased (speed is decreased) in some cases



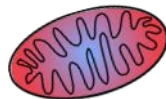
# DILIsym<sup>®</sup> Documentation is Moving to the Web

**Stage 1:** Conversion of current DILIsym<sup>®</sup> documentation to web-based site

## Current Status:

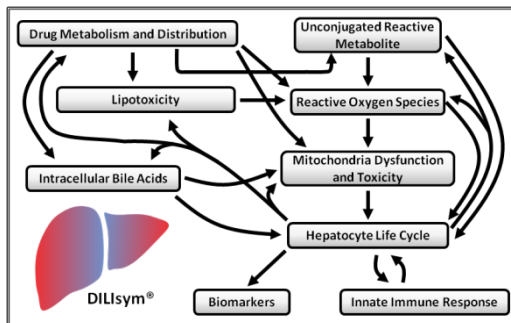


**Goal for completion:** By Q3 of 2016, the documentation files currently distributed within DILIsym<sup>®</sup> will be available within a new, web-based documentation system.



# Highlights of DILIsym<sup>®</sup> v5A (Released Summer 2016)

- Several new validation compounds included with varying clinical presentations
  - TAK875 (Takeda) represented in humans, rats, and dogs (dog representation primarily used for DILIsym<sup>®</sup> development purposes)
    - Additional data collection on-going to better define parameter values
  - MK0536 (Merck) represented in humans and rats
    - Additional data collection on-going to better define parameter values
  - CKA (AstraZeneca) represented in humans and rats
  - AMG853 (Amgen) represented in humans and rats (backup candidate to AMG009)

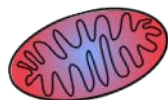


- Mitochondrial DNA depletion mechanism added with FIAU as exemplar compound
  - Mitochondrial biogenesis equations also added as mode of adaptation for exploration
- Non-alcoholic fatty liver disease (NAFLD) SimPops<sup>™</sup> added
- Mechanistic representation of bilirubin transport and metabolism added
  - Indinavir and CKA serve as exemplar compounds



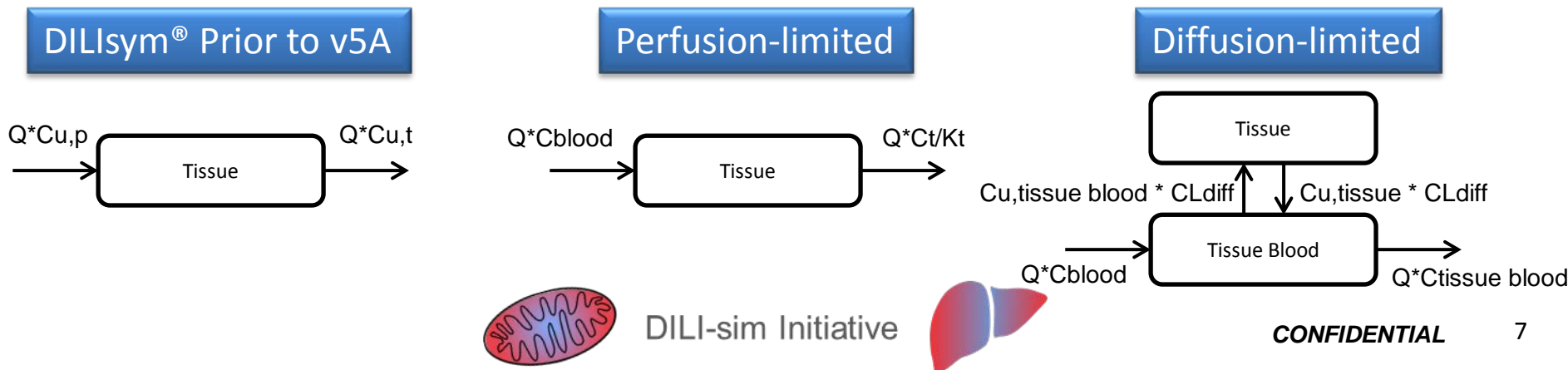
# Expanded Capabilities and Features of DILIsym<sup>®</sup> v5A

- PBPK representation updates:
  - v5A includes classic, flow-limited organ uptake of drugs (protein binding restriction removed), with option for transporter mediated uptake into liver
  - Inverse molecular weight entry requirement removed from PBPK sub-models and MW units altered to g/mol
  - Several additional PBPK updates: see subsequent slide and July 2016 DILIsym<sup>®</sup> Review session for details
- New graphical user interface (GUI) tools added to allow users to:
  - Convert old parameter sets from v4B to be compatible with v5A
  - Systematically compare parameter sets for value differences in various formats (.mat and Excel)
- Mitochondrial electron transport chain (ETC) inhibition mechanism updated to include new third parameterization spot (ETC inhibition 3) with saturable capability
  - Also updated for MITOSym<sup>®</sup> v3A
- Several new human SimCohorts<sup>™</sup> added for v4A\_1 and v5A\_1 (NAFLD) SimPops<sup>™</sup>
- All transporter inputs are now in units of uM instead of mg/mL
- MATLAB profile viewer no longer used during simulations to improve simulation speed (simulation times printed to the MATLAB command window)
- 'startup.m' function renamed to 'startDILIsym.m' to avoid MATLAB system file issues
- Compound W and X IV infusion protocols updated with more options
- Expanded Zotero reference database (contact us for real-time access)
- Various bug fixes and enhancements to improve performance, speed, and user-friendliness



# PBPK Sub-model Updates in DILIsym<sup>®</sup> v5A

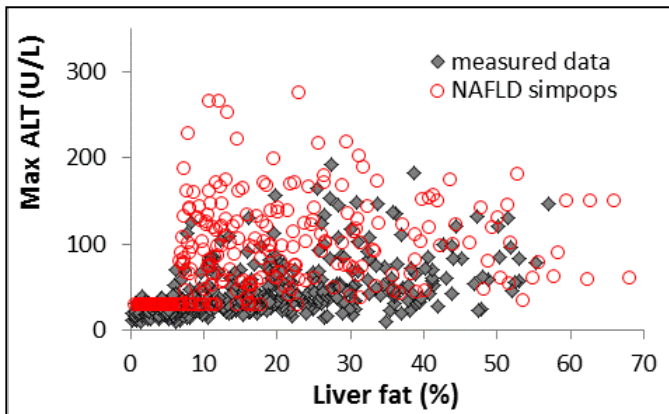
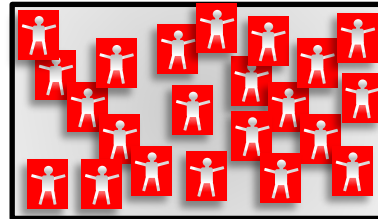
- Tissue distribution was updated, as of DILIsym<sup>®</sup> v5A, to represent classic, perfusion rate-limited kinetics, unless user selects active (transporter-mediated) liver uptake
  - Prior to v5A, rate of tissue distribution was limited by protein binding rather than blood flow
  - As of v5A, perfusion rate-limited tissue distribution has been employed to be consistent with the widely-accepted concept; conversion factors were added to make the current exemplar parameters compatible
- Hepatic transport processes are now based on the unbound plasma (for uptake) and liver concentration (for biliary excretion)
  - Saturable biliary excretion included using the Michaelis-Menten equation
- Intestinal metabolism and transport added for Compound W and X
- Hepatic inlet concentration (the weighted average of portal vein concentration and hepatic artery concentration) was added and is now used for OATP inhibition in the bilirubin sub-model
- The user is now able to input experimentally measured/user-defined  $f_{u,L}$  (fraction unbound liver), in addition to allowing the static calculations to calculate the value of  $f_{u,L}$ , if desired
  - Fractions unbound for other organs are now automatically calculated in static calculations (partition coefficients drive distribution)
- Further details discussed at the DILIsym<sup>®</sup> review session in July of 2016



# Pathophysiologic Variability Represented in NAFLD (v5A\_1) SimPops™

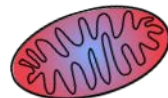
- SimPops™ are population samples with variability in NAFLD pathophysiology
- Multiple parameters were varied to produce 275 diverse simulated patients with steatosis +/- lipotoxicity
- SimPops™ compared with reported clinical data where available
- Variability in NAFLD pathophysiology responsible for varied DILI responses

| Variables Used to Construct the NAFLD SimPops™ |
|--|
| Body weight                                    |
| Adipose FA release                             |
| De novo lipogenesis                            |
| RNS-ROS clearance                              |
| Mitochondria function                          |
| VLDL-TG secretion rates                        |
| Bile acid transporter expression               |
| Plasma glucose                                 |
| Hepatic glucose uptake                         |
| Plasma TG clearance                            |
| Apoptotic sensitivity to RNS-ROS               |
| Necrotic sensitivity to ATP reductions         |
| Hepatocyte regeneration                        |



Maximos 2015

Clinical Data and  
Simulation Results



DILI-sim Initiative



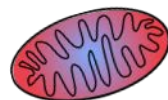
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# DILIsym<sup>®</sup> v5A Includes New SimCohorts<sup>™</sup> from the Human v4A\_1 SimPops<sup>™</sup>

- SimCohorts<sup>™</sup> were generated for screening purposes
  - Smaller groups consisting of subsets of simulated individuals from existing SimPops<sup>™</sup>
  - Computationally less-expensive for testing multiple hypotheses prior to full SimPops<sup>™</sup>

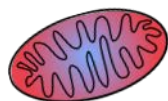
| SimCohorts <sup>™</sup> ID              | Population Sample Size | Description  |
|---|------------------------|--|
| Human_ROS_apop_mito_BA_v4A_1_SensBAMITO | 4                      | Individuals with high sensitivity to combined bile acid transport inhibition and mitochondrial dysfunction   |
| Human_ROS_apop_mito_BA_v4A_1_SensMulti  | 4                      | Sensitive individuals in the areas of oxidative stress, mitochondrial dysfunction, BA transport inhibition, and combined BA inhibition and mitochondrial dysfunction   |
| Human_ROS_apop_mito_BA_v4A_1_Multi16    | 16                     | SimCohorts <sup>™</sup> with the baseline human and 13 individuals with high sensitivity and 2 individuals with low sensitivity in the areas of oxidative stress, mitochondrial dysfunction, BA transport inhibition, and combined BA inhibition and mitochondrial dysfunction |
| Human_ROS_apop_mito_BA_v4A_1_FIAU_15    | 15                     | Individuals with body weight approximately 80 kg and initial respiratory reserve scalar between 2.2 and 6.02   |



# DILIsym<sup>®</sup> v5A Includes NAFLD SimCohorts<sup>™</sup> from the Newly Included v5A\_1 NAFLD SimPops<sup>™</sup>

- SimCohorts<sup>™</sup> generated from new NAFLD SimPops<sup>™</sup>
  - Smaller groups consisting of subsets of individuals in the full (n=275) NAFLD SimPops<sup>™</sup> included in DILIsym<sup>®</sup> v5A

| SimCohorts <sup>™</sup> ID   | Population Sample Size | Description   |
|--|------------------------|---|
| Human_NAFLD_ROS_apop_mito_BA_v5A_1_RS16, _RS36, _RS100, RS_138a, RS_137b | 16, 36, 100, 138, 137  | Random sample of individuals from full SimPops <sup>™</sup> |
| Human_NAFLD_ROS_apop_mito_BA_v5A_1_low_ALT                               | 99                     | Individuals with baseline plasma ALT < 50 U/L               |
| Human_NAFLD_ROS_apop_mito_BA_v5A_1_high_ALT                              | 176                    | Individuals with baseline plasma ALT ≥ 50 U/L               |
| Human_NAFLD_ROS_apop_mito_BA_v5A_1_low_BMI                               | 231                    | Individuals with BMI < 40                                   |
| Human_NAFLD_ROS_apop_mito_BA_v5A_1_high_BMI                              | 44                     | Individuals with BMI ≥ 40                                   |
| Human_NAFLD_ROS_apop_mito_BA_v5A_1_low_FPG                               | 221                    | Individuals with fasting plasma glucose < 7 mM              |
| Human_NAFLD_ROS_apop_mito_BA_v5A_1_high_FPG                              | 54                     | Individuals with fasting plasma glucose ≥ 7 mM              |



# More Complicated Mitochondrial Data is Reproducible with the DILIsym<sup>®</sup> Update

- Data from recent project demonstrates modest, saturable inhibition at low concentrations, with more marked effects at higher concentrations
  - May represent differential inhibition of multiple ETC complexes (e.g., complex I and II)
- Original equations only reproduce a single non-saturable effect
- New equations allow reproduction of both behaviors – ETC inhibition 3

