

ABSTRACT

Purpose. To evaluate the influence of covariates on the PPK of both parent drug and metabolite(s) from clinical trial data with neither separate metabolite administration nor excretion sampling.

Methods. A model drug (P) and its active/toxic metabolites (M1 and M2) with a metabolic pathway of $P \rightarrow M1 \leftrightarrow M2$ plus intact excretion of all three species were used to simulate the evaluation of covariate effects on PK parameters of a 5-compartment model (2 for P, 1 for M1, and 2 for M2). A Phase II dataset was simulated, with 1690 P, M1, and M2 samples from 338 patients, collected around 0, 3, 7, 14, and 23 hr after an IV infusion (90 min) of 100 mg/m² P. The typical excretion characteristics of the drug were assumed or available from prior studies. Fifteen covariates on five clearances (parent and metabolites) were evaluated via NONMEM[®] V.

Results. The problem of parameter identifiability in simultaneous PPK modeling for both parent drug and metabolite(s) was best solved with assumptions or application of prior information on the drug excretion characteristics. Eight significant covariates were identified based on $\alpha=0.001$, independent of the accuracy of the excretion ratios which largely determined the accuracy of the PK parameter estimates. When different excretion ratios were assumed, the relative position of the individual PK parameter values in the population distribution of the PK parameter was unchanged. The relative significance of each covariate (defined as the ratio of the coefficient of the covariate to the typical PK parameter estimate) was not significantly changed with the excretion ratios.

Conclusions. The method of fixing excretion ratios as a solution to the problem of parameter identifiability does not significantly influence the identification of significant covariates for simultaneous estimation of PPK for parent drug and metabolite(s).

INTRODUCTION

- Metabolite activity significantly contributes to the therapeutic and toxic effects of numerous medications.
- Metabolite PK are important but difficult to quantify because urinary/fecal sampling or separate administration of metabolites are not performed in clinical trials.
- Simultaneous population pharmacokinetic modeling provides advantages over sequential modeling of metabolites to obtain insightful knowledge regarding metabolism and reversible biotransformation.
- An approach to obtain unique solutions to mass balance differential equations describing compartmental pharmacokinetic models using additional boundary conditions based on known or assumed excretion patterns has previously been described.^{1,2}
- The influence of excretion characteristic assumptions about drugs with complex metabolism merits consideration when further applying this approach in covariate analysis.
- Accurate estimation of covariate effects on parent drug and metabolite PK facilitates understanding of interindividual variability and exposure-response relationships.

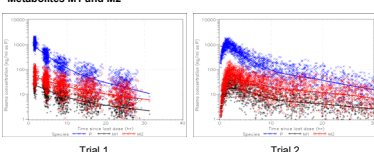
METHODS

Table 1: Simulated Phase II Clinical Trial Data

	Trial 1*	Trial 2
Number of subjects	338	481
100 mg/m ² 90 min IV infusion		
PK sampling at 1 hours (M1(t,0 ⁺) or uniform) post-infusion	U(0,(0.01), N(3,0.017), N(7,0.023), N(14,0.017), N(23,0.0064)	t=0.2-2, 2-5, 5-10, 10-18, 18-30 uniform distribution
Measured concentrations	P, M1 and M2	P, M1 and M2
Urinary/fecal sampling	No	No
Separate administration of metabolites	No	No
Distribution of continuous covariates	Normal	Normal

* Only results from Trial 1 are presented here.

Figure 1: Simulated Concentration–Time Profile of Drug P and its Metabolites M1 and M2



* All concentrations calibrated with molecular weight and expressed in ng/mL as P

Figure 2: Model Structure

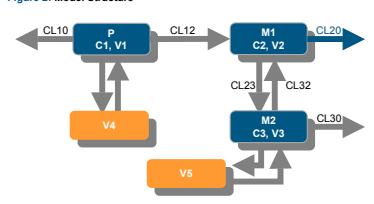


Table 2: Covariate Distributions

Covariates	mean±std error; median (min, max) or % (n)
Dose (mg)	191±27.7; 190 (13.4, 248.7)
Height (cm)	173±11.6; 172 (150.2, 199.7)
Weight (kg)	77.6±14.6; 76 (45.3, 125.3)
Age (years)	59.9±7.5; 60.2 (37.5, 80.2)
CL _{CR} (mL/min)	94.8±24.3; 92.4 (40.3, 159.6)
BSA (m ²)	1.9±0.28; 1.92 (1.31, 2.49)
AST (U/L)	28.2±9.2; 28.3 (5.4, 50.5)
Total Bilirubin (TBL) (mg/dL)	0.6±110; 18.0 (0.02, 1.1)
Hemoglobin (HGB) (g/L)	14.3±2.2; 14.4 (8.2, 18.8)
Performance status (PS)	42.6% (144) PS0, 38.8% (131) PS1 and 18.6% (63) PS2
Gender (SEX)	50.7% (173) male and 49.3% (160) female
Coincidence (COEMED)	45.7% (153) no and 54.3% (183) yes
RACE	78.7% (266) Caucasian; 21.3% (72) other

Mass Balance Differential Equations

$$\frac{dC_1}{dt} V_1 = Q_{in} + K_{12} C_2 V_2 - (K_{10} + K_{11} + K_{12}) C_1 V_1$$

$$\frac{dC_2}{dt} V_2 = K_{12} C_1 V_1 + K_{23} C_3 V_3 - (K_{20} + K_{21} + K_{23}) C_2 V_2$$

$$\frac{dC_3}{dt} V_3 = K_{23} C_2 V_2 + K_{34} C_4 V_4 - (K_{30} + K_{31} + K_{32} + K_{33}) C_3 V_3$$

$$\frac{dC_4}{dt} V_4 = K_{34} C_3 V_3 - K_{41} C_4 V_4$$

$$\frac{dC_5}{dt} V_5 = K_{35} C_3 V_3 - K_{51} C_5 V_5$$

where C_i and V_i represent concentration and volume of distribution in the i^{th} compartment, respectively ($i = 1 \dots 5$); K_{in} represents the rate constant of the mass transport from the m^{th} compartment to the n^{th} compartment ($m, n = 1, \dots, 5$); Q_{in} , K_{10} , K_{11} , K_{20} , K_{21} , K_{23} , K_{30} , K_{31} , K_{32} , K_{33} , K_{34} , K_{35} , K_{41} , and K_{51} is the infusion rate, which can be expressed as: $Q_{in} = \text{Dose}/T$ when $t \leq T$ and 0 otherwise where T is the infusion duration (1.5 hours).

Pharmacostatistical Models and Covariate Evaluation Methods

- First-order elimination – metabolism and excretion
- Exponential error models for interindividual variability
- Proportional error models for residual variability
- Additive linear covariate effects (normalized and centered) evaluated on CL10, CL12, CL20, CL23, CL30, and CL32
- Either backward elimination (BE) from a full model or forward selection (FS) from a structural model followed by backward elimination ($p=0.001$)

Solutions to Parameter Identifiability Problem

- Prior information regarding excretion characteristics from mass balance studies:
 - P%:M1%:M2% and
 - P%+M1%+M2%=100%
- Constraints on PK parameters:
 - CL12/CL10=(M1%+M2%)/P%
 - CL20/CL30=M1%M2%/AUC_{0-∞,M1}/AUC_{0-∞,M2}=M1%M2%/CL23/(CL30-CL23)

NONMEM[®] Code Segment

```

* $PK
TVCL10 = THETA(1)
TVCL12 = 0.18*THETA(1)
TVCL20 = THETA(2)
TVCL23 = THETA(3)
TVCL30 = THETA(4)

CL12 = TVCL10*EXP(ETA(1))
CL20 = TVCL12*EXP(ETA(2))
CL23 = TVCL23*EXP(ETA(3))
CL30 = TVCL30*EXP(ETA(4))
    
```

```

TVCL32 = (0.40*TVCL23/TVCL20-1)*TVCL30
CL32 = TVCL32*EXP(ETA(6))
    
```

Table 3: Excretion Ratios Tested and Covariate Evaluation Methods Used

Cases	P%:M1%:M2%	(M1+M2)/P%	M1%/M2%	Method
1	88.5%:1.50%:10.0%	0.13	0.15	BE
2	80.0%:6.67%:13.3%	0.25	0.50	BE
3	76.9%:3.85%:19.3%	0.30	0.20	BE
4	90.9%:3.41%:5.68%	0.10	0.60	BE
5	84.7%:4.36%:10.94%	0.18	0.40	FS+BE

RESULTS

Table 4: PK Parameter Estimates

Parameter	Estimate	95% CI	95% CrI	95% CrL	95% CrU	95% CrL	95% CrU
CL _{CR}	94.8	88.2-102	88.2-102	88.2-102	88.2-102	88.2-102	88.2-102
CL ₁₀	191	180-201	180-201	180-201	180-201	180-201	180-201
CL ₁₂	34	32-36	32-36	32-36	32-36	32-36	32-36
CL ₂₀	14	13-15	13-15	13-15	13-15	13-15	13-15
CL ₂₃	18	17-19	17-19	17-19	17-19	17-19	17-19
CL ₃₀	10	9-11	9-11	9-11	9-11	9-11	9-11
CL ₃₂	12	11-13	11-13	11-13	11-13	11-13	11-13
CL ₃₅	15	14-16	14-16	14-16	14-16	14-16	14-16
CL ₄₁	10	9-11	9-11	9-11	9-11	9-11	9-11
CL ₅₁	15	14-16	14-16	14-16	14-16	14-16	14-16
CL ₁₀ (CL ₁₀)	191	180-201	180-201	180-201	180-201	180-201	180-201
CL ₁₂ (CL ₁₂)	34	32-36	32-36	32-36	32-36	32-36	32-36
CL ₂₀ (CL ₂₀)	14	13-15	13-15	13-15	13-15	13-15	13-15
CL ₂₃ (CL ₂₃)	18	17-19	17-19	17-19	17-19	17-19	17-19
CL ₃₀ (CL ₃₀)	10	9-11	9-11	9-11	9-11	9-11	9-11
CL ₃₂ (CL ₃₂)	12	11-13	11-13	11-13	11-13	11-13	11-13
CL ₃₅ (CL ₃₅)	15	14-16	14-16	14-16	14-16	14-16	14-16
CL ₄₁ (CL ₄₁)	10	9-11	9-11	9-11	9-11	9-11	9-11
CL ₅₁ (CL ₅₁)	15	14-16	14-16	14-16	14-16	14-16	14-16
CL ₁₀ (CL ₁₀)	191	180-201	180-201	180-201	180-201	180-201	180-201
CL ₁₂ (CL ₁₂)	34	32-36	32-36	32-36	32-36	32-36	32-36
CL ₂₀ (CL ₂₀)	14	13-15	13-15	13-15	13-15	13-15	13-15
CL ₂₃ (CL ₂₃)	18	17-19	17-19	17-19	17-19	17-19	17-19
CL ₃₀ (CL ₃₀)	10	9-11	9-11	9-11	9-11	9-11	9-11
CL ₃₂ (CL ₃₂)	12	11-13	11-13	11-13	11-13	11-13	11-13
CL ₃₅ (CL ₃₅)	15	14-16	14-16	14-16	14-16	14-16	14-16
CL ₄₁ (CL ₄₁)	10	9-11	9-11	9-11	9-11	9-11	9-11
CL ₅₁ (CL ₅₁)	15	14-16	14-16	14-16	14-16	14-16	14-16
CL ₁₀ (CL ₁₀)	191	180-201	180-201	180-201	180-201	180-201	180-201
CL ₁₂ (CL ₁₂)	34	32-36	32-36	32-36	32-36	32-36	32-36
CL ₂₀ (CL ₂₀)	14	13-15	13-15	13-15	13-15	13-15	13-15
CL ₂₃ (CL ₂₃)	18	17-19	17-19	17-19	17-19	17-19	17-19
CL ₃₀ (CL ₃₀)	10	9-11	9-11	9-11	9-11	9-11	9-11
CL ₃₂ (CL ₃₂)	12	11-13	11-13	11-13	11-13	11-13	11-13
CL ₃₅ (CL ₃₅)	15	14-16	14-16	14-16	14-16	14-16	14-16
CL ₄₁ (CL ₄₁)	10	9-11	9-11	9-11	9-11	9-11	9-11
CL ₅₁ (CL ₅₁)	15	14-16	14-16	14-16	14-16	14-16	14-16

Figure 3: Goodness-of-Fit Plots

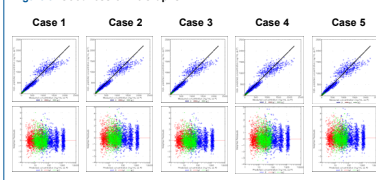


Figure 4: PK Parameter Distributions (First 50 Subjects)

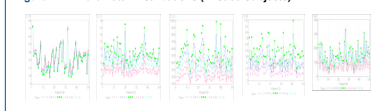


Figure 5: Relative Magnitude of Covariate Effects versus Typical Values of PK Parameters

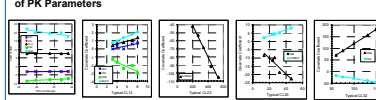
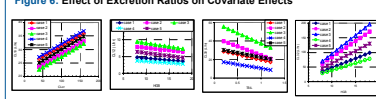


Figure 6: Effect of Excretion Ratios on Covariate Effects



In Trial 2, regardless of excretion characteristics utilized, all significant covariates were identified (BE).

CONCLUSIONS

- Covariates which should have been identified as significant were identified in all cases, except one marginally significant covariate.
- Relative magnitude of covariate effects are similar in all cases.
- The above conclusions are independent of the PK sampling schedule.
- The above conclusions are independent of covariate evaluation methods: BE vs FS+BE.

REFERENCES

- A. Xiao and J. Fiedler-Kelly. Uniqueness of Solutions to Compartmental Models of Population Pharmacokinetics for Drugs Undergoing Complex Metabolism, Poster for ASCPT Annual Meeting, Atlanta, GA, Mar 21-23, 2020.
- A. Xiao and J. Fiedler-Kelly. A New Approach to Population Pharmacokinetic Analysis for Drugs with Complex Metabolism, Presentation at East Coast Population Analysis Group (ECPAG) Annual Meeting, Baltimore, MA, Mar 15, 2022.

ACKNOWLEDGEMENT

The authors wish to thank Elizabeth Ludwig, Pharm.D., for her insightful comments.