

Predictive performance of physiologically based kinetic (PBK) models based on *in silico/in vitro* to *in vivo* extrapolation (IS/IVIVE)



SimulationsPlus

Priyata Kalra, Haiying Zhou, Michael Lawless
Simulations Plus, Inc. Lancaster, CA. USA

CONTACT INFORMATION: Priyata.kalra@simulations-plus.com

PURPOSE

- The applicability of PBK modelling in next generation risk assessment (NGRA) hinges on accurate prediction of human plasma concentrations without reliance on animal *in vivo* kinetics data.
- IS/IVIVE approach illuminates the influence of various input strategies on PBK model prediction accuracy.
- Use the approach to estimate daily dose fold errors of these chemicals in humans.

OBJECTIVES

- PBK modelling of *in vitro* derived human data for 20 Toxcast [1,2] compounds (see Table 1) related to:
 - Intrinsic hepatic clearance (Cl_{int})
 - Fraction unbound plasma (f_{up})
- Compare oral predicted plasma exposure against reported human exposure data

METHODS

- Use ADMET Predictor³ machine learning models to estimate physicochemical and biopharmaceutical properties.
- Implement human PBK models for oral dose in GastroPlus³ using reported f_{up} data^{1,2}.
- Evaluate 3 clearance parameters (Figure 1) to estimate *in vivo* chemical exposure:
 - 1: *in silico* predicted human liver microsomal (HLM) clearance ($Cl_{in\ silico\ HLM}$)
 - 2: *in silico* predicted Hepatocyte (Hep) clearance ($Cl_{in\ silico\ Hepatocyte}$)
 - 3: *in vitro* hepatocyte $Cl_{int}^{1,2}$ ($Cl_{in\ vitro}$)

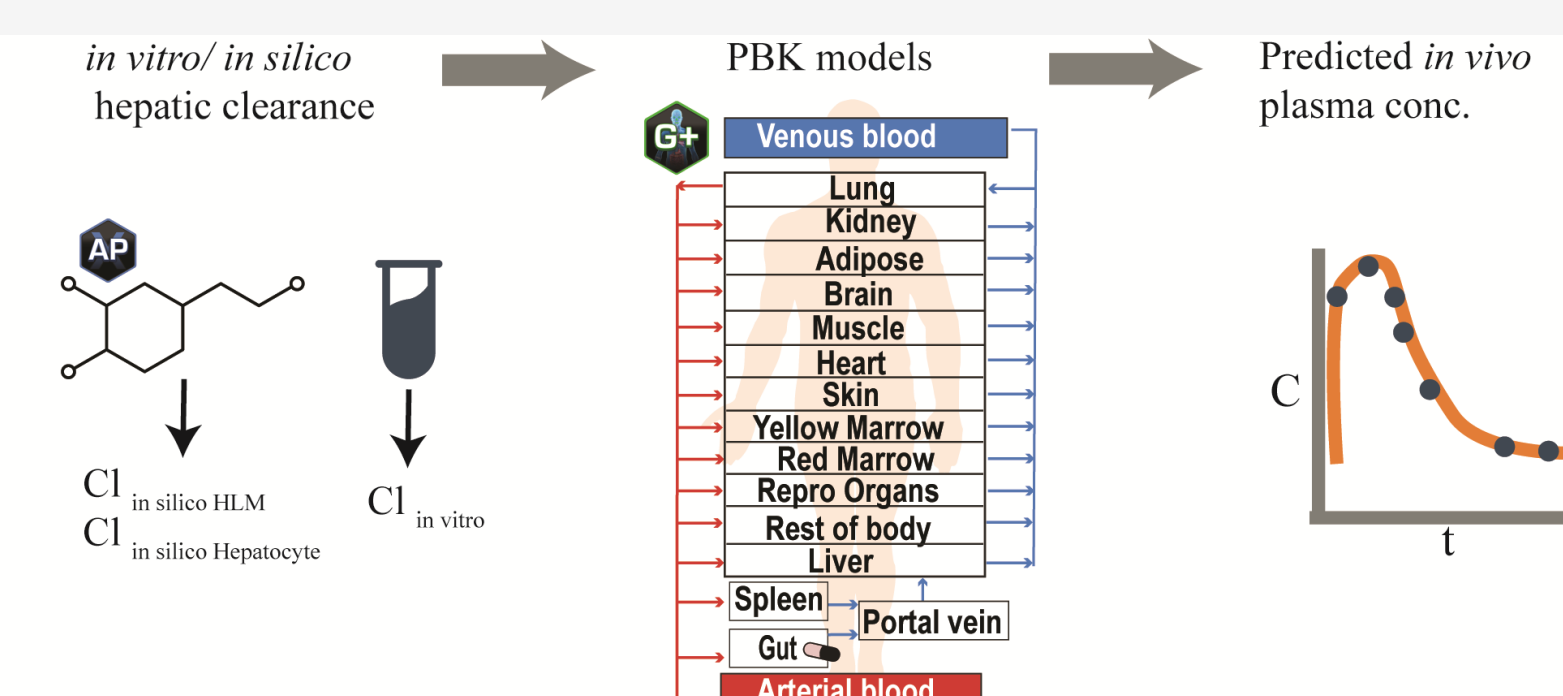


Figure 1: Graphical representation of the workflow

RESULTS

Table 1. Chemical-specific input data applied for PBK modelling of 20 chemicals using ADMET Predictor and GastroPlus are depicted. The Predicted/Observed ratios of systemic exposures (AUC [ug.h/ml]) and maximum concentration (C_{max} [ug/ml]) for all 20 chemicals using the three approaches are summarized in Figure 2.

Chemical	charge	Log P ^a	Fup ^b	$Cl_{in\ vitro}$ (ul/min/10 ⁶) ^c	Oral dose Form	Dose (mg)	Human <i>in vivo</i> PK data Reference
Acetaminophen	Neutral	0.449	100.449	2.442	IR:Suspension	1400	Critchley et al., J Clin Pharm Ther, 30 (2005)
5,5 Diphenylhydantoin	Neutral	2.157	16.241	2.33	IR:Capsule	400	Brien et al., Europ J Clin Pharmacol, 9 (1975)
6-PTU	Neutral	0.918	47.361	1.323	IR:Tablet	300	Kabanda et al., J Pharm Pharmacol, 48 (1996)
Candoxatril	Acid	3.926	26.586	9.898	IR:Solution	200	Kaye et al., Xenobiotica, 27 (1997)
Coumarin	Neutral	1.855	19.224	22.24	IR:Solution	10	Lamiabile et al., J Chromatogr, 620 (1993)
Diphenhydramine hydrochloride	Base	3.347	41.31	0	IR:Capsule	50	Toothaker et al., Biopharm Drug Dispos, 21 (2000)
Flutamide	Neutral	2.881	3.758	30.38	IR:Tablet	250	Anjum et al., Br J Clin Pharmacol, 47 (1999)
Lovastatin	Neutral	4.501	1.429	21.9	IR:Tablet	40	Kothare et al., Int J Clin Pharm Th, 45 (2007)
Sulfasalazine	Acid	3.112	0.5	5.16	IR:Tablet	250	Gu et al., J Chromatogr B, 879 (2011)
Triamcinolone	Neutral	0.786	73.476	2.492	IR:Tablet	16	Hochhaus et al., Pharmaceut Res, 7 (1990)
Rifampicin	Neutral	2.104	13.037	6.09	IR:Tablet	450	Rafiq et al., Int J Agric Biol, 12 (2010)
Erythromycin	Base	2.304	56.534	4.04	IR:Tablet	500	Kroboth et al., Antimicrob Agents Ch, 21 (1982)
Oxytetracycline dihydrate	Zwitterion	-1.386	37.147	0.592	IR:Tablet	500	Green et al., Europ J Clin Pharmacol, 10 (1976)
Triclosan	Neutral	5.544	0.5	118.832	IR:Solution	4	Sandborgh-Englund et al., J Toxicol Environ Health A, 69 (2006)
Thiabendazole	Neutral	2.306	13.816	0	IR:Tablet	500	Bapiro et al., Eur J Clin Pharmacol, 61 (2005)
Picloram	Acid	2.091	0.5	3.109	IR:Tablet	35	Nolan et al., Toxicol Appl Pharm, 76 (1984)
Carbaryl	Neutral	2.517	69.225	27.274	IR:Solution	70	May et al., J Pharmacol Exp Ther, 262 (1992)
2,4,D	Acid	2.679	4.82	0	IR:Solution	350	Sauerhoff et al., Toxicology, 8 (1977)
Bisphenol A	Neutral	3.655	25.708	19.29	IR:Capsule	5	Voelkel et al., Chem. Res. Toxicol., 15(2002)
Propylparaben	Neutral	2.676	7.63	38	IR:Solution	43.5	Shin et al., Envir. International, 130 (2019)

Table 1: a) Predicted by ADMET Predictor. b) Determined using a rapid equilibrium dialysis approach applying different plasma concentrations [1,2] c) Cl_{int} obtained from the substrate depletion data, corrected for unspecific protein binding [1,2] for hepatocytes.

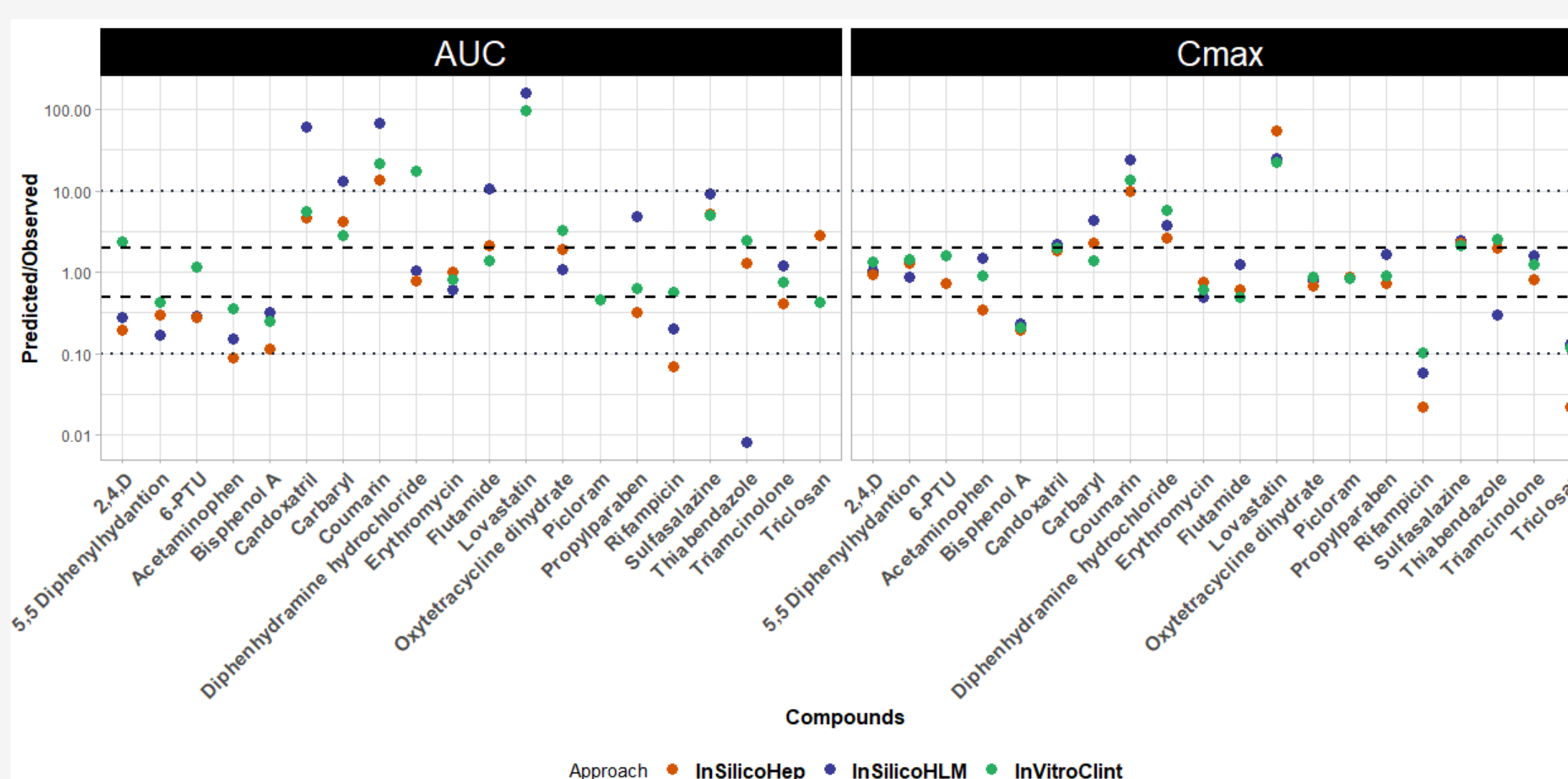


Figure 2: Predicted: observed ratios for 20 Toxcast compounds where dashed line depicts 2-fold range and dotted line represents 10-fold range for the different clearance sources

Figure 3 depicts the plasma concentrations predicted using the three different methods for selected subset of chemicals. Higher prediction errors were investigated, identifying non-hepatic clearances (e.g., active urine excretion for Picloram) and elimination via bile (e.g. Lovastatin) for the higher fold differences between predicted and measured AUC and C_{max} . Initially, picloram had a higher predicted error. The models were modified to include active urinary excretion potentially due to transport into the kidneys via OAT1.

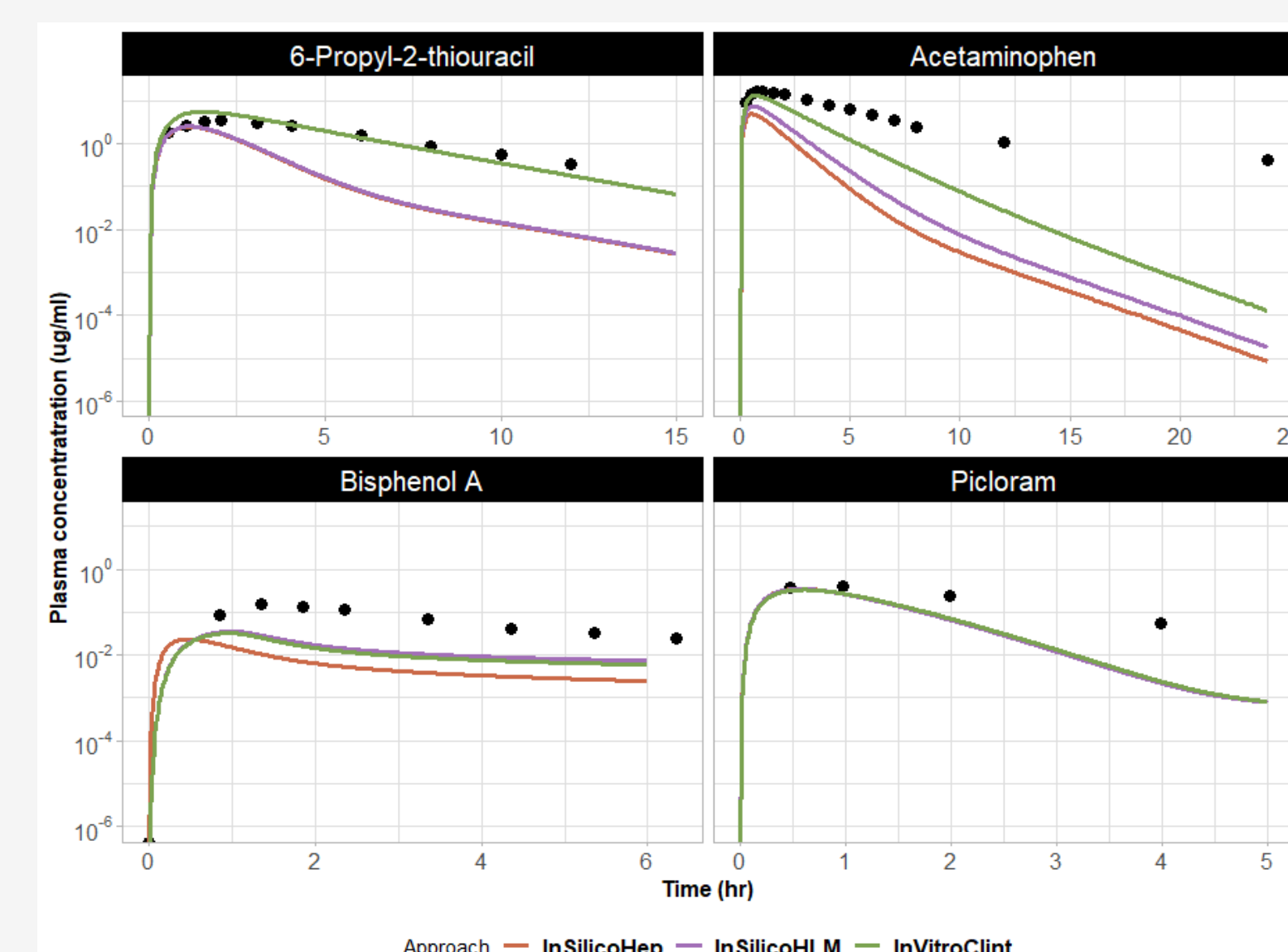


Figure 3: Predicted and observed plasma concentration time profiles for exemplary subset of chemicals.

Table 2 summarizes the number of chemicals with AUC and C_{max} predicted within 2-fold of the observed data for the 3 approaches.

Approach	AUC 2-fold	C_{max} 2-fold
1: <i>in silico</i> HLM	4	6
2: <i>in silico</i> Hep	4	11
3: <i>in vitro</i> Clint	6	11

Table 2: Number of chemicals predicted in a 2-fold range for AUC and C_{max} using the three approaches.

MAIN FINDINGS AND FUTURE WORK

- Differences in internal exposure were predicted for 20 Toxcast chemicals.
- For chemicals, detailed analyses are warranted when extrapolating toxicity data. Kinetic processes related to either a reduced bioavailability or an increased volume of distribution need consideration. Some kinetics such as transporter effect and bile secretion, are not predicted from *in vitro* processes.
- Other strategies for scaling *in vitro* clearance to *in vivo* clearance will be explored
- Future work will estimate daily dose fold errors of these chemicals in rats and humans, using the lowest effective concentration (LEC) from *in vitro* tests to determine the *in vivo* dose range when feasible.

REFERENCES

- US EPA, Wetmore et al. *Toxicol Sci*, 125(2012)
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