

# Using the U.S. EPA's ToxCast, HTTK, and ExpoCast tools for chemical risk prioritization: in vitro-in vivo extrapolation and reverse dosimetry

### John Wambaugh

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Office of Research and Development
U.S. Environmental Protection Agency

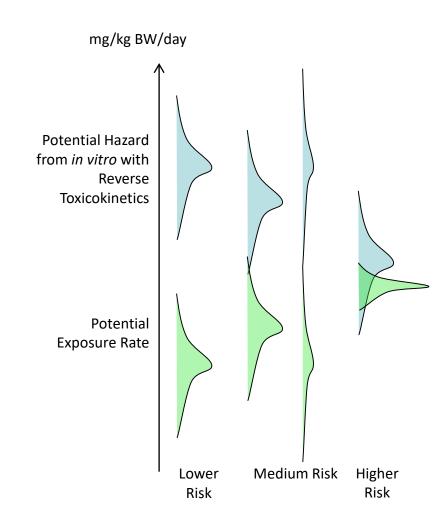
Computational Methods in Chemical Risk
Assessment Workshop
September 17<sup>th</sup>, 2019

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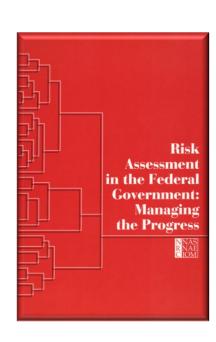
# **High Throughput Toxicokinetics (HTTK)**

- Most chemicals do not have TK data
- In order to address greater numbers of chemicals we collect in vitro, high throughput toxicokinetic (HTTK) data (Rotroff et al., 2010, Wetmore et al., 2012, 2015)
- HTTK methods have been used by the pharmaceutical industry to determine range of efficacious doses and to prospectively evaluate success of planned clinical trials (Jamei, et al., 2009; Wang, 2010)
- The **primary goal** of HTTK is to provide a human dose context for bioactive in vitro concentrations from HTS (i.e., in vitro-in vivo extrapolation, or **IVIVE**) (e.g., Wetmore et al., 2015)
- **Secondary goal** is to provide **open source data and models** for evaluation and use by the broader scientific community (Pearce et al, 2017a)

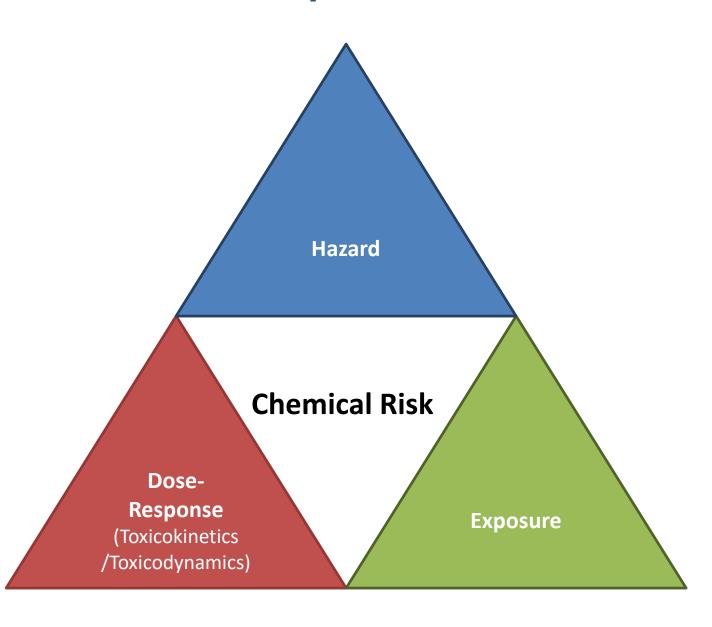




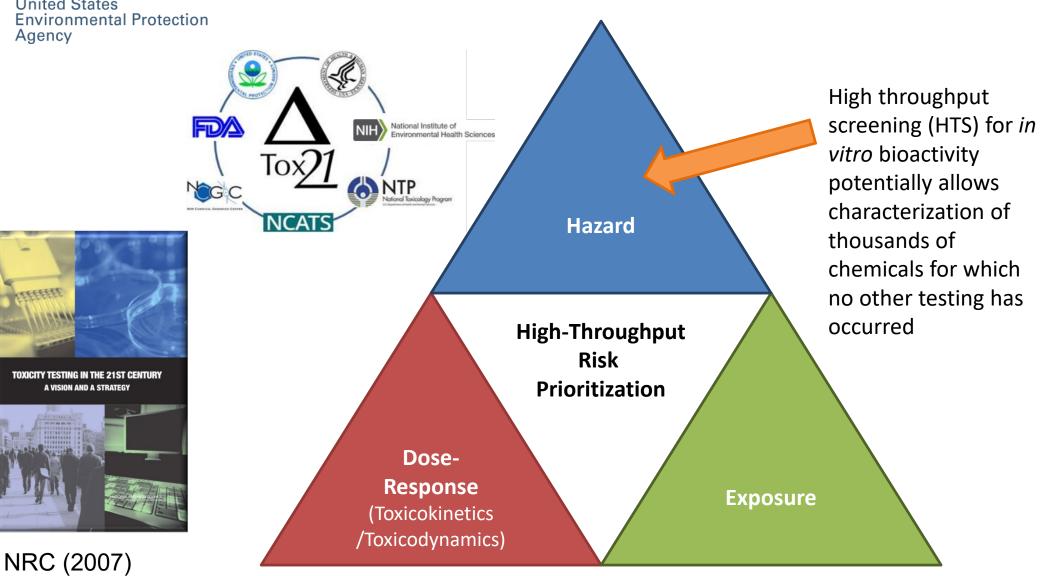
# **Three Components for Chemical Risk**



NRC (1983)



# High-Throughput Risk Prioritization

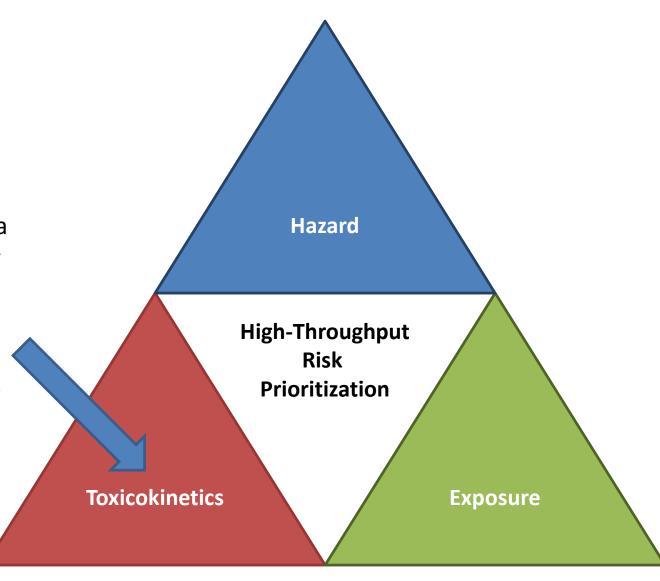


# **Environmental Protection** Agency

# **High Throughput Toxicokinetics (HTTK)**

Toxicokinetics (TK) describes the Absorption, Distribution, Metabolism, and Excretion (ADME) of a chemical by the body

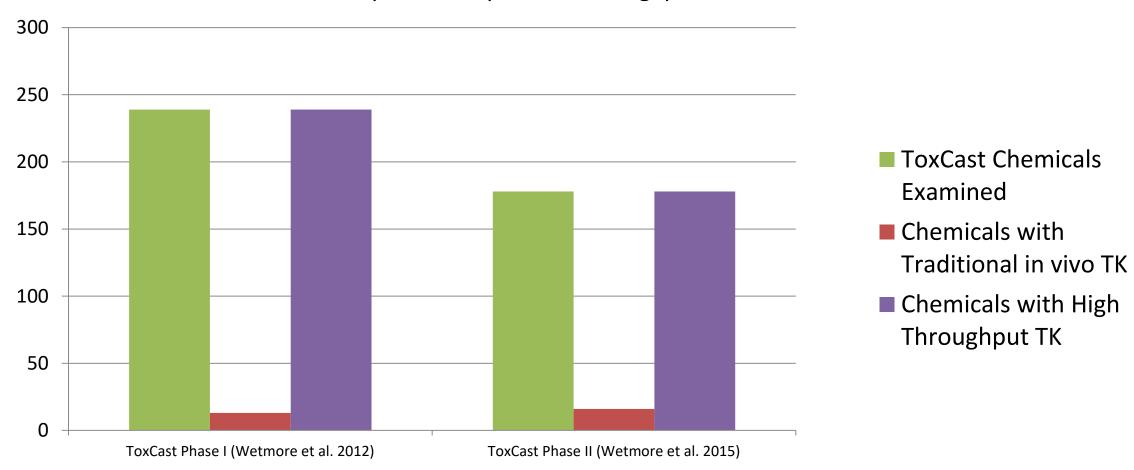
TK relates external exposures to internal tissue concentrations of chemical





### The Need for In Vitro Toxicokinetics

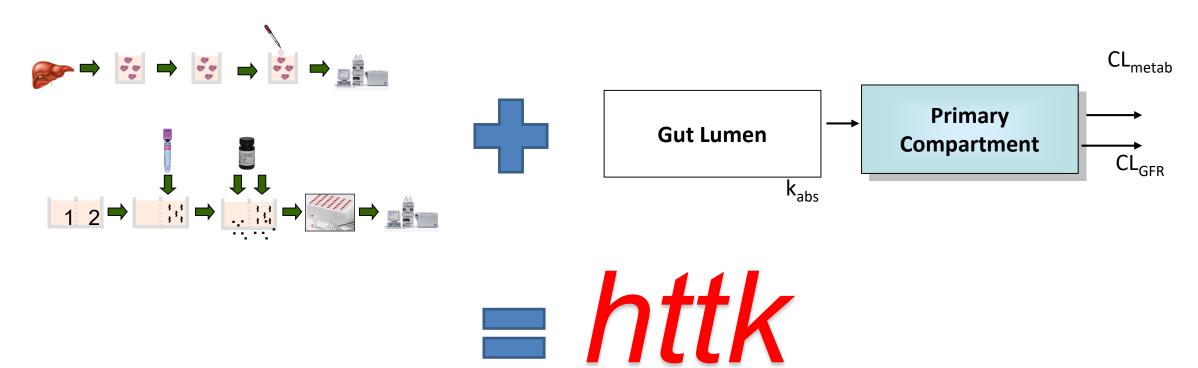
Most chemicals do not have TK data – Wetmore et al. (2012...) use in vitro methods adapted from pharma to fill gaps





# High Throughput Toxicokinetics (HTTK)

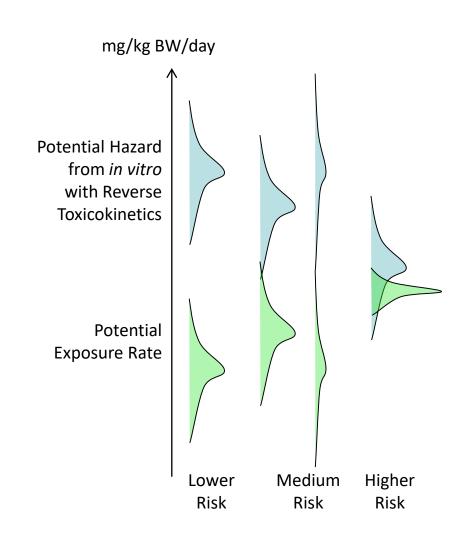
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### HTTK for Public Health Risk Assessment

- In order to address greater numbers of chemicals we collect in vitro toxicokinetic data (Rotroff et al., 2010, Wetmore et al., 2012, 2015)
- In vitro TK methods have been used by the pharmaceutical industry to determine range of efficacious doses and to prospectively evaluate success of planned clinical trials (Jamei, et al., 2009; Wang, 2010)
- The **primary goal** of HTTK is to provide a human dose context for bioactive in vitro concentrations from HTS (i.e., in vitro-in vivo extrapolation, or IVIVE) (e.g., Wetmore et al., 2015)
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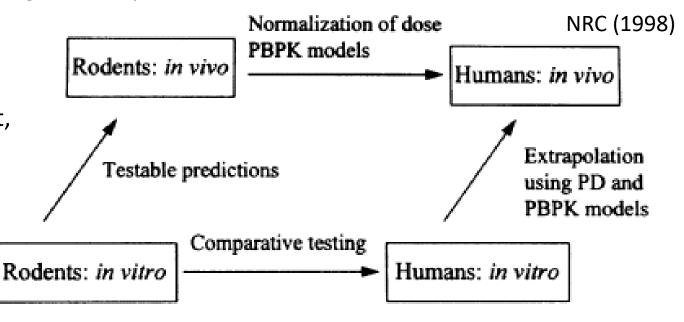




# In Vitro - In Vivo Extrapolation (IVIVE)

Utilization of *in vitro* experimental data to predict phenomena *in vivo* 

- IVIVE-PK/TK (**Pharmacokinetics/Toxicokinetics**):
  - Fate of molecules/chemicals in body
  - Considers absorption, distribution, metabolism, excretion (ADME)
  - Uses empirical PK and physiologically-based (PBPK) modeling
- IVIVE-PD/TD (**Pharmacodynamics/Toxicodynamics**):
  - Effect of molecules/chemicals at biological target in vivo
  - Assay design/selection important
  - Perturbation as adverse/therapeutic effect, reversible/irreversible effects
- Both contribute to *in vivo* effect prediction

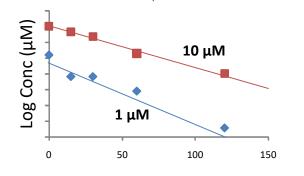


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#### In Vitro Data for HTTK

Cryopreserved hepatocyte suspension **Add Chemical Remove Aliquots Analytical** Cryopreserved Shibata et al. (2002) (1 and 10 µM) at 15, 30, 60, 120 Chemistry **Hepatocytes** (10 donor pool for min human)

> The rate of disappearance of parent compound (slope of line) is the hepatic clearance (µL/min/10<sup>6</sup> hepatocytes)



We perform the assay at 1 and 10 µM to check for saturation of metabolizing enzymes.

- Most chemicals do not have TK data we use *in vitro* HTTK methods adapted from pharma to fill gaps
- In drug development, HTTK methods allow **IVIVE** to estimate therapeutic doses for clinical studies predicted concentrations are typically on the order of values measured in clinical trials (Wang, 2010)

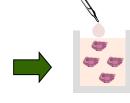
# **Environmental Protection** Agency

#### In Vitro Data for HTTK

Cryopreserved hepatocyte suspension









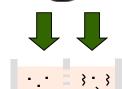
**Analytical** Chemistry

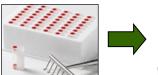
Shibata et al. (2002)

Cryopreserved Hepatocytes (10 donor pool for human)

**Add Chemical** (1 and 10 µM) **Remove Aliquots** at 15, 30, 60, 120 min









Rapid Equilibrium Dialysis (RED) Waters et al. (2008)

**Double-wells** connected by semipermeable membrane on a **Rapid Equilibrium** Dialysis (RED) Plate

Add plasma (6 donor pool for human) to one well

Add chemical

Incubate plates to allow wells with and without protein to come to equilibrium

Determine concentration in both wells (analytical chemistry)

Most chemicals do not have TK data we use *in vitro* HTTK methods adapted from pharma to fill gaps

In drug development, HTTK methods allow IVIVE to estimate therapeutic doses for clinical studies predicted concentrations are typically on the order of values measured in clinical trials (Wang, 2010)

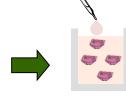
### Jnited States **Environmental Protection** Agency

#### In Vitro Data for HTTK

Cryopreserved hepatocyte suspension Shibata et al. (2002)









**Analytical** Chemistry

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Rotroff et al. (2010) **35** chemicals

Most chemicals do

not have TK data -

methods adapted

from pharma to fill

**Environmental** 

chemicals:

gaps

we use *in vitro* HTTK

Wetmore et al. (2012) +204 chemicals

Wetmore et al. (2015) +163 chemicals

Wambaugh et al. (submitted) +389 chemicals



# Simple Model for Steady-State Plasma Concentration (C<sub>ss</sub>)

$$\mathcal{L}_{SS} = \frac{Cl_{int}}{\left(GFR * f_{up}\right) + \left(Q_l * f_{up} * \frac{Cl_{int}}{Q_l + f_{up} * Cl_{int}}\right)}$$

Wilkinson and Shand (1975)

Passive Renal Clearance (GFR: Glomerular filtration rate f<sub>un</sub>: fraction unbound in plasma)

Hepatic Metabolism (Cl<sub>int</sub>: Scaled hepatic clearance Q<sub>i</sub>: Blood flow to liver)

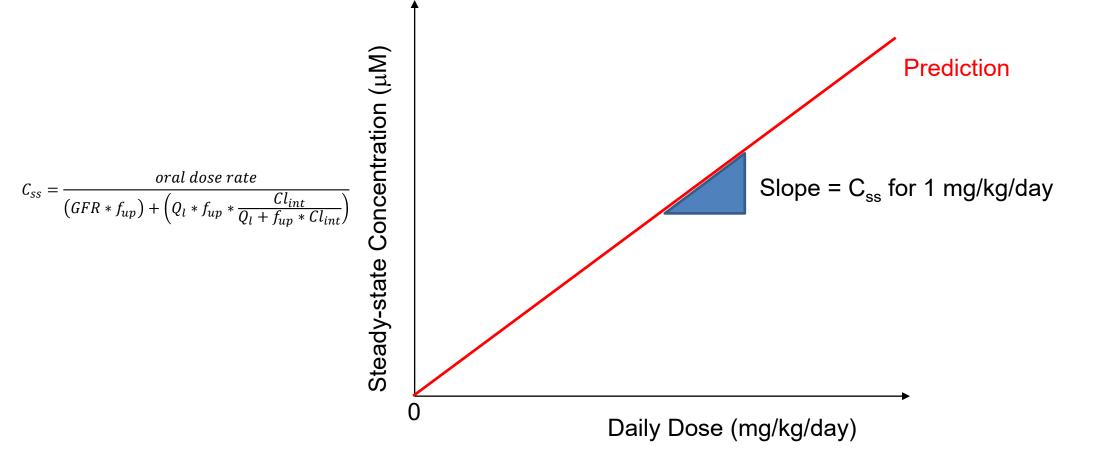


# Assume that Steady-State is Linear with Dose

$$C_{SS} = \frac{oral\ dose\ rate}{\left(GFR * f_{up}\right) + \left(Q_{l} * f_{up} * \frac{Cl_{int}}{Q_{l} + f_{up} * Cl_{int}}\right)}$$



# Assume that Steady-State is Linear with Dose



Can calculate predicted steady-state concentration ( $C_{ss}$ ) for a 1 mg/kg/day dose and multiply to get concentrations for other doses



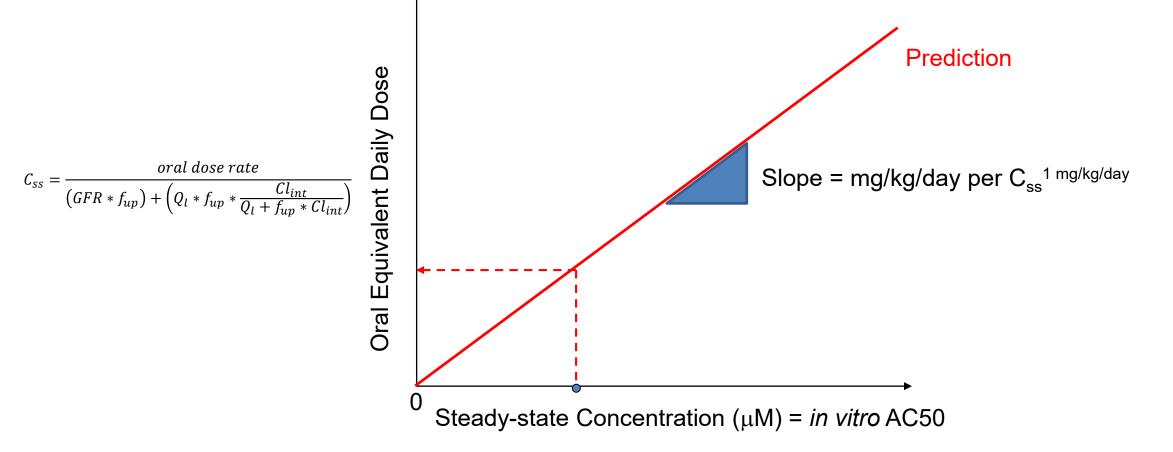
# Assume that Steady-State is Linear with Dose

Concentration (µM) **Prediction** Slope =  $C_{ss}$  for 1 mg/kg/day Steady-state Daily Dose (mg/kg/day)

> Can calculate predicted steady-state concentration (C<sub>ss</sub>) for a 1 mg/kg/day dose and multiply to get concentrations for other doses



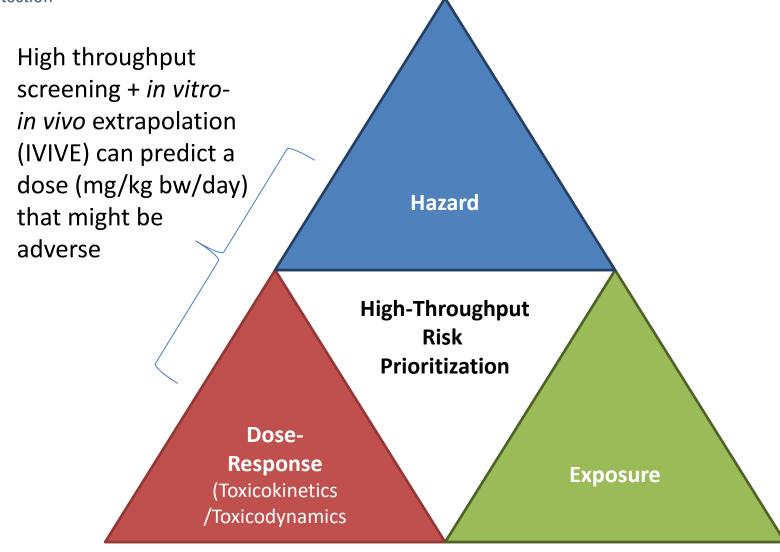
# **HTTK Allows Steady-State** In Vitro-In Vivo Extrapolation (IVIVE)



Can calculate predicted steady-state concentration ( $C_{ss}$ ) for a 1 mg/kg/day dose and multiply to get concentrations for other doses

# **Environmental Protection** Agency

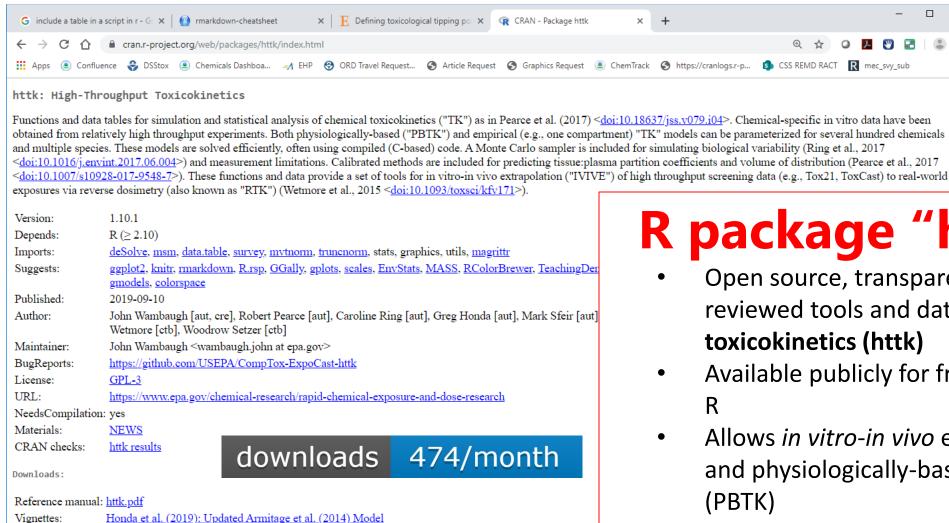
# **New Exposure Data and Models**





# **Open Source Tools and Data for HTTK**

https://CRAN.R-project.org/package=httk



Pearce et al. (2017) Creating Partition Coefficient Evaluation Plots

Ring et al. (2017) Global sensitivity analysis plotting Ring et al. (2017) Height and weight spline fits and residuals

Ring et al. (2017) Age distributions Ring et al. (2017) Global sensitivity analysis

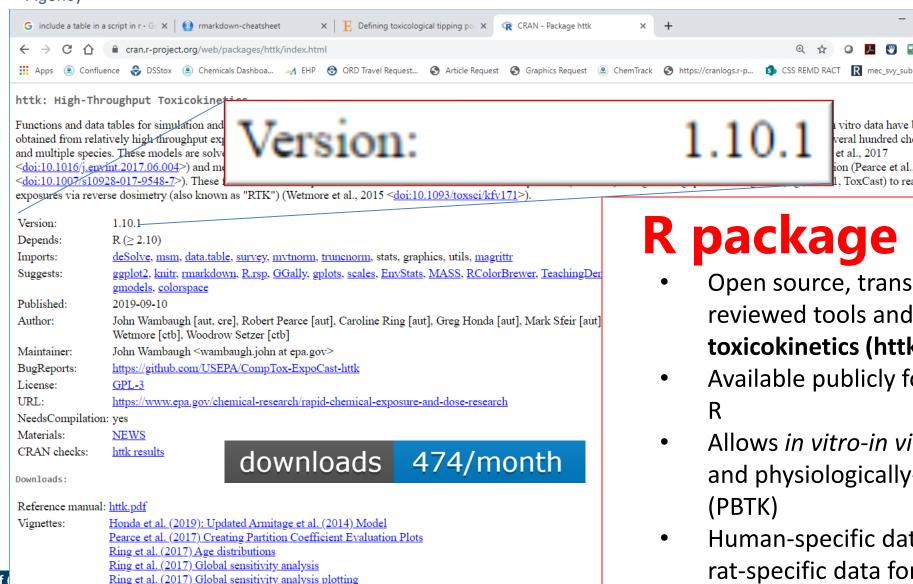
# R package "httk"

- Open source, transparent, and peerreviewed tools and data for high throughput toxicokinetics (httk)
- Available publicly for free statistical software
- Allows in vitro-in vivo extrapolation (IVIVE) and physiologically-based toxicokinetics (PBTK)
- Human-specific data for 944 chemicals and rat-specific data for 171 chemicals



### **Open Source Tools and Data for HTTK**

https://CRAN.R-project.org/package=httk



Ring et al. (2017) Height and weight spline fits and residuals

# R package "httk"

et al., 2017

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ToxCast) to real-world

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# What you can do with R Package "httk"?

- Predict internal tissue concentrations from dose regimen (oral and intravenous)
- Convert *in vitro* concentration to *in vivo* doses (reverse dosimetry)
- Use the built in chemical library or add more chemical information (examples provided in JSS paper)
- Load specific (older) versions of the package
- Use specific demographics in the population simulator (v1.5 and later Ring et al., 2017)
  - Gender, age, weight, ethnicity, renal function
- Control the built in random number generator to reproduce the same random sequence (function set.seed())



# **Does My Chemical Have HTTK Data?**

#### Is a chemical available?

```
> "80-05-7" %in% get cheminfo()
[1] TRUE
```

#### > library(httk)

> get cheminfo()

[1] "2971-36-0" "94-75-7" "94-82-6" "90-43-7" "1007-28-9" [6] "71751-41-2" "30560-19-1" "135410-20-7" "34256-82-1" "50594-66-6" [11] "15972-60-8" "116-06-3" "834-12-8" "33089-61-1" "101-05-3" "131860-33-8" "22781-23-3" "1861-40-1" ... [16] "1912-24-9" "86-50-0"

> get cheminfo(info="all")

#### All data on chemicals A, B,

subset(get cheminfo(in fo="all"),Compound%in% c("A", "B", "C"))

•			pKa_Acce				Human.Clint.p Human.Funbou DSSTox_Substance_I					
Compound	CAS	logP	pt	pKa_Donor	MW	<b>Human.Clint</b>	Value	nd.plasma	d	Structure_Formula	3 Substance	_Туре
2,4-d	94-75-7	2.81	<na></na>	2.81	221.03	0	0.149	0.04	DTXSID0020442	C8H6Cl2O3	Single	Compound
2,4-db	94-82-6	3.53	<na></na>	4.5	249.09	0	0.104	0.01	DTXSID7024035	C10H10Cl2O3	Single	Compound
2-phenylphenol	90-43-7	3.09	<na></na>	10.6	170.211	2.08	0.164	0.04	DTXSID2021151	C12H10O	Single	Compound
6-desisopropylatrazine	1007-28-9	1.15	1.59	<na></na>	173.6	0	0.539	0.46	DTXSID0037495	C5H8CIN5	Single	Compound



# **Oral Equivalent Dose Examples**

```
#State-state oral equivalent dose (mg/kg BW/day) to produce 0.1 uM serum concentration for human, 0.95
quantile, for Acetochlor (published value):
get wetmore oral equiv(0.1, chem.cas="34256-82-1")
#State-state oral equivalent dose (mg/kg BW/day) to produce 0.1 uM serum concentration for human, 0.95
quantile, for Acetochlor (calculated value):
calc mc oral equiv(0.1, chem.cas="34256-82-1")
#State-state oral equivalent dose (mg/kg BW/day) to produce 0.1 uM serum concentration for human, 0.05,
0.5, and 0.95 quantile, for Acetochlor (published values):
get wetmore oral equiv(0.1, chem.cas="34256-82-1", which.quantile=c(0.05, 0.5, 0.95))
#State-state oral equivalent dose (mg/kg BW/day) to produce 0.1 uM serum concentration for human, 0.05,
0.5, and 0.95 quantiles, for Acetochlor (calculated value):
calc mc oral equiv (0.1, \text{chem.cas}="34256-82-1", \text{which.quantile}=c(0.05, 0.5, 0.95))
#State-state oral equivalent dose (mg/kg BW/day) to produce 0.1 uM serum concentration for rat, 0.95
quantile, for Acetochlor (calculated value):
calc mc oral equiv(0.1, chem.cas="34256-82-1", species="Rat")
```



# Interspecies Extrapolation Examples

```
#Steady-state concentration (uM) for 1 mg/kg/day for 0.95 quantile for human for Acetochlor (calculated value):
calc mc css(chem.cas="34256-82-1")
#Steady-state concentration (uM) for 1 mg/kg/day for 0.95 quantile for rat for Acetochlor (should produce errors since
there is no published value, 0.5 quantile only):
get wetmore css(chem.cas="34256-82-1", species="Rat")
#Steady-state concentration (uM) for 1 mg/kg/day for 0.95 quantile for rat for Acetochlor (calculated value):
calc mc css(chem.cas="34256-82-1", species="Rat")
#Steady-state concentration (uM) for 1 mg/kg/day for 0.5 quantile for rat for Acetochlor (published value):
get wetmore css(chem.cas="34256-82-1", species="Rat", which.quantile=0.5)
#Steady-state concentration (uM) for 1 mg/kg/day for 0.5 quantile for rat for Acetochlor (calculated value):
calc mc css(chem.cas="34256-82-1", species="Rat", which.quantile=0.5)
#Steady-state concentration (uM) for 1 mg/kg/day for 0.95 quantile for mouse for Acetochlor (should produce error since
there is no published value, human and rat only):
get wetmore css(chem.cas="34256-82-1", species="Mouse")
#Steady-state concentration (uM) for 1 mg/kg/day for 0.95 quantile for mouse for Acetochlor (calculated value):
calc mc css(chem.cas="34256-82-1", species ="Mouse")
calc mc css(chem.cas="34256-82-1", species ="Mouse", default.to.human=T)
```



# **Doing Statistical Analysis with HTTK**

- If we are to use HTTK, then we need confidence in its predictive ability
- In drug development, HTTK methods estimate therapeutic doses for clinical studies predicted concentrations are typically on the order of values measured in clinical trials (Wang, 2010)
  - For most compounds in the environment there will be no clinical trials
- Uncertainty must be well characterized
  - We compare to in vivo data to get empirical estimates of HTTK uncertainty
  - ORD has both compiled existing (literature) TK data (Wambaugh et al., 2015) and conducted new experiments in rats on chemicals with HTTK in vitro data (Wambaugh et al., 2018)
  - Any approximations, omissions, or mistakes should work to increase the estimated uncertainty when evaluated systematically across chemicals

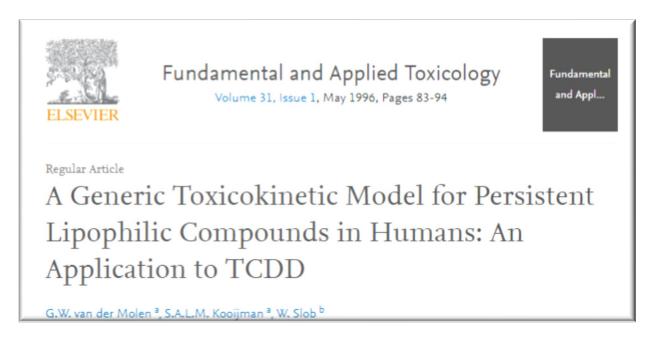


# Why Build Another Generic PBTK Tool?

	SimCYP	ADMET Predictor / GastroPlus	MEGen	IndusChemFate	httk	
Maker	SimCYP Consortium / Certara	Simulations Plus	UK Health and Safety Laboratory	Cefic LRI	US EPA	
Reference	Jamei et al. (2009)	Lukacova et al., (2009)	Loizou et al. (2011)	Jongeneelen et al., (2013)	Pearce et al. (2017a)	
Availability	License, but inexpensive for research	License, but inexpensive for research	Free: http://xnet.hsl.gov.uk/megen	Free: http://cefic-lri.org/lri_toolbox/induschemfate/	Free: https://CRAN.R-project.org/package=httk	
Open Source	No	No	Yes	No	Yes	
Default PBPK Structure	Yes	Yes	No	Yes	Yes	
Expandable PBPK Structure	No	No	Yes	No	No	
Population Variability	Yes	No	No	No	Yes	
Batch Mode	Yes	Yes	No	No	Yes	
Graphical User Interface	Yes	Yes	Yes	Excel	No	
Physiological Data	Yes	Yes	Yes	Yes	Yes	
Chemical-Specific Data Library	Many Clinical Drugs	No	No	15 Environmental Compounds	543 Pharmaceutical and ToxCast Compounds	
Ionizable Compounds	Yes	Yes	Potentially	No	Yes	
Export Function	No	No	Matlab and AcsIX	No	SBML and Jarnac	
R Integration	No	No	No	No	Yes	
Easy Reverse Dosimetry	Yes	Yes	No	No	Yes	
Future Proof XML	No	No	Yes	No	No	

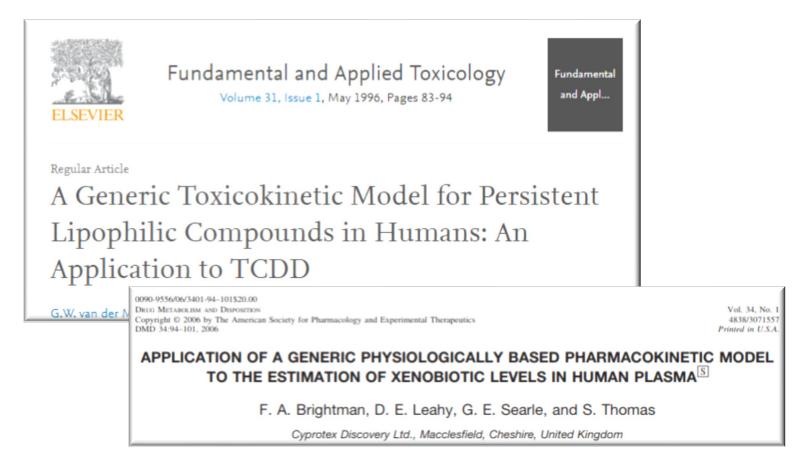


There is nothing new about the idea of generic PBTK models...



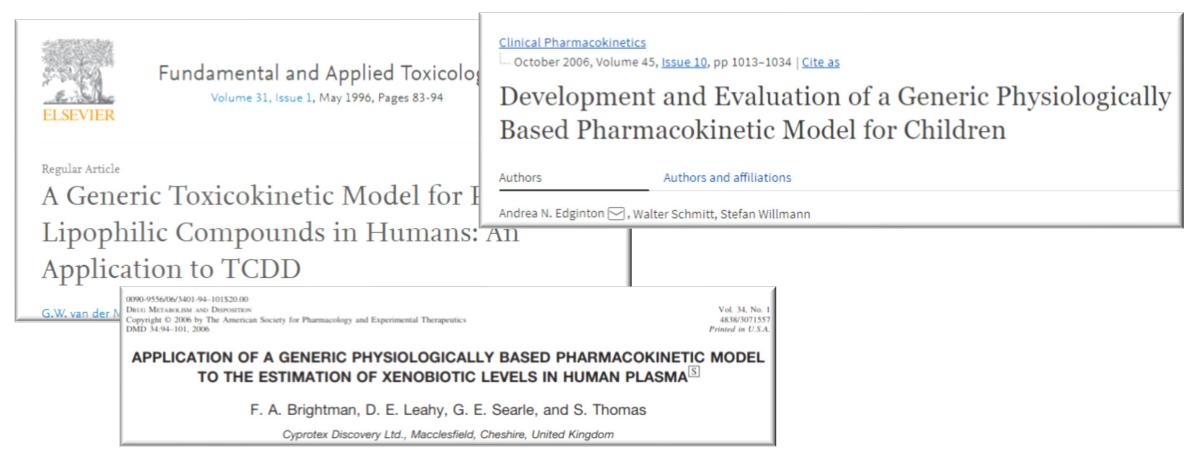


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Fundamental and Applied Toxicolo

Volume 31, Issue 1, May 1996, Pages 83-94

Regular Article

A Generic Toxicokinetic Model for I Lipophilic Compounds in Humans: An

Application to TCDD

DRUG METABOLISM AND DISPOSITION

Copyright © 2006 by The American Society for Pharmacology and Experimental Therapeutics DMD 34-94-101, 2006

APPLICATION OF A GENERIC PHYSIOLOGICALLY BASED PHARMACOL TO THE ESTIMATION OF XENOBIOTIC LEVELS IN HUMAN PLA

F. A. Brightman, D. E. Leahy, G. E. Searle, and S. Thomas

Cyprotex Discovery Ltd., Macclesfield, Cheshire, United Kingdom

#### Clinical Pharmacokinetics

October 2006, Volume 45, <u>Issue 10</u>, pp 1013-1034 | <u>Cite as</u>

Development and Evaluation of a Generic Physiologically Based Pharmacokinetic Model for Children

Authors

Authors and affiliations

Andrea N. Edginton , Walter Schmitt, Stefan Willmann

Ann. Occup. Hvg., Vol. 55, No. 8, pp. 841-864, 2011 © The Author 2011. Published by Oxford University Press on behalf of the British Occupational Hygiene Society

A Generic, Cross-Chemical Predictive PBTK Model with Multiple Entry Routes Running as Application in MS Excel; Design of the Model and Comparison of **Predictions with Experimental Results** 

FRANS J. JONGENEELEN1\* and WIL F. TEN BERGE2

IndusTox Consult, PO Box 31070, NL-6503 CB Nijmegen, the Netherlands; 2Santoxar, Wolter Visscherstraat 40, NL-6931 CV Westervoort, the Netherlands



# Open Source, Verifiable, Reproducible

TOXICOLOGICAL SCIENCES 126(1), 5-15 (2012) doi:10.1093/toxsci/kfr295 Advance Access publication November 1, 2011

> Physiologically Based Pharmacokinetic Model Use in Risk Assessment—Why Being Published Is Not Enough

Eva D. McLanahan,\* Hisham A. El-Masri, Lisa M. Sweeney, Leonid Y. Kopylev, Harvey J. Clewell, John F. Wambaugh, and P. M. Schlosser

"Although publication of a PBPK model in a peerreviewed journal is a mark of good science, subsequent evaluation of published models and the supporting computer code is necessary for their consideration for use in [Human Health Risk Assessments]"

#### The White House

Office of the Press Secretary

For Immediate Release

May 09, 2013

### Executive Order -- Making Open and Machine Readable the New Default for Government Information

EXECUTIVE ORDER

MAKING OPEN AND MACHINE READABLE THE NEW DEFAULT FOR GOVERNMENT INFORMATION

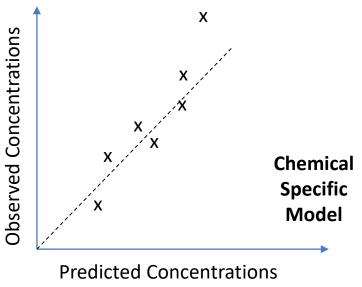
By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1. General Principles. Openness in government strengthens our democracy, promotes the delivery of efficient and effective services to the public, and contributes to economic growth. As one vital benefit of open government, making information resources easy to find, accessible, and usable

"...the default state of new and modernized Government information resources shall be open and machine readable."

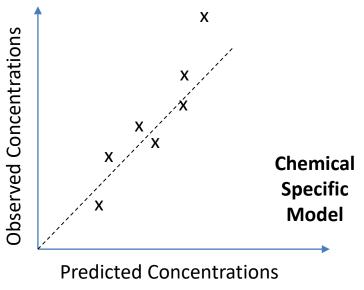


- In order to evaluate a **chemical-specific TK model** for "chemical x" you can compare the predictions to in vivo measured data
  - Can estimate bias
  - Can estimate uncertainty
  - Can consider using model to extrapolate to other situations (dose, route, physiology) where you don't have data



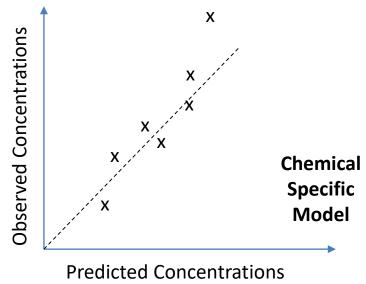


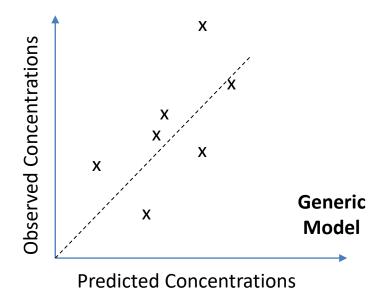
- In order to evaluate a **chemical-specific TK model** for "chemical x" you can compare the predictions to *in vivo* measured data
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- However, we do not typically have TK data





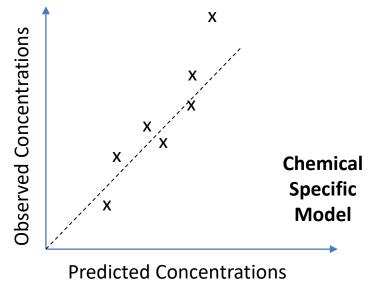
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- However, we do not typically have TK data
- We can parameterize a **generic TK model**, and evaluate that model for as many chemicals as we do have data
  - We do expect larger uncertainty, but also greater confidence in model implementation
  - Estimate bias and uncertainty, and try to correlate with chemical-specific properties

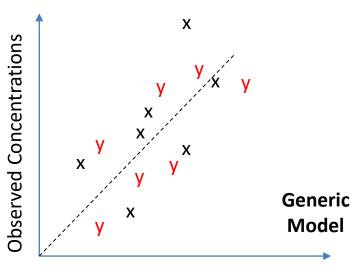






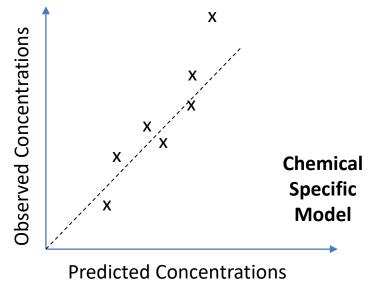
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  - Estimate bias and uncertainty, and try to correlate with chemical-specific properties
  - Can consider using model to extrapolate to other situations (chemicals without in vivo data)

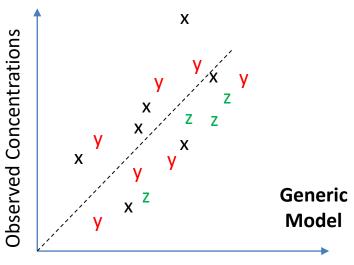






- In order to evaluate a **chemical-specific TK model** for "chemical x" you can compare the predictions to in vivo measured data
  - Can estimate bias
  - Can estimate uncertainty
  - Can consider using model to extrapolate to other situations (dose, route, physiology) where you don't have data
- However, we do not typically have TK data
- We can parameterize a **generic TK model**, and evaluate that model for as many chemicals as we do have data
  - We do expect larger uncertainty, but also greater confidence in model implementation
  - Estimate bias and uncertainty, and try to correlate with chemical-specific properties
  - Can consider using model to extrapolate to other situations (chemicals without in vivo data)





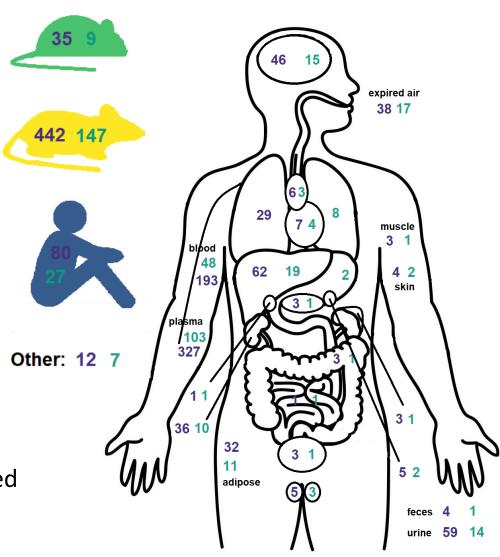
**Predicted Concentrations** 



### In Vivo TK Database

- EPA is developing a public database of concentration vs. time data for building, calibrating, and evaluating TK models
- Curation and development ongoing, but to date includes:
  - 198 analytes (EPA, National Toxicology Program, literature)
  - Routes: Intravenous, dermal, oral, sub-cutaneous, and inhalation exposure
- Database will be made available through web interface and through the "httk" R package
- Standardized, open source curve fitting software invivoPKfit used to calibrate models to all data:

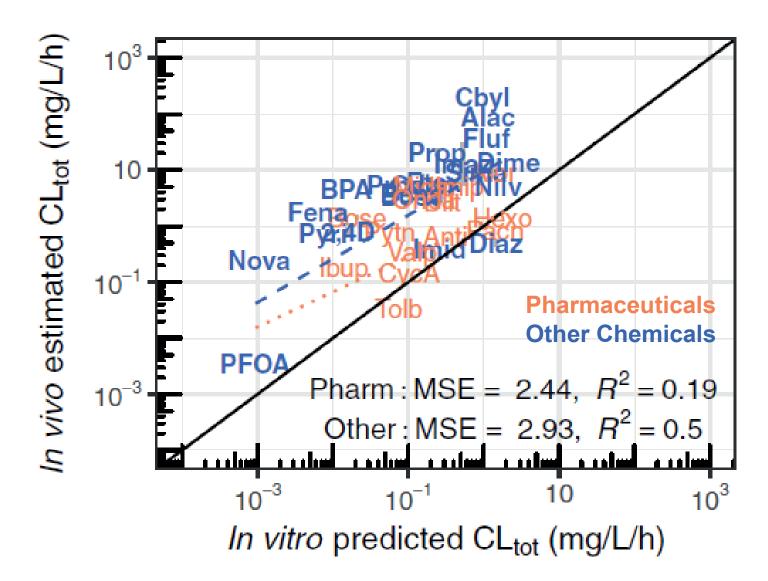
https://github.com/USEPA/CompTox-ExpoCast-invivoPKfit





- We estimate clearance from two processes – hepatic metabolism (liver) and passive glomerular filtration (kidney)
- This appears to work better for pharmaceuticals than other chemicals:
  - ToxCast chemicals are overestimated
- Non-pharmaceuticals may be subject to extrahepatic metabolism and/or active transport

#### **Observed Total Clearance**

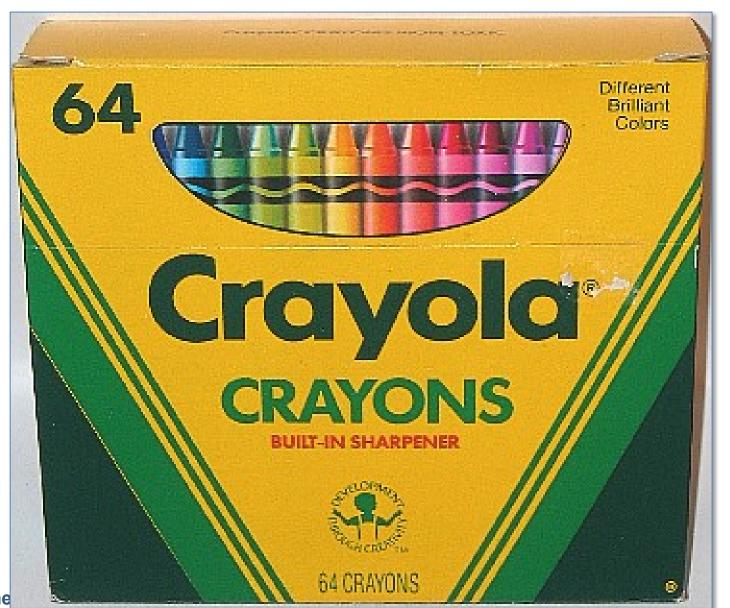




# Uncertainty

Until I open the box, I don't know what colors I have...

...especially if my six-year-old has been around.





# **Variability**

Different crayons have different colors...





# **Variability**

Different crayons have different colors, and none of them are the "average" color







Correlated Monte Carlo sampling of physiological model parameters built into R "httk" package (Pearce et al., 2017):

# Sample NHANES biometrics for actual individuals:

Sex

Race/ethnicity

Age

Height

Weight

Serum creatinine

# **Population simulator for HTTK**





Correlated Monte Carlo sampling of physiological model parameters built into R "httk" package (Pearce et al., 2017):

Sample NHANES biometrics for actual individuals:

Sex

Race/ethnicity

Age

Height

Weight

Serum creatinine

# **Population simulator for HTTK**



Regression equations from literature (McNally *et al.*, 2014) (+ residual marginal variability)

(Similar approach used in SimCYP [Jamei et al. 2009], GastroPlus, PopGen [McNally et al. 2014], P3M [Price et al. 2003], physB [Bosgra et al. 2012], etc.)



**Correlated Monte Carlo** sampling of physiological model parameters built into R "httk" package (Pearce et al., 2017):

Sample NHANES biometrics for actual individuals:

Sex

Race/ethnicity

Age

Height

Weight

Serum creatinine

# Population simulator for HTTK



Regression equations from literature (McNally *et al.*, 2014) (+ residual marginal variability)

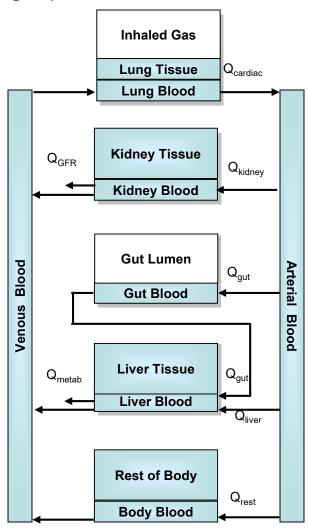
(Similar approach used in SimCYP [Jamei et al. 2009], GastroPlus, PopGen [McNally et al. 2014], P3M [Price et al. 2003], physB [Bosgra et al. 2012], etc.)

**Predict** physiological quantities

Tissue masses Tissue blood flows GFR (kidney function) Hepatocellularity



#### A General Physiologically-based Toxicokinetic (PBTK) Model



- "httk" includes a generic PBTK model
- Some tissues (e.g. arterial blood) are simple compartments, while others (e.g. kidney) are compound compartments consisting of separate blood and tissue sections with constant partitioning (i.e., tissue specific partition coefficients)
- Exposures are absorbed from reservoirs (gut lumen)
- Some specific tissues (lung, kidney, gut, and liver) are modeled explicitly, others (e.g. fat, brain, bones) are lumped into the "Rest of Body" compartment.
- The only ways chemicals "leave" the body are through metabolism (change into a metabolite) in the liver or excretion by glomerular filtration into the proximal tubules of the kidney (which filter into the lumen of the kidney).



# Using the PBPK Solver Directly

> solve\_pbtk(chem.name="bisphenol a") Human values returned in uM units.

AUC is area under plasma concentration curve in uM \* days units with Rblood2plasma = 0.79 .

	time	Agutlumen	Cart	Cven	Clung	Cgut	Cliver	Ckidney	Crest	Ametabolized	Atubules	Cplasma	AUC
1	0.00000000	3.066262e+02	0.000000000	0.000000000	0.00000000	0.00000000	0.00000000	0.00000000	0.00000000	0.000000	0.000000000	0.000000000	0.000000000
2	0.01041667	1.777946e+02	0.252404604	0.289357401	2.34961222	71.95247714	23.88887805	3.17239051	0.06633834	1.103540	0.001965999	0.366275191	0.001415222
3	0.02083333	1.030928e+02	0.663546801	0.692443919	5.95361948	72.94086101	49.30121077	12.53395472	0.41370538	5.477242	0.019805484	0.876511290	0.008020654
4	0.03125000	5.977750e+01	0.910686939	0.923595117	8.08203766	59.24553284	59.22914959	20.03511570	0.97336122	11.891203	0.058155028	1.169107743	0.018881627
5	0.04166667	3.466149e+01	0.994369826	0.996290830	8.78392675	45.57617061	58.15644856	23.47916048	1.58728598	18.754595	0.109072218	1.261127633	0.031675711
6	0.05208333	2.009818e+01	0.981524867	0.977956640	8.65208184	34.88429585	51.90784716	23.99286252	2.15118704	25.147879	0.164256077	1.237919798	0.044758176
7	0.06250000	1.165377e+01	0.926013496	0.920482876	8.15543311	27.11616810	44.18962567	23.00423256	2.62028642	30.707988	0.218657261	1.165168198	0.057297100
8	0.07291667	6.757339e+00	0.859093229	0.853432034	7.56423243	21.62793934	36.85482136	21.46883885	2.98678435	35.386289	0.270011356	1.080293714	0.068992681
9	0.08333333	3.918189e+00	0.795826455	0.790823076	7.00793962	17.79524147	30.63396494	19.89308327	3.26066390	39.277132	0.317711616	1.001041868	0.079823984
10	0.09375000	2.271930e+00	0.741984727	0.737874203	6.53564219	15.13140336	25.67820521	18.49771463	3.45816558	42.521813	0.361960026	0.934017979	0.089890783
11	0.10416667	1.317360e+00	0.698658233	0.695416151	6.15609013	13.28227465	21.87980008	17.34966522	3.59596179	45.261901	0.403270191	0.880273609	0.099329065
12	0.11458333	7.638604e-01	0.664880689	0.662381169	5.86041120	11.99714143	19.04089773	16.44307537	3.68868577	47.620183	0.442214748	0.838457176	0.108271310
13	0.12500000	4.429182e-01	0.638989326	0.637082881	5.63384704	11.10081093	16.95420599	15.74336009	3.74820158	49.695527	0.479313885	0.806434026	0.116830921
14	0.13541667	2.568224e-01	0.619267632	0.617815518	5.46128059	10.47174511	15.43657309	15.20907954	3.78368216	51.564032	0.514997202	0.782044959	0.125098496
15	0.14583333	1.489164e-01	0.604208820	0.603095237	5.32948738	10.02601172	14.33906095	14.80163868	3.80200220	53.282565	0.549600846	0.763411692	0.133143464
16	0.15625000	8.634796e-02	0.592592053	0.591725876	5.22777312	9.70583761	13.54631982	14.48876481	3.80820273	54.892746	0.583379000	0.749020097	0.141017591
17	0.16666667	5.006815e-02	0.583474067	0.582786199	5.14788498	9.47155766	12.97181396	14.24503448	3.80592168	56.424569	0.616519237	0.737704050	0.148758699
18	0.17708333	2.903162e-02	0.576148301	0.575587653	5.08364620	9.29599319	12.55204217	14.05115505	3.79775308	57.899409	0.649157738	0.728591965	0.156394049
19	0.18750000	1.683374e-02	0.570096828	0.569626301	5.03053172	9.16055179	12.24115055	13.89285375	3.78552942	59.332367	0.681392276	0.721045950	0.163943113

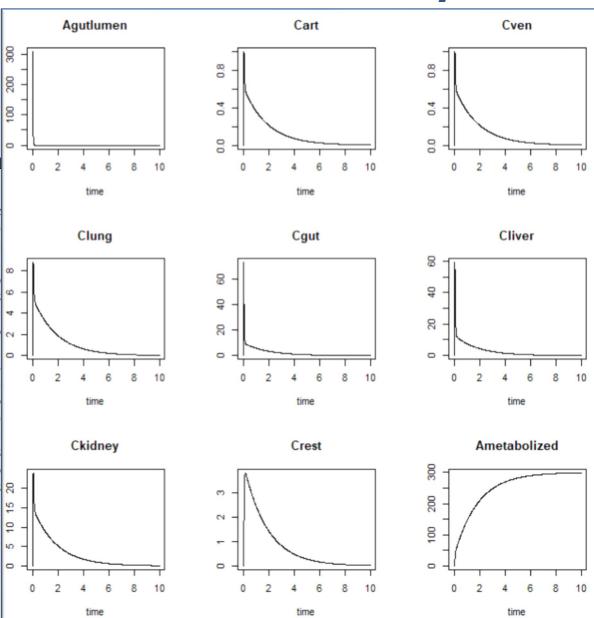


# **Using the PBPK Solver Directly**

> solve\_pbtk(chem.name="bisphenol a", plots=TRUE) Human values returned in uM units.

AUC is area under plasma concentration curve in uM \*

	time	Agutlumen	Cart	Cven	Clung	Cgut	С
1	0.00000000	3.066262e+02	0.000000000	0.000000000	0.00000000	0.00000000	0.000
2	0.01041667	1.777946e+02	0.252404604	0.289357401	2.34961222	71.95247714	23.888
3	0.02083333	1.030928e+02	0.663546801	0.692443919	5.95361948	72.94086101	49.301
4	0.03125000	5.977750e+01	0.910686939	0.923595117	8.08203766	59.24553284	59.229
5	0.04166667	3.466149e+01	0.994369826	0.996290830	8.78392675	45.57617061	58.156
6	0.05208333	2.009818e+01	0.981524867	0.977956640	8.65208184	34.88429585	51.907
7	0.06250000	1.165377e+01	0.926013496	0.920482876	8.15543311	27.11616810	44.189
8	0.07291667	6.757339e+00	0.859093229	0.853432034	7.56423243	21.62793934	36.854
9	0.08333333	3.918189e+00	0.795826455	0.790823076	7.00793962	17.79524147	30.633
10	0.09375000	2.271930e+00	0.741984727	0.737874203	6.53564219	15.13140336	25.678
11	0.10416667	1.317360e+00	0.698658233	0.695416151	6.15609013	13.28227465	21.879
12	0.11458333	7.638604e-01	0.664880689	0.662381169	5.86041120	11.99714143	19.040
13	0.12500000	4.429182e-01	0.638989326	0.637082881	5.63384704	11.10081093	16.954
14	0.13541667	2.568224e-01	0.619267632	0.617815518	5.46128059	10.47174511	15.436
15	0.14583333	1.489164e-01	0.604208820	0.603095237	5.32948738	10.02601172	14.339
16	0.15625000	8.634796e-02	0.592592053	0.591725876	5.22777312	9.70583761	13.546
17	0.16666667	5.006815e-02	0.583474067	0.582786199	5.14788498	9.47155766	12.971
18	0.17708333	2.903162e-02	0.576148301	0.575587653	5.08364620	9.29599319	12.552
19	0.18750000	1.683374e-02	0.570096828	0.569626301	5.03053172	9.16055179	12.241





# Multiple Ways to Use Functions

#### By chemical name:

```
calc analytic css(chem.name="bisphenol a", model="pbtk")
```

#### By chemical CAS:

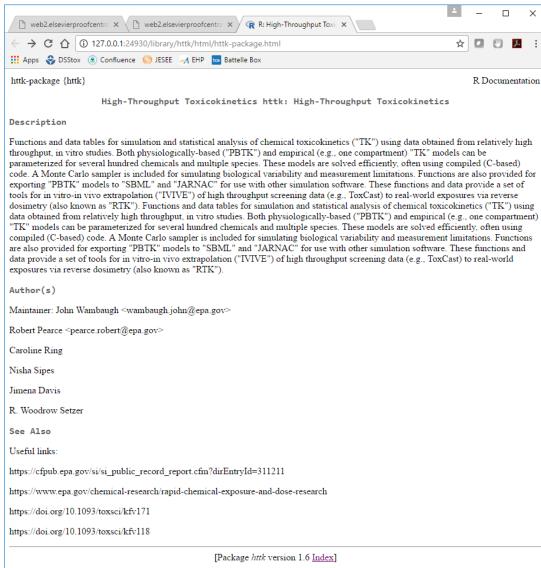
```
calc analytic css(chem.cas="80-05-7", model="pbtk")
```

#### You can change the parameters (for example, compromised renal filtration):

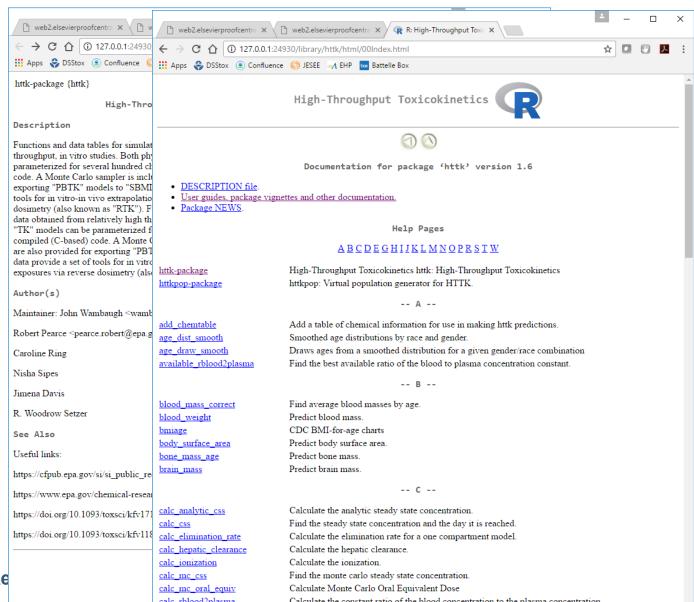
```
p <- parameterize pbtk(chem.cas="80-05-7")</pre>
p$Qqfrc <- p$Qqfrc/10
calc analytic css(parameters=p, model="pbtk")
```



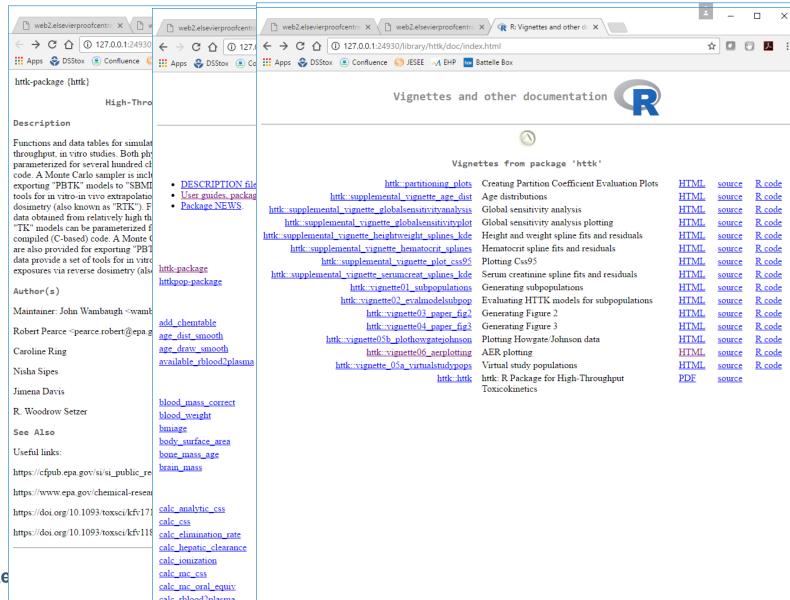
# Getting Help: Within R: type "help(httk)"



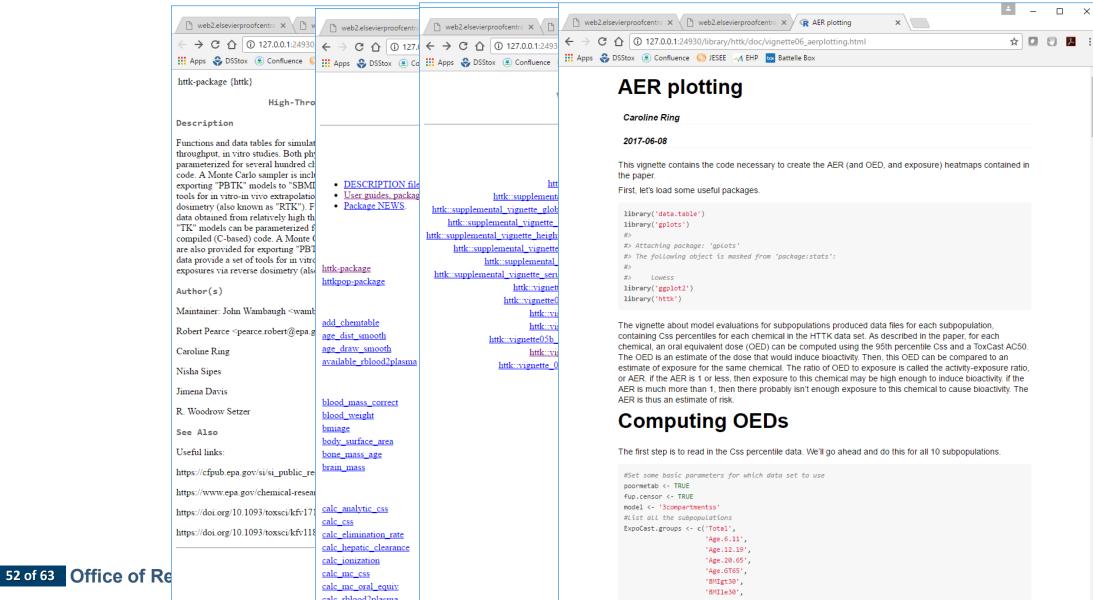


















# **Vignettes**

Reference manual: httk.pdf

Vignettes: Honda et al. (2019): Updated Armitage et al. (2014) Model

Pearce et al. (2017) Creating Partition Coefficient Evaluation Plots

Ring et al. (2017) Age distributions

Ring et al. (2017) Global sensitivity analysis

Ring et al. (2017) Global sensitivity analysis plotting

Ring et al. (2017) Height and weight spline fits and residuals

Ring et al. (2017) Hematocrit spline fits and residuals

Ring et al. (2017) Plotting Css95

Ring et al. (2017) Serum creatinine spline fits and residuals

Ring et al. (2017) Generating subpopulations

Ring et al. (2017) Evaluating HTTK models for subpopulations

Ring et al. (2017) Generating Figure 2 Ring et al. (2017) Generating Figure 3

Ring et al. (2017) Plotting Howgate/Johnson data

Ring et al. (2017) AER plotting

Ring et al. (2017) Virtual study populations
Wambaugh et al. (2018): Creating All Figures

Wambaugh et al. (submitted): Creating Figures for the Manuscript

 R packages can include vignettes which give examp on how to use the package

 "httk" includes step-by-step walkthroughs allowing you recreate figures from paper that used HTTK

See also Pearce et al. (2017): https://10.18637/jss.v079.i04



# **IVIVE** with HTTK: Franke et al. (2018)

Toxicology and Applied Pharmacology 354 (2018) 81-93



Contents lists available at ScienceDirect

#### Toxicology and Applied Pharmacology

journal homepage: www.elsevier.com/locate/taap



Defining toxicological tipping points in neuronal network development\*



Christopher L. Frank<sup>a,1</sup>, Jasmine P. Brown<sup>a,2</sup>, Kathleen Wallace<sup>a</sup>, John F. Wambaugh<sup>b</sup>, Imran Shah<sup>b</sup>, Timothy J. Shafer<sup>a,\*</sup>

a Integrated Systems Toxicology Division, National Health and Environmental Effects Research Laboratory, EPA, Research Triangle Park, NC, USA

<sup>&</sup>lt;sup>b</sup> National Center for Computational Toxicology, EPA, Research Triangle Park, NC, USA



# **IVIVE** with HTTK: **Franke et al. (2018)**

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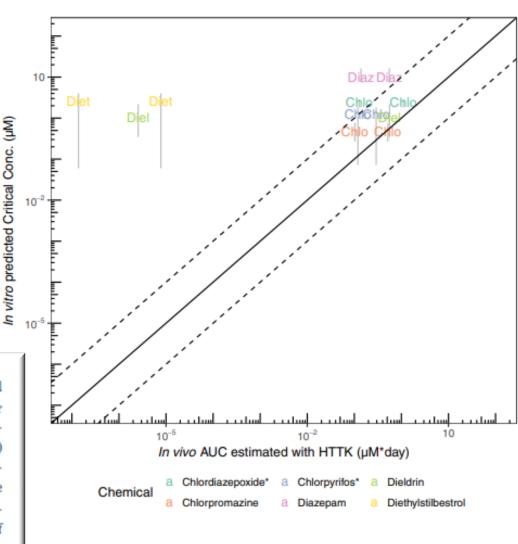
#### Toxicology and Applied Pharmacology

journal homepage: www.elsevier.com/locate/taap

#### Defining toxicological tippir

Christopher L. Frank<sup>a,1</sup>, Jasmine P. Imran Shah<sup>b</sup>, Timothy J. Shafer<sup>a,\*</sup>

Fig. 6. Comparison between predicted plasma levels for critical concentrations and in vivo estimates from the httk model. For those chemicals with 1) in vitro predicted critical concentrations, 2) in vivo studies indicating neurological effect, and 3) available toxicokinetic data the time-integrated plasma concentration (area under the curve or AUC) was predicted for the LOEL associated with each chemical-specific study. The chemical-specific prediction is indicated by the first four letters of each chemicals name. There were two available studies for each chemical. The identity ("perfect predictor") line is indicated by a solid black line, while the dashed lines indicate ten-fold above and below perfect prediction. Because all in vitro treatments were exposed for the same amount of time, the relationship between nominal in vitro concentration and time-integrated concentration is a constant.

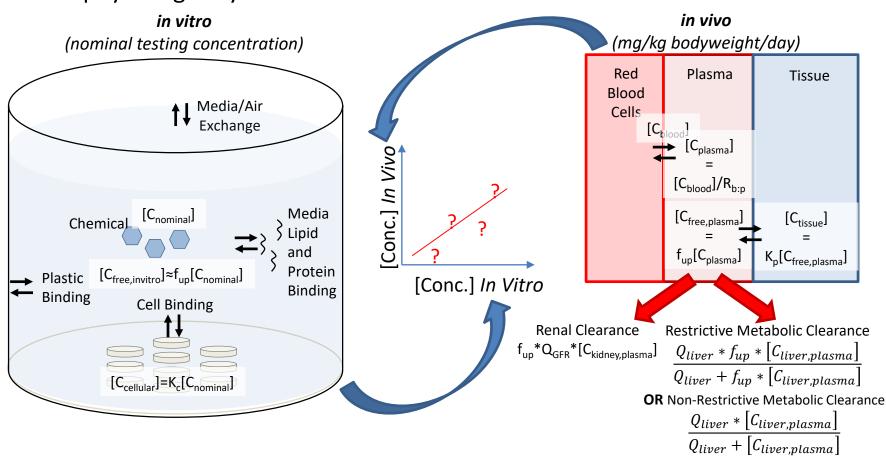


a Integrated Systems Toxicology Division, National Health and b National Center for Computational Toxicology, EPA, Research



### There Are Many Considerations When Doing IVIVE

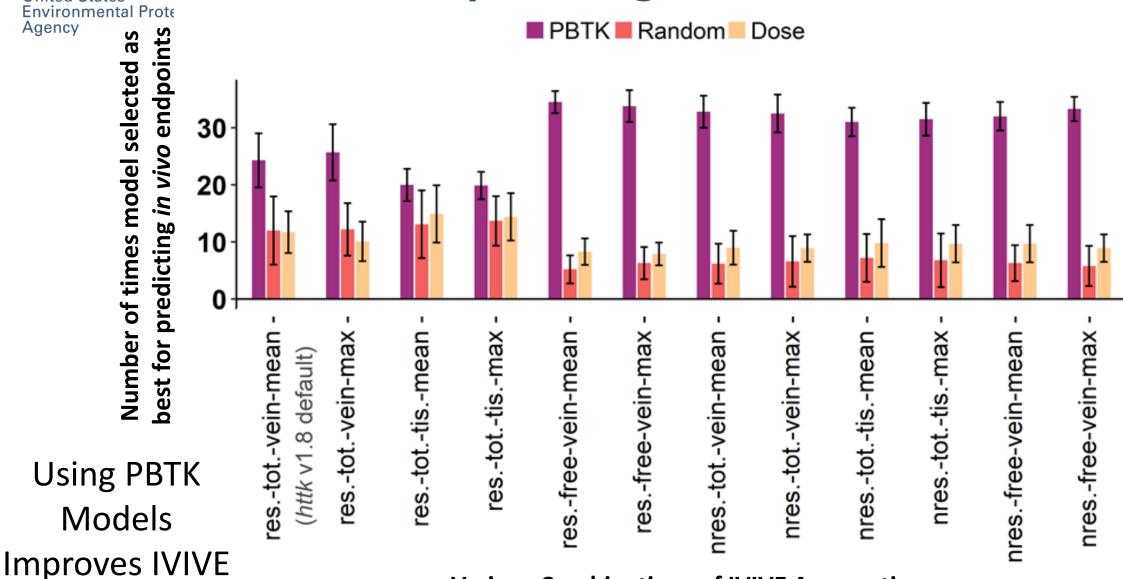
Using the generic HTTK physiologically based toxicokinetics model to inform IVIVE...



Selecting the appropriate in vitro and in vivo concentrations for extrapolation

# **Environmental Prote** Agency

# **Optimizing HTTK-based IVIVE**



**Various Combinations of IVIVE Assumptions** 

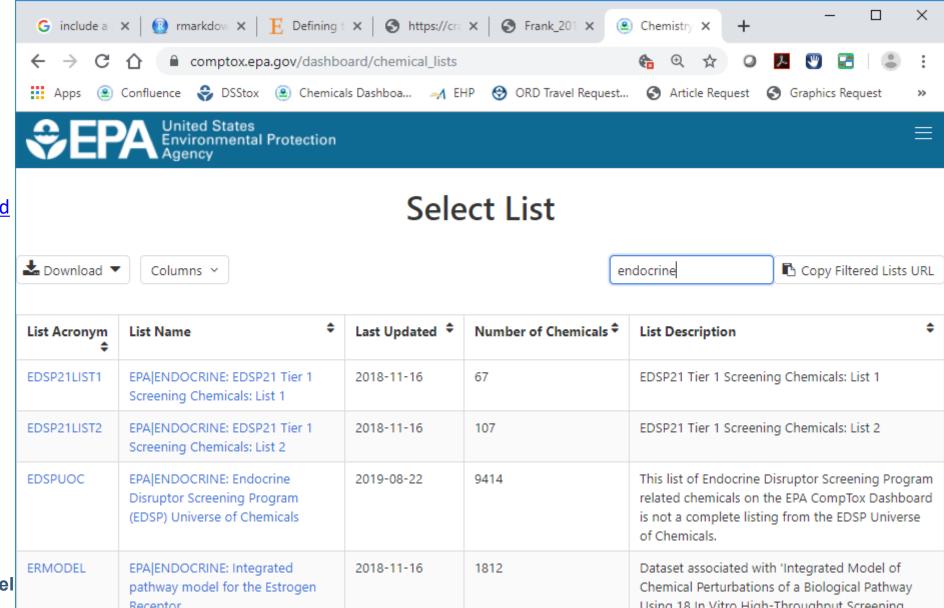


#### **STEP ONE:**

Go to https://comptox.epa.gov/dashboard

Select the "FDSP21LIST1"

### "IVIVE-Example.R": Using IVIVE to Prioritize





#### STEP ONE:

Load the ToxCast, then add in the CAS numbers so we can match chemicals:

```
toxcast <-
read.csv("ac50 Matrix 190708.csv", stringsAsFactors=F)
toxcast$CAS <- sapply(toxcast$X, function(x) paste(
  substr(x, 2, nchar(x) -3),
  substr(x, nchar(x) -2, nchar(x) -1),
  substr(x, nchar(x), nchar(x)),
  sep="-"))
toxcast[regexpr("NOCAS", toxcast$CAS)!=-1, "CAS"] <-
  gsub("-","",toxcast[regexpr("NOCAS",toxcast$CAS)!=-1,"CAS"])
```



#### STEP ONE:

#### **Load your chemicals of interest:**

```
library (gdata)
#install.packages("gdata") if you don't have it
mychems <- read.xls("mychems.xls", stringsAsFactors=F)</pre>
head (mychems)
my.tox <- subset(toxcast, CAS%in%mychems$CASRN)
dim (my.tox)
dim (mychems)
```



#### STEP ONE:

#### Calculate the tenth percentile of the ToxCast AC50's:

```
toxcast.start <- 2
toxcast.end <- 1474
my.tox$tenth <- apply(my.tox[,toxcast.start:toxcast.end],</pre>
                    function(x) quantile(x, 0.1, na.rm=T))
my.tox <- subset(my.tox,tenth<1e6)</pre>
my.tox <- my.tox[,c("CAS","tenth")]</pre>
my.tox <- merge(my.tox, mychems, by.x="CAS", by.y="CASRN")
```



#### Add the HTTK plasma steady-state concentration where available:

#### **STEP TWO:**

```
library(httk)
for (this.cas in my.tox$CAS)
     (this.cas %in% get cheminfo())
    set.seed (12345)
    my.tox[my.tox$CAS==this.cas,"Css"] <-</pre>
      calc mc css(chem.cas=this.cas,output.units="uM")
    my.tox[my.tox$CAS==this.cas,"Css.Type"] <- "in vitro"</pre>
my.tox[,c("PREFERRED NAME","tenth","Css","Css.Type")]
```



#### Use the Sipes et al. (2017) QSAR numbers to fill in the rest: STEP THREE:

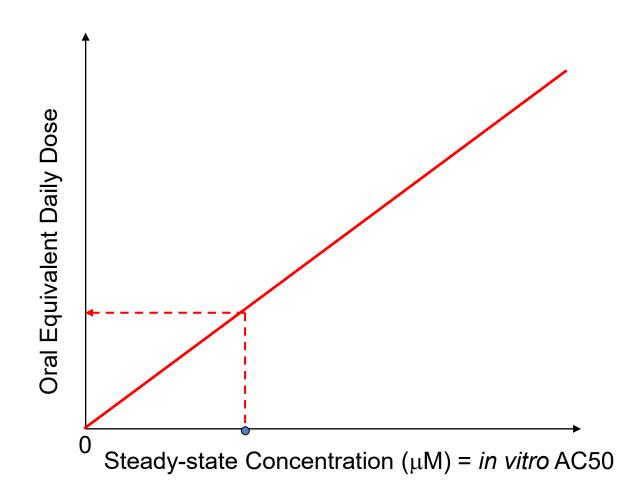
```
load sipes2017()
for (this.cas in my.tox$CAS)
    (this.cas %in% get cheminfo() &
    is.na(my.tox[my.tox$CAS==this.cas,"Css"]))
    set.seed (12345)
  my.tox[my.tox$CAS==this.cas,"Css"] <-</pre>
      calc mc css(chem.cas=this.cas,output.units="uM")
    my.tox[my.tox$CAS==this.cas,"Css.Type"] <- "in silico"
my.tox[,c("PREFERRED NAME","tenth","Css","Css.Type")]
```



STEP FOUR:

Calculate the equivalent steady-state dose (mg / kg bodyweight / day) to produce a plasma concentration equal to tenth percentile ToxCast AC50:

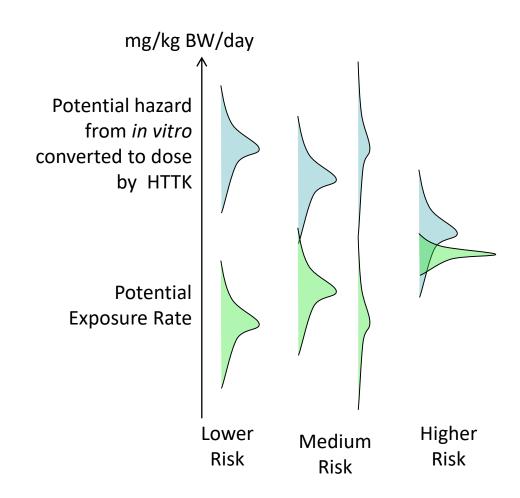
```
my.tox$EquivDose <-</pre>
my.tox$tenth / my.tox$Css
my.tox[,c("PREFERRED NAME",
"tenth", "EquivDose") ]
```





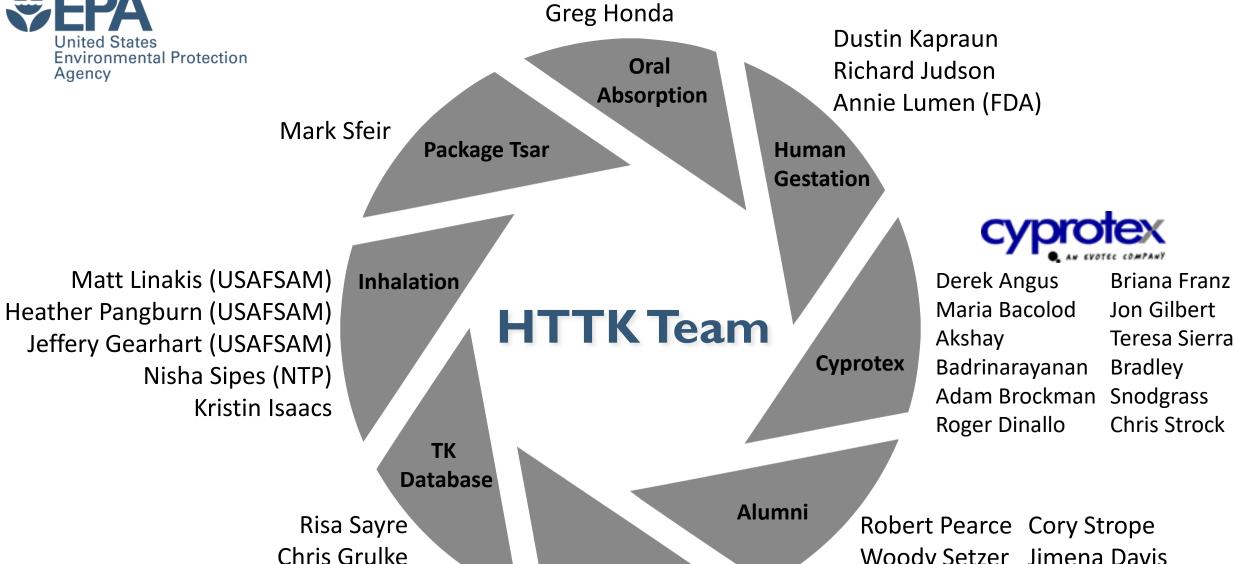
# Summary

- We would like to know more about the risk posed by thousands of chemicals in the environment – which ones should we start with?
- We need data on absorption, distribution, metabolism and excretion -- HTTK (high throughput toxicokinetics) provides a generic model that can be developed with in vitro data
- HTTK new approach methodologies (NAMs) are being evaluated through comparison between in vitro predictions and in vivo measurements of both plasma concentrations and doses associated with the onset of effects



NAMs for TK allow risk-based prioritization of large numbers of chemicals. 1





Office of Research and Development

**Russell Thomas** Barbara Wetmore

Support

David Murphy **Katherine Coutros**  Woody Setzer Jimena Davis Caroline Ring **Chantel Nicolas** 



- Bell, Shannon M., et al. "In vitro to in vivo extrapolation for high throughput prioritization and decision making." Toxicology In Vitro 47 (2018): 213-227.
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