

### Monte Carlo for variability simulation and uncertainty

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#### Overview

- Uncertainty vs. Variability in HTTK model parameters
- Characterizing key uncertainty in chemical-specific TK parameters
  - Fraction unbound in plasma protein (Fup)
  - Intrinsic hepatic clearance rate (Clint)
- Characterizing variability: HTTK-Pop for human TK variability
- Relative contributions of uncertainty and variability to TK model predictions
- Simulating sensitive subpopulations



## Uncertainty vs. variability in HTTK model parameters



### Review: HTTK model parameters

Chemical-specific parameters				
Intrinsic hepatic clearance rate (CLint)	Measured in HT in vitro assays (Rotroff et al.			
Fraction unbound to plasma protein (Fup)	2010; Wetmore <i>et al.</i> 2012, 2014, 2015; Wambaugh <i>et al.</i> 2019) <b>or predicted</b> <i>in silico</i> (Sipes <i>et al.</i> 2017)			
Tissue:blood partition coefficients (for	Predict from phys-chem properties and			
compartmental models)	tissue properties (Pearce et al., 2017)			
Physiological parameters				
Tissue masses (including body weight)				
Tissue blood flows	Gathered from data available in the			
Glomerular filtration rate	published literature [Wambaugh et al. 2015; Pearce et al. 2017a]			
(passive renal clearance)				
Hepatocellularity				



### Chemical-specific parameters measured in vitro carry measurement uncertainty

#### **Chemical-specific parameters**

Intrinsic hepatic clearance rate (CLint)

Fraction unbound to plasma protein (Fup)

Measured in HT in vitro assays (Rotroff et al. 2010; Wetmore et al. 2012, 2014, 2015; Wambaugh et al. 2019)

CLint: Cryo-preserved hepatocyte suspension Shibata *et al.* (2002)









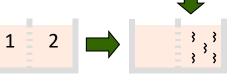


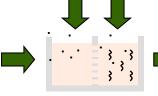




Fup: Rapid Equilibrium Dialysis (RED) Waters et al. (2008)









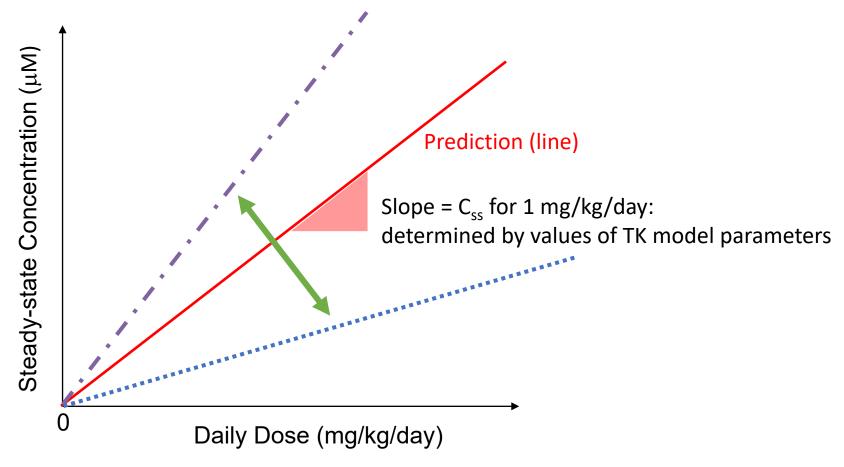




### Parameters represent biology — so they have population variability

Chemical-specific parameters				
Intrinsic hepatic clearance rate (CLint)	Represent chemical-body interactions —			
Fraction unbound to plasma protein (Fup)	vary with individual genetics, environmenta factors, age, etc.			
Tissue:blood partition coefficients (for compartmental models)				
Physiological parameters				
Tissue masses (including body weight)				
Tissue blood flows				
Glomerular filtration rate (passive renal clearance)	Represent physiology — vary with individua genetics, environmental factors, age, etc.			
Hepatocellularity				

Css to daily dose – need to propagate both uncertainty & variability





#### Approach to uncertainty & variability: Monte Carlo

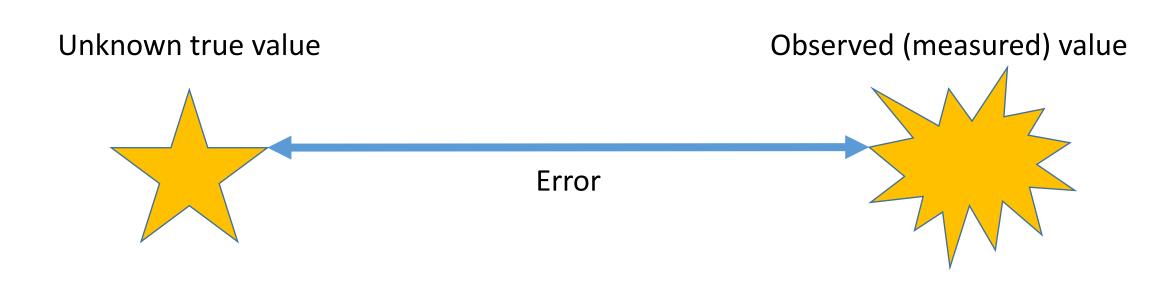
- Characterize uncertainty in chemical-specific parameters Fup and Clint in terms of probability distributions
- Characterize population variability in physiological parameters in terms of (correlated) probability distributions
- Draw samples from distributions: "simulated population"
- Evaluate HTTK model for each "simulated individual" in the "simulated population"
- Describe resulting distribution of HTTK model predictions



# Characterizing key uncertainty in chemical-specific TK parameters



#### General approach to uncertainty quantification





### General approach to uncertainty quantification

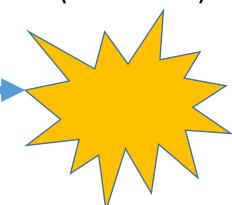
Unknown true value





#### Error

- Identify sources of error
- Develop mathematical model of error





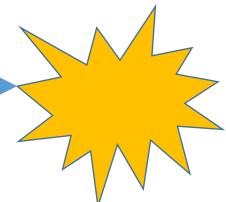
#### General approach to uncertainty quantification

Unknown true value

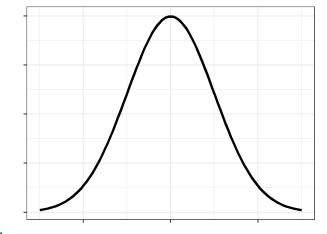








- Identify sources of error
- Develop mathematical model of error



#### **Bayesian inference:**

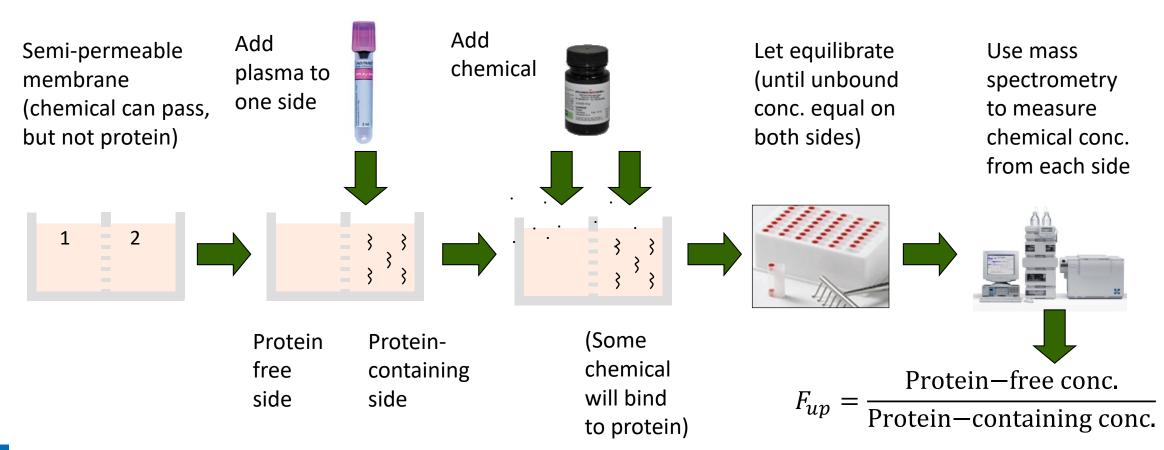
Find a *distribution* of possible true values compatible with the observed values, under this error model



### Uncertainty in Fup



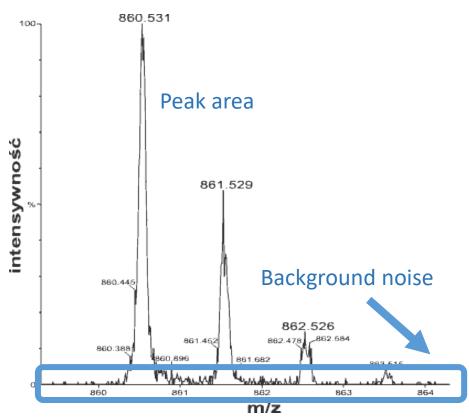
### Fup: How to measure *in vitro* using Rapid Equlibrium Dialysis (RED)



Waters et al. (2008); Rotroff et al. (2010); Wambaugh et al. (2019)



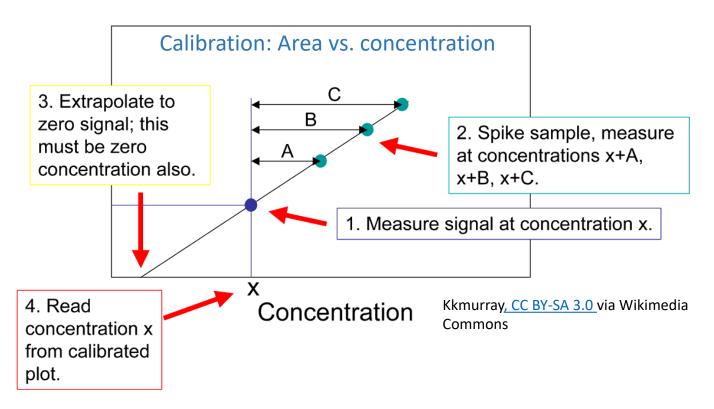
### Sources of measurement uncertainty: Mass spectrometry



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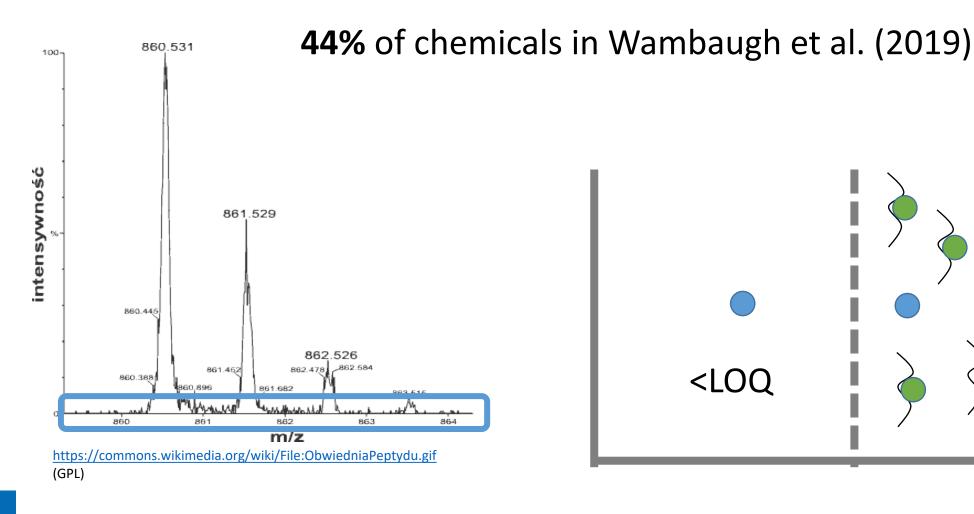
Wambaugh et al. (2019)

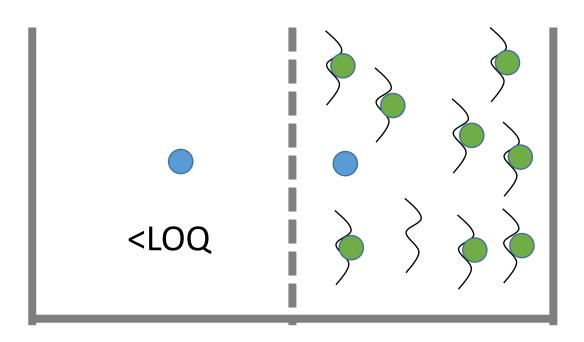
- Instrument noise
- Limit of quantification (LOQ)
- Instrument calibration





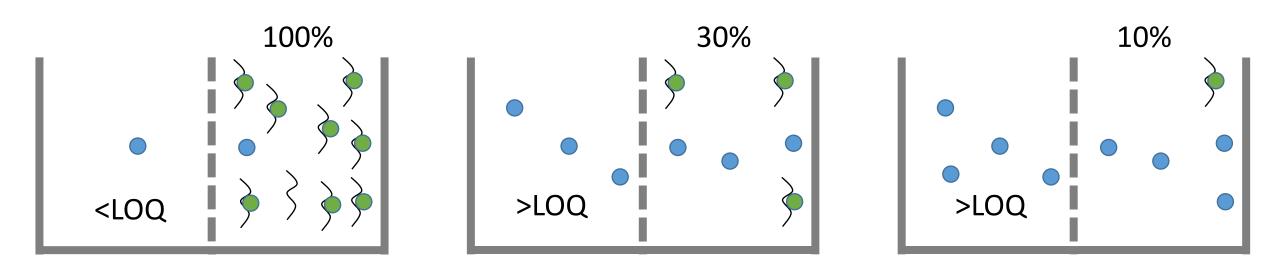
#### LOQ is a problem in the RED assay for highlybound chemicals







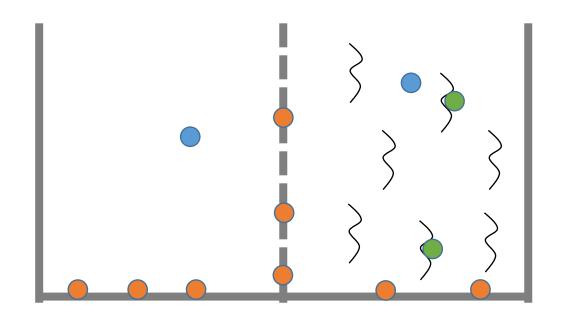
#### Approach to <LOQ problem: Repeat RED assay with varying amounts of protein



Estimate dissociation constant K<sub>d</sub> (strength of binding affinity between chemical and protein)



#### Additional source of uncertainty: Non-specific chemical binding to membrane or walls



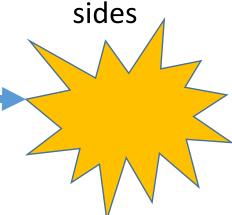


### Bayesian inference model for Fup uncertainty

Unknown true value:

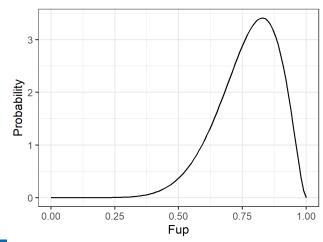
Fup for a chemical

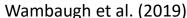
Observed (measured) value: MS peak areas for protein-free and protein-containing



#### **Error**

- MS noise
- MS calibration
- LOQ
- Non-specific binding





**Result:** *Distribution* of Fup values for a chemical

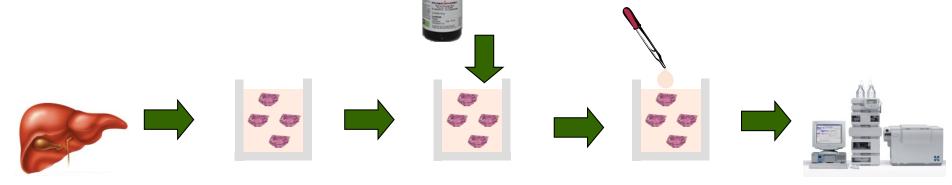


### Uncertainty in CLint



CLint: How to measure in vitro using pooled human

hepatocytes

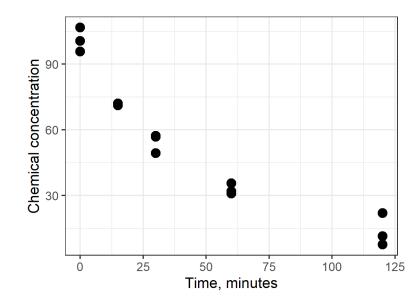


Culture donated human hepatocytes from 10 adult volunteers

Add known amount of chemical

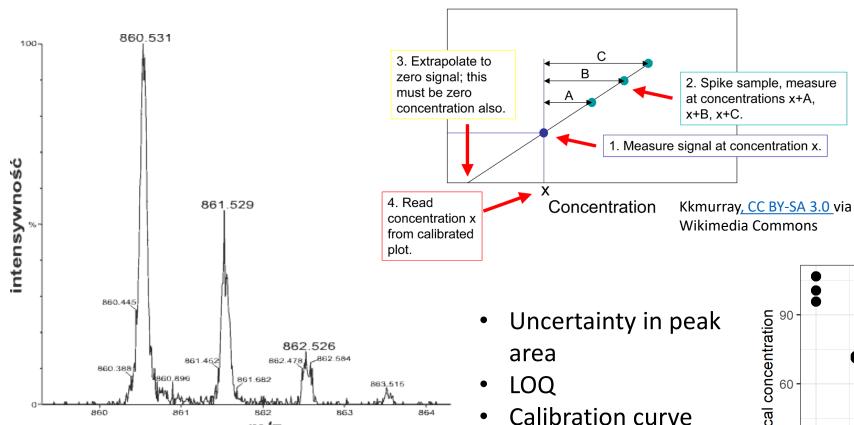
Measure chemical concentration remaining at 0, 15, 30, 60, and 120 minutes

CLint can be estimated from fitting a decaying exponential



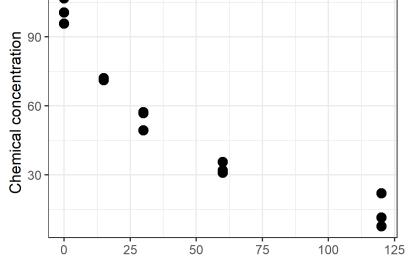


### Mass spec uncertainties also apply to CLint



 $\frac{https://commons.wikimedia.org/wiki/File:ObwiedniaPeptydu.gif}{(GPL)}$ 

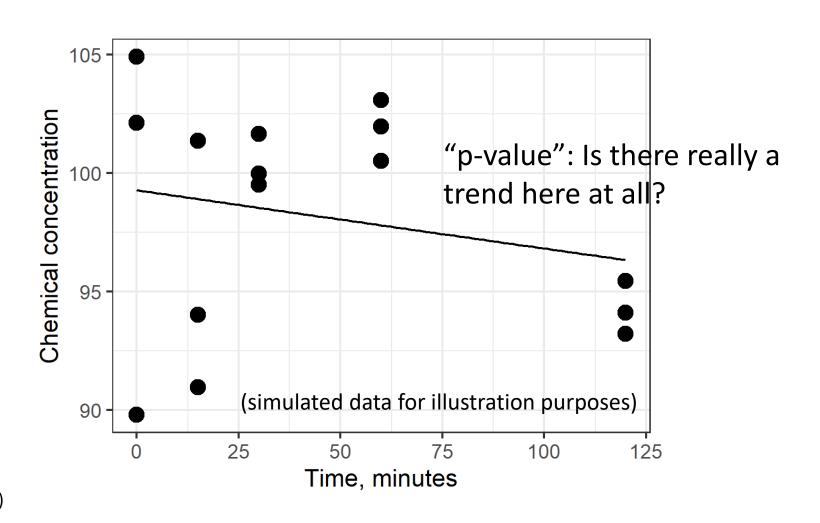
m/z



Time, minutes



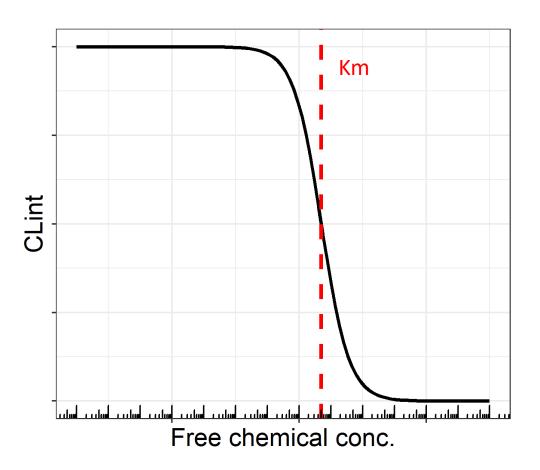
### Additional uncertainty source: Is chemical really metabolized at all?



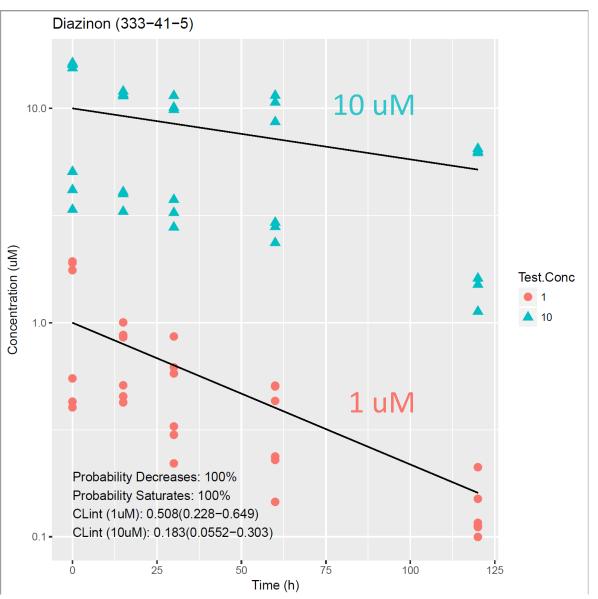


Additional uncertainty source:

Saturable metabolism



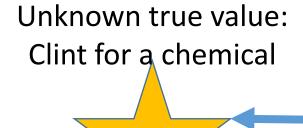
Wambaugh et al. (2019)





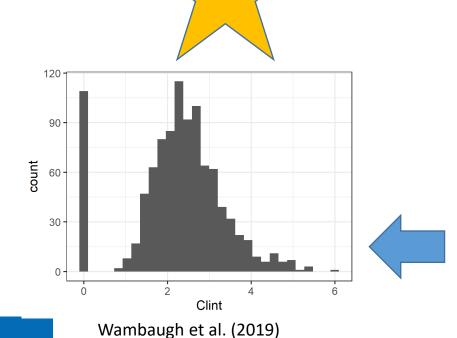
### Bayesian inference model for Clint uncertainty

Observed (measured) value:
MS peak areas at 5 time
points





- MS noise
- MS calibration
- LOQ
- Probability of no metabolism
- Probability of saturation



**Result:** *Distribution* of Clint values for a chemical



# Characterizing variability: HTTK-Pop for human TK variability



### HTTK physiological parameters

#### **Physiological parameters**

Tissue masses (including body weight)

Tissue blood flows

Glomerular filtration rate

(passive renal clearance)

Hepatocellularity



### Data source for population physiology: CDC NHANES



CDC NHANES = Centers for Disease Control National Health and Nutrition Examination Survey

Large, representative, ongoing survey of US population: demographics, body measures, medical examination data....

# NHANES does measure: Sex Age Height Weight Serum creatinine

### NHANES does not measure:

Tissue masses
Tissue blood flows
GFR (kidney function)
Hepatocellularity



### Correlated Monte Carlo approach to simulating population variability in physiology: HTTK-Pop

Sample NHANES measured quantities for actual NHANES individuals (capturing covariance):

Sex

Age

Height

Weight

Serum creatinine



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

generic TK model) for each individual:

Tissue masses
Tissue blood flows

**Predict** physiological TK

quantities (as used by

Tissue masses
Tissue blood flows
GFR (kidney function)
Hepatocellularity

(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.)

Ring *et al.* (2017)



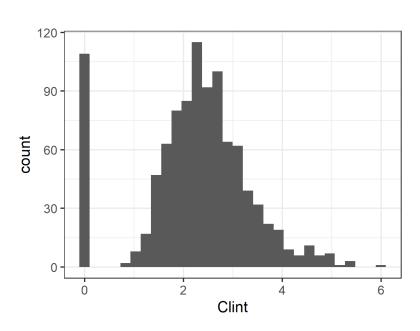
### Chemical-specific parameters have both uncertainty and variability

Chemical-specific parameters				
Intrinsic hepatic clearance rate (CLint)	Carry uncertainty from in vitro			
Fraction unbound to plasma protein (Fup)	measurements			
	Also have population variability: represent chemical-body interactions — vary with individual genetics, environmental factors, age, etc.			

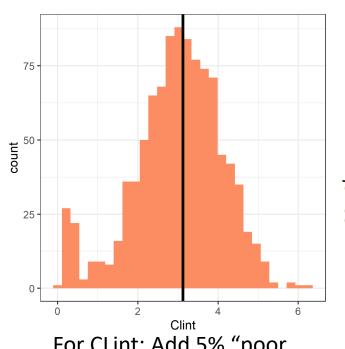


### Chemical-specific TK parameters: Two-stage Monte Carlo approach to modeling both *measurement uncertainty* and *population variability*

Step 1: Draw 1 sample from uncertainty distribution and treat as "population average" value

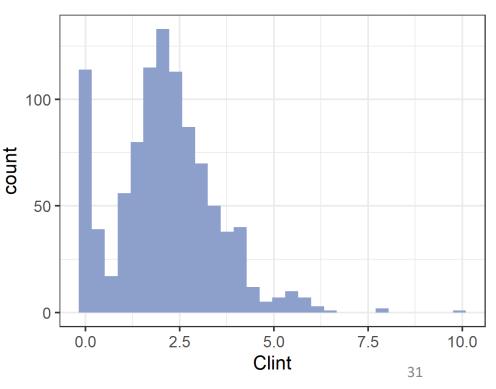


Step 2: Assume population variability (30% CV) around the sampled "population average" value from Step 1, and draw 1 sample



For CLint: Add 5% "poor metabolizers" (10% of original pop. average)

Repeat Steps 1 and 2 for each simulated individual to get sampled values that include both uncertainty & variability



parameters for each "simulated individual" in a "simulated population"

SEQN	Demographics		Body measures		Tissue volumes	Blood flows	GFR	Hepatocell ularity	Fup	Clint
	Sex	Age	Ht	Wt						
67184	M	42	171	955	[]	[]	[]	[]	[]	[]
52034	M	0	73	9	[]	[]	[]	[]	[]	[]
64847	F	11	154	47	[]	[]	[]	[]	[]	[]
51787	F	22	166	87	[]	[]	[]	[]	[]	[]
49889	M	9	147	50	[]	[]	[]	[]	[]	[]
64606	F	59	169	115	[]	[]	[]	[]	[]	[]
45549	F	50	165	80	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

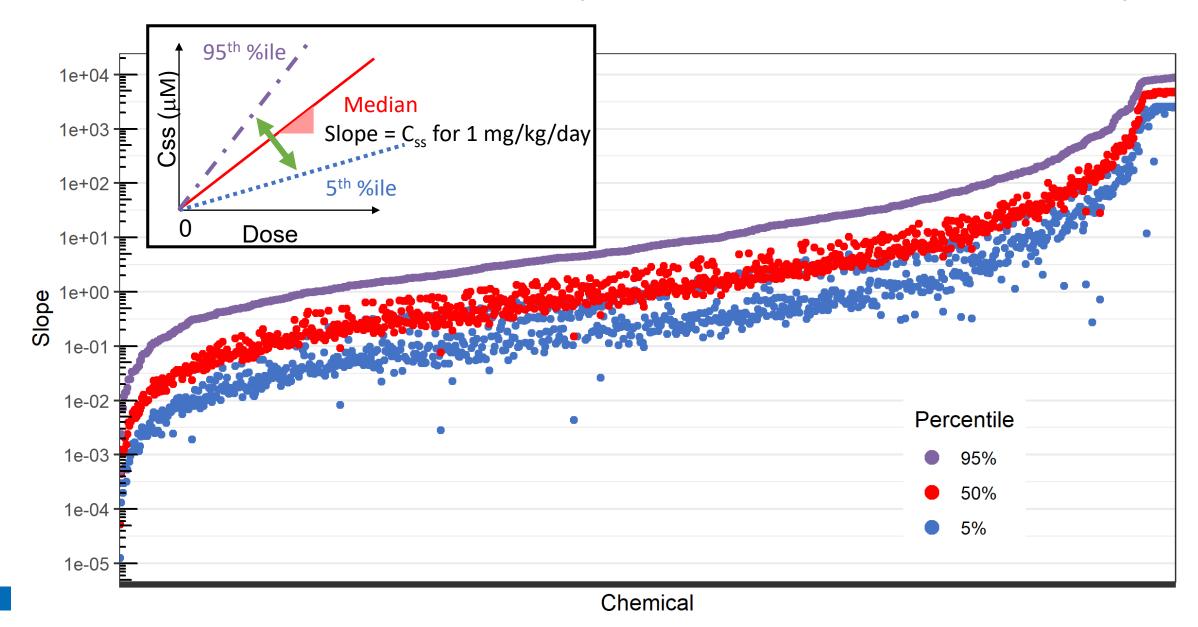


### httk R package automates this Monte Carlo sampling & model evaluation process

```
> library(httk)
> set.seed(42)
> #Css for 1 mg/kg/day = slope
calc mc css(chem.name="benzo(a)pyrene",
             which.quantile = c(0.95, 0.5, 0.05)
Human plasma concentration returned in mg/L units
for 0.95 0.5 0.05 quantile.
   95% 50%
                  5%
68.510 13.070 3.742
```

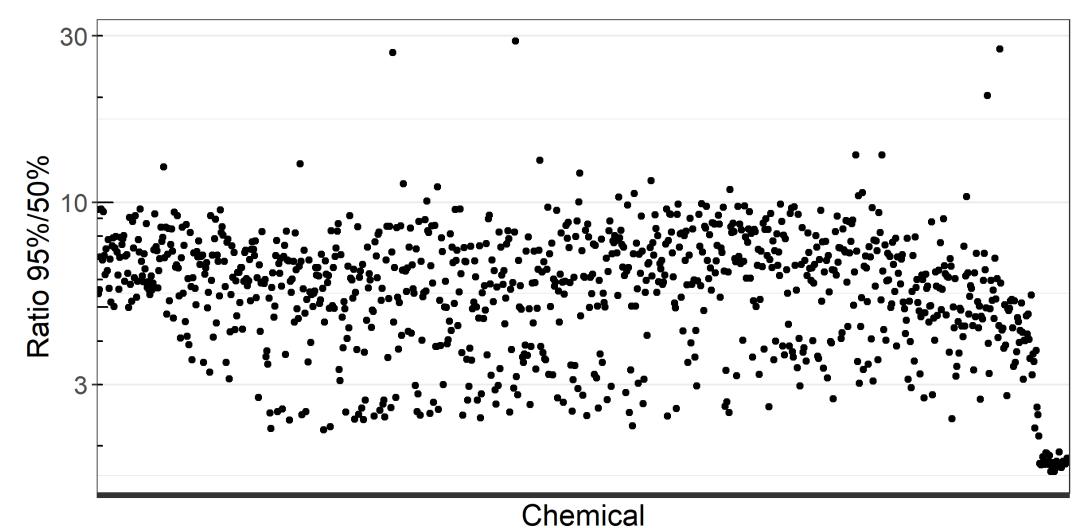


### Result: Percentiles of predicted Css vs. dose slope





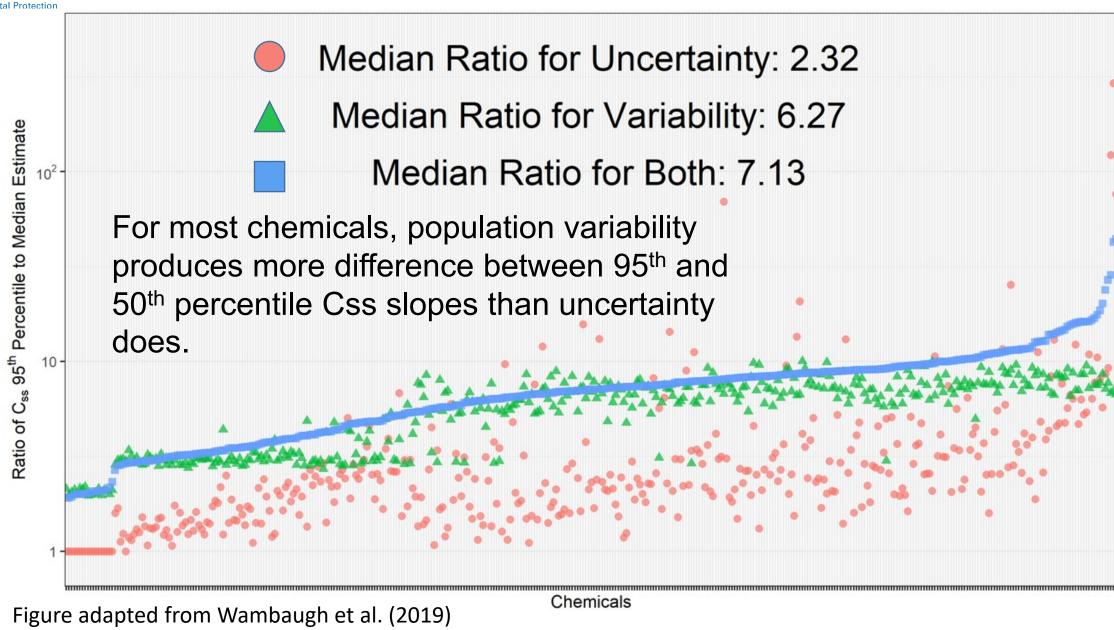
Another way to visualize: ratio of 95<sup>th</sup> percentile to median (roughly, how wide is the Css slope distribution?)





# Relative contributions of variability & uncertainty





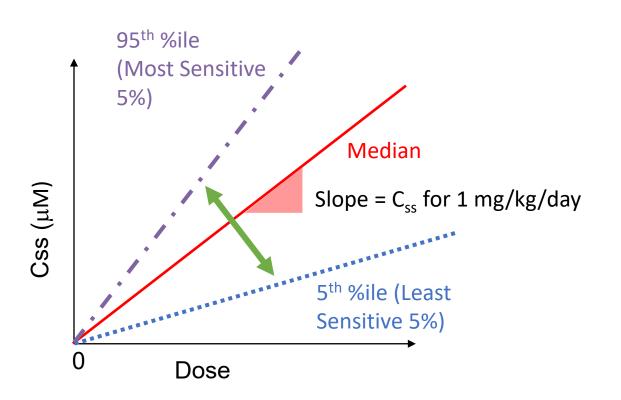
C<sub>ss</sub> Varied to Reflect • Uncertainty A



# Simulating sensitive subpopulations



### Identifying potentially sensitive sub-populations



Who is in the most sensitive portion of the population?

What does this slope distribution look like for kids, for example?

Or people over 65?

To answer this question: Need to model TK variability for specified subpopulations



### HTTK-Pop can generate simulated subpopulations with user-specified demographics

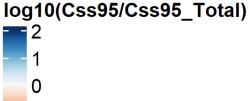
Use httkpop.generate.args argument to calc mc css() function: Takes a named list of arguments

Name of list element	User can specify	Exar	Default if not specified	
agelim_years	Age limits in years	c(6,11)	Ages 6-11 years	All NHANES (0-79 years)
agelim_months	Age limits in months	c(0,36)	Ages 0-36 months	All NHANES (0-79 years)
gendernum	# of males and females	<pre>list(Male = 1000, Female = 0)</pre>	1000 males, 0 females	Randomly selected from NHANES
weight_category	BMI category	c('Overweight', 'Obese')	BMI > 25 (overweight & obese)	c('Underweight', 'Normal', 'Overweight', 'Obese')

HTTK-Pop generates physiology based on NHANES respondents in the specified demographic groups

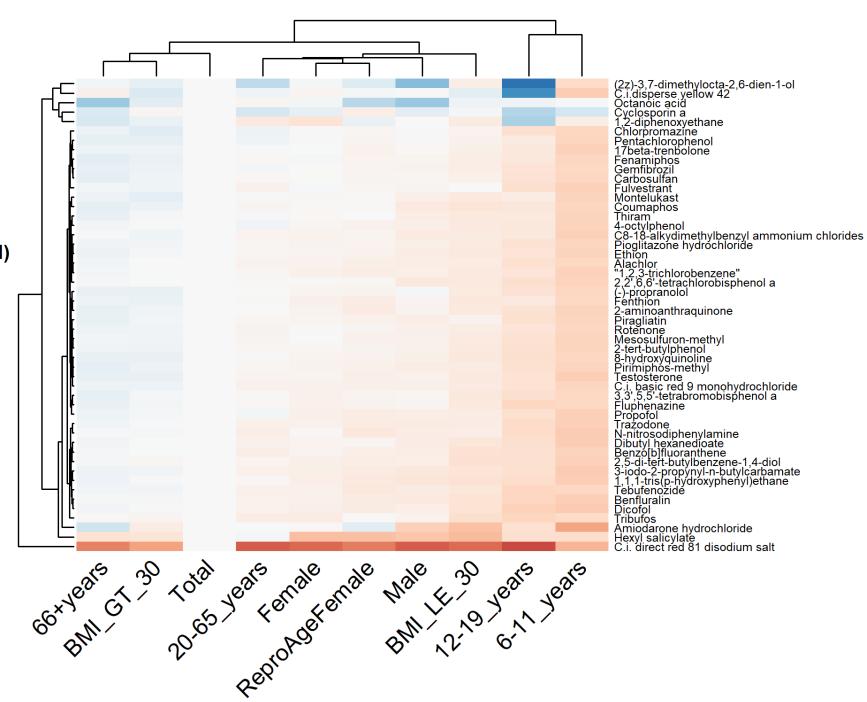


### Example of Css95 differences by subpopulation



10 subgroups of interest

Heatmap: Css95 difference (subgroup vs. Total population) for 50 chemicals with largest Css95 difference in *any* subgroup





### Conclusions



#### Conclusions

- Uncertainty vs. Variability in TK model parameters
  - Measurement uncertainty: Chemical-specific parameters measured in vitro
  - Population variability: Physiological & chemical-specific parameters
- Characterizing key uncertainty in chemical-specific TK parameters
  - Fraction unbound in plasma protein (Fup)
  - Intrinsic hepatic clearance rate (Clint)
- Characterizing variability: HTTK-Pop for human TK variability
  - Correlated Monte Carlo approach based on CDC NHANES data
- Relative contributions of uncertainty and variability to TK model predictions
  - For most chemicals, population variability has larger effect
- Simulating sensitive subpopulations
  - HTTK-Pop can simulate populations with user-specified demographics



### Thank you!

Questions?



### References



- Rotroff DM, Wetmore BA, Dix DJ, et al. Incorporating human dosimetry and exposure into high-throughput in vitro toxicity screening. Toxicological Sciences. 2010;117(2):348-358
- 2. Wetmore BA, Wambaugh JF, Allen B, et al. Incorporating High-Throughput Exposure Predictions With Dosimetry-Adjusted In Vitro Bioactivity to Inform Chemical Toxicity Testing. Toxicological Sciences. 2015 Nov;148(1):121-36
- 3. Wambaugh JF, Wetmore BA, Pearce R, Strope C, Goldsmith R, Sluka JP, et al. Toxicokinetic Triage for Environmental Chemicals. Toxicol Sci. 2015;147(1):55-67.
- 4. Ring CL, Pearce RG, Setzer RW, et al. Identifying populations sensitive to environmental chemicals by simulating toxicokinetic variability. Environment International. 2017 2017/09/01/;106:105-118.
- 5. Shibata Y, Takahashi H, Chiba M, Ishii Y. Prediction of hepatic clearance and availability by cryopreserved human hepatocytes: an application of serum incubation method. Drug Metab Dispos. 2002;30(8):892-6.
- 6. Waters NJ, Jones R, Williams G, Sohal B. Validation of a rapid equilibrium dialysis approach for the measurement of plasma protein binding. J Pharm Sci. 2008;97(10):4586-95.
- 7. Wetmore BA, Wambaugh JF, Ferguson SS, et al. Integration of dosimetry, exposure, and high-throughput screening data in chemical toxicity assessment. Toxicological Sciences. 2012 Jan;125(1):157-74.
- 8. Wetmore BA. Quantitative in vitro-to-in vivo extrapolation in a high-throughput environment. Toxicology. 2015;332:94-101.



- 9. Wambaugh JF, Wetmore BA, Ring CL, Nicolas CI, Pearce RG, Honda GS, et al. Assessing Toxicokinetic Uncertainty and Variability in Risk Prioritization. Toxicol Sci. 2019;172(2):235-51.
- 10. Sipes NS, Wambaugh JF, Pearce R, et al. An Intuitive Approach for Predicting Potential Human Health Risk with the Tox21 10k Library. Environmental Science & Technology. 2017 2017/09/19;51(18):10786-10796.
- 11. Pearce RG, Setzer RW, Davis JL, Wambaugh JF. Evaluation and calibration of high-throughput predictions of chemical distribution to tissues. J Pharmacokinet Pharmacodyn. 2017b;44(6):549-65.
- 12. Jamei M, Marciniak S, Feng K, et al. The Simcyp® population-based ADME simulator. Expert Opinion on Drug Metabolism & Toxicology. 2009;5(2):211-223.
- 13. McNally K, Cotton R, Hogg A, Loizou G. PopGen: A virtual human population generator. Toxicology. 2014;315:70-85.
- 14. Price PS, Conolly RB, Chaisson CF, Gross EA, Young JS, Mathis ET, et al. Modeling Interindividual Variation in Physiological Factors Used in PBPK Models of Humans. Critical Reviews in Toxicology. 2003;33(5):469-503.
- 15. Bosgra S, van Eijkeren J, Bos P, Zeilmaker M, Slob W. An improved model to predict physiologically based model parameters and their inter-individual variability from anthropometry. Crit Rev Toxicol. 2012;42(9):751-67.
- 16. Wetmore BA, Allen B, Clewell HJ, 3rd, et al. Incorporating population variability and susceptible subpopulations into dosimetry for high-throughput toxicity testing. Toxicological Sciences. 2014 Nov;142(1):210-24.