

Toxicokinetic New Approach Methodologies (NAMs)

Generic TK models: Parameterization and Evaluation

John Wambaugh



*The views expressed in this presentation are those of the author(s)
and do not necessarily reflect the views or policies of the U.S. EPA.*

Overview

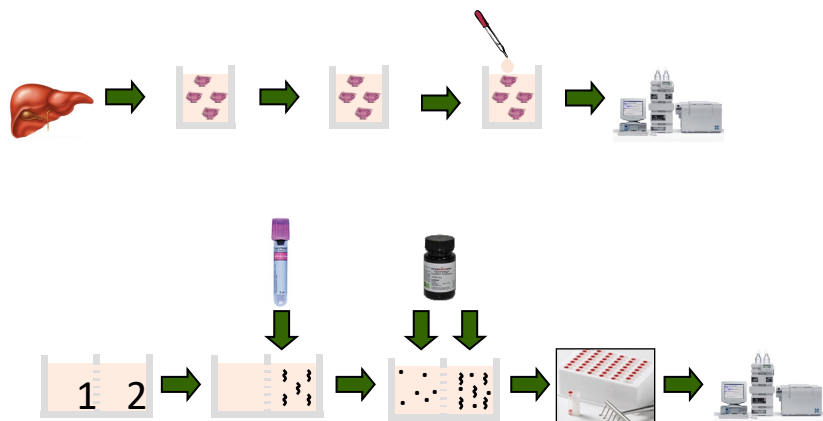
- Generic vs. bespoke PBTK models
- Models available within R package “httk”
- Model parameterization
 - Physiologic parameters
 - Chemical-specific parameters
- Model evaluation
 - The Concentration vs. Time Database (CvTdb)

HTTK: A NAM for Exposure

- Toxicokinetics is the predictive description of the absorption, distribution, metabolism, and elimination (ADME) of a chemical compound
- We collect *in vitro*, high throughput toxicokinetic (HTTK) data to provide toxicokinetics for larger numbers of chemicals (for example, 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 (that is, *in vitro-in vivo* extrapolation, or **IVIVE**) (for example, Wetmore et al., 2015)
- A **secondary goal** is to provide **open-source data and models** for evaluation and use by the broader scientific community (Pearce et al, 2017a)

High Throughput Toxicokinetics (HTTK)

In vitro toxicokinetic data



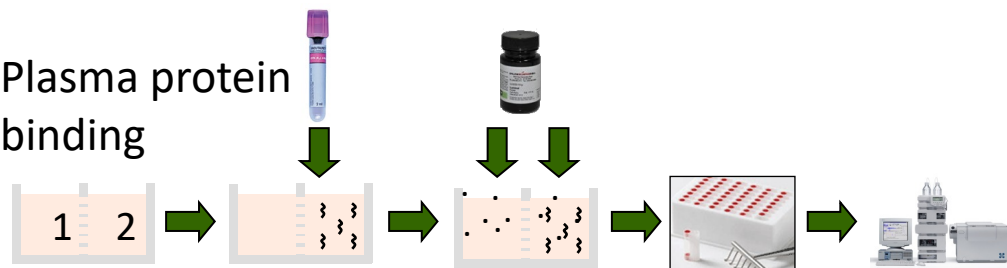
High Throughput Toxicokinetics (HTTK)

In vitro toxicokinetic data

Intrinsic hepatic clearance



Plasma protein
binding



Rotroff et al. (2010)

Wetmore et al. (2012)

Wetmore et al. (2015)

Wambaugh et al. (2019)

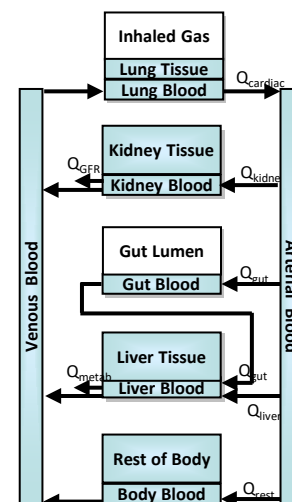
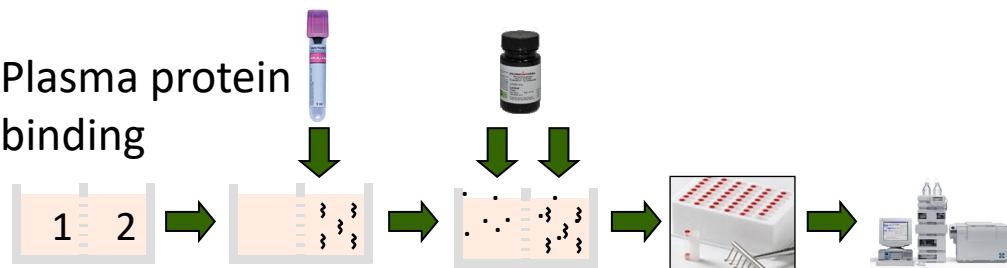
High Throughput Toxicokinetics (HTTK)

In vitro toxicokinetic data + generic toxicokinetic model

Intrinsic hepatic clearance



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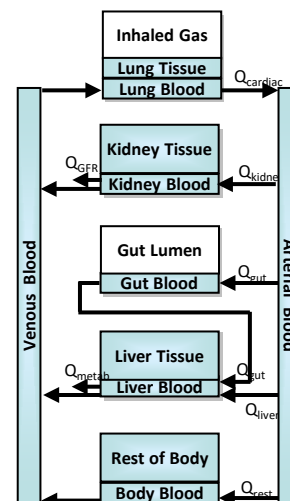
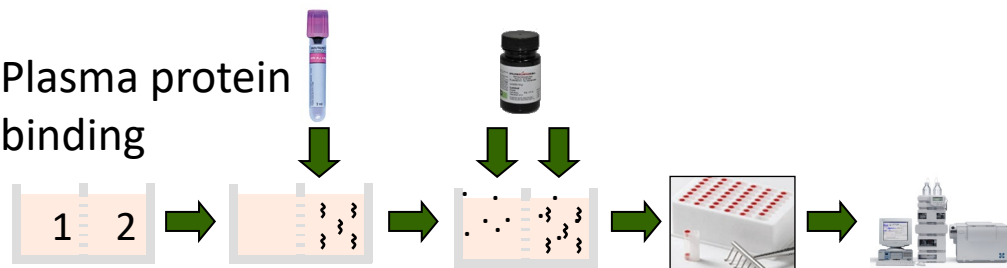
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In vitro toxicokinetic data + generic toxicokinetic model

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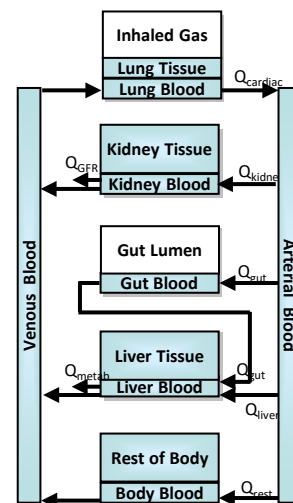
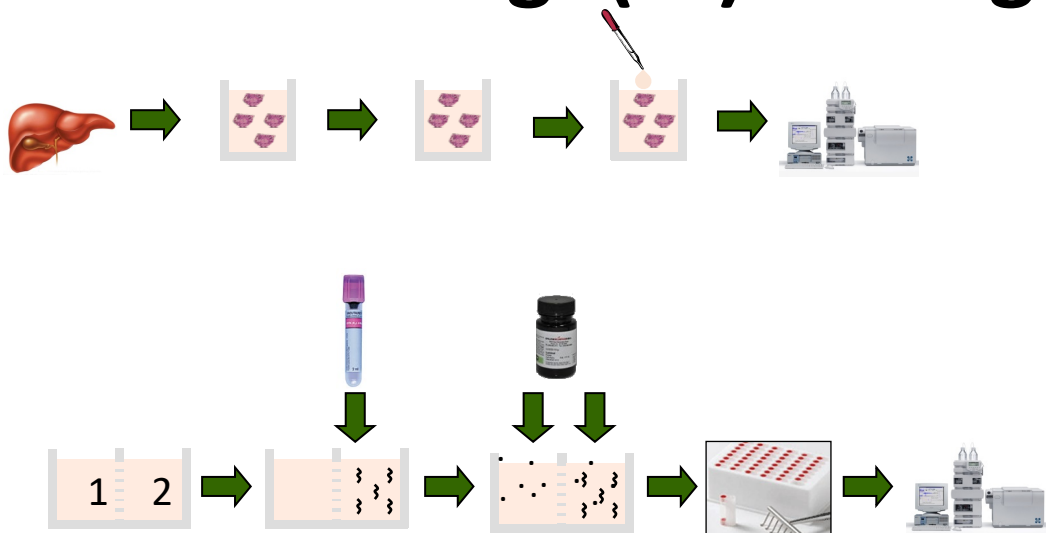


Rotroff et al. (2010)
Wetmore et al. (2012)
Wetmore et al. (2015)
Wambaugh et al. (2019)

Wambaugh et al. (2015)
Pearce et al. (2017)
Ring et al. (2017)
Linakis et al. (2020)

High Throughput Toxicokinetics (HTTK)

***In vitro* toxicokinetic data + generic toxicokinetic model
= high(er) throughput toxicokinetics**



Rotroff et al. (2010)
Wetmore et al. (2012)
Wetmore et al. (2015)
Wambaugh et al. (2019)

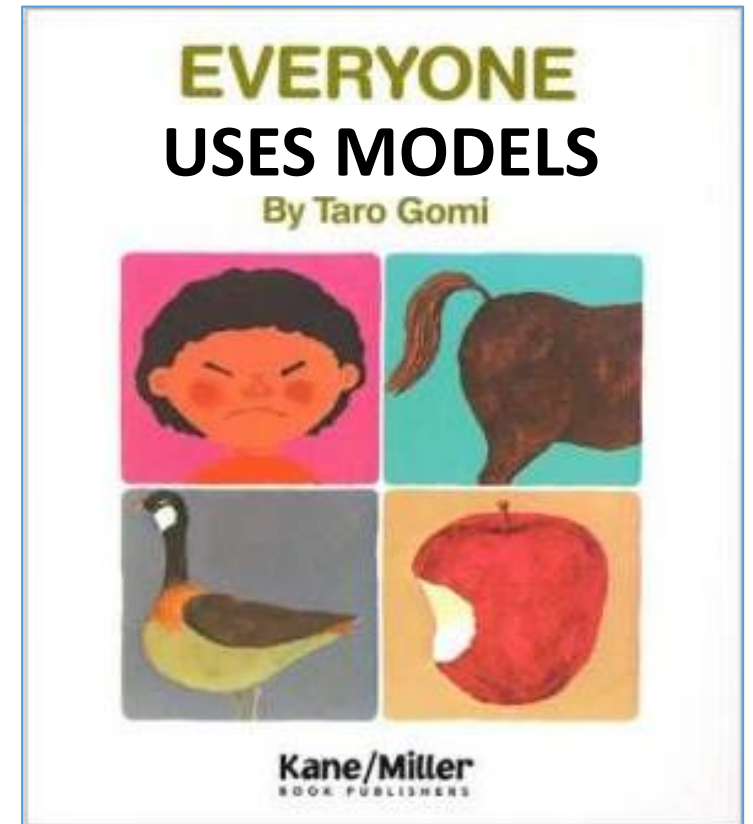
= ***httk***

Wambaugh et al. (2015)
Pearce et al. (2017)
Ring et al. (2017)
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Generic vs. bespoke PBTK models

Everyone Uses Models

- Toxicology has long relied upon model animal species
- People rely on mental models every day
 - For example, with repetitive activities like driving home from work
- Mathematical models offer some significant advantages:
 - Reproducible
 - Can (and should) be transparent
- ...with some disadvantages:
 - Sometimes reality is complex
 - Sometimes the model doesn't always work well
 - How do we know we can extrapolate?
- ...that can be turned into advantages:
 - If we have evaluated confidence/uncertainty and know the “domain of applicability” we can make better use of mathematical models



Fit for Purpose Models

- A “fit for purpose” model is an abstraction of a complicated problem that allows us to reach a decision.

“Now it would be very remarkable if any system existing in the real world could be *exactly* represented by any simple model. However, cunningly chosen parsimonious models often do provide remarkably useful approximations... **The only question of interest is ‘Is the model illuminating and useful?’”**

George Box

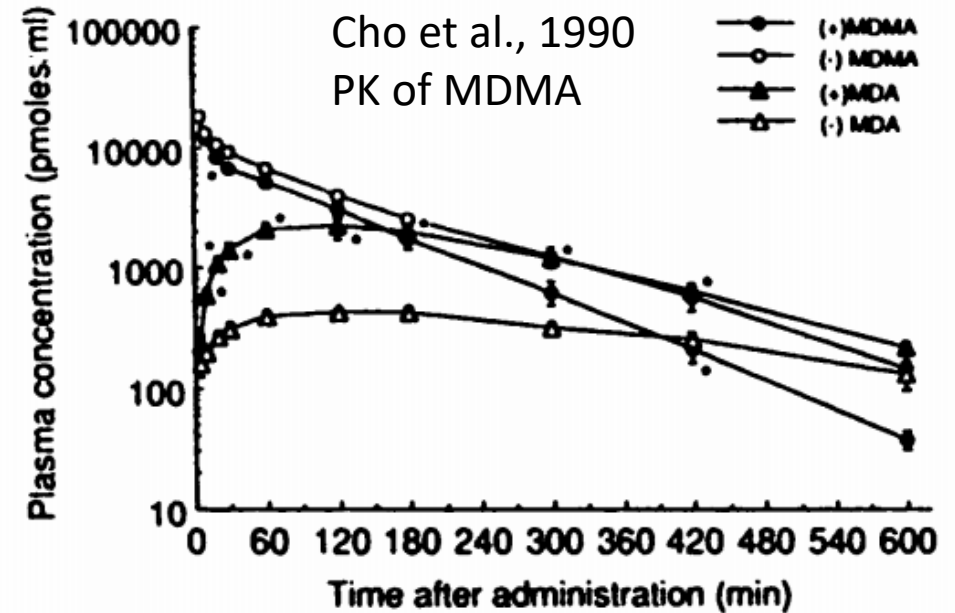
- A fit for purpose model is defined as much by what is omitted as what is included in the model.
- We must accept that there will always be areas in need of better data and models – our knowledge will always be incomplete, and thus we wish to extrapolate.
 - How do I drive to a place I’ve never been before?

Complexity should match the data...

“Since all models are wrong the scientist cannot obtain a ‘correct’ one by excessive elaboration. On the contrary, following William of Occam, they should seek an economical description of natural phenomena.”

George Box

We choose to make the complexity of the model and the number of physiological processes appropriate given the data and the decision context

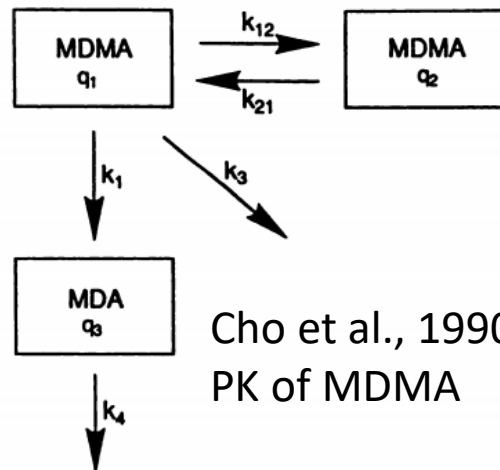


Complexity should match the data...

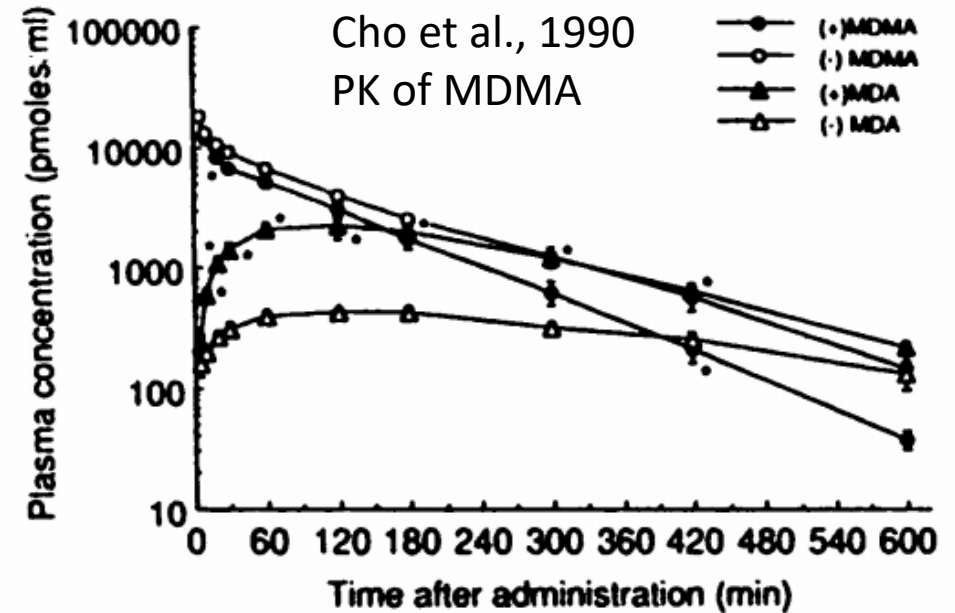
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Cho et al., 1990
PK of MDMA

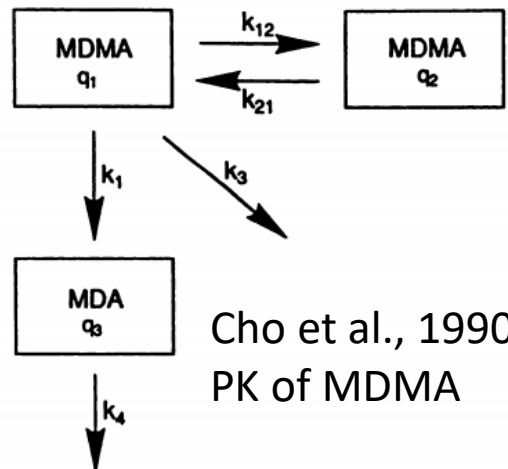


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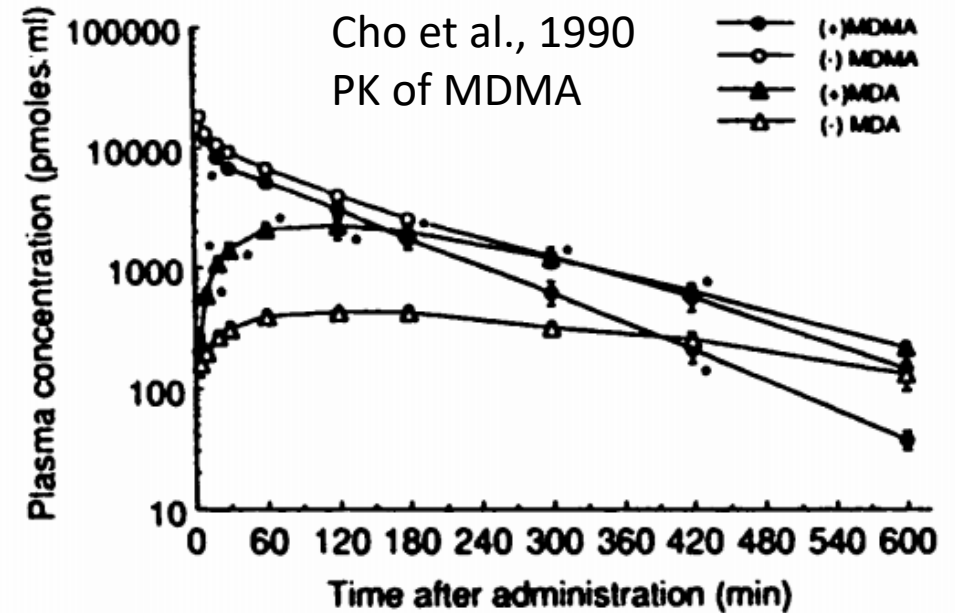
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Cho et al., 1990
PK of MDMA



Jones et al., 2012
PK of Statins

In this case they had transporter-specific data

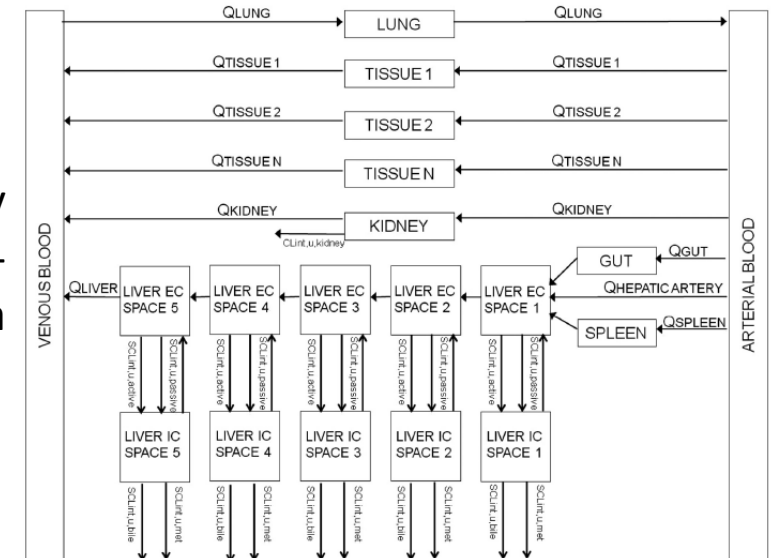


FIG. 2. Schematic diagram of the in vivo PBPK model. EC, extracellular; IC, intracellular.

Lex Parsimoniae “Law of Parsimony”

“Among competing hypotheses, the one with the fewest assumptions should be selected.”

William of Occam

“While Occam's razor is a useful tool in the physical sciences, it can be a very dangerous implement in biology. It is thus very rash to use simplicity and elegance as a guide in biological research.”

Francis Crick

“With four parameters I can fit an elephant, and with five I can make him wiggle his trunk.”

John von Neumann

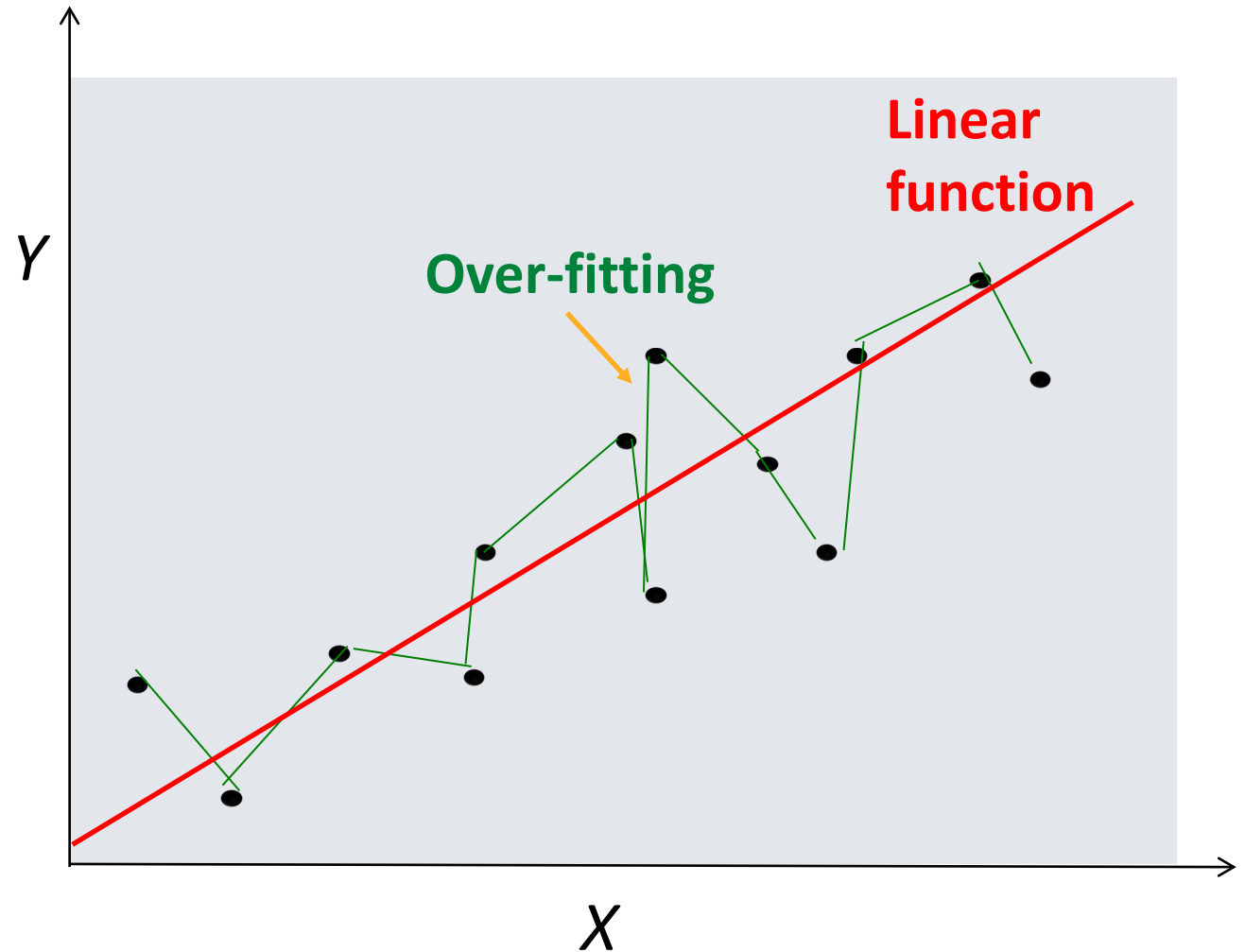
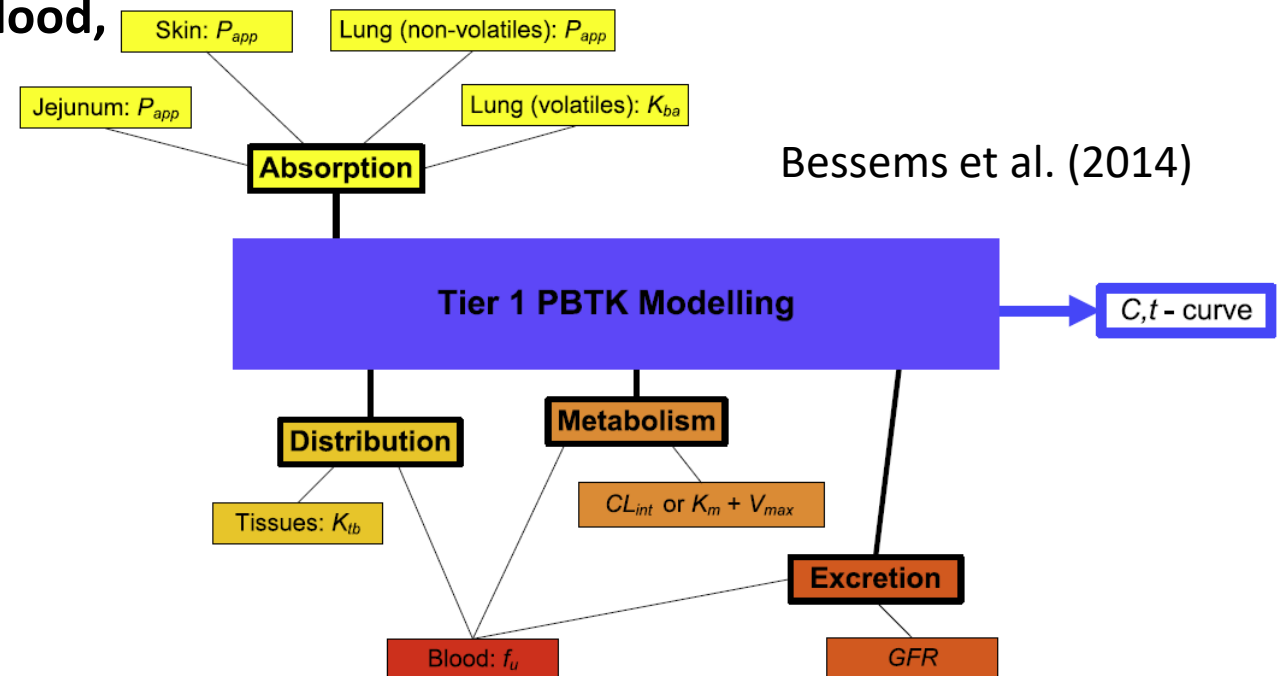


Figure from Anran Wang

Fit for Purpose Toxicokinetics

- Chiu et al. (2007) “[P]arsimony in selecting [toxicokinetic] model structures is an important and guiding principle in developing models for use in risk assessments.”
 - **Complexity is constrained by the limited data** available to calibrate and test TK models and the need to justify both the model assumptions and predictions
- Bessems et al. (2014): **We need “a first, relatively quick (‘Tier 1’), estimate” of concentration vs. time in blood, plasma, or cell**
 - At the time they suggested that we might neglect active metabolism. Thanks to *in vitro* measurements we can now do better
 - We still neglect transport and other protein-specific phenomena



Bespoke vs. Generic

Bespoke, Tailored, Custom...
Requires specific measurements



Generic, Off-the-Shelf/Rack, One-Size-Fits-Most
Approximately fits certain categories



Exquisite Systems

“Although NASA has always partnered with industry, the nature of that relationship is changing. **Historically, NASA would design an exquisite system or spacecraft,** select a commercial contractor to build it, oversee its construction in detail while sometimes changing its requirements, then own and operate the result. The government was the sole buyer/owner.”

After retirement of the Space Shuttle, NASA began working with multiple contractors who may provide their services to multiple customers. Once “...certified, the manufacturers would deliver cargo for NASA—and any other customer the company could engage in the growing LEO commercial marketplace. **Rather than building, owning, and operating a luxury sedan, NASA now essentially hails a taxi.**”



From:

https://www.nasa.gov/directorates/heo/scan/services/nasas_commercial_communications_services

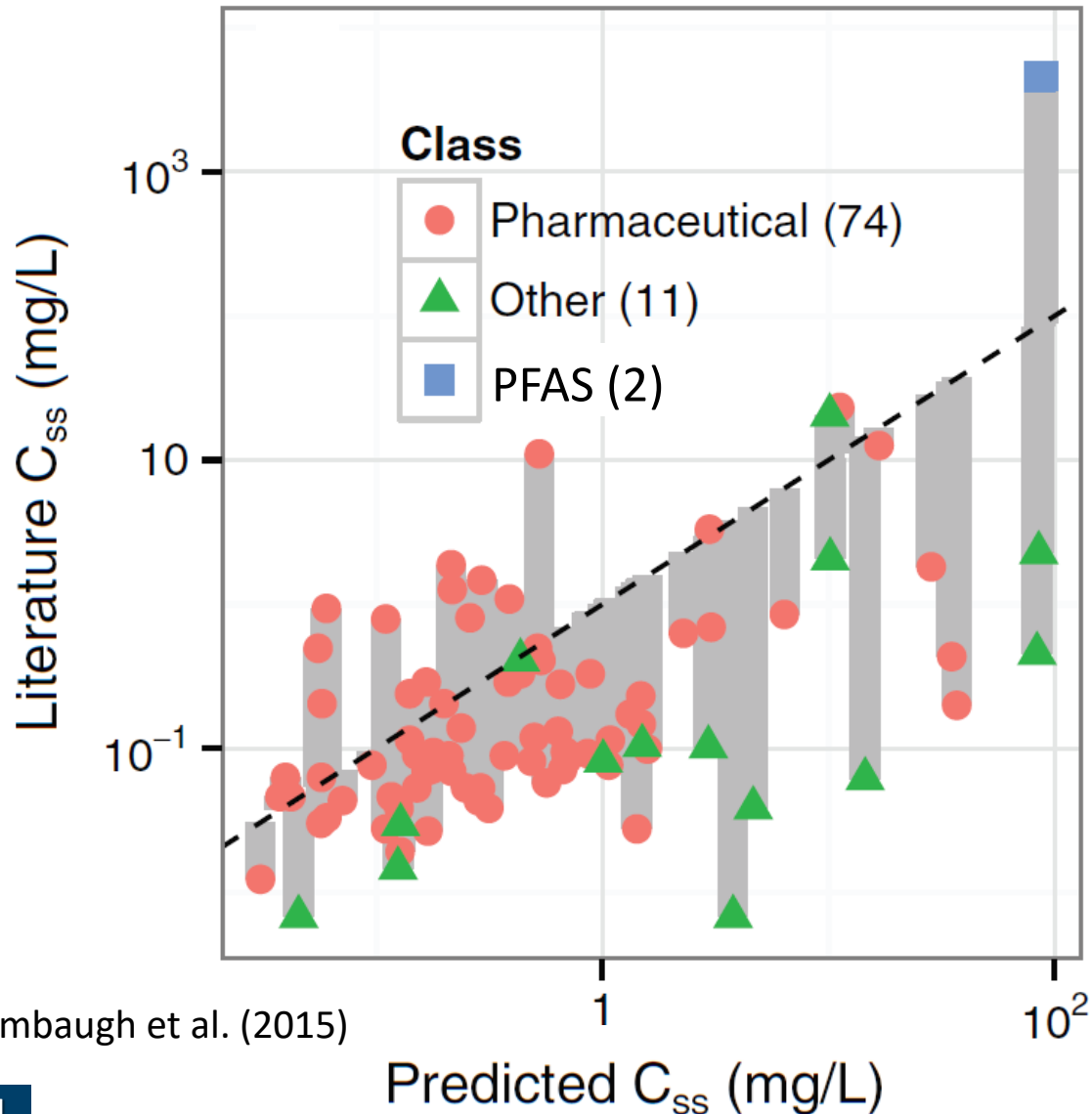
Why Use Generic Models?

- Each of the models provided by the R package “httk” is a generic model
 - Each model is designed to use standardized chemical-specific *in vitro* measurements (fraction unbound in plasma, intrinsic hepatic clearance)
- Standardized physiology is assumed, regardless of chemical:
 - The same parameters such as volumes, flows, and rates are used
 - The same processes are included (hepatic metabolism, glomerular filtration) or omitted
- The generic model is a hypothesis
 - If we have evaluation data then we can check if we need to elaborate the model (for example, create a bespoke model)
- We can estimate the accuracy of a generic model for a new chemical using performance across multiple chemicals where data happen to exist

**high(er) throughput
toxicokinetics =**

***In vitro* toxicokinetic data +
generic toxicokinetic model**

Generic Models as a Hypothesis



Wambaugh et al. (2015)

- For pharmaceuticals, *in vitro* data plus a model including hepatic metabolism and passive glomerular filtration (kidney) are often enough to make predictions within a factor of 3 of *in vivo* data (Wang, 2010)
- For other chemicals there may be complications, for example there is thought to be (Andersen et al. 2006) active transport of some per- and poly-fluorinated alkyl substances (PFAS) in the kidney
- We could add a renal resorption process to HTTK (that is, add a new generic model) only if there was some way to parameterize the process for most chemicals – otherwise we are back to tailoring the model to a chemical

Generic PBTK Models

The idea of generic PBTK has been out there for a while...

FUNDAMENTAL AND APPLIED TOXICOLOGY
ARTICLE NO. 0072

Incorporating
Pharmacokinetic
Laboratory

RUSSELL S. THOMAS, W
Cent

Int. J. Mol. Sci. **2011**, *12*, 7469-7480; doi:10.3390/ijms12117469

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Molecular Sciences
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www.mdpi.com/journal/ijms

Review

Development of a Human Physiologically Based Pharmacokinetic (PBPK) Toolkit for Environmental Pollutants

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³ USFDA, National Center for Toxicological Research, Jefferson, AR 72079, USA; E-Mail: jeffrey.fisher@fda.hhs.gov

* Author to whom correspondence should be addressed; E-Mail: pruib@cdc.gov; Tel.: +1-770-488-3348; Fax: +1-770-488-3470.

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[Clinical Pharmacokinetics](#)

October 2006, Volume 4

Development
Based Pharm

Authors

Authors and affiliations

Andrea N. Edginton , Walter Schmitt, Stefan Willmann

phthalate and di(2-ethylhexyl)phthalate as metabolites. Tissue distribution, environmental exposure properties, reaction

Received 8 April 2005, Revised 25 May 2005

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Ann. Occup. Hyg., Vol. 55, No. 8, pp. 841-864, 2011
© The Author 2011. Published by Oxford University Press
on behalf of the British Occupational Hygiene Society
doi:10.1093/annhyg/mer075

A Generic, Cross-Chemical Predictive PBTK Model with Multiple Entry Routes Running as Application

Technology Evaluation of

Expert Opinion

1. Introduction
2. The programming language
3. The platform structure
4. Applications of the simulator
5. Discussion
6. Expert opinion

The Simcyp[®] Population-based ADME Simulator

Masoud Jamei[†], Steve Marciniak, Kairui Feng, Adrian Barnett, Geoffrey Tucker & Amin Rostami-Hodjegan

[†]Modelling & Simulation Group, Simcyp Limited, Blades Enterprise Centre, John Street, Sheffield, S2 4SU, UK

The Simcyp[®] population-based absorption, distribution, metabolism and excretion simulator is a platform and database for 'bottom-up' mechanistic modelling and simulation of the processes of oral absorption, tissue distribution, metabolism and excretion of drugs and drug candidates in healthy and disease populations. It combines experimental data generated routinely during preclinical drug discovery and development from *in vitro* enzyme and cellular systems and relevant physicochemical attributes of compound and dosage form with demographic, physiological and genetic information on different patient populations. The mechanistic approach implemented in the Simcyp Simulator allows simulation of complex absorption, distribution, metabolism and excretion outcomes, particularly those involving multiple drug interactions, parent drug and metabolite profiles and time- and dose-dependent phenomena such as auto-induction and auto-inhibition.

Why Build Another Generic PBTK Tool?

from Breen et al. (2021)

	SimCYP	ADMET Predictor / GastroPlus	PK-Sim	IndusChem Fate	pbktool	G-PBTK	httk
References	Jamei (2009)	Parrott (2009)	Eissing (2011)	Jongeneelen (2011)	Punt (2020)	Armitage (2021)	Pearce (2017)
Availability	License, but inexpensive for research	License, but inexpensive for research	Free	Free	Free	Free	Free
Open Source	No	No	GitHub	No	GitHub	Planned Release	CRAN and GitHub
Default PBTK Structure	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Population Variability	Yes	Yes	Yes	No	No	No	Yes
Data Needs	High/Low	High/Low	High	High	Low	Low	Low
Typical Use Case	Drug Discovery	Drug Discovery	Drug Discovery	Environmental Assessment	Food and Drug Safety Evaluation	Environmental Assessment	Screening
Batch Mode	Yes	Yes	Yes	No	No	No	Yes
Graphical User Interface	Yes	Yes	Yes	Excel	No	Excel	No
Built-in Chemical-Specific Library	Many Clinical Drugs	No	Many pharmaceutical-specific models available	15 Environmental Compounds	No	No	Pharmaceuticals and ToxCast: 998 human, 226 rat
Oral Bioavailability Modeling	Yes	Yes	No	No	No	No	No (Will be available in the future version)
In Vitro Distribution	SIVA VIVD	No	No	No	No	No	Armitage Model
Exposure Route	Oral, IV	Oral, IV	Oral, IV	Oral, Gas Inhalation, Dermal	Oral	Oral, IV, Inhalation	Oral, IV, Gas Inhalation (Dermal, Aerosol, and Fetal forthcoming)
Ionizable Compounds	Yes	Yes	Yes	No	No	Yes	Yes
Export Function	No	No	Matlab and R	No	No	No	SBML and Jarnac
R Integration	No	No	Yes (2017)	No	Yes	Yes	Yes
Reverse Dosimetry	Yes	Yes	Yes	No	No	No	Yes

*Both **PLETHEM** (Pendse et al., 2020) and **Web-ICE** (Bell et al., 2020) provide GUI's to HTTK and other models
Pre-computed HTTK results are also available at <https://comptox.epa.gov/dashboard>

Regulatory Acceptance

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,^{*,1} 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 peer-reviewed 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.”

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Models available within R package “httk”

downloads 1071/month

R package “httk”

- Open source, transparent, and peer-reviewed tools and data for **high throughput toxicokinetics (httk)**
- Available publicly for free statistical software R
- Allows *in vitro-in vivo* extrapolation (IVIVE) and physiologically-based toxicokinetics (PBTk)
- Human-specific data for 998 chemicals
- Described in Pearce et al. (2017a) and Breen et al. (2020)

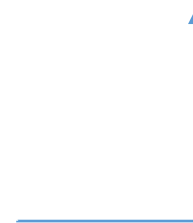
²Clearances and f_{up} are needed in calculating k_{elim}



HTTK Models Range in Complexity

Model	Hepatic clearance	Partition coefficients	Fraction unbound	Hematocrit	Molecular weight	Ratio of blood to plasma	Elimination rate ¹	Volume of distribution ²	Dynamic prediction	Steady state prediction
pbtk	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Gas_pbtk	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Coming Soon
1compartment	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes
3compartment	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
3compartmentss	Yes	No	Yes	No	Yes	No	No	No	No	Yes

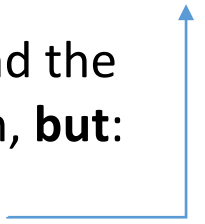
- The simplest models often allow predictions with a single equation
- More complex models often require numerical solvers to determine the solution to a system of differential equations as a function of exposure (dose) and time



HTTK Models Range in Complexity

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3compartmentss	Yes	No	Yes	No	Yes	No	No	No	No	Yes

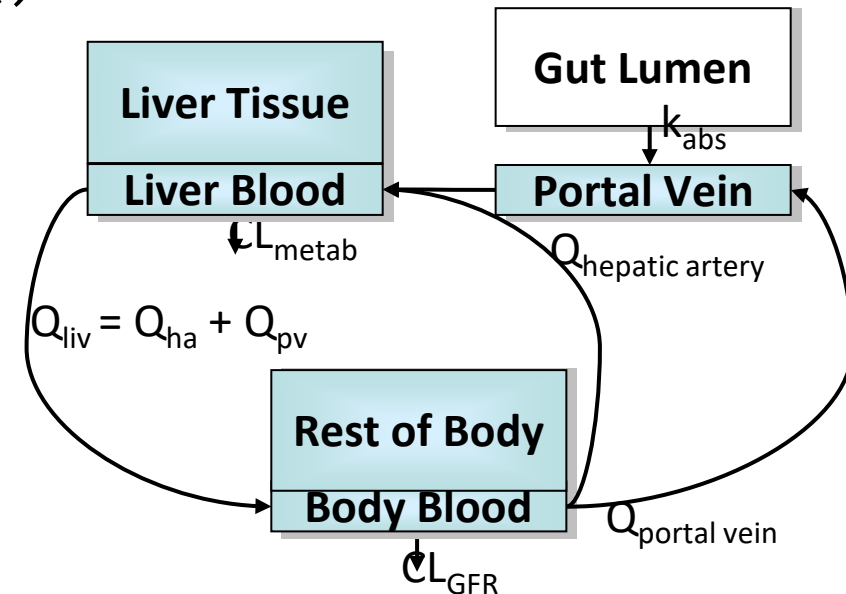
- At steady-state all compartments are at equilibrium and the concentrations can be predicted with a single equation, **but**:
 - The exposure (dose) must be constant
 - Enough time must pass to reach equilibrium



Simple Model for Steady-State Plasma Concentration (C_{ss})

- This equation is the steady-state solution for a three-compartment model (3compartmentss):

$$C_{ss} = \frac{\text{oral dose rate} * F_{hepfirstpass}}{(GFR * f_{up}) + \left(Q_l * f_{up} * \frac{Cl_{hepatic}}{Q_l + f_{up} * Cl_{hepatic}} \right)}$$

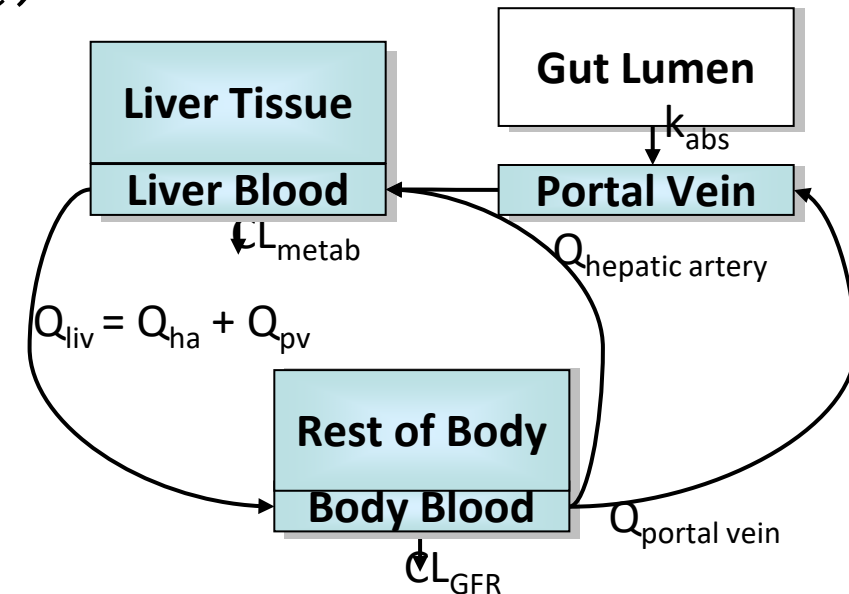


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Estimated fraction not metabolized in first pass through liver before systemic circulation

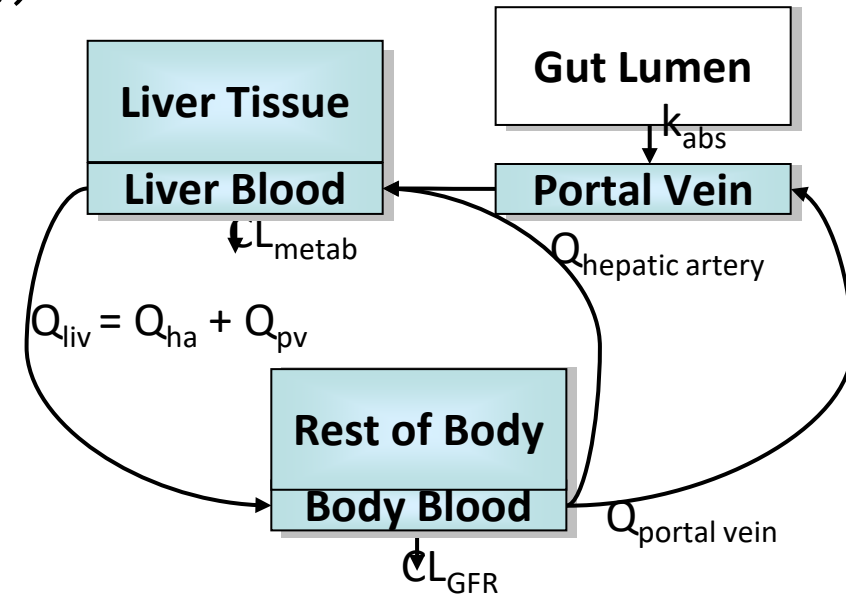


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Passive Renal Clearance
(GFR: Glomerular filtration
rate
 f_{up} : fraction unbound in
plasma)

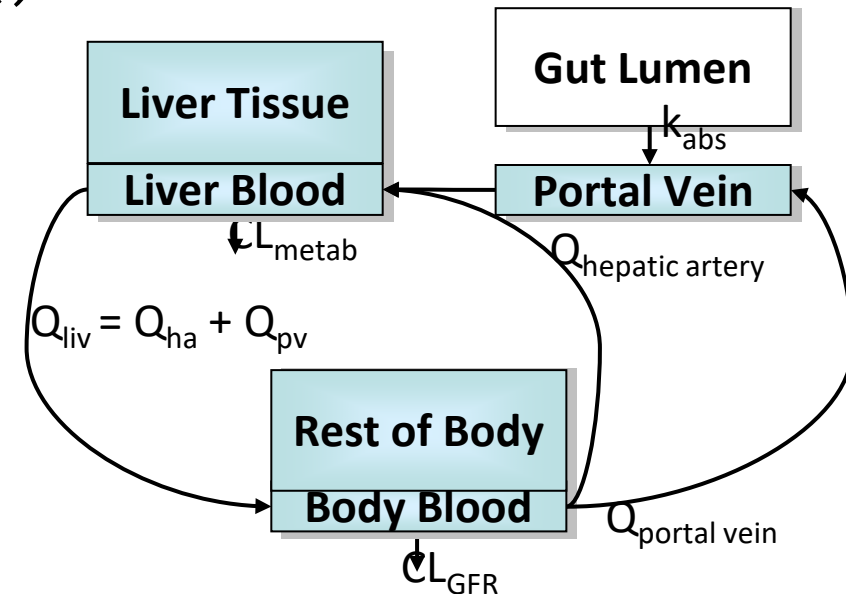


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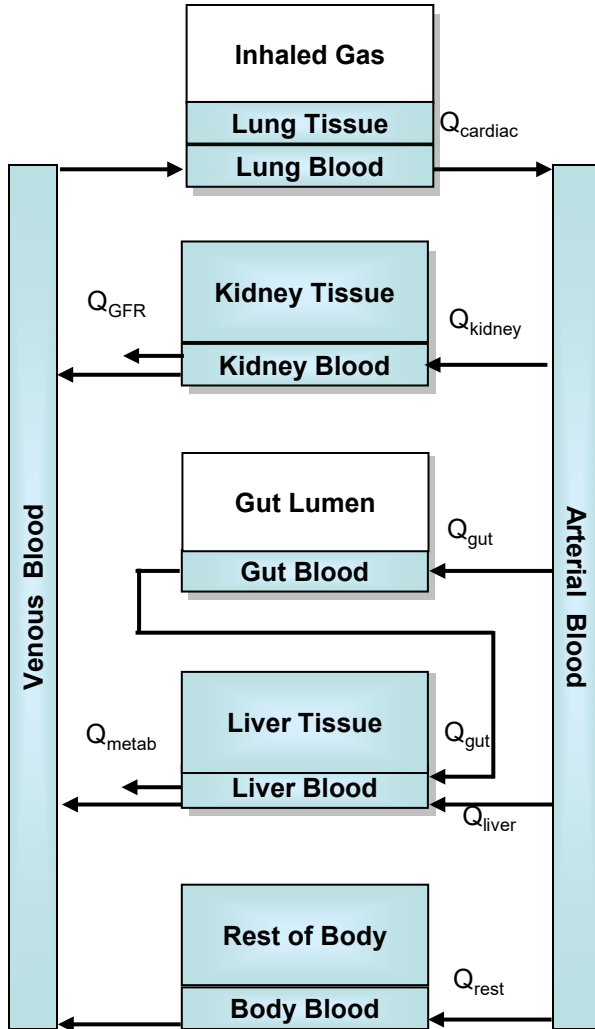
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Hepatic Metabolism
($Cl_{hepatic}$: Scaled hepatic clearance
 Q_l : Blood flow to liver)

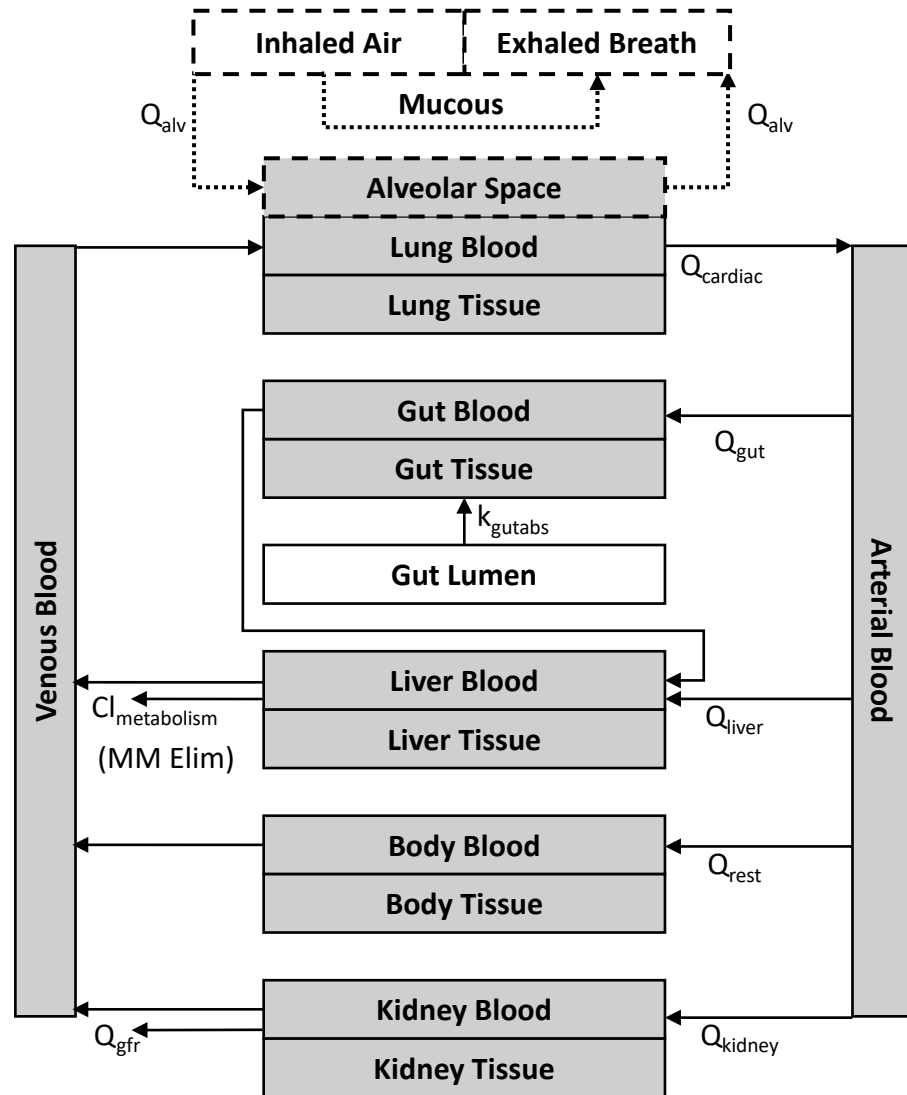


The “httk” General Physiologically-based Toxicokinetic (PBTK) Model



- Tissues are modeled by compartments:
 - Some tissues (for example, arterial blood) are simple compartments
 - Others (for example, kidney) are compound compartments consisting of separate blood and tissue sections with constant partitioning (that is, tissue specific tissue:plasma partition coefficients)
 - Remaining tissues (for example, fat, brain, bones) are lumped into the “Rest of Body” compartment
- Clearance from the body depends on two processes:
 - Metabolism in the liver (estimated from *in vitro* clearance and binding)
 - Excretion by glomerular filtration in the kidney (estimated from *in vitro* binding)
- Model parameters are either:
 - **Physiological:** determined by species and potentially varied via Monte Carlo (including HTTK-pop, Ring et al. 2017)
 - **Chemical-specific:** physico-chemical properties (Mansouri et al., 2018) and equilibrium partition coefficients plus plasma binding and metabolism rates that are determined from *in vitro* measurements or potentially predicted from structure

Generic Gas Inhalation Model



- Inhalation is an important route of exposure, particularly for occupational settings
- The structure of the inhalation model was developed from two previously published physiologically-based models from Jongeneelen *et al.* (2011) and Clewell *et al.* (2001)
- The model can be parameterized with chemical-specific *in vitro* data from the HTK package for 917 chemicals in human and 181 chemicals in rat
- Model was made publicly available with the release of htk v2.0.0 in February 2020

Model parameterization

Key Physiological Parameters for *In Vitro-In Vivo* Extrapolation

Model parameters are either:

Physiological: determined by species and potentially varied via Monte Carlo (including HTTK-pop, Ring et al. 2017)

Chemical-specific: physico-chemical properties (Mansouri et al., 2018) and equilibrium partition coefficients plus plasma binding and metabolism rates that are determined from *in vitro* measurements or potentially predicted from structure

Parameter	Definition	Value (Mean)	Units	Reference
Q_{liverc}	Total blood flow to liver (arterial, gut)	3.6	1/h/kg BW	Davies and Morris (1993)
Q_{GFR}	Flow to glomerulus (glomerular filtration rate)	0.32	1/h/kg BW	Davies and Morris (1993)
$n_{cell_density}$	Hepatocellularity	110	Millions of cells / g Liver	Carlile et al. (1997)
V_{liverc}	Liver volume (scaled to kg body weight)	0.0245	1/kg BW	Davies and Morris (1993)
d_{liver}	Liver density	1.05	g/ml	International Commission on Radiological Protection (1975)
Hematocrit	Fraction of blood that is red blood cells	0.43	Unitless	Davies and Morris (1993)

$$Cl_{hepatic} = n_{cell\ density} \times V_{liverc} \times d_{liver} \times Cl_{int}$$

Species-Specific Physiological Parameters for Physiologically-Based Toxicokinetics

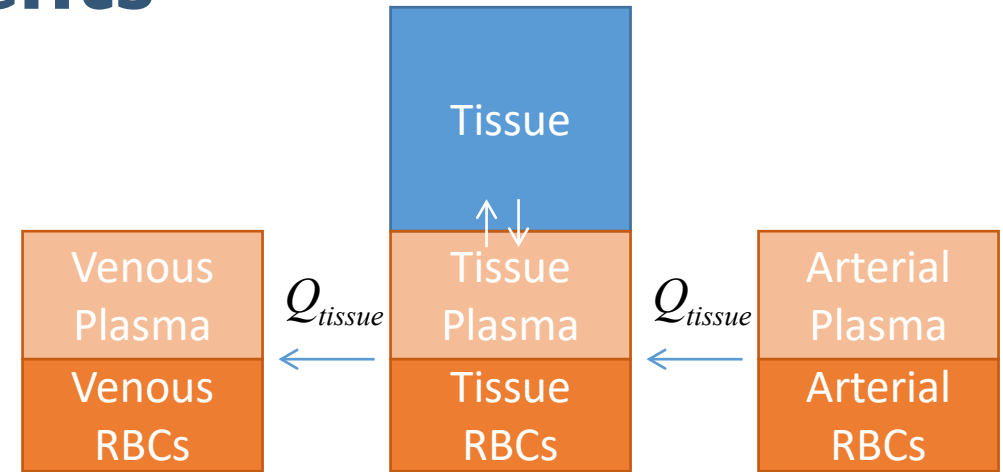
- Rates, volumes, and tissue-specific information (not shown) are needed for a species
 - Users can choose to add new species to HTTK by providing this information

Parameter	Units	Mouse	Rat	Dog	Human	Rabbit	Monkey
Total Body Water	ml/kg	725.000	668.000	603.600	600.000	40.812	693.000
Plasma Volume	ml/kg	50.000	31.200	51.500	42.857	110.000	44.800
Cardiac Output	ml/min/kg ^(3/4)	150.424	209.304	213.394	231.401	266.576	324.790
Average BW	kg	0.020	0.250	10.000	70.000	2.500	5.000
Total Plasma Protein	g/ml	0.062	0.067	0.090	0.074	0.057	0.088
Plasma albumin	g/ml	0.033	0.032	0.026	0.042	0.039	0.049
Plasma a-1-AGP	g/ml	0.013	0.018	0.004	0.002	0.001	0.002
Hematocrit	fraction	0.450	0.460	0.420	0.440	0.360	0.410
Urine Flow	ml/min/kg ^(3/4)	0.013	0.098	0.037	0.040	0.042	0.151
Bile Flow	ml/min/kg ^(3/4)	0.026	0.044	0.015	0.010	0.083	0.004
GFR	ml/min/kg ^(3/4)	5.265	3.705	10.901	5.165	3.120	2.080
Average Body Temperature	C	37.000	38.700	38.900	37.000	39.350	38.000
Plasma Effective Neutral Lipid Volume Fraction	unitless	0.004	0.002	0.001	0.007	0.002	0.007
Plasma Protein Volume Fraction	unitless	0.060	0.059	0.090	0.070	0.057	0.070
Pulmonary Ventilation Rate	l/h/kg ^(3/4)	24.750	24.750	24.750	27.750	24.750	27.750
Alveolar Dead Space Fraction	unitless	0.330	0.330	0.330	0.330	0.330	0.330

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- Gordon, Christopher J. *Temperature regulation in laboratory rodents*. Cambridge University Press, 1993.
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PBTK Partition Coefficients

- Although in our model there are really three separate concentrations (C) that describe a tissue, we assume that they are related to each other by constants
- We assume that the ratio between the blood and plasma ($R_{blood:plasma}$) is a uniform constant throughout the body



$$C_{compartment,blood} = R_{blood:plasma} C_{compartment,plasma}$$

- We assume that all the tissues are “perfusion limited”, which means that the tissue concentration instantly comes to equilibrium with the free fraction in plasma (concentration is limited by flow to the tissue)

$$C_{compartment,tissue} = K_{tissue:plasma} * f_{up} * C_{compartment,plasma}$$

$K_{tissue:plasma}$ is the tissue partition coefficient which we either measure experimentally or predict *in silico* (for example Schmitt's method)

Tools for Chemical-Specific PBTK Parameters

Physiological parameters depend on species, but we must also make chemical-specific estimates of tissue partitioning...

TOXICOLOGY AND APPLIED PHARMACOLOGY 144, 340–347 (1997)
ARTICLE NO. TO978139

Using Structural Information to Create Physiologically Based Pharmacokinetic Models for All Polychlorinated Biphenyls

I. Tissue:Blood Partition Coefficients

Prediction of Adipose Tissue:Plasma Partition Coefficients for Structurally Unrelated Drugs

PATRICK POULIN, KERSTIN SCHOENLEIN, FRANK-PETER THEIL

F. Hoffmann-La Roche, Ltd., Pharmaceuticals Division, Non-Clinical Development—Drug Safety, CH-4070 Basel, Switzerland

Received 4 M



Available online at www.sciencedirect.com



Toxicology in Vitro 22 (2008) 457–467



www.elsevier.com/locate/toxinvit

General approach for the calculation of tissue to plasma partition coefficients

Walter Schmitt

Bayer Technology Services GmbH, 51368 Leverkusen, Germany

Received 27 June 2007; accepted 19 September 2007

Available online 5 November 2007

Arch Toxicol (1997) 72: 17–25

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TOXICOKINETICS

Joost DeJongh · Henk J.M. Verhaar
Joop L.M. Hermens

A quantitative property-property relationship (QPPR) approach to estimate in vitro tissue-blood partition coefficients of organic chemicals in rats and humans

Physiologically Based Pharmacokinetic Modeling 1: Predicting the Tissue Distribution of Moderate-to-Strong Bases

TRUDY RODGERS,¹ DAVID LEAHY,² MALCOLM ROWLAND¹

¹Centre for Applied Pharmacokinetic Research, School of Pharmacy and Pharmaceutical Sciences, University of Manchester, United Kingdom

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Published



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A unified algorithm for predicting partition coefficients for PBPK modeling of drugs and environmental chemicals

Thomas Peyret^a, Patrick Poulin^b, Kannan Krishnan^{a,*}

^a DSEST, Université de Montréal, Canada H3T 1A8

^b Consultant, 4009 rue Sylvia Durost, Québec City, Québec, Canada G1X 0M6

Schmitt's Method (2008)

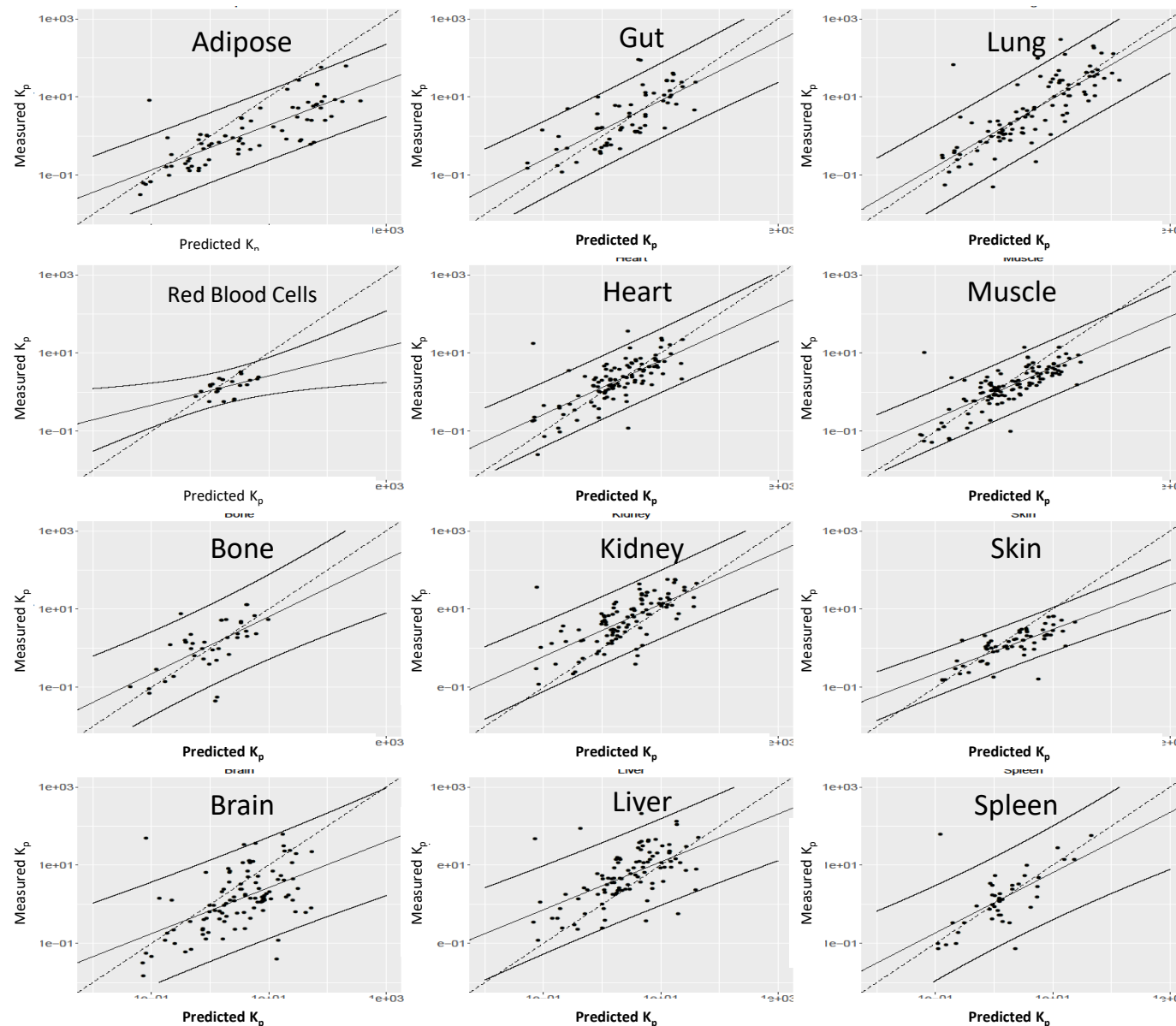
- Depending on its structure a chemical partitions differently into water, fats, and charged materials
- Schmitt's method predicts chemical affinity based on the composition of a tissue
 - Users can choose to add new tissue to HTK by providing this information

	Fraction of total volume		Fraction of cell volume			Fraction of total lipid			
Tissue	Cells	Interstitial	Water	Lipid	Protein	Neutral Lipid	Neutral Phospholipid	Acidic Phospholipid	pH
Adipose	0.86	0.14	0.02	0.93	0.05	0.94	0.06	0.01	7.10
Bone	0.90	0.10	0.26	0.02	0.21	0.85	0.11	0.04	7.00
Brain	1.00	0.01	0.80	0.11	0.08	0.37	0.46	0.17	7.10
Gut	0.90	0.10	0.78	0.07	0.15	0.69	0.26	0.05	7.00
Heart	0.75	0.25	0.70	0.14	0.17	0.89	0.08	0.03	7.10
Kidney	0.84	0.17	0.77	0.06	0.17	0.64	0.29	0.07	7.22
Liver	0.77	0.23	0.72	0.09	0.18	0.72	0.23	0.05	7.23
Lung	0.80	0.20	0.80	0.01	0.18	0.30	0.56	0.14	6.60
Muscle	0.85	0.15	0.80	0.02	0.18	0.54	0.38	0.08	6.81
Skin	0.40	0.60	0.43	0.28	0.29	0.36	0.50	0.14	7.00
Spleen	0.75	0.26	0.77	0.04	0.19	0.53	0.39	0.07	7.00
Red blood cells	1.00	0.00	0.66	0.01	0.33	0.40	0.50	0.10	7.20

HTTK Partition Coefficients

Pearce et al. (2017b)

- We use a modified Schmitt (2008) method with elements of Peyret et al. (2010)
- Pearce et al. (2017b) analyzed literature measurements of chemical-specific partition coefficients (PC) in rat
 - 945 tissue-specific PC
 - 137 unique chemicals
 - Mostly pharmaceuticals
- We use tissue-specific calibrations for the *in silico* predictors
- Pearce et al. (2017b) evaluated with human measured volumes of distribution for 498 chemicals from Obach (2008) – root mean squared error was 0.48



Review: HTK model parameters

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

Model evaluation

Verifying PBTK Models

Process for the Evaluation of PBPK Models

1. Assessment of Model Purpose
2. Assessment of Model Structure and Biological Characterizations
3. Assessment of Mathematical Descriptions
4. Assessment of Computer Implementation
5. Parameter Analysis and Assessment of Model Fitness
6. Assessment of any Specialized Analyses

Clark et al. (2004)

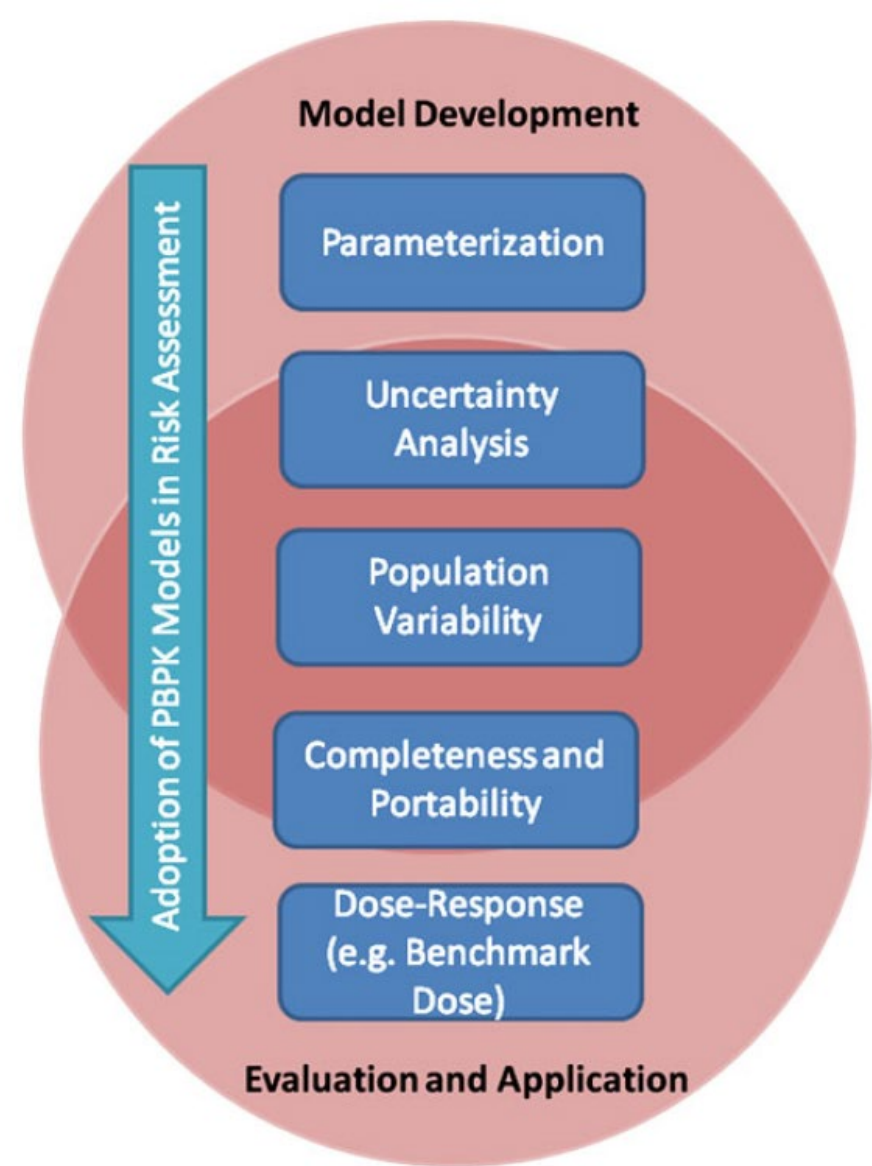


FIG. 1. This figure shows examples of key considerations during model development, evaluation, and application that are necessary before a PBPK model may be adopted for use in a HHRA.

McLanahan et al. (2012)

Why Build Another Generic PBTK Tool?

from Breen et al. (2021)

	SimCYP	ADMET Predictor / GastroPlus	PK-Sim	IndusChem Fate	pbktool	G-PBTK	httk
References	Jamei (2009)	Parrott (2009)	Eissing (2011)	Jongeneelen (2011)	Punt (2020)	Armitage (2021)	Pearce (2017)
Availability	License, but inexpensive for research	License, but inexpensive for research	Free	Free	Free	Free	Free
Open Source	No	No	GitHub	No	GitHub	Planned Release	CRAN and GitHub
Default PBTK Structure	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Population Variability	Yes	Yes	Yes	No	No	No	Yes
Data Needs	High/Low	High/Low	High	High	Low	Low	Low
Typical Use Case	Drug Discovery	Drug Discovery	Drug Discovery	Environmental Assessment	Food and Drug Safety Evaluation	Environmental Assessment	Screening
Batch Mode	Yes	Yes	Yes	No	No	No	Yes
Graphical User Interface	Yes	Yes	Yes	Excel	No	Excel	No
Built-in Chemical-Specific Library	Many Clinical Drugs	No	Many pharmaceutical-specific models available	15 Environmental Compounds	No	No	Pharmaceuticals and ToxCast: 998 human, 226 rat
Oral Bioavailability Modeling	Yes	Yes	No	No	No	No	No (Will be available in the future version)
In Vitro Distribution	SIVA VIVD	No	No	No	No	No	Armitage Model
Exposure Route	Oral, IV	Oral, IV	Oral, IV	Oral, Gas Inhalation, Dermal	Oral	Oral, IV, Inhalation	Oral, IV, Gas Inhalation (Dermal, Aerosol, and Fetal forthcoming)
Ionizable Compounds	Yes	Yes	Yes	No	No	Yes	Yes
Export Function	No	No	Matlab and R	No	No	No	SBML and Jarnac
R Integration	No	No	Yes (2017)	No	Yes	Yes	Yes
Reverse Dosimetry	Yes	Yes	Yes	No	No	No	Yes

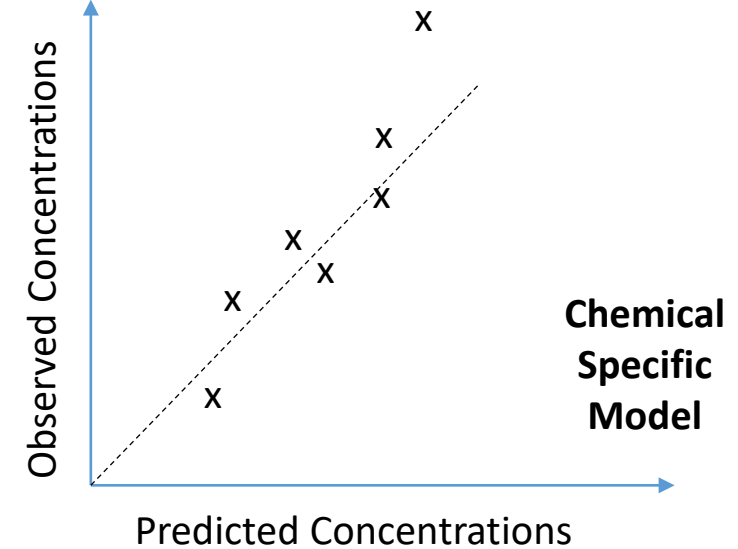
*Both **PLETHEM** (Pendse et al., 2020) and **Web-ICE** (Bell et al., 2020) provide GUI's to HTTK and other models
Pre-computed HTTK results are also available at <https://comptox.epa.gov/dashboard>

Statistical Analysis with HTK

- If we are to use HTK, then we need confidence in its predictive ability
- In drug development, HTK 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 HTK uncertainty**
 - ORD has both compiled existing (literature) TK data (Wambaugh *et al.*, 2015) and conducted new experiments in rats on chemicals with HTK *in vitro* data (Wambaugh *et al.*, 2018)
 - Any approximations, omissions, or mistakes should work to increase the estimated uncertainty when evaluated systematically across chemicals

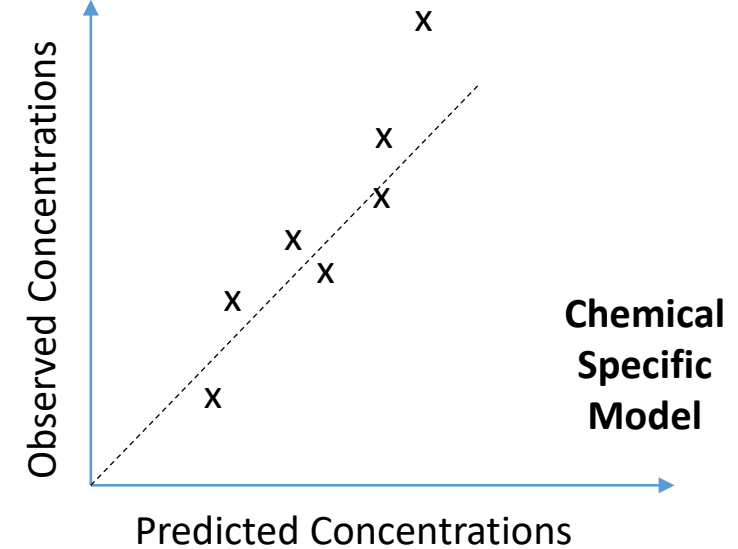
Building Confidence in TK Models

- 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 have no data



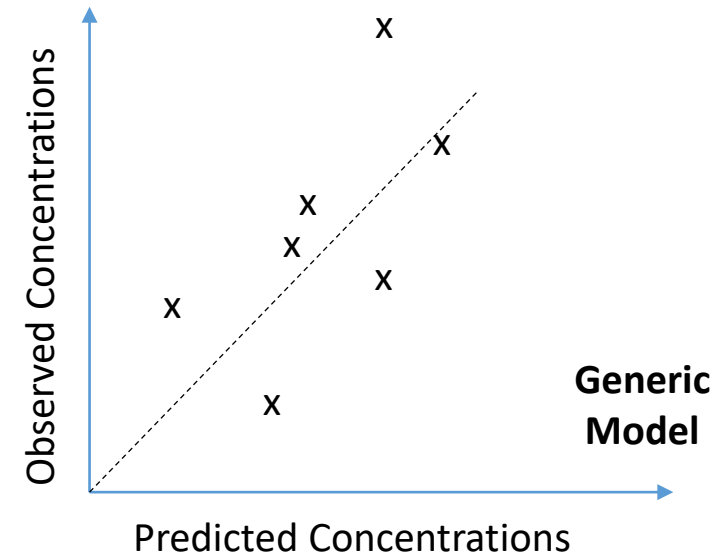
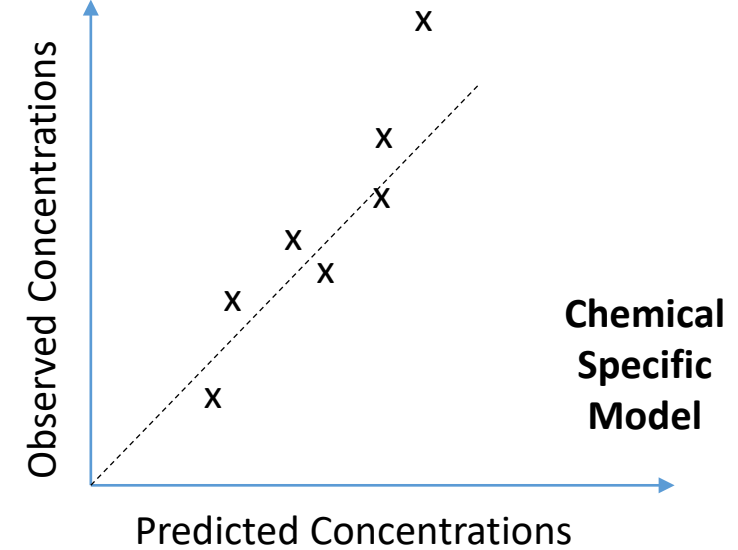
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- However, we do not typically have TK data



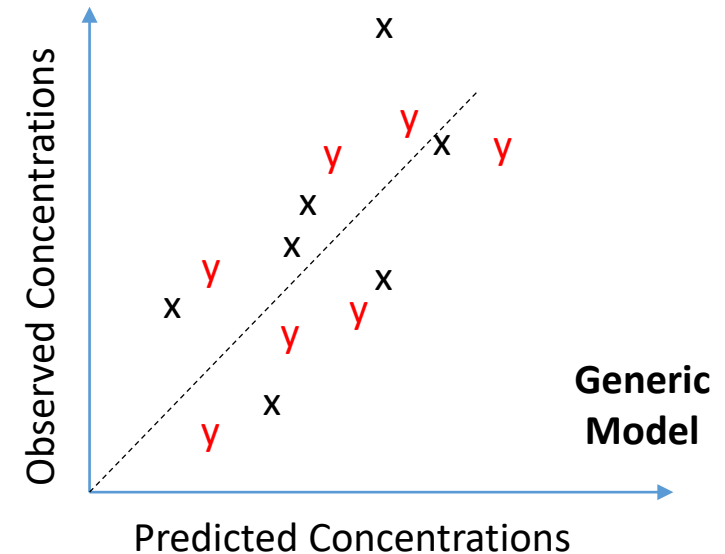
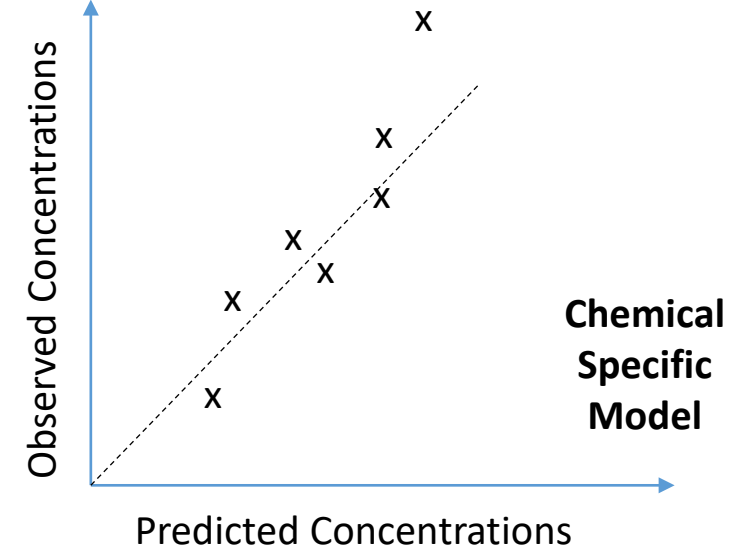
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- However, we do not typically have TK data
- We can parameterize a **generic TK model**, and evaluate that model for as many chemicals as we do have data
 - We do expect larger uncertainty, but also greater confidence in model implementation
 - Estimate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



Building Confidence in TK Models

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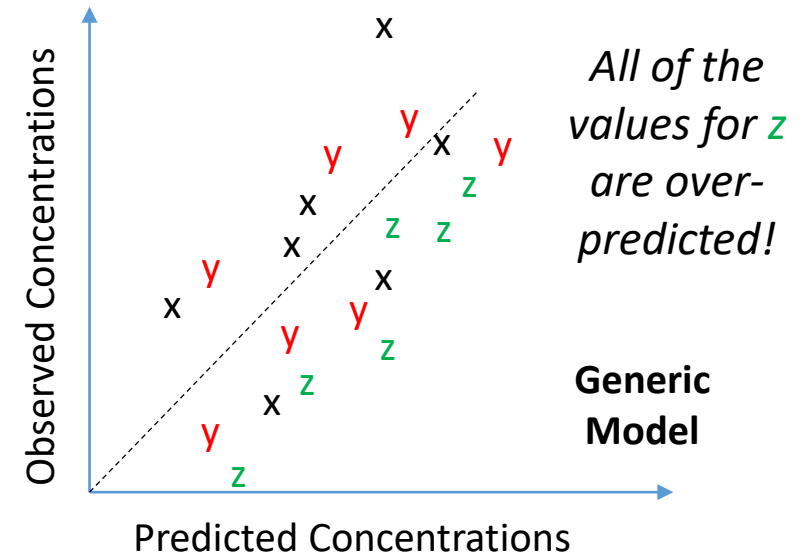
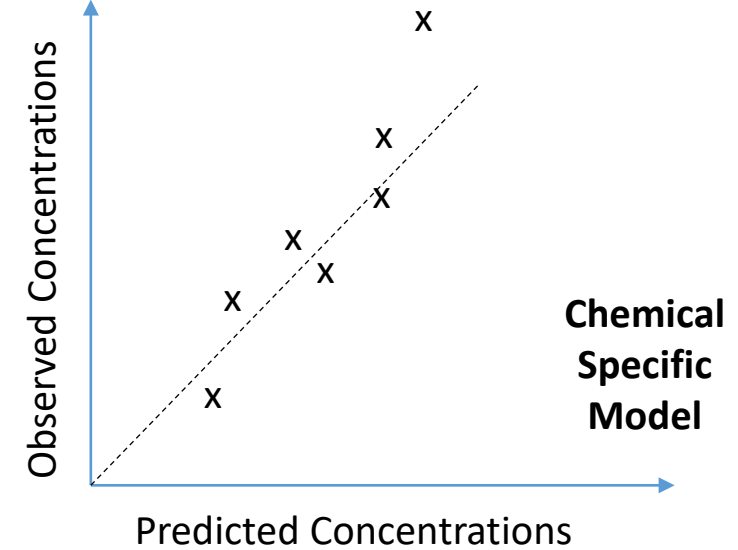


Building Confidence in TK Models

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 - Can estimate bias
 - Can estimate uncertainty
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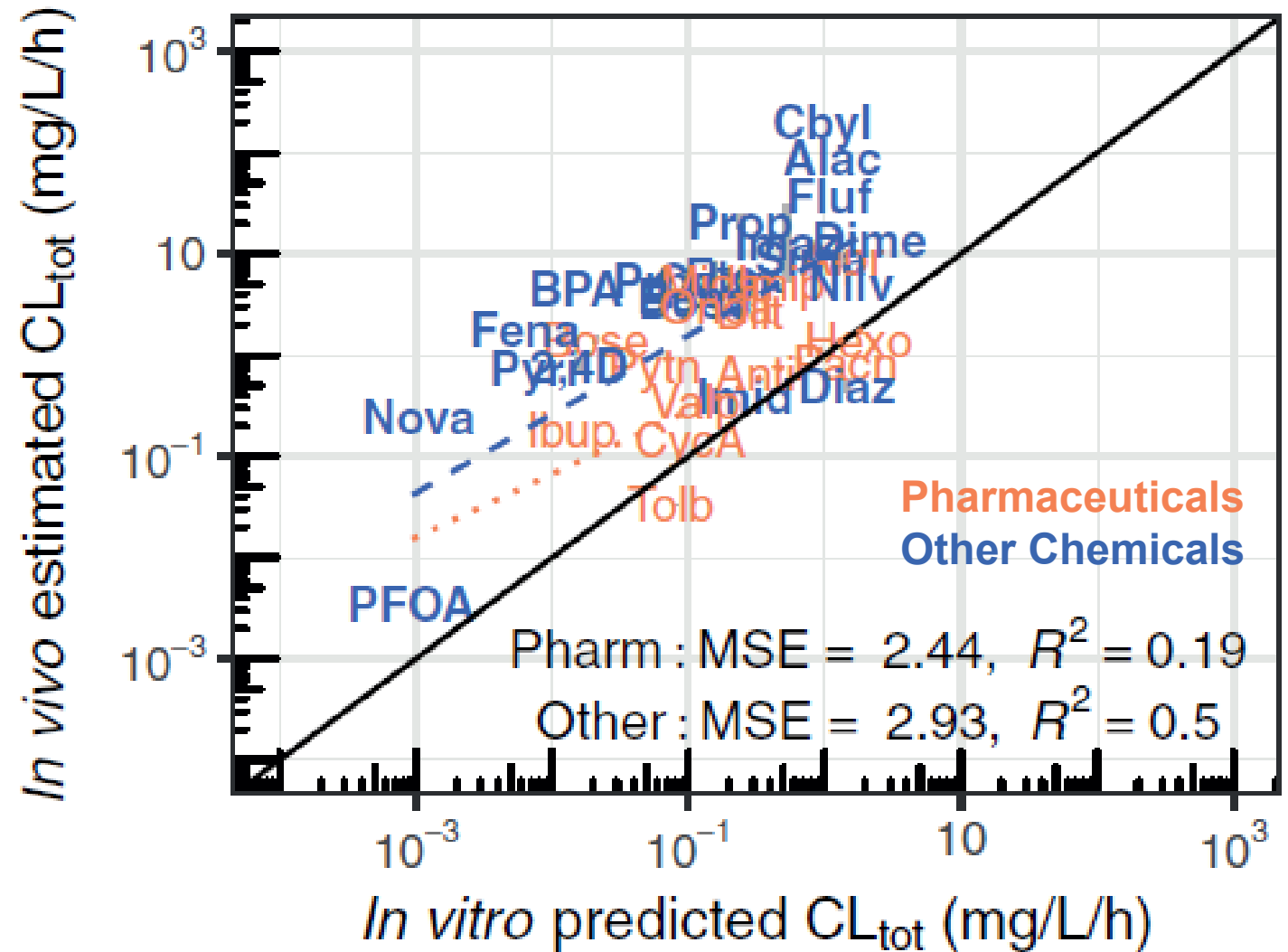
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 - We do expect larger uncertainty, but also greater confidence in model implementation
 - Estimate bias and uncertainty, and try to correlate with chemical-specific properties
 - Can consider using model to extrapolate to other situations (chemicals without *in vivo* data)



Evaluation Example: Observed Total Clearance

- 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



CvTdb: An *In Vivo* TK Database

<https://github.com/USEPA/CompTox-PK-CvTdb>

- EPA has developed a **public database of concentration vs. time data** for building, calibrating, and evaluating TK models
- Curation and development is ongoing, but to date includes:
 - 198 analytes (EPA, National Toxicology Program, literature)
 - Routes: Intravenous, dermal, oral, sub-cutaneous, and inhalation exposure
- Standardized, open-source curve fitting software *invivoPKfit* used to calibrate models to all data:

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

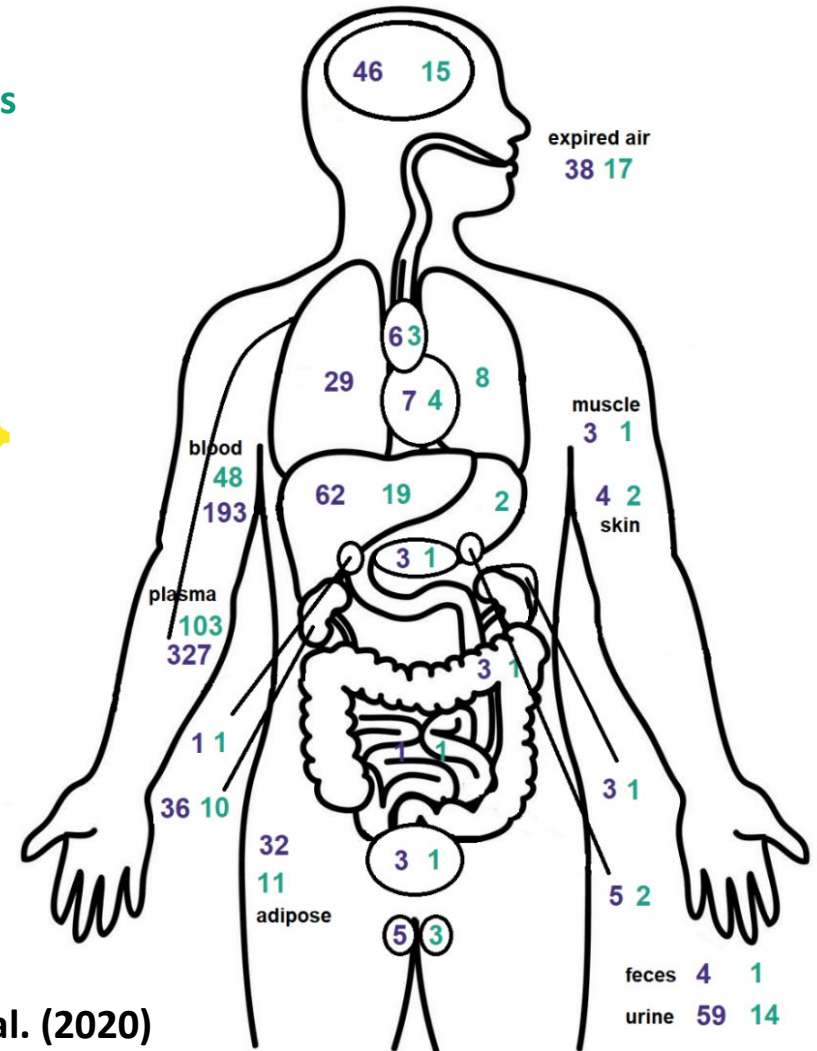
Studies
Test Substances

35 9

442 147

80 27

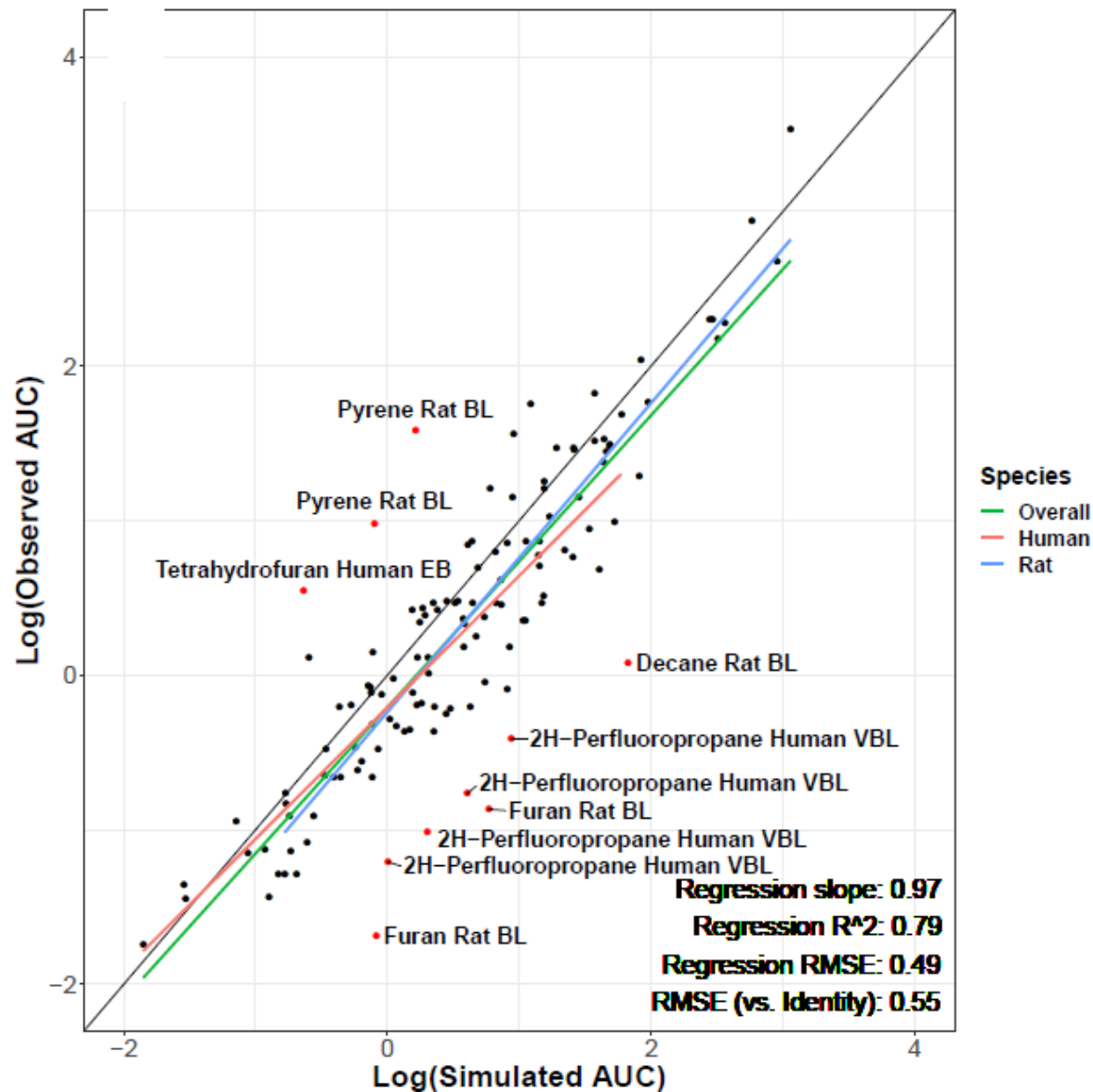
Other: 12 7



Sayre et al. (2020)

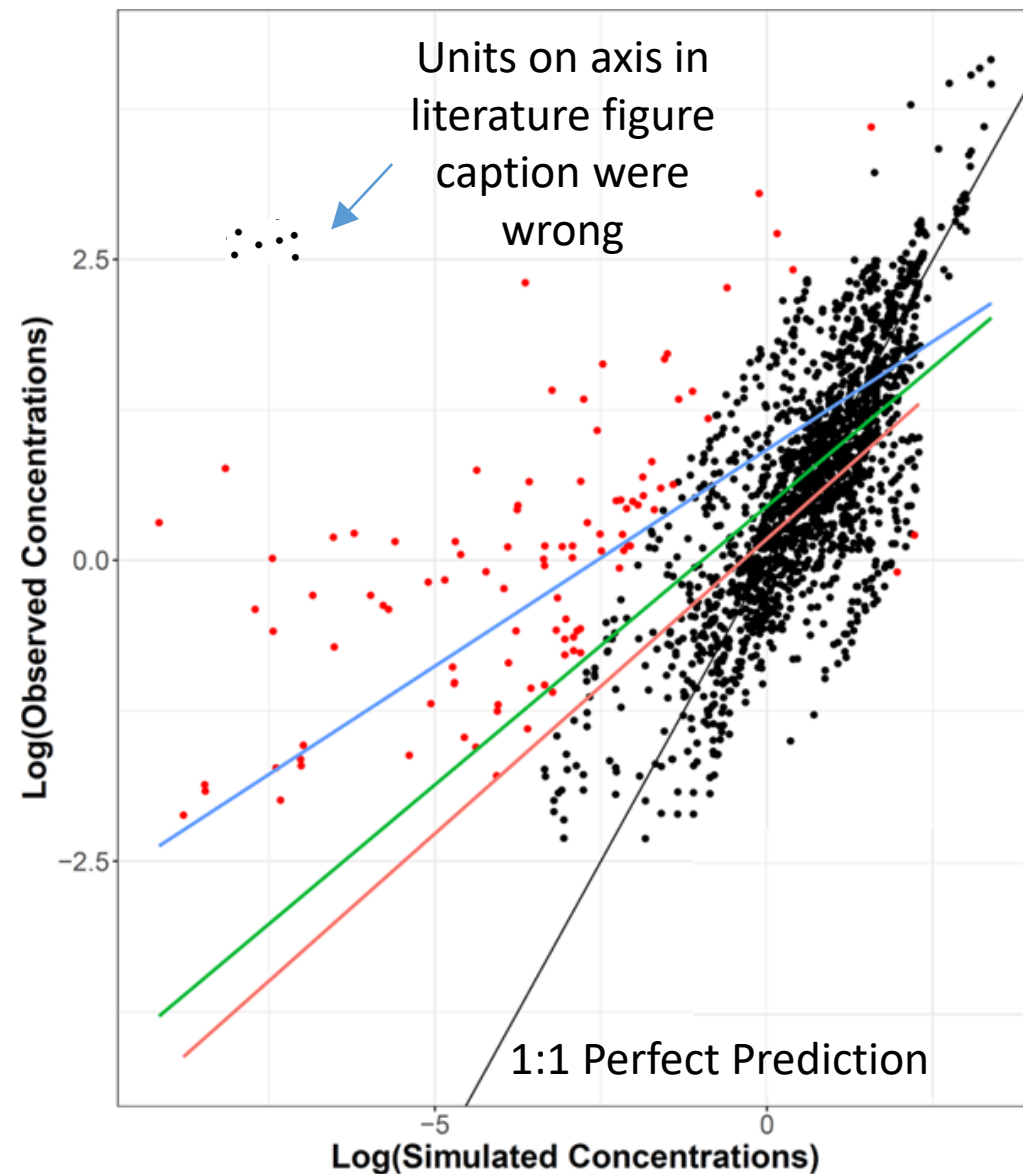
Developing Models with the CvT Database

- USAF and EPA developed generic gas inhalation physiologically-based toxicokinetic (PBTK) model
- Evaluated HTTK with CvTdb: 142 exposure scenarios across 41 volatile organic chemicals were modeled and compared to published *in vivo* data for humans and rat
- R^2 was 0.69 for predicting peak concentration
- R^2 was 0.79 for predicting time integrated plasma concentration (Area Under the Curve, AUC)



Developing Models with the CvT Database

- Access to *in vivo* concentration vs. time data made it easier to identify coding and other modeling errors
- Access to *in vivo* concentration vs. time data also made it easier to find fault with specific data sets



Review of HTK Evaluations

- World Health Organization (2010): PBTK models are “adequate” when predictions “are, on average, **within a factor of 2** of the experimental data”
- Predictions of full concentration vs. time curve (that is, all time points for all chemicals):
 - Linakis et al. (2020): For forty volatile, non-pharmaceutical chemicals root mean squared error (RMSE) of 1.11 (on a log10 scale, therefore **a factor of 13x**) and a coefficient of determination (R^2) of 0.47
- Prediction of TK summary statistics such as peak concentration and time-integrated (“area under the curve” or AUC) concentration:
 - Wang (2010): For 54 pharmaceutical clinical trials the predicted AUC differed from observed by **2.3x**
 - Linakis et al. (2020): RMSE = 0.46 or **2.9x for peak concentration** and RMSE = 0.5 or **3.2x for AUC**
 - Wambaugh et al. (2018): For 45 chemicals of both pharmaceutical and non-pharmaceutical nature, RMSE of **2.2x for peak** and **1.64x for AUC**
 - Pearce et al. (2017b): The calibrated method for predicting tissue partitioning that is included in htk similarly predicted human volume of distribution with a RMSE of 0.48 (**3x**)

Conclusions

Verifying the HTK R Package

	Clark et al. (2004) Process for the Evaluation of PBPK Models	Evaluation of HTK R Package
	Assessment of Model Purpose	
	Assessment of Model Structure and Biology	
	Assessment of Mathematical Descriptions	
	Assessment of Computer Implementation	
	Parameter Analysis and Assessment of Model Fitness	
	Assessment of any Specialized Analyses	

Verifying the HTK R Package

	Clark et al. (2004) Process for the Evaluation of PBPK Models	Evaluation of HTK R Package
✓	Assessment of Model Purpose	Rapidly parameterized <i>in vitro-in vivo</i> extrapolation
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Verifying the HTK R Package

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✓	Assessment of Model Purpose	Rapidly parameterized <i>in vitro-in vivo</i> extrapolation
✓	Assessment of Model Structure and Biology	Consistent model structure evaluated across a diverse chemical library
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✓	Assessment of Mathematical Descriptions	Model structures added and revised through peer-reviewed journal articles
✓	Assessment of Computer Implementation	Open-source code available from GitHub (https://github.com/USEPA/CompTox-ExpoCast-httk) and CRAN (https://CRAN.R-project.org/package=httk) where bugs can be reported and patched
	Parameter Analysis and Assessment of Model Fitness	
	Assessment of any Specialized Analyses	

Verifying the HTK R Package

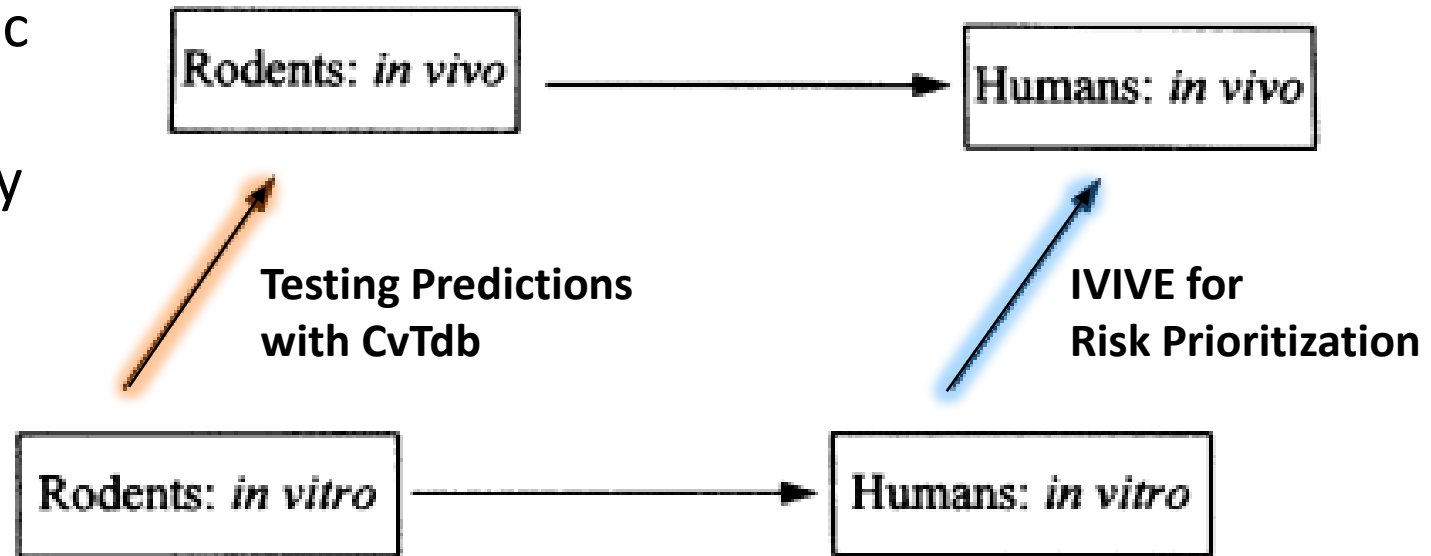
	Clark et al. (2004) Process for the Evaluation of PBPK Models	Evaluation of HTK R Package
✓	Assessment of Model Purpose	Rapidly parameterized <i>in vitro-in vivo</i> extrapolation
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✓	Parameter Analysis and Assessment of Model Fitness	Model fitness quantified through comparison with CvTdb
	Assessment of any Specialized Analyses	

Verifying the HTK R Package

	Clark et al. (2004) Process for the Evaluation of PBPK Models	Evaluation of HTK R Package
✓	Assessment of Model Purpose	Rapidly parameterized <i>in vitro-in vivo</i> extrapolation
✓	Assessment of Model Structure and Biology	Consistent model structure evaluated across a diverse chemical library
✓	Assessment of Mathematical Descriptions	Model structures added and revised through peer-reviewed journal articles
✓	Assessment of Computer Implementation	Open-source code available from GitHub (https://github.com/USEPA/CompTox-ExpoCast-httk) and CRAN (https://CRAN.R-project.org/package=httk) where bugs can be reported and patched
✓	Parameter Analysis and Assessment of Model Fitness	Model fitness quantified through comparison with CvTdb
✓	Assessment of any Specialized Analyses	Population variability simulator httk-pop has been published (Ring et al., 2017) and is being revised with most recent NHANES biometrics (Breen et al., in prep.)

Conclusions

- The *in vitro*-measured chemical specific parameters may be used to build a variety of models ranging in complexity from steady-state to full PBTK
- Chemical-independent information on physiology and tissue composition allow predictions of chemical distribution
- Generic models allow for verification of model implementation
- Comparing model predictions for chemicals with *in vivo* data allows estimation of confidence in predictions for chemicals without *in vivo* data



The views expressed in this presentation are those of the author and do not necessarily reflect the views or policies of the U.S. EPA

**There is time for questions now
followed by a BREAK**

Talk Three will begin at 2:00 PM EST

**Feel free to contact me at:
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Human Variability

**Human
Gestation**



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Inhalation

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CvTdb

**Structure-Based
Predictions**

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