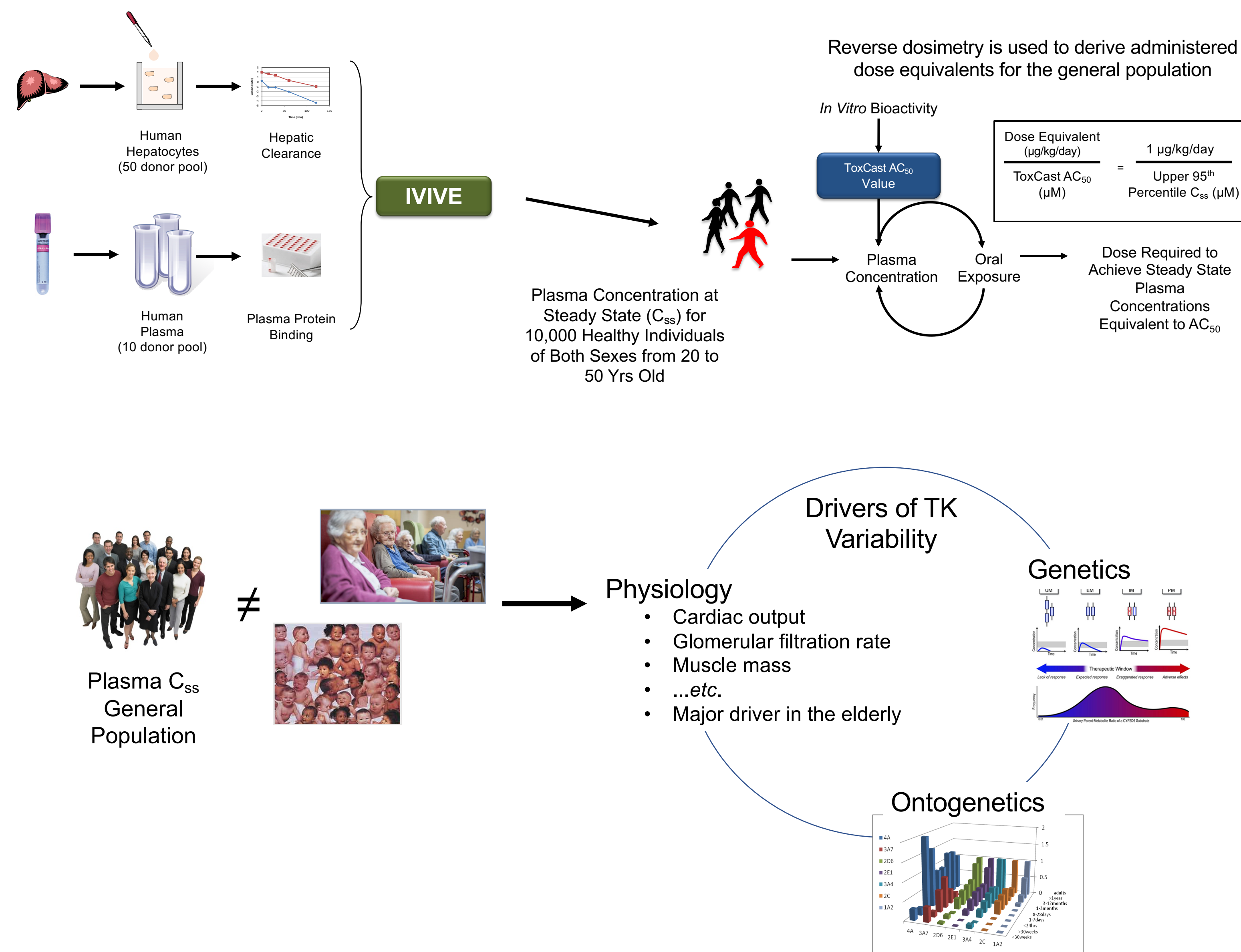


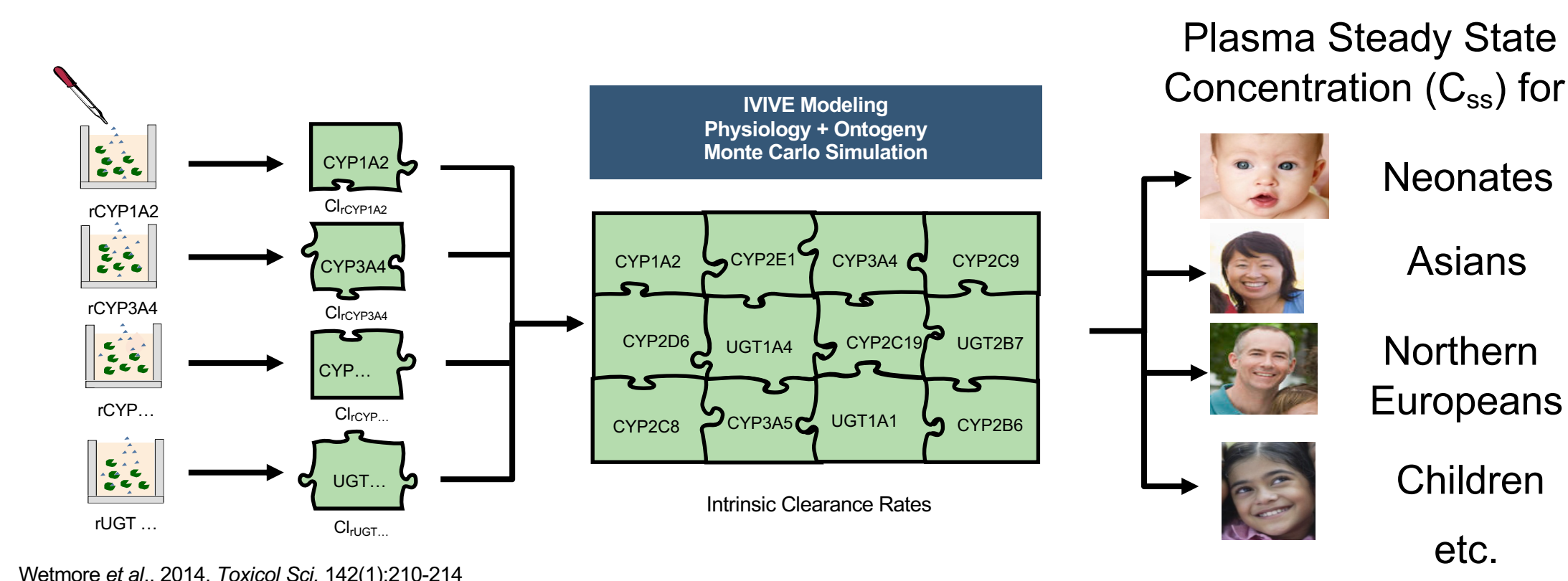
Abstract

When toxicokinetic (TK) variability occurs across different populations or lifestages, identical external chemical exposures may yield differing systemic concentrations, and may subsequently result in differing health impacts. *In vitro*–*in vivo* extrapolation (IVIVE) modeling that combines *in vitro* TK data with population-specific physiologic and ontogenetic information during Monte Carlo simulations can be used to predict *in vivo* exposures for drugs for which *in vivo* data were available and demonstrated how interindividual variability could be quantitated. In this follow-up, enzymatic clearance data has been generated for 6 chemicals thus far—ametryn, dimethenamid, fenbuconazole, fenhexamid, glyphosate, and n-butylparaben—across 6 isozymes we previously found to be the predominant contributors to metabolism. The resulting data are being used to further our understanding of whether particular isozyme metabolic profiles may drive greater TK variability. Prediction of steady state concentrations and human-specific TK adjustment factors (HK_{AF} s) thus far show the pediatric lifestage is often the most sensitive, with HK_{AF} values falling above the 3.2 default uncertainty factor typically assigned for TK variability. Sensitivity in the pediatric lifestages decreases with age, coinciding with maturation of the metabolic enzymes. We also noted an inverse relationship between HK_{AF} variability and the number of enzymes with fraction of compound metabolized exceeding 3% for these chemicals. Future work will continue to expand the chemical space analyzed and our assessments of the relationship of isozyme metabolic profiles to TK variabilities. *This abstract doesn't necessarily reflect the views of the EPA.*

Dosimetry & TK Variability



Approach & Prior Work



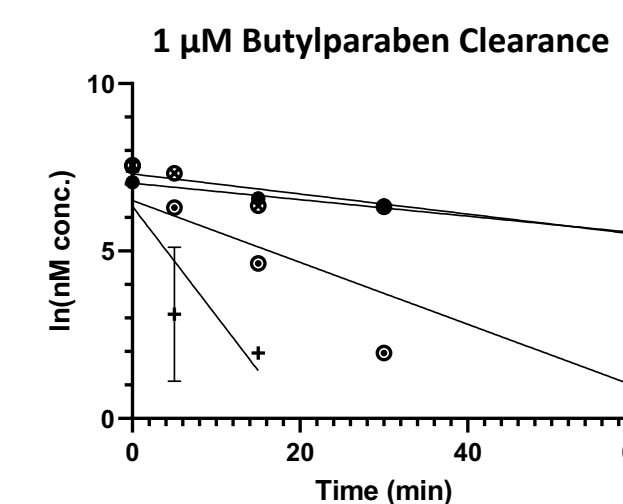
Continuation of this Work

- Expansion of current chemical space with major CYPs & UGTs
- Identify metabolic profiles resulting in greater variability
- Explore lifestage effects more fully

| Compound | Type |
|---------------|---|
| Ametryn | Herbicide |
| Dimethenamid | Herbicide |
| Fenbuconazole | Triazole fungicide |
| Fenhexamid | Fungicide |
| Glyphosate | Herbicide |
| Butylparaben | Antimicrobial used in cosmetics, medications, flavoring |

Identify chemicals likely cleared by CYP & UGT panel using ADMET Predictor

Screen across panel of CYPs and UGTs



Determine clearance rates for chemicals by individual enzymes

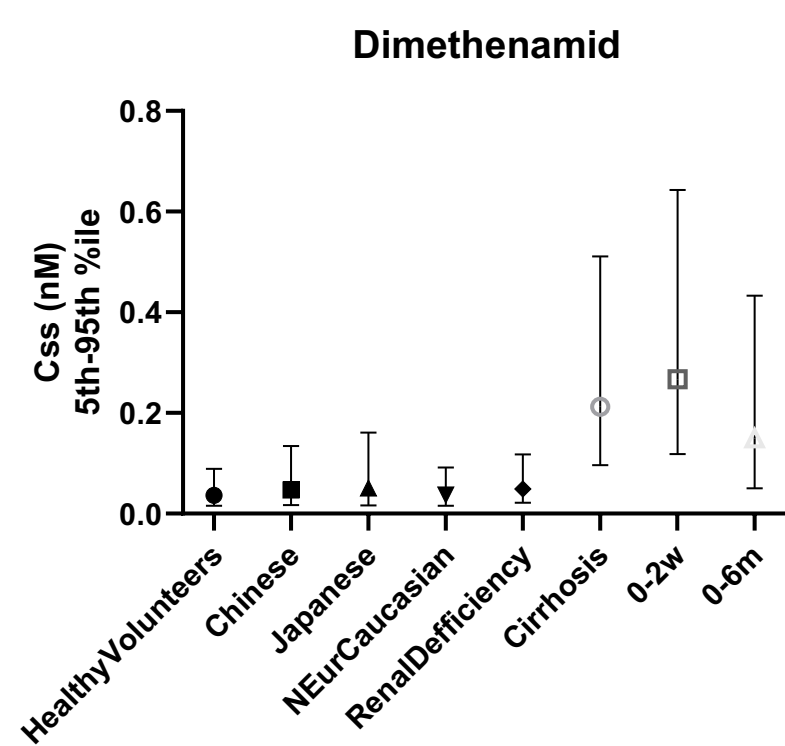
- Loss of parent
- Analyzed using UPLC-MS/MS

C_{ss} Predictions

- Monte Carlo simulation using SimCyp
- Chemical-specific:
 - physicochemical info
 - rCYP clearance rates
- Trial Size: N=1000
- Dose: 1 µg/kg/day
- Several populations / lifestages (using libraries pre-parameterized with relevant physiologic information)

Calculate Human Toxicokinetic Adjustment Factor

$$HK_{AF} = \frac{95^{th} \text{ percentile } C_{ss} \text{ for the most sensitive population}}{\text{median of healthy population}}$$

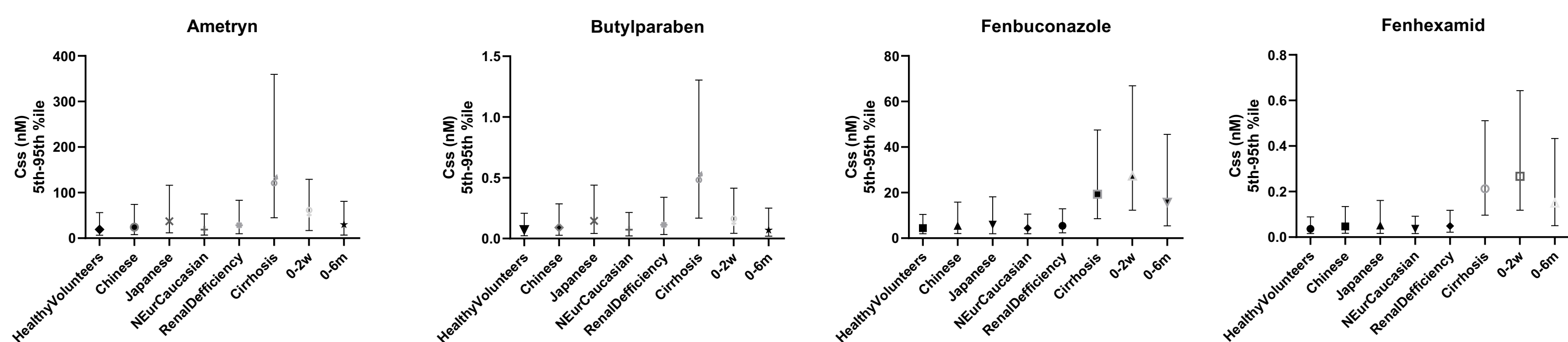


Preliminary Results

| Enzyme-specific Clearance Rates (µl/min/pmol p450 or mg protein) (0.1µM, 1µM) | | | | | | | | | | | | |
|--|--------|-------|--------|-------|---------|-------|--------|------|---------|---------|--------|-------|
| Chemical | CYP1A2 | | CYP2C9 | | CYP2C19 | | CYP3A4 | | UGT1A1 | | UGT1A4 | |
| | 0.1µM | 1µM | 0.1µM | 1µM | 0.1µM | 1µM | 0.1µM | 1µM | 0.1µM | 1µM | 0.1µM | 1µM |
| Ametryn* | 0 | 0 | 0 | 0 | 0.631 | 0.708 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dimethenamid | 0 | 0 | 0.063 | 0.057 | 0 | 0 | 3.28 | 4.00 | 0 | 0 | 0 | 0 |
| Fenbuconazole | 0 | 0.076 | 0 | 0 | 0.125 | 0 | 1.17 | 0 | 0 | 0 | 0 | 0 |
| Fenhexamid | 0 | 0 | 0.0470 | 0 | 1.18 | 0.724 | 0 | 0 | 116.539 | 117.276 | 0 | 0 |
| Glyphosate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Butylparaben* | 6.727 | 8.559 | 0.237 | 0.150 | 2.232 | 1.822 | 0 | 0 | 49.284 | 42.744 | 0 | 8.198 |

*Ametryn, & UGT1A1 & UGT1A4 for Butylparaben were run at 1 & 10 µM

The early pediatric lifestage and cirrhosis patients are generally the most sensitive populations across this set of chemicals.



Human TK adjustment factors (HK_{AF} s) for the most vulnerable subgroups fall above the default uncertainty factor of 3.2.

- Ametryn=18.83 for patients with severe cirrhosis
- Butylparaben=17.71 for patients with severe cirrhosis
- Dimethenamid=17.54 for 0-2-week olds
- Fenbuconazole= 15.07 for 0-2-week olds
- Fenhexamid=8.98 for 0-2-week olds

There is an inverse relationship between HK_{AF} variability and the number of enzymes by which a compound is metabolized.

Summary and Future Directions

- Data generation is currently underway for 12 chemicals; with clearance data for 6 described here.

Future work will:

- More closely define variability ranges within first 6 months of life;
- Examine the relationship between fraction of compound metabolized and population variability;
- Seek out trends and metabolic profiles that may yield greater differences across lifestages;
- Assess clearance by additional enzymes;
- Compare C_{ss} values to exposure estimates for these chemicals to help inform regulatory decision-making regarding uncertainty factors.

References

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- Ginsberg, G., Hattis, D., Sonawane, B., Russ, A., Banati, P., Kozlak, M., Smolenski, S., and Goble, R. (2002). Evaluation of Child/Adult Pharmacokinetic Differences from a Database Derived from the Therapeutic Drug Literature. *Toxicol. Sci.* 66: 185–200.