



Toxicokinetic (TK) Models for QIVIVE and Considerations of Uncertainty



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I declare that I have no conflict of interest. The views expressed in this presentation are those of the author and do not necessarily represent the views or policies of ILS or NICEATM

Outline

- Challenges integrating in vitro data into in vivo context
- Definition and process of (Q)IVIVE
 - PK/PBPK models
 - TK/PBTK models
- Sources of uncertainty and variability
- Two case studies showing the impact of some types of variations
- Take home message

Proposed Framework for the Application of NAMs

1. Purpose of the Assessment

1.1 Define the problem formulation

1.2 Identify key components

1.3 Consider toxicokinetics

2. Dynamics - Bioactivity

Targeted Endpoint(s) Evaluation

2.2 Is the AOP/MOA known?

2.3 Identify key event to measure

2.4 Is an appropriate method available?

2.6 Develop/validate method

2.1 Is the adverse outcome(s) (endpoint) known?

Non-targeted Endpoint(s)/ Bioactivity Evaluation

2.5 Are NAMs data available?

2.7 Generate *in vitro* data

3. Method Interpretation

3.1 Is guidance available for the method?

3.2 Is the applied method known to be scientifically robust?

3.4 Is there a role for bioactivation?

3.6 Was the method conducted in a dose response format?

Use guidance to interpret and report method data; skip to step 3.4

3.3 Develop/validate method and/or go to 2.7

3.5 Are metabolite data available?

3.7 Method may be used for a semi-quantitative or qualitative assessment or go to 2.7

4. Kinetics - IVIVE (In vitro to In vivo Extrapolation)

4.1 Reverse Dosimetry to find Human Equivalent Dose

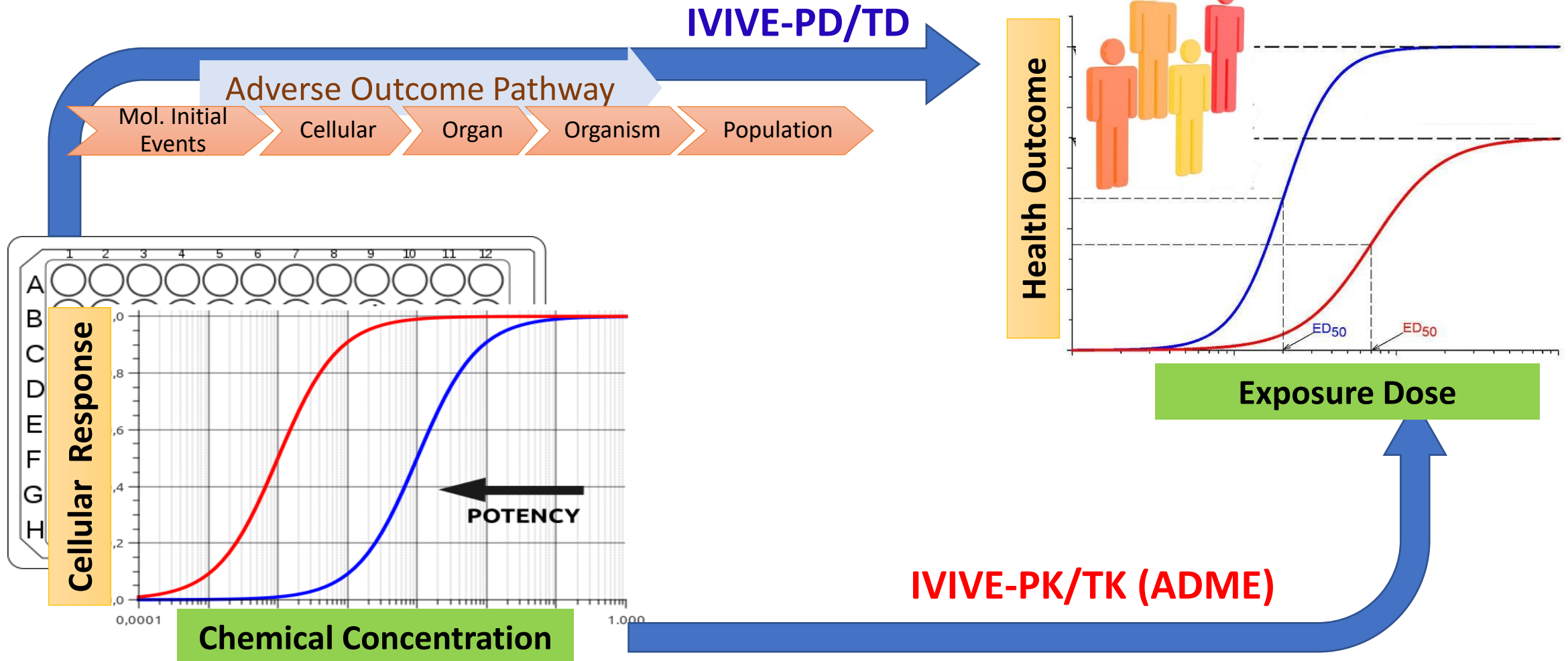
4.3 Estimated Reference Dose or MoE

4.2 Consider uncertainty:
-population variability
-method variability

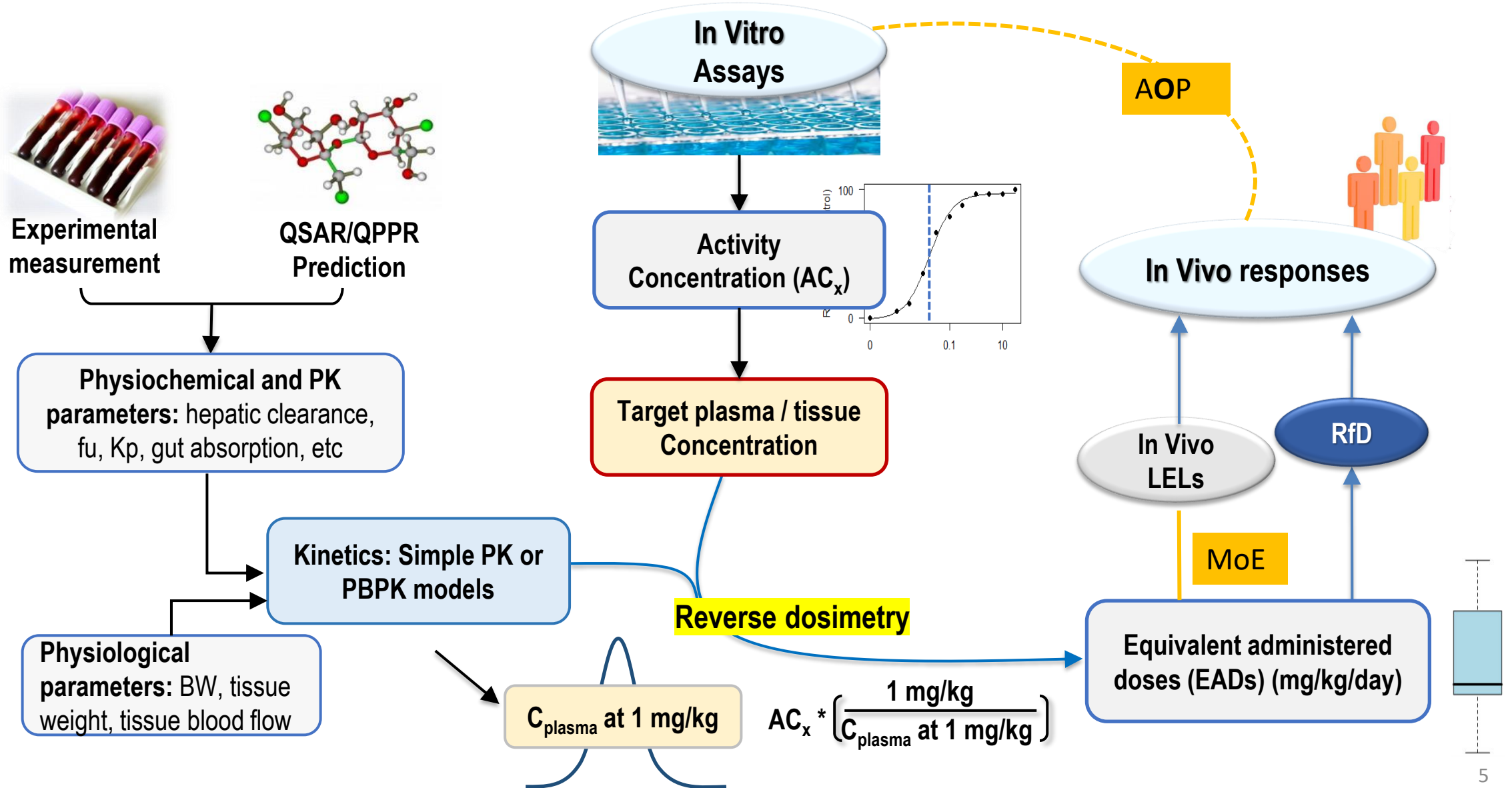
Method or Model Output

(Quantitative) In Vitro to In Vivo Extrapolation

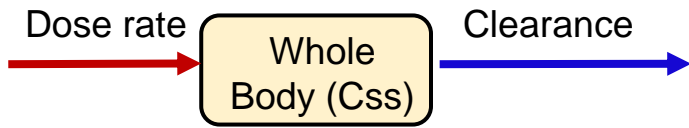
Utilization of in vitro experimental data to predict phenomena in vivo



How is IVIVE Carried Out?

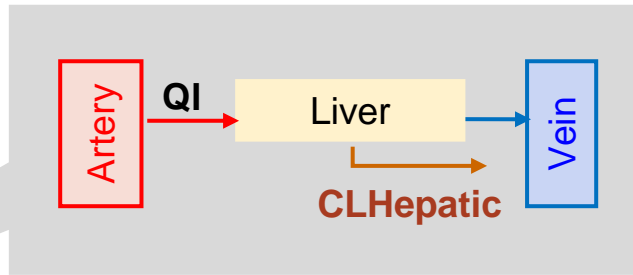
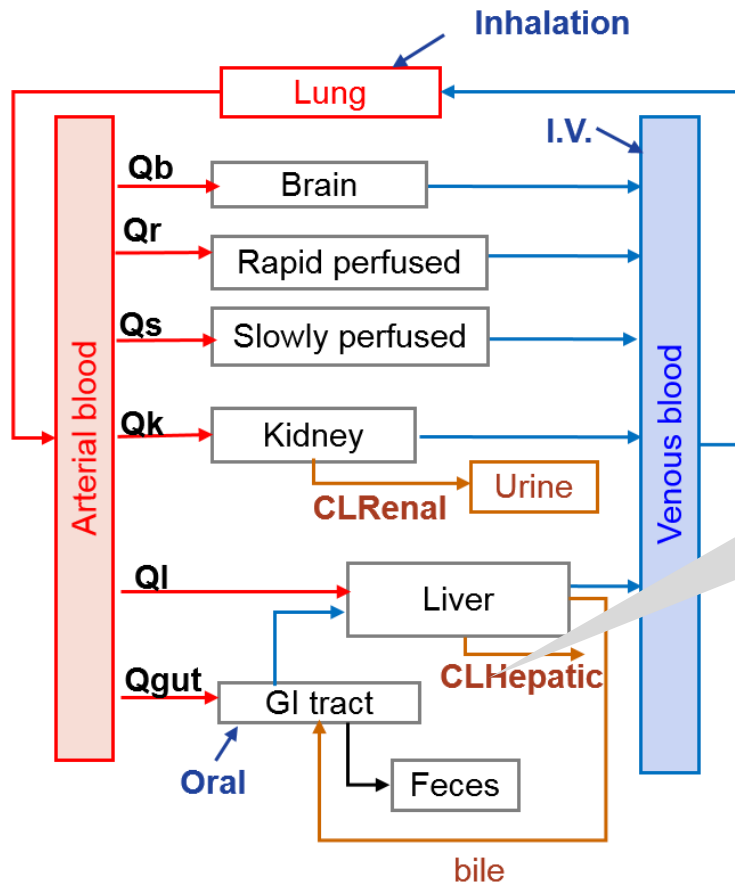


PK/PBPK Models for IVIVE



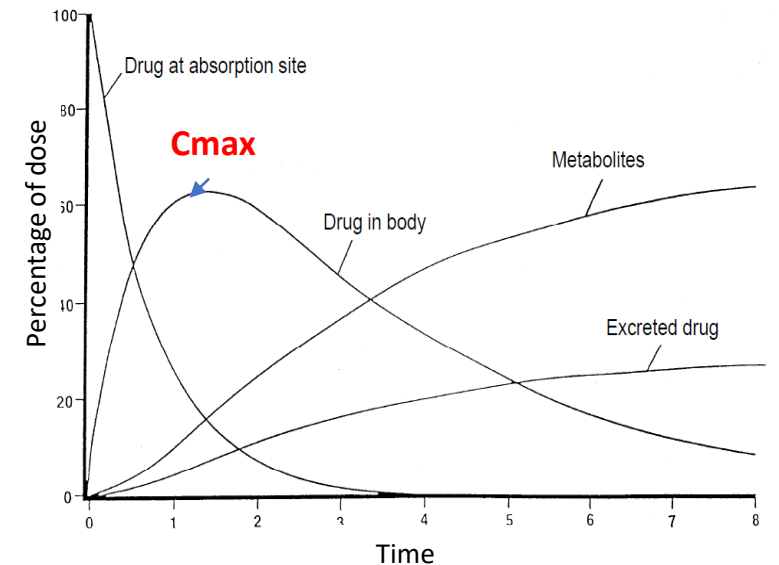
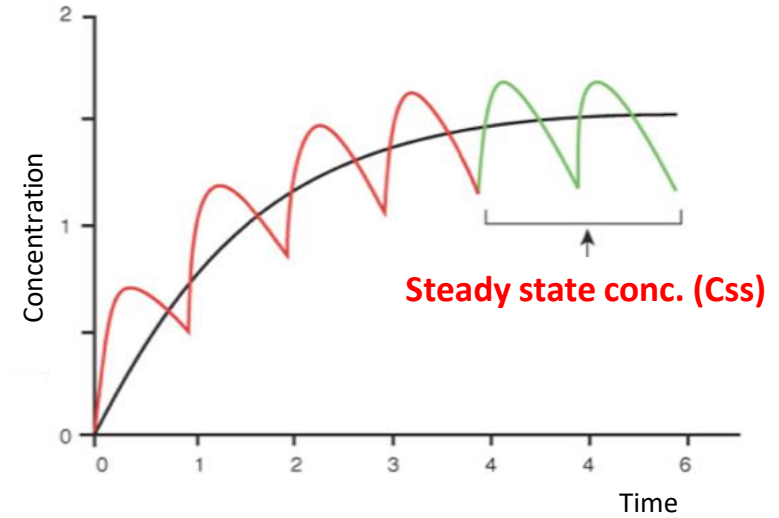
$$C_{ss} = \frac{\text{Dose rate}}{GFR * fu + Q_{liver} * \frac{fu * Clint}{Q_{liver} + fu * Clint}}$$

Clint: Intrinsic clearance;
Q_{liver}: Blood flow to liver;
GFR: Glomerular filtration rate;
fu: fraction unbound to plasma protein

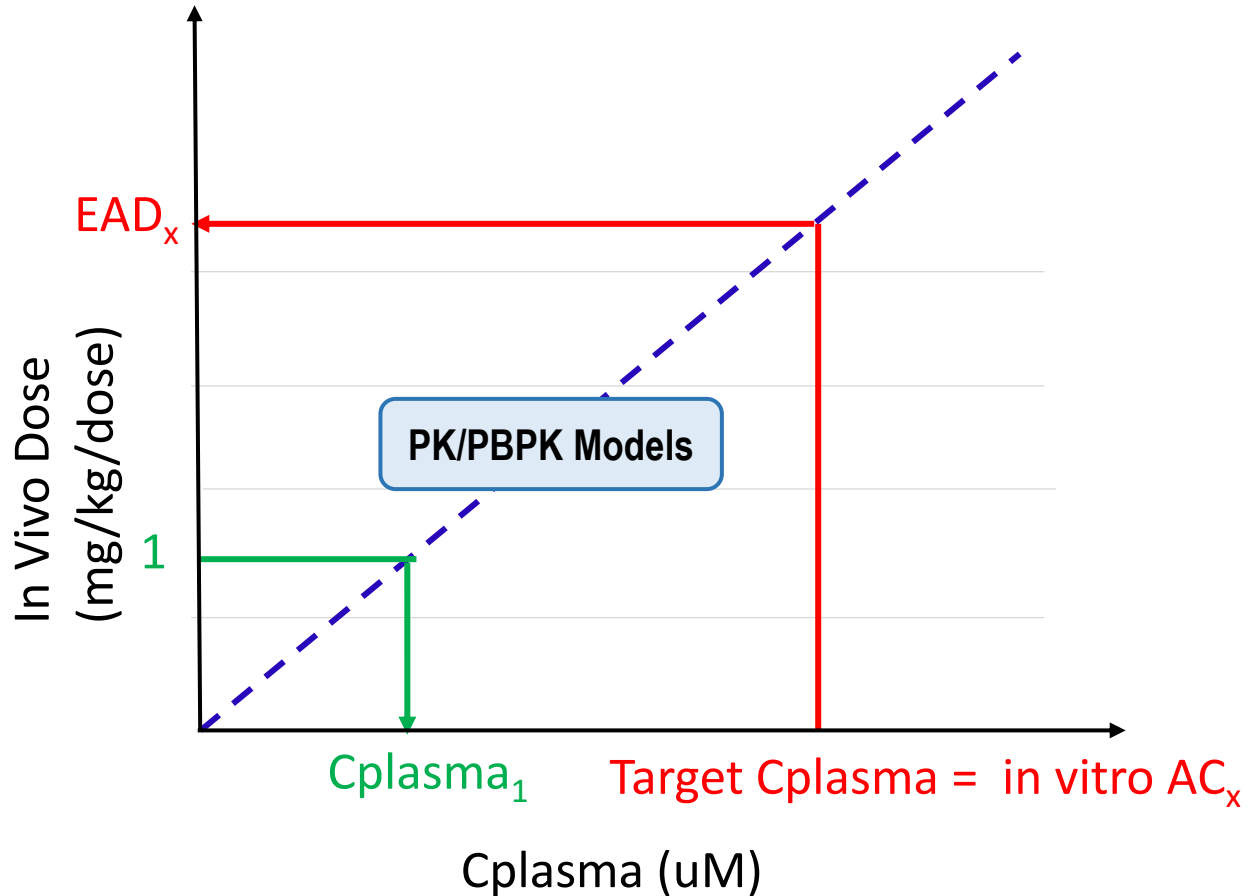


$$\frac{dA_i}{dt} = Q_i \left(C_{arterial} - \frac{A_i}{P_i * V_i} \right) - C_i * fu * CL_i$$

A_i: amount in tissue *i*; *Q_i*: blood flow to tissue *i*;
V_i: volume of tissue *i*; *CL_i*: metabolic clearance;
P_i: the tissue to plasma partition coefficient



Reverse Dosimetry for IVIVE



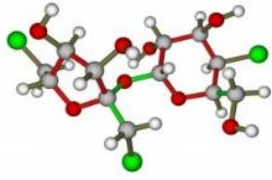
$$EAD_x = \text{In Vitro } AC_x * \frac{1 \text{ mg/kg/dose}}{C_{plasma_1}}$$

EAD: Equivalent administered dose

AC_x: activity concentration at x% of maximum response

C_{plasma}: plasma concentration, *C_{ss}* or *C_{max}*

Sources of Variability in IVIVE?



Experimental measurement **4**

QSAR/QPPR Prediction **5**

Physiological and PK parameters: hepatic clearance, fu, Kp, gut absorption, etc

Kinetics: Simple PK or PBPK models

Physiological parameters: BW, tissue weight, tissue blood flow **6**

C_{plasma} at 1 mg/kg

$$AC * \left(\frac{1 \text{ mg/kg}}{C_{\text{plasma}} \text{ at } 1 \text{ mg/kg}} \right)$$



Activity Concentration (AC_x) **2**

Target plasma/tissue Concentration **3**

AOP

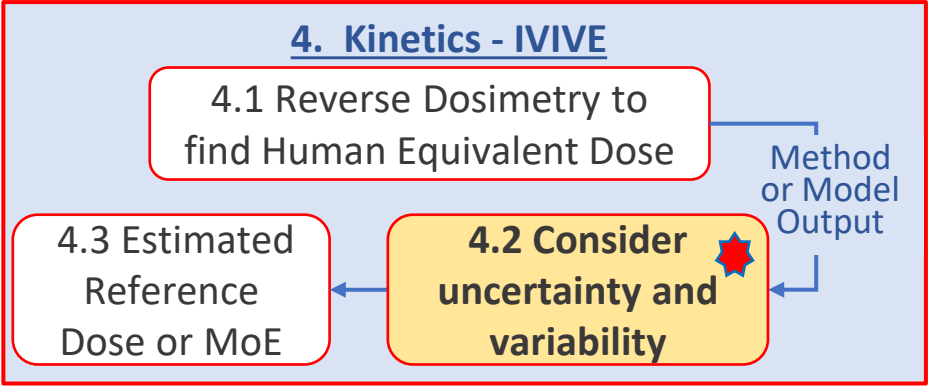
In Vivo responses

In Vivo LELs

RfD

MoE

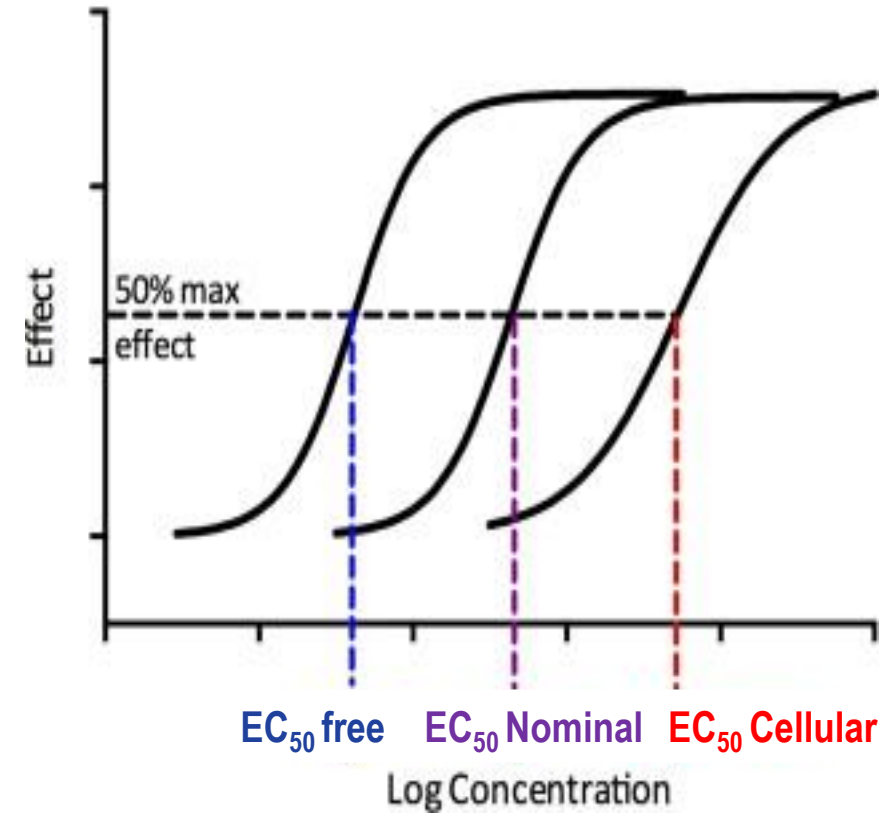
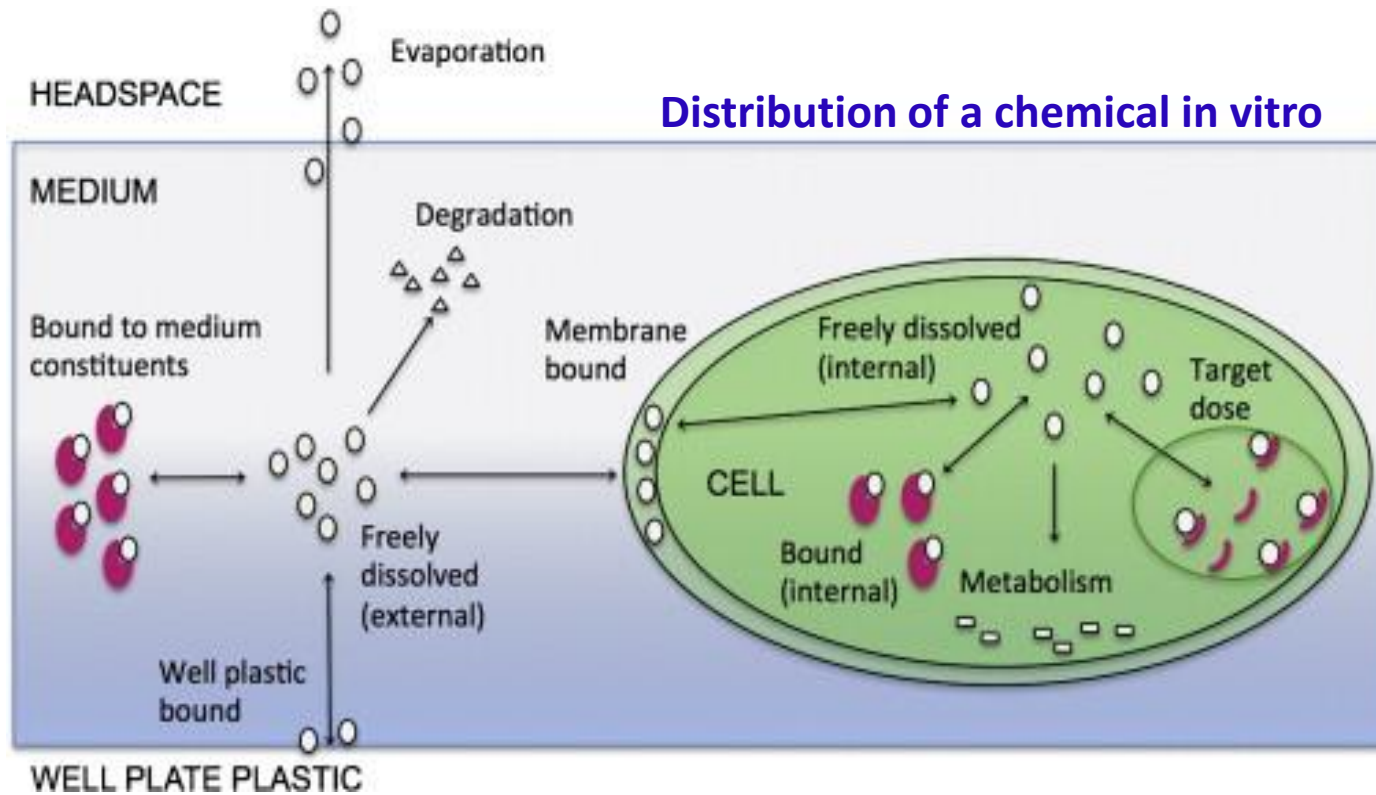
Equivalent administered doses (EADs) (mg/kg/day)



Sources of Variability in IVIVE

- Selection of In vitro assays (targeted vs non-targeted assays)
- Selection of in vitro active concentrations
 - Nominal vs free vs cellular concentration
- Selection of target in vivo internal concentration
 - Plasma concentration (C_{ss} , C_{max} , etc.)
 - Tissue concentration
- Inter-individual variability in physiology
- Uncertainty associated with pharmacokinetic parameters
 - Fraction unbound to plasma protein
 - Metabolic clearance

In Vitro Concentration Uncertainties

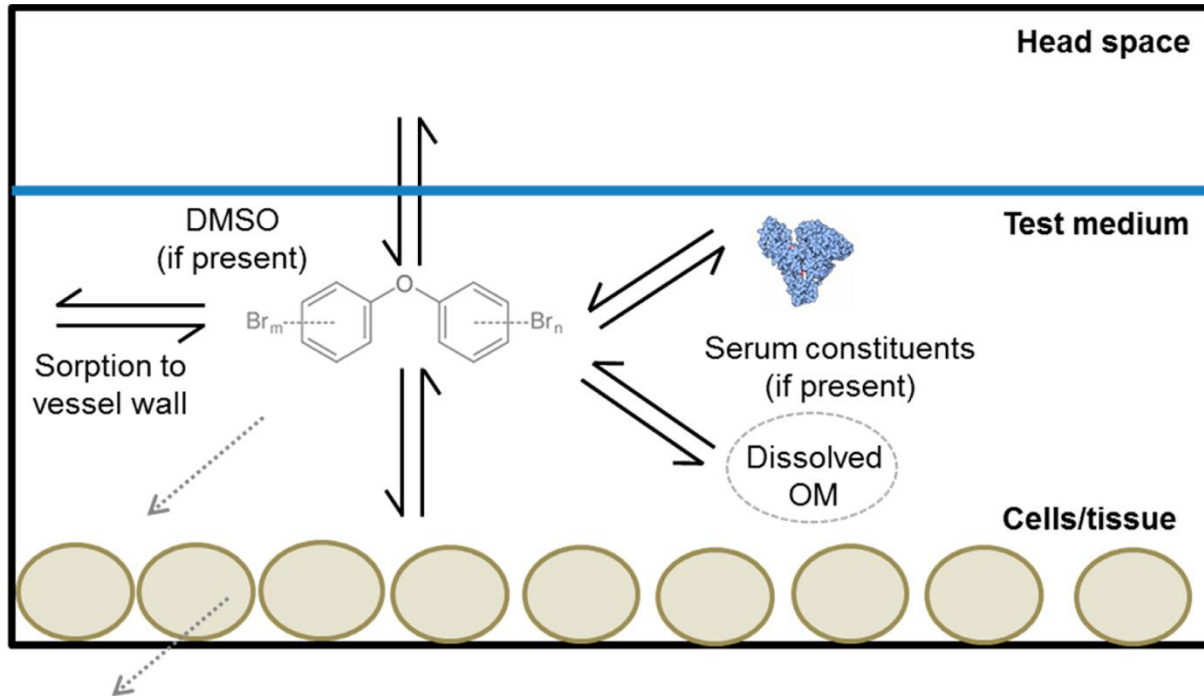


Factors influencing the fraction of test chemical in cells:

- Headspace
- Exposure time
- Temperature
- % Serum
- Media pH
- Cell density
- Metabolic capacity
- Transporter expression
- Degradation
- Cell culture plate types

Figure modified based on those from Groothuis et al 2015

Mass Balance Model for In Vitro Assays



In vitro assay specific parameters

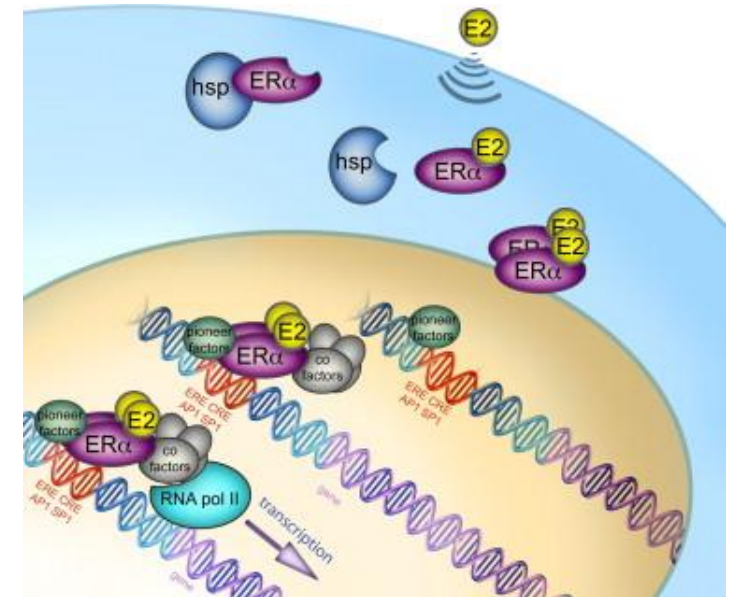
- Cell number
- System temperature
- Percentage fetal bovine serum (% FBS)
- Well-volume
- Head space

Chemical specific parameters

- Octanol-water partition coefficient (K_{OW})
- Air-water partition coefficient (K_{AW})

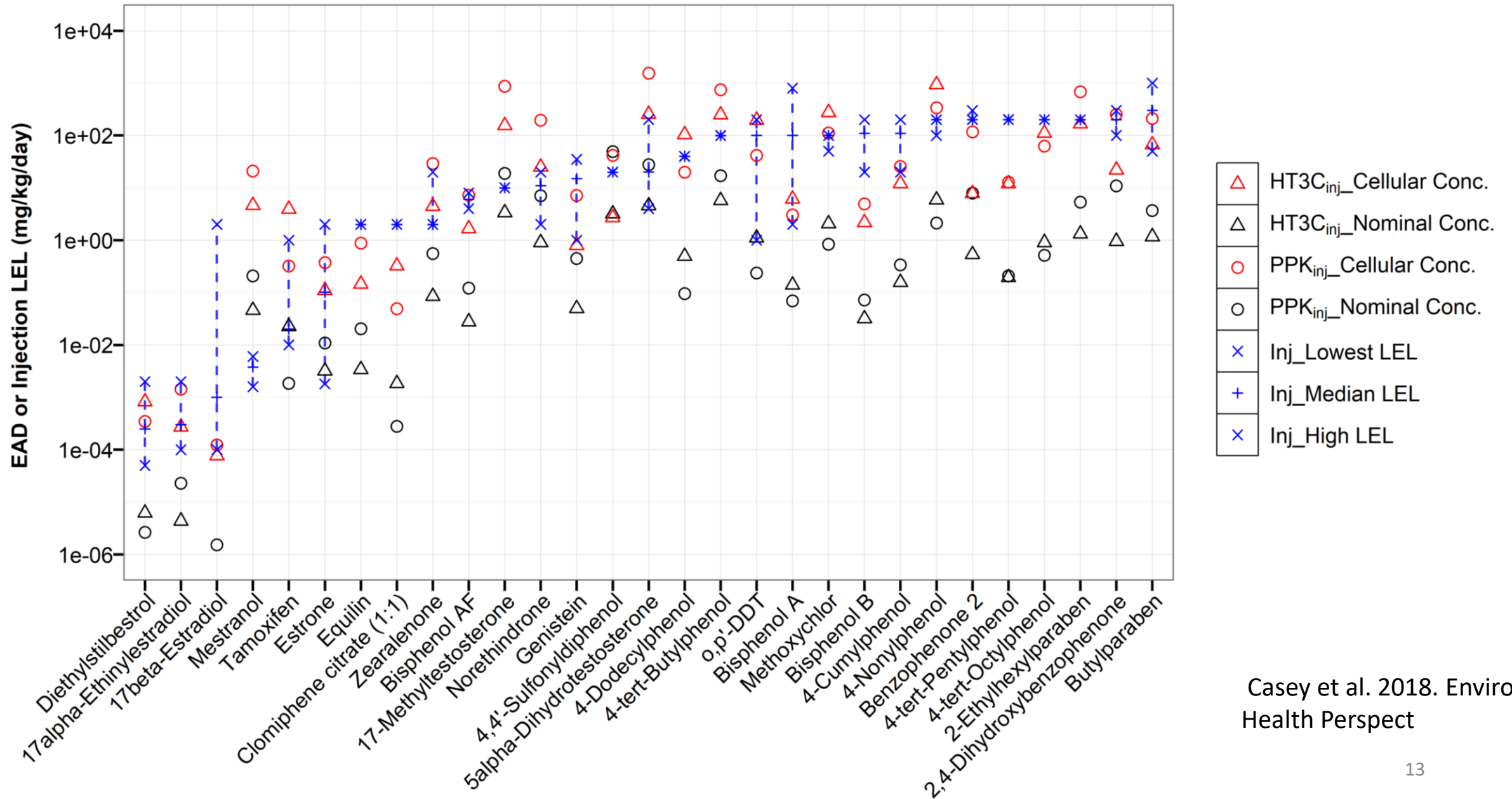
Case Study 1: Evaluate the Impact of In Vitro Concentration on IVIVE

- **Chemicals:** Estrogen receptor agonists (reference chemicals)
- **In vitro data:**
 - In vitro activity concentration predicted from the ER pathway models (Richard et al., 2015)
 - **Nominal vs cellular concentrations (Armitage et al., 2014)**
- **PK models:**
 - One-compartment model (C_{ss})
 - Three-compartment PK model (C_{max})
- **In vivo data:** Lowest effect levels (LELs) from rat uterotrophic assays (Kleinstreuer et al., 2016)



<http://www.ejancer-breast.com>

Impact of In Vitro Concentration on IVIVE

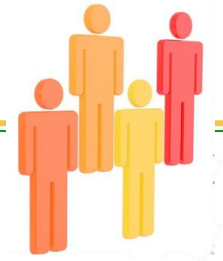


Casey et al. 2018. Environ Health Perspect

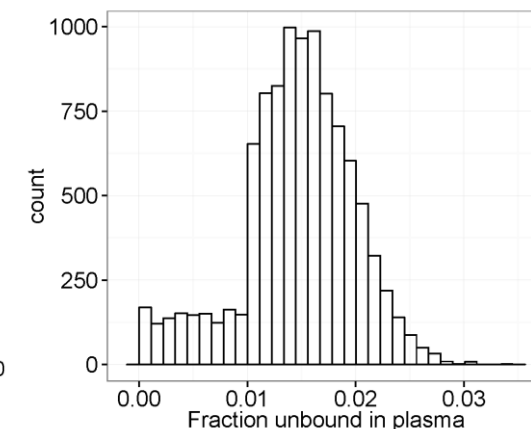
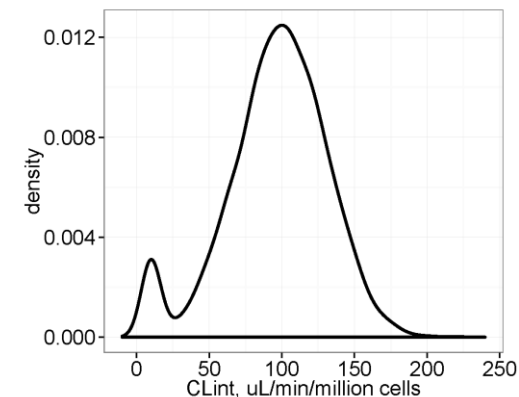
Sources of Variation in IVIVE

- Selection of in vitro active concentration
 - Nominal vs free vs cellular concentration
- Selection of target in vivo internal concentration
 - Plasma concentration (C_{ss} , C_{max} , etc.)
 - Tissue concentration
- **Inter-individual variability in physiology**
- **Uncertainty and variability associated with pharmacokinetic parameters**
 - Fraction unbound to plasma protein
 - Metabolic clearance

HTTK-Pop: Population simulator for HTTK



- **HTTK-Pop for evaluating Inter-individual variability**
 - Population simulator for high-throughput toxicokinetics
 - Available through R Package `httk`, [available on CRAN](#) (Pearce et al., 2017; Ring et al., 2017)
 - Correlated Monte Carlo sampling of physiological model parameters
 - Body weight, tissue masses, tissue blood flows, GFR, hepatocellularity number
 - Relative numbers of genders, age ranges, body weights, kidney function, and racial ethnicity
 - Including potentially sensitive demographic subgroups
 - Data source: (<http://www.cdc.gov/nchs/nhanes.htm>)
- **HTTK-Pop for evaluating uncertainty and variability in PK parameters**
 - f_u and intrinsic clearance
 - Assume independent distributions about in vitro measured or predicted values
 - 5% poor metabolizer

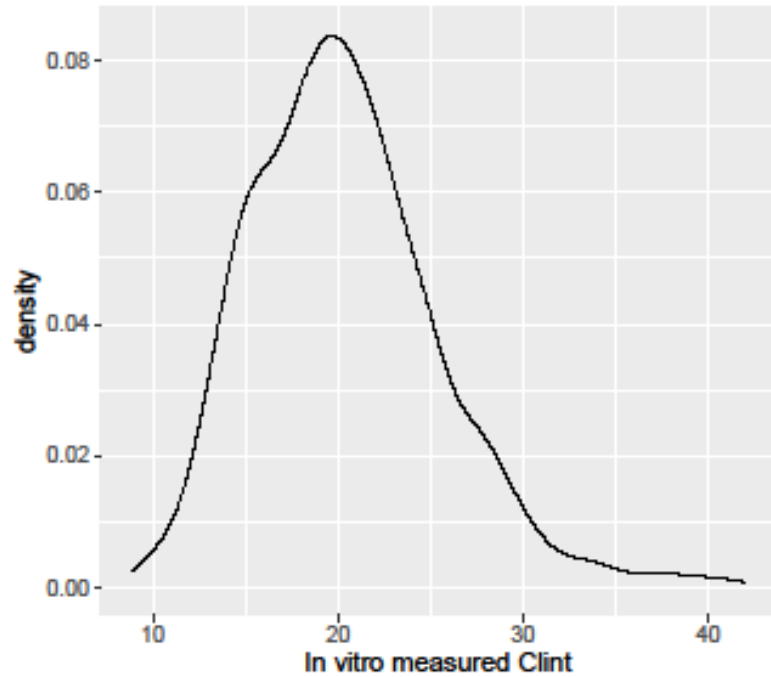


Pearce et al. 2017. J Stat Softw 79(4): 1–26.

Wambaugh et al. ToxicolSci 2015; Ring et al. 2017, Env International 106: 105-118

Monte Carlo Approach to Propagating both Uncertainty and Variability in TK parameters

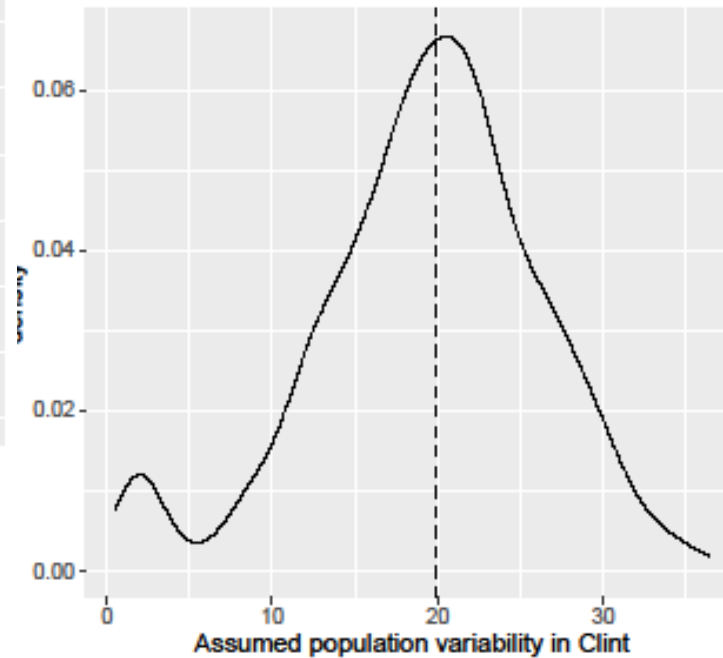
Quantify **uncertainty** for *in vitro* measured value
Describe as distribution for each chemical



Wambaugh et al. 2019

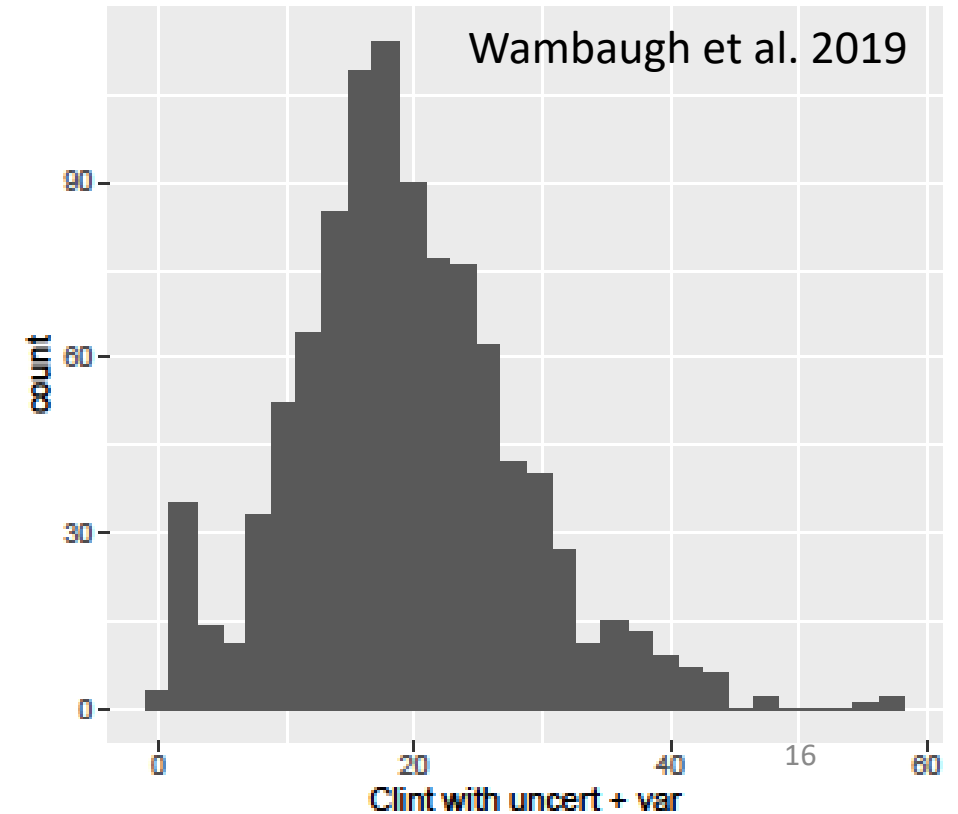
Note: This example is just a hypothetical illustration, not real data

Assume **population variability** around *in vitro* measured value



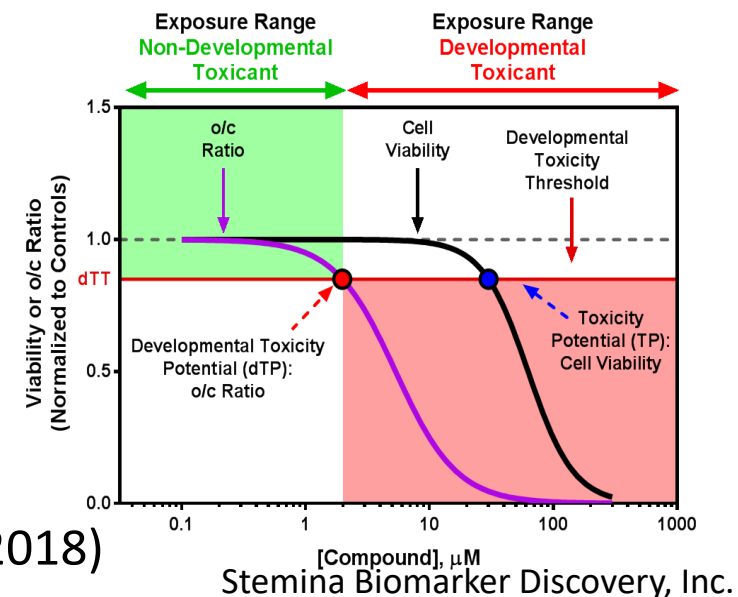
Ring et al. 2017

Two-stage Monte Carlo to get sampled values for each simulated individual that include both **uncertainty & variability**

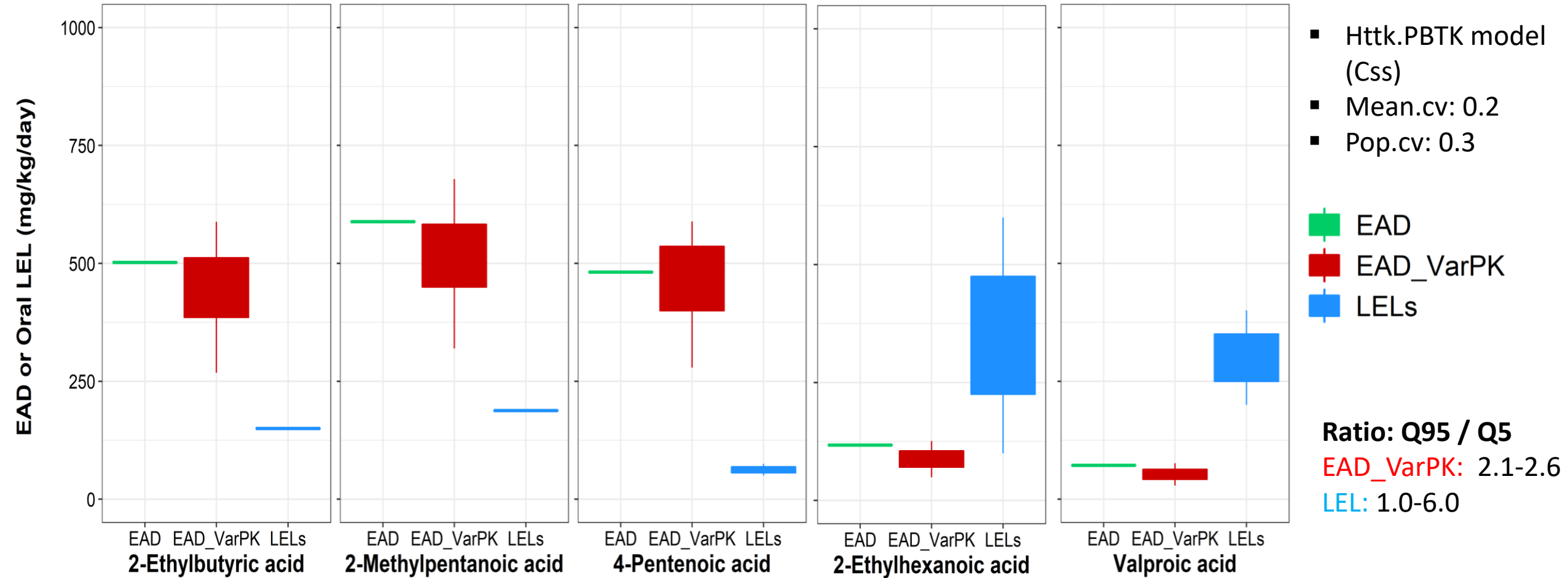


Case Study 2: Evaluate uncertainty and variability associated with PK parameters, and population variability

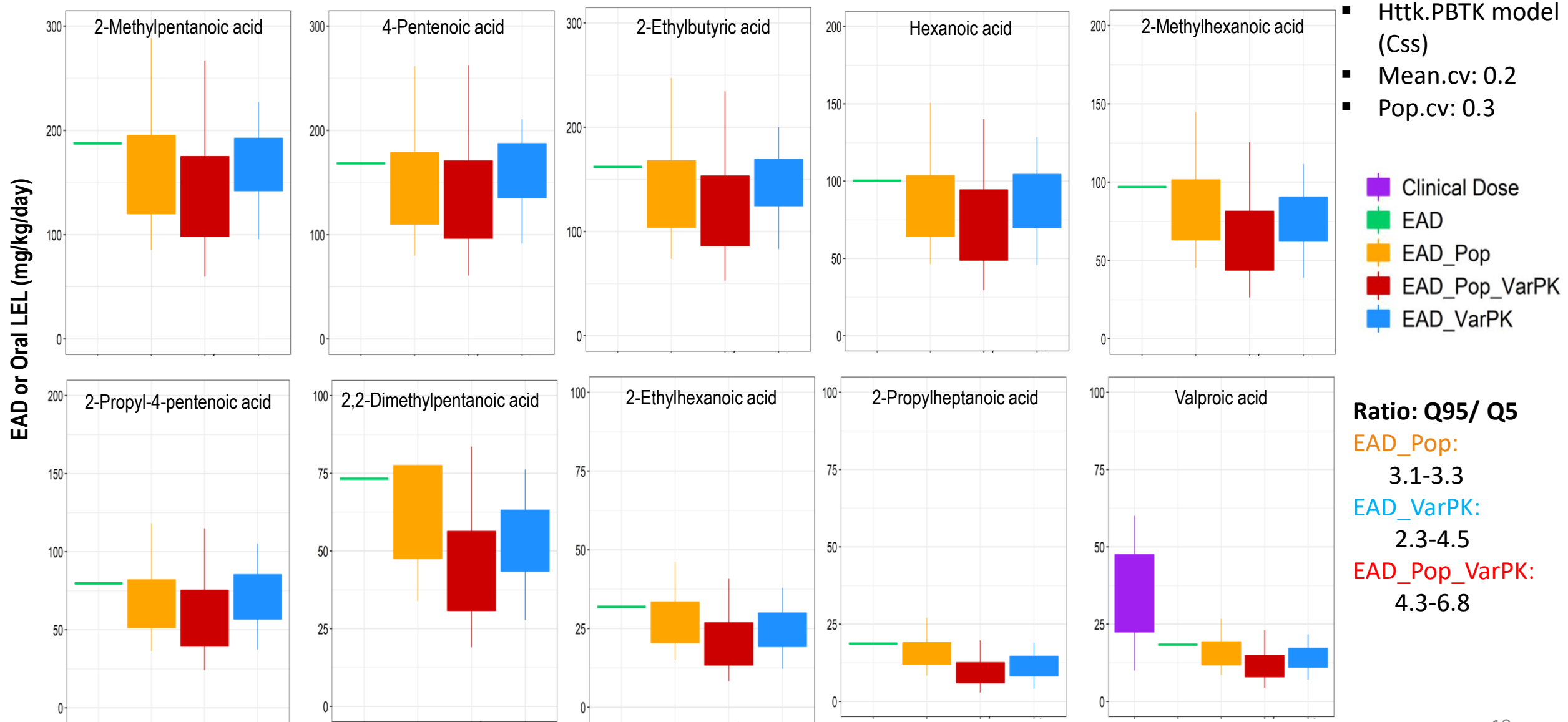
- **Chemicals:** valproic acid and its analogues
- **In vitro assay data:** devTOX^{qP} assay
 - A biomarker-based human pluripotent stem cell assay for developmental toxicity screening (Palmer et al. 2017)
- **PK model:** httk.PBTK model
 - Metabolic clearance and fu: OPERA predictions (Mansouri et al., 2018)
 - Monte Carlo simulation
 - Uncertainty and variability of PK parameters (Human and Rat).
 - Physiological variability in human population (Human only)
 - Httk function: `calc_mc_oral_equiv (species, which.quantile, httkpop, samples, invitro.mc.arg.list(), httkpop.generate.arg.list())`
- **In vivo data:** LELs from rat developmental toxicity studies or clinical dose



Comparing Range of Rat EADs **with and without** Application of Variability for PK Parameters (fu, Clint)



Comparing Range of Human EADs **with and without** Application of Variability for PK Parameters & Population Variability



PK/PBPK Modeling and IVIVE Tools

Types	Examples	Pros	Cons
Commercial PBPK building software	GastroPlus / SimCyp / PKSim	Ready to use, dealing with complicated tasks	Costly, not transparency, not designed for reverse dosimetry
Commercial modeling software	Matlab / Berkeley Madonna / acsIX	Flexibility, better transparency	Costly, steep learning curve
Open-source modeling software	R language	Open source, transparency, flexibility	Learning curve
Open-source tool	HHTK R package	Open source, transparency, environmental chemicals	Learning curve
	Integrated Chemical Environment (ICE) https://ice.ntp.niehs.nih.gov/	Open source, transparency, user-friendly interface	

Summary

- **Multiple factors** contributes to variability and uncertainty in IVIVE approaches
- The **type of in vitro concentration** could make a big impact on EAD estimates
- **Application of Httk-pop tool**
 - ✓ provides a great tool in performing Monte Carlo simulation to account for the variations in PK parameters and population variability
 - ✓ The variations in PK parameters and population variations are accumulated.
 - ✓ Considering both variations provides the most conservative estimate for human risk
- **Future work:** To incorporate Httk_pop into ICE PBPK and IVIVE tool
<https://ice.ntp.niehs.nih.gov/>

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*Thank
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