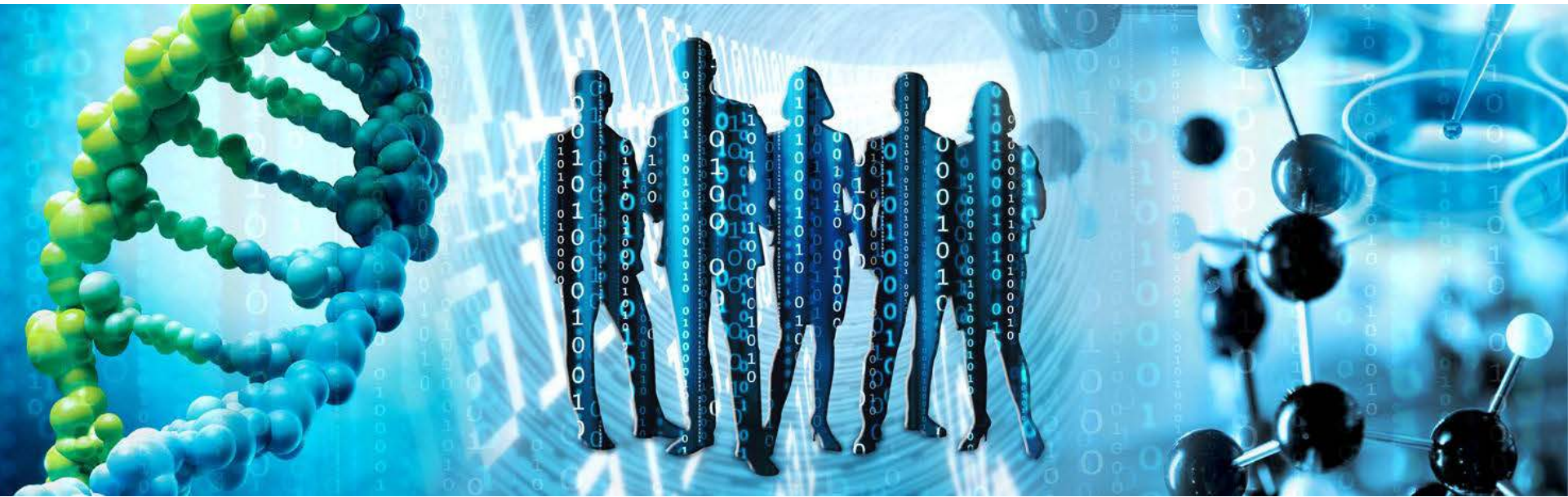




Science For A Better Life



## PK-Sim

for Mechanistic Oral Absorption Modeling and Simulation and More

Thomas Eissing, FDA workshop, White Oak, May 19, 2016



# Agenda

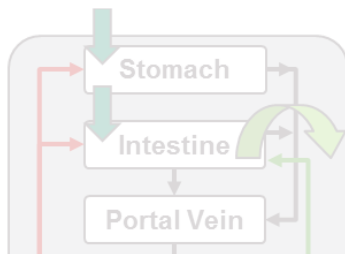
- Introduction: PBPK modeling with PK-Sim & MoBi
- Oral absorption and dissolution modeling
  - Concept
  - Examples
  - Implementation
- Summary



# Agenda

- **Introduction: PBPK modeling with PK-Sim & MoBi**
- Oral absorption and dissolution modeling
  - Concept
  - Examples
  - Implementation
- Summary

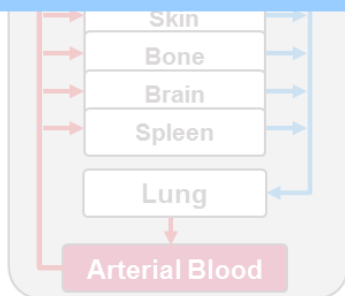
# Physiology-based pharmacokinetic (PBPK) modelling with PK-Sim



## Physiology-based pharmacokinetic (PBPK) models

- extensive data collections of prior biological and

**In PBPK,  
there is a clear and explicit distinction  
between  
properties of the organism and the drug**

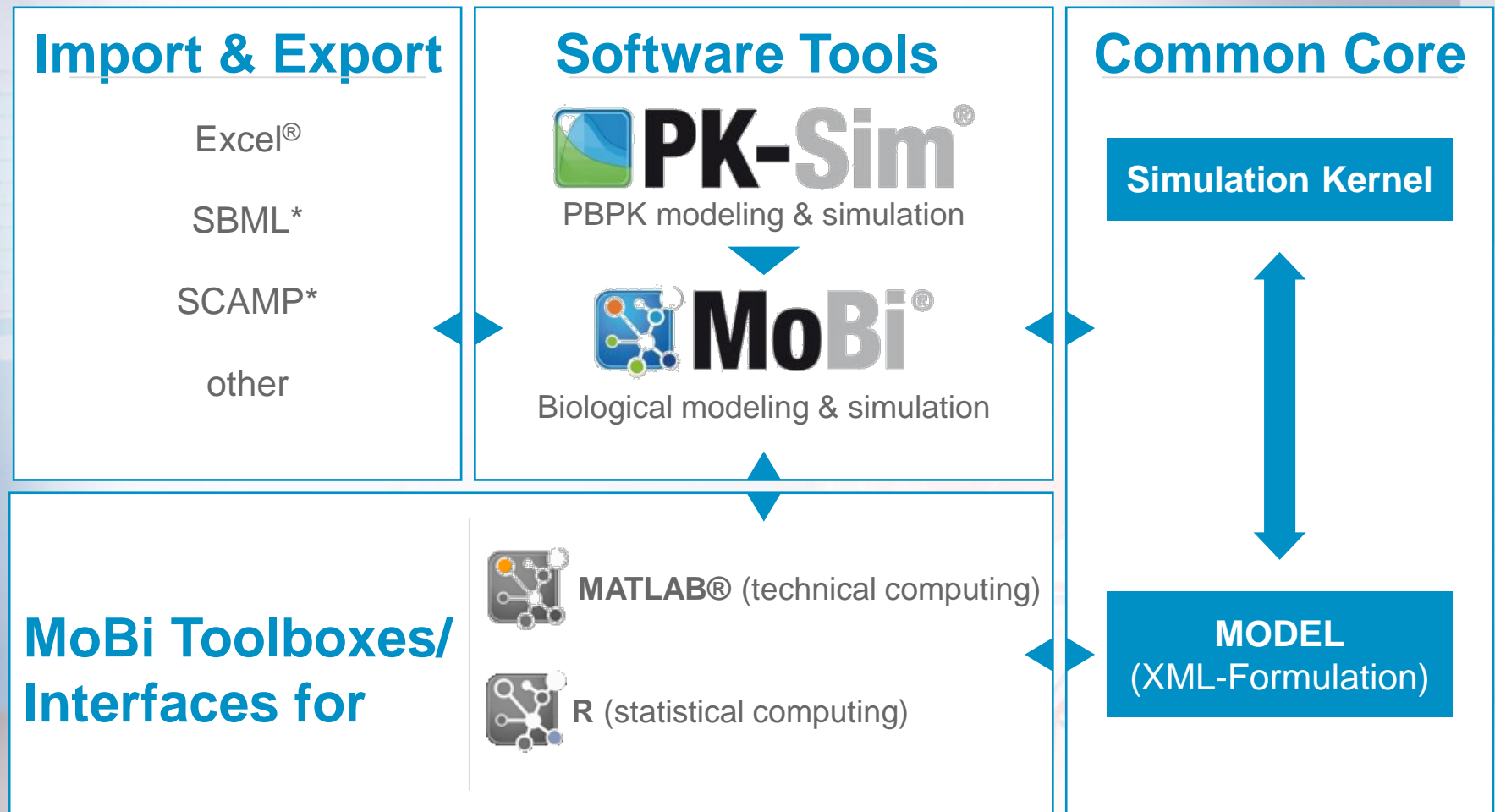


- comprehensive representation of experimental data from different scales of biological organization



# Platform Concept:

Integration of PK-Sim, MoBi and Interfaces Provide **Flexibility** and **Transparency**



\*import functions to be updated to latest version

Eissing 2009

# What is PBPK Modeling good for? Translational Modeling



**Integration & Translation of knowledge from different sources and preclinical and clinical stages to understand, treat and prevent diseases in different individuals and populations.**

Physiologically-based Extrapolation

**Interspecies scaling in preclinical development**



**Clinical development**

scaling from „healthy volunteers“ to **special populations**, e.g.

- children or elderly
- obese individuals
- diseased individuals  
(renally/hepatically impaired, COPD, CF...)
- special genotypes
- **and combinations of the former!**

extrapolation to new experimental conditions e.g.

- dosing schedule change
- formulation change
- co-administration of other drugs
- surgical interventions (ventilation, cardio-pulmonary bypass...)
- charcoal block, bile-duct blockage & cannulation



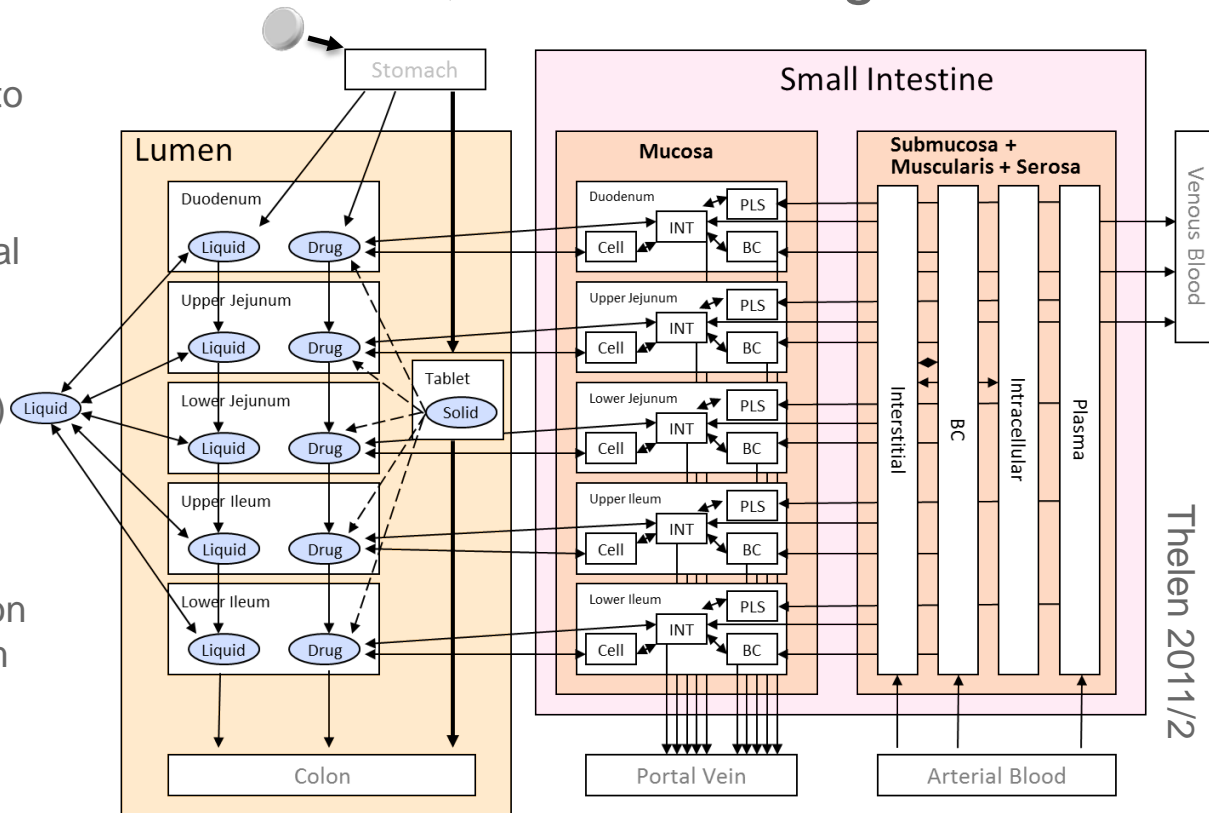
# Agenda

- Introduction: PBPK modeling with PK-Sim & MoBi
- **Oral absorption and dissolution modeling**
  - **Concept**
  - Examples
  - Implementation
- Summary

# Simulation of Intestinal Absorption

## Multi-compartment model for stomach, small and large intestine:

- 12 compartments representing the lumen of the GI tract from stomach to rectum; varying properties (dimensions, surface area, pH)
- Each segment contains physiological liquid volumes (Liquid) and drug in solution (DIS)
- Solid dosage form (SDF, e.g. Tablet) is transported along the GI tract independently
- Once released from SDF and dissolved according to the dissolution function, the drug is transferred from the SDF species to the DIS species
- 11 compartments representing the intestinal mucosa which is (subdivided into enterocytes, interstitial and vascular space)



Thelen 2011/2

... similar structure for large intestine



# General Features & Dissolution Options



## General features

- Separation of liberation, transit, and absorption
- Representation of food including caloric content to account for food effects
- Enterohepatic cycling and multiple applications can transit at any time
- Mucosal blood flow provides physiological absorption into the blood stream
- Active processes such as transporters (apical and basolateral) can be added

## PK-Sim offers predefined options to model drug dissolution

- Weibull, Lint80, zero- and first order functions
- Table read-in and particle dissolution
- Customized solutions for dissolution and absorption can be implemented by a modelling expert

# Model for Passive Absorption

Intestinal permeability is based on a modified semi-empirical equation:

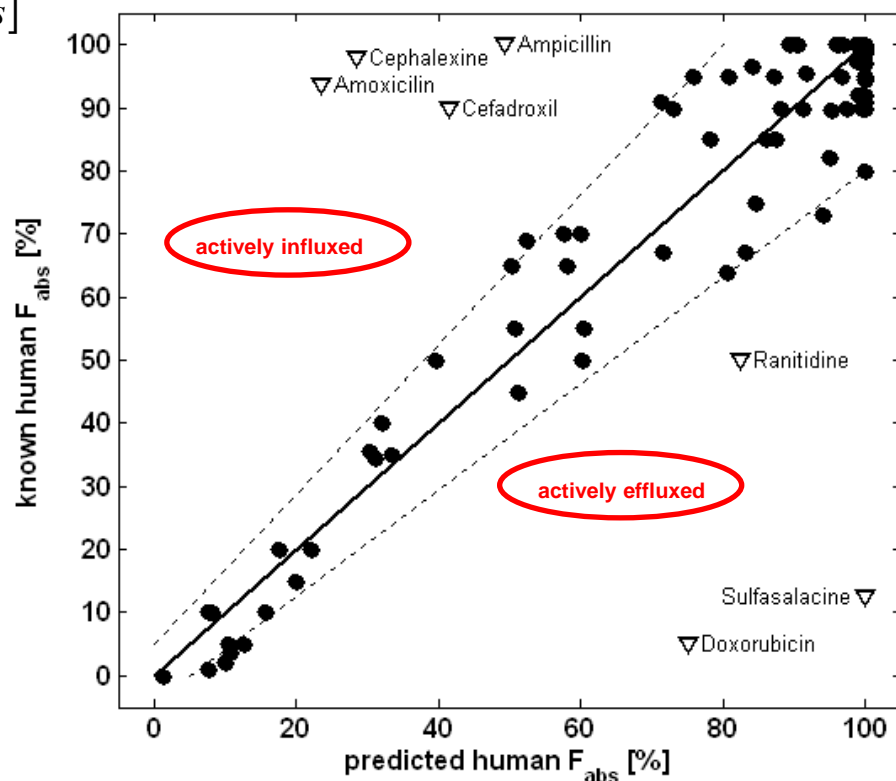
$$P_{\text{int}}(MW_{\text{eff}}, MA) = 265.796 * MW_{\text{eff}}^{-4.49968} * MA[\text{cm/s}]$$

(modified from D. Leahy et al. in *Novel Drug Delivery and Its Therapeutic Application* (1989))

Model for the intestinal permeability coefficient was built using a data set of 111 passively absorbed drugs with no solubility limitation at therapeutic doses.

An excellent fit was obtained (correlation coefficient: 0.970).

Seven outliers are known to be substrates to active transport



Thelen et al. (2011) *J Pharm Sci.* 100(12):5324-45.

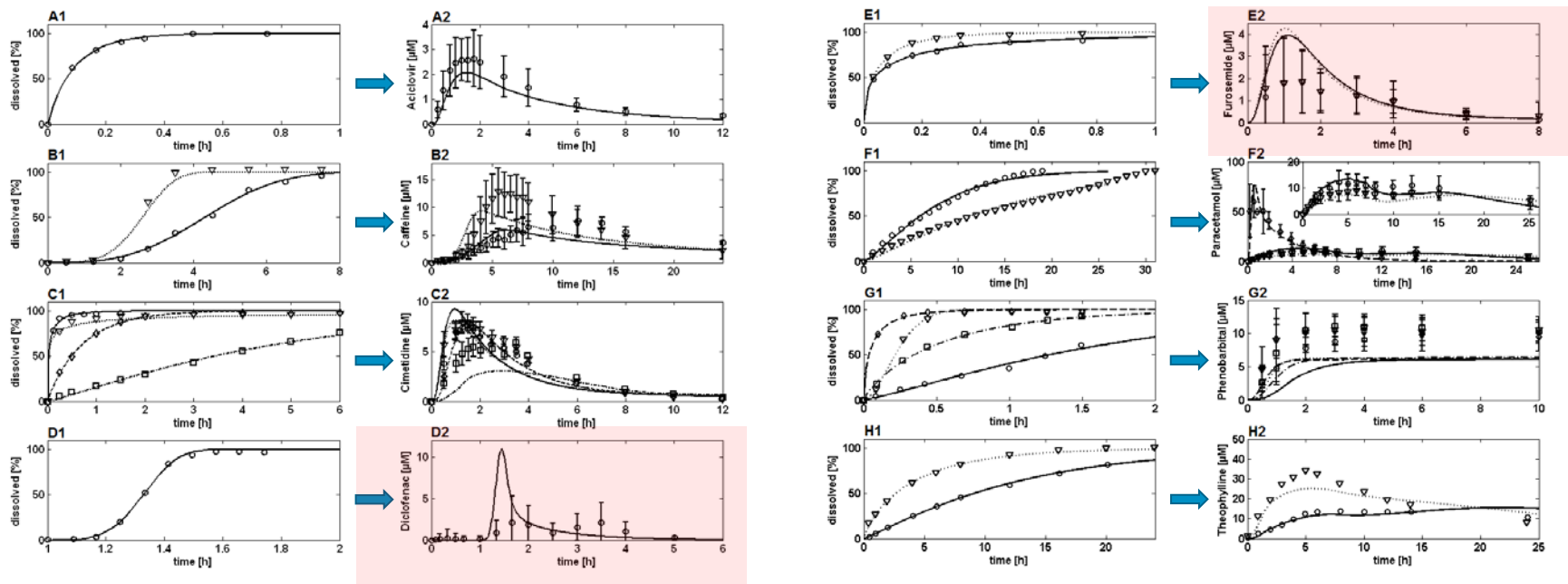


# Agenda

- Introduction: PBPK modeling with PK-Sim & MoBi
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  - **Examples**
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# Integration of Dissolution Data

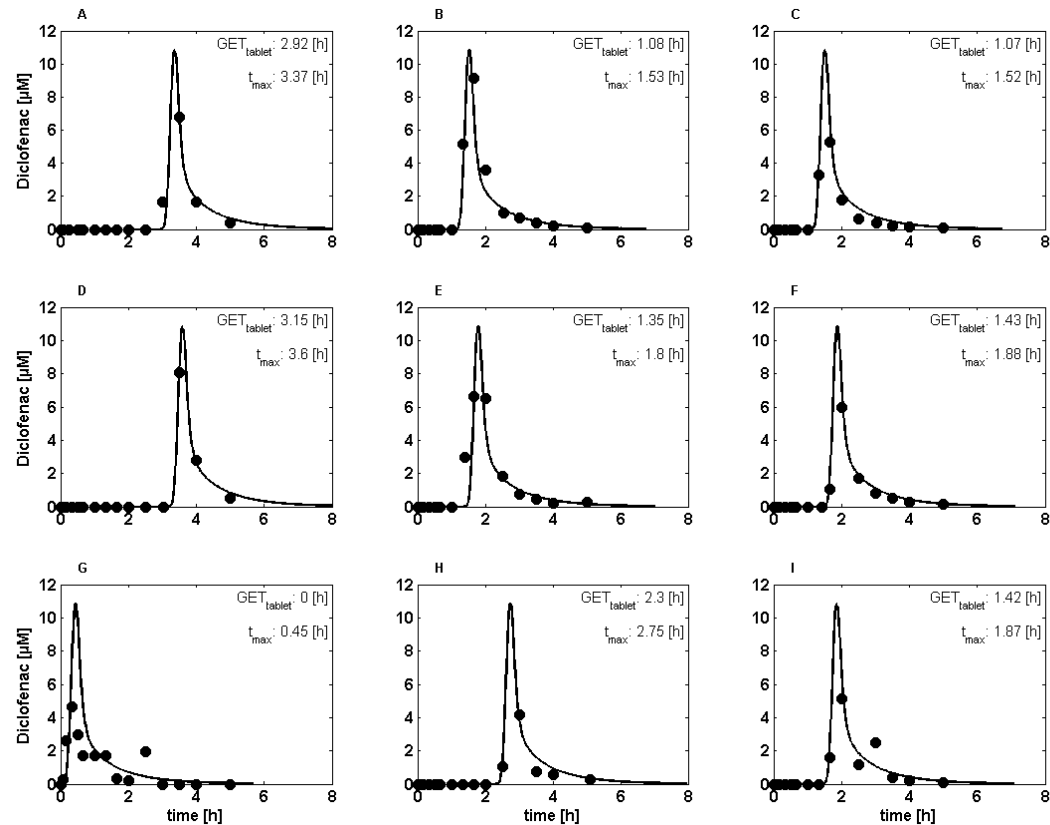
- Eight model drugs with different physicochemical properties
- Established models for IV and PO (solution) administration
- Integration of the dissolution kinetics of various dosage forms of the eight drugs by fitting the Weibull equation to *in vitro* dissolution data
- Extrapolation of plasma concentration time profiles from the *in vitro* data



# Analysis of individual data

## Diclofenac:

- Poor prediction of mean plasma concentration time profile of Voltaren®50 enteric-coated (EC) tablets
- Individual plasma concentration time profiles of diclofenac EC tablets were simulated for GETs varying between 0 and 200 min.  $T_{lag}$  of the Weibull function was extended by the same factor
- Deviations between mean predicted and mean observed plasma concentrations were attributable to the large variability in GET of the EC tablets

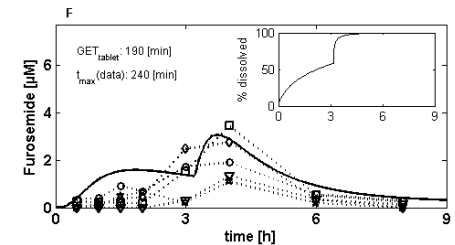
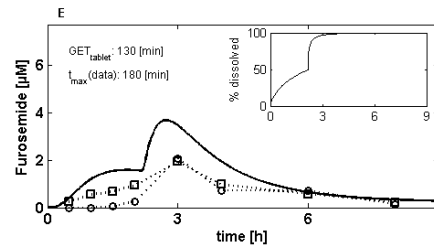
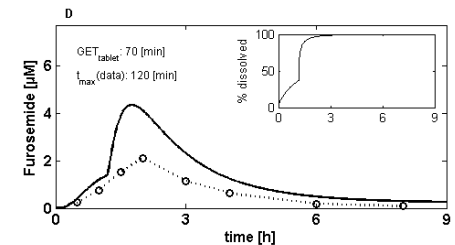
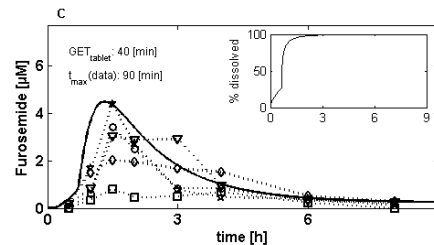
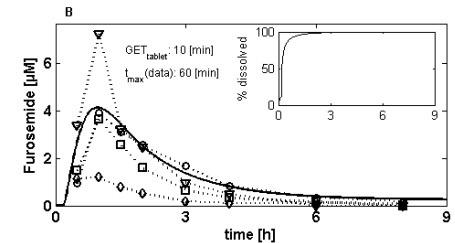
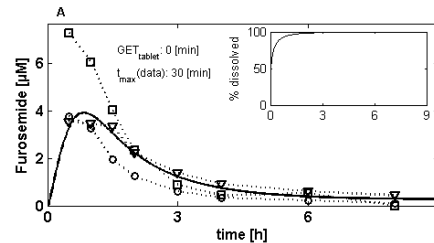


Thelen 2011

# Analysis of individual data

## Furosemide:

- Likewise, poor prediction of mean plasma concentration time profile of the acidic drug furosemide based on *in vitro* dissolution data obtained at pH 5.8
- Combination of dissolution profiles obtained at pH 2.6 (for  $t \leq \text{GET}$  of non-disintegrated moiety) with those obtained at pH 5.8 (for  $t > \text{GET}$  of non-disintegrated moiety)
- Meanwhile, dissolved furosemide leaves the stomach according to the emptying rate of the liquid
- Six scenarios were tested for lag times of 0, 10, 40, 70, 130, and 190 min in gastric emptying of the non-disintegrated moiety



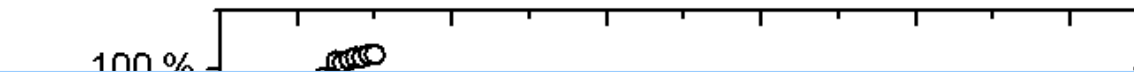
Thelen 2011

# Cilostazol Kinetics in Dogs

Challenge to relate *in vitro* dissolution to *in vivo* absorption



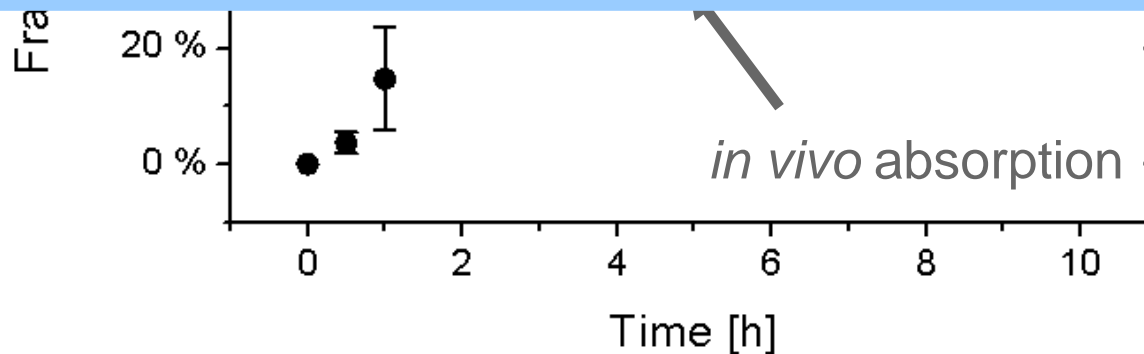
Comparison of dissolution and absorption rates (jet-milled, fed)



## Conclusion of the authors of the study:

... The particle size reduction certainly enhanced the *in vitro* dissolution rate and the *in vivo* dissolution/absorption of cilostazol, but the relationship in the enhancement of dissolution between *in vitro* and *in vivo* was **not necessarily quantitative...**

(Jinno et al., J. Contr. Rel. 2006)

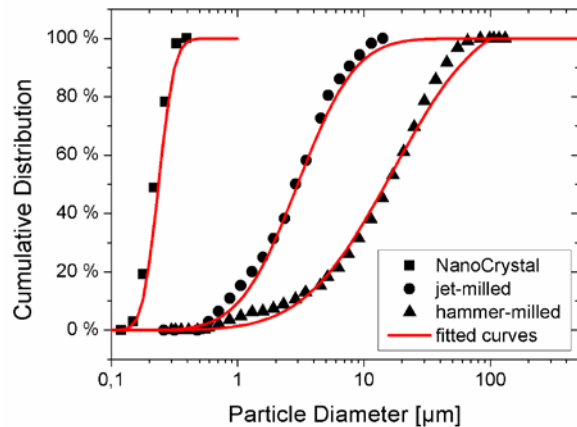


# Cilostazol Kinetics in Dogs

Model can bridge *in vitro* to *in vivo*

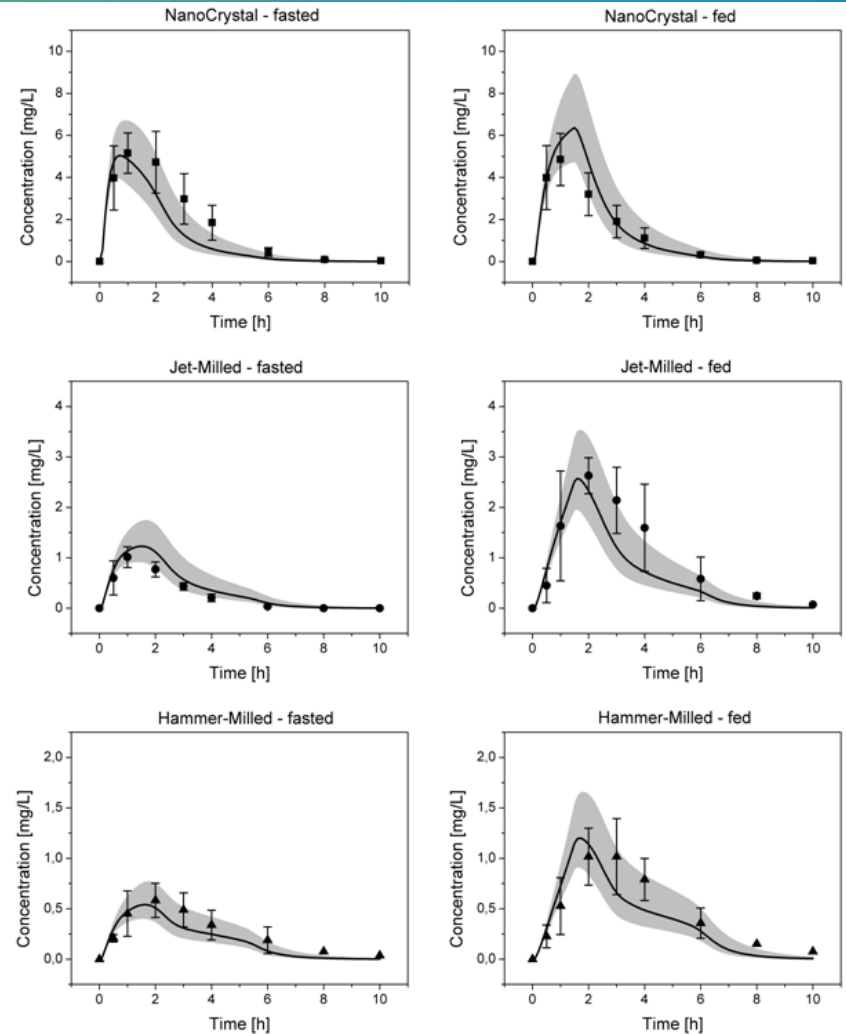
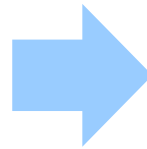


1. Fit *in vitro* measured particle-size distribution with log-normal distribution



2. Input distribution into software and predict *in vivo* absorption

**Rate and extent of absorption well predicted under fasted and fed conditions**



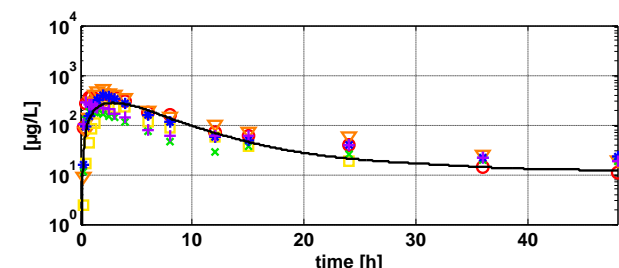
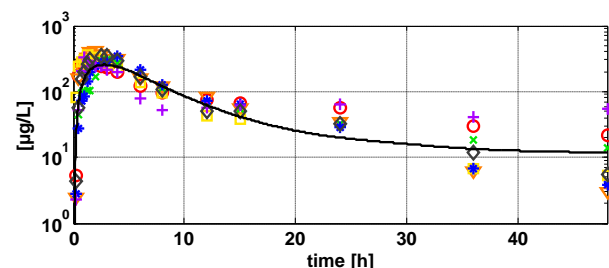
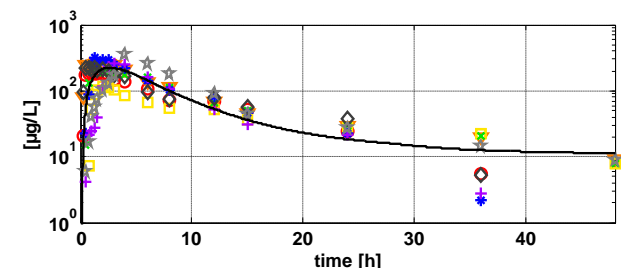
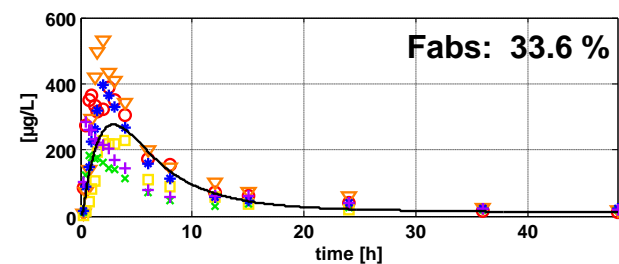
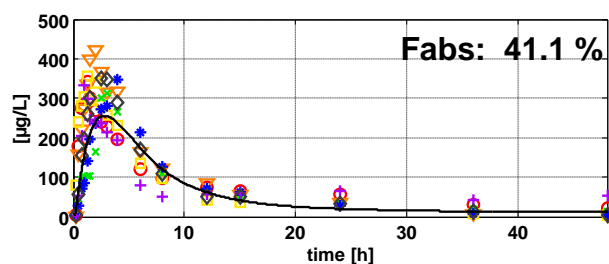
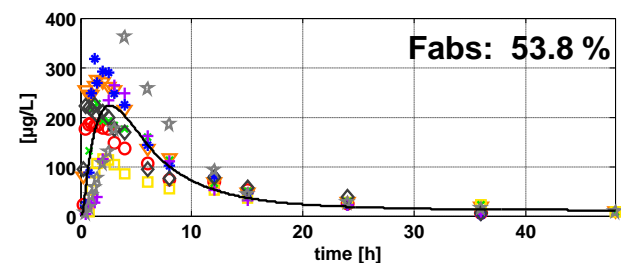


# Drug X – PO, IR tablet, fasted

40 mg

60 mg

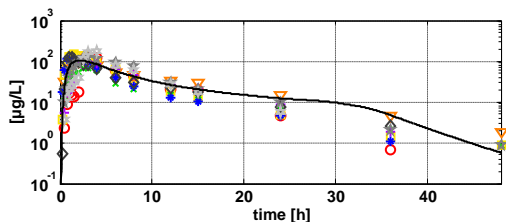
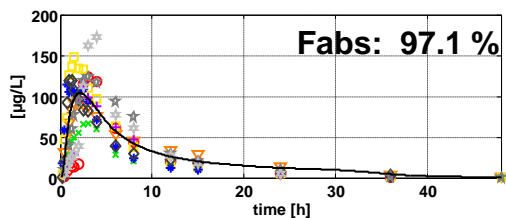
80 mg



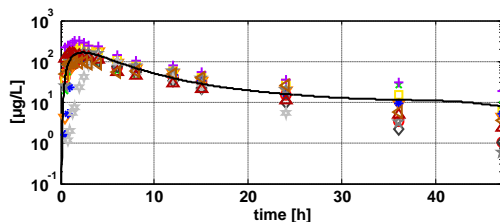
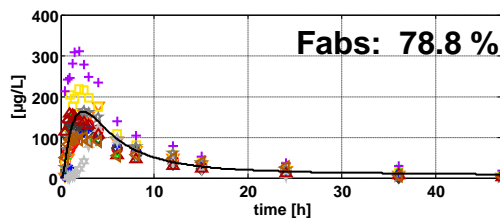
***Good description of the solution and IR tablet administered in the fasted state at various dose levels !***

# Drug X – PO, IR tablet, food effects

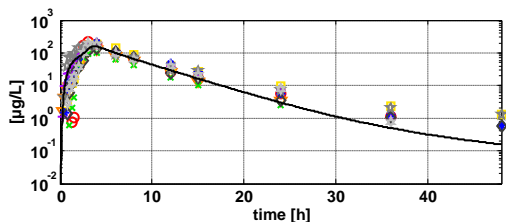
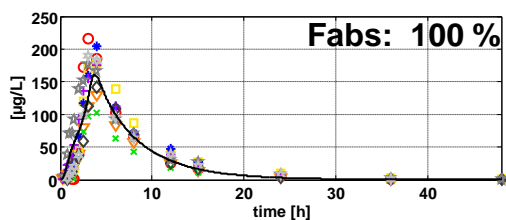
10 mg, fasted state



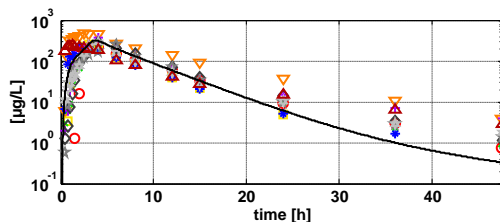
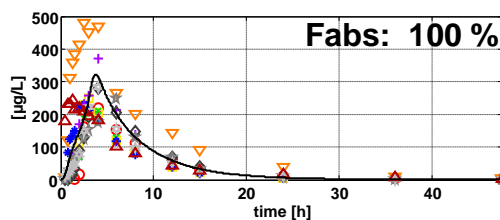
20 mg, fasted state



10 mg, fed state



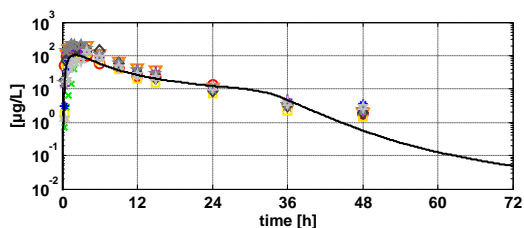
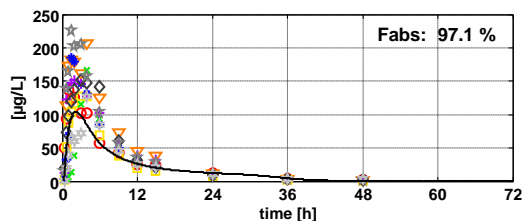
20 mg, fed state



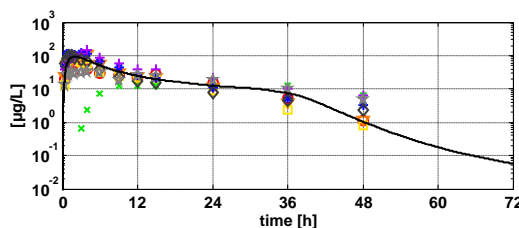
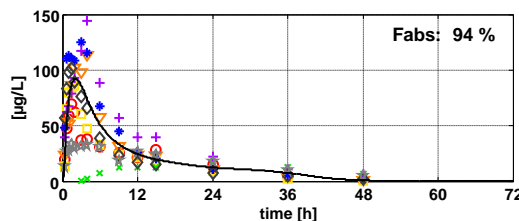
*Good description of the influence of food on the absorption of IR tablets !*

# Drug X – Absorption Site Study

IR tablet orally

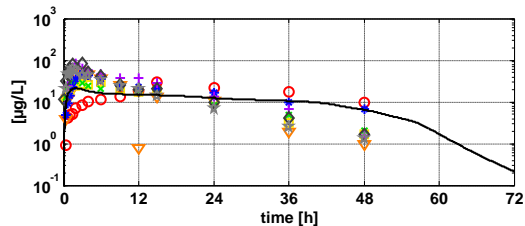
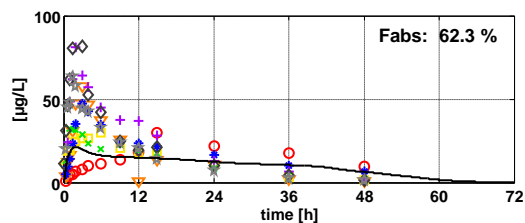


10 mg granules to proximal SI (UJ)

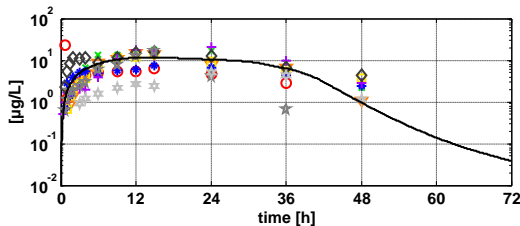
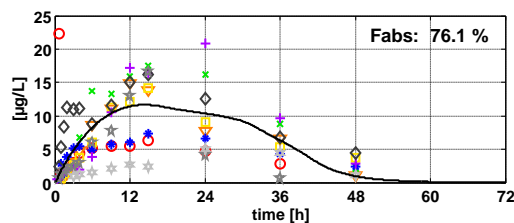


***Good description  
of the regional  
absorption along  
the GI tract !***

10 mg granules to distal SI (LI)

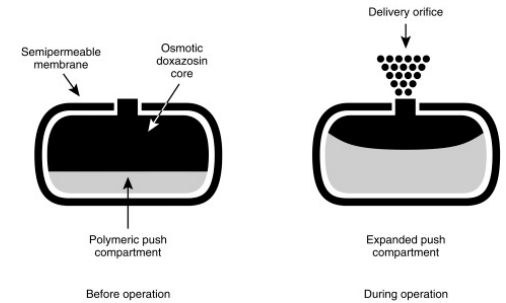
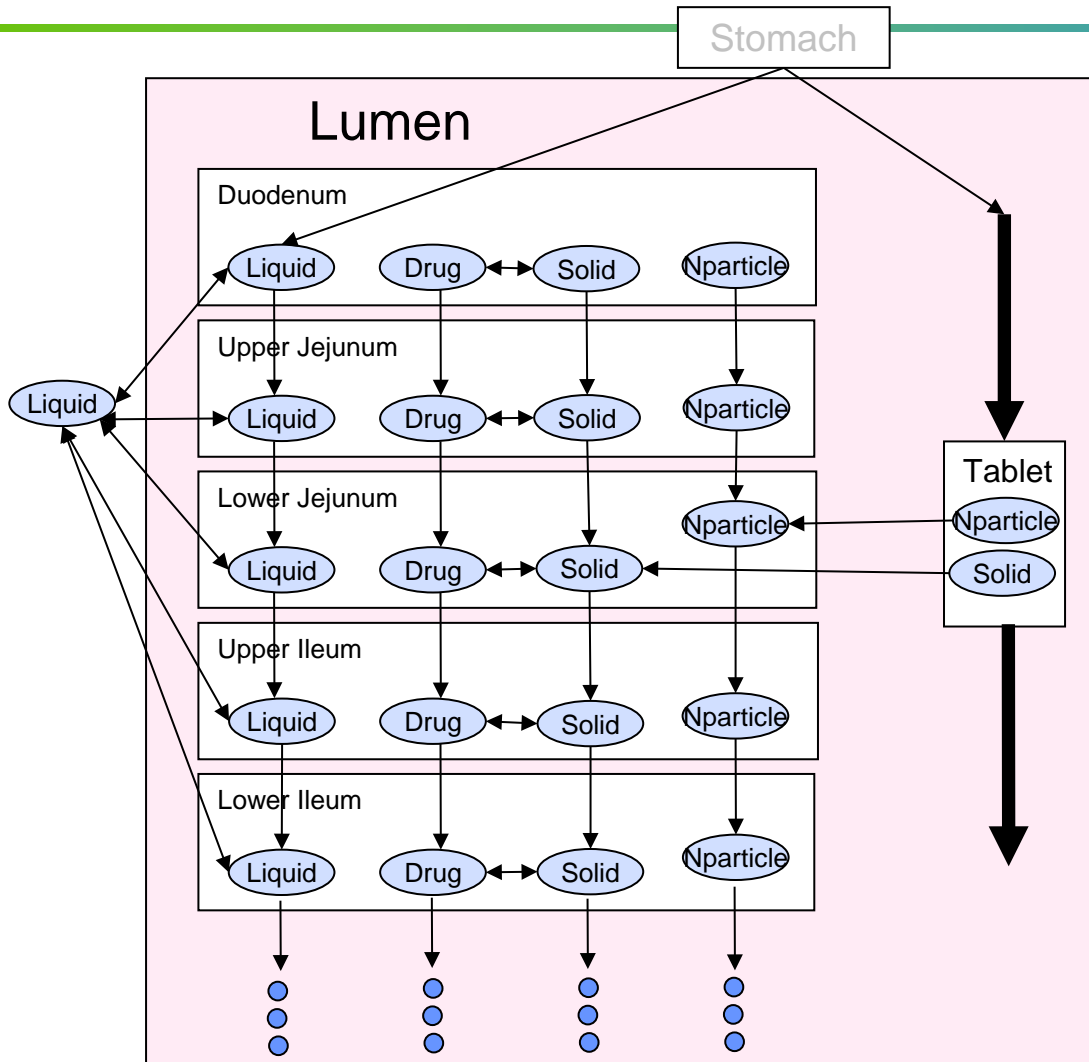


10 mg granules to colon ascendens



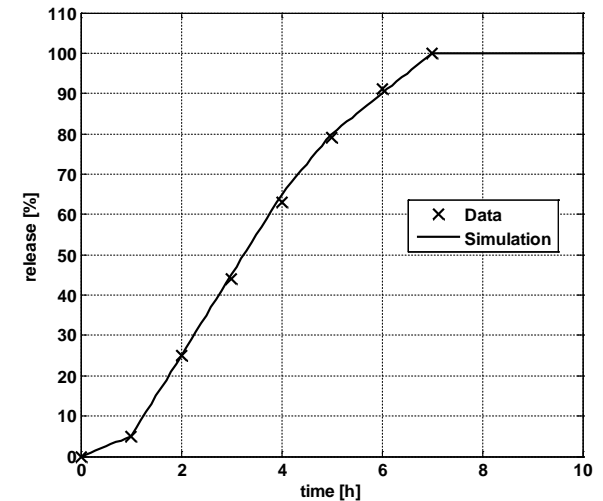
# Drug X – GITS

controlled-release gastrointestinal therapeutic system formulation



Chung 1999

## GITS release profile

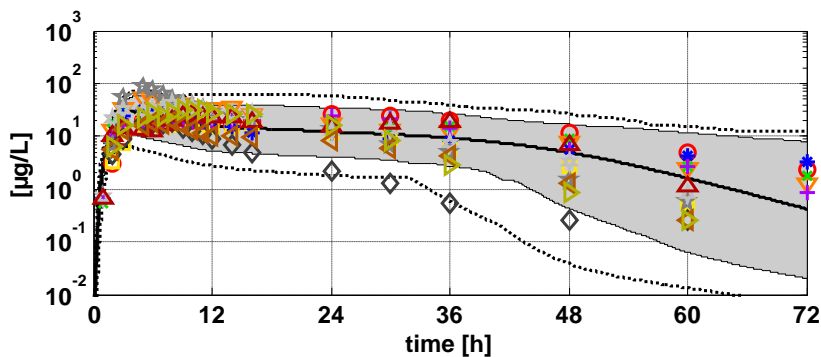
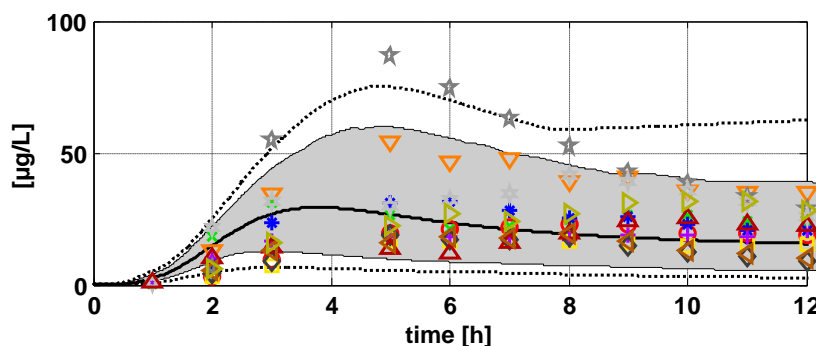


LagTime tablet:

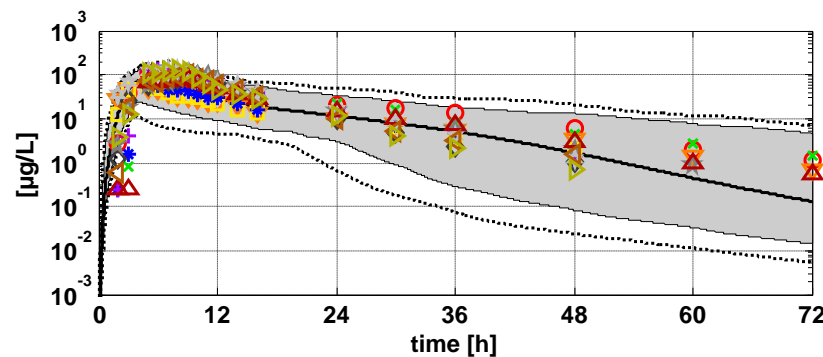
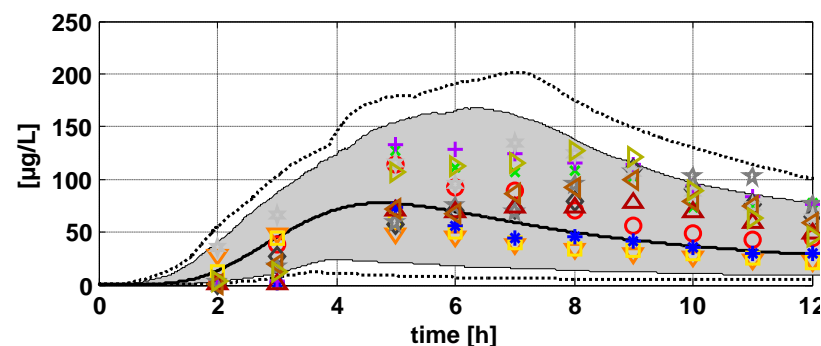
- fasted 30 min
- fed 120 min

# Drug X – GITS population predictions

GITS fasted



GITS fed



***Good description of the GITS formulation !***

# Utilizing *In Vitro* and PBPK Tools to Link ADME Characteristics to Plasma Profiles: Case Example Nifedipine Immediate Release Formulation

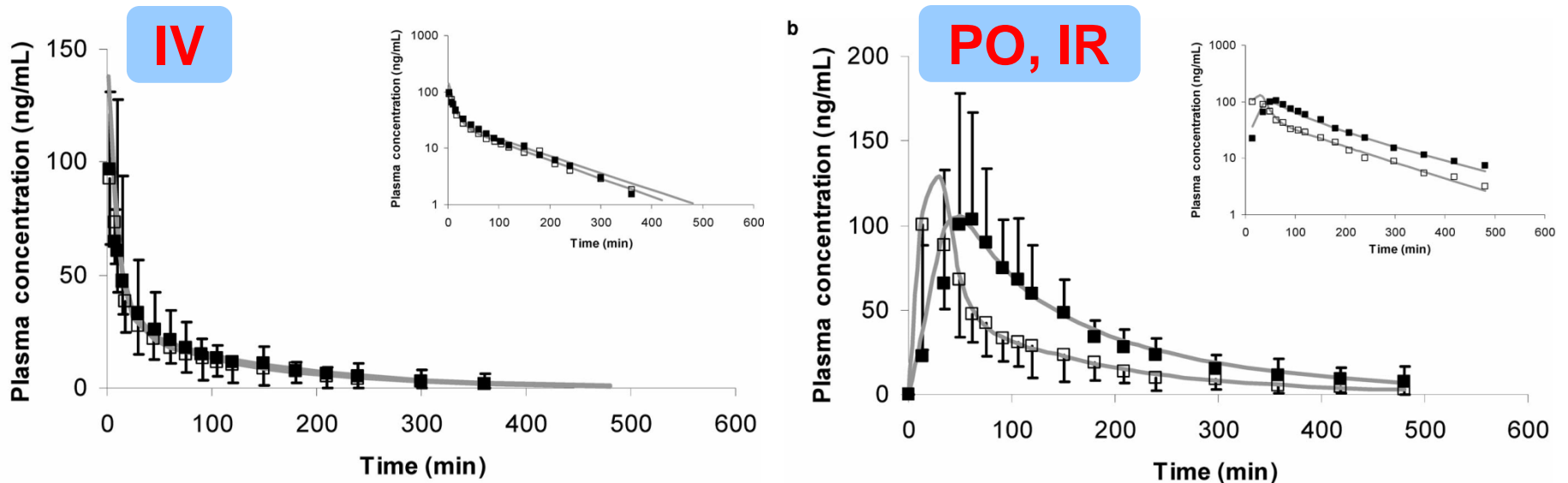


CHRISTIAN WAGNER,<sup>1</sup> KIRSTIN THELEN,<sup>2</sup> STEFAN WILLMANN,<sup>2</sup> ARZU SELEN,<sup>3</sup> JENNIFER B. DRESSMAN<sup>1</sup>

<sup>1</sup>Institute of Pharmaceutical Technology, Goethe University, 60438 Frankfurt am Main, Germany

<sup>2</sup>Technology Package Computational Systems Biology, Bayer Technology Services GmbH, 51368 Leverkusen, Germany

<sup>3</sup>Office of New Drug Quality Assessment/OPS/CDER, United States Food and Drug Administration, Silver Spring, Maryland 20993



Nifedipine dissolution and influence of grapefruit juice well described

**Figure 4.** Comparison between the *in vivo* (■: with grapefruit juice; □: without grapefruit juice) and the simulated (pale gray lines) nifedipine plasma profiles. (a) Administration of 2.5 mg nifedipine intravenously. (b) Administration of one Adalat<sup>®</sup> 10 mg IR soft gelatine capsule orally. The *in vivo* data<sup>12</sup> is presented as mean ± SD. The inserts display the same plot on a semilogarithmic scale.

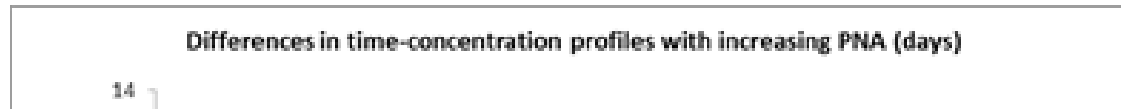
Wagner 2013



# Influence of PNA on Indomethacin Exposure after Oral Administration in Preterm Neonates

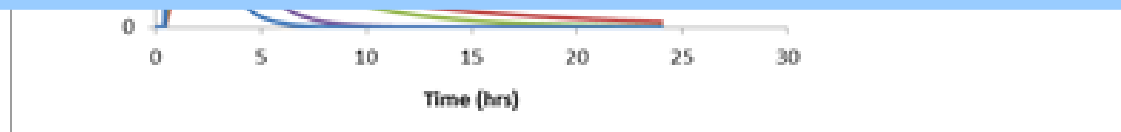
Maturation function from Anderson et al. is integrated with the Pop-PK model from Al Za'abi et al.

$$T_{abs}(\text{neonate}) = T_{abs}(\text{child}) \times \left( 1 + \beta_{abs} \times e^{(-PNAGE \text{ in days})} \times \frac{\ln(2)}{T_{formulation}} \right)$$



Alternatively developed oral absorption models for specific purposes that may be difficult to inform physiologically can be used instead of the standard PK-Sim model.

(Example leaving significant remaining uncertainty.)

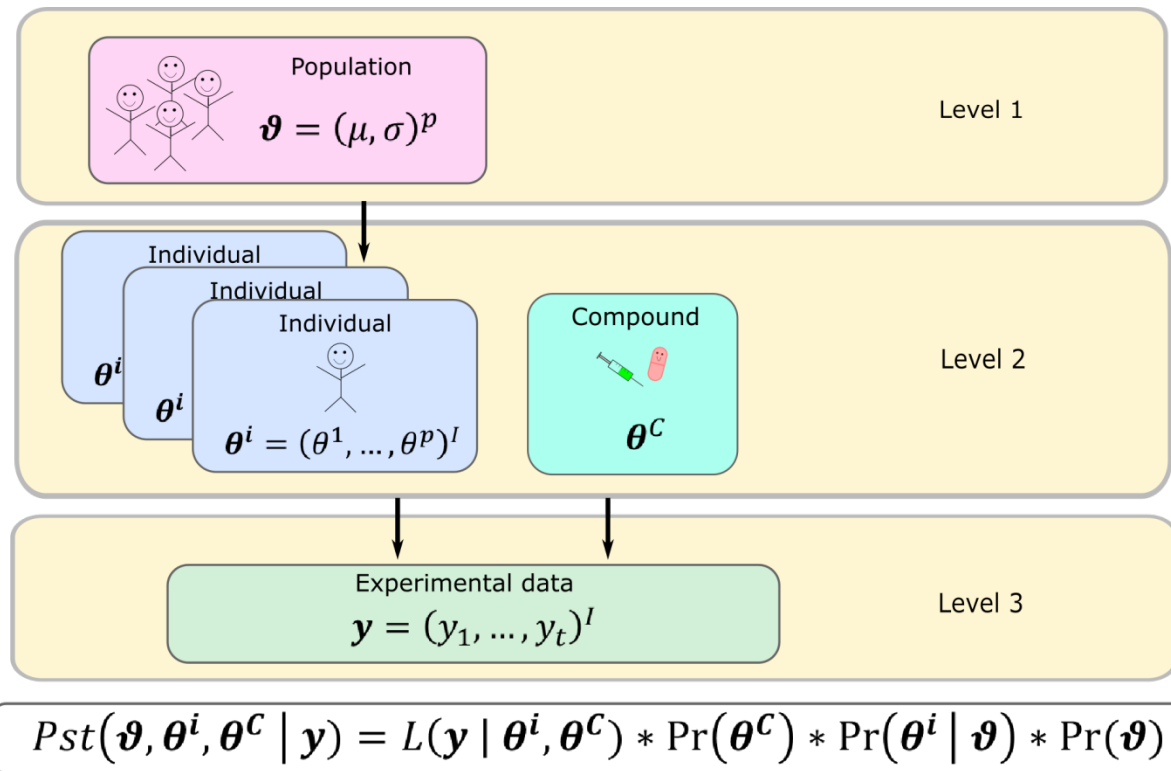


Simulated time-concentration profiles for a pre-term neonate (At PCA 28.42 and PNAGE 0.5, 1 and 2) given 2 ml of 0.2 mg/ml of indomethacin suspension. The oral absorption maturation function described in Anderson et al. was integrated with the model structure (one compartment model) and CL, V parameter estimates from the pop pk study of indomethacin to very premature neonates with patent ductus arteriosus from Al Za'abi, M. et al..

Anderson, B. et al. Acetaminophen developmental pharmacokinetics in premature neonates and infants. *Anesthesiology* 96, 1336-45 (2002).

# The New Frontier: Population PBPK

## Method



- Hierarchical Bayesian statistical model
- Prior knowledge from PK-Sim data base, literature and in vitro experiments
- Sampling of posterior distribution using Markov Chain Monte Carlo (MCMC) based on the PK-Sim whole body model

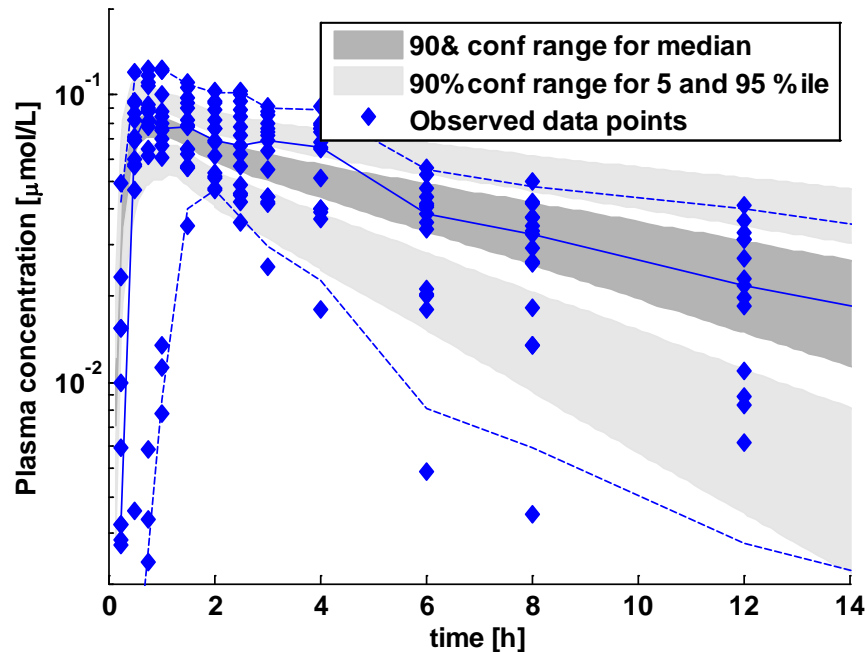


# Population PBPK

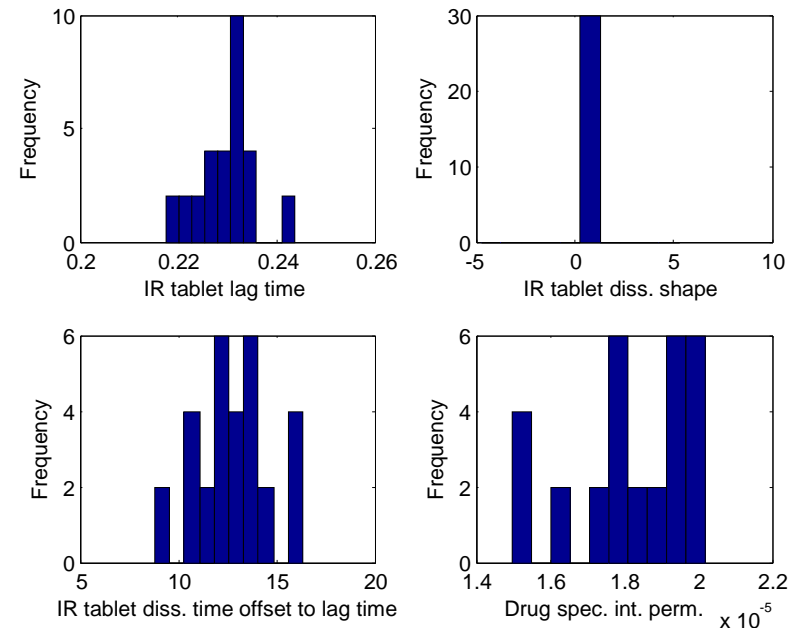
## Absorption parameters from popPBPK



### Visual predictive check



### Selected parameter distributions



- popPBPK on clinical data of bioavailability study
- Access to variabilities and uncertainties of PBPK parameters given model structure, data and prior knowledge
- Combined IV and PO (crossover) data set is very informative for absorption parameters

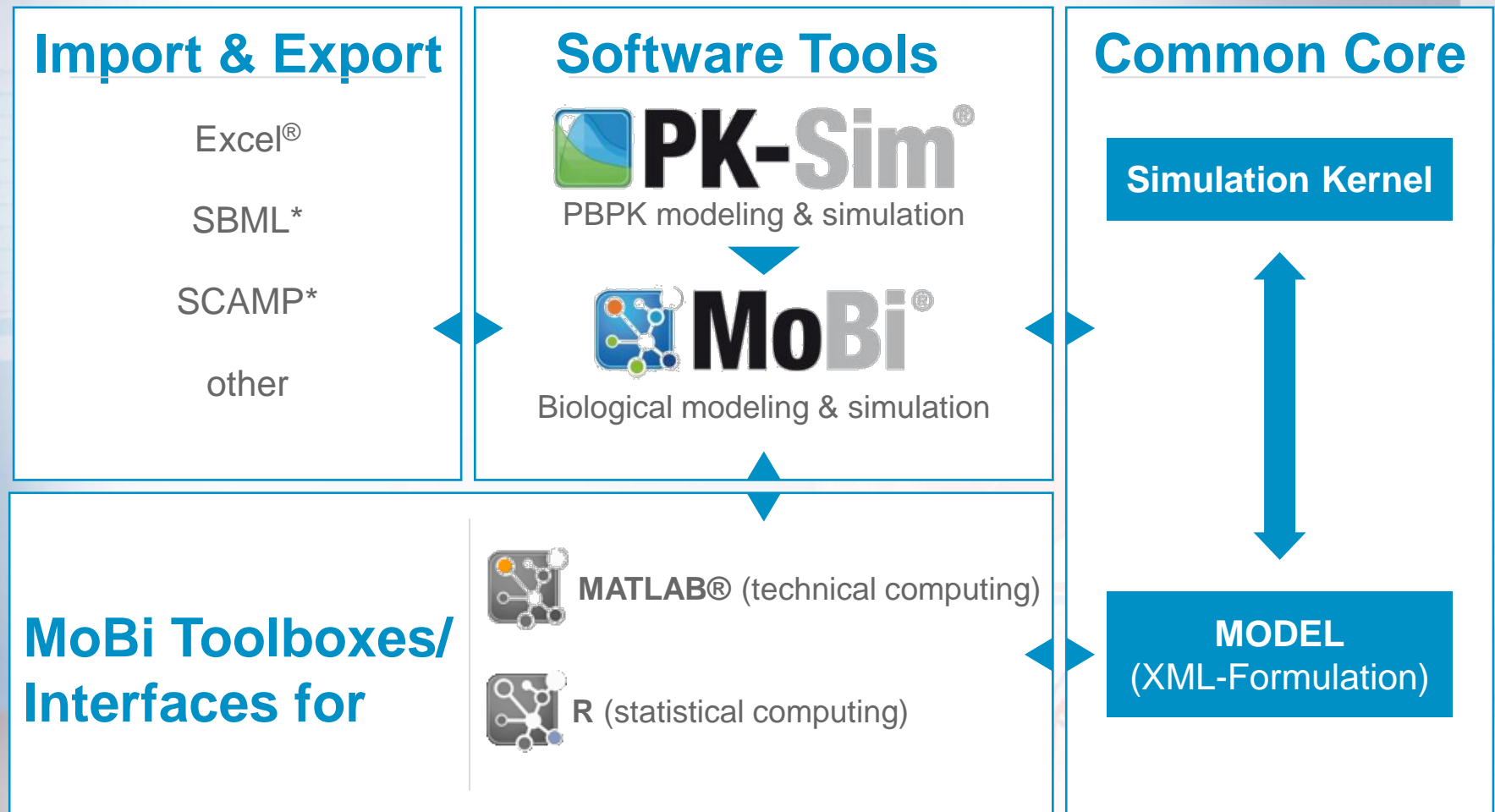


# Agenda

- Introduction: PBPK modeling with PK-Sim & MoBi
- Oral absorption and dissolution modeling
  - Concept
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# Platform Concept:

Integration of PK-Sim, MoBi and Interfaces Provide **Flexibility** and **Transparency**



\*import functions to be updated to latest version

Eissing 2009

File Modeling Working Journal Import/Export Utilities Views Run & Analyze Export

Individual Population Compound Formulation Administration Protocol Event Simulation Individual Simulations Population Simulations

Create Compare Results

### Building Blocks

- Individuals
- Populations
- Compounds
- Formulations
  - Tablet
- Administration Protocols
- Events

### Simulations

- Simulations
  - 1000 mg p.o. OD
  - Davis et al 200mg iv
  - Davis et al 750mg po
- 4Comp
- Healthy Individual
- Ciprofloxacin
- Davis 750 po
- Tablet
- Tutorial
- Comparisons

### Simulation: 'Davis et al 750mg po'

Parameters Reaction Diagram Analysis

Filter

- Compounds
- Applications
  - Ciprofloxacin
- Formulations
- Characteristics of ind...
- Anatomy
- Physiology
  - Flow rates
  - Ontogeny Factor
  - GFR (specific)
  - GIT-Physiology
    - Enterohepatic cir...
    - Fraction mucosa

Advanced

Applications -> Ciprofloxacin

Application_1			
Name	Value	Favorites	
Start time	0 h	<input type="checkbox"/>	
Dose	750.00 mg	<input type="checkbox"/>	
Volume of wat...	3.50 ml/kg	<input type="checkbox"/>	

### Journal

Title	Created On	Tags
<b>1 Created ... 2016-0...</b>		
Information and notes on modeling steps and findin		
.....		
Last updated on 2016-05-03 by zttei		
Tags		

### History

Undo Add Label Edit Comment Rollback 50

State After Action	Building Block Type	Building Block N...	Command Type	Object Type	Description	User	Time
50	Simulation	1000 mg p.o. OD	Add	Simulation	Add simulation '...	ZTLKU	2016-01-11 14:50
49	Simple Protocol	1000 mg p.o. OD	Edit	Parameter	Value of parame...	ZTLKU	2016-01-11 14:49
48	Simple Protocol	1000 mg p.o. OD	Edit	Administration P...	Dosing interval ...	ZTLKU	2016-01-11 14:49
47	Simple Protocol	1000 mg p.o. OD	Edit	Parameter	Value of parame...	ZTLKU	2016-01-11 14:49

Export

Send to MoBi PKML Format Results to Excel® Results to CSV PDF

Building Blocks

- Individuals
- Populations
- Compounds
- Formulations
  - Tablet
- Administration Protocols
- Events
- Observed Data

Simulations

- Simulations
  - 1000 mg p.o. OD
  - Davis et al 200mg iv
  - Davis et al 750mg po
- Comparisons

Simulation: 'Davis et al 750mg po'

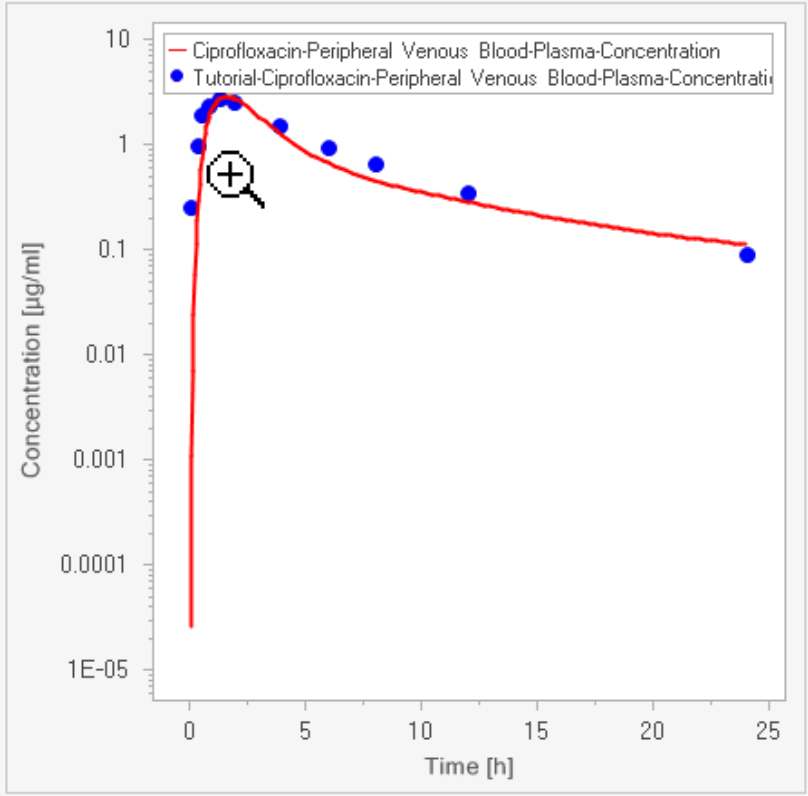
Parameters Reaction Diagram Analysis

Export to Excel®...

Ciprofloxacin	
Bioavailability	0.57
Fraction absorbed [%]	60.40
Total plasma clearance/F [ml/min/kg]	19.01
Vd (plasma)/F [ml/kg]	21647.21
Vss (plasma)/F [ml/kg]	12506.50

Ciprofloxacin		
Ciprofloxacin-P...		
AUC_tEnd [µmol*min/l]	2484.91	▲
AUC_inf [µmol*min/l]	2871.34	
AUC_inf_norm [µg*min/l]	9.25E+10	
AUC_tEnd_norm [µg*min/l]	8.01E+10	
C_max [µmol/l]	8.62	
C_max_norm [mg/l]	277814.72	
C_tEnd [µmol/l]	0.34	▼



Hide PK-Analysis

**Building Blocks**

- Spatial Structures
- Molecules
- Reactions
- Passive Transports
- Observers
- Events
- Simulation Settings
- Molecule Start Values
- Parameter Start Values
- Observed Data

**Simulations**

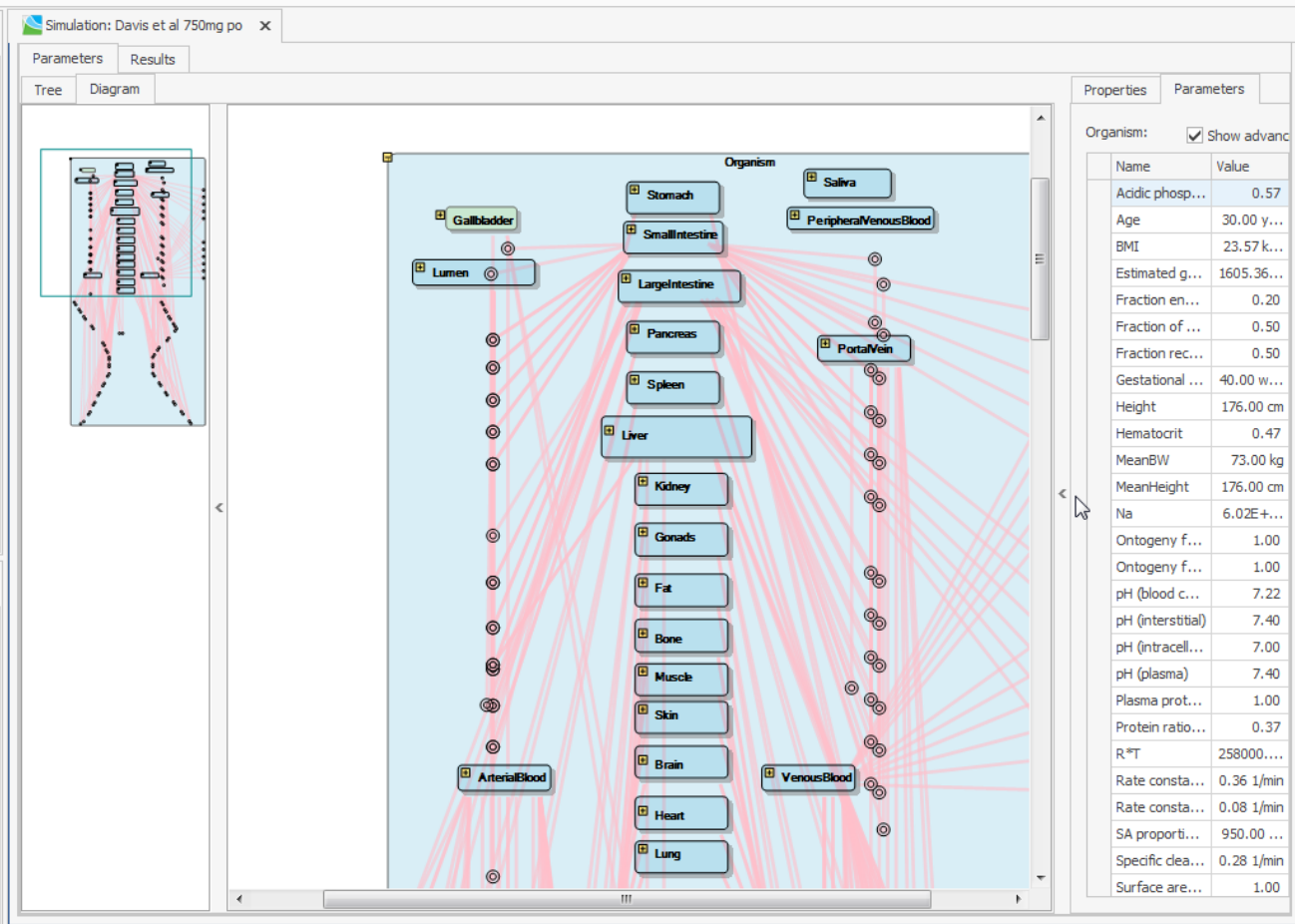
- Simulations
  - Davis et al 750mg po

**History**

Undo Add Label Edit Comment

State After Action	Command Type	Object Type	Description	User	Time

Notifications History Comparison Journal Diagram



**Journal**

Title	Created On	Tags
<b>1 Created ...</b>	<b>2016-05-...</b>	

Information and notes on modeling steps and findings

.....

Last updated on 2016-05-03 by zttei

Tags

Journal Search

Simulation: Davis et al 750mg po - MoBi

File Modeling Working Journal Import/Export Utilities Views Run & Analyze

Run Define Settings and Run Stop Calculate Scale Divisor

Simulation

Building Blocks

- Spatial Structures
- Molecules
- Reactions
- Passive Transports
- Observers
- Events
- Simulation Settings
- Molecule Start Values
- Parameter Start Values
- Observed Data

Simulations

- Simulations
  - Davis et al 750mg po

Simulation: Davis et al 750mg po

Parameters Results

Tree Diagram

Mucosa

Duodenum

Intracellular

CYP1A2

Ciprofloxacin-CYP1A2-DB

Ciprofloxacin-CYP1A2 Metabolite

Ciprofloxacin

Properties

Parameter

Name: Ciprofloxacin-CYP1A2-DB

Stoichiometry: Ciprofloxacin => Ciprofloxacin-CYP1A2 Met

Kinetic:

Alias	Path	Dimension
CP	Organism SmallIntestine Muc...	Concentra
M	Organism SmallIntestine Muc...	Amount
K_water	Organism SmallIntestine Muc...	Dimension
CLspe...	Organism SmallIntestine Muc...	Second or

CP \* CLspecPerEnzyme \* M \* K\_water

Description:

History

Undo Add Label Edit Comment

Rollback 3

State After Action	Command Type	Object Type	Description	User	Time

Notifications History Comparison Journal Diagram

Journal

1 Created ... 2016-05-...

Information and notes on modeling steps and findin

.....

Last updated on 2016-05-03 by zttei

Tags

Journal Search



# Agenda

- Introduction: PBPK modeling with PK-Sim & MoBi
- Oral absorption and dissolution modeling
  - Concept
  - Examples
  - Implementation
- **Summary**



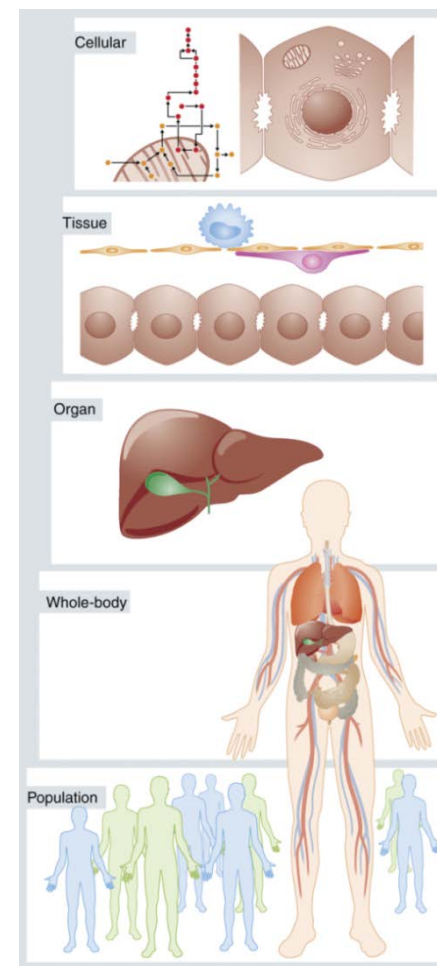
# Summary & Conclusion

## Summary

- Examples shown for how to model different formulations and their oral absorption in PK-Sim/MoBi to better understand PK

## Conclusion

- PK-Sim is a PBPK tool with a focus on **flexibility** and **transparency**, together with MoBi leaving a lot of room for problem specific solutions ...



Kuepfer 2010



# Forward-Looking Statements

This presentation may contain forward-looking statements based on current assumptions and forecasts made by Bayer Group or subgroup management.

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Science For A Better Life



Thank you!