

Transparent, Open and Reproducible PBPK and QSP Modeling and Simulation Using an R-Based Framework

Ahmed Elmokadem, PhD

Indiana CTSI Symposium on Disease and Therapeutic Response Modeling and Simulation
November 12, 2019

Challenges Associated With Applying Physiologically Based Pharmacokinetic Modeling for Public Health Decision-Making.

YM Tan¹, RR Worley², JA Leonard³, and JW Fisher⁴

¹National Exposure Research Laboratory, United States Environmental Protection Agency, Research Triangle Park, North Carolina 27709.

²Agency for Toxic Substances and Disease Registry, Atlanta, Georgia 30341.

³Oak Ridge Institute for Science and Education, Oak Ridge, Tennessee 37830.

⁴National Center for Toxicological Research, United States Food and Drug Administration, Jefferson, Arizona 72079.

*“Ultimately, the submission documentation should contain sufficient information to allow reviewers and risk assessors to **understand model assumptions, independently reproduce simulations, and evaluate the quality of the analysis and validity of the resulting conclusions** (Loizou et al., 2008)”*

CPT: Pharmacometrics & Systems Pharmacology

TUTORIAL |  Open Access |    

QSP and PBPK Modeling with mrgsolve: A Hands-on Tutorial

Ahmed Elmokadem, Matthew M Riggs, Kyle T Baron 

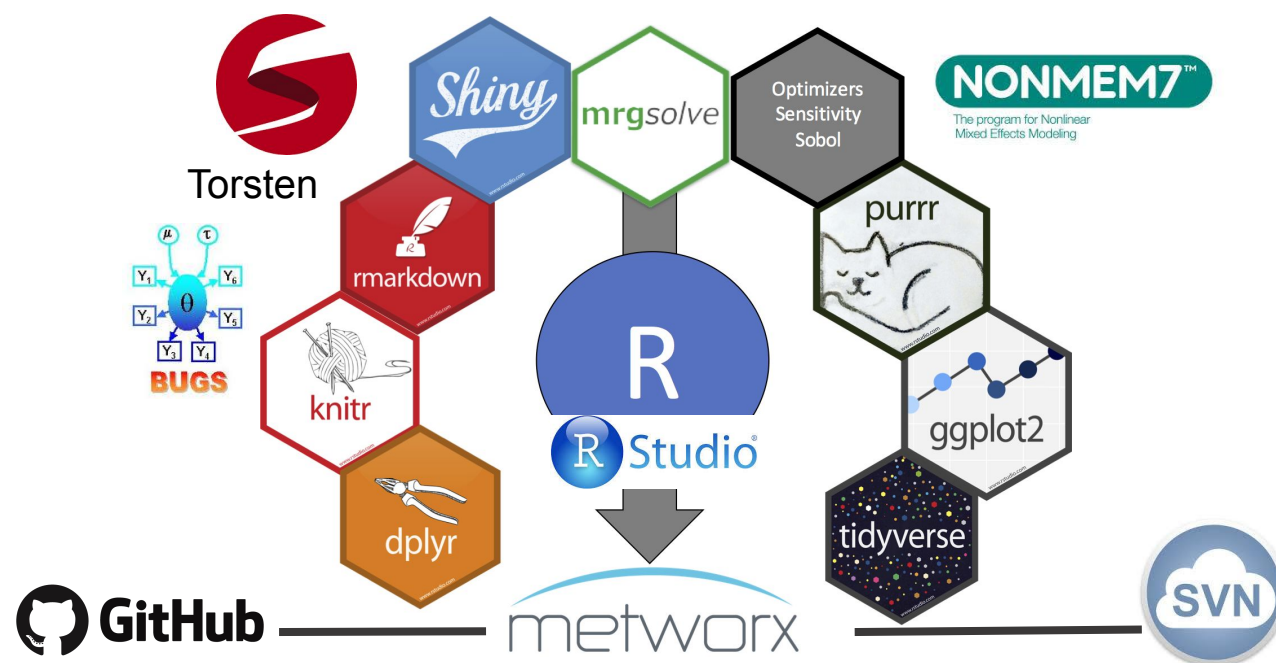
First published: 25 October 2019 | <https://doi.org/10.1002/psp4.12467>

<https://github.com/metrumresearchgroup/cptpsp-tutorial-2019>

Why R?

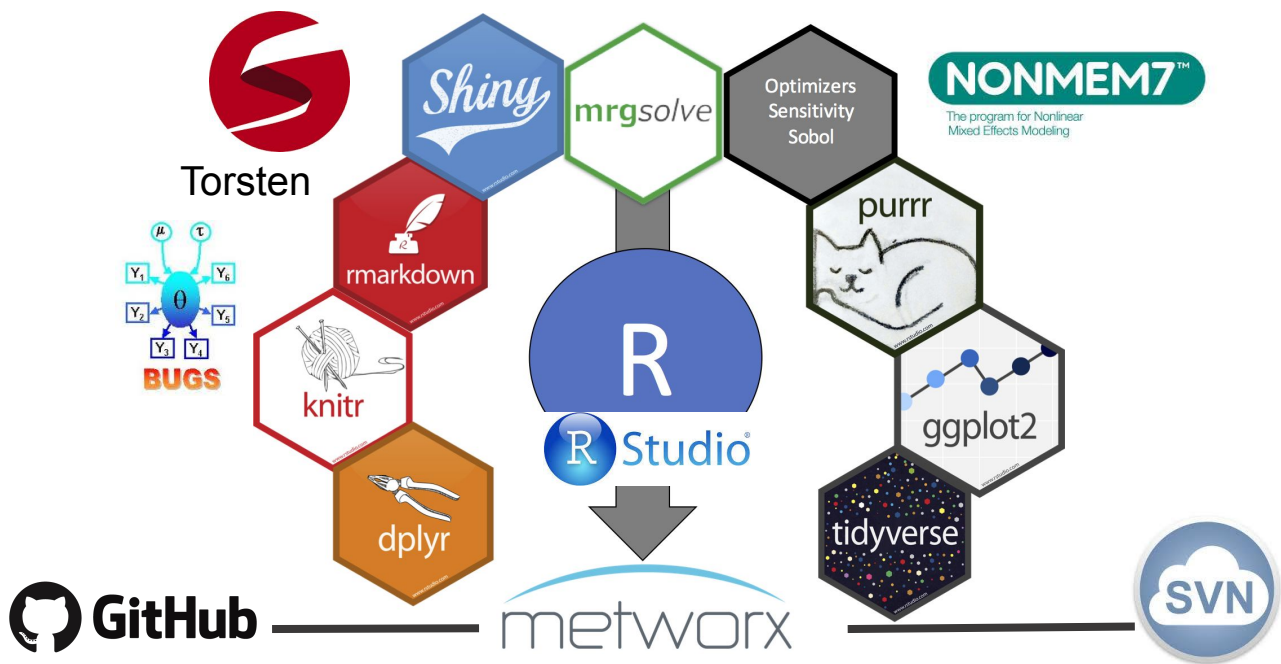
- Open-Source
 - transparency
 - reproducibility
 - active community
 - accessible and portable
 - ... these can feed credibility

- Maximize utility of R ecosystem
 - data manipulation
 - graphics
 - estimation algorithms
 - sensitivity analysis
 - interactive visualization

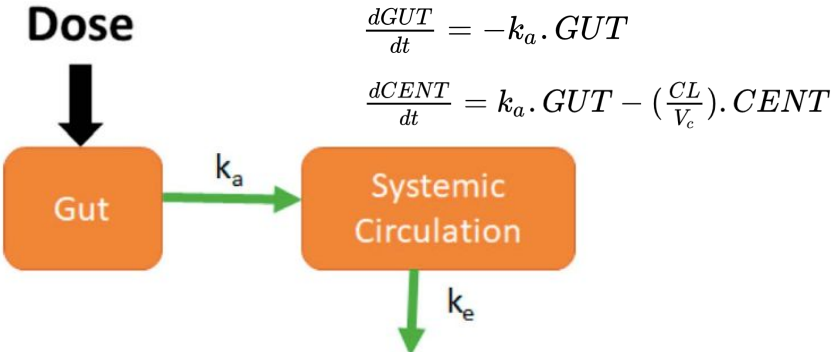


Why mrgsolve in R?

- Open-source
- Flexible (ODE-based)
- Combines efficiency (C++ core) and convenience (R interface)
- Built for pharmacometric applications (event handling, NM-TRAN like datasets, patient population (mixed effects), etc...)
- Compatible with R ecosystem



General mrgsolve workflow



Model Specification

Model pk1.cpp

```
[PARAM] CL=0.02, VC=0.5, KA=0.9

[CMT] GUT CENT

[ODE]
dxdt_GUT = -KA*GUT;
dxdt_CENT = KA*GUT -
(CL/VC) *CENT;

[TABLE] capture CP = CENT/VC;
```



R Script

Compile

```
mod <- mread("pk1")
```

Set intervention

```
evnt <- ev(amt = 100, ii = 24, addl = 9)
```

Simulate

```
out <- mod %>%
  ev(evnt) %>%
  mrgsim(end = 480, delta = 0.1)
```

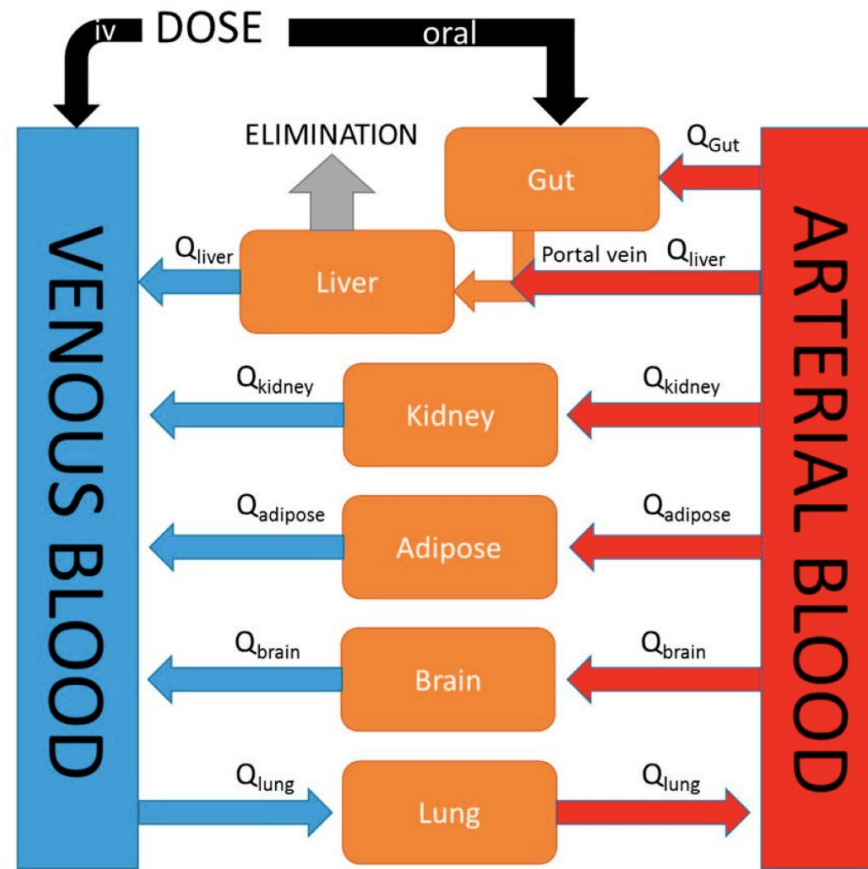
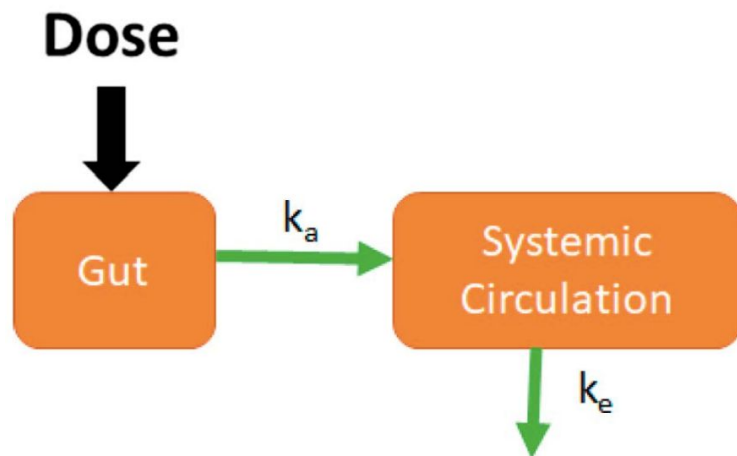
Output

```
out
```

ID	time	GUT	CENT	CP
1	1	0.0	0.000000	0.0000000
2	1	0.0	100.000000	0.0000000
3	1	0.1	90.48374	9.492112
4	1	0.2	81.87308	18.033587
5	1	0.3	74.08182	25.715128
6	1	0.4	67.03200	32.618803

plot(out)

What Differentiates PK and PBPK?



$$\frac{dCENT}{dt} = ka \cdot GUT - \left(\frac{CL}{V_c}\right) \cdot CENT$$

$$\frac{dA_T}{dt} = Q_T \cdot \left(C_{art} - \frac{C_T}{K_{pT} \frac{B:P}}{B:P}\right)$$

Lin and Wong. *Pharmaceutics* 2017.

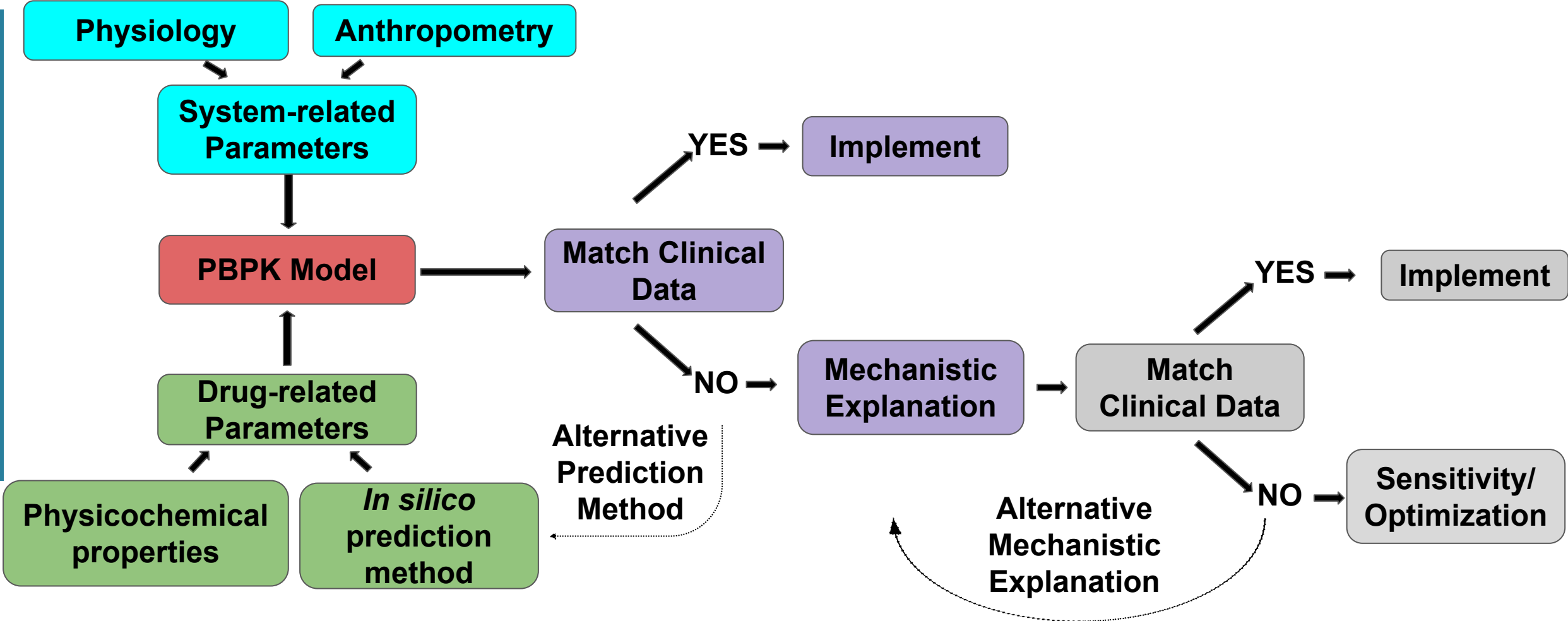
Why Develop a PBPK Model?

- Mechanistic approach to explaining PK
 - Integrating *in-vitro* data (metabolism, permeability)
 - *a priori* predictions
 - Confirm/refine with experimental data
 - Exposure predictions in different tissues or organs (skin, eyes, lungs, brain, etc..)
- First principles -> Bottom-up approach -> Scalability:
 - Inter-species
 - Within-species differences: Age (maturation), Disease, Genotype/Phenotype, etc

When to Develop a PBPK Model?

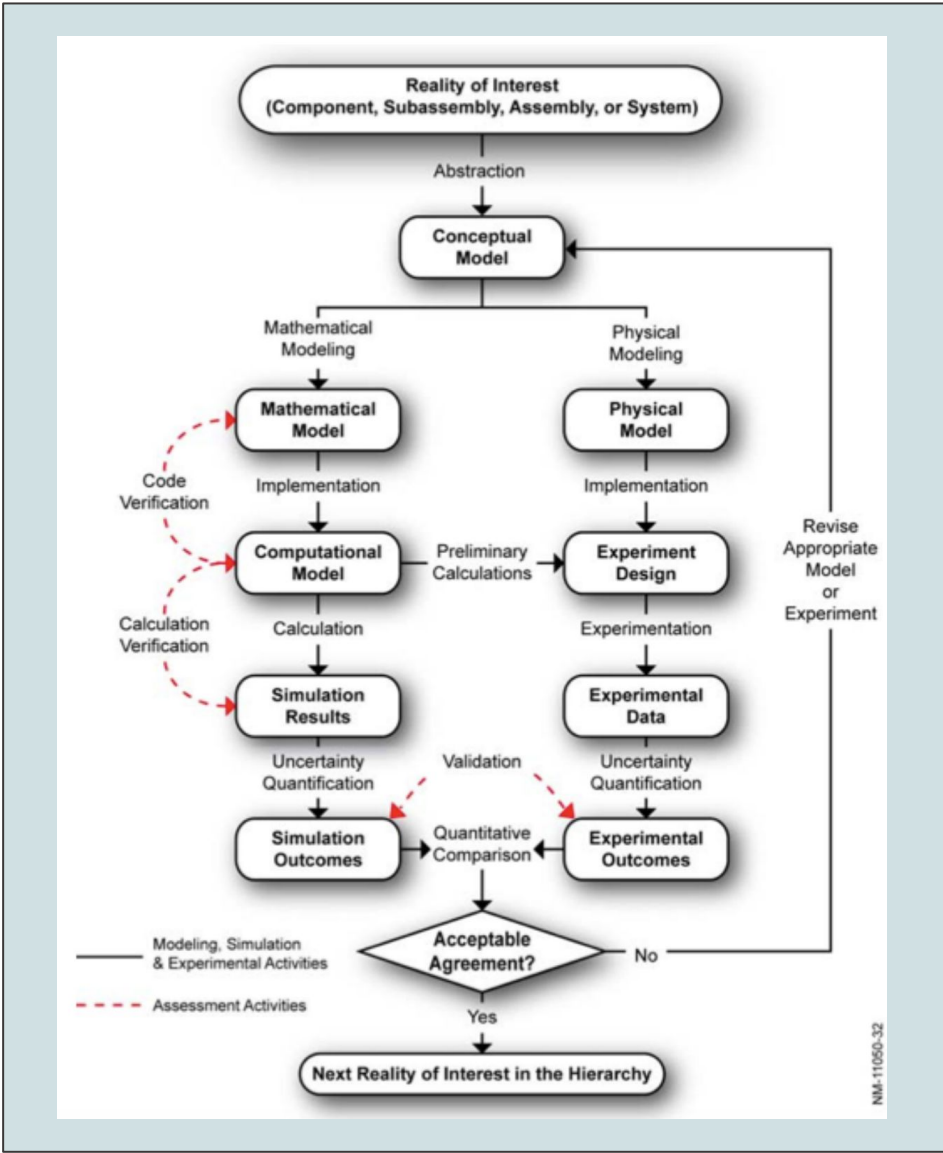
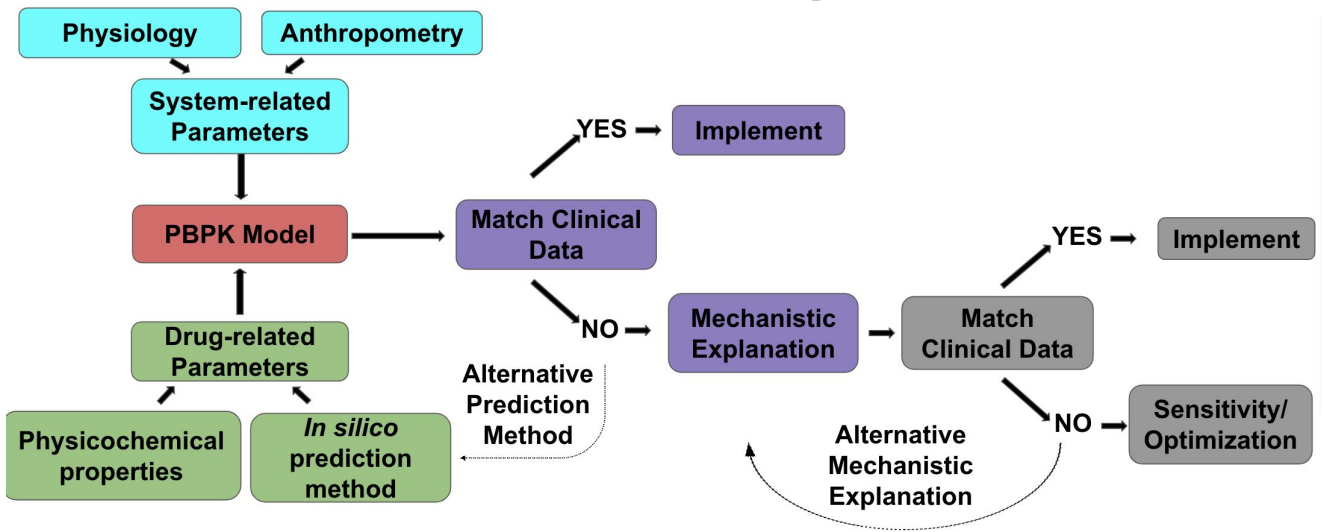
- Special populations
 - pregnant woman/fetus
 - pediatrics
 - rare diseases
- Environmental toxicology
- Translational studies
- Drug-drug interactions
- Drug absorption characterization
 - oral
 - topical
 - nasal/inhalation
 - alternative routes

PBPK Workflow



PBPK Workflow

Aligns well with ASME V&V credibility workflow →



PBPK Application - Voriconazole

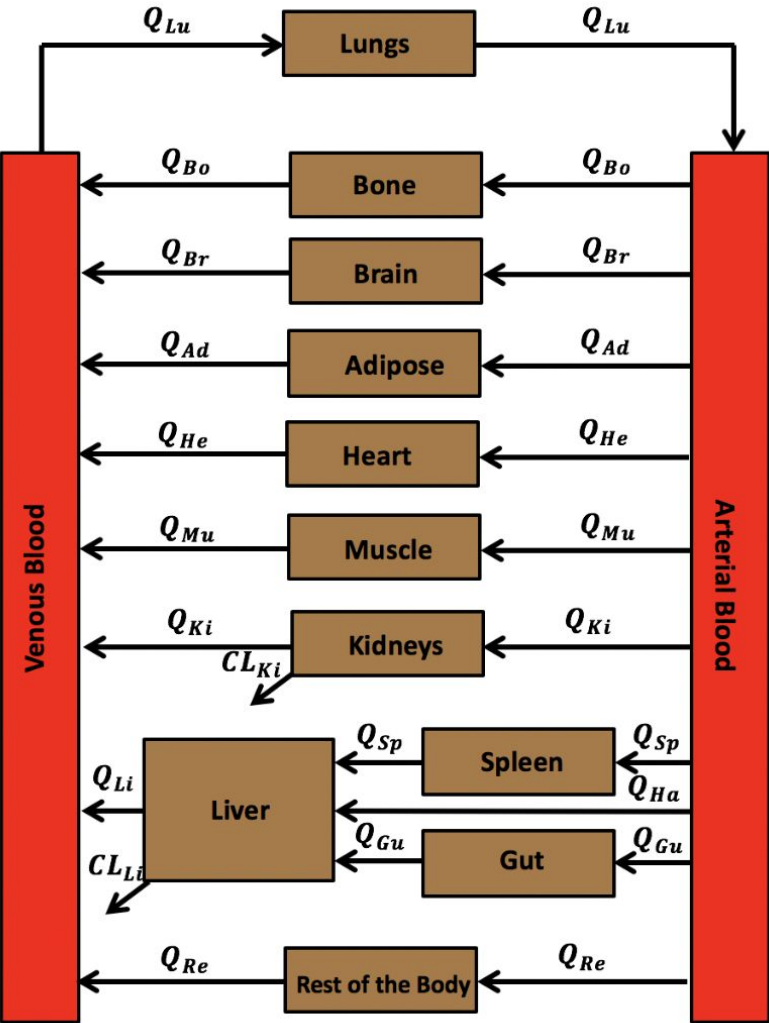
Clin Pharmacokinet (2014) 53:1171–1182
DOI 10.1007/s40262-014-0181-y

ORIGINAL RESEARCH ARTICLE

A Physiologically Based Pharmacokinetic Model for Voriconazole Disposition Predicts Intestinal First-pass Metabolism in Children

Nicole R. Zane · Dhiren R. Thakker

PBPK Application - Voriconazole



Adapted from Elmokadem, A. et al., CPT:PSP (2019)

$$\frac{dA_T}{dt} = Q_T \left(C_A - \frac{C_T}{\frac{K_{pT}}{BP}} \right)$$

$$\frac{dA_T}{dt} = Q_T \left(C_A - \frac{C_T}{\frac{K_{pT}}{BP}} \right) - f_u \cdot C_{LT} \cdot \frac{C_T}{\frac{K_{pT}}{BP}}$$

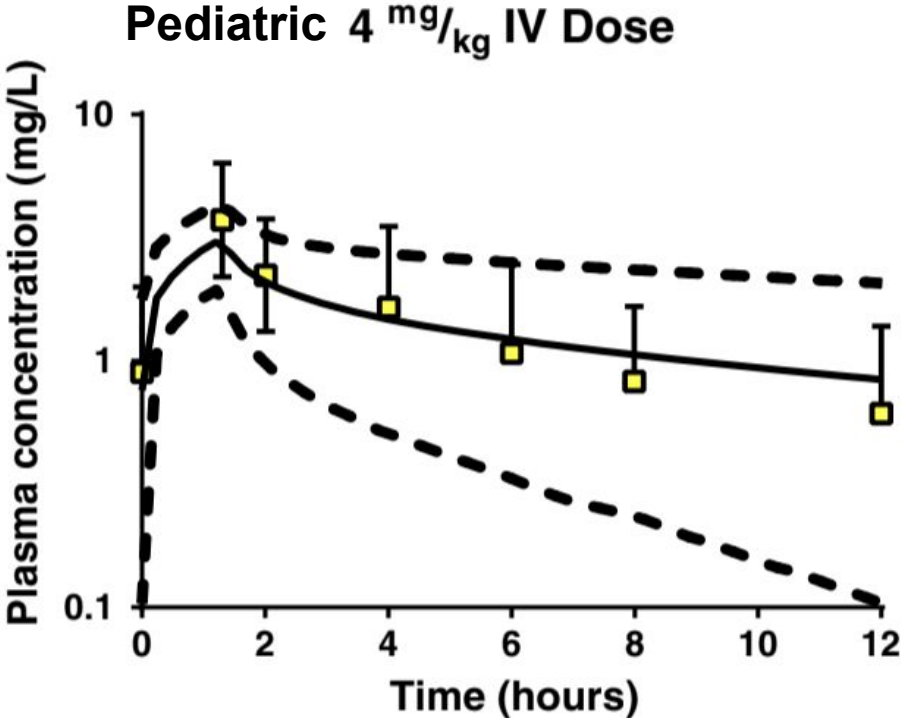
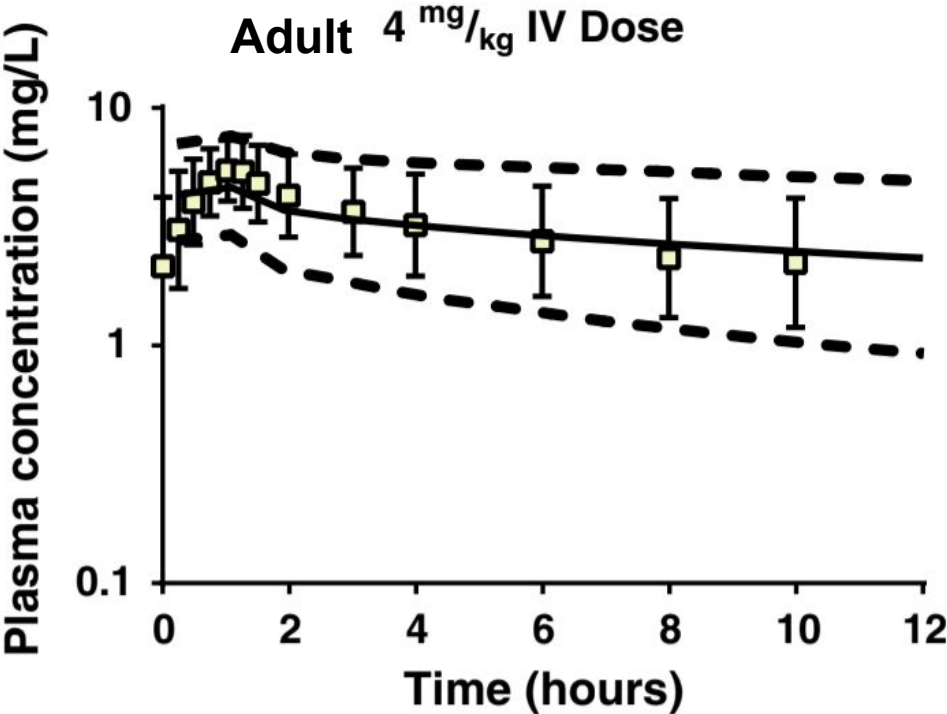
$$\frac{dA_A}{dt} = Q_{Lu} \left(\frac{C_{Lu}}{\frac{K_{pLu}}{BP}} - C_A \right)$$

$$\frac{dA_V}{dt} = \sum_{T \neq Lu} \left(Q_T \cdot \frac{C_T}{\frac{K_{pT}}{BP}} \right) - Q_{Lu} \cdot C_V$$

$$\frac{dA_{Lu}}{dt} = Q_{Lu} \left(C_V - \frac{C_{Lu}}{\frac{K_{pLu}}{BP}} \right)$$

understand model assumptions, independently reproduce simulations, and evaluate the quality

PBPK Application - Voriconazole



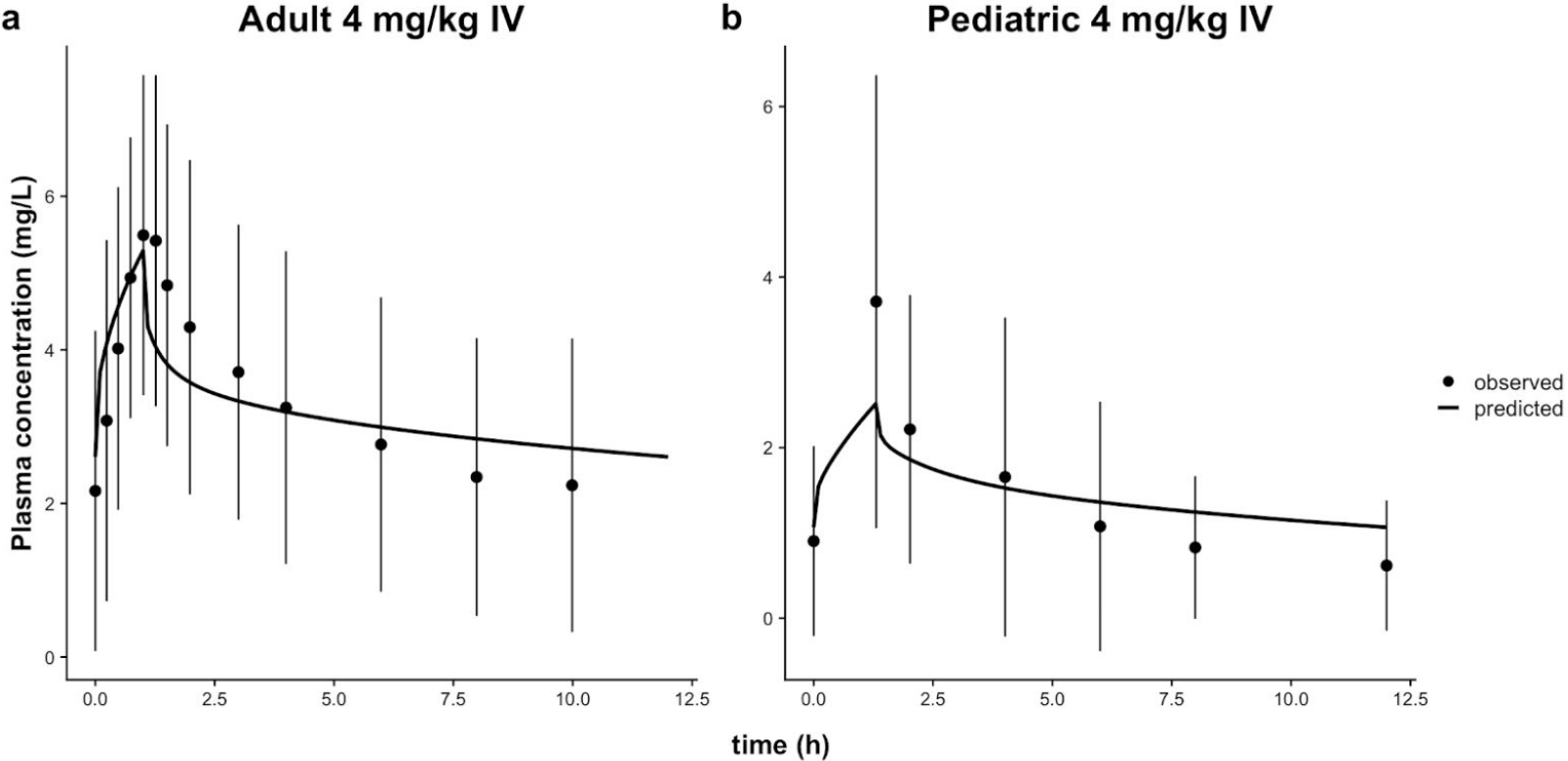
Adapted from Zane and Thakker, *Clin Pharmacokinet* (2014) 53:1171–1182

- (a) Can we reproduce this research?
- (b) Can we do better?

understand model assumptions, independently reproduce simulations, and evaluate the quality

PBPK Application - Voriconazole

Reproduce simulation results

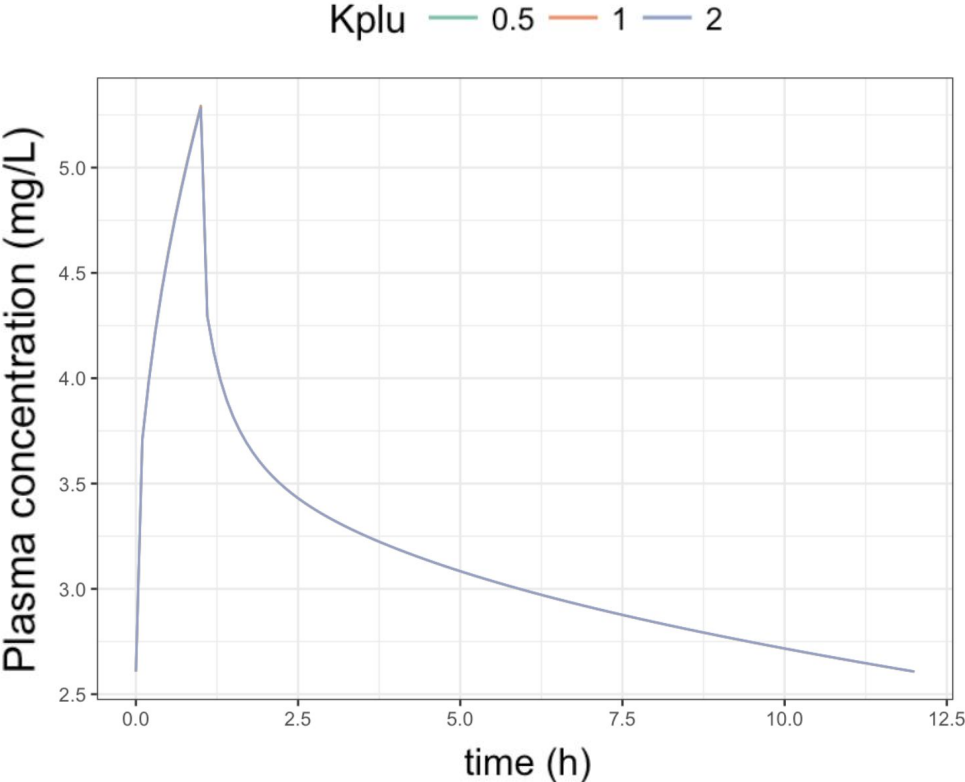
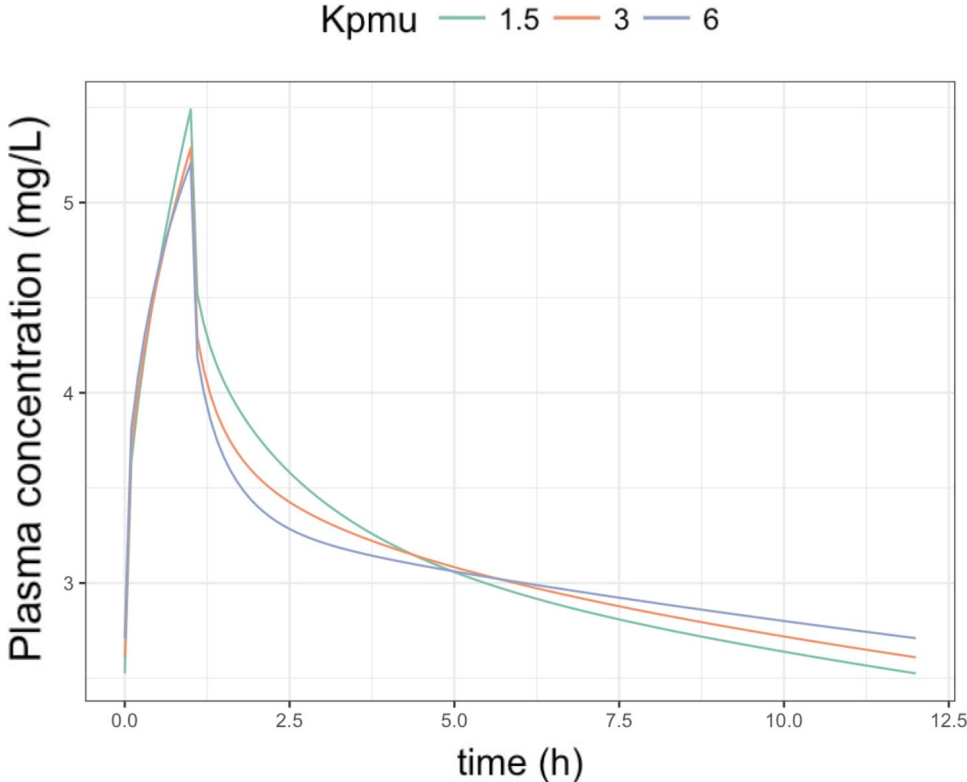


Adapted from Elmokadem, A. et al., CPT:PSP (2019)

PBPK Application - Voriconazole

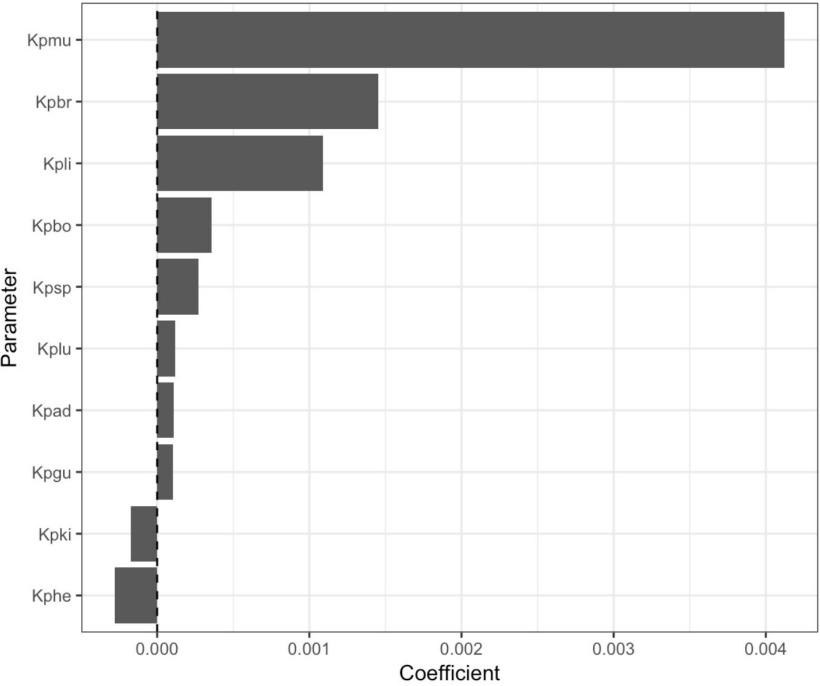
Run sensitivity analysis to find most influential parameters:

- Graphical. Vignette: <https://mrgsolve.github.io/docs/reference/knobs.html>



- **Local (FME package <https://cran.r-project.org/web/packages/FME/index.html>). Vignette: https://github.com/metrumresearchgroup/ub-cdse-2019/blob/master/content/tools_sensitivity_local.md**

$$\frac{\partial y_i}{\partial \Theta_j} \cdot \frac{w_{\Theta_j}}{w_{y_i}}$$



- **Global (sensitivity package <https://cran.r-project.org/web/packages/sensitivity/index.html>). Vignette: https://github.com/metrumresearchgroup/pbpk-qsp-mrgsolve/blob/master/docs/global_sensitivity_analysis.md**

PBPK Application - Voriconazole

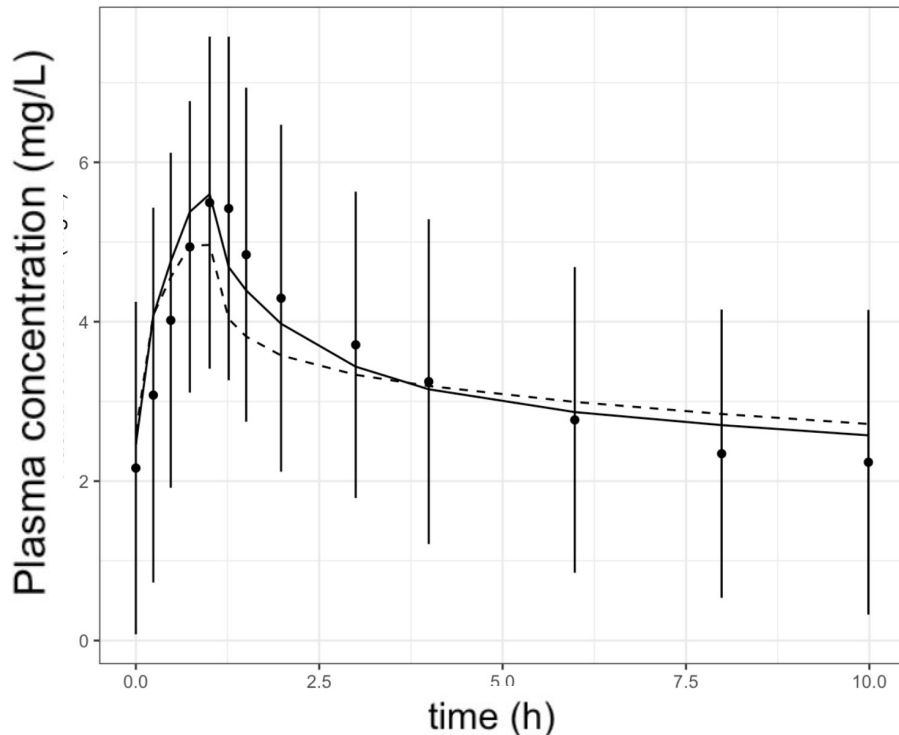
Optimize for most influential parameters

- **minqa** <https://cran.r-project.org/web/packages/minqa/index.html>
- **nloptr** <https://cran.r-project.org/web/packages/nloptr/index.html>

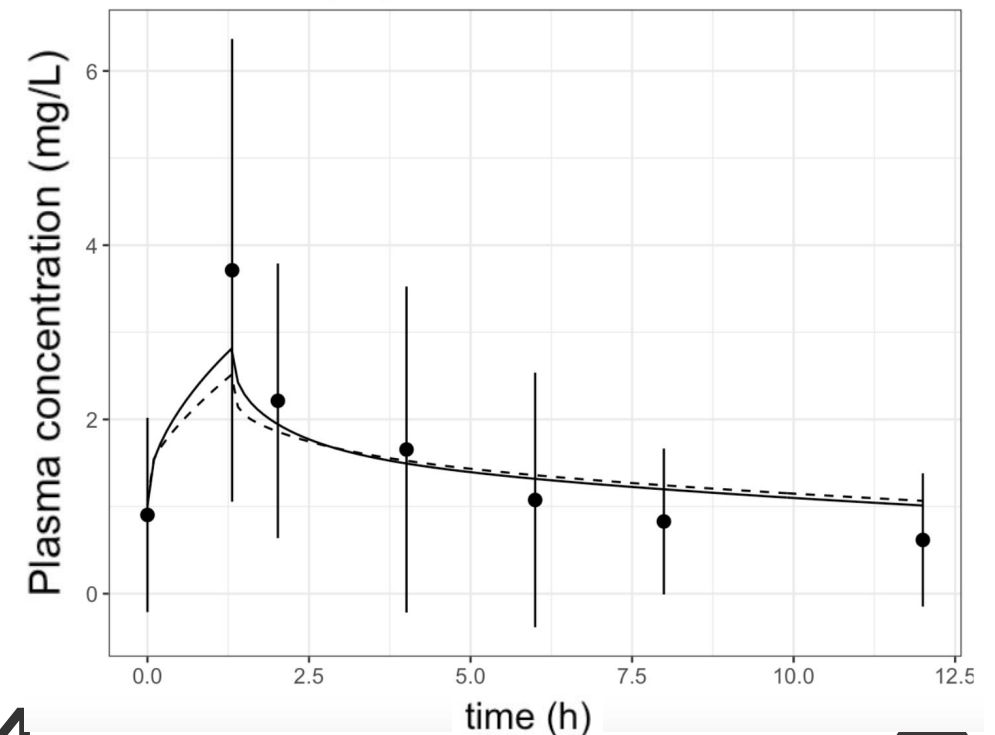
Vignette:

https://github.com/metrumresearchgroup/pbpbk-qsp-mrgsolve/blob/master/docs/oatp_ddi_optimization.md

Adult 4 mg/kg IV



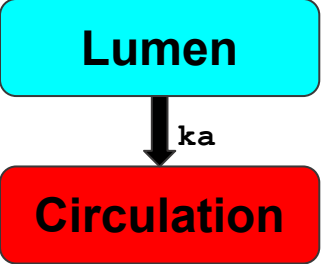
Pediatric 4 mg/kg IV



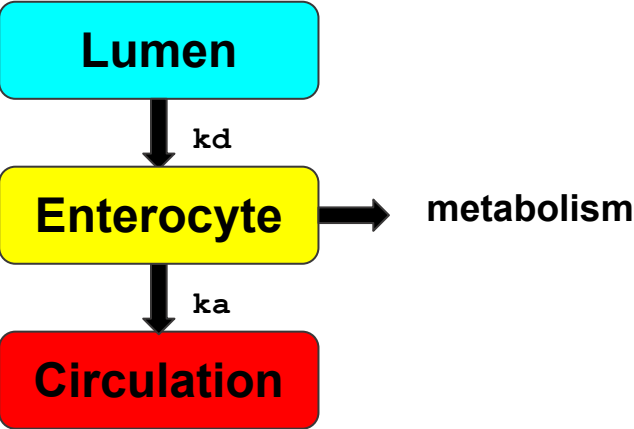
PBPK Application - Voriconazole

Explore alternative mechanisms:

- Intestinal metabolism



```
dxdt_GUTLUMEN = -ka*GUTLUMEN;  
dxdt_GUT = ka*GUTLUMEN + Qgu*(Carterial - Cgut/(Kpgu/BP));
```



```
dxdt_GUTLUMEN = -kd*GUTLUMEN;  
dxdt_GUTWALL = kd*GUTLUMEN - ka*GUTWALL - CL_GUT*GUTWALL;  
dxdt_GUT = ka*GUTWALL + Qgu*(Carterial - Cgut/(Kpgu/BP));
```

Build an interactive interface:

<https://www.metrumrg.com/publication/prediction-of-maternal-fetal-exposures-of-cyp450-metabolized-drugs-using-physiologic-pharmacokinetic-modeling-implemented-in-r-and-mrgsolve/>

Choose Drug
Metoprolol

Choose Model
Pregnant

Graph Fetal Plasma Concentration

Dose Type
IV

Dose Amount (mg)
10

Interval Between Doses (h) **Additional Doses**
0 0

Infusion Rate
0

Y-axis Upper Bound **Simulation End**
1 12



Graph Therapeutic Index

Upper Bound of Index **Lower Bound of Index**
0 0

Partition Coefficient Method
Rodgers and Rowland

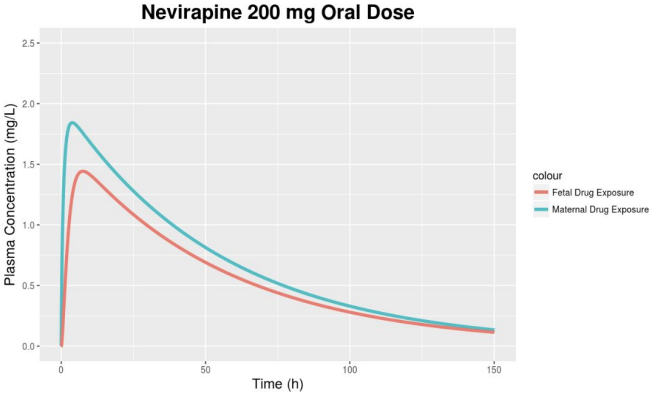
Optimized Parameters?

Gestational Age
0 37 40

Initial B:P
0 1.127 2

Initial Fraction of Unbound Drug in Plasma
0 0.879 2

Initial Intrinsic Hepatic Clearance
195 7,000



QSP Application - MAPK

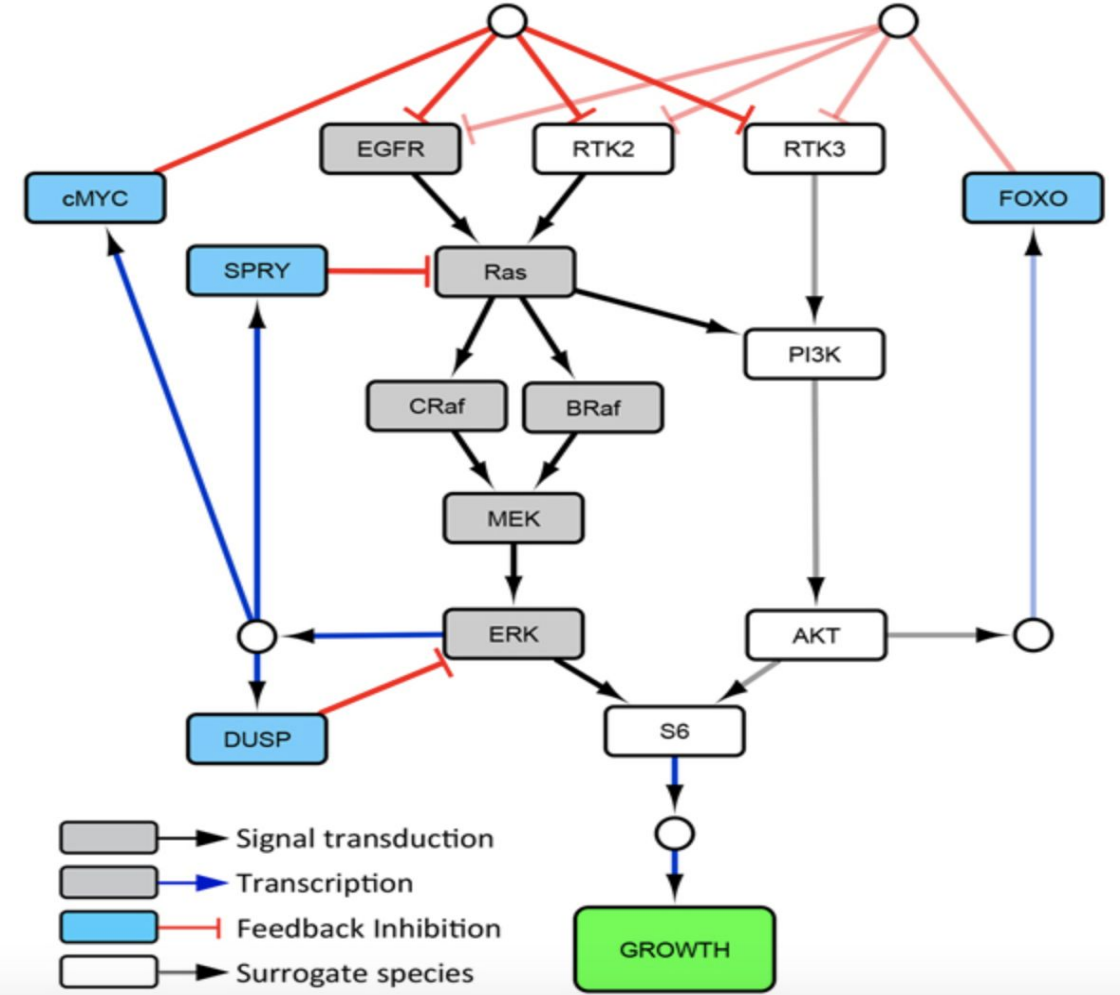
Article | [Open Access](#) | Published: 02 June 2017

Clinical responses to ERK inhibition in $BRAF^{V600E}$ -mutant colorectal cancer predicted using a computational model

Daniel C. Kirouac, Gabriele Schaefer, Jocelyn Chan, Mark Merchant, Christine Orr, Shih-Min A. Huang, John Moffat, Lichuan Liu, Kapil Gadkar & Saroja Ramanujan 

npj Systems Biology and Applications **3**, Article number: 14 (2017) | [Cite this article](#)

QSP Application - MAPK



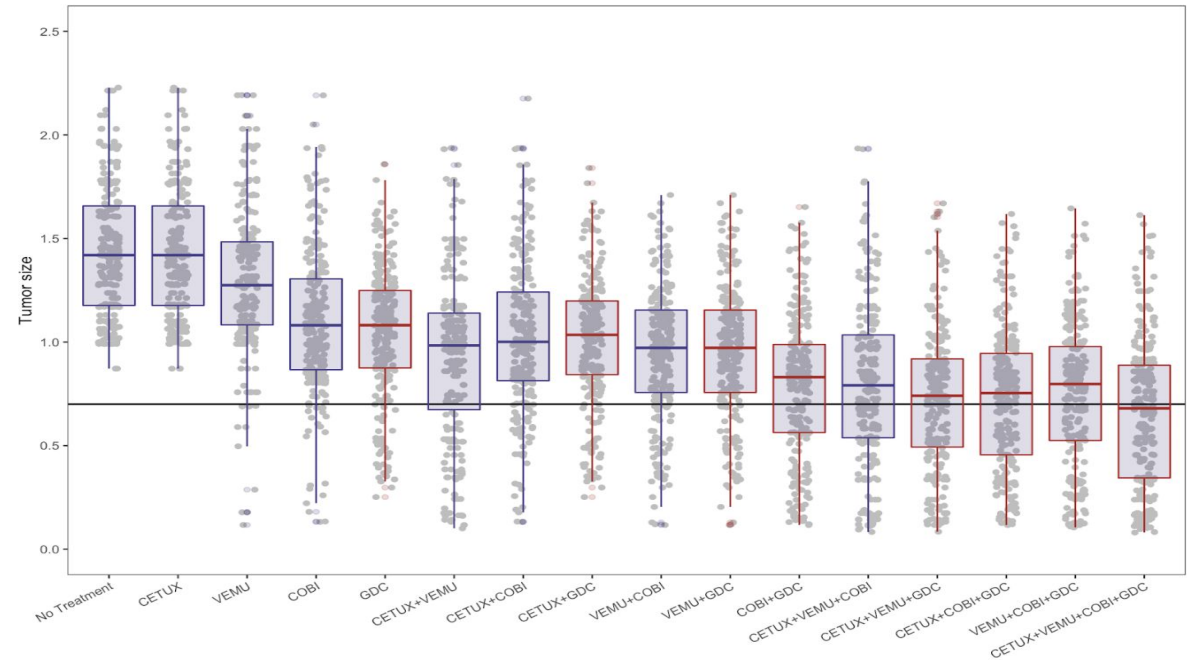
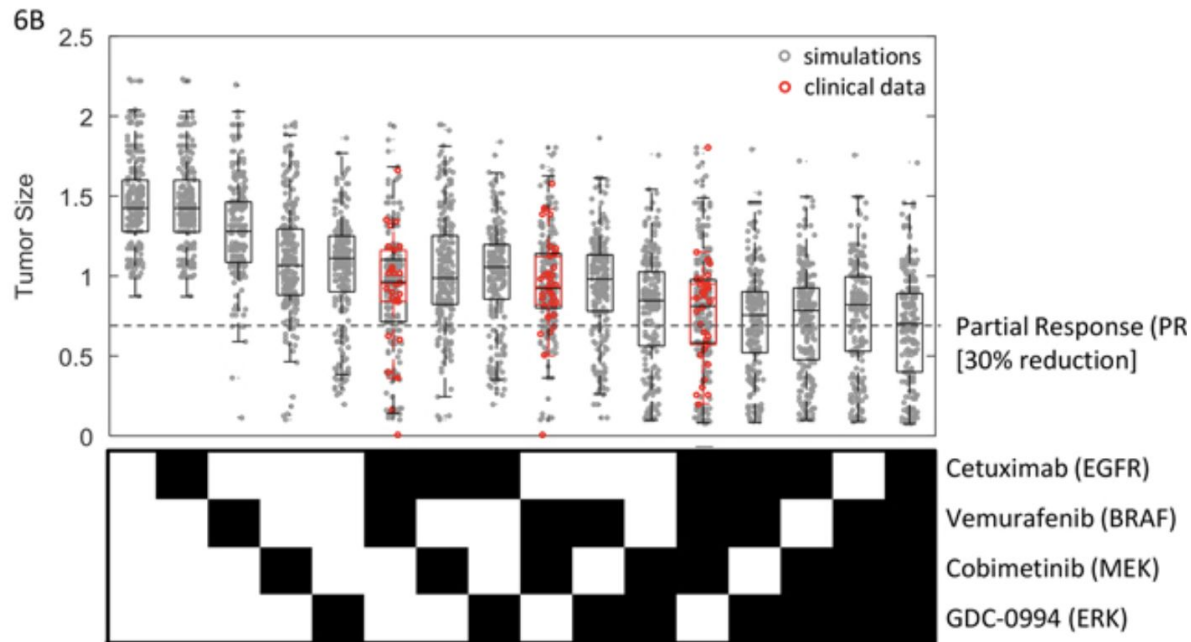
Adapted from Kirouac, Daniel C. et al., *npj Systems Biology and Applications* (2017) 14

understand model assumptions, independently reproduce simulations, and evaluate the quality

QSP Application - MAPK

- vemurafenib: BRAF inhibitor (selective for V600E mutant)
- cobimetinib: MEK inhibitor
- cetuximab: EGFR antibody
- GDC-0994: ERK inhibitor

```
sims <- mutate(sims, out =
parallel::mclapply(object, sim, Vp = vp, Mod =
mod) )
```



Adapted from Kirouac, Daniel C. *et al.*, *npj Systems Biology and Applications* (2017) 14

Adapted from Elmokadem, A. *et al.*, *CPT:PSP* (2019)

Resources

- NHANES <https://www.cdc.gov/nchs/nhanes/index.htm>
- ICRP <http://www.icrp.org/publication.asp?id=ICRP%20Publication%2089>
- Enzyme expression
https://www.jstage.jst.go.jp/article/dmpk/21/5/21_5_357/_article
- mrgsolve vignettes <https://mrgsolve.github.io/vignettes/>
- Open Systems Pharmacology (PK-Sim[®]/MoBi[®])
<http://www.systems-biology.com/products/pk-sim.html>

Acknowledgements

- Kyle T Baron
- Eric Jordie
- Mike Heathman
- Metrum Research Group leadership:
 - Marc Gastonguay
 - Bill Knebel
 - Matthew Riggs
 - Michelle Johnson
- Indiana University, School of Medicine and CTSI

Thank You