

Introduction: The compound S is currently in phase I of development. It has a low absorption due to a low solubility, a metabolic clearance via UDP-Glucuronosyltransferases (UGTs) and no renal clearance. In order to help drug development, to have information about elimination and to test UGTs function in SimCYP® a physiologically-based pharmacokinetic model has been developed.

Materials&Method

- First, absorption and distribution model were validated using an *in vivo* oral clearance CL_{po} , then enzyme intrinsic clearances were introduced.

- Software :** SimCYP® 11.01

- Compound S:**

Properties:

- Small molecule
- Very lipophilic
- Low solubility in water

In vitro data:

- Blood to plasma ratio : 0.55
- $f_u = 0.3\%$

- Absorption:** Compartmental Absorption and Transit (CAT) model with P_{eff} predicted by apparent permeability on Caco-2 cells.

- Distribution:** Full PBPK model
 - P_{tp} predicted by the method of Poulin and Theil
 - P_{tp} muscle increased (from 6 to 20)

- Elimination:**

- 1st model:** *In vivo* clearance $CL_{po} = 16388$ L/h (from clinical data)
- 2nd model:** Enzyme intrinsic clearances were introduced (CL_{int} for UGT1A1, UGT1A9, UGT1A4, CYP1A2, CYP2C8, CYP2C9, CYP3A4) from *in vitro* data.

- Simulation – Trial design:**

- Population Sim-Healthy Volunteers
- 18-45 years old males
- 10 trials of 10 subjects
- Single oral doses in fasted conditions

Discussion/Conclusion :

First elimination model needed physiological improvement with enzyme kinetics in order to be able to predict drug-drug interactions. Issues were encountered with UGTs in SimCYP®:

- Not all UGTs were present: UGT1A3 is replaced by UGT1A4 and an additional liver and intestine clearance corresponding to UGT1A7, UGT1A8 and UGT1A10 clearances were entered.

- UGTs abundances are missing (some were found in literature) and $rUGTs$ scalars factors neither (need to be adapted by sensitivity analysis).

In conclusion, this 2nd model described well the data but presents some weaknesses: the increase of P_{tp} muscle is arbitrary, UGTs abundances and UGTs scalars need to be validated by clinical data and f_m (determined by sensitivity analysis) need to be validated by DDI clinical results.

Results

- 1st model: Validation of absorption and distribution**

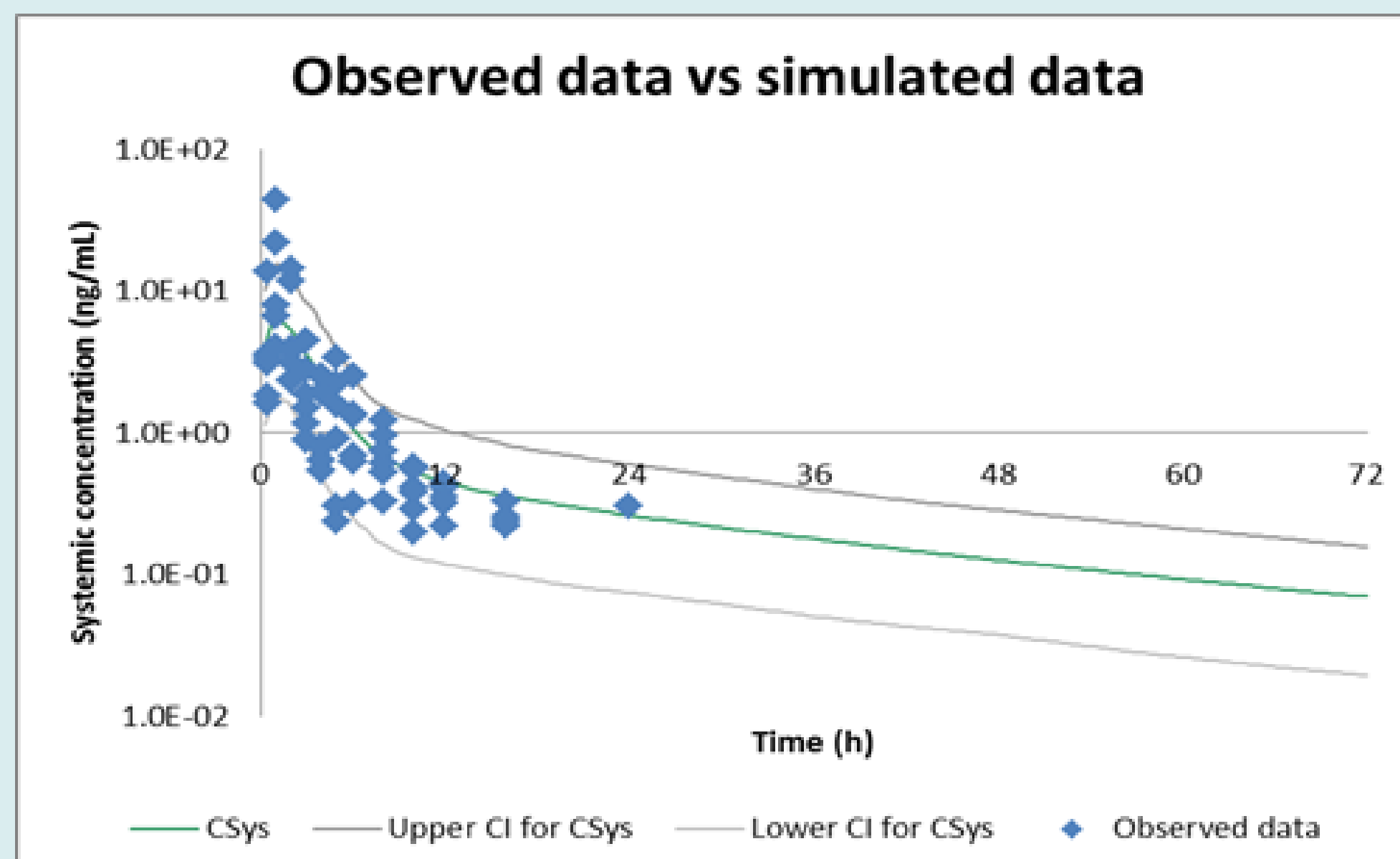


Figure 1 : Median +/- 90% CI plasma concentration-time profiles predicted by SimCYP (green line) vs. observed blood data (blue dots) after single oral administration of X mg of compounds S

→ a 2nd model is needed for a more physiological description of the elimination

- 2nd model: Elimination with enzyme clearances**

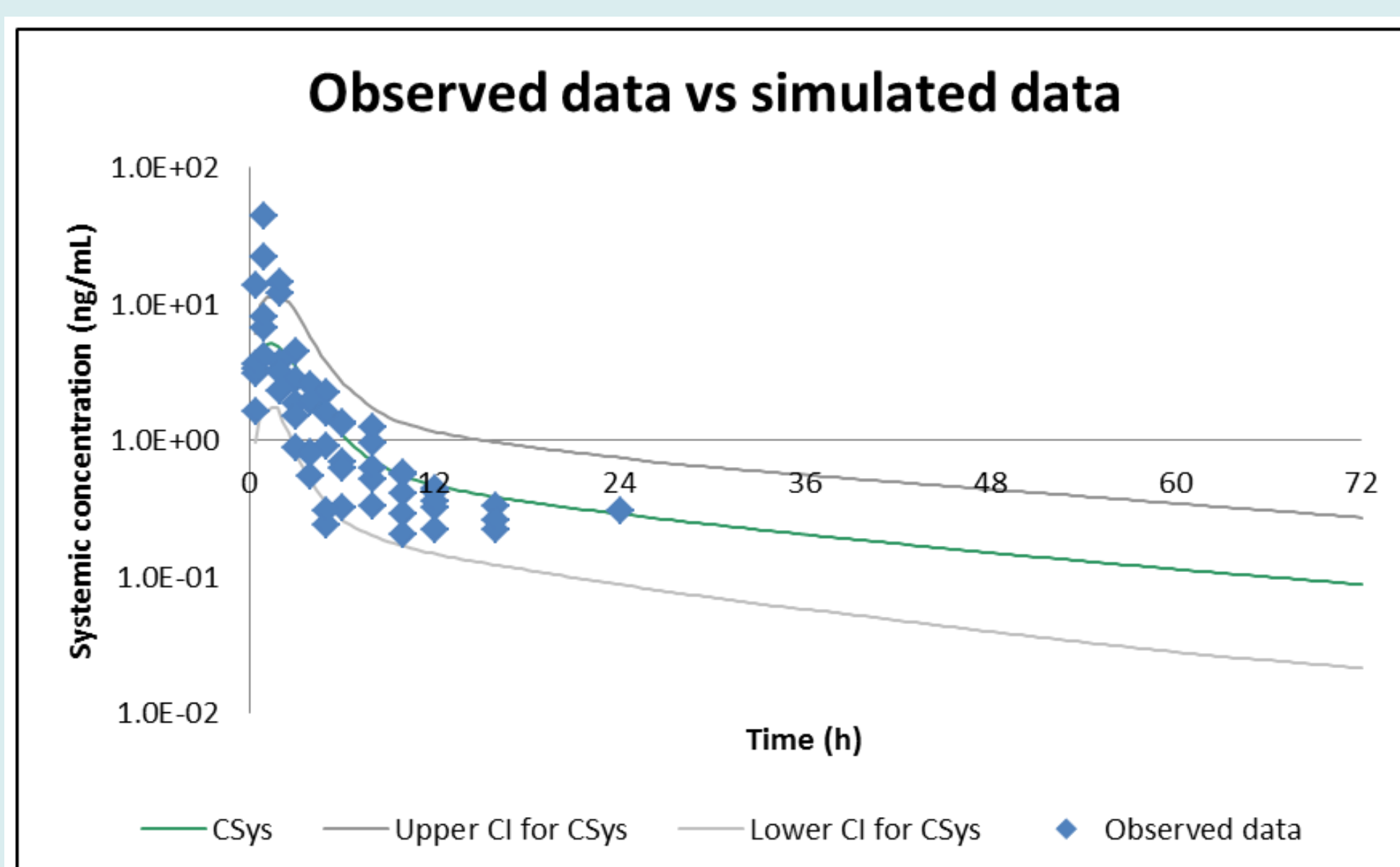


Figure 2 : Median +/- 90% CI plasma concentration-time profiles predicted by SimCYP (green line) vs. observed blood data (blue dots) after single oral administration of X mg of compounds S

PK parameters	Simulation 2 nd model Dose = X mg (n=100)	Observed data Dose = X mg (n=6)
AUC (ng/mL.h)	34 (29)	36 (23)
C_{max} (ng/mL)	5.2 (4.7)	15 (7.3)
t_{max} (h)	1.30	1.00
CL_{po} (L/h)	14977 (12526)	16065 (14310)

Table 1 : Comparison of AUC, C_{max} , t_{max} and CL_{po} . Data expressed as mean (median) except t_{max} as median.

- Model evaluation : repeated doses**

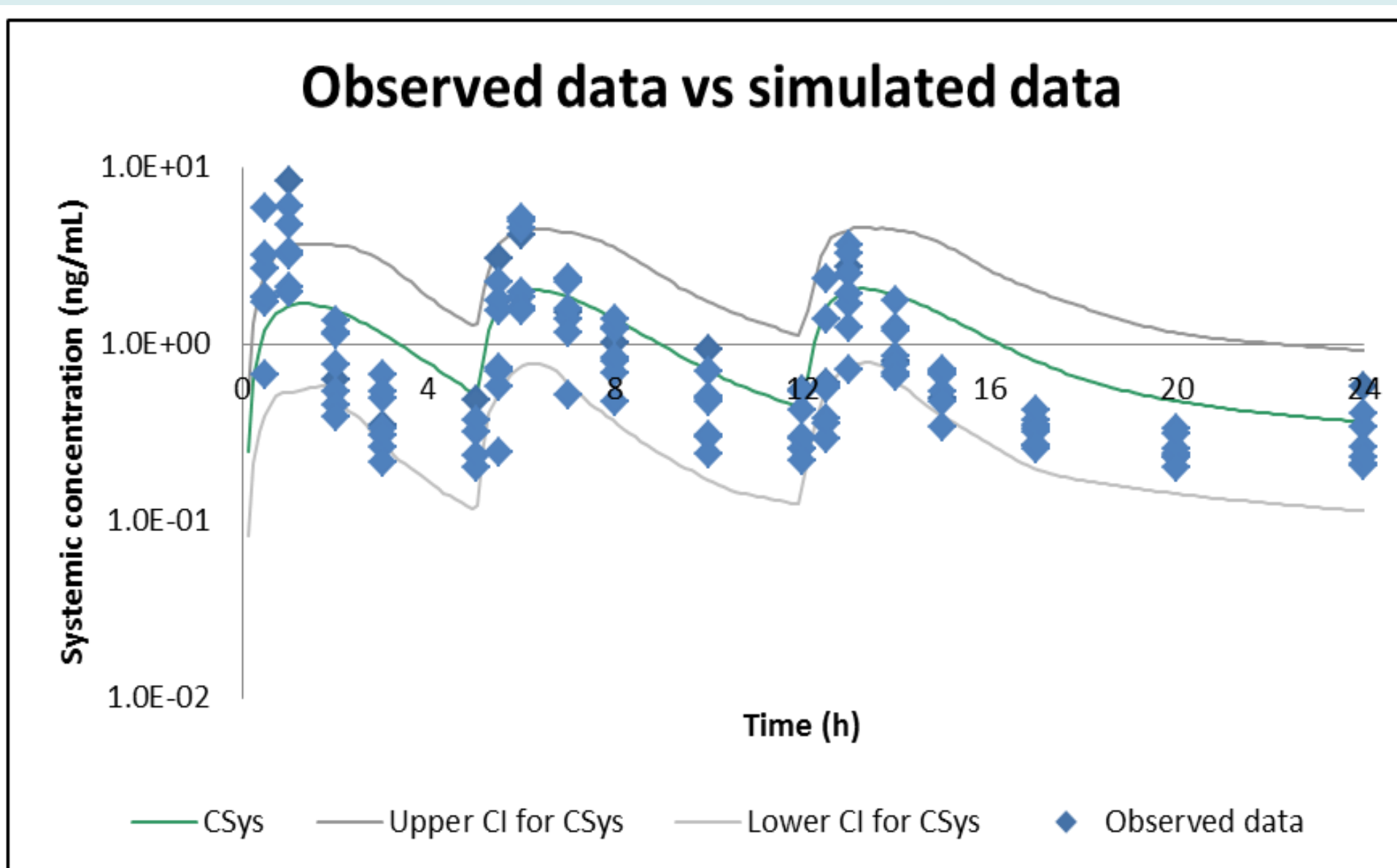


Figure 3 : Median +/- 90% CI plasma concentration-time profiles predicted by SimCYP (green line) vs. observed blood data (blue dots) after repeated oral administration of X mg of compounds S

- Observed data are well described by the model.
- Absorption is well described by the CAT model despite a slight underestimation of the observed C_{max} .
- Distribution is well described by the full PBPK model. The increase of P_{tp} muscle allows to better describe the sudden decrease of concentration after C_{max} .
- Elimination is well described by introducing CL_{po} from clinical data. There is no physiological basis.

- CYPs: CYP1A2, CYP2C8, CYP2C9, CYP3A4 CL_{int} were entered.
- UGTs: Compound S is metabolized by UGT1A1, UGT1A3, UGT1A7, UGT1A8 UGT1A9 and UGT1A10

Issue : UGT1A3, UGT1A7, UGT1A8 and UGT1A10 are not available in SimCYP®.

→ UGT1A3 and UGT1A4 have a high nucleic acid sequence homology. UGT1A4 used instead of UGT1A3.

→ Additional clearance in liver and intestine corresponding to UGT1A7, UGT1A8 and UGT1A10 clearances were added.

Issue : liver UGT abundance are not available in SimCYP®

→ Liver abundance of UGT1A1, UGT1A9, UGT1A4 were found in literature¹.

→ Observed data are well described by the model. Enzyme kinetics function well captured the elimination model.

- Observed data are well described by the model after repeated oral doses.
- A slight underestimation of the 1st C_{max} is observed.