

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

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

YM Tan<sup>1</sup>, RR Worley<sup>2</sup>, JA Leonard<sup>3</sup>, and JW Fisher<sup>4</sup>

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<sup>2</sup>Agency for Toxic Substances and Disease Registry, Atlanta, Georgia 30341.

<sup>3</sup>Oak Ridge Institute for Science and Education, Oak Ridge, Tennessee 37830.

<sup>4</sup>National 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

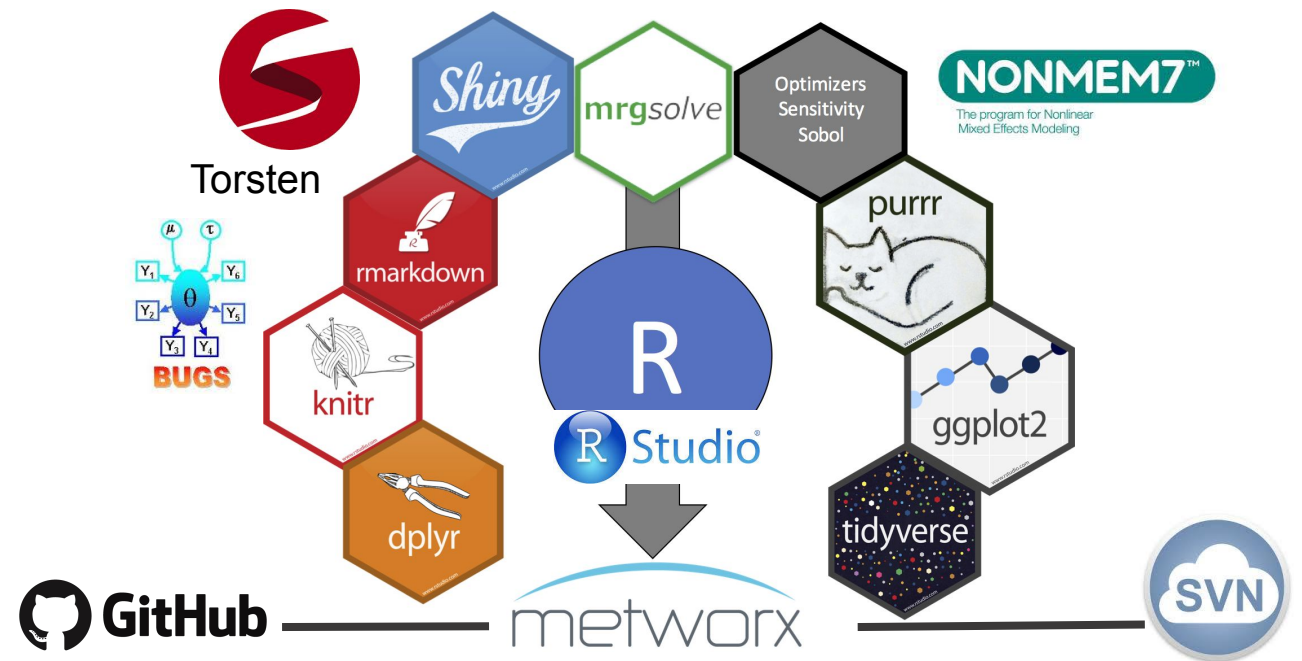
Ahmed Elmokadem, Matthew M Riggs, Kyle T Baron 

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

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

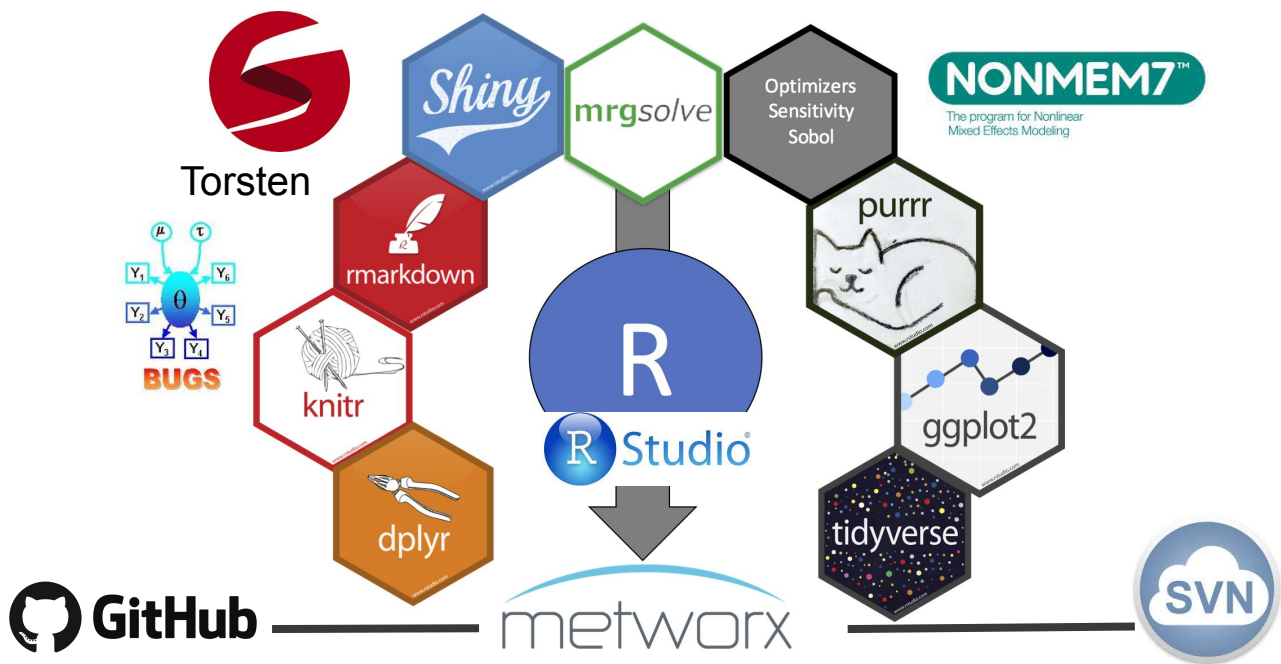
# Why R?

- 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

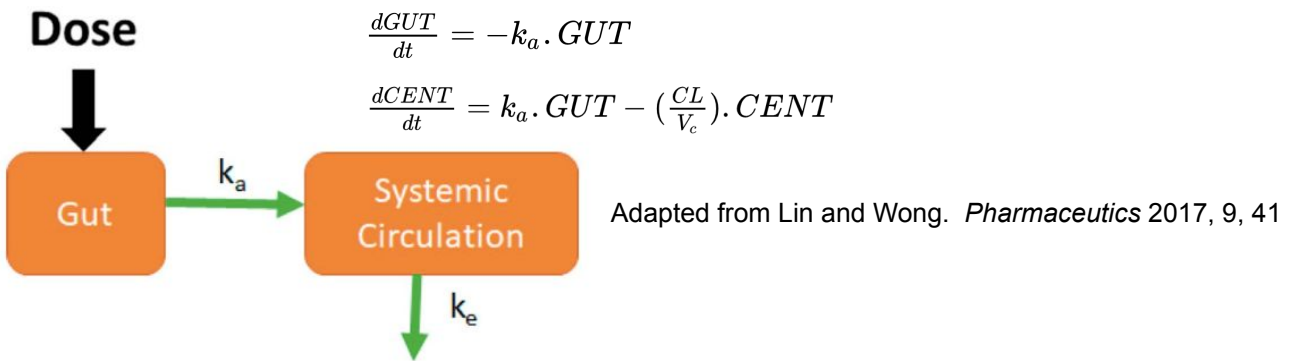


# Why mrgsolve in R?

- 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)
```

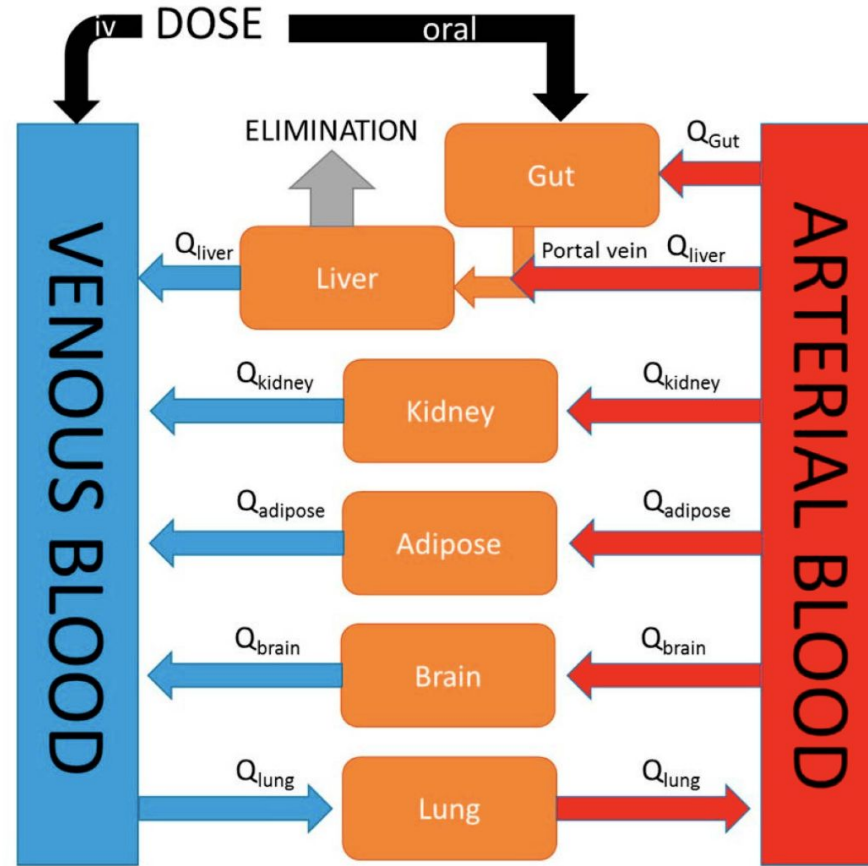
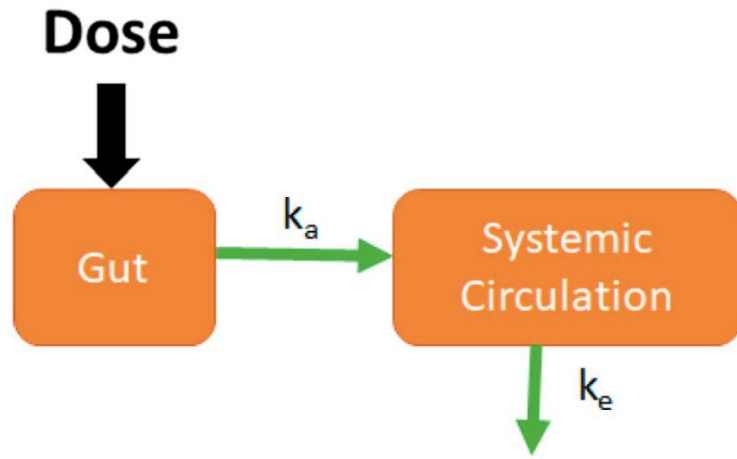
**Output**

```
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	0.4746056
4	1	0.2	81.87308	0.9016794
5	1	0.3	74.08182	1.2857564
6	1	0.4	67.03200	1.6309401

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, 9, 41

# Why Develop a PBPK Model?

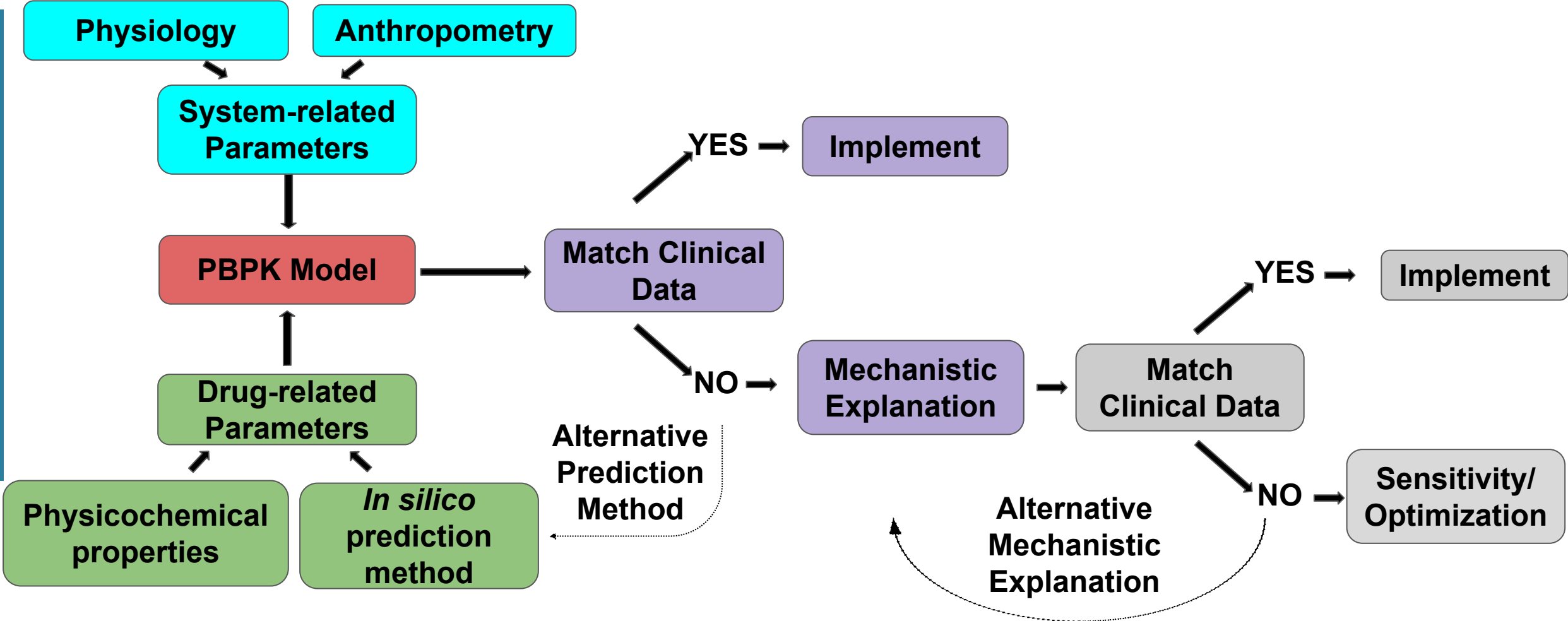
- Mechanistic approach to explaining PK
  - Integrating *in-vitro* data (metabolism, permeability)
  - *a priori* predictions
  - Confirm/refine with experimental data
  - Exposure predictions in different tissues or organs (skin, eyes, lungs, brain, etc..)
- First principles -> Bottom-up approach ->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



# When to Develop a PBPK Model?

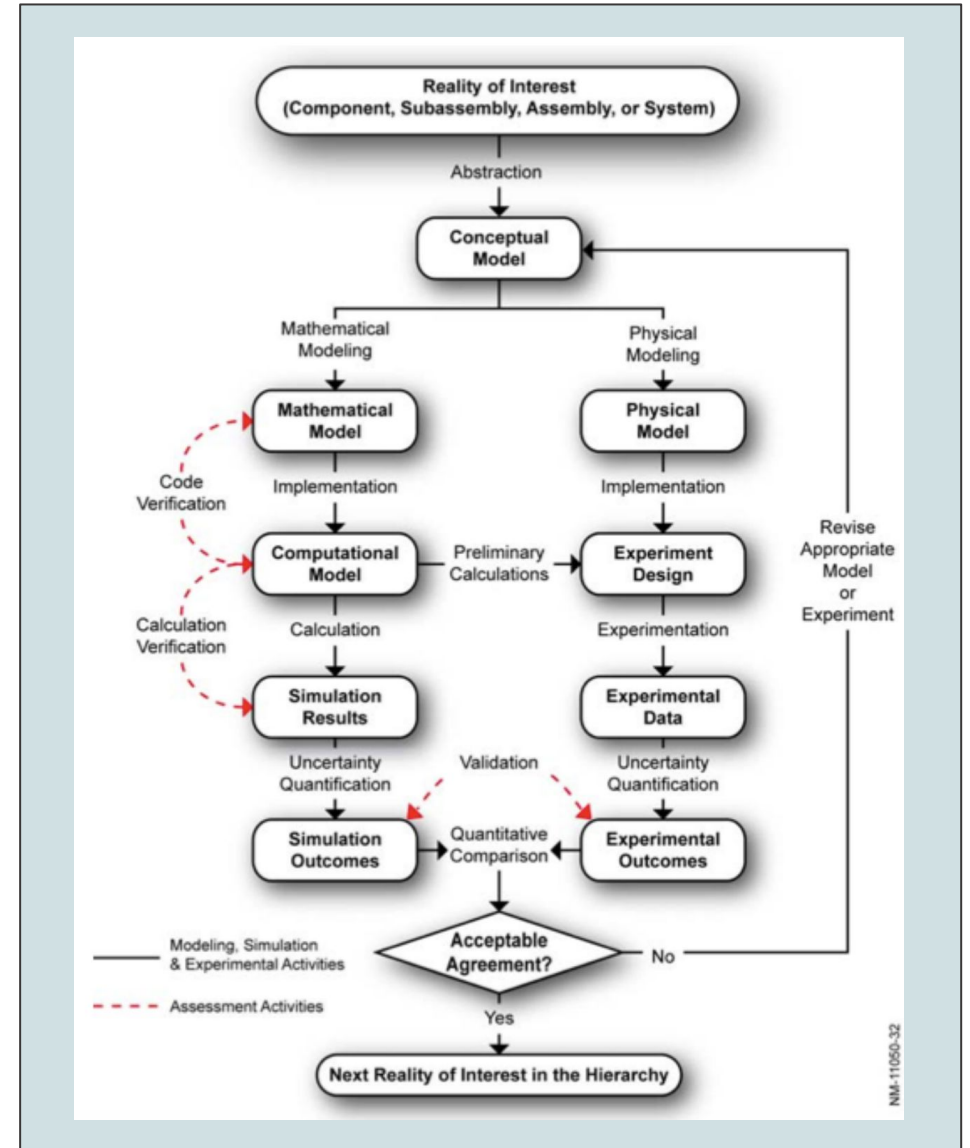
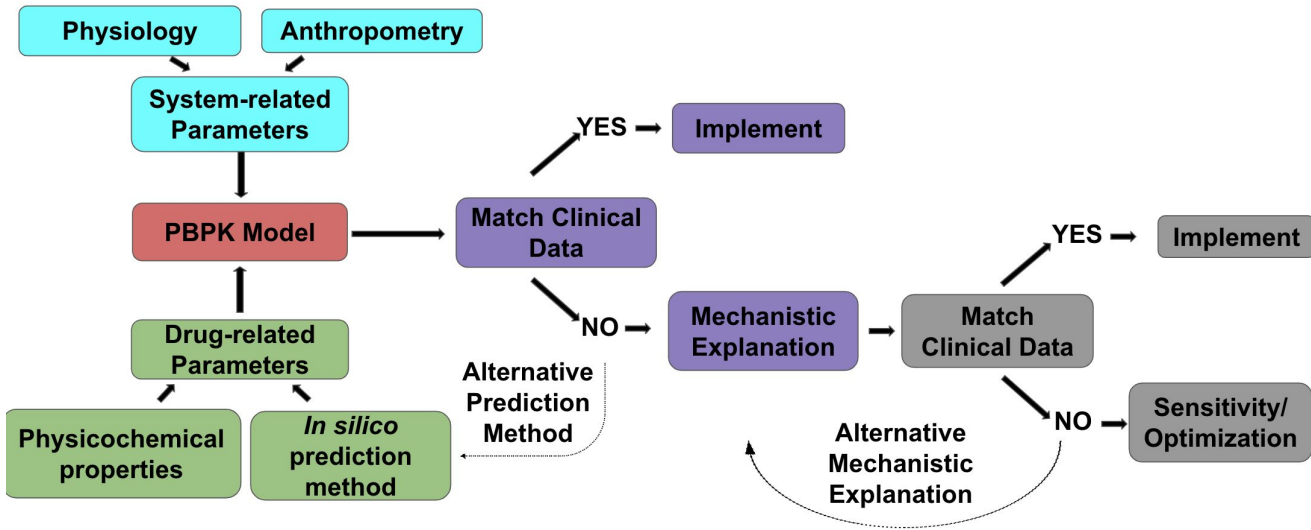
- Special populations
  - pregnant woman/fetus
  - pediatrics
  - rare diseases
- Environmental toxicology
- Translational studies
- Drug-drug interactions
- Drug absorption characterization
  - oral
  - topical
  - nasal/inhalation
  - alternative routes

# PBPK Workflow



# PBPK Workflow

Aligns well with ASME V&V credibility workflow →



# PBPK Application - Voriconazole

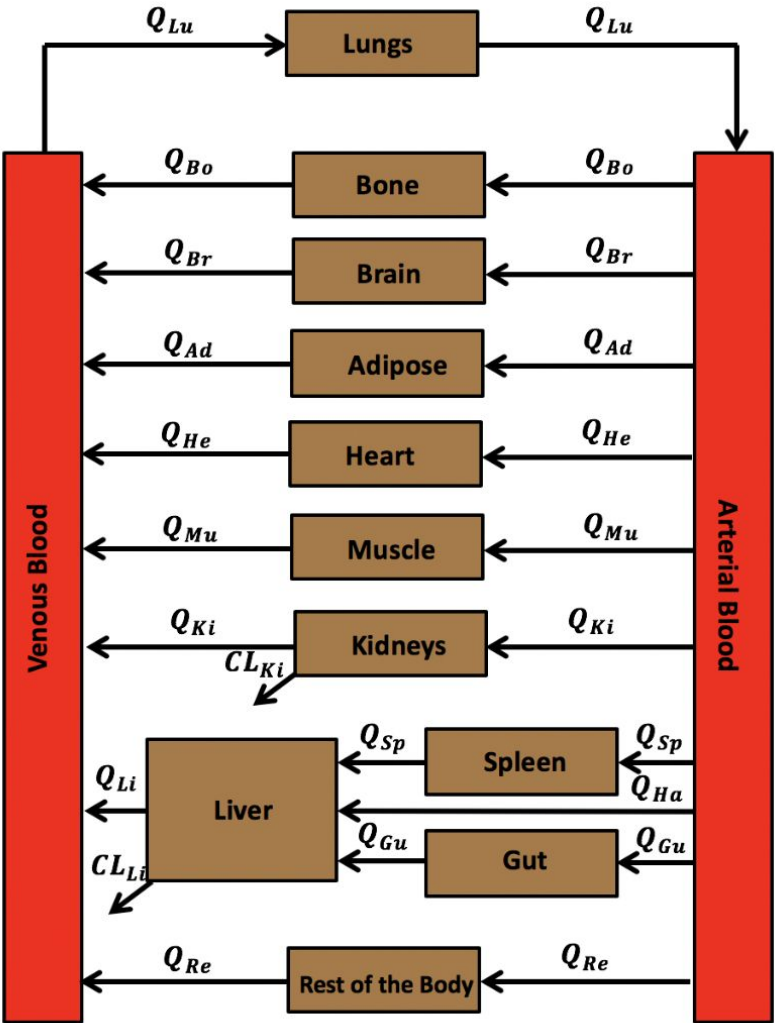
Clin Pharmacokinet (2014) 53:1171–1182  
DOI 10.1007/s40262-014-0181-y

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)

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

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

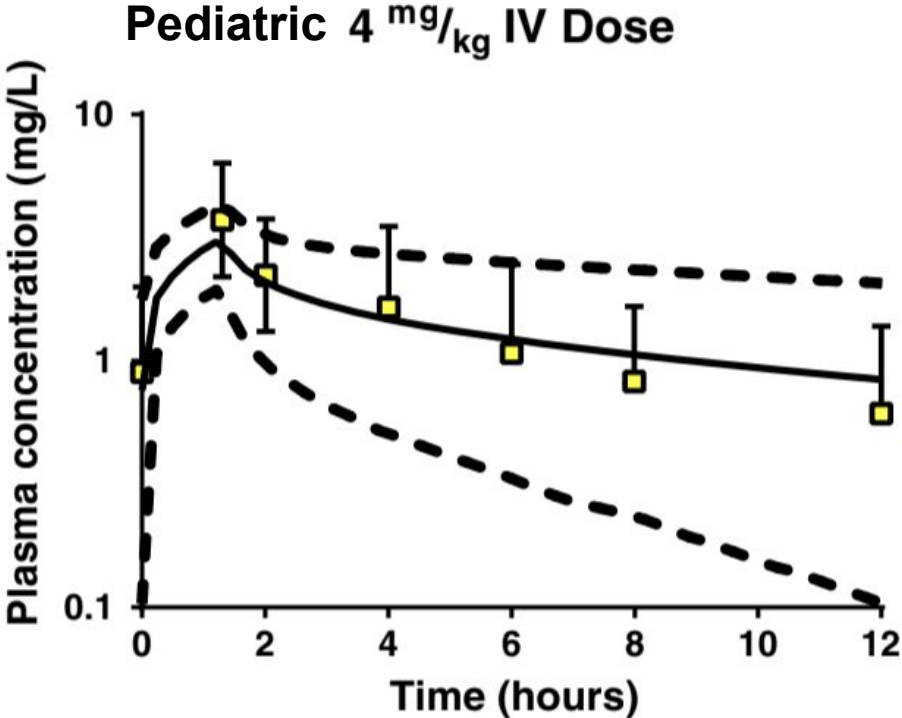
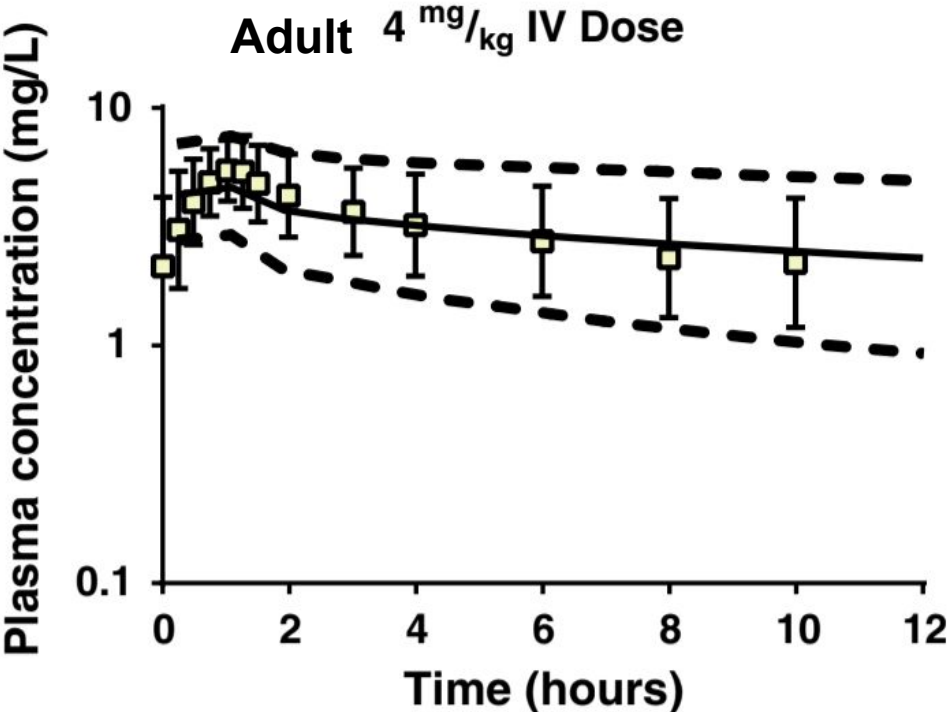
$$\frac{dA_A}{dt} = Q_{Lu} \left( \frac{C_{Lu}}{\frac{K_{pLu}}{BP}} - C_A \right)$$

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

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

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

# PBPK Application - Voriconazole



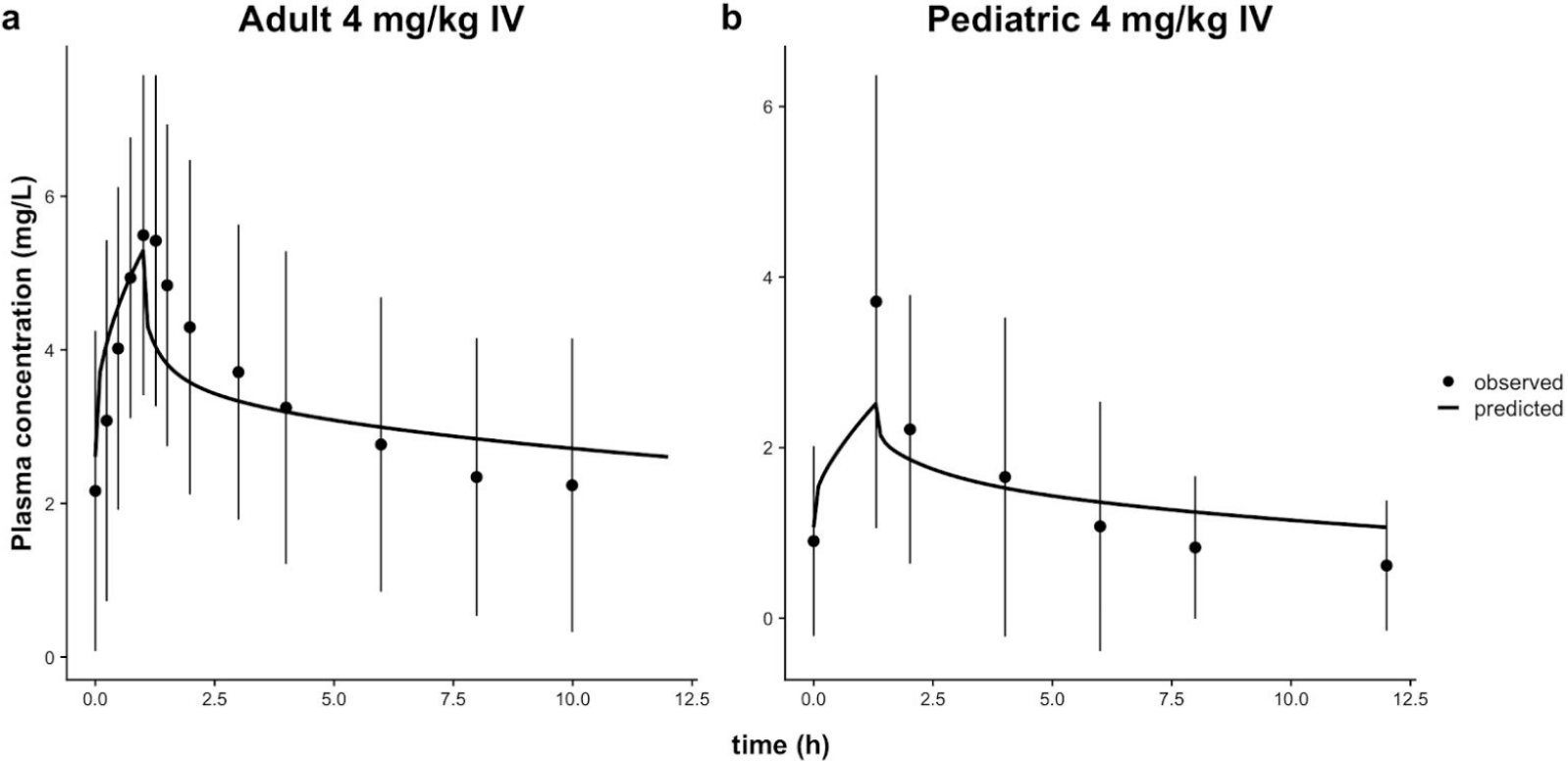
Adapted from Zane and Thakker, *Clin Pharmacokinet* (2014) 53:1171–1182

- (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

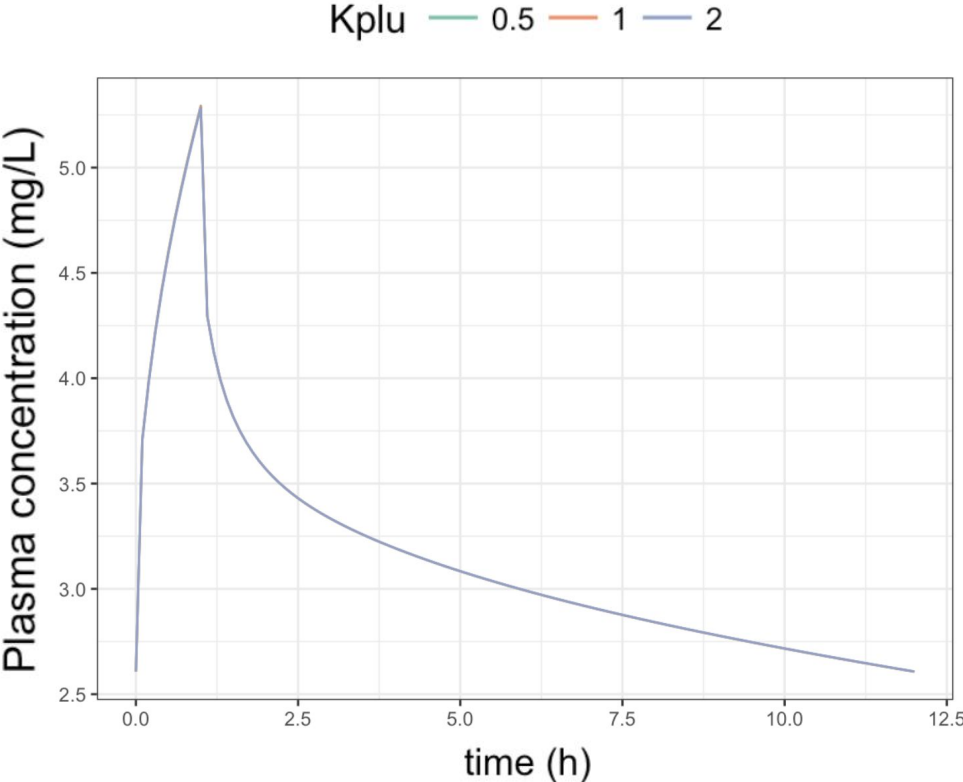
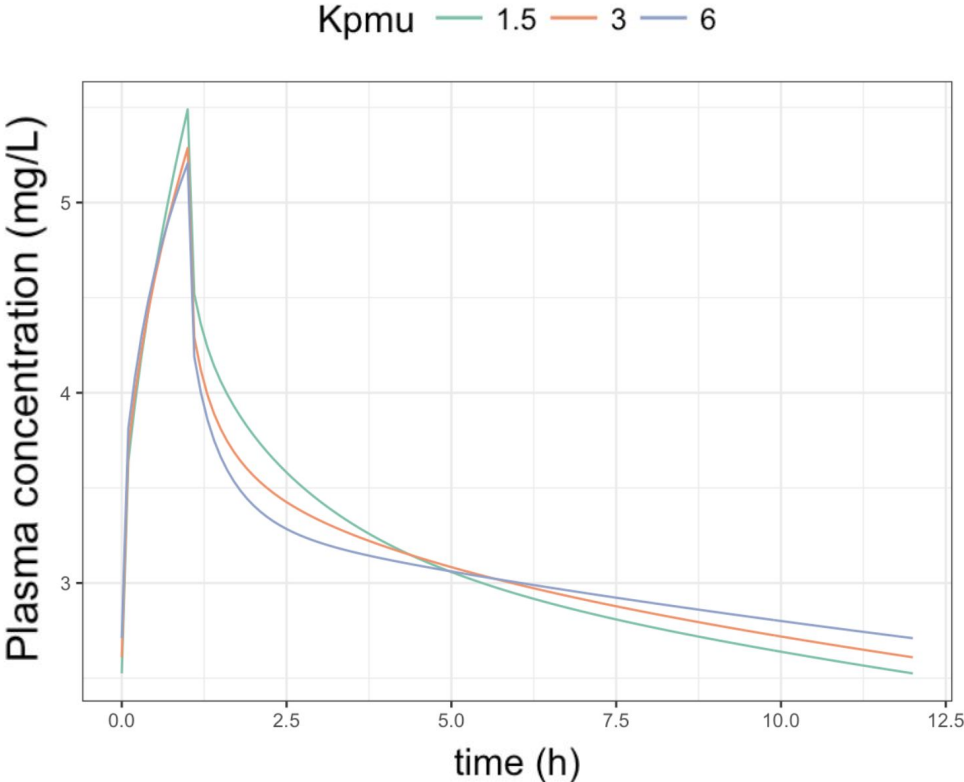


Adapted from Elmokadem, A. et al., CPT:PSP (2019)

# PBPK Application - Voriconazole

Run sensitivity analysis to find most influential parameters:

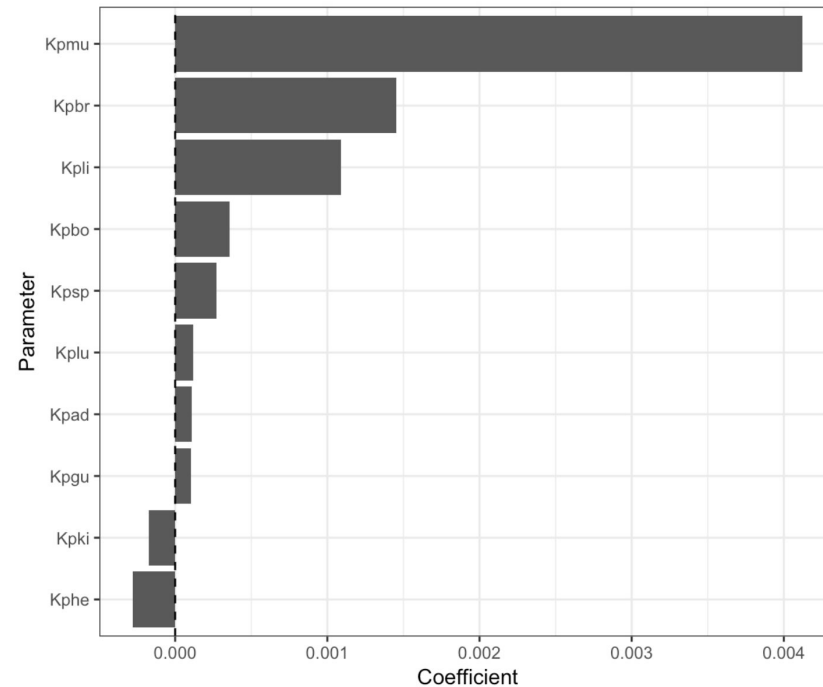
- Graphical. Vignette: <https://mrgsolve.github.io/docs/reference/knobs.html>





- **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](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](https://github.com/metrumresearchgroup/pbpk-qsp-mrgsolve/blob/master/docs/global_sensitivity_analysis.md)**

# PBPK Application - Voriconazole

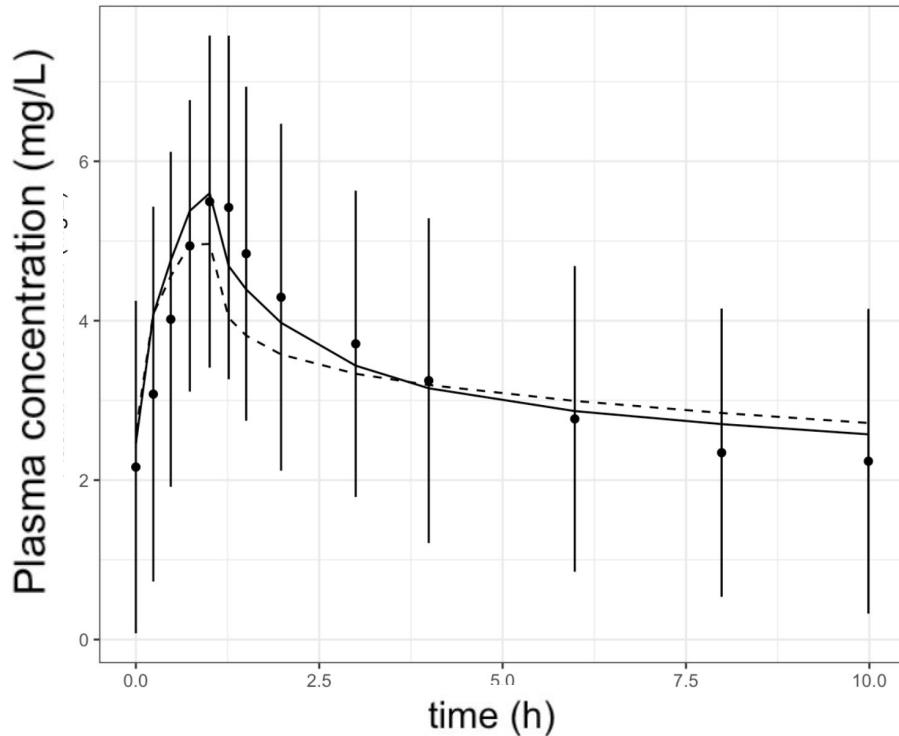
Optimize for most influential parameters

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

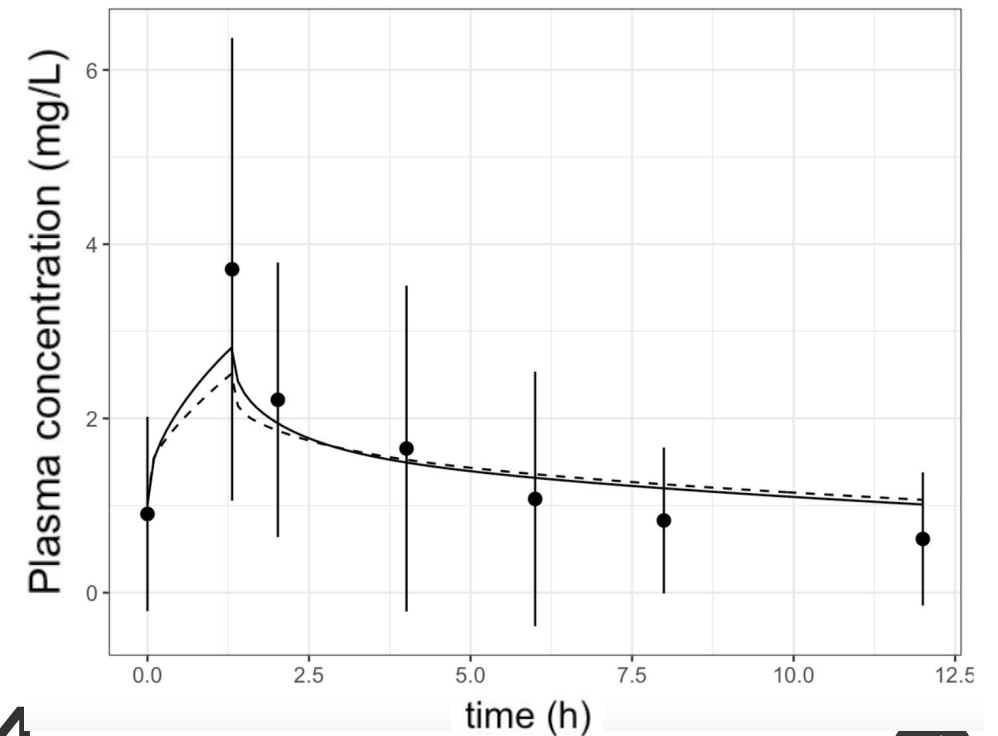
Vignette:

[https://github.com/metrumresearchgroup/pbpbk-qsp-mrgsolve/blob/master/docs/oatp\\_ddi\\_optimization.md](https://github.com/metrumresearchgroup/pbpbk-qsp-mrgsolve/blob/master/docs/oatp_ddi_optimization.md)

Adult 4 mg/kg IV



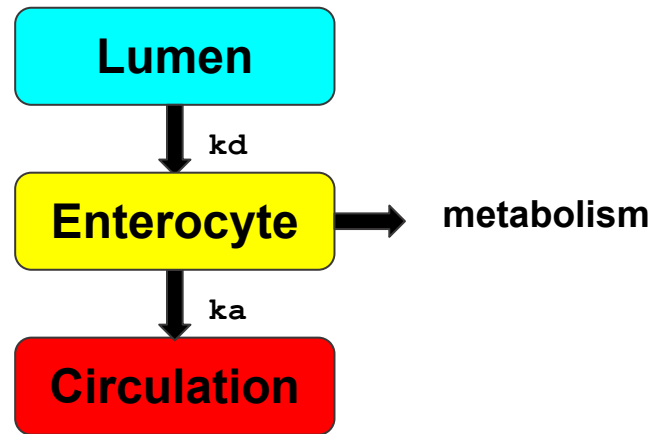
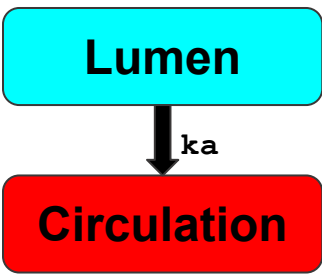
Pediatric 4 mg/kg IV



# 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

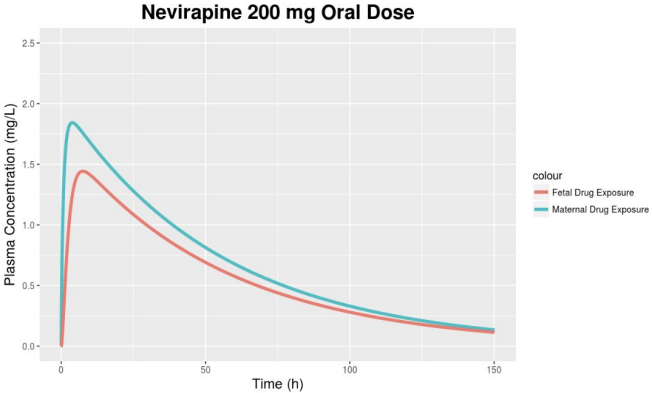
Optimized Parameters?

**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

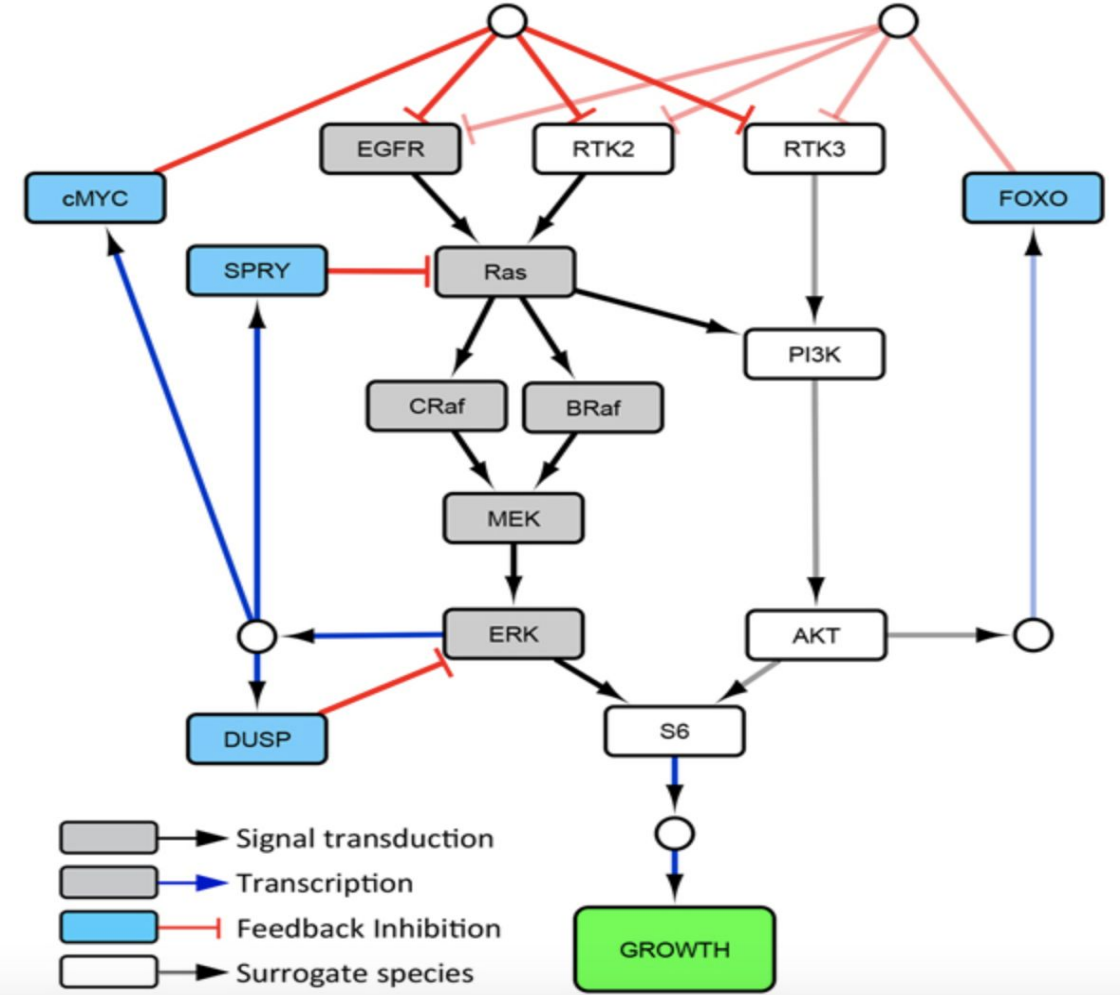
Article | [Open Access](#) | Published: 02 June 2017

## **Clinical responses to ERK inhibition in BRAF<sup>V600E</sup>-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



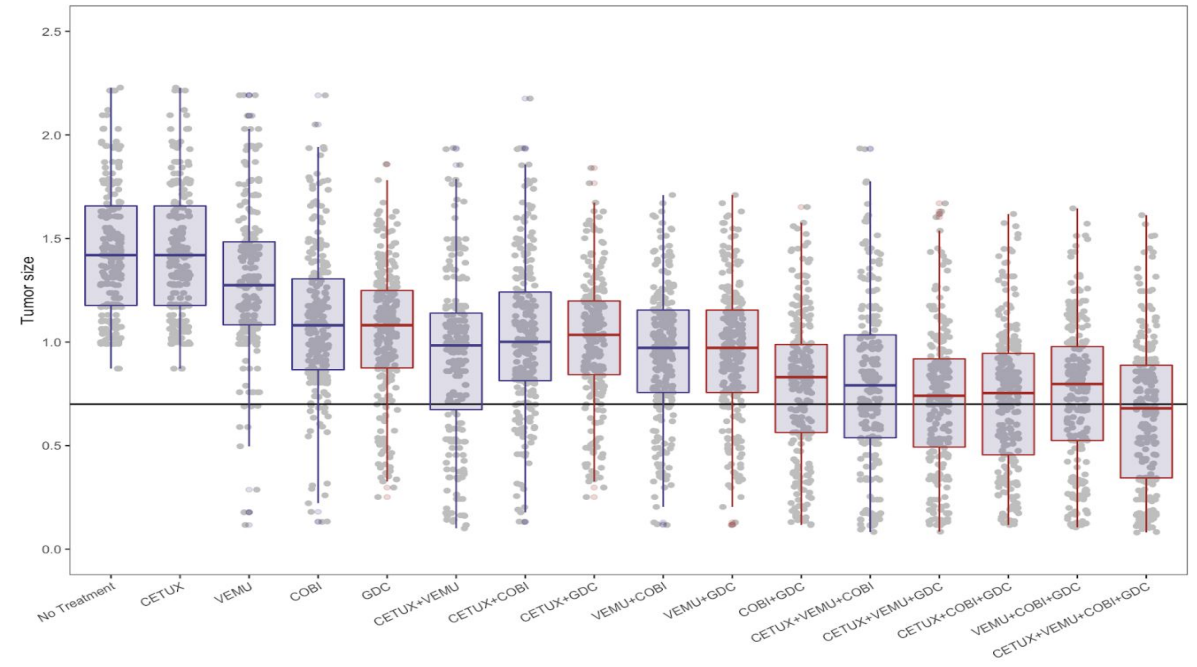
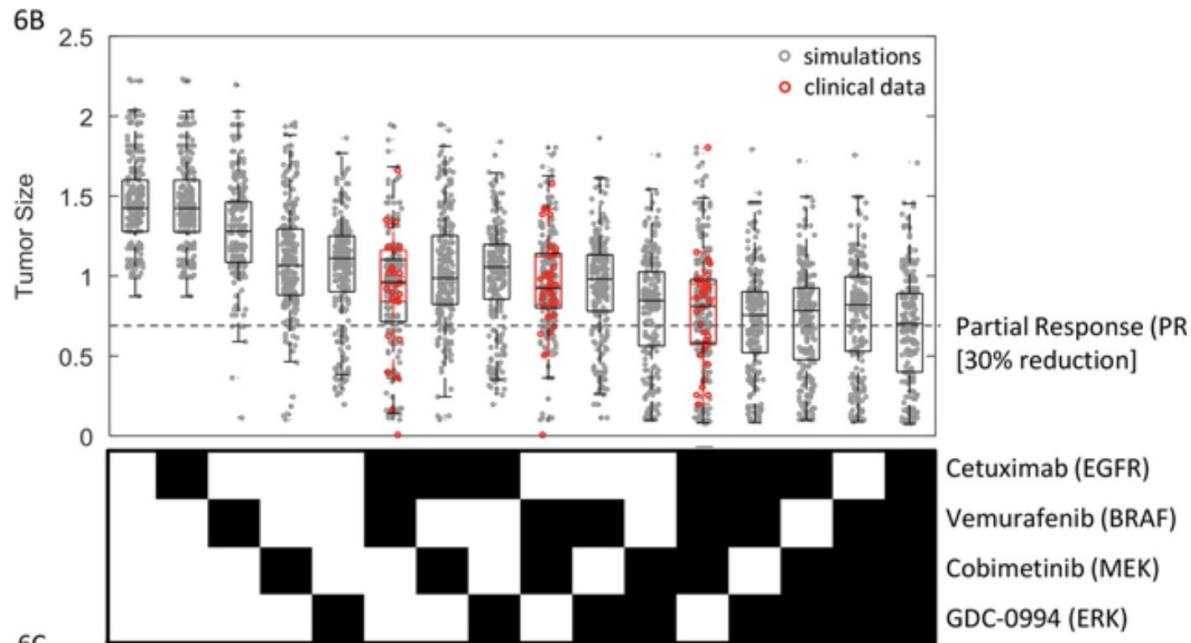
Adapted from Kirouac, Daniel C. et al., *npj Systems Biology and Applications* (2017) 14

*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](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<sup>®</sup>/MoBi<sup>®</sup>)  
<http://www.systems-biology.com/products/pk-sim.html>
- mrgsolve tutorial  
<https://github.com/metrumresearchgroup/cptpsp-tutorial-2019>



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  - Michelle Johnson
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