



UPPSALA  
UNIVERSITET

# A flexible approach to modeling variable absorption in the context of repeated dosing: illustrated with rifampicin



**Justin J Wilkins<sup>1,2</sup>, Radojka M Savić<sup>1</sup>, Mats O Karlsson<sup>1</sup>,  
Grant Langdon<sup>2</sup>, Helen McIlleron<sup>2</sup>, Goonaseelan (Colin) Pillai<sup>3</sup>,  
Peter J Smith<sup>2</sup> and Ulrika S H Simonsson<sup>1</sup>**

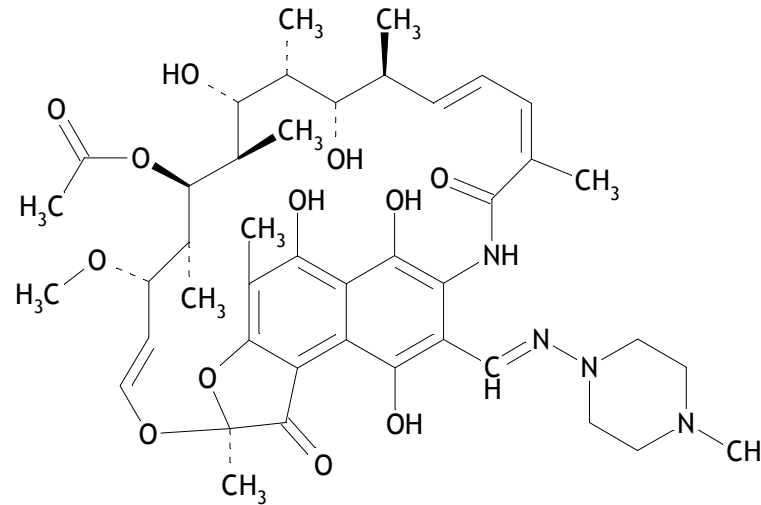
**(1) Division of Pharmacokinetics and Drug Therapy, Department of Pharmaceutical Biosciences,  
Uppsala University, Sweden**

**(2) Division of Clinical Pharmacology, Department of Medicine, University of Cape Town, South Africa**

**(3) Modeling & Simulation, Clinical Development & Medical Affairs, Novartis Pharma AG, Basel,  
Switzerland**



# Rifampicin



- Rifampicin (rifampin, RIF) is a **key element** of combination tuberculosis chemotherapy
- Administered as first-line treatment in combination with **isoniazid** and **pyrazinamide** in both intensive and continuation phases of treatment (6-8 months)

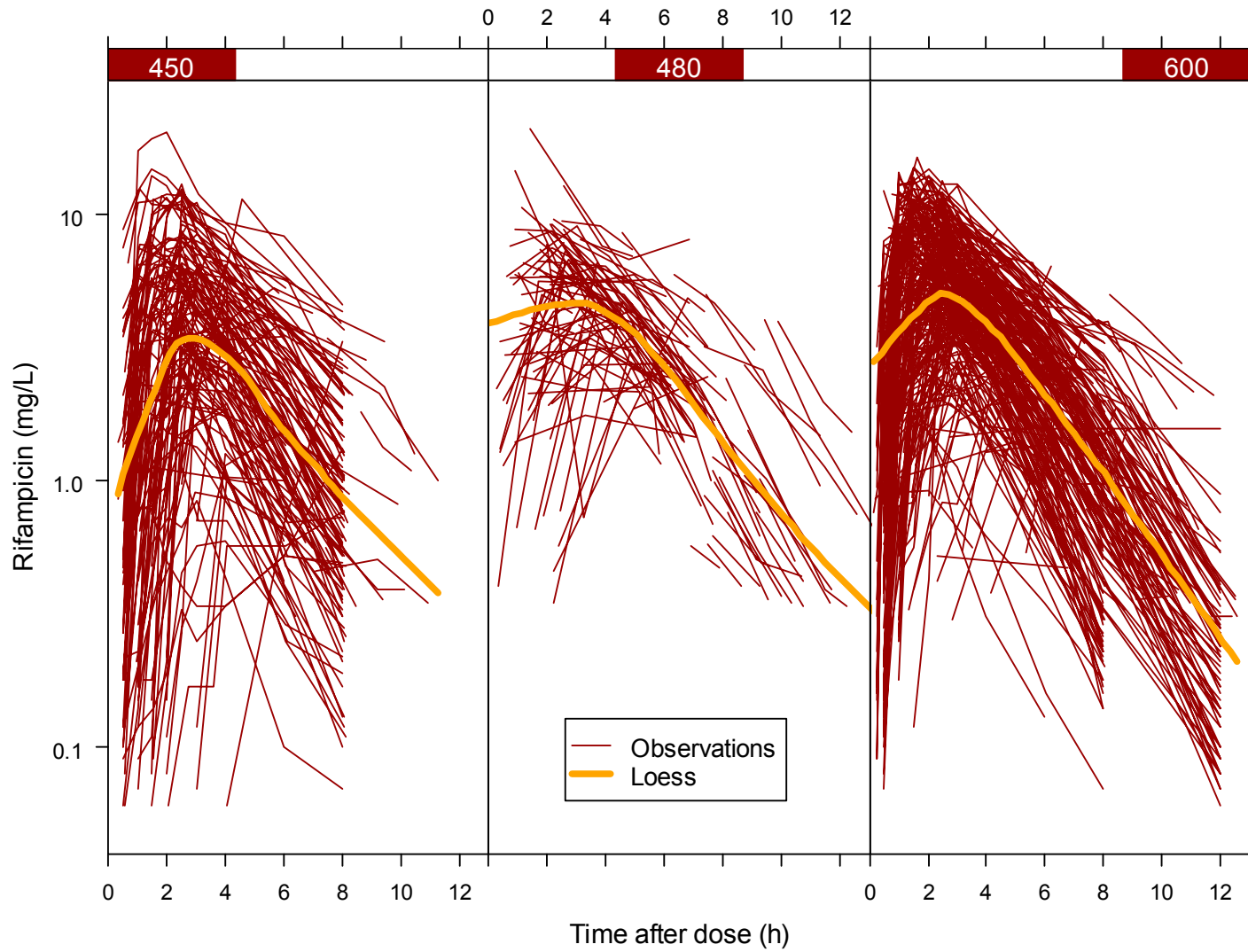


# Data

- **Pooled** dataset
  - 3 PK studies
  - 2 913 concentration-time observations
  - Multiple dosing (450 – 600 mg) and sampling occasions
  - $n=261$  South African pulmonary tuberculosis patients
- **Combination:**
  - Rich data, fixed sampling times
  - Sparse data, within sampling time windows
- **Noisy**

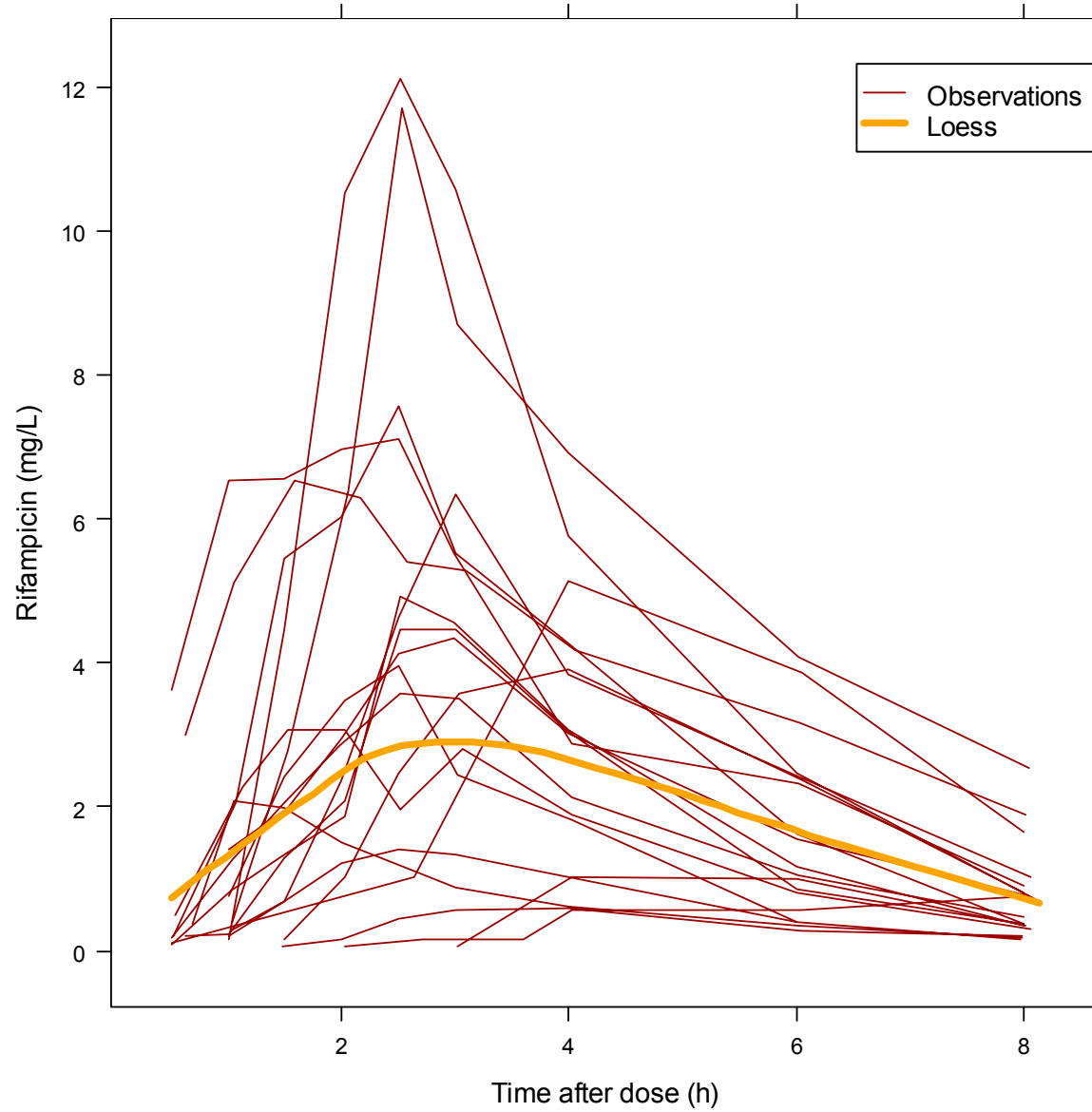


# Data





# Data





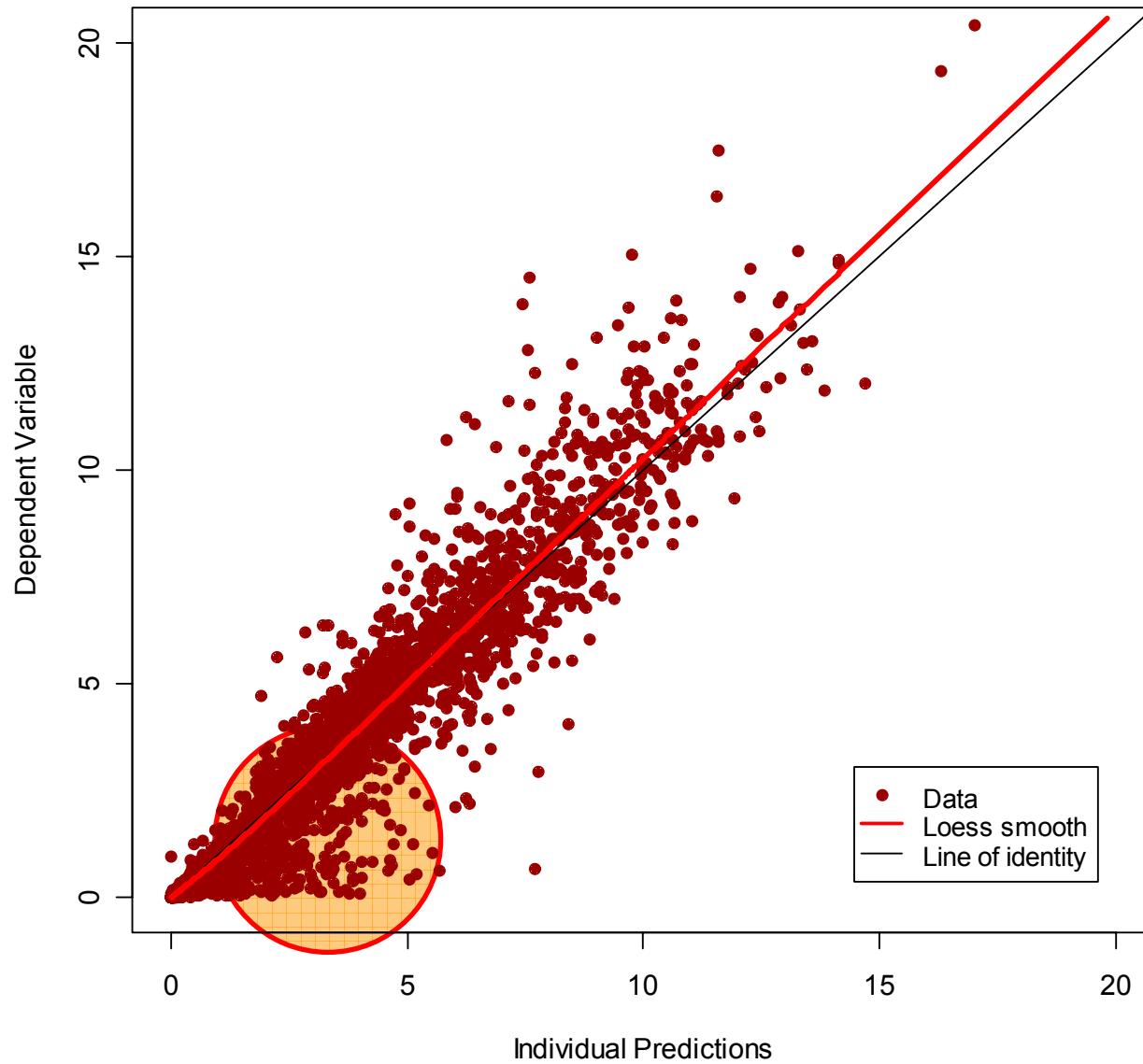
## The issue...

- Comparatively large numbers of individuals in the dataset apparently experiencing **delayed or incomplete absorption**
- **Not explained** by available covariates
- Mouth checks carried out after drug administration in all cases
- No concomitant food
- Severely ill patients in some cases



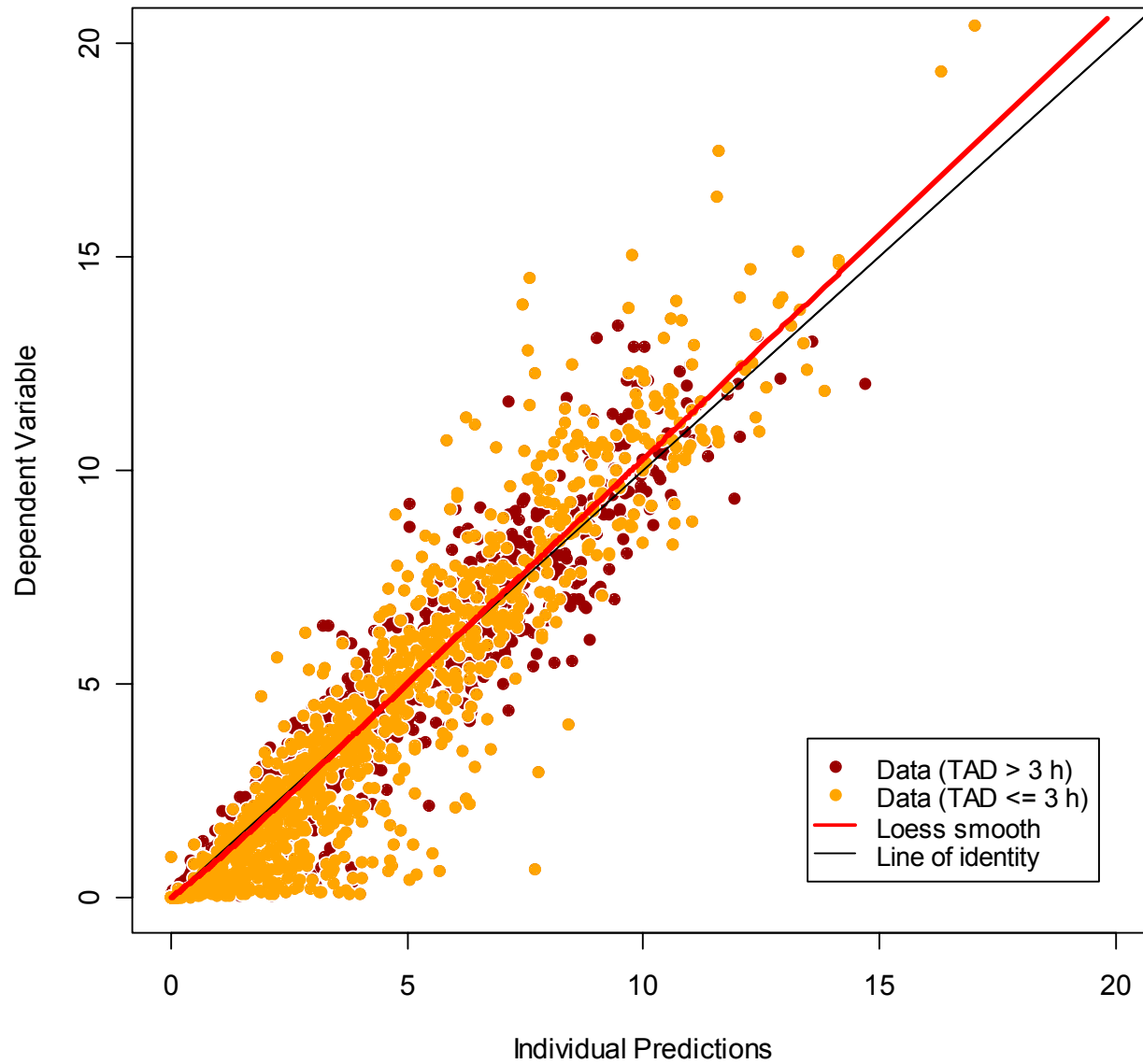
UPPSALA  
UNIVERSITET

# Best model fit prior to transit model...





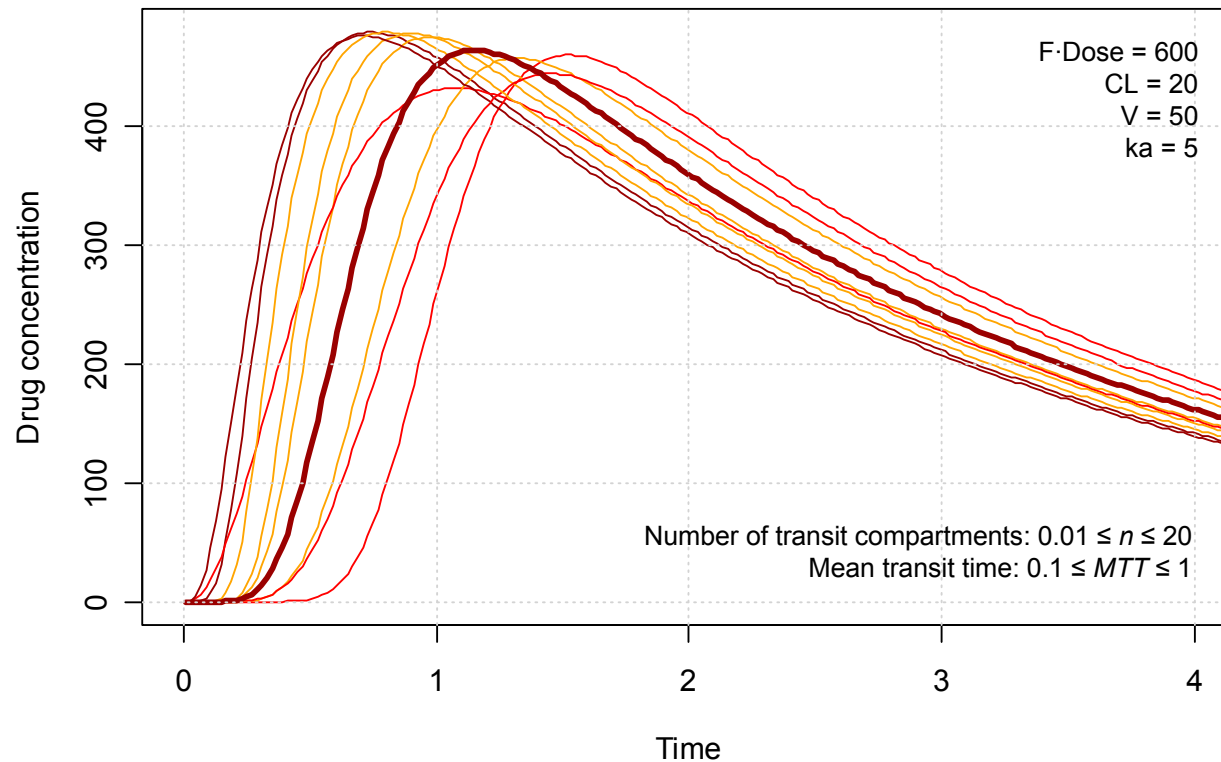
# Best model fit prior to transit model...







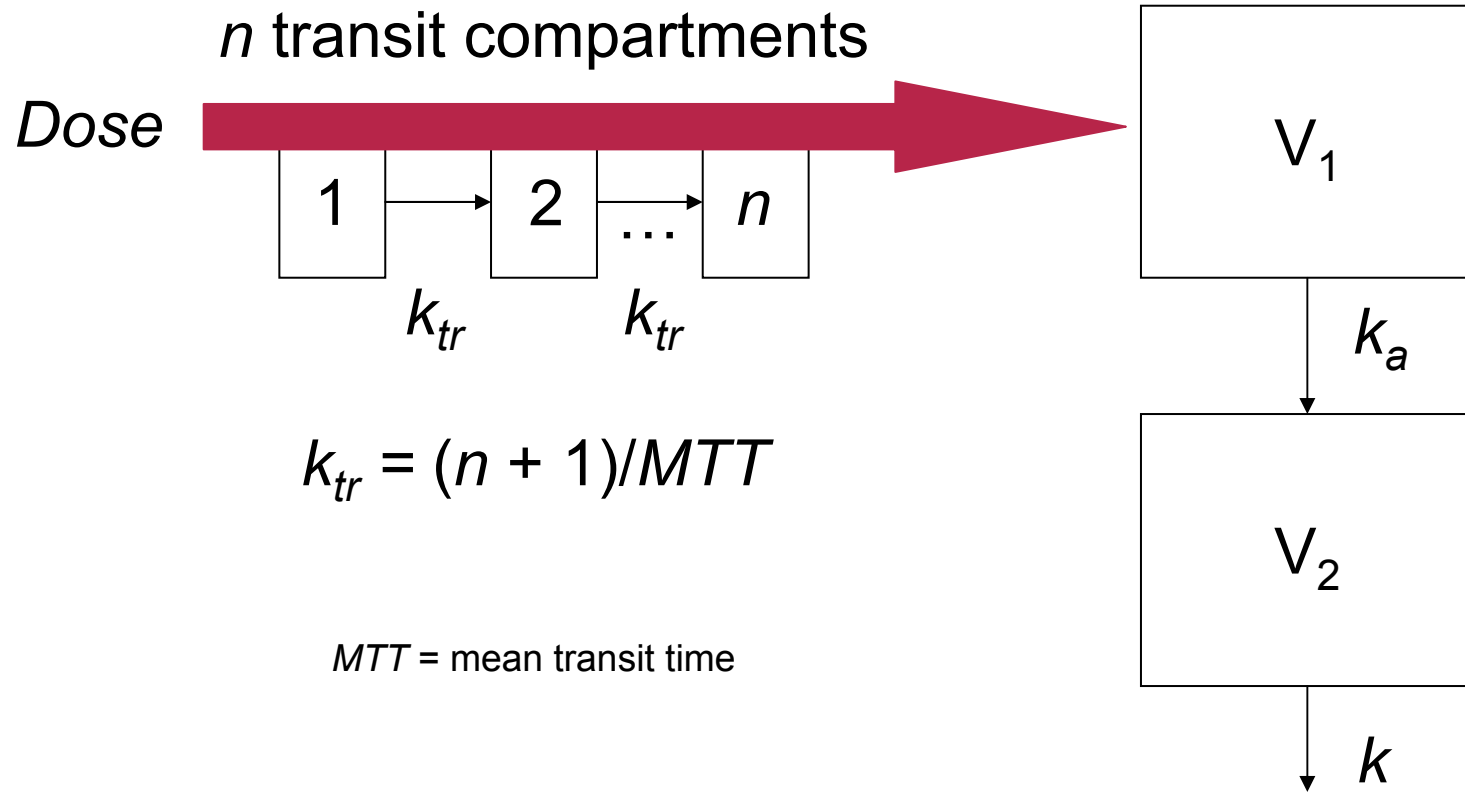
# So what about the transit model (TCAM)?



Savic R, Jonker DM, Kerbusch T, Karlsson MO. **Evaluation of a transit compartment model versus a lag time model for describing drug absorption delay.** PAGE 13 (2004) Abstr 513 [www.page-meeting.org/?abstract=513]

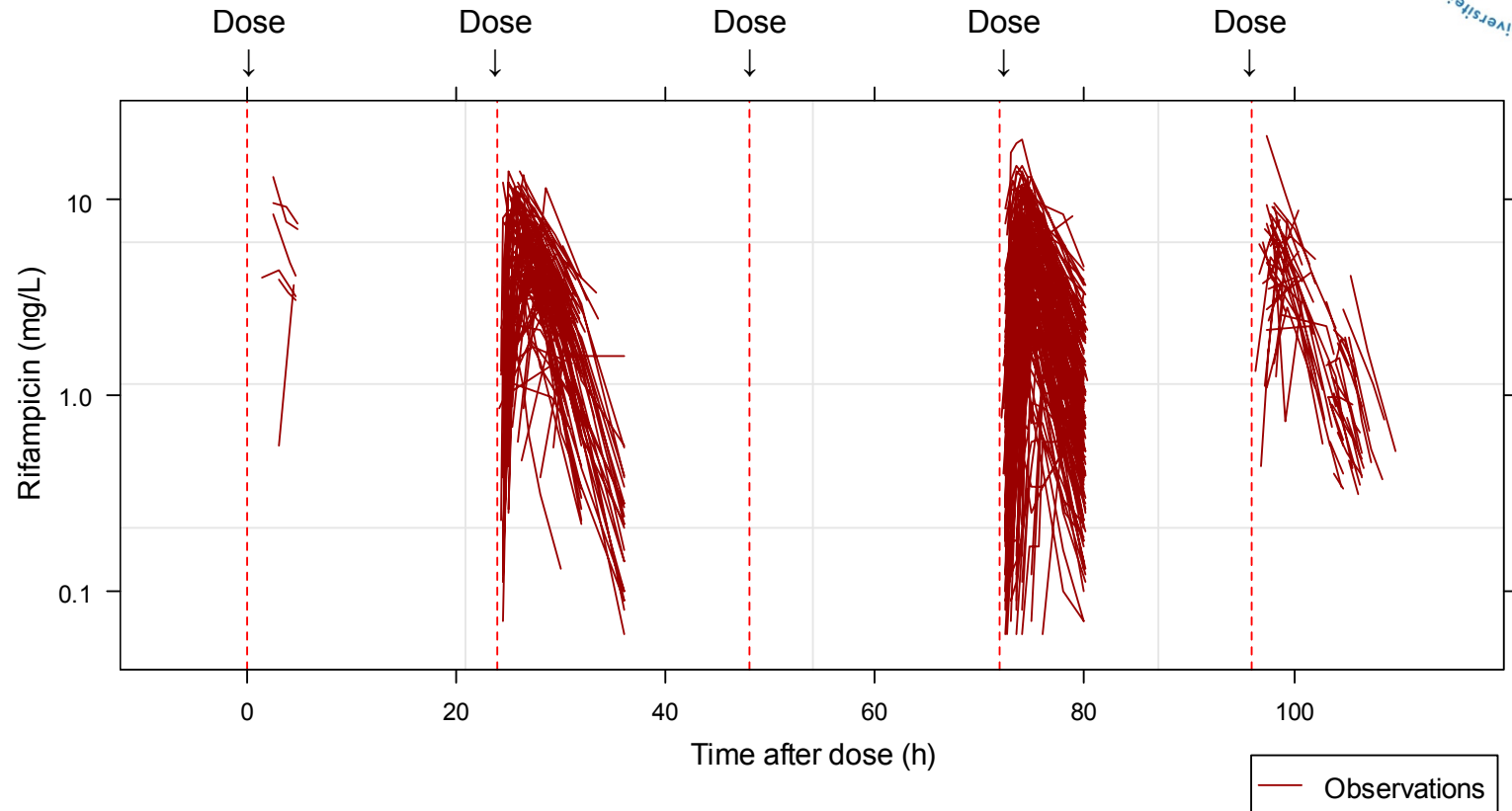


# The Transit Compartment Absorption Model





# All very good, but...



- We have **repeated dosing**



# Repeated dosing

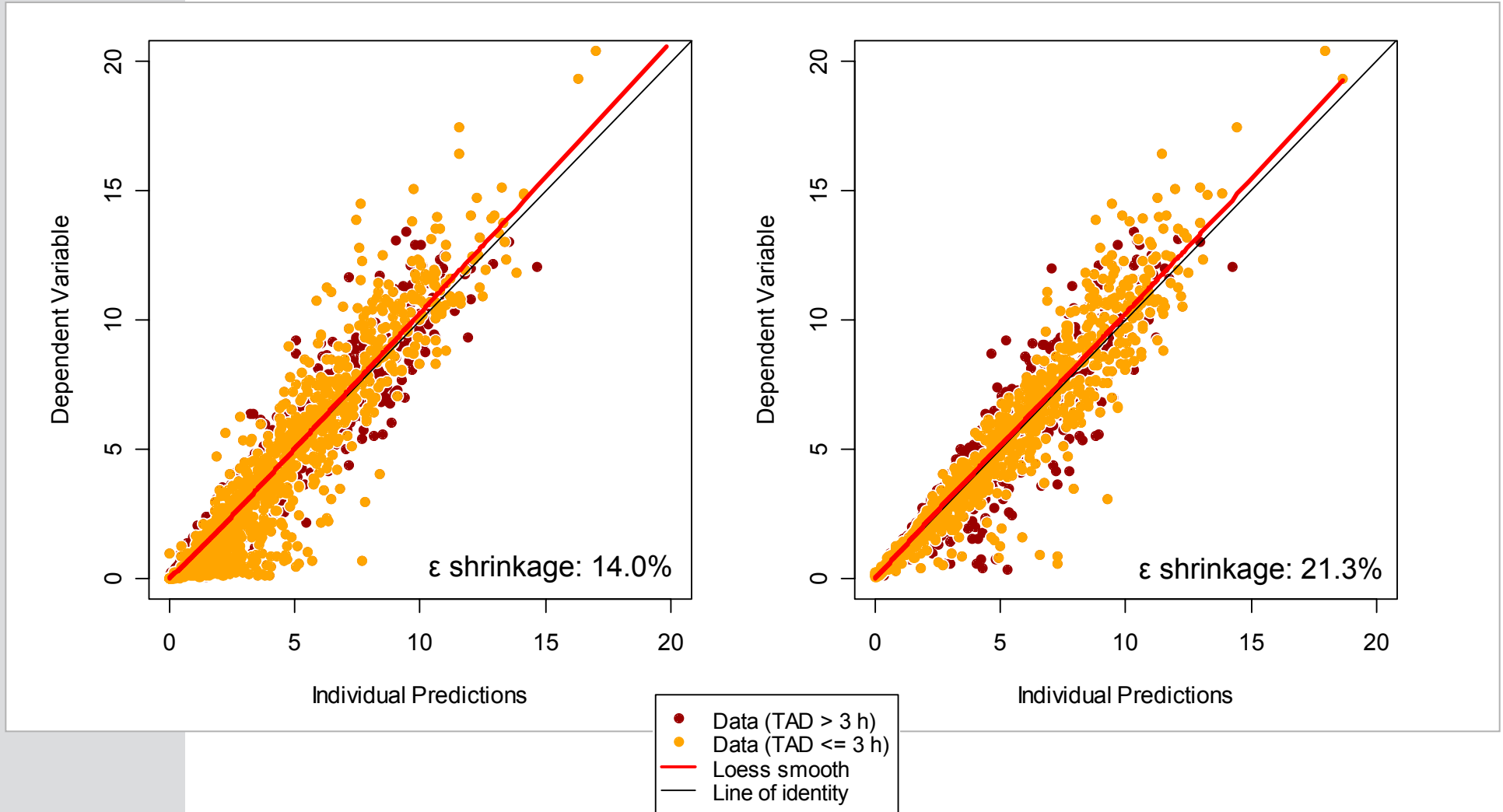
- So how to deal with repeated dosing?

$$\frac{dA_1}{dt} = F \cdot Dose \cdot \frac{(k_{tr} \cdot t_{ad})^n \cdot e^{-k_{tr} \cdot t_{ad}}}{n!} \cdot k_{tr} - k_a \cdot A_1$$

- We need to include **time after dose** at each iteration – this has to be calculated on-the-fly from dosing records
- **Assume that 100% of the bioavailable dose has reached the absorption compartment during the dosage interval**

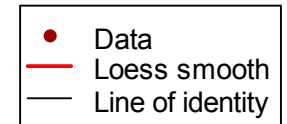
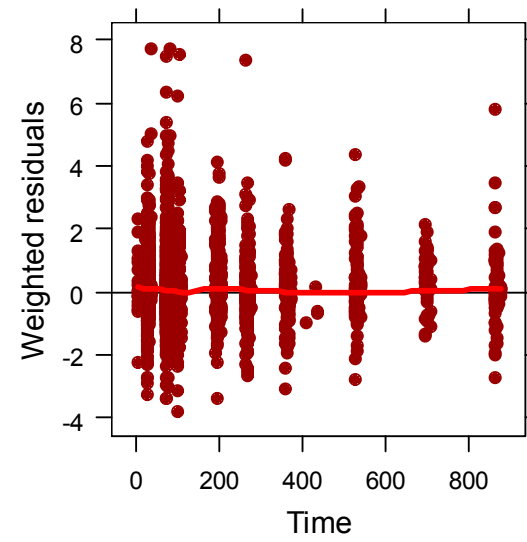
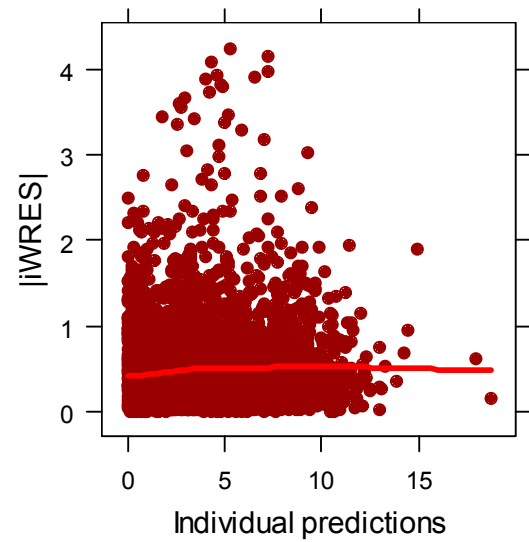
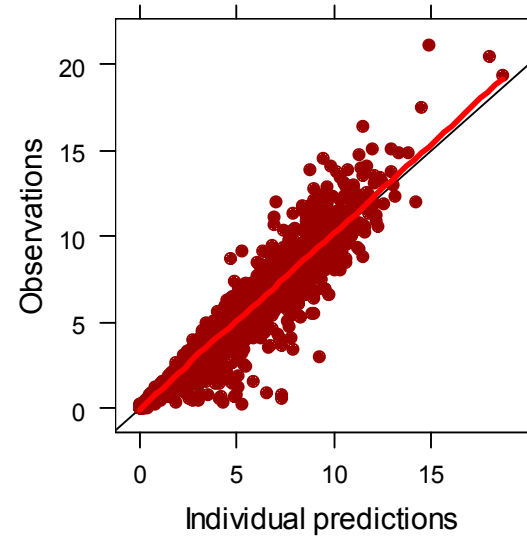
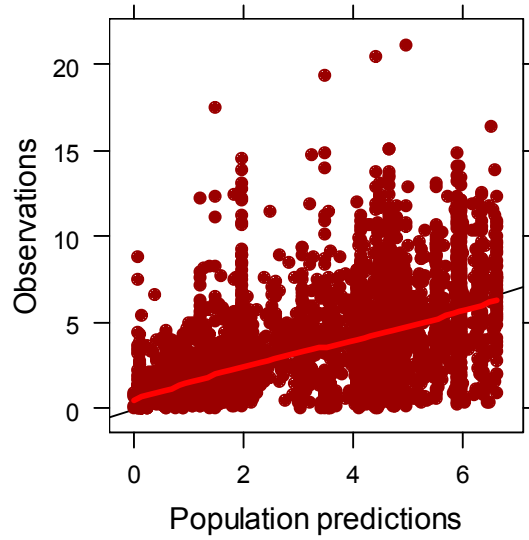


# Goodness-of-fit





# Goodness-of-fit: TCAM





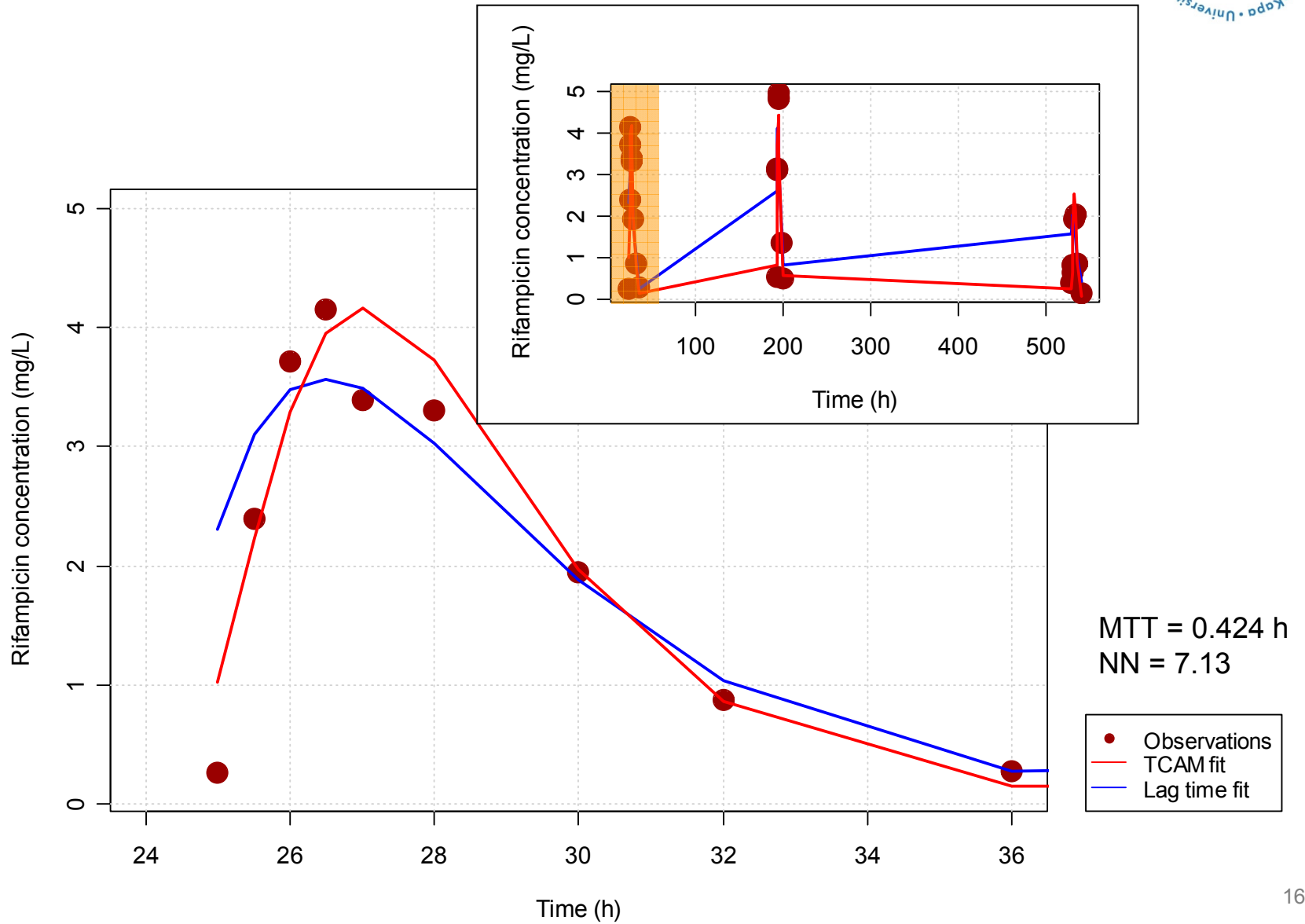
# Results: Parameter estimates



<b>Absorption Model</b>	<b><math>\Delta</math>OFV (df)</b>	<b>CL/F (IIV)</b>	<b>V/F (IIV)</b>	<b><math>k_a</math> (IIV)</b>	<b><math>\epsilon_{ADD}</math></b>	<b><math>\epsilon_{EXP}</math></b>
<b>None</b>	<b>0</b> (0)	<b>19.4</b> (0.321)	<b>52.8</b> (0.427)	<b>1.61</b> (2.39)	<b>0.256</b>	<b>0.302</b>
<b>Lag time</b>	<b>83.026</b> (2)	<b>20.2</b> (0.387)	<b>53.4</b> (0.415)	<b>1.64</b> (0.689)	<b>0.409</b>	<b>0.255</b>
<b>Sequential zero- and first-order</b>	<b>270.703</b> (2)	<b>19.2</b> (0.314)	<b>51.5</b> (0.384)	<b>1.23</b> (0.787)	<b>0.254</b>	<b>0.259</b>
<b>TCAM</b>	<b>391.939</b> (3)	<b>19.2</b> (0.279)	<b>53.2</b> (0.188)	<b>1.15</b> (0.439)	<b>0.0923</b>	<b>0.222</b>



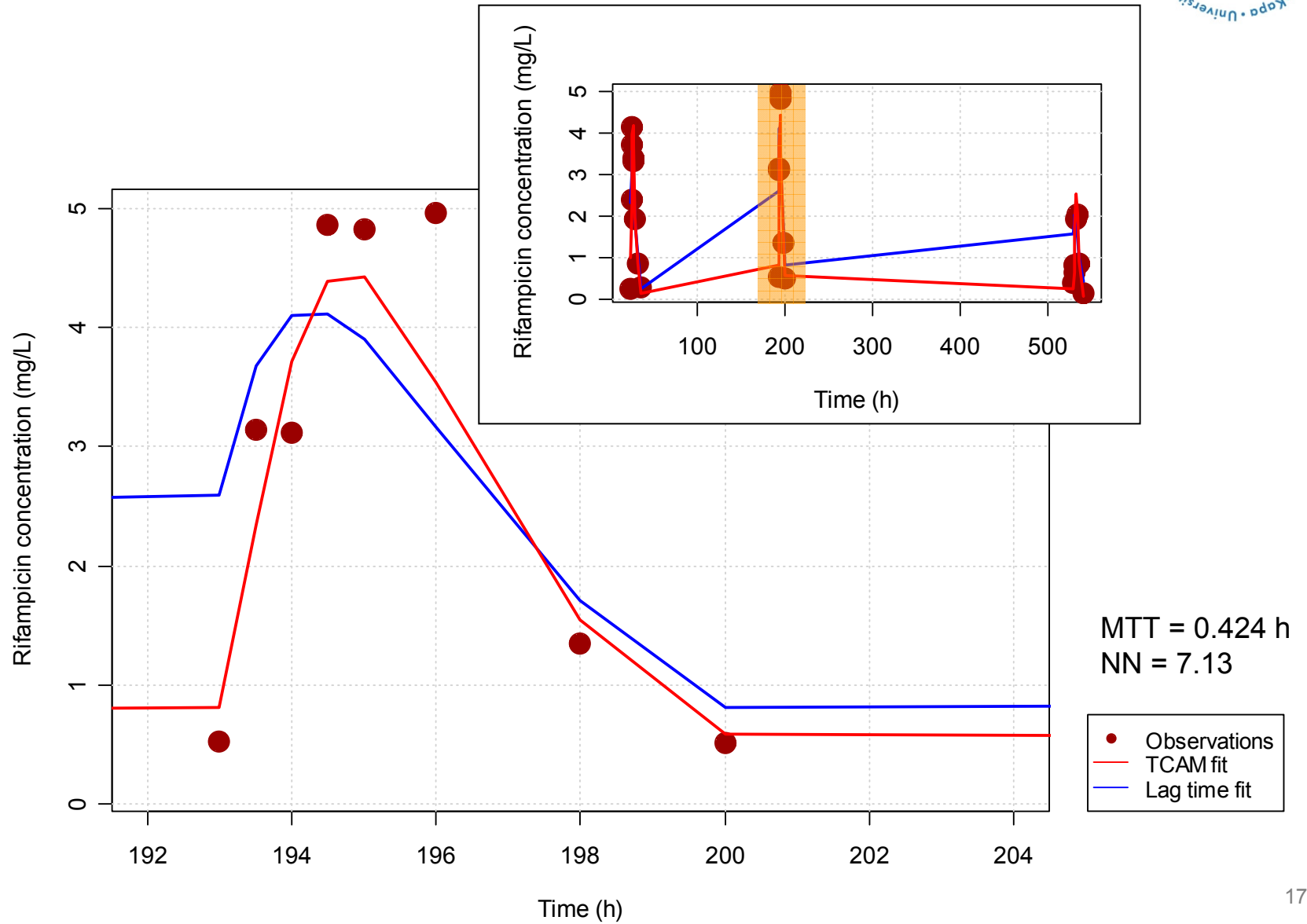
# Results: Example





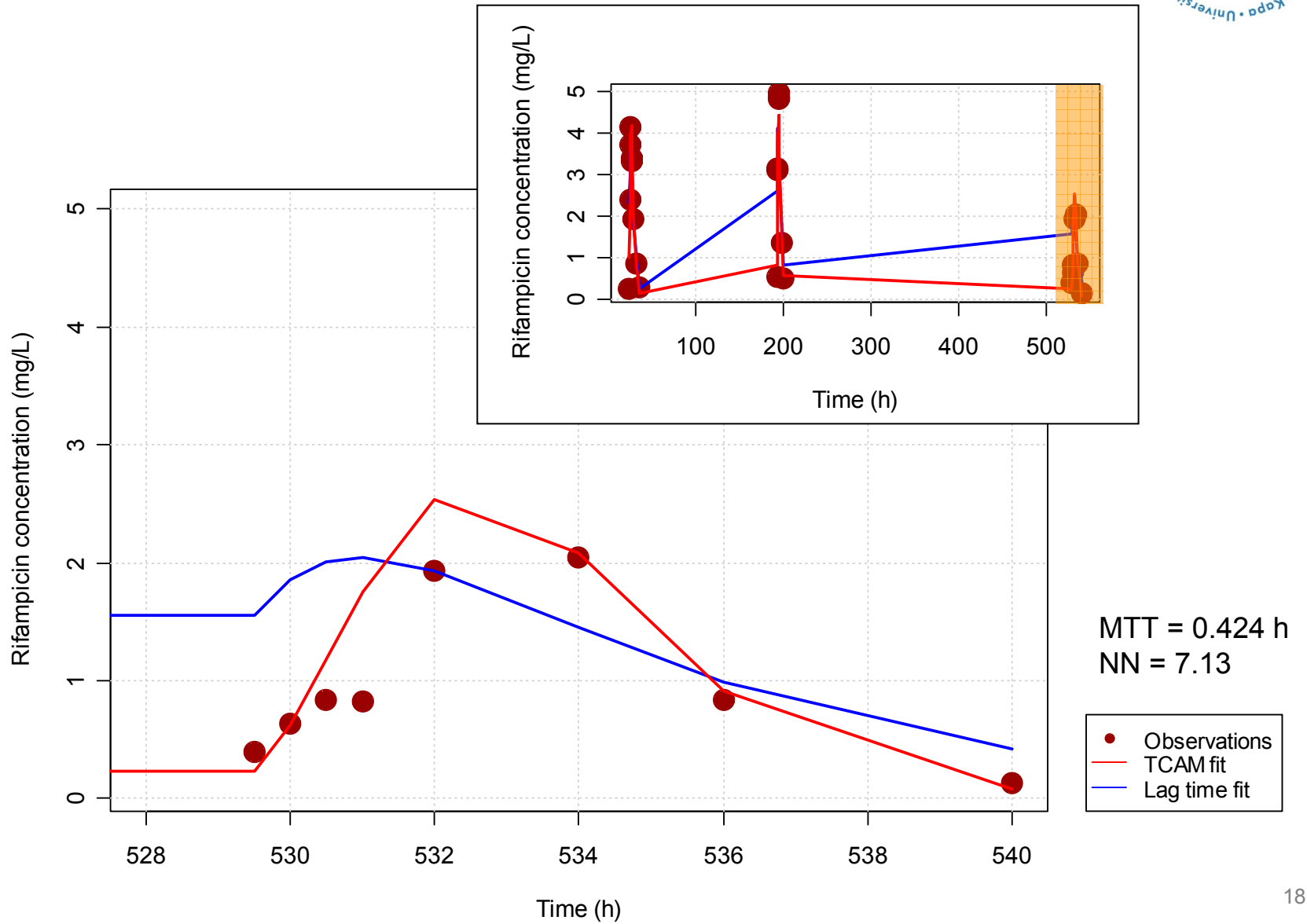


# Results: Example





# Results: Example





## In practice

- Implementation in NONMEM (**ADVAN6**)
- **\$PK**
  1. **Verbatim code**: More ODE evaluations required
  2. Set **F1 = 0**
  3. Set **T<sub>DOSE</sub> = TIME** if  $AMT > 0$
  4. **MTT** and **N** added (2-4 new parameters depending on IIV structure)
  5. **KTR** is calculated
  6. **Adjustment factor** to ease ODE calculations

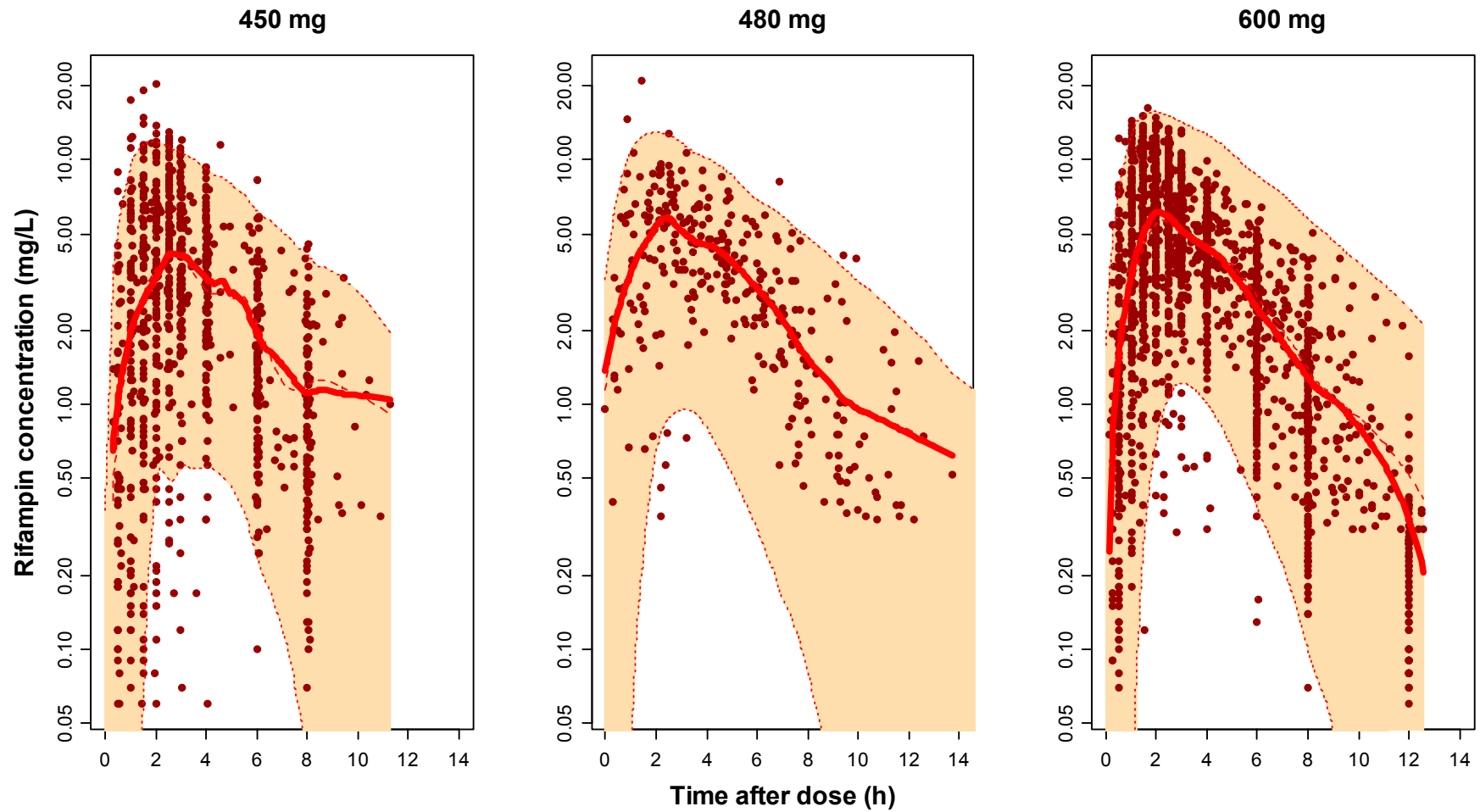


# In practice

- **\$DES**
  - Input function is **log transformed** – ensure no  $\log(0)$  by including a correction factor
  - DADT(1) is a **conditional** statement
    - If **TIME** > **T<sub>DOSE</sub>** then use **T-T<sub>DOSE</sub>** as the amount of drug entering the system
    - If **TIME** = **T<sub>DOSE</sub>** then use **T** alone
  - Example code is available on request
- There are other ways to implement
  - **Without ODEs** in NONMEM VI



# Visual predictive check





# Discussion

- Model assumes **gradual increase** in absorption rate, resulting in smoother rise towards maximum during absorption phase
- Extremely **flexible**
- (Slightly) better **physiological** approximation to the process than lag times
- Not prone to **numerical problems**
- Significant **shrinkage**...



# Conclusion

- The TCAM was easy to implement and offered **superior** fit in comparison with other methods when adapted to **multiple-dose data** in this population
- **Caveat**
  - Assumes **all of the dose** has reached the absorption compartment **before** the next is administered
  - There is a way to solve this under development (Contact Radojka Savić for details – [rada.savic@farmbio.uu.se](mailto:rada.savic@farmbio.uu.se))





UPPSALA  
UNIVERSITET

# Questions?

Grateful acknowledgments to **Alicia Evans, Afia Fredericks, Mick Looby, Rudy Onia and Jean van Dyk.**







UPPSALA  
UNIVERSITET

# Backup slides





# Repeated dosing

- Daily dosing over a 27-day period
- The TCAM as originally implemented can only deal with single-dose data
- **Initial conditions (dose)** must be set at time 0 to support the differential equations used

$$\frac{dA_1}{dt} = F \cdot Dose \cdot \frac{(k_{tr} \cdot t)^n \cdot e^{-k_{tr} \cdot t}}{n!} \cdot k_{tr} - k_a \cdot A_1$$

$k_{tr}$  Rate constant for drug passage through the transit compartments

$t$  Time

$n$  Number of transit compartments

$k_a$  Rate constant for absorption

$A_1$  Amount of drug in the absorption compartment



# Example code

- Implemented using **ADVAN6**
- In **\$PK**:

```
; Verbatim code to allow more ODE evaluations
"FIRST
"          COMMON/PRCOMG/  IDUM1 , IDUM2 , IMAX , IDUM4 , IDUM5
"INTEGER IDUM1 , IDUM2 , IMAX , IDUM4 , IDUM5
"IMAX=10000000

; Set bioavailability of the dose to 0
F1      = 0

; Set up dosing times
IF(AMT.GT.0)TDOS = TIME      ; If AMT > 0, set TDOS to TIME
TAD = TIME - TDOS          ; Set time after dose
```



# Example code



- In **\$PK**:

```
; Mean transit time (MTT)
```

```
TVMTT = THETA(.)
```

```
MTT    = TVMTT*EXP(ETA(.))
```

```
; Number of transit compartments (NN)
```

```
TVNN    = THETA(.)
```

```
NN      = TVNN*EXP(ETA(.))
```

```
; Transit rate constant
```

```
KTR     = (NN+1)/MTT
```

```
; Adjustment for easing calculations
```

```
L       = LOG(2.5066) + (NN+.5)*LOG(NN) - NN + LOG(1+1/(12*NN))
```



# Example code

- In **\$DES:**

```
X = 0.00001          ; To avoid log(0)

; All DADT(.) statements on a single line
; Absorption compartment
; Dose not given at this observation time
IF (T.GE.TDOS) THEN ; if current time greater than TDOS
    DADT(1) = EXP(LOG(PD + X) + LOG(KTR + X)
        + NN*LOG(KTR*(T-TDOS) + X) - KTR*(T - TDOS) - L)
        - KA*A(1)
ELSE
; Dose given
    DADT(1) = EXP(LOG(PD + X) + LOG(KTR + X)
        + NN*LOG(KTR*T + X) - KTR*T - L)
        - KA*A(1)
ENDIF
; Central compartment
DADT(2) = KA*A(1) - K*A(2)
```