# TARGET MEDIATED DRUG DISPOSITION MODEL TO DESCRIBE THE EXPRESSION AND KINETICS OF IL12 AND IFNY IN GENE THERAPY

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° mic

10

31\*

12

21\*

2.5

1

1

1

1

1

1

1

# Introduction

Interleukin-12 (IL-o) has shown to have a great therapeutical potential in the treatment of chronic hepatic diseases [1]. Nevertheless its in vivo efficacy is hampered by a negative feedback mediated by the interferon y (IFNy) produced in response to this cytokine [2].

A model able to describe the relationship between IL<sub>12</sub> and IFNY has already been developed when constant doses of Mifepristone (RU, inductor of the gene expression of IL<sub>12</sub>) were administered [3]. The aim of the study is to challenge an improved the previously developed model when increasing doses of the Mifepristone are administered under different dosing regimes

# Methodology

#### I. Animal Experimentation

Wild type mice were infected with two different doses (DNA=1 or DNA=2.5) of gutless adenoviral vectors containing a Mifepristone (RU) -inducible system for liver-specific expression of interleukin-12. Daily induction of constant or increasing doses of RU (Table I) was performed and levels of IL12 and IFNy were measured.

#### II. Mathematical Model

I. Mathematical Model

 $\frac{dRU}{dRU} = DOSE - \beta \times RU$ 

 $Ct = IL_{12} + R_{IL12}IL_{12}$ 

 $= K_{SH}$ 

 $Rt = R_{IL12} + R_{IL12}IL_{12}$ 

dCt

9

-

42

5

LOG IFNg (np/mL)

LOG IL12 (pg/mL)

di

Data from Treatments (TTO) 0-5 (Table I) were used to develop a kinetic-pharmacodynamic model (Figure 1).The quasi-equilibrium model proposed by Mager *et al.*[4] was implemented and a K-PD [5] an Emax model was introduced to account for Mifepristone kinetic and its effect over IL12. Non parametric bootstrap was performed to calculate the 90% confidence interval of parameter estimates

 $SLRU \times RU \times DNA$ 

 $\overline{(RU+RU}50) \times \left(1 + \frac{REG}{IC/1000}\right)$ 

LOG IL12 (pg/mL)

LOG IL12 (pg/mL)

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 $\frac{dRt}{dt} = K_{SYN} - K_{DEG} \times (Rt - Ct + IL_{12}) - K_{INT} \times (Ct - IL_{12})$ 

 $IL_{12} = \frac{1}{2} \times \left[ (Ct - Rt - K_D) + \sqrt{(Ct - Rt - K_D)^2 + 4 \times Ct \times K_D} \right]$ 

 $\frac{dIFN\gamma}{dIFN} = K_{SIF} \times (R_{IL12} - R_{IL12} - 0) - K_{DIF} \times IFN\gamma$ 

 $\frac{dREG}{dREG} = K_{REG} \times IFN\gamma - K_{REG} \times REG$ 

II. Internal Validation

 $-K_{INT} \times (Ct - IL_{12})$ 

and m

IL12 (pg/mL)

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(Jm/ar

OG FNg

represents the 90% prediction interval, black

50

9

10

10

Time(days)

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Time(days

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model. Ct: total an

10

Time(days

Time(days)

line the predic

#### III. Internal validation

Visual Predictive Checks (VPCs) were performed: 1000 simulated individuals, for each of the treatment groups (TTO) included in the analysis, were obtained and 5th, 50th and 95th percentiles were calculated and plotted against the observed data

## IV. External validation

The model developed was used to simulate the dosing protocols not included in the analysis (TTO 6 and 7). VPCs were used to evaluate the validity of the model

Berkeley-Madonna, R and NONMEM VII and PsN softwares were used to develop the model

# Results



Table I: Summary of the different experimental protocols

RU Dose (times)

250 (10)

250 (10)

500(10)

125(2)/250(3)/500(3)/1000(3)

TTO

0

2

1

3

Parameter (units)	Estimate (5th-95th)
IL <sub>12</sub> 0 (pmol)	0.0043 ( 0.00294 - 0.00636)
K <sub>D</sub> (pmol/day)	0.0451 (0.02089 - 0.1423)
SLRU	130 (62.43 - 404)
K <sub>SIF</sub> (day-1)	0.0821 (0.04168-0.2441)
K <sub>DIF</sub> (day <sup>-1</sup> )	1.61 (0.5622-3.193)
K <sub>DEG</sub> (day-1)	6.33 ( 3.378 - 8.56)
K <sub>INT</sub> (day-1)	1.44 (0.7781 - 7.011)
R <sub>IL12</sub> 0 (pmol)	1 FIX
IC (pmol)	0.00384 (0.00017-0.00611)
K <sub>REG</sub> (day <sup>-1</sup> )	1.36x10 <sup>-5</sup> (1.38x10 <sup>-6</sup> -2.09x10 <sup>-5</sup> )
β (day-1)	3.3 FIX [6A]
RU50(pmol)	71200 (38340 -200100)
Residual Error IL12 (log(ng))	2.25 (1.43-3.42)
Residual Error IFNy	0.0228 (0.01608-0.02994)

### III. External Validation



Fig 3. VPCs of the stud . Grey shadow represents the 90% nts corresponds to IFN $\gamma$  and IL<sub>12</sub> interval, black line the predicted ons (purple and green respectively) dian and the po

## Conclusions

A kinetic- pharmacodynamic model able to describe jointly the  $\rm IL_{12}$  and IFNy profiles has been developed by introducing the target mediated drug disposition quasi-equilibrium model to account for the observed dose dependent disposition of  $\mathsf{IL}_{12}$ 

The different experimental protocols with increasing doses of RU were satisfactorily described by incorporating a monoexponential decay of RU and an Emax model to describe its effect over IL12 gene expression.

# References

[1]Berraondo P et al. Curr Gene Ther 9:62-71. 2009

[2] Reboredo M et al. Gene Ther 15:277-288, 2008.

[3] Parra-Guillén et al. PAGE 19 (2010) Abstr 1899 [www.pagemeeting.org/?abstract=1899]

[4] Mager DE et al. J Pharmacokinet Pharmacodyn 28: 507-532

[5] Jacqmin P et al. J Pharmacokinet Pharmacodyn 34: 57-85

[6] Babij P et al. Biochim. Biophys Acta 1627: 15-25,

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Fig 2. VPCs of some of the studies included in the model development. points corresponds to IFNy and  $\rm IL_{12}$  observations (purple and green resp

Time(days)