

PBPK/PD modeling and machine learning approaches to support the development of new drugs and regimens against tuberculosis

Fondazione The Microsoft Research - University of Trento Centre for Computational and Systems Biology (COSBI)

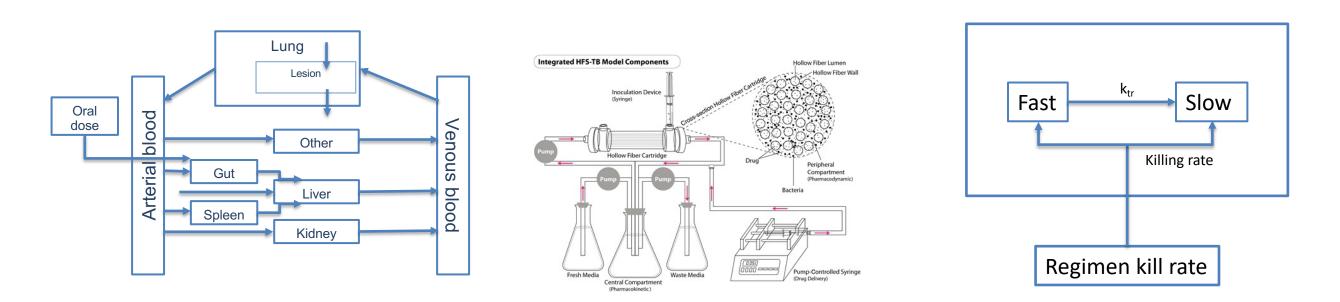
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Collaborative projects on TB

Development of models and simulation tools for enabling in-silico translation





Computational approaches to predict drug lesion penetration in tuberculosis



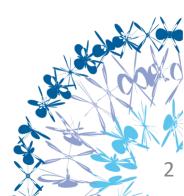
PD Model



COSBI Team: Anna Fochesato Roberto Visintainer Luca Marchetti

Gates MRI: Micha Levi Shayne Watson Karim Azer (former) Chanchala Kaddi (former)

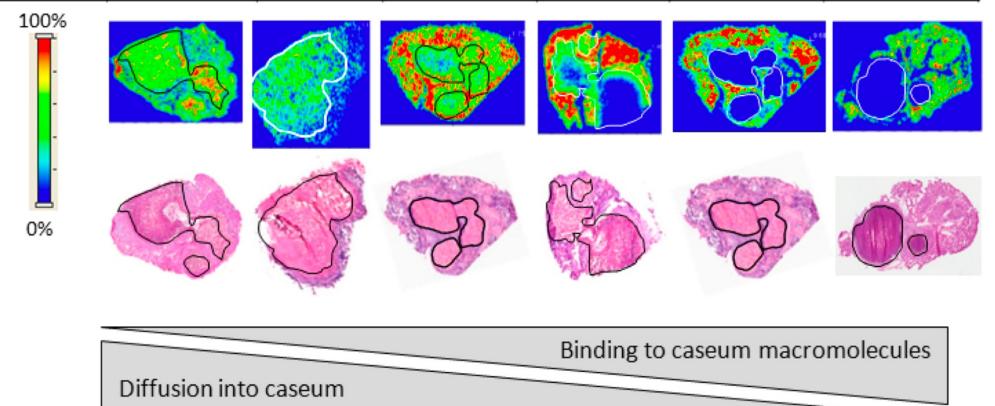
Hackensack Meridian Health: Veronique Dartois



Predict drug penetration in TB lesions



| Drug | Pyrazinamide | Acetyl- isoniazid | Moxifloxacin | Rifampicin | Clofazimine | Bedaquiline |
|----------------|--------------|----------------------|--------------|------------|-------------|-------------|
| <i>f</i> u (%) | 100 | 100 | 13.5 | 5.1 | <0.01 | <0.01 |

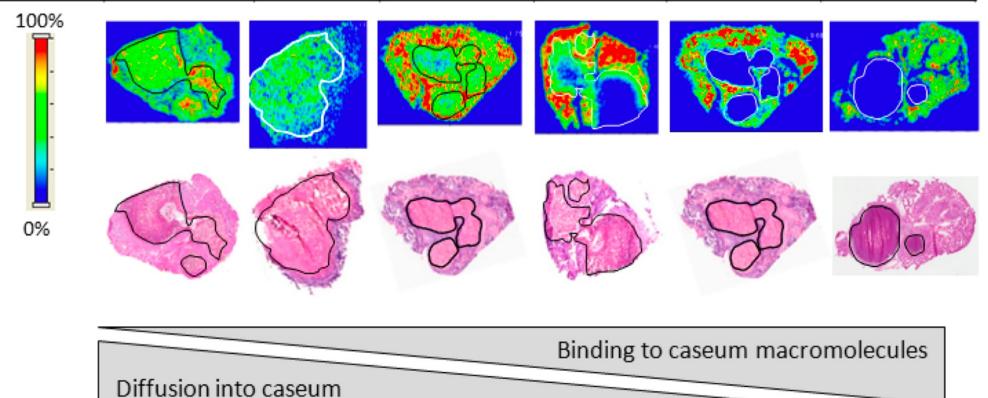


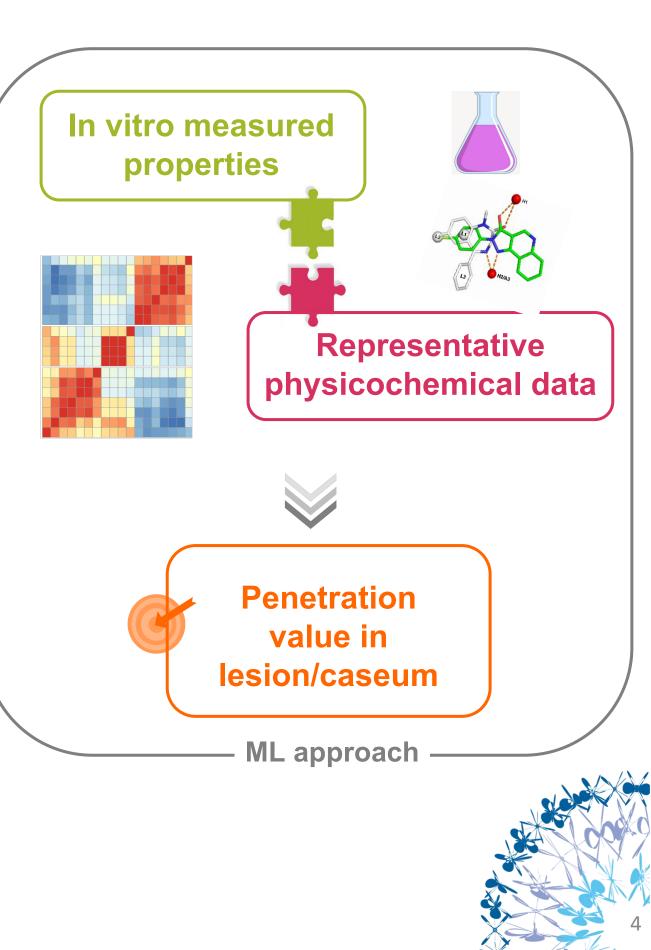


Predict drug penetration in rabbit TB lesions



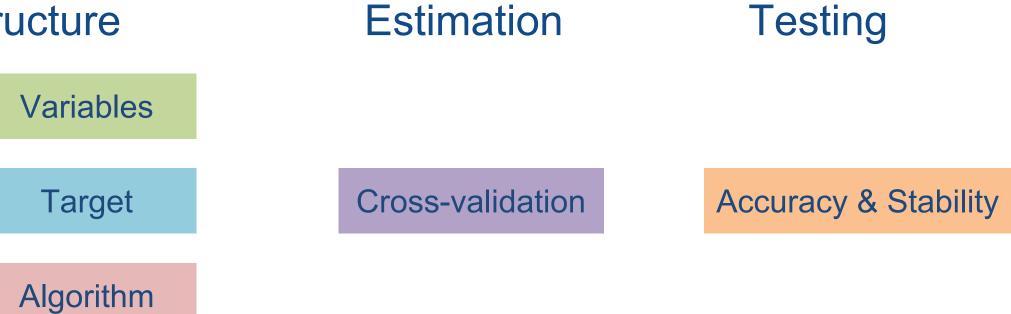
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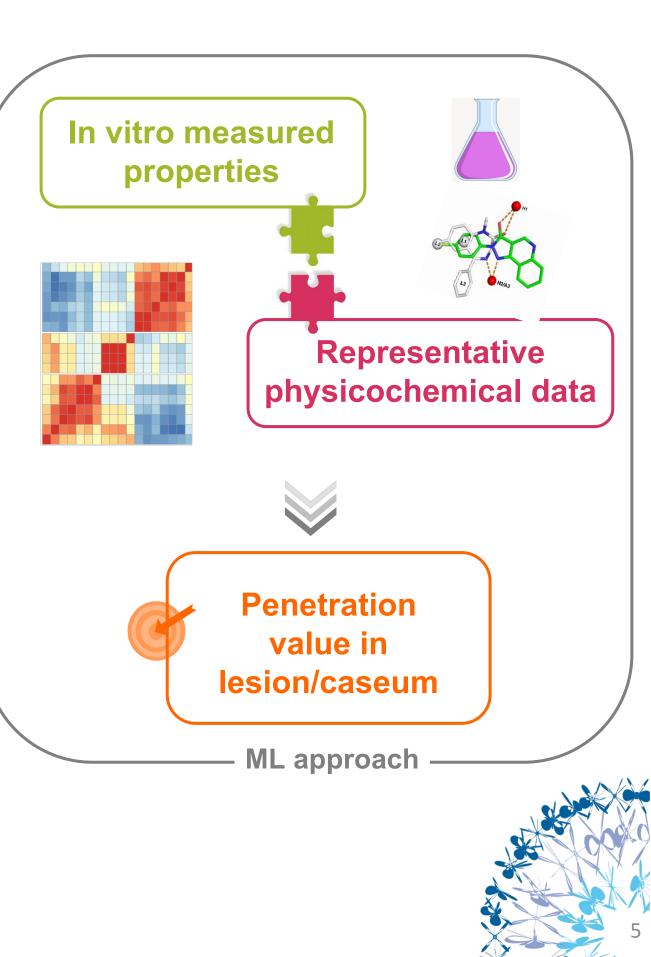




ML model definition

Prediction model: Structure





Physicochemical Variables

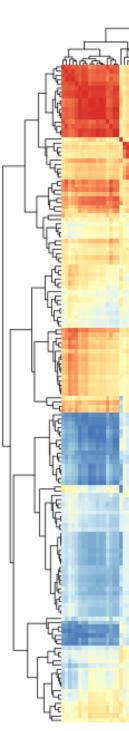
Collect variables from

- Literature
- Internal data
- Computational chemistry software
- Chis Cooper (TB Alliance) ullet
- Fabio Zuccotto (Dundee University) ullet

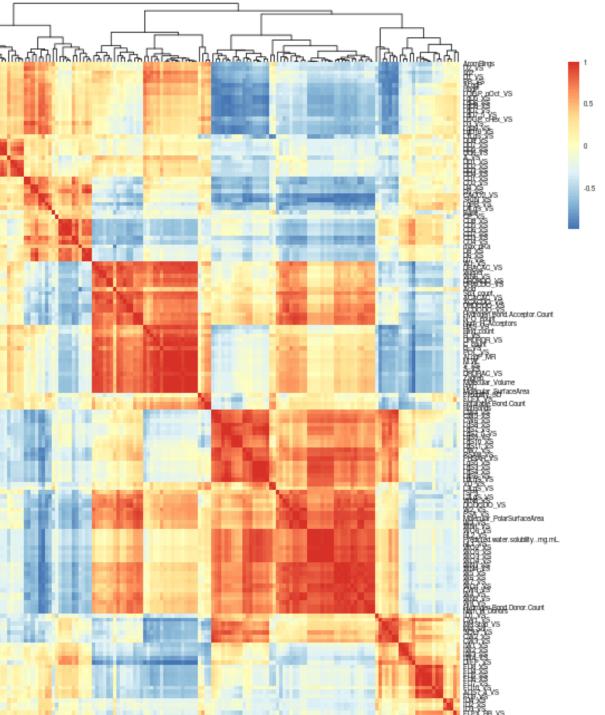
Select a short list of representative

- easy to retrieve
- reduce model complexity ullet
- cope with collinearity in the data

Such as: Molecular Weight Predicted water solubility **Octanol/Water Partition Coefficient Protein Bindings** THP-1 uptake



Variables



The correlation matrix of the whole physicochemical dataset shows high collinearity between many variables



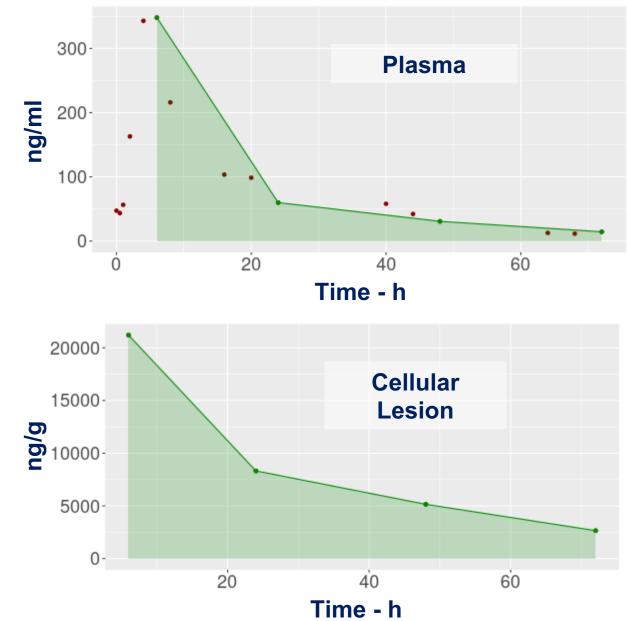
AUC initial data

AUC_L: log₁₀(AUC_{cellularLesion} / AUC_{Plasma}) AUC_C: log₁₀(AUC_{Caseum} / AUC_{Plasma})

We select the measurements at common times between Cellular Lesion and Plasma to compute the respective AUC 24 hours. Analogously, we selected data for Caseum.

| Drug | | |
|------|----------------------|-----------------|
| LVX | BDQ / BDQ-M2 | DprE1 inhibitor |
| LZD | SUT / SUT-M1 | EMB |
| GTX | TBAJ587 / TBAJ587-M3 | INH |
| RIF | TBAJ876 / TBAJ876-M3 | TBI223 |
| RBT | AMK | MXF |
| RPT | KAN | DEL / DM-6705 |
| PZA | CFZ | RZL |
| PTM | CLA | |

Drug: TBAJ-876





Target

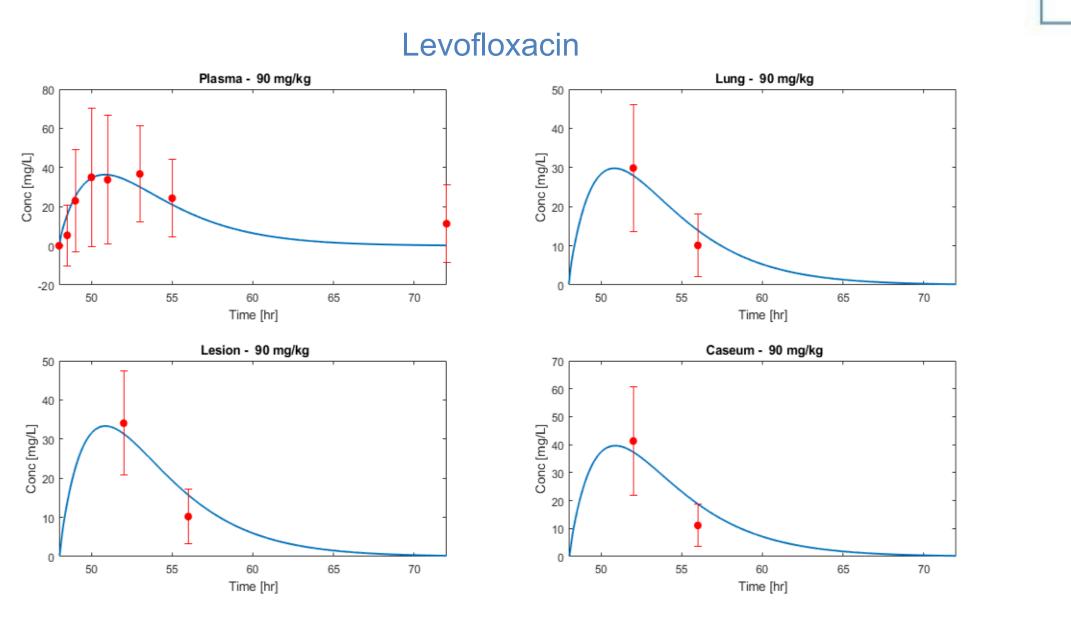
Dose: 125 mg Flat



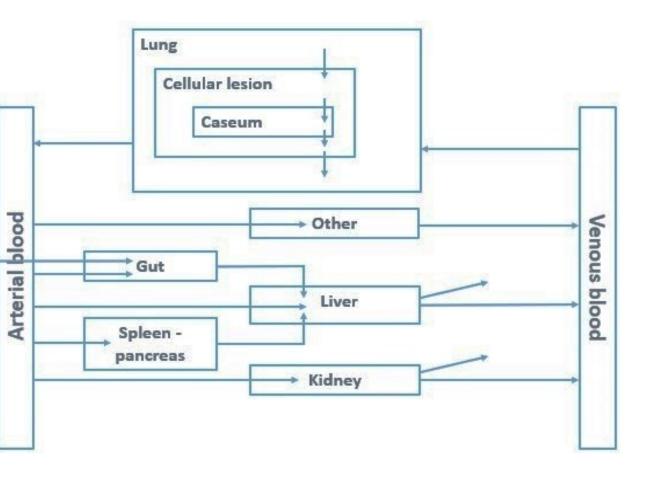
AUC improvement: mPBPK model

Minimal PBPK model to

- Track drug distribution
- Harmonize data (Time points, steady state, doses)
- Compute AUCs (24 hours)



Target

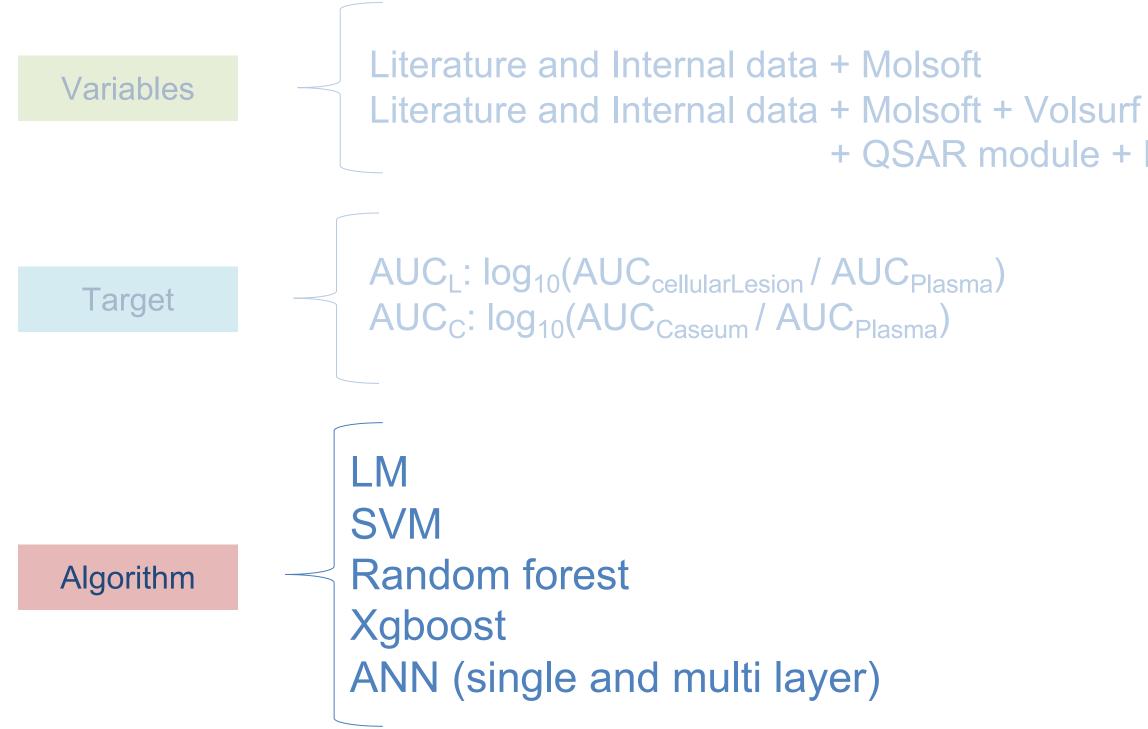


Oral dose





ML model structure

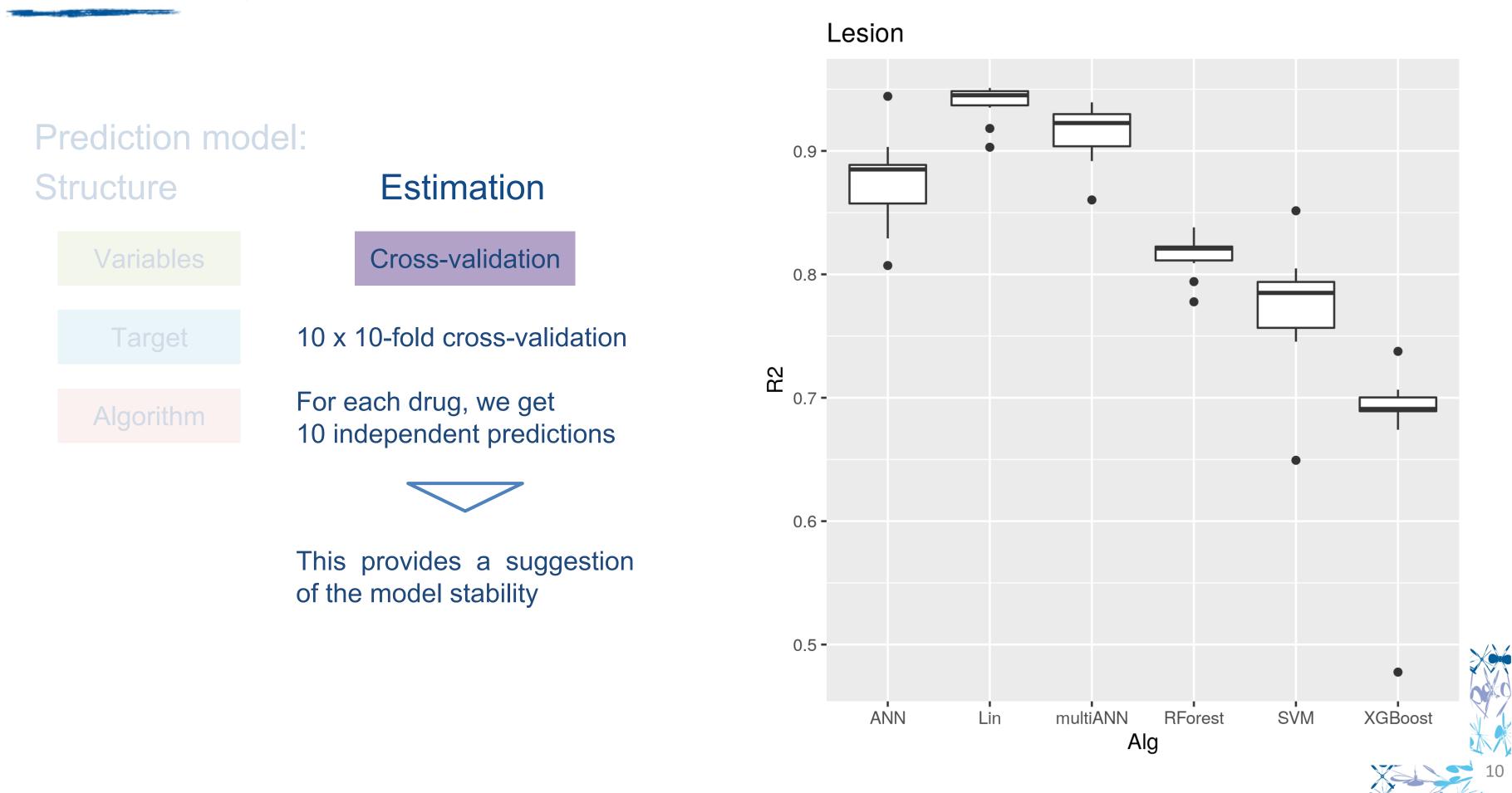




+ QSAR module + Biovia

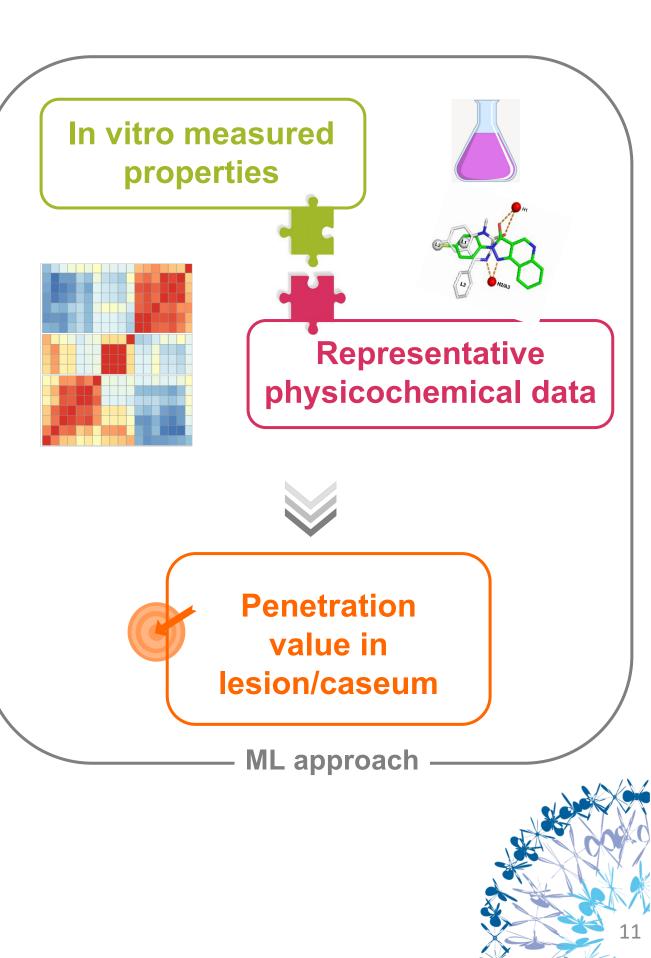


Model training: Cellular Lesion

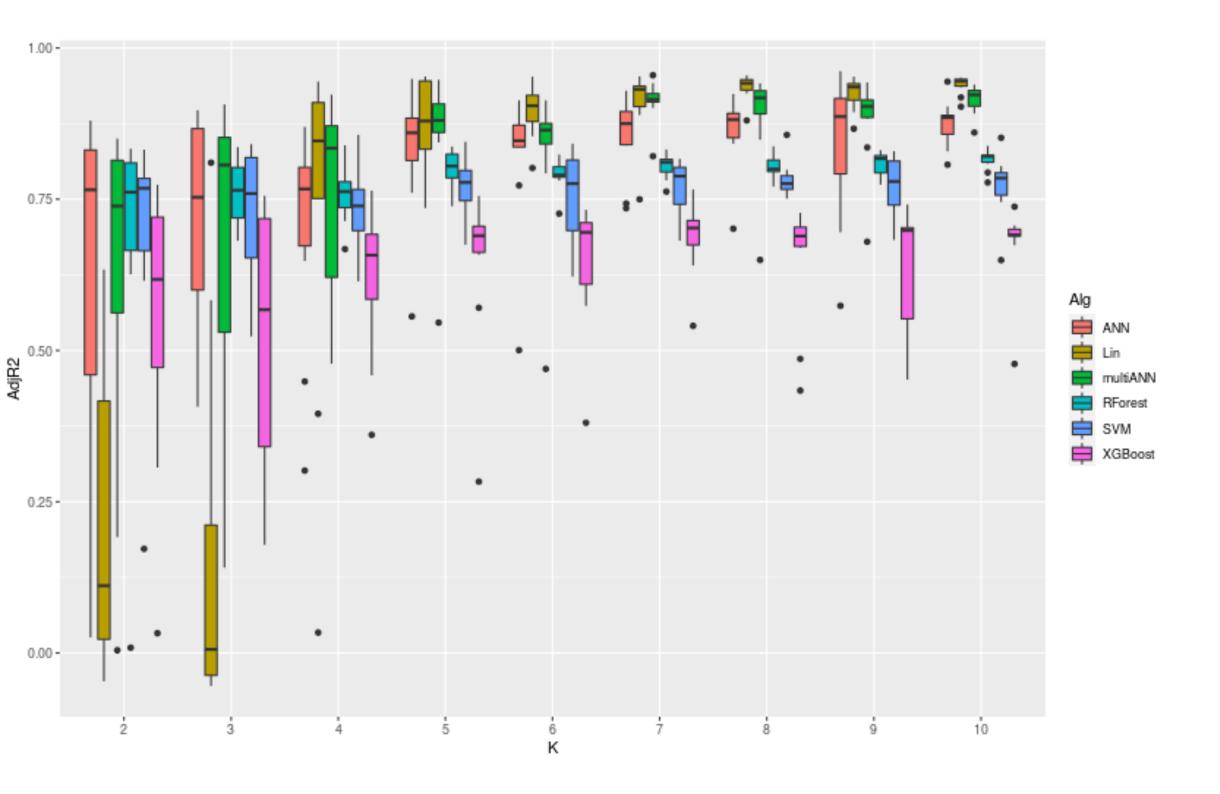


Cross-validation

ML model definition



Model analysis: Cellular Lesion



Accuracy & Stability

At the varying of k, we repeated the k-fold crossvalidation

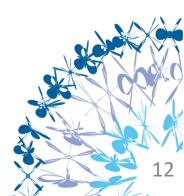
For each drug and each k, we get 10 independent predictions



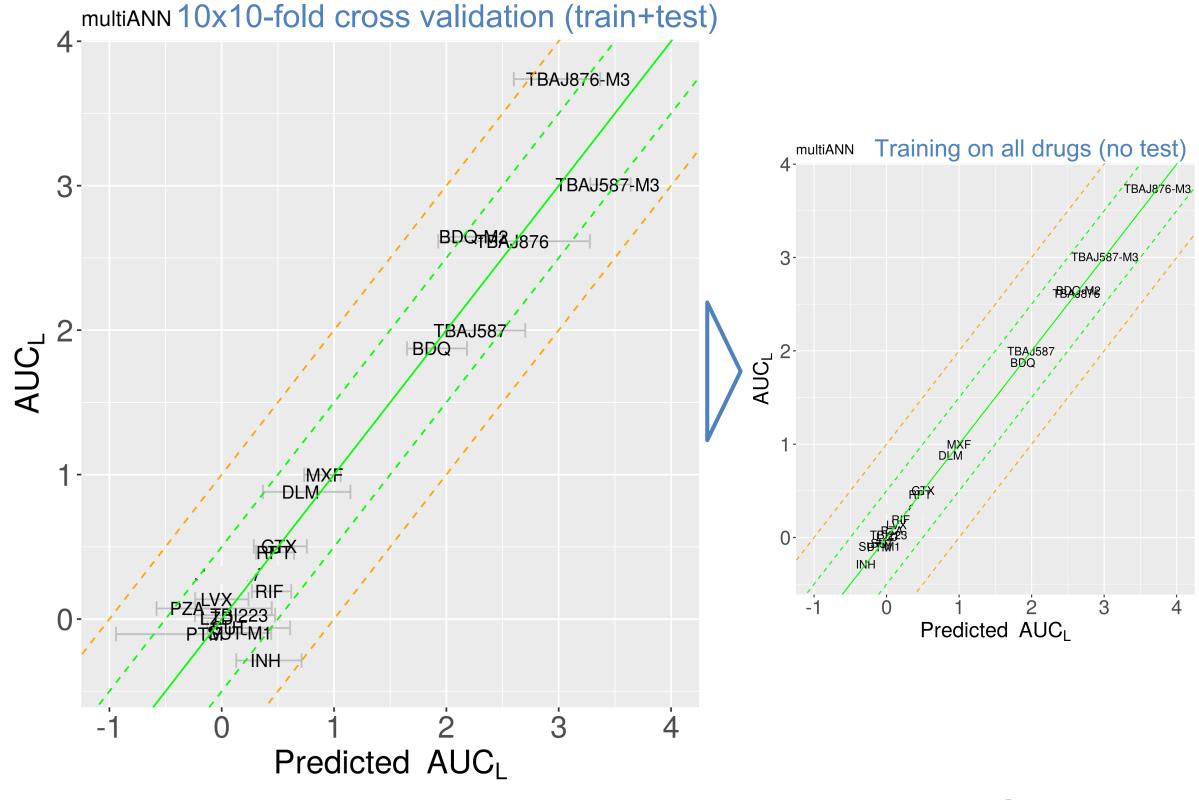
Lower values of k provide suggestions of the model response to "new" input



MultiANN is the best trade off between accuracy and stability

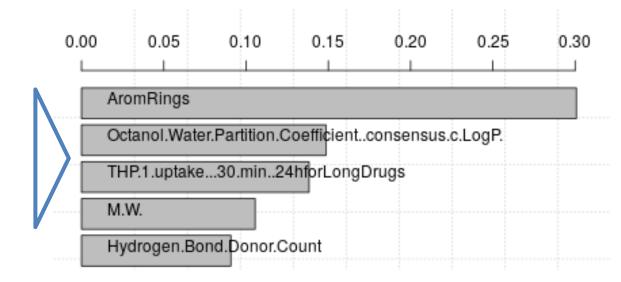


MultiANN Model analysis: Cellular Lesion



Accuracy & Stability

Variance based model sensitivity analysis



Same strategy for caseum

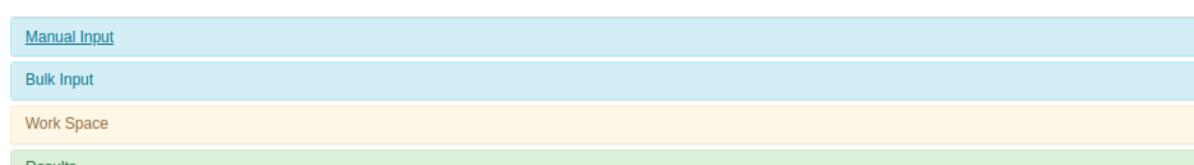


R interactive app

TB Data Navigation Tool

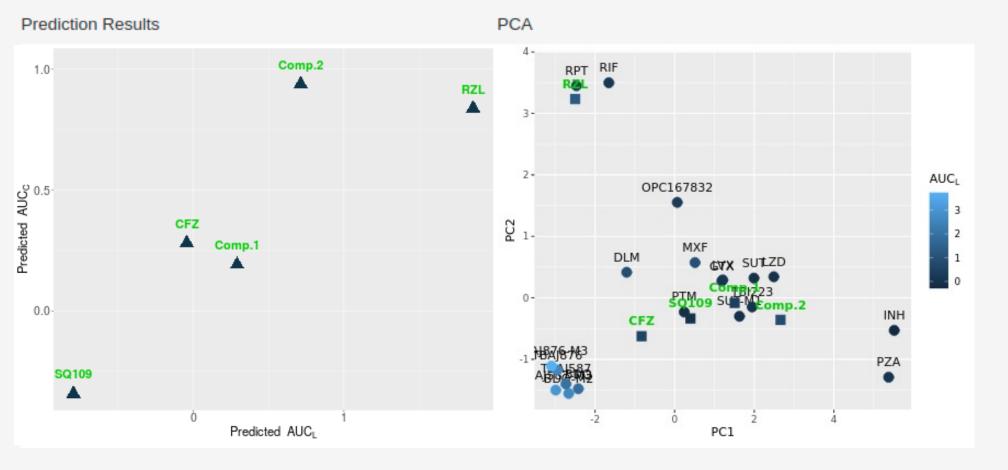
RMM HFS Rabbit Clinical

PK Prediction Info



Results

Prediction Results



Penetration in Lesion and Caseum of the training data (circles) and new input data (triangles) PCA representation of training (circles) and new input data (triangles).







- We developed a ML pipeline that takes advantage of minimal PBPK model • predictions to increase the quality of the data.
- The tool requires minimal physiochemical properties and *in-vitro* inputs
- Can be used in early pre-clinical stages to prioritize new drug candidates •
- We plan to: •
 - Integrate it in other machine learning tools
 - Specialize the output to inform the mPBPK on the lesion/caseum dynamics





Thank you!

