

## INTRODUCTION

Active transport can have an important impact on renal clearance ( $CL_R$ ).

The influence of transporter maturation on  $CL_R$  in children has not been studied in detail.

Physiology-based models that incorporate maturation of active transporters are needed to predict realistic  $CL_R$  across the pediatric age-range.

**Aim:** To develop a PBPK function to study the impact of renal transporters and their maturation on  $CL_R$  for different pediatric age-ranges and drug properties.

## METHODS (1)

For  $CL_R$  simulations, published PBPK functions (Equation 1)<sup>1</sup> and *in vitro-in vivo* (Equation 2)<sup>2</sup> extrapolations were used.

Maturation functions were included for plasma protein binding<sup>3</sup>, kidney weight<sup>4</sup>, renal blood flow<sup>5</sup>, glomerular filtration rate<sup>6</sup> and transporters capacity<sup>7</sup>.

Abundance and the number of proximal tubule cells were kept at adult values<sup>8,9</sup>.

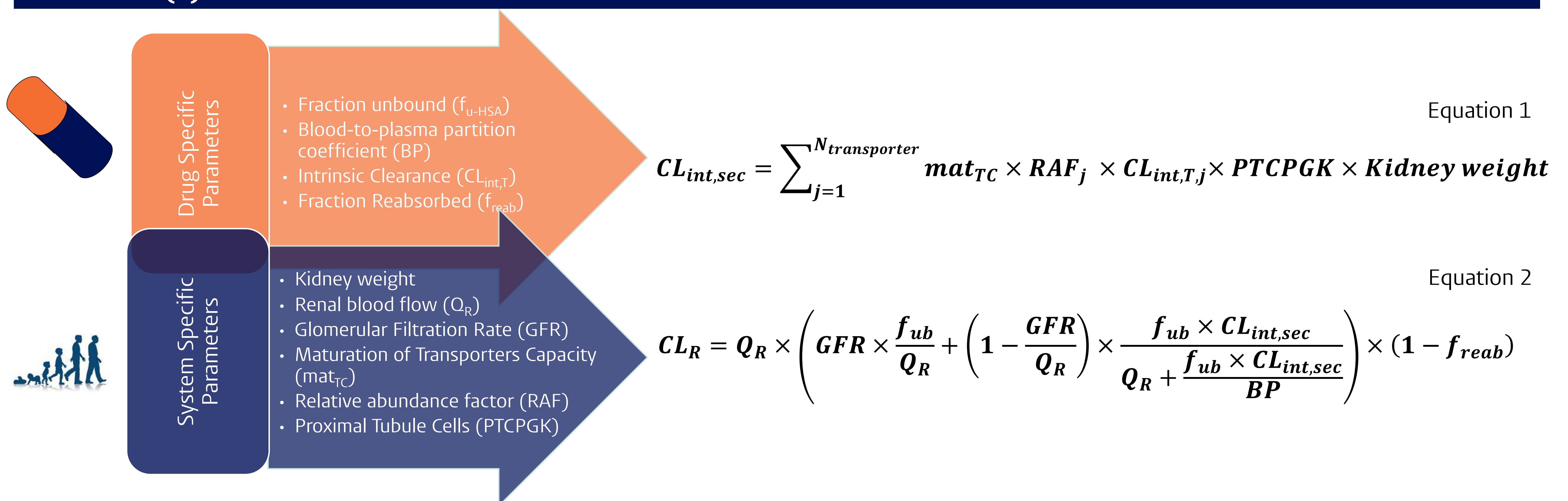
21600 hypothetical drugs were generated and their  $CL_R$  was simulated for 11 virtual individuals with realistic demographics<sup>8</sup> for ages between 1 day and 35 years.

## CONCLUSION

We made the first pediatric PBPK function to assess the contribution of active tubular secretion to  $CL_R$  in children:

- The contribution of active tubular secretion is important and is dependent on transporter abundance and intrinsic clearance. Active transport is likely to be the primary elimination route for certain drugs.
- Quantifying maturation of transporter abundance and activity, could lead to improved predictions of  $CL_R$  in children.
- The function for extrapolation of  $CL_R$  from adults to children can improve dosing optimization in the pediatric population.

## METHODS (2)



## RESULTS

- Impact of active transports on  $CL_R$  remains fairly constant for all ages (Figure 1) for different relative abundance factors (RAF) and intrinsic clearance ( $CL_{int,T}$ ) values.
- For  $CL_{int,T}$  values lower than 50  $\mu\text{l}/\text{min}$ , RAF is limiting the contribution of active transport on  $CL_R$ , with low impact for high  $CL_{int,T}$  values (Figure 1).
- For extremely high  $CL_{int,T}$  values (i.e., > 589  $\mu\text{l}/\text{min}$ ), the impact of overall maturation of all system-specific parameters on  $CL_R$  is low (Figure 1).
- GFR and active tubular secretion are increasing proportionally with  $f_u$  (Figure 2A).
- When GFR is the main driver of  $CL_R$  (i.e.,  $CL_{int,T}$  is low), the maturation of the transporters capacity ( $mat_{TC}$ ) has little impact on  $CL_R$  (Figure 2B).
- Disregarding the  $mat_{TC}$  could yield a difference of 41-303% in children younger than 1 year. This difference increases with decreasing  $f_u$  (Figure 2B).

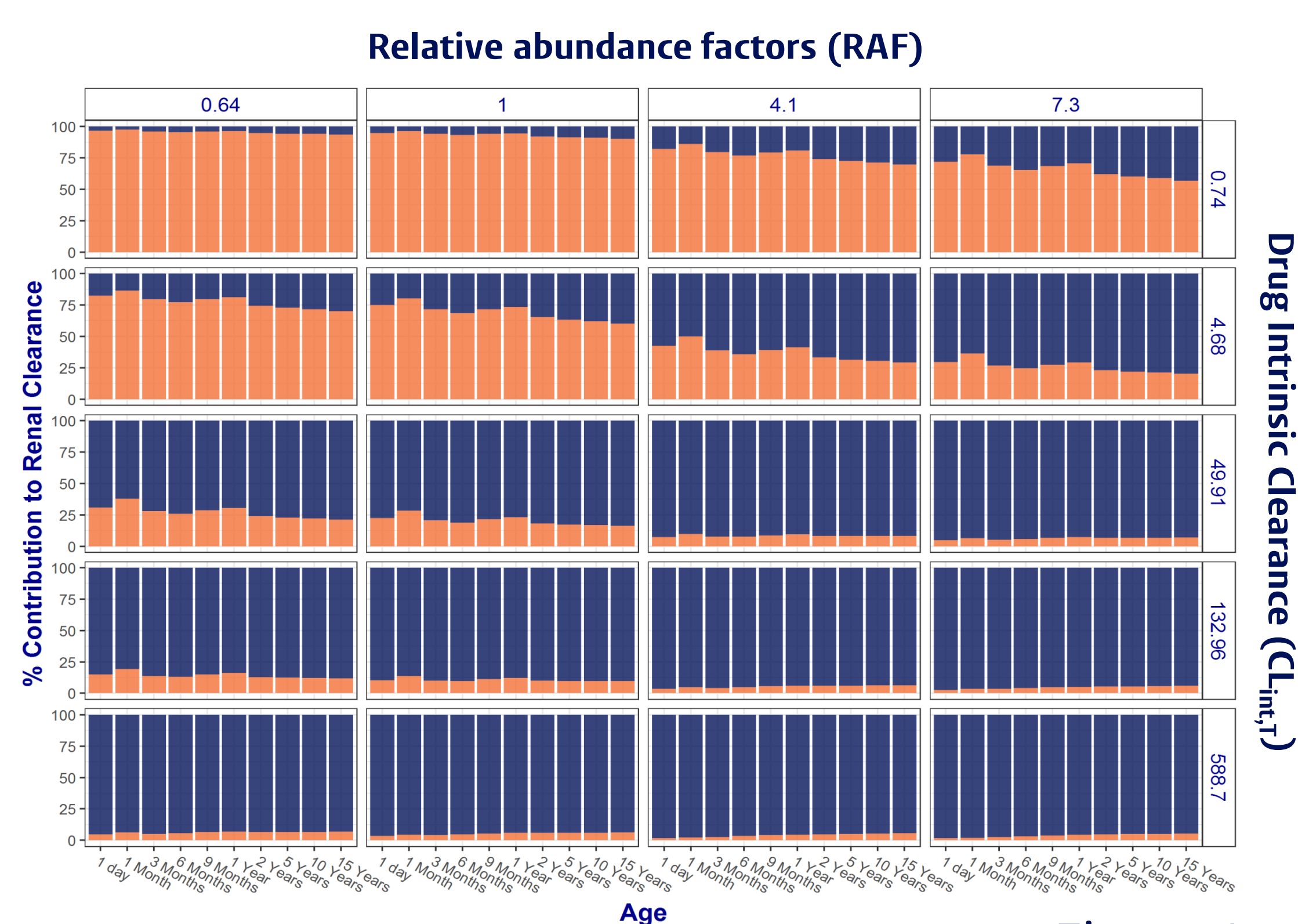


Figure 1

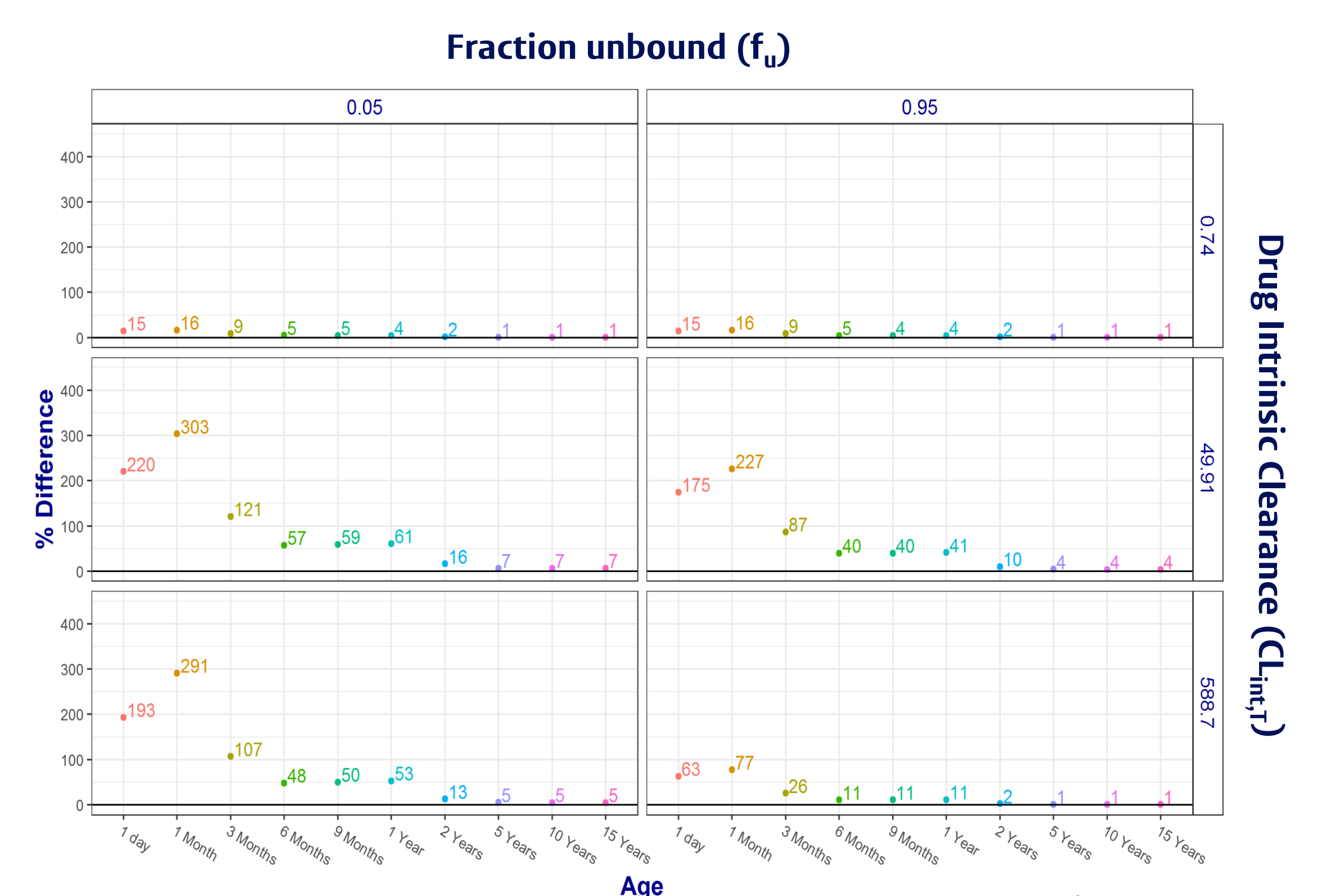
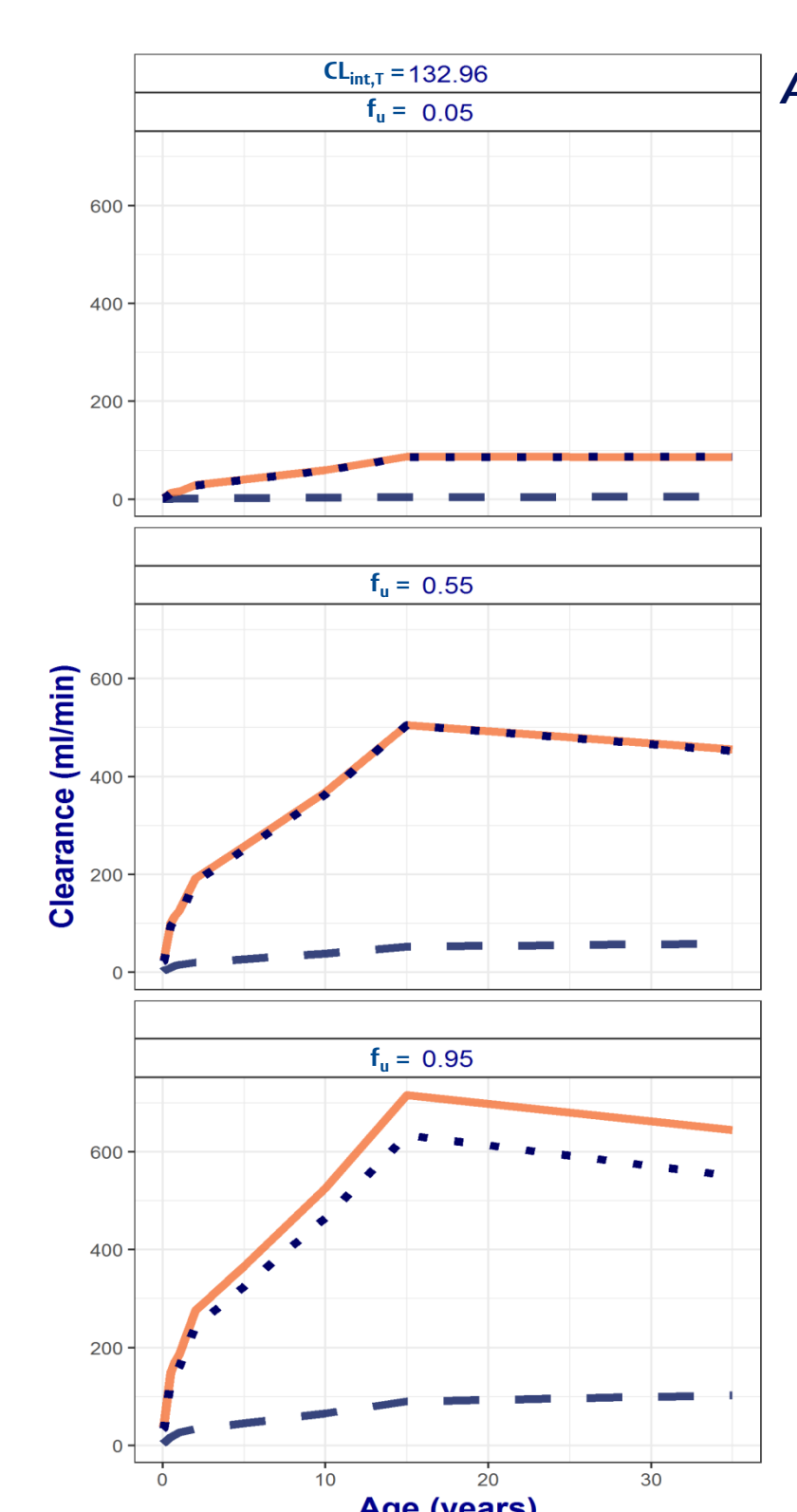


Figure 2

**Figure 1** - Contribution of GFR (orange) and active secretion (blue) as a percentage of the total renal clearance ( $CL_R$ ). **Figure 2A** - Impact of overall maturation (age) and protein binding ( $f_u$ ) on GFR (blue - dashed), active secretion (black - dotted) and total renal clearance (orange - solid) for  $CL_{int,T}$  of 132.96  $\mu\text{l}/\text{min}$ . **Figure 2B** - Impact of maturation of the transporters capacity ( $mat_{TC}$ ) on  $CL_R$  versus age for low (0.74  $\mu\text{l}/\text{min}$ ), median (49.91  $\mu\text{l}/\text{min}$ ) and high (588.7  $\mu\text{l}/\text{min}$ )  $CL_{int,T}$  values and for low (0.05) and high (0.95) fraction unbound ( $f_u$ ) with % difference representing the difference between  $CL_R$  with or without the  $mat_{TC}$  included.

## AFFILIATIONS

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## REFERENCES

- <sup>1</sup>Jamei 2009 <sup>2</sup>Neuhoff 2013  
<sup>3</sup>Johnson 2006 <sup>4</sup>Chen 2006;  
<sup>5</sup>Simcyp <sup>6</sup>Salem 2015;  
<sup>7</sup>DeWoskin 2009 <sup>8</sup>ICRP 2002