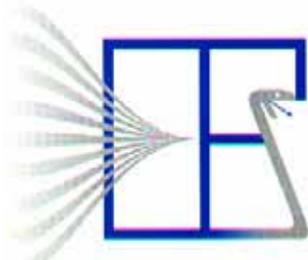




Implementing *receptor theory* in PK-PD modeling

Meindert Danhof & Bart Ploeger

PAGE, Marseille, 19 June 2008



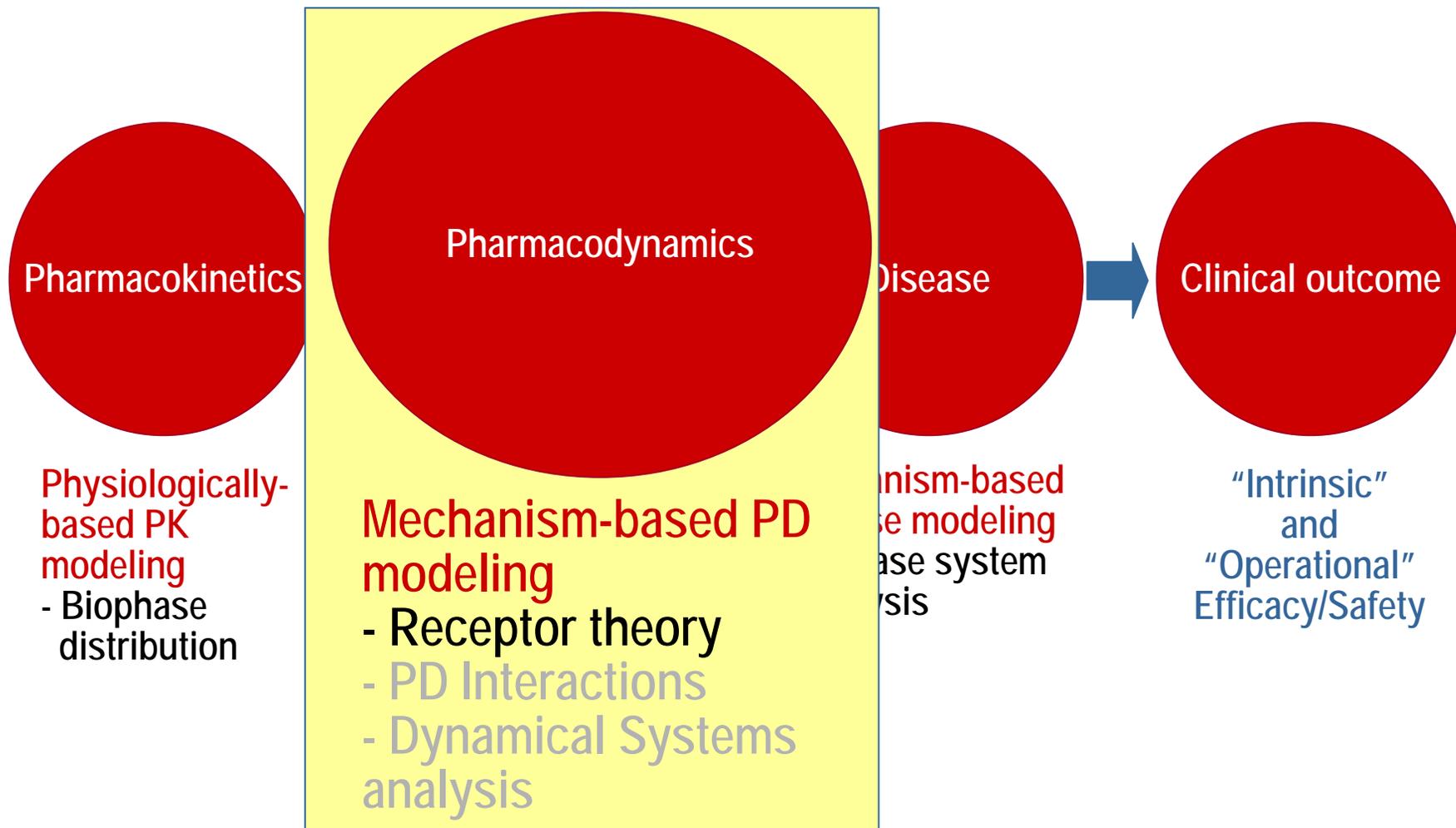
Leiden/Amsterdam
Center for Drug
Research

Leiden University/Vrije Universiteit Amsterdam



Leiden Experts on
Advanced
Pharmacokinetics &
Pharmacodynamics

Mechanism-based PK-PD modeling current status and future directions



Mechanism-based PK-PD modeling ***a pharmacologist's view***

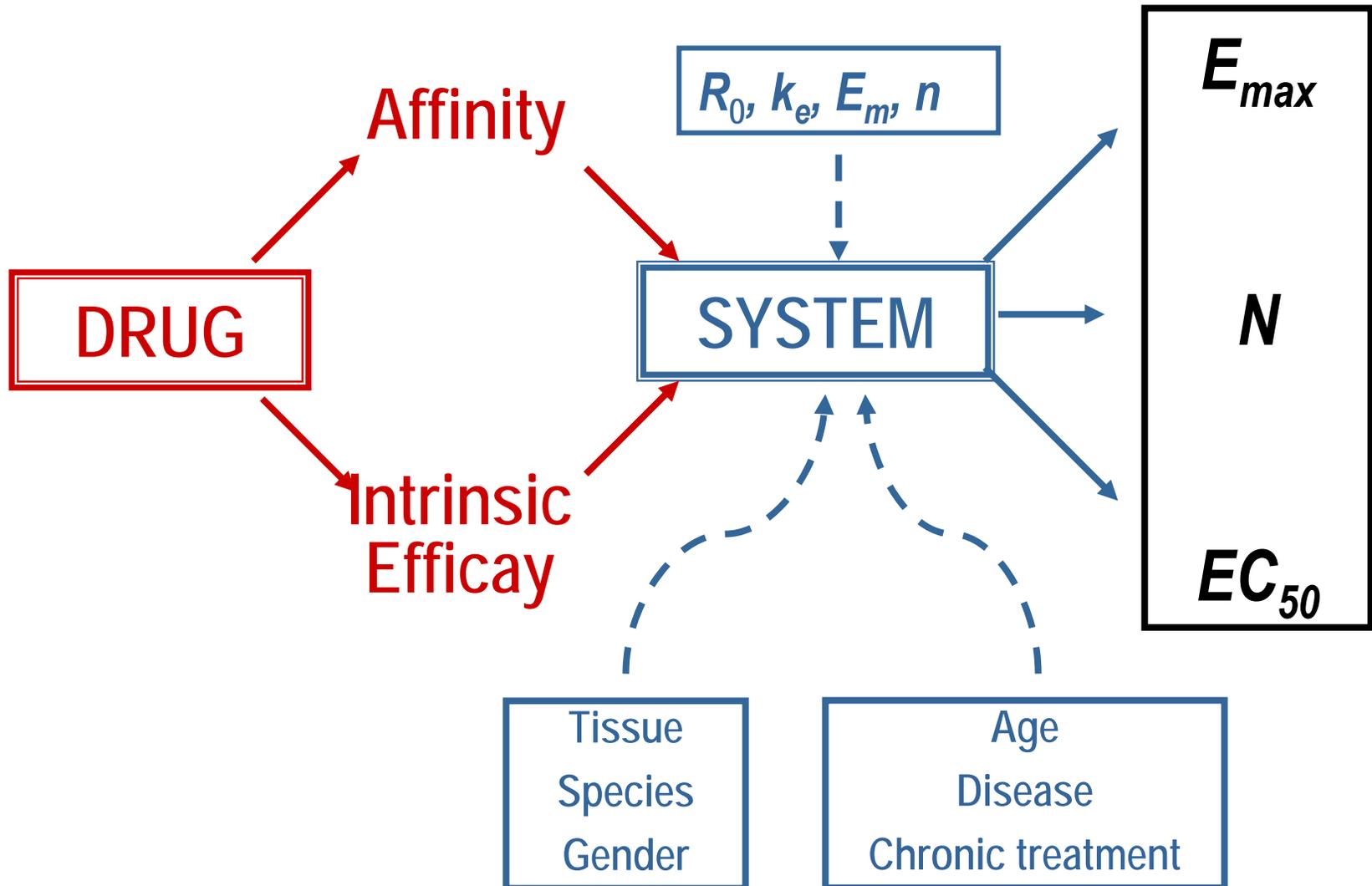
**Describe processes on the *causal chain* between
(plasma) concentration and effect**

1. **Target site** distribution
 2. **Target** binding and activation
 3. **Transduction** processes
 4. Pharmacodynamic **interactions**
 5. Homeostatic **feedback**
- } **"In Vivo"
Transduction**

Implementing *receptor theory* in PK-PD modeling

Concentration-effect relationship

Concentration-effect relationships can differ between *tissues*, *species* and *individuals*



Receptor theory for prediction of concentration-effect relationships

- ***In vivo*** concentration-effect relationships
- **Tissue selectivity** of drug effects
- **Interspecies differences** in concentration-effect relationships
- **Tolerance** and **sensitization**
- Intra- and inter-individual **variability**

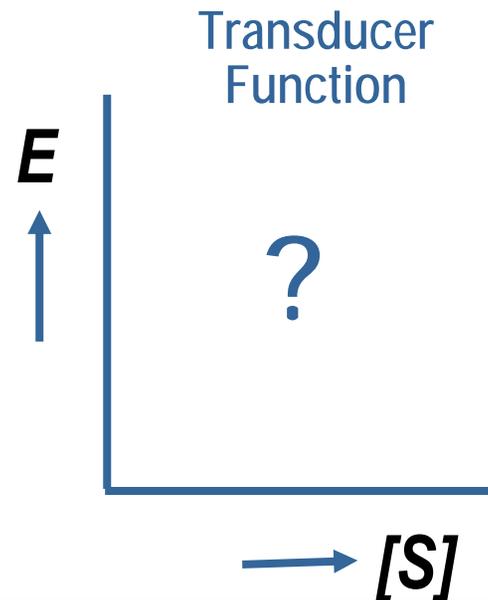
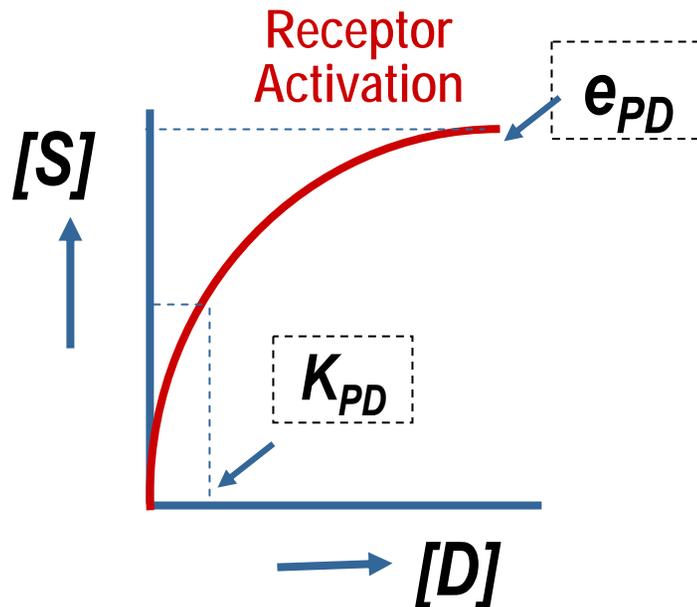


Receptor function as a determinant of drug effect

Receptor theory for prediction of concentration-effect relationships

$$S = \frac{\varepsilon \times R_{\text{tot}} \times [D]}{K_{PD} + [D]} = \frac{e_{PD} \times [D]}{K_{PD} + [D]}$$

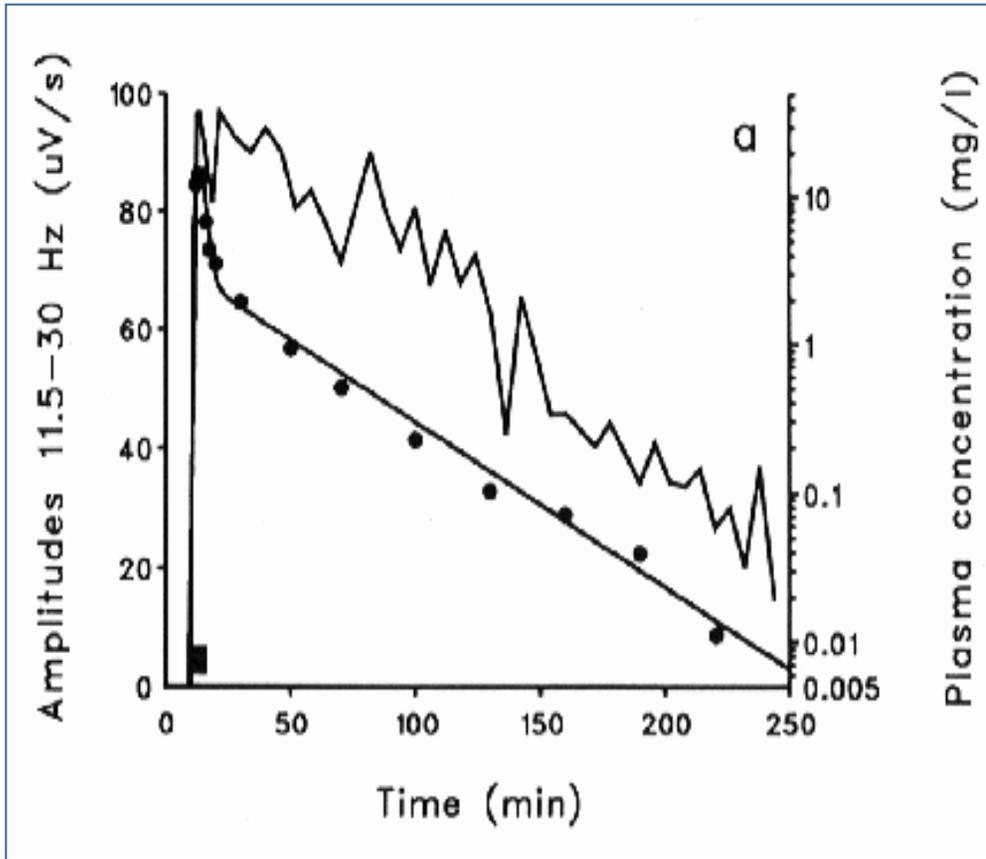
$$E = f([S])$$



Identification of the receptor model ***application to GABA_A receptor agonists***

- **Simultaneous analysis** of the concentration-effect curves of flunitrazepam, midazolam, oxazepam and clobazam
- Assumption of a **single** and **'unique'** transducer **function** (non-parametric; continuously increasing function)
- Description of the **receptor activation** process on basis of a **hyperbolic function**
- **'Comparative'** method for estimation of the drug-specific parameters

Midazolam: *plasma concentrations and EEG effect in individual rats*

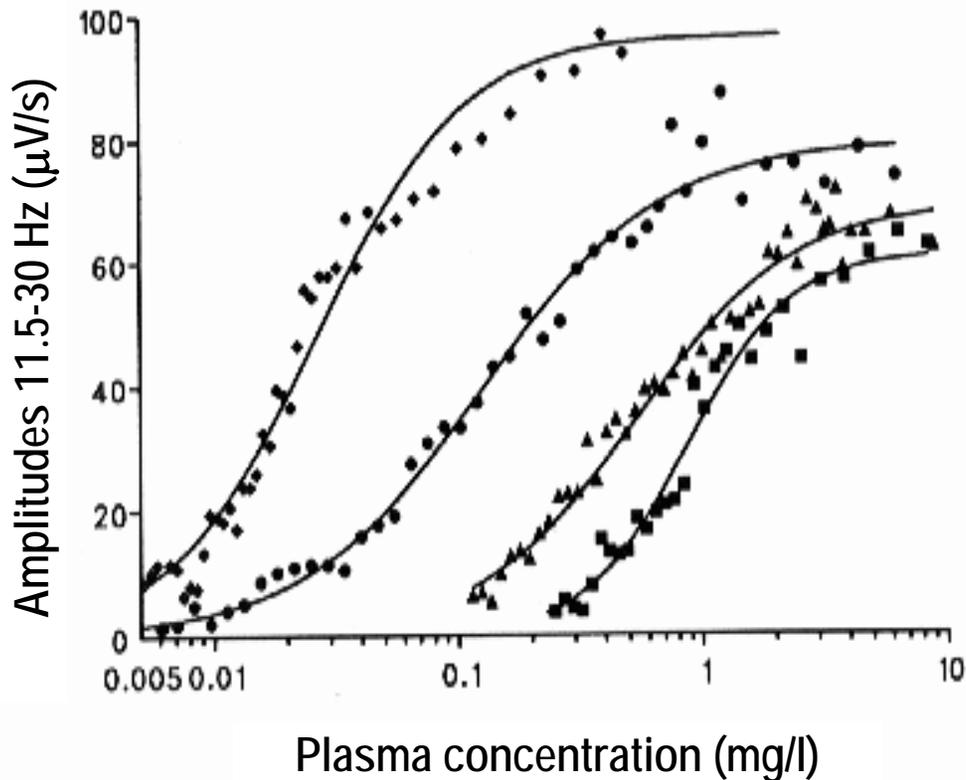


PK-PD

- Simultaneous monitoring of plasma concentration and EEG effect results in data sets that can be subjected to **PK-PD modelling**
- In this manner **concentration effect relationships** are obtained in **individual rats**

From: Mandema *et al.*, Br. J. Pharmacol. 102: 663-668 (1991)

EEG effect: benzodiazepines differ in *potency* and *intrinsic activity*



PK-PD

- *In vivo* concentration-EEG effect relationships of 4 benzodiazepines:

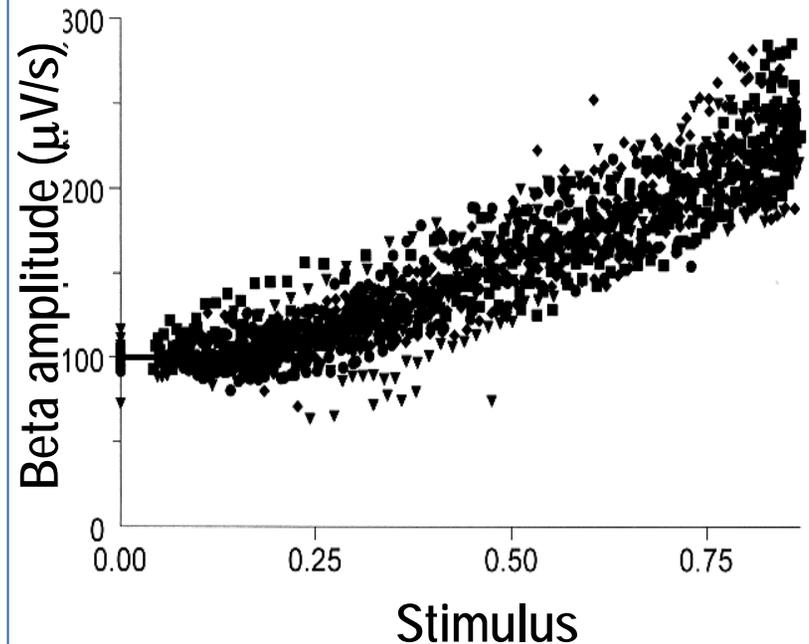
Flunitrazepam (◆)
Midazolam (●)
Oxazepam (▲) and
Clobazam (■)

Non-linear transducer function with no saturation at high stimulus intensities

Drug-specific receptor interaction parameters

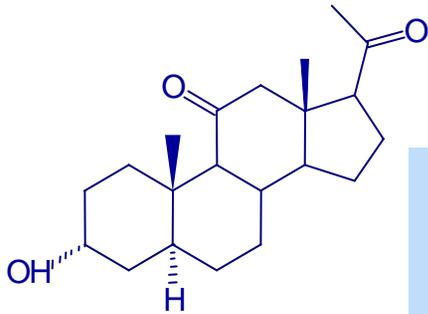
Drug	K_{PD} ng.ml ⁻¹	e_{PD}
Flunitrazepam	21 ± 2.1	1
Midazolam	43 ± 6.0	0.87 ± 0.03
Oxazepam	411 ± 49	0.90 ± 0.04
Clobazam	782 ± 86	0.79 ± 0.03

System-specific transducer function

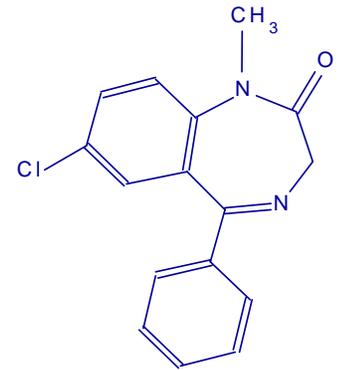
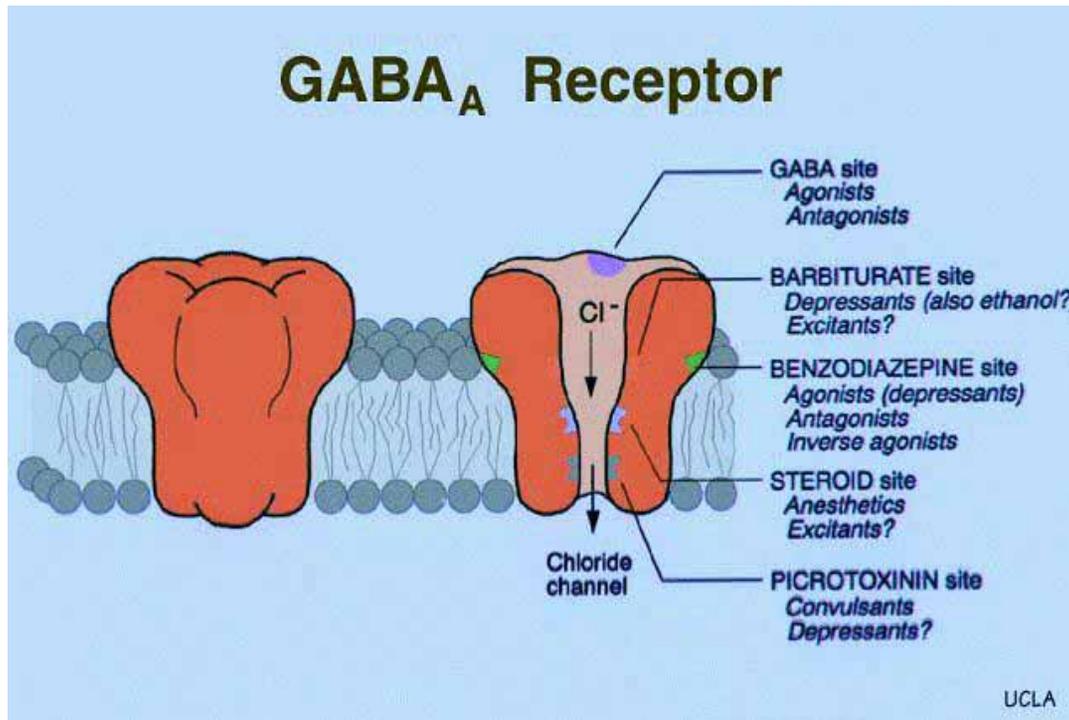


From: Tuk *et al.*, J. Pharmacol. Exp. Ther. 289: 1067-1074 (1999)

Neurosteroids and benzodiazepines *share* the same *transducer* function



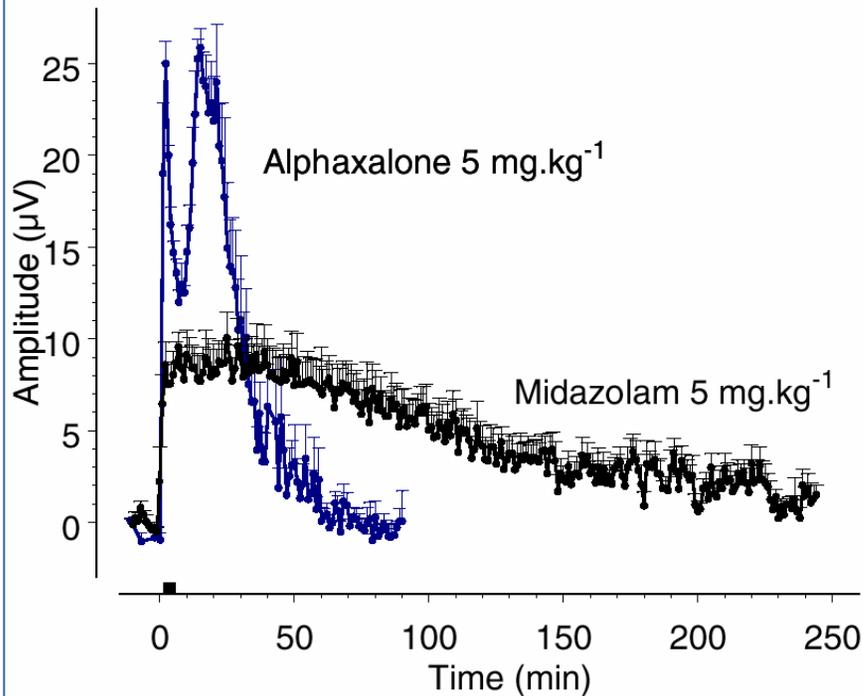
Alphaxalone
Pregnanolone
ORG 21465
ORG 20599



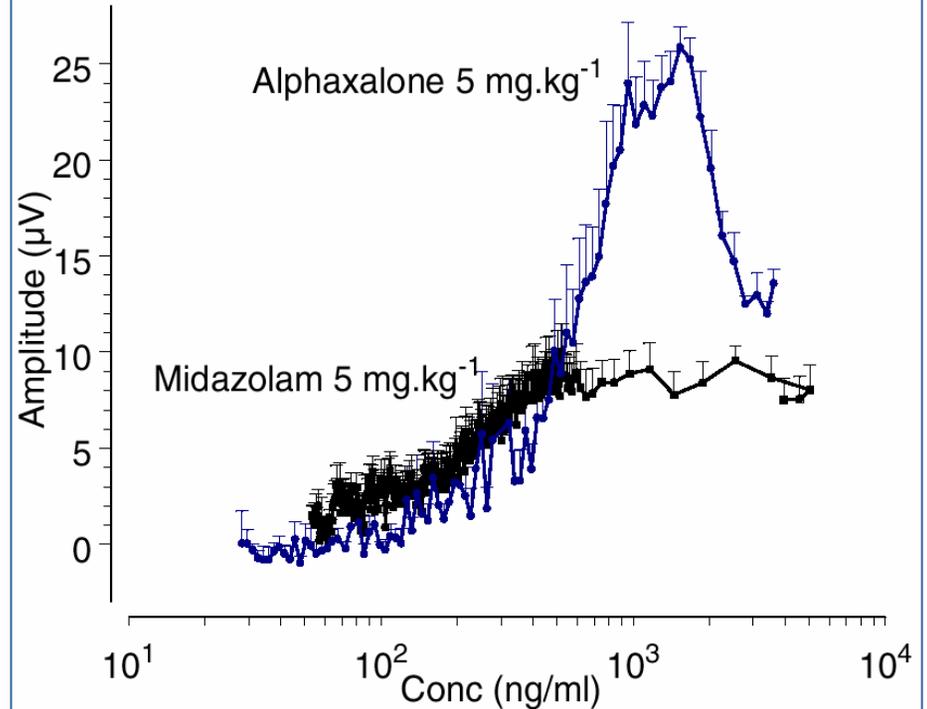
Diazepam
Flunitrazepam
Midazolam
Clobazam
Zolpidem
Oxazepam
Zopiclone
Bretazenil

EEG effects of alphaxalone and midazolam are **quantitatively** and **qualitatively** different

In vivo effect-time course

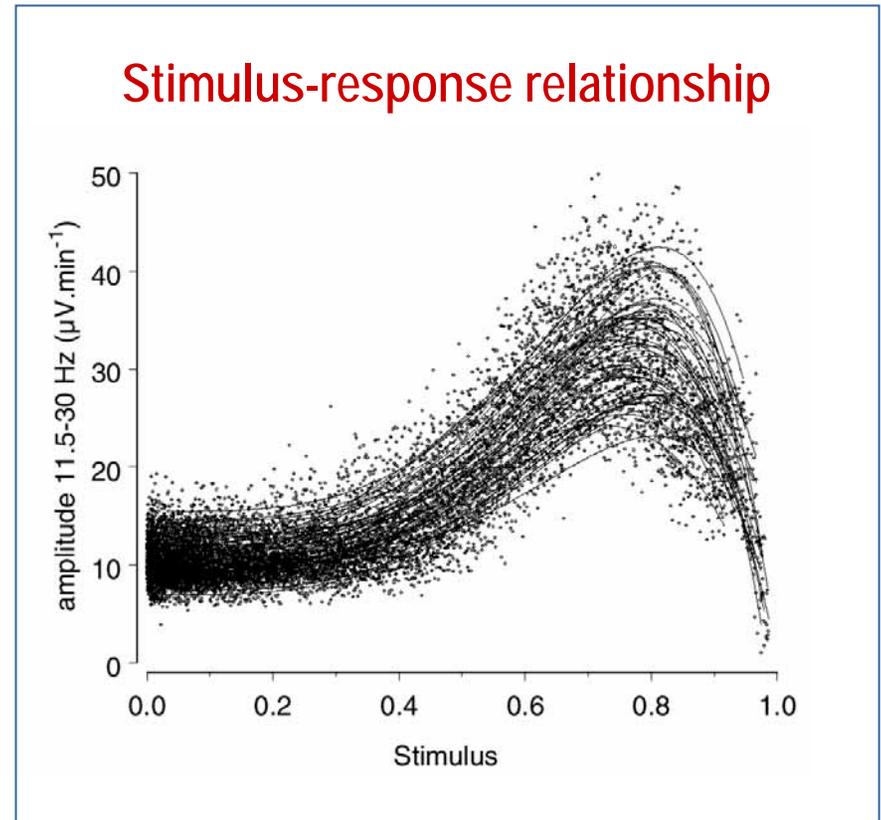
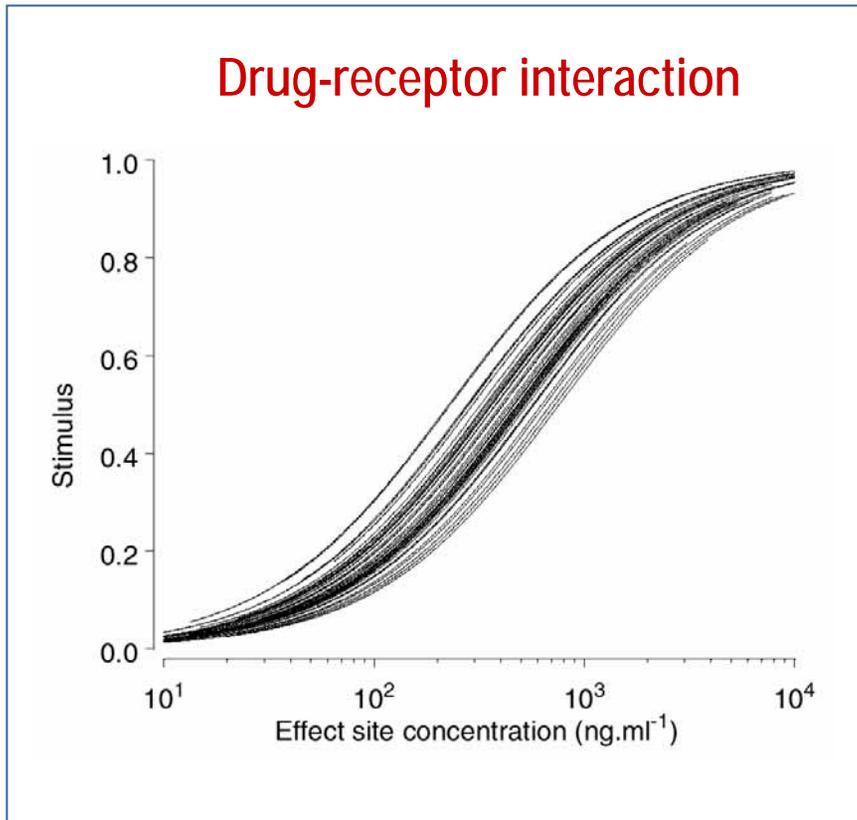


Concentration-effect relationship



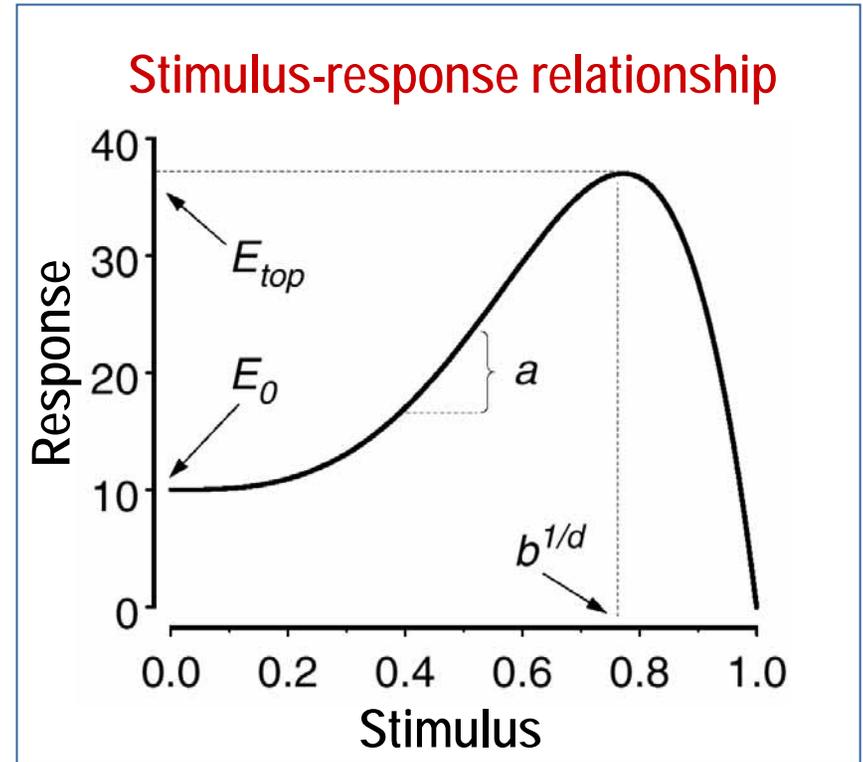
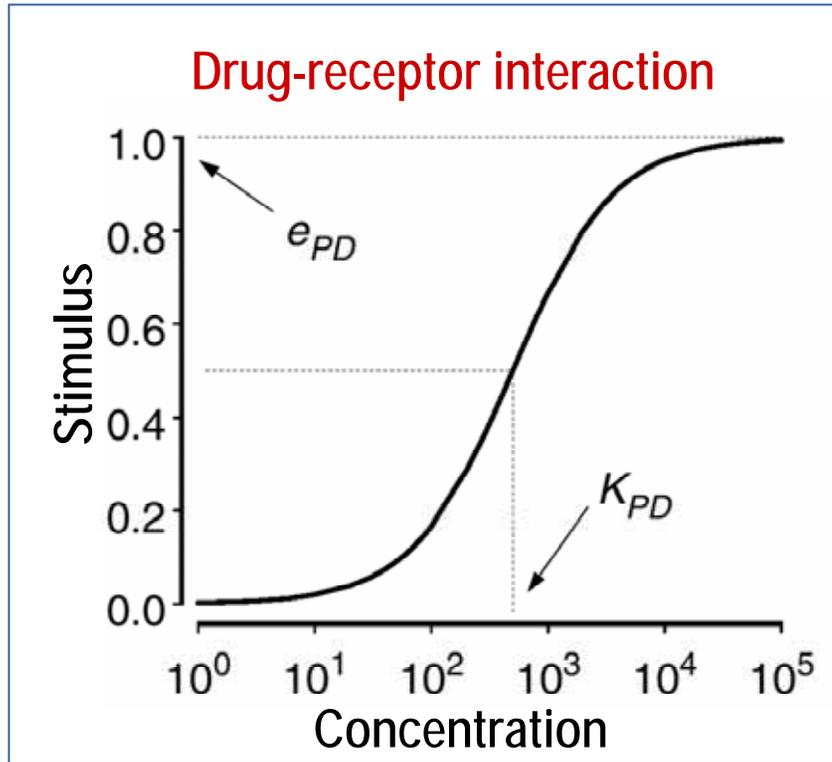
From: Visser *et al.*, J. Pharmacol. Exp. Ther. 302: 1158-1167 (2002)

A **parabolic function** describes the **stimulus-response** relationship of alphaxalone



From: Visser *et al.*, J. Pharmacol. Exp. Ther. 302: 1158-1167 (2002)

Mechanism-Based PK-PD Model for Neurosteroids and Benzodiazepines

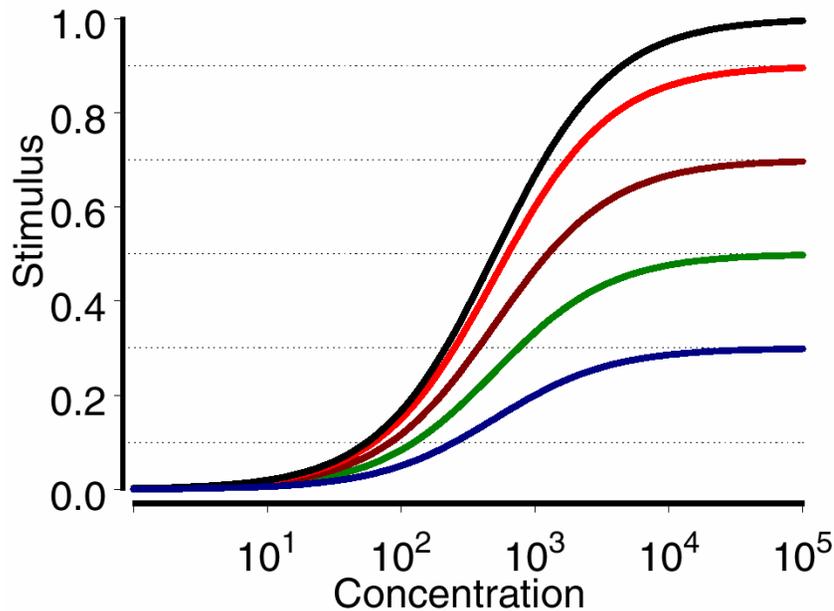


$$Stimulus = S(C) = \left[\frac{e_{PD} \cdot C_e}{C_e + K_{PD}} \right]$$

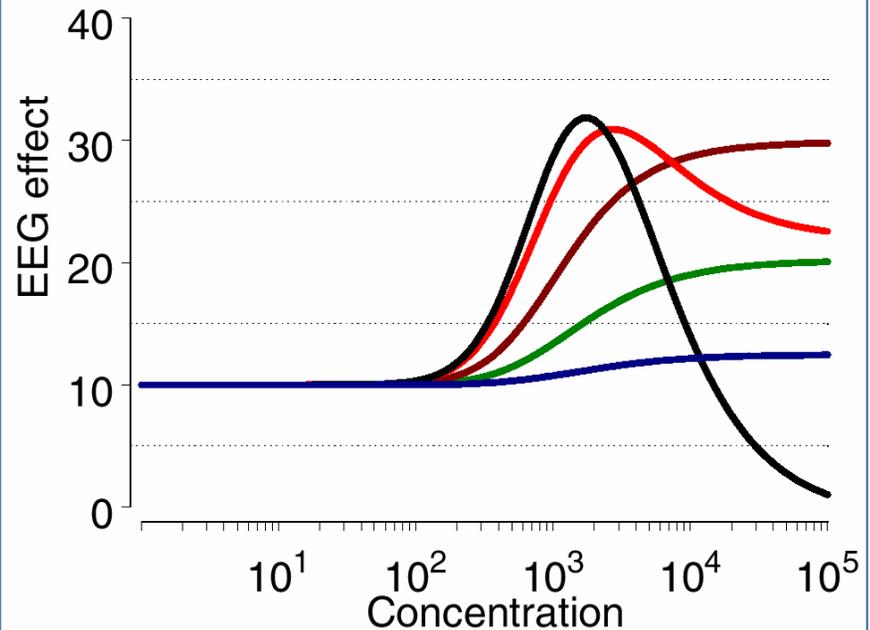
$$E = f(S) = E_{top} - a(S^d - b)^2$$

Model predicts *monophasic* concentration effect relationships for *partial agonists*

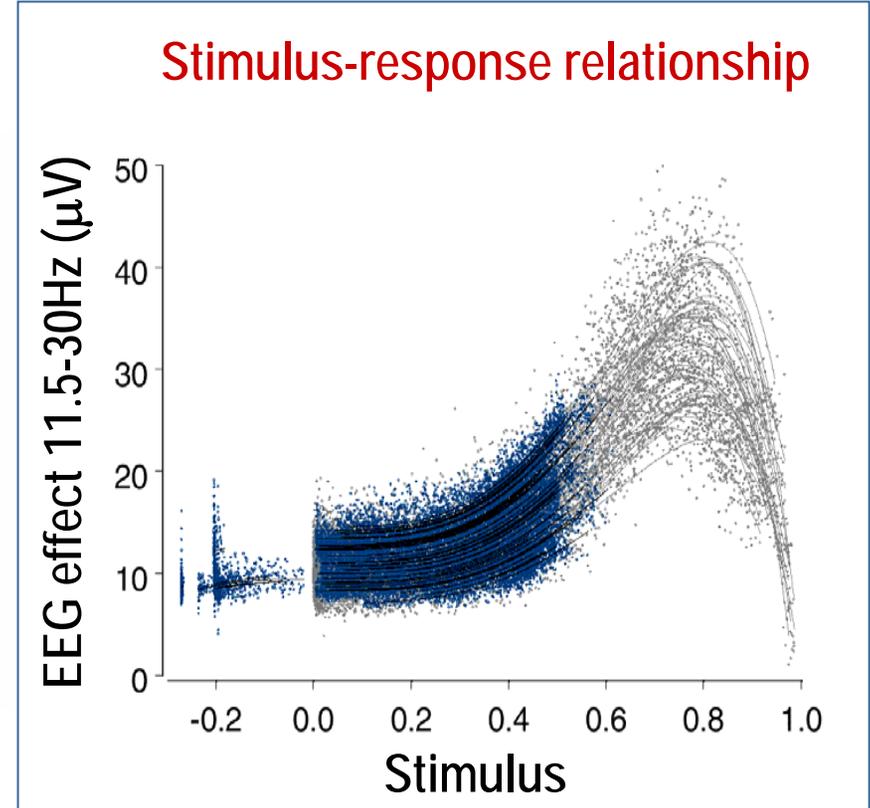
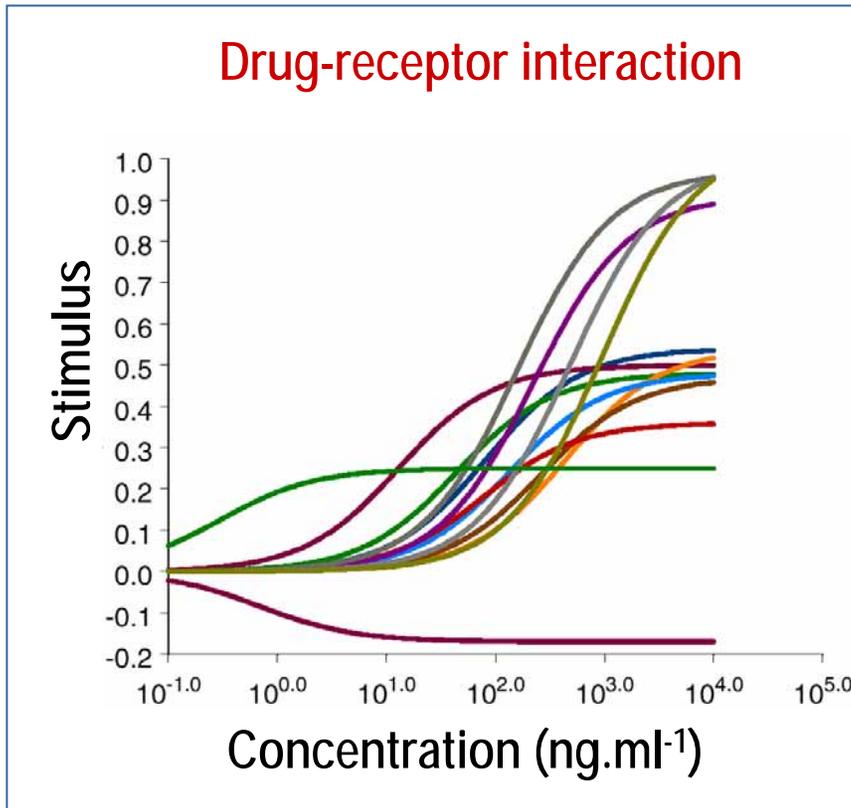
Drug-receptor interaction



Concentration-effect relationship

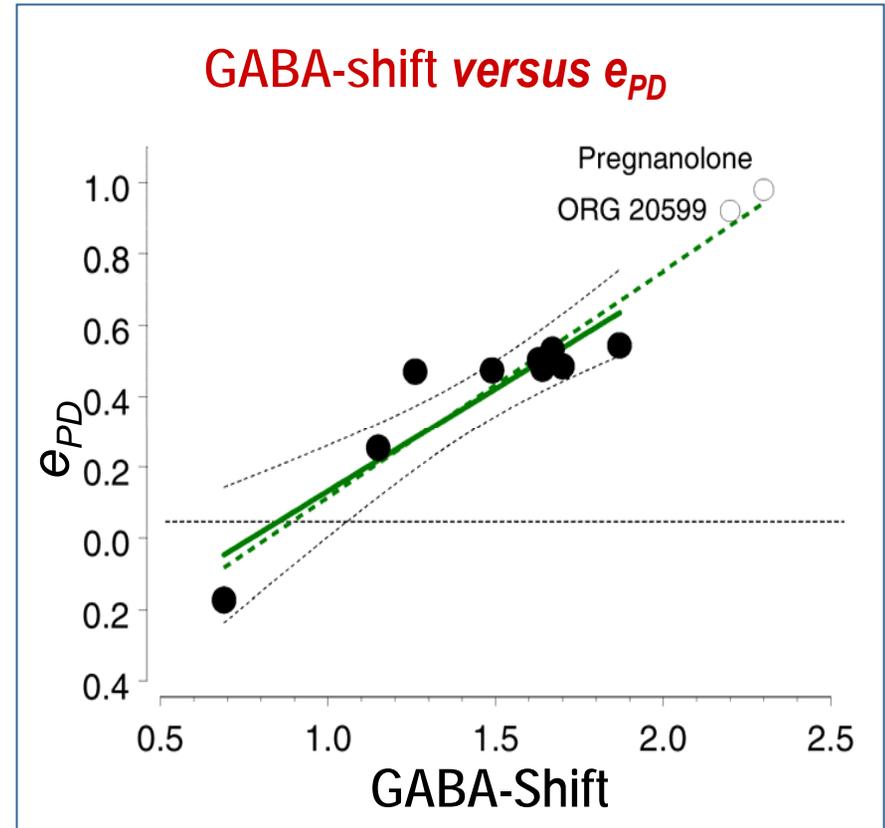
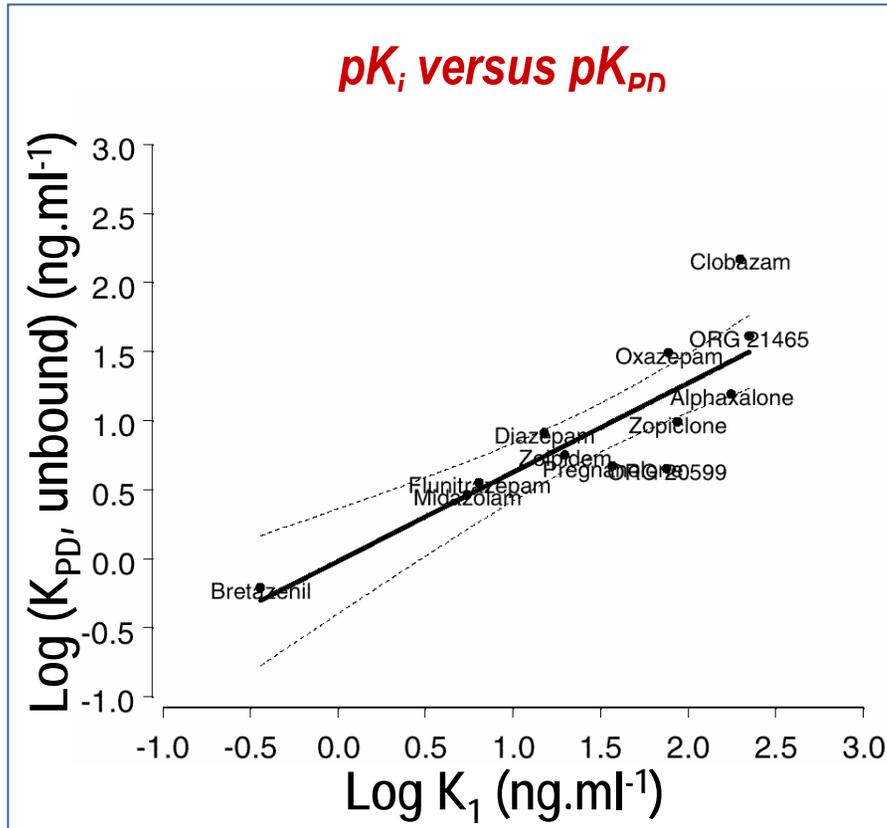


Benzodiazepines are *partial agonists* at the $GABA_A$ receptor *in vivo*



From: Visser *et al.*, J. Pharmacol. Exp. Ther. 304: 88-101 (2003)

Mechanism-based PK-PD model allows prediction of **potency** and **intrinsic efficacy**



From: Visser *et al.*, J. Pharmacol. Exp. Ther. 304: 88-101 (2003)

Application of receptor theory in PK-PD modeling is **generally feasible**

- **A₁ adenosine** receptor agonists
- Synthetic **μ opioid** receptor agonists
- **5-HT_{1A} serotonin** receptor agonists
- **GABA_A** receptor agonists
- **Beta** receptor antagonists
- **hERG channel** ligands
-
-

*Application of receptor theory in PK-PD modeling **challenges***

- Kinetics of receptor **association** and **dissociation**
- Modeling of “**constitutive activity**” and “**inverse agonism**”
- Modeling of “**allosteric modulation**”
- Modeling of the role of “**receptor subunit composition**”
 - Interspecies extrapolation
 - Intra- and inter-individual variation

Implementing *receptor theory* in PK-PD modeling

Kinetics of drug action

Kinetics of drug-action: *receptor kinetics* and *transducer function*

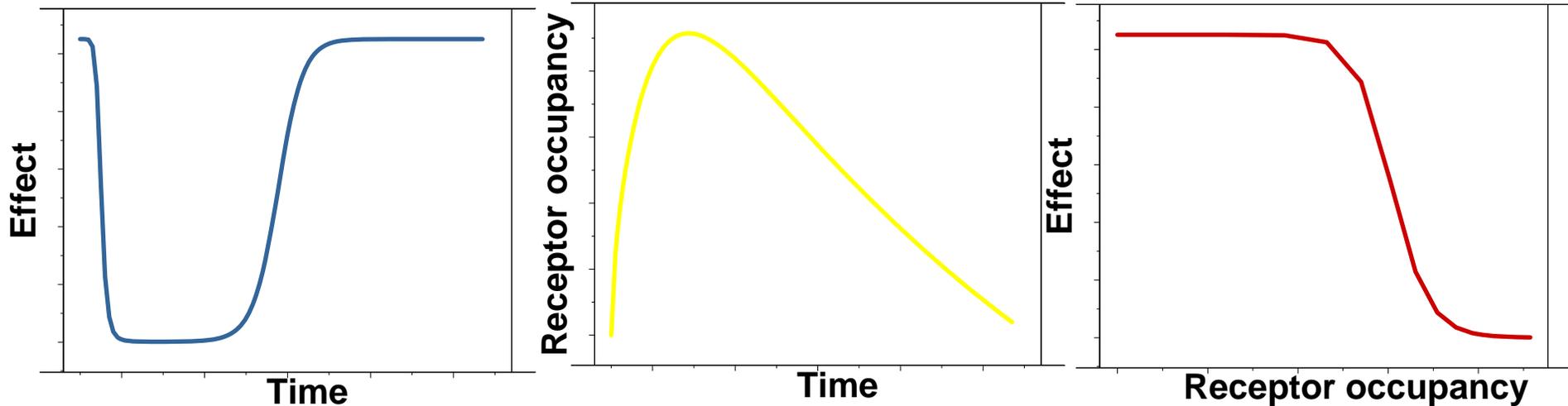
Time-course
of drug effect

=

Receptor kinetics

+

Transducer
Function



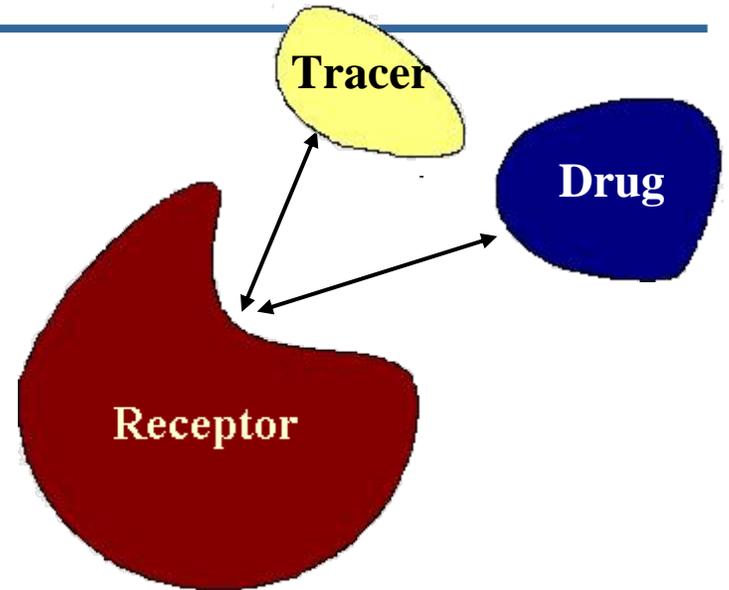
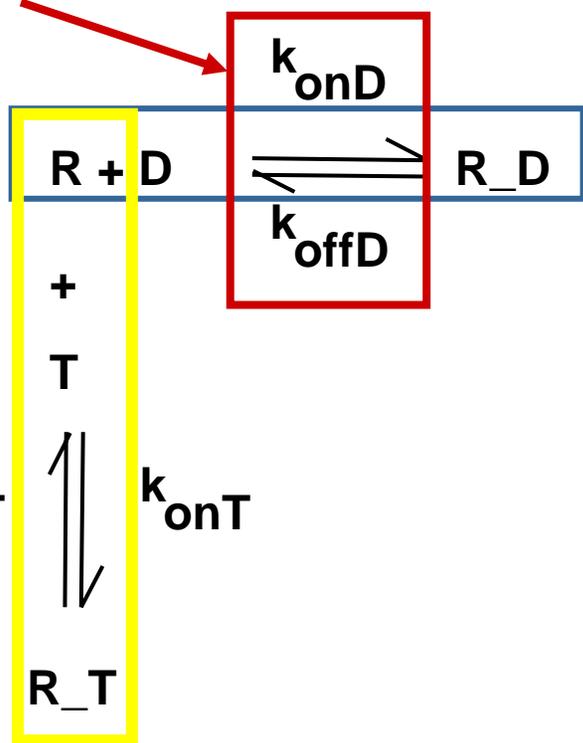
How to distinguish **receptor kinetics** from the **transducer function**?

- **Two-stage approach**
 - Estimate the receptor kinetics independently
 - *In vitro* receptor binding experiment
 - Measuring the concentration in the biophase
 - Fix receptor kinetics and estimate transducer function
- **Simultaneous approach**
 - Collect detailed data on pharmacology
 - Different doses and/or infusion scheme's
 - Combine data from compounds acting on the same system
 - Full and partial agonist, agonists and antagonists, etc.

Estimating *receptor kinetics in vitro* using competition with a tracer

Parameters of interest

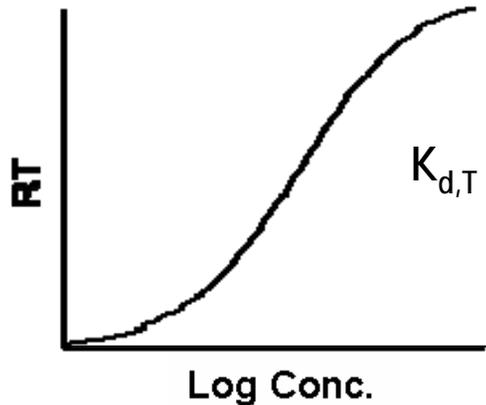
K_{dD}



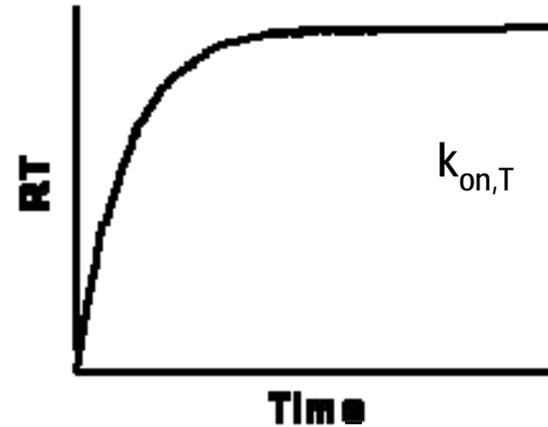
- K_{dD} (K_d drug) = k_{offD}/k_{onD}
- K_{dT} (K_d tracer) = k_{offT}/k_{onT}
- R: target
- D: drug
- T: tracer
- RD: target-drug complex
- RT: target-tracer complex

Estimating receptor kinetics in vitro

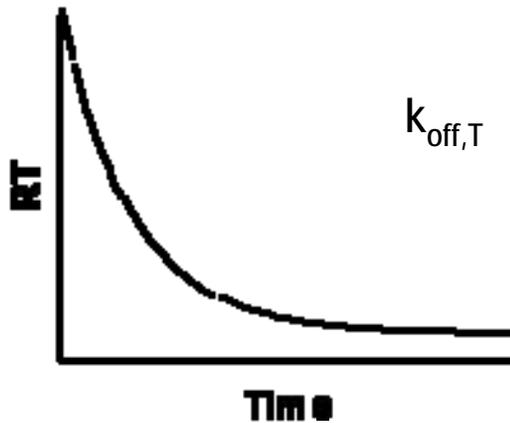
experimental approach



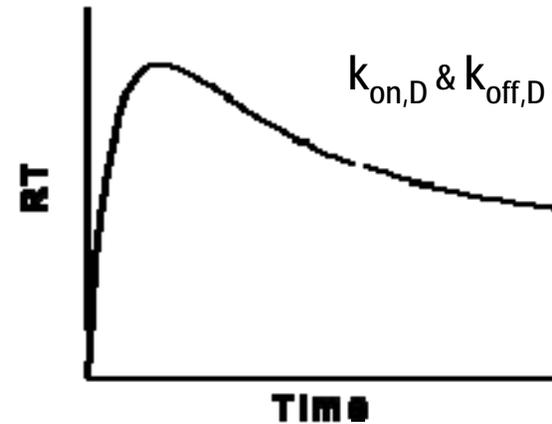
Equilibrium experiment



Association experiment



Dissociation experiment



Competitive binding experiment

Estimating receptor kinetics *in vitro*

model structure

Structural model:

CL=concentration ligand; CD=concentration drug

Assumption: CL and CD in excess

$$\begin{aligned} \text{DADT}(1) &= k_{\text{on}}L \cdot A(2) \cdot L - A(1) \cdot k_{\text{off}}L && ; \text{RL} \\ \text{DADT}(2) &= -(k_{\text{on}}L \cdot \text{CL} + k_{\text{on}}D \cdot \text{CD}) \cdot A(2) + A(1) \cdot k_{\text{off}}L + A(3) \cdot k_{\text{off}}D && ; \text{free R} \\ \text{DADT}(3) &= k_{\text{on}}D \cdot A(2) \cdot \text{CD} - A(3) \cdot k_{\text{off}}D && ; \text{RD} \end{aligned}$$

Association: IPRED= A(1)

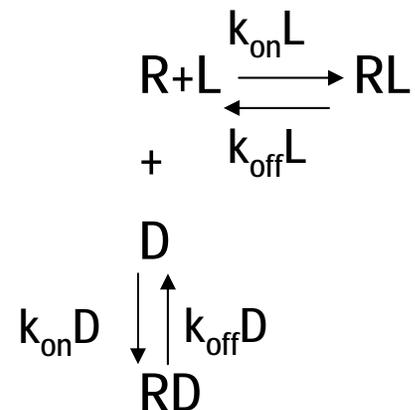
Dissociation: IPRED= A(3)

Equilibrium: IPRED= $B_{\text{max}} \cdot \text{CL} / (K_dL + \text{CL})$

Stochastic model:

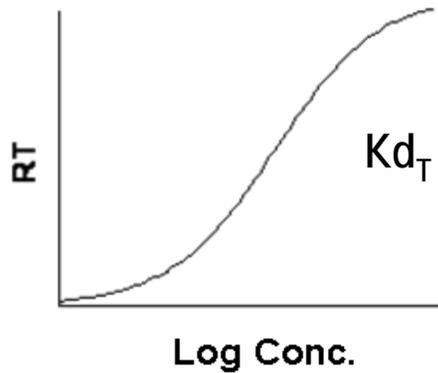
Between experiment variability on B_{max}

Proportional residual error

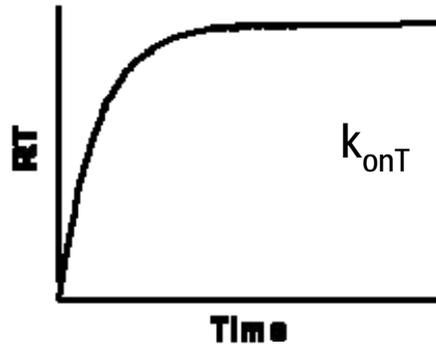


Estimating receptor kinetics *in vitro*

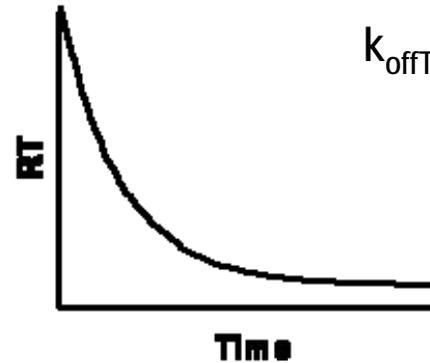
optimal design



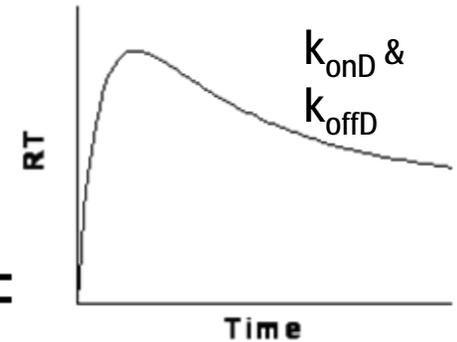
Equilibrium exp.



Association exp.



Dissociation exp.



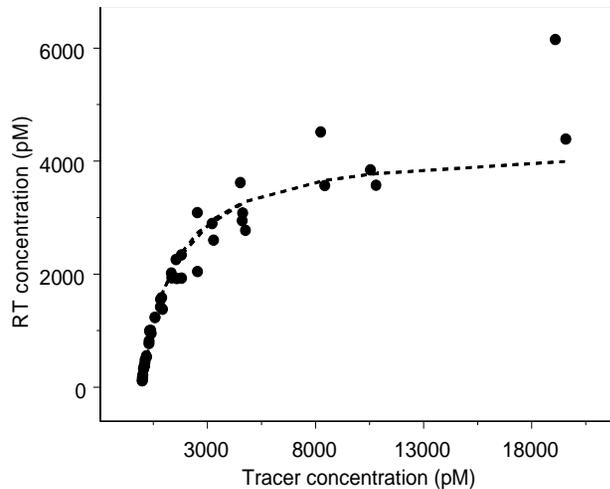
Competitive binding exp.

- All rate constants can be identified using equilibrium and competitive binding experiments
- Repeat competitive binding experiments for at least 3 drug concentrations
 - For the simulated compounds at least 10 measurements in the first hour are required

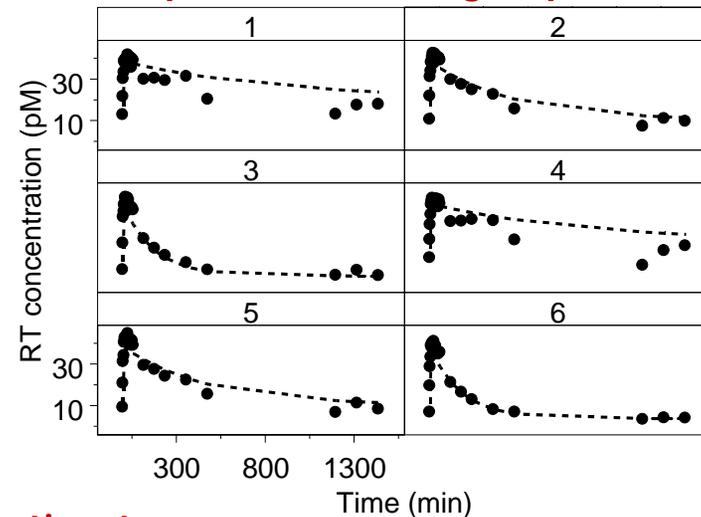
Estimating receptor kinetics *in vitro*

application to a slow-offset drug

Equilibrium experiments



Competitive binding experiments



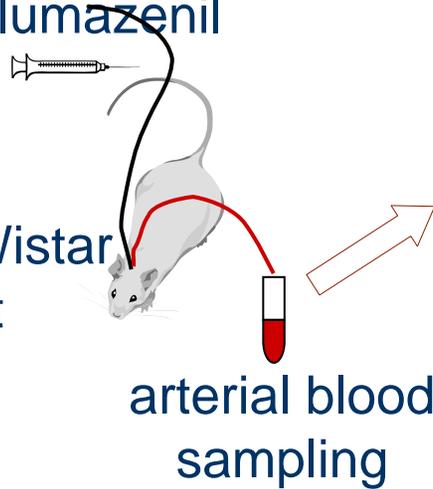
Parameter estimates

Parameter	equilibrium + competitive binding exp.	equilibrium + competitive binding + association exp.
k_{offT} (1/min)	0.175	0.159
K_dT (pM)	1450	1450
k_{off} drug	0.000569	0.000569
K_d drug (pM)	51.3	51.3

Estimating **receptor kinetics in vivo** using biophase concentration data

intravenous saturating injection of [^{11}C]Flumazenil

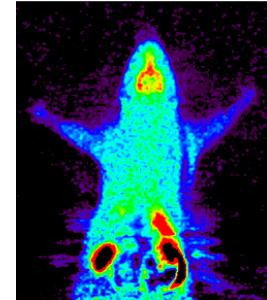
male Wistar rat



arterial blood sampling



scanning under anaesthesia

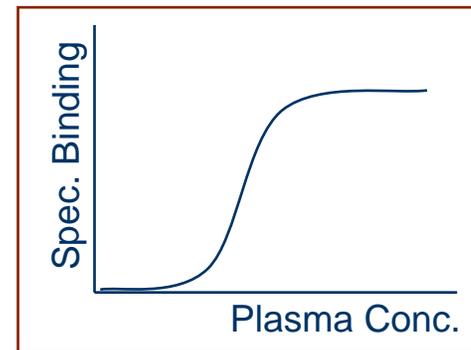


Flumazenil in brain with PET-scanner

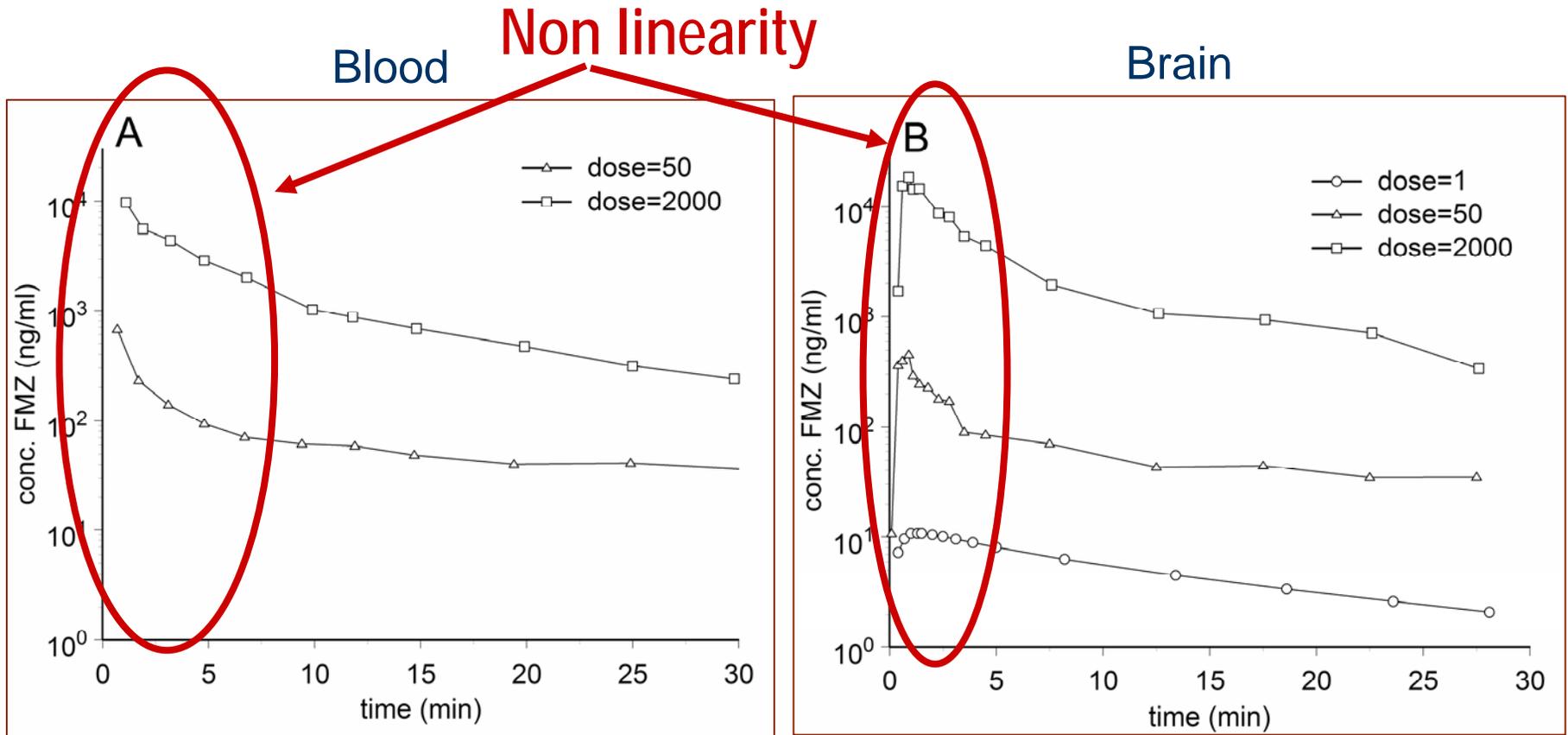
data analysis (NONMEM)



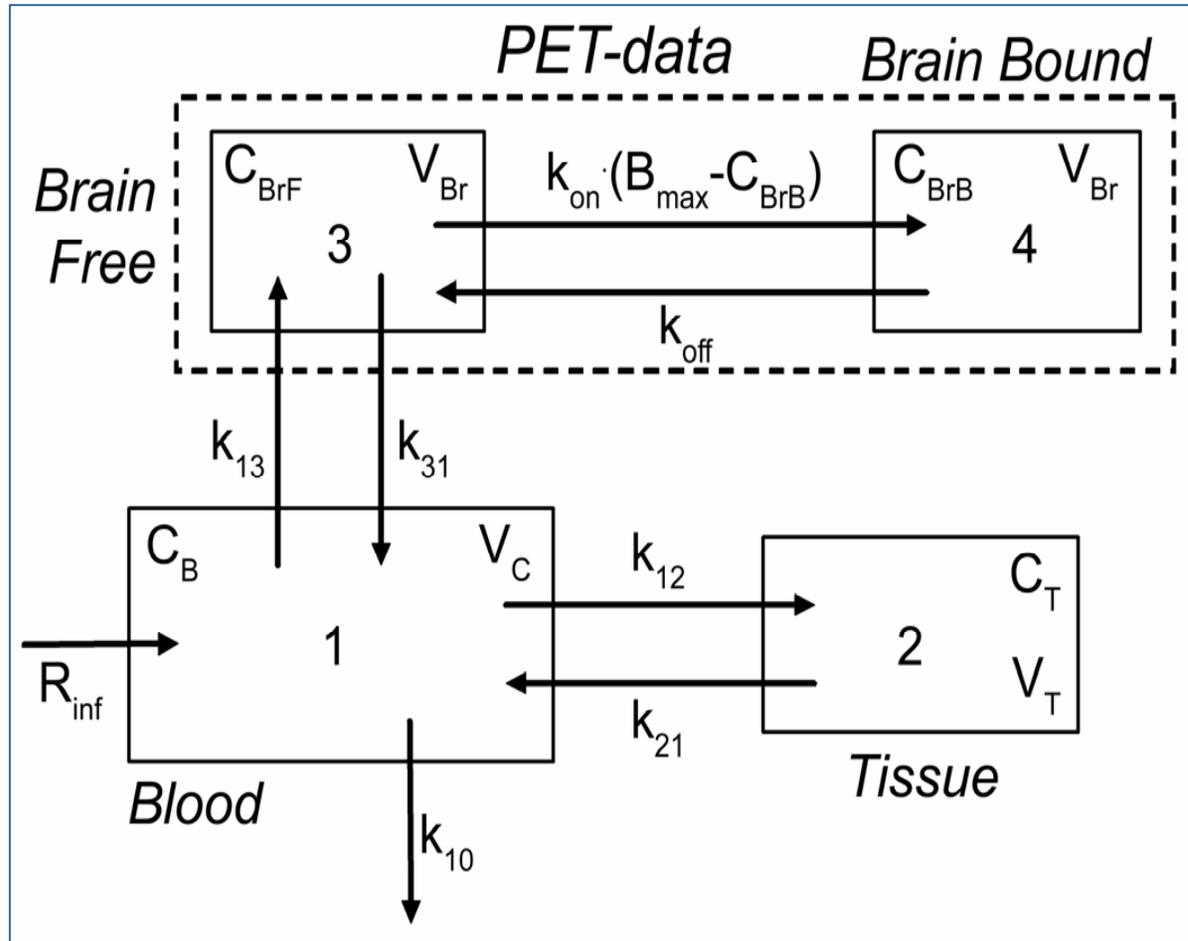
HPLC-UV analysis of Flumazenil in blood



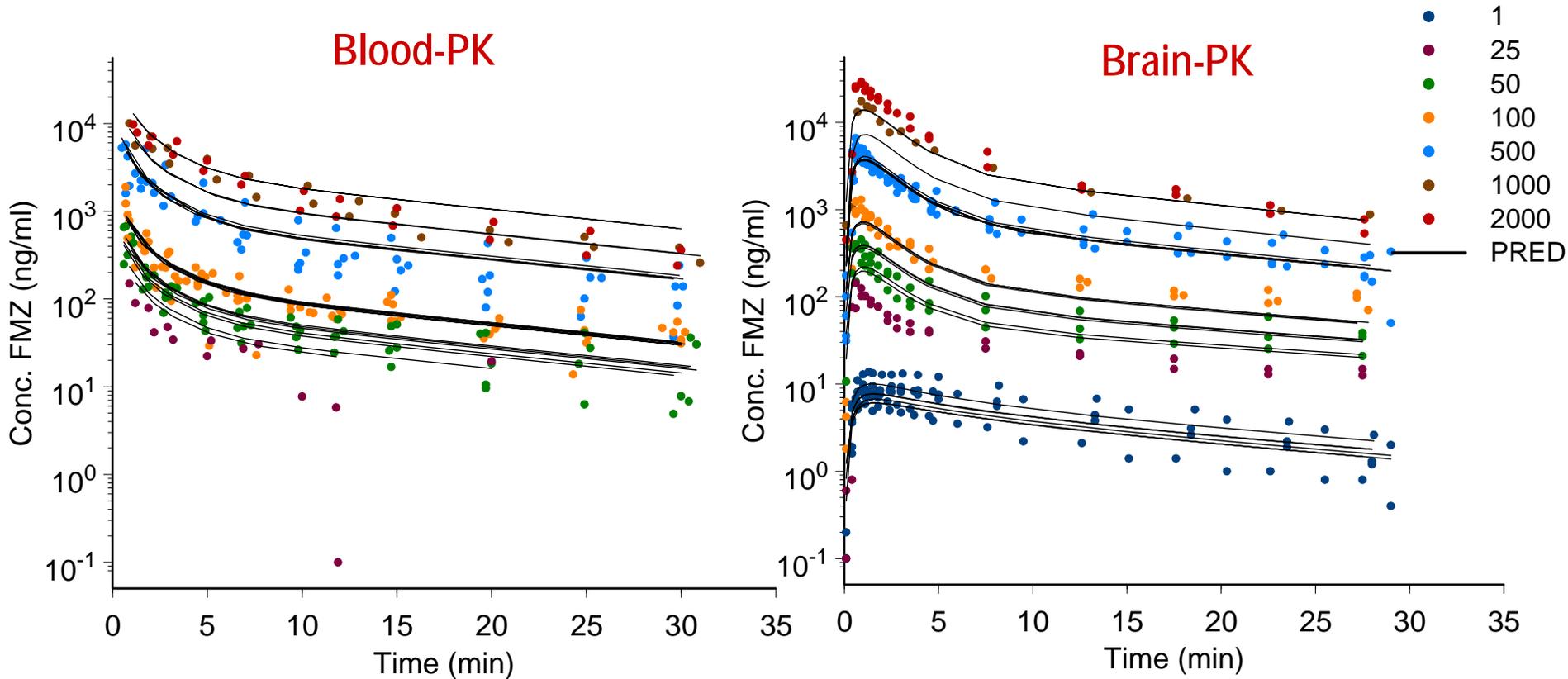
Estimating *receptor kinetics of flumazenil* in rat brain *in vivo*



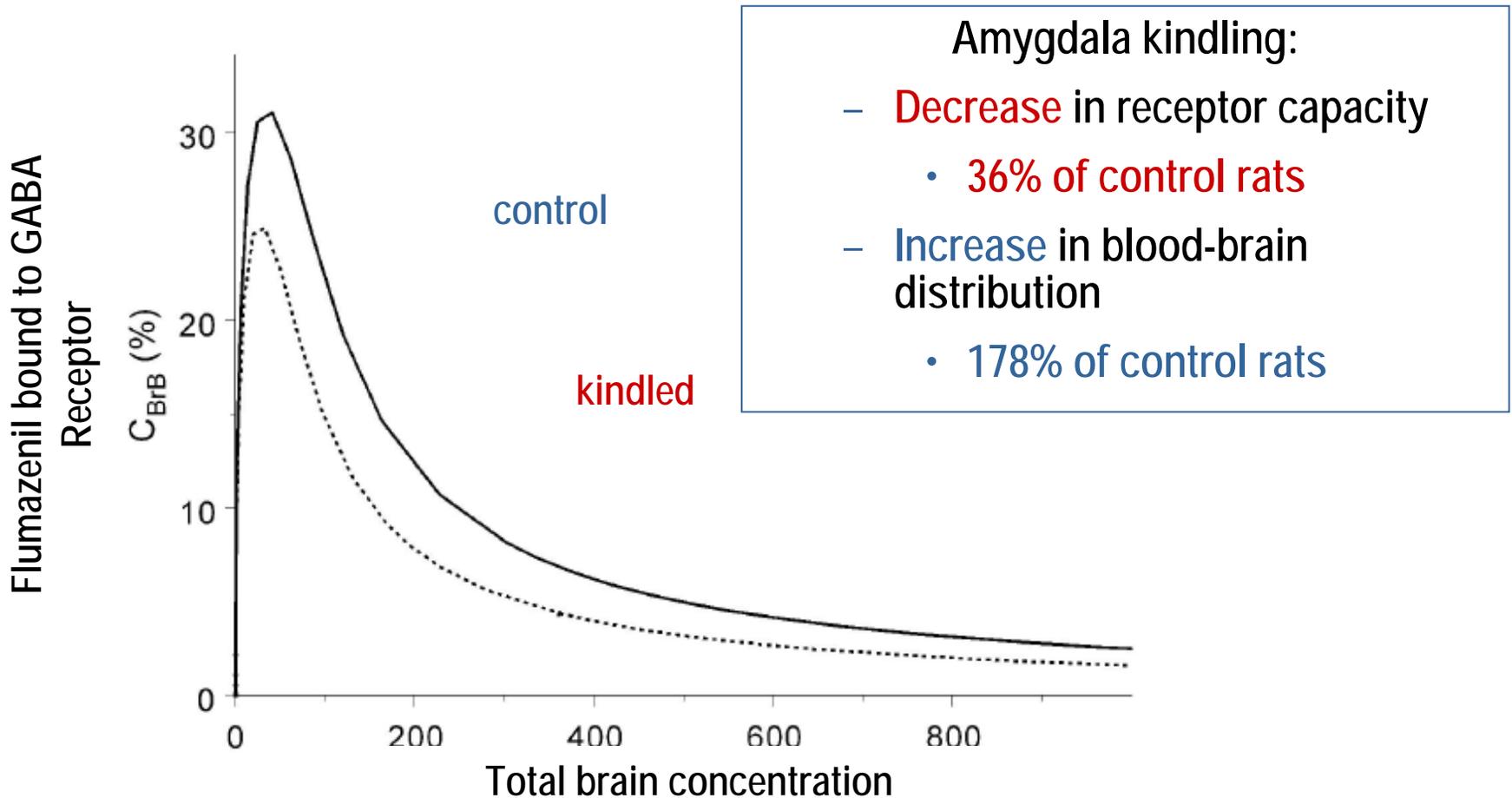
Pharmacokinetic model for estimation of flumazenil receptor kinetics in vivo



Pharmacokinetic model for estimation of flumazenil receptor kinetics in vivo



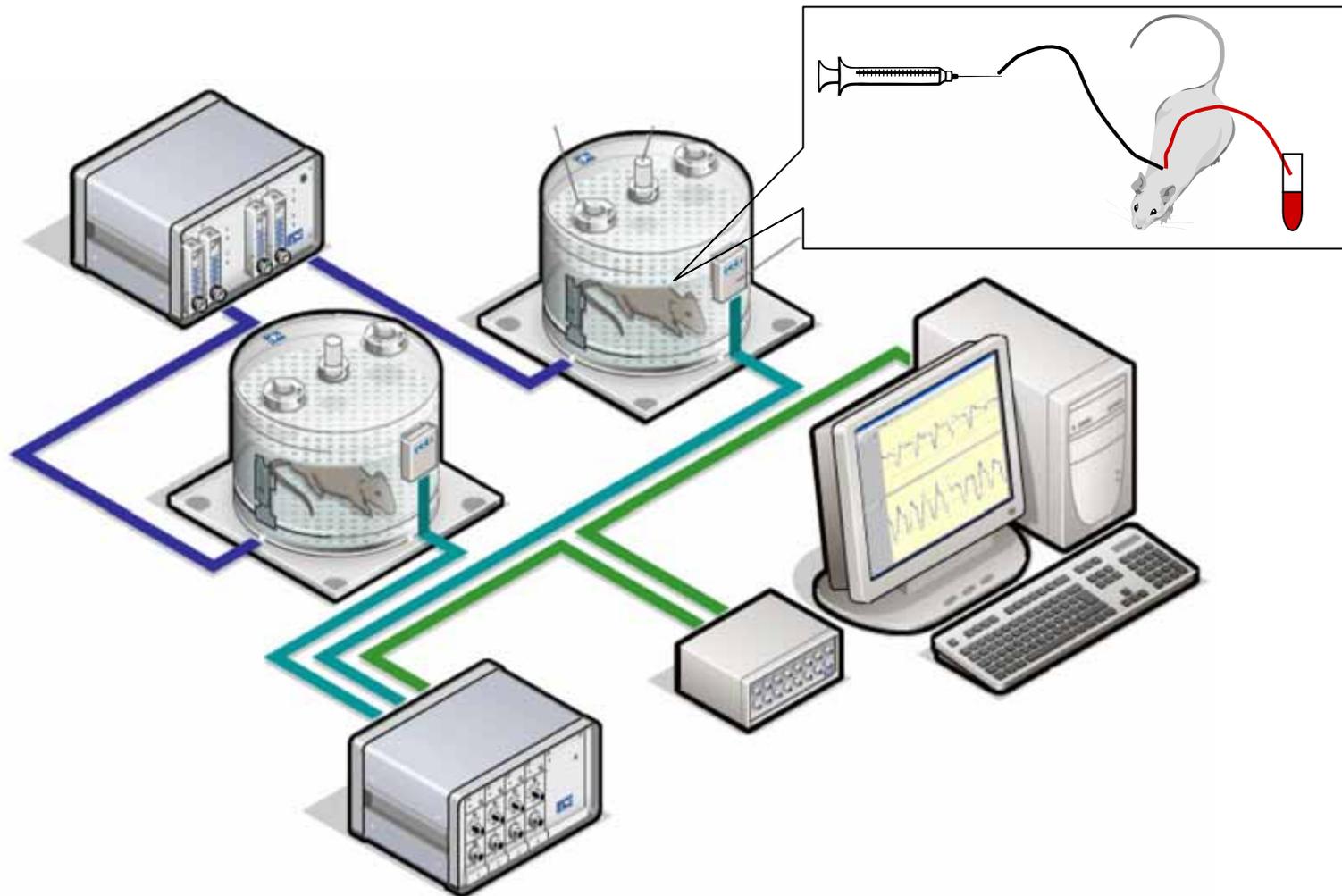
Effect of amygdala *kindling* on *blood-brain transport* and *receptor kinetics*



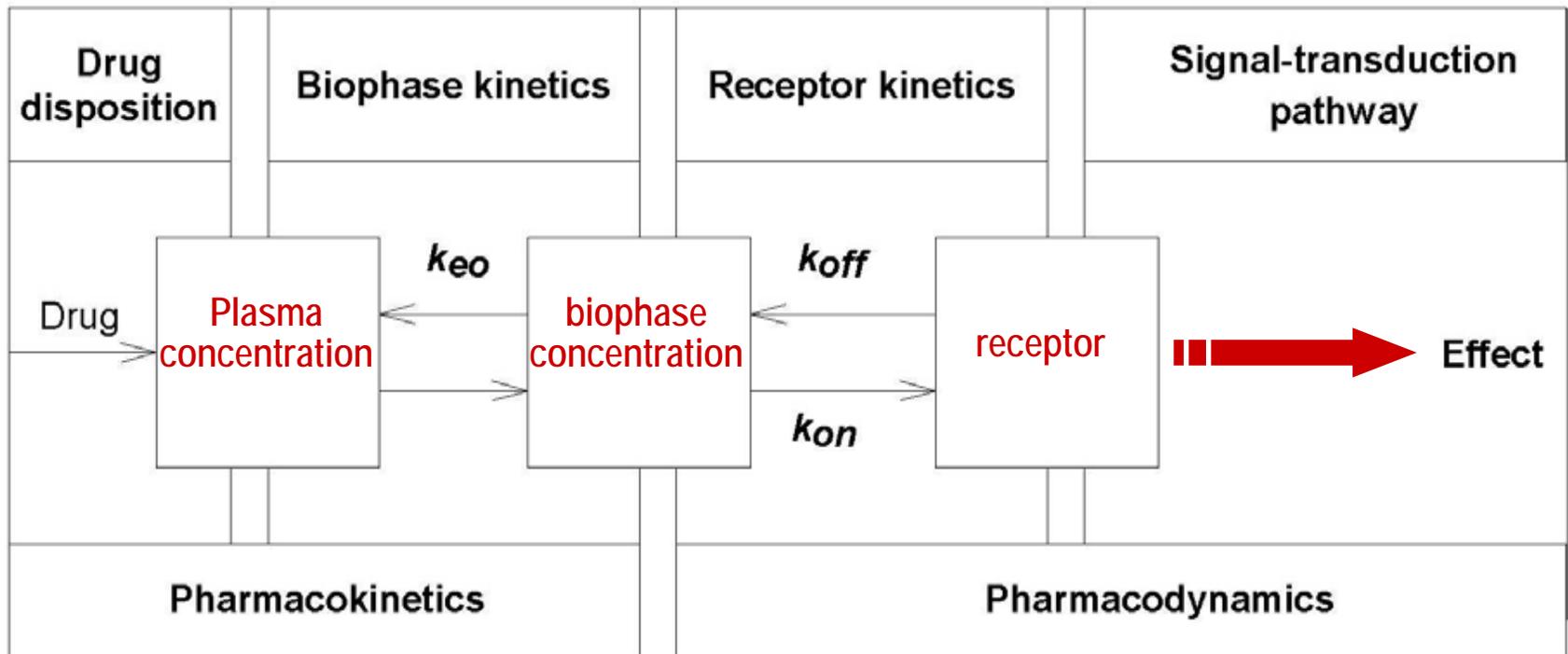
Simultaneous estimation of **receptor kinetics** and **transducer function**: opioids

- Natural and (semi-)synthetic opioids are **effective analgesics**
- Potentially life-threatening **respiratory depression** is a major concern
- Design of novel opioids with **optimized efficacy-safety**
 - **Partial agonism** as the basis for improved selectivity of action

Whole body plethysmography for monitoring of *respiratory depression* in rats



PK-PD correlation of semi-synthetic opioids ***mechanisms of hysteresis***



Yassen et al., (2006) J. Pharmacol. Exp. Ther. 319: 682-692.

Modeling of ***hysteresis*** in the effects of fentanyl and buprenorphine

(a) **Biophase distribution** model

$$\frac{dC_e}{dt} = k_{e0} \cdot (C_p - C_e)$$

(b) **Receptor association/dissociation** model

$$\frac{dC_p R}{dt} = k_{on} * C_p * (1 - C_p R) - k_{off} * C_p R$$

(c) **Combined** model (a + b)

$$\frac{dC_e R}{dt} = k_{on} * C_e * (1 - C_e R) - k_{off} * C_e R$$

Modeling of the **concentration-effect relations** of fentanyl and buprenorphine

- Sigmoid E_{max} model (Hill equation)

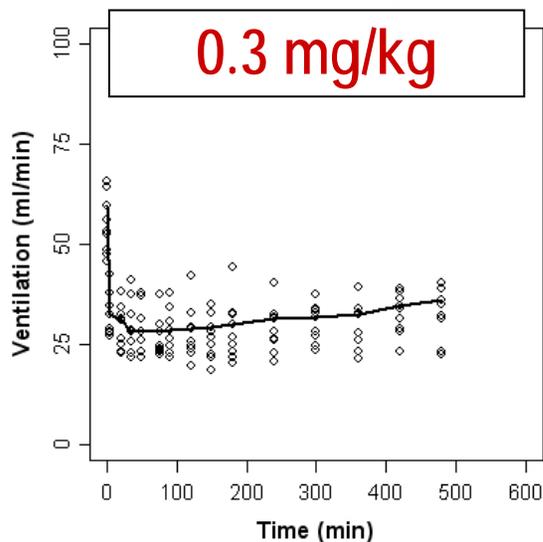
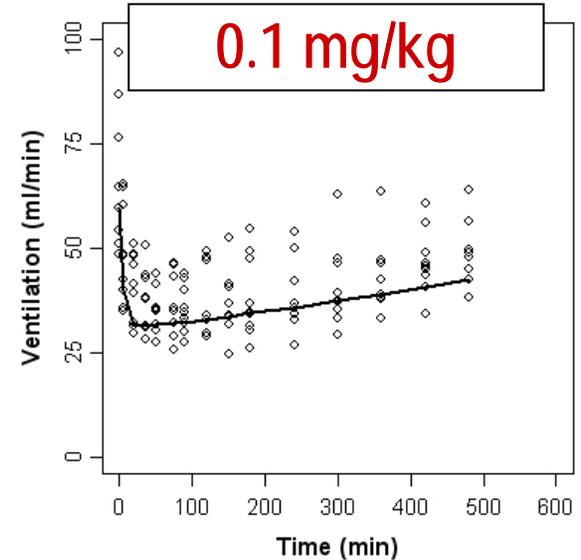
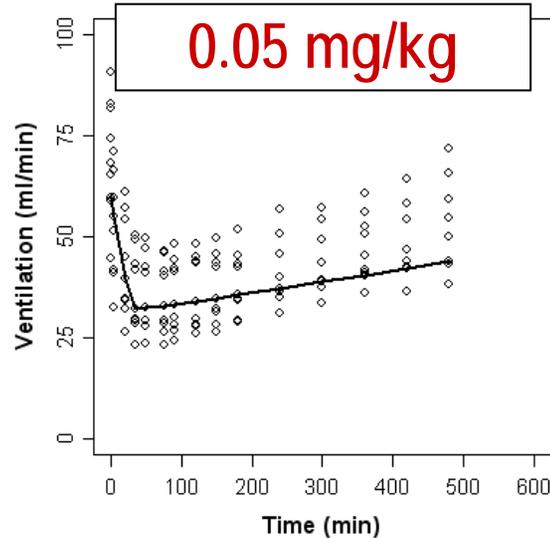
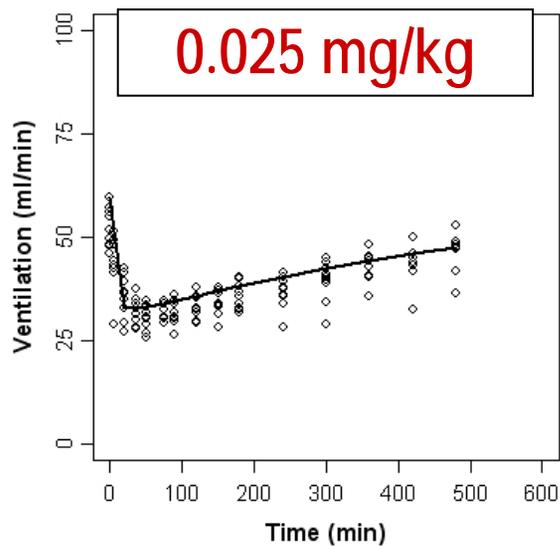
$$E = 1 - \frac{\alpha \cdot C^n}{EC_{50}^n + C^n}$$

- Receptor model with **linear** transduction

$$\frac{[C_e R]}{[R_{tot}]} = \frac{C_e}{K_D + C_e}$$

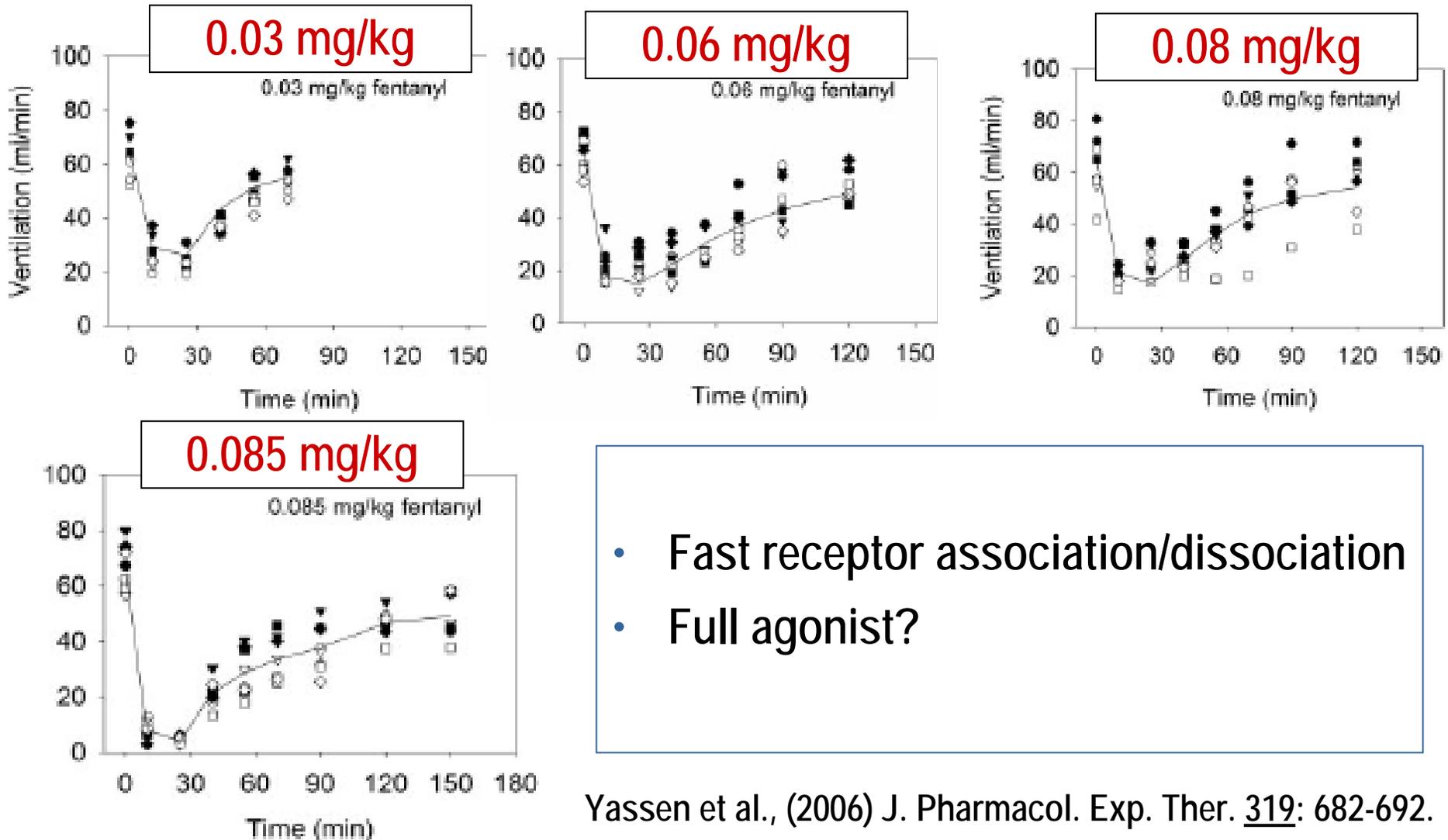
$$E = E_0 \cdot \left(1 - \alpha \cdot \frac{[C_e R]}{[R_{tot}]} \right)$$

Time course of **respiratory depression** in rats following **buprenorphine**



- Detailed dataset with wide dose range
- Slow receptor dissociation?
- Partial agonist?

Time course of *respiratory depression* in rats following *fentanyl*



- Fast receptor association/dissociation
- Full agonist?

Mechanism-based model for respiratory depression *parameter estimates*

	Fentanyl	Buprenorphine
k_{e0} , min ⁻¹	0.44 (-)	0.035 (79%)
$T_{1/2,ke0}$, min	1.6	19.9
k_{on} , ml.ng ⁻¹ .min ⁻¹	(> 100)	0.572 (-)
k_{off} , min ⁻¹	(> 100)	0.090 (75%)
$T_{1/2,koff}$, min	(~ 0)	7.8
K_D , ng.ml ⁻¹	n.a.	0.16
EC_{50} , ng.ml ⁻¹	4.83 (84%)	n.a.
α	-1	0.48 (14%)
<i>Hill factor</i>	1.15 (-)	n.a.

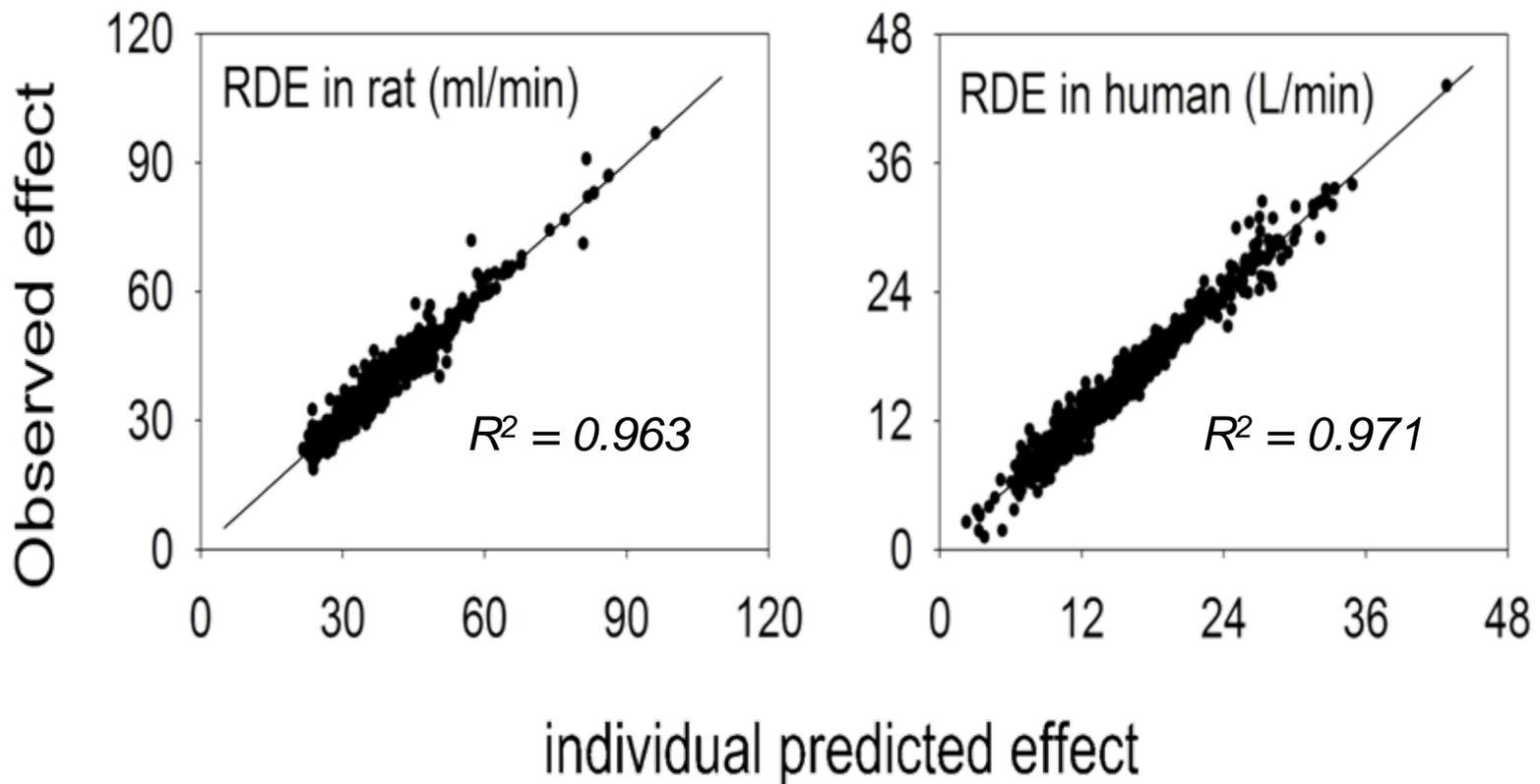
Yassen et al., (2006) J. Pharmacol. Exp. Ther. 319: 682-692.

Animal to human extrapolation of the pharmacodynamics of buprenorphine

- **Simultaneous analysis** of the effects in rats and humans
 - Respiratory depression
 - Antinociception
- **No scaling** of receptor association-dissociation kinetics (drug-specific properties)
- **Allometric scaling** of biophase distribution kinetics

$$k_{e0} = a \cdot WT^b$$

Animal to human extrapolation of the pharmacodynamics of buprenorphine



Yassen et al., (2007) Clin. Pharmacokin. 46: 433-447.

Animal to human extrapolation of the pharmacodynamics of buprenorphine

	Antinociception	Respiratory depression
<u>Drug specific parameters</u>		
k_{on} , ml.ng ⁻¹ .min ⁻¹	0.015 (18.3)	0.23 (15.8)
k_{off} , min ⁻¹	0.053 (23.1)	0.014 (27.7)
K_D , nM	7.5	0.13
α	n.e.	0.52
<u>System specific parameter</u>		
$k_{e0} = a.WT^b$		
a , min ⁻¹	0.0303 (11.3)	
b	- 0.28 (9.6)	

Implementing *receptor theory* in PK-PD modeling

Concluding remarks

Implementing receptor theory in PK-PD modeling **conclusions**

- Estimation of **receptor theory** PK-PD models requires detailed information on pharmacology
- Data should allow to distinguish **drug-specific** and **system-specific** parameters
 - Combine *in vitro* and *in vivo* data
 - Evaluate different dose levels and/or infusion scheme's
 - Combine data from compounds acting on the same system