

## Impact of pharmacokinetic information reported as being below limit of quantification on the prediction of important response endpoints

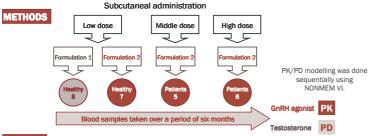


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BACKGROUND AND OBJECTIVES Pharmacokinetic (PK) and pharmacodynamic (PD) information are in occasions reported as being below limit of quantification (BQL). Most of the modelling experience with BQL information comes from PK analysis where the potential impact on the model parameters estimation has been

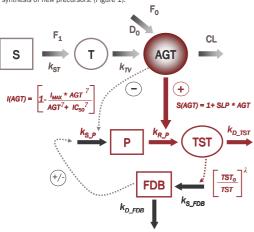
In the current analysis we provide an example in the context of hormone-related tumours, where BQL values in pharmacokinetics, without major effect on PK model estimates, have a clear impact on important pharmacodynamic



RESULTS The percentage of BQL observations for the current analysis were 12.5% and 1.4% from the total of GnRH agonist (515) and TST (561) data, respectively. All of them were located 20 days after drug injection.

PK and PK/PD models were developed: A) excluding BOLs from the analysis or B) treating BOLs as censored observations according to method 3 in Beal 2001<sup>[1]</sup>. Pharmacokinetic and pharmacodynamic parameters of both analysis are given in Table I.

PK of GnRH agonist was best described using a one compartment disposition model and an absorption model characterized by a simultaneous zero- and first-order absorption which included a delay absorption compartment. The time profiles of TST were described using a variant of the pool-precursor model $^{[2]}$ , where the GnRH agonist elicited a dual effect: (i) increasing the release of TST from the precursor compartment and (ii) blocking the synthesis of new precursors, (Figure 1),

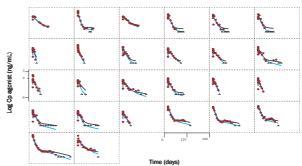


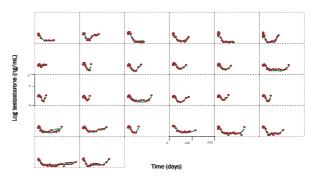
ubcutaneal compartment, T, transit depot partment; AGT, concentration of agenist at ral compartment, F<sub>0</sub> and F<sub>1</sub> fraction of absorbed following zero and first order ess; C<sub>D</sub>, duration of zero order absorption ess; C<sub>L</sub>. Total clearance from central partment; K<sub>2</sub> and K<sub>2</sub>, nits order constants absorption from subcutaneal depot to sit depot, and central compartment, ectively; (/AGT), inhibition effect of AGT; ectively, (/AGT), inhibition effect of AGT; the maximum inhibition of release rate; concentration of agonist producing 50% maximal inhibition; S(AGT), stimulation t of AGT; SLP, slope of the linear ionship between AGT and the release of sterone; TST<sub>0</sub>, concentration of sterone; TST<sub>0</sub>, concentration of sterone; TST<sub>0</sub>, concentration of the property of the sterone at the selection of the property of the sterone at the selection of the property of the selection of the  $K_{D,TST}$ , degradation rate constant of testosterone;  $K_{S,FDR}$  and  $K_{D,FDR}$  synthesis and degradation rate constants of precursors at feed-back compartment; signs -,+ implies inhibition or stimulation effect.

Parameters	A) Excluding BQLs		B) BQLs as censored observations	
	Population mean	IIV	Population mean	IIV
Pharmacokinetics	Estimate (RSE %)	CV (RSE %)	Estimate (RSE %)	CV (RSE %)
F <sub>1</sub>	0.20 (10.2)	0.21(77)	0.09 (7.0)	0.34 (62.0)
V (L)	2180.0 (13.0)	0.35 (48.0)	2450.0 (16.4)	0.39 (43.0)
CL (L.hr1)	10.2 (9.7)	NE	11.6 (12.3)	NE
k <sub>ST</sub> (hr¹)*	8.75 X 10 <sup>-4</sup> (20.0)	NE	1.11 X 10 <sup>-3</sup> (18.0)	NE
k <sub>TV</sub> (hr¹)	8.75 X 10 <sup>-4</sup> (20.0)	NE	1.11 X 10 <sup>-3</sup> (18.0)	NE
D <sub>o</sub> (hr)	0.67 (6.2)	NE	0.67 (8.5)	NE
Residual error (µg/L)	0.54 (2.4)	NR	0.54 (2.4)	NR
Pharmacodynamics				
TST <sub>0</sub> (µg.L <sup>-1</sup> )	4.42	0.88	4.52	0.26
k <sub>S_P</sub> (μg.h <sup>.1</sup> .L <sup>.1</sup> )	0.041	-	0.042	-
k <sub>R_P</sub> (h <sup>-1</sup> )	3.42 X 10 <sup>-3</sup>	0.74	3.18 X 10 <sup>-3</sup>	0.20
k <sub>S_FDB</sub> (μg.h <sup>.1</sup> .L <sup>.1</sup> )	2.74 X 10 <sup>-4</sup>	-	3.99 X 10 <sup>-3</sup>	-
k <sub>D_FDB</sub> (h <sup>-1</sup> )*	2.74 X 10 <sup>-4</sup>	-	3.99 X 10 <sup>-3</sup>	-
SLP (µg·1 .L)	3.61	-	2,98	-
I <sub>MAX</sub> (µmol/L)	7.46 X 10 <sup>-4</sup>	-	7.41 X 10 <sup>-4</sup>	-
IC <sub>50</sub> (µmol/L)	1.90 X 10 <sup>-5</sup>	0.53	1.30X10 <sup>-5</sup>	0.66
,	17.3		16.2	-
ł	0.331		0.131	-
Residual error (µg/L)	0.46	-	0.54	-

[1] Beal St.. J Pharm Pharmacodyn; 28: 481-504 (2001).
[2] Movin-Osswald G, Hammarlund-Udenaes M.; J Pharm and
[3] Tornoe C; et al., J; B J Clin Pharm; 63:6; 648-664 (2006). and Exp Ther; 274: 921-927 (1995)

Behaviour of agonist pharmacokinetic and temporal course of testosterone are represented in figure 2 and 3 respectively. As we can see, principal differences are found in individual predictions of pharmacokinetics once BOLs observations were considered, meanwhile differences at testosterone predictions are not.

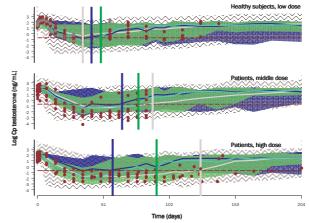




Regarding the most critical treatment endpoints, time of testosterone below 0.5 ng/mL (Test < 0.5), model excluding BQLs of agonist (Figure 4, grey zone) predicted a median T<sub>cast</sub><0.5 of 35, 89, and 126 days for the low, middle, and high dose levels (grey bars on each panel).

When BQLs were treated as censored observations (Figure 4, green zone) the corresponding values of  $T_{cast}$ <0.5 were 49, 78, and 92 days respectively, (green bars) and dispersion of data diminished substantially.

PD models proposed by other authors<sup>[3]</sup> were explored by incorporation of our PK model (Figure 4, blue lines). Graphics shown mainly, differences between estimation of  $T_{cast}$  (blue bars) at middle and high doses were HPG axis model estimate nearest periods of time (65 and 58 days) even at different doses.



nternal validation of the model. Grey zone: PK/PD model excluding BQLs; green zone: PK/PD model using encored observations: blue zone: PK and PD model from Tornoe and cols. Busing BQLs as censored ns; grey and red symbols represent testosterone observations in plasma of both formulations (1 and 2 ky); solid bold lines represent 50<sup>th</sup> percentile obtained from 1000 simulated profiles at each condition. If red line represents testosterone level at 0.5 gr./L. Vertical bars correspond to the time at which he levels are above castration time (T<sub>cast</sub> > 0.5 ng/mL).

CONCLUSIONS The current analysis shows the importance of considering BQL observations in pharmacokinetics, even in cases where the impact on populations PK parameters is marginal. This methodology is especially indicated in those cases where there is a strong correlation between plasma drug concentrations and pharmacodynamic endpoints.



