

# In Vitro In Vivo Extrapolation (IVIVE): Why It Is Not As Easy As You May Think

**Amin Rostami**

**Professor of Systems Pharmacology  
University of Manchester, UK**

**&**

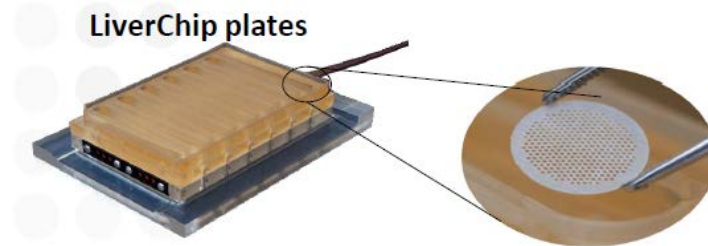
**Chief Scientific Officer & Senior Vice President of  
R&D  
Certara , Princeton, USA**



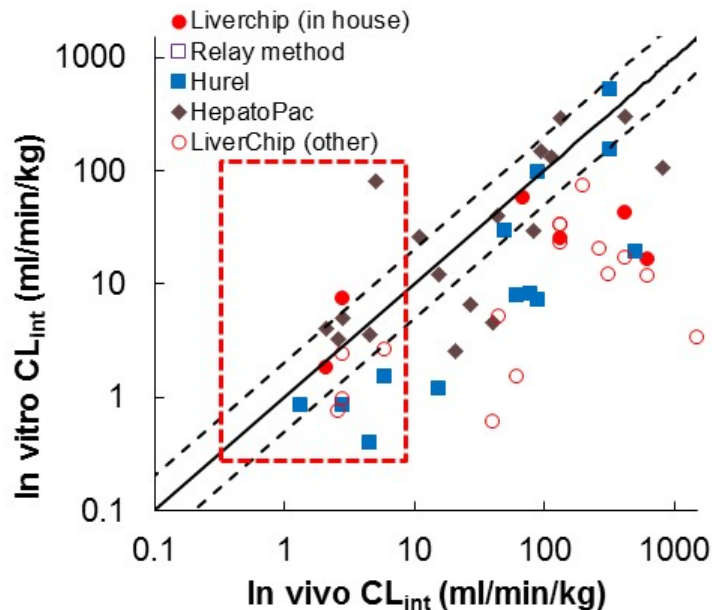
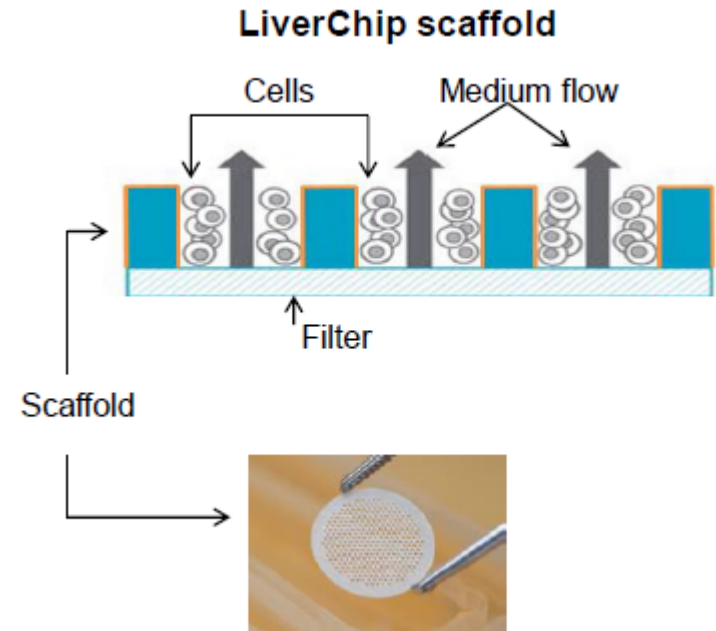
# Our Experience with MPS: (Ayşe Ufuk, Tom De Bruyn )

## LiverChip™

- Perfusion culture plate incorporates integrated scaffold permitting **formation of 3D liver microtissues** that resembles the architecture of a liver sinusoid



**CnBio** innovations  
A member of **cn** innovations



| In vitro system      | No | In vivo CL <sub>int</sub> fold range | GMFE |
|----------------------|----|--------------------------------------|------|
| LiverChip (in house) | 6  | 296                                  | 4.36 |
| Relay method         | 11 | 129                                  | 2.00 |
| Hurel                | 13 | 379                                  | 4.60 |
| HepatoPac            | 17 | 392                                  | 2.57 |
| LiverChip (other)    | 16 | 568                                  | 10.7 |

# Initial LiverChip Optimisation Studies

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- ✓ **Albumin** secretion in hepatocytes cultured in LiverChip™ is stable for up to 9 days of culture time
- ✓ **Urea** medium concentrations are higher compared to static 2D cultures
  - ✓ Urea synthesis decreases with time
- ✓ Effect of **culture time** on enzyme activity was evaluated
  - ✓ CYP2C9 activity stable – no significant difference in tolbutamide depletion and 4OH-tolbutamide formation on day 3-4 and days 6-7
- ✓ Inter-day variability based on tolbutamide depletion as a marker was evaluated
  - ✓ Approximately 40% variation in tolbutamide clearance was observed

Ufuk et al, manuscript in preparation

Other Team Members:

Tom De Bruyn, Michiharu Kageyama, Alex Galetin, Brian Houston, David Hallifax

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## Research Article

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# Integrated Gut and Liver Microphysiological Systems for Quantitative *In Vitro* Pharmacokinetic Studies

Nikolaos Tsamandouras,<sup>1</sup> Wen Li Kelly Chen,<sup>1</sup> Collin D. Edington,<sup>1</sup> Cynthia L. Stokes,<sup>2</sup>  
Linda G. Griffith,<sup>1</sup> and Murat Cirit<sup>1,3</sup>

1521-0103/360/1/95–105\$25.00

THE JOURNAL OF PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS

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<http://dx.doi.org/10.1124/jpet.116.237495>  
J Pharmacol Exp Ther 360:95–105, January 2017

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## Quantitative Assessment of Population Variability in Hepatic Drug Metabolism Using a Perfused Three-Dimensional Human Liver Microphysiological System<sup>§</sup>

N. Tsamandouras,<sup>1</sup> T. Kostrzewski, C. L. Stokes, L. G. Griffith, D. J. Hughes, and M. Cirit

Department of Biological Engineering, Massachusetts Institute of Technology, Cambridge, Massachusetts (N.T., L.G.G., M.C.);  
CN Bio Innovations, Hertfordshire, United Kingdom (T.K., D.J.H.); and Stokes Consulting, Redwood City, California (C.L.S.)

Received August 30, 2016; accepted October 17, 2016

# PhysioMimetics

Human Physiome on a Chip  
Ask Better Questions

Translational Applications of Organ-on-a-Chip Technologies

Murat Cirit, PhD

Director of Translational Center of Tissue Chip Technologies

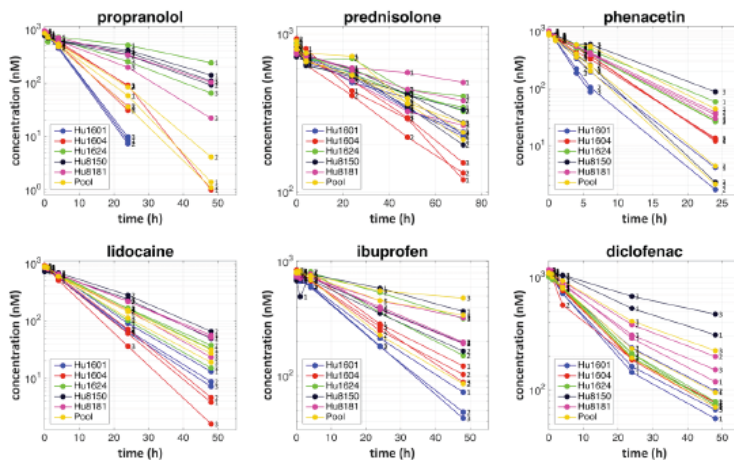
Massachusetts Institute of Technology



July 13, 2017



## Quantitative assessment of donor-to-donor variability in the LiverChip



Tsamandouras & Kostrzewski et al, JPET 2017

## PhysioMimetics Team

### Core Investigators

Linda Griffith (MIT) - PI  
Murat Cirit (MIT)  
Doug Lauffenburger (MIT)  
Dave Trumper (MIT)  
Steve Tannenbaum (MIT)  
Pete Wishnok (MIT)  
Rebecca Carrier (Northeastern)  
Cindy Stokes (Consultant)  
Laurie Boyer (MIT)

### CNBio Innovations

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David Hughes  
Emma Large  
Tomasz Kostrzewski  
Cliff Rowe

### University of Pittsburgh

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Collin Beckwith

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Hikaru Miyazaki

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Martina de Geus

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Marianna Soffman  
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### Brain Team

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Pierre S. Phamixay  
Iris Lee

### Translational Systems

#### Pharmacology Team

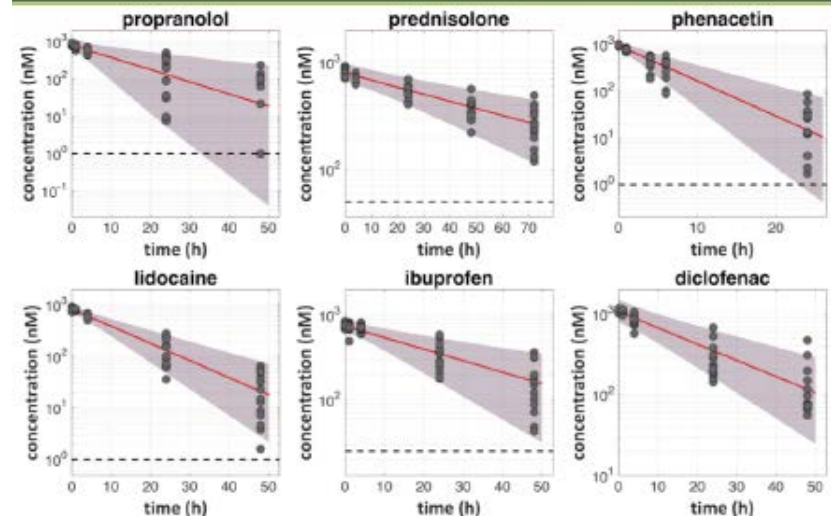
Christian Maass  
Nikos Tsamandouras  
Jiajie Yu  
Nick Clifone

#### Bioanalytics Team

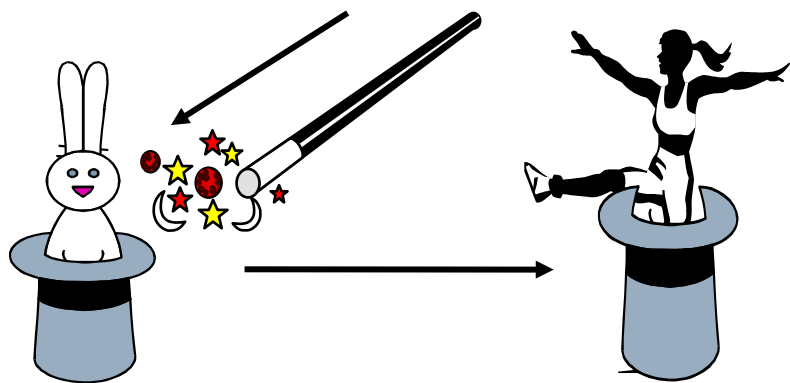
Ujjal Sarkar  
Dinella Rivera-Burgos  
Ravindra Kodihalli  
Xin Wang

Funding: DARPA Microphysiological Systems Program (W911NF-12-2-0039), the NIH Microphysiological Systems Program (4-UH3-TR000496-03)

## Mixed-effects modeling of drug depletion data



# IVIVE: Major Input for PBPK (and any other QSP) Models



## *In Vitro* to *In Vivo* Extrapolation

### Liver

#### *In vitro* data

$J_{\max}/K_m$  or  $CL_{int, T}$



**HHEP**  
*In vitro*  
 $CL_{int, T}$

SF 1:  
REF/RAF<sub>HHEP</sub>

$CL_{int, T}$   
per  
g Liver

SF 2:  
HPGL

$CL_{int, T}$   
per Liver

SF 3:  
Liver Weight



STATE OF THE ART

nature publishing group

## Physiologically Based Pharmacokinetics Joined With *In Vitro*–*In Vivo* Extrapolation of ADME: A Marriage Under the Arch of Systems Pharmacology

A Rostami-Hodjegan<sup>1,2</sup>

Systems  
Data

Trial Design

Drug  
Data

PBPK-IVIVE  
Linked Models

Assessment of Covariates & Study  
Design using PK (/PD)  
Simulated the Target Population

### Input Data:

- Population Library
- Compound File
- Project (Workspace)

### Integrated Models

- Simulation Tool
- Simulation Environment

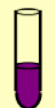
### Output

- Raw Output Data
- Output Environment
- Data Analysis

### Kidney

#### *In vitro* data

$J_{\max}/K_m$  or  $CL_{int, T}$



**PTC**  
*In vitro*  
 $CL_{int, T}$

SF 1:  
REF/RAF<sub>PTC</sub>

$CL_{int, T}$   
per  
g Kidney

SF 2:  
PTCPGK

$CL_{int, T}$   
per Kidney

SF 3:  
Kidney Weight



### Brain

#### *In vitro* data

$J_{\max}/K_m$  or  $CL_{int, T}$



**H-BMv**  
*In vitro*  
 $CL_{int, T}$

SF 1:  
REF/RAF<sub>H-BMv</sub>

$CL_{int, T}$   
per  
g Brain

SF 2:  
H-BMvPGB

$CL_{int, T}$   
per Brain  
@ BBB

SF 3:  
Brain Weight



### Intestine

Caco-2, MDCK- II,  
LLC-PK<sub>1</sub> etc.

$J_{\max}/K_m$  or  $CL_{int, T}$



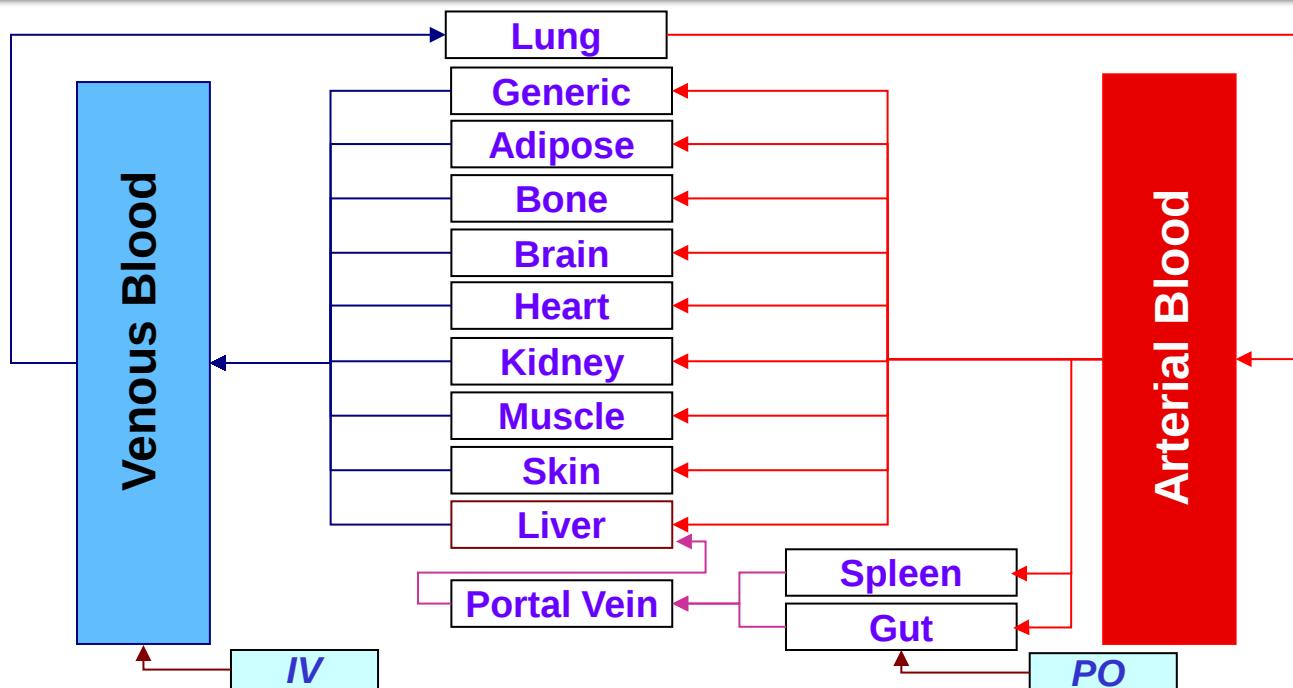
$CL_{int, T}$   
In Jejunum I

SF 1:  
REF/RAF<sub>Jejunum I</sub>

# PBPK: Typical View = Nothing New!

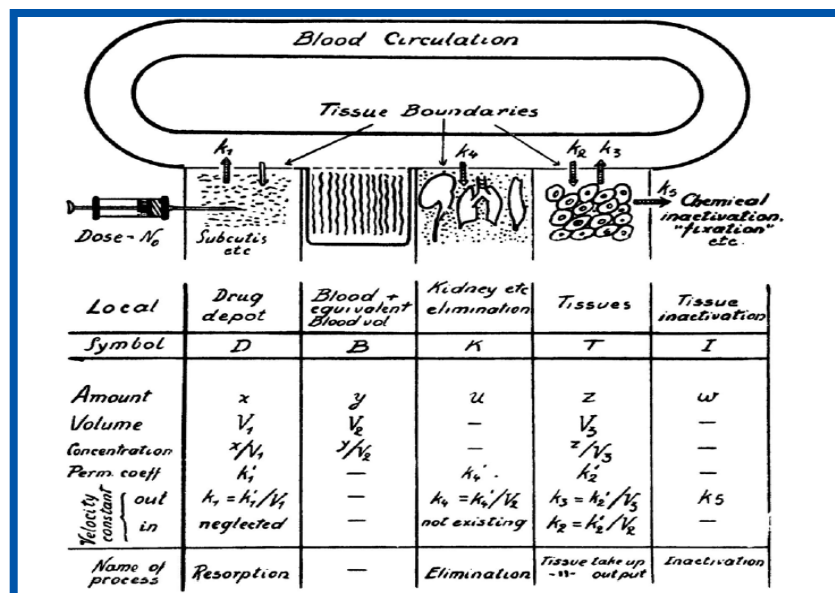
## Typical View:

Describing the C-T profiles based on physiological knowledge of the flows and partitions

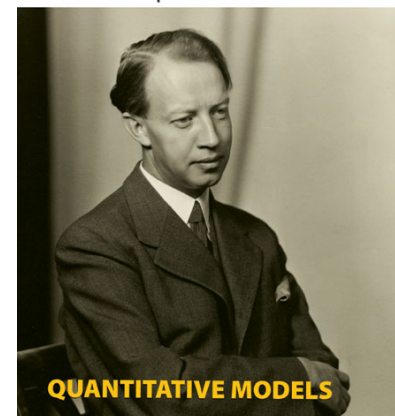


## Nothing New:

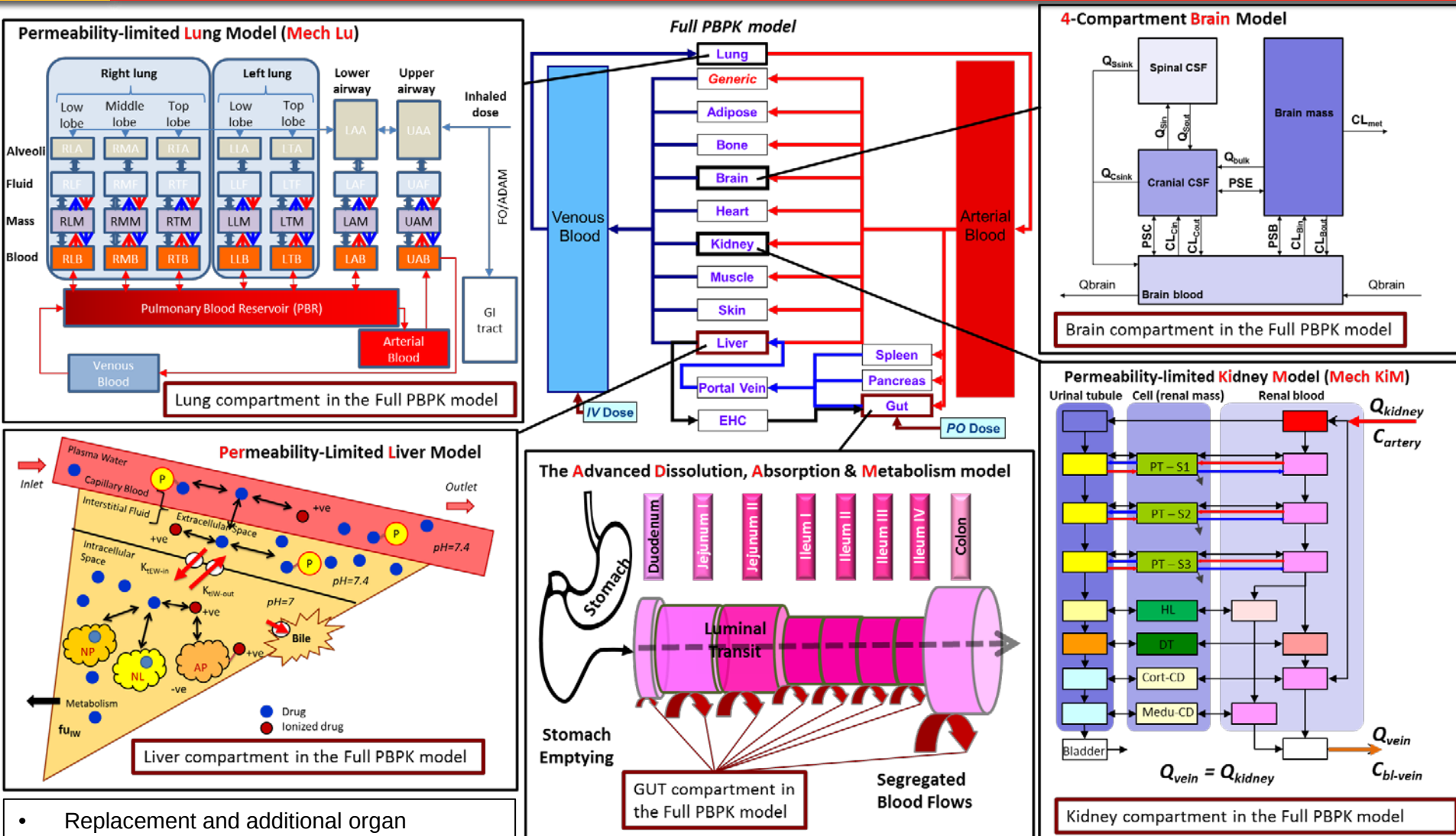
Teorell, T. Studies on the diffusion effect upon ionic distribution: II. experiments on ionic accumulation. *J. Gen. Physiol.* 21, 107-122 (1937)



Clinical Pharmacology & Therapeutics



# How it is done? Integrating system information



Permeability-limited models are available for the intestine, liver, kidney, brain and lung.

- Transport across a membrane is often defined as Perfusion Limited
- But we now define uptake/efflux into/out of selected organs as Permeability Limited

# **Adoption in Industrial Scale**

## **From Academic Nicety to Industrial Necessity**

**Physiologically Based Models in Regulatory Submissions: Output From the ABPI/MHRA Forum on Physiologically Based Modeling and Simulation**

T Shepard<sup>1\*</sup>, G Scott<sup>2</sup>, S Cole<sup>1</sup>, A Nordmark<sup>3</sup> and F Bouzom<sup>4</sup>

**MHRA (PSP 2015)**

**Application of Physiologically Based Pharmacokinetic (PBPK) Modeling to Support Dose Selection: Report of an FDA Public Workshop on PBPK**

C Wagner<sup>1</sup>, P Zhao<sup>1\*</sup>, Y Pan<sup>2</sup>, V Hsu<sup>1</sup>, J Grillo<sup>1</sup>, SM Huang<sup>1</sup> and V Sinha<sup>1\*</sup>

**FDA (PSP 2015)**

**EDITORIAL**

**Physiologically Based Pharmacokinetics Is Impacting Drug Development and Regulatory Decision Making**

M Rowland<sup>1,2</sup>, LJ Lesko<sup>3</sup> and A Rostami-Hodjegan<sup>1,4\*</sup>

# PBPK under the Umbrella of Systems Pharmacology

## Multi-Level Hybrid Models: The Framework for Capturing, Retaining & Re-using the Available Systems Knowledge at a Given Time

### Direct Dose Response

PD-DDI, Finney, Loewe, Bliss, Hewlett&Plackett., Greco, Vølund.....  
Response surfaces  
Generalized Linear models (GLM)

### PKPD...

Hill, Indirect Physiological Response,  
Disease Progression,  
Cell Growth/Death  
GLM, Survival Analysis, PKPD-DDI

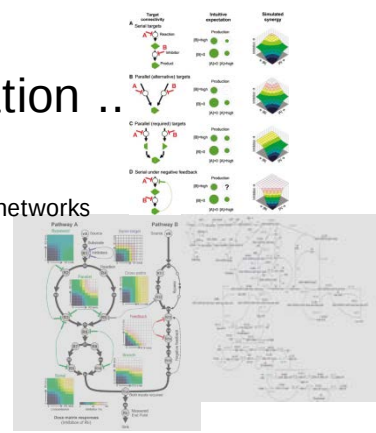
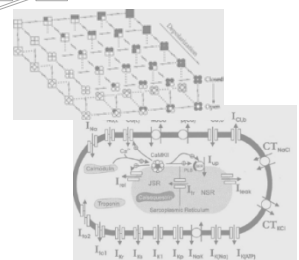
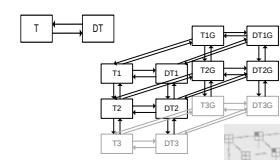
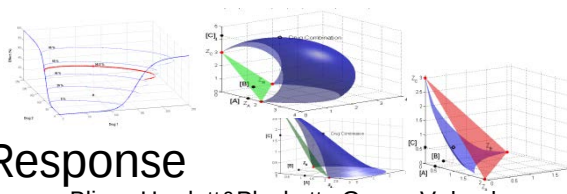
### Receptor binding...in vitro...system response

Equilibrium binding, specific receptors, Operational Agonism  
Receptor states, G-Proteins & ternary complexes ... signalling  
Ion channel kinetic models ...

### Specific Diseases, .....safety ....QTc...or

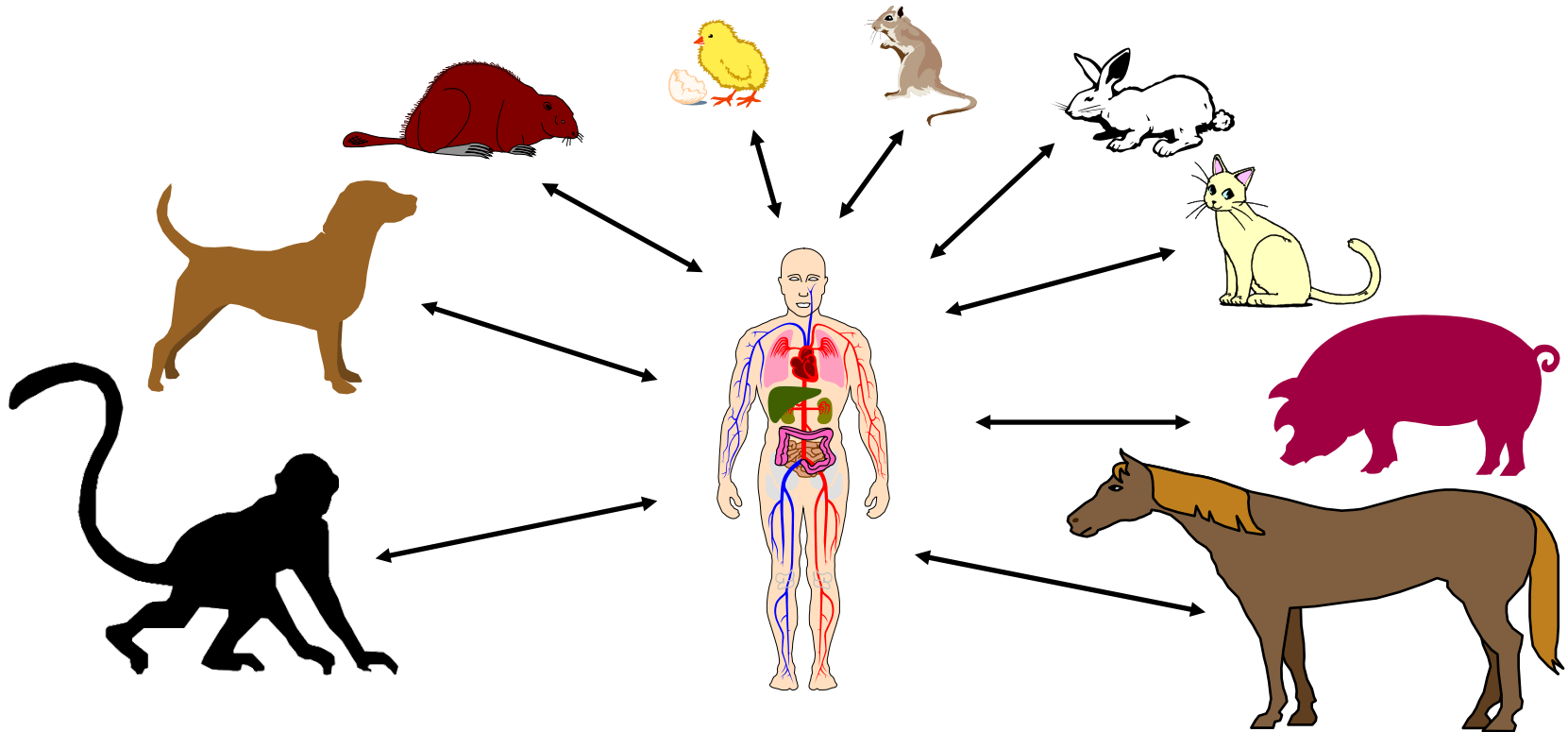
### Systems Biology X-fertilization ..

Network response motifs,  
Combinatorial targets  
Hill in genetic regulatory networks



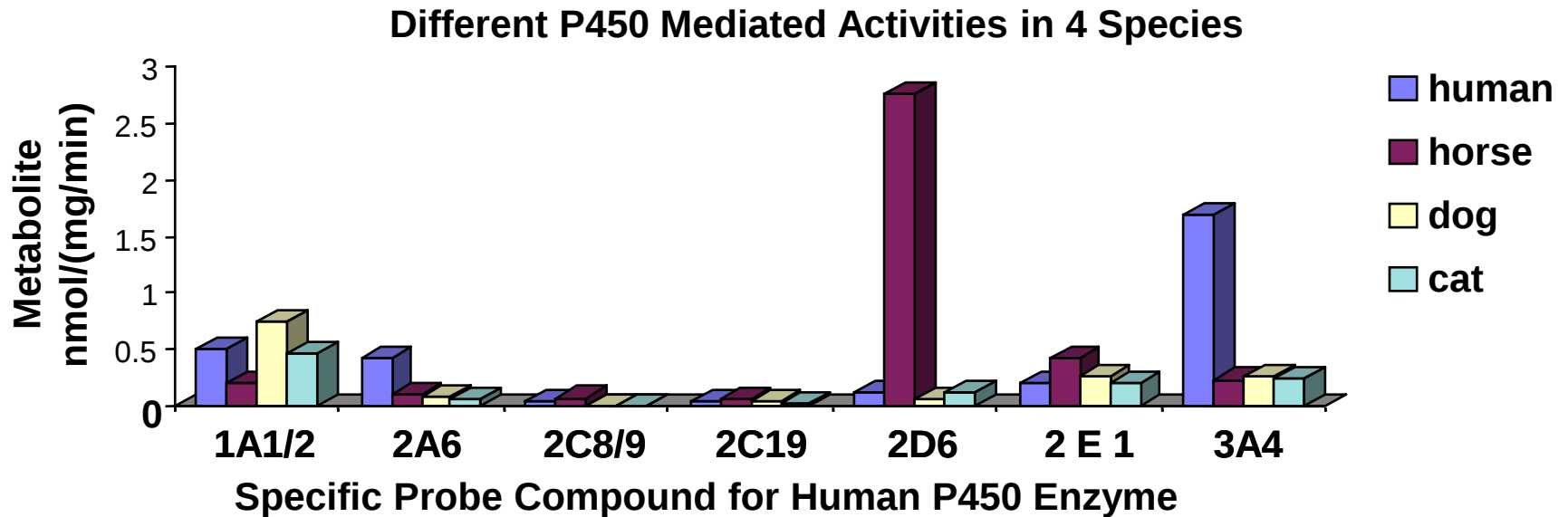
# Reduction in Traditional Use of Animal

One for Man, Two for Horse, G. Carson, Bramhall House, New York, 1961



# Interspecies Differences in Metabolising Enzymes

A major component of PBPK is information on metabolism.



Chauret *et al.*, 1997

# Catalyzing the Critical Path Initiative: FDA's Progress in Drug Development Activities

A Parekh<sup>1</sup>, S Buckman-Garner<sup>1</sup>, S McCune<sup>1</sup>, R O'Neill<sup>1</sup>, M Geanacopoulos<sup>1</sup>, S Amur<sup>1</sup>, C Clingman<sup>1</sup>, R Barratt<sup>1</sup>, M Rocca<sup>1</sup>, I Hills<sup>1</sup> and J Woodcock<sup>2</sup>

## Modelling and Simulation

A related area in **modernizing clinical trials** has been the development and application of quantitative pharmacometric predictive models to support regulatory decision making. Modeling and simulation (M/S) tools for drug exposure and its response have been useful in both pre- and postmarket settings when questions related to safety and efficacy of therapeutic products arise. Some recent examples where M/S has served as a useful predictive tool include dose selection for pivotal trials, dosing in select populations such as pediatrics, optimization of dose and dosing regimen in a subset patient population, prediction of efficacy and dosing in an unstudied patient population in clinical trials, characterizing exposure and dose-related QT interval prolongation, and **using physiologically based pharmacokinetic**

# Path to Success in Using PBPK-IVIVE and Virtual Humans



**Path (I) →→→**

**Refining In Vitro Tests for Quantitative IVIVE**

**Path (II) →→→**

**Providing & Integrating System Information**

**Path (III) →→→**

**Transparent Methods and Case Examples**

**Path (IV) →→→**

**Showing Value & Re-Engineering Practices**

# The Debate at the Time: Which In Vitro System to Use?

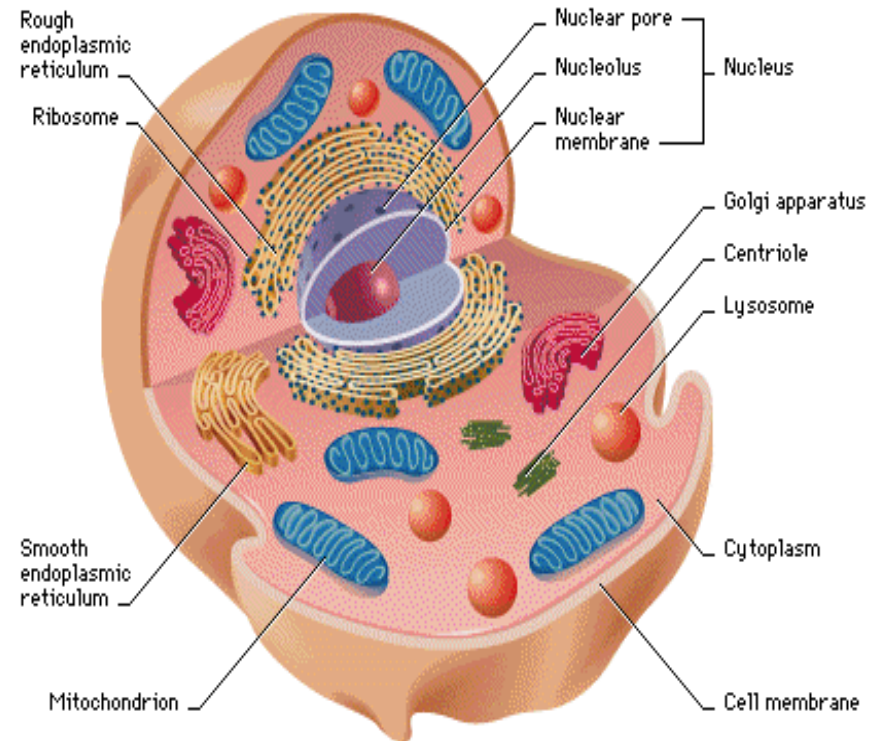
Human Liver Microsomes (HLM)

Recombinantly expressed system (rhCYP)

Hepatocytes

Fractionation & Isolation of Enriched Organelles

Differences in intrinsic activity between rhCYP & HLM



Intact cells containing full complement of drug metabolising enzymes

Infrequent supply / cost  
Donor variability

# How Representative Is My HLM/Hepatocyte?



**BD UltraPool HLM 150**



- High degree of lot-to-lot consistency for CYP and UGT activity
- Representation of the “average patient” and known CYP polymorphisms

 **XENOTECH**

Uncommon Science | Uncommon Service

[DATA SHEET](#)

***XTreme 200***

**Lot No. 0810413**

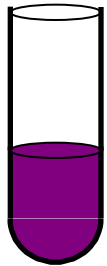
Human Liver Microsomes

Pool of 200 (100 Male and 100 Female)

Suspension medium: 250 mM sucrose

|       |                     |
|-------|---------------------|
| H2610 | 0.5 mL at 20 mg/mL  |
| H2620 | 1.0 mL at 20 mg/mL  |
| H2630 | 5.0 mL at 20 mg/mL  |
| H2640 | 50.0 mL at 20 mg/mL |

# Determination of Intrinsic Clearance: Right Units



*In vitro*  
system

*In Vitro*  $CLu_{int}$

$\mu\text{l} / \text{min} /$  per functional unit of system

$$CLu_{int} = \frac{CL_{int}}{fu_{inc}}$$

HLM

$\frac{[dA/dt] \text{ (pmol/min/mg microsomal protein)}}{[S] \text{ (nmol/ml)}}$

[S] (nmol/ml)

[S] = Free Substrate  
Concentration

HHEP

$\frac{[dA/dt] \text{ (pmol/min/10}^6 \text{ cells)}}{[S] \text{ (nmol/ml)}}$

[S] (nmol/ml)

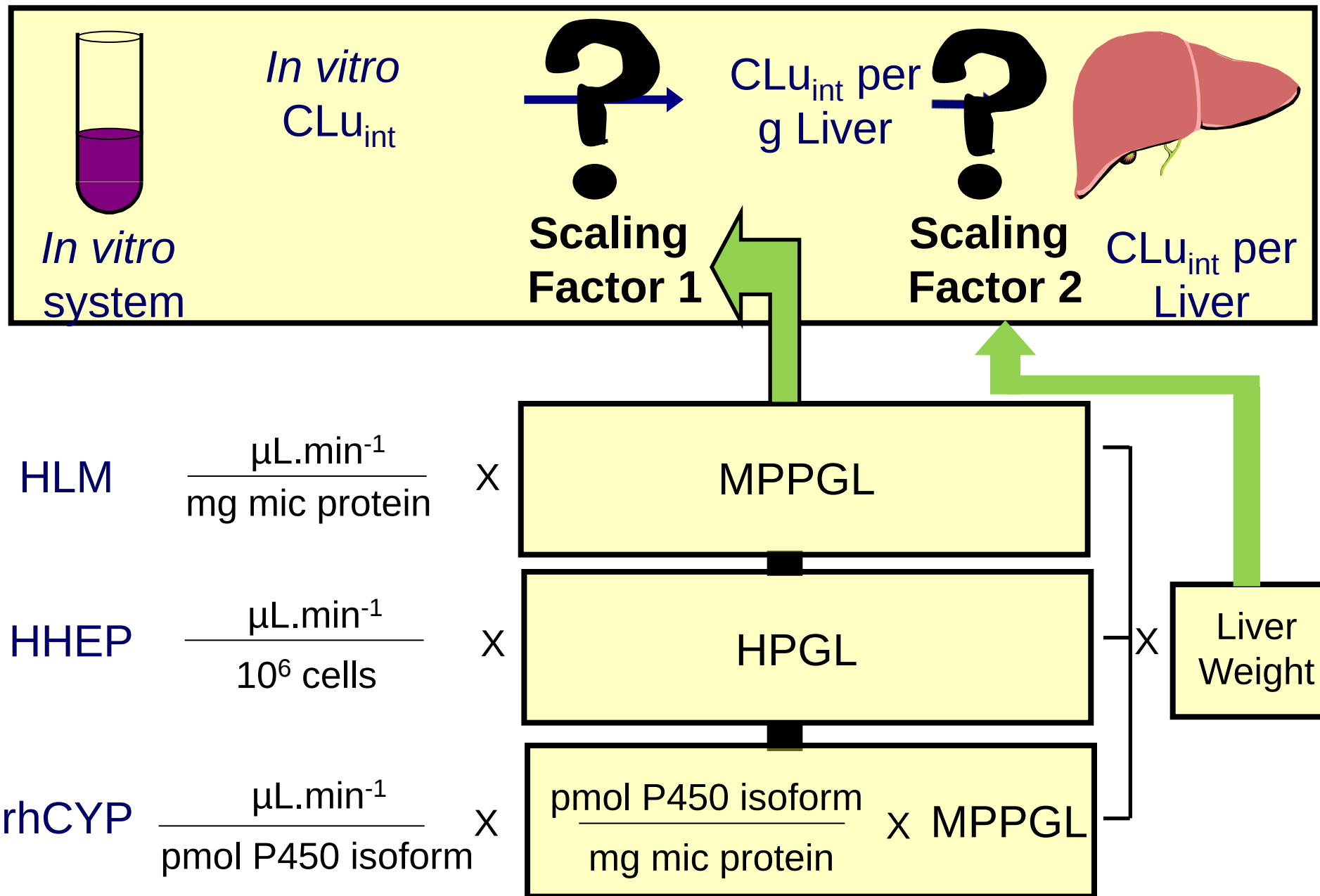
[S]  $\ll$   $K_m$  (hopefully!)

rhCYP

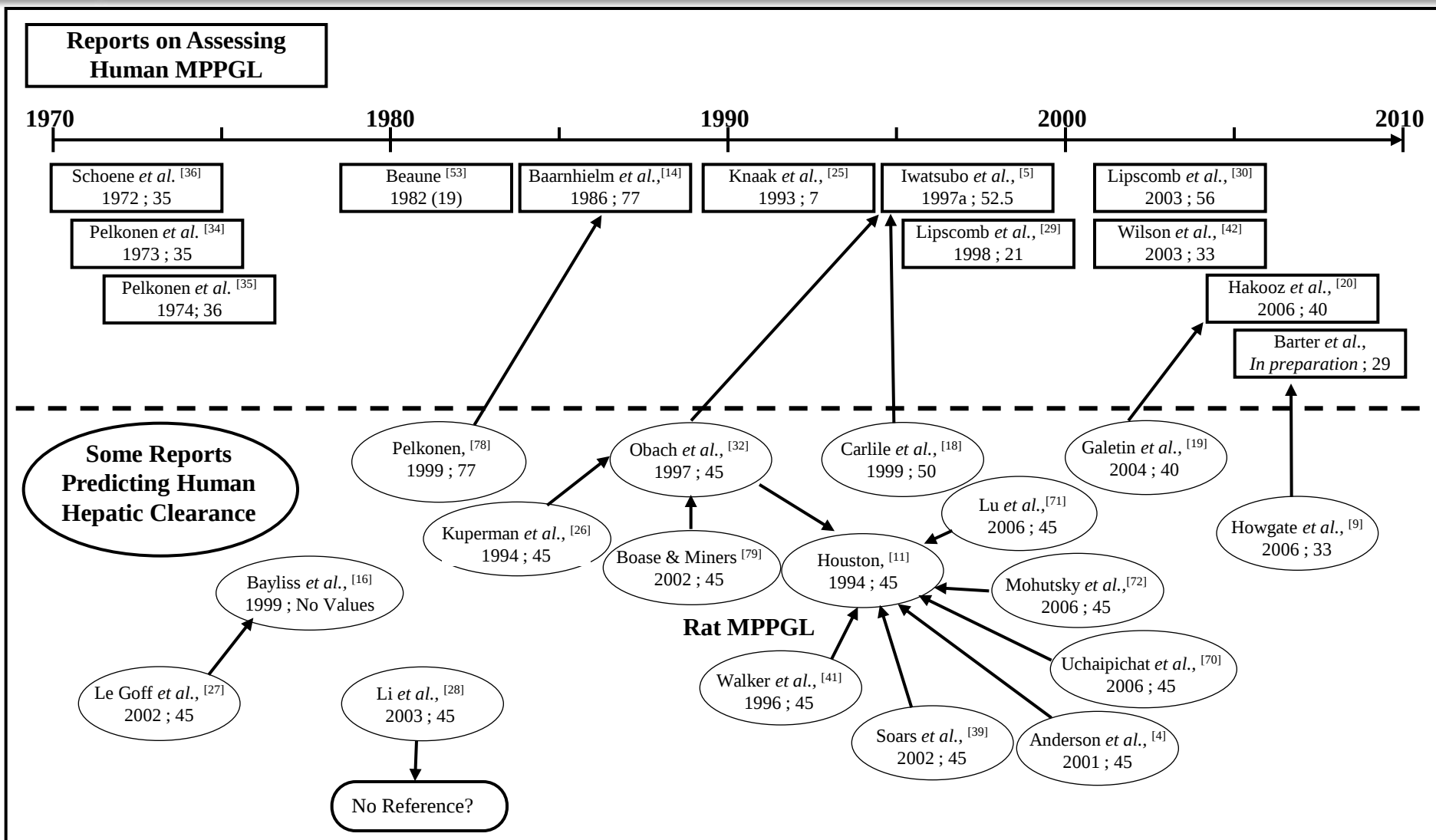
$\frac{[dA/dt] \text{ (pmol/min/pmol CYP isoform)}}{[S] \text{ (nmol/ml)}}$

[S] (nmol/ml)

# Applying Appropriate Scaling Factors in Human IVIVE



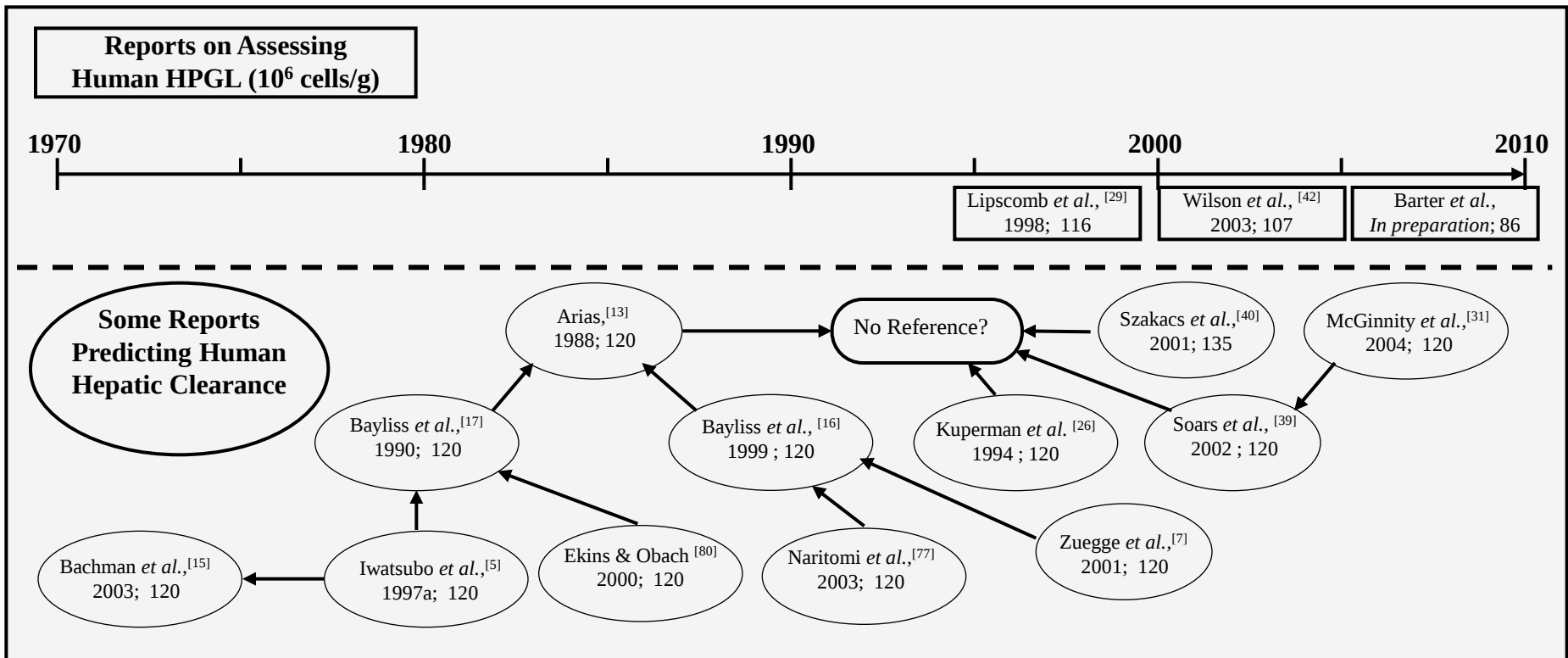
# Literature Values: Human Microsomal Protein per Gram of Liver



## Barter *et al.* (2007) *Current Drug Metabolism*

**Scaling factors for the extrapolation of *in vivo* metabolic drug clearance from *in vitro* data: Reaching a consensus on values of human microsomal protein and hepatocellularity per gram of liver**

# Literature Values: Number of Human Hepatocytes per Gram of Liver

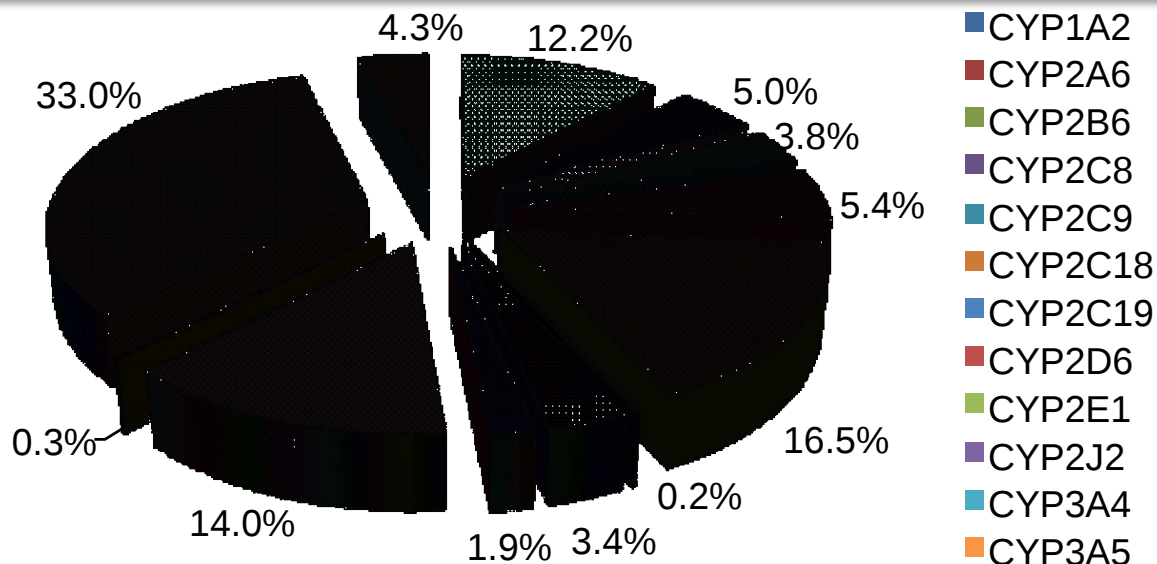


**Barter *et al.* (2007) Current Drug Metabolism**  
**Scaling factors for the extrapolation of *in vivo* metabolic drug clearance from *in vitro* data: Reaching a consensus on values of human microsomal protein and hepatocellularity per gram of liver**

# Scaling of rhCYP Data

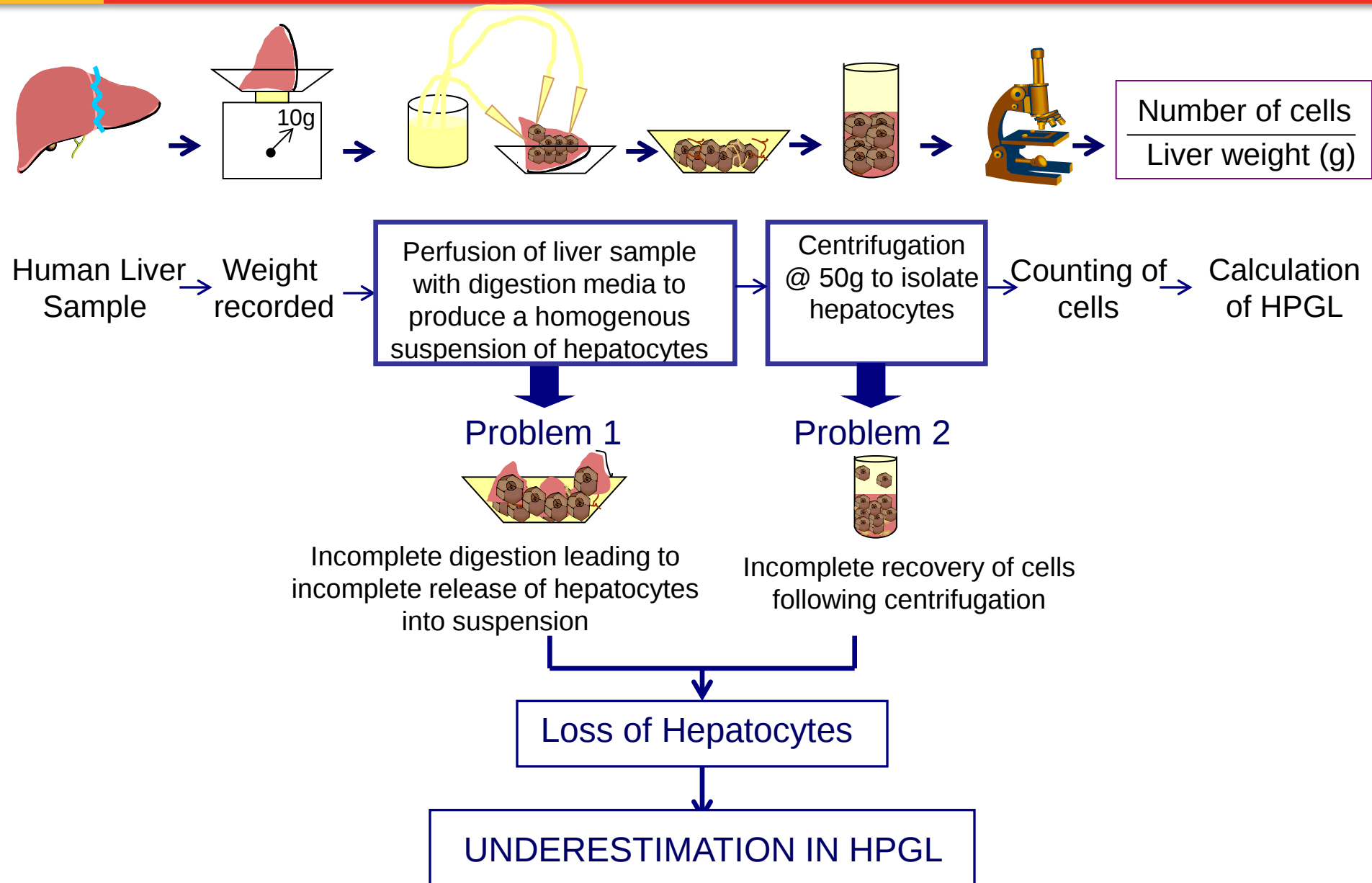
## CYP isoform abundance:

pmols CYP isoform  
per  
mg of microsomal protein



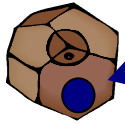
- Many groups use Shimada *et al.* (1994) values  
Don't differentiate between Japanese and Caucasian
- Literature review for papers reporting enzyme abundance values –  
Caucasian population  
30-40 papers reviewed; 19-27 used for meta-analysis
- Calculated weighted means, CVs and tested for homogeneity

# HPGL Determination: Study by Simcyp Group (Sheffield)



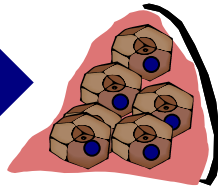
# Determination of HPGL: Study by Simcyp Group (Sheffield)

Hepatocyte Specific  
Marker:

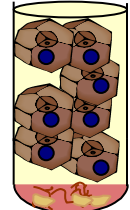


e.g. Cytochrome  
P450

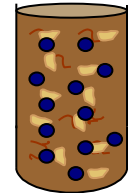
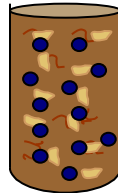
Liver tissue sample of  
known mass (g)



Hepatocyte Suspension of  
known cell concentration  
( $\times 10^6$  cells)



HOMOGENISATION



CYP450 MEASUREMENT

$\frac{\text{nmols CYP450}}{\text{g}}$

$\frac{\text{nmols CYP450}}{10^6 \text{ cells}}$

HPGL  
 $10^6$  cells per g

# Known Issues with rhCYP Systems

- Differences in activity per unit enzyme (Crespi, 1995)
- Optimisation of rhCYP systems to mimic conditions observed in human liver (Iwatsubo *et al.*, 1997)
- Variable  $K_m$  (Nakajima *et al.*, 1999)
  - Differences in microsomal binding
- Effect of levels of accessory proteins on activity (Venkatakrisnan *et al.*, 2000)
  - NADPH cytochrome P450 reductase
  - Cytochrome b5

# Accounting for Differences: ISEF

- Background information on the use of ISEFs

XENOBIOTICA, FEBRUARY 2004, VOL. 34, NO. 2, 151–178



## **Predicting drug clearance from recombinantly expressed CYPs: intersystem extrapolation factors**

N. J. PROCTOR, G. T. TUCKER and A. ROSTAMI-HODJEGAN

Molecular Pharmacology and Pharmacogenetics, Clinical Sciences Division (South),  
University of Sheffield, The Royal Hallamshire Hospital, Sheffield S10 2JF, UK

- Application of approach

*Current Drug Metabolism*, 2005, 6, 503–517

503

## **Utility of Recombinant Cytochrome P450 Enzymes: A Drug Metabolism Perspective**

Wei Tang<sup>1,\*</sup>, Regina W. Wang<sup>1</sup> and Anthony Y.H. Lu<sup>2</sup>

<sup>1</sup>Department of Drug Metabolism, Merck Research Laboratories, Rahway, New Jersey and <sup>2</sup>Department of Chemical  
Biology, College of Pharmacy, Rutgers University, Piscataway, New Jersey, USA

# IVIVE Using rhCYP Systems

pmol/min/mg microsomal protein

Rate of Metabolism  
pmol/min/pmol rhCYP<sub>j</sub>

CYP abundance in  
the Target Population  
(pmol CYP<sub>j</sub>/mg microsomal protein)

$$CL_{int} (L/h) = \left[ \sum_{j=1}^n \left( \sum_{i=1}^n \frac{ISEF_{ji} \times V_{max} (rhCYP_j)_i \times X_j}{K_m(rhCYP_j)_i} \right) \right] \times MPPGL \times \text{Liver weight}$$

*j* CYP isoforms

*i* metabolic pathways

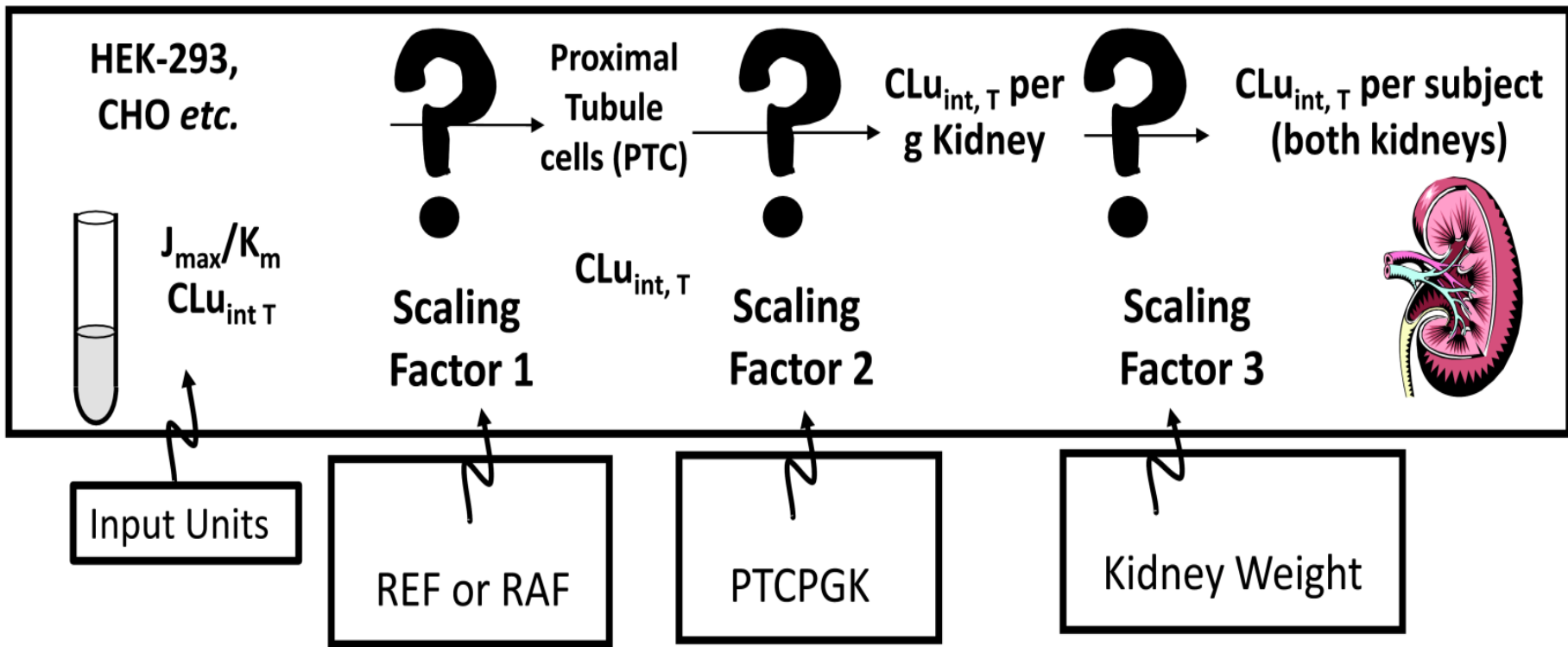
amount of microsomal protein  
per gram of liver

Application of CYP3A4 *in vitro* data to predict clinical drug–drug interactions; predictions of compounds as objects of interaction

Kuresh A. Youdim,<sup>1</sup> Aref Zayed,<sup>4</sup> Maurice Dickins,<sup>1</sup> Alex Phipps,<sup>2</sup> Michelle Griffiths,<sup>3</sup> Amanda Darekar,<sup>3</sup> Ruth Hyland,<sup>1</sup> Odette Fahmi,<sup>5</sup> Susan Hurst,<sup>6</sup> David R. Plowchalk,<sup>5</sup> Jack Cook,<sup>6</sup> Feng Guo<sup>5</sup> & R. Scott Obach<sup>5</sup>

Youdim et al Br J Clin Pharmacol, 2008

# Same Issues Different Tissue: *In Vitro* Measurements



$$CL_{int,T} \left[ \frac{\mu L \cdot min^{-1}}{10^6 CellsOfSystem1} \right] * REF \left[ \frac{\frac{pmolTransporter_J PTC}{10^6 PTC}}{\frac{pmolTransporter_J System1}{10^6 CellsOfSystem1}} \right] * PTCPGK \left[ \frac{10^6 PTC}{gKidney} \right] * KW[gKidney]$$

$\Rightarrow$   $[\mu L/min] \text{ or } [L/h]$

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*Review Article*

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**Key to Opening Kidney for *In Vitro*–*In Vivo* Extrapolation Entrance in Health and Disease: Part I: *In Vitro* Systems and Physiological Data**

Daniel Scotcher,<sup>1</sup> Christopher Jones,<sup>2</sup> Maria Posada,<sup>3</sup> Amin Rostami-Hodjegan,<sup>1,4</sup> and Aleksandra Galetin<sup>1,5</sup>

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*Review Article*

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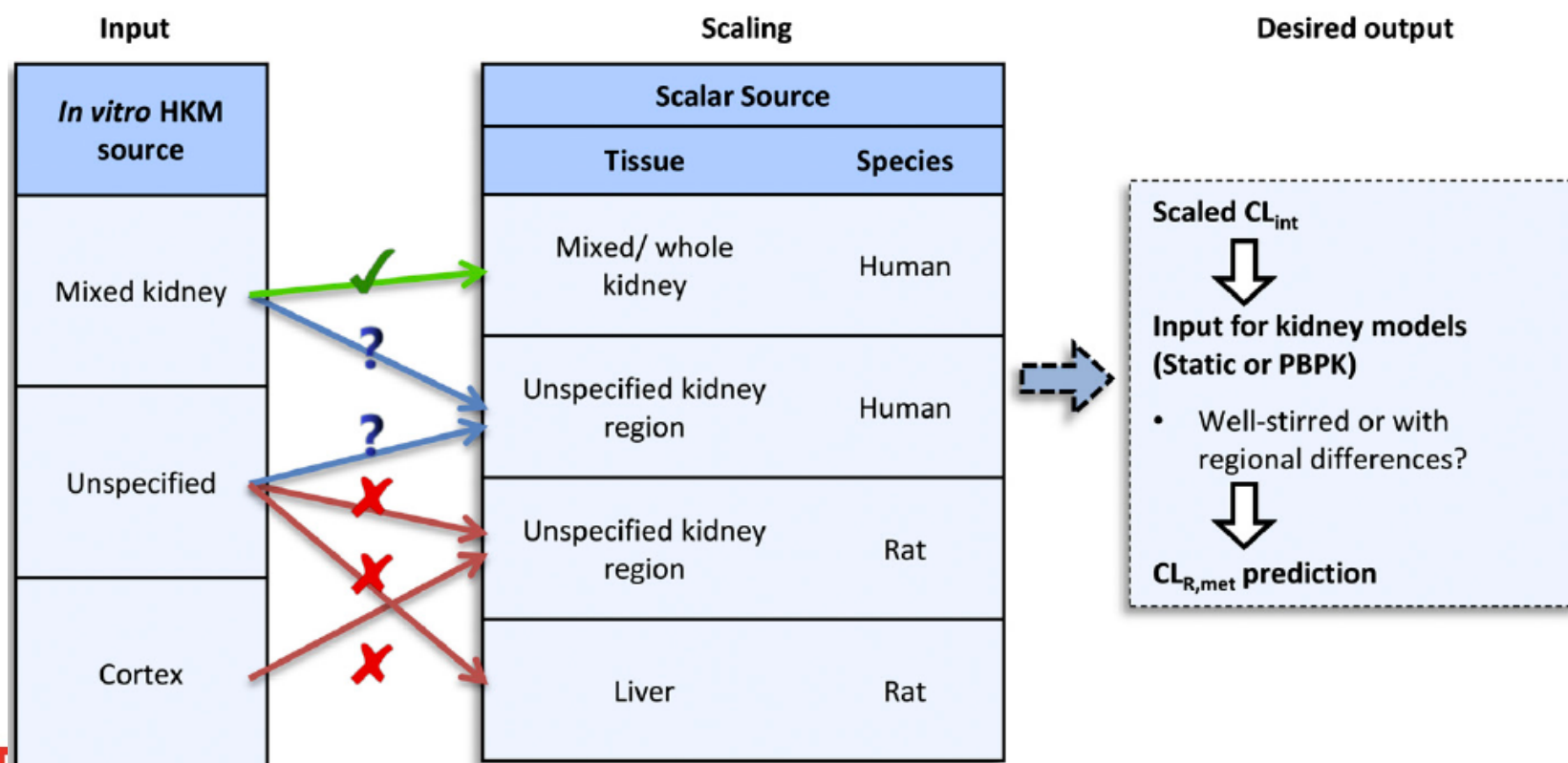
**Key to Opening Kidney for *In Vitro*–*In Vivo* Extrapolation Entrance in Health and Disease: Part II: Mechanistic Models and *In Vitro*–*In Vivo* Extrapolation**

Daniel Scotcher,<sup>1</sup> Christopher Jones,<sup>2</sup> Maria Posada,<sup>3</sup> Aleksandra Galetin,<sup>1</sup> and Amin Rostami-Hodjegan<sup>1,4,5</sup> 

# Microsomal and Cytosolic Scaling Factors in Dog and Human Kidney Cortex and Application for In Vitro-In Vivo Extrapolation of Renal Metabolic Clearance<sup>[S]</sup>

Daniel Scotcher, Sarah Billington, Jay Brown, Christopher R. Jones, Colin D. A. Brown, Amin Rostami-Hodjegan, and Aleksandra Galetin

*Centre for Applied Pharmacokinetic Research, University of Manchester, Manchester (D.S., A.R.-H., A.G.); Newcastle University, Newcastle (S.B., C.D.A.B.); Biobank, Central Manchester University Hospitals NHS Foundation Trust, Manchester (J.B.); DMPK, Oncology iMed, AstraZeneca R&D, Alderley Park, Macclesfield (C.R.J.); and Simcyp Limited (a Certara Company), Blades Enterprise Centre, Sheffield (A.R.-H.), United Kingdom*



# PBPK Modelling to Assess Patient Variability

Eur J Clin Pharmacol (1999) 55: 559–565

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## SPECIAL ARTICLE

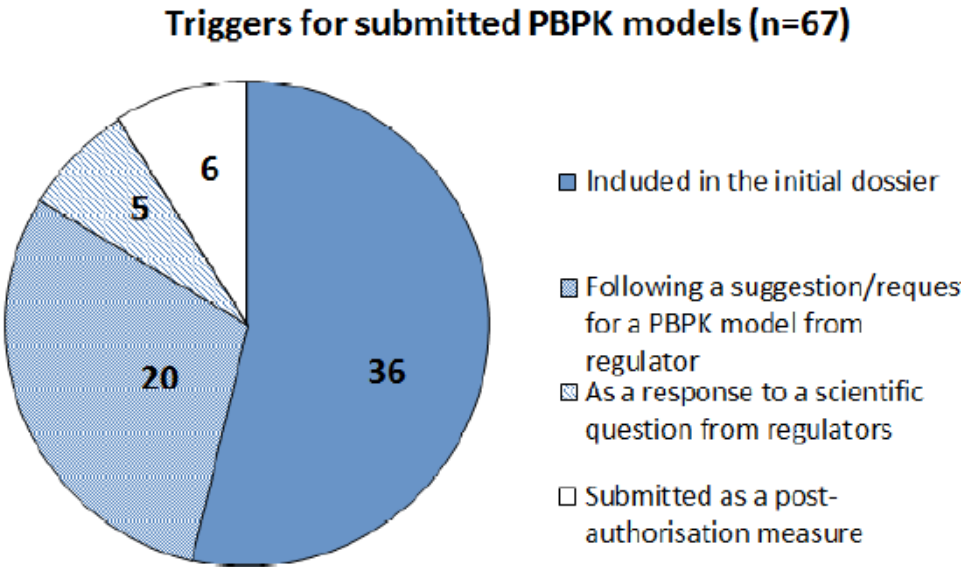
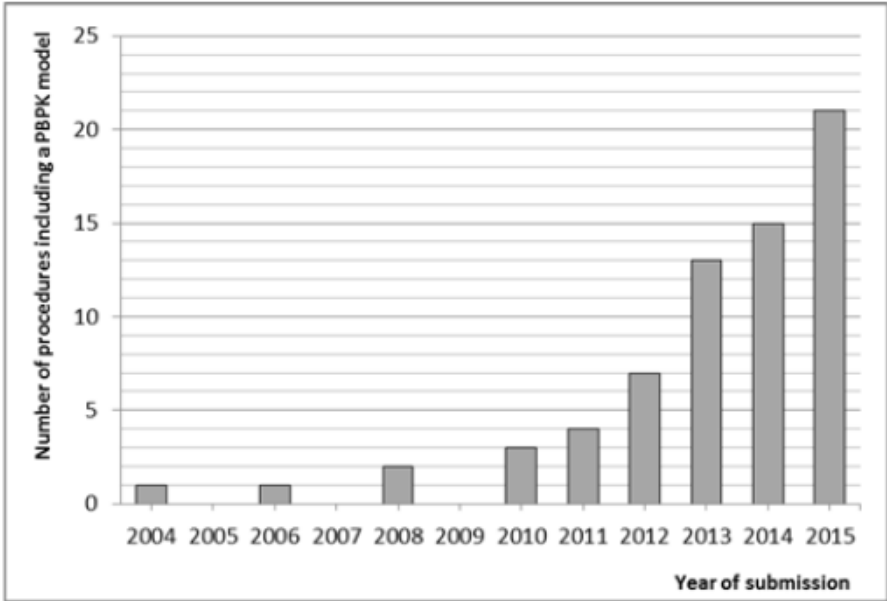
J. C. Krayenbühl · S. Vozeh  
M. Kondo-Oestreicher · P. Dayer

### **Drug–drug interactions of new active substances: mibefradil example**

J.C. Krayenbühl · S. Vozeh  
Swiss Intercantonal Office for the Control of Medicines,  
Berne, Switzerland

Interpretation of interaction studies should focus **not only on mean effect but also the observed and theoretically conceivable extremes.**

## Increase in PBPK submission to EMA



## PERSPECTIVE

# Quantitative Modeling and Simulation in PMDA: A Japanese Regulatory Perspective

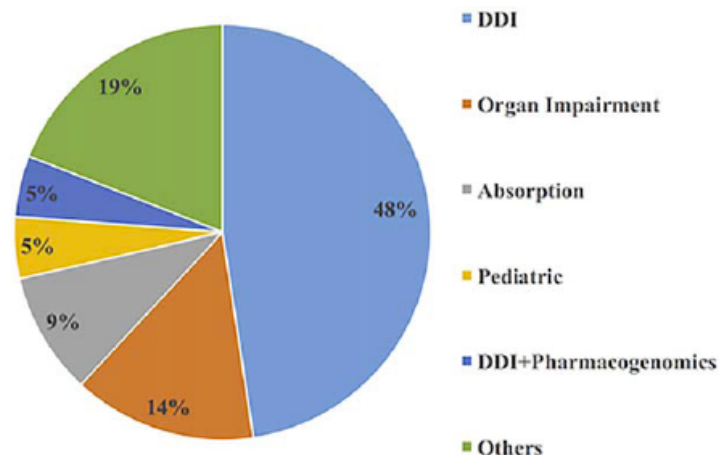
M Sato\*, Y Ochiai, S Kijima, N Nagai, Y Ando, M Shikano and Y Nomura

In Japan in October 2016, the Pharmaceuticals and Medical Devices Agency (PMDA) began to receive electronic data in new drug applications (NDAs). These electronic data are useful to conduct regulatory assessment of sponsors' submissions and contribute to the PMDA's research. In this article, we summarize the number of submissions of quantitative modeling and simulation (M&S) documents in NDAs in Japan, and we describe our current thinking and activities about quantitative M&S in PMDA.

*CPT Pharmacometrics Syst. Pharmacol.* (2017) 6, 413–415; doi:10.1002/psp4.12203; published online 1 June 2017.

### Physiologically based pharmacokinetic model analysis, including simulations

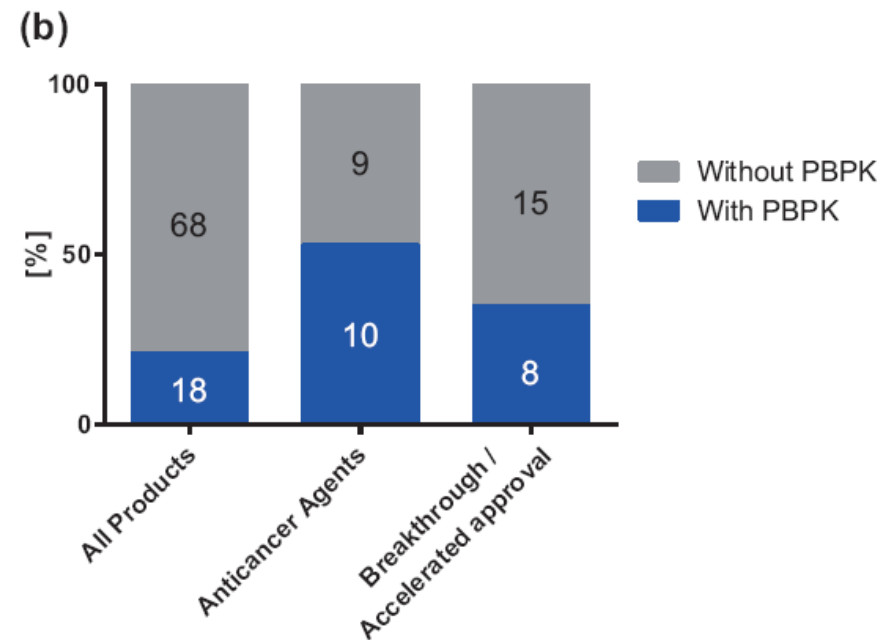
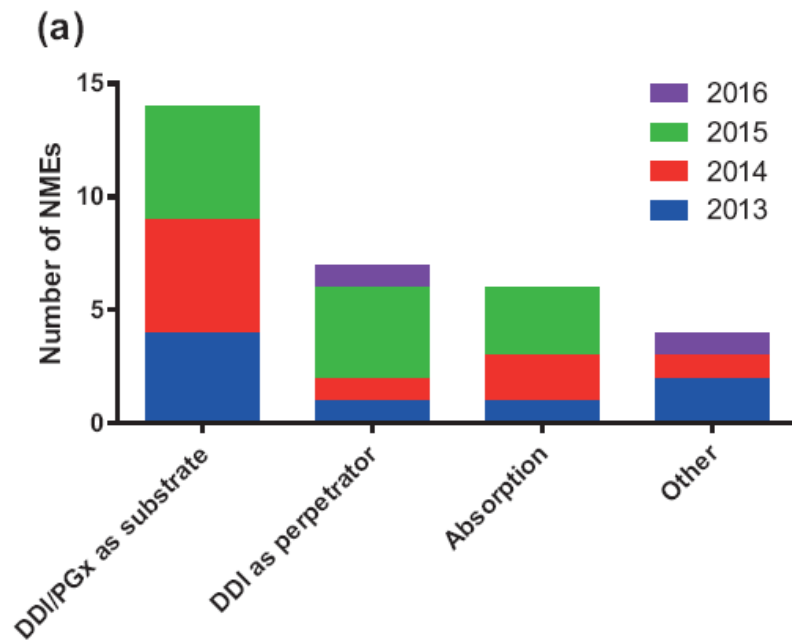
- Files that contain information on the model structure used for the analysis, the set values of drug and physiological parameters, analysis procedures, and sensitivity analysis of the results. The file format is optional.
- Clinical study datasets, including blood concentration data. If the datasets were created or modified to be analyzed using a specific software for PBPK model analysis, the electronic files of the created or modified datasets should be submitted in the format for the specific software (Simcyp PE Data Files (xml format), etc.). If the datasets were not created or modified for a specific software for PBPK model analysis, the datasets can be submitted in an optional file.



**Figure 1** PBPK application in the 17 submissions in NDAs of NMEs received by the PMDA from 2014 to 2016. In some cases, multiple PBPK M&S reports were included in one submission.

# Impact of Physiologically Based Pharmacokinetic Models on Regulatory Reviews and Product Labels: Frequent Utilization in the Field of Oncology

K Yoshida<sup>1</sup>, N Budha<sup>1</sup> and JY Jin<sup>1</sup>



July 2016



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

21 July 2016  
EMA/CHMP/458101/2016  
Committee for Medicinal Products for Human Use (CHMP)

# Guideline on the qualification and reporting of physiologically based pharmacokinetic (PBPK) modelling and simulation

Draft

# Language Barrier

## “Prediction” vs “Retrodiction” vs “Post-diction”

**Predictive = Relating to or having the effect of predicting an event or result**

Predict = Pronunciation: /prɪˈdɪkt/

Say or estimate that (a specified thing) will happen in the future or will be a consequence of something

Latin origin = 'made known beforehand, declared', from the verb praedicere, from prae- 'beforehand' + dicere 'say'.

Postdiction is an explanation after the fact. In skepticism, it is considered an effect of hindsight bias that explains claimed predictions of significant events  
<https://en.wikipedia.org/wiki/Postdiction>

Retrodiction : is the act of making a "prediction" about the past.  
<https://en.wikipedia.org/wiki/Retrodiction>

**Same when it comes to the use of:**

**Qualification vs Verification vs Validation**

**Level of Evidence = Level of Confidence**

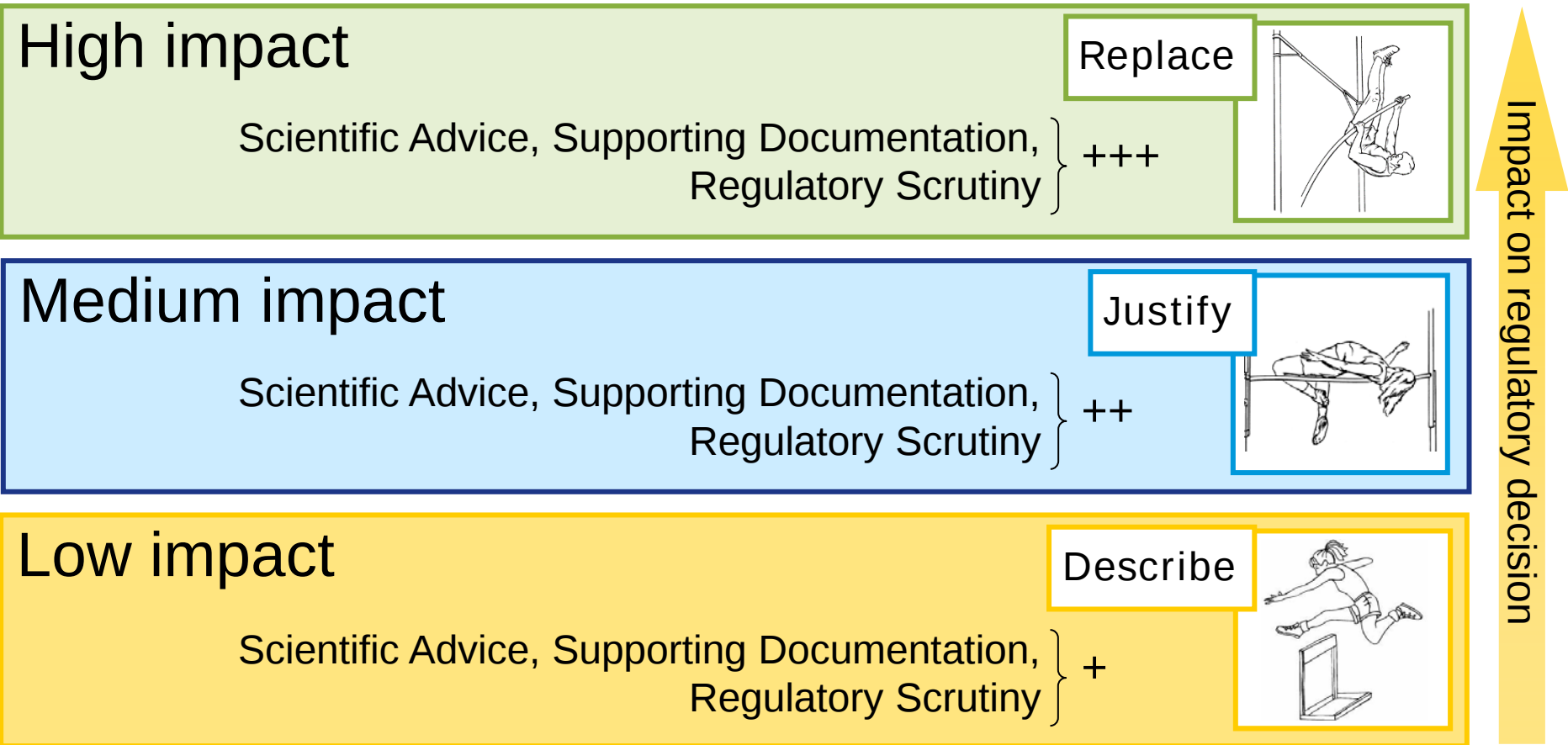
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**Qualification**

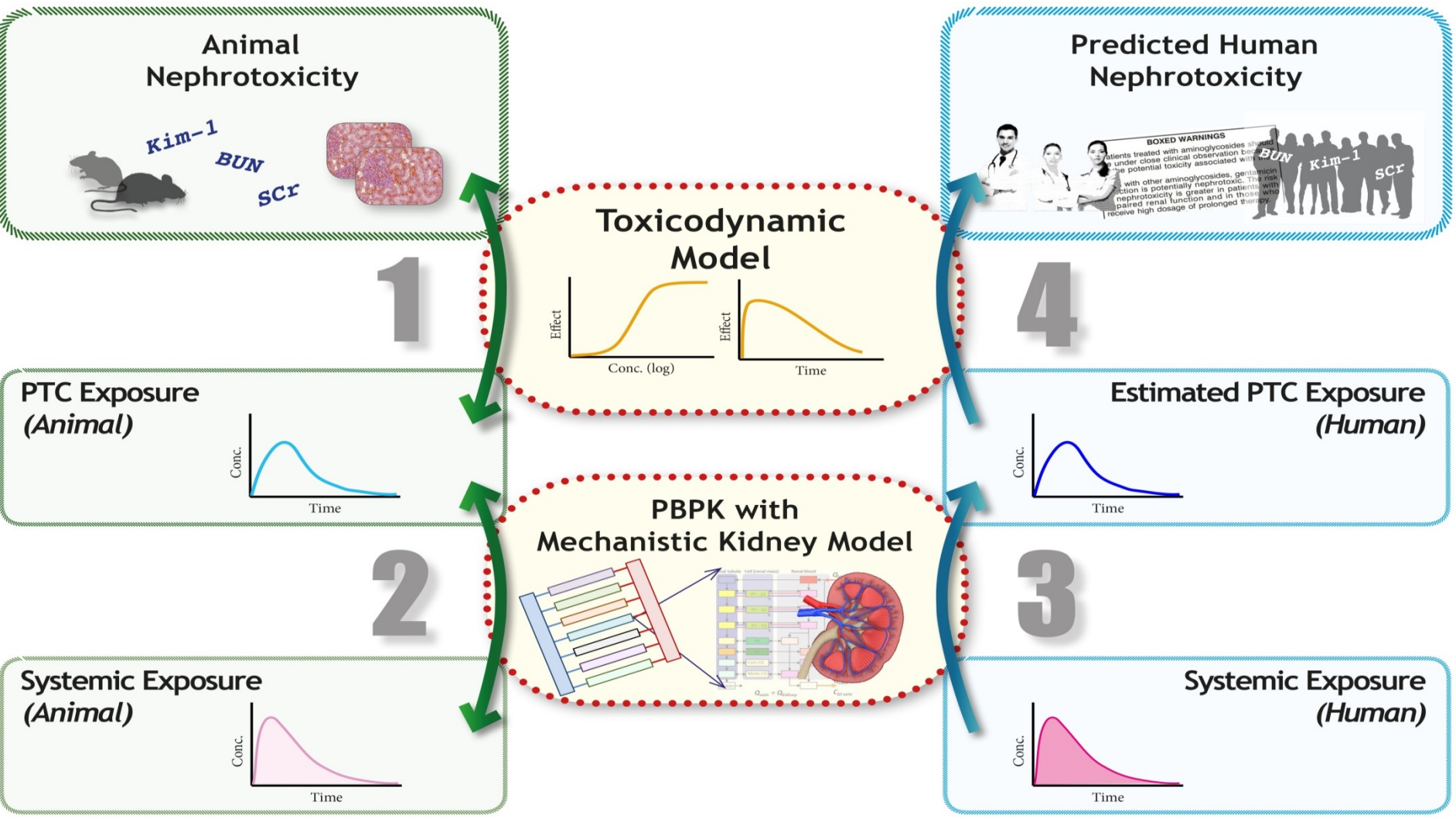
**Verification**

**Validation**

# Framework for M&S in Regulatory Review

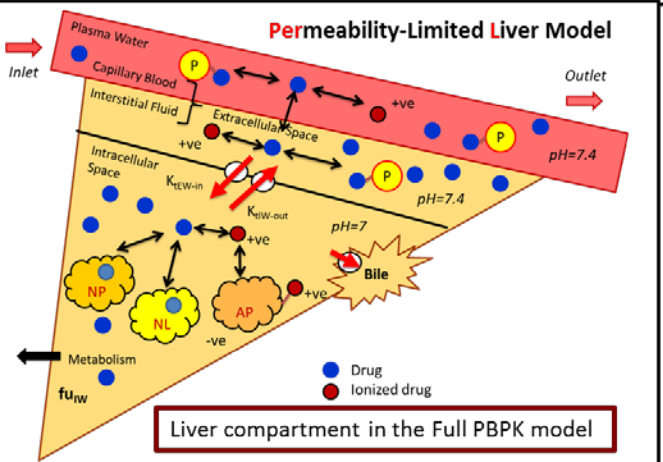
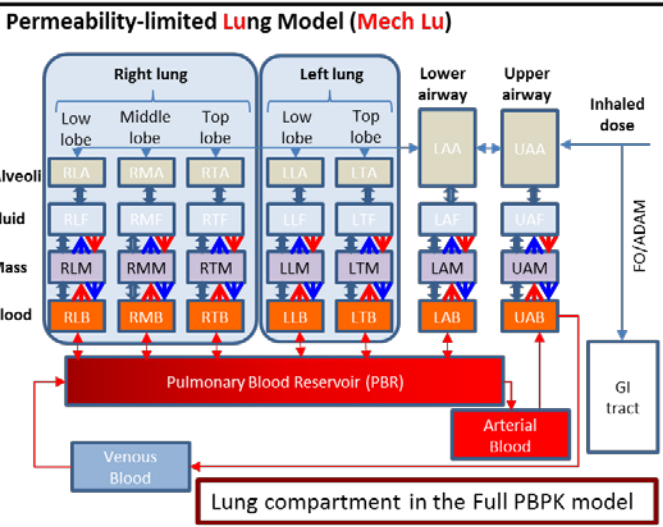


# Translation from Animals to Humans

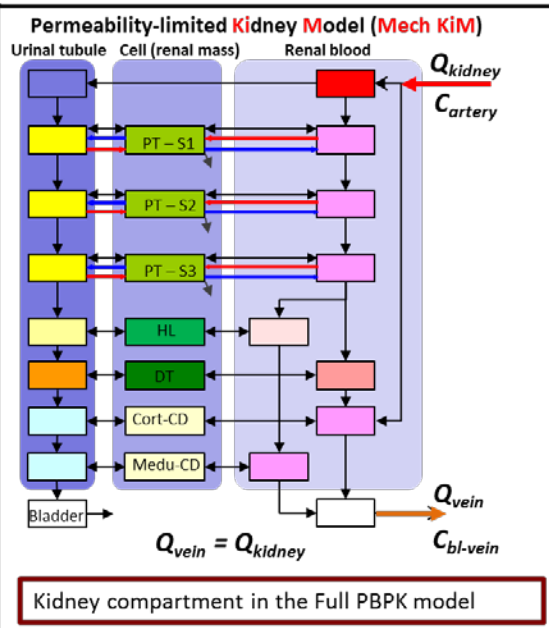
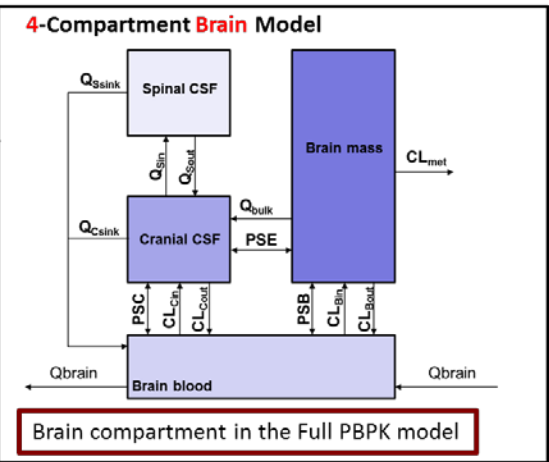
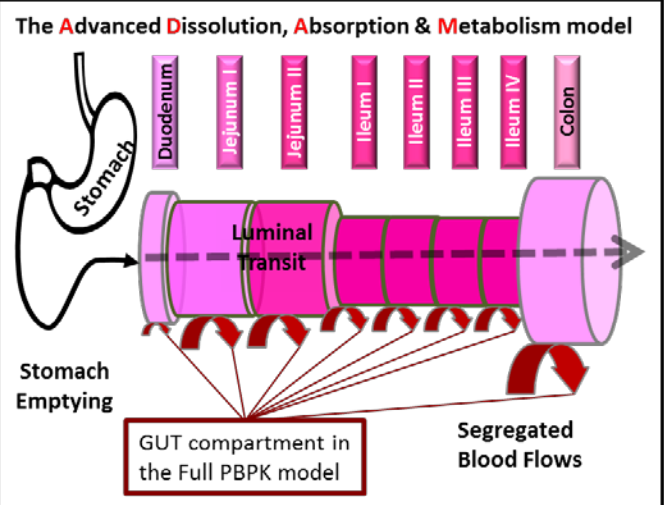
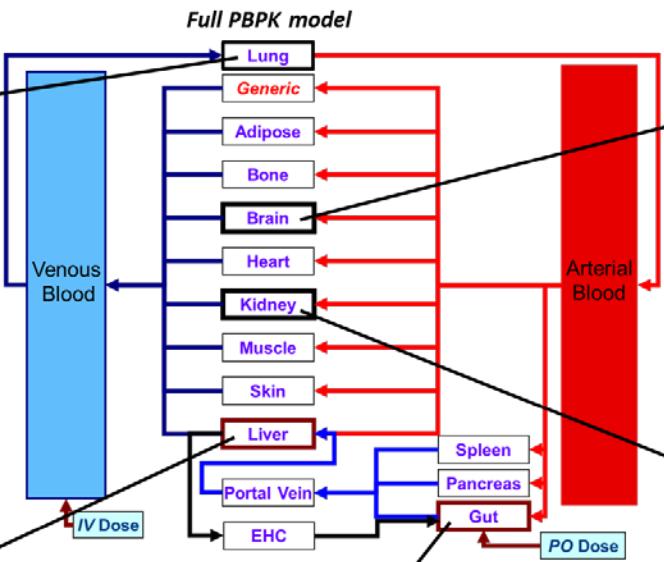


**Scotcher et al 2016 AAPS J, in press**  
Key to Opening Kidney for *In Vitro-In Vivo* Extrapolation Entrance in Health and Disease: Part II  
Mechanistic Models and *In Vitro-In Vivo* Extrapolation

# Integrating Organs within MPS: Proportionality?



- Replacement and additional organ





## Evaluation of the novel *in vitro* systems for hepatic drug clearance and assessment of their predictive utility

J. Brian Houston<sup>a,\*</sup>, Karen Rowland-Yeo<sup>b</sup>, Ugo Zanelli<sup>c</sup>

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<sup>b</sup> Sincyp Limited, Blades Enterprise Centre, John Street, Sheffield S2 4SU, United Kingdom

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## Integrating Organs within MPS:

# What is the INTENDED USE?