Application of Open-Source PBPK Models in Rat-to-Human Pharmacokinetic Extrapolation of Oral Nicotine Exposures

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Highlights



Application of QSAR and in vivo rat data to predict human PK



Generalized opensource PBPK models: nicotine data



Species scaling and QSARderived parameters informed PBPK across routes of interest

Introduction

- Animal data are often used to predict human effects, but dose-response differences in physiology and exposure must be taken into account
- Physiologically based pharmacokinetic (PBPK) models facilitate the tracking of a chemical throughout the body and can be used for inter-species kinetic extrapolation
- This case study utilizes an open-source PBPK model to simulate nicotine after oral/buccal exposures in humans based on in vivo rat oral data and in silico (QSAR) values

Conclusions

- Animal data can assist in optimization of PBPK models to inform PK predictions for human-relevant exposures
- · Species-specific exposure routes of buccal and intestinal absorption can have a large impact (>4-fold) when extrapolating from animal data to humans
- · High quality in silico QSAR predictions can be useful when in vivo data are limited

References

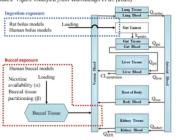
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Methods & results

Approach

- · Species and exposure routes considered
- Oral gavage (gut absorption) Oral gavage (gut absorption) Buccal tissue absorption
- Generalized open-source PBPK models used (Fig. 1, httk v 2.0.2)1

Fig 1: Structure of httk PBPK models . Exposure routes shown by dotted boxes. Figure modified from Wambaugh et al. (2020)²



Rat oral bolus

Nicotine plasma concentrations from rat

formulation; up to 8 mg/kg/day)

improved fit to the data (Fig. 2b)

gavage (oral bolus) data were collected after

7-day dosing (Test materials: 18% nicotine

Default httk rat parameterization, which is

informed by in silico QSAR predictions from

OPERA3, overestimated the in vivo rat data (Fig. 2a)

· Default parameters were optimization by adjusting intrinsic

Post-Optimization

clearance and gut absorption produced a model with an

Rat

were optimized to fit in vivo rat data

Rat-optimized parameters were adjusted

An adaptation of gut absorption models

was used for buccal absorption (Fig. 1)

Human models parameterized with QSAR

predictions3 or in vivo rat data were

compared and validated against independent data sets5,7

using allometric scaling to parameterize human gut absorption models

> Parameter changes Allometric scaling Structure changes

Parameter changes

Allometric scaling

Oral bolus (gut absorption)

Predicted Rat plasma

following a dose of 8

mg/kg/day. Blue

Lower Root Mean

Squared Error (RMSE)

points show

nicotine profiles

· Parameters from the

post-optimization

were scaled to human

physiology and used

for human oral bolus

prediction in the "rat-

optimized" model

Parameter changes Allometric scaling

· Default rat PBPK parameterizations (httk2) Predicted human plasma

- profiles following doses of 2 ma5 (a.b.c) and 6.4 ma7 (d.e.f) nicotine over 0.5 and 4 hours,
- first-pass metabolism: gut absorption was not included
- optimized to human nicotine aum data^c
- QSAR² and in vivo-optimized models preformed similarly

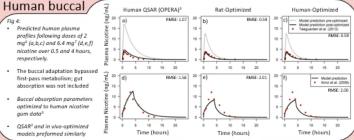
Human

Oral use

(buccal absorption)

Structural

changes



- . Human QSAR- and bolus-based parameters overpredicted data by >4-fold prior to adjustment of buccal absorption parameters using gum data⁶
- Improved performance of QSAR-based3 buccal mode over bolus model suggests the uptake route (gut vs. buccal absorption) was a key factor
- Findings highlight the impact of exposure route on incorporation of animal data into human predictions
- Similar performance of rat- and QSAR-based parameterizations suggests quality QSAR models can be useful when in vivo data are limited

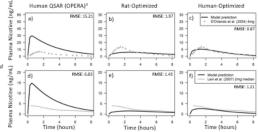
Human oral bolus

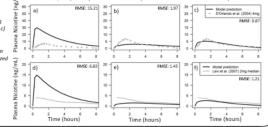
- Application of rat-optimized parameters to the human model through allometric scaling improved fit for human oral bolus data4 (Fig. 3a,b)
- Optimization to human bolus data4 instead of rat data resulted in only minor changes to parameter values and predicted results (Fig. 3c)
- Model predictions optimized to human bolus data⁴ fit independent data5 (Fig. 3d,e,f)



Human-Optimized column shows predictions optimized to the D'Orlando et al. (2004) data4.

validation against





The authors declare no conflicts of interest