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Title: Systems pharmacokinetic models to the prediction of local CNS drug concentrations in human

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Scope and intent of investigations

Development of drugs for central nervous system (CNS)-associated diseases has suffered from high attrition rates (1,2) due to safety and efficacy issues (3). To improve the prediction of CNS drug effects, knowledge of the CNS target-site pharmacokinetics (PK) of especially the unbound drug is indispensable (4). However, measuring drug concentrations in the CNS of healthy volunteers or patients has major practical and ethical constraints. Plasma concentrations are therefore still the mainstay in the selection of optimal dose regimens in clinical CNS drug development, even though these concentrations may differ substantially from the local concentrations in the CNS. The differences in drug concentrations between plasma and CNS originate from the barrier properties of the blood-brain barrier (BBB) and the processes that govern intra-brain distribution (5). Therefore, it is important to search for robust approaches that can aid in the prediction of CNS target-site PK to improve CNS drug development.

The ultimate aim of the research described in this thesis is to develop a comprehensive mathematical PK model for the prediction of concentration-time profiles of (unbound) small molecule drugs in multiple CNS compartments in humans. This model is created in a step-wise manner in chapters 3, 4 and 5.

Chapter 2 starts with a summary review of the CNS systems properties and processes (physiological characteristics) that are relevant for the prediction of CNS PK, both in healthy and in disease conditions. In addition, an overview on experimental techniques and approaches to obtain direct or indirect information on CNS concentrations is given. Finally, state-of-the-art model-based approaches to predict CNS PK are provided. This chapter forms the base knowledge for the models developed in the successive chapters of this thesis.

The CNS consists of several major physiological components such as the brain vasculature, the cells that form the BBB and the blood-cerebrospinal fluid-barrier (BCSFB), the brain parenchymal cells, the brain extracellular fluid (brain_{ECF}) and several spaces filled with cerebrospinal fluid (CSF). In addition, physiological flows such as the cerebral blood flow, brain_{ECF} bulk flow and CSF flow exist. These physiological CNS components and the physicochemical properties of the drug, govern in concert the rate and extent of drug transport across the BBB and BCSFB and its intra-brain distribution, which can display substantial variations among different drugs. While the drug properties are a given, CNS systems characteristics are condition dependent, and single or multiple CNS systems characteristics may be altered by diseases. Alterations in CNS systems characteristics may have a significant impact on CNS drug distribution (6–24) and must therefore be considered in drug development.

Currently available experimental techniques and approaches to measure CNS drug concentrations have focused mostly on steady state conditions, and often do not distinguish between total and unbound drug concentrations. As, even in chronic dosing, drug concentrations in plasma and CNS will vary over time, and transport processes are time-dependent, time-course concentration data are crucial to properly understand and predict CNS PK. In addition, information on unbound drug concentrations is a prerequisite not only because it drives the drug effects, but also the different transport processes. Microdialysis is a highly valuable technique, as it allows the *in vivo* measurement of unbound drug concentration kinetics, at different CNS locations (25–30). However, though minimally invasive, the use of microdialysis in humans is highly restricted. Therefore, approaches that can predict time-dependent and CNS location-dependent unbound drug concentration in human are of great relevance. Of all the mathematical PK modeling approaches that have been proposed to predict CNS PK (28–42), so far none has captured enough CNS systems complexity, which indicates the need for the development of more comprehensive CNS PK models.

Chapter 3 describes the development of a multi-compartmental CNS PK model. By the use of microdialysis unbound drug concentration-time data (in rat plasma, brain_{ECP} and two CSF sites) for nine drugs with wide range of drug physiochemical properties, and rat CNS system characteristics taken from literature, a generic multi-compartmental CNS PK model structure is identified. The model consists of plasma and main CNS physiological compartments (brain_{ECP}, the brain intracellular fluid (brain_{ICF}), and four different CSF sites) that can adequately describe the *in vivo* rat PK data of the nine different drugs. Subsequent scaling of the model from rat to human makes it possible to predict unbound drug concentration-time profiles in human CNS at multiple locations. This generic CNS PK model structure is then used further for the development of comprehensive physiologically based pharmacokinetic (PBPK) models for rat and human CNS in the next two chapters.

Chapter 4 describes the development of a comprehensive rat CNS PBPK model, which includes descriptors of multiple CNS physiological compartments and drug distribution processes in the CNS. In contrast to the generic multi-compartmental CNS PK model (Chapter 3), the comprehensive CNS PBPK model is able to predict unbound drug PK profiles in multiple CNS physiological compartments in the rat without the need to have PK data from *in vivo* animal studies. This is possible on the basis of information of drug-specific parameters that can be obtained either by *in silico* predictions or *in vitro* studies. The predictive performance of the model is evaluated using detailed unbound drug concentration-time profiles from ten small molecule drugs in rat plasma, brain_{ECP}, two CSF sites, and total brain tissue.

Chapter 5 describes the scaling of the comprehensive CNS PBPK model developed in Chapter 4 from rat to human. The predictive value of this model is evaluated using unbound drug concentration-time data in brain_{ECF} and/or CSF from three drugs, which are obtained from human subjects under physiological CNS conditions. Furthermore, the model is applied to investigate the underlying factors that may explain altered CNS PK in pathophysiological CNS conditions in patients with traumatic brain injury and epilepsy.

Chapter 6 summarizes and discusses the results presented in this thesis on the prediction of unbound drug concentration-time profiles in multiple CNS compartments in human. Furthermore, this chapter provides future perspectives towards a comprehensive PBPK-Pharmacodynamic model to predict drug efficacy in human CNS.

REFERENCES

1. Kola I, Landis J. Can the pharmaceutical industry reduce attrition rates? *Nat Rev Drug Discov.* 2004;3:1–5.
2. Hurko O, Ryan JL. Translational Research in Central Nervous System Drug Discovery. *J Am Soc Exp Neurother.* 2005;2(4):671–82.
3. Arrowsmith J, Miller P. Trial Watch: Phase II and Phase III attrition rates 2011–2012. *Nat Rev Drug Discov.* 2013;12(8):569–569.
4. Danhof M, de Lange ECM, Della Pasqua OE, Ploeger BA, Voskuyl RA. Mechanism-based pharmacokinetic-pharmacodynamic (PK-PD) modeling in translational drug research. *Trends Pharmacol Sci.* 2008;29(4):186–91.
5. Hammarlund-Udenaes, M Paalzow L, de Lange E. Drug equilibration across the blood-brain barrier—pharmacokinetic considerations based on the microdialysis method. *Pharm Res.* 1997;14(2):128–34.
6. Serot JM, Béné MC, Foliguet B, Faure GC. Altered choroid plexus basement membrane and epithelium in late-onset Alzheimer's disease: An ultrastructural study. *Ann N Y Acad Sci.* 1997;826:507–9.
7. Aanerud J, Borghammer P, Chakravarty MM, Vang K, Rodell AB, Jónsdóttir KY, et al. Brain energy metabolism and blood flow differences in healthy aging. *J Cereb Blood Flow Metab.* 2012;32(7):1177–87.
8. Shimada A, Hasegawa-Ishii S. Senescence-accelerated Mice (SAMs) as a Model for Brain Aging and Immunosenescence. *Aging Dis.* 2011;2(5):414–35.
9. Silverberg GD, Miller MC, Messier AA, Majmudar S, Machan JT, Donahue JE, et al. Amyloid deposition and influx transporter expression at the blood-brain barrier increase in normal aging. *J Neuropathol Exp Neurol.* 2010;69(1):98–108.
10. Greve MW, Zink BJ. Pathophysiology of traumatic brain injury. *Mt Sinai J Med.* 2009;76(2):97–104.
11. Chodobski A, Zink BJ, Szmydynger-Chodobska J. Blood-Brain Barrier Pathophysiology in Traumatic Brain Injury. *Transl Stroke Res.* 2011;2(4):492–516.
12. Pop V, Sorensen DW, Kamper JE, Ajao DO, Murphy MP, Head E, et al. Early brain injury alters the blood-brain barrier phenotype in parallel with b-amyloid and cognitive changes in adulthood. *J Cereb Blood Flow Metab.* 2013;33:205–14.
13. Appel S, Duke ES, Martinez AR, Khan OI, Dustin IM, Reeves-Tyer P, et al. Cerebral blood flow and fMRI BOLD auditory language activation in temporal lobe epilepsy. *Epilepsia.* 2012;53(4):631–8.
14. Bednarczyk J, Lukasiuk K. Tight junctions in neurological diseases. *Acta Neurobiol Exp.* 2011;71(4):393–408.

15. Lazarowski A, Czornyj L, Lubienieki F, Girardi E, Vazquez S, D’Giano C. ABC transporters during epilepsy and mechanisms underlying multidrug resistance in refractory epilepsy. *Epilepsia*. 2007;48:140–9.
16. Löscher W, Potschka H. Role of multidrug transporters in pharmacoresistance to antiepileptic drugs. *J Pharmacol Exp Ther*. 2002;301(1):7–14.
17. Palmer JC, Baig S, Kehoe PG, Love S. Endothelin-converting enzyme-2 is increased in Alzheimer’s disease and up-regulated by Abeta. *Am J Pathol*. 2009;175(1):262–70.
18. Bowman G, Quinn J. Alzheimer’s disease and the blood–brain barrier: past, present and future. *Aging health*. 2008;4(1):47–57.
19. Cipolla MJ, Sweet JG, Chan S-L. Cerebral vascular adaptation to pregnancy and its role in the neurological complications of eclampsia. *J Appl Physiol*. 2011;110(2):329–39.
20. Dutheil F, Jacob A, Dauchy S, Beaune P, Scherrmann J-M, Declèves X, et al. ABC transporters and cytochromes P450 in the human central nervous system: influence on brain pharmacokinetics and contribution to neurodegenerative disorders. *Expert Opin Drug Metab Toxicol*. 2010;6(10):1161–74.
21. Hsu JL, Jung TP, Hsu CY, Hsu WC, Chen YK, Duann JR, et al. Regional CBF changes in Parkinson’s disease: A correlation with motor dysfunction. *Eur J Nucl Med Mol Imaging*. 2007;34(9):1458–66.
22. van Vliet EA, Araújo SDC, Redeker S, van Schaik R, Aronica E, Gorter JA. Blood-brain barrier leakage may lead to progression of temporal lobe epilepsy. *Brain*. 2007;130(2):521–34.
23. Ingrisch M, Sourbron S, Morhard D, Ertl-Wagner B, Kümpfel T, Hohlfeld R, et al. Quantification of Perfusion and Permeability in Multiple Sclerosis. *Invest Radiol*. 2012;47(4):252–8.
24. Weiss N, Miller F, Cazaubon S, Couraud PO. The blood-brain barrier in brain homeostasis and neurological diseases. *Biochim Biophys Acta*. 2009;1788(4):842–57.
25. Hammarlund-Udenaes M, Paalzow LK, de Lange ECM. Drug equilibration across the blood-brain barrier - Pharmacokinetic considerations based on the microdialysis method. *Pharm Res*. 1997;14(2):128–34.
26. Hammarlund-Udenaes M. The use of microdialysis in CNS drug delivery studies: Pharmacokinetic perspectives and results with analgesics and antiepileptics. *Adv Drug Deliv Rev*. 2000;45(2–3):283–94.
27. de Lange ECM, Danhof M, de Boer AG, Breimer DD. Critical factors of intracerebral microdialysis as a technique to determine the pharmacokinetics of drugs in rat brain. *Brain Res*. 1994;666(1):1–8.
28. Westerhout J, Ploeger B, Smeets J, Danhof M, de Lange ECM. Physiologically based pharmacokinetic modeling to investigate regional brain distribution kinetics in rats. *AAPS J*. 2012;14(3):543–53.

29. Westerhout J, Smeets J, Danhof M, de Lange ECM. The impact of P-gp functionality on non-steady state relationships between CSF and brain extracellular fluid. *J Pharmacokinet Pharmacodyn*. 2013;40(3):327–42.
30. Westerhout J, van den Berg D-J, Hartman R, Danhof M, de Lange ECM. Prediction of methotrexate CNS distribution in different species - Influence of disease conditions. *Eur J Pharm Sci*. 2014;57:11–24.
31. Collins JM, Dedrick RL. Distributed model for drug delivery to CSF and brain tissue. *Am J Physiol*. 1983;245(3):303–10.
32. Ooie T, Terasaki T, Suzuki H, Sugiyama Y. Kinetic Evidence for Active Efflux Transport across the Blood-Brain Barrier of Quinolone Antibiotics. *J Pharmacol Exp Ther*. 1997;283(1):293–304.
33. Takasawa K, Terasaki T, Suzuki H, Ooie T, Sugiyama Y. Distributed model analysis of 3'-azido-3'-deoxythymidine and 2',3'-dideoxyinosine distribution in brain tissue and cerebrospinal fluid. *J Pharmacol Exp Ther*. 1997;282(3):1509–17.
34. Hansen DK, Scott DO, Otis KW, Lunte SM. Comparison of in vitro BBMEC permeability and in vivo CNS uptake by microdialysis sampling. *J Pharm Biomed Anal*. 2002;27:945–58.
35. Bourasset F, Scherrmann JM. Carrier-mediated processes at several rat brain interfaces determine the neuropharmacokinetics of morphine and morphine-6-beta-D-glucuronide. *Life Sci*. 2006;78(20):2302–14.
36. Liu X, Smith BJ, Chen C, Callegari E, Becker SL, Chen X, et al. Use of a Physiologically Based Pharmacokinetic Model to Study the Time to Reach Brain Equilibrium: An Experimental Analysis of the Role of Blood-Brain Barrier Permeability, Plasma Protein Binding, and Brain Tissue Binding. *J Pharmacol Exp Ther*. 2005;313(3):1254–62.
37. Kielbasa W, Stratford RE. Exploratory Translational Modeling Approach in Drug Development to Predict Human Brain Pharmacokinetics and Pharmacologically Relevant Clinical Doses. *Drug Metab Dispos*. 2012;40(5):877–83.
38. Fenneteau F, Turgeon J, Couture L, Michaud V, Li J, Nekka F. Assessing drug distribution in tissues expressing P-glycoprotein through physiologically based pharmacokinetic modeling: model structure and parameters determination. *Theor Biol Med Model*. 2009;36:495–522.
39. Ball K, Bouzom F, Scherrmann J-M, Walther B, Declèves X. Physiologically Based Pharmacokinetic Modelling of Drug Penetration Across the Blood-Brain Barrier--Towards a Mechanistic IVIVE-Based Approach. *AAPS*. 2013;15(4):913–32.
40. Badhan RKS, Chenel M, Penny JI. Development of a Physiologically-Based Pharmacokinetic Model of the Rat Central Nervous System. *Pharmaceutics*. 2014;6(1):97–136.
41. Trapa PE, Belova E, Liras JL, Scott DO, Steyn SJ. Insights from an Integrated Physiologically Based Pharmacokinetic Model for Brain Penetration. *J Pharm Sci*. 2016;105(2):965–71.

42. Gaohua L, Neuhoff S, Johnson TN, Rostami-hodjegan A, Jamei M. Development of a permeability-limited model of the human brain and cerebrospinal fluid (CSF) to integrate known physiological and biological knowledge: Estimating time varying CSF drug concentrations and their variability using in vitro data. *Drug Metab Pharmacokinet.* 2016;31(3):224–33.