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MODELLING THE WHOLE-BODY PHARMACOKINETICS (WBPK) OF RADIOLABELED GLYBURIDE IN HEALTHY VOLUNTEERS

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INTRODUCTION Model building Model building • Microdosing approaches: (Glyburide without Rifampicin) • administration of infra-Covariance Error model Allometry structure therapeutic doses of drug 1 compartment Combined candidates to volunteers CCB Proportiona • relatively facilitating → 2 compartments regulatory framework Constant • sometimes referred to as compartment Combined phase 0 [1] Cc Proportional 2 compartments Fig 1: Whole-body PET imaging^[2] • PK studies using PET (positron

RESULTS Model building Model assessment (Glyburide with and without Rifampicin) Glyburide with and without Rifampicin COSSAC Covariates Added Covariance Parameters variability structure divergences (Covariates) $\rightarrow \gamma_{V_B}$ IIV and IOV Tk_0 (become fixed at 0.02h) $\gamma_{k_{l1b}}$

PARIS-SACLAY

emission tomography) imaging [Fig 1]: a quantitative, kinetic and ultrasensitive imaging technique

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- A microdose PET study performed in healthy volunteers using the substrate Glyburide as a model drug^[2]:
 - to assess the role of Organic Anion-Transporting Polypeptides (OATP) for liver uptake
- their impact on whole-body pharmacokinetics (WBPK)

The aim of this work was to model the WBPK of radiolabeled glyburide (¹¹C-glyburide) with or without pre-infusion of rifampicin, a potent inhibitor of OATPs^[2].

METHODS

DATA

• Two imaging sessions the same day [Fig2]: ¹¹C-glyburide with and without pre-infusion of 9 mg/kg of **rifampicin**







Fig 4: Model building process

• 6 compartments included in the final model [Fig 4]: oliver and kidney: two compartments each [Fig 3] • spleen: one compartment • pancreas: ratio with blood concentrations, rapid equilibrium both

	Group 1 Men over 50 years old	Group 2 Women over 50 years old	Group 3 Men younger than 30 years old
Number of subjects First imaging session (Second imaging session)	4 (1)	5(4)	7 (5)
Age (years) Median (Min - Max)	$58.6 \ (50.2-63.5)$	$59.6 \ (58.8-64.6)$	$24.5\ (20.3-30.3)$
Body Weight (kg) Median (Min - Max)	$\begin{array}{c} 81 \\ (74-88) \end{array}$	$\begin{array}{c} 66 \\ (53-72) \end{array}$	$73 \\ (59-87)$

• Adding covariates and correlation [Tab 1]:

Tab 1: Demographic characteristics of the 3 groups

- body weight: allometric model on volumes
- correlation between IOV random effects: V_{Blood}, V_{Liver} and V_{Spleen}
- rifampicin decreased distribution blood to liver, transfer rate decreased by 32 %



Fig 2: Data acquisition

- 16 subjects divided in group based on sex and age
- 5 organs used in the analysis: aorta+ventricle (blood), liver, kidneys, pancreas, spleen

NONLINEAR MIXED EFFECT MODELLING (NLMEM)

- Structural model construction using the 1st occasion: • Each organ using standard **compartment models**
 - Selecting for all 5 organs:
 - number of compartments for each organ
 - pancreas and spleen: a simple ratio of organ to blood concentrations was tested due to a rapid distribution
 - linear and non-linear rate constants for distribution and elimination
 - residual error model: proportional, constant or combined
- Statistical model construction using both occasions: • Interoccasion variability (IOV)



CcBlood

Cc_{Spleen}

k_{bs}

k_{bk1}

Cc_{Kidney1}

k_{k1k2} k_{k2k1}

K_{k1b}

amount

Cc_{Pancreas}

K_{bl1}

Cc_{Liver1}

k₁₁₂ k₂₁₁

k_{l1b}

ke

Fig 3: Structural model

- Visual predictive check [Fig 5]:
 - 1st occasion: good fits for the typical profiles in the different organs
 - 2nd occasion: model underprediction in blood, translating to a similar pattern in pancreas and spleen

• VPC correct when fitting each arm separately



Fig 5: Individual fits and Visual Predictive Check

- Body weight (allometric model on volumes of distribution)
- Using the **COSSAC** algorithm^[3]
- Covariance structure simplified by removing variabilities if RSE > 100%
- Assessment using graphical diagnostics (Visual Predictive Check (VPC))
- Model selection: **Bayesian Information Criterion** (BIC)
- Monolix 2023R1 was used for NLMEM.

- DISCUSSION
- WBPK of radiolabeled glyburide in 5 organs described using a compartmental model
 - o liver distribution decreased in the presence of rifampicin, consistent with previous results from a non-compartmental analysis showing a reduced AUC [2]
- Comparison with a previous analysis using blood concentrations^[4] • elimination rate (0.67 hr⁻¹) half of previous estimate
 - smaller central volume of distribution ($V_B = 0.45L$)
 - difficulties to estimate elimination reliably due to the limited observation period (40mn)
- Another issue: PET studies measure total radioactivity
 - blood sampling performed in the present study showed that less than 10% of the total dose was metabolized
- Rapid equilibrium between blood and pancreas (target tissue for antidiabetic effect)

PERSPECTIVE

• Combine PET data with preclinical PK studies using Bayesian approaches to predict the WBPK of investigational drugs even before traditional Phase I studies.

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