

The High Throughput Toxicokinetic (HTTK) R Package

John Wambaugh

National Center for Computational Toxicology
Office of Research and Development
U.S. Environmental Protection Agency

Computational Toxicology Community of Practice Webinar

June 27, 2019

The views expressed in this presentation are those of the author and do not necessarily reflect the views or policies of the U.S. EPA



Oral
Absorption

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Gestation

cyprotex COMPANY

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HTTK Team

Cyprotex Ada

(lab work)

Structure-Based

Predictions

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Briana Franz Jon Gilbert Teresa Sierra Bradley Snodgrass Chris Strock

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Ann Richard

Risa Sayre Chris Grulke

Kristin Isaacs

Inhalation

TK

Database

Dermal

Marina Evans
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Brandall Ingle (ICF) Prachi Pradeep
Richard Judson Nisha Sipes (NTP)
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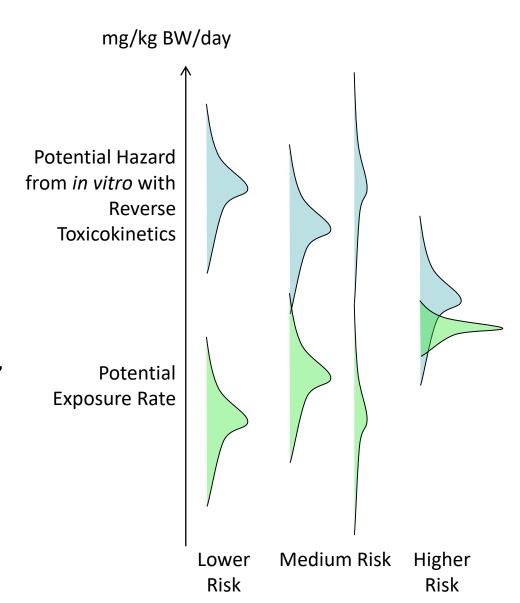
Alumni

Robert Pearce Cory Strope Woody Setzer Jimena Davis Caroline Ring Chantel Nicolas



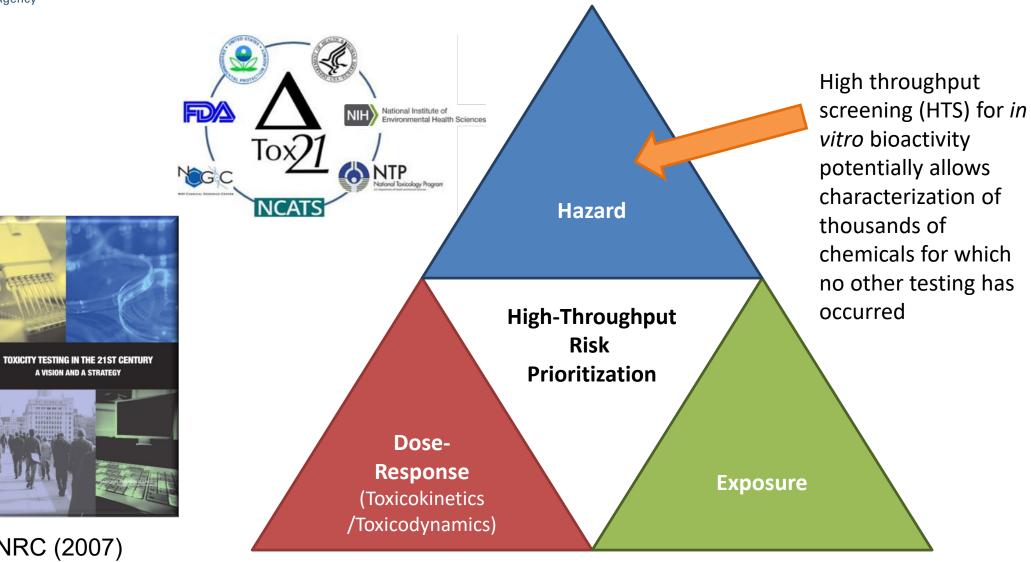
Chemical Risk = Hazard x Exposure

- The U.S. National Research Council (1983) identified chemical risk as a function of both inherent hazard and exposure
- To address the thousands of chemicals in commerce and the environment, we need new approach methodologies (NAMs) that can inform prioritization of chemicals most worthy of additional study
- High throughput risk prioritization needs:
 - 1. High throughput hazard characterization (Dix et al., 2007, Collins et al., 2008)
 - 2. High throughput exposure forecasts (Wambaugh et al., 2013, 2014)
 - 3. High throughput toxicokinetics (i.e., dose-response relationship) linking hazard and exposure (Wetmore et al., 2012, 2015)





High-Throughput Risk Prioritization



A VISION AND A STRATEGY

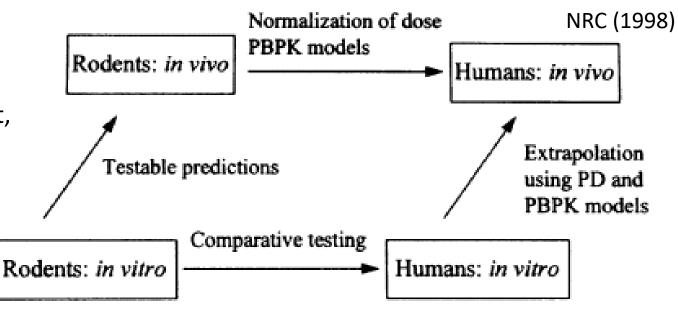
NRC (2007)



In Vitro - In Vivo Extrapolation (IVIVE)

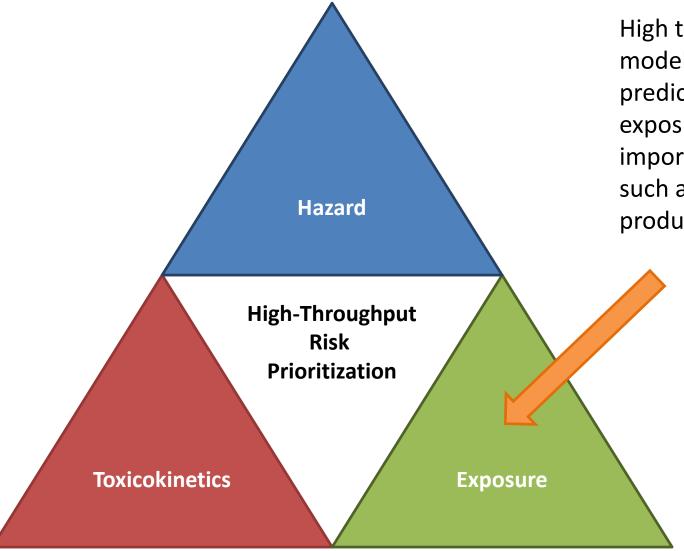
Utilization of in vitro experimental data to predict phenomena in vivo

- IVIVE-PK/TK (**Pharmacokinetics/Toxicokinetics**):
 - Fate of molecules/chemicals in body
 - Considers absorption, distribution, metabolism, excretion (ADME)
 - Uses empirical PK and physiologically-based (PBPK) modeling
- IVIVE-PD/TD (Pharmacodynamics/Toxicodynamics):
 - Effect of molecules/chemicals at biological target in vivo
 - Assay design/selection important
 - Perturbation as adverse/therapeutic effect, reversible/irreversible effects
- Both contribute to in vivo effect prediction

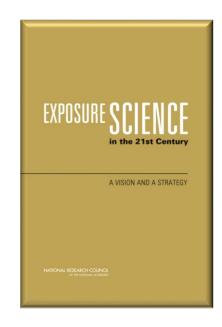




New Exposure Data and Models



High throughput models exist to make predictions of exposure via specific, important pathways such as residential product use and diet

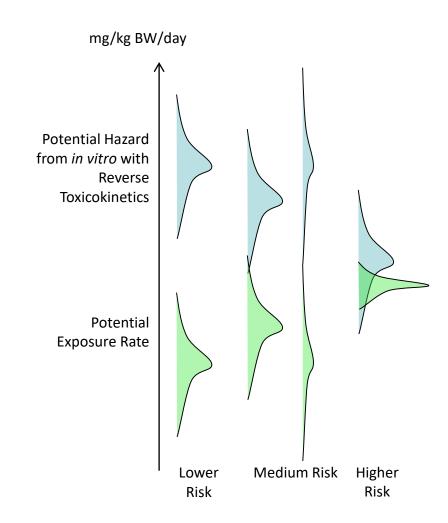




High Throughput Toxicokinetics (HTTK)

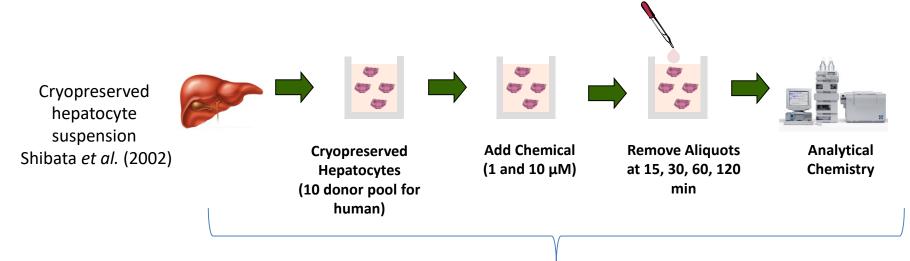
Most chemicals do not have TK data

- In order to address greater numbers of chemicals we collect in vitro, high throughput toxicokinetic (HTTK) data (Rotroff et al., 2010, Wetmore et al., 2012, 2015)
- HTTK methods have been used by the pharmaceutical industry to determine range of efficacious doses and to prospectively evaluate success of planned clinical trials (Jamei, et al., 2009; Wang, 2010)
- The primary goal of HTTK is to provide a human dose context for bioactive in vitro concentrations from HTS (i.e., in vitro-in vivo extrapolation, or IVIVE) (e.g., Wetmore et al., 2015)
- Secondary goal is to provide open source data and models for evaluation and use by the broader scientific community (Pearce et al, 2017a)

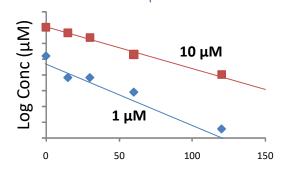




In Vitro Data for HTTK



The rate of disappearance of parent compound (slope of line) is the **hepatic clearance** (µL/min/10⁶ hepatocytes)



We perform the assay at 1 and 10 μ M to check for saturation of metabolizing enzymes.

- Most chemicals do not have TK data – we use in vitro HTTK methods adapted from pharma to fill gaps
- In drug development, HTTK methods allow IVIVE to estimate therapeutic doses for clinical studies – predicted concentrations are typically on the order of values measured in clinical trials (Wang, 2010)



In Vitro Data for HTTK

Analytical

Chemistry

Determine

concentration in

both wells

(analytical

chemistry)

Cryopreserved hepatocyte suspension **Add Chemical Remove Aliquots** Cryopreserved Shibata et al. (2002) (1 and 10 µM) at 15, 30, 60, 120 Hepatocytes (10 donor pool for min human) Rapid Equilibrium Dialysis (RED) Waters et al. (2008) **Double-wells** Add plasma (6 Add chemical Incubate plates to connected by semidonor pool for allow wells with permeable human) to one and without membrane on a well protein to come **Rapid Equilibrium** to equilibrium Dialysis (RED) Plate

- Most chemicals do not have TK data – we use in vitro HTTK methods adapted from pharma to fill gaps
- In drug development, HTTK methods allow IVIVE to estimate therapeutic doses for clinical studies – predicted concentrations are typically on the order of values measured in clinical trials (Wang, 2010)

United States Environmental Protection Agency

In Vitro Data for HTTK

Cryopreserved hepatocyte suspension **Add Chemical Remove Aliquots Analytical** Cryopreserved Shibata et al. (2002) (1 and 10 µM) at 15, 30, 60, 120 Chemistry Hepatocytes (10 donor pool for min human) Rapid Equilibrium Dialysis (RED) Waters et al. (2008) **Double-wells** Add plasma (6 Add chemical Incubate plates to connected by semidonor pool for allow wells with permeable human) to one and without membrane on a well protein to come **Rapid Equilibrium** to equilibrium

- Most chemicals do not have TK data – we use in vitro HTTK methods adapted from pharma to fill gaps
- Environmental chemicals:

Determine

concentration in

both wells

(analytical

chemistry)

Rotroff et al. (2010)

35 chemicals

Wetmore et al. (2012)

+204 chemicals

Wetmore et al. (2015)

+163 chemicals

Wambaugh et al. (submitted) +389 chemicals

- $F_{ub,p} = \frac{C_{well1}}{C_{well2}}$
- Office of Research and Development ub, p

Dialysis (RED) Plate



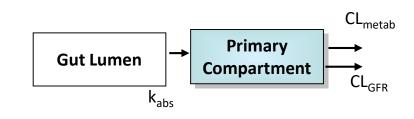
Simple Model for Steady-State Plasma Concentration (C_{ss})

$$\mathcal{L}_{SS} = \frac{Cl_{int}}{(GFR * f_{up}) + \left(Q_l * f_{up} * \frac{Cl_{int}}{Q_l + f_{up} * Cl_{int}}\right)}$$

Wilkinson and Shand (1975)

Passive Renal Clearance (GFR: Glomerular filtration rate f_{up} : fraction unbound in plasma)

Hepatic Metabolism (Cl_{int}: Scaled hepatic clearance Q_i: Blood flow to liver)



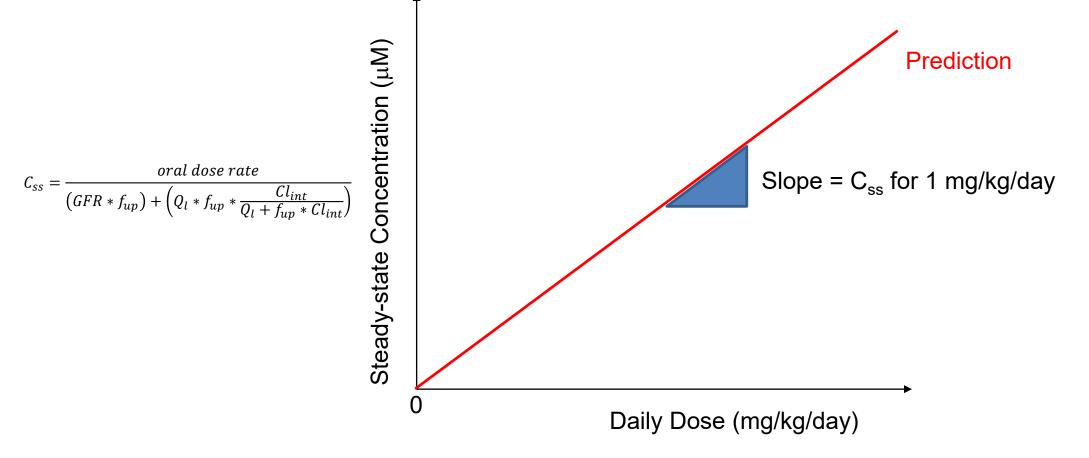


Assume that Steady-State is Linear with Dose

$$C_{SS} = \frac{oral\ dose\ rate}{\left(GFR * f_{up}\right) + \left(Q_{l} * f_{up} * \frac{Cl_{int}}{Q_{l} + f_{up} * Cl_{int}}\right)}$$



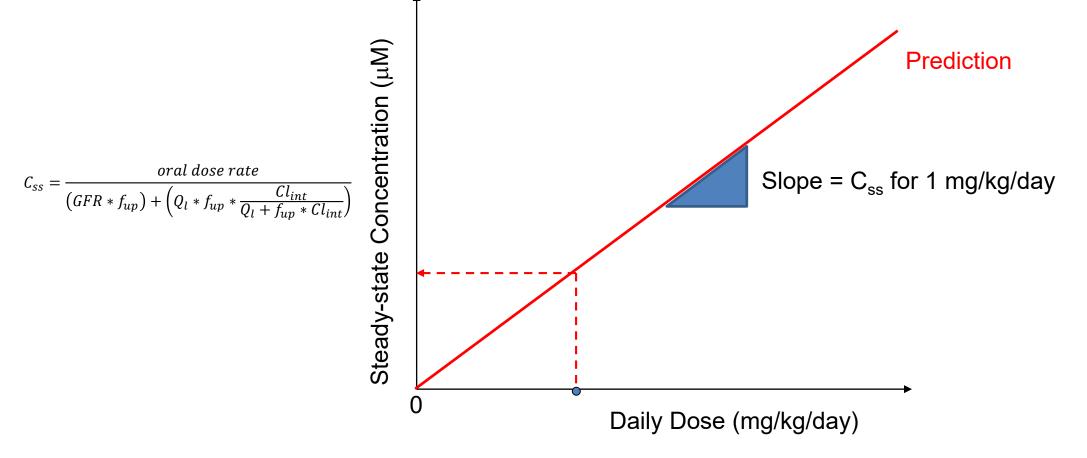
Assume that Steady-State is Linear with Dose



Can calculate predicted steady-state concentration (C_{ss}) for a 1 mg/kg/day dose and multiply to get concentrations for other doses



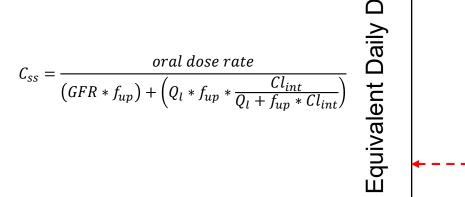
Assume that Steady-State is Linear with Dose

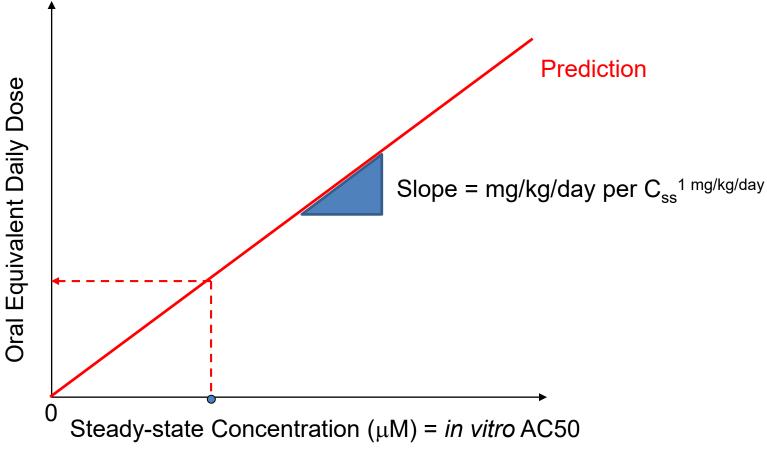


Can calculate predicted steady-state concentration (C_{ss}) for a 1 mg/kg/day dose and multiply to get concentrations for other doses



HTTK Allows Steady-State In Vitro-In Vivo Extrapolation (IVIVE)

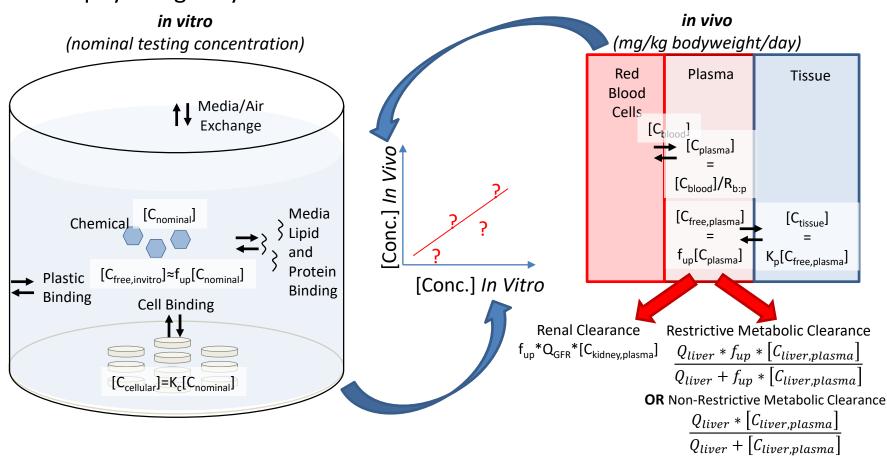




Can calculate predicted steady-state concentration (C_{ss}) for a 1 mg/kg/day dose and multiply to get concentrations for other doses



Using the generic HTTK physiologically based toxicokinetics model to inform IVIVE...





Optimizing HTTK-based IVIVE

nres.-free-vein-mean-Armitage

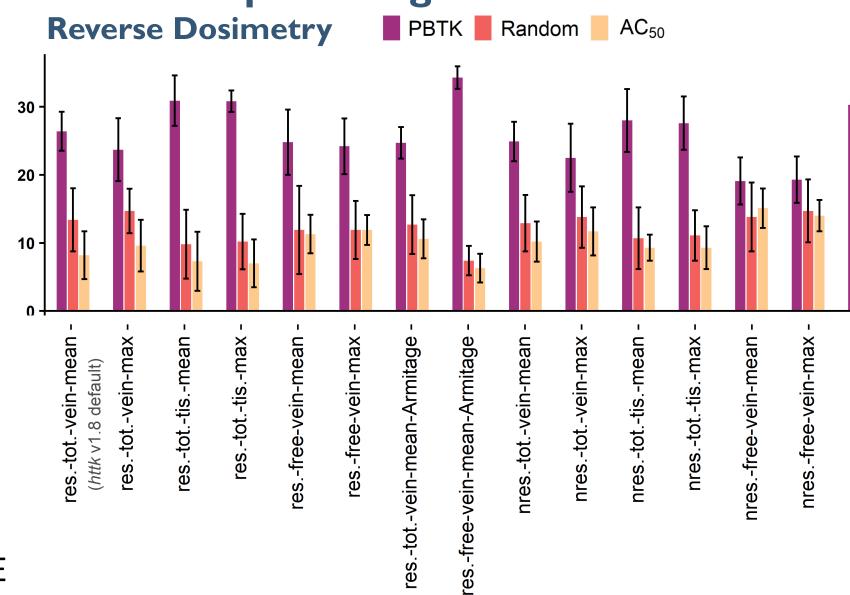
nres.-tot.-vein-mean-Armitage

predicting *in vivo* endpoints Number of times model selected best for

Using PBTK

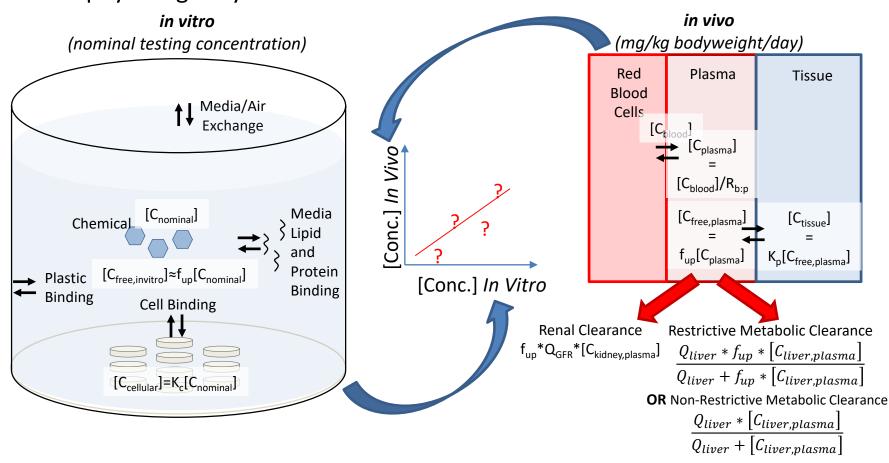
Models

Improves IVIVE

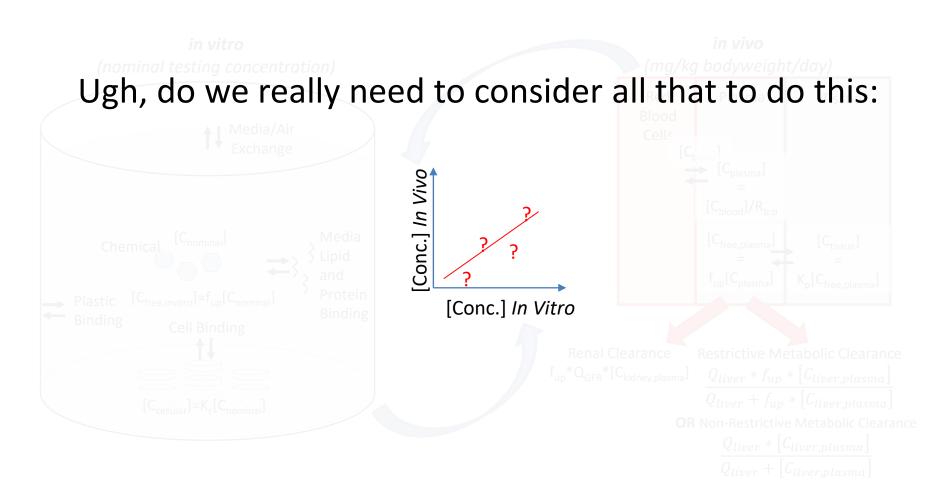




Using the generic HTTK physiologically based toxicokinetics model to inform IVIVE...









Ugh, do we really need to consider all that to do this:

Yes, but httk tries to
make it easier:

[Conc.] In Vitro

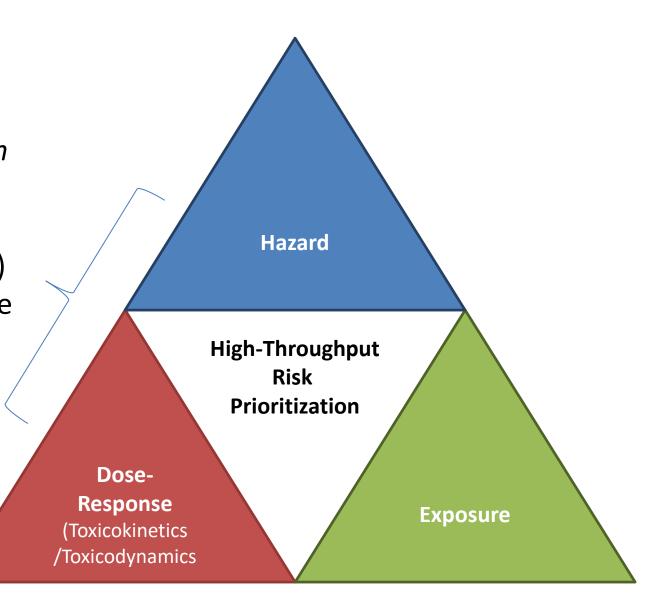
library(httk)

#State-state oral equivalent dose (mg/kg BW/day) to produce 0.1 uM in plasma: calc_mc_oral_equiv(0.1,chem.cas="acetochlor")

United States Environmental Protection Agency

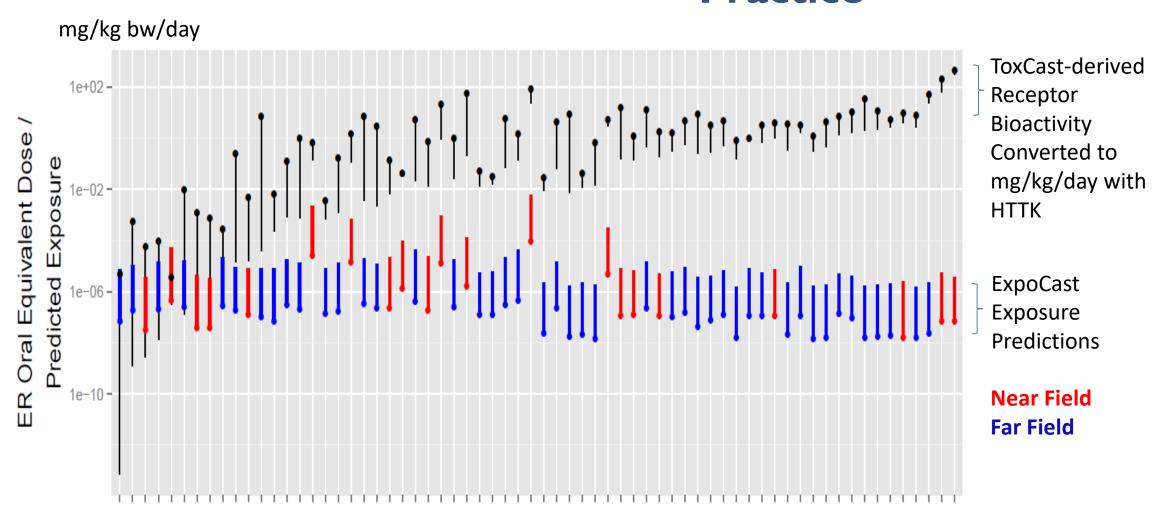
HTTK Facilitates IVIVE for In Vitro Screening Data

High throughput screening + in vitro-in vivo extrapolation (IVIVE) can predict a dose (mg/kg bw/day) that might be adverse





High Throughput Risk Prioritization in Practice



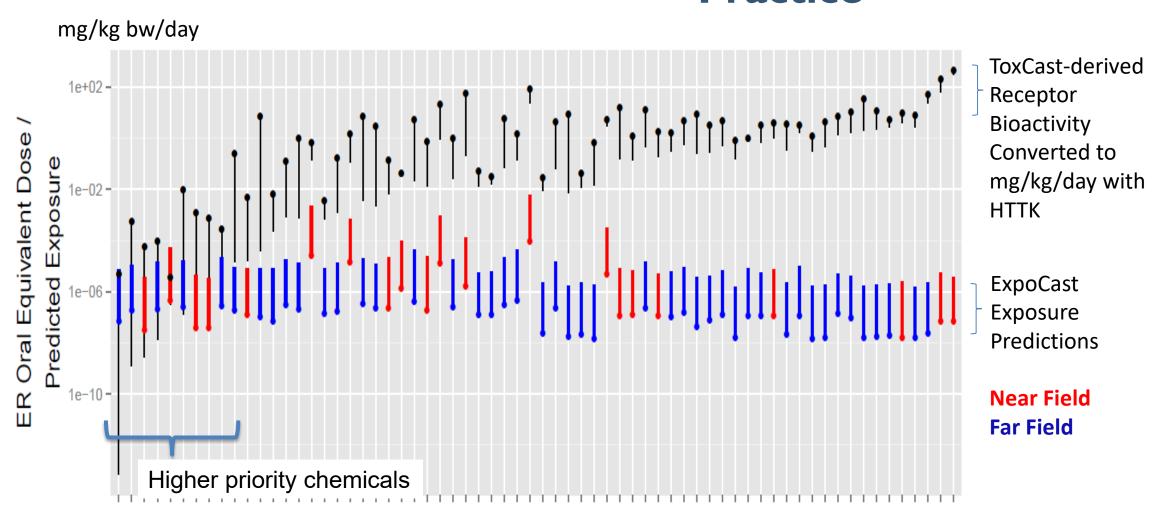
ToxCast Chemicals

December, 2014 Panel:

"Scientific Issues Associated with Integrated Endocrine Bioactivity and Exposure-Based Prioritization and Screening"



High Throughput Risk Prioritization in Practice



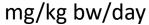
ToxCast Chemicals

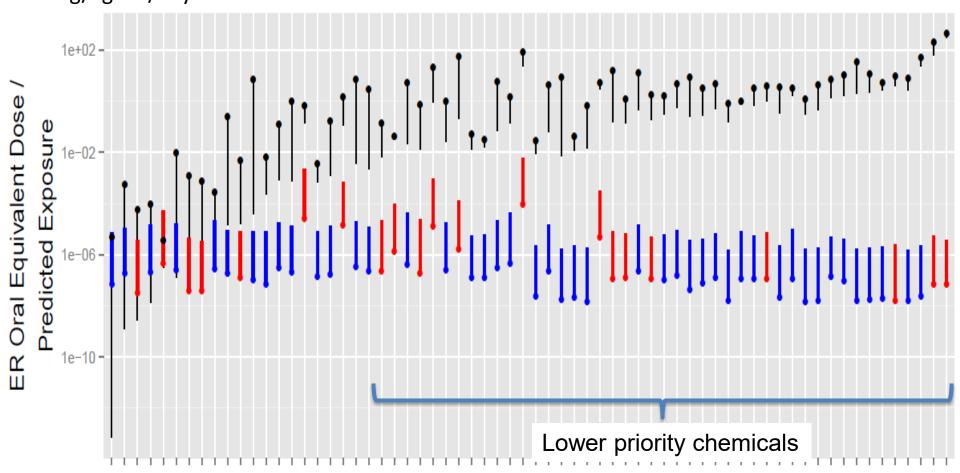
December, 2014 Panel:

"Scientific Issues Associated with Integrated Endocrine Bioactivity and Exposure-Based Prioritization and Screening"



High Throughput Risk Prioritization in Practice





Nearly eight orders of magnitude between estimated intake rate and bioactive equivalent dose

Near Field Far Field

ToxCast Chemicals

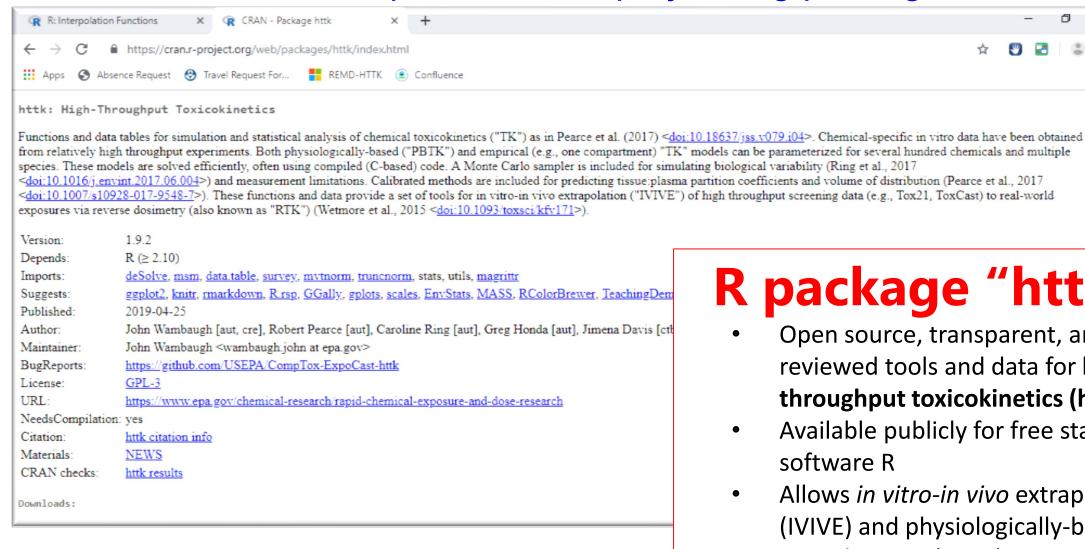
December, 2014 Panel:

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HTTK: Open Source Tools and

https://CRAN.R-project.org/package=httk



R package "httk"

Open source, transparent, and peerreviewed tools and data for high throughput toxicokinetics (httk)

O

- Available publicly for free statistical software R
- Allows in vitro-in vivo extrapolation (IVIVE) and physiologically-based toxicokinetics (PBTK)



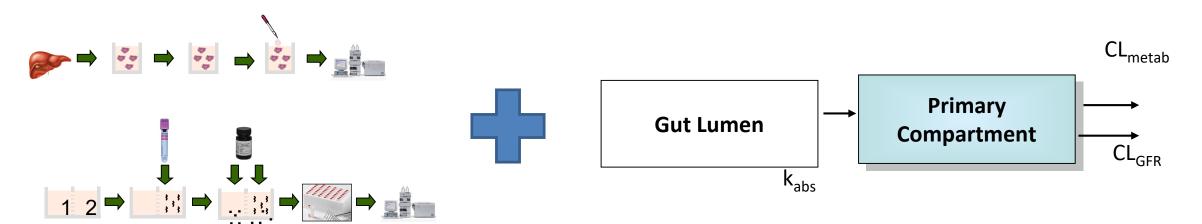
What you can do with R Package "httk"?

- Allows prediction of internal tissue concentrations from dose regimen (oral and intravenous)
- Allows conversion of in vitro concentration to in vivo doses
- A peer-reviewed paper in the Journal of Statistical software provides a how-to guide (Pearce et al., 2017a)
- You can use the built in chemical library or add more chemical information (examples provided in JSS paper)
- You can use specific demographics in the population simulator (Ring et al., 2017)
- You can control the built in random number generator to reproduce the same random sequence (function set.seed())



HTTK

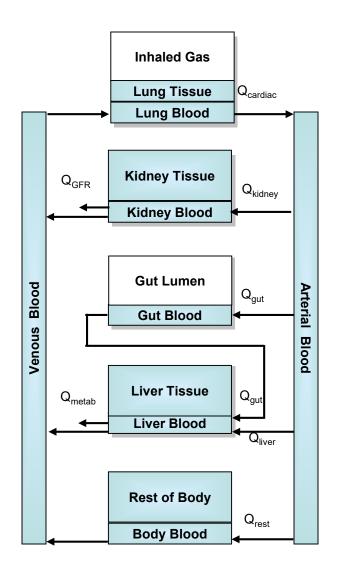
In vitro toxicokinetic data + generic toxicokinetic model = high throughput toxicokinetics





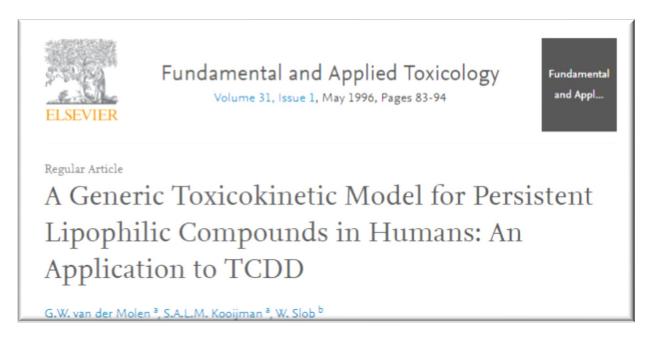


A General Physiologically-based Toxicokinetic (PBTK) Model

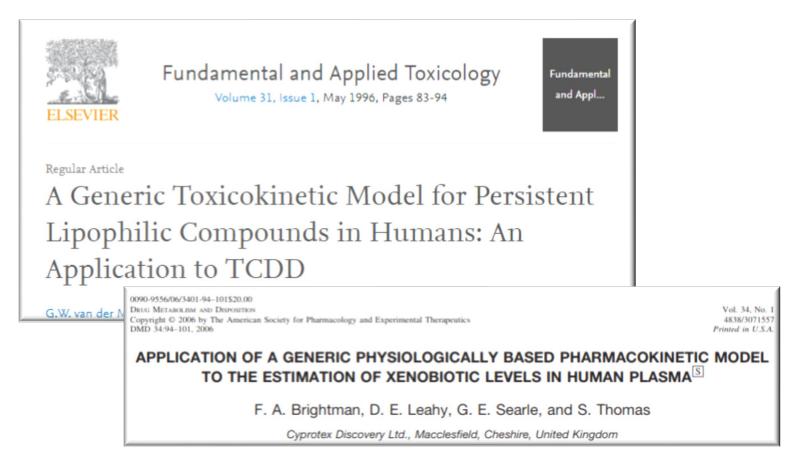


- "httk" includes a generic PBTK model
- Some tissues (e.g. arterial blood) are simple compartments, while others (e.g. kidney) are compound compartments consisting of separate blood and tissue sections with constant partitioning (i.e., tissue specific partition coefficients)
- Some specific tissues (lung, kidney, gut, and liver) are modeled explicitly, others (e.g. fat, brain, bones) are lumped into the "Rest of Body" compartment.
- The only ways chemicals "leave" the body are through metabolism (change into a metabolite) in the liver or excretion by glomerular filtration into the proximal tubules of the kidney (which filter into the lumen of the kidney).

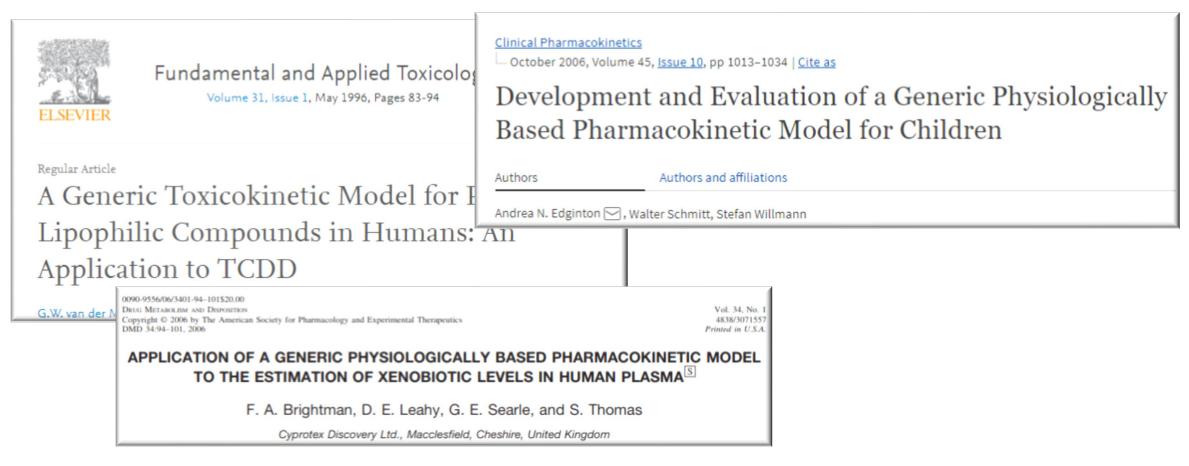














There is nothing new about the idea of generic PBTK models...



Fundamental and Applied Toxicolo

Volume 31, Issue 1, May 1996, Pages 83-94

Regular Article

A Generic Toxicokinetic Model for I Lipophilic Compounds in Humans: An Application to TCDD

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- AV/ A Di

0090-9556/06/3401-94-101\$20.00 DRUG METABOLISM AND DISPOSITION

Copyright © 2006 by The American Society for Pharmacology and Experimental Therapeutics DMD 34:94–101, 2006

APPLICATION OF A GENERIC PHYSIOLOGICALLY BASED PHARMACOI
TO THE ESTIMATION OF XENOBIOTIC LEVELS IN HUMAN PLA

F. A. Brightman, D. E. Leahy, G. E. Searle, and S. Thomas

Cyprotex Discovery Ltd., Macclesfield, Cheshire, United Kingdom

Clinical Pharmacokinetics

October 2006, Volume 45, <u>Issue 10</u>, pp 1013–1034 | <u>Cite as</u>

Development and Evaluation of a Generic Physiologically Based Pharmacokinetic Model for Children

Authors

Authors and affiliations

Andrea N. Edginton , Walter Schmitt, Stefan Willmann

Ann. Occup. Hyg., Vol. 55, No. 8, pp. 841–864, 2011

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on behalf of the British Occupational Hygiene Society
doi: 10.1093/annhve/mer075

A Generic, Cross-Chemical Predictive PBTK Model with Multiple Entry Routes Running as Application in MS Excel; Design of the Model and Comparison of Predictions with Experimental Results

FRANS J. JONGENEELEN1* and WIL F. TEN BERGE2

¹IndusTox Consult, PO Box 31070, NL-6503 CB Nijmegen, the Netherlands; ²Santoxar, Wolter Visscherstraat 40, NL-6931 CV Westervoort, the Netherlands











Why Build Another Generic PBTK Tool?

gencv					
	SimCYP	ADMET Predictor / GastroPlus	MEGen	IndusChemFate	httk
Maker	SimCYP Consortium / Certara	Simulations Plus	UK Health and Safety Laboratory	Cefic LRI	US EPA
Reference	Jamei et al. (2009)	Lukacova et al., (2009)	Loizou et al. (2011)	Jongeneelen et al., (2013)	Pearce et al. (2017a)
Availability	License, but inexpensive for research	License, but inexpensive for research	Free: http://xnet.hsl.gov.uk/megen	Free: http://cefic-lri.org/lri_toolbox/induschemfate/	Free: https://CRAN.R-project.org/package=httk
Open Source	No	No	Yes	No	Yes
Default PBPK Structure	Yes	Yes	No	Yes	Yes
Expandable PBPK Structure	No	No	Yes	No	No
Population Variability	Yes	No	No	No	Yes
Batch Mode	Yes	Yes	No	No	Yes
Graphical User Interface	Yes	Yes	Yes	Excel	No
Physiological Data	Yes	Yes	Yes	Yes	Yes
Chemical-Specific Data Library	Many Clinical Drugs	No	No	15 Environmental Compounds	933 Pharmaceutical and ToxCast Compounds
Ionizable Compounds	Yes	Yes	Potentially	No	Yes
Export Function	No	No	Matlab and AcsIX	No	SBML and Jarnac
R Integration	No	No	No	No	Yes
Easy Reverse Dosimetry	Yes	Yes	No	No	Yes
Future Proof XML	No	No	Yes	No	No

35 of 80 Office of Research and Development



Open Source, Verifiable, Reproducible

TOXICOLOGICAL SCIENCES 126(1), 5–15 (2012) doi:10.1093/toxsci/kfr295 Advance Access publication November 1, 2011

Physiologically Based Pharmacokinetic Model Use in Risk Assessment—Why Being Published Is Not Enough

Eva D. McLanahan,*^{,1} Hisham A. El-Masri,† Lisa M. Sweeney,‡ Leonid Y. Kopylev,|| Harvey J. Clewell,§ John F. Wambaugh,¶ and P. M. Schlosser||

"Although publication of a PBPK model in a peerreviewed journal is a mark of good science, subsequent evaluation of published models and the supporting computer code is necessary for their consideration for use in [Human Health Risk Assessments]"



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The White House

Office of the Press Secretary

For Immediate Release

May 09, 2013

Executive Order -- Making Open and Machine Readable the New Default for Government Information

EXECUTIVE ORDER

- - - - - -

MAKING OPEN AND MACHINE READABLE THE NEW DEFAULT FOR GOVERNMENT INFORMATION

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1. General Principles. Openness in government strengthens our democracy, promotes the delivery of efficient and effective services to the public, and contributes to economic growth. As one vital benefit of open government, making information resources easy to find, accessible, and usable

"...the default state of new and modernized Government information resources shall be open and machine readable."



Open Source, Verifiable, Reproducible

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https://github.com/USEPA/CompTox-ExpoCast-httk

The White House Office of the Press Secretary For Immediate Release May 09, 2013 Executive Order — Making Open and Machine Readable the New Default for Government Information

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"...the default state of new and modernized Government information resources shall be open and machine readable."





```
#State-state oral equivalent dose (mg/kg BW/day) to produce 0.1 uM serum concentration for human, 0.95
quantile, for Acetochlor (published value):
get lit oral equiv(0.1, chem.cas="34256-82-1")
#State-state oral equivalent dose (mg/kg BW/day) to produce 0.1 uM serum concentration for human, 0.95
quantile, for Acetochlor (calculated value):
calc mc oral equiv (0.1, chem.cas="34256-82-1")
#State-state oral equivalent dose (mg/kg BW/day) to produce 0.1 uM serum concentration for human, 0.05,
0.5, and 0.95 quantile, for Acetochlor (published values):
get lit oral equiv(0.1, chem.cas="34256-82-1", which.quantile=c(0.05, 0.5, 0.95))
#State-state oral equivalent dose (mg/kg BW/day) to produce 0.1 uM serum concentration for human, 0.05,
0.5, and 0.95 quantiles, for Acetochlor (calculated value):
calc mc oral equiv (0.1, \text{chem.cas}="34256-82-1", \text{which.quantile}=c(0.05, 0.5, 0.95))
#State-state oral equivalent dose (mg/kg BW/day) to produce 0.1 uM serum concentration for rat, 0.95
quantile, for Acetochlor (calculated value):
calc mc oral equiv(0.1, chem.cas="34256-82-1", species="Rat")
```



EXAMPLE: Interspecies Extrapolation

```
#Steady-state concentration (uM) for 1 mg/kg/day for 0.95 quantile for human for Acetochlor (calculated value):
calc mc css(chem.cas="34256-82-1")
#Steady-state concentration (uM) for 1 mg/kg/day for 0.95 quantile for rat for Acetochlor (should produce errors since
there is no published value, 0.5 quantile only):
get lit css(chem.cas="34256-82-1", species="Rat")
#Steady-state concentration (uM) for 1 mg/kg/day for 0.95 quantile for rat for Acetochlor (calculated value):
calc mc css(chem.cas="34256-82-1", species="Rat")
#Steady-state concentration (uM) for 1 mg/kg/day for 0.5 quantile for rat for Acetochlor (published value):
get lit css(chem.cas="34256-82-1", species="Rat", which.quantile=0.5)
#Steady-state concentration (uM) for 1 mg/kg/day for 0.5 quantile for rat for Acetochlor (calculated value):
calc mc css(chem.cas="34256-82-1", species="Rat", which.quantile=0.5)
#Steady-state concentration (uM) for 1 mg/kg/day for 0.95 quantile for mouse for Acetochlor (should produce error since
there is no published value, human and rat only):
get lit css(chem.cas="34256-82-1", species="Mouse")
#Steady-state concentration (uM) for 1 mg/kg/day for 0.95 quantile for mouse for Acetochlor (calculated value):
calc mc css(chem.cas="34256-82-1", species ="Mouse")
calc mc css(chem.cas="34256-82-1", species ="Mouse", default.to.human=T)
```

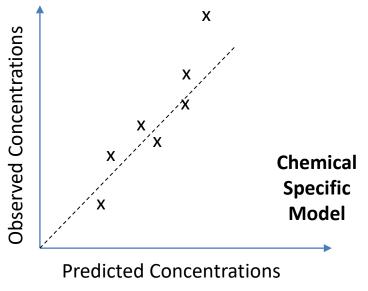


Doing Statistical Analysis with HTTK

- If we are to use HTTK, we need confidence in predictive ability
- In drug development, HTTK methods estimate therapeutic doses for clinical studies predicted concentrations are typically on the order of values measured in clinical trials (Wang, 2010)
 - For most compounds in the environment there will be no clinical trials
- Uncertainty must be well characterized
 - We compare to in vivo data to get empirical estimates of HTTK uncertainty
 - Any approximations, omissions, or mistakes should work to increase the estimated uncertainty when evaluated systematically across chemicals

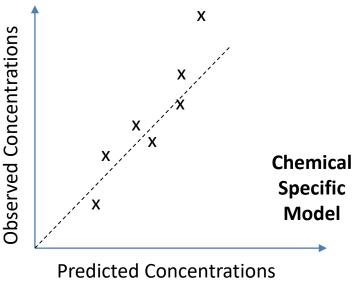


- In order to evaluate a **chemical-specific TK model** for "chemical x" you can compare the predictions to *in vivo* measured data
 - Can estimate bias
 - Can estimate uncertainty
 - Can consider using model to extrapolate to other situations (dose, route, physiology) where you don't have data



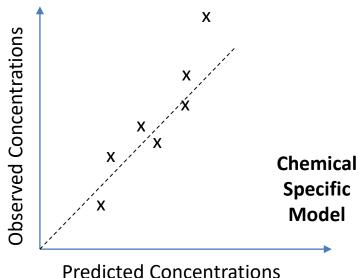


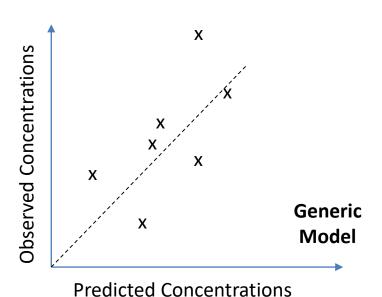
- In order to evaluate a **chemical-specific TK model** for "chemical x" you can compare the predictions to *in vivo* measured data
 - Can estimate bias
 - Can estimate uncertainty
 - Can consider using model to extrapolate to other situations (dose, route, physiology) where you don't have data
- However, we do not typically have TK data





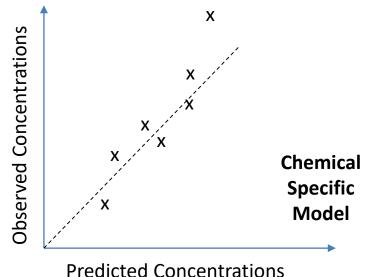
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 - We do expect larger uncertainty, but also greater confidence in model implementation
 - Estimate bias and uncertainty, and try to correlate with chemical-specific properties

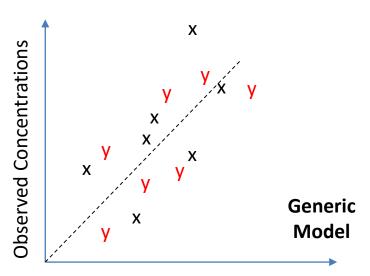






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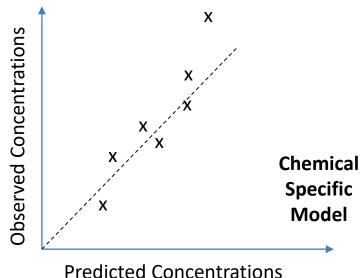


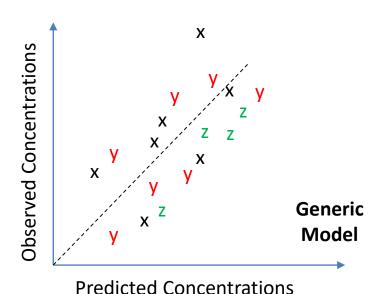


Predicted Concentrations



- In order to evaluate a **chemical-specific TK model** for "chemical x" you can compare the predictions to *in vivo* measured data
 - Can estimate bias
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- However, we do not typically have TK data
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 - We do expect larger uncertainty, but also greater confidence in model implementation
 - Estimate bias and uncertainty, and try to correlate with chemical-specific properties
 - Can consider using model to extrapolate to other situations (chemicals without *in vivo* data)







In Vivo TK Database

35

- EPA is developing a public database of concentration vs.
 time data for building, calibrating, and evaluating TK models
- Curation and development ongoing, but to date includes:
 - 198 analytes (EPA, National Toxicology Program, literature)
 - Routes: Intravenous, dermal, oral, sub-cutaneous, and inhalation exposure
 - Data from cross lab study (EPA: Michael Hughes, Jane Ellen Simmons, Denise MacMillan, Jermaine Ford, RTI: Timothy Fennell, Rodney Snyder, Sherry Black)
- Standardized, open source curve fitting software invivoPKfit used to calibrate models to all data:

442 147 muscle 62 4 2 36 10 Other: 12 7 adipose

https://github.com/USEPA/CompTox-ExpoCast-invivoPKfit

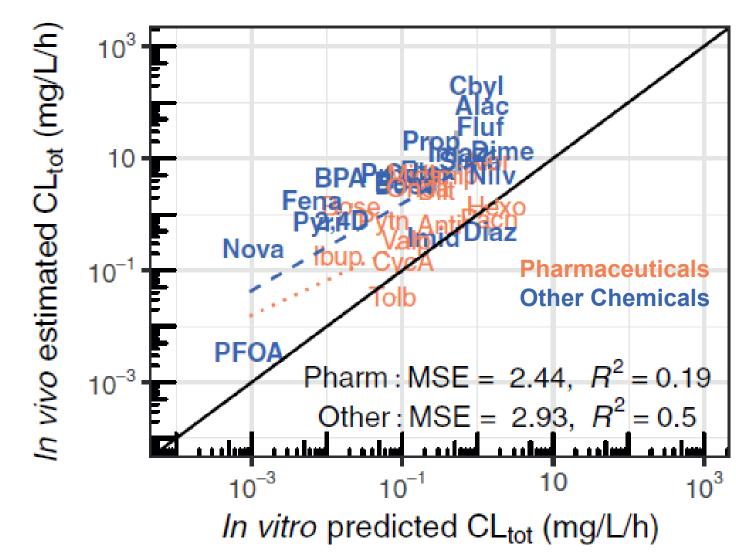
expired air

38 17



Predicted vs. Observed Total Clearance

- We estimate clearance from two processes – hepatic metabolism (liver) and passive glomerular filtration (kidney)
- This appears to work better for pharmaceuticals than other chemicals:
 - ToxCast chemicals are overestimated
- Non-pharmaceuticals may be subject to extrahepatic metabolism and/or active transport





Variability

Different crayons have different colors...





Variability

Different crayons have different colors, and none of them are the "average" color







Correlated Monte Carlo sampling of physiological model parameters built into R "httk" package (Pearce et al., 2017):

Sample NHANES biometrics for actual individuals:

Sex

Race/ethnicity

Age

Height

Weight

Serum creatinine

Population simulator for HTTK





Correlated Monte Carlo sampling of physiological model parameters built into R "httk" package (Pearce et al., 2017):

Sample NHANES biometrics for actual individuals:

Sex

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Population simulator for HTTK



Regression equations from literature (McNally *et al.*, 2014) (+ residual marginal variability)

(Similar approach used in SimCYP [Jamei et al. 2009], GastroPlus, PopGen [McNally et al. 2014], P3M [Price et al. 2003], physB [Bosgra et al. 2012], etc.)



Correlated Monte Carlo sampling of physiological model parameters built into R "httk" package (Pearce et al., 2017):

Sample NHANES biometrics for actual individuals:

Sex

Race/ethnicity

Age

Height

Weight

Serum creatinine

Population simulator for HTTK



Predict physiological quantities

Tissue masses
Tissue blood flows
GFR (kidney function)
Hepatocellularity

Regression equations from literature (McNally *et al.*, 2014) (+ residual marginal variability)

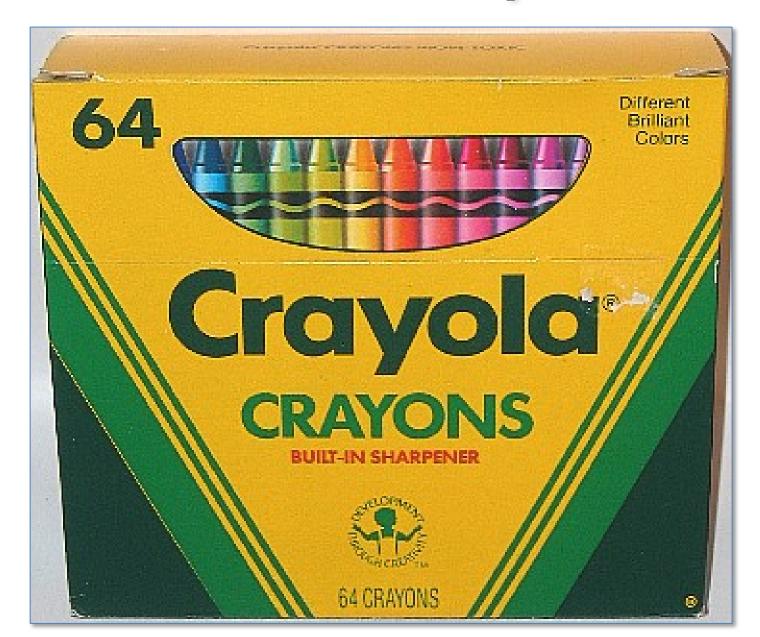
(Similar approach used in SimCYP [Jamei et al. 2009], GastroPlus, PopGen [McNally et al. 2014], P3M [Price et al. 2003], physB [Bosgra et al. 2012], etc.)



Uncertainty

Until I open the box, I don't know what colors I have...

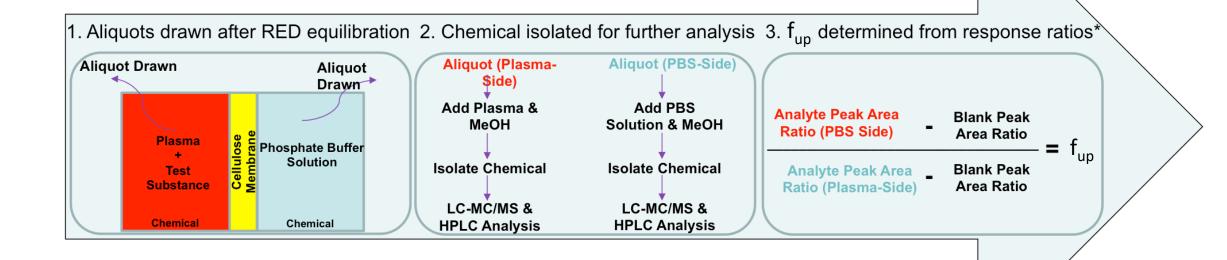
...especially if my six-year-old has been around.





Analytical Chemistry is an HTTK Bottleneck

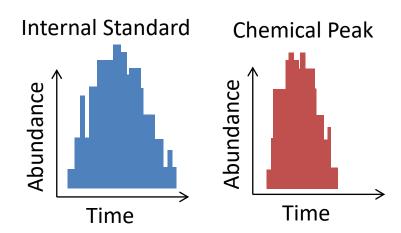
- For HTTK we always need to develop a chemical-specific method for quantitating amount of chemical in vitro
 - This is very different from HTS where the same readout (e.g., bioluminescence) can be used for most chemicals
- In Wetmore et al. (2012), the rapid equilibrium dialysis (RED) assay (Waters et al. 2008) failed for fraction unbound in plasma (f_{up}) 38% of the chemicals.





New HTTK Measurements and Uncertainty Analysis

The HTTK in vitro assays need to measure differences in chemical concentration

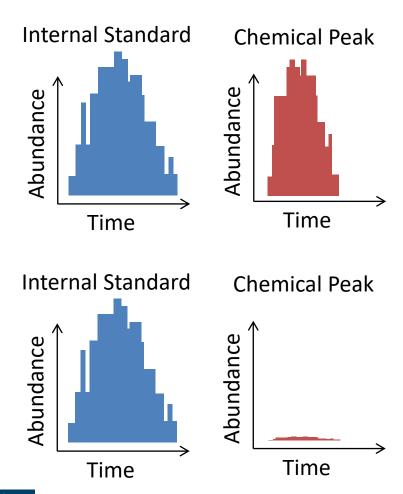


- Area of the internal standard (ITSD) at a known, fixed concentration fluctuates with time
- Find a peak that corresponds to chemical of interest, and then follow the ratio R of the chemical peak to the ITSD



New HTTK Measurements and Uncertainty Analysis

The HTTK in vitro assays need to measure differences in chemical concentration

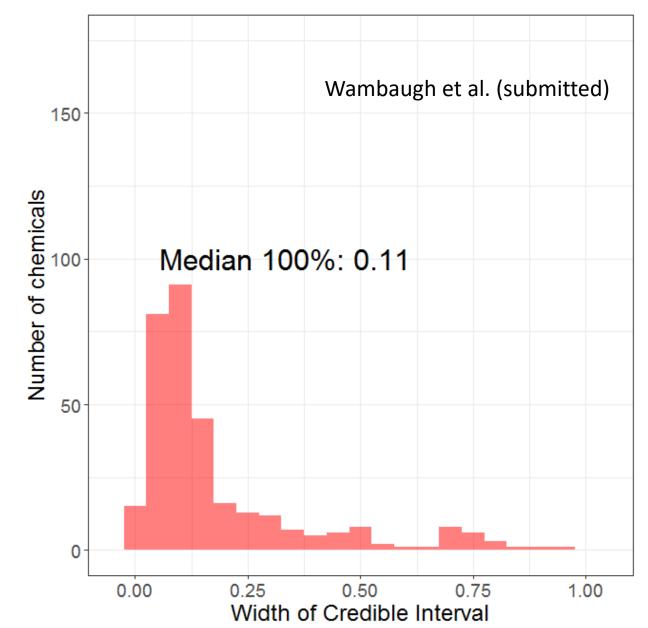


- Area of the internal standard (ITSD) at a known, fixed concentration fluctuates with time
- Find a peak that corresponds to chemical of interest, and then follow the ratio R of the chemical peak to the ITSD
- For new measurements HTTK (>200 compounds to data) performed by Cyprotex, we have modified RED protocol to use a titration of plasma protein (10%, 30%, 100%) of physiological concentration
 - Keeps chemical concentration in the same range
- Analyzed data in Bayesian framework that included a model for analytical chemistry
 - Bayesian approach gives a credible interval (range of values that would be consistent with the data) – quantitative uncertainty



New Plasma Binding Protocol Reduces Uncertainty

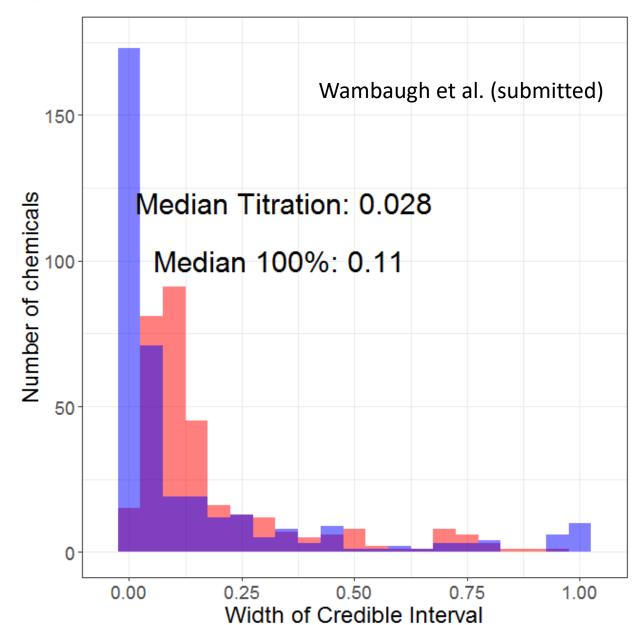
- New protocol performs assay at 100%, 30%, and 10% of physiologic protein concentration
- Median uncertainty for 100%
 physiological concentration only:
 +-5.5%





New Plasma Binding Protocol Reduces Uncertainty

- New protocol performs assay at 100%, 30%, and 10% of physiologic protein concentration
- Median uncertainty for 100%
 physiological concentration only:
 +-5.5%
- Median uncertainty for three-point assay: +-1.4%



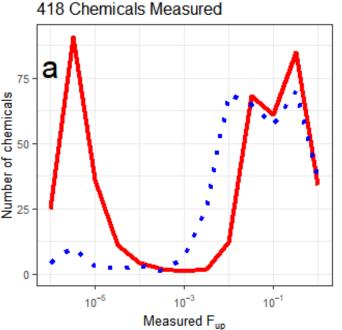


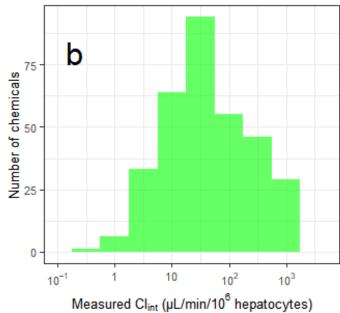
New Data!

New experimental measurements of f_{up} and Cl_{int} are reported for 418 and 467 chemicals, respectively. These data raise the HTTK chemical coverage of the ToxCast Phase I and II libraries to 57%.

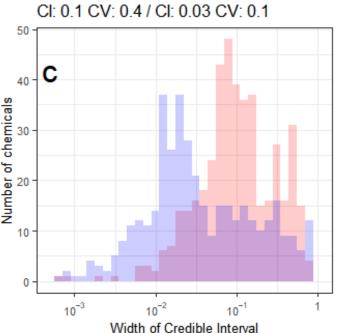


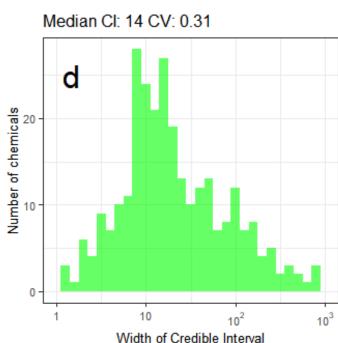






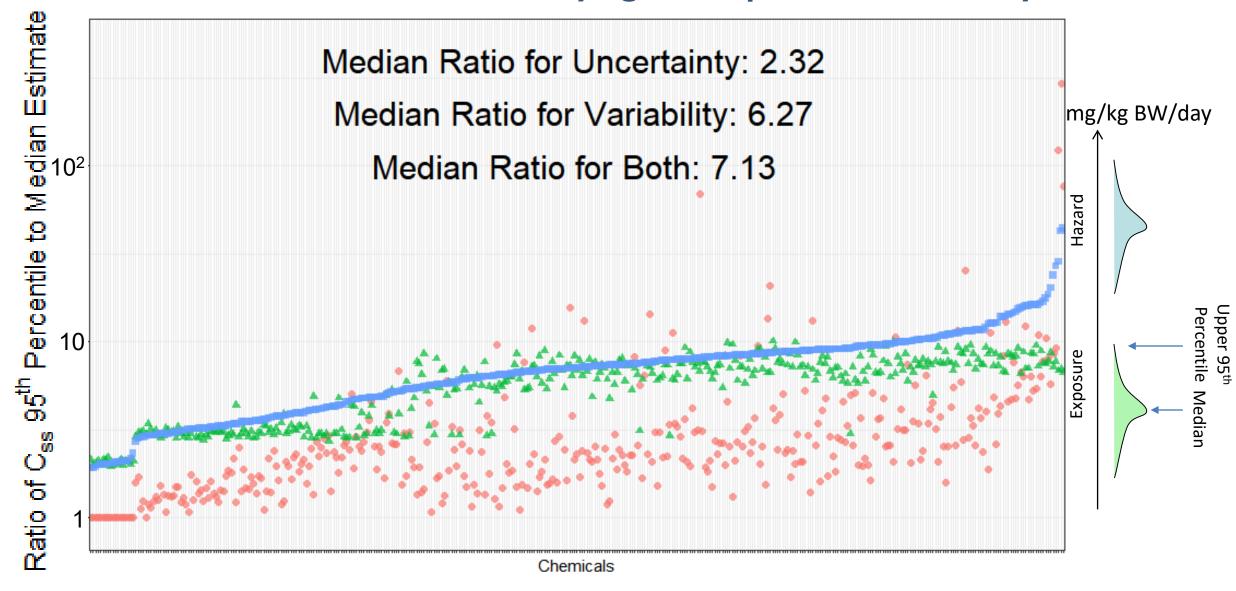
467 Chemicals Measured





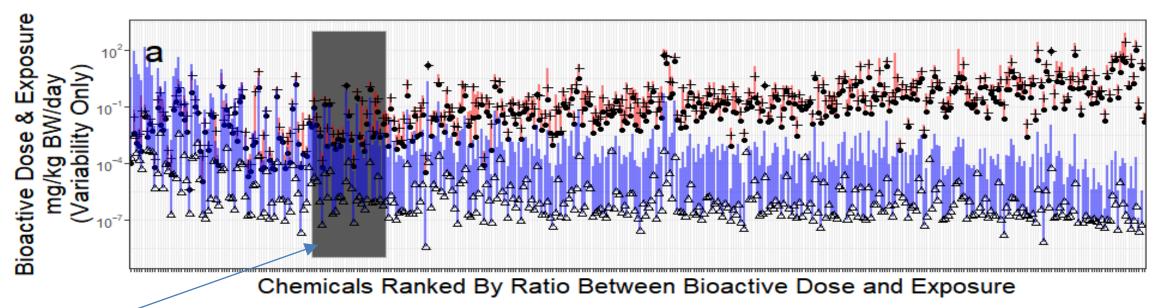


Quantifying the Impact of Uncertainty





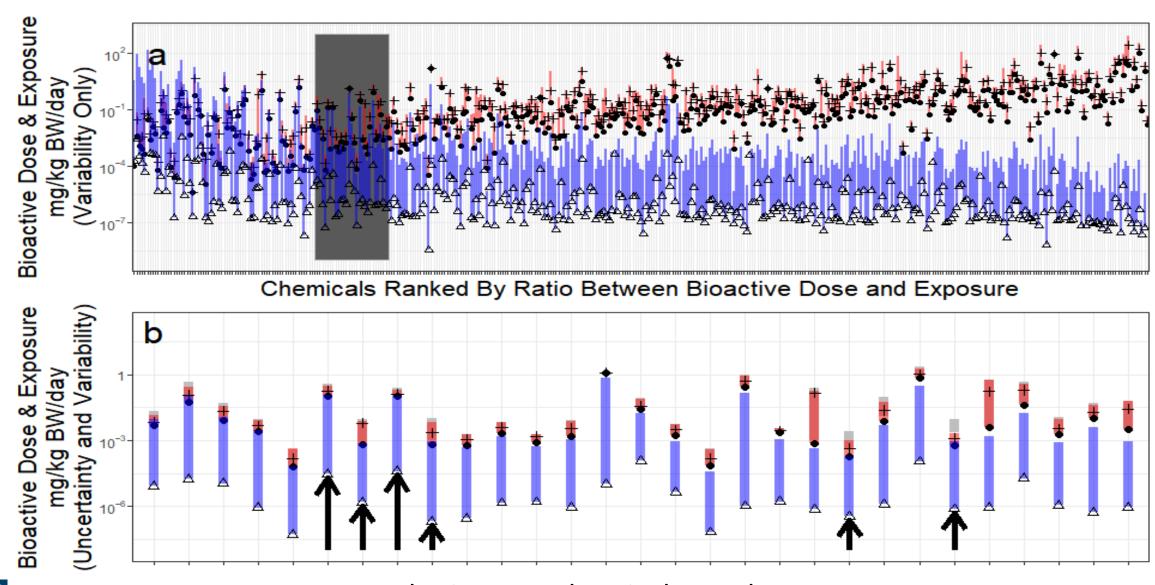
New IVIVE For 393 ToxCast Chemcials



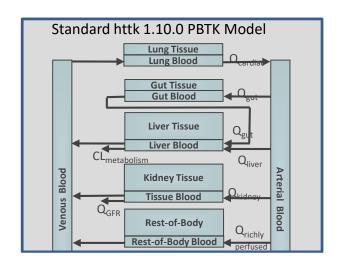
Including chemical-specific uncertainty only caused changes in whether or not exposure and bioactivity overlapped in a small region



The Impact of Measurement Uncertainty





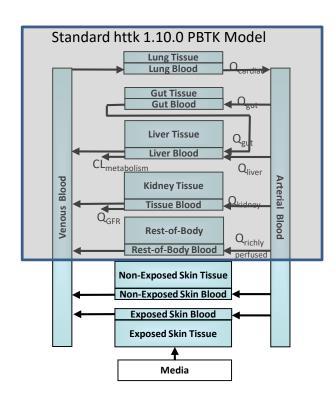


New HT-PBTK Models

- We are working to augment the basic HT-PBPTK model with new PBTK models
 - For example, inhalation PBTK will allow for calculation of "inhalation equivalent doses" instead of oral equivalents
- Each model will be released publicly upon peer-reviewed publication
- Pre-publication models can be shared under a material transfer agreement (MTA)
- We assume there will be coding errors and oversimplifications, so each publication involves curation of evaluation data from the scientific literature and through statistical analysis



New HT-PBTK Models



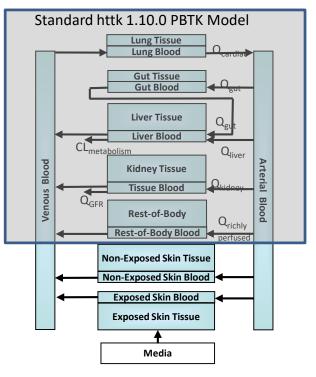
Dermal Exposure Route

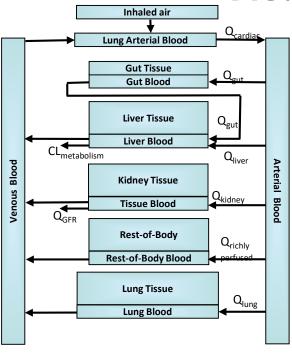
EPA, Unilever, INERIS

United States Environmental Protection Agency

New HT-PBTK Models

Gas Inhalation Exposure Route EPA, USAFSAM



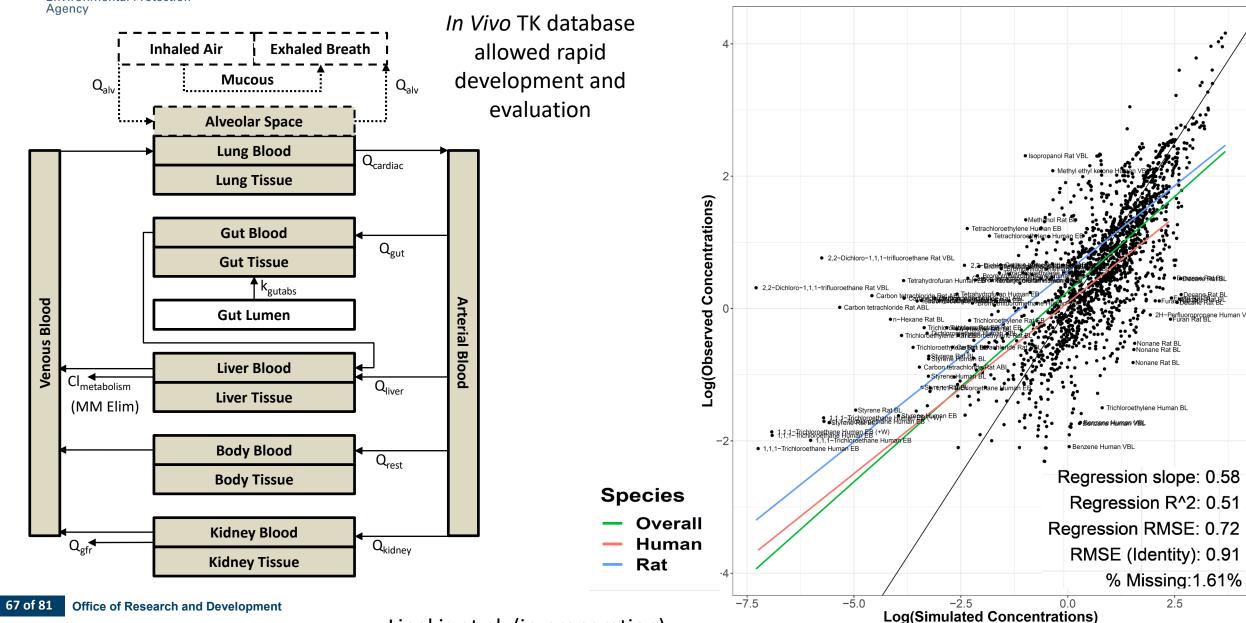


Dermal Exposure Route

EPA, Unilever, INERIS

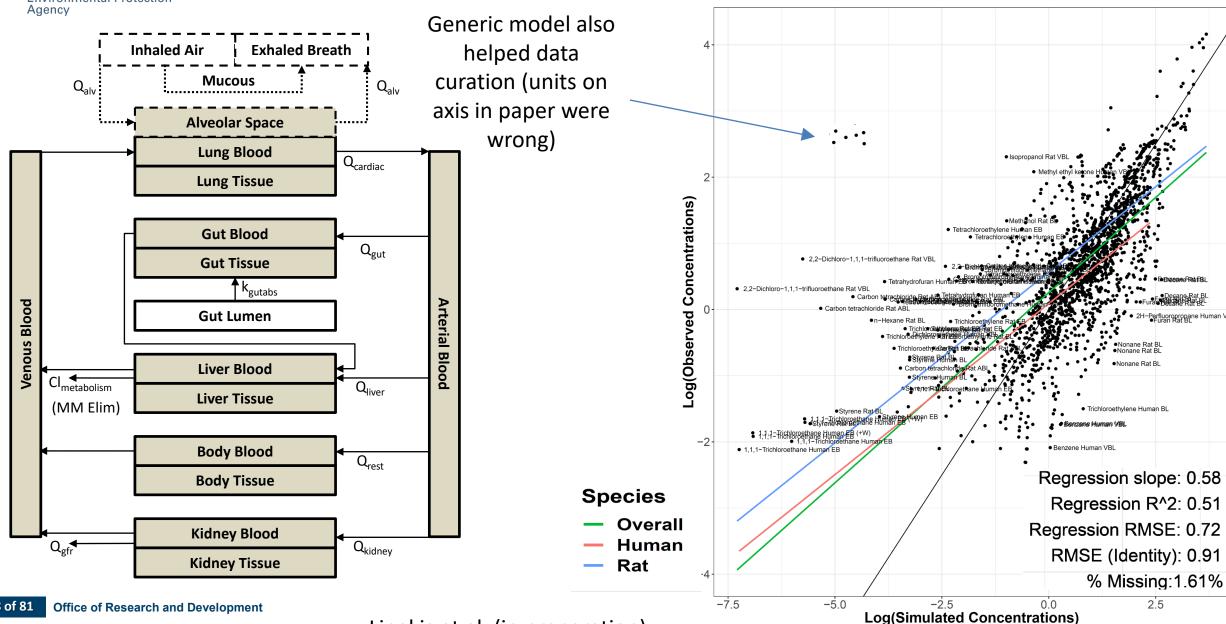


Generic Gas Inhalation Model



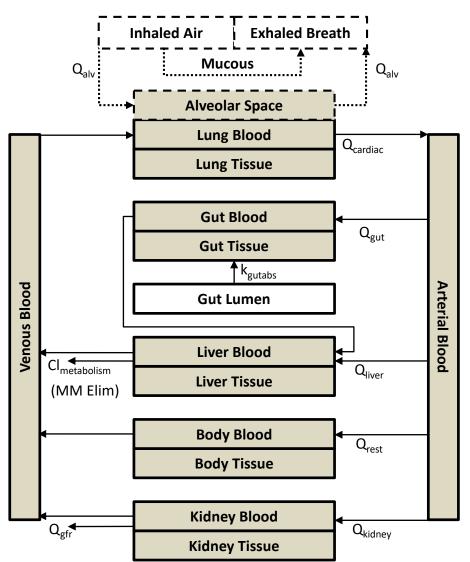


Generic Gas Inhalation Model





Generic Gas Inhalation Model



Correct

Used 4hexposure insteadof 2h

Used mg/m3 dose units instead of ppm

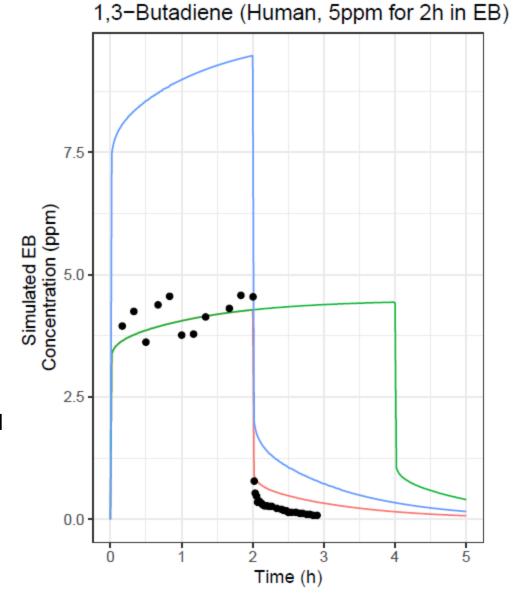
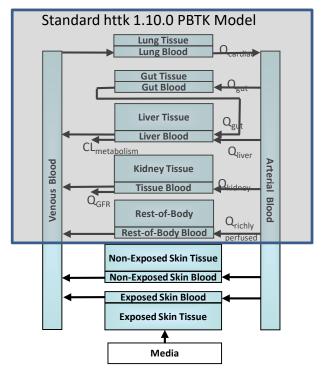


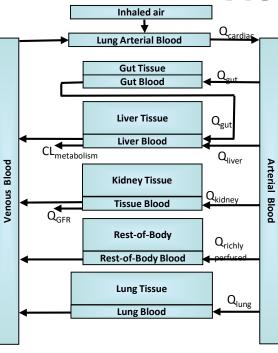
Figure from Matt Linakis (USAFSAM)



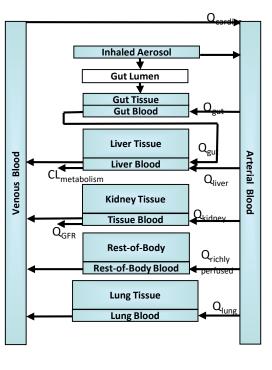
New HT-PBTK Models

Gas Inhalation Exposure Route EPA, USAFSAM





Aerosol Inhalation Exposure Route (with APEX model) EPA, USAFSAM



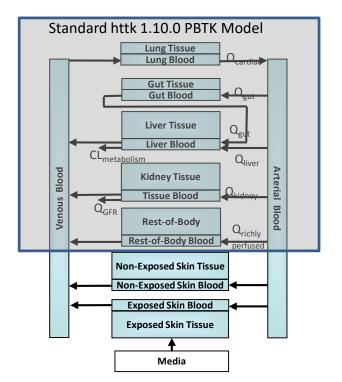
Dermal Exposure Route

EPA, Unilever, INERIS

United States Environmental Protection Agency

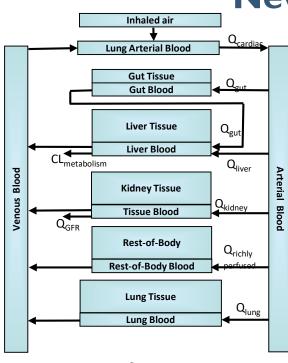
New HT-PBTK Models

Gas Inhalation Exposure Route EPA, USAFSAM



Dermal Exposure Route

EPA, Unilever, INERIS



Aerosol Inhalation Exposure Route (with APEX model) EPA, USAFSAM Inhaled Aerosol

Gut Lumen

Gut Tissue

Gut Blood

CL

Metabolism

Kidney Tissue

Tissue Blood

Qiver

Kidney Tissue

Qu

Liver Blood

Qiver

Kidney Tissue

Lung Tissue

Lung Tissue

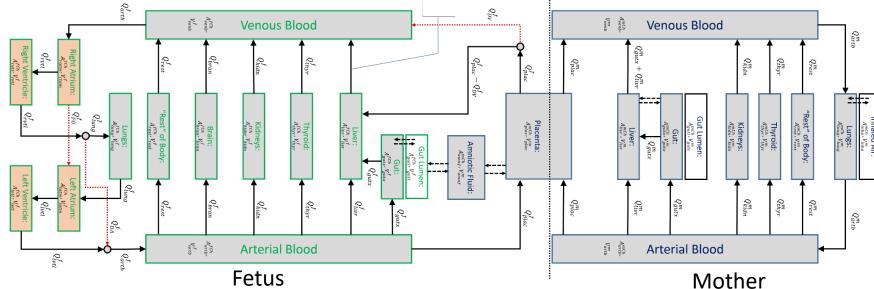
Lung Blood

Qiung

Lung Blood

Human Gestational Model

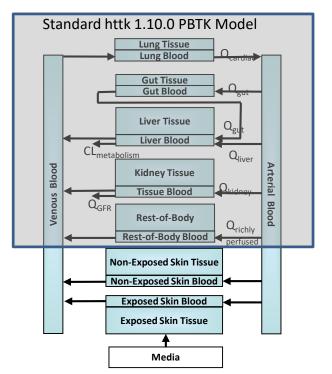
EPA, FDA



Environmental Protection

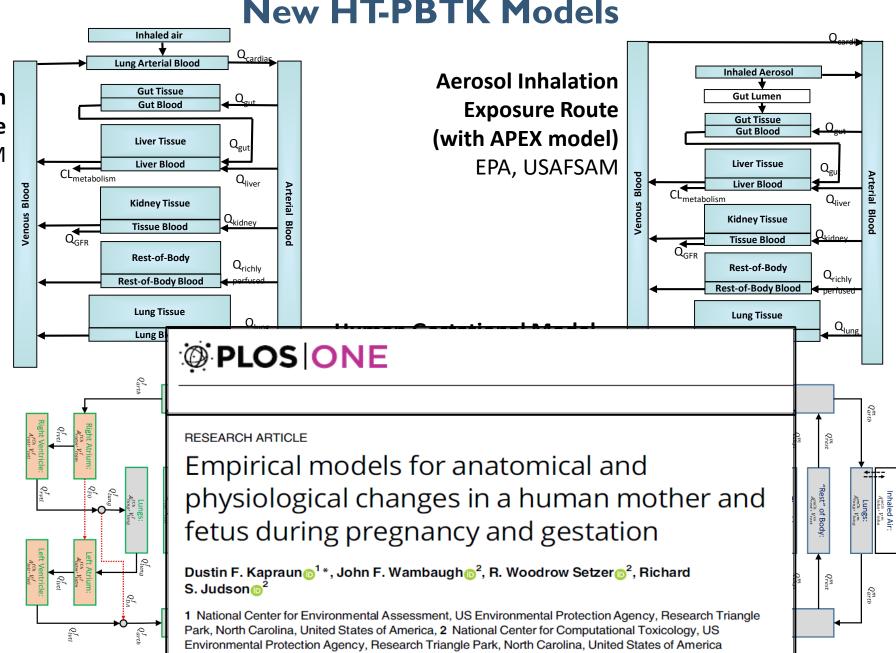
New HT-PBTK Models

Gas Inhalation Exposure Route EPA, USAFSAM



Dermal Exposure Route

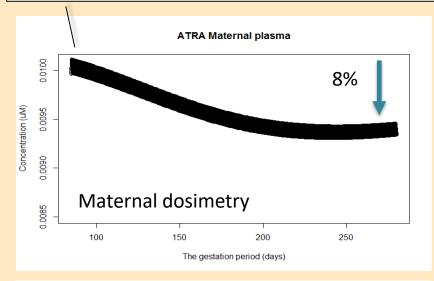
EPA, Unilever, INERIS

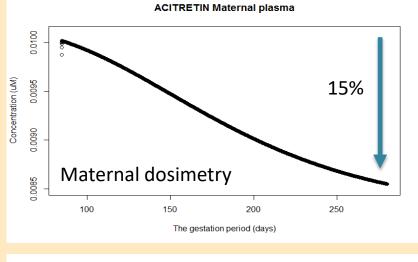


Normalized initial plasma concentration for each retinoid analogue

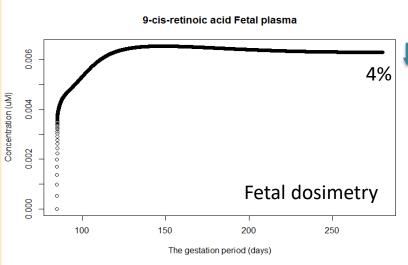
Maternal/Fetal HTTK Model Predictions

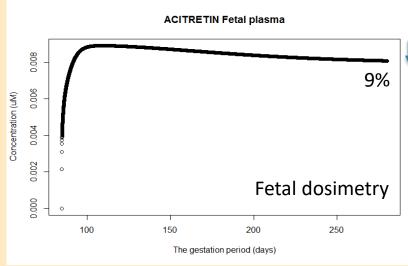
for Retinoid Analogues:





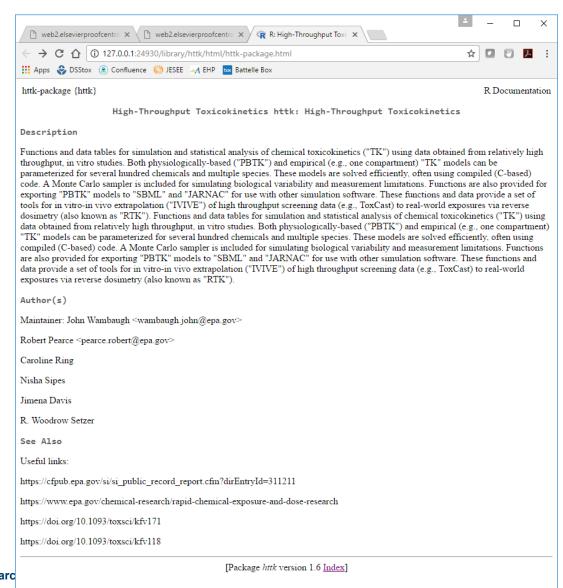
Decrease in maternal plasma concentrations for retinoid analogues ranged from 8-15%



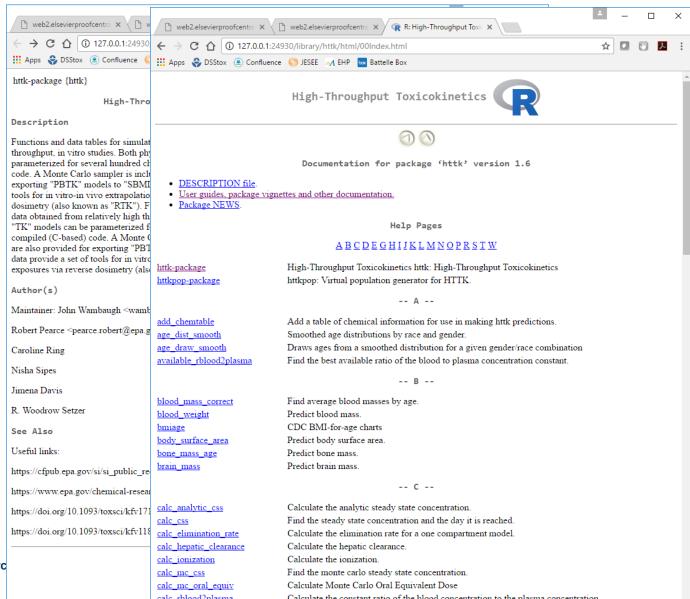


Decrease in Fetal plasma concentrations for retinoid analogues ranged from 4-9%

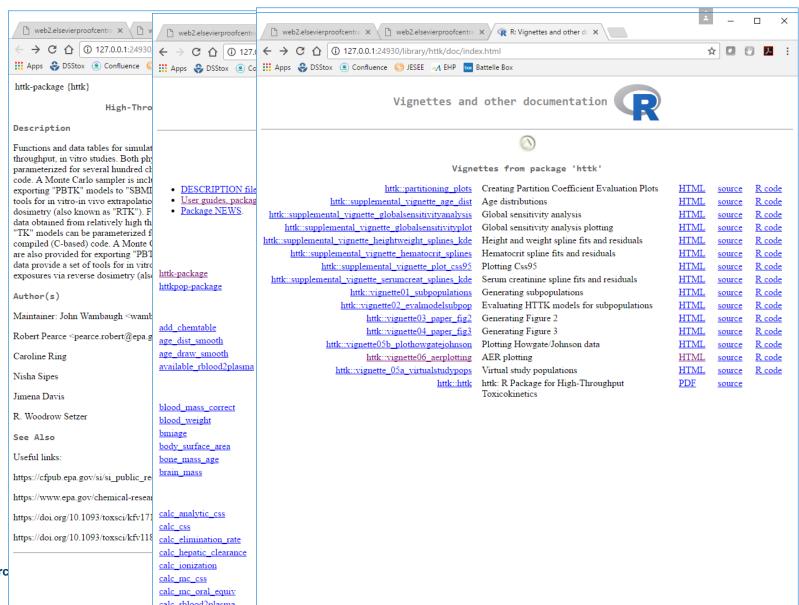




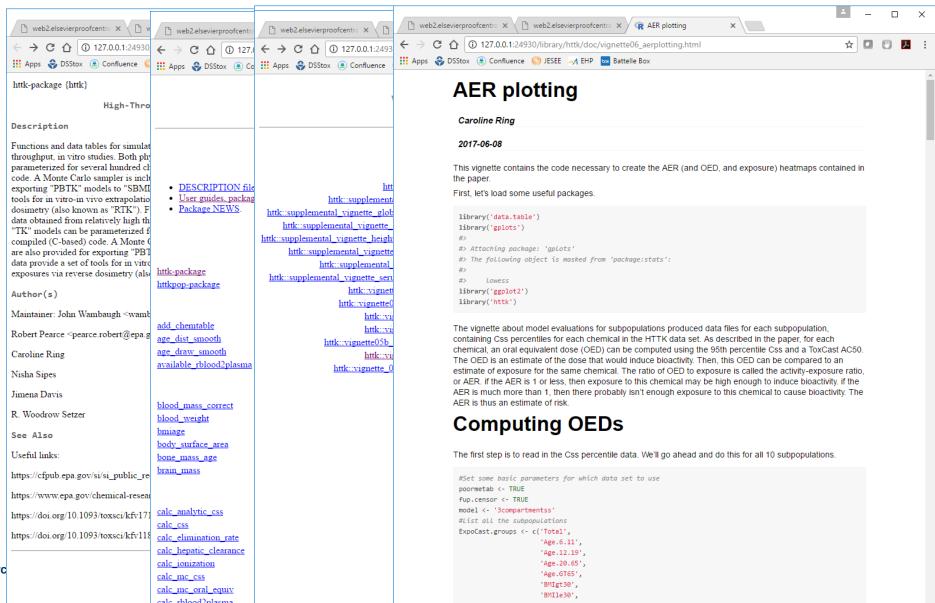
















Does My Chemical Have HTTK Data?

Is a chemical available?

```
> "80-05-7" %in% get_cheminfo()
[1] TRUE
```

> library(httk)

> get_cheminfo()

[1] "2971-36-0" "94-75-7" "94-82-6" "90-43-7" "1007-28-9" [6] "71751-41-2" "30560-19-1" "135410-20-7" "34256-82-1" "50594-66-6" [11] "15972-60-8" "116-06-3" "834-12-8" "33089-61-1" "101-05-3" "1861-40-1" ... [16] "1912-24-9" "86-50-0" "131860-33-8" "22781-23-3"

> get cheminfo(info="all")

All data on chemicals A, B, C

subset(get_cheminfo(in
fo="all"),Compound%in%
c("A","B","C"))

	CAS	logP	pKa_Acce				Human.Clint.p Human.Funbou DSSTox_Substance_I					
Compound			pt	pKa_Donor	MW	Human.Clint	Value	nd.plasma	d	Structure_Formula	_Туре	
2,4-d	94-75-7	2.81	<na></na>	2.81	221.03	0	0.149	0.04	DTXSID0020442	C8H6Cl2O3	Single	Compound
2,4-db	94-82-6	3.53	<na></na>	4.5	249.09	0	0.104	0.01	DTXSID7024035	C10H10Cl2O3	Single	Compound
2-phenylphenol	90-43-7	3.09	<na></na>	10.6	170.211	2.08	0.164	0.04	DTXSID2021151	C12H10O	Single	Compound
6-desisopropylatrazine	1007-28-9	1.15	1.59	<na></na>	173.6	0	0.539	0.46	DTXSID0037495	C5H8CIN5	Single	Compound



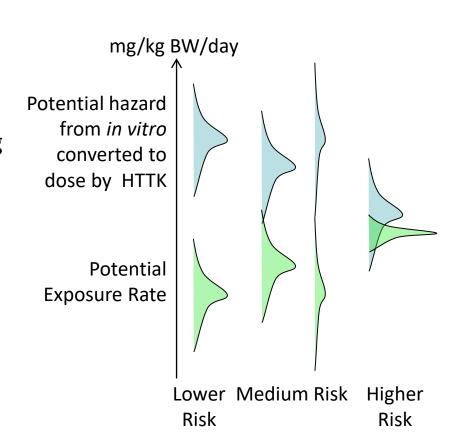
HTTK Limitations

- Oral absorption
 - 100% assumed, but may be very different
 - In silico models not necessarily appropriate for environmental chemicals
 - Honda et al. (in preparation) developing QSAR using new *in vitro* data for ToxCast Chemicals
- Hepatic Clearance (CL_{int})
 - Not isozyme-specific (Isozyme-specific metabolism assays not HT)
 - Ten donor pool in suspension for 2-4 h misses variability and low turnover compounds
 - Isozyme abundances and activity: varies with age, ethnicity (at least) (Yasuda et al. 2008, Howgate et al. 2006, Johnson et al. 2006)
 - Parent chemical depletion only
 - In silico predictions of isozyme-specific metabolism? Not easy!
 - Though ADMET Predictor can do this for some isozymes, training data is mostly for pharmaceuticals
- Plasma binding assay (F_{up})
 - Plasma protein concentration variability (Johnson et al. 2006, Israili et al. 2001)
 - Albumin or AAG binding? (Routledge 1986)
- Analytical chemistry
 - Must be able to develop method for each compound
 - Working to develop QSARs for other compounds



Conclusions

- HTTK allows dosimetric adjustment of high-throughput screening (HTS) data across thousands of chemicals.
- New, chemical-specific *in vitro* experiments have been conducted by Cyprotex, using a revised protocol for measuring protein binding
- Overall, variability contributed more significantly to C_{ss} estimations of the 95th percentile
- Comparison predicted concentrations and *in vivo* data is a valuable approach for evaluation and establishing confidence
- A new database of in vivo concentration vs. time data is being developed (Sayre, in preparation)



https://cran.r-project.org/package=httk

The views expressed in this presentation are those of the author and do not necessarily reflect the views or policies of the U.S. EPA



Oral
Absorption

Oral
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Mark Sfeir Package Tsar Human Gestation

cyprotex

Matt Linakis (USAFSAM) Heather Pangburn (USAFSAM) Jeffery Gearhart (USAFSAM) Nisha Sipes (NTP)

HTTK Team

Cyprotex (lab work)

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David Murphy Katherine Coutros Ann Richard Risa Sayre Chris Grulke

Kristin Isaacs

Inhalation

TK

Database

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Hyeong-Moo Shin



References

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