

Pharmacokinetics

Introduction to Population PK

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BEBAC



PopPK: History

- 1972 The Birth of Population PK (FO)

COMPUTERS AND BIOMEDICAL RESEARCH 5, 441-459 (1972)

Modelling of Individual Pharmacokinetics for Computer-Aided Drug Dosage*

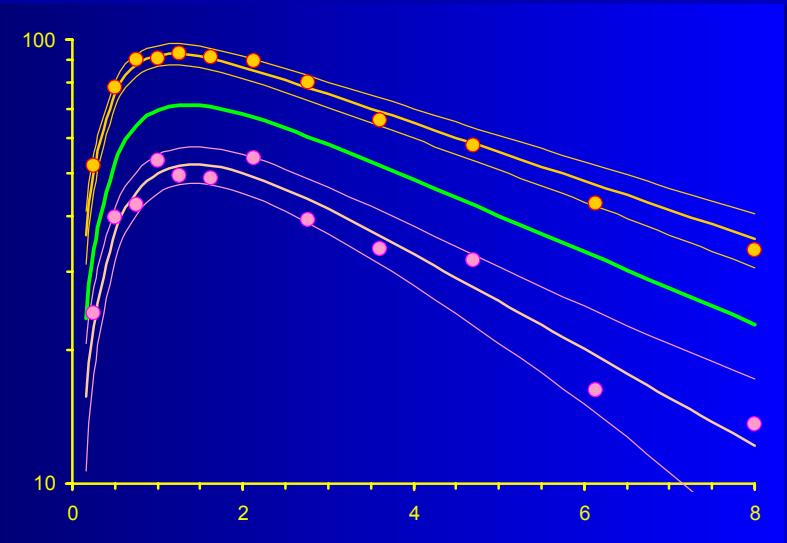
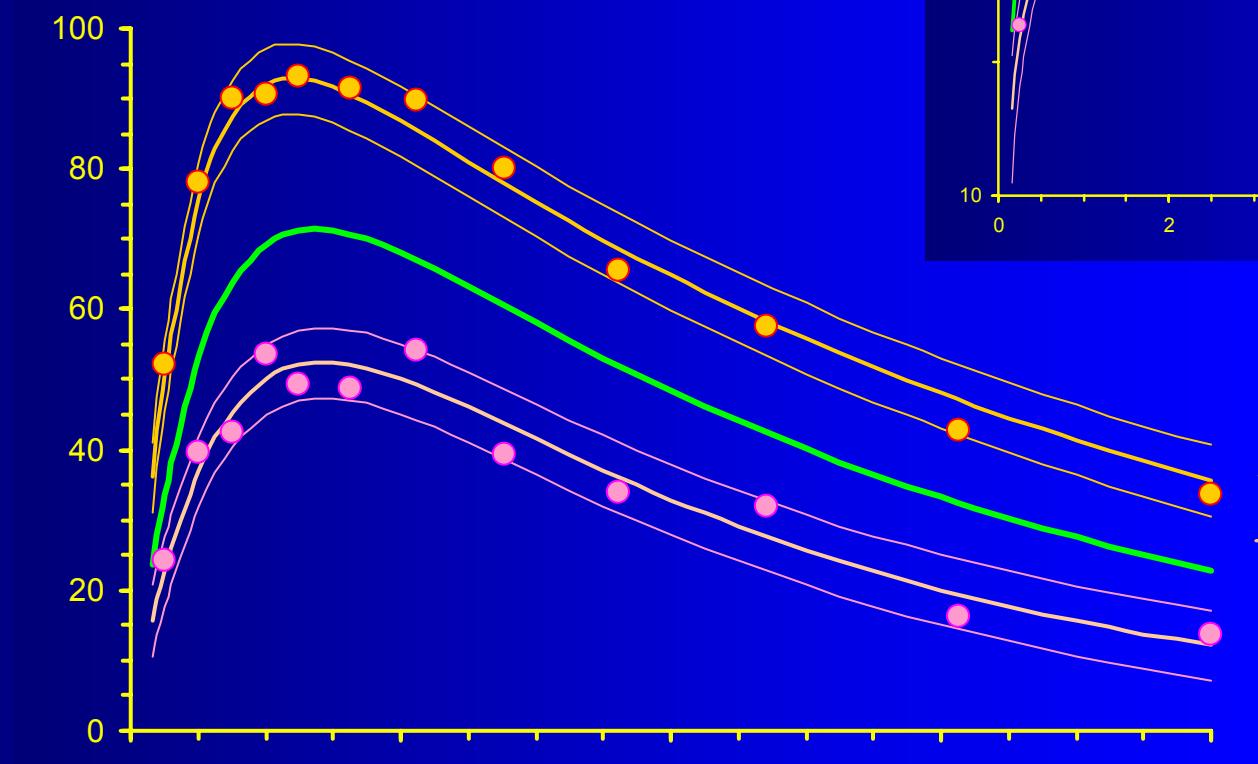
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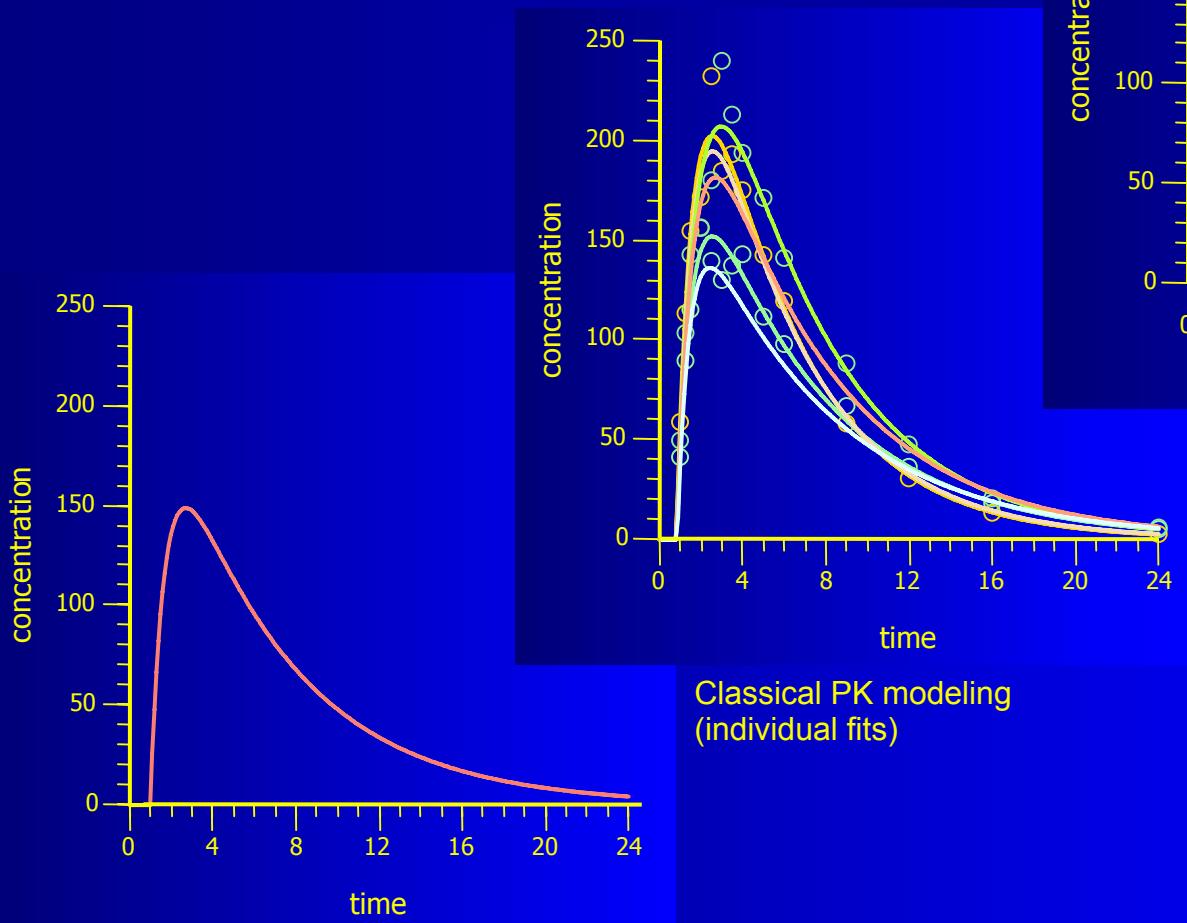
Received August 12, 1971

PopPK: History

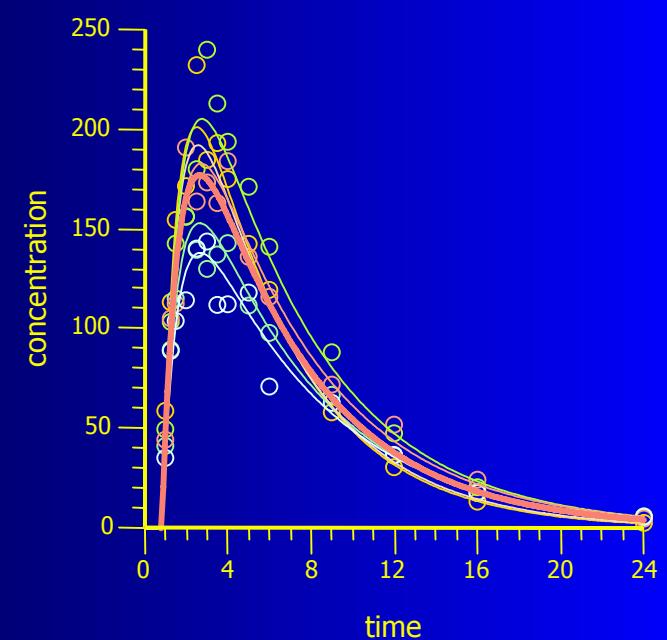
- 1977 NONMEM group established at UCSF (L. Sheiner, S. Beal)
- 1979 First NONMEM FO program
- 1986 First nonparametric method: NPML (A. Mallet)
- 1990 First FOCE method (M. Lindstrom, D. Bates)
- 1990 First Bayesian method: BUGS and PKBugs (A. Gelfand, A. Smith)



$\left. \begin{array}{l} \text{intraindividual} \\ \text{variability} \\ \text{interindividual} \\ \text{variability} \end{array} \right\}$ residual error



Classical PK modeling
(individual fits)



Population PK modeling
(individual fits + mean PK)

Classical PK vs. PopPK

- Classical PK
 - Two-Stage Approach
 1. Fitting individuals
 2. Averaging individuals' PK parameters; calculate variances
 - *Which average?*
Geometric mean (V, CL), harmonic mean (k), median (t_{lag}), ...
 - What if individuals best fitted by different models?
 - Covariates by regression analysis

Classical PK vs. PopPK

- Population PK

- Simultaneous fit of all data
 - Separation of residual error into intra- and inter-individual components
 - Direct assessment of covariates

Classical PK vs. PopPK

- Example

- One compartment, lag-time, n=6

		V (SD)	%RE	k _a (SD)	%RE	k _{el} (SD)	%RE	t _{lag}	%RE
theoretical		0.5000		1.3900		0.1738		1.0000	
classical	1	0.3416		1.2254		0.2153		0.8156	
	2	0.4982		1.4340		0.1640		0.8361	
	3	0.3596		1.2432		0.2070		0.8330	
	4	0.3231		0.9238		0.1856		0.8066	
	5	0.4077		1.2692		0.1636		0.8392	
	6	0.5786		1.6706		0.1519		0.8606	
	average	0.4087 0.0951	-18.3	1.2741 0.2628	-8.3	0.1797 0.0247	+3.4	0.8346	-16.5
naïve pooled		0.4951 0.1152	-1.0	1.9743 2.4785	+42.0	0.0963 0.0711	-44.6	0.7549 0.5184	-24.5
FOCE LB		0.4067	-18.7	1.2395	-10.8	0.1814	+4.4	0.8283	-17.2

Basics

- Nonlinear Mixed Effects Model
- Estimates Population PK parameters (V , CL , ...): Fixed effects (thetas θ)
- Estimates variability
 - Random effects (etas η)
 - Intersubject variability
 - Interoccasion variability (day to day)
 - Residual error (epsilons ε)
 - Intrasubject: measurement error, model misspecification, ...

Basics

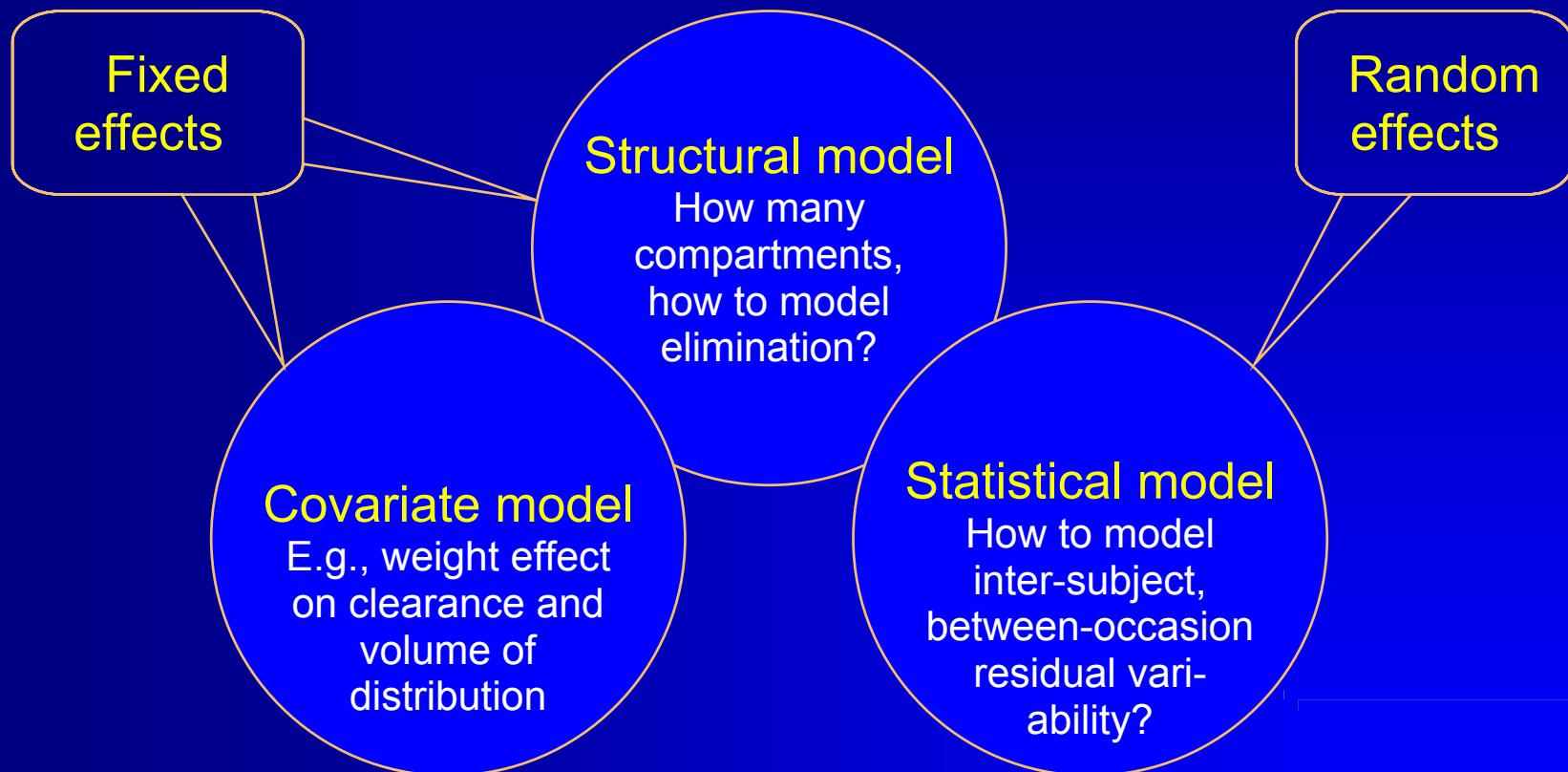
- Identify factors determining intersubject variability: Covariates
 - Demographics: Age, body weight / surface area, sex, ...
 - Genotypes: CYP450, ...
 - Physiology: Renal (creatinine clearance) or hepatic impairment, disease state, ...
 - Concomitant drugs
 - Others: Food, circadian variation, formulation, ...

Model

$y_{ij} = f(\Theta_i) + \varepsilon_{ij}$, where

- y_{ij} is the jth observation of the ith subject
 - f is a model that describes all observations
 - Θ_i is a vector of subject i's parameter values (θ)
 - ε_{ij} is the residual error of subject i's jth observation
- The elements of Θ_i are usually $\theta_i = \theta^*e^\eta$, where
- θ is the typical value for a parameter
 - ε^2 is the variance of η values

Components



Pyry Välijalo, University of Kuopio, 1.10.2009

Advantages

- Studies in the target population
- Sparse sampling (2–3 samples / subject)
 - Routine sampling in Phase II/III
 - Special populations (Pediatrics, cancer/AIDS, critical care patients, elderly, ...)
- Missing data in ‘rich data sets’ not problematic
 - Imbalanced designs common
 - Different number of samples / subject
 - Different sampling times / subject

Advantages

- Covariates part of the model
 - Fewer restrictions on in-/exclusion criteria
 - ‘What if’ scenarios in planning further studies
 - Full model allows prediction of ‘real world PK’: more reliable dose regimen / posology

Disadvantages

- Complex methodology
 - Might require simulations (optimal sampling times); stepwise refinement of model during study
 - Statistical models not trivial
 - Expensive software with steep learning curve
 - Carl Metzler: “*PK Modeling – Art or Science?*”
- Time consuming
 - Easily ~10times longer than classical Two-Stage PK even by an experienced modeler

Disadvantages

- Validation might require multiple studies
 - Internal validation:
Use only part of the data to set up a model and compare predictions with other part
 - External validation:
Predictions vs. another study
- Cost/Benefit ratio
 - Unclear beforehand whether the model will give more than a trivial result (like: concentrations depend on body weight)

Example

- Intravenous dose, parameterized in CL and V, covariates: sex (categ.), weight, age (cont.) first 12 of 100 subjects (internal validation)

- $A_{t=0} = \text{Dose}$

$$\frac{dA}{dt} = -A \cdot CL/V$$

$$IPRED = A/V$$

$$Y = IPRED + \varepsilon$$

- Base model

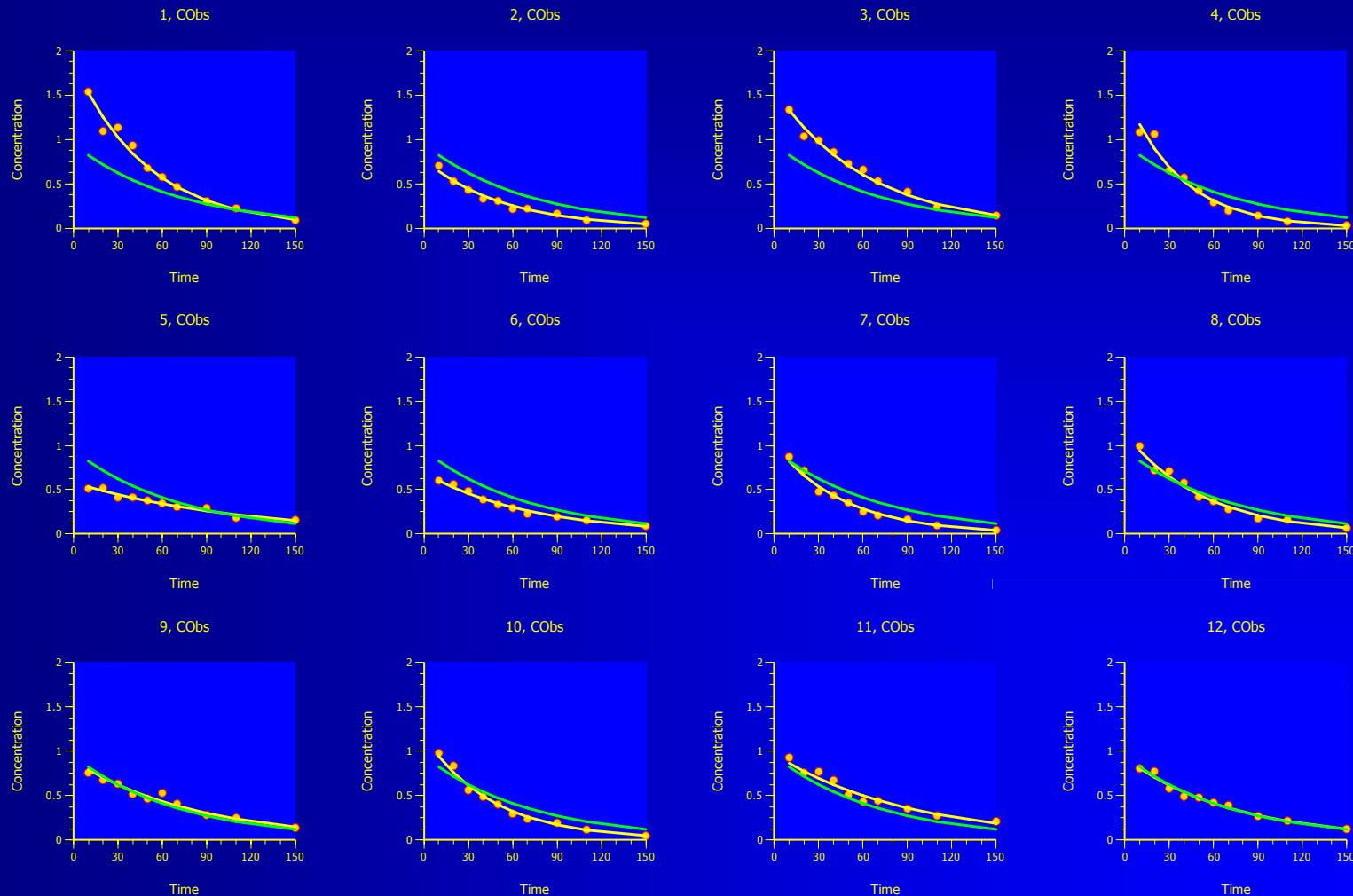
- Five parameters

$$V = \theta V^* e^{\eta(V)}$$

$$CL = \theta CL^* e^{\eta(CL)}$$

Residual error (σ)

Example



Example

- Covariate model 1 (+ weight on V/CL, + age on CL)

- Eight parameters

$$V = \theta V^*(w/75) * e^{\eta(V)}$$

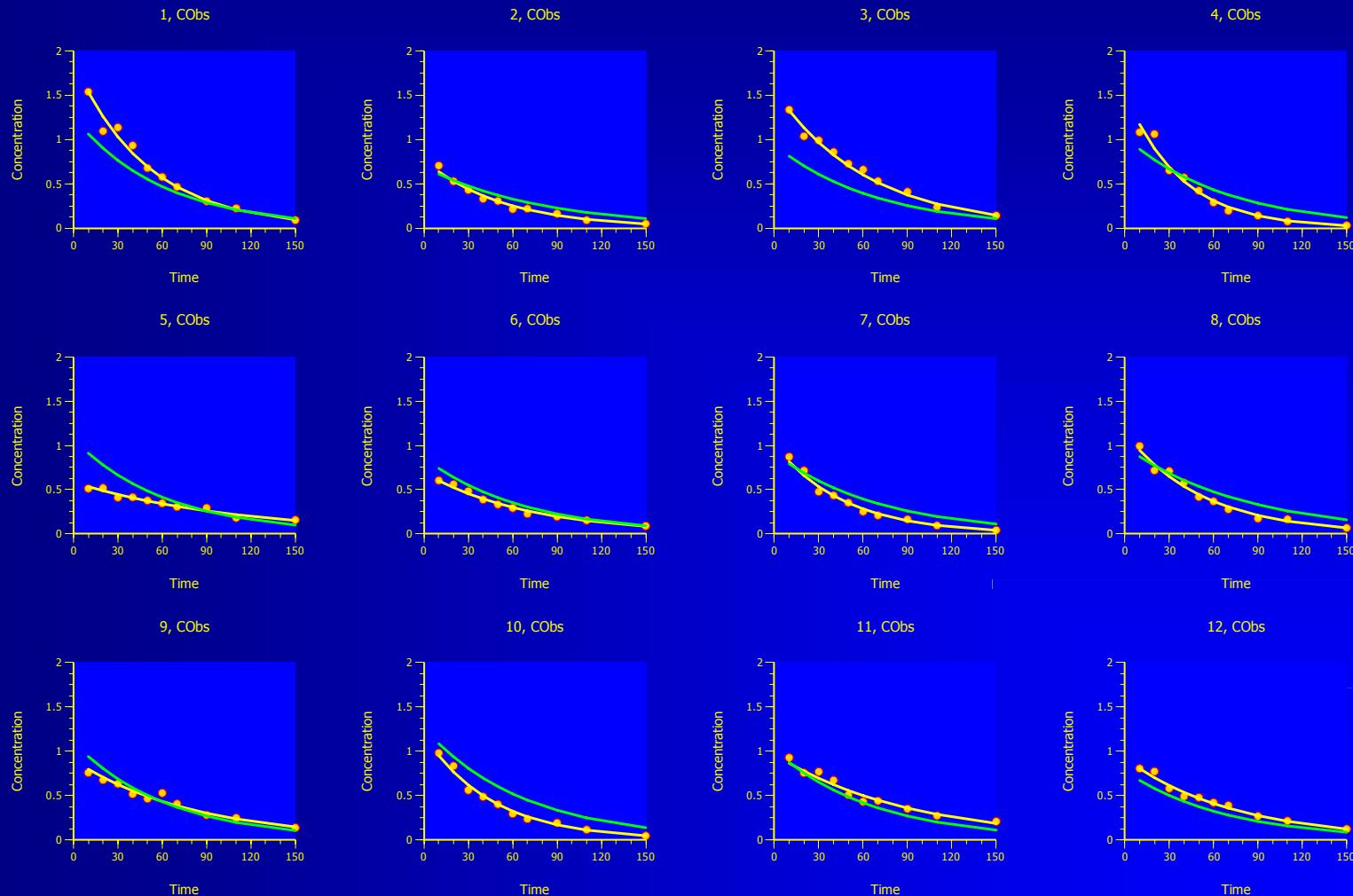
scaling (cent. at 75 kg)

$$CL = \theta CL^*(w/75) * (a/40) * e^{\eta(CL)}$$

scaling (cent. at 75 kg / 40 a)

Residual error (σ)

Example



Example

- Covariate model 2 (like 1 + sex on CL);
categorial coding: male = 0, female = 1

- Nine parameters

$V = \theta V * (w/75) * ((sex == 1) * \theta s1) * e^{\eta(V)}$ affects only females

$CL = \theta CL * (w/75) * (a/40) * e^{\eta(CL)}$

Residual error (σ)

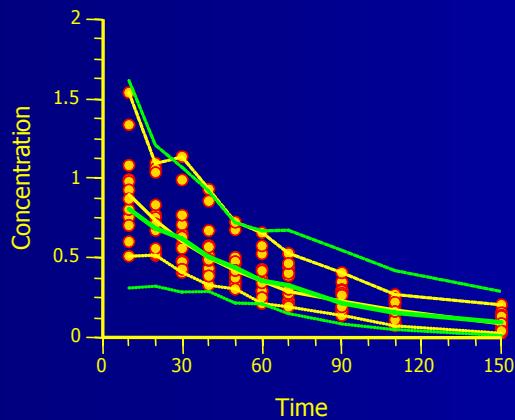
Example

model	θ	Estimate	CV%	AIC
base	V	10.582	11.600	-376.29
	CL	0.14682	7.7574	
	σ	0.086799	11.207	
covariate 1	V	9.2987	9.9556	-373.23
	CL	0.13512	8.5915	
	σ	0.086927	11.790	
	Vw	1.1300	56.603	
	VCL	0.92790	37.907	
	CLa	0.25116	77.422	
covariate 2	V	10.220	16.731	-366.07
	CL	0.11729	10.174	
	σ	0.084502	12.187	
	Vw	1.0697	66.305	
	VCL	1.4051	28.701	
	CLa	0.49579	40.647	
	Vsex	-0.048653	413.77	

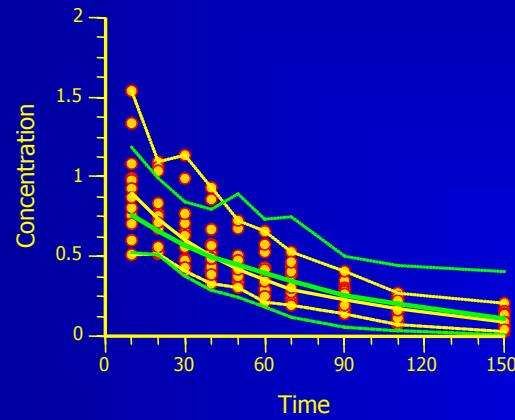
Yes, but which model?

Example

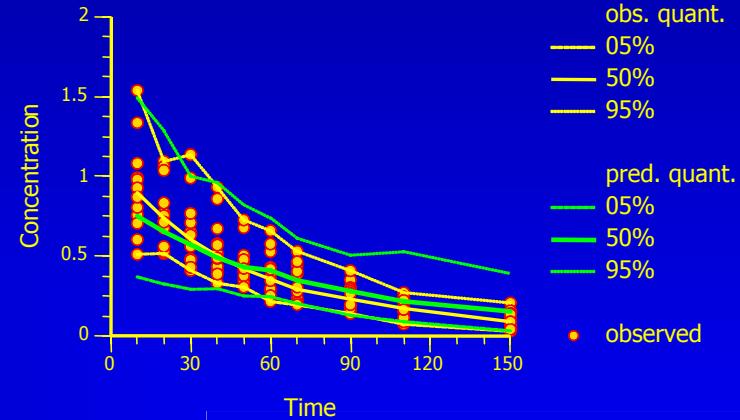
base model



cov. 1 model

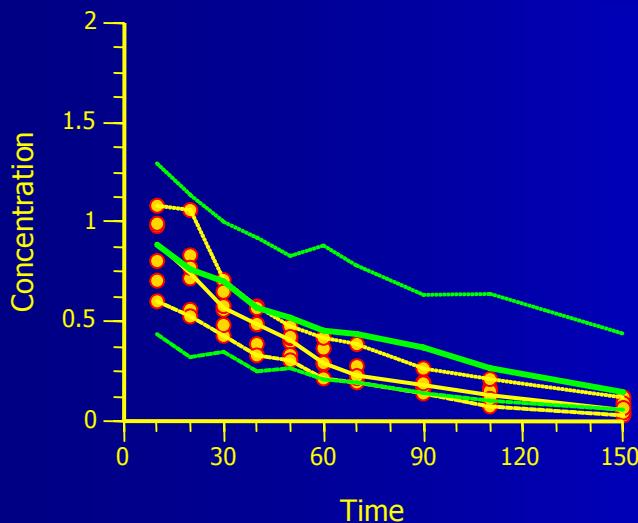


cov. 2 model

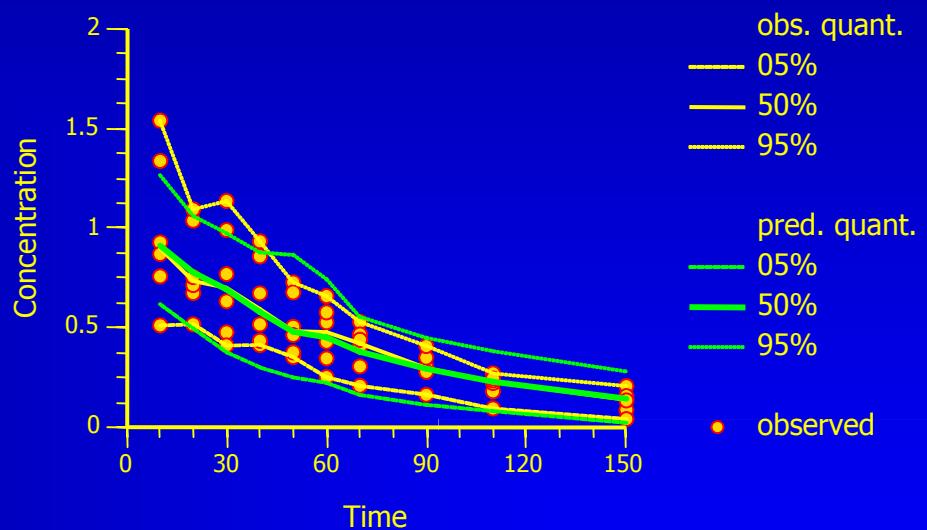


Example

cov. 2 model
(males)

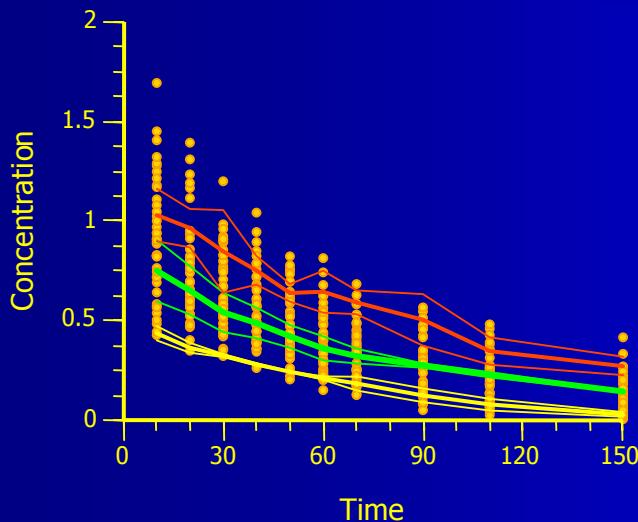


cov. 2 model
(females)

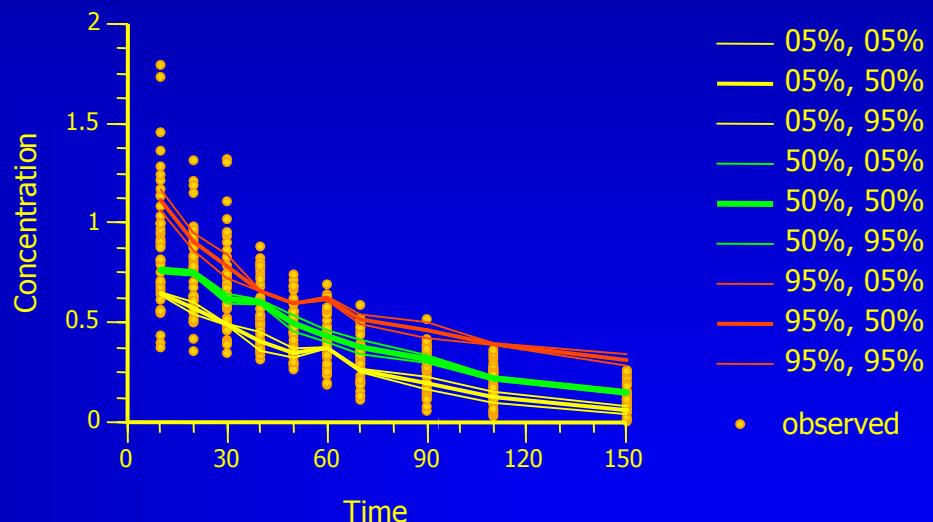


Example

cov. 2 model
(males)



cov. 2 model
(females)



Predictive check / internal validation

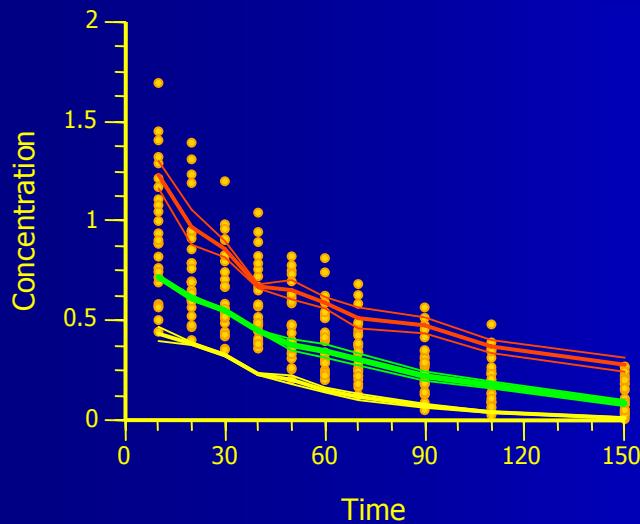
Model based on first 12 subjects and observations of other 88 subjects

Estimated intersubject variabilities η too small; biased θ ?

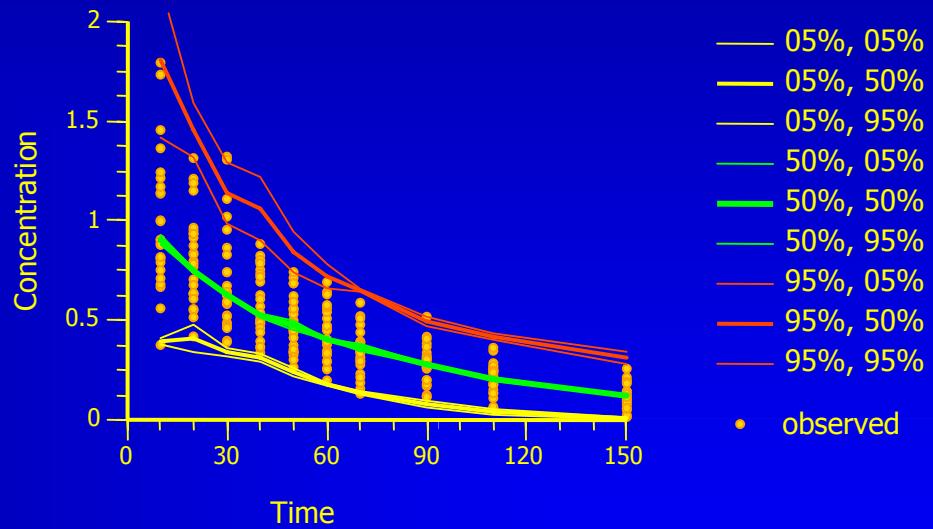
Better to estimate the model from 50% of subjects.

Example

cov. 2 model
(males)



cov. 2 model
(females)



Predictive check / internal validation

Model based on first 50 subjects and observations of other 50 subjects
Model seems to be suitable for females only. Consider to go back to covariate 1 model (without stratification for sex).

Software

- NONMEM 7.3 (iconplc ~5500 U\$/a)
- Phoenix/NLME 1.3 (Pharsight ~1900 U\$/a)
- Monolix 4.2 (Lixosoft ?U\$)
- SimBiology for MATLAB (Mathworks 3000 €)
- PopKinetics for SΛΛM II (TEG ?U\$)
- Kinetica 5.0 (Thermo ~900 U\$/a)
- Shareware
 - Pmetrics for R (USC/LAPK 895 U\$ suggested)
<http://www.lapk.org/pmetrics.php>

Software

● Freeware

- ADAPT 5 (USC/BMSR)

<http://bmsr.usc.edu/software/adapt/>

- Boomer (David Bourne)

<http://www.boomer.org/>

- SAEMIX 0.96.1 for R

<http://cran.r-project.org/web/packages/saemix/index.html>

- PKTools/WinBUGS/PKBugs (SD only)

<http://cran.r-project.org/web/packages/PKtools/index.html>

<http://www.mrc-bsu.cam.ac.uk/bugs/winbugs/contents.shtml>

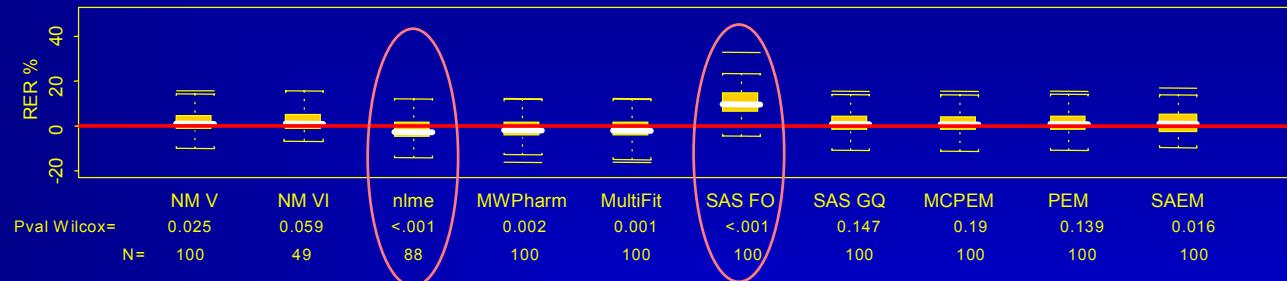
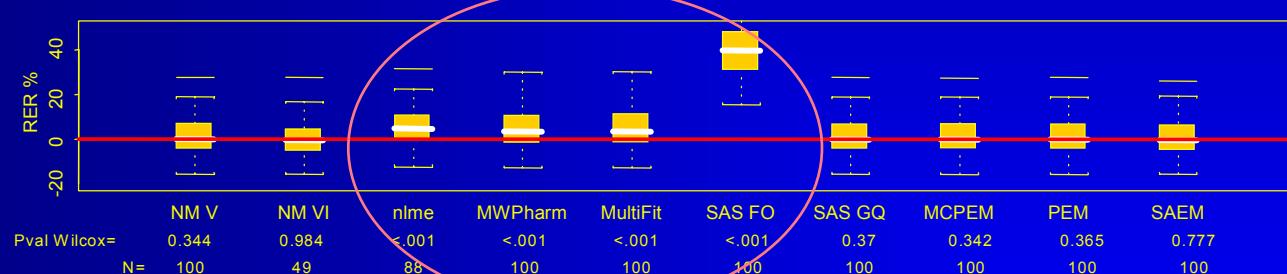
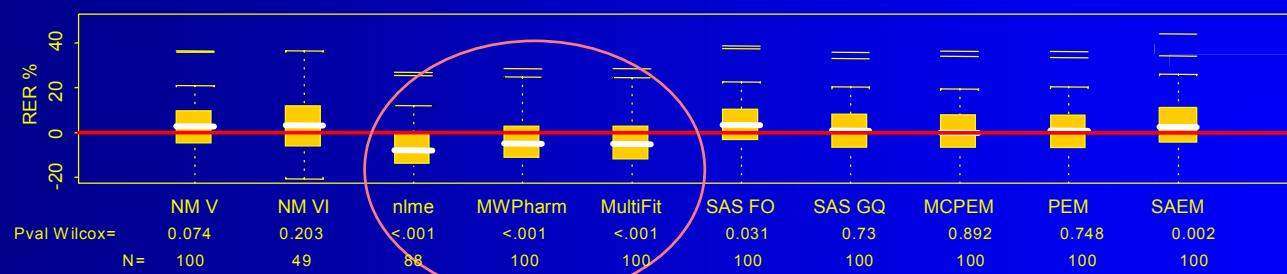
<http://www.mrc-bsu.cam.ac.uk/bugs/winbugs/pkbugs.shtml>

Still an Art?

- One compartment, 1st order absorption
 - 100 simulated datasets
 - 100 individuals / dataset
 - 4 samples / individual
 - Missing points at random (25%)
 - Initial estimates suggested for fixed effects
 - Blinded analysis by very experienced modelers
 - Software: SAS Prox nlmixed (FO and adaptive Gaussian), NONMEM V / VI FOCE, S-Plus nlme, ITPS, PEM, MCPEM, SAEM (Monolix)

Girard & Mentré, PAGE, Pamplona 2005

Still an Art?

 $V_{true} = 27.2$  $Ke_{true} = 0.232$  $Ka - Ke_{true} = 0.304$ 

Thank You!
**Introduction to
Population PK
*Open Questions?***



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