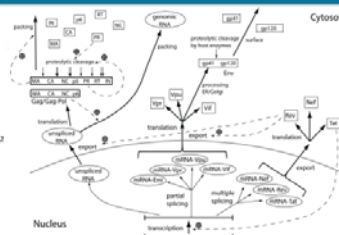
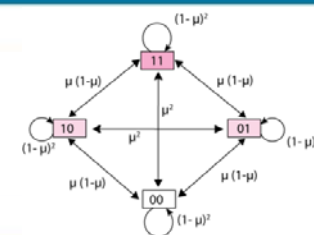
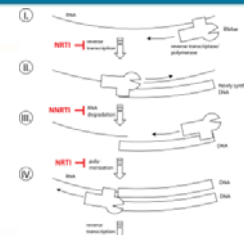
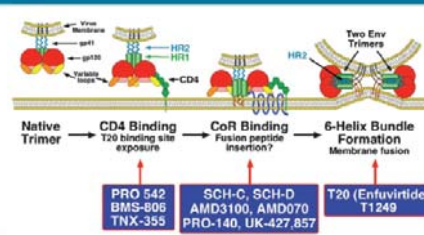
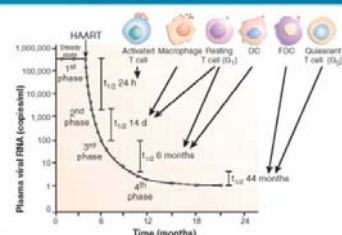
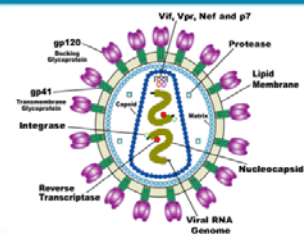


Max von Kleist, PhD student

Research Group Computational Physiology
Hamilton Institute, NUI Maynooth

Dr. Wilhelm Huisinga

Pharmacokinetics and Pharmacodynamics of antivirals and its connection to viral escape





Outline

- Motivation/Big Picture
 - What do we want?
- Detailed Example
 - What do we do?
 - How do we do it?
- Summary
- Outlook



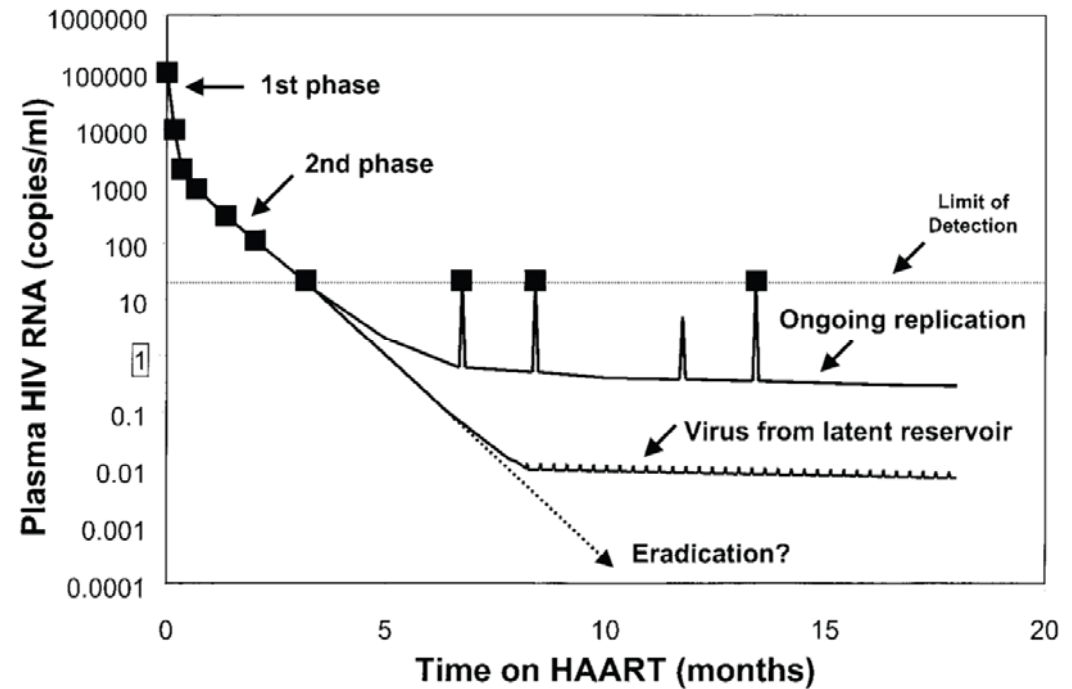
HIV, therapy & challenges

- Motivation/Big Picture
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- Since 1996 AIDS is treated with Highly Active Anti-Retroviral Therapy (HAART)
 - Combination of 2-4 drugs for therapy.
 - Combination therapy can suppress, but not eliminate the virus
 - Emergence of drug-resistance



- Motivation/Big Picture
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Pierson et al., Ann. Rev. Immunol. (2000)



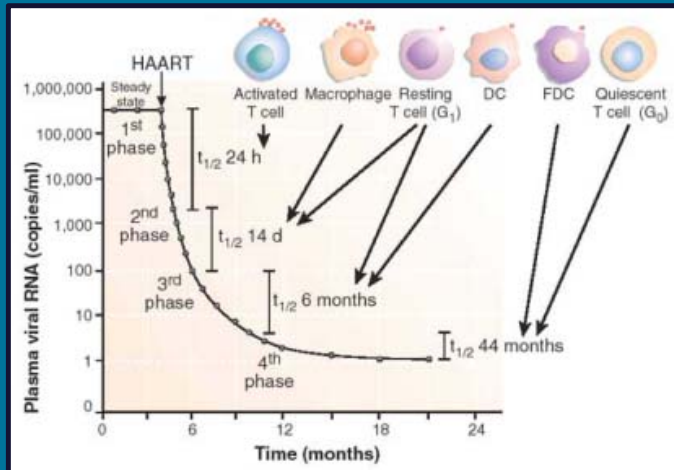
Theories

- I. Latency under suppressive HAART
- II. Compartmentalization, sub-optimal HAART

Theories

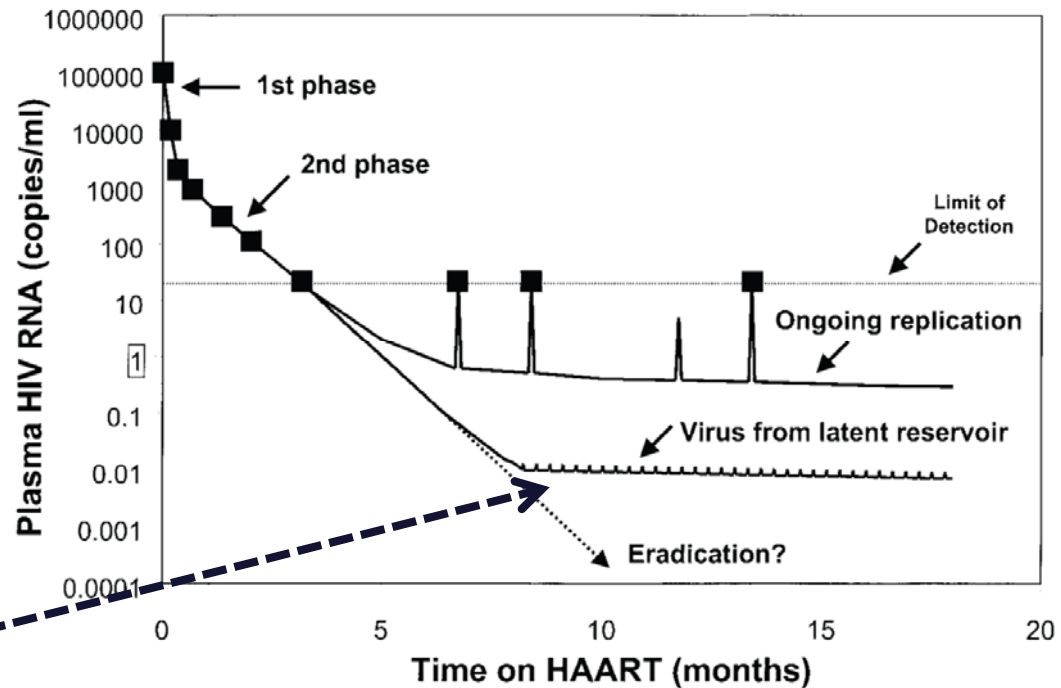
- I. Latency under suppressive HAART
- II. Compartmentalization, sub-optimal HAART

Stevenson, Nat. Med. (2003)



Long-lived infected cells

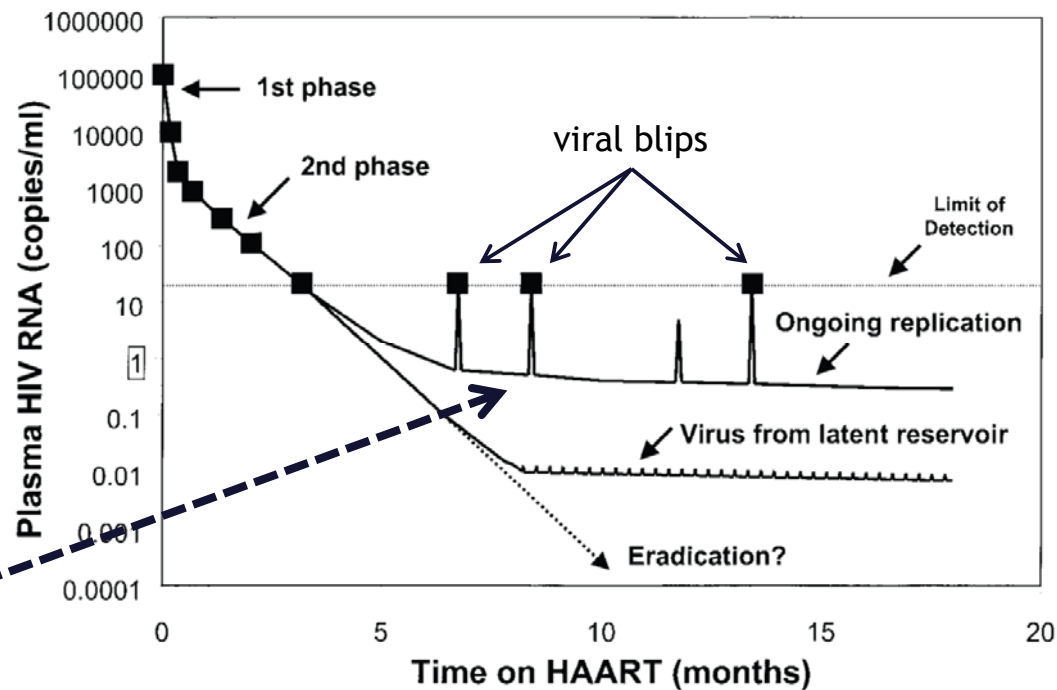
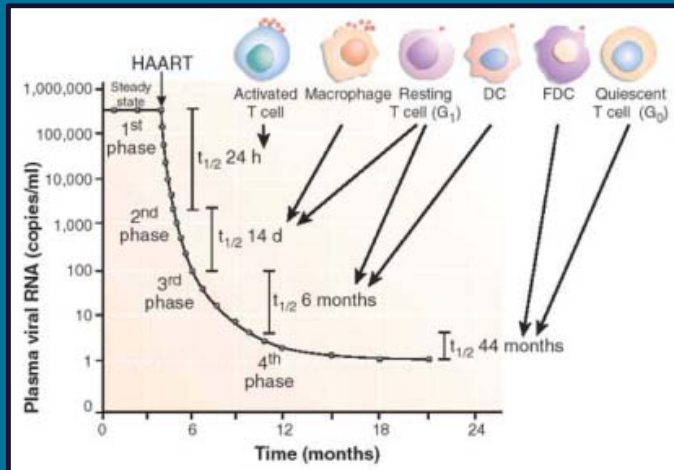
No replication: no mutations



Theories

- I. Latency under suppressive HAART
- II. Compartmentalization, sub-optimal HAART

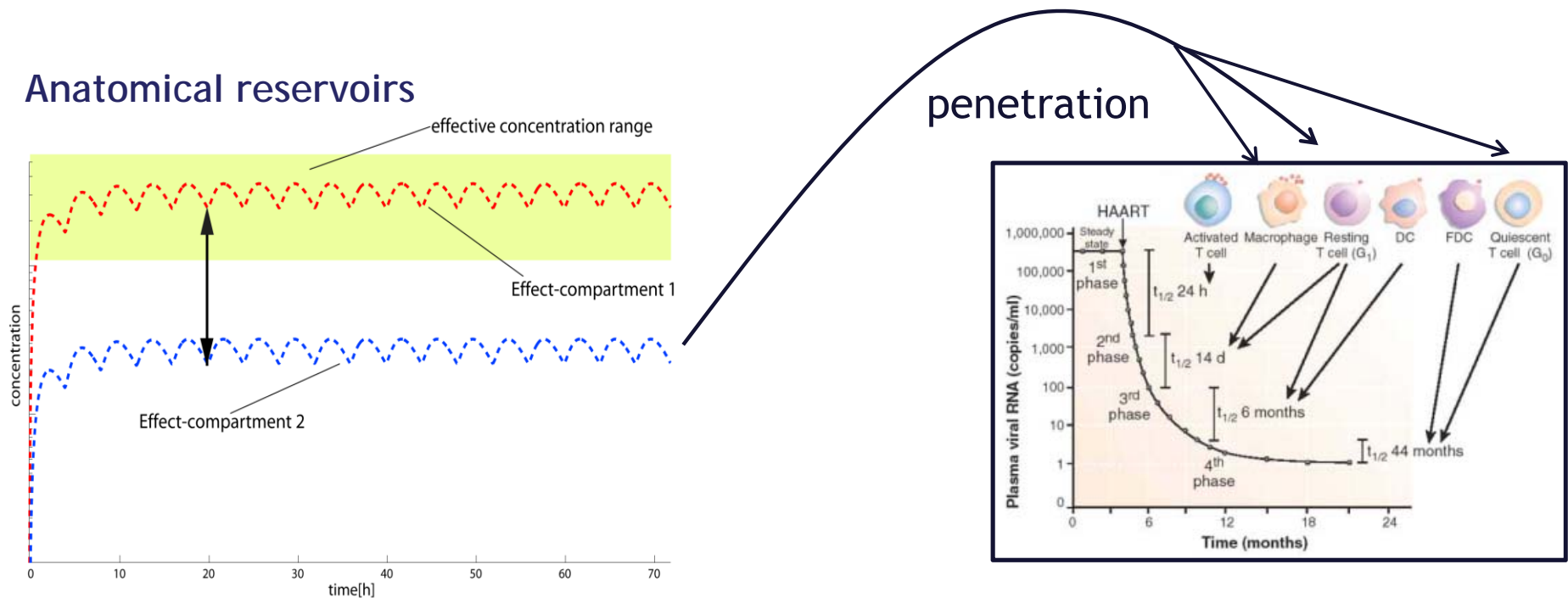
Target cell diversity



Sub-optimal HAART/ongoing replication: Mutation

Hypothesis of emergence of drug resistance

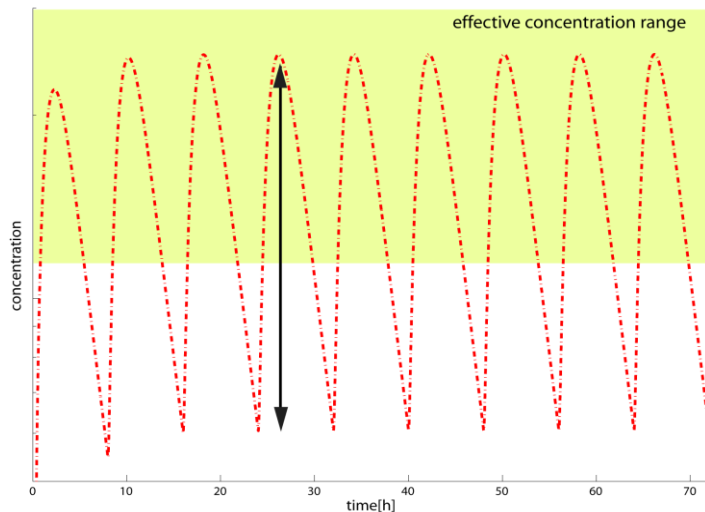
Kepler and Perelson, *Drug concentration heterogeneity facilitates the evolution of drug resistance*, PNAS (1998)



Hypothesis of emergence of drug resistance

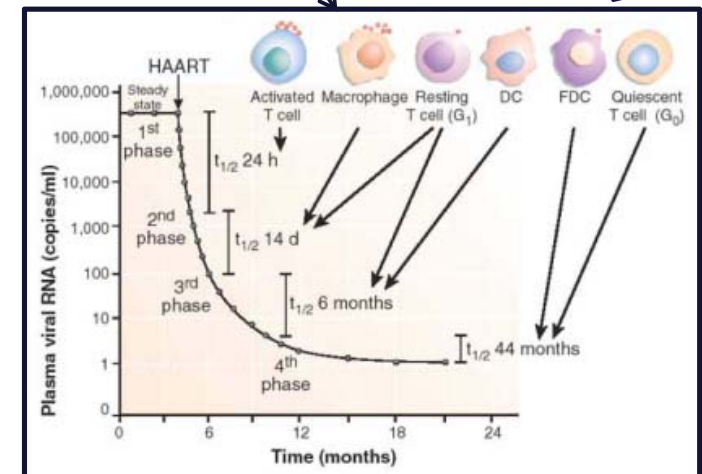
Kepler and Perelson, *Drug concentration heterogeneity facilitates the evolution of drug resistance*, PNAS (1998)

Temporal drug heterogeneities



Kinetics

also:
Compliance
Adherence





Approach

- Motivation/Big Picture
 - What do we want?
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Question:

- What is the impact of drug pharmacokinetics (concentration heterogeneities) on mutation dynamics and drug resistance?

Methodology:

- Mathematical/analytical approach
 1. Detailed, mechanistic Models
 2. Model reduction
 - Clinical applicability

Utilization of few detailed studies, to interpret the majority of less detailed studies



Detailed Example

- What do we do?
- How do we do it?

Max von Kleist and Wilhelm Huisinga, *Pharmacokinetic-Pharmacodynamic relationship of NRTIs and its connection to viral escape: An example based on Zidovudine*, Eur J Pharm Sci. 36 (2009), pp. 532-543

Plasma/ Interstitial Space

CCR5 antagonists
fusion inhibitors

mature retrovirus particle

protease inhibitors
maturation inhibitors

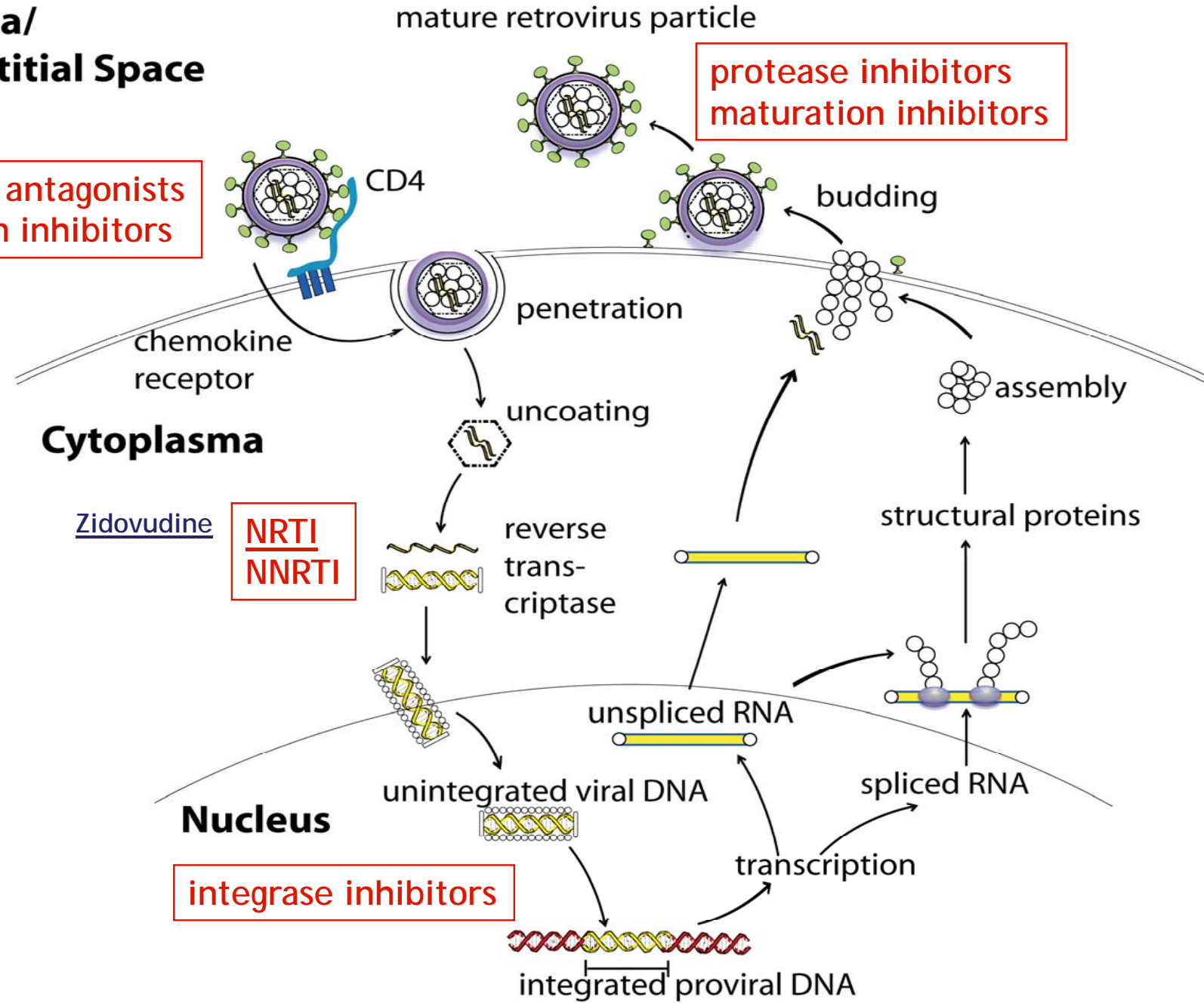
Cytoplasm

Zidovudine

NRTI
NNRTI

Nucleus

integrase inhibitors



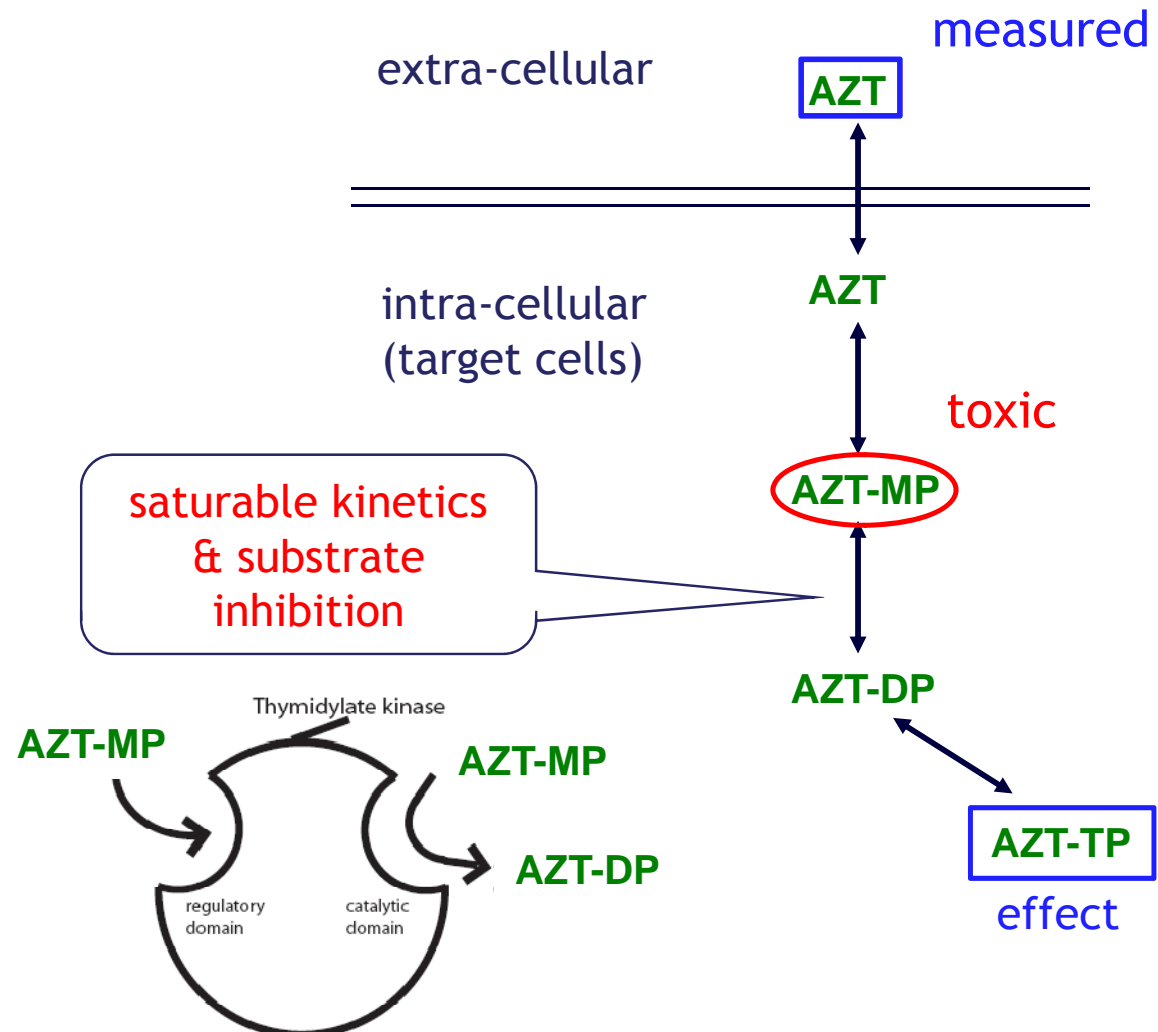


PK-PD relationship NRTIs: Example AZT

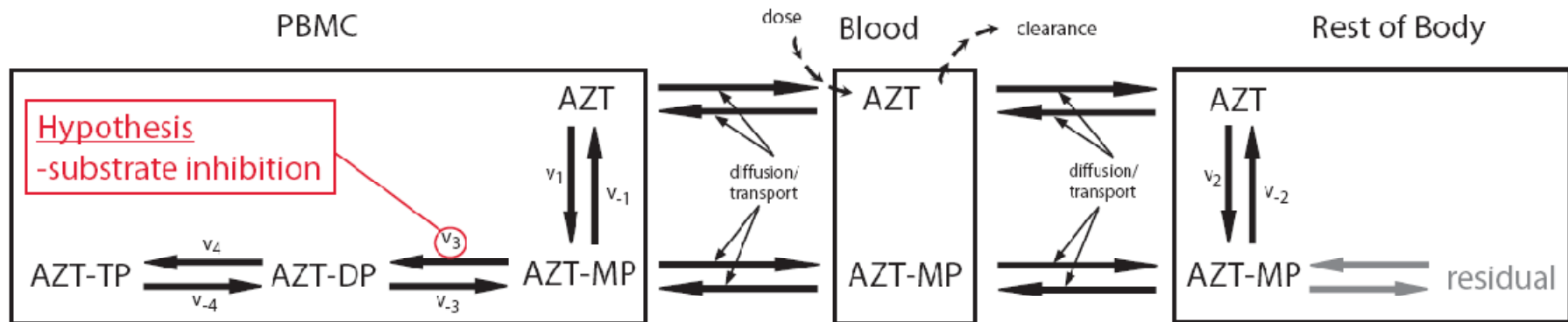
- Motivation/Big Picture
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NRTIs - important drug class in HAART

- Intracellular pharmacokinetics of zidovudine (AZT)



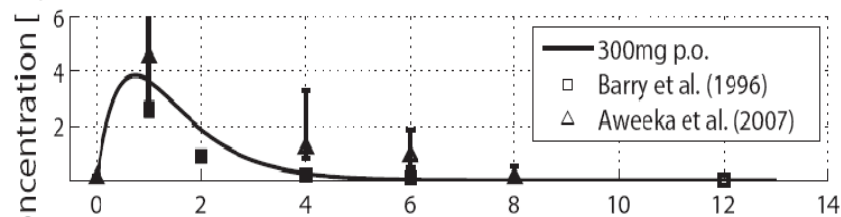
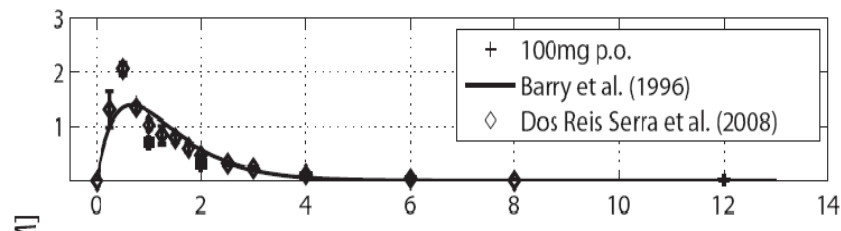
PBPK model for AZT



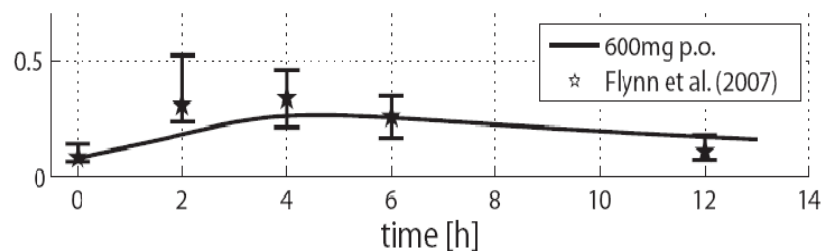
- Parametrization of the PBPK model
 - 25 physiological, pharmacokinetic and physico-chemical parameters
(22 in vivo/in vitro parameters, 3 estimated from in vivo data)

Model Validation

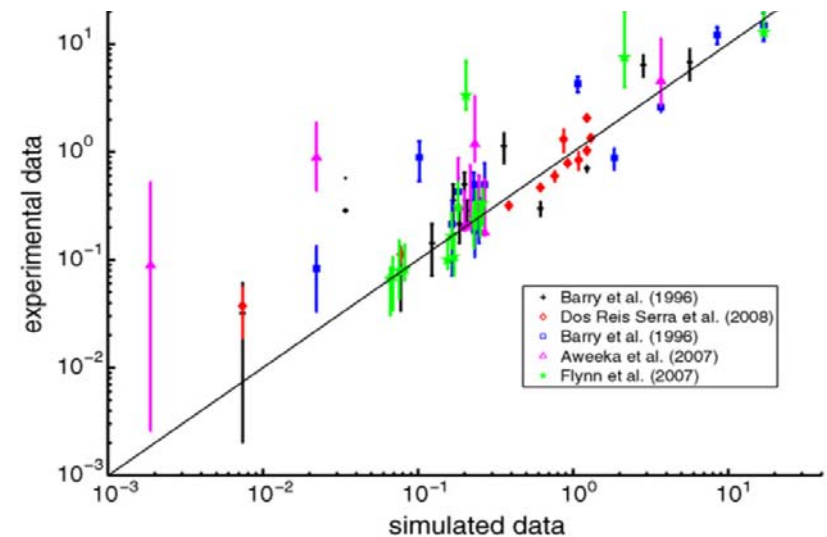
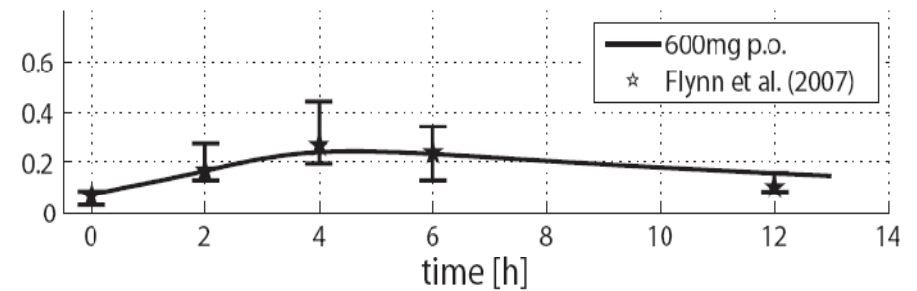
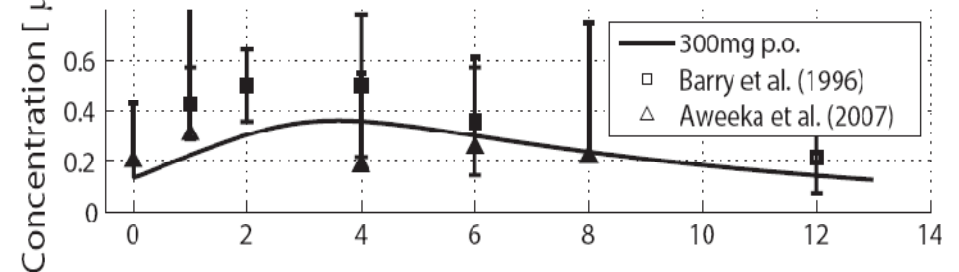
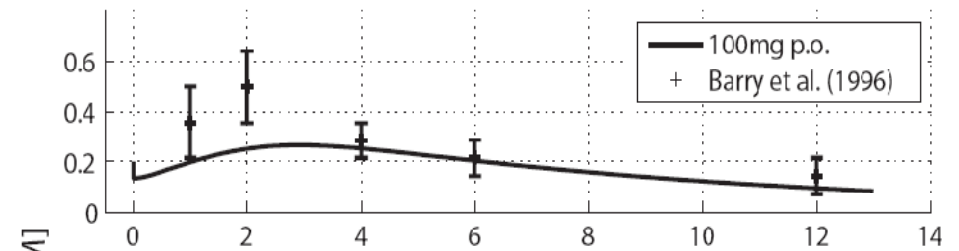
Plasma AZT concentration



Intracellular AZT-DP concentration

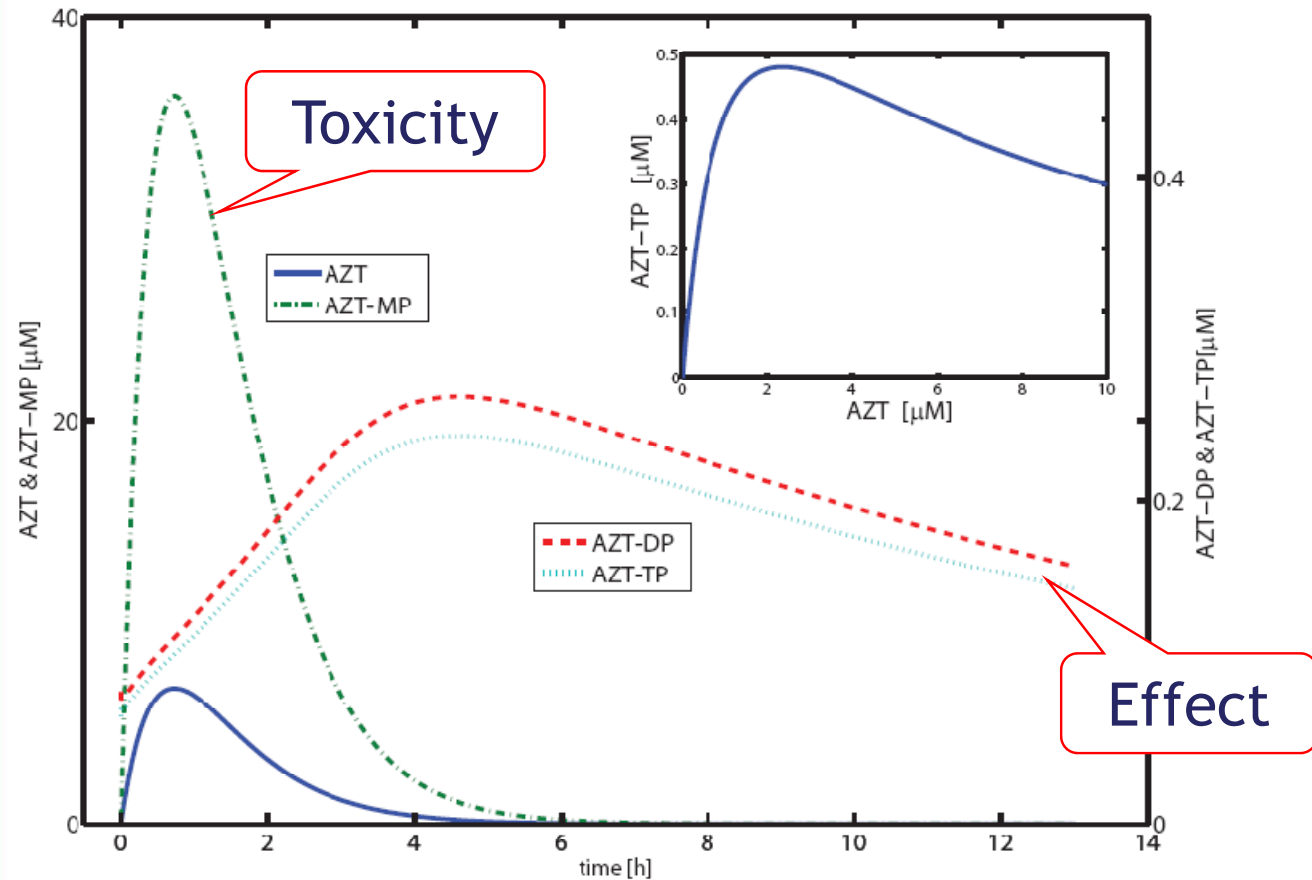
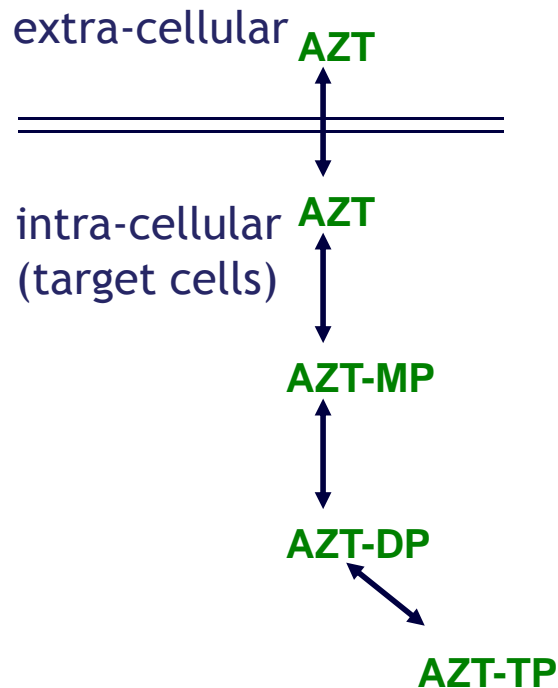


Intracellular AZT-TP concentration





Pharmacokinetics of AZT: Evaluation



- More Dose - More Toxicity
- More Dose - Less Effect



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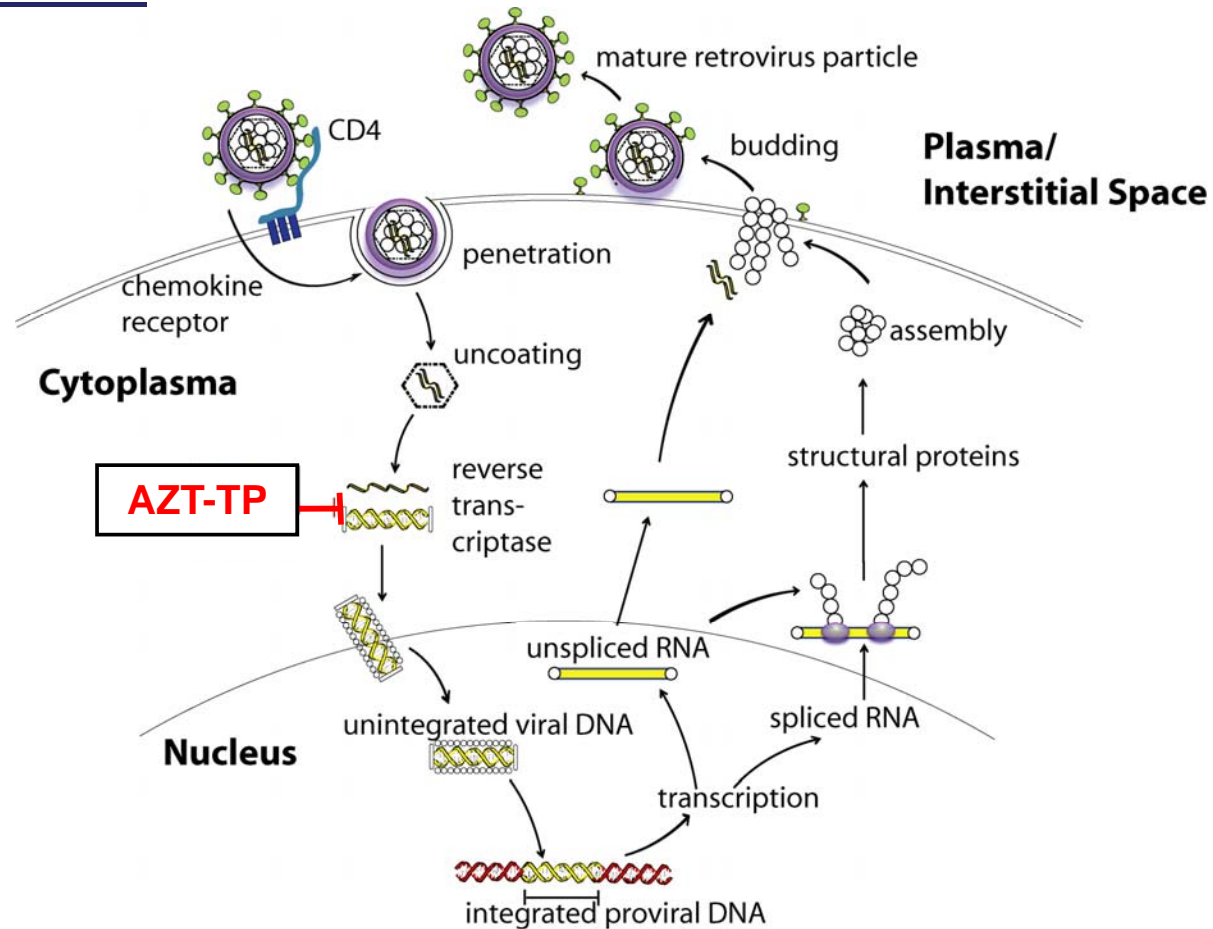
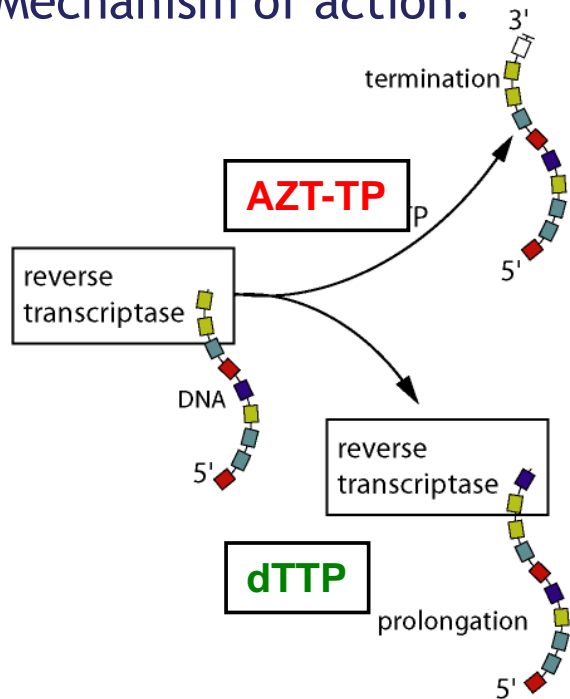
What is the best dose?

➤ understand Pharmacodynamics
(Effect)

.... Optimize dosing schedule

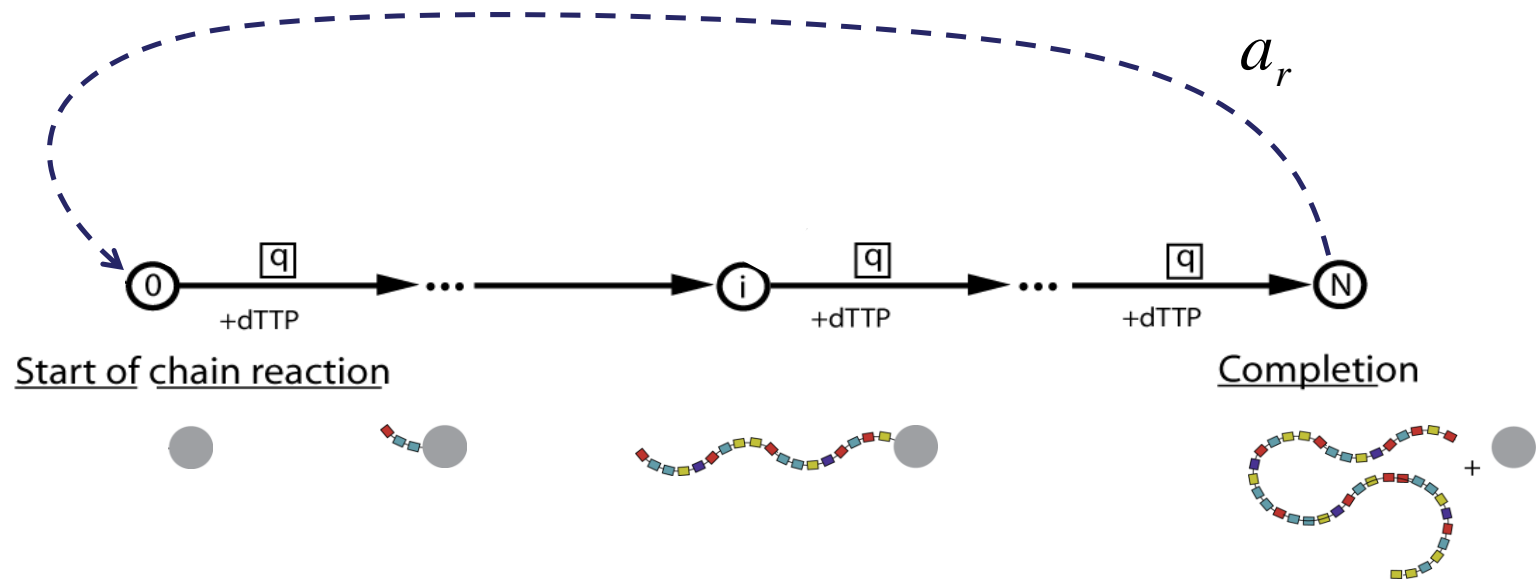
Reverse transcription = chain reaction

Mechanism of action:



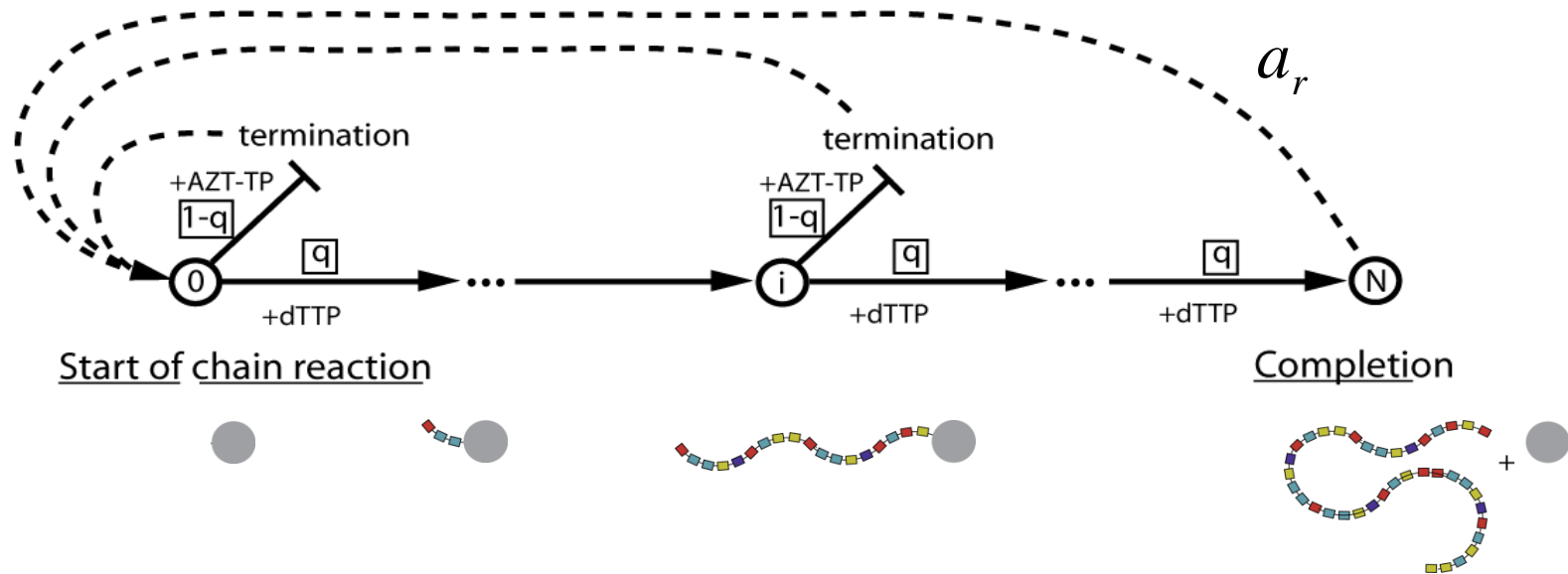


Reverse transcriptase chain reaction



- #thymidine bases: $N = 3272 \text{ (RNA} \rightarrow \text{DNA)} + 2042 \text{ (DNA} \rightarrow \text{DNA)} \approx 5300$

Effect-Model for NRTIs



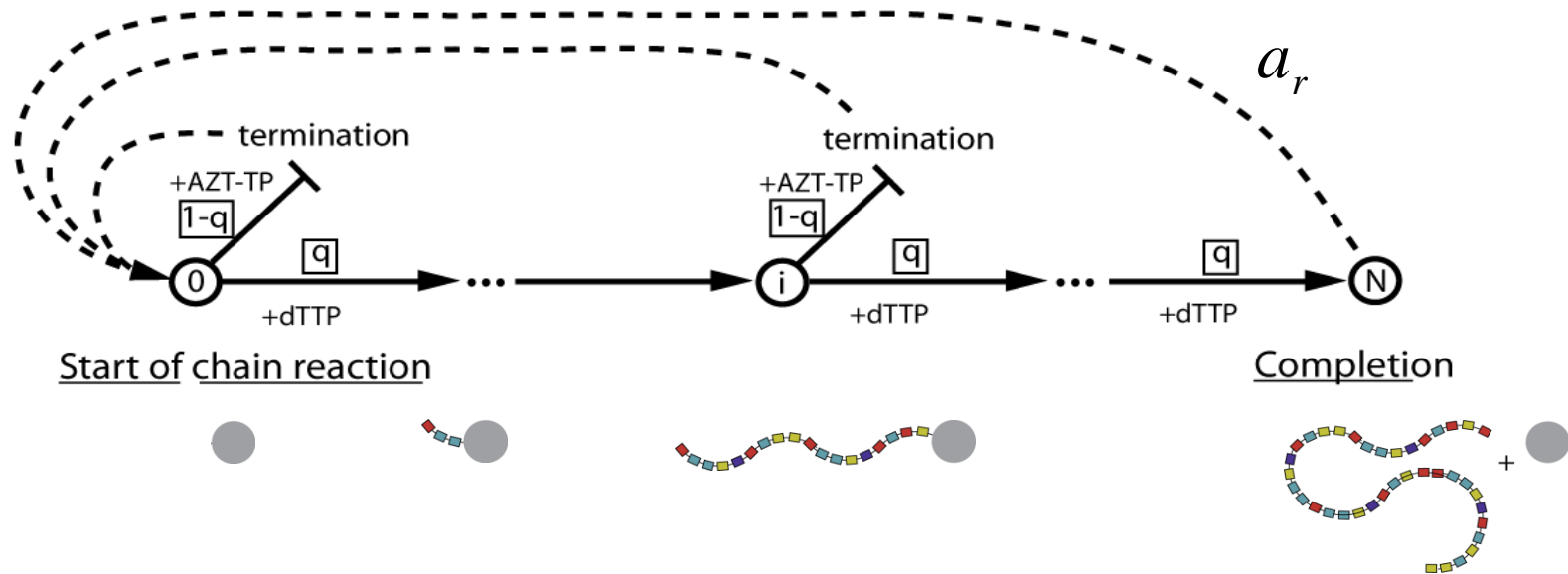
Drug effect = Deceleration of the chain reaction
math: Prolongation of the transit time $0 \rightarrow N$

- Likelihood of prolongation:

$$q = \frac{1}{1 + \frac{TP}{dTTP} \cdot \frac{K_{m,dTTP}^{RT}}{K_{m,TP}^{RT}}}$$

- Parameters can be derived from single nucleotide extension assays

Effect-Model for NRTIs



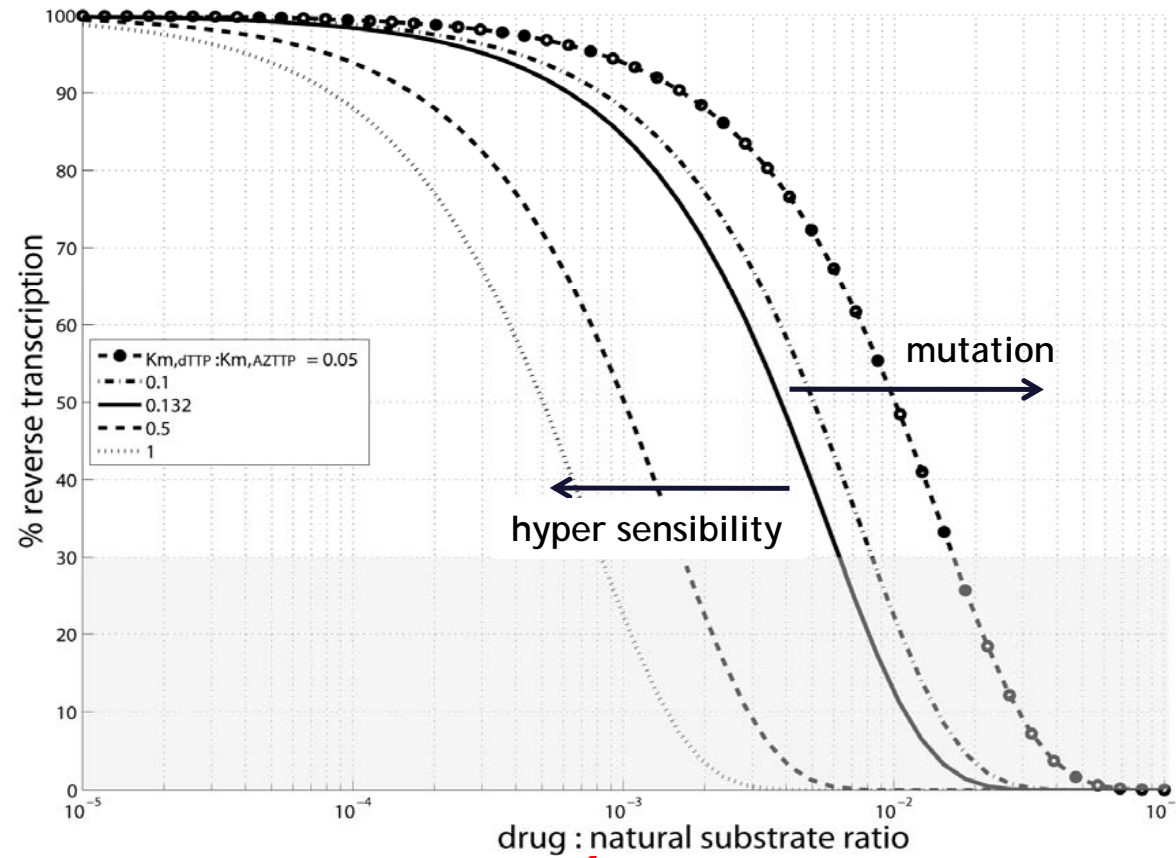
- Percentage reduction in reverse transcription process:

$$p = C \cdot q^N$$

with

$$q = \frac{1}{1 + \frac{TP}{dTTP} \cdot \frac{K_{m,dTTP}^{RT}}{K_{m,TP}^{RT}}}$$

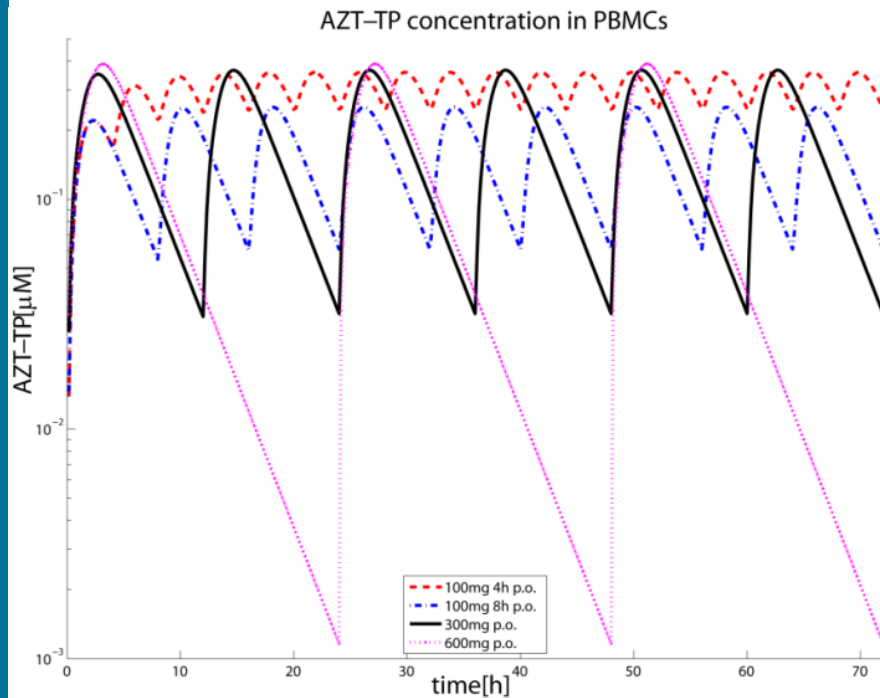
Likelihood termination (1-q)	Residual reverse transcription (p)
0.01 %	≈ 60 %
0.1 %	≈ 0.7 %
1 %	≈ 10 ⁻²⁰ %



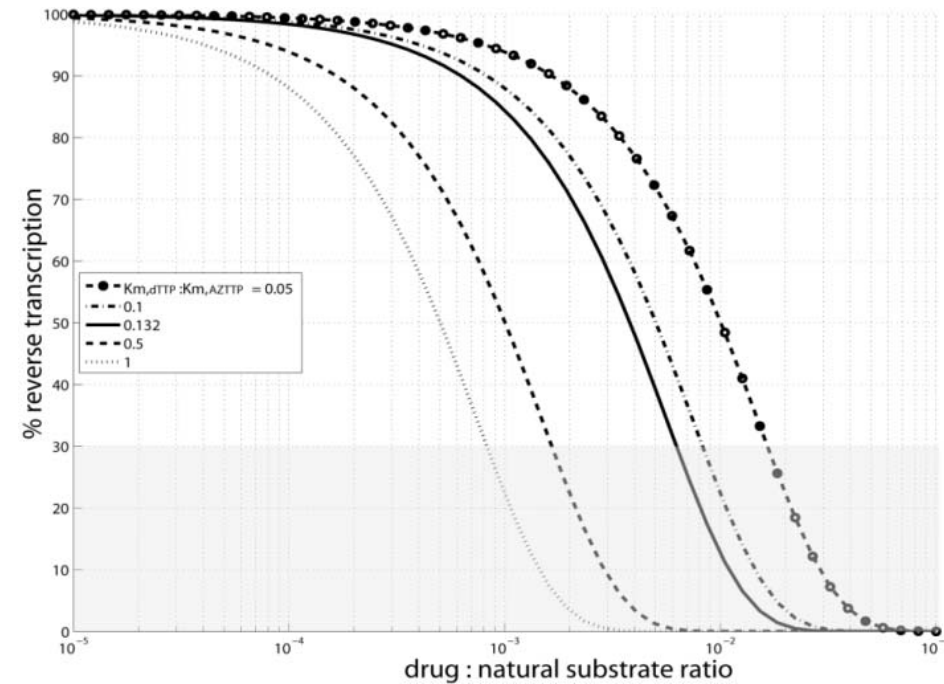
$$q = \frac{1}{1 + \frac{TP}{dTTP} \cdot \frac{K_{m,dTTP}^{RT}}{K_{m,TP}^{RT}}}$$

$$p = C \cdot q^N$$

What is the best dose?



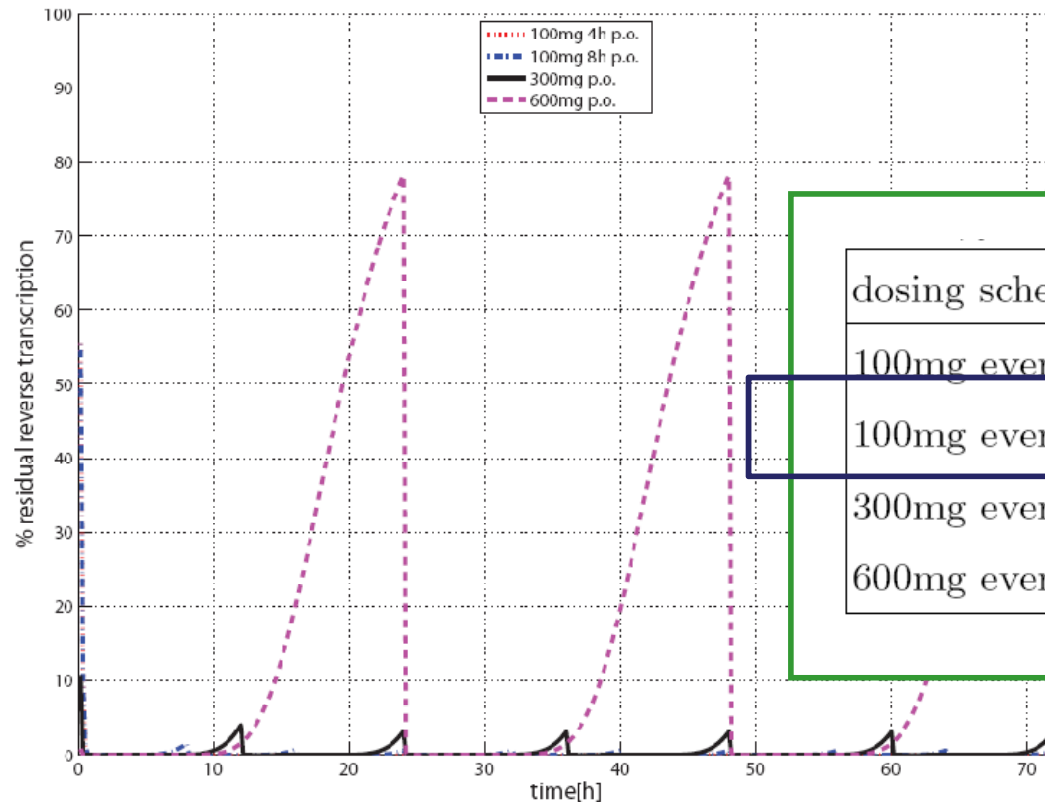
+



Tested dosing schemes

- 100mg every 4h
- 100mg every 8h
- 300mg every 12h
- 600mg every 24h

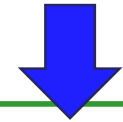
Residual reverse transcription with different dosage regimes



Toxicity



Effect



dosing scheme	AUC ₀₋₂₄ (AZT-MP)	% res. RT activity
100mg every 4h	70.4 [h·μM]	$3.6 \cdot 10^{-8}$
100mg every 8h	35.4 [h·μM]	$5.9 \cdot 10^{-2}$
300mg every 12h	70.8 [h·μM]	0.26
600mg every 24h	70.8 [h·μM]	18.9

- Some dosage regimes provide insufficient antiviral suppression for several hours
- Important implications for drug compliance



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Question:

- What is the impact of drug pharmacokinetics/concentration heterogeneities on resistance dynamics?

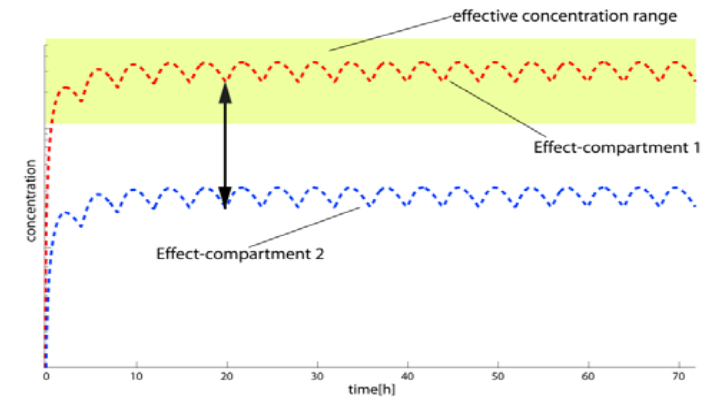
Methodology:

- (mechanistic) Pharmacokinetic modelling
- (mechanistic) Pharmacodynamic modelling
- Utilization of different in vivo/in vitro information
- Theoretic insights
- Model reduction: What are the essential features?
- Translation into practice

What are the dynamics of resistance development?

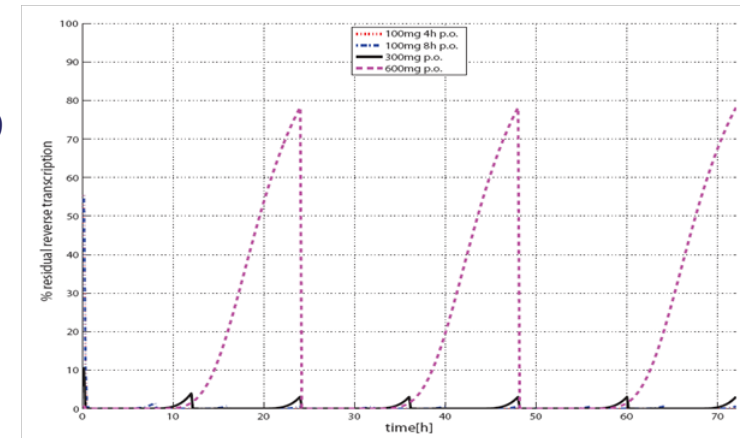
➤ Where?

pharmacokinetics



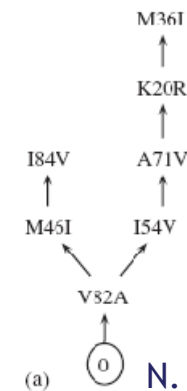
➤ When?

PK-PD



➤ How?

Ordered accumulation of mutations



N. Beerenwinkel et al. PNAS (2002)

- How can resistance development be avoided?
- Optimize HAART to avoid drug resistance development

Thank you for your attention!

Acknowledgements

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Stephan Menz

Sabine Pilari

Sebastian Ueckert