



**FDA-CRCG workshop:  
Best Practices for Utilizing Modeling Approaches to Support  
Generic Product Development**

**27<sup>th</sup> - 28<sup>th</sup> October 2022**

# **Model Reusability**

## **“Model Master File Perspective”**

**Amin Rostami,**

**Professor of Systems Pharmacology  
Director of Centre for Applied Pharmacokinetics Research, University of Manchester, UK**

**Senior Vice-President of R&D and Chief Scientific Officer,  
Certara, Princeton, USA**

# Lateral Expansion / Wider Use of Mechanistic Multi-Layer Models

## The Road for Natural Progression of Systems Model To **Model Master File**



**Research  
Frontier**



**Routine  
Scaled Up  
Usage**



**‘Toys for Big Boys!’**

**replaced by**

**‘Modelling by All for All’**

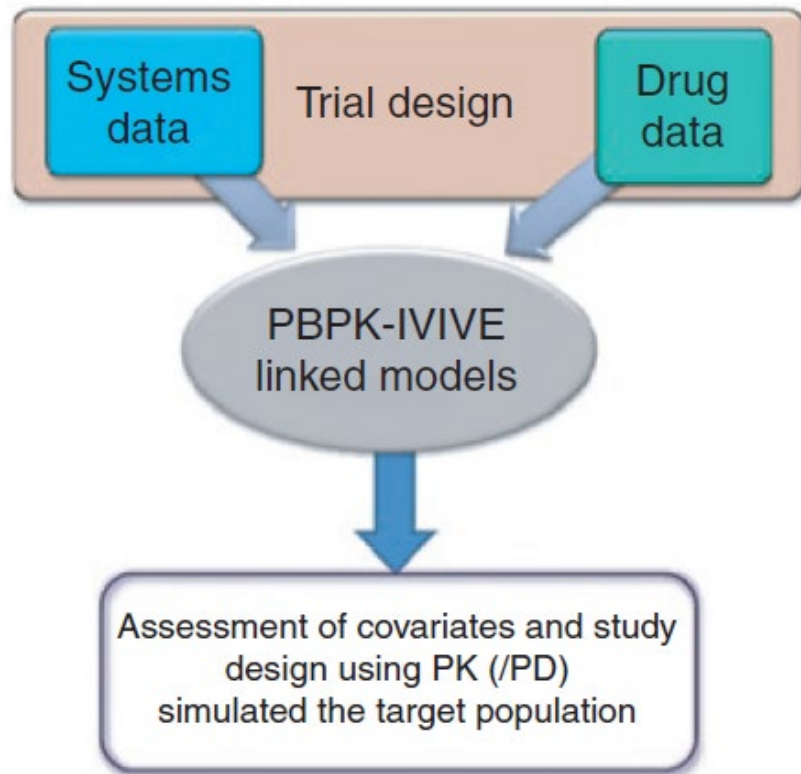
**Philosophical Stops**

**on the way to .....**

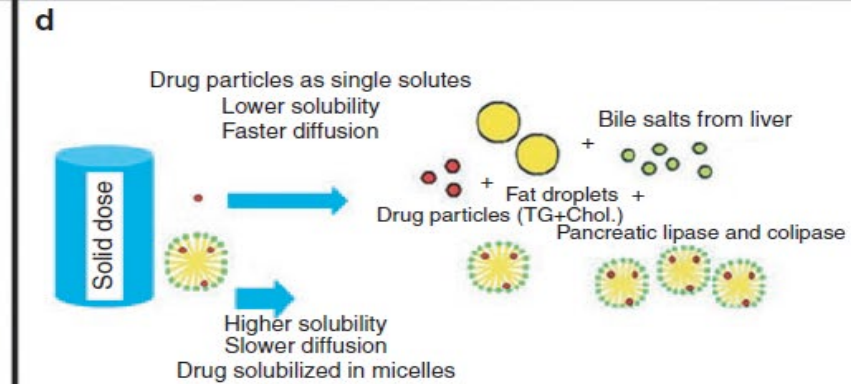
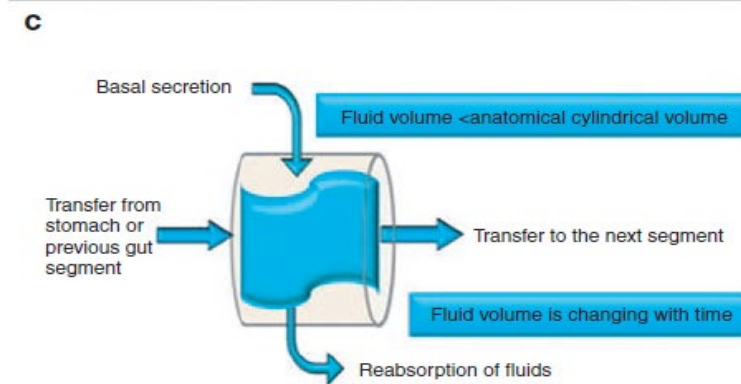
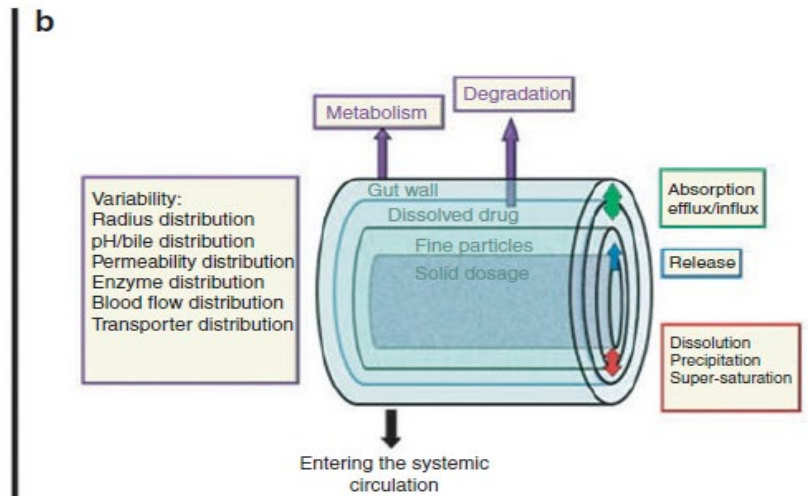
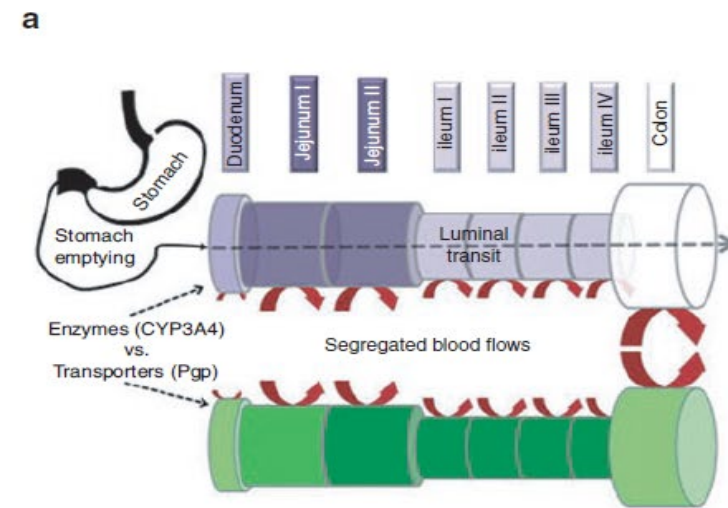
**..... Reach to the Necessity of  
Model Master Files**

# Physiologically Based Pharmacokinetics Joined With *In Vitro*-*In Vivo* Extrapolation of ADME: A Marriage Under the Arch of Systems Pharmacology

A Rostami-Hodjegan<sup>1,2</sup>



## Philosophical Stop No 1



various

modelling

vitro

absorption

many

variability

effect

studies

patient

system

pharmacokinetic

model

parameter

pbpk

ivive

observed

1

enzyme

related

transporter

drug

changes

ivive linked available

distribution

clearance although

pbpk use

population

case

known

time tissue

element

metabolism

drug

concentration

data

linked model

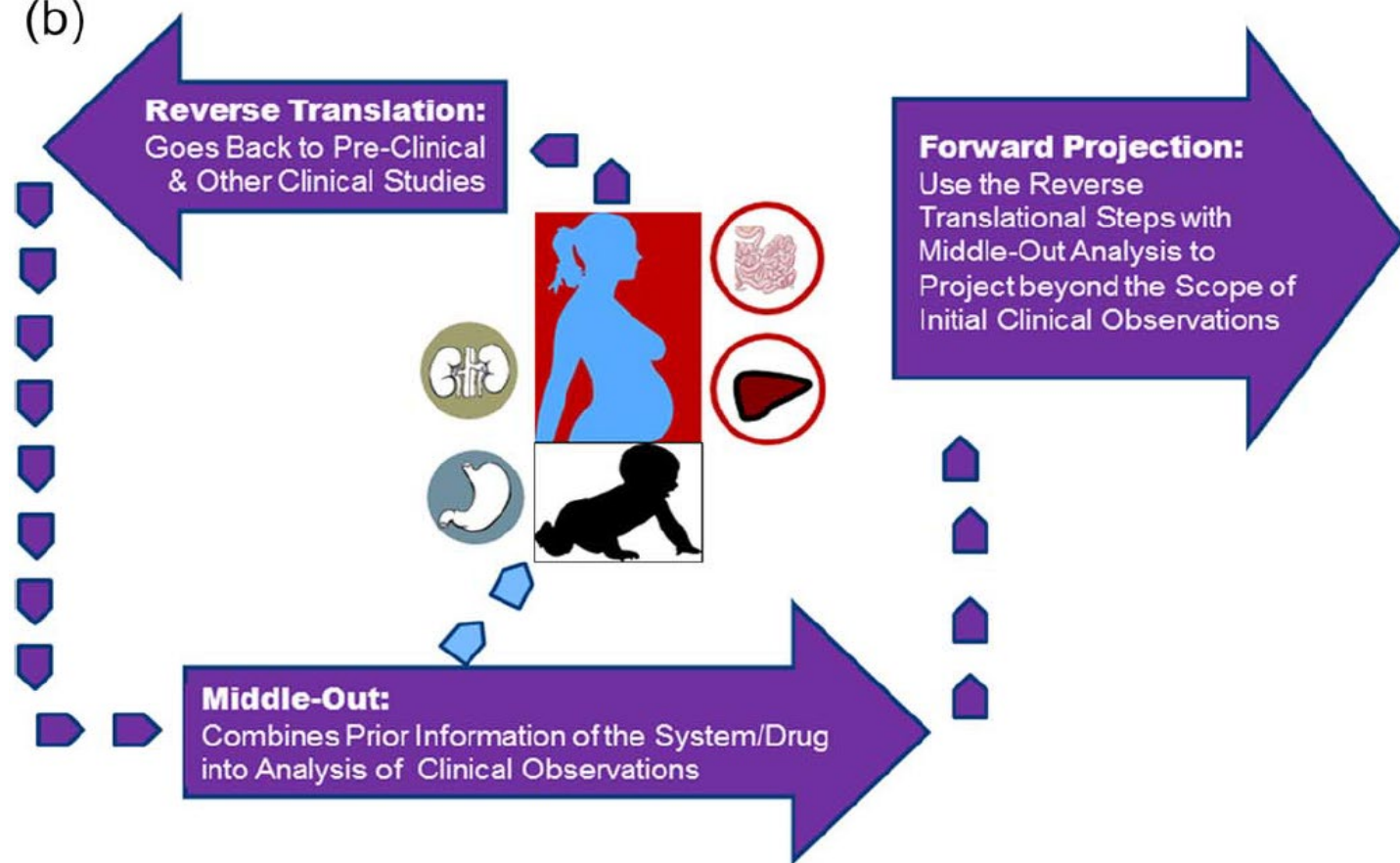
value

figure

# Reverse Translation in PBPK and QSP: Going Backwards in Order to Go Forward With Confidence

Amin Rostami-Hodjegan<sup>1,2</sup>

(b)



Combining the 'bottom up' and 'top down' approaches in pharmacokinetic modelling: fitting PBPK models to observed clinical data

Nikolaos Tsamandouras,<sup>1</sup> Amin Rostami-Hodjegan<sup>1,2</sup> & Leon Aaronson<sup>1</sup>

*Br J Clin Pharmacol* 2014 -79 (1): 48-55

**Philosophical  
Stop No 2**

observed vitro  
observed data knowledge  
patient  
whilst  
use approaches  
cyp3a  
bottombased example  
modeller  
liver  
system  
clinical data different  
complexent  
et al  
analysis  
confidence  
pbpk ivive  
time assumption  
various  
will aspect  
studies confidence  
used  
information  
many  
many  
many  
prediction  
made  
renal impairment

observed  
vitro  
knowledge  
patient  
whilst  
use  
approaches  
cyp3a  
bottombased  
example  
modeller  
liver  
system  
clinical data  
different  
complexent  
et al  
analysis  
confidence  
pbpk  
ivive  
time  
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studies  
confidence  
used  
information  
many  
many  
many  
prediction  
made  
renal impairment

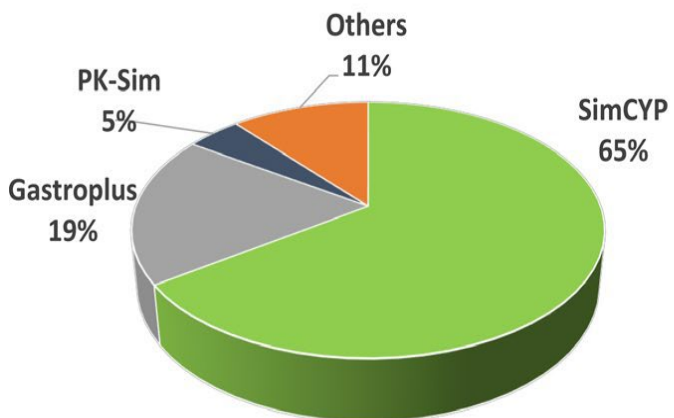


# Philosophical Stop No 3

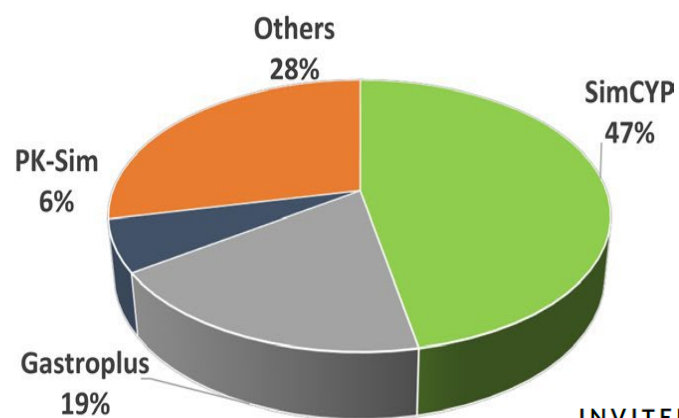
## Opening a debate on open-source modeling tools: Pouring fuel on fire versus extinguishing the flare of a healthy debate

Amin Rostami-Hodjegan<sup>1,2</sup> | Frederic Y. Bois<sup>2</sup>

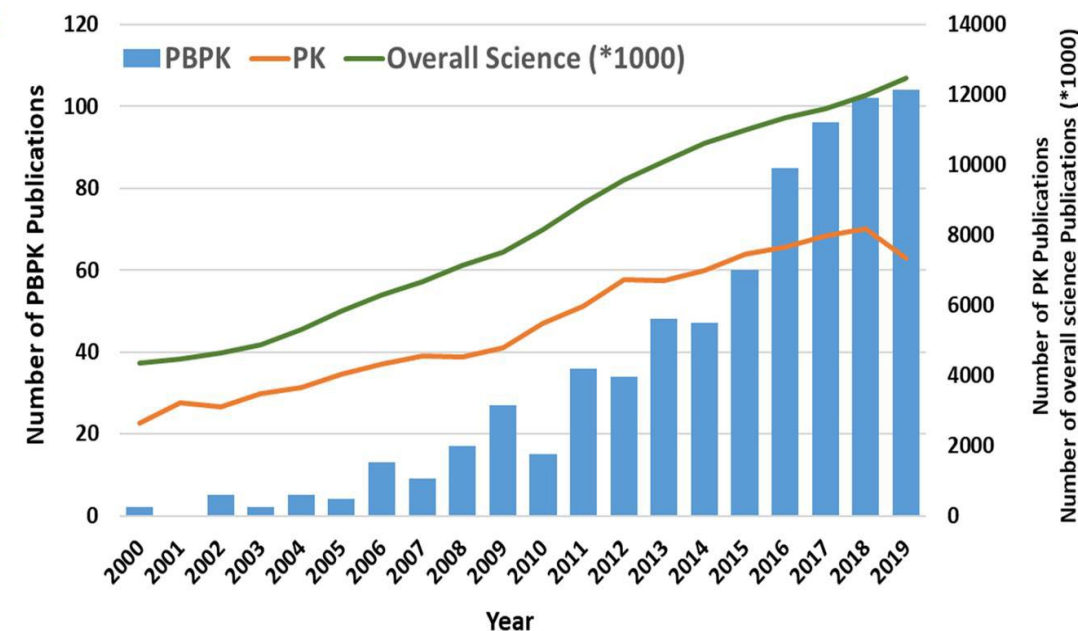
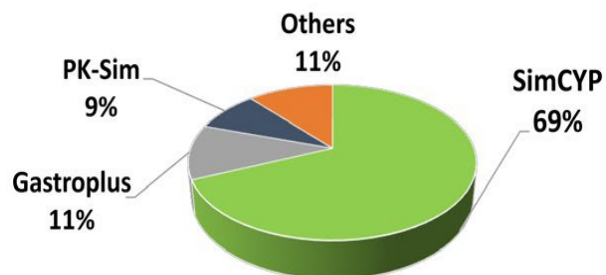
Pharmaceutical Company (N = 453)



Academia (N = 501)



Regulatory Agencies (N = 35)



INVITED REVIEW

*Biopharm Drug Dispos* 2021 42: 107-117

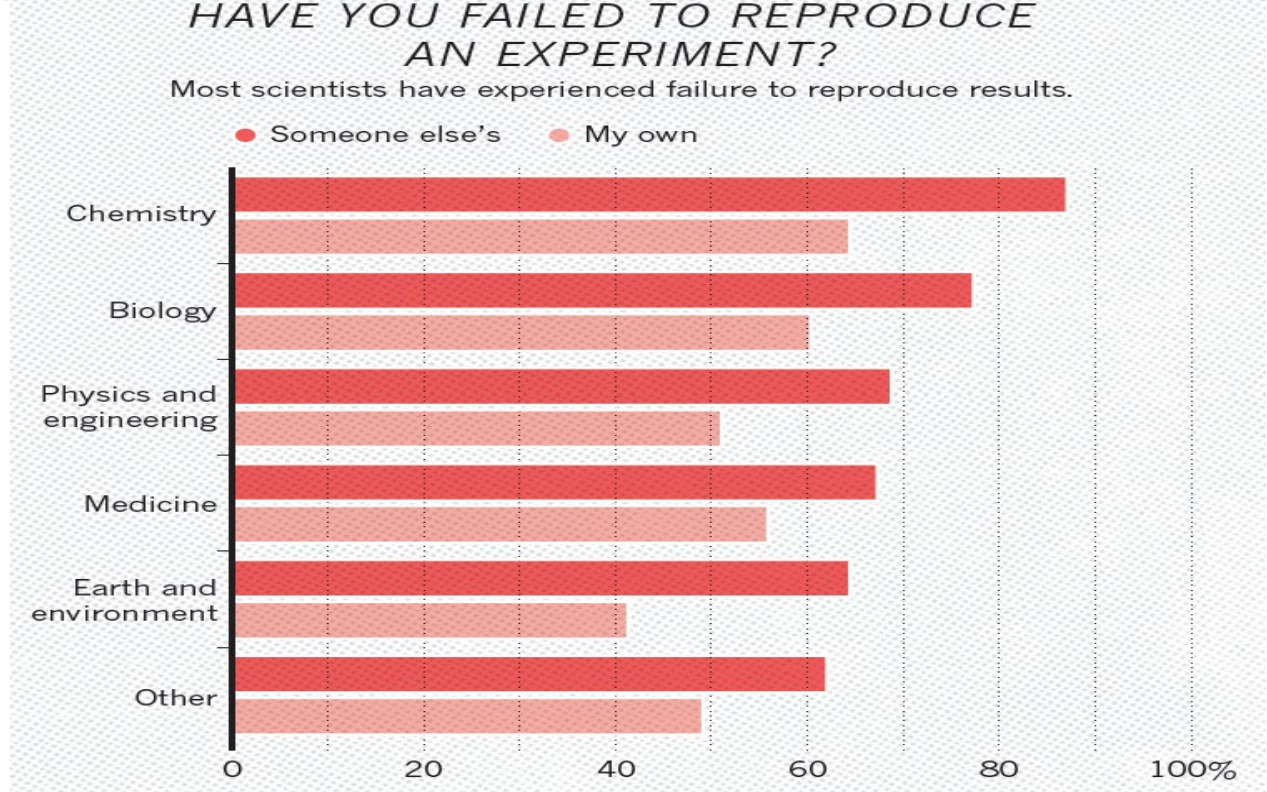
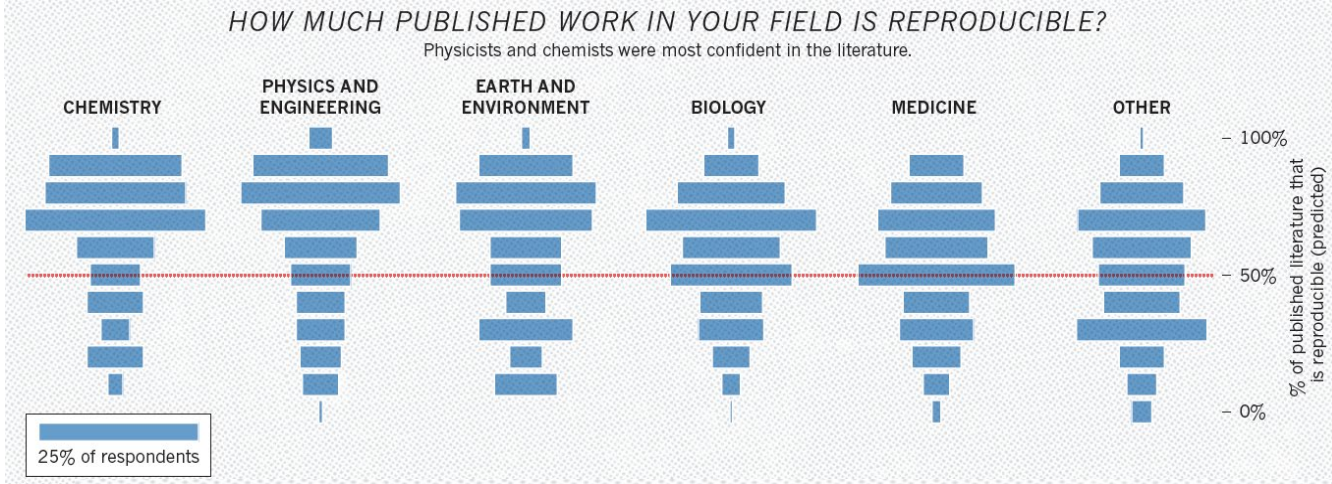
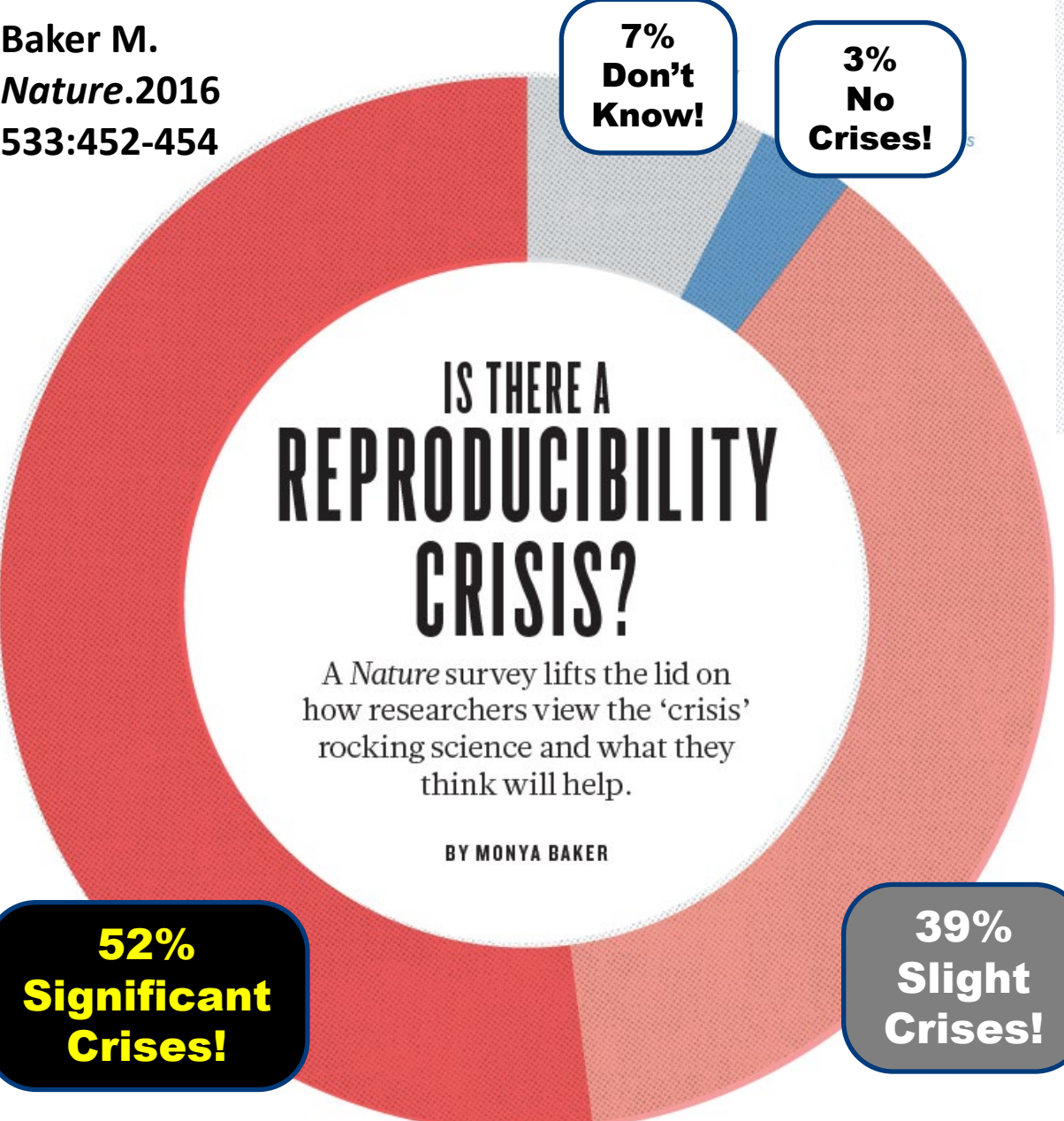
WILEY

Physiological-based pharmacokinetic modeling trends in pharmaceutical drug development over the last 20-years; in-depth analysis of applications, organizations, and platforms

Eman El-Khateeb<sup>1,2</sup> | Susan Burkhill<sup>3</sup> | Susan Murby<sup>1</sup> | Hamza Amirat<sup>1</sup> | Amin Rostami-Hodjegan<sup>1,3</sup> | Amais Ahmad<sup>1</sup>

# Trust in Scientific Outcomes: The Issue of Reproducibility


Baker M.  
*Nature*.2016  
 533:452-454

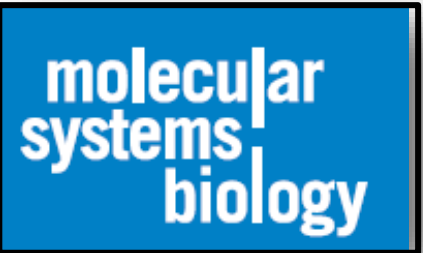




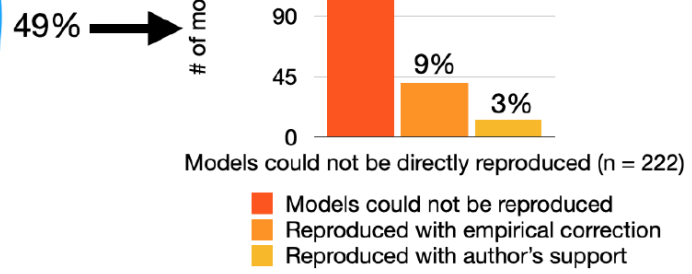
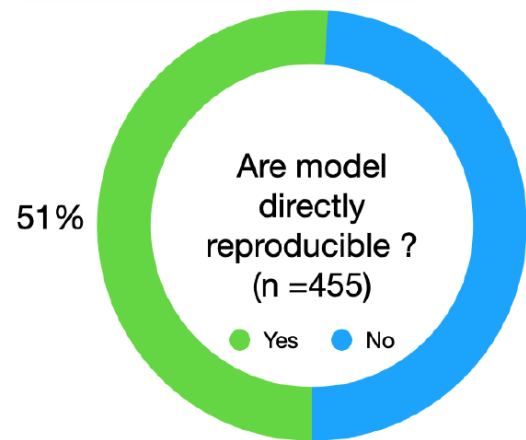
# Counter-Intuitive Nature of Open Source-Code Models:

## Reproducibility in systems biology modelling

Krishna Tiwari<sup>1,2</sup>, Sarubini Kananathan<sup>1</sup>, Matthew G Roberts<sup>1</sup>, Johannes P Meyer<sup>1</sup>,  
Mohammad Umer Sharif Shohan<sup>1</sup>, Ashley Xavier<sup>1</sup>, Matthieu Maire<sup>1</sup>, Ahmad Zyoud<sup>1</sup>, Jinghao Men<sup>1</sup>,  
Szeyi Ng<sup>1</sup>, Tung V N Nguyen<sup>1</sup>, Mihai Glont<sup>1</sup>, Henning Hermjakob<sup>1,3,\*</sup> & Rahuman S Malik-Sheriff<sup>1,\*\*</sup> 



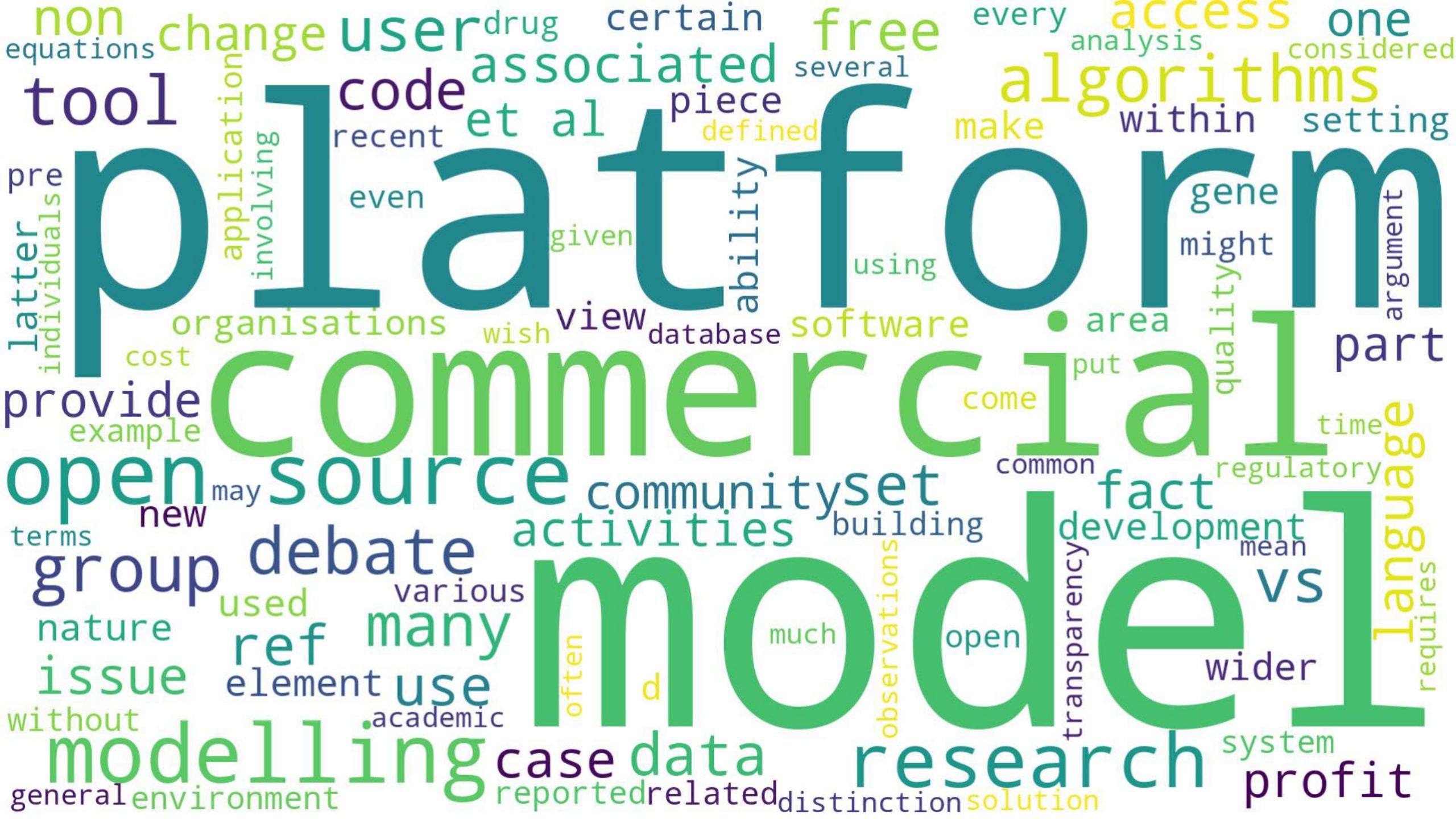
DOI 10.15252/msb.20209982  
Mol Syst Biol. (2021) 17: e9982



**“Open”**  
Sounds Nice & Positive!  
***BUT NOT SO***  
If we apply it to safe place for  
keeping precious possessions:

**“Easily Accessible”**  
&  
**“Unsecure”**

Hence  
**“Vulnerable”**  
to  
**“Adulteration”**





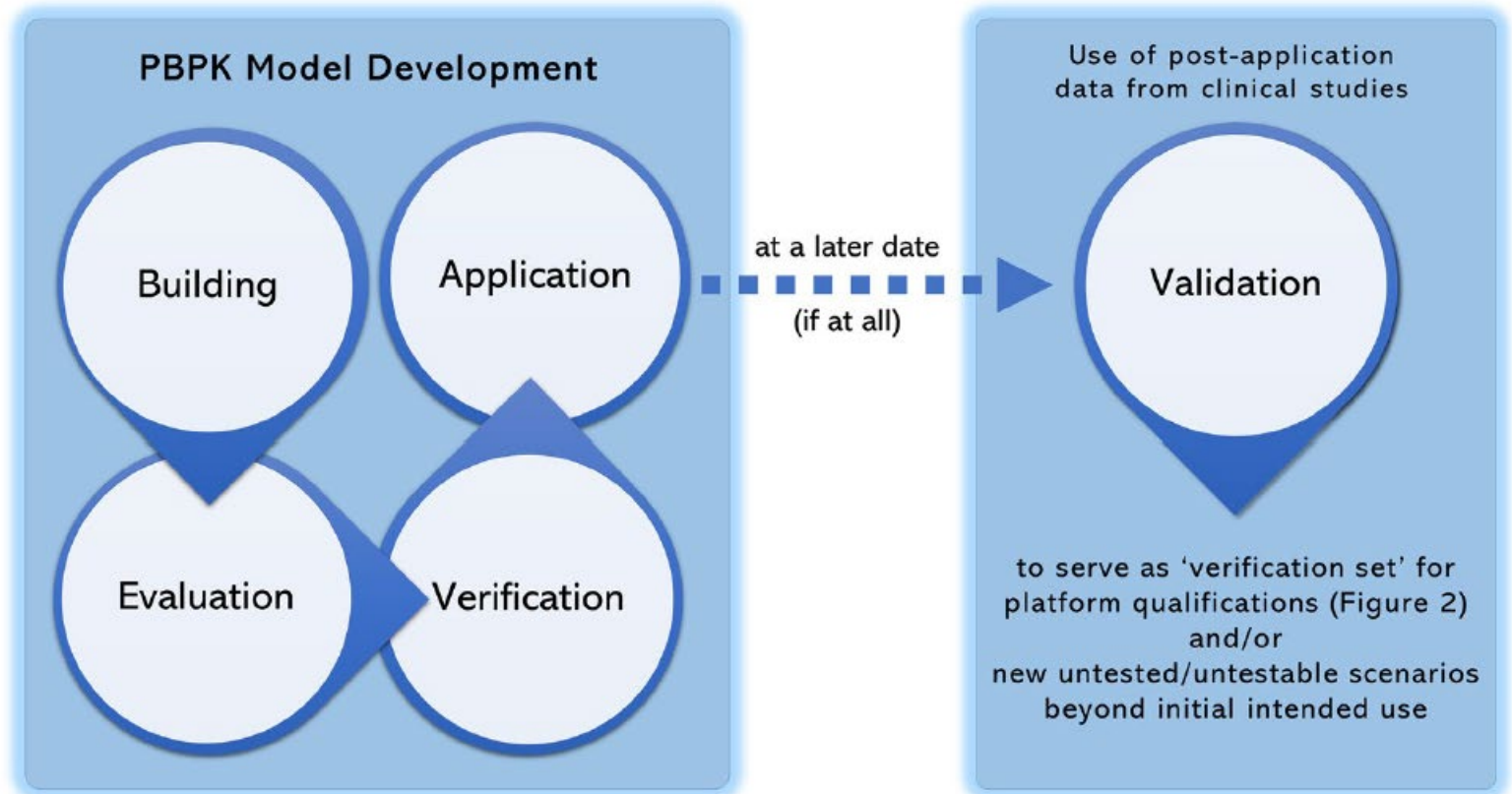
WHITE PAPER

# Quality Assurance of PBPK Modeling Platforms and Guidance on Building, Evaluating, Verifying and Applying PBPK Models Prudently under the Umbrella of Qualification: Why, When, What, How and By Whom?

Sebastian Frechen, &  
Amin Rostami-Hodjegan

## Distinguishing between:

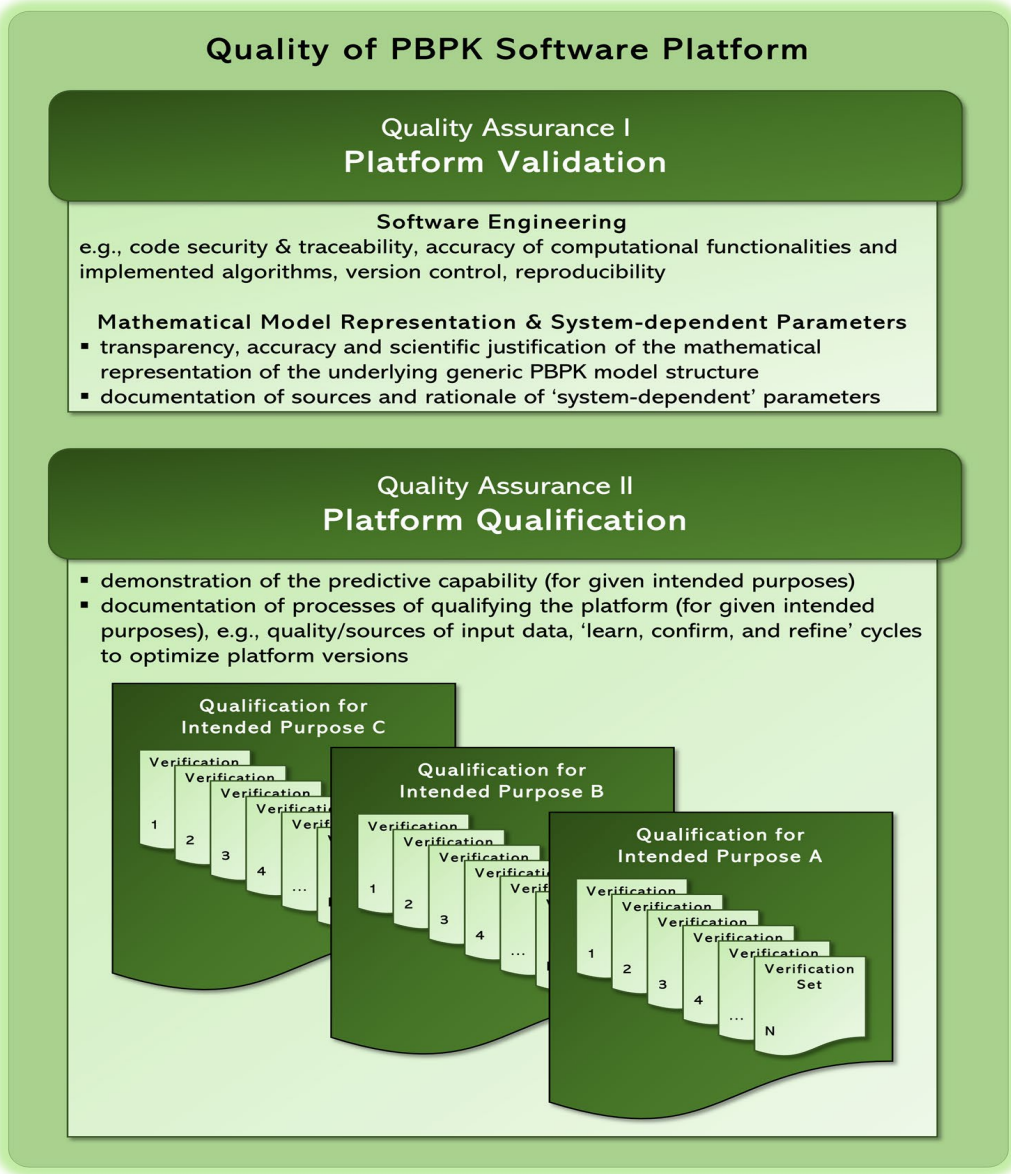
- **Validation**
- **Verification**
- **Qualification**
  
- **Model Credibility?**



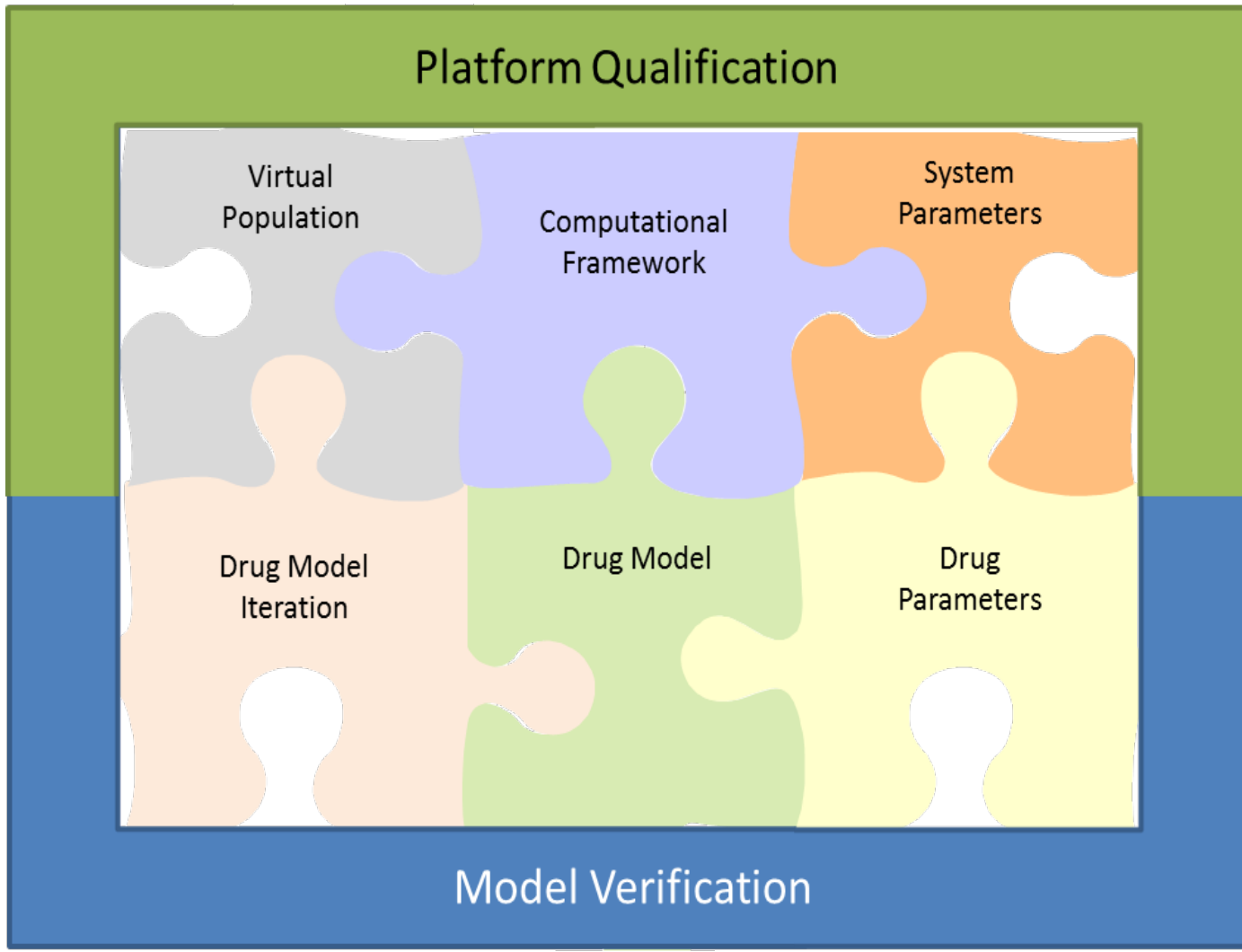
# Evaluation of Submissions

# Platform Validation (Code) vs Qualification (Certain Area of Application)

Frechen, & Rostami-Hodjegan, *Pharm Res* 2022



## Assessing Platform vs Model



**Shebley et al 2018 *Clin Pharm Ther* 104 (1): 88-110**

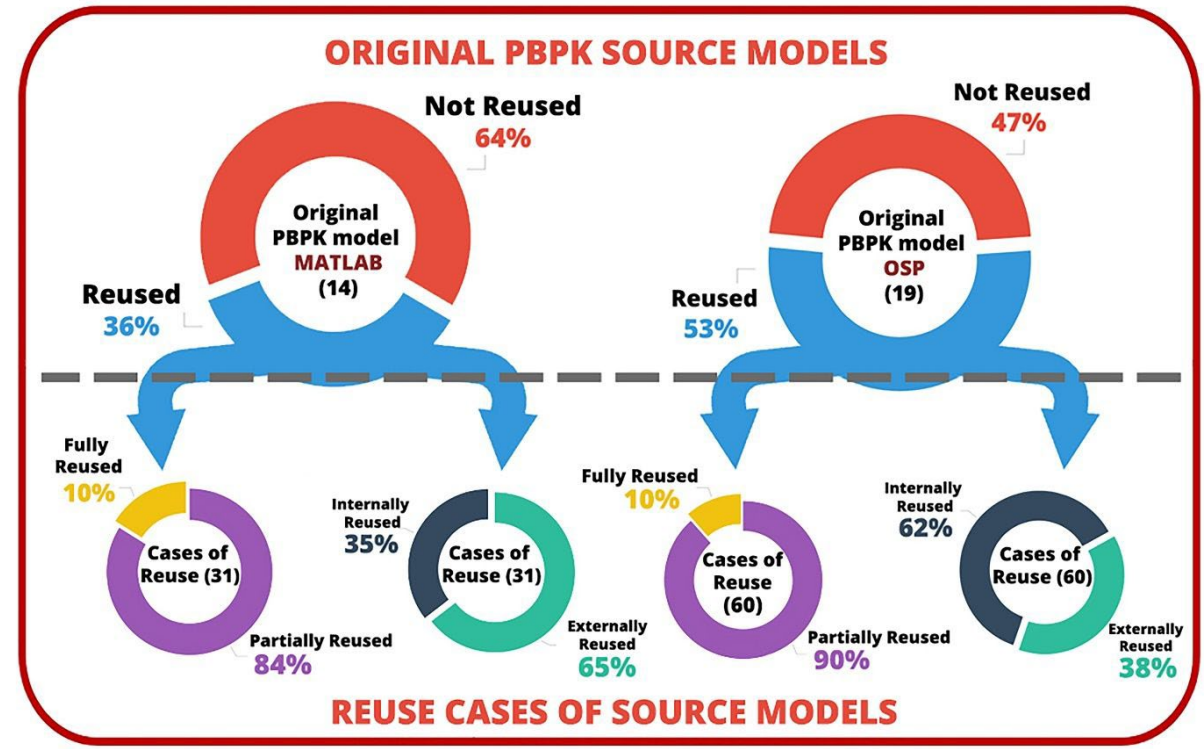
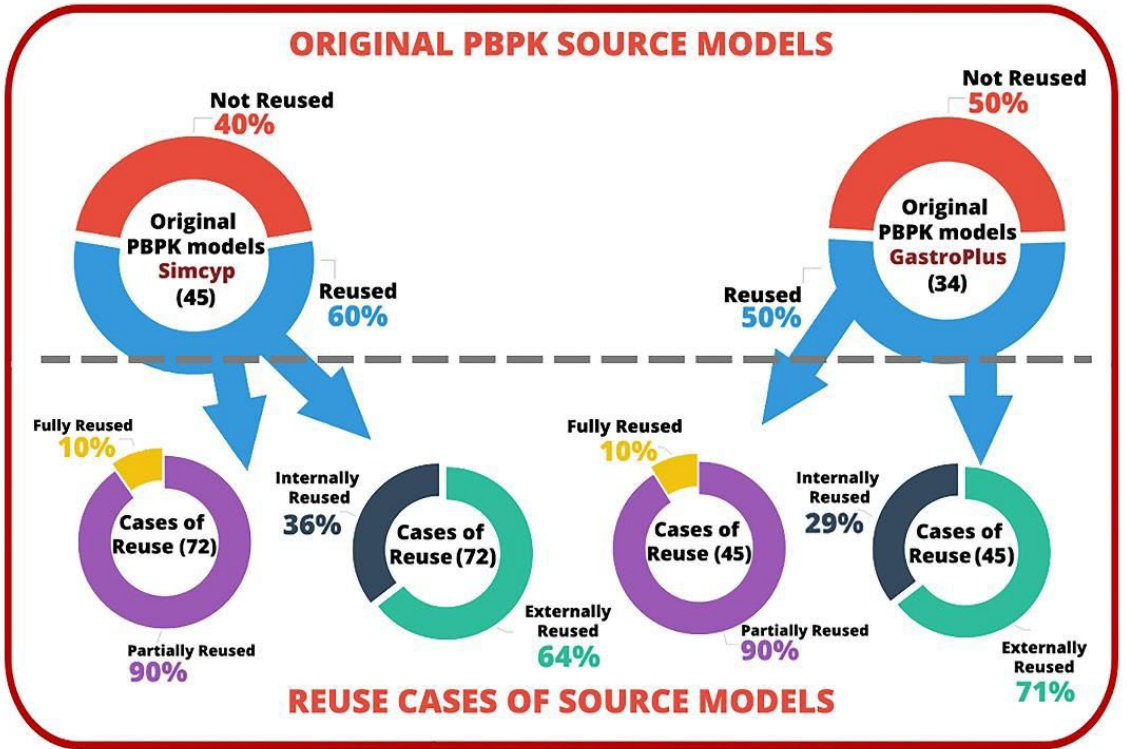


# Philosophical Stop No 4

## In-Depth Analysis of Patterns in Selection of Different Physiologically-Based Pharmacokinetic Modeling Tools:

### Part I - Applications and Rationale Behind the Use of Open Source-Code Software

### Part II - Assessment of Model Reusability and Comparison Between Open and Non-Open Source-Code Software



# Reusability Concept for Models (rather than Software)

A computational model is considered **entirely reusable** if it may be **utilised** as a simulation component **within other mathematical models**, with its physical scope being the sole constraint

Rodrigues Matos T, *et al.* (2013) On a reusable and multilevel methodology for modeling and simulation of pharmacokinetic-physiological systems: a preliminary study. *Comput Biol Med.* 43(10):1512-22.

## Definitions - Current Analysis by the University of Manchester for PBPK Models Reusability

Term	Definition
<b>Reusability</b>	The reutilisation of (I) the model in its entirety, (II) the systems components, (III) the drug-dependent components, (IV) the modelling strategy, or (V) Leveraging the aforementioned
<b>Partial Reusability</b>	(II), (III), (IV) or (V) above
<b>Full Reusability</b>	(I) above
<b>External Reusability</b>	Reusability by researchers outside the organisations affiliated to original model development
<b>Internal Reusability</b>	Reusability of involving researchers from the same institution involved in the development of original model

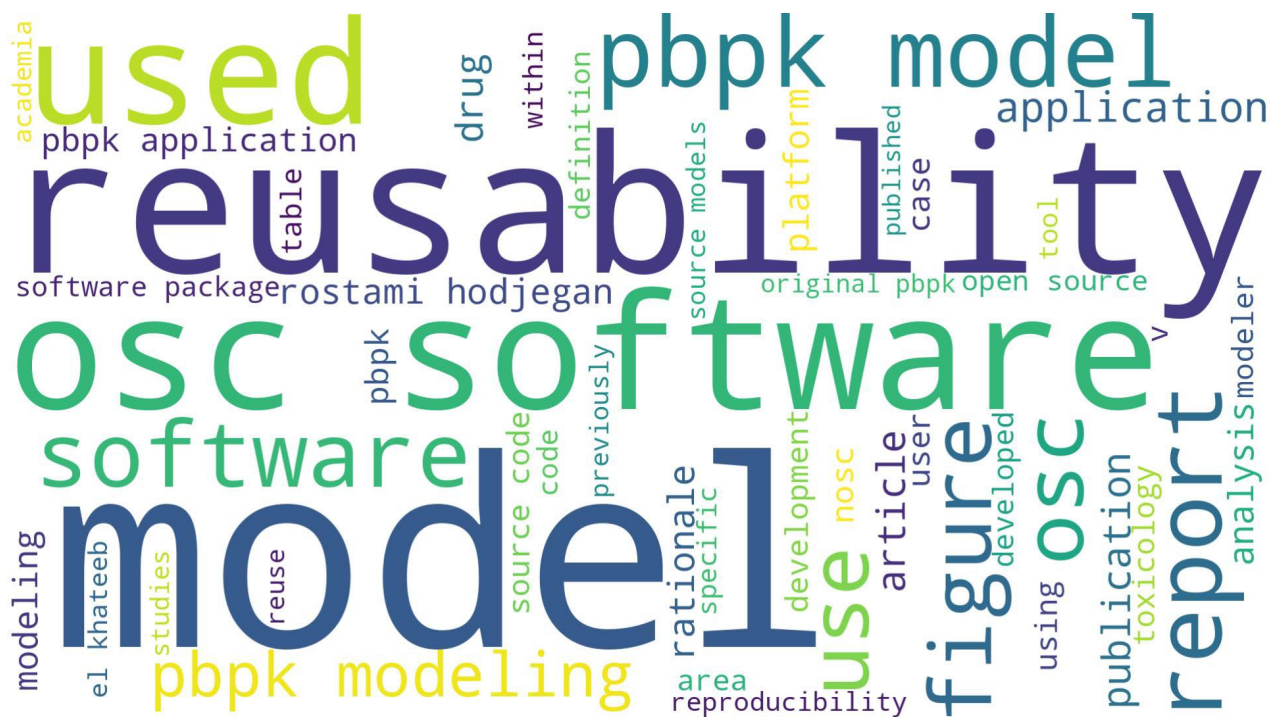
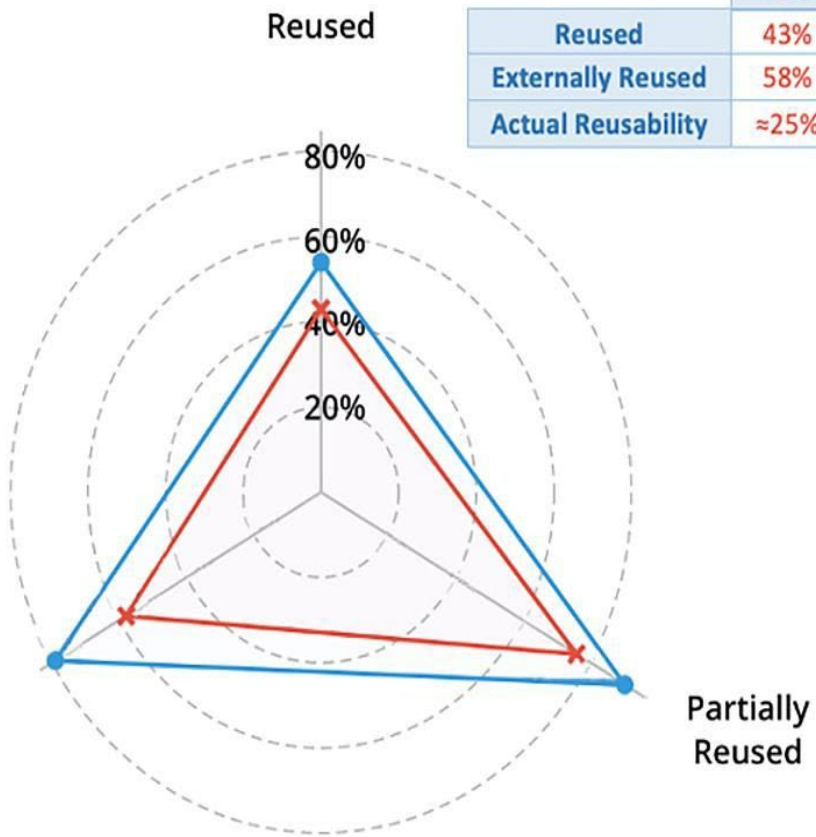
# Open Source-Code (24%) << (48%) Non-Open Source-Code

## External Reusability:

## An Essential Requirement for An Ideal Model Master File

✘ %Open Source-Code Models    ● %Non-Open Source-Code Models

	OSC	NOSC
Reused	43%	60%
Externally Reused	58%	79%
Actual Reusability	≈25%	≈50%





WHITE PAPER

**Quality Assurance of PBPK Modeling Platforms and Guidance on Building, Evaluating, Verifying and Applying PBPK Models Prudently under the Umbrella of Qualification: Why, When, What, How and By Whom?**

# **Unresolved Issues - For Debate & Discussions**

- 1. Process of Introducing Changes to Models?**
- 2. Frequency of Re-certifying ‘Qualifications’?**
- 3. The Number of Required Verification Cases?**
- 4. Constituents of Transparency (& to whom)?**



REVIEW ARTICLE

# Advances in In Vivo Predictive Dissolution Testing of Solid Oral Formulations: How Closer to In Vivo Performance?

Meera Shrivas<sup>1</sup> · Dignesh Khunt<sup>1</sup> · Meenakshee Shrivas<sup>1</sup> · Manisha Choudhari<sup>1</sup> · Rajeshwari Rathod<sup>1</sup> · Manju Misra<sup>1</sup> 

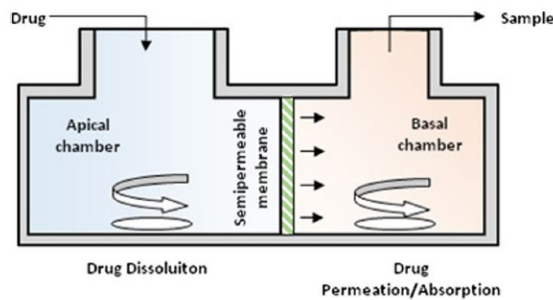
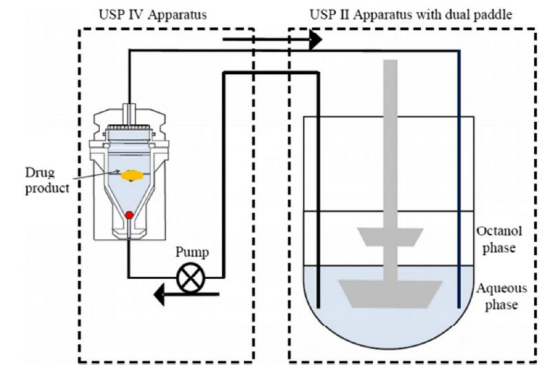


Fig. 1 Schematic of the dissolution/permeation (D/P) system

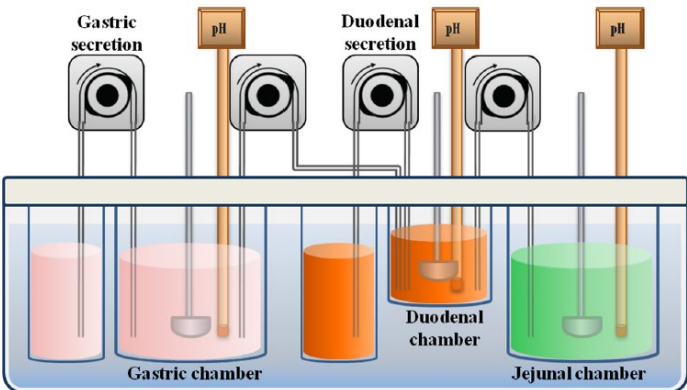
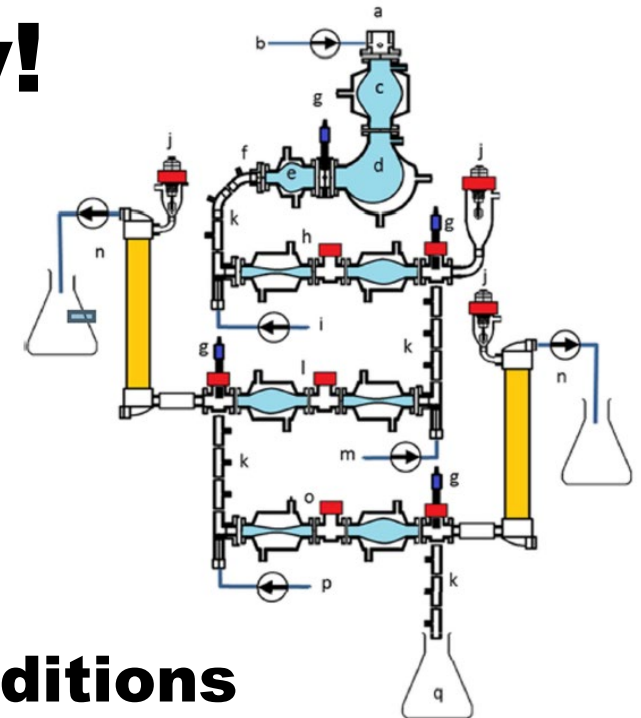
# Wrong Philosophy!

## There is

## NO UNIQUE

## ‘Predictive Dissolution’

## That Caters for ‘All’ Clinical Conditions

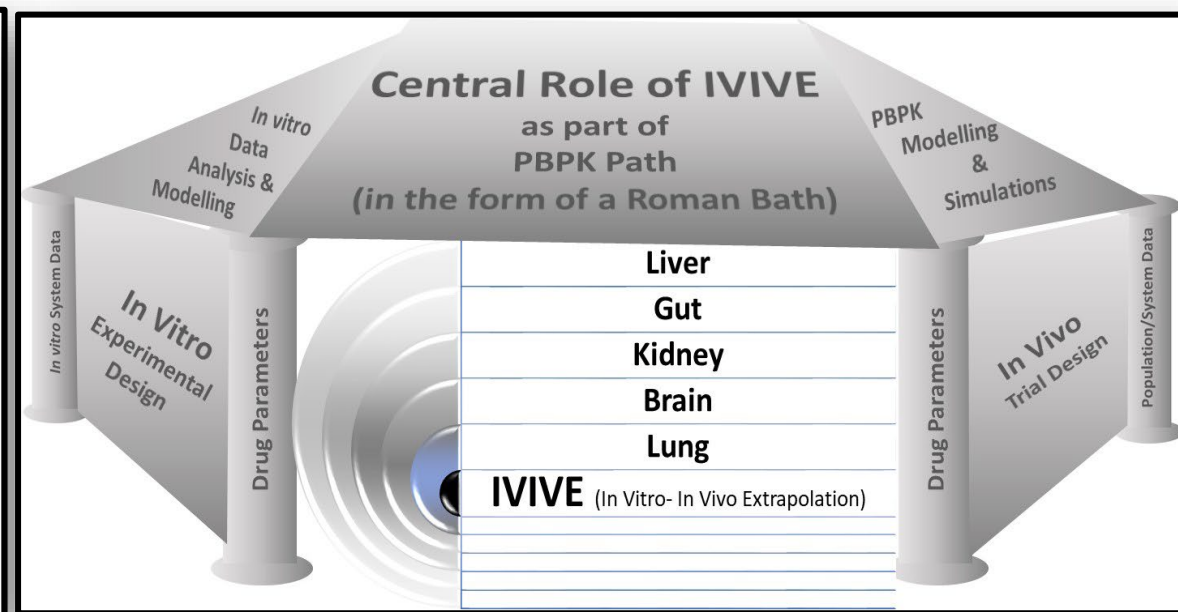


## APPLICATION OF PHYSIOLOGICALLY BASED PHARMACOKINETIC AND PHARMACODYNAMIC (PBPK/PD) MODELING COMPRISING TRANSPORTERS: DELINEATING THE ROLE OF VARIOUS FACTORS IN DRUG DISPOSITION AND TOXICITY

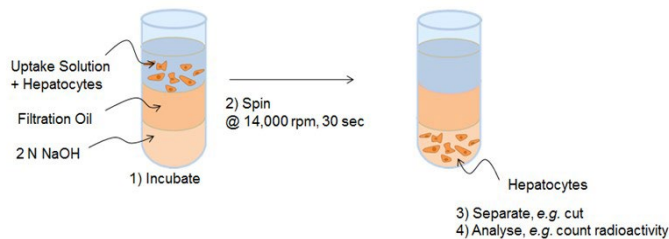
MATTHEW D. HARWOOD<sup>1</sup>, AMIN ROSTAMI-HODJEGAN<sup>1,2</sup>, AND SIBYLLE NEUHOFF<sup>1</sup>

<sup>1</sup> Sincyp Division, Certara UK Ltd., Sheffield, UK

<sup>2</sup> Centre for Applied Pharmacokinetic Research, University of Manchester, Manchester, UK



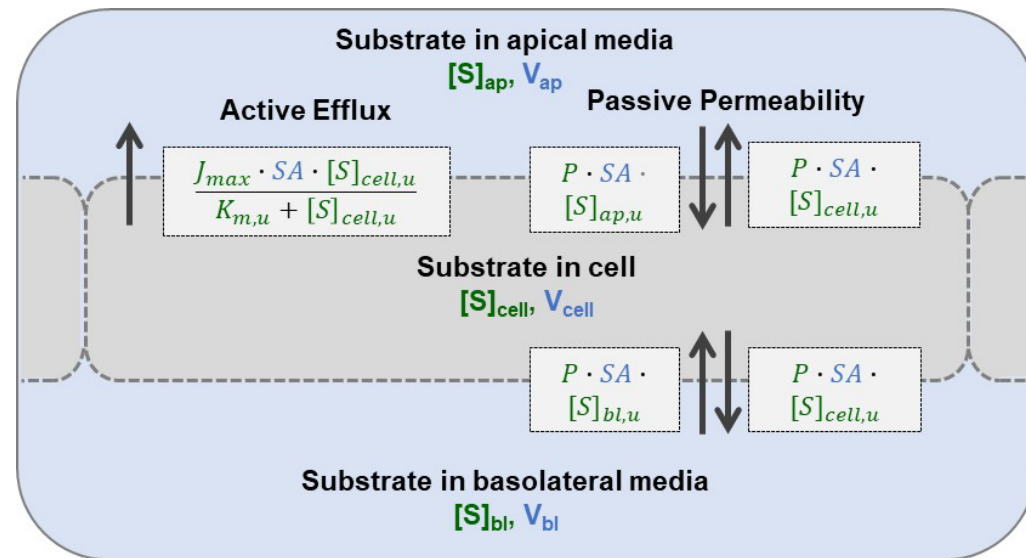
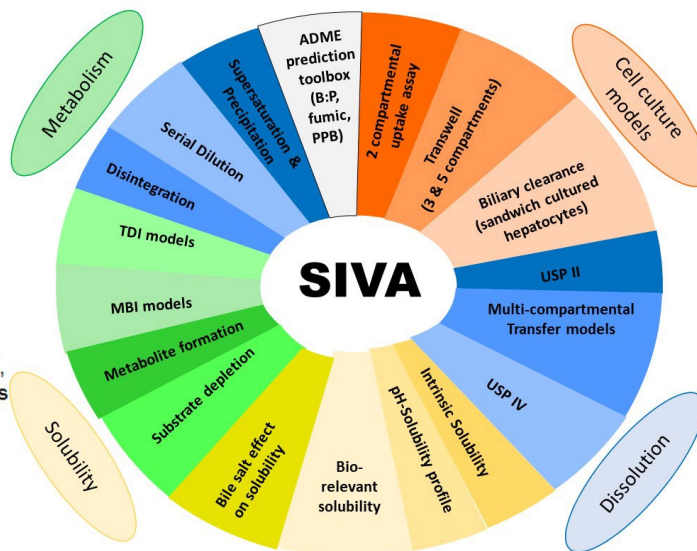
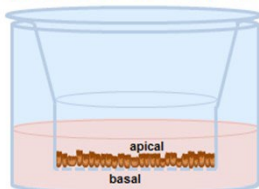
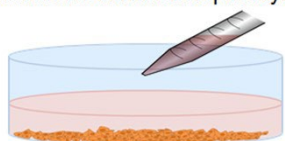
A simple assay for uptake transporters is the **Oil filtration method**



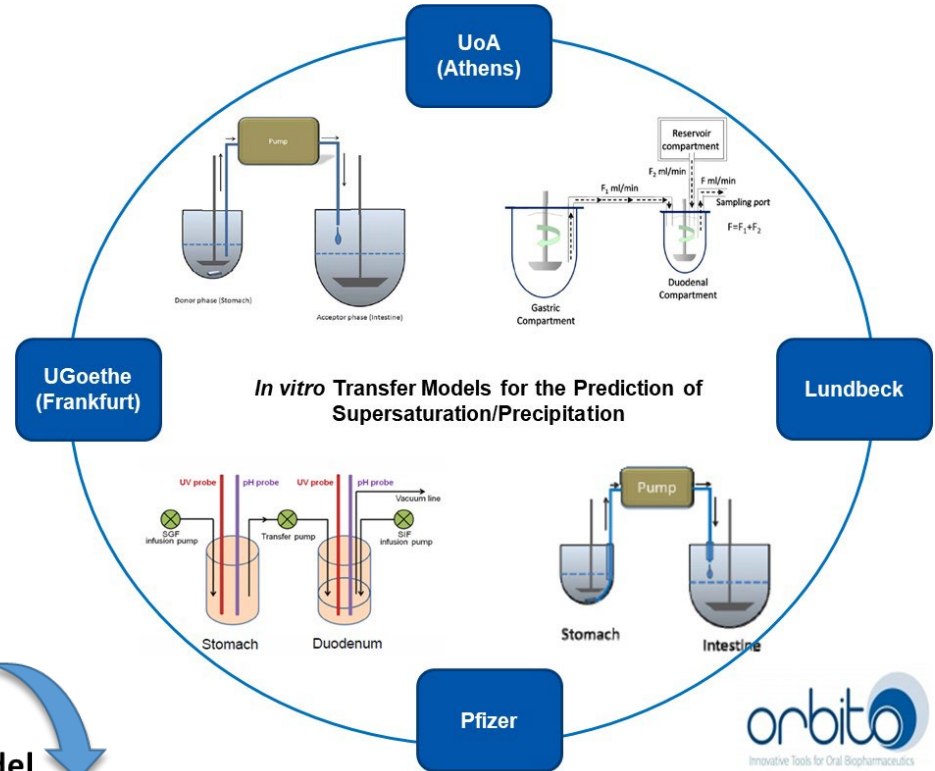
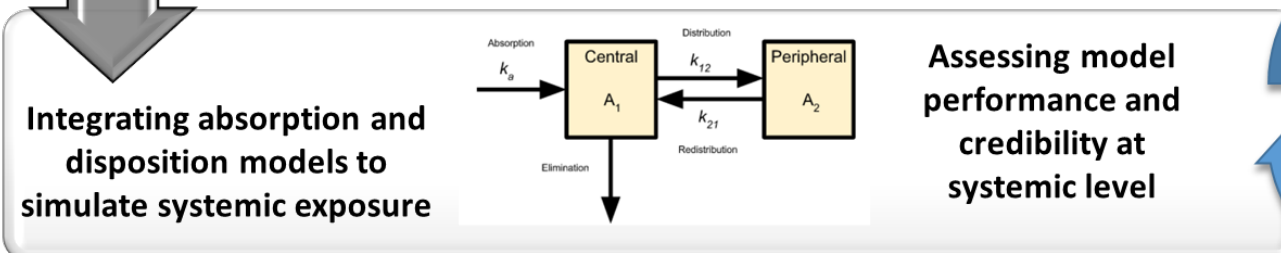
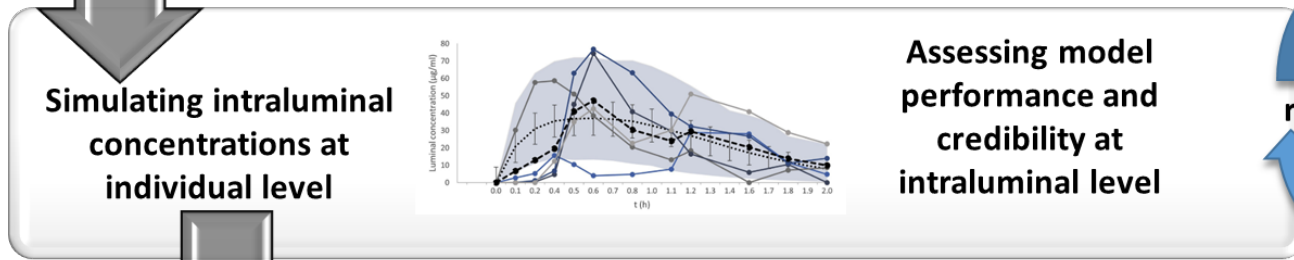
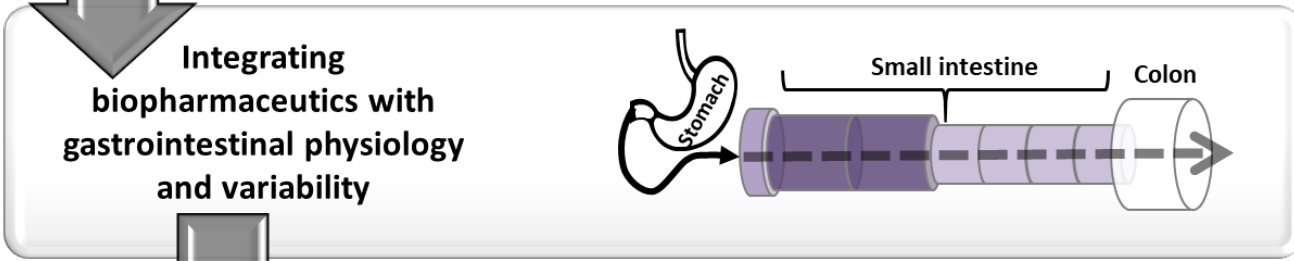
**Permeability & Transport**  
 2-Compartment Cellular Uptake  
 3-Compartment Transwell Assays  
 Sandwich-cultured Hepatocyte Models

Transwell™ assays (Caco-2, MDCK-II, LLC-PK, and other monolayer systems)

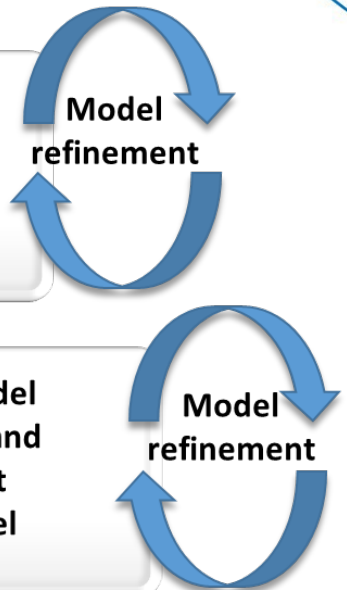
Sandwich-cultured Hepatocytes



# Distinguishing between the Type of Data: 'In Vitro Set-Dependent' vs 'Intrinsic Parameters'

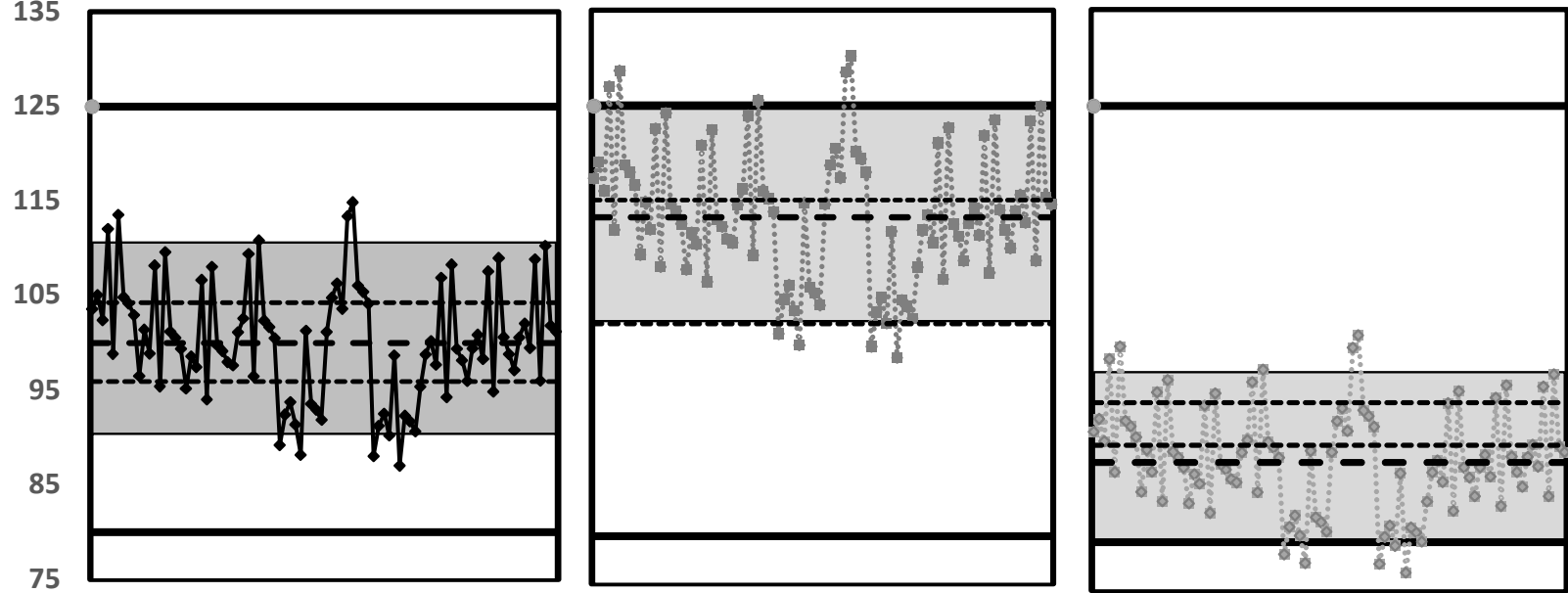


**Interplay of Drug (Metabolism/Transport) & Formulation (Disintegration, Dissolution) with System**



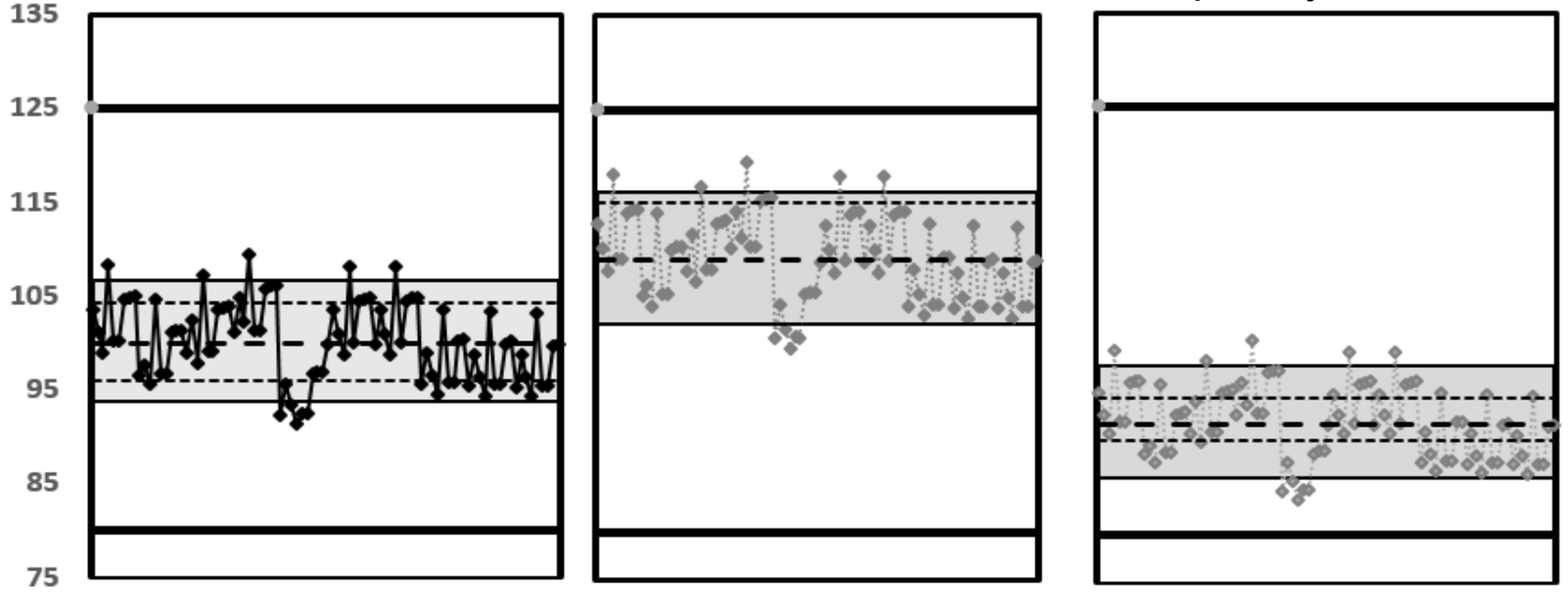
AUC<sub>inf</sub> R/R (%)

WSV = BSV



**Implications for  
VBE Studies &  
Predicting the  
Likelihood of  
Passing the  
Criteria with Given  
Number of  
Subjects**

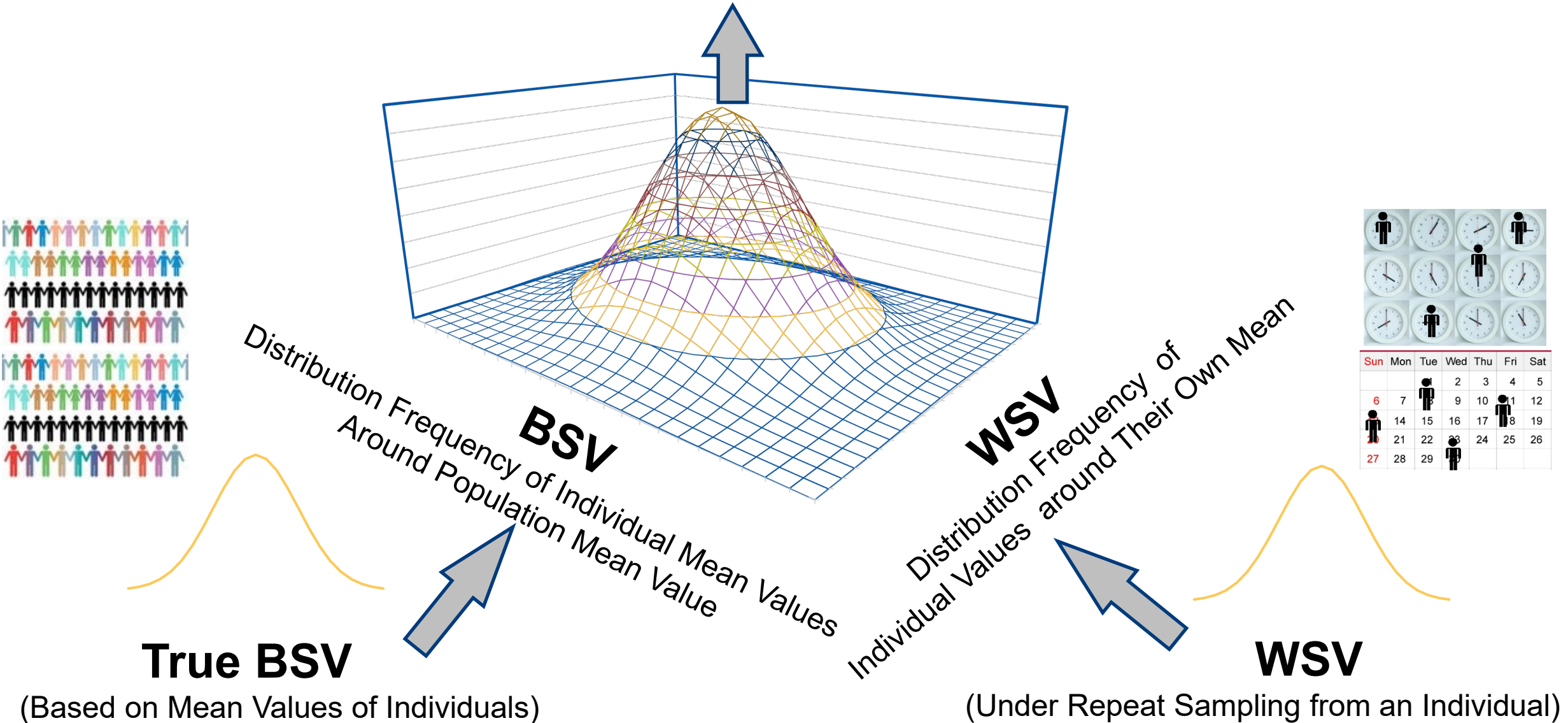
*SET2 variability* WSV = Best Match for Cumulative Frequency Plots



- Likelihood
- BE Interval (80-125%)
- Predicted Outcomes
- Median of VBE's
- Overlay of Clinical Data

# Apparent BSV

(Under Single Sampling from Each Individual – as a Hybrid Measure of BSV & WSV)



# WSV in physiology is independent of a given drug/formulation and same for a given condition

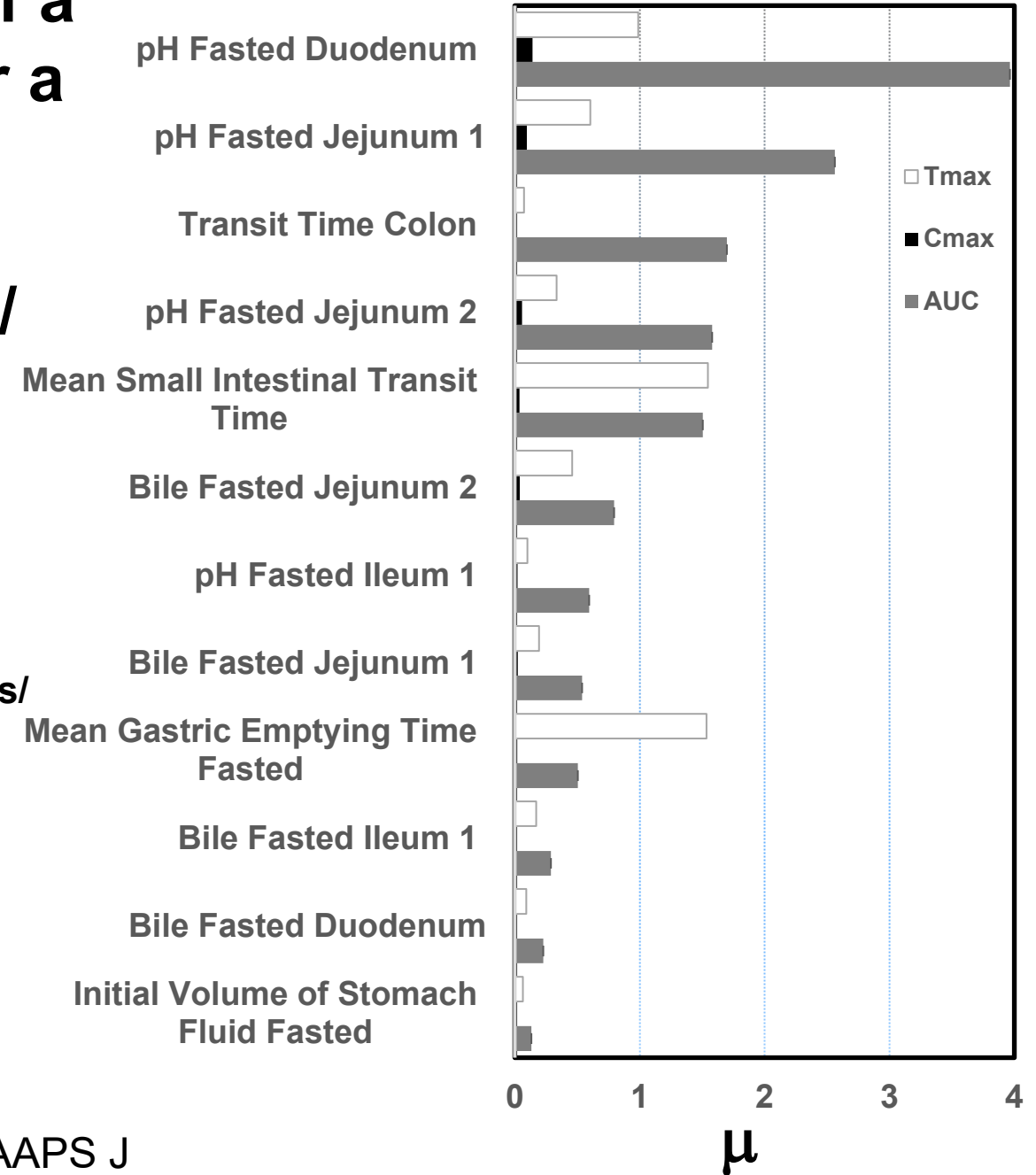
(unless they are pharmacologically acting on GI tract)

**Despite being the same for all drugs/formulations, some of WSV in physiology do not propagate to outcome for some drugs/formulations.**

(hence, the requirement to run the calculations for several drugs/formulations with different characteristics)

Global Sensitivity Analysis (GSA, Morris Method, Simcyp) as the absolute mean ( $\mu^*$ ) values.

High  $\mu^*$  indicates a parameter with an important influence on the model output (AUC,  $C_{max}$  or  $T_{max}$ ).



# Exclusion of Certain Sets of WSV in Physiological Parameters of GI Tract that Are Incompatible with PK observations for WSV.

**Table** - Comparison of simulated vs observed intra-subject variability (Full set of individuals, Kolmogorov-Smirnov test)

Observed vs Predicted Distributions (AUC, C <sub>max</sub> and T <sub>max</sub> ) (Kolmogorov-Smirnov Test)						
SET	D statistic AUC	Similarity (Y/N)	D statistic C <sub>max</sub>	Similarity Y/N)	D statistic T <sub>max</sub>	Similarity (Y/N)
(default)	<b>0.350</b>	<b>No</b>	<b>0.417</b>	<b>No</b>	0.200	Yes
1	0.200	Yes	0.217	Yes	0.150	Yes
2	0.167	Yes	0.150	Yes	0.217	Yes
3	<b>0.367</b>	<b>No</b>	<b>0.367</b>	<b>No</b>	0.217	Yes
4	0.133	Yes	0.200	Yes	0.133	Yes
5	<b>0.267</b>	<b>No</b>	<b>0.317</b>	<b>No</b>	0.183	Yes
6	0.183	Yes	<b>0.250</b>	<b>No</b>	0.167	Yes
7	0.217	Yes	0.167	Yes	0.133	Yes
8	0.167	Yes	0.167	Yes	0.183	Yes
9	0.233	Yes	<b>0.317</b>	<b>No</b>	0.200	Yes
10	0.217	Yes	0.233	Yes	0.183	Yes
11	0.200	Yes	0.183	Yes	0.133	Yes
12	<b>0.300</b>	<b>No</b>	<b>0.250</b>	<b>No</b>	0.133	Yes
13	<b>0.317</b>	<b>No</b>	<b>0.333</b>	<b>No</b>	0.217	Yes
14	0.133	Yes	0.167	Yes	0.217	Yes

# Relevance of Model Master File

**Avoids Starting from Scratch!**

**Gives Ease of Assessment!**

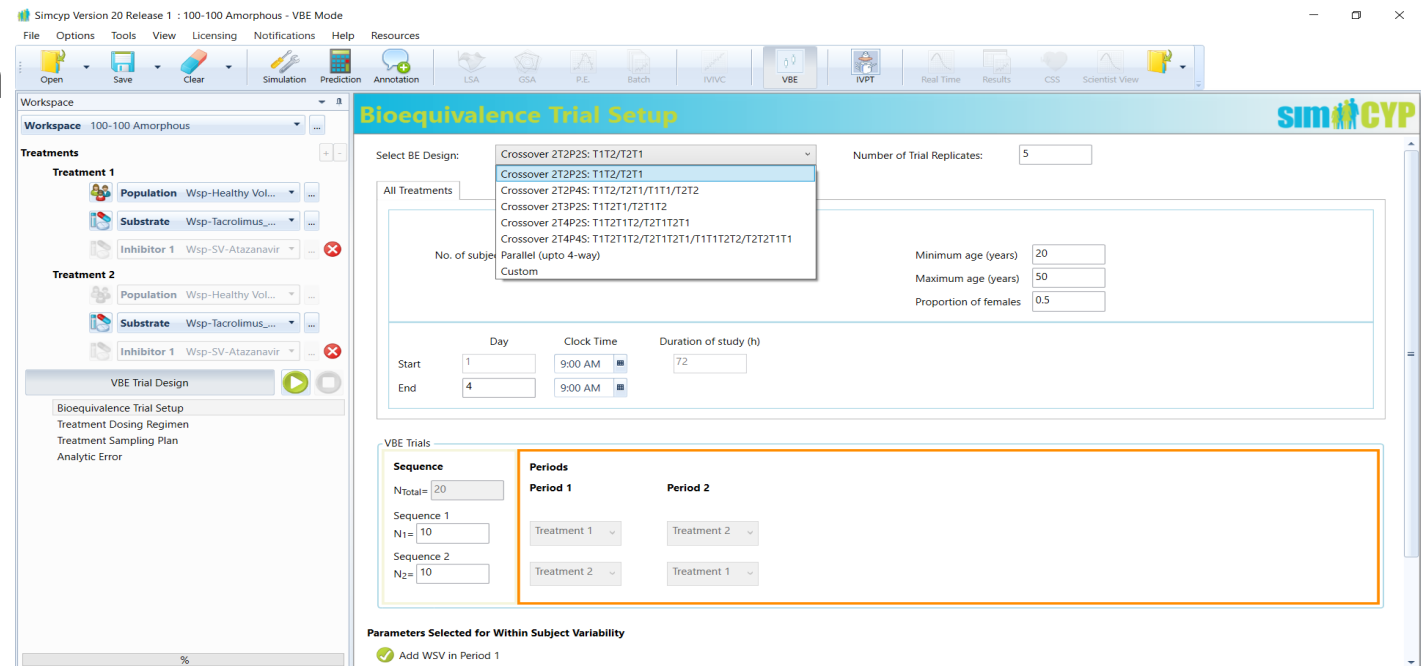
By

**Accumulating CONTINUOUS Effort on Using Previous Studies on VARIOUS DRUGS/FORMULATIONS and Gaining Insight into DRUG/FORMULATION-INDEPENDENT PARAMETERS**

**These Can be Incorporated in Any User-Friendly Model Master File Specifically Built**

for

**VBE**





# Thanks for Listening

## Questions?

