

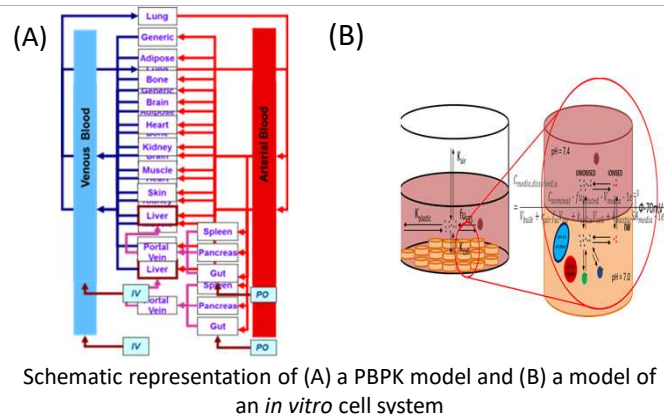
PBPK methods used and established in the project (WP4)

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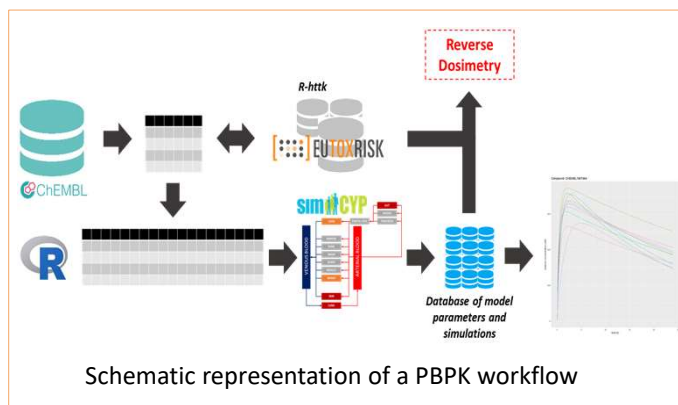
Background Information

- To predict/understand toxicological responses it is essential to know the concentration and duration of exposure to a chemical at the site of the toxic event.
- In the EU-ToxRisk project mathematical models were used to describe the concentration of chemicals in the human body and in *in vitro* systems.
- Physiologically based pharmacokinetic (PBPK) models incorporating population variability were constructed for the case study compounds. PBPK models were parameterised using *in vitro-in vivo* extrapolation approaches.
- As part of the project a novel *in vitro* cell model (VIVD) was developed and used to predict the intracellular concentrations of case study compounds (Fisher et al., Toxicol. In Vitro, 58, 42-50, 2019).
- After consideration of uncertainties in the model predictions, the data generated using the PBPK and cellular models was used in the risk assessment activities undertaken as part of the EU-ToxRisk project.



The technology

- PBPK models for different populations (e.g., adults and children) were constructed in the Simcyp Simulator.
- During the course of the project specific models were developed to describe (A) the liver as a multi-compartment model, (B) the lung as a multi-compartment model that could be used to model inhalation of chemicals, and (C) a feto-placental model. All models were implemented into the Simcyp Simulator PBPK platform.
- The VIVD cell model was implemented in the Simcyp *in vitro* data analysis toolkit (SIVA).
- A high-throughput workflow was assembled to allow automated reverse dosimetry of chemicals and linked to the ChEMBL database.



Application examples

- PBPK models were developed for more than 100 different chemicals to support the different case studies (CSs).
- PBPK and *in vitro* cellular models were used to define relevant nominal concentrations to be tested in *in vitro* assays.
- Points of departure were defined using reverse dosimetry approaches.
- These approaches were applied in CS1, 2, 4, 5, 6, 10, 11, 14, 16.

Some example applications are shown in the panel opposite

- The upper panel shows the predicted and observed *in vitro* cell concentrations for rotenone that were completed to support CS4.
- The lower panel shows the predicted human oral equivalent dose (hOED; mg/kg) based on reverse dosimetry from individual NAM based points of departure (data points) vs the predictions of hOED based on allometric scaling of LOELs determined in historical animal studies.

