

# Model building in MoBi

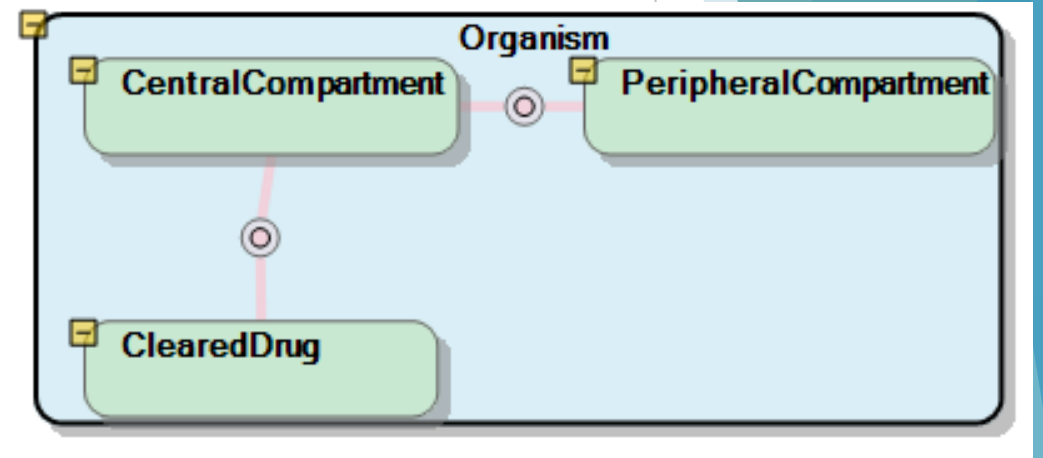
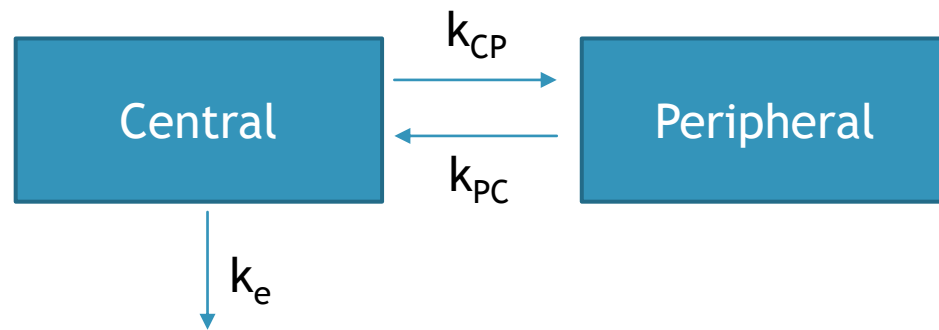
Moriah Pellowe



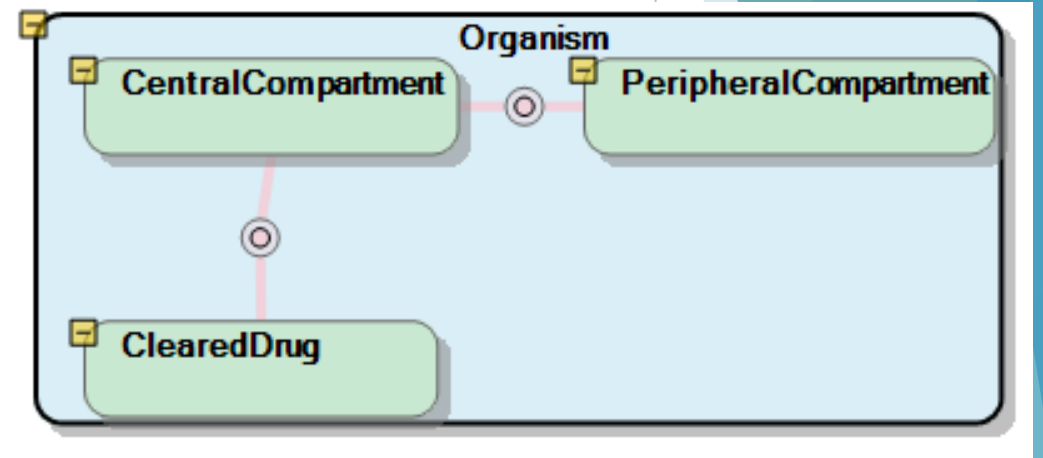
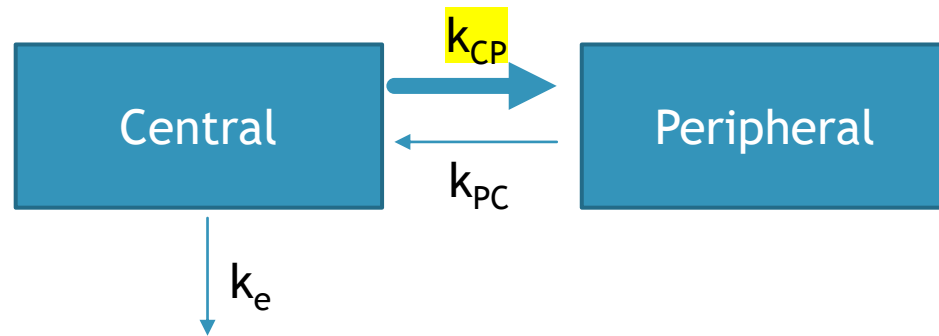
# Two compartment model in MoBi

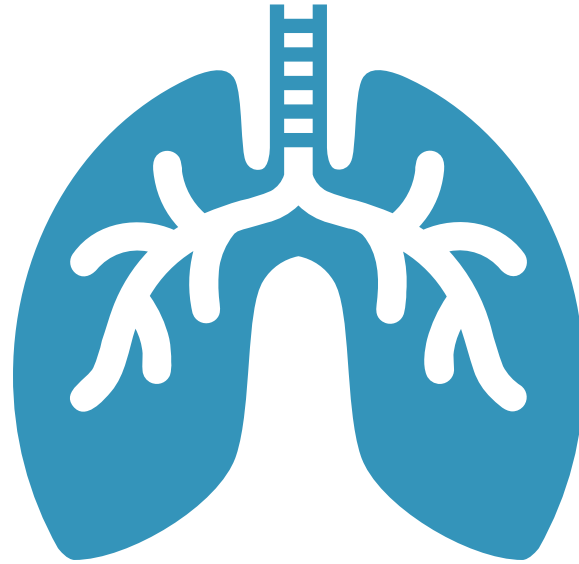
Live demo

# Two compartment model



# Two compartment model





# Inhalation model

Integration of MoBi with ospsuite R toolbox

# Disclaimer

- ▶ Funding for the work presented here was made possible, in part, by the Food and Drug Administration through grant U01FD006549. This presentation reflects the views of the authors and should not be construed to represent FDA's views or policies. Views expressed in written materials or publications do not necessarily reflect the official policies of the Department of Health and Human Services; nor does any mention of trade names, commercial practices, or organizations imply endorsement by the United States Government.

# Outline

- ▶ **Objective:** Demonstrate integration of MoBi with the ospsuite R toolbox
  - ▶ Case study: Mechanistic inhalation model for dry powder inhalation within the Open Systems Pharmacology framework (MoBi)
- ▶ Inhalation model - Boger & Wigström (2018) PDE model
  - ▶ Lung structure
  - ▶ Particle deposition
  - ▶ Particle dissolution
  - ▶ Mucociliary clearance
- ▶ Integration of MoBi and ospsuite R toolbox for particle deposition

# Lung structure

- ▶ Weibel et al., 1963
- ▶ Symmetric branching
- ▶ 24 generations
  - ▶ Generations 1-16 : tracheobronchial region
  - ▶ Generations 17-24: alveolar region
- ▶ Three main compartments
  - ▶ Epithelial lining fluid (solid and liquid drug)
  - ▶ Epithelium
  - ▶ Subepithelium

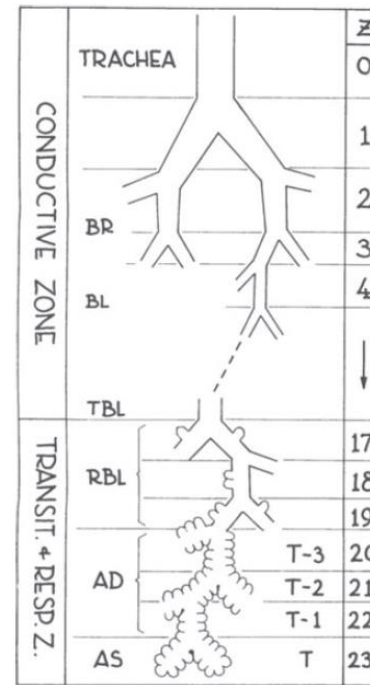


Fig. 82

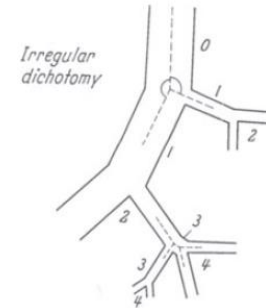
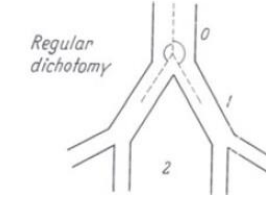
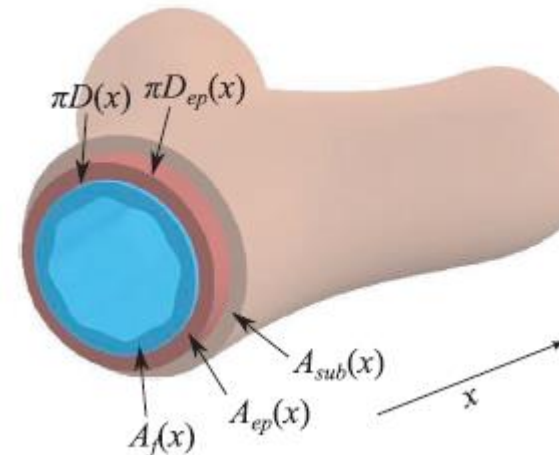


Fig. 83

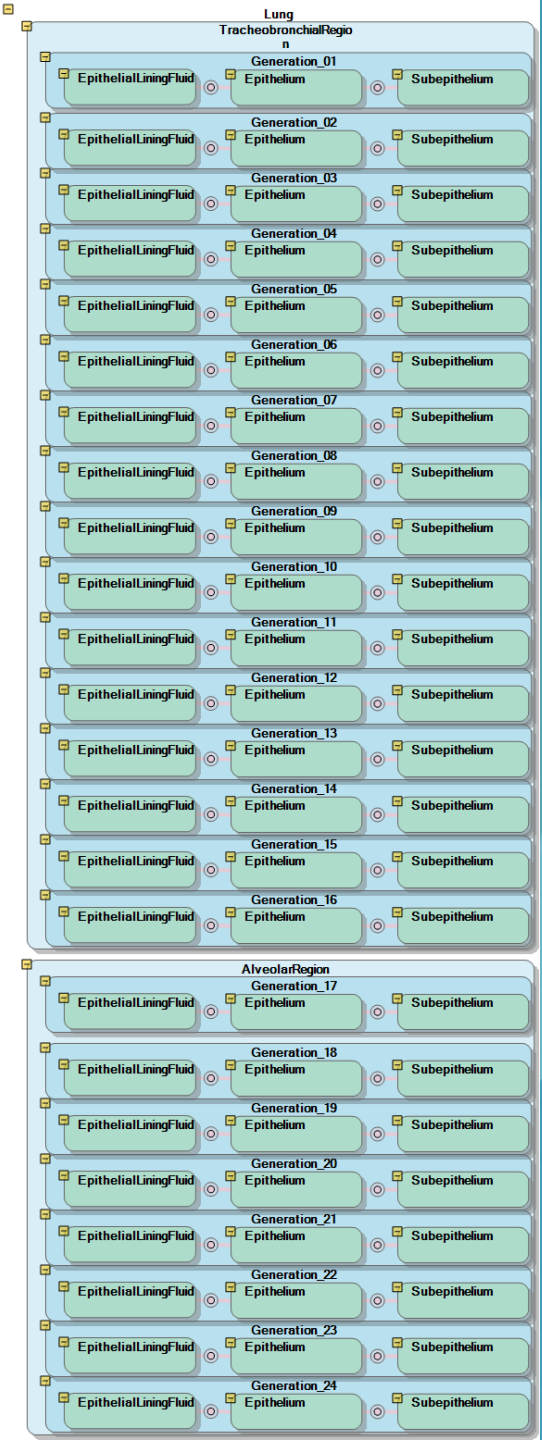
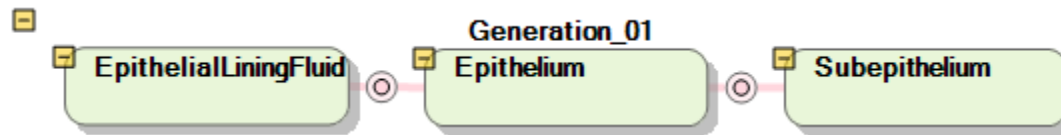
$i$	$N_i$	$D_i$ [cm]	$L_i$ [cm]
1	1	1.539	10.26
2	2	1.043	4.07
3	4	0.71	1.624
4	8	0.479	0.65
5	16	0.385	1.086
6	32	0.299	0.915
7	64	0.239	0.769
8	128	0.197	0.65
9	256	0.159	0.547
10	512	0.132	0.462
11	1024	0.111	0.393
12	2048	0.093	0.333
13	4096	0.081	0.282
14	8192	0.070	0.231
15	16384	0.063	0.197
16	32768	0.056	0.171
17	65536	0.051	0.141
18	131072	0.046	0.121
19	262144	0.043	0.10
20	524288	0.040	0.085
21	1048576	0.038	0.071
22	2097152	0.037	0.060
23	4194304	0.035	0.050
24	8388608	0.035	0.043





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# Particle deposition

- ▶ Deposition in lung and in extrathoracic region (before trachea)
  - ▶ Drug deposited in the extrathoracic region is subject to oral absorption
- ▶ Inhale phase, breath hold phase, exhale phase
- ▶ Deposition mechanisms
  - ▶ Inertial impaction
  - ▶ Gravitational sedimentation
  - ▶ Diffusion
  - ▶ Empirical equations for each mechanism (Yu & Diu, 1982)
- ▶ Alternatively, custom deposition

# Particle deposition

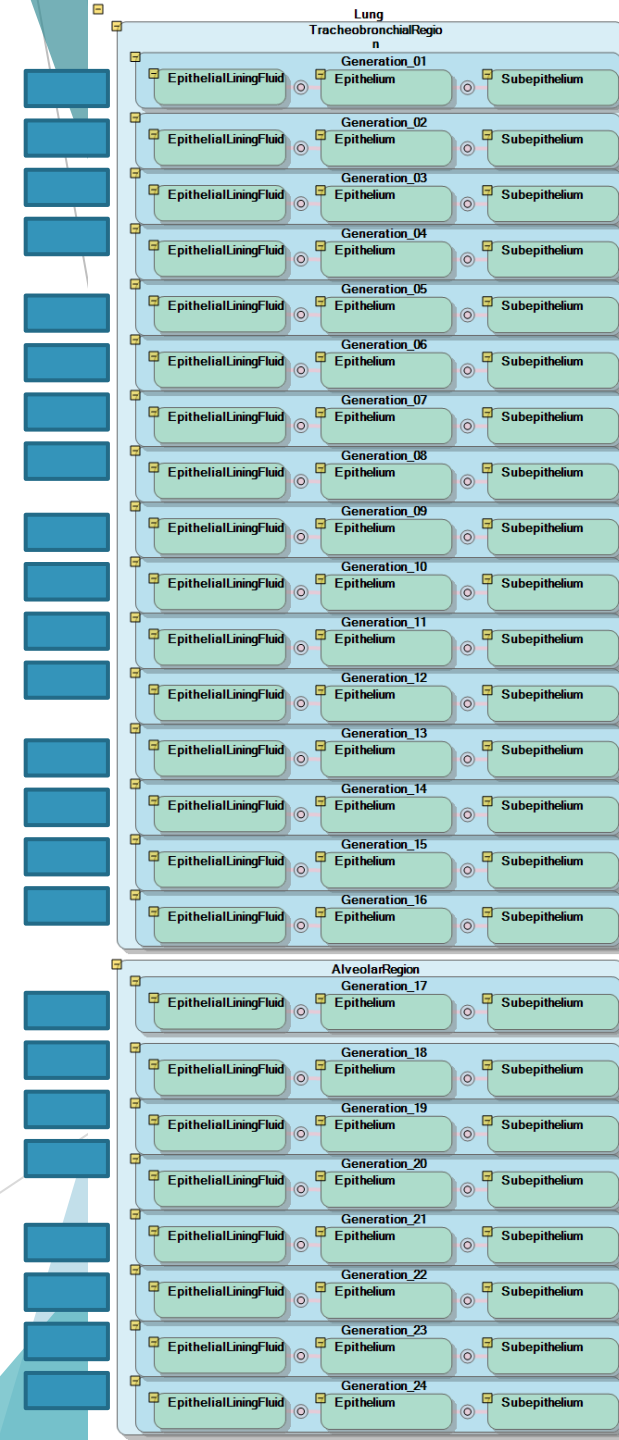
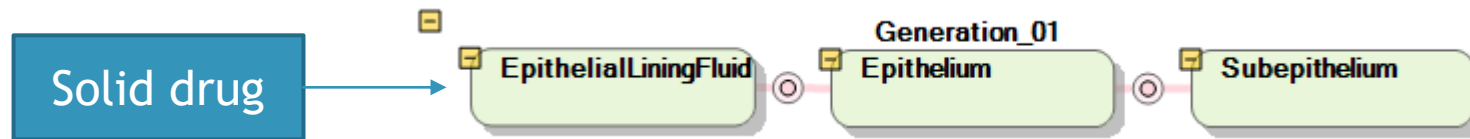
- ▶ Deposition is calculated in R and interfaces with MoBi using the R toolbox
- ▶ Input :
  - ▶ Particle radius mean and SD (normal distribution)
  - ▶ Number of particle size bins to consider
  - ▶ Drug density
  - ▶ (optionally) Breathing parameters
- ▶ Output :
  - ▶ Proportion of drug in each generation for each particle size
  - ▶ Number of particles in a volume of 1 L for each particle size bin
    - ▶ Used to calculate the number of particles in each bin

ET	0.104796
1	0.016083
2	0.013948
3	0.012638
4	0.012038
5	0.024138
6	0.027856
7	0.028657
8	0.026391
9	0.026352
10	0.023941
11	0.02129
12	0.019646
13	0.017085
14	0.016138
15	0.017045
16	0.021227
17	0.027639
18	0.044106
19	0.07218
20	0.121111
21	0.204382
22	0.101314
23	0
24	0

# Particle dissolution

- ▶ Noyes-Whitney dissolution
- ▶ Modified PK-Sim particle dissolution for the lung (Willmann et al., 2010)
- ▶ Assumptions:
  - ▶ Particles do not precipitate
  - ▶ Solubility is constant, i.e. no local solubilities
  - ▶ Only unbound drug in the ELF
  - ▶  $K_{p\_lung} = K_{p\_ELF} = 6.5$

$$-\frac{dX_s}{dt} = \frac{DS}{h} \left( C_s - \frac{X_d}{V} \right)$$



# Mucociliary clearance (MCC)

- ▶ Maximum MCC rate of 0.36 cm/min
- ▶ The MCC rate for generation  $i$  is proportional to the ratio of the cross-sectional areas of generation  $i$  and generation 1

$$\alpha(x) = -\alpha_0 \frac{A(x)}{A(x_{\min})}$$

- ▶ The residence time for each generation was calculated based on this MCC rate and the length of the generation
- ▶ Assumptions:
  - ▶ Only solid drug particles are moving upwards

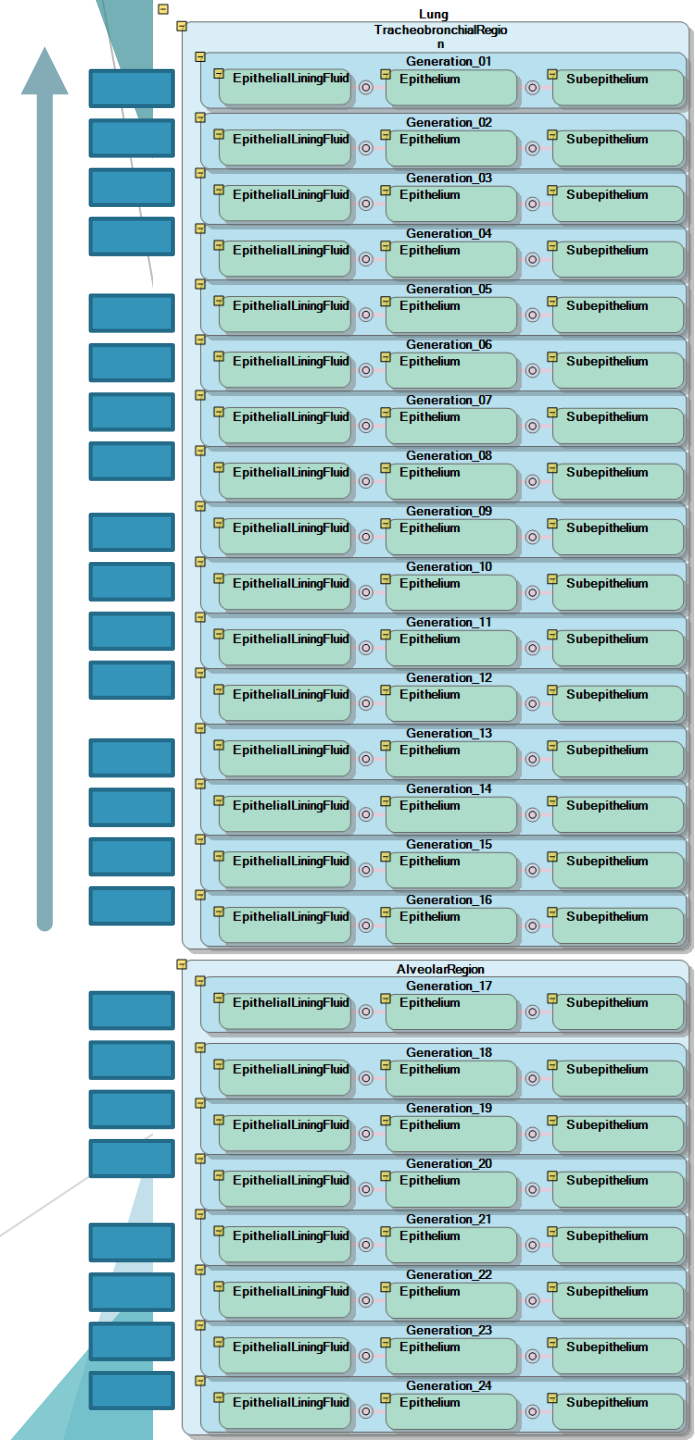
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# Mucociliary clearance (MCC)

Generation #	Residence time (Boger & Wigström, 2018) [min]	Approximation [min]	Number of slices
1	28.5	30	2
2	24.62	30	2
3	21.2	15	1
4	18.64	15	1
5	48.2	45	3
6	67.34	60	4
7	88.57	90	6
8	110.19	105	7
9	140.35	135	9
10	174.45	180	12
11	209.86	210	14
12	253.31	255	17
13	282.78	285	19
14	310.16	315	21
15	326.56	330	22
16	358.75	360	24
SUM	2463.48	2460	164

# Mucociliary clearance (MCC)

- ▶ Every 15 minutes, solid drug is moved from one slice to the slice above for the tracheobronchial region





# Particle deposition using the R toolbox



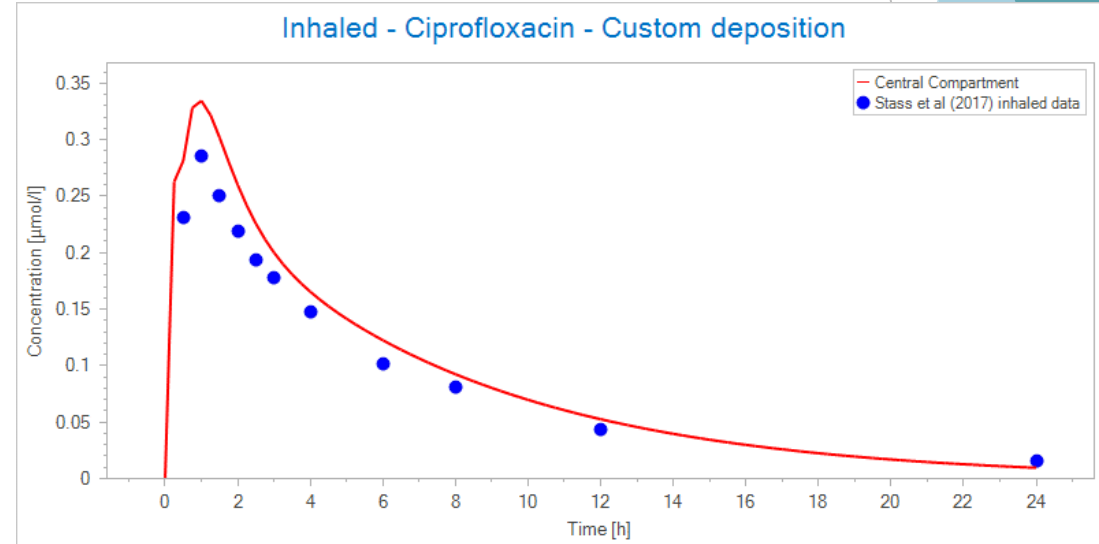
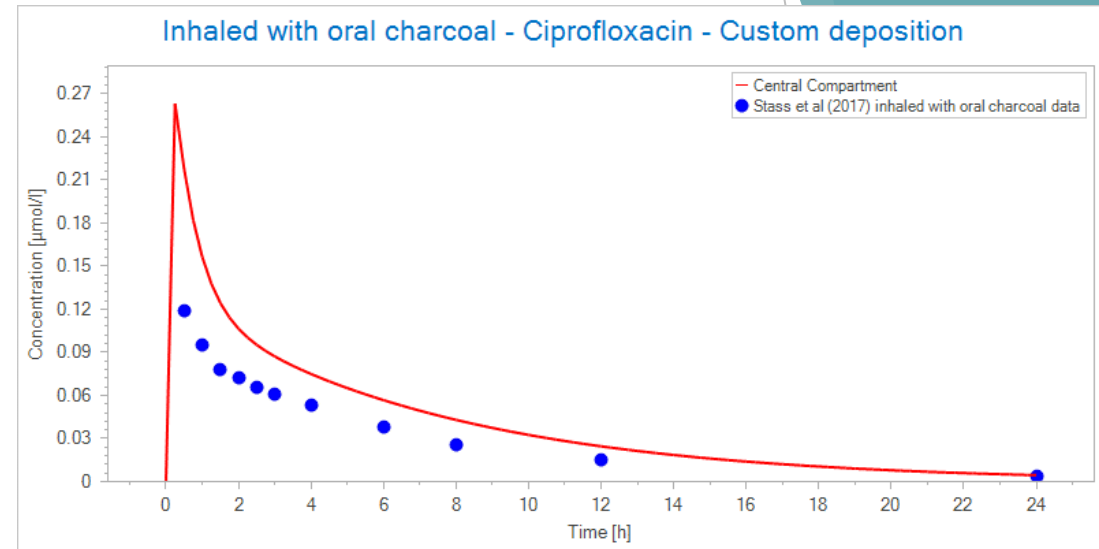
# Model structure

- ▶ Inhalation model is connected to two-compartment model for evaluation
- ▶ Parameters concerning disposition are fit to IV and oral data
- ▶ Deposition is either:
  - ▶ Calculated using deposition equations OR
  - ▶ Manually input based on additional information



# Ciprofloxacin

- ▶ Solubility:  $38.4 \times 10^{-3}$  mg/L
- ▶ Well-described by the model
- ▶ Custom deposition based on additional information (Stass et al., 2017)
  - ▶ ET :  
0% (with oral charcoal),  
39.4% (without oral charcoal)
  - ▶ Lung : 38.1%
- ▶ Lung deposition may be overestimated



# Inhalation model on GitHub

Open-Systems-Pharmacology / Inhalation-model

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<> Code

! Issues

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⚙ Settings

main

1 branch

0 tags

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Code

moPellowe Merge pull request #1 from moPellowe/main

c37fd46 20 days ago 6 commits

Inhalation\_model\_user\_guide.pdf

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21 days ago

ParticleBin\_1.pkml

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README.md

Added References section to README.MD

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README.md

## Introduction:

This contribution contains the MoBi implementation of a mechanistic physiologically-based pharmacokinetic inhalation model that brings together lung anatomy, particle deposition, particle dissolution, and mucociliary clearance from previous work and connects it to a two-compartment model.

In this model, the lung is separated into the extrathoracic region and 24 lung generations (or sections) that each

About

Implementation of inhalation model in MoBi

r

mobi

pbpk

osp-model

pbpk-modeling

Readme

Releases

No releases published  
[Create a new release](#)

Packages

No packages published  
[Publish your first package](#)

Languages

# References

- ▶ Boger, Elin, and Markus Fridén. 2018. “Physiologically Based Pharmacokinetic/Pharmacodynamic Modeling Accurately Predicts the Better Bronchodilatory Effect of Inhaled Versus Oral Salbutamol Dosage Forms.” *Journal of Aerosol Medicine and Pulmonary Drug Delivery* 32(1): 1-12.
- ▶ Boger, Elin, and Oskar Wigström. 2018. “A Partial Differential Equation Approach to Inhalation Physiologically Based Pharmacokinetic Modeling.” *CPT: Pharmacometrics & Systems Pharmacology* 7(10): 638-46.
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- ▶ Yu, C.p., and C.k. Diu. 1982. “A Comparative Study of Aerosol Deposition in Different Lung Models.” *American Industrial Hygiene Association Journal* 43(1): 54-65.