

# Dissertation Defense

## Jan Grzegorzewski



# Physiologically based pharmacokinetic modeling (PBPK) for dynamical liver function tests and Cytochrome P450 (CYP) phenotyping

Chairman

Prof. Dr. Richard Kempter

Reviewer

Dr. Matthias König (Supervisor)  
Prof. Dr. Hanspeter Herzl  
Prof. Dr. Wilhelm Huisings

Further member

Prof. Dr. Dagmar Waltemath

Date  
07.07.2023



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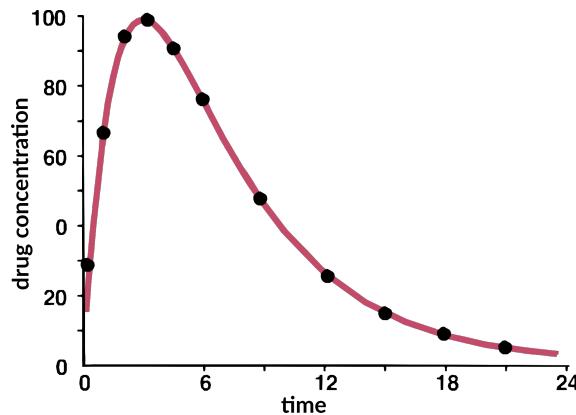
## 3. Summary

3.1 Summary, Outlook & Acknowledgment

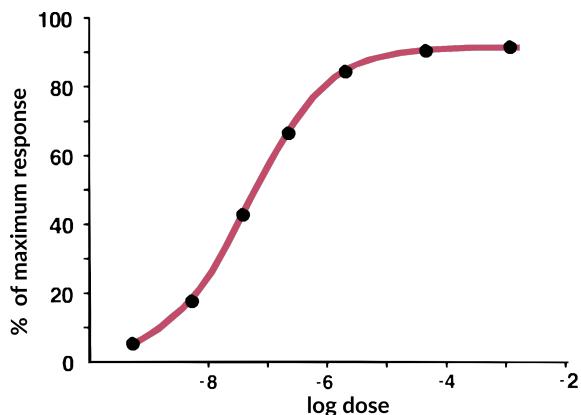
## Part 1

# Introduction

# Pharmacokinetics (PK) & Pharmacodynamics (PD)

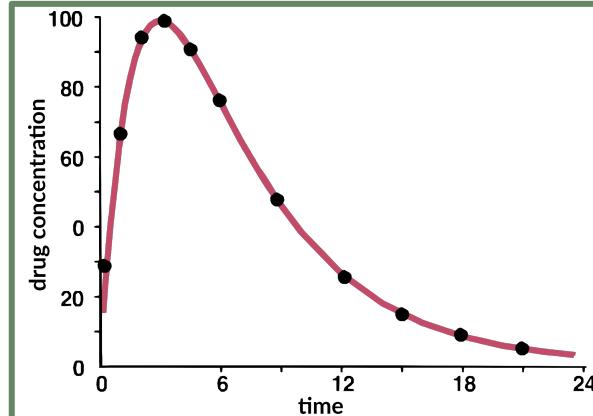


**Pharmacokinetics** is the field in which the fate of substances applied to the human body is studied.



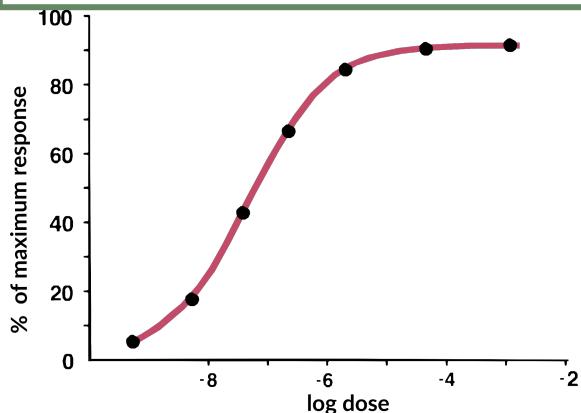
**Pharmacodynamics** is the field in which the effect of the drug on the organism is studied.

# Pharmacokinetics (PK) & Pharmacodynamics (PD)



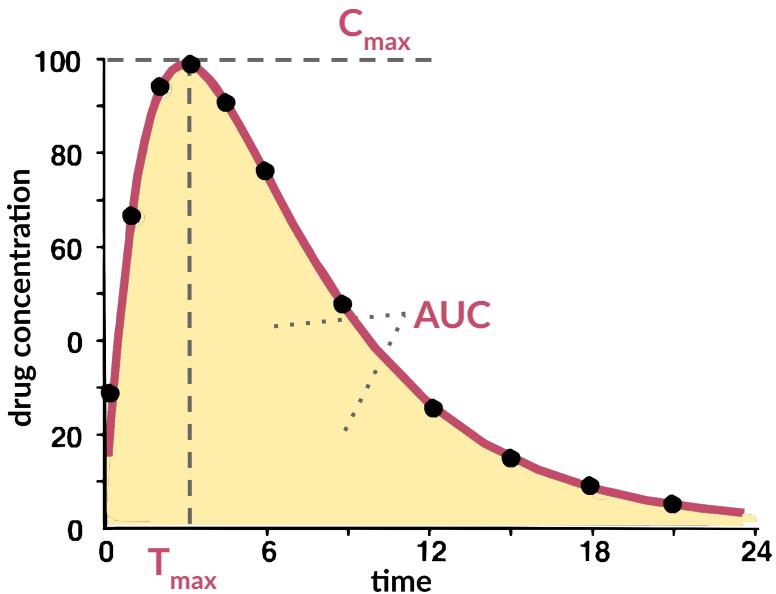
**Pharmacokinetics** is the field in which the fate of substances applied to the human body is studied.

focus of the talk



**Pharmacodynamics** is the field in which the effect of the drug on the organism is studied.

# Pharmacokinetic Parameter



$C_{\max}$

maximum concentration

$T_{\max}$

time of maximum concentration

AUC

area under the curve

CL

clearance (=Dose/AUC, =Dose/C(0)extrapolated)

Vd

volume of distribution (= CL/k), dilution space

$k_{el}$

elimination rate, fitting linear part of terminal phase (log)

$t_{\text{half}}$

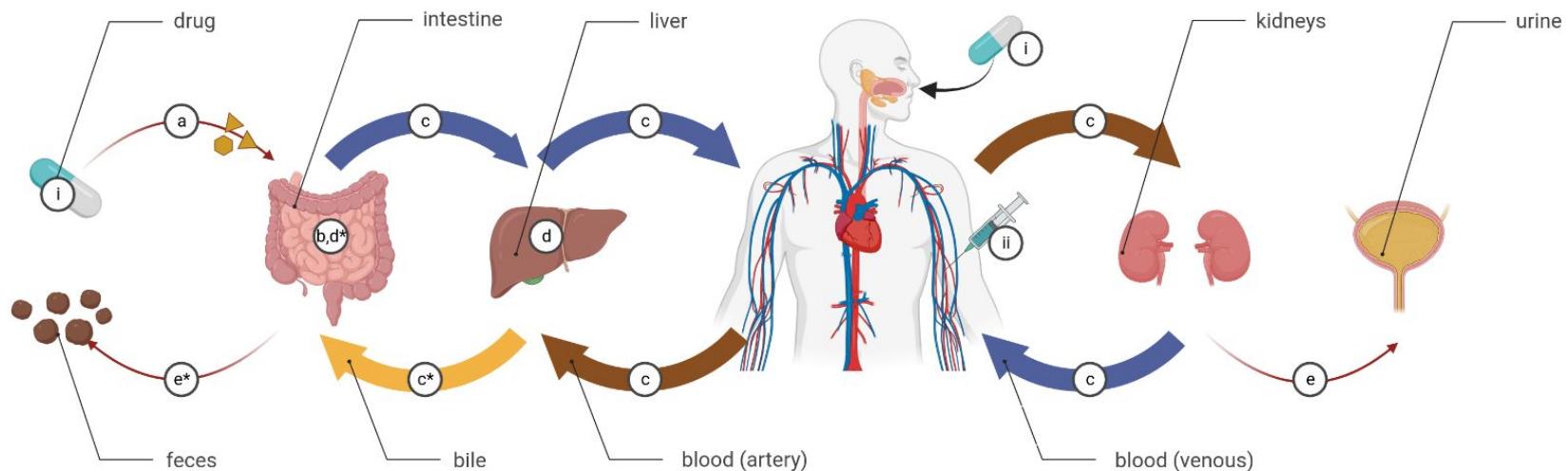
half-life ( $= \ln 2/k_{el}$ ) time for concentration to fall to half

# ADME

## Absorption   Distribution   Metabolism   Excretion

are the pharmacokinetic processes.

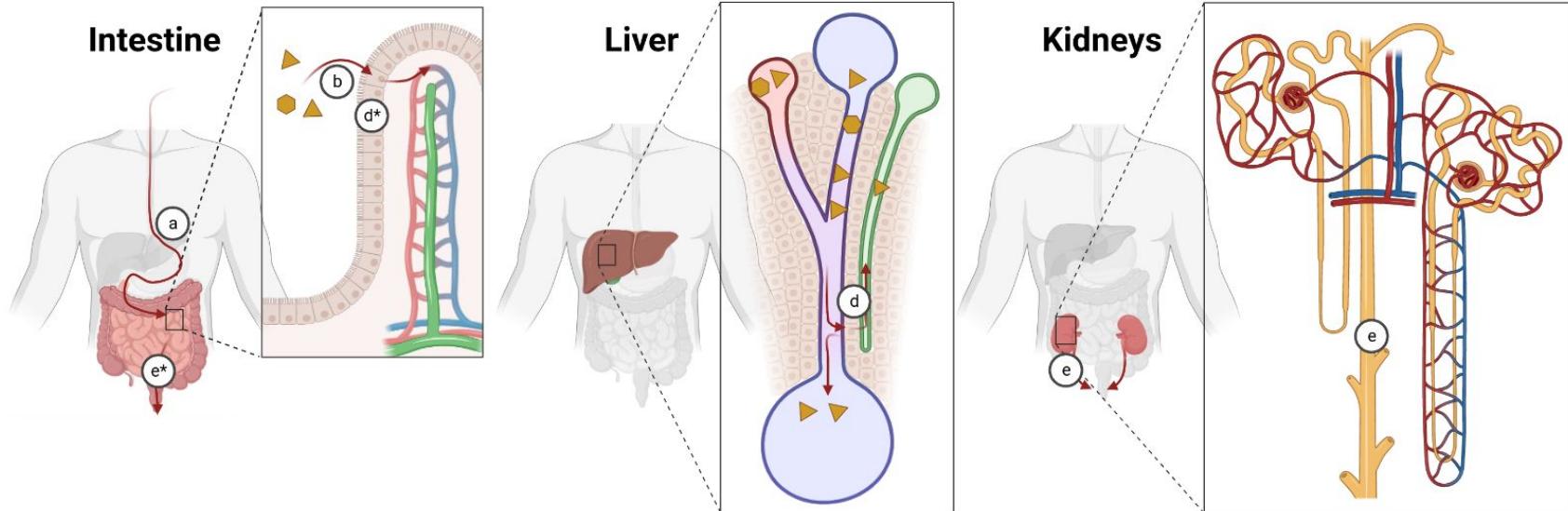
- |   |              |
|---|--------------|
| a | Dissolution  |
| b | Absorption   |
| c | Distribution |
| d | Metabolism   |
| e | Excretion    |
- |    |             |
|----|-------------|
| i  | oral        |
| ii | intravenous |
| *  | minor       |



# Intestine, Liver & Kidneys

The role of the three central organs which are involved in the ADME process and a schematic representation of their “functional units”.

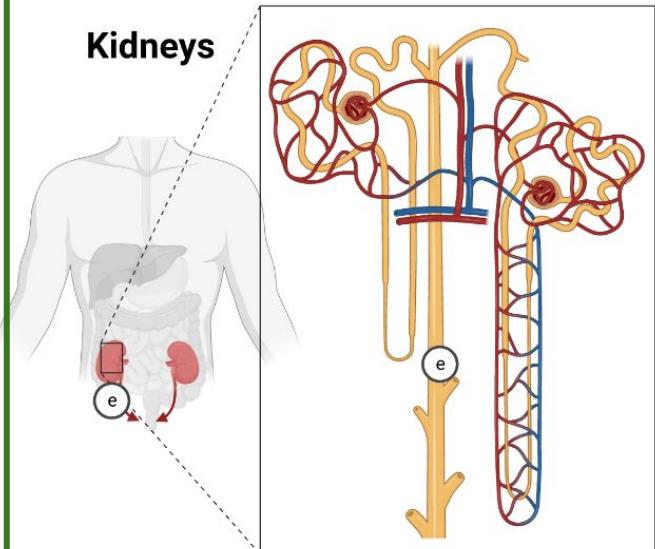
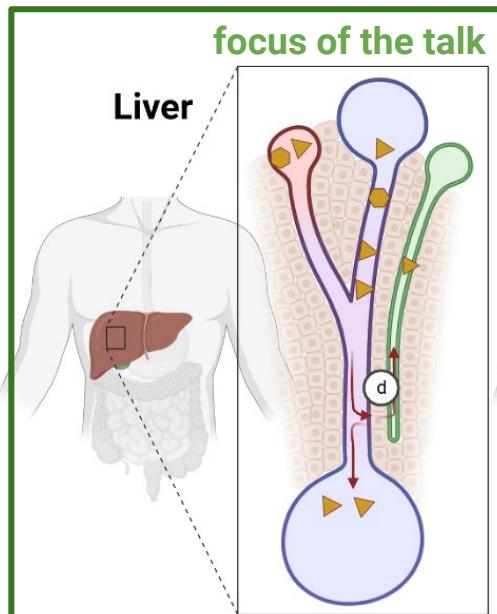
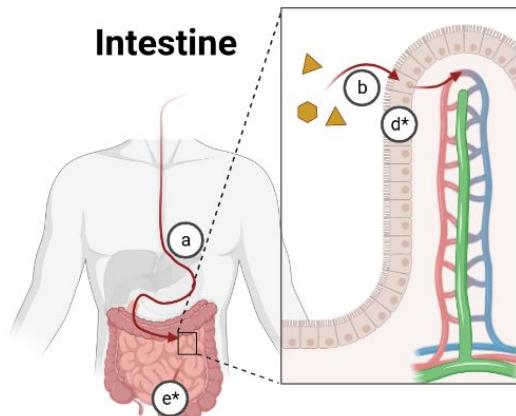
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# Intestine, Liver & Kidneys

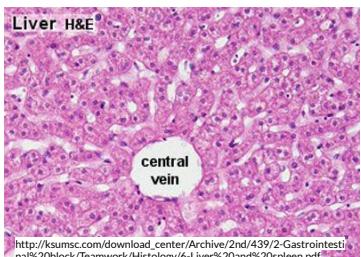
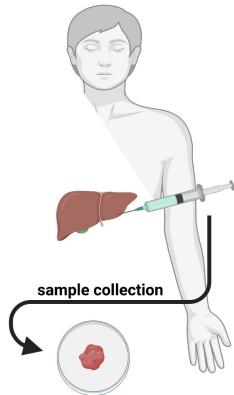
The role of the three central organs which are involved in the ADME process and a schematic representation of their “functional units”.

- (a) Dissolution
  - (b) Absorption
  - (c) Distribution
  - (d) Metabolism
  - (e) Excretion
- (i) oral
  - (ii) intravenous
  - (\*) minor



# Liver Function & Health Diagnostics

## Liver biopsy

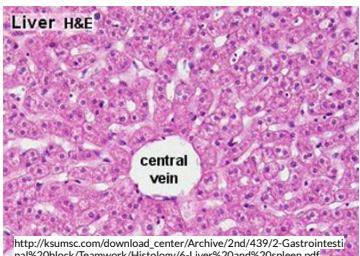
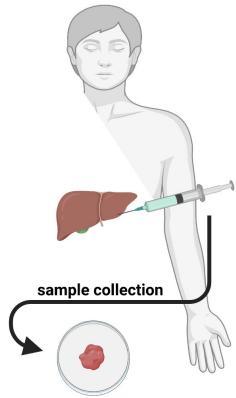


[http://ksumsc.com/download\\_center/Archive/2nd/439/2-Gastrointestinal%20block/Teamwork/Histology/6-Liver%20and%20spleen.pdf](http://ksumsc.com/download_center/Archive/2nd/439/2-Gastrointestinal%20block/Teamwork/Histology/6-Liver%20and%20spleen.pdf)

- Histology (not function)
- Highly invasive
- Sampling & interobserver variability

# Liver Function & Health Diagnostics

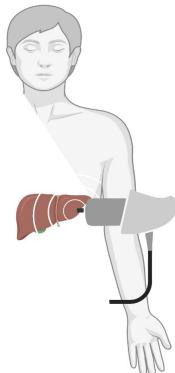
Liver biopsy



[http://ksumsc.com/download\\_center/Archive/2nd/439/2-Gastrointestinal%20block/Teamwork/Histology/6-Liver%20and%20spleen.pdf](http://ksumsc.com/download_center/Archive/2nd/439/2-Gastrointestinal%20block/Teamwork/Histology/6-Liver%20and%20spleen.pdf)

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Liver elastography

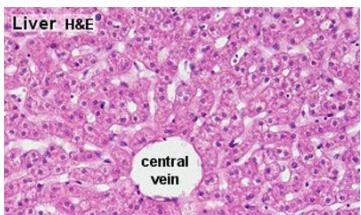
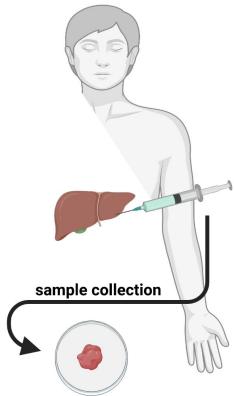


<https://www.mdpi.com/2075-4418/10/9/653>

- Liver stiffness and fatty changes in your liver
- Simple and non-invasive

# Liver Function & Health Diagnostics

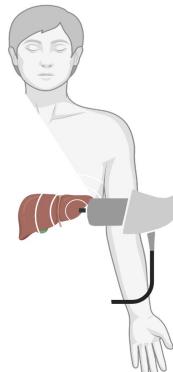
## Liver biopsy



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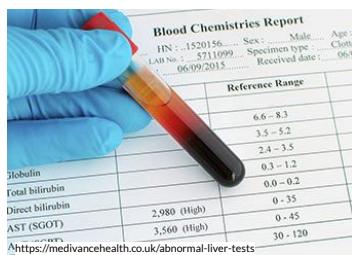
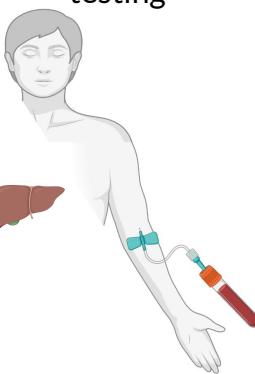
## Liver elastography



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## Static liver function testing

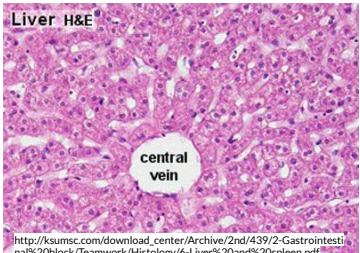
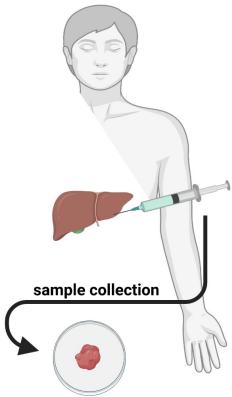


- Static biochemical parameters
- Albumin, AST, ALT, ...
- Not reliable marker to quantify liver function

# Liver Function & Health Diagnostics

**focus of the talk**

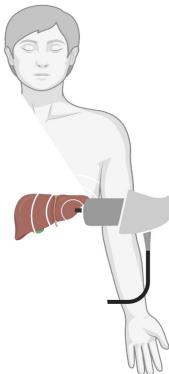
## Liver biopsy



[http://ksumsc.com/download\\_center/Archive/2nd/439/2-Gastrointestinal%20block/Teamwork/Histology/6-Liver%20and%20spleen.pdf](http://ksumsc.com/download_center/Archive/2nd/439/2-Gastrointestinal%20block/Teamwork/Histology/6-Liver%20and%20spleen.pdf)

- Histology (not function)
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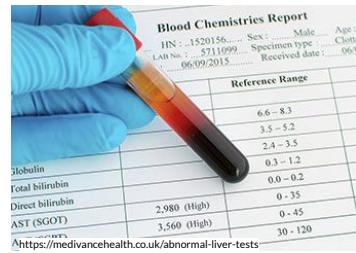
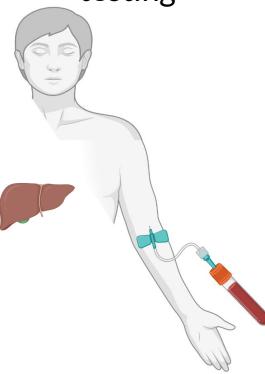
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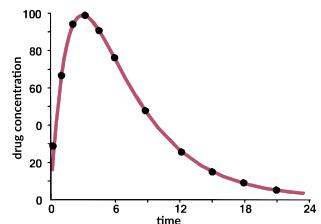
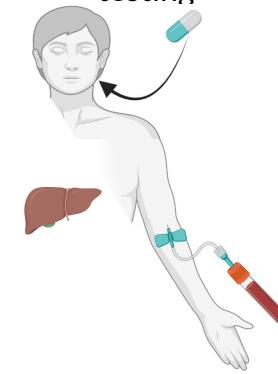
## Static liver function testing



<https://medivancehealth.co.uk/abnormal-liver-tests>

- Static biochemical parameters
- Albumin, AST, ALT, ...
- Not reliable marker to quantify liver function

## Dynamic liver function testing

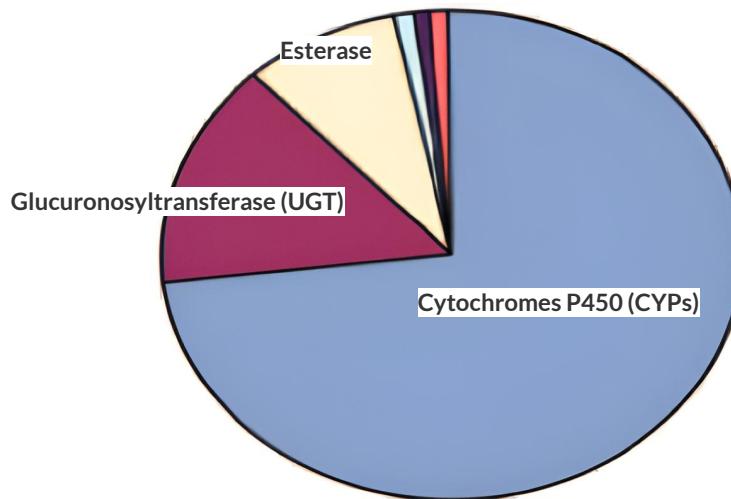


- Rate of disappearance is proxy for liver function
- Caffeine, ICG, galactose, ...
- High inter-individual variability

# Cytochromes P450 (CYPs)

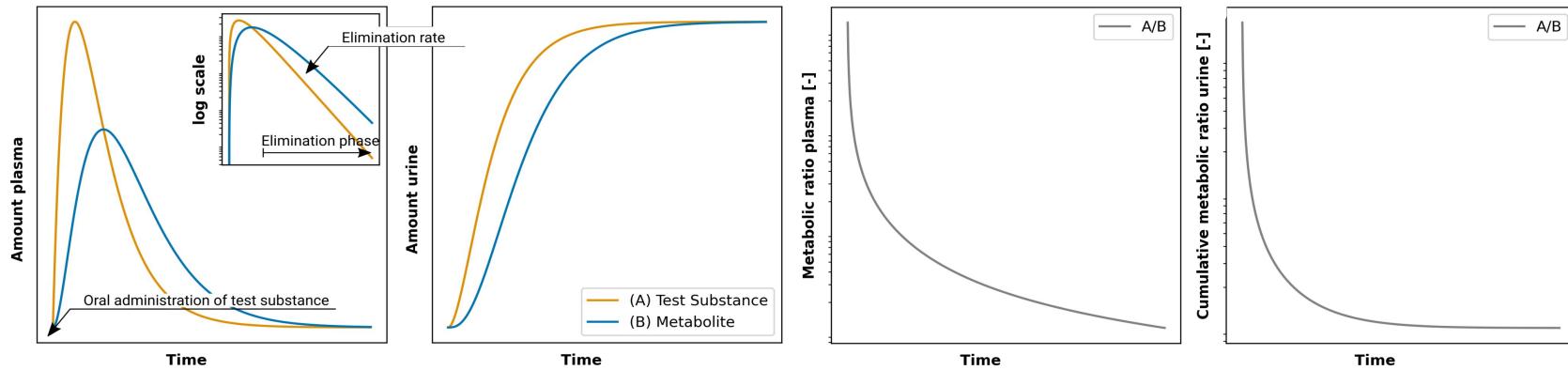
- CYPs located in the liver metabolize 70-80 percent of prescribed drugs
- High interindividual variation
- Highly involved in drug-drug interactions
- Important in personalized drug dosing

Enzymes involved in the metabolism of most drugs



# Phenotyping of CYPs

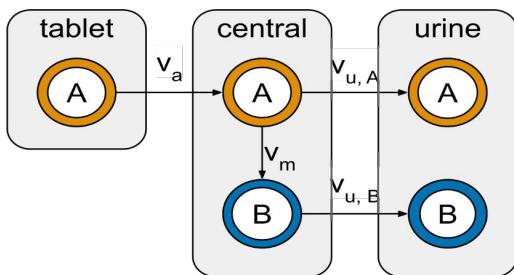
CYPs	CYP1A2	CYP3A4	CYP2C19	CYP2D6	CYP2E1
<b>Test substance</b>	caffeine	midazolam	omeprazol	dextromethorphan	chlorzoxazone
<b>Metabolic ratio</b>	caffeine / paraxanthine	1-hydroxymidazolam / midazolam	omeprazol / 5-hydroxyomeprazole	dextromethorphan / dextrorphan	6-hydroxychlorzoxazone / chlorzoxazone



# Basic pharmacokinetics model

- 2 substances (A, B)
- 3 compartments (tablet, central, urine)
- Transport and reaction kinetics - irreversible mass-action

## Model



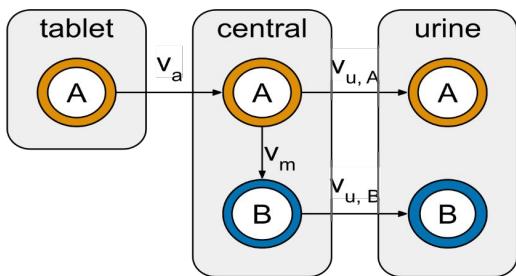
## System of ordinary differential equations

$\frac{dA_{tablet}}{dt} = -v_a$	$v_a = k_a \cdot A_{tablet}$	Rate of absorption
$\frac{dA_{central}}{dt} = -v_a - v_m - v_{u,A}$	$v_m = k_m \cdot A_{central}$	Rate of metabolism (A → B)
$\frac{dB_{central}}{dt} = v_m - v_{u,B}$	$v_{u,A} = k_e \cdot A_{central}$	Rate of excretion of A
$\frac{dA_{urine}}{dt} = v_{u,A}$	$v_{u,B} = k_e \cdot B_{central}$	Rate of excretion of B
$\frac{dB_{urine}}{dt} = v_{u,B}$		

# Basic pharmacokinetics model

- 2 substances (A, B)
- 3 compartments (tablet, central, urine)
- Transport and reaction kinetics - irreversible mass-action

## Model



## System of ordinary differential equations

$$\begin{aligned}\frac{dA_{\text{tablet}}}{dt} &= -v_a \\ \frac{dA_{\text{central}}}{dt} &= v_a - v_m - v_{u,A} \\ \frac{dB_{\text{central}}}{dt} &= v_m - v_{u,B} \\ \frac{dA_{\text{urine}}}{dt} &= v_{u,A} \\ \frac{dB_{\text{urine}}}{dt} &= v_{u,B}\end{aligned}$$

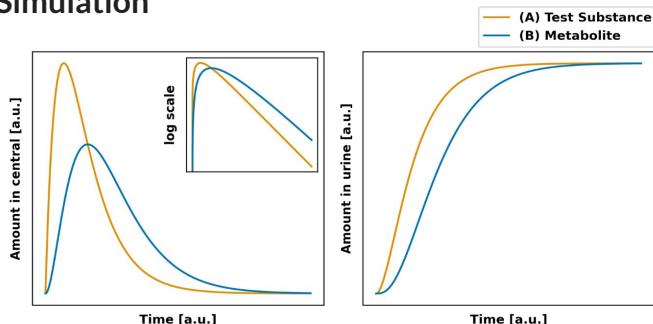
Rate of absorption

Rate of metabolism ( $A \rightarrow B$ )

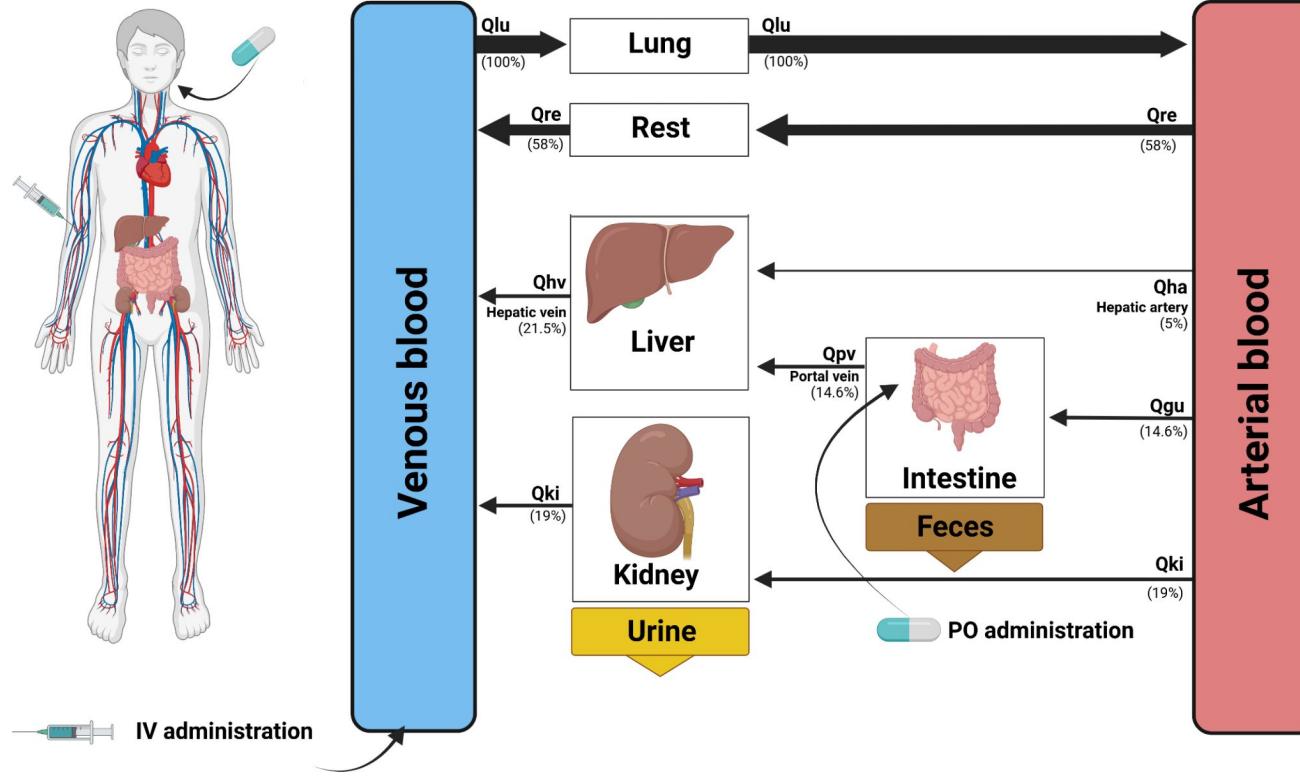
Rate of excretion of A

Rate of excretion of B

## Simulation



# Physiologically Based Pharmacokinetics (PBPK) Modeling



Part 2

# Results and Publications

# Big Picture

## Main goal

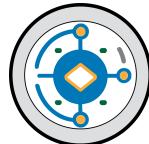
Establish reusable workflows for physiological based pharmacokinetic (PBPK) modeling of liver function tests and CYP phenotyping.

## Challenges

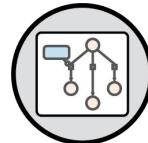
### Standardized data



### Data integration



### Reusable models





## Objectives

- A standardized format for PK data as reported in literature.
- Establish a large high-quality PK dataset on liver function testing and CYP phenotyping.

# 2.1 PK-DB: A Pharmacokinetics Database for Individualized and Stratified Computational Modeling (<https://pk-db.com/>)

**PK-DB** DATA

**STUDIES (684)** GROUPS (1546) INDIVIDUALS (16181) INTERVENTIONS (2031) OUTPUTS (137880)

**Studies** 684

Study	Counts	Reference	Curators	Substances
PKDB00022 Albert1974 2019-05-07	2 48 2 0	pubmed 4829520 Bioavailability studies of acetaminophen and nitrofurantoin.	Curator 1 (5 stars) Curator 2 (5 stars) Curator 3 (5 stars)	paracetamol
	1 9	pubmed 3220092 Therapeutic doses of codeine have no effect on acetaminophen clearance or metabolism.	Curator 4 (5 stars) Curator 5 (4 stars)	paracetamol paracetamol glucuronide paracetamol sulfate paracetamol cysteine paracetamol glutathione paracetamol mercapturate codeine
PKDB00157 Sonne1988 2019-07-28	3 160 0 0			

## Publication

Grzegorzewski J, Brandhorst J, Green K, Eleftheriadou D, Duport Y, Barthorsch F, Kölle A, Ke DYJ, De Angelis S, König M.  
PK-DB: pharmacokinetics database for individualized and stratified computational modeling.

Nucleic Acids Res. 2021 Jan 8;49(D1):D1358-D1364. doi: [10.1093/nar/gkaa990](https://doi.org/10.1093/nar/gkaa990). PMID: 33151297; PMCID: PMC7779054.

## Curators



## Funded By



# Typical PK Publication

Our subjects were 13 normal males (age range 18 to 71 years; mean weight  $\pm$  S.D.  $80.0 \pm 12.18$  kg), nine normal females not taking OCS (age range 22 to 33 years; mean weight  $\pm$  S.D.  $58.0 \pm 5.9$  kg), and nine healthy females (age range 22 to 33 years; mean weight  $\pm$  S.D.  $58.4 \pm 9.6$  kg) who had been on OCS for more than 6 months. Five of the 9 normal women not taking OCS were studied during the second half of their menstrual cycle and 4 during the first half. All subjects studied had a normal clinical history, physical examination, and sequential multiple analyzer of 12 vital determinations (SMA<sub>12</sub>) profiles and, apart from oral contraceptives as indicated above, had taken no drugs or alcohol for at least 2 weeks prior to the study. Smokers were not included in this study.

After an overnight fast the subjects received 250 mg of caffeine (approximately equivalent to 3 cups of coffee) in a capsule with 150 ml of water.

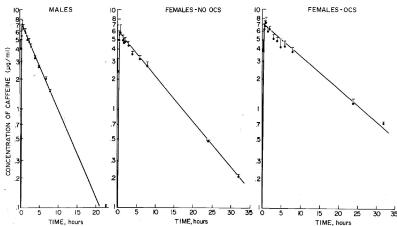


Fig. 1. Comparison of caffeine plasma concentration/time profiles in 13 healthy male subjects (left panel), nine healthy females taking no OCS (center panel), and nine healthy females on OCS (right panel) (mean  $\pm$  S.E.).

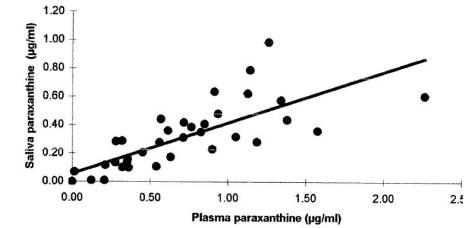
Table I. Pharmacokinetic parameters of caffeine (250 mg) in males, females, and females on OCS

	Normal males (n = 13)	Normal females taking no OCS (n = 9)	Normal females on OCS (n = 9)
t <sub>1/2</sub> ( $\beta$ ) (hr)	5.5 $\pm$ 2.6	6.2 $\pm$ 1.6	10.7 $\pm$ 3.0†
Vd( $\beta$ ) (L/kg)	0.54 $\pm$ 0.18	0.69 $\pm$ 0.16*	0.72 $\pm$ 0.24
Vd(extrap) (L/kg)	0.54 $\pm$ 0.13	0.70 $\pm$ 0.14*	0.75 $\pm$ 0.28
Plasma clearance (ml/min/kg)	1.3 $\pm$ 0.42	1.3 $\pm$ 0.35	0.79 $\pm$ 0.21†
Plasma binding (%)	31.4 $\pm$ 1.9	31.5 $\pm$ 4.5	29.35 $\pm$ 2.17
Plasma clearance of unbound drug (ml/min/kg)	1.8 $\pm$ 0.6	1.97 $\pm$ 0.57	1.12 $\pm$ 0.28†

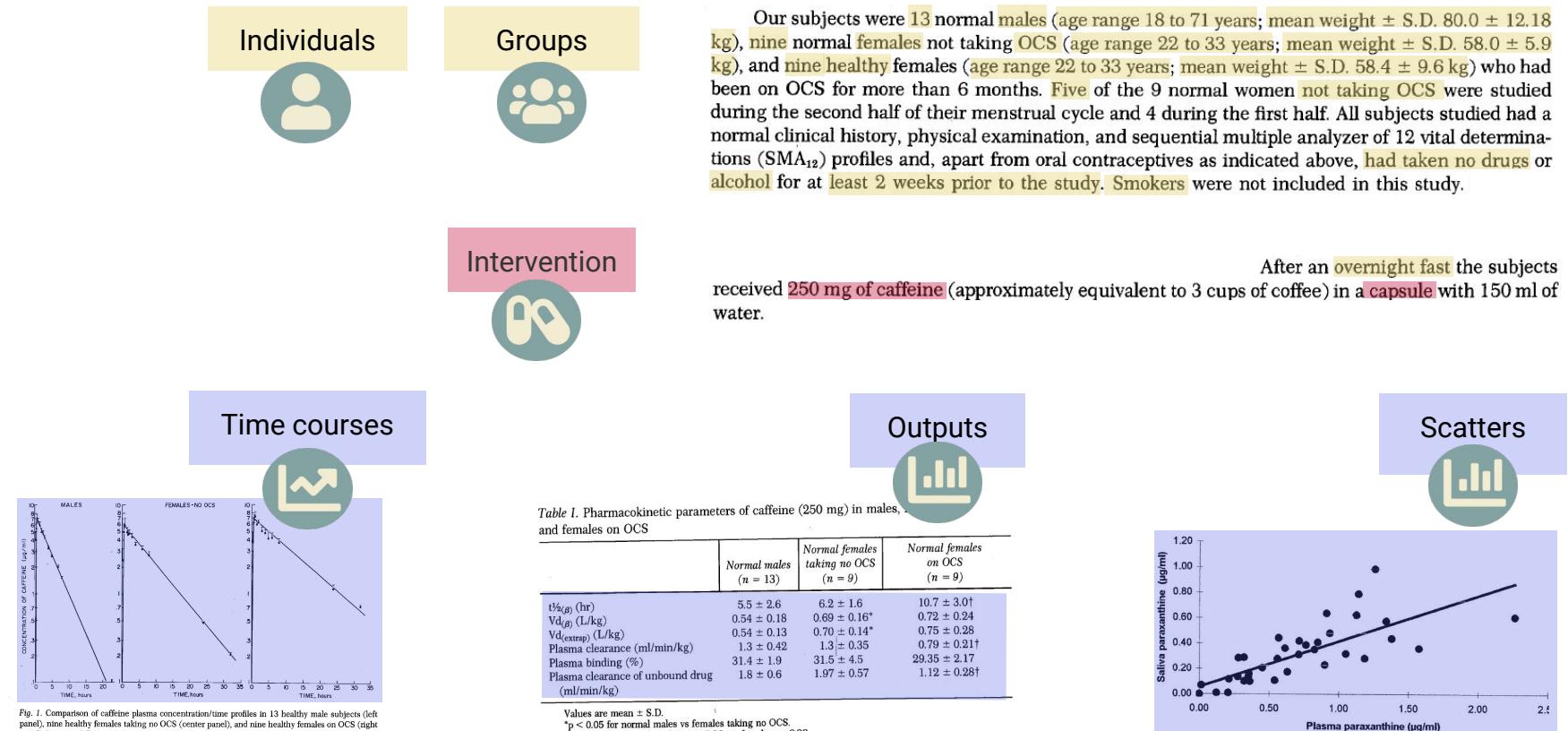
Values are mean  $\pm$  S.D.

\*p < 0.05 for normal males vs females taking no OCS.

†p < 0.001 for females taking no OCS vs. females on OCS.

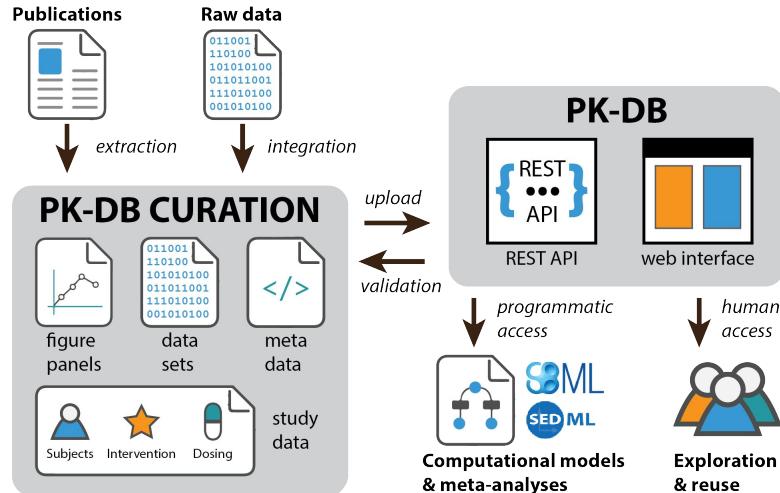


# Typical PK Publication



# PK-DB

## Overview



## Content

- PK data from literature
- Enriched with metadata

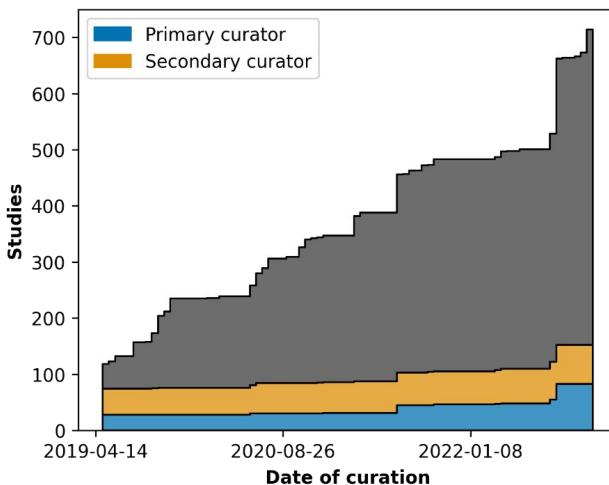
## Features

- Validation of curation quality
- Automatic PK parameter calculation
- FAIR, ontologies, REST API, ...

# PK-DB

- Largest openly available high quality dataset on in vivo pharmacokinetics 🎉
- >10 substances for liver function and CYP phenotyping 🎉
- 22 citations 🎉

## Studies in PK-DB



## Studies related to liver function and phenotyping

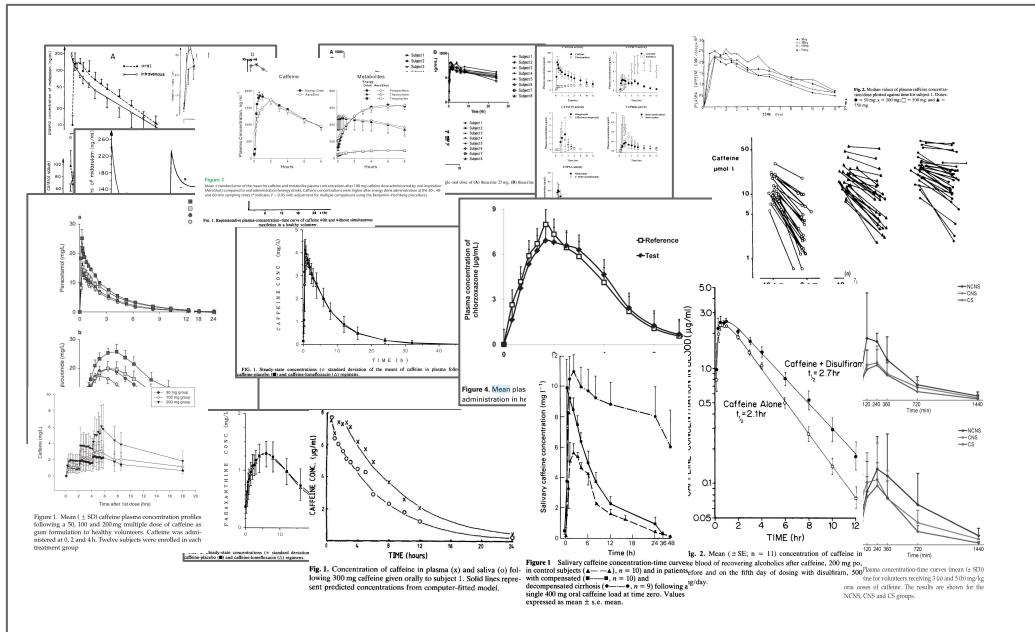
Test substance	Primary proteins	PK-DB studies
caffeine	CYP1A2 (P05177)	147
chlorzoxazone	CYP2E1 (P05181)	23
codeine / morphine	CYP2D6 (P10635)	42/12
dextromethorphan	CYP2D6 (P10635)	51
diazepam	CYP3A4/5 (P08684, P20815)	28
galactose	galactokinase (P51570)	3
indocyanine green (ICG)	OATP1B3 (Q9NPD5)	51
metoprolol	CYP2D6 (P10635)	13
midazolam	CYP3A4/5 (P08684, P20815)	65
omeprazole	CYP2C19 (P33261)	16
pravastatin	OATP1B1 (Q9Y6L6)	33
simvastatin	CYP3A4/5 (P08684, P20815)	48
talinolol	OATP1B1 (Q9Y6L6)	13
torasemide	P-glycoprotein (P08183)	18
	CYP2C8 (P10632)	
	CYP2C9 (P11712)	



## Objectives

- Integrate PK-DB data on CYP phenotyping and liver function.
- Analyse reporting quality of CYP phenotyping and liver function.

## 2.2 Pharmacokinetics of Caffeine: A Systematic Analysis of Reported Data for Application in Metabolic Phenotyping and Liver Function Testing



### Publication

Grzegorzewski, J., Bartsch, F., Köller, A., & König, M. (2022). Pharmacokinetics of Caffeine: A Systematic Analysis of Reported Data for Application in Metabolic Phenotyping and Liver Function Testing.

Frontiers in Pharmacology, 12, 752826., doi:

[10.3389/fphar.2021.752826](https://doi.org/10.3389/fphar.2021.752826)

### Authors

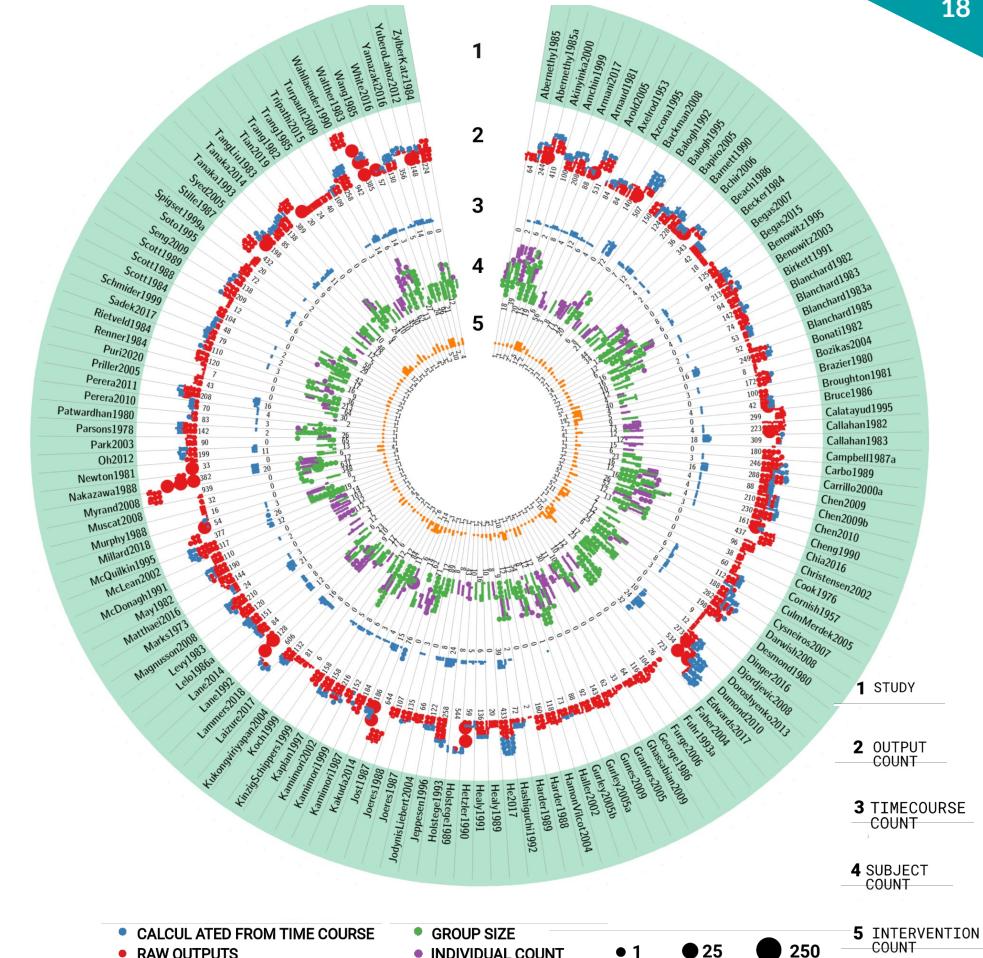


### Funded By



# Dataset & Reporting

- 141 studies
- Main study designs:
  - Case-control (64 out of 141).
  - Crossover (33 out of 141).
  - Screening Studies (42 out of 141).
- Low quality individual participant data (78 out of 141)
- High quality individual participant data (6 out of 141)
- Group level data (57 out of 141)



# Meta-Analysis

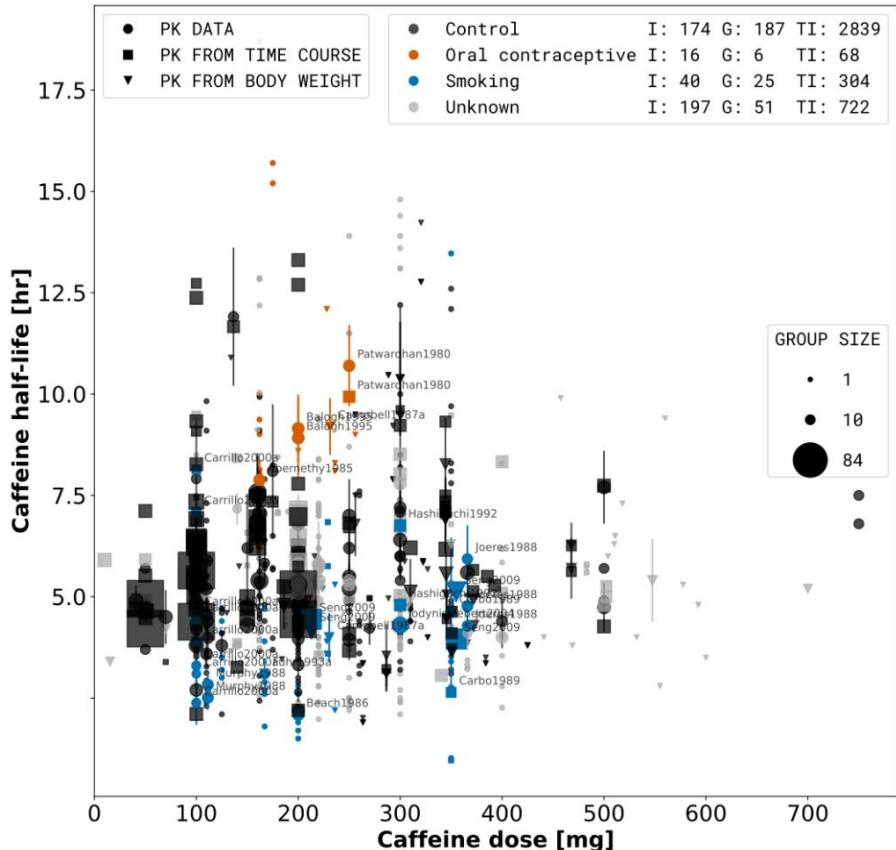
## Smoking and oral contraceptives

- Range of caffeine half-lifes [2-15] hr
- Average caffeine half-lifes:

smoking 4.1hr,

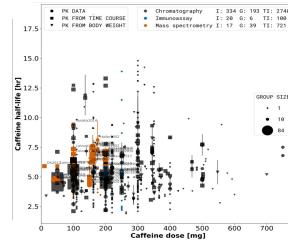
control 5.7hr,

oral contraceptives 9.3hr



# Further Meta-Analyses on Caffeine PK

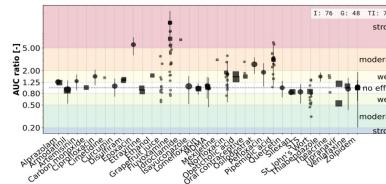
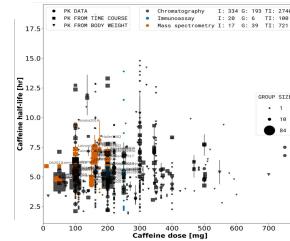
- Impact of quantification method



# Further Meta-Analyses on Caffeine PK

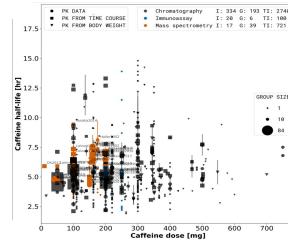
- Impact of quantification method
- Drug-drug interactions:
  - ↔ most substances
  - ↓ enoxacin, fluvoxamine, Idrocilamide\*, norfloxacin, osilodrostat, pipemidic acid
  - ↑ tipranavir\*

\*interaction missing in go.drugbank.com



# Further Meta-Analyses on Caffeine PK

- Impact of quantification method



- Drug-drug interactions:

↔ most substances

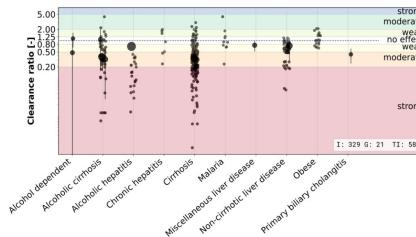
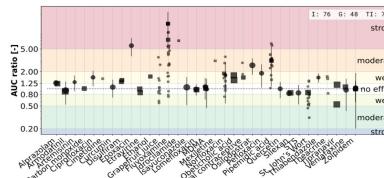
↓ enoxacin, fluvoxamine, Idrocilamide\*, norfloxacin, osilodrostat, pipemidic acid

↑ tipranavir\*

\*interaction missing in go.drugbank.com

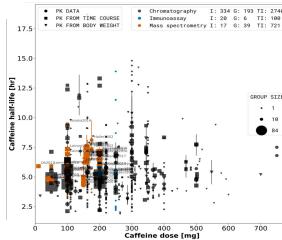
- Drug-disease interactions:

↓ disease of liver



# Further Meta-Analyses on Caffeine PK

- Impact of quantification method



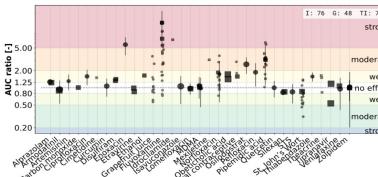
- Drug-drug interactions:

↔ most substances

↓ enoxacin, fluvoxamine, Idrocilamide\*, norfloxacin, osilodrostat, pipemidic acid

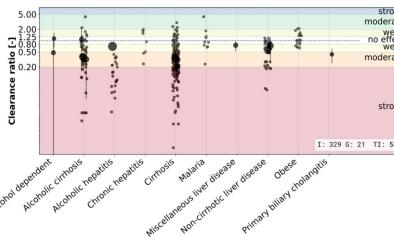
↑ tipranavir\*

\*interaction missing in go.drugbank.com

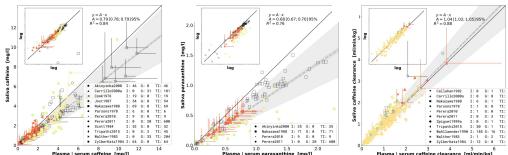


- Drug-disease interactions:

↓ disease of liver

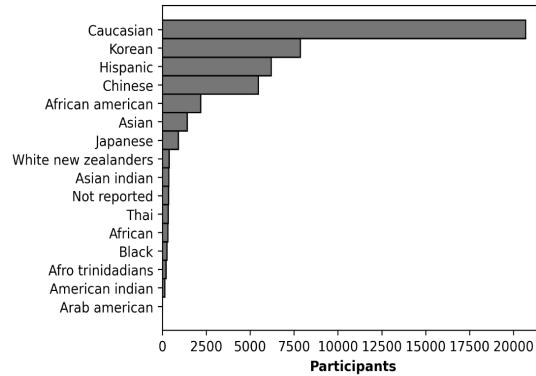


- Saliva as sampling side



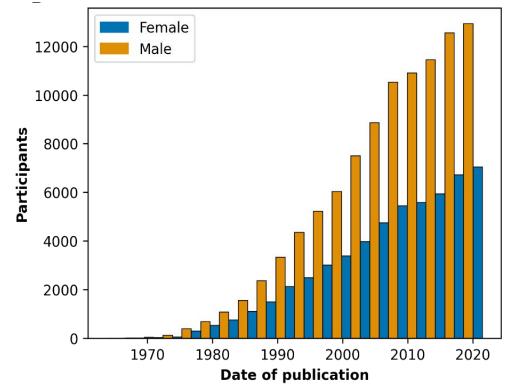
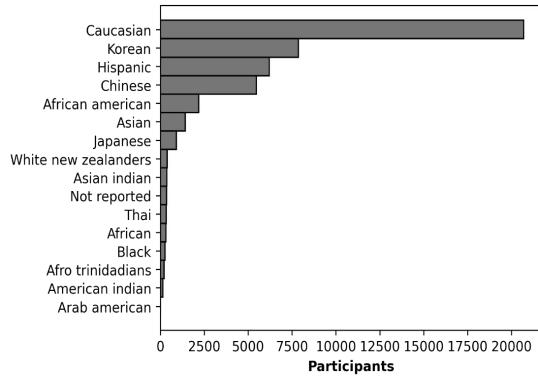
# Bias in PK literature

- Caucasians overrepresented



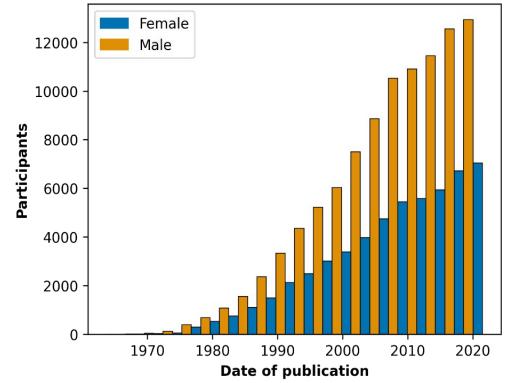
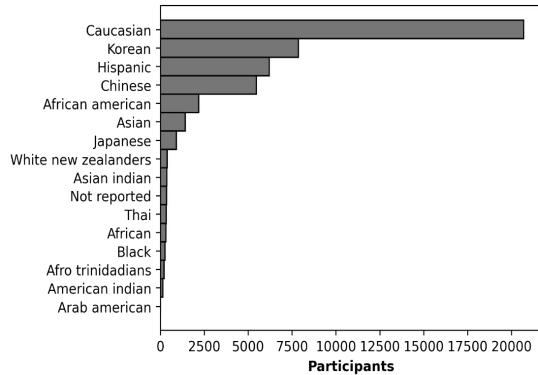
# Bias in PK literature

- Caucasians overrepresented
- Males overrepresented

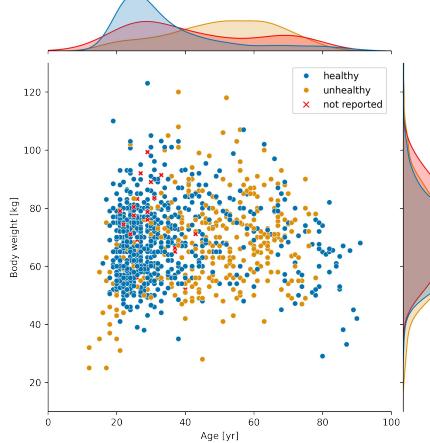


# Bias in PK literature

- Caucasians overrepresented
- Males overrepresented



- Healthy ≈ 20 years younger than non-healthy



# Outcome

- Largest openly available PK dataset on in vivo caffeine 
- Analysis of a wide set of PK related scientific questions 
- 14 citations 

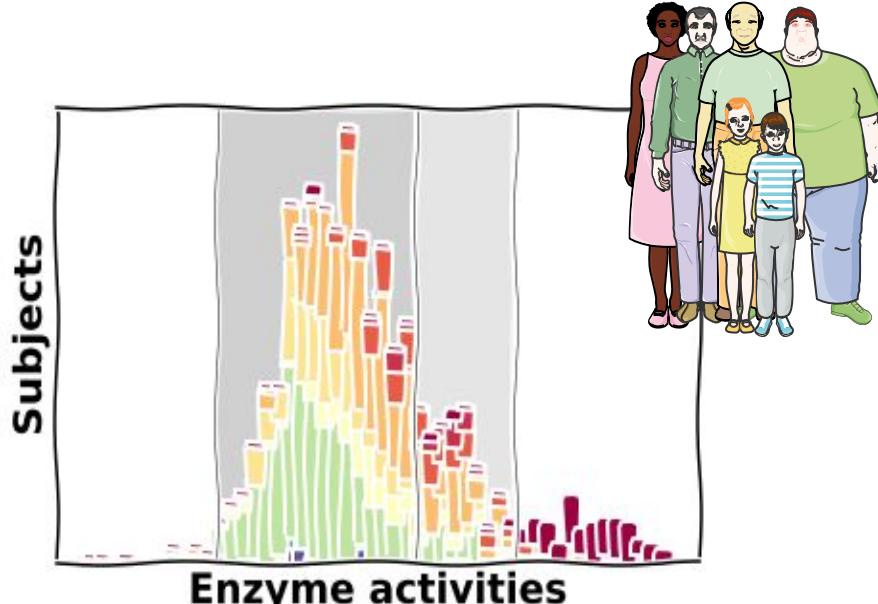


# Reusable models

## Objective

- Calibration & validation of PBPK models for phenotyping and liver function testing.

# Physiologically Based Pharmacokinetic (PBPK) Modeling of the Role of CYP2D6 Polymorphism for Metabolic Phenotyping with Dextromethorphan



## Publication

Grzegorzewski, J., Brandhorst, J., & König, M. (2022). Physiologically based pharmacokinetic (PBPK) modeling of the role of CYP2D6 polymorphism for metabolic phenotyping with dextromethorphan. *Frontiers in Pharmacology*, 13, 1029073. ; DOI: [10.3389/fphar.2022](https://doi.org/10.3389/fphar.2022.1029073) ; PMID: 1029073

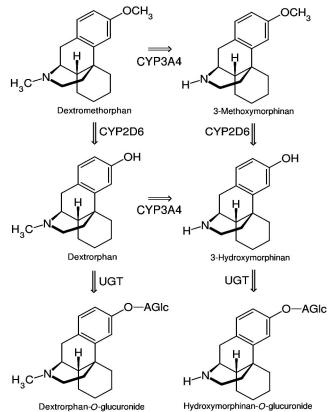
## Authors



## Funded By

# Literature Research

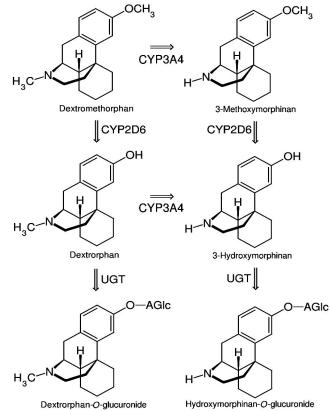
## Metabolic pathway of dextromethorphan



Strauch K, Lutz U, Bittner N, Lutz WK (August 2009). "Dose-response relationship for the pharmacokinetic interaction of grapefruit juice with dextromethorphan investigated by human urinary metabolite profiles". *Food and Chemical Toxicology*. 47 (8): 1928–35.  
doi:10.1016/j.fct.2009.05.004 PMID 19445995.

# Literature Research

## Metabolic pathway of dextromethorphan



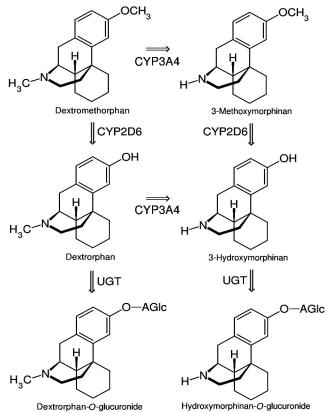
Strauch K, Lutz U, Bittner N, Lutz WK (August 2009). "Dose-response relationship for the pharmacokinetic interaction of grapefruit juice with dextromethorphan investigated by human urinary metabolite profiles". *Food and Chemical Toxicology*. 47 (8): 1928–35. doi:10.1016/j.fct.2009.05.004. PMID 19445995.

## CYP2D6 Polymorphism

Activity Value	Allele
0	*3,*4, *5, *6, *7, *8,*11,*12,*13,*15,*42,*44, ...
0.25	*10
0.5	*9,*10x2,*14,*17,*29,*41,*49,*50,*54,*55,*59
1	*1,*2,*9x2, *17x2, *33,*34,*35,*45,*46,*53,
>1	*1x2, *1x>2, *2x2, *1x>3, ...

# Literature Research

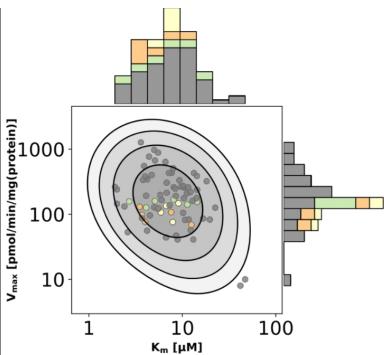
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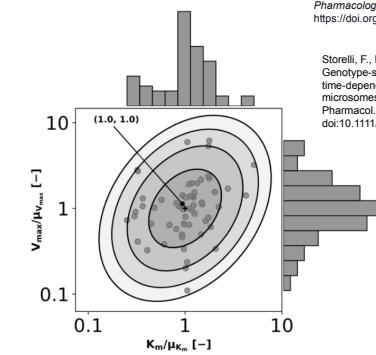
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## Reaction kinetics

### CYP2D6



### CYP3A4



Yang, J., He, M. M., Niu, W., Wrighton, S. A., Li, L., Liu, Y., & Li, C. (2012). Metabolic capabilities of cytochrome P450 enzymes in Chinese liver microsomes compared with those in Caucasian liver microsomes. *British Journal of Clinical Pharmacology*, 73(2), 268–284. <https://doi.org/10.1111/j.1365-2125.2011.04076.x>

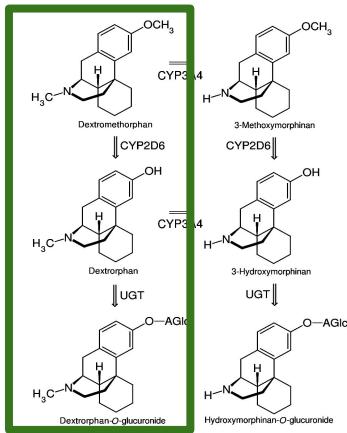
Storelli, F., Desmeules, J., and Daali, Y. (2019a). Genotype-sensitive reversible and time-dependent CYP2D6 inhibition in human liver microsomes. *Basic Clin Pharmacol Toxicol*. 124, 170–180. doi:10.1111/bcpt.13124

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# Literature Research

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Strauch K, Lutz U, Bittner N, Lutz WK (August 2009). "Dose-response relationship for the pharmacokinetic interaction of grapefruit juice with dextromethorphan investigated by human urinary metabolite profiles". *Food and Chemical Toxicology*. 47 (8): 1928–35. doi:10.1016/j.fct.2009.05.004. PMID 19445995.

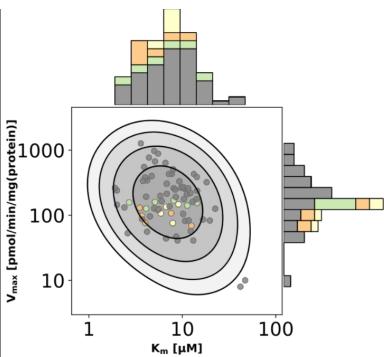
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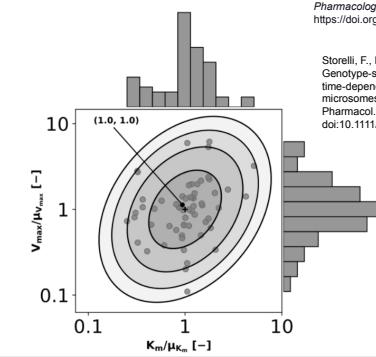
[M. Whirl-Carrillo<sup>1</sup>, R. Huddart<sup>1</sup>, L. Gong, K. Sangkuhl, C.F. Thorn, R. Whaley and T.E. Klein. "An evidence-based framework for evaluating pharmacogenomics knowledge for personalized medicine" *Clinical Pharmacology & Therapeutics* (2021) online ahead of print.

## Reaction kinetics

### CYP2D6



### CYP3A4



Yang, J., He, M. M., Niu, W., Wrighton, S. A., Li, L., Liu, Y., & Li, C. (2012). Metabolic capabilities of cytochrome P450 enzymes in Chinese liver microsomes compared with those in Caucasian liver microsomes. *British Journal of Clinical Pharmacology*, 73(2), 268–284. doi:10.1111/j.1365-2125.2011.04076.x

Storelli, F., Desmeules, J., and Daali, Y. (2019a). Genotype-sensitive reversible and time-dependent CYP2D6 inhibition in human liver microsomes. *Basic Clin Pharmacol Toxicol*, 124, 170–180. doi:10.1111/bcpt.13124

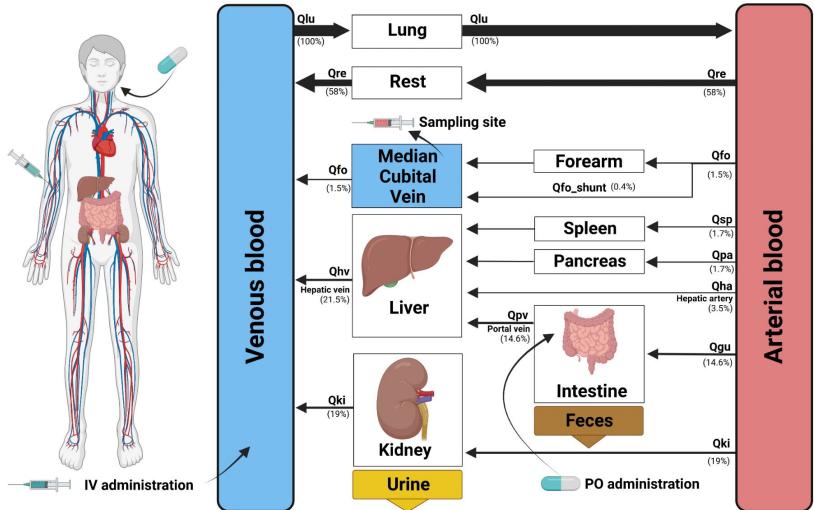
## Pharmacokinetics

### 32 Clinical studies

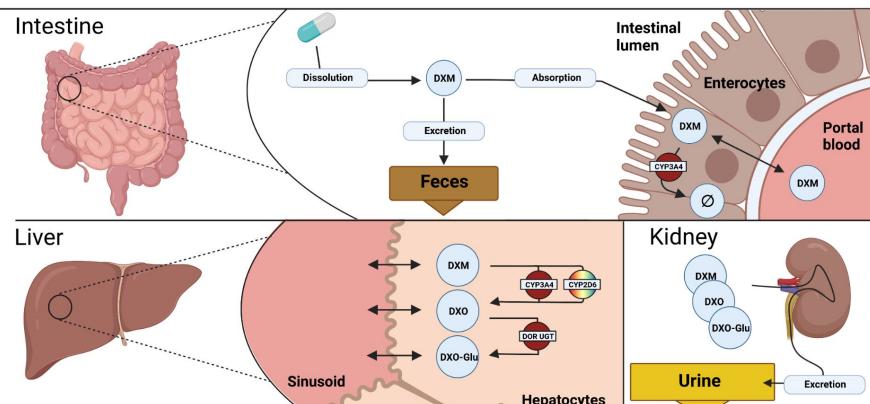
- Plasma concentration
- Urinary amounts
- Metabolic ratios

# Physiological-based pharmacokinetics model of Dextromethorphan

## Whole-body model



## Tissue models

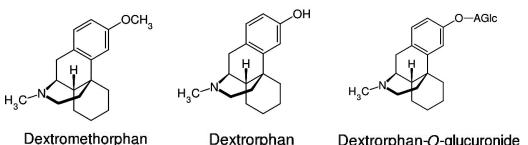


## Enzyme model

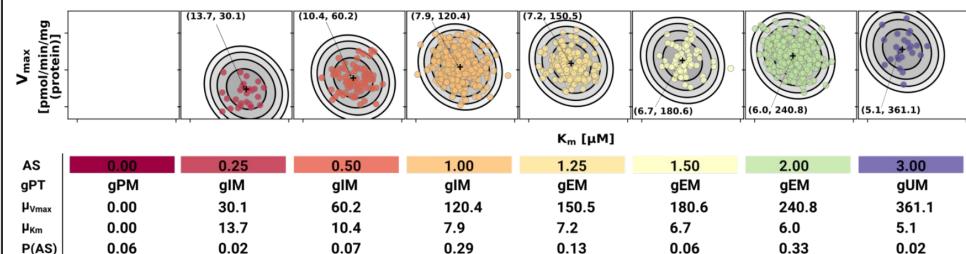
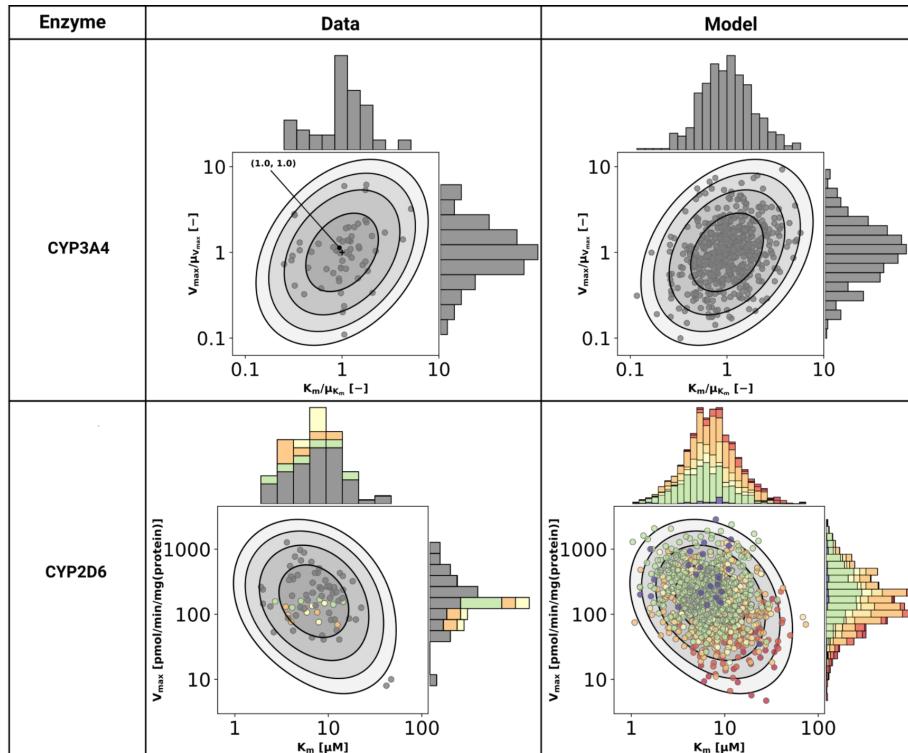
- CYP2D6
- CYP3A4
- UGT

$$\text{Michaelis Menten: } v = \frac{V_{\max} [S]}{K_M + [S]}$$

## Substance/Metabolites



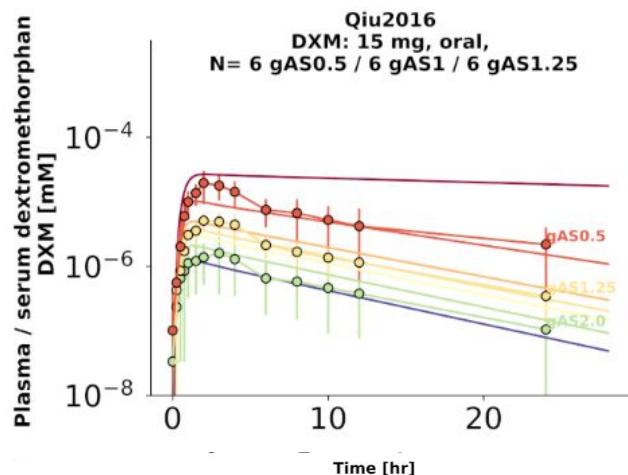
# Model of CYP2D6 and CYP3A4 variability



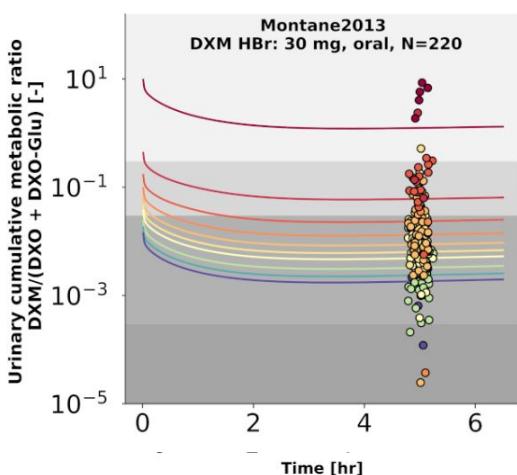
# Simulations



Dextromethorphan plasma concentrations

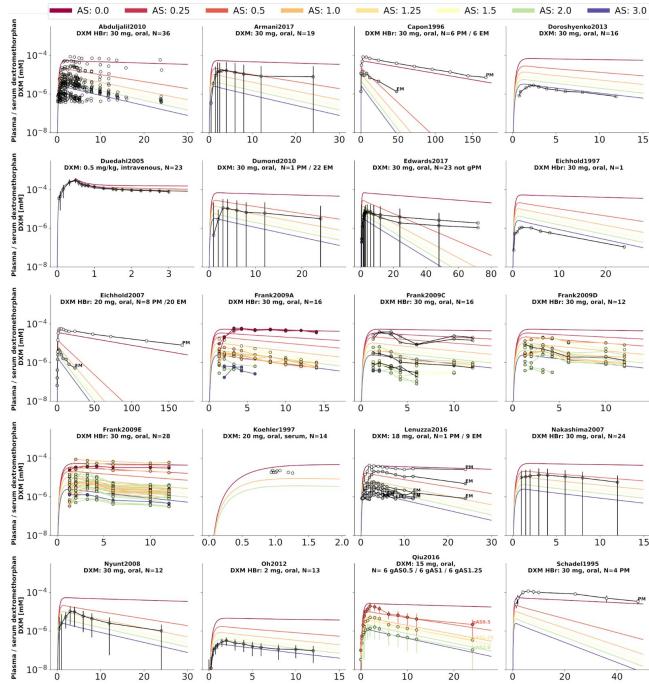


Urinary cumulative metabolic ratio

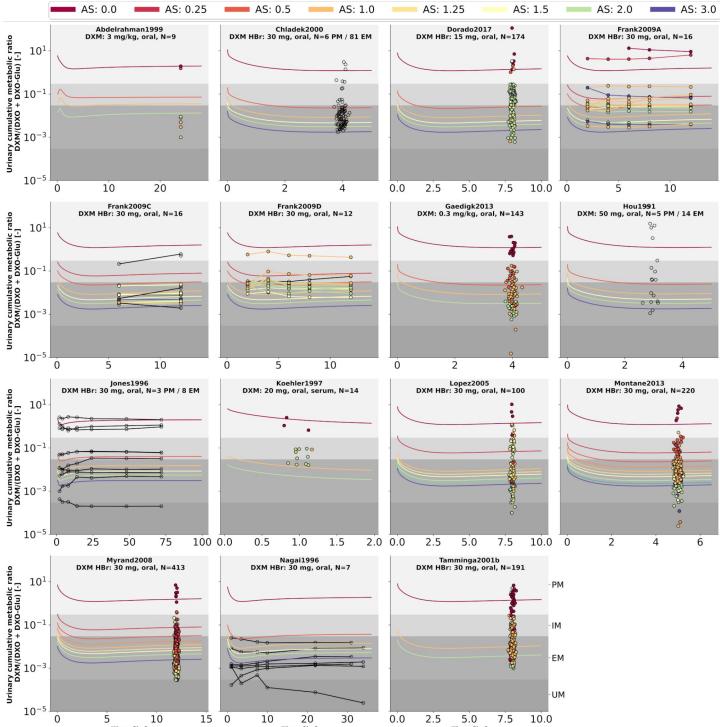


# Simulations

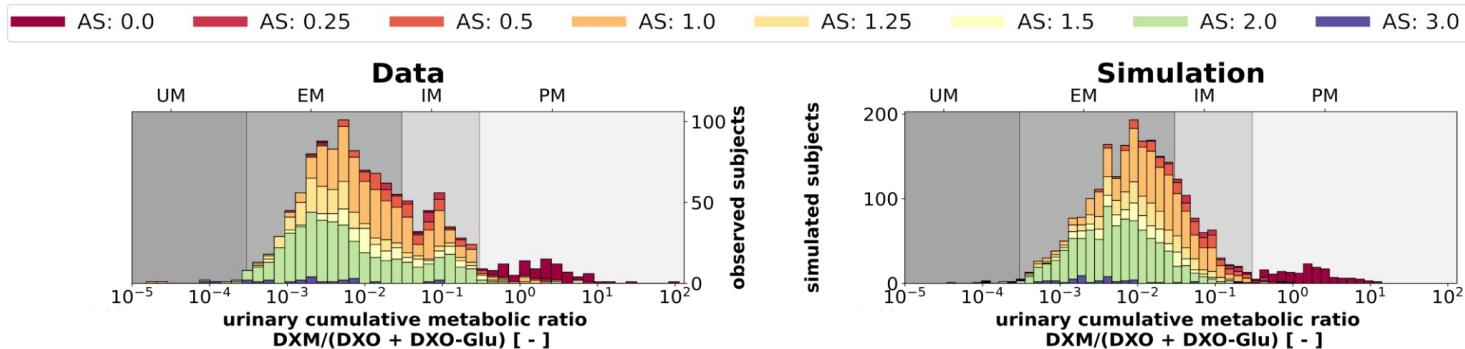
## Dextromethorphan plasma concentrations



## Urinary cumulative metabolic ratio

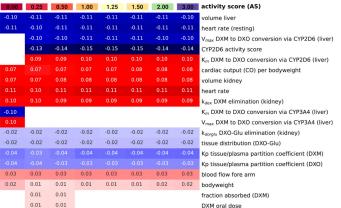


# Effect of genotype on CYP2D6 phenotyping



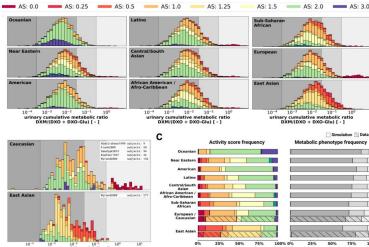
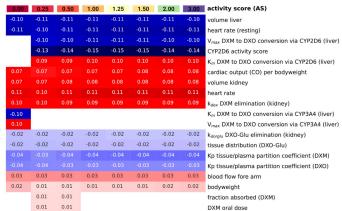
## Further work

- Local sensitivity analysis



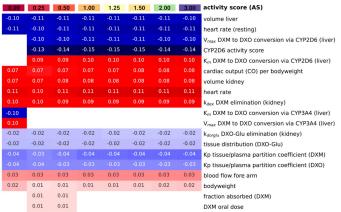
# Further work

- Local sensitivity analysis
- Biogeographical population based on reported CYP2D6 genotype frequencies

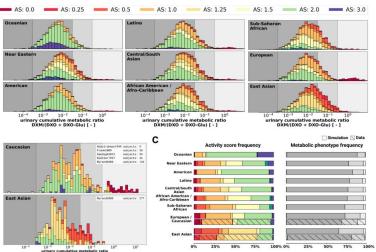


# Further work

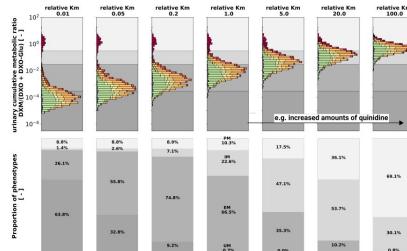
- Local sensitivity analysis



- Biogeographical population based on reported CYP2D6 genotype frequencies



- Inhibition and induction of CYP3A4 and CYP2D6



# Outcome

- Largest openly available PK dataset on dextromethorphan
- Openly available PBPK dextromethorphan model  
(<https://github.com/matthiaskoenig/dextromethorphan-model>)
- Established workflow applied in König group



Test substance	Primary proteins	Reference publication	PK-DB studies	Primary PKPB modeler
caffeine	CYP1A2 (P05177)	[Grz+22]	147	M. König
chlorzoxazone	CYP2E1 (P05181)		23	J. Küttnner
codeine / morphine	CYP2D6 (P10635)		42/12	J. Grzegorzewski
dextromethorphan	CYP2D6 (P10635) CYP3A4/5 (P08684, P20815)	[GBK22]	51	J. Grzegorzewski
diazepam	CYP3A4/5 (P08684, P20815)		28	D. Ke
galactose	galactokinase (P51570)		3	M. König
indocyanine green (ICG)	OATP1B3 (Q9NPD5)	[Köl21; KGK21; Köl+21]	51	A. Köller
metoprolol	CYP2D6 (P10635)		13	P. Ogata
midazolam	CYP3A4/5 (P08684, P20815)	[Dup20]	65	Y. Duport
omeprazole	CYP2C19 (P33261)	[Bal21]	16	S. Balci
pravastatin	OATP1B1 (Q9Y6L6)	[LP22]	33	H. Leal Pujol
simvastatin	CYP3A4/5 (P08684, P20815) OATP1B1 (Q9Y6L6)	[Bar20]	48	F. Bartsch
talinolol	P-glycoprotein (P08183)		13	B. S. Mallol
torasemide	CYP2C8 (P10632) CYP2C9 (P11712)		18	S. De Angelis

- Reused CYP2D6 model



## Part 3

# Summary and Outlook

# Summary

- First open pharmacokinetics database
- Meta-analysis of caffeine pharmacokinetics
- PBPK model of dextromethorphan
- Infrastructure for data-driven PBPK modeling

Title	Authors	Type	Date	Pubmed
PK-DB: pharmacokinetics database for individualized and stratified computational modeling	Grzegorzewski J, Brandhorst J, Green K, Eleftheriadou D, Duport Y, Bartsch	Publication	2021	33151297
Pharmacokinetics of Caffeine: A Systematic Analysis of Reported Data for Application in Metabolic Phenotyping and Liver Function Testing	Grzegorzewski J, Bartsch F, Kölner A, Eleftheriadou D, König M	Publication	2022	35280254
Physiologically based pharmacokinetic (PBPK) modeling of the role of CYP2D6 polymorphism for metabolic phenotyping with dextromethorphan	Grzegorzewski J, Brandhorst J, König M.	Publication	2022	36353484
Physiologically Based Modeling of the Effect of Physiological and Anthropometric Variability on Indocyanine Green Based Liver Function Tests	Kölner A, Grzegorzewski J, König M	Publication	2021	34880776
Prediction of Survival After Partial Hepatectomy Using a Physiologically Based Pharmacokinetic Model of Indocyanine Green Liver Function Tests	Kölner A, Grzegorzewski J., Tautenhahn H-M, König M	Publication	2021	34880771
Ten Simple Rules for FAIR Sharing of Experimental and Clinical Data with the Modeling Community	König M., Grzegorzewski J., Golebiowski M., Hermjakob H., Hucka M., Olivier B., Keating S., Nickerson D., Schreiber F., Sheriff R., Wallermann D.	Preprint	2021	
A physiologically based pharmacokinetic model for CYP2E1 phenotyping via chlorzoxazone	Küttner J., Grzegorzewski J., Tautenhahn H-M, König M	Preprint	2023	
Simvastatin therapy in different subtypes of hypercholesterolemia - a physiologically based modelling approach	Bartsch F., Grzegorzewski J., Pujol H, Tautenhahn H-M, König M	Preprint	2023	
Computational Modelling of Simvastatin - Effects on HMG-CoA Reductase Activity and Cholesterol	Florian Bartsch	Bachelor Thesis	2020	
Computational Modelling of Omeprazole - Pharmacokinetics and Pharmacodynamics	Sükrü Balci	Bachelor's Thesis	2021	
Computational Modelling of Midazolam Clearance: Effect of Inhibitors and Inducers	Yannick Duport	Bachelor's Thesis	2020	
A Physiologically Based Model of Indocyanine Green Liver Function Tests - Effects of Physiological Factors, Hepatic Disease and Hepatic Surgery Bachelor Thesis	Adrian Kölner	Bachelor's Thesis	2021	
A Physiologically Based Model of Pravastatin - The Role of Genotypes and Hepatic or Renal Impairment on the Pharmacokinetics of Pravastatin	Helena Leal Pujol	Bachelor's Thesis	2022	

# Outlook

- Experimental validation of the PBPK model of dextromethorphan:
  - in vitro reaction kinetics
  - CYP2D6 genotyping
  - pharmacokinetic measurements
- “Digital pharmacokinetic twin” based on CYP activities
- (Semi-) automatic data curation by LLMs (GPT4, LAMA) or multimodal models (SPAE)

# Outlook

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- “Digital pharmacokinetic twin” based on CYP activities
- (Semi-) automatic data curation by LLMs (GPT4, LAMA) or multimodal models (SPAЕ)

## Thank you for your attention

Collaborators and Colleagues

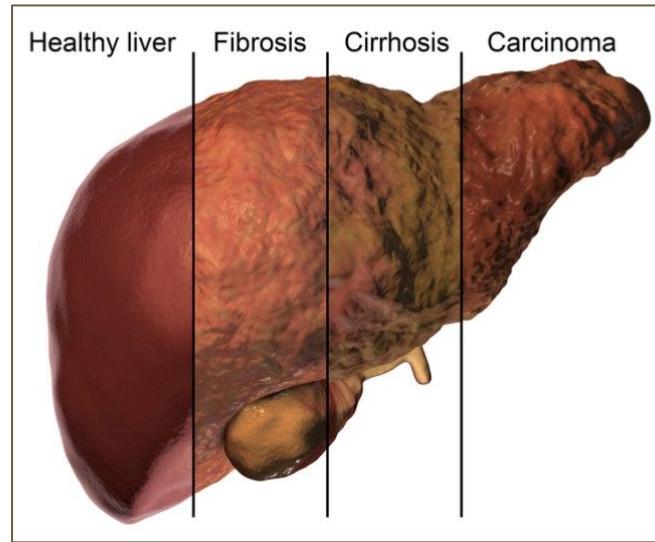


# Liver Function & Disease

The liver is the heaviest solid internal organ, accounting for about 2% of body weight and 18% contribution to the total resting energy consumption.

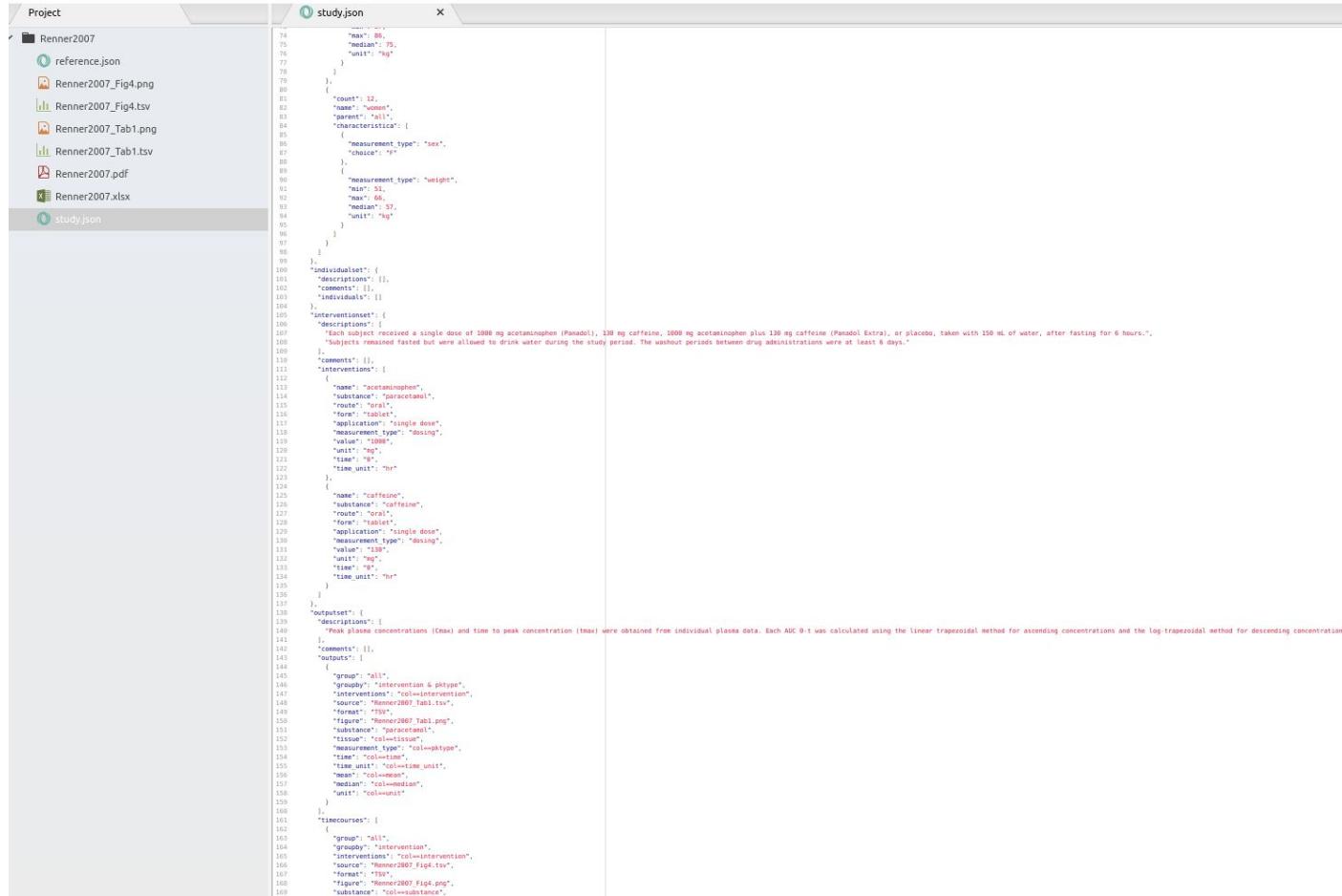
## Function

- drug metabolism
- detoxification
- synthesis of plasma proteins and biochemicals (e.g. albumin, bile)
- ...



**Liver Cirrhosis** and **Liver cancer** are the 11th and 16th leading causes of death worldwide.

# Upload Format



The screenshot shows a software interface with a sidebar on the left containing a project structure for "Renner2007". The files listed are: reference.json, Renner2007\_Fig4.png, Renner2007\_Fig4.tsv, Renner2007\_Tab1.png, Renner2007\_Tab1.tsv, Renner2007.pdf, and Renner2007.xlsx. The main area is a code editor titled "study.json" with the following content:

```
Project
Renner2007
reference.json
Renner2007_Fig4.png
Renner2007_Fig4.tsv
Renner2007_Tab1.png
Renner2007_Tab1.tsv
Renner2007.pdf
Renner2007.xlsx
study.json

study.json x

74     "max": 86,
75     "median": 75,
76     "unit": "kg"
77   }
78 },
79 ),
80 ),
81   "count": 12,
82   "name": "age",
83   "type": "int",
84   "characteristics": [
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87       "choice": "F"
88     },
89     {
90       "measurement_type": "weight",
91       "min": 51,
92       "max": 86,
93       "median": 57,
94       "unit": "kg"
95     }
96   ]
97 },
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99 },
100 "individualset": {
101   "descript": 11,
102   "comments": [],
103   "individuals": []
104 },
105 "interventionset": {
106   "descriptions": [
107     "Each subject received a single dose of 1000 mg acetaminophen (Panadol), 130 mg caffeine, 1000 mg acetaminophen plus 130 mg caffeine (Panadol Extra), or placebo, taken with 150 mL of water, after fasting for 6 hours.",
108     "Subjects remained fasted but were allowed to drink water during the study period. The washout periods between drug administrations were at least 6 days."
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110   "comments": [],
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129       "application": "single dose",
130       "measurement_type": "dosing",
131       "value": "130",
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135     }
136   ],
137 },
138   "outputset": {
139     "descript": [
140       "Peak plasma concentrations (Cmax) and time to peak concentration (tmax) were obtained from individual plasma data. Each AUC 0-t was calculated using the linear trapezoidal method for ascending concentrations and the log trapezoidal method for descending concentrations.34"
141     ],
142     "comments": [],
143     "outputs": [
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152         "pktype": "col=pktype",
153         "measurement_type": "col=pktype",
154         "time": "col=time",
155         "time_unit": "col=time_unit",
156         "mean": "col=mean",
157         "median": "col=median",
158         "unit": "col=unit"
159       },
160       {
161         "timecourses": [
162           {
163             "group": "all",
164             "groupby": "intervention",
165             "interventions": "col=intervention",
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167             "format": "png",
168             "figure": "Renner2007_figr1.png",
169             "substance": "col=substance",
170             "pktype": "col=pktype"
171           }
172         ]
173       }
174     ]
175   }
176 }
```

# Interactive Data Curation

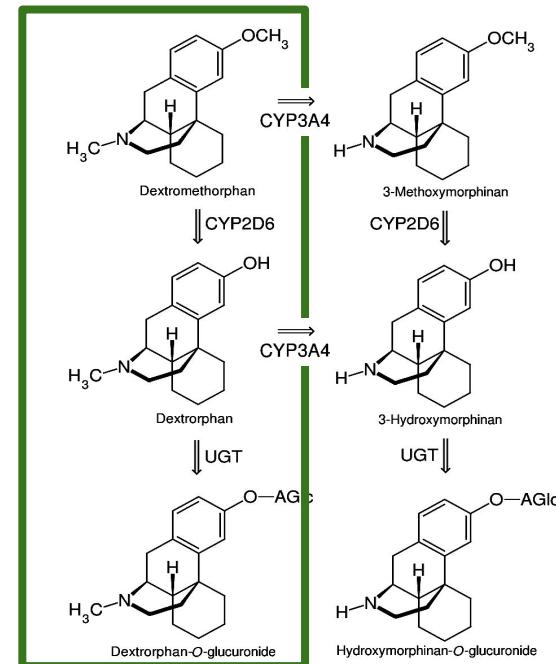
```
(pkdb_data) mkoenig@prime1:~/git/pkdb_data$ watch_study -s ./studies/acetaminophen/Renner2007/
INFO -----
INFO Watching [Renner2007]
INFO   /home/mkoenig/git/pkdb_data/studies/acetaminophen/Renner2007
INFO -----
INFO - 0.11 [s] : Upload references
INFO - 0.13 [s] : Upload files
INFO - 0.08 [s] : Upload core study
INFO - 0.05 [s] : Upload groups
INFO - 0.00 [s] : Upload individuals
INFO - 0.00 [s] : Upload study
INFO - 0.05 [s] : Index study
INFO -----
INFO http://0.0.0.0:8000/api/v1/studies/17442681/
INFO UPLOAD SUCCESSFUL ( http://0.0.0:8080/#/studies/17442681 )
INFO
```

```
INFO Updating [Renner2007]
INFO -----
INFO - 0.13 [s] : Upload references
INFO - 0.26 [s] : Upload files
INFO - 0.12 [s] : Upload core study
WARNING
{
  "groupset": {
    "group_exs": [
      {},
      {},
      {
        "groups": [
          {
            "characteristica": [
              {},
              {
                "non_field_errors": [
                  "[{'unit': 'For measurement type 'weight' the unit [mol] with dimension [substance] is not allowed.', 'Only units with the following dimensions are allowed:: [[mass]], 'Units are allowed which can be converted to the following normalized units:: <QuerySet ['kg']>'}]"
                ]
              }
            ]
          }
        ]
      }
    ]
  }
}
INFO - 0.16 [s] : Upload groups
INFO - 0.08 [s] : Upload individuals
INFO - 0.08 [s] : Upload study
INFO - 0.10 [s] : Index study
INFO -----
ERROR UPLOAD ERROR (check error and warnings above)
INFO -----
```

# Dextromethorphan: A probe drug for CYP2D6 activity

- Cytochrome P450 2D6 (CYP2D6) is involved in the clearance of ~20%
- Dextromethorphan is in vivo probe
  - CYP2D6 metabolizes Dextromethorphan (DMT) to Dextrorphan (DXO)
- Substance for CYP2D6 phenotyping.
  - Urinary metabolic ratio
  - DMT/(DXO + DXO-Glu)
- CYP2D6-mediated drug response exhibits a large inter-individual variability due to genetic polymorphism
- Genetic polymorphism is related to
  - risk of adverse effects
  - non-response during treatment
  - death by drug intoxication

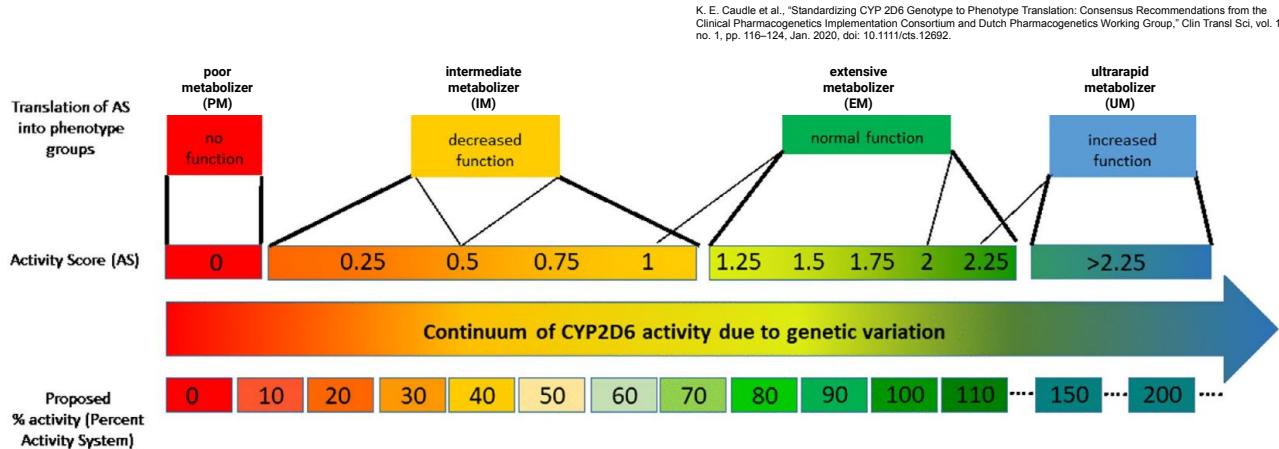
## Metabolic pathway of dextromethorphan



Strauch K, Lutz U, Bittner N, Lutz WK (August 2009). "Dose-response relationship for the pharmacokinetic interaction of grapefruit juice with dextromethorphan investigated by human urinary metabolite profiles". *Food and Chemical Toxicology*. **47** (8): 1928–35.  
[doi:10.1016/j.fct.2009.05.004](https://doi.org/10.1016/j.fct.2009.05.004) PMID 19445985.

# CYP2D6 Polymorphism

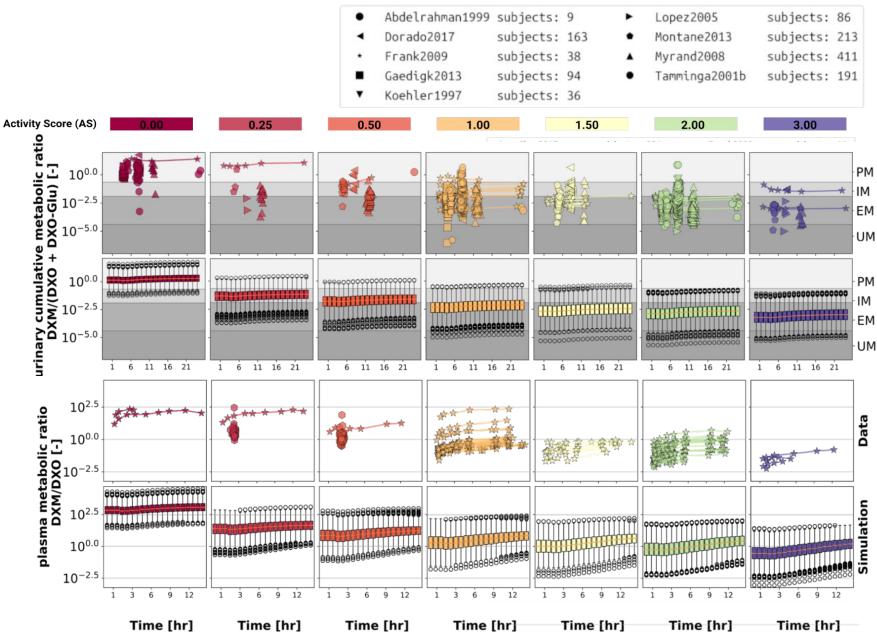
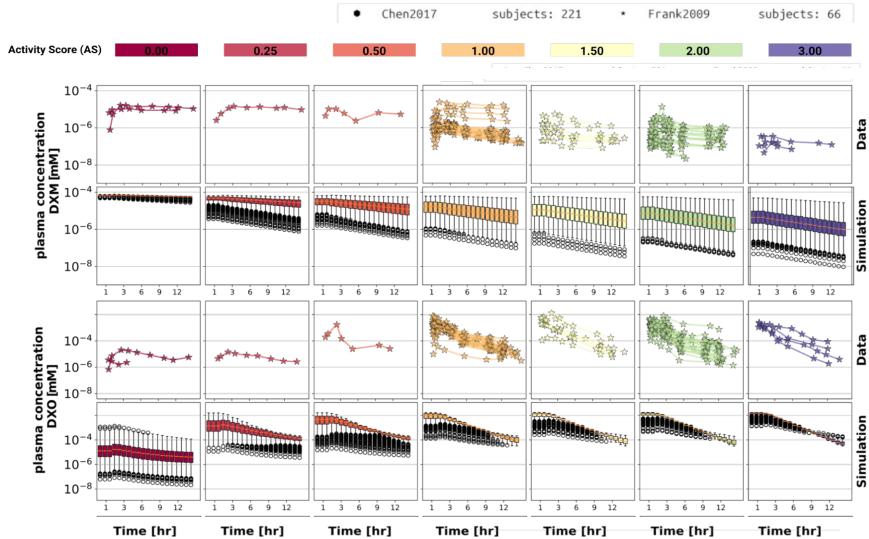
- genetic variants have different activities values
- subjects carry combinations of these variants
- sum of individual activity values is the activity score (AS)



$$\text{Activity Score (AS): } AS = \sum \text{ActivityValue}$$

Activity Value	Allele
0	*3,*4, *5, *6, *7, *8,*11,*12,*13,*15,*42,*44, ...
0.25	*10
0.5	*9,*10x2,*14,*17,*29,*41,*49,*50,*54,*55,*59
1	*1,*2,*9x2, *17x2, *33,*34,*35,*45,*46,*53,
>1	*1x2, *1x>2, *2x2, *1x>3, ...

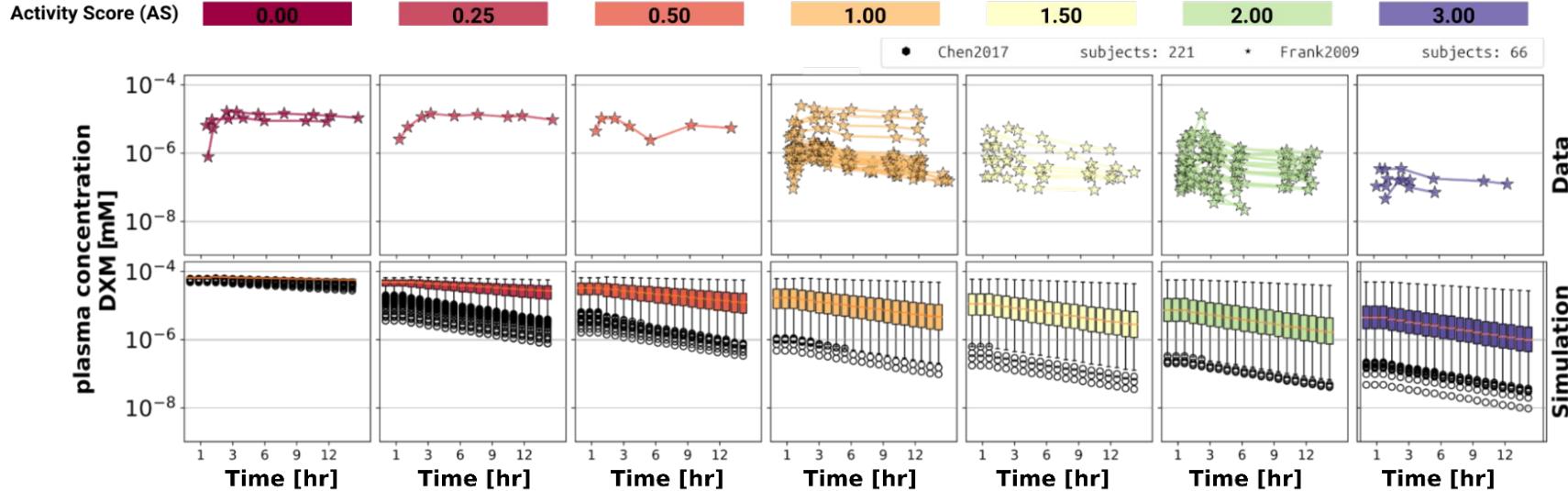
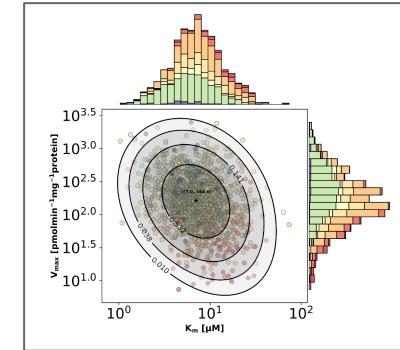
# Effect of polymorphism on dextromethorphan metabolic ratios



# Effect of polymorphism on dextromethorphan pharmacokinetics

Model can predict timecourse data

32 clinical studies



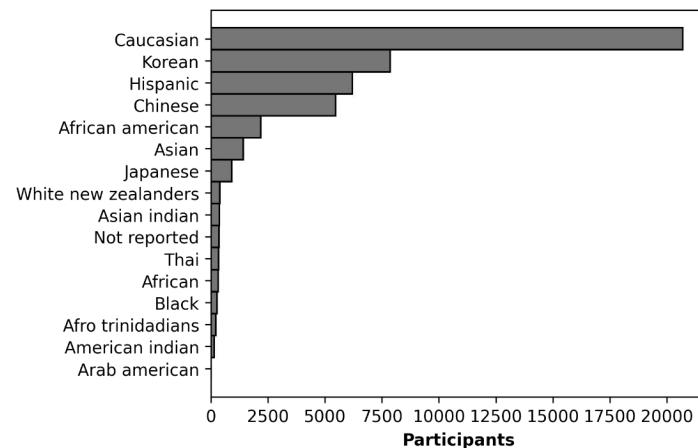
# Parameter Fitting

- 12 PBPK model parameter were fitted with time course data from the studies by weighted mean square error.

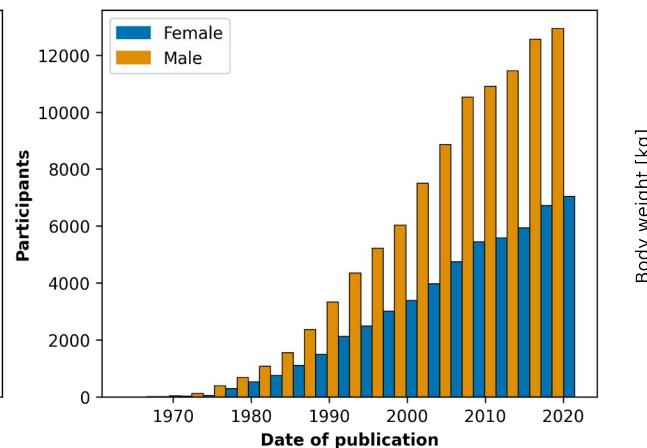
Parameter	Description	References	Value	Unit	F	Parameter	Description	References	Value	Unit	F
BW	Body weight	ICRP (2002) (male)	75	kg		FQgu	Gut fractional tissue blood flow	Jones and Rowland-Yeo (2013)	0.146	-	
HEIGHT	Height	ICRP (2002) (male)	170	cm		FQkl	Kidney fractional tissue blood flow	Jones and Rowland-Yeo (2013)	0.19	-	
HR	Heart rate		70	l/min		FQjh	Hepatic (venous side) fractional tissue blood flow	Jones and Rowland-Yeo (2013)	0.215	-	
HRrest	Heart rate (resting)		70	l/min		FQlu	Lung fractional tissue blood flow	Jones and Rowland-Yeo (2013)	1	-	
COBW	Cardiac output per bodyweight	ICRP (2002); de Simone et al. (1997)	1.548	ml/s/kg		FQsp	Spleen fractional tissue blood flow	Jones and Rowland-Yeo (2013)	0.017	-	
HCT	Hematocrit	Vander (2001); Herman (2016) (upper range male)	0.51	-		FQfo	Fore arm fractional tissue blood flow	RNAO (2022)	0.0146	-	
Kp_dxm	Tissue/plasma partition coefficient DXM forearm		10	-	✓	FQpa	Pancreas fractional tissue blood flow	ICRP (2002)	0.017	-	
f_shunting_forearm	Shunting in forearm		0.2795	-	✓	fissue_dxm	Vmax tissue distribution DXM		1000	l/min	✓
FVgu	Gut fractional tissue volume	Jones and Rowland-Yeo (2013); ICRP (2002)	0.0171	l/kg		Kp_dkm	Tissue/plasma partition coefficient DXM		8.7346	-	✓
FVki	Kidney fractional tissue volume	Jones and Rowland-Yeo (2013); ICRP (2002)	0.0044	l/kg		Ka_dxm	DXM rate of dissolution and stomach passage		0.0217	l/hr	✓
FVli	Liver fractional tissue volume	Jones and Rowland-Yeo (2013); ICRP (2002)	0.021	l/kg		M <sub>r</sub> _dxo	Molecular weight DXO	CHEBI29133	257.3707	g/mole	
FVlu	Lung fractional tissue volume	Jones and Rowland-Yeo (2013); ICRP (2002)	0.0076	l/kg		fissue_dxo	Vmax tissue distribution DXO		100	l/min	✓
FVsp	Spleen fractional tissue volume	Jones and Rowland-Yeo (2013); ICRP (2002)	0.0026	l/kg		Kp_dxo	Tissue/plasma partition coefficient DXO		4	-	✓
FVpa	Pancreas fractional tissue volume	Jones and Rowland-Yeo (2013); ICRP (2002)	0.01	l/kg		M <sub>r</sub> _dxo_glu	Molecular weight DXO <sub>glu</sub>	CHEBI32645	433.4948	g/mole	
FVfo	Fore arm fractional tissue volume		0.0048	l/kg	✓	fissue_dxo_glu	Vmax tissue distribution DXO <sub>glu</sub>		3	l/min	✓
FVve	Venous fractional tissue volume	Jones and Rowland-Yeo (2013); ICRP (2002)	0.0514	l/kg		Kp_dxo_glu	Tissue/plasma partition coefficient DXO <sub>glu</sub>		0.08	-	✓
FVar	Arterial fractional tissue volume	Jones and Rowland-Yeo (2013); ICRP (2002)	0.0257	l/kg		KL_DXMEX_k	DXM urinary excretion rate		0.017	l/min	✓
FVpo	Portal fractional tissue volume	Jones and Rowland-Yeo (2013); ICRP (2002)	0.001	l/kg		KL_DXOEX_k	DXO urinary excretion rate		0.3	l/min	✓
						KL_DXOGLUEX_k	DXO glucuronide urinary excretion rate		10	l/min	✓
						LI_DXMCY2D6_Vmax	DXM CYP2D6 Vmax		0.003	mmol/l	✓
						LI_DXMCY2D6_Km	DXM CYP2D6 Km	Storelli et al. (2019a); Yang et al. (2012)	0.0079	mM	
						LI_cyp2d6_ac	CYP2D6 activity score		0.0–3.0	-	
						LI_lambda_1	Slope of Km by principal component regression of (Km, Vmax) in log space	Storelli et al. (2019a); Yang et al. (2012)	-0.4	-	✓
						LI_DXMCY3A4_Vmax	Vmax of DXO formation by CYP3A4		0.0004	mmol/l	✓
						LI_DXMCY3A4_Km	Km of DXO formation by CYP3A4	Yu and Haining (2001)	0.157	mM	
						LI_DXOUGT_Vmax	DXO UGT Vmax (glucuronidation)		0.8953	mmol/l	✓
						LI_DXOUGT_Km	DXO UGT Km (glucuronidation)	Lutz and Isoherranan (2012)	0.69	mM	
						GU_F_dxm	Fraction absorbed DXM	Schadel et al. (1995)	0.55	-	
						GU_Ka_abs_dxm	Ka <sub>abs</sub> absorption DXM		3.4285	l/hr	✓
						GU_DXMCTP3A4_Vmax	DXM CYP3A4 Vmax		0.0002	mmol/l	✓
						GU_DXMCTP3A4_Km	DXM CYP3A4 Km	Kerry et al. (1994); Yu and Haining (2001)	0.7	mM	
						PODOSE	DXM oral dose		mg		

# Biases in Literature

Ethnicity

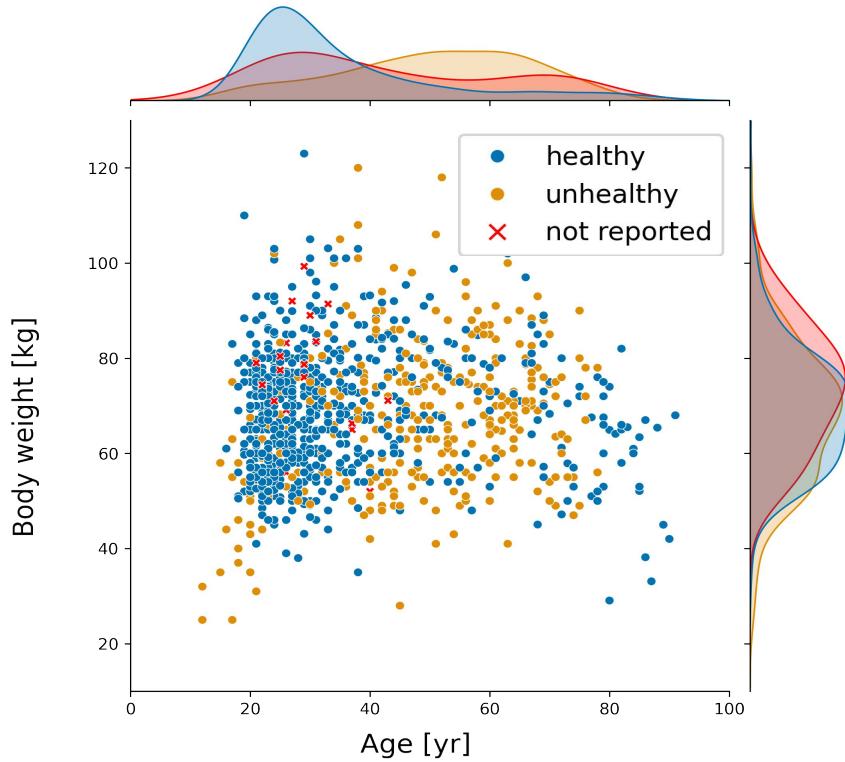


Sex



Body weight [kg]

# Age-Health



# Tools for reproducible model implementation



Systems Biology Markup Language ([SBML](#))



Sbmlutils: Python Utilities for SBML



SBML4Humans

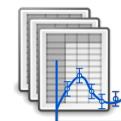


CySBML: SBML for Cytoscape 2



parameter estimation

**AMICI**

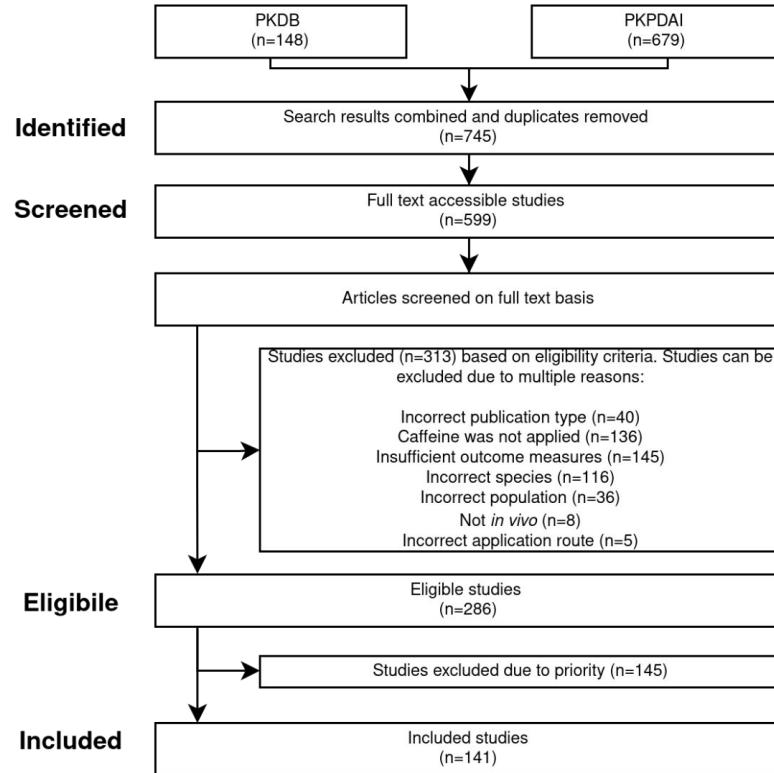


**PEtab**

**libRoadRunner**



# Preferred Reporting Items for Systematic reviews and Meta-Analysis for Scoping Reviews (PRISMA-ScR)

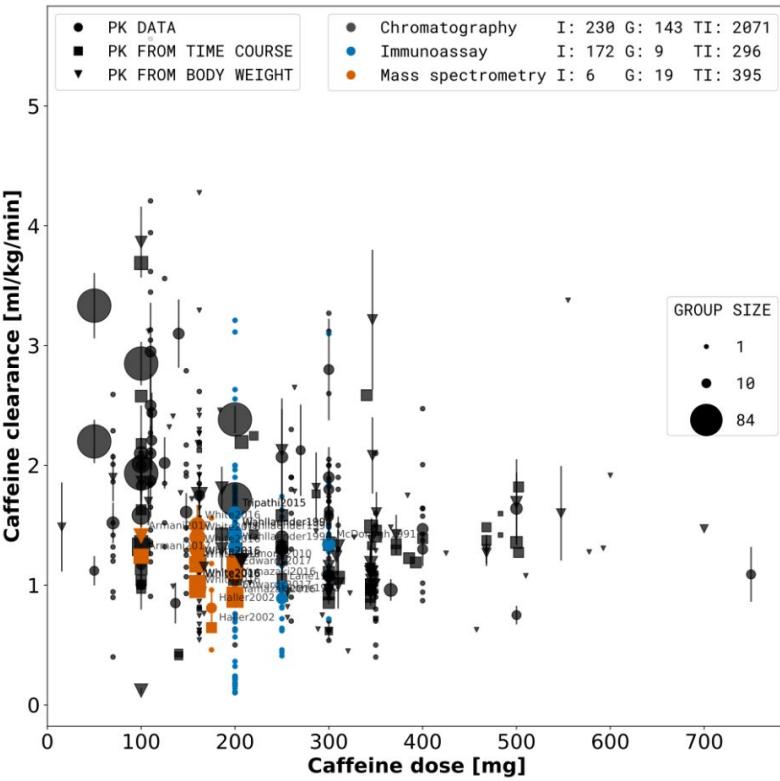
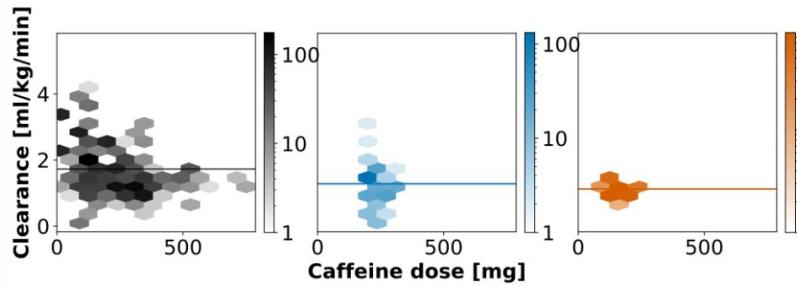


## Eligibility Criteria

- Original studies (no reviews, no computational studies)
- Homo Sapiens
- Age  $\geq 18$  years
- *In vivo*
- Application of caffeine
- Application route (oral, intravenous)
- Reported pharmacokinetics data for caffeine or its metabolites (time courses or pharmacokinetic parameters)

# Meta-analysis: Methods

- Probably no influence of quantification method on caffeine clearance



# Meta-analysis: Caffeine-Drug Interactions

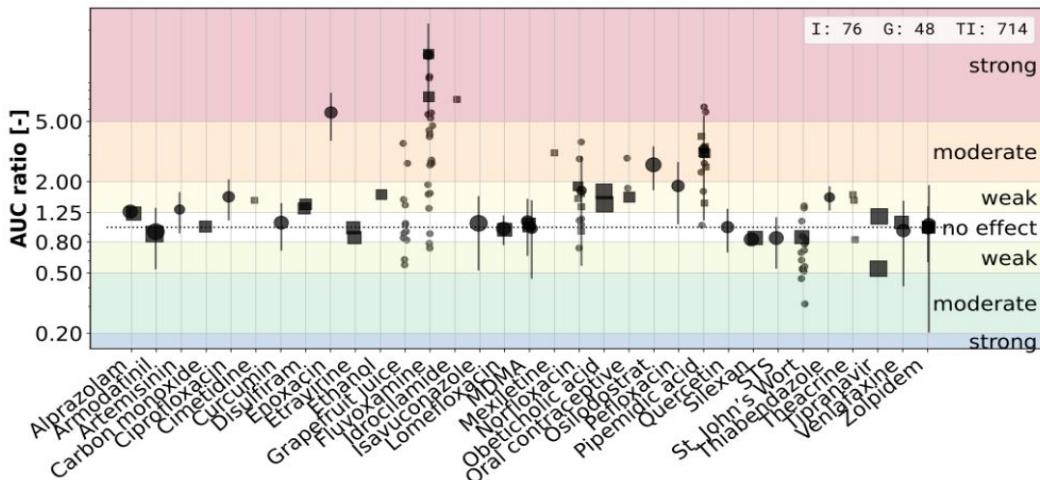
- Drug-drug interactions by AUC of Caffeine:

↔ most substances

↓ enoxacin, fluvoxamine, Idrocilamide\*, norfloxacin, osilodrostat, pipemidic acid

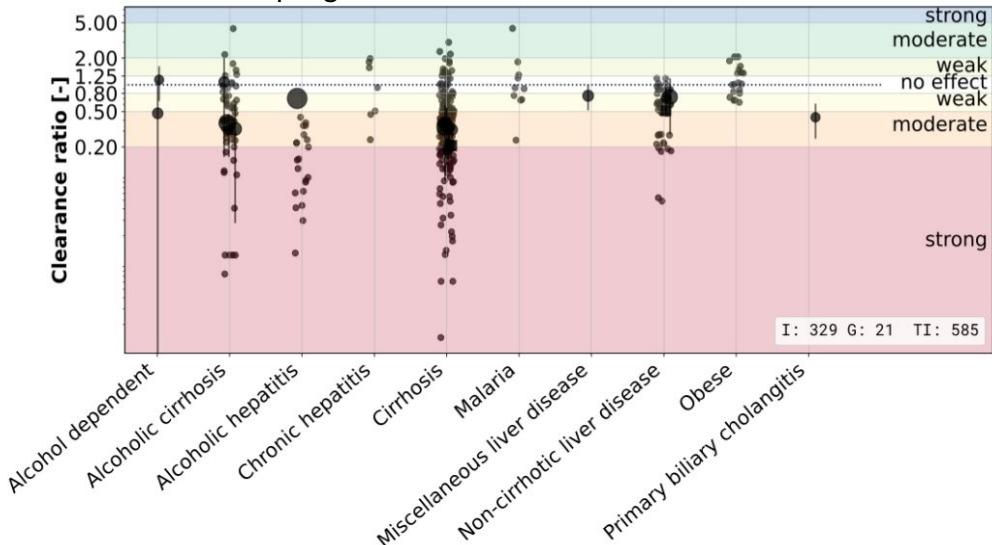
↑ tipranavir\*

\*interaction missing in go.drugbank.com



# Meta-analysis: Caffeine-Disease Interactions

- Cirrhotic liver disease had moderate to strong effects on the caffeine clearance
- None of the reported diseases increased the clearance rate of caffeine.
- Difficult to combine aggregated data with IPD. Sometimes on mean is reported. Not possible to create a distribution for sampling.

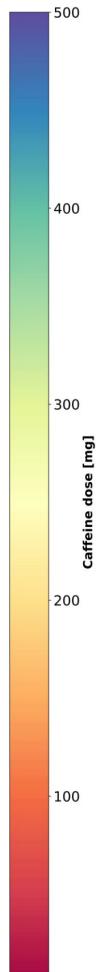
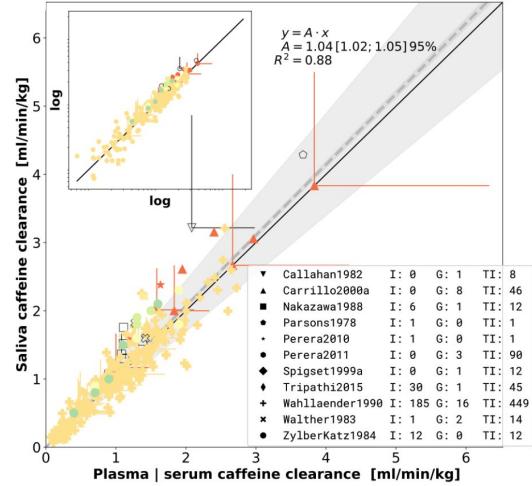
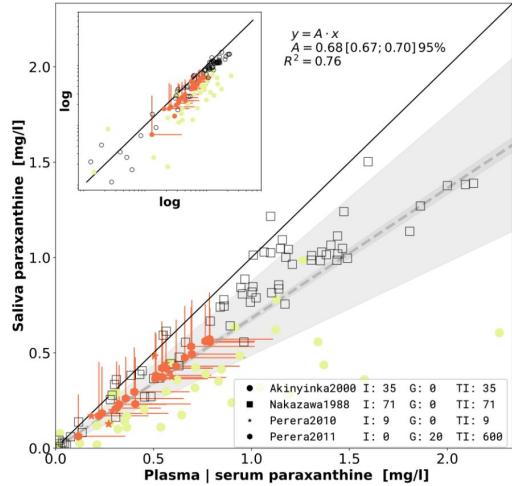
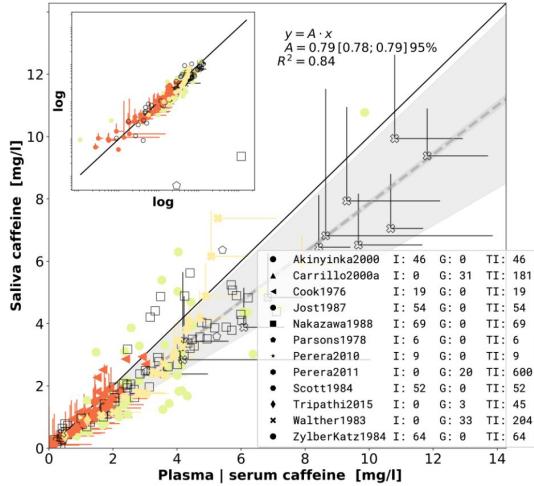


## Hypotheses:

- lower liver function due to worse perfusion and shunting, ...
- Proinflammatory cytokines down regulating CYP expression.

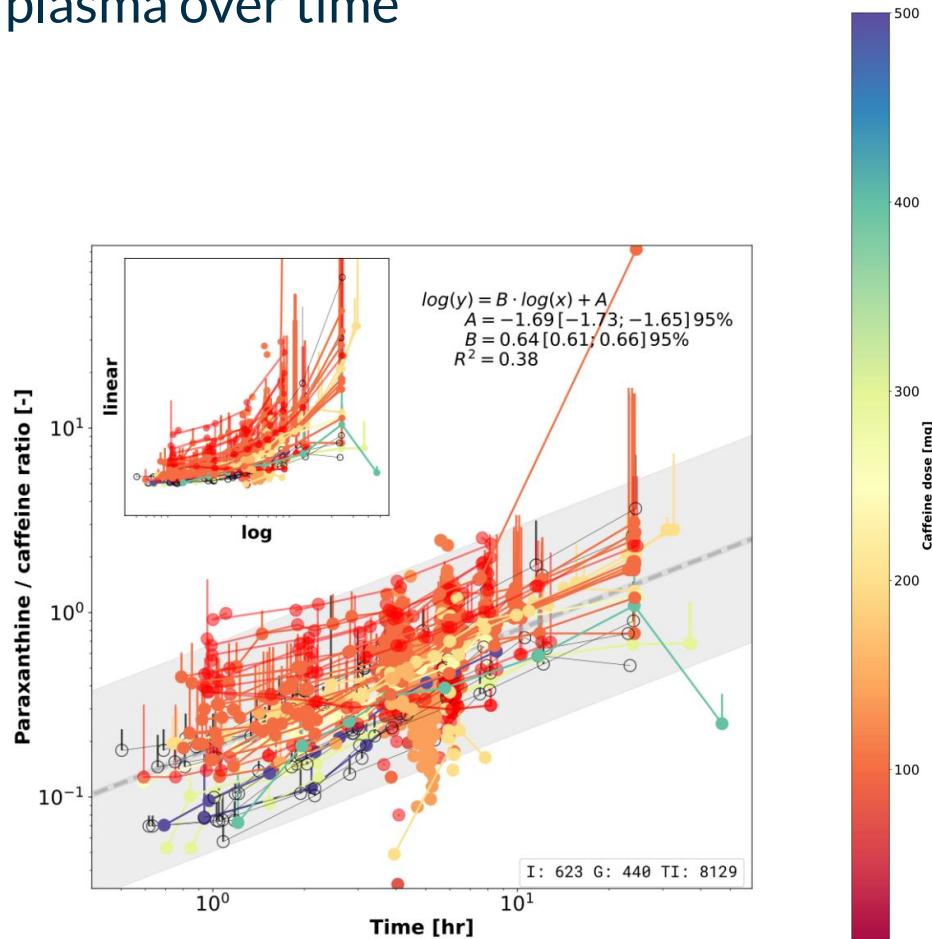
# Meta-analysis: Plasma vs. Saliva

- Concentrations of caffeine and paraxanthine are 21% and 32%, respectively, lower in saliva in comparison to plasma.
- Strong correlation ( $R^2=0.88$ ) between clearance in saliva and plasma.

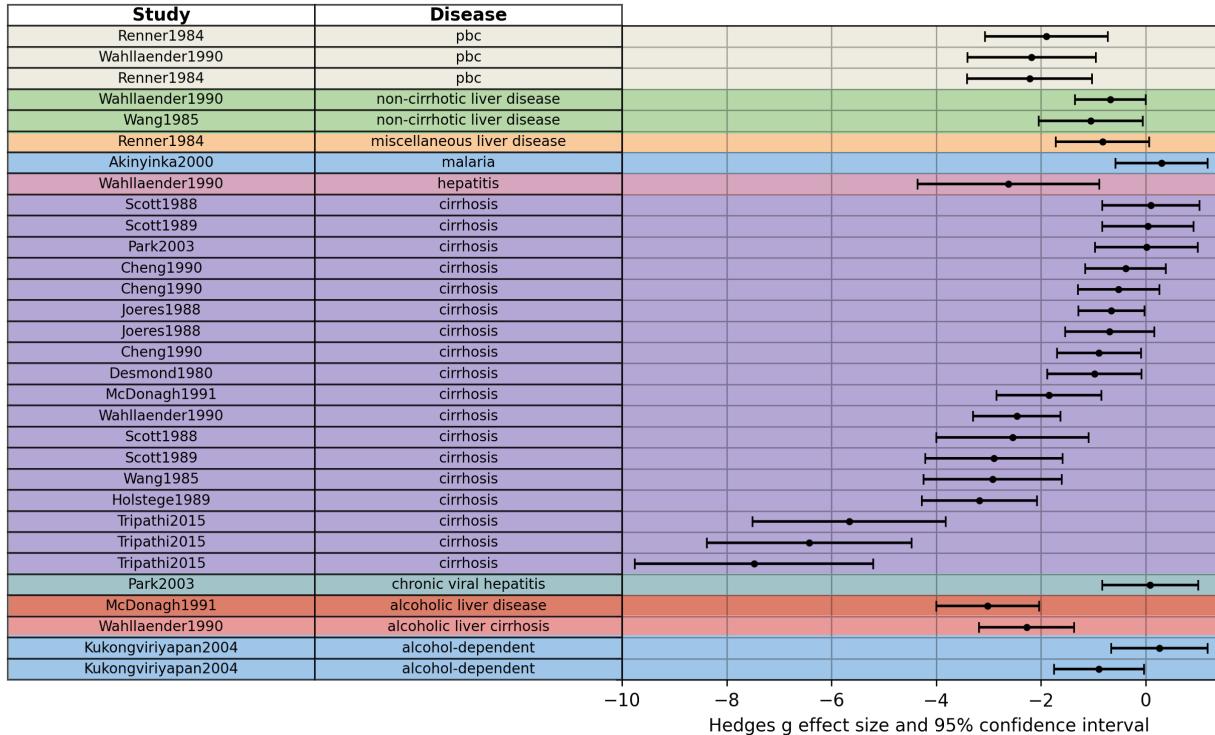


# Meta-analysis: Metabolic ratio in plasma over time

- Sampling timing of the metabolic ratio (MR) (paraxanthine / caffeine) in plasma matters. MR increases over time.



# Effect size analysis of caffeine clearance for various diseases



$$g = (x_1 - x_2) / \sqrt{((n_1-1)*s_{12} + (n_2-1)*s_{22}) / (n_1+n_2-2)}$$

Rule of thumb:

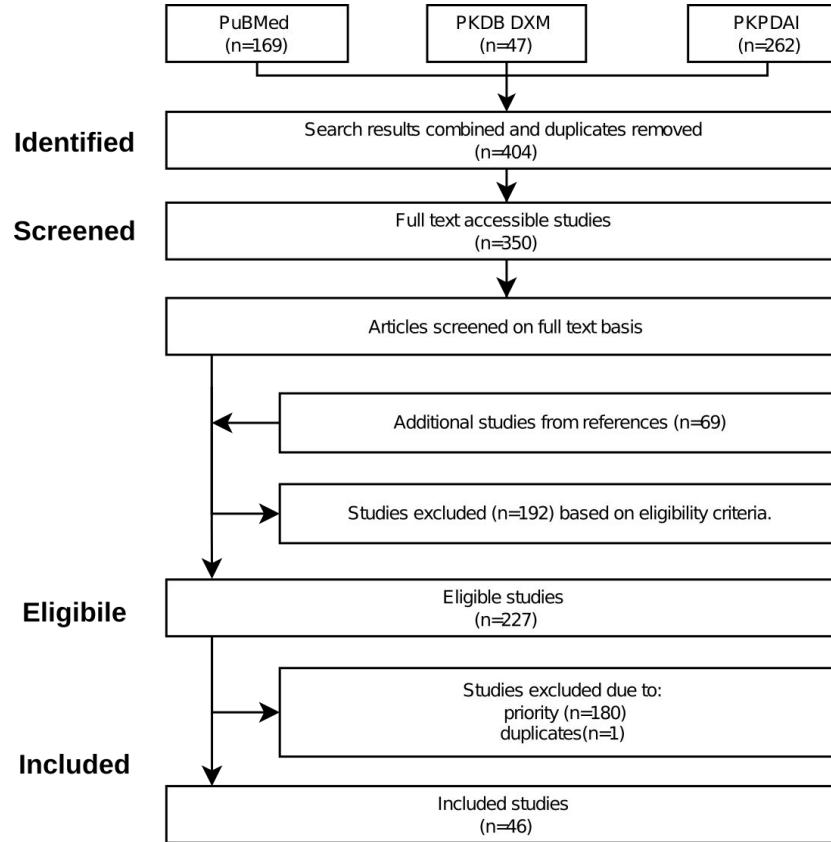
Hedges  $g < 0.2$  small effect

Hedges  $g \approx 0.5$  medium effect

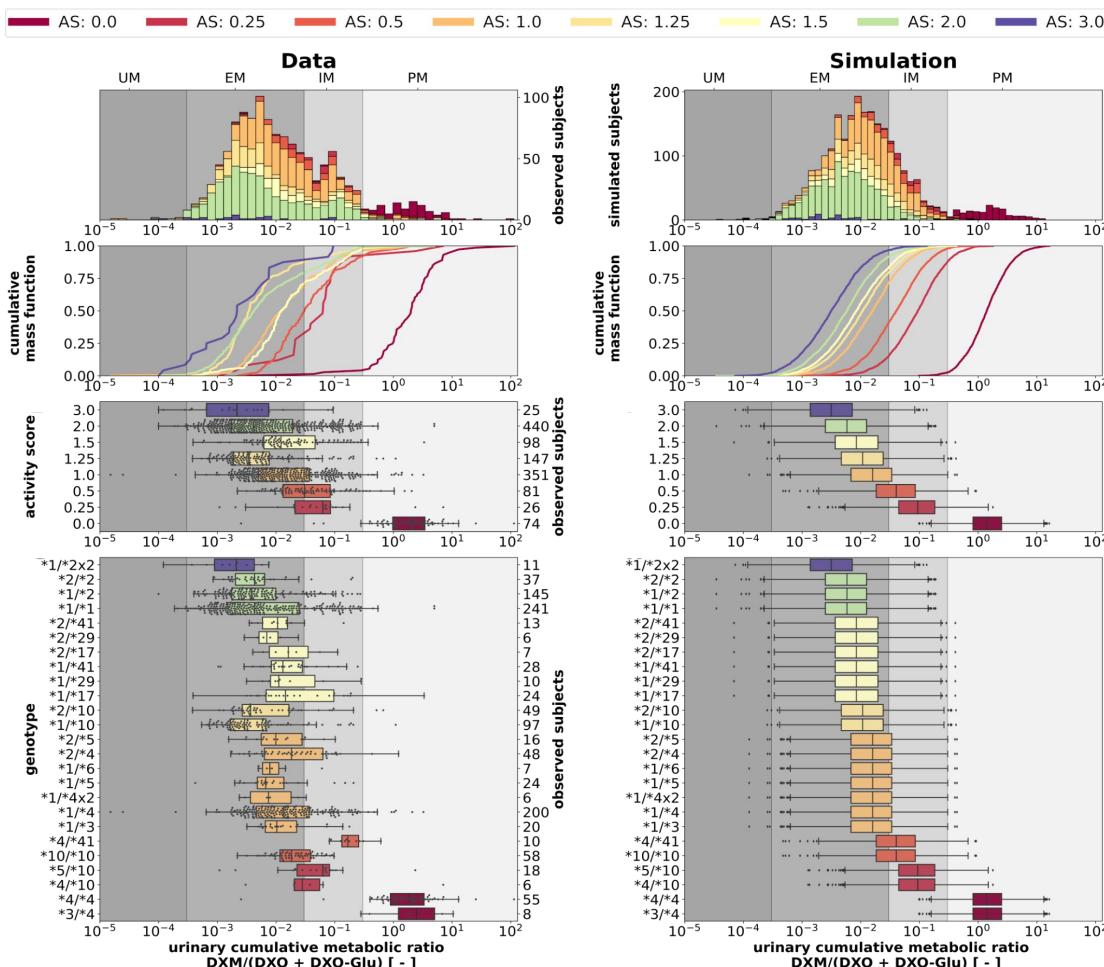
Hedges  $g > 0.8$  large effect

# PRISMA flow diagram for Dextromethorphan

Overview of the data selection for the pharmacokinetics dataset used in this work. PuBMed, PKDB, and PKPDAI were utilized for the literature search on DXM pharmacokinetics. Applied eligibility criteria resulted in 227 studies of which 46 were curated for this work.



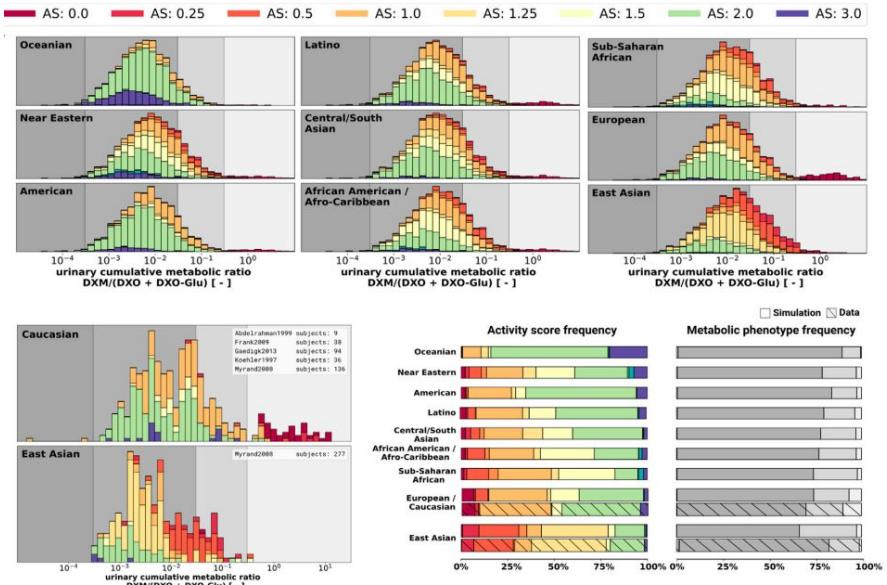
# Effect of genotype on CYP2D6 phenotyping



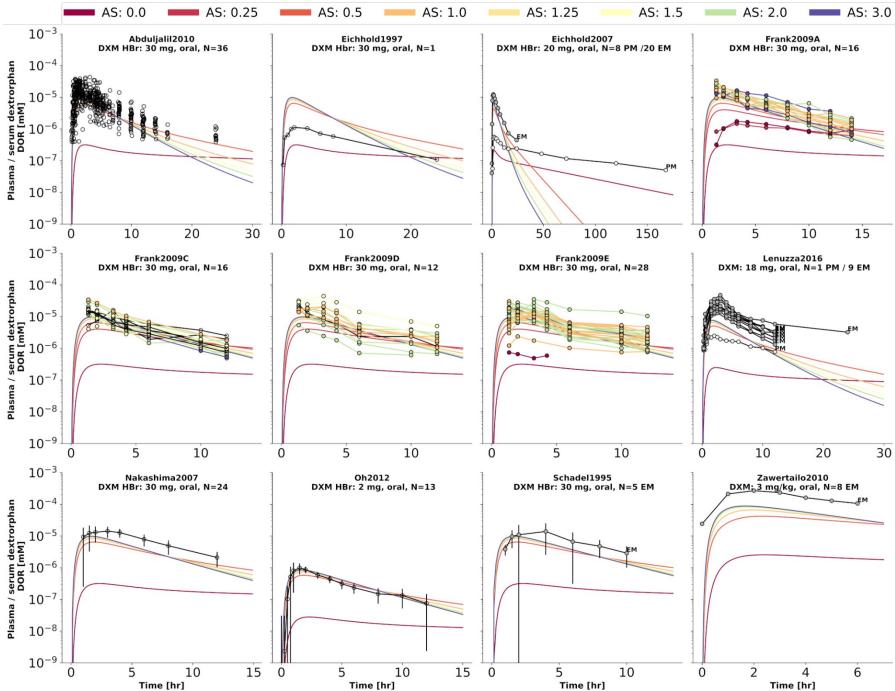
# Biogeographical Population

Activity Score	Sub-Saharan African	African American & Afro-Caribbean	European	Near Eastern	East Asian	Central & South Asian	American	Latino	Oceanian
0	1.53	2.33	6.47	2.20	0.86	2.34	2.18	3.12	0.38
0.25	1.38	1.17	0.80	2.01	8.10	2.65	0.42	0.93	0.31
0.5	10.90	9.29	6.72	6.34	19.82	4.71	1.03	3.84	0.17
0.75	4.77	2.29	0.41	2.69	3.94	2.24	0.10	0.56	0.04
1	26.45	23.46	31.01	18.82	7.28	19.94	22.04	23.76	9.57
1.25	3.64	3.62	1.81	6.80	33.15	10.35	2.14	3.37	3.90
1.5	28.04	28.43	15.16	19.93	3.45	15.44	5.10	13.67	1.32
2	11.40	23.38	34.03	27.14	14.62	36.09	56.27	42.02	61.14
2.25	0.32	0.22	0.05	0.88	0.69	0.26	0.10	0.15	0.60
2.5	2.44	1.69	0.46	2.56	0.07	0.39	0.24	0.59	0.20
3	1.86	2.68	1.99	6.49	0.60	1.81	5.15	3.57	18.37
4	0.08	0.08	0.03	0.42	0.01	0.02	0.12	0.08	1.41
Phenotype	UM	EM	IM	PM					
UM	0.4	0.4	0.5	0.7	0.3	0.5	0.7	0.7	1.1
EM	73.7	76.6	73.8	78.2	66.3	77.5	83.3	79.1	88.5
IM	23.7	20.2	19.1	18.5	30.9	19.0	13.5	16.8	9.9
PM	2.2	2.7	6.7	2.7	2.6	2.9	2.4	3.5	0.5

Table S2. Proportion [%] of CYP2D6 activity scores and simulated metabolic phenotypes by biogeographical group.

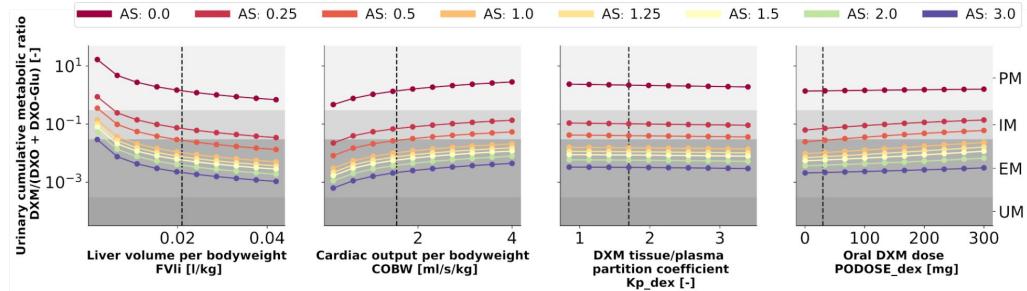


# Dextrorphan Plasma Concentration Simulation



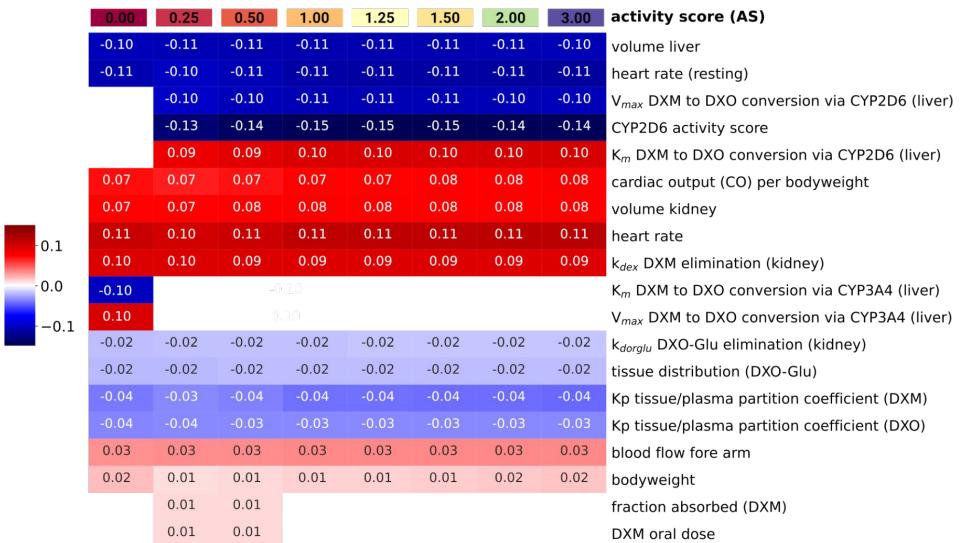
# Parameter Scans

- Dependency of UCMR (urinary cumulative ratio of DXM/(DXO-Glu) after 8 hr and 30 mg oral DXM) on selected physiological parameters and the DXM dose. Parameter scans were performed for all activity scores.



# Local Sensitivity Analysis

- Sensitivity analysis of model parameters. To systematically study the effect of parameter changes the local sensitivity of UCMR were calculated for all activity scores. Parameters were varied 10% in both direction around the reference parameter value and the relative change of UCMR was calculated (insensitive parameters with relative change of UCMR smaller than 1% were omitted).



## model: dextromethorphan\_body

Autogenerated ODE System from SBML file with sbmlutils.time: [min] substance: [mmol] extent: [mmol] volume: [l] area: [ $\text{m}^2$ ] length: [m]

## Parameters p

```

BW = 75.0 # [kg]
COBw = 1.548 # [ml/s/kg]
COHRI = 150.0 # [ml]
FoFo = 0.0146153846153846 # [-]
FoGu = 0.146 # [-]
FoGu = 0.215 # [-]
FoKL = 0.19 # [-]
FoLu = 1.8 # [-]
FoPa = 0.017 # [-]
FoSp = 0.017 # [-]
FVar = 0.0257 # [1/kg]
FVfo = 0.0048285714285713 # [kg/kg]
FVfov = 0.001 # [1/kg]
FVgu = 0.0171 # [1/kg]
FVhv = 0.001 # [1/kg]
FVkv = 0.00444 # [1/kg]
FVKiv = 0.001 # [1/kg]
FVLi = 0.021 # [1/kg]
FVLu = 0.0076 # [1/kg]
FVPa = 0.01 # [1/kg]
FVPo = 0.001 # [1/kg]
FVrev = 0.001 # [1/kg]
FVsp = 0.0026 # [1/kg]
FVve = 0.0514 # [1/kg]
FBlood = 0.02 # [-]
GU_DMXCYP3A4_Km = 0.7 # [mmol/l]
GU_DMXCYP3A4_Vmax = 0.0082 # [mmol/min/l]
GU_DMXCYP3A4_activity = 1.0 # [-]
GU_F_dxM = 0.55 # [-]
GU_Ka_abs_dxM = 3.42854395945006 # [1/hr]
GU_Vmem = nan # [^m2]
HCT = 0.51 # [-]
HEIGHT = 170.0 # [cm]
HR = 70.0 # [1/min]
HRrest = 70.0 # [1/min]
K1_DMXE_K = 0.017 # [1/min]
K1_DXOEX_K = 0.3 # [1/min]
K1_DXOGLUEK_K = 10.0 # [1/min]
K1_Vmem = nan # [^m2]
Ka_dx_dxM = 0.0217391304347826 # [1/hr]
Kp_dxM = 8.7346131162365 # [-]
Kp_dxpo = 4.0 # [-]
Kp_dxpo_glu = 0.08 # [-]
Kp_fo_dxM = 10.0 # [-]
L1_DMXCYP2D6_K1_ki = 1e-06 # [mmol/l]
L1_DMXCYP2D6_Vmax = 0.0079 # [mmol/l]
L1_DMXCYP2D6_Vmax = 0.003 # [mmol/min/l]
L1_DMXCYP3A4_Km = 0.157 # [mmol/l]
L1_DMXCYP3A4_Vmax = 0.0084 # [mmol/min/l]
L1_DXOUGT_Km = 0.69 # [mmol/l]
L1_DXOUGT_Vmax = 0.892585206249854 # [mmol/min/l]
L1_Vmem = nan # [^m2]
L1_activity_score = nan # [-]
L1_cyp2d6_a1 = 1.0 # [-]
L1_cyp2d6_a1 = 0.25 # [-]
L1_cyp2d6_a10 = 0.0 # [-]
L1_cyp2d6_a11 = 0.0 # [-]
L1_cyp2d6_a12 = 0.5 # [-]
L1_cyp2d6_a13 = 0.0 # [-]
L1_cyp2d6_a14 = 0.5 # [-]
L1_cyp2d6_a16 = 0.0 # [-]
L1_cyp2d6_a17 = 0.0 # [-]
L1_cyp2d6_a18 = 2.0 # [-]
L1_cyp2d6_a19 = 3.0 # [-]
L1_cyp2d6_a20 = 0.0 # [-]
L1_cyp2d6_a21 = 5.0 # [-]
L1_cyp2d6_a22 = 6.0 # [-]
L1_cyp2d6_a23 = 7.0 # [-]
L1_cyp2d6_a24 = 0.0 # [-]
L1_cyp2d6_a25 = 0.0 # [-]
L1_cyp2d6_a26 = 1.0 # [-]
L1_cyp2d6_a27 = 0.5 # [-]
L1_cyp2d6_a28 = 1.0 # [-]
L1_cyp2d6_a29 = 2.0 # [-]
L1_cyp2d6_a30 = 0.0 # [-]
L1_cyp2d6_a30 = 3.0 # [-]
L1_cyp2d6_a31 = 4.0 # [-]
L1_cyp2d6_a32 = 5.0 # [-]
L1_cyp2d6_a33 = 6.0 # [-]
L1_cyp2d6_a34 = 0.0 # [-]
L1_cyp2d6_a35 = 0.0 # [-]
L1_cyp2d6_a36 = 1.0 # [-]
L1_cyp2d6_a37 = 1.0 # [-]
L1_cyp2d6_a38 = 1.0 # [-]
L1_cyp2d6_a39 = 2.0 # [-]
L1_cyp2d6_a40 = 0.5 # [-]
L1_cyp2d6_a40 = 0.0 # [-]
L1_cyp2d6_a41 = 0.0 # [-]
L1_cyp2d6_a42 = 0.0 # [-]
L1_cyp2d6_a43 = 1.0 # [-]
L1_cyp2d6_a44 = 0.0 # [-]
L1_cyp2d6_a45 = 0.0 # [-]
L1_cyp2d6_a46 = 0.0 # [-]
L1_cyp2d6_a47 = 0.0 # [-]
L1_cyp2d6_a48 = 0.0 # [-]
L1_cyp2d6_a49 = 1.0 # [-]
L1_cyp2d6_a50 = 0.0 # [-]
L1_cyp2d6_a51 = 0.0 # [-]
L1_cyp2d6_a52 = 1.0 # [-]
L1_cyp2d6_a53 = 2.0 # [-]
L1_cyp2d6_a54 = 1.0 # [-]
L1_cyp2d6_a55 = 0.0 # [-]
L1_cyp2d6_a56 = 1.0 # [-]
L1_cyp2d6_a57 = 0.5 # [-]
L1_cyp2d6_a58 = 0.0 # [-]
L1_cyp2d6_a59 = 0.0 # [-]
L1_cyp2d6_a60 = 0.0 # [-]
L1_cyp2d6_a61 = 0.0 # [-]
L1_cyp2d6_a62 = 0.0 # [-]
L1_cyp2d6_a63 = 0.5 # [-]
L1_cyp2d6_a64 = 0.0 # [-]
L1_cyp2d6_a65 = 1.0 # [-]
L1_cyp2d6_a66 = 0.5 # [-]
L1_cyp2d6_a67 = 0.5 # [-]
L1_cyp2d6_a68 = 0.0 # [-]
L1_cyp2d6_a69 = 0.0 # [-]
L1_cyp2d6_a70 = 0.0 # [-]
L1_cyp2d6_a71 = 0.0 # [-]
L1_cyp2d6_a72 = 0.0 # [-]
L1_cyp2d6_a73 = 0.0 # [-]
L1_cyp2d6_a74 = 0.0 # [-]
L1_cyp2d6_a75 = 0.0 # [-]
L1_cyp2d6_a76 = 0.0 # [-]
L1_cyp2d6_a77 = 0.0 # [-]
L1_cyp2d6_a78 = 0.0 # [-]
L1_cyp2d6_a79 = 0.0 # [-]
L1_cyp2d6_a80 = 0.0 # [-]
L1_cyp2d6_a80 = 0.5 # [-]
L1_cyp2d6_a81 = 0.0 # [-]
L1_cyp2d6_a82 = 0.0 # [-]
L1_cyp2d6_a83 = 0.0 # [-]
L1_cyp2d6_a84 = 1.0 # [-]
L1_cyp2d6_a85 = 0.0 # [-]
L1_cyp2d6_ac1 = 1.0 # [-]
L1_cyp2d6_allc2 = 0.0 # [-]
L1_cyp2d6_allc2 = 0.0 # [-]
L1_f_DMXCYP2D6_Km = 1.0 # [-]
L1_f_DMXCYP3A4_Km = 1.0 # [-]
L1_lambda_1 = 0.4 # [-]
Mr_dxM = 271.494 # [g/mol]
Mr_dxO = 257.3706 # [g/mol]
Mr_dxO_lu = 433.49478 # [g/mol]
R1_dxM = 0.0 # [mg/min]
Vfeces = 1.0 # [l]
Vfo = 1.0 # [l]
Vfo_lu = 1.0 # [l]
Volumen = 1.0 # [l]
Vstomach = 1.0 # [l]
Urine = 1.0 # [l]
conversion_min_per_day = 1440.0 # [min/day]
f_shunting_forearm = 0.279517545617716 # [-]
ftissue_dxM = 1000.0 # [l/min]
ftissue_dxO = 100.0 # [l/min]
ftissue_dxO_glu = 3.0 # [l/min]
ti_dxM = 10.0 # [s]

```

## ODE system

```

# y
Afov_dxm = Cfov_dxm * Vfov # [mmol]
Afov_dx0 = Cfov_dx0 * Vfov # [mmol]
Afov_dx0_glu = Cfov_dx0_glu * Vfov # [mmol]
Aurine_dx0_total = Aurine_dx0 + Aurine_dx0_glu # [mmol]
BSA = 0.024265 * (BW / 1)**0.5378 * (HEIGHT / 1)**0.3964 # [m^2]
CO = BW * COBW + (HR - HRrest) * COHR / 60 # [ml/s]
FQre = 1 - (FQki + FQh + FQfo) # [-]
FVre = 1 - (FVgu + FVki + FVli + FVlu + FVsp + FVpa + FVve + FVar + FVfo) # [l/kg]
Ki_dxm = (0.693 / ti_dxm) * 60 # [1/min]
LI_cyp2d6_activity1 = piecewise(LI_cyp2d6_ac / 2, LI_cyp2d6_allele1 == -1, LI_cyp2d6_a0, LI_cyp2d6
LI_cyp2d6_activity2 = piecewise(LI_cyp2d6_ac / 2, LI_cyp2d6_allele2 == -1, LI_cyp2d6_a0, LI_cyp2d6
Var = BW * FVar - (FVar / (FVar + FVve)) * BW * FBlood * (1 - FVve - FVar) # [l/l]

```

