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INNOVATION & QUALITY  
*in* PHARMACEUTICAL DEVELOPMENT

# Perspective from IQ working group on 4 $\beta$ -HC in Drug Development

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Genentech, A Member of the Roche Group

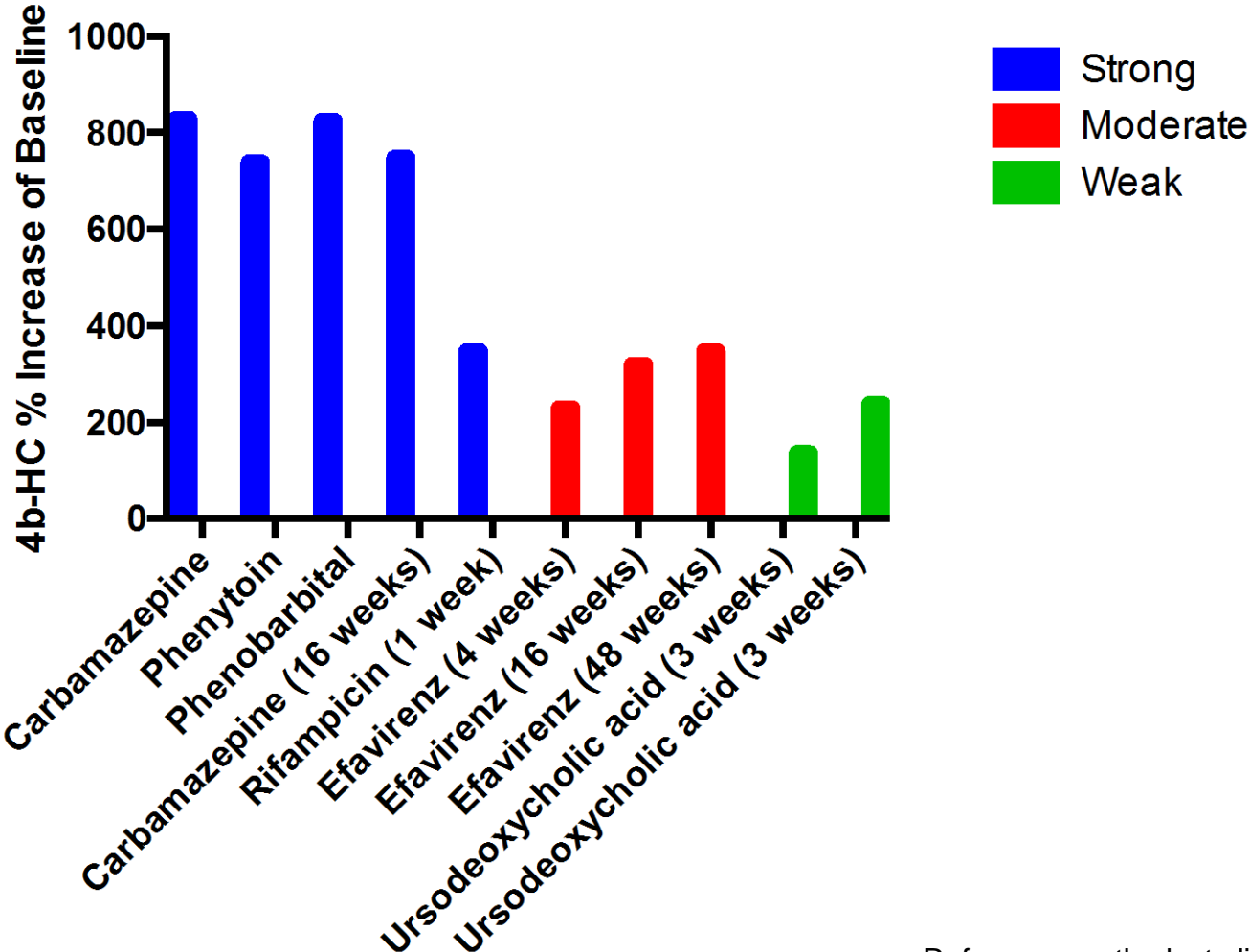
On behalf of the IQ 4 $\beta$ -HC Working Group

March 17, 2017

ASCPT

# Response of 4β-HC to CYP3A Inducers in Patients

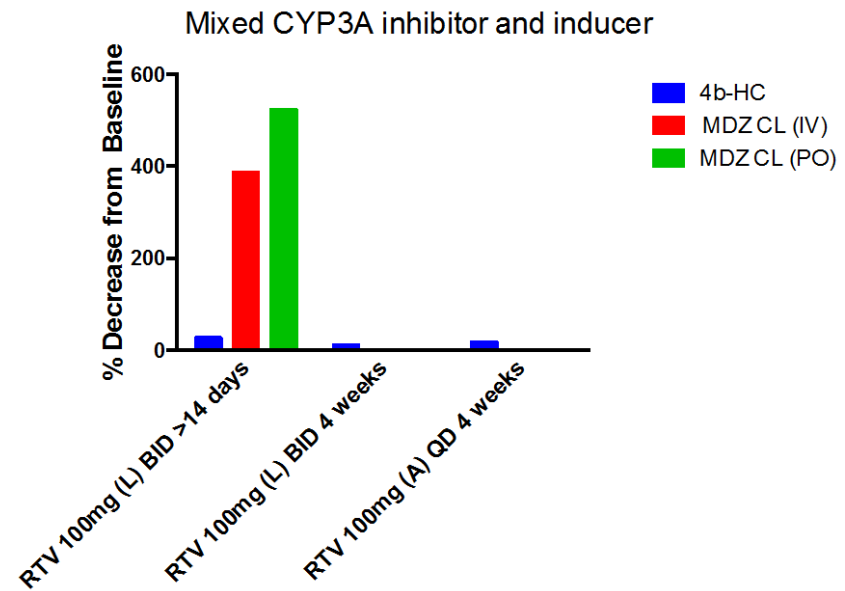
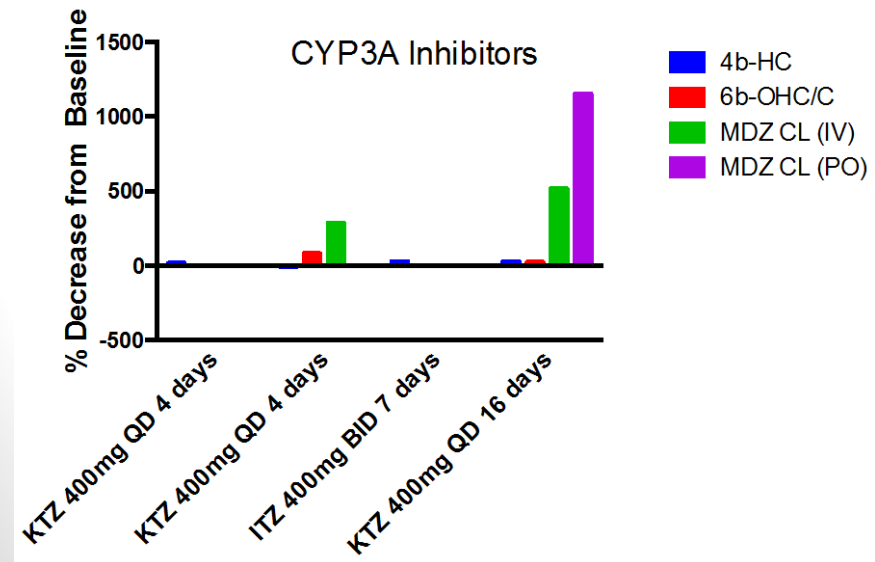
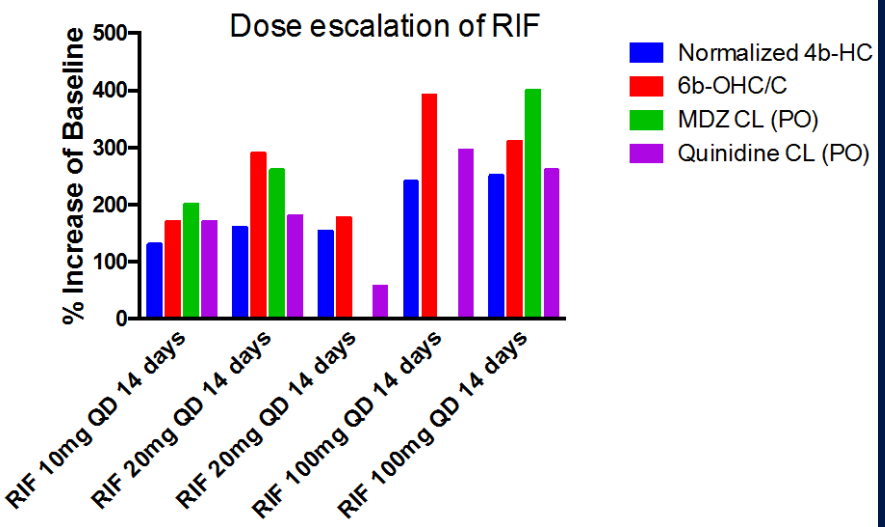
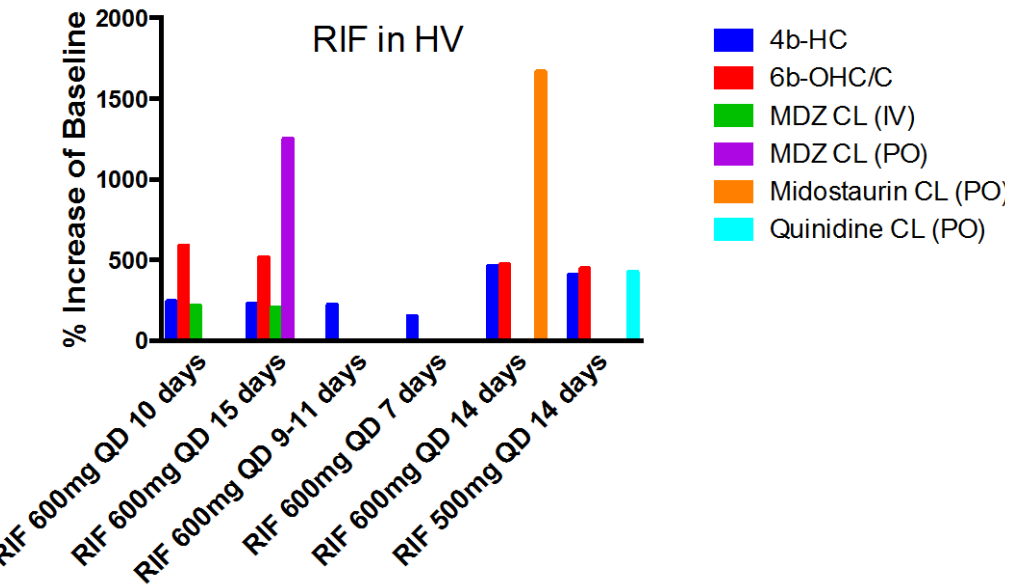
- At least 3 weeks of treatment may be needed to differentiate strong/moderate/weak CYP3A inducers by the 4β-HC increase



Reference on the last slide



# Response of 4β-HC to CYP3A Inducers, Inhibitors and Mixed inhibitor/inducer in Healthy Volunteers and Patients



Reference on the last slide

# Recommendations for the Application of 4 $\beta$ -HC in Drug Development

## Advantages of 4 $\beta$ -HC

Minimally invasive

Cost-effective biomarker of hepatic CYP3A

- Applications for CYP3A induction:
  - Multiple dose study
  - Replace dedicated midazolam DDI study?
  - CYP3A activity at baseline and during efficacy studies

# Recommendations: Multiple dose study

## Advantages

- In a study with at least 6 subjects and one week of treatment, an increase in 4 $\beta$ -HC provides an early signal for strong hepatic CYP3A inducers
- If the NME is not a CYP3A inducer *in vitro*, monitoring 4 $\beta$ -HC may confirm the absence of hepatic CYP3A induction in an appropriately designed study

## Limitations

- The magnitude of the 4 $\beta$ -HC change is smaller than the magnitude of an oral midazolam clearance change
- If no change in 4 $\beta$ -HC is observed, one cannot rule out the risk of weak and moderate hepatic CYP3A induction, intestinal CYP3A induction or CYP3A inhibition

# Recommendations:

## Replace Dedicated Midazolam DDI study?

### Limitations

- $4\beta$ -HC is unlikely to replace an oral midazolam DDI study because  $4\beta$ -HC is insensitive to acute CYP3A inhibition or short-term treatment and will not reflect intestinal CYP3A DDIs

### Advantages

- $4\beta$ -HC may be used for long-term treatment studies or in patient populations where a midazolam DDI study is not feasible/practical
- Normalized  $4\beta$ -HC is recommended when the treatment affects cholesterol levels

# Recommendations:

## CYP3A Activity at Baseline and During Efficacy Studies

### Advantages

- Reflects inter-individual variability in hepatic CYP3A
- Maybe suitable for chronic condition in which hepatic CYP3A activity is altered by disease

### Limitations

- Does not reflect intestinal CYP3A activity
- May be insensitive to mild disease states or diseases involving acute or local inflammation

# Acknowledgements

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## Reference

Shin CPT 2013

Kasichayanula BJCP 2014

Niemi Pharma 2006

Goodenough CRT 2011

Dutreix EJCP 2014

Kanebratt CPT 2008

Marde Arrhen CPT 2008

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Lutjohann IJCPT 2009

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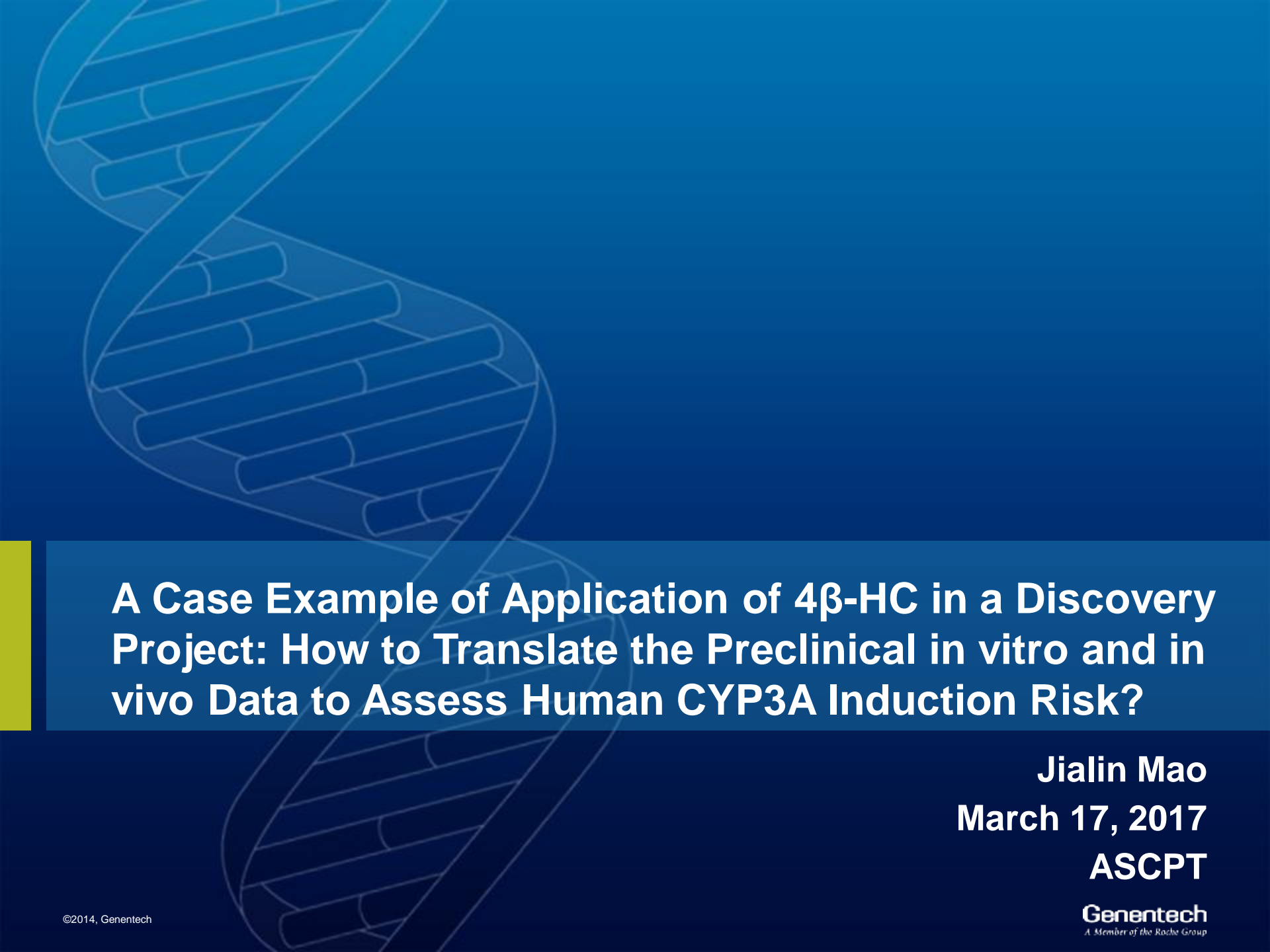
Tomalik-Scharte CPT 2009

Josephson EJCP 2008

Mao DMR 2016







**A Case Example of Application of 4 $\beta$ -HC in a Discovery Project: How to Translate the Preclinical in vitro and in vivo Data to Assess Human CYP3A Induction Risk?**

**Jialin Mao**

**March 17, 2017**

**ASCPT**

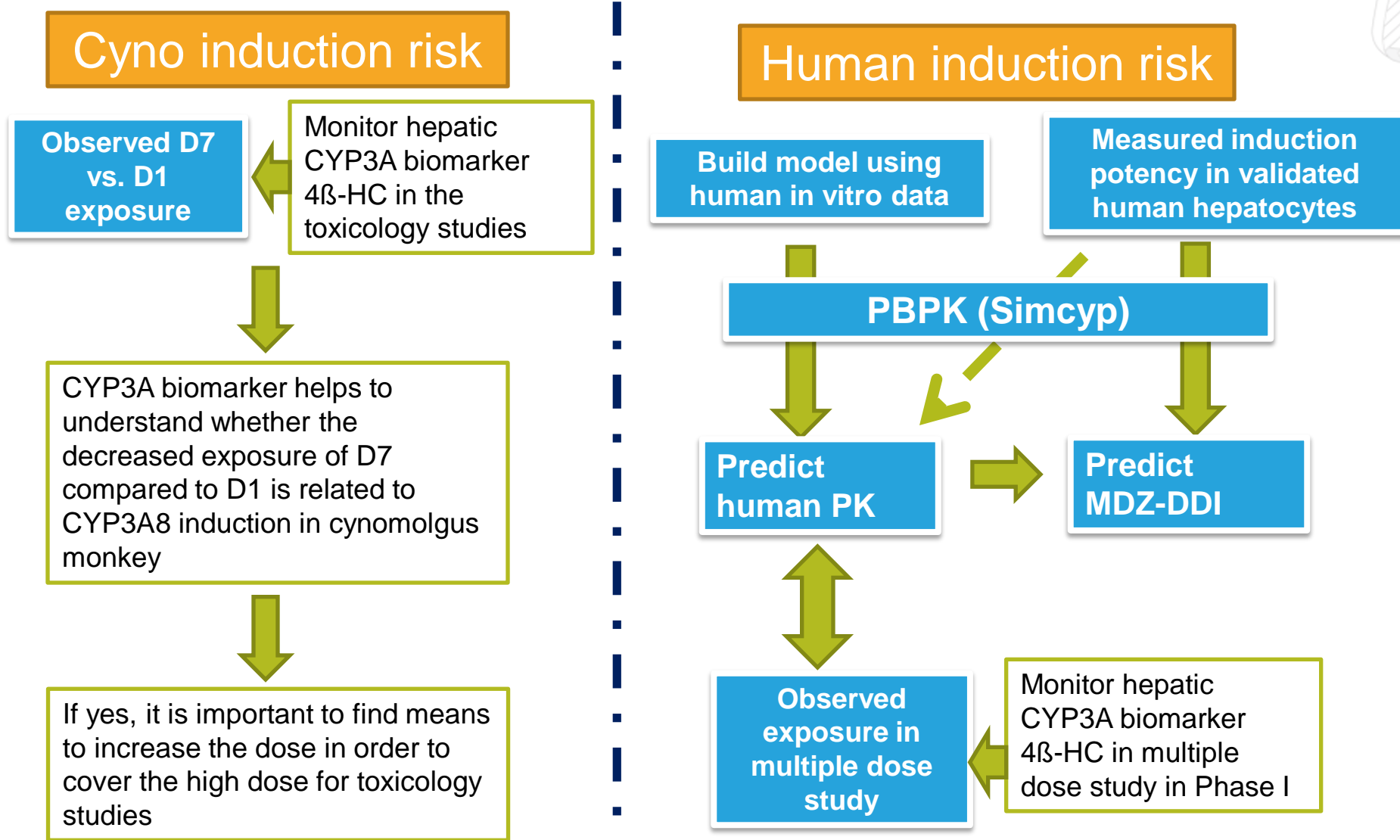
## Compound X: exposure of Day 7 significant lower than Day 1 in cynomolgus monkey toxicology study

Dose 100mg/kg	Day 1	Day 7	Day7/Day1 %
AUC <sub>0-12</sub> free ( $\mu\text{M}\cdot\text{h}$ )	45.4	9.9	-78.2
C <sub>max</sub> free ( $\mu\text{M}$ )	7.0	2.1	-70.0

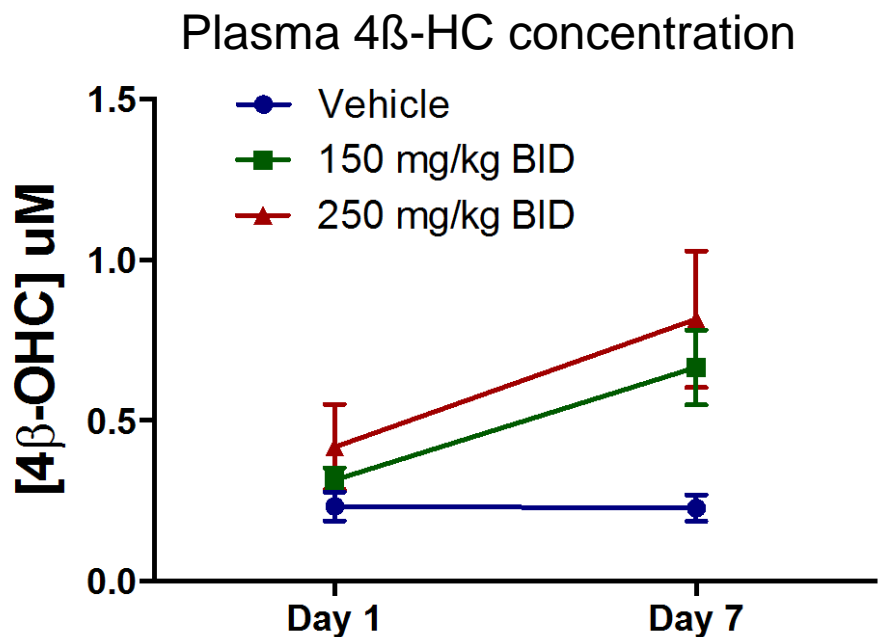
### Questions:

- What is the main cause in the decreased exposure in monkey?
- Will it occur in human?

# Overall Strategy for CYP3A induction risk assessment



# Auto-induction was confirmed by the increase in 4 $\beta$ -HC

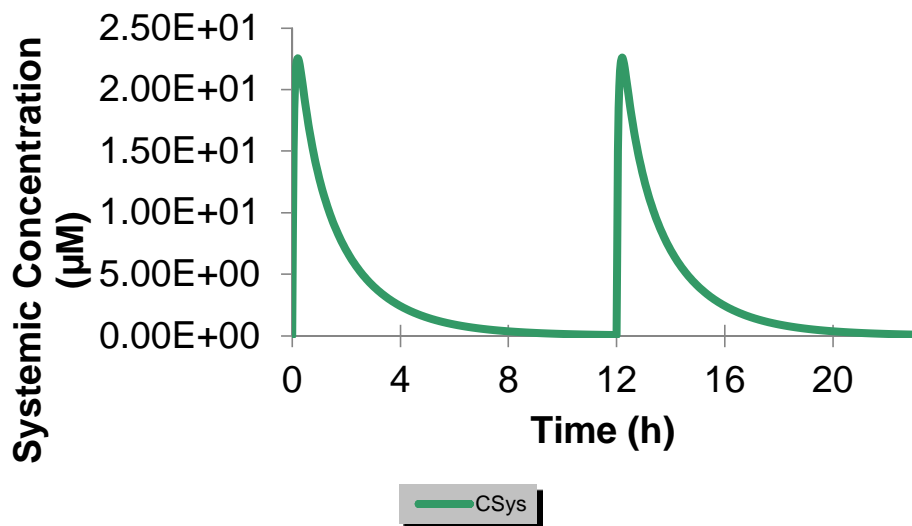


- Two fold increase of plasma 4 $\beta$ -HC concentration confirmed the auto-induction hypothesis.
- Put into context: Four fold increase was observed for 16 days of RIF treatment @15 mpk/day (DMD 42: 839-43)

	D1 150 mg/kg	D7 150 mg/kg	D7/ D1 %	D1 250 mg/kg	D7 250 mg/kg	D7/ D1 %
AUC <sub>0-12</sub> free ( $\mu$ M*h)	38.5	8.9	-76.9	52.3	9.3	-82.2
C <sub>max</sub> free ( $\mu$ M)	5.0	1.9	-62	5.8	2.4	-58.7

# Human PK and DDI prediction of compound X

Mean Values of Systemic concentration in plasma over Time



## PK

- Compound X was predicted with a moderate clearance and low  $V_{ss}$ , considered a reasonable IVIVE in preclinical species
- No impact of auto-induction on its PK was predicted with the worst case scenario.

## DDI

- Low CYP3A induction risk was predicted at the efficacious dose.

	D1	D7	D7/D1%
<b>Scenario <math>f_{mCYP3A}=0.9</math> with mRNA induction data*</b>			
$AUC_{0-12}$ free (µM.h)	4.9	4.8	-3
$C_{max}$ free (µM.h)	2.7	2.7	-1
$C_{min}$ free (µM.h)	0.0088	0.0079	-10

CYP3A probe Midazolam	Geometric mean % (95% CI)
AUC ratio	-16 (-18, -15)
$C_{max}$ ratio	-12 (-13, -11)

\* Compound X mRNA CYP3A  $EC_{50}=41.2-77.6$  µM,  $E_{max}= 17.8-25.9$

- 4 $\beta$ -HC is minimally invasive and cost-effective biomarker of hepatic CYP3A in both monkey and human.
- Monitoring the change of 4 $\beta$ -HC can serve as a practical solution to understand whether the CYP3A8 induction is contributing to the exposure decrease in monkey.
- A positive readout of 4 $\beta$ -HC in monkey provides the valuable insight in a timely manner without performing the isolation of liver tissue or monkey hepatocyte induction study or monkey DDI study.
- By applying PBPK approach in preclinical species with the measured in vitro data and observed PK profiles, one can form a strategy with a relatively higher confidence on key parameter prediction for human PK and DDI risk assessment.

# Acknowledgements

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Peter Fan

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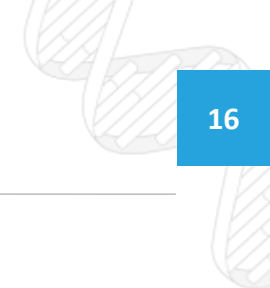
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# Human PK prediction strategy using PBPK approach

