

THE FUTURE OF HUMANIZED IN VITRO AND EX VIVO ADME MODELS

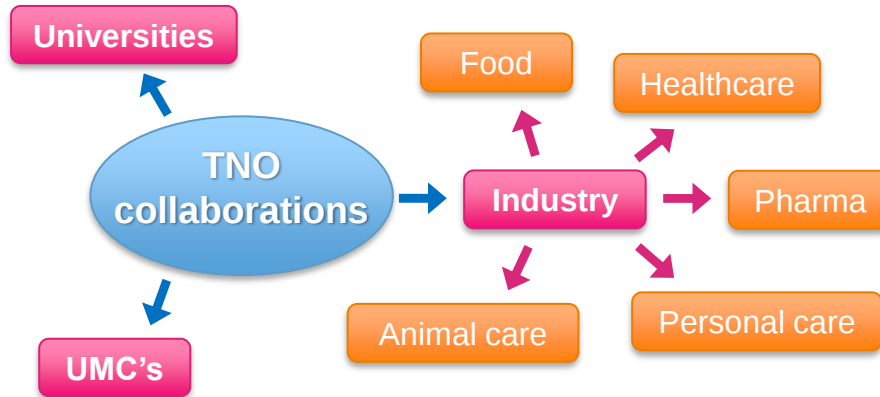
EVITA VAN DE STEEG, PHD

LEIDEN DRUG DEVELOPMENT CONFERENCE (LDDC) – SEPTEMBER 27, 2022



- › Independent research & technology institute
- › Applied research
- › Many collaborators
 - › National and international
 - › Industry and academy

- › TNO has over **15 years of experience**
 - › Drug pharmacokinetics & metabolism
 - › Preclinical & early clinical ADME
 - › Preclinical efficacy models
 - › Functional microbiome assays and read-outs



- MSc –Biomedical Sciences (Maastricht University)
- PhD – Pharmaceutical Sciences (NKI – GSK)
- Joined TNO as scientist ~10 years ago

WE ALWAYS EXPECT MORE OF MEDICINES

THE PROBLEM IN FIGURES

Expensive, time-consuming and risky development process



13 ^{YEAR}

**Medicine
development**

laboratory
to patient

90 %

**Chance of failure during
costly clinical studies**

60% lack of efficacy
40% safety reasons

1.3-2.5 <sup>BILLION
DOLLARS</sup>

**Costs for a
new drug NME**

New Molecular Entity

› WE ALWAYS EXPECT MORE OF MEDICINES

GROWING UNDERSTANDING OF THE PROCESSES OF DISEASES

- › Possibility of (increasingly) more effective 'tailor-made' medicines
- › Medicines that work better for fewer people
- › New types of medicines (biologicals, PROTACs)

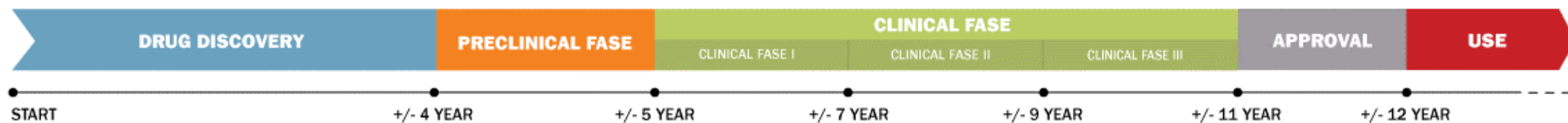
SOLUTION

- › New technologies and approaches are crucial
- › Collaborations are essential



› DRUG DEVELOPMENT

DIFFERENT STAGES WITH DIFFERENT CHALLENGES

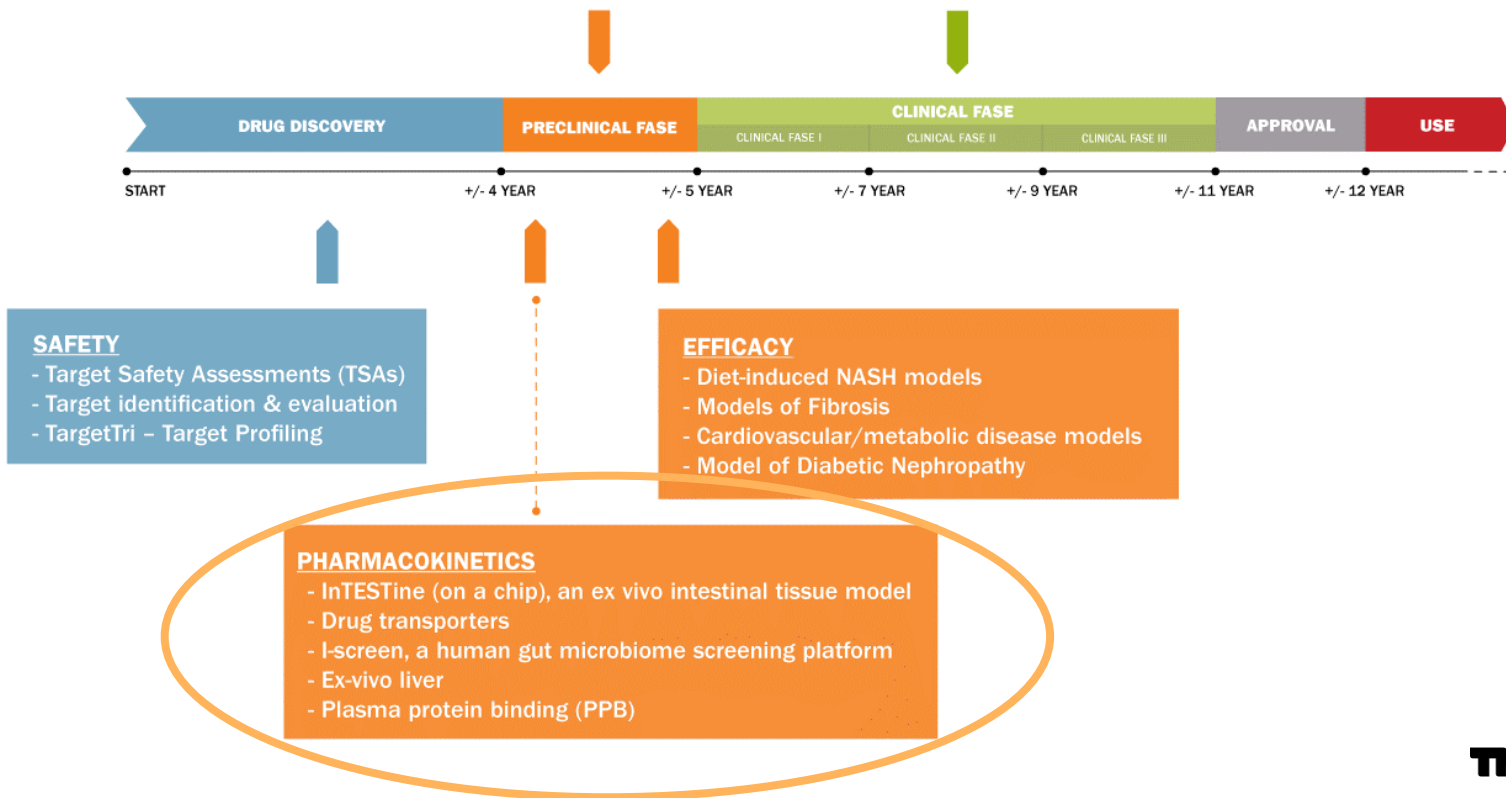


EFFICACY

- Organ on a chip
- Biomarker research
- InTESTine (on a chip): in vitro human intestinal model
- I-screen: in vivo gut microbiome platform

PHARMACOKINETICS

- Microdosing AMS studies
- Microtracer AMS studies (Phase 0)
- 3D printing of oral dosage forms
- Biomarker research



1. DEVELOPED HUMANIZED EX VIVO ADME MODELS

1. Liver
2. Kidney
3. Gut
4. Microbiome

2. BUILDING THE FUTURE: HUMANIZED IN VITRO ADME MODELS

1. Population stratification
2. Personalized medicine



DEVELOPED HUMANIZED EX VIVO ADME MODELS

ADME = ABSORPTION, DISTRIBUTION, METABOLISM, EXCRETION

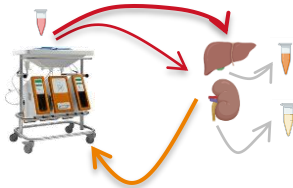
- ADME describes how drugs enter and exit the human body and explains how concentrations in the body can change over time
- Liver, kidney, gut and colon microbiota are important key players



liver



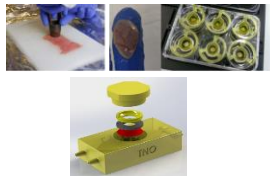
Normothermic whole organ perfusion models



kidney



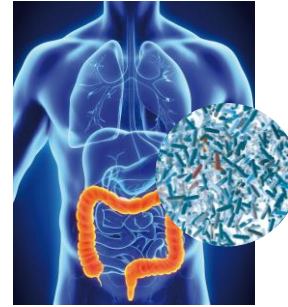
Tissue explant model



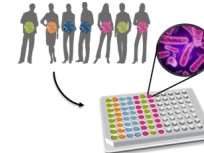
gut



Ex vivo fermentation model



microbiota

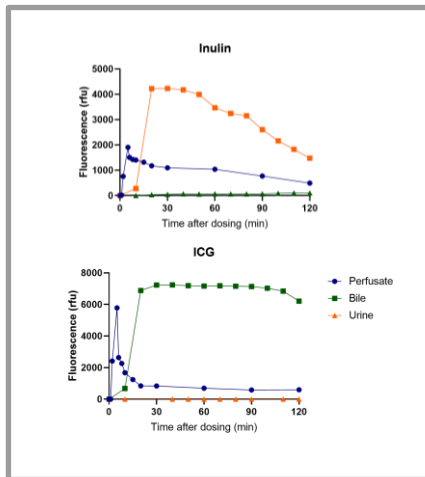
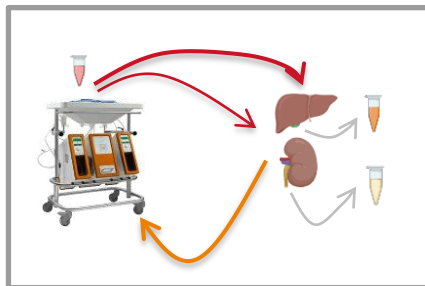


› NORMOTHERMIC ORGAN PERFUSION MODELS

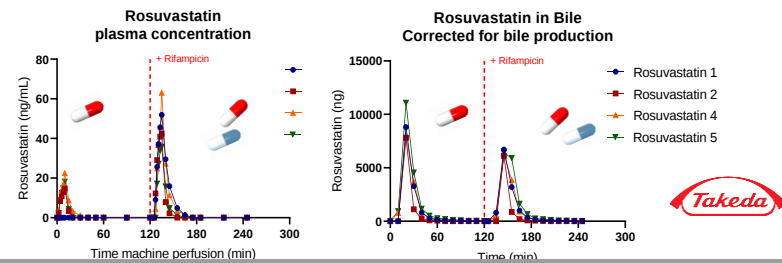
LIVER & KIDNEY

APPLICATION: PREDICTING ORGAN PHARMACOKINETICS & DRUG- DRUG INTERACTIONS

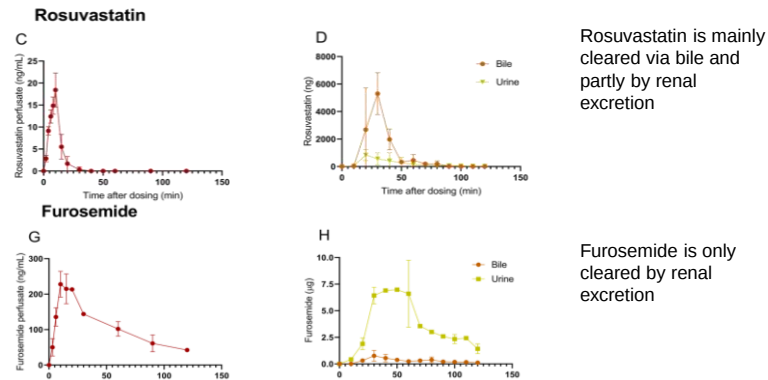
- › Hepatic extraction, hepatic metabolism, biliary excretion, renal excretion
- › Healthy porcine livers & kidney (slaughterhouse)
- › Diseased explanted human organs
- › Insight in effect of disease on PK processes



Hepatic extraction, biliary excretion & DDI



Hepatic versus renal clearance



TISSUE EXPLANT MODEL

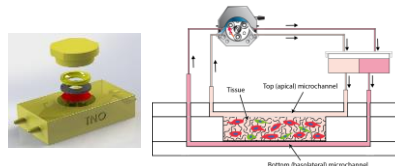
GASTROINTESTINAL TRACT

APPLICATION: PREDICTING ORAL ABSORPTION AND INTESTINAL WALL METABOLISM

- › Oral absorption in various regions & various formulations, metabolism, drug-drug interactions
- › Healthy porcine tissue (left-over or slaughterhouse)
- › Human intestinal tissue (left-over from surgeries)



ex vivo intestinal tissue model (inTESTine™)



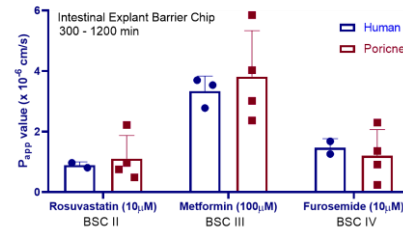
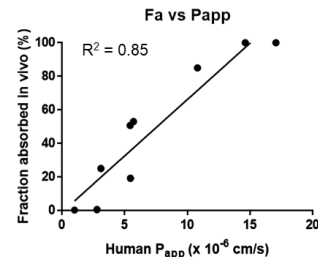
Integrity markers are used in every study

- [^3H]-mannitol/atenolol (paracellular transport route)
- [^{14}C]-caffeine /antipyrine (transcellular transport route)
- FD4 , MW 4000 (tissue integrity marker)

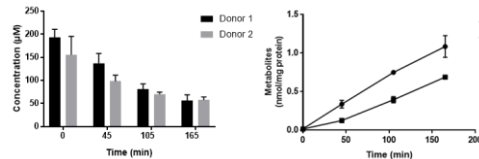
Acceptance criteria:

- P_{app} C/M or A/A > 3 (jejunum)
- Leakage of FD4 < 1% / h

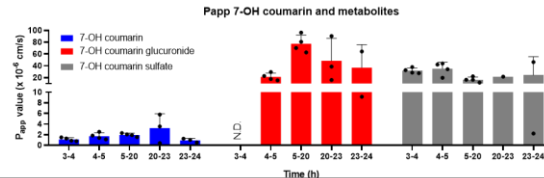
Prediction intestinal absorption



Metabolic activity: testosterone metabolism



CYP3a, UGT & SULT mediated metabolism of coumarin



EX VIVO FERMENTATION MODEL

COLON MICROBIOTA

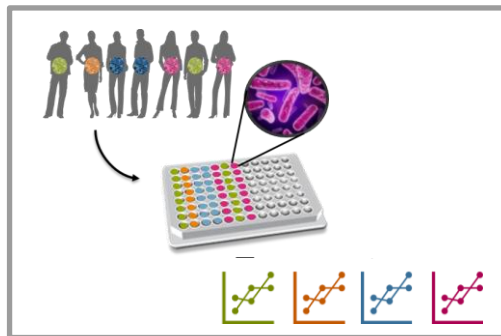
APPLICATION: DRUG METABOLISM BY MICROBIOTA

Microtiter plate platform for high throughput human gut fermentations

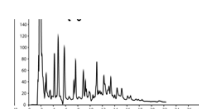
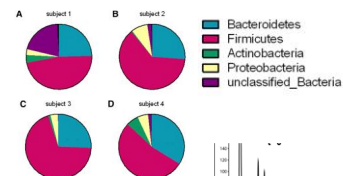
Fully anaerobic culture conditions

Dedicated set-up for stabilizing high density gut microbiota

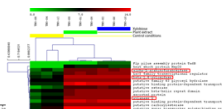
- Standardized pooled human adult colon microbiota
- Colon (infants, children, teenagers, adults, elderly)
- Healthy versus diseased population (obese, IBD, IBS, Parkinson)



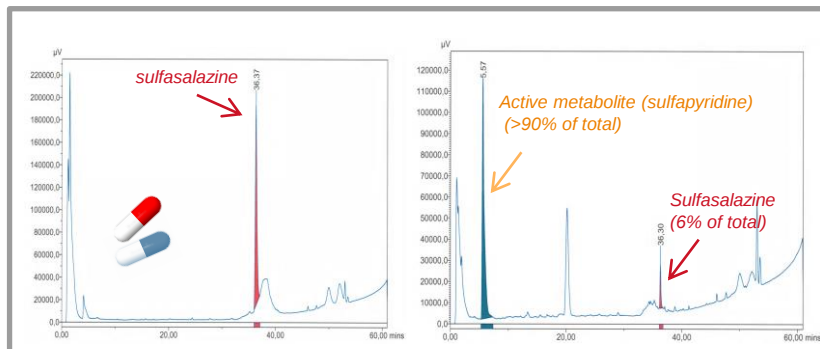
Microbiome composition



Metabolomics



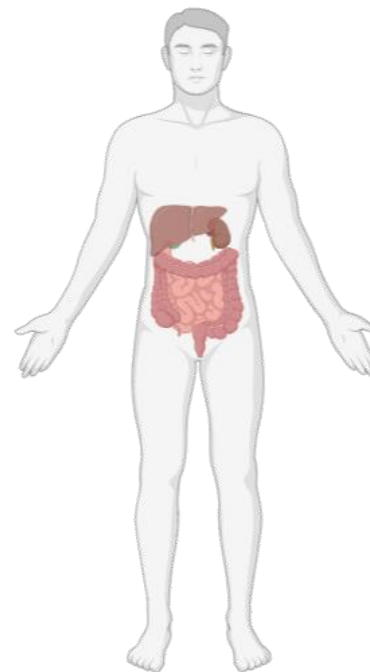
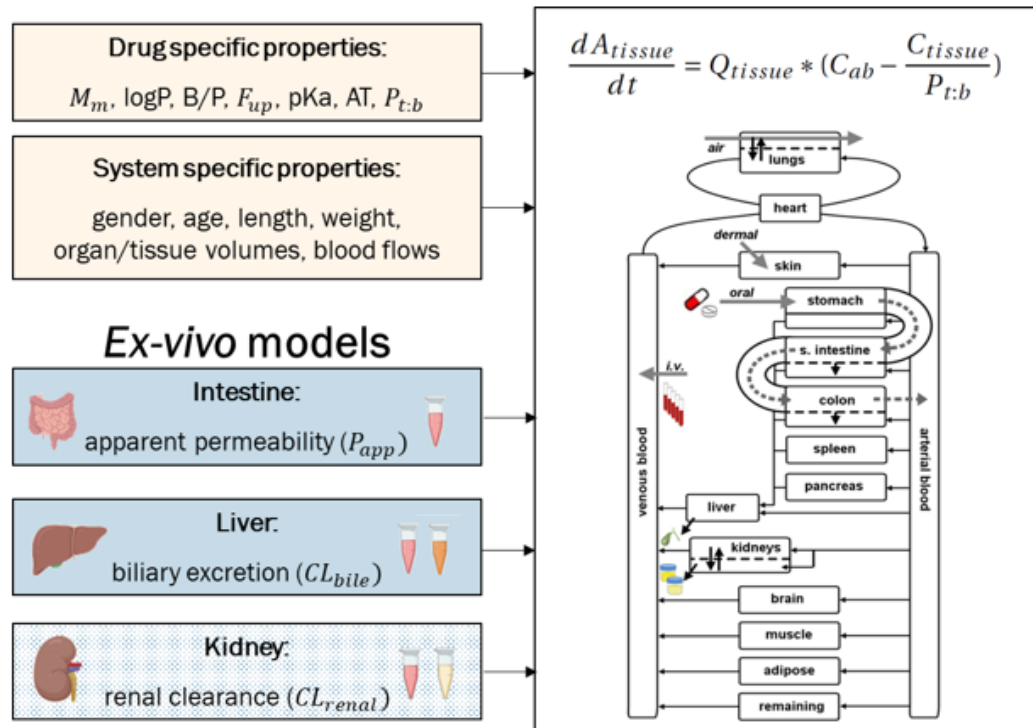
Transcriptomics



**Sulfasalazine as
reference pro-drug for
anaerobic metabolism**

Sulfasalazine
metabolized into 5-
ASA and sulfapyridine
by azoreductases of
gut microbiota

COMBINED APPROACH PBPK MODELING



COMBINED APPROACH PBPK MODELING

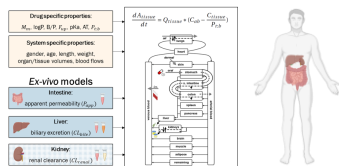
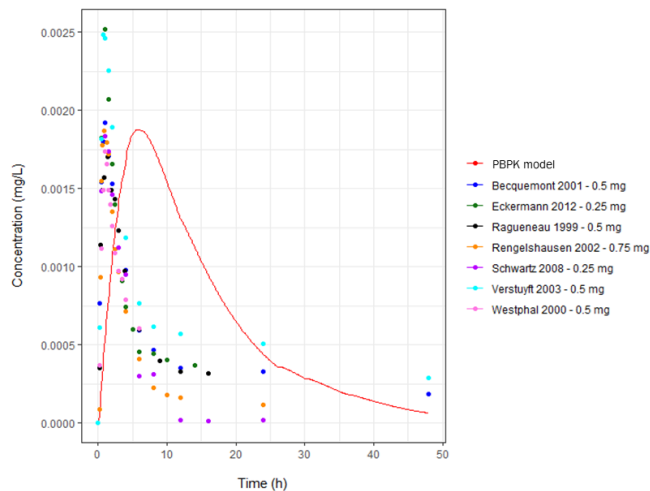


Table. The simulated vs. clinical pharmacokinetic parameters for single PO dose of 0.5 mg digoxin or 10 mg rosuvastatin

	Parameter	Simulated	Clinical data
Digoxin	C_{max} (ng/mL)	1.90	2.50 ± 0.70
	T_{max} (h)	5.80	1.50 (0.8-2.3)
	AUC (h*ng/mL)	32.1	28.3 ± 6.3
Rosuvastatin	C_{max} (ng/mL)	27.7	25.9 ± 18.77
	T_{max} (h)	4.40	3.91 ± 3.73
	AUC (h*ng/mL)	255.6	210.2 ± 178.70

Digoxin



Rosuvastatin

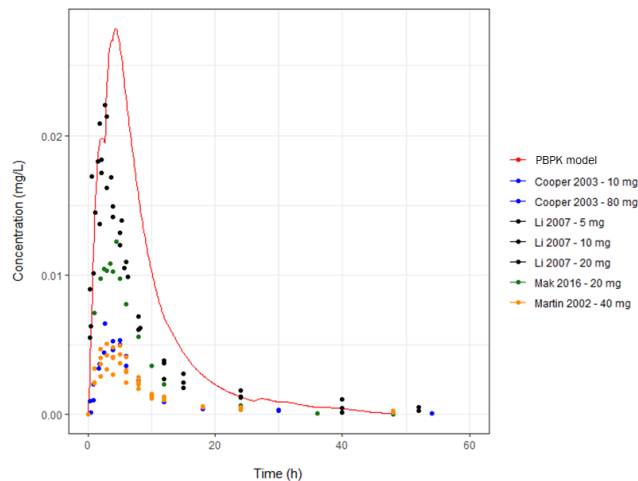
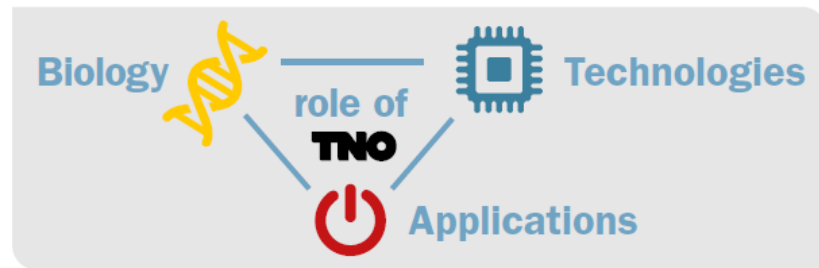


Figure . Simulated plasma profile of (A) digoxin and (B) rosuvastatin compared to clinical data

› BUILDING THE FUTURE: HUMANIZED IN VITRO ADME MODELS

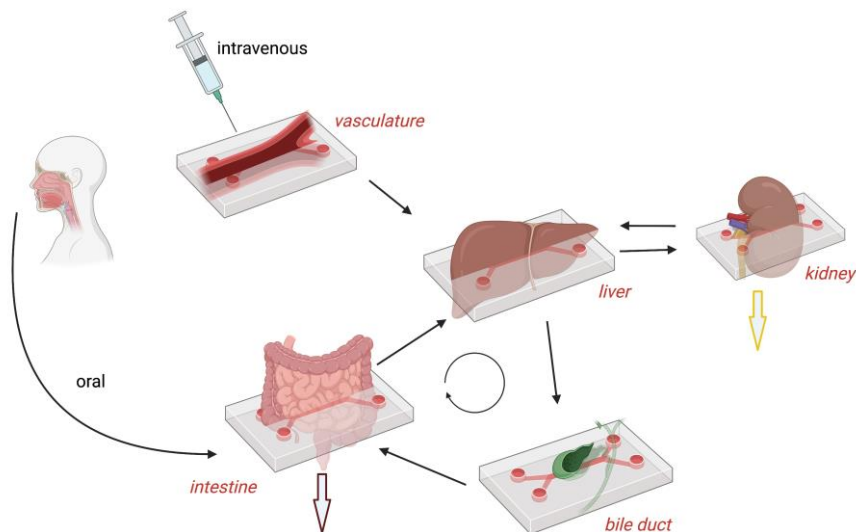
- Human tissue based models
- Human stem-cell based models to represent:
 - Populational differences (pediatric vs adult, disease vs healthy)
 - Interindividual variations (donor-donor variation)
- Microphysiological systems (MPS) to mimic blood flow and nutrient/oxygen exchange

ORGAN FUNCTION ON A CHIP



CONNECTING TECHNOLOGY AND BIOLOGY FOR HEALTH SOLUTIONS

DDOC: DRUG DISPOSITION ON-A-CHIP TO MIMIC ADME IN VITRO



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Utrecht University

Roos Masereeuw: Faculty of Science,
Department of Pharmaceutical Sciences
Thom van der Made (started 1 June 2021)

Bart Spee: Faculty Veterinary Medicine,
Department of Clinical Sciences. Dr.
Adam Myszczyzyn (started 1 July 2021)

Cell Pharma

Errol Byron
Ron Byron
Martijn Wilmer

PROTEOMICS

TNO innovation
for life

Evita v.d. Steeg: senior scientist,
Metabolic Health Research
Joanne Donkers
Robert Ostendorf
Marit Keuper-Navis (started 1 May 2021)

NOVARTIS

Birk Poller
Markus Waller
Olivier Kretz

AZAR
innovations

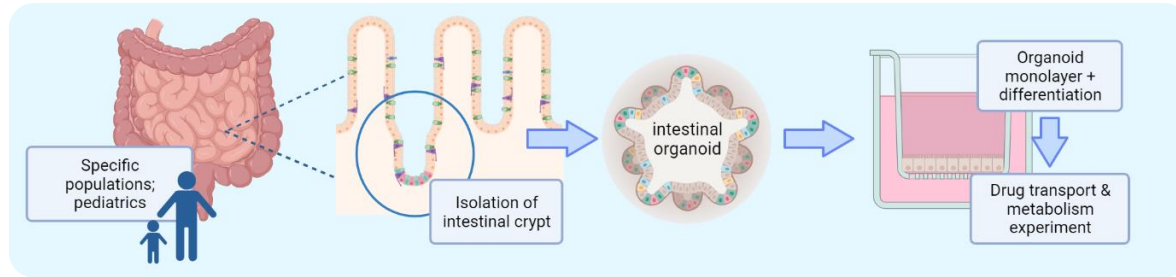
Hossein Eslamni Amirabdi

Health~Holland
SHARED CHALLENGES, SMART SOLUTIONS

TNO innovation
for life

Towards Pediatric Organoids to elucidate Intestinal Drug Transport (POINTeR project)

proof-of-concept study to assess the potential of liver and intestinal organoids for addressing pediatric drug exposure and safety



TNO innovation
for life

Evita van de Steeg
Eva Streekstra

Institute for Health Sciences
Radboudumc

Saskia de Wildt
Rick Greupink
Frans Russel



Adrian R Roth
Neil John Parrott
Bianca van Groen



UMCG

Sven Ijzendoorn

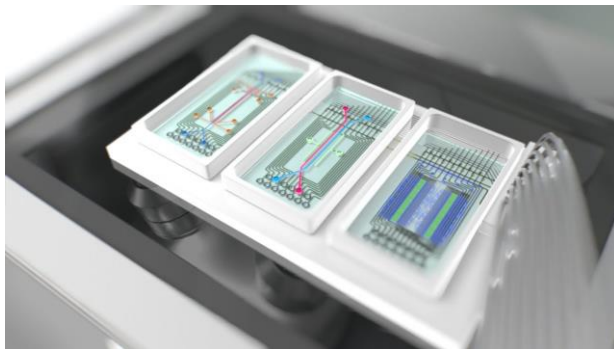
TOWARDS STANDARDIZATION OF OOC

TTW SMART PROJECT



SMART Organ-on-Chip

Standardized open Modular Approach to Recapitulate Tissues



UNIVERSITY OF TWENTE.



Beiersdorf



PHILIPS





Nationaal Groeifonds

Voor economische groei en welvaart, ook voor komende generaties

TNO innovation
for life



High Tech NL



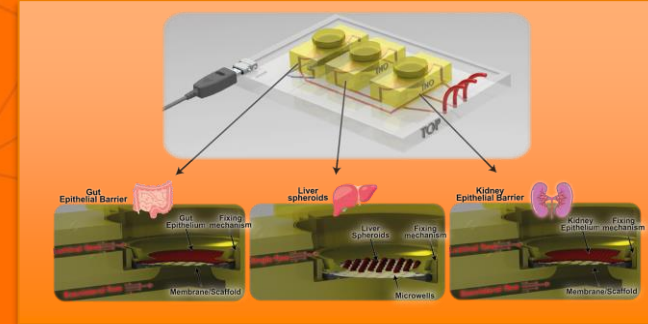
POWERED
BY DUTCH
TECHNOLOGY

NXTGEN HIGHTECH | BIOMEDICAL PRODUCTION TECHNOLOGIES

A new generation hightech equipment – for a new generation

Democase: ADME on-a
chip (standardized design)
with integrated read-outs
and sensors

Domain lead: dr. ir. Berend van Meer
LUMC | Utwente | hDMT Dutch Organ-on-Chip Consortium



NL

hDMT/5
HUMAN ORGAN AND DISEASE
MODEL TECHNOLOGIES 2015
2020

Holland High Tech
Global Challenges, Smart Solutions

VITALTISSUE INITIATIEF

HUMAN TISSUE IS NEEDED FOR DEVELOPMENT & IMPLEMENTATION OF NOVEL ANIMAL FREE MODELS

INITIATIEF

- › Waarom: Beperkte beschikbaarheid van vitaal humaan weefsel voor wetenschappelijk onderzoek
- › Doel: Opzetten van een nationaal platform (not for profit) om vitaal humaan restweefsel uit ziekenhuizen beschikbaar te maken voor research (in brede toepassing)
- › Fase: Haalbaarheidsstudie & pilots, December 2018 – Maart 2021.

CONSORTIUM



MEDE MOGELIJK GEMAAKT DOOR

STICHTING PROEFDIER & MAATSCHAPPIJ



WETENSCHAPPELIJK ONDERZOEK KAN MENSELIJK(ER)

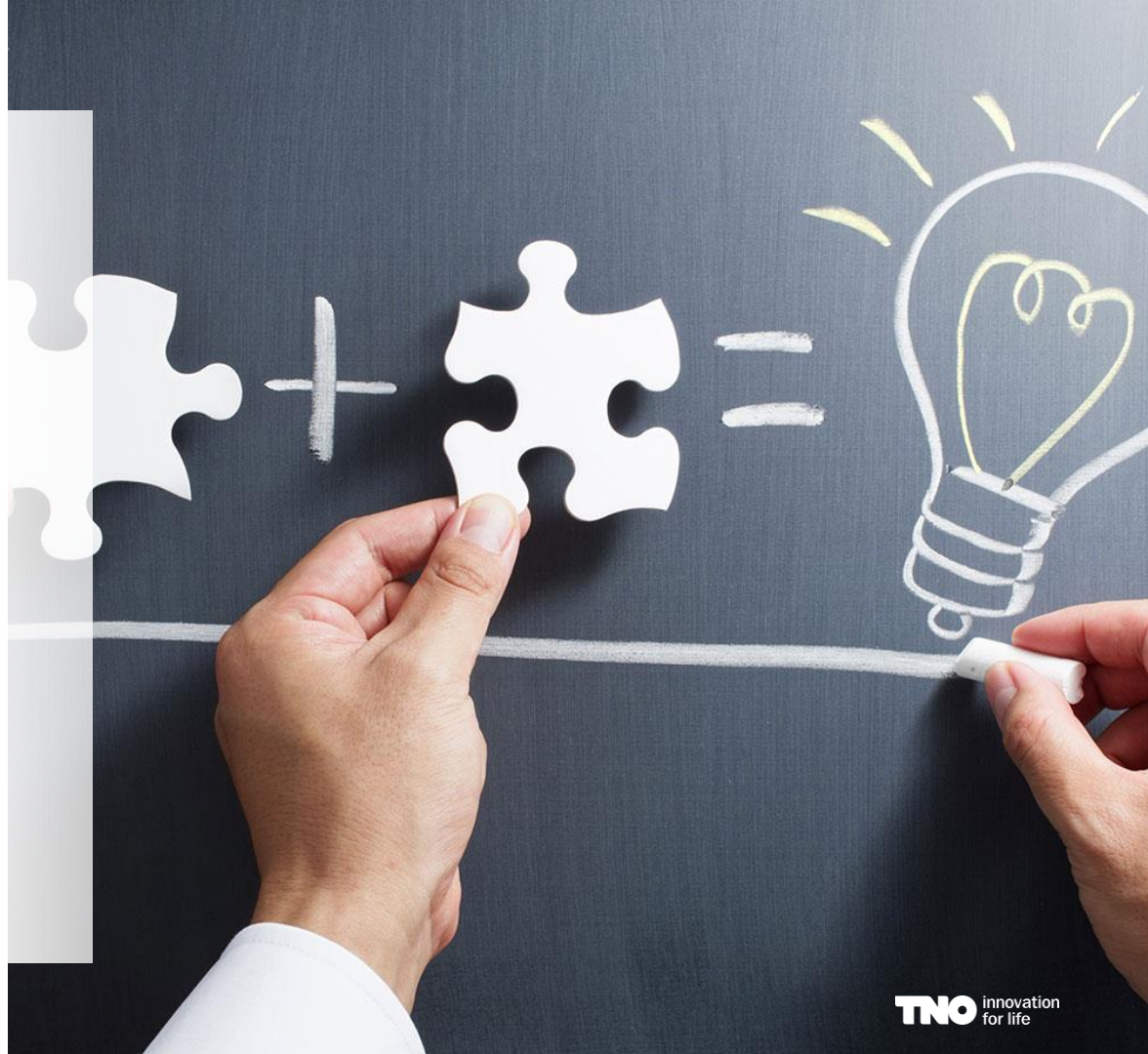


1. **DEVELOPED HUMANIZED
EX VIVO ADME MODELS**

2. **BUILDING THE FUTURE:
HUMANIZED IN VITRO
ADME MODELS**

1. Population stratification
2. Personalized medicine
3. Standardization of platforms

**TNO DEVELOPS TOGETHER
WITH (INTER)NATIONAL
PARTNERS PRECLINICAL
MODELS FOR STUDYING
TOMORROWS MEDICINE**



ACKNOWLEDGEMENTS

TNO innovation
for life

Unit Healthy Living
Metabolic Health Research
Human Cell Biology

**LU
MC**
LEIDEN UNIVERSITY
MEDICAL CENTER

Institute for Health Sciences
Radboudumc

LACDR



**UNIVERSITY
OF TWENTE.**



Utrecht University



Health~Holland
SHARED CHALLENGES, SMART SOLUTIONS

CellPharma





THANKS FOR THE ATTENTION

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