Population PK of AMG317, a Fully Human Anti-IL-4Rα IgG2 Monoclonal Antibody Evaluated in Healthy and Asthmatic Subjects

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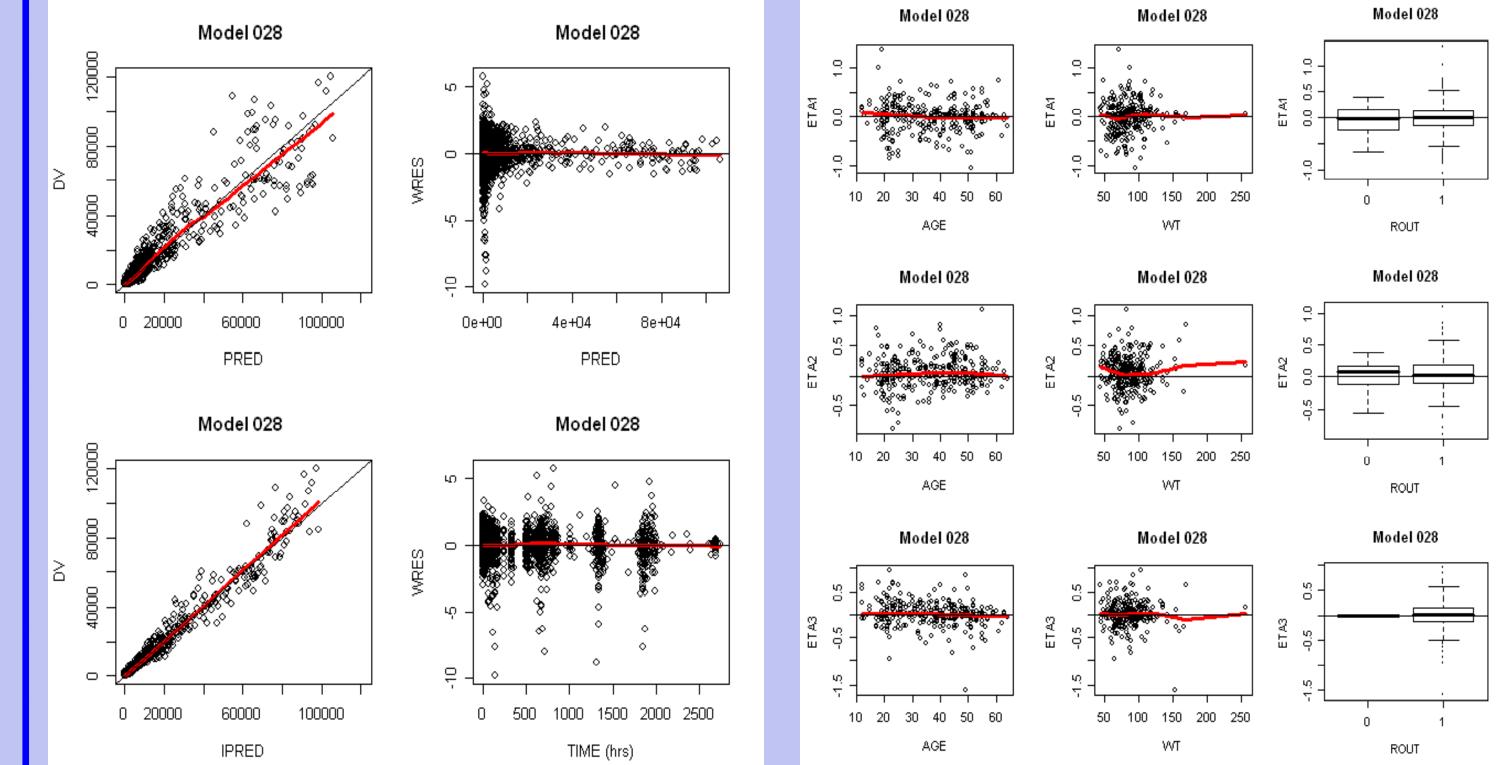
# **BACKGROUND:**

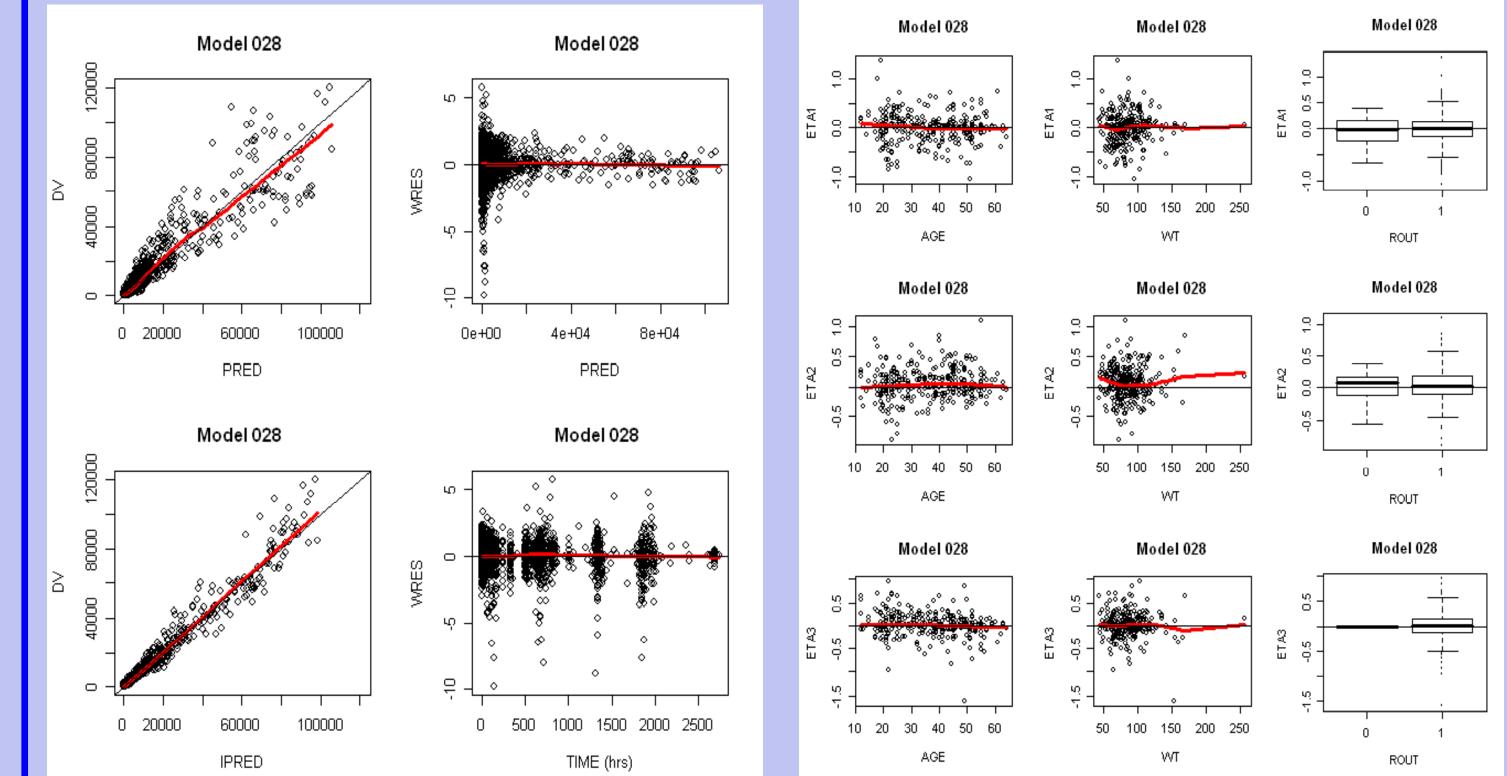
- A fully human IgG2 monoclonal antibody with potent ability to block IL-4 and IL-13 activity in-vitro by binding to IL-4R $\alpha$ ;
- Was tested as a treatment for asthma in four Phase 1-2 studies;
- 295 subjects with single IV doses of 10 to 1000 mg; single or multiple SC doses 75 to 600 mg;
- Target-mediated pharmacokinetics.

#### **OBJECTIVES:**

### **MODEL VALIDATION:**

Basic Goodness-of-fit Plots and dependencies of individual random effects versus age, weight, and route





To investigate AMG 317 population PK following SC and IV administration in healthy and asthmatic subjects.

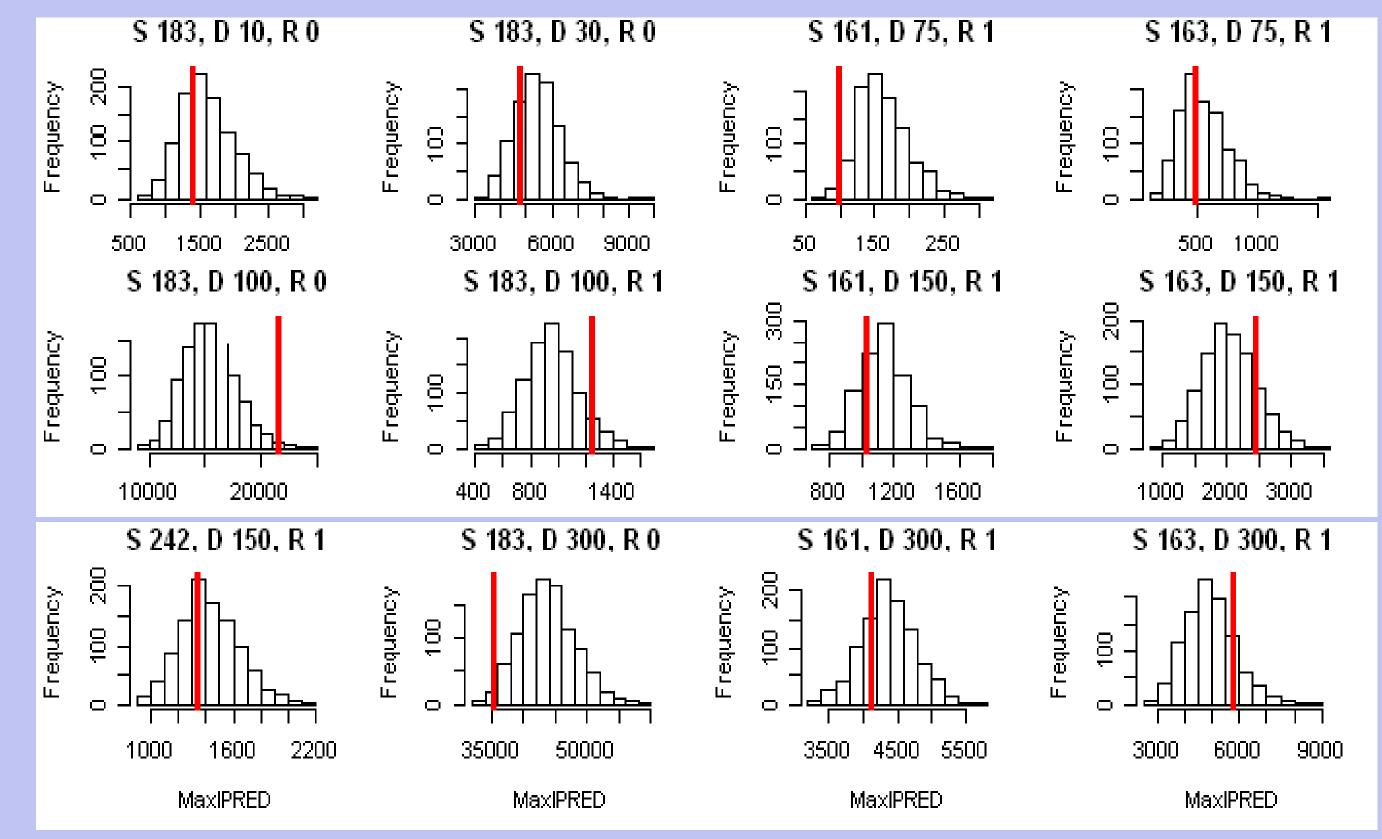
# **DATA:**

- 2184 concentration values from 295 subjects.
- 291 subjects with available covariate information:
- ✓ 169 males and 122 females;
- $\checkmark$  The median (range) age: 36 (12 64) years;
- $\checkmark$  The median (range) weight: 83 (44 256) kg (9 patients over 140 kg);
- ✓ 248 (84.1%) asthmatic and 47 (15.9%) healthy;
- $\checkmark$  IV 10-1000 mg bolus or infusion to 29 (9.8%) subjects;
- ✓ SC 75 600 mg injection to 266 (90.2%) subjects.

# **METHODS:**

- Nonlinear mixed-effects modeling with Nonmem VI 2.0;
- FOCEI was employed for all model runs;
- Target-mediated drug disposition (TMDD): Quasi-Steady-State (QSS) and Michaelis - Menten (MM) models [1, 2];

Predictive check simulations: distributions of simulated medians of Cmax by study, dose and route.



- Full-model covariate modeling approach;
- Model evaluation using the diagnostic plots, stratified bootstrap analysis, and predictive check simulations.

## **RESULTS:**

- A two-compartment TMDD model (QSS or MM approximations);
- MM model with parallel linear and MM elimination described the data above the 300 ng/mL;
- QSS model described the entire range of the observed data;
- Parameters of the model are presented in Table 1:
- $\checkmark$  R<sub>max</sub>=296 ng/mL was close to the lower limit of the concentration range where the data were well-described by the MM model; this is consistent with the notion that MM model should only be able to describe concentrations that are much higher than  $R_{max}$ ;
- $\checkmark$  K<sub>SS</sub> = K<sub>D</sub>+k<sub>int</sub>/k<sub>on</sub>=45 ng/mL was agreement with the in-vitro dissociation constant value  $K_D = 27 \text{ ng/mL}$ ;
- ✓ Bioavailability of the SC formulation was estimated at 28.2%
- ✓ Slow absorption with half-life of 3.4 days (95% CI: 3.3 4.4 days);  $\checkmark$  V<sub>C</sub> following IV dose was 70% higher than V<sub>C</sub> following SC dose;  $\checkmark$  Allometric weight model for CL and V<sub>C</sub>;

#### Table 1. The Population Parameters of the Final Population PK Model

Parameter	Value	<b>Bootstrap Median (95% CI)</b>	Variability	Shrinkage
CL (mL/hr)	41.3	41.2 (36 ; 45)		
V <sub>c</sub> (mL)	2100	2080 (1760 ; 2270)		
V <sub>p</sub> (mL)	6150	6130 (5300 ; 6840)		
Q (mL/hr)	30.2	29.9 (26.2;33.8)		
K <sub>SS</sub> (ng/mL)	45	44.5 (36.2 ; 55.3)		
k <sub>int</sub> (1/hr)	0.17	0.171 (0.155 ; 0.203)		
R <sub>max</sub> (ng/mL)	296	295 (249 ; 331)	•	
k <sub>a</sub> (1/hr)	0.00853	0.00831 (0.00662 ; 0.00876)		
F <sub>SC</sub>	0.282	0.278 (0.244 ; 0.297)	*	
k <sub>a,AGE</sub>	-0.447	-0.508 (-0.844 ; -0.349)		
V <sub>2.FORM</sub>	0.568	0.562 (0.421 / 0.737)	•	
V <sub>IV</sub>	1.7	1.71 (1.52 ; 1.99)		
$\omega_{CL}^2 = \omega_Q^2$	0.166	0.17 (0.136 ; 0.233)	CV=40.8%	22.4%
ω <sup>2</sup> <sub>Vc</sub>	0.107	0.104 (0.0755 ; 0.125)	CV=32.7%	20.5%
$\omega_{ka}^2$	0.159	0.14 (0.0958 ; 0.214)	CV=39.8%	31.4%
$\sigma^2_{add}$	985	1010 (725 ; 2530)	SD=31.4	
$\sigma^2_{exp}$	0.0646	0.0632 (0.0479 ; 0.0677)	CV=25.4%	

- ✓ Absorption rate decreased with age.
- ✓ AMG 317 concentrations were slightly lower in subjects with anti-AMG 317 antibodies, but there was no significant and unexplained decline in the observed concentrations for these subjects.

### CONCLUSIONS

Population PK QSS model adequately described AMG317 PK in the entire range of available doses, routes of administration, weight and age ranges.

#### **REFERENCES:**

[1] Mager DE, Krzyzanski W. Quasi-equilibrium pharmacokinetic model for drugs exhibiting target-mediated drug disposition. Pharm. Res, 22 (10), 2005. [2] Gibiansky L, Gibiansky E, Kakkar T, Ma P, Approximations of the Target-Mediated Disposition Model and Identifiability of Model Parameters, JPP 35(5) 2008.