Utilization of Tracer Kinetic Data in Endogenous Pathway Modeling: Example from Alzheimer's Disease

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Background – Amyloid Hypothesis and Role of BACE

<u>Amyloid Hypothesis</u>: Aβ peptide levels are increased early in the disease process, forming toxic oligomers and plaques. These accumulate over time, leading to neuronal cell death and cognitive and functional decline over time



Be well

Stabile-Isotope Labeling of Aβ as a Kinetic Biomarker



Be well

Bateman 2006 publication (+ 2007, 2009, 2010) Method proposed to assess brain production and clearance

Human amyloid- β synthesis and clearance rates as measured in cerebrospinal fluid *in vivo*

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Clinical study design

- 15 healthy volunteer subjects
- Double blind, placebo controlled
- **BACE** inhibitor
- Single dose
- 3 parallel dosing arms:
 - Placebo
 - Low dose BACE inhibitor
 - High dose BACE inhibitor
- **Restricted leucine intake**

Sample Tube Preparation for 1 day – 5 subjects





Single doses of BACEi elicit robust declines in CSF A β_{total} and clear signal in labeled A β



- Larger effect size for Total Aβ
 - Placebo drift and variability \rightarrow unclear interpretation for drug effect
- Fraction labeled Aβ appears less impacted by drift and less variability on placebo
 - Does smaller effect mean that BACE drug effect on production is less

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- than anticipated from Total A β ?
- 5

Model-based analysis enhances interpretation



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Assumptions

- Plasma ¹³C-leu is better predictor than CSF ¹³C-leu
- Plasma drug concentration is better predictor than CSF drug concentration (from other analysis on total Aβ)
- APP reservoir drives dilution of ¹³C and ¹ addresses slow wash-out of ¹³C from the amyloid pathway
 - No need for 'fudge' factor to scale plasma
 ¹³C-leu to brain ¹³C-leu
- No recirculation of ¹³C-leu
- Placebo drift is local phenomenon, not reflecting brain total $A\beta$



Labeled and unlabeled parallel pathways



Results - parameter estimates + fits

Parameter	Estimate (90CI)	IIV (CV%)
MTT _{prec} (h)	1.68 (0.87-3.25)	
K _{app} (h)	0.25 (0.23-0.27)	10%
K _{app,res,in} (h ⁻¹)	0.13 (0.12-0.15)	
K _{app,res,out} (h ⁻¹)	0.0034 (0.0012-0.0097)	120%
$MTT_{CSF,A\beta}$ (h ⁻¹)	4.97 (3.96-6.24)	42%
E _{max}	0.97 (0.96-0.98)	
IC ₅₀ (ng.mL ⁻¹)	0.41 (0.34-0.48)	
Hill	1.10 (0.87-1.24)	

Data - 150 ma V Data - 850 mg Simulation - PBO Simulation - 150 mg Simulation - 850 mg 25000 Total Af 20000 15000 10000 5000 n 6 12 18 24 30 36 Time (hr) 7 Fraction 6 Labeled 5 4 Αβ 3

Fotal Aβ (pg/mL)

% labeled Aβ

2

n

0

12

6

18

24

30

36

ο

Data - PBO

NONMEM 7.2 FOCE; IIV total A β accounted for in baseline + drift

- Model representing major amyloid steps can account for joint data
- Single drug action (inhibition of BACE) can describe all data without disconnect in level of brain production inhibition implied by total Aβ and fraction labeled Aβ results
- Suggests that best interpretation of 13C data requires a kinetic modeling approach



Results - VPCs

Total CSF Aβ

Ratio ¹³C-Aβ



Solid red line: observed median; dashed red lines observed 10% and 90% quantile Solid black line: predicted mean; dashed black lines predicted 10% and 90% quantile Shaded areas: 90% confidence interval for predicted mean and quantile

Understanding system behaviour to inform potential next trial design

- Alternative designs to identify BACE inhibitor and ¹³C-Leu regimens that result in most valuable experiment. Variables to explore:
 - BACE inhibitor regimen (SD or steady state) relative to timing of 13C-leu infusion
 - Level of BACE inhibition



Single Dose Prediction – Dose-dependency in biomarker response if early 13C leucine infusion

- Total Aβ reflect the level of βsecretase inhibition
- Allows for estimation drug potency



- Information on level of inhibition and responsiveness amyloid pathway to adapt to induced level of β-secretase inhibition
- Allows for estimation underlying processes (pools, rate constants)



Steady-State Prediction – Little effect on fraction labeled Aβ, profound effect on total Aβ

Ratio ¹³C-Aβ

2

0

- Total Aβ reflect the level of β-secretase inhibition
- Allows for estimation drug potency (in case also baseline is assessed)



- ¹³C- Aβ potentially does not reflect the level of β-secretase inhibition.
- Separation of ¹³C- Aβ profiles driven by APP pool. BACE inhibition can increase APP pool. Overlapping profiles indicate no change in APP reservoir, the system is adaptive (alternative pathways for breakdown APP or feedback)



Timing of ¹³C-leucine infusion relative to dosing of the BACE inhibit is key in obtaining informative data on the underlying system

- Fraction labeled Aβ predicted to be minimally altered if Aβ pool at steady-state
 - Occurs because the altered production rate under inhibition now matches the equilibrated total Aβ level – fractional addition of ¹³C label into Aβ is then balanced (similar) to unaltered state
 - Separation at steady state, if any, is reflection of increased APP reservoir due to inhibition of APP elimination. No separation indicative for alternative APP elimination pathways or feedback mechanism
- Timing of the infusion is very influential in the magnitude of the ^{13}C signal in fraction labeled A β
 - Largest signal obtained when ¹³C leucine infusion coincides with maximal disequilibrium at the very start of production inhibition. Effect size diminishes with later infusion start as the system is closer to equilibrated state with respect to production inhibition
- Modeling shows that a trial design that results in largest separation in fraction labeled Aβ profiles contains most information on underlying processes (pools, rate constants).



Conclusions

- Tracer kinetic approaches together with mechanistic modeling enhance the understanding of endogenous pathway dynamics.
- A model-based analysis enables distinguishing between steps in the amyloid pathway and distributional processes.
- This framework enables a more physiologically based approach to account for effects of Aβ oligomers and/or plaque pool in Alzheimer's disease.
- Finally, model-based simulations inform on improvements of the experimental design that will maximize derived knowledge on the underlying system pharmacology of the amyloid pathway.

