

# A Combined Biological and Mathematical Approach for Modeling PK-PD of Anticancer Drug Irinotecan -

## Focus on Acquired Resistance and Circadian Rhythms at the Cell Population Scale

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DE RECHERCHE  
EN INFORMATIQUE  
ET EN AUTOMATIQUE



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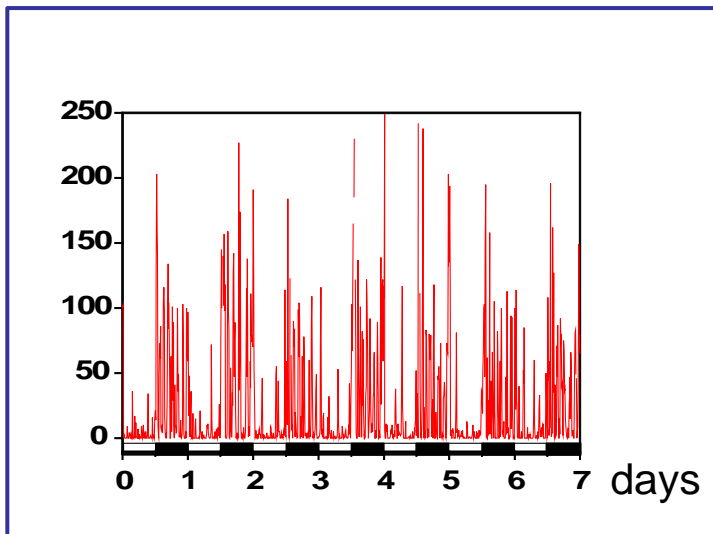
# Outline

1. Irinotecan Pharmacokinetics/Pharmacodynamics
2. Studying Irinotecan in cell culture
3. Decrease in Intracellular Concentration: Acquired Resistance ?
  1. Experimental Results
  2. Mathematical Modeling
4. An Extended Model including Circadian Rhythms
  1. Experimental Results on Circadian Rhythms
  2. Mathematical Modeling

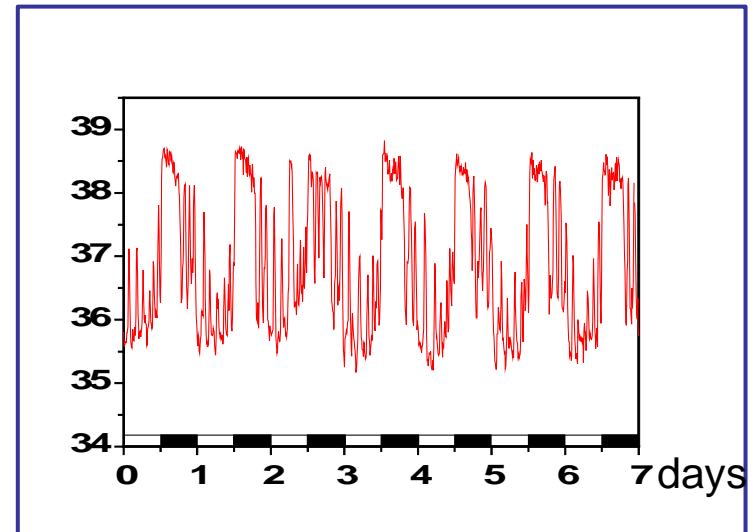


# Introduction: Circadian Rhythms

- Circadian = around 24 hours.
- Example of the circadian rhythm in mice:



Rest-activity rhythm in mice



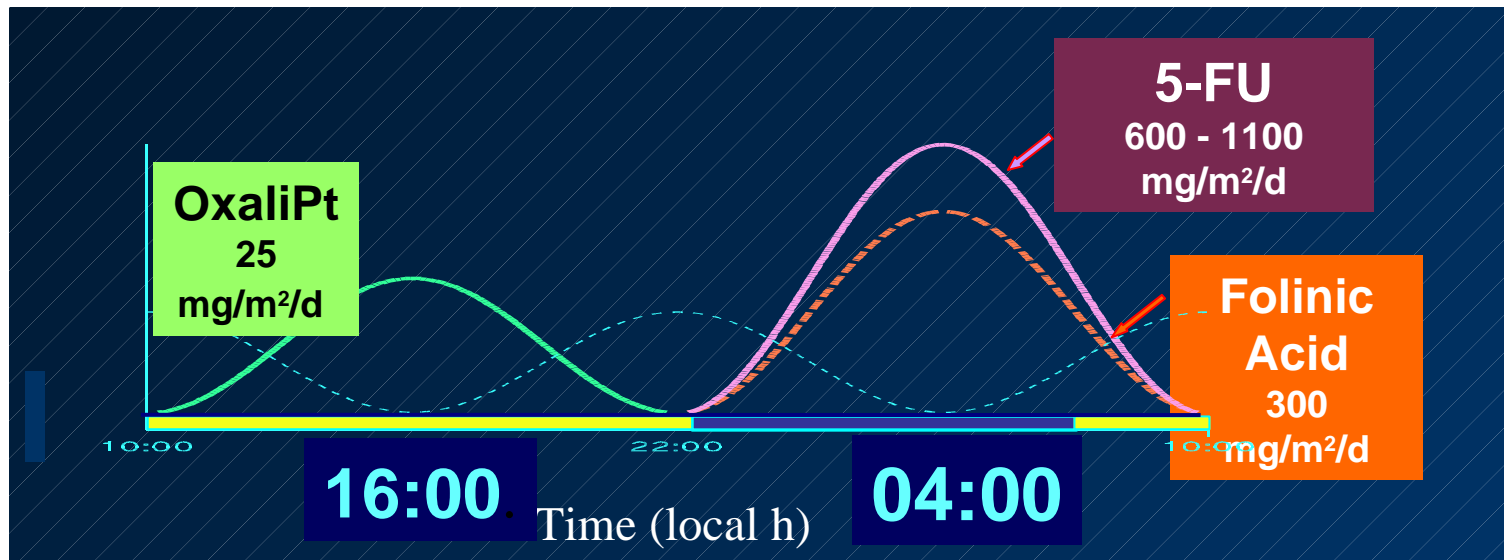
Body temperature in mice



# Introduction: Circadian Rhythms

Time-scheduled delivery regimen for Metastatic Colorectal Cancer

Administration Scheme currently used by Francis Lévi's INSERM team U 776 (Villejuif):



Infusion over 5 days every 3 week

Chronotherapeutic schemes of infusion of the drug have been designed for the mouse, and then adapted for the human.

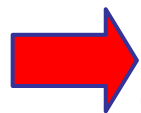
# Introduction: Circadian Rhythms

## Results of chronotherapeutics versus constant administration

Metastatic colorectal cancer

(Treated with Folinic Acid, 5-FU, Oxaliplatin)

	Infusion flow	
	CONSTANT	CHRONO
<b>Toxicity:</b>		
Oral mucositis gr 3-4	74%	14%
Neuropathy gr 2-3	31%	16%
<b>Responding rate:</b>	30%	51%



**Chronotherapy improves the responding rate to treatment and decreases the toxicity compared to constant infusion of the drugs.**



# Introduction: Circadian Rhythms

Question:

*Can such drug delivery schedules be improved ?*

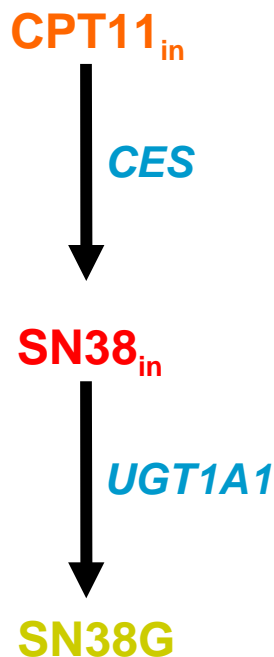


# 1. Irinotecan

## Pharmacokinetics/Pharmacodynamics

1. **Irinotecan Pharmacokinetics/Pharmacodynamics**
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## Pharmacokinetics of Irinotecan



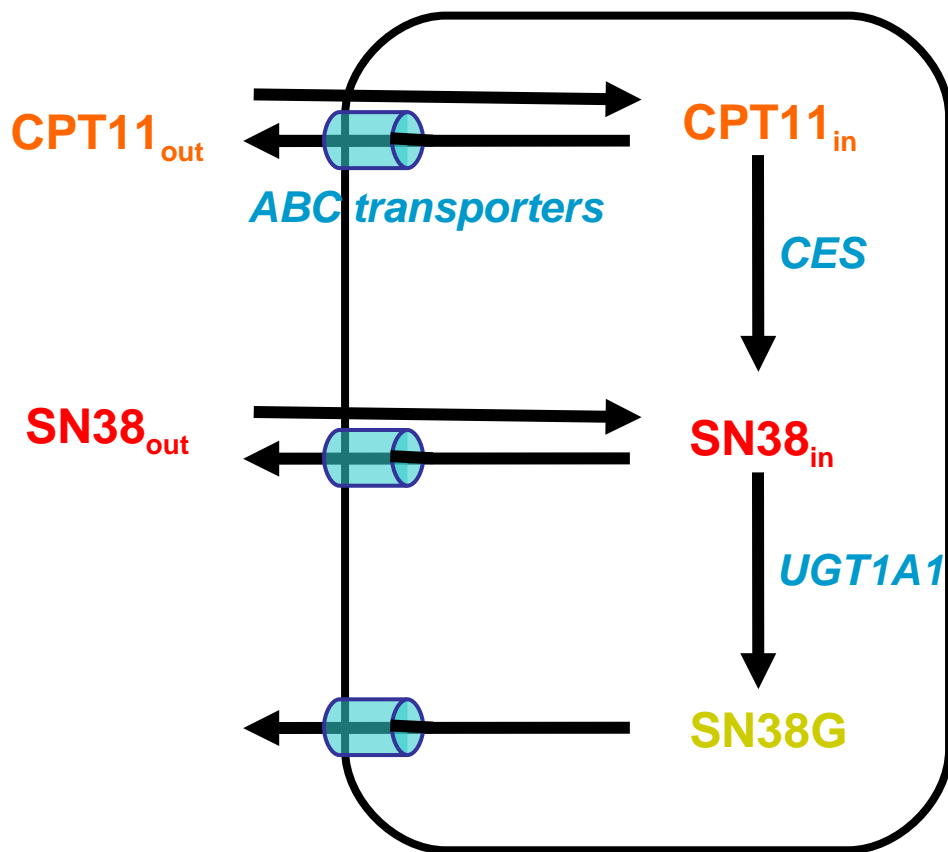
Irinotecan(CPT11) is a pro-drug, i.e. it has to be activated into SN-38 which is 1000-fold more efficient . This reaction is catalysed by Carboxylesterases(*CES*).

SN-38 is then glucuronided into SN-38G which is inactive. This reaction is catalysed by the enzyme *UGT1A1*.



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## Pharmacokinetics of Irinotecan



CPT-11, SN-38 and SN-38G are transported outside of the cell by ATP-Binding Cassette (ABC) transporters, which are active efflux pumps.

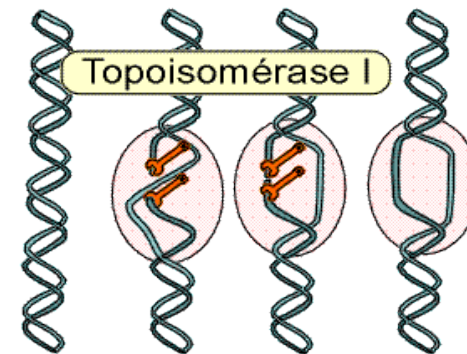
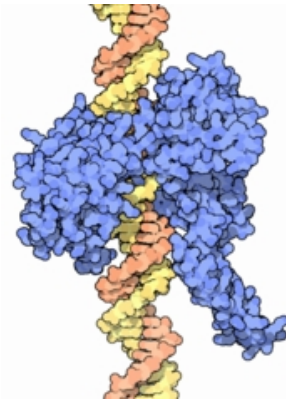
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# Pharmacodynamics of Irinotecan

## Irinotecan is an inhibitor of Topoisomerase I

The Topoisomerase I is an enzyme that:

- Wraps the supercoiled DNA :
- Cuts one strand so that the DNA can relax
- Reconnects broken strands

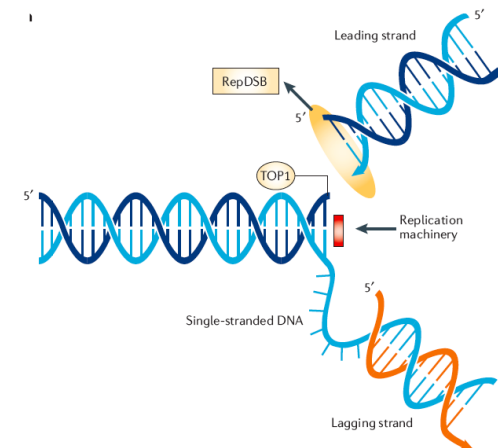
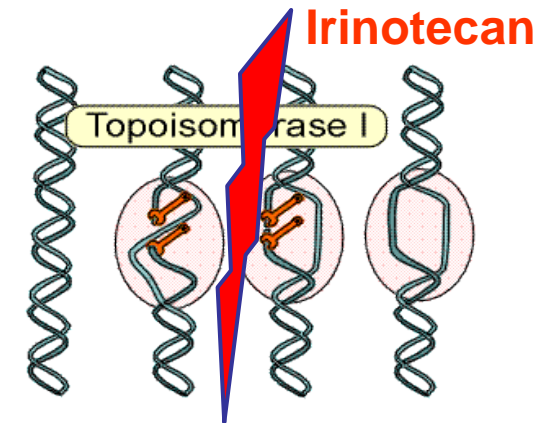


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## Pharmacodynamics of Irinotecan

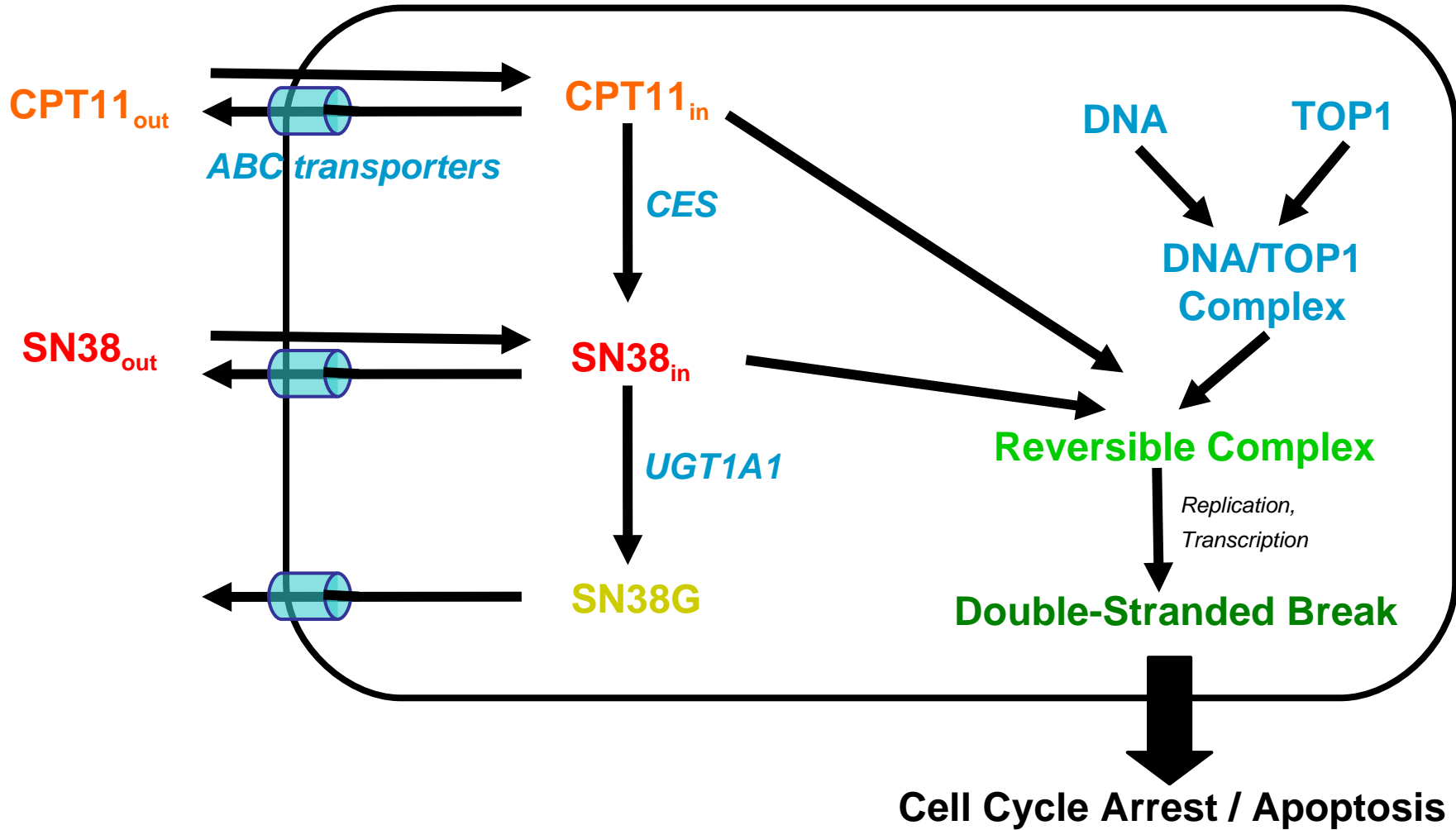
### Irinotecan is an inhibitor of TOP1:

- Irinotecan prevents TOP1 from reconnecting the broken strands of the DNA, creating reversible ternary complexes TOP1/DNA/Irinotecan.
- The collision between those complexes and the replication fork or the transcription mechanism creates double-stranded breaks, which can be lethal for the cell.



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## Summary



# 1. Studying Irinotecan in cell culture

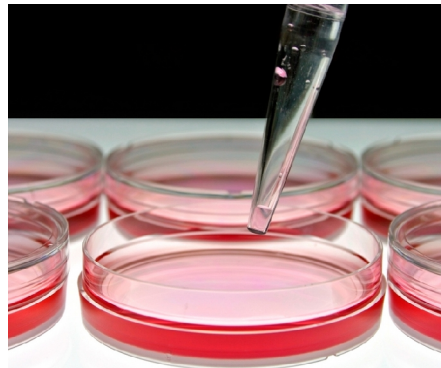
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## Cell Culture

Experiments on Caco-2 cells (human epithelial colorectal adenocarcinoma cells) have been performed.

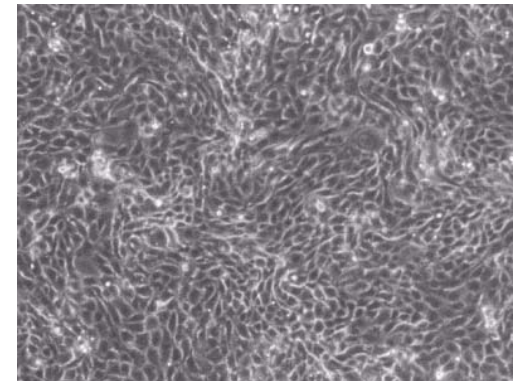


A Petri Dish



The cells stick to the bottom of the dishes.

The extracellular medium is added on top of the cells

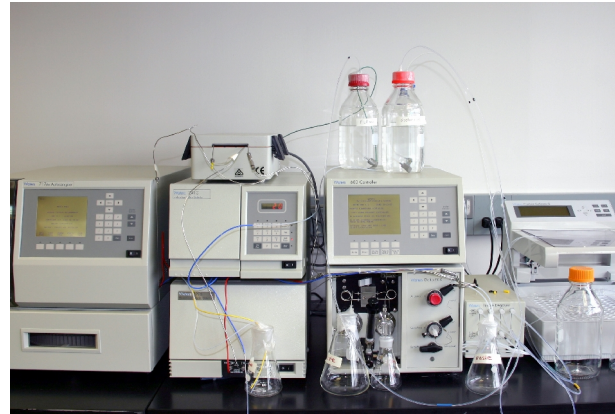


Caco-2 cells under microscope



# Detection of CPT11 and its metabolite by High Performance Liquid Chromatography(HPLC)

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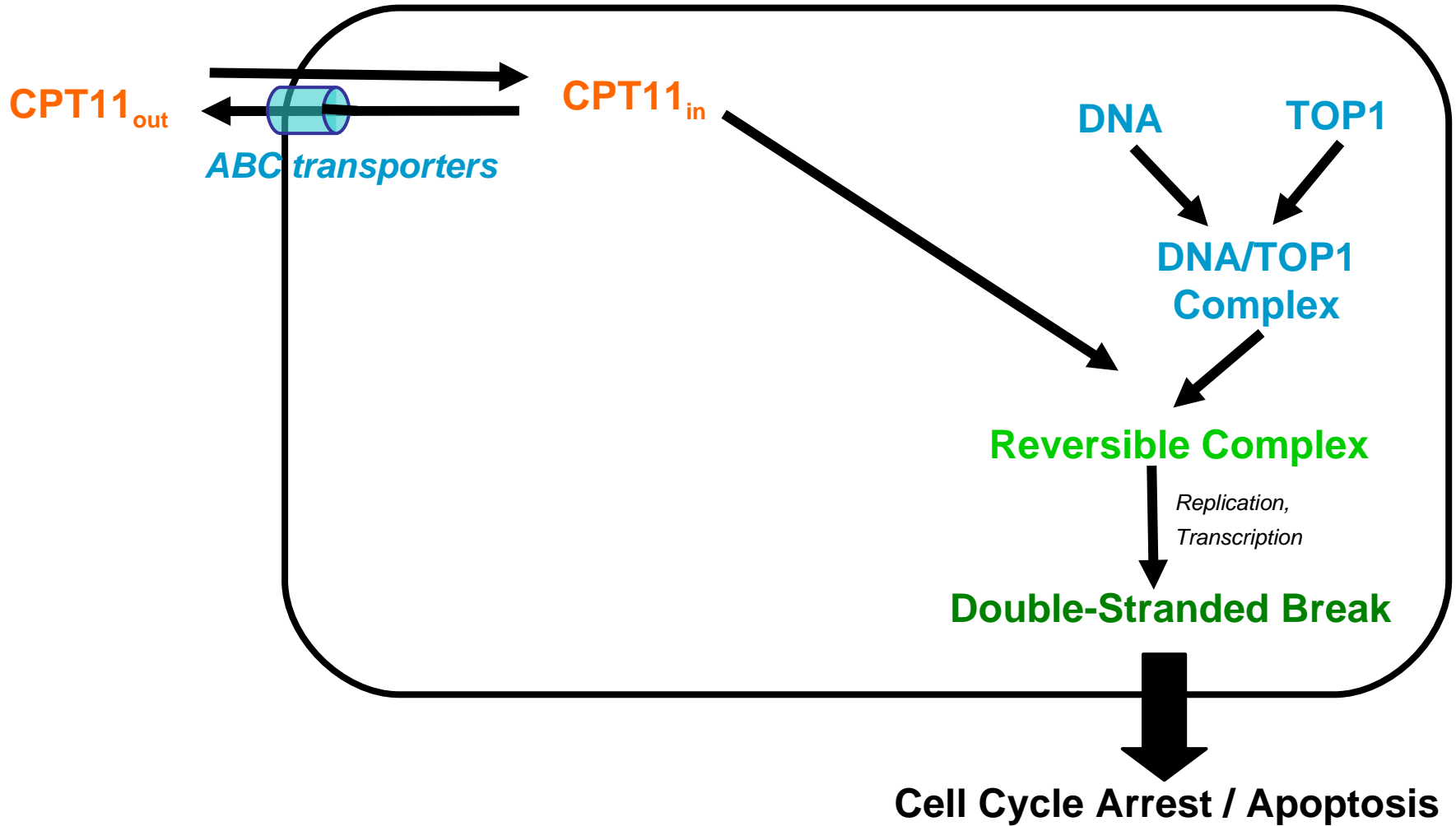
What we theoretically detect:

- CPT11 OUT = CPT11 in the extracellular medium
- CPT11 IN = CPT11 in the intracellular medium+ CPT11 trapped in complexes with Topoisomerase I.
- SN38 OUT = SN38 in the extracellular medium
- SN38 IN = SN38 in the intracellular medium+ SN38 trapped in complexes with Topoisomerase I.



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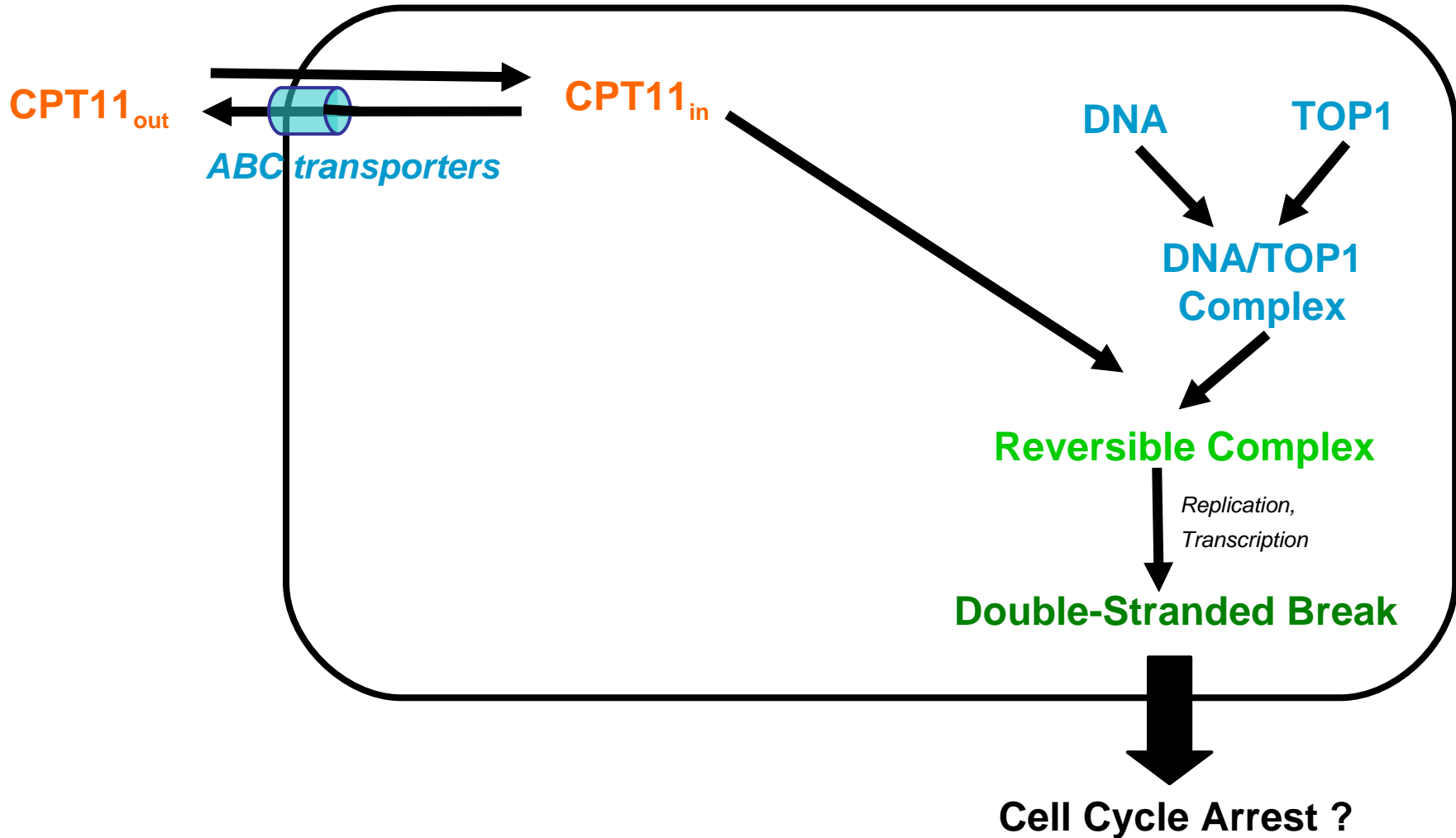
No SN38 is detected by HPLC





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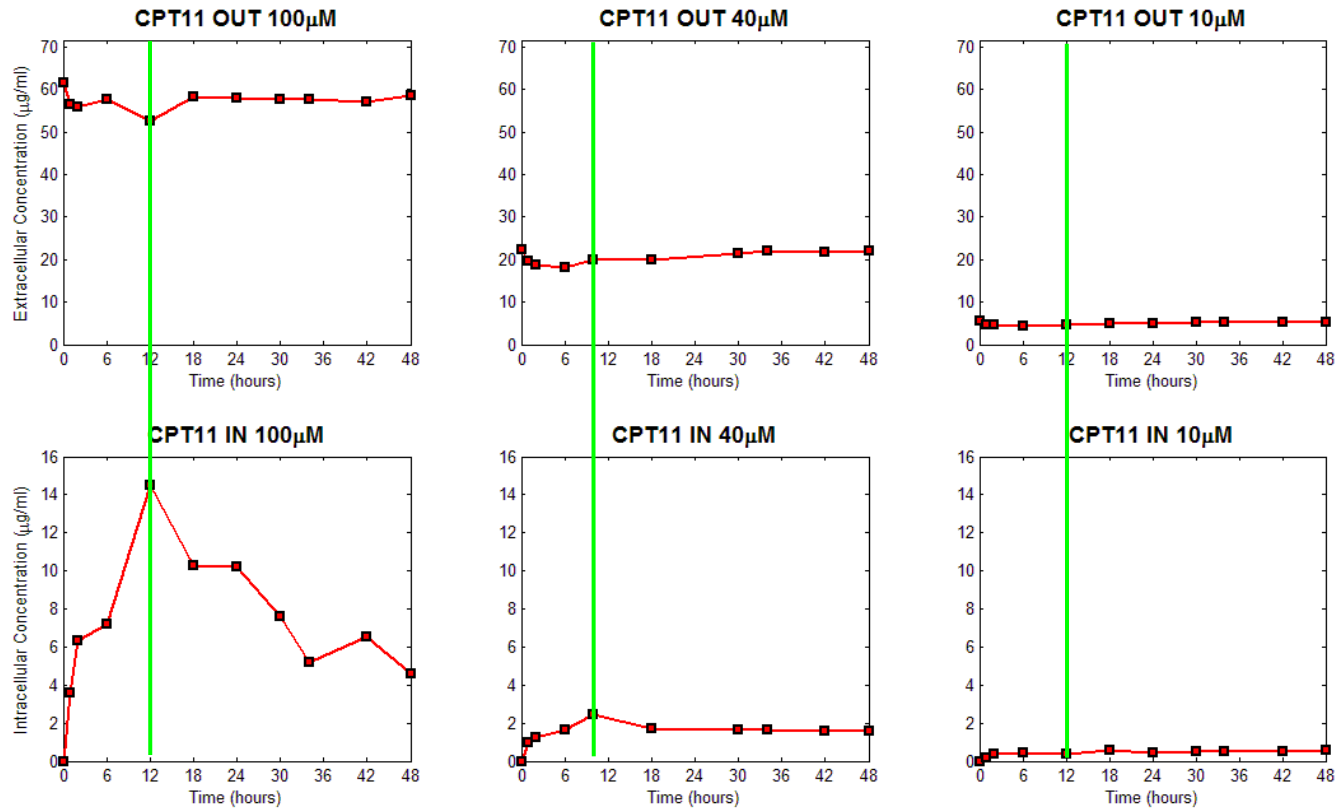
## CPT11 is not cytotoxic for Caco-2 cells



# 3. Decrease in Intracellular Concentration: Acquired Resistance ?

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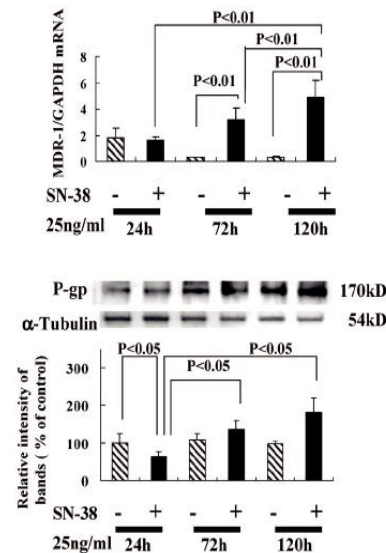
## Experimental results



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## Decrease in Intracellular Concentration

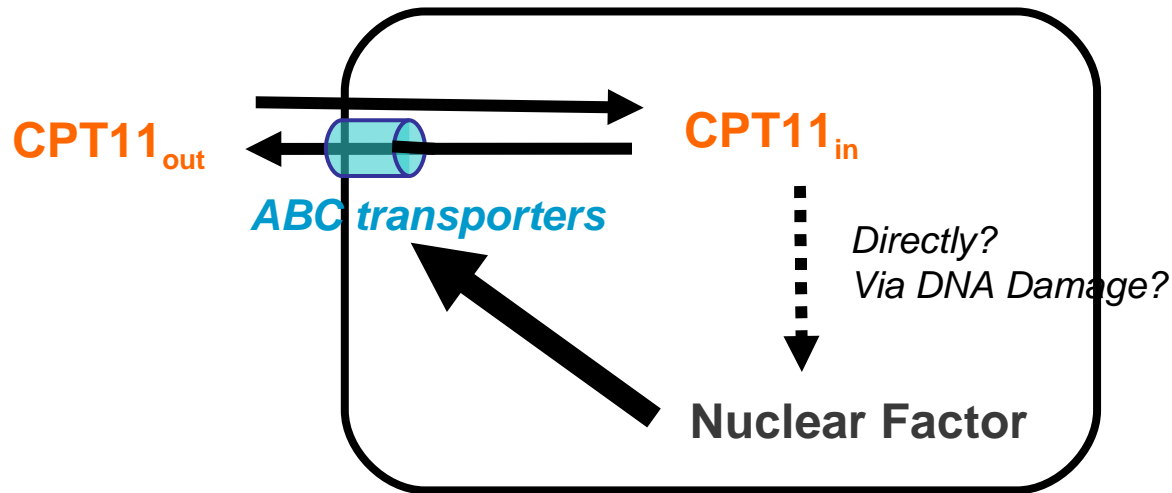
- Possible Explanation for Those Results: Induction of ABC transporters.
- Pgp is inducible by SN38 in HUH7 cells (human hepatocellular carcinoma cells) : cf. Takeba et al., *Irinotecan-Induced Apoptosis Is Inhibited by Increased P-Glycoprotein Expression and Decreased p53 in Human Hepatocellular Carcinoma Cells*, *Biol. Pharm. Bull.* **30**(8) 1400—1406 (2007)



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## Decrease in Intracellular Concentration

- CPT11 activates the nuclear factor NFkappaB (cf. Bottero et al. *Activation of Nuclear Factor B through the IKK Complex by the Topoisomerase Poisons SN38 and Doxorubicin: A Brake to Apoptosis in HeLa Human Carcinoma Cells*, CANCER RESEARCH 61, 7785–7791, November 1, 2001))
- Pgp is induced by the nuclear factor NFkappaB (cf. Zhou et al. *NF-kB-mediated Induction of mdr1b Expression by Insulin in Rat Hepatoma Cells*, THE JOURNAL OF BIOLOGICAL CHEMISTRY Vol. 272, No. 24, Issue of June 13, pp. 15174–15183, 1997)
- Proposition of a Model:

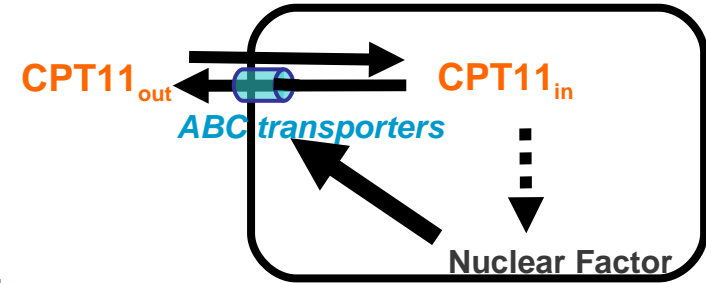


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## Mathematical Modeling

### Construction of an ODE-based model:

- One equation for each variable.
- Example: the equation for  $[CPT11_{out}]$ :



$$\frac{d[CPT11_{out}]}{dt} = -k_{uptakeCPT}[CPT11_{out}] + \frac{V_{effCPT}[ABC][CPT11_{in}]}{K_{effCPT} \frac{V_{out}}{V_{in}} + [CPT11_{in}]}$$

↓  
Rate of change  
over time

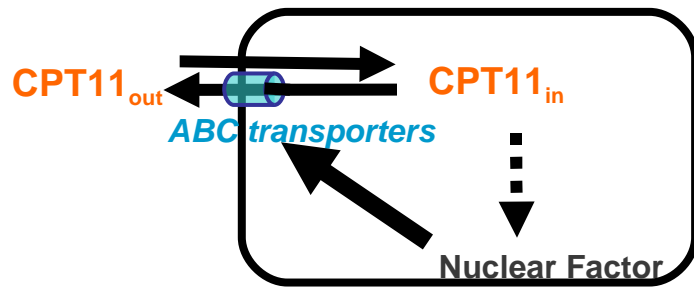
↓  
Uptake

↓  
Efflux

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## Mathematical Modeling

### ODE-based Model:



$$\begin{aligned} \frac{d[CPT11_{out}]}{dt} &= -k_{uptakeCPT}[CPT11_{out}] + \frac{V_{effCPT}[ABC][CPT11_{in}]}{K_{effCPT} \frac{V_{out}}{V_{in}} + [CPT11_{in}]} \\ \frac{d[CPT11_{in}]}{dt} &= k_{uptakeCPT} \frac{V_{out}}{V_{in}} [CPT11_{out}] - \frac{V_{effCPT}/V_{in}[ABC][CPT11_{in}]}{\frac{K_{effCPT}}{V_{in}} + [CPT11_{in}]} \\ \frac{d[NF]}{dt} &= \frac{[CPT11_{in}]^n}{K_{ind}^n + [CPT11_{in}]^n} - k_{dNF}[NF] \\ \frac{d[ABC]}{dt} &= k_{fABC} + k_{ind}[NF] - k_{dABC}[ABC] \end{aligned}$$

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## Mathematical Modeling

Conservation Law: *the total quantity of CPT11 is conserved*

$$\begin{aligned}
 n_{out} + n_{in} &= n_0 = CPT11_{out}(t=0)V_{out} \\
 CPT11_{out}V_{out} + CPT11_{in}V_{in} &= n_0 \\
 CPT11_{out} &= \frac{n_0 - CPT11_{in}V_{in}}{V_{out}}
 \end{aligned}$$

System of equation to be solved:

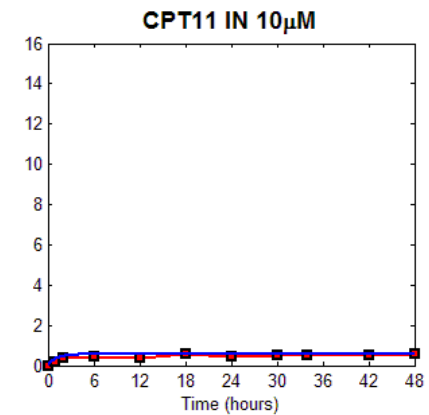
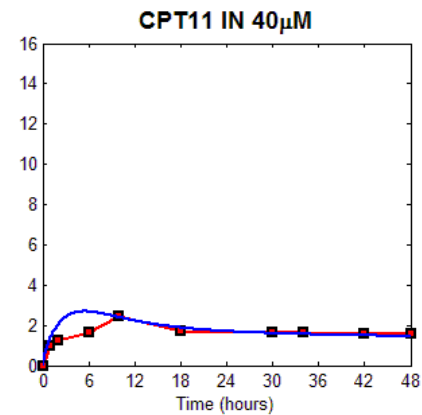
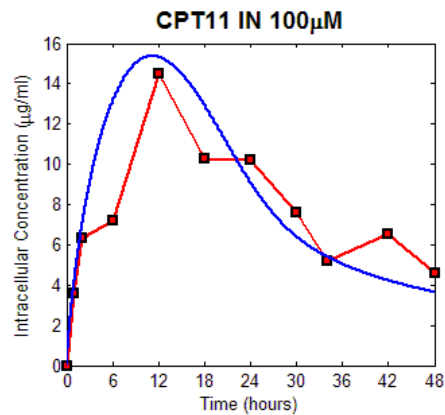
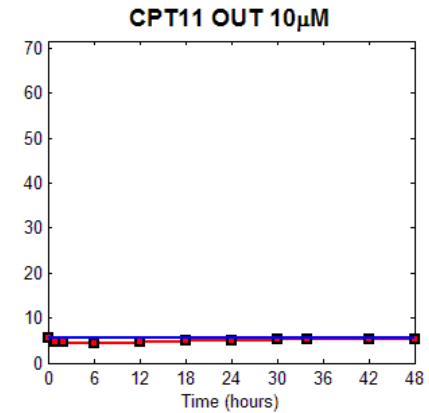
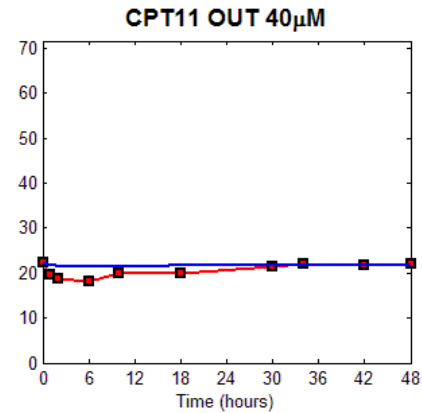
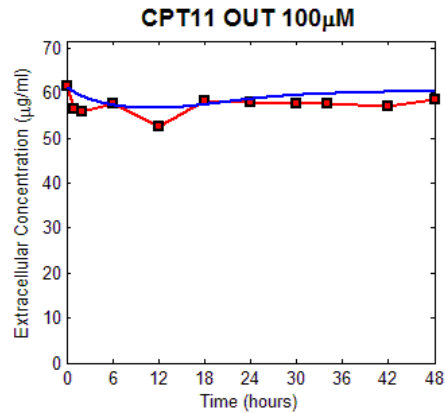
$$\begin{aligned}
 \frac{d[CPT11_{in}]}{dt} &= k_{uptakeCPT}(C_0/V_{in} - CPT11_{in}) - \frac{V_{effCPT}/V_{in}[ABC][CPT11_{in}]}{\frac{K_{effCPT}}{V_{in}} + [CPT11_{in}]} \\
 \frac{d[NF]}{dt} &= \frac{[CPT11_{in}]^n}{K_{ind}^n + [CPT11_{in}]^n} - k_{dNF}[NF] \\
 \frac{d[ABC]}{dt} &= k_{fABC} + k_{ind}[NF] - k_{dABC}[ABC]
 \end{aligned}$$





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## Mathematical Modeling



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## Mathematical Modeling

- Conclusion: the suggested model is able to reproduce the experimental data.
- Work in progress to confirm our hypothesis:
  1. Measurements of CPT11 Intracellular/Extracellular concentration with inhibitor of ABC transporters (Verapamil).
  2. Measurements of Pgp mRNA level over time of exposure.

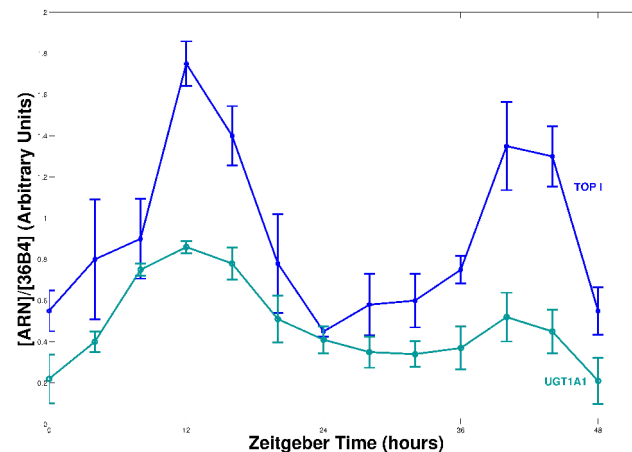


# 4. An Extended Model including Circadian Rhythms

# Experimental results on Caco-2 cells

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- Seric shocks (ie. exposing cells to a large amount of nutrients during 2 hours) synchronize the circadian clock of the cells which oscillate in synchrony.
- Topoisomerase I and UGT1A1 have circadian rhythms in Caco-2 cells

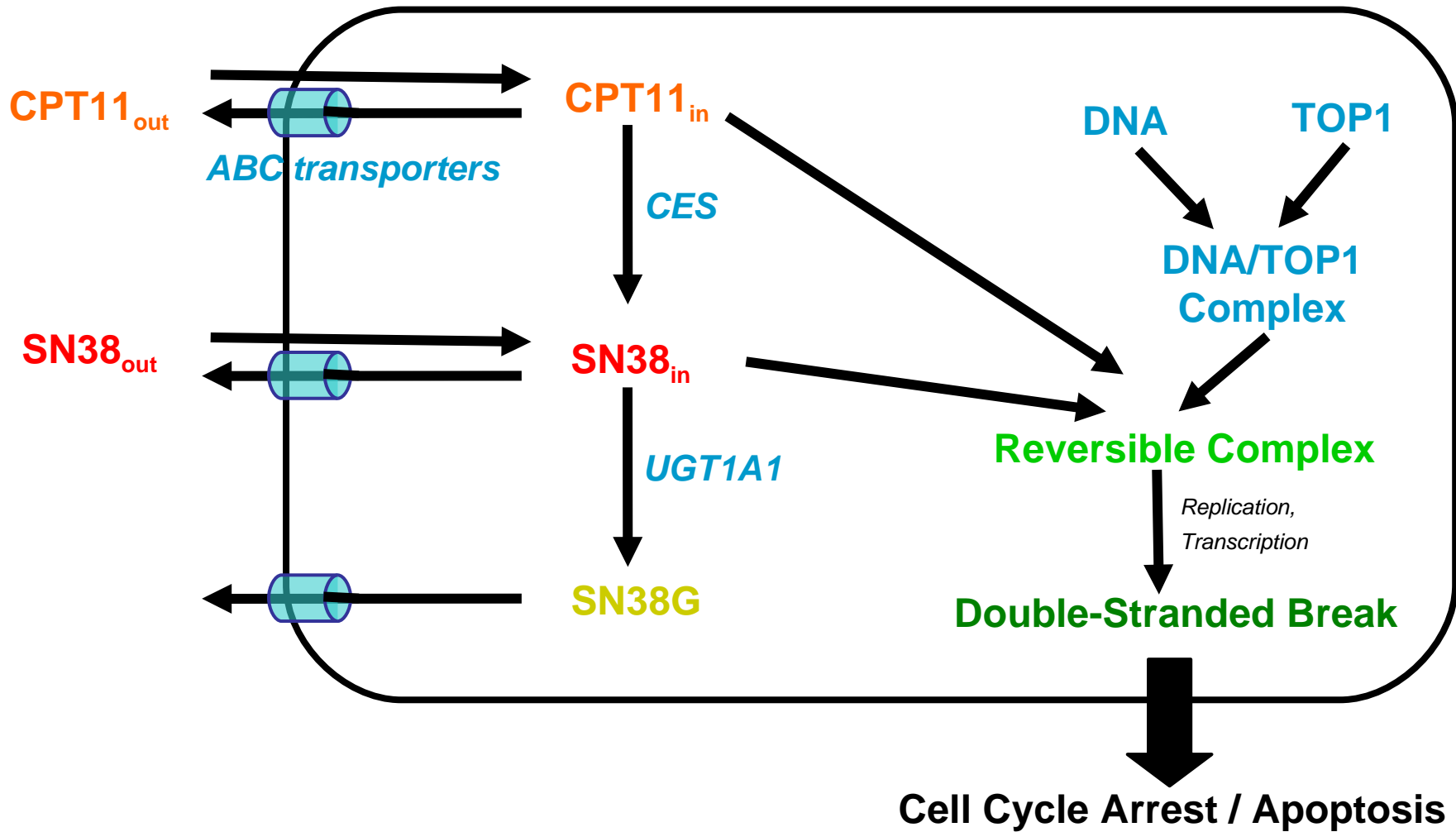


- Others have found circadian rhythm for Topoisomerase I (cf. *Circadian regulation of mouse topoisomerase I gene expression by glucocorticoid hormones*, Y. Kuramoto and al., *Biochemical Pharmacology*, 2006)



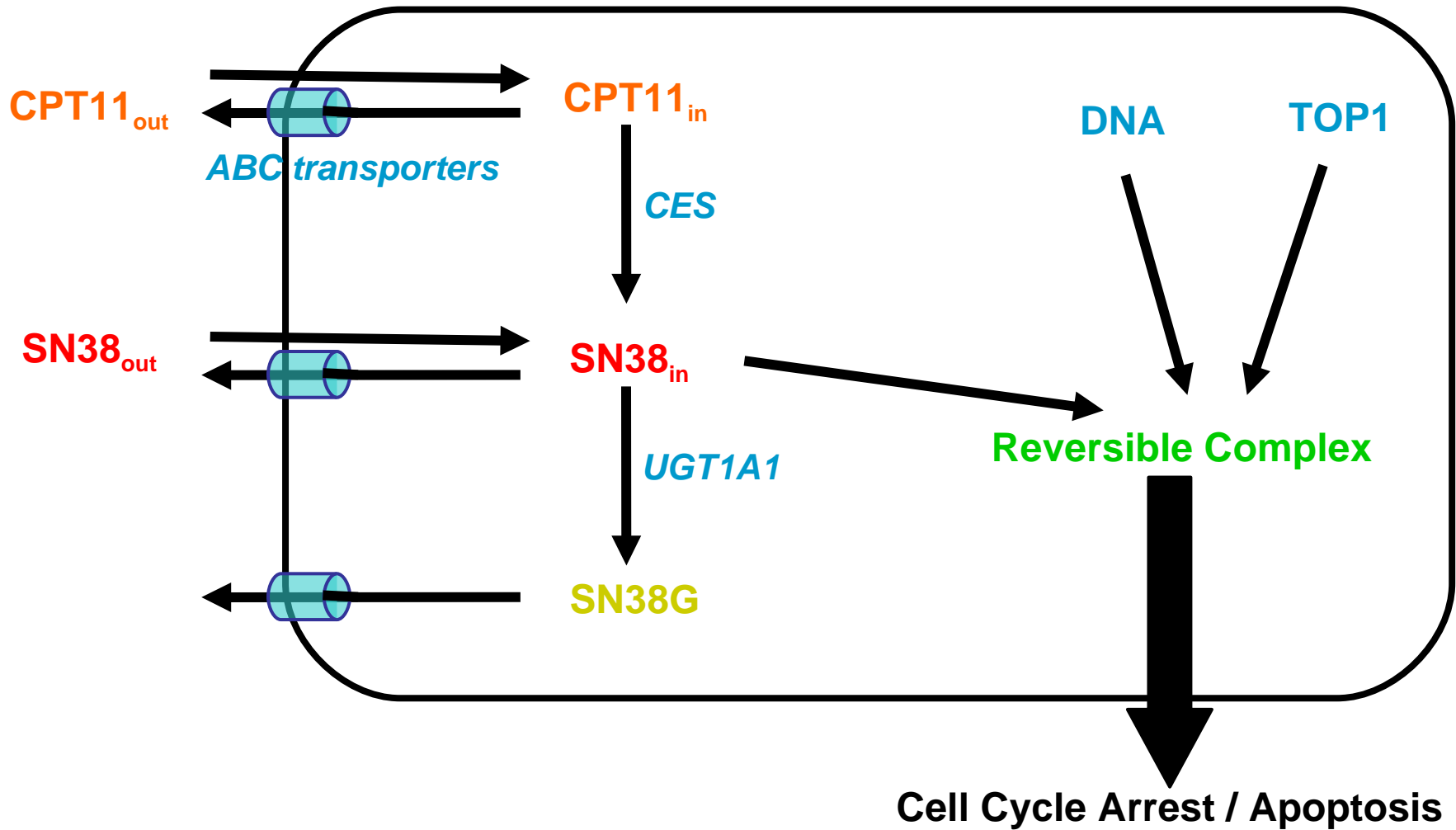
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# Mathematical Modeling



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# Mathematical Modeling



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# Mathematical Modeling

## System of Equations:

$$\begin{aligned}
 \frac{d[CPT11_{out}]}{dt} &= -k_{uptakeCPT}[CPT11_{out}] + \frac{V_{effCPT}[ABC][CPT11_{in}]}{K_{effCPT} \frac{V_{out}}{V_{in}} + V_{out}[CPT11_{in}]} \\
 \frac{d[CPT11_{in}]}{dt} &= k_{uptakeCPT} \frac{V_{out}}{V_{in}} [CPT11_{out}] - \frac{V_{effCPT}[ABC][CPT11_{in}]}{K_{effCPT} + V_{in}[CPT11_{in}]} - \frac{V_{CPT-SN}[CPT11_{in}]}{K_{CPT-SN} + [CPT11_{in}]} \\
 \frac{d[SN38_{out}]}{dt} &= -k_{uptakeSN}[SN38_{out}] + \frac{V_{effSN}[ABC][SN38_{in}]}{K_{effSN} \frac{V_{out}}{V_{in}} + V_{out}[SN38_{in}]} \\
 \frac{d[SN38_{in}]}{dt} &= k_{uptakeSN} \frac{V_{out}}{V_{in}} [SN38_{out}] - \frac{V_{effSN}[ABC][SN38_{in}]}{K_{effSN} + V_{in}[SN38_{in}]} + \frac{V_{CPT-SN}[CPT11_{in}]}{K_{CPT-SN} + [CPT11_{in}]} \\
 &\quad - \frac{V_{SN-SNG}[UGT][SN38_{in}]}{K_{SN-SNG} + [SN38_{in}]} - k_{fC}[TOP1][SN38_{in}](DNA_{tot} - [COMPL]) + k_{rC}[COMPL] \\
 \frac{d[SN38G]}{dt} &= \frac{V_{SN-SNG}[UGT][SN38_{in}]}{K_{SN-SNG} + [SN38_{in}]} - \frac{V_{effSNG}[ABC][SN38G]}{K_{effSNG} + V_{in}[SN38G]} \\
 \frac{d[COMPL]}{dt} &= k_{fC}[TOP1][SN38_{in}](DNA_{tot} - [COMPL]) - k_{rC}[COMPL] \\
 \frac{d[NF]}{dt} &= \frac{[SN38_{in}]^n}{K_{ind}^n + [SN38_{in}]^n} - k_{dNF}[NF] \\
 \frac{d[ABC]}{dt} &= k_{fABC} + k_{ind} * [NF] - k_{dABC}[ABC] \\
 \frac{d[TOP1]}{dt} &= k_{fTOP}(1 + \epsilon_{TOP} \cos(\frac{2\pi}{24}(t - \phi_{TOP}))) - k_{dTOP}[TOP1] \\
 &\quad - k_{fC}[TOP1][SN38_{in}](DNA_{tot} - [COMPL]) + k_{rC}[COMPL] \\
 \frac{d[UGT1A1]}{dt} &= k_{fUGT}(1 + \epsilon_{UGT} \cos(\frac{2\pi}{24}(t - \phi_{UGT}))) - k_{dUGT}[UGT]
 \end{aligned}$$

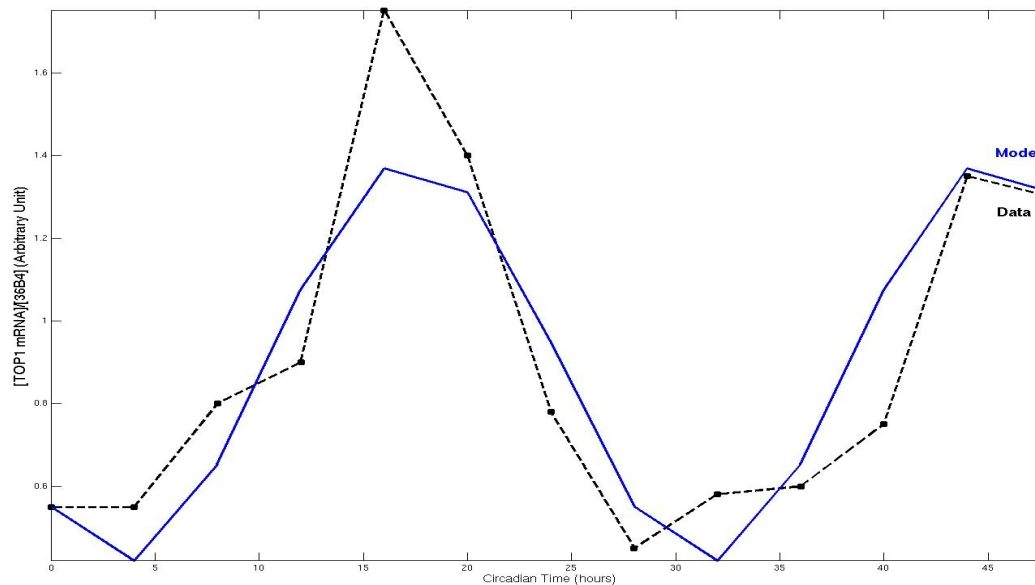
Resistance

Circadian Rhythm

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# Mathematical Modeling

Parameters for TOPI and UGT1A1 have been chosen to fit the data obtained in Caco-2 cells:



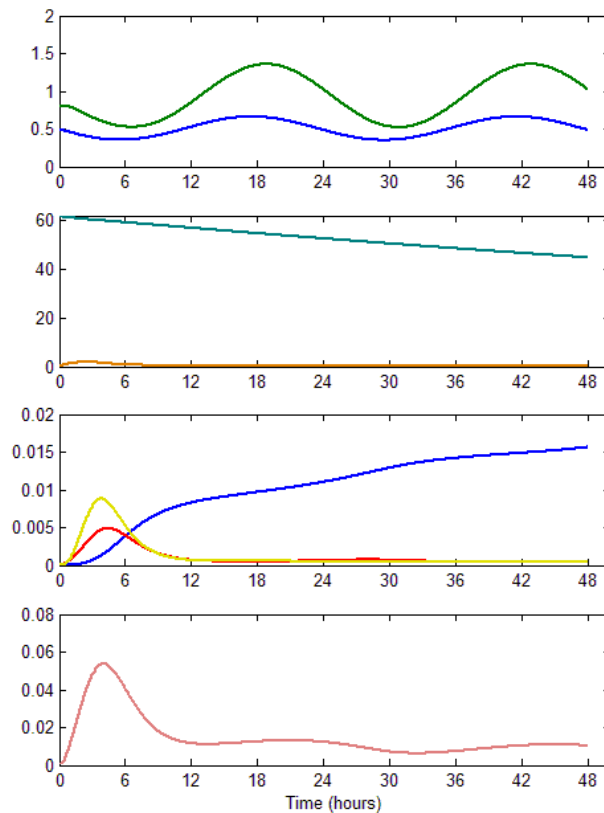


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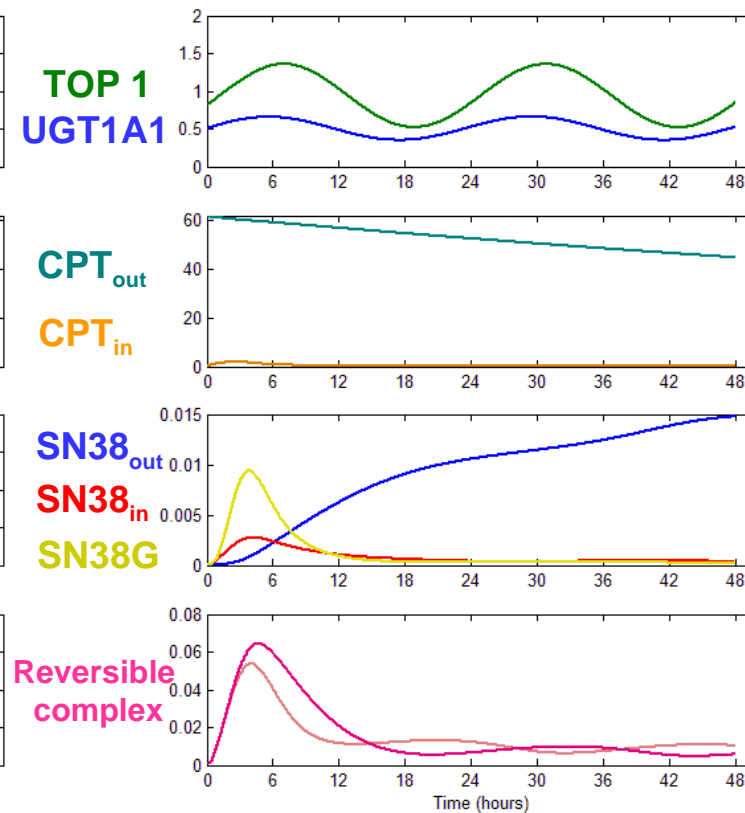
# Mathematical Modeling

Simulation: choosing the right circadian time to expose cells

Exposition in phase with TOP1



Exposition out of phase with TOP1



# Conclusion and future work

- The decrease in CPT11 intracellular accumulation over time may be explained by the induction of ABC transporters. Further work is in progress to validate this hypothesis.
- Circadian rhythms of ABC transporters are being studied.
- Data about SN38 glucuronidation and about formation of reversible complexes are needed.
- This study at the cell population scale may then be integrated into a Whole-Body approach leading to potential improvements in the administration of Irinotecan to patients.

