

Fiscal Year 2024 Generic Drug Science
and Research Initiatives Public Workshop

Integration of Simulation, In Vitro
and Clinical Methods to Support
Complex Drug Product Development

Will Ganley

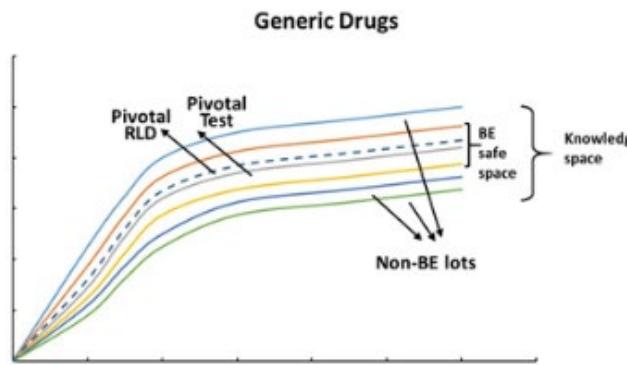
20th May 2024



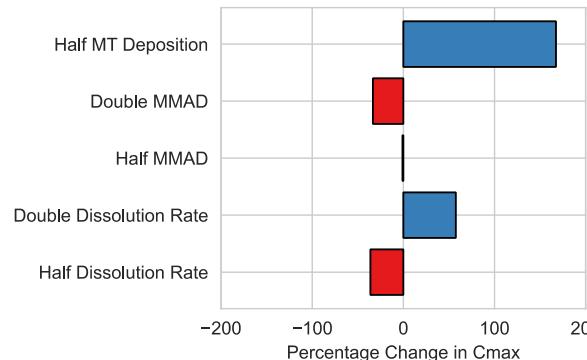
Development Tools

Support product development decision making

Formulation Safe Space



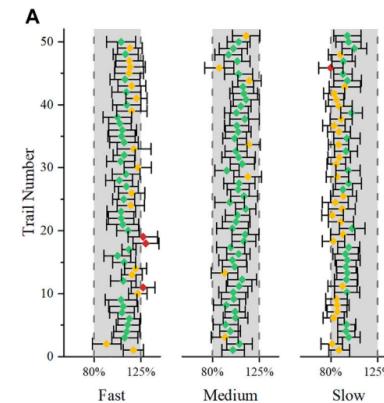
Sensitivity Analysis



Regulatory Tools

Support regulatory decision making

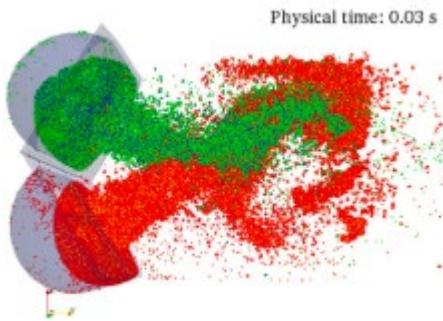
Virtual Clinical Studies



IVIVC

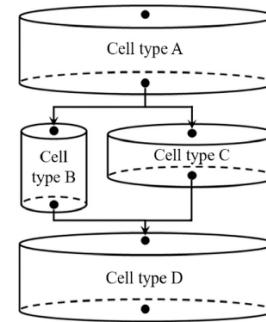
Modelling and simulation methods to elevate in vitro and clinical studies

In Vitro Lab Studies



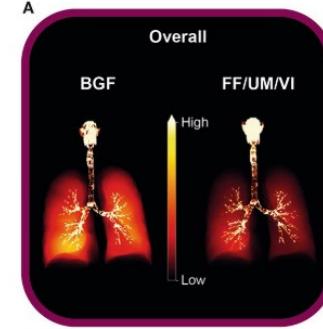
Simulations of
Aerosolisation in DPIs
Device Designs and
Patient Breathing Profiles

In Vitro Cell Studies



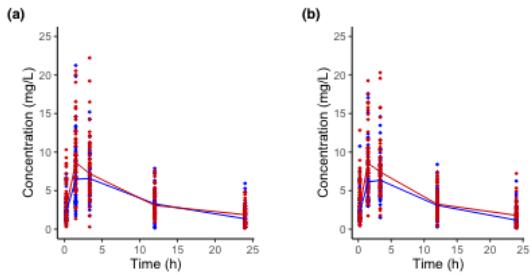
Quasi- 3D Modelling Drug
Transport Across the
Cornea transcellular and
paracellular pathways

Clinical Imaging Studies



Simulated lung
deposition for different
inhaled products

Pharmacokinetic Studies



Model-based equivalence
assessment for sparsely
sampled
pharmacokinetics

Challenge: How Do We Bring This All Together

- So far, a lot of success we need a roadmap for using modelling and simulation to get more generic drugs to market, particularly for complex dosage forms

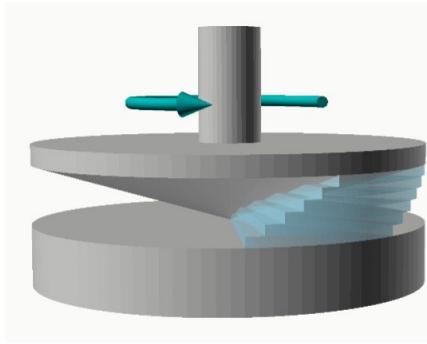


- Relevant to **local exposure**
- **BE bounds** set using modelling
- Accompanying **in silico** models

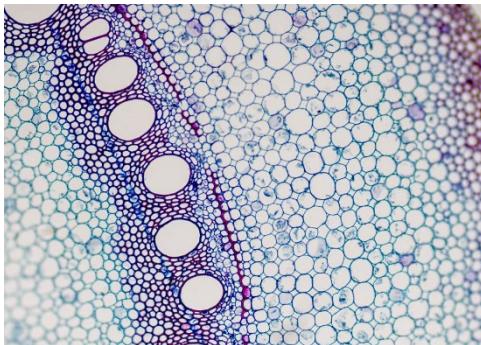
- Extrapolation from in vitro studies
- Incorporation into **physiological models**

- Sufficient **available data** for validation
- Common framework
- Routes for adding new models

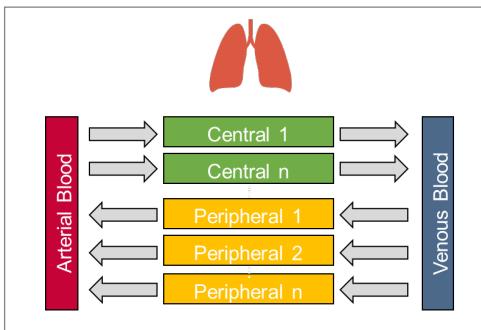
- Robust **statistical approaches**
- **Reduce or replace** clinical studies



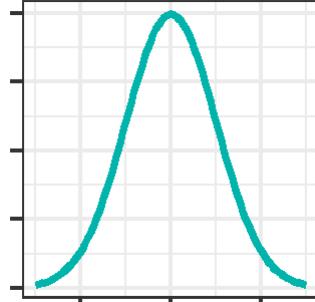
- **Flow**
 - Biorelevant mucociliary clearance assays
 - Easy extrapolation to local site (i.e. nasal cavity, ocular drainage)
 - Screen for excipient differences (non-Q1/Q2)



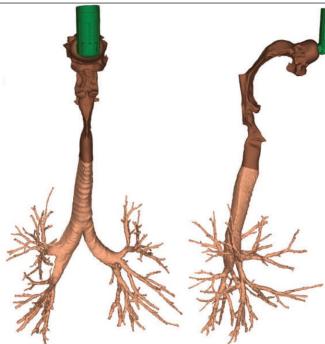
- **Permeation and Release**
 - Mechanistic extrapolation from cell lines to physiological models
 - Easy extrapolation to dissolution at the delivery site (e.g. upper/lower airways)
 - Mechanistic models for tandem in vitro dissolution and permeation models



- **Model Structures**
 - Coarse graining – lung nose regions, ocular/epithelial tissue layers



- **Selection of Disease State Characteristics**
 - Sensitivity analysis – which characteristics are important
 - Variance in population including correlation with other metrics



- **Representation of Disease-state Characteristics**
 - Replicated in silico (CFD meshes of airways, mechanistic representations in PBPK)?
 - Replicated in vitro (dissolution media, casts or organ-on-chip)



- **Understanding of Risk for Different Use Cases**
 - Alternative bioequivalence
 - Justifying in vitro BE bounds
 - Investigating in vitro BE failure
 - Replacing in vitro studies



- **Governance of Publicly Available Data for Model Validation**
 - Academic data stored
 - Private data can be entered
 - Access controlled



- **Patient Selection**
 - Selection criteria – extend beyond age, disease state etc.
 - Generation of virtual patients (which parameters to vary, correlation between parameters)
 - Propagation of variance from inputs to endpoints

$$\frac{(\mu_T - \mu_R)^2 + \sigma_{TT}^2 - \sigma_{TR}^2}{\max(\sigma_0^2, \sigma_{TR}^2)}$$

- **Statistics**
 - BE statistics
 - Control of error

- Outcomes of potential research programmes
 - Mechanistic models of in vitro models
 - New in vitro methods to investigate local exposure
 - Methods for disease state representation in silico (including virtual patient selection)
 - Worked examples of credibility requirements for wider range of scenarios
 - More robust guidance on model-informed evidence



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- Incorporation into **physiological models**
- Sufficient **available data** for validation
- Common framework
- Routes for adding new models
- Robust **statistical approaches**
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Thank you!