

# Drug Transporter Inhibition

Understanding whether your investigational drug has the potential to perpetrate (precipitate) transporter-mediated drug-drug interactions with co-administered victim (object) drugs that are substrates of transporters starts with evaluation of your drug as an inhibitor of drug transporters *in vitro*. Cyprotex has well-validated transporter inhibition assay methodology and test systems that conform to the recommendations highlighted by regulatory authorities. We ensure that the correct, most accurate  $IC_{50}$  ( $=K_i$ ) is obtained for robust DDI risk assessment.

**ABC transporters**  
(BSEP, MRPs, P-gp, BCRP)

**Vesicle transport assay**

- ▶ Uptake rate (+ATP) minus uptake rate (+AMP)
- ▶ Corrected transporter-mediated uptake rate (pmol/mg) in absence (vehicle control) and presence of inhibitor

**SLC transporters**  
(OATPs, OATs, OCTs, MATEs, OCTN2, PEPTs, NTCP)

**Cell uptake assay**

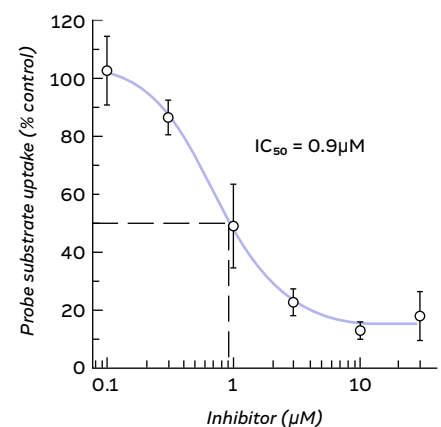
- ▶ Uptake rate in transporter expressing cells minus uptake rate in control cells or passive uptake in transporter expressing cells
- ▶ Corrected transporter-mediated uptake rate (pmol/mg) in absence (vehicle control) and presence of inhibitor

**ABC transporters**  
(P-gp, BCRP)

**Unidirectional transport assay**  
(Caco-2)

- ▶ Corrected transporter-mediated  $B>A P_{app}$  ( $B>A P_{app}$  - passive  $P_{app}$ ) in absence (vehicle control) and presence of inhibitor

Converted to % control transport activity



## Intestine

P-gp\*, BCRP\*, OATP2B1, OCT1, MRP2, MRP3



## Kidney

OAT1\*, OAT3\*, OCT2\*, MATE1\*, MATE2-K\*, P-gp\*, BCRP\*, OAT2, OAT4, PEPT1, PEPT2, OCTN2, MRP2, MRP4



## Liver

OATP1B1\*, OATP1B3\*, OCT1\*, P-gp\*, BCRP\*, BSEP, OATP2B1, OAT2, NTCP, MRP2, MRP3, MRP4, preclinical Oatp1b



## Blood Brain Barrier

P-gp\*, BCRP\*, OATP1A2, OATP2B1, MRP4

\* regulatory required transporters



## Your Partner in Understanding Transporter Drug-Drug Interactions

- ▶ **Extensive experience:** Our team of experts have decades of combined published experience in transporter-mediated DDIs and contextualisation of *in vitro* data to clinical risk.
- ▶ **From Discovery to Development:** We offer a comprehensive range of transporter inhibition assay formats applicable to either early discovery (screening; % inhibition) or to regulatory profiling stages ( $IC_{50}$  determination) during preclinical development, clinical development and on to new drug application.
- ▶ **Regulatory compliance:** We adhere to global regulatory guidance/guideline recommendations, including:
  - Full panel of transporters (P-gp, BCRP, OATP1B1/3, OAT1/3, OCT1/2, MATE1/2K): regardless of investigational drug's BCS class, transporter substrate status, or principal elimination route(s).
  - Use of clinically relevant, or published good surrogates of clinically relevant *in vivo* substrate, as *in vitro* probe for P-gp/BCRP/OATP1B/OCT2/MATE1, or conservative probes for OATs/OCT1/MATE2-K, all run at  $\sim 10\times$  lower than their  $K_m$  so  $IC_{50}$  equates to  $K_i$ .
  - Use of radiolabelled probe substrates such there is no interference of the investigational drug on analytical response so no risk of artefactual false positives or negatives in identifying inhibitors

## Assessing Perpetrator (Transporter Inhibitor) Potential along the Drug Discovery/Development Value Chain

### Inhibition Screening Assays

(if critical co-meds have to be co-dosed)

#### INHIBITION SCREENING

##### – Assay formats (flexible)

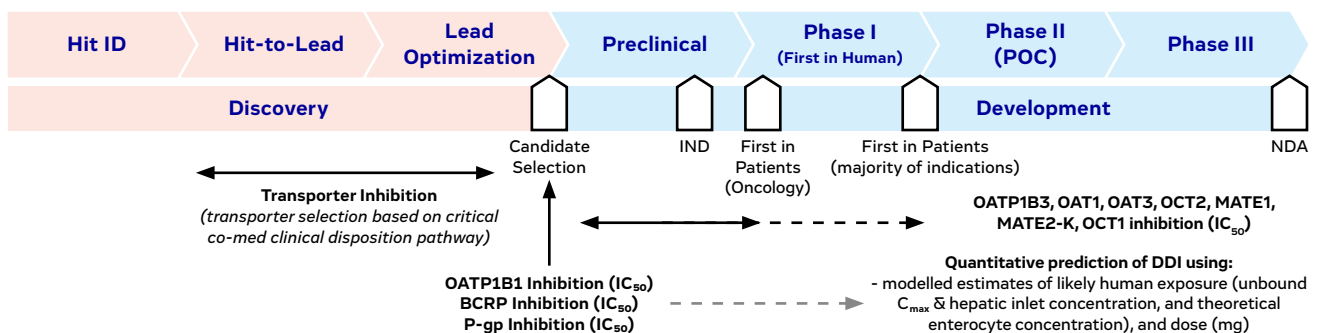
- ▶  $IC_{50}$  – 7 concentrations plus 0  $\mu M$  (singlicate wells) for P-gp/BCRP/regulatory guidance SLCs
- ▶  $IC_{50}$  – 6 concentrations, plus 0  $\mu M$  (duplicate wells) for BSEP/MRPs
- ▶ 1 or 2 concentrations (duplicate wells) for regulatory guidance SLCs
- ▶ 1 or 2 concentrations (triplicate wells) for non-regulatory guidance SLCs

### Inhibition Profiling Assays

#### INHIBITION PROFILING

##### – Assay formats

- ▶  $IC_{50}$  – 7 concentrations plus 0  $\mu M$  (triplicate wells)
- ▶ Includes pre-incubation step with investigational drug as standard for all ABC/SLC transporters to give correct  $IC_{50}$  for robust risk assessment
- ▶ Prediction of transporter DDI risk – reports based on regulatory basic static equations
- ▶ Quantitative prediction of transporter DDI – AUCR prediction of statin DDIs as victim drugs using mechanistic static equations. Hypothetical AUCR predictions for potential victim co-meds whose transporter contribution to disposition is not defined.



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