

FROM *IN VITRO* TO *IN VIVO* QUANTIFICATION OF ANTIRETROVIRAL DRUGS EFFECTS BASED ON DYNAMICAL MODELS OF HIV.

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Outline of the talk

Motivation :

- Quantify antiretroviral effects **on clinical data**,
- Extrapolate cART effects.

In vivo Modeling :

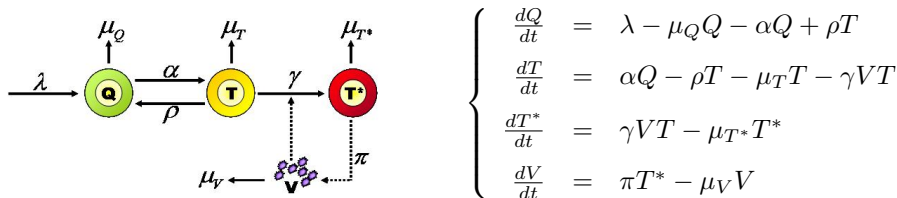
- Dynamic models (ODE-based),
 - Intrinsic antiviral activity,
 - Pharmacokinetics,
 - Drug-drug interactions,
 - Genetic barrier to resistance.
- } use of *in vitro* knowledge

Model assessment on clinical data :

- Evaluate the model quality and reliability,
- Evaluate the model predictive abilities.

In vivo Dynamical model of HIV

Activated T-cell model ¹



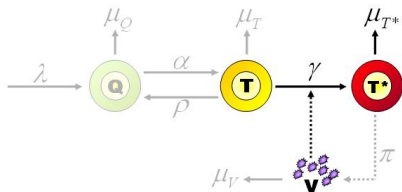
Compartment	Meaning
Q	Quiescent cells
T	Activated cells
T*	Activated Infected cells
V	HIV circulating Viruses

Parameters	Meaning
λ	Rate of Q cells production
$\mu_Q, \mu_T, \mu_{T^*}, \mu_V$	Death rate of Q/T/T*/V
α	Activation rate of Q cells
ρ	Rate of reversion to the Q state
γ	Infectivity : Infection rate of T cells per virion
π	Rate of virions per T* cells

1. Prague et al. (2013) *Adv. Drug Deliv. Rev.*

From *in vitro* to *in vivo*

Dynamic of the infected T-cells compartment :



$$\frac{dT^*}{dt} = \gamma VT - \mu_{T^*} T^*$$

Treatments plays on infectivity parameters :

$$\tilde{\gamma}(t) = \tilde{\gamma}_0 - f_{PKPD}(d_I(t), \dots, d_{n_{cART}}(t))$$

Summarizing *in vitro* knowledge : f_{PKPD} definition

IIP quantifies the antiviral activity² :

$$\text{IIP}(d_j(t)) = \log \left(1 + \left(\frac{d_j(t)}{\text{IC}_{50}^j} \right)^{m_j} \right)$$

Bliss independence³ is assumed :

$$\text{IIP}(d_1(t), \dots, d_{n_{cART}}(t)) = \sum_{j=1}^{n_{cART}} \text{IIP}(d_j(t))$$

Estimated drug-specific *in vitro* to *in vivo* conversion factor :

$$\tilde{\gamma}(t) = \tilde{\gamma}_0 + \underbrace{\sum_{j=1}^{n_{cART}} \beta_j \text{IIP}(d_j(t))}_{f_{PKPD}(d_1(t), \dots, d_{n_{cART}}(t))} \quad (\text{expected } \beta_j < 0)$$

2. Shen et al. (2008) *Nature Medicine*

3. Jilek et al. (2012) *Nature Medicine*

Statistical model : the populational approach

There is an inter-individual variability of parameters that justifies the use of random effects :

- Immune systems Q-cells input can vary :

$$\tilde{\lambda}^i = \tilde{\lambda}_0 + u_{\lambda}^i \quad \text{with, } u_{\lambda}^i \sim \mathcal{N}(0, \sigma_{\lambda})$$

- CD8 response can vary :

$$\mu_{T^*}^i = \mu_{T^*0} + u_{\mu_{T^*}}^i \quad \text{with, } u_{\mu_{T^*}}^i \sim \mathcal{N}(0, \sigma_{\mu_{T^*}})$$

- Sampah et al.⁴ evaluated *in vitro* that mutations result in mutation/patient-specific IIP reductions :

$$\tilde{\gamma}^i(t) = \tilde{\gamma}_0 + \sum_{j=1}^{n_{\text{cART}}} \beta_j \text{IIP}(d_j^i(t)) + u_{\gamma}^i \quad \text{with, } u_{\gamma}^i \sim \mathcal{N}(0, \sigma_{\gamma})$$

4. Sampah et al. (2011) *PNAS*

Dataset : Population description

Study name	nb. pat.	Duration (weeks)	AZT	3TC	d4T	ddl	LPV/r	APV/r	DRV/r
			(at least one intake - % of patients)						
ALBI ⁵	148	24	66	66	68	68	-	-	-
PUZZLE ⁶	22	26	23	86	46	68	86	86	-
ZEPHIR ⁷	116	12	22	56	3	11	10	100	-
PREDIZISTA ⁸	64	12	3	17	3	20	2	-	100
ALL	350	19	37	55	33	41	9	39	18

5. ANRS 70 : Molina et al. (1999) *J. Infect. Dis.*

6. ANRS 104 : Raguin et al. (2004) *Antiviral therapy*

7. ANRS Co3 Aquitaine Cohort : Pellegrin et al. (2007) *Antimicrob. Agents Chemo.*

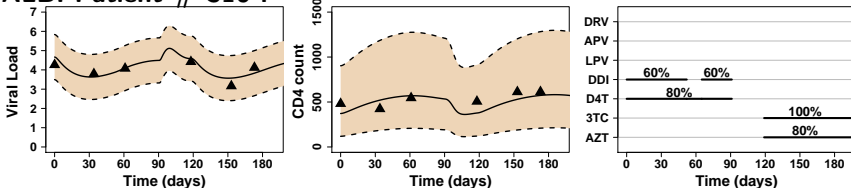
8. ANRS Co3 Aquitaine Cohort : Pellegrin et al. (2008) *Antiviral therapy*

Data fits - MAP Bayesian Approach (NIMROD)⁹

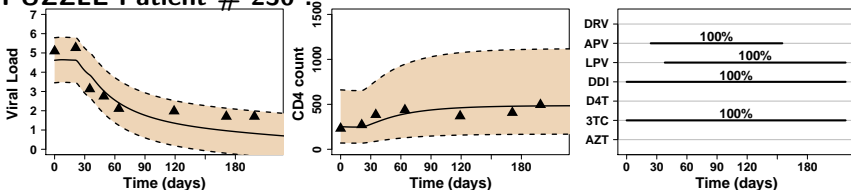
Observed Biomarkers and data :

Viral Load ($\log_{10}(V)$), CD4 count ($Q + T + T^*$) and treatment designs.

ALBI Patient # 316 :



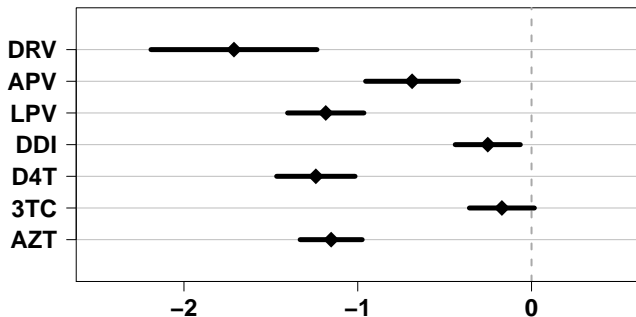
PUZZLE Patient # 230 :



Effect of Antiretrovirals : Estimation on *in vivo* data

Antiretroviral Effects :

$$\tilde{\gamma}^i(t) = \tilde{\gamma}_0 + \sum_{j=1}^{n_{cART}} \beta_j \text{IIP}(d_j^i(t)) + u_\gamma^i$$

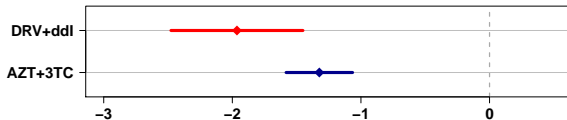


- > Each antiretroviral has a distinguishable effect : estimated on data.
- > Small standard errors with Separate CIs.
- > Consistent with *in vitro*

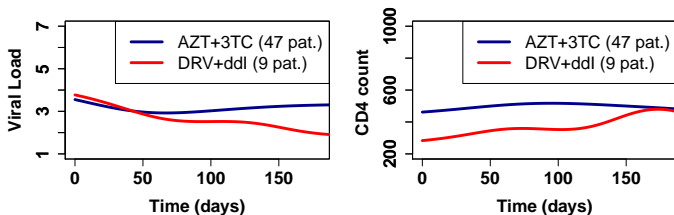
Effect of cART : Estimation on *in vivo* data

cARTs Effects :

$$\tilde{\gamma}^i(t) = \tilde{\gamma}_0 + \sum_{j=1}^{n_{\text{cART}}} \beta_j \text{IIP}(d_j^i(t)) + u_{\gamma}^i$$



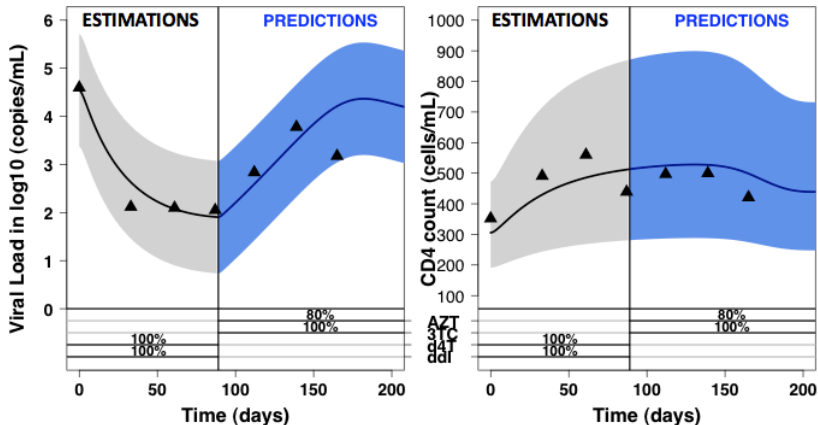
Observed Biomarkers profiles on data for different cARTs :



Predictive Abilities : from d4T+ddI to AZT+3TC

We are able to forecast the response of the patients to a new cART¹⁰.

ALBI Patient # 41 :

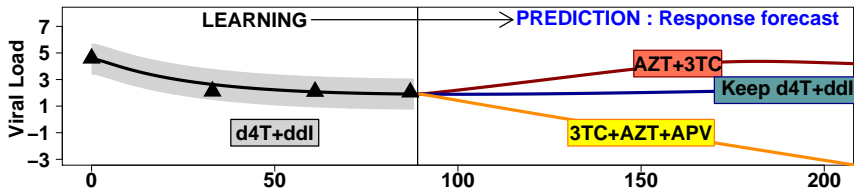


10. Prague et al. (2012) *Biometrics*

Perspectives and long-term prospects

This model could be a tool to :

- > Design new cART clinical trial,
- > Help in personalized medicine.



Ongoing works :

- > Stronger modeling (mutations, more antiretrovirals, ...)
- > Extend analyses to other trials and cohorts (eg. Aquitaine cohort).

Acknowledgements

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- All the patients and health-care providers that participated in these studies,
- All fundings institutions.



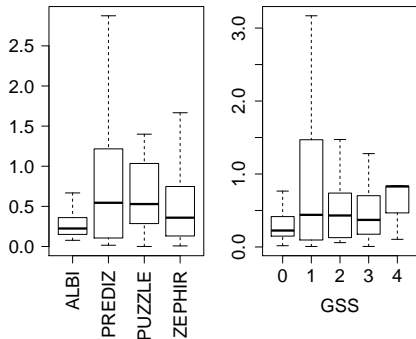
Further readings :

- **Concerning parameters estimation methods :**
Prague et al. (2013) *Comp. Methods Programs Biomed.*
<http://www.isped.u-bordeaux2.fr/NIMROD/documentation.aspx>
- **Concerning HIV dynamical models in personalized medicine :**
Prague et al. (2013) *Adv Drug Deliv Rev*
Prague et al. (2012) *Biometrics*

Effect of Mutations : Estimation on *in vivo* data

$$\tilde{\gamma}^i(t) = \tilde{\gamma}_0 + \sum_{j=1}^{n_{cART}} \beta_j \text{IIP}(d_j^i(t)) + \boxed{w_\gamma^i}$$

Random effect deviance on infectivity



- > Random effects on infectivity is greater when :
 - Patients are heavily pretreated (PUZZLE, ZEPHIR, PREDIZISTA)
 - Genotypic susceptibility Score (GSS) is different from 0.
- > Both ANOVA : $p < 0.001$