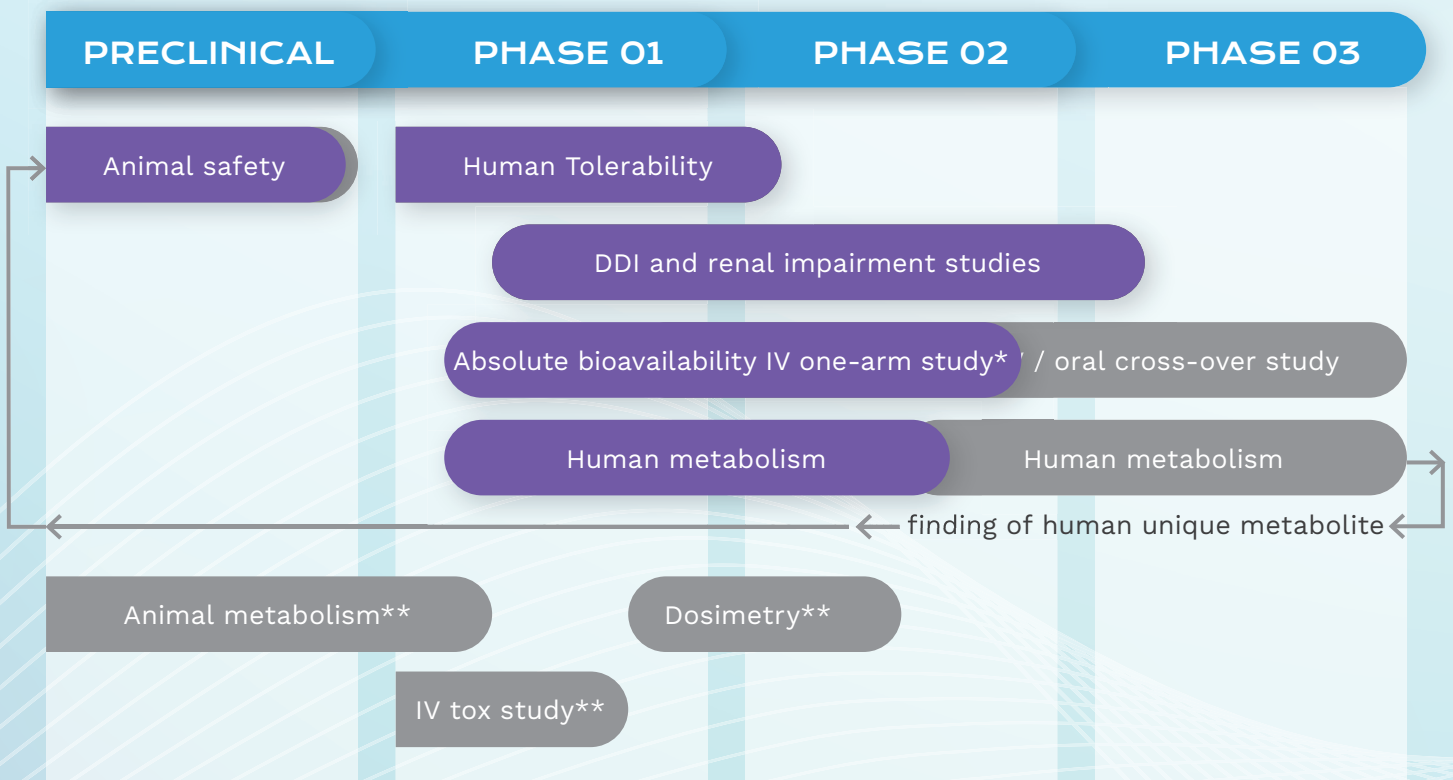




**EFFICIENT ENRICHMENT OF HUMAN DATA  
 IN EARLY-STAGE CLINICAL DEVELOPMENT**

● **MICROTRACER STUDIES** versus ● **CONVENTIONAL METHODS**



\* With an absolute bioavailability IV one-arm study, there is no need for a second study.

\*\* Animal metabolism and IV tox study can be waived in this workflow, and dosimetry can be pushed back.

**ACCELERATE. DE-RISK. REDUCE COSTS.**

## MICROTRACER STUDIES AS THE NEW STANDARD FOR HUMAN ADME

CONVENTIONAL	MICROTRACER STUDIES
<ul style="list-style-type: none"> <li>Human unique metabolites are generally found in Phase 2b/3 placing the human ADME trial on the critical path</li> </ul>	<ul style="list-style-type: none"> <li>Human metabolite safety concerns are caught from Phase 1</li> </ul>
<ul style="list-style-type: none"> <li>Dosimetry/QWBA is required due to Ethical Class 2 of the ICRP</li> </ul>	<ul style="list-style-type: none"> <li>Dosimetry not required before human microtracer study</li> </ul>
<ul style="list-style-type: none"> <li>DDI and impairment studies based on <i>in vitro</i> and <i>in vivo</i> animal data</li> </ul>	<ul style="list-style-type: none"> <li>Early hADME data optimizes design of DDI and hepatic/renal studies</li> </ul>
<ul style="list-style-type: none"> <li>Lack of LSC sensitivity for PK and/or metabolites in plasma of candidates with long half-life (&lt; 100 hr)</li> </ul>	<ul style="list-style-type: none"> <li>AMS has the required sensitivity for candidates with long half-life</li> </ul>
<ul style="list-style-type: none"> <li>Regular dose is 100 <math>\mu</math>Ci while the LSC sensitivity is <math>\sim</math> 0.5 Bq/LC fraction</li> </ul>	<ul style="list-style-type: none"> <li>Microtracer dose is between 0.1 and 1 <math>\mu</math>Ci (100-fold <math>\downarrow</math>)</li> <li>AMS sensitivity is <math>\sim</math> 10 <math>\mu</math>Bq/LC fraction (500-fold higher sensitivity)</li> </ul>
<ul style="list-style-type: none"> <li>Human ADME data and AbsBA data are collected in separate studies at oral therapeutic dose</li> </ul>	<ul style="list-style-type: none"> <li>Human ADME and AbsBA can be combined in a single cohort study due to low IV dose of <math>\leq</math> 100 <math>\mu</math>g</li> </ul>
<ul style="list-style-type: none"> <li>AbsBA is a two arm cross-over design of two-periods requiring IV toxicity data</li> </ul>	<ul style="list-style-type: none"> <li>One arm study design is sufficient for determination of AbsBA</li> </ul>
<ul style="list-style-type: none"> <li>IV toxicity study is required</li> </ul>	<ul style="list-style-type: none"> <li>No IV toxicity data is required</li> </ul>
<ul style="list-style-type: none"> <li>Separate studies do not allow determination of fraction absorbed (Fa)</li> </ul>	<ul style="list-style-type: none"> <li>Fraction absorbed can be determined in a two-period study</li> </ul>
<ul style="list-style-type: none"> <li>Conducted with full GMP material, also for <math>^{14}</math>C material</li> </ul>	<ul style="list-style-type: none"> <li>Qualified <math>^{14}</math>C material often tolerated</li> </ul>
<ul style="list-style-type: none"> <li>Animal MB/MP studies are conducted to de-risk drug development</li> </ul>	<ul style="list-style-type: none"> <li>Early human metabolism data enables early MIST assessment</li> </ul>
<ul style="list-style-type: none"> <li>Therapeutic dose IV formulations are complex for BCS class II and class IV with low aqueous solubility</li> </ul>	<ul style="list-style-type: none"> <li>Microtracer dose IV formulations are generally below solubility limits</li> </ul>
<ul style="list-style-type: none"> <li>Should always be conducted in dedicated facilities</li> </ul>	<ul style="list-style-type: none"> <li>Possibilities for piggy-backing the microtracer on existing clinical trials</li> </ul>
	<ul style="list-style-type: none"> <li>Complies with ALARA principle for radiation burden of participants</li> </ul>



FDA recommendation: "Usually, sponsors have conducted human *in vivo* metabolism studies relatively later in drug development, but we **strongly recommend** that sponsors conduct **in vivo metabolic evaluation in humans as early as feasible.**"  
(FDA Safety Testing of Drug Metabolites Guidance for Industry)



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