Early-Life Exposures to Medications

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DISCLOSURE

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 - UCB
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Teratogenic vs Early Life Exposures

PK characteristics of ELE

Breastfeeding and Drugs Study design

Early-Life Exposures to Medications

In utero



via breast milk



Pediatric drug therapy



Growth rate of the phrase "Early-Life Exposures" in Google Scholar



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Dose Response



Dose-Response Principle



Such a dichotomization (*toxic vs* <u>nontoxic</u>)... does not correspond to the biological reality in which a chemical is only positive or negative in the context of dose level and other features of the exposure.....

Filipsson et al. Critical Reviews in Toxicology 2003;33:505

Daston GP, et al. Birth Defects Research Part B: Developmental and Reproductive Toxicology. 2014;101(6):423-8.

Shepard's criteria: human teratogenicity



1923 - 2016

"Proof" of Human Teratogenicity TERATOLOGY 50:97–98 (1994)

THOMAS H. SHEPARD, M.D.

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A recent example of its application

Zika Virus and Birth Defects — Reviewing the Evidence for Causality

Sonja A. Rasmussen, M.D., Denise J. Jamieson, M.D., M.P.H., Margaret A. Honein, Ph.D., M.P.H., and Lyle R. Petersen, M.D., M.P.H.

Rasmussen SA, et al. New England Journal of Medicine. 2016;374(20):1981-7.

Shepard's criteria of teratogenicity: *essential*

- 1. Proven exposure to agent at critical time(s)
- Consistent findings by ≥2 high-quality epidemiologic studies
 - with control of confounding factors,
 - sufficient numbers,
 - exclusion of positive and negative bias factors,
 - prospective studies if possible, and
 - relative risk ≥6
- **3.** Careful delineation of clinical cases; a specific defect or syndrome, if present, is very helpful
- 4. Rare environmental exposure that is associated with rare defect

Teratogen* Agents, substances or factors which cause physical or functional defects (harmful effects) in the fetus.

*The Greek τέρας *teras:* monster.



First Exposure



University of Toronto ♥ May 24, 2022 · ♥

First Exposure, a new information hub & research network at Dalla Lana School of Public Health will fill crucial gaps in health care for mothers and infants. Volt.me/7Zk



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Announcement (FDA: June 2018)

Do not use cobicistat during pregnancy

Leonardo da Vinci

CL _{ORAL} in pregnancy (% of non-pregnancy)		
Drug	CL _{ORAL} (CL/F)	Enzyme
Metoprolol	>200%	CYP2D6
Midazolam	200%	CYP3A4
Indinavir*	200%	CYP3A4
Lamotrigine*	200%	UGT1A4
Labetalol	160%	UGT1A1/2B7
Nicotine*	160%	CYP2A6
Phenytoin	145%	CYP2C9
Proguanil*	116%	CYP2C19
Caffeine	35%	CYP1A2

*: clinical consequences suspected

Modified from Pariente et al. PLoS med 2016 ¹⁵

Drug transfer across placenta



Modified from: Hutson et al. Clin Pharmacol Ther 2011 ¹⁶

Serum [C] Mother \geq Fetus



Serum [C] Mother >>>Fetus



Drug exposure via milk is low



Development of drug metabolizing enzymes



Johnson et al. Clin Pharmacokinetics 2006

Organ size per body weight



Urata et al. Hepatology. 1995;21(5):1317-21.

Modified from Valentin J. Annals of the ICRP. 2002 Sep 1;32(3-4):1-277 20

Higher dose requirement and higher CL per body weight in the young



* Modified from Al Zabi et al. TDM 2006

Drug exposure via milk is low



Allometry: a scaling principle

Sizes of body parts* and whole body are **NOT DIRECTLY** proportional.





Allometry

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Allometry context





1. Ontogenic allometry

2. Static allometry

Evolutionary allometry



Anderson and Holford. Annu. Rev. Pharmacol. Toxicol. 2008. 48:303–32

Allometry-based equivalent dose

Daily dose 600 mg (10 mg/kg/day)



60 kg woman



Allometric scaling (to achieve the same blood level) $600 \text{ mg}/(60 \text{ kg})^{0.75} = (\text{mouse daily dose})/(20g)^{0.75}$

mouse dose is: 1.5 mg/day, which is 1.5 mg/20g = 74 mg/kg/day



St Luke Drawing the Virgin by van der Weyden *Museum of Fine Arts, Boston*

Outline of modelling workflow

Example: Escitalopram



Knowledge evolution and study design

Prediction of plasma [C] in infants exposed to drugs in milk



Generative Al

What is the probability of fetal toxicity if valproic acid is taken during pregnancy?

Answer (*perplexity AI*): To obtain the most accurate and upto-date information..... It is crucial to consult with health professionals, such as obstetricians, gynecologists or **teratology information services**.

