

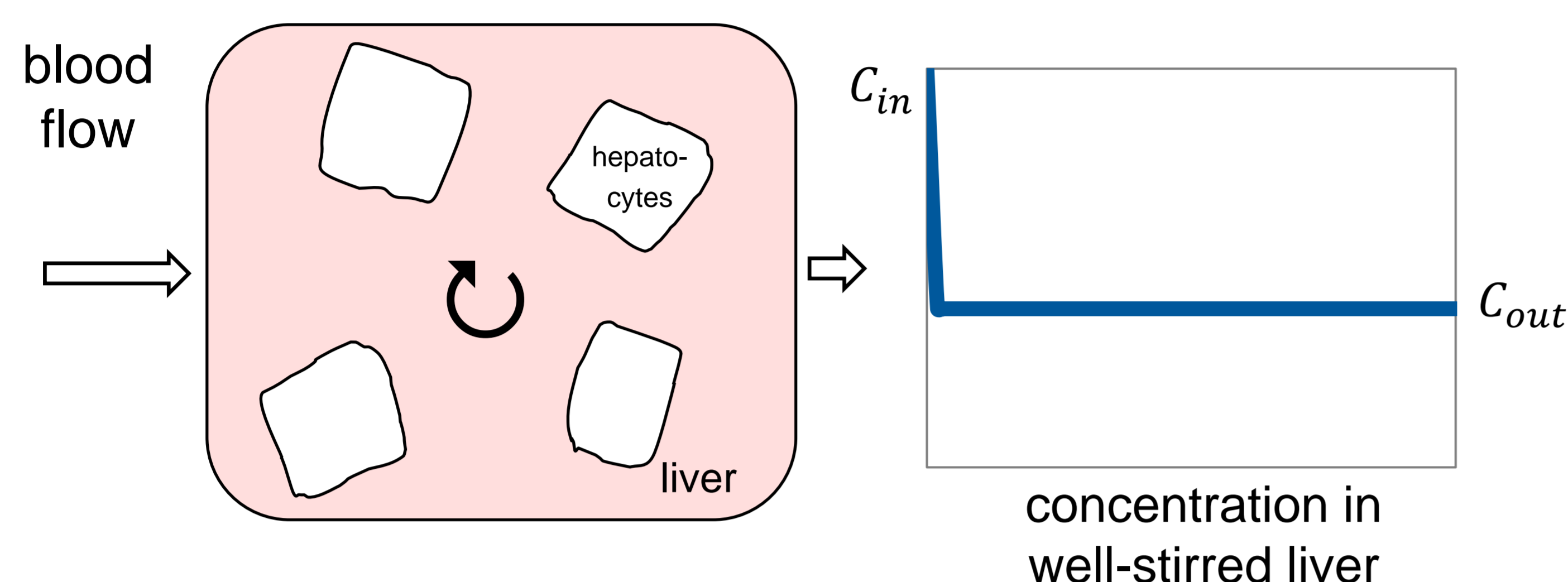


Biotransformation and blood flow: Does the well-stirred liver model underestimate *in vivo* clearance?

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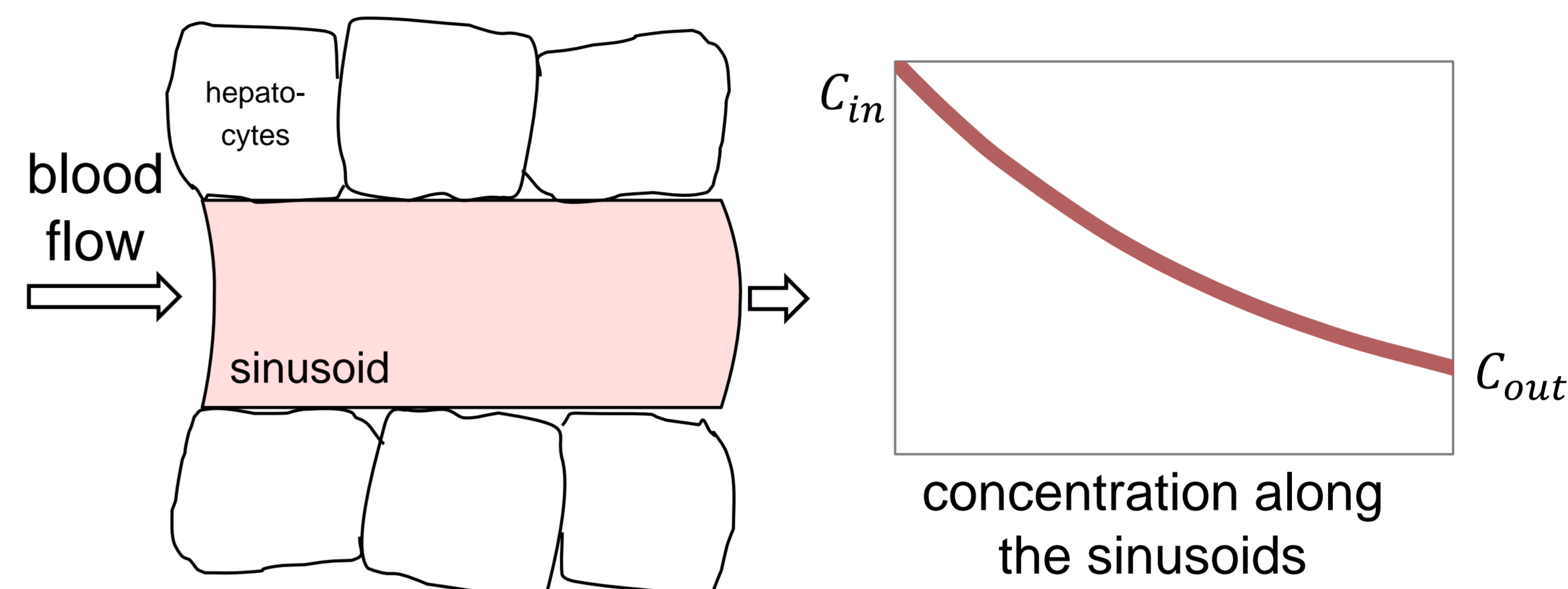
CONCEPTUAL OVERVIEW OF THE TWO COMMONLY USED TYPES OF LIVER MODELS

Well-stirred liver model („WS“):



- homogenous concentration within the liver
- mathematically simple, but rather far from reality

Parallel tube liver model („PT“):



- continuously decreasing concentration in the sinusoids
- mathematically more complex, but closer to reality

WHAT IS THE MAXIMUM DIFFERENCE BETWEEN THE MODELS AND WHEN DOES IT OCCUR?

- Prediction of the whole-body biotransformation rate constants k_B with both models from given intrinsic biotransformation activities:

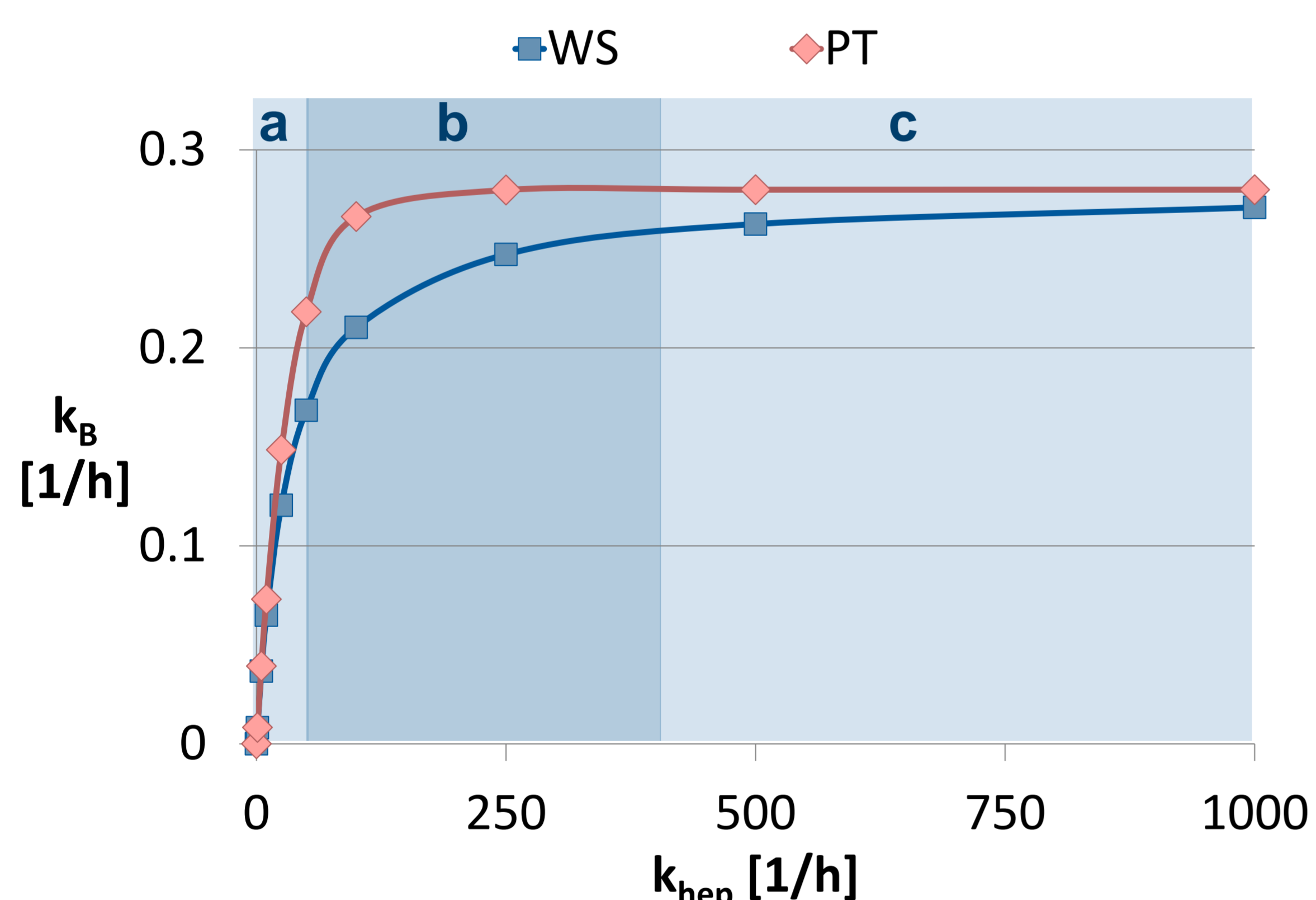
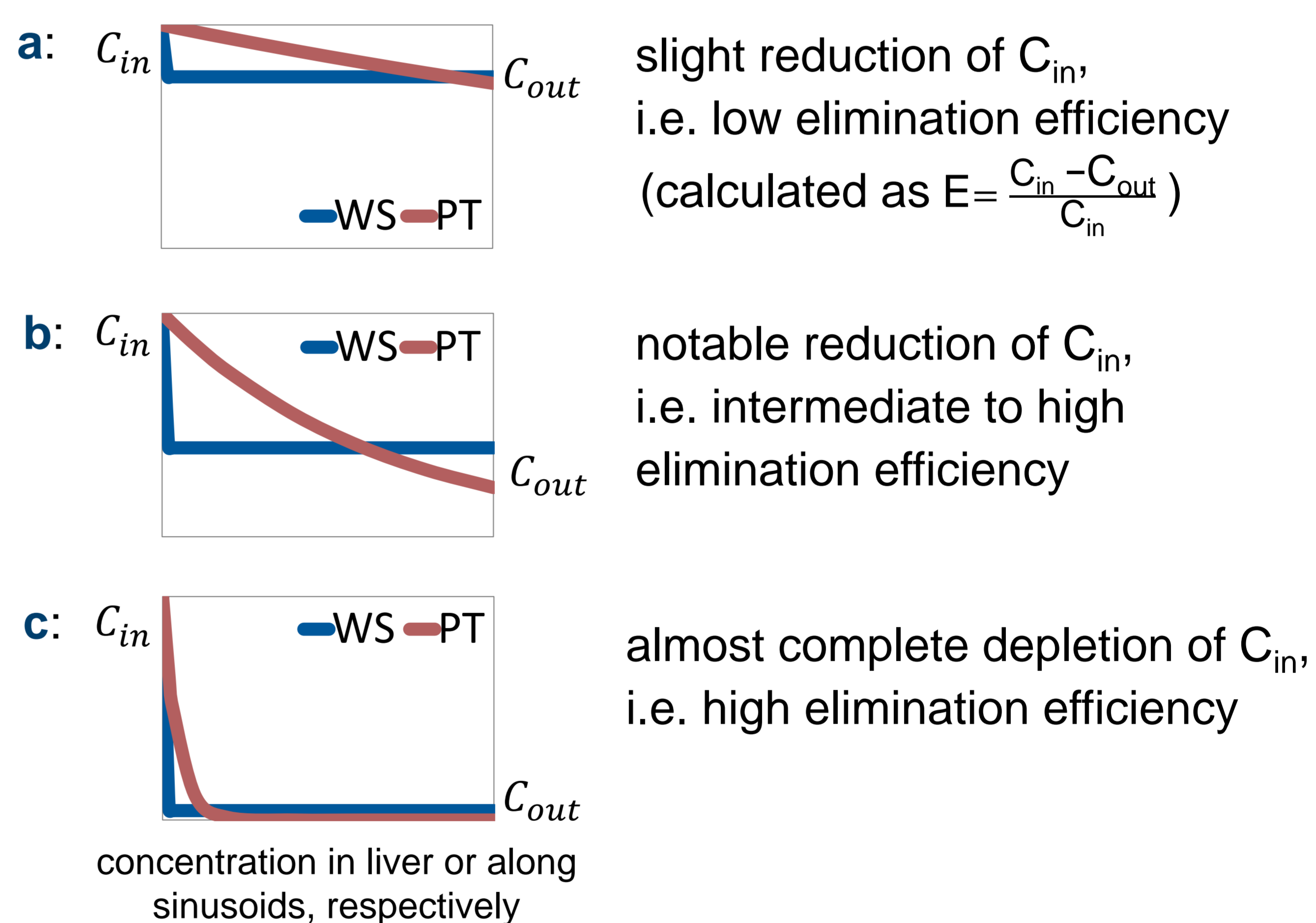


Fig. 1: Plot of the whole-body biotransformation rate constants k_B calculated with both models from hepatocyte biotransformation rate constants (k_{hep}) reflecting the intrinsic biotransformation kinetics in hepatocytes.

- the maximum difference between both models occurs at intermediate to high elimination efficiencies ($0.6 < E < 0.9$, section b in fig. 1), i.e. for compounds that are unlikely to bioaccumulate because of strong biotransformation
- even for those cases the difference between both liver models in terms of whole body rate constant k_B amounts to only 20%

- Prediction of the outflowing blood concentrations C_{out} with both models from given inflowing concentration C_{in} :



CONCLUSION

The well-stirred liver model does not predict notably lower *in vivo* biotransformation than the parallel tube model. Accordingly, there seems to be no need for the use of the parallel tube liver model in regulatory context related to bioaccumulation assessment.



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