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Slow tight binding inhibition of CYP17A1 by abiraterone redefines its kinetic selectivity and dosing regimen

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Abbreviations

AR	Androgen receptor
CYP17A1	Cytochrome P450 17A1
Δ^4 abiraterone	D4A
DHEA	Dehydroepiandrosterone
$t_{1/2}$	Half-life
k_1	Rate constant for the initial binding of inhibitor to enzyme
k_2	Rate constant for the dissociation of the initial EI complex
k_3	Forward isomerization rate constant for the conversion of EI to EI^*
k_4	Reverse isomerization rate constant for the conversion of EI^* to EI
$K_{i,app}$	Apparent inhibition constant for the initial EI complex
K_i	Inhibition constant for the initial EI complex
K_i^*	Inhibition constant for the final EI^* complex
k_{obs}	First order rate constant for onset of inhibition
mCRPC	Metastatic castration-resistant prostate cancer
mHSPC	Metastatic hormone-sensitive prostate cancer
MD	Molecular dynamics
PD	Pharmacodynamics
PK	Pharmacokinetics
PMF	Potential of mean force

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Abstract

Substantial evidence underscores the clinical efficacy of inhibiting cytochrome P450 17A1 (CYP17A1)-mediated androgen biosynthesis by abiraterone for treatment of prostate oncology. Previous structural analysis and *in vitro* assays revealed inconsistencies surrounding the nature and potency of CYP17A1 inhibition by abiraterone. Here, we establish that abiraterone is a slow, tight binding inhibitor of CYP17A1, with initial weak binding preceding the subsequent slow isomerization to a high affinity CYP17A1-abiraterone complex (EI^{*}). The *in vitro* binding affinity of abiraterone to CYP17A1 (-12.8 kcal/mol for $K_i^* = 0.39$ nM) was quantitatively consistent with its *in silico* predicted binding free energy (-14.5 kcal/mol). Prolonged suppression of dehydroepiandrosterone (DHEA) concentrations observed in VCaP cells following abiraterone washout corroborated its protracted CYP17A1 engagement. Molecular dynamics simulations illuminated potential structural determinants underlying the rapid reversible binding characterizing the two-step induced fit model. Given the extended residence time (42 h) of abiraterone within the CYP17A1 active site, *in silico* simulations demonstrated sustained target engagement even when most abiraterone has been eliminated systemically. Subsequent pharmacokinetic-pharmacodynamic (PK-PD) modelling linking time-dependent CYP17A1 occupancy to *in vitro* steroidogenic dynamics predicted comparable suppression of downstream DHEA-sulphate at both 1000 and 500 mg doses of abiraterone acetate. This enabled mechanistic rationalization of a clinically reported PK-PD disconnect, where equipotent reduction of downstream plasma DHEA-sulphate levels was achieved despite a lower systemic exposure of abiraterone. Our novel findings provide the impetus for re-evaluating the current dosing paradigm of abiraterone, with the aim of preserving PD efficacy while mitigating its dose-dependent adverse effects and financial burden.

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Significance Statement

With the advent of novel molecularly targeted anticancer modalities, it is becoming increasingly evident that optimal dose selection must necessarily be predicated on mechanistic characterization of the relationships between target exposure, drug-target interactions and pharmacodynamic endpoints. Nevertheless, efficacy has always been perceived as being exclusively synonymous with affinity-based measurements of drug-target binding. This work demonstrates how elucidating the slow, tight binding inhibition of CYP17A1 by abiraterone via *in vitro* and *in silico* analyses was pivotal in establishing the role of kinetic selectivity in mediating time-dependent CYP17A1 engagement and eventually downstream efficacy outcomes.

Introduction

Prostate cancer is ranked as the second most frequent cancer and the fifth leading cause of death among male malignancies worldwide (Bray *et al.*, 2018). Therapeutic interventions in prostate cancer are defined upon patient stratification into the clinical states continuum (Scher *et al.*, 2016). While localized prostate cancer remains amenable to curative interventions via radiation or surgery, androgen deprivation therapy (ADT) in the form of surgical or medical castration has become the standard of care in clinically advanced or disseminated disease. However, the initial response to ADT is often unsustainable and patients inevitably experience progression to castration-resistant prostate cancer (CRPC) within 2-3 years (Pienta and Bradley, 2006; Harris *et al.*, 2009). Metastases (mCRPC) are evident in $\geq 84\%$ of diagnosed cases and prognosis is poor in mCRPC. Substantial evidence alludes to the reactivation of androgen receptor (AR)-mediated signalling as a key driver in disease progression despite castrate serum testosterone (< 50 ng/dL) levels (Mostaghel *et al.*, 2007). As a result, secondary hormonal manipulation via targeted molecular therapies has gained traction in the therapeutic management of mCRPC.

Bifunctional cytochrome P450 17A1 (CYP17A1), occupies a pivotal role in both adrenal and *de novo* intratumoral androgen biosynthesis, where it catalyzes sequential 17α -hydroxylation and C17,20 lyase reactions (**Figure 1A**) (Porubek, 2013). The resulting product dehydroepiandrosterone (DHEA) is a critical precursor for the downstream generation of potent AR ligands, testosterone and dihydrotestosterone. Consequently, abiraterone (administered as prodrug abiraterone acetate - AA) was first developed and approved in 2011 as a first in class CYP17A1 inhibitor to treat mCRPC (Vasaitis *et al.*, 2011; Yin and Hu, 2013). More recently, in men with metastatic hormone-sensitive prostate cancer (mHSPC), AA in combination with ADT was shown to significantly increase overall survival as compared to ADT monotherapy, culminating in the expansion of the clinical indications of AA to include the mHSPC patient population (Fizazi *et al.*, 2017).

AA is currently indicated to be administered at a dose of 1000 mg daily either 1 h before or 2 h after food (Janssen, 2019). Given that no dose limiting toxicities (DLTs) were detected up to 2000 mg in a Phase I dose escalation trial, the current dose selection was justified based on a plateau in anticipated

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toxicities (i.e. upstream mineralocorticoid excess) observed at doses above 750 mg (Attard *et al.*, 2008). Implicit in this classical maximal tolerated dose (MTD) paradigm are the principles that 1) a linear dose-efficacy relationship exists and 2) toxicities are direct manifestations of exacerbated pharmacology. (Ji *et al.*, 2018). However, in a recent Phase II trial, comparisons of low-dose AA (LOW; 250 mg with a low-fat meal) versus standard dose AA (STD; 1000 mg fasting) demonstrated that despite trough abiraterone concentrations being significantly higher in the STD group compared to the LOW group, the extent of dehydroepiandrosterone-sulfate (DHEA-S) suppression was similar, verifying that the efficacy of CYP17A1 inhibition was preserved (Szmulewitz *et al.*, 2018). This observed pharmacokinetic-pharmacodynamic (PK-PD) uncoupling underscores how targeted therapeutics such as AA may achieve optimal antitumor activity at doses significantly lower than that required to elicit adverse outcomes. With the diminished utility of MTD-based strategies, rational dose selection for AA must instead be predicated on mechanistic and quantitative characterization of the relationships between target exposure, drug-target interactions and PD endpoints (Minasian *et al.*, 2014; Sachs *et al.*, 2016).

However, the mechanism of CYP17A1 inhibition by abiraterone has not been fully characterized. Firstly, X-ray crystal structures and spectral ligand binding assays reported coordination of the C17 pyridine of abiraterone with CYP17A1 heme iron, indicating a potent but reversible Type II interaction (DeVore and Scott, 2012). Garrido *et al* postulated that abiraterone is a slowly reversible CYP17A1 inhibitor and demonstrated its tight-binding effect with jump-dilution experiments (Garrido *et al.*, 2014). Furthermore, abiraterone was suggested to be a slow-binding inhibitor with enhanced inhibition upon pre-incubation with CYP17A1 (Jarman *et al.*, 1998). Collectively, the apparent complexities in the inhibition kinetics of CYP17A1 by abiraterone allude to a potential slow, tight binding phenomenon (**Figure 1B**). Consequently, both inhibitory potency (thermodynamic selectivity) and target occupancy (kinetic selectivity) by abiraterone against CYP17A1 must be explicitly considered when defining its *in vivo* drug activity.

Moreover, it was revealed that Δ^4 -abiraterone (D4A) (**Figure 1C**), a downstream metabolite of abiraterone, inhibits multiple steroidogenic enzymes including CYP17A1 (Li *et al.*, 2015). The multi-targeting effects of D4A, coupled with its direct AR antagonism, has underscored its potential clinical utility in prostate oncology. Considering the structural similarities between abiraterone and D4A,

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particularly the preservation of the pyridine ring, the inhibition kinetics of CYP17A1 by D4A are expected to be equally complex.

In this study, detailed *in vitro* biochemical and *in silico* molecular dynamics (MD) analyses allowed us to gain unprecedented insights into the kinetic and structural determinants of the abiraterone/D4A-CYP17A1 interaction. Utilizing a mechanistic PK-PD model, we subsequently demonstrated how the coupling between PK and the extended residence time of abiraterone within the CYP17A1 active site potentially plays a pivotal role in controlling time-dependent CYP17A1 occupancy and eventually downstream PD outcomes. Our findings could eventually guide the optimization of AA dosing across the continuum of prostate oncology.

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Methods

Chemicals and Reagents. Abiraterone and DHEA were purchased from Tokyo Chemical Industry (Tokyo, Japan) while D4A was synthesized in-house (**Supplemental Methods and Supplemental Figure S1**). Prednisolone, progesterone, 17 α -hydroxyprogesterone, 17 α -hydroxypregnenolone, androstenedione, testosterone-2,3,4-¹³C₃, ketoconazole and hydroxylamine hydrochloride were purchased from Sigma-Aldrich (St. Louis, MO). NADPH-regenerating system consisting of NADPH A (NADP⁺ and glucose 6-phosphate) and NADPH B (glucose-6 phosphate dehydrogenase) was purchased from BD Gentest (Woburn, MA). Dulbecco's modified eagle's medium (DMEM) high glucose, foetal bovine serum (FBS), 10 \times trypsin-EDTA and Hank's balanced salt solution (HBSS) were from Gibco[®] Life Technologies (Waltham, MA). 1 M stock solution of phosphate buffer saline (PBS) was from Vivantis (Subang Jaya, Malaysia). All other analytical reagents were of analytical grade.

Enzymes. Human CYP17A1R bacosomes containing recombinant human CYP17A1 (rCYP17A1) and human CYP-reductase enzymes supplemented with purified human cytochrome b5 were purchased from Cypex (Dundee, UK).

Slow Binding Inhibition Kinetics. To characterize the slow binding inhibition of CYP17A1 by abiraterone and D4A, pre-incubation time-dependence of reaction velocity was measured (Morrison and Walsh, 1988). Given the dual catalytic pathways associated with CYP17A1, both inhibition of progesterone 17 α -hydroxylation and 17 α -hydroxypregnenolone C17,20-lyase reactions were evaluated. Incubations (n=3) were performed in 96-well plates. Abiraterone or D4A (5-100 nM) was pre-incubated for 0-30 min at 37°C with rCYP17A1 (5 pmol/mL) and NADPH B in 50 mM potassium phosphate buffer (pH 7.4) containing 2 mM MgCl₂. Reactions were initiated by the addition of NADPH A and either 50 μ M progesterone or 5 μ M 17 α -hydroxypregnenolone (saturating substrate conditions, **Supplemental Figure S2**) and allowed to proceed over the previously optimized incubation time of 20 min (**Supplemental Methods, Supplemental Figure S2**). 80 μ L aliquots were subsequently removed and quenched with an equal volume of ice-cold acetonitrile containing the internal standard (prednisolone and androstenedione were utilized in the 17 α -hydroxylase and C17,20-lyase inhibition assays respectively). The quenched samples were centrifuged at 2755 g, 4°C for 30 min and the supernatant

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fraction was subjected to liquid chromatography tandem mass spectrometry (LC/MS/MS) analysis to determine the formation of 17 α -hydroxyprogesterone or DHEA oxime, which were monitored as measures of residual enzyme activity. Oxime derivatization of DHEA and androstenedione prior to LC/MS/MS analysis is further described in the **Supplemental Material** and **Supplemental Figure S3**.

Semi-logarithmic plots illustrating the percentage of rCYP17A1 activity remaining (v/v_0) (relative to a $[I] = 0$ preincubation control sample) against pre-incubation time (t) were generated for the determination of the observed first-order rate constant for the onset of inhibition (k_{obs}) at various inhibitor concentrations (**Equation 1**) (Copeland, 2000, 2013).

$$\ln\left(\frac{v}{v_0}\right) = -k_{obs} \cdot t \quad [1]$$

Estimation of $K_{i,app}$ for the Initial Encounter Complex. To obtain the apparent dissociation constant ($K_{i,app}$) for the initial CYP17A1-inhibitor encounter complex, procedures were similar to that of the pre-incubation time-dependent inhibition assays albeit without pre-incubation. The measured initial velocity (v_i) across various concentrations of abiraterone and D4A (1-300 nM) was normalized against the velocity of the uninhibited reaction (v_0). Data were fitted using standard four-parameter logistic models in GraphPad Prism 7.04 (San Diego, CA) as delineated in **Equation 2** to generate $K_{i,app}$ (Copeland, 2013).

$$\frac{v_i}{v_0} = \frac{1}{1 + \frac{[I]}{K_{i,app}}} \quad [2]$$

Determination of K_i^* for the EI^* Complex. Using non-linear regression in GraphPad Prism 7.04 (San Diego, CA), the measured k_{obs} against $[I]$ was analyzed via a two-step inhibition mechanism as shown in **Figure 1B**, where the initial rapid binding of inhibitor to enzyme $[EI]$ is accompanied by subsequent slower isomerization to the final enzyme-inhibitor $[EI^*]$ complex (Copeland, 2013). **Equation 3a** was used to obtain the forward (k_3) and reverse kinetic constants (k_4) describing the slow binding inhibition. Given that k_4 reflects the rate limiting step for enzyme reactivation in the case of slow binding, the dissociation half-life for slow binding inhibitors could be calculated using **Equation 3b** (Copeland, 2013).

$$k_{obs} = k_4 + \frac{k_3[I]}{K_{i,app} + [I]} \quad [3a]$$

$$\text{Dissociation } t_{1/2} = \frac{\ln 2}{k_{obs}} \approx \frac{\ln 2}{k_4} \quad [3b]$$

To determine the true values of K_i from experimental $K_{i,app}$, reversible inhibition assays were performed and Lineweaver-Burk transformations were used to discern the mode of inhibition (**Supplemental Methods**). Lastly the overall dissociation constants (K_i^*) of the EI^* complex, representing the true target affinity of inhibitor to CYP17A1, were determined using **Equation 4** (Copeland, 2013).

$$K_i^* = \frac{K_i k_4}{k_3 + k_4} \quad [4]$$

Verifying the Functionality of the C17,20 Lyase Pathway in VCaP Cells. VCaP prostate cancer cells (ATCC® CRL-2876™) were purchased from American Type Culture Collection (ATCC) (Manassas, VA) and authenticated by ATCC. VCaP cells were cultured in DMEM media supplemented with 10% v/v FBS. For kinetic analyses, cells (passage numbers 8-16) were seeded in 24 well plates at a density of 0.4 million cells per well in a volume of 500 μ L. Upon confluency, culture media was first removed, and each well was washed with PBS to minimize residual metabolic waste. Cells were incubated with media containing 17 α -hydroxypregnenolone (2.5 to 45 μ M, 1% v/v methanol). After 30 min, 200 μ L aliquots of medium were collected, spiked with internal standard, and subjected to a two-step liquid-liquid extraction using methyl-tert butyl ether before concentration under nitrogen gas (**Supplemental Methods**). The dried residues were derivatized via reconstitution with 50 μ L of 100 mM hydroxylamine hydrochloride solution (50% v/v methanol:water) and heated at 60°C for 1 h prior to LC/MS/MS measurement of DHEA oxime formation (Ming *et al.*, 2014). Subsequent assessment of inhibitor functionality involved the simultaneous co-incubation of inhibitors (abiraterone – 20 μ M, 0.5% v/v methanol, ketoconazole – 25 μ M, 0.5% v/v DMSO) or vehicle control along (0.5% v/v methanol/DMSO) with probe substrate (17 α -hydroxypregnenolone - 30 μ M, 0.6% v/v methanol) for 2 h before analysis of DHEA oxime formation.

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Functional Recovery Experiments in VCaP Cells. Preincubation experiments utilizing VCaP cells were initiated by the addition of media containing abiraterone (40 μ M, 1% v/v methanol), known reversible CYP17A1 inhibitor ketoconazole (40 μ M, 1% v/v DMSO) along with vehicle controls (1% v/v methanol/DMSO). After 2 h, inhibitors were removed, and fresh media was added for the duration of the washout period (0 min, 30 min or 60 min). Finally, media containing the probe substrate, 17 α -hydroxypregnenolone (30 μ M, 1% v/v methanol) was added for 30 min. 200 μ L aliquots of medium were collected and processed in the same manner as described in the previous section to measure DHEA oxime formation. At each time point (0 min, 30 min or 60 min), unpaired one tailed t-tests were applied to evaluate if the percentage recovery of maximal CYP17A1 activity (quantified by DHEA formation in the respective vehicle controls) following abiraterone pre-incubation and washout was significantly suppressed in comparison to ketoconazole treatment (p value < 0.05)

LC/MS/MS Measurement of Metabolite Formation. Samples were analyzed using an Agilent 1290 Infinity ultra-high-pressure liquid chromatography (Agilent Technologies, Santa Clara, CA) interfaced with AB Sciex QTRAP 5500 tandem mass spectrometry system (AB SCIEX, Framingham, MA). Injection volumes were 2 and 4 μ L when quantifying 17 α -hydroxyprogesterone and DHEA oxime production respectively. An ACQUITY UPLC ethylene bridged hybrid (BEH) C₁₈, 1.7 μ M, 2.1 x 50 mm column (Waters, Milford, UA) was used for chromatographic separation. The aqueous mobile phases comprised 0.1% v/v formic acid in water (A) and 0.1% v/v formic acid in ACN (B). Mobile phases were delivered at 0.6 mL/min. The column and sample temperatures were maintained at 45°C and 4°C respectively. The gradient program was as follows: linear gradient from 20% to 60% B (0-0.5 min), isocratic at 60% B (0.5-1.5 min), linear gradient from 60% to 98% B (1.50-1.51 min), isocratic at 98% B (1.51-2 min), linear gradient from 98% to 20% B (2-2.01 min) and isocratic at 20% B (2.01-2.5 min). All analyses were performed in ESI positive mode. The MS source conditions were as follows: ion spray voltage +5500 V; source temperature 500°C; curtain gas 25 psi; GS1 (sheath gas) 30 psi; GS2 (drying gas) 30 psi; collision gas (nitrogen) medium. The compound-specific parameters are outlined in the **Supplemental Table S1** where the peak areas of 17 α -hydroxyprogesterone and DHEA oxime were quantified as the products formed via 17 α -hydroxylation and the C17,20-lyase reaction respectively. For cellular washout experiments, testosterone-2,3,4-¹³C₃ was used as the internal standard. Chromatographic peak integration was performed using MultiQuant software (AB Sciex, Framingham,

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MA) to obtain the peak area of the analyte expressed as a ratio to the peak area of IS (Peak Area Ratio - PAR).

MD Simulations. The X-ray crystal structure of abiraterone-bound CYP17A1 (PDB 3RUK, chain D) was used as the template for MD simulations and PMF calculations. All MD simulations of the protein and the heme prosthetic group were performed using GROMACS version 5.1.5 in conjunction with the GROMOS 54A7 force field (Schmid *et al.*, 2011; Abraham *et al.*, 2015). The simple point charge (SPC) water model was used to describe the solvent water. Simulations were performed under periodic boundary conditions in a rectangular box. A cut-off of 1.4 nm was applied to short-range non-bonded interactions, whereas long-range electrostatic interactions were calculated using the particle mesh Ewald (PME) algorithm (Darden *et al.*, 1993; Essmann *et al.*, 1995). Abiraterone was predicted to be neutral at pH 7.4 [ChemAxon, (Szegezdi and Csizmadia, 2007)]. Topology parameters for the neutral abiraterone were obtained using the Automated Topology Builder (ATB) and Repository (Malde *et al.*, 2011).

Abiraterone-bound CYP17A1 was placed in a cubic box of SPC water, including neutralizing counter ions. A steepest descents minimization followed by a position restraint simulation for 100 ps was performed under a constant volume (NVT) ensemble. A constant pressure (NPT) equilibration was performed for 100 ps using weak coupling to maintain pressure isotropically at 1.0 bar at a temperature of 310°K. A Parrinello-Rahman barostat was used to isotropically regulate pressure along with a Nosé–Hoover thermostat to maintain temperature, ensuring that a true NPT ensemble is sampled (Parrinello and Rahman, 1981; Nosé, 1984; Hoover WG, 1985). Production MD simulations were conducted for 250 ns without any restraints.

PMF Calculations. In order to calculate the binding free energy of abiraterone, PMF calculations of the abiraterone binding pathway from the CYP17A1 active site were performed along the central axis of the heme using the umbrella sampling method (Torrie and Valleau, 1977; Gordon *et al.*, 2013). The CYP17A1 structure was placed in a rectangular box with dimensions adequate to fulfil the minimum image convention and provide space for ‘pulling’ simulations to occur along the z-axis. The chosen reaction coordinate was defined as the axis passing through the heme, normal to the plane of the heme.

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A harmonic restraint with a force constant of 1000 kJ/(mol·nm²) was applied to the center of mass (COM) of abiraterone and moved along the reaction coordinate away from the core structure along the z-axis over 500 ps with a pull rate of 10 nm ns⁻¹. The pulling simulation was used to generate a set of 44 reference configurations (windows) separated by 0.05 nm intervals along the reaction coordinate. These windows were then used as starting configurations for umbrella sampling calculations. In each umbrella sampling simulation, the COM of abiraterone was harmonically restrained using a force constant of 1000 kJ/ (mol·nm²) in the z-direction to allow sampling of a specific window along the reaction coordinate, where the motion of the abiraterone was not restrained in the xy-plane. MD simulations were performed for 20 ns with each window, providing a total simulation time of 880 ns for umbrella sampling.

The PMF profile was constructed using the weighted histogram analysis method (WHAM) (Kumar *et al.*, 1992; Hub *et al.*, 2010). The first 4 ns of each window are taken as equilibration and were therefore not included in the calculation of PMF values. The K_d was calculated from the PMF, W(z), using **Equation 5** (Chen and Chung, 2012), where πr² is the cross-sectional area of the binding path, N_A is Avogadro's number, z_{min} and z_{max} are the z-positions of the abiraterone COM when fully bound to CYP17A1 and when in the bulk solvent, respectively. The radius R of the binding path was estimated as 0.5 nm based on the size of the heme porphyrin moiety.

$$K_d^{-1} = 1000\pi r^2 N_A \int_{z_{min}}^{z_{max}} \exp[-W(z)/kT] dz \quad [5]$$

ΔG for the binding of abiraterone to CYP17A1 was calculated using **Equation 6**, where ΔG is the binding free energy, R is the universal gas constant, T is the temperature, and K_d is the equilibrium dissociation constant.

$$\Delta G = -RT \ln K_d \quad [6]$$

The volume of the binding pocket was estimated using the mdpocket program (Schmidtke *et al.*, 2011). The pocket volume calculations were performed in an unliganded trajectory of CYP17A1-abiraterone simulation to estimate fluctuations in the presence of a bound ligand.

Development of a Mechanistic PK-PD Model Linking Abiraterone PK and CYP17A1-abiraterone Binding Kinetics to Steroidogenic Flux. We also sought to understand CYP17A1 target occupancy by abiraterone in the context of its *in vivo* PK (Dahl and Akerud, 2013). Considering the two-step slow binding inhibition mechanism as shown in **Figure 1B**, time-dependent changes in the concentration of each enzyme species (i.e. $[E]$, $[EI]$, $[EI^*]$) were simulated following a single 1000 mg or 500 mg dose of AA (Acharya *et al.*, 2012). Dynamic *in vivo* target occupancy was determined by the summation of $[EI]$ and $[EI^*]$.

Equations 7a-d describe the system of differential equations that were consecutively solved in parallel over very small intervals to simulate *in vivo* target occupancy (Vauquelin, 2017). The initial value of $[E]$ was defined as the steady state concentration of CYP17A1 *in vivo*. CYP17A1 has an abundance of approximately 35000 pmol/g tissue. Considering the weight (10 g) and volume of the adrenal glands (0.0085 L) gives a steady state concentration of 41 μ M. The flux in the concentration of free inhibitor $[I]$ near the target was assumed to be equal to the plasma concentration time profile of abiraterone following AA administration.

$$\frac{d[E]}{dt} = k_{syn} - k_{deg}[E] + k_2[EI] - k_1[E][I] \quad [7a]$$

$$\frac{d[EI]}{dt} = k_1[E][I] - k_2[EI] + k_4[EI^*] - k_3[EI] \quad [7b]$$

$$\frac{d[EI^*]}{dt} = k_3[EI] - k_4[EI^*] \quad [7c]$$

$$Occupancy = [EI] + [EI^*] \quad [7d]$$

Supplemental Table S2 presents a summary of the relevant input parameters. Values for microscopic rate constants k_3 and k_4 were derived from the pre-incubation time-dependent kinetic experiments. As highlighted in **Equation 8a**, the overall target affinity (K_i^*) of abiraterone for CYP17A1 can be described as a composite of the various microscopic rate constants. With rearrangement, **Equation 8b** emphasizes the equivalence of $(k_3 + k_4)/k_2$ and the $k_4/(k_1 \cdot K_i^*)$ ratios (Vauquelin, 2017).

$$K_i^* = \frac{k_2 k_4}{k_1(k_3 + k_4)} \quad [8a]$$

$$\frac{k_3 + k_4}{k_2} = \frac{k_4}{k_1 K_i^*} \quad [8b]$$

For induced fit binding, slow dissociation and high affinity rely on the stability of the $[EI^*]$, a scenario necessitating that k_4 becomes the kinetic bottleneck of the dissociation process (Copeland *et al.*, 2006; Copeland, 2013; Vauquelin, 2017). Hence, to qualify as an induced fit binder, it follows that $(k_3 + k_4) \ll k_2$ and $k_4 \ll (k_1 K_i^*)$ (Vauquelin, 2017). Consequently, the eventual estimates of k_1 and k_2 satisfied these inequality relationships as well as the $K_{i,app}$ of the initial $[EI]$ complex obtained from kinetic analyses.

In subsequent PK-PD simulations, CYP17A1 engagement varying as a function of both abiraterone concentration and time was prospectively correlated with the extent of DHEA-sulphate suppression in a dynamic *in vitro* model of intracellular steroidogenesis as developed by Eldin *et al.* (Eldin *et al.*, 2018) (**Supplemental Methods**). All analyses were performed in RStudio 1.1.456 using the deSolve package (R Core Team, 2013).

Correlating Abiraterone PK with Androgen Reduction. A Phase II trial by Szmulewitz *et al* demonstrated comparable efficacy of low dose abiraterone acetate (AA) (250 mg with a low-fat meal) to standard dose AA (1,000 mg fasting) (Szmulewitz *et al.*, 2018). Utilizing plasma abiraterone measurements collected after 8 days of therapy (before and 2, 3, and 4 h after dosing) in the low dose and high dose groups, differences in PK parameters (i.e. area under the plasma concentration-time curve – AUC_{0-4h} and peak plasma concentrations -- C_{max}) were evaluated and compared with AUC and C_{max} values derived from two Phase I trials (O'Donnell *et al.*, 2004; Attard *et al.*, 2008) studying the 500 mg dose of AA (fasted) in castrate patient cohorts. Group comparisons of log transformed PK data were performed via one-way analysis of variance, followed by Dunnett's multiple comparison test. Mean AUC and C_{max} ratios as well as 95% confidence intervals (CIs) for pairwise comparisons were calculated by retransformation of the logarithmic results.

Results

Abiraterone and D4A Cause Slow and Tight Binding Inhibition of CYP17A1. The binding of abiraterone and D4A to CYP17A1 was characterized by monitoring the formation of both 17 α -hydroxyprogesterone and DHEA oxime as a function of pre-incubation time. Semi-logarithmic plots illustrated time- and concentration-dependent decreases in residual CYP17A1 activity (relative to a $[I] = 0$ preincubation control sample) and enabled determination of the first order rate constants for onset of inhibition (k_{obs}) at various concentrations of abiraterone (**Figures 2A and B**) and D4A (**Figures 2E and F**) using **Equation 1**. The hyperbolic dependence of k_{obs} on abiraterone/D4A concentration as observed in the kinetic plots (**Figures 2C, D, G and H**) is indicative of a two-step slow binding inhibition mechanism (**Figure 1B**) (Morrison and Walsh, 1988; Copeland, 2000). Concentration-dependent reduction of CYP17A1 activity in the absence of pre-incubation (y-intercept values in **Figures 2A, B, E and F**) further substantiates a two-step model, where the rapid, reversible binding of $E + I$ to form EI is manifested as an instantaneous effect on the initial reaction velocity (v_i). The apparent inhibition constant for the initial EI complex ($K_{i,app}$) was determined by fitting the dependence of fractional velocity (v_i/v_0) on inhibitor concentration using **Equation 2** (**Table 1, Figures 3A, B, E and F**). In the second step, the binding of abiraterone/D4A to CYP17A1 subsequently induces a time-dependent conformational change in CYP17A1 that results in a high affinity EI^* complex (**Figure 1B**). Non-linear regression analyses based on **Equation 3a** allowed the forward (k_3) and reverse (k_4) isomerization constants to be established (**Table 1**).

The Tight Inhibited Complex (EI^*) Demonstrates Significant Increases in Inhibitory Potency.

Reversible inhibition of CYP17A1 by abiraterone (**Figures 3C and D**) and D4A (**Figures 3G and H**) was assessed. The intersection of lines above the x-axis in double reciprocal Lineweaver-Burk transformations revealed mixed mode inhibition of CYP17A1 by both abiraterone (**Supplemental Figures S4A and B**) and D4A (**Supplemental Figures S4C and D**). Hence, the $K_{i,app}$ values determined for abiraterone and D4A were corrected to the true K_i (**Table 1**). With acquisition of k_3 , k_4 and K_i , the overall inhibition constants for the final EI^* complex (K_i^*) were calculated using **Equation 4**. For abiraterone and D4A, the isomerization of EI to EI^* was accompanied by significant increases in inhibitory potencies (K_i to K_i^* in **Table 1**), expounding the thermodynamic stabilization of the ground state of EI^* versus EI (Tonge, 2018). Using **Equation 3b**, which assumes that k_4 is rate determining,

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both abiraterone and D4A demonstrated prolonged residence time (>40 h) within the binding domain of CYP17A1 (**Table 1**). However, as reflected in **Table 1**, despite comparable inhibitory potencies across both 17 α -hydroxylase and C17,20-lyase reactions, D4A exhibited longer residence time on CYP17A1 (95 h vs 29-42 h), highlighting the discordance between affinity and residence time measurements.

Binding free energy of the CYP17A1-abiraterone complex is consistent with kinetic analyses.

Given the X-ray crystal structure reported by DeVore and Scott (DeVore and Scott, 2012) has abiraterone bound to CYP17A1, subsequent MD simulations considered the CYP17A1-abiraterone interaction only. The potential of mean force (PMF) profile was generated to predict the binding affinity of abiraterone to CYP17A1. In the reported binding mode (referred to hereafter pose A), the abiraterone steroid moiety orientates near perpendicular to the plane of the heme. Based on the PMF profile of abiraterone unbinding pathway, a distinct energy well occurs at the reaction coordinate, $z = 5 \text{ \AA}$ (**Figure 4A**). The PMF calculations converged after 4ns; further extension of simulations to 20 ns for each umbrella window did not appreciably change the PMF profile nor binding free energy (SD = 0.5 kcal/mol). The binding mode associated with the energy well is essentially identical to that observed in the X-ray crystal structure, where the N atom of abiraterone forms a coordinate bond with heme Fe (< 2.6 \AA). The computationally determined free energy of pose A was -14.5 kcal/mol and compares well to the experimental *in vitro* estimates (-12.5 and -12.8 kcal/mol for $K_i^* = 0.42 \text{ nM}$ and 0.39 nM depending on substrate, **Table 1**). Consistent with the PMF profile, only one abiraterone binding pose A is identified using this approach (**Figure 4B**).

Prolonged CYP17A1 binding of abiraterone was confirmed in cellular washout experiments. To

ensure that any kinetic selectivity observed at the level of the purified recombinant CYP17A1 target could be qualitatively recapitulated in complex biological systems, cellular washout experiments utilizing human prostate cancer cells (VCaP) were performed. Formation of DHEA at various concentrations of 17 α -hydroxypregnenolone exhibited Michaelis-Menten kinetics, establishing the cellular functionality of CYP17A1 (**Figure 5A**). In co-incubation experiments, both abiraterone (20 μM) and ketoconazole (25 μM) produced depressions of the maximal response observed after 2 h (quantified via DHEA formation in vehicle controls) (**Figure 5B**), demonstrating inhibition of C17,20-lyase reaction by abiraterone and ketoconazole. Upon pre-incubation of abiraterone and subsequent washout, continued suppression of

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CYP17A1 activity was observed up to 60 min (**Figure 5C**). In contrast, minimal prolongation of DHEA suppression was observed following washout of known reversible CYP17A1 inhibitor ketoconazole (**Figure 5C**).

Identification of a second binding mode confirms the two-step induced fit binding mechanism observed in kinetic experiments. In addition to the tight binding mode, the kinetic experiments performed here identified a fast, reversible binding component of abiraterone to CYP17A1. Beyond the PMF calculations performed over a short simulation timescale, a long unrestrained MD simulation (250 ns) was performed to explore additional binding event(s). MD simulations of the abiraterone–CYP17A1 complex demonstrated two dominant binding modes of abiraterone within the active site. In pose A, the steroid moiety of abiraterone is oriented near vertically above the plane of the heme between the F and G helices. This is similar to the chemical interactions and orientation reported in the X-ray crystal structure (DeVore and Scott, 2012), and pose A observed in the PMF calculations (**Figure 4B**).

In the second binding mode, referred to as pose B, the plane of the steroid moiety is orientated parallel to the plane of the heme. The α -face of the steroid nucleus packs almost entirely along the I-helix, whereas in pose A, only a portion of the structure packs against the I-helix (**Figure 4C**). In pose A, H-bonding occurs between the 3β -OH group of abiraterone and Asn202. In pose B, H-bonding occurs between the 3β -OH group and Arg 239 (2.2 Å) and Asp 298 (2.4 Å) of the G and I helices, respectively. We propose that the binding mode of abiraterone identified in pose B may represent the fast, reversible interaction that occurs prior to heme coordination.

Simulated target occupancy after a single in vivo dose of abiraterone exceeds its pharmacokinetic (PK) half-life ($t_{1/2}$). Simulations of apparent CYP17A1 occupancy after a single 1000 mg or 500 mg dose of AA were performed using numerical integration over a system of differential equations for the two-step slow-binding enzyme inhibition mechanism (Vauquelin, 2017). The terminal elimination $t_{1/2}$ of abiraterone is approximately 16 h (**Figure 6A**). At the end of the dosing interval of 24 h, when most abiraterone has been eliminated systemically, an on-target peak to trough occupancy ratio (where trough is measured 24 h after dosing) was calculated to be 1.1 for both 1000 mg and 500 mg doses, indicating approximately constant apparent target occupancy between two consecutive

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doses (Vauquelin, 2017). Notably, >80% apparent CYP17A1 engagement was preserved despite a dose reduction to 500 mg.

Translation of CYP17A1 Occupancy to PD Outcomes Rationalized a Clinically Observed PK-PD Disconnect. Nevertheless, the translation of target occupancy to efficacy outcomes requires additional consideration of the amount of target that must be complexed with abiraterone to elicit the desired PD effect (i.e. target vulnerability). When multiple dosing of AA for 72 h was utilized to perturb a baseline model of steroidogenesis, the model predicted comparable attenuations in intracellular DHEA-sulphate concentrations for the 1000 mg and 500 mg doses, calculated to be 3.26% and 4.68% at 72 h of baseline measurements (without inhibition) respectively (**Figure 6B**).

This PK-PD disconnect paralleled reported clinical findings from a Phase II trial comparing low-dose AA (250 mg q.d. with a low-fat meal) versus standard dose AA (1,000 mg q.d. fasting). The systemic exposure (AUC_{0-4h}) and C_{max} of abiraterone were significantly higher in the standard dose arm compared to the low dose group (**Figures 7A and B**), (mean AUC_{0-4h} ratio = 2.08, 95% CI: 1.02 to 4.24; mean C_{max} ratio = 2.02, 95% CI: 1.01 to 4.05). Nevertheless, equipotent reduction of plasma DHEA-S levels was observed (Szmulewitz *et al.*, 2018), confirming that the clinical efficacy of CYP17A1 inhibition was maintained even at lower systemic exposure of abiraterone.

Notably, as presented in **Figure 7B**, comparable C_{max} measurements (mean C_{max} ratio = 0.98, 95% CI = 0.42 to 2.26) were observed between a 500 mg dose of AA administered under fasting conditions and 250 mg of AA administered with food. The mean AUC (AUC_{0-12h} and AUC_{0-72h}) associated with the 500 mg dose was expectedly greater than AUC_{0-4h} associated with the low dose treatment arm (mean AUC ratio = 2.83, 95% CI = 1.42 to 5.62) (**Figure 7A**). Based on PK measurements made up to 72 h in a Phase I dose escalation trial (Acharya *et al.*, 2012), the calculated AUC_{0-4h} is approximately 50% of the total AUC across different doses. Taken together, a 500 mg dose of AA is expected to yield similar exposure to 250 mg of AA administered with food, representing a viable alternative to utilizing the food effect to enhance the systemic exposure of abiraterone.

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Discussion

The translational disconnect between preclinical and clinical pharmacology is a perennial challenge. Incorrect assumptions underlying various processes in the causal chain between drug exposure and pharmacological response often restrict the success of *in vitro* to *in vivo* extrapolation (IVIVE) techniques. By elucidating the interaction between CYP17A1 and abiraterone/D4A, we demonstrate how inadequate characterization of target association-dissociation kinetics precludes an accurate determination of the *in vivo* time course of drug action.

For the first time, our results chronicle the profiling of abiraterone and its active metabolite D4A as slow, tight-binding inhibitors of steroidogenic CYP17A1 adhering to a two-step induced fit mechanism. As highlighted in **Table 1**, the conversion from the initial EI complex to the final EI* was accompanied by significant (> 50-fold) increases in inhibitory potencies (K_i to K_i^*) for both CYP17A1-mediated reactions. Hence, our results underscore how functional comparisons of compound inhibitory activity with the conventional assumption of rapid equilibrium may hinder detection of the time-dependent effects that is essential for holistic assessment of the true inhibitory potencies of non-classical inhibitors. Notably, the K_i and K_i^* values obtained largely reconcile the considerable incongruity observed in previous studies examining the nature and potency of CYP17A1 inhibition by abiraterone and D4A. K_i values quantifying the initial mixed mode inhibition of progesterone 17 α -hydroxylation by abiraterone (50.7 nM) and D4A (23.4 nM) are comparable to those obtained by Garrido *et al.* (K_i = 27 nM for abiraterone and 22 nM for D4A) (Garrido *et al.*, 2014). Conversely, spectral ligand binding assays monitoring time- and concentration-dependent heme coordination have implicated abiraterone and D4A as tight binding inhibitors with extremely high affinity for CYP17A1 (Garrido *et al.*, 2014). This alternative approach measures the dissociation of I from EI* (K_d = 2.6 nM for abiraterone and < 1 nM for D4A) and is analogous to the K_i^* established in the present work (**Table 1**). Independently, PMF calculations from MD simulations yielded binding affinity estimates of abiraterone with CYP17A1 (-14.5 kcal/mol) that also verified the experimentally measured binding affinity (-12.5 and -12.8 kcal/mol for K_i^* = 0.42 nM and 0.39 nM). The convergence of results from MD simulations and biochemical analyses confirms the formation of the EI* complex between abiraterone and CYP17A1.

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Our kinetic experiments have confirmed that the high affinity interactions of abiraterone/D4A with CYP17A1 can be attributed to a two-step induced fit mechanism. However, the conservation of the global conformation of CYP17A1 in the presence of abiraterone (**Supplemental Figures S5A and B**), D4A (**Supplemental Figures S5C and D**) and various ligands (**Supplemental Figure S6**) (DeVore and Scott, 2012; Petrunak *et al.*, 2014, 2017) suggest that abiraterone or D4A can bind in the active site in the same orientation as that observed in the X-ray the crystal structure, which paradoxically renders the proposed induced fit mechanism untenable. Nevertheless, molecular docking simulations are by nature static and unable to simulate protein flexibility throughout binding (Salmaso and Moro, 2018). Indeed, CYP enzymes with large binding sites have been demonstrated to undergo dramatic conformational changes to accommodate and optimize the binding of ligands with diverse structures and shapes (Ekroos and Sjogren, 2006; Nair *et al.*, 2016; Sevrioukova and Poulos, 2017).

MD simulations demonstrated that the pyridine ring of abiraterone occupies an unfilled space of CYP17A1 between Val366 (on a K-L loop) and Val483 (β 4 loop) (DeVore and Scott, 2012) where its steroid nucleus binds near parallel to the plane of heme (pose B in **Figure 4C**). This parallel pose has been comparatively observed for steroidal ligands binding to CYP19A1 (e.g. PDB 3EQM, 5JKW;(Ghosh *et al.*, 2018)).

To probe the molecular basis of the two binding poses A and B, we investigated and established conformational changes in the F-helix (**Supplemental Table S3**) and the region connecting the F and G helices (Nair *et al.*, 2016) which are consistent with the secondary X-ray crystal structure of abiraterone-bound CYP17A1 (**Supplemental Figure S7**). Our MD simulations further demonstrated fluctuations of ligand-bound CYP17A1 active site volume (496 Å³ to 1023 Å³) with flexibilities noted for the F-helix, K-L loop and β 4 loop region. Taken together, these conformational flexibilities possibly influence the binding modes of abiraterone.

In the X-ray crystal structure (pose A in **Figure 4A**), abiraterone binds to Asn202 (F-helix) within CYP17A1 active site via H-bonding while the roles of Arg239 and Asp298 were unclear (DeVore and Scott, 2012). It was observed during MD simulations that abiraterone adopts pose B when Arg239 (G-helix) and Asp298 (I-helix) are sufficiently close to form a salt-bridge (\sim 3 Å), but abiraterone tends to

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assume pose A as the distance between these residues increases. Tyr201 was found to be the most flexible side chain in the CYP17A1 binding site, with a RMSF value of 2.8 Å. The side chain dihedral angle of Tyr201, specifically χ_1 (N-CA-CB-CG), repositions from a near gauche ($\sim 70^\circ$) to a near trans ($\sim 170^\circ$) conformation during simulations. This conformational rearrangement of Tyr201 favors the charge interaction between Arg239 and Asp298, and hence adoption of pose B. Thus, Tyr201, Arg239 and Asp298 play a crucial role in the reversible binding of abiraterone to CYP17A1. Collectively, MD simulations have provided insights into conformational adaptations within CYP17A1 that could justify the two predominant modes of abiraterone binding.

Apart from structural determinants, our findings underscore that equilibrium dissociation constants (thermodynamic selectivity) are not unequivocal indicators of the lifetime of drug-target complex (kinetic selectivity). This recognition has prompted the recent emergence of residence time ($1/k_{off} \approx 1/k_4$) as the paramount indicator of PD efficacy (Copeland *et al.*, 2006; Copeland, 2016; Tonge, 2018). Interpreting the prolonged residence time obtained for abiraterone in the context of previous dialysis and jump dilution studies demonstrates the validity of our estimates (Jarman *et al.*, 1998; Garrido *et al.*, 2014).

Nevertheless, the potential contribution of kinetic selectivity to *in vivo* efficacy remains complex due to dynamic changes in drug concentration, target turnover and the relationship between target occupancy and effect (i.e. target vulnerability) (Daryae and Tonge, 2019). Selection of a 500 mg dose for comparison with the standard 1000 mg dose of AA was guided by results of a Phase 1 single dose study in castrate males, where target testosterone suppression was achieved and sustained for Days 2 to 5 post-therapy (O'Donnell *et al.*, 2004). Here, incorporating CYP17A1 turnover as well the plasma PK of abiraterone in relation to the lifetime of abiraterone-CYP17A1 complex, we first established that at both 1000 mg and 500 mg doses of AA, apparent protracted CYP17A1 engagement by abiraterone could be achieved *in vivo* (**Figure 6A**). In subsequent PK-PD simulations, dynamic CYP17A1 engagement was correlated with *in vitro* androgen suppression. Interestingly, we further demonstrated comparable attenuations in intracellular DHEA-S levels associated with both 1000 mg and 500 mg AA doses (**Figure 6C**). Taken together, our kinetic selectivity approach facilitated rationalization of a clinically observed PK-PD uncoupling highlighted by Szmulewitz *et al.* (Szmulewitz *et al.*, 2018) and

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advocates a lower dosing requirement of abiraterone than that mandated by the MTD approach. Given that a 500 mg dose of AA administered fasted was shown to yield comparable PK with 250 mg of AA administered with a low-fat meal (**Figures 7A and B**), dose reduction could represent a viable alternative to circumvent the high variability in oral bioavailability that often accompanies the food effect in drug PK.

With abiraterone slated for treating newly-diagnosed high risk mHSPC, its average duration of treatment could span up to 24 months (Fizazi *et al.*, 2017). Therefore, the pharmacoeconomic implications of any potential dose reduction could be substantial as abiraterone acetate has an approximate retail cost of USD 10,000 per month (Szmulewitz *et al.*, 2018). Moreover, the inhibition of the 17 α -hydroxylase reaction by abiraterone has been shown to produce dose-dependent mineralocorticoid-related toxicities that necessitates concomitant prednisone administration. Hence, potential dose reductions could also be instrumental in enhancing the safety of abiraterone therapy.

It is important to note that apparent occupancy-time profiles (**Figure 6A**) were generated on the assumption of equivalent total tissue and plasma concentrations. This approach deviates from that advocated by the free drug hypothesis, where drug molecules bind to plasma and tissue proteins, resulting in a reduction in free, pharmacologically active concentrations necessary for target engagement. Based on the free drug theory, with assumptions of steady state PK and the dominance of passive diffusion processes, the unbound partition coefficient ($K_{p,uu}$) for a non-eliminating tissue will equal unity ($C_{u,t}/C_{u,p} = \sim 1$) (Zhang *et al.*, 2019). Expectedly, when unbound plasma concentrations were utilized as a surrogate for unbound tissue concentrations to effect CYP17A1 engagement, the extent of CYP17A1 occupancy over time was significantly diminished (**Supplemental Figure S8A**). Nevertheless, in the case of abiraterone, we believe that asymmetry of free drug concentrations between target tissues and plasma at steady state is a distinct possibility. Firstly, corroborating Mostaghel *et al.*, our preliminary analyses demonstrated potential organic anion transporting polypeptide (OATP)1B3-mediated abiraterone uptake (**Supplemental Figure 8B**) (Mostaghel *et al.*, 2017). Coupled with evidence supporting increased expression of OATP1B3 in metastatic lesions from prostate cancer, intratumoural levels of abiraterone could be reasonably higher than that predicted by $K_{p,uu}$ (Schulte and Ho, 2019). Additionally, another key assumption underpinning the free drug hypothesis is that

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interactions between the drug and the receptor are reversible. Consequently, concentration gradient can be the sole factor invoked to describe free drug permeation. However, with the tight binding of abiraterone to CYP17A1, it is possible that with adequate abiraterone concentrations exceeding the target covalent binding threshold, a separate concentration gradient can be re-established with the excess free abiraterone (Zhang *et al.*, 2019). This postulation is also supported by distribution studies performed in rats, where the highest ¹⁴C-abiraterone concentrations detected within the adrenal gland were 15-35 times the corresponding blood concentration (European Medicines Agency, 2011). Taken together, there remains considerable uncertainties in occupancy determinations due to the inability to accurately estimate the molar ratio of intracellular free abiraterone versus CYP17A1. As such, the threshold and strength of correlation between target occupancy and effect as described by a target vulnerability function remains poorly defined. Consequently, direct quantification of *in vivo* target engagement via imaging techniques such as positron emission tomography becomes imperative to inform and correct estimates of apparent CYP17A1 occupancy.

In the case of D4A, residence time effects were also expected given the prolonged CYP17A1 engagement observed in *in vitro* kinetic analyses. Nevertheless, prolongation of phenotypic response after D4A washout was not observed (data not shown). This apparent incongruity could be attributed to the susceptibility of the Δ 4,3-keto structure of D4A to irreversible 5 α -reduction and 5 β -reduction within the tumour microenvironment (Li *et al.*, 2016). In fact, direct incubation of D4A in LAPC4 prostate cancer cell line for 48 h demonstrated substantial downstream conversion of D4A to the initial 5 α -reduced metabolite (3-keto-5 α -abiraterone), which is similarly present at higher concentrations than D4A in patients with mCRPC taking abiraterone (Li *et al.*, 2016). Hence, it is possible that the elimination of D4A is not rate-limiting, diminishing the utility of a prolonged residence time in extending its PD durability (Dahl and Akerud, 2013).

In conclusion, this study provides compelling evidence that abiraterone is a slow, tight-binding inhibitor of steroidogenic CYP17A1. Our *in vitro* enzyme kinetic analyses provided quantitative description of pertinent kinetic parameters characterizing the two-step binding that are entirely consistent with the results of MD simulations. Cellular washout experiments provided further corroborative evidence for the protracted residence time of abiraterone on CYP17A1. In addition, MD simulations offered insights into

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the fast, reversible step preceding tight binding that was not apparent from both X-ray crystallography and molecular docking simulations. The long dissociation $t_{1/2}$ of both abiraterone and D4A reflects protracted residence time on CYP17A1, which in turn creates the awareness that the incorporation of residence time along with PK parameters is imperative in the mechanistic PK-PD modeling of abiraterone to optimize mCRPC pharmacotherapy.

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Authorship Contributions

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<i>Wrote or contributed to the writing of the manuscript:</i>	Cheong, Nair, Neo, Tu, Lin, Chiong, Esuvaranathan, Fan, Chai, Miners and Chan

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Footnotes

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Figure Legends

Figure 1. Clinical utility of abiraterone and D4A in prostate cancer (mCRPC). **(A)** Endogenous androgen biosynthesis pathway showing the inhibitory effects of abiraterone/D4A on CYP17A1. **(B)** Schematic describing the two proposed mechanisms of slow, tight binding inhibition of CYP17A1 by abiraterone/D4A **(C)** Chemical structures of abiraterone and D4A where the latter is formed via metabolism of abiraterone by 3 β -hydroxysteroid dehydrogenase (3 β HSD).

Figure 2. Pre-incubation time-dependent inhibition of CYP17A1 by abiraterone and D4A. Semi-logarithmic plots illustrate time- and concentration-dependent inhibition of CYP17A1 by **(A and B)** abiraterone or **(E and F)** D4A using progesterone and 17 α -hydroxypregnenolone as probe substrates for 17 α -hydroxyprogesterone and dehydroepiandrosterone formation respectively. The relationship between the observed first-order rate constants for the onset of inhibition (k_{obs}) values determined from **(A, B, E and F)** and inhibitor concentration was further investigated in **(C, D, G and H)** and data was subsequently fitted to **Equation 3a** to calculate the forward (k_3) and reverse (k_4) isomerization constants via non-linear regression analysis. Goodness of fits (R^2) for **(C, D, G and H)** were determined to be 0.984, 0.984, 0.986 and 0.996 respectively. Each point in the semi-logarithmic plots represents the mean \pm S.D. of triplicate determinations.

Figure 3. Reversible inhibition of CYP17A1 by abiraterone and D4A. Concentration-response plots represent the initial inhibited state (EI) of the CYP17A1-mediated 17 α -hydroxylase and C17,20-lyase enzymatic reactions when slow, tight binding inhibitors **(A and B)** abiraterone and **(E and F)** D4A were introduced. The measured initial velocities (v_i) were used together with velocity of the uninhibited reaction (v_0) to calculate the fractional velocities across various concentrations of abiraterone and D4A (1-300 nM). Using **Equation 2**, apparent dissociation constants ($K_{i,app}$) for the initial CYP17A1-inhibitor encounter complexes were first obtained from the midpoint of isotherm curves. $K_{i,app}$ values were subsequently utilized in non-linear regression analyses (**Equation 3a**) to determine the forward (k_3) and reverse (k_4) isomerization constants. Reversible inhibition experiments were also performed in the presence of multiple substrate (progesterone or 17 α -hydroxypregnenolone) and **(C and D)** abiraterone or **(G and H)** D4A concentrations. To discern the mode of inhibition, Michaelis-Menten plots generated were subjected to double reciprocal transformations to yield Lineweaver Burk graphs as presented in **Supplemental Figure S4**. Based on the identified mode of inhibition, the inhibition

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constant for the initial EI complex (K_i) could eventually be derived from K_i, app . Each point represents the mean \pm S.D. of triplicate determinations.

Figure 4. Molecular dynamic (MD) simulations investigating the binding of abiraterone to CYP17A1. **(A)** Potential mean force (PMF) profile for the unbinding of abiraterone from CYP17A1. **(B)** Long, unrestrained MD simulations demonstrated two dominant binding modes of abiraterone in CYP17A1 catalytic site. In **Pose A**, the plane of the steroid moiety is near perpendicular to the plane of the heme. **(C)** In **Pose B**, abiraterone is parallel to the plane of the heme. The key-binding region of the CYP17A1 active site is shown in magenta. The side-chain atoms of important binding residues are shown as sticks, abiraterone as thick sticks, and heme as ball and sticks. C, O, and N atoms are shown in cyan, red, and blue, respectively.

Figure 5. VCaP cell-based washout experiments to assess the phenotypic consequence of CYP17A1 engagement following inhibitor removal. **(A)** DHEA formation at increasing concentrations of 17α -hydroxypregnenolone conformed to saturable Michaelis-Menten kinetics ($R^2 = 0.974$) **(B)** The effect of either abiraterone (20 μ M) or ketoconazole (25 μ M) co-incubation on 17α -hydroxypregnenolone-mediated dehydroepiandrosterone (DHEA) formation in VCaP cells. Cells were incubated for 2 h at 37°C. **(C)** Time-dependent reversal of CYP17A1 inhibition by abiraterone or ketoconazole as quantified via restoration of DHEA production. VCaP cells were preincubated for 2 h without (control) or with abiraterone (40 μ M) or ketoconazole (40 μ M), washed, and further incubated with fresh medium for the indicated washout periods before final incubation with 30 μ M 17α -hydroxypregnenolone for 30 min. DHEA oxime formation, representing residual CYP17A1 activity in **(B)** and recovery of CYP17A1 activity in **(C)** was expressed as the percentage of maximal DHEA oxime produced in the corresponding vehicle controls. In **(C)**, an unpaired t-test revealed overall significant difference between treatment arms across the 60 min washout period (0 min: one-sided p value = 0.0158; 30 min: one-sided p value = 0.0071; 60 min: one-sided p value = 0.0281). Data in **(A)** represent the mean \pm S.D. from two experiments with triplicate determinations while data in **(B)** and **(C)** represent the mean \pm S.D. from at least three experiments with triplicate determinations. *p < 0.05; **p < 0.01

Figure 6. Mechanistic pharmacokinetic-pharmacodynamic simulations integrating abiraterone PK and CYP17A1-abiraterone binding kinetics into eventual predictions of efficacy outcomes. **(A)** Simulated apparent CYP17A1 occupancy over time plots after a single *in vivo* dose of 1000 mg or 500 mg of

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abiraterone acetate (AA). The clinical plasma concentration-time profiles of abiraterone are represented by open symbols while the solid and dashed lines indicate the predicted percentage apparent CYP17A1 occupancy over time. Time-dependent changes in apparent CYP17A1 engagement were subsequently utilized to predict potential perturbations in the intracellular concentrations of **(B)** dehydroepiandrosterone-sulphate following multiple dose administration of 1000 mg or 500 mg AA over 72 h.

Figure 7. Investigating potential correlations between abiraterone drug levels and the extent of dehydroepiandrosterone-sulphate (DHEA-S) suppression. Results from the Phase II study by Szmulewitz *et al* demonstrated how **(A)** the area under the plasma concentration-time curve of abiraterone from 0-4 h (AUC_{0-4h}), and **(B)** peak plasma concentrations (C_{max}) remained significantly higher in the standard dose arm (1,000 mg abiraterone acetate - AA fasting, n = 20) compared to the low dose arm (250 mg AA, fed, n = 20) (two-sided p value for AUC_{0-4h} = 0.0417 and two-sided p value for C_{max} = 0.0474). Combined analyses of Phase I trials (Attard *et al* and O' Donnell *et al*, n= 10) in **(A)** and **(B)** revealed that administration of 500 mg of AA in a fasted state yielded AUC values that were greater than that measured in the low dose arm (two-sided p value = 0.0038) whereas C_{max} measurements were not significantly different. AUC and C_{max} data were log transformed and groups comparisons were performed using repeated-measures one-way ANOVA and Dunnett's multiple comparisons tests.

Table 1. Summary of kinetic constants and dissociation $t_{1/2}$ for the inhibition of CYP17A1 by Abiraterone and D4A

Inhibitor	CYP17A1 Activity	$K_{i,app}$ (nM) ^a	k_3^b (min ⁻¹)	k_4^b (min ⁻¹)	K_i^c (nM)	K_i^* (nM)	Dissociation $t_{1/2}$ (h)
Abiraterone	17 α -Hydroxylase	132 \pm 2.02	0.0353	0.000275	50.7	0.39	42.0
	C17,20-Lyase	118 \pm 1.13	0.0224	0.000384	24.8	0.42	30.1
D4A	17 α -Hydroxylase	76 \pm 1.21	0.0218	0.000396	23.5	0.42	29.2
	C17,20-Lyase	163 \pm 3.02	0.0219	0.000121	57.4	0.32	95.5

^a From plot of $\frac{v_i}{v_0}$ versus [I]. Data represented as mean \pm S.D. of triplicate determinations.

^b From plot of k_{obs} versus [I].

^c Value of $K_{i,app}$ corrected for mixed mode inhibition.

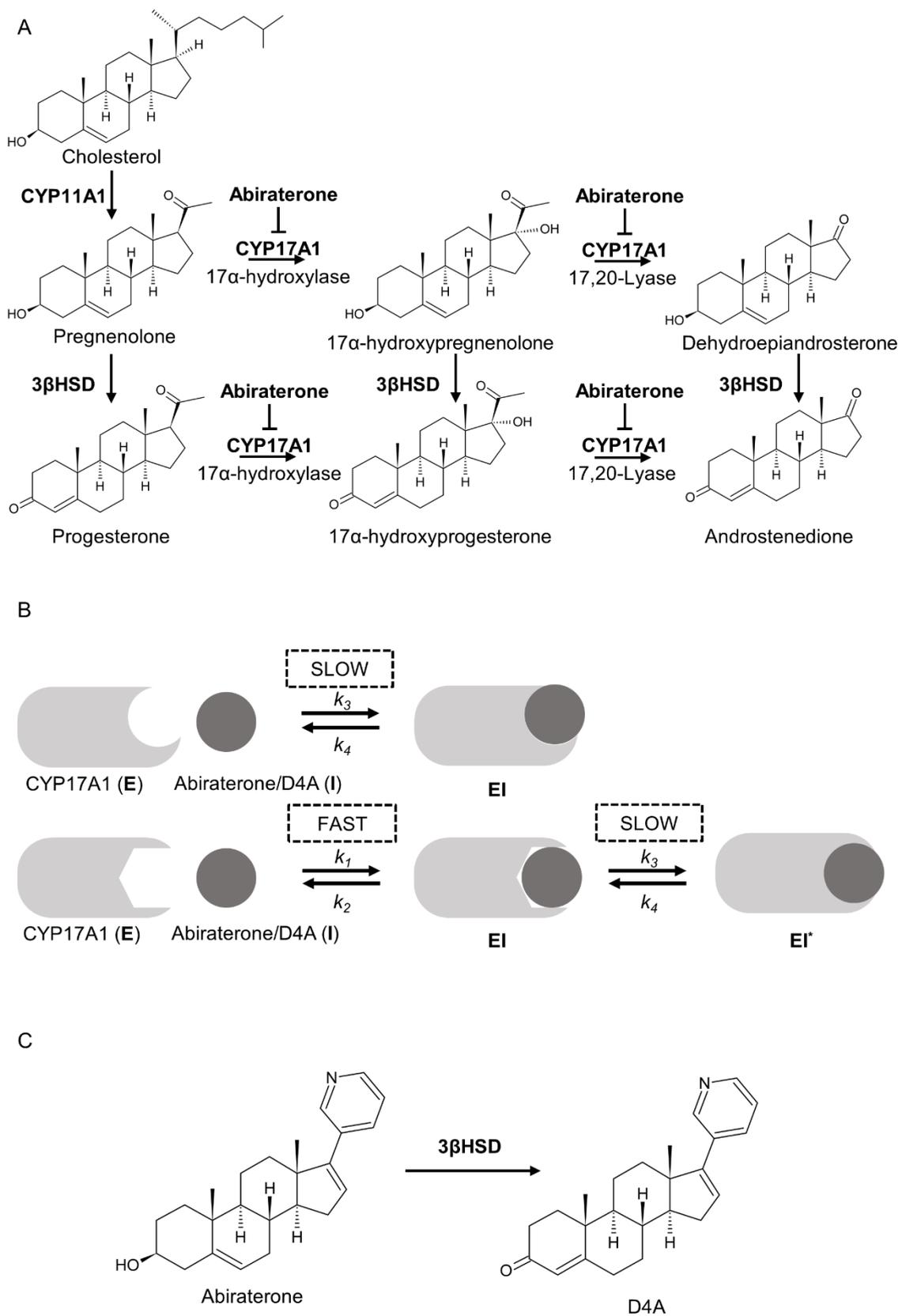


Figure 1

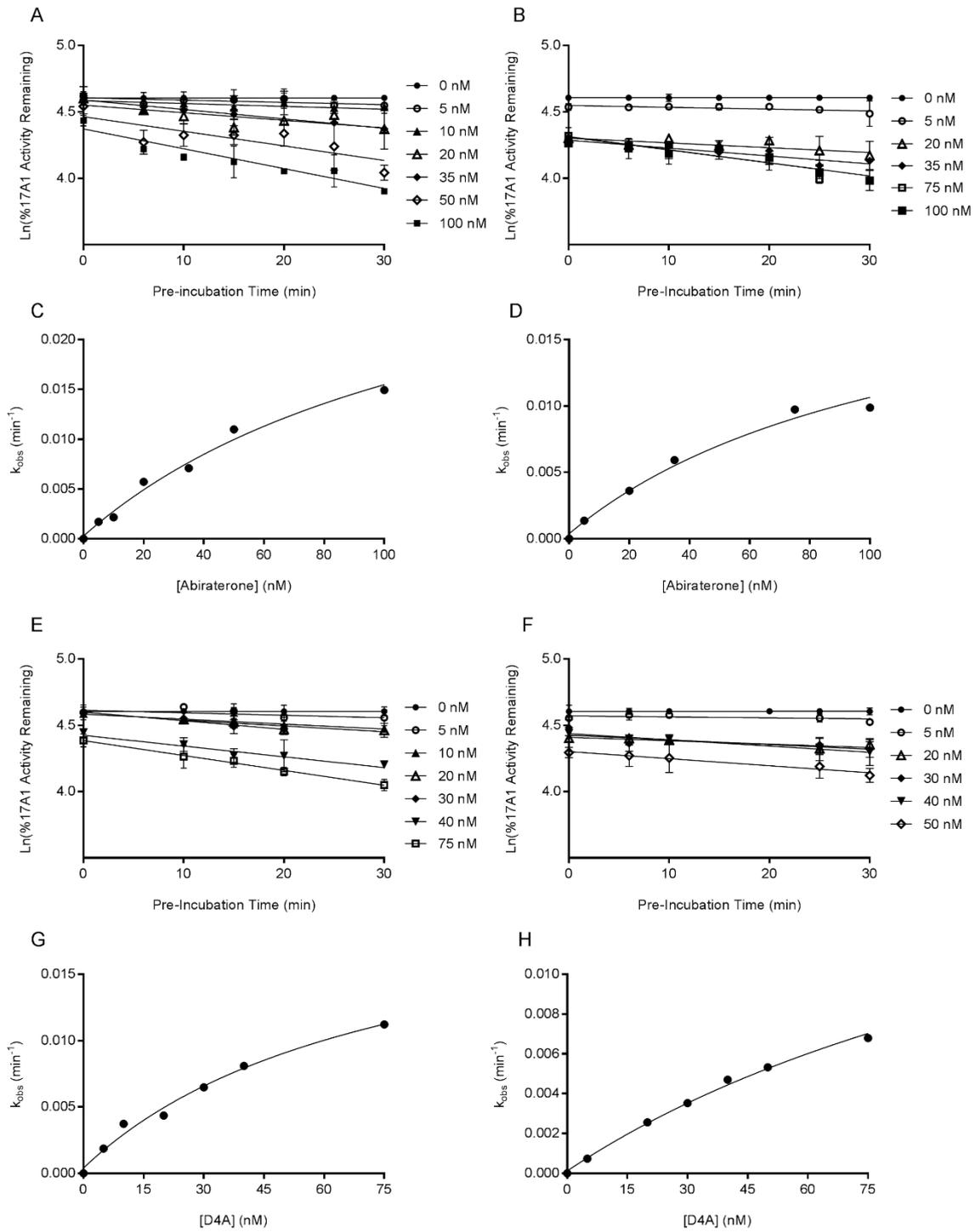


Figure 2

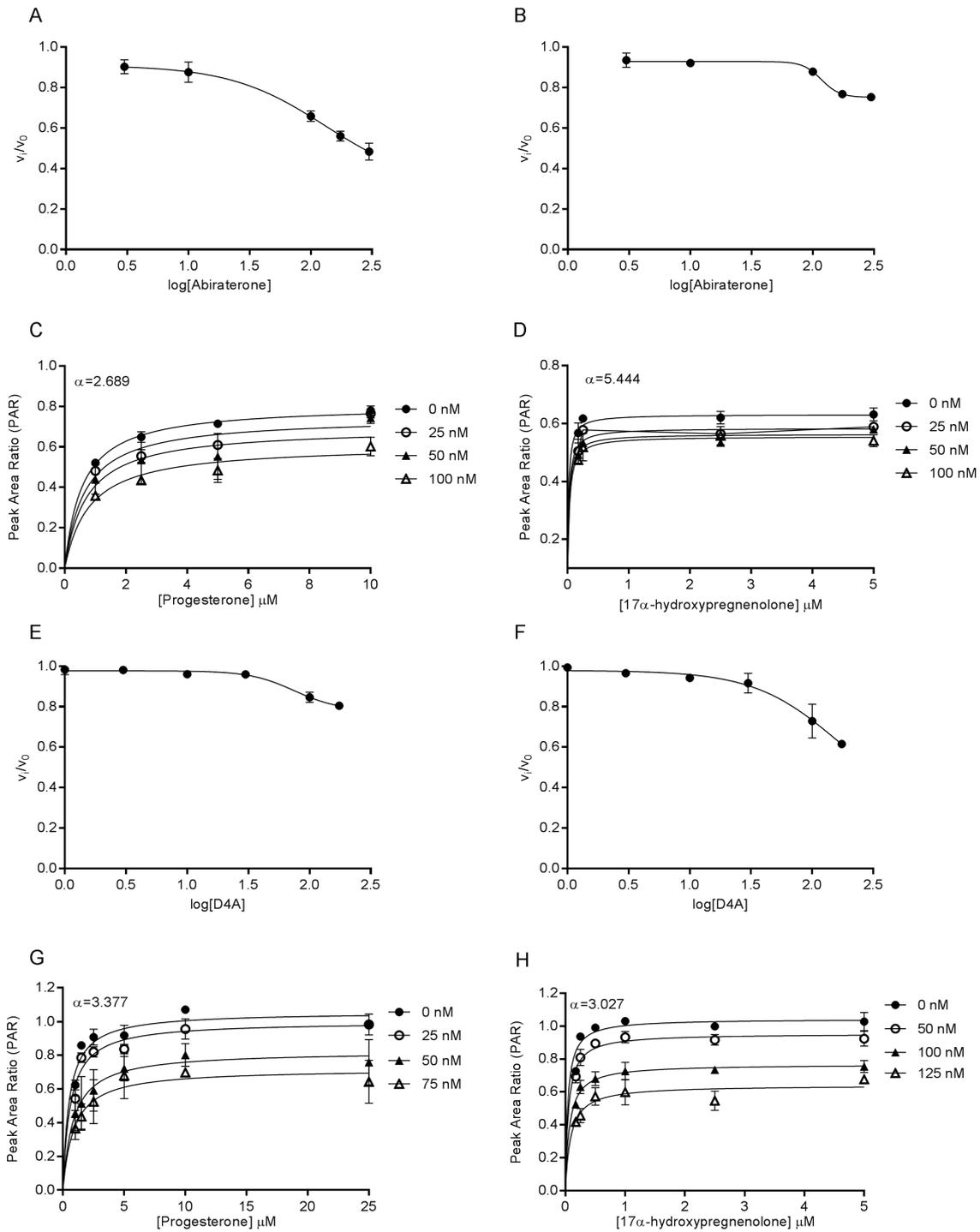


Figure 3

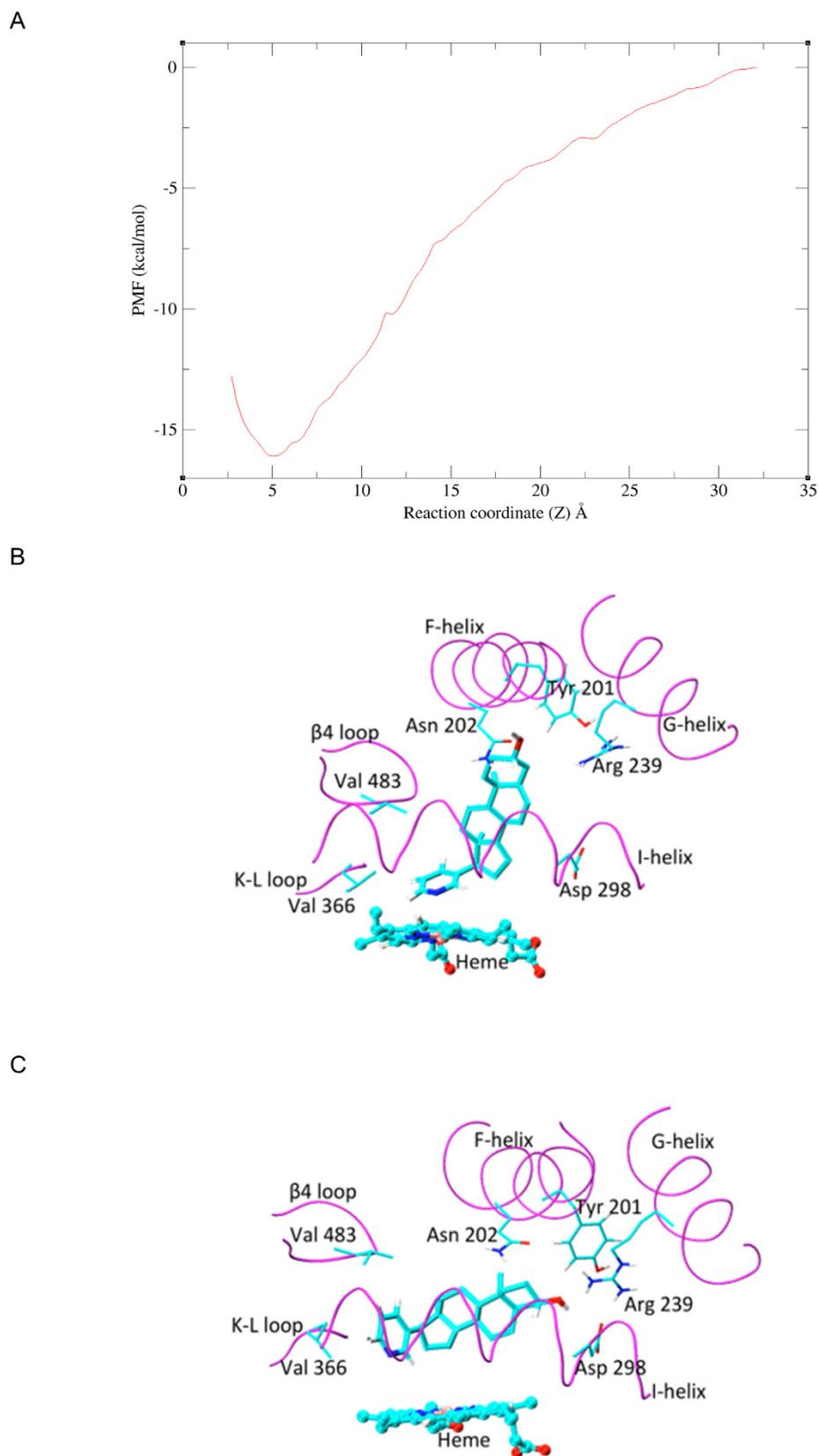


Figure 4

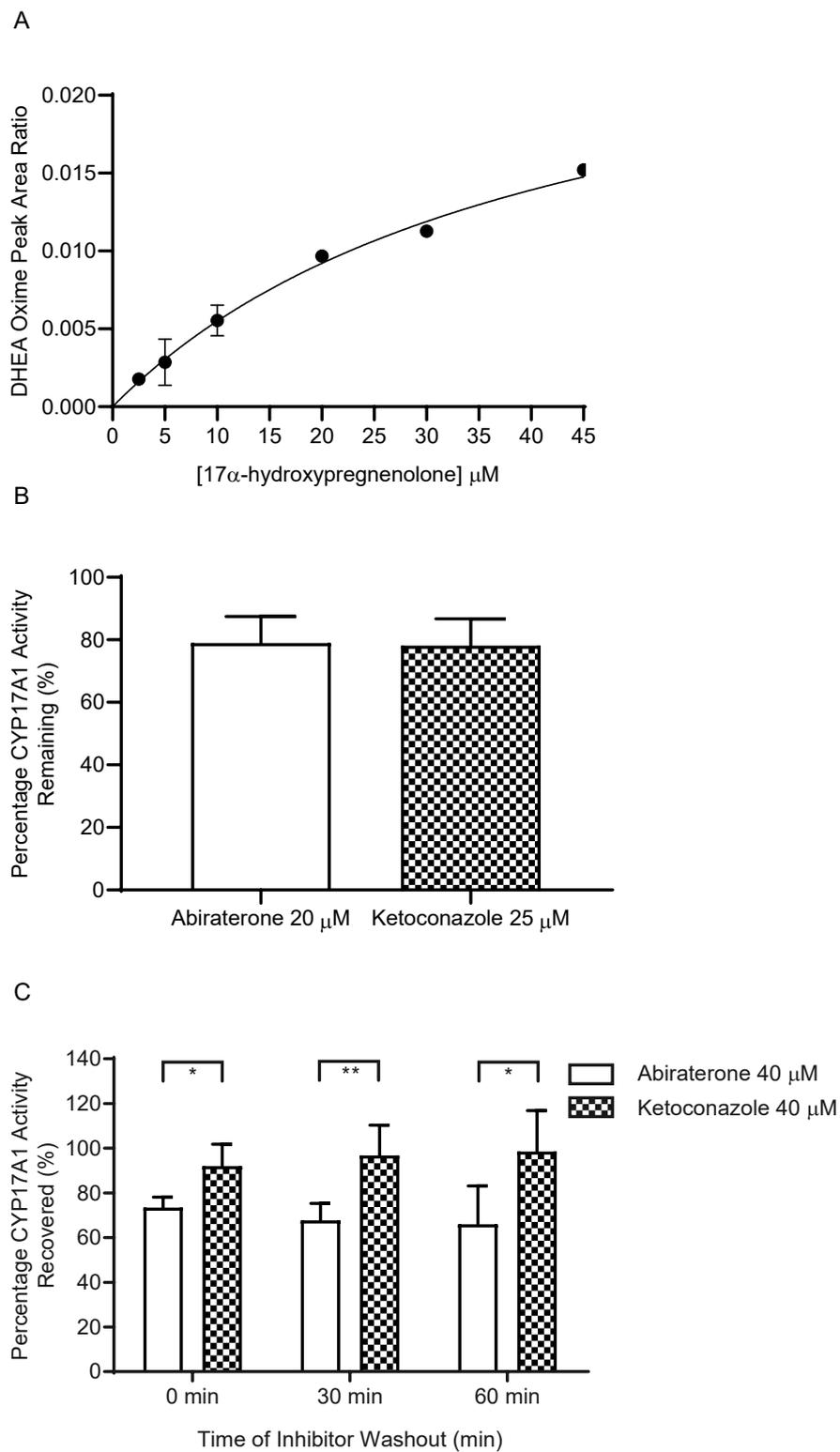
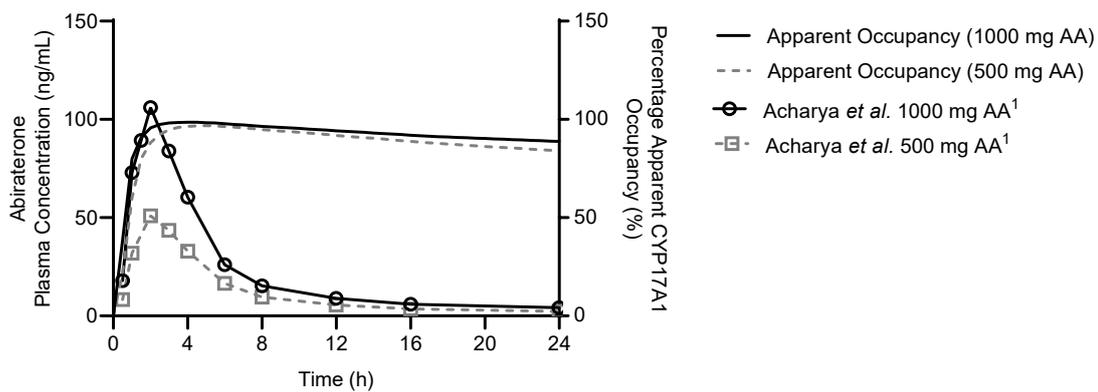


Figure 5

A



B

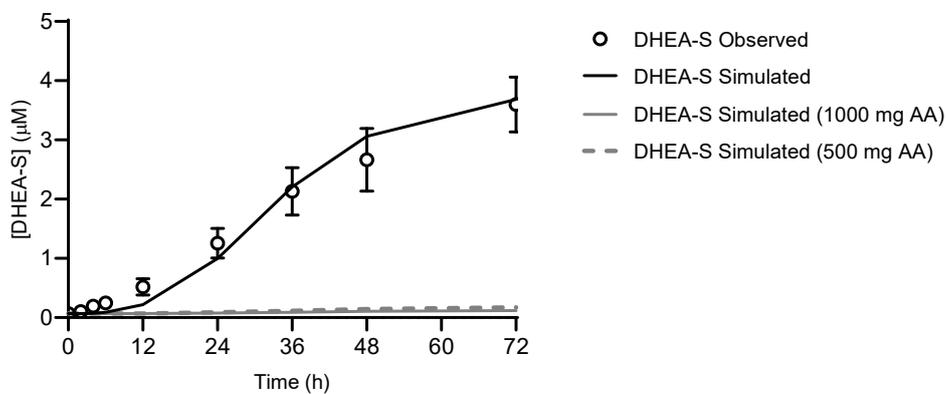
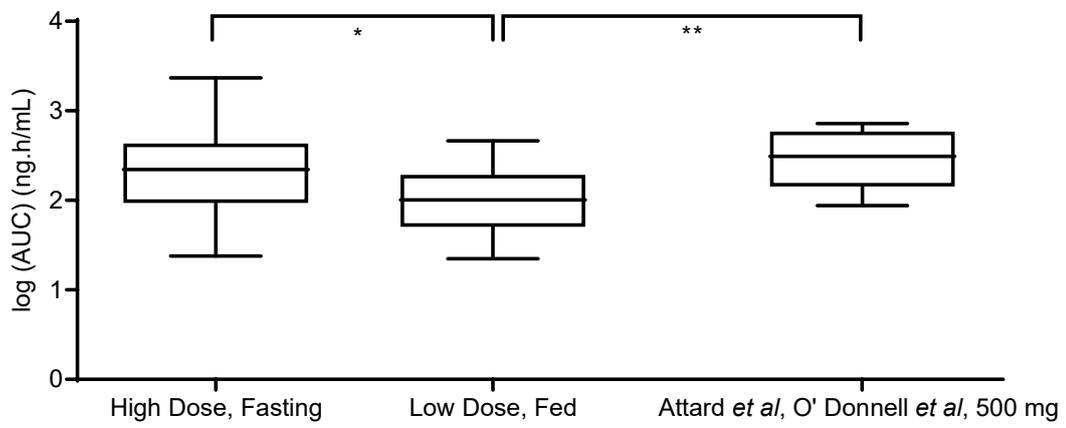


Figure 6

A



B

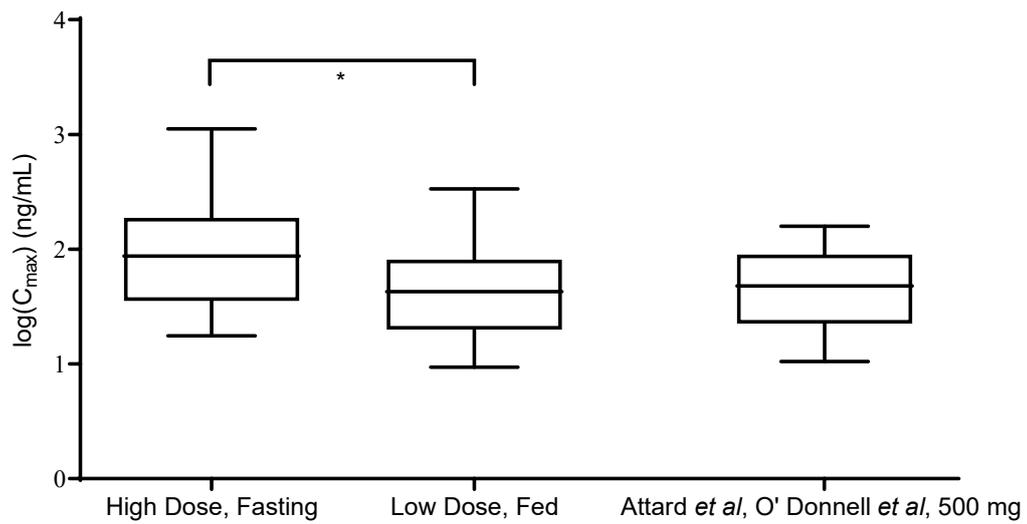


Figure 7