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1 **Relevance of desorption kinetics and permeability for *in vitro***
2 **based predictions of hepatic clearance in fish**

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13 Abstract

14 The impact of desorption kinetics and permeation kinetics on *in vitro*-based predictions of *in*
15 *vivo* hepatic blood clearances is investigated in the present study. Most commonly, possible
16 limitations due to slow desorption of chemicals from albumin or slow permeation of chemicals
17 through cellular membranes are not considered when *in vivo* clearances are predicted from *in*
18 *vitro* biotransformation rate constants. To evaluate whether the most commonly used
19 extrapolation models might thus overlook important kinetic limitations, we compare predictions
20 of *in vivo* clearance that explicitly consider desorption and permeation kinetics with predictions
21 of *in vivo* clearance that neglect these aspects.

22 Our results show that strong limitations due to slow permeation kinetics are possible depending
23 on the assumed permeability value. While permeability values estimated with a mechanistic
24 approach are fast enough to avoid significant limitations, other experimentally derived
25 permeability values lead to dramatically decreased *in vivo* clearance predictions. These latter
26 values lead to unrealistically low *in vivo* biotransformation estimates. Furthermore, we also
27 evaluated the implications of desorption kinetics using experimentally determined desorption
28 rate constants. These evaluations show that slow desorption kinetics are unlikely to limit *in*
29 *vivo* clearance.

30

31 Keywords:

32 desorption kinetics; permeability; *in vitro-in vivo* extrapolation; biotransformation; modeling

33

34 Introduction

35 *In vitro* experiments are powerful tools to study the biotransformation kinetics of chemicals.
36 The purpose of these experiments is to predict the corresponding *in vivo* biotransformation
37 from *in vitro* results, e.g. in the assessment of the bioaccumulation potential of a chemical
38 (Krause and Goss, 2020; Nichols et al., 2013; Weisbrod et al., 2009). For doing so, *in vitro-in*
39 *vivo* extrapolation (IVIVE) is performed. The origin of this approach is in the pharmacological
40 field with a focus on mammalian applications (Brian Houston and Carlile, 1997; Houston, 1994;
41 Obach, 1997). However, several years ago, the approach was also adapted in the
42 environmental field for fish to use in bioaccumulation assessment of chemicals (Nichols et al.,
43 2007; Nichols et al., 2006). Since then, two OECD guidelines (OECD, 2018b, c) and an
44 accompanying guidance document (OECD, 2018a) have been published that focus on the
45 methodology for estimating hepatic clearance from *in vitro* biotransformation data and
46 demonstrate how the determined clearance can be used to predict fish bioconcentration
47 factors (BCFs). The *in vitro-in vivo* extrapolation procedure has to correct for all differences
48 that exist between the *in vitro* and the *in vivo* system. Crucial points in IVIVE are scaling, i.e.
49 consideration of the different amounts of biotransforming components (like S9 or hepatocytes)

50 *in vitro* and *in vivo*, and binding correction, because the sorption effects differ *in vitro* and *in*
51 *vivo* (Krause and Goss, 2018b).

52 Furthermore, kinetic limitations that might occur *in vivo* but are not represented in the *in vitro*
53 system need to be accounted for. Neglecting such limitations would otherwise result in
54 overestimating *in vivo* biotransformation and thus underestimating bioaccumulation (Han et al.,
55 2008; Nichols et al., 2018; Saunders et al., 2019). A typical example for such a limitation is
56 blood flow limitation (Rane et al., 1977), because *in vivo* chemical delivery to the metabolically
57 active sites usually occurs via blood flow. Associated with that, slow permeation from blood
58 into the eliminating tissue or slow desorption from binding sites within blood are other potential
59 *in vivo* limitations (Kirichuk and Lutsevich, 1996; Weisiger et al., 1981). Currently, these two
60 latter limitations are neglected in the extrapolation by using the well-stirred liver model
61 (Rowland et al., 1973) for prediction of hepatic blood clearance.

62 Consideration of permeation and desorption kinetics could result in lower predicted *in vivo*
63 clearances (Berezhkovskiy, 2012; Weisiger, 1985). One aspect that is often raised in the
64 context of possible limitations occurring *in vivo* is the so-called facilitated transport (Bteich et
65 al., 2019; Laue et al., 2020). Facilitated transport is the effect that the transport or uptake of
66 chemicals across diffusional barriers is faster in the presence of certain mobile binding
67 matrices (e.g. proteins) than the transport of only freely dissolved chemicals (Kramer et al.,
68 2007; ter Laak et al., 2009). Mistakenly, facilitated transport is sometimes suggested as an
69 explanation why *in vitro*-based estimates of *in vivo* clearance underestimate the actual
70 clearance that is observed *in vivo*. However, this explanation would only be appropriate if the
71 estimation of *in vivo* clearance had first considered any limitation due to slow uptake of the
72 chemical into the biotransforming tissue. As mentioned above, however, this is usually not the
73 case; *in vitro*-based estimates of *in vivo* clearance are usually calculated using the well-stirred
74 liver model, which *a priori* assumes chemical uptake to be an instantaneous process. In
75 contrast, in the model presented here, a kinetic limitation of chemical uptake is explicitly
76 considered, so that the effect of facilitated transport may become relevant. Therefore,
77 facilitated transport is also considered in this study.

78 In this manuscript, we investigate systematically in which scenarios limitations due to slow
79 permeation or desorption kinetics might occur. For doing so, we use a steady state model that
80 explicitly considers permeation and desorption kinetics in addition to blood flow and
81 biotransformation kinetics (Krause and Goss, 2018a). For our analysis, we combine
82 experimental data as well as estimated data on permeation kinetics, desorption kinetics and
83 biotransformation kinetics. The used model is implemented into an excel calculation tool and
84 made available so that users can evaluate the relevance of permeation and desorption
85 limitation in their specific scenarios of interest. By this, the provided Microsoft Excel calculation

86 tool can be seen as an addition to the recently published B-compass fish tool for IVIVE and
 87 BCF prediction (Krause and Goss, 2020).

88

89 Methods

90 Model structure for evaluation of permeation and desorption limitation

91 The required model structure to consider permeation and desorption kinetics in combination
 92 with biotransformation kinetics in a steady-state scenario has been recently presented
 93 elsewhere and applied to estimate human hepatic clearance under consideration of desorption
 94 kinetics (Krause and Goss, 2018a). In short, the model distinguishes the freely dissolved
 95 chemical in blood, the bound chemical in blood and the total chemical in the hepatocytes
 96 (Figure 1). Individual mass balance for the distinguished compartments are formulated.
 97 Expressed in words the mass balances for the freely dissolved chemical in blood is:

98 *freely dissolved chemical in blood over time*
 99 $= \text{transport via blood flow} - \text{permeation into hepatocytes}$
 100 $+ \text{desorption from bound state}$

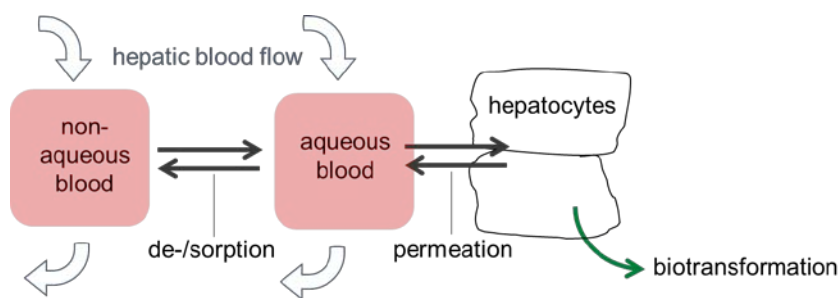
101 For the bound chemical in blood the mass balance in words is:

102 *bound chemical in blood over time*
 103 $= \text{transport via blood flow} - \text{desorption from bound state}$

104 And for the chemical in the hepatocytes:

105 *total chemical in the hepatocytes over time*
 106 $= \text{permeation into hepatocytes} - \text{removal via biotransformation}$

107 The corresponding mathematic formulation of the mass balances can be found in SI section
 108 1.



109
 110 Figure 1: Conceptual overview of the model used to evaluate the impact of desorption and permeation kinetics on
 111 hepatic biotransformation.

112 Combination of the mass balances allows derivation of the hepatic extraction efficiency. The
 113 blood clearance CL_{blood} (in $\text{mL}_{\text{blood}}/\text{h}/\text{kg}_{\text{fish}}$) can be derived from the hepatic extraction
 114 efficiency E and the hepatic blood flow rate Q ($\text{mL}_{\text{blood}}/\text{h}/\text{kg}_{\text{fish}}$) as

$$CL_{blood} = Q * E \tag{1}$$

115 In the calculations, we increase complexity stepwise, meaning that we first evaluate the impact
116 of permeation kinetics and, in a second step, consider desorption kinetics additionally. The
117 purpose of this procedure is to be able to distinguish the impact of both parameters on the
118 predicted clearances.

119

120 Input parameters

121 A table (Table 1) of all input parameters can be found at the end of this section. In the following,
122 details on the estimation of the input parameters are given.

123 Physiological data

124 Hepatic blood flow is calculated from the temperature adjusted cardiac output using the
125 algorithm from Erickson and McKim (Erickson and McKim, 1990; Nichols et al., 2013). The
126 bodyweight-normalized hepatocyte volume and exchange surface area between the liver
127 sinusoids and hepatocytes are estimated using data from the literature: To calculate the
128 hepatocyte volume, the hepatocellularity L_{hep} ($510 * 10^6$ hepatocytes/g_{liver}) (Nichols et al.,
129 2013) is multiplied with the fractional liver weight (0.015 g_{liver}/g_{fish}) (Schultz and Hayton, 1999)
130 and the volume of one single hepatocyte (calculated from diameter of 0.001 cm (Arnold et al.,
131 1995), spherical shape assumed). The exchange surface area between hepatic sinusoids and
132 hepatocytes can be calculated from the sinusoid diameter (0.001 cm, assumed) and the total
133 sinusoid volume.

134 The total sinusoidal blood volume can either be estimated using the Krogh cylinder model
135 (Krogh, 2010 (originally published in 1922)) or using volume fractions provided in the literature.
136 Using the Krogh model yields a value that is roughly three times lower than the value calculated
137 using volume fraction information. We thus use the Krogh model approach because a lower
138 sinusoidal volume is worst case for the evaluation of desorption and permeation limitation due
139 to the lower resulting exchange surface area and shorter residence time of blood in the
140 sinusoids.

141 Partition data and biotransformation kinetics

142 Information on the partition properties of the compound is required in form of the blood-water,
143 and hepatocyte-water partition coefficient of the compound. We derive these partition
144 coefficients using a log K_{OW} based approach analogous to the one presented by Lee et al.
145 (Lee et al., 2017) and Saunders et al. (Saunders et al., 2020). Note that for single chemicals,
146 the required partition coefficients could also be calculated using poly-parameter free energy
147 relationships (Endo et al., 2013) (ppLFERs), which in our opinion yields more accurate results.
148 For the here presented general evaluation, however, this approach is not applicable.

149 To select a realistic range of hepatocyte biotransformation rate constants, we relied on *in vitro*
150 biotransformation data for fish (Halder et al., 2018). These *in vitro* data can be extrapolated to
151 the required hepatocyte biotransformation rate constants (Krause and Goss, 2018b). A recent

152 paper shows that the hepatocyte biotransformation rate constants for hydrophobic chemicals
153 happen to be roughly equal to the *in vitro* measured rate constants without further scaling
154 (Krause and Goss, 2020). The majority of the published *in vitro* rate constants are in the range
155 of 0.1 /h to 10 /h, we thus use this range for the required hepatocyte biotransformation rate
156 constants in the model.

157 Permeabilities and facilitated transport

158 To characterize the effect of permeation kinetics, we first estimate the actual value of the
159 permeability: For hydrophobic compounds with octanol-water partition coefficients $\log K_{OW} >$
160 1, the permeation kinetics can be assumed to be limited by the compound's diffusion through
161 the aqueous boundary layer (ABL) adjacent to the cellular membranes and not by the
162 membrane itself (Bittermann and Goss, 2017). The thickness of the ABL that needs to be
163 crossed is thus an important parameter for the expected permeability. The thicknesses of *in*
164 *vivo*-ABLs are difficult to determine and experimental data are thus scarce, but according to
165 Avdeef (Avdeef, 2005) there is evidence that a value of 0.5 μm is realistic for small blood
166 capillaries such as those found in the liver. Based on this value, the corresponding permeability
167 can be estimated with the solubility-diffusion model (Avdeef, 2001; Bittermann and Goss,
168 2017). This approach assumes that the permeability of a chemical through a barrier is
169 determined by the diffusion coefficient of the chemical in the barrier, the partition coefficient
170 between barrier and water and the thickness of the barrier. The estimation yielded a value of
171 0.15 cm/s for all hydrophobic chemicals with $\log K_{OW} > 1$. This value was thus used as default
172 value for the calculations.

173 For scenarios in which permeation through an ABL is a limiting factor, facilitated transport can
174 become crucial. Facilitated transport means that not only the freely dissolved chemical can
175 overcome the aqueous diffusional barrier but also the chemical that is bound to certain
176 'carriers'. In blood, transport proteins like albumin are known to be typical carriers. According
177 to the literature (Manera and Britti, 2006), rainbow trout blood also contains albumin or
178 albumin-like proteins, we thus assume that transport facilitation via these proteins through an
179 ABL is possible. To account for this facilitated transport, we use an approach analogous to the
180 one from Kramer et al. (Kramer et al., 2007) (for details see SI): we calculate a so called
181 'facilitated transport ratio' (FTR) that reflects how much more chemical is transported through
182 the ABL in presence of albumin per time unit. This FTR can then be multiplied with the given
183 ABL permeability to yield an accelerated permeability that accounts for facilitated transport
184 through the ABL by albumin. Other plasma proteins could also serve as potential carriers
185 facilitating permeation through ABLs. By focusing on facilitation via albumin only, the estimated
186 facilitation effect is a worst-case estimate. For calculation of the FTR the following input data
187 are used: the required albumin concentration in rainbow trout blood in L/L can be calculated
188 from the plasma concentration of 13.8 g/L (Manera and Britti, 2006), the albumin density of 1.4

189 g/cm³ (Endo and Goss, 2011) and the information that roughly 70 % of the total blood volume
 190 is plasma volume (Gingerich and Pityer, 1989). The albumin-water partition coefficient for a
 191 chemical is also derived from an empirical correlation with the K_{OW} that was presented by Endo
 192 and Goss (Endo and Goss, 2011). Note that this correlation was originally developed to
 193 describe partitioning into bovine serum albumin, but due to the lack of more suitable data we
 194 still use this correlation to predict the partition data for fish albumin. The diffusion coefficient of
 195 albumin in water ($3.6 \cdot 10^{-7}$ cm²/s) is known from the literature (Wakeham et al., 1976).

196
 197 For comparison, we also used experimental permeability values that were recently published
 198 by Schug et al. (Schug et al., 2019) for intestinal cells in a study with fragrance molecules with
 199 log K_{OW} values ranging from 2.17 to 6.25. The values from Schug et al., reported as intrinsic
 200 membrane permeabilities, are notably smaller than the above predicted 0.15 cm/s. Schug et
 201 al. interpret the significant differences such that in their experiments not the ABL is the
 202 dominating resistance, but instead interactions with the cells constitute the main barrier (and
 203 ABL transport resistance is implicitly contained in their values). The lowest value is found for
 204 the most hydrophobic chemical in the dataset published by Schug et al. and amounts to 1.93
 205 $\cdot 10^{-4}$ cm/h (i.e. $5.4 \cdot 10^{-8}$ cm/s). Here we select this lowest reported value from the Schug
 206 dataset as an alternative permeability input for our simulations because this comparison is the
 207 most informative.

208

209 Table 1: Required input parameters.

Parameter	value	equation/reference
liver blood flow Q [mL/h/kg _{fish}]	758.3	$= 0.259 \cdot (((0.23 \cdot T) - 0.78) \cdot (m_{\text{body}}/500)^{-0.1}) \cdot 1000$
hepatocyte volume in the liver V _{hepliver} [mL _{hep} /kg _{fish}]	9.4	$= L_{\text{hep}} \cdot (L_{\text{FBW}} \cdot 1000) \cdot V_{\text{singlehep}}$
sinusoid volume in the liver V _{sinliver} [mL _{sin} /kg _{fish}]	0.3	estimated, see text
exchange surface sinusoids- hepatocytes A [cm ² /kg _{fish}]	4369	$= V_{\text{sinliver}} / (d_{\text{sin}} / 4)$
hepatocyte biotransformation rate constant k _{hep} [1/h]	0.1 - 10	generic range of values
permeability P _{hep} [cm/s]	0.15	estimated, see text
octanol-water partition coefficient log K _{octanol/w} [L _w /L _{octanol}]	1 - 7	assumed
chemical diffusion coefficient in water [cm ² /s]	10 ⁻⁶	typical order of magnitude

albumin diffusion coefficient in water [cm²/s] $3.6 \cdot 10^{-7}$ (Wakeham et al., 1976)

The required partition coefficients are calculated according to:

blood-water partition coefficient = lipid_{blood} * K_{OW} + albumin_{blood} * K_{albumin/w} +
 K_{blood/w} [L_w/L_{blood}] protein_{blood} * 0.05 * K_{OW} + w_{blood}

hepatocyte-water partition coefficient = lipid_{hepatocyte} * K_{OW} + protein_{hepatocyte} * 0.05 * K_{OW}
 K_{hepatocyte/w} [L_w/L_{hepatocyte}] + w_{hepatocyte}

albumin-water partition coefficient = $10^{(0.71 * \log K_{OW} + 0.4)}$
 K_{albumin/w} [L_w/L_{albumin}]

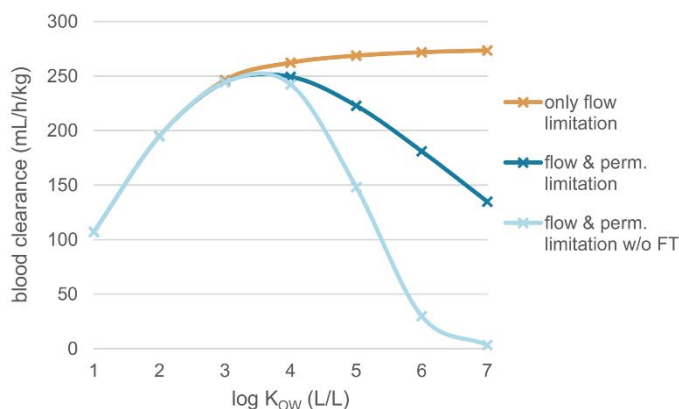
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212 **Results & discussion**

213

214 **Simplified scenario: Impact of permeability**

215 To investigate the impact of permeability on hepatic biotransformation, we first combine the
 216 mechanistically derived permeability of 0.15 cm/s with fast biotransformation kinetics (k_{hep} =
 217 10 1/h) and different partition coefficients at a typical blood flow rate (758 mL/h/kg_{fish} for a 10
 218 g fish). The resulting blood clearances are represented by the dark blue line in Figure 1. For
 219 comparison, we also calculate the blood clearance under consideration of blood flow limitation
 220 only (orange line) and the blood clearance considering flow limitation and permeability but
 221 neglecting facilitated transport (light blue line).



222

223 Figure 2: Blood clearances are calculated under consideration of blood flow limitation only (orange line) and under
 224 consideration of flow limitation and permeation limitation (with P_{hep} = 0.15 cm/s) including facilitated transport (dark
 225 blue line). For comparison, blood clearances resulting when flow limitation and permeation are considered but
 226 facilitated transport (FT) is neglected, are also shown (light blue line).

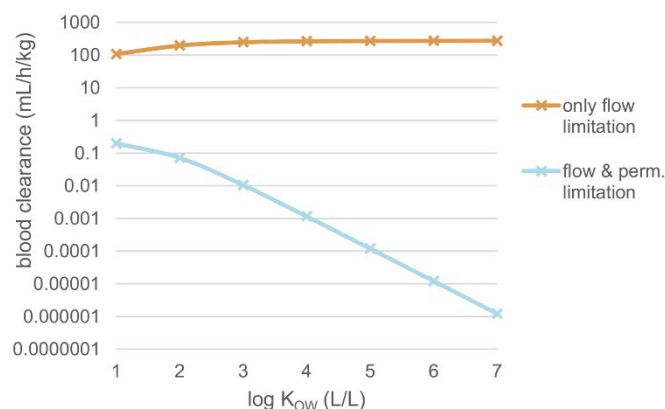
227 Figure 1 shows the blood clearances as a function of log K_{OW}. In the lower K_{OW} range (log K_{OW}
 228 1 – 3), nearly identical blood clearances result for the three scenarios indicated by overlapping
 229 lines. This means that the permeability of 0.15 cm/s used in the calculations is fast enough to
 230 avoid any limiting effects on clearance of low K_{OW} chemicals. With increasing K_{OW}, however,

231 notably lower clearances are calculated for the scenario considering flow limitation and
232 permeation limitation (including facilitation) than for the scenario that considers blood flow
233 limitation only. Even lower clearances result when flow limitation and permeation limitation are
234 considered but facilitation is neglected: The calculated blood clearances considering flow
235 limitation and permeation limitation including facilitation are decreased by factor 2 to 3
236 maximum compared to those calculated considering blood flow limitation only, while the
237 clearances calculated without consideration of facilitated transport are up to 80 times lower
238 than those calculated considering blood flow limitation only. This illustrates the importance of
239 facilitated transport for high log K_{OW} compounds that can occur when transport through an
240 aqueous layer is dominating cross cellular transport.

241 The reason why the K_{OW} of a chemical is critical for the presented results is somewhat
242 complex: In the calculations, a constant biotransformation rate constant of $k_{hep} = 10$ 1/h was
243 assumed over the whole range of K_{OW} . Assuming a constant k_{hep} for different K_{OW} actually
244 reflects different intrinsic biotransformation capacities of freely dissolved chemical, because a
245 much higher freely dissolved chemical clearance is required to yield a hepatocyte
246 biotransformation rate constant of 10 1/h for a chemical with log $K_{OW} = 6$ compared to the
247 freely dissolved chemical clearance that would be needed to yield the same hepatocyte
248 biotransformation rate constant for a low K_{OW} chemical. As soon as this freely dissolved
249 chemical clearance becomes faster than the permeation kinetics, limitations due to slow
250 permeation result and the dark and light blue line diverge from the orange line that does not
251 account for permeability.

252 We also performed these calculations for hepatocyte biotransformation rate constants of 0.1
253 1/h and 1 1/h (plots are shown in the SI). For these cases, the impact of permeability is less
254 pronounced. The reason for this is that limitations due to permeation kinetics become less
255 important when biotransformation itself is slower. Consequently, the data shown in Figure 1
256 already represent an extreme scenario with regard to the parameter combinations used.

257
258 In a second set of calculations we use a much lower membrane permeability of $5.4 * 10^{-8}$ cm/s
259 from the literature as discussed above (Schug et al., 2019). For comparison, these results are
260 also plotted together with the *in vivo* blood clearance that considers only blood flow limitation
261 (Figure 2, note the logarithmic y-axis as compared to Figure 1). Note that facilitated transport
262 is not considered here, because according to Schug et al. the ABL is not the limiting resistance
263 for these permeabilities.



264
 265 Figure 3: Blood clearances calculated under consideration of flow limitation only (orange line) and flow limitation
 266 combined with permeation limitation (with $P_{\text{hep}} = 5.4 \cdot 10^{-8}$ cm/s) (light blue line).

267 With this much lower permeability, the resulting *in vivo* blood clearances considering
 268 permeation limitation are orders of magnitude (500 to 10^8 times) lower than those presented
 269 in Figure 1. These huge differences between the calculations with a permeability of 0.15 cm/s
 270 and a permeability of $5.4 \cdot 10^{-8}$ cm/s highlight the relevance of reliable permeability information.
 271 It seems possible that the permeability values published by Schug et al. suffer from an
 272 overparametrization in the multi-parameter model used for their data evaluation. In addition,
 273 the stirring rates applied in the experimental set-up by Schug et al. are low and according to
 274 the literature (Avdeef, 2012; Karlsson and Artursson, 1991; Korjamo et al., 2009; Korjamo et
 275 al., 2008) significant transport limitation due to a thick ABL (probably around 1000 μm) should
 276 be expected different from what Schug et al. assumed. In fact, the *in vivo* blood clearances
 277 resulting from the calculation with a permeability of $5.4 \cdot 10^{-8}$ cm/s are so low that
 278 biotransformation becomes negligible under virtually all circumstances for all chemicals with
 279 $\log K_{\text{OW}} > 1$. If this was the case all existing IVIVE results would have been massively distorted
 280 towards an overestimated *in vivo* biotransformation. This is not what is seen when IVIVE
 281 results are compared with *in vivo* bioaccumulation studies.

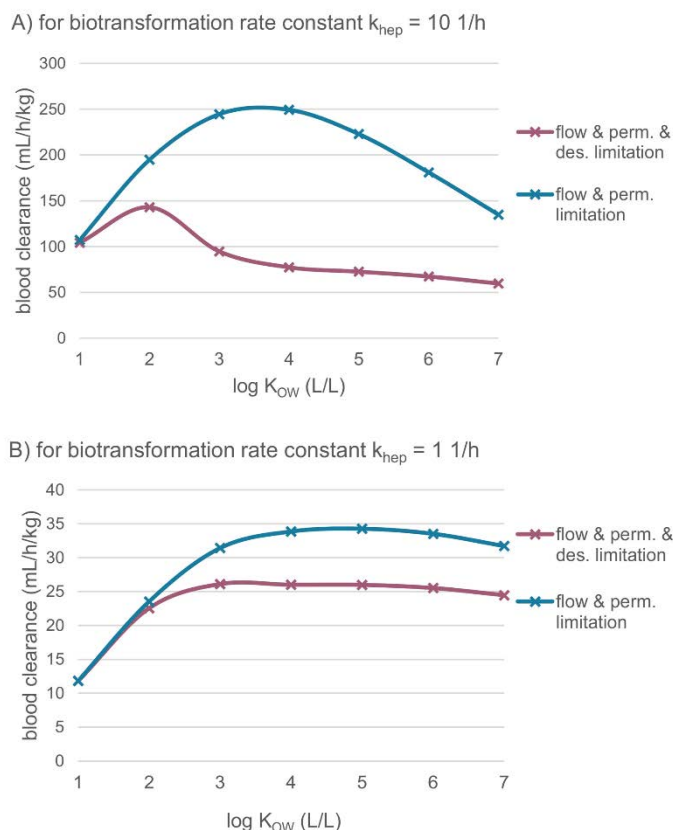
282 The current weight of evidence thus indicates that the estimated permeability value of 0.15
 283 cm/s is more realistic for hydrophobic chemicals. Hence, we suggest that consideration of
 284 permeation kinetics is not needed for prediction of *in vivo* clearance because even for the
 285 extreme combination with a fast biotransformation rate constant $k_{\text{hep}} = 10$ 1/h in Figure 1,
 286 predicted clearances change only by factor 2 – 3 depending on permeation..

287

288 Scenario with permeation and desorption

289 For evaluation of the combined effect of permeation and desorption, we use a desorption rate
 290 constant of 0.1 1/s as the lowest desorption rate constant measured for fish plasma [Ref
 291 submitted manuscript]. For these calculations we use two biotransformation rate constants of

292 (10 1/h and 1/h), a fixed permeability of 0.15 cm/s, a typical blood flow rate and a range of
293 partition coefficients.



294
295 Figure 4: Blood clearances calculated under consideration of blood flow limitation and permeation limitation (with
296 $P_{\text{hep}} = 0.15 \text{ cm/s}$) including facilitated transport (dark blue lines) and blood clearances calculated under
297 consideration of blood flow limitation, permeation limitation (including facilitated transport) and desorption limitation
298 (purple lines). Panels A) and B) represent differences regarding the used hepatic biotransformation rate constant
299 ($k_{\text{hep}} = 10 \text{ 1/h}$ in panel A and $k_{\text{hep}} = 1 \text{ 1/h}$ in panel B).

300 The differently colored lines in Figure 3 again represent scenarios differing in the considered
301 limitations: The dark blue line represents a scenario considering blood flow limitation and
302 permeation limitation including facilitation as reference (same as in Figure 1). The purple line
303 shows the results with blood flow limitation, permeation limitation (including facilitation) and
304 additionally desorption limitation. The upper panel of Figure 3 represents calculations with a
305 fast biotransformation rate constant of $k_{\text{hep}} = 10 \text{ 1/h}$. In this case, the consideration of
306 desorption kinetics leads to blood clearances decreased by up to a factor 3 for chemicals with
307 $\log K_{\text{OW}} > 2$ compared to the scenario neglecting desorption kinetics. The impact of desorption
308 kinetics is related to the hydrophobicity of the chemical because a larger fraction of high K_{OW}
309 chemicals is bound in blood and only this bound fraction is sensitive to slow desorption kinetics.
310 In case of a lower biotransformation rate constant of $k_{\text{hep}} = 1 \text{ 1/h}$, the impact of desorption
311 kinetics on the calculated blood clearance decreases (lower panel of Figure 3): the maximum
312 difference in the calculated blood clearance is now less than factor 2. This illustrates that the

313 relevance of the desorption kinetics depends strongly on how fast the hepatic
314 biotransformation is. In the above example with $k_{\text{hep}} = 10 \text{ 1/h}$ (upper panel of Figure 3), a rapid
315 biotransformation is combined with a very slow desorption, so that this scenario again
316 represents an extreme parameter combination. For less extreme and, by that, more likely
317 combinations, the impact of desorption kinetics on blood clearance will be smaller.

318 As mentioned above, we use a permeability of 0.15 cm/s for the calculations evaluating the
319 combined effect of desorption and permeation. In case we use the notably smaller permeability
320 ($P_{\text{hep}} = 5.4 \cdot 10^{-8} \text{ cm/s}$) for this evaluation, no additional effects due to desorption kinetics can
321 be observed. The reason for this is that, in this case, the very slow permeation is the dominating
322 factor of the two subsequent limitations.

323

324 Conclusion

325 The presented analysis shows that notable errors in the prediction of *in vivo* clearance from
326 given *in vitro* biotransformation data due to the neglect of permeation and desorption kinetics
327 are possible. Especially permeability could be a strong limitation depending on the used
328 permeability value. Recently published permeabilities result in a tremendously decreased *in*
329 *vivo* blood clearance while other permeability values (that we believe to be more reliable) have
330 only little impact on the predicted *in vivo* blood clearance. Clarifying this permeability issue is
331 thus of high priority. Furthermore, desorption kinetics appear to be of minor relevance.

332

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335 3718 65 406 0.

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