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# Dynamic imaging in patients with tuberculosis reveals heterogeneous drug exposures in pulmonary lesions

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## Supplementary information

### Dynamic Imaging in Tuberculosis Patients Reveals Heterogeneous Drug Exposures in Pulmonary Lesions

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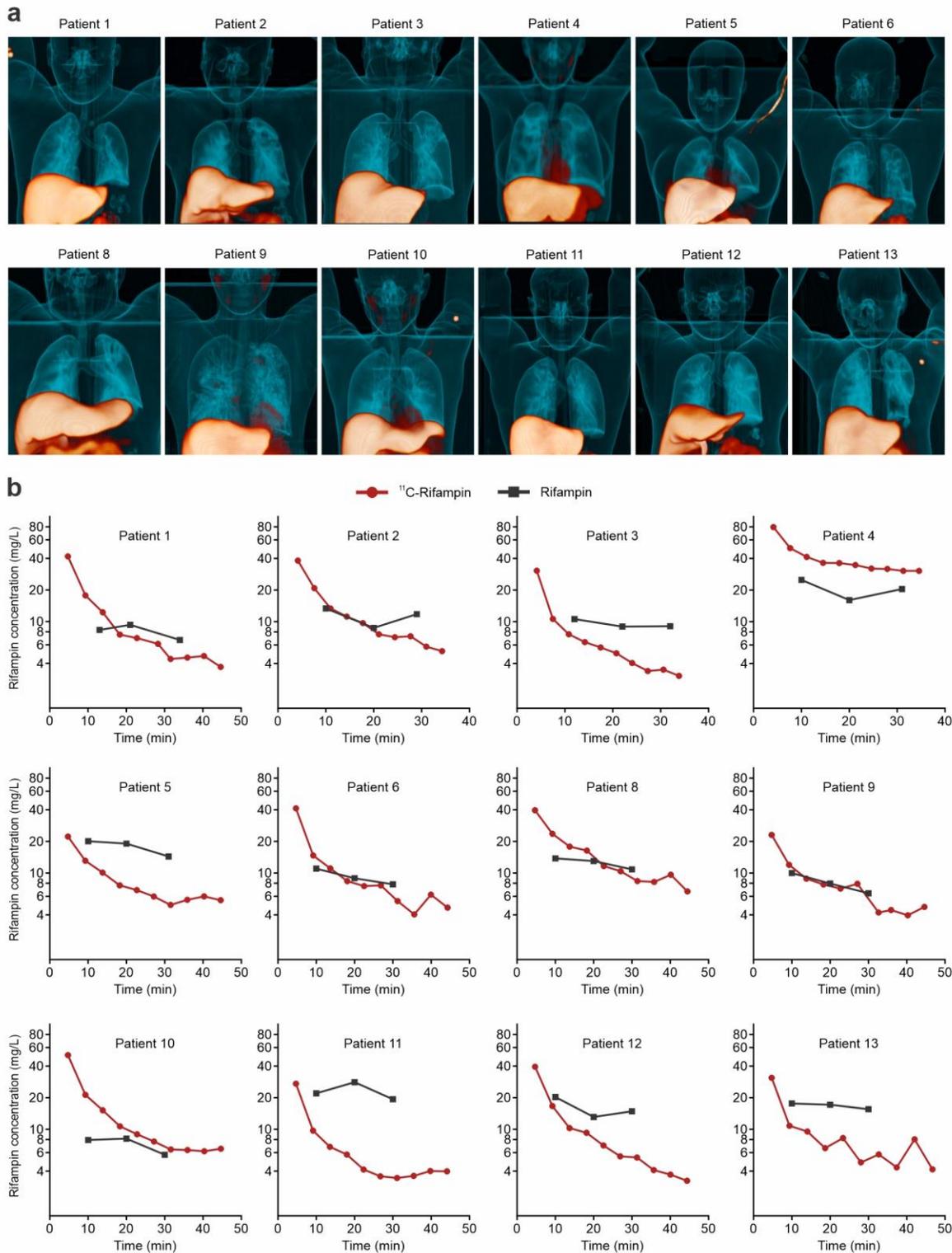
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**Supplementary Figure 1.  $^{11}\text{C}$ -Rifampin PET/CT in TB patients. (a)** Three-dimensional maximum intensity projection (MIP) of all participants. The CT is represented in blue while the  $^{11}\text{C}$ -rifampin PET signal is represented in orange. **(b)** Excellent matching between dose-normalized plasma  $^{11}\text{C}$ -rifampin PET signal and plasma rifampin levels measured using mass spectrometry, obtained on the same day, is shown. The dose normalization of the  $^{11}\text{C}$ -rifampin concentrations was made under the assumption of pharmacokinetic linearity across the range of doses from microdose to therapeutic rifampin dosing. Patient 7 was excluded from the study due to significant motion artifact during the  $^{11}\text{C}$ -rifampin PET/CT.

**Supplementary Table 1. Selection criteria for patient enrollment in the clinical study.**

- Greater than or equal to 18 years of age
- Confirmation of *Mycobacterium tuberculosis* by culture or molecular testing (GeneXpert) and susceptible to rifampin
- Imaging evidence demonstrating pulmonary disease and currently being administered a rifampin-based TB drug regimen
- On TB treatment for  $\leq 6$  weeks by the time of the  $^{11}\text{C}$ -rifampin PET/CT. Repeat imaging was also performed in subjects on TB treatment  $>13$  weeks (90 days)
- Not pregnant
- Platelet count  $> 50,000/\text{mm}^3$
- Neutrophil count  $> 1,000/\text{mm}^3$
- Serum creatinine  $< 3$  times the upper limit of normal
- Total bilirubin  $< 3$  times the upper limit of normal
- Liver transaminases  $< 5$  times the upper limit of normal
- Not treated with an investigational drug, biologic, or therapeutic device within 30 days prior to the  $^{11}\text{C}$ -rifampin PET/CT
- Adequate venous access
- Ability to provide written informed consent

**Supplementary Table 2. Mass spectrometry results of plasma samples from patients.**

Patient ID	Minutes after an IV dose of 600mg of rifampin	Drug concentration (µg/mL)	
		Rifampin	25-Desacetyl Rifampin
1	Pre-dose	Not detected	Not detected
	13	8.32	0.19
	21	9.31	0.35
	34	6.68	0.33
2	Pre-dose	0.02	Not detected
	10	13.37	0.43
	20	8.72	0.30
	29	11.79	0.58
3	Pre-dose	Not detected	Not detected
	12	10.58	0.66
	22	8.97	0.71
	32	9.05	0.78
4	Pre-dose	1.39	0.84
	10	24.98	2.71
	20	16.06	2.18
	31	20.47	3.19
5	Pre-dose	0.12	0.01
	10	20.08	0.93
	20	19.06	1.14
	31	14.36	0.87
6	Pre-dose	0.01	Not detected
	10	10.99	0.31
	20	8.92	0.31
	30	7.79	0.33
8	Pre-dose	Not detected	Not detected
	10	13.78	0.21
	20	13.00	0.22
	30	10.83	0.28
9	Pre-dose	0.04	0.00
	10	9.98	0.31
	20	7.94	0.36
	30	6.42	0.35
10	Pre-dose	0.02	Not detected
	10	7.91	0.31
	20	8.15	0.38
	30	5.73	0.31
11	Pre-dose	Not detected	Not detected
	10	21.98	0.86
	20	28.08	1.32
	30	19.32	1.07
12	Pre-dose	0.04	Not detected
	10	20.29	0.57
	20	13.10	0.46
	30	14.83	0.51
13	Pre-dose	Not detected	Not detected
	10	17.62	0.80
	20	17.15	0.84
	30	15.54	0.86

**Supplementary Table 3. Rifampin PK-lung-biodistribution model parameter estimates and 95% confidence interval. n=12 patients.**

	Unit	Estimate	Between subject variability, BSV (%CV)	95% Confidence interval	
Maximal elimination rate ( $V_{max}$ )	L/hr/70kg	525 FIX			
Rifampin concentration at which the elimination is half-maximal ( $K_m$ )	mg/L	70 FIX			
Volume of distribution ( $V_c$ )	L/70kg	37	40	29	51
Equilibration rate constant between venous and left ventricle compartments ( $K_{eq-lv}$ )	/hr	40		38.2	41.8
Partition Coefficient for left ventricle compartment ( $PC_{LV}$ )		0.38		-1.47	2.23
Equilibration rate constant between venous and lung compartments ( $K_{eq-lung}$ )	/hr	42 FIX			
Partition Coefficient for unaffected lung ( $PC_{UL}$ )		1.2	22	0.88	1.5
Partition Coefficient for pulmonary lesion ( $PC_{PL}$ )		0.69	23	0.53	0.85
Partition Coefficient for cavity wall ( $PC_{CW}$ )		0.60	17	0.43	0.77
Clearance for microdose ( $CL_{mic}$ )	L/hr/70kg	22	21	20.1	23.8
Volume of distribution for microdosing ( $V_{c,mic}$ )	L/70kg	10	48	8.2	11.8
Maximal increase in the enzyme production rate ( $S_{max}$ )		1.04 FIX			
Rifampin concentration at which half the $S_{max}$ is reached ( $SC_{50}$ )	mg/L	0.0705 FIX			
Rate constant for first-order degradation of the enzyme pool ( $k_{enz}$ )	/hr	0.00369 FIX			
Mean transit time (MTT)	hr	0.713 FIX			

**Supplementary Table 4. Simulated rifampin AUC<sub>0-24</sub> at steady state (ss).** Values represent simulation after oral and intravenous (IV) administration of daily doses of rifampin from 10-50 mg/kg in plasma and lung regions based on the PK-lung-biodistribution model. Oral bioavailability was assumed to be 90%. Median, [10<sup>th</sup>, 90<sup>th</sup>] percentiles are reported. n=1000 virtual patients generated by Monte Carlo Simulations using the developed lung-biodistribution model.

	Daily dose (mg/kg)	Plasma AUC <sub>24hr,ss</sub> (mg·hr/L)	Unaffected lung AUC <sub>24hr,ss</sub> (mg·hr/kg)	Lesion AUC <sub>24hr,ss</sub> (mg·hr/kg)	Cavity wall AUC <sub>24hr,ss</sub> (mg·hr/kg)
Oral	10	50.5 [46.2, 62.8]	16.05 [8.49, 29.9]	8.8 [4.69, 17.32]	7.9 [4.4, 13.41]
	15	77.5 [70.1, 99.4]	23.35 [12.6, 44.41]	13.5 [7.4, 24.83]	12.45 [7.1, 21.62]
	20	104.85 [94.7, 140.06]	33.45 [17.98, 59.61]	18.7 [10.59, 36.81]	16.8 [9.6, 30.3]
	25	134.35 [120.4, 179.83]	41.5 [22.8, 79.62]	23.85 [12.6, 47.51]	21.3 [12, 38.43]
	30	166.65 [147, 235.62]	51.55 [27.8, 95.11]	31.1 [16.6, 58.92]	26.5 [14.9, 49.11]
	35	199.9 [174.59, 276.3]	62.4 [33.27, 117.91]	37.1 [19.1, 70.8]	32.4 [18.2, 56.6]
	40	234.7 [203.19, 337.96]	73.5 [37.1, 152.02]	41.35 [21.3, 85.5]	37.3 [20.59, 69]
	45	268.6 [232.89, 401.98]	87.35 [44.89, 168.76]	49.45 [24.3, 97.52]	42.05 [23.2, 78.91]
	50	306.7 [263.49, 437.42]	99.25 [50.59, 187.13]	55.3 [29.1, 111.77]	48.05 [27.27, 91.4]
IV	10	57 [51.5, 73.5]	17.75 [9.2, 34.14]	10.2 [5.5, 19.1]	9 [5.2, 15.9]
	15	86.9 [78.5, 117.91]	28 [14.89, 52.03]	16.1 [8.1, 29.4]	13.4 [7.8, 24.51]
	20	121 [106.8, 172.81]	38.1 [19.89, 75.94]	21.6 [12.4, 43.36]	18.7 [10.8, 36.63]
	25	156.05 [135.7, 221.22]	49 [26.18, 97.79]	28.2 [15, 56.32]	24.8 [13.8, 43.21]
	30	191.9 [166.28, 275.37]	59.9 [30.95, 119.61]	34.3 [18.3, 69.72]	30.1 [16.79, 54.01]
	35	230.65 [198.79, 346.92]	75.6 [39.16, 145.26]	42.4 [21.6, 91.18]	36.25 [21, 68.5]
	40	273.8 [232, 416.6]	86.2 [45.77, 169.04]	50.05 [24.99, 108.01]	43.65 [24.39, 82.01]
	45	316.95 [268.09, 496.35]	100.9 [53.1, 204.56]	57.65 [29.49, 115.21]	50.35 [28.58, 95.3]
	50	364.2 [302.5, 576.06]	115.3 [59.78, 237.92]	68.4 [33.2, 136.42]	58.65 [32.84, 118.4]

**Supplementary Table 5. Injected dose and tissue AUC ratios derived from <sup>11</sup>C-rifampin PET.** Rifampin area under the concentration-time curves (AUC) were obtained by integrating the area under the dynamic <sup>11</sup>C-rifampin PET time-activity curves and the tissue AUC ratio (tissue to plasma) calculated for all patients.

Participant number	Injected mass (ng)	AUC (ng·h/g)				AUC ratio to plasma		
		Plasma	Cavitary wall	Lesions	Unaffected lung	Cavitary wall	Lesions	Unaffected lung
1	1322.10	75.33	-	26.37	54.94	-	0.35	0.73
2	3051.48	138.56	-	68.07	149.66	-	0.49	1.08
3	940.42	27.08	6.64	7.47	25.12	0.25	0.28	0.93
4	749.66	103.84	30.56	30.70	82.84	0.29	0.30	0.80
5	1134.77	51.00	-	-	39.51	-	-	0.77
6	1030.64	56.73	17.50	22.48	40.61	0.31	0.40	0.72
8	537.51	39.75	-	10.52	20.38	-	0.26	0.51
9	608.41	25.61	9.06	16.44	19.90	0.35	0.64	0.78
10	725.35	51.15	-	19.54	46.33	-	0.38	0.91
11	1551.15	54.17	13.26	16.72	25.20	0.24	0.31	0.47
12	2043.49	108.96	49.16	48.08	77.56	0.45	0.44	0.71
13	1335.98	73.17	-	33.68	44.34	-	0.46	0.61

**Supplementary Table 6. Digitized data used for external validation.** The PK model was externally validated using digitized data from 14 studies with TB patients.

<b>Publication</b>	<b>Year</b>	<b>Population</b>
<a href="#"><u>Loos et al. <i>Klin Wochenschr</i></u></a>	1985	Adults
<a href="#"><u>Koup et al. <i>Ther Drug Monit</i></u></a>	1986	Children
<a href="#"><u>Ruslami et al. <i>Antimicrob Agents Chemother</i></u></a>	2007	Adults
<a href="#"><u>Schaaf et al. <i>BMC Med</i></u></a>	2009	Children
<a href="#"><u>Thee et al. <i>Antimicrob Agents Chemother</i></u></a>	2011	Children
<a href="#"><u>Ruslami et al. <i>Lancet Infect Dis</i></u></a>	2013	Adults
<a href="#"><u>Ramachandran et al. <i>Int J Tuberc Lung Dis</i></u></a>	2013	Children
<a href="#"><u>Hiruy et al. <i>J Antimicrob Chemother</i></u></a>	2015	Children
<a href="#"><u>Boeree et al. <i>Am J Respir Crit Care Med</i></u></a>	2015	Adults
<a href="#"><u>Chigutsa et al. <i>Antimicrob Agents Chemother</i></u></a>	2015	Adults
<a href="#"><u>Kwara et al. <i>J Pediatric Infect Dis Soc</i></u></a>	2016	Children
<a href="#"><u>Swaminathan et al. <i>Clin Infect Dis</i></u></a>	2016	Children
<a href="#"><u>Bekker et al. <i>Antimicrob Agents Chemother</i></u></a>	2016	Children
<a href="#"><u>Boeree et al. <i>Lancet Infect Dis</i></u></a>	2017	Adults