

Kidney Safety Assessment: Current Drug Development Techniques

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Abstract

The kidney's position as a main route of metabolism and clearance of xenobiotics and its potential to listen the glomerular filtrate make it especially prone to drug-induced toxicity. Improving kidney protection is a lively place of lookup and there is a want in early levels of drug improvement for techniques and mannequin structures to reliably discover nephrotoxic compounds and sufficiently represent mechanisms to aid drug pipeline selection making. In later tiers of drug improvement the fee of touchy translational biomarkers to display kidney toxicity throughout species in nonclinical and scientific settings is gaining realization. Various equipment and techniques for kidney security evaluation have emerged over the previous decade; however, there is presently no clear consensus on great practices for their use throughout exclusive phases of drug development. Here, we furnish standpoint on the scope of this hassle in drug development, and an overview of growth in the discipline of kidney security which includes numerous informative case examples of kidney toxicity de-risking eventualities encountered in the pharmaceutical industry. The outcomes of a survey of pharmaceutical agencies performed thru the Innovation and Quality Drug Safety consortium presents extra perception into current experiences with compound attrition and distinctive de-risking methods throughout the industry.

Keywords: Nephrotoxicity; Biomarkers; Drug attrition; Drug safety; Kidney; Prediction

Introduction

The kidneys are an established goal organ for toxicity from exposures to quite a number environmental chemical substances and agents. To apprehend the danger to human fitness from such exposures, it is necessary to think about each the underlying chemical and pathologic mechanisms and elements that may also alter susceptibility to injury [1]. Choices of exemplary environmental retailers to evaluation are based totally on these with selective outcomes on the kidneys and for which big quantities of mechanistic and human records are available. These encompass the heavy metals cadmium and arsenic, fluoride, the natural solvents trichloroethylene and perchloroethylene, consuming water disinfection by-products haloacids, meals and natural drug contaminants aristolochic acid and melamine, and warmth stress. Some frequent mechanistic aspects of all these various exposures are highlighted, and consist of oxidative stress and mitochondrial damage [2]. Two foremost genetic elements that are mentioned consist of genetic polymorphisms in plasma membrane transporters that catalyze uptake and accumulation or efflux and removal of environmental chemicals, and genetic polymorphisms in bioactivation enzymes that generate poisonous and reactive metabolites. Identification of strategies to forestall environmental toxicant-associated kidney harm and appreciation the genetic elements that have an effect on kidney characteristic and the kidney's response to exposures can be utilized to refine danger assessments. Toxicant-induced acute kidney damage is accountable for thousands and thousands of deaths every year [3]. An underlying motive of toxicant-induced acute kidney damage is renal phone death. As such, grasp the mechanisms by using which toxicants reason renal mobile dying can resource the improvement of focused treatment options for the prevention and therapy of kidney disease. Accordingly, this article focuses on cell and molecular mechanisms of nephrotoxicity [4].

Method

Kidney safety assessment is a crucial aspect of drug development to ensure the safety and efficacy of new pharmaceutical products. Several techniques are employed to evaluate the potential renal toxicity of drugs during the development process. Here are some of the current

techniques used for kidney safety assessment in drug development.

In vitro assays: In vitro assays involve studying the effects of drugs on kidney cells or tissues cultured in a laboratory setting. These assays can include measuring cellular viability, apoptosis (programmed cell death), oxidative stress markers, and assessing the function of key renal transporters. In vitro assays provide valuable preliminary information about the potential renal toxicity of drugs.

Animal models: Animal models, particularly rodents (e.g., rats, mice), are commonly used to assess kidney safety during drug development. These models allow researchers to study the effects of drugs on the kidneys in a living organism. Renal parameters such as blood urea nitrogen (BUN), serum creatinine, urine output, and histopathological examination of kidney tissues are evaluated to assess drug-induced renal toxicity.

Biomarker analysis: Biomarkers are measurable indicators that can be used to assess kidney injury. In drug development, various biomarkers are analyzed to evaluate renal toxicity. These biomarkers can include specific proteins (e.g., kidney injury molecule-1, neutrophil gelatinase-associated lipocalin), enzymes (e.g., alanine aminotransferase, aspartate aminotransferase), or metabolites (e.g., urinary albumin, urinary protein). Changes in these biomarkers can indicate kidney damage or dysfunction.

Imaging techniques: Imaging techniques such as magnetic resonance imaging (MRI) and computed tomography (CT) scans can provide non-invasive visualization of the kidneys. These techniques allow researchers to detect structural abnormalities or changes in kidney size, shape, or blood flow that may indicate drug-induced renal toxicity.

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Clinical trials: Once a drug has passed preclinical testing, it progresses to clinical trials involving human subjects. During these trials, kidney safety is carefully monitored through various means, including regular assessment of renal function using parameters such as serum creatinine, estimated glomerular filtration rate (eGFR), and urinalysis. Adverse renal events or changes in renal function observed in clinical trials help evaluate the kidney safety profile of the drug.

Integrated approaches: To enhance the accuracy and predictability of kidney safety assessment, integrated approaches are being developed. These approaches combine multiple techniques, such as *in vitro* assays, animal models, biomarker analysis, and clinical data, to provide a more comprehensive evaluation of drug-induced renal toxicity [5-9].

Discussion

This article describes particular elements that make the kidney inclined to toxicants. Selective transporters and enzymes that are worried in toxicant uptake and metabolism in kidney cells, respectively, are highlighted. The function of reactive oxygen species in nephrotoxicity is discussed, observed with the aid of an assessment of the kinds of mobile loss of life pathways brought on in renal cells after toxicant exposure, with a specific emphasis on the position of signaling pathways. Roles for the mitochondria, endoplasmic reticulum, and nucleus in renal phone demise signaling pathways are discussed, and cutting-edge challenges in the subject are reviewed. The kidney performs a fundamental position in the removal of many xenobiotics, and drug-induced kidney damage is a danger aspect in drug discovery and development. In addition, accumulation of nephrotoxic compounds, a manner regularly managed by way of xenobiotic transporters is regularly a prerequisite to kidney injury. Such detrimental activities are structured on many transporters, especially these in the solute provider and adenosine triphosphate-binding cassette superfamilies. This assessment important points the present day appreciation of how kidney transporters make a contribution to poisonous effects and highlights integral information gaps concerning species variations that account for some lack of predictivity between preclinical animal fashions and human beings. The primary classification, physiological roles, and species variations of solute service and adenosine triphosphate-binding cassette transporters is reviewed, alongside with mechanistic small print for drug-induced kidney damage involving transporters. The use of preclinical records (*in vitro* and *in vivo*), scientific data, and traditional as properly as rising equipment for reading kidney transporter feature are summarized. Finally, we highlight some challenges and possibilities to enhance experimental tactics to assist preclinical and medical research of kidney transporters and their position in nephrotoxicity. Exposure is a significantly necessary factor to reflect onconsideration on in the find out about and administration of drug-induced kidney injury. Although blood concentrations of kidney toxicants regularly might also furnish a legitimate surrogate measure of kidney exposure, the kidney has numerous special physiological and biochemical homes that lend themselves to accumulation or exclusion of some capsules at web sites of toxicity. In such cases, an grasp of these pharmacokinetic mechanisms can be as essential as appreciation the underlying mechanisms of toxicity. Physiologically primarily based pharmacokinetic models, which mathematically codify such mechanisms in a biologically manageable form, an increasing number of are being used for creating an grasp of pharmacokinetics throughout affected person populations, drug-drug interactions, and pharmacokinetic-pharmacodynamic relationships. This viewpoint presents an assessment of the physiological and biochemical mechanisms as nicely as the physiochemical residences that theoretically should force drug accumulation or exclusion inside

the kidney, alongside with examples in which these mechanisms have validated essential in riding the manifestation of toxicity *in vivo*. In addition, an overview of the structure, applications, and boundaries of present kidney physiologically based totally pharmacokinetic fashions is provided [10-15].

Conclusion

Kidney safety is a critical component of drug development to ensure the well-being of patients and the effectiveness of pharmaceutical interventions. Over the years, significant advancements have been made in the techniques used for kidney safety assessment. These advancements have allowed for a more comprehensive understanding of drug-induced kidney toxicity and improved the ability to detect and mitigate potential risks. One of the primary techniques employed in kidney safety assessment is the measurement of renal biomarkers, such as serum creatinine and blood urea nitrogen levels. These biomarkers provide valuable information about kidney function and aid in the early detection of renal impairment. Additionally, novel biomarkers, including urinary proteins and kidney injury molecule-1 (KIM-1), have emerged as promising tools for identifying drug-induced kidney injury at an earlier stage. Another crucial aspect of kidney safety assessment is the use of preclinical models, such as *in vitro* cell culture systems and animal models. These models allow researchers to evaluate the potential renal toxicity of new drugs before they are tested in humans. The development of more physiologically relevant *in vitro* models and the incorporation of humanized animal models have enhanced the predictive value of preclinical studies, reducing the risk of adverse kidney effects in clinical trials. Overall, the current techniques used in kidney safety assessment have significantly improved our ability to identify and mitigate drug-induced kidney injury.

References

- Hu HH, Chen DQ, Wang YN, Feng YL, Cao, G, et al. (2018) New insights into TGF-beta/Smad signaling in tissue fibrosis. *Chem Biol Interact* 292:76-83.
- Walton KL, Johnson KE, Harrison CA (2017) Targeting TGF-beta Mediated SMAD Signaling for the Prevention of Fibrosis. *Front Pharmacol* 8:461.
- Kliment CR, Oury TD (2010) Oxidative stress, extracellular matrix targets, and idiopathic pulmonary fibrosis. *Free Radic Biol Med* 49:707-717.
- An L, Peng LY, Sun NY, Yang YL, Zhang XW, et al. (2019) Tanshinone IIA Activates Nuclear Factor-Erythroid 2-Related Factor 2 to Restrain Pulmonary Fibrosis via Regulation of Redox Homeostasis and Glutaminolysis. *Antioxid Redox Signal* 30:1831-1848.
- Cheresh P, Kim SJ, Tulasiram S, Kamp DW (2013) Oxidative stress and pulmonary fibrosis. *Biochim Biophys Acta* 1832:1028-1040.
- An L, Peng LY, Sun NY, Yang YL, Zhang XW, et al. (2019) Tanshinone IIA Activates Nuclear Factor-Erythroid 2-Related Factor 2 to Restrain Pulmonary Fibrosis via Regulation of Redox Homeostasis and Glutaminolysis. *Antioxid Redox Signal* 30:1831-1848.
- Su T, Huang L, Zhang N, Peng S, Li X, et al. (2020) FGF14 functions as a tumor suppressor through inhibiting PI3K/AKT/mTOR pathway in colorectal cancer. *J Cancer* 11: 819-825.
- Yang J, Nie J, Ma X, Wei Y, Peng Y, et al. (2019) Targeting PI3K in cancer: mechanisms and advances in clinical trials. *Mol Cancer* 18.
- Pandurangan AK (2013) Potential targets for prevention of colorectal cancer: A focus on PI3K/Akt/mTOR and Wnt pathways. *Asian Pac J Cancer Prev* 14: 2201-2205.
- Kliment CR, Oury TD (2010) Oxidative stress, extracellular matrix targets, and idiopathic pulmonary fibrosis. *Free Radic Biol Med* 49:707-717.
- Jibiki N, Saito N, Kameoka S, Kobayashi M (2014) Clinical significance of fibroblast growth factor (FGF) expression in colorectal cancer. *Int Surg* 99:493-499.

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12. Mormann F, Kreuz T, Rieke C, Andrzejak RG, Kraskovet A, et al. (2005) On the predictability of epileptic seizures. *Clin Neurophysiol* 116:569-587.
 13. Bandarabadi M, Rasekhi J, Teixeira CA, Karami MR, Dourado A (2015) On the proper selection of preictal period for seizure prediction. *Epilepsy Behav* 46:158-166.
 14. Valderrama M, Alvarado C, Nikolopoulos S, Martinerie J, Adam C, et al. (2012) Identifying an increased risk of epileptic seizures using a multi-feature EEG-ECG classification. *Biomed Sign* 7:237-244.
 15. Teixeira CA, Direito B, Bandarabadi M, Le Van Quyen M, Valderrama M, et al. (2014) Epileptic seizure predictors based on computational intelligence techniques: a comparative study with 278 patients. *Comput Methods Programs in Biomed* 114:324-336.