

***In vivo* imaging of human *MDR1* transcription in the brain and spine of
MDR1-luciferase reporter mice**

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Supplemental Methods

Rationale for drug and dose selection. Dexamethasone 5 mg/kg was chosen because this dose induced mouse BBB Pgp (Bauer et al., 2004), and because this dose of dexamethasone in mice would give an exposure level (Bauer et al., 2004) therapeutically relevant to human exposure (Szymanska et al., 2012). 200 mg/kg DEX was chosen because that dosing regimen maximally induced mouse PXR target genes (Wrighton et al., 1995). Although dexamethasone dosing regimens in humans can vary significantly depending on disease and patient condition during therapy, the 200 mg/kg dose would be expected to achieve a plasma concentration many fold higher than therapeutic human plasma concentrations. Rifampin 15 mg/kg was chosen because it was reported that an ip dose of 10 mg/kg resulted in exposure in mice similar to that in humans receiving a standard dose of these drugs, and that the plasma unbound fraction of RIF was similar to that in humans, and that an ip dose greater than 10 mg/kg was needed to induce hepatic PXR targets in wild-type mice (Hasegawa et al, 2011; Scheer et al., 2008). Rifampin 50 mg/kg was selected because this oral dose induced mouse BBB Pgp, and achieved peak plasma levels of free drug similar to those in patients taking single, daily 6.4 mg/kg doses (448-mg dose for 70-kg

patient) (Bauer et al., 2006). Since we administered 50 mg/kg rifampin ip, the mouse rifampin plasma concentration is many fold higher than therapeutic human plasma concentration. A dose of 40 mg/kg Phenobarbital was chosen because this dose readily activates CAR to induce target genes (Scheer et al., 2008). Phenobarbital 80 mg/kg induced mouse BBB Pgp (Wang et al., 2010). The average therapeutic plasma concentration for phenobarbital in human is reported to be 10- 40 $\mu\text{g/ml}$ (Loscher, 2007; Markowitz et al., 2010). In a reported intravenous pharmacokinetic study of 60 mg/kg phenobarbital in male mice, the C_0 for phenobarbital was measured to be close to 75 $\mu\text{g/ml}$ (Liu et al., 2007). Assuming an oral bioavailability of 80% (Nelson et al., 1982) and a dose –linear exposure at lower doses (Loscher, 2007; Geter et al., 2014), we can assume the C_0 for a 40 mg/kg intravenous dose of phenobarbital would be approximately 50 $\mu\text{g/ml}$. This plasma concentration is on the higher end of the phenobarbital therapeutic range. Considering pharmacokinetic variability due to gender and species of animals, we can assume that at 40 mg/kg i.p., our study was conducted within the therapeutic concentration range. TCPOBOP is not given clinically, treatment dose and schedule were selected based on maximal activation of CAR and induction of BBB Pgp (Wang et al., 2010)(Scheer et al., 2008).

Supplemental Table 1. Doses Chosen for This Study Compared to Published Studies

| This Study | | | | Published study | | |
|------------------|------------|-----------|--------|-------------------|-----------|---|
| | Dose | Duration | Figure | Dose | Duration | Ref |
| TCPOBOP | 3 mg/kg | daily x 4 | 2 | 0.33 mg/kg | daily x 2 | (Wang et al., 2010) |
| | | | | 1 - 30 mg/kg | 24 hrs | (Scheer et al., 2008) |
| DEX | 200 mg/kg | daily x 2 | 3 - 5 | 250 mg/kg | daily x 4 | (Wrighton et al., 1995) |
| | 200 mg/kg | 5hrs | 4 | | | |
| | 5 mg/kg | daily x 3 | 4, 5 | 1-50 mg/kg | daily x 3 | (Bauer et al., 2004) |
| PB | 40 mg/kg | 5hrs | 3, 4 | 80 mg/kg (rat) | daily x 4 | (Wang et al., 2010) |
| | 40 mg/kg | daily x 2 | 4 - 7 | 40 mg/kg | daily x 4 | (Scheer et al., 2008) |
| Rifampin | 15 mg/kg | daily x 2 | 4 | 1-60 mg/kg | daily x 4 | (Scheer et al., 2008) |
| | 50 mg/kg | daily x 4 | 5 | 50 mg/kg* | 1-3 days | (Hasegawa et al., 2011) (Bauer et al., 2006) |
| Elacridar | 100 mg/kg* | 4 hrs | 3 - 6 | 100 mg/kg* | 0-24 hrs | (Sane et al., 2010) |

* , oral; all other drugs given ip

Supplemental Data References

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