

Table 1. Algorithms for calculating the permeability coefficient, K_p . (Adapted from Flynn [1])

	Low molecular weight compounds (< 150 Daltons)	High molecular weight compounds (> 150 Daltons)
$\text{Log } K_{ow} < 0.5$	$\text{Log } K_p = -3$	$\text{Log } K_p = -5$
$0.5 \leq \text{Log } K_{ow} \leq 3.0$	$\text{Log } K_p = \text{Log } K_{ow} - 3.5$	
$0.5 \leq \text{Log } K_{ow} \leq 3.5$		$\text{Log } K_p = \text{Log } K_{ow} - 5.5$
$\text{Log } K_{ow} > 3.0$	$\text{Log } K_p = -0.5$	
$\text{Log } K_{ow} > 3.5$		$\text{Log } K_p = -1.5$

Table 2. Commonly cited algorithms for the calculation of percutaneous absorption.

Name	Algorithm	Citation
Potts and Guy	$\log K_p = 0.71 \log K_{ow} - 0.0061 MW - 6.3$	[2]
Brown and Rossi	$K_p = 0.1 \left[\frac{P_{oct}^{0.75}}{120 + P_{oct}^{0.75}} \right]$	[23]
Cleek and Bunge	$k_p^{adj} = \frac{k_p}{1 + (1400 \cdot k_p \cdot \sqrt{MW})}$	[24]
Cronin et al.	$\text{Log } K_p = 0.77 \text{Log } P - 0.0103 MW - 2.33$	[26]
Wilshut et al.	$k_p = \frac{1}{\frac{1}{k_{psc}} + \frac{1}{k_{pol}} + \frac{1}{k_{aq}}}$	[27]
Barratt	$\text{Log } K_p = 0.82 \log P_{oct} - 0.0093 MW - 0.039 \text{MPt} - 2.36$	[28]

Where:

$\log K_p$ is the permeability coefficient (as cm/s or cm/h); $\log K_{ow}$, P_{oct} and $\log P$ represent the octanol-water partition coefficient; MW is the molecular weight; k_{psc} is the permeation coefficient of the lipid fraction of the stratum corneum; k_{pol} is the permeation coefficient of the protein fraction of the stratum corneum; k_{aq} is the permeation coefficient of the aqueous permeation layer; MPt is the melting point.

Table 3. Summary of conclusions from Cronin and Schultz in avoiding the “pitfalls in QSAR” [modified from 44].

Essentials	Desirables
A well-defined and measurable toxic endpoint (i.e. for percutaneous absorption this might be the permeability coefficient, k_p , or flux).	Do not extrapolate the model beyond the boundaries of the data contained therein.
A chemically and biologically diverse dataset.	An understanding of the precision of the model and its appropriate use, based on the range and scope of the dataset.
A dataset that has been subdivided into a representative training set and a separate and consistent test set.	A model that covers the whole biological process (i.e. percutaneous absorption) rather than parts of it that may require individual algorithms.
Physicochemical descriptors that are consistent with the endpoint being modelled (i.e. k_p).	Avoid models that are not transparent (i.e. [49]).
The use of an appropriate statistical process to develop statistically valid QSARs.	Correct use of the model – understand its strengths as well as its limitations.
A strong mechanistic basis to the resultant model.	Development of models by a multi-disciplinary groups of experts.

