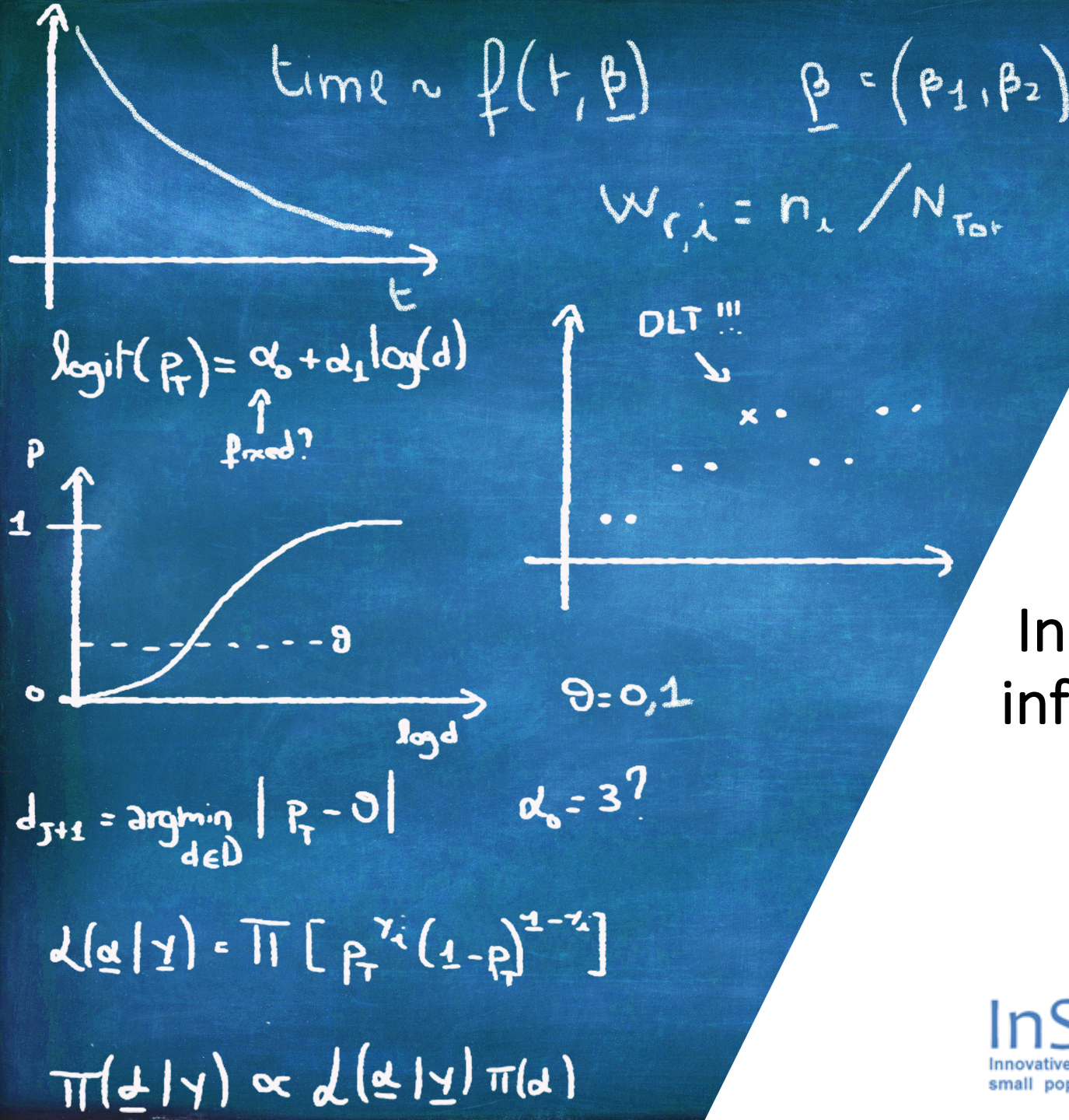


30/03/2017  
London UK

Speaker:  
Moreno Ursino, PhD  
CRC, INSERM UMR 1138

# Incorporating pharmacokinetic information in phase I studies in small populations





First in human trials:

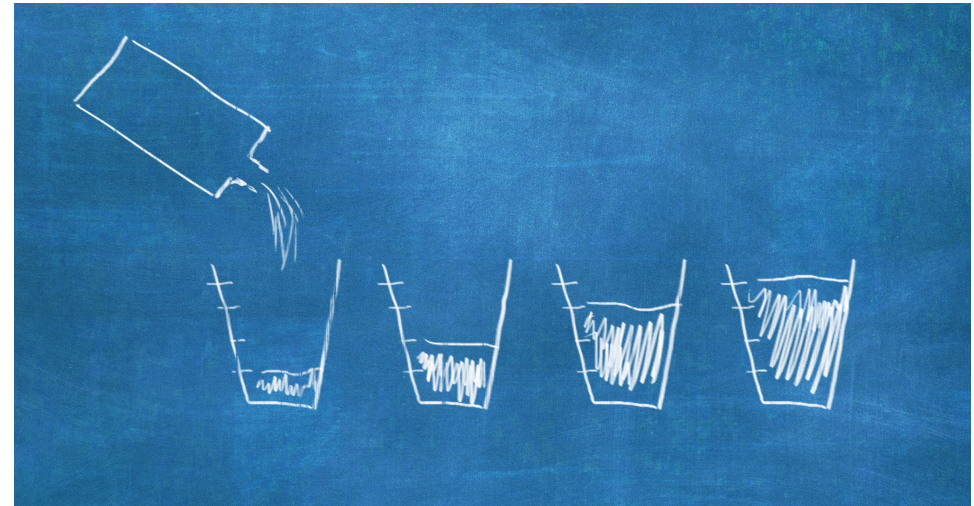
- phase I dose-finding clinical trials

Objective:

- estimation of the Maximum Tolerated Dose (MTD)

Context:

- discrete and fixed dose levels
- binary criteria
- very small sample size
- toxicity target ( $\theta$ )
- adaptive design

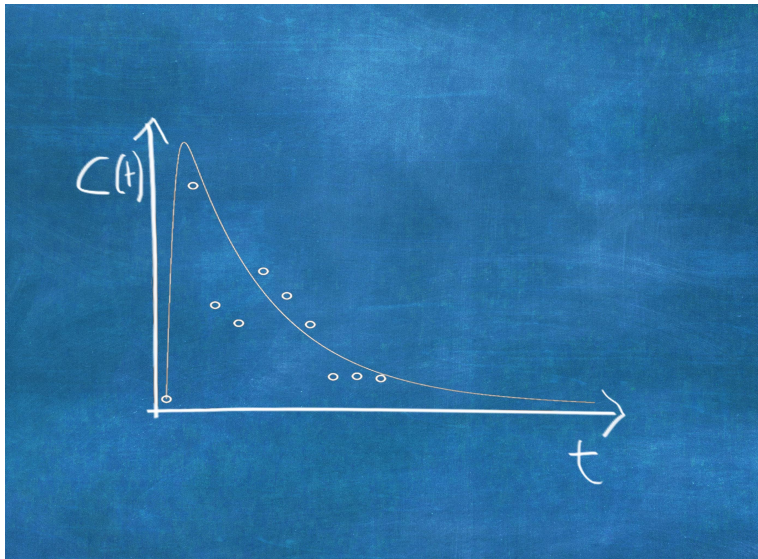




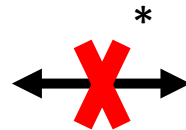
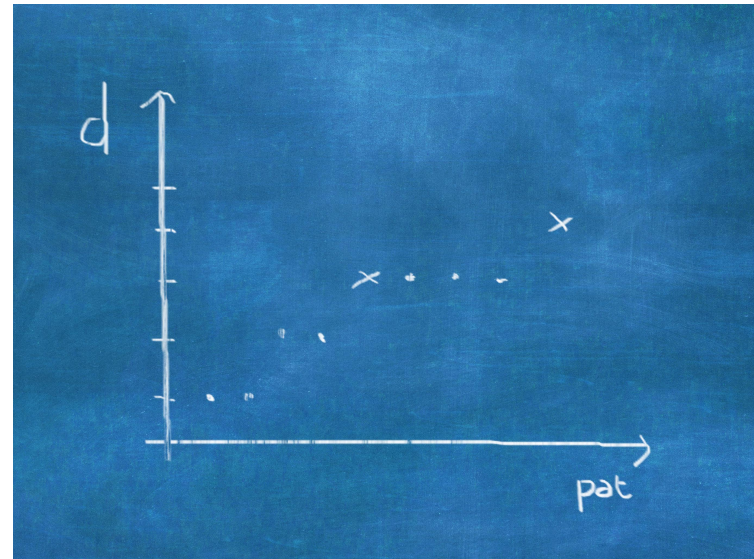
# Motivation

In phase I studies, even if dose-finding and PK/PD analysis are carried out in the same trial, they are often conducted and reported independently in different sections in publications reporting trial results.

PK



Dose-finding



In cases such as rare diseases and paediatrics, the available population size will limit the number of possible clinical trials that can be conducted.

Combining dose-finding and PK analyses to allow better estimation of the dose-toxicity curve should then be considered.



# Incorporating PK in dose-finding (1)

Concentration  
(AUC,  $C_{\max}$ )

Dose

Toxicity



# Incorporating PK in dose-finding (1)

Concentration  
(AUC,  $C_{\max}$ )



$p_T$ : probability of toxicity versus dose

CRM

$$p_T(d_k, \beta) = \tilde{d}_k^\gamma$$
$$\gamma = \exp(\beta)$$
$$\{\tilde{d}_k\} = \text{skeleton}$$

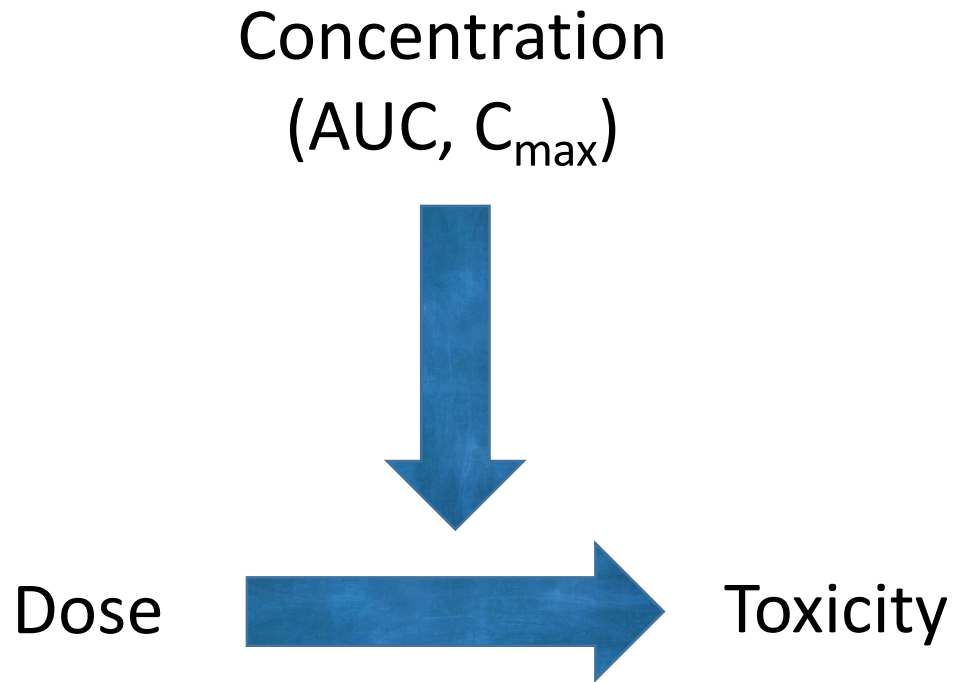
$$\beta \sim \mathcal{N}(0, 1.34)$$

Dose allocation rule:

$$d_{i+1} = \underset{d_k}{\operatorname{argmin}} |p_T(d_k, \hat{\beta}) - \theta|$$



# Incorporating PK in dose-finding (1)



$p_T$ : probability of toxicity versus dose and AUC

$\Delta z$ : difference between  $\log(\text{AUC})$  of patient and  $\log(\text{AUC})$  of population

## PKCOV

$$\text{logit}[p_T(d_k, \Delta z_{d_k}, \beta)] = -\beta_0 + \beta_1 \log d_k + \beta_2 \Delta z_{d_k}$$

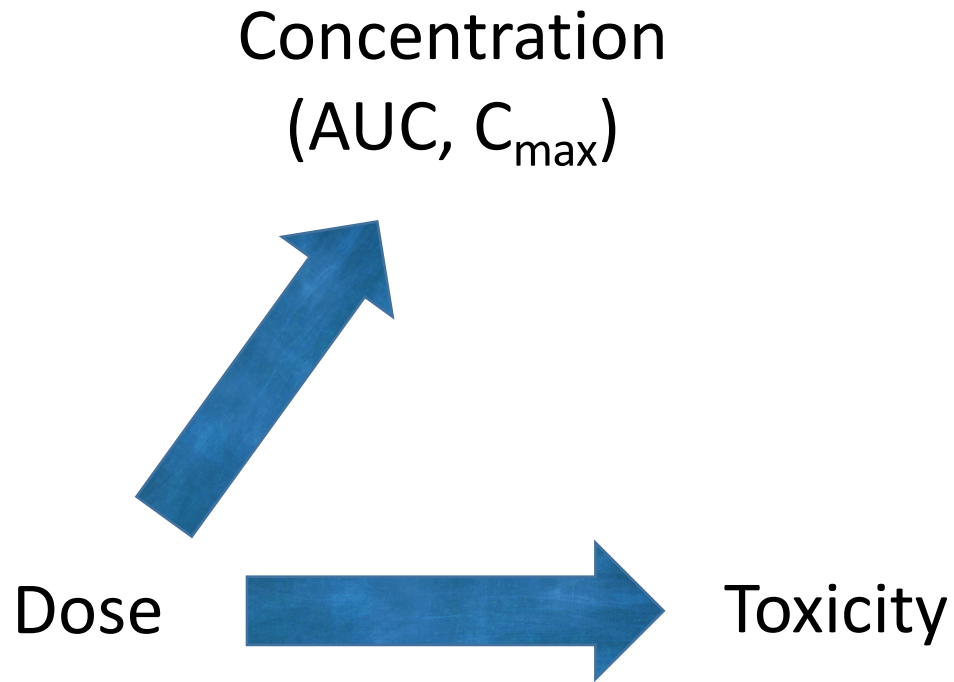
Priors:  $\beta_1 \sim U(\lambda_1, \mu_1)$   
 $\beta_2 \sim U(\lambda_2, \mu_2)$   
 $\beta_0$  fixed

Dose allocation rule:

$$d_{i+1} = \underset{d_k}{\text{argmin}} |p_T(d_k, 0, \hat{\beta}) - \theta|$$



# Incorporating PK in dose-finding (2)



## PKLIM

$$z_i | \beta, \nu \sim \mathcal{N}(\beta_0 + \beta_1 \log d, \nu^2)$$

$$\text{Priors: } \beta | \nu \sim \mathcal{N}(m, \nu^2 \underline{G})$$

$$\nu \sim \text{Beta}(a, b)$$

Dose allocation rule:

$$d_{i+1} = \arg\min_{d_k} |P(z_{i+1} > L | \hat{\beta}) - \vartheta|$$

$L$  = fixed threshold parameter

## PKCRM

$$\text{PKCRM} = \text{CRM} + \text{PKLIM}$$

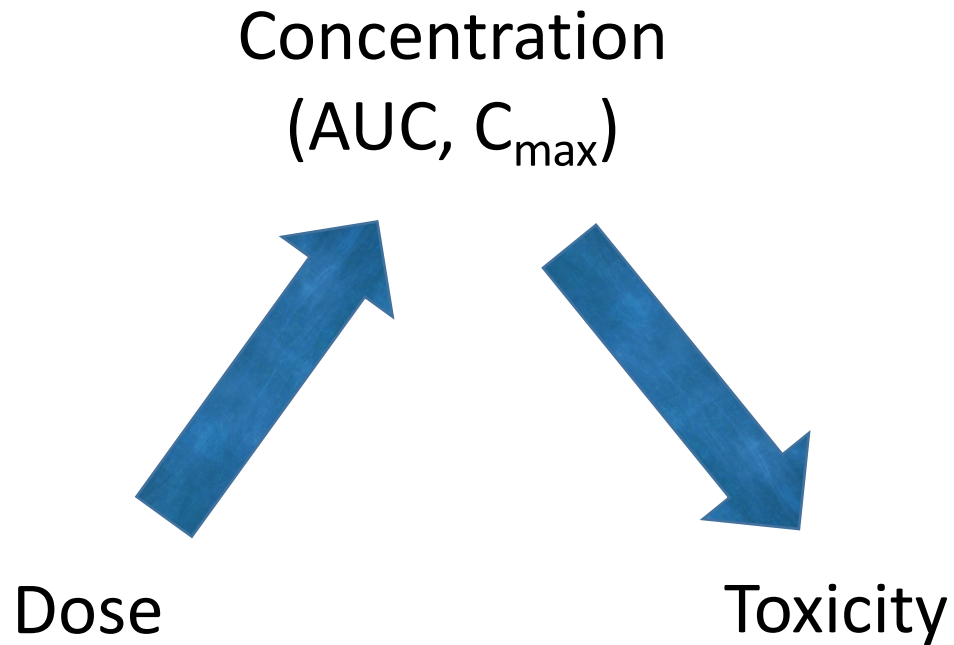
Dose allocation rule:

$$d_{i+1} = \min(d_{\text{CRM}}, d_{\text{PKLIM}})$$

z: log(AUC)



# Incorporating PK in dose-finding (3)



$p_T$ : probability of toxicity versus AUC

$z$ :  $\log(\text{AUC})$

**PKLOGIT**

PKLIM model +

$$\text{logit}(p_T|z, \beta) = -\beta_3 + \beta_4 z$$

Priors:  $\beta_3 \sim U(l_3, \mu_3)$   
 $\beta_4 \sim U(l_4, \mu_4)$

Dose allocation rule:

$$d_{i+1} = \underset{d_k}{\text{argmin}} |P(y_{i+1} = 1 | \hat{\beta}) - \theta|$$

↓

$$= \int \frac{1}{1 + \exp(\hat{\beta}_3 - \hat{\beta}_4 z)} g(z) dz$$



# Simulating scenarios (1)

## Defining a therapeutic window for the novel TGF- $\beta$ inhibitor LY2157299 monohydrate based on a pharmacokinetic/pharmacodynamic model

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PK/PD model, TGF- $\beta$  inhibitor, therapeutic window

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DOI 10.1007/s11095-015-1693-3

RESEARCH PAPER

## Influence of the Size of Cohorts in Adaptive Design for Nonlinear Mixed Effects Models: An Evaluation by Simulation for a Pharmacokinetic and Pharmacodynamic Model for a Biomarker in Oncology

Giulia Lestini<sup>1</sup> • Cyrielle Dumont<sup>1</sup> • France Mentré<sup>1</sup>



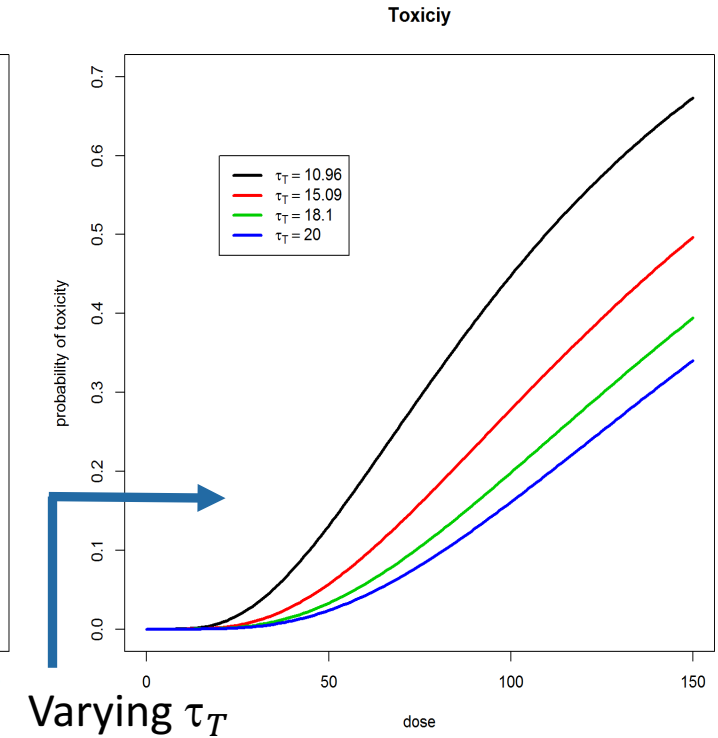
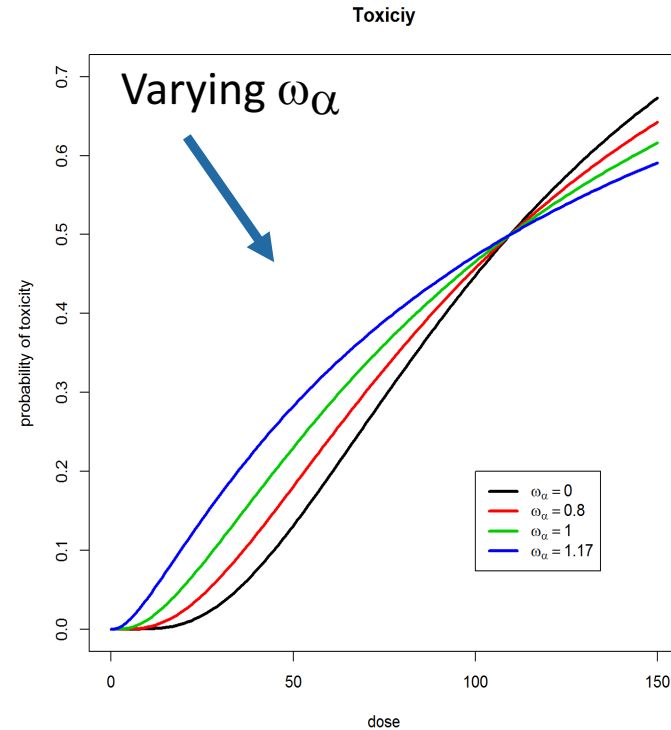
# Simulating scenarios (2)

Link between PK and toxicity:

$$Y_i = \begin{cases} 0 & \text{if } \alpha_i AUC_i < \tau_T L^{-1} h \\ 1 & \text{if } \alpha_i AUC_i \geq \tau_T L^{-1} h \end{cases}$$

patient's sensitivity

toxicity threshold



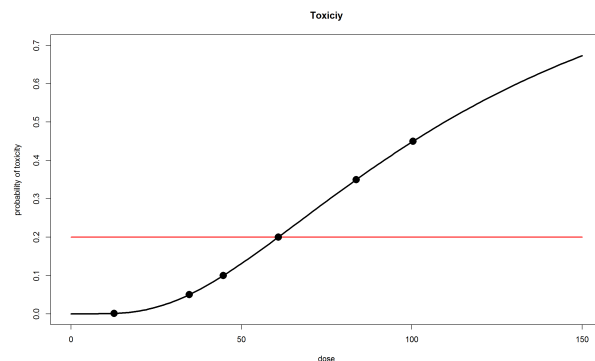


# Results (1)

$$\tau_T = 10.96$$

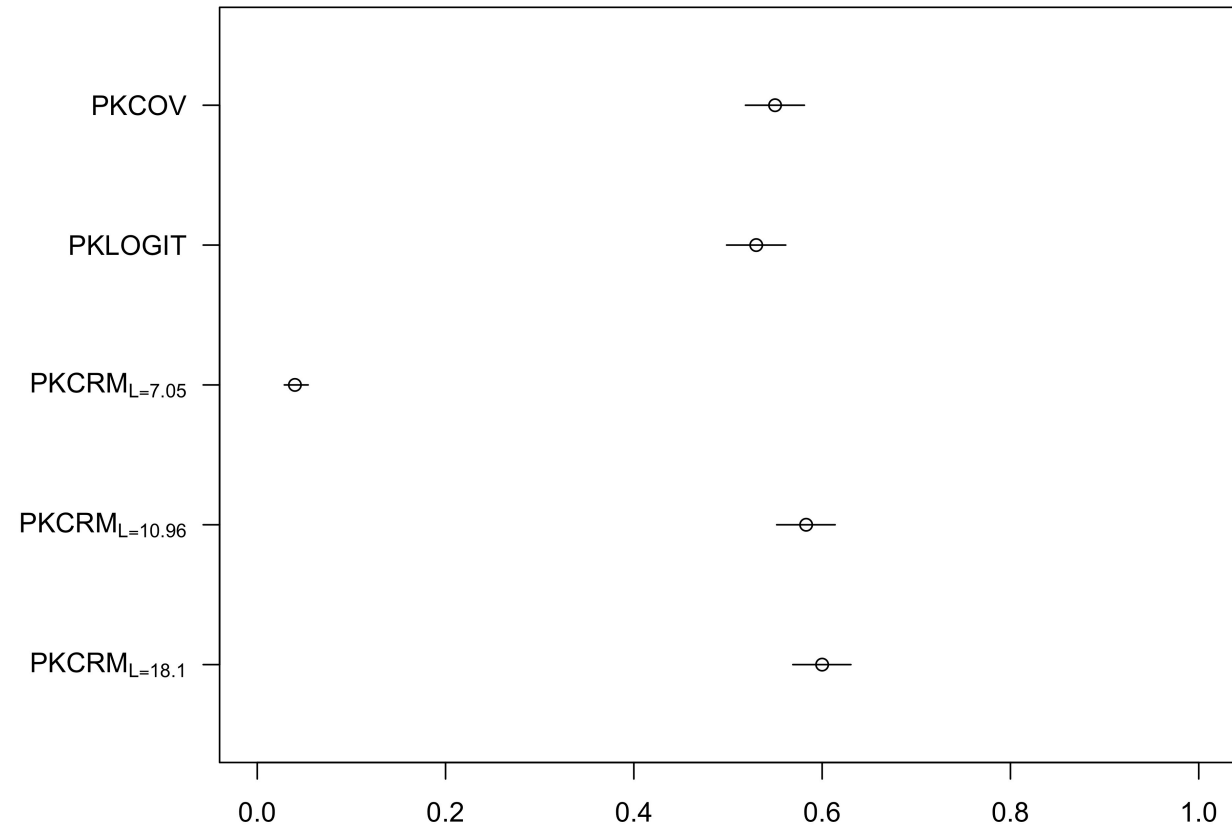
$$\omega_\alpha = 0$$

$$\text{IIV} = 0.7$$



MTD:  
dose level  
4

scenario 1



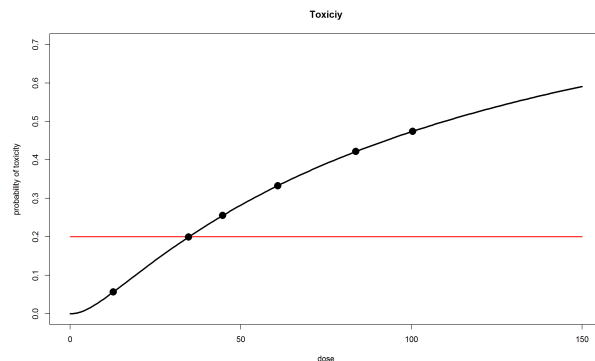


# Results (2)

$$\tau_T = 10.96$$

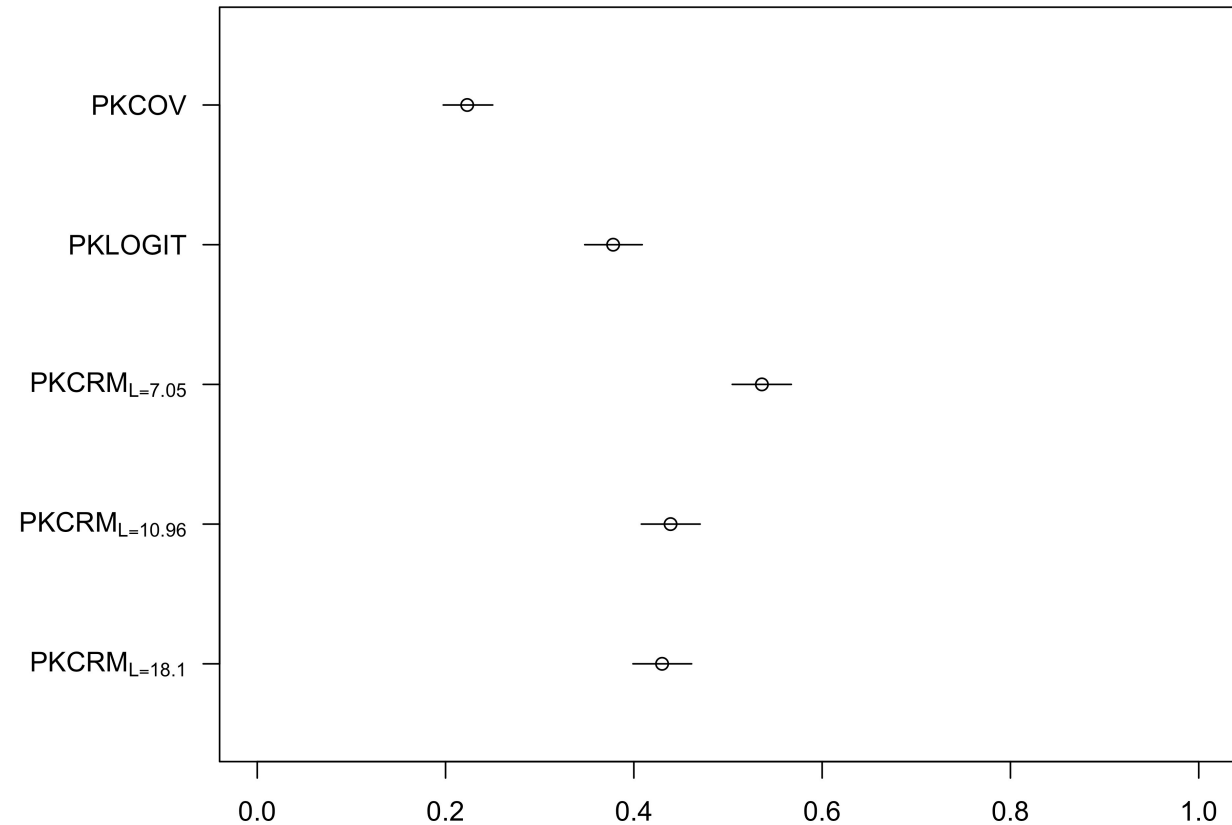
$$\omega_\alpha = 1.17$$

$$\text{IIV} = 0.7$$



MTD:  
dose level  
2

scenario 2



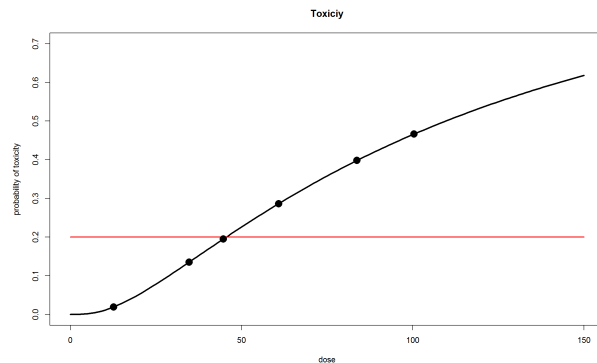


# Results (3)

$$\tau_T = 10.96$$

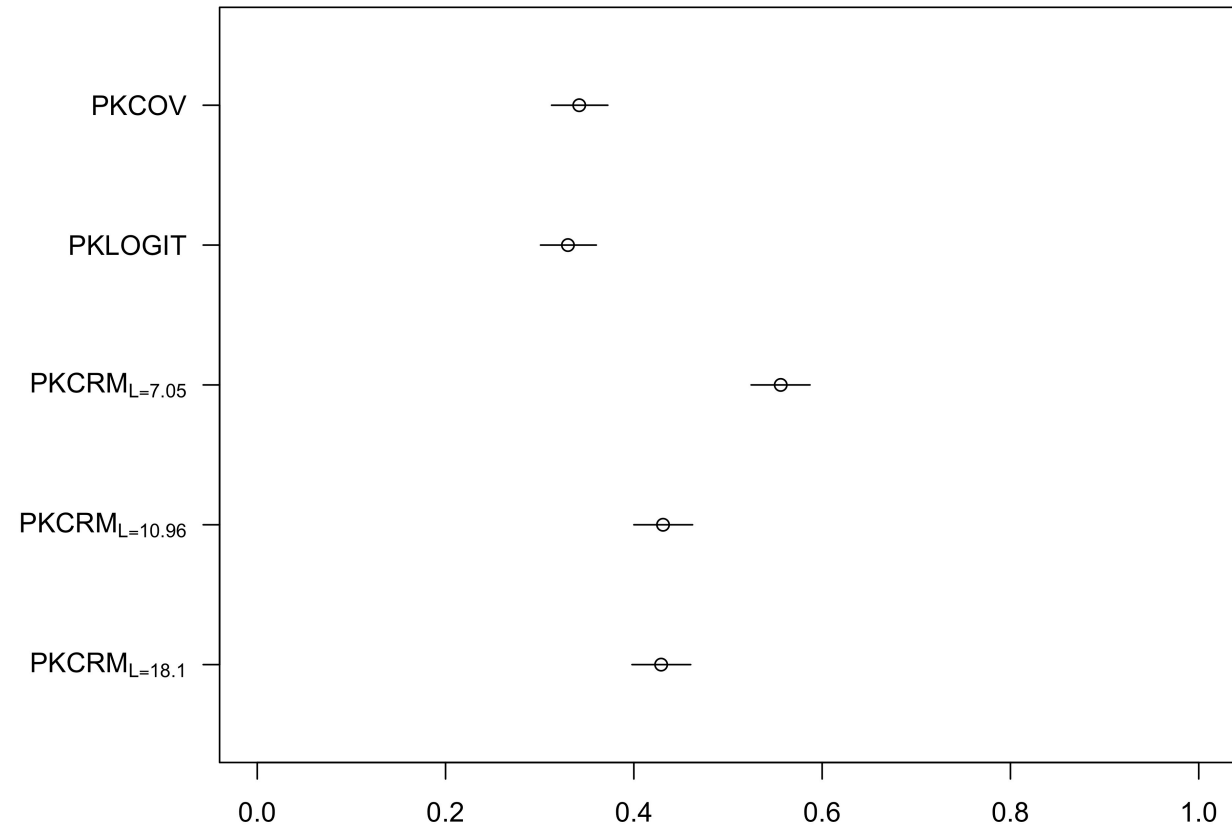
$$\omega_\alpha = 1$$

$$\text{IIV} = 0.3$$



MTD:  
dose level  
3

scenario 3

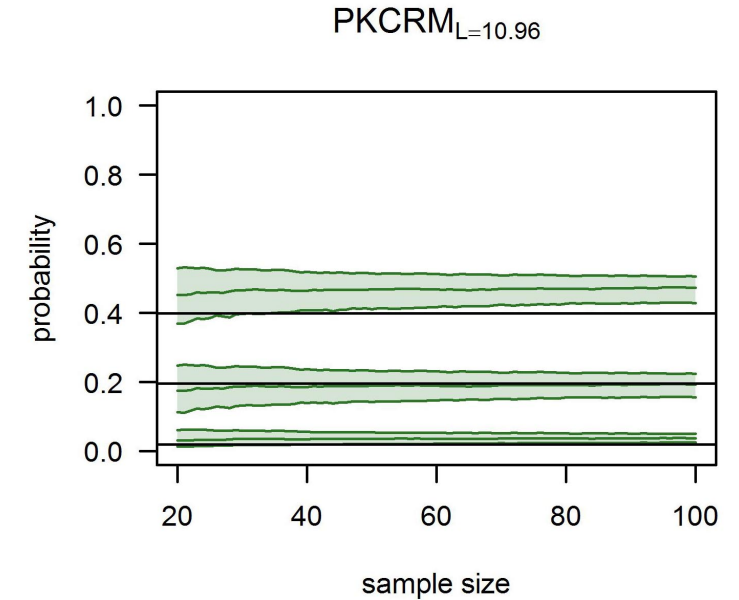
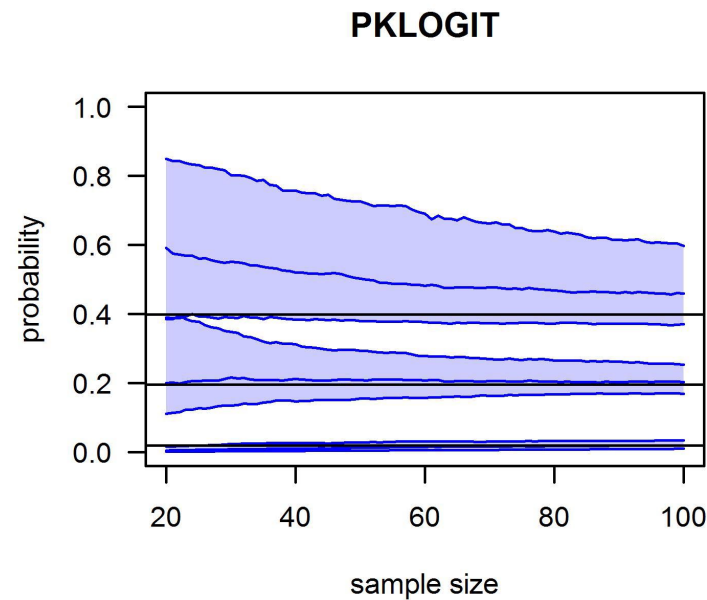
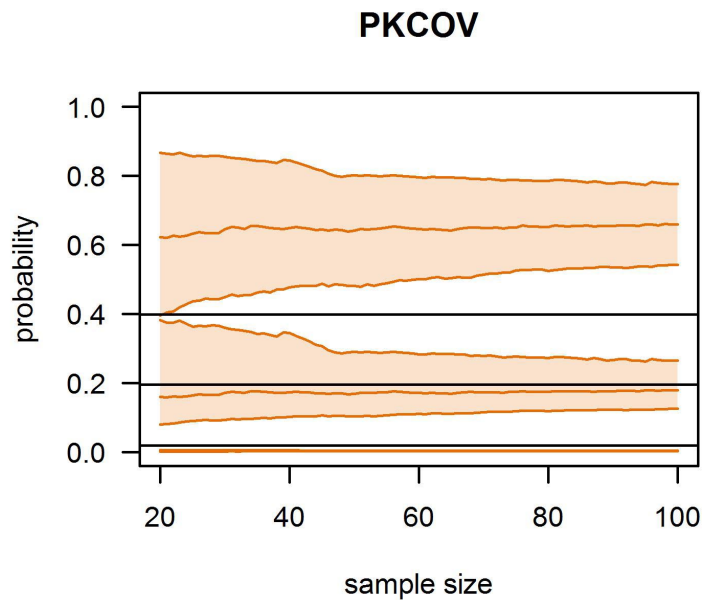




# Results (4)

Estimated probability of toxicity at each dose level in case of scenario 3.

1000 trials; first, second and third quartile of  $p_1$ ,  $p_3$  (MTD), and  $p_5$  for sample size from 20 to 100.





## PKCOV

$$\text{logit}[\hat{p}_T(d_k, \Delta z_{d_k}, \beta)] = -\beta_0 + \beta_1 \log d_k + \beta_2 \Delta z_{d_k}$$

- It depends also on the right  $\beta_0$
- It is similar to  $\text{logit}(p)$  vs  $\log(\text{dose})$

## PKLOGIT

$$\text{PKLIM model} + \text{logit}(p_T|z, \beta) = -\beta_3 + \beta_4 z$$

- Issue in the estimation when the relationship between tox and AUC is an Heaviside function

## PKCRM

$$\text{PKCRM} = \text{CRM} + \text{PKLIM}$$

- Dependence on the threshold  $L$
- It tends to CRM alone while  $L$  increases

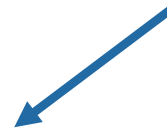


Including only PK measure of exposure, as the AUC, in dose-finding does not increase the percentage of right MTD selection ...



usual dose-finding methods, such as CRM, are designed to focus on the MTD specifically

... but enriches the knowledge on the dose-toxicity relationship, facilitating a better dose recommendation for subsequent trials.



with a limited impact on observed toxicities (i.e. no overdosing)



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Nigel Stallard  
Tim Friede



Giulia Lestini  
France Mentré

Ivelina Gueorguieva



Integrated DDesign and AnaLysis  
of small population group trials

Ursino, M., Zohar, S., Lentz, F., Alberti, C., Friede, T., Stallard, N. and Comets, E. (2017), Dose-finding methods for Phase I clinical trials using pharmacokinetics in small populations. *Biometrical Journal*.  
doi:10.1002/bimj.201600084

R package `dfpk` available on CRAN repository <https://cran.r-project.org/web/packages/dfpk/index.html>