



DRUG EVALUATION IN PEDIATRICS USING K-PD MODELS: PERSPECTIVES

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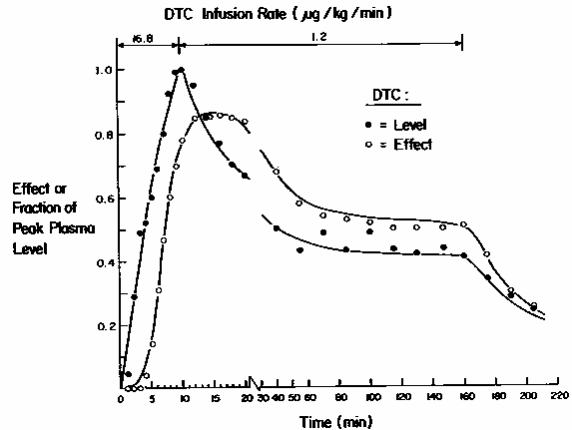
USES OF MODELS

- Describe quantitatively drug kinetics.
- Simulate and predict.
- Plan and design clinical trials.
- Bayesian adaptation of drug dosing.



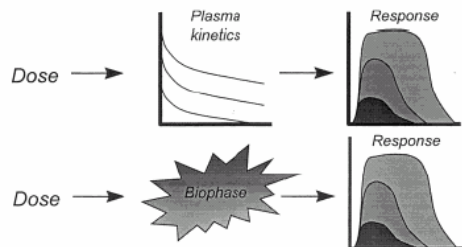
DRAWBACKS OF PK-PD MODELS

- Invasiveness:
blood samples for PK.
- Logistic and cost
associated with samples
and measurements



A SOLUTION: THE K-PD MODEL

- Kinetic – Pharmacodynamic
model
- Drug concentrations are not
measured
- Only the kinetics of response is
measured.
- A simple model is used to
describe drug concentration
kinetics.





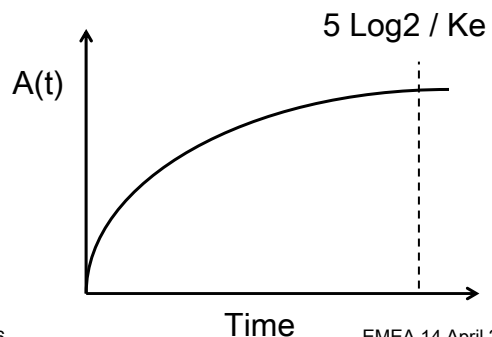
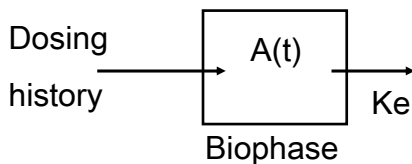
LESS INVASIVE MEASUREMENTS OF THERAPEUTIC RESPONSE

- Body temperature, heart rate, blood pressure, respiratory peak flow ...
- Scores for depression (HAMD,...), pain (VAS), ...
- Frequency of seizures, emesis, ...
- ECG, EEG
- Bone density, tumor size, ...



COMPONENTS OF A K-PD MODEL (1)

- Simplified PK model:
variable of interest: Input Rate (t) in mg/h
 $IR(t) = K_e \cdot A(t)$



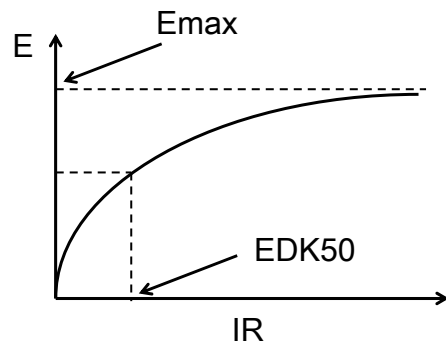


COMPONENTS OF A K-PD MODEL (2)

- Effect model: links $IR(t)$ to $E(t)$

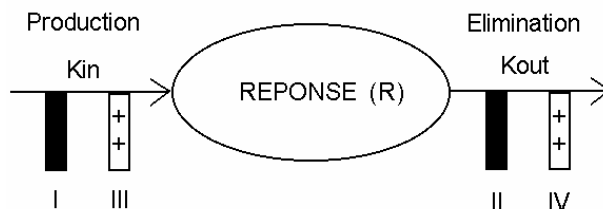
$$E(t) = \frac{E_{\max} \cdot IR(t)}{EDK_{50} + IR(t)}$$

$$EDK_{50} = CL \cdot CE_{50} \text{ in mg/h}$$



COMPONENTS OF A K-PD MODEL (3)

- Model for a continuous response: links $E(t)$ to $R(t)$

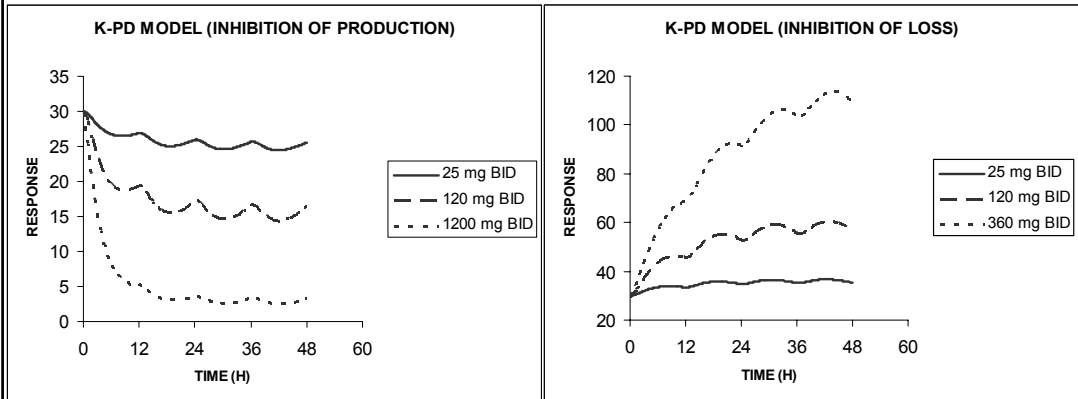


Example:
inhibition of
production

$$\frac{dR(t)}{dt} = Kin \cdot \left(1 - \frac{E_{\max} \cdot IR(t)}{EDK_{50} + IR(t)}\right) - Kout \cdot R(t)$$



TYPICAL CURVES OF 2 K-PD MODELS



COMPONENTS OF A K-PD MODEL (4)

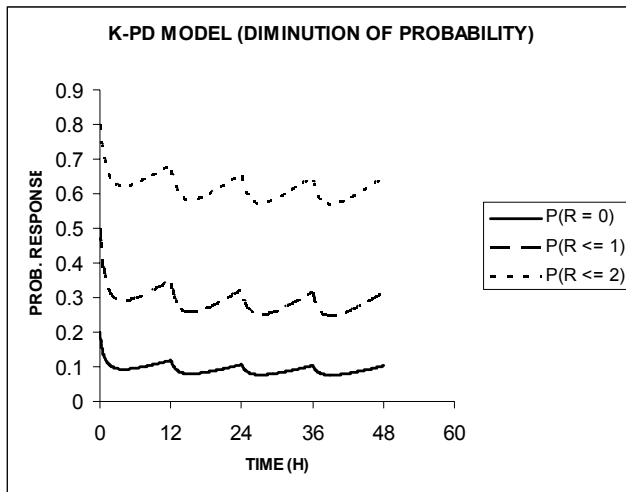
- Model for categorical response: links $E(t)$ to probability to observe score k of response $R(t)$

$$\text{logit}[P(R(t) \leq k)] = B_k \pm \frac{E_{\max} \cdot IR(t)}{EDK_{50} + IR(t)}$$



TYPICAL CURVES FOR A K-PD MODEL OF CATEGORICAL RESPONSE

Score from
0 to 3



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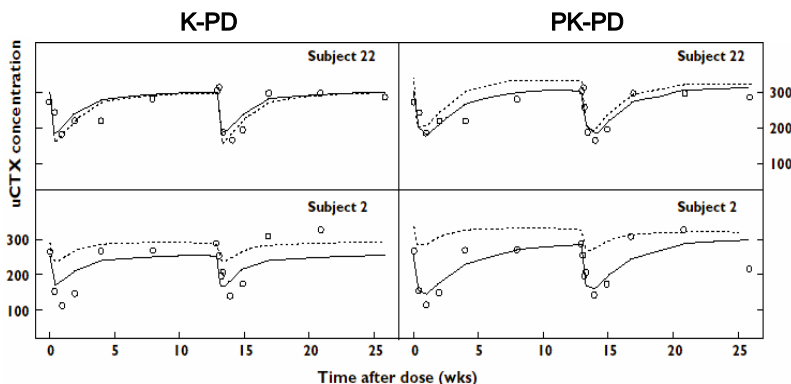
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K-PD versus PK-PD MODELS

A semimechanistic and mechanistic population PK-PD model for biomarker response to ibandronate, a new bisphosphonate for the treatment of osteoporosis. *G. Pillai, 2004*



Typical fits for the K-PD and the PK-PD models in arbitrarily chosen subjects.
Observation (o), individual prediction (—), population prediction (----)

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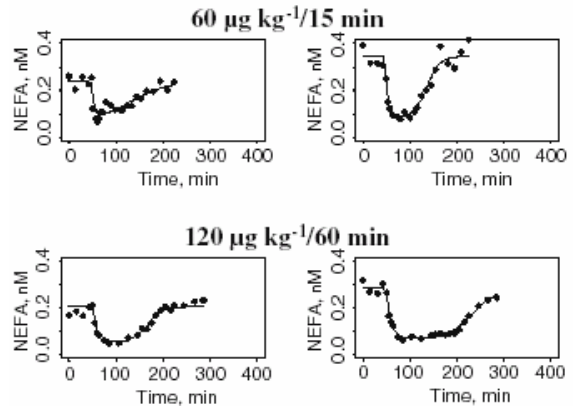
K-PD MODEL: continuous response

Modelling Response Time Profiles in the Absence of Drug Concentrations: Definition and Performance Evaluation of the K-PD Model.

P. Jacqmin et al.

J. Pharmacokin Pharmacodyn 2007

NEFA plasma concentration–time profiles after IV infusion of $\Lambda 6$ -(p -sulfophenyl) adenosine in Wistar rats.



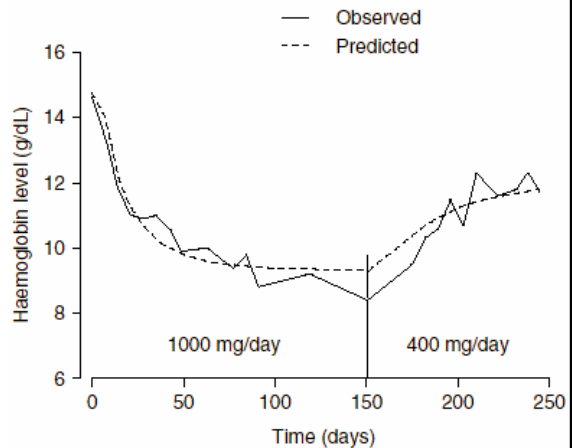
K-PD MODEL: continuous response

Pharmacokinetic/Pharmacodynamic and Time-to-Event Models of Ribavirin-Induced Anaemia in Chronic Hepatitis C

M. Tod et al.

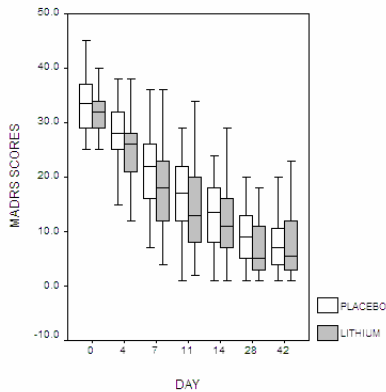
Clin. Pharmacokinet. 2005

Prediction of the K-PD model for a typical patient.





K-PD SET-POINT MODEL (1)



A kinetic-pharmacodynamic model for clinical trial simulation of antidepressant action: Application to clomipramine–lithium interaction.

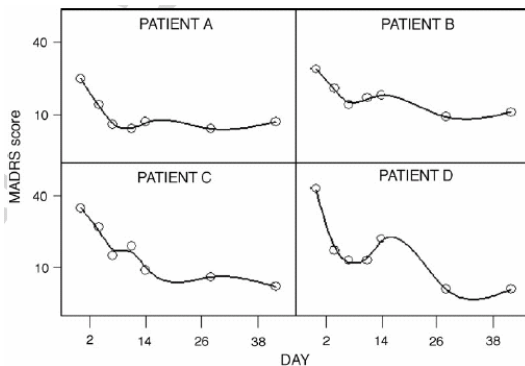
B. Gruwez et al., Contemp Clin Trials, 2007.

Non-invasive measurements ...

Box-plot of MADRS scores of patients treated with clomipramine and placebo or lithium. (clinical data)



K-PD SET-POINT MODEL (2)



A kinetic-pharmacodynamic model for clinical trial simulation of antidepressant action: Application to clomipramine–lithium interaction.

B. Gruwez et al., Contemp Clin Trials, 2007.

Oscillating profile...

MADRS scores of patients treated with clomipramine and placebo or lithium. (clinical data)

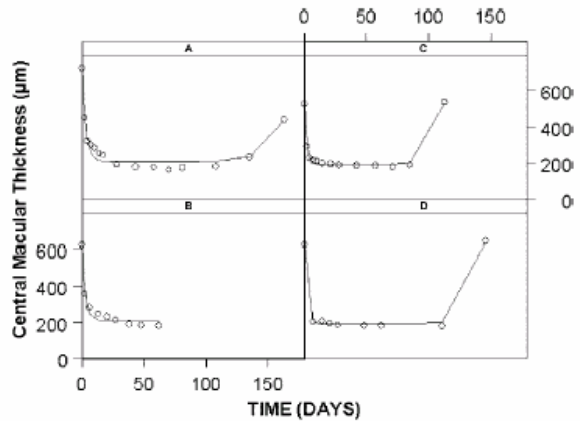


KPD MODEL: biphasic kinetics

PKPD Modeling of the Effect of Triamcinolone Acetonide on Central Macular Thickness in Patients with Diabetic Macular Edema

*F. Audren et al.,
Invest Ophthalmol Vis Sci. 2004*

*Non-invasive
measurements ...*



Examples of individual central macular thickness (CMT) curves calculated from individual CMT values (*circles*).

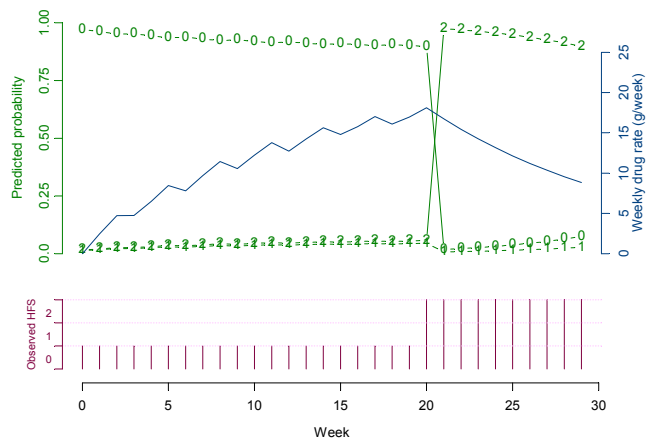


K-PD MODEL: catégorical data

A predictive model of Hand-and-Foot Syndrome dynamics in patients receiving capecitabine.

E. Hénin et al, 2007

Evolution with time of observed HFS scores, weekly drug rate and predicted probabilities of grade 0, 1 and ≥ 2 predicted by the model in a patient.





LIMITS OF THE K-PD MODEL

- The drug PK in biophase is handled as monocompartmental:
 - PK is actually monocompartmental, or :
 - Effect kinetics is slow compared to drug kinetics ($K_{out} < K_e$)
- Complicated response models may be handled if correctly specified.
- K-PD models for drug-drug interaction are merely identifiable.



CONCLUSIONS

- K-PD models have been useful for modelling animal or human data in adults.
- Well suited if effect kinetics is rate limiting
- Might be used in pediatrics to reduce experimental workload.
- More useful if coupled with a minimally invasive measurement of response.