Model-Informed Drug Development

2021 Virtual Conference



Using a population PK/PD model developed on phase I to select the dose for Phase II: an example with an IgG1 mAb

Monika Twarogowska



In cycling...



How 1% performance Improvements Led to Olympic Gold, Eben Harrell, Harvard Business Review", 2015

Winning strategy: SMALL improvements in ALL areas





What about clinical trials?

Overall (exclu



Probability of Success

Chi Heem Wong, Kien Wei Siah, Andrew W Lo. "Estimation of clinical trial success rates and related parameters." Biostatistics, 2019

	P1 to P2	P2 to P3	P3 to Approval	Overall
Oncology	57.6	32.7	35.3	3.4
Metabolic/Endocrinology	76.2	59.7	51.6	19.6
Cardiovascular	73.3	65.7	62.2	25.5
Central nervous system	73.2	51.9	51.1	15.0
Autoimmune/Inflammation	69.8	45.7	63.7	15.1
Genitourinary	68.7	57.1	66.5	21.6
Infectious Disease	70.1	58.3	75.3	25.2
Ophthalmology	87.1	60.7	74.9	32.6
Vaccines	76.8	58.2	85.4	33.4
Overall	66.4	48.6	59.0	13.8
Overall (excluding oncology)	73.0	55.7	63.6	20.9



Example: lgG1 mAb

Monoclonal anti-body (mAb) developed as an <u>immunotherapy</u> against rheumatoid arthritis

Inflammatory cascade contributing to RA

2

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mR



SR

cell



Example: lgG1 mAb

Monoclonal anti-body (mAb) developed as an immunotherapy against rheumatoid arthritis

3

mAb

mAb

Inflammatory cascade contributing to RA

2

SR

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cell

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mAb binds to soluble (sR) and membrane-bound (mR) receptors and blocks the inflammatory cascade



SA

cell

Phase I clinical trial: results

SAD on healthy and RA patients

Safety up to 30 mg/kg
 Population <u>PK/PD model</u>





Phase I clinical trial: results







Phase I clinical trial: results

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Safety up to 30 mg/kg
 Population PK/PD model





Total soluble receptor in RA patients

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Next: dose selection for Phase II

Phase I Single dose + Safety

Phase II Multidose + Efficacy





Next: dose selection for Phase II

Phase I Single dose + Safety

Phase II Multidose + Efficacy

Which multidose regimens lead to >90% inhibition relative to baseline of the *membrane-bound receptor*?





Next: dose selection for Phase II

Phase I Single dose + Safety

Phase II Multidose + Efficacy

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Is Simulx a "faster bike"?





Setting up a simulation



Export the Monolix project to Simulx

- Model
- Parameters estimates
- Covariates from dataset
- ...





Setting up a simulation



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Export the Monolix project to Simulx



- New treatment element: Q2W, Q4W, up to 30 mg/kg or 2000mg
- New output element: 6 months observation, RR at trough
- New covariate element: RA patients





Setting up a simulation



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- Parameters estimates
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Export the Monolix project to Simulx



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Live demo in Simulx



Export of a Monolix project to Simulx and definition of new elements





Exploration of dosing regimens

What is the membrane-bound receptor inhibition for various dosing regimens?





Exploration of dosing regimens

Definition

Simulation

What is the membrane-bound receptor inhibition for various dosing regimens?

Possible dosing regimens:

- 1500 mg Q4W
- 2000 mg Q4W
- 1000 mg Q2W

. . .





Interactive

exploration

Exploration of dosing regimens

What is the membrane-bound receptor inhibition for various dosing regimens?

Possible dosing regimens:

- 1500 mg Q4W
- 2000 mg Q4W
- 1000 mg Q2W

Investigate in a population of patients 20, 25 and 30 mg/kg Q4W





Interactive

exploration

Live demo in Simulx



Simulation scenario having three groups with different dosing regimens





Simulation of treatment groups

Which dosing regimens look promising in a population of patients?

25 and 30 mg/kg Q4W



RR output distribution with the 90% inhibition threshold line

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Immediate



Simulation of treatment groups

Which dosing regimens look promising in a population of patients?

25 and 30 mg/kg Q4W

Quantify the results using the efficacy target: RR at trough < 0.1



RR output distribution with the 90% inhibition threshold line

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Immediate



Efficacy target

What is the percentage of people reaching 90% inhibition at trough ?

Name outcome_RRbelow10prct	
Output RR_trough relative to baseline (first value of output)	
Output processing: average value per id ▼	
Built - in	
nost - processing	

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Efficacy target

What is the percentage of people reaching 90% inhibition at trough ?

Name	
outcome_RRbelow10prct	
Output RR_trough - relative to baseline (first value of output)	
Output processing: average value per id 👻	
Apply threshold $\leq 2 0.1$	
Built - in	

Outcome (calculated for each individual) distribution







Efficacy target

What is the percentage of people reaching 90% inhibition at trough ?





Uncertainty

 θ_{pop}

What if estimated model parameters are incorrect?



mlx_Pop -	
mlx Pop [read-only]	-
V_pop	3.34
beta_V_logtWeight	0.55
kint_pop	0.061
kon_pop	10
КД_рор	0.12
ksyn_pop	0.55





 $\psi_1 {:} \, p(\psi_{pop}, \omega)$

 $\psi_N : p(\psi_{pop}, \omega)$

Uncertainty

What if estimated model parameters are incorrect?





Live demo in Simulx



Simulation of replicates and uncertainty of the endpoint





Phase II dosing regimen

Dosing of 30 mg/kg Q4W could guarantee >90% inhibition of membrane-bound receptor for 9 in 10 individuals



Endpoint (% in target) distribution



Phase II dosing regimen

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Endpoint (% in target) distribution

But...what if

- weight distribution is different?
- patients have reduced clearance due to the renal impairment?
- we start with a loading dose?



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Questions & Answers

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