

Statistics and Pharmacometrics ISTICAL ASSOCIATION Interest Group (SxP)



Importance of Pharmacometric Programming

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What is Pharmacometrics

Pharmacometrics is a branch of science concerned with mathematical models of biology, pharmacology, disease, and physiology used to describe and quantify interactions between xenobiotics and patients, including beneficial effects and adverse effects resultant from such interfaces*



Maclean JR, et al. Ther Clin Risk Manag. 2011

Exposure is more proximal to outcome than dose

^{*} Barrett JS, et al., Journal of Clinical Pharmacology, 2008.

Types of Pharmacometric Models*

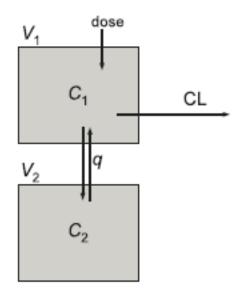
Туре	Describes	Empirical	Mechanistic
Pharmacokinetic (PK)	Concentration-time profile of drug	Compartmental	Physiologically Based (PBPK)
Pharmacodynamic (PD) PK-PD Dose-Response Exposure-Response	Pharmacological response PD biomarkers Efficacy endpoints Safety endpoints	 Direct Indirect Effect- Compartment Time-to-Event Markov Model-Based Meta Analysis 	Quantitative Systems Pharmacology (QSP)
Disease progression	Time-course of disease and response to intervention	Symptom reliefDisease modifying	QSP

- Pharmacometric models have pharmacological and statistical components
- Empirical Models: All parameters need to be estimated
- Mechanistic Models: Common system parameters values need not be estimated

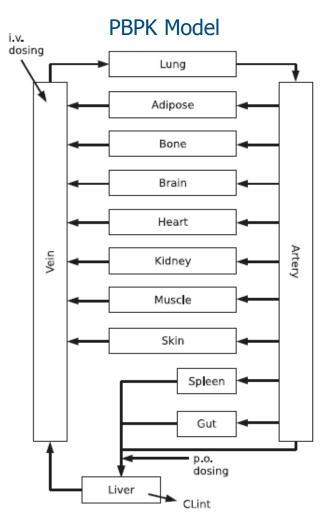
Examples of PK Models

Empirical

2-Compartment Model (Intra-Venous Dose)



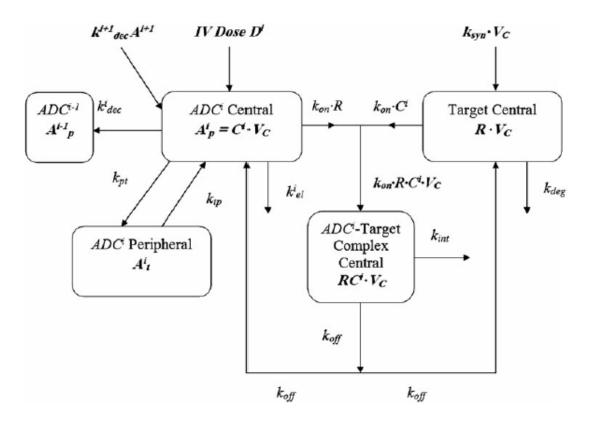
Mechanistic



Pilari S, and Huisinga W. J Pharmacokinet Pharmacodyn. 2010

Example of Semi-Mechanistic PK Model

Target-Mediated Drug Disposition (TMDD) Model for an Antibody-Drug Conjugate

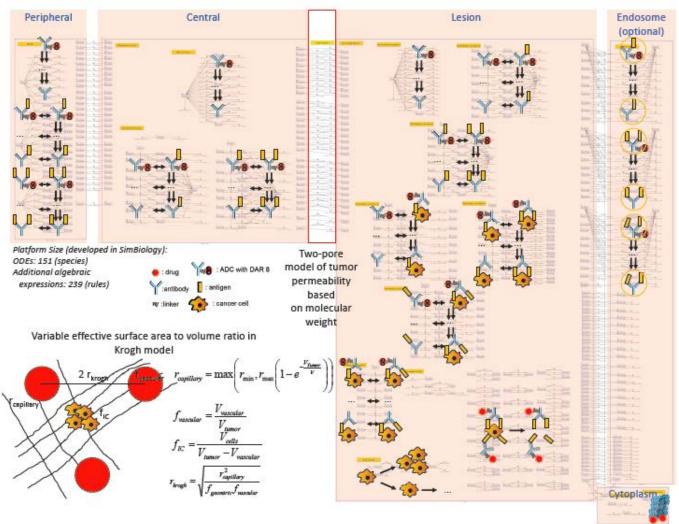


Interaction between drug and receptor requires simultaneous modeling of PK and PD

Gibiansky L, and Gibiansky E. J Pharmacokinet Pharmacodyn. 2014

Example of QSP Model

QSP Model for Antibody Drug Conjugates

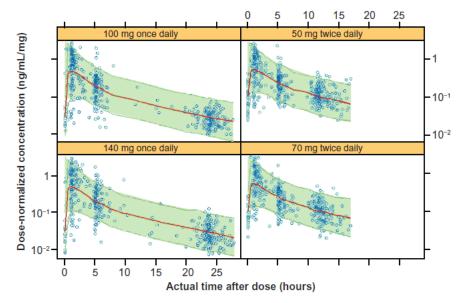


Cheng Y, et al. AAPS J. 2017

Example of Empirical Population PK and Exposure-Response Models

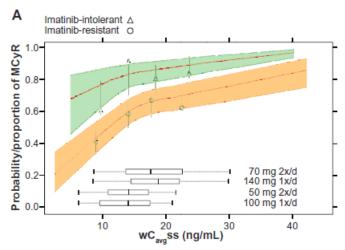
E-R: Efficacy

Dasatinib Plasma Concentration-Time Profile

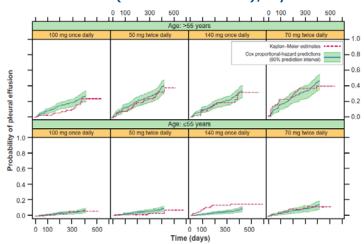


E-R: Safety

Pr(MCyR) vs Exposure



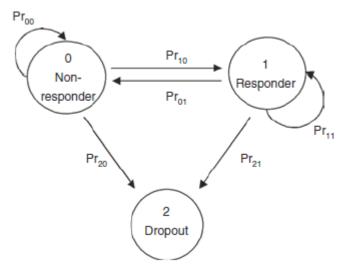
Cumulative Pr(Pleural Effusion), by Dose and Age



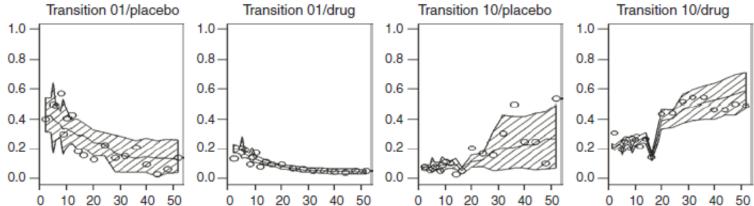
Wang X et al. Clin Pharmacol Adv Appl. 2013



Example of Markov Model



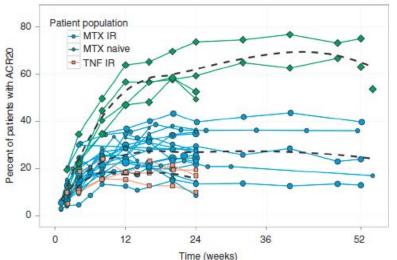
Effect of exposure to certolizumab pegol on the ACR20 score in patients with rheumatoid arthritis.



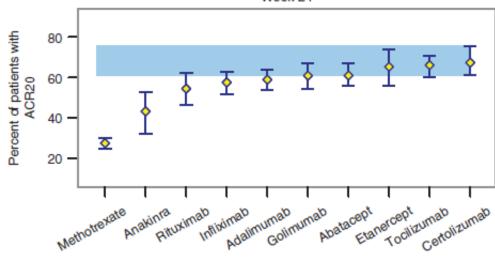
Lacroix BD, et al. Clin Pharmacol Ther. 2009

Example of Model-Based Meta-Analysis: Rheumatoid Arthritis

ACR20 vs Time, Patient Type



Pr(ACR20) at Week-24, by Drug



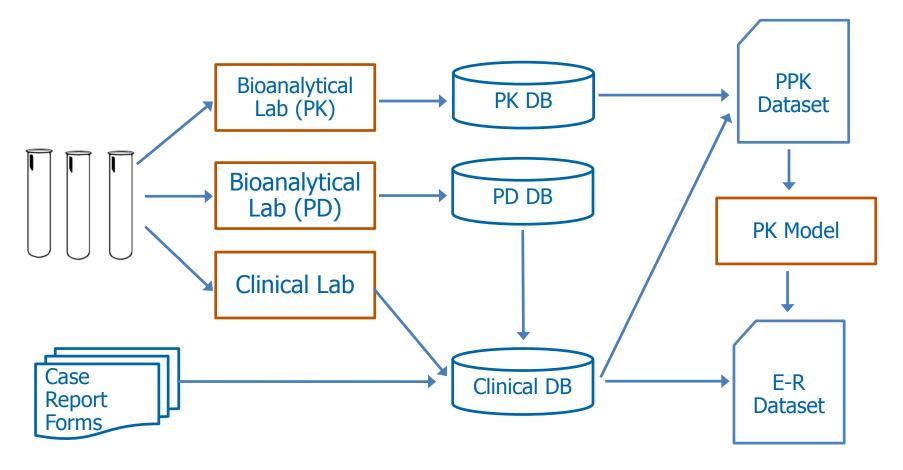
Demin I, et al. Clin Pharmacol Ther. 2012

Common Software

- NONMEM*
- BUGS
- GastroPlus
- MATLAB (SimBiology Toolbox)
- MONOLIX
- Phoenix NLME
- R
- SAS
- SimCYP
- STAN

^{*}NONlinear Mixed-Effects Model

Typical Data Flow



- PK and clinical data are generally stored in different databases
- Estimated exposures are generally used in E-R analyses

Challenges in PK Dataset Preparation

- There may be more than one dependent variable
 - Parent-metabolite PK models
 - Simultaneous PK-PD models (eg TMDD)
- Full dosing history is typically not available for drugs not administered in the clinic (generally orally or subcutaneously administered drugs)
 - Requires imputation of dose time and amount
 - Correct time of sample relative to dose is essential
- Time-varying covariates may not be available at all PK observation time-points (eg anti-drug antibodies)
 - Requires imputation or modeling of time-varying covariates
- Covariate values may have to be derived
 - Estimated GFR: derived from demographic, physical measurements, and clinical lab data
 - Concomitant medications grouped into classes

Challenges in E-R Dataset Preparation

- Exposure measures have to first be determined by a PK model (from sparse PK data samples)
 - Potentially several summary measures of exposure
 - May require entire conc-time curve
- Data requirements can vary widely, depending up the E-R model, even for models describing the same indication/purpose
 - Binary/ordered categorical
 - Single/Repeated measures
 - Multiple dependent variables
 - Mixed responses (categorical and continuous)

Summary

- Pharmacometrics encompasses a wide variety of models
- Data for which may come from multiple sources
 - Clinical and PK databases
 - Nonclinical and invitro experimental data
 - Literature data
- Analysis datasets
 - may have several dependent variables
 - often require imputation of missing or unavailable data

The pharmacometric model is only as good as the quality of data

References

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- 2. Maclean JR, Pfister M, Zhou Z, Roy A, Tuomari VA, Heifets M. Quantifying the impact of nonadherence patterns on exposure to oral immunosuppressants. *Ther Clin Risk Manag.* 2011;7:149-156.
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- 5. Wang X, Roy A, Hochhaus A, Shah NP. Differential effects of dosing regimen on the safety and efficacy of dasatinib: retrospective exposure response analysis of a Phase III study. Clin Pharmacol Adv Appl. 2013:85-97
- 6. Cheng Y, Thalhauser CJ, Smithline S, et al. QSP Toolbox: Computational Implementation of Integrated Workflow Components for Deploying Multi-Scale Mechanistic Models. AAPS J. 2017;19(4):1002-1016
- 7. Lacroix BD, Lovern MR, Stockis A, Sargentini-Maier ML, Karlsson MO, Friberg LE. A pharmacodynamic Markov mixed-effects model for determining the effect of exposure to certolizumab pegol on the ACR20 score in patients with rheumatoid arthritis. Clin Pharmacol Ther. 2009;86(4):387-95
- 8. Demin I, Hamrén B, Luttringer O, Pillai G, Jung T. Longitudinal Model-Based Meta-Analysis in Rheumatoid Arthritis: An Application Toward Model-Based Drug Development. Clin Pharmacol Ther. 2012;92(3):352-359