

Bayesian dose selection strategy in biomarker trials: a case study using brain imaging.

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Outline

- Biomarkers in early drug development
 - Case study using brain imaging
- Bayesian methods
 - Adaptive dose selection during biomarker trial
 - Predictive dose selection for phase II
 - Practical Issues
- Software
- Summary and Conclusions

Biomarkers in Early Phase

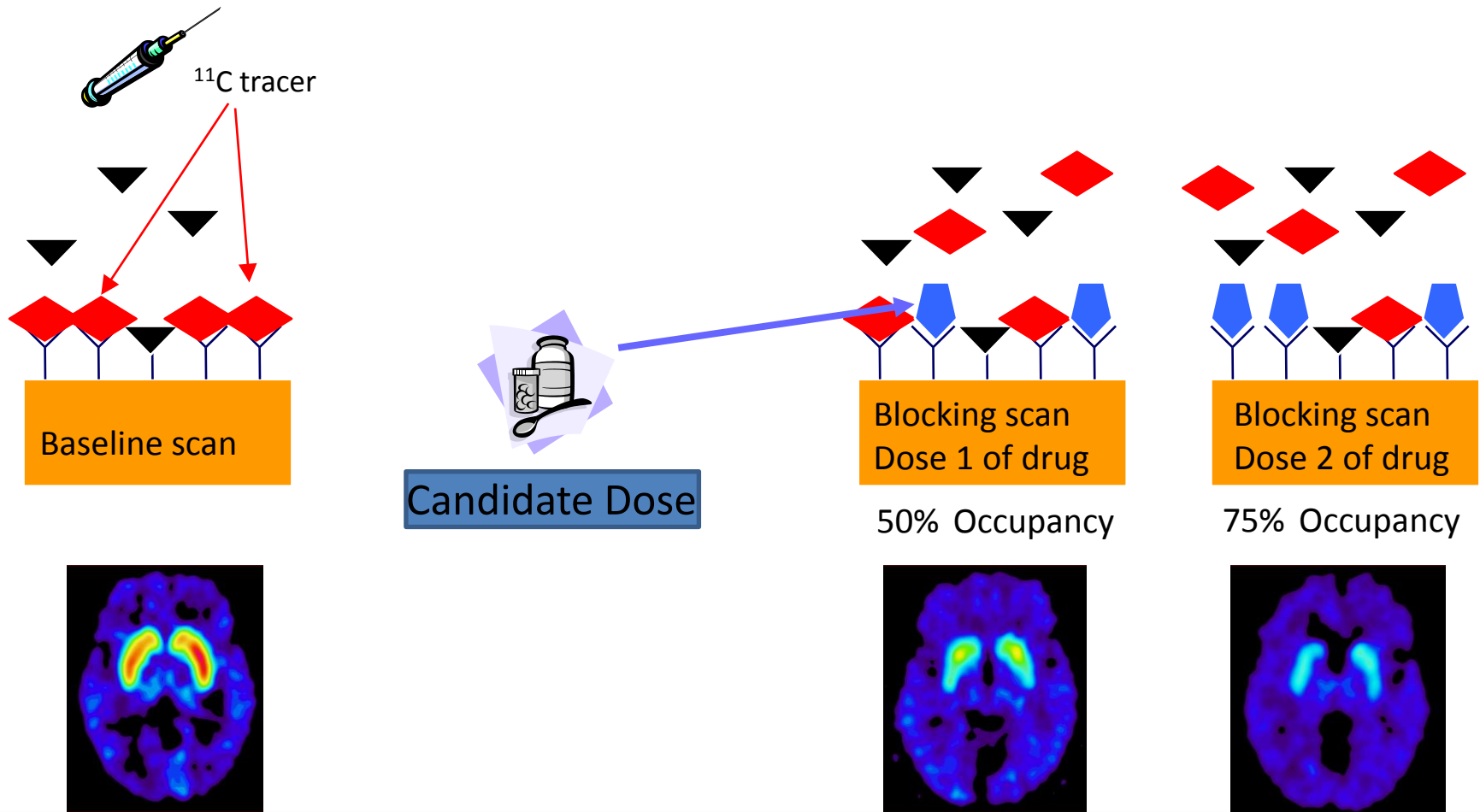


- Early evidence of drug activity:
 - Proof of mechanism: drug-on-target assessment
 - Proof of principle: pharmacodynamic effect on disease phenotype
 - Proof of concept: clinical benefit to patient
- Go/No go decision and dose selection prior to phase II

Brain imaging case study

- **Candidate** is a highly selective antagonist of **target** receptors in the brain.
- Target receptor antagonism has been shown to improve **disease** symptoms in animal models.
- Proof of mechanism Phase Ib trial:
 - Demonstrate central **receptor blockade in humans**.
 - Using **positron-emitted tomography (PET)** scans with a ^{11}C -ligand being a marker of receptor availability.
- Before candidate enters a Phase II trial for the treatment of disease.

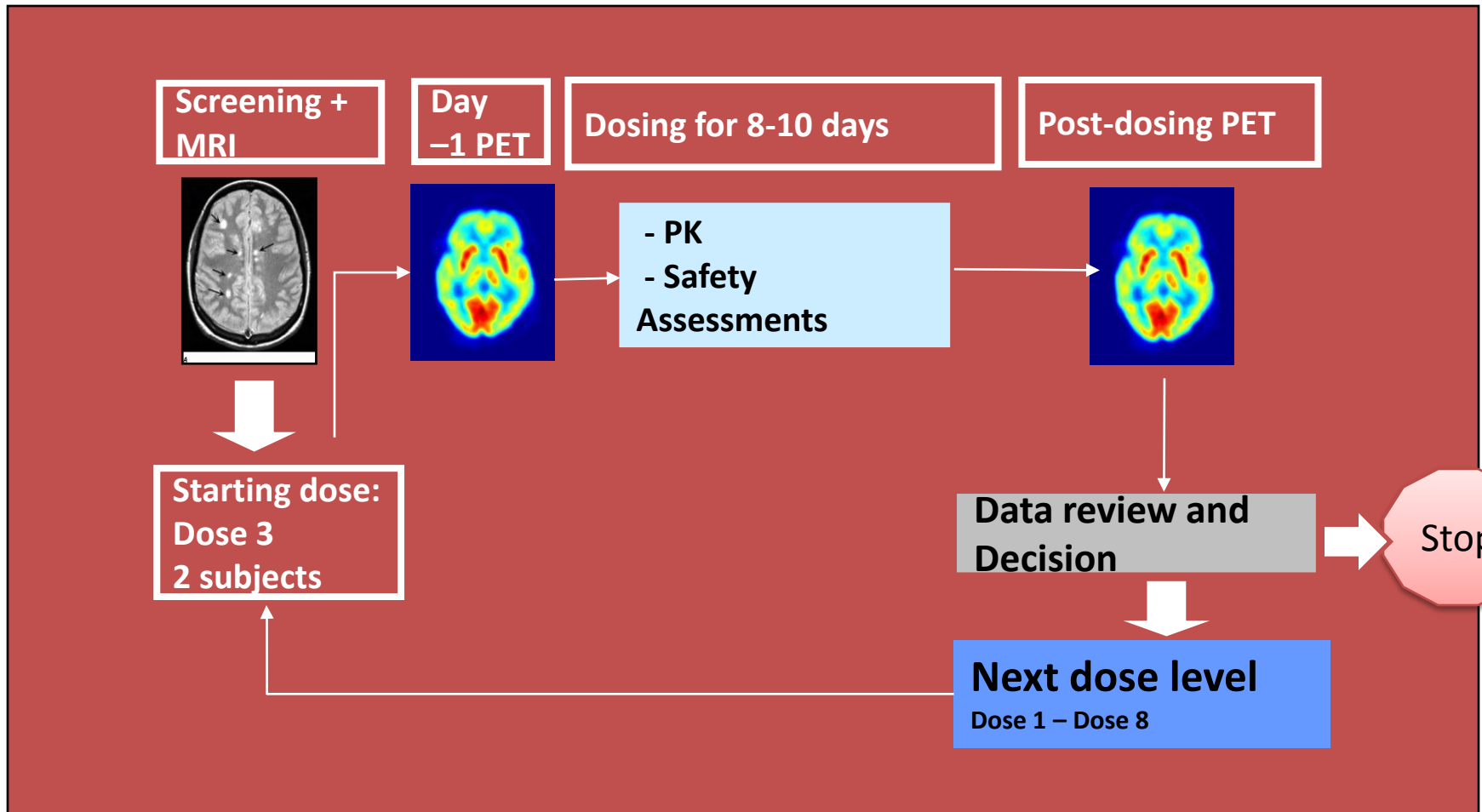
Receptor-Occupancy PET



Goals:

1. To determine the doses of candidate at which target receptors are saturated.
2. To assess the relationship between receptor occupancy and candidate dose.

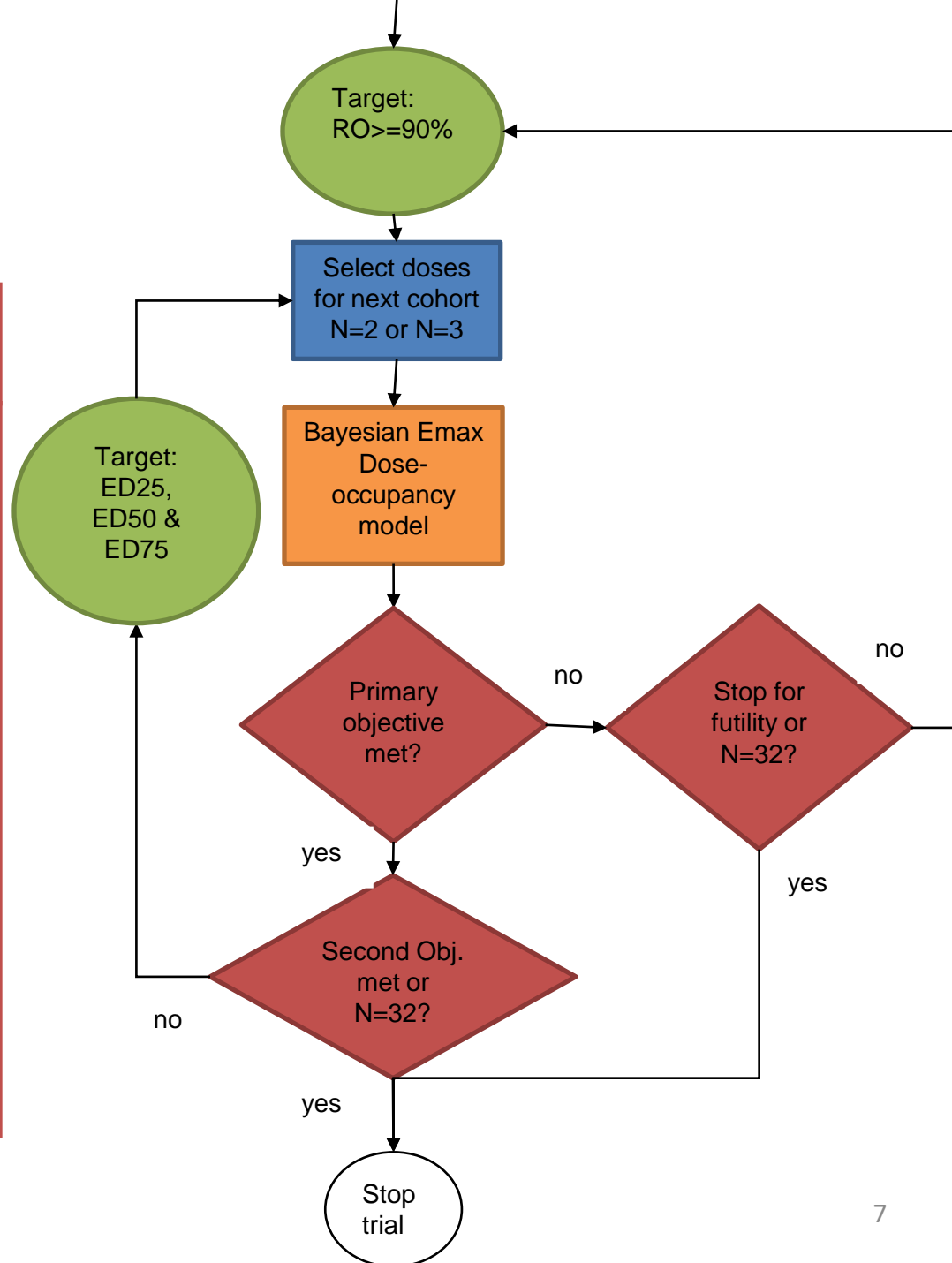
Adaptive Study Design



Decision Tree

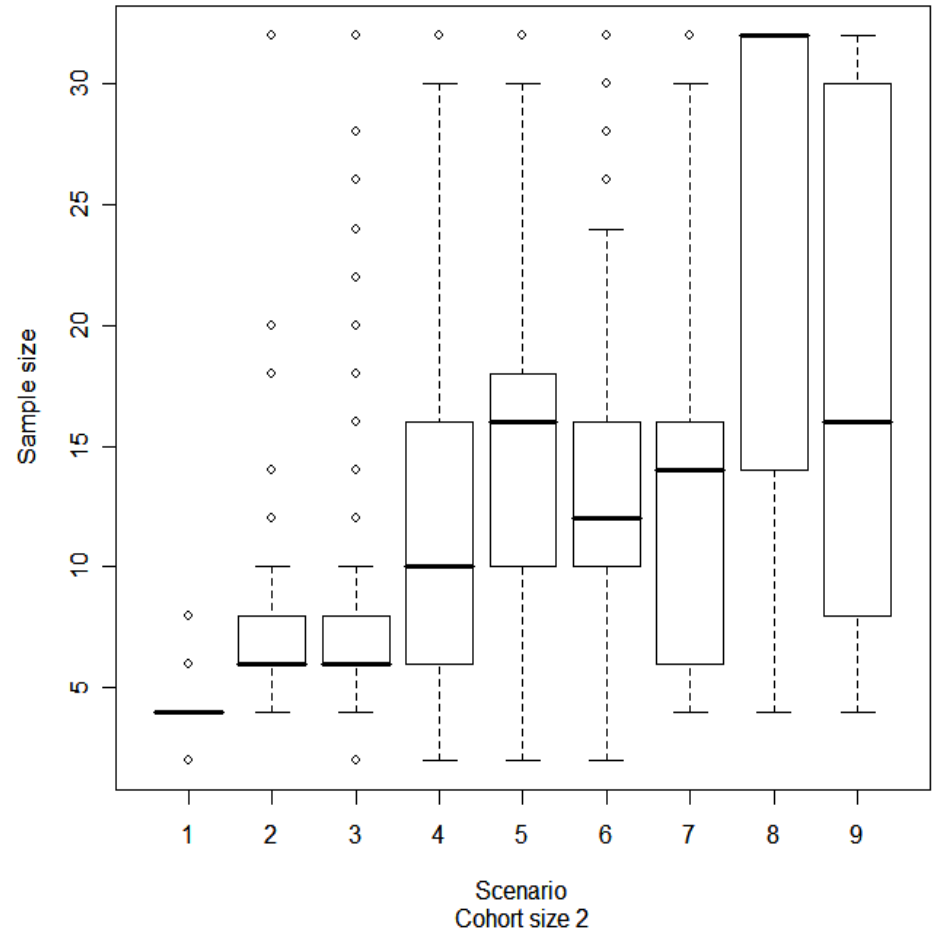
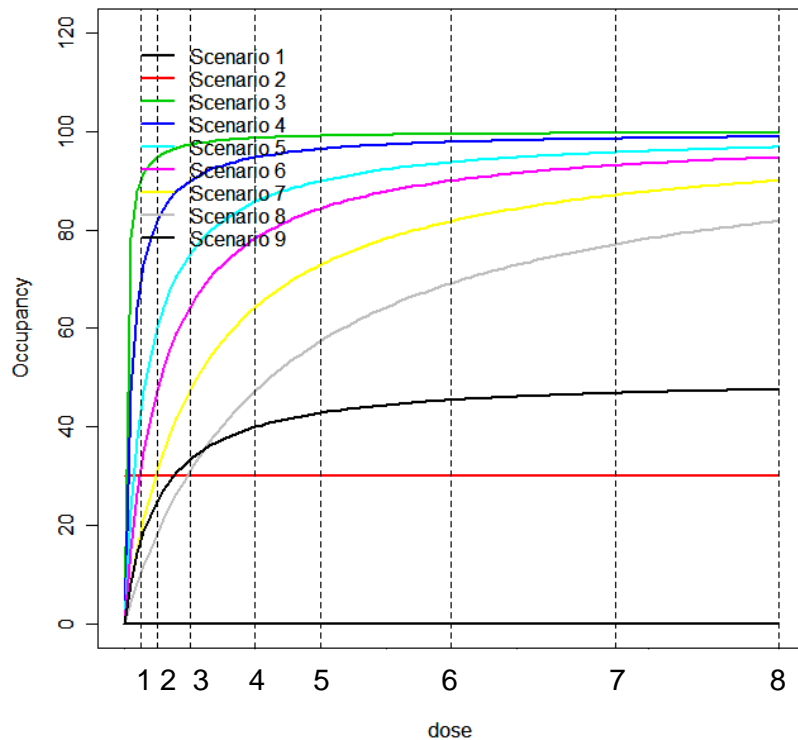
Stopping Criteria

- Primary objective:
 $CV(ED90\%) < 30\%$
- Secondary objective:
 $CV(ED50\%) < 30\%$
or $ED50\% < \text{Dose 1}$
- Futility:
 $\Pr[\text{Max RO} < 50\%] > 85\%$
- Maximum size:
 $N=32$



Planning Activity: Trial Simulations

- 9 dose-response scenarii simulated

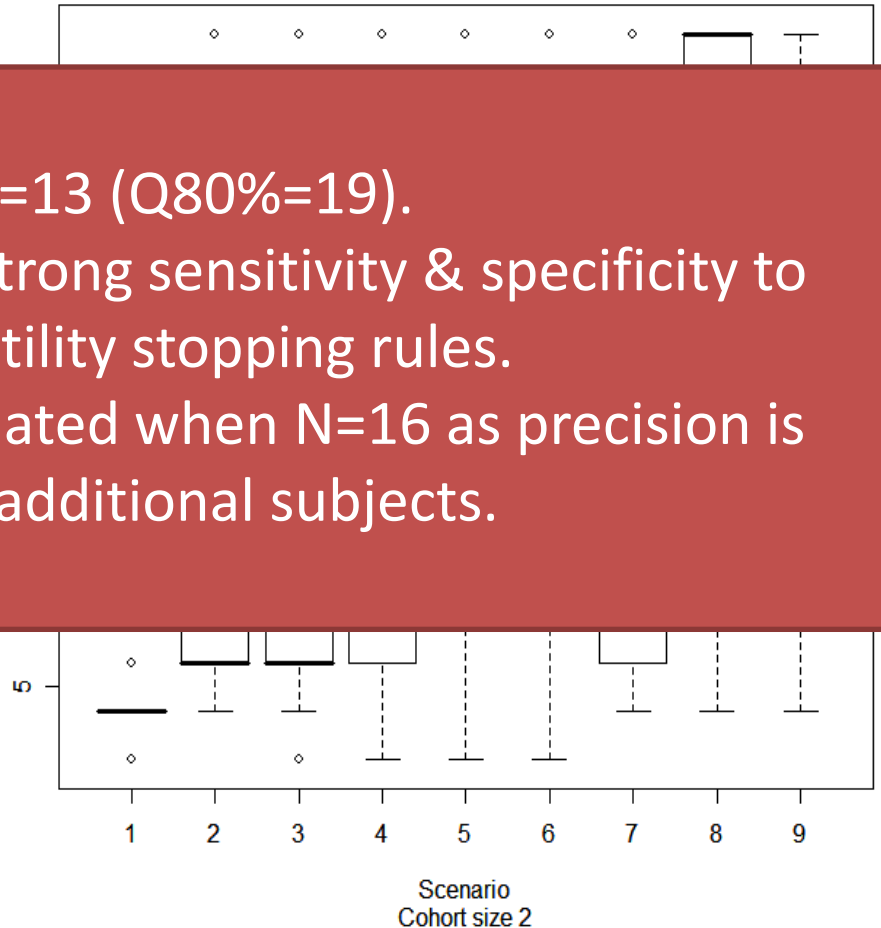
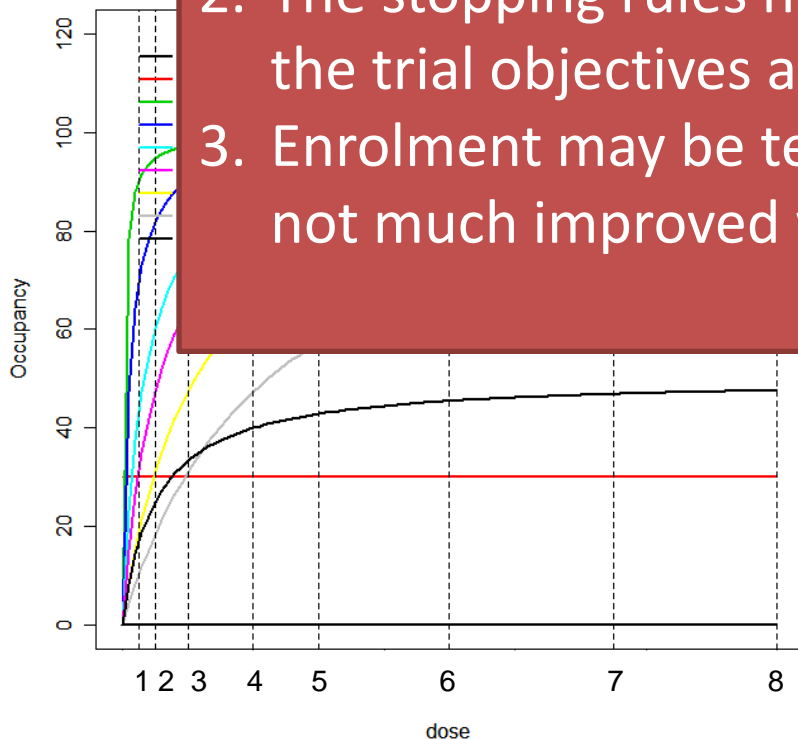


Planning Activity: Trial Simulations

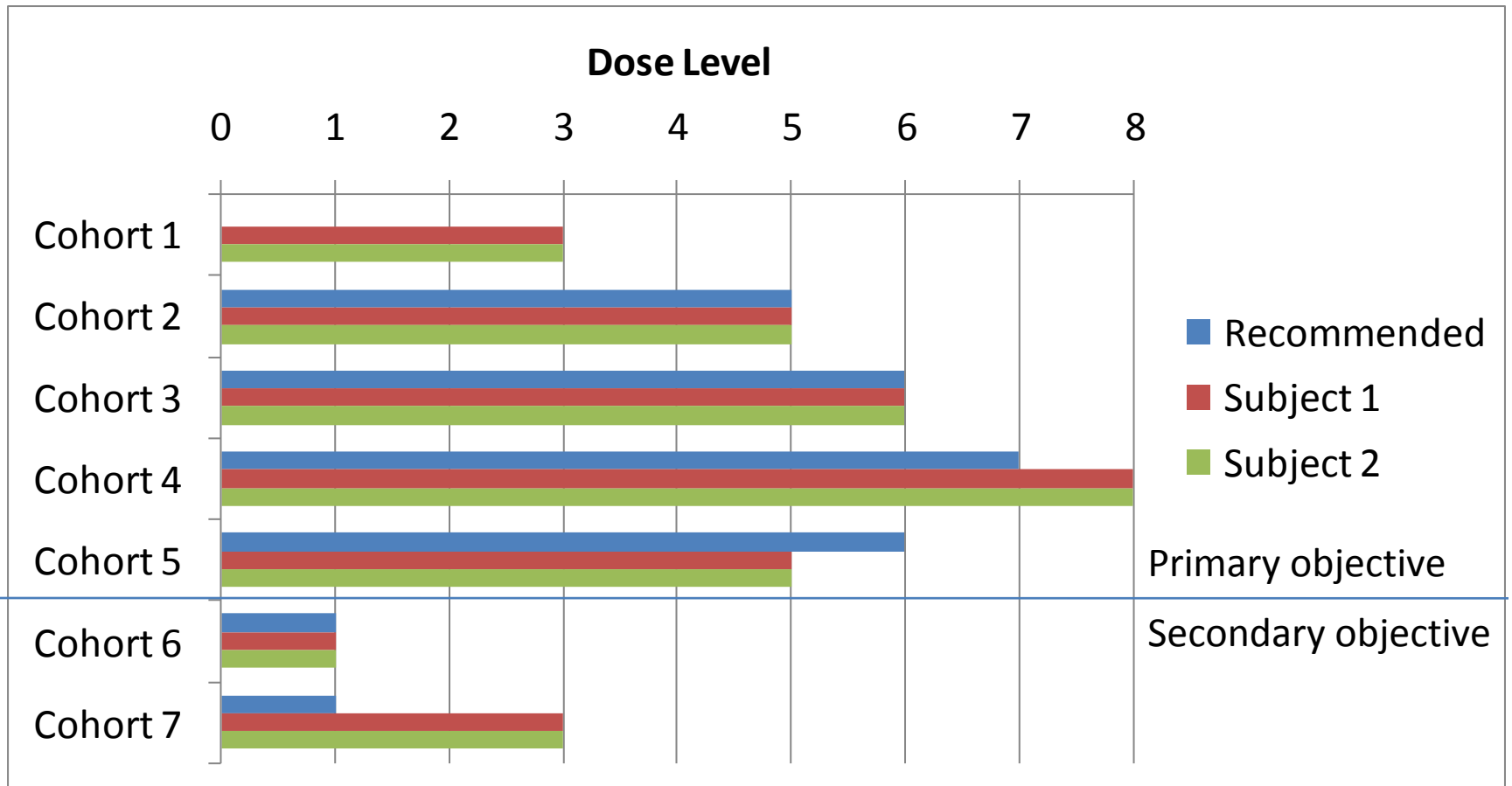
- 9 dose-response

Conclusions:

1. Expected sample size is $N=13$ ($Q80%=19$).
2. The stopping rules have strong sensitivity & specificity to the trial objectives and futility stopping rules.
3. Enrolment may be terminated when $N=16$ as precision is not much improved with additional subjects.

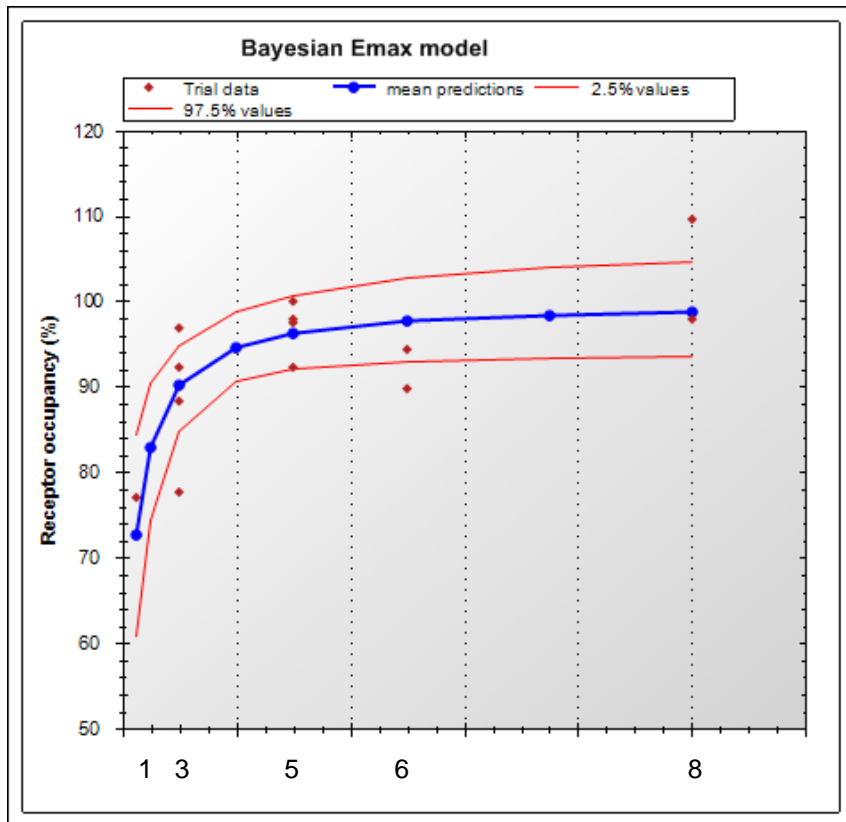


Adaptive Dose Selection Summary



Final Emax Model Fit

	Mean (mg)	Median (mg)	Precision (%)
ED90	~Dose 3	~Dose 3	28%
ED50	< Dose 1	< Dose 1	51%



- The study was positive.
- The primary objective was met:
 - The ED90 was precisely estimated.
- The secondary objective was not met:
 - The ED50 lacked precision
 - For practical reasons, precision could not be improved by adding patients.

Predictions

- Goal: Recommend doses for phase II
- How: **Posterior predictive** distribution

Predicting Receptor Occupancy in future patient:

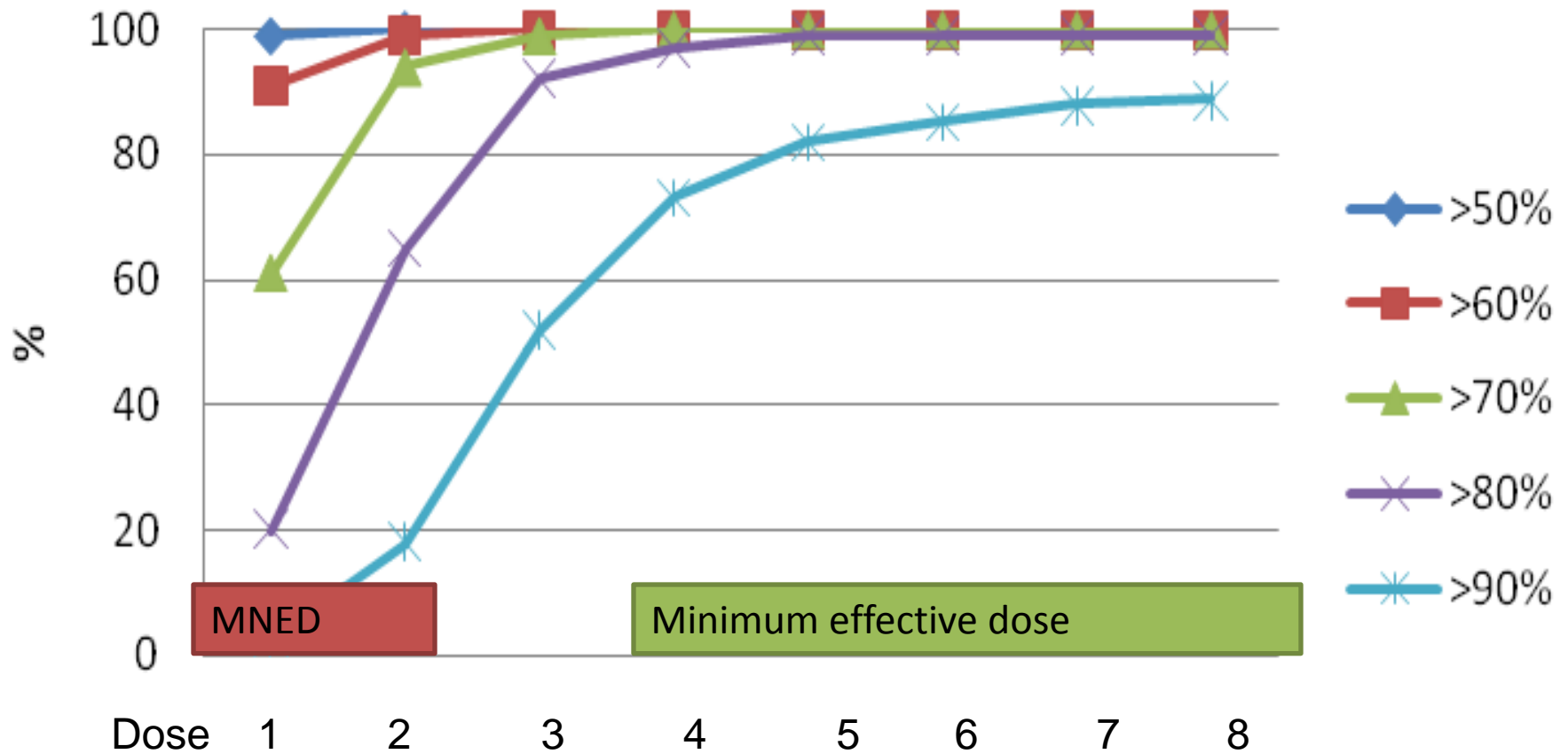
- Given current data, and
- Unconditionally to any fixed parameter value.

$$p(RO_{new} | RO) = \int p(RO_{new} | \theta, RO) p(\theta | RO) d\theta$$

Then, estimate proportion of future patients with RO above a target value

$$p(RO_{new} > \% \text{ Target} | RO)$$

Percentage of subjects above RO target



Practical issues

- The following issues arised during the interim reviews:
 - drop-outs/ missing data:
 - Bayesian update possible with $N=1$!
 - Change in calculation method of receptor occupancy:
 - Challenging but expected when dealing with new biomarker that lacked formal validation
 - Expiration of CT material for low dose strengths:
 - Led to early stopping prior to secondary objective being met.
 - A few selected doses different from recommendation:
 - Decrease in efficiency was still quantifiable using on Bayesian utility function.
- The following issue arised during the phase II prediction:
 - Possibly different populations in Biomarker and Phase II trials.
 - Predictive model adjusted for population PK.

Software

- Decimaker:
 - User-friendly GUI to WinBUGS/R
 - Performs all Bayesian analyses:
 - Trial simulations
 - Adaptive allocation
 - Predictive modeling



www.decimaker.com

Summary and Conclusions

- Biomarker trials are run prior to phase II to
 - Terminate early unacceptable candidates
 - Select doses in an optimized manner
- Bayesian methods enable decision making
 - Summarize all available information
 - Quantify probability of success
 - Permit utility-based dose selection
- Case study was a success:
 - Study design validated using simulations
 - Delivered decision-enabling information
 - Flexible to deal with practical issues
 - Buy-in from all involved parties: physician, PK, site, sponsor...

Thank you!

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Any Question?

