

Bayesian borrowing of adult efficacy data in paediatric drug development: A Case Study

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Case study: Benlysta for SLE in paediatric patients



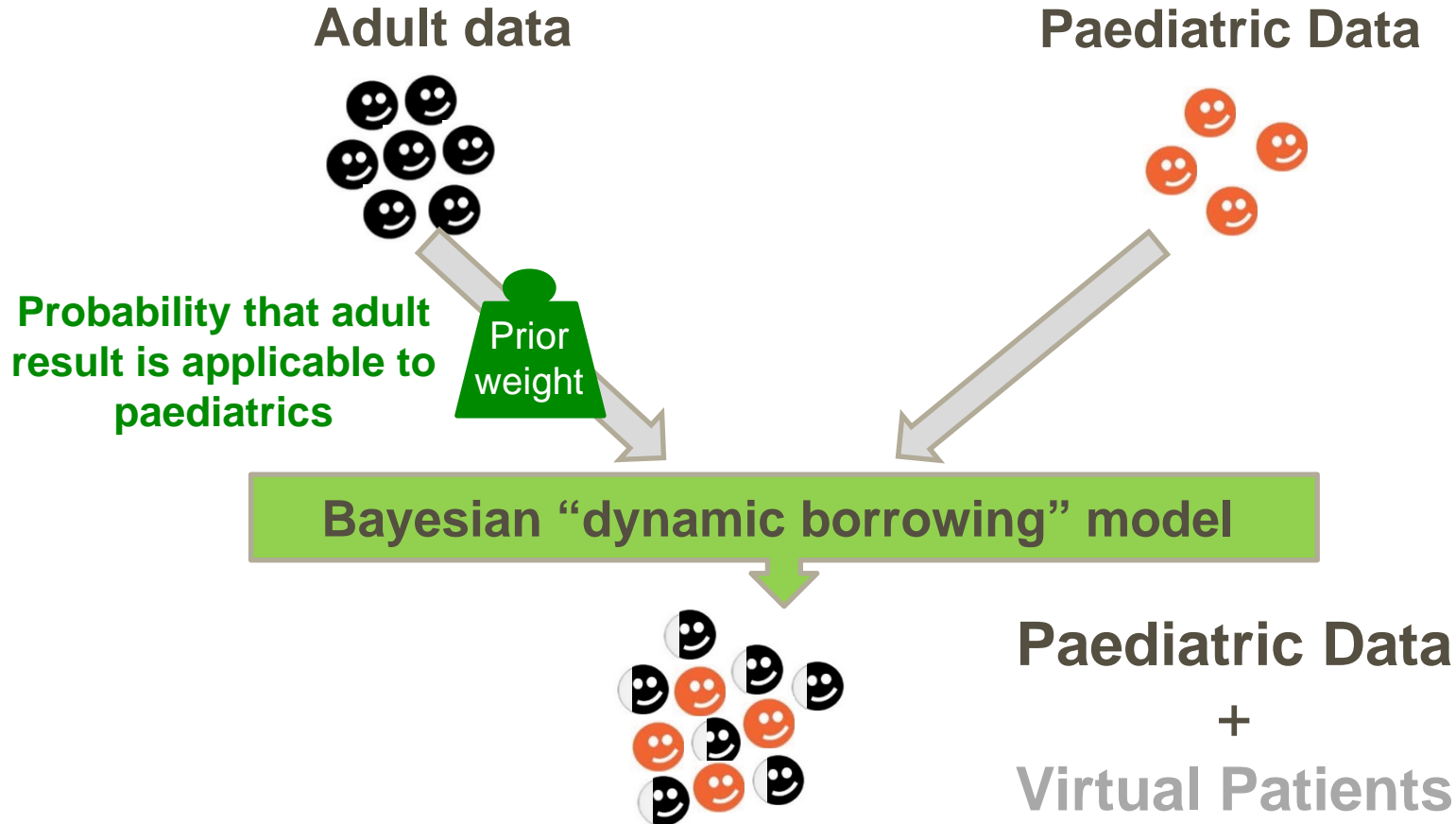
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- Intravenous Benlysta® (Belimumab) is approved for the treatment of adult patients with active, autoantibody-positive systemic lupus erythematosus (SLE) , which was supported by two pivotal Phase 3 studies (C1056 and C1057).
 - The PLUTO study was carried out in children aged 5-17 with SLE as part of the paediatric post-marketing requirement.
 - Paediatric lupus is very rare, and shares the same pathophysiology and disease manifestations as adult SLE.
 - A fully powered study with a large sample size was not feasible.
 - Consideration should be given to avoid exposing children to placebo-controlled trials unnecessarily.
 - Study was designed using a bridging strategy to show directional consistency in efficacy and safety with adults, and was not powered for any hypothesis testing.
 - It was agreed with regulators to collect data from ~90 subjects and summarise results descriptively.
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FDA review of Benlysta paediatric submission

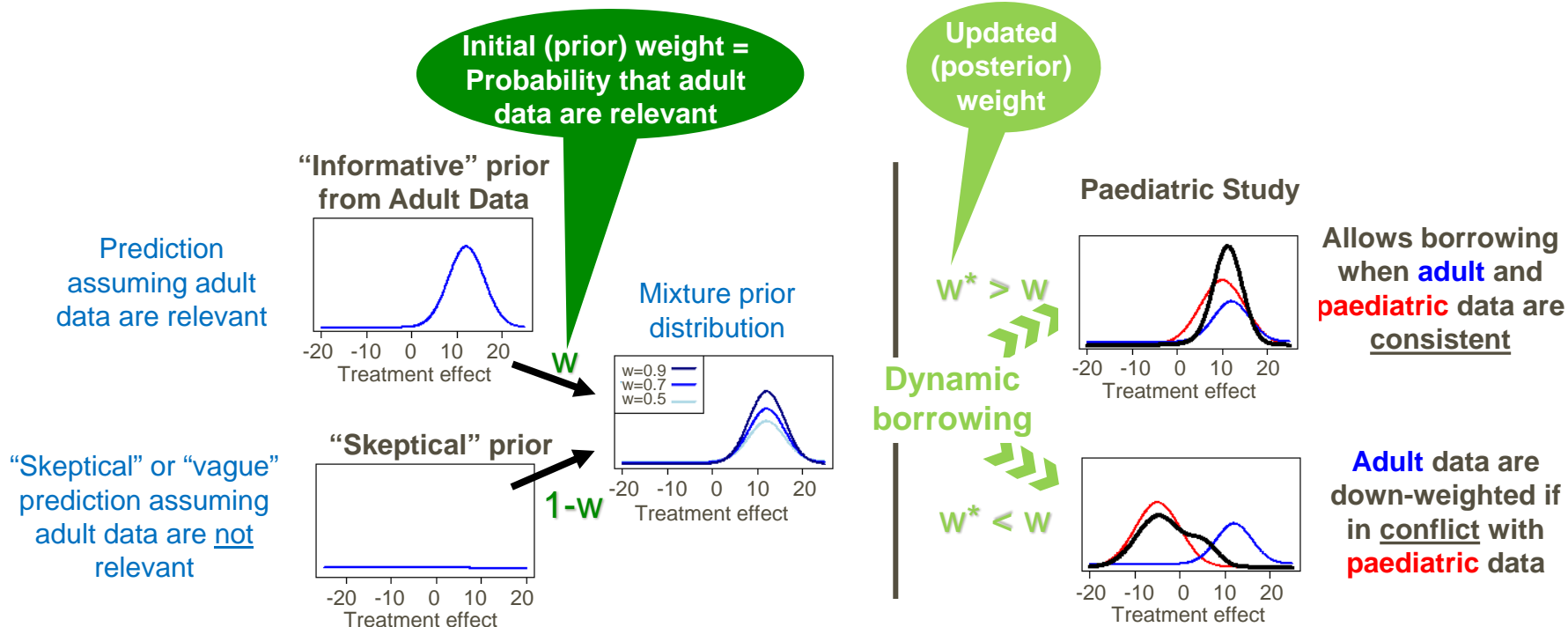


- PLUTO study completed in 2018 and GSK submitted an application to FDA for a paediatric label expansion in October 2018, with approval received in April 2019.
 - During the pre-NDA meeting, FDA made some analysis requests:
 - FDA noted that the previous adult studies “may provide some useful information that is relevant to the paediatric population”
 - Recommended that we conduct sensitivity analyses using Bayesian dynamic borrowing (Bayesian mixture prior) which utilizes efficacy information from the adult studies
 - Specifically requested a “tipping point” style analysis to **quantify how much prior belief (range of prior weights)** in the applicability of the Adult result it would take in order for the Paediatric study data to **look convincing**
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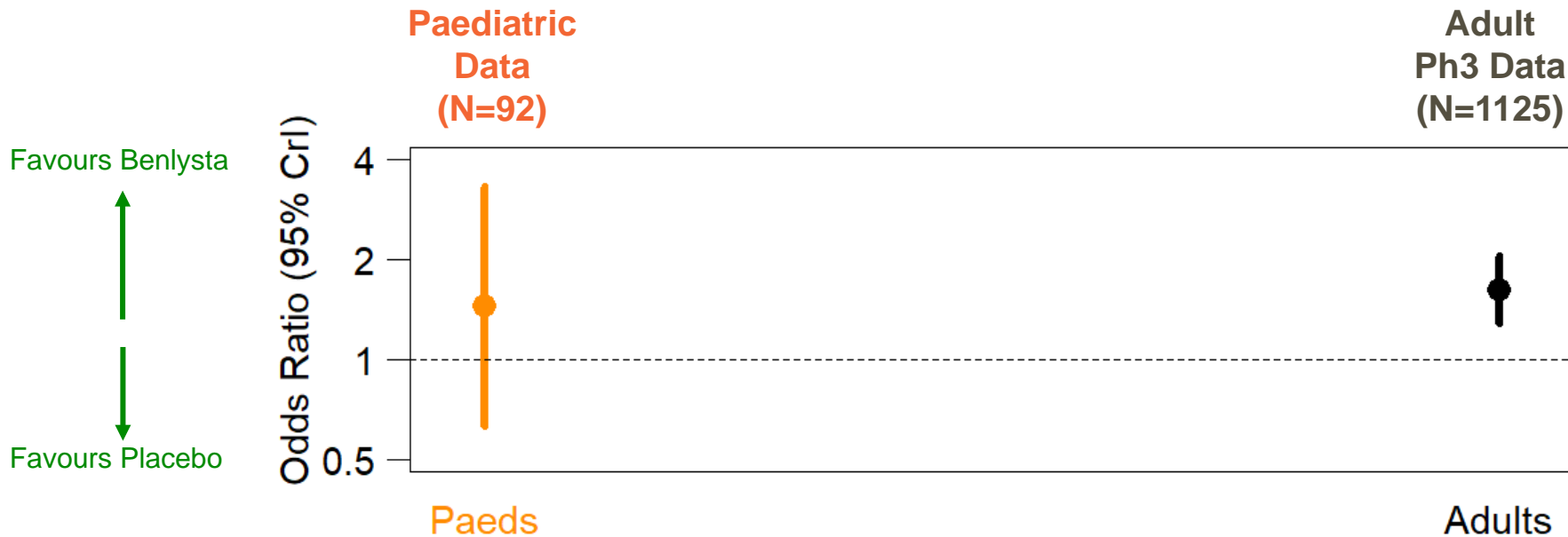
Bayesian Dynamic Borrowing



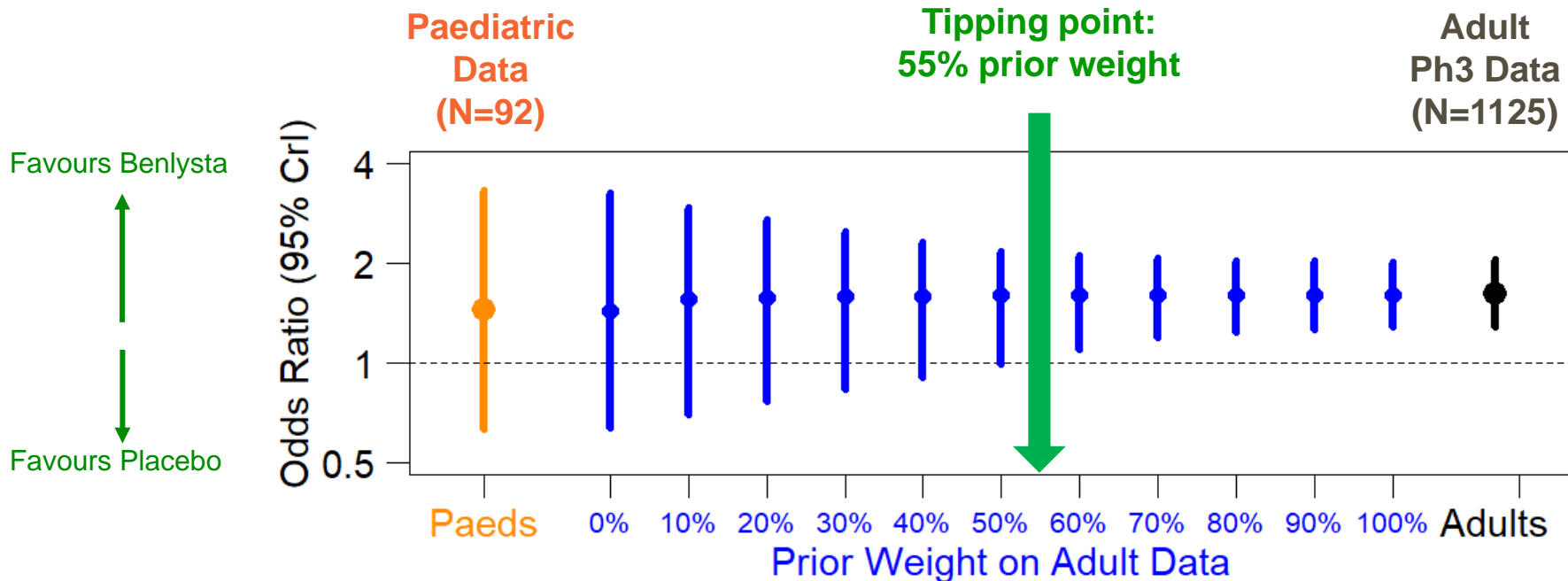
Bayesian Dynamic Mixture priors



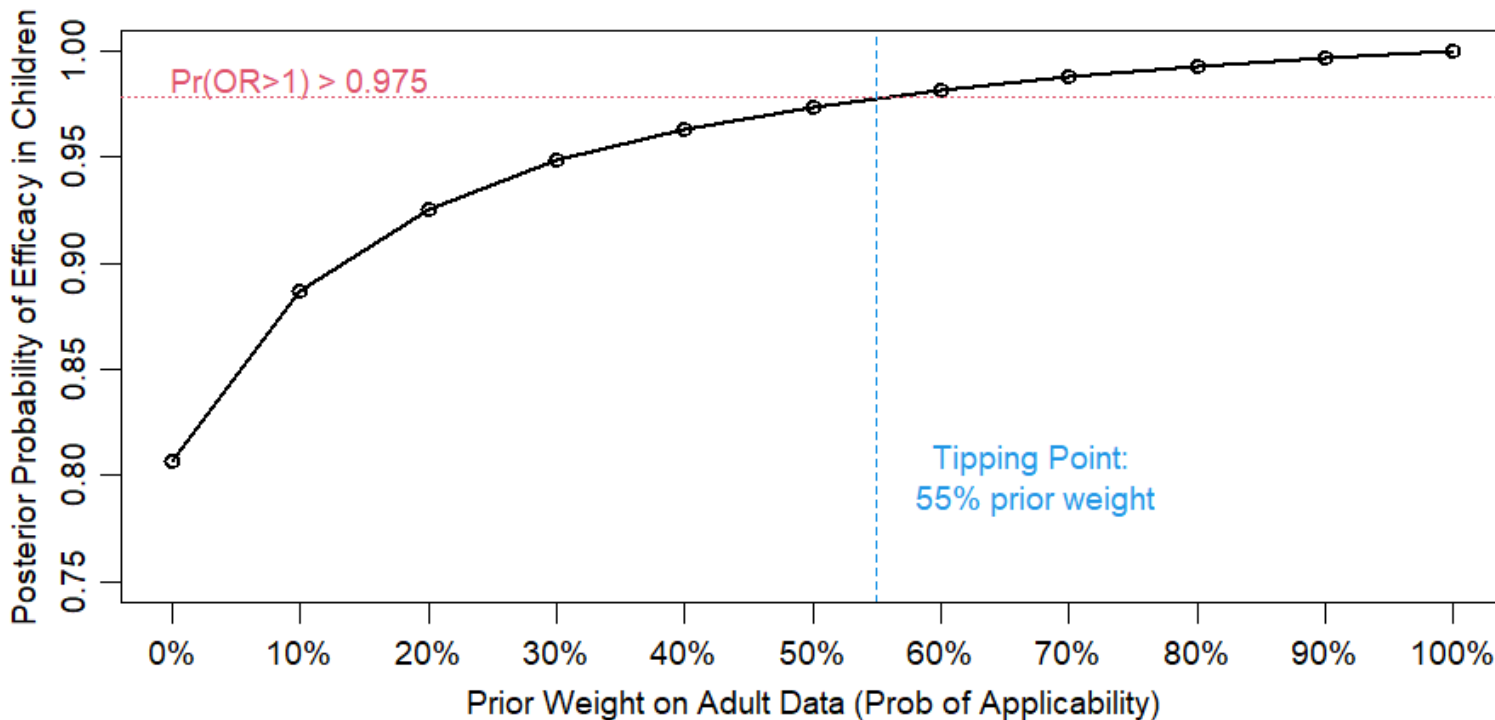
Tipping point Bayesian dynamic mixture prior analysis of Benlysta paediatric study: SRI Responder endpoint



Tipping point Bayesian dynamic mixture prior analysis of Benlysta paediatric study: SRI Responder endpoint



Tipping point Bayesian dynamic mixture prior analysis of Benlysta paediatric study



- Tipping point approach is a type of “analysis of credibility”
 - identify properties of the prior distribution needed to achieve a certain posterior statement for the data at hand
 - used to assess the plausibility of scientific claims and findings
- The weight corresponding to the tipping point = minimum prior belief in the relevance of the adult data needed to find the evidence from the paediatric study convincing
- Allows a range of decision-makers – who may hold different prior beliefs – to assess the credibility of the evidence in the paediatric population.



FDA conclusion



“Based on discussion and feedback obtained from the clinical team, it appears **reasonable to assume at least 55% weight** on the relevance of the adult information to the pediatric population and we can therefore conclude that there is at least 97.5% posterior probability that Benlysta has a positive treatment effect in pediatric subjects”

<https://www.fda.gov/media/127912/download>

Concluding remarks



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- Recruitment of paediatric patients is challenging in many settings
 - Sample size of paediatric trials typically limits ability to convincingly show evidence of a treatment effect when paediatric data is considered in **isolation**
 - Bayesian dynamic borrowing can be a useful approach to **formally incorporate adult data** into paediatric clinical trials
 - **transparent assumptions** about relevance of adult data
 - mathematical rule to **learn** how much of the adult information to borrow
 - direct measure of **totality of evidence** (adult + paediatric) on **clinical scale**
 - The results of this innovative **retrospective** Bayesian analysis **supported the approval** of a paediatric label expansion for Benlysta
 - Bayesian dynamic borrowing can also be used as **pre-specified primary analysis**
 - **Faster**, more **efficient** way to generate evidence in challenging paediatric settings
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Thank you