

FDA/UMD PUBLIC WORKSHOP

Accelerating Drug Development in Pediatric Patients

*What Criteria Justify Use
of a ‘Bridging Biomarker’
for Extrapolation to Pediatric Patients?*

September 1, 2021

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*Pediatrician: Lamenting a
“reliance on ‘animal studies’”*

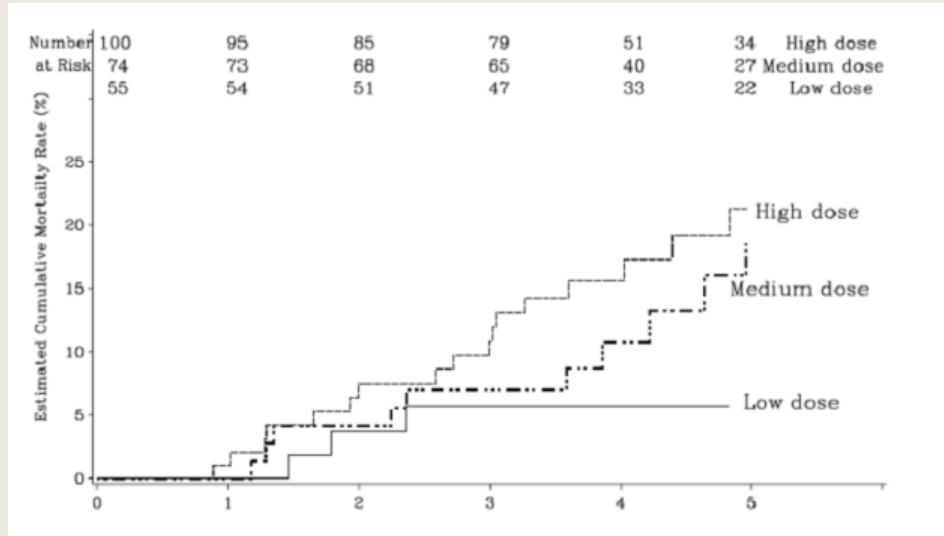
Cautionary Illustration:

Sildenafil in Pulmonary Arterial Hypertension (PAH)

- ~ Setting: Adults with PAH receiving Sildenafil
 - ✓ Substantial evidence of safety & efficacy of Sildenafil in adult patients with PAH \Rightarrow Regulatory Approval
 - Established beneficial effects on 6MWD
 - Supportive evidence: Effects on hemodynamics biomarkers revealed increasing benefit with increasing doses
- ~ Setting: Pediatric Patients with PAH receiving Revatio (i.e., Sildenafil)
 - ✓ Pediatric Written Request, linked to Viagra (i.e., Sildenafil) in ED
 - As in adults, beneficial effects on hemodynamics biomarkers with increasing benefit with increasing doses
 - Substantial evidence of increased mortality with increasing doses

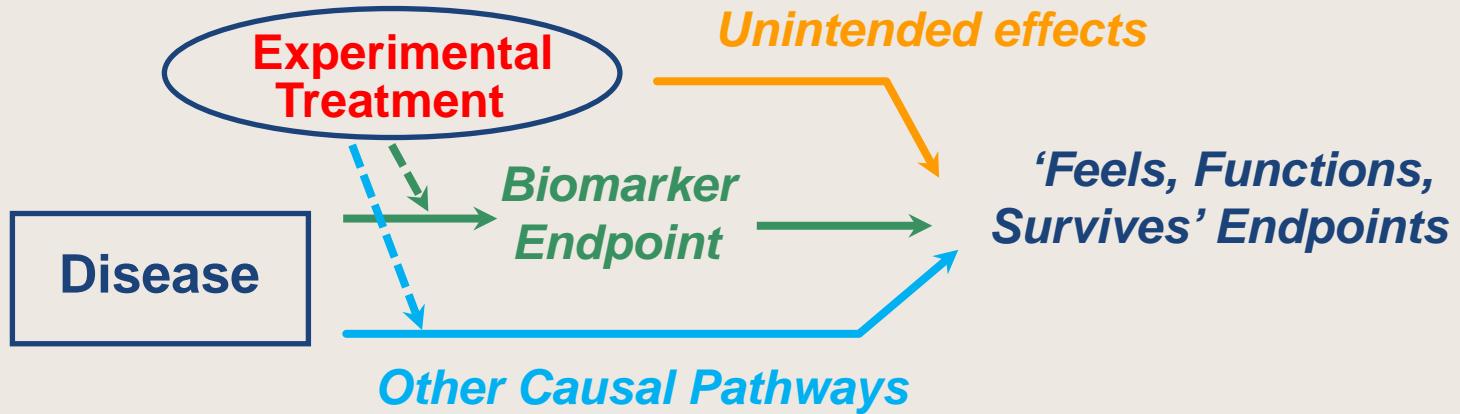
“FDA Drug Safety Communication: FDA recommends against use of Revatio in children with pulmonary hypertension”

“Plot of mortality in the pediatric clinical trial
as a function of Revatio dose.”



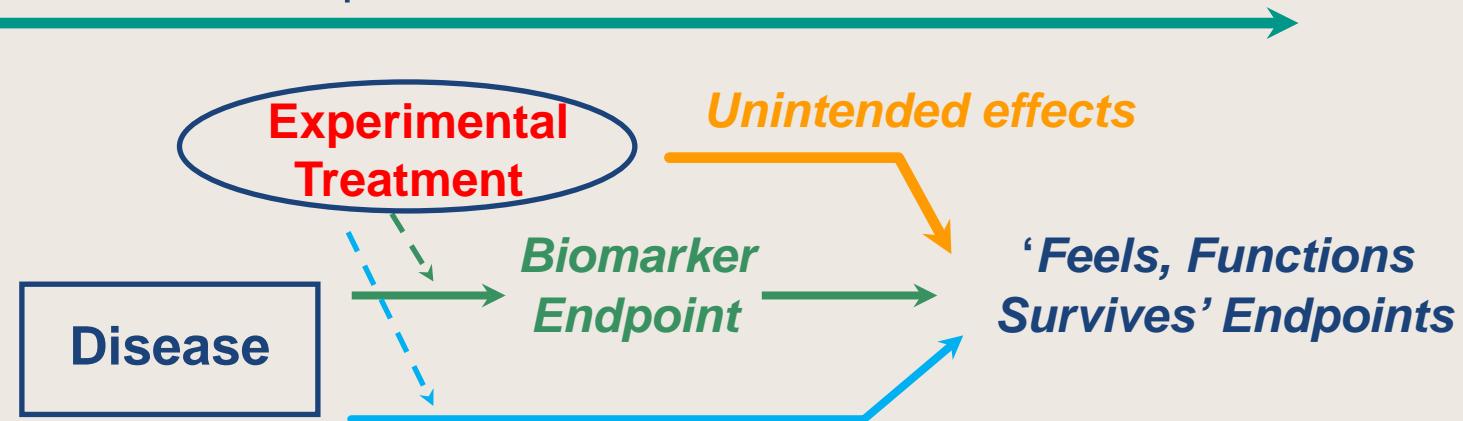
“The hazard ratio for high dose compared to low dose was 3.5 ($p=0.015$)”

R
S.O.C. + Experimental Treatment
S.O.C. + Placebo



The treatment's effect
on the **Biomarker Endpoint**
could **overestimate** or underestimate
the treatment's true clinical efficacy

Interventions having Mechanisms of Action Independent of the Disease Process



ESAs: ↑ Thrombosis ⇒ ↑ Mortality

Cox-2s: Vioxx, Bextra: ↑ CV Risk Factors ⇒ ↑ CV Death/ MI /Stroke

Troglitazone: ↑ Serious Hepatic Risks ⇒ ↑ Morbidity

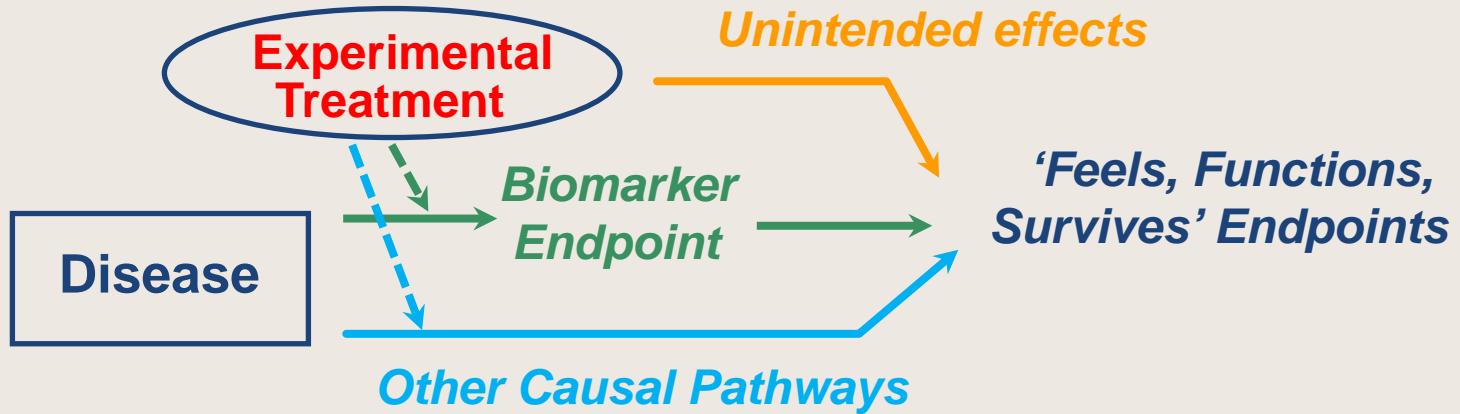
Natalizumab: ↑ Prog. Multifocal Leukoencephalopathy ⇒ ↑ Morbidity / Mortality

Ezetimibe/Simvastatin: Block pathways linked to CA protection ⇒ ↑ Cancer Mortality?

Long Acting β -Agonists: ↑ Asthma-related deaths

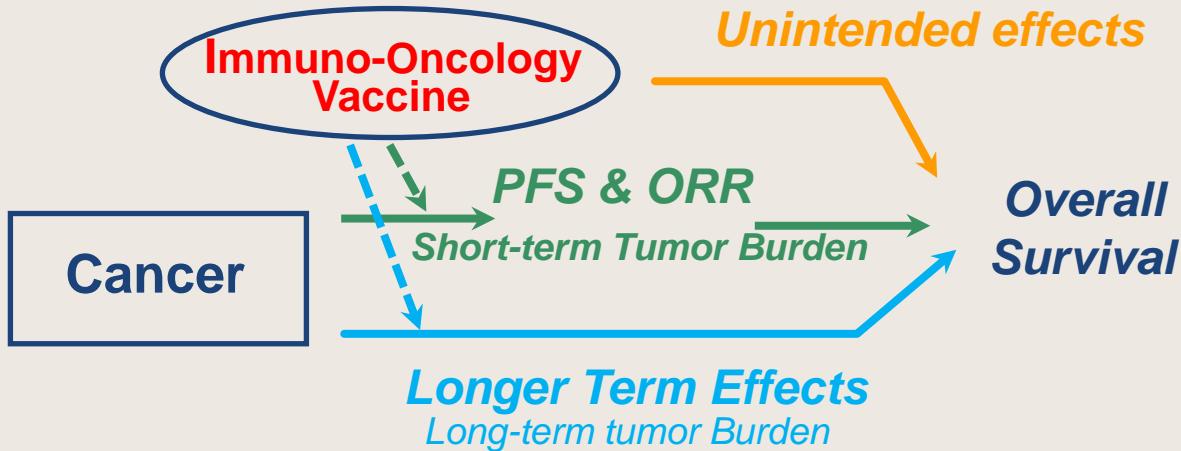
Torcetrapib: Activates renin angiotensin system ⇒ ↑ BP ⇒ ↑ Mortality

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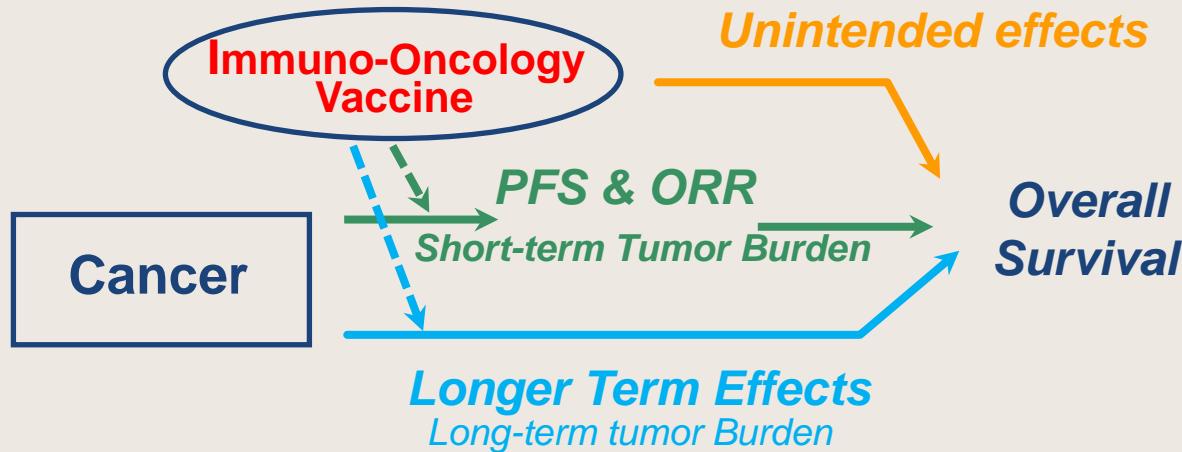
R
Immuno-Oncology Agent
Chemotherapy



DeMets DL, Psaty BM, Fleming TR. When can intermediate outcomes be used as surrogate outcomes? *JAMA* February 27, 2020

Different Classes of Agents

R Immuno-Oncology Agent
Chemotherapy



DeMets DL, Psaty BM, Fleming TR. When can intermediate outcomes be used as surrogate outcomes? *JAMA* February 27, 2020

Establishing Validity of a Replacement Endpoint

How does one establish a biomarker endpoint to be valid as a replacement endpoint for direct measures about how an individual 'feels, functions or survives'

Key Evidence:

The **net** effect of the treatment
on the '*Replacement*' Endpoint
reliably predicts
the **net** effect of the treatment
on the '*Feels, functions, survives*' Endpoint

Illustration: Validating a Biomarker Surrogate

FDA Cardio-Renal Advisory Committee: 6/15/2005

➤ **Anti-Hypertensives**

Effects on **Blood Pressure** predicting effects on each of the following, considered individually:

- ✓ *Stroke, MI, CVD, Mortality, Heart Failure*

... > 500,000 patients from 43 randomized trials...

Key: validation was done for each class of agents

...**β-blockers, low dose diuretics, ACE-I, CCBs, ARBs...**

Odds Ratio for CV Events and Systolic BP Difference: Recent and Older Trials

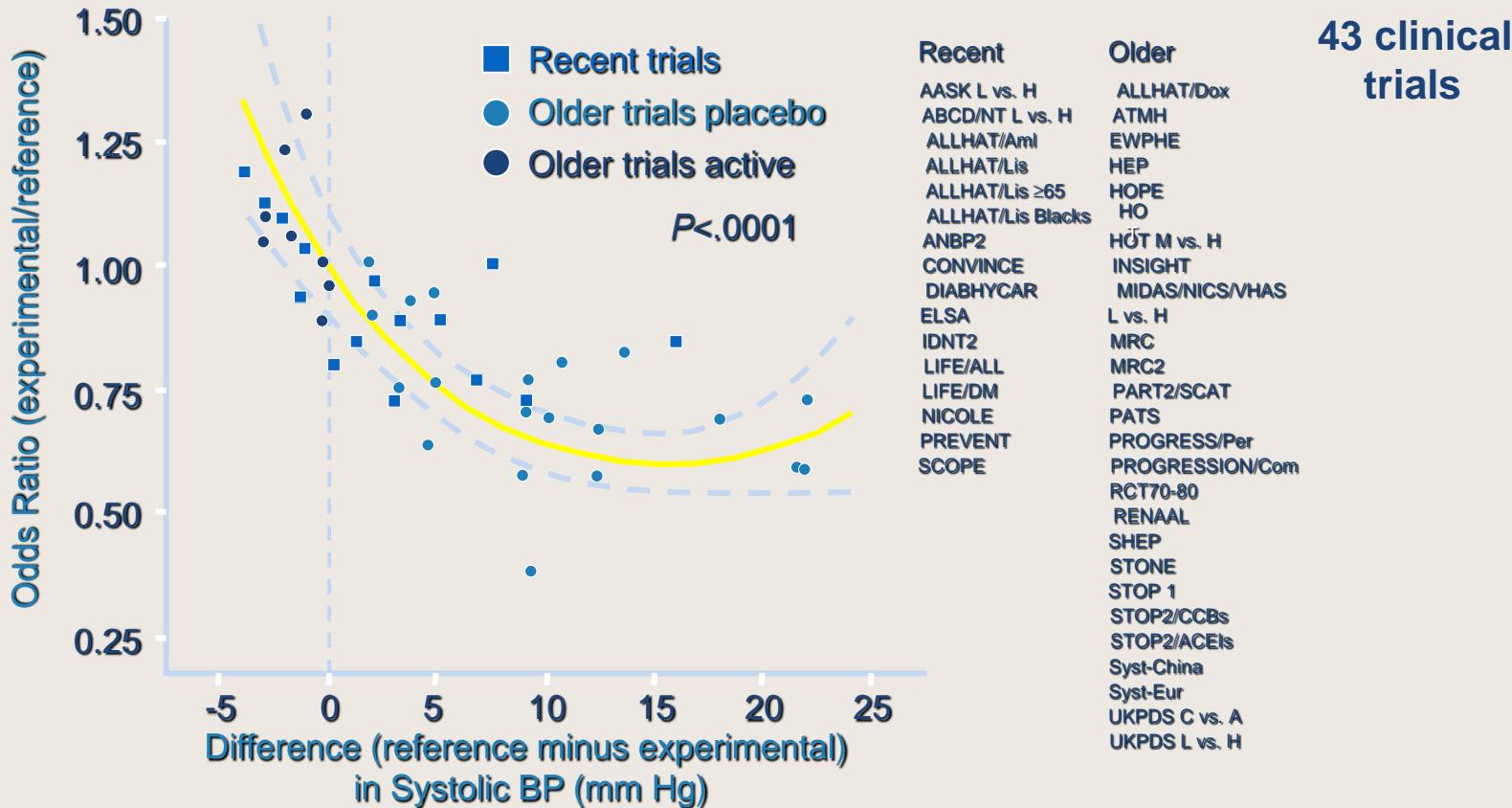


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Institute of Medicine, 2010
“Evaluation of Biomarkers as Surrogate Endpoints”

- ***Addressing Assay Performance***
...analysis of analytical performance of an assay...
e.g., limit of quantitation, across lab reproducibility, etc
- ***Evidentiary Assessment***
...relationship between biomarker & disease state
...data regarding **effects of interventions on both biomarker and clinically meaningful outcomes...**
- ***Justifying the Proposed Use***
...determining whether available evidence provides sufficient justification for the **context of use** proposed...

Replacement Endpoints

- A replacement endpoint **cannot** be assumed to be a generic surrogate endpoint for a particular disease

Reasons why use needs setting-specific justification:

- Multiple causal mechanisms of action
- *Breadth, Magnitude and duration* of effect matters
- Intended and *unintended* effects of intervention

- How does evaluating replacement endpoints impact the public?

Response: Need “*reliable*” as well as “*timely*” evaluation
...not simply “*a choice*”; rather, “*an informed choice*”

Some Uses of Biomarkers/Replacement Endpoints

- As Measures of **Biologic Activity** of Experimental Treatments
 - ✓ In Proof-of-Mechanism or Proof-of-Concept Trials
 - ✓ In Registrational Trials
- As **Replacement Endpoints** for Registrational Evaluations, in studies specifically intended to evaluate:
 - ✓ Booster dosing strategies to address waning longer-term efficacy
 - ✓ **Extrapolation across populations, e.g., adult to pediatric setting**
 - ✓ New treatments in the class of established effective treatments
 - ✓ New treatments that are in new classes

Straightforward
justification



Very Challenging

...The Way Forward...



SARS-CoV-2 Vaccine
Placebo

Immune Protective Mechanisms

- Neutralizing Antibody titre
- Binding Antibody titre
- IgG & IgA Mucosal Antibody
- CD4+ T-cells & CD8+ T-cells
- Memory B-cells

Risk of
Exposure

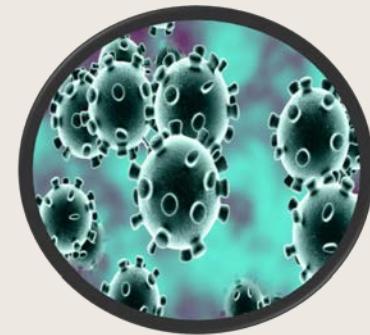
SARS-CoV-2
Vaccine

Immunologic
Biomarker

Other Immunologic
Biomarkers

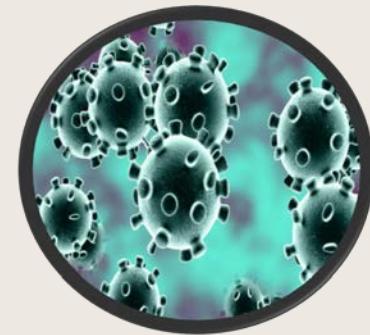
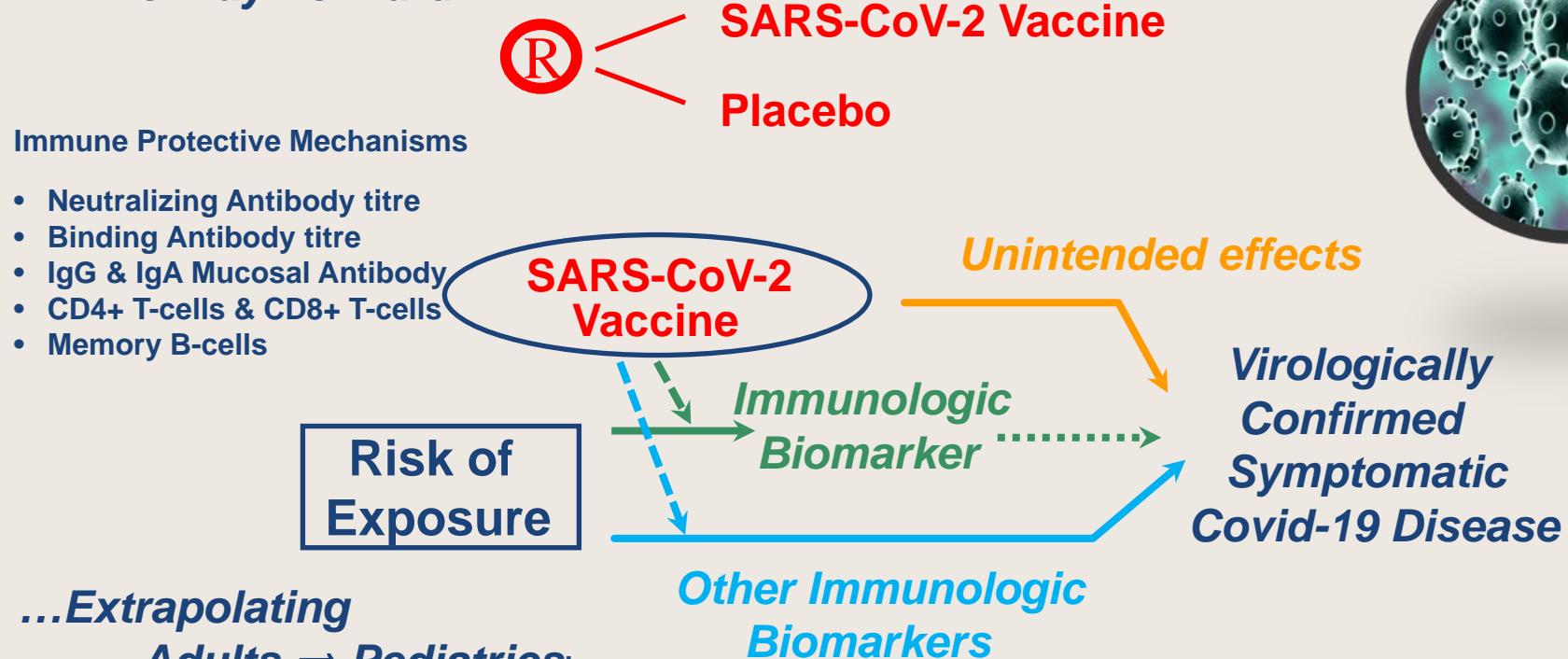
Unintended effects

Virologically
Confirmed
Symptomatic
Covid-19 Disease



...Extrapolating
Adults \Rightarrow Pediatrics:

...The Way Forward...



...Extrapolating Adults \Rightarrow Pediatrics:

- Persuasive evidence of effects on 'feels, functions, survives' measure(s) in adults
- Evidence that proposed 'bridging biomarker' predicts protective effect of immune responses, including evidence regarding required timing, magnitude, duration of effect on that biomarker
- Justification that 'unintended effects' would not be substantively more influential in pediatric setting relative to adult setting, to be supplemented by post-marketing data

Conclusions

Biomarkers often have an influential role in
the extrapolation from adults to pediatrics
...keeping in mind that

**"A Correlate does not
A Surrogate Make."**

- * Fleming TR, DeMets DL: Surrogate endpoints in clinical trials: Are we being misled? *Annals of Internal Med* 1996; 125:605-613.
- * IOM, 2010. *“Evaluation of Biomarkers & Surrogate Endpoints in Chronic Disease”*. Washington DC. National Academies Press
- * Fleming TR, Powers JH: Biomarkers and Surrogate Endpoints in Clinical Trials *Statistics in Medicine* 2012; 31: 2973-2984

