

The Role of Clinical Pharmacology in Dosage selection and Design of Multi-Regional Clinical Trials

Reflections from Experiences with Asia-Inclusive Drug Development

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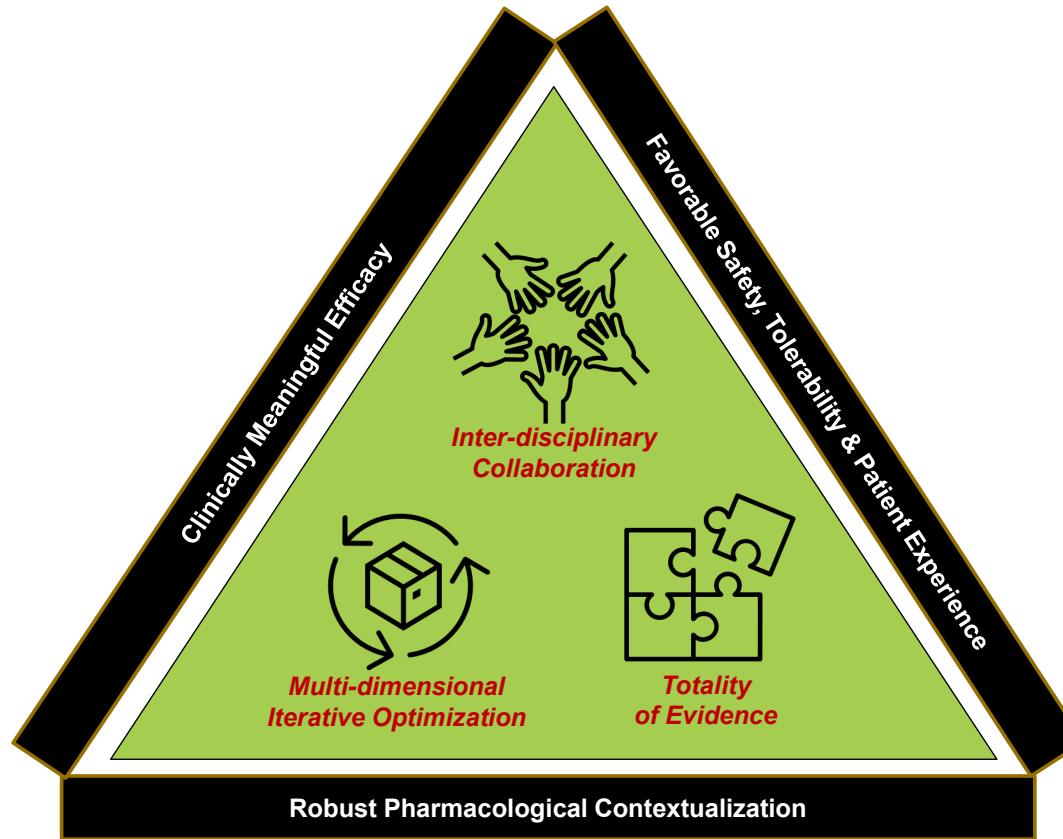
FDA-ISoP Workshop

Optimizing Dosages for Oncology Drug Products: Using Modeling and Simulation to Evaluate Effects of Intrinsic and Extrinsic Factors

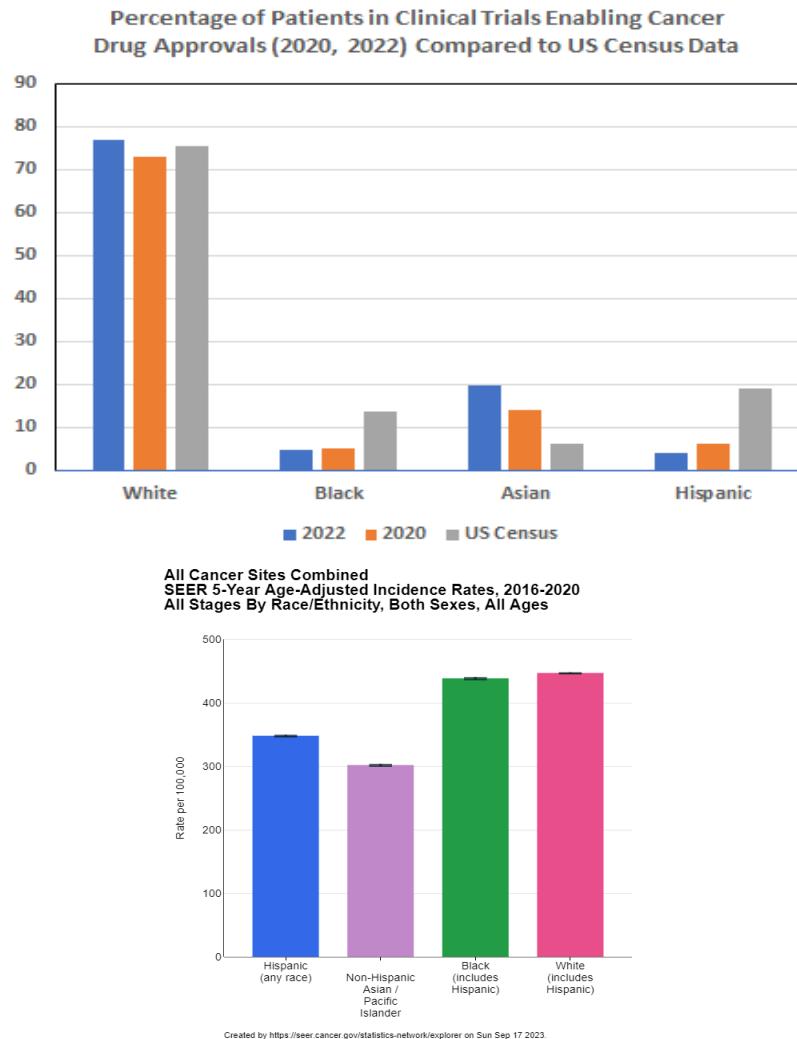
October 16, 2023

Vision and Purpose Statement

“To enable **efficient drug development** and **rational dose selection** through the integration of pharmacokinetics, pharmacodynamics, safety, efficacy and **population variability** with a purpose of **maximizing benefit versus risk** of cancer medicines for all patients”



Every Patient's Data Matters – An Opportunity for Clinical Pharmacology & Pharmacometrics to Enhance Clinical Trial Diversity and Maximize Value of Emerging Data for All Patients



July 15, 2021

Promoting Inclusion of Members of Racial and Ethnic Minority Groups in Cancer Drug Development

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JAMA Oncol. 2021;7(10):1445-1446. doi:10.1001/jamaoncol.2021.2137

GUIDANCE DOCUMENT

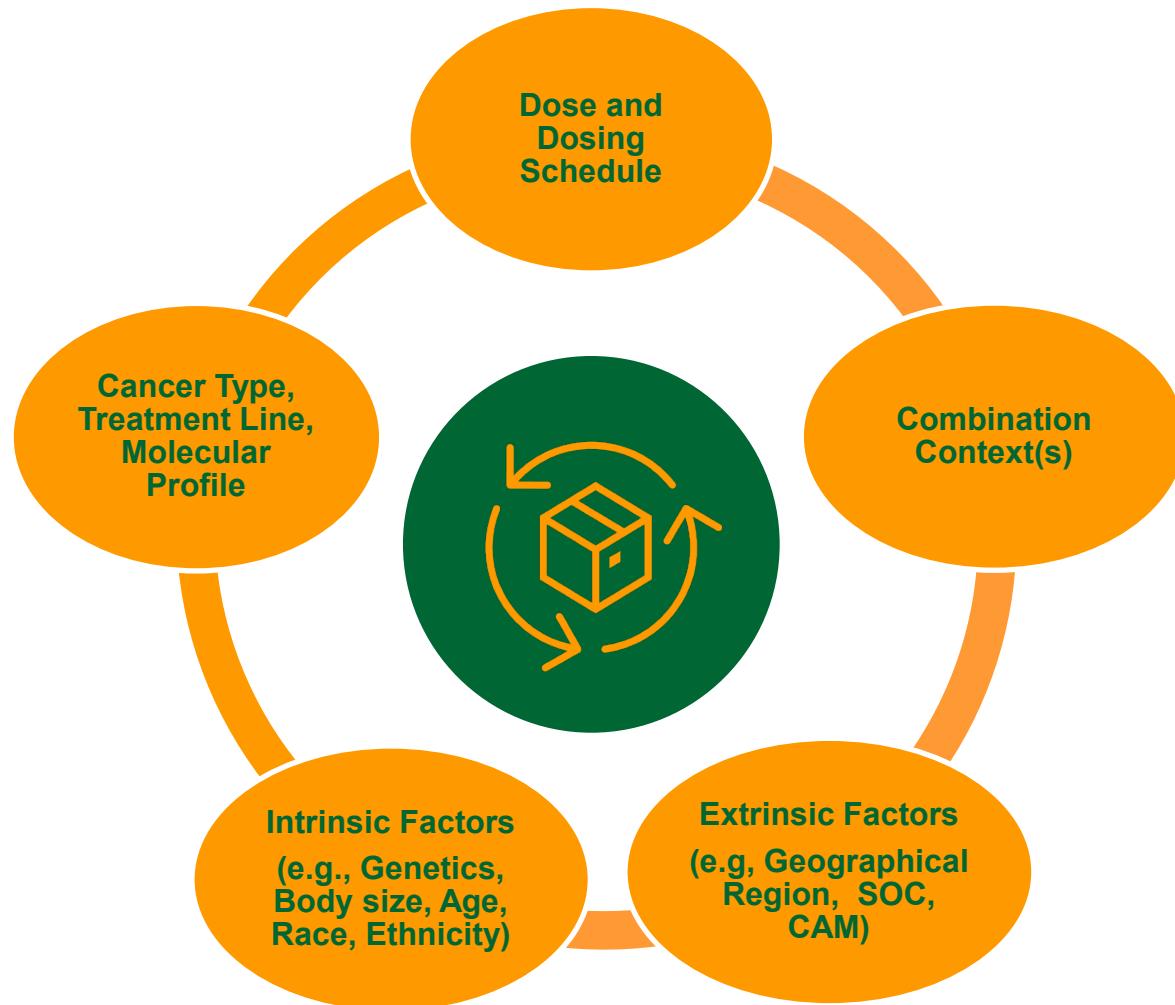
Diversity Plans to Improve Enrollment of Participants From Underrepresented Racial and Ethnic Populations in Clinical Trials; Draft Guidance for Industry; Availability

Draft Guidance for Industry

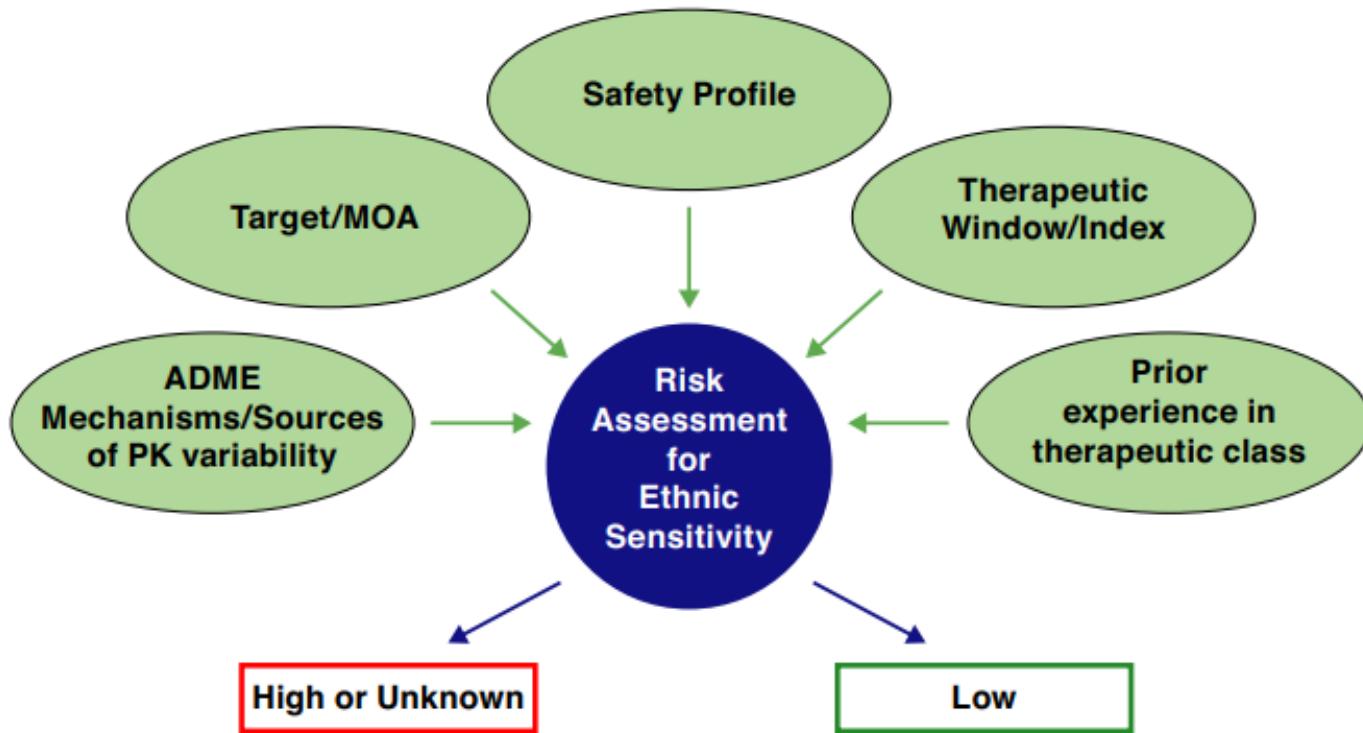
APRIL 2022

E17 General Principles for Planning and Design of Multiregional Clinical Trials Guidance for Industry

Dosage Optimization in Oncology is a Multi-Dimensional and Iterative Problem Demanding Inter-Connected Evidence Generation



Ethnic Sensitivity Assessment Beginning Early in the R&D Lifecycle



ICH E5 Principles offer a Question-Based Traffic Light Approach to Ethnic Sensitivity Assessment –

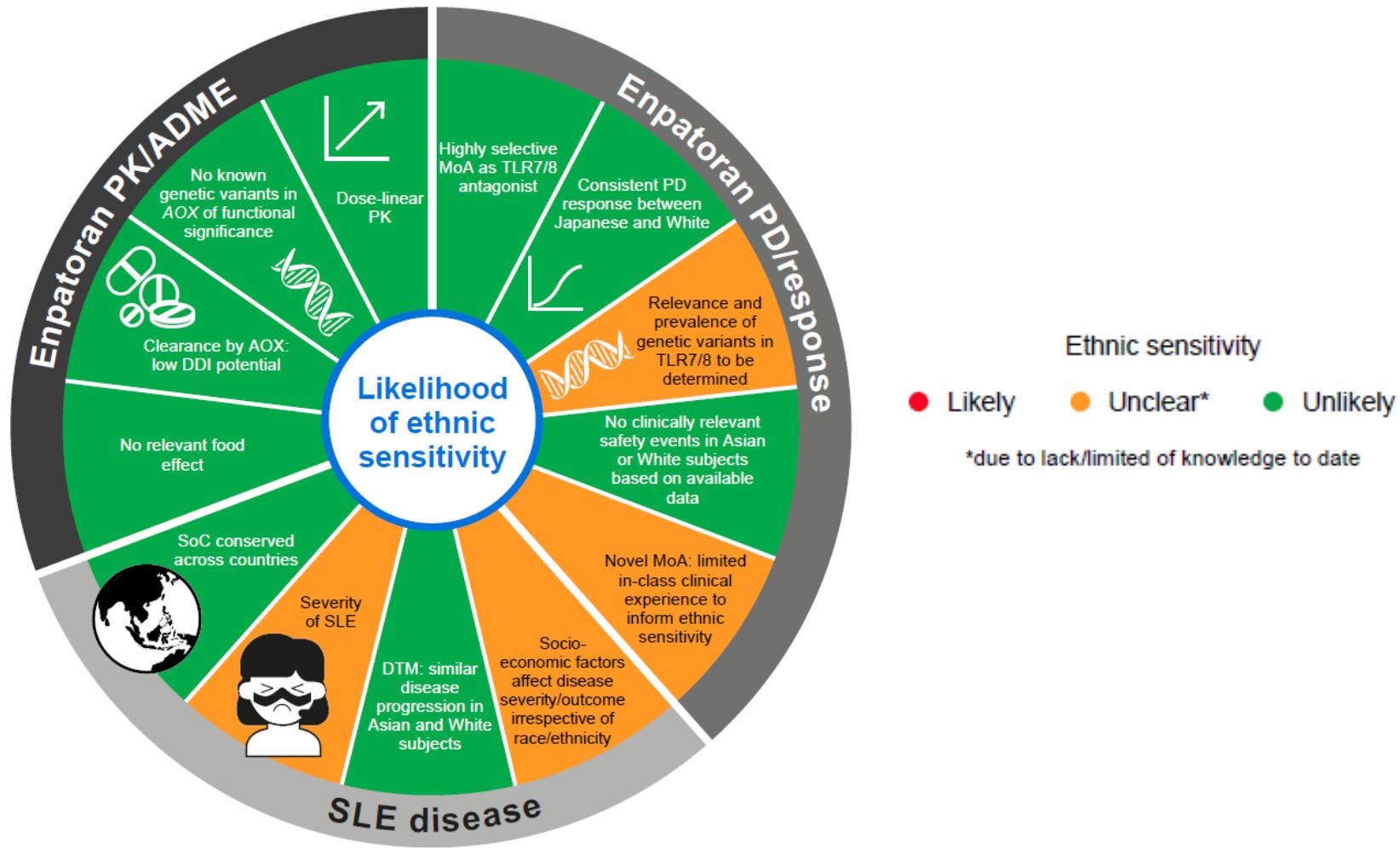
The following properties of a compound make it less likely to be sensitive to ethnic factors:

- Linear pharmacokinetics (pK)
- A flat pharmacodynamic (PD) (effect-concentration) curve for both efficacy and safety in the range of the recommended dosage and dose regimen (this may mean that the medicine is well-tolerated)
- A wide therapeutic dose range* (again, possibly an indicator of good tolerability)
- Minimal metabolism or metabolism distributed among multiple pathways
- High bioavailability, thus less susceptibility to dietary absorption effects
- Low potential for protein binding
- Little potential for drug-drug, drug-diet and drug-disease interactions
- Nonsystemic mode of action
- Little potential for inappropriate use

The following properties of a compound make it more likely to be sensitive to ethnic factors:

- Nonlinear pharmacokinetics
- A steep pharmacodynamic curve for both efficacy and safety (a small change in dose results in a large change in effect) in the range of the recommended dosage and dose regimen
- A narrow therapeutic dose range
- Highly metabolised, especially through a single pathway, thereby increasing the potential for drug-drug interaction
- Metabolism by enzymes known to show genetic polymorphism
- Administration as a prodrug, with the potential for ethnically variable enzymatic conversion
- High inter-subject variation in bioavailability
- Low bioavailability, thus more susceptible to dietary absorption effects
- High likelihood of use in a setting of multiple co-medications
- High likelihood for inappropriate use, e.g., analgesics and tranquilizers.

ICH E5 Principles in Ethnic Sensitivity Assessment – *Illustration of Application to Asia-Inclusive Development of the TLR7/8 Inhibitor Enpatoran in Systemic Lupus Erythematosus*



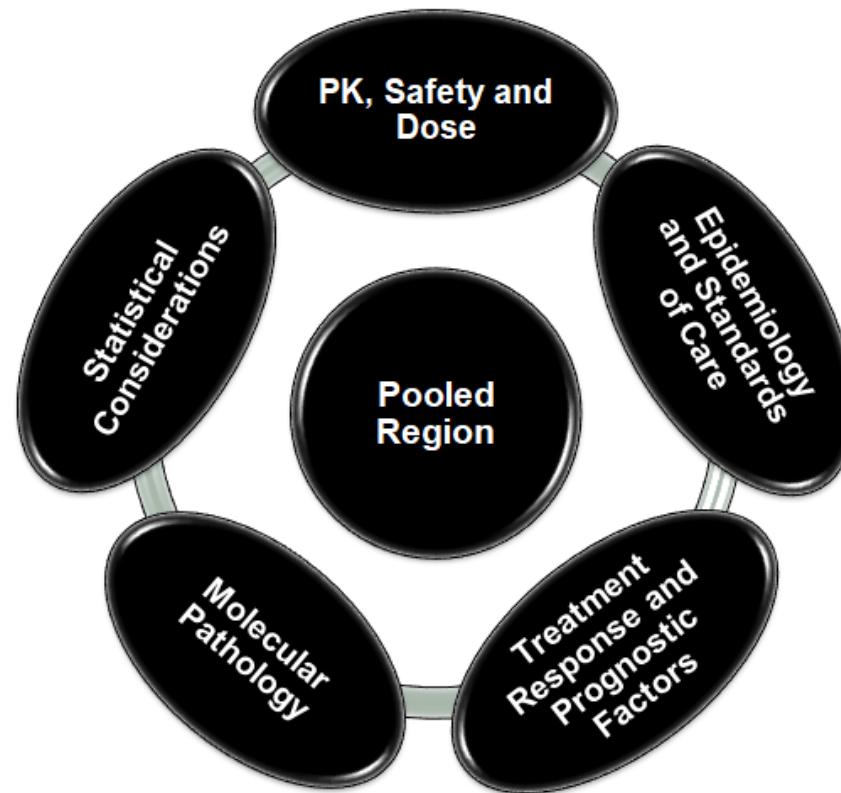
ICH E17 – Guiding Principles

1. Well-designed MRCTs can increase drug development efficiency and support regulatory decision-making across regions
2. Relevant intrinsic and extrinsic factor effects should be understood early
3. Sample size allocation by region to verify consistency in treatment effect while allowing feasibility in recruitment and timely trial conduct
4. Pre-specified pooling of regions based upon similarities
5. Single primary analysis supported by structured exploration of consistency
6. High trial quality
7. Sponsor-HA communication encouraged during MRCT design

ICH E17 –

Pooled Region Concept

*“Pooling some geographical regions, countries or regulatory regions at the planning stage, if subjects in those regions are thought to be **similar enough** with respect to **intrinsic and/or extrinsic factors** relevant to the **disease** and/or **drug** under study.”*

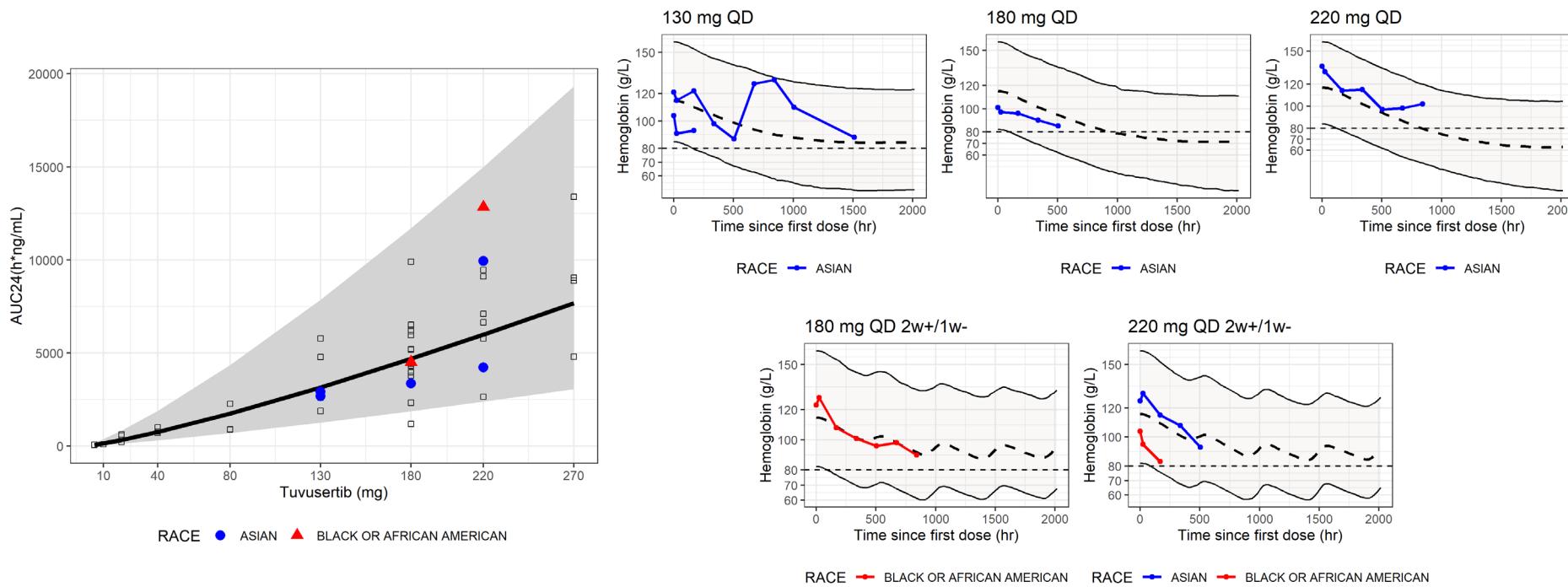


Drug-Related Intrinsic and Extrinsic Factors

*Pharmacokinetic/ Pharmacodynamic Considerations
for Ethnic Sensitivity Assessment and Dosage Justification*

Population PK/PD Modeling for Ethnic Sensitivity Assessment

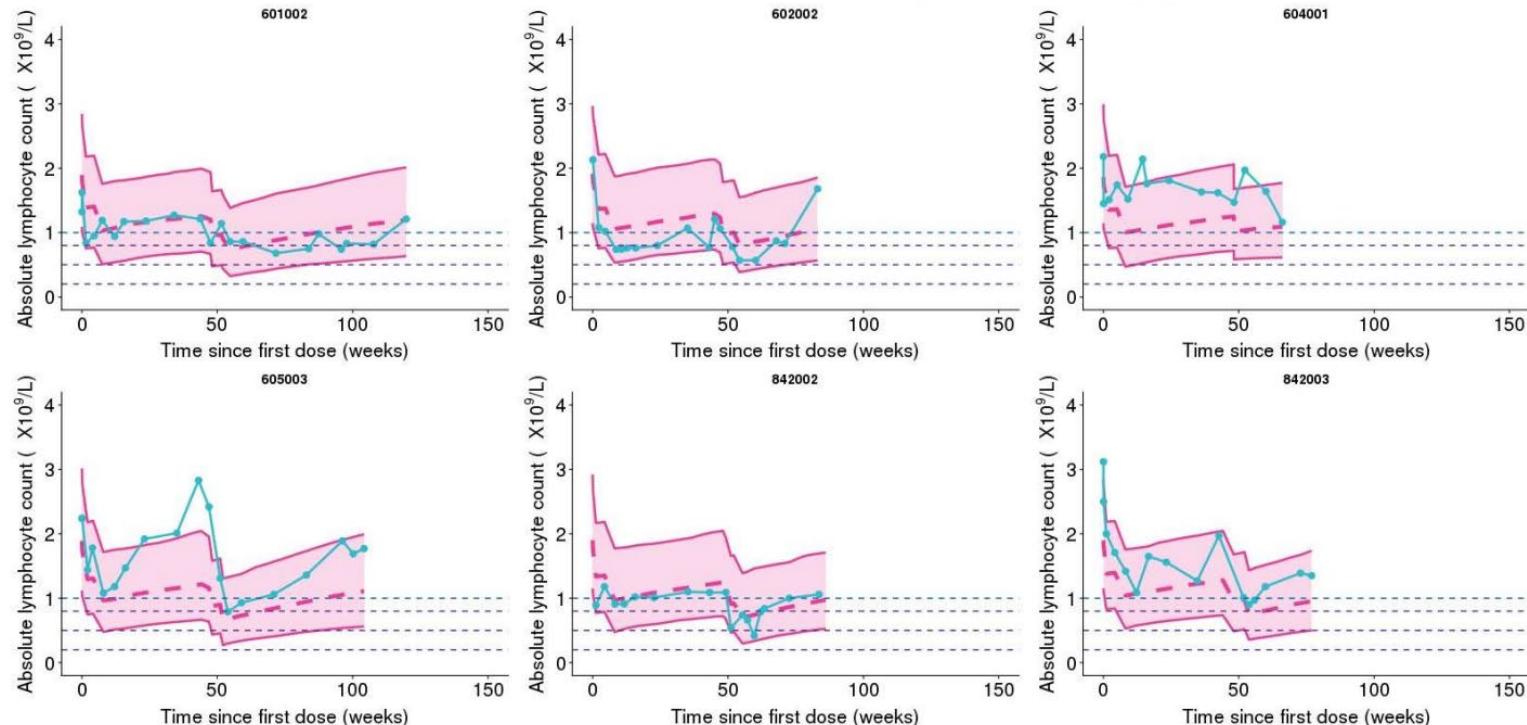
Application to the Investigational Anticancer Agent Tuvusertib



- Model-based analyses enabled continuous assessment of emerging data in FIH study for consistency in exposures and hemoglobin dynamics in relation to intrinsic/extrinsic factors.

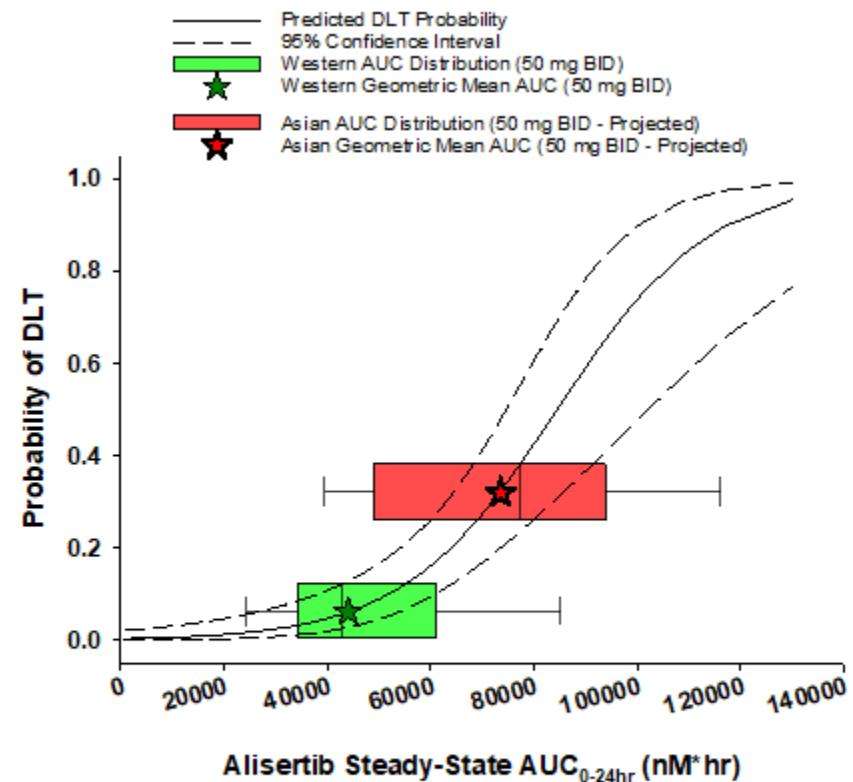
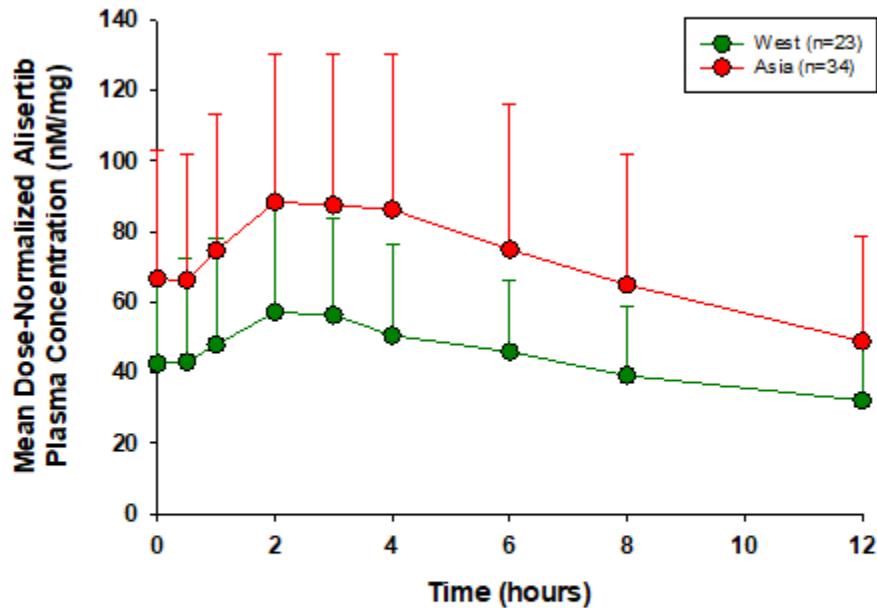
Population PK/PD Modeling for Ethnic Sensitivity Assessment

Application to Development of Cladribine Tablets for Multiple Sclerosis



- Absolute Lymphocyte Count (ALC) dynamics in Asian patients are consistent with expectations from a population pharmacodynamic model of data from global clinical trials
- These pharmacometric analyses enabled conclusion of lack of ethnic sensitivity and dosage justification for Asian populations

Illustrative Example of Clinically Relevant Differences in PK Translating to Differences in Recommended Dosage for Clinical Investigation in East Asia



Western MTD/ RP2D: 50 mg BID x 7 days in 21-day cycles
East Asia MTD: 30 mg BID x 7 days in 21-day cycles

When Clinically Relevant Ethnic Sensitivity is Observed, ICH E17 supports Differential Dosing in MRCTs when Justified by Exposure-Response Principles

“The acceptability of dose-selection strategies should be discussed with the relevant regulatory authorities in advance. If substantial differences are anticipated (e.g., the drug response is sensitive to intrinsic and/or extrinsic factors), further investigations may be needed. These could include a PK-PD or dose-response study conducted in a particular ethnic population or studies conducted for a broader population that would allow further evaluation of the impact of intrinsic and extrinsic factors on dose-response.

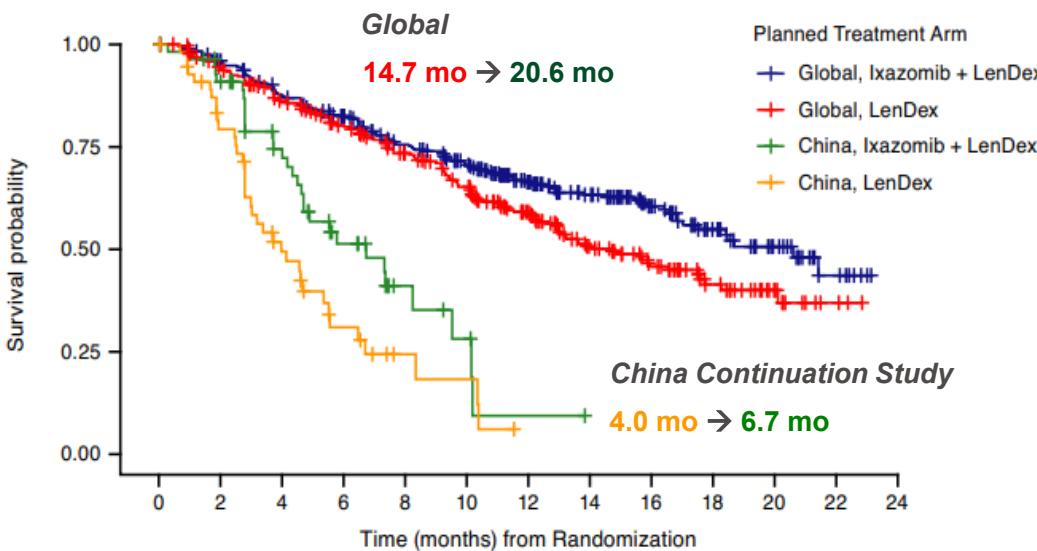
The dose regimens in confirmatory MRCTs (based on data from studies mentioned above) should, in principle, be the same in all participating ethnic populations. However, if earlier trial data show a clear difference in dose-response and/or exposure-response relationships for an ethnic population, it may be appropriate to use a different dosing regimen, provided that the regimen is expected to produce similar therapeutic effects with an acceptable safety margin, and provided it is scientifically justified in the study protocol. Prospective careful planning of assessment strategies for which different doses are used should be tailored to each case and described in the analysis plans.”

Disease-Related Intrinsic and Extrinsic Factors

*Understanding Disease Similarity Between Populations
as a Component of MRCT Design*

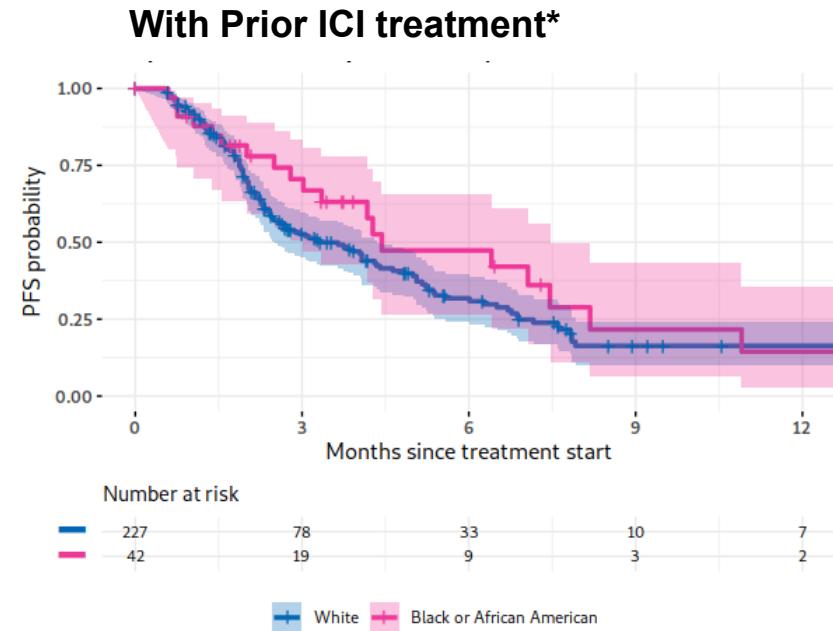
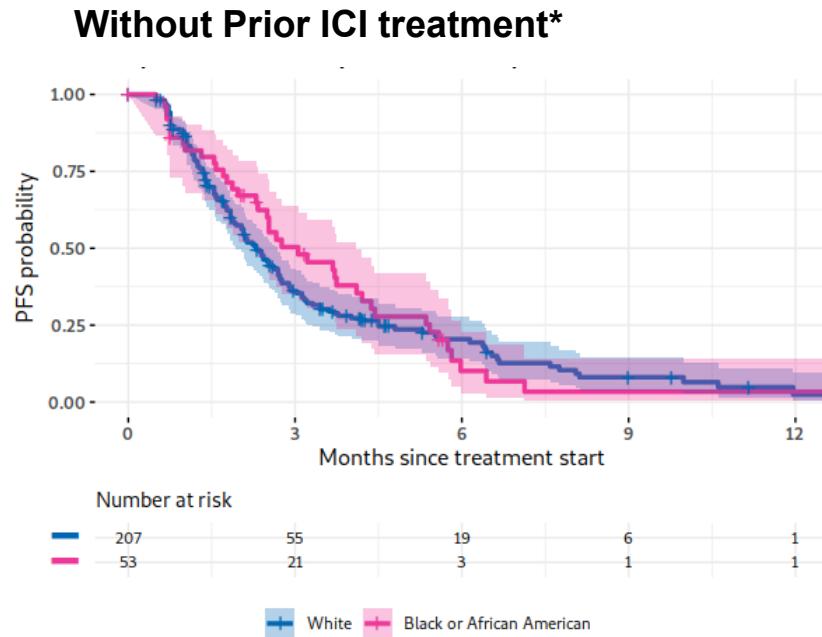
Inter-Population Differences in Disease Progression/ Prognosis – An Example in Relapsed/ Refractory Multiple Myeloma

Progression-free survival in Chinese and global populations in the phase III TOURMALINE-MM1 trial of Ixazomib + Lenalidomide/Dexamethasone



- Although the treatment effect of ixazomib, when added to Len/Dex, was statistically and clinically significant in both populations, absolute PFS in the Chinese population was substantially shorter than in the global population
 - More advanced/ refractory disease and differences in prior treatment
- Intriguing lessons illustrating importance of disease-related intrinsic/ extrinsic factors in MRCT design

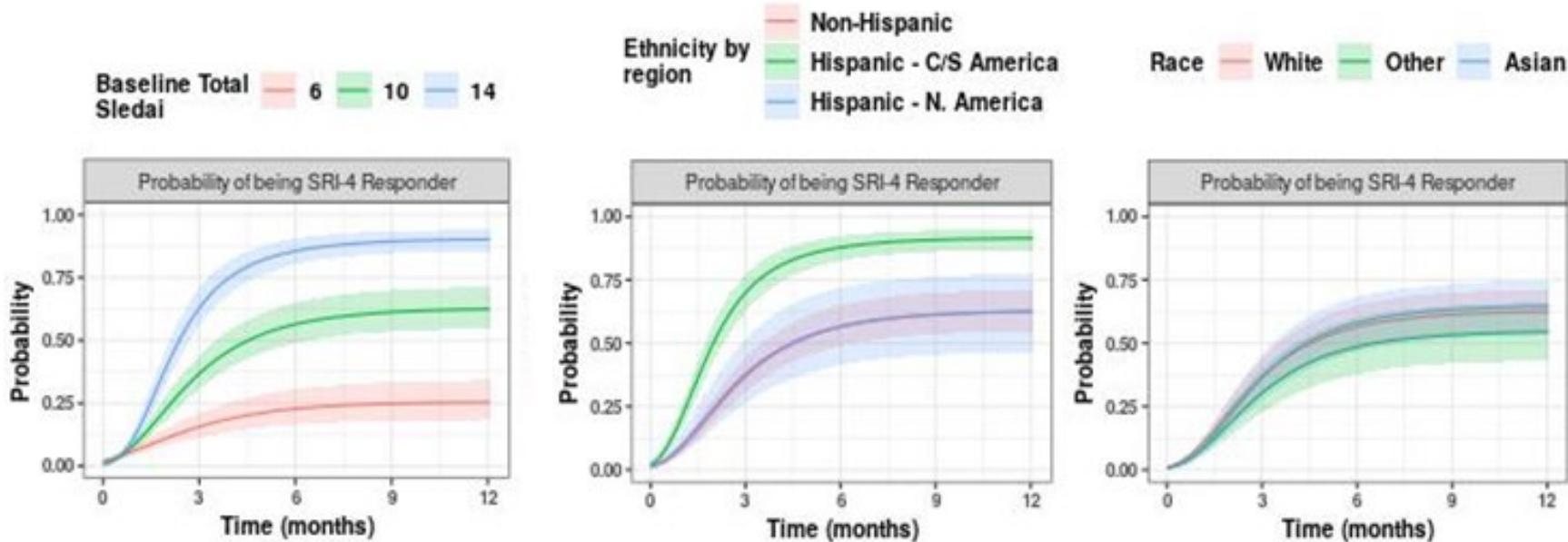
Illustration of Leveraging RWD to Assess Effects of Race/ Ethnicity *PFS for Docetaxel-based 2L treatment of NSCLC in Tempus database*



* Exploratory analyses

- Exploring RWD can help assess variability in outcomes in different patient populations ahead of initiating Proof-of-Concept studies.

Illustration of Disease Modeling of Population Heterogeneity – *Disease Trajectory Modeling of Pooled Patient-Level Placebo Arm (Placebo + Standard of Care) Data in Systemic Lupus Erythematosus (SLE)*

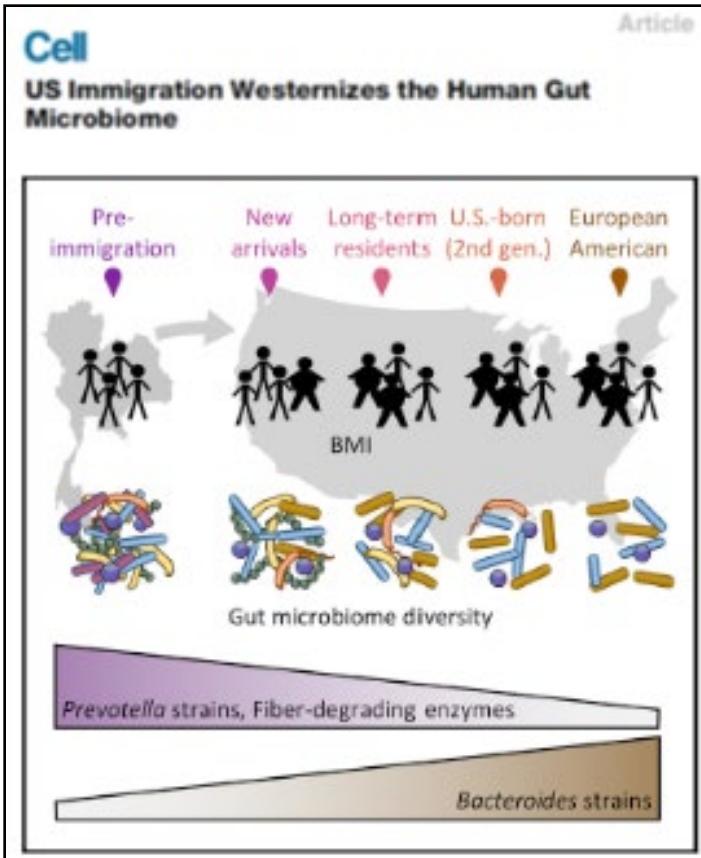


- Baseline disease severity (e.g., SLEDAI) influences probability of response (e.g., SRI-4)
- Greater response probability in Hispanic patients in Central/South America
- Consistency in disease trajectory in Asian vs. non-Asian populations supports Asia-inclusive SLE MRCTs

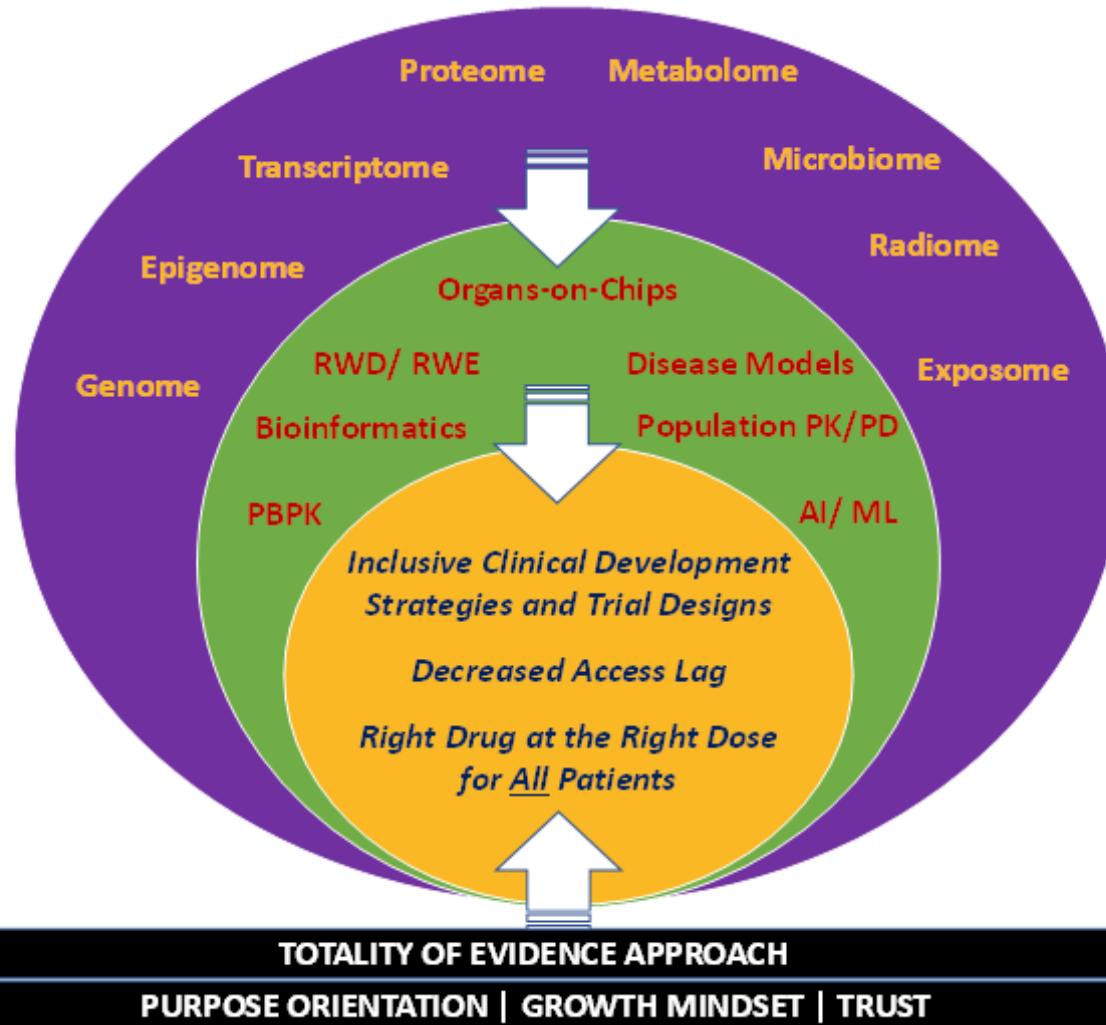
Global Population Variability in Intrinsic and Extrinsic Factors

May be More Dynamic than Typically Considered...

Emerging Role of the Gut Microbiome



Evaluating Population Diversity in Drug and Disease-Related Intrinsic and Extrinsic Factors Demands a Multi-Disciplinary Approach



Thank you!