

ACoP8 October 18, 2017

Neighbor's Envy Owner's Pride – Comparator Analysis for Drug Development and Market Access

Post-Approval Decision Making Supported by Modeling and Simulation Based on a Variety of Data Sources

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Statement of Problem and Context

- Variety of Data Sources
- Post-Approval Decision Making
 - Indirect Comparative Effectiveness
 - Probability of Success in Real World Evidence Trial
- Utility of M&S Given Different Data Sources
 - Limitations
 - Opportunities

A Variety of Data Sources

- Individual-Level Clinical Trial Data
- Individual-Level Patient Registry Data
- Individual-Level Electronic Medical Records
- Summary-Level Literature Meta-Data

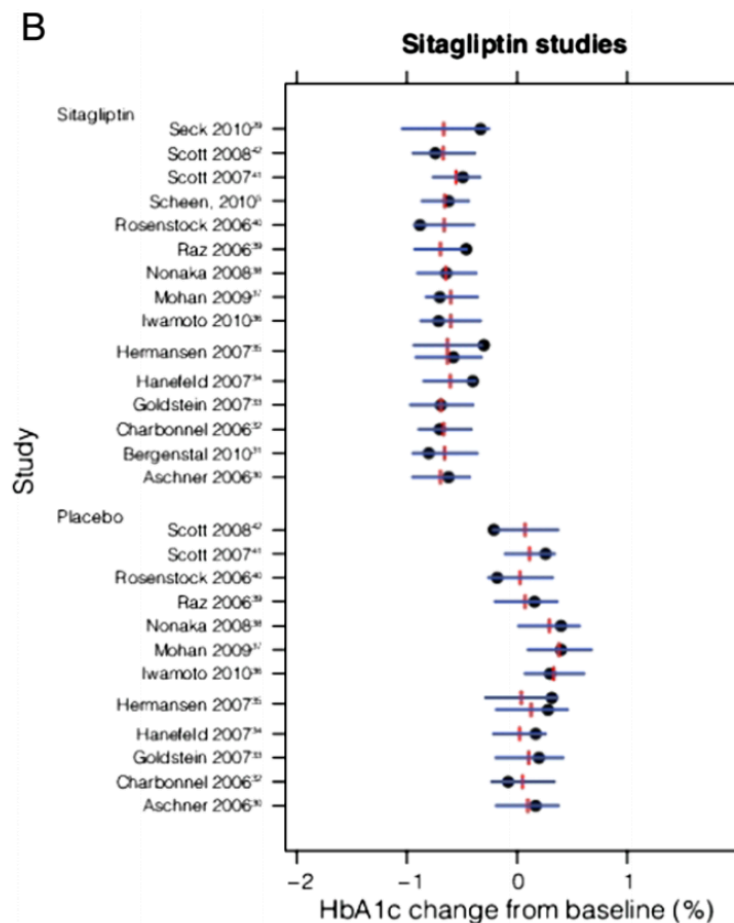
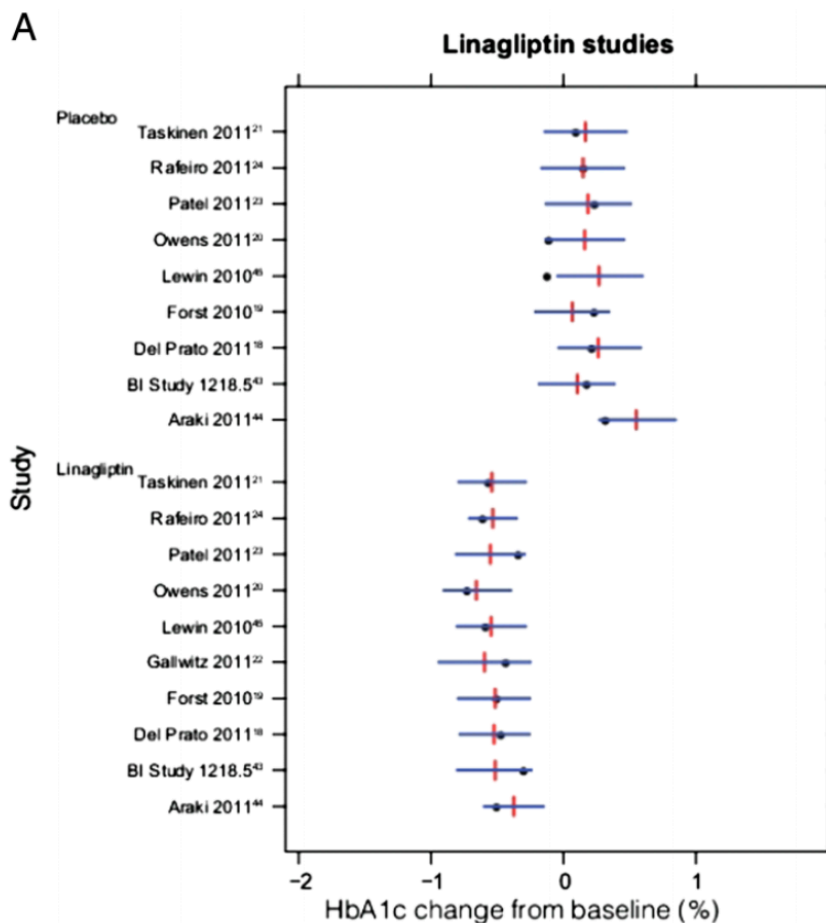


A novel model-based meta-analysis to indirectly estimate the comparative efficacy of two medications: an example using DPP-4 inhibitors, sitagliptin and linagliptin, in treatment of type 2 diabetes mellitus

Jorge Luiz Gross,¹ James Rogers,² Daniel Polhamus,² William Gillespie,² Christian Friedrich,³ Yan Gong,⁴ Brigitta Ursula Monz,⁴ Sanjay Patel,⁵ Alexander Staab,³ Silke Retlich³

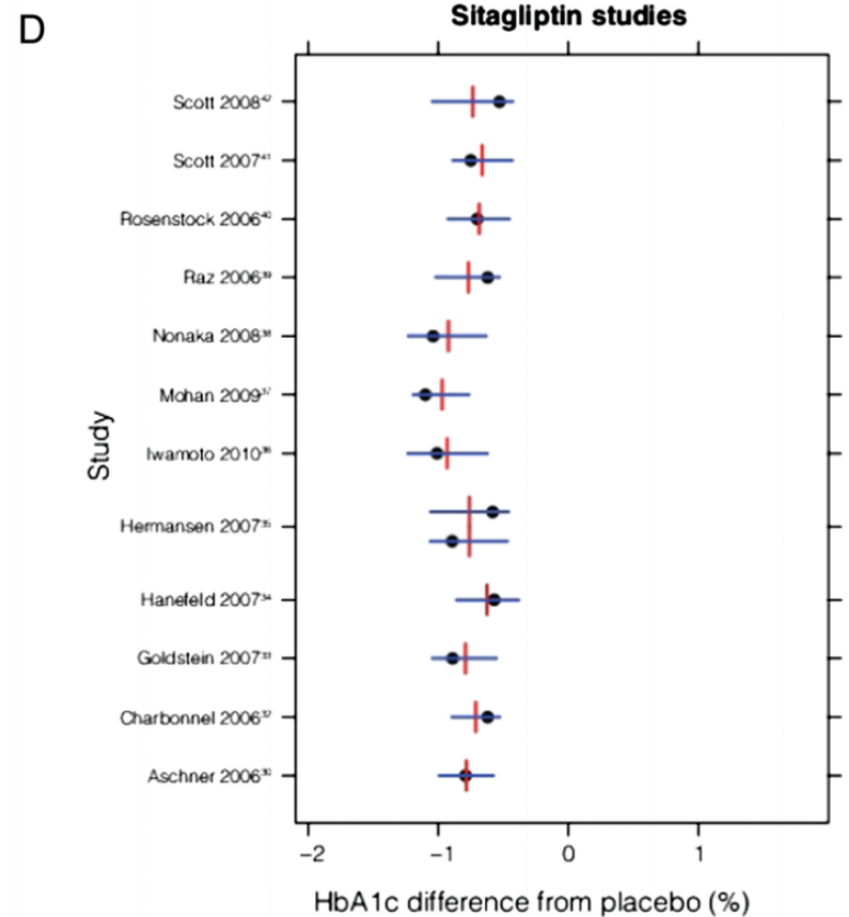
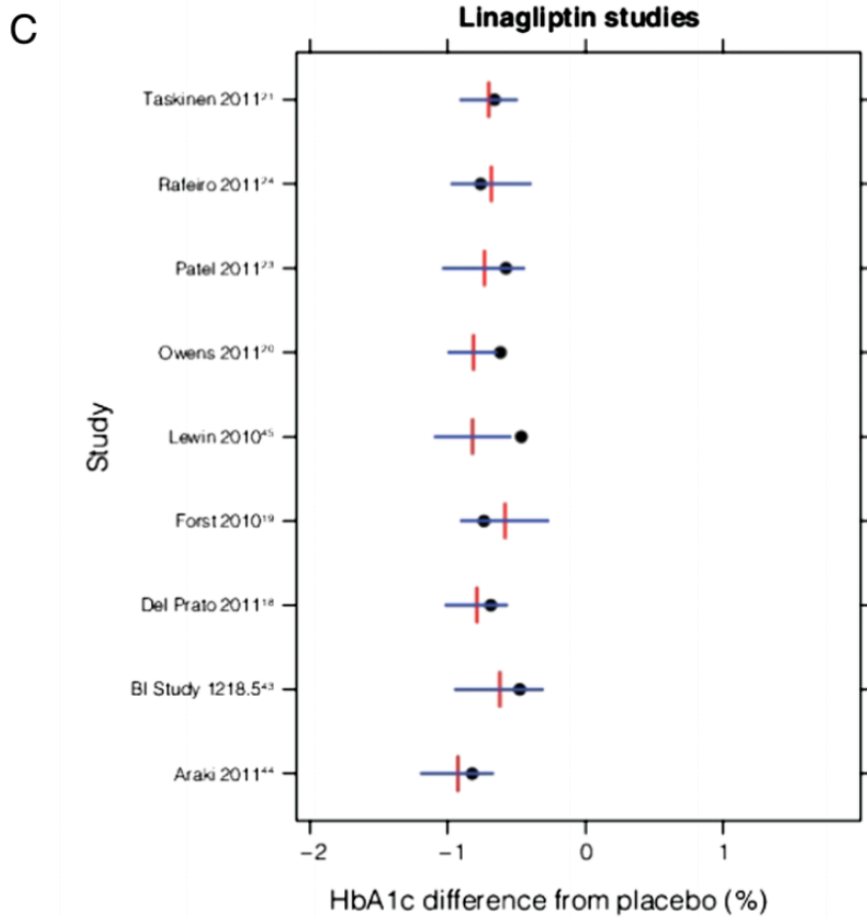
Gross JL, Rogers J, Polhamus D, Gillespie W, Friedrich F, Gong Y, Monz BU, Patel S, Staab A, Retlich S. A novel model-based meta-analysis to indirectly estimate the comparative efficacy of two medications: an example using DPP-4 inhibitors, sitagliptin and linagliptin, in treatment of type 2 diabetes mellitus. *BMJ Open* 2013, 3:e001844.

Trial Summary Data: HbA1c Change from Baseline



Gross et al BMJ Open 2013, 3:e001844.

Trial Summary Data: HbA1c Difference from Placebo



Gross et al BMJ Open 2013, 3:e001844.

Probability Distribution for Expected Response

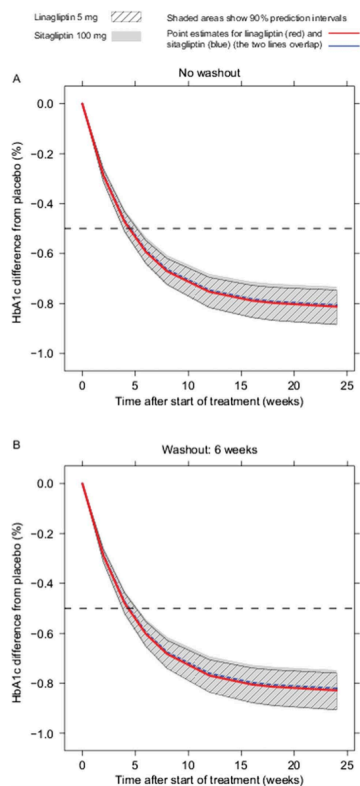


Figure 4 (A) Estimated drug effects on glycated haemoglobin (HbA1c) for reference population, with no pretreatment washout, over 24 weeks (difference from placebo). (B) Estimated drug effects on HbA1c for reference population, with 4-week washout plus 2-week placebo run-in period, over 24 weeks (difference from placebo). Reference population of 1000 participants, baseline HbA1c: 8%, racial composition: 61.5% White, 1.5% Black, 37% Asian.

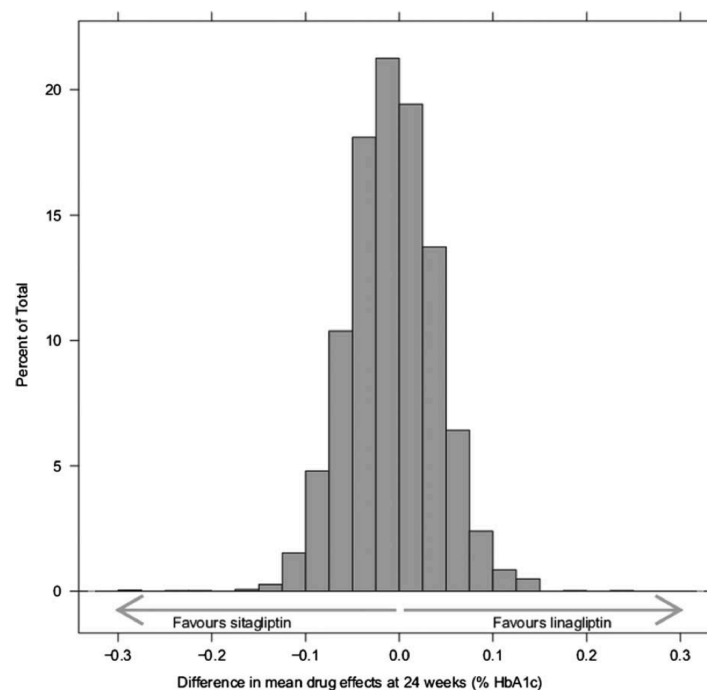
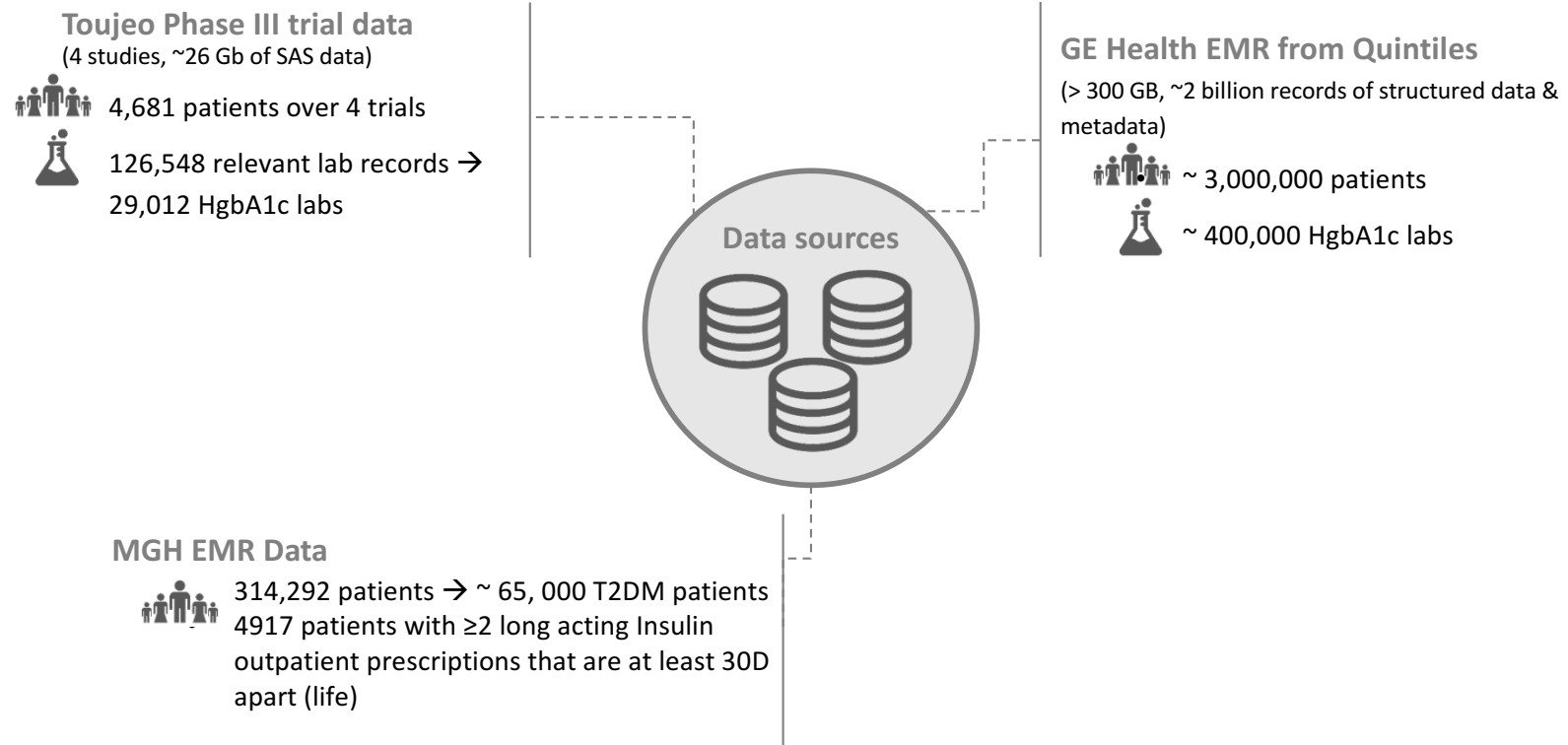


Figure 5 Posterior distribution for the difference in effect estimates between linagliptin (5 mg) and sitagliptin (100 mg) at 24 weeks. Reference population of 1000 participants (therefore involving 10^6 simulated patients), baseline glycated haemoglobin (HbA1c): 8%, racial composition: 61.5% White, 1.5% Black, 37% Asian.

Gross et al BMJ Open 2013, 3:e001844.

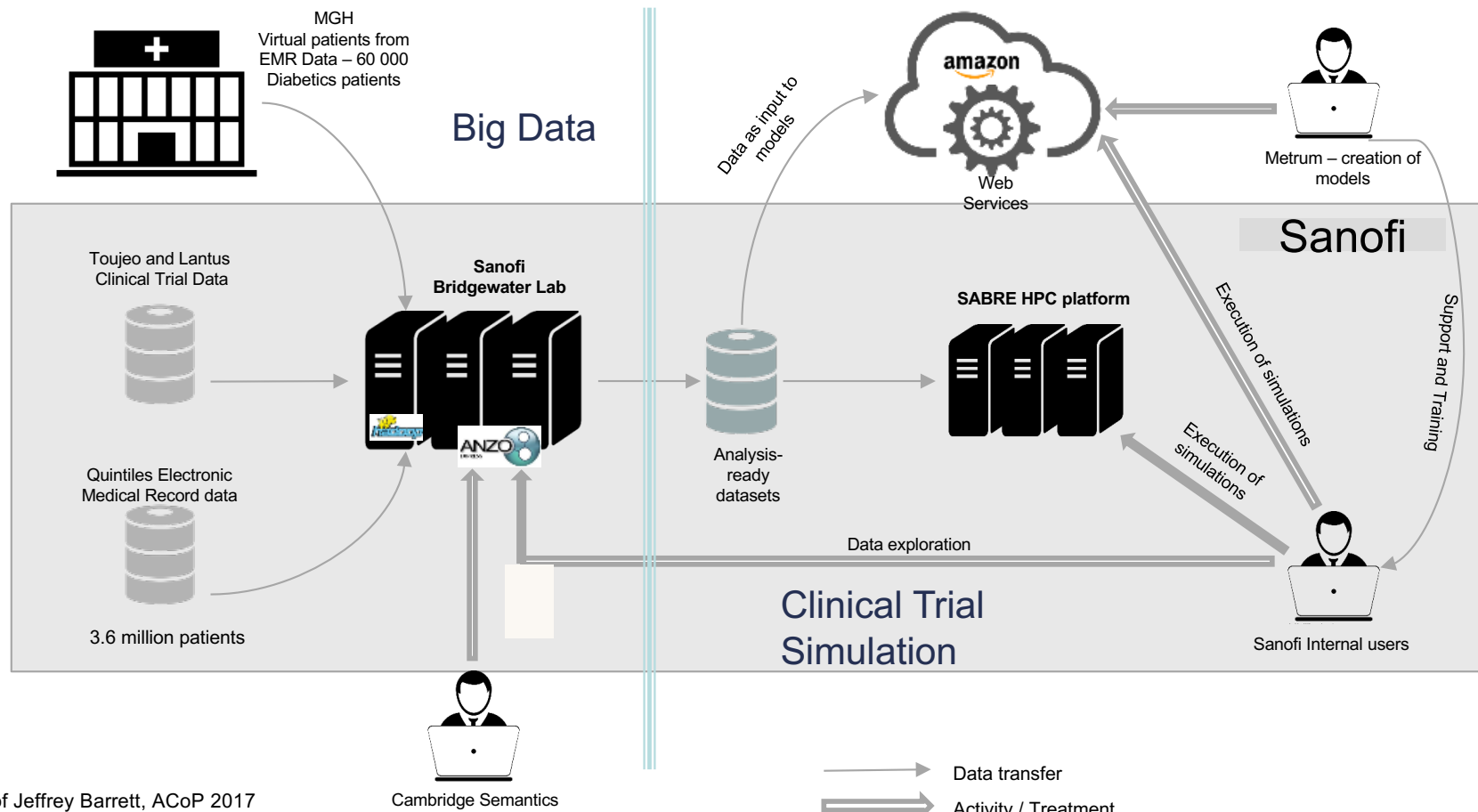
Toujeo Real World Evidence Trial Simulation: Data Sources



Slide courtesy of Jeffrey Barrett, ACoP 2017

Gastonguay ACoP2017 Covariate Effects for Labeling

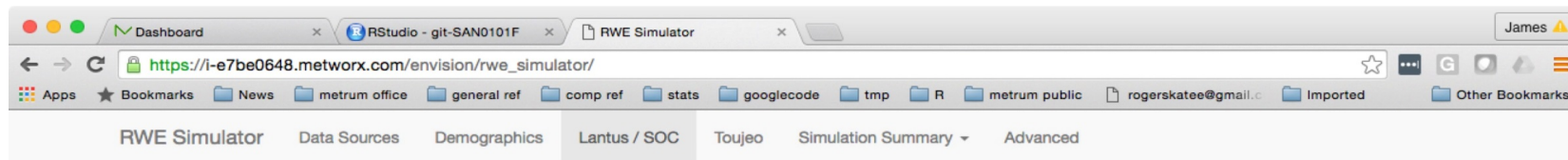
The Big Picture = Systems and Data



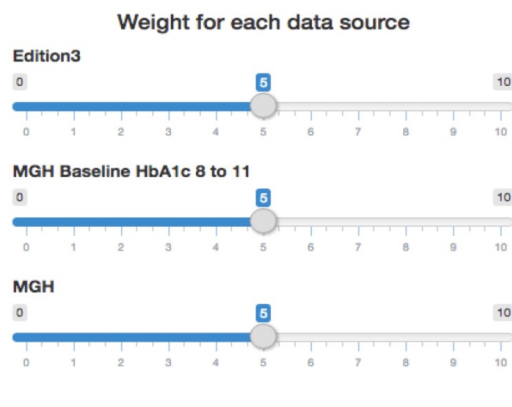
Slide courtesy of Jeffrey Barrett, ACoP 2017
 Gastonguay ACoP2017 Covariate Effects for Labeling

Cambridge Semantics

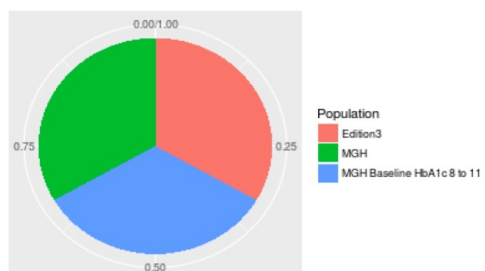
→ Data transfer
 → Activity / Treatment



Specification of SOC Event Rates



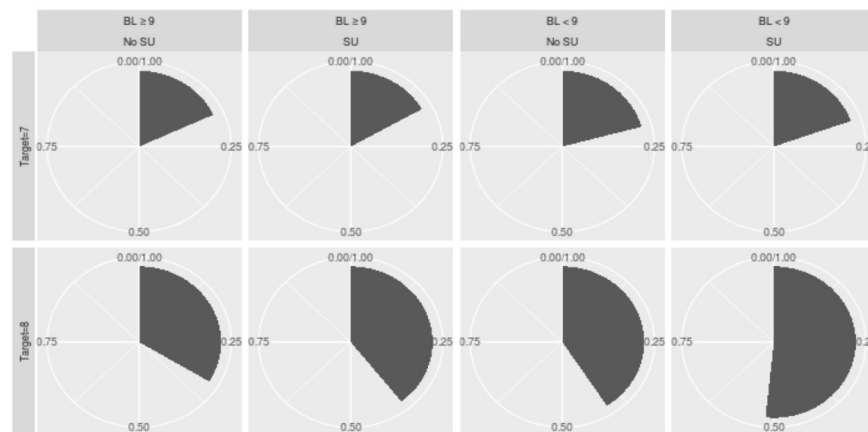
Summary of relative weights



Lantus/SOC Event Rate

Composite Endpoint (HbA1c target achieved without hypoglycemic event)

%	BL \geq 9 No SU	BL \geq 9 SU	BL $<$ 9 No SU	BL $<$ 9 SU
Target=7	18.1	16.8	20.8	19.5
Target=8	33.7	39.4	40.8	51.6



Event rate for composite endpoint: achieving target HbA1c while avoiding hypoglycemia

Pros/cons of aggregate data (AD) MA

- Pros
 - Relatively easy access to data from public sources
- Cons
 - Not well-suited for inferences about patient-level covariates.
 - Ecological bias/fallacy
 - Aggregate covariate data describes a narrower range of values than individual covariate data
 - For nonlinear models the relationship between the dependent variable and the covariates, e.g., dose or time, is not described by the same function for AD and IPD.
 - Usually no info about correlations among multiple outcomes
 - Model usually not suitable for prediction/simulation of individual outcomes

Alzheimer's Disease Progression Model

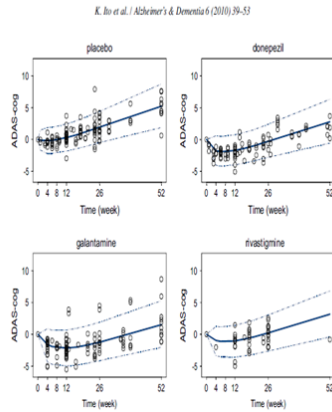
<http://www.adni-info.org/>

- Natural History
- Interpatient Variability
- Patient Specific Factors
- Imaging and CSF Biomarkers

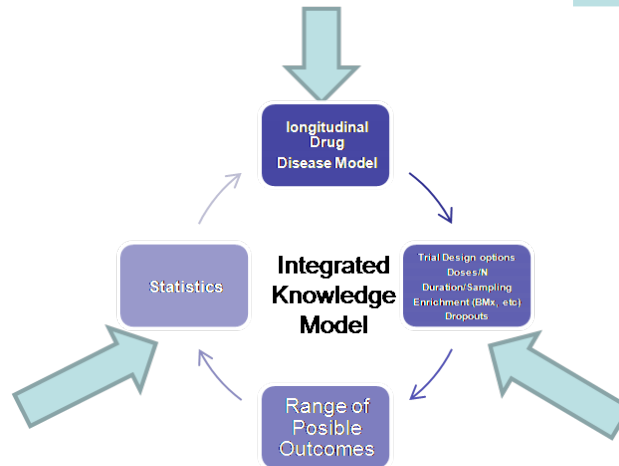
Sub-populations

- Normal (N=200)
- MCI (N=400)
- Mild AD (N=200)

Literature Meta-Data



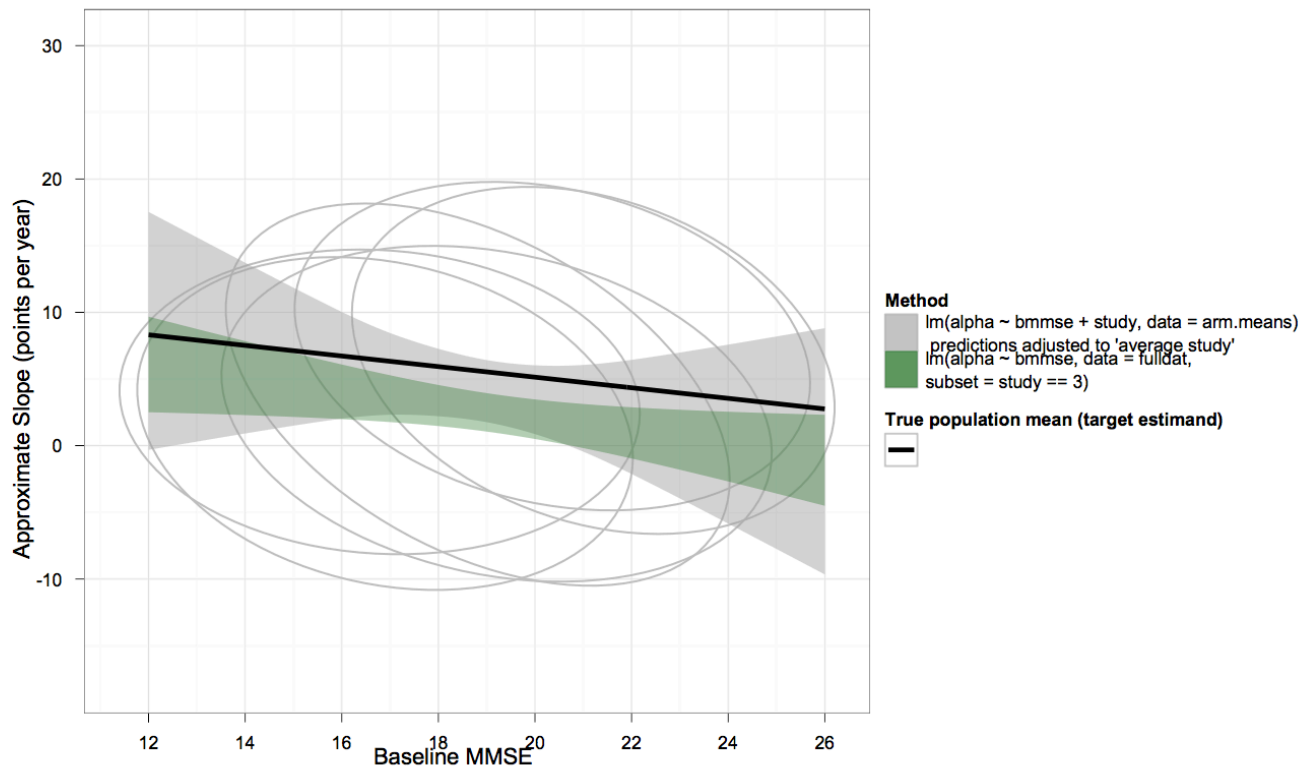
- 73 Trials (1990 to Present)
- Interstudy variability
- Estimate of drug treatment effects (magnitude, onset, offset)



- 9 trials, 3223 patients
- Interpatient Variability
- Patient Specific Factors
- Placebo Effect

<http://www.c-path.org/CAMD.cfm>

Tradeoffs Between Summary-level Analysis and Patient-level Analysis



Slide courtesy of Jim Rogers, ACoP 2011

Gastonguay ACoP2017 Covariate Effects for Labeling

Combining patient-level and summary-level data for Alzheimer's disease modeling and simulation: a beta regression meta-analysis

**James A. Rogers · Daniel Polhamus · William R. Gillespie ·
Kaori Ito · Klaus Romero · Ruolun Qiu · Diane Stephenson ·
Marc R. Gastonguay · Brian Corrigan**

Objective:

Develop a model to describe the longitudinal progression of ADAS-cog in Alzheimer's disease patients in both natural history and randomized clinical trial settings, utilizing both IPD and AD.

Hierarchical expectation propagation for Bayesian aggregation of average data*

Sebastian Weber[†] Andrew Gelman[‡] Bob Carpenter[‡] Daniel Lee[‡]
Michael Betancourt[§] Aki Vehtari[¶] Amy Racine[†]

26 Oct 2015

<https://arxiv.org/abs/1602.02055>

- Details methodology for joint analysis of IPD and AD from one study each [17, 18].
- Readily generalized to multiple IPD and AD studies.
- The AD data likelihood is imputed by simulation.
- That is embedded within an overall Bayesian analysis method involving:
 - Analysis of IPD by HMC (Stan),
 - Analysis of AD data by importance sampling, and
 - Iterative updating of both IPD and AD analyses by expectation propagation.

Why Use Meta-Data at All?

- Comprehensive view of current state of knowledge
- May be only source of estimates for competitor drug effects
- Inferences may be limited to simple treatment mean or SD comparisons
- Combine with individual-level data from other sources

Another Strategy

Build Models Sequentially by Data Source

- Model-Based Meta Analysis for Comparator Mean Effect

-Bayesian Data Analysis

- Informative Prior Distributions for Comparator Mean Effects based on MBMA
- Individual-Level Data for Disease Progression and Population Variability
- Individual-Level Data for Proprietary Asset

-Perform Simulation from Bayesian Posterior Distributions

Utility of Different Data Types

Model-Based Inference or Application	Data Type			
	A. Individual-Level Clinical Trial Data	B. Individual-Level Patient Registry Data	C. Individual-Level Electronic Medical Records	D. Summary-Level Clinical Trial Meta Data (e.g. Mean & SD)
Treatment Mean Comparison	X		in combination with A or D	X
Treatment SD Comparison	X			X
Individual Covariate Effect Estimation	X			
Covariate Distributions	X	X	X	
Sample Size Calculation	X	in combination with A or D	X	X
Trial Simulation with Individual Inferences or multiple endpoints	X	in combination with A	in combination with A	in combination with A