

# Role of Disease Models in New Drug Development and Approval

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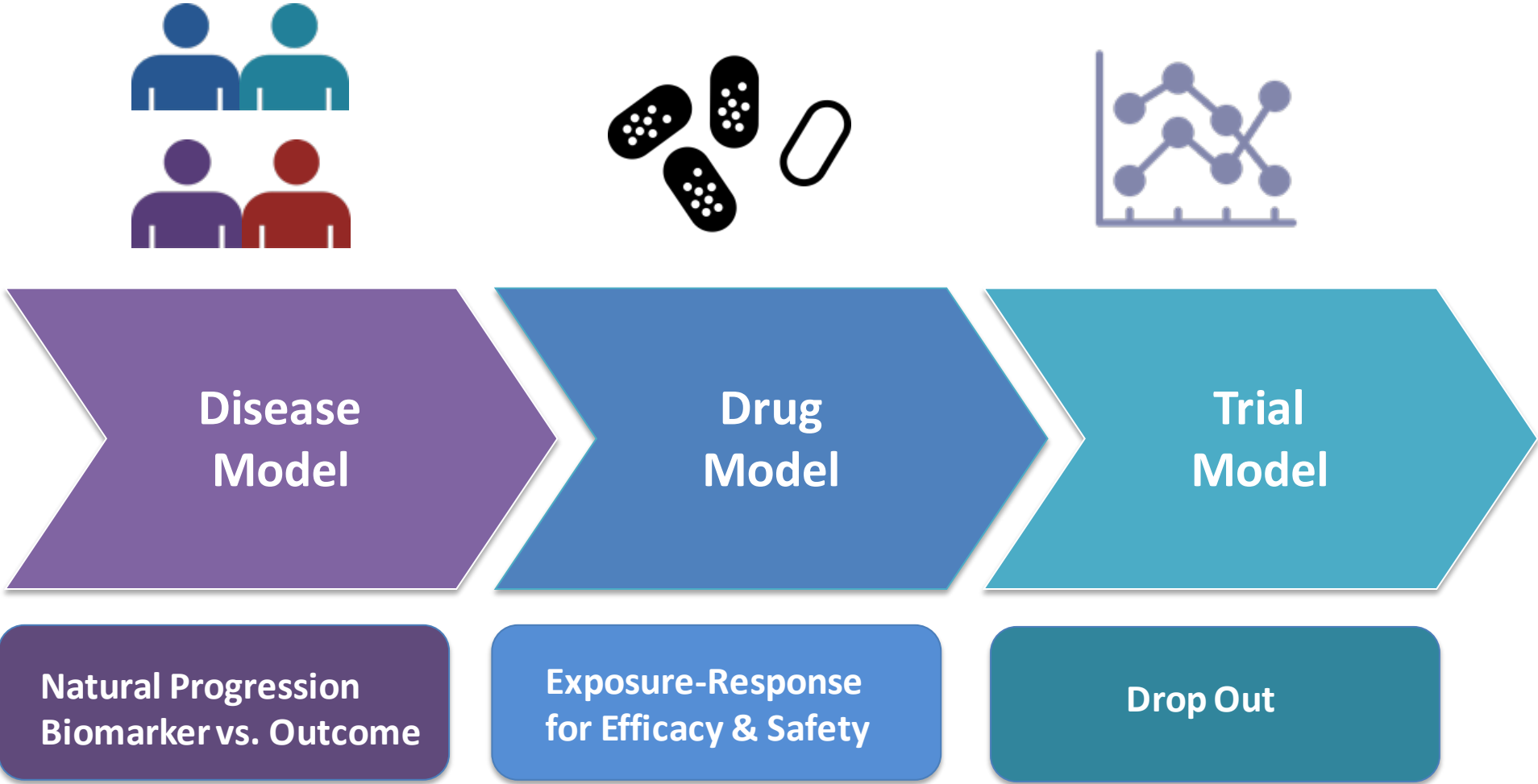
Division of Pharmacometrics  
Office of Clinical Pharmacology  
OTS/CDER/FDA

Best Practices for Development and Application of Disease Progression Models  
November 19, 2021

# Outline

- Introduction (MIDD and Disease-Drug-Trial Model)
- Disease Models at FDA and Case Examples
  - Disease Models at FDA
    - (DPM Strategic Goals and Examples of Disease Models)
  - Case Examples
    - Pediatric Extrapolation: Schizophrenia Disease-Drug-Trial Model
    - Patient Selection: DMD Disease Model
    - Biomarker Change with Disease: Osteoporosis Disease-Drug Model
- Interaction with FDA on Disease Modeling
  - FPP Program
  - MIDD Paired Meeting Pilot Program
  - CID Program
- Opportunities for Collaboration
- Take Home Message

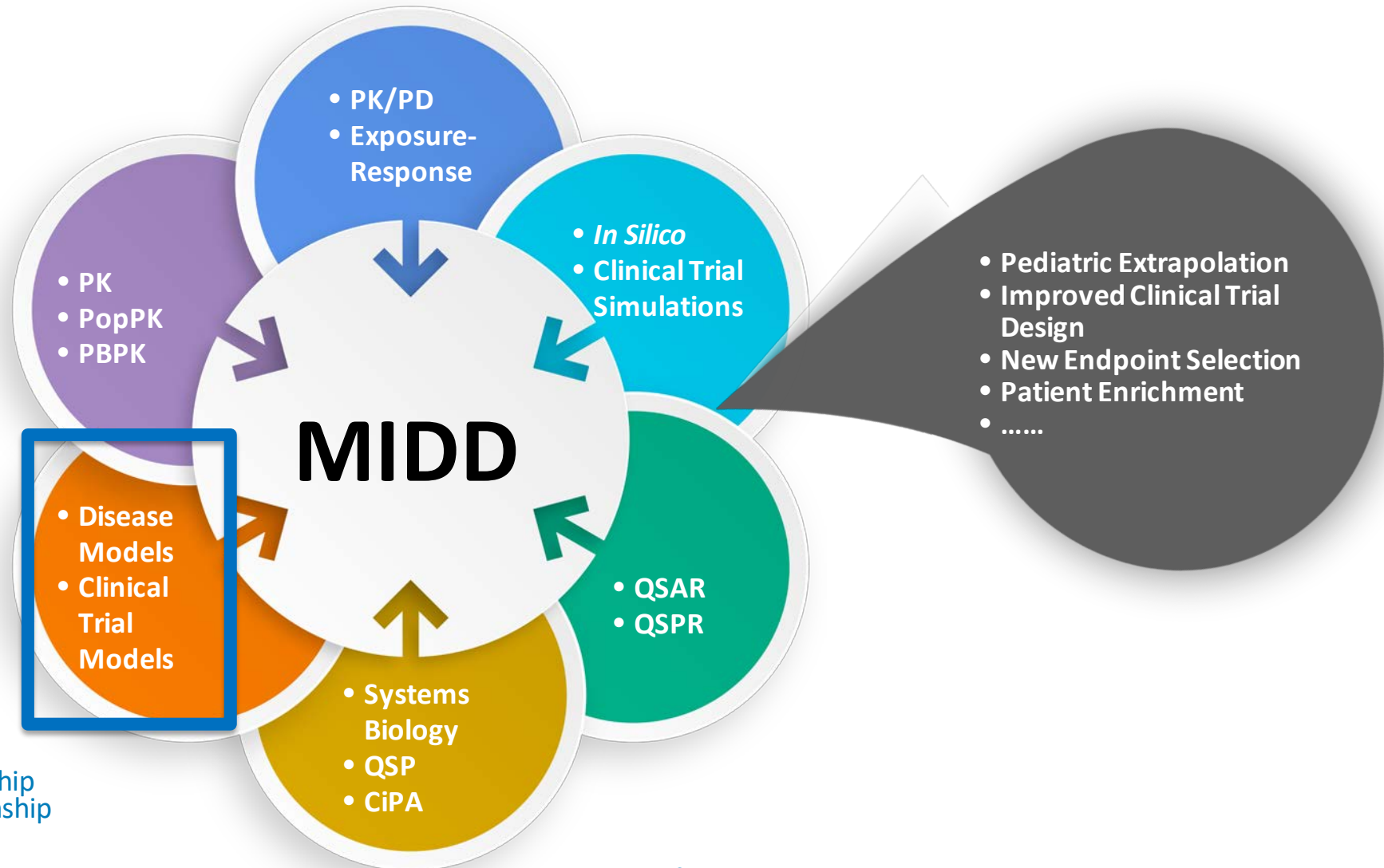
# Quantitative Disease-Drug-Trial Models



\*: [Jogarao V S Gobburu](#), [Lawrence J Lesko](#). **Quantitative disease, drug, and trial models.** *Annu. Rev. Pharmacol. Toxicol.* 2009. 49:291–301. doi:10.1146/annurev.pharmtox.011008.145613.

# Model-Informed Drug Development

Development and application of exposure-based, biological, and statistical models derived from preclinical and clinical data sources to address drug development or regulatory issues\*



QSAR: Quantitative structure–activity relationship  
QSPR: Quantitative structure–property relationship

\* From PDUFA 6; Excludes statistical designs involving complex adaptations, Bayesian methods, or other features requiring computer simulations to determine the operating characteristics of a confirmatory clinical trial.

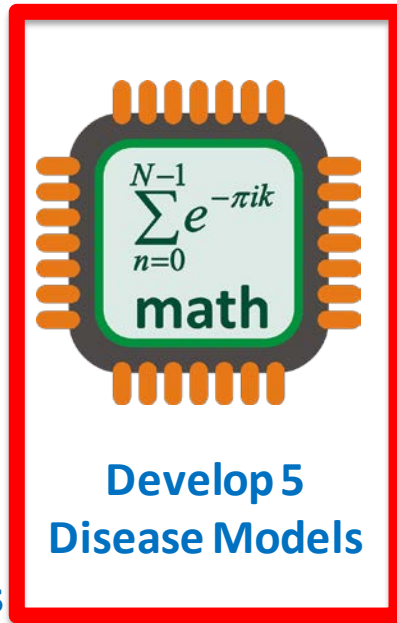
# Pharmacometrics 2020 Strategic Goals



Train 20  
Pharmacometricians



Implement 15  
Standard Templates



International  
Harmonization



Integrated  
Quantitative  
Clinical  
Pharmacology  
Summary

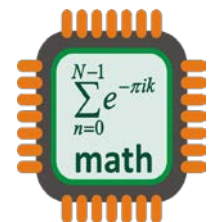


Design By  
Simulation

2010

2020

# Disease Model Examples from FDA



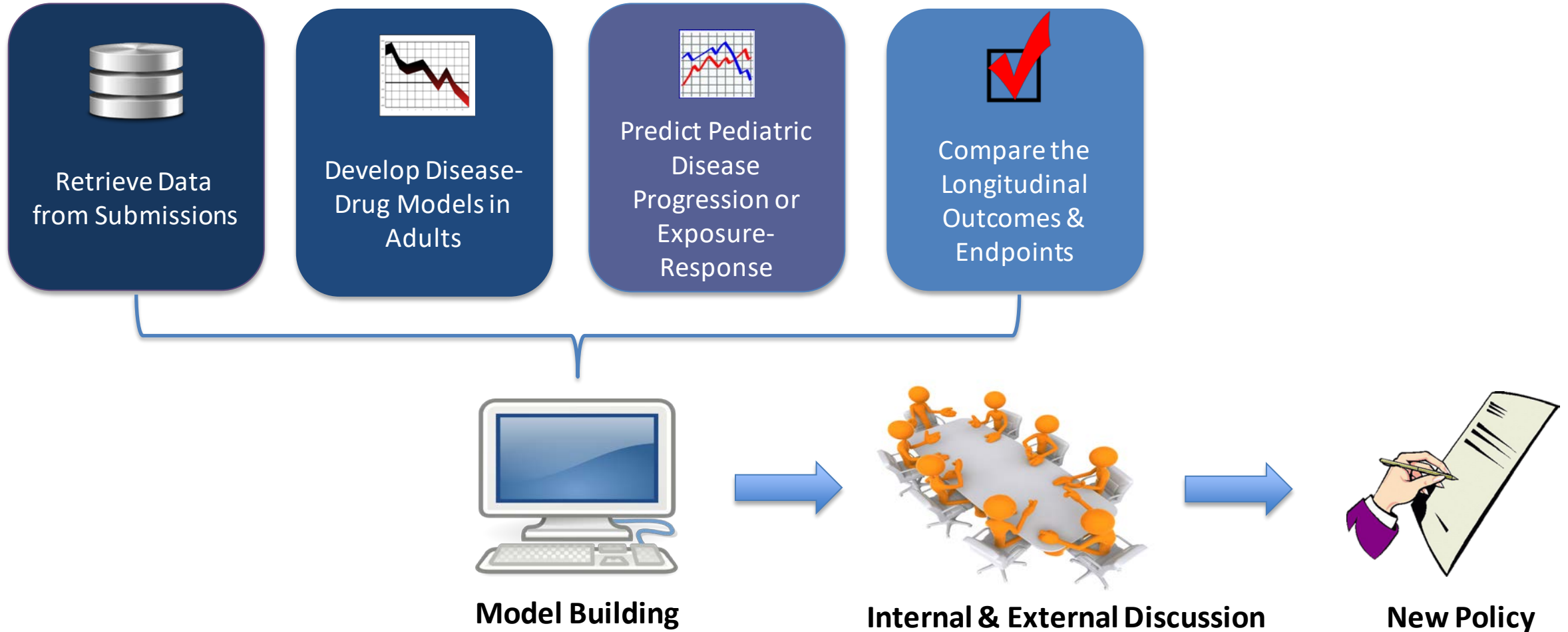
No	Disease Model	Use
1	NSCLC Model <sup>[1]</sup>	Late Phase Trial Design.
2	Parkinson's Disease Model <sup>[2]</sup>	Endpoint Selection and Clinical Trial Design
3	Alzheimer's Disease Model <sup>[3]</sup>	Endpoint Selection and Clinical Trial Design
4	Diabetes Disease Model <sup>[4]</sup>	Clinical Trial Design
5	Huntington's Disease Model <sup>[5]</sup>	Patient Enrichment, Clinical Trial Design
6	DMD Disease Model <sup>[6]</sup>	Patient Enrichment, Clinical Trial Design
7	HIV Model <sup>[4]</sup>	Clinical Trial Design
8	Schizophrenia Model <sup>[7]</sup>	Pediatrics Extrapolation
9	Bipolar I disorder Model <sup>[8]</sup>	Pediatrics Extrapolation
10	Weight Loss Model <sup>[9]</sup>	Clinical Trial Design
11	Bone Density Model <sup>[10]</sup>	Clinical Trial Design
12	Idiopathic Pulmonary Fibrosis Model <sup>[11]</sup>	Patient Enrichment, Clinical Trial Design
13	Rheumatoid Arthritis Model <sup>[12]</sup>	Patient Enrichment, Clinical Trial Design
14	Pulmonary Arterial Hypertension Model <sup>[13]</sup>	Endpoint Selection and Clinical Trial Design

<https://www.fda.gov/about-fda/center-drug-evaluation-and-research-cder/division-pharmacometrics>.

# Case 1: Disease Model for Schizophrenia



## Characterize the Profile of the Disease Progression and ER

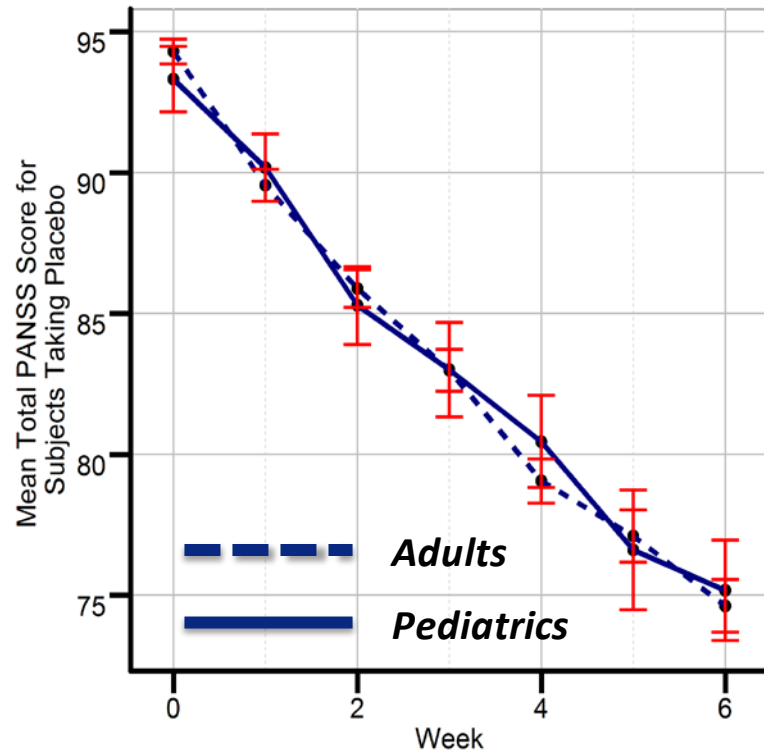


# Qualitative Evidence to Demonstrate Disease Similarity

## Disease Model

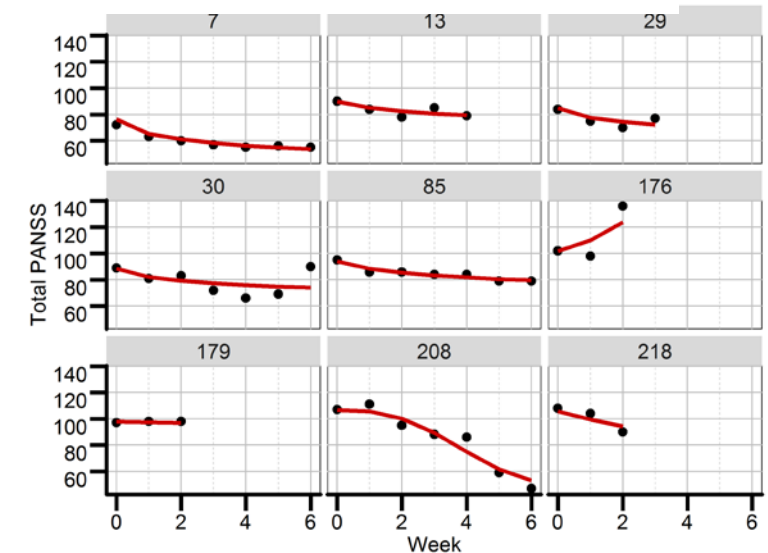
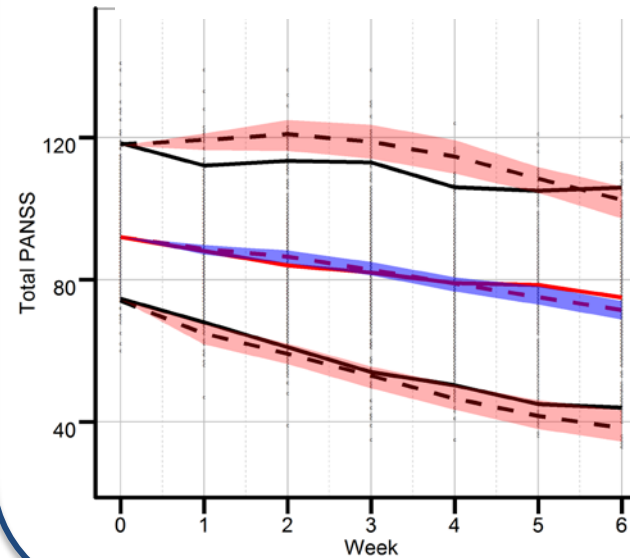


Disease Progression over a Typical 6-Week Trial is Similar Between Adults and Adolescents Completers (Observed)



Disease Progression over a Typical 6-Week Trial is Similar Between Adults and Adolescents [ Model Described ]

$$PANSS(t) = \text{Baseline PANSS} \times \left[ 1 - Pmax \times \left( 1 - \exp^{-\left(\frac{t}{TD}\right)^{POW}} \right) \right]$$



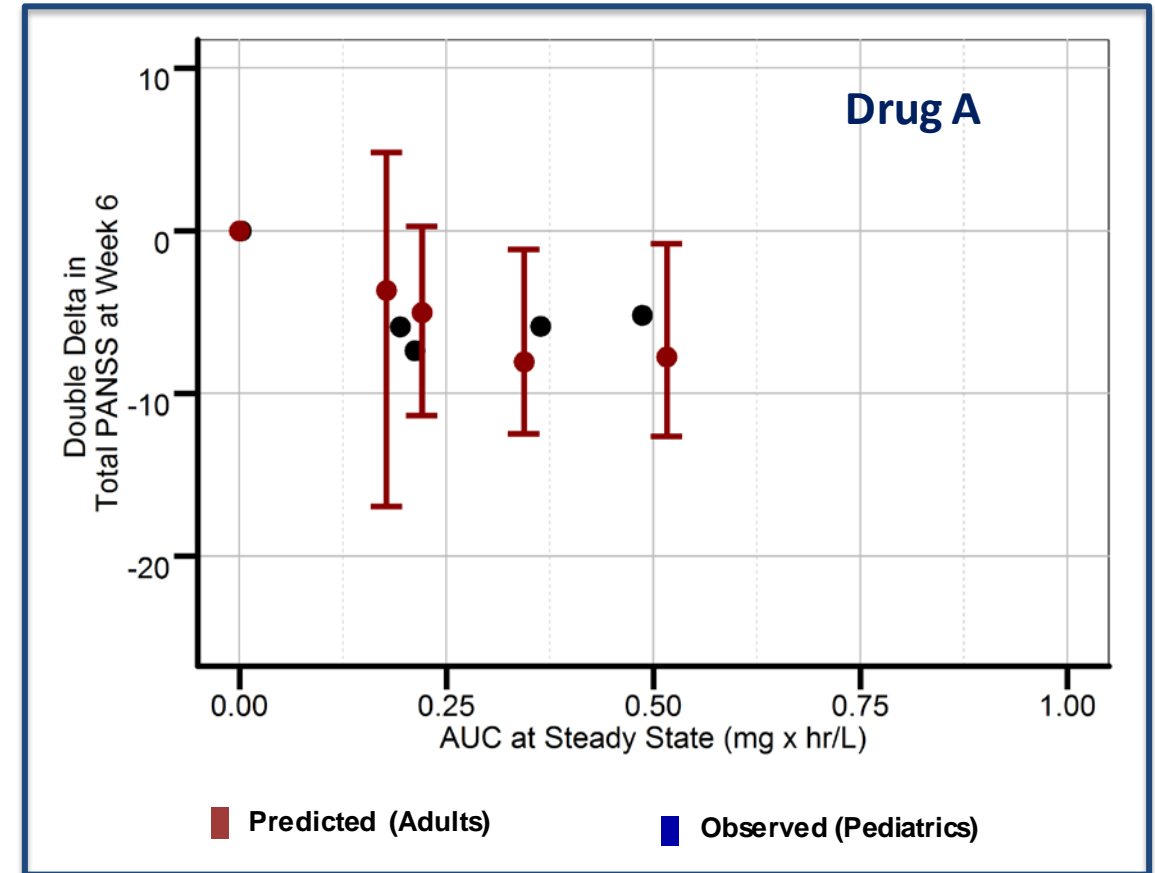


# Justification for Exposure Response Similarity

## Drug Model

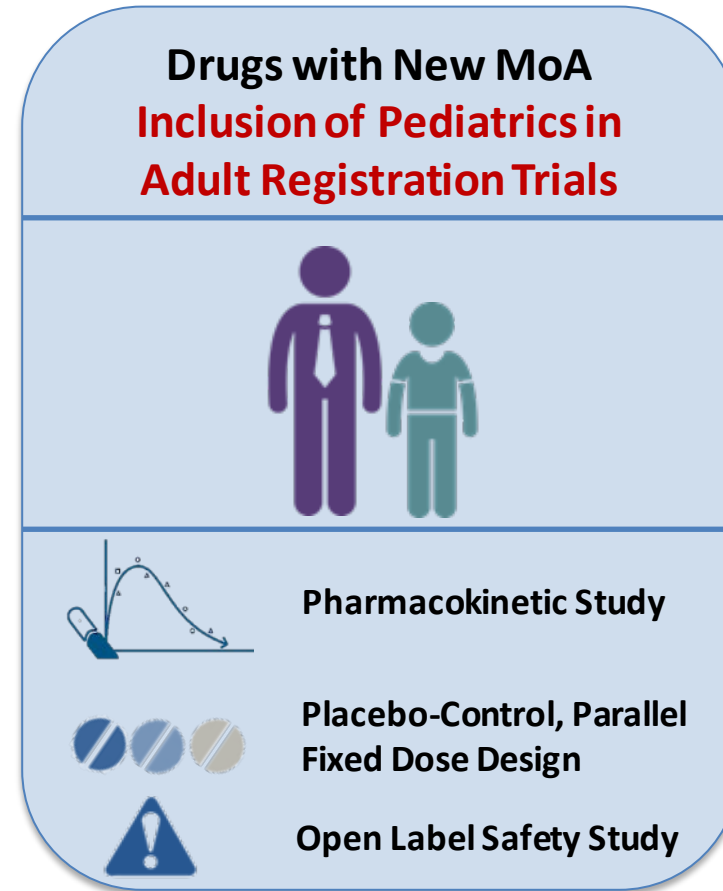
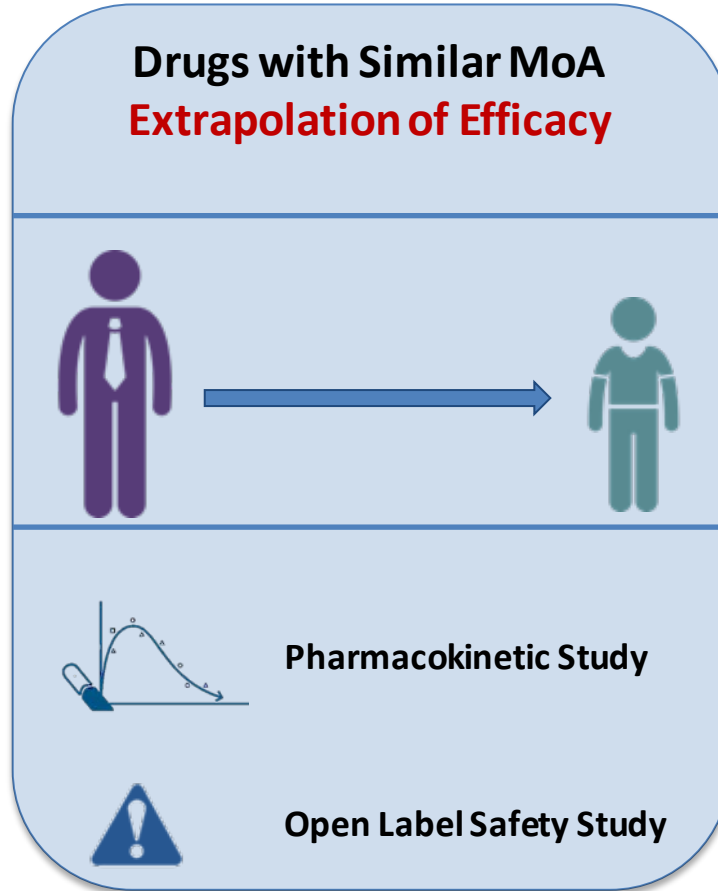


Drug	Age (yrs)	Dose in Adolescents (mg/day)	Dose in Adults (mg/day)
Paliperidone ER	12-17	Weight <51 kg: 3-6 Weight >51 kg: 3-12	3-12
Quetiapine	13-17	400-800	400-800
Risperidone	13-17	1-6	4-16
Aripiprazole	13-17	10-30	10-30
Lurasidone	13-17	40-80	40-160
Olanzapine	13-17	10	10



# Extrapolation of Efficacy from Adults to Pediatrics

## Schizophrenia Program



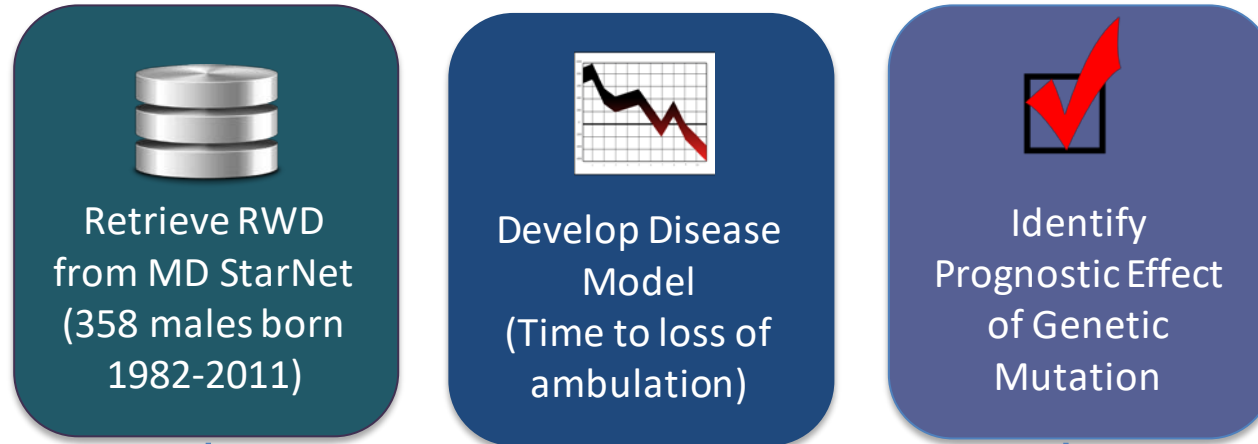
\*Juvenile animal studies needed for bipolar I indications less than 12 years of age

\*\*Open label safety studies could concurrently enroll patients with bipolar I and schizophrenia adult and pediatric patients

# Case 2: Disease Model for Childhood-Onset Dystrophinopathy



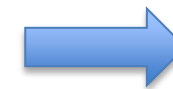
## Characterize Covariates



Joint effort from federal/state government & academia



Model Building



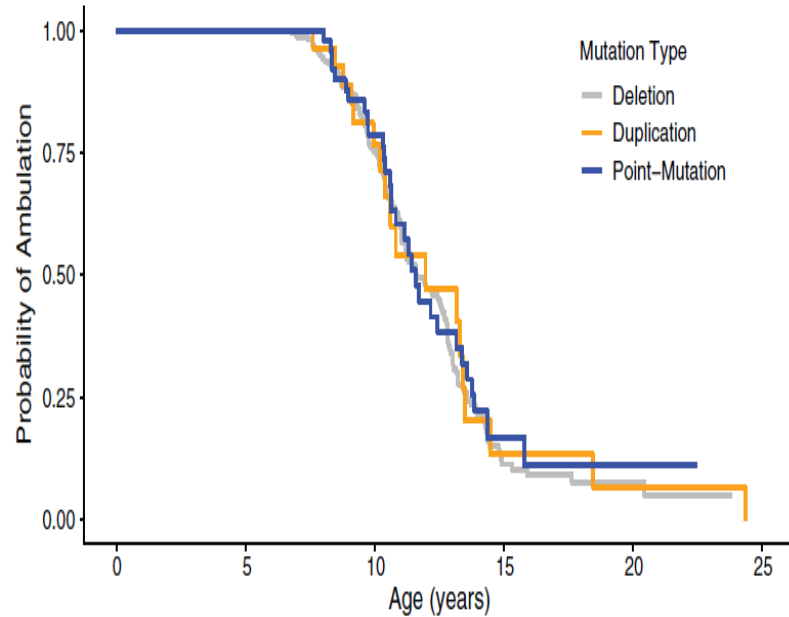
New Protocol Design

# Identify Prognostic Effect of Genetic Mutation

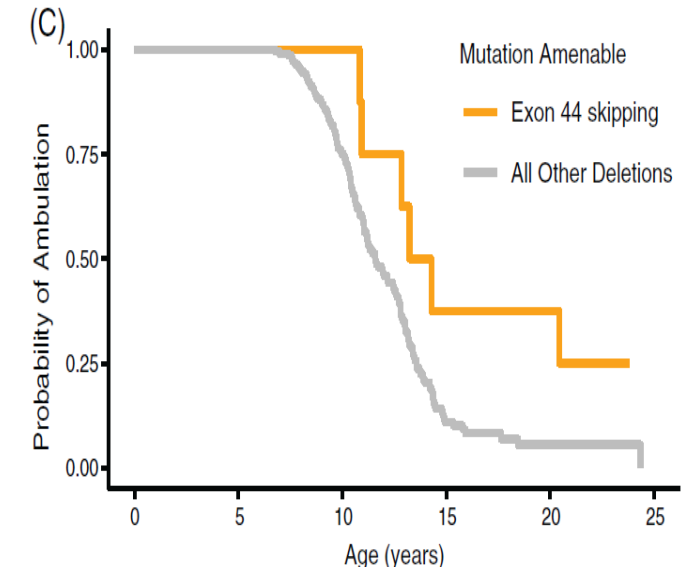
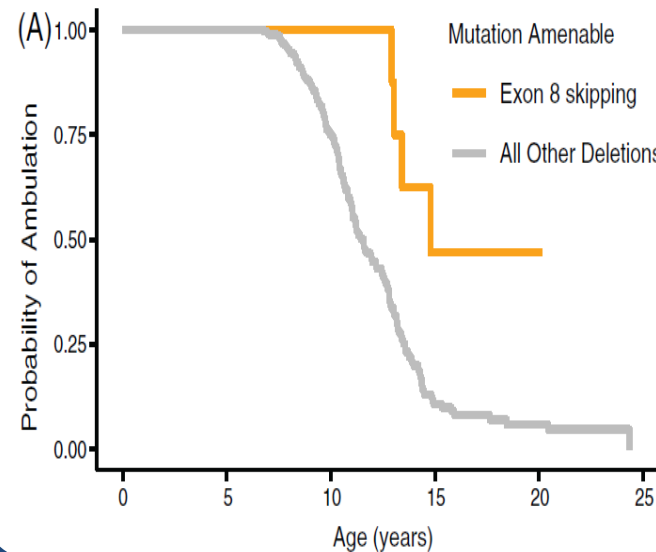
## Disease Model with Covariate Effect



No Difference in Disease Progression by Genetic Mutation Type



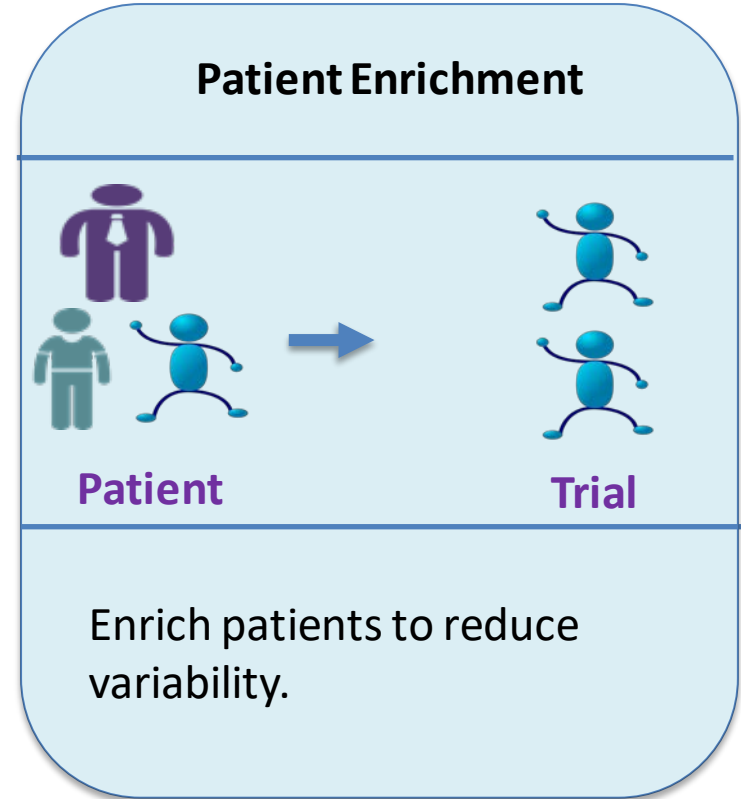
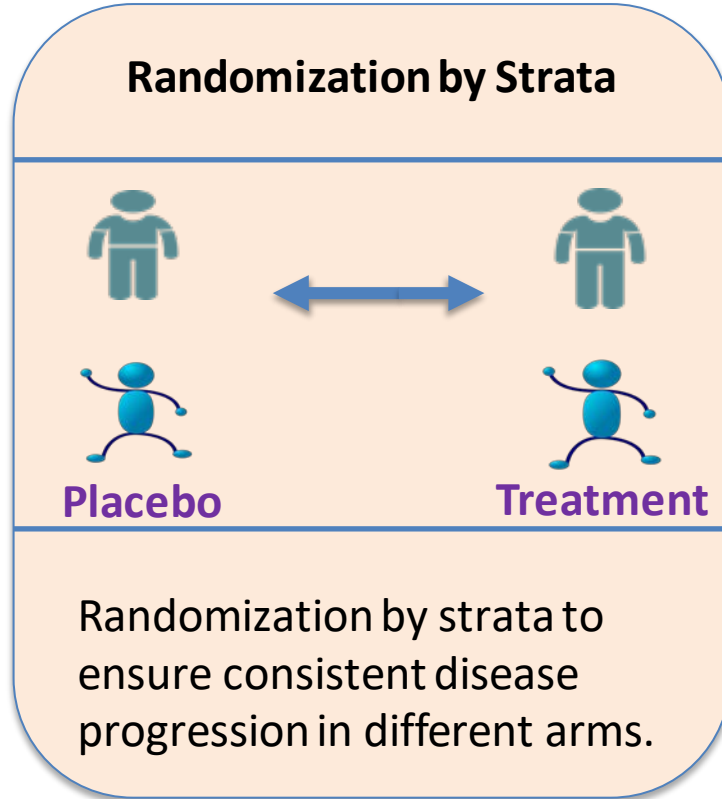
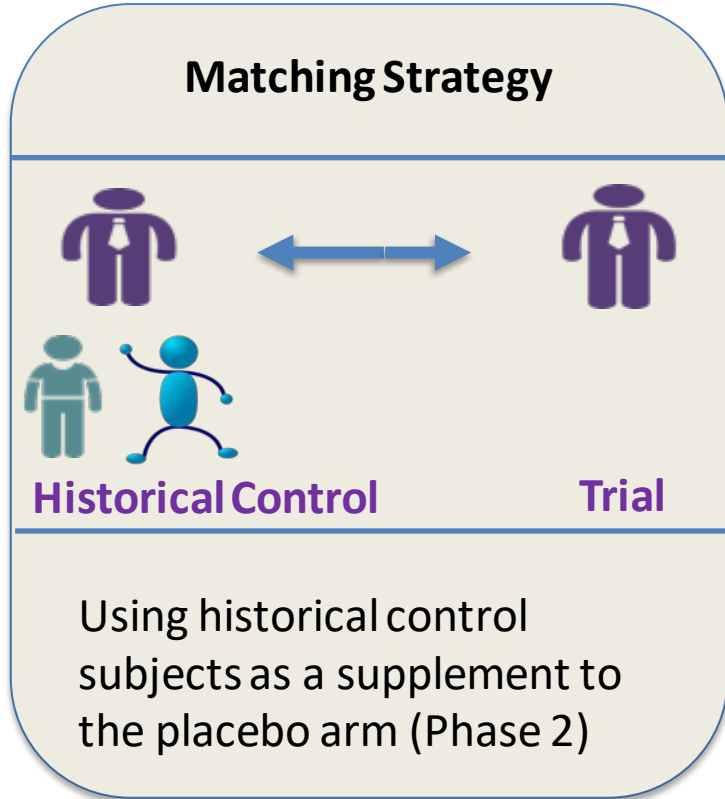
Exon 8 and 44 Skippable Subgroups Showed Lower Risk of LoA Relative to Other Amenable Subgroups



[Gregory Haber](#), [Kristin M Conway](#), [Pangaja Paramsothy](#), [Anindya Roy](#), [Hobart Rogers](#), [Xiang Ling](#), [Nicholas Kozauer](#), [Natalie Street](#), [Paul A Romitti](#), [Deborah J Fox](#), [Han C Phan](#), [Dennis Matthews](#), [Emma Cifaloni](#), [Joyce Oleszek](#), [Katherine A James](#), [Maureen Galindo](#), [Nedra Whitehead](#), [Nicholas Johnson](#), [Russell J Butterfield](#), [Shree Pandya](#), [Swamy Venkatesh](#), [Venkatesh Atul Bhattaram](#) **Association of genetic mutations and loss of ambulation in childhood-onset dystrophinopathy.** *Muscle Nerve*. 2021 Feb;63(2):181-191. doi: 10.1002/mus.27113. Epub 2020 Nov 17

# Improve Patient Enrichment, Randomization, and Matching

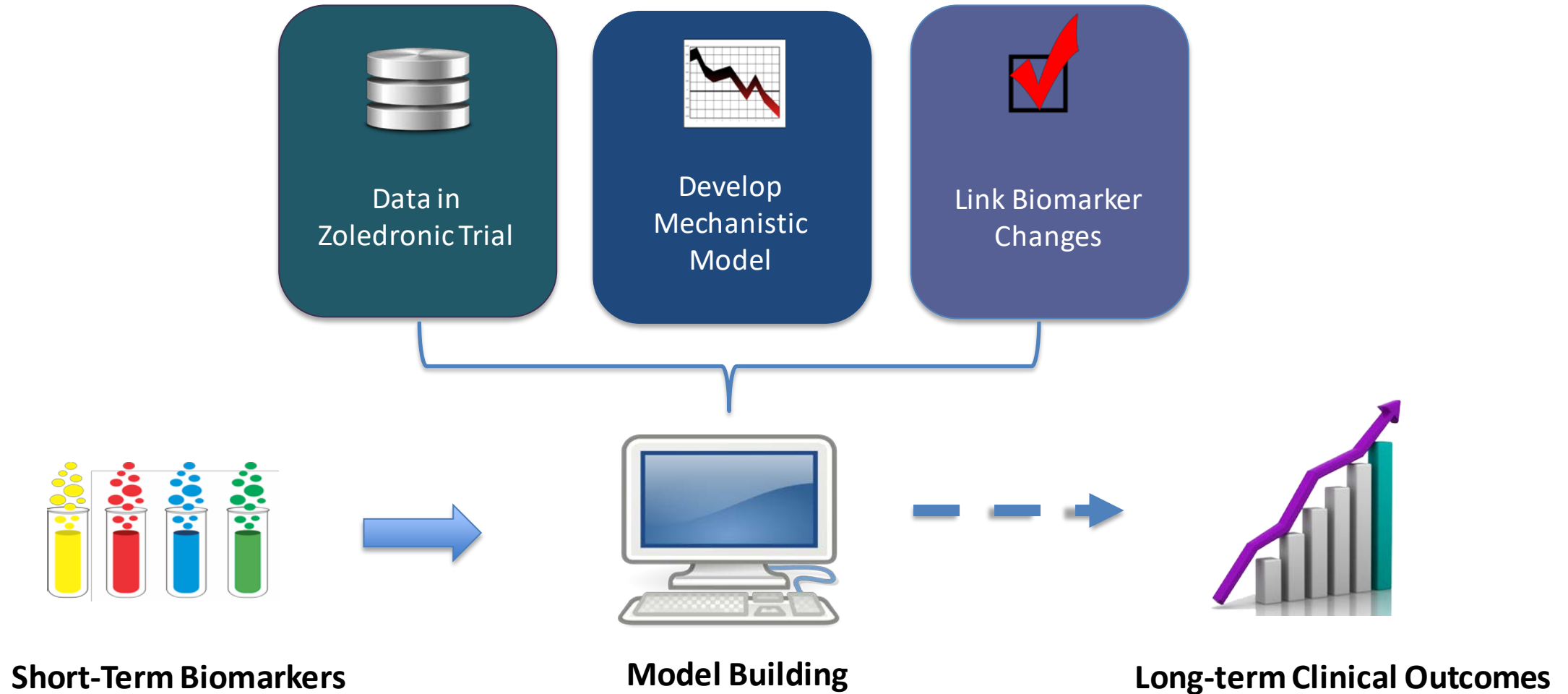
## Duchenne Muscular Dystrophy



# Case 3: Disease Model for Postmenopausal Osteoporosis



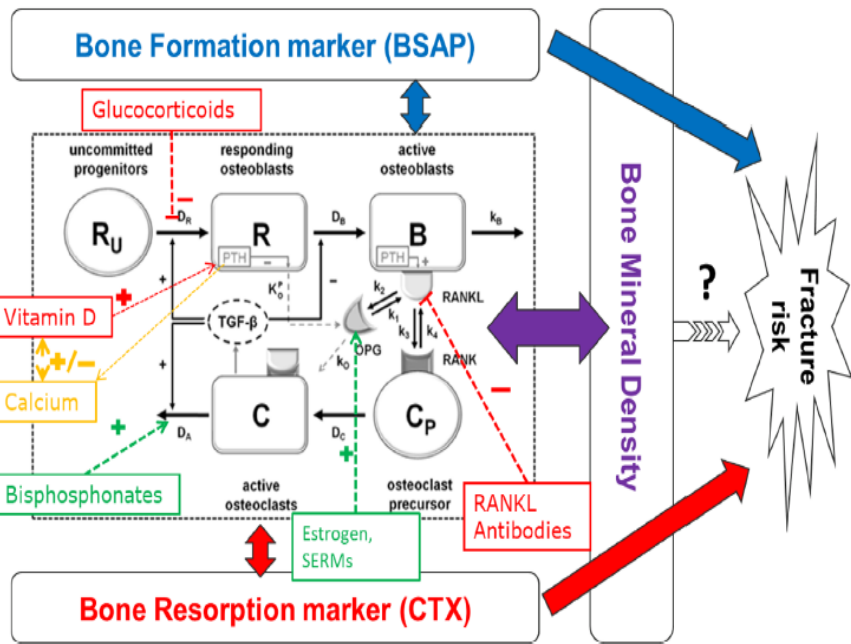
## Link Short-Term Biomarker Changes



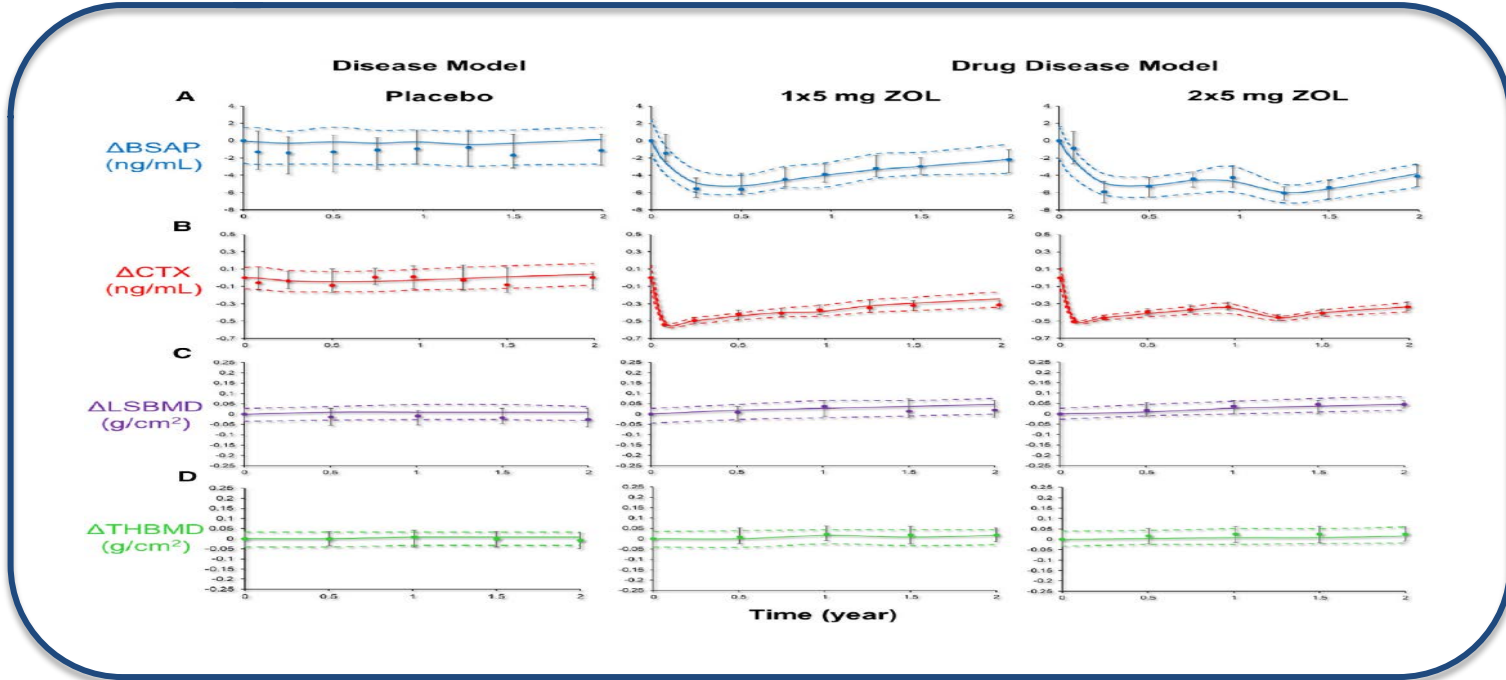
# Identify Prognostic Effect of Genetic Mutation

## Disease Model with Biomarkers

### Schematic Diagram for Disease-Drug Model

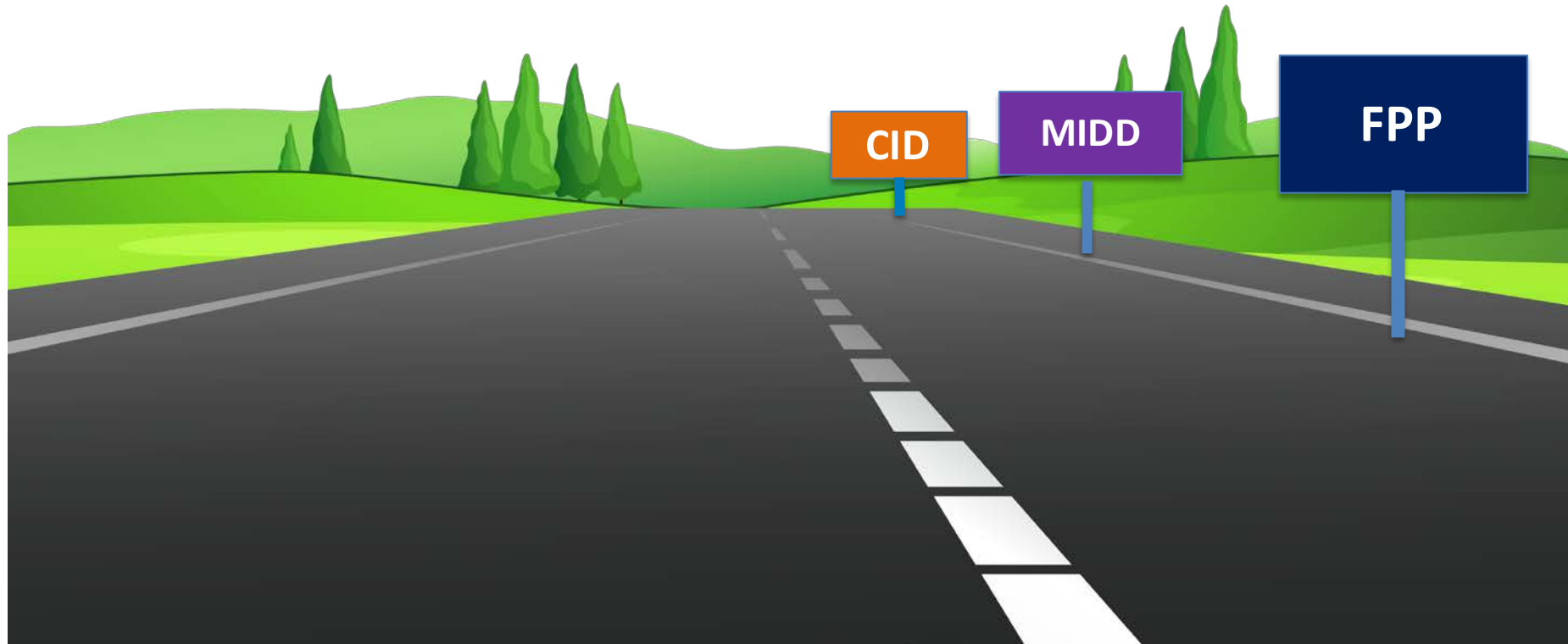


### Various Biomarker Changes in Placebo and Treatment Arms



Yi Ting Kayla Lien, Kumpal Madrasi, Snehal Samant, Myong-Jin Kim, Fang Li, Li Li, Yanning Wang, Stephan Schmidt Establishment of a Disease-Drug Trial Model for Postmenopausal Osteoporosis: A Zoledronic Acid Case Study. *J Clin. Pharmacol.* 2020 Dec;60 Suppl 2:S86-S102. doi: 10.1002/jcph.1748

# Avenues for Regulatory Interaction





# Fit for Purpose (FFP) Initiative

- The Fit-for-Purpose (FFP) Initiative provides a pathway for regulatory acceptance of dynamic tools for use in drug development programs.
- A designation of ‘fit-for-purpose’ (FFP) will be established based on a thorough evaluation of the information provided.

Disease Area	Submitter	Tool	Trial Component
Alzheimer’s Disease	The Coalition Against Major Diseases (CAMD)	Disease model: Placebo/ disease progression	Demographic & drop out
Multiple	Janssen Pharmaceuticals & Novartis Pharmaceuticals	Statistical model: MCP-Mod	Dose finding

Link to the FDA FPP initiative:

<https://www.fda.gov/drugs/development-approval-process-drugs/drug-development-tools-fit-purpose-initiative>

# MIDD Paired Meeting Pilot Program

- This program is jointly administered by CDER and CBER.
- OCP is the point of contact.
- The sponsor should be a drug or a biologics developer.
- The product should be registered under an U.S. IND/NDA/BLA.
- FDA accepts requests on a continuous basis.
- FDA expects to grant 2-4 submissions on a quarterly basis.



**Joint effort for:**

**(1) all stake holders**

**(2) multi-disciplinary review team members**

**Link to the FDA MIDD Program:**

**<https://www.fda.gov/development-resources/model-informed-drug-development-pilot-program>**

# Complex Innovative Trial Design (CID) Program



- To support the goal of facilitating and advancing the use of complex adaptive, Bayesian, and other novel clinical trial designs.
- Meetings will be conducted by FDA's CDER and CBER during fiscal years 2019 to 2022.
- Under the pilot meeting program, FDA will accept two primary meeting requests and two alternates per quarter.

- **The CID Pilot Meeting Program is designed to:**
  - Facilitate the use of CID approaches in late-stage drug development.
  - Promote innovation by allowing FDA to publicly discuss the trial designs considered through the pilot meeting program, including trial designs for medical products that have not yet been approved by FDA.

Link to FDA CID Program:

<https://www.fda.gov/drugs/development-resources/complex-innovative-trial-design-pilot-meeting-program>

# Collaboration Opportunities

## Academic Institutions

Collaborative Agreements (e.g., MOU, CRADA)

CDER Network of Experts (NoE) Program

## Academic Faculty

Faculty Sabbatical/Scientific Visit Program

Advisory Committees (AC)/Special Government Employee (SGE)

## Professional & Graduate Students

Doctor of Pharmacy APPE Rotations

Clinical Pharmacology

Pharmacy Student Experiential Program (PSEP)

Student Summer Internships

Professional and Graduate Students

ORISE Fellows

## Industry, Non-Profit Organizations

IQ consortium

Platform developers

# Take Home Messages

- **Disease-Drug-Trial Models are important tools for MIDD.**
- **This modeling approach is widely used to support new drug development.**
- **FPP, MIDD, and CID programs allow direct interactions between industry and FDA on various modeling approaches.**
- **We look forward to collaborations with all stakeholders to improve modeling tools that can be used to facilitate new drug development.**

# Acknowledgement

- **Dr. Rajnikanth Madabushi**
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- **Dr. Issam Zineh**
- **Dr. Maryanne Dingman**
- **DPM Members**
- **OCP Members**
- **Other Collaborators at FDA or Outside FDA**

# Reference to Disease Models from FDA



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<b>FDA</b>	<b>U.S. FOOD &amp; DRUG ADMINISTRATION</b>
	<b>CENTER FOR DRUG EVALUATION &amp; RESEARCH OFFICE OF CLINICAL PHARMACOLOGY</b>