



FR M MOLECULE TO PATIENT

ASCPT 2019 ANNUAL MEETING







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Clinical Pharmacology Modeling & Simulation
GlaxoSmithKline
On behalf of QSP Working Group in IQ Consortium
March 13th, 2019

IQ QSP Working Group in Clinical Pharmacology Leadership Group (CPLG) **Representation across the Industry**



- Co-chairs:
 - CJ Musante, Pfizer
 - Jerry Galluppi, Sunovion
 - Mindy Magee, GSK
 - Members:
 - Alexander Ratushny, Celgene ٠.
 - Brian Topp, Merck
 - Craig Thalhauser, BMS *
 - Christina Friedrich, ROSA
 - Gabriel Helmlinger, AstraZeneca
 - Jason Chan, Lilly *
 - Loveleena Bansal, GSK **
 - Mark Peterson, Pfizer
 - Mohamad Shebley, AbbVie - 🎨
 - Piet van der Graaf. Certara
 - Saroja Ramanujan, Genentech
 - Sergey Ermakov, Amgen **
 - Wayne Chu, Genentech ÷

AMGEN abbvie zer AstraZeneca Genentech A Member of the Roche Group MERCK CERTARA **Drug Development Advisors** Celgene





INNOVATION & QUALITY

PHARMACEUTICAL DEVELOPMENT

- QSP & PK/PD modelers CRO representation
- Clin Pharm/PMX

Diverse membership includes:

- Clinical leads
- Biologists



Insights from ISoP & IQ Surveys

QSP Impact Across All Stages of Drug Discovery and Development

QSP impact in MID3

Prioritizing or evaluating combinations Therapeutic regimen evaluation Translational phase – phase 1 studies Evaluating biomarkers and stratifying patients Preclinical phase (discovery) Target prioritization Early clinical – phase 1 and 2 studies Go / no-go decision making Compound optimization and prioritization Safety/toxicology Market or competitor differentiation Late clinical – phase 3 studies Other



Current and Future Impact of QSP Across Therapeutic Areas



Ermakov *et al*. A Survey of Software Tool Untilization and Capabilities for Quantitative Systems Pharmacology: What We Have and What We Need. *CPT Pharmacometrics Syst Pharmacol* 8, 62-76 (2019). Nijsen, M. J. M. A. *et al.* Preclinical QSP Modeling in the Pharmaceutical Industry: An IQ Consortium Survey Examining the Current Landscape. *CPT Pharmacometrics Syst Pharmacol* 7, 135–146 (2018).



Recent Applications of QSP in IQ



Application 3:

Data to Decision





Decision to be informed

Is inhibition of lipolysis in adipose tissue predicted to be an effective treatment for Nonalcoholic Fatty Liver Disease (NAFLD)?





Modeling & Simulation Workflow

Chronic

Therapy







Recent Applications of QSP in IQ



Data to Decision



	Target ID	Target Validation	Lead Generation	Preclinical	Phase 1	Phase 2	Phase 3	Phase 4					
	Appl	M)	LECULE TO PATIENT										
				Data									
	 Chronic Obstructive Pulmonary Disease (COPD) is caused by long term (several years) exposure to irritants, primarily by cigarette smoke. 												
•	 Complex disease, with coupled processes involving altered immune and tissue cell populations, leading to inflammation, mucus production and tissue destruction. 												
		Inj	outs	Cigarette Smoke/ Irritants	Viral/Bacterial Infection								
		Pro	ROS Production C Cesses Alvec Destru (Emphy	Inflammati Inflammati Inflammati	on Re Mucociliary Dysfunction	oithelial age _(airways) ECM emodeling							
		En	dpoints FEV1	kacerbation Likelihood imary/Secondary biom	nodeling Other biomark narkers e.g. cytoki	ters Other e.g. cells in BAL							

Decision to be informed



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0

• How long does it take for biomarker changes resulting from target modulation to be measurable?





1:1

Healthy

COPD

100x

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0



Simulations

10⁵

10³

10

10¹

10⁵

Experimental data

 10^{3}

10⁷

10⁹



GlaxoSmithKline



Recent Applications of QSP in IQ



Application 3:

Data to Decision



Target ID	Target Validation	Lead Generation	Preclinical	Phase 1	Phase 2	Ph								
Application 3: Dose Selection in Phase 3/4														
			Data											
 Preclinical/clinical data suggest MAPK inhibition can increase tumor T cells and possibly anti-PD(L)1 efficacy. Phase III trials underway for atezolizumab (anti-PDL1) + cobimetinib (MEKi) in various indications. Preclinical study (Ebert et al 2016) suggests opposing effects of MEKi on lymph node vs. tumor T cells Favorable: increased tumor T cell accumulation and activity (reduced exhaustion) Unfavorable: reduced de novo priming of T cells, which can be overcome by short break from MEKi 														
MAP Kin and Anti- with PD- Peter J.R. Bort, 1 Stephen E. Gould, "Present address: Off "Present address: Off	ase Inhibition Prome -tumor Activity in Co L1 Checkpoint Bloc eanse Cheung, ¹ Yagai Yang, ¹ Erin McNama Heather Macker, ^{1,4} Byan A. Iving, ^{1,3} Joon wg, South San Francisco, CA 4900, USA ed, Foster City, CA 94404, USA mices Themapeutice, South San Francisco, CA 9400	Ebert et al 20 potes T Cell pmbination kade ra, ¹ Rebeca Hong, ¹ Marina Moskelenko, ng M. Kim, ¹ Marcia Belvin, ¹ and Ira Melima 80. USA	D16	A Naive	PD-1 therapy PD-1	mory T cell T-bet [*] EOMES [*] Effec IFN-Y IFN-Y TNF-a								



Phase 3

Chen & Mellman 2017

Phase 4

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Genentech

A Member of the Roche Group

http://dx.doi.org/10.1016/j.immuni.2016.01.024

Decision to be informed

Ongoing trials are using approved cobimetinib regimen of QD for 21-Day on a per 28-Day cycle

Will shorter treatment with MEKi in each cycle (e.g., 7 vs 21-Day) improve efficacy in combo trials by enabling replenishment of newly primed cells that can infiltrate tumor?





QSP MODEL

MEKi and anti-PDL1 effect on LN CD8+ T cell priming, tumor infiltration, anti-tumor cytotoxicity, exhaustion, and death.









Clinical Simulations

- For shorter treatment to be favorable in clinical context, effect of MEKi on tumor T cell activity /exhaustion would need to be <u>much</u> weaker in patients than preclinical data and mechanistic rationale would indicate
- Even if so, differentiating between 7d vs. 21d MEKi treatment would require much larger trial than desired

Decision

- Continuation with approved dose/regimen for cobi in P3 atezo + cobi trials
- No current plans to test reduced duration of MEKi per cycle







Summary

- Quantitative Systems Pharmacology Models have been applied across all stages of drug discovery and development
 - Quantitative Systems Pharmacology Models have been applied across various therapeutic areas
 - Quantitative Systems Pharmacology Models integrate data to reach modelinformed decisions





Data to Decision

Data Tsunami

Turn - Cost is a number of the second second

Informed Decision





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THANK YOU

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