

Insights From Monitoring Adherence in Clinical Trials and in Clinical Care: Understanding the Key Question of Drug Forgiveness

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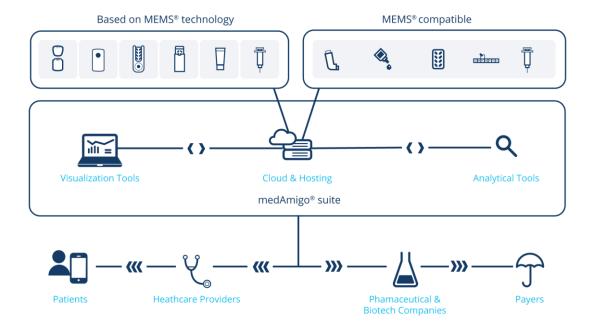
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AARDEX • MEDICATION ADHERENCE MONITORING & MANAGEMENT

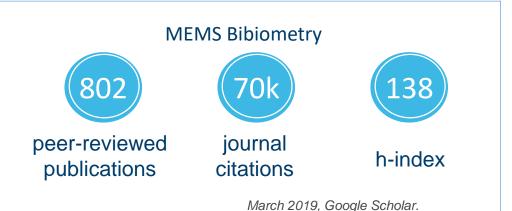
Disclosure: CEO of AARDEX Group Advanced Analytical Research on Drug EXposure



Medication Event Monitoring System



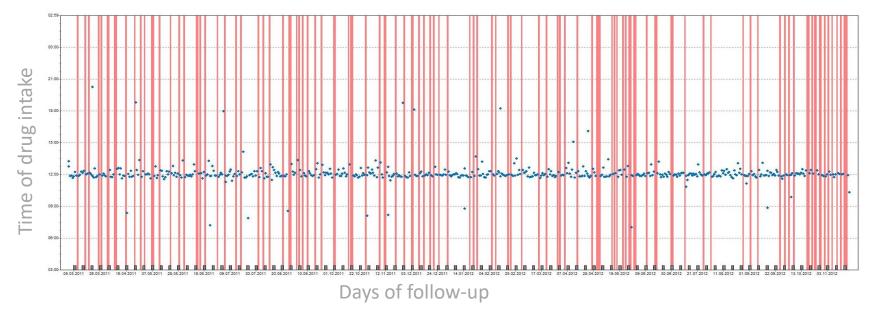




Case Study



Dosing History Data over 2 years (2011-2012)



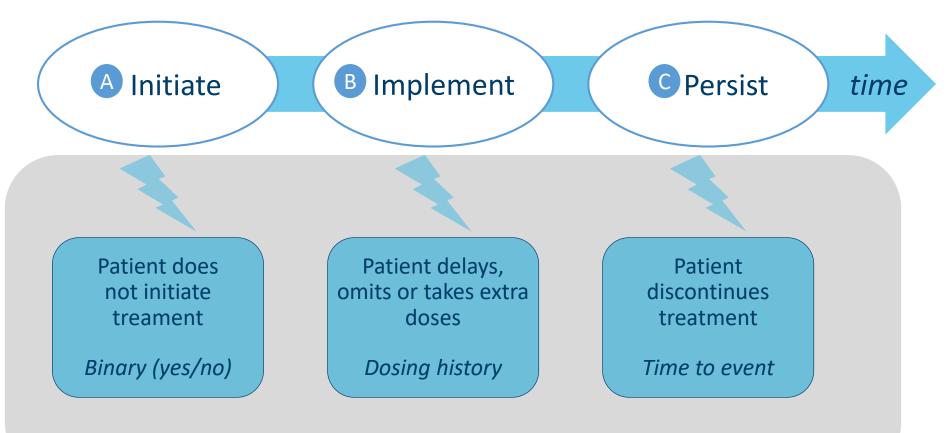
Follow-up: 632 days – 14 days (2%) with double dose & 115 days (18%) no doses

→ 84% of prescribed doses taken

How much implementation is enough? DRUG'S FORGIVENESS

ABC Taxonomy & EMERGE guideline

Medication Adherence is the process by which patients take their medications as prescribed



Different forms of nonadherence

Vrijens et al., Br J Clin Pharmacol 2012;73:691-705.

20 to 30% of patients do not initiate a new prescription



195,930 e-prescriptions for >75,000 patients

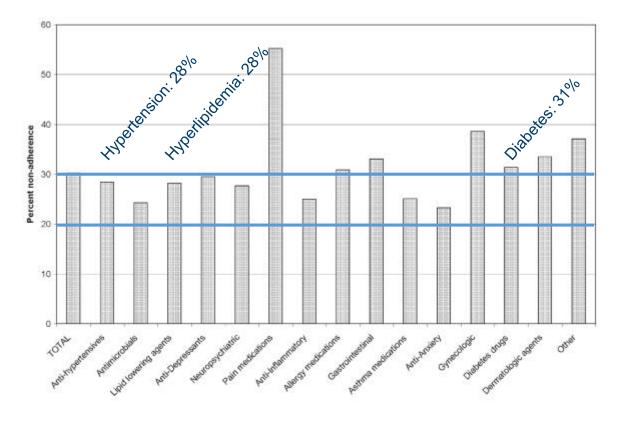


Figure 1. Primary non-adherence to newly prescribed medications. Patients aged 19 and over.

The Unfortunate 80% rule!

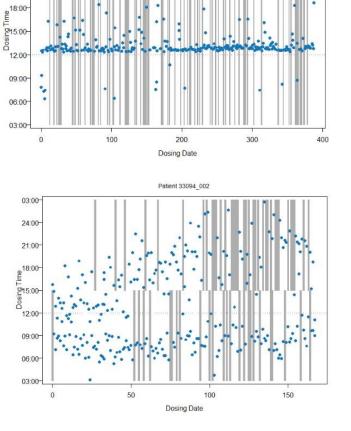
03:00

24:00-

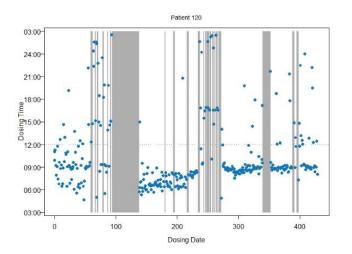
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Each of these 6 patients took the same percentage (81%) of prescribed doses

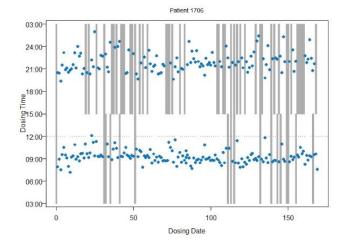
Once daily dosing



Patient 645



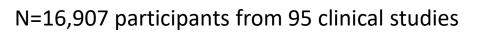
B Implement

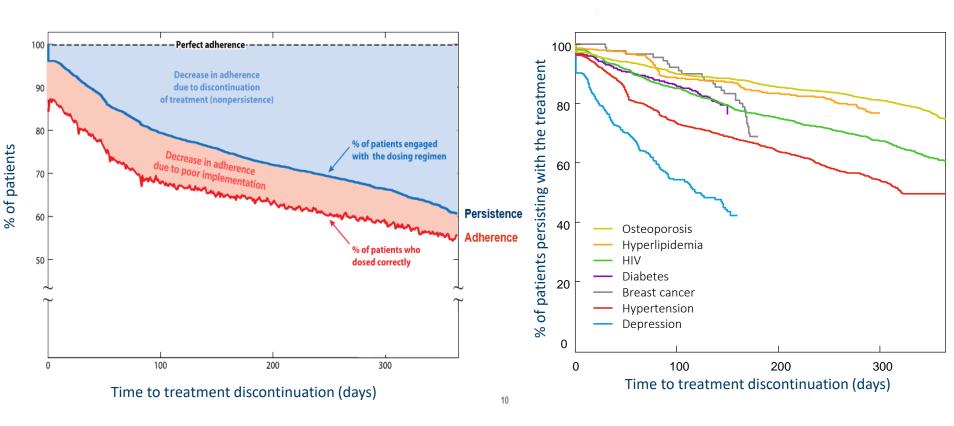


Twice daily dosing

Vrijens B, Drug Utilization Research: Methods and Applications, First Edition, John Wiley & Sons, Ltd., 2016





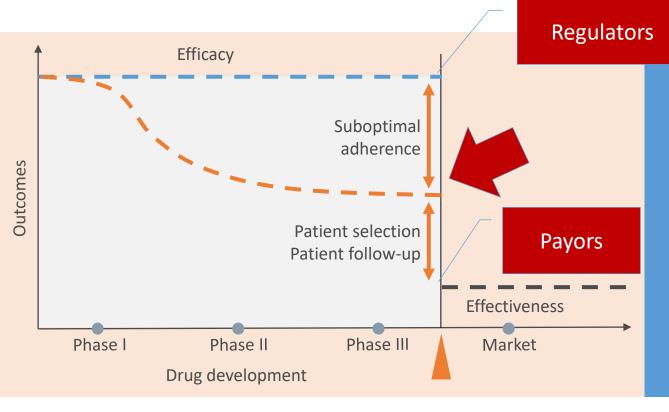


Overall, 40% of patients will have discontinued treatment by the 12th month





The Adherence Gap



Potential consequences of this gap:

- Risk of failure related to lack of effectiveness
- Poor estimation of toxicity
- Inappropriate dosing regimen

Adherence is Becoming a Regulatory Priority

Draft guidance from the US FDA explicitly addresses adherence strategies

<u>http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm</u>. Dec 2012 <u>http://www.ema.europa.eu/docs/en_GB/document_library/Scientific_guideline/2017/08/WC500233916.pdf</u>. Aug 2017

Seminal example: the contraceptive pill

TABLE 2. Efficacy of commonly used methods of contraception* and percentage of couples using the method — United States, 1995

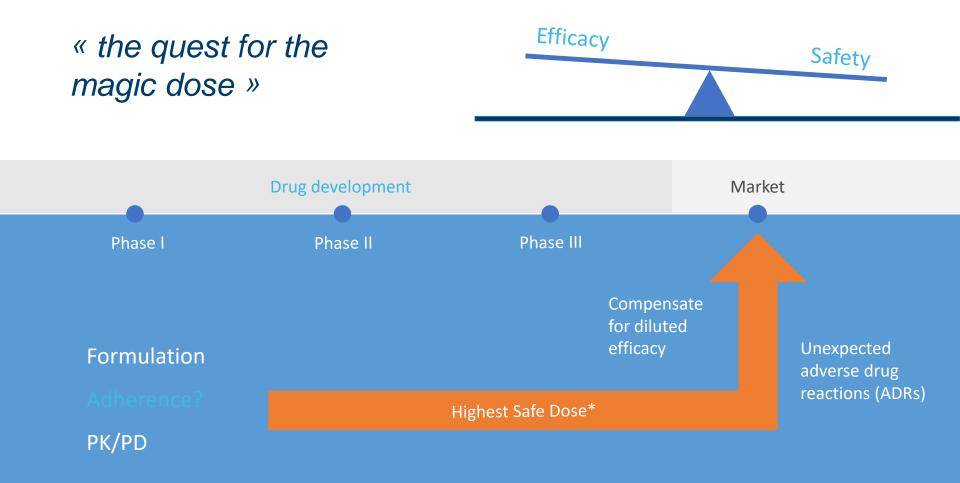
Contraceptive method	% women experiencing unintended pregnancy in first year of use		% couples
	Perfect use	Typical use	using the method
Implant (Norplant® and Norplant-2®)	0.05%	0.05%	1.3%
Male sterilization Pill	0.10%	0.15% 5.0%	10.1% 24.9%
Injectable (Depo-Provera®) Female sterilization Intrauterine device Condom (male) Withdrawal Diaphragm Spermicides Periodic abstinence	0.3% 0.5% 0.6% [†] 3.0% 4.0% 6.0% 6.0% 9.0% [§]	0.3% 0.5% 0.8% ⁺ 14.0% 19.0% 20.0% 26.0% 25.0%	2.7% 25.6% 0.7% 18.9% 2.9% 1.7% 1.3% 2.2%



Key learnings:

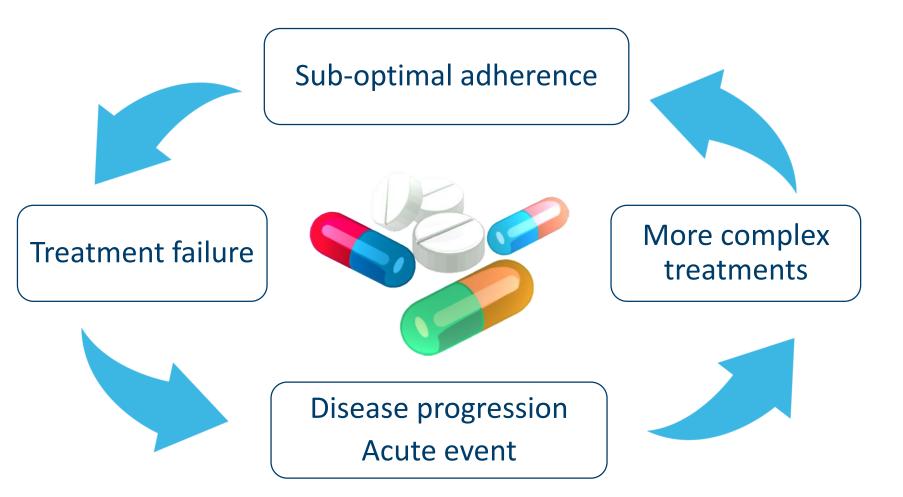
- 1. Today's estrogen dose is one third lower than the first marketed oral contraceptive
- 2. 50-fold difference in efficacy between perfect use and typical use
- 3. When possible other delivery systems should be investigated

Adherence un-informed clinical development

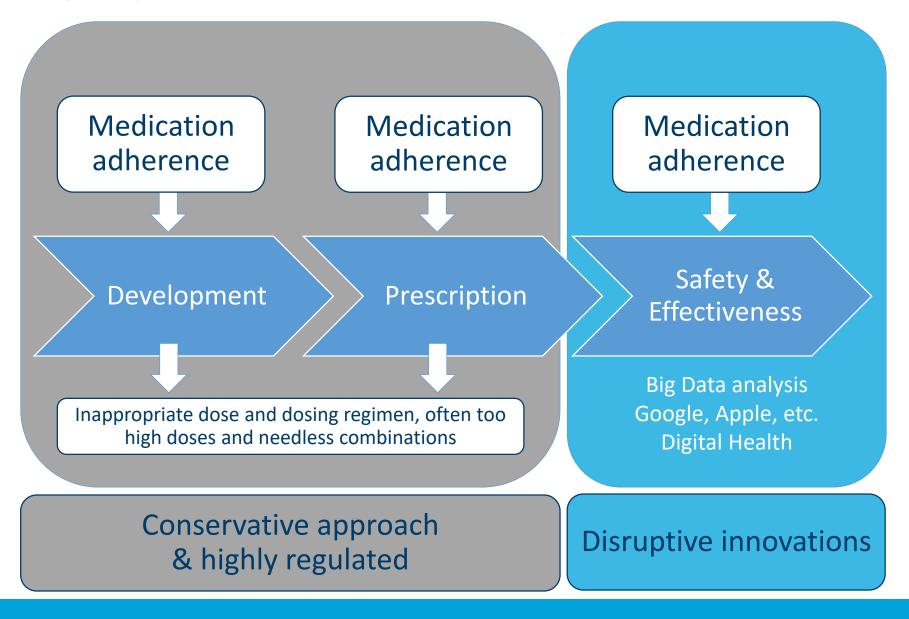


*based on small, controlled, (adaptive) designs

Adherence <u>un-informed prescription</u> leads to inappropriate treatment escalation & needless combination therapies

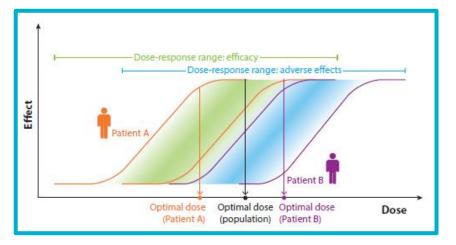


Adherence-informed development and prescription is urgently needed



Powerful treatments require a major change in the care model

One dose fits all ?



Peck R , Annual Review, 2018

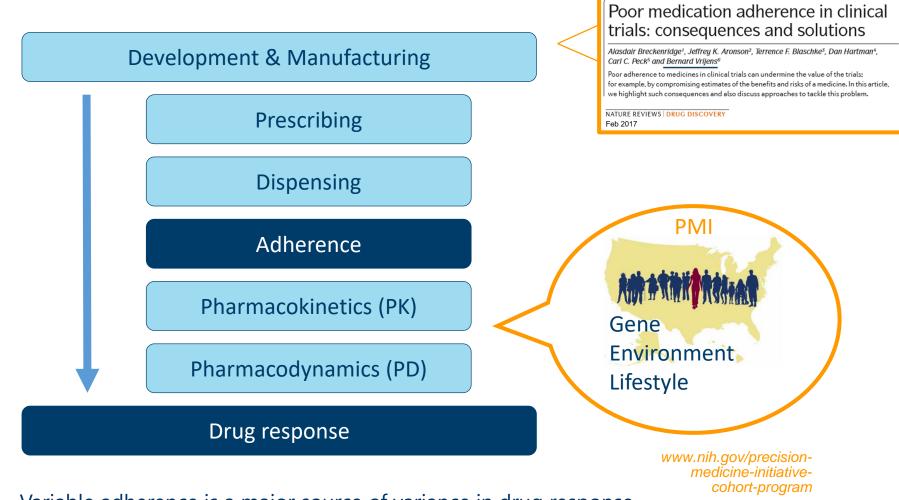
One dose does not fit all

Need knowledge at point of care

- Precision medicine
- Personalized therapy
- Individualized treatment
- Patient-centered care
- m-health / e-health

Medication Adherence is a vital sign to measure and manage

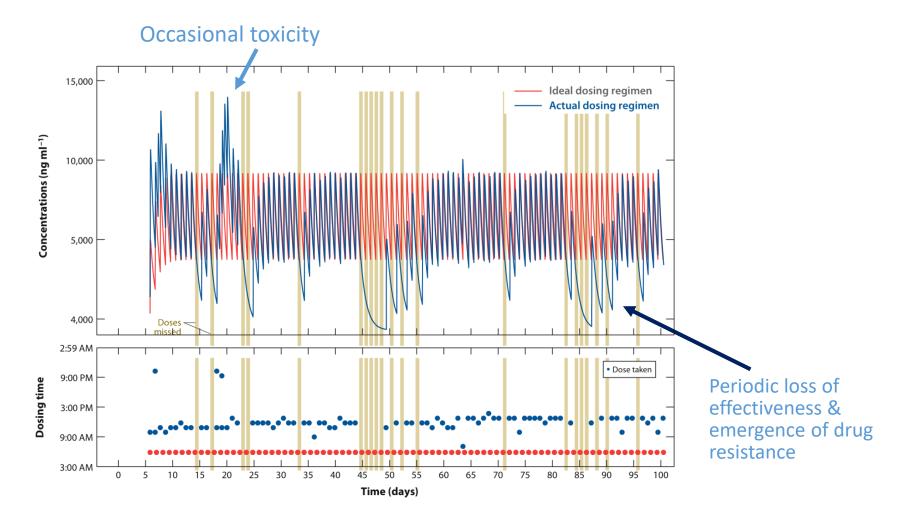
The solution requires a systematic approach of each process



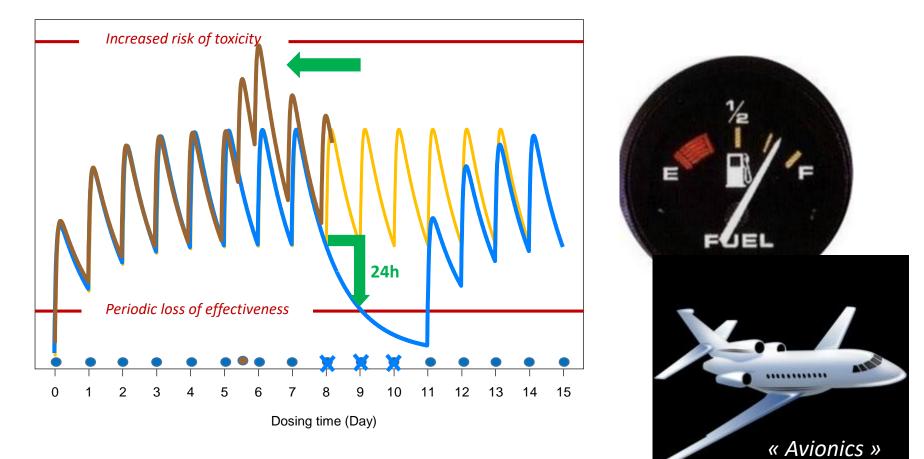
Variable adherence is a major source of variance in drug response

Harter JJ, Peck CC. Ann N Y Acad Sci 1991;618:563–71.

Variable adherence creates drug-specific issues of efficacy, safety, & drug resistance

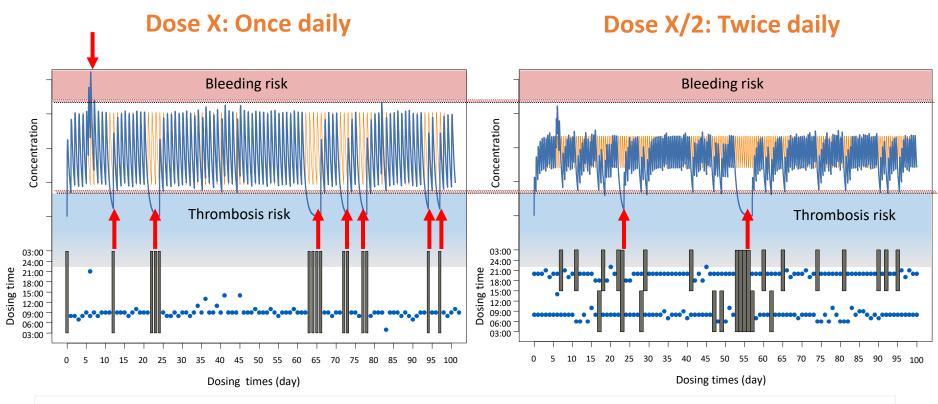


The Concept of Drug Forgiveness Or How Much Implementation is Enough?



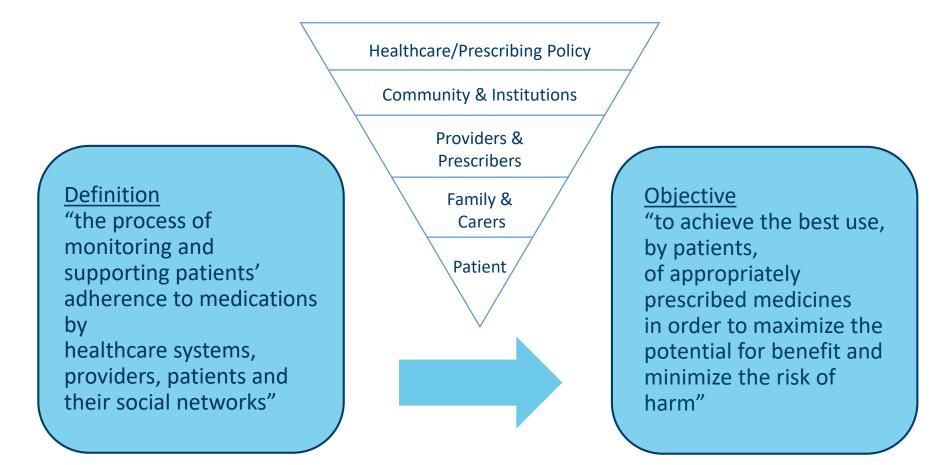
Beyond adherence, think drug forgiveness

The NOACs example: Drug exposure simulations assuming T_{1/2}=12h; T_{max}=3h

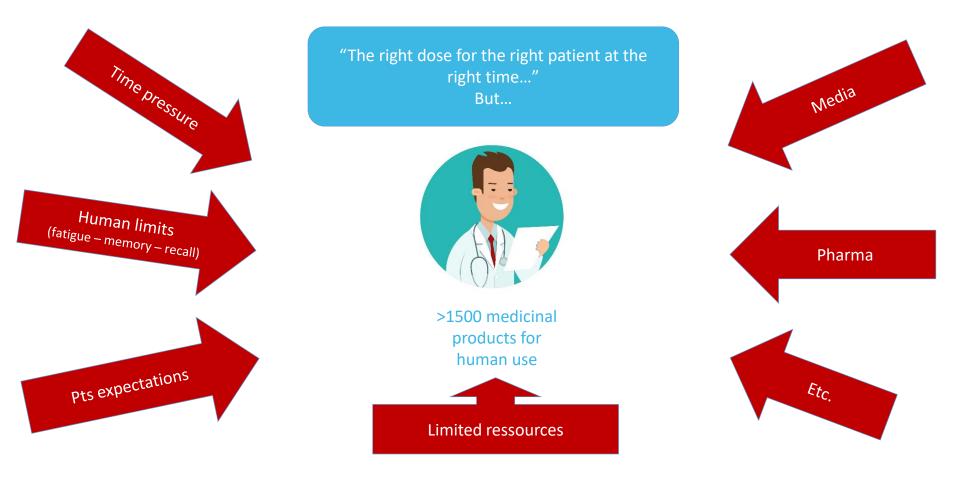


- 15% missed doses
- 15 once-daily missed doses vs. 30 twice-daily missed doses over 100 days

Management of adherence: A systems approach



The Challenge: Integration into care models



Digitally-Enabled Integrated Person-Centered Care A Multi-Disciplinary Approach



The Age of Patient-Empowerment

Adherence-Informed Clinical Trials

- Greater efficacy and lower variability (increased power/decreased sample size)
- Better informed benefit/risk and developmental decisions

Low Complexity

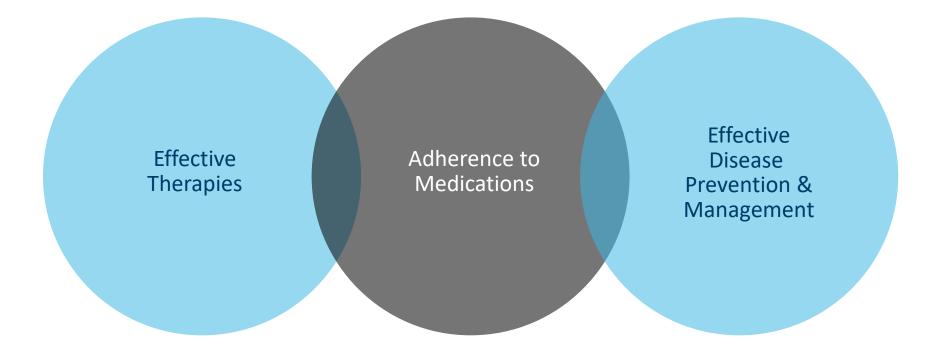
- Supports strategic trials (adaptive trials, baysian)
- Faster proof of efficacy
- Validation in broader populations
- Less trial failures

Adherence-Informed Digital Health

- More informative safety
- More effective dosing regimens
- Enable individualization / personalization of therapies
- Facilitate a multidisciplinary approach



Adherence is Key to Therapeutic Success



"Drugs don't work in patients who don't take them."

– C. Everett Koop, former US Surgeon General