

Modeling & Simulation Approaches To Support Development of Immuno-Oncology Drugs

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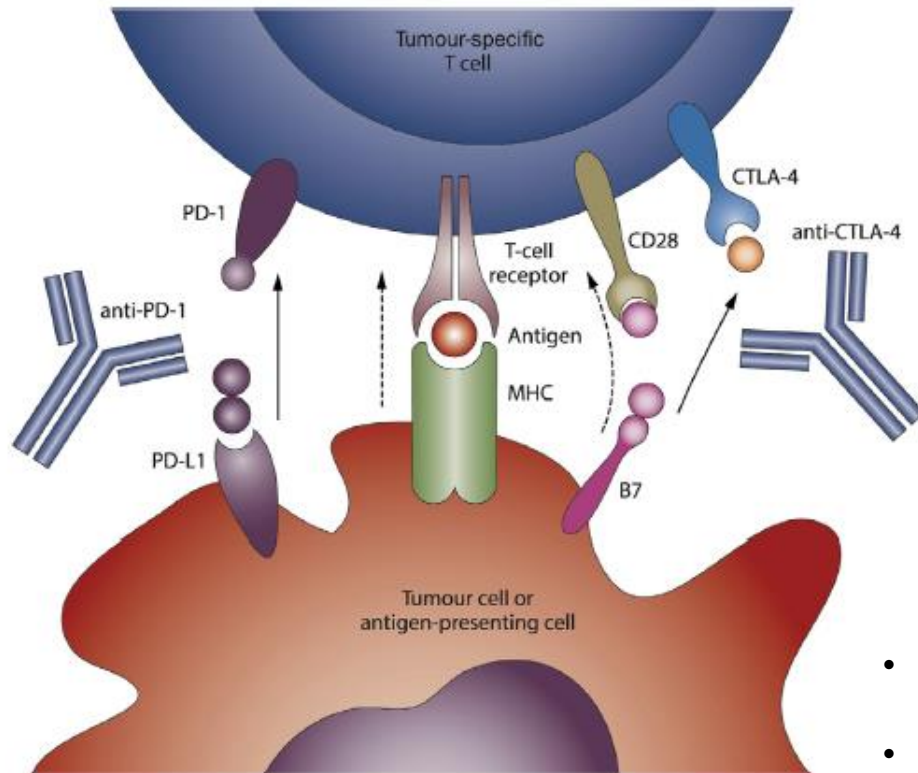
ASCPT Pre-Conference
Quantitative Translational Approaches in Oncology
San Diego
08-March-2016

Goals of M&S in the Development of I-O Drugs

- **Characterize clinical pharmacology profile**
- **Inform go/no-go decisions and dose selection**
- **Inform assessments of benefit-risk**
- **Support dose-optimization**

Pharmacometric analyses should account for the unique attributes of I-O agents

Mechanism of Action of I-O Agents: Ipilimumab and Nivolumab

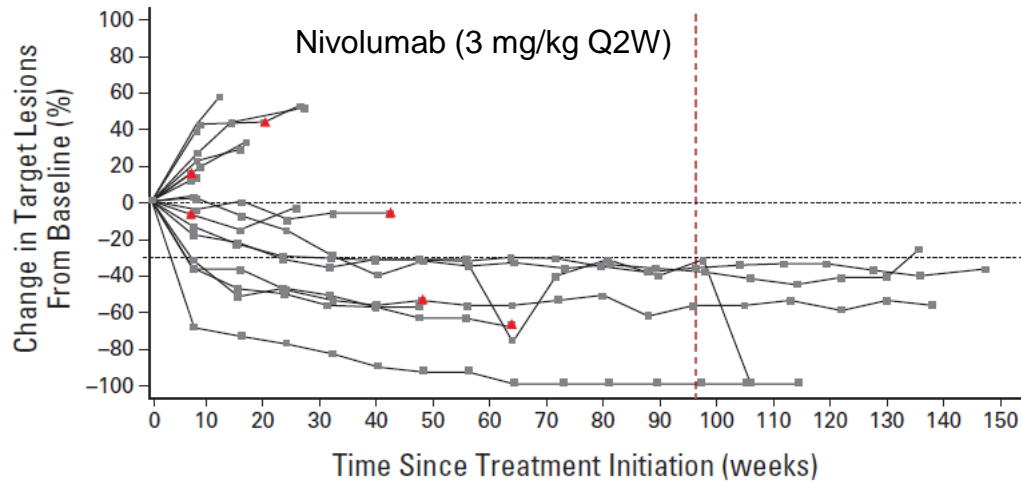


- Ipilimumab: fully human aCTLA-4 IgG1 mAb
- Nivolumab: fully human aPD-1 IgG4 mAb

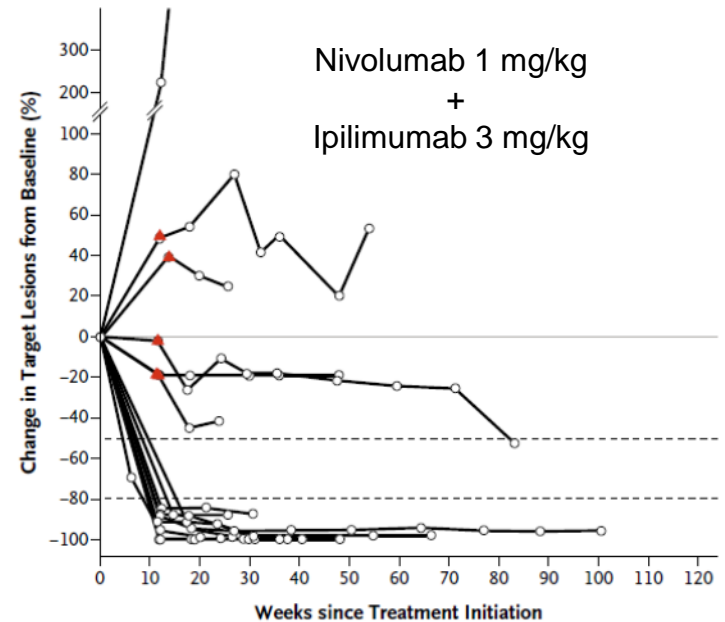
I-O agents enable and enhance the ability of the immune system to recognize and eliminate tumor cells

- *Ipilimumab increases the number of activated T-cells*
- *Nivolumab prevents inactivation, and promotes re-activation of T-cells*

Time-Profile of Target Tumor Burden: Metastatic Melanoma Patients Treated with Nivolumab ± Ipilimumab



Topalian SL, et al. (2013), *Journal of Clinical Oncology*, 32(10), 1020–1030



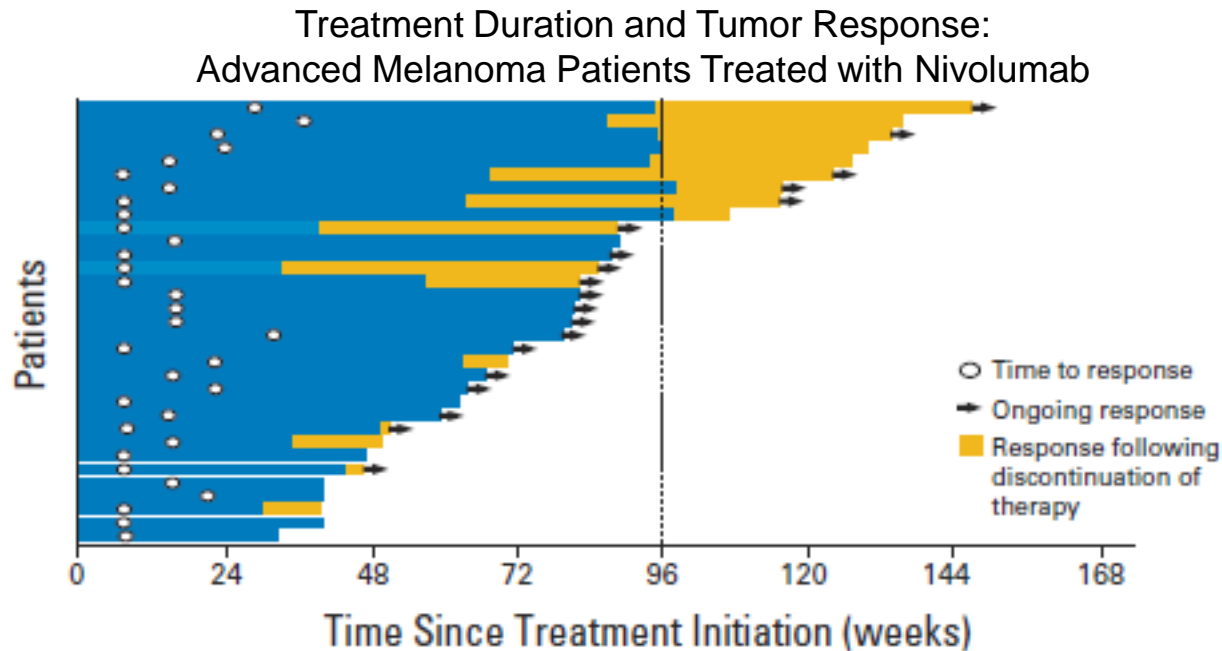
Wolchok JD, et al. (2013). *New England Journal of Medicine*, 369(2), 122–33.

Characteristics of tumor-response to I-O Agents

- Patients who do not progress tend to have durable disease control
- Unconventional responses: reduction in target tumor burden despite appearance of new lesions
- Distinct patterns of response particularly evident with combination therapy

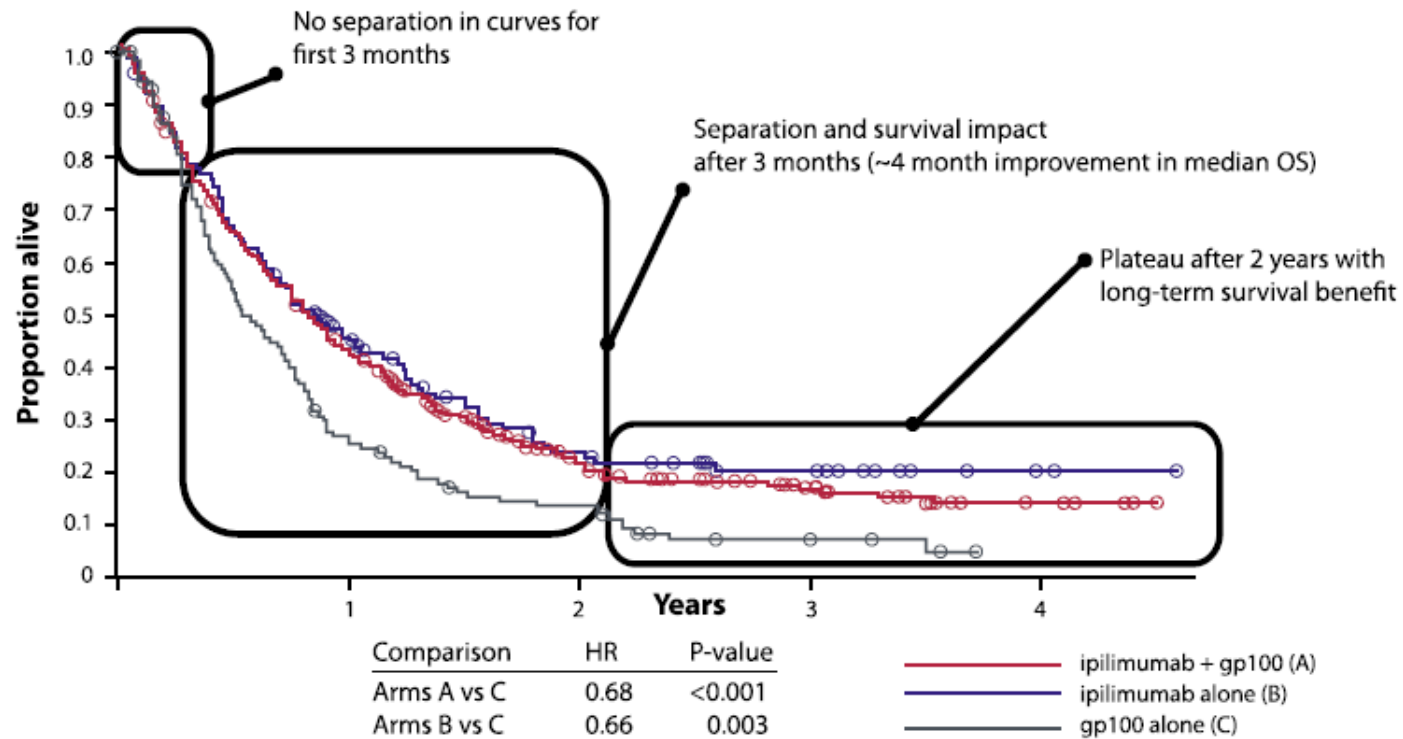
Red triangles: New lesions

Onset and Durability of I-O Agent Induced Tumor Responses: Metastatic Melanoma



- ***Tumor responses are maintained, despite discontinuation of therapy***
- ***The immune response may be self-sustaining***

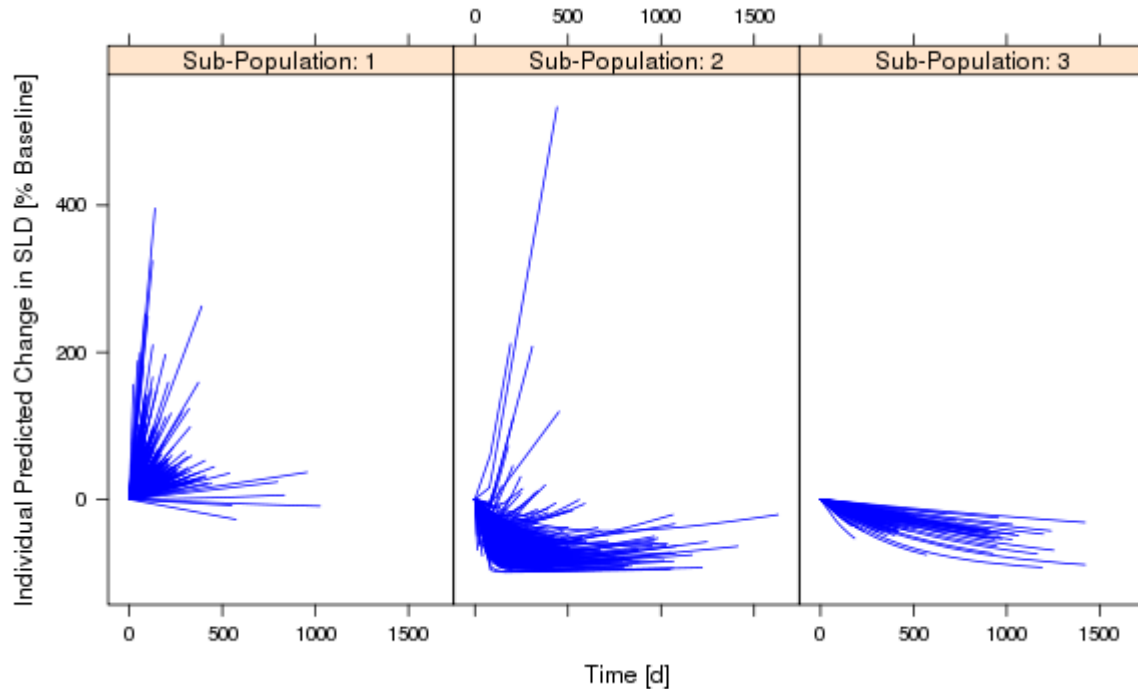
Long-Term Survival: Ipilimumab in Metastatic Melanoma



- **Delayed separation of OS curves relative to non-IO agents**
- **Median survival may not fully reflect clinical benefit**

Model-Predicted* Tumor Growth Dynamics Following Treatment with I-O Agents (Ipilimumab and Nivolumab)

Predicted-Change in Target Tumor Burden vs Time,
By Mixture Model-Determined Sub-Populations

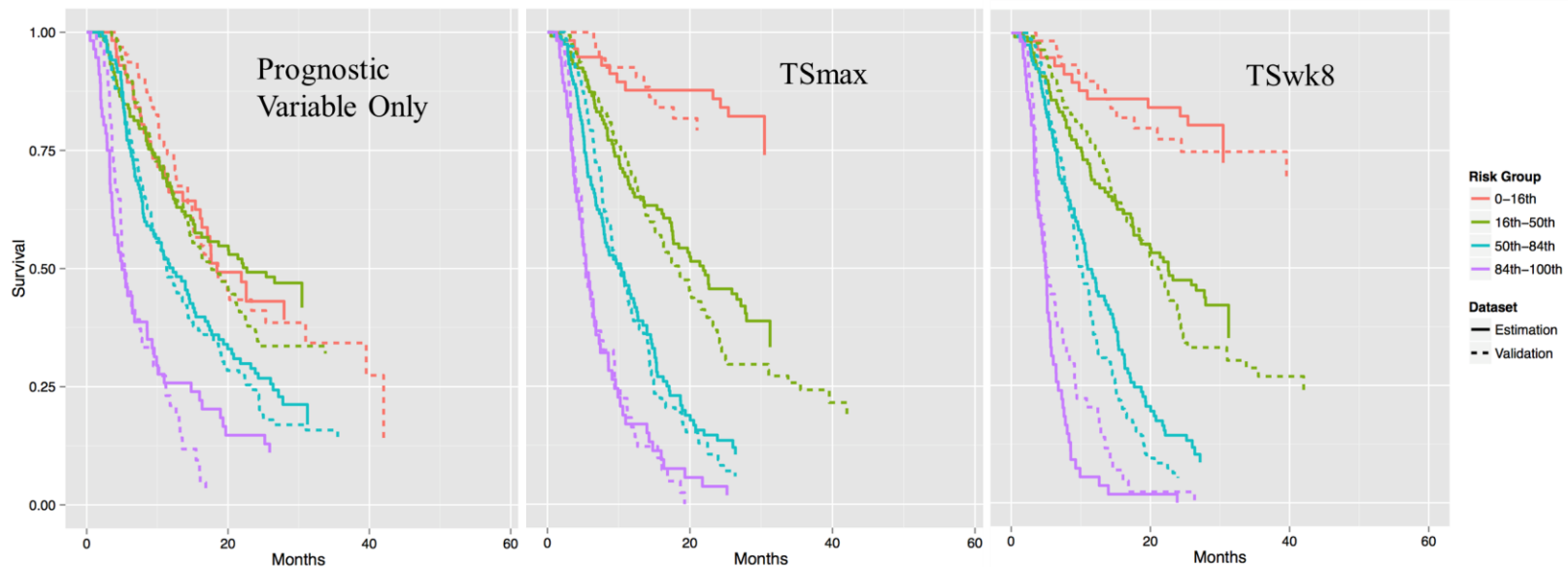


Mixture model of TGD describes patterns of tumor response

* Nonlinear mixed-effects mixture-model of TGD is based on structural model proposed by Wang et al, CPT (2009)

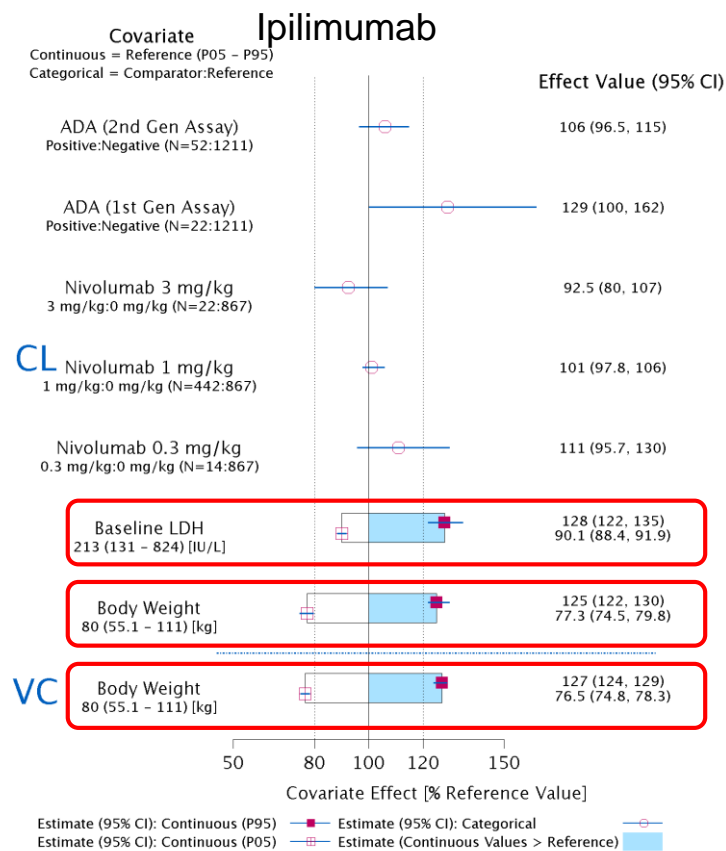
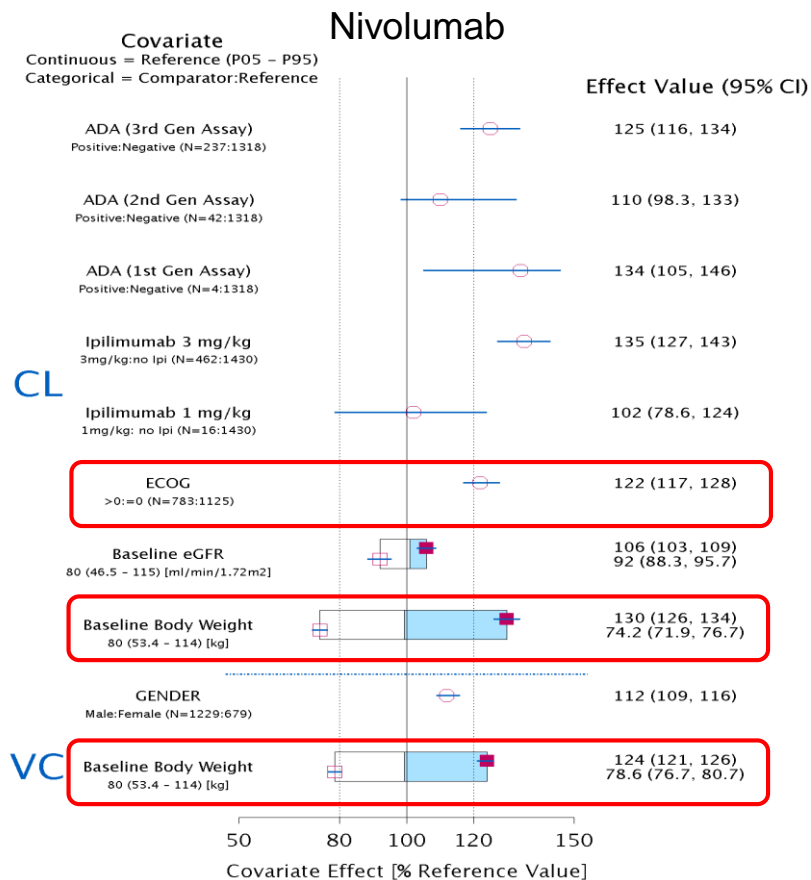
Utility of I-O Agent Induced Tumor Response to Predict Overall Survival: Ipilimumab in Advanced Melanoma

External Validation of Prognostic Variables and Tumor Shrinkage Measures to Predict OS



- *OS model developed with data from Ph2 studies was validated with data from a Ph3 study*
- *I-O agent induced tumor shrinkage is predictive of OS*

Pharmacokinetics of Nivolumab and Ipilimumab in Combination: Effects of Covariates on CL and VC*

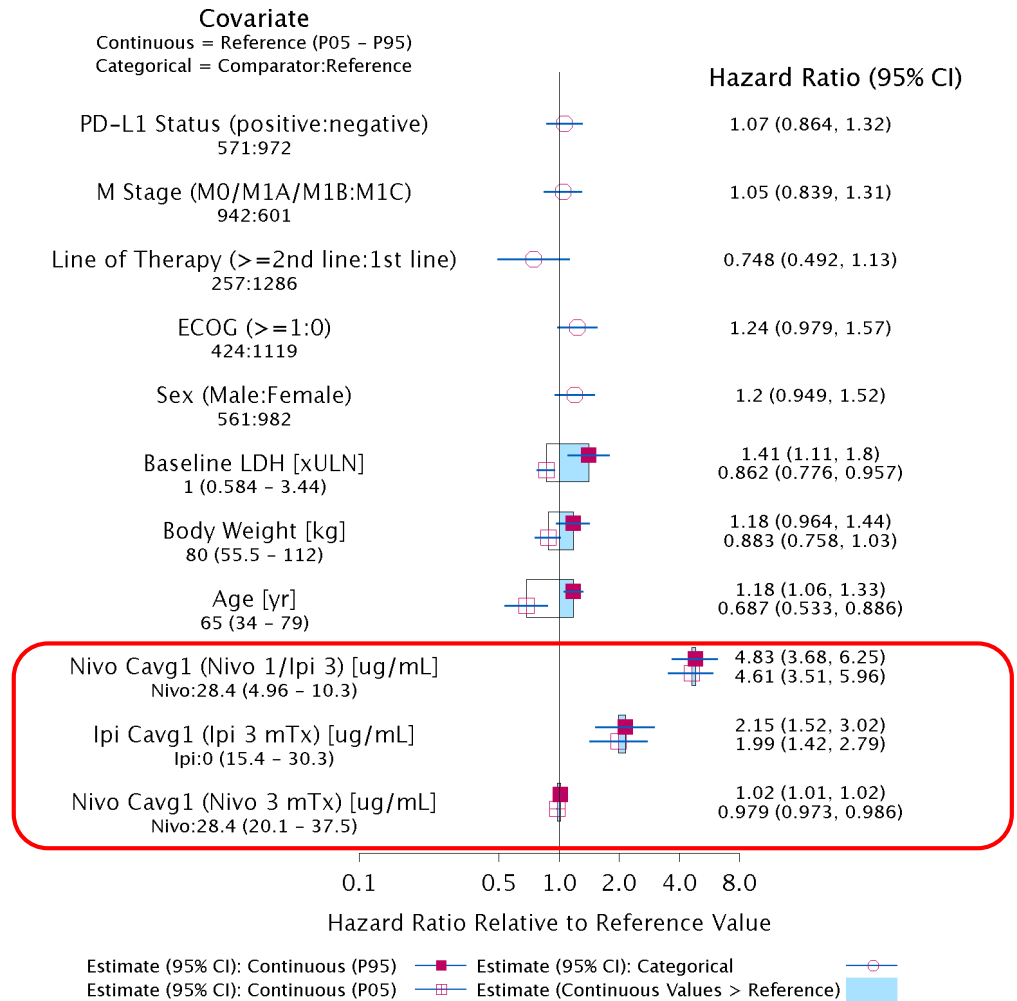
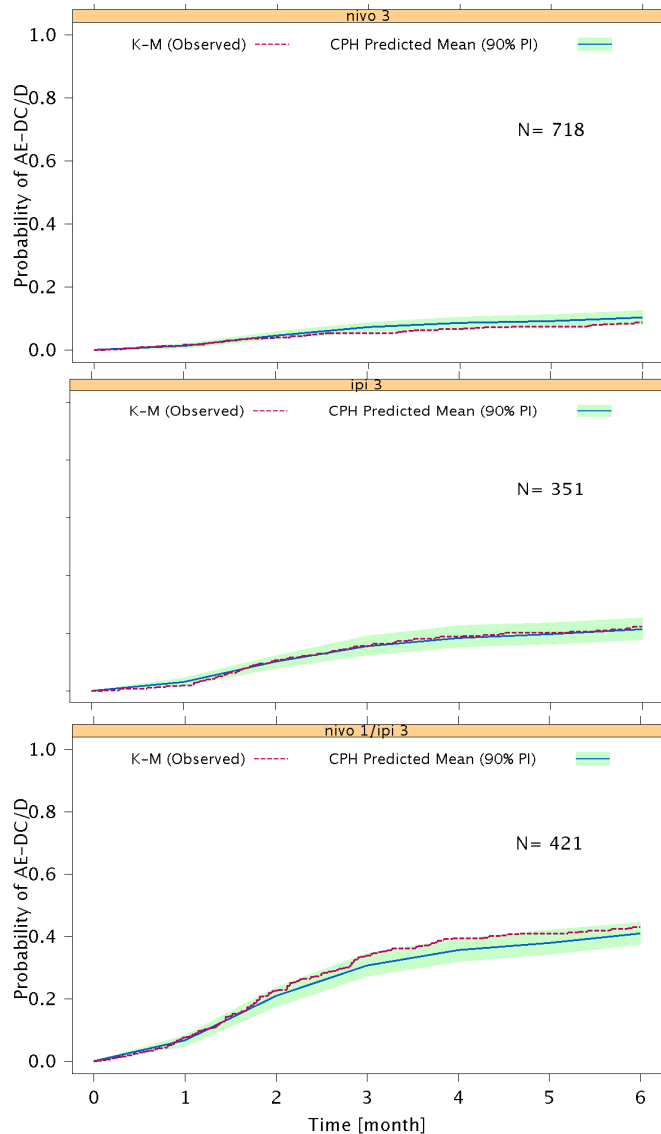


*CL: Clearance, VC: Central compartment volume of distribution

Nivolumab and ipilimumab exhibit linear PK

- CL and VC increase with increasing body weight
- CL is associated with disease severity (ECOG and LDH)

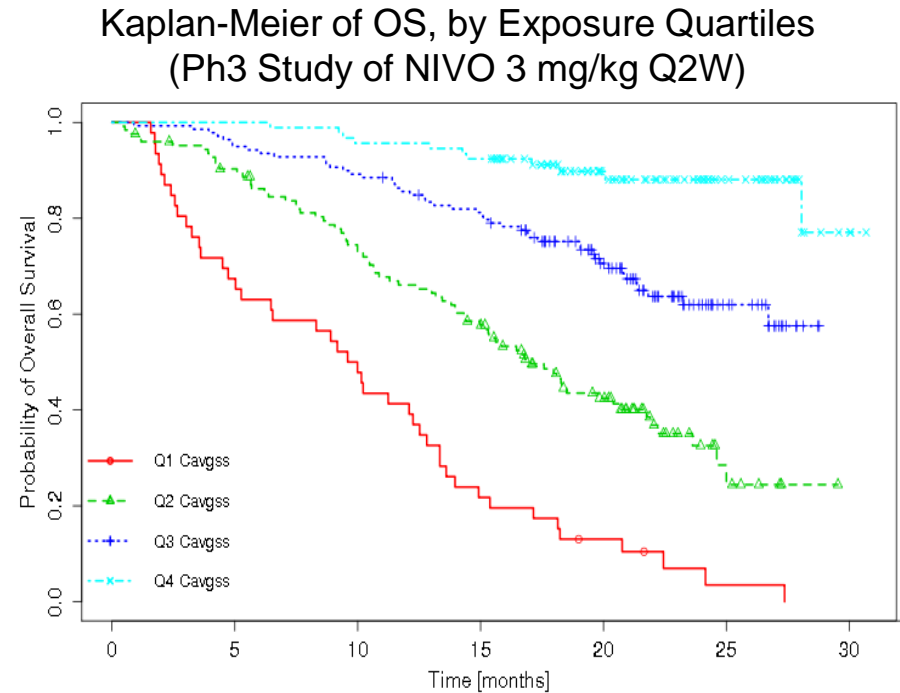
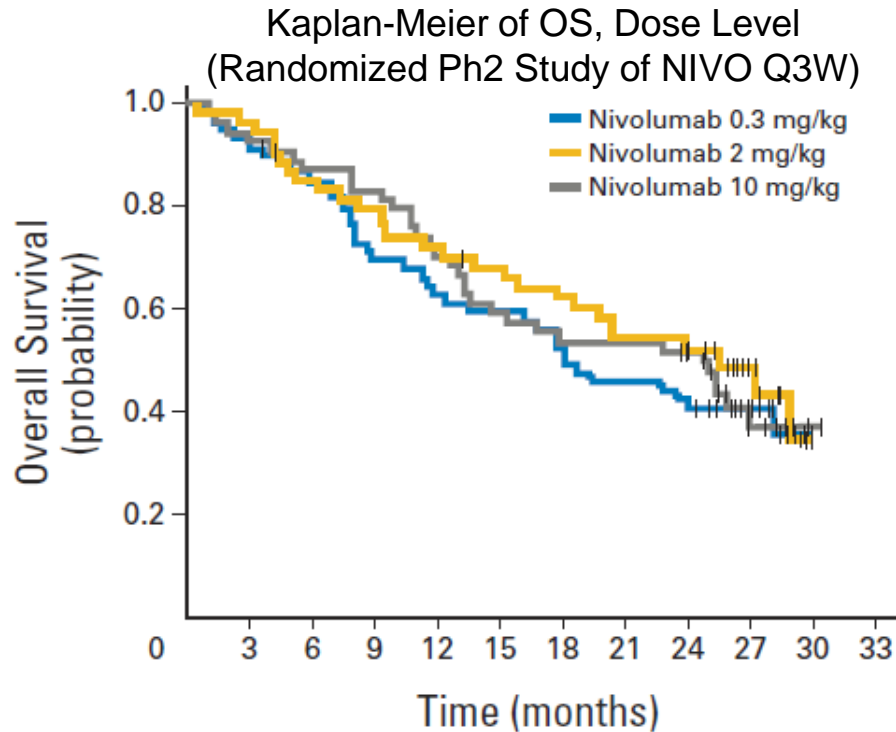
Exposure-Response of Safety (AEs DC/D)*: Nivolumab and Ipilimumab in Advanced Melanoma



Risk of AEs DC/D is higher with combination therapy (relative to NIVO 3 mg/kg)

*AEs leading to discontinuation or death

Nivolumab Dose/Exposure-Response of OS in Patients with 2L RCC

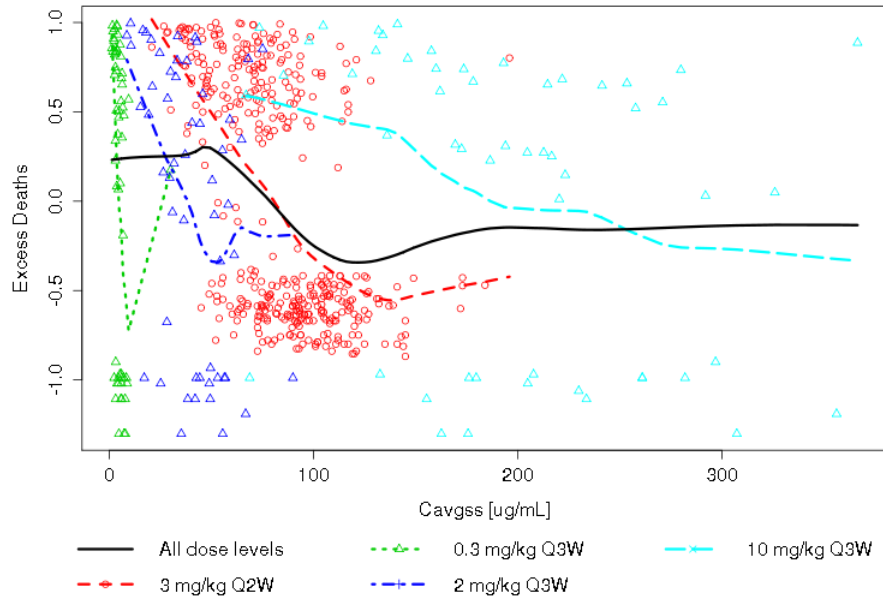


Motzer RJ, et al. (2015). Journal of Clinical Oncology, 33(13), 1430-1437.

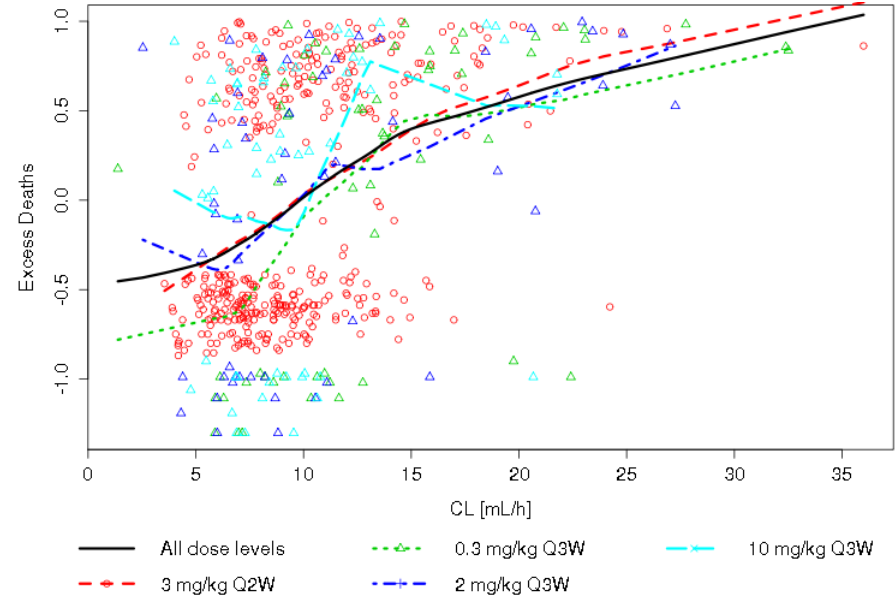
The modest dose-response is not consistent with the apparent exposure-response

Functional Form of Cavgss and CL Relationship to Risk of Death

Martingale Residuals versus \underline{Cavgss} ,
by Nivolumab Dosing Regimen (2L RCC)



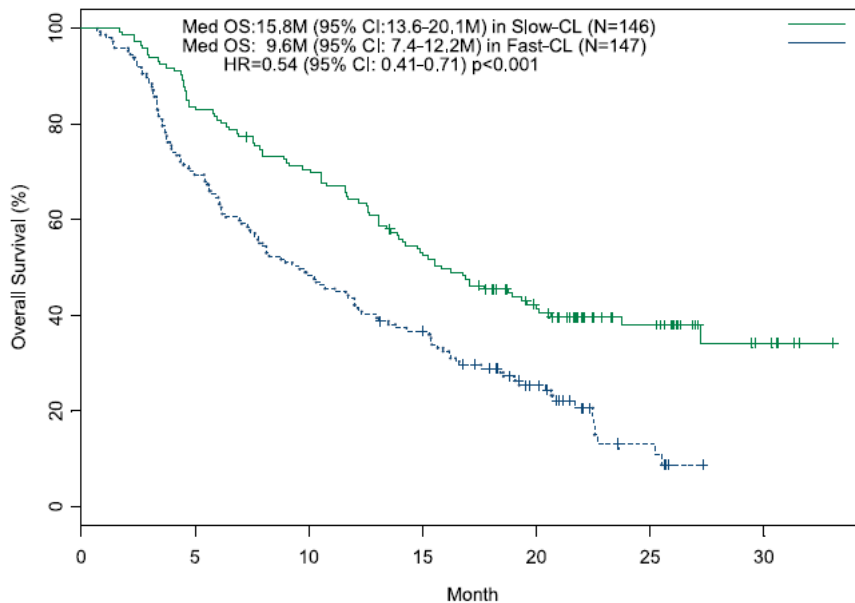
Martingale Residuals versus \underline{CL} ,
by Nivolumab Dosing Regimen (in 2L RCC)



- **Relationship of \underline{Cavgss} to risk of death is not consistent across dose regimens**
- **Relationship of \underline{CL} to risk of death is consistent across dose regimens**

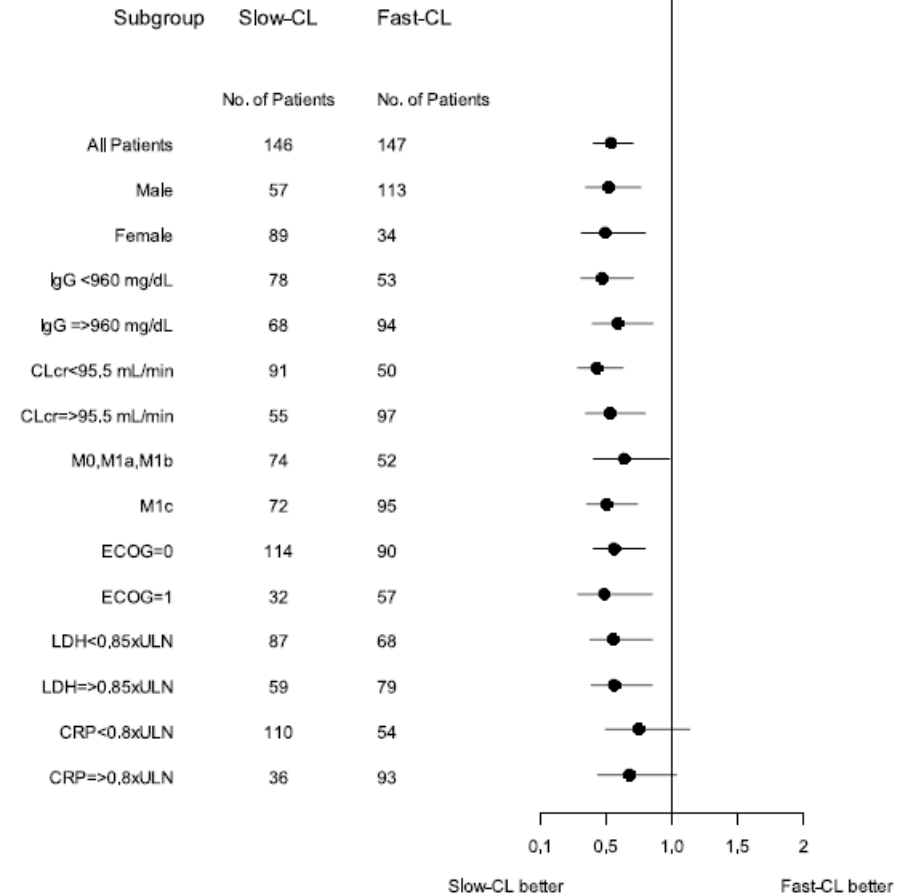
Another Example of the Association Between CL and OS: Tremelimumab Patients with Metastatic Melanoma

Kaplan-Meier of OS, by Exposure Quartiles
(Ph3 Study of TREME 15 mg/kg Q90D)



- **Magnitude of the effect of CL cannot be explained by lower exposure**
- **OS of 15 mg/kg Q90D was better than 10 mg/kg Q28D (in Ph2 study)**
- **Association between CL is independent of other risk factors**

Hazard-Ratio of Death
(Sub-Group Analysis by CL category)

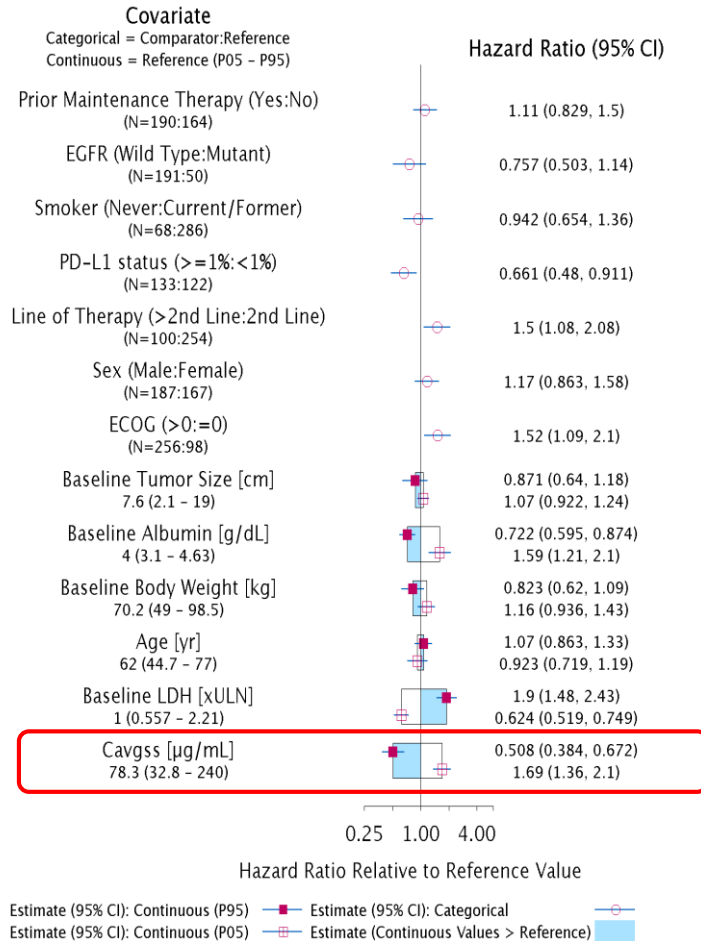


Potential Reasons for the Association Between CL of Anti-Cancer mAbs and Efficacy

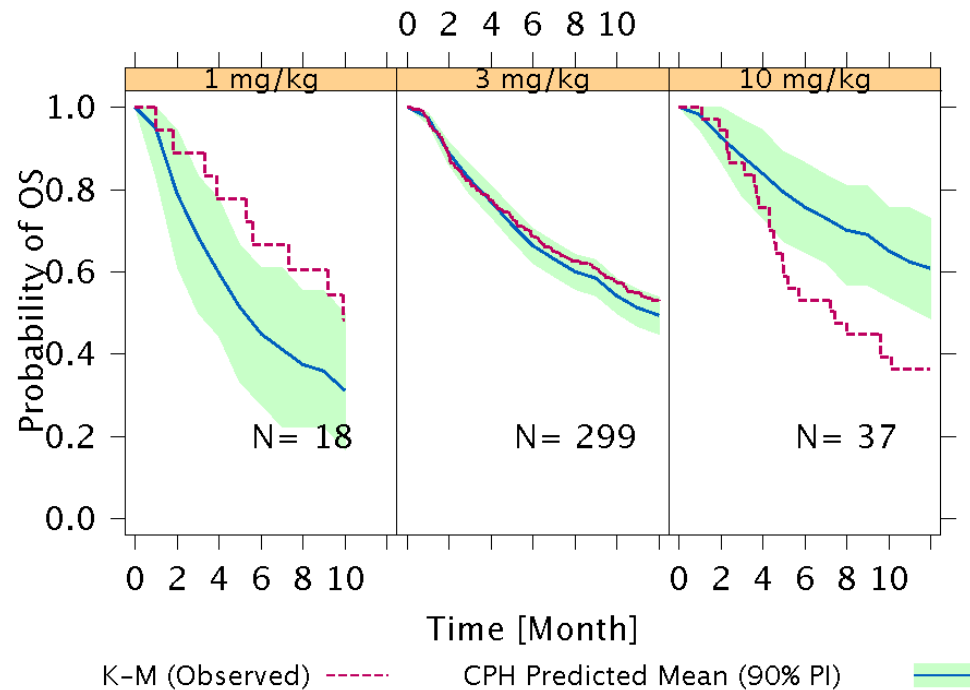
- **CL of anti-cancer mAbs is associated with factors related to disease-severity (and poor prognosis)**
- **Observed prognostic factors only explain a portion of the higher risk**
- **CL may be a surrogate for unobserved risk factors**

Potential Confounding Effect of CL on Exposure-Response of Efficacy (OS) in NSQ-NSCLC (1/2)

Effect of Covariates on Hazard of OS in NSQ-NSCLC (Full Model without CL)



Visual Predictive Check of OS in NSQ-NSCLC, by Dose Level (Full Model without CL)

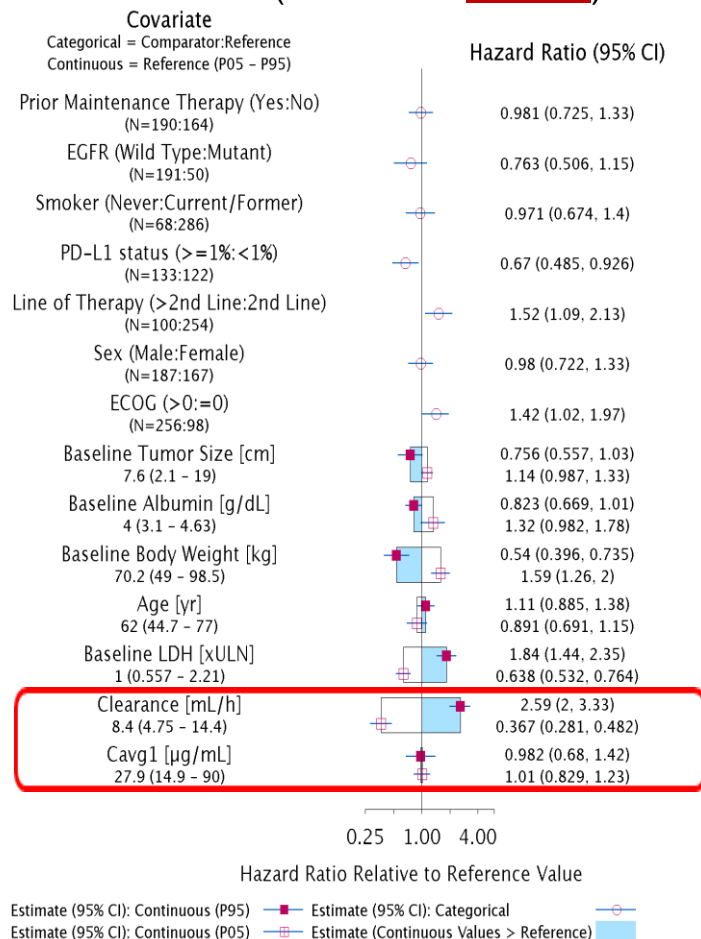


Predictions of model without CL are not consistent with the observed data

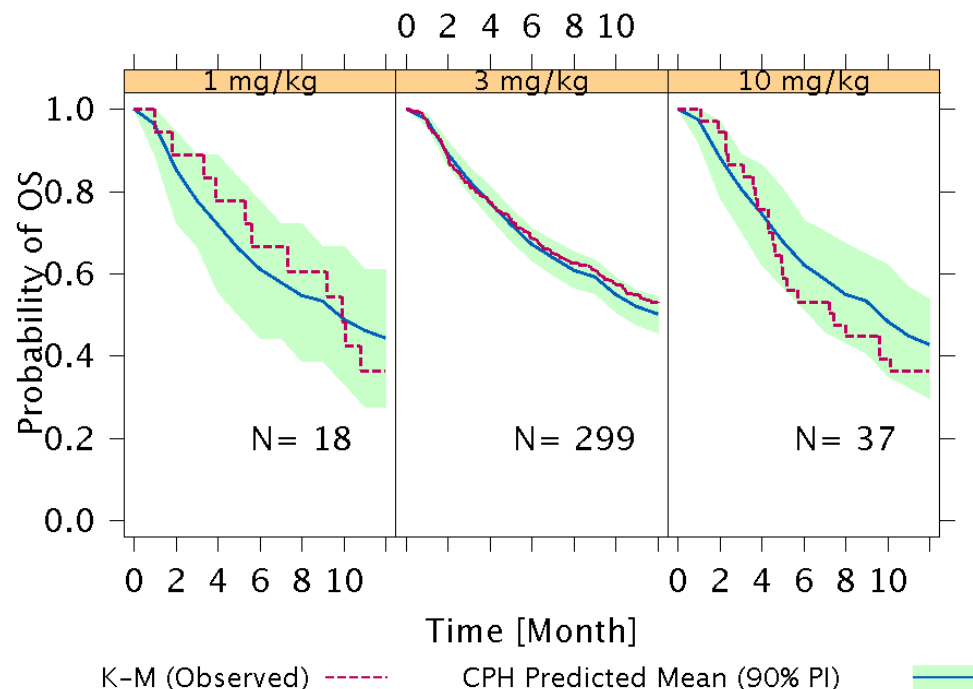
Potential Confounding Effect of CL on Exposure-Response of Efficacy (OS) in NSQ-NSCLC (2/2)

Effect of Covariates on Hazard of OS in NSQ-NSCLC

(Full Model with CL)



Visual Predictive Check of OS in NSQ-NSCLC, by Dose Level (Full Model with CL)



Predictions of model with CL are consistent with observed data

Summary

- **I-O agents have unique attributes**
 - ◆ Tumor growth may be controlled without achieving objective response (PR or CR) by RECIST criteria
 - ◆ Efficacy may be maintained long after drug wash-out
- **CL of mAb agents may be associated with efficacy, independent of exposure**
 - ◆ Subjects who have more severe disease may have higher CL
 - ◆ Exposure-response relationships determined with data from just a single dose level may show an artefactual relationship
 - ◆ Dose-response studies are recommended to generate data that can estimate the effects of both CL and exposure

Acknowledgements

Yan (Summer) Feng

Xiaoning (Shelly) Wang

Satyendra Suraywanshi

Li Zhu

Phyllis Chan

Heather Vezina

Gaurav Bajaj

Shruti Agrawal

Paul Statkevich

Matt Hruska

Neelima Thanneer

Erin Dombrowsky

Xiaoli Wang

Manish Gupta

Akintunde Bello

CJ Godfrey

Curtis Johnston

Jonathan French