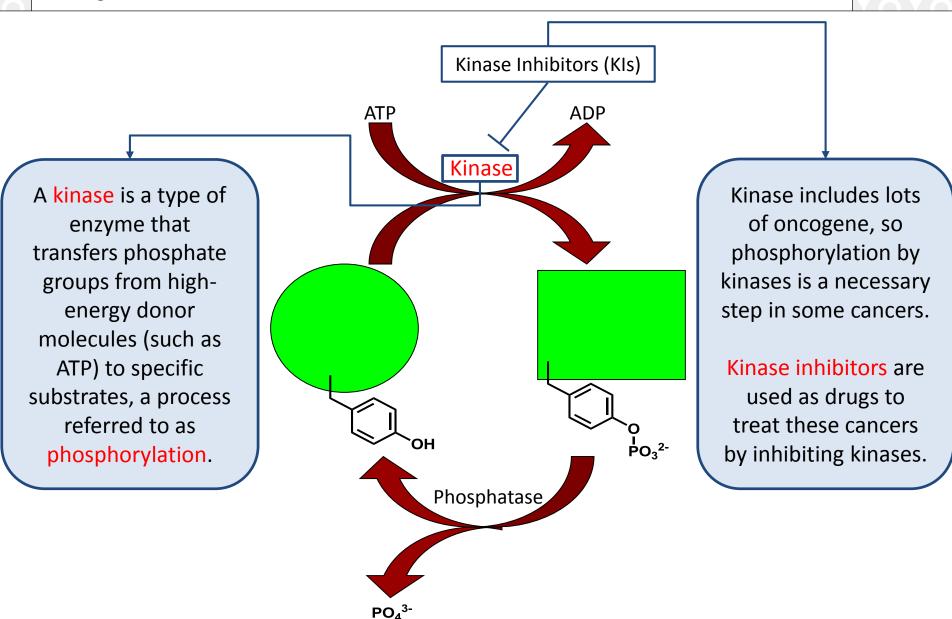
Combined Population PK Modeling and Disproportionality Analyses to Assess the Association between Kinase Inhibition and Adverse Reactions
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Kinase Inhibitors

Background



Adverse Reactions of KIs

Background

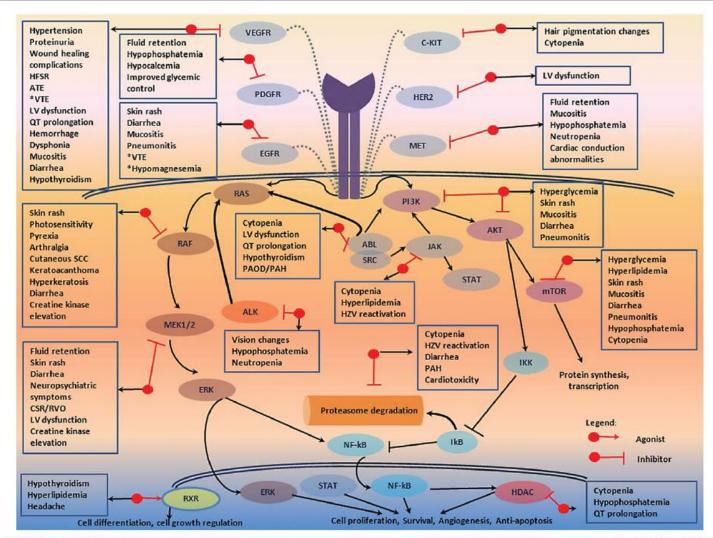


FIGURE 1. Toxicities Associated With Signal Transduction Inhibitors.*Associated predominantly with monoclonal antibodies. ATE indicates arterial thromboembolism; CSR, central serous retinopathy, HZV, herpes zoster virus; LV, left ventricular; PAH, pulmonary arterial hypertension; PAOD, progressive arterial occlusive disease; RVO, retinal vein occlusion; SCC, squamous cell cancer; VTE, venous thromboembolism.

Aim and Methods Outline

Aim and methods

Aim: to assess the association between kinase inhibition and adverse reactions

A (drug exposure, PK)

- Collect pharmacokinetic
 (PK) data of FDA-approved KIs
- 2. Conduct population PK modeling to calculate C_{ave} (average plasma concentration) at steady state

B (*in vitro* kinase inhibitory activity)

- 1. Literature search to collect constant dissociation (K_d) data
- Literature search to collect inhibitory percent
 (%) data

C (incidence of adverse reactions)

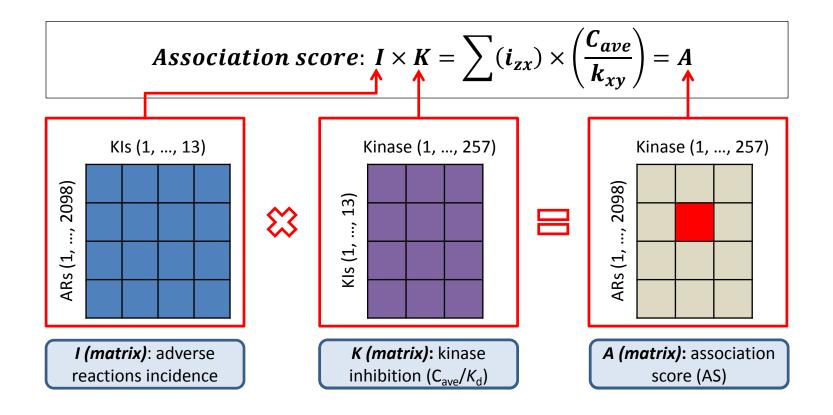
- 1. Collect safety data of FDAapproved KIs
- 2. Standardize ontology of adverse reactions (ARs)
- 3. Calculate incidence of ARs

D (association score)

An association score matrix of 2098 ARs (preferred terms) and 257 kinases

Association Score Matrix

Methods



Limitation

A false positive may be included when a high association score was obtained with a high AR incidence but moderate kinase inhibition.

Solution

After identifying AR associated $\underline{\text{KIs}}$, only keep the preliminary identified kinases (by association score) which can be inhibited with > 95% activity by any identified $\underline{\text{KIs}}$.

Data from 17 Kinase Inhibitors

Results



- Incidence of adverse reactions (ARs)
- 2. Inhibitory percent (%) data against 283 kinases

Reference for inhibitory percent data: <u>Uitdehaag JC et al. PLoS One. 2014</u> Mar; 9(3): e92146

Kinase Inhibitors (KIs) Axitinib (Inlyta) 1 Pazopanib (Votrient) 2 3 Sorafenib (Nexavar) Vandetanib (Caprelsa) 4 5 Crizotinib (Xalkori) **Erlotinib** (Tarceva) 6 Gefitinib (Iressa) 7 8 Lapatinib (Tykerb) **Bosutinib** (Bosulif) 9 10 **Dasatinib** (Sprycel) 11 Imatinib (Gleevec) 12 Nilotinib (Tasigna) **Sunitinib** (Sutent) 13 14 Cabozantinib (Cometrig) Ponatinib (Iclusig) 15 Regorafenib (Stivarga) 16 **17** Afatinib (Gilotrif)

13 KIs

- Pharmacokinetic (PK) data
- Dissociation constant (K_d) data against 257 kinases

Reference for K_d data:

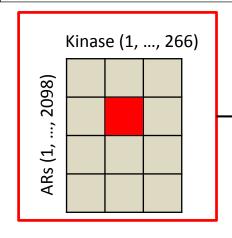
<u>Davis MI et al. Nat Biotechnol. 2011</u>

Oct; 29(11): 1046-51

Karaman MW et al. Nat Biotechnol. 2008 Jan; 26(1): 127-32

An Example

To identify kinases associated with hypertension



Preliminary identified kinases leading to hypertension: VEGFR1, VEGFR2, VEGFR3, KIT, PDGFR α , PDGFR β , TTK, ... (27 kinases in total)

| Identify hypertension associated KIs: pazopanib, axitinib, regorafenib, sorafenib, vandetanib, cabozantinib (6 KIs in total)

VEGFR2 FLT1 6 FLT4 6 **PDGFRA** 6 **PDGFRB** 5 FGFR2 5 **KIT** FGFR3 3 FGFR1 2 RAF1 2 **AURKC** 1

Only keep preliminary identified kinases which can be inhibited with > 95% activity by any identified 6 KIs.

4279 associations involving 534 ARs (preferred terms) and 140 kinases were identified.

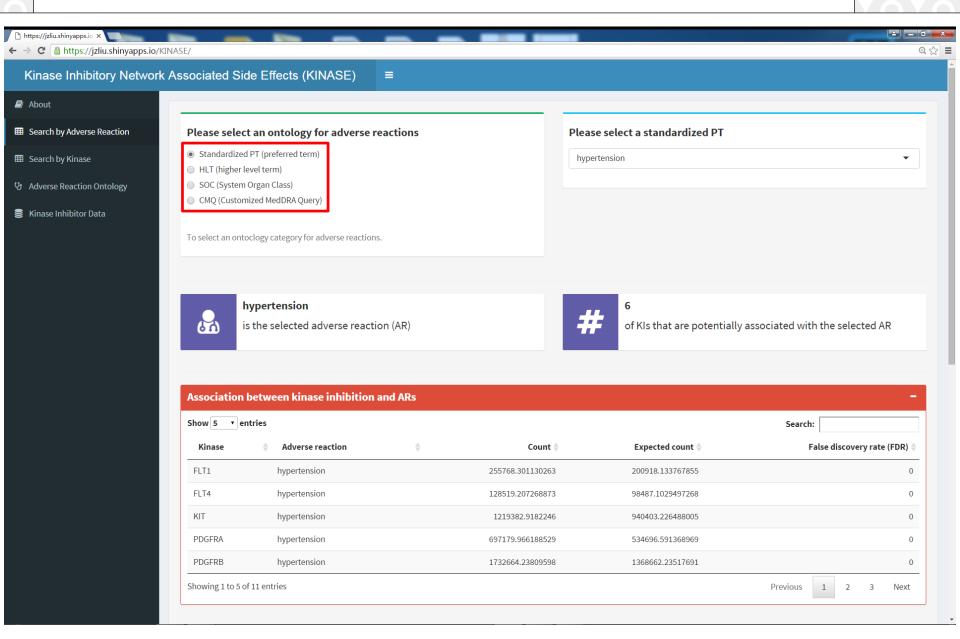
Well-established pairs of kinase inhibition and ARs were confirmed:

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hypertension – VEGFR2;
rash – EGFR/HER4;
conjunctivitis – EGFR;
fluid retention;
diarrhea – EGFR;
pulmonary hypertension – ABL;
QT prolongation – VEGFR;
proteinuria – VEGFR.
```

Visualize the results using a web app: https://jzliu.shinyapps.io/KINASE

KINASE: A Web App to Query the Results

Results



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