



MOLECULE TO PATIENT

ASCPT 2019 ANNUAL MEETING







Quantitative Systems Pharmacology at the US FDA: From Aspiration to Translation

Issam Zineh, PharmD, MPH

Office of Clinical Pharmacology | Office of Translational Sciences

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- The views expressed are mine and may not reflect the position of the US Food and Drug Administration. No official position is intended nor should be inferred.



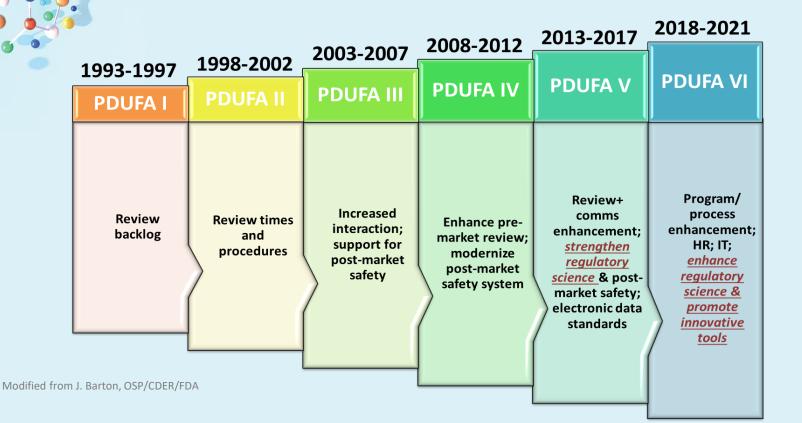
Overview



- Current MIDD Landscape
- Pattern Recognition: QSP on the Regulatory Hope-Hype Cycle
- Setting Expectations
 - Reflections on the Community
 - QSP Submissions at FDA
- Outstanding Questions
- Summary

Increased Focus on Innovation, Novelty, and Advancing Regulatory Science







Opportunities for MIDD: PDUFA VI – Enhancing Regulatory Decision Frools To Support Drug Development and Review



Regulatory Science Capacity



Regulatory Review Capacity and Expertise



Guidance, MaPPs, SOPs, Review Tools



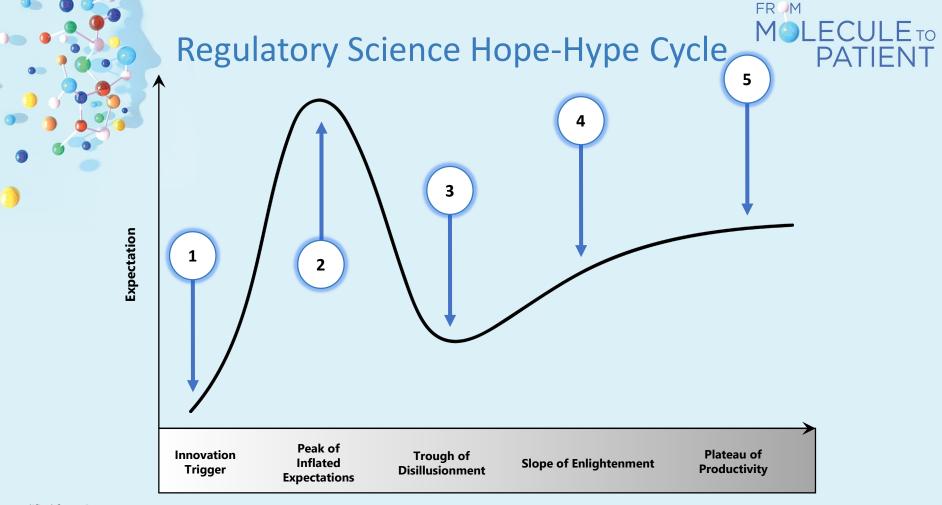
Stakeholder Engagement



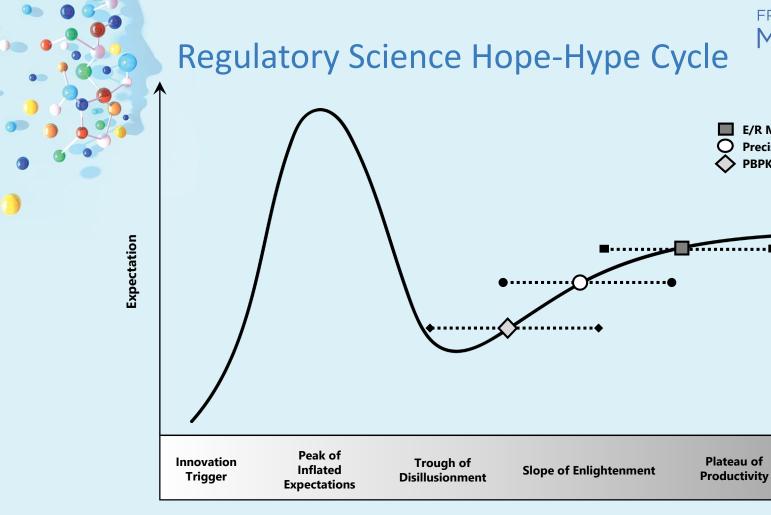
MIDD Paired Meeting Pilot Program



Knowledge Management and Communication



Modified from Gartner Time





FR M

E/R M&S

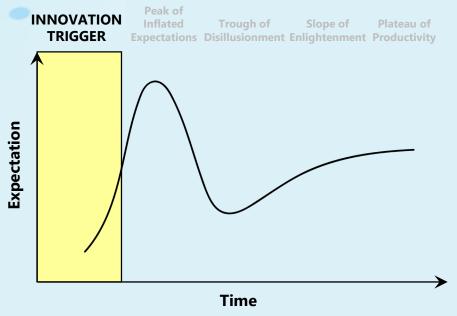
PBPK M&S

Precision Medicine



Exponential Growth and Enthusiasm Around Endless Possibilities

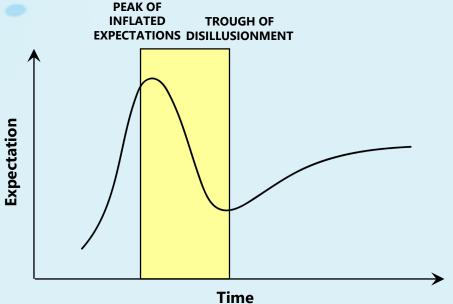




- Quantum leap in science or methodology
- Development of enabling tools and technology (e.g., software)
- Acknowledgment by senior leadership
- Significant public interest



Barriers to Translation – PATI The Beginnings of Disillusionment and Recalibration



Constraints of the science

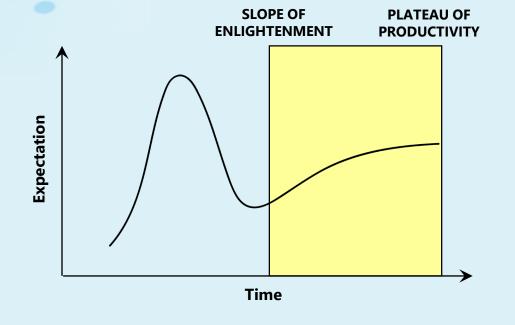
FR M

- Steep learning curve
- Few instructional cases
- High organizational activation energy



A Second Convergence: Toward the Aspirational State





- Growing championship among decision- and policymakers
- Public engagement
- Development of business process and workflows
- Development of best practices and regulatory guidances



Reflections on the Plateau of Productivity

- In the regulatory context, the scientific approach becomes more integrated and mainstream within the broader exercise of regulatory evaluation
- This aspirational state is the balance of expectations with realized benefit and risk
- Critical mass of experience needed to overcome residual skepticism from earlier eras of outsized promise
- Socialization (educational, experiential) a key component
- Context-specific caveats and perpetually more work to be done



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Is QSP on a Similar Path?

Systems Pharmacology: Bridging Systems Biology and Pharmacokinetics-Pharmacodynamics (PKPD) in Drug **Discovery and Development**

Piet H. van der Graaf . Preclinical QSP Modeling in the Pharmaceutical Industry: An IQ Consortium Survey Examining the Current

Landscape

Marioleen J.M.A. Niisen1*. F Jerome T. Mettetal⁷. Patricia Mark Penney¹⁴, Brian Topp¹

Good Practices in Model-Informed Drug Discovery and **Development: Practice, Application, and Documentation**

EFPIA MID3 Workgroup: SF Mars SAG Visser¹⁴

B Hamrén⁷, L Harnisch¹, F Ivano Best practices to maximise the use and re-use of QSP models Recommendations from the UK QSP Network

> Lourdes Cucuru Mark Penney, A Paolo Vicini, Ja

A Survey of Software Tool Utilization and Capabilities for Quantitative Systems Pharmacology: What We Have and What We Need

Sergey Ermakov^{1,*}, Brian J. Schmidt², Cynthia J. Musante³ and Craig J. Thalhauser²



What is the QSP Community Doing Right? (1)



- Frontloaded effort to identify specific applications of QSP that have the greatest value proposition
- Concerted effort to "contextualize the current status of QSP based on its multidisciplinary roots and its historical successes and challenges in order to establish its next direction" (Musante CJ CPT:PSP 2016)
- Landscape analysis and communication of current state (industry practices) → may mitigate the potential for overinflated expectations



Model Development Model Vetting Documentation Reporting/Communication

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BEST PRACTICES OF MILES

LANDSCAPE ANALYSIS

APPLICATION

QSP modeling definition Intended use Stage of model initiation

Model size and complexity
Perceived impact
Determinants of success/failure

Resource investment Organizational structure Platform capabilities



What is the QSP Community Doing Right? (2)

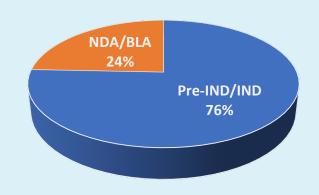


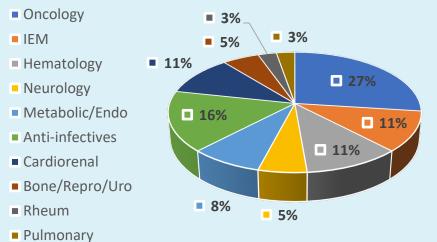
- The QSP community has taken a deliberative approach to address key questions facing the discipline
- The specific applications of QSP to drug development have been illustrated through case studies and landscaping
- Enabling technological capabilities have been articulated by end-users
- Best practices in communicating model context of use, development, validation/verification, and impact have been proposed
- Expectations appear to be appropriately set against which to benchmark gains afforded by QSP in drug development

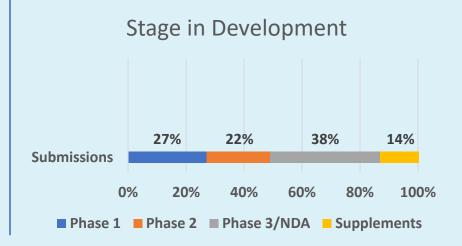
QSP in Submissions to the US FDA

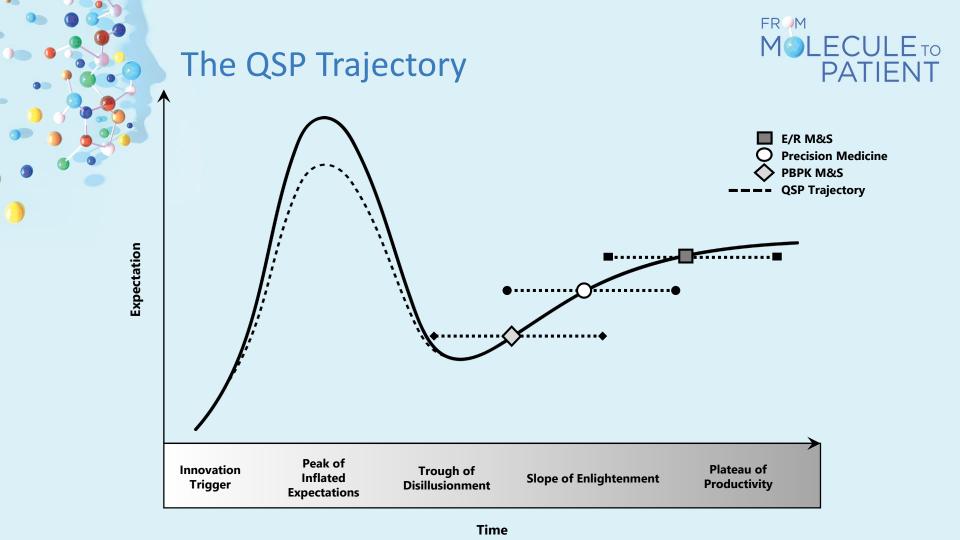














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Outstanding Questions

- What is the role of regulatory scientists in evaluating QSP models and output in regulatory decision-making?
- What should the evidentiary framework and regulatory expectations be for model credibility assessment based on various use contexts?
- What is the appropriate time, mechanism, and purpose to engage with regulatory authorities on discussions about QSP in specific product development programs?



Issue-Based Approach to Engagement



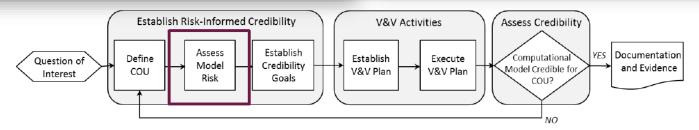
- What is the intended purpose and context for the given quantitative approach?
 - Is the modeling (with or without accompanying simulation) intended to be mechanistically explanatory of an observed phenomenon?
 - Is the exercise intended to be used for clinical trial planning?
 - Is the output intended to stand in for a clinical trial?
- Very different situations that would necessitate different conversations:
 - Some may not necessitate a conversation at all
 - Others would require dialogue around model credibility, decision risk, and resulting evidentiary requirements.

Risk-Informed Credibility Framework



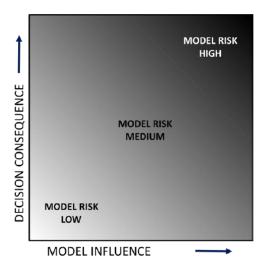
In order to more fully leverage computational modeling and simulations for medical products and clinical care, we need a methodology to ensure appropriate credibility.

Credibility: the trust, through the collection of evidence, in the predictive capability of a computational model for a context of use



Model risk is the possibility that the computational model leads to an incorrect decision that results in patient harm and/or other undesirable impacts.

- Model influence is the contribution of the computational model relative to other available evidence in making a decision.
- Decision consequence is the significance of an adverse outcome resulting from an incorrect decision.









- Many stakeholders are working to clearly define the QSP space
- There has been a concerted effort to share experience and communicate good practices
- Lessons can be learned from precedent regulatory sciences that may help proactively drive QSP through the Hope-Hype Cycle and perhaps to routine application
- As the science develops and more examples of QSP application reach the regulatory doorstep, further engagement among scientists involved in MIDD will be important





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