

PubPredict and its Applications: Prediction of Progression Free Survival/Overall Survival Leveraging Publications and Early Efficacy Data

Jackie (Jianqi) Zhang, Erik Rasmussen

Amgen, Inc



Pioneering science delivers vital medicines™

INTRODUCTION

This project develops a toolset modeling the disease course of refractory and relapsed multiple myeloma with a continuous Markov chain (CMC) model. Based on the modeling, subject-level data of disease course/survival outcomes could be simulated with aggregate-level efficacy statistics as input. Simulated subject-level data is shown to have good approximation of reported external studies.

Motivation:

- In Oncology/Hematology clinical trials, we usually have observations of early efficacies in terms of response rate, depth, timing and duration. However, the follow-up may not be long enough to support the prediction of progression-free survival (PFS) or overall survival (OS), which are usually the primary endpoints for phase 3 studies.
- We tackle the question of establishing a quantitative link between early efficacy outcomes and typical efficacy endpoints in phase 3 trials. Without loss of generalizability, we use R/RMM as disease model.

METHODS

Continuous Time Markov Process

- Transition intensity governs the next stage of transition, and the time of the change.
- The transition intensity for each pair of transition, r and s for example:

$$q_{rs}(t, z(t)) = \lim_{\delta t \rightarrow 0} \frac{P(S(t + \delta t) = s | S(t) = r) - P(S(t) = r)}{\delta t} z(t)$$

where t is the current time, and $z(t)$ are the covariates at t .

- $q_{rs}(t, z(t))$ is the transition intensity of any history of states previously visited, or the time stayed there. It is a function constant over periods of time as defined

- Transition intensity matrix Q :

$$Q = \begin{bmatrix} q_{11} & q_{12} & \dots & q_{1n} \\ q_{21} & q_{22} & \dots & q_{2n} \\ \vdots & \vdots & \ddots & \vdots \\ q_{n1} & q_{n2} & \dots & q_{nn} \end{bmatrix}$$

Transition probability $p_{rs}(t)$:

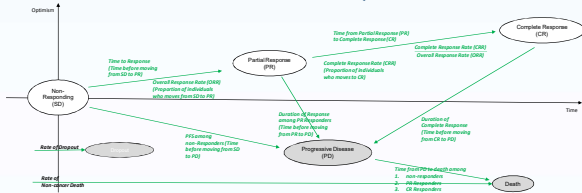
$$p_{rs}(t) = P(S(t_0 + t) = s | S(t_0) = r)$$

Transition probability matrix $P(t)$:

$$P(t) = \text{Exp}(tQ) = \sum_{n=0}^{\infty} \frac{t^n}{n!} Q^n$$

- Transition intensity matrix Q – useful properties:

- Time waiting on state r before any move are exponentially distributed: $\Pr(T_r \geq t) = \exp(-q_{rr}t)$
- Time waiting on state r before moving to each individual state s are exponentially distributed;
- Once moved (from r), the probability of being on s : $-\frac{q_{rs}}{q_{rr}} = \frac{q_{rs}}{\sum_{j \neq r} q_{rj}}$



Model Setting for R/RMM

- Everyone starts with a stable disease of R/RMM (SD);
- With an effective therapy, a proportion of subjects respond, i.e. transit from SD to partial response (PR), who later deepens to complete response (CR);
- The deeper the response a subject achieves, the less likely for him/her to progress/death;
- Same chances of dropout apply to everyone, no matter of the response status (non-informative).
- Observation ends at dropout/death (these two are terminal states).

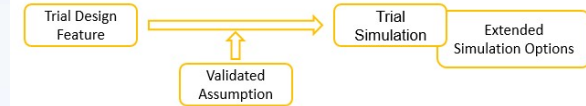
Parameterize Algorithm

- Input Parameters:
 - Overall Response Rate (oRR); Complete Response Rate (cRR)
 - Median Time from SD to Progression (PFS_{SD}); Time to Response (TTR); Time to Complete Response (TCR); Duration of Responses among Responders (mDoR);
 - Median Time from Progression to Death among non-responders, partial responders, complete responders (TPDnDoR, SD, TPDpDoR, CR, TPDcrDoR, CR);
 - Dropout (amplitude: pd, amplitude: os), non-cancer death (amplitude: d).

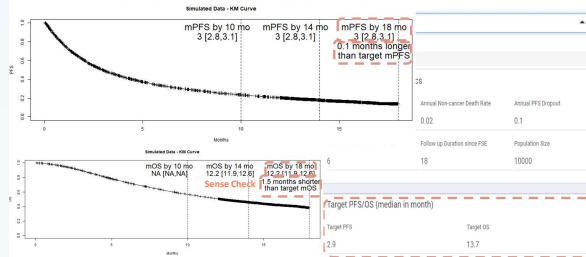
State	SD	PR	CR	PD	Death
From To	SD	PR	CR	PD	Death
SD	$-\lambda_{SD}$	$\lambda_{SD,PR}$	$\lambda_{SD,CR}$	$\lambda_{SD,PD}$	$\lambda_{SD,Death}$
PR	$\lambda_{PR,SD}$	$-\lambda_{PR}$	$\lambda_{PR,CR}$	$\lambda_{PR,PD}$	$\lambda_{PR,Death}$
CR	$\lambda_{CR,SD}$	$\lambda_{CR,PR}$	$-\lambda_{CR}$	$\lambda_{CR,PD}$	$\lambda_{CR,Death}$
PD	$\lambda_{PD,SD}$	$\lambda_{PD,PR}$	$\lambda_{PD,CR}$	$-\lambda_{PD}$	$\lambda_{PD,Death}$
Death	$\lambda_{Death,SD}$	$\lambda_{Death,PR}$	$\lambda_{Death,CR}$	$\lambda_{Death,PD}$	$-\lambda_{Death}$

$$\text{Incl. d.o.} = \frac{\lambda_{d,SD}}{\lambda_{d,SD} + \lambda_{d,PR} + \lambda_{d,CR} + \lambda_{d,PD} + \lambda_{d,Death}}$$

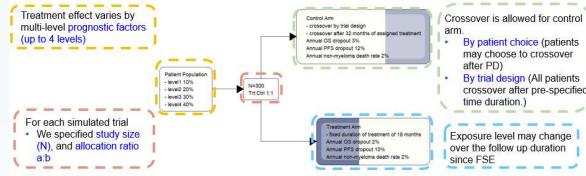
PubPredict R shiny Tool



VALIDATION OF CLINICAL ASSUMPTIONS

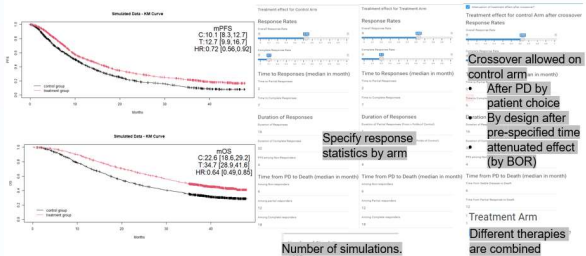


DESIGN TRIAL FEATURES

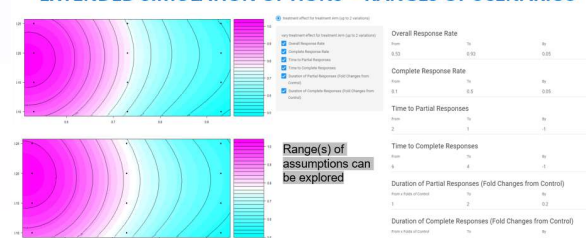


Number of response levels can vary according to the disease we are interested in. Endpoints: stable disease / partial / response / complete response; response / non-response; stable disease / partial / response / complete response. Different combination of endpoints are allowed based on the experiment interest.

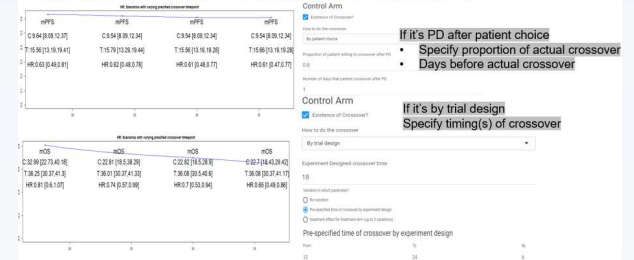
TRIAL SIMULATION



EXTENDED SIMULATION OPTIONS – RANGES OF SCENARIOS

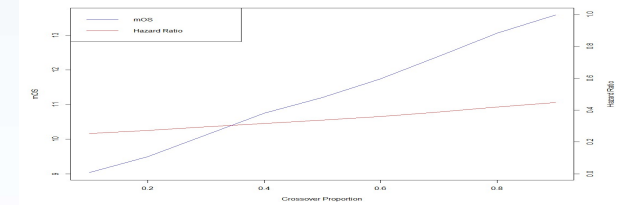
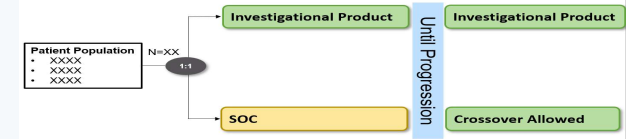


EXTENDED SIMULATION OPTIONS - CROSSOVER



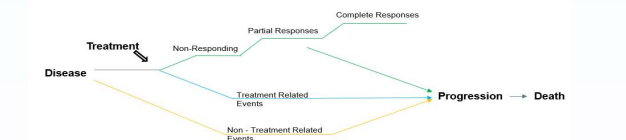
Application

Treatment effects accounting for crossover could be modeled with varying assumptions about response rates, median durations of responses.



Future Directions

Informative censoring could be accommodated. Time-dependent transition intensities could be explored. The surrogacy strength of response endpoints (such as response rate, durations) could be simulated and evaluated. Surrogate endpoint: "A response variable for which a test of the null hypothesis of no relationship to the treatment group under comparison is also a valid test of corresponding null hypothesis based on the true endpoint." Prentice's (1989)



REFERENCES

- Cox DR, Miller HD (1965). The Theory of Stochastic Processes. Chapman and Hall, London.
- Christopher Jackson Multi-State Models for Panel Data: The msm Package for R. Journal of Statistical Software. Vol 38 (2011):8, 27336
- Gandhi L, Rodriguez-Abreu D, Gadgeel S, Garassino MC et al; Pembrolizumab plus Chemotherapy in Metastatic Non-Small-Cell Lung Cancer. N Engl J Med. 2018 May 31;378(22):2078-2092. doi: 10.1056/NEJMoa1801005. Epub 2018 Apr 16. PMID: 29658856.
- Sagar Lonial, Hans C Lee, Ashraf Badros, Suzanne Trudel, Ajay K Nooka, Ajai Chari, et al. Belantamab mafodotin for relapsed or refractory multiple myeloma (DREAMM-2): a two-arm, randomised, open-label, phase 2 study. 21, (2), 207-221, 2020