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Development and comparison of model-based bioequivalence analysis methods on sparse data

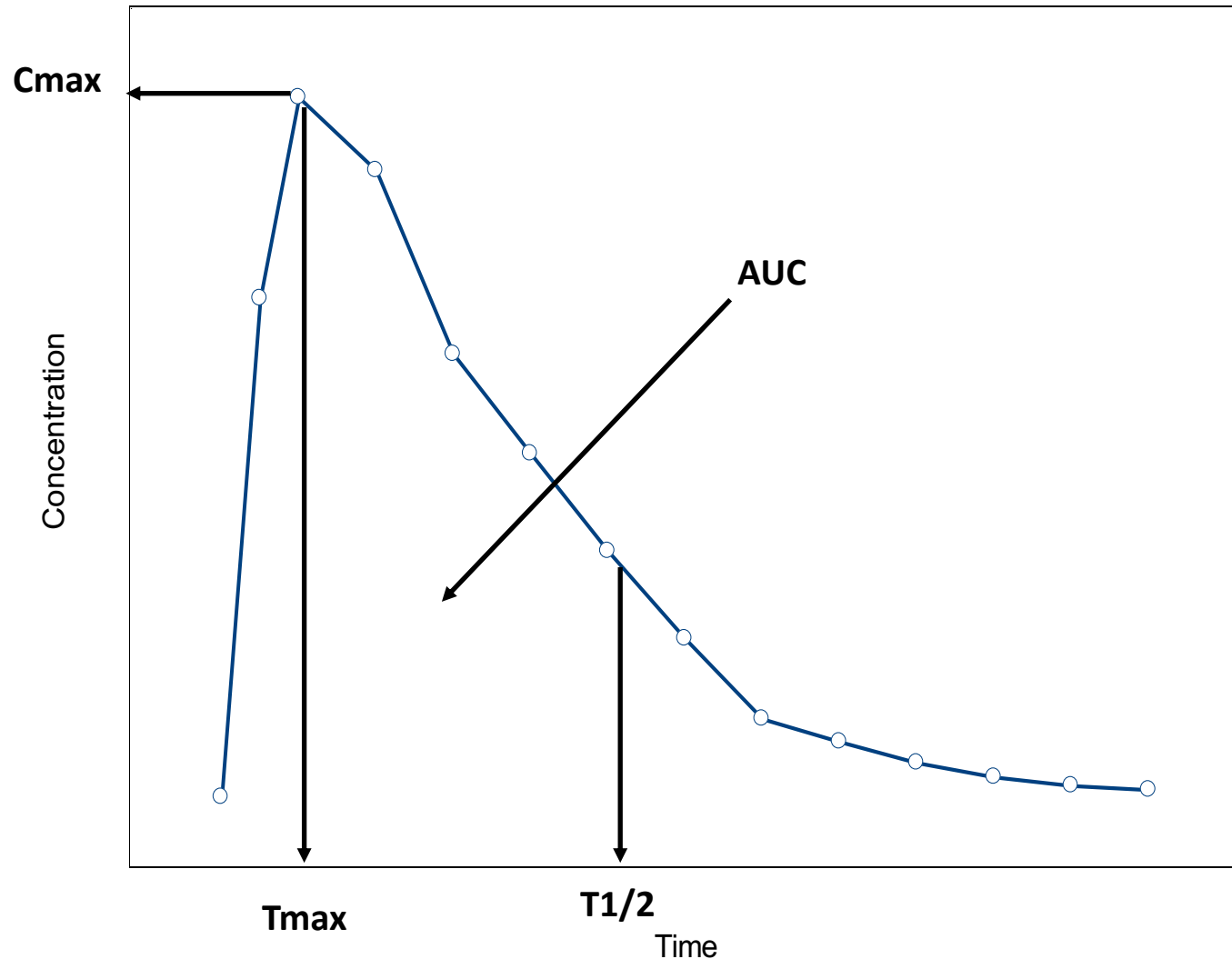
Andrew C. Hooker, Henrik B. Nyberg, Mats O. Karlsson and Xiaomei Chen
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ACOP10, Florida

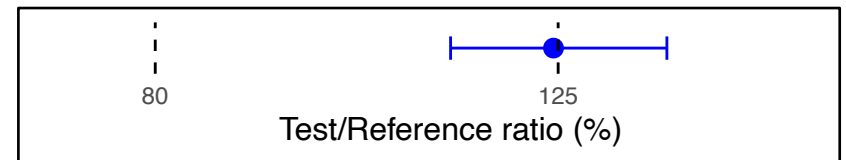
2019-10-22



Standard bioequivalence (BE) studies

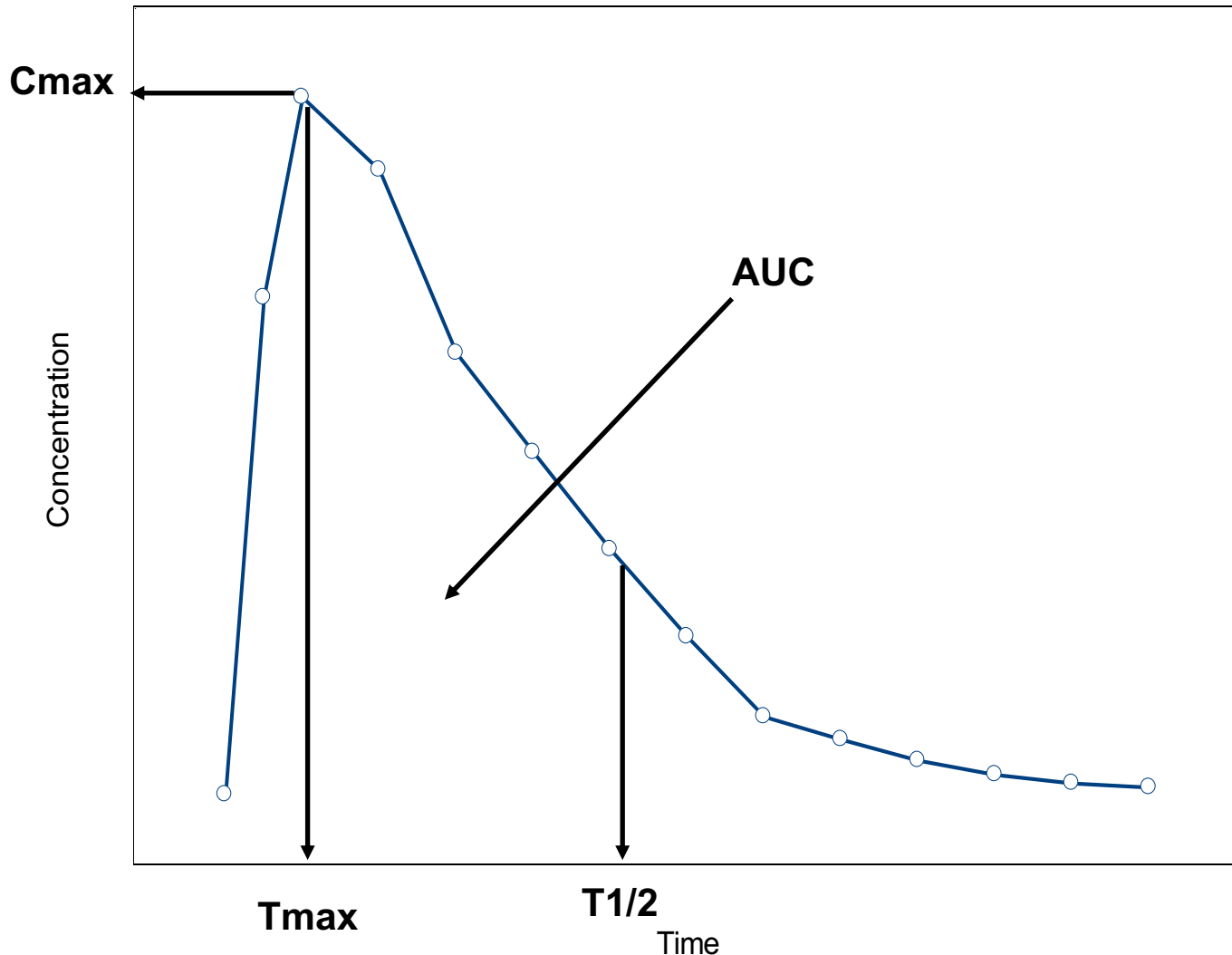


- BE determined by comparing the 90% confidence interval of the ratio (comparator vs. reference) of geometric means of secondary PK parameters with predetermined limits.





Potential problems with standard BE approaches: Problems with NCA calculations

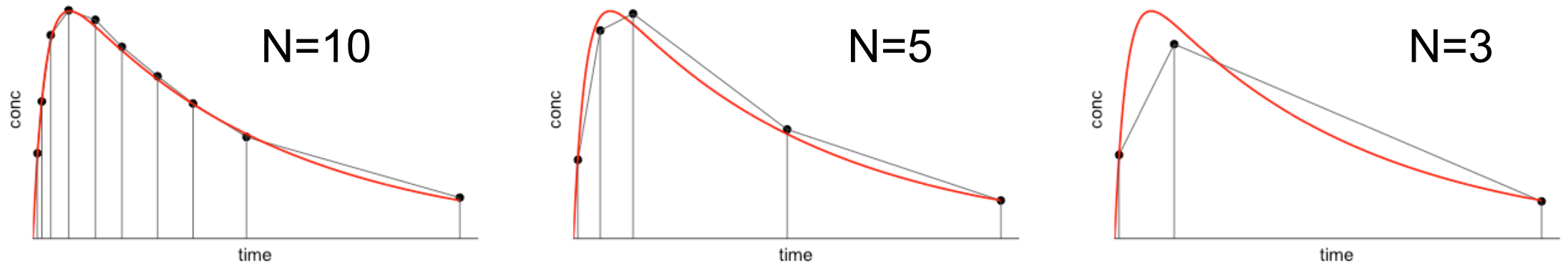


- Assume equal weight for all observations
- Sensitivity to missing data
- Sensitivity to data below the limit of quantification
- Interpolation problems from the last observation to ∞
- **Sparse data problems**

NCA: non-compartment analysis



NCA for sparse data can be problematic: metric accuracy and power



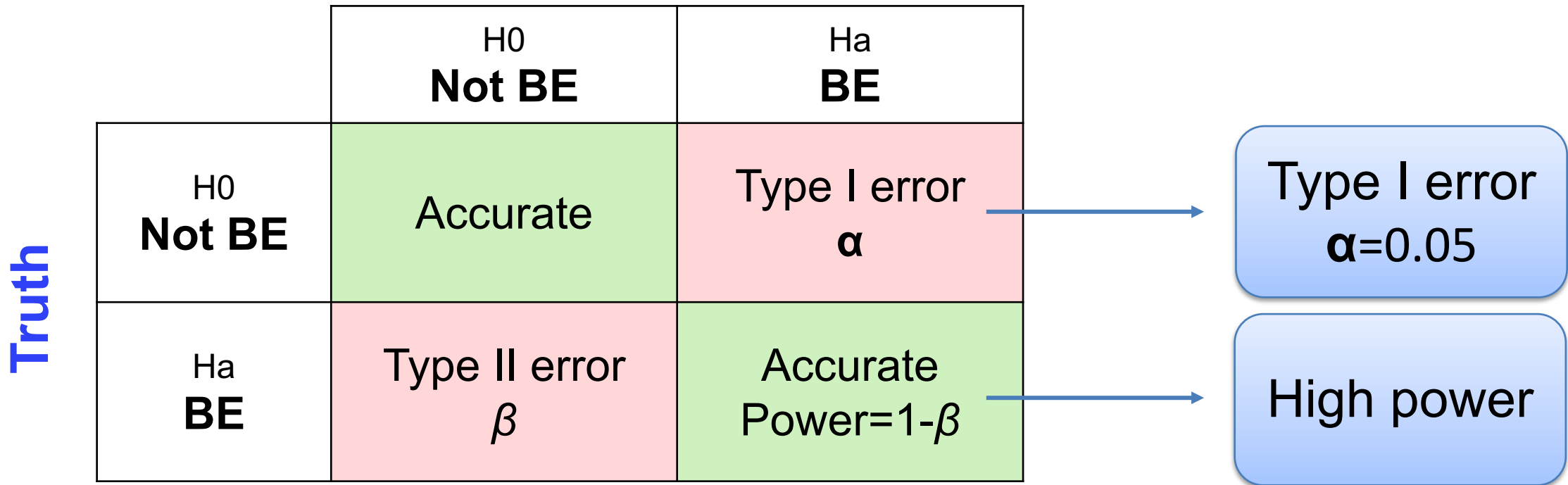
C_{\max} , AUC_{last} , AUC_{inf} accuracy decrease

Variance increase

Power decrease

The goal of developed model-based BE method: nominal type I error, high power

Conclusion from analysis





Model-based analyses of bioequivalence crossover trials using the stochastic approximation expectation maximisation algorithm

Anne Dubois,^{a,*†} Marc Lavielle,^b Sandro Gsteiger,^c
Etienne Pigeolet^c and France Mentré^a

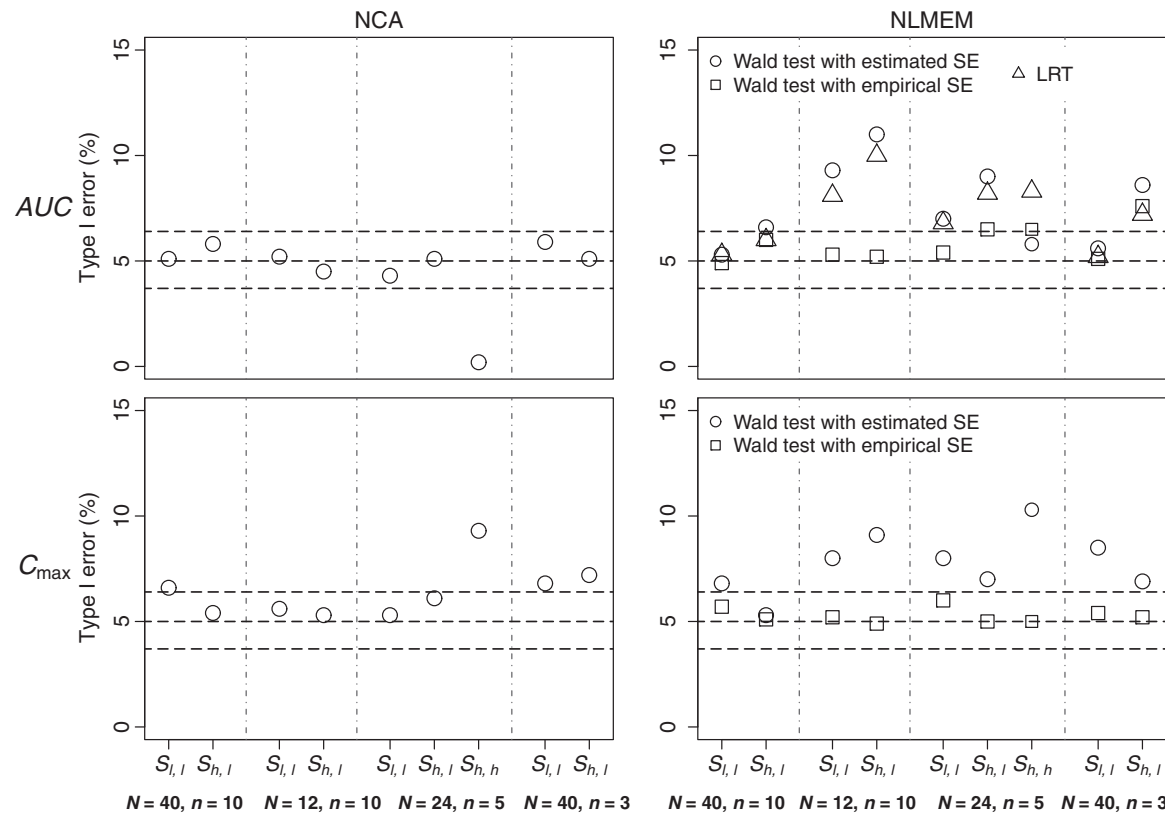
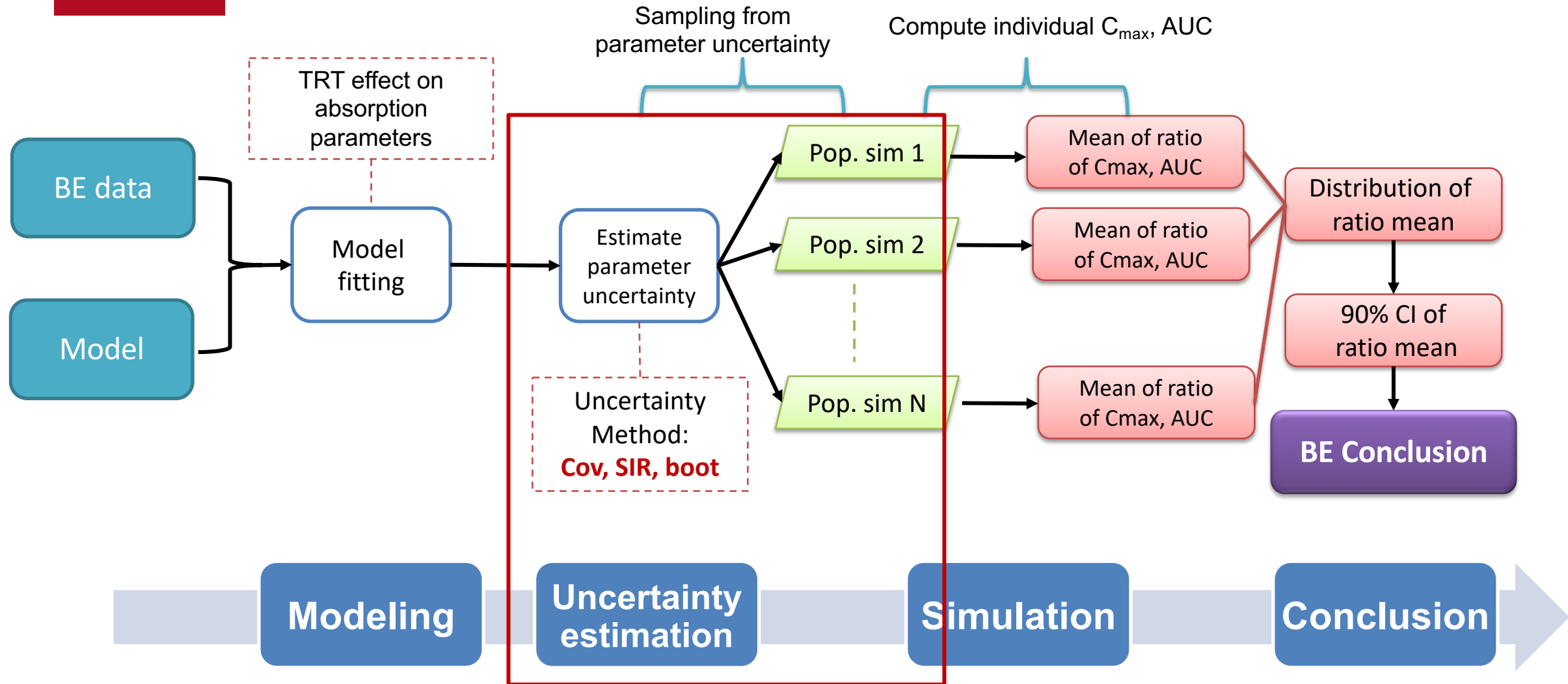


Figure 4. Global type I error of the bioequivalence tests performed on the treatment effect of AUC (top) and C_{max} (bottom) from noncompartmental analysis (NCA) (right) and nonlinear mixed effects model (NLMEM) (left) estimates. We perform the Wald tests based on NCA and NLMEM estimates on both parameters; we per-

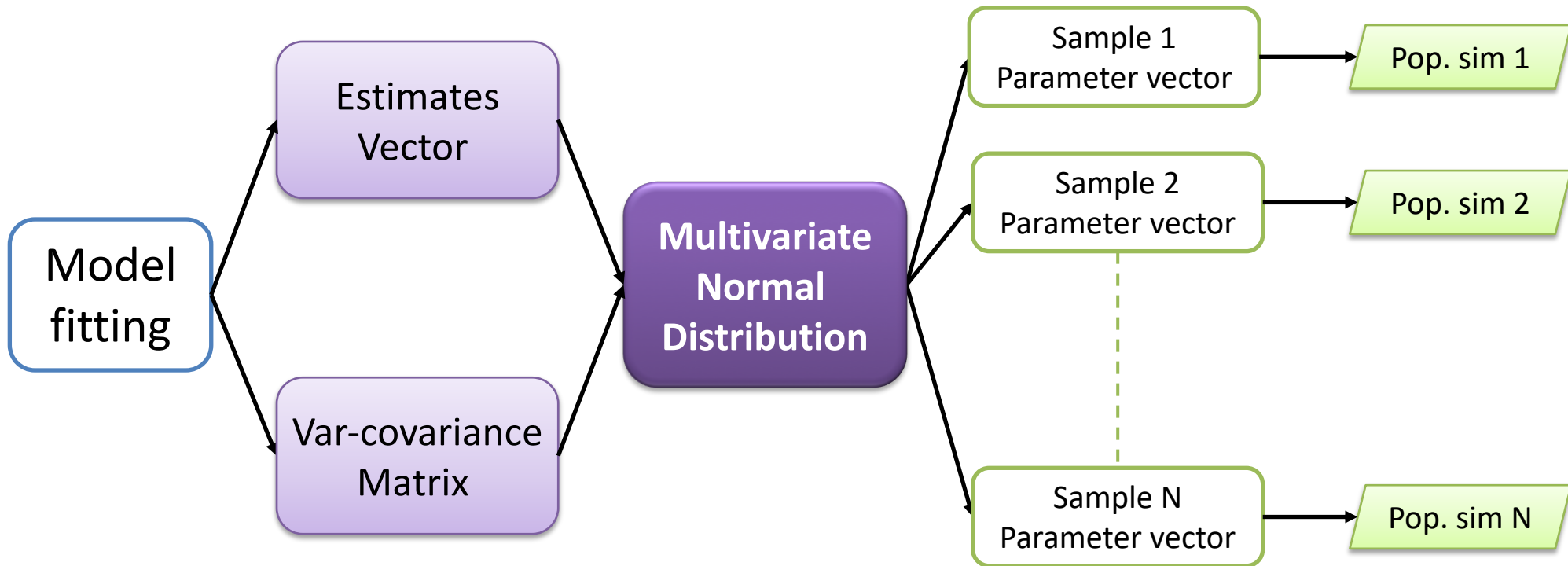


Our developed model-based BE method



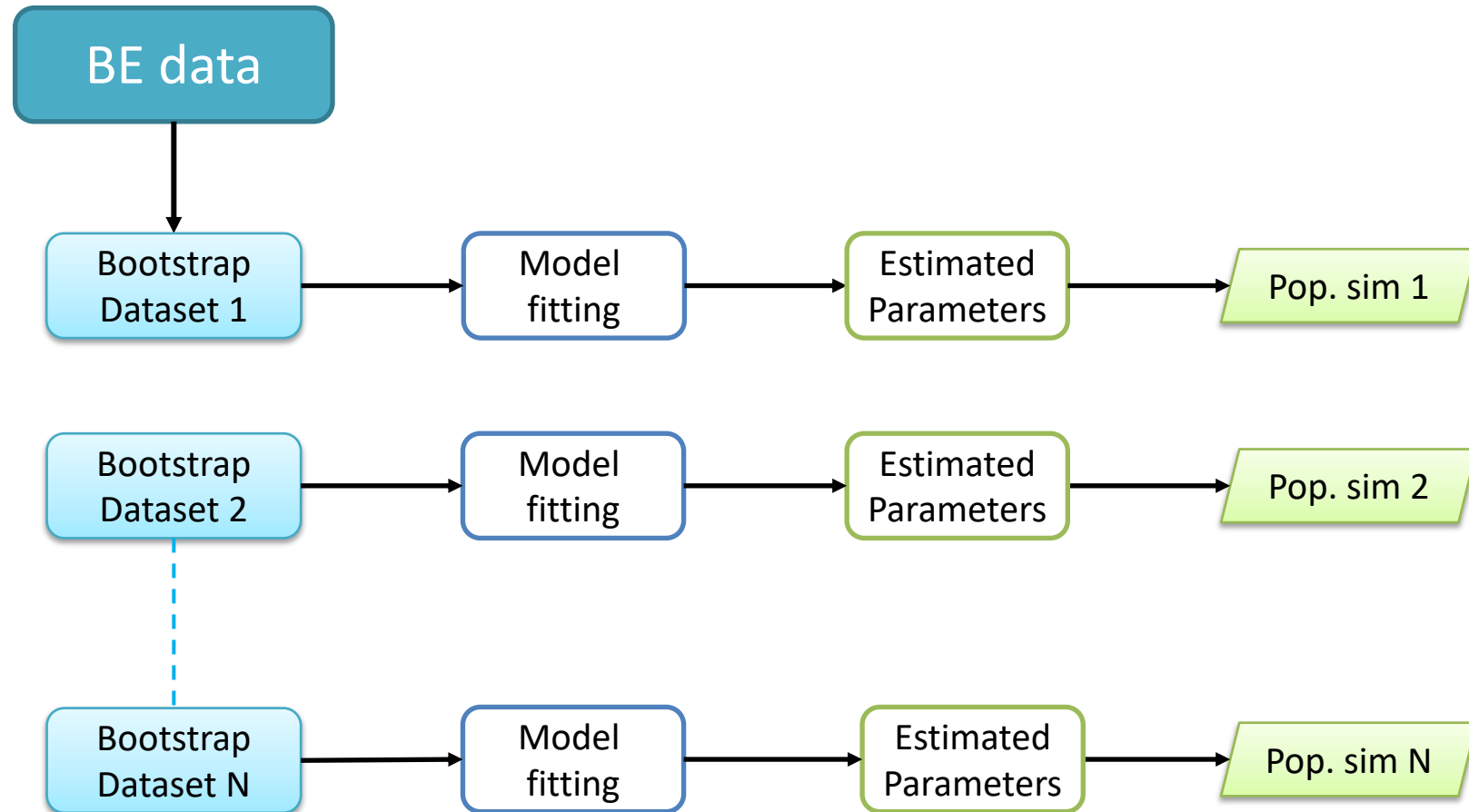


Uncertainty method: Covariance matrix





Uncertainty method: Bootstrap



Sampling importance re-sampling (SIR) implemented in NONMEM and PsN

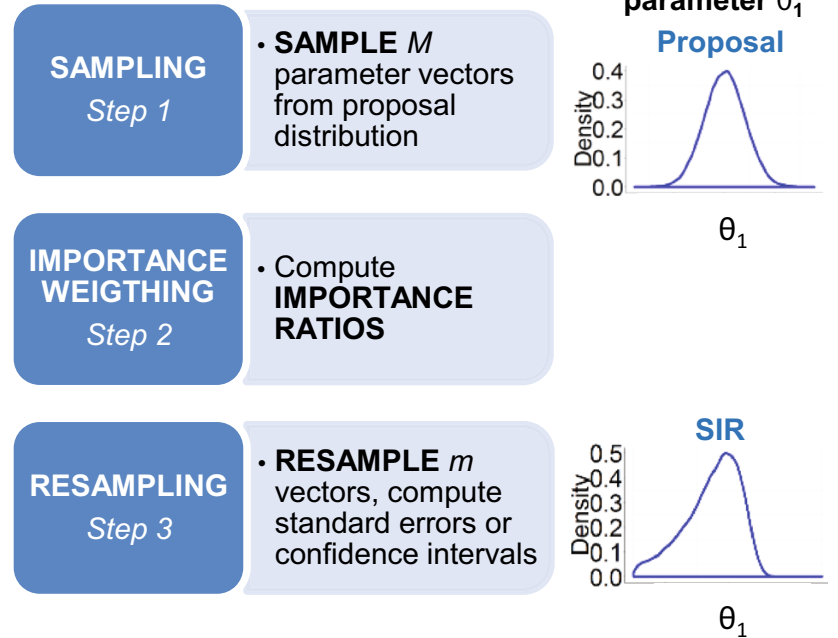
J Pharmacokinet Pharmacodyn (2016) 43:583–596
DOI 10.1007/s10928-016-9487-8



ORIGINAL PAPER

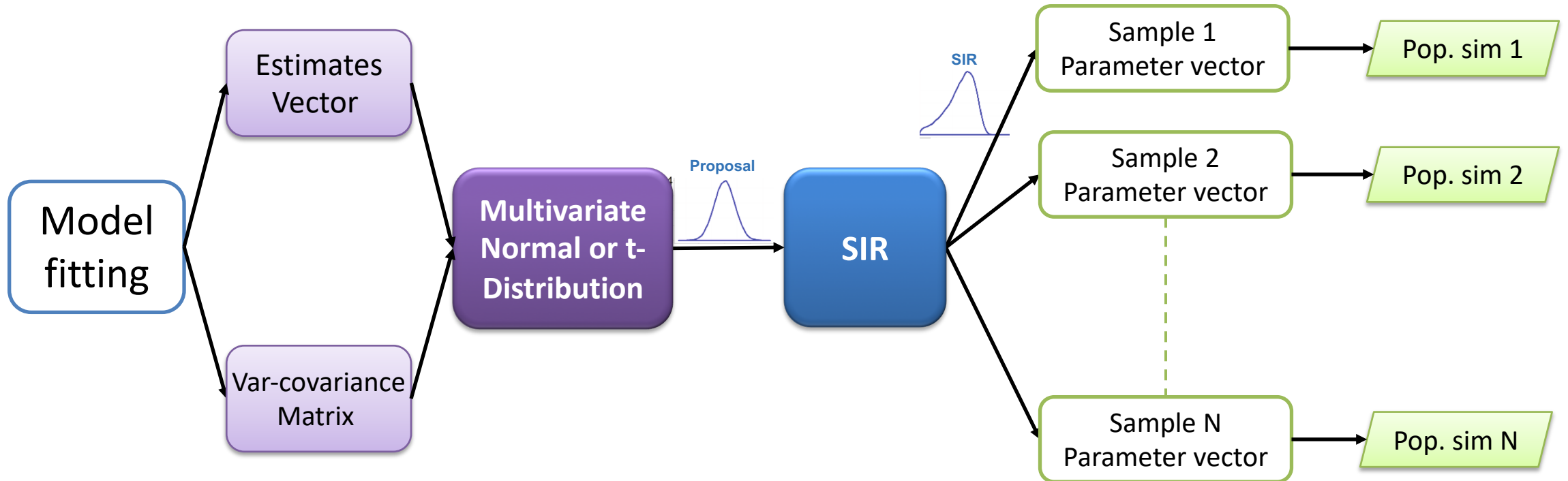
Improving the estimation of parameter uncertainty distributions in nonlinear mixed effects models using sampling importance resampling

Anne-Gaëlle Dosne¹ · Martin Bergstrand¹ · Kajsa Harling¹ · Mats O. Karlsson¹

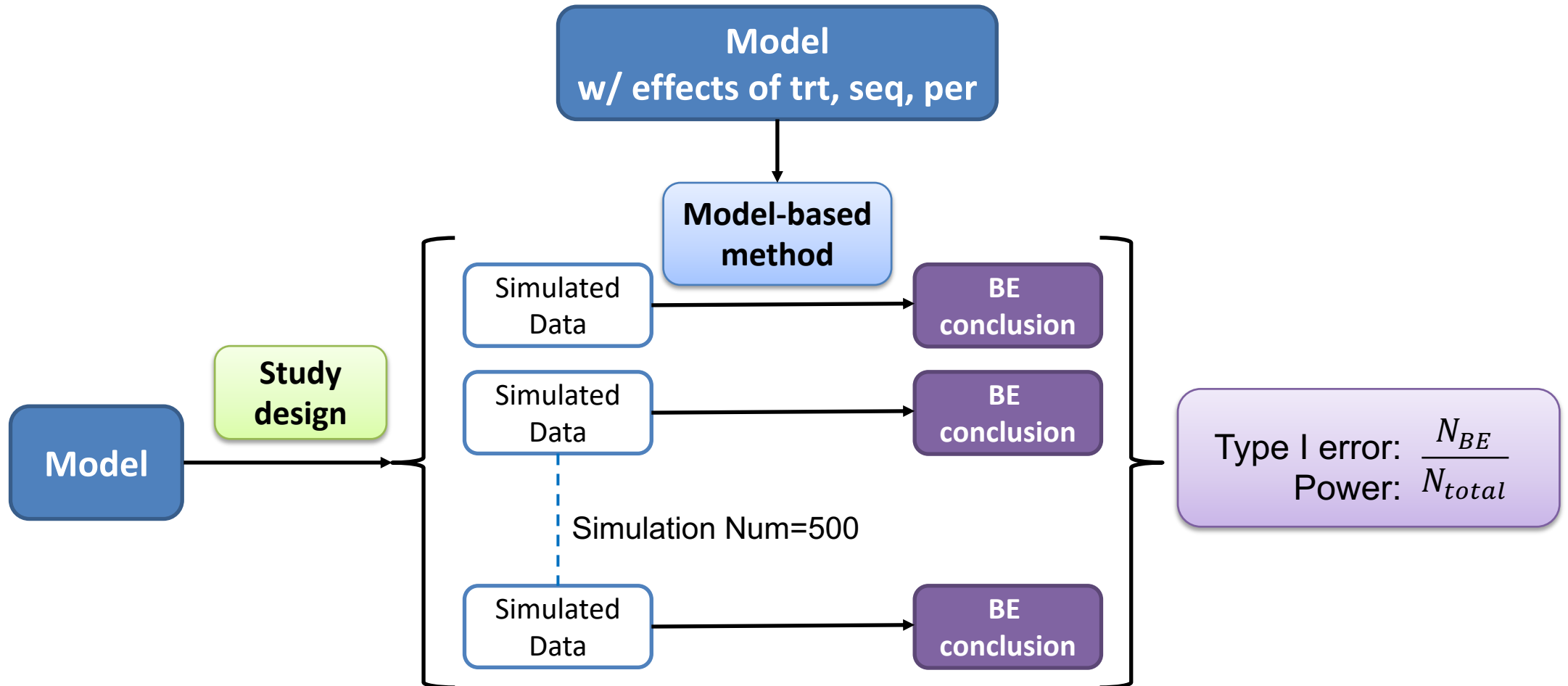




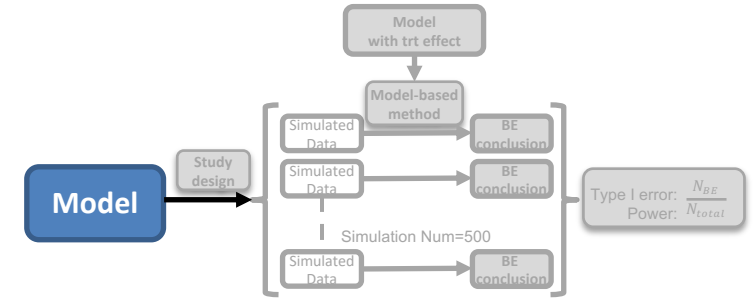
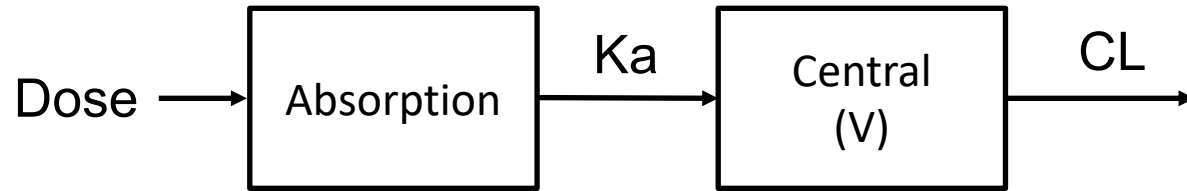
Uncertainty method: SIR



Simulation flowchart



Model used to generate simulated data



$$CL = 40.36 \times e^{\eta_{CL-IIV}}$$

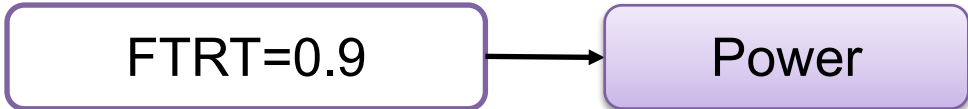
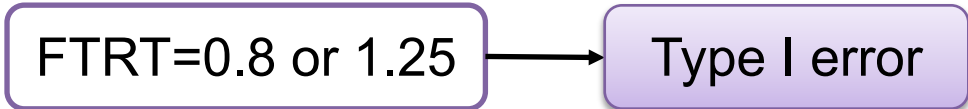
$$V = 480 \times e^{\eta_{V-IIV}}$$

$$Ka = 1.48 \times e^{\eta_{Ka-IIV}}$$

$$F = 1 \times e^{\eta_{F-IOV}} \times \mathbf{FTRT}$$

Proportional residual error with $\sigma^2=0.01$

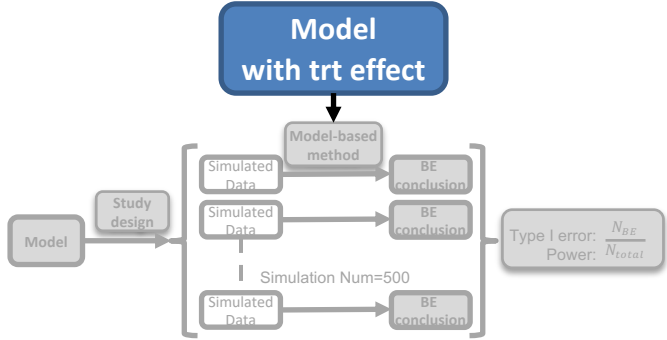
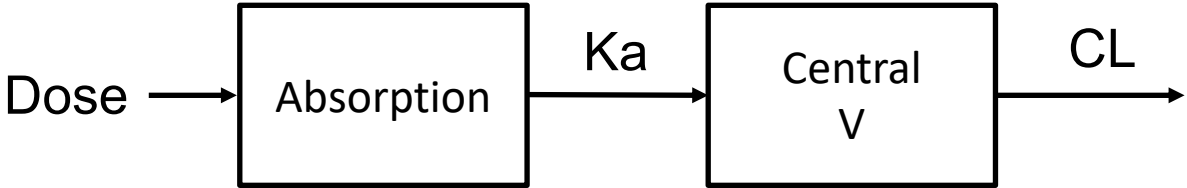
Variance Level	ω_{CL-IIV}	ω_{V-IIV}	ω_{ka-IIV}	ω_{F-IOV}
Low	0.2	0.1	0.2	0.1
High	0.5	0.5	0.5	0.15



FTRT: test/ref ratio in F (i.e. treatment effect)

Based on: Dubois *et al.*, *Stat. Med.*, 2010.

Model used for BE analysis



$$CL = TVCL \times e^{\eta_{CL-IIV}}$$

$$V = TVV \times e^{\eta_{V-IIV}}$$

$$Ka = TVKa \times e^{\eta_{Ka-IIV}} \times KaTRT \times KaSEQ \times KaPER$$

$$F = 1 \times e^{\eta_{F-IOV}} \times FTRT \times FSEQ \times FPER$$

Proportional residual error

KaTRT: treatment effect on Ka (test/ref)

KaSEQ: sequence effect on Ka

KaPER: period effect on Ka

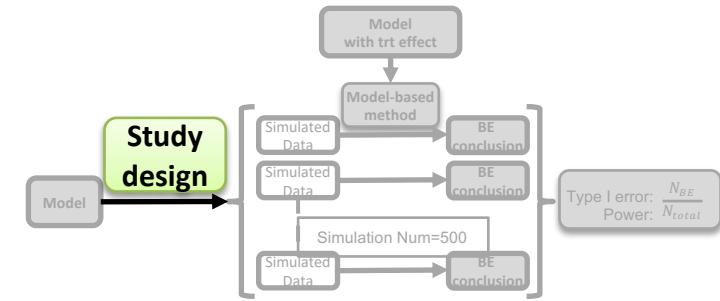
FTRT: treatment effect on in F (test/ref)

FSEQ: sequence effect on F

FPER: period effect on F



Study design: 2-period crossover study

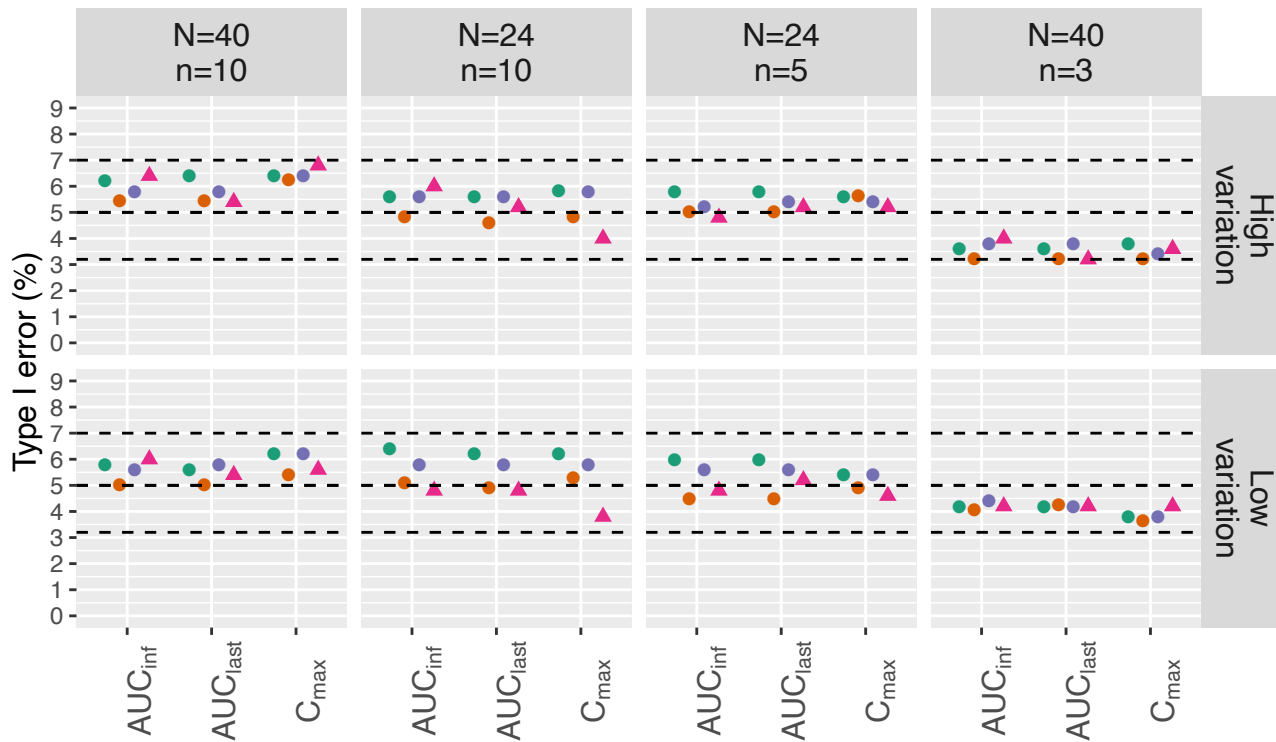


Design	Subject No	Sampling No	Sampling times
1	40	10	0.25, 0.5, 1, 2, 3.5, 5, 7, 9, 12, 24
2	24	10	0.25, 0.5, 1, 2, 3.5, 5, 7, 9, 12, 24
3	24	5	0.25, 1.5, 3.35, 12, 24
4	40	3	0.25, 3.35, 24

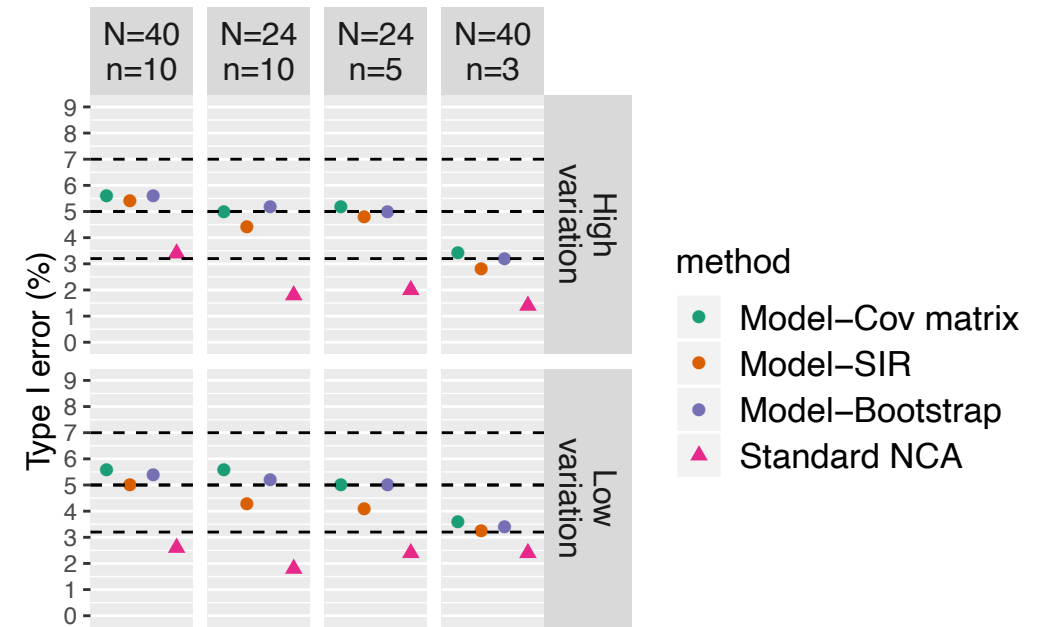


Simulation study: type I error at FTRT=0.8

Type I error: FTRT=0.8

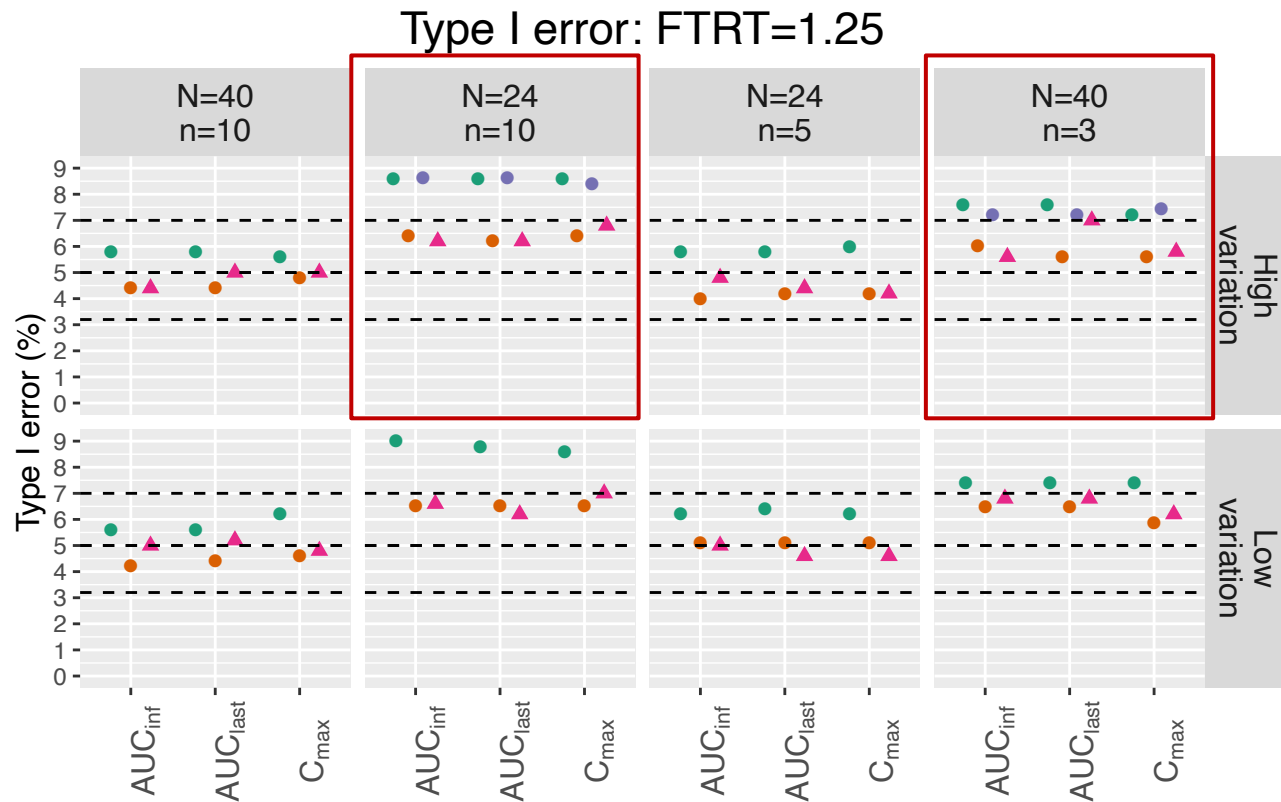


Overall type I error: FTRT=0.8

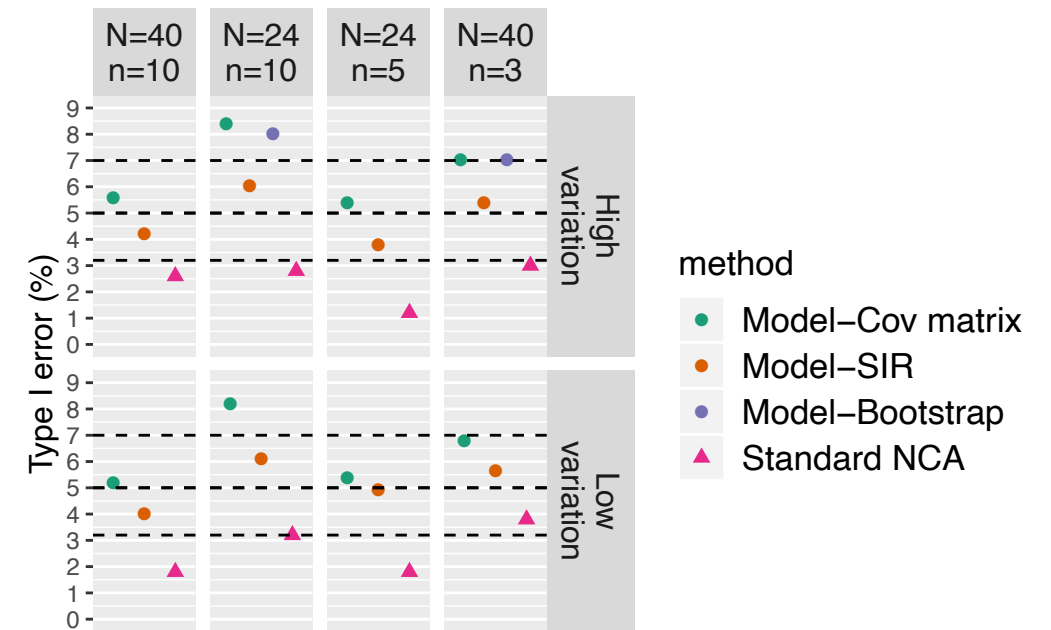




Simulation study type I error at FTRT=1.25 SIR had controlled type I error



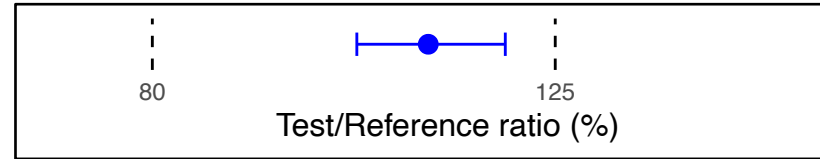
Overall type I error: FTRT=1.25





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Type I error in the simulation study



Simulation Num=500



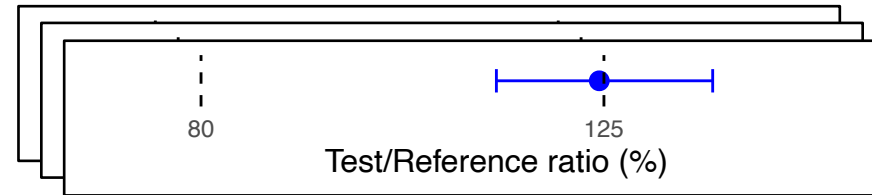
Type I error in the simulation study



Simulation Num=500



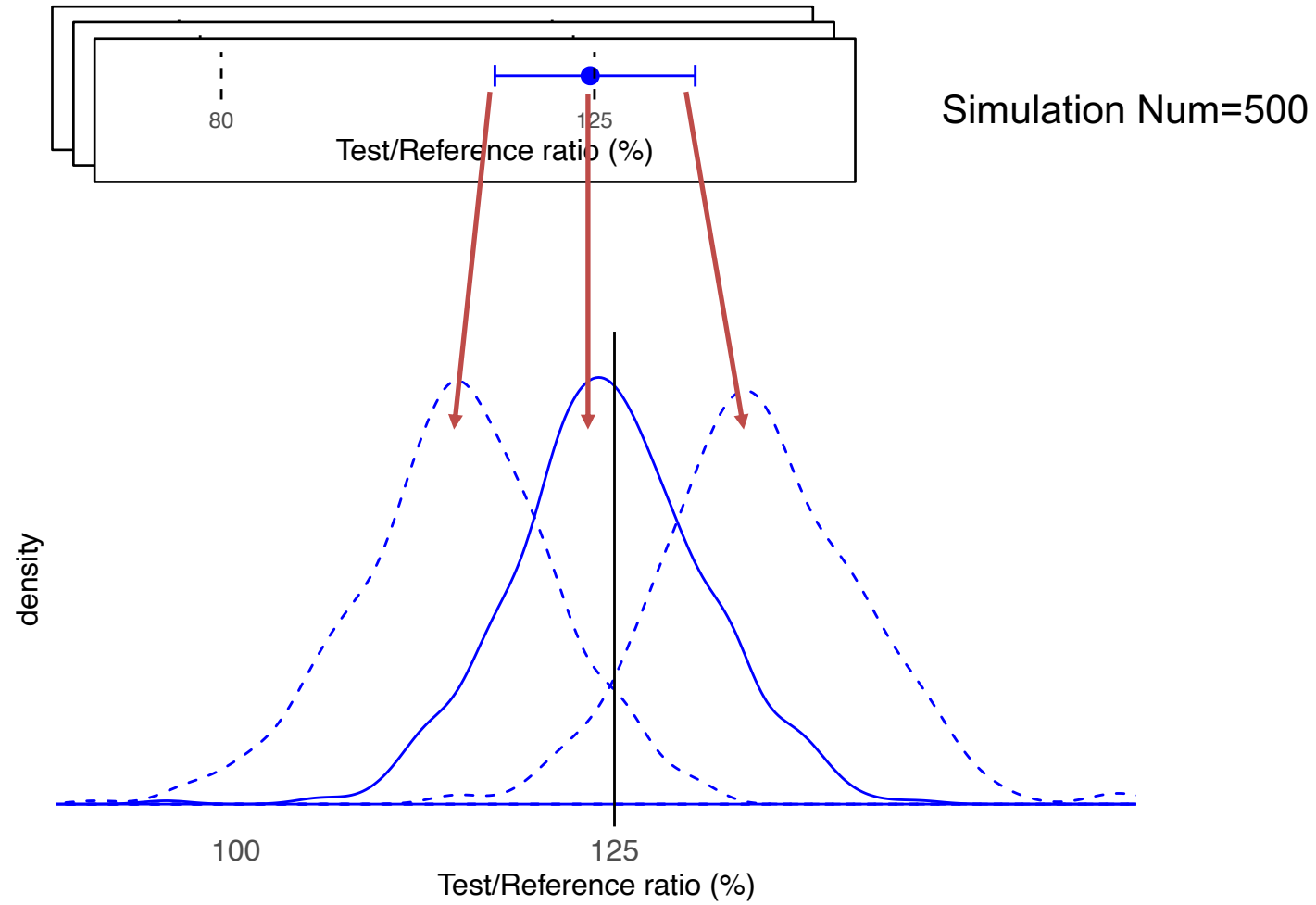
Type I error in the simulation study



Simulation Num=500

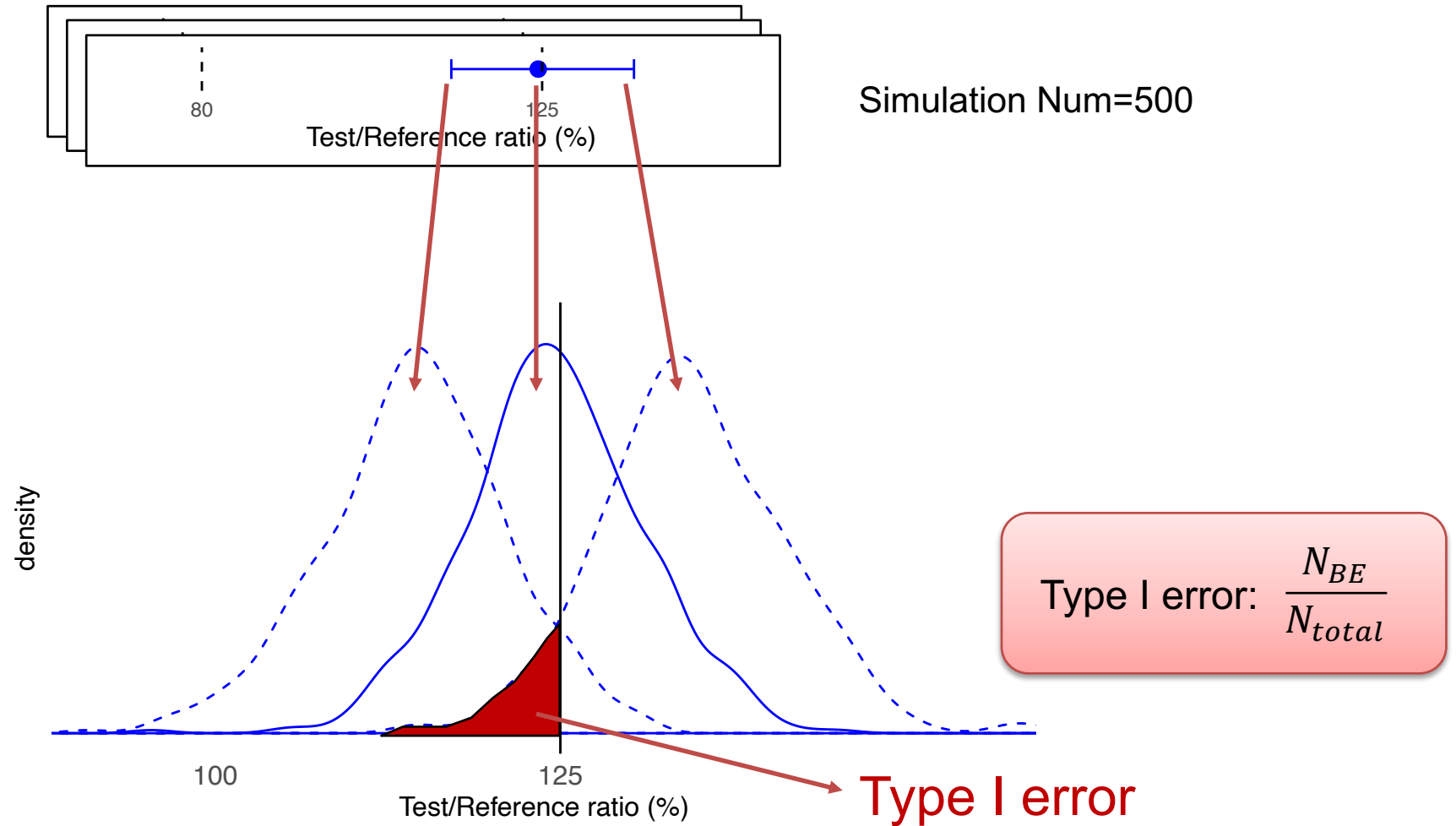


Type I error in the simulation study



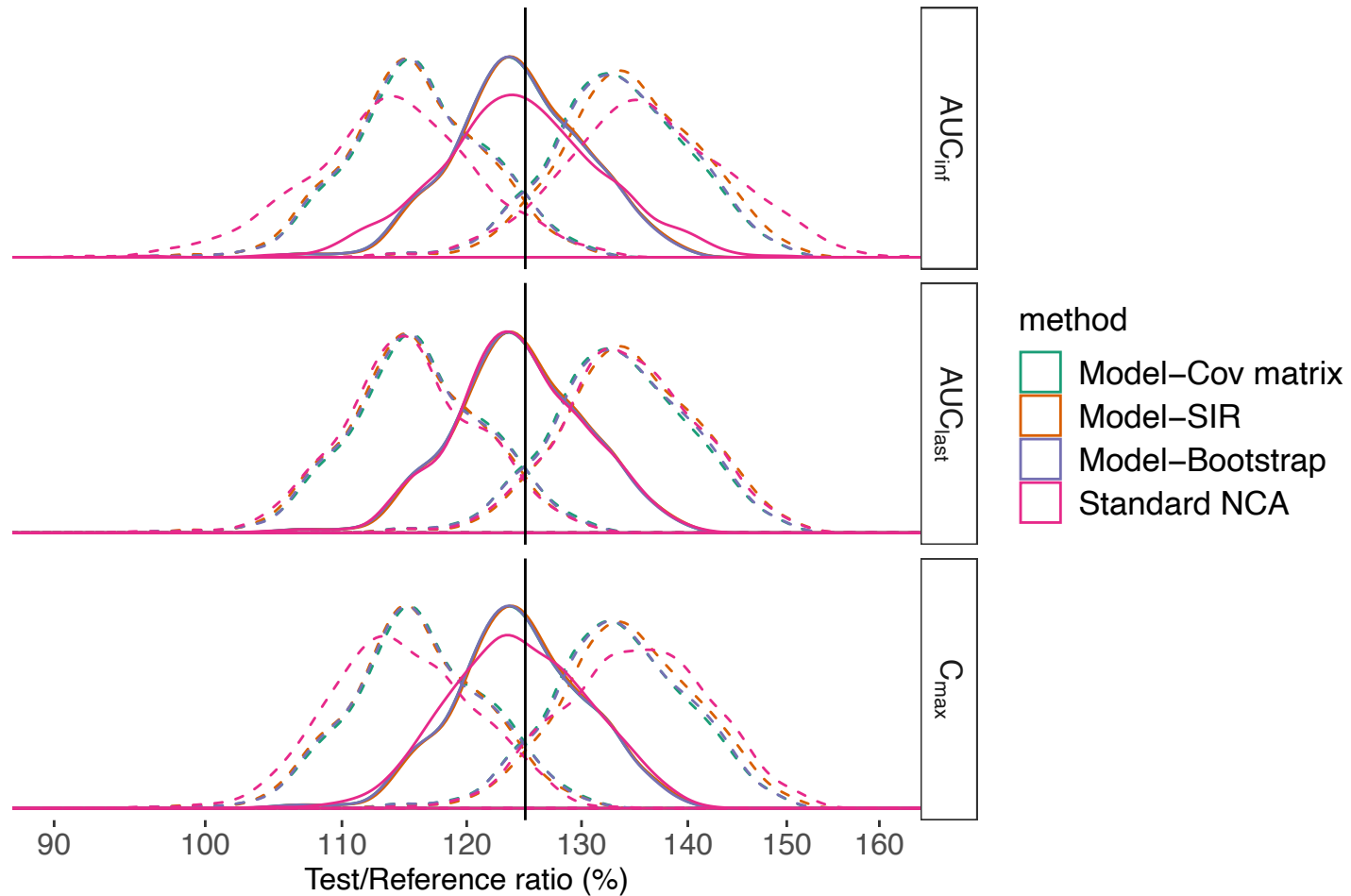


Type I error in the simulation study



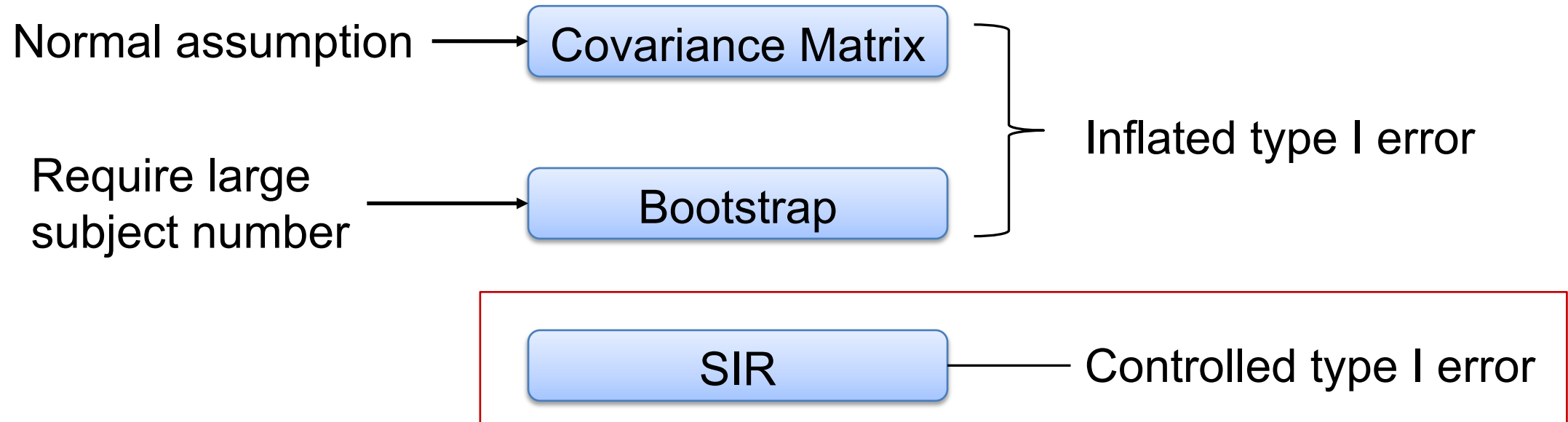


Density plot of Mean ratio, CI_upper and CI_lower N=24, n=10, high variation



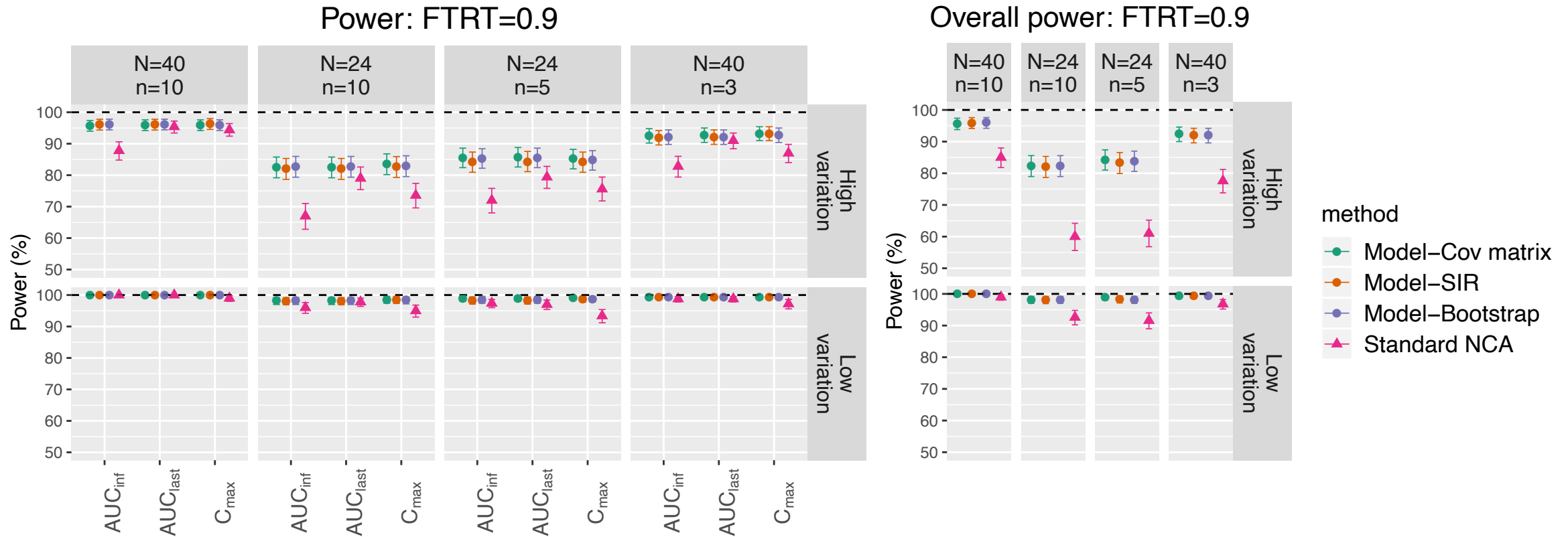


Comparison of 3 uncertainty methods





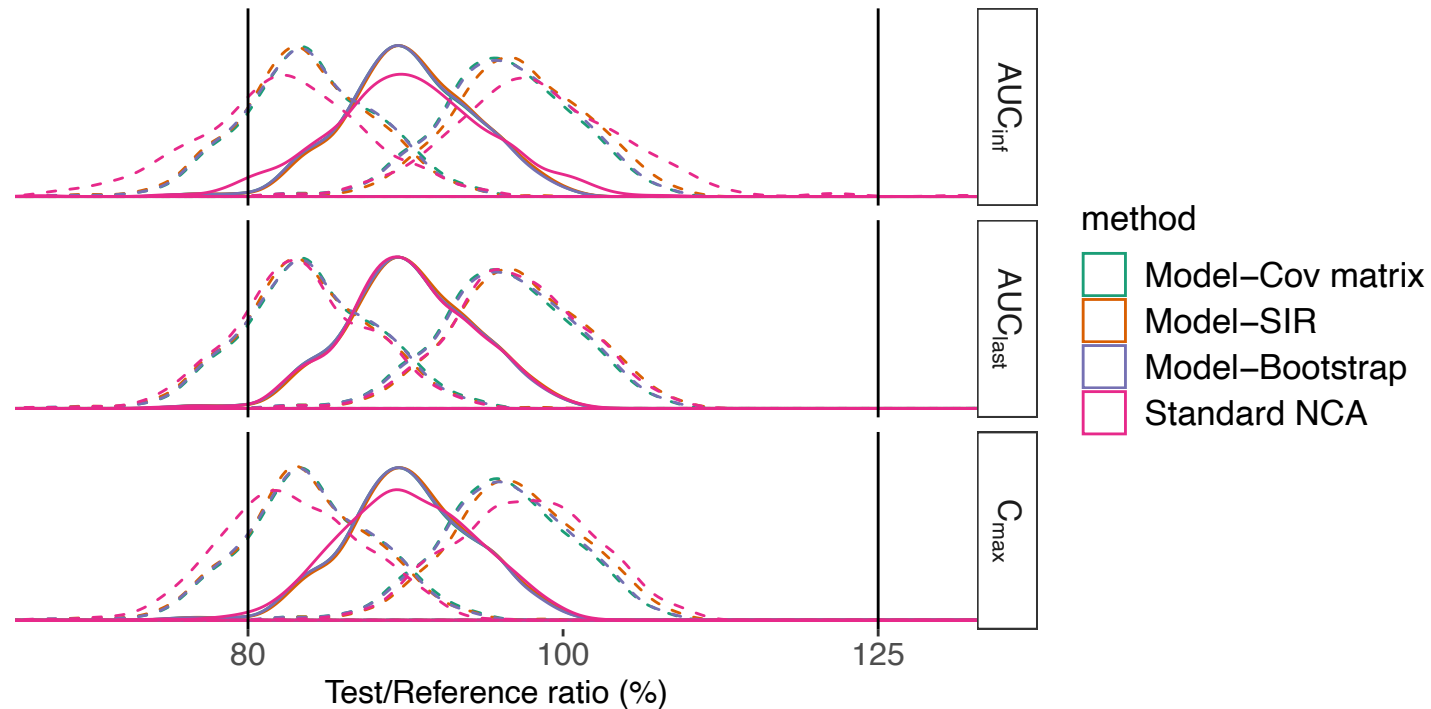
Model-based method showed higher power than NCA-based method



NCA-based BE method:
Power: $AUC_{last} > C_{max} > AUC_{inf}$



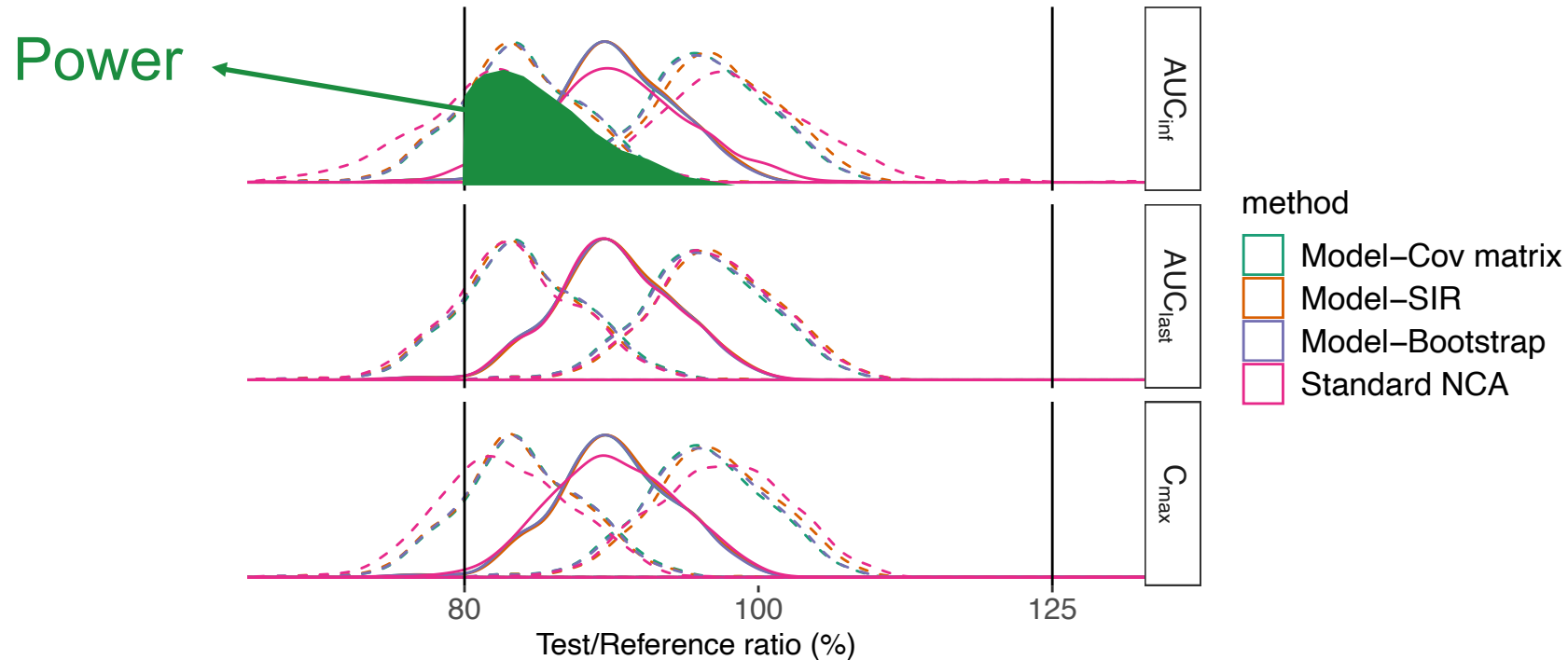
Density plot of Mean ratio, CI_upper and CI_lower N=24, n=10, high variation



NCA-based BE method:
Power: $AUC_{last} > C_{max} > AUC_{inf}$



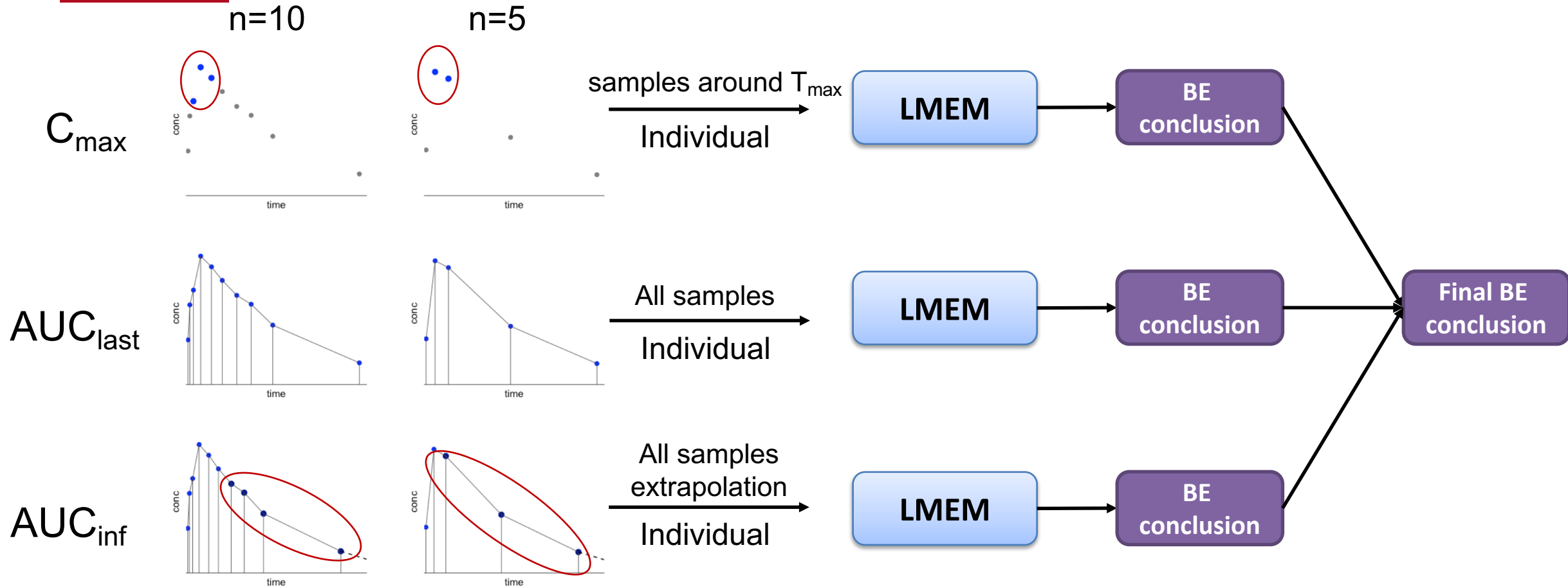
Density plot of Mean ratio, CI_upper and CI_lower N=24, n=10, high variation



NCA-based BE method:
Power: $AUC_{last} > C_{max} > AUC_{inf}$

Information flow in NCA-based BE method

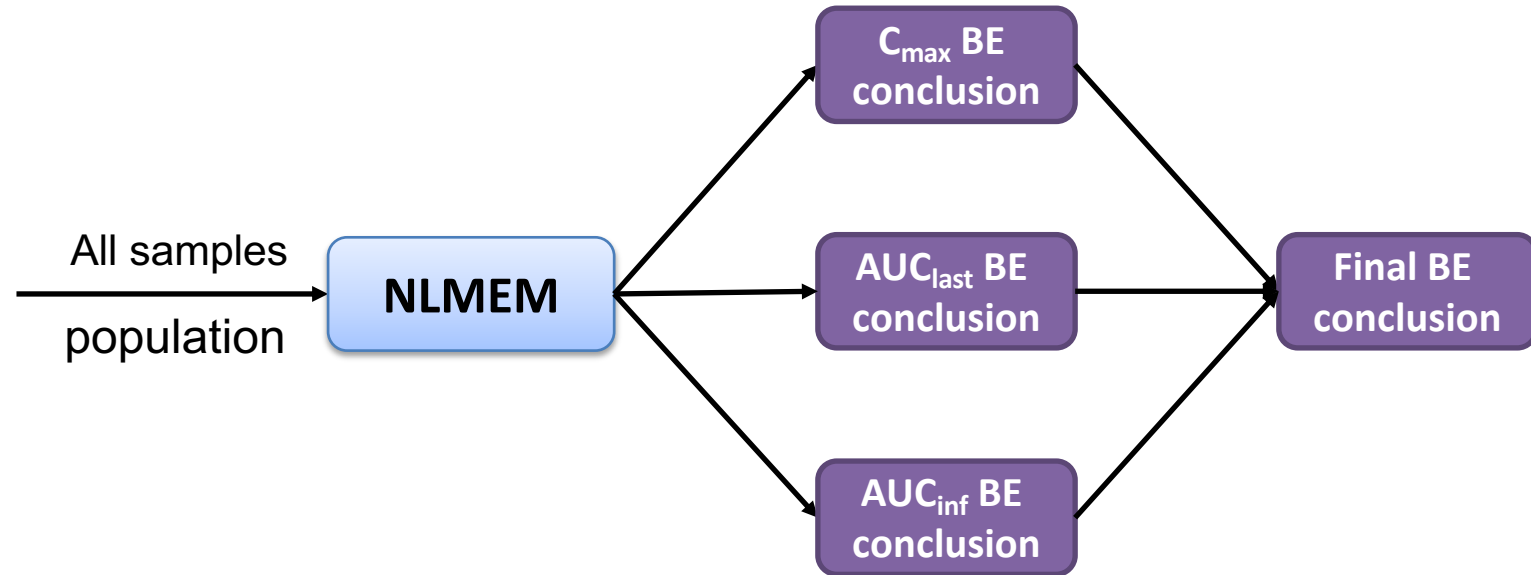
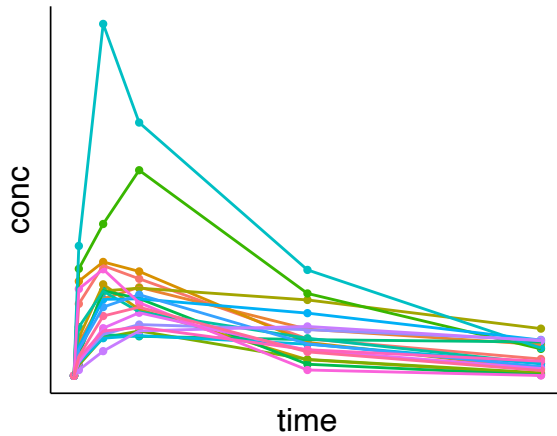
Use different information for each metric analysis



Power: $AUC_{last} > C_{max} > AUC_{inf}$

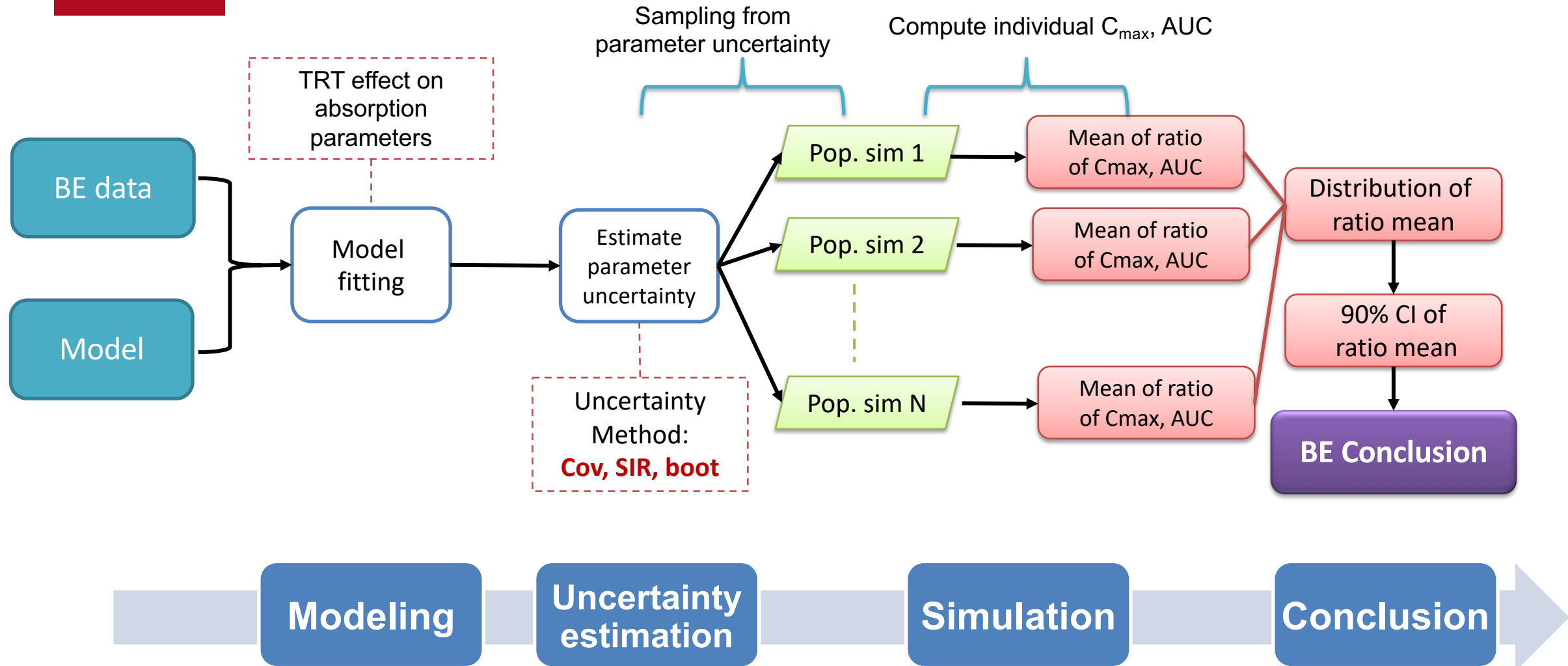
Illustration for model-based method

Integrating all information for conclusion





Our developed model-based BE method





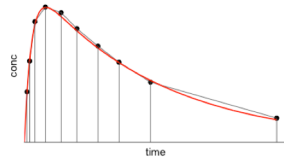
Summary of developed BE method

- Three uncertainty methods
 - SIR is the best
- Advantage of model-based methods
 - Acceptable type I error and high power
 - Can choose between geometric mean and typical mean
 - No requirement for analytical solutions
- Assumption – Model structure is correct
 - May use previous pharmacokinetics (PK) model from originator product
 - Assumption violation → Model averaging



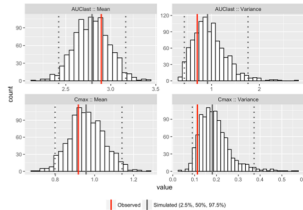
Software

bemod



- Model based BE testing
- In development

ncappc

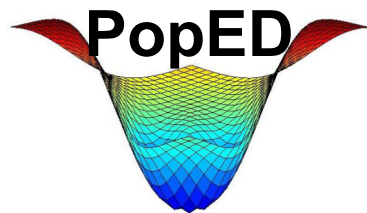


- NCA Calculation and Population PK Model Diagnosis
- <https://github.com/UUPharmacometrics/ncappc>



PsN⁴
Perl speaks NONMEM

- SIR
- Bootstrap
- <https://uupharmacometrics.github.io/PsN/>



- Optimal experimental design software
- <https://andrewhooker.github.io/PopED/>



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