Pharmacometricians and Statisticians Can't We All Just Get Along??

Stacey Tannenbaum
Director, PK, Modeling, and Simulation
Astellas Pharma

Stacey.Tannenbaum@astellas.com

Note: portions of this content have been presented in previous venues

- Symposium: Bridging the Gap between Pharmacometricians and Statisticians
 - World Conference on Pharmacometrics (WCoP)
 - August 2016
- Workshop: Enabling Environments in Which Pharmacometrics and Biostatistics Help Produce Robust Development And Regulatory Strategies
 - American Conference on Pharmacometrics 6
 - October 2015

- BSE in Biomedical Engineering, Duke
- PhD in Pharmaceutical Sciences (PK) and Applied Mathematics at the University of Arizona, 2001

Harold Boxenbaum



cokinetic principles of allometric scaling. Boxenbaum was responsible for introducing the concept of Maximum Life Span Potential, two-term power equations, and the use of elementary and complex Dedrick plots.

His legacy contributions are depicted by the integration of allometric scaling principles as a fundamental component of early drug development in human medicine. However, his impact also extends to veterinary medicine and the human food safety, since allometric principles are routinely applied to support withdrawal time estimation when drugs are used in an extra-label manner.

 Post-doc at Center for Drug Development Science (CDDS), 2003



Carl Peck

- Novartis Modeling and Simulation (2003-2011)
- Astellas PK/M&S (2012-)

I identify as a pharmacometrician

pharmacometrician

```
English [edit]
```

Noun [edit]

pharmacometrician (plural pharmacometricians)

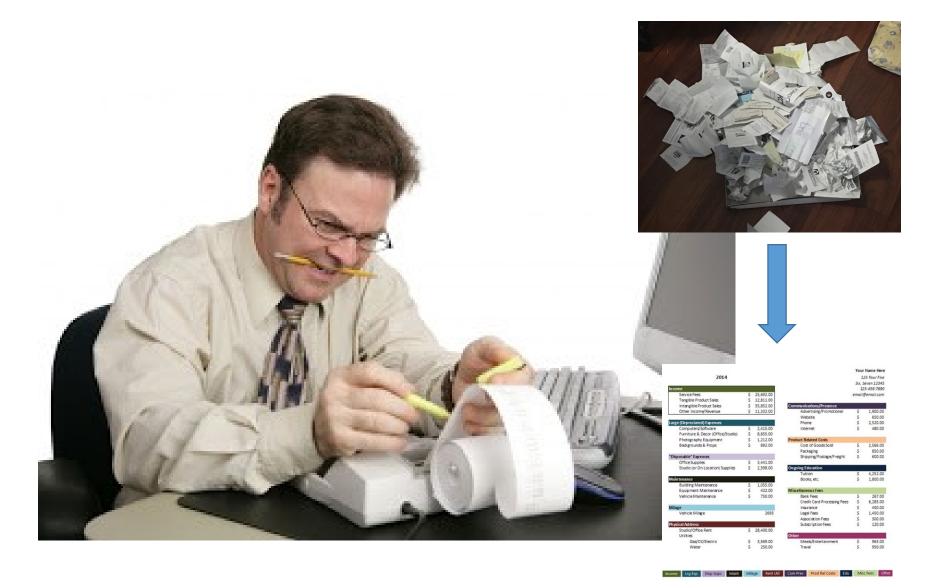
An expert at pharmacometrics.

DISCLAIMER

All stereotypes are wrong, some are useful!

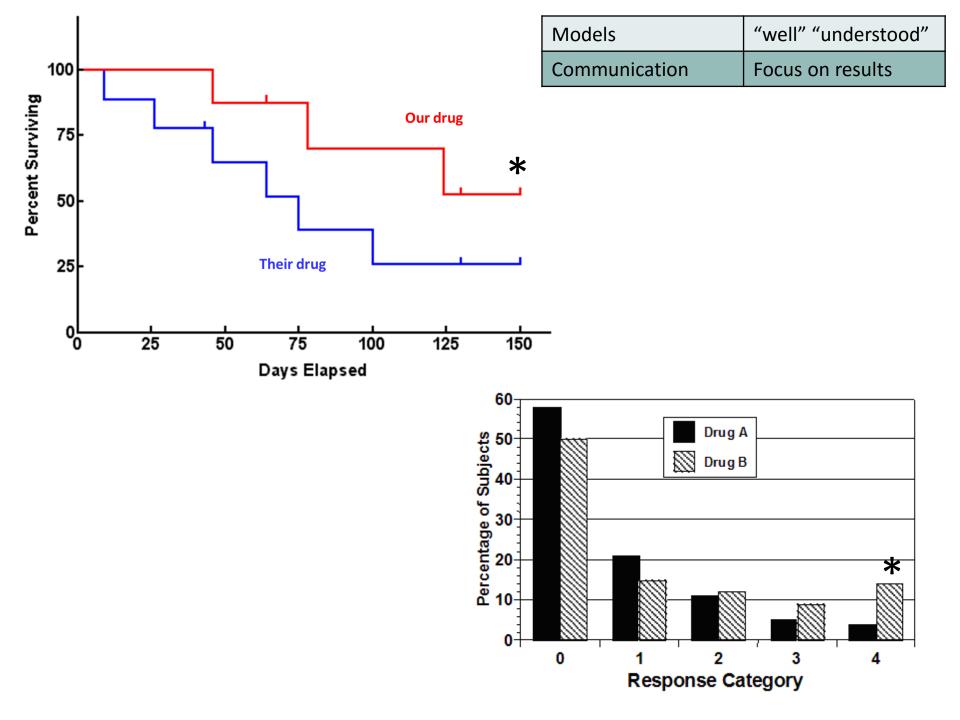
S. Tannenbaum, adapted from G. Box

This is Ted. Ted is an accountant.





	Statistics	
Familiarity	Most science majors have taken at least one stats class	
History	 Stats conferences: 1830s First statistical society established 1834 Statisticians in the Pharmaceutical Industry established 1977 	
Training	Statistics, mathematics, econometrics	
Other disciplines	Actuarial sciences, economics, business, data mining, telecom, epidemiology, energy, image processing, medical, engineering, psychology, sociology, etc etc	
Models	"well" "understood"	
Communication	Focus on results	

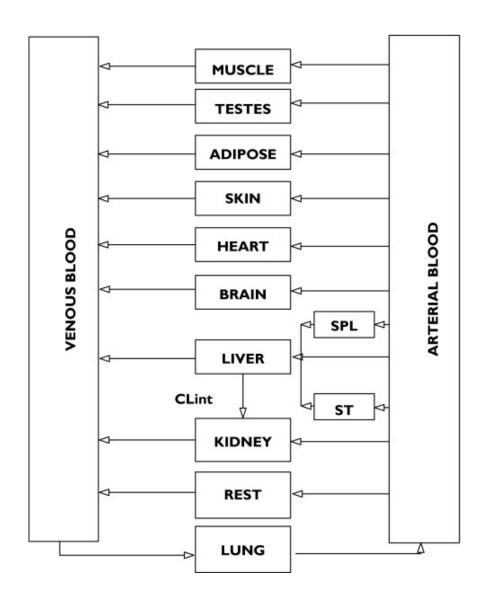




(Relatively New) Kids on the Block

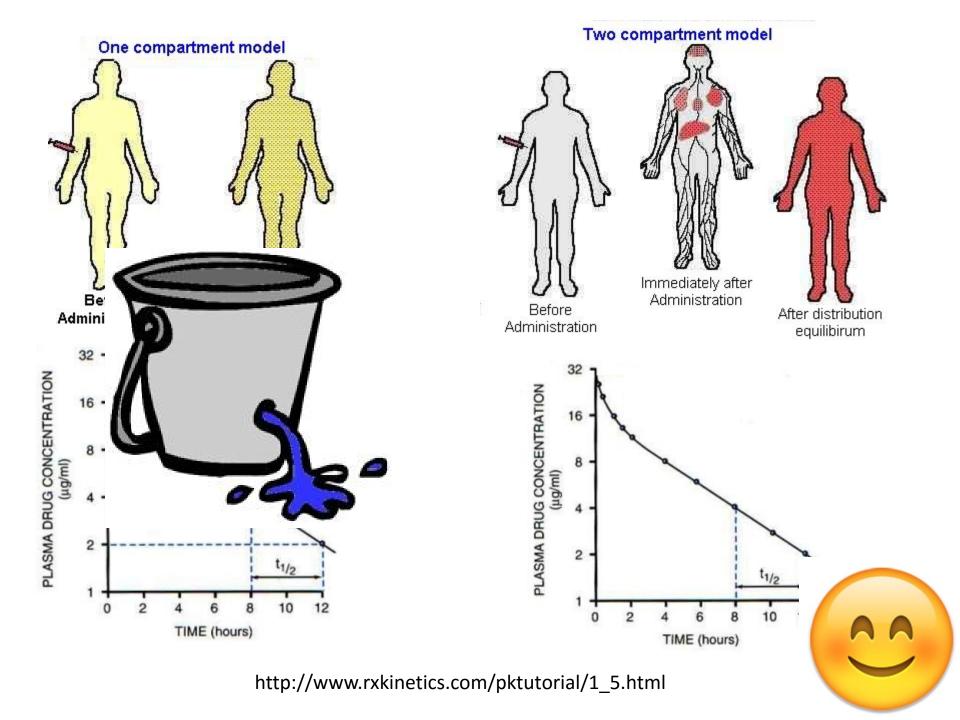


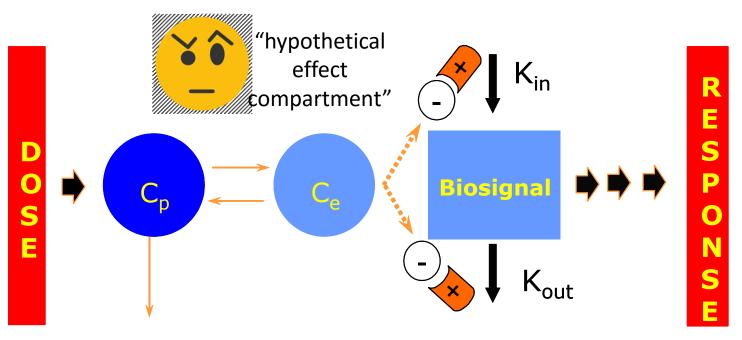
	Statistics	Pharmacometrics
Familiarity	Most science majors have taken at least one stats class	Unlikely to have much training in PMX/PK / Clin Pharm
History	First statistical society established 1834 Stats conferences: 1830s Statisticians in the Pharmaceutical Industry established 1977	First pharmacometrics society (ISoP) established 2011 PAGE 1992, PAGANZ 1999, PAGJA 2006, PAGK 2007, PAGIN 2008, ACoP 2008, WCoP 2012 (PAGUSA?) Other CP/pharm sci organizations (ASCPT, ACCP, AAPS) 1950s-1970s
Training	Statistics, mathematics, econometrics	(Clinical) pharmacology, medicine, tox, PK, engineering, biology, mathematics, chemistry, statistics, computer science
Other disciplines	Actuarial sciences, economics, business, data mining, telecom, epidemiology, energy, image processing, medical, engineering, psychology, sociology, etc etc	Pharmacometrics Modeling and Simulation, M&S, PK, PKPD, Quantitative Science, DMPK, Quantitative Decision Making, Quantitative CMART [Clinical/Systems] Pharmacology, etc
Models	"well" "understood"	Not so much.
Communication	Focus on results	Focus on the model/method



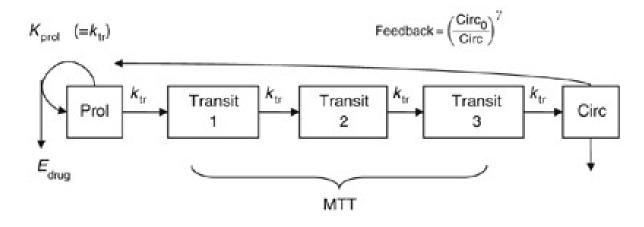
CREDIBILITY SCALE FOR PMX MODELS





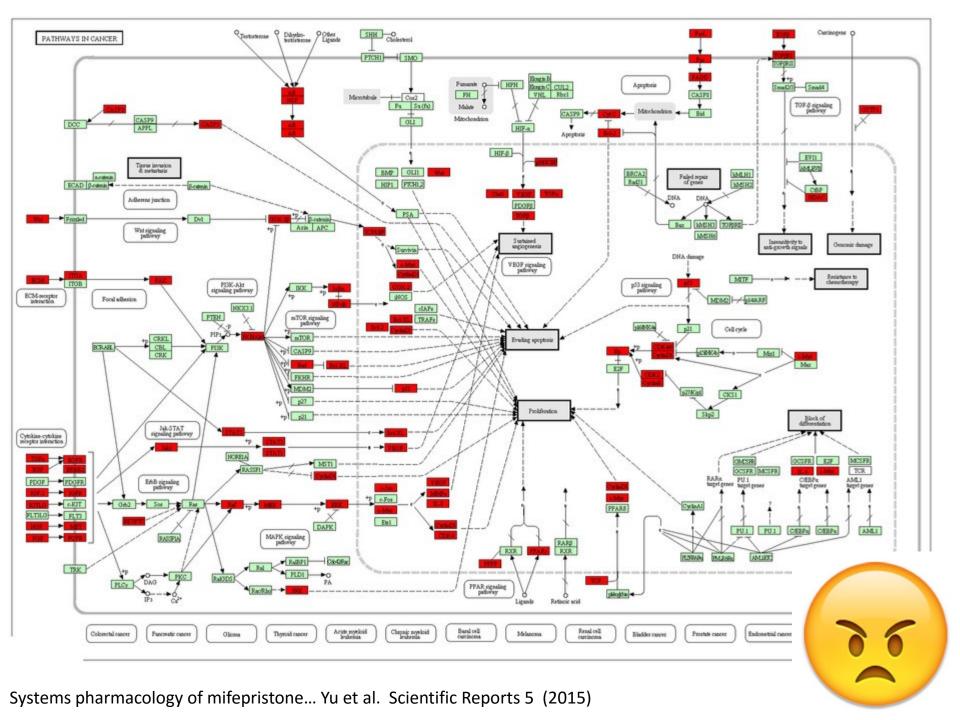


Jusko et al, *JPB* (1995)



Puisset et al, Br J Cancer (2007)









Be a Model Communicator

and Sell Your Models to Anyone

Peter L. Bonate, PhD

My boss!







INTERNATIONAL CONFERENCE ON HARMONISATION OF TECHNICAL REQUIREMENTS FOR REGISTRATION OF PHARMACEUTICALS FOR HUMAN USE

ICH HARMONISED TRIPARTITE GUIDELINE

STATISTICAL PRINCIPLES FOR CLINICAL TRIALS E9

"The extent to which the procedures in the protocol are followed and the primary analysis is planned a priori will contribute to the degree of in the final results and conclusions of the trial."

DATA ANALYSIS CONSIDERATIONS	27
Prespecification of the Analysis (5.1)	27
MISSING VALUES AND OUTLIERS (5.3)	31
DATA TRANSFORMATION (5.4)	31
ESTIMATION, CONFIDENCE INTERVALS, AND HYPOTHESIS TESTING (5.5)	32
	PRESPECIFICATION OF THE ANALYSIS (5.1)

Medical Statistician - One who won't accept that Columbus discovered America because he said he was looking for India in the trial plan



http://www.senns.demon.co.uk/wdict.html







Guidance for Industry Population Pharmacokinetics

In contrast to traditional pharmacokinetic evaluation, the population PK approach encompasses some or all of the following features (3):

- The collection of relevant pharmacokinetic information in patients who are representative of the target population to be treated with the drug.
- The identification and measurement of variability during drug development and evaluation.
- The explanation of variability by identifying factors of demographic, pathophysiological, environmental, or concomitant drug-related origin that may influence the pharmacokinetic behavior of a drug.
- The quantitative estimation of the magnitude of the unexplained variability in the patient population.

Guidance for Industry

Population Pharmacokinetics

In contrast to traditional pharmacokinetic evaluation, the population PK approach encompasses some or all of the following features (3):

- The collection of relevant pharmacokinetic information in patients who are representative of the target population to be treated with the drug.
- The identification and measurement of variability during drug development and evaluation.
- The explanation of variability by identifying factors of demographic, pathophysiological, environmental, or concomitant drug-related origin that may influence the pharmacokinetic

Population PK data analysis, as a modeling exercise, cannot be planned to the fullest detail. However, as mentioned above, the protocol should include study objectives; patient inclusion and exclusion criteria and pharmacokinetic evaluability criteria; sampling design; data handling and checking procedures; initial assumptions for modeling; a list of possible covariates to be investigated and the rationale for choosing them; and whether a sensitivity analysis and a validation procedure are envisioned. In addition, the proposed method of model building, critical for covariates inclusion and exclusion, should be described.

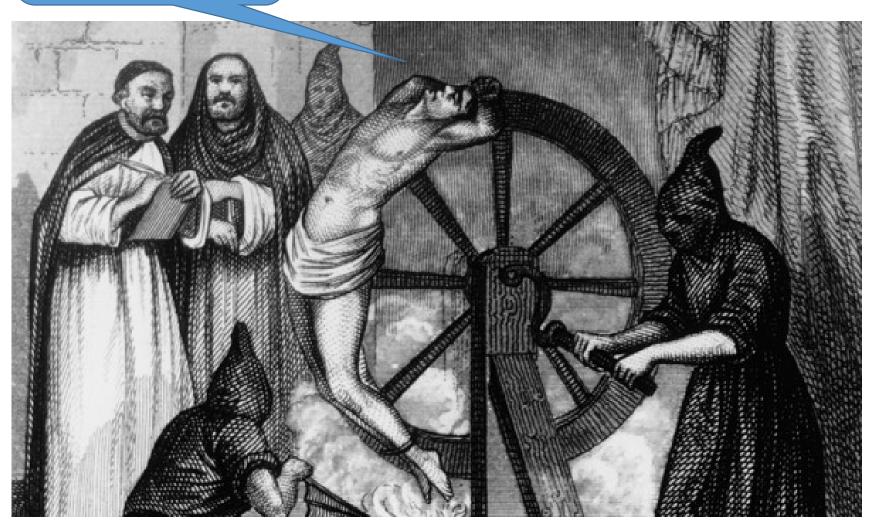






Shoe size is a significant covariate!

"If you torture the data long enough, it will confess."
Ronald H. Coase

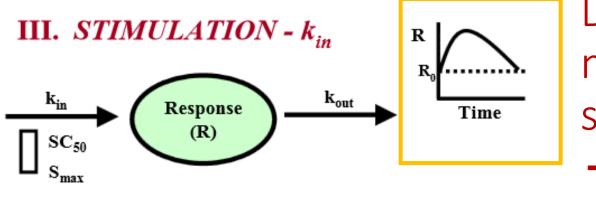


Tension between PMX and Stats

Kowalski (2015), "My Career as a Pharmacometrician and Commentary on the Overlap Between Statistics and Pharmacometrics in Drug Development", Statistics in Biopharmaceutical Research, 7:148-159.

- Mechanistic versus empirical models
- Adequacy of the model fit and predictive performance
- Exposure-response relationships
- Exposure versus dose
- Inadequate understanding of statistics
- Use of assumption-rich models
- Drawing confirmatory conclusions from exploratory data analysis

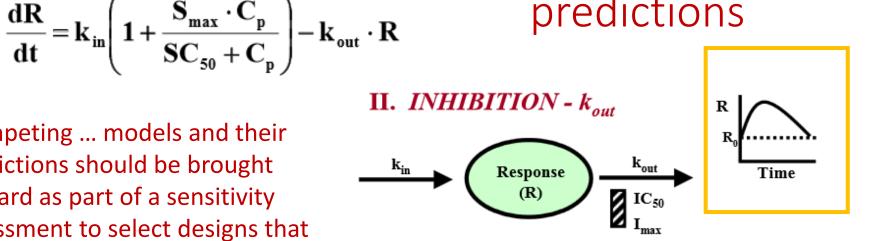




Different mechanism, same shape

different predictions

"competing ... models and their predictions should be brought forward as part of a sensitivity assessment to select designs that are robust to this model uncertainty..... predictions are hypothesis-generating"

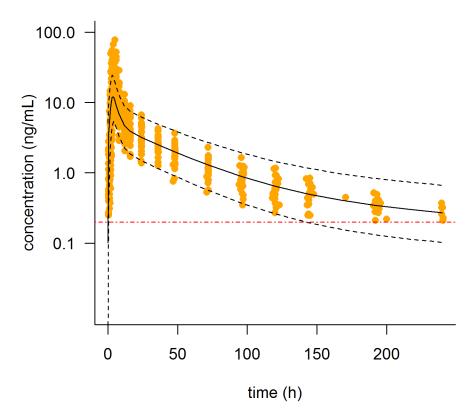


$$\frac{dR}{dt} = k_{in} - k_{out} \left(1 - \frac{I_{max} \cdot C_{p}}{IC_{50} + C_{p}} \right) \cdot R$$

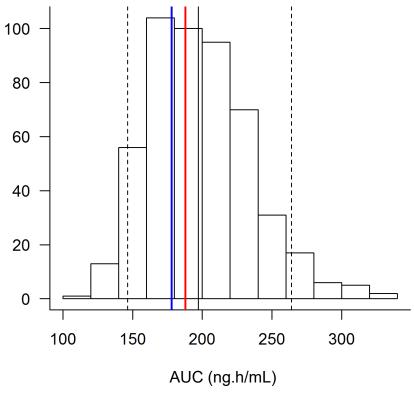
Sharma and Jusko, *Br. J. Clin. Pharmacol.* <u>45</u>: 229 (1998)

Adequacy of the model fit and predictive performance



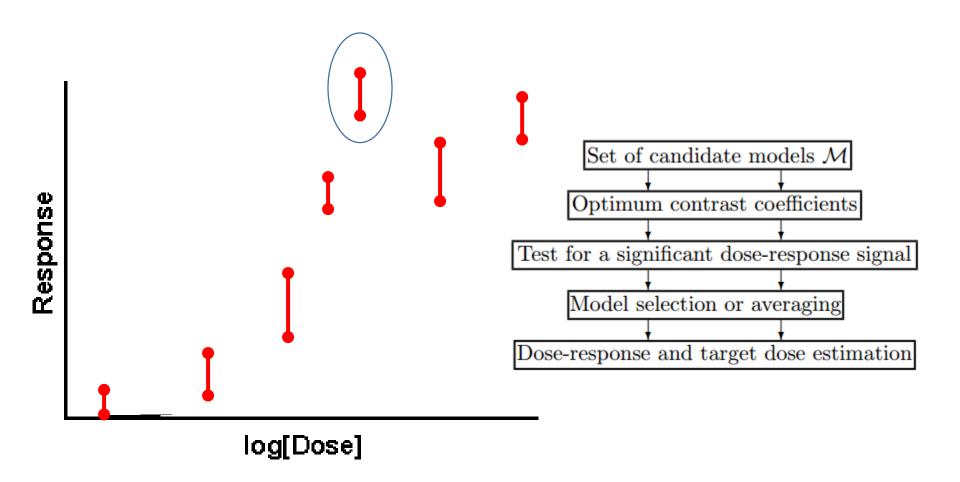






AUC targeted by dosing regimen Median AUC in simulated data

MCP vs Mod



https://www.jstatsoft.org/article/view/v029i07/v29i07.pdf FDA qualification ; EMA qualification

"I know nothing about statistics"

- Most Pharmacometricians

But you're fitting nonlinear mixed effect models using maximum likelihood, SAEM or MCMC, using likelihood ratio tests to determine significance, covariate search techniques, considering collinearity, performing model diagnostics, simulating new outcomes, evaluating decision criteria, using optimal design theory...

Most of these topics would scare the living crap out of a graduate statistician.



Inadequate understanding of statistics



"Big cheeses" of PMX

Beal

Mentre

Weiner

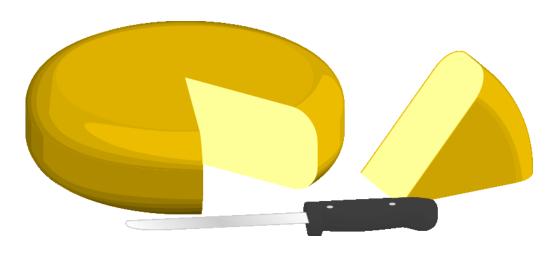
Steimer

















I don't care about PK, I just care if we meet our endpoint with statistical significance!

All statisticians care about are p-values!









Statisticians and pharmacokineticists: what can they learn from each other?

Senn, SJ; (1997) Statisticians and pharmacokineticists: what can they learn from each other? In: Aarens, EA, (ed.)

COST B1 Medicine: The population approach: measuring and managing variability in response, concentration
and dose,. European Commission: Brussels.



nature publishing group

Statisticians and Pharmacokineticists: What They Can Still Learn From Each Other

S Senn¹

Examples are given of how the practice of statistics could be improved if statisticians showed a greater awareness of pharmacokinetic and pharmacodynamic modeling. Some examples are also given where a wider appreciation of statistical theory would improve current approaches to pharmacometrics. Areas in which the two disciplines are in agreement but have failed to have as much influence on others in drug development as they ought are also considered. It is concluded that there would be much benefit in increasing collaboration between these disciplines.

http://bookshop.europa.eu/en/cost-b1-pbCGNA17611/ https://www.ncbi.nlm.nih.gov/pubmed/20613721

Courtesy Mike K. Smith, Pfizer [slide adapted]





Home

About Us ▼

News

PK/PD Programmer Forum

Discussion

Librar

loin →

Links

search

Q

Welcome to the Statistics and Pharmacometrics Interest Group (SxP)

Announcing the New Statistics and Pharmacometrics Interest Group (SxP)

The Statistics and Pharmacometrics Interest Group (SxP) was named in 2016 and is chartered by both the <u>American Statistical Association (ASA)</u> and <u>International Society of Pharmacometrics (ISOP)</u>. This Interest Group promotes collaboration between Statisticians and Pharmacometricians, to enable each discipline to learn and grow from the other and to develop innovative approaches to model informed drug development.

Specifically, the goals of the Interest Group are to:

- · Provide educational opportunities to learn about Statistics and Pharmacometrics
- · Encourage career growth and mentoring for people new in the field
- · Promote cross-disciplinary methodology research and publications, and to encourage cross participation at conferences
- · Create best practices leveraging both disciplines
- Provide opportunities to discuss computing platforms and share code

Join us here or e-mail sxp.asa.isop@gmail.com.

Collaboration and cooperation

- Understand and agree what the quantitative analyses need to support
 - What are the key development questions?
 - What are the decision criteria?
 - Who is doing what? Don't work in parallel!
- Build a relationship
 - Teach about your discipline/language
 - Acknowledge what you don't know
 - Leverage your partner's strengths and ask for help
 - Support each other at team meetings
 - Debate and disagreement can be healthy but keep it friendly!
- Find commonalities → learn R
- Identify champions in both camps to set the tone
 - Influential leaders → acceptance trickles down from the top
- Work together on an analysis
 - Clinical trial simulations, quantitative decision making





Thank you to my statistician friends! [practice what you preach]

- Ken Kowalski
- Mike K. Smith
- Donna Kowalski [no relation!]
- Kevin Chartier
- Axel Krebs Brown
- Matthias Stolzel
- David James
- Guenter Heimann
- Peter Bonate
- To Rosa for the opportunity!
- To YOU for attending!

