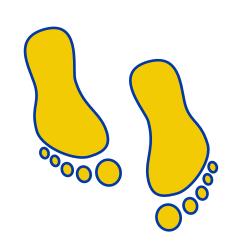
### Does the Estimand Framework Add Value to Clinical Pharmacology Trials?

YES

Helle Lynggaard<sup>a</sup>, Sue McKendrick<sup>b</sup>, Amel Besseghir<sup>c</sup>, Vivian Lanius<sup>d</sup>, Christian Bressen Pipper<sup>e</sup>, Khadija Rantell<sup>f</sup>, David Wright<sup>g</sup>



# A Walk Through the Thinking Process

of ICH E9(R1)<sup>1,2</sup> with a bioequivalence (BE) case study<sup>3</sup>

## Step 1. Therapeutic Setting and Intent of Treatment Determining a Trial Objective

**Pirfenidone:** an oral anti-fibrotic agent used to treat serious condition of idiopathic pulmonary fibrosis with side effects of nausea, vomiting and rash (poor tolerability)

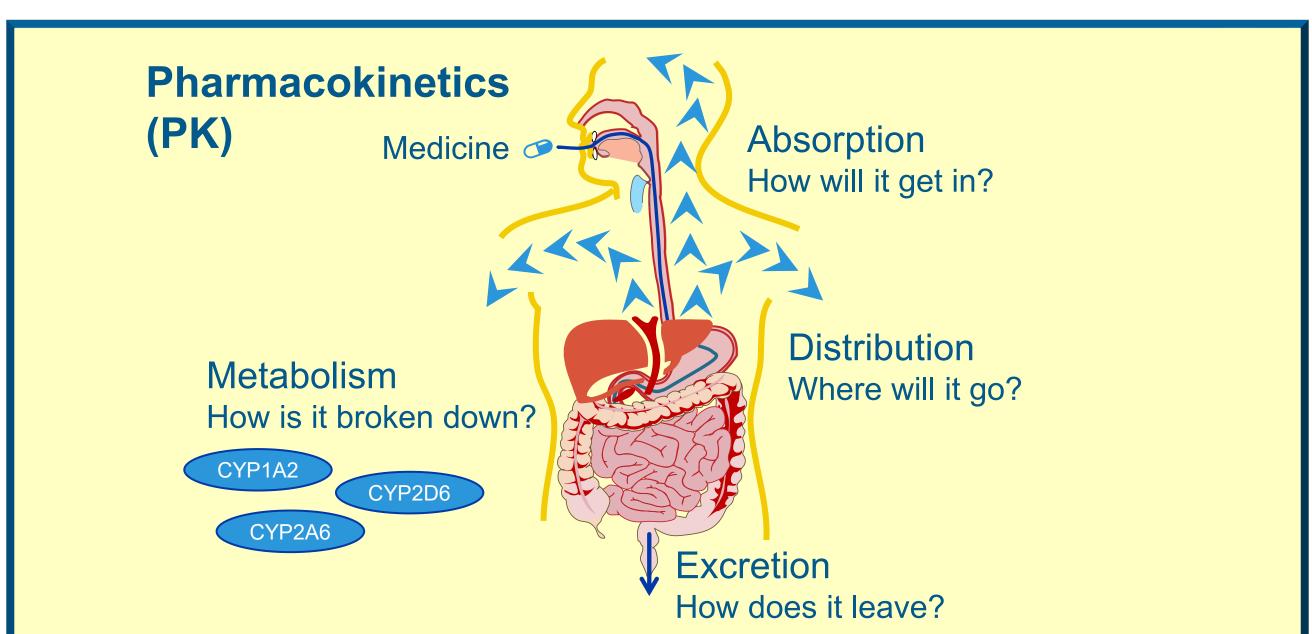




Reference: 3x267 mg capsules

Intent of new formulation: convenience of 1 tablet rather than 3 capsules three times per day (similar tolerability)

**Objective:** establish equivalence in the rate and extent of absorption of pirfenidone



#### Step 2. Identify Step 3. Discuss Strategies to Address **Intercurrent Events** Intercurrent Events Principal Stratum: Discontinue due to adults who can tolerate pirfenidone any tolerability issue (vomiting or rash) (dosed with food) |Hypothetical: Incomplete dose due to dosing error or had the full dose been taken, and tummy bug (vomiting without illness impacting absorption | or diarrhoea) Dosing deviation Hypothetical: had the drug been (e.g. takes drug with taken as directed (with cold water) without impacting dissolution hot drink) Hypothetical: Interacting drugs or had the drug been taken without substances interacting substances

#### Step 4. Construct the Estimand Comparing Test: 1 x 801 mg tablet to Reference: 3 x 267 mg capsules administered with food In healthy adults who **Treatment** can tolerate Conditions 801 mg Populationpirfenidone / level By the Summary **Target** Measure ratio of **Population** geometric As means though **Strategies** (Test/ dosed Reference) correctly, Intercurrent **Endpoint** without Events • intake of interacting substances or unrelated Pirfenidone maximum intercurrent concentration (C<sub>max</sub>)

# Step 5. Align Choices on Trial Design, Data Collection and Method of Estimation

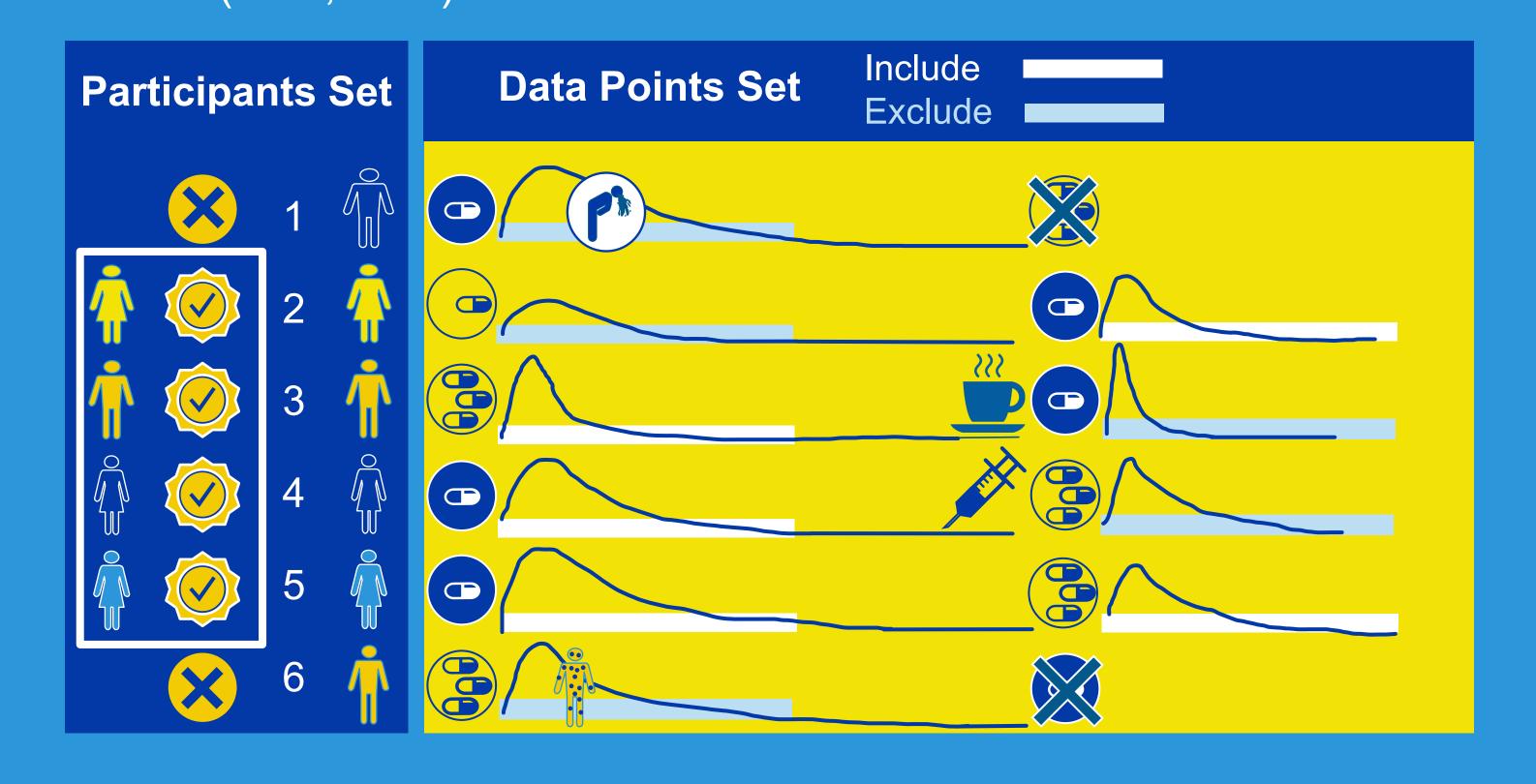
and area under the

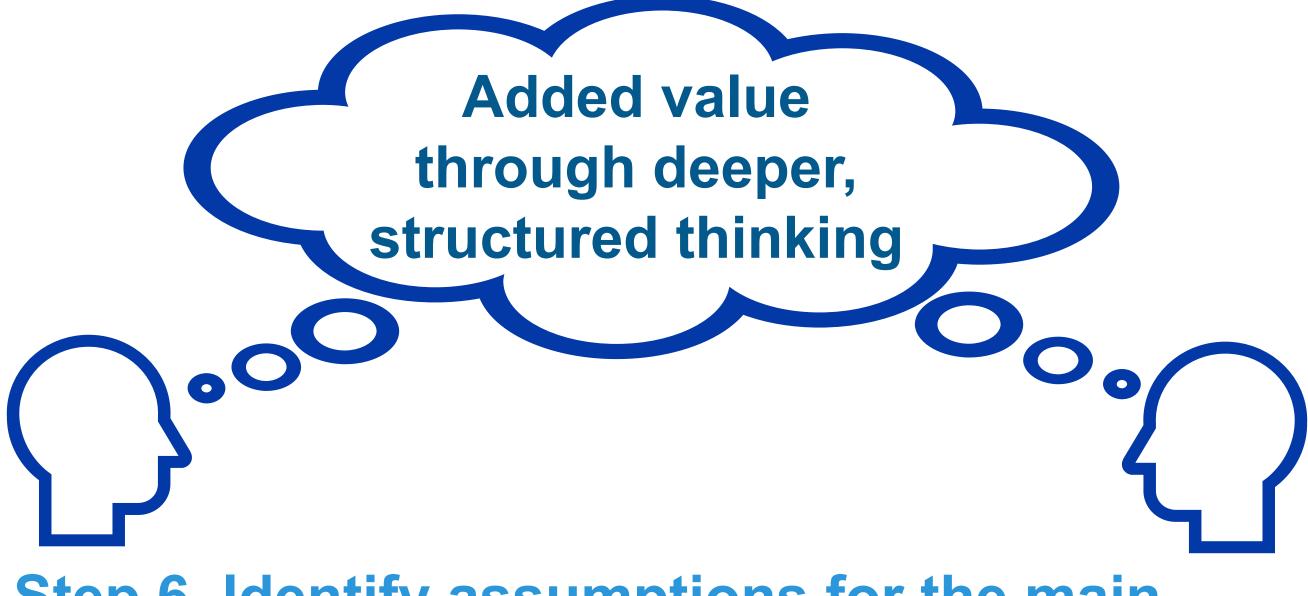
curve (AUC<sub>0- $\infty$ </sub>)

2x2 Cross-over with sufficient washout

illness

- Healthy subjects without use of interacting substances
- Good study conduct: controlled conditions + minimize dosing errors
- Mixed model on log scale with sequence, treatment, period as fixed effects and subject as random effect
- Show 90% confidence interval for ratio of geometric means lies within (0.80, 1.25) BE limits





## Step 6. Identify assumptions for the main analysis and suitable sensitivity analyses

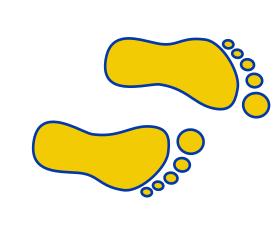
- Assume missing PK profiles are missing at random
- Multiple imputation with tipping point to understand the robustness of a BE conclusion

#### Conclusion

Regulatory guidance in BE<sup>4,5,6,7</sup> would benefit from requiring estimands for clarity, particularly where decisions impact drug approval or labelling:

- Bioequivalence and biosimilarity studies
- Drug-drug interaction studies (at steady state)
- Effect of food studies

Estimand framework can help us to work together better as a team to deliver better science!



Focus on you what you want to find out (estimand) before planning how

(design and methods)

### References

Please see supplementary materials at QR code.

#### **Affiliations**

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