

Precision medicine: a whistle-stop tour before designing a trial with a biomarker threshold optimization!

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Once upon a time, on a mission to find a new bike...









One-size-fits-all?

Does not work for bikes, does not work for medicines either.

The 5Rs of **precision medicine**:

The Right patient

The Right medicine

The Right time

The Right dose

The Right route



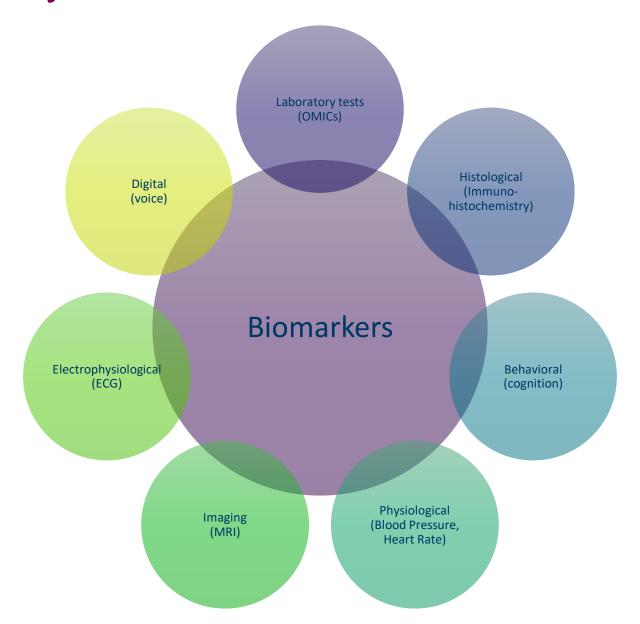
Biomarkers: an umbrella definition

"A defined characteristic that is measured as an indicator of normal biological processes, pathogenic processes, or biological responses to an exposure or intervention, including therapeutic interventions."

BEST (Biomarkers, EndpointS, and other Tools), FDA – NIH, 2016

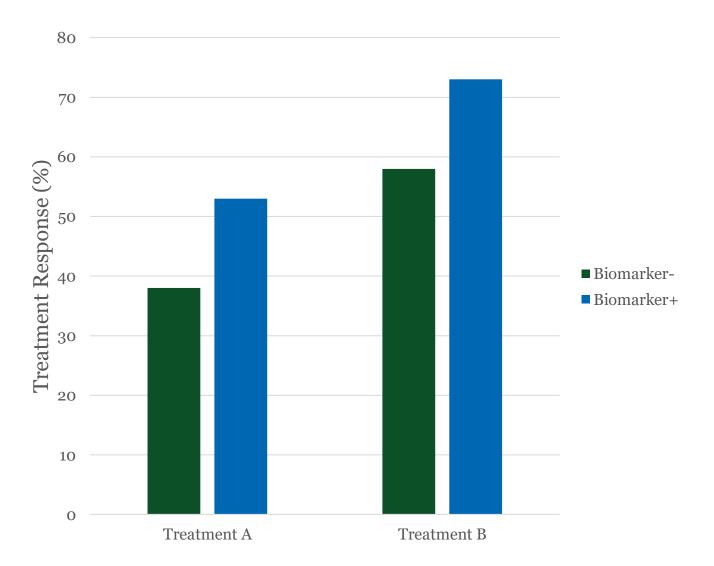


Biomarkers: very diverse kinds of data





A biomarker can be prognostic





Biomarker: Bike size





Treatment: Training

Do not train

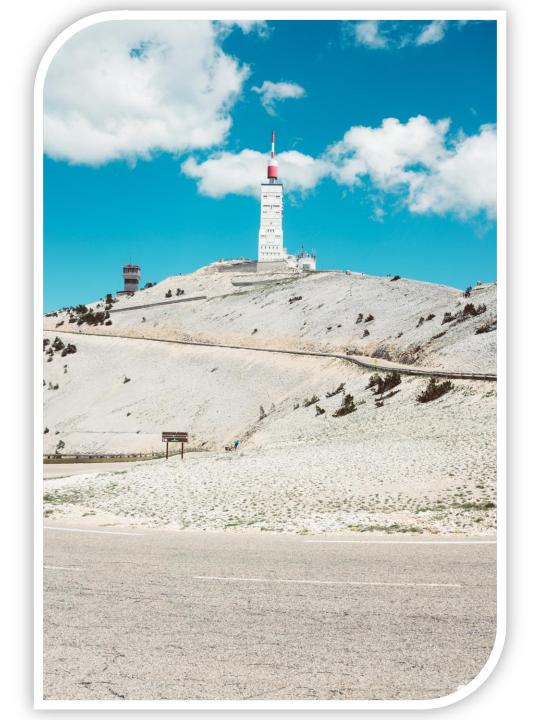
Train 1 hour a month

Train 4 hours a day

Objective:
Climb Mont
Ventoux
under 1.5 hour









Size of your bike?

A prognostic biomarker of climbing Mont Ventoux under 1.5 hour



Treatment: Training

Do not train

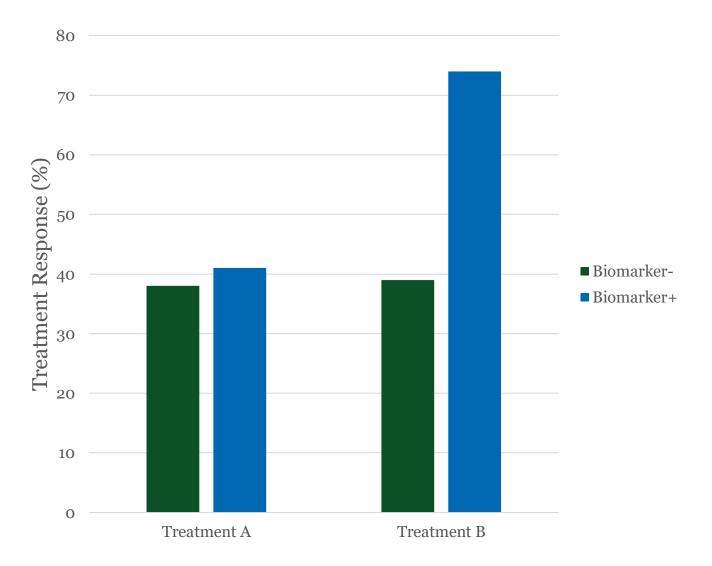
Train 1 hour a month

Train 4 hours a day

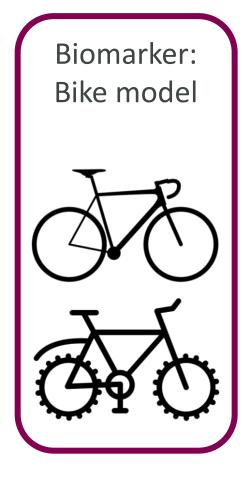
Objective:
Climb Mont
Ventoux
under 1.5 hour



A biomarker can be predictive







Treatment: Training

Do not train

Train 1 hour a month

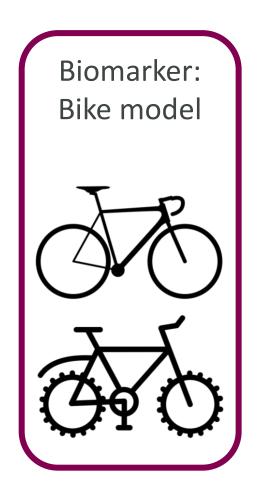
Train 4 hours a day

Objective:
Climb Mont
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The bike model?

A biomarker predictive of your treatment response!



Treatment: Training

Do not train

Train 1 hour a month

Train 4 hours a day

Objective: Climb Mont Ventoux under 1.5 hour



So, what is a biomarker already?



A biomarker can be many things and can play many roles.







A summit attempt with 1 key question





This sounds easy-ish, let's go for a Phase IIa!





You Should *Play To Win*



A summit attempt with 2 key questions



Sometimes Compound efficacious?



Ok, let's go for a PhIIb with a dual primary endpoint then!





A summit attempt with 3 key questions



Right dose?



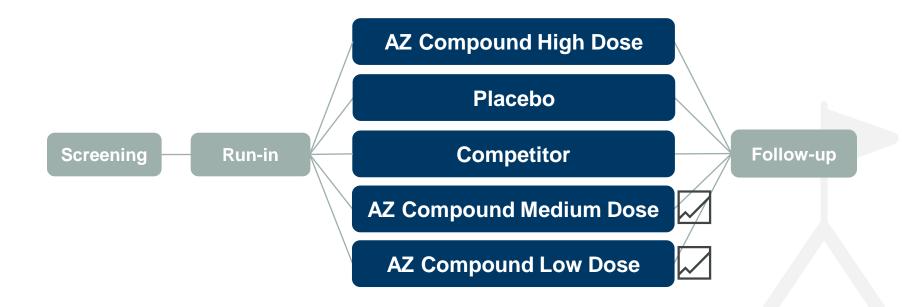
Superior to the competition?



Gompound efficacious?



Ok, let's go for a larger PhIIb then!





A summit attempt with 4 key questions



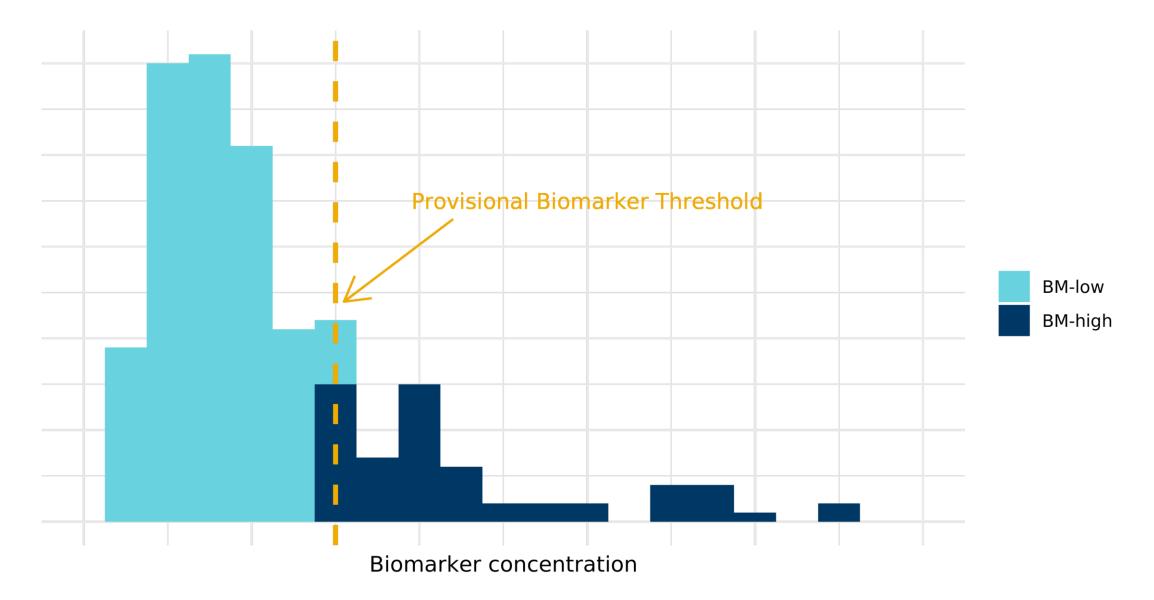






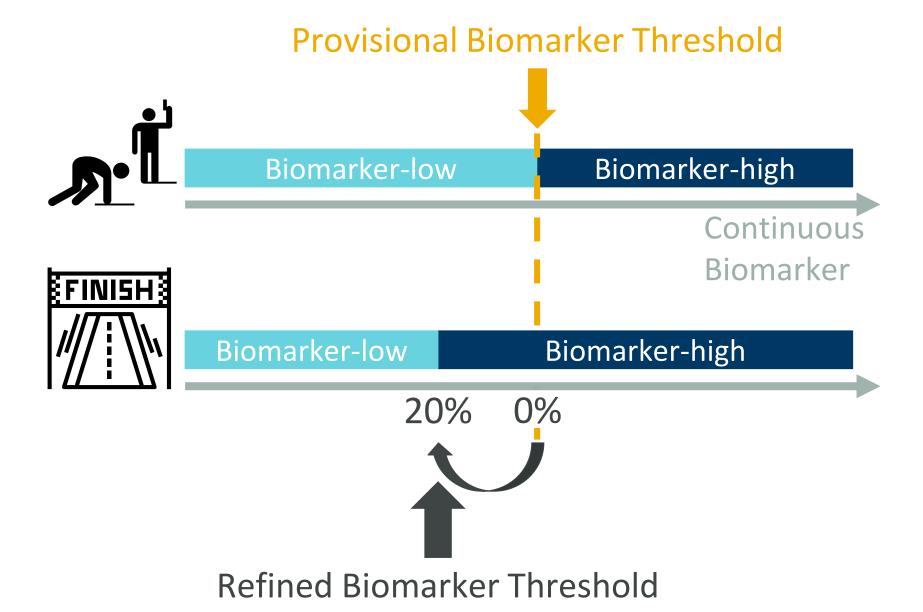


Provisional biomarker threshold defined with real-world data



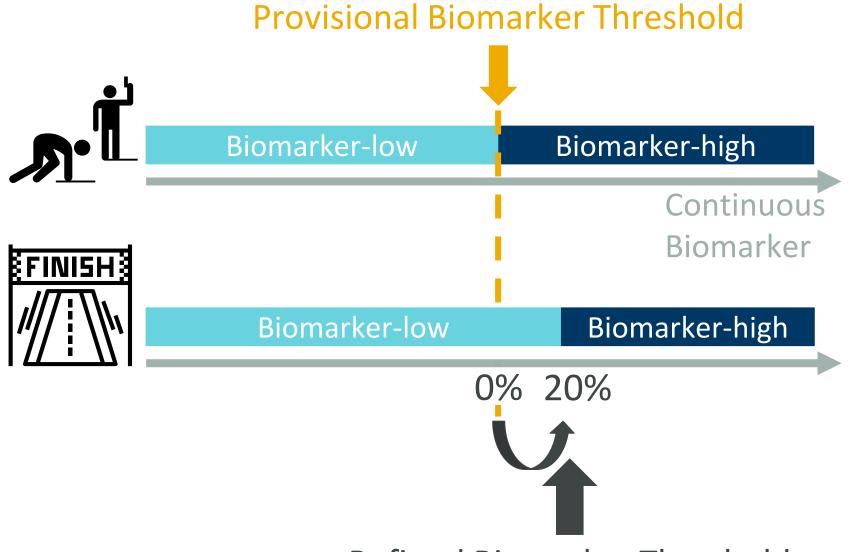


Biomarker threshold refinement, moving it lower

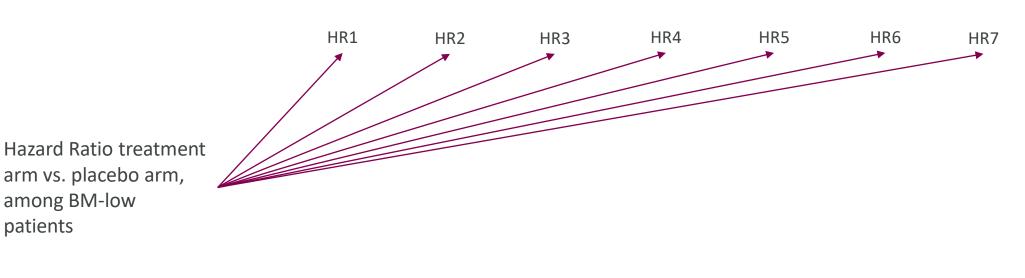


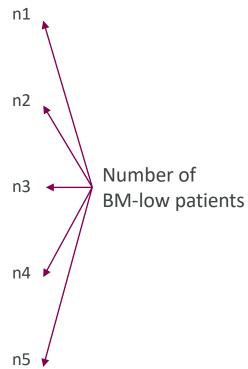


Biomarker threshold refinement, moving it higher





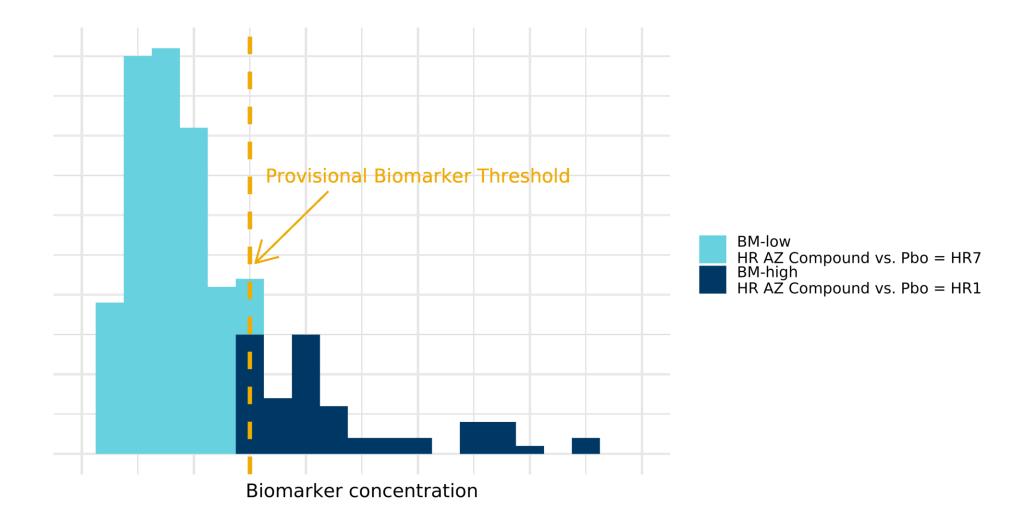




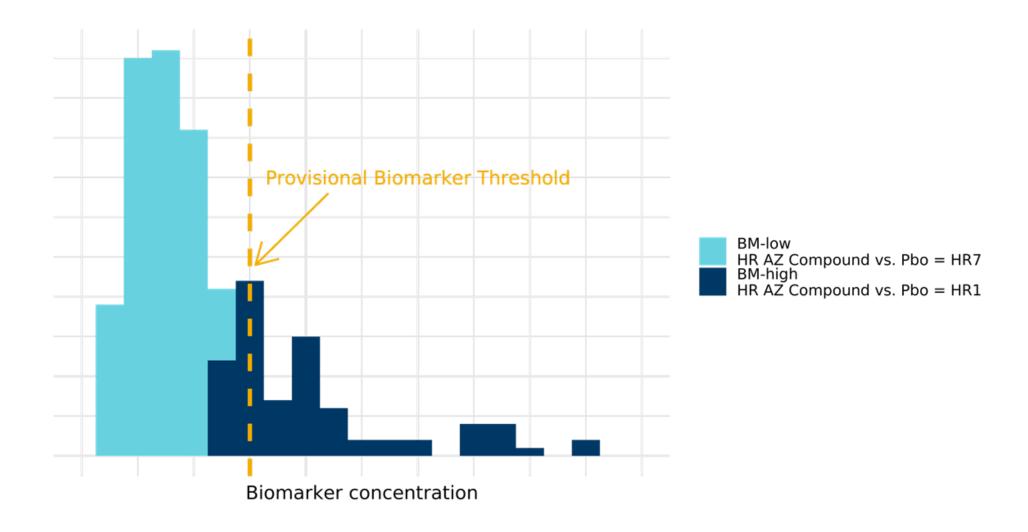


among BM-low

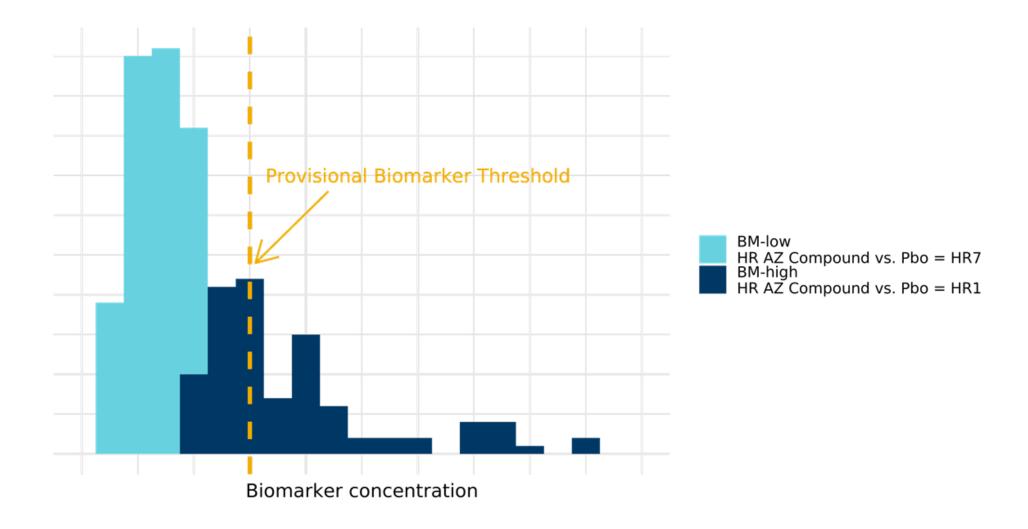
patients



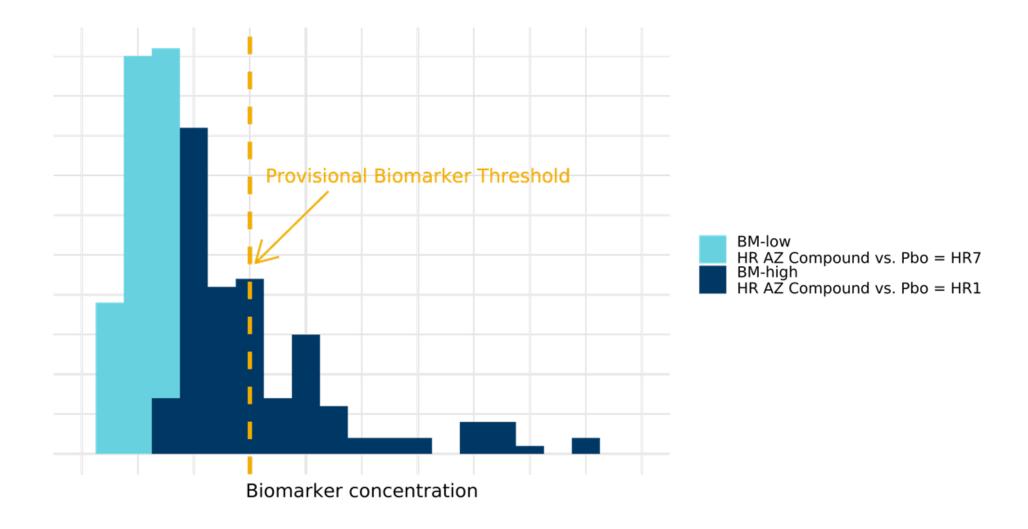




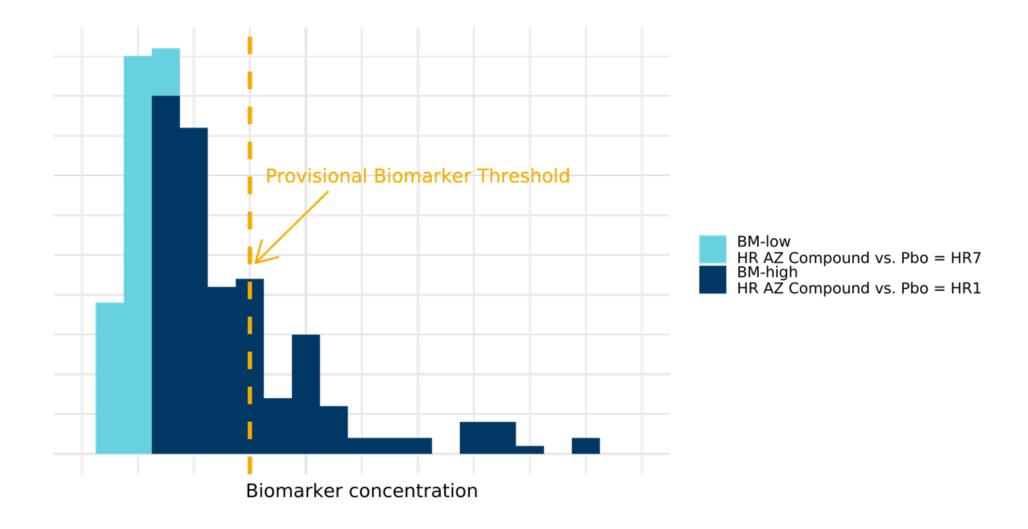










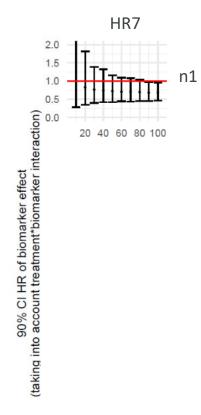




Hazard Ratio BM-high vs. BM-low, taking into account the treatment*biomarker interaction

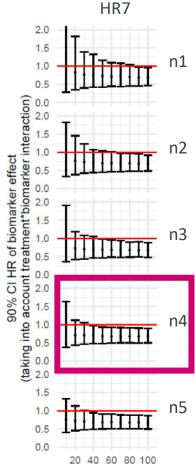


Hazard Ratio BM-high vs. BM-low, taking into account the treatment*biomarker interaction





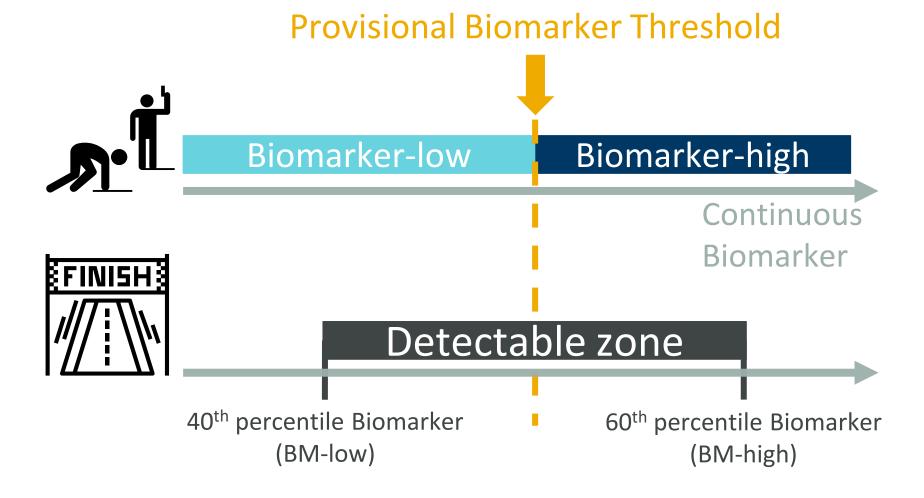
Hazard Ratio BM-high vs. BM-low, taking into account the treatment*biomarker interaction



Biomarker threshold moved to xth percentile of biomarker distribution

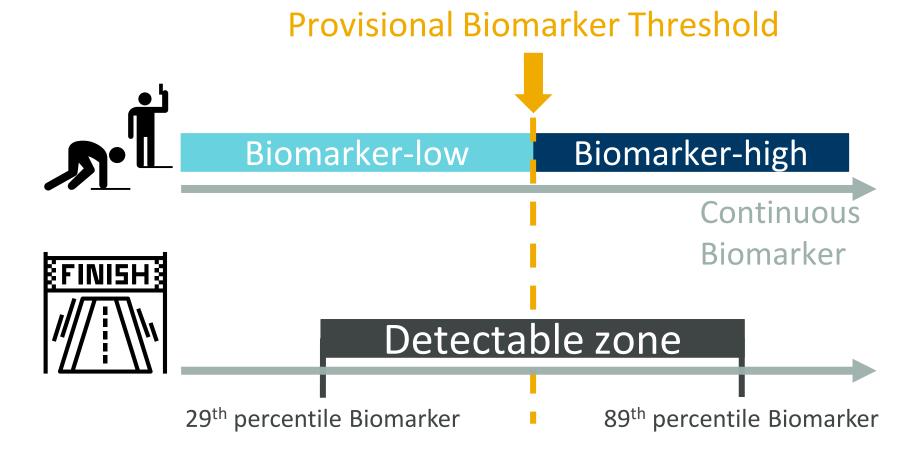


Adding as many BM-low patients as there are BM-high patients to fine-tune the biomarker threshold



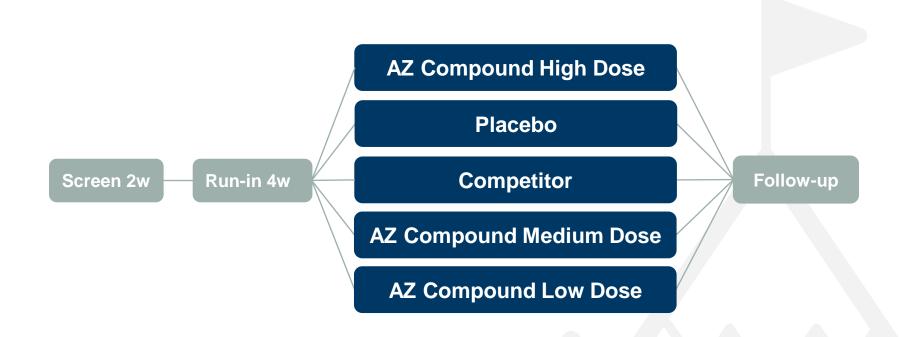


Adding as many BM-low patients as there are BM-high patients to fine-tune the biomarker threshold





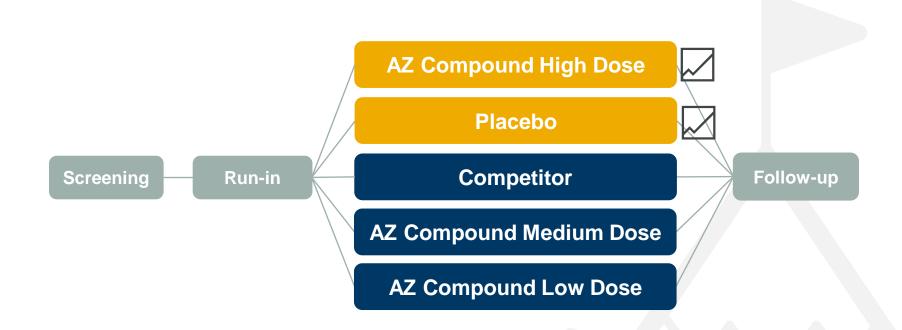
The PhIIb, without the biomarker-low patients



BM-high patients only



With biomarker-low patients, that's a quite large PhIIb!



BM-high patients only



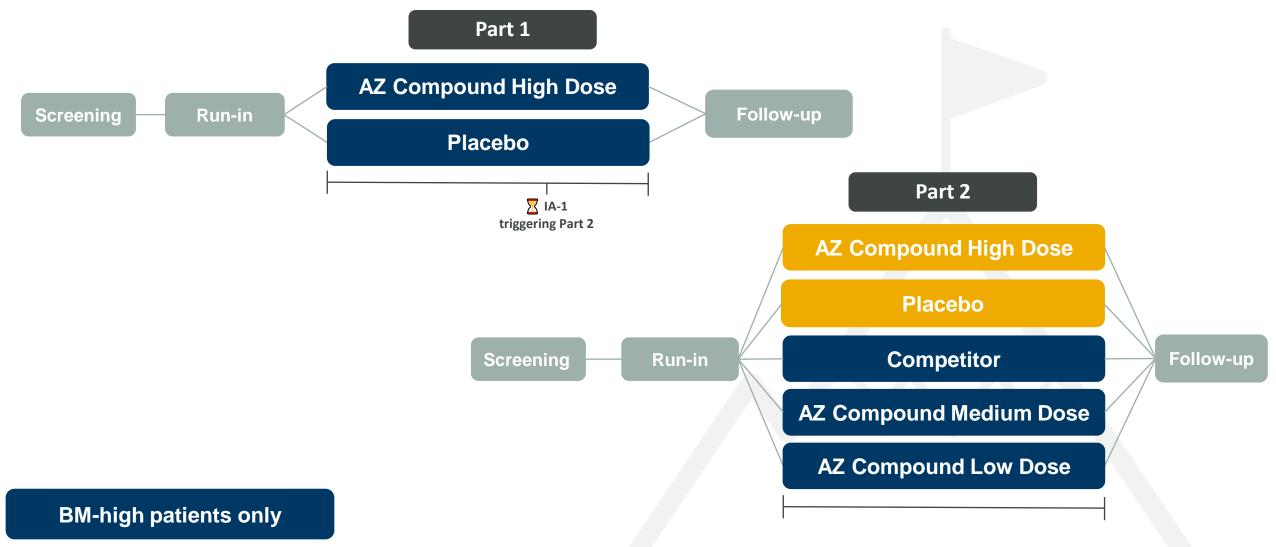
That's a very big upfront investment for a PhII!



You Should Be Entrepreneurial



Ok, let's go for a seamless PhII with one interim then!



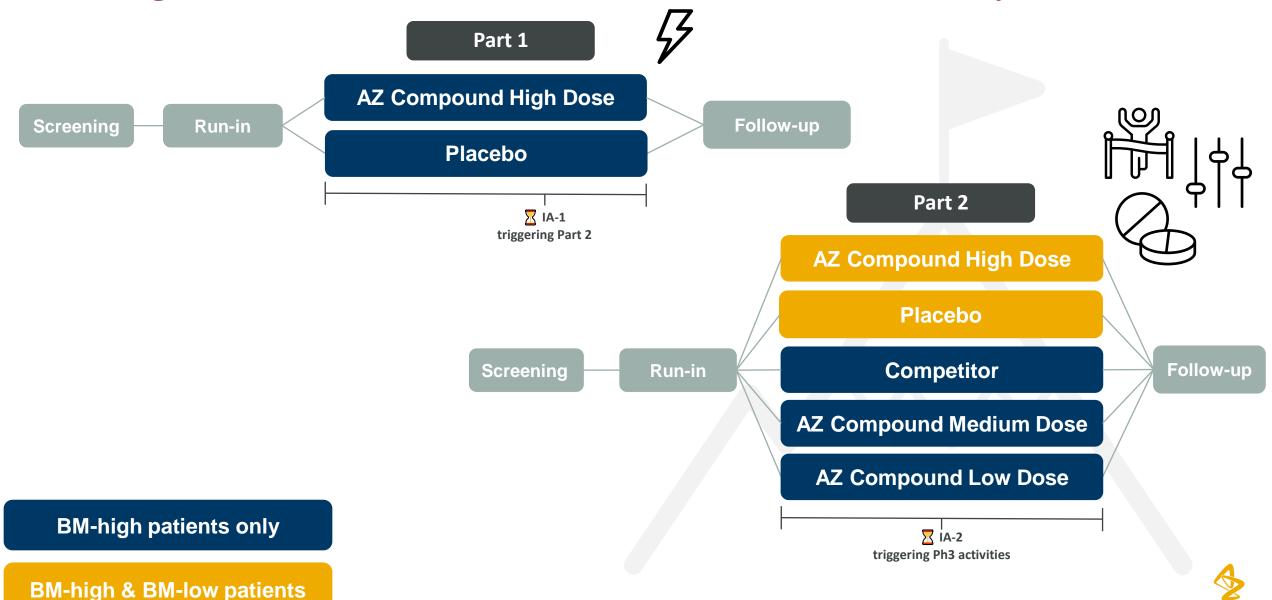


Can you not be a bit more entrepreneurial?





Let's go for a seamless PhII with 2 interim analyses!





Let's think about medicines the same way we think about bikes!











































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