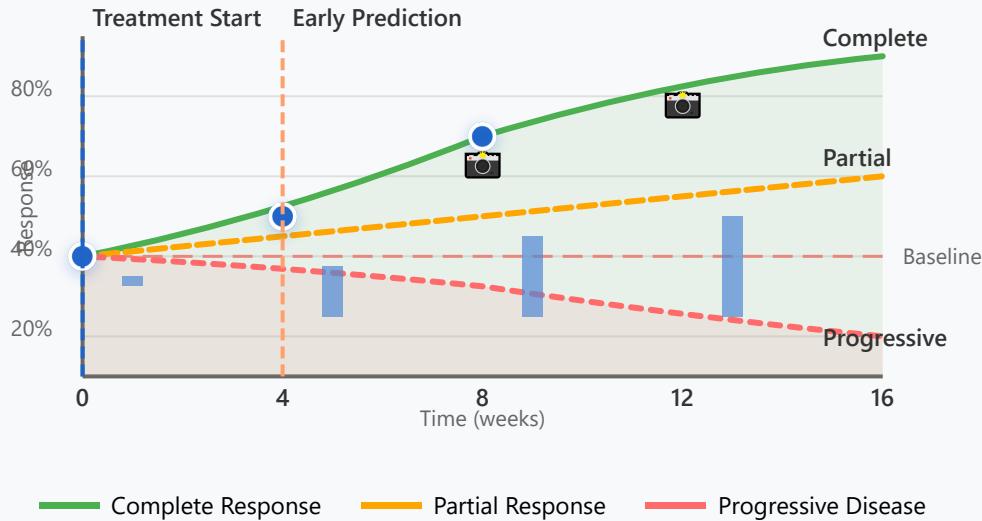


Response Prediction



⚡ Early Indicators

Biomarkers predicting response before clinical signs

🎯 Surrogate Endpoints

Intermediate markers replacing clinical outcomes

📷 Imaging Biomarkers

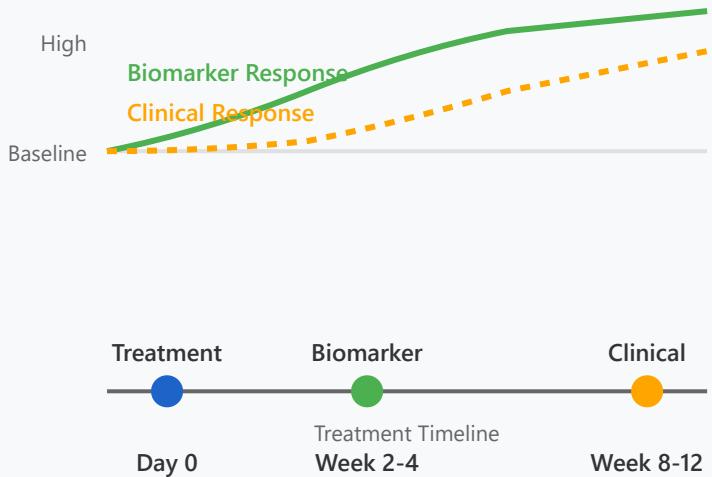
Radiological features predicting treatment response

🧬 ctDNA Dynamics

Circulating DNA changes track treatment efficacy

Resistance Prediction: Anticipate resistance before clinical progression occurs

⚡ Early Indicators



Definition

Early indicators are biomarkers that show measurable changes in response to treatment before conventional clinical or imaging-based assessments can detect therapeutic effects.

Key Characteristics

- ▶ Detectable within days to weeks of treatment initiation
- ▶ Precede radiological or symptomatic improvement
- ▶ Enable rapid decision-making for therapy continuation or modification
- ▶ Reduce time and cost in clinical trial endpoints

Clinical Examples

- **PSA in Prostate Cancer:** Decline within 2-4 weeks predicts long-term response
- **CA-125 in Ovarian Cancer:** Early reduction correlates with progression-free survival
- **Cytokine Release:** IL-6 elevation indicates immune activation in immunotherapy

Clinical Advantages

Time Saved: 4-8 weeks

Cost Reduction: 30-40%

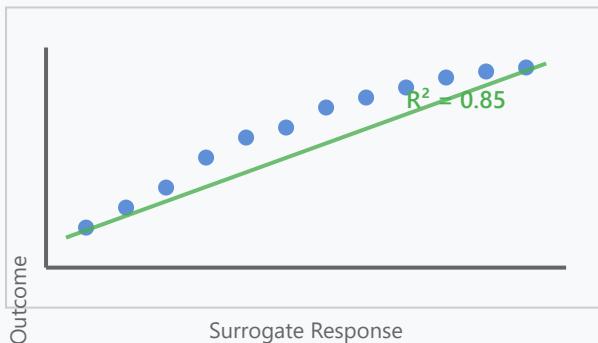
Early Switch: Yes



Surrogate Endpoints



Surrogate-Outcome Correlation



Definition

Surrogate endpoints are laboratory measurements or physical signs used as substitutes for clinically meaningful endpoints. They must demonstrate a strong, validated correlation with true clinical outcomes such as overall survival or quality of life.

Validation Requirements

- ▶ Strong statistical correlation with clinical endpoint ($R^2 > 0.7$)
- ▶ Biological plausibility in disease pathway
- ▶ Validation across multiple independent studies
- ▶ Regulatory acceptance for drug approval decisions

FDA-Approved Surrogate Endpoints

- **Viral Load (HIV):** Predicts disease progression and mortality
- **Tumor Shrinkage (RECIST):** Correlates with survival in many cancers
- **HbA1c (Diabetes):** Reflects long-term glycemic control
- **Blood Pressure:** Predicts cardiovascular events

Regulatory Impact

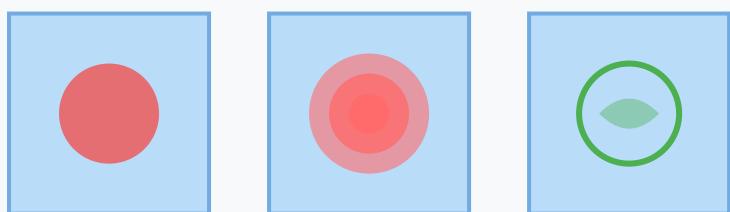
Accelerated Approval

Trial Duration: ↓50%

Sample Size: ↓40%



Imaging Biomarkers



Treatment Response Timeline



Definition

Imaging biomarkers are quantitative characteristics derived from medical images that predict or monitor treatment response. They include anatomical, functional, and molecular features detectable by various imaging modalities.

Types of Imaging Biomarkers

- ▶ **Anatomical:** Tumor size, volume (CT, MRI)
- ▶ **Metabolic:** FDG-PET SUV, glucose uptake
- ▶ **Functional:** Diffusion (ADC), perfusion (DCE-MRI)

- **Molecular:** Receptor imaging (68Ga-PSMA PET)

Response Criteria & Applications

- **RECIST 1.1:** Standard anatomical response (30% reduction = PR)
- **PERCIST:** Metabolic response (30% SUV decline)
- **iRECIST:** Modified criteria for immunotherapy
- **Radiomics:** AI-extracted texture features predict response

Predictive Power

Early Detection: 2-4 weeks

Sensitivity: 70-90%

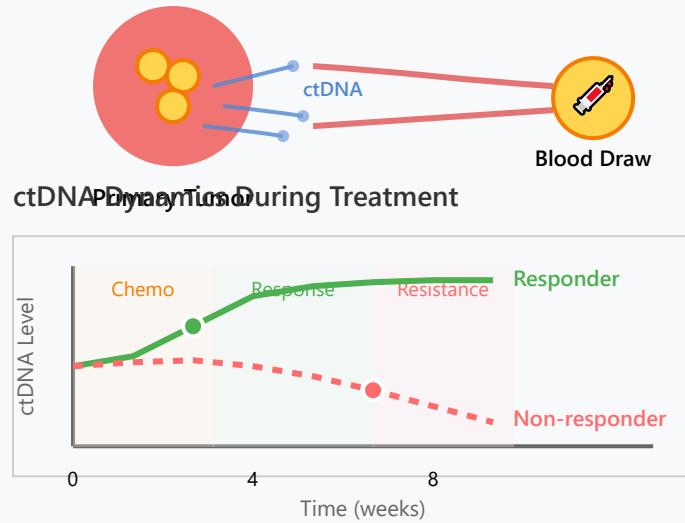
Non-invasive



ctDNA Dynamics

Definition

Circulating tumor DNA (ctDNA) represents tumor-derived DNA fragments released into the bloodstream through apoptosis, necrosis, or active secretion. Dynamic changes in ctDNA levels provide real-time information about tumor burden and treatment response.



Detection & Quantification

- ▶ **NGS-based:** Comprehensive mutation profiling
- ▶ **ddPCR:** Highly sensitive, mutation-specific quantification
- ▶ **Methylation patterns:** Tumor origin identification
- ▶ **Fragment size analysis:** Tumor-specific fragmentation patterns

Clinical Applications

- **Colorectal Cancer:** ctDNA clearance predicts recurrence-free survival
- **Lung Cancer:** EGFR mutation tracking identifies resistance (T790M)
- **Breast Cancer:** ESR1 mutations detected before clinical progression
- **MRD Detection:** Post-surgery monitoring for minimal residual disease

Performance Metrics

Lead Time: 4-10 months

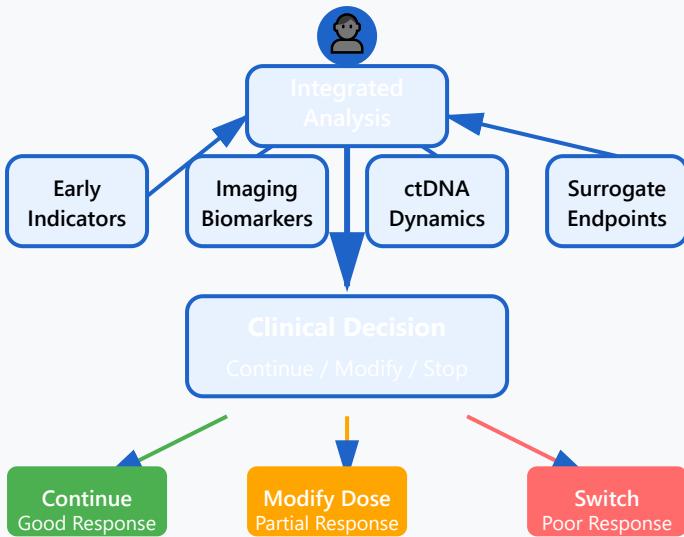
Sensitivity: 85-95%

Specificity: >99%

Liquid Biopsy



Integration in Clinical Decision Making



Integrated Approach Benefits

Combining multiple biomarker modalities provides complementary information that improves prediction accuracy and enables more confident clinical decision-making compared to single-marker approaches.

Decision Framework

- ▶ **Week 0-2:** Baseline measurements across all modalities
- ▶ **Week 2-4:** Early indicators + ctDNA show first changes
- ▶ **Week 4-8:** Imaging biomarkers confirm response
- ▶ **Week 8+:** Surrogate endpoints validate long-term benefit

Real-World Implementation

Lung Cancer Example:

Week 2: CEA ↓40%, ctDNA ↓60% → Positive early signal

Week 4: PET SUV ↓35% → Metabolic response confirmed

Week 8: CT shows 25% size reduction → Partial response (RECIST)

Decision: Continue current therapy with confidence

Key Advantages

Accuracy: +25%

Early Detection: 4-8 weeks

Confidence: High

Cost-Effective

Response Prediction: Key Takeaways

Early Indicators

- ▶ Detect response within 2-4 weeks
- ▶ Examples: PSA, CA-125, cytokines
- ▶ Enable rapid treatment decisions
- ▶ Reduce trial duration and costs

Surrogate Endpoints

- ▶ Validated substitutes for clinical outcomes
- ▶ Require strong correlation ($R^2 > 0.7$)
- ▶ FDA-approved for accelerated approval
- ▶ Examples: Viral load, HbA1c, tumor size

Imaging Biomarkers

- ▶ Anatomical, functional, and molecular features
- ▶ RECIST, PERCIST, iRECIST criteria
- ▶ Early metabolic changes precede anatomical
- ▶ Non-invasive, repeatable assessments

ctDNA Dynamics

- ▶ Real-time tumor burden monitoring
- ▶ Detects resistance mutations early
- ▶ 4-10 months lead time before imaging
- ▶ MRD detection post-treatment

Future Direction: Integration of multi-modal biomarkers with AI/ML algorithms for personalized response prediction and dynamic treatment optimization