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# **Standardized Visual Predictive Check in Model Evaluation**

## **- Methodology and Applications**

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# **Visual Predictive Check**

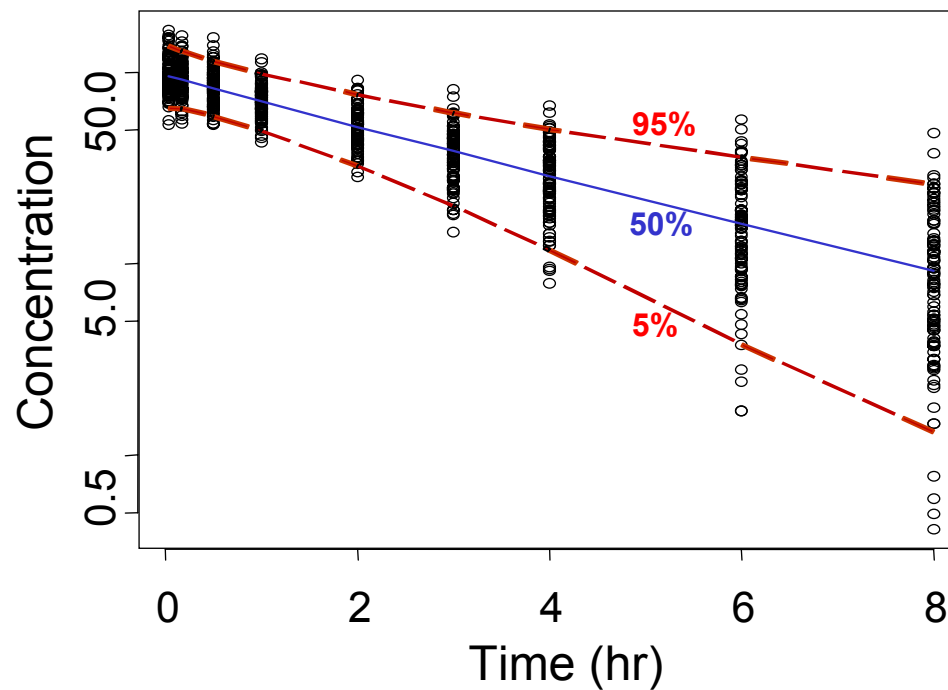
## **- What are the limitations?**



# Visual Predictive Check (VPC)



- Visual inspection of whether the model can resemble the data from which it was derived



$\Theta$  – fixed effect  
 $\Omega, \sigma$  – random effects

90% interval of simulated observations vs time plot with actual observation overlaid

# What is the Problem?



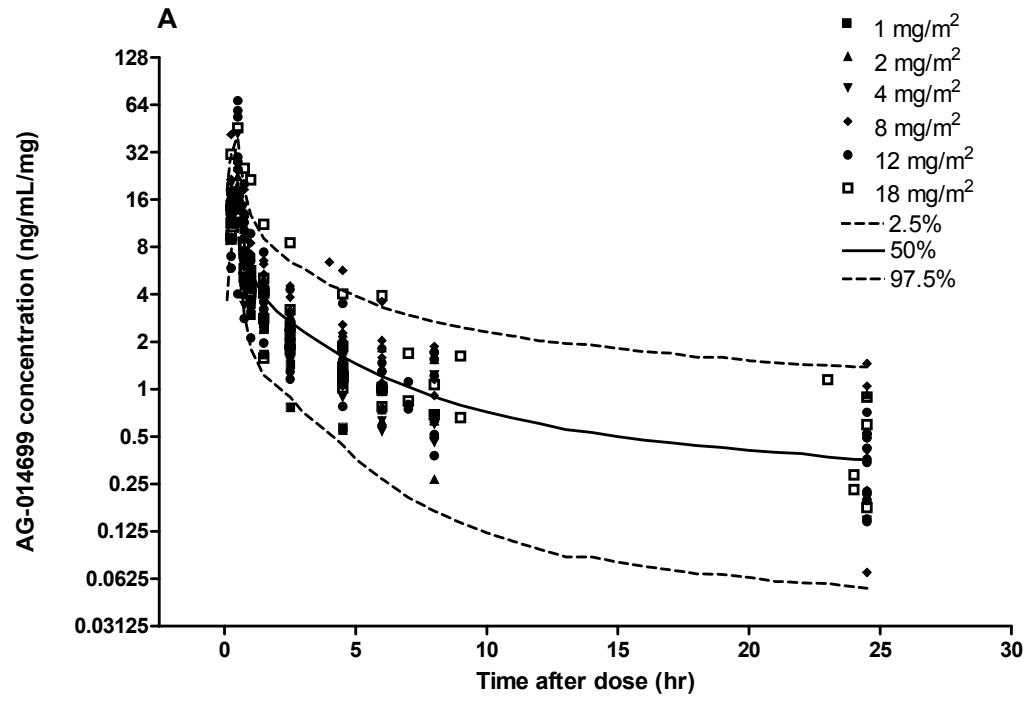
## The case

- **FIP dose escalation study for AG-014699**
- **Six Cohorts**
  - 1 mg/m<sup>2</sup> (n=3)
  - 2 mg/m<sup>2</sup> (n=3)
  - 4 mg/m<sup>2</sup> (n=3)
  - 8 mg/m<sup>2</sup> (n=3)
  - 12 mg/m<sup>2</sup> (n=12)
  - 18 mg/m<sup>2</sup> (n=6)
- **PK and PK/PD modeling were conducted**
  - PK is described by a 3 compartment linear model
  - PD is described by Emax model (non-linear)
  - Body Surface Area (BSA) is not a covariate on PK or PD parameters



# VPC for PK Model

- **Dose-normalized VPC for PK**
  - PK is linear
  - VPC based on dose-normalized concentration



# What Can We Do for the PD Model?



- **Dose-normalized VPC?**

- PD is Non-linear (not applicable)

- **VPC for each dose group (stratified VPC)?**

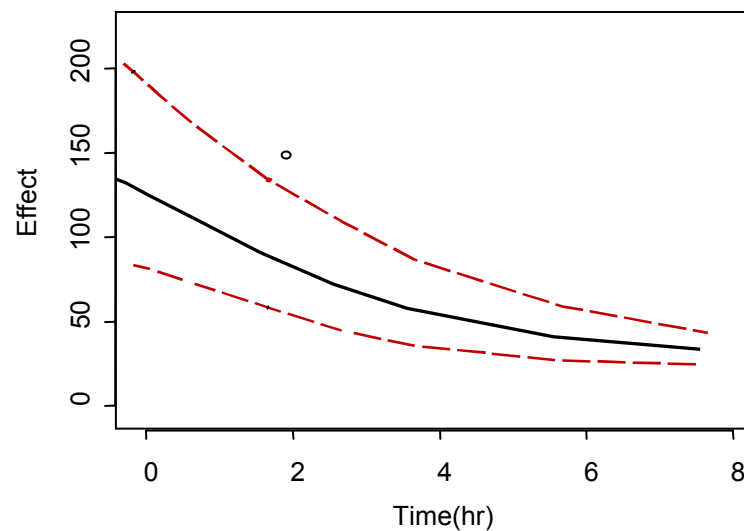
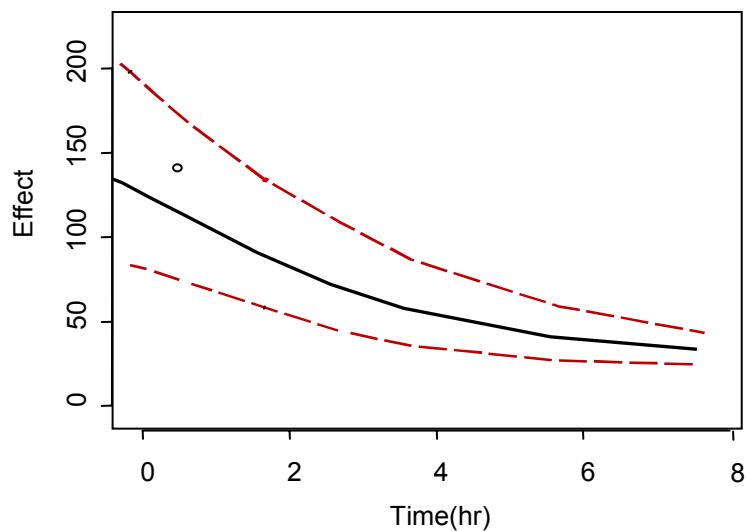
- Very limited number of subjects (N=3 for most groups)
- Body surface area (BSA)-based dosing, total doses are still not the same even within the same dose group (BSA is not a covariate for any PK/PD parameters)



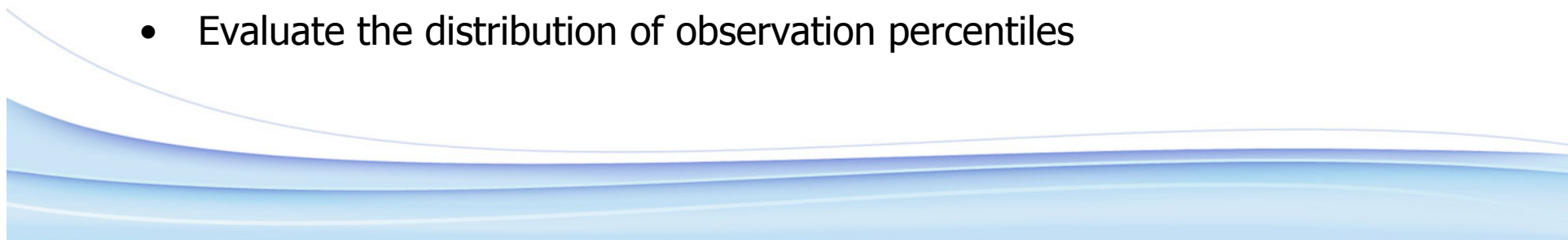


# What Can We Do Then ?

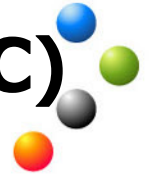
- Determine the percentile of each observation in the marginal distribution of model-simulated observations using the same design template (dosing method in this case)



- Evaluate the distribution of observation percentiles



# Standardized Visual Predictive Check (SVPC)



- 1000 data sets are simulated using the final model based on the original data set
- The percentile ( $P_{ij}$ ) of  $j$ -th observation for the  $i$ -th patient is calculated by:

$$P_{ij} = \frac{1}{1001} \left( 1 + \sum_{k=1}^{1000} \delta_{ij,k} \right)$$

$\delta_{ij,k} = 1$  if  $y_{ij} > y'_{ij,k}$  , otherwise,  $\delta_{ij,k} = 0$

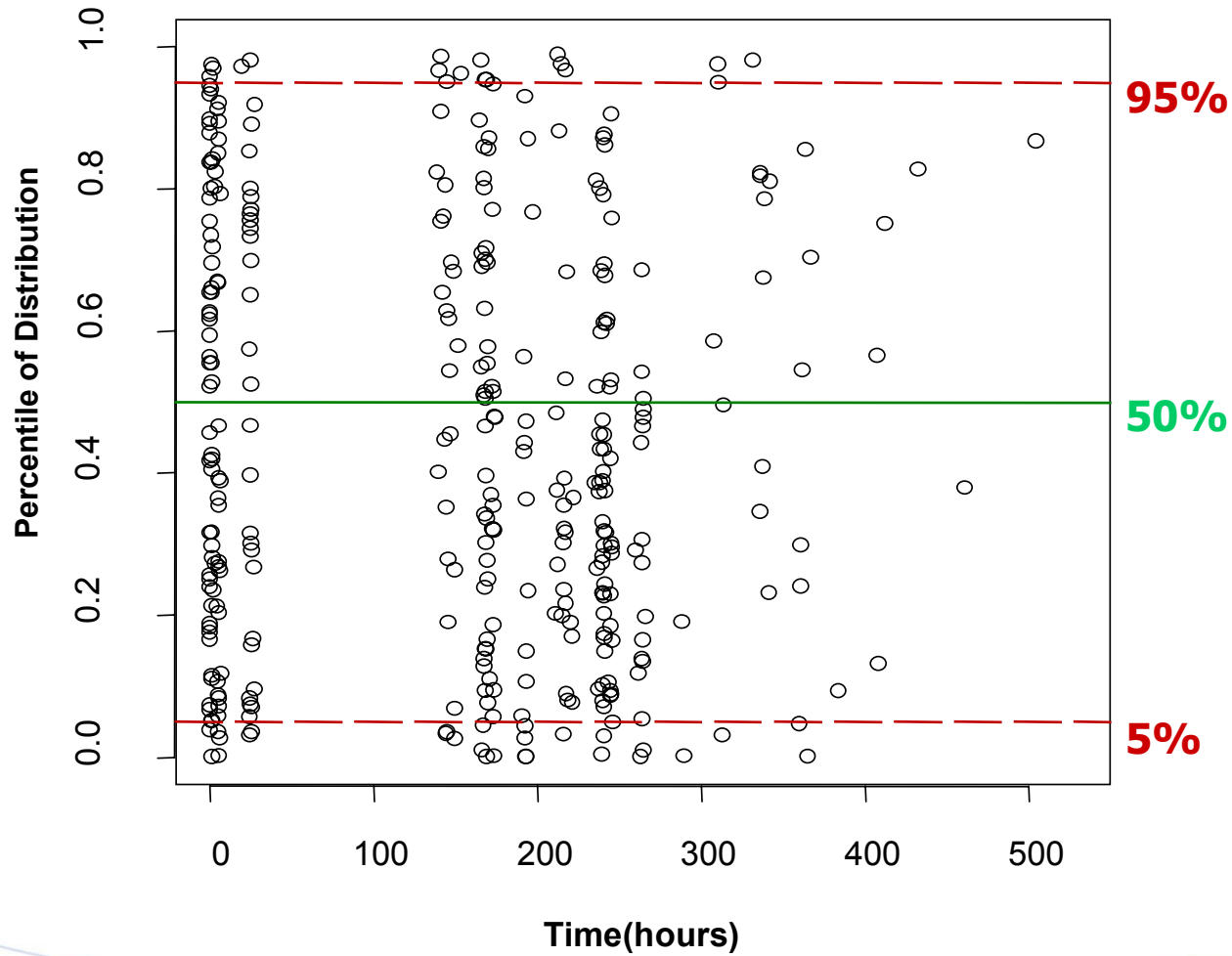
$y_{ij}$ : the actual  $j$ -th observation for the  $i$ -th individual

$y'_{ij,k}$ : the  $k$ -th simulated observation corresponding to  $y_{ij}$

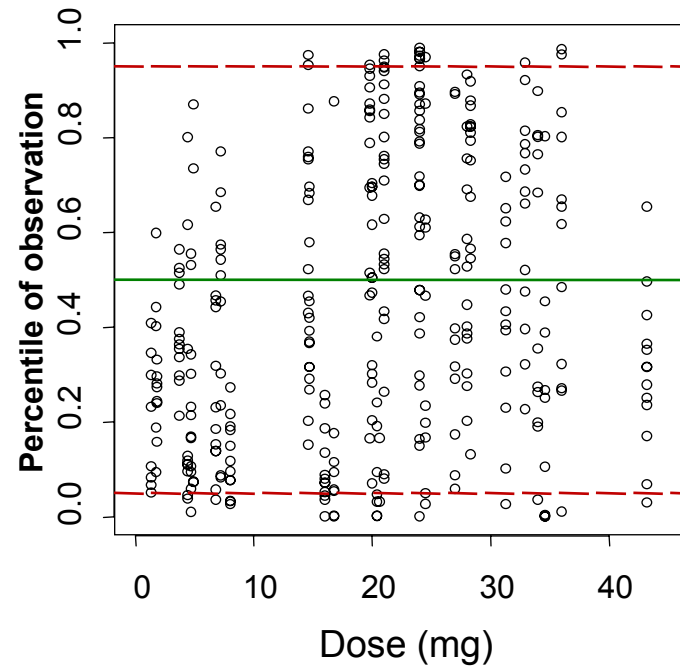
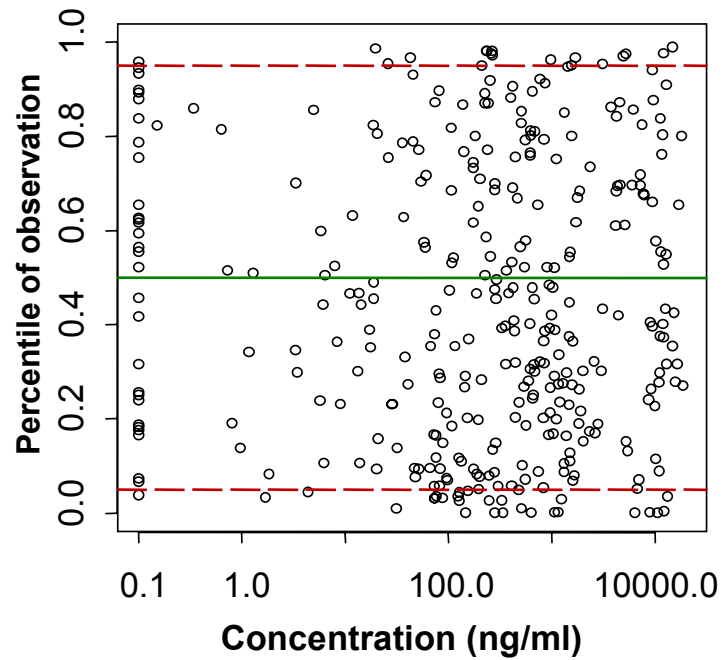
- $P_{ij}$  should be uniformly distributed between  $[0,1]$  if the model and population parameter estimates are adequate
- Plot  $P_{ij}$  vs. covariate (such as time) for all observations and evaluate their distribution



# SVPC Plot for AG-014699 PD model



# SVPC Plot for AG-014699 PD model Covariate Evaluation





# Questions

- Has the VPC been performed adequately
- Under what situations VPC is not applicable
- When SVPC should be used



# Simulation Study (1)



## Nonlinear kinetics with mg/kg dosing

- Study Design
  - 100 subjects
  - Single IV bolus dose on mg/kg basis
- Model
  - PK: One compartment model with no covariate effect
  - PD: Immediate effect model ( $E = E_{max} \cdot C / (EC_{50} + C)$ )
- Data
  - PK and PD data sets were simulated based on pre-defined population PK and PD parameters (observed data)
- Estimation
  - PK: True model
  - PD
    - True
    - False model ( $E = \text{slope} \cdot C$ )
- Predictive
  - Set NSUBPROB = 10 to get 1000 simulated observations for each time point

# Simulation Study (1)



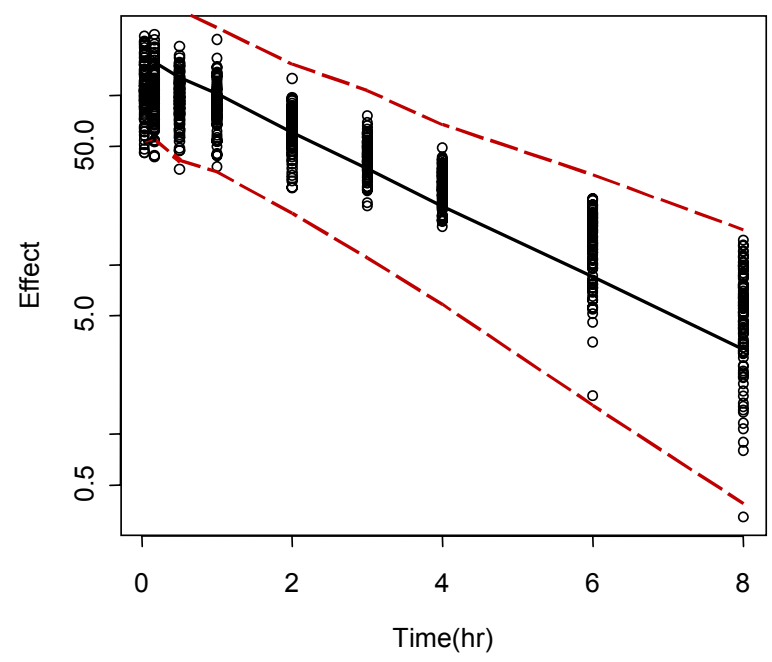
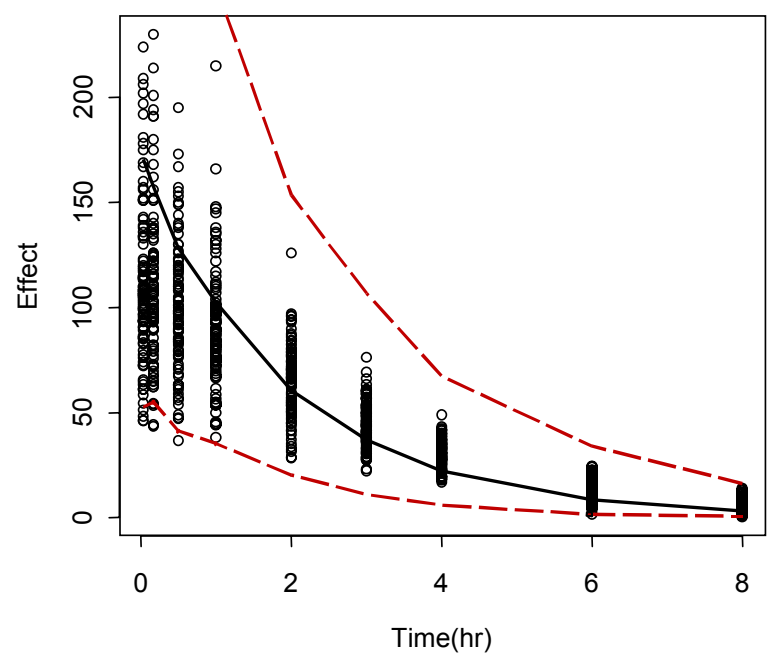
## Nonlinear kinetics with body weight (WT) as covariate on CL

- Study Design
  - 100 subjects
  - Single IV bolus fixed dose
- Model
  - PK: One compartment model with WT effect on CL
  - PD: Immediate effect model ( $E = E_{max} * C / (EC_{50} + C)$ )
- Data
  - PK and PD data sets were simulated based on pre-defined population PK and PD parameters (observed data)
- Estimation
  - PK: True model
  - PD
    - True
    - False model ( $E = slope * C$ )
- Visual Predictive Check
  - Set NSUBPROB = 10 to get 1000 simulated observations for each time point



# False PD model

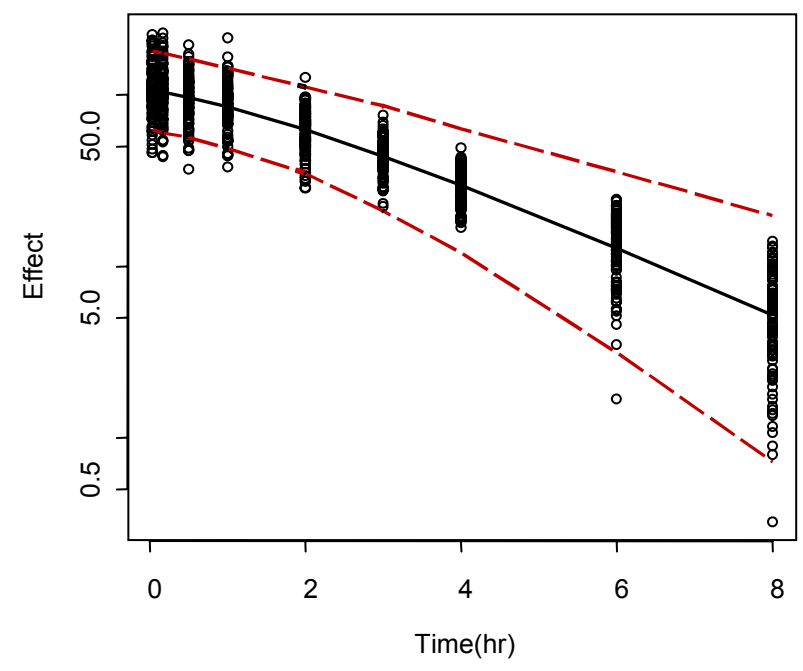
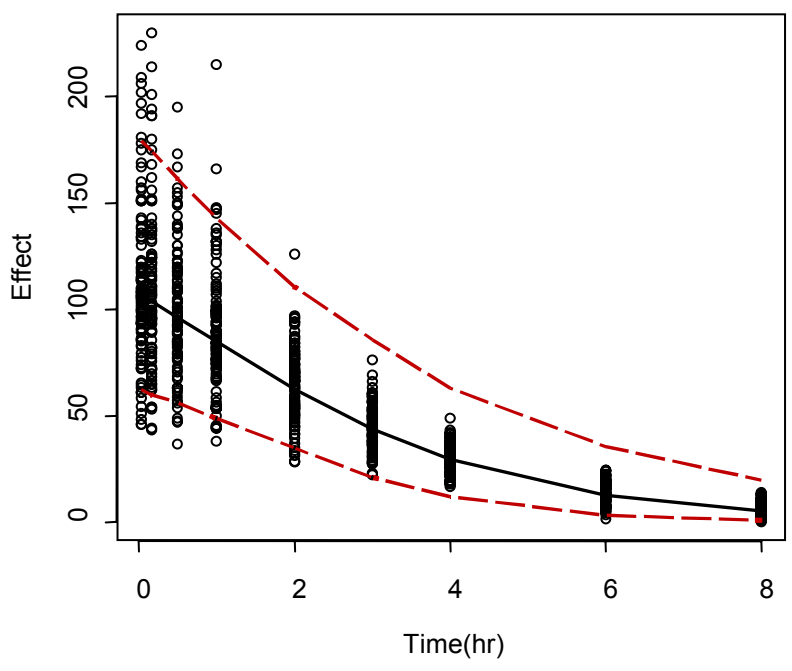
$$E = \text{Slope} * C$$





# True PD model

$$E = E_{\max} * C / (EC_{50} + C)$$

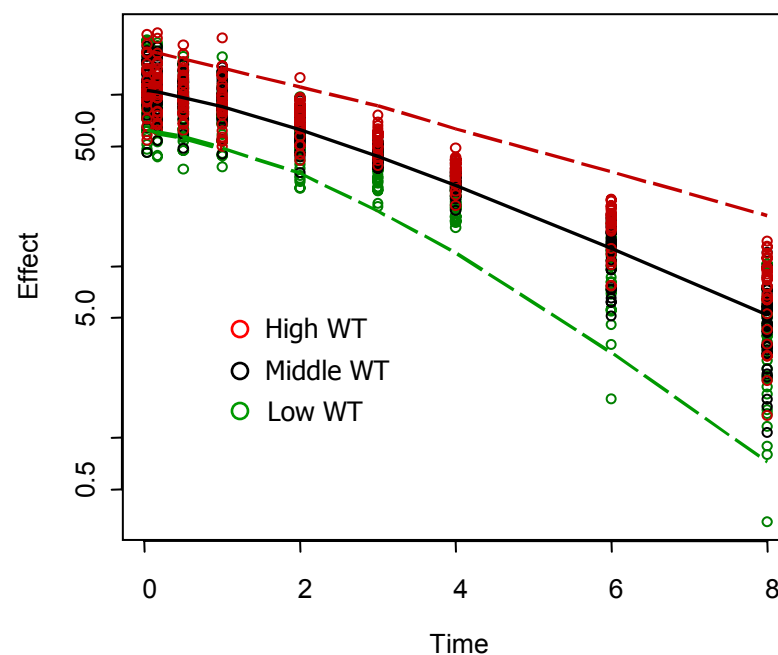
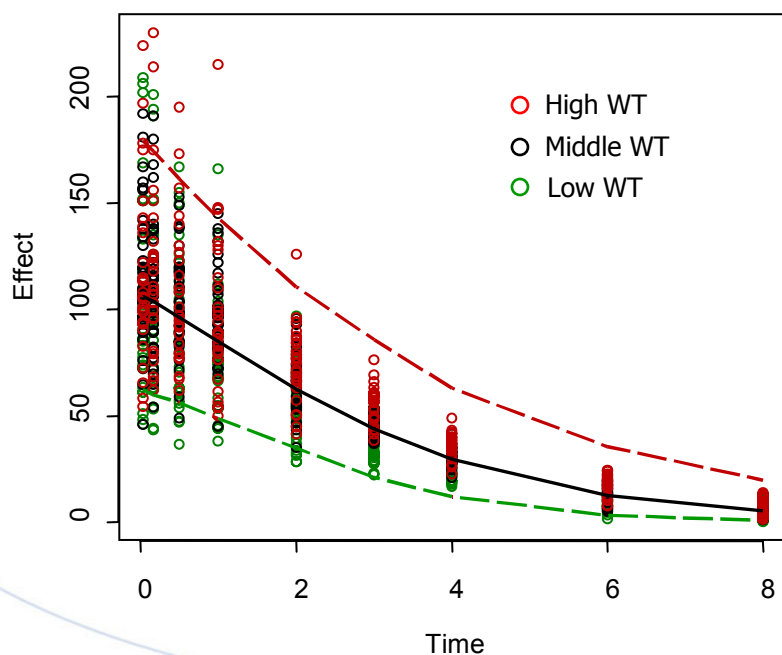




# True PD Model – VPC

$$E = E_{max} * C / (EC_{50} + C)$$

- Body weight (WT)-based dosing
- Individuals were grouped into high, middle and low WT range





# SVPC

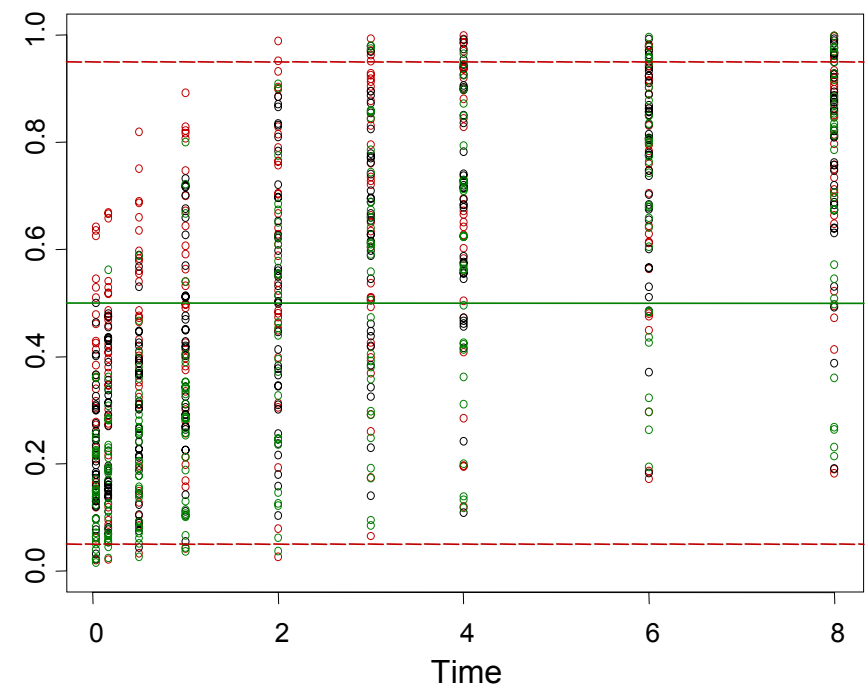
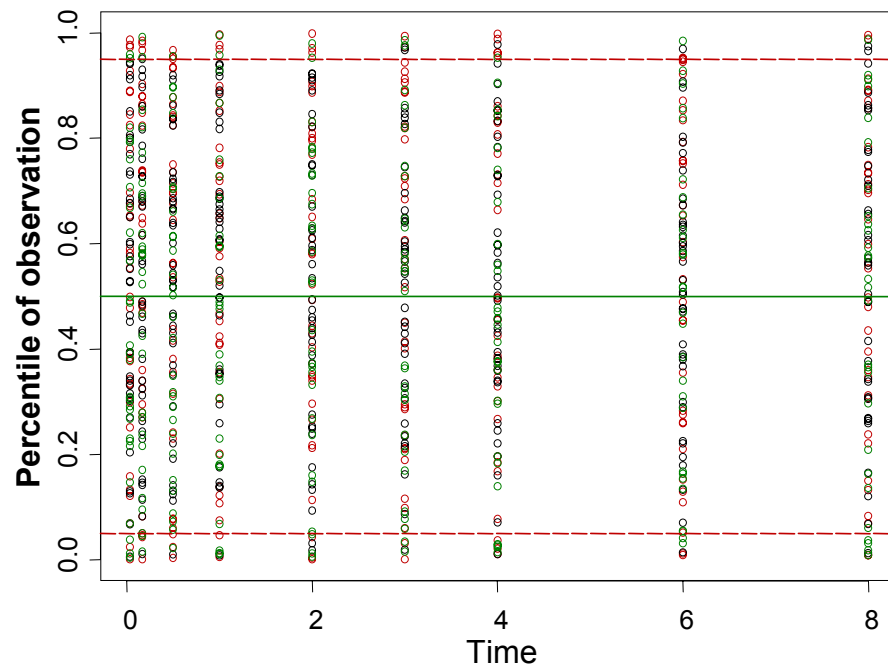


## True PD model

$$E = E_{max} * C / (EC_{50} + C)$$

## False PD model

$$E = \text{Slope} * C$$



○ Low WT      ○ Middle WT      ○ High WT



# Simulation Study (2)

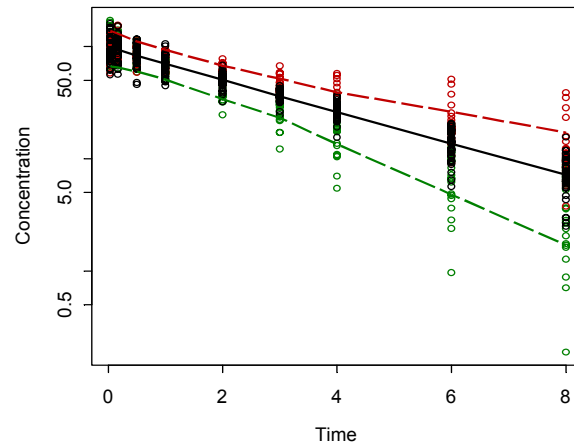
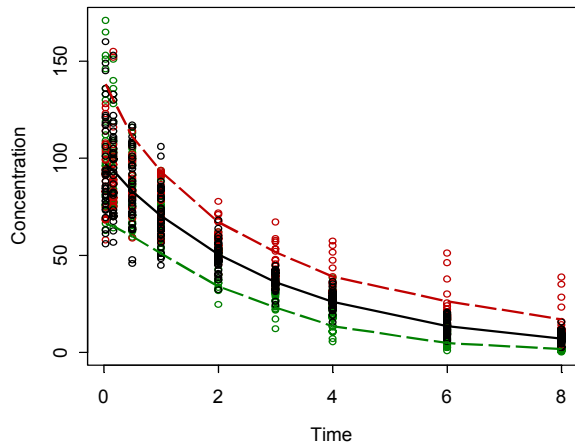
## WT as a covariate for CL

- Study Design
  - 100 subjects
  - Single IV bolus dose (fixed dose)
- Model
  - PK: One compartment model with WT as covariate for CL
$$Cl = \theta * (WT / WT_{median})^{0.75}$$
- Data
  - PK data set was simulated based on pre-defined population PK parameters (observed data)
- Estimation
  - True model ( $\Omega_{Cl} = 10\%$ )
  - False model ( $\Omega_{Cl} = 25\%$ )
- Visual Predictive check
  - Set NSUBPROB = 10 to get 1000 simulated observations for each time point


# VPC Plots



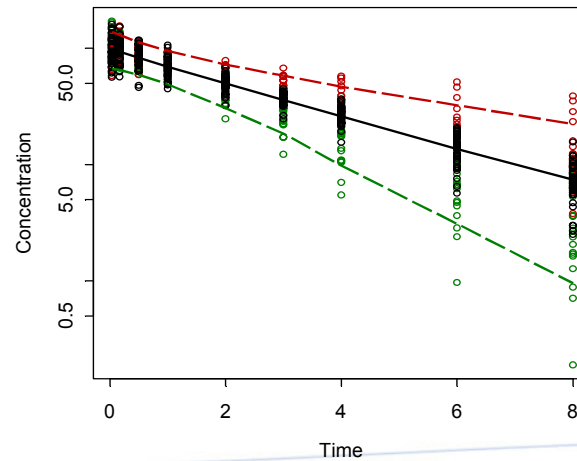
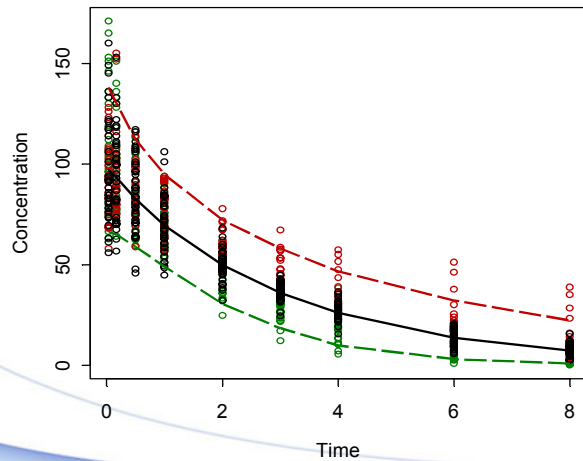
**Correct Estimate:  $\Omega_{CI}=10\%$**



**Individuals were grouped based on the covariate (WT) values into high, middle and low WT range**

-  **Low WT**
-  **Middle WT**
-  **High WT**

**Wrong Estimate:  $\Omega_{CI}=25\%$**

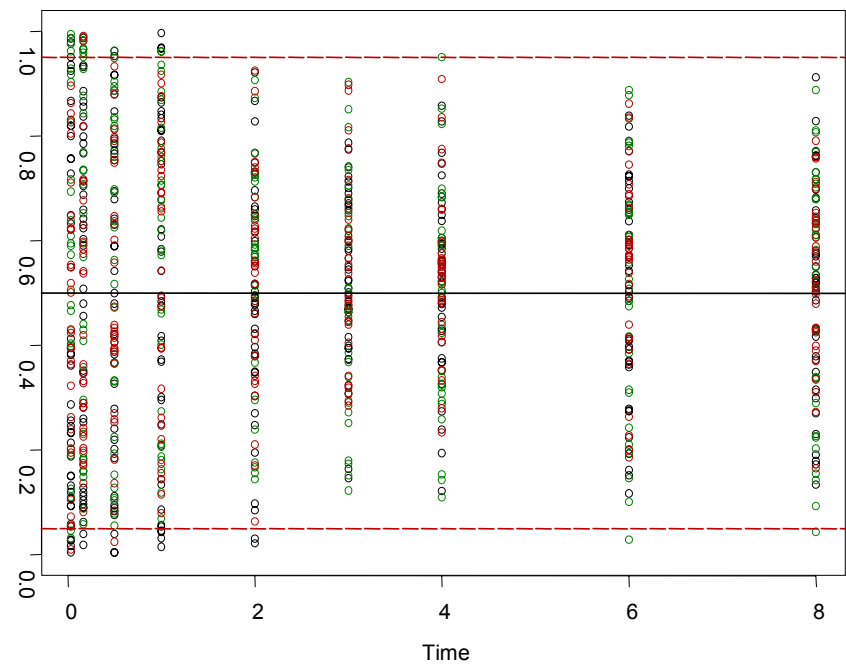
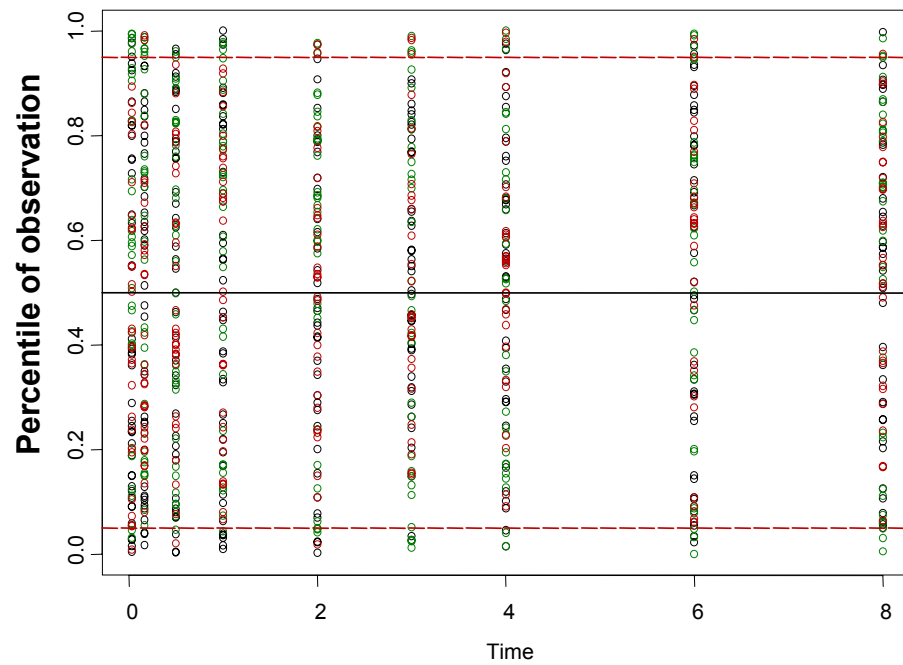


# SVPC Plots



True model:  $\Omega_{CI}=10\%$

False model:  $\Omega_{CI}=25\%$



○ Low WT

○ Middle WT

○ High WT



# VPC When There is a Covariate Effect



- **It is not adequate to conduct VPC using the final model with there is covariate effect**
- **Categorical**
  - Stratify for each covariate
- **More than one covariate**
  - Stratification may not be possible if the number of subjects per group is small
  - By stratifying the data, each plot can only present partial information thus the overall picture may not be easily visualized. When the number of plot increases, information in each plot deminishes
- **Continuous**
  - Can not be stratified

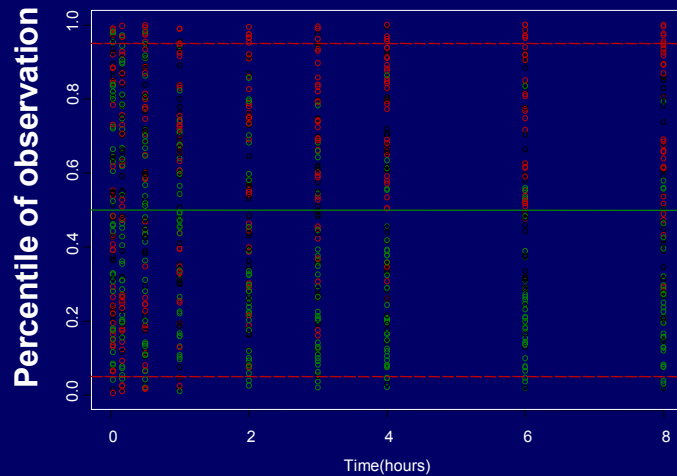


# Applications of SVPC

## Covariate Effect Evaluation - SVPC for the Base Model

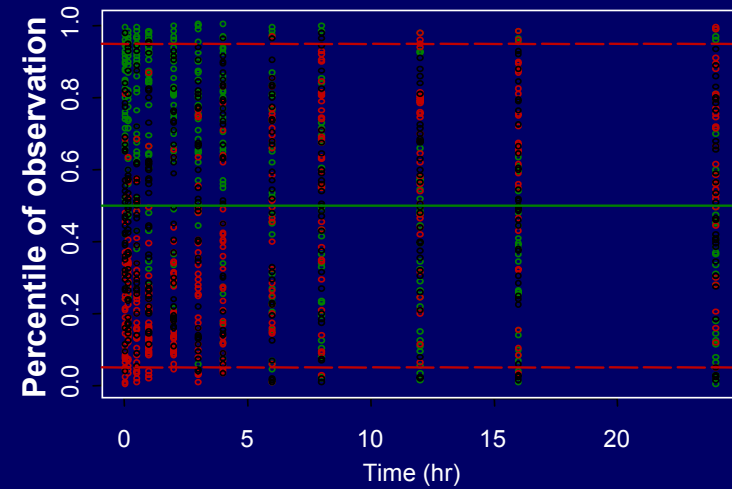
Base Model – grouped by WT

○ Low WT    ○ Middle WT    ○ High WT

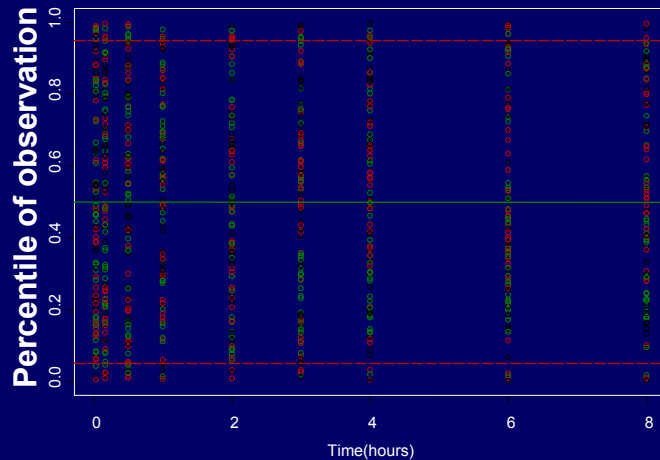


Base Model – grouped by Age

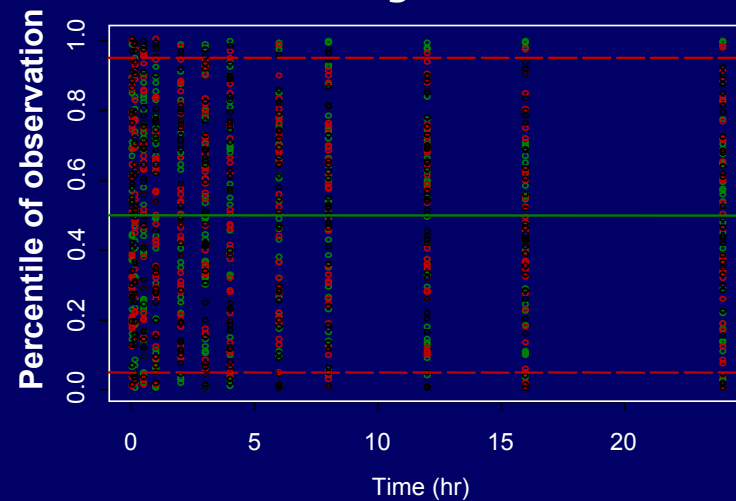
○ Old    ○ Middle Age    ○ Young



Full Model – WT Effect on CL



Full Model – Age Effect on ka

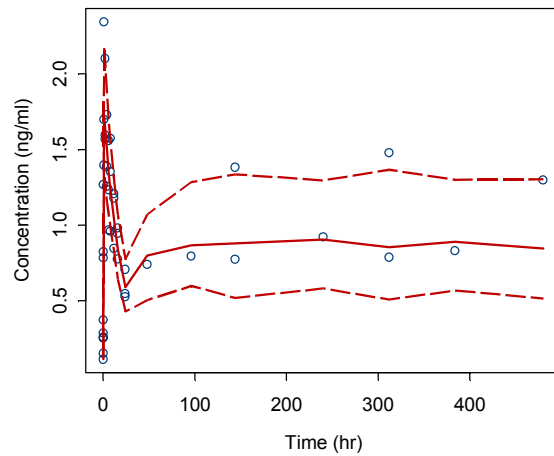


# Applications of SVPC

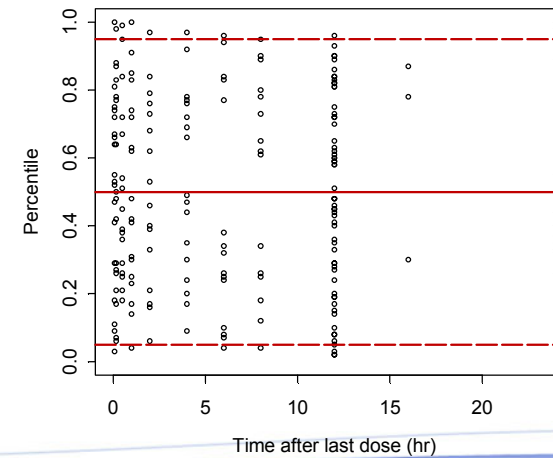
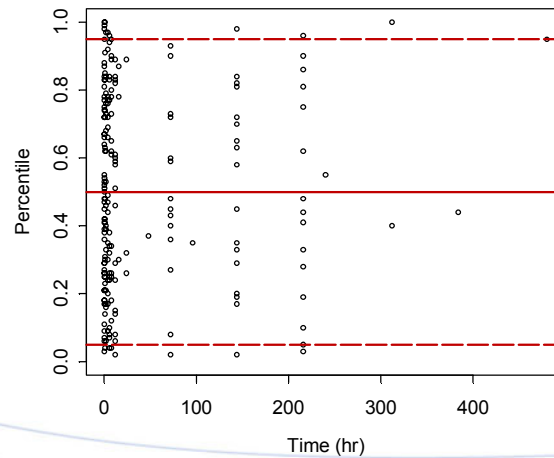
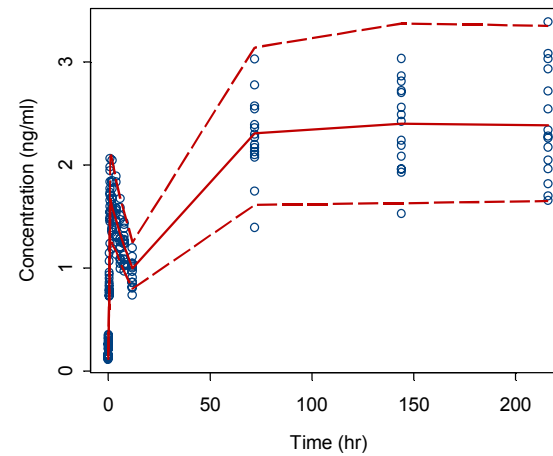
## Study Design Varies Among Subjects/During Study



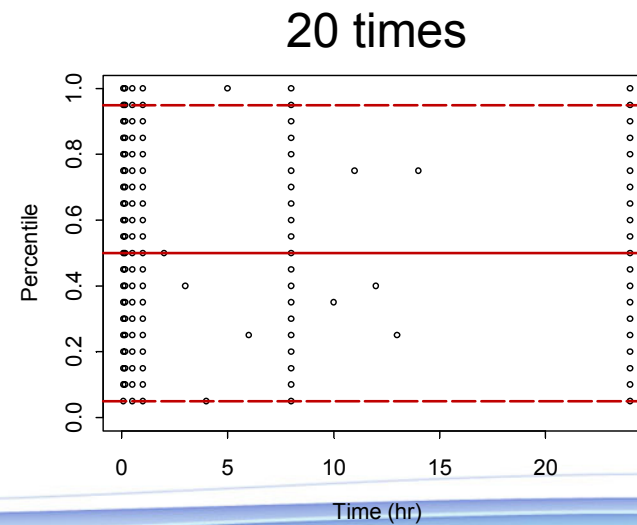
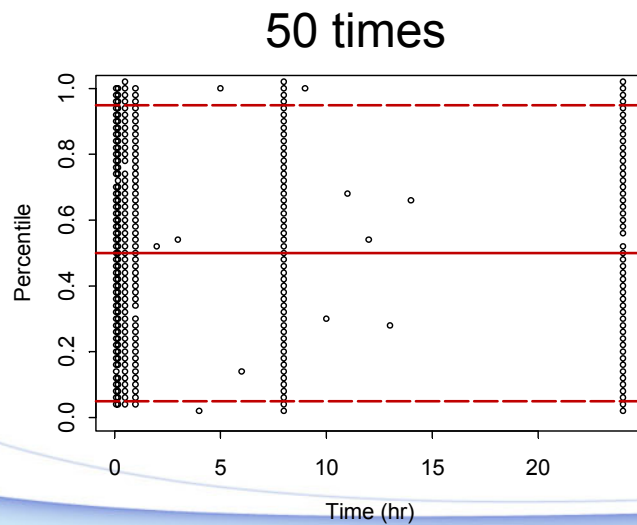
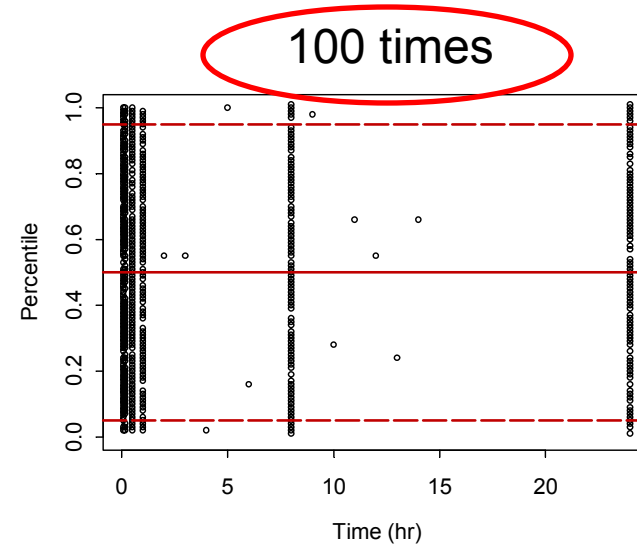
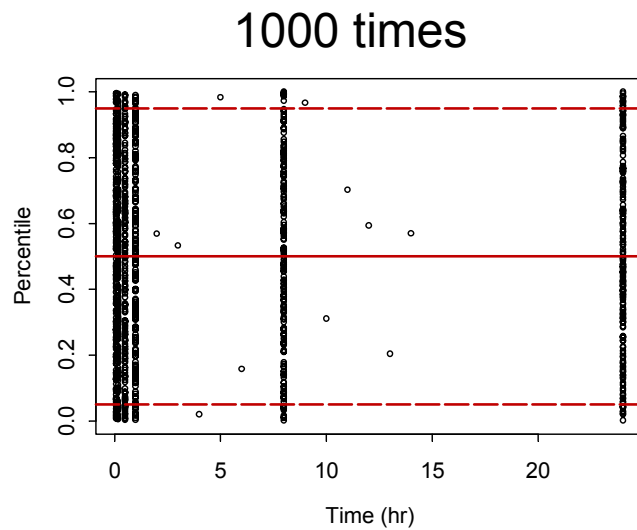
QD, PK



BID, PK



# Number of sub-problems in NONMEM Run for SVPC

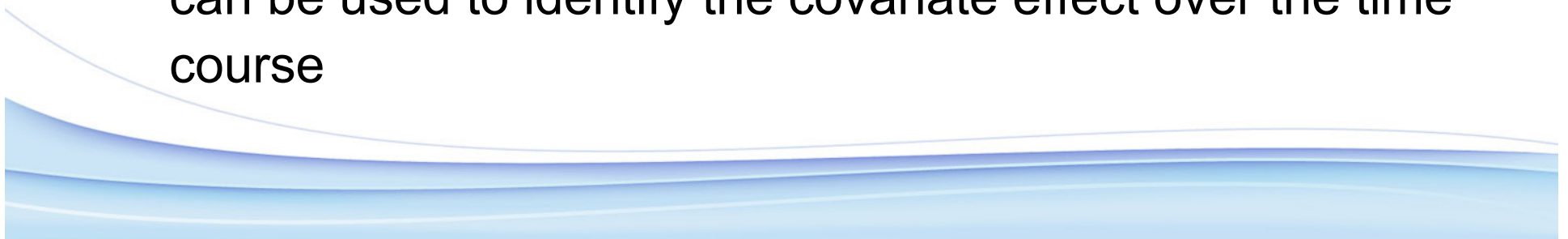




# CONCLUSIONS



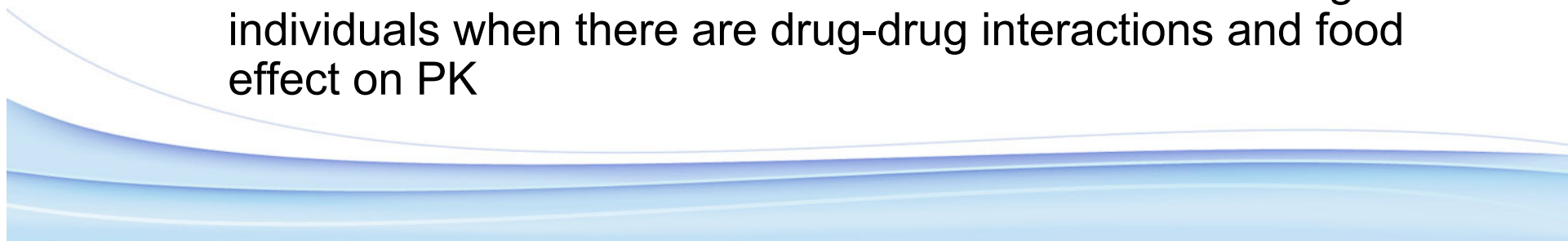
- Common VPC approach is inadequate in many cases
- VPC is only applicable when profiles for all subjects are supposed to be the same when  $\Omega$  and  $\sigma$  are set to 0 unless data can be stratified by influential covariates and or study design
- SVPC filters out all covariate effects and other study design differences thus can be used in all cases
- In addition to the information provided by VPC, SVPC can be used to identify the covariate effect over the time course



# CONCLUSIONS



- **Situations when VPC is not feasible but SVPC can be used**
  - Patients received individualized dose or there are a small number of patients per dose group and PK or PD is nonlinear thus observations can not be normalized for dose
  - There are multiple categorical covariate effects on PK or PD parameters
  - Covariate is a continuous variable which made stratification impossible
  - Study design and execution varies among individuals, such as adaptive design, difference in dosing schedule, dose changes and dosing time varies during study, protocol violations
  - Different concomitant medicines and food intake among individuals when there are drug-drug interactions and food effect on PK



# Acknowledgment



Shuzhong Zhang

