

PFIM 4.0: new features for optimal design in nonlinear mixed effects models using R

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ABSTRACT

Model based optimal design approaches are increasingly used in population pharmacokinetic / pharmacodynamics (PKPD) [1]. These approaches rely on the Fisher information matrix (FIM) for nonlinear mixed effect models and are a good alternative to clinical trial simulation. Several software tools are available and were recently compared [2]. They all incorporate a PKPD library of models and model defined by differential equations.

PFIM (www.pfim.biostat.fr), developed in our group, was the first tool in R. It is available since 2001 and was extended in version 3 to multi-response models, inter-occasion variability, discrete covariates with prediction of power of Wald test [3]. We released in April 2014 the version 4 of PFIM with several new features that we applied on several PKPD examples.

For population designs, optimization can be done with fixed parameters or fixed sampling times. Previous information already obtained can be assumed and loaded through a predicted or an observed FIM. This is crucial to performed adaptive designs which are a strong requirement in drug industry and one of the task of the DDMoRe project [4].

Additional features for design in Bayesian estimation of individual parameters were added. The Bayesian information matrix was implemented. Design for Maximum A Posteriori (MAP) estimation can be evaluated or optimized [5]. The predicted shrinkage is also reported [5]. There is a clear influence of design on shrinkage. This new feature is useful to select informative sampling times in therapeutic drug monitoring.

This new version of PFIM fulfilled some of the needs expressed in industry [1]. The examples again showed the importance of model based optimal design to predict good studies and anticipate 'fatal' ones.

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[2] Nyberg J, Bazzoli C, Ogungbenro K, Aliev A, Leonov S, Dufull S, Hooker A, Mentré F. Methods and software tools for design evaluation in population pharmacokinetics-pharmacodynamics. Br J Clin Pharmacol, 2014; in press [3] Bazzoli C, Retout S, Mentré F. Design evaluation and optimization in multiple response nonlinear mixed effect models. PFIM 3.0. Comput Methods Programs Biomed, 2010; 98:55-65.

[4] Harnisch L, Matthews I, Chard J, Karlsson MO. Drug and disease model resources: a consortium to create standards and tools to enhance model-based drug development. CPT Pharmacometrics Syst Pharmacol, 2013;2:e34.

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PFIM 3 & PFIM 4

PFIM 3

- R functions for population designs evaluation and optimisation
- Analytical form/ Differential equation model
- Library of PK and PD models
- Multiple response model
- Combined error models
- Optimisation: Simplex algorithm/ Fedorov-Wynn algorithm
- Within subject variability (IOV)
- Discrete covariates
- Computation of the predicted power for the Wald test of comparison or equivalence
- Computation of the number of subjects needed

PFIM 4: additional features

- Simpler expression for user defined models
- Fixed parameters and/or fixed sampling times
- New outputs
 - Graph of sensitivity functions
 - Eigenvalues and condition numbers Correlation matrix
- Individual design
- Bayesian design for MAP with predicted shrinkage
- Previous Information Matrix for adaptive designs

MODELS AND GRAPHS



StdError RSE 1.00 0.11577052 11.57705 % ka 0.25 0.02893401 11.57360 % v 0.10 0.01357748 13.57748 %

Sigma StdError RSE sig.interA 0.50 0.03908612 7.817223 % sig.slopeA 0.15 0.02065427 13.769511 %

599.3712

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OUTPUT: BAYESIAN DESIGN EVALUATION FOR MAP & PREDICTION OF SHRINKAGE [5]

Design:

times

c(1, 3, 8)

Design:

		times	3	subjec	ts c	loses
1	c(0.3	3, 1.5,	5, 12)	1	100
Bay	vesian	Fisher i	inform	ation m	atri	ix
**	EXPECT	ed stani	DARD EI	RRORS *	****	******
	F	ixed Eff	lects 1	Paramet	ers	
	Beta	StdErroi	<u>-</u>	RSE	5	Shrinkage
	0 00					

ka	2.00	0.96051649	48.02582	olo	23.06480	Ŷ
k	0.25	0.07402618	29.61047	olo	35.07121	Ŷ
V	15.00	3.16229457	21.08196	olo	44.44492	Ŷ
1	***	CRITERION	* * * * * * * * * *	***	*******	
3.5	527179					

Bay	esian Fisher in	nformation	matrix
**	EXPECTED STAND	ARD ERRORS	*******
	Fixed Eff	ects Parame	eters
	Beta StdError	RSE	Shrinkag
ka	2.00 1.419173	70.95865	\$ 50.3513

subjects doses

1 100

ka	2.00	1.419173	70.95865	웅	50.35130	ą
k	0.25	0.075761	30.30440	\$	36.73427	ą
v	15.00	3.090213	20.60142	8	42.44184	ą
1	***	CRITERIO	1 ******	***	*******	
2.5	588796					

OUTPUT: POPULATION DESIGN EVALUATION

Desigr	1:			
	times	subjects	doses	

c(1, 3, 8) 200 100

Computation of the **Population Fisher information matrix**

----- Fixed Effects Parameters -----

	Beta	StdError	RSE	
ta	2.00	0.24120620	12.060310	8
5	0.25	0.01361296	5.445183	do.

15.00 0.55940163 3.729344 % Variance of Inter-Subject Random Effects ------

	omega*	Stderror	RSE	
ka	1.00	0.37079715	37.07971 %	
k.	0.25	0.05288198	21.15279 %	
v	0.10	0.02260288	22.60288 %	
				-

		Standard	deviation	of	residual	error	
Sigma	StdErr	or I	RSE				

sig.interA 0.50 0.18804055 37.60811 sig.slopeA 0.15 0.09283442 61.88961 %

	FixedEffects	VarianceComponents
min	2020.201440	3.027094
max	8100.430663	627.104778
max/min	4.009714	207.163955

OUTPUT: WITH PREVIOUS INFORMATION

Previous FIM from file FIM Prev Info.txt; Observed FIM from a fit or Predicted FIM ; here 200 patients with design c(0.33, 1.5, 5, 12)

Design: times subjects doses

1 c(1, 3, 8) 200 100

Computation of the **Population Fisher information matrix** ----- Fixed Effects Parameters ------

StdError Beta RSE 2 00 0 141381876 7 069094 % ka 0.25 0.009077767 3.631107 % v 15.00 0.377988684 2.519925 % - Variance of Inter-Subject Random Effects ------

- Standard deviation of residual error -----



