

# Roundtable #2 Biomarkers in Drug Development for Rare Diseases

April 29, 2013



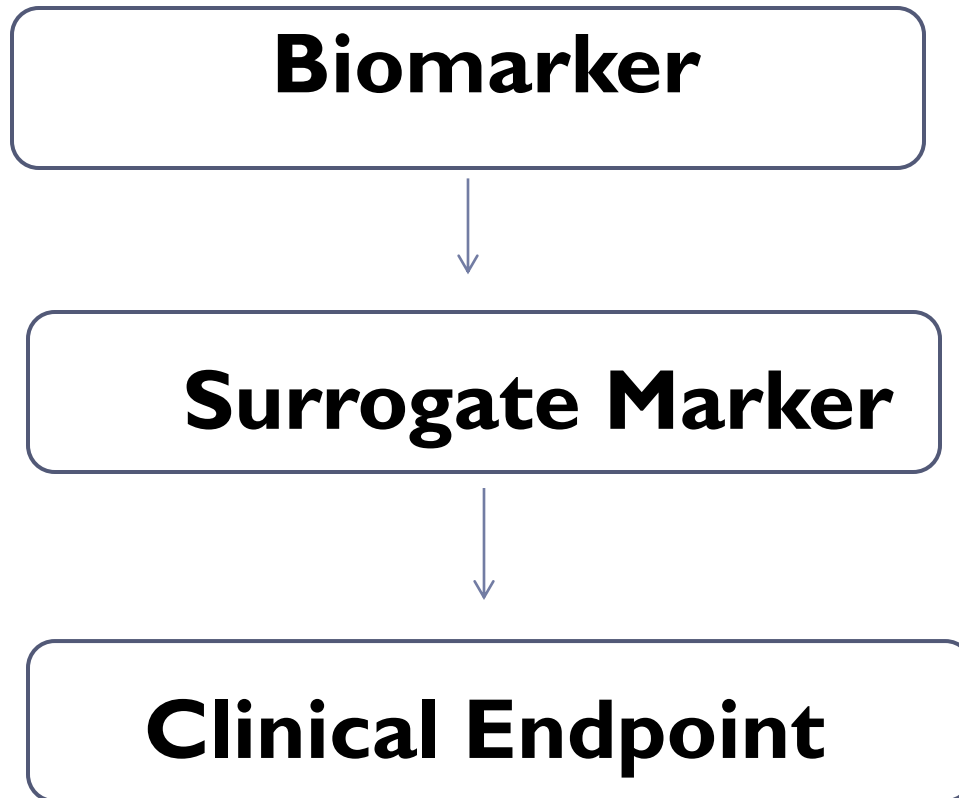
---

# Guidance for Industry

## Qualification Process for Drug Development Tools

# Biomarker Progression Model

---



# Definition of Biomarker

---

- ▶ Characteristic that is objectively measured and evaluated as an indicator of a:
  - ▶ Normal biologic process
  - ▶ Pathogenic process
  - ▶ Biological response to a therapeutic intervention
- ▶ Can define a physiologic, pathologic, or anatomic measurement that is thought to relate to biological function
- ▶ Changes in a biomarker following treatment predict/relate to pharmacologic activity which predict clinical outcome



# Categories of Biomarkers

---

- ▶ Prognostic: baseline categorization by degree of risk for disease occurrence/progression
- ▶ Predictive: baseline characteristic that categorizes patient by likelihood for response
- ▶ Pharmacodynamic (activity): dynamic assessment that shows a biologic response has occurred after the intervention
  - ▶ BP, cholesterol, HbA1C, intraocular pressure, X-ray, CRP



# Categories of Biomarkers

---

- ▶ **Surrogate endpoint: biomarker intended to substitute for a clinical efficacy endpoint**
- ▶ **Clinical endpoint: variable that reflects how a patient feels, functions, survives**



# Biomarker to Predict

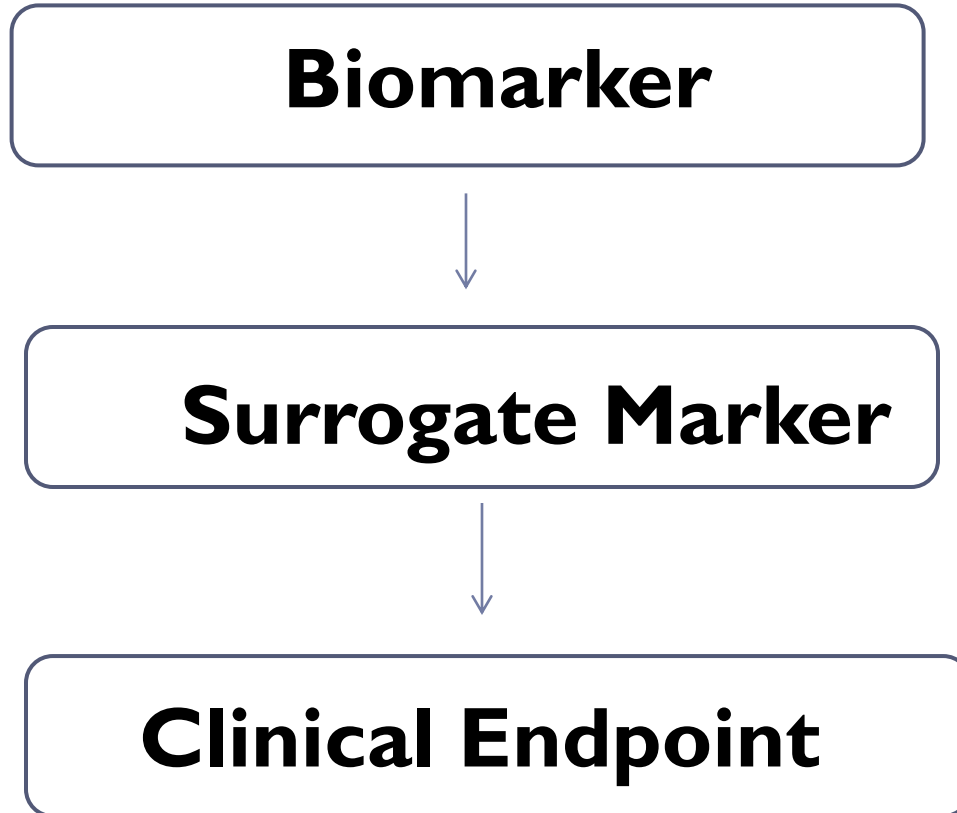
---

- ▶ **Efficacy**
  - ▶ Means to measure beneficial disease outcomes
  - ▶ Reduction in morbidity
    - ▶ Patient Reported Outcomes
    - ▶ Clinical trial outcome measurement tools
      - Clinician
      - Caregiver
  - ▶ Reduction in mortality
- ▶ **Safety**



# Biomarker Progression Model

---





# Cystic Fibrosis Biomarkers

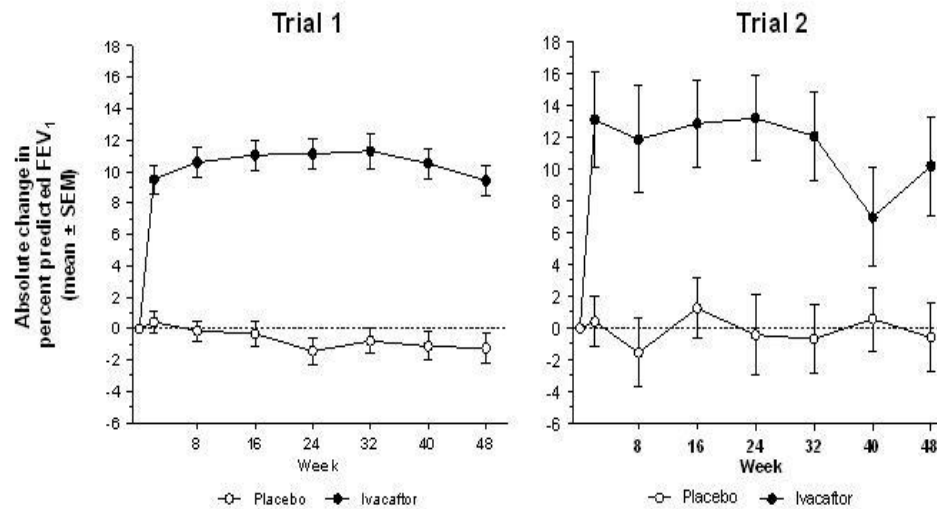
---

- ▶ Lung MRI
- ▶ Lung Clearance Index
  
- ▶ Ivacaftor (Kalydeco), Vertex



# Kalydeco Label: FEV<sub>1</sub>

---



# Kalydeco Label: Efficacy

---

- ▶ Patients treated with KALYDECO demonstrated statistically significant improvements in risk of pulmonary exacerbations, CF symptoms (in Trial I only), and gain in body weight. Weight data, when expressed as body mass index normalized for age and sex in patients <20 years of age, was consistent with absolute change from baseline in weight.



# Duchenne Muscular Dystrophy

---

- ▶ Molecular defect in Duchenne muscular dystrophy: genetic mutations causing *lack* of functional dystrophin muscle protein
- ▶ Mechanism of action of intervention: exon skipping to produce *partially* functional dystrophin
- ▶ Biomarker of effect: 6 minute walk test
- ▶ Surrogate biomarker: dystrophin concentration on muscle bx
- ▶ Clinical effect: decreased morbidity/ clinical improvement measured by ??



# Urea Cycle Defects

---

- ▶ N-acetylglutamate synthase (NAGS) gene defect
- ▶ Biomarker/surrogate biomarker:  $\text{NH}_3$



# Hydroxyurea

---

- ▶ Used to treat sickle cell disease
- ▶ MOA: increase HbF, which is more resistant to sickling with low oxygen tension
- ▶ NHLBI has sponsored multiple pediatric clinical trials with HU to treat children with SS Disease



# Baby HUG Trial

---

- ▶ Children 9-18 months of age
- ▶ Sickle cell ds: Hb SS or S $\beta^0$  thalassemia
- ▶ Intervention: HU 20 mg/kg/d x 2 years
- ▶ Primary outcomes
  - ▶ Renal function: DTPA GFR (serum cr, cystatin C)
  - ▶ Splenic function: sulfur colloid liver-spleen scan (ratio of nuclear decay counts in spleen and liver, proportion of RBC with pits and RBCs with Howell-Jolly bodies)
- ▶ Secondary outcomes:
  - ▶ Pain
  - ▶ Dactylitis
  - ▶ Acute chest syndrome
  - ▶ Hospitalization
  - ▶ Transfusion



# Summary Comments

---

- ▶ Need trail of evidence relating biomarker to clinical outcome
- ▶ Biomarker related to mechanism of action of drug/device/intervention for efficacy, safety

