Effect of selection bias due to lack of resistance in the study population on virco®TYPE clinical cutoff estimates for new drugs

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Background:

• New drug:

- limited clinical data available
- few patients resistant to the new drug
- Issue:
 - clinical cutoffs estimates need to be applicable to populations resistant to the new drug.
- Objective:
 - to evaluate clinical cutoff estimates in populations with different ratios of resistant/sensitive patients

Methods:

• A sigmoid Emax model was fitted to the clinical data of the RESIST studies (1 and 2), evaluating the change in VL at week 8 as a function of baseline fold change in IC50 (FC) for tipranavir (TPV).

• This model was used to generate three populations:

1. a population with mostly low FC values for TPV (pop. 1),

2. a population with mostly high FC values (pop. 2)

3. a population with FC equally distributed over the dynamic range of the virco®TYPE HIV-1 assay (pop. 3).

• For each of these populations, TPV clinical cut-offs were calculated (20 and 80% loss of wild type response for CCO1 and CCO2 respectively). Cutoffs were compared to assess their dependence on the selected population.



Fitting the Emax Model

$$\Delta VL_i = \alpha * T20 + \frac{\theta_1 * \exp(\varepsilon_{1i}) * (FC)^{\omega}}{\theta_2 + (FC)^{\omega}} + \varepsilon_2$$

, with $\varepsilon_{1i} \sim N(0,\sigma_1^2)$ and $\varepsilon_{2i} \sim N(0,\sigma_2^2)$



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Generating new populations from the Emax model



The following steps were repeated 1000 times:

- Generate a new set of parameters based on the multivariate normal distribution.
- For each set of parameters, generate 10000 viral load drops over the entire dynamic range of the assay.
- Create 3 populations as described in the methods section.



Example

Population 1



Population 3



Population 2







Determining the clinical cutoffs



2. Rescale the predicted VL drops to a % loss of wild type response.

3. Clinical cutoffs are the fold changes corresponding to 20 and 80% loss.





	Population 1		Population 2		Population 3	
	Low	High	Low	High	Low	High
Ν	1000		1000		1000	
Mean	1.4	5.4	1.6	5.8	1.4	5.7
SD	0.6	2.3	0.7	2.6	0.6	2.2
Median	1.2	5.4	1.2	5.8	1.2	5.4
(Q1;Q3)	(1.0;1.5)	(3.4;7.2)	(1.0;2.3)	(3.4;8.5)	(1.0;1.6)	(4.0;7.6)



Conclusions

• The mean/median of the clinical cutoffs estimates were not dramatically affected by the baseline FC distribution of the study population.

• The variability of the clinical cutoff estimates was slightly higher in the population with mostly high fold changes.

• The outcome of this analysis will be reevaluated when more clinical outcome will be available.

• The model used to generate the 3 populations will be refined further, in particular with respect of T20 use.

