

Using Tumor Evolutionary Theory to Inform Optimal Doses

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Disclaimer

Consultant for pharmaceutical companies, including Johnson and Johnson, I-Mab, 23andMe, Lundbeck.

Efficacy/Toxicity Balance





Dose (Exposure)

For a patient, do you think "the more E, the higher R"?



Dose (Exposure)

E-R: "flat", "saturated", "unclear", or "inverse"?





6 mg

gm č

E-R relationshi

Response

Pred. 90% Ci lower

300

Pred. 90% Cl uppe

Logistic regression

p value=0.0635

Cmax.ss (nM)

Obs. mean

400

Prod. mean

500

13.5 mg

Pred Prob (95% CI) Obs Proportion (by Exposure Quantile) Pred Proportion (90% PI) -

FDA approved materials

Source: Reviewer's Analysis based on "erdata.xpt"

A patient's disease history: a clone war in the process



A proposal:







Qi, et al., (2022) Pharm Res



$E-R = \Psi$ (clonal interactions)

Question: any evidence of clonal interactions?

Metastatic Colorectal Cancer (4,308 patients/40,612 lesions)

Non-Responding

Fraction (F)

$$\begin{bmatrix} 10^6 \\ 10^5 \end{bmatrix} R_{egree} = e^{5i0} \begin{bmatrix} 10^6 \\ 10^5 \end{bmatrix}$$

V = V0, $[(1 = E), a = Kd \cdot t + E, a Kg \cdot t]$







Zhao, et al., (2023) Nat Commun

Tumor volume

104-

103-

102

Metastatic Prostate Cancer (adaptive therapy)



Nat Commun. 2017;08(1):1816.

How can we do better in our trials?





Patient Stratification:

- Subclonal composition
- Interaction types



Longitudinal Evaluation:

- Early metrics (ORR/PFS) often not sufficient
- Evolution index (e.g., ctDNA) needed

Qi, et al., (2022) Pharm Res



Summary:

- Tumor evolution invariably leads to therapeutic failure.
- Tumor heterogeneity and clone interactions largely shape E R relationships and influence the dose selection.
- Tumor evolutionary theory could be applied to help our dose selection process.

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