



Thoughts on Late-Onset Toxicities in dose-finding studies

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Dose-escalation trials

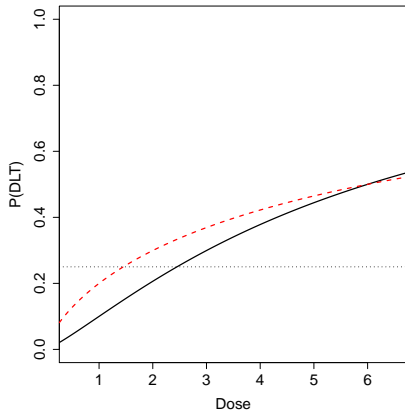
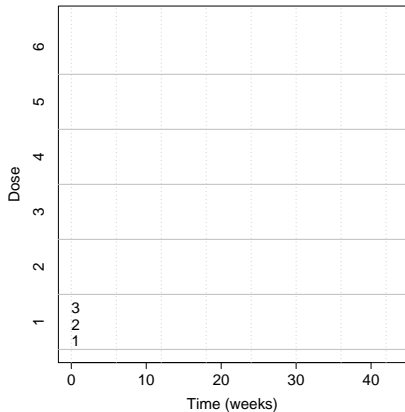
- Often first experimentation of a new drug in humans
- Emphasis is on finding safe doses
- Trials are small, typically 20-50 patients
- Patients are added sequentially after side-effects from previous patients have been assessed

Assessing side-effects of a dose

- Occurrence of a dose-limiting toxicity (DLT)
- Determine the acceptable toxicity risk
- DLT usually assessed during first cycle of treatment

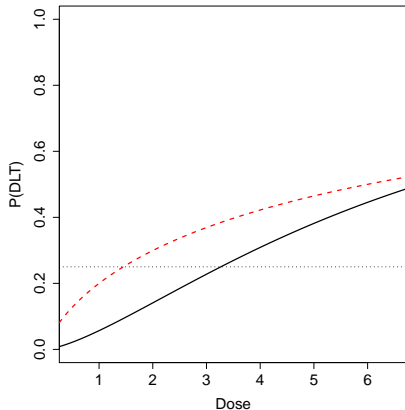
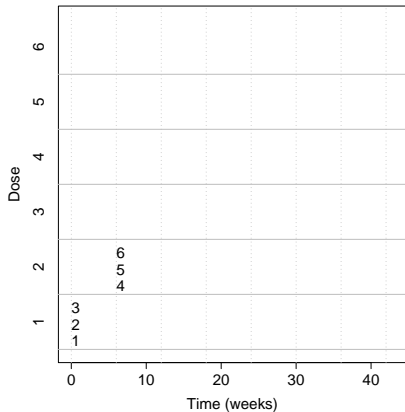
Example escalation

Cohort 1



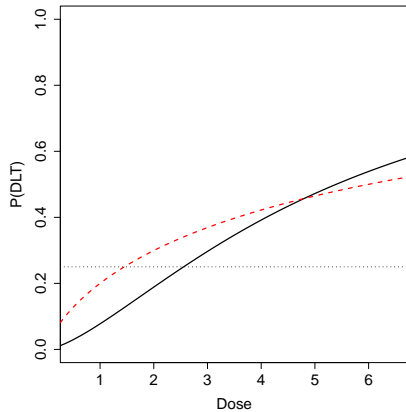
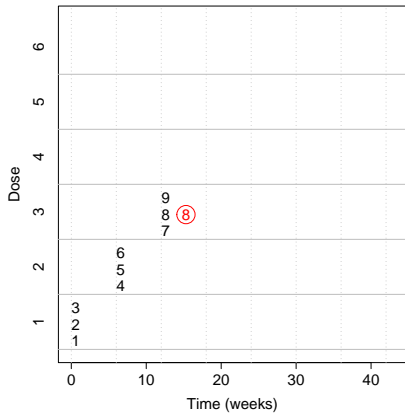
Example escalation

Cohort 2



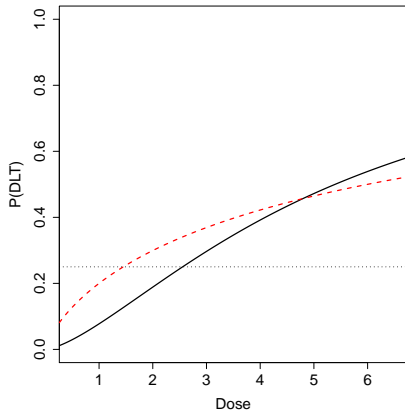
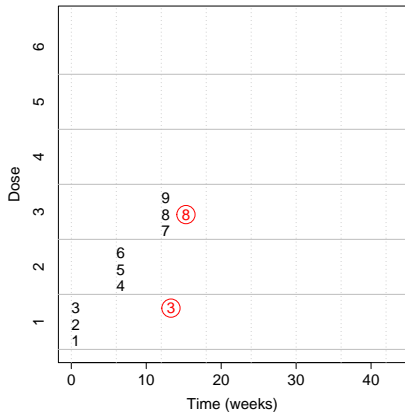
Example escalation

Cohort 3



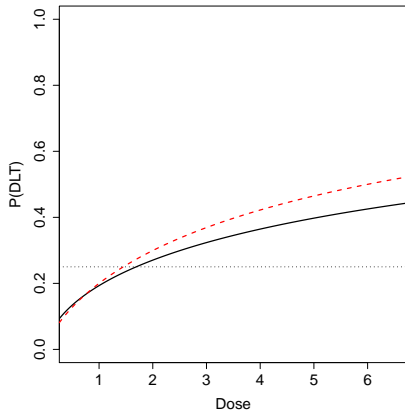
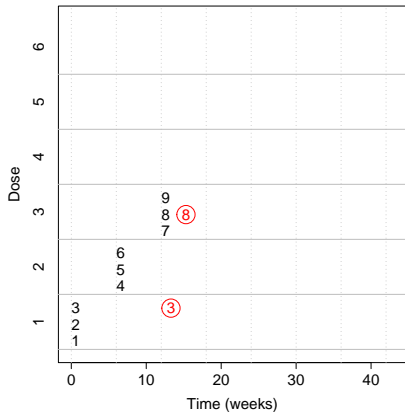
Example escalation

Delayed DLT



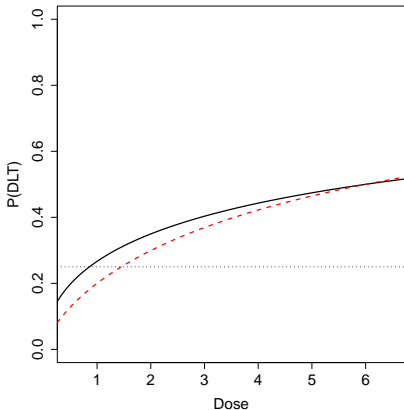
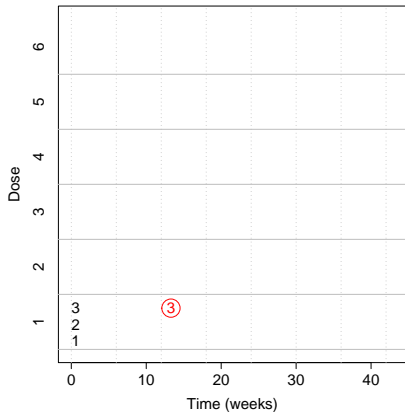
Example escalation

Delayed DLT modelled



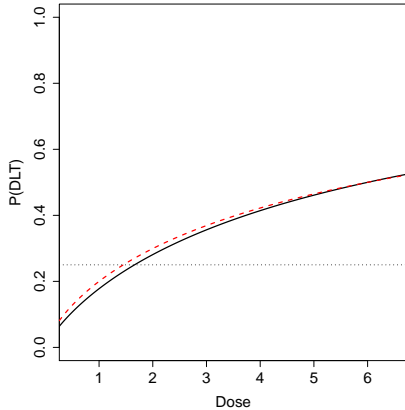
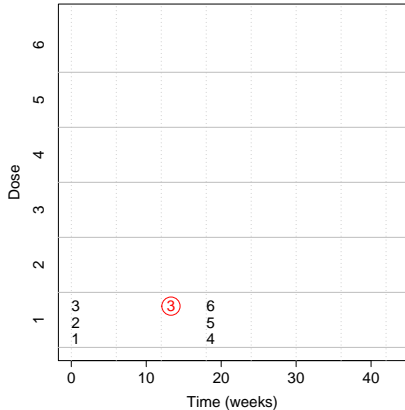
Example escalation

Longer DLT interval



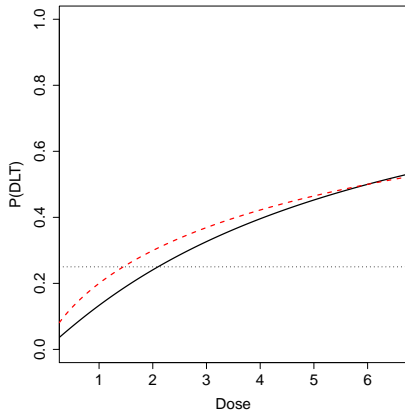
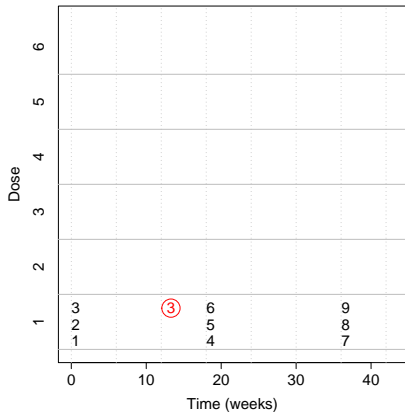
Example escalation

Longer DLT interval



Example escalation

Longer DLT interval



- Avoid cohorts of patients

¹ Cheung YK, Chappell R. Sequential designs for phase I clinical trials with late-onset toxicities. *Biometrics*. 2000 Dec;56(4):1177-82.

² Yin J, Qin R, Ezzalfani M, Sargent DJ, Mandrekar SJ. A Bayesian dose-finding design incorporating toxicity data from multiple treatment cycles. *Statistics in Medicine*. 2017 Jan 15;36(1):67-80.

³ Doussau A, Thiébaud R, Paoletti X. Dose-finding design using mixed-effect proportional odds model for longitudinal graded toxicity data in phase I oncology clinical trials. *Statistics in Medicine*. 2013 Dec 30;32(30):5430-47.

Alternatives

- Avoid cohorts of patients
- Time-to-event models (Cheung and Chappell, 2000¹)

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Alternatives

- Avoid cohorts of patients
- Time-to-event models (Cheung and Chappell, 2000¹)
- Use of predictors of DLT
 - ▶ lower grade toxicity (e.g. Yin et al, 1997²; Doussau et al, 2013³)
 - ▶ Biomarkers

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Conclusion

“An integrated approach, which synthesizes nonclinical data, with clinical data (including PK/PD data, dose-response and dose-toxicity relationship), and safety data from multiple cycles that potentially incorporate long-term and delayed toxicities is needed.”⁴

⁴ Nie L, Rubin EH, Mehrotra N, Pinheiro J, Fernandes LL, Roy A, Bailey S, de Alwis DP. Rendering the 3+ 3 design to rest: more efficient approaches to oncology dose-finding trials in the era of targeted therapy. *Clinical Cancer Research*. 2016 Jun 1;22(11):2623-9.

Thanks for listening!



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