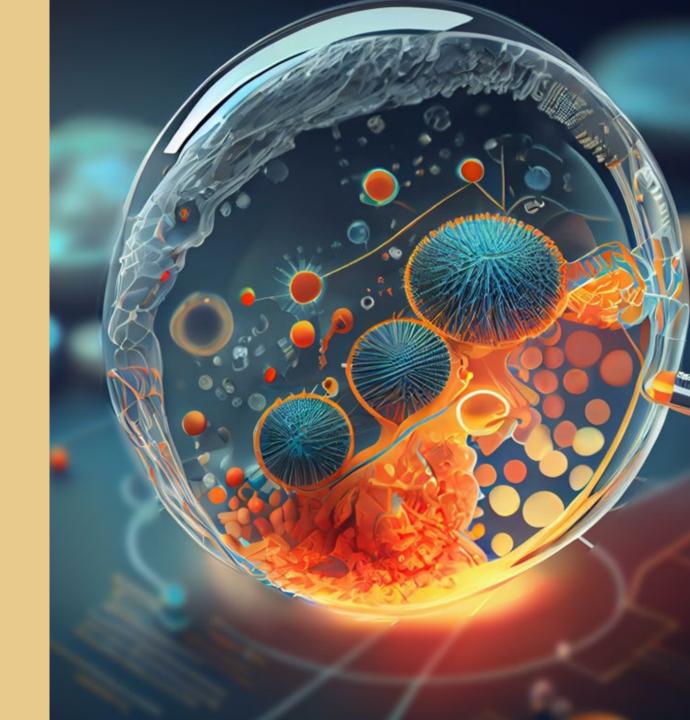


Trial design of precision medicine studies

N-of-1 and others



Contents

01 n-of-1 design and variants

02 other PM study designs and adaptations

03 discussion on assay guided treatment trials

e.g. NCI-MATCH, EVIDENT, EXALT2



Precision medicine

The right drug

for the right patient

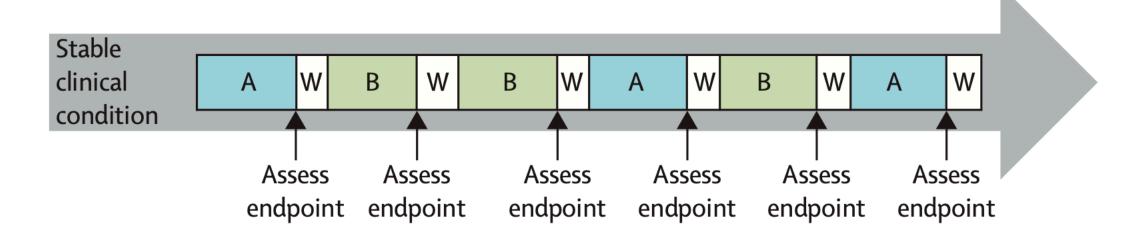
at the right time

How to put this into a clinical study?



N of one study design

Record treatment and outcomes in one patient



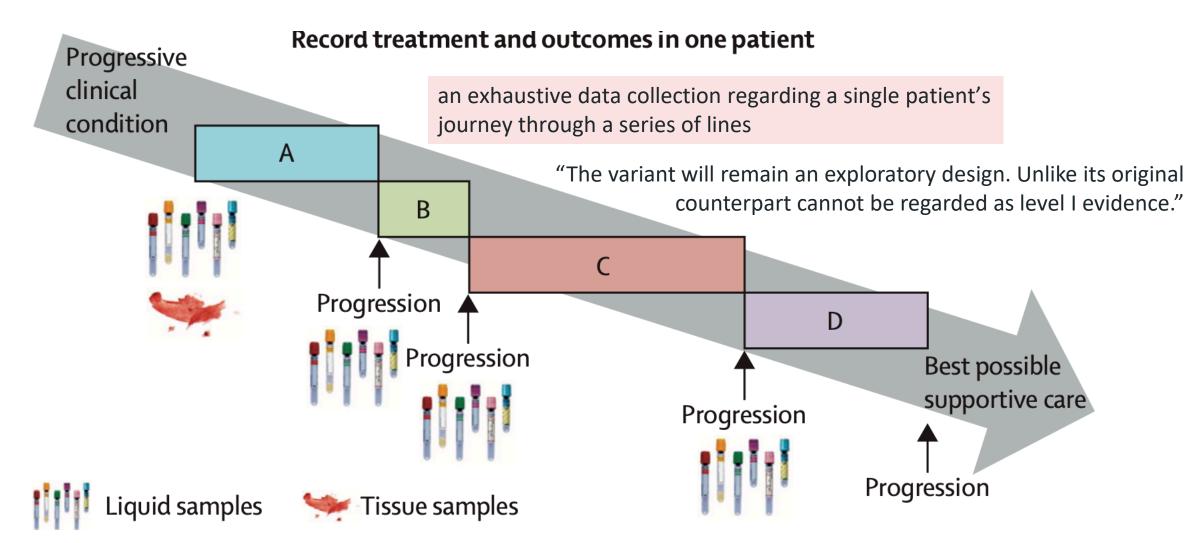
- repeated cycles of treatments challenge (eg, A-B-A-B) in a single participant
- A is the test drug and B is the comparison drug
- ie, a single patient, multi-cycle crossover trial

In oncology, clinicians are not willing to re-challenge a patient with a drug that did not work

Collette L, Tombal B. Lancet Oncol. 2015



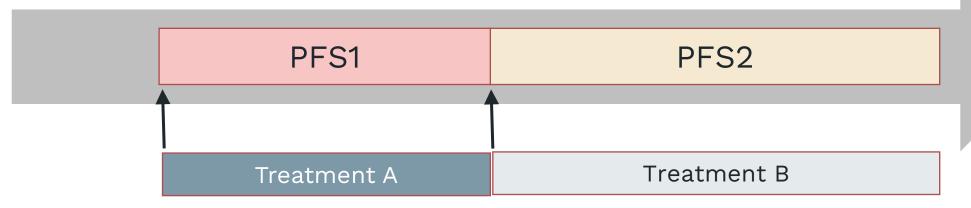
N of one study design in oncology





N of one study design in oncology variant: progression-free survival ratio

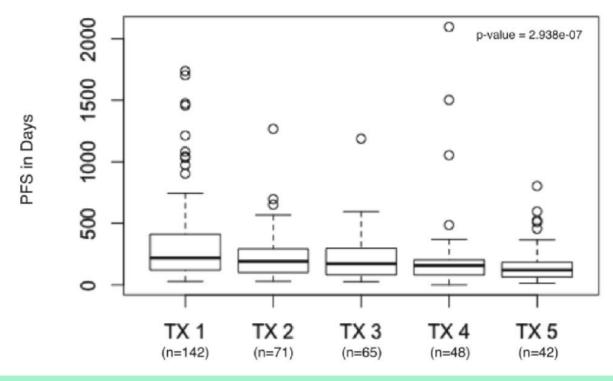
Patients as their own (historical) control



- Compares the PFS by a new treatment (PFS2) to the antecedent treatment (PFS1)
- Clinical benefit is defined as a PFS2/PFS1 >1.3,
- H₀ hypothesis of 15%
- This paired analysis within individual patients should compensate for heterogeneity
- 1.3 threshold and 15% assumption have only been weakly substantiated
- Selection bias on participants with short PFS1
- H₀ assumption needs disease stage specific determination or a randomized comparison



Progression-free Survival decreases with each subsequent therapy in p1 trials



H₀ assumption needs disease stage specific determination or a randomized comparison



Precision medicine

The right drug

for the right patient

at the right time

How to put this into a clinical study?



Cancer type C

Cancer type D

Cancer type B

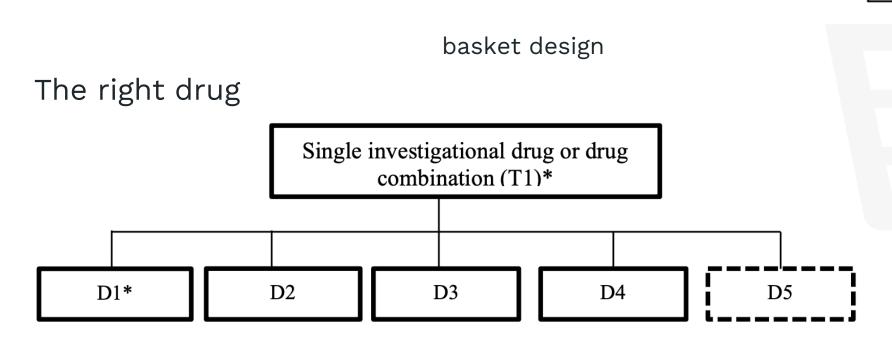
Biomarker

profiling

Matched therapy 1

Cancer type A

Precision medicine



^{*} T = investigational drug; D = protocol-defined subpopulation in multiple disease subtypes; D5 = dashed lines indicate potential amendments to include additional subpopulations.



Precision medicine

The right drug

for the right patient

at the right time

How to put this into a clinical study?

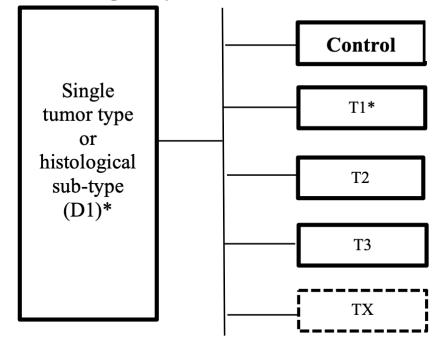


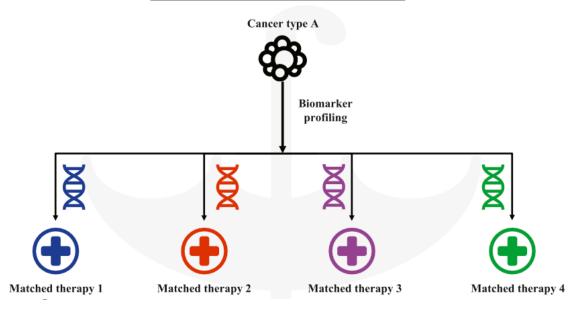
Precision medicine

umbrella design

The right drug

for the right patient





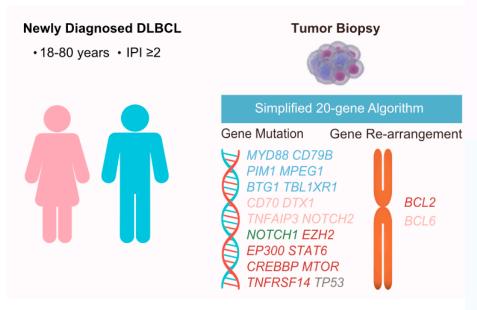
* T = investigational drug or investigational drug combination; D = protocol defined subpopulation in single disease subtypes; TX = dashed lines indicate potential amendments to include future treatment arms.

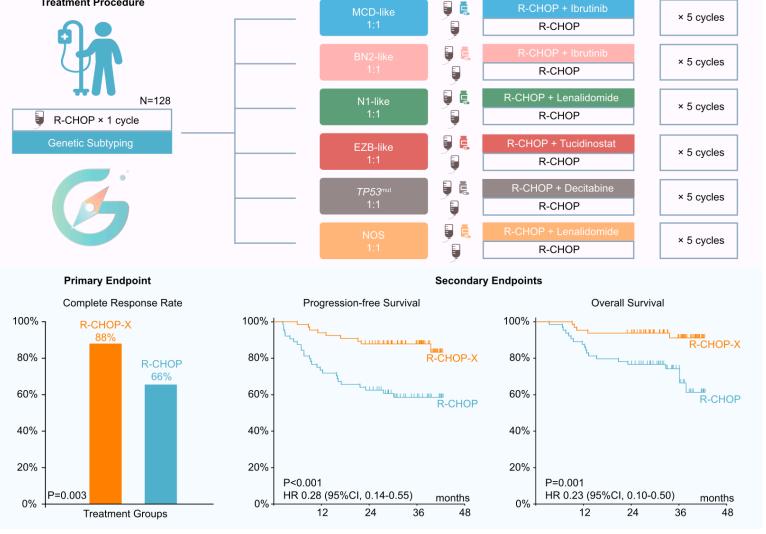


Example of umbrella design

Treatment Procedure

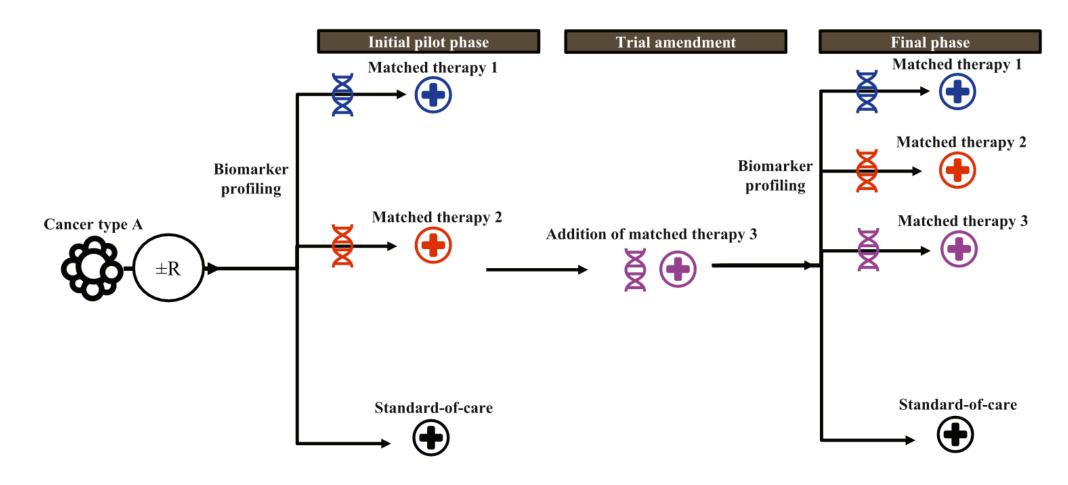
GUIDANCE-01 trial





Adaptive umbrella design

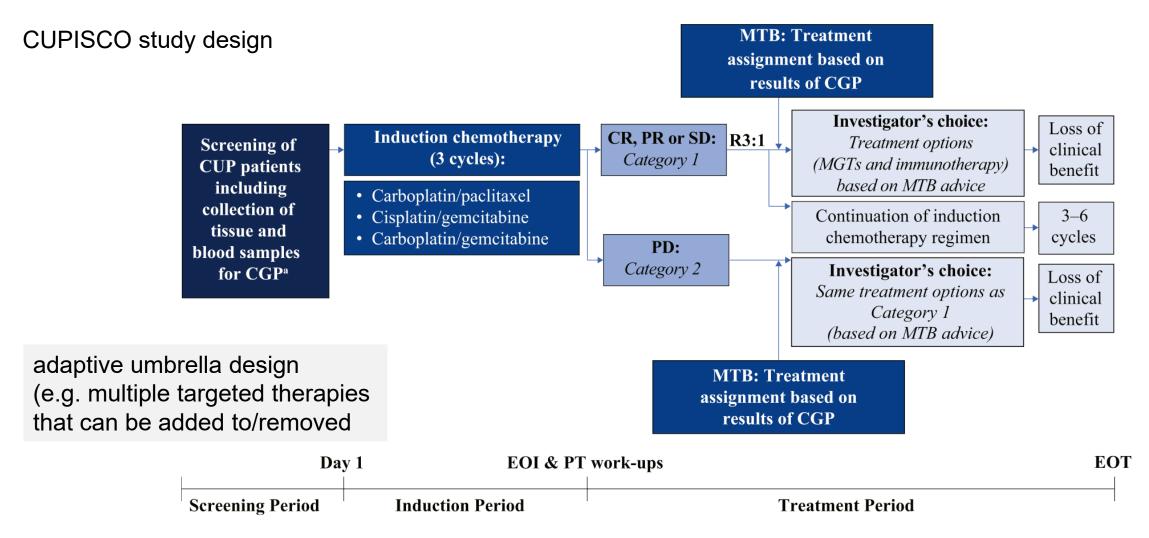
platform trial methodology





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Example of adaptive umbrella design





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- 1. Clinical effect: Overall response rate (ORR), PFS, PFS2/PFS1, ...
- 2. One or more defined assays (in vitro diagnostics, IVD)
- 3. Not clearly defined non-recurrent (individual) treatments

Treatments: - not the investigational part of the study

- well known (e.g. approved), dosing, AE profile

Treatment allocation:

Uncertain relationship of assay to implemented treatment

Solved via Molecular Tumor Board and post hoc analysis



- 1. Clinical effect: Overall response rate (ORR), PFS, PFS2/PFS1, ...
- 2. One or more defined assays (in vitro diagnostics, IVD)
- 3. Not clearly defined non-recurrent (individual) treatments
- Associated regulatory challenges:
 - clinical trial regulation (CTR): structure and rules of clinical trial
 - In vitro diagnostics regulation (IVDR): performance study



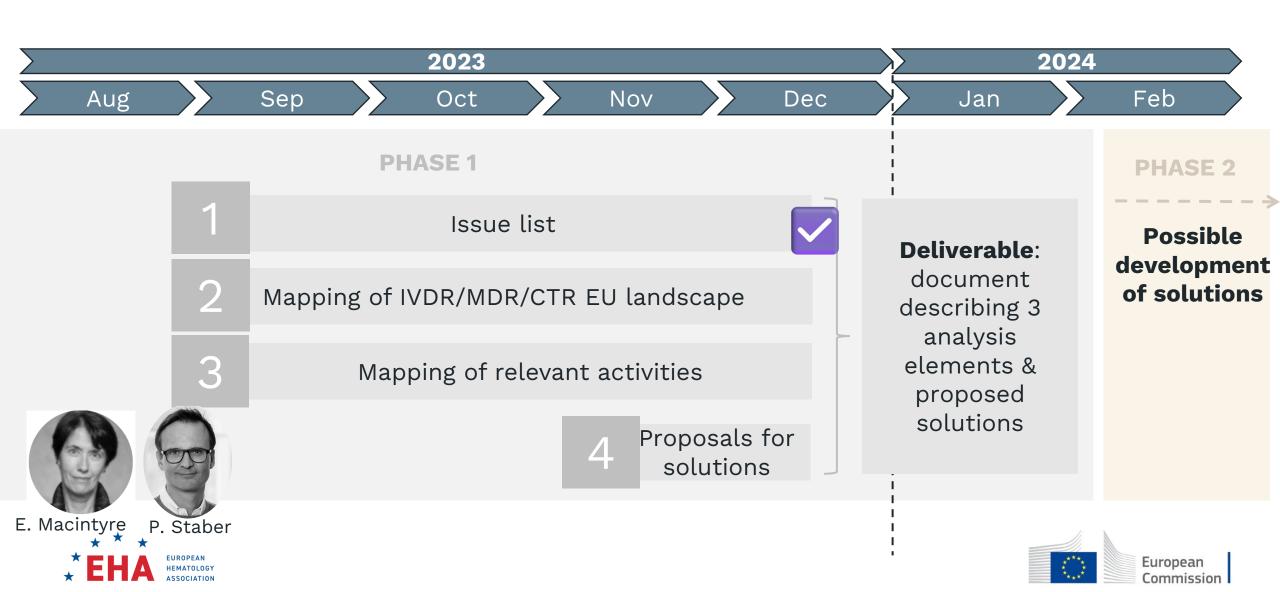
- 1. Clinical effect: Overall response rate (ORR), PFS, PFS2/PFS1, ...
- 2. One or more defined assays (in vitro diagnostics, IVD)
- 3. Not clearly defined non-recurrent (individual) treatments

<u>Combined study</u> (informal definition): clinical trial of a medicinal product together with a performance study of an IVD or a clinical investigation of a medical device.

The topic was identified as a priority during the ACT EU multistakeholder platform workshop held on 22-23 June 2023.



'COMBINE' project- on the regulatory landscape for combined studies on the IVDR/MDR/CTR interface



- 1. Clinical effect: Overall response rate (ORR), PFS, PFS2/PFS1, ...
- 2. One or more defined assays (in vitro diagnostics, IVD)
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Treatments: - not the investigational part of the study

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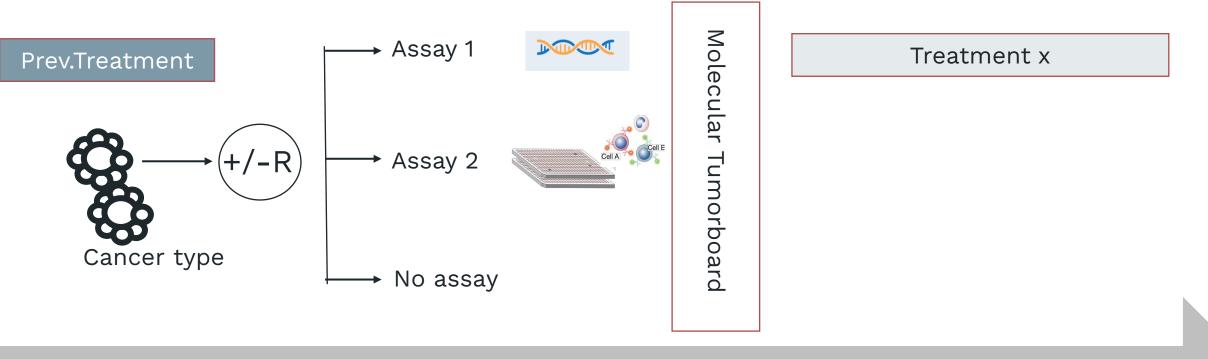
Treatment allocation:

Uncertain relationship of assay to implemented treatment

Solved via Molecular Tumor Board and post hoc analysis



Suggested design for assay guided studies: Adaptive umbrella with N-of-1 variant (PFS-ratio)



PFS1

Patients as their own (historical) control

PFS2



List of additional challenges

EHASWG
SCIENTIFIC WORKING GROUPS
Precision Hematology

Availability of n-of-1 drugs (approved, who should pay?)

- Assay certification?
- ... tbd
- regulatory approvals (FDA,EMA):
 extension of drug indications based on assays
- Or alternative design models?



