

Phase 1 Clinical Studies
First-In-Human (FIH)

<Chapter 31>

*Pharmacologically-Guided
Dose Escalation*

Jerry M. Collins, Ph.D.

Developmental Therapeutics Program

Division of Cancer Treatment and Diagnosis, NCI

April 3, 2008

Pre-Clinical Screening



Pre-Clinical Toxicology



Clinical Phase 1



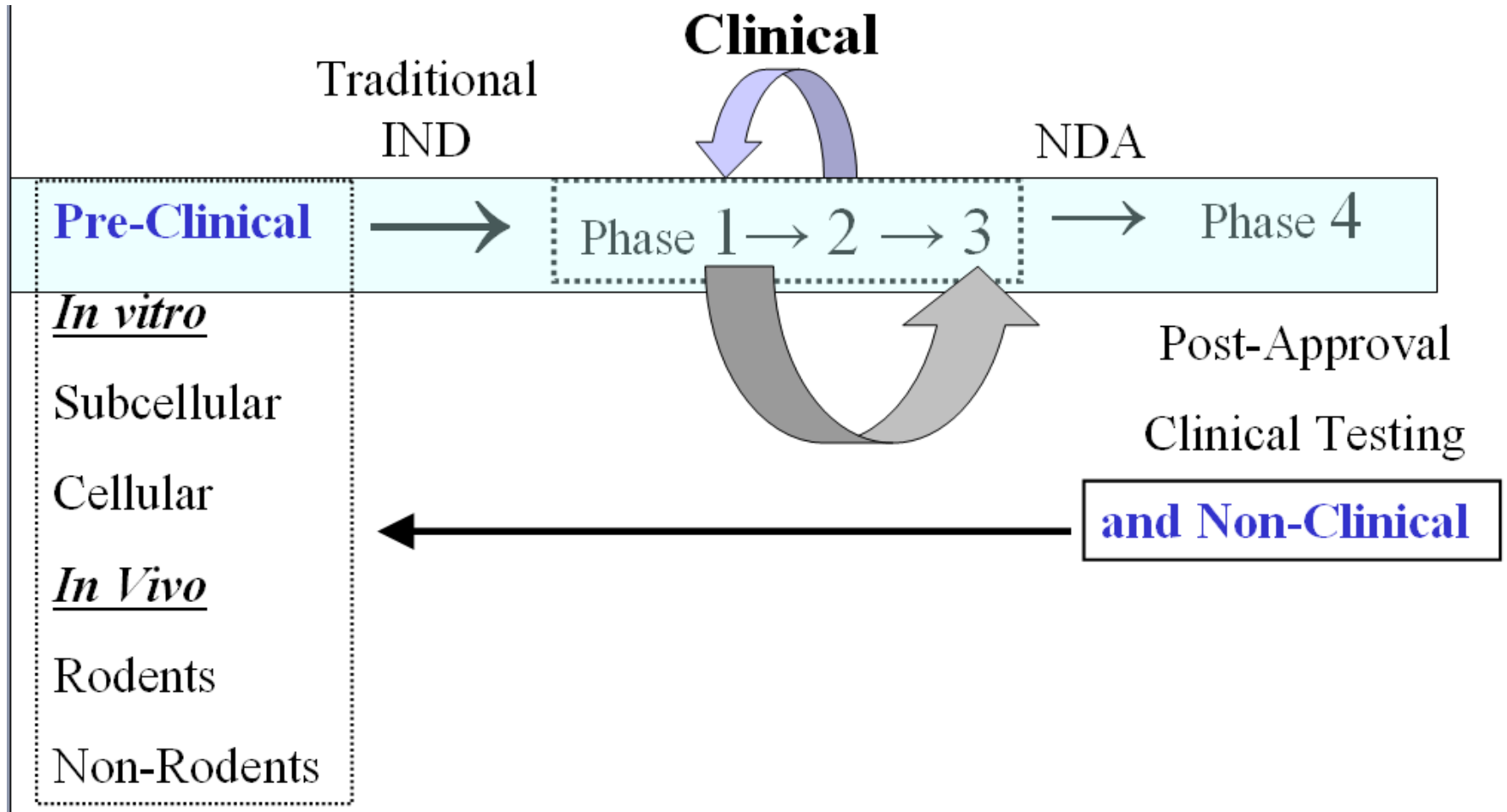
Phase 2



Phase 3



Phase 4



Guidance for Industry, Investigators, Reviewers

Exploratory IND Studies

January 2006

Categories of Studies:

- [1] Proof-of-Concept
(Industry; Academia)**
- [2] Selection of Lead Candidate
from a Set of Options (Industry)**
- [3] Imaging (parity with EMEA policy)**

“Historical” Phases of Human Evaluation

Phase 0: Mechanism of Action

Phase 1: Safety, early signs of activity

Phase 2: Is activity promising?

Phase 3: Improve current therapy?

What is: Proof-of-Concept?

What is: Phase Zero?

Can You Articulate the Key Question?

How Do You Answer This Question?



- ▶ [Overview](#)
- ▶ [NIH Roadmap Initiatives](#)
- ▶ [Grants and Funding Opportunities](#)
- ▶ [Frequently Asked Questions](#)
- ▶ [Press Release](#)
- ▶ [Press Briefing Video](#)
- ▶ [Science Magazine Article](#)
- ▶ [Subscribe to the NIH Roadmap E-mail list](#)

New Pathways to Discovery

- ▶ [Building Blocks, Biological Pathways, and Networks](#)
- ▶ [Molecular Libraries and Imaging](#)
- ▶ [Structural Biology](#)
- ▶ [Bioinformatics and Computational Biology](#)
- ▶ [Nanomedicine](#)


Research Teams of the Future

- ▶ [High-Risk Research](#)
- ▶ [Interdisciplinary Research](#)
- ▶ [Public-Private Partnerships](#)

Re-engineering the Clinical Research Enterprise

- ▶ [Re-engineering the Clinical Research Enterprise](#)

What's New

- ▶ [Meeting: Nanomedicine Project Launch and Planning – May 4](#)
- ▶ [Meeting: NIH Roadmap Briefing](#)
- ▶ [NIH Director's Pioneer Award](#)
- ▶ [Addendum to RFA-RM-04-005, "National Technology Centers for Networks and Pathways" Page Limits and Budget Pages](#)
- ▶ [RFTOP-RM-169, Inventory and Evaluation of Clinical Research Networks](#) 
- ▶ [Meeting: Chemistry and Biology: Partners in Decoding the Genome](#)

Re-Engineering Phase I (FIH) Trials

- 1. Pipeline/Funnel Pressure:
combinatorial/HTS, new Sponsors**
- 2. To Phase I Faster, Less Preclinical Work**
- 3. Fewer patients, homeopathic doses**
- 4. More patients “near-Phase 2” doses**
- 5. “Value-Added” factors**
 - PK only: variability, metabolism/pharmacogenetics**
 - PD: Decisions to Drop/Continue**

The PINK SHEET October 28, 2002

Daniel Vasella, MD CEO, Novartis

Industry-Wide Trends in Clinical Trials

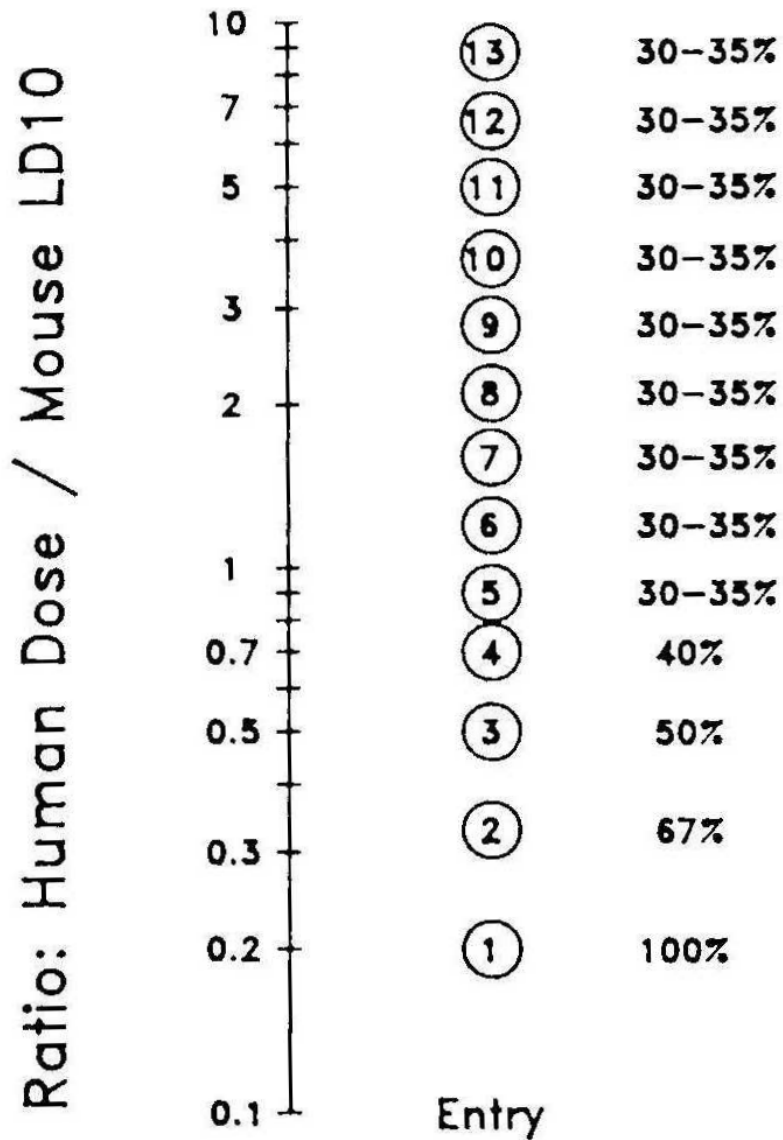
	Change 1995→2001	# Ongoing in 2001
Phase 1	+70%	714
Phase 2	+55%	1,136
Phase 3	(none)	488

Design of Phase 1 (FIH) Trial

- * **Starting Dose**
- * **Escalation Scheme**

**For Both Elements, Conflict Between
Caution/Safety vs. Efficiency/Efficacy**

Modified Fibonacci Escalation



BIBLIOGRAPHY / COLLINS / PHASE 1

J.M.Collins, D.S.Zaharko, R.L.Dedrick, B.A.Chabner. Potential roles for preclinical pharmacology in Phase I trials.

Cancer Treat. Rep. 70:73-80, 1986.

**** Message: we do a lot of preclinical pharm studies;**

- - what do we learn?

- - how is it used?

**** Initial proposal for customized dose escalation.**

J.M. Collins, C.K. Grieshaber, B.A. Chabner.

Pharmacologically-guided Phase I trials based upon preclinical development.

J. Natl. Cancer Inst. 82:1321-1326, 1990.

**** Note that title does not say “PK”**

Intended as an overall platform

Summarizes mostly retrospectively

PK-PD Hypothesis:

**When Comparing
Animal and Human Doses,
Expect Equal Toxicity for
Equal Drug Exposure**

**Concentration of Drug as
a Biomarker or Endpoint**

Bridges Between Preclinical and Clinical Development

**Preclinical
Pharm/Tox**

**Clinical
Phase 1 Trials**

Mouse MTD



Blood Levels



Starting Dose



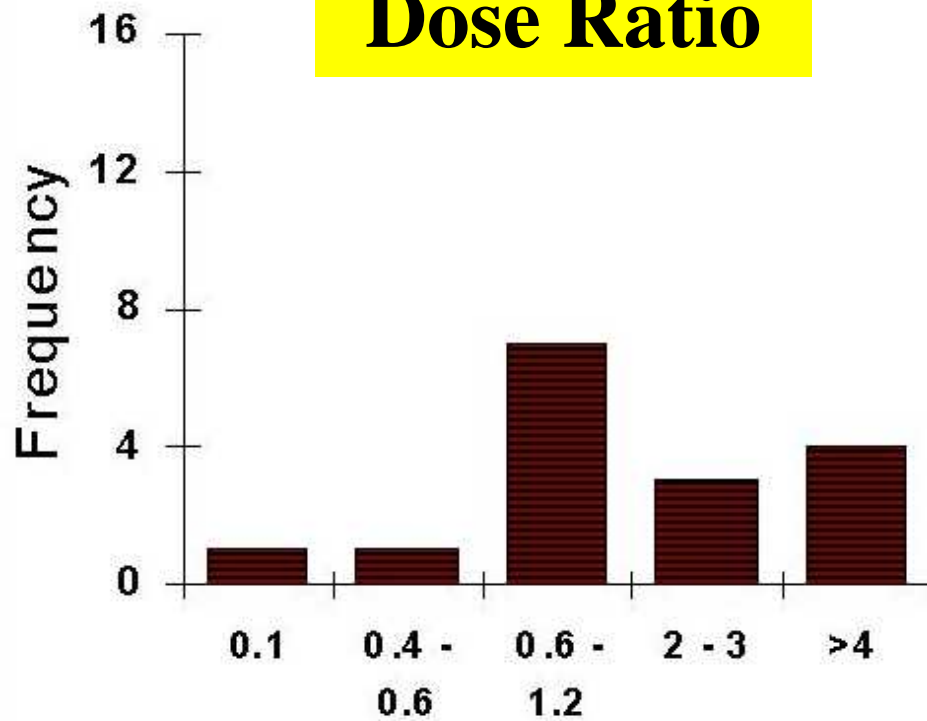
Blood Levels



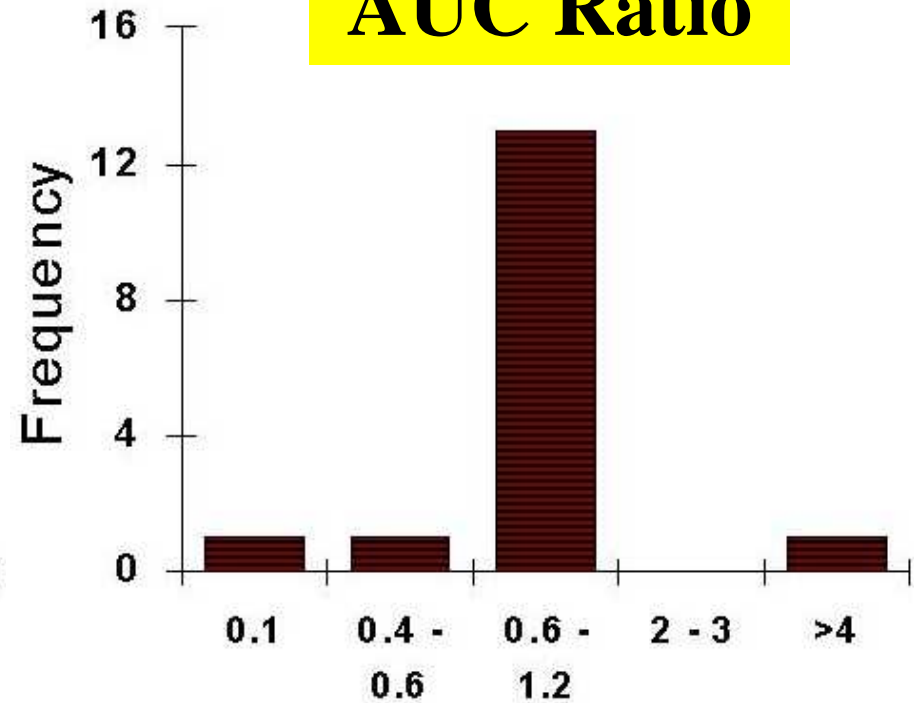
Escalation Strategy

Acute Toxicity of Anticancer Drugs Human versus Mouse

Dose Ratio



AUC Ratio



Conclusion:

Hypothesis has merit.

Follow-Up:

**What is underlying reason for
interspecies differences?**

Additional Effects on Drug Metabolism

Species differences

- Major differences in drug metabolism in different species have been recognized for many years both in gut microflora and CYP proteins
- Example: phenylbutazone half-life is:
 - 3 h in rabbit
 - 6 h in rat, guinea pig, dog
 - 3 days in humans

**Metabolism as the
Principal Confounding Factor
for First-in-Human Trials**

Gianni et al, JNCI (1990)

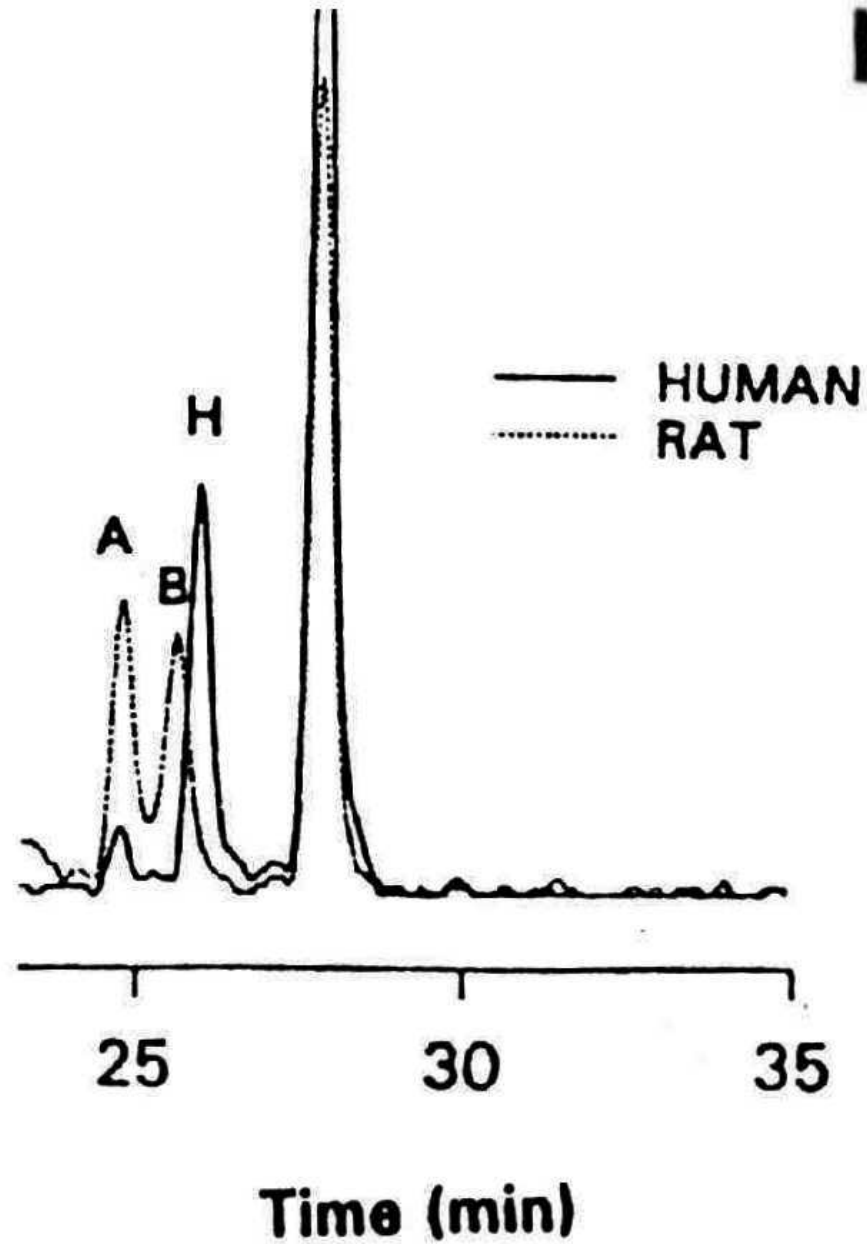
**AUC values in plasma for Iododeoxydoxorubicin
(I-Dox) in Mouse & Humans at Equi-Toxic Doses**

	Mouse	Human
I-Dox	5.0	0.3
I-Dox-ol (metabolite)	1.2	4.0

Rule #1

**Always Include Some
Data from the Lab**

paclitaxel



*In Addition to Explaining
Interspecies Differences,
Other Applications for
Metabolism Studies in Phase 1:*

Learn/Confirm Major Pathways

Learn/Confirm Active/Toxic Molecules

"CAI"

In Vitro – In Vivo

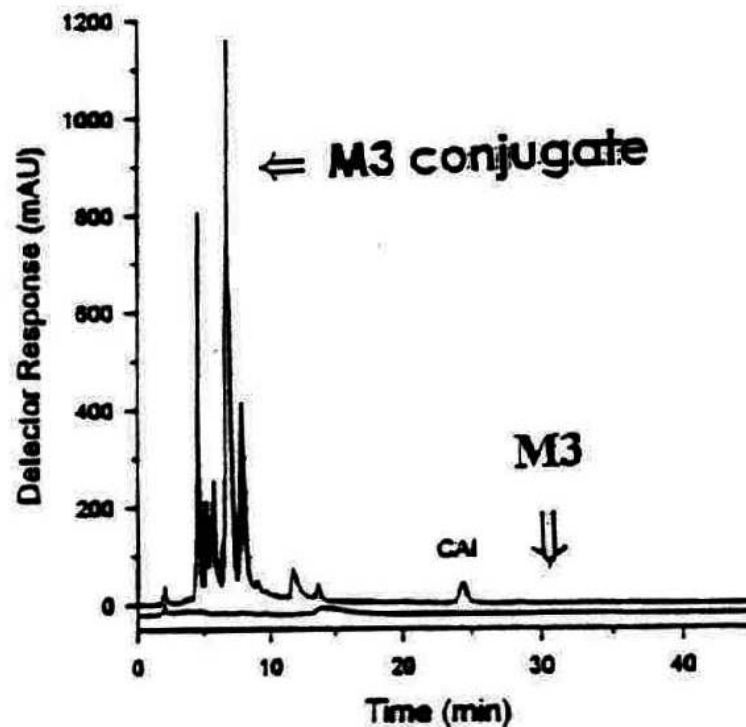
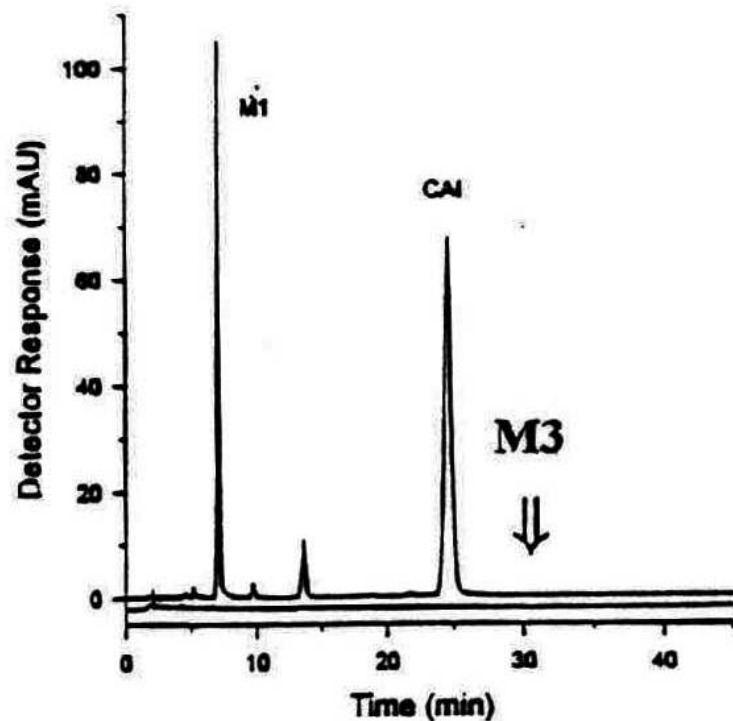
Metabolic Profiling

Microsomes



M1
2%

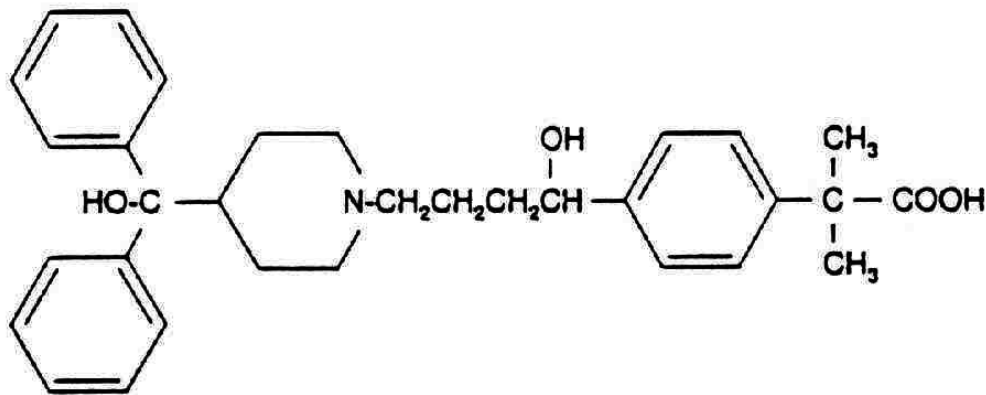
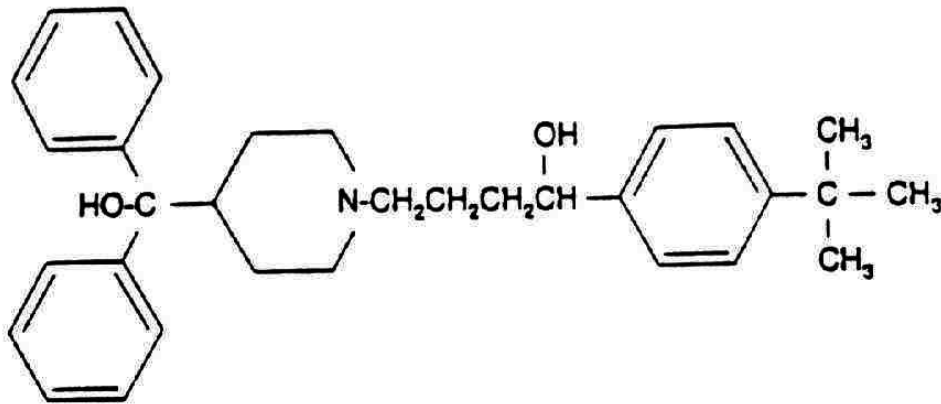
M3
84%



L. Ludden et al

Clin Cancer Res, 1995

terfenadine/SELDANE®



fexofenadine/ALLEGRA®

Target-Guided Dose Escalation

Preclinical Pharm/Tox

Clinical Phase 1 Trials

Safety Factor

Reference Animal Dose ↔ Starting Human Dose

Define Target Goal

Assess Target Impact



Stop or Escalate?

Functional Imaging via PET: Biomarkers for Treatment Evaluation

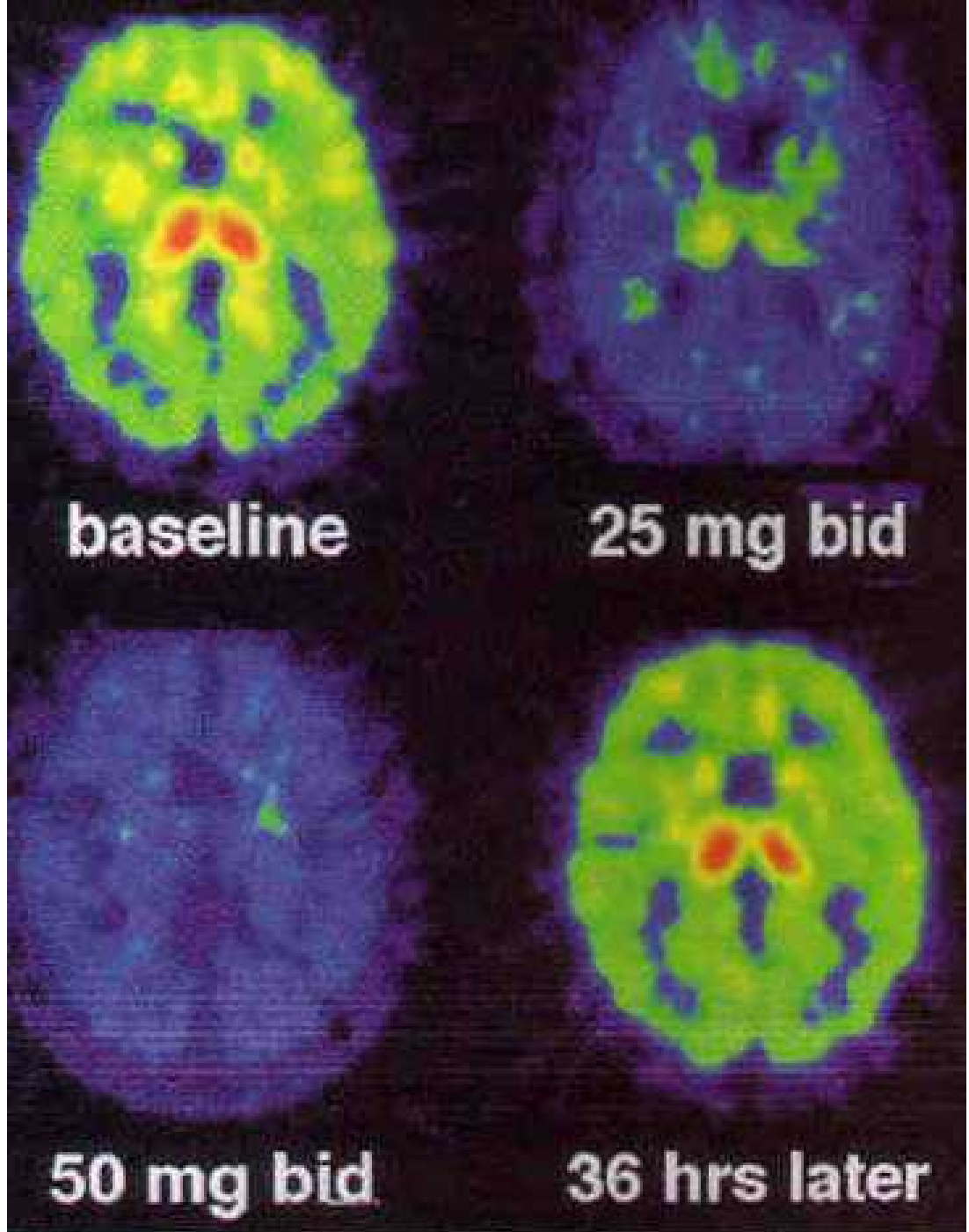
- Does treatment impact the desired target?**
- What is the minimum/maximum dose?**
- How to select interval between courses?**

CONTEXT:

Individual Patient, or New Agent Development

**MAO-B
Inhibition by
Lazabamide**

**J.Fowler,BNL
Neurology(93)**



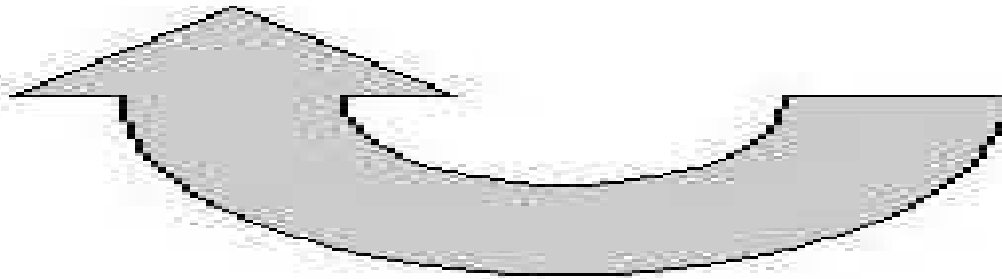
First-In-Human Trials

Identity Crisis?

What is Inherent in First-In-Human Trials?

surprise!

Translational Research



**Pittsburgh
Indianapolis**

Dartmouth

NIA/NIDA/Baltimore

FDA

**U
C
L
A**

NIH

NIEHS

