To what extent are challenge agents acceptable?

...challenges in early clinical drug development...

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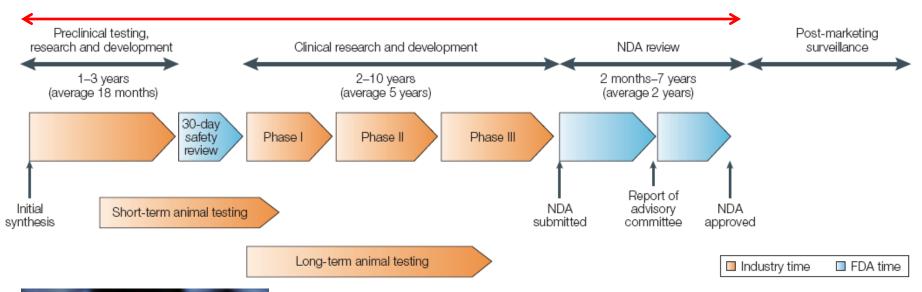
How acceptable are challenge agents? content

- Challenge agents: why and what?
- Case study
- Legal considerations
- Ethical considerations
- Conclusion





How acceptable are challenge agents? why? (1)





Nat Rev Drug Disc 2004; 3: 417-429



why? (2)

Research Spending Per New Drug

Fosters, March 2012

Company	Ticker	Number of drugs approved	R&D Spending Per Drug (\$Mil)	Total R&D Spending 1997- 2011 (\$Mil)
AstraZeneca	AZN	5	11,790.93	58,955
GlaxoSmithKline	GSK	10	8,170.81	81,708
Sanofi	SNY	8	7,909.26	63,274
Roche Holding AG	RHHBY	11	7,803.77	85,841
Pfizer Inc.	PFE	14	7,727.03	108,178 UM KLINISCHE FARMACOLOGIE

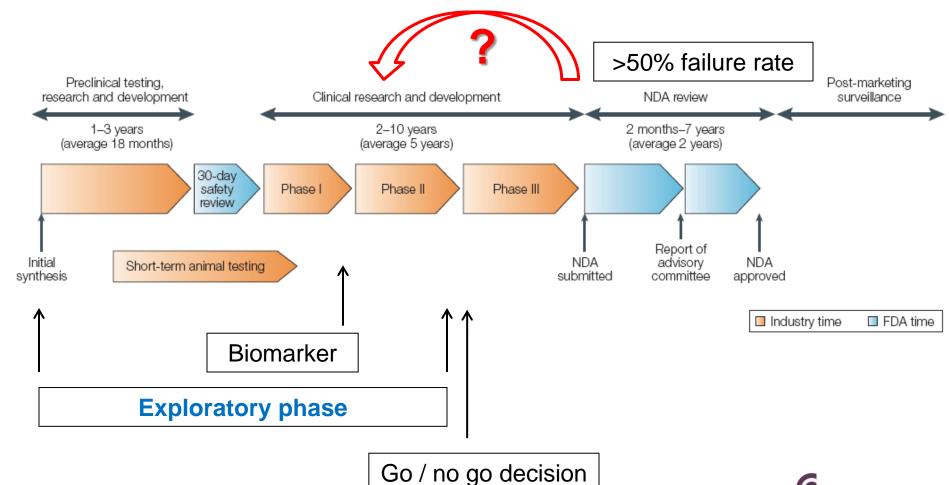
why? (3)

Johnson & Johnson	JNJ	15	5,885.65	88,285
Eli Lilly & Co.	LLY	11	4,577.04	50,347
Abbott Laboratories	ABT	8	4,496.21	35,970
Merck & Co Inc	MRK	16	4,209.99	67,360
Duiatal M. saus				
Bristol-Myers Squibb Co.	BMY	11	4,152.26	45,675
Novartis AG	NVS	21	3,983.13	83,646
Amgen Inc.	AMGN	9	3,692.14	33,229

Sources: InnoThink Center For Research In Biomedical Innovation; Thomson Reuters Fundamentals via FactSet Research Systems



why? (4)



Nat Rev Drug Disc 2004; 3: 417-429

CENTRUM KLINISCHE FARMACOLOGIE

How acceptable are challenge agents? what? (1)

Biomarker:

An objectively measured characteristic as an indicator of: normal process, a pathological process, a pharmacological response to a (therapeutic) intervention or ... a physiological response to a (non-therapeutic) intervention.

Challenge agent:

Substance inducing a (patho)physiological response to assess the pharmacological action of an IMP.



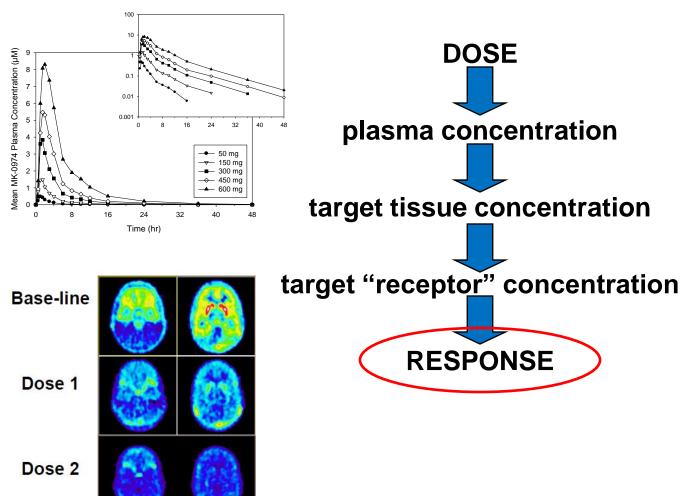
How acceptable are challenge agents? what? (2)

Challenge agent	Activity	Route of administration
allergens	allergic reaction	skin prick / inhalation
acetylcholine	M-receptor agonist	inhalation / IA
histamine	H1- H2 agonist	skin prick / IA
isoprenaline	β-receptor agonist	IV
substance P	NK-receptor agonist	skin prick / IV / IA
serotonin	5-HT agonist	IV / IA
P450 probes	CYP450 phenotypes	oral

(Based on ABPI Guideline for phase 1 clinical trials, edition 2012)



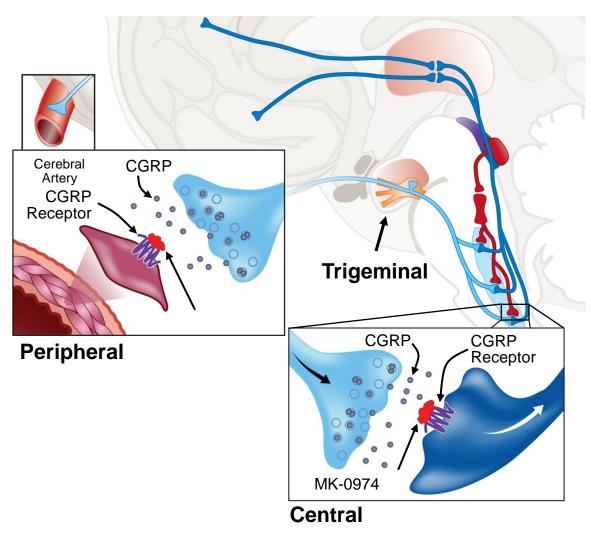
case study





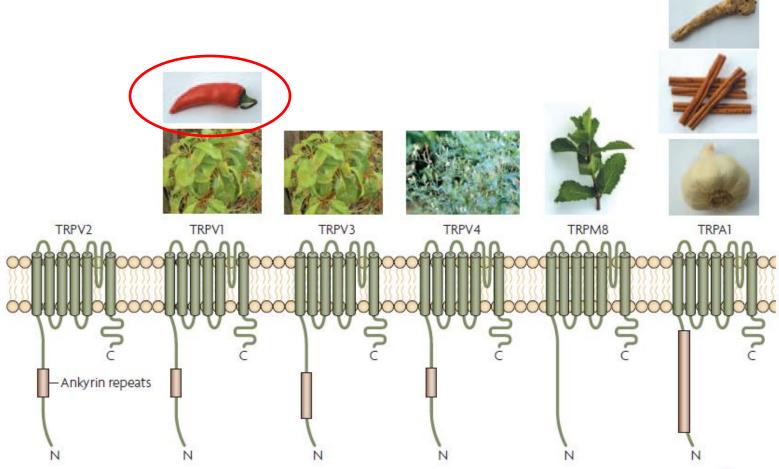


case study: migraine

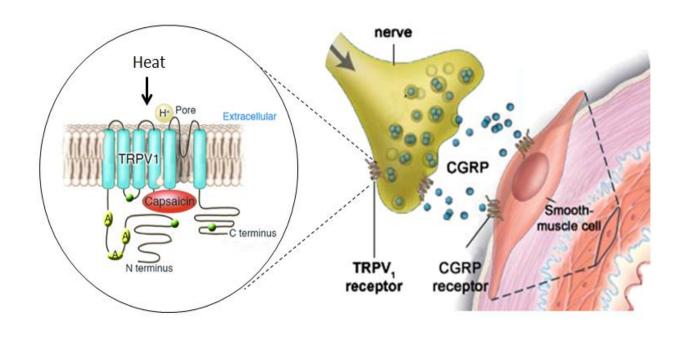




TRP channels and nociception



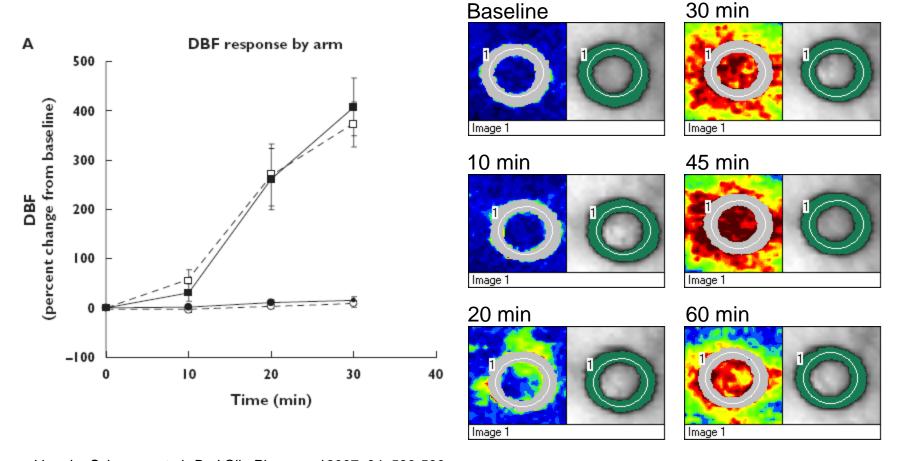
capsaicin-induced CGRP release: the principle







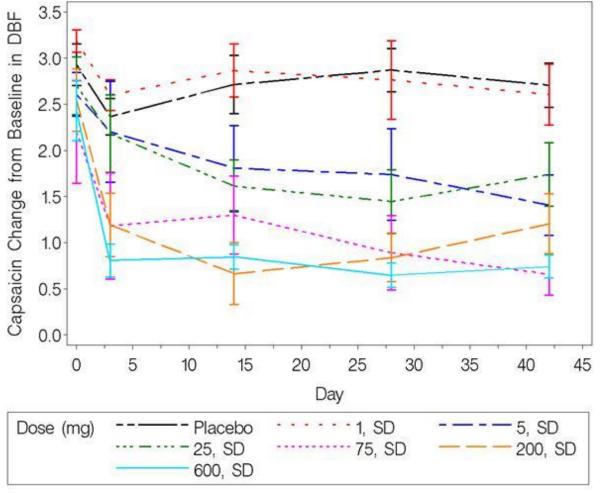
capsaicin-induced CGRP release in HP

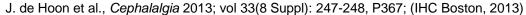


Van der Schueren et al. Br J Clin Pharmacol 2007; 64: 580-590



CGRP binding mAb: LY2951742



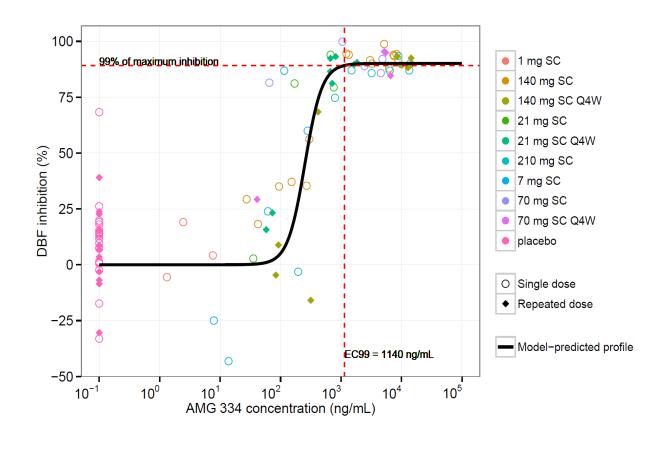


S. Vermeersch et al., Cephalalgia 2013; vol 33(8 Suppl): 249-250, P370; (IHC Boston, 2013)

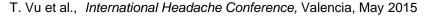




CGRP-R binding mAb: AMG 334









to what extent are challenge agents acceptable?

Would you consider these challenge agents acceptable?

Legal considerations:

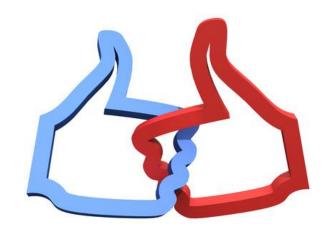
- safety / toxicology
- quality

Complicating factors:

- purpose
- route
- species
- dose



- tolerability
- reversibility





legal considerations (1)

- Legal status of a challenge agent?
 - "medicinal product (MP) intended for research & development trials" ...
 which may or may not have a marketing authorisation.
 - "non-investigational medicinal product" (NIMP / auxiliary MP):
 - Rescue medication
 - Challenge agents
 - Products to assess end-points (e.g. PET)
 - Concomitant medication
 - Background treatment

THE RULES GOVERNING MEDICINAL PRODUCTS IN THE EUROPEAN UNION VOLUME 10 - GUIDANCE DOCUMENTS APPLYING TO CLINICAL TRIALS GUIDANCE ON INVESTIGATIONAL MEDICINAL PRODUCTS (IMPS) AND 'NON INVESTIGATIONAL MEDICINAL PRODUCTS' (NIMPS)

(REV. 1, MARCH 2011)



legal considerations (2)

- Requirements for NIMP?
 - "Manufacturing of NIMPs does <u>not</u> fall within the rules for manufacturing of MP", therefore GMP is not a requirement, however...
 - "...the sponsor should ensure the same level of quality and safety for NIMPs as for the IMPs used in the trials...this requirement will be fulfilled by applying for these NIMPs the same requirements as provided for the IMPs..."
 - Possibility for a "simplified dossier"...
 - (Dose dependent: option for microdosing and exploratory approach)

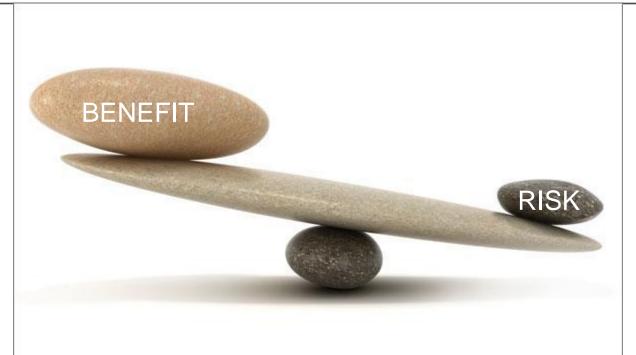


challenge agents: an IMP in disguise

OPINION

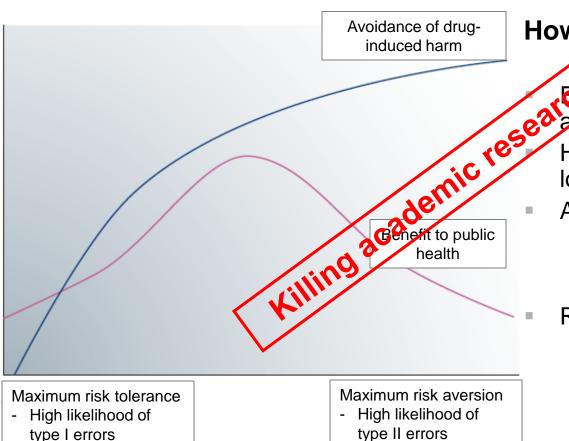
The risks of risk aversion in drug regulation

Nature Drug Rev Disc 2013; 12: 907-916





"efficiency function" in drug regulation



- type II errors
- Opportunity costs[↑]

How much risk is acceptable?

Excessive risk-tolerance: unsafe and ineffective drugs

Hippocrates: "First, do no harm": loss of useful drugs

Acceptability and context:

- healthy volunteer
- patient
- child

Room for uncertainty:

- accept harm versus "zero tolerance"
- information → opportunity costs

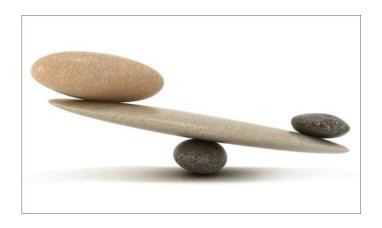


challenge agents: an IMP in disguise

OPINION

The risks of risk aversion in drug regulation

Nature Drug Rev Disc 2013; 12: 907-916



"... risk aversion comes with its own risks. Stakeholders should be aware that a drive towards an excessive focus on avoiding risks and uncertainties will mean that patients pay a price: delay in accessing therapeutics and lost therapeutic options."



to what extent are challenge agents acceptable?

Would you consider these challenge agents acceptable?

- Legal considerations:
 - safety / toxicology
 - quality
- Complicating factors:
 - purpose
 - route
 - species
 - dose
- Ethical considerations:
 - tolerability
 - reversibility



complicating factors (1)



de Hoon et al. *Clin Pharmacol Ther* 2003; 73: 312-321 Vanmolkot et al. *Clin Pharmacol Ther* 2006; 79: 263-73

Route of administration?

- parenteral: IA or IV
- sterility!
- clean room
- costs ...

Species?

- HP versus others
- "not for human use"





complicating factors (2)

Calcitonin gene-related peptide triggers migraine-like attacks in patients with migraine with aura

Jakob Møller Hansen, Anne Werner Hauge, Jes Olesen and Messoud Ashina

Cephalalgia 2010; 30: 1179-1186

Table 2. MA patients and controls reporting headache and migraine-like attacks after CGRP*

migranic inte accacks areer conti			
Attack	MA patients	Controls	p value
Migraine-like attacks (post-infusion phase I-I3 hours)	8/14	0/11	.003
Headache (infusion phase 0–60 min)	11/14	7 /11	.65
Headache (post-infusion phase I-I3 hours)	12/14	2/11	.001

MA = migraine with aura; CGRP = calcitonin gene-related peptide. *Groups compared with Fisher's exact test.

Dose?

- more toxicology
- systemic effects
- adverse events





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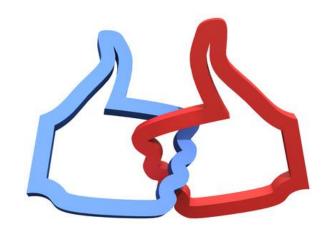
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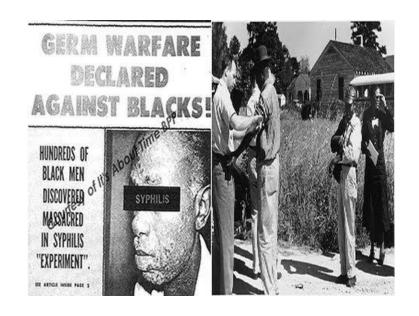
ethical considerations: deliberate infections... (1)

HISTORY OF MEDICINE

The Challenges of Challenge Experiments

Susan E. Lederer, Ph.D.

N Engl J Med 2014; 371: 695-697





Lancet 2011; 11: 879-886

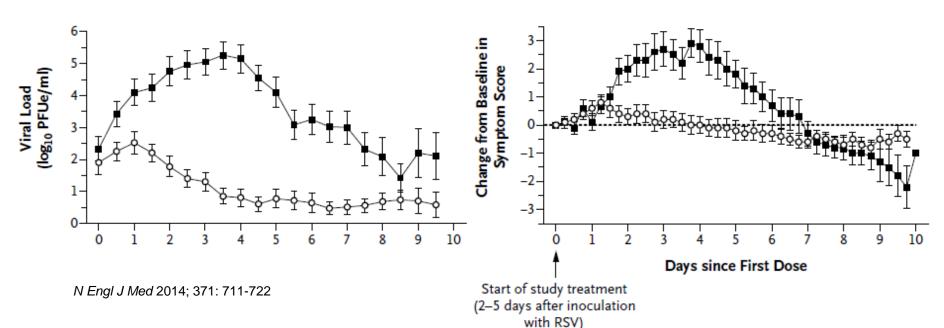


ethical considerations: deliberate infections... (2)

ORIGINAL ARTICLE

Oral GS-5806 Activity in a Respiratory Syncytial Virus Challenge Study

— Placebo — GS-5806



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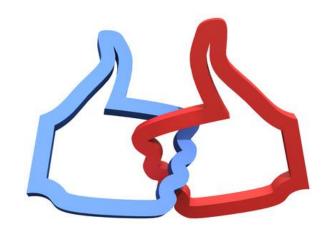
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- tolerability
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the unexpected challenge agent...

TGN1412

- renamed TAB08
- Russian investor
- retested in healthy volunteers
- starting dose 0.1% of London
- next step: RA patients

ne prodigal son and the evelopment route of 412 - lessons for drug and clinical pharmacology

Br J Clin Pharmacol 2015; 79: 545-547

"... [for scientists and regulators] to reduce their focus on regulations and increase their focus on science."



the past shapes the future

1493 - 1541









- "... all challenge agents are poisons and there is nothing that is
- •harmless, the dose alone decides that something is no poison."



Thank you ...



