

# An information-theoretic Phase I/II design for molecularly targeted agents that does not require an assumption of monotonicity

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# Motivating trial

Immunotherapy (MTA) + Chemotherapy:

- 2/3 days immunotherapy AFTER chemotherapy ( $S_1/S_2$ )
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Cycle 1		S <sub>1</sub>	S <sub>2</sub>	S <sub>3</sub>	S <sub>3</sub>	S <sub>4</sub>
Cycle 2	S <sub>1</sub>	S <sub>2</sub>	S <sub>2</sub>	S <sub>3</sub>	S <sub>4</sub>	S <sub>4</sub>



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6 toxicity orderings



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The aim is to find the **optimal** regimen (maximum efficacy, least toxicity) or at least

**correct** regimen (maximum efficacy while still safeguarding patients)





# Goal

- Current methods: model-based approaches
  - **Challenge:** many parameters/orderings to be estimated/considered



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- Current methods: model-based approaches  
**Challenge:** many parameters/orderings to be estimated/considered
- Alternative: a design **relaxing parametric/monotonicity assumptions**



## Step 1: Quantify the uncertainty

Outcome	Probability	Optimal characteristics
Efficacy + No Toxicity	$\theta_1$	$\gamma_1$
No Efficacy + No Toxicity	$\theta_2$	$\gamma_2$
Toxicity	$\theta_3 = 1 - \theta_1 - \theta_2$	$\gamma_3 = 1 - \gamma_1 - \gamma_2$



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Using information-theoretic arguments, the “information” about regimen is

$$\delta(\boldsymbol{\theta}, \boldsymbol{\gamma}) := \frac{\gamma_1^2}{\theta_1} + \frac{\gamma_2^2}{\theta_2} + \frac{(1 - \gamma_1 - \gamma_2)^2}{1 - \theta_1 - \theta_2} - 1.$$

$$\delta(\boldsymbol{\theta}, \boldsymbol{\gamma}) = 0 \text{ iff } \boldsymbol{\theta} = \boldsymbol{\gamma}$$



## Step 2: Re-parametrise

Efficacy + No Toxicity

$$\theta_1 = p_e(1 - p_t)$$

$$\gamma_1 = \gamma_e(1 - \gamma_t)$$

No Efficacy + No Toxicity

$$\theta_2 = (1 - p_e)(1 - p_t)$$

$$\gamma_2 = (1 - \gamma_e)(1 - \gamma_t)$$



## Step 3: Estimate and Randomise

$$\hat{p}_t^{(n)} = \frac{X_t}{n}, \quad \hat{p}_e^{(n)} = \frac{X_e}{n}.$$

Let  $\hat{\delta}_i^{(n_i)}$  be the plug-in estimate of the trade-off for regimen  $i$  after  $n_i$



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**Randomisation** between two “best” regimens

The next patient is allocated to regimen  $k$  with probability proportional to

$$1/\hat{\delta}_k^{(n_k)}$$





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$M = 6$  regimens and  $N = 36$  patients



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8 scenarios for single-agent studies → **six permutations** wrt toxicity orderings.



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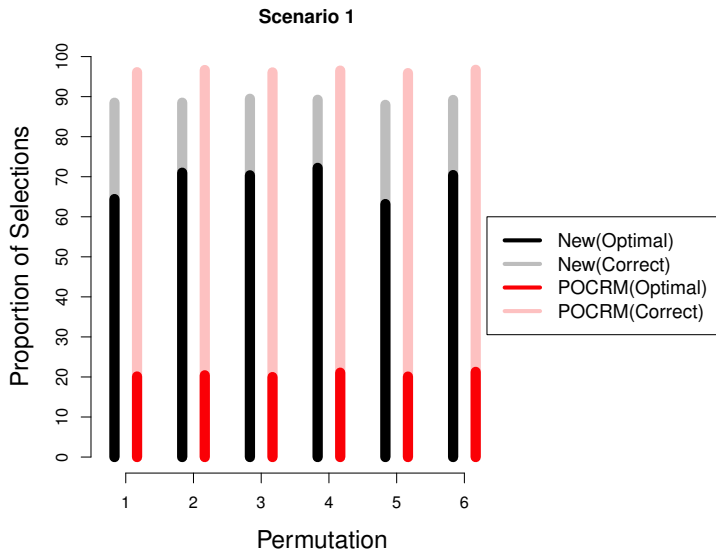
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## Comparator:

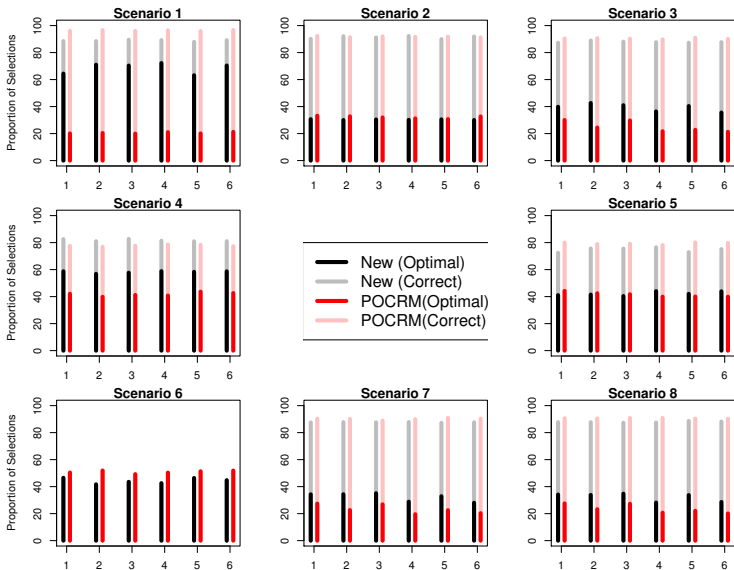
Extended POCRM design by Wages and Tait (2015)



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- **Robust** to true ordering
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- **Robust** to true ordering
- Results in **fewer** toxicities and **comparable** number of efficacies
- Further developments: **Continuous** efficacy (toxicity) endpoint





# References

- Mozgunov, P. and Jaki, T. (2018) An information-theoretic phase i/ii design for molecularly targeted agents that does not require an assumption of monotonicity. *Journal of the Royal Statistical Society: Series C (Applied Statistics)*, **68**, 1–24, Epub.
- Riviere, M.-K., Yuan, Y., Jourdan, J.-H., Dubois, F. and Zohar, S. (2016) Phase i/ii dose-finding design for molecularly targeted agent: Plateau determination using adaptive randomization. *Statistical Methods in Medical Research*, **27**, 466–479.
- Wages, N. A. and Tait, C. (2015) Seamless phase i/ii adaptive design for oncology trials of molecularly targeted agents. *Journal of Biopharmaceutical Statistics*, **25**, 903–920.



## Results (II)

Scenario	1	2	3	4	5	6	7	8	9
	Toxicity responses								
Proposed	<b>2.5</b>	6.4	<b>3.2</b>	<b>4.4</b>	<b>7.0</b>	<b>7.7</b>	<b>5.0</b>	<b>5.1</b>	<b>3.9</b>
CRM	4.1	<b>5.0</b>	4.5	7.1	7.9	8.7	5.9	6.0	<b>3.3</b>
	Efficacy responses								
Proposed	<b>23.7</b>	<b>14.4</b>	<b>20.8</b>	<b>19.9</b>	<b>18.4</b>	12.5	<b>22.7</b>	<b>22.8</b>	<b>15.4</b>
CRM	<b>24.5</b>	<b>14.4</b>	<b>21.0</b>	<b>21.4</b>	<b>19.0</b>	<b>13.8</b>	<b>23.4</b>	<b>23.5</b>	<b>15.8</b>

