

# Implementation of volumetric absorptive microsampling technology in pediatric and adult clinical development programs

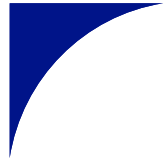
PCSIG Glasgow 2 July 2023

Hugues Chanteux, Pharm, PhD



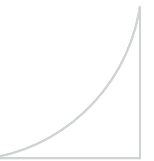
Inspired by patients.  
Driven by science.



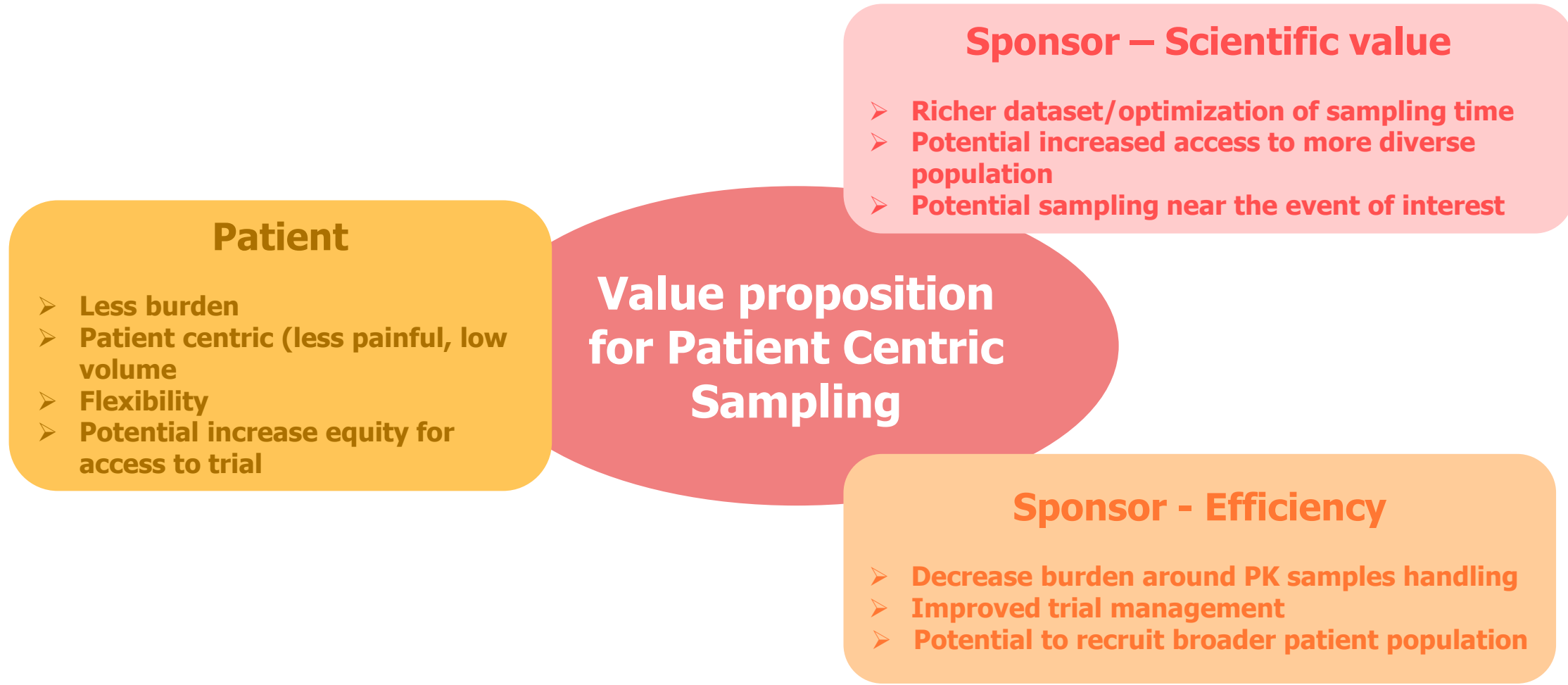


# Agenda

1. Introduction
2. Implementation of Patient Centric Sampling at UCB
3. Overall Strategy
4. Case studies
  1. Radiprodil
  2. Padsevonil
  3. Inhaled Alprazolam
5. Take-home messages

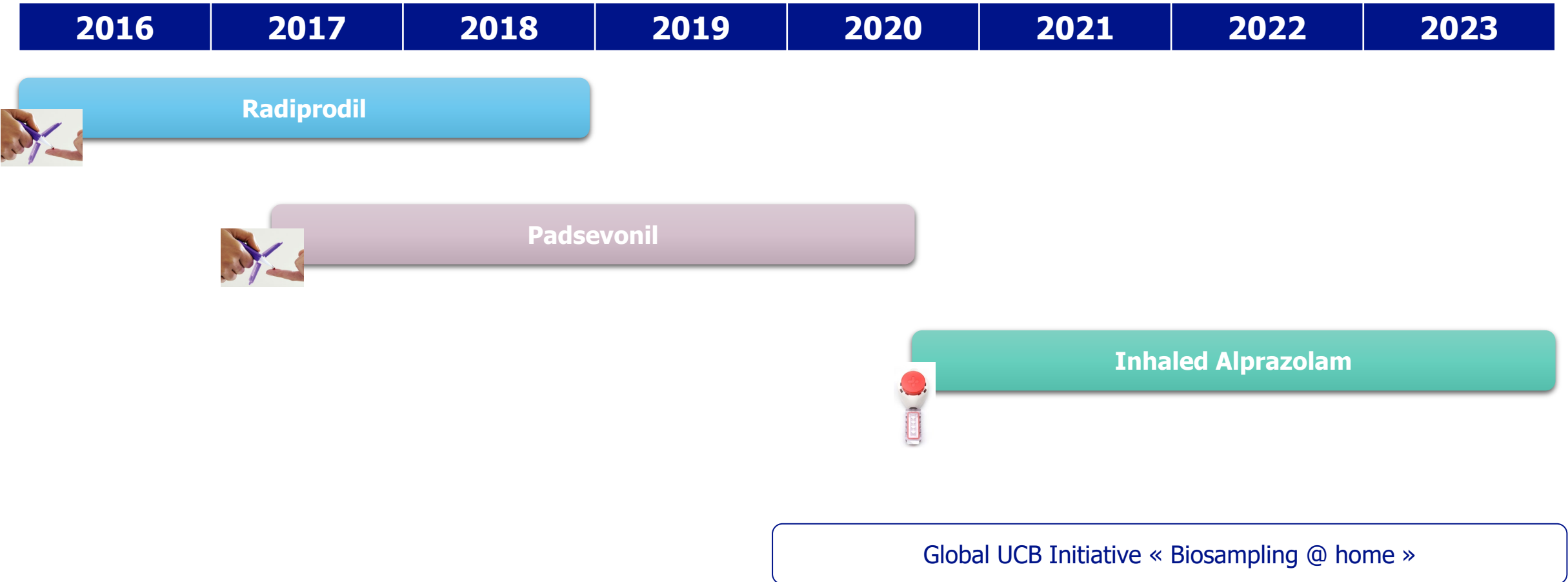


# Introduction – Patient centric sampling approaches



# Implementation of Patient Centric Sampling in Clinical Programs At UCB

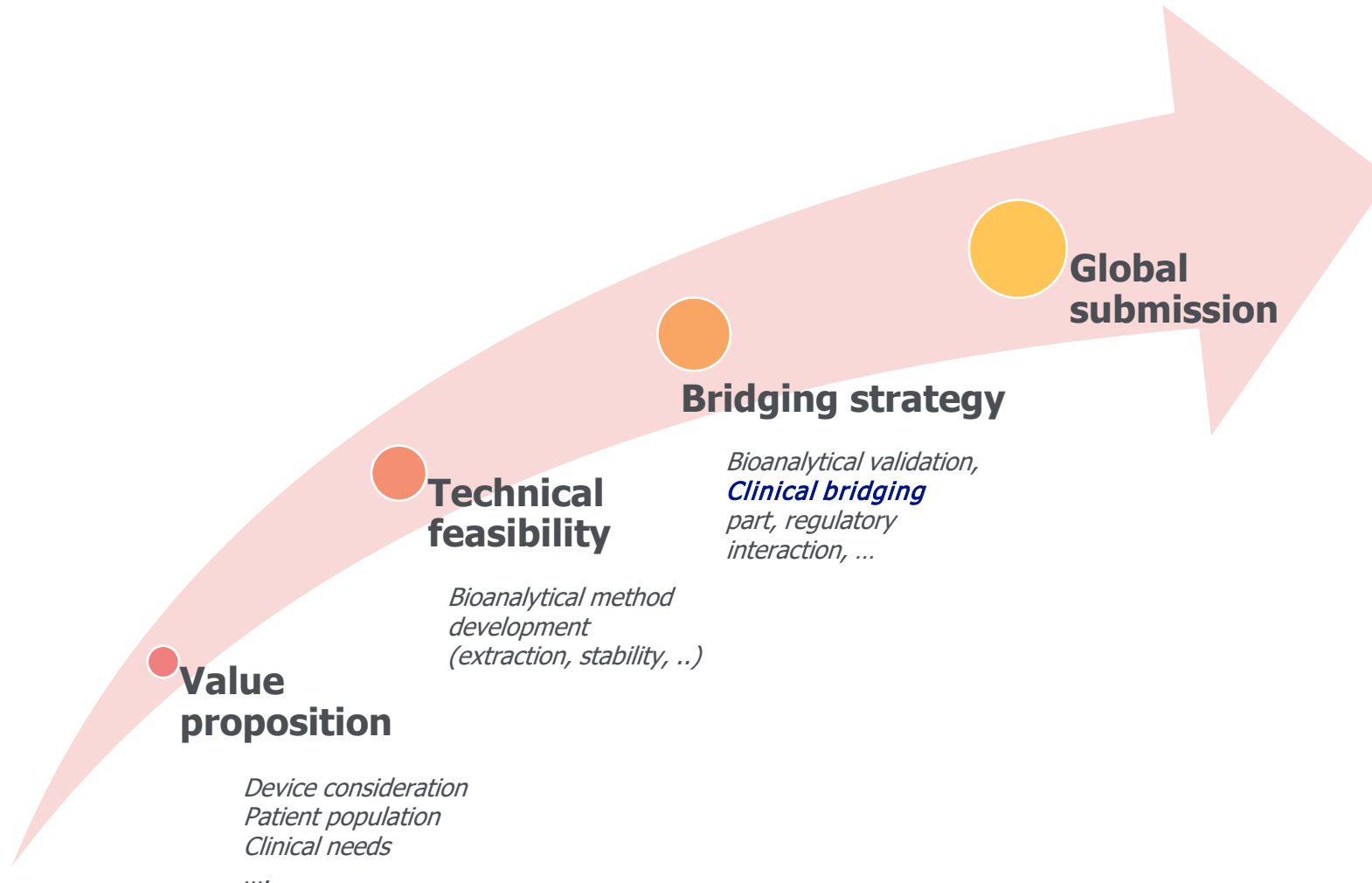
Three case studies



Proprietary and Confidential Property of UCB

# Overall Strategy for implementation of PCS

Based on implementation in ongoing clinical development

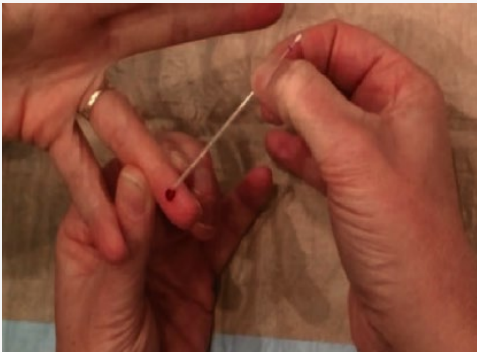


# Radiprodil – Dose range finding in drug refractory pediatric patients (2-14 months) with Infantile Spasm

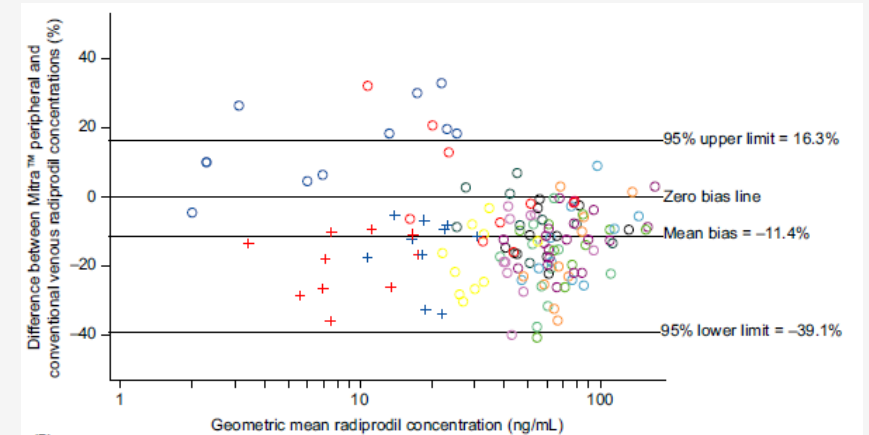
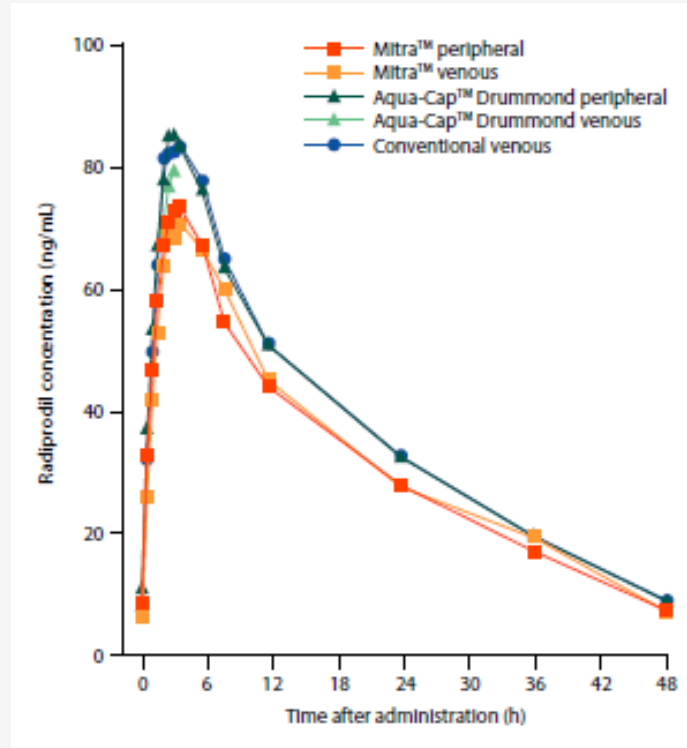
Mitra™



Aqua-cap™ Drummond



Bridging in adult healthy volunteers



PK parameters	Geometric LSMean Ratio* [95% CI]
AUC	0.86 [0.83, 0.89]
AUC(0-t)	0.86 [0.83, 0.90]
Cmax	0.89 [0.85, 0.94]

\*Mitra over conventional venous sampling

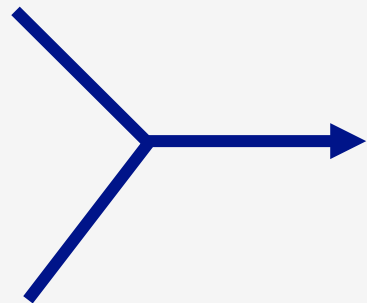
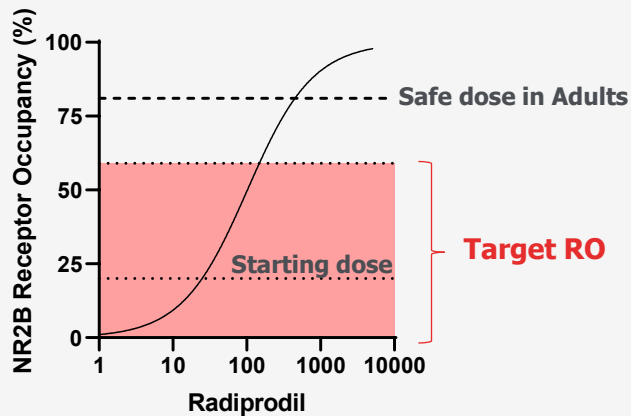
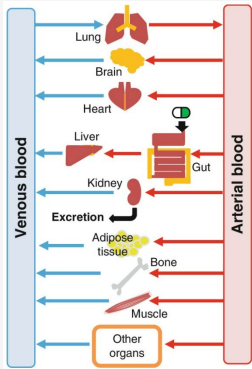
# Radiprodil – Dose range finding in drug refractory pediatric patients (2-14 months) with Infantile Spasm



Use of Mitra, as PK sampling approach in infants to confirm exposure



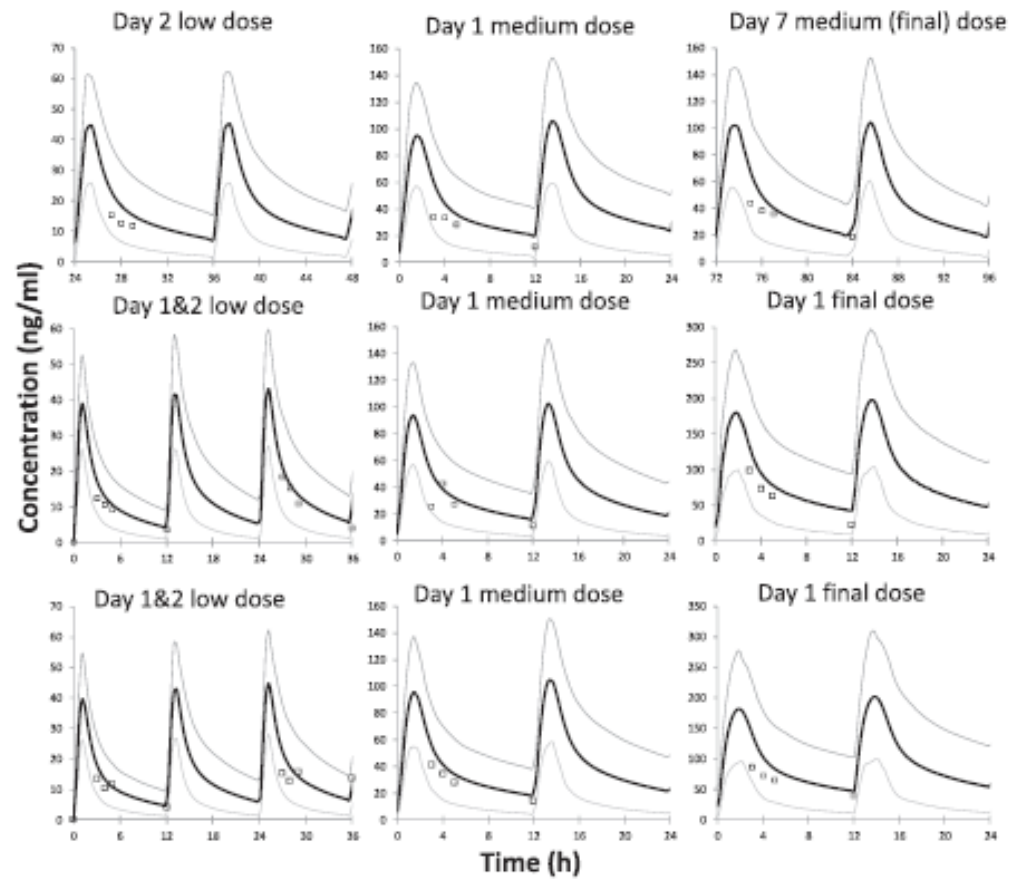
## PBPK



Subject 1

Subject 2

Subject 3

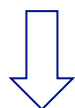


Black lines are the simulated mean concentration time profile and grey lines 5th and 95<sup>th</sup> percentile. Open squares are clinical data.

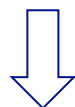
# Padsevoni (PSL) – A drug candidate for refractory epilepsy



**Implementation of Mitra during clinical development (after positive POC)**



**To support pediatric program (from neonates)**



**Opportunity of the clinical pharmacology program to bridge between the 2 sampling approaches (Mitra and conventional venous blood)**

**Robust and extensive bridging in adult participants**

Study Number	Study Type	Study population	Ethnicity	Dose regimen	Paired samples	Purpose
UP0039	Phase 1 ethno-bridging PK	HV	Japanese	50-200mg SD	240	<b>Model development</b>
UP0057	Phase 1 PK DDI	HV	White	100mg SD & BID	2033	
UP0070	Phase 1 PK DDI	Epilepsy patients	White	400mg BID	307	
UP0075	Phase 1 Chinese PK	HV	Chinese	200mg SD	119	
UP0039	Phase 1 ethno-bridging PK	HV	White	200mg SD	80	<b>Model Validation</b>
EP0091	Phase 2b	Epilepsy Patients	Multiple	50-400 mg BID	269	

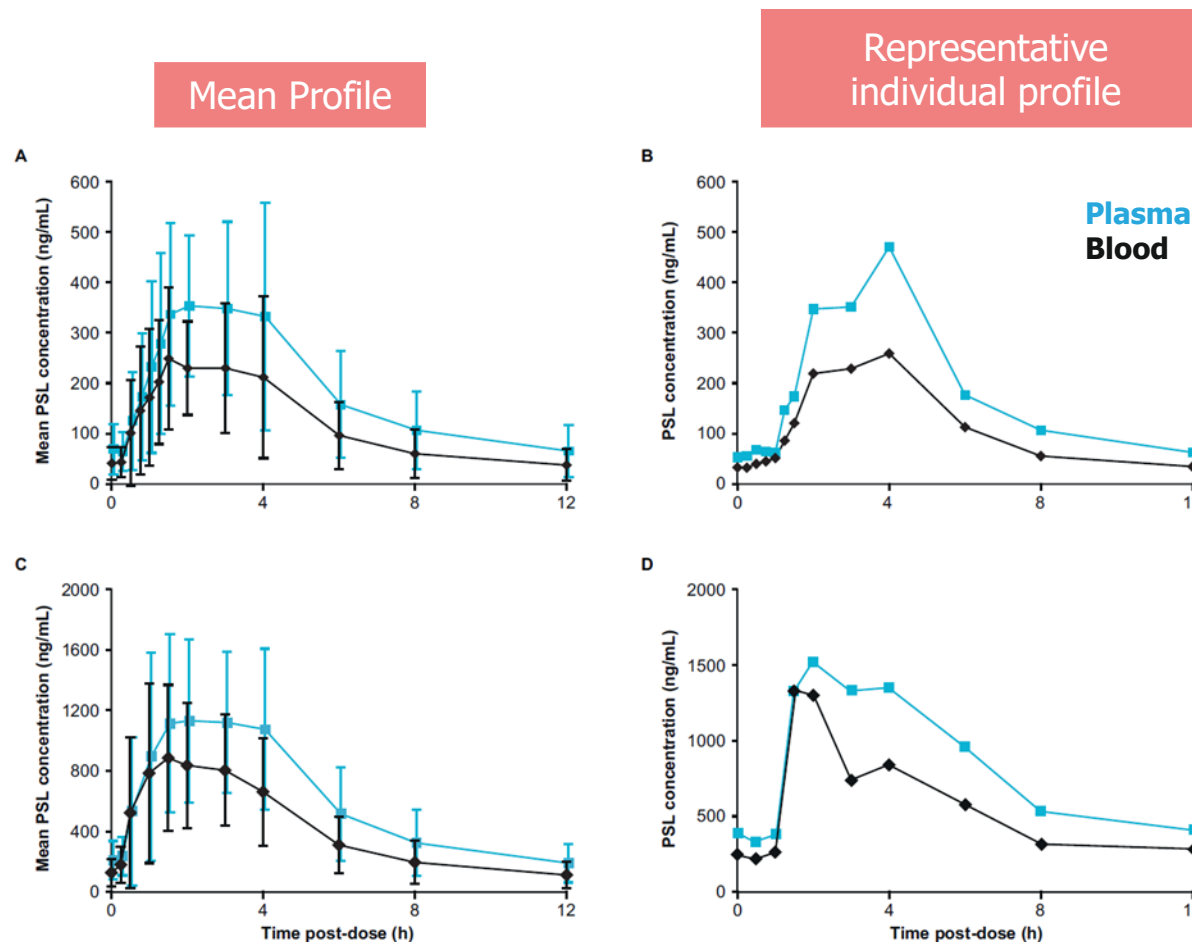


# Padsevoni (PSL) – A drug candidate for refractory epilepsy

## Graphical Analysis

- Plasma and blood (Mitra) concentration-time profile

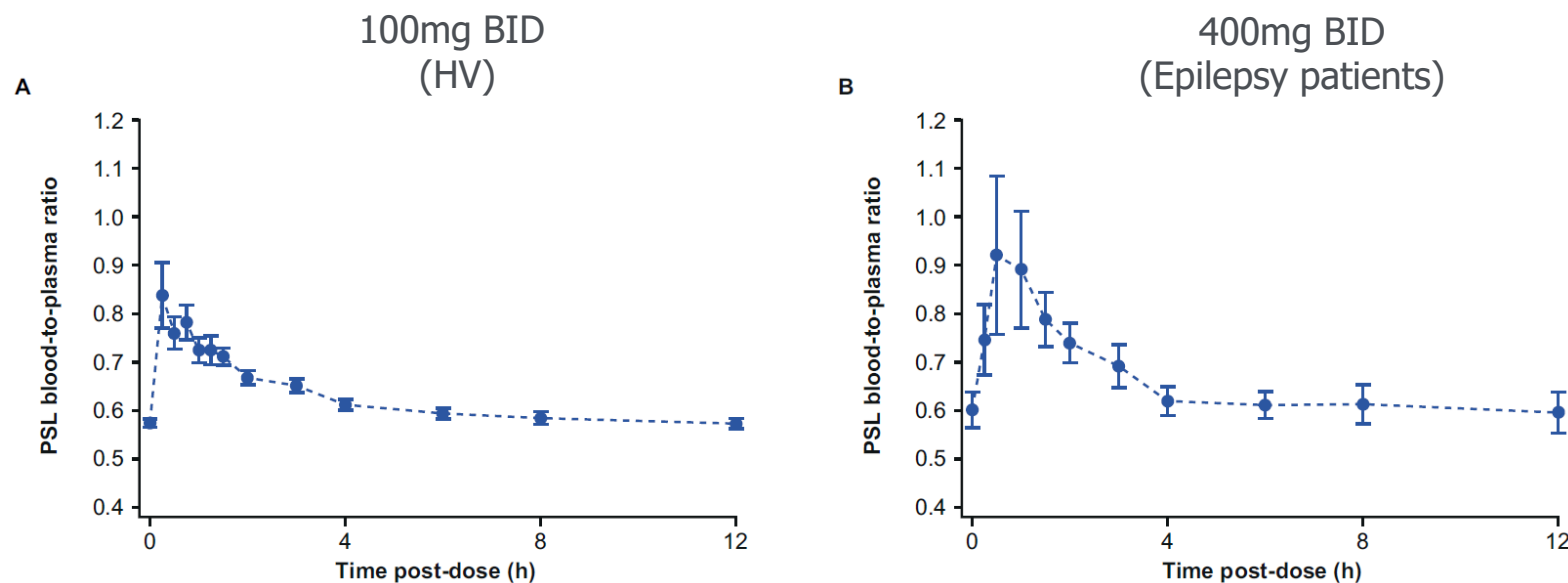
100mg BID  
(Healthy Volunteers  
[HV], n= 28)



# Padsevoni (PSL) – A drug candidate for refractory epilepsy

## Graphical Analysis

- Mean Blood-to-plasma ratio profile over time



**In vitro B/P : 0.6-0.7**

B/P showed « time effect » with values increasing from ~0.6 to 0.9 directly after dosing and then declining back to ~ 0.6-0.7  
Similar pattern observed across all bridging studies

# Why is blood-to-plasma ratio changing over time ?

Sampling site

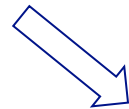
Type of blood

Arterio-venous difference

Finger-prick



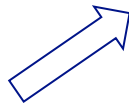
Arteriolar,  
venous and  
capillary blood



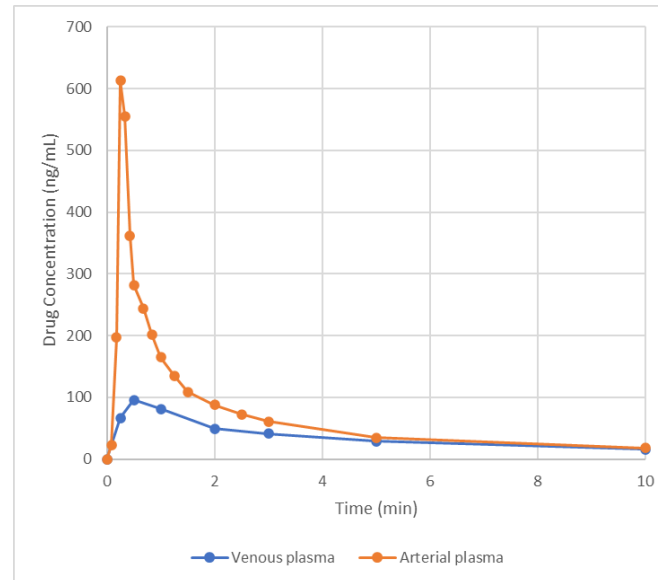
Venous sampling



Venous blood



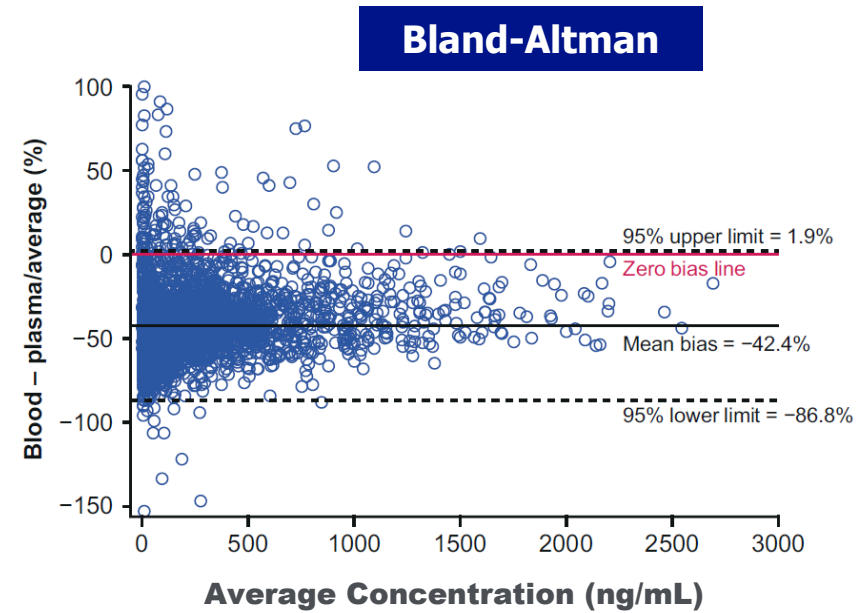
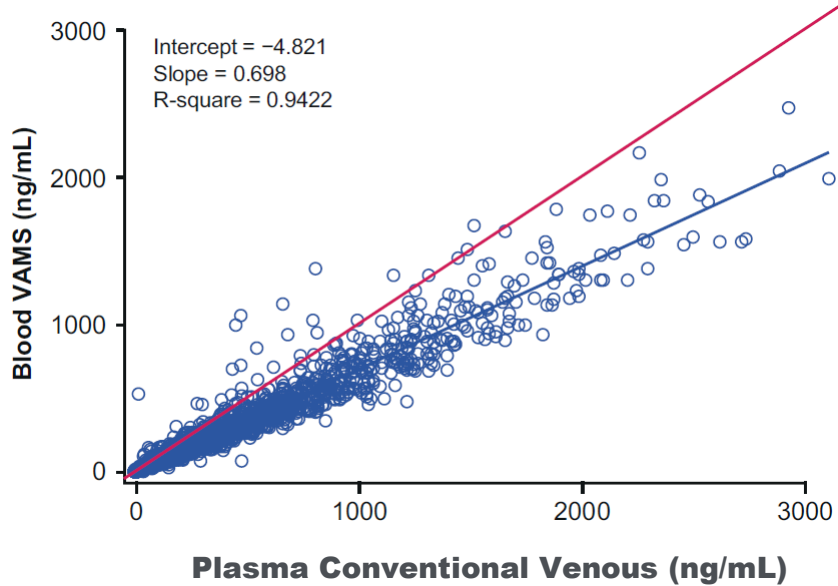
Example from dog PK (iv dosing)



Arterial-to-venous  
concentration ratio is  
changing during the  
distribution phase of drugs  
(extraction in tissue)

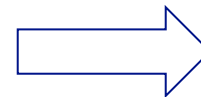
# Padsevoniil – A drug candidate for refractory epilepsy

## Statistical Analysis – Pooled dataset



Time-matched blood and plasma concentration data (from 0 to 12h post-dose) pairs were fitted to a **linear mixed effects model**

Covariate analysis (race, ethnicity, gender, ...) performed and only timepoint and dosing found as significant covariate



Validation of the model with 2 independent datasets

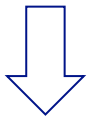
$$\log_{\text{Plasma}} (\text{ng/mL}) = 1.01577 * \log_{\text{Blood}} (\text{ng/mL}) + 0.01042 * \text{Timepoint} (\text{hour}) + 0.07560 * \text{Dosing}^{\#}$$

# Padsevoniil – A drug candidate for refractory epilepsy

## Statistical Model Validation using 2 different datasets

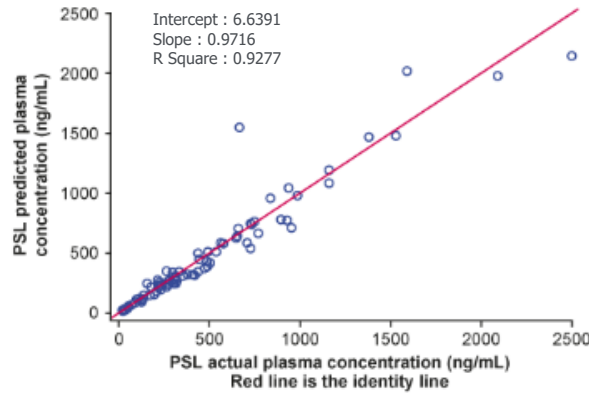
Caucasian, HV, 200mg SD

Plasma concentration predicted from blood (Mitra) concentration

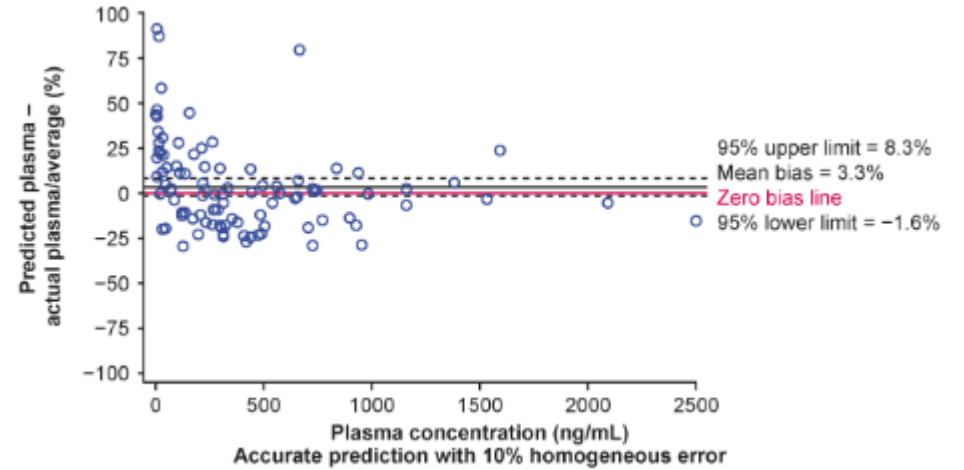


Compared with actual Plasma concentration

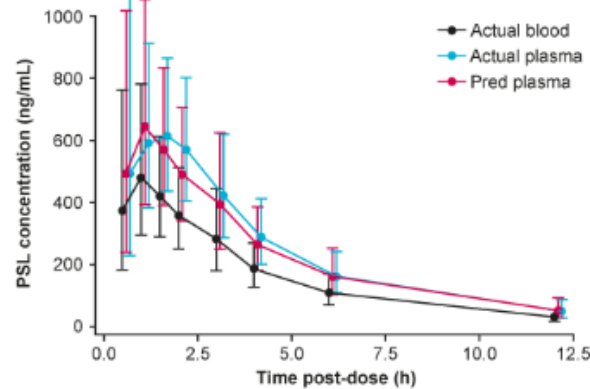
Linear regression  
(Predicted vs Observed)



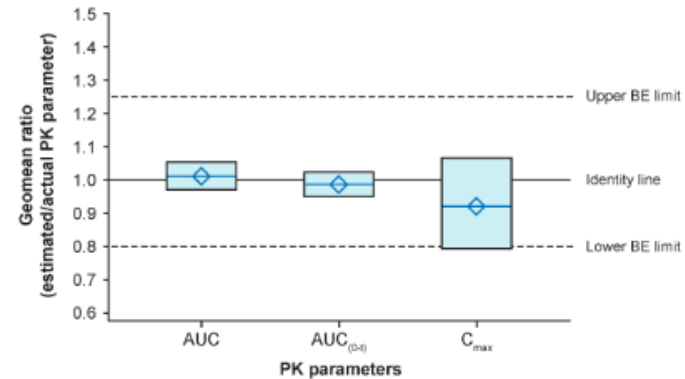
Bland-Altman  
(Predicted vs Observed)



PK Profiles



Plasma PK Parameters  
(Predicted vs Observed)

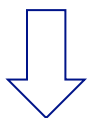


# Padsevoniil – A drug candidate for refractory epilepsy

Statistical Model Validation using 2 different datasets

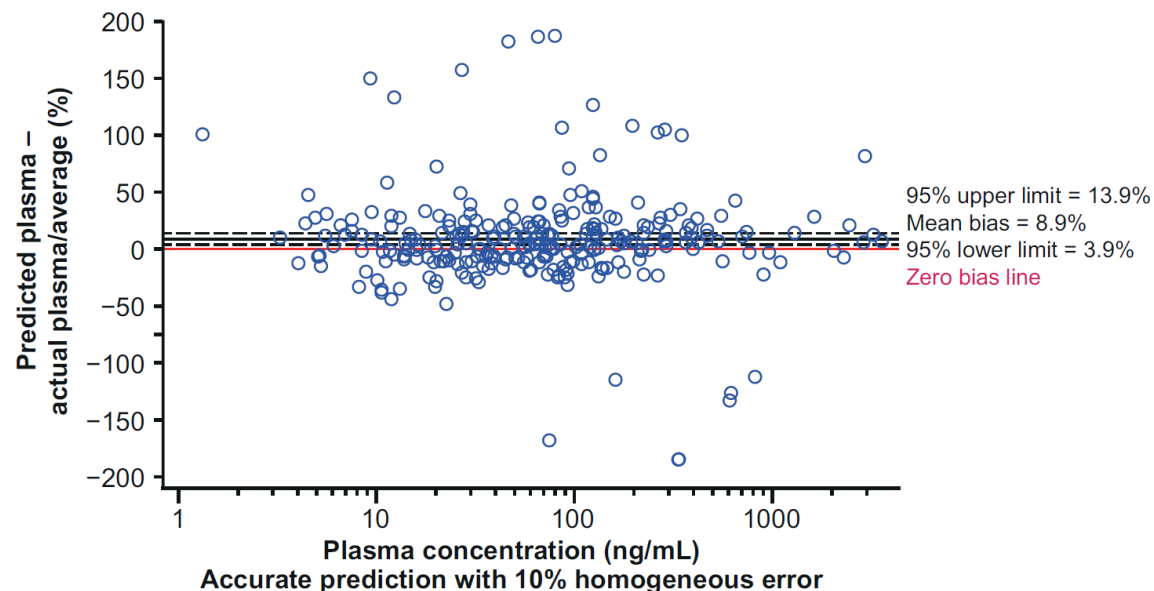
All ethnicities, Patients, 50 to 400 mg BID (Phase 2b)

Plasma concentration predicted from blood (Mitra) concentration (Sparse sampling)



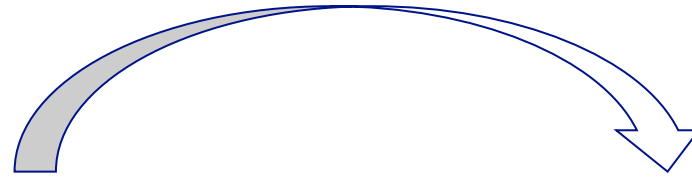
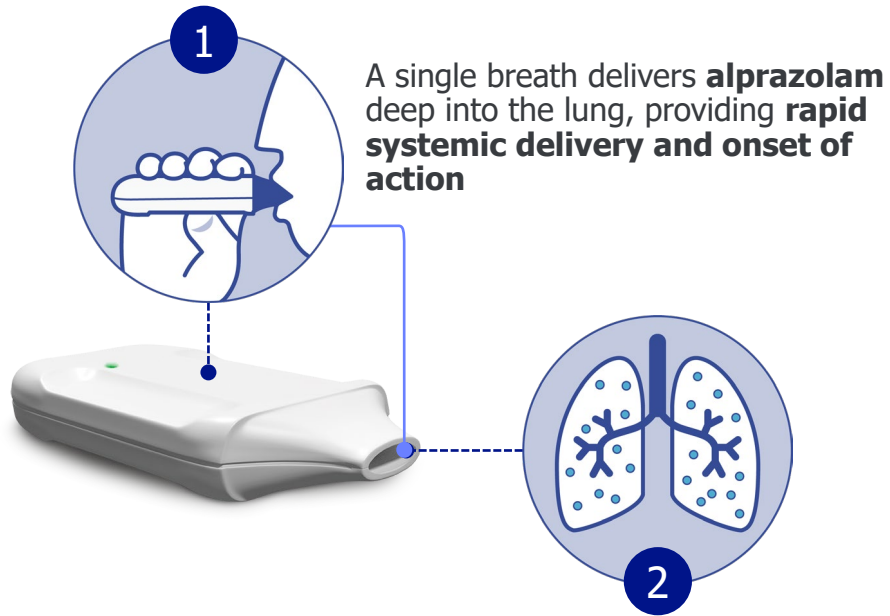
Compared with actual Plasma concentration

Bland-Altman  
(Predicted vs Observed)



Overall, the model was found to be adequate to describe the data and to link plasma concentration with blood concentration (Mitra)

# Inhaled Alprazolam for rapid termination of stereotypical prolonged seizures



Clinical bridging between conventional venous sampling and TassoM20 in 2 Phase 1 studies

## Global Phase 3 study

- ❖ Single dose for acute treatment of a prolonged seizure
- ❖ Fully outpatient setting with study caregiver
- ❖ **PK sampling at home** by caregiver (Tasso M20) after seizure treatment

Inhaled Alprazolam is developed for the **rapid termination (<90s) of prolonged seizures**

# Take-home messages for implementation of PCS in clinical development

- Bridging is key to establish a correlation between the conventional venous blood sampling and the selected PCS method
  - Ideally, paired samples collected at the same timepoint in Phase 1 studies
  - No specific criteria for successful bridging, you need to demonstrate that the relationship between 2 methods is well characterized
- There is no « one fits for all » strategy. Bridging should be tailored to program needs and specificities
- Considerable cross-functional team effort to implement PCS in global pivotal Phase 3 studies – Key to identify the right subject matter experts and get them involved as soon as possible because process for implementation is tedious !
- Interactions with Health Authorities on the adequacy of the bridging strategy to support the use of PCS as sole source of PK sampling in global Phase 3 studies



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Sarah Bilali  
Alexandra Mory  
Miguel Hernandez  
Elizabeth Webster  
Tony Daniels





Inspired by **patients.**  
Driven by **science.**