

Application of a mechanistic, systems model of lipoprotein metabolism and kinetics (LMK) to target selection and biomarker identification in the reverse cholesterol transport (RCT) pathway

James Lu & Norman Mazer Clinical Pharmacology, F. Hoffman-La Roche



Roche pRED Cardiovascular and Metabolic



Relationship of cardio-vascular risk to cholesterol levels FROM EPIDEMIOLOGY TO TARGETS

HDL-C and cardio-vascular risk



- Association of cholesterol levels with coronary heart disease
 - Total-C = non-HDL-C + HDL-C



The Emergent Risk Factors Collaboration, JAMA '09

Reverse Cholesterol Transport: linking HDL-C to cardio-vascular risk

Roche

• Reverse cholesterol transport (RCT): cholesterol removal from peripheral tissues (e.g., macrophages) back to the liver, mediated by HDL particles



Forward Cholesterol Transport:

Can the promise of HDL-C raising therapies be fulfilled?



- Unexpected failures of HDL-C raising therapies
 - CETP inhibitors (Torcetrapib, Dalcetrapib)
 - Niacin (HPS2-THRIVE)
- Targeting HDL-C levels: mis-understanding of the connection between HDL-C and CV risk?
 - HDL functionality rather than quantity: e.g., RCT rate
- What conclusions should be drawn for other targets in the pathway?



Pathway representation & quantification **MODEL DEVELOPMENT & CALIBRATION**

Schematic diagram: targets in pathway



Roche

Model calibration



- Bayesian methodology: *maximum a posteriori* (MAP)
 - Prior estimates (k_{prior}) + calibration data $(d) \rightarrow \text{posterior values} (k_{MAP})$
 - Nonlinear least squares minimization:

 $\min_{k} (k - k_{prior})^{T} C_{k}^{-1} (k - k_{prior}) + (G(k) - d)^{T} C_{d}^{-1} (G(k) - d) \rightarrow k_{MAP}$ Where, k_{prior} : prior parameter estimate; C_{k} and C_{d} : covariances for parameters and data (with adjustments);

G(k): model simulation in reproducing data d.

- Prior estimates of parameters
 - Number of literature references: 11
 - Informative priors: 14/16 parameters
- Calibration data
 - Number of literature references: 8
 - Number of data values: 15

Roche

Posterior parameter values and uncertainty

• Fold changes in posterior values and estimates of confidence intervals using Fisher Information Matrix



Correlation analysis using a virtual population

• Relationships between biomarkers can be studied within a *virtual population*

Roche



• Model offers an explanation for the association between HDL-C and CV risk





Assessment of HDL-C raising targets **TARGET MODULATION**

Model validation on targets of interest



- ApoA-I and ABCA1 are important targets in RCT pathway
 - Validate model by simulating **heterozygous** & **homozygous** mutations



Comparison of Target Modulations



• Predicted HDL-C & RCT changes: CETP inhibition vs ABCA1 up-regulation



Model predictions on lipoprotein biomarkers



• The changes in RCT rate and biomarkers depend on the MoA



CETP inhibitors: Schwartz et al, NEJM '12; Clark et al, ATVB '04; Cannon et al, NEJM '10



Contextualize drug mechanism within disease biology **OPTIMIZE DOSAGE REGIMEN**

Simulation of ApoA-I infusion therapy



Roche

Optimize formulation & dose schedule: maximize cholesterol removal



Model-based approach for

BIOMARKER IDENTIFICATION

The right biomarker for ABCA1 activity

• In-vivo, whole-body ABCA1 activity is difficult to assess experimentally

Koch

• Infer the most effective lipoprotein-based surrogate for ABCA1 activity



Roche

Conclusions

- Mechanistic modeling:
 - Integrates state-of-art biology with prior experimental & observational data
 - Leverages the explosion in biological data
 - Contextualizes drug mechanisms within the disease biology
 - Quantifies effect of drugs on disease progression
 - Broad potential impacts within drug discovery & development
 - Assess targets, biomarkers, dosage; reconfirm MoA, …
- LMK model:
 - Quantifies linkage between HDL-C and RCT
 - Provides explanation for failure of CETP inhibition
 - Identifies better targets for impacting cardio-vascular risk

Acknowledgements



- **Project consultants**: Katrin Huebner, Eliot Brinton and M. Nazeem Nanjee
- Roche Clinical Pharmacology: Valerie Cosson, Nicolas Frey, Ronald Gieschke, Cheikh Diack, Candice Jamois, Eliezer Shochat, Franziska Schaedeli Stark, Annabelle Lemenuel, Dean Bottino, Joy Hsu, Vishak Subramoney, Christophe Le Gallo, Daniel Serafin, Vincent Buchheit, Yumi Fukushima, Dietmar Schwab, Bernhard Mangold, Michael Derks, Conni Weber, Bruno Reignier, Jean-Eric Charoin and Richard Peck
- Roche Cardio-Vascular & Metabolism DTA: Matthew Wright, Eric Niesor, Cyrille Maugeais, Hans-Joachim Schoenfeld, Gregor Dernick, Philippe Ferber, Everson Nogoceke, Thomas Schindler and Laurent Essioux
- Genentech: Kapil Gadkar, Saroja Ramanujan, Srikumar Sahasranaman, John Davis
- Roche Postdoc Fellowship Committee: Klaus Mueller



Doing now what patients need next