

# A Simple Approach For Incorporating Multiple Toxicity Thresholds In Phase I Trials

Jieling Miao and Shing M. Lee

Columbia University, Department of Biostatistics

May 20, 2015

# Phase I trials

## Phase I clinical trials

- Typically small studies
- Evaluate safety and identify a dose for further study

## Toxicity

- Grades (from 0 to 5) for severity of adverse events (AE) provided by National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE)

## Dose-limiting Toxicity (DLT)

- Usually summarize toxicity into a binary DLT outcome
- In most phase I cancer clinical trials, a DLT is defined as a grade 3 or higher toxicity according to the NCI CTCAE

## Maximum Tolerated Dose (MTD)

- The dose associated with a pre-specified probability ( $\theta$ ) of DLT
- MTD is defined as the dose level whose toxicity probability is closest to  $\theta$ .

# Multiple toxicity gradations

## Multiple toxicity gradations

- DLT does not take into account toxicity gradations
- However, sometimes interested in various gradations of toxicity
- Consider an example:

Phase I trial in lymphoma patients treated with bortezomib plus the standard CHOP-Rituximab regimen.

Grade 3 neuropathy is symptomatic toxicity interfering with activities of daily life, resolved by treatment VS.

Grade 4 neuropathy is life threatening or disabling and hence irreversible.

- Wish to specify different thresholds  
 $\theta_3$  is the target toxicity probability for  $Y \geq 3$   
 $\theta_4$  is the target toxicity probability for  $Y \geq 4$

## Continual Reassessment Method (CRM) for binary outcome

- Model-based method for dose finding
- Start with an assumed dose toxicity curve and a chosen target toxicity rate
- After observing a patient's toxicity outcome, dose toxicity curve re-fit and model parameter(s) re-estimated, using Bayesian or maximum likelihood methods
- Next person assigned dose with estimated toxicity probability closest to the target rate
- Repeat until a specific sample size is met

## Design parameters to be specified for CRM

- target DLT probability  $\theta$  for  $Y \geq 3$
- number of doses/dose levels
- prior MTD
- sample size
- dose toxicity model  $F(\cdot, \beta)$
- prior distribution for model parameters  $\beta$
- skeleton - initial guess of toxicity probabilities for each dose, which provides rescaled dose levels by backward substitution

- Method1: Bayesian CRM with multiple toxicity constraints  
Lee SM, Cheng B, Cheung YK Biostatistics 2010 paper
- Method2: Likelihood CRM with multiple toxicity constraints  
Cheng B, Lee SM Journal of Statistical Planning and Inference 2015 paper
- Other methods:  
Model as an Ordinal Outcome (0-5) using, for example, a Proportional Odds Model  
2 stage design with lower grades

## Approach

- Two chosen target toxicity rates  $(\theta_3, \theta_4)$
- After getting the toxicity data, create two binary outcomes based on the two thresholds  $(Y \geq 3, Y \geq 4)$ .
- Use two CRMs independently to find the recommended dose levels based on each threshold. That is

$$x_3 = \arg \min_x |F_3(x, \hat{\beta}_3) - \theta_3|$$

$$x_4 = \arg \min_x |F_4(x, \hat{\beta}_4) - \theta_4|$$

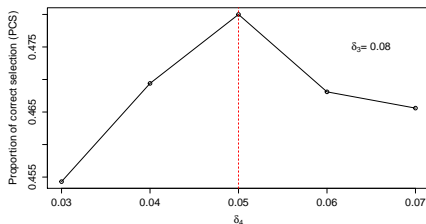
where  $x$  is the dose level and  $F_3(\cdot, \hat{\beta}_3)$  and  $F_4(\cdot, \hat{\beta}_4)$  are models for the two toxicity outcomes

- MIN: assign dose of  $\min\{x_3, x_4\}$  to the next patients

# Design parameters for simulation study

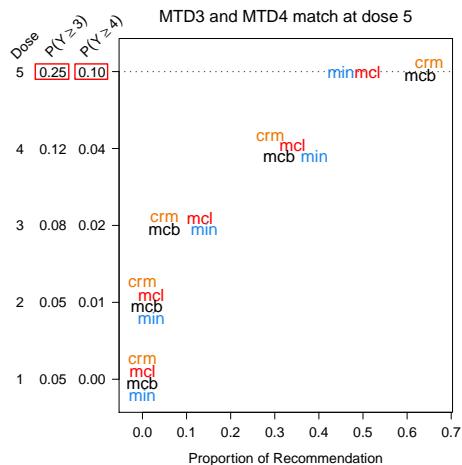
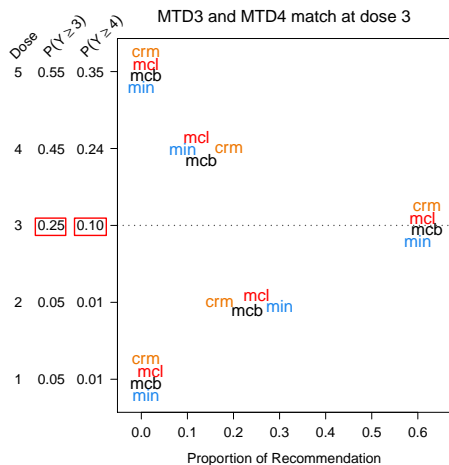
- Applied to the bortezomib lymphoma trial
- Target toxicity probability  $\theta_3 = 0.25, \theta_4 = 0.10$
- Dose levels  $K = 5$
- Prior MTD = 3
- Sample size = 18
- Dose toxicity models:  $F_3(d, \beta_3) = d^{\exp(\beta_3)}, F_4(d, \beta_4) = d^{\exp(\beta_4)}$
- Skeleton: optimal pair  $(\delta_3, \delta_4) = (0.08, 0.05)$ , using similar approach by Lee and Cheung (2009) to get the optimal  $\delta$ .

Grid search for optimal  $(\delta_3, \delta_4)$  pair

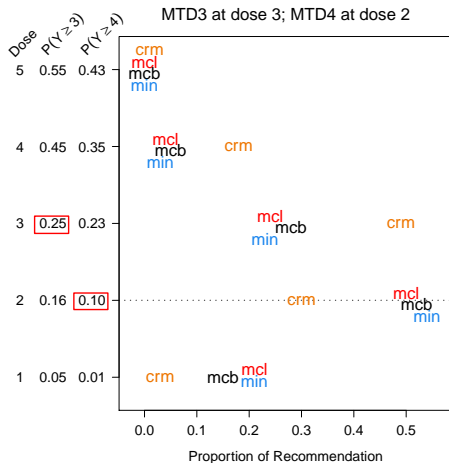
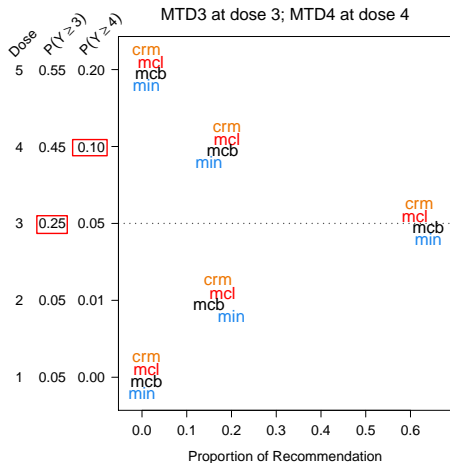




## Comparison of proposed method (MIN) to CRM, MCB, MCL



## Comparison of proposed method (MIN) to CRM, MCB, MCL



# Conclusions

- When  $MTD3 > MTD4$ , CRM fails to choose the right dose, since it does not take into account the secondary constraint.
- MIN, MCB, and MCL perform equally well except when the target dose is the highest level.
- MIN is simple and can be easily implemented, using existing `dfcrm` R package

- O'Quigley J, Pepe M, Fisher L. Continual reassessment method: a practical design for phase 1 clinical trials in cancer. *Biometrics*. 1990 Mar; 46(1):33-48.
- Lee SM, Cheung YK. Model calibration in the continual reassessment method. *Clin Trials*. 2009 Jun;6(3):227-38.
- Lee SM, Cheng B, Cheung YK. Continual reassessment method with multiple toxicity constraints. *Biostatistics*. 2011 Apr;12(2):386-98.
- Cheng B, Lee SM. On the consistency of the continual reassessment method with multiple toxicity. *Journal of Statistical Planning and Inference*. Available online 14 March 2015.
- Cheung YK. dfcrm: Dose-finding by the continual reassessment method. R package version 0.2-2. 2013.  
<http://CRAN.R-project.org/package=dfcrm>
- Cheung YK. Dose finding by the continual reassessment method. Chapman and Hall/CRC Biostatistics Series. 2011.

# Acknowledgments

- Shing M Lee
- Jimmy K Duong
- Bin Cheng
- Ken YK Cheung
- Dose finding working group at Columbia University, Department of Biostatistics