

# Prognostic and Predictive Markers: *What's the difference? & Why should I care?*

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# Definition

A biomarker is a characteristic that is objectively measured as an indicator of:

- Normal biological processes,
- Pathogenic processes OR
- Pharmacological response to a therapeutic intervention.

# US FDA

- A **VALID** biomarker:
  - Is measured in an analytical test system with well established performance characteristics
  - Has a scientific framework or body of evidence as to physiologic, toxicologic, pharmacologic, or **clinical significance** of the test results
  - Is “Fit to purpose”, which is context specific
- **Clinically useful** biomarkers:
  - Address a specific setting
  - Are clinically actionable
  - Reliably estimate effect

<http://www.fda.gov/cder/guidance/6400fnl.pdf>

<http://www.fda.gov/Drugs/ScienceResearch/ResearchAreas/Pharmacogenetics/ucm083378.htm>

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# “What is the Purpose?”

- Risk or susceptibility? MSI, Fam Hx, BRCA1
- Diagnosis? PSA?
- **Prognosis?** Stage, OncotypeDX?
- **Predictive of tx benefit?** ER+, Her2+, KRAS-, BRAF, ALK
- PD/Dose adjustment? CYP2D's, UGT1A1
- Disease progression? CA125?, CTC?
- Surrogate endpoint? Response?
- Early readout? Fdg-PET?

Some of these pre-date current rules and are “Known” to be valid biomarkers by virtue of long experience supporting their use.

# Importance of Purpose of Biomarker

## Ex: Prognostic vs Predictive

Blue/Green Biomarker  
Perfectly Predicts Long-term Outcome

Everyone got SRG &  
Systemic Adj. Tx



**If you had this biomarker, how would you use it clinically?**

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# Treatment Confuses the Issue

	Cured by SRG	Not Cured by SRG
Adj Tx Sensitive		
Adj Tx Resistant		

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# Treatment Confuses the Issue

	Cured by SRG	Not Cured by SRG
Adj Tx Sensitive		
Adj Tx Resistant		

Don't need treatment



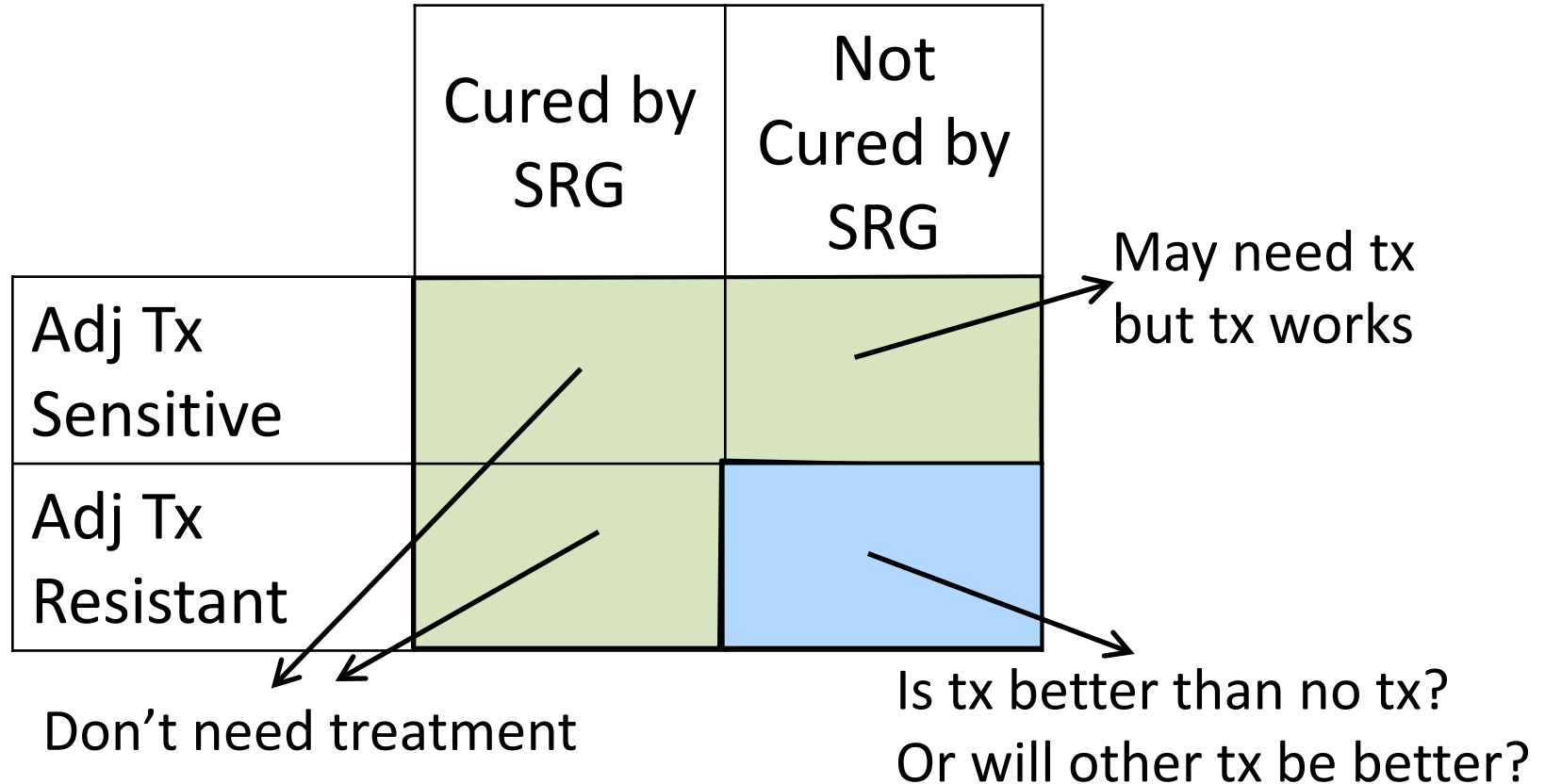
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# Treatment Confuses the Issue

	Cured by SRG	Not Cured by SRG
Adj Tx Sensitive		May need tx but tx works
Adj Tx Resistant	Don't need treatment	

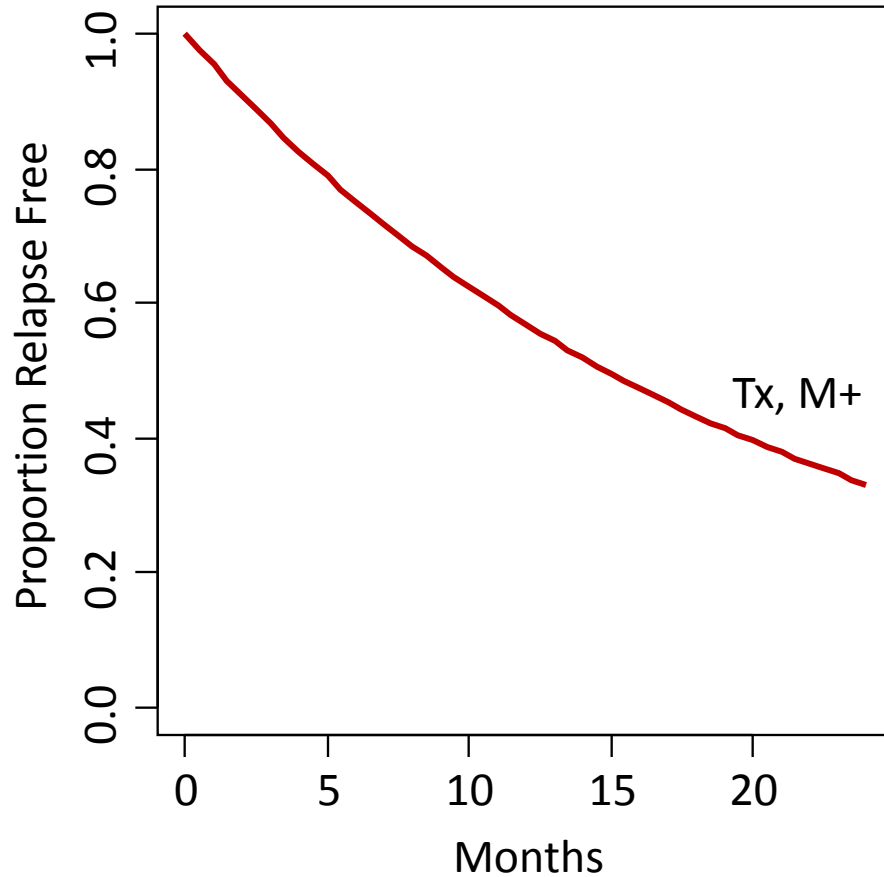
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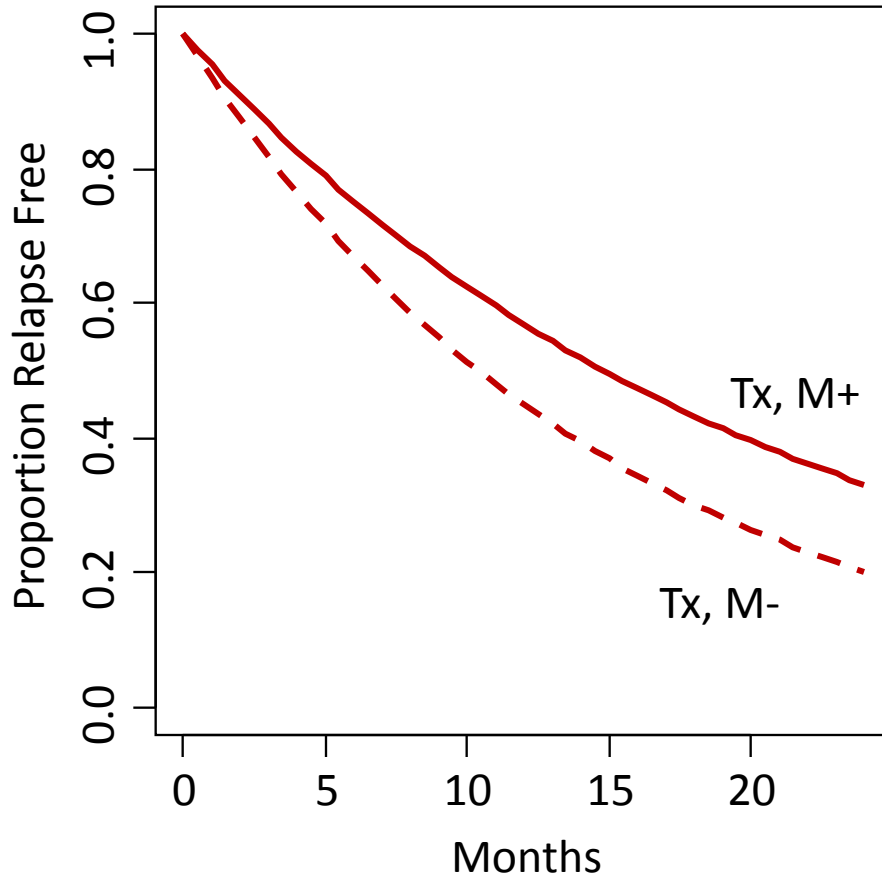


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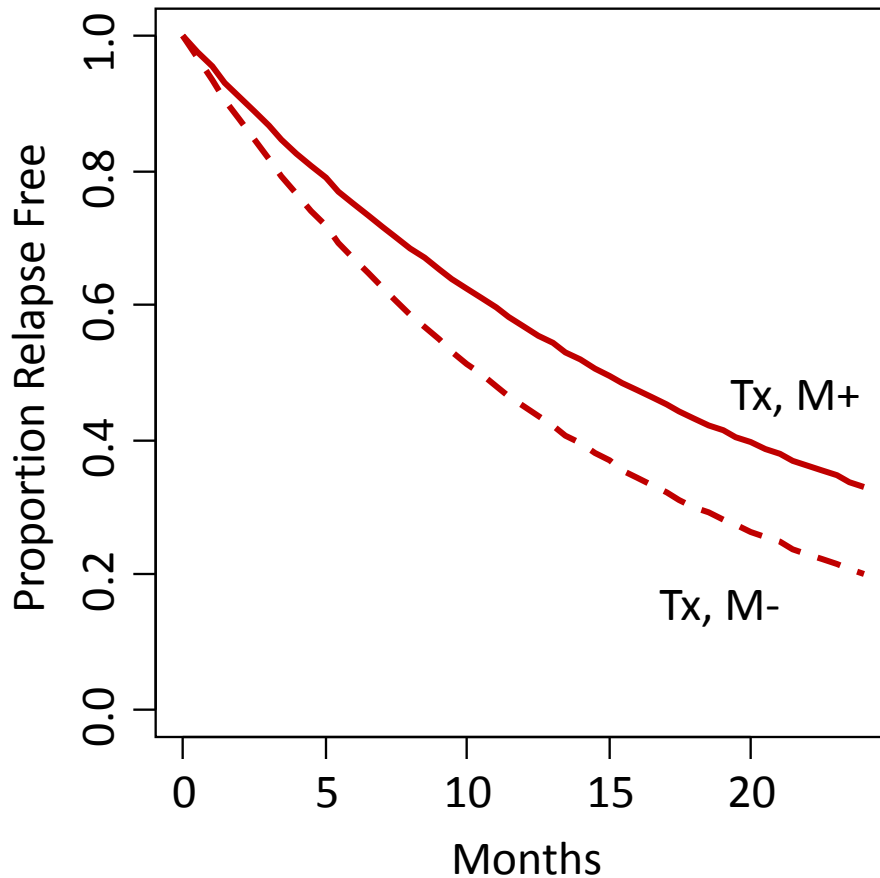
# Are these studies helpful?



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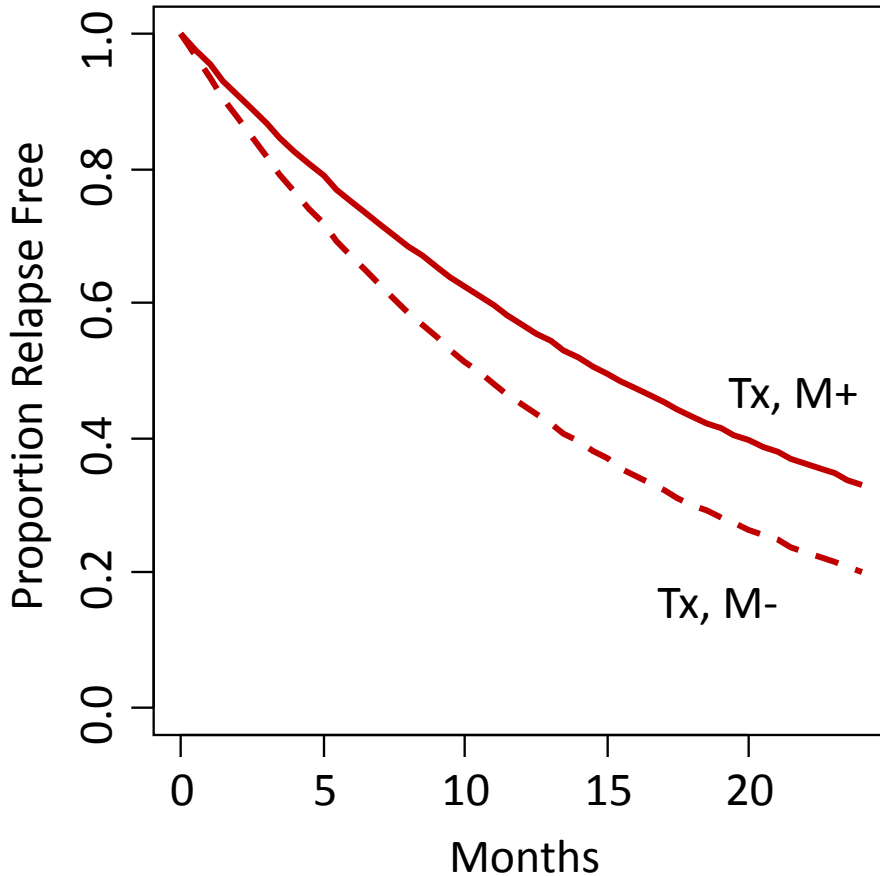


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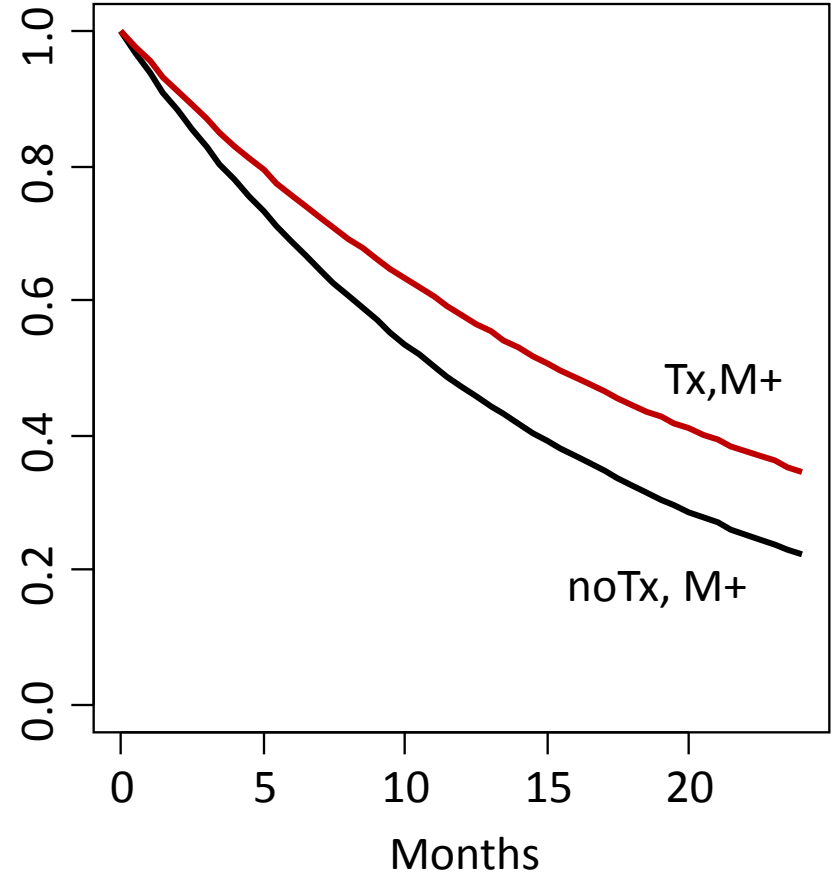


**Ex: retrospective study of biomarker in resected, tamoxifen treated cases**  
**Might be prognostic, need control.**

# Are these studies helpful?



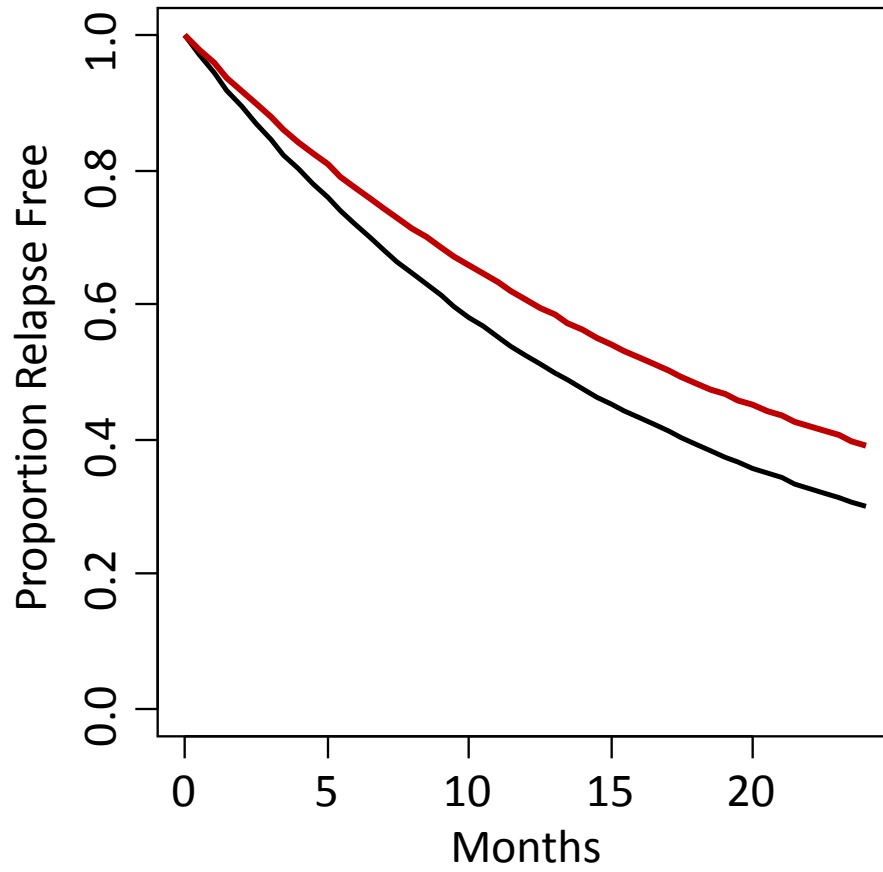
Ex: retrospective study of biomarker in resected, tamoxifen treated cases  
Might be prognostic, need control.



Ex: prospective study of GFR inhibitor vs placebo in GFR+ cases only  
Might miss effect in GFR-



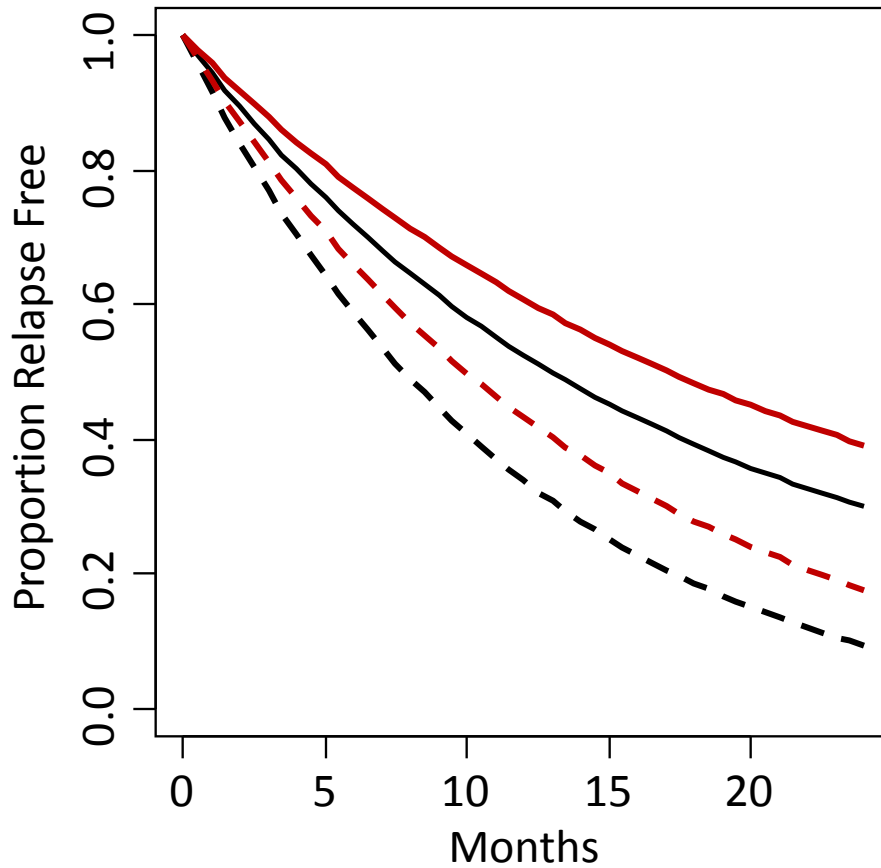
# Extreme Possibilities



— Tx/M+      — noTx/M+

# Extreme Possibilities

*Prognostic, but NOT Predictive*  
Treatment Benefits Everyone Equally



— Tx/M+

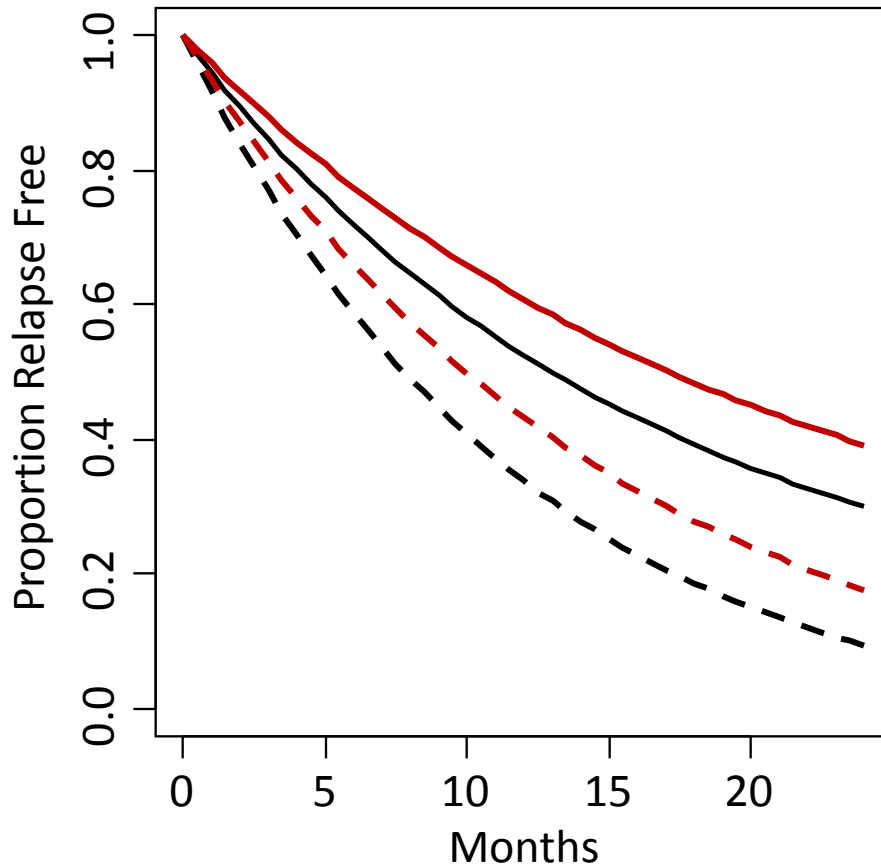
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- - Tx/M-

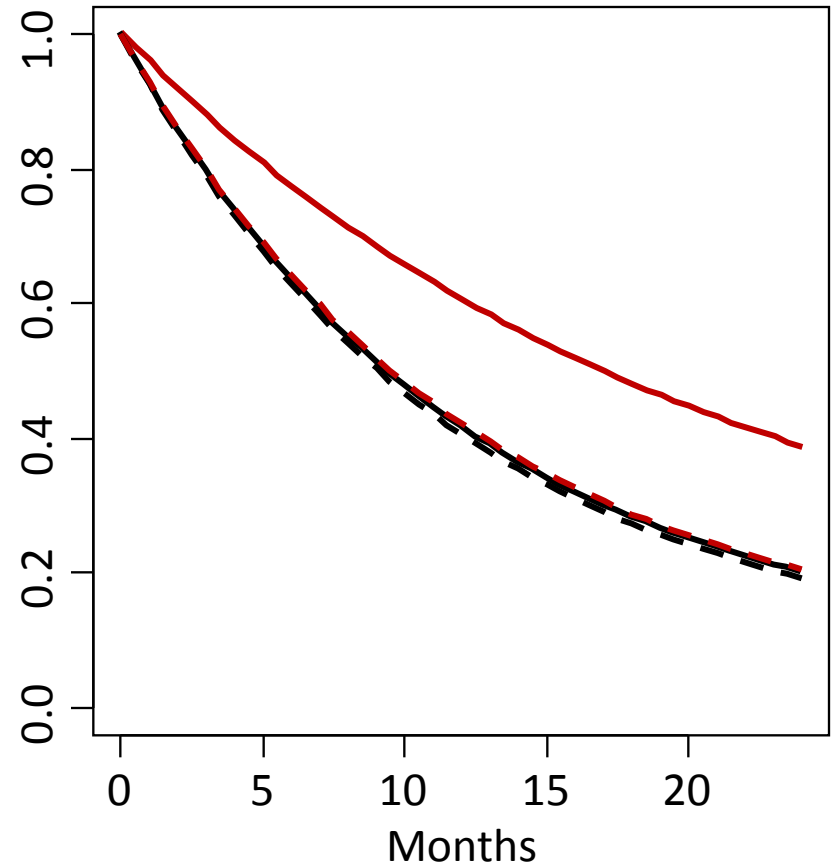
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# Extreme Possibilities

**Prognostic, but NOT Predictive**  
Treatment Benefits Everyone Equally



**Predictive, but NOT Prognostic**  
Treatment Benefits only Marker +



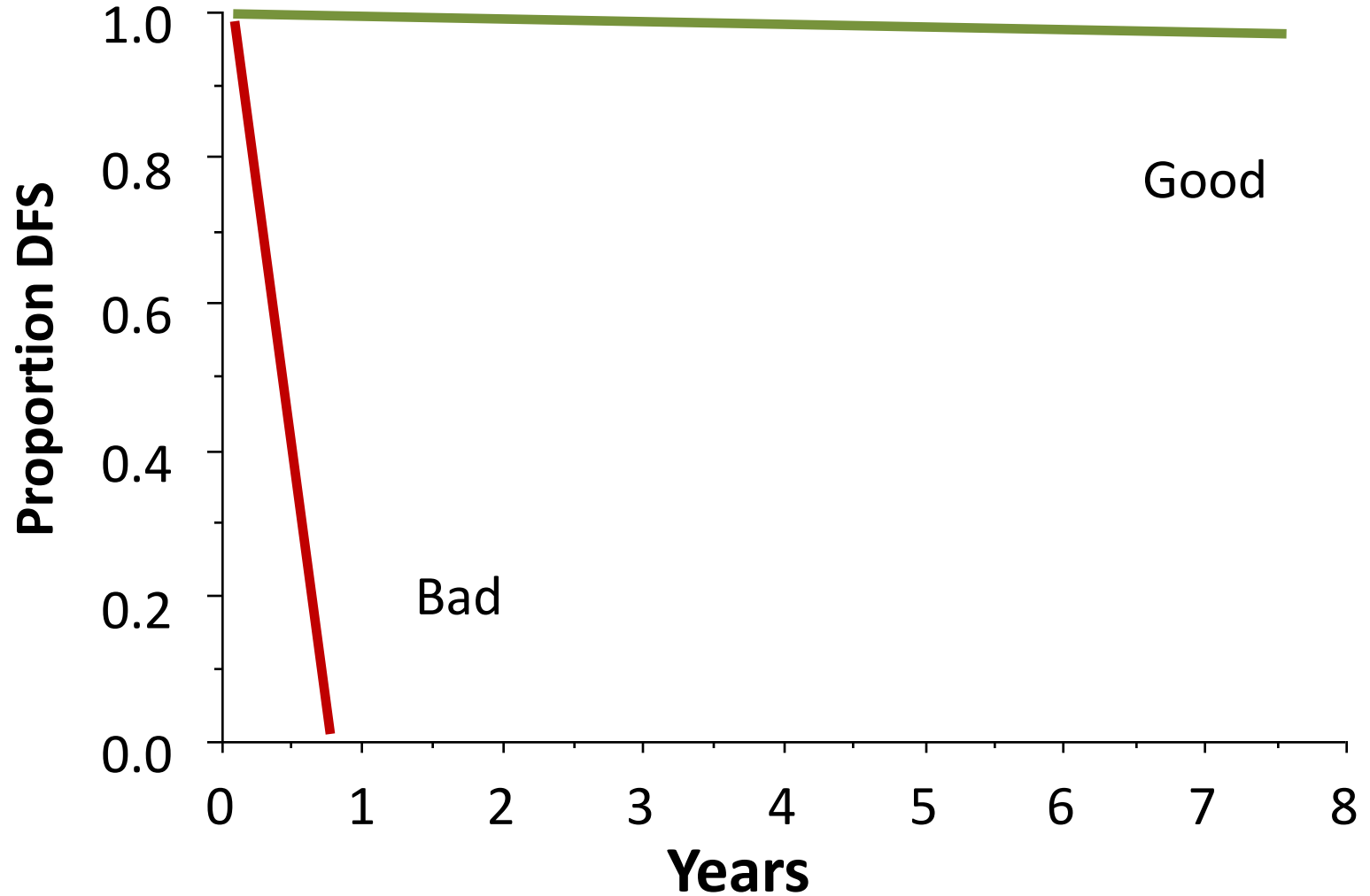
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# Prognostic vs Predictive Biomarkers

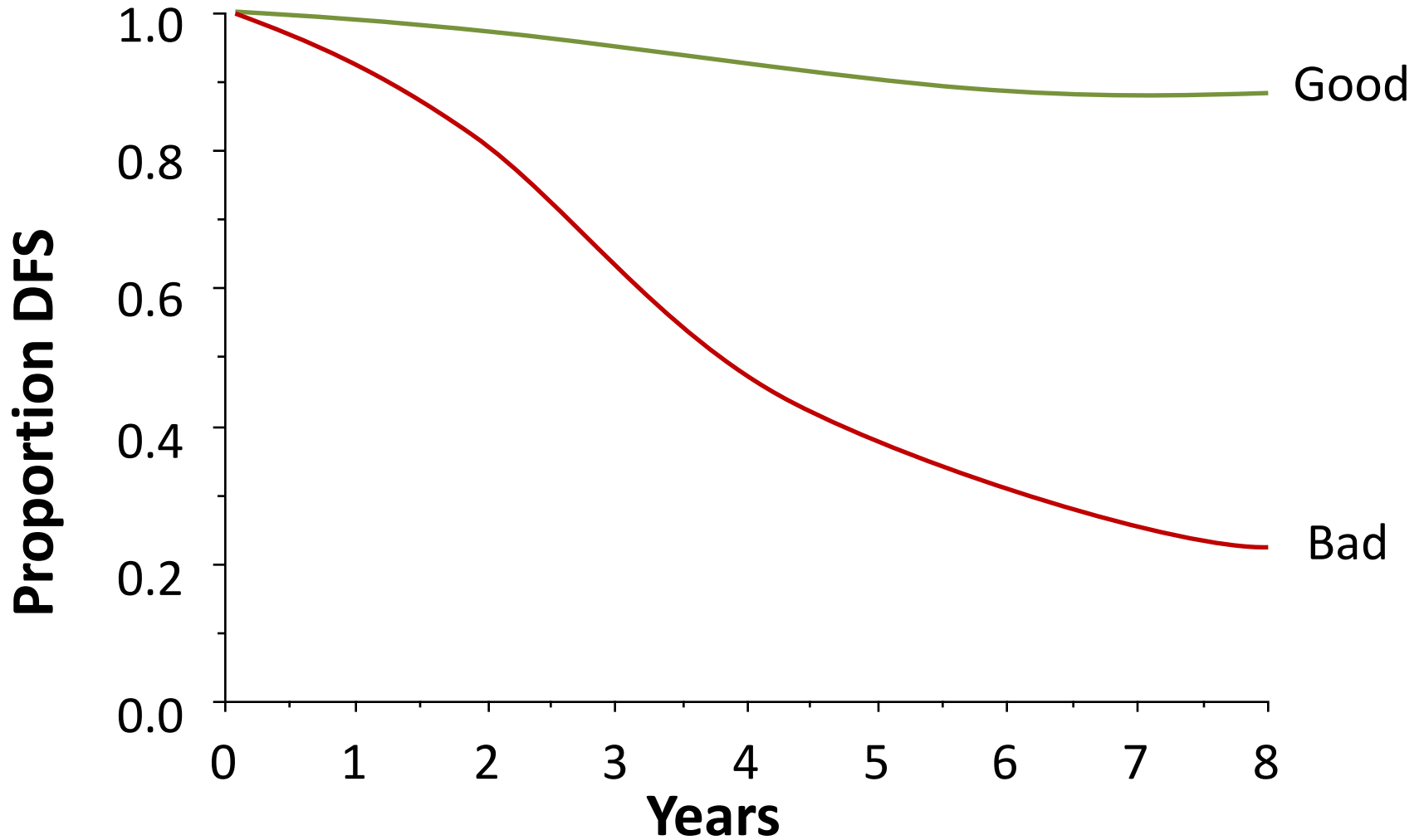
- Prognostic marker – natural history of disease, independent of treatment
  - Might indicate need for further treatment, but not WHICH treatment
- Predictive marker – benefit from specific treatment; helps to select particular treatment over another
- How good does the marker have to be?
  - What is “actionable”?

# Ideal Prognostic Biomarker



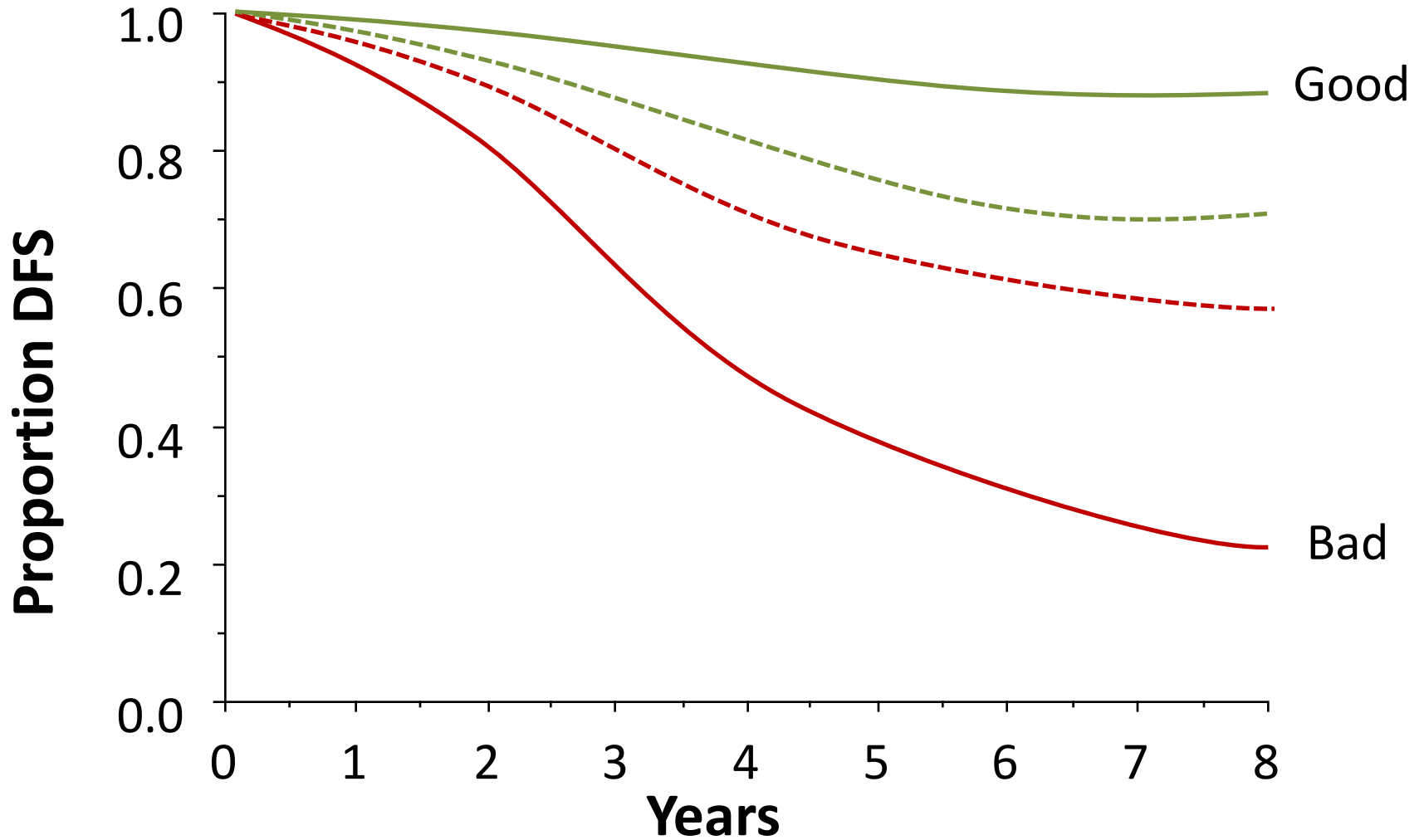
# “Actionable” Prognostic Biomarker?

## Statistical vs Clinical Significance



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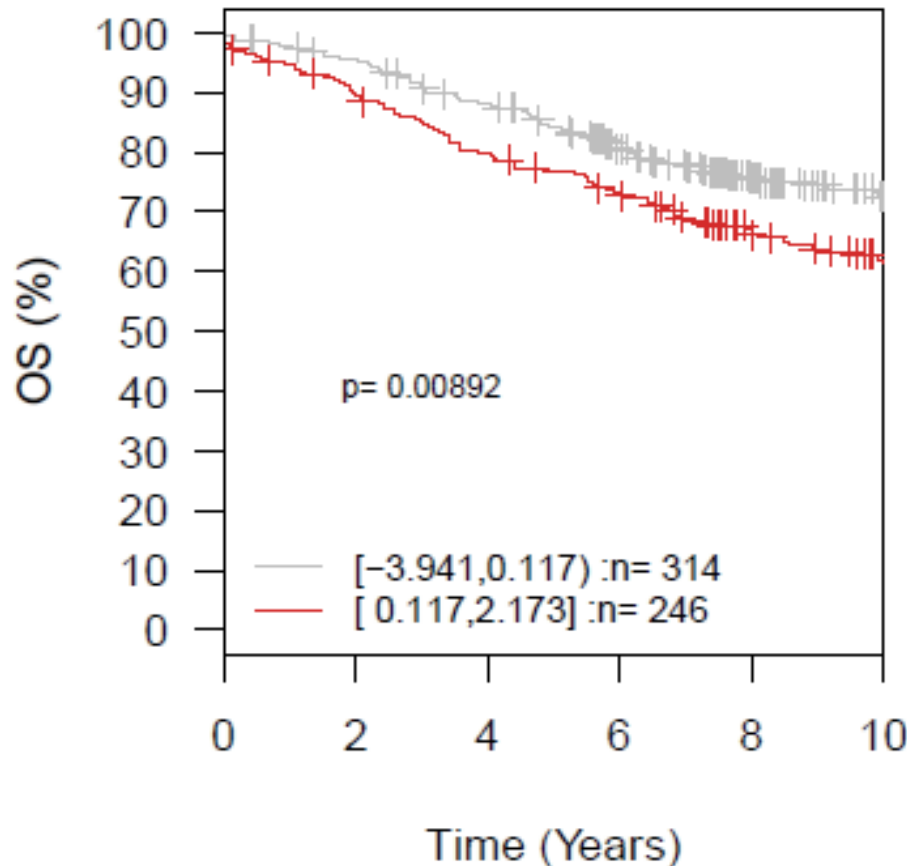
## Statistical vs Clinical Significance



# How often have you seen this?

“We analyzed publically available breast cancer data to evaluate the effect of MAP3K3 on outcome. MAP3K3 is an important new prognostic biomarker.”

ER+ tumors : Subset= ER-positive tumors : Gene= MAP3K3



## Pros:

- Cheap and easy
- Many tools available to wet lab investigators
- Can provide clues for further study

## Cons:

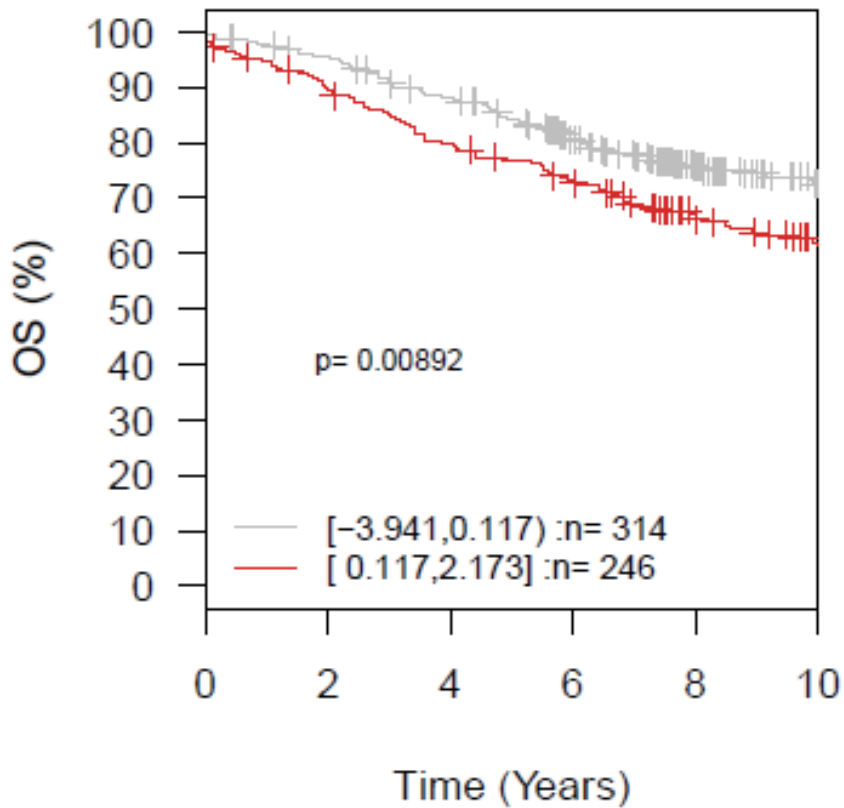
- Many tools available to wet lab investigators
- Statistically significant, BUT is it clinically significant?
- Same “flawed” datasets have been re-analyzed 100’s of times
- Important sources of confounding often totally ignored
  - Batch effects in assay
  - Differences in selection or clinical characteristics (i.e. stage, subtype)
  - Mixtures of treatments, etc



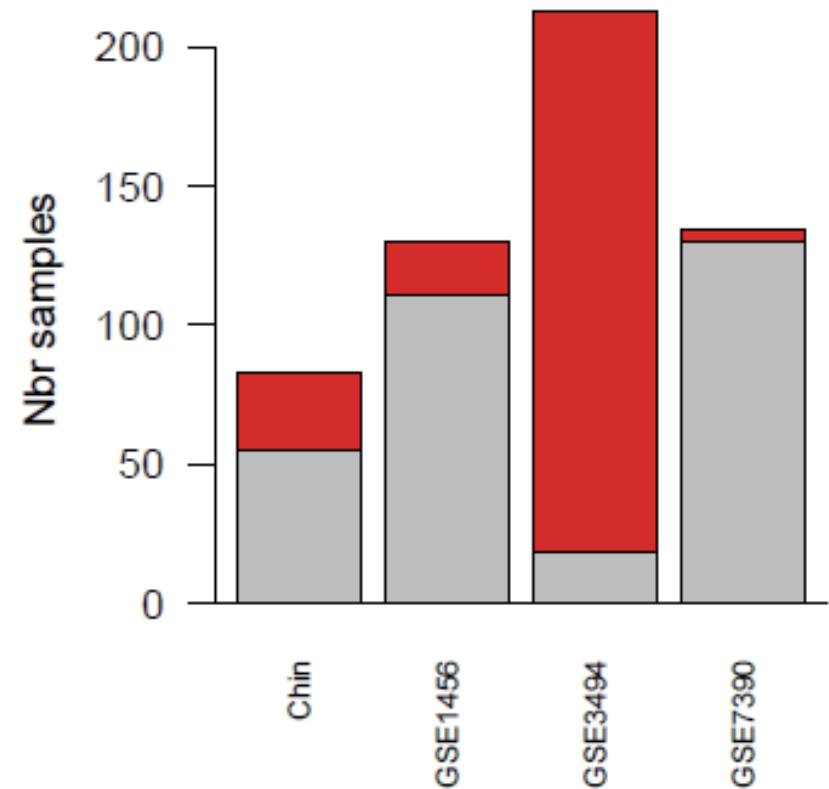
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## Analysis of Publically Available Data: MAP3K3

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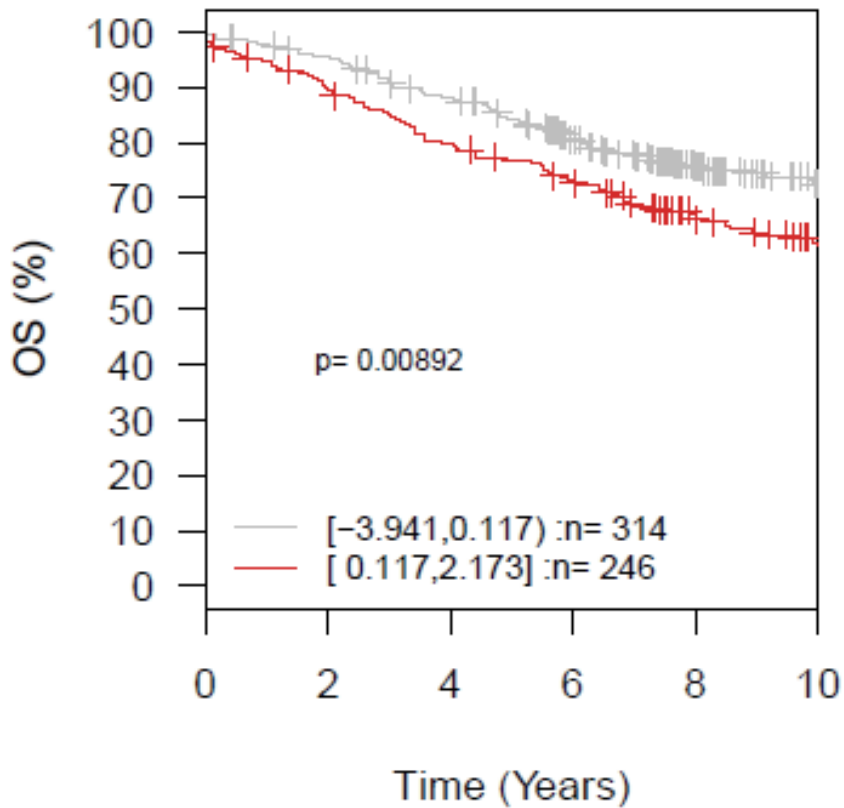
Distribution across data sets



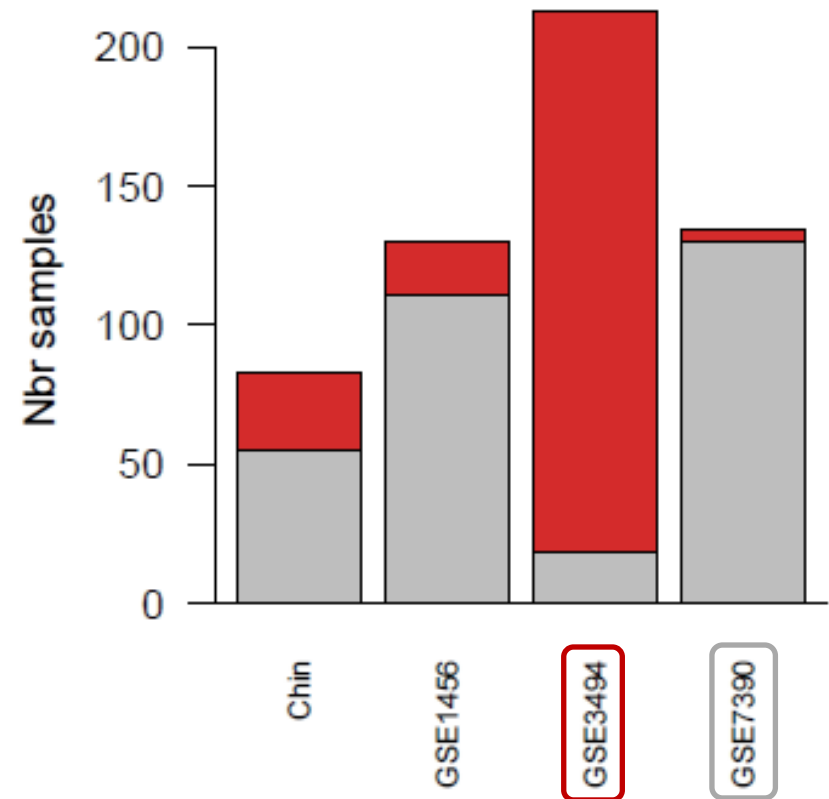
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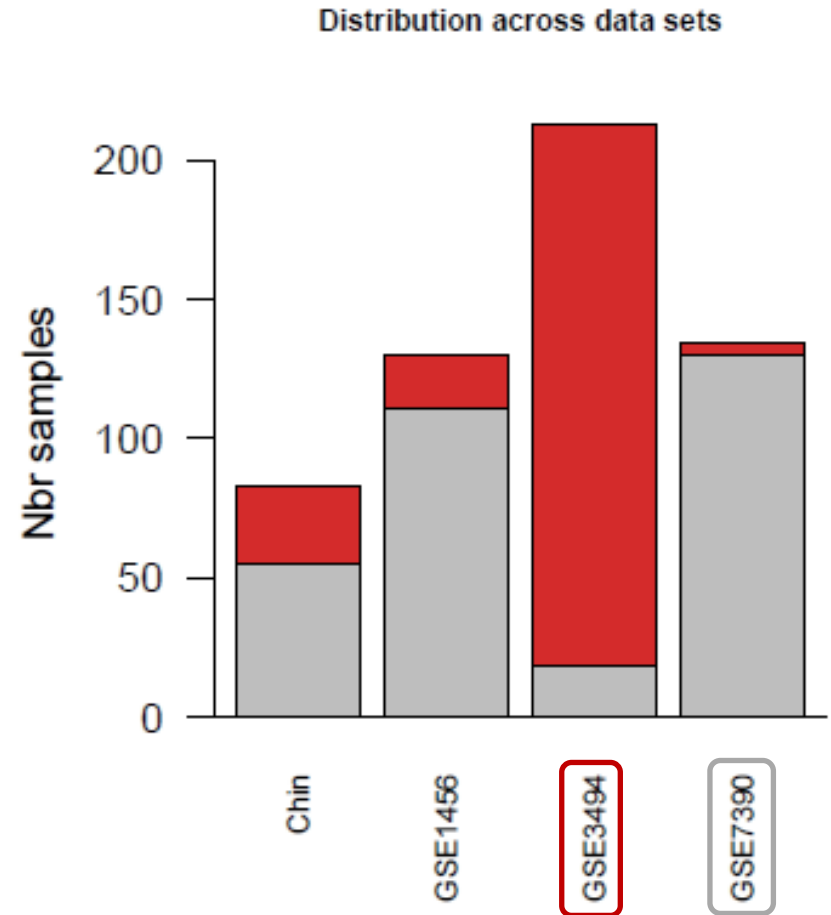
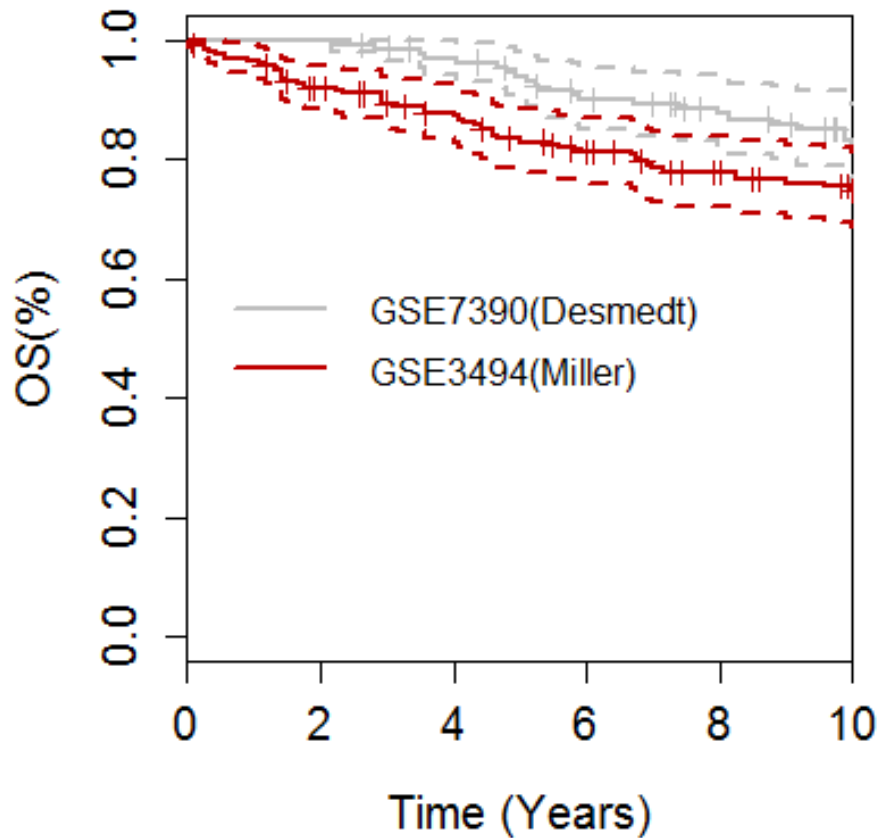
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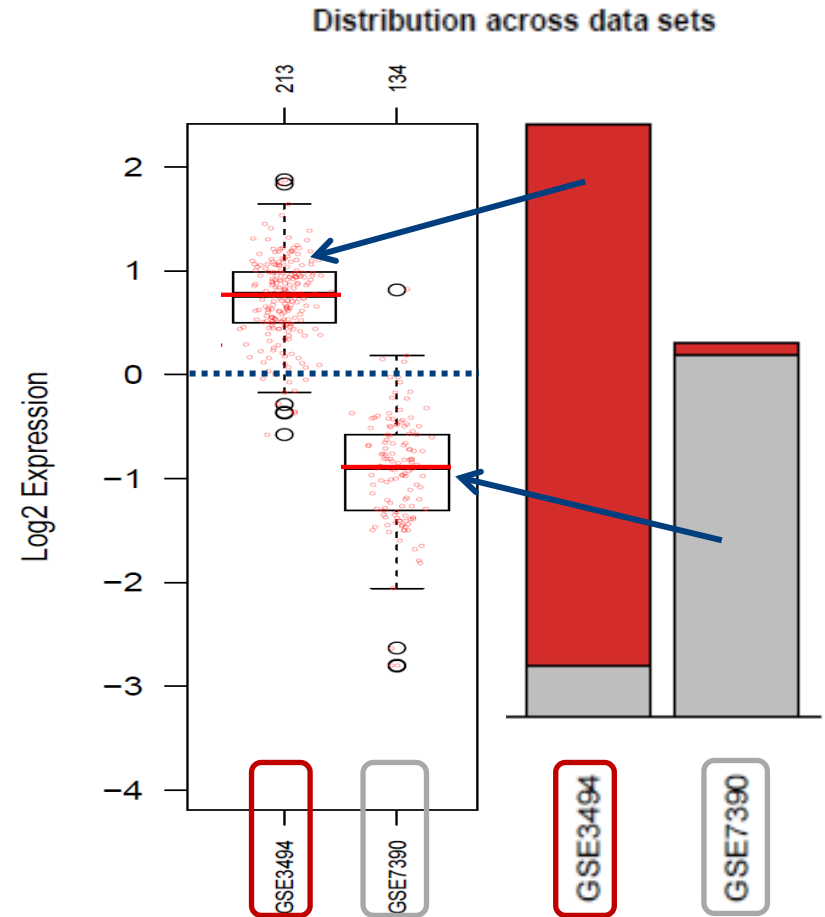
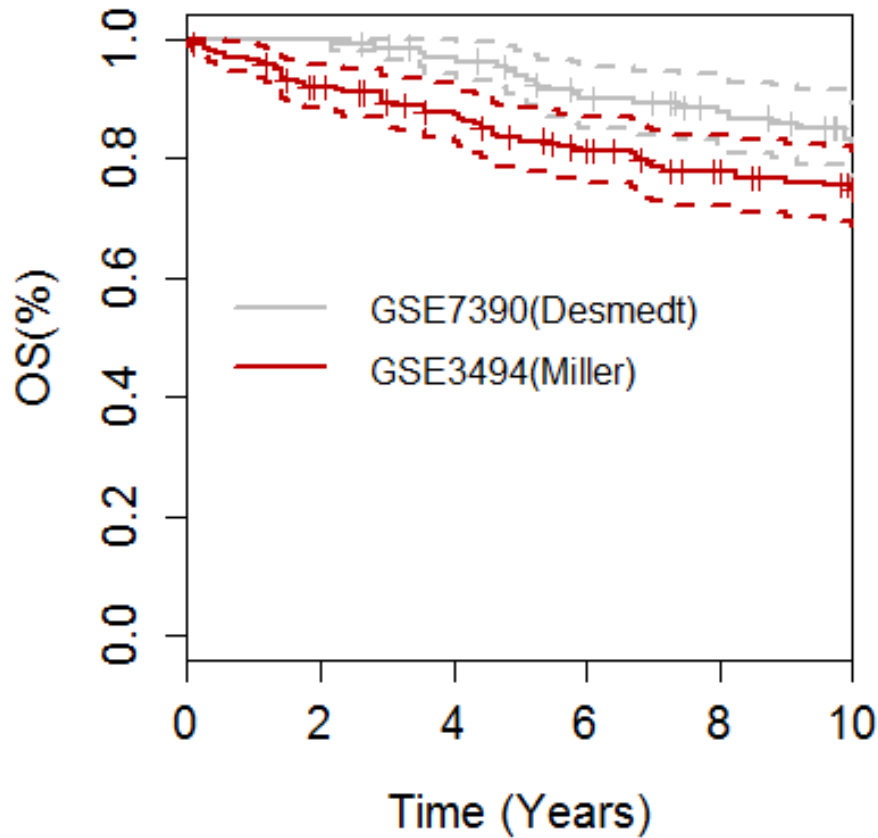
# Is this really prognostic?



GSE7390(Desmedt) – Node negative breast cancers, no adj tx, dates unknown, ER assay unknown, salvage therapy unknown

GSE3494(Miller) – All breast cancers, operated 1987-1989, adj tx?, Sweden, ER by biochem assay, salvage therapy unknown

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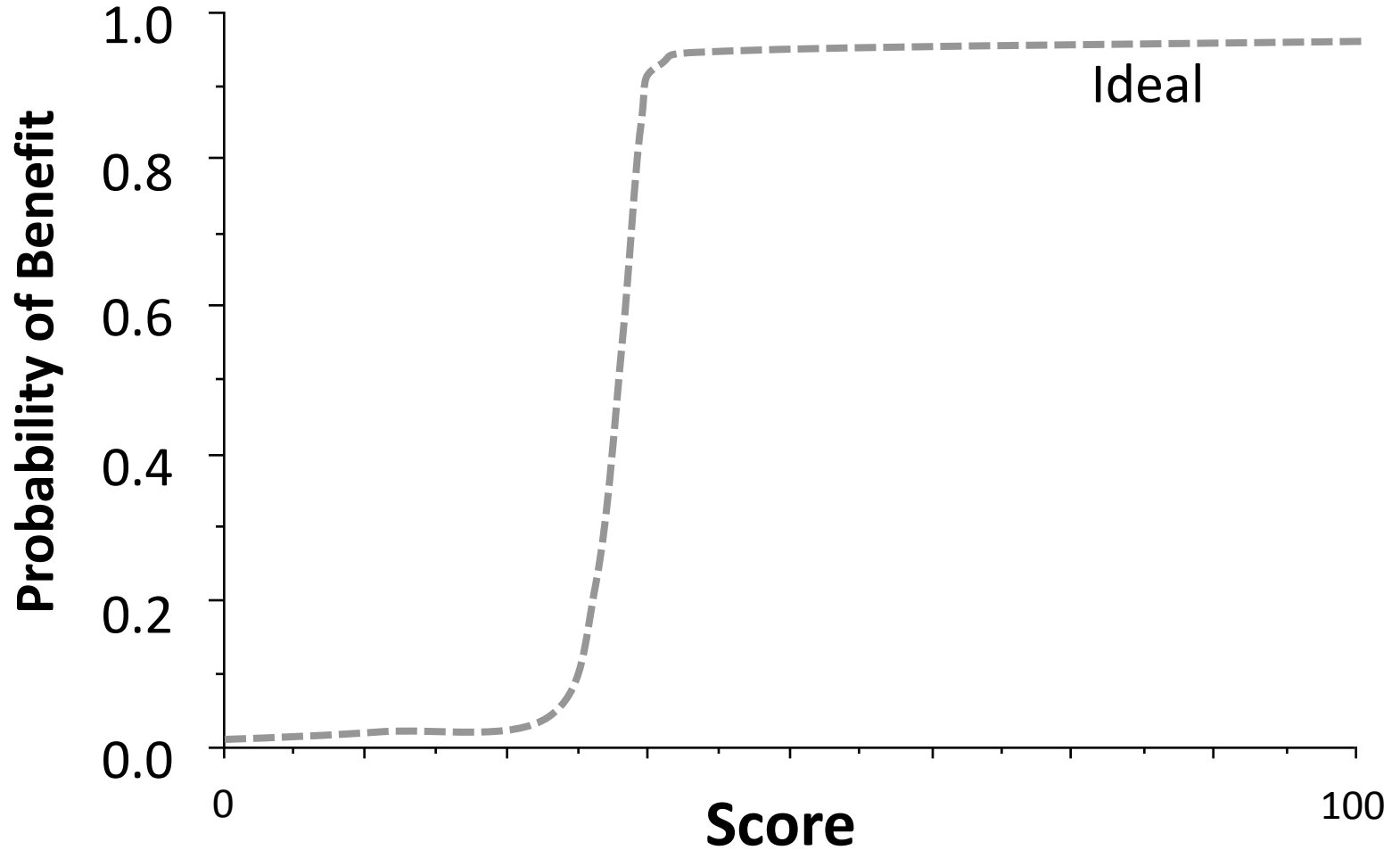


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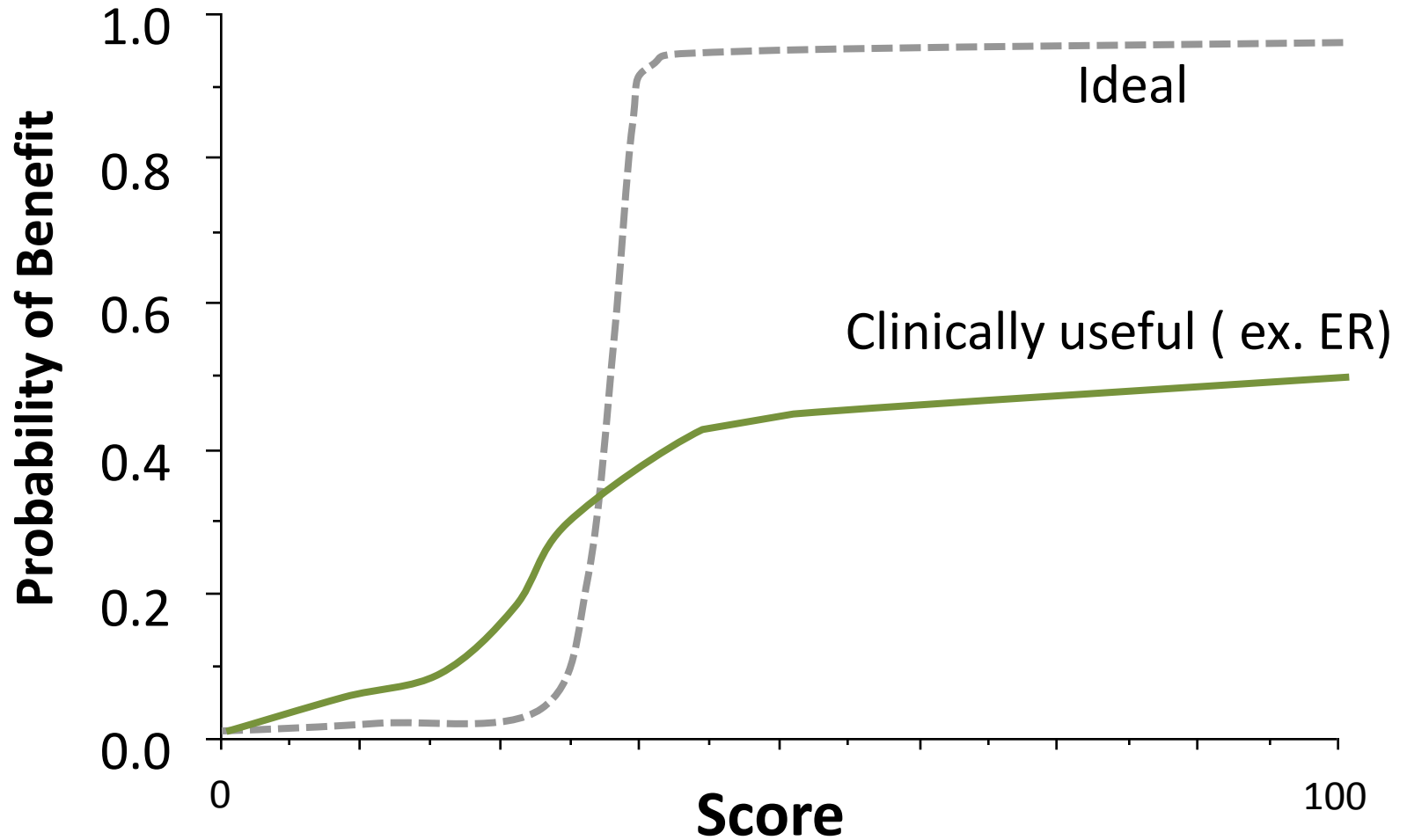
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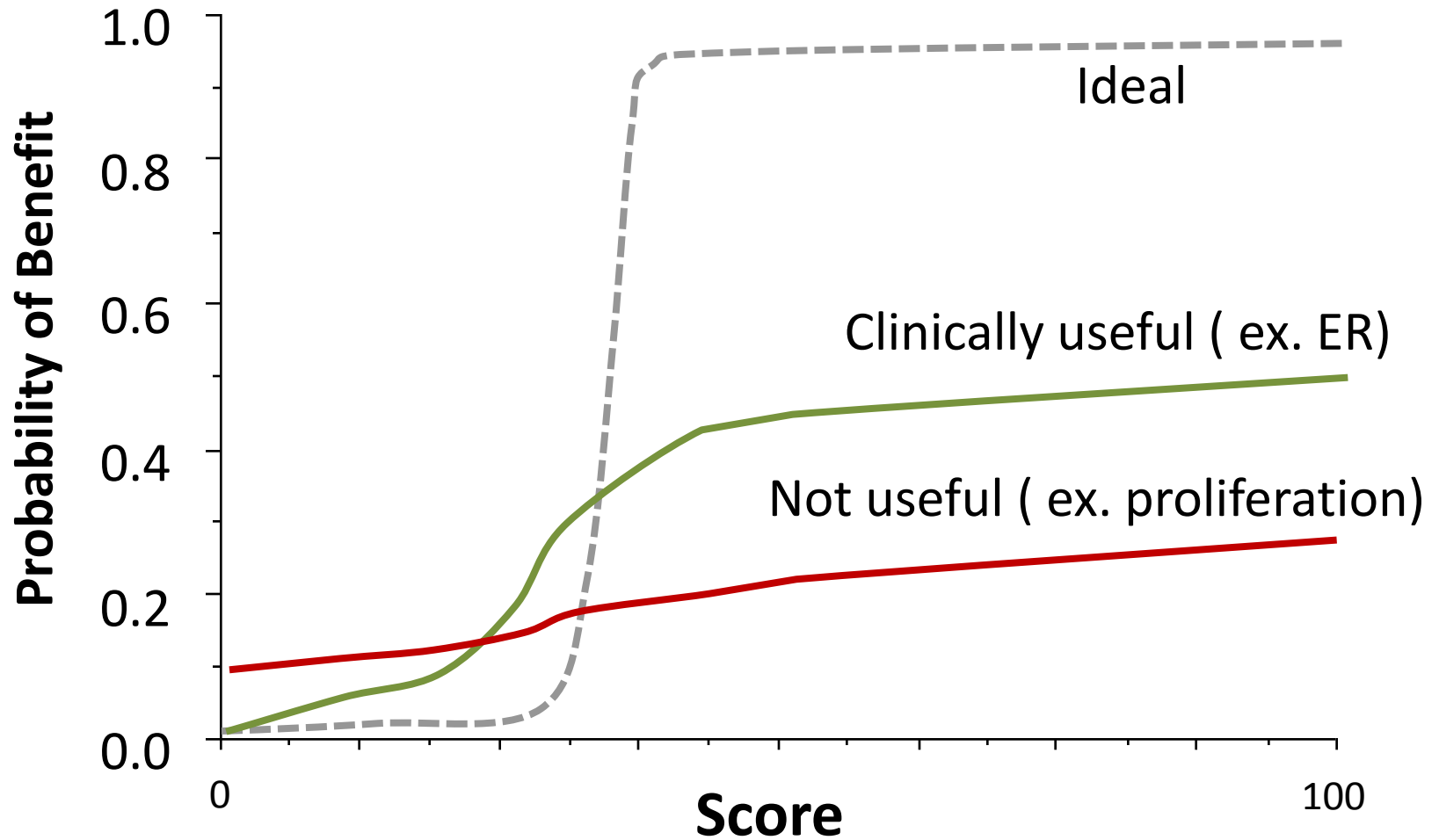
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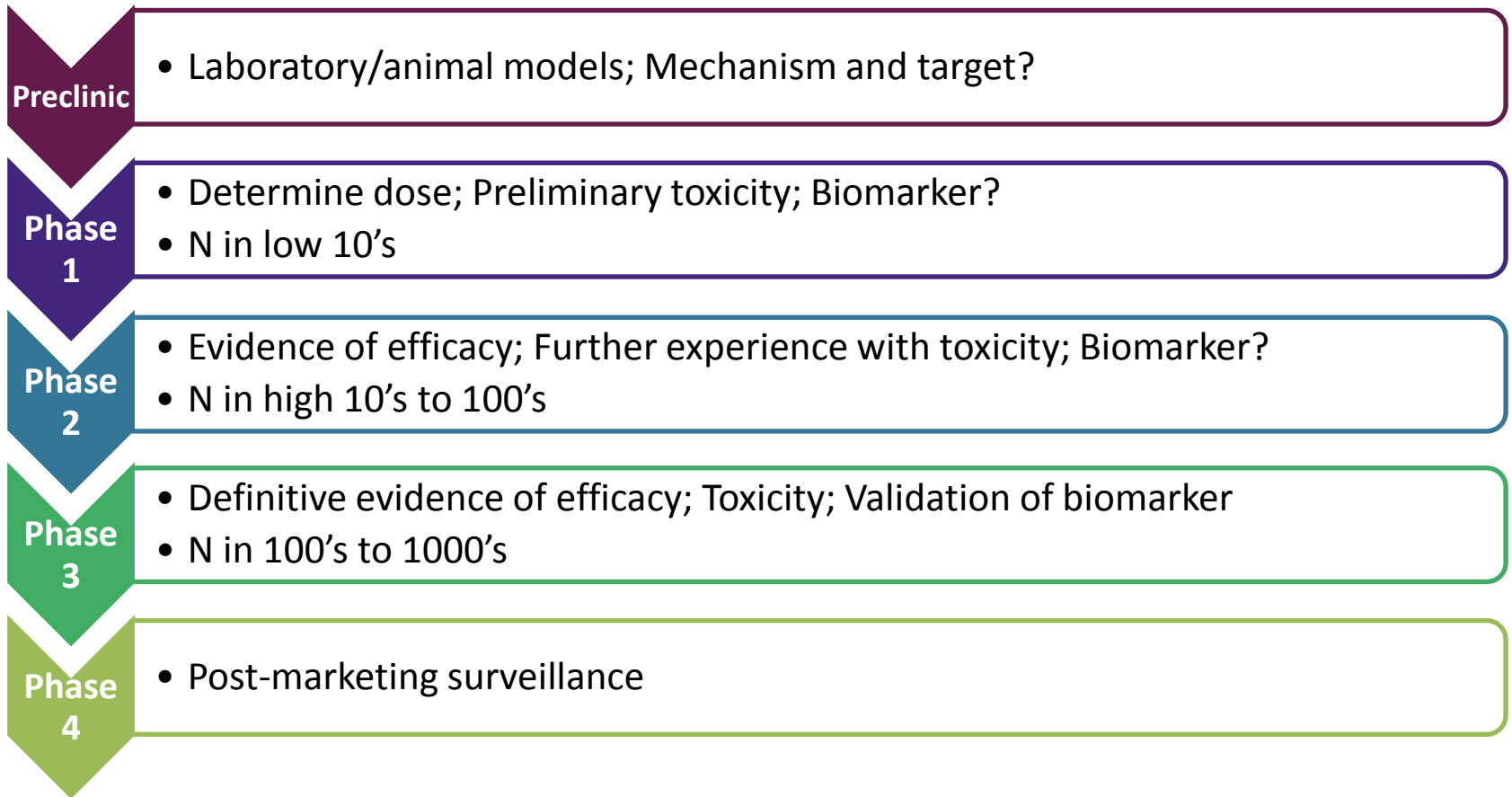


# A Few of the Many Questions to Ask ...

- **What is the role of biomarker in trial?**
- **Is there an assay? (discussion for lab)**
- **Should we take all comers or select?**
- **What is the appropriate endpoint?**
- **What is the appropriate design? (more on this in other talks)**



# Phases of Drug Development



## Additional issues for co-development with biomarker:

Decide to select or not to select?

Show reliability of assay prior to, or with early clinical trials

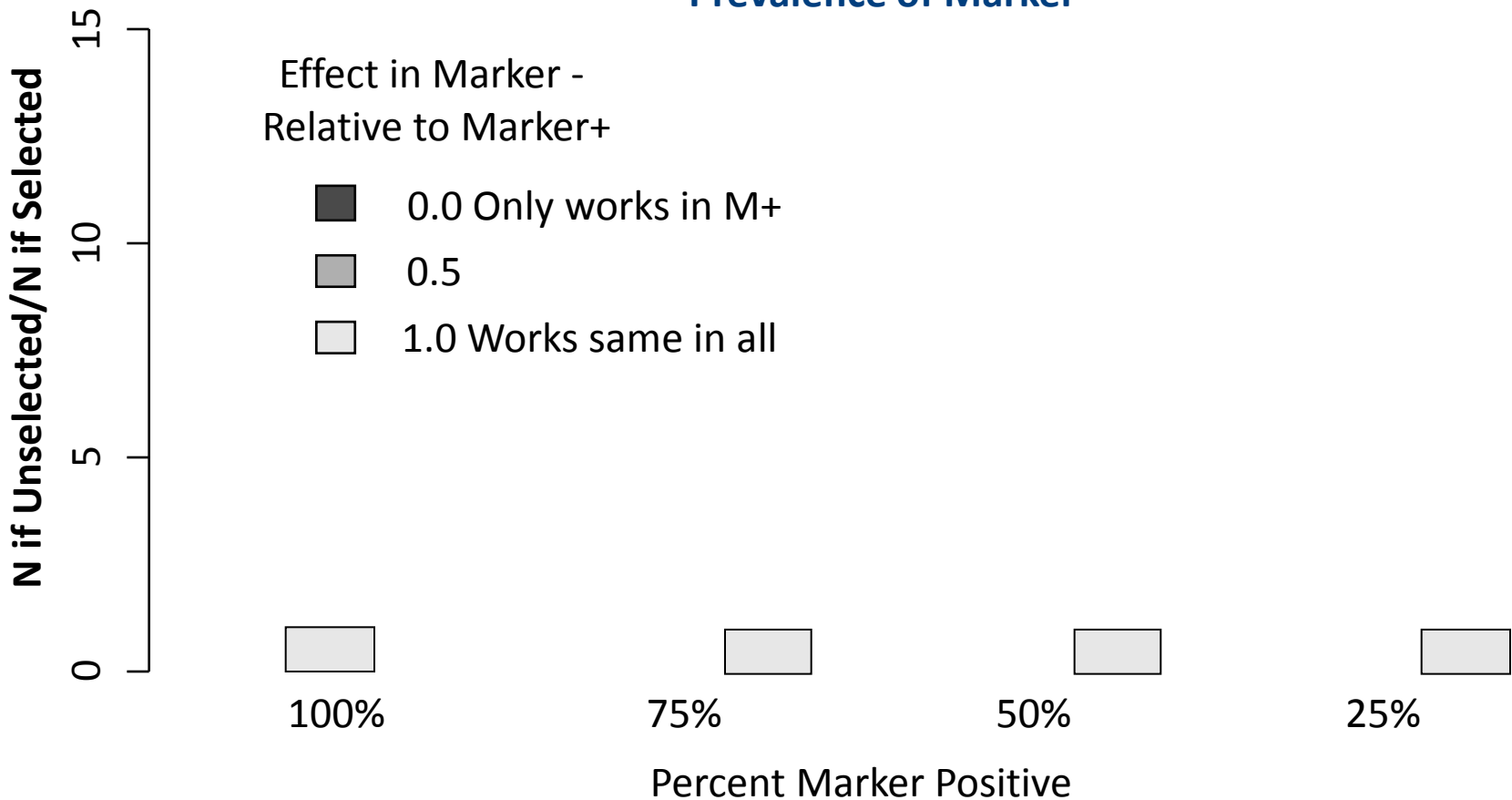
# Role of Marker in a Study

- Integral – assessed in order for study to proceed (i.e. eligibility or stratification); CLIA in USA
- Integrated – intended to validate assays and biomarker; trials test hypotheses with prespecified plans
- Ancillary or exploratory – trial data used to develop biomarker or assays, understand agent or biology

# To Select or Not To Select

*Relative Efficiency of Unselected vs Selected Designs Depends on:*

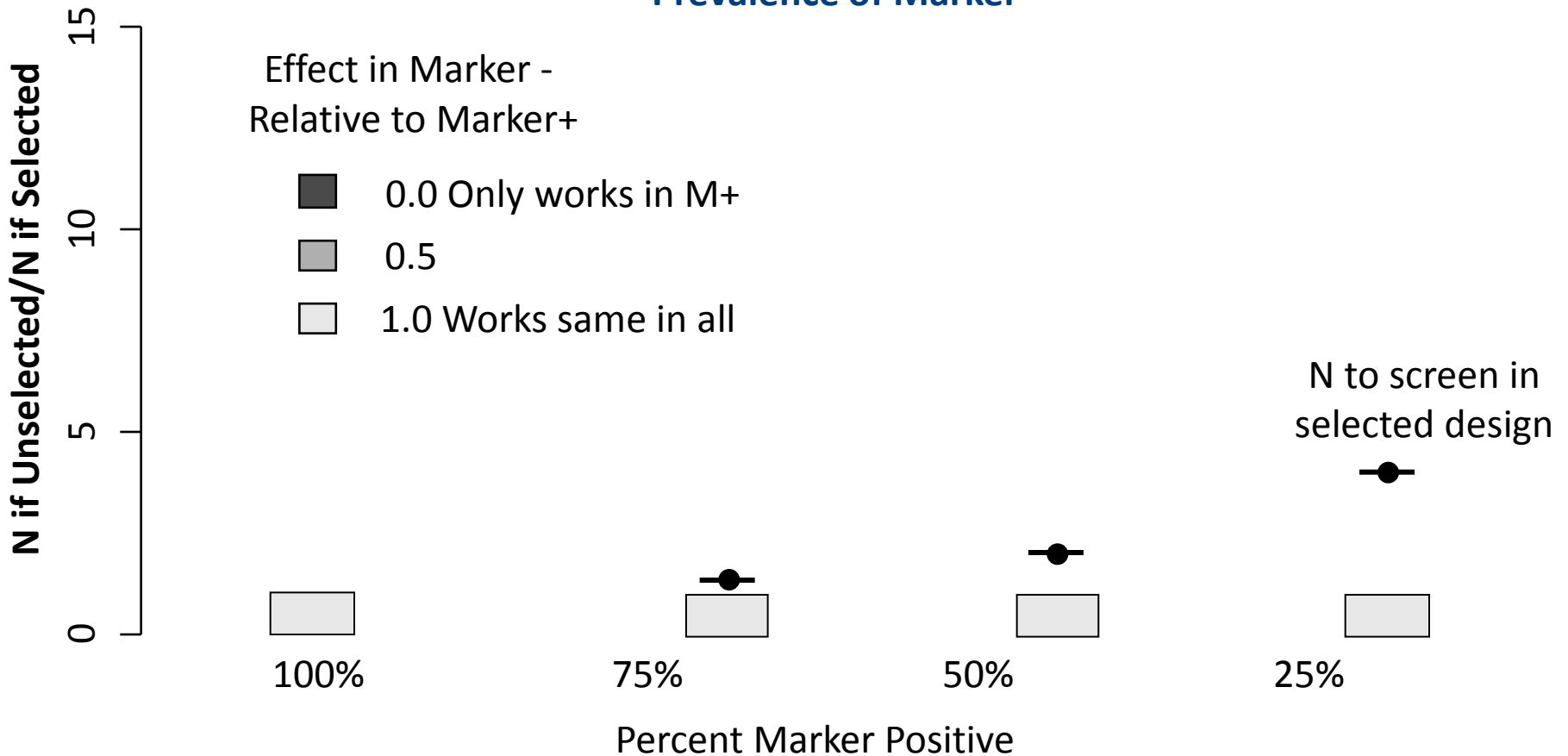
- Performance of Assay
- **Distribution of Effect**
- **Prevalence of Marker**



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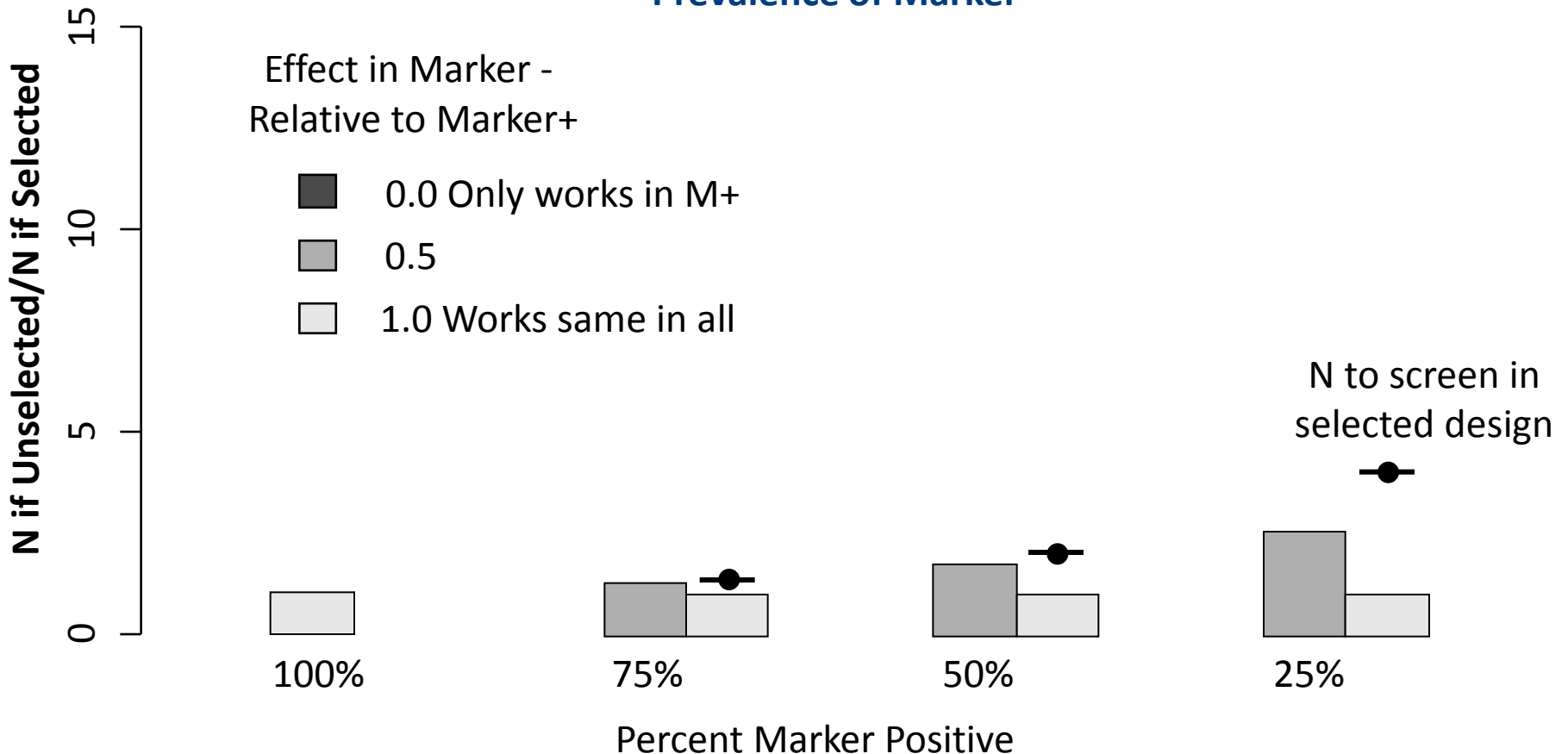
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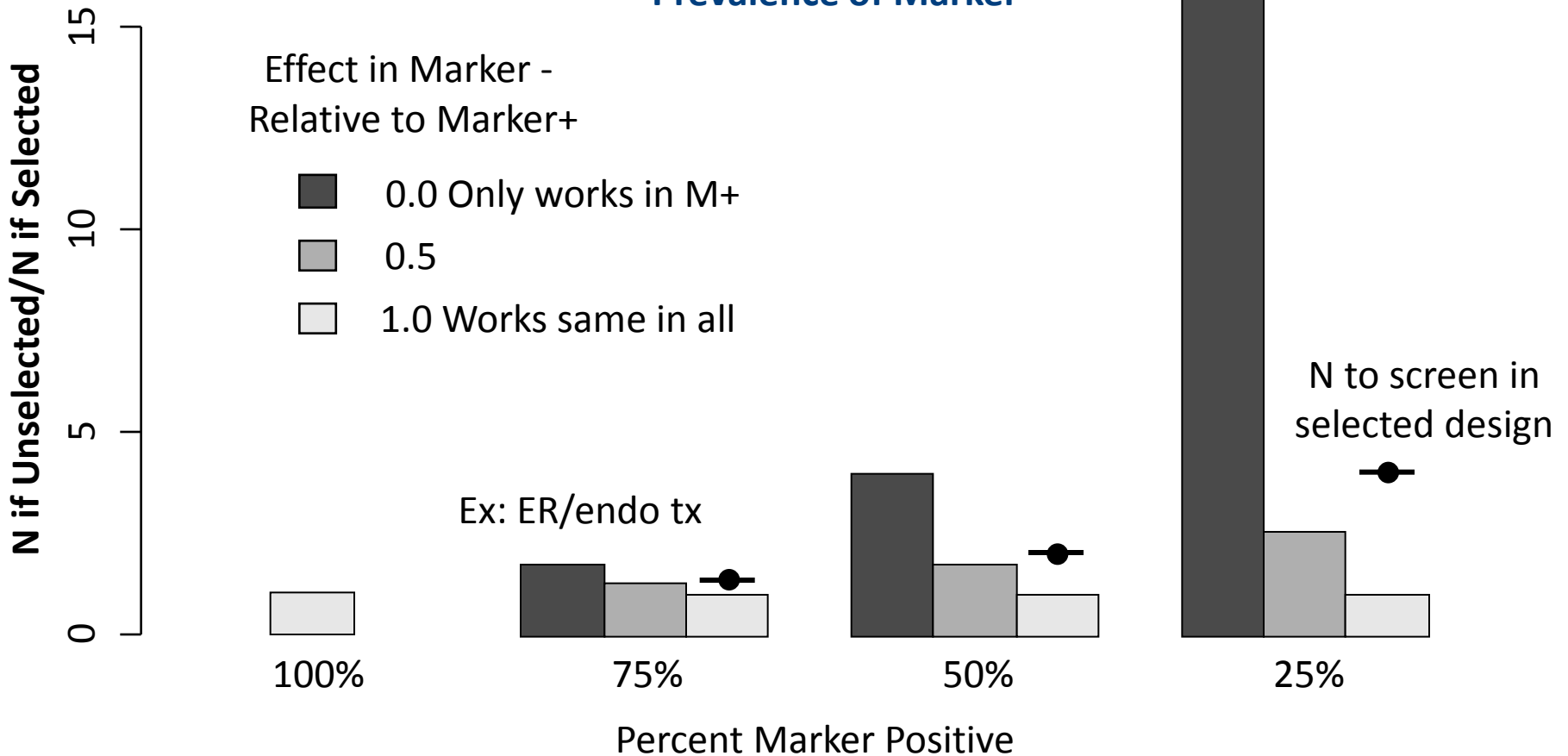
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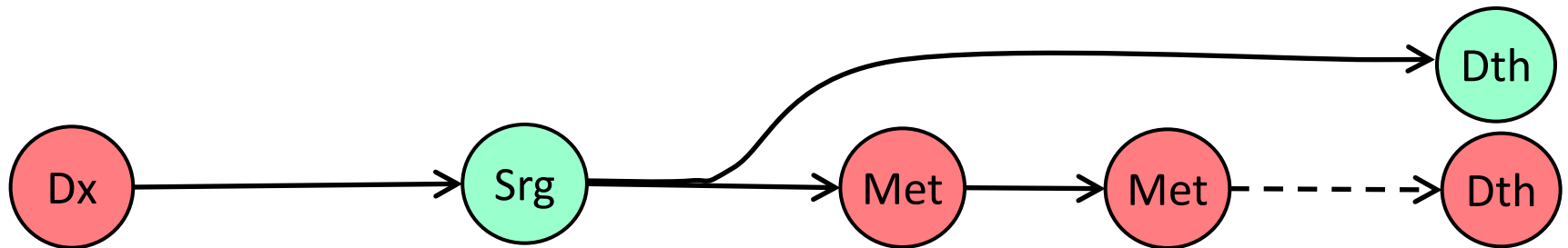
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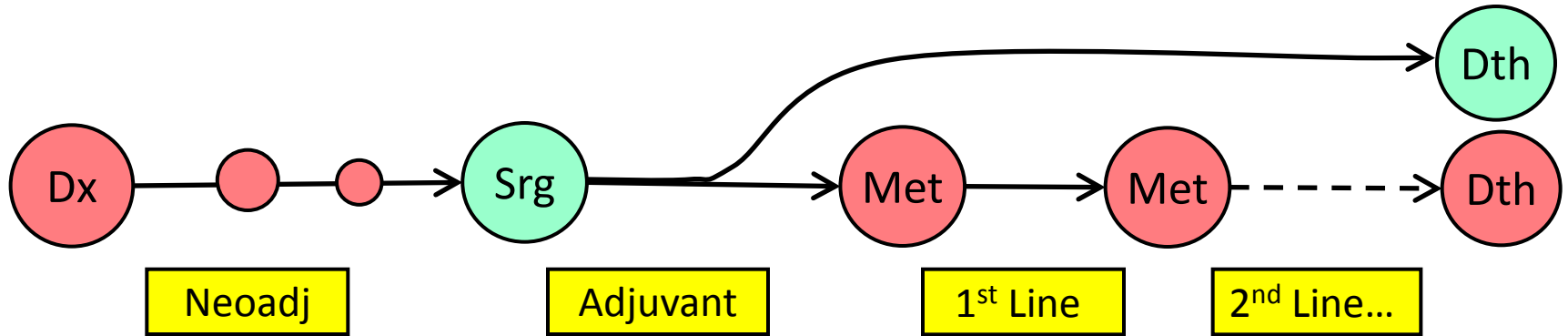
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# What is an Appropriate Endpoint (Cancer)?

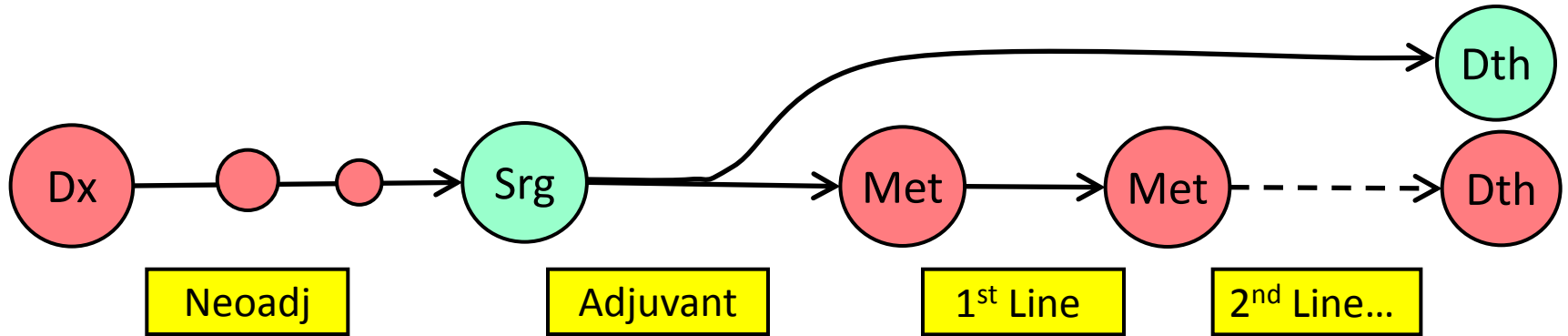


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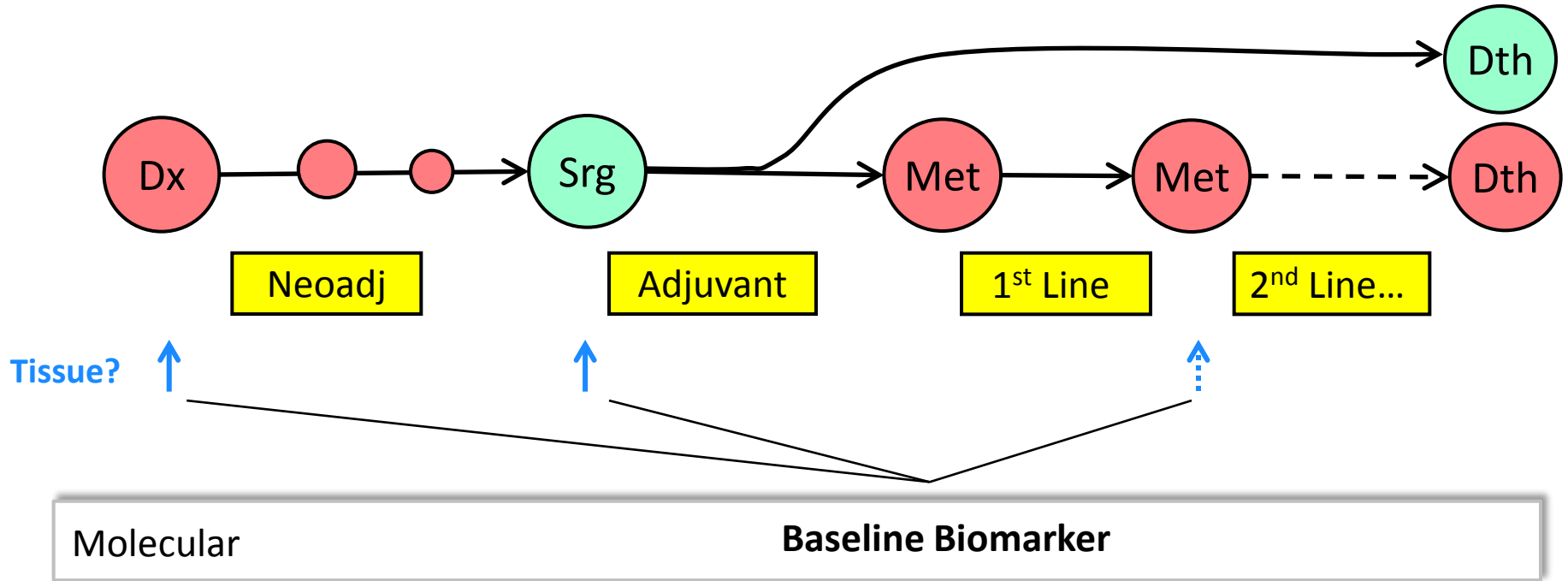


Mid-dev trials

Late trials

Early dev trials

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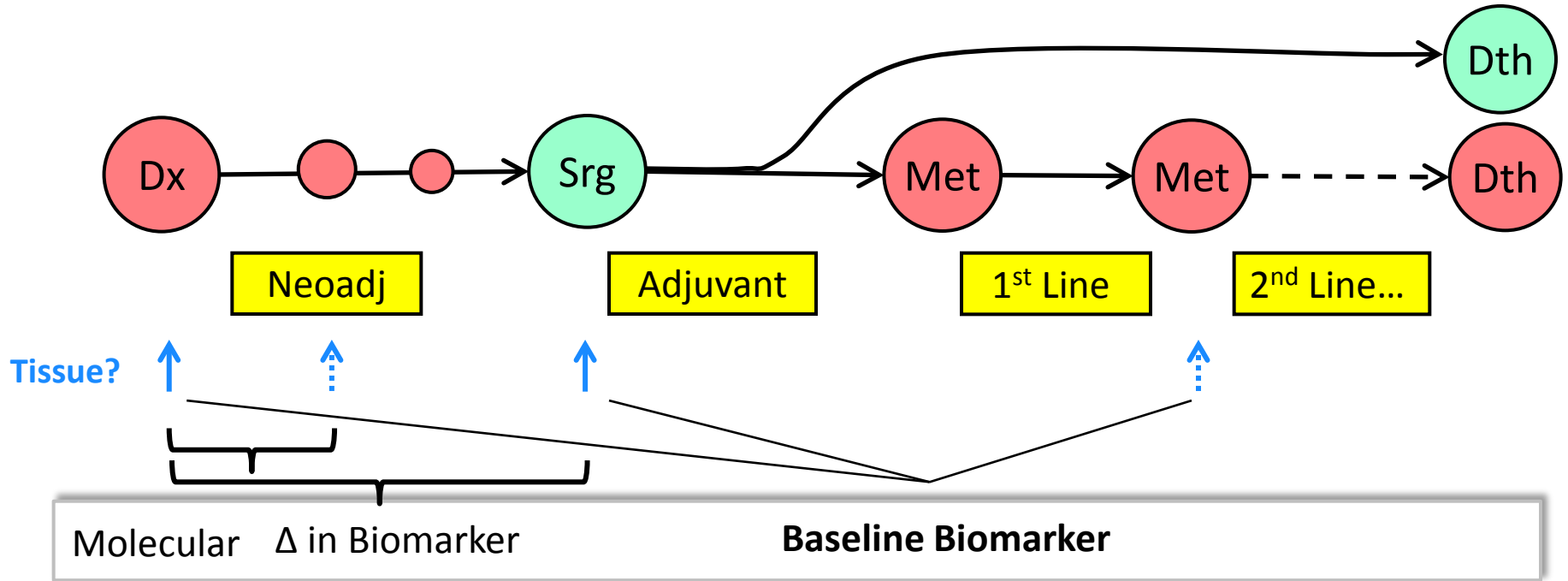


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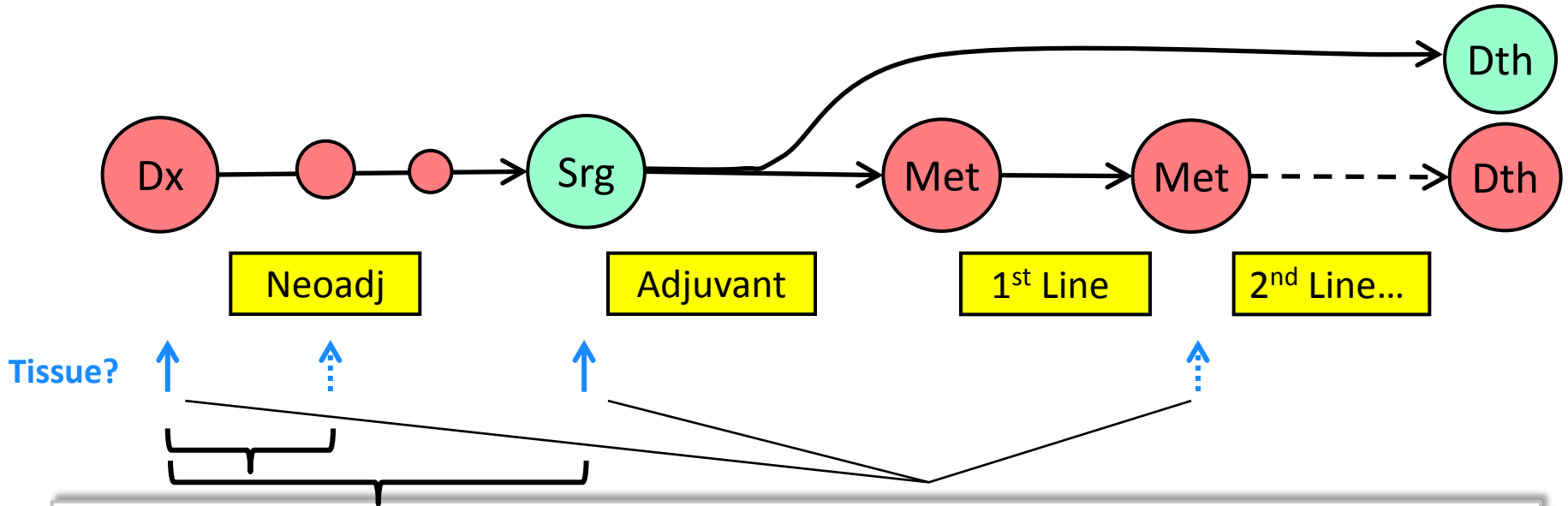


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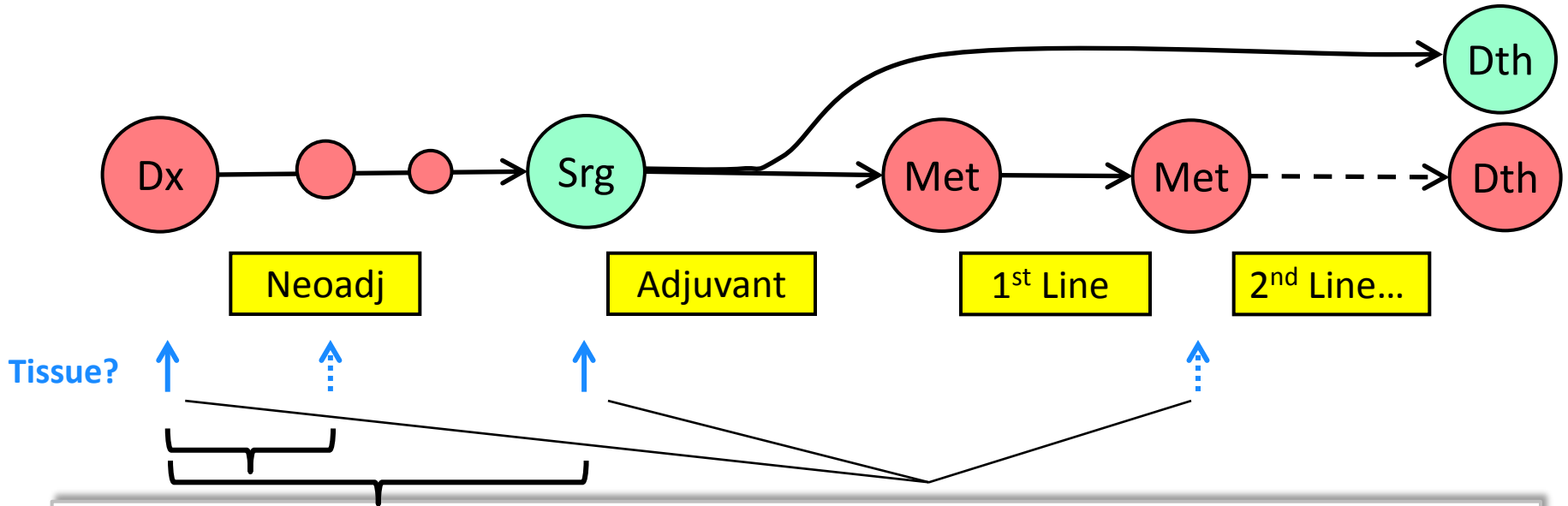
Molecular	$\Delta$ in Biomarker	Baseline Biomarker		
Response	X		X	...
DFS		X		
TTR		X		
PFS			X	...
OS		X	X	...

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# What is an Appropriate Endpoint (Cancer)?



Molecular	$\Delta$ in Biomarker	Baseline Biomarker	
Response	X	Driven by PREDICTIVE effects	X ...
DFS		X	
TTR	Driven by PROGNOSTIC & PREDICTIVE effects	X	
PFS			X ...
OS		X	X ...

Mid-dev trials

Late trials

Early dev trials

# Prognostic and Predictive Markers

- *What's the difference?*
  - Prognostic markers relate to natural history of the disease
  - Predictive (treatment guiding) markers relate to benefit from a specific therapy
- *Why should I care?*
  - It is easy to be confused
  - It makes a difference in designing studies and determining how a biomarker should be used

**Discussion?**