

# Bioavailability and Bioequivalence Studies

## Part II: Biometrics

H. Rettig, Ph.D.

BioVista LLC

[www.ivivc.com](http://www.ivivc.com)



# Outline

- Typical BA and BE metrics
- Statement of objective
- Planned data treatment
- Design of experiment
- Number of subjects
- Reporting

# Principal Biometrics

## *Primary Test Parameters*

- Single dose studies:
  - $C_{\max}$ ,  $t_{\max}$ ,  $AUC_t$ ,  $AUC_{\infty}$ , ( $Ae_t$ ,  $Ae_{\infty}$ )
- Steady state studies
  - $C_{\max}$ ,  $C_{\min}$ ,  $C_{av}$ ,  $AUC_{\tau}$ ,  
Fluctuation:  $(C_{\max} - C_{\min} / C_{av})$

## *Secondary Test Parameters*

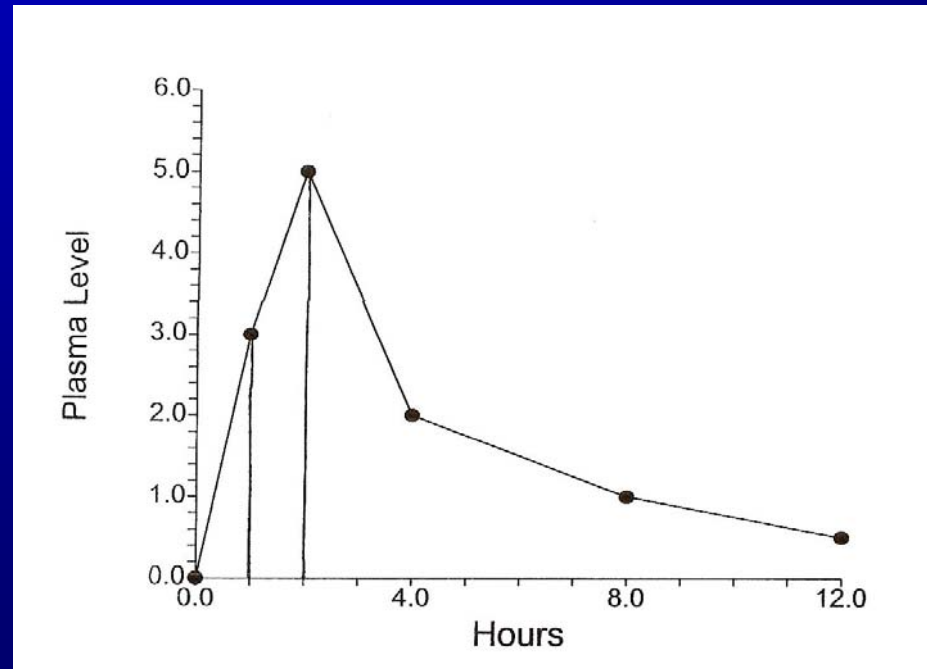
- MRT,  $t_{1/2}$ , others

# Primary BA/BE Biometrics

$C_{\max}$ : average of observed values (different  $T_{\max}$  possible)

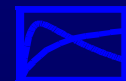
$T_{\max}$ : median or range

AUC: calculated using trapezoidal method



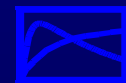
## Study Goals

- Comparison of primary bioavailability indicators
  - averages: arithmetic mean, geometric mean
  - median, range
  - logarithmic transformation of data
  - ANOVA is recommended
- Coupled with confidence interval calculation, where the range of 80-125% is considered clinically equivalent
- Bioequivalence: emphasis on  $AUC_{\tau}$



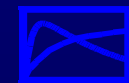
# Analytes and Data Processing

- Parent compound vs. (active) metabolite(s)
- Validated analytical method, LOQ,
- Appropriate sampling times
- Method of calculation for biometrics to be described in study protocol
- Exclusive use of PK model estimates not recommended
- If PD effects are assessed, a sufficiently detailed time course of the effect should be provided



# Clear Statement of Study Objective and Preparation for Robust Statistical Analysis

- Concentration on major difference (product) → *Study Design and Statistical Treatment of Data*
- Variation of biological data → *Number of Subjects* needed for the study
- Point estimates → averaged data



# Study Design for BA/BE Comparisons

- Average BE
  - focus on comparison of averages from T and R  
(to date analysis used most often)
- Population BE
  - assesses total variability of the test parameters
- Individual BE
  - assesses within-subject and subject-by-formulation interaction of T and R

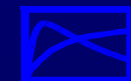
Conceptual issues: Steinijans, V., Drug Information Journal, 35, 893-899  
(2001)



# Study Design (Nonreplicated):

## Randomized Block Design

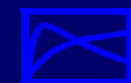
| Subject | Period 1 | Period 2 | Period 3 | Period 4 |
|---------|----------|----------|----------|----------|
| 1       | B        | C        | A        | D        |
| 2       | D        | C        | A        | B        |
| 3       | B        | C        | D        | A        |
| 4       | A        | C        | B        | D        |
| 5       | C        | D        | A        | B        |
| 6       | D        | C        | B        | A        |



# Study Design (Nonreplicated):

## Latin Square Design

| Subject | Period 1 | Period 2 | Period 3 | Period 4 |
|---------|----------|----------|----------|----------|
| 1       | A        | B        | C        | D        |
| 2       | D        | C        | A        | B        |
| 3       | C        | D        | B        | A        |
| 4       | B        | A        | D        | C        |

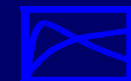


# Study Design (Nonreplicated):

## Balanced Incomplete Block Design

[four formulations,  $2n(2n-1)$  subjects, 2 per subject]

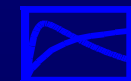
| Subject | Period 1 | Period 2 |
|---------|----------|----------|
| 1       | B        | C        |
| 2       | D        | C        |
| 3       | B        | C        |
| 4       | A        | C        |
| 5       | C        | D        |
| 6       | D        | C        |



# Study Design (Nonreplicated): BIBD

[five formulations,  $2n(2n+1)$  subjects, 2 per subject]

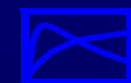
| Subject | Period | Period |
|---------|--------|--------|
| 1       | A      | B      |
| 2       | B      | C      |
| 3       | C      | D      |
| 4       | D      | E      |
| 5       | E      | A      |
| 6       | A      | C      |
| 7       | C      | E      |
| 8       | E      | B      |
| 9       | B      | D      |
| 10      | D      | A      |



# Study Design (Replicated):

Example: two-sequence, four-period

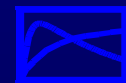
|            | Period 1 | Period 2 | Period 3 | Period 4 |
|------------|----------|----------|----------|----------|
| Sequence 1 | T        | R        | R        | T        |
| Sequence 2 | R        | T        | T        | R        |
| Sequence 3 | T        | T        | R        | R        |
| Sequence 4 | R        | R        | T        | T        |



# Number of Subjects

## (for balanced cross-over designs)

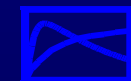
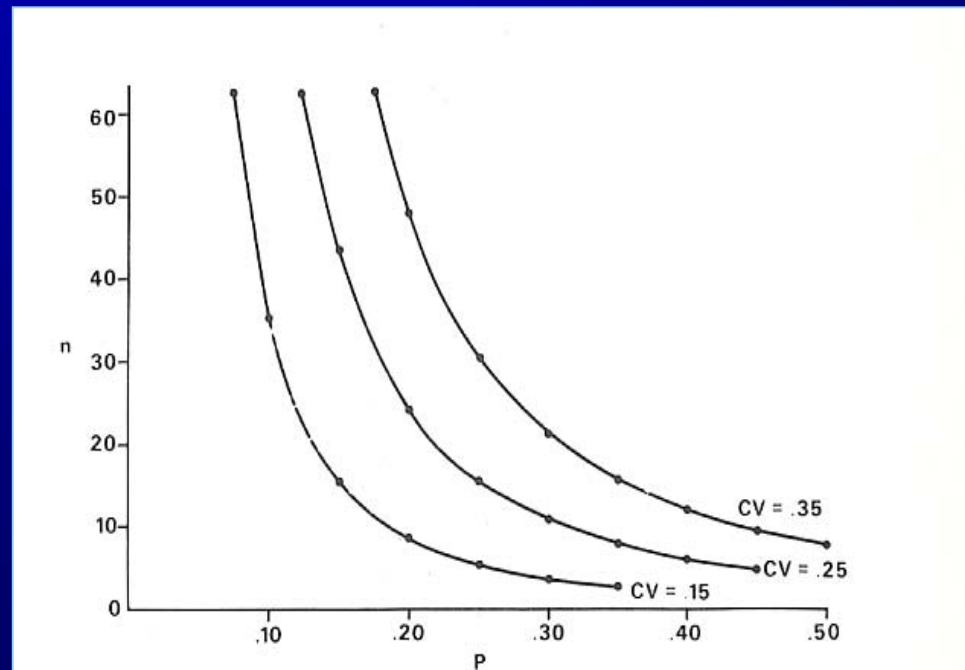
- (based on 90% confidence interval for the difference of T – R)
- Minimum  $n = 12$
- Allowance for drop-outs
- Statement in protocol, if drop-outs are replaced
- Statement in protocol, if trial is planned as a sequential design



# Number of Subjects

**Influence of variation in biodata and difference to be detected (balanced cross-over):**

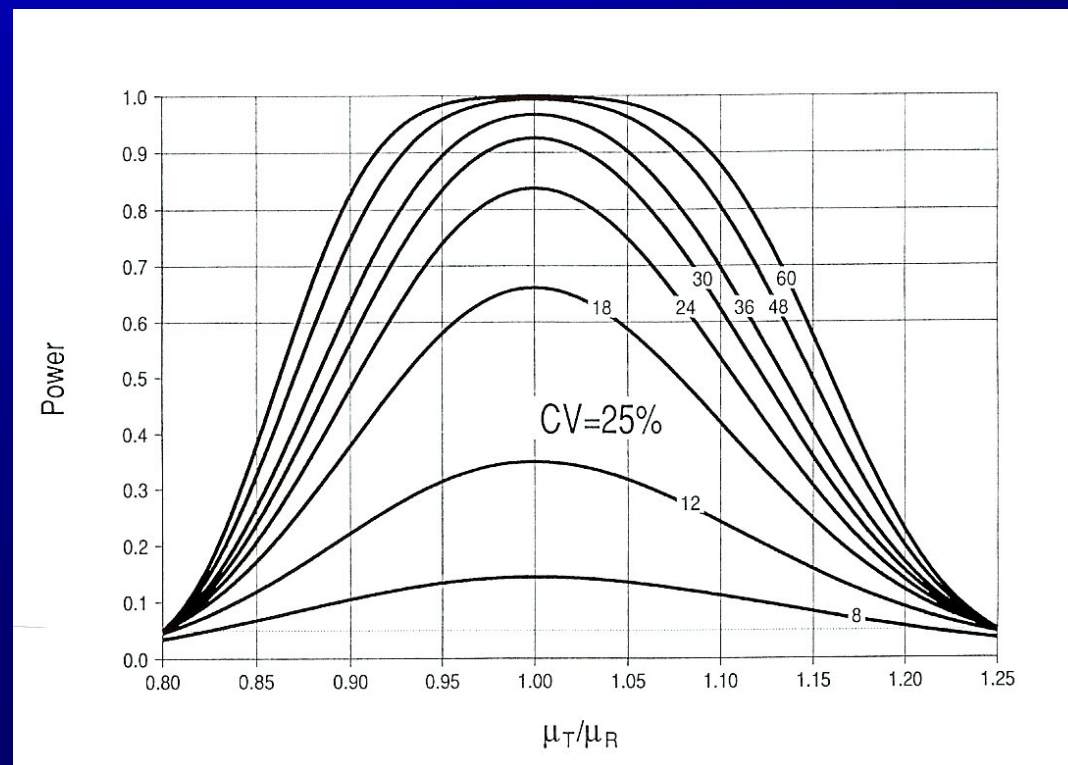
**From Westlake in Dosage Form Design and BA, Lea & Febiger, 1973**



# Number of Subjects

**Influence of statistical power on required n  
(balanced cross-over):**

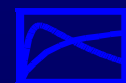
**From Diletti et al, Int J Clin Pharmacol, 29, 1-9, 1991**





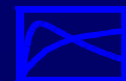
## Statistical Analysis (cont'd)

- Analysis of bioavailability, other univariate parameters, and patterns of blood levels
- Here: for BIB and Latin Square (special case of BIBD)
- Aim to single out: difference, subject effect, period effect, formulation effect, error
  - Analysis of Variance (ANOVA)
- ✓ ANOVA for AUC, C<sub>max</sub>
- ✓ ANOVA for PK constants
- ✓ ANOVA for each sampling point (aggregate for pattern)



## Statistical Analysis (cont'd)

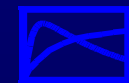
- Hypothesis testing (Westlake)
  - “The most minute difference will show up as significant if only the trial is made big enough”
- More realistic for the clinical situation: the use of confidence intervals for univariate parameters:
  - ✓ 90% confidence interval on the basis of residual error from ANOVA (logarithmic data transformation)
  - ✓ Two-sided t-test at 5% significance level



# Reporting the BA/BE Study

(for regulatory filing)

- Title, Responsible Persons, Quality Assurance  
Unit Statement, Signatures
- Study Synopsis
- Table of Contents
- Glossary of Abbreviations, Definition of Terms
- Independent Ethics Committee, Institutional  
Review Board, Ethical Conduct of Study,  
Informed Consent, Investigators, etc.
- Study Objectives
- Study Design
- Selection of Study Population, Inclusion and  
Exclusion Criteria, Treatments



BioVista

## Reporting the BA/BE Study (cont'd)

- Identity of Products administered, blinding
- Clinical Observations: adverse effects
- Reporting of Data: individual, averages, statistical analysis (software used), numerical and graphical presentation, detailed such that analysis can be repeated elsewhere
- Deviation(s) from Protocol
- Discussion of Results and Conclusion
- Appendices: Protocol, Validation of Analytical Method, etc.

