



# Biosimilars

## Hot Topic: Considerations for Clinical Trial Design



### What are the Key Considerations for Clinical Evaluation of Biosimilars?

- The primary goal of a biosimilar clinical trial is to demonstrate similarity between the biosimilar and reference product in terms of efficacy, safety and immunogenicity<sup>1,2</sup>

### Equivalence Studies are Recommended to Demonstrate Biosimilarity

#### Equivalence Study

Intended to demonstrate:  
(based on a prespecified margin)<sup>1-4</sup>

Proposed product has **similar effect** to comparator therapy

Used for biosimilars<sup>1-4</sup>

#### Superiority Study

Intended to demonstrate:<sup>3,4</sup>

Proposed product provides **superior effect** than comparator therapy

Usually used for new agents vs standard of care<sup>3</sup>

#### Noninferiority Study

Intended to demonstrate:<sup>3,4</sup>

Proposed product is **no less effective** than the comparator therapy

Equivalence studies are designed to identify any clinically-meaningful differences between the biosimilar and reference product, should they exist<sup>1,2</sup>

# What are the Key Clinical Trial Design Considerations?



## Indication

- The most common indication of the reference biologic may not be the most sensitive indication<sup>1</sup>
- Consider indication with highest placebo-adjusted response rate<sup>5</sup>



## Patient population

- Most sensitive population recommended. Consider:<sup>4-6</sup>
  - **Patient homogeneity**
  - **Comorbidities**
  - **Concomitant medications/medication history**
  - **Severity of disease**
- Immunocompetency may influence accuracy of assessing immunogenic risk<sup>5</sup>



## Treatment regimen

- Consider route of administration<sup>2,4</sup>
- Consider monotherapy versus combination therapy with standard of care<sup>5</sup>



## Endpoints

- Clinically relevant, readily assessable, and sensitive to detect differences: may differ from pivotal studies of reference biologic<sup>1,2,4,5</sup>
- Prespecified, scientifically justified margins<sup>1</sup>
- Continuous endpoints may be more sensitive than categorical ones<sup>5</sup>



## Study duration

- Length of study should be sufficient to allow detection of any clinically meaningful differences in efficacy, safety and immunogenicity<sup>1,2,4</sup>



## Comparator study design

- Should allow comparative assessment of efficacy, safety and immunogenicity<sup>1,2,5</sup>
- May be designed to address considerations for switching treatment<sup>5</sup>

**Clinical studies aim to confirm that there are no clinically-meaningful differences between the biosimilar and the reference product, not to independently determine the efficacy and safety of the biosimilar<sup>1,2</sup>**

## References

1. EMA. Guideline on similar biological medicinal products containing biotechnology-derived proteins as active substance: non-clinical and clinical issues, 2015. Available at: [http://www.ema.europa.eu/docs/en\\_GB/document\\_library/Scientific\\_guideline/2015/01/WC500180219.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/Scientific_guideline/2015/01/WC500180219.pdf); 2. FDA. Scientific considerations in demonstrating biosimilarity to a reference product. Guidance for industry, 2015. Available at: <https://www.fda.gov/downloads/drugs/guidances/ucm291128.pdf>; 3. Isakov L, et al. Am J Ther 2016;0:1-8 P; 4. Alten R, Cronstein BN. Semin Arthritis Rheum 2015;S2-S8; 5. Lai Z, et al. RMD Open 2016;2:e000154; 6. EMA. Guideline on similar biological medicinal products containing monoclonal antibodies – non-clinical and clinical issues, 2012. Available at: [http://www.ema.europa.eu/docs/en\\_GB/document\\_library/Scientific\\_guideline/2012/06/WC500128686.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/Scientific_guideline/2012/06/WC500128686.pdf). All links accessed December 2017.