

Implementing adaptive designs

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Modify an ongoing trial

by design

based on reviewing accrued data at interim to enhance flexibility

without undermining the study's integrity and validity.

(Chow et al. 2005)



The TAILoR study



TAILOR: Telmisartin And Insulin Resistance in HIV.

Ambition: Reduce insulin resistance in HIV patients receiving

antiretroviral therapy.

Treatment: Different doses of a licensed drug (in a different

therapeutic area). Inappropriate to assume a

monotone dose-response relationship.

Endpoint: Change in insulin resistance as measured using

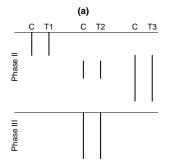
HOMA-IR index (baseline - week 12).

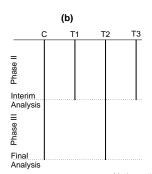


Multi-arm multi-stage trials



- Compare several active treatments against common control
- Select one of more treatment at interim





Testing multiple hypothesis



Responses: $X_{k,i} \sim N(\mu_k, \sigma^2), i = 1, ..., n, k = 0, 1, ..., 4$

$$H_1: \mu_1 \leq \mu_0$$

Individual null hypotheses: \vdots \vdots H_{κ} : $\mu_{\kappa} < \mu_{0}$

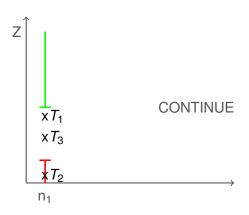
Teststatistics:
$$Z_k = \frac{\bar{X}_k - \bar{X}_0}{\sigma \sqrt{\frac{2}{n}}}$$
 for $k = 1, \dots, K$

Familywise error rate (FWER): $P(\text{reject at least one true } H_k) \leq \alpha$



A multi-arm multi-stage design



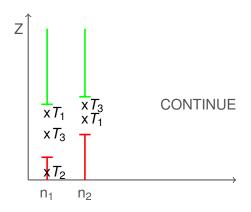


(Magirr et al, 2012)



A multi-stage design

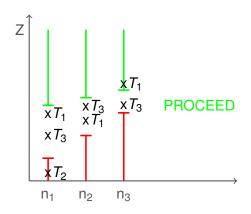




(Magirr et al, 2012)

A multi-stage design





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Design considerations



Plan submitted for funding:

- 4 active doses (20, 40, 60 and 80mg)
- 2 interim analysis with O'Brien and Fleming type boundaries
- Method developed for this purpose (Magirr et al., 2012)

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- 1 interim analysis
- 370 patients to be recruited (336 evaluated needed)
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Lesson: Do not be afraid to propose an adaptive design to a funding agency



Interim analysis



Plan:

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- TMG to accept these recommendations

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- TMG wanted to see unblinded data before confirming
- Lengthy discussions
 - Argued based on probability of success at study end for stopped arms is small

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Lesson: Make sure TMG understands decision process and buyes into the stopping rules.





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Lesson: An adaptive design does not always reduce sample size but here improved decision making.

Mathematics Lanca:

Lanca:

University

A buddy system



- First multi-arm multi-stage design done by this CTU
- Worked closely with CTU statistician and provided oversight
 - e.g. CTU statistician drafted stat section for application, protocol, SAP...I commented/refined.
 - Strongly involved in communications around interim analysis
- In the meantime CTU has submitted at least 3 more multi-arm proposals for funding with limited involvment from us.

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Mathematics | Little |



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Status Quo of TAILoR



- Last patient last visit took place on Wednesday 29th June 2017
- no evidence for effect on primary endpoint on remaining dose.
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Lesson: An adaptive design does not prevent risk of over-interpretation of findings that have not been pre-specified.

Some other considerations



- How to ensure blinding of investigators?
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- How to ensure blinding of investigators?
- How to describe study in the patient information leaflet (informed consent)
- Drug supply
- Duration of study and sample size unpredictable
- Funding

Literature



Chow SC, Chang M, Pong, A (2005) Statistical consideration of adaptive methods in clinical development. *Journal of Biopharmaceutical Statistics*, **15**(4), 575–591.

Magirr D, Jaki T, Whitehead J (2012) A generalized Dunnett test for multi-arm multi-stage clinical studies with treatment selection. *Biometrika*, **99**(2), 494–501.

Pushpakom SP, Taylor C, Kolamunnage-Dona R, Spowart C, Vora J, Garcia-Finana M, Kemp GJ, Whitehead J, Jaki T, Khoo S, Williamson P. (2015) Telmisartan and insulin resistance in HIV (TAILoR): protocol for a dose-ranging phase II randomised open-labelled trial of telmisartan as a strategy for the reduction of insulin resistance in HIV-positive individuals on combination antiretroviral therapy. *BMJ open.* 5(10):e009566.