

# Introduction to Clinical Trials - Day 2

## Session 1 - Introduction

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Goals of Clinical Trial  
Design

Predictive value of trials  
Where are we going?

## Clinical trials

- ▶ Experimentation in human volunteers
- ▶ Investigation of a new treatment or preventive agent
  - ▶ *Safety* : Are there adverse effects that clearly outweigh any potential benefit?
  - ▶ *Efficacy* : Can the treatment alter the disease process in a beneficial way?
  - ▶ *Effectiveness* : Would adoption of the treatment as a standard effect morbidity in the population?

## A trial must meet minimum scientific standards

- ▶ It must address a meaningful question
  - ▶ Discriminate between viable hypotheses (Science)
- ▶ Trial results must be credible to the scientific community
  - ▶ Valid materials, methods (Science, Statistics)
  - ▶ Valid measurement of experimental outcome (Science, Clinical, Statistics)
  - ▶ Valid quantification of uncertainty in experimental procedure (Statistics)

## Individual Ethics

- ▶ Conducted in human volunteers, the clinical trial must be ethical for participants on the trial
  - ▶ Minimize harm and maximize benefit for participants in clinical trial
  - ▶ Avoid giving trial participants a harmful treatment
  - ▶ Do not unnecessarily give trial participants a less effective treatment

## Group Ethics

- ▶ The clinical trial must ethically address the needs of the greater population of potential recipients of the treatment
  - ▶ Approve new beneficial treatments as rapidly as possible
  - ▶ Avoid approving ineffective or (even worse) harmful treatments
  - ▶ Do not unnecessarily delay the new treatment discovery process

## Optimality criteria

- ▶ A good procedure will
  1. Minimize “false positives”
    - ▶ Any treatment recommended for adoption will have a high probability of being a truly effective therapy
  2. Minimize “false negatives”
    - ▶ Any truly effective therapy will have a high probability of being recommended for adoption
  3. Be highly safe and ethical
    - ▶ Minimize the number of patients exposed to inferior treatments while investigations proceed
  4. Be efficient
    - ▶ Minimize costs (patients, calendar time, money)

## Common statistical approach

- ▶ Optimality criteria (1) and (2) speak directly to the need for achieving high PPV and low NPV
- ▶ Design an RCT to answer relevant question
  - ▶ Treatment, patient population, intervention, comparator, outcome
    - ▶ There is an underlying probability of our hypotheses being correct: "Prevalence of effective therapies"
- ▶ Fix probability of making wrong decisions
  - ▶ Erroneously decide against status quo  $< 2.5\%$
  - ▶ But: erroneously decide against status quo  $2.5\%$
- ▶ Design trial to fix sensitivity of study
  - ▶ Power: High probability to detect beneficial treatment

## Positive predictive value in research

- ▶ Positive predictive value: probability that a statistically significant trial indicates a truly effective treatment.
- ▶ Negative predictive value: probability that a non-significant trial indicates a truly non-effective treatment.
- ▶ Relationship to type I error, power, and prevalence of truly effective therapies

$$PPV = \frac{\text{Power} \times \text{Prev}}{\text{Power} \times \text{Prev} + (\text{Type I Error}) \times (1 - \text{Prev})}$$

$$NPV = \frac{(1 - \text{Type I Error}) \times (1 - \text{Prev})}{(1 - \text{Type I Error}) \times (1 - \text{Prev}) + (1 - \text{Power}) \times \text{Prev}}$$



## Predictive value of statistically significant result depends on

1. Probability hypothesis is true to begin with (start with "good ideas")
  - ▶ Fixed when hypothesis is formulated
2. Type I error (Specificity)
  - ▶ Fixed by level of significance
3. Power (Sensitivity)
  - ▶ Statistical power made as high as possible by design

## The later two elements are improved by

### 1. Minimizing bias

- ▶ Remove confounding and account for effect modification

### 2. Decreasing variability of measurements

- ▶ Homogeneity of population, appropriate endpoints, appropriate sampling strategy, more precise measuring device

## Common pitfalls of studies

- ▶ Common pitfalls of experimentation are:
  - ▶ Data driven hypotheses ( $\uparrow$  Type I error)
  - ▶ Multiple comparisons ( $\uparrow$  Type I error)
  - ▶ Poor selection of subjects ( $\downarrow$  Power)
  - ▶ Over-fitting of data ( $\uparrow$  Type I error, ( $\downarrow$  Power)
  - ▶ Poor selection of subjects, outcomes ( $\downarrow$  Power)
  - ▶ Noncomparability of treatment groups ( $\uparrow$  Type I error)
- ▶ Each of these pitfalls leads to increases in variability and/or bias in clinical trials...

### Where are we going?

- ▶ Module 1: Design
  - ▶ Background
    - ▶ Phases of clinical trials
    - ▶ Interplay between science and statistics
    - ▶ Ethics and varying roles of oversight committees
  - ▶ Role screening studies in trial design
  - ▶ Fundamental design elements
    - ▶ Variability and bias
    - ▶ Identification of target population
    - ▶ Definition of intervention(s)
    - ▶ Choice of outcomes
    - ▶ Choice of comparison groups
    - ▶ Blinding
    - ▶ Brief introduction to randomization
  - ▶ Statistical tasks in trial design
    - ▶ Refinement of hypotheses
    - ▶ Probability models and summary measures
    - ▶ Determination of sample size
  - ▶ Focus on elements of a clinical trial protocol

Goals of Clinical Trial Design

Predictive value of trials

Where are we going?

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- ▶ Module 2: Primarily implementation
  - ▶ Choice of outcome (surrogate outcomes vs. clinical outcomes)
  - ▶ Methods of randomization
  - ▶ Monitoring for quality and missing data
  - ▶ Role and function of IDMCs
  - ▶ Group sequential monitoring
  - ▶ Data management
  - ▶ Review of key elements of a clinical trial protocol
  - ▶ (Extra?) Further discussion on common endpoints: survival and change from baseline

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Where are we going?

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