

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?

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Goals of Clinical Trial Design

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?

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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)

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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

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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

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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)

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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

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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

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

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

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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

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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

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Common pitfalls of studies

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

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Course roadmap

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

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Where are we going?

- ▶ 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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Course notes

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