## Software for Planning Adaptive Enrichment Designs

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#### **Open Source (free) Software**

interAdapt (Rosenblum et al.): Multistage enrichment designs for two subpopulations; open-source; graphical user-interface.

asd (Parsons et al.): Two-stage enrichment designs for two subpopulations; early and final outcomes.

#### **Commercial Software**

ADDPLAN PE (ICON PLC): Multistage designs for multiple subpopulations; uses combinationtests; graphical user-interface.; must prespecify stage where enrichment can occur.

FACTS (Berry Consultants): Multistage designs for multiple subpopulations. Graphical userinterface; Bayesian hierarchical model for subpopulation treatment effects.

## interAdapt

- For planning confirmatory trials (Phase II/III);
- Consider: marker positive subpopulation and overall population
- Compares standard randomized trial design to new adaptive enrichment designs with group sequential testing.
- Displays power curves, expected sample sizes, expected duration.
- Guarantee strong control of familywise Type I error rate for all designs
- Given to FDA partners who tested it and gave feedback we incorporated.

## asd (Adaptive Seamless Design)

For planning confirmatory trials (Phase II/III)

- Two-stage enrichment designs for two subpopulations; allows early and final outcomes (e.g., survival times).
- Multiple choices for testing procedure, based on combination testing and closure principle (but doesn't generally use sufficient statistics).
- Allows time-to-event endpoints
- Only two-stages

## ADDPLAN PE

- For planning confirmatory trials (Phase II/III) Can handle more than 2 subpopulations; Graphical User-Interface;
- Multiple choices for testing procedure, based on combination testing and closure principle (but doesn't generally use sufficient statistics).
- Must a priori designate a particular stage at which change to enrollment can be made.

# FACTS (Berry Consultants)

- For planning Phase II trials
- Can handle more than 2 subpopulations;
- Graphical User-Interface;
- Bayesian hierarchical model for subpopulation treatment effects.
- Does not guarantee strong control of familywise Type I error rate (FWER), but gives simulated FWER at different distributions.