

# Integrated Design and Analysis of Clinical Trials in Small Population Group (The IDeAl Project)

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MSA

FP7 HEALTH 2013 - 602552



1 The IDeAl Project

#### 2 Framework for Evaluation









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**Integrated DEsign and AnaLysis** of small population group trials aims to refine the statistical methodology for clinical trials in small population groups by strictly following the concept of an improved integration of design, conduct and analysis of clinical trials from various perspectives.





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### EMA issues and interest - IDeAI project(s)



EMA interest	IDeAI - Workpackages				
	WP3: Extrapolating Dose-Response Information				
	(Holger Dette)				
	WP 4: Adaptive Design Studies				
	(Franz König)				
	WP 9: Decision Analysis				
	(Carl Fredrik Burman)				
	WP 6: Design of Pharmacogenetic Trials				
	(Stephen Senn )				
	WP 7: Simulation of Clinical Trials				
	( <i>Mats Karlsson</i> ) WP 5: Optimal Design in Mixed Models				
	(France Mentré )				
	WP 10: Surrogate Endpoints				
	(Geert Molenberghs)				
	WP 2: Assessment of Randomization				
	(Ralf-Dieter Hilgers )				
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### EMA issues and interest - IDeAI project(s)



EMA interest	IDeAI - Workpackages			
	WP3: Extrapolating Dose-Response Information			
Extrapolation	(Holger Dette)			
Standards of evidence	WP 4: Adaptive Design Studies			
	(Franz König)			
Data-driven	WP 9: Decision Analysis			
decision-making	(Carl Fredrik Burman)			
Understanding	WP 6: Design of Pharmacogenetic Trials			
value of research	(Stephen Senn )			
	WP 7: Simulation of Clinical Trials			
Multidisciplinary	(Mats Karlsson )			
simulations	WP 5: Optimal Design in Mixed Models			
	(France Mentré )			
	WP 10: Surrogate Endpoints			
Effects, bias	(Geert Molenberghs )			
randomisation	sation WP 2: Assessment of Randomization			
	(Ralf-Dieter Hilgers )			







ICH E9: The interpretation of statistical measures of uncertainty of the treatment effect and treatment comparisons should involve consideration of the potential contribution of bias to the p-value, confidence interval, or inference.

- 21 out of 63 Orphan drug marketing authorizations involve open label studies (Joppi, 2013)
- no recommendation to give scientific arguments for selection of randomization procedure
- no uniform performance of randomization procedures



Table: Empirical type 1 error probability of a two sided t-test with 2*n*;  $\alpha = 0.05$ ,  $\beta = 0.2$  and selection bias effect  $\eta = \frac{\delta(2n)}{2}$ 

2n	$\delta(2n)$	CR	RAR	PBR(4)	BSD (2)
8	2.381	0.058	0.102	0.141	0.064
20	1.325	0.054	0.082	0.177	0.075
32	1.024	0.055	0.072	0.188	0.083
40	0.909	0.053	0.071	0.195	0.088

using R with 100 000 replications



Objective ... to select a randomization procedure with respect to the clinical study restrictions by showing the influence of bias on the study results

Assumptions ... will focus on the magnitude of the selection bias effect  $\eta$  and the time trend  $\theta$  based on specific clincal situation

Options ... will take into account various randomization procedures Metrics ... will belong to the size of the test

Evaluation Methods / Software ... will use the software tool randomizR and write a report on the findings

Decision ... will decide on a suitable randomization procedure and the test to evaluate the data.



## Assessment - Comparison RAR and BSD(2) (N=12)





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- understand that the treatment effect could be hidden by bias caused by the randomization procedure
- proposed a framework for scientific evaluation of randomization procedures with respect to bias for continuous and time to event data
- the evaluation should end up in a randomization report attached to the trial documents
- we released an R package *(randomizeR)* at CRAN as toolbox
- we are currently working on clear decision criteria within a comprehensive comparison study
- we published an (approximative) selection bias corrected test
- start working with randomization based inference, e.g. how to handle missing data, impact of selection bias and time trend





### References



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