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A phase II trial with response-adaptive allocation

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DSBS 25 years – Kollekolle March 2017

Acknowledgement



Egbert van der Meulen



Scott Berry



Agenda

- Background, Objective and Concept
- Statistical Framework
- Simulations



Background

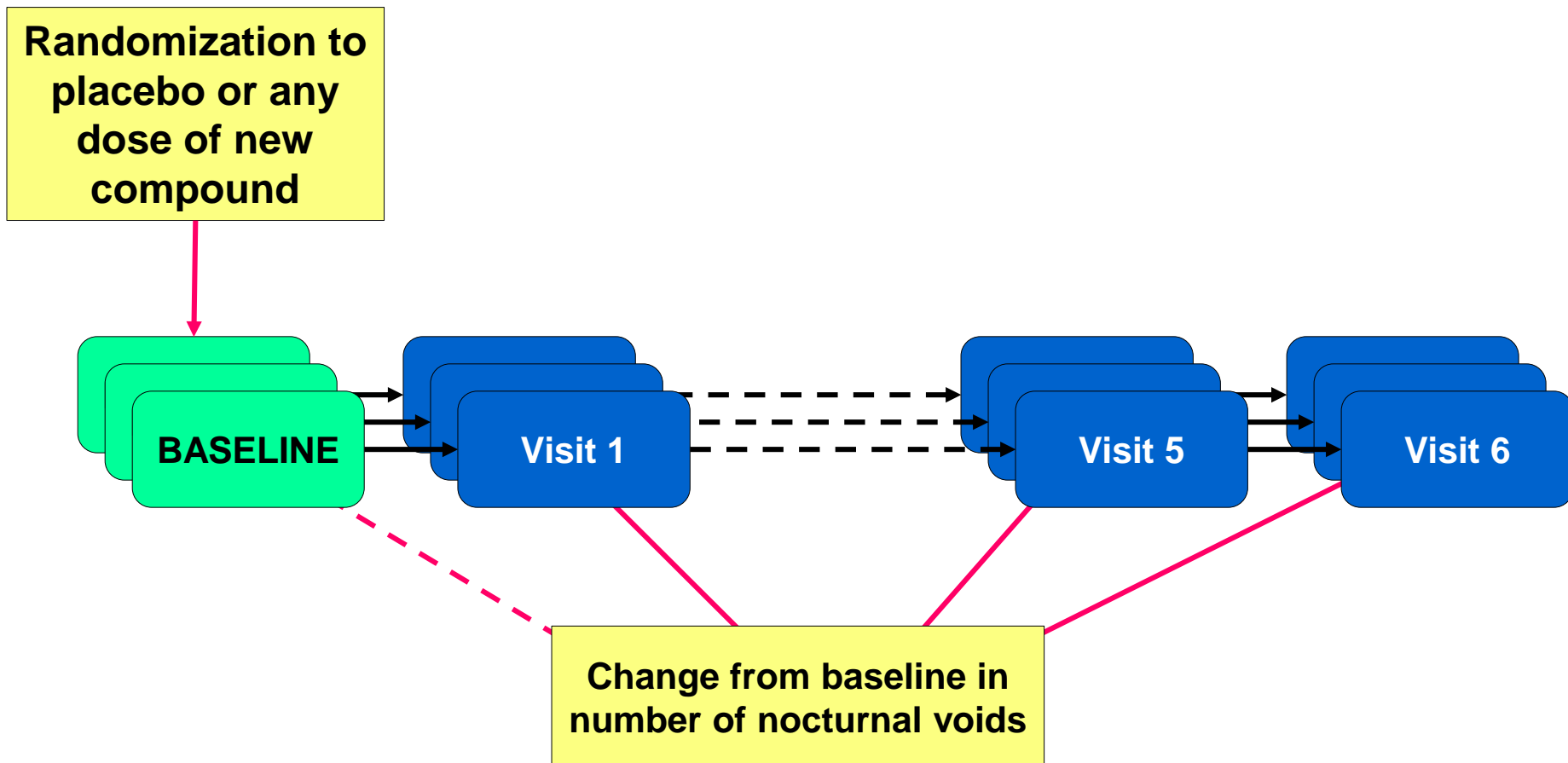


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- Nocturia is defined as waking from sleep (during the night) **at least once** to urinate
- Ferring Pharmaceuticals is currently developing a new compound, a synthetic analogue of **vasopressin** (a peptide hormone) that allows for **water reabsorption** in the kidneys and a more concentrated urine output
- Oral doses tested in Phase I were found to be **safe and tolerable**
- In Phase II efficacy is defined as **reduction in number of nocturnal voids**
- **Maximum sample size 300**

Phase II Trial Design

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Objectives and Concept for Phase II

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Proof of Concept

- Is the new compound effective?

Test top dose versus placebo

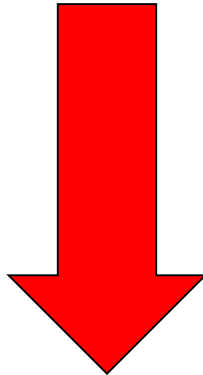
TOP

Estimate Dose-Response Profile

- What doses are likely to achieve target profile?
 - **ED85** = the dose that achieves 85% effect of maximum dose
 - **MED** = the dose that has an improvement over placebo of a given threshold

DOWN

Allocate patients to these doses



Implementation of Top-Down Design

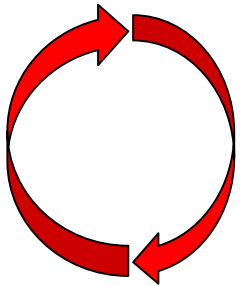
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Top

- A. Randomize patients to placebo and **top-dose**
- B. Plan first interim when 80 patients are randomized and evaluate futility and success criteria

Down

- C. Estimate dose-response curve
- D. Open randomization to all doses and target ED85 and MED



Repeat B - D every 8 weeks

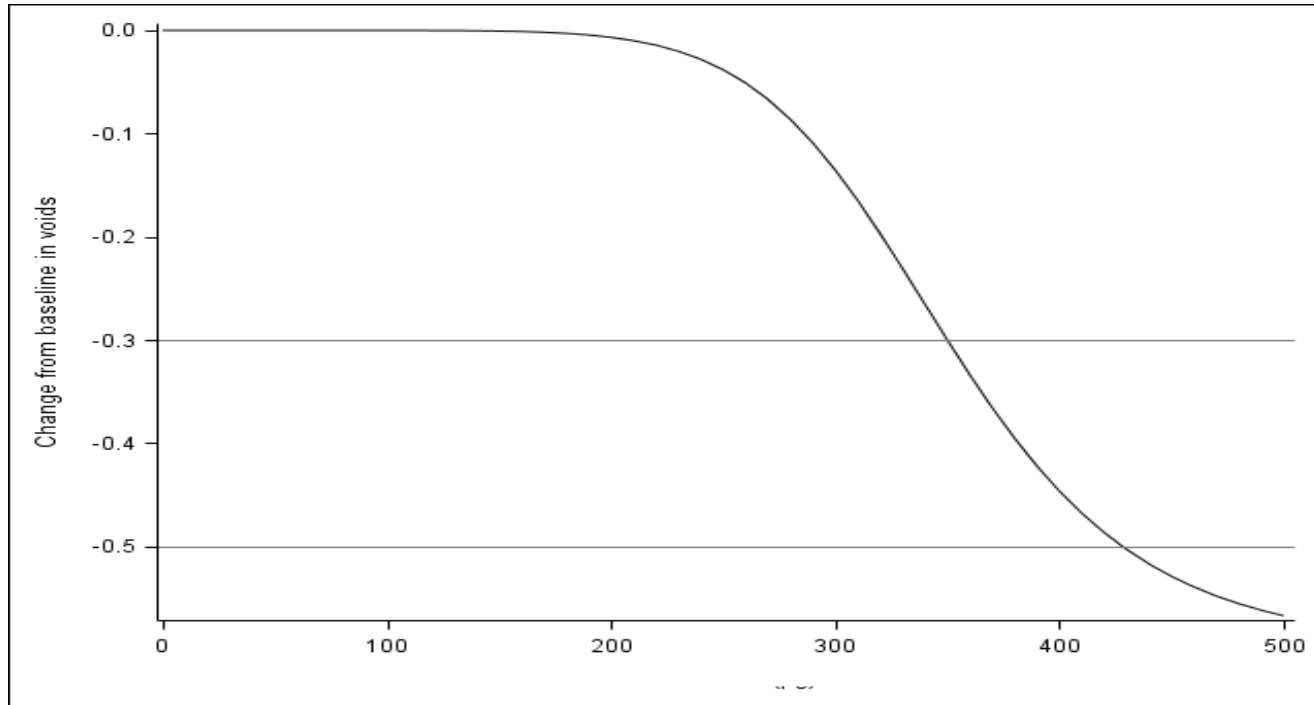
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- **Statistical Framework**
- Simulations



Dose-response: Sigmoidal Model

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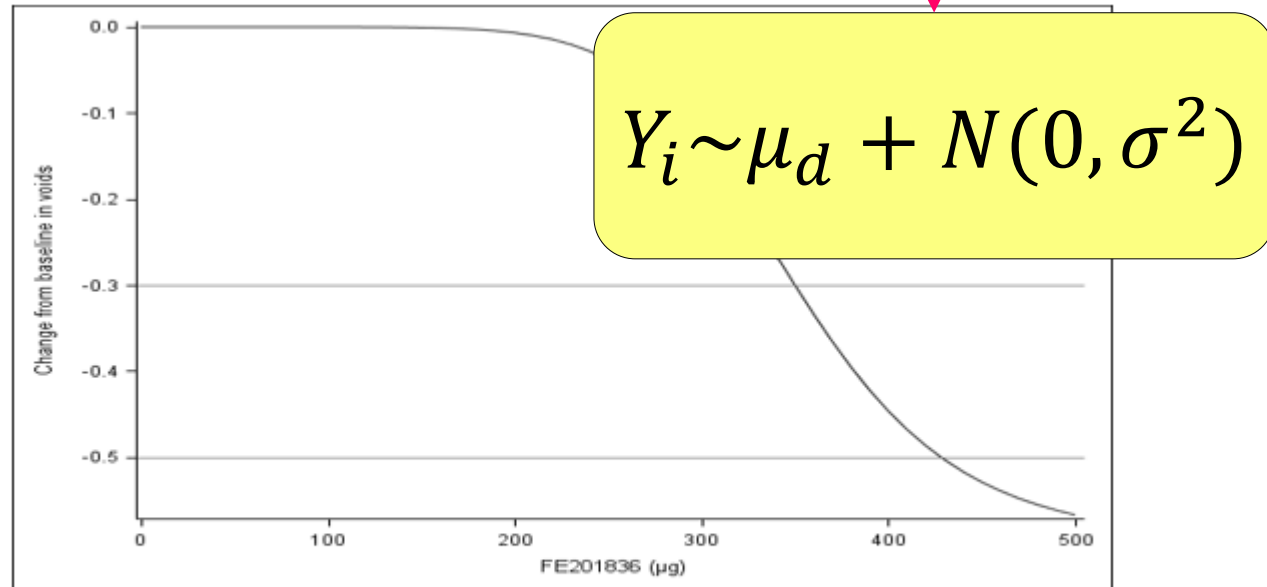
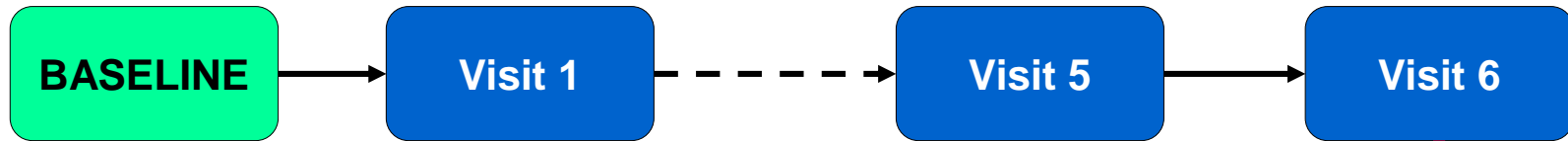


$$\mu_d = \alpha_1 + \frac{(\alpha_2 - \alpha_1)d^{\alpha_4}}{d^{\alpha_4} + \alpha_3^{\alpha_4}}$$

Final Endpoint Model

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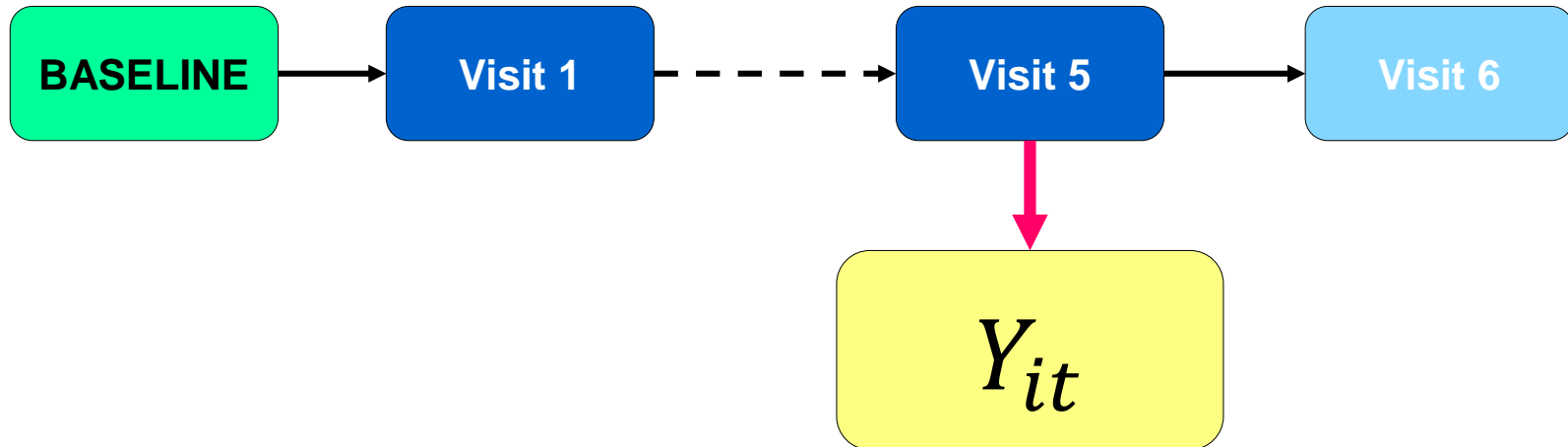
Y_i is the averaged number of voids during treatment



$$\mu_d = \alpha_1 + \frac{(\alpha_2 - \alpha_1)d^{\alpha_4}}{d^{\alpha_4} + \alpha_3^{\alpha_4}}$$

Final Endpoint... not observed

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$$Y_{it} \sim e^{\gamma t} (\mu_d + \delta_i) + N(0, \lambda_t^2) \text{ for } t < 6$$

Impute final response as:

$$Y_i \sim \mu_d + \delta_i + N(0, \lambda_T^2)$$

...if yet not observed

Bayesian Framework



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The posterior of the parameters is proportional to the product of...

$$\prod_{i=1}^n \prod_{t=1}^L [Y_{it} | \gamma_t, \delta_i, \alpha, \lambda_t]$$

Longitudinal data model (used to obtain imputed estimates of final endpoint if subject has not completed trial)

$$\prod_{i=1}^n [Y_i | \alpha, \sigma]$$

Dose-response model (observed and imputed data)

$$[\gamma][\delta][\lambda][\alpha][\sigma]$$

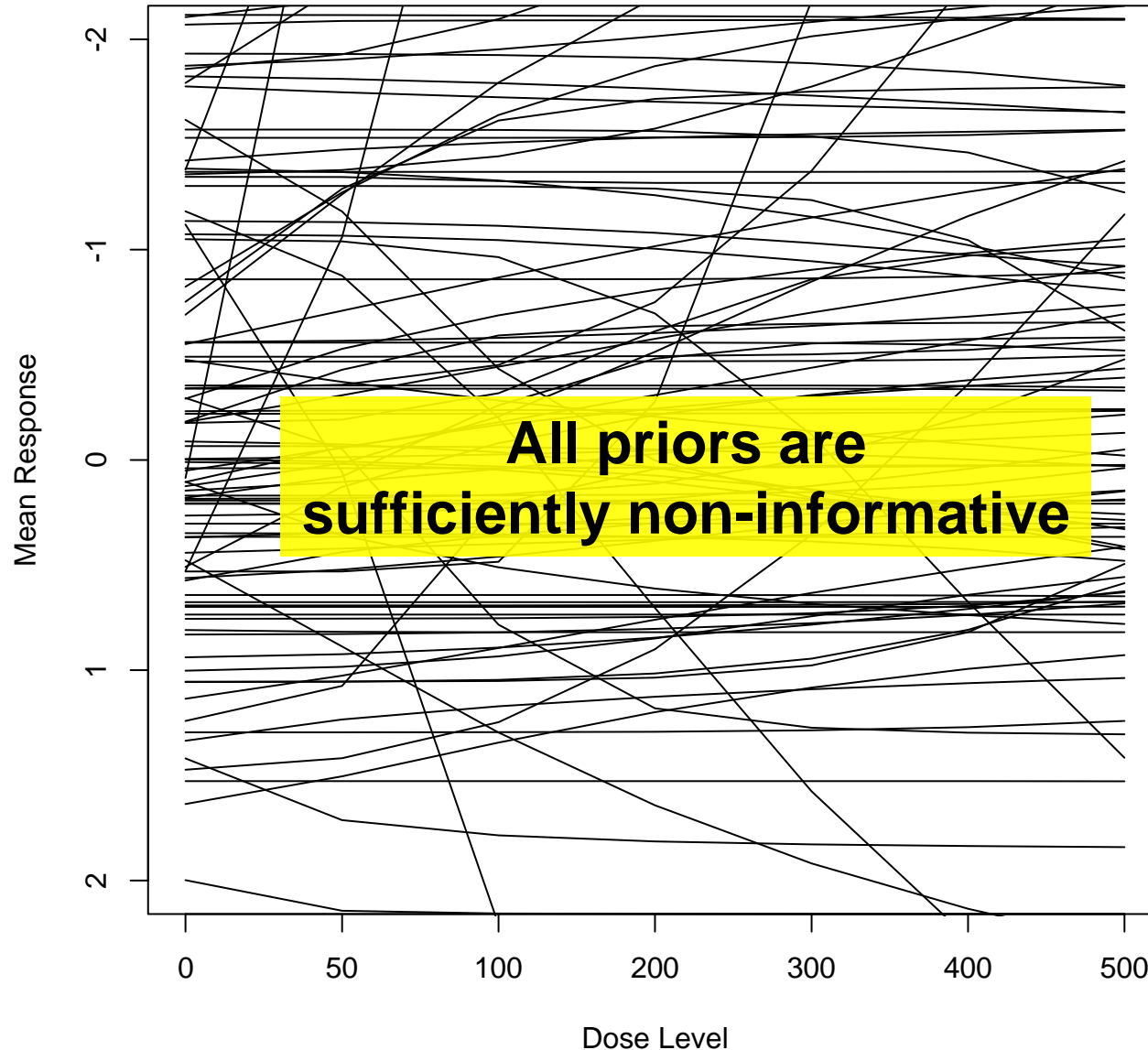
Parameter stage

Priors are specified in statistical analysis plan

Sample parameters from their posteriors using Metropolis Hastings or Gibbs sampling (where possible)

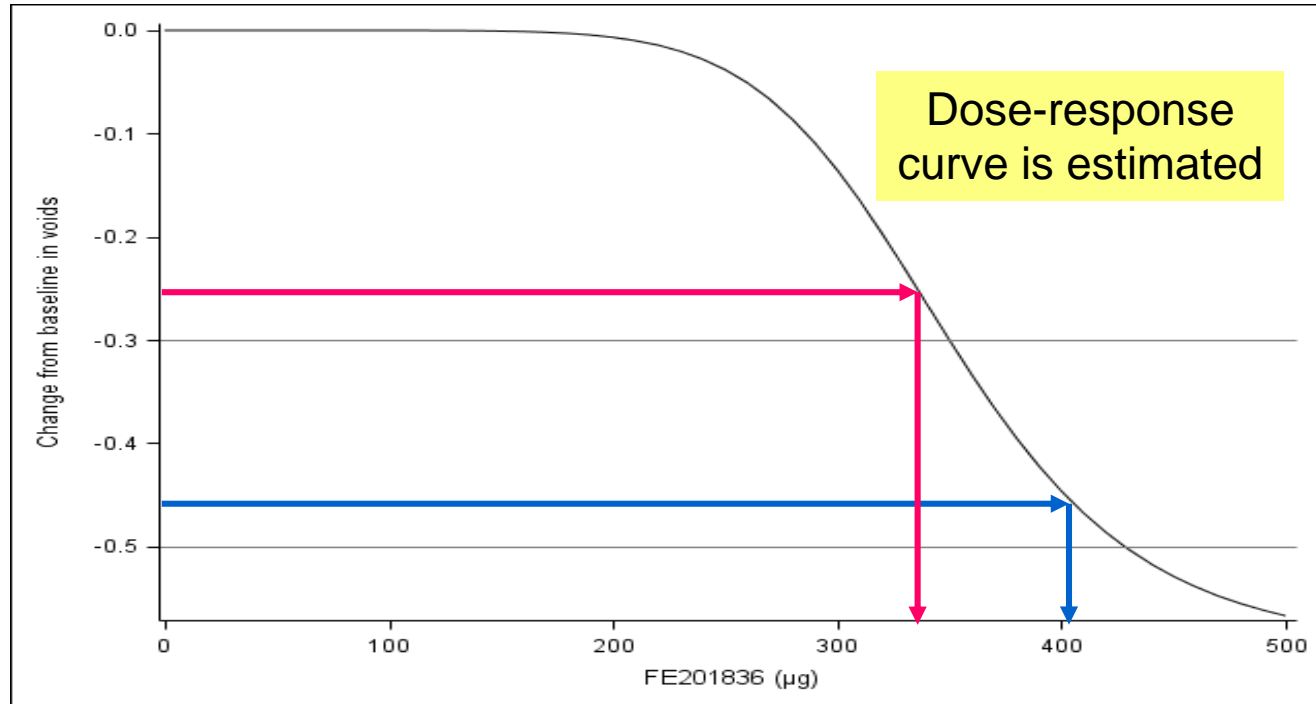
Parameter stage: Samples of the Prior Dose-Response Model

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Result of One MCMC Iteration

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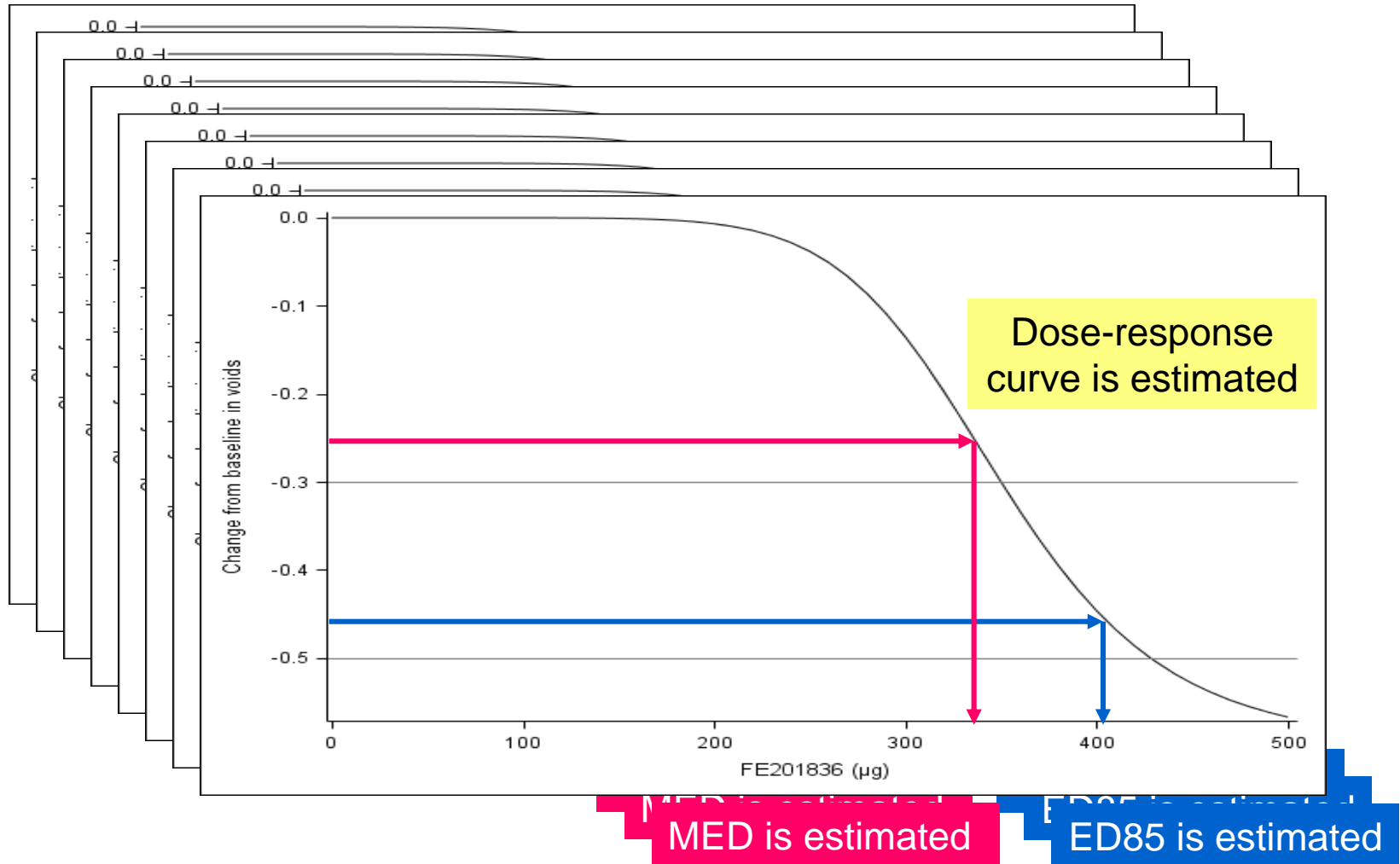


MED is estimated

ED85 is estimated

Result of Some More MCMC Iterations

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POSTERIOR PROBABILITIES

of any quantity of interest are derived...

FUTILITY

If $\Pr(\mu_{max} - \mu_{Plb} < -\Delta_{MED}) < 15\%$ (20% at first interim)

SUCCESS

If $\Pr(MED) > 50\%$ AND $\Pr(\mu_{max} < \mu_{Plb}) > 97.5\%$

RESPONSE ADAPTIVE RANDOMIZATION

Allocation probabilities proportional to sum of

$\Pr(\text{dose } d \text{ is } ED_{85})$ and $\Pr(\text{dose } d \text{ is MED})$

Agenda

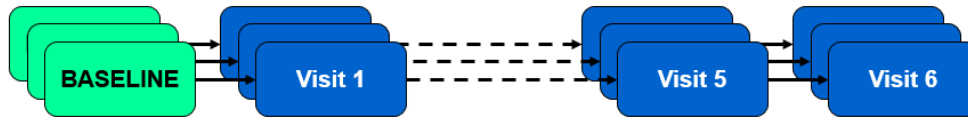
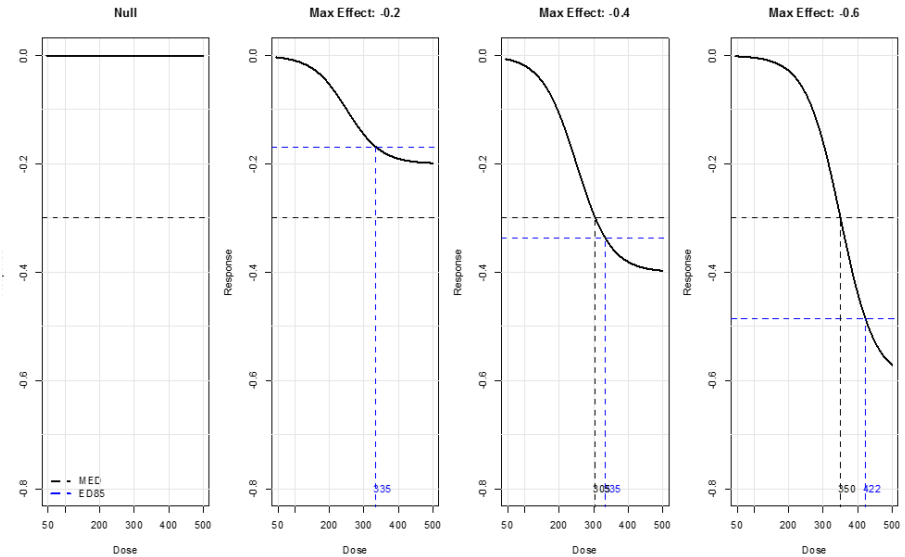
- Background, Objective and Concept
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- **Simulations**



Simulations... easy peasy

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- Specify expected dose-response
- Define allocation and drop-out rates
- Simulate patient outcome

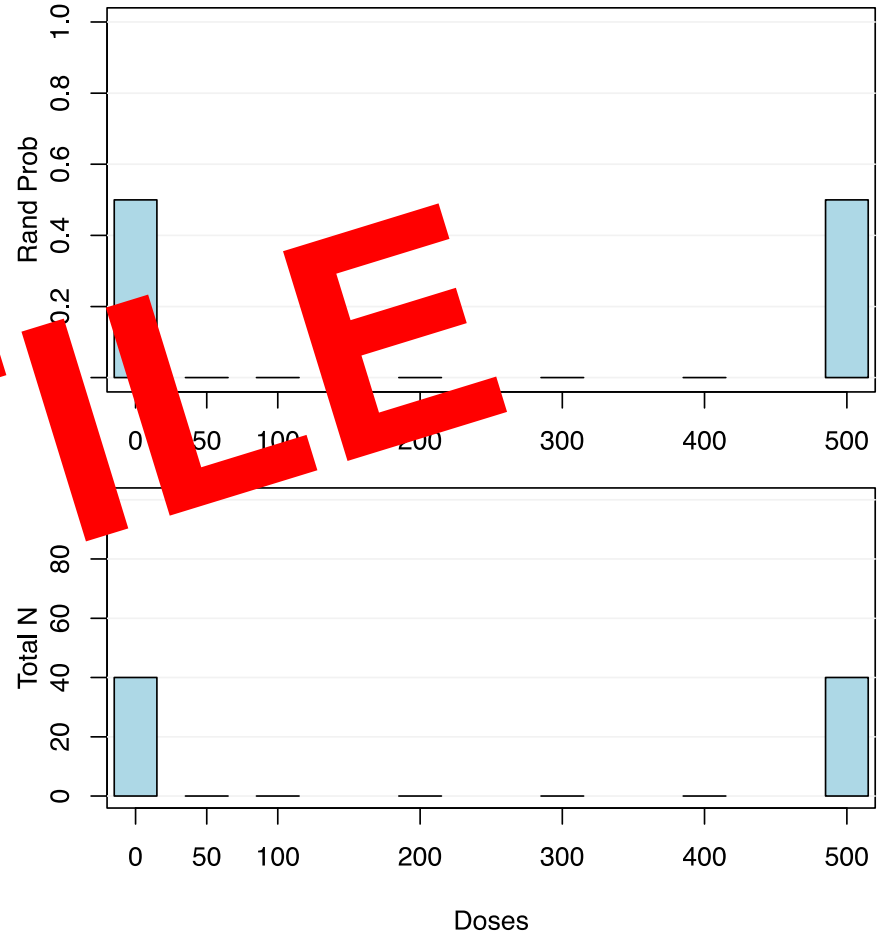
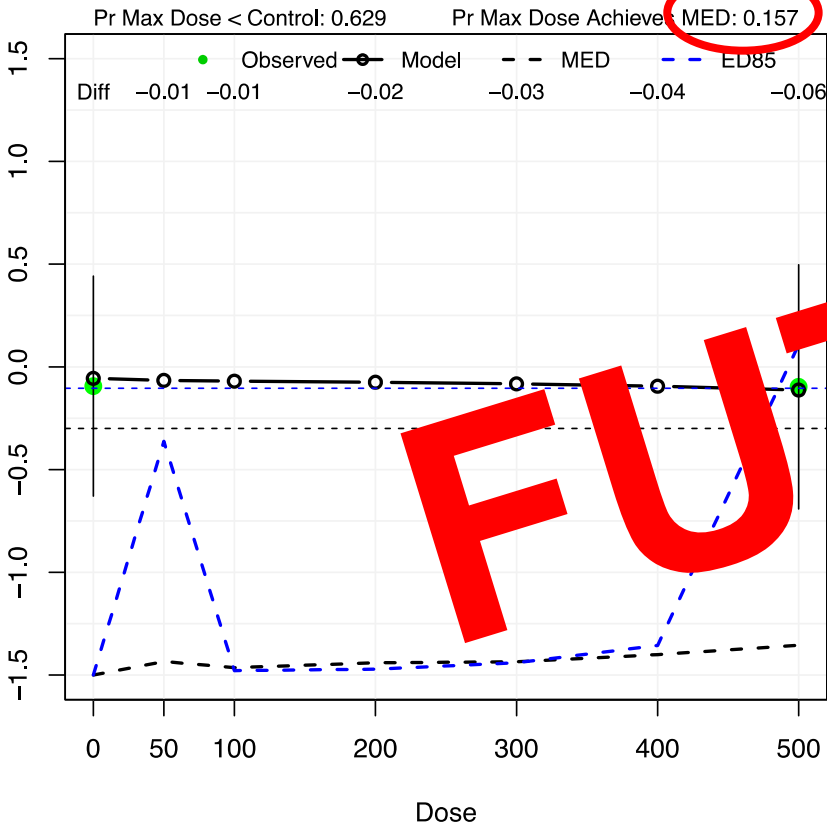


- Apply the top-down design with response adaptive randomization
- Do this many many times...
- Evaluate success rates for different scenarios

A Futile Trial

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Interim Analysis at 35 Weeks with 80 Patients

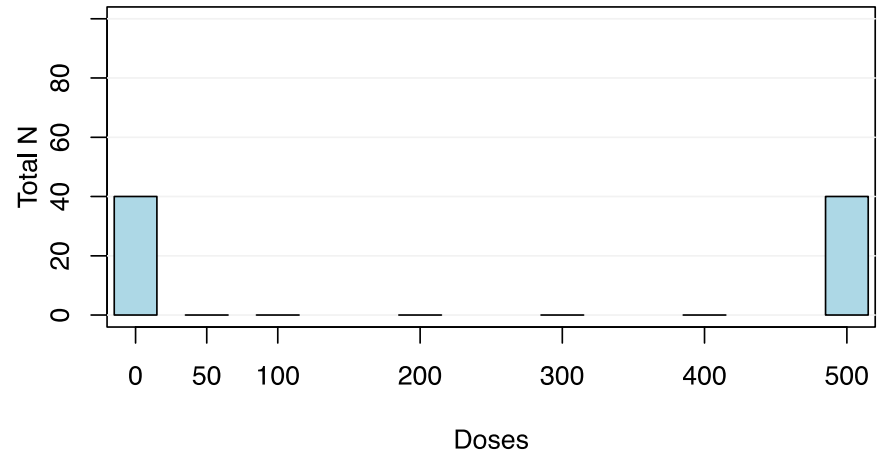
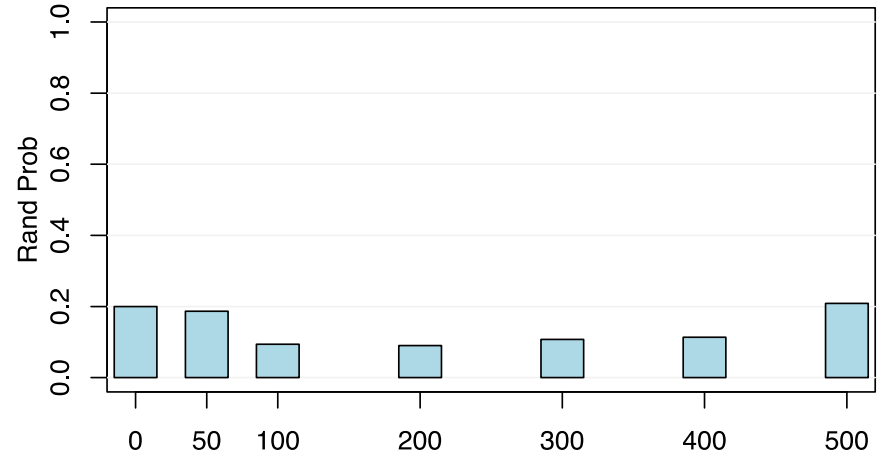
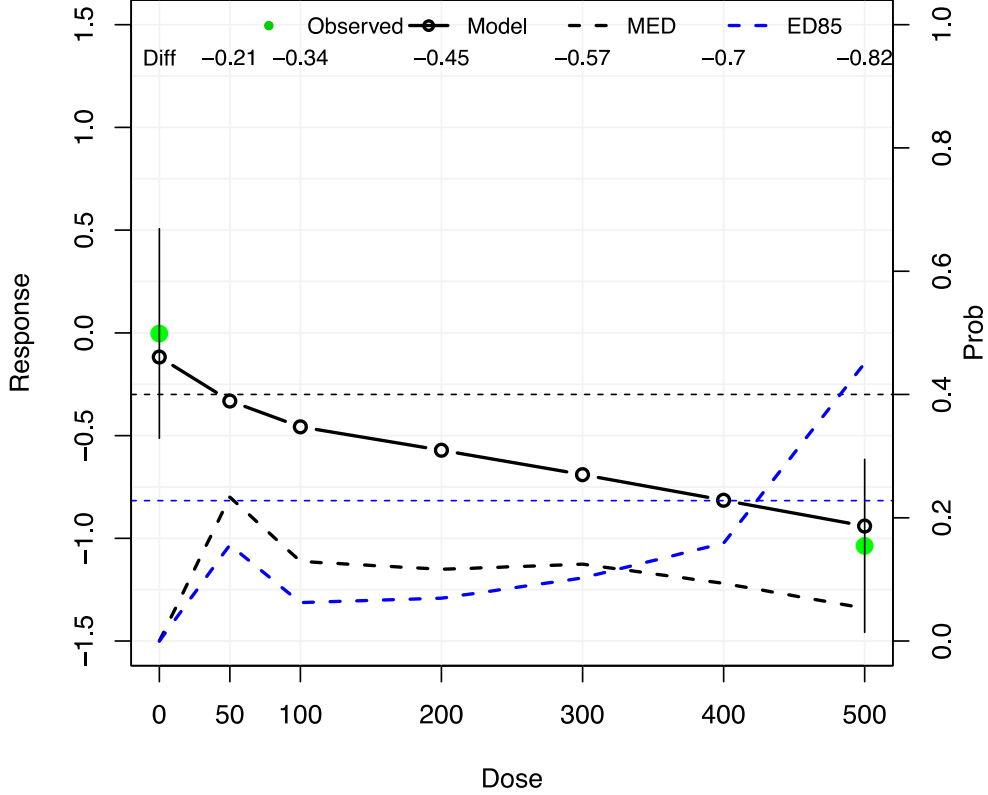


A Successful Trial

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Interim Analysis at 32 Weeks with 80 Patients

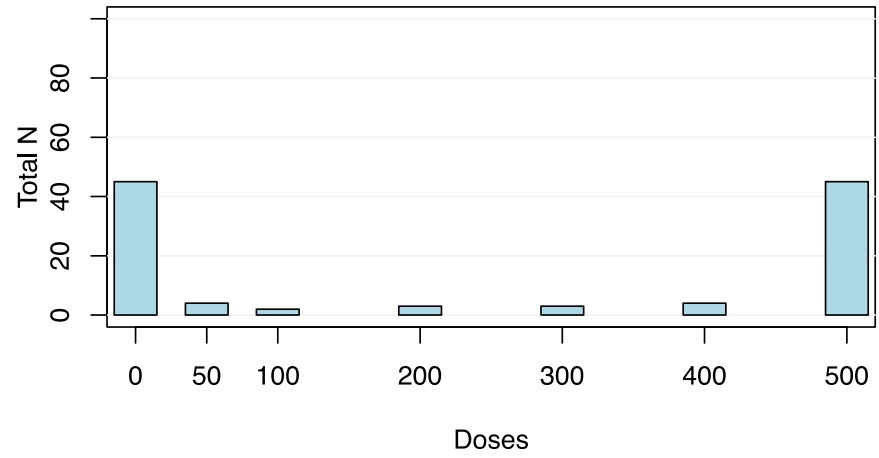
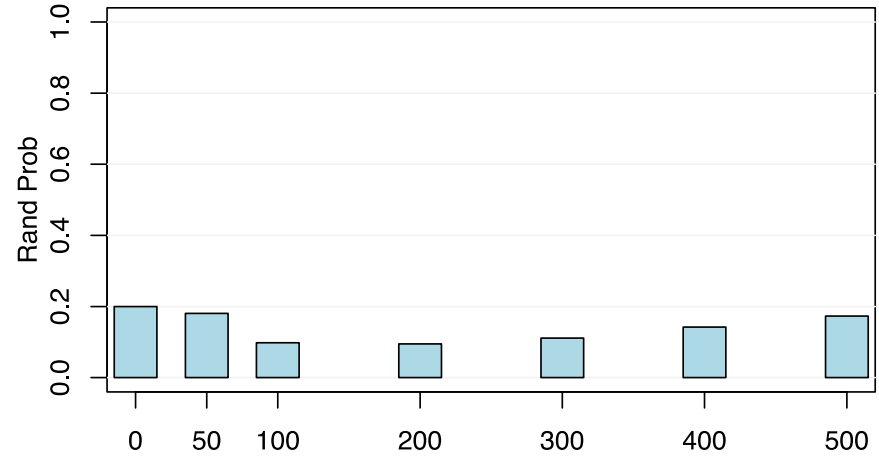
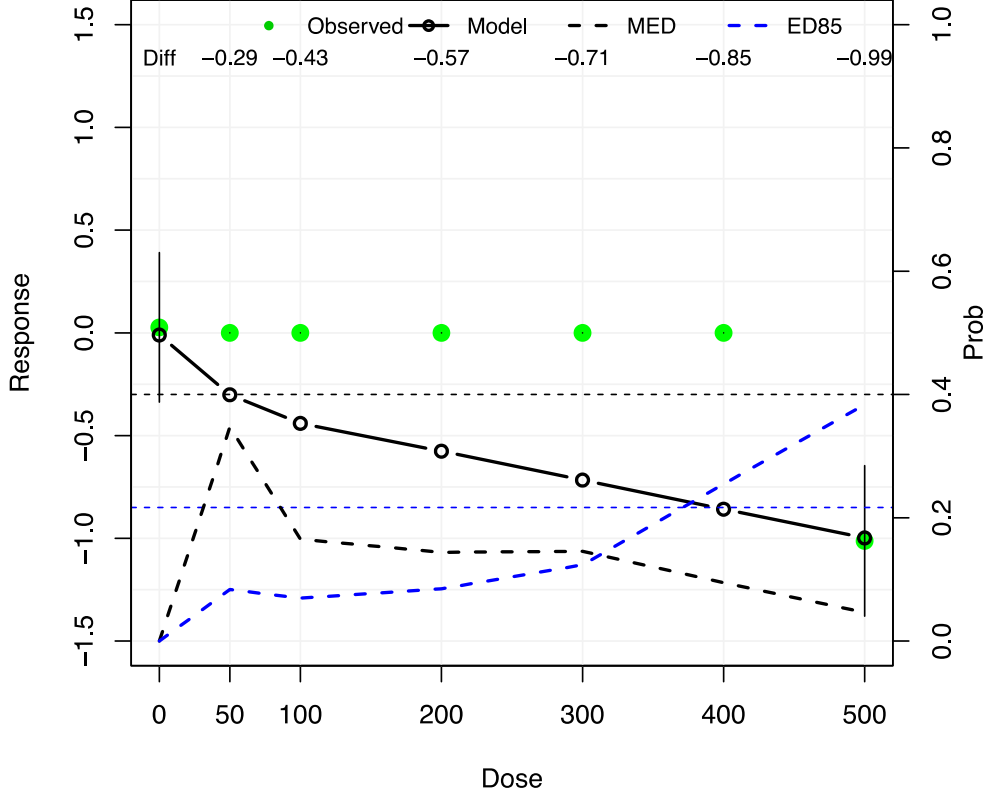
Pr Max Dose < Control: 0.904 Pr Max Dose Achieves MED: 0.751



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Interim Analysis at 40 Weeks with 106 Patients

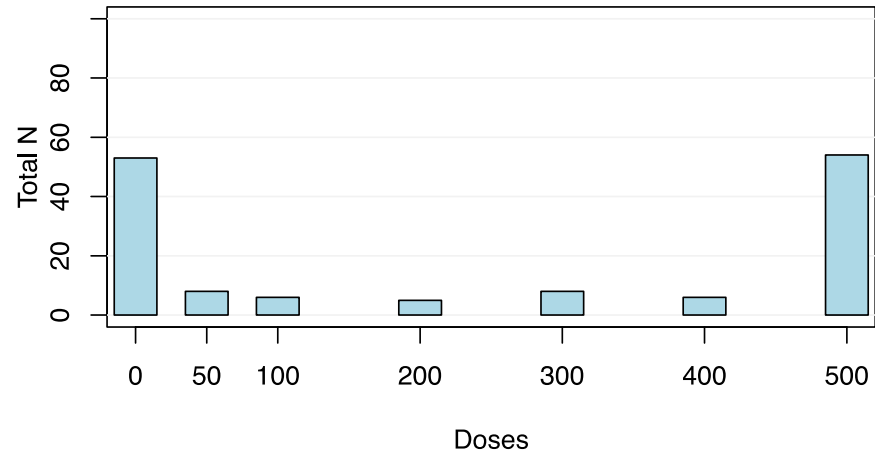
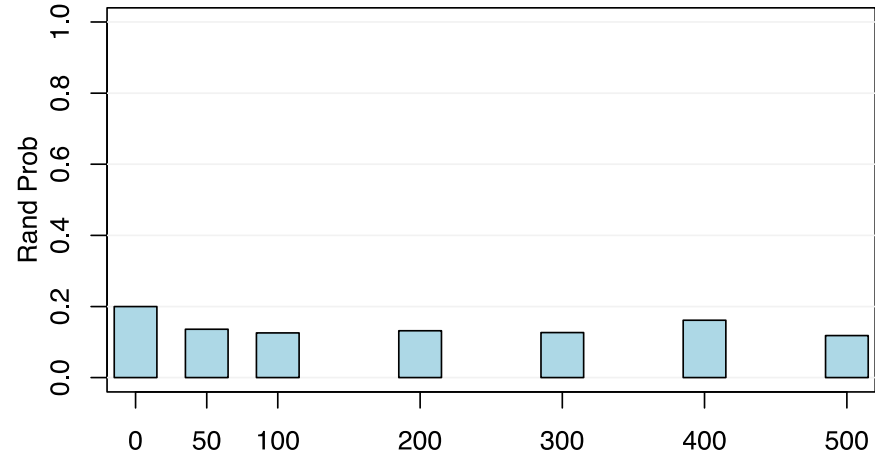
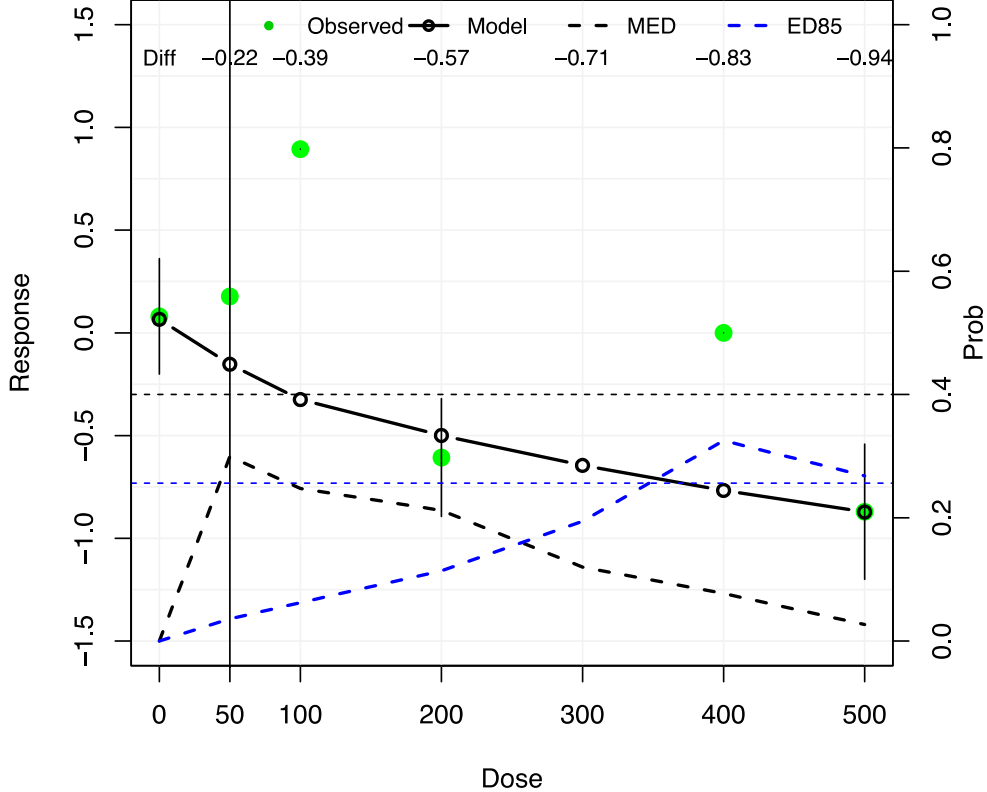
Pr Max Dose < Control: 0.994 Pr Max Dose Achieves MED: 0.943



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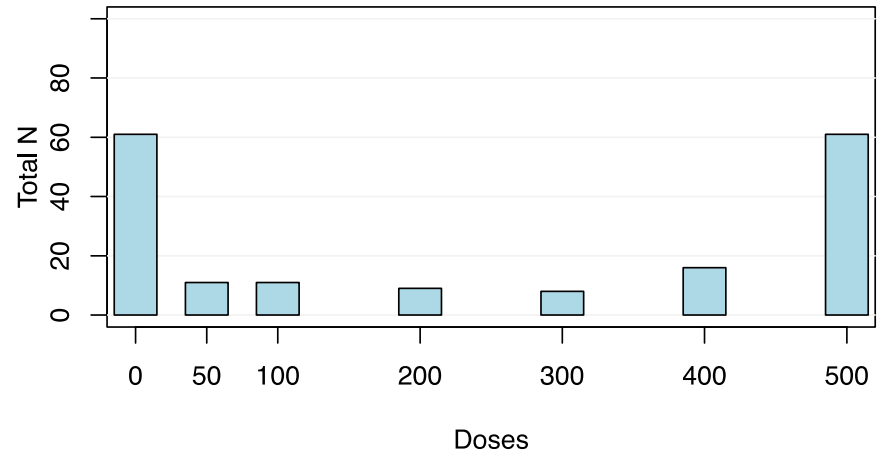
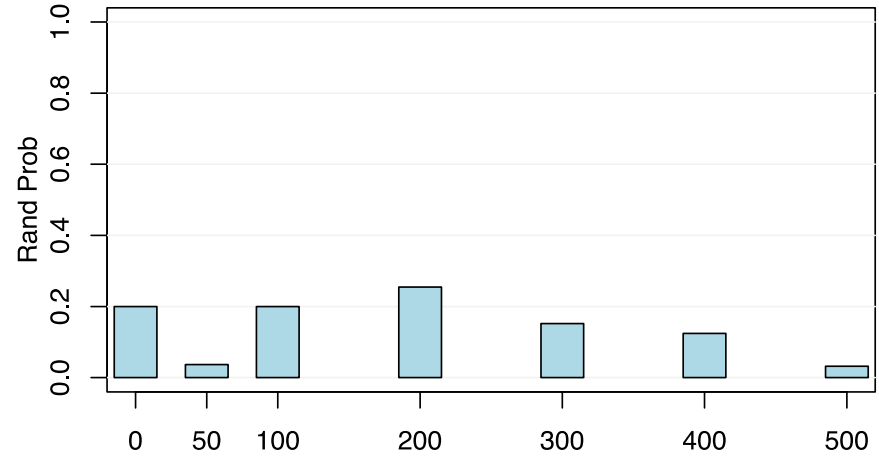
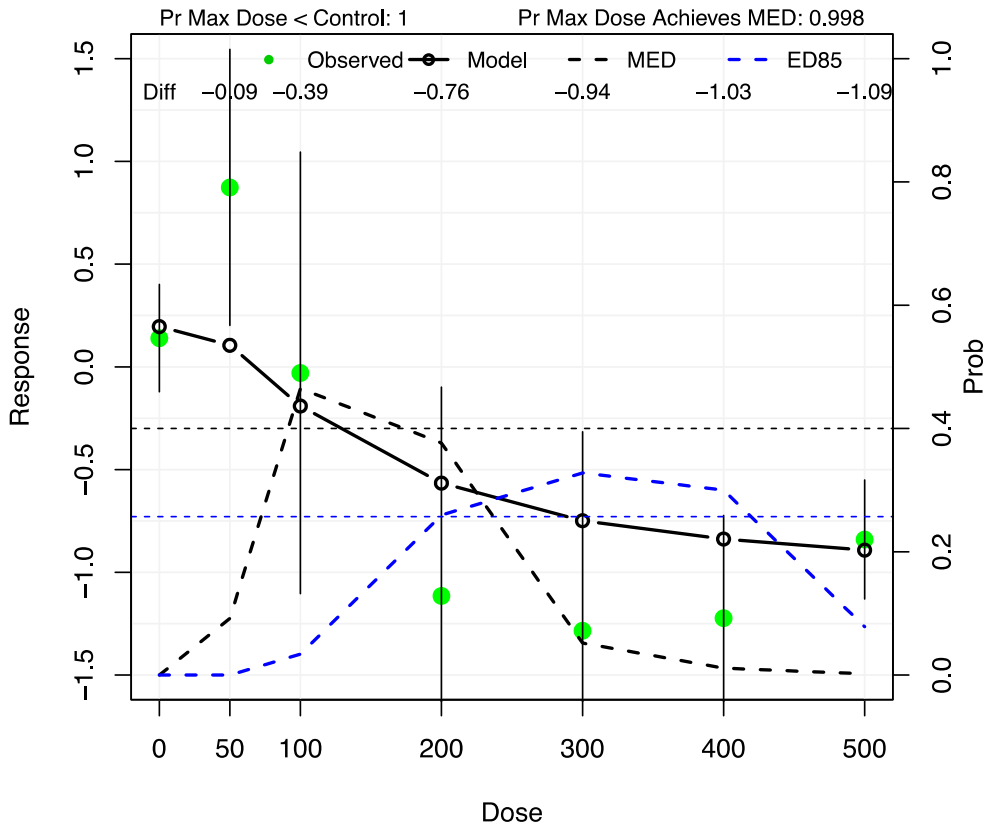
Interim Analysis at 48 Weeks with 140 Patients

Pr Max Dose < Control: 0.999 Pr Max Dose Achieves MED: 0.983



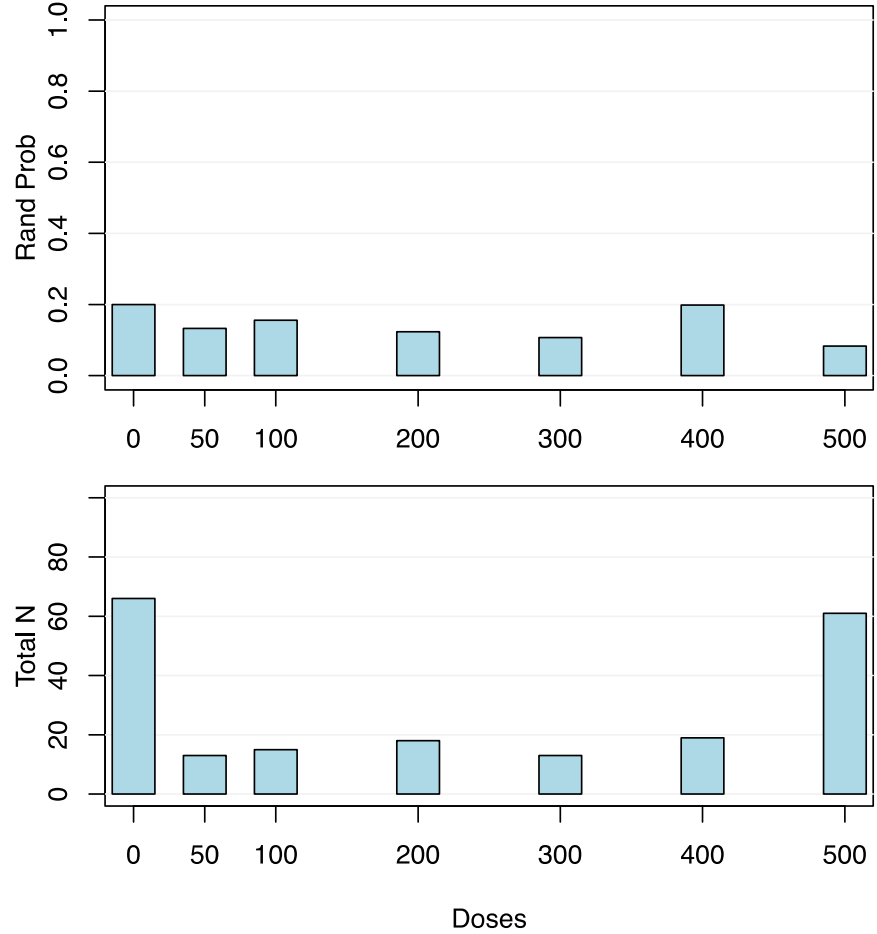
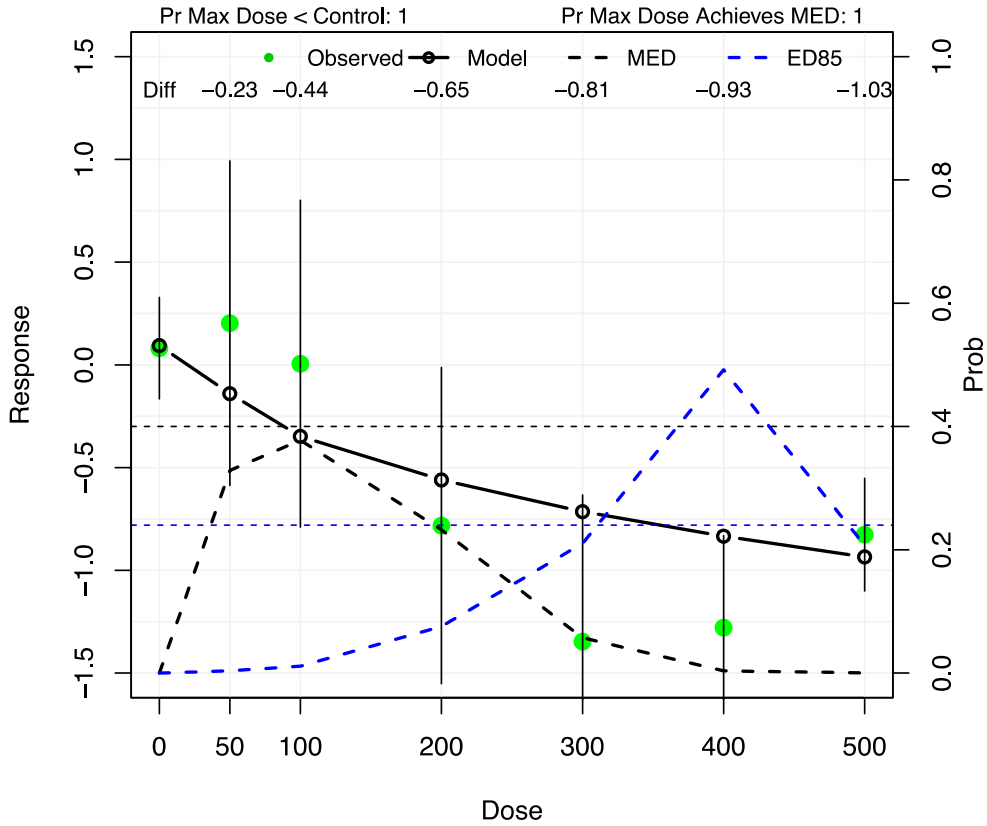
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Interim Analysis at 56 Weeks with 177 Patients



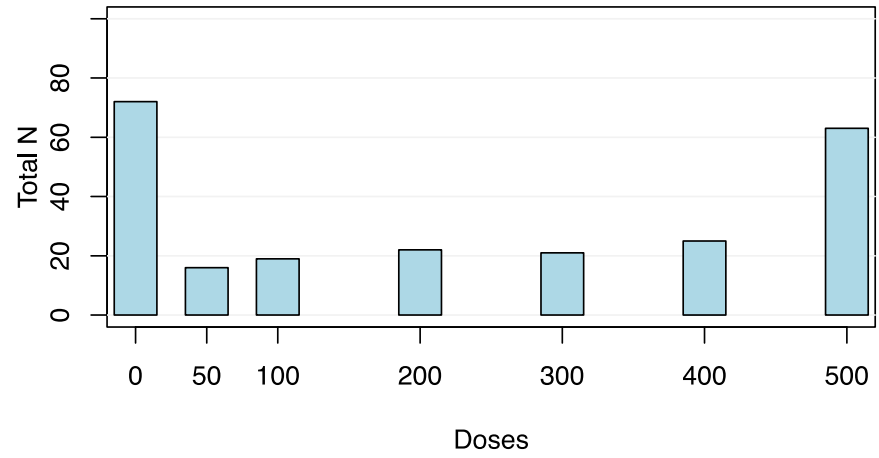
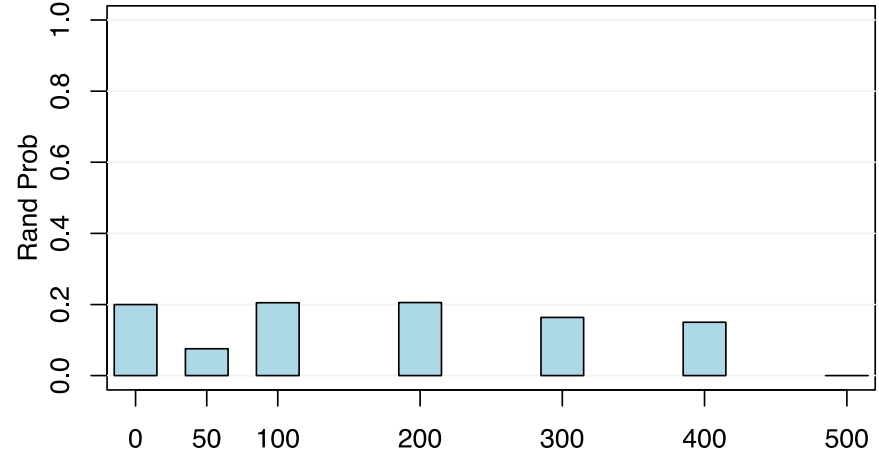
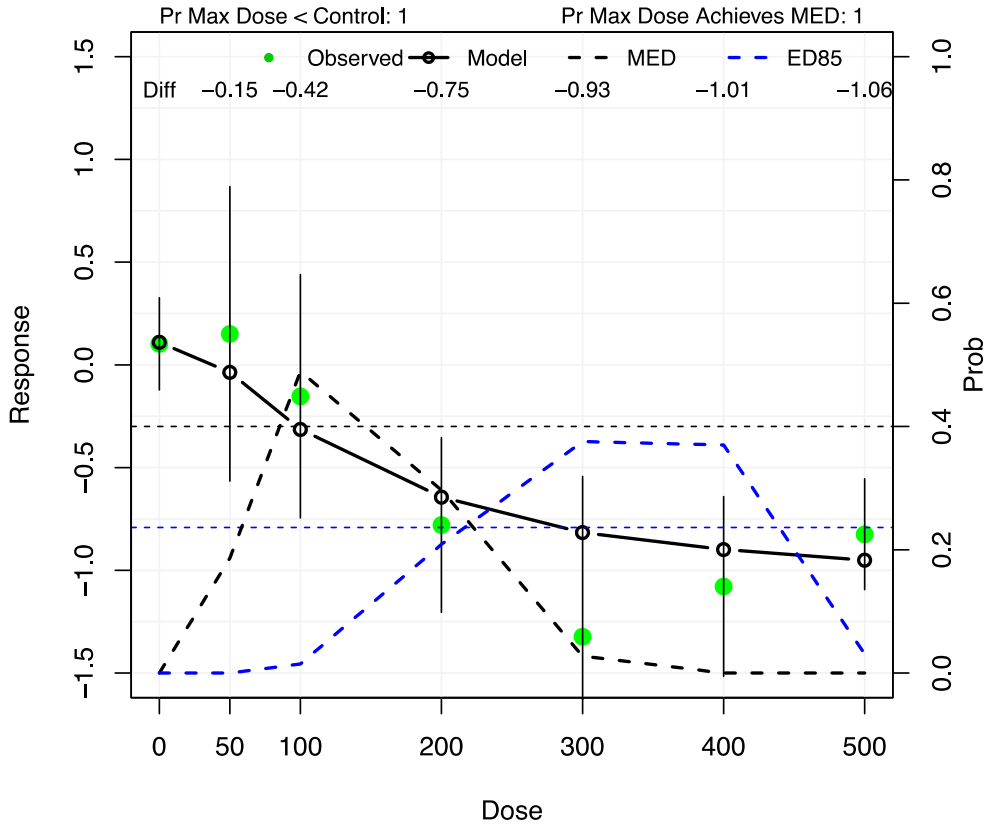
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Interim Analysis at 64 Weeks with 205 Patients



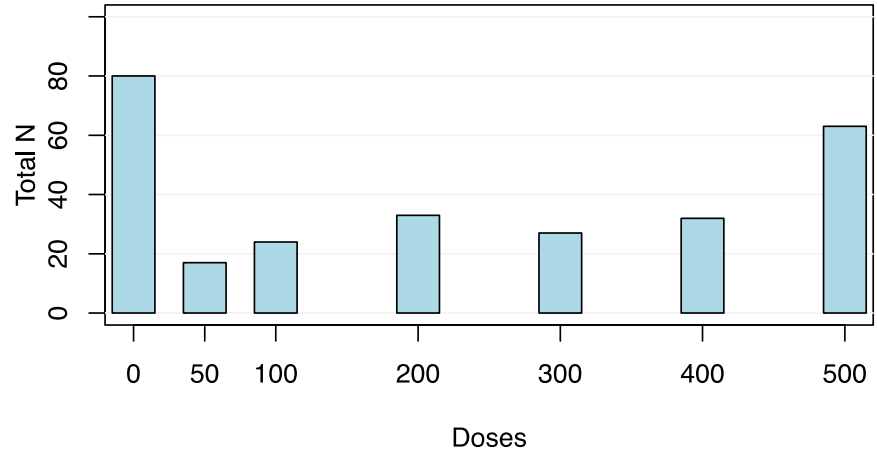
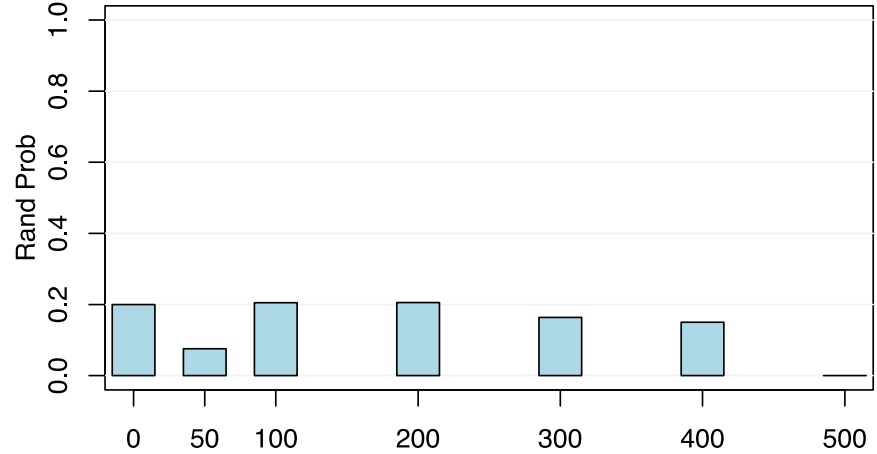
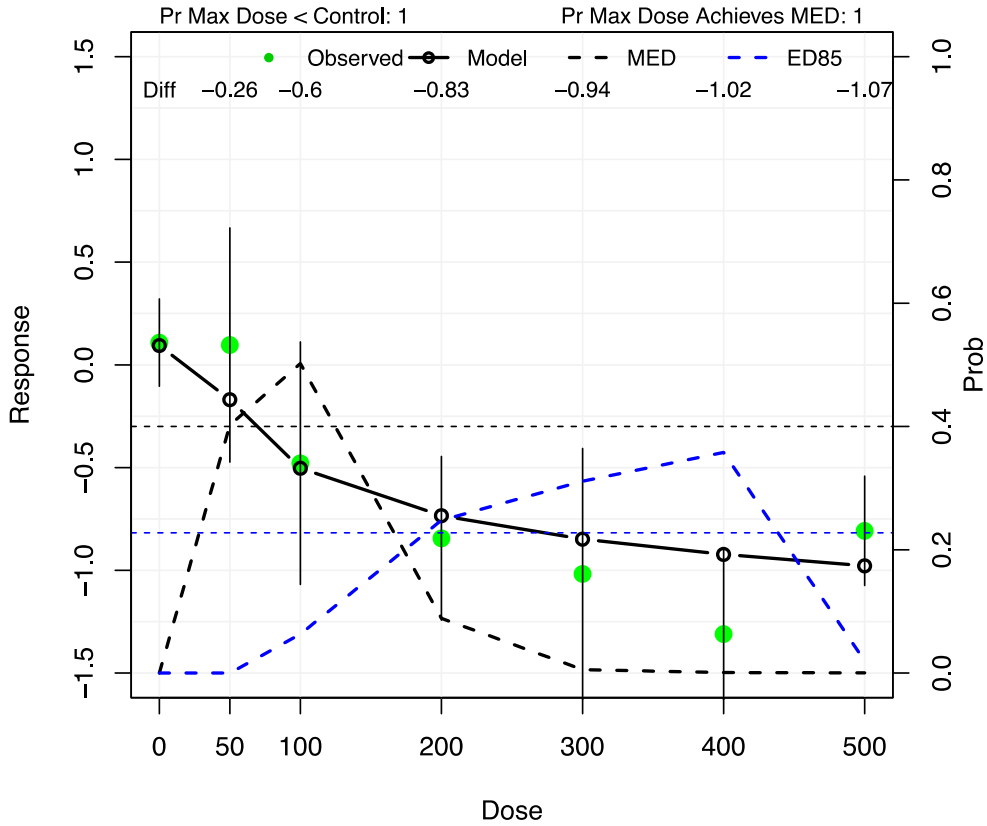
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Interim Analysis at 72 Weeks with 238 Patients



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Interim Analysis at 80 Weeks with 276 Patients

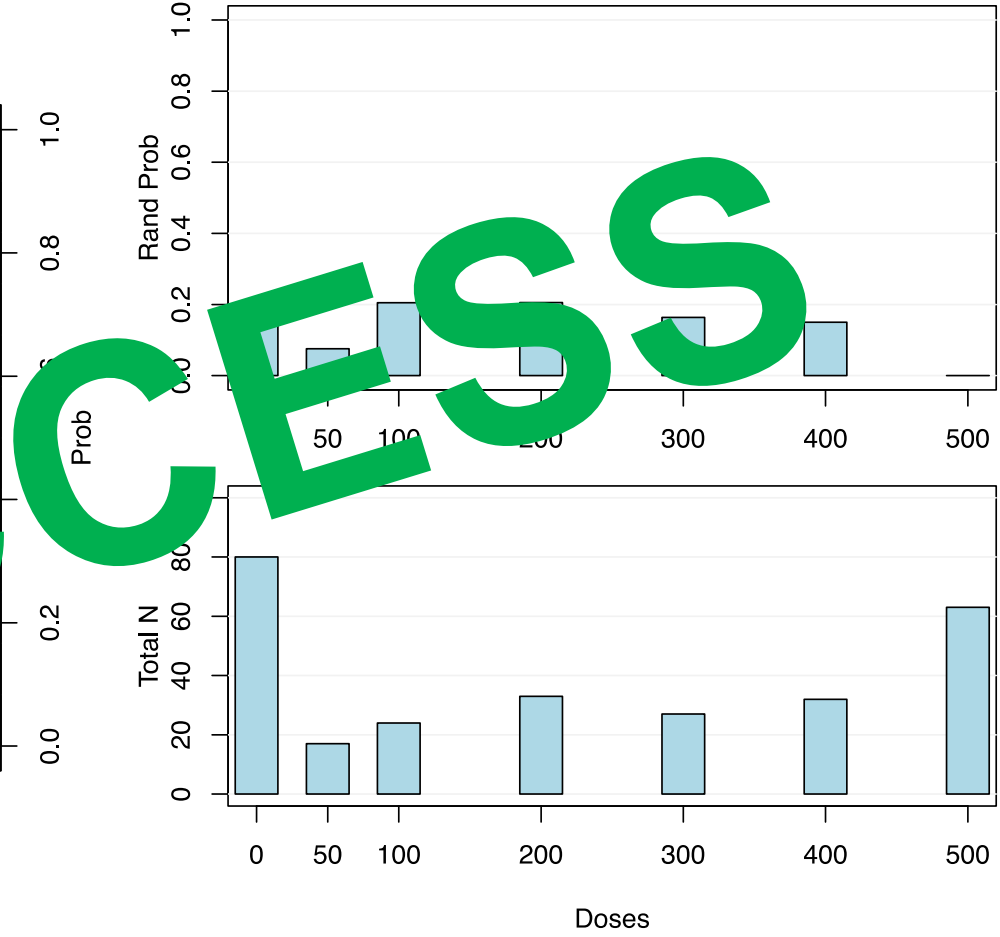
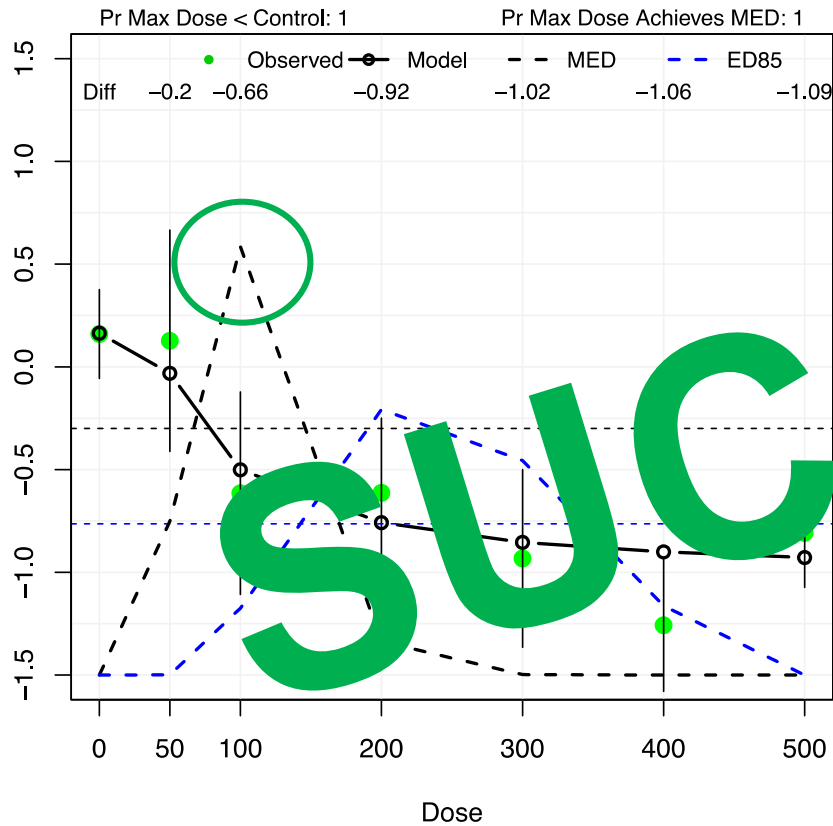


A DOSE IS IDENTIFIED AS MED WITH Probability > 50%

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Interim Analysis at 88 Weeks with 276 Patients

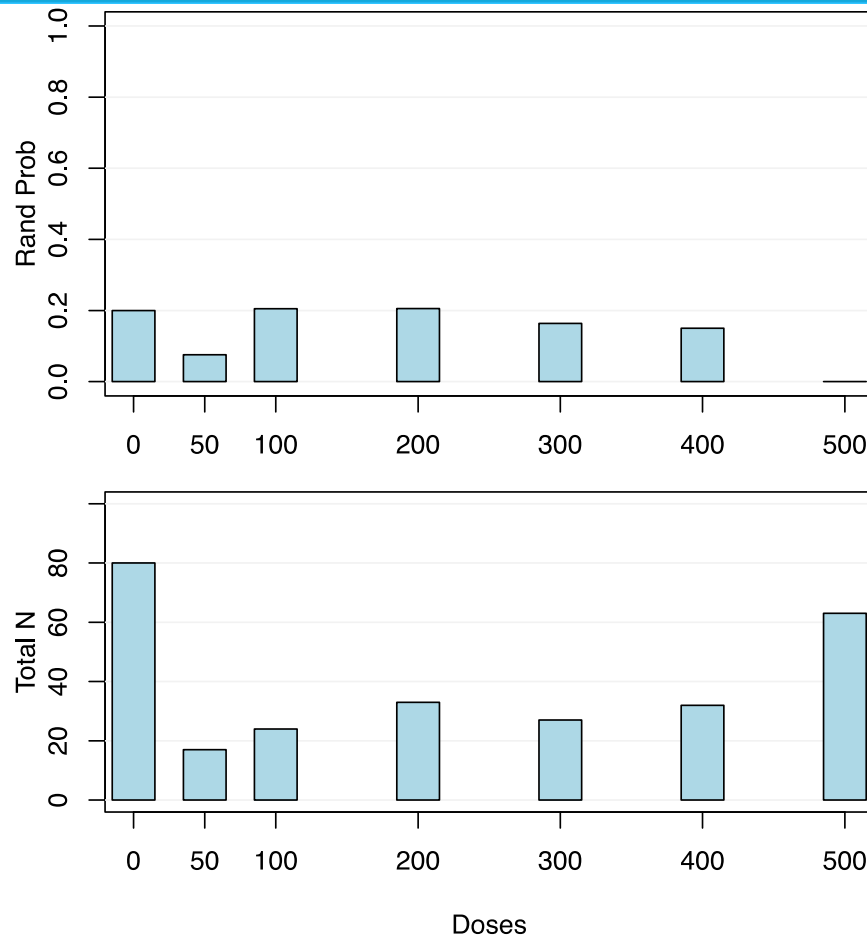
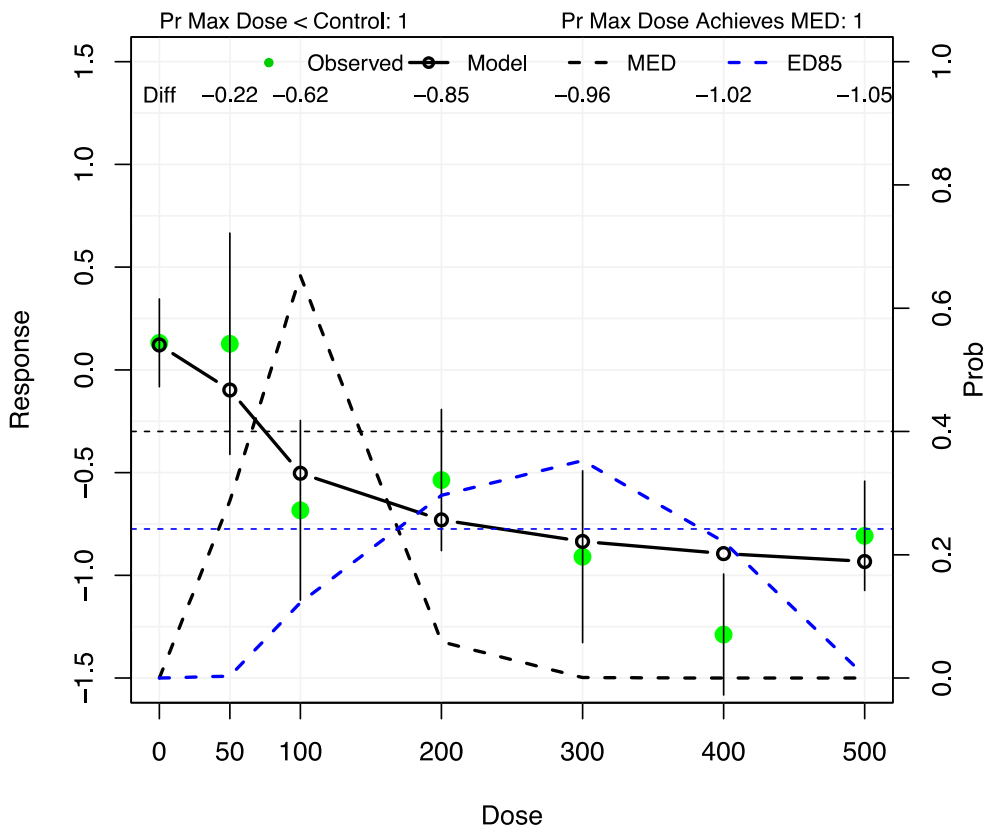


FINAL ANALYSIS WHEN ALL PATIENTS HAVE COMPLETED TRIAL



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Final Analysis at 92 Weeks with 276 Patients



Operating Characteristics



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Dose-Response Scenario		Average Number of Subjects	Futility Stopping at First Interim	Total Futility stopping	Power (Total Success)
Null		200	75.8%	97.0%	3.0%
I		277	15.7%	47.9%	52.1%
II		288	7.9%	25.1%	74.9%
III		296	2.8%	9.6%	90.4%
IV		295	3.4%	15.4%	84.6%
V		298	1.4%	2.7%	97.3%

