Adaptive Monitoring: Optimal wait-time to control false discoveries

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Overview

Co-authors Jeffrey D Blume, PhD and Robert A Greevy, Jr., PhD

AM SGPV Adaptive monitoring on Second Generation p-Value (Chipman 2019)

Burn-in To ensure $\alpha < 0.05$ with unlimited sample size

Prematurely Ending Clinical Trial(s)

Towards a Revolution in COPD Health (TORCH) (Calverley 2007)

Primary Aim: Establish whether beta-agonist (salmeterol plus fluticasone propionate) has survival benefit in participants with chronic obstructive pulmonary disease

2007 6112 participants

- ► HR 0.825 (95% CI: 0.681-1.002, p-adjusted=0.052)
- Awkward Conclusion: primary outcome did not reach statistical significance, yet 'significant benefits in all other outcomes.'

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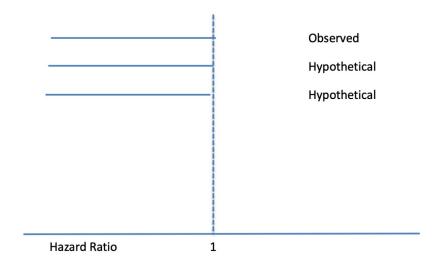
Primary Aim: Establish whether beta-agonist (salmeterol plus fluticasone propionate) has survival benefit in participants with chronic obstructive pulmonary disease

2007 6112 participants

- ► HR 0.825 (95% CI: 0.681-0.998, p-adjusted=0.0498)
- Awkward Conclusion: primary outcome did not reach statistical significance, yet 'significant benefits in all other outcomes.'

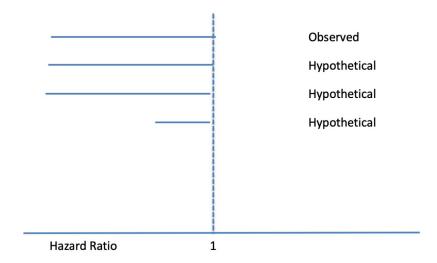
AM SGPV lpha < 0

Envisioning treatment effects

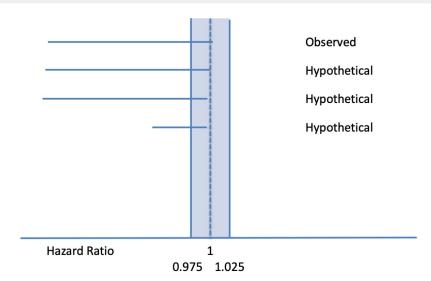


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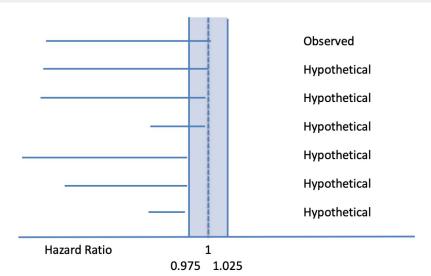
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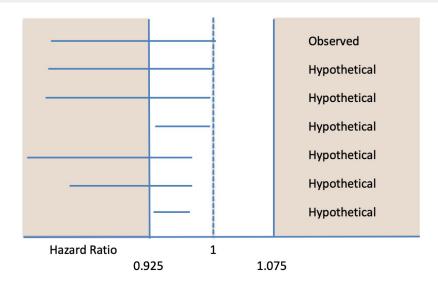
Region of Practically Equivalent Effects (ROPE) (Kruschke 2011)



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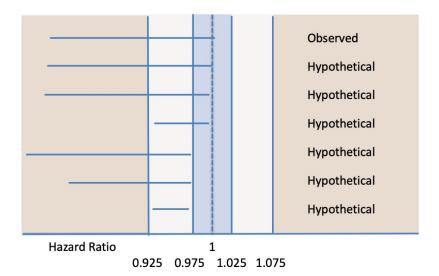
Region of Meaningful Effects (ROME)



AM SGPV



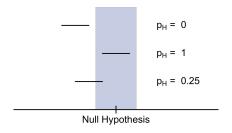
ROPE and ROME





Second Generation p-value (SGPV; Blume et al. 2018, 2019)

What proportion of interval overlaps with Δ_H ?



Interpretation of p_H

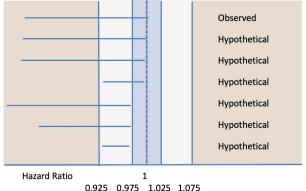
ightharpoonup p_H = 0: Evidence to rule out hypothesis effects

 $ightharpoonup p_H = 1$: Evidence supporing hypothesis effects

 $ightharpoonup 0 < p_H < 1$: Inconclusive, need more data

AM SGPV lpha < 0

TORCH with ROPE and ROME



$$\begin{split} 0 < p_{ROPE} < 1 \; ; \; 0 < p_{ROME} < 1 \\ 0 < p_{ROPE} < 1 \; ; \; 0 < p_{ROME} < 1 \\ 0 < p_{ROPE} < 1 \; ; \; 0 < p_{ROME} < 1 \\ 0 < p_{ROPE} < 1 \; ; \; p_{ROME} = 0 \\ p_{ROPE} < 0 \; ; \; p_{ROME} < 1 \\ p_{ROPE} = 0 \; ; \; 0 < p_{ROME} < 1 \\ p_{ROPE} = 0 \; ; \; 0 < p_{ROME} < 1 \\ p_{ROPE} = 0 \; ; \; p_{ROME} < 1 \\ p_{ROPE} = 0 \; ; \; p_{ROME} < 0 \end{split}$$



Wait Interval width stabilizes

Monitor Interval and SGPV at desired looks

Alert $p_{ROPE} = 0.0$: Ruled out ROPE effects

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Affirm Stop if same conclusion k participants later

End of resources

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Error probabilities

Error probabilities (such as Type I Error) depend on

- ROPE and ROME
- ▶ Wait time
- ► Affirmation steps (*k*)

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- ► ROPE and ROME (set by science)
- Wait time
- Affirmation steps

Wait time with unlimited sample size

Measured by inferential width

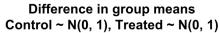
Controlling errors

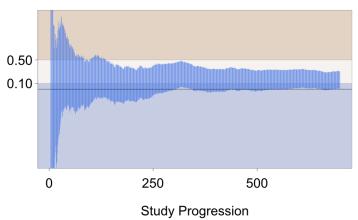
Simulations with 40K replicates with varying wait times

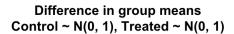
Holding constant:

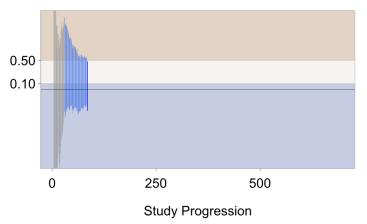
- ightharpoonup Control~N(0,1), Treated~N(0,1)
- ► ROME and ROPE regions (10 settings)
- k = 0

 $\alpha < 0$

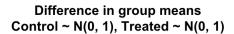


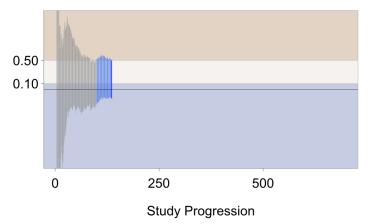




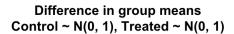


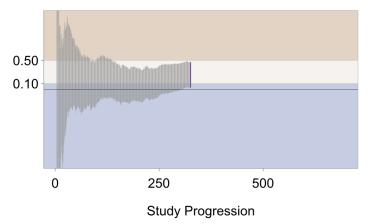
Wait until expected margin if error (1/2 width of CI) is 0.5





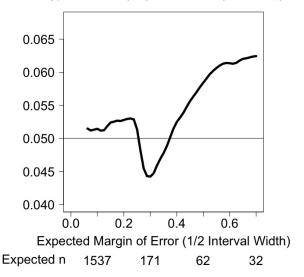
Wait until expected margin if error (1/2 width of CI) is 0.25



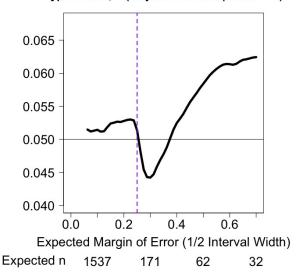


Wait until expected margin if error (1/2 width of CI) is 0.15

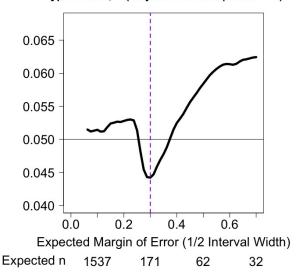
Type I Error; P (Reject Point Null | Theta = 0)



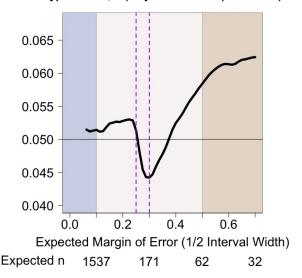
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Conclusions

 AM SGPV novel design to follow studies until ruling out practially null or meaningful effects

② With immediate stopping (k=0) and unlimited sample size, Type I error can be controlled through the wait time.

AM SGPV lpha < 0

Thank you and questions