



#### **Adaptive Methods in Clinical Research**

Lecture 6: Sample Size Re-estimation

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#### Motivating Example

Trial: NOTACS trial (ISRCTN: 14092678)

Goal: Determine if prophylactic use of high flow nasal

therapy increases days at home after bypass surgery

Challenge: Sample size calculated based on single center pilot

data using a different endpoint

Solution: Sample size reassessment (=sample size

review=sample size reestimation)



## A general approach to sample size reviews

- Many sample size formulae depend on nuisance parameters, the values of which have to be guessed
- Part way through the trial we will have plenty of data on which to base a better guess
- So, do that, and recalculate the sample size
- Now use the new sample size, perhaps within the limits of minimum and maximum possible values
- Assess the effect of this procedure on type I error: usually it is very small



#### Sample size review for binary data

Treatments: Experimental (E) and Control (C)

Success probabilities:  $p_E$  and  $p_C$ 

Hypotheses:  $H_0: p_E = p_C$   $H_1: p_E > p_C$ 

Type I error:  $\alpha$  (one-sided)

Power:  $1 - \beta$ , when  $p_E = p_{ER}$  and  $p_C = p_{CR}$ 

Sample sizes:  $n_E$  and  $n_C$ , where  $n_E + n_C = n$ 

Allocation ratio: (1:1), that is  $n_E = n_C$ 

 $p_{CR}$  is the anticipated value of  $p_C$ , and an improvement from that value to  $p_E = p_{ER}$  on E would be clinically worthwhile

## Probability difference approach

#### Initial sample size calculation

Put  $\theta = p_E - p_C$ , and set power at  $\theta = \theta_R = p_{ER} - p_{CR}$ Two popular formulae for n are:

$$n = 2 \left( \frac{z_{1-\alpha} \sqrt{2\bar{p}(1-\bar{p})} + z_{1-\beta} \sqrt{p_{ER}(1-p_{ER}) + p_{CR}(1-p_{CR})}}{\theta_R} \right)^2$$
(Machin et al., 1997)

and

$$n = 4\bar{p}(1-\bar{p})\left(\frac{z_{1-\alpha} + z_{1-\beta}}{\theta_R}\right)^2 \tag{2}$$

where  $\bar{p}=\frac{1}{2}(p_{ER}+p_{CR})$ 

#### To use these formulae:

- use previous data and experience to guess p<sub>CR</sub>
- consider what difference  $\theta_B$  would be clinically important
- deduce p<sub>ER</sub> and p̄

Using these values, find the required sample size *n* 

Then, when data from about  $\frac{1}{2}n$  patients are available, a sample size review can be conducted

At the sample size review we do not change  $\theta_R$ :

this remains the clinically important difference

To recompute n based on (1), identify the control patients and find an estimate,  $\hat{p}_C$ , of  $p_C$  as the success rate on C so far

Replace 
$$p_{CR}$$
 by  $\hat{p}_C$ ,  $p_{ER}$  by  $\hat{p}_C + \theta_R$  and  $\bar{p} = \hat{p}_C + \frac{1}{2}\theta_R$ 

To recompute n based on (2), we do not need break the blinding: just estimate  $\bar{p}$  as the overall success rate in the trial as a whole (over E and C)

The preservation of blindness makes the second option more attractive

## Importance of blinding and allocation concealment

- Eliminates selection bias (who enters the trial in the first place)
- Removes/eliminates performance and ascertainment bias (how the outcome is perceived)



#### Log-odds ratio approach

#### Initial sample size calculation

Put

$$\theta = \log \left( \frac{p_E(1 - p_C)}{p_C(1 - p_E)} \right) = \log \left( \frac{p_E}{1 - p_E} \right) - \log \left( \frac{p_C}{1 - p_C} \right)$$

and set power at  $\theta = \theta_R$  computed from the values  $p_{ER}$  and  $p_{CR}$ . The resulting sample size formula is:

$$n = \frac{4}{\bar{p}(1-\bar{p})} \left( \frac{z_{1-\alpha} + z_{1-\beta}}{\theta_R} \right) \tag{3}$$

This formula can be updated at a sample size review in the same way as equation (2), without breaking the blind

#### Example

$$\alpha = 0.025$$
,  $1 - \beta = 0.90$ ,  $z_{1-\alpha} = 1.96$ ,  $z_{1-\beta} = 1.282$ 

$$p_{CR}=0.3,\,p_{ER}=0.5,\,\bar{p}=0.4$$

Equation (1) - prob diff:  $\theta_R = 0.2 \Rightarrow n = 248$ Equation (2) - prob diff:  $\theta_R = 0.2 \Rightarrow n = 252$ Equation (3) - log-odds ratio:  $\theta_R = 0.847 \Rightarrow n = 244$ 



## Example

After 120 observations, the sample size is reviewed

We find that  $\bar{p} = 0.2$ , rather than 0.4

Retaining probability difference:  $\theta_R = 0.2$ , Equation (2)  $\Rightarrow n = 168$ 

- sample size goes down
- $\theta_R = 0.2$  consistent with  $p_{CR} = 0.1$ ,  $p_{ER} = 0.3$

Retaining log-odds ratio:  $\theta_R = 0.847$ , Equation (3)  $\Rightarrow n = 366$ 

- sample size goes up
- $\theta_R = 0.847$  consistent with  $p_{CR} = 0.134$ ,  $p_{ER} = 0.266$

#### Normally distributed data

Treatments: Experimental (E) and Control (C)

Distributions:  $N(\mu_E, \sigma^2)$  and  $N(\mu_C, \sigma^2)$ Hypotheses:  $H_0: \mu_E = \mu_C$   $H_1: \mu_E > \mu_C$ 

Type I error:  $\alpha$  (one-sided)

Power:  $1 - \beta$ , when  $\mu_E = \mu_{ER}$  and  $\mu_C = \mu_{CR}$ 

Sample sizes:  $n_E$  and  $n_C$ , where  $n_E + n_C = n$ 

Allocation ratio: (1:1), that is  $n_E = n_C$ 

Put  $\theta = \mu_E - \mu_C$  and  $\theta_R = \mu_{ER} - \mu_{CR}$ 

Let  $\sigma_R^2$  denote the anticipated common variance

The sample size is given by

$$n = 4\sigma_R^2 \left(\frac{z_{1-\alpha} + z_{1-\beta}}{\theta_R}\right)^2 \tag{4}$$

The actual values of  $\mu_{ER}$  and  $\mu_{CR}$  have no effect on n other than through  $\theta_R$ 

The anticipated variance  $\sigma_R^2$  is very influential, and is replaced by an estimate at the sample size review

## Estimating $\sigma^2$

a) Use the conventional unbiased estimate

$$\hat{\sigma}^2 = s^2 = \frac{\sum_{h=1}^{n_E} (x_{hE} - \bar{x}_E)^2 + \sum_{h=1}^{n_C} (x_{hC} - \bar{x}_C)^2}{n-2}$$
 (5)

based on the *n* observations available so far

To use this requires breaking the blind, at least as far as separating the two treatment groups: their identities need not be revealed

# Estimating $\sigma^2$

b) Avoid unblinding, using a simple adjustment (Gould, 1995) For each term in (5)

$$\sum_{h=1}^{n_E} (x_{hE} - \bar{x}_E)^2 = \sum_{h=1}^{n_E} (x_{hE} - \bar{x} + \bar{x} - \bar{x}_E)^2 = \sum_{h=1}^{n_E} (x_{hE} - \bar{x})^2 - n_E(\bar{x} - \bar{x}_E)^2$$

Substitute in equation (5)

$$\sum_{h=1}^{n_E} (x_{hE} - \bar{x}_E)^2 + \sum_{h=1}^{n_C} (x_{hC} - \bar{x}_C)^2 = \sum_{j=E,C} \sum_{h=1}^{n_j} (x_{hj} - \bar{x})^2 - \frac{n_C n_E}{n} (\bar{x}_C - \bar{x}_E)^2$$

If desired difference is present:  $(\bar{x}_E - \bar{x}_C) = \theta_R$ 

$$\sum_{h=1}^{n_E} (x_{hE} - \bar{x}_E)^2 + \sum_{h=1}^{n_C} (x_{hC} - \bar{x}_C)^2 = \sum_{j=E,C} \sum_{h=1}^{n_j} (x_{hj} - \bar{x})^2 - \frac{n_C n_E}{n} \theta_R^2$$

Can use estimate  $\tilde{\sigma}^2$  for sample size review without unblinding

$$\tilde{\sigma}^2 = \frac{\sum_{j=E,C} \sum_{h=1}^{n_j} (x_{hj} - \bar{x})^2}{n-2} = \frac{(n-1)\tilde{\sigma}_T^2 - \frac{n_E n_C}{n} \theta_R^2}{n-2}$$
(6)

 $\tilde{\sigma}_{T}^{2}$ : The estimate of total variance

## Example

$$\alpha = 0.025, \ 1 - \beta = 0.90, \ z_{1-\alpha} = 1.96, \ z_{1-\beta} = 1.282$$
  
 $\theta_R = 0.5, \ \sigma_R = 1.0$ 

Equation (4)  $\Rightarrow n = 168$ 

After 80 patients:

$$n_E = 40, \ \bar{x}_E = 5.6, \ s_E = 1.45$$
  $n_C = 40, \ \bar{x}_E = 5.3, \ s_E = 1.26$   $\tilde{\sigma}_T^2 = 1.844$ 

## Unblinded approach

Equation (5) 
$$(n-2)\hat{\sigma}^2 = (n_E - 1)s^2e + (n_C - 1)s_C^2$$
  
= 143.91  
So that  
 $\hat{\sigma}^2 = 1.845$ 

From Equation (4) the new sample size is n = 310.

## Blinded approach

Equation (6) 
$$\tilde{\sigma}^2 = \frac{145.7139 - \frac{80}{4}0.5^2}{78}$$
  
= 1.804

From Equation (4) the new sample size is n = 304.

#### Discussion

- Sample size reestimation is an adaptive design with a single interim analysis which may lead to a reassessment of sample size
- Its use is becoming widespread
- Regulatory authorities are generally well-disposed towards it
- Using an E-M algorithm (Gould and Shih, 1992; Gould, 1995) should not be used ⇒ See Friede and Kieser (2002)