## BORROWING EXTERNAL CONTROLS FOR AN EVENT-DRIVEN PEDIATRIC TRIAL IN PAH: A CASE STUDY

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## **OUTLINE**

- > Pediatric PAH Background
- Case study: borrowing external controls for an eventdriven pediatric trial in PAH
- ➤ Conclusions



## PEDIATRIC PAH – BACKGROUND

Rare disease affecting the vessels of pulmonary circulation

Adult efficacy proven by time to disease progression or exercise capacity.

## Partial extrapolation accepted by HAs

- No PD/intermediate endpoint that can be defined across pediatric subsets
  - > Effect on pulmonary vascular resistance requires invasive approach, unacceptable in children (nowadays)
  - > Exercise capacity can only be assessed in developmentally able children



## PEDIATRIC PAH – BACKGROUND (CONT)

As of today, **time to disease worsening** represents the only clinically meaningful efficacy endpoint to study PAH in the pediatric patients (Gomberg-Maitland 2013)

Conducting event driven study is challenging due to:

- the rarity of the disease
- increasing off-label use in the pediatric patients



## STANDARD SUPERIORITY EVENT-DRIVEN DESIGN

## **Standard TTE Design**

- accrual rate=5/months
- max study duration=60 months
- 50% survival @18 mos. for CONTROL
- HR=0.6 (from adult study)
- 1-sided significance level=2.5%
- 1:1 randomization

#### > N = 205

- power >80%
- events: 129

TTE=time to event; HR=hazard ratio;

#### **Based on HA interactions:**

Strict control of type I at 0.025 (1-sided)

#### **Sponsor concern:**

Power > 80% (linked to conclusiveness for FDA discussion for written request)

Study duration needs to meet regulatory timelines



## A POSSIBLE SOLUTION: BORROWING CONTROLS

Decrease sample size by borrowing **external controls** from an ongoing pediatric PAH trial with a different drug and same primary endpoint

## Fit with Pocock criteria (1976) external control

- 1. same SoC treatments
- 2. contemporary with same eligibility criteria
- 3. same endpoint: time to disease progression(with adjudication)
- 4. WHO group 1, same etiology
- 5. similar geographical landscape
- 6. patient selection and accrual expected to be similar

## Only one contemporary data source for external controls!



## **ROBUST PRIOR**

- Bayesian methods for incorporating external control information for a new trial → exchangeability assumption
  - always a possibility of prior-data conflict
- Robust approach
  - combines an informative and a vague prior, appropriately weighted

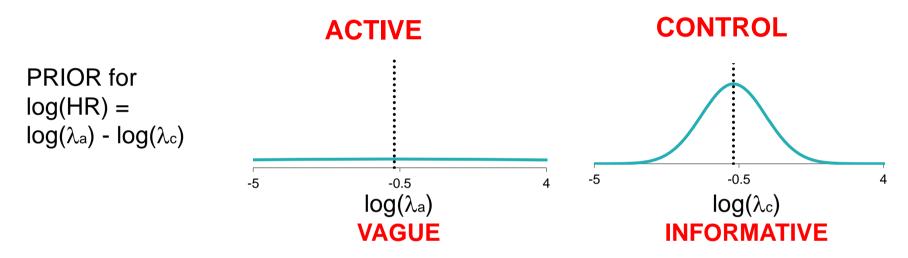
$$p(\theta) = w_1 p_1(\theta) + (1 - w_1) p_2(\theta)$$
mixture prior informative part (precise information from external data)

updated (posterior) weights shift to the corresponding component depending on the degree of (dis)similarity

Schmidli et al. (2014) Biometrics 70: 1023-1032.



## **BAYESIAN INFORMATIVE PRIOR**



Asymptotic Normal distribution approximation of log (HR) is used

We applied **robust prior and power prior** approaches for  $log(\lambda_c)$  and compared the operating characteristics in this context.



## PAH EVENT-DRIVEN TRIAL: BAYESIAN APPROACH

Simulations were performed to explore operational characteristics

### **PRIOR:**

#### **ONGOING TRIAL FOR CONTROL**

#### **Robust Prior Approach**

- weight of informative part: 0.7, 0.9
- vague/informative variance ratio: 1000
- no. of events for CONTROL in parallel trial: 20, 40
- 10,000 simulated trials
- varying control event rate

### **Power Prior Approach**

- full borrowing (alpha=1)
- static

### **ACCUMULATED DATA:**

TRIAL ON NEW DRUG VS. CONTROL

### **Standard TTE Design**

- accrual rate=5/mo.
- 50% survival @18 mos. for CONTROL
- HR=0.6 (from GRIPHON adult study)
- 1-sided significance level=2.5%
- 1:1 randomization

Sample size/events reduced to N=150 / 89



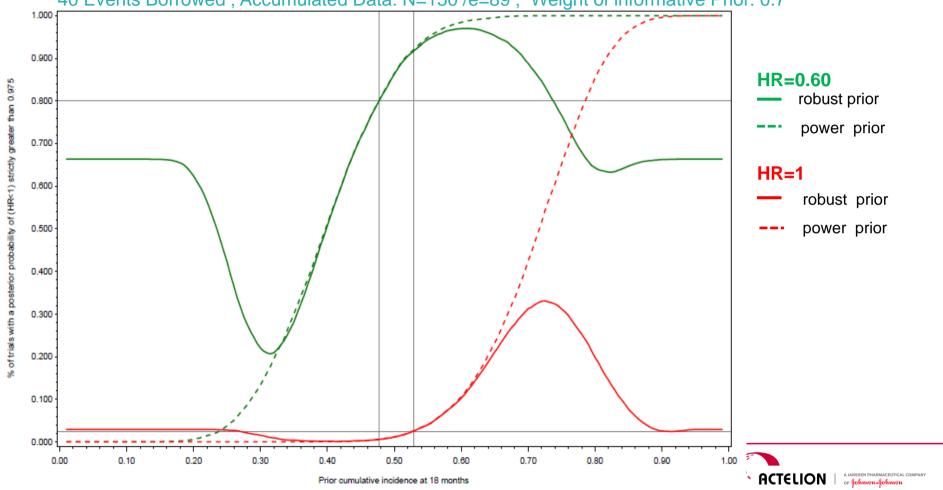
## **BORROWING WINDOW**

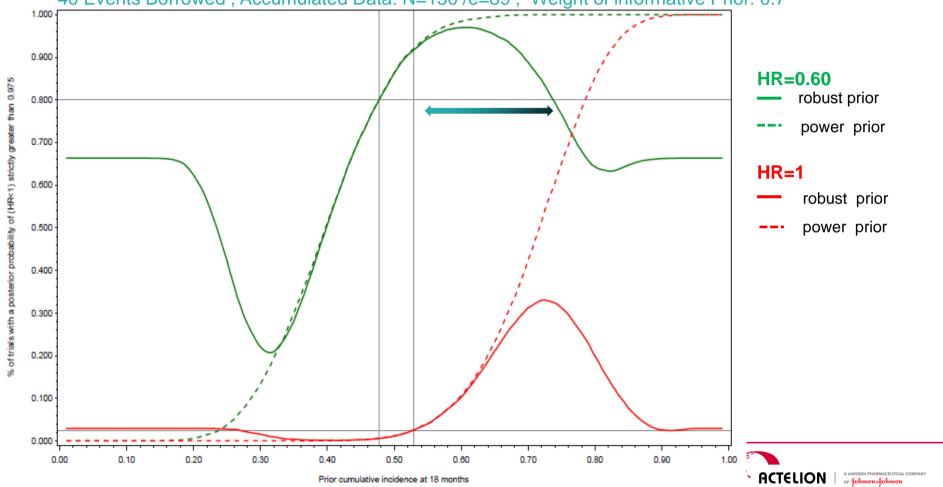
Simulations were performed to identify an efficient borrowing window:

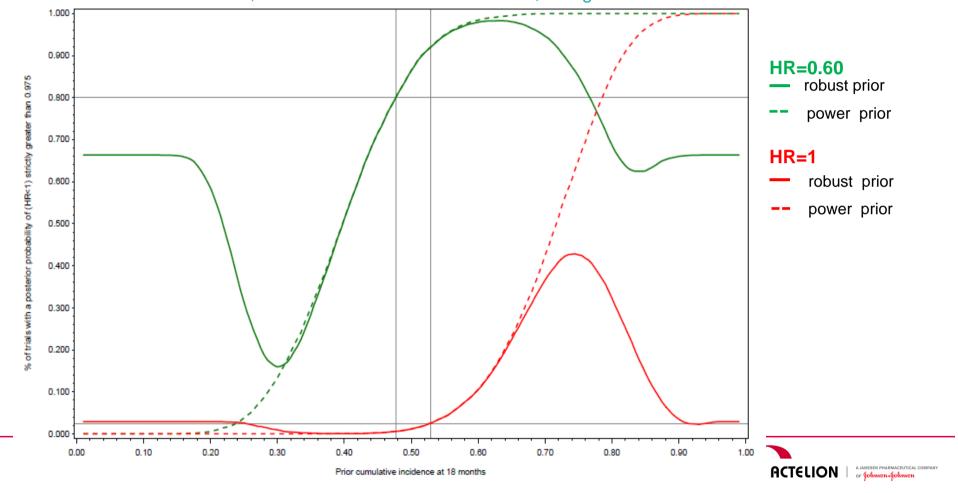
An efficient borrowing window was defined as:

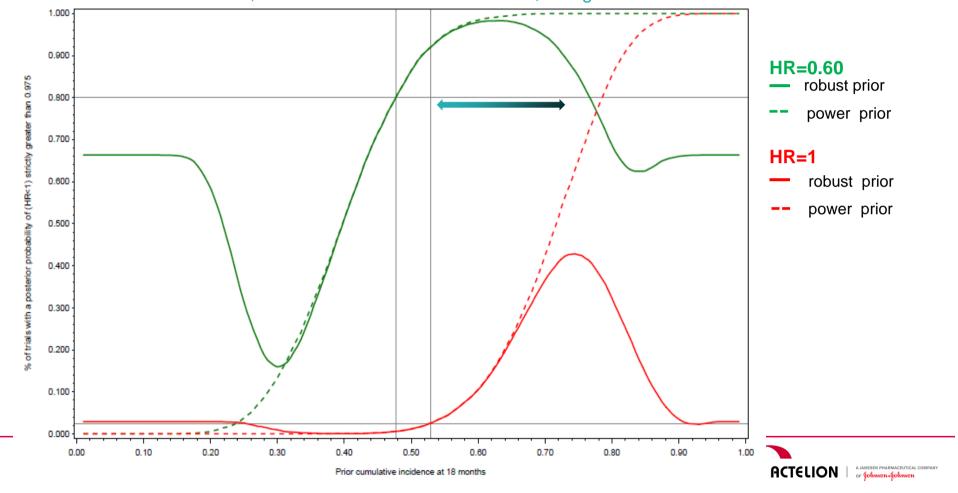
- type I < 0.025 (1-sided)
- power >80%











## **CONCLUSIONS**

- ➤ When strict type I and II error control is required, robust and power prior approaches require strict homogeneity between internal and external controls (low probability of success)
- The borrowing window is similar when comparing robust prior and power prior approach
  - riangleright varying the prior weight does not address departure from homogeneity in our case (only one source)



## THANK YOU.



## REFERENCES

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[Ibrahim 2000] Ibrahim et al. "The Power Prior: Theory and Applications", Stat. Med. 2015; 34(28):3724-3749

[Pocock 1976] Pocock S. "The combination of Randomized and Historical Controls in Clinical Trials", Journal of Chronic Diseases 1976;29: 175-178

[Schmidli 2014] Schmidli et al. "Robust Meta-Analytic-Predictive Priors in Clinical Trials with Historical Control Information"; Biometrics 2014; 70 1023-1032



## **BACK-UP**



