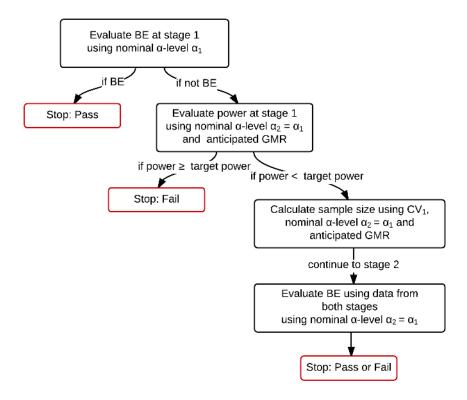
Decision Schemes for 2-stage designs (TSD) in bioequivalence studies

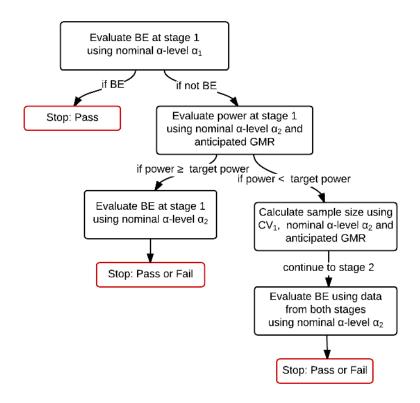
Version 0.3: Jan 2016 D. Labes

Type 1 TSD [1] (aka Potvin "Method B"[2])

Original Potvin Method B with alpha1 = alpha2

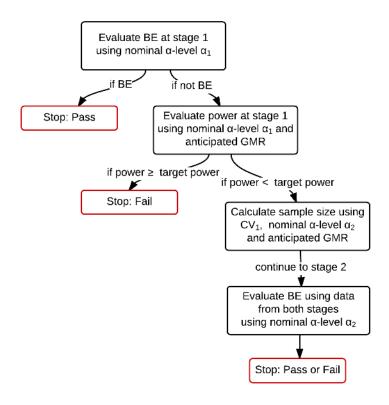


Method B for arbitrary alphas = Xu et al. "Method E" [8] without futility check



Method B for arbitrary alphas as used in so-called MSDBE [3]

(Also used in Power2Stage up to-V0.4-2, now available as method="B0")



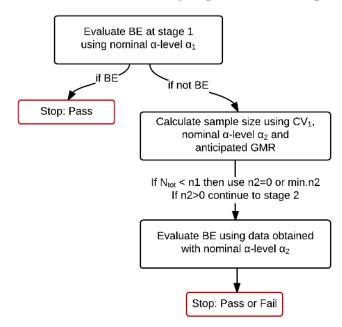
Remark:

In case of 'unsymmetrical' α_1 , α_2 settings and sufficient high n1 the reestimated sample size may come out as <n $_1$ in all the schemes. In that case only the evaluation with stage 2 nominal alpha has to be done. Or alternatively 2 additional subjects recruited for stage 2. The latter option is pure cosmetically since type I error and power are nearly identically.

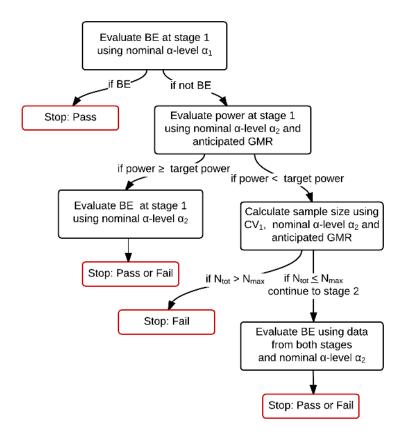
Nominal alpha settings Type 1 TSD:

					Max. overall
GMR	Target power	α_1	α_2	Reference	TIE
0.95		0.0294	0.0294	original Potvin et al. [2]	0.0490
	0.80	0.0302	0.0302	Schütz et al. [4]	0.0501
0.90		0.0272	0.0272	Schütz et al. [4]	0.0499
0.95		0.0284	0.0284	Fuglsang [5]	0.0501
	0.90	0.0286	0.0286	Schütz et al. [4]	0.0501
0.90		0.0269	0.0269	Schütz et al. [4]	0.0502
0.95	0.90	0.01	0.04	Zheng et al. [3] 'MSDBE'	NA
0.95/0.90	0.80/0.90	0.001	0.0415	Labes et al. [6]	0.0501 -0.0503

Method B for arbitrary alphas without power monitoring



Type 1 TSD with futility check with regard to a maximum sample size



As Fuglsang [7] has schown power may drop substantially if N_{max} is chosen too small.

Evaluate BE at stage 1 using nominal α -level α_1 if BE if not BE Evaluate power at stage 1 Stop: Pass using nominal α -level α_2 and anticipated GMR if power ≥ target power if power < target power Evaluate BE at stage 1 Check for futility with using nominal α-level α2 regard to 90%CI or PE Stop: Pass or Fail if futility not met if futility met Calculate sample size using CV1, Stop: Fail nominal α -level α_2 and anticipated GMR continue to stage 2 Evaluate BE using data from both stages and nominal α -level α_2

Type 1 TSD with futility with regard to 90% CI in stage 1 or PE of stage 1

With futility check based on the 90% CI this scheme is "Method E" of Xu et al.[8] if additionally the total sample size is capped with a max.n, i.e. if the estimated sample size came out with a value > max.n then max.n is used.

Stop: Pass or Fail

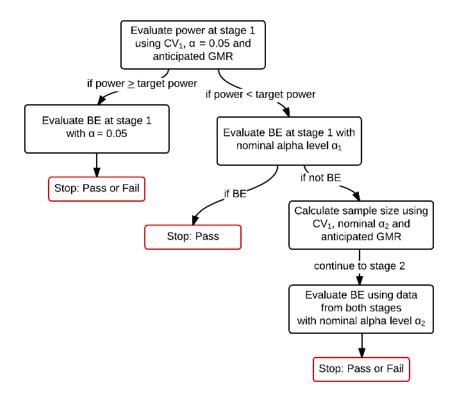
Futility criteria:

- Point estimat (GMR) of stage 1 outside 0.8 ... 1.25 according to Armitage [9], also used in so-called MSDBE [3]
- Point estimat (GMR) of stage 1 outside 0.85 ... 1.17647 according to Bon[10]
- 90% CI outside 0.9 ... 1.1111 (Potvin D, personal communication), see also Xu et al. [8]

Other futility ranges are imaginable.

Type 2 TSD [1] (aka Potvin "Method C/D" [2], Xu et al. "Method F" [8])

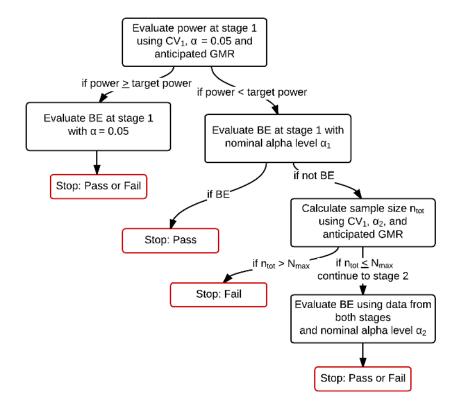
Original Method C/D with alpha1 = alpha2



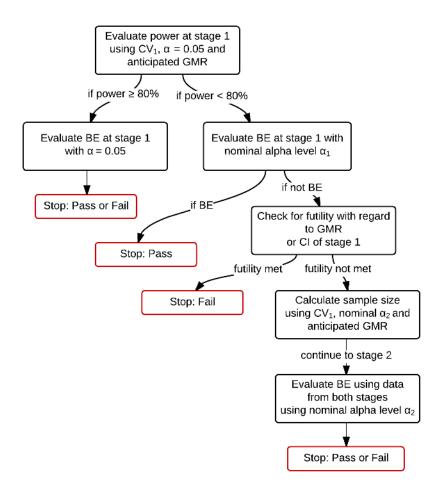
Nominal alpha settings for Type 2 TSD:

					Max. overall
GMR	Target power	α_1	α_2	Reference	TIE
0.95	0.80	0.0294	0.0294	Potvin et al. [2]	0.0514
		0.0282	0.0282	Schütz et al. [4]	0.0501
0.90		0.0280	0.0280	Montague et al. [11]	0.0517
		0.0270	0.0270	Schütz et al. [4]	0.0501
0.95	0.90	0.0274	0.0274	Fuglsang [5]	0.0503
0.90		0.0269	0.0269	Fuglsang [5]	0.0501

Type 2 TSD with futility stop with regard to a maximum sample size



Type 2 TSD with futility with regard to the 90% CI of stage 1 or PE of stage 1



Futility criteria w.r.t. GMR or CI from stage 1:

- Point estimate (GMR) of stage 1 outside 0.8 ... 1.25 according to Armitage[9]
- Point estimate (GMR) of stage 1 outside 0.85 ... 1.17647 according to Bon [10]
- 90% CI outside 0.9 ... 1.1111 (Potvin D., personal communication), see also Xu et al. [8]

Other futility ranges are imaginable.

References

1 Schütz H (2015)

"Two-stage designs in bioequivalence trials"

Eur J Clin Pharmacol

Published online 22 Jan 2015

2 Potvin et al.

"Sequential design approaches for bioequivalence studies with crossover designs" Pharm Stat. 7(4), 245-62 (2008)

3 Zheng Ch, Zhao L, Wang J

"Modifications of sequential designs in bioequivalence trials"

Pharm Stat 14 (3), 180-188, May/June 2015

published online: 9 FEB 2015

4 Schütz H, Labes D, Fuglsang A (2015)

Original idea Schütz 2014: http://forum.bebac.at/mix entry.php?id=13024

Paper in preparation

5 Fuglsang A (2013)

"Sequential Bioequivalence Trial Designs with Increased Power and Controlled Type I Error Rates" The AAPS Journal July 2013, Volume 15, Issue 3, pp 659-661 published online 30Mar2013

6 Labes D, Schütz H, Fuglsang A (2015)

"Operational Charateristics of Two-stage Bioequivalence Trials with Minimal Alpha Spending in Stage 1"

Paper in preparation

7 Fuglsang A. (2014)

"Futility Rules in Bioequivalence Trials with Sequential Designs"

AAPS J. 2014 Jan; 16(1):79-82. Epub 2013 Nov 12.

8 Xu et al (2015)

"Optimal adaptive sequential designs for crossover bioequivalence studies" Pharm Stat. 2015 Nov 5. doi: 10.1002/pst.1721. [Epub ahead of print]

9 Armitage P (1991)

"Interim analysis in clinical trials"

Stat Med 10:925-937

10 Bon C (2007)

Presentation "Interim and Sequential Analyses"

AAPS Annual Meeting 2007

11 Montague et al. (2011)

"Additional results for 'Sequential design approaches for bioequivalence studies with crossover designs'"

Pharm Stat. 2012 Jan-Feb;11(1):8-13.

doi: 10.1002/pst.483. Epub 2011 Feb 10.