









Do these clinical events affect your interpretation of the treatment effect?

Is the treatment effect clearly defined?

What data would you collect?

If you do not know how to ask the right question, you discover nothing.

W.E. Deming, American Statistician

Past: too sloppy in translating clinical trial objectives to clear statistical quantities.

- 1) Stakeholders not aligned.
- 2) Analysis method not aligned to scientific question.
 - 3) Data collection requirements unclear.
 - 4) Heterogeneity between trials.

Present and future:

ICH E9(R1) estimands addendum.

Clear upfront definition of treatment effect of interest.

Have discussions upfront.

Get clarity early on.

Shorten filing timelines.

Polarix Oncologic Drugs Advisory Committee (ODAC).

2-arm RCT in DLBCL. R-CHOP vs. R-CH-Polatuzumab-P. Primary endpoint: "PFS". Is it clear what "PFS" is?

Estimand attribute	Analysis 1 (pre-specified in SAP): PFS as per protocol	Analysis 2 (requested by FDA): PFS with censoring at NALT
Population	As per protocol	
Endpoint	PFS: time to PD or death	
Summary measure	Hazard ratio	
Treatment conditions	As per protocol	

Estimand attribute	Analysis 1 (pre-specified in SAP): PFS as per protocol	Analysis 2 (requested by FDA): PFS with censoring at NALT	
Population	As per protocol		
Endpoint	PFS: time to PD or death		
Summary measure	Hazard ratio		
Treatment conditions	As per protocol		
Intercurrent events and handling strategy	NALT Treatment policy	NALT "censoring"?	

Estimand attribute	Analysis 1 (pre-specified in SAP): PFS as per protocol		
Population	As per protocol		
Endpoint	PFS: time to PD or death		
Summary measure	Hazard ratio		
Treatment conditions	As per protocol		
Intercurrent events and handling strategy	NALT Treatment policy	NALT "censoring"?	
P-value	0.0177	0.0567	

Estimand attribute	Analysis 1 (pre-specified in SAP): PFS as per protocol	Analysis 2 (requested by FDA): PFS with censoring at NALT	
Population	As per protocol		
Endpoint	PFS: time to PD or death		
Summary measure	Hazard ratio		
Treatment conditions	As per protocol		
Intercurrent events and handling strategy	NALT Treatment policy	NALT "censoring"?	
P-value	0.0177	0.0567	
Implied scientific question	What is the time to PD / death irrespective of taking NALT?	What is the time to PD / death assuming NALT would not exist?	

Do I need to care?

Yes

Regulatory & Medical Writing	Clinical Science	Clinical Operations	Biostatistics
Protocol	Protocol	Protocol	Protocol
Statistical Analysis Plan	Statistical Analysis Plan	Schedule of Assessments	Statistical Analysis Plan
Clinical Study Reports	Clinical Study Reports	Data Collection	Clinical Study Reports Briefing Packages
Briefing Packages	Briefing Packages	Critical Variables	
Health Authority Interactions	Health Authority Interactions	Site Training & Monitoring	Health Authority Interactions
ricular Additions, interdeducing	Schedule of Assessments	Medical Monitoring Plan	Sample Size
	Data Collection		Schedule of Assessments
	Critical Variables	Data Cleaning	Data Collection Critical Variables
	Site Training & Monitoring		Site Training & Monitoring
	Medical Monitoring Plan		Data Cleaning
	SREP Slides		ADaM Datasets TLGs
	Publications		SREP Slides
			Publications
gulatory Documentation	Trial Design	Study Conduct	Analysis & Reporting

Covid.

Ukraine war.

Patients!

Physicians. Investigators.

Trial developers.

Regulators.

HTA bodies.

It is not innovative if it does not work.

Mark Baillie, Statistician at Novartis in Basel

Thank you for your attention.

kaspar.rufibach@roche.com

Slides can be downloaded on www.kasparrufibach.ch

Doing now what patients need next

R version and packages used to generate these slides:

R version: R version 4.2.3 (2023-03-15 ucrt)

Base packages: stats / graphics / grDevices / utils / datasets / methods / base Other packages:

This document was generated on 2023-09-06 at 16:45:54.