

# A Comparison of Approaches for Unplanned Sample Size Changes in Phase II Clinical Trials

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June 13, 2017

# Outline

- ➊ Background and Introduction
- ➋ Motivation
- ➌ Deviation from Planned Sample Sizes in Second Stage

## Phase II Trials

- Phase I: Evaluate safety and dose
- Phase II: Evaluate initial effect to determine phase III trial
- Phase III: Evaluate efficacy
- Phase II - Two-stage
  - Mitigate the risk of exposure
  - Don't want to "waste" resources

## Two-stage Phase II Trial

$$H_0 : p \leq p_0, H_1 : p > p_1$$

- ① stage 1:  $n_1$  patients are enrolled
  - $X_1 \sim \text{Binomial}(n_1, p) = \#$  of successes in first stage
- ② If number of responses is  $r_1$  or fewer, trial stopped for futility
- ③ Otherwise, stage 2:  $n_2$  patients are enrolled ( $n_t = n_1 + n_2$  total patients now)
  - $X_2 \sim \text{Binomial}(n_2, p) = \#$  of successes in second stage
  - $X_t = X_1 + X_2$
- ④ If number of responses is  $r_t$  or fewer, lack of efficacy concluded
- ⑤ Otherwise efficacy concluded
  - $p_0, p_1, n_1, n_t, r_1, r_t, \alpha, \beta$  are design parameters
  - $n_1, n_t, r_1, r_t$  are chosen so that type I error rate is less than  $\alpha$  and the type II error rate is less than  $\beta$ .

## Types of Two-Stage Designs

- Simon introduced Optimal and Minimax criteria for good designs
  - Optimal minimizes the expected sample size under  $H_0$
  - Minimax minimizes the maximum sample size
- Jung *et al.* introduced Admissible designs
  - Compromise between Optimal and Minimax
  - Similar maximum sample sizes as Minimax
  - Similar expected sample size under  $H_0$  as Optimal
- Suppose  $H_0 : p_0 \leq 0.25$ ,  $H_1 : p_1 > 0.4$ ,  $\alpha = 0.05$ ,  $\beta = 0.2$   
67 29 8 22 0.0464 0.8003 39.9 0.7125

Design	$n_t$	$n_1$	$r_1$	$r_t$	$EN_0$	$PET_0$
Optimal	71	20	5	23	39.5	0.617
Minimax	60	51	16	20	52	0.886
Admissible	63	25	6	21	41.7	0.561

## Deviation from the design

- Attain different enrollment than planned in first and/or second stage
- Why would we deviate?
  - Unanticipated recruitment speed
  - Unanticipated drop out rates
  - Delay in communication for multi-center trials
  - Ethical considerations
  - Shopping for sponsors
- Nice properties go out the window
- Currently, common practice is to treat attained sample size as planned
- Leads to invalid inference
- Hypothesis testing is not straightforward

## Setting the Scene

- Goal is hypothesis testing
- How do we do this if our attained sample size is different than planned?
- P-value calculations are complicated - we don't consider these solutions
- Consider prespecified “redesigns” - recalculating critical values

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