DELPHI Documentation

Last Updated: February 14, 2021

Phase 1 designs

3+3 Design

The rule-based 3+3 design (Storer, 1989) is one of the most common designs used in phase 1 trials. The 3+3 design proceeds as follows (**Table 1**). Cohorts of three patients will be enrolled on the current dose level. If 0 out of 3 patients experience a DLT, the next cohort of 3 patients will be enrolled at the next dose level. If ≥2 out of 3 patients experience a DLT, dose escalation will be stopped. This dose level will be declared the maximally administered dose. Three (3) additional participants will be entered at the next lowest dose level if only 3 participants were treated previously at that dose. If 1 out of 3 patients experience a DLT, 3 additional patients will be enrolled at the current dose level. If 0 out of these 3 additional patients experience a DLT, the next cohort of 3 patients will be enrolled at the next dose level. If ≥1 out of these 3 additional patients experience a DLT, dose escalation will be stopped. This dose level will be declared the maximally administered dose. Three (3) additional participants will be entered at the next lowest dose level if only 3 participants were treated previously at that dose.

Table 1: Dose escalation schema for 3+3 design

Number of Participants with DLT at a Given Dose Level	Escalation Decision Rule
0 out of 3	Enter 3 participants at the next dose level.
≥2 out of 3	Dose escalation will be stopped. This dose level will be declared the maximally administered dose. Three (3) additional participants will be entered at the next lowest dose level if only 3 participants were treated previously at that dose.
1 out of 3	 Enter 3 more participants at this dose level. If 0 of these 3 participants experience DLT proceed to the next dose level. If 1 or more of this group suffer DLT, then dose escalation is stopped, and this dose is declared the maximally administered dose. Three (3) additional participants will be entered at the next lowest dose level if only 3 participants were treated previously at that dose.
≤1 out of 6 at highest dose level at or below the maximally administered dose	This will be the maximum tolerated dose.

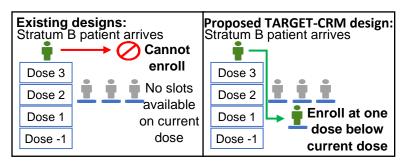
Continual Reassessment Method (CRM)

The Bayesian adaptive continual reassessment method (O'Quigley, 1990) uses the observed DLT data to date and prior information for the toxicity to model the dose-toxicity relationship of the study agent. The CRM proceeds as follows. A cohort of X patients will be enrolled at the current dose level (the cohort size is pre-specified by the investigator). When the DLT observation period is complete for the current cohort of patients, the CRM model will be executed. The posterior toxicity probabilities will be computed using the prior toxicity probabilities and observed DLT data. The recommended dose for the next cohort of patients will the dose level with the posterior toxicity probability closest to the target toxicity probability. For dose escalation, the recommended dose level can never be more than one sequential dose level above the current dose level; for dose de-escalation, the recommended dose may be one or two dose levels below the current dose level. The trial proceeds until the maximum sample size is attained. The MTD is the dose level with posterior toxicity probability closest to the target toxicity probability.

TARGETed-agent Continual Reassessment Method (TARGET-CRM)

The TARGET-CRM design is a variation of the standard CRM design. Consider a phase 1 trial of a targeted agent, whereby patients belong to either Cohort A, with unspecified tumor types, or Cohort B, with specific rare tumor aberrations who are anticipated to better respond to the targeted agent. The commonly-used 3+3 design requires patients to enter a waitlist and suspends enrollment while the current cohort of patients are being observed for DLTs. Rare Cohort B patients may be unable to enroll due to a long waitlist or arriving during the DLT observation period (Figure 1). The TARGET-CRM design allows Cohort B patients to enroll at one dose level below the currently-evaluated dose level of the cohort of 3 patients under observation. All patients, including Cohort B patients enrolled at one dose level below the current dose, will inform the dose escalation decisions. We applied this design to an ongoing phase 1 trial of a novel targeted therapy, ALRN-6924, in children with relapsed/refractory cancers (NCT03654716).





Design Tab

Input Parameters

Table 2 summarizes the input parameters for the Design tab.

Table 2: Summary of the input parameters for the Design tab.

Input Parameter	Description	Range / Limitations	Example	
	GENERAL INPUT PARAMETERS			
Number of dose	The total number of dose levels to be	Whole numbers from 2 to 10	4	
levels	evaluated in the phase 1 trial			
Dose escalation	Select one or more dose escalation designs	Options:		
designs	of interest	- 3+3		
		- TARGET-CRM		
Dose level labels	A list of optional labels for each dose level	Each label is an alphanumeric string.	"-1", "1", "2", "3"	
(Optional)	evaluated.			
		Labels are separated by commas.		
	If user-specified labels are not provided,			
	dose levels will be numbered sequentially			
	from dose level "1" as the lowest dose level.			
True toxicity	A list of the true toxicity probabilities for	Numeric value from 0 to 1.	0.05, 0.12, 0.20, 0.30	
probability	each dose level evaluated in the trial.			
		Toxicity probabilities must increase with each		
		subsequent dose level. Probabilities are		
		separated by commas.		
Starting dose	The starting dose level for the trial	If user-specified labels are provided: an	"1"	
level		alphanumeric string matching one of the		
		user-specified labels above		
		If user-specified labels are not provided: the		
		numeric dose level starting with dose level		
		"1" as the lowest dose level		
Target toxicity	The target toxicity probability of the study	Numeric value from 0 to 1	0.2	
probability	agent. This is typically the maximum			

		1	1
	acceptable chance of experiencing a DLT for		
	a patient given the study agent.		
Patient	The average time between enrolling	Whole numbers from 0 to 180	15
enrollment rate	patients (in days). Patients will enroll		
	following a Poisson distribution with this		
	mean.		
Duration of DLT	The duration of the DLT observation period	Whole numbers between 0 to 365	28
observation	(in days). This is typically the length of one		
period	cycle of therapy (~28 days)		
Proportion of	The proportion of enrolled patients	Numeric value from 0 to 1	0.1
patients from	belonging to the "enrichment" Cohort B.		
Cohort B			
Number of	The total number of simulated trials. A	Numeric value from 1 to 10,000	100
simulated trials	larger number of simulations increases the		
	precision of simulations and computation		
	time.		
	TARGET-CRM SP	ECIFIC INPUT PARAMETERS	
Prior toxicity	A list of prior toxicity probabilities for each	Numeric value from 0 to 1.	0.05, 0.12, 0.20, 0.30
probability vector	dose level evaluated in the trial.		
		Toxicity probabilities must increase with each	
		subsequent dose level. Probabilities are	
		separated by commas.	
Cohort size	The number of patients to be treated at the	Whole numbers from 1 to 9	3
	current dose level before a dose escalation		
	decision is made.		
	Cohort sizes of 1, 2, or 3 patients are		
	commonly used.		
Maximum sample	The maximum number of patients to be	Whole numbers from 1 to 200	18
size	enrolled per simulated trial. The trial ends		
	when the maximum number of patients		
	have been enrolled.		

Target-CRM option	[TARGET-CRM design ONLY]	Option=0: NO enrollment of patients at one dose below. Defaults to standard CRM	1
ορτιστί	The desired variation of the TARGET-CRM	design.	
	design		
		Option=1: Enrollment of patients at one dose	
		below	
		Option=2: Enrollment of patients at current	
		best dose based on available information,	
		cannot be higher than current dose	
Minimum	[TARGET-CRM design ONLY]	Whole numbers from 0 to the maximum	0
number of Cohort		sample size	
B patients	The minimum number of Cohort B patients		
(Optional)	to be enrolled per trial.		
	If this parameter is greater than zero, the		
	trial will continue until the minimum		
	number of Cohort B patients have been		
	enrolled. Accrual of Cohort A patients will		
	be suspended once the maximum sample		
	size has been reached; only Cohort B		
	patients will be enrolled.		

Simulated Operating Characteristics

Table 3 summarizes the simulated operating characteristics from the Design tab.

Table 3: Summary of simulated operating characteristics for the Design tab.

Operating characteristic	Description
Proportion of Correct Selection (PCS)	The proportion of simulated trials where the selected MTD is the true MTD. A design with a
	higher PCS has greater accuracy.
True MTD	The dose level which has the true toxicity probability closest to the target toxicity probability.
Proportion of trials selecting dose X as true	The proportion of simulated trials recommending dose X as the true MTD.
MTD:	

Proportion of patients experiencing a DLT	The overall proportion of all simulated patients across all simulated trials who experience a
overall	DLT. This metric is an indicator of patient safety.
Proportion of patients experiencing a DLT	The proportion of all simulated patients across all simulated trials who experience a DLT per
per dose level	dose level.
Mean total sample size	The average total sample size per simulated trial.
Minimum total sample size	The minimum sample size across all simulated trials.
Maximum total sample size	The maximum sample size across all simulated trials.
Proportion of patients enrolled per dose	The proportion of all simulated patients across all simulated trials enrolled at each dose level.
level	A good design will enroll a higher proportion of patients at or near the true MTD.
Mean study duration in days	The average duration of a trial. A shorter study duration is usually preferable.
Standard deviation of study duration in days	The standard deviation of the trial duration.
Mean number of cohort B patients enrolled	The average number of patients from Cohort B enrolled during the DLT observation period.
during DLT observation period (TARGET-CRM	This metric applies to the TARGET-CRM design only.
only)	
Standard deviation of number of cohort B	The standard deviation of the number of patients from Cohort B enrolled during the DLT
patients enrolled during DLT observation	observation period. This metric applies to the TARGET-CRM design only.
period (TARGET-CRM only)	

Conduct Tab

TO BE UPDATED

Frequently Asked Questions (FAQs)

TO BE UPDATED