

Statistical Inference following Self-Designing Clinical Trials with Binary Response

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Outline

- 1 Introduction
- 2 Interval and Point Estimation
- 3 Clinical Trials with Binary Response
- 4 Final Remarks

Self-Designing Clinical Trials

- introduction of "self-designing clinical trials" by Fisher (1998, *Statist. Med.*) for general setting of normal variables with known variances
- in Hartung (2001, *Contr. Clin. Trials*; 2006, *Biom. J.*) the distributional restriction is lifted by using a combining method of p-values
 - inverse normal method
- adaptive choice of both sample sizes and weights of the several study parts
- the rejection of the null hypothesis is tested just once at the end of the trial

Of Interest

- consider for a real valued parameter θ the test problem

$$H_0 : \theta = 0 \quad \text{versus} \quad H_1 : \theta > 0$$

- test of level $\alpha/2$
- confidence interval for θ of level $1 - \alpha$
- study is performed in K study parts where K is a finite random variable

Inverse Normal Method

in each step k , $k = 1, \dots, K$:

- $\hat{\theta}_k$ unbiased estimator of θ
- test statistic T_k for testing H_0 vs. H_1
assumption:
 - T_k is continuously distributed, otherwise approximative (binary case in detail later)
 - $T_k = T_k(\hat{\theta}_k)$ is (strictly) monotone increasing in $\hat{\theta}_k$
 $\hookrightarrow T_k(\hat{\theta}_k - \theta)$ is (strictly) monotone decreasing in θ
- p-value $p_k = p_k(\theta) = 1 - F_{H_0}(T_k(\hat{\theta}_k - \theta))$
- transformation $z_k = \Phi^{-1}(1 - p_k) \sim N(0, 1)$ for true θ

Inverse Normal Method

- defining a sequence of nonnegative weights w_1, \dots, w_k, \dots adaptively:

$$w_k = \hat{w}\{stage(0), \dots, stage(k-1)\}$$

- with probability one under H_0 there exists a finite (random) K with

$$\sum_{k=1}^K w_k^2 = \sum_{k=1}^{\infty} w_k^2 = 1$$

then

$$Z_K = \sum_{k=1}^K w_k z_k = \sum_{k=1}^{\infty} w_k z_k \sim N(0, 1) \quad \text{for true } \theta$$

- decision rule:** H_0 is rejected at level $\frac{\alpha}{2}$ if $Z_{K|\theta=0} > \Phi^{-1}\left(1 - \frac{\alpha}{2}\right)$

Practical Aspects

- specification of a lower bound for the weight of stage k
⇒ thus maximal number of stages is bounded
- also useful: specification of a minimal and maximal number of patients per stage
- during the course of the study design adaptations are possible and at every stage the next can be planned as the last one
- real planned studies for instance:
 - breast cancer study
 - Parkinson's disease study

Comment: fixing the weights a priori

⇒ nearly an adaptive group sequential design of O'Brien and Fleming type
(see Hartung, 2006, Biom. J.)

Overall p-Value

- overall p-value at trial termination:

$$p(\theta) = 1 - \Phi(Z_K(\theta))$$

- $p(\theta)$ is a pivotal quantity increasing in θ
- $p(\theta)$ follows an uniform distribution F on $[0,1]$

Confidence Interval and Point Estimator

construction of an $(1 - \alpha)$ -confidence interval for θ at the end of the trial

(see also: Liu and Chi, 2001; Wassmer, 2003; Hartung and Knapp, 2006)

- lower and upper bound:

$$\hat{\theta}_L = p^{-1}(\alpha/2) \quad \text{and} \quad \hat{\theta}_U = p^{-1}(1 - \alpha/2)$$

- midpoint of the confidence interval:

$$\hat{\theta}_{1/2} = p^{-1}(1/2)$$

\hookrightarrow median unbiased estimator for θ

Binary Outcomes

- parallel group design with

$$X_1 \sim B(n_1, p_1) \quad \text{and} \quad X_2 \sim B(n_2, p_2)$$

- parameters of interest:

- risk difference:

$$D = p_1 - p_2$$

- logarithmic risk ratio:

$$\log RR = \log(p_1/p_2)$$

- logarithmic odds ratio:

$$\log OR = \log \left(\frac{p_1/(1-p_1)}{p_2/(1-p_2)} \right)$$

Notation

fourfold table at stage k

treatment	success	failure	total
1	$n_{11,k}$	$n_{12,k}$	n_{1k}
2	$n_{21,k}$	$n_{22,k}$	n_{2k}
	$n_{11,k} + n_{21,k}$	$n_{12,k} + n_{22,k}$	n_k

Risk Difference

- estimation of $D = p_1 - p_2$ at stage k :

$$\hat{D}_k = \hat{p}_{1k} - \hat{p}_{2k} = \frac{n_{11,k}}{n_{1k}} - \frac{n_{21,k}}{n_{2k}}$$

- estimation of the variance of \hat{D}_k at stage k :

$$\widehat{\text{Var}}(\hat{D}_k) = \widehat{\text{Var}}(\hat{p}_{1k}) + \widehat{\text{Var}}(\hat{p}_{2k}) = \frac{\hat{p}_{1k}(1 - \hat{p}_{1k})}{n_{1k} - 1} + \frac{\hat{p}_{2k}(1 - \hat{p}_{2k})}{n_{2k} - 1}$$

Logarithmic Risk Ratio

- estimation of $\log RR = \log(p_1/p_2)$ at stage k :

$$\log \widehat{RR}_k = \log(\widehat{p}_{1k}/\widehat{p}_{2k}) = \log\left(\frac{n_{11,k}/n_{1k}}{n_{21,k}/n_{2k}}\right)$$

- estimation of the variance of $\log \widehat{RR}_k$ at stage k :

$$\widehat{\text{Var}}(\log \widehat{RR}_k) = \frac{1}{n_{11,k}} - \frac{1}{n_{1k}} + \frac{1}{n_{21,k}} - \frac{1}{n_{2k}}$$

Logarithmic Odds Ratio

- estimation of $\log OR = \log((p_1/(1 - p_1))/(p_2/(1 - p_2)))$ at stage k :

$$\log \widehat{OR}_k = \log \left(\frac{\hat{p}_{1k}/(1 - \hat{p}_{1k})}{\hat{p}_{2k}/(1 - \hat{p}_{2k})} \right) = \log \left(\frac{n_{11,k} n_{22,k}}{n_{12,k} n_{21,k}} \right)$$

- estimation of the variance of $\log \widehat{OR}_k$ at stage k :

$$\widehat{Var}(\log \widehat{OR}_k) = \frac{1}{n_{11,k}} + \frac{1}{n_{12,k}} + \frac{1}{n_{21,k}} + \frac{1}{n_{22,k}}$$

Characteristics of the Test Statistic

- Test Statistic at stage k :

$$T_k = \frac{\hat{\theta}_k - \theta}{\sqrt{\widehat{\text{Var}}(\hat{\theta}_k)}} \underset{\text{appr.}}{\sim} N(0, 1)$$

- $\frac{\partial T_k}{\partial \theta} = \frac{-1}{\sqrt{\dots}} < 0 \implies T_k$ is strictly monotone decreasing in θ

Example: Logarithmic Risk Ratio

$$\alpha = 0.05$$

stage k	sample size per group	weight w_k	log risk ratio	p-value p_k
1	20	0.447	0.368	0.108
2	63	0.559	0.288	0.024
3	56	0.698	0.381	0.009

test decision:

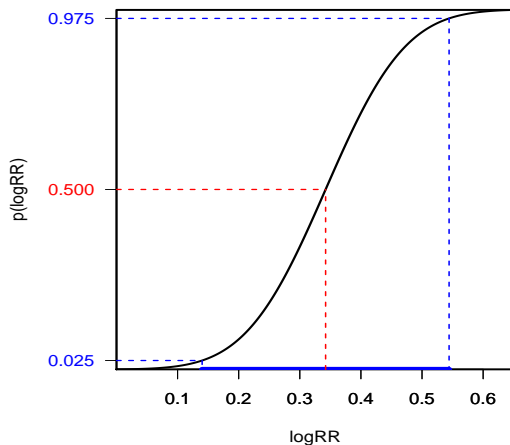
$$Z_{3|\log RR=0} = 3.320 > \Phi^{-1}(1 - 0.025) \implies \text{rejection of } H_0$$

after trial termination:

- estimation of $\log RR = \log(p_1/p_2)$
- construction of an 95%-confidence interval for $\log RR$

Example: Logarithmic Risk Ratio

overall p-value: $p(\log RR) = 1 - \Phi(Z_K(\log RR))$



$$\log \widehat{RR}_{1/2} = 0.342$$

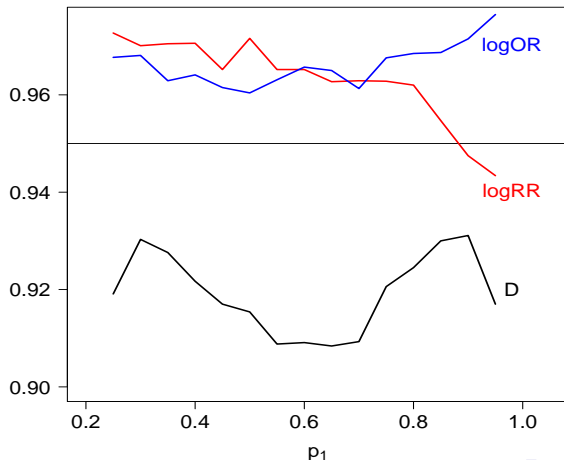
$$KI(\log RR) = [0.140, 0.544]$$

Some Simulation Results

- construction of a confidence interval with confidence level 95% and median unbiased estimation of D , $\log RR$ and $\log OR$
 - ↪ investigation of the
 - coverage probability of the confidence interval
 - average length of the confidence interval
 - point estimation
- adaptive choices of sample sizes and weights:
learning rules of Hartung (2001, Contr. Clin. Trials)
- number of realized stages: *range*: $1 \leq K \leq 6$, *mean*: $\bar{K} \approx 3$

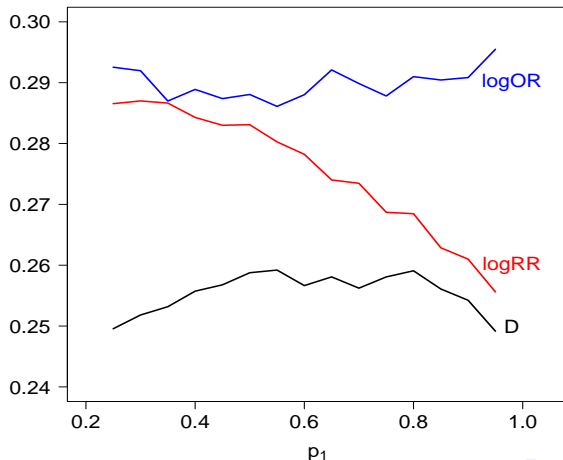
Coverage Probability of the Confidence Interval

- $D = \log RR = \log OR = 0.2$ fixed, $p_1 = 0.25, 0.3, \dots, 0.95$



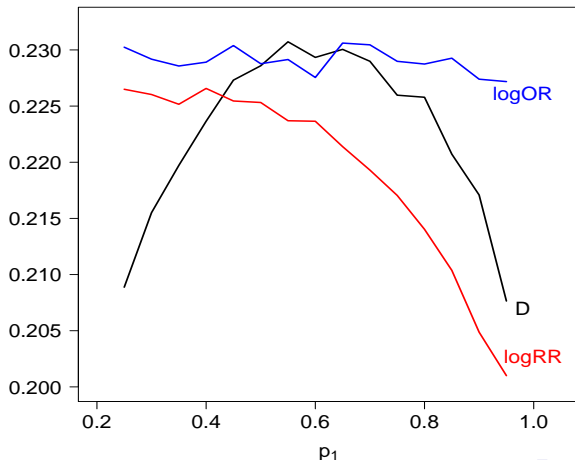
Average Length of the Confidence Interval

- $D = \log RR = \log OR = 0.2$ fixed, $p_1 = 0.25, 0.3, \dots, 0.95$



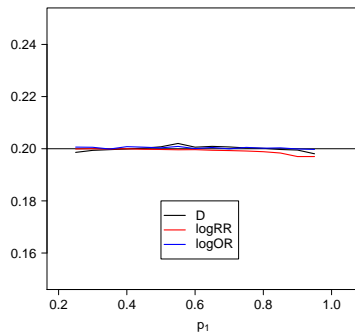
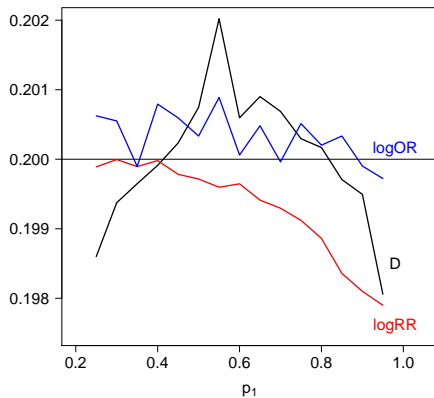
Median unbiased Estimation

- $D = \log RR = \log OR = 0.2$ fixed, $p_1 = 0.25, 0.3, \dots, 0.95$



Empirical Median of the Estimator

- $D = \log RR = \log OR = 0.2$ fixed, $p_1 = 0.25, 0.3, \dots, 0.95$



Final Remarks

risk difference:

- using test statistics with an improved estimator of the variance of \hat{D} or continuity corrected test statistics results in less liberal confidence intervals

(Stansen and Hartung, talk at the conference "Evaluation im Gesundheitswesen", Bochum, 2006)

logarithmic risk ratio:

- improvements for the estimator of the variance of $\log \hat{RR}$ have been worked out

but: $\log RR$ is not symmetric around 1/2





\implies improvement is possible on one side only

Final Remarks




logarithmic odds ratio:

- the estimator of the variance of $\log \widehat{OR}$ can be improved by using the results of Hartung and Knapp (2004)
⇒ resulting confidence interval is less conservative

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