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September 28 – 29 • Toronto, Canada





Bayesian Analysis in Adaptive Trials

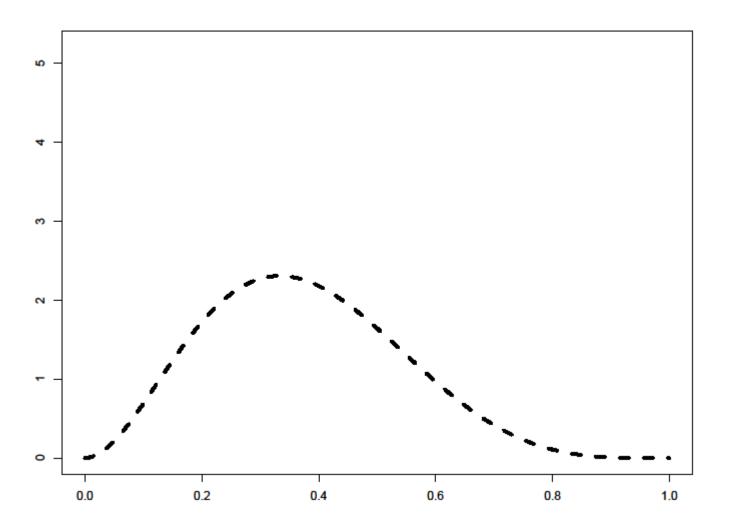
Anna Heath

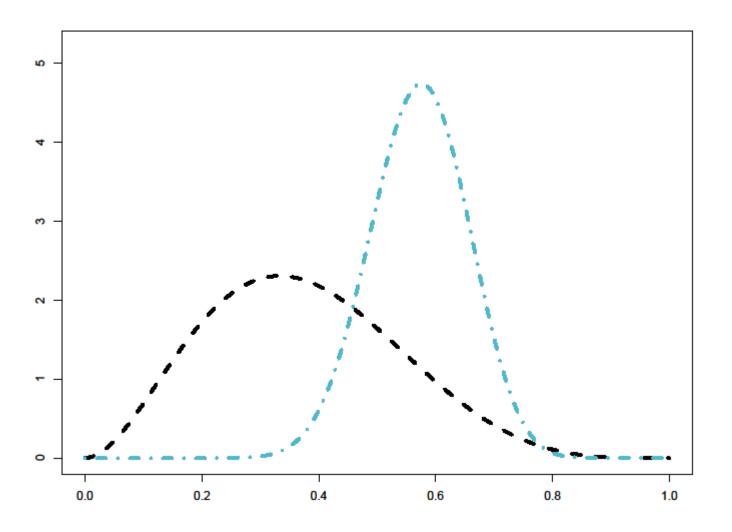
The Hospital for Sick Children; University of Toronto; University College London

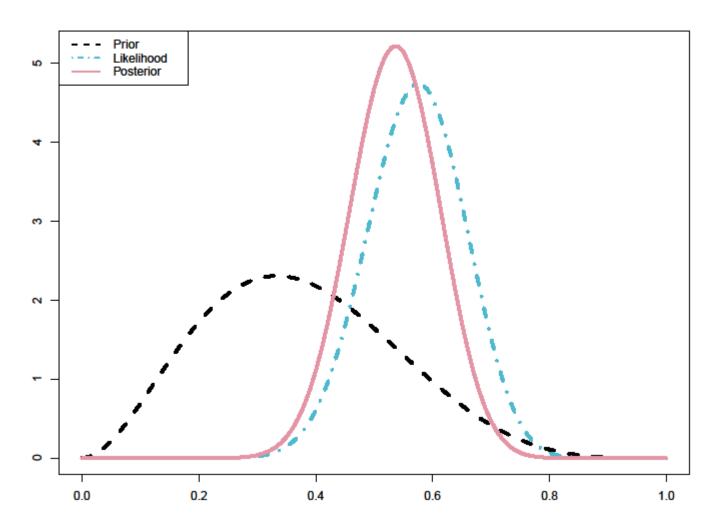




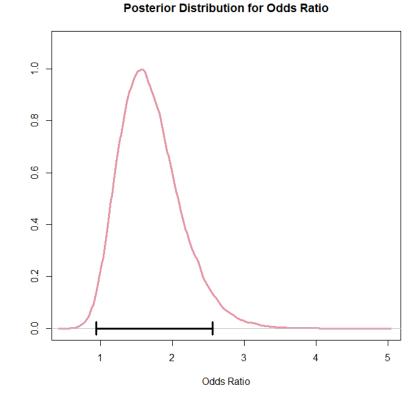






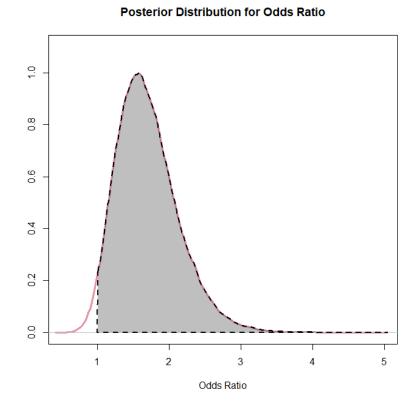


- The posterior distribution contains all parameter information.
- Posterior summaries:
 - Mean: 1.7
 - Median: 1.6
 - Variance: 0.19
 - 95% Credible Interval: (0.94, 2.56)



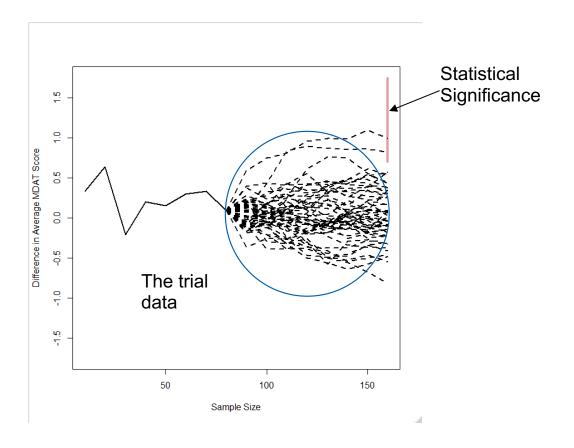
Summarizing a Bayesian analysis

- The posterior distribution contains all parameter information.
- Posterior summaries:
 - Mean: 1.7
 - Median: 1.6
 - Variance: 0.19
 - 95% Credible Interval: (0.94, 2.56)
 - Probability of positive treatment effect: 0.98



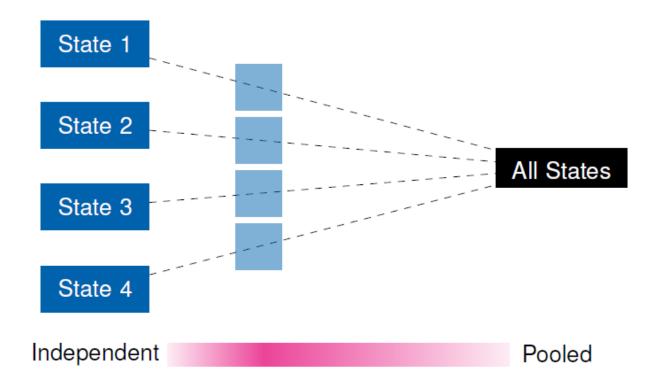
Predictive Probability

• Some Bayesian analyses also consider the *predictive* distribution.



Dynamic Borrowing

• Bayesian methods can consider *dynamic borrowing*



Types of Bayesian Adaptive Trials

- Dose finding Studies
 - Bayesian Continual Reassessment Method
 - Utility Driven Designs
- Response-Adaptive Randomization
- Sequential Monitoring
 - Futility
 - Efficacy
- Enrichment Designs
- Seamless Designs

Simulations in Clinical Trial Design

FDA: An adaptive design is defined as a clinical trial design that allows for prospectively planned modifications to one or more aspects of the design based on accumulating data from subjects in the trial.

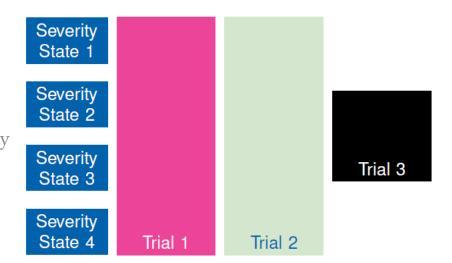
- Statistical trial design determines:
 - Which adaptations should be made
 - The impact of these adaptations
- Decision rules for the trial adaptations are needed
 - We must state the "trigger" for each adaption.
- Simulations are usually required.

Designing a Simulation

- 1. Specify the research question:
 - a) PICO
 - b) Goal of adaptive designs
- 2. Develop model for data analysis and simulation
- 3. Design the trial decision rules
- 4. Determine key scenarios for simulation
- 5. Run simulation
- 6. Evaluate results and present to key stakeholders.

Example: 1) Research Question

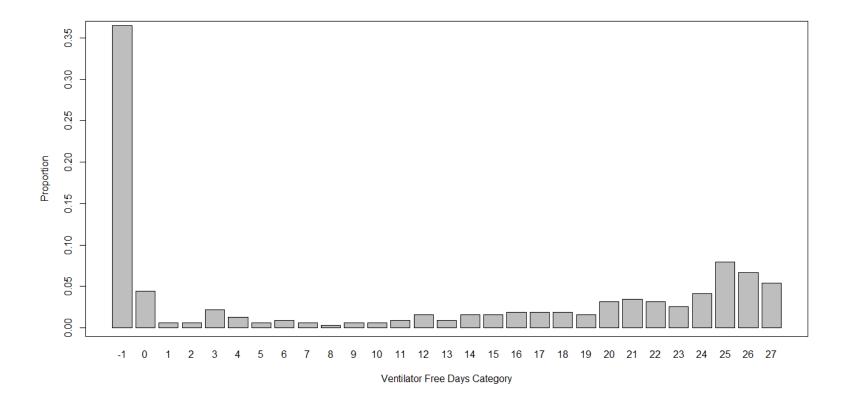
- Population: Patients with acute hypoxemic respiratory failure.
- Intervention: Novel ventilation strategy
- Comparator: Standard Care
- Outcome: Ventilator Free Days
- Adaptions
 - Futility
 - Efficacy
 - Treatment Effect Heterogeneity





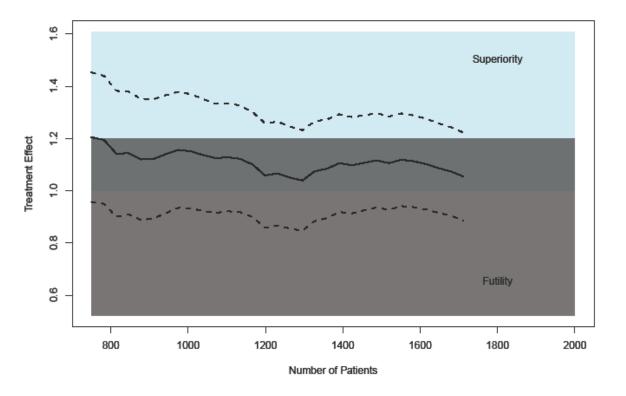
Example: 2) Model for the Data

- Simulate proportion in each category with a Multinomial distribution
- Treatment effects evaluated with a proportional odds model.
- To account for heterogeneity across groups, use *dynamic borrowing*.



Example: 3) Trial Decision Rules

- Only evaluate after an initial recruitment.
- Stop for either *futility* or *superiority*
- Two severity states will be evaluated separately.
- Analyses every three months.



Example: 4) Simulation Scenarios

1. Determine decision thresholds by varying (128 scenarios):

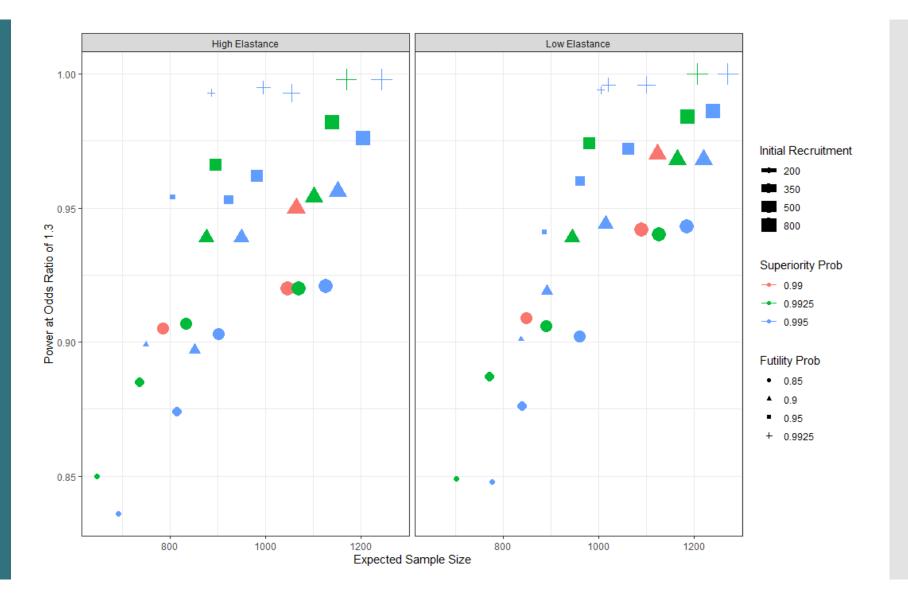
- a) Probability to stop for *superiority*: 0.975, 0.99, 0.9925, 0.995
- b) Probability to stop for *futility*: 0.85, 0.9, 0.95, 0.9925
- c) Initial recruitment: 200, 350, 500, 800
- d) Proportional odds ratio: 1, 1.3

2. Evaluate power of the chosen design (34 scenarios):

- a) Same proportional odds ratios: 0.8, 1, 1.1, 1.2, 1.25, 1.3, 1.5
- b) Different proportional odds ratios:

Severity State A	0.8	1.1	1.2	1.25	1.3	1.5	1.1	1.2
Severity State B	1	1	1	1	1	1	1.3	1.3

Example: 6) Present Results



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