

## Università degli Studi di Padova

## OVERRUNNING DATA METHODS: COMPARISONS BASED ON REAL DATA TRIAL

NICOLA SORIANI, ILEANA BALDI, DARIO GREGORI

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Universită decli Studi di Padova	Goals
<ul> <li>To study the effect methods proposed</li> </ul>	t of including overrunning data on the behaviors of the d in the literature over the years.
<ul> <li>To study if and ho type-I error and po</li> </ul>	w the overrunning data sizes affect on the method levels of ower.
<ul> <li>To determine whe systematic use whetay</li> </ul>	ther one of these methods could be suggested for a nen overrunning occurs.



are compared with a suitable sequence  $(\alpha_1, \alpha_2, ..., \alpha_K)$  of nominal significance levels, chosen to control the type-I error probability.





## Including Overrunning Data Methods

- Overrunning data collected according to the trial protocol are considered valid and should be included in the analyses (CPMP/EWP/2459/02 London: EMEA, 2007; Sooriyarachchi et al. 2003).
- · Results and conclusions could be affected by overrunning data.
- Many proposals to incorporate overrunning data were presented as direct extensions of methods of analyzing data from a sequential trial without overrunning.
  - Deletion Methods (Whitehead, 1992).
  - Combining p-values (Hall & Ding, 2001).
  - Repeated Confidence Intervals (Jennison & Turnbull, 1989).













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• A su studi	periority and a es.	a non-inferiority real trials are used as bases for simulation
• The	primary endpo	pints are event rates.
• <i>θ</i> is l	og odds-ratio	
• O'Bri	ien and Flemi	ng design with three IAs is adopted.
• 100,1 hypo	000 full trials otheses.	are simulated under a null (H_0) and an alternative (H_1)



UNIVERSITÀ DEGLI STUDI DI PADOVA Superiority trial			
<ul> <li>Based on the ASCLEPIOS study (Whitehead, 1993).</li> </ul>			
<ul> <li>Superiority of an experimental calcium channel blocker with a placebo control in the immediate treatment of patients accusing an acute ischemic stroke.</li> </ul>			
The death rate is the primary endpoint.			
• Trial design: • $p_{C} = 0.15, p_{E} = 0.09;$			
• power= 90%;			
2.5% one-sided significance level.			
<ul> <li>Sample size of 1248 ( 624 in each treatment group, 416 for IA stage)</li> </ul>			
• $H_0: \theta = 0$ and $H_1: \theta = 0.58$ .			
• $n_o = (30,50,100,150,200)$ responses for treatment arm.			



· RCIs method seems the most conservative.











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## Non-Inferiority: First interim results















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