



Sample Size (Limits)

Minimum

- ■12: WHO, EU, CAN, NZ, AUS, AR, MZ, ASEAN States, RSA
- 12: USA 'A pilot study that documents BE can be appropriate, provided its design and execution are suitable and a sufficient number of subjects (*e.g.*, 12) have completed the study.'
- 20: RSA (MR formulations)
- 24: Saudia Arabia (12 to 24 if statistically justifiable)
- 24: Brazil
- Sufficient number: JPN



Sample Size (Limits)

Maximum

- NZ: 'If the calculated number of subjects appears to be higher than is ethically justifiable, it may be necessary to accept a statistical power which is less than desirable. Normally it is not practical to use more than about 40 subjects in a bioavailability study.'
- All others: Not specified (judged by IEC/IRB or local Authorities).
 - ICH E9, Section 3.5 applies: 'The number of subjects in a clinical trial should always be large enough to provide a reliable answer to the questions addressed.'



Power & Sample Size

Reminder

Generally power is set to at least 80% (β , error type II: producers's risk to get no approval for a bioequivalent formulation; power = $1 - \beta$).

1 out of 5 studies will fail just by chance!

- If you plan for power of less than 70%, problems with the ethics committee are likely (ICH E9).
- If you plan for power of more than 90% (especially with low variability drugs), problems with the regulator are possible ('forced bioequivalence').
- Add subjects ('alternates') according to the expected drop-out rate – especially for studies with more than two periods or multiple-dose studies.



US FDA, Canada TPD

- Statistical Approaches to Establishing Bioequivalence (2001)
 - Based on maximum difference of 5%.
 - ■Sample size based on 80% 90% power.
- Draft GL (2010)
 - Consider potency differences.
 - ■Sample size based on 80% 90% power.
 - Do not interpolate linear between CVs (as stated in the GL)!



EU

- EMEA NfG on BA/BE (2001)
 - Detailed information (data sources, significance level, expected deviation, desired power).
- EMA GL on BE (2010)
 - Batches must not differ more than 5%.
 - The number of subjects to be included in the study should be based on an appropriate sample size calculation.

Cookbook?



Hierarchy of Designs

- The more 'sophisticated' a design is, the more information can be extracted.
 - Hierarchy of designs:

```
Full replicate (TRTR | RTRT) →
Partial replicate (TRR | RTR | RRT) →
Standard 2×2 cross-over (RT | RT) →
Parallel (R | T)
```

Variances which can be estimated:

Parallel: total variance (between + within)

Partial replicate: + within subjects (reference) 🖈

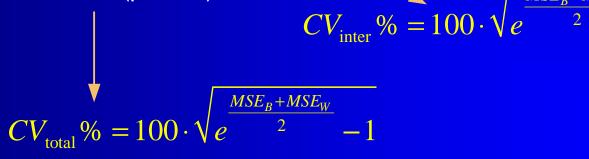
Full replicate: + within subjects (reference, test) 🖈





Coefficient(s) of Variation

- From any design one gets variances of lower design levels also.
 - Total CV% from a 2x2 cross-over used in planning a parallel design study:
 - Intra-subject CV% (within) $\sim CV_{\text{intra}}\% = 100 \cdot \sqrt{e^{MSE_W}} 1$
 - Inter-subject CV% (between)
 - Total CV% (pooled)



 $MSE_B - MSE_W$



Coefficient(s) of Variation

- CVs of higher design levels not available.
 - ■If only mean ± SD of reference is available...
 - Avoid 'rule of thumb' CV_{intra}=60% of CV_{total}
 - Don't plan a cross-over based on CV_{total}
 - Examples (cross-over studies)

| drug, formulation | design | n | metric | CV _{intra} | CV _{inter} | CV _{total} | %intra/total |
|--------------------|--------|----|------------------|---------------------|---------------------|---------------------|--------------|
| methylphenidate MR | SD | 12 | AUC _t | 7.00 | 19.1 | 20.4 | 34.3 |
| paroxetine MR | MD | 32 | AUC_{τ} | 25.2 | 55.1 | 62.1 | 40.6 |
| lansoprazole DR | SD | 47 | C _{max} | 47.0 | 25.1 | 54.6 | 86.0 |

- Pilot study unavoidable, unless
- Two-stage sequential design is used



Hints

- Literature search for CV%
 - Preferably other BE studies (the bigger, the better!)
 - PK interaction studies (Cave: Mainly in steady state! Generally lower CV than after SD).
 - Food studies (CV higher/lower than fasted!)
 - If CV_{intra} not given (quite often), a little algebra helps. All you need is the 90% geometric confidence interval and the sample size.



Calculation of CV_{intra} from CI

■ Point estimate (*PE*) from the Confidence Limits

$$PE = \sqrt{CL_{lo} \cdot CL_{hi}}$$

- Estimate the number of subjects / sequence (example 2x2 cross-over)
 - If total sample size (N) is an even number, assume (!) $n_1 = n_2 = \frac{1}{2}N$
 - ▶ If N is an odd number, assume (!) $n_1 = \frac{1}{2}N + \frac{1}{2}$, $n_2 = \frac{1}{2}N \frac{1}{2}$ (not $n_1 = n_2 = \frac{1}{2}N$!)
- Difference between one *CL* and the *PE* in log-scale; use the *CL* which is given with more significant digits

$$\Delta_{CL} = \ln PE - \ln CL_{lo}$$
 or $\Delta_{CL} = \ln CL_{hi} - \ln PE$



- Calculation of CV_{intra} from CI (cont'd)
 - Calculate the Mean Square Error (MSE)

$$MSE = 2 \left[\frac{\Delta_{CL}}{\sqrt{\left(\frac{1}{n_1} + \frac{1}{n_2}\right) \cdot t_{1-2 \cdot \alpha, n_1 + n_2 - 2}}} \right]^2$$

■ CV_{intra} from MSE as usual

$$CV_{\text{intra}} \% = 100 \cdot \sqrt{e^{MSE} - 1}$$



- Calculation of CV_{intra} from CI (cont'd)
 - Example: 90% CI [0.91 1.15], N 21 ($n_1 = 11$, $n_2 = 10$)

$$PE = \sqrt{0.91 \cdot 1.15} = 1.023$$

$$\Delta_{CI} = \ln 1.15 - \ln 1.023 = 0.11702$$

$$MSE = 2 \left(\frac{0.11702}{\sqrt{\left(\frac{1}{11} + \frac{1}{10}\right)} \times 1.729} \right)^{2} = 0.04798$$

$$CV_{\text{intra}} \% = 100 \times \sqrt{e^{0.04798} - 1} = 22.2\%$$



Proof: CI from calculated values

Example: 90% CI [0.91 – 1.15], N 21 ($n_1 = 11$, $n_2 = 10$)

$$\ln PE = \ln \sqrt{CL_{lo} \cdot CL_{hi}} = \ln \sqrt{0.91 \times 1.15} = 0.02274$$

$$SE_{\Delta} = \sqrt{\frac{2 \cdot MSE}{N}} = \sqrt{\frac{2 \times 0.04798}{21}} = 0.067598$$

$$CI = e^{\ln PE \pm t \cdot SE_{\Delta}} = e^{0.02274 \pm 1.729 \times 0.067598}$$

$$CI_{10} = e^{0.02274 - 1.729 \times 0.067598} = 0.91$$

$$CI_{lo} = e^{0.02274 - 1.729 \times 0.067598} = 0.91$$

 $CI_{hi} = e^{0.02274 + 1.729 \times 0.067598} = 1.15$





Sensitivity to Imbalance

- If the study was more imbalanced than assumed, the estimated CV is conservative
 - Example: 90% CI [0.89 1.15], N 24 (n₁ = 16, n₂ = 8, but not reported as such); CV 24.74% in the study

| Balanced Sequences | n ₁ | n ₂ | CV% | |
|--------------------|----------------|----------------|-------|--|
| assumed | 12 | 12 | 26.29 | |
| | 13 | 11 | 26.20 | |
| | 14 | 10 | 25.91 | |
| 0 | 15 | 9 | 25.43 | |
| Sequences in study | 16 | 8 | 24.74 | |



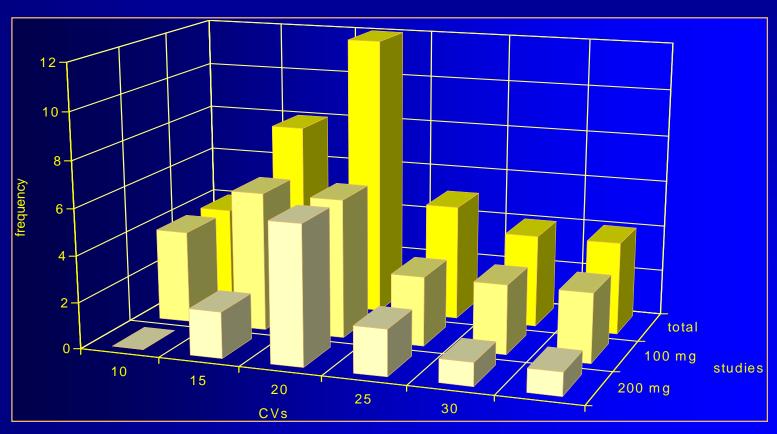
No Algebra...

•Implemented in *R*-package *PowerTOST*, function *CVfromCI* (not only 2×2 cross-over, but also parallel groups, higher order cross-overs, replicate designs). Previous example:

```
require(PowerTost)
CVfromCI(lower=0.91, upper=1.15, n=21, design = "2x2", alpha = 0.05)
[1] 0.2219886
```



Literature data



Doxicycline (37 studies from Blume/Mutschler, *Bioäquivalenz: Qualitätsbewertung wirkstoffgleicher Fertigarzneimittel*, GOVI-Verlag, Frankfurt am Main/Eschborn, 1989-1996)



- Intra-subject CV from different studies can be pooled (LA Gould 1995, Patterson and Jones 2006)
 - In the parametric model of log-transformed data, additivity of variances (not of CVs!) apply.
 - Do not use the arithmetic mean (or the geometric mean either) of CVs.
 - Before pooling variances must be weighted according to the studies' sample size – larger studies are more influentual than smaller ones.



- Intra-subject CV from different studies
 - Calculate the variance from CV

$$\sigma_W^2 = \ln(CV_{\text{intra}}^2 + 1)$$

Calculate the total variance weighted by df

$$\sum \sigma_W^2 df$$

Calculate the pooled CV from total variance

$$CV = \sqrt{e^{\sum \sigma_W^2 df / \sum df} - 1}$$

Optionally calculate an upper $(1-\alpha)$ % confidence limit on the pooled CV (recommended $\alpha = 0.25$)

$$CL_{CV} = \sqrt{e^{\sum \sigma_W^2 df / \chi_{\alpha, \sum df}^2} - 1}$$



Example 1: $n_1=n_2$; $CV_{Study1} < CV_{Study2}$

| studies | Ν |
|---------|----|
| 2 | 24 |

| df (total) | α | 1–α | total | CV_{pooled} | CV _{mean} |
|------------|------|---------------------|--------|---------------|--------------------|
| 20 | 0.25 | 0.75 | 1.2540 | 0.254 | 0.245 |
| | | $\chi^2(\alpha,df)$ | 15.452 | 0.291 | +14.3% |

| CV _{intra} | n | seq. | df (mj) | σ_W | σ^2_W | $\sigma^2_W \times df$ | CV _{intra /} pooled | >CL _{upper} |
|---------------------|----|------|---------|------------|--------------|------------------------|------------------------------|----------------------|
| 0.200 | 12 | 2 | 10 | 0.198 | 0.0392 | 0.3922 | 78.6% | no |
| 0.300 | 12 | 2 | 10 | 0.294 | 0.0862 | 0.8618 | 117.9% | yes |



•Example 2: $n_1 < n_2$; $CV_{Study1} < CV_{Study2}$

| studies | Ν |
|---------|----|
| 2 | 36 |

| df (total) | α | 1–α | total | CV_{pooled} | CV _{mean} |
|------------|------|------------------------|--------|---------------|--------------------|
| 32 | 0.25 | 0.75 2.2881 | | 0.272 | 0.245 |
| | | $\chi^{2}(\alpha, df)$ | 26.304 | 0.301 | +10.7% |

| CV _{intra} | n | seq. | df (mj) | σ_W | σ^2_W | $\sigma^2_W \times df$ | CV _{intra /} pooled | >CL _{upper} |
|---------------------|----|------|---------|------------|--------------|------------------------|------------------------------|----------------------|
| 0.200 | 12 | 2 | 10 | 0.198 | 0.0392 | 0.3922 | 73.5% | no |
| 0.300 | 24 | 2 | 22 | 0.294 | 0.0862 | 1.8959 | 110.2% | no |



•Example 3: $n_1>n_2$; $CV_{Study1} < CV_{Study2}$

| studies | Ν |
|---------|----|
| 2 | 36 |

| df (total) | α | 1–α | total | CV_{pooled} | CV _{mean} |
|------------|------|------------------------|--------|---------------|--------------------|
| 32 | 0.25 | 0.75 | 1.7246 | 0.235 | 0.245 |
| | | $\chi^{2}(\alpha, df)$ | 26.304 | 0.260 | +10.6% |

| CV _{intra} | n | seq. | df (mj) | σ_W | σ^2_W | $\sigma^2_W \times df$ | CV _{intra /} pooled | >CL _{upper} |
|---------------------|----|------|---------|------------|--------------|------------------------|------------------------------|----------------------|
| 0.200 | 24 | 2 | 22 | 0.198 | 0.0392 | 0.8629 | 85.0% | no |
| 0.300 | 12 | 2 | 10 | 0.294 | 0.0862 | 0.8618 | 127.5% | yes |



 R package PowerTost function CVpooled, data of last example.



 Or you may combine pooling with an estimated sample size based on uncertain CVs (we will see later what that means).

R package PowerTost function expsampleN.TOST, data of last example.

CVs and degrees of freedom must be given as vectors:

CV = c(0.2,0.3), dfCV = c(22,10)



```
require(PowerTOST)
expsampleN.TOST(alpha=0.05,
   targetpower=0.8,
   theta1=0.8, theta2=1.25,
   theta0=0.95, CV=c(0.2,0.3),
   dfCV=c(22,10), alpha2=0.05,
   design="2x2", print=TRUE,
   details=TRUE)
```

```
++++++ Equivalence test - TOST +++++++
   Sample size est. with uncertain CV
Study design: 2x2 crossover
Design characteristics:
df = n-2, design const. = 2, step = 2
log-transformed data (multiplicative model)
alpha = 0.05, target power = 0.8
BE margins = 0.8 ... 1.25
Null (true) ratio = 0.95
Variability data
  cv df
 0.2 22
 0.3 10
CV(pooled) = 0.2353158 \text{ with } 32 \text{ df}
one-sided upper CL = 0.2995364 (level = 95%)
Sample size search
   exp. power
24
   0.766585
   0.800334
```



α - vs. β -Error

- α-Error: Patient's risk to be treated with a bioinequivalent formulation.
 - Although α is generally set to 0.05, sometimes <0.05 (e.g., NTDIs in Brazil, multiplicity, interim analyses).
- β-Error: Producer's risk to get no approval for a bioequivalent formulation.
 - Generally set in study planning to ≤ 0.2 , where power = $1 \beta = \geq 80\%$.
 - There is no a posteriori (aka post hoc) power!
 Either a study has demonstrated BE or not.
 Phoenix'/WinNonlin's output is statistical nonsense!

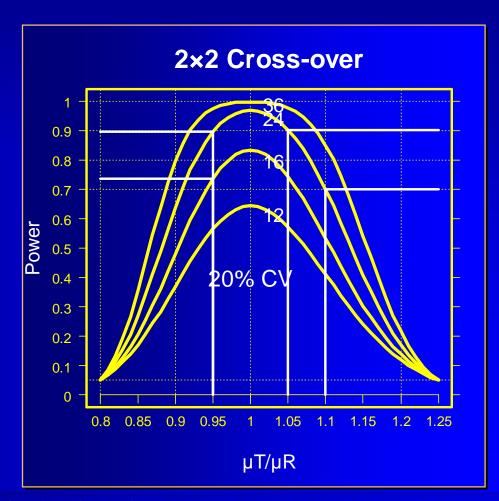


Power Curves

Power to show BE with 12 - 36 subjects for $CV_{intra} = 20\%$

n 24 \rightarrow 16: power 0.896 \rightarrow 0.735

 $\mu_{\rm T}/\mu_{\rm R}$ 1.05 \rightarrow 1.10: power 0.903 \rightarrow 0.700





Power vs. Sample Size

- It is not possible to directly calculate the required sample size.
- Power is calculated instead, and the lowest sample size which fulfills the minimum target power is used.
 - Example: α 0.05, target power 80% (β 0.2), T/R 0.95, CV_{intra} 20% \rightarrow minimum sample size 19 (power 81%), rounded up to the next even number in a 2×2 study (power 83%).

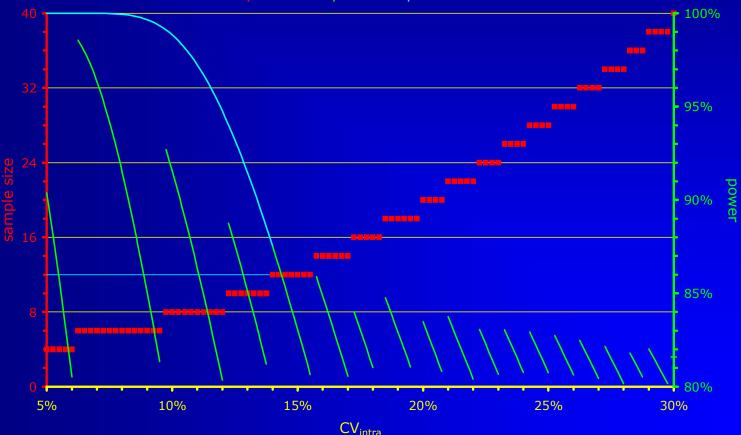
| n | power |
|----|--------|
| 16 | 73.54% |
| 17 | 76.51% |
| 18 | 79.12% |
| 19 | 81.43% |
| 20 | 83.47% |



Power vs. Sample Size

2×2 cross-over, T/R 0.95, 80%–125%, target power 80%

sample size — power — power for n=12





Tools

- Sample Size Tables (Phillips, Diletti, Hauschke, Chow, Julious, ...)
- Approximations (Diletti, Chow, Julious, ...)
- General purpose (SAS, R, S+, StaTable, ...)
- Specialized Software (nQuery Advisor, PASS, FARTSSIE, StudySize, ...)
- Exact method (Owen implemented in R-package PowerTOST)*

^{*} Thanks to Detlew Labes!



Background

- Reminder: Sample Size is not directly obtained; only power
- Solution given by DB Owen (1965) as a difference of two bivariate noncentral t-distributions
 - Definite integrals cannot be solved in closed form
 - "Exact' methods rely on numerical methods (currently the most advanced is AS 243 of RV Lenth; implemented in R, FARTSSIE, EFG). nQuery uses an earlier version (AS 184).



Background

- Power calculations...
 - 'Brute force' methods (also called 'resampling' or 'Monte Carlo') converge asymptotically to the true power; need a good random number generator (*e.g.*, Mersenne Twister) and may be time-consuming
 - 'Asymptotic' methods use large sample approximations
 - Approximations provide algorithms which should converge to the desired power based on the t-distribution



Comparison

| (1) | 10/ |
|-----|-----|
| UV | 7/0 |

| original values | Method | Algorithm | 5 | 7.5 | 10 | 12 | 12.5 | 14 | 15 | 16 | 17.5 | 18 | 20 | 22 |
|--------------------------|-------------|-----------|----|-----|----|----|------|----|----|----|------|----|----|----|
| PowerTOST 0.8-2 (2011) | exact | Owen's Q | 4 | 6 | 8 | 8 | 10 | 12 | 12 | 14 | 16 | 16 | 20 | 22 |
| Patterson & Jones (2006) | noncentr. t | AS 243 | 4 | 5 | 7 | 8 | 9 | 11 | 12 | 13 | 15 | 16 | 19 | 22 |
| Diletti et al. (1991) | noncentr. t | Owen's Q | 4 | 5 | 7 | NA | 9 | NA | 12 | NA | 15 | NA | 19 | NA |
| nQuery Advisor 7 (2007) | noncentr. t | AS 184 | 4 | 6 | 8 | 8 | 10 | 12 | 12 | 14 | 16 | 16 | 20 | 22 |
| FARTSSIE 1.6 (2008) | noncentr. t | AS 243 | 4 | 5 | 7 | 8 | 9 | 11 | 12 | 13 | 15 | 16 | 19 | 22 |
| FFC 2.04 (2000) | noncentr. t | AS 243 | 4 | 5 | 7 | 8 | 9 | 11 | 12 | 13 | 15 | 16 | 19 | 22 |
| EFG 2.01 (2009) | brute force | ElMaestro | 4 | 5 | 7 | 8 | 9 | 11 | 12 | 13 | 15 | 16 | 19 | 22 |
| StudySize 2.0.1 (2006) | central t | ? | NA | 5 | 7 | 8 | 9 | 11 | 12 | 13 | 15 | 16 | 19 | 22 |
| Hauschke et al. (1992) | approx. t | | NA | NA | 8 | 8 | 10 | 12 | 12 | 14 | 16 | 16 | 20 | 22 |
| Chow & Wang (2001) | approx. t | | NA | 6 | 6 | 8 | 8 | 10 | 12 | 12 | 14 | 16 | 18 | 22 |
| Kieser & Hauschke (1999) | approx. t | | 2 | NA | 6 | 8 | NA | 10 | 12 | 14 | NA | 16 | 20 | 24 |

CV%

| original values | Method | Algorithm | 22.5 | 24 | 25 | 26 | 27.5 | 28 | 30 | 32 | 34 | 36 | 38 | 40 |
|--------------------------|-------------|-----------|------|----|----|----|------|----|----|----|----|----|----|----|
| PowerTOST 0.8-2 (2011) | exact | Owen's Q | 24 | 26 | 28 | 30 | 34 | 34 | 40 | 44 | 50 | 54 | 60 | 66 |
| Patterson & Jones (2006) | noncentr. t | AS 243 | 23 | 26 | 28 | 30 | 33 | 34 | 39 | 44 | 49 | 54 | 60 | 66 |
| Diletti et al. (1991) | noncentr. t | Owen's Q | 23 | NA | 28 | NA | 33 | NA | 39 | NA | NA | NA | NA | NA |
| nQuery Advisor 7 (2007) | noncentr. t | AS 184 | 24 | 26 | 28 | 30 | 34 | 34 | 40 | 44 | 50 | 54 | 60 | 66 |
| FARTSSIE 1.6 (2008) | noncentr. t | AS 243 | 23 | 26 | 28 | 30 | 33 | 34 | 39 | 44 | 49 | 54 | 60 | 66 |
| EFG 2.01 (2009) | noncentr. t | AS 243 | 23 | 26 | 28 | 30 | 33 | 34 | 39 | 44 | 49 | 54 | 60 | 66 |
| Li G 2.01 (2009) | brute force | ElMaestro | 23 | 26 | 28 | 30 | 33 | 34 | 39 | 44 | 49 | 54 | 60 | 66 |
| StudySize 2.0.1 (2006) | central t | ? | 23 | 26 | 28 | 30 | 33 | 34 | 39 | 44 | 49 | 54 | 60 | 66 |
| Hauschke et al. (1992) | approx. t | | 24 | 26 | 28 | 30 | 34 | 36 | 40 | 46 | 50 | 56 | 64 | 70 |
| Chow & Wang (2001) | approx. t | | 24 | 26 | 28 | 30 | 34 | 34 | 38 | 44 | 50 | 56 | 62 | 68 |
| Kieser & Hauschke (1999) | approx. t | | NA | 28 | 30 | 32 | NA | 38 | 42 | 48 | 54 | 60 | 66 | 74 |



Approximations

Hauschke et al. (1992)

```
Patient's risk \alpha 0.05, Power 80% (Producer's risk \beta
   0.2), AR [0.80 - 1.25], CV 0.2 (20\%), T/R 0.95
1. \Delta = \ln(0.8) - \ln(T/R) = -0.1719
2. Start with e.g. n=8/sequence
      1. df = n \cdot 2 - 1 = 8 \times 2 - 1 = 14
      2. t_{\alpha,df} = 1.7613
      3. t_{\beta,df} = 0.8681
      4. new n = [(t_{\alpha,df} + t_{\beta,df})^2 \cdot (CV/\Delta)]^2 =
          (1.7613+0.8681)^2 \times (-0.2/0.1719)^2 = 9.3580
3. Continue with n=9.3580/sequence (N=18.716 \rightarrow 19)
      1. df = 16.716; roundup to the next integer 17
      2. t_{\alpha,df} = 1.7396
      3. t_{\beta,df} = 0.8633
      4. new n = [(t_{\alpha,df} + t_{\beta,df})^2 \cdot (CV/\Delta)]^2 =
          (1.7396+0.8633)^2 \times (-0.2/0.1719)^2 = 9.1711
4. Continue with n=9.1711/sequence (N=18.3422 \rightarrow 19)
      1. df = 17.342; roundup to the next integer 18
      2. t_{\alpha,df} = 1.7341
      3. t_{\beta,df} = 0.8620
      4. new n = [(t_{\alpha,df} + t_{\beta,df})^2 \cdot (CV/\Delta)]^2 =
          (1.7341+0.8620)^2 \times (-0.2/0.1719)^2 = 9.1233
```

5. Convergence reached (N=18.2466 \rightarrow 19): Use 10 subjects/sequence (20 total)

S-C Chow and H Wang (2001)

```
Patient's risk \alpha 0.05, Power 80% (Producer's risk \beta
   0.2), AR [0.80 - 1.25], CV 0.2 (20\%), T/R 0.95
1. \Delta = \ln(T/R) - \ln(1.25) = 0.1719
2. Start with e.g. n=8/sequence
       1. df_{\alpha} = roundup(2 \cdot n-2) \cdot 2-2 = (2 \times 8-2) \times 2-2 = 26
       2. df_8 = roundup(4 \cdot n-2) = 4 \times 8-2 = 30
       3. t_{\alpha,df} = 1.7056
       4. t_{B/2,df} = 0.8538
       5. new n = \beta^2 \cdot [(t_{\alpha,df} + t_{\beta/2,df})^2/\Delta^2] =
          0.2^2 \times (1.7056+0.8538)^2 / 0.1719^2 = 8.8723
3. Continue with n=8.8723/sequence (N=17.7446 \rightarrow 18)
       1. df_{\alpha} = roundup(2 \cdot n-2) \cdot 2-2=(2 \times 8.8723-2) \times 2-2 = 30
       2. df_8 = roundup(4 \cdot n-2) = 4 \times 8.8723-2 = 34
       3. t_{\alpha,df} = 1.6973
       4. t_{\beta/2,df} = 0.8523
       5. new n = \beta^2 \cdot [(t_{\alpha,df} + t_{\beta/2,df})^2/\Delta^2] =
          0.2^2 \times (1.6973 + 0.8538)^2 / 0.1719^2 = 8.8045
4. Convergence reached (N=17.6090 \rightarrow 18):
   Use 9 subjects/sequence (18 total)
```

| sample size | 18 | 19 | 20 | | |
|-------------|--------|--------|--------|--|--|
| power % | 79.124 | 81.428 | 83.468 | | |





Approximations obsolete

- Exact sample size tables still useful in checking the plausibility of software's results
- Approximations based on noncentral t (FARTSSIE17)



http://individual.utoronto.ca/ddubins/FARTSSIE17.xls

or
$$\P$$
 / S+ \rightarrow

Exact method (Owen) in R-package PowerTOST

```
http://cran.r-project.org/web/packages/PowerTOST/
```

```
require(PowerTOST)
  sampleN.TOST(alpha = 0.05,
  targetpower = 0.80, logscale = TRUE,
  theta1 = 0.80, diff = 0.95, CV = 0.30,
  design = "2x2", exact = TRUE)
```

```
alpha
        <- 0.05
                    # alpha
        <- 0.30
                     # intra-subject CV
CV
theta1 <- 0.80
                     # lower acceptance limit
theta2 <- 1/theta1 # upper acceptance limit
                    # expected ratio T/R
        <- 0.95
ratio
                    # minimum power
PwrNeed <- 0.80
Limit
        <- 1000
                     # Upper Limit for Search
                    # start value of sample size search
        <- 4
        <- sqrt(2)*sqrt(log(CV^2+1))
repeat{
        <- qt(1-alpha,n-2)
        <- sqrt(n)*(log(ratio)-log(theta1))/s
  nc1
        <- sqrt(n)*(log(ratio)-log(theta2))/s
  prob1 \leftarrow pt(+t,n-2,nc1); prob2 \leftarrow pt(-t,n-2,nc2)
  power <- prob2-prob1
                    # increment sample size
  if(power >= PwrNeed | (n-2) >= Limit) break }
       <- n-2
if(Total == Limit){
  cat("Search stopped at Limit", Limit,
        obtained Power", power*100, "%\n")
  cat("Sample Size",Total,"(Power",power*100,"%)\n")
```

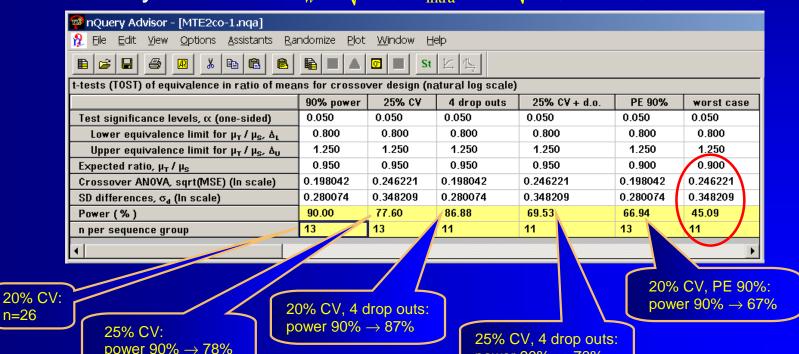


Sensitivity Analysis

- •ICH E9 (1998)
 - Section 3.5 Sample Size, paragraph 3
 - The method by which the sample size is calculated should be given in the protocol [...]. The basis of these estimates should also be given.
 - It is important to investigate the sensitivity of the sample size estimate to a variety of deviations from these assumptions and this may be facilitated by providing a range of sample sizes appropriate for a reasonable range of deviations from assumptions.
 - In confirmatory trials, assumptions should normally be based on published data or on the results of earlier trials.



Example nQuery Advisor: $\sigma_{w} = \sqrt{\ln(CV_{\text{intra}}^2 + 1)}; \sqrt{\ln(0.2^2 + 1)} = 0.198042$



power 90% \rightarrow 70%

n = 26

T Pharma Edge



Example

PowerTOST, function sampleN.TOST

7 Pharma Edge



 To calculate Power for a given sample size, use function power. TOST

```
require(PowerTost)
power.TOST(alpha=0.05, logscale=TRUE, theta1=0.8, theta2=1.25,
           theta0=0.95, CV=0.25, n=26, design="2x2", exact=TRUE)
[1] 0.7760553
power.TOST(alpha=0.05, logscale=TRUE, theta1=0.8, theta2=1.25,
           theta0=0.95, CV=0.20, n=22, design="2x2", exact=TRUE)
[1] 0.8688866
power.TOST(alpha=0.05, logscale=TRUE, theta1=0.8, theta2=1.25,
           theta0=0.95, CV=0.25, n=22, design="2x2", exact=TRUE)
[1] 0.6953401
power.TOST(alpha=0.05, logscale=TRUE, theta1=0.8, theta2=1.25,
           theta0=0.90, CV=0.20, n=26, design="2x2", exact=TRUE)
[1] 0.6694514
power.TOST(alpha=0.05, logscale=TRUE, theta1=0.8, theta2=1.25,
           theta0=0.90, CV=0.25, n=22, design="2x2", exact=TRUE)
[1] 0.4509864
```



- Must be done before the study (a priori)
- The Myth of retrospective (a posteriori)
 Power...
 - High values do not further support the claim of already demonstrated bioequivalence.
 - Low values do not invalidate a bioequivalent formulation.
 - Further reader:

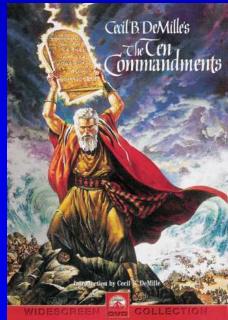
RV Lenth (2000) JM Hoenig and DM Heisey (2001) P Bacchetti (2010)



Data from Pilot Studies

•Estimated CVs have a high degree of uncertainty (in the pivotal study it is more likely that you will be able to reproduce the PE, than the CV)

- The smaller the size of the pilot, the more uncertain the outcome.
- The more formulations you have tested, lesser degrees of freedom will result in worse estimates.
- Remember: CV is an estimate not carved in stone!





Pilot Studies: Sample Size

- Small pilot studies (sample size <12)
 - Are useful in checking the sampling schedule and
 - the appropriateness of the analytical method, but
 - are not suitable for the purpose of sample size planning!
 - Sample sizes (T/R 0.95, power ≥80%) based on a n=10 pilot study

require(PowerTOST)
expsampleN.TOST(alpha=0.05,
 targetpower=0.80, theta1=0.80,
 theta2=1.25, theta0=0.95, CV=0.40,
 dfCV=24-2, alpha2=0.05, design="2x2")

| CV% | CV | | ratio |
|-----|-------|-----------|---------------|
| | CV | | TallU |
| | fixed | uncertain | uncert./fixed |
| 20 | 20 | 24 | 1.200 |
| 25 | 28 | 36 | 1.286 |
| 30 | 40 | 52 | 1.300 |
| 35 | 52 | 68 | 1.308 |
| 40 | 66 | 86 | 1.303 |



Pilot Studies: Sample Size

- Moderate sized pilot studies (sample size ~12–24) lead to more consistent results (both CV and PE).
 - If you stated a procedure in your protocol, even BE may be claimed in the pilot study, and no further study will be necessary (US-FDA).
 - If you have some previous hints of high intrasubject variability (>30%), a pilot study size of at least 24 subjects is reasonable.
 - A Sequential Design may also avoid an unnecessarily large pivotal study.



Pilot Studies: Sample Size

- Do not use the pilot study's CV, but calculate an upper confidence interval!
 - Gould (1995) recommends a 75% CI (*i.e.*, a producer's risk of 25%).
 - Apply Bayesian Methods (Julious and Owen 2006, Julious 2010) implemented in R's PowerTOST/expsampleN.TOST.
 - Unless you are under time pressure, a Two-Stage Sequential Design will help in dealing with the uncertain estimate from the pilot study.



Sample Size Calculations ...or the Myth of Power



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T Pharma Edge



To bear in Remembrance...

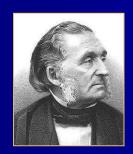
Power. That which statisticians are always calculating but never have.

Power: That which is wielded by the priesthood of clinical trials, the statisticians, and a stick which they use to beta their colleagues.



Power Calculation – A guess masquerading as mathematics.

Stephen Senn



You should treat as many patients as possible with the new drugs while they still have the power to heal.

Armand Trousseau



The Myth of Power

There is simple intuition behind results like these: If my car made it to the top of the hill, then it is powerful enough to climb that hill; if it didn't, then it obviously isn't powerful enough. Retrospective power is an obvious answer to a rather uninteresting question. A more meaningful question is to ask whether the car is powerful enough to climb a particular hill never climbed before; or whether a different car can climb that new hill. Such questions are prospective, not retrospective.

The fact that retrospective power adds no new information is harmless in its own right. However, in typical practice, it is used



to exaggerate the validity of a significant result ("not only is it significant, but the test is really powerful!"), or to make excuses for a nonsignificant one ("well, P is .38, but that's only because the test isn't very powerful"). The latter case is like blaming the messenger.

RV Lenth

Two Sample-Size Practices that I don't recommend http://www.math.uiowa.edu/~rlenth/Power/2badHabits.pdf



References

- Collection of links to global documents http://bebac.at/Guidelines.htm
- •ICH
 - E9: Statistical Principles for Clinical Trials (1998)
- EMA-CPMP/CHMP/EWP
 - Points to Consider on Multiplicity Issues in Clinical Trials (2002)
 - BA/BE for HVDs/HVDPs: Concept Paper (2006) http://bebac.at/downloads/14723106en.pdf
 - Questions & Answers on the BA and BE Guideline (2006) http://bebac.at/downloads/4032606en.pdf
 - Draft Guideline on the Investigation of BE (2008)
 - Guideline on the Investigation of BE (2010)
 - Questions & Answers: Positions on specific questions addressed to the EWP therapeutic subgroup on Pharmacokinetics (2010)
- •US-FDA
 - Center for Drug Evaluation and Research (CDER)
 - Statistical Approaches Establishing Bioequivalence (2001)
 - Bioequivalence Recommendations for Specific Products (2007)

- Midha KK, Ormsby ED, Hubbard JW, McKay G, Hawes EM, Gavalas L, and IJ McGilveray Logarithmic Transformation in Bioequivalence: Application with Two Formulations of Perphenazine J Pharm Sci 82/2, 138-144 (1993)
- Hauschke D, Steinijans VW, and E Diletti Presentation of the intrasubject coefficient of variation for sample size planning in bioequivalence studies Int J Clin Pharmacol Ther 32/7, 376-378 (1994)
- Diletti E, Hauschke D, and VW Steinijans
 Sample size determination for bioequivalence assessment by means of confidence intervals
 Int J Clin Pharm Ther Toxicol 29/1, 1-8 (1991)
- Hauschke D, Steinijans VW, Diletti E, and M Burke Sample Size Determination for Bioequivalence Assessment Using a Multiplicative Model
 J Pharmacokin Biopharm 20/5, 557-561 (1992)
- S-C Chow and H Wang
 On Sample Size Calculation in Bioequivalence Trials
 J Pharmacokin Pharmacodyn 28/2, 155-169 (2001)
 Errata: J Pharmacokin Pharmacodyn 29/2, 101-102 (2002)
- DB Owen
 A special case of a bivariate non-central t-distribution
 Biometrika 52, 3/4, 437-446 (1965)



References

- LA Gould
 - Group Sequential Extension of a Standard Bioequivalence Testing Procedure
 - J Pharmacokin Biopharm 23/1, 57-86 (1995)
 - DOI: 10.1007/BF02353786
- Tóthfalusi L, Endrenyi L, and A Garcia Arieta Evaluation of Bioequivalence for Highly Variable Drugs with Scaled Average Bioequivalence Clin Pharmacokinet 48/11, 725-743 (2009)
- RV Lenth

17.pdf

T Pharma Edge

- Two Sample-Size Practices that I don't recommend
 Joint Statistical Meetings, Indianapolis (2000)
 http://www.math.uiowa.edu/~rlenth/Power/2badHabits.pdf
- Hoenig JM and DM Heisey
 The Abuse of Power: The Pervasive Fallacy of Power
 Calculations for Data Analysis
 The American Statistician 55/1, 19–24 (2001)
 http://www.vims.edu/people/hoenig_im/pubs/hoenig2.pdf
- P Bacchetti

 Current sample size conventions: Flaws, harms, and alternatives

 BMC Medicine 8:17 (2010)

 http://www.biomedcentral.com/content/pdf/1741-7015-8-

- Jones B and MG Kenward
 Design and Analysis of Cross-Over Trials
 Chapman & Hall/CRC, Boca Raton (2nd Edition 2000)
- Patterson S and B Jones
 Determining Sample Size, in:
 Bioequivalence and Statistics in Clinical Pharmacology
 Chapman & Hall/CRC, Boca Raton (2006)
- SA Julious
 - Tutorial in Biostatistics. Sample sizes for clinical trials with Normal data
- Statistics in Medicine 23/12, 1921-1986 (2004)
- Julious SA and RJ Owen
 Sample size calculations for clinical studies allowing for uncertainty about the variance
 Pharmaceutical Statistics 5/1, 29-37 (2006)
- SA Julious
 Sample Sizes for Clinical Trials
 Chapman & Hall/CRC, Boca Raton (2010)
- D Labes

Package 'PowerTOST'

Version 0.8-2 (2011-01-10)

http://cran.r-

project.org/web/packages/PowerTOST/PowerTOST.pdf