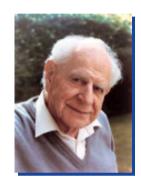


1



To bear in Remembrance...

Whenever a theory appears to you as the only possible one, take this as a sign that you have neither understood the theory nor the problem which it was intended to solve.



Karl R. Popper

Even though it's *applied* science we're dealin' with, it still is – *science*!



Leslie Z. Benet



Assumptions

All models rely on assumptions.

- Bioequivalence as a surrogate for therapeutic equivalence.
 - Studies in healthy volunteers in order to minimize variability (i.e., lower sample sizes than in patients).
 - Current emphasis on in vivo release ('human dissolution apparatus').
- Concentrations in the sample matrix reflect concentrations at the target receptor site.
 - In the strict sense only valid in steady state.
 - In vivo similarity in healthy volunteers can be extrapolated to the patient population(s).
- $f = \mu_T / \mu_R$ assumes that
 - $-D_T = D_R$ and
 - inter-occasion clearances are constant.



Assumptions

All models rely on assumptions.

- Log-transformation allows for additive effects required in ANOVA.
- No carry-over effect in the model of crossover studies.
 - Cannot be statistically adjusted.
 - Has to be avoided by design (suitable washout).
 - Shown to be a statistical artifact in meta-studies.
 - Exception: Endogenous compounds (biosimilars!)
- Between- and within-subject errors are independently and normally distributed about unity with variances σ_s and σ_e .
 - If the reference formulation shows higher variability than the test,
 the 'good' test will be penalized for the 'bad' reference.
- All observations made on different subjects are independent.
 - No monocygotic twins or triplets in the study!





Sample Size

Only power is accessible.

- The required sample size depends on
 - the acceptance range (AR) for bioequivalence;
 - the error variance (s^2) associated with the PK metrics as estimated from
 - published data,
 - a pilot study, or
 - previous studies;
 - the fixed significance level (α);
 - the expected deviation (\triangle) from the reference product and;
 - the desired power (1β) .
- Three values are known and fixed (AR, α , 1β), one is an assumption (Δ), and one an estimate (s^2). Hence, the correct term is 'sample size estimation'.



Sample Size

Only power is accessible.

- The sample size is searched in an iterative procedure until at least the desired power is obtained.
 - Exact methods for ABE in parallel, crossover, and replicate designs available.
 - Simulations suggested for Group-Sequential and Two-Stage Designs.
- According to ICH E9 a sensitivity analysis is mandatory to explore the impact on power if values deviate from assumptions.

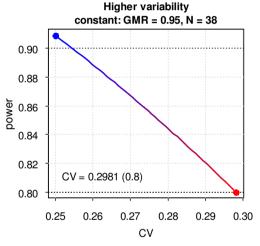


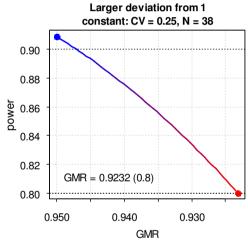


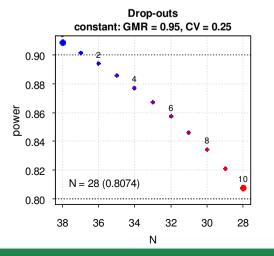
Sample Size

Example

- 2×2×2, assumed *GMR* 0.95,
 CV_w 0.25, desired power 0.9,
 min. acceptable power 0.8.
 - Sample size 38 (power 0.909)
 - CV_w can increase to 0.298 (rel. +19%)
 - GMR can decrease to 0.923 (rel. -2.8%)
 - 10 drop-outs acceptable (rel. –26%)
 - Most critical is the GMR!





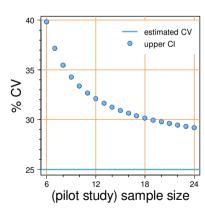




Dealing with Uncertainty

Nothing is 'carved in stone'.

- Never assume perfectly matching products.
 - Generally a \triangle of not better than 5% should be assumed (0.950 1.053).
 - For HVD(P)s do not assume a \triangle of <10% (0.900 1.111).
- Do not use the CV but one of its confidence limits.
 - Suggested α 0.2 (here: the producer's risk).
 - For ABE the upper CL.
 - For reference-scaling the lower CL.
- Better alternatives.
 - Group-Sequential Designs
 Fixed total sample size, interim analysis for early stopping.
 - (Adaptive) Sequential Two-Stage Designs
 Fixed stage 1 sample size, re-estimation of the total sample size in the interim analysis.





Dealing with Uncertainty

Group-Sequential Designs.

- Fixed total sample size (N) and in BE one interim analysis.
 - Requires two assumptions. One 'worst case' CV for the total sample size and a 'realistic' CV for the interim.
 - All published methods were derived for superiority testing, parallel groups, normal distributed data with known variance, and interim at N/2.
 - That's not what we have in BE: equivalence (generally in a crossover), lognormal data with unknown variance. Furthermore, due to drop-outs, the interim might not be exactly at N/2 (might inflate the Type I Error).
 - Asymmetric split of α is possible, *i.e.*, a small α in the interim and a large one in the final analysis. Examples: Haybittle/Peto (α , 0.001, α , 0.049), O'Brien/Fleming (α , 0.005, α , 0.048), Zheng et al. (α , 0.01, α , 0.04). May require α -spending functions (Lan/DeMets, Jennison/Turnbull) in order to control the Type I Error.





Dealing with Uncertainty

(Adaptive) Sequential Two-Stage Designs.

- Fixed stage 1 sample size (n_1) , sample size re-estimation in the interim.
 - Generally a fixed GMR is assumed.
 - Fully adaptive methods (*i.e.*, taking also the PE of stage 1 into account) are problematic. May deteriorate power and require a futility criterion.
 Simulations mandatory.
 - Two 'Types'
 - 1. The same adjusted α is applied in both stages (regardless whether a study stops in the first stage or proceeds to the second stage).
 - 2. An unadjusted α may be used in the first stage, dependent on interim power.
 - All published methods are valid only for a range of combinations of stage 1 sample sizes, CVs, GMRs, and desired power.
 - Contrary to common believes no analytical proof of keeping the TIE exist.
 It is the responsibility of the sponsor to demonstrate (e.g., in simulations)
 that the consumer risk is preserved.





Type I Error.

- In BE the Null Hypothesis (H_0) is inequivalence.
 - TIE = Probability of falsely rejecting H_0 (i.e., accepting H_1 and claiming BE).
 - Can be calculated for the nominal significance level (α) assuming a point estimate at one of the limits of the acceptance range.
 - Example: 2×2×2 crossover, *CV* 20%, *n* 20, α 0.05, θ_0 0.80 or 1.25.

```
library(PowerTOST)  
AL <- c(1-0.20, 1/(1-0.20)) # common acceptance range: 0.80-1.25 power.TOST(CV=0.20, n=20, alpha=0.05, theta0=AL[1])  
[1] 0.0499999  
power.TOST(CV=0.20, n=20, alpha=0.05, theta0=AL[2])  
[1] 0.0499999
```

TOST is not a uniformly most powerful test.

```
power.TOST(CV=0.20, n=12, alpha=0.05, theta0=AL[2]) [1] 0.04976374
```

However, the TIE never exceeds the nominal level.

```
power.TOST(CV=0.20, n=72, alpha=0.05, theta0=AL[2]) [1] 0.05
```



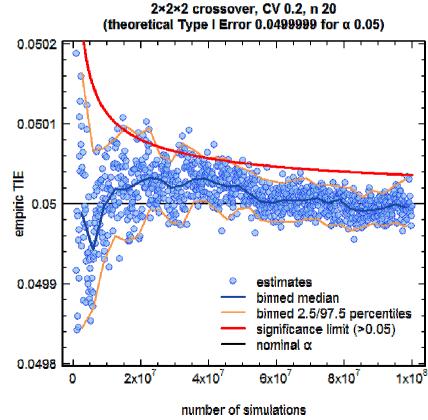


Type I Error.

Alternatively perform simulations to obtain an empiric TIE.

[1] 0.04999703

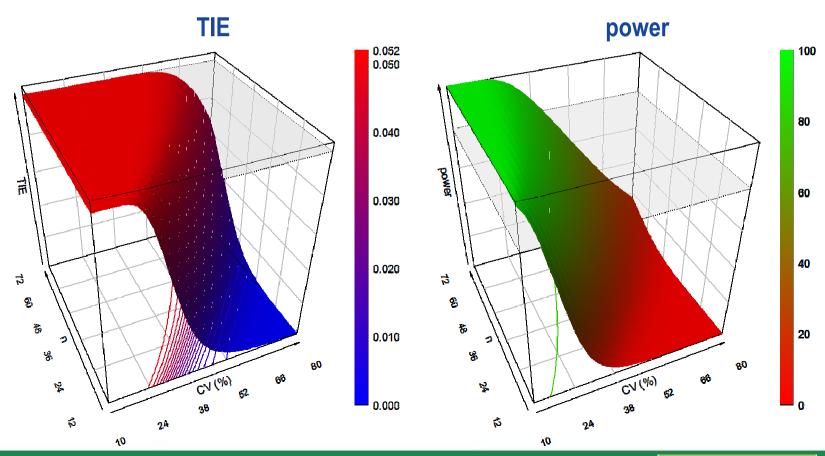
In other settings (i.e., frameworks like Two-Stage Designs or reference-scaled ABE) analytical solutions for power – and therefore, the TIE – are not possible.





Type I Error and power.

• Fixed sample $2\times2\times2$ design (α 0.05). GMR 0.95, CV 10 – 80%, n 12 –72

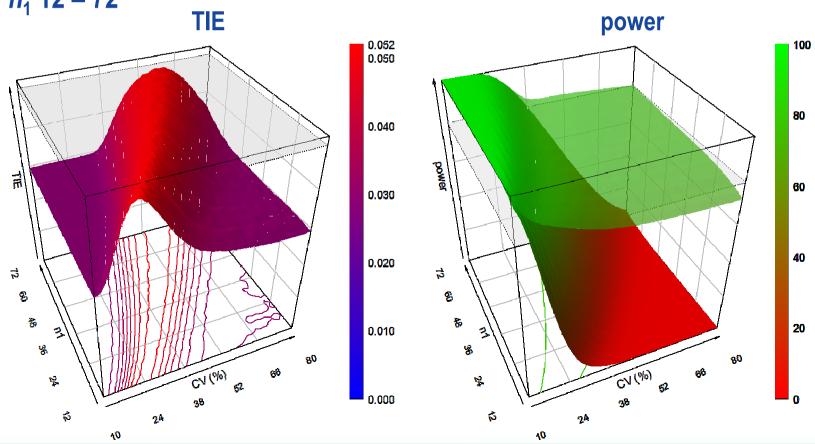






Type I Error and power.

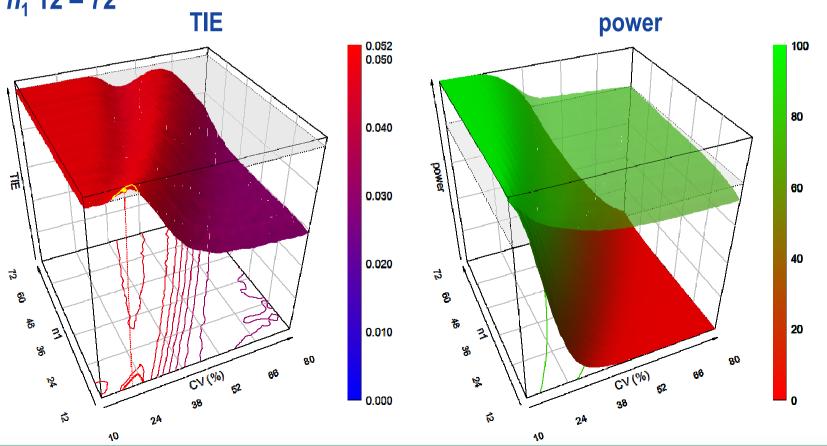
• 'Type 1' TSD (Potvin Method B, α_{adj} 0.0294). *GMR* 0.95, *CV* 10 – 80%, n_1 12 – 72





Type I Error and power.

• 'Type 2' TSD (Potvin Method C, α_{adj} 0.05|0.0294). *GMR* 0.95, *CV* 10 – 80%, n_1 12 – 72





Group-Sequential Designs

Long and accepted tradition in clinical research (phase III).

- Based on Armitage et al. (1969), McPherson (1974), Pocock (1977),
 O'Brien/Fleming (1979), Lan/DeMets (1983), Jennison/Turnbull (1999), ...
 - Developed for superiority testing, parallel groups, normal distributed data with known variance, and interim at N/2.
 - First proposal by Gould (1995) in the field of BE did not get regulatory acceptance in Europe.
 - Asymmetric split of α is possible, *i.e.*,
 - a small α in the interim (i.e., stopping for futility) and
 - a large one in the final analysis (i.e., only small sample size penality).
 - Examples: Haybittle/Peto (α_1 0.001, α_2 0.049), O'Brien/Fleming (α_1 0.005, α_2 0.048).
 - Not developed for crossover designs and sample size re-estimation (fixed n_1 and variable N): Lower α_2 or α -spending functions (Lan/DeMets, Jennison/Turnbull) are needed in order to control the Type I Error.
 - Zheng et al. (2015) for BE in crossovers (α_1 0.01, α_2 0.04) keeps the TIE.

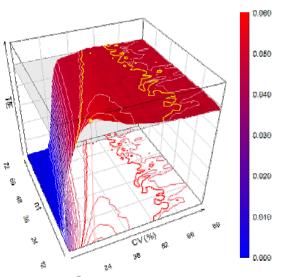




Group-Sequential Designs

Type I Error.

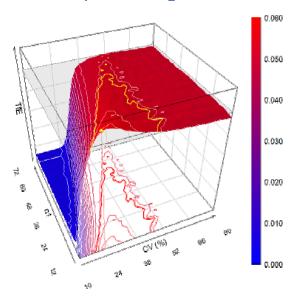




Maximum 0.05849

 α_2 0.0413 needed to control the TIE

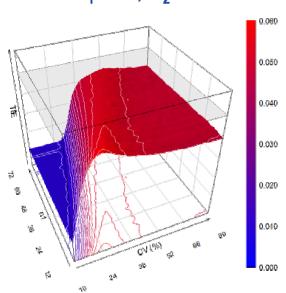
O'Brien/Fleming α_1 0.005, α_2 0.048



Maximum 0.05700

 α_2 0.0415 needed to control the TIE

Zheng et al. α_1 0.01, α_2 0.04



Maximum 0.04878





Group-Sequential Designs

- Australia (2004), Canada (Draft 2009)
 - Application of Bonferroni's correction (α_{adi} 0.025).
 - Theoretical TIE ≤0.0494.
 - For CVs and samples sizes common in BE the TIE generally is \leq 0.04.
- Canada (2012)
 - Pocock's $lpha_{adj}$ 0.0294.
 - $-n_1$ based on 'most likely variance' + additional subjects in order to compensate for expected dropout-rate.
 - N based on 'worst-case scenario'.
 - If $n_1 \neq N/2$ relevant inflation of the TIE is possible! α -spending functions can control the TIE (but are *not* mentioned in the guidance).





Methods by Potvin et al. (2008) first validated framework in the context of BE.

- Supported by the 'Product Quality Research Institute' (FDA/CDER, Health Canada, USP, AAPS, PhRMA...).
- Inspired by conventional BE testing and Pocock's α_{adj} 0.0294 for GSDs.
 - A fixed *GMR* is assumed (only the *CV* in the interim is taken into account for sample size re-estimation). *GMR* in the first publication was 0.95; later extended to 0.90 by other authors.
 - Target power 80% (later extended to 90%).
 - Two 'Types'
 - 1. The same adjusted α is applied in both stages (regardless whether a study stops in the first stage or proceeds to the second stage).
 - 2. An unadjusted α may be used in the first stage, dependent on interim power.





Frameworks for crossover TSDs.

• Stage 1 sample sizes 12 – 60, no futility rules.

Reference	Туре	Method	GMR	Target power	CV _w	$lpha_{\sf adj}$	TIE _{max}
Detrin et al. (2009)	1	В	0.95	80%	10 – 100%	0.0294	0.0485
Potvin et al. (2008)	2	C					0.0510
Montague et al. (2012)	2	D	0.90			0.0280	0.0518
	1	В	0.95	90%	10 – 80%	0.0284	0.0501
Fuglsang (2013)	2	C/D				0.0274	0.0503
	2	C/D	0.90			0.0269	0.0501

• Xu et al. (2015). GMR 0.95, target power 80%, futility for the $(1-2\alpha_1)$ Cl.

Type	Method	CV _w	Futility region	$\alpha_{\scriptscriptstyle \parallel}$	α_{2}	TIE _{max}
1	Е	40 200/	0.9374 - 1.0667	0.0249	0.0363	0.050
2	F	10 – 30%	0.9492 - 1.0535	0.0248	0.0364	0.050
1	Е	20 FE0/	0.9305 - 1.0747	0.0254	0.0357	0.050
2	F	30 – 55%	0.9350 - 1.0695	0.0259	0.0349	0.050



- EMA (Jan 2010)
 - Acceptable.
 - α_{adj} 0.0294 = 94.12% CI in *both* stages given as an example (*i.e.*, Potvin Method B preferred?)
 - "... there are many acceptable alternatives and the choice of how much alpha to spend at the interim analysis is at the company's discretion."
 - "... pre-specified ... adjusted significance levels to be used for each of the analyses."
 - Remarks
 - The TIE must be preserved. Especially important if "exotic" methods are applied.
 - Does the requirement of pre-specifying *both* alphas imply that α -spending functions or adaptive methods (where α_2 is based on the interim and/or the final sample size) are not acceptable?
 - TSDs are on the workplan of the EMA's Biostatistics Working Party for 2016...





- EMA Q&A Document Rev. 7 (Feb 2013)
 - The model for the combined analysis is (all effects fixed):

```
stage + sequence + sequence(stage) + subject(sequence × stage) +
period(stage) + formulation
```

- At least two subjects in the second stage.
- Remarks
 - None of the publications used sequence(stage);
 no poolability criterion combining is always allowed, even if a significant difference between stages is observed.
 Simulations performed by the BSWP or out of the blue?
 - Modification shown to be irrelevant (Karalis/Macheras 2014). Furthermore, no difference whether subjects are treated as a fixed or random term (unless PE >1.20). Requiring two subjects in the second stage is unnecessary.

```
library(Power2Stage)
power.2stage(method="B", CV=0.2, n1=12, theta0=1.25)$pBE
[1] 0.046262
power.2stage(method="B", CV=0.2, n1=12, theta0=1.25, min.n2=2)$pBE
[1] 0.046262
```



- Health Canada (May 2012)
 - Potvin Method C recommended.
- FDA
 - Potvin Method C / Montague Method D recommended (Davit et al. 2013).
- Russia (2013)
 - Acceptable; Potvin Method B preferred?





Futility Rules.

- Futility rules (for early stopping) do not inflate the TIE, but may deteriorate power.
 - State stopping criteria unambiguously in the protocol.
 - Simulations are mandatory in order to assess whether power is sufficient:
 - "Introduction of [...] futility rules may severely impact power in trials with sequential designs and under some circumstances such trials might be unethical."

 Fuglsang 2014
 - "[...] before using any of the methods [...], their operating characteristics should be evaluated for a range of values of n_1 , CV and true ratio of means that are of interest, in order to decide if the Type I error rate is controlled, the power is adequate and the potential maximum total sample size is not too great."

 Jones/Kenward 2014
 - Simulations uncomplicated with current software.
 - Finding a suitable α_{adj} and validating for TIE and power takes ~20 minutes with the R-package Power2Stage (open source).





Cost Analysis.

- Consider certain questions:
 - Is it possible to assume a best/worst-case scenario?
 - How large should the size of the first stage be?
 - How large is the expected average sample size in the second stage?
 - Which power can one expect in the first stage and the final analysis?
 - Will introduction of a futility criterion substantially decrease power?
 - Is there an unacceptable sample size penalty compared to a fixed sample design?





Cost Analysis.

- Example:
 - Expected CV 20%, target power is 80% for a GMR of 0.95.
 Comparison of a 'Type 1' TSD with a fixed sample design (n 20, 83.5% power).

n ₁	E[N]	Studies stopped in stage 1 (%)	Studies failed in stage 1 (%)	Power in stage 1 (%)	Studies in stage 2 (%)	Final power (%)	Increase of costs (%)
12	20.6	43.6	2.3	41.3	56.4	84.2	+2.9
14	20.0	55.6	3.0	52.4	44.5	85.0	+0.2
16	20.1	65.9	3.9	61.9	34.1	85.2	+0.3
18	20.6	74.3	5.0	69.3	25.7	85.5	+3.1
20	21.7	81.2	6.3	74.9	18.8	86.2	+8.4
22	23.0	87.2	7.3	79.8	12.8	87.0	+15.0
24	24.6	91.5	7.9	83.6	8.5	88.0	+22.9





Conclusions.

- Do not blindly follow guidelines.
 Some current recommendations may inflate the patient's risk and/or deteriorate power.
- Published frameworks can be applied without requiring the sponsor to perform own simulations – although they could further improve power based on additional assumptions.
- GSDs and TSDs are both ethical and economical alternatives to fixed sample designs.
- Recently the EMA's BSWP unofficially! expressed some concerns about the validity of methods based on simulations.
 More about that in the second presentation.





Outlook.

- Selecting a candidate formulation from a higher-order crossover; continue with 2×2×2 in the second stage.
- Continue a 2×2×2 TSD in a replicate design for reference-scaling.
- Fully adaptive methods (taking the PE of stage 1 into account without jeopardizing power).
- Exact methods (not relying on simulations).



Two-Stage Sequential Designs Industry Perspective



Thank You! Open Questions?



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