

Design of Randomized Phase II Clinical Trials with a Potential Predictive Biomarker

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Phase II trials are designed to decide whether to take an experimental therapy to a definitive phase III trial.

Possible phase III trial designs with the possibility of using a biomarker

(1) Enrichment design

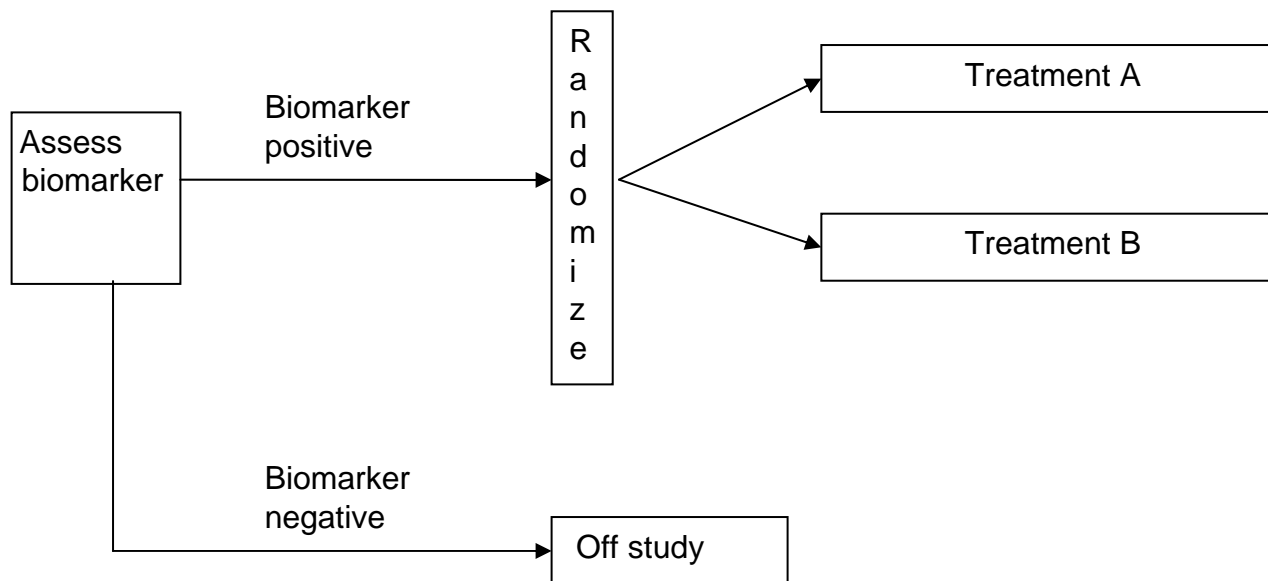
(2) Biomarker stratified design

(3) Standard phase III design ignoring the biomarker

(4) Biomarker strategy design

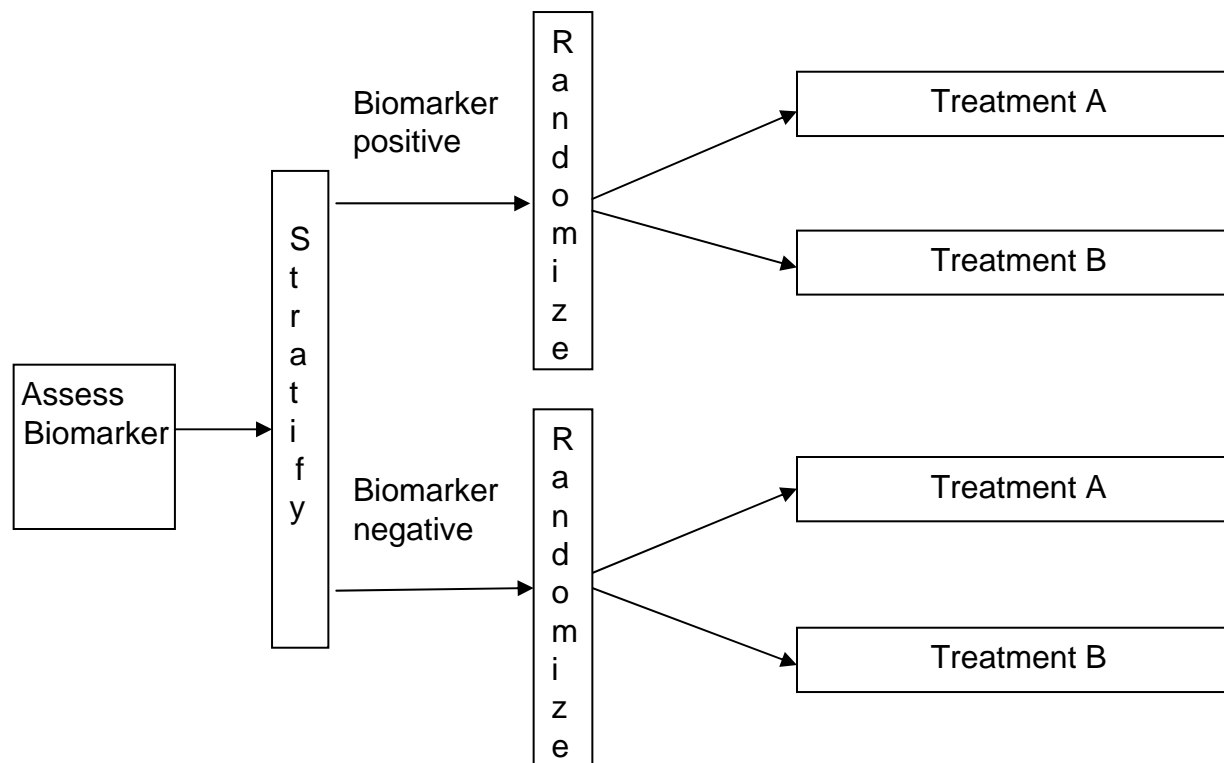
Possible phase III trial designs with a biomarker

(1) Enrichment design



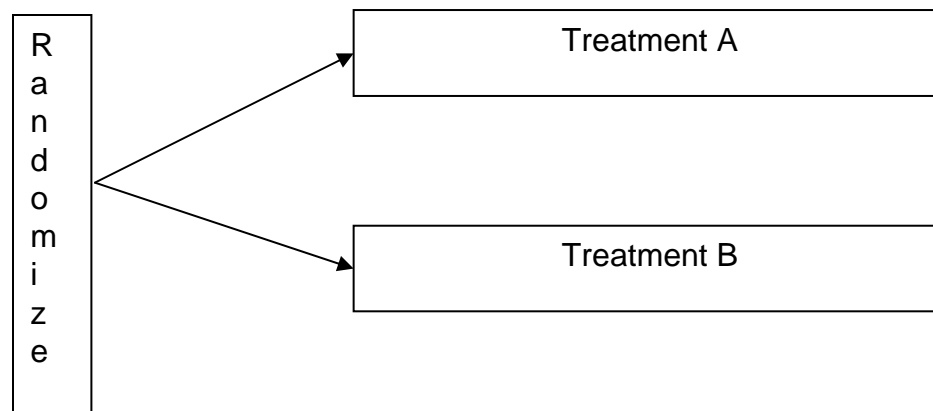
Possible phase III trial designs with a biomarker

(2) Biomarker stratified design



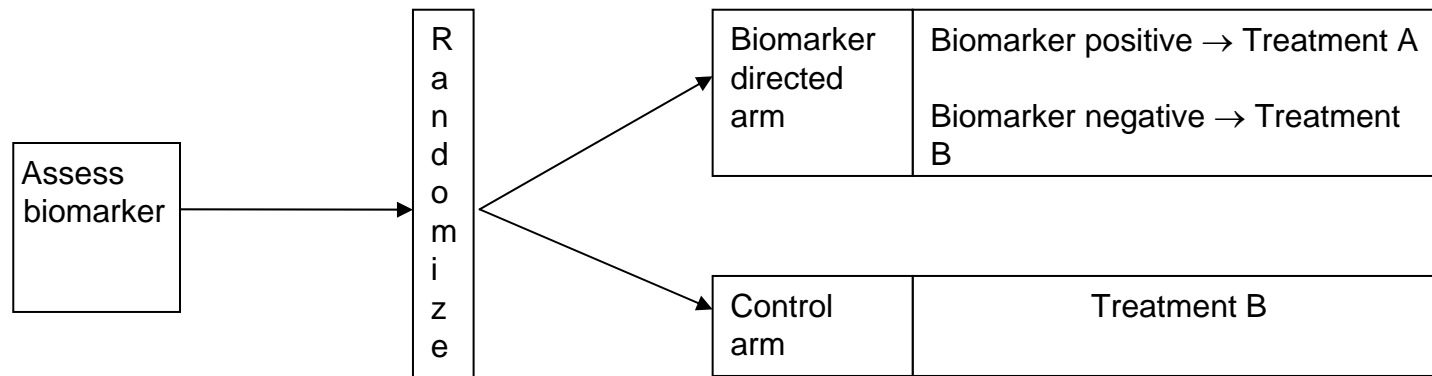
Possible phase III trial designs with a biomarker

(3) Standard phase III design ignoring the biomarker



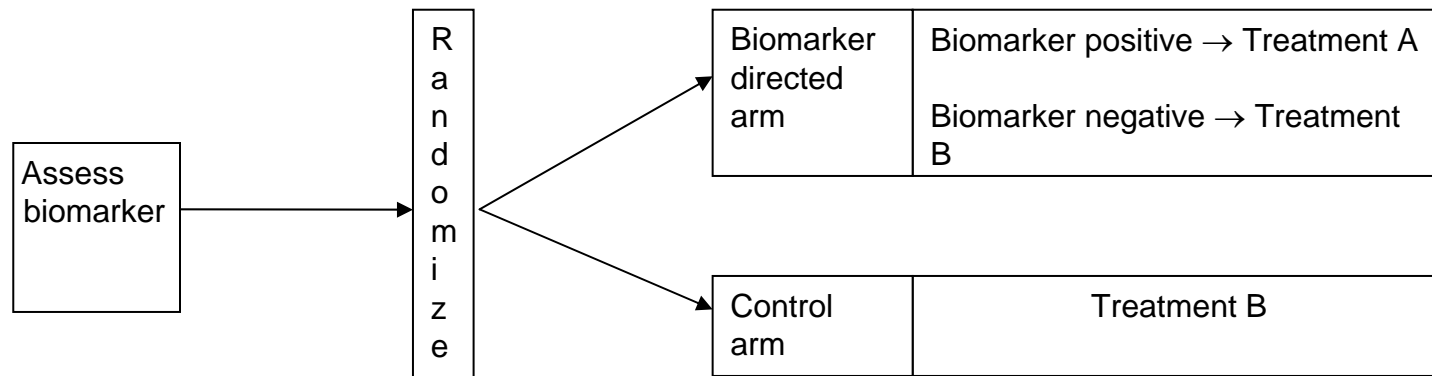
Possible phase III trial designs with a biomarker

(4) Biomarker-strategy design



Possible phase III trial designs with a biomarker

(4) Biomarker-strategy design –Not Generally Recommended



Proposed randomized phase II trial design with a biomarker:

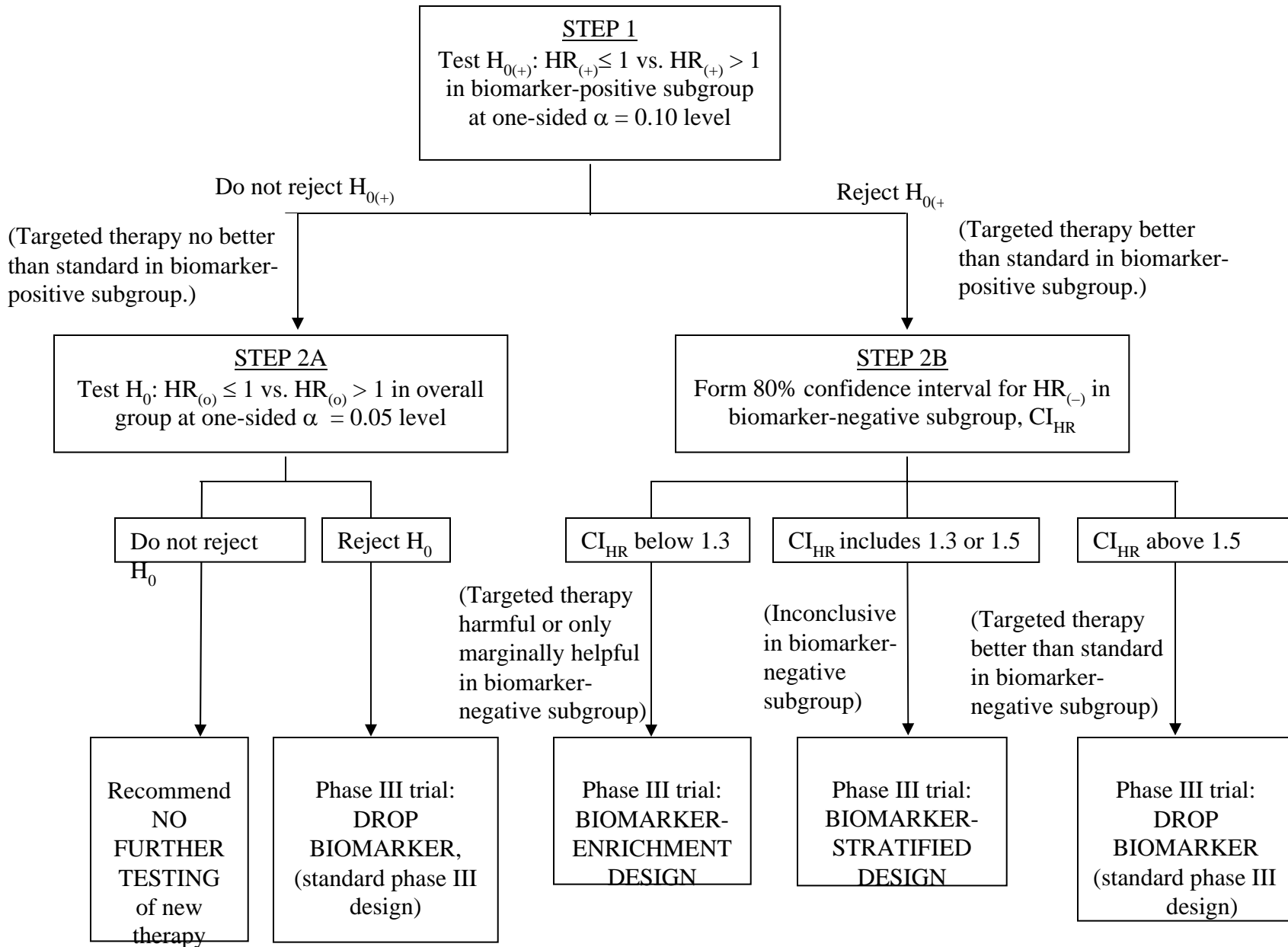
Possible recommendations for the phase III trial after completing the phase II trial

- (1) Enrichment design
- (2) Biomarker stratified design
- (3) Standard phase III design ignoring the biomarker
- (4) No further testing of new therapy

When designing a phase II trial, one needs to have a target efficacy of the treatment in mind.

We will use a target of a hazard ratio of 2.0 in the biomarker-positive subgroup.

This approximately corresponds to a doubling of the median progression-free survivals.



Simulations

Trial designed to detect a doubling of the median PFS in the biomarker subgroup (hazard ratio=2) with 90% power at the one-sided 10% significance level

Trial requires 56 PFS events in the biomarker-positive subgroup.

Approximate sample sizes=70 biomarker-positive patients
140 biomarker-negative patients

Simulated 50,000 trials.

Biomarker Subgroup

<u>Positive</u>			<u>Negative</u>		
Expt Tx.	Control		Expt Tx.	Control	
Median	Median	HR	Median	Median	HR
4	4	1.0	4	4	1.0

Probability of recommendations for phase III trial design

Enrichment Design	6%
Biomarker-stratified design	4%
No biomarker (standard phase III)	3%
No further testing	87%

Biomarker Subgroup

<u>Positive</u>			<u>Negative</u>		
Expt Tx.	Control		Expt Tx.	Control	
Median	Median	HR	Median	Median	HR
8	4	2.0	4	4	1.0

Probability of recommendations for phase III trial design

Enrichment Design	53%
Biomarker-stratified design	36%
No biomarker (standard phase III)	1%
No further testing	10%

Biomarker Subgroup

<u>Positive</u>			<u>Negative</u>		
Expt Tx.	Control		Expt Tx.	Control	
Median	Median	HR	Median	Median	HR
6	4	1.5	6	4	1.5

Probability of recommendations for phase III trial design

Enrichment Design	1%
Biomarker-stratified design	52%
No biomarker (standard phase III)	38%
No further testing	10%

Biomarker Subgroup

<u>Positive</u>			<u>Negative</u>		
Expt Tx.	Control		Expt Tx.	Control	
Median	Median	HR	Median	Median	HR
7	4	1.75	7	4	1.75

Probability of recommendations for phase III trial design

Enrichment Design	<1%
Biomarker-stratified design	51%
No biomarker (standard phase III)	48%
No further testing	1%

Biomarker Subgroup

<u>Positive</u>			<u>Negative</u>		
Expt Tx.	Control		Expt Tx.	Control	
Median	Median	HR	Median	Median	HR
8	4	2	6	4	1.5

Probability of recommendations for phase III trial design

Enrichment Design	2%
Biomarker-stratified design	79%
No biomarker (standard phase III)	18%
No further testing	2%

Biomarker Subgroup

<u>Positive</u>			<u>Negative</u>		
Expt Tx.	Control		Expt Tx.	Control	
Median	Median	HR	Median	Median	HR
7	4	1.75	3	4	0.75

Probability of recommendations for phase III trial design

Enrichment Design	76%
Biomarker-stratified design	2%
No biomarker (standard phase III)	<1%
No further testing	22%

Biomarker Subgroup

<u>Positive</u>			<u>Negative</u>		
Expt Tx.	Control		Expt Tx.	Control	
Median	Median	HR	Median	Median	HR
6	6	1.0	4	4	1.0

Probability of recommendations for phase III trial design

Enrichment Design	6%
Biomarker-stratified design	4%
No biomarker (standard phase III)	2%
No further testing	87%

Summary

It is possible to design a randomized phase II trial with a biomarker and a *reasonable sample size*, to help determine what type of biomarker phase III trial design to use.

References and collaborators

Freidlin, McShane, Polley, and Korn (2012), Randomized phase II trial designs with biomarkers. *Journal of Clinical Oncology* 30:3304-3309

Freidlin, McShane and Korn (2010), Randomized clinical trials with biomarkers: design issues. *Journal of the National Cancer Institute* 102:152-160