

Biostatistical Considerations: Biologics and Biomarkers in Oncology

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No Relationships to Disclose

September 30, 2010



Outline

① The Unaccountable Persistence of the 3 + 3 Design

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- ① The Unaccountable Persistence of the 3 + 3 Design
- ② Alternatives to Escalation on Toxicity

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- ② Alternatives to Escalation on Toxicity
- ③ Caveats and Unsolicited Advice

Traditional Cytotoxic Development Paradigm

- Phase 1: Characterize Safety

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 - 3 + 3

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3 + 3 Design for Dose Escalation on Toxicity

- Treat 3 patients at a low (lowest) dose

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- RP2D is highest dose with ≤ 1 DLT/6 patients

Why Trialists Like $3 + 3$

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- (Should be) easy to execute
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- Appearance of prudence

Unavoidable Limitations of 3 + 3

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 - 95% exact 1-sided CI for 1 DLTs in 6 patients: (0,0.58)

Effective Use of 3 + 3

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- Eliminate extremely toxic doses,
- Not choose between doses that are not extremely toxic

Possible Non-Cytotoxic Developmental Contexts

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Possible Non-Cytotoxic Developmental Contexts

- Biological therapy highly likely to be very low in toxicity
- Biological therapy unlikely to have increasing toxicity with increasing dose
- Addition of a component to a known therapy intended to reduce toxicity and, possibly, increase efficacy

Why Not Use 3 + 3 in the Non-Cytotoxic Context?

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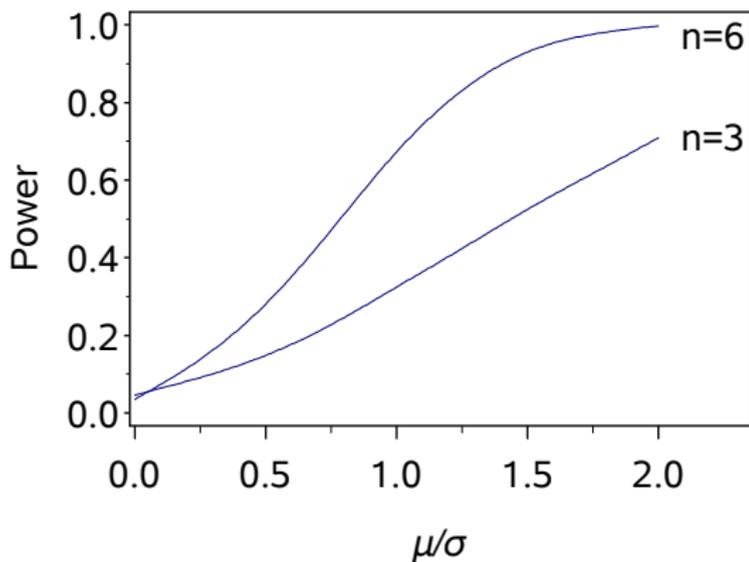
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- Monitoring toxicity is different from escalating on toxicity
- If toxicity is low, escalation will just move to highest dose
- Highest dose may not be best dose
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- Cohort sizes of 3 and 6 are often too small to be useful for the most relevant objectives

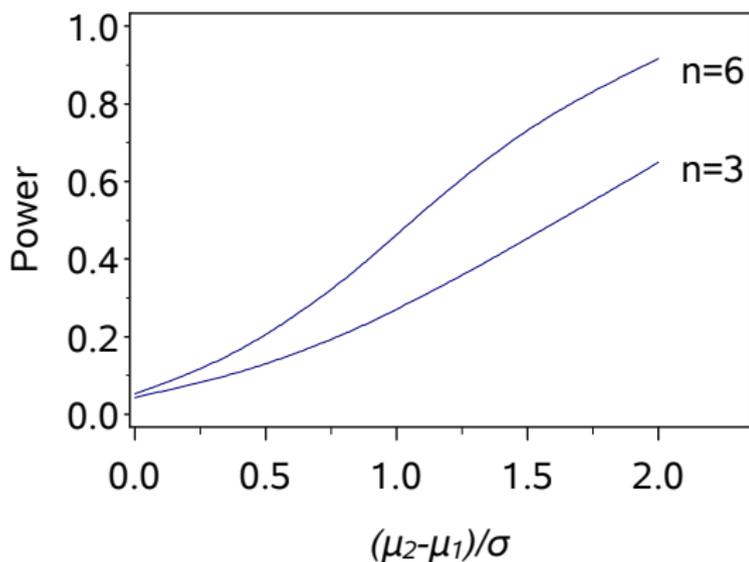
Testing Biomarker Endpoints Between 3 + 3 Cohorts

- Test $H_0 : \mu = 0$, one-sided, $\alpha = 0.05$



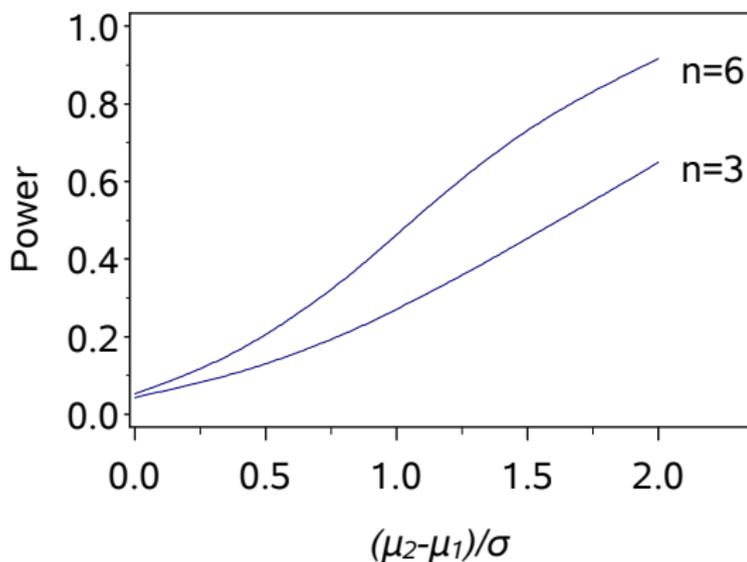
Testing Biomarker Endpoints Between 3 + 3 Cohorts

- Test $H_0 : \mu_1 = \mu_2$, 1-sided, $\alpha = 0.05$



Testing Biomarker Endpoints Between 3 + 3 Cohorts

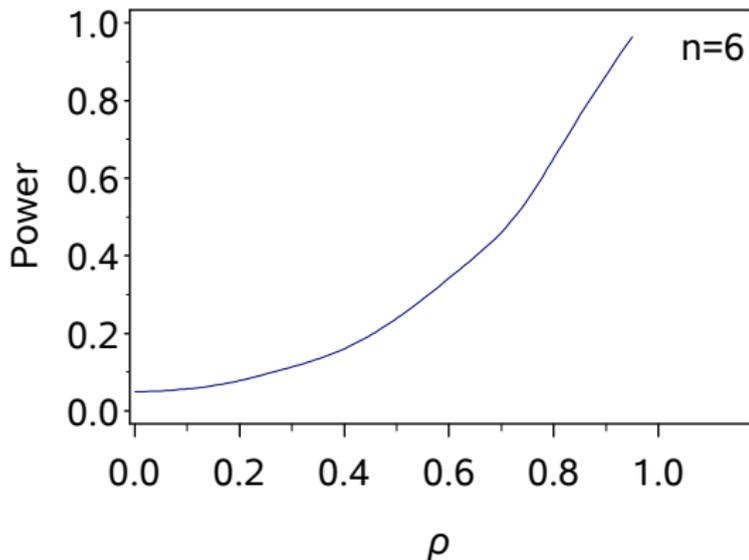
- Test $H_0 : \mu_1 = \mu_2$, 1-sided, $\alpha = 0.05$



- Power for $\pi = 0.3$ versus $\pi = 0.05$ (1-sided, $\alpha = 0.05$) is 0.18

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Expansion Cohort?

- No provision for incorporation of expansion cohort safety responses into estimate of RP2D

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- High probability of expansion at suboptimal dose

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- High probability of expansion at suboptimal dose
- Maximal (at $p = 0.5$) 95% exact two-sided binomial confidence interval based on 12 patients: (0.21,0.79)

Problem in a Nutshell

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- Eliminating grossly toxic doses is not always the primary objective
- Three or six participants per arm is insufficient for decision making other than eliminating grossly toxic doses
- *Escalation* on toxicity produces poor operating characteristics when the probability of toxicity is very low or a monotonic dose-toxicity relationship is unlikely

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Criteria for Early Phase Trials of Non-Cytotoxics

- Safe enough

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- Feasible number of participants

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- Informative concerning primary endpoint

Alternative Objectives In Early Phase Combination Therapy Studies

- Proof of principle

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- Identify sources of variability in biomarker assessments

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- Eliminate biologically ineffective doses from further consideration

Alternative Objectives In Early Phase Combination Therapy Studies

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- Identify sources of variability in biomarker assessments
- Estimate biologically effective doses
- Eliminate biologically ineffective doses from further consideration
- Assess relationships between markers at biologically effective doses

Scenario 1: Autologous Tumor Cell Vaccine

- Non-cytotoxic characteristic

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 - Characterize immunological response
 - Establish immunological response at highest dose

Scenario 1: Autologous Tumor Cell Vaccine

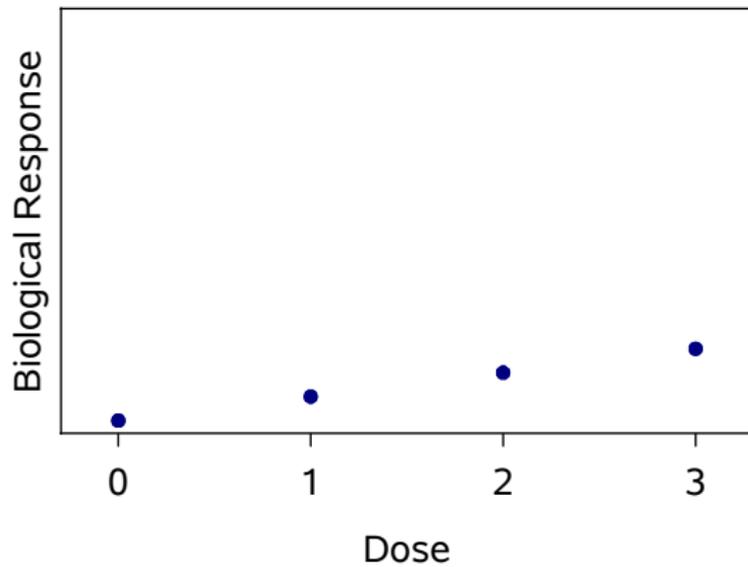
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- Objectives
 - Characterize immunological response
 - Establish immunological response at highest dose
 - Determine if lower doses also induce response
 - Monitor toxicity

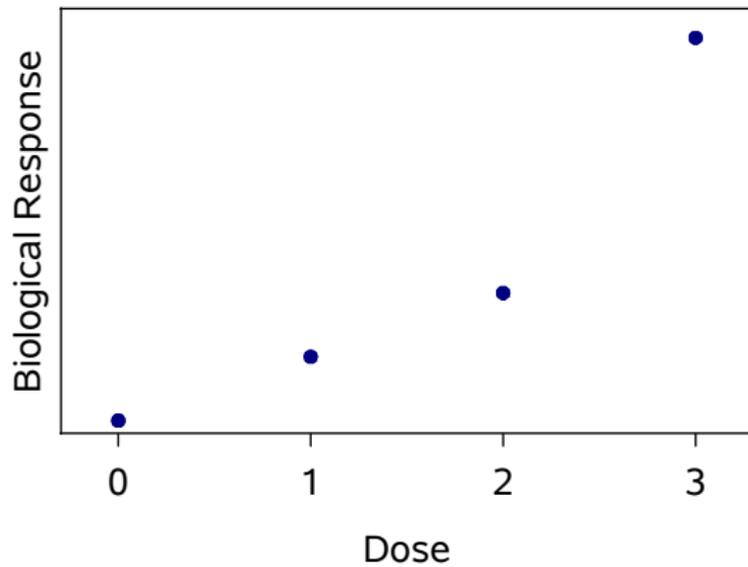
Dose Preference

- No dose is effective



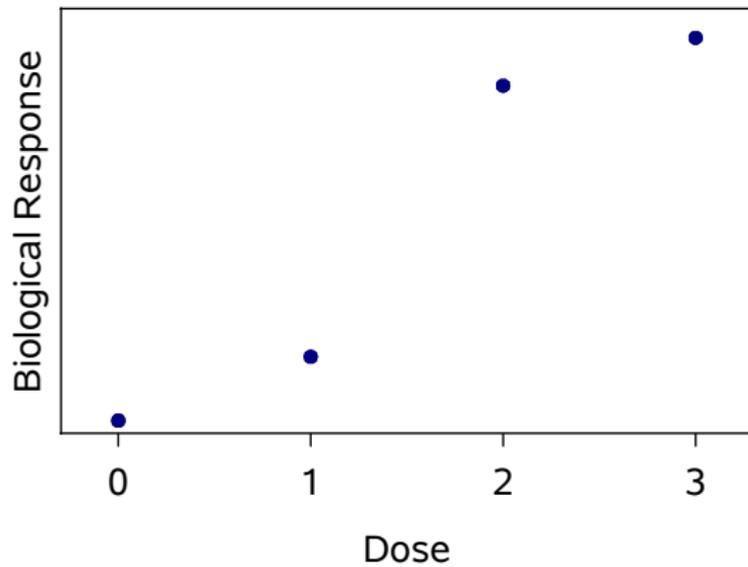
Dose Preference

- Prefer Dose 3



Dose Preference

- Prefer Dose 2



Goals

- Establish immunologic activity at highest dose

Goals

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- Determine if lower doses are as effective as highest dose

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- Establish immunologic activity at highest dose
- Determine if lower doses are as effective as highest dose
- Avoid ineffective doses

Goals

- Establish immunologic activity at highest dose
- Determine if lower doses are as effective as highest dose
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- Monitor toxicity

Simple Randomized Trial

- Global stopping rule for toxicity

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- Equal allocation of participants to dosing arms

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Simple Randomized Trial

- Global stopping rule for toxicity
- Equal allocation of participants to dosing arms
- No choice of dose until trial ends
- Inefficient if some doses are similar or highest dose is ineffective
- Too many participants?

Two- (or Three-) Stage Randomized Trial with Continual Monitoring (Adapted from Su, 2010)

- Global stopping rule for toxicity

Two- (or Three-) Stage Randomized Trial with Continual Monitoring (Adapted from Su, 2010)

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- Start by establishing response at highest dose

Two- (or Three-) Stage Randomized Trial with Continual Monitoring (Adapted from Su, 2010)

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- Stop trial if response to highest dose is not significant

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- Once activity is established at highest dose, add randomization to lower dose
- Interim analysis (frequentist), or continual assessment (Bayesian) comparing doses
- If lower dose is not as effective, stop, otherwise, choose lower dose as minimal biologically effective or lower the dose further and repeat

Two-Stage Design, Example 1

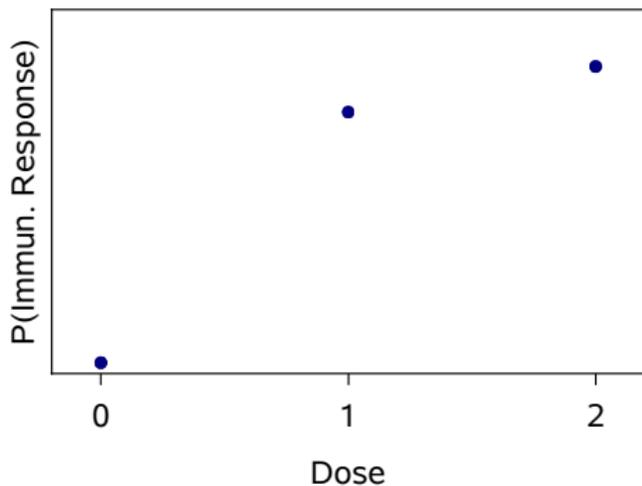
- Two doses

Two-Stage Design, Example 1

- Two doses
- Classify immunologic response (\pm)

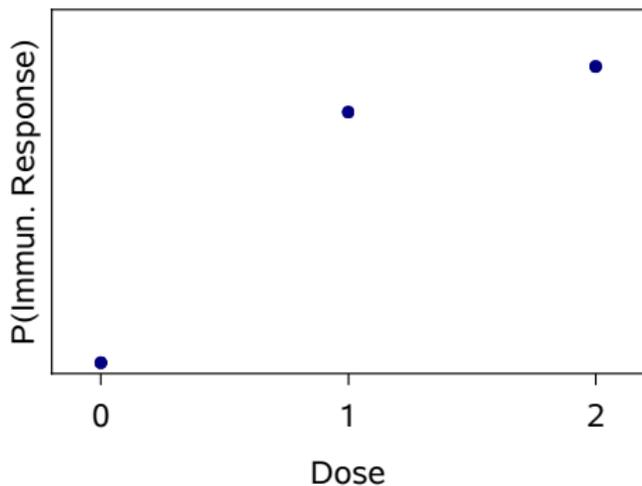
Two-Stage Design, Example 1

- Two doses
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- True probability of response:



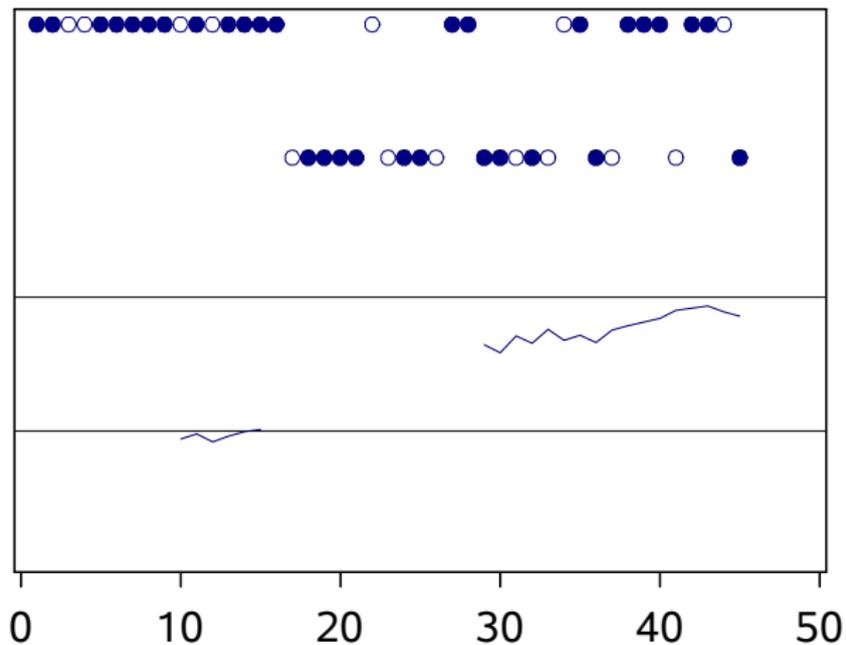
Two-Stage Design, Example 1

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- Classify immunologic response (\pm)
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- Dose 1 is preferred

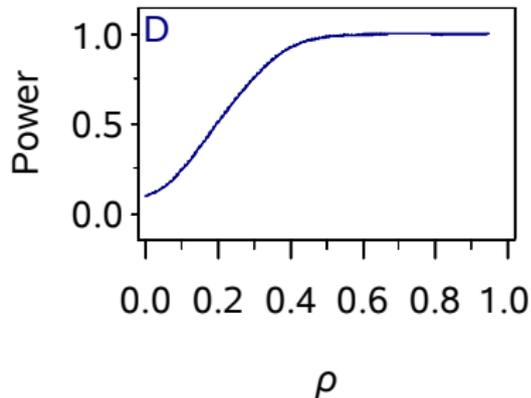
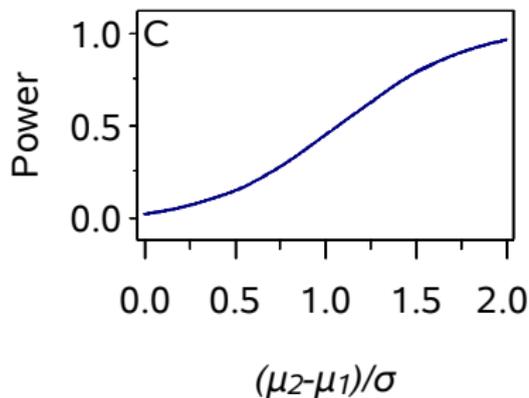
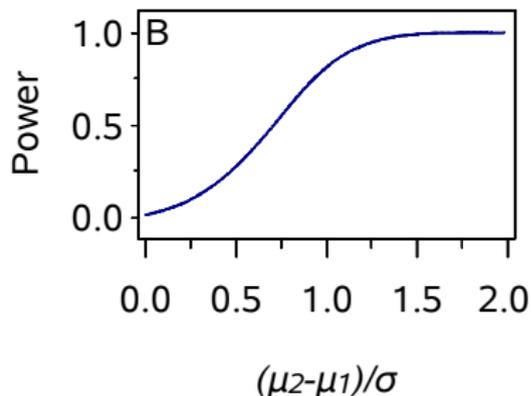
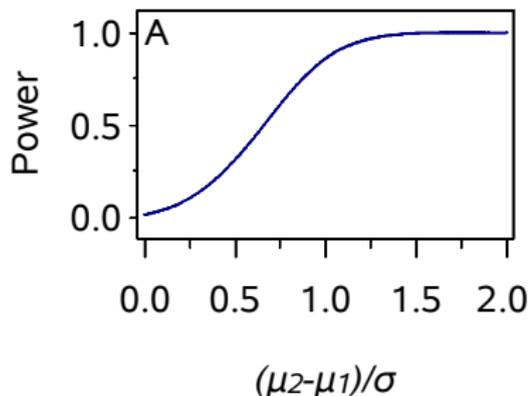
Two-Stage Design, Example 1



Two-Stage Design, Example 1

	# Resp / # Trt	\hat{p}	90% CI
High	20/27	0.74	(0.57,0.87)
Low	11/17	0.65	(0.42,0.83)

Two-Stage Design, Example 1



Two-Stage Design, Example 2

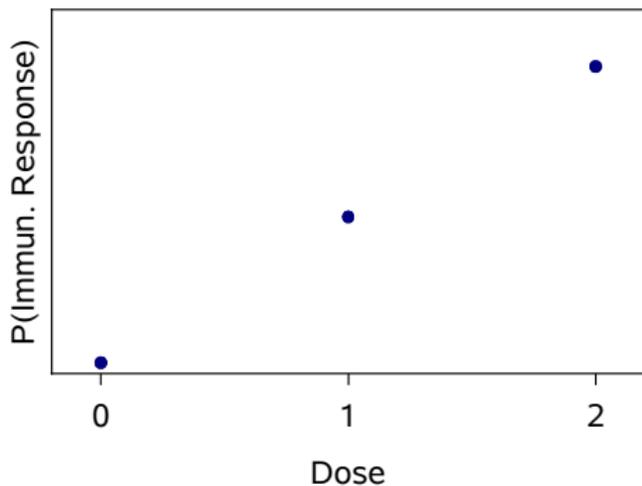
- Two doses

Two-Stage Design, Example 2

- Two doses
- Classify immunologic response (\pm)

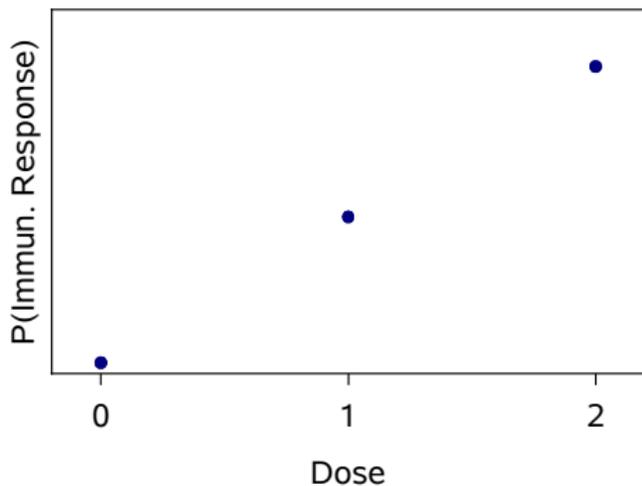
Two-Stage Design, Example 2

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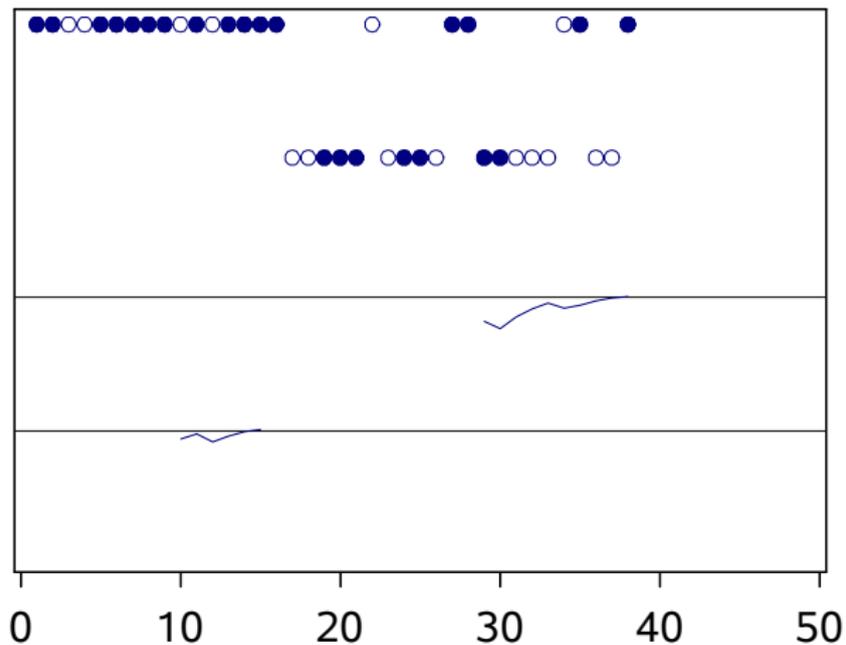
Two-Stage Design, Example 2

- Two doses
- Classify immunologic response (\pm)
- True probability of response:



- Dose 2 is preferred

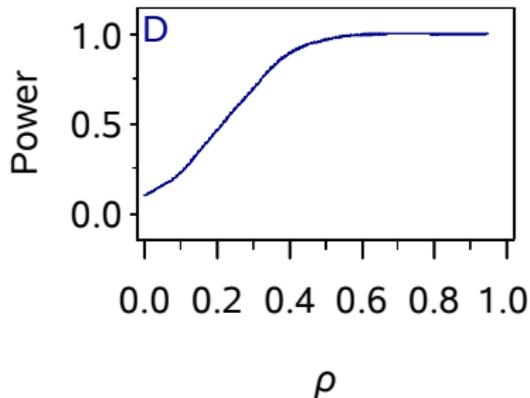
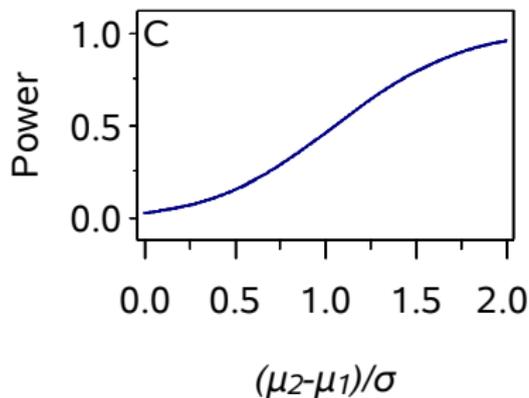
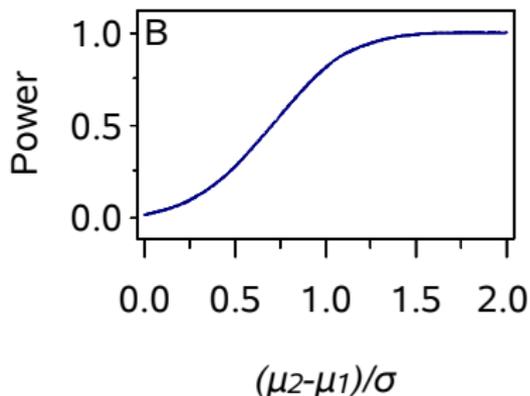
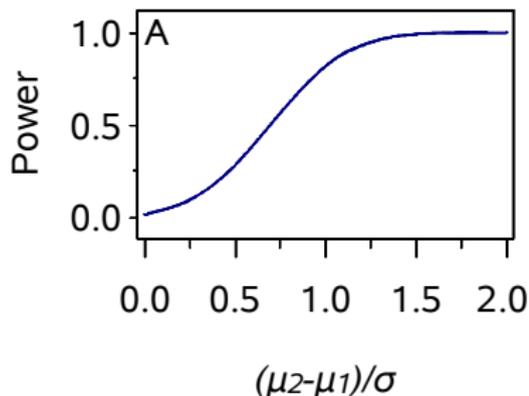
Two-Stage Design, Example 2



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	# Resp / # Trt	\hat{p}	90% CI
High	16/22	0.73	(0.53,0.87)
Low	7/16	0.44	(0.23,0.67)

Two-Stage Design, Example 2



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- Include control arm (IL-2 only) to verify number of doses can be increased

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- Accrual goal: 50 participants randomized to four doses (including control)

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Why Do We Persist In Undersizing Studies?

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- Institutional pressure to produce trial results quickly

Why Do We Persist In Undersizing Studies?

Judgment under Uncertainty: Heuristics and Biases

Biases in judgments reveal some heuristics of
thinking under uncertainty.

Amos Tversky and Daniel Kahneman

Many decisions are based on beliefs concerning the likelihood of uncertain events such as the outcome of an election, the guilt of a defendant, or the future value of the dollar. These beliefs are usually expressed in statements such as "I think that . . .," "chances are . . .," "it is unlikely that . . .," and so forth. Occasionally, beliefs concerning uncertain events are expressed in numerical form as odds or subjective probabilities. What determines such be-

liefs when visibility is good because the objects are seen sharply. Thus, the reliance on clarity as an indication of distance leads to common biases. Such biases are also found in the intuitive judgment of probability. This article describes three heuristics that are employed to assess probabilities and to predict values. Biases to which these heuristics lead are enumerated, and the applied and theoretical implications of these observations are discussed.

occupation from a list of possibilities (for example, farmer, salesman, airline pilot, librarian, or physician)? How do people order these occupations from most to least likely? In the representativeness heuristic, the probability that Steve is a librarian, for example, is assessed by the degree to which he is representative of, or similar to, the stereotype of a librarian. Indeed, research with problems of this type has shown that people order the occupations by probability and by similarity in exactly the same way (*1*). This approach to the judgment of probability leads to serious errors, because similarity, or representativeness, is not influenced by several factors that should affect judgments of probability.

Insensitivity to prior probability of outcomes. One of the factors that have no effect on representativeness but should have a major effect on probability is the prior probability, or base-rate frequency, of the outcomes. In the case of Steve, for example, the fact that there are many more farmers than librarians in the population should enter into any reasonable estimate of the probability that Steve is a librarian.

- Tversky & Kahneman, *Science* 1974
- We use heuristics that tend to overweight the evidence from the first few data points in a series

Novel Designs are Difficult

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- Consensus on primary objectives

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- Larger trials are difficult for young investigators

Adaptive Trials are Not Magic

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Adaptive Trials are Not Magic

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- Data management and analysis must be prompt
- Comparisons of results from trials with different designs is challenging

Can't We All Just Get Along?

- Use development process to determine the primary objective

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- Realistically power the study to achieve primary objective

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- Assess all the relevant operating characteristics of a given design
- Employ novel designs if we really think they will help
- Mutually engage bench scientists, trialists and statisticians during design, implementation and analysis

Acknowledgements and Support

- Heidi Weiss
- Charity Moore
- Bill Gooding
- Mike Lotze
- NIH/NCI R01CA148713