

Key factors in trial design

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.....with thanks to Dr Wendy Baird and Prof Will Steward



Maximising Chance of Success

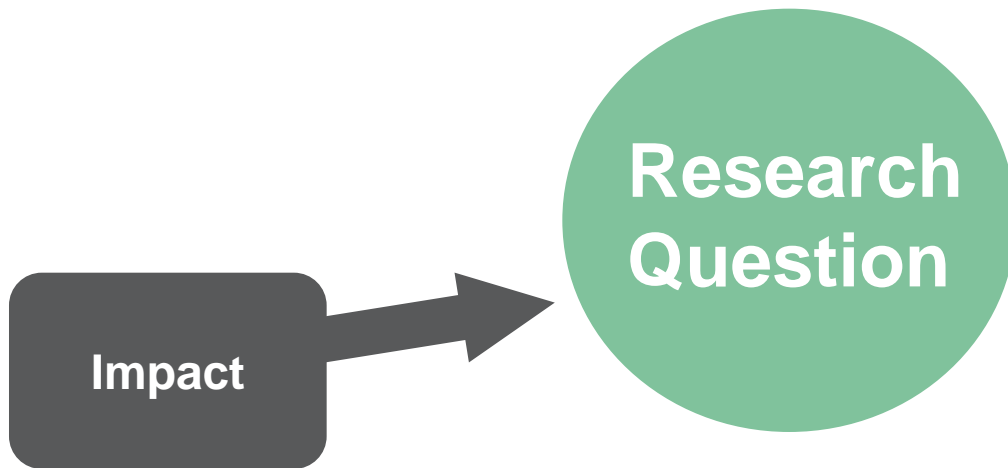
- **Ensure questions meaningful**
 - if not, trial will have little/no value
 - Drives interest of investigators/patients
- **Think through the questions to be answered**
 - Formulate specific aims/trial objectives
 - Integrate potential investigators/teams in the development of questions/objectives
- **Decide on biological endpoints and their value early during development of trial**
 - Integrated, integral or correlative?

Understand the Setting

- **The key questions**
 - how much, how safe, how active, how effective?
 - vary depending on the phase of development
 - Understand which questions are appropriate for each stage of development
 - Recognize that some questions bridge stages

- **Tailor the design of the trial to the therapy**
 - The standard approach is not the only approach
 - Design a trial that incorporates – or is even *built around* - measurements best suited to capture the effect of *that* therapy





1. Impact

- **Low risk strategy** (incremental advance) e.g. Combining existing therapies

If it is too modest (low-risk):

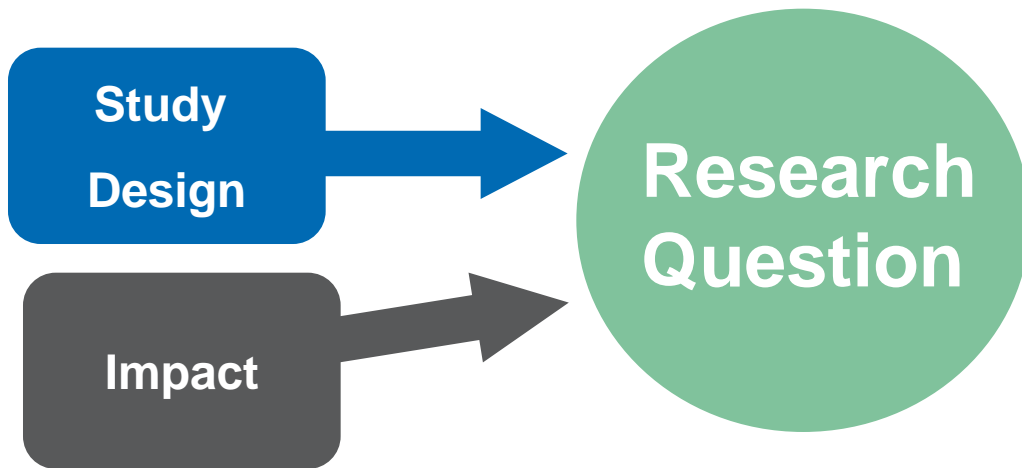
- Will anyone be interested?
- Does it justify use of resources?

- **High risk strategy** (breakthrough, paradigm changing advance) e.g. replacing standard therapy with new agent (imatinib in CML or GIST)

If it is too innovative (high-risk):

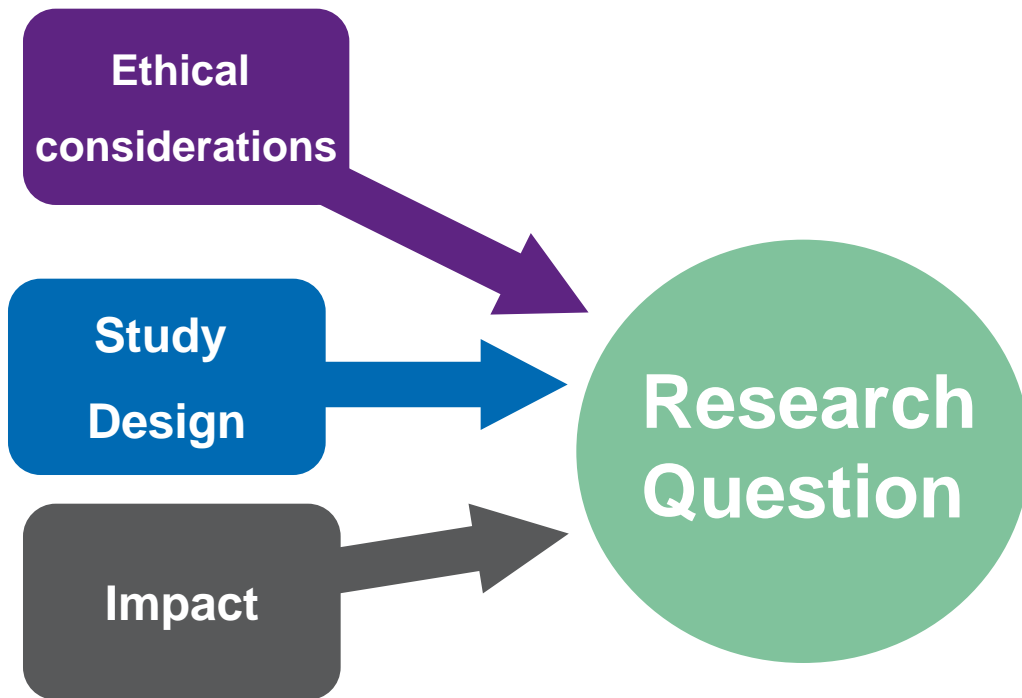
- Will anyone understand and want to participate?
- Put yourself in the place of a colleague who knows nothing about the background of the trial:
 - Would you participate?
 - If so, with what level of enthusiasm?





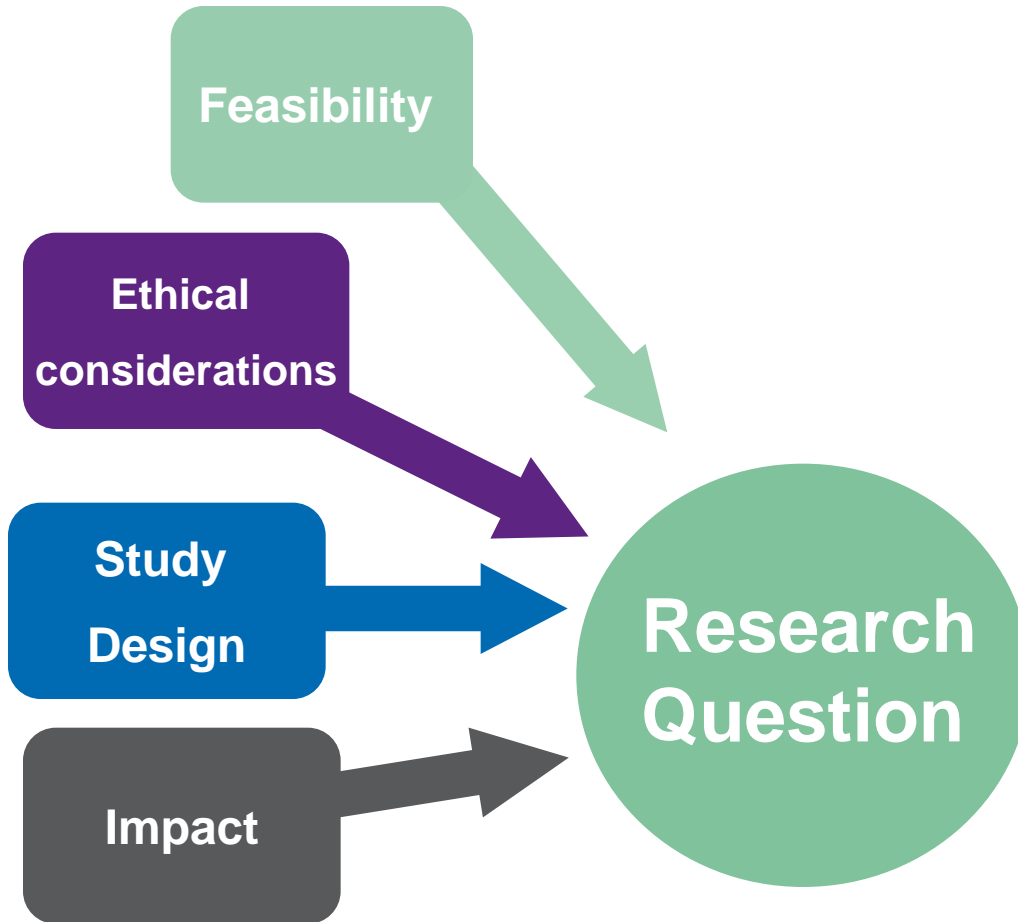
2. Study design

- **Research approach** (qualitative, quantitative or mixed methods)
- **Study population** (define, inclusion/exclusion criteria, sub-groups)
- **Intervention** (define intervention and comparator)
- **Data collection** (volume of data and collection methods)
- **Data analysis** (meta-analysis, homogeneous, type of study, presentation of results)
- **Appropriate primary endpoint** (PFS, OS)



3. Ethical Considerations

- **NHS patients, data or premises**
- **Vulnerable participants**
- **Highly sensitive topics**
- **Highly sensitive methods**
- **Patient burden**
- **Human Tissue Act**



4. Is the study feasible?

- **Scientifically?**

- Are the clinical and biological endpoints valid, reliable, and appropriate?

- **Pragmatically?**

- Is it reasonable to expect that the RR will double or that the relapse rate will be reduced to zero?
- A question that is relevant today may not remain relevant if the study takes 10 years to complete
- Do you have access to an adequate number of patients to complete the trial in a reasonable period of time?
- Do you have the time to devote to all aspects of study development, recruitment and completion?

- **Financially?**

- Who will pay for extra tests, data collection, and follow-up?

- **Ethically?**

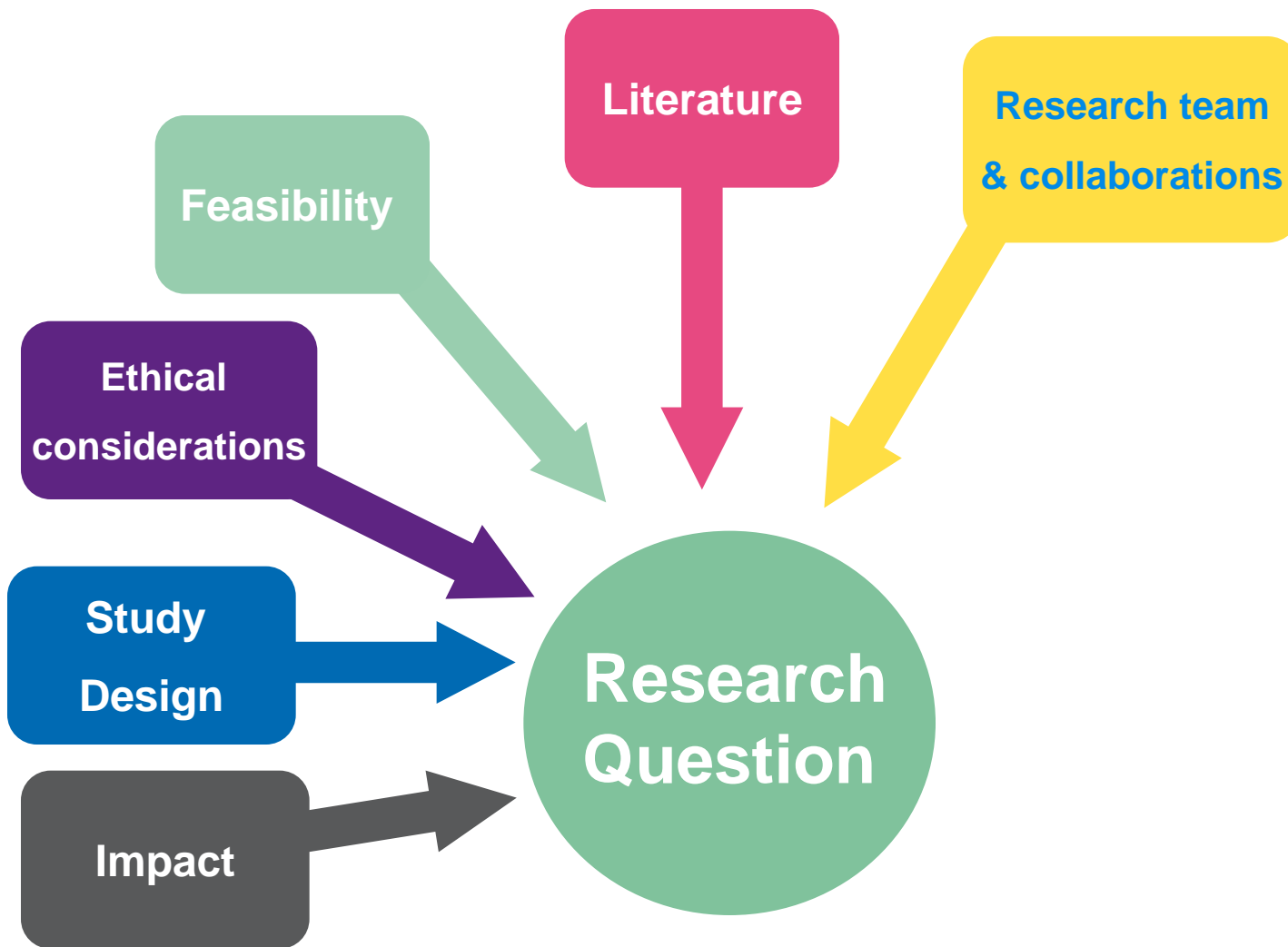
- Are you asking patients to forego “effective” treatment to participate in your trial?





5. A literature review will help...

- **Establish how good the pre-clinical data is**
- **Demonstrate a research need/ gap**
- **Find similar study designs approaches to help demonstrate feasibility/ expected outcomes**
- **Further develop the research question**



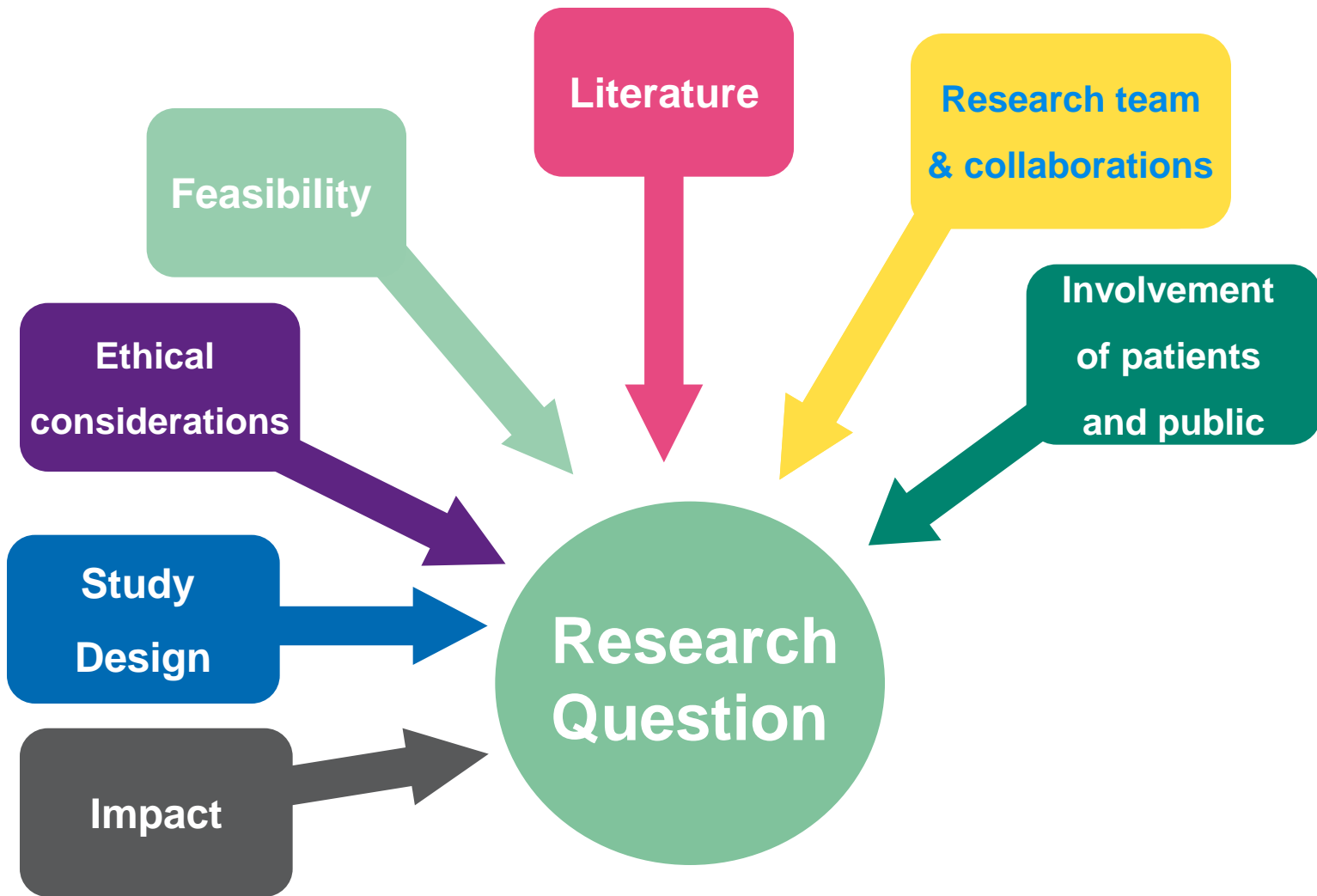
6. Research team and collaborations

- Integrate potential investigators/ teams in the development of questions and study objectives
- Ensure centres have experience and track record of quality
- Seek support from other departments early:
 - Surgery
 - Radiology
 - Research nurses
 - Statisticians
 - Data managers
 - Pathology
 - Laboratories or Clinicians

6. Research team

In your Grant application you should highlight:

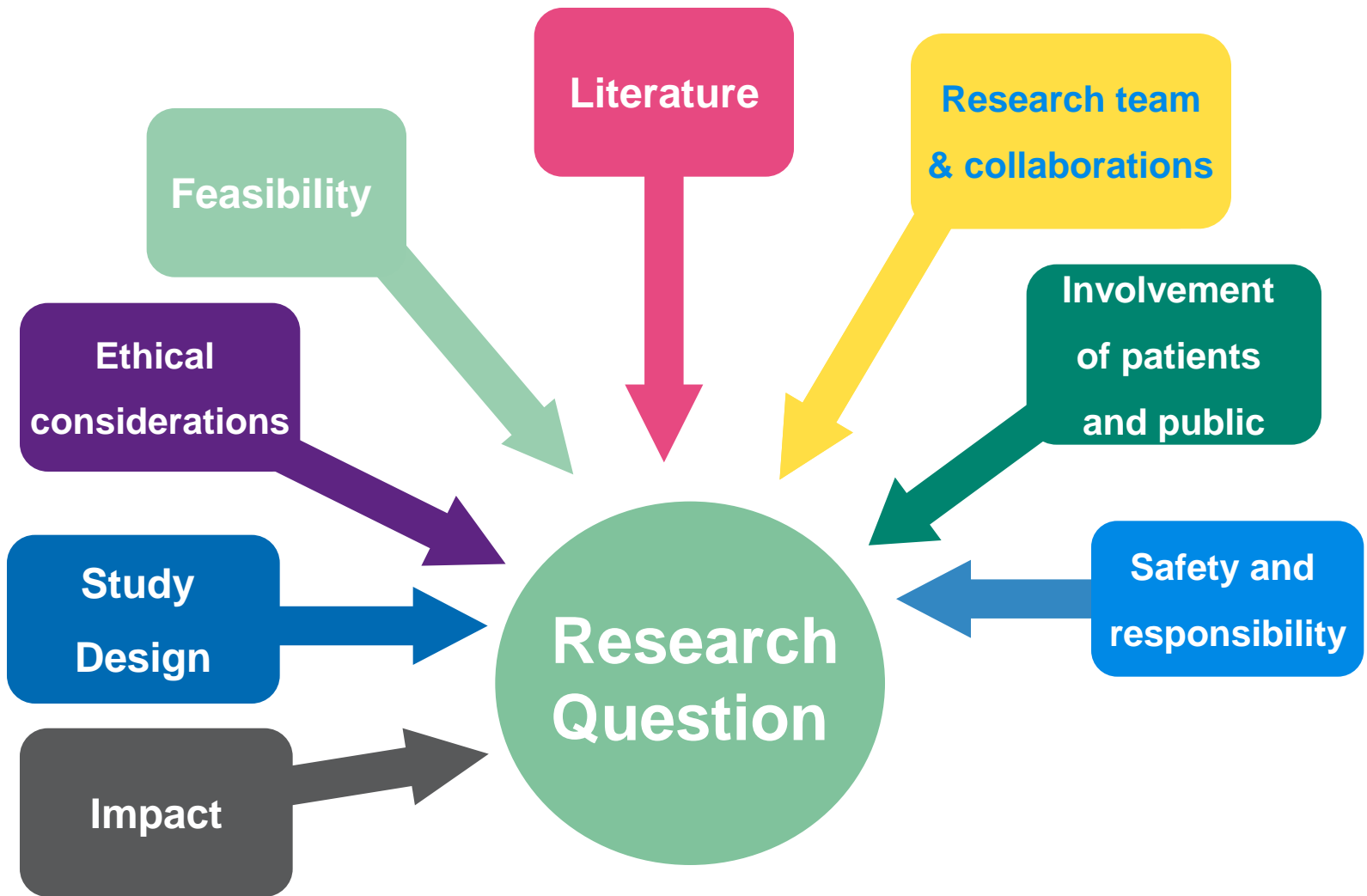
- Relevant skills and experience of the team that make them well placed to carry out the work
- ensure all components of the project have an appropriate person listed to complete the work
- ‘sell’ previous experience, such as working on other research projects
- if you have limited experience of running research then emphasise links with organisations that will guide you through – R&D, CTU, NIHR networks



7. Involvement of patients and public

In your Grant application you should highlight where patients and public have been involved with:

- Design of the research
- management of the research (e.g. steering group membership)
- developing participant information resources
- undertaking/analysing the research (e.g. member of the research team)
- contributing to the drafting of the study report
- dissemination of the research



8. Safety and responsibility

- Don't underestimate adverse event reporting
- Ensure training of teams for data processing
- Inform the patient
- Establish a process to report toxicity
- Ensure data timeliness

Sponsor's responsibilities

- Submission of SAEs as reported by the investigator
- Assessment of expectedness (SUSAR)
- Reporting SUSARs to Authorities
- Annual safety reports

Investigator's responsibilities

- Causality of AEs
- Reporting all adverse events in the source documents and CRFs
- Reporting SAEs within time period specified in the protocol
- Notifying Ethics committee

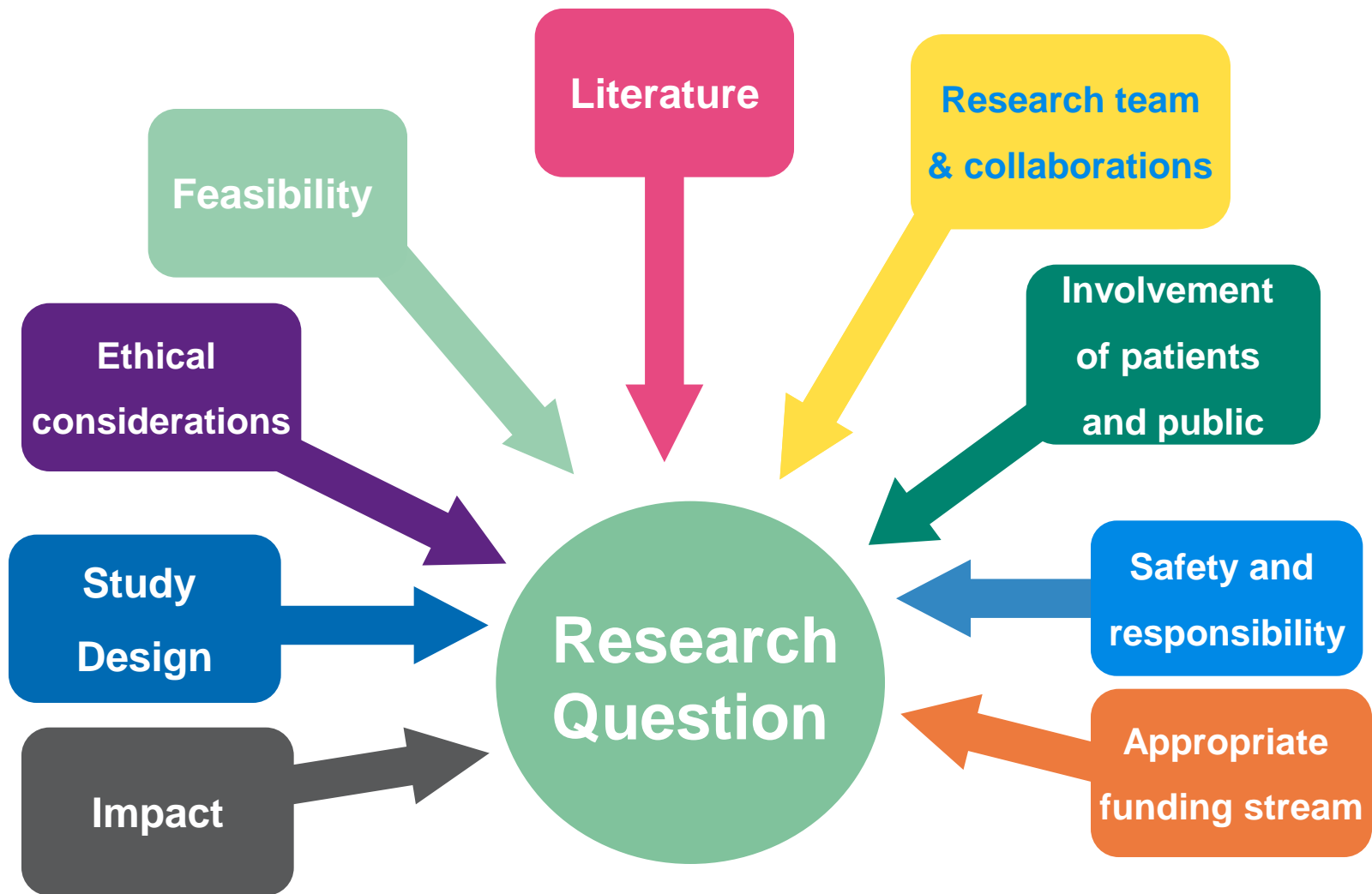


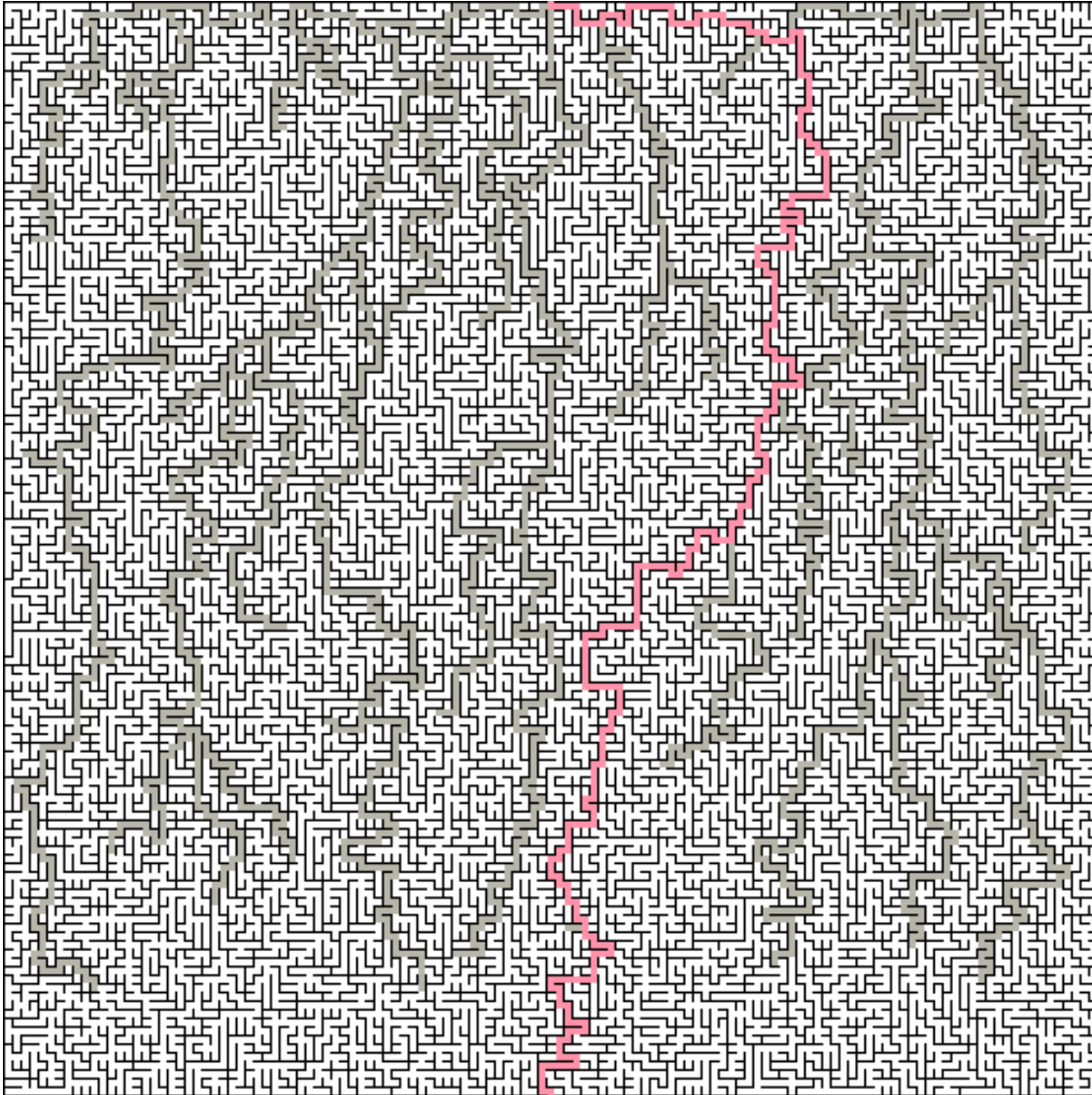
Figure courtesy of Dr Wendy Baird – NIHR Research Design Service - 2013

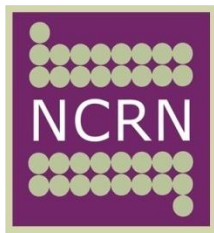
9. Appropriate funding streams

- Ensure your research question is within scope of the funding stream you are applying to
- If you are unsure ask *before* submitting an application
- Seek advice and support:
 - Internal review
 - NCRI Clinical Studies Groups
 - Biomarker and Imaging Advisory Group
 - Speak to funders (e.g. CDD)



How to find our way through the biomarker maze?





**National Institute for
Health Research**

Cancer Research Network

NCRI Biomarkers and Imaging CSG

- **To promote high quality translational (correlative) science within the NCRN portfolio of clinical trials in cancer through the following activities**
- ***Identifying and monitoring strengths, weaknesses, opportunities and barriers***
- ***Methodology harmonisation, design of generic protocols and education***
- ***Interactions with tumour specific Clinical Studies Groups***



*National Institute for
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BICSG Work-Streams

- **Imaging integration and harmonisation (Fiona Gilbert)**
- **Biomarker technologies and applications (Craig Robson)**
- **Bioinformatics and biostatistics in biomarker study design (Expert Working Group)**
- **Education in biomarkers and personalised medicines**

Categories of Biomarkers

- **Intended Use in the Trial**
 - Integral
 - Integrated
 - Correlative
 - See definitions at <http://biqsfp.cancer.gov/>
- **EU Commision**

http://ec.europa.eu/health/medical-devices/documents/revision/index_en.htm



REporting recommendations for tumor MARKer prognostic studies (REMARK). Breast Cancer Res Treat. 2006

Nov;100(2):229-35.

McShane LM, Altman DG, Sauerbrei W, Taube SE, Gion M, Clark GM;
Statistics Subcommittee of NCI-EORTC Working Group on
Cancer Diagnostics

Cancer Research UK Biomarker Roadmaps:

<http://www.cancerresearchuk.org/science/funding/funding-committees/science-committee/biomarker-research/>

Hall JA, Brown R, 2013, Developing translational research infrastructure and capabilities associated with cancer clinical trials, *Expert Reviews in Molecular Medicine*, Vol:15, ISSN:1462-3994



Why do biomarker proposals not reach funding cut-off (a personal perspective)?

- No or flawed scientific hypothesis
- Not cool and sexy
- Ignoring the literature
- Stamp collecting (no clear hypothesis)
- Kitchen sink science (over ambitious)
- Statistically underpowered (involve a statistician)
- Samples not fit for purpose (preliminary data)
- Assay not fit for purpose (SOPs)
- Analysis not fit for purpose (over interpretation)
- Committee didn't understand the proposal and they are all a bunch of idiots

