



1 24 May 2012
2 EMA/286914/2012
3 Committee for Medicinal Products for Human Use (CHMP)

4 **Concept paper on the need for a guideline on multiplicity**
5 **issues in clinical trials**

6 Draft

Agreed by Biostatistics Working Party	March 2012
Adoption by CHMP for release for consultation	24 May 2012
Start of public consultation	30 May 2012
End of consultation (deadline for comments)	30 August 2012

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Keywords	<i>Multiplicity, clinical trials, hypothesis frameworks</i>
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12 **1. Introduction**

13 The CHMP points to consider on multiplicity issues in clinical trials came into operation in 2002. Since
14 then, it has been proven to be useful for both, industry and regulators when planning and assessing
15 confirmatory clinical trials. Meanwhile, methodological advances have been made in more complex
16 multiplicity settings. In line with the development of these methods an increasing complexity of the
17 primary and secondary hypothesis framework is seen in confirmatory clinical trials.

18 This increasing complexity could be related to different dose groups or treatment regimens, interim
19 analyses, multiple endpoints, and different subgroups. Other aspects like multiregional drug
20 development may also add multiple testing problems for which general guidance is needed.
21 Combinations of different sources of multiplicity may increase the complexity of the multiplicity
22 problem dramatically.

23 The guideline is not to give advice on technical questions related to a new methodology. However, the
24 increasing complexity of hypothesis frameworks and methods used may result in new issues and pose
25 questions on general principles that haven't been considered before. These include consistency
26 problems, the construction of simultaneous confidence intervals and the usefulness of newly developed
27 methods e.g. gatekeeping and fallback procedures as well as graphical solutions in the regulatory
28 context.

29 **2. Problem statement**

30 Within the framework of the CHMP policy, it is proposed to revisit the document. Since it was first
31 drafted, new methods and concepts for addressing multiplicity in clinical trials have emerged not only
32 in the scientific literature, but also in a growing number of marketing authorisation applications.
33 Therefore, several additions and modifications may be needed to express the current state of scientific
34 knowledge in this guideline.

35 **3. Discussion (on the problem statement)**

36 The topics to be discussed when revising the guidance document should cover the recent
37 developments and discussions as mentioned in section 1. In addition to the aspects already covered in
38 the recent document the following topics will be discussed:

- 39 • Usefulness and limitations of newly developed strategies to deal with multiplicity
- 40 • Multiplicity issues in confirmatory conclusions in subgroups
- 41 • Multiplicity issues arising from interim decisions
- 42 • Multiplicity in multiregional developments
- 43 • Need for simultaneous confidence intervals corresponding to multiple test procedures

44 **4. Recommendation**

45 It is proposed to revise the current CHMP Points to Consider addressing multiplicity issues in clinical
46 trials. The scope of the revision is detailed above.

47 **5. Proposed timetable**

48 It is anticipated that a new draft CHMP guideline will be available 9 months after adoption of this
49 document for 6 months' release for external consultation.

50 **6. Resource requirements for preparation**

51 The preparation of this revision will involve the BSWP. It is anticipated that at least one plenary session
52 discussions at the BSWP will be needed.

53 **7. Impact assessment (anticipated)**

54 Multiplicity issues are an important issue in every marketing authorisation application. It is anticipated
55 that this document will lead to an improved standard of regulatory assessment of confirmatory trials
56 and improve planning of confirmatory trials by sponsors.

57 **8. Interested parties**

- 58 • The pharmaceutical industry (incorporating Contract Research Organisations), in particular through
59 affiliations of professional medical statisticians
- 60 • The community of medical statisticians in academia
- 61 • Reimbursement/HTA authorities
- 62 • Other regulatory agencies

63 **9. References**

64 CPMP/EWP/908/99: "Points to Consider on Multiplicity Issues in Clinical Trials"

65 CPMP/ICH/363/96: "ICH E9 Statistical Principles for Clinical Trials"

66 CHMP/EWP/2459/02: "Reflection Paper on Methodological Issues in Confirmatory Clinical
67 Trials planned with an adaptive design"

68 EMA/CHMP/EWP/117211/2010 "Concept paper on the need for a Guideline on the use of
69 Subgroup Analyses in Randomised Controlled Trials"