



Overview on IDeAI

Integrated DDesign and AnaLysis of small population group trials

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- 1 The IDeAI Project - Mission
- 2 The IDeAI Project - Workpackages
- 3 How IDeAI fits into the WS-Topics
- 4 IDeAI Dissemination and Output
- 5 Keep in touch with IDeAI





aims to refine the statistical methodology for clinical trials in small population groups by strictly following the concept of an improved integration of design, conduct and analysis of clinical trials from various perspectives.

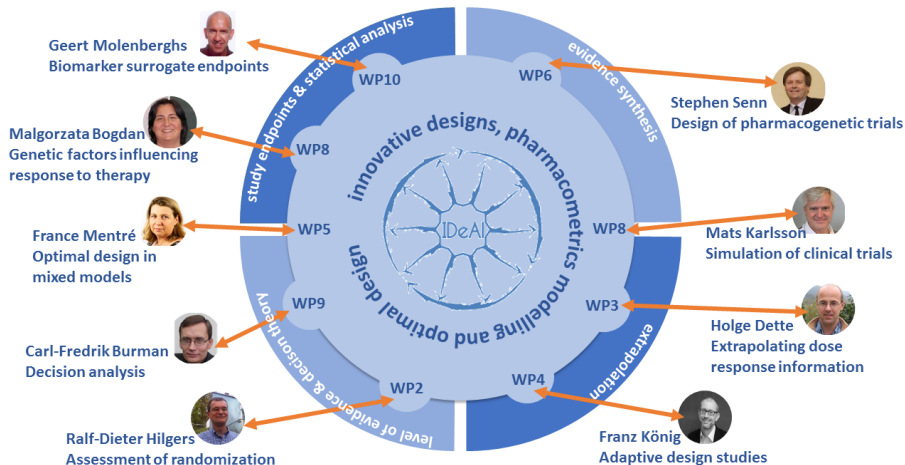




- ① **WP 2:** Assessment of randomisation procedures and randomisation based tests in SPG
- ② **WP 3:** Extrapolating dose response information to SPG
- ③ **WP 4:** Adaptive design studies in SPG
- ④ **WP 5:** Optimal design in mixed models to analyse studies in SPG
- ⑤ **WP 6:** Design of pharmacogenetic SPG trials, incl. cross-over trials, n-of-1 trials and enrichment trials
- ⑥ **WP 7:** Simulation of clinical trials in SPG
- ⑦ **WP 8:** Genetic factors influencing the response to the therapy in SPG
- ⑧ **WP 9:** Decision analysis in SPG
- ⑨ **WP 10:** Biomarker surrogate endpoints in SPG
- ⑩ **WP 11:** Dissemination



Structure of the IDeAI Project



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- Relating the project to CHMP guideline
(ref: **Hilgers 2015** ($\cup$ asterix + InSPiRe))
- First Recommendations
(ref: **Hilgers 2016, Jonker 2016** ($\cup$ asterix + InSPiRe))
- Bridging to Big Data in Healthcare
(ref: **Auffray 2016** ($\cup$ asterix))
- 25 Years adaptive designs
(ref: **Bauer 2016**)
- Applications
(ref: **Reetz 2016, Rübben 2016**)





- How to deal with potential heterogeneity in evidence synthesis / meta-analysis of small population clinical trials
(ref: **Senn 2014**)
- New approaches to include historical controls and/or prior clinical trial data into design and analysis of small population trials
(ref: **Eichler 2016** (∪ asterix))
- Sharing clinical trial data
(ref: **König 2014** (∪ asterix + InSPiRe))
- *additional aspects:*
Interpretation of p-values (ref: Greenland 2015).





- Extrapolation of dose response information: Design and Analysis
(ref: **Dette 2016, Schorning 2016**)
- Adapting the significance level for clinical trials in vulnerable, small populations, based on prior evidence of larger populations
(ref: **Hlavin 2016 (U asterix)**)
- Confirmatory design and analysis allowing adaptive design modifications, such as selection of a more promising subgroup
(ref: **Graf 2014b (U asterix), Klinglmueller 2014**)
- *additional aspects:*
Adaptive paediatric investigation plan (ref: Bauer 2016)





- Value, performance and implications of different randomization methods in small size trials
(ref: **Tamm 2014, Kennes 2015, Rückbeil 2017, Uschner 2017**)
- Decision-theoretic and value-of-information models (taking patient horizon into account) for clinical trials in small populations
- Decision theoretic approaches for targeted therapies with special focus on societal in contrast to commercial sponsor's perspective
(ref: *Burman 2014, Jobbjörnsson 2016*)
- Adapting the usual level of evidence
(ref: **Hlavin 2016** (∪ asterix))
- *additional aspects:*
Analysis of R&D productivity (ref: **Lendrem 2015**)





- Improving value and potentially efficiency (statistically and in terms of recruitment) of trials with patient centric outcomes
- Surrogate endpoints: Assessing, validation
(ref: **Alonso 2015a, 2016, vdElst 2015, 2016a,b**)
- Leveraging multiple endpoints in small trial size setting
(ref: **Klinglmueller 2014**)
- *additional aspects:*
 - reliability models using LMEM, (ref: vdElst 2016c)
 - randomization based inference in LMEM, (ref: Burger 2014)
 - Validating predictors (ref: Alonso 2015b, 2017, Bogdan 2015)
 - Identification of genetic factors (ref: Lee 2016, Bogdan 2015)
 - Observations below limit of detection (ref: Berger xx)



Innovative designs, Pharmacometrics, modelling and optimal designs



- Multi-armed trial, with adaptive features, in small populations
(ref: **Graf 2014a**)
- PtC for N-of-1 trials, Cross over trials,
(ref: **Araujo 2016, Senn 2015, Gewandter 2016,**)
- Pharmacometrical modelling and design considerations of NLMEM
(ref: **Riviere 2016, Ueckert 2016, Deng 2016, Dosne 2016a,b, Strömberg 2017**)
- Optimal sequential designs and sample size reassessment in small populations (with large prior uncertainty)
(ref: **Magirr 2016 (U asterix)**)
- Dose-finding including PK and dose limiting toxicities
- *additional aspects:* PoC study (ref: Gewandter 2014)
Discussion of problems with first-in-human studies (ref: Bird 2017)
Designs for target therapies (ref: Ondra 2017 (U InSPiRe), Senn 2017)



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No	Name	Country
1	Segolene Aymé	(F)
2	Rosemary Bailey	(UK)
3	Paolo Baroldi	(USA)
4	Frank Bretz	(CH)
5	Tomasz Burzykowski	(USA)
6	Martin Forster	(UK)
7	Ralf Herold	(UK)
8	Chris Jennison	(UK)

No	Name	Country
9	Steven A. Julious	(GB)
10	Gerard Nguyen	(F)
11	Paolo Pertile	(I)
12	Gérard Pons	(F)
13	William F. Rosenberger	(USA)
14	Chiara Sabati	(USA)
15	Günther Schmalzing	(D)
16	Gernot Wassmer	(D)

actually **11 publications** with coauthorship of EABs



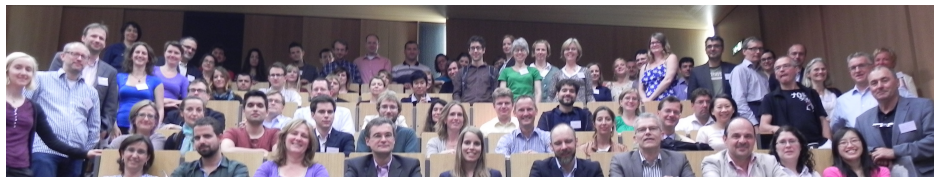


- 50 publications in peer reviewed journals (current state)
- released various freely available software programmes (R packages)
- regular newsletters
- presentations at various conferences
(among other: FDA, IRDiRC, MALTA EU2017 (COMP, IMI, EURORDIS,...))
- organized conferences, sessions and workshops at conferences,
- webinar series available via website
- input to regulatory guidelines
- study stays abroad program
- input to design and analysis of rare disease clinical trials



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- close contact to Kit Roes (asterix) and Nigel Stallard (InSPiRe)
- IRDiRC task force on small population clinical trials
- joint publications (**9/50**)
- develop a synthesis statement of the three funded projects
- contribution to review of CHMP Small Population Guideline





- VISIT THE **IDeAI WEBPAGE**

- ▶ <http://www.ideal.rwth-aachen.de>

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