EMEA/EFPIA WORKSHOP ON ADAPTIVE DESIGNS (AD) IN CONFIRMATORY CLINICAL TRIALS

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Summary of key positions from the discussions

Regulatory (dis)agreement

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1. Introduction

Agreement	Disagreement	Open questions
Cost of R&D is a public health issue	Cost of R&D as main driver for AD	AD brings better information
Growing patient pressure	Need to save time <i>per</i>	
Interim analysis can be ethical/mandatory	se	
AD ≠ rescue remedy		AD only in difficult setting
Some uncertainty remains in Phase III	Complete blurring of exploratory and	AD main improve dose selection (but no trade-off)
Control of type I error is	confirmatory phases	AD and conditional approval
feasible		AD and single pivotal trial
Early stopping will reduce totality of		Selection of (BM-defined) target population
evidence		How to determine the success of AD

2. Seamless design

Agreement	Disagreement	Open questions
Some reassuring examples of seamless		Real benefit of seamless design
design exist There is a need for		Potential benefit of long- term follow-up of Phase
replication		II patients

3. Sponsor involvement

Agreement	Disagreement	Open questions
Trial integrity is primary goal Risk of operational bias is	Sponsor involvement should be the rule	What are « unanticipated complexities » (need examples)
obvious Justification for sponsor involvement is not impossible		How to prove absence of bias (probabilistic approach) Timing of paediatric studies

4. Heterogeneity

Agreement	Disagreement	Open questions
AD means improved transparency		How to assess information leakage
Price to pay: mutiplicity and increased awareness of heterogeneity	How to quantify (and tolerate) heterogeneity	

5. Future steps

Agreement	Disagreement	Open questions
Industry/regulators need to work together		
A discussion framework will be created within Scientific Advice		

NB. Scientific advice is available for broader issues (not product-related)

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