# Meandering journey towards routine trial adaptation: survey results on barriers to use of adaptive designs in confirmatory trials

#### Munya Dimairo

Acknowledgements to collaborators:

Steven Julious, Susan Todd, Jon Nicholl, and Jonathan Boote

#ICTMC2015





## Outline

- ☐ Motivation and contextual definition of an adaptive design
- ☐ Rationale for the investigation
- ☐ Addressing research questions
- **□**Results
- ☐ Some recommendations and conclusions
- □ Acknowledgements and references

#### Motivation

- Disappointing 'success' rate of new treatments in phase 3 (Dent et al, 2011;
  Kaplan et al, 2015)
- Questionable assumptions on design parameters (Vickers, 2003; Charles et al, 2009; Clark et al, 2013)
- Obsession with 2-arm trials

Efficiency, value for money in research, and ethical implications?

## Contextual definition of an Adaptive Design

- Use accumulating outcome data
- Modify 'aspects' of the design
- Preserves scientific validity and trial integrity
- 'Adaptation by design'

➤ Sounds a brilliant concept, BUT ...!

# Rationale for the investigation

- Why adaptive designs are underused?
- Understanding obstacles among key stakeholders is paramount
- Limitations of previous related research (Quinlan et al,2010; Kairalla et al,2012;

```
Jaki,2013; Morgan et al,2014
```

- Perceptions of public funders
- Focus of early phase trials
- Pharmaceutical industry
- Setting

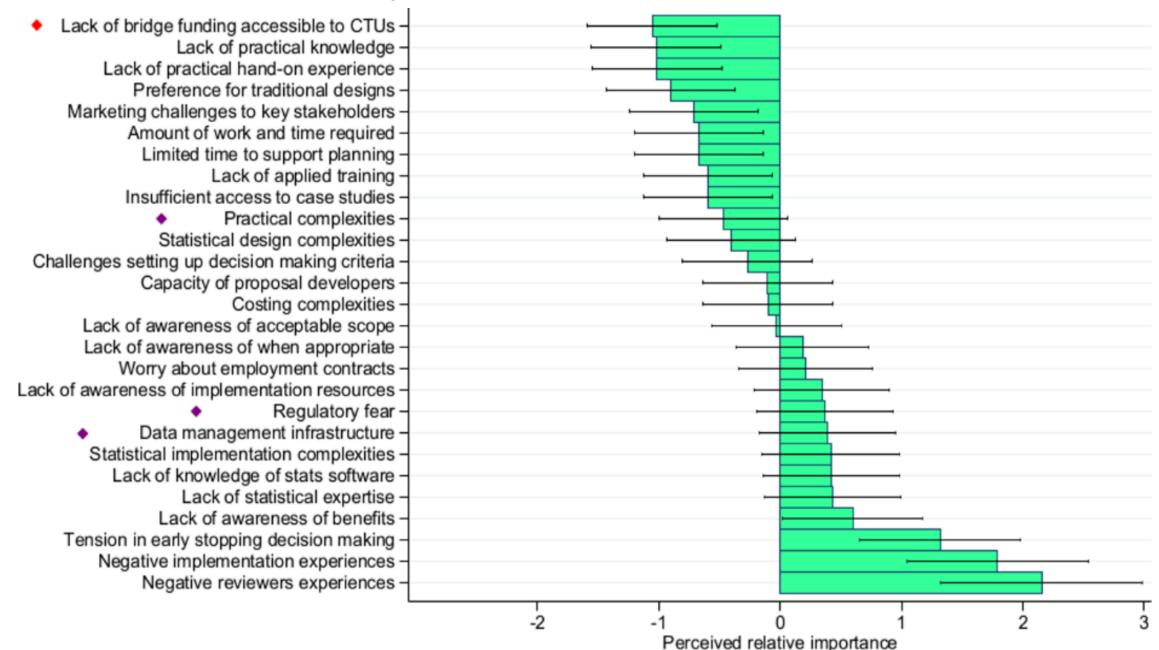
# Addressing the research question

- Cross-disciplinary, cross-sector interviews of key stakeholders (Dimairo et al, 2015)
- Follow-up parallel online surveys:
  - a) Registered UK CTUs (Directors/Designated Senior Statisticians)30/55 (55 %)
  - b) Public Funders (Boards and advisory panel members and chairs) 086/212 (41 %)
  - c) Private Sector17/25 (68 %)

# Results(1): Perceptions of UK public funders



# Results (2): Perceptions of UK CTUs



## Results(3): Some concerns raised

- Robustness in decisions-making
- Credibility/acceptability to change practice
- Fear of introducing operational bias
- Impact on secondary important objectives
- Fear of early stopping for efficacy

## Some recommendations

- Small design development grants
- Implementation support accessible to CTUs (MRC AD Working Group efforts)
- More focus on translational applied training
- Encourage more accessible publication of 'successful' and 'unsuccessful' case studies
- Learning about opportunities and pitfalls: retrospectively designed case studies
- Outreach awareness targeting boards and advisory panel members of funding bodies
- Adequate communication of adaptive designs aspects (proposals and publications)
- Adaptive designs consensus guidance document tailored for the public sector

## Conclusions and limitations

- Still multifaceted individual and organisational obstacles requiring addressing
- Most barriers are linked to the lack of practical knowledge
- Average response rates and sample representativeness
  - o Findings may provide a conservative picture on some of the barriers and

concerns

# Acknowledgements

- NIHR DRF Funding (Grant Number: DRF-2012-05-182)
- Fellowship Supervisors: Profs Steven Julious, Susan Todd, and Jon Nicholl
- Personal Tutor: Mike Bradburn
- Fellowship Advisory Panel Members
- Dr Tracey Young
- Participating organisations and individuals

## References

- Dimairo, M. et al (2015). Missing steps in a staircase: a qualitative study of the perspectives of key stakeholders on the use of adaptive designs in confirmatory trials. Trials. Sep 28;16(1):430
- Jaki, T. (2013) Uptake of novel statistical methods for early-phase clinical studies in the UK public sector. Clinical trials. 10(2), 344–346
- Kairalla, J. a et al. (2012) Adaptive trial designs: a review of barriers and opportunities. Trials. 13145
- Morgan, C. C. et al. (2014) Adaptive Design: Results of 2012 Survey on Perception and Use. Therapeutic Innovation
  Regulatory Science. 48(4), 473–481
- Quinlan, J. et al. (2010) Barriers and opportunities for implementation of adaptive designs in pharmaceutical product development. Clinical trials. 7(2), 167–173
- Kaplan, R. M. et al (2015) Likelihood of Null Effects of Large NHLBI Clinical Trials Has Increased over Time. PloS One.
  10(8)
- Dent, L. et al (2011) Treatment success in pragmatic randomised controlled trials: a review of trials funded by the UK Health Technology Assessment programme. Trials. 12(1), 109
- Vickers, A. J. (2003) Underpowering in randomized trials reporting a sample size calculation. Journal of Clinical Epidemiology. 56(8), 717–720
- Charles, P. et al. (2009) Reporting of sample size calculation in randomised controlled trials: review. BMJ. 338, b1732
- Clark, T. et al. (2013) Sample size determinations in original research protocols for randomised clinical trials submitted to UK research ethics committees: review. BMJ.346