# Biomedical Engineering for Global Health

Lecture Twenty: Clinical Trials



# **Overview of Today**

Review of Last Time (Heart Disease)
What is a Clinical Trial?
Clinical Trial Data and Reporting
Clinical Trial Example: Artificial Heart
Clinical Trial Example: Vitamin E
Planning a Clinical Trial

# **REVIEW OF LAST TIME**

# **Progression of Heart Disease**



# **Heart Failure Review**

#### What is heart failure?

- Occurs when left or right ventricle loses the ability to keep up with amount of blood flow
- http://www.kumc.edu/kumcpeds/cardiology/movies/s ssmovies/dilcardiomyopsss.html
- How do we treat heart failure?
  - Heart transplant
    - Rejection, inadequate supply of donor hearts
  - LVAD

Can delay progression of heart failure

Artificial heart

# Which one is a healthy heart?

#### Heart Failure

#### Heart Failure



#### Healthy Heart

#### **Atrial Fibrilation**

#### http://www.ps-lk3.de/images/ABIOCOR.JPG



The AbioCor System has four main parts that are implanted inside the body.



# **CLINICAL TRIALS**

# Take-Home Message

- Clinical trials allow us to measure the difference between two groups of human subjects
- There will always be some difference between selected groups
- By using statistics and a well designed study, we can know if that difference is meaningful or not





# **Types of Clinical Studies**

#### Hypothesis Generation

Case study, case series: examine patient or group of patients with similar illness

#### Hypothesis Testing:

- Observational:
  - Identify group of patients with and without disease. Collect data. Use to test our hypothesis.
  - Advantage: Easy, cheap.
  - Disadvantage: Bias. Can't control the interventional to decisively show cause and effect.

# **Types of Clinical Studies**

#### Hypothesis Testing:

- Experimental:
  - Clinical trial: Research study to evaluate effect of an intervention on patients.
  - Isolate all but a single variable and measure the effect of the variable.
  - Done prospectively: Plan, then execute.
  - Single arm study: Take patients, give intervention, compare to baseline. Can suffer from placebo effect.
  - Randomized clinical trials: Different subjects are randomly assigned to get the treatment or the control.

# Single and Two Arm Studies

#### Single-Arm Study

- Give treatment to all patients
- Compare outcome before and after treatment for each patient
- Can also compare against literature value
- Two Arm Study
  - Split patients in trial into a control group and an experimental group
  - Can blind study to prevent the placebo affect

# Phases of Clinical Trials

#### Phase I

Assess safety of drug on 20-80 healthy volunteers

#### Phase II

Drug given to larger group of patients (100-300) and both safety and efficacy are monitored

#### Phase III

- Very large study monitoring side affects as well as effectiveness versus standard treatments
- Phase IV (Post-Market Surveillance)
  - Searches for additional drug affects after drug has gone to market

# CLINICAL TRIAL DATA AND REPORTING

# **Examples of Biological Data**

#### Continuously variable

Core body temperature, height, weight, blood pressure, age

#### Discrete

 Mortality, gender, blood type, genotype, pain level

# **Biological Variability**

#### Variability

Most biological measurement vary greatly from person to person, or even within the same person at different times

#### The Challenge

We need some way of knowing that the differences we're seeing are due to the factors we want to test and not some other effect or random chance.

# **Descriptive Statistics**

#### Mode

Most common value

Mean

$$\overline{\mathbf{x}} = \sum_{i=1}^{n} \frac{\mathbf{x}_{i}}{n}$$

Standard Deviation

$$\sigma = \sqrt{\sum_{i=1}^{n} \frac{\left(x - \overline{x}\right)^2}{n}}$$



Altman DG: How large a sample? In: Statistics in Practice.

# **Example: Blood Pressure**

#### Measurement

- Get into groups of 4 and take each others blood pressure for the next 5-10min
- Reporting
  - In those same groups, calculate the mean, mode and standard deviation of the class

#### Analysis

- Is the data normally distributed?
- Is there a difference between sides of the classroom?
- Does it mean anything?

# **EXAMPLE: ABIOCOR TRIAL**

# **Clinical Trial of AbioCor**

#### Goals of Initial Clinical Trial

- Determine whether AbioCor<sup>™</sup> can extend life with acceptable quality for patients with less than 30 days to live and no other therapeutic alternative
- To learn what we need to know to deliver the next generation of AbioCor, to treat a broader patient population for longer life and improving quality of life.

# **Clinical Trial of AbioCor**

#### Patient Inclusion Criteria (highlights)

- Bi-ventricular heart failure
- Greater than eighteen years old
- High likelihood of dying within the next thirty days
- Unresponsive to maximum existing therapies
- Ineligible for cardiac transplantation
- Successful AbioFit<sup>™</sup> analysis

#### Patient Exclusion Criteria (highlights)

- Heart failure with significant potential for reversibility
- Life expectancy >30 days
- Serious non-cardiac disease
- Pregnancy
- Psychiatric illness (including drug or alcohol abuse)
- Inadequate social support system

## **Prevention of Heart Disease**

#### ■ 1990s:

Small series of trials suggested that high doses of Vitamin E might reduce risk of developing heart disease by 40%

1996: Randomized clinical trial:
 1035 patients taking vitamin E
 967 patients taking placebo
 Vitamin E provides a protective effect

## **Prevention of Heart Disease**

2000: pivotal clinical trial
 9,541 patients
 No benefit to Vitamin E
 Followed for 7 years: may increase risk of

heart disease

What happened?

Challenges: Clinical Research Early studies, small # patients: Generate hypotheses Larger studies Rigorously test hypotheses Due to biological variability: Larger studies often contradict early studies Recent study: 1/3 of highly cited studies - later contradicted! More frequent if patients aren't randomized

# **Clinical Trial of AbioCor**

#### Clinical Trial Endpoints

- All-cause mortality through sixty days
- Quality of Life measurements
- Repeat QOL assessments at 30-day intervals until death
- Number of patients
  - Initial authorization for five (5) implants
  - Expands to fifteen (15) patients in increments of five (5) if 60-day experience is satisfactory to FDA

# **Consent Form**

#### Link to Consent Form:

- http://www.sskrplaw.com/gene/quinn/informe dconsent.pdf
- Link to other Documents about lawsuit
  - <u>http://www.sskrplaw.com/gene/quinn/index.h</u> <u>tml</u>

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# PLANNING A CLINICAL TRIAL



# Planning a Clinical Trial

Two arms: Treatment group Control group Outcome: Primary outcome Secondary outcomes Sample size: Want to ensure that any differences between treatment and control group are real Must consider \$\$ available

### Example – Planning a Clinical Trial

- New drug eluting stent
  Treatment group:
- Control group:
- Primary Outcome:
- Secondary Outcomes:

# **Design Constraints**

#### Constraints

- Cost, time, logistics
- The more people involved in the study, the more certain we can be of the results, but the more all of these factors will increase

#### Statistics

Using statistics, we can calculate how many subjects we need in each arm to be certain of the results

# Sample Size Calculation

There will be some statistical uncertainty associated with the measured restenosis rate

Goal:

- Uncertainty << Difference in primary outcome between control & treatment group
- Choose our sample size so that this is true

# **Types of Errors in Clinical Trial**

#### Type I Error:

We mistakenly conclude that there is a difference between the two groups, when in reality there is no difference

#### Type II Error:

We mistakenly conclude that there is not a difference between the two, when in reality there is a difference

#### Choose our sample size:

- Acceptable likelihood of Type I or II error
- Enough \$\$ to carry out the trial

# **Types of Errors in Clinical Trial**

#### Type I Error:

- We mistakenly conclude that there IS a difference between the two groups
- p-value probability of making a Type I error
- Usually set p = 1% 5%

#### Type II Error:

- We mistakenly conclude that there IS NOT a difference between the two
- Beta probability of making a Type II error
- Power

= 1 – beta

- = 1 probability of making a Type II error
- Usually set beta = 10 20%

# How do we calculate n?

Select primary outcome Estimate expected rate of primary outcome in: Treatment group Control group Set acceptable levels of Type I and II error Choose p-value Choose beta Use sample size calculator HW14

# Drug Eluting Stent – Sample Size

Treatment group: Receive stent Control group: Get angioplasty Primary Outcome: 1 year restenosis rate Expected Outcomes: ■ Stent: 10% Angioplasty: 45% Error rates: ■ p = .05 ■ Beta = 0.2

![](_page_40_Figure_2.jpeg)

Altman (1982). How Large a Sample? In Statistics in Practice. Eds S. M. Gore and D. G. Altman.

# Data & Safety Monitoring Boards

### DSMB:

- Special committees to monitor interim results in clinical trials.
- Federal rules require all phase III trials be monitored by DSMBs.
- Can stop trial early:
  - New treatment offered to both groups.
  - Prevent additional harm.

# DSMBs

#### New treatment for sepsis:

- New drug
- Placebo
- n = 1500

Interim analysis after 722 patients:
Mortality in placebo group: 38.9%
Mortality in treatment group: 29.1%
Significant at the p = 0.006 level!

#### Should the study be stopped?

# **DSMBs**

#### Decision:

- No
- Neither researchers nor subjects were informed

#### Outcome:

- Mortality in placebo group: 33.9%
- Mortality in treatment group: 34.2%
- Difference was neither clinically nor statistically significant!

Informed consents should be modified to indicate if a trial is monitored by a DSMB.

# How to Get Involved

# Government Database of Trials

www.clinicaltrials.gov