Boston 25 January 2005 © 2005 Jennison		University of Bath, UK	Dept of Mathematical Sciences,	Professor Christopher Jennison,	TO ADAPT OR NOT TO ADAPT

Classical group sequential tests (GSTs)
Pocock (1977), O'Brien & Fleming (1979):
Two-sided tests with early stopping to reject H_0 .
Then
One-sided tests, equivalence testing. Early stopping for futility.
Unpredictable group sizes — error spending tests.
General response distributions, survival data.
Flexible monitoring: repeated confidence intervals, stochastic curtailment.
Optimized designs.
Sample size re-estimation (internal pilots).
Multiple endpoints, multi-arm trials.
Adaptive treatment allocation: for balance, to reduce inferior treatment.

Modern adaptive methods	
Bauer (1989), Bauer & Köhne (1994), Lehmacher & Wassmer (1999):	
Re-defining treatment or major endpoint.	
Responding to external events or to internal information (e.g., safety).	
Adapting to nuisance parameters (e.g., variance).	
Adapting to interim estimates of effect size.	
Cui, Hung & Wang (1999):	
Rescuing an under-powered study.	
Possibility of using this approach to delay the final choice of power until	
there is interim information on the effect size.	

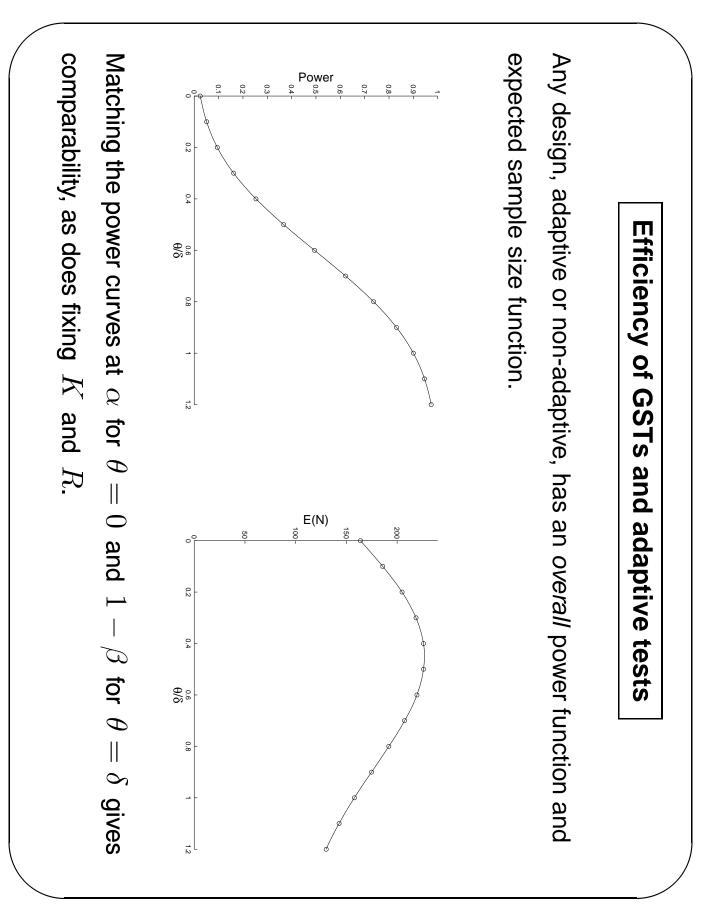
Modern adaptive methods, continued
Proschan & Hunsberger (1995), Shen & Fisher (1999):
Designs with modification of sample size built-in.
Setting sample size for conditional power under estimated effect size.
Ad hoc proposals tend to improve on fixed sample designs but to be less
efficient than competing GSTs.
Then
Posch, Bauer & Brannath (2003):
Optimizing within defined classes of designs.
Liu, Anderson & Pledger (2004):
Optimizing designs for "commercial utility".

Remarks on GSTs and Adaptive tests
Development of GSTs has matured to meet practical needs and to address
specialised problems.
Recently proposed adaptive designs have additional breadth, particularly:
Re-defining treatment or major endpoint.
Responding to external events.
Rescuing an under-powered study.
Some of these features could be incorporated in classical GSTs, especially
the ability to response to external events by re-design preserving the
conditional type I error probability.

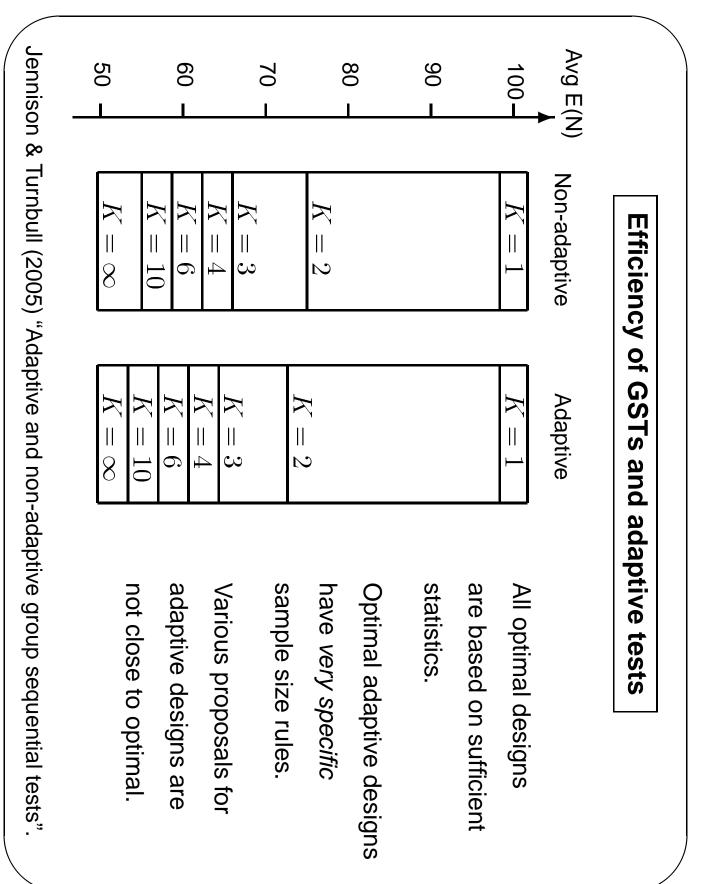
Criticisms of adaptive designs
First a positive comment
In improving on a fixed sample design, any sensible step towards a
scheme of interim monitoring and possible early stopping should be
helpful. Further gains from finding the best sequential design may be
relatively small.
Thus, recent publicity for adaptive designs is good as it draws attention to
the benefits of interim monitoring and early stopping.
Critical comments
1. Many proposals of adaptive designs in the literature are demonstrably
inferior to standard GSTs.
2. The notion that one can use interim data to refine a study's power
requirement leads to confused thinking and inefficient study designs.

1. Efficiency of GSTs and adaptive testsProblem formulation:
$$\theta =$$
 effect size $t = \theta = 0$ against $\theta > 0$ withto test $H_0: \theta = 0$ against $\theta = 0$ and power $1 - \beta$ at $\theta = \delta$,type I error rate α under $\theta = 0$ and power $1 - \beta$ at $\theta = \delta$,minimizing the objective function $H = \sum_{\theta} w(\theta) E_{\theta}(N)$ or $H = \int w(\theta) E_{\theta}(N) d\theta$.Fix maximum number of analyses K andmaximum sample size $= R \times$ (fixed sample size).Special cases: $K = \infty$ for continuous monitoring, $R = \infty$ for unconstrained maximum sample size.

pre-specified in the non-adaptive case.	
† Only for adaptive designs — group sizes and boundaries have to be	
for third stage in the light of second stage data.	
† choose group sizes and stopping boundary values	
decide whether to stop or continue,	
Sample the second stage with its specified group size,	
for second stage in the light of first stage data.	
† choose group sizes and stopping boundary values	
decide whether to stop or continue,	
Sample the first stage with its specified group size,	
Both adaptive and non-adaptive tests have the same basic form:	
Efficiency of GSTs and adaptive tests	
	\backslash



and non-adaptive?
What are the characteristics of efficient designs, both adaptive
Are they better or worse than matched non-adaptive GSTs?
How efficient are adaptive tests proposed in the literature?
How great can the benefit be of adaptively choosing group sizes?
But we still need to ask:
Since the class of adaptive tests is larger, it should yield a lower minimized objective function $H.$
Efficiency of GSTs and adaptive tests



opportunity cost of study length.	$\int_{\theta>0} k(\theta) E_{\theta} \{ N.I(\text{Reject } H_0) \} d\theta \text{ opportunity cost of study length.}$
	and adding
as reward for a positive outcome	$-\int_{ heta > 0} c(heta) P_{ heta}(extsf{Reject} \; H_0) \; d heta$
	type I error and sampling costs but with
mmercial utility" taking the same	2. Liu, Anderson & Pledger adopt a "commercial uti
sampling cost.	$\int_{ heta} w(heta) E_{ heta}(N) \ d heta$
reward for positive study outcome,	$-c_2P_{ heta=\delta}(ext{Reject}H_0)$
penalty for type I error,	$c_1 P_{ heta=0}({\sf Reject} H_0)$
	a decision formulation with costs for
adaptive and non-adaptive tests in	1. Jennison & Turnbull derived optimal adaptive and
al utility	Commercial utility

Commercial utility
In both cases, cost of a type I error is adjusted to give type I error rate $lpha.$
In (1), the type II error cost is adjusted to give a fixed type II error rate $eta.$
In (2), the costs are obtained from a commercial model and the type II
error rate is not constrained.
For either formulation, we can optimise over non-adaptive group sequential
designs or optimise over adaptive designs which allow data-dependent
choice of group sizes.
In both cases, the gain from adaptivity is small when expressed in
percentage terms. Since the sums involved in (2) are millions of dollars,
this can still be interesting — so sound statistical advice has a high value!

2. Using interim data to refine a power requirement
Thinking: We would like power 0.9 under the <i>true</i> effect size, $ heta$, but
we don't know what this is. Example: an optimistic view is $ heta=20,$
the minimal clinically significant effect is $ heta=10$.
Start the study off with power 0.9 under $ heta=20.$
At the half-way stage, examine the interim estimate $\widehat{ heta}_I$ and re-size the
study. Preserve the conditional type I error probability and achieve
conditional power 0.9 at
$ heta=20 \qquad ext{if} \ \widehat{ heta}_I \geq 20,$
$\theta = \widehat{\theta}_I \qquad \text{if } 10 < \widehat{\theta}_I < 20,$
$ heta=10$ if $\widehat{ heta}_I\leq 10.$
Possibly stop for futility if $\widehat{ heta}_I$ is really low.

Treating this estimate as accurate is a source of inefficiency.
So if $\widehat{ heta}_I=12,\;$ a 95% confidence interval for $ heta$ is $(-5,\;29).$
s.e. $(\widehat{ heta}_I) = 6.2 imes \sqrt{2} = 8.7.$
After just 50 observations, the standard error of $\widehat{ heta}_I$ is
s.e. $(\widehat{ heta}) = 6.2.$
Then, with 100 observations, the standard error of $\widehat{ heta}$ is
Suppose 100 observations are enough to test H_0 : $\theta = 0$ against $\theta > 0$ with one-sided type I error rate 0.025 and power 0.9 at $\theta = 20$.
(i) A practical problem $- \hat{ heta}_I$ is a highly variable estimate of $ heta$.
Using interim data to refine a power requirement

