

Challenges of clinical research. Risk of extinction?

introduction

(Clinical perspective)

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Clinical trials: the 5 phases and their actors

The clinical investigators and the statisticians



Design

Conduct

Analysis

Reporting

Interpretation



The patients and an army of people

Clinical trials: the challenges

.....'theoretical-philosophical' challenges.....



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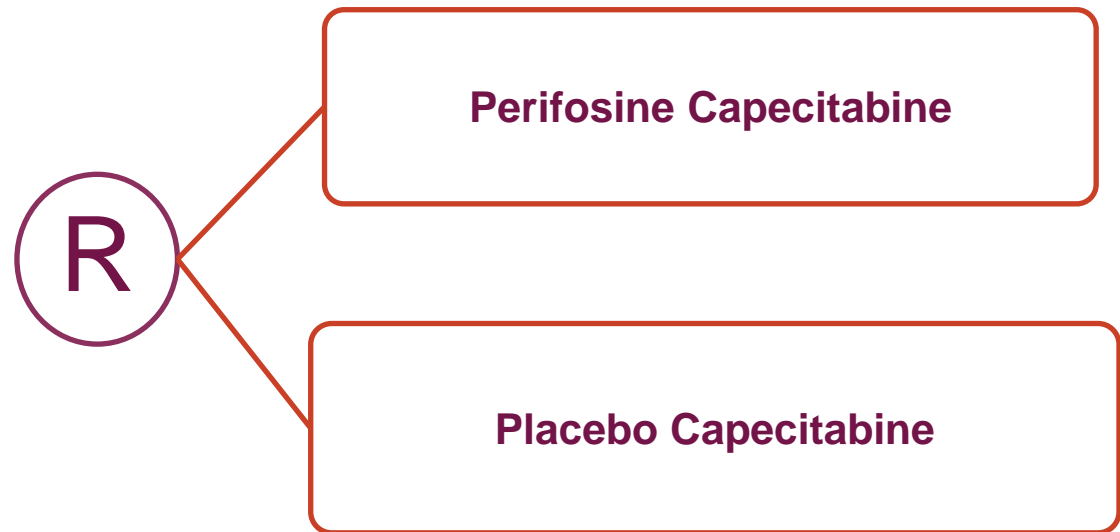


.....'practical' challenges.....

What we want from clinical research

1. New
 - Selection for phase I
2. True
 - go-no-go from phase 2 to 3
3. Relevant

Randomized Phase II



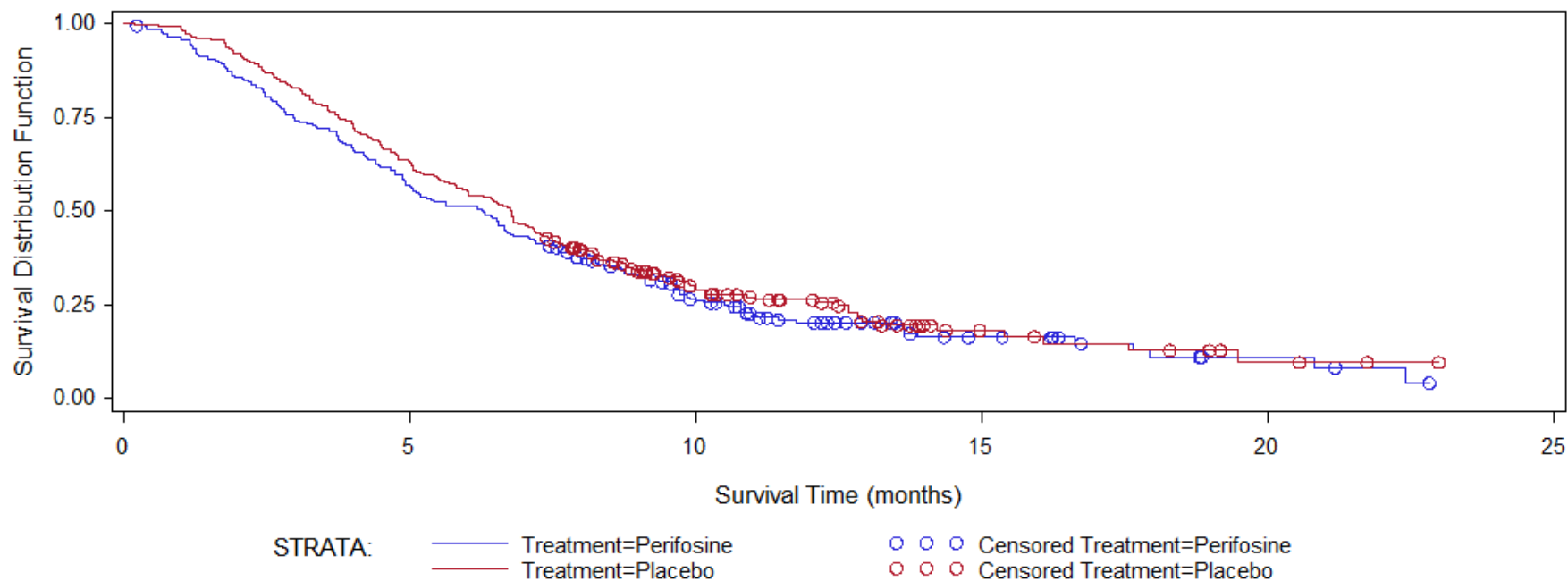
Median PFS 6 vs 2.5 mo
Median OS 17.7 vs 6.7 mo

HR: 0.25 (0.1-0.5)
HR 0.37 (0.2-0.7)

Bendell JCO 2011

Overall Survival – All Patients

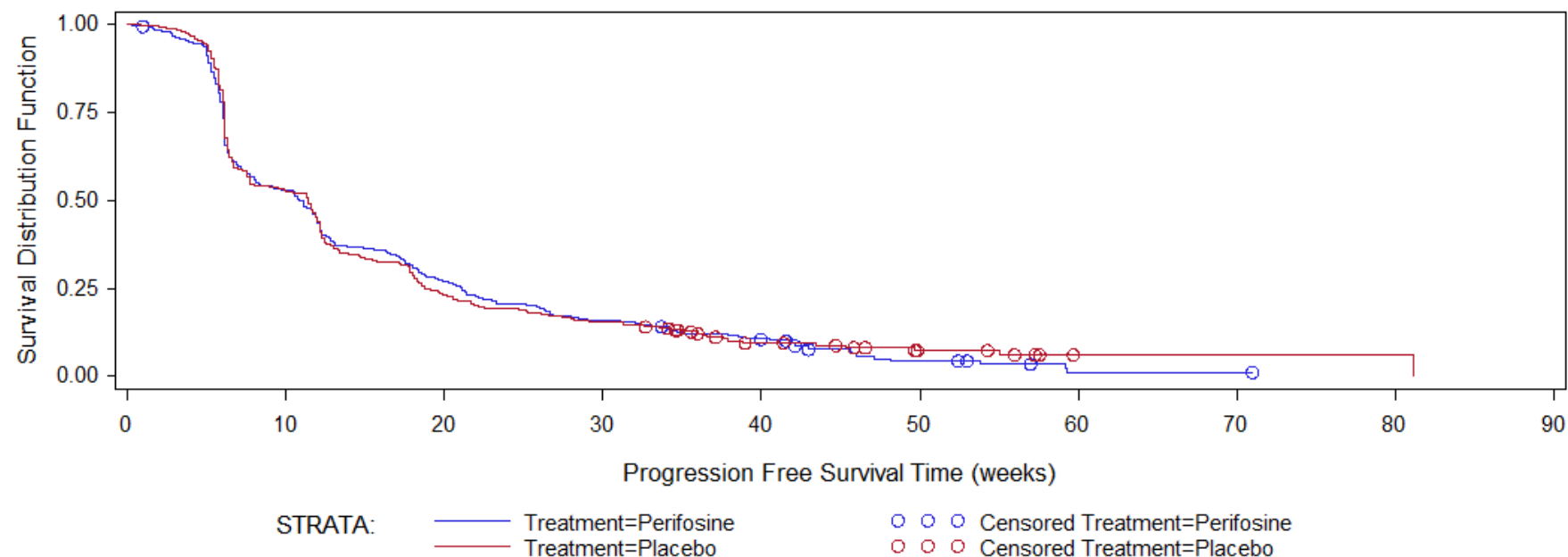
K343 - Kaplan-Meier Plot of Survival Time in Months ITT Population



Progression Free Survival – All Patients

K343 - Kaplan-Meier Plot of Progression Free Survival Time in Weeks

ITT Population



Duration of PFS (weeks) = (date of progression or death due to any cause – randomization date + 1)/7.

Size or confidence?....both !

- Delta for deciding GO - NO GO to phase III
(signal generating trials)



very large



is this sufficient to go ?



no, must also be sufficiently sure

What we want from clinical research

1. New
 - Selection for phase I
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3. Relevant
 - delta

The challenge of the delta in phase III trials : 3 problems

1. HR vs absolute delta
2. low target HR in trial design
3. target HR in trial design vs p value in trial analysis and interpretation.

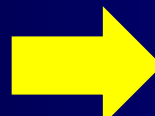
PROBLEM 2. 'LOW PROFILE'

Typical phase III trial design in advanced cancer (PFS 6 months)

- Delta 25% i.e. HR 1.25
- Median delta 1.8 months
- Power 80%

800

- Cost = 100



If we get this, is this really clinically worthwhile?

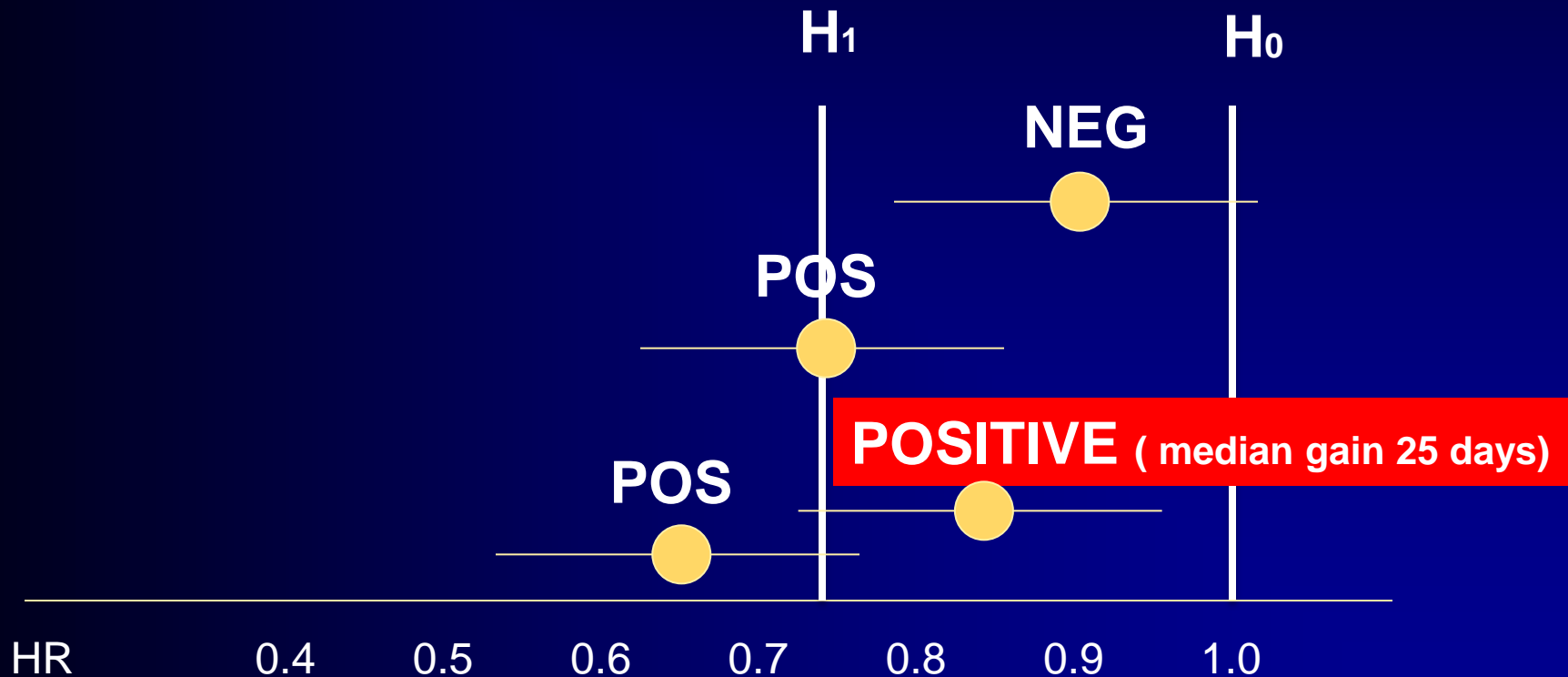
Be more courageous : raise the bar

PROBLEM 3: INCONSISTENCY



Define target delta.....target delta is ignored and...
p value becomes the focus...

Problem 3 : INCONSISTENCY



‘Statistically positive’ trials with deltas lower than those pre-specified in the protocol

AUTHOR	DRUG	TUMOR	predefined HR	reported HR	p value
Johnstone 09	lapatinib	breast	0.64	0.71	0.019
Jonker 07	cetuximab	colon	0.74	0.77	0.001
Moore 07	erlotinib	pancreas	0.75	0.82	0.038
Llovet 08	sorafenib	liver	0.6	0.69	0.001
Escudier 07	sorafenib	renal	0.67	0.72	0.02

modified from Ocana A. JNCI,2011

Clinical trials: the challenges

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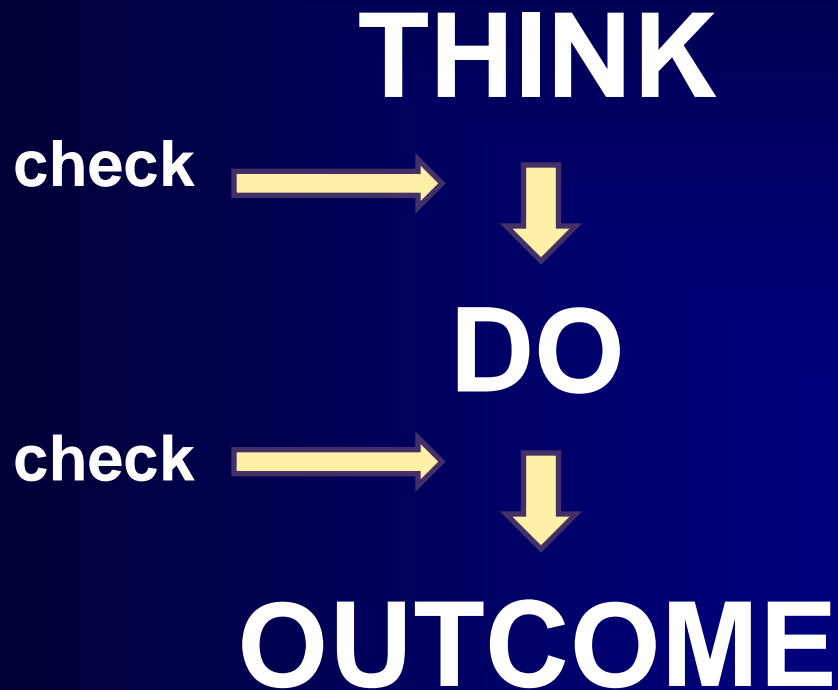
Reporting

Interpretation



.....'practical' challenges.....

Introduction to the practical challenges → risk of extinction ?



Introduction to the practical challenges → risk of extinction ?

sustainability

COST

Introduction to the practical challenges → risk of extinction ?

1. Informed consent
2. Responsibilities of the institutions and of the PI
3. The jungle of the 'committees' : EC, IRB, SC, IDMC, etc
4. Too many others....leading to a wave of patient/families/colleagues uprising against a complexity that ultimately appear as barrier to pts and doctors participation to trials.
5. The 'panda' phenomenon