

Key Multiplicity issues. Multistage gatekeeping procedures.

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Disclaimer

Key
Multiplicity
issues.
Multistage
gatekeeping
procedures.

Presentation

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Introduction

Key
Multiplicity
issues.
Multistage
gatekeeping
procedures.

Presentation

Multiple hypotheses

Clinical trials with multiple objectives, multiple claims pursued.

Multiple facets of the data result from

- Multiple endpoints.
- Multiple dose levels.
- Multiple timepoints
- Multiple patient subsets (populations)

Classification of study endpoints

- Primary endpoint(s): essential basis for establishing drug effectiveness
- Secondary or Key Secondary endpoint(s):
 - selected to demonstrate additional meaningful drug effects that could be included as labeling claims.
 - neither sufficient (without success on the primary endpoint) nor required to demonstrate efficacy.
- Tertiary or Exploratory endpoints: not suited to serve regulatory purpose

Type I error

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gatekeeping
procedures.

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Overall type I error rate or familywise error rate (FWER):
Probability of incorrectly finding a statistically significant treatment effect for **at least one study objective**.

Control of type I error rate
required for null hypotheses that could lead to labeling claims.

Multiplicity adjustment

- **not needed** if it is required to win on all claims simultaneously (all-or-none-win criteria), e.g. multiple co-primary endpoints.
- **needed** if each individual hypothesis leads to a successful trial outcome (at-least one win criteria), e.g. one endpoint with multiple doses.

Type I error

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gatekeeping
procedures.

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Strong control of FWER

Error rate controlled under all possible configurations of true and false null hypotheses. **Strong FWER control is required for regulatory purpose.**

Weak control of FWER

Error rate controlled for the specific configuration in which all null hypotheses are true.

Type I error

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Multistage
gatekeeping
procedures.

Presentation

Example. Depression clinical trial

Treatment arms

- Treatment drug
- Placebo

Efficacy endpoints

- Primary endpoint: MADRS
- Secondary endpoints; CGI-I and SDS.

Multiple Testing Approach I

- Test primary endpoint at $\alpha = 0.05$
- If significantly better than placebo, test secondary endpoints at 0.05 each

Type I error

- Weak control: Yes
- Strong control: No

Type I error

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issues.
Multistage
gatekeeping
procedures.

Presentation

Multiple Testing Approach II

- Test primary endpoint at $\alpha = 0.05$
- If significantly better than placebo, test secondary endpoints at 0.025 each

Type I error

- Weak control: Yes
- Strong control: Yes

Multiple testing strategies

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procedures.

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Standard multiple test procedures

Bonferroni, Holm, Hochberg, Hommel, Dunnett

Hierarchical and logical restrictions

- Complex relationships among null hypotheses in clinical trials.
- Power of multiple testing may be optimized by taking into account logical restrictions.

Recent developments

- Gatekeeping methods ([6], [9])
- Graphical methods ([5], [4])
- Adaptive alpha allocation, Consistency-adjusted strategies ([1], [2], [3])

Gatekeeping methods

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gatekeeping
procedures.

Presentation

Gatekeeping procedures

- Designed for multiplicity problems where null hypotheses grouped into families
- **Multistage** gatekeeping - based on stepwise algorithm.
- Account for complex relationships among the families
- Account for within-family correlations

Two basic types of family relationships

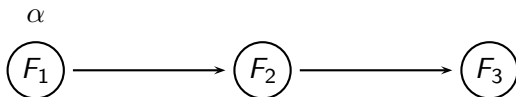
- **Linear** hierarchical structure
- **Symmetric** structure - no hierarchy.

Linear Hierarchical structure

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Multistage
gatekeeping
procedures.

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- Families are ordered based on the clinical importance.
- Primary family F_1
- Family F_i serves as a gatekeeper for F_{i+1} ,
 - parallel gatekeeper: family F_{i+1} becomes testable only if at least one null hypothesis is rejected in family F_i .
 - serial gatekeeper: family F_{i+1} becomes testable only if all null hypotheses are rejected in family F_i .
- Families are tested sequentially.



Reference: Dmitrienko, Tamhane and Wiens [7].

Sequential Testing

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Multistage
gatekeeping
procedures.

Presentation

Algorithm Overview (m families)

- Test primary family F_1 .
- If at least one hypothesis is rejected in F_i , then F_{i+1} is tested ($i = 1, \dots, m - 1$). Otherwise stop.
- Test F_m . Algorithm stops.

Alpha assignment and propagation

- Initially, full α assigned to F_1 .
- Propagation unidirectional: from family F_i to family F_{i+1} .
- The more null hypotheses rejected in F_1, \dots, F_i , the larger significance level α_{i+1} for testing F_{i+1} .

Independence property: Primary inference in F_1 is independent of the testing outcomes for secondary families.

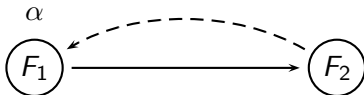
Sequential Testing with Retesting

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gatekeeping
procedures.

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Retesting Option

- Uniform power improvement
- Independence property does not hold. Primary inference depends on the testing outcomes for the secondary family.



Sequential Testing with Retesting

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gatekeeping
procedures.

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Two family problem: 3 step procedure

- 1 Test primary family F_1 .
- 2 If **at least one** hypothesis is rejected in F_1 , test F_2 .
- 3 If **all** hypotheses in F_2 are rejected, F_1 is retested with a more powerful procedure.

Reference: Dmitrienko, Kordzakhia, Tamhane [8].

Sequential Testing with Multiple Retesting

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gatekeeping
procedures.

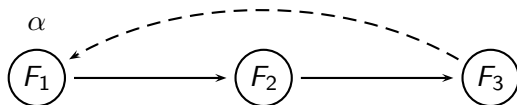
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Multiple families: Cyclic Stack Procedure

- Think of the families as a stack of objects with the primary family F_1 being on the top, and the family with the lowest rank, F_m , being at the bottom.
- The algorithm goes through the stack from the top to the bottom and returns directly to the top.

Algorithm Overview

- Start testing with the primary family F_1 .
- If **at least one** hypothesis is rejected in the family F_i , the algorithm proceeds to testing family F_{i+1} .
- If **at least one** hypothesis is rejected in family F_m , the algorithm returns to family F_1 .



- If a family is fully rejected, it is removed from the stack.
- The method keeps retesting all families in the stack with **increasingly more powerful tests** as long as additional hypotheses are rejected at each step.

Symmetric Hierarchical structure

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Multistage
gatekeeping
procedures.

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Superchain Procedures

- Families correspond to exchangeable sets of objectives, e.g. multiple primary endpoints, subpopulations.
- Exchangeable families can be tested simultaneously rather than sequentially.



Reference: Kordzakhia, Dmitrienko [10].

Simultaneous testing (Superchain procedures)

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issues.
Multistage
gatekeeping
procedures.

Presentation

Algorithm Overview

- Test all families simultaneously.
- If at least one hypothesis is rejected in either family, then at the next step other families are retested with more powerful tests. Otherwise algorithm stops.

Alpha assignment and propagation

- Initially, positive fractions of α allocated to all families.
- Alpha propagation multidirectional: from each family F_i to each family F_j .
- The more null hypotheses rejected in F_i , the larger significance level α_j for testing F_j .

Simultaneous testing

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Multistage
gatekeeping
procedures.

Presentation

Component Procedures

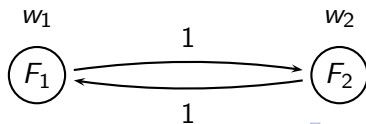
- Testing procedures \mathcal{P}_i applied within families F_i
- \mathcal{P}_i are based on closed testing principle and control type I error rates locally within F_i
- Allow to account for positive within-family correlations
- At each step of algorithm, families F_i are tested by \mathcal{P}_i at "adaptive" significance levels α_i

Simultaneous testing for two families

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Multistage
gatekeeping
procedures.

Presentation

- The non-negative weights w_1 and w_2 with $w_1 + w_2 = 1$ are assigned to F_1 and F_2 to quantify relative importance of the two families.
- At Step 1, families F_i are tested at respective significance levels $\alpha_i = w_i \cdot \alpha$.
- If one or more null hypotheses are rejected in a family, a fraction of FWER is "released" and transferred to the other family.
- The sets of rejected hypotheses in each family grow from one step to the next



Simultaneous testing for multiple families

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Multistage
gatekeeping
procedures.

Presentation

Building Tool

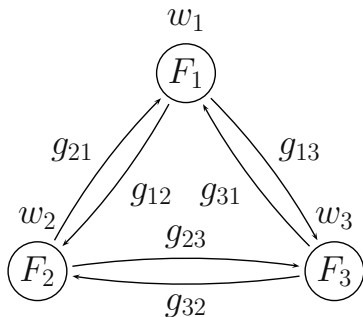
- The multistage procedure (superchain procedure) is defined via a directed graph and components procedures
- Nodes of the graph represent families.
- Directed edges represent connections among families. The families are connected to each other to account for clinically relevant relationship

Simultaneous testing for multiple families

Key
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issues.
Multistage
gatekeeping
procedures.

Presentation

Graph for three-family problem



Simultaneous testing for multiple families

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issues.
Multistage
gatekeeping
procedures.

Presentation

Overview

- Node weights w_i define the initial error rate allocation among the families based on clinical importance
- Connection weights g_{ij} define the rules for re-distributing the error rate released from family F_i to other families
- The multistage procedure is set up to control the global FWER across the families at pre-defined level α .

Reference: Kordzakhia, Dmitrienko [10].

Summary

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Multistage
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procedures.





Presentation

Multiple testing problems



- Multiple sources of multiplicity
- Complex hierarchical objectives.

Criteria for multiple testing procedures

- Strong control of type I error
- Optimize power by accounting for
 - logical relationships
 - correlations
- Simple algorithm for implementation

-  Li D, Mehrotra DV. An efficient method for accommodating potentially underpowered primary endpoints. *Statistics in Medicine* 2008; **27**:5377–5391.
-  Alosch M, Huque M. A flexible strategy for testing subgroups and overall population. *Statistics in Medicine* 2009; **28**:3–23.
-  Alosch M, Huque MF. A consistency-adjusted alpha-adaptive strategy for sequential testing. *Statistics in Medicine* 2010; **29**:1559–1571.
-  Burman CF, Sonesson C, Guilbaud O. A recycling framework for the construction of Bonferroni-based multiple tests. *Statistics in Medicine* 2009; **28**:739–761.

-  Bretz F, Maurer W, Brannath W, Posch M. A graphical approach to sequentially rejective multiple test procedures. *Statistics in Medicine* 2009; **28**:586–604.
-  Dmitrienko A, Tamhane AC. Mixtures of multiple testing procedures for gatekeeping applications in clinical trials. *Statistics in Medicine* 2011; **30**:1473–1488.
-  Dmitrienko A, Tamhane AC, Wiens B. General multistage gatekeeping procedures. *Biometrical Journal* 2008; **50**:667–677.
-  Dmitrienko A, Kordzakhia G, Tamhane AC. Multistage and mixture gatekeeping procedures in clinical trials. *Journal of Biopharmaceutical Statistics* 2011; **53**:726–747.

-  Dmitrienko A, Millen B, Brechenmacher T, Paux G. Development of gatekeeping strategies in confirmatory clinical trials. *Biometrical Journal* 2011; **53**:875–893.
-  Kordzakhia G, Dmitrienko A. Superchain procedures in clinical trials with multiple objectives. *Statistics in Medicine* 2012.