

**PRACTICE OF EPIDEMIOLOGY**

**Evaluation of Cluster Randomized Controlled Trials in Sub-Saharan Africa**

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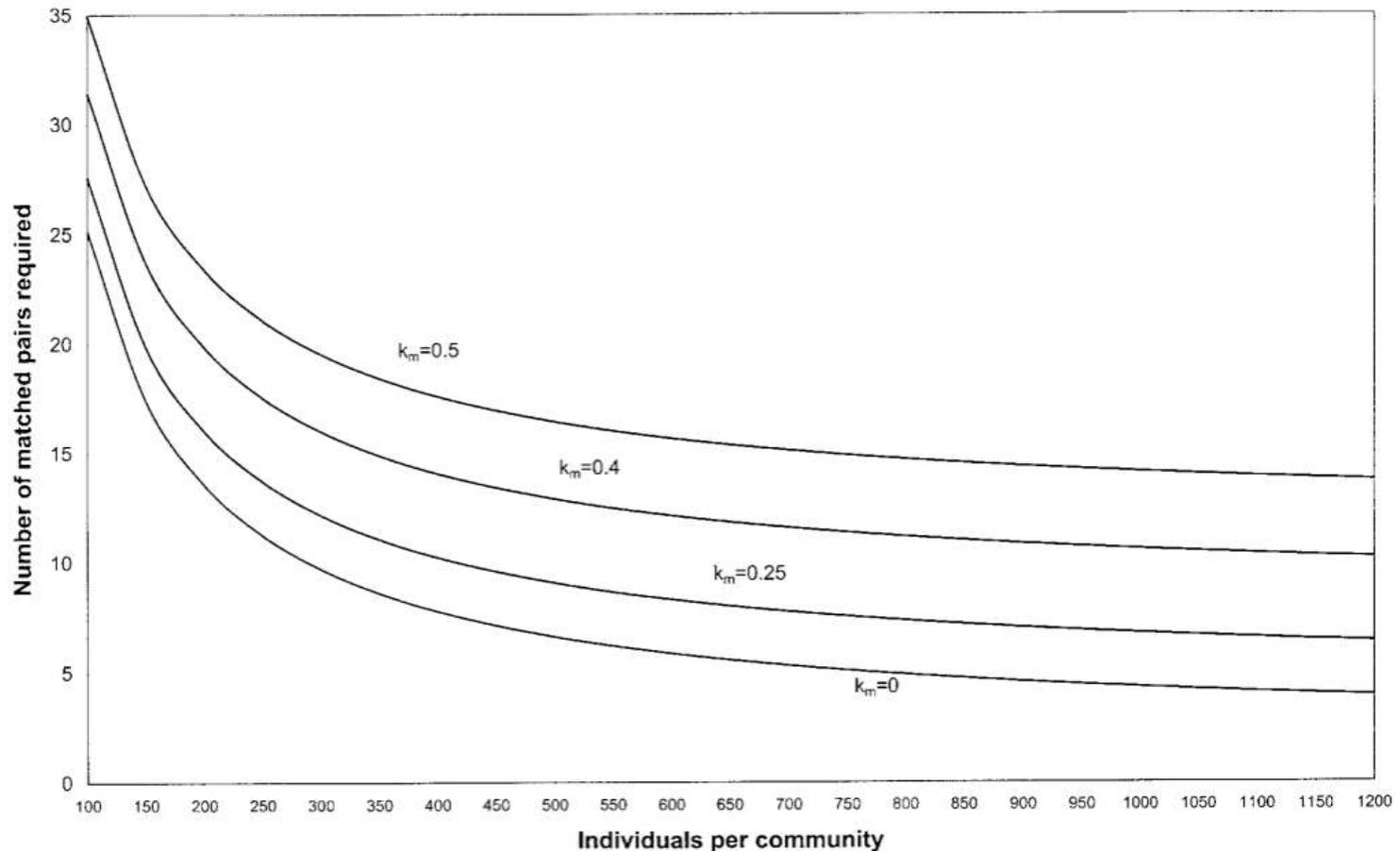
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**TABLE 3. Results and analysis of eligible cluster randomized controlled trials**

| Study characteristic   | Frequency |    |
|--|-----------|----|
|  | No.       | %  |
| Participants' flow diagram provided  | 7         | 14 |
| Level of analysis stated   |           |    |
| Cluster  | 22        | 43 |
| Individual   | 25        | 49 |
| Both   | 3         | 6  |
| Not stated   | 1         | 2  |
| Clustering taken into account in calculating confidence intervals or <i>p</i> values | 19        | 37 |
| Results in absolute numbers provided in sufficient detail                            | 32        | 63 |
| Prognostic variables by treatment group reported                                     | 25        | 49 |
| Any attempt to adjust for these variables described                                  | 16        | 31 |
| Protocol deviations reported   | 6         | 12 |

- 51 CRTs evaluated
- Only 20% took clustering into account in sample size planning.
- Only 37% adjusted for clustering in analysis

# Effect of $k_m$ on Number of Clusters and Cluster Size



**Figure 1** Sample size requirements for Mwanza trial. Graph shows number of matched pairs of communities and number of individuals per community required to detect reduction in cumulative HIV incidence from 2% to 1% for various values of  $k_m$ , the between-community coefficient of variation in incidence within matched pairs

# Sample-Size Calculation

- 🌐 Formulas from the textbooks  
– Hayes or Klar
- 🌐 Software Packages: - Optimal Design, SSC, aCluster
- 🌐 Stata: - SampClus ado add-in
- 🌐 R: programming your own
- 🌐 Simulations

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# Simple sample size calculation for cluster-randomized trials

RJ Hayes and S Bennett

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**Background** Cluster-randomized trials, in which health interventions are allocated randomly to intact clusters or communities rather than to individual subjects, are increasingly being used to evaluate disease control strategies both in industrialized and in developing countries. Sample size computations for such trials need to take into account between-cluster variation, but field epidemiologists find it difficult to obtain simple guidance on such procedures.

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**Methods** In this paper, we provide simple formulae for sample size determination for both unmatched and pair-matched trials. Outcomes considered include rates per person-year, proportions and means. For simplicity, formulae are expressed in terms of the coefficient of variation (SD/mean) of cluster rates, proportions or means. Guidance is also given on the estimation of this value, with or without the use of prior data on between-cluster variation.

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**Case studies** The methods are illustrated using two case studies: an unmatched trial of the impact of impregnated bednets on child mortality in Kenya, and a pair-matched trial of improved sexually-transmitted disease (STD) treatment services for HIV prevention in Tanzania.

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**Keywords** Sample size, randomized controlled trials, cluster randomization, community randomization, between-cluster variation

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# Cluster Sizes for Unmatched CRTs

## Rates:

$$c = 1 + (z_{\alpha/2} + z_{\beta})^2 [(\lambda_0 + \lambda_1)/Y + k^2(\lambda_0^2 + \lambda_1^2)] / (\lambda_0 - \lambda_1)^2 \quad (2)$$

## Proportions:

$$c = 1 + (z_{\alpha/2} + z_{\beta})^2 [\pi_0(1 - \pi_0)/n + \pi_1(1 - \pi_1)/n + k^2(\pi_0^2 + \pi_1^2)] / (\pi_0 - \pi_1)^2 \quad (4)$$

## Means:

$$c = 1 + (z_{\alpha/2} + z_{\beta})^2 [(\sigma_0^2 + \sigma_1^2)/n + k^2(\mu_0^2 + \mu_1^2)] / (\mu_0 - \mu_1)^2 \quad (6)$$

# Campbell – Sample Size



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and Medicine**

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## Sample size calculator for cluster randomized trials

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## Methodological Research

[BACK](#)

The cluster randomised controlled trial is considered the optimal design when evaluating strategies to change professional behaviour. However, adopting such a design has implications for the design, conduct and analysis of a trial. A fundamental assumption of patient randomised controlled trials is that the outcome for an individual patient is completely unrelated to that for any other patient - they are said to be 'independent'. This assumption is violated in cluster randomised trials because patients within any one cluster are more likely to respond in a similar manner. A measure of this similarity is known as the intra-correlation coefficient (ICC). Because of this lack of independence, sample sizes require to be inflated.

We have developed two tools to aid the design of cluster trials in the implementation research field - a database of ICCs and a sample size calculator.

### Database of ICCs

A downloadable excel spreadsheet contains a list of ICCs calculated from a number of different interventions and settings. Also downloadable, is a list of references for the data contained in the spreadsheet.

- [Spreadsheet](#)
- [References](#)

### Sample size calculator

A sample size calculator for cluster randomised trials is obtainable from the link below. This is a self-extracting program.

- <http://www.abdn.ac.uk/hsru/samplesize/ssc.exe>

The instruction manual for this program can be downloaded as a pdf file at the link below.

- <https://www.abdn.ac.uk/hsru/documents/calculationmanual.pdf>

A further description of the calculator can be found in Campbell MK, Thomson S, Ramsay CR, MacLennan GS, Grimshaw JM. **Sample size calculator for cluster randomised trials.** Comput Biol Med2004;34:113-125.

If you have any queries about either of these resources, please contact Graeme MacLennan ([g.maclennan@abdn.ac.uk](mailto:g.maclennan@abdn.ac.uk))

