## **Hudes, Estie**

From: Hudes, Estie

Sent: Monday, February 22, 2016 9:56 PM

**Subject:** CAPS Methods Core seminar 03/11/2016; Jitendra Ganju, PhD: Making Clinical Trial

**Results Robust** 

If you are coming from outside CAPS, please make sure you read the information at the end of this message. Please make sure you RSVP to Estie Hudes prior to the seminar date.

Dear Methods Core seminar participants,

Our next seminar will take place in under three weeks, on March 11. Please note the day of the week and time. (Friday morning)..

Topic Making Clinical Trial Results Robust

Presenter: Jitendra Ganju, PhD

VP of Biometrics at Global Blood Therapeutics

South San Francisco

Time & Place: Friday, March 11, 10-11:30, 2016

(new) McKusick Conference room #3700

Mission Hall, 3rd floor

4th Street at 550 16th Street San Francisco, CA 94158

Abstract: Clinical trials are a complex undertaking. A typical Phase 3 study recruits large numbers of patients (ranging from a few hundred to several thousand) and requires a large financial investment (ranging from \$10s of millions to over \$100 million). The wait time from enrollment to final results seems interminable (the timeframe is usually several years). Yet, our approach to inference is fragile. A single endpoint is pre-specified for efficacy which is formally analyzed by a single pre-specified method of analysis. Suppose after unblinding we find that the method of analysis was suboptimal. For example, for the well-known BHAT trial (beta blocker heart attack trial) Kosorok and Lin (JASA 1999) note that had a particular weighted logrank statistic, G<sup>20,0</sup>, been used instead of the unweighted logrank, the trial could perhaps have been stopped 10 months earlier. During that period 58 placebo deaths and 36 treatment deaths occurred.

This talk proposes a way to make inferences robust. The idea is akin to how financial investments are made. Investment in a single stock, which is analogous to pre-specifying a single analysis method, is unwise. A better way is to hedge our bets. This means pre-specifying a combining function for multiple pre-specified test statistics for formal inference. The versatility of the combination method is manifold: inferences are robust; the combined test statistic can yield more power than the best performing single test; it can be used when the number of covariates exceeds the number of observations; in group sequential trials, the set of tests at one interim analysis may be different from that at another interim, making analyses more flexible; it permits simultaneous rejection of the null in an overall sample and in subgroups. The recommendation is to replace the practice of relying exclusively on a single test with multiple tests. Open areas for more research will be noted.

One part of the work is joint with Julie Ma (Gilead Sciences), Xinxin Yu (former PhD student at U. Wisconsin), and the rest is joint with Yunzhi Lin (Takeda Pharma) and Kefei Zhou (Amgen).

Bio: Bio: I'm VP of Biometrics at Global Blood Therapeutics, a biopharmaceutical company based in South San Francisco. Currently, I'm working with teams within GBT on planning trials for potential treatments for sickle cell disease and idiopathic lung fibrosis. In past decade I've also worked at Amgen, Gilead Sciences, and Hyperion Therapeutics. My entire 20+ year career since the completion of my dissertation has been in the pharma / biotech industry. I received my PhD in Statistics from the University of Delaware. My dissertation topic was on inherently restricted randomized trials that are inadvertently treated as fully randomized experiments. I've served as Associate Editor of Controlled Clinical Trials (now Contemporary Clinical Trials). Some of my published work includes topics such as inference from blinded data, stratification in clinical trials, increasing power by combining tests statistics testing the same hypothesis, bias in tests when randomization restrictions are caused by not re-setting factor levels. My research interests include multiple comparisons, and making clinical trial designs and inferences robust.

The CAPS Methods Core activity can now be checked directly on the website: <a href="http://caps.ucsf.edu/about/structure-cores/methods-core/">http://caps.ucsf.edu/about/structure-cores/methods-core/</a>

Materials from past Methods Core seminars can be found at <a href="http://caps.ucsf.edu/about/structure-cores/methods-core/methods-core-seminars/">http://caps.ucsf.edu/about/structure-cores/methods-core/methods-core-seminars/</a>

## Directions to Mission Bay:

http://campuslifeservices.ucsf.edu/transportation/services/alternative transportation/mission bay transit options

Please note that you can only use the Red shuttle at 16th Street BART if you have a current UCSF ID badge.

Parking at Mission Bay:

http://campuslifeservices.ucsf.edu/transportation/services/parking/public parking

Estie Sid Hudes, PhD MPH
Specialist / Statistician
Center for AIDS Prevention Studies (CAPS) &
Department of Epidemiology & Biostatistics
University of California, San Francisco

Email: Estie.Hudes@ucsf.edu

http://caps.ucsf.edu/personnel/ehudes/ http://www.caps.ucsf.edu

Fax: 415.476.5348 UCSF Mailcode 0886 550 16<sup>th</sup> Street, 3<sup>rd</sup> Floor San Francisco, CA 94158-2549 CONFIDENTIALITY NOTICE: INFORMATION IN THIS MESSAGE, INCLUDING ALL ATTACHMENTS, IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE INTENDED RECIPIENT(S) NAMED ABOVE. If the reader of this message is not an intended recipient or an agent responsible for delivering it to an intended recipient, you are hereby notified that you have received this message in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you received this message in error, please notify the sender immediately, and delete the message and any hard copy print-outs. Thank you.