



Interim Reports for Data Monitoring Committee Review vs Final Reports for Regulatory Filing

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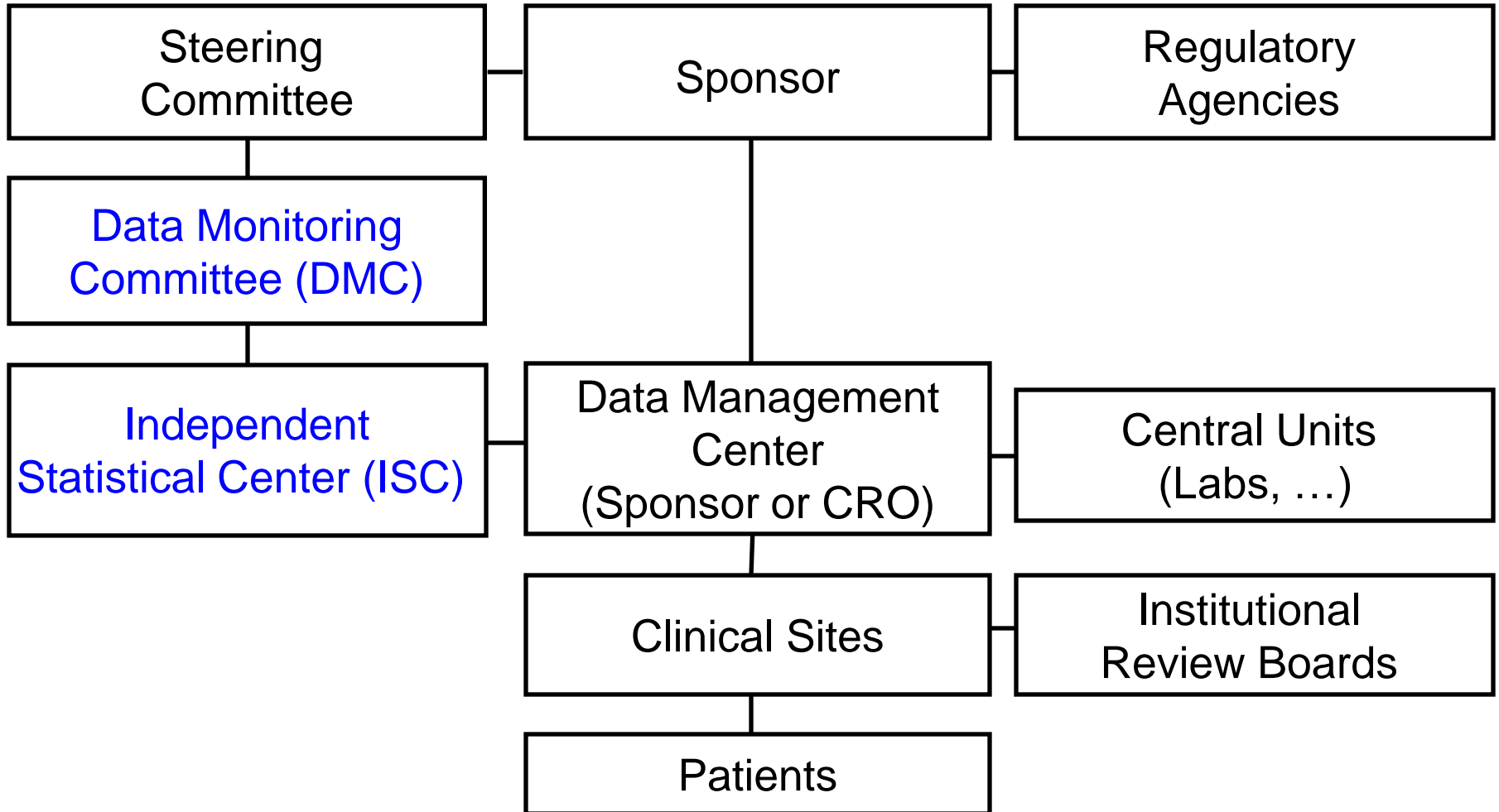


Outline

- Industry-modified NIH clinical trial model
- Responsibilities of **Data Monitoring Committee (DMC)**
- Responsibilities of **Independent Statistical Center (ISC)**
- **Statistical analysis plan vs interim analysis plan**
- **Final report vs interim report**
- Contents of interim reports
- Typical practice
- **Tables vs figures**



Industry-modified NIH CT Model



Fisher, Roecker, DeMets. *Drug Information J* 2001;35:115-29



Responsibilities of DMC

- Ongoing review
 - Safety of trial participants
 - Scientific validity of trial and integrity of data
 - Merit of continuing trial based on risk/benefit
 - **Interim analysis** and **interim report**
- Make recommendations to sponsor
 - Continue as planned
 - Modify the protocol or suspend accrual until resolution of problems
 - Terminate: Safety, futility or treatment benefit



Responsibilities of ISC

- **Independence** from Sponsor
- **Access** to trial database
- Intelligent interim reports following **good statistical practice** (PSI guidelines)
- Knowledgeable about disease and treatment
- Capable of **handling ad-hoc requests** from DMC without having to go back to Sponsor



SAP vs IAP

- Statistical analysis plan (SAP)
 - Benchmark
 - Final analysis
 - Regulatory filing
 - Explicitly codified
 - Contents
 - Format
 - Final or Clinical study report (CSR)
- Interim analysis plan (IAP)
 - Benchmark
 - Ongoing review
 - Trial assumption, safety and efficacy
 - Flexible and fluid
 - Address emerging issues
 - Evolve with trial
 - Interim or DMC report



Interim Analysis and Plan

- PSI Guidelines for Standard Operating Procedures for Good Statistical Practice in Clinical Research
 - <http://www.psiweb.org/docs/gsop.pdf>
- Interim analysis
 - Any examination of the data prior to locking the database of a clinical trial in which results (safety or efficacy) are evaluated by treatment group
- Interim analysis plan
 - A description of the proposed methods of interim analysis and presentation of the interim analysis results



Interim Report

- Succinct and intelligent
- Narrative texts
 - Statistical commentary regarding important issues
 - History of DMC meetings and summary of previous DMC deliberations
- Not too dogmatic about content or style
 - Armitage (1991)
- Graphical summaries most helpful
- Listing to be avoided
 - Except for targeted adverse events and SAEs



Contents: Open Session Report (1)

- Outline of the study design with a schema
- DMC monitoring plan and history of review
- Statistical commentary regarding issues presented in the report
- Summary of major issues in the open session reports from previous meetings
- Protocol changes, if any



Contents: Open Session Report (2)

- Patient screening
- Accrual by month and by institution
 - A graph of actual vs projected accrual over time
- Disposition of enrolled patients
 - Eligibility violations
 - Protocol violations
 - Study status: on/off treatment, off study



Contents: Open Session Report (3)

- **Completeness/Timeliness of interim data**
 - Adherence to scheduled study follow-up
 - Reporting delays for key endpoints
- Baseline characteristics
- **Time between randomization and initiation of treatment**
- Length on treatment and on-study follow-up
- Safety summary?



Contents: Closed Session Report (1)

- Statistical commentary regarding issues presented in the closed session report
- Summary of major issues in the closed session reports from previous meetings
- Repeat of the open report information, in greater detail, by treatment group
- Treatment discontinuation
 - Cross-over



Contents: Closed Session Report (2)

- Post-randomization data by treatment group
- Primary/secondary efficacy data
 - Subgroup analyses
 - Analyses adjusted for baseline characteristics
- Adverse events and overall safety data
 - Lab values, including summaries and longitudinal analyses



Typical Practice

- Sponsor
 - Code statistical programs for shells for [tables, listings and figures \(TLFs\)](#) in CSR
 - Take a subset of TLFs in CSR for interim report
 - Hand over statistical programs and randomization code to ISC
- ISC
 - Run the statistical programs
 - Produce the TLFs – typically very thick!
 - Present the TLFs to DMC
- For ad-hoc data analysis/report request from DMC
 - ISC contacts Sponsor and asks for statistical program to produce the requested analysis/report – [Here goes the independence of ISC!](#)



Shift Table

(Page 182 of 926)

Protocol: ██████████
 Population: Safety

Page 11 of 18
 Data as of: 16NOV2009

Table 15 Summary of Systolic Blood Pressure (mmHg) Shifts from Baseline by Baseline Systolic Blood Pressure

Treatment= ██████████ (N=274)

Planned Time	Baseline n	Baseline Value	Time Period Value				Total
			< 90	90 - 139	140 - 169	>= 170	
CYCLE 01 DAY 14	248	< 90	0	0	0	0	0
		90 - 139	1 (0%)	124 (50%)	70 (28%)	11 (4%)	206 (83%)
		140 - 169	0	12 (5%)	22 (9%)	5 (2%)	39 (16%)
		>= 170	0	0	3 (1%)	0	3 (1%)
		Missing	0	0	0	0	0
		Total	1 (0%)	136 (55%)	95 (38%)	16 (6%)	248 (100%)
CYCLE 01 DAY 28	219	< 90	0	0	0	0	0
		90 - 139	3 (1%)	120 (55%)	51 (23%)	5 (2%)	179 (82%)
		140 - 169	0	12 (5%)	21 (10%)	3 (1%)	36 (16%)
		>= 170	0	0	4 (2%)	0	4 (2%)
		Missing	0	0	0	0	0
		Total	3 (1%)	132 (60%)	76 (35%)	8 (4%)	219 (100%)
CYCLE 01 DAY 42	195	< 90	0	0	0	0	0
		90 - 139	0	106 (54%)	51 (26%)	2 (1%)	159 (82%)
		140 - 169	0	17 (9%)	14 (7%)	2 (1%)	33 (17%)
		>= 170	0	0	2 (1%)	1 (1%)	3 (2%)
		Missing	0	0	0	0	0
		Total	0	123 (63%)	67 (34%)	5 (3%)	195 (100%)

Note: n = number of subjects with non-missing values at the specified planned time.





Shift Table

(Page 390 of 632)

██████████ - IDMC4 Closed Session
Population: Safety

(Data as of: 14MAY08)

Table 20
Summary of Shift From Baseline to 18 Month in Haematology Abnormalities

	██████████ (N=147)	Placebo (N=155)
Hemoglobin (g/dL)		
Low-Low	0	2 (1%)
Low-Normal	1 (<1%)	0
Normal-Low	1 (<1%)	0
Normal-Normal	30 (20%)	31 (20%)
Normal-High	1 (<1%)	1 (<1%)
Unknown	1 (<1%)	1 (<1%)
Data not Available	113 (77%)	120 (77%)
Hematocrit (%)		
Low-Low	0	2 (1%)
Low-Normal	1 (<1%)	0
Normal-Low	0	1 (<1%)
Normal-Normal	30 (20%)	29 (19%)
Normal-High	0	1 (<1%)
High-Normal	2 (1%)	1 (<1%)
Unknown	1 (<1%)	1 (<1%)
Data not Available	113 (77%)	120 (77%)
Platlets (gi/L)		
Low-Normal	1 (<1%)	1 (<1%)
Normal-Normal	29 (20%)	32 (21%)
Normal-High	1 (<1%)	0
Unknown	3 (2%)	2 (1%)
Data not Available	113 (77%)	120 (77%)



ENAR Spring Meeting 2006 Presentations

- Ohad Amit, GSK
 - Graphical Approaches to the Analysis of Safety Data
 - Amit, Heiberger, Lane. *Pharmaceut Statist* 2008;7:20–35
- Mat Soukup, FDA
 - Visual Representations of Data Used during the NDA Review Cycle
- Andreas Krause, Pharsight
 - Now Look at This: Concepts for Visualizing Clinical Data
- Matthew D. Austin, Amgen
 - The State of Data Visualization in the Reporting of Clinical Results
- Michael A. O'Connell, Insightful
 - Statistical Graphics in Drug Discovery and Development
- Tom Filloon, Procter & Gamble
 - Graphical Analysis and Reporting of Clinical Safety and Efficacy Data

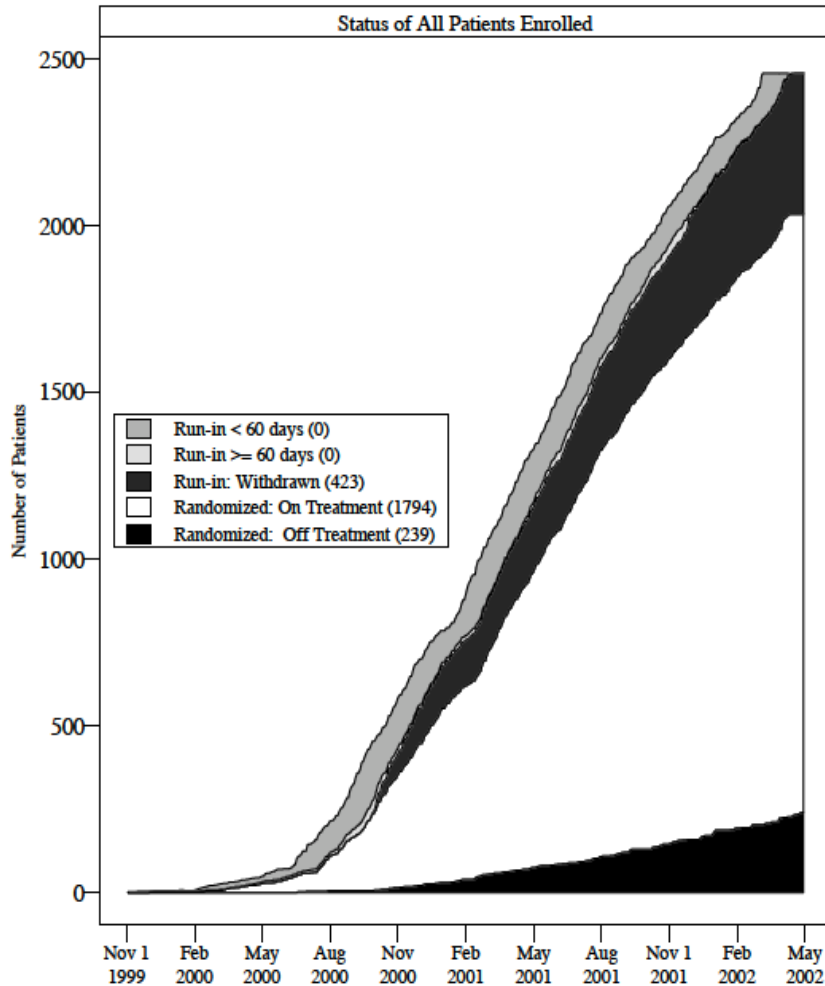


JSM 2006 Presentations

- Matthew Austin, Amgen
 - Graphical Analysis of Clinical Data: Exploratory and Production Environments
- C. George Rochester, FDA
 - Statistical Graphics: Applications in Drug Discovery and Clinical Development
- Thomas G. Filloon, Procter & Gamble
 - Statistical Graphics for Effective Scientific and Business Decisionmaking throughout Drug Discovery, Development, Postmarketing, and Portfolio Management



Figure as Alternative to Table



Accrual and Treatment Status, by Month Randomized

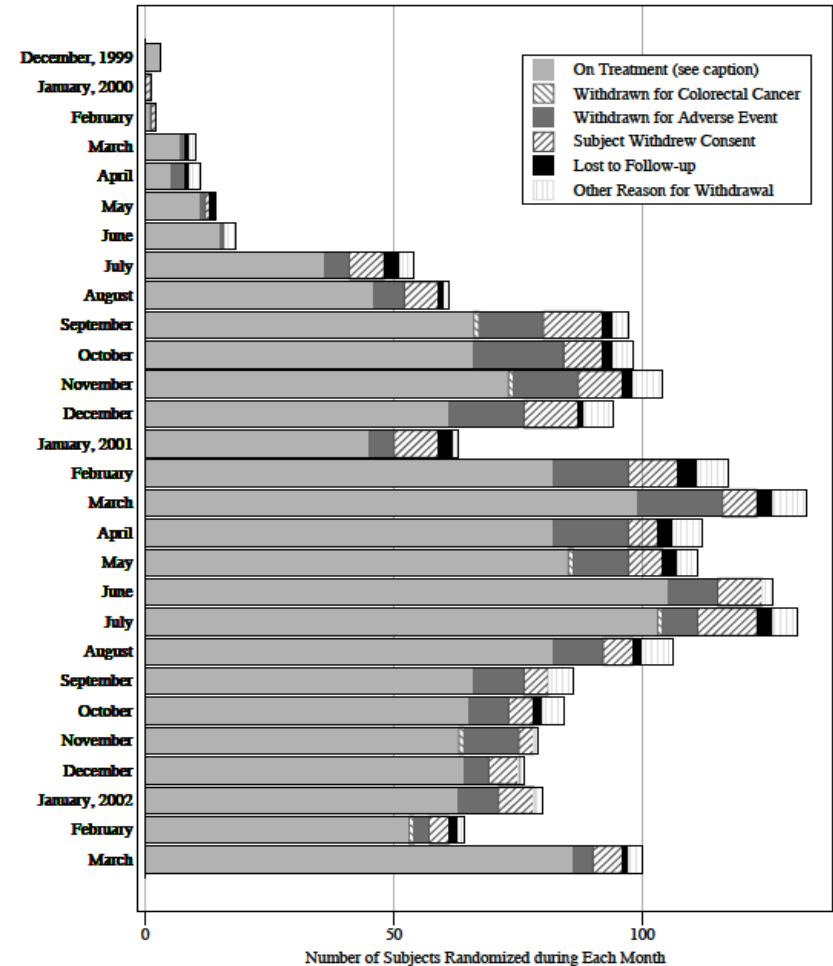




Figure as Alternative to Table

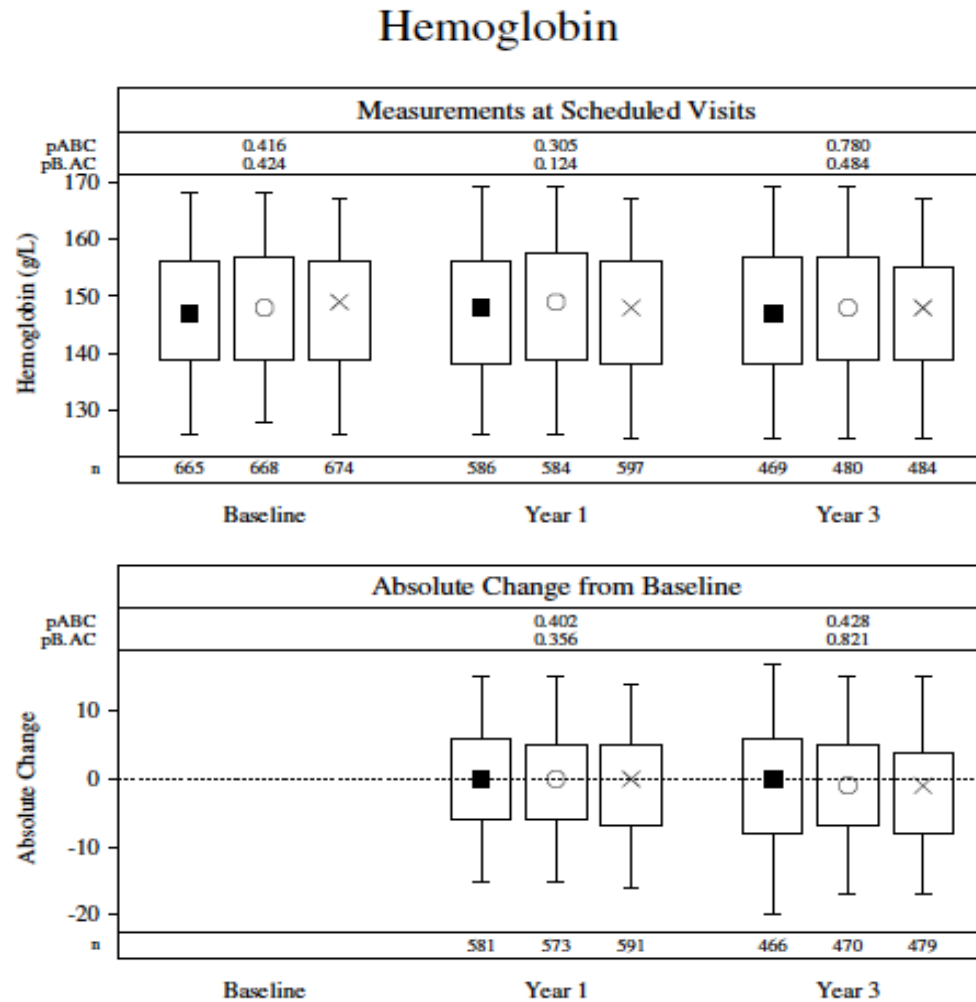
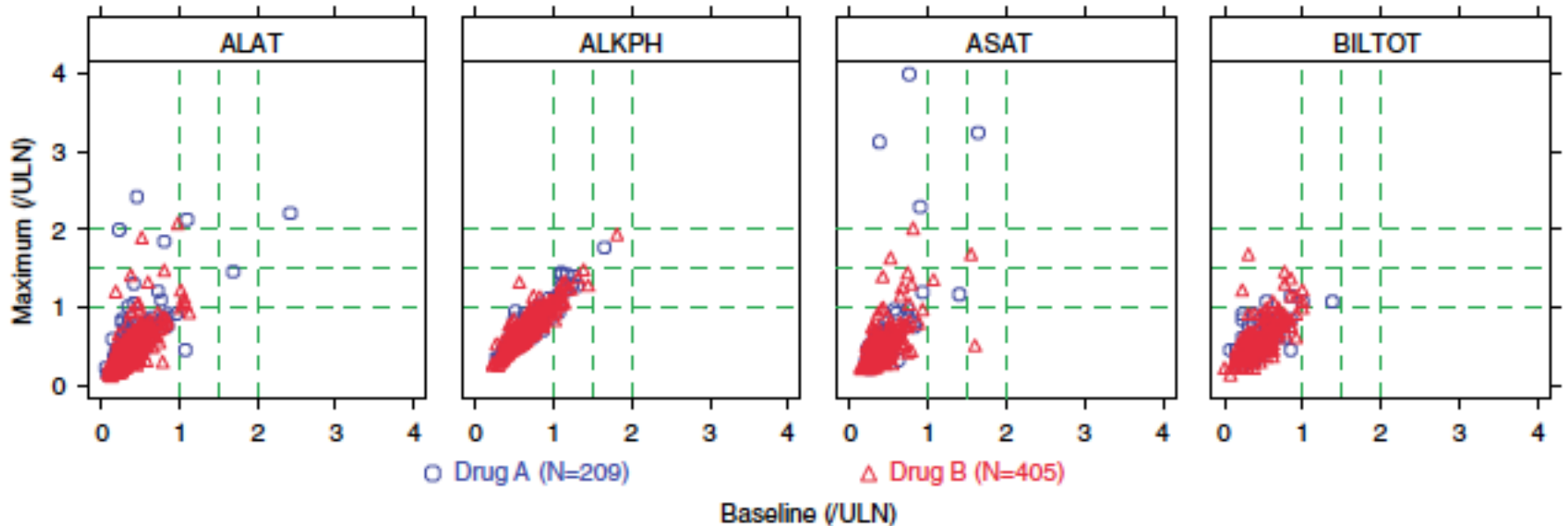




Figure as Alternative to Table



For ALAT, ALKPH, and ASAT, the Clinical Concern Level is 2 ULN;

For BILTOT, the CCL is 1.5 ULN; where ULN is the Upper Level of Normal Range

Figure 6. Trellis of LFT shifts from baseline to maximum by treatment.



Problems with Typical Practice

- Where is the **independence** in ISC?
- More seriously, there is potential for
 - **Unblinding** Sponsor
 - **Compromising** the integrity of trial



Discussion

- Flexible and fluid IAP
 - Evolve with trial
 - Nimble ISC
- Intelligent and intelligible interim report
 - Rather than reams of paper with tables/listings
 - Creative figures
- ISC responsible to facilitate
 - Informed review by DMC
 - DMC deliberations



Recommendations

- Paradigm shift
 - from Tables-Listings-Figures (TLFs)
 - to **Figures-Tables-Listings (FTLs)**
- Graphically oriented interim reports
 - Judicious **use of color**
 - Ready availability of color laser printers
- Informative and intelligent tables
- Avoid or minimize listings
- Strive for **genuine independence** of ISC
 - It's in the best interest of Sponsor!