

Session 9

Power and sample size

- 9.1 Measure of the treatment difference
- 9.2 The power requirement
- 9.3 Application to a proportional odds analysis
- 9.4 Limitations and alternative approaches
- 9.5 Sample size reviews

9.1 Measure of the treatment difference

Let θ measure the advantage of T over C

$\theta > 0$ T superior

$\theta = 0$ No difference

$\theta < 0$ T inferior

Binary

p_T : probability of success on T

p_C : probability of success on C

$$\theta = \log_e \left(\frac{p_T (1 - p_C)}{p_C (1 - p_T)} \right) \quad (\text{log - odds ratio})$$

Ordered categorical data (assuming proportional odds)

Q_{kT} : probability of being in C_k or better on T

Q_{kC} : probability of being in C_k or better on C

$$\theta = \log_e \left\{ \frac{Q_{kT} (1 - Q_{kC})}{Q_{kC} (1 - Q_{kT})} \right\} \quad (\text{log - odds ratio})$$

9.2 The power requirement

The null hypothesis of no treatment difference should be rejected at significance level α (2-sided), with probability $(1 - \beta)$, for a given magnitude $\theta = \theta_R$ of treatment difference

Prior to conducting the study, it is necessary to impose a model for the responses, in order to define the reference improvement

Information needed

Test of null hypothesis based on the assumption

$$\hat{\theta} \sim N\left(\theta, \frac{1}{w}\right)$$

Reject H_0 if

$$|\hat{\theta}\sqrt{w}| > c$$

where w will be a function of

1. **sample size**
2. **unknown parameters**

We need

$$P\left(\left|\hat{\theta}\sqrt{w}\right| > c; \theta = 0\right) = \alpha$$

i.e. $P\left(\hat{\theta}\sqrt{w} > c; \theta = 0\right) = \alpha/2$ (i)

and $P\left(\left|\hat{\theta}\sqrt{w}\right| > c; \theta = \theta_R\right) = 1 - \beta$

i.e. $P\left(\hat{\theta}\sqrt{w} > c; \theta = \theta_R\right) = 1 - \beta$ (ii)

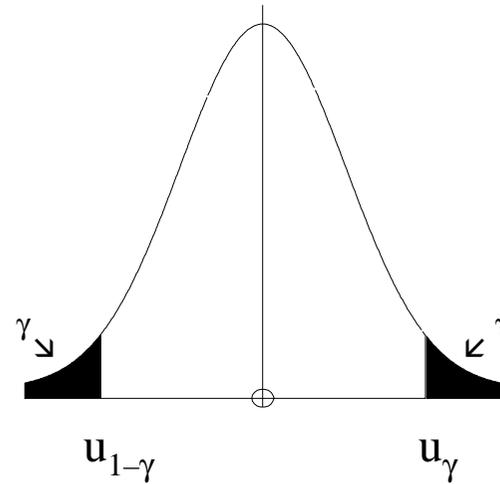
as it is most unlikely that $\hat{\theta}\sqrt{w} < -c$ when $\theta = \theta_R$

Standard normal density

If $X \sim N(0, 1)$

then

$$P(X > u_\gamma) = \gamma$$



$$u_{1-\gamma} = -u_\gamma \text{ by symmetry}$$

Now $\hat{\theta}\sqrt{w} \sim N(\theta\sqrt{w}, 1)$

$$\text{From (i)} \quad P(\hat{\theta}\sqrt{w} > c; \theta = 0) = \alpha/2$$

When $\theta = 0$ $\hat{\theta}\sqrt{w} \sim N(0, 1)$

$$\text{So} \quad c = u_{\alpha/2} \quad \text{(iii)}$$

From (ii)

$$P\left(\left(\hat{\theta} - \theta_R\right)\sqrt{w} > \left(c - \theta_R \sqrt{w}\right); \theta = \theta_R\right) = 1 - \beta$$

and when $\theta = \theta_R$, $\left(\hat{\theta} - \theta_R\right)\sqrt{w} \sim N(0, 1)$

So $c - \theta_R \sqrt{w} = u_{1-\beta} = -u_{\beta}$ (iv)

Eq (iii) – Eq (iv) gives

$$\theta_R \sqrt{w} = u_{\alpha/2} + u_{\beta}$$

i.e.

$$w = \left(\frac{u_{\alpha/2} + u_{\beta}}{\theta_R} \right)^2$$

- This formula has general validity
- Can use $w = V$ (Fisher's information)
(Whitehead, 1996)
- To obtain a sample size, w must be related to n
 - This is the most approximate part of the procedure

9.3 Application to a proportional odds analysis

- Assume proportional odds
- Denote the log-odds ratio, measuring the advantage of T over C, by θ
- Specify the difference sought (for which power is to be $1 - \beta$) as a value $\theta_R > 0$ of θ

From Session 3

$$V = \frac{n_T n_C n}{3(n+1)^2} \left\{ 1 - \sum_{k=1}^m \left(\frac{n_k}{n} \right)^3 \right\}$$

Suppose that it is intended that $n_T \approx n_C$, and anticipated that $n_k/n \approx \bar{p}_k$, $k = 1, \dots, m$. Then

$$V \approx \frac{n}{12} \left(1 - \sum_{k=1}^m \bar{p}_k^3 \right) \quad \text{so that} \quad n = \frac{12(u_{\alpha/2} + u_{\beta})^2}{\theta_R^2 \left(1 - \sum_{j=1}^m \bar{p}_k^3 \right)} \quad (9.1)$$

Example: Head injury trial

- **Patients** – Head injury
- **Treatments** – Experimental drug vs placebo
- **Response** – Glasgow Outcome Scale at 3 months
 - Anticipated responses in placebo arm

Category	Good recovery	Moderate disability	Severe disability	Vegetative/Dead
Absolute Prob (p_{kC})	0.264	0.156	0.131	0.449
Cumulative Prob (Q_{kC})	0.264	0.420	0.551	1

Example: Head injury trial

- **Significance test** – 5% (two-sided)
- **Power** – 0.9
- **Clinically relevant difference** – proportion in Good recovery and Moderate disability categories to move from 0.42 on placebo to 0.52 on experimental drug

$$\theta_R = \log_e \left\{ \frac{0.520(1 - 0.420)}{0.420(1 - 0.520)} \right\} = 0.403$$

Under the proportional odds model

$$e^{\theta_R} = \frac{Q_{kT} (1 - Q_{kC})}{Q_{kC} (1 - Q_{kT})}$$

so that

$$\frac{Q_{kT}}{1 - Q_{kT}} = \frac{e^{\theta_R} Q_{kC}}{1 - Q_{kC}}$$

that is

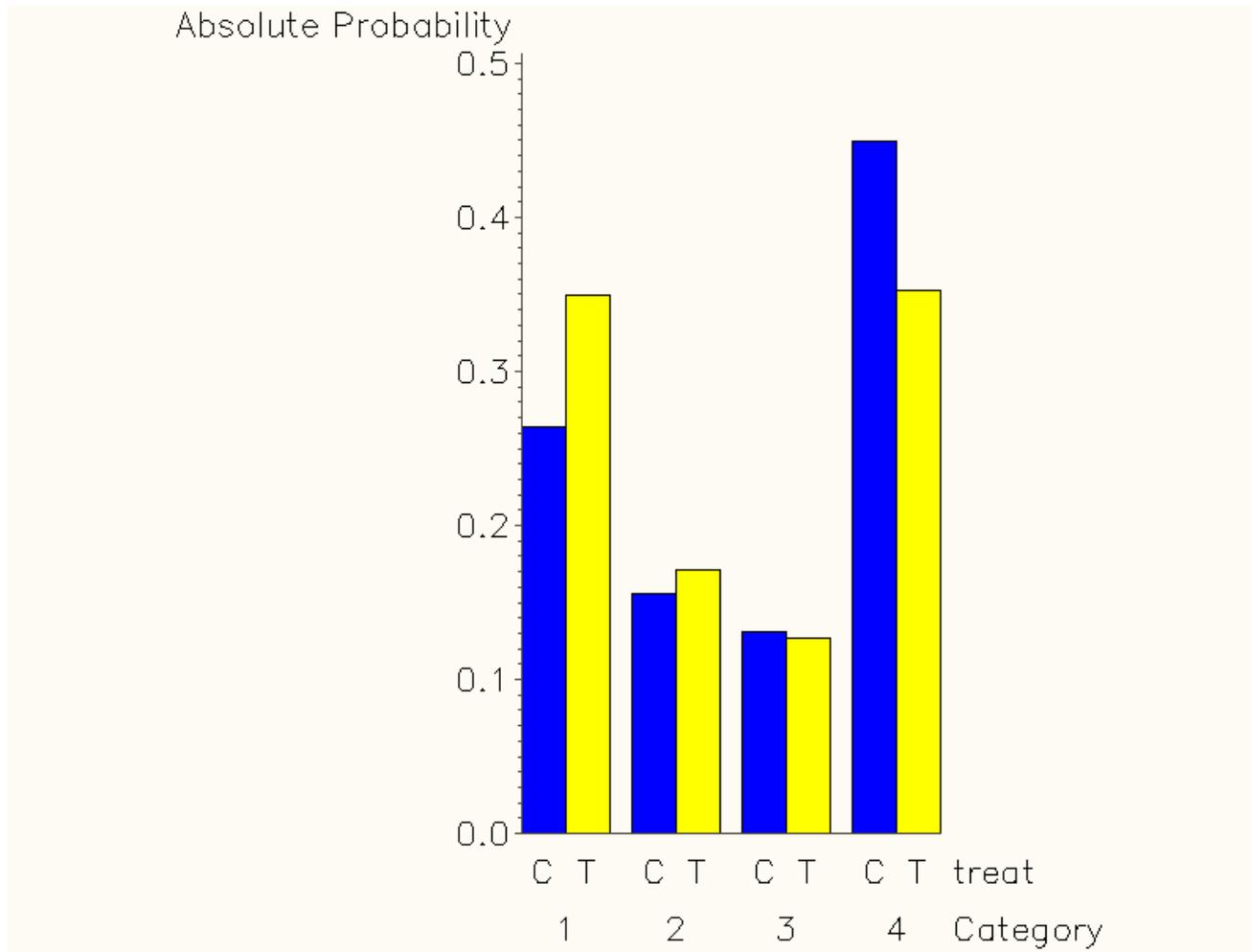
$$Q_{kT} = \frac{e^{\theta_R} Q_{kC}}{(1 - Q_{kC}) + e^{\theta_R} Q_{kC}}$$

for $k = 1, 2, 3$

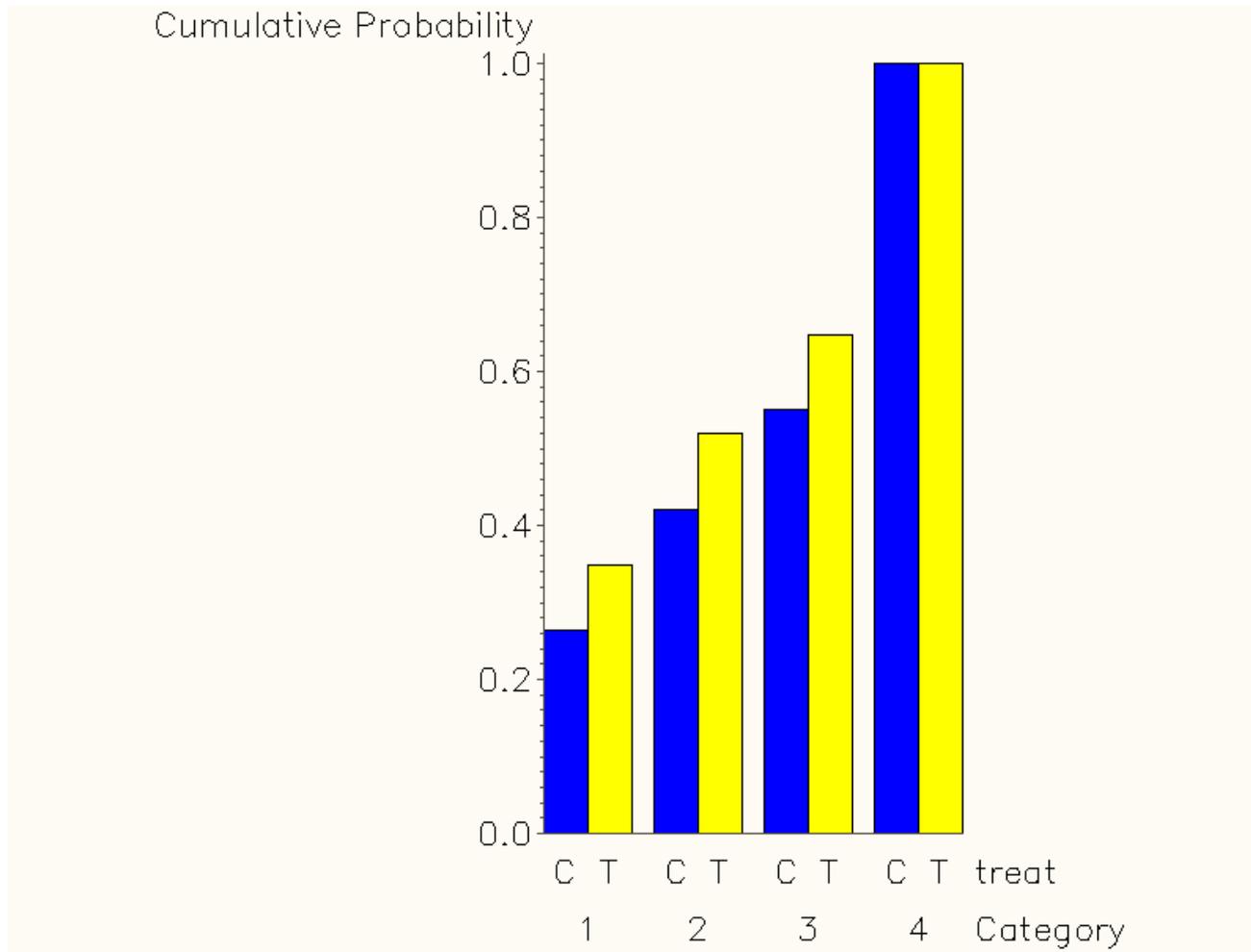
For $\theta_R = 0.403$ and anticipated Q_{kC} values

Category	Good recovery	Moderate disability	Severe disability	Vegetative/ Dead
Cumulative Prob (Q_{kC})	0.264	0.420	0.551	1
Cumulative Prob (Q_{kT})	0.349	0.520	0.647	1

Absolute Prob (p_{kC})	0.264	0.156	0.131	0.449
Absolute Prob (p_{kT})	0.349	0.171	0.127	0.353
Average Absolute Prob (\bar{p}_k)	0.307	0.163	0.129	0.401



Is proportional odds assumption sensible?



Is proportional
odds assumption
sensible?

$$\alpha = 0.05 \quad u_{\alpha/2} = 1.960$$

$$1 - \beta = 0.9 \quad u_{\beta} = 1.282$$

$$\begin{aligned} 1 - \sum_{k=1}^4 \bar{p}_k^3 &= 1 - 0.100 \\ &= 0.900 \end{aligned}$$

Hence

$$\begin{aligned} n &= \frac{12(1.960 + 1.282)^2}{0.403^2 \times 0.900} \\ &= 863 \end{aligned}$$

That is the total sample size: 432 patients on each treatment

9.4 Limitations and alternative approaches

Method is accurate if $\theta_R < 1$, and should be avoided if $\theta_R > 2$

- *in the example*

$$\theta_R = 1 \Rightarrow n = 140$$

$$\theta_R = 2 \Rightarrow n = 35$$

To overcome

- use an exact method (*Hilton and Mehta, 1993*)
- bootstrap
- simulate

Kolassa (1995) improves on equation (9.1), using a Cornish-Fisher approximation to the null distribution in place of the normal approximation

The method is implemented in the software nQuery Advisor

nQuery Advisor: main menu

Study Goal and Design

Goal: Make Conclusion Using	Number of Groups	Analysis Method
<input checked="" type="radio"/> Means	<input type="radio"/> One	<input checked="" type="radio"/> Test
<input type="radio"/> Proportions	<input checked="" type="radio"/> Two	<input type="radio"/> Confidence Interval
<input type="radio"/> Survival (Time to Event)	<input type="radio"/> > Two	<input type="radio"/> Equivalence
<input type="radio"/> Agreement		
<input type="radio"/> Regression		

Two-sample t test
Wilcoxon/Mann-Whitney rank-sum test (continuous outcome)
Wilcoxon/Mann-Whitney rank-sum test (ordered categories)
Two-group univariate repeated measures ANOVA (Greenhouse-Geisser correction)
2 x 2 Crossover Design

Unequal n's

Finite Population

Entry of category probabilities for the two groups

 MTT2-1: Aid table E1 -- Specification of probabilities in groups, categories								
<u>C</u> ompute	Transfer	Close	Restore	Clear	Cut	Copy	Paste	Print
Category	Proportion in Group 1 (X)	Proportion in Group 2 (Y)						
1	0.264	0.349						
2	0.156	0.171						
3	0.131	0.127						
4	0.449	0.353						
$\sum \pi_i$	1.000	1.000						
$p_1 = P(X < Y)$	0.440							

Calculation of power

Wilcoxon (Mann-Whitney) rank-sum test that $P(X<Y) = .5$ (ordered categories)					
	1	2	3	4	5
Test significance level, α	0.050	0.050			
1 or 2 sided test?	2	2			
Number of categories, k	4	4			
Side table name	E1	E1			
$p_1 = P(X<Y)$	0.440	0.440			
Power (%)	89	90			
n per group	432	436			

Power is 0.89 for 432 patients per group - *as found from equation (9.1)*

Power is 0.90 for 436 patients per group

Lesaffre et al. (1993) present an alternative method based on simulation

Hilton (1996) evaluates the robustness of formula (9.1)

Julious and Campell (1996) examine (9.1) in the special case of binary data

Julious and Campell (1998) present formulae for the calculation of sample size for paired or matched ordered categorical data

9.5 Sample size reviews

Equation (9.1) is valid provided that:

- proportional odds hold
- \bar{p}_k 's are anticipated correctly

The latter can be checked at a *sample size review*

Idea

1. Guess $\bar{p}_1, \dots, \bar{p}_m$
2. Calculate n from equation (9.1) : denote value by n_0
3. Take cn_0 observations, $c \in (0, 1)$
(e.g. $c = \frac{1}{2}$)
4. Estimate $\bar{p}_1, \dots, \bar{p}_m$ from blinded data
5. Use estimates to recalculate n , denote value by n_1
6. Collect the remaining data needed to achieve this sample size

Notes

- Final sample size must be $\geq cn_0$
- Can limit to values $\in (n_0, 2n_0)$, for example

Gould (1992, 1995) investigated the binary case, showed that type I error unaffected

Example in head injury (*Bolland et al., 1998*)

Patients: suffering from severe head injury

Treatments: eliprodil vs placebo

Outcome: Glasgow Outcome Scale (GOS) six months after randomisation - ordinal

	Proportion in each category		
	GR	MD	SD/V/D
Placebo	0.17	0.30	0.53
Eliprodil	0.274	0.346	0.38

Improvement to detect: GR + MD from 0.47 to 0.62

$$\theta_R = \log_e \left(\frac{Q_{kT} (1 - Q_{kC})}{Q_{kC} (1 - Q_{kT})} \right) = 0.610 \quad \text{for } k = 1, 2$$

$$n = \frac{12}{\left(1 - \sum_j \bar{p}_k^3 \right)} \left(\frac{U_{\alpha/2} + U_{\beta}}{\theta_R} \right)^2 \quad (9.1)$$

$$\alpha = 0.05, \quad 1 - \beta = 0.9, \quad \bar{p}_1 = 0.222, \quad \bar{p}_2 = 0.323, \quad \bar{p}_3 = 0.455$$

giving $n = 394$

Total sample size rounded up to $n_0 = 400$

Planned sample size review

- after responses from 100 patients
- timing at just beyond 9 months into trial after about 180 patients recruited (assuming entry rate of about 30/month)
- assessment of the need to adjust sample size for stratification
- new sample size to be used, n

$$n = \begin{cases} 400 & \text{if } n_1 + n_2 \leq 400 \\ n_1 + n_2 & \text{if } 400 < n_1 + n_2 < 600 \\ 600 & \text{if } n_1 + n_2 \geq 600 \end{cases}$$

Actual sample size review

- responses from 93 patients
- 2 years into the trial
- stratification for Glasgow Coma Score at day 0 (4-5 vs 6-8)

$$n = \frac{12}{\sum_{h=1}^2 S_h \left(1 - \sum_j \bar{p}_{kh}^3 \right)} \left(\frac{U_{\alpha/2} + U_{\beta}}{\theta_R} \right)^2$$

- where S_h is the proportion of patients in stratum h

GCS at day 0	Proportion of patients	Proportion in each category		
		GR	MD	SD/V/D
4-5	0.402	0.270	0.135	0.595
6-8	0.598	0.600	0.127	0.271

$n_1 + n_2 = 444$, rounded to 450

- recommendation of modest increase from 400 to 450 accepted by the Trial Steering Committee