FDA

# An R-Shiny Application for Design of Comparative Clinical Endpoint Bioequivalence Studies Wansu Park<sup>1,2</sup>, Myong-Jin Kim<sup>1</sup>, Liang Zhao<sup>1</sup>, Lanyan (Lucy) Fang<sup>1</sup>

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## ♦ Background

- For certain drug products such as complex locally acting drugs, bioequivalence (BE) to a reference listed drug (RLD) may be evaluated via comparative clinical endpoint BE studies.
- The design of a comparative clinical endpoint BE study is generally a blinded, randomized, and parallel study with various statistical test methods (Fig 1).
- A placebo arm is usually included in order to demonstrate that the study is sufficiently sensitive to detect product differences in the patient population enrolled in the study.
- However, these studies could be challenging due to a large sample size, insensitiveness (e.g., small effect size), and cost and time associated with conducting such studies.

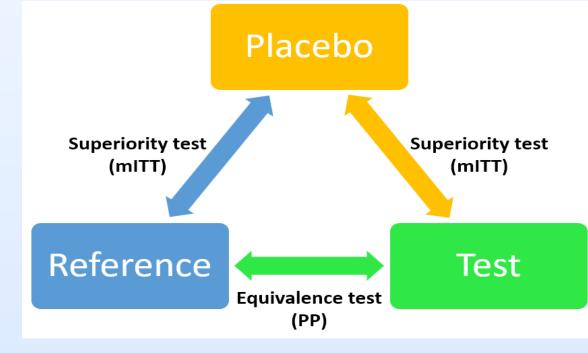


Fig 1. Statistical tests in comparative clinical endpoint bioequivalence studies.

mITT: Modified Intention to Treat; PP: Per Protocol

# ♦ Objective

- To facilitate the design of a comparative clinical endpoint BE study in terms of
  - Estimate sample size and power
  - Determine study duration, such as the time point to assess BE
  - Evaluate the study sensitivity
  - Streamline the study design to save time and budget

# Methods

- An R-Shiny based application (app) was developed to facilitate the design of BE studies with clinical endpoints in terms of sample size and study duration.
- The R and RStudio were used for programming and app testing.
- For continuous endpoints, the *PowerTOST* package was used for a sample size and power determination. For binary endpoints, published statistical equations were used. [1]
- For illustrative purpose, two hypothetical case studies were used.





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## Case #1 : Sample Size/Power Estimation for BE Assessment with Clinical Endpoints at a Prespecified Timepoint

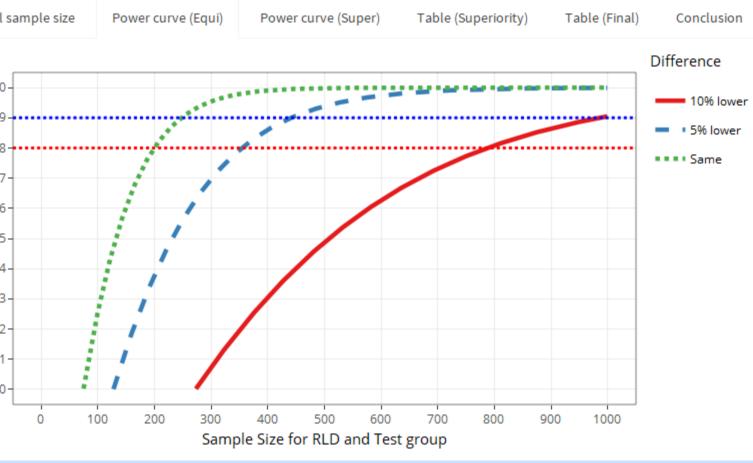
#### Table 1. Input Values for Case #1

Type of Input	Contents	Value
Efficacy	Proportion of success for RLD	63%
	Proportion of success for Test	63%
	Proportion of success for Placebo	27%
Design features	Enrolled subjects qualified for the mITT	67%
	mITT subjects qualified for the PP	82%
	Desired Power	80%
	Acceptable Type I error rate	5%

#### Fig 2. Screenshot of Shiny Application for Input Values (left) and Final Sample Size Tab Output (right) in Case #1

values				Final sa	ample size	Power curve (Equi)	Power curve (Super)	Table (Superiori	ty) Table (Final)	Conclusion
ficacy data		Design Fetures		200		43		43		
eference' Proportion, pR	0.63	Power, 1-β	• 8.0							acebo)
est' Proportion, pT	0.63	Type I error rate, α	0.05							
acebo' Proportion, pP	0.27	Upper bound	0.2		200			600		
		Fraction of mITT	0.67	Fina	al sample size	sample size per group		Total final sample s	ize	
		Fraction of PP	0.82							
		N_Allocation	10							

#### Fig 3. Power Curve of Equivalence Test in Case #1

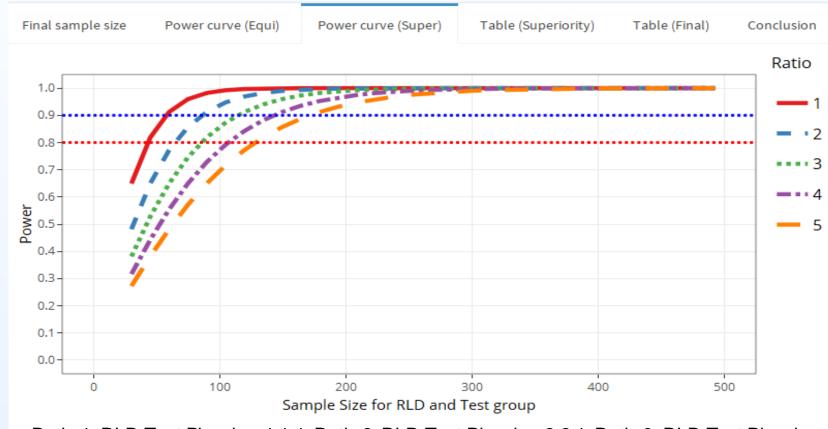


Explore the study power based on differences of treatment response rate between the RLD and Test products.

• Assuming the same, 5% and 10% lower response rate for the test product as compared to the RLD, sample size were estimated to be 200, 355, 789 per group for 80% power of study, respectively. Based on the assumption of same efficacy, sample size for 80%, 85%, 90% of power were 200, 220, 250 per group, respectively.

## ♦ Results

### Fig 4. Power Curve of Superiority Test in Case #1



RLD:Test:Placebo=1:1:1: Ratio 2: RLD:Test:Placebo=2:2:1: Ratio 3: RLD:Test:Placebo=3:3: Ratio 4: RLD:Test:Placebo=4:4:1; Ratio 5: RLD:Test:Placebo=5:5:1

- Due to the large effect size (RLD 0.63 vs Placebo 0.27), superiority test is easy to pass.
- Imbalanced designs (i.e., smaller placebo arm as compared to active treatment arms) are explored.

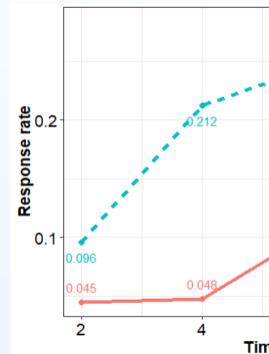
#### Table 2. Summary of Sample Size with Different Allocation Ratio and Power in Case #1

	Allocation $ ightarrow$	Power 🔶	Active 🔶	Placebo 🔶	Total 🍦	Sample_size
1	9	8.0	224	25	473	RLD:Test:Placebo = 224:224:25
2	10	0.8	239	24	502	RLD:Test:Placebo = 239:239:24
	Allocation 🔶	Power 🔶	Active 🔶	Placebo 🔶	Total 🔶	Sample_size
1						
1	8	0.9	269	34	572	RLD:Test:Placebo = 269:269:34
2	8 9	0.9	269 299	34 34	572 632	RLD:Test:Placebo = 269:269:34 RLD:Test:Placebo = 299:299:34

- Final sample size and allocation ratio were determined to satisfy both the equivalence and superiority test.
- Final sample size recommendation was based on the total sample size to pass BE.
- Final recommended sample size were RLD:Test:Placebo = 224:224:25 and 269:269:34 when power was 0.8 and 0.9, respectively.

## Case #2 : How to Determine the Time Point to Assess BE

### Fig 5. Treat Response Rate at Various Timepoints (Days, Case #2)



#### Fig 6. Screenshot of R-Shiny Application for Input Values (left), Final Sample Size (middle) and Power Curve at Each Timepoint (right)

Time #1		Time #2
'Time 1, T1	2	'Time 2, T2
'Reference' Proportion, pR	0.096	'Reference' Proportio
'Test' Proportion, pT	0.096	'Test' Proportion, pT
'Placebo' Proportion, pP	0.045	'Placebo' Proportion,
Time #3		Design Fetures
Time #3 'Time 3, T3	8	Design Fetures Power, 1-β
	8 × 0.284 ×	
'Time 3, T3		Power, 1-β
'Time 3, T3 'Reference' Proportion, pR	0.284	Power, 1-β Type I error rate, α

- case study.





[1] Tu D. J Stat Comput Simul. 1997;59(3):271-290.

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0.284			time	ref 🗍	test	placebo 🔶
0.172		1	2	0.096	0.096	0.045
	Placebo	2	4	0.212	0.212	0.048
6 8		3	8	0.284	0.284	0.172



• Final sample size at each timepoint was determined by combined superiority and equivalence tests.

• Best timepoint and sample size were 101 per group at Day 4 in this

• The developed R-Shiny app could be used an efficient tool to assist comparative clinical endpoint BE study design.

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