CLINICAL PROTOCOL DEVELOPMENT

Clinical Protocol (1)

- Background/Justification
 - --Where we are in the field
 - --What the study will add that is important
- Objectives
 - -- Primary hypothesis
 - --Secondary hypotheses
 - --Other

Clinical Protocol (2)

- Study Design and Methods
 - -- Type of study, comparison
 - --Inclusion and exclusion criteria
 - -- Description of intervention (what, how)
 - -- Concomitant therapy
 - --Examination procedures (baseline, follow-up, outcome assessment)
 - --Intervention assignment procedure

Clinical Protocol (3)

- Monitoring and Management
 - -- Data and safety monitoring
 - --Adverse event assessment, reporting
 - -- Contingency procedures
 - --Withdrawal criteria

Clinical Protocol (4)

- Statistics
 - --Sample size
 - --Stopping guidelines
 - --Analysis plans
- Participant protection issues

Summary

- Protocol lays out who, what, why, when, where, how
- Safeguards participants
- Safeguards study integrity
- Midcourse changes are often appropriate (even necessary)

What's The Question?

What is the study hypothesis?

What's The Question?

- What's the outcome?
- What's the intervention?
- When and for how long?
- Who and for whom?
- How many?
- How can we optimize potential benefit (and what we learn) while minimizing potential harm?

Answering the Question

- Endpoint (response variable) selection and measurement
- Defining the intervention
- Study design
- Eligibility criteria
- Sample size estimate
- Patient management procedures
- Monitoring for safety and benefit
- Data analysis approaches

Response Variable Selection

- "Dose ranging"
- Biologic activity
- Biomarker
 - Understand mechanism
 - Surrogate outcome
- Toxicity
- Gene interaction
- Feasibility for larger study
- Clinical outcome

Endpoint choice

- Well defined
- Stable
- Reproducible
- Unbiased
- Ascertainable in all participants
- Adequately address study hypothesis

Defining the Intervention

- Dose/dosing schedule
- Route of delivery
- Method of preparation

Study Design

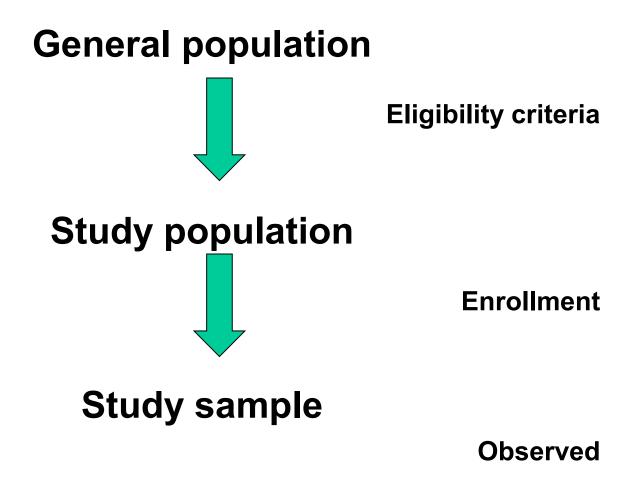
- Uncontrolled
- Controlled
 - Before/after
 - Historical
 - Concurrent, not randomized
 - Randomized

Comparing Treatments

- Fundamental principle
 - Groups must be alike in all important aspects and only differ in the intervention each group receives
 - In practical terms, "comparable treatment groups" means "alike on the average"
- Randomization
 - Each participant has the same chance of receiving any of the interventions under study
 - Allocation is carried out using a chance mechanism so that neither the participant nor the investigator will know in advance which will be assigned
- Blinding
 - Avoidance of conscious or subconscious influence
 - Fair evaluation of outcomes

Study Population

Subset of the general population determined by the <u>eligibility criteria</u>



Eligibility Criteria

- State in advance
- Consider
 - Potential for effect of intervention
 - Ability to detect that effect
 - Safety
 - Ability for true informed consent

Sample Size (1)

- The study is an experiment in people
- Need enough participants to answer the question
- Should not enroll more than needed to answer the question
- Sample size is an estimate, using guidelines and assumptions

Sample Size (2)

- Assumptions depend on
 - Nature of condition
 - Desired precision of answer
 - Availability of alternative treatments
 - Knowledge of intervention being studied
 - Availability of participants

Regular Follow-up

- Routine Procedures (report forms)
 - Interviews
 - Examinations
 - Laboratory Tests
- Adverse Event Detection/Reporting
- Quality Assurance

Contingency Plans

- Patient management
- Evaluation and reporting to all relevant persons and groups
- Data monitoring plans
- Protocol amendment or study termination

Data Analysis (1)

- Occurrence of event
- Time to event
- Mean level of response
- Duration of response

Data Analysis (2)

- Intention-to-treat
- Explanatory
- Subgroups
- Adjusted vs. Unadjusted

Data Analysis (3)

- Specify in advance
 - Primary
 - Secondary
 - Other
 - Statistical approach
- Exploratory

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