SPECIAL SESSION
REPORTING CLINICAL TRIALS

Faculty of Principles of Clinical Trials and Systemic Therapy

INTRODUCTION

CHRISTIAN DITTRICH

3rd Medical Department – Centre for Oncology and Haematology
Kaiser Franz Josef-Spital, Vienna, Austria
Applied Cancer Research – Institution for Translational Research Vienna (ACR-ITR VIEnna)

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DISCLOSURE

I have no Conflicts of Interest to declare
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ADVERSE EVENT REPORTING IN CANCER CLINICAL TRIAL PUBLICATIONS

Assessment for 14 adverse event-reporting elements derived from CONSORT

175 publications: Data on 96,125 patients
96%: AEs reported above a threshold rate or severity
37%: Criteria used for selection of reporting on AEs not specified
88%: AEs of varying severity grouped together

Development of oncology-specific standards for AE reporting required

Discussion about current use of (HR) QoL measures in cancer clinical trials as they include large, multi-domain assessments that attempt to evaluate a broad concept

FDA Criticism about ‘static’ (HR) QoL measures that include the same questions, irrespective of stage or therapy being studied (Kluetz P, et al. AACR 2016):

- Increased flexibility can be obtained to adapt to differing disease and therapy contexts when measuring PRO-CTCAE in combination with physical functioning

EORTC advocates a combination of standardised (HR) QoL measures with validated items from item libraries like PRO-CTCAE, EORTC or other libraries

- This approach ensures evaluation of side effects and their impact on functional health problems reported by patients
SUBGROUP ANALYSES IN RANDOMIZED TRIALS

Review of publications 2011-2013 (Medline via PubMed)

Assessment of prespecification of subgroup analyses, number, subgroup factors, interaction test use, claim for subgroup difference

221 publications: Data on 184,500 patients
85% (188): RCTs reported with subgroup analyses
92% (173): Number of subgroup analyses not determined
31% (59): RCTs reported with fully prespecified subgroups
34% (64): Trials reported with interaction tests
54% (102): RCTs reported with claims of subgroup differences
18% (18): Claims of RCTs based on interaction test results

Problems: Large number of subgroups, subgroups without prespecifications, inadequate use of interaction tests

Commentary by Altman DG; Nature Rev Clin Oncol 12; 2015
META-ANALYSES

British Journal of Cancer (1996) 74, 496–501
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GUEST EDITORIAL

Meta-analyses of randomised trials: when the whole is more than just the sum of the parts

MKB Parmar¹, LA Stewart¹ and DG Altman²
META-ANALYSES

**Surrogate End Points for Median Overall Survival in Metastatic Colorectal Cancer: Literature-Based Analysis From 39 Randomized Controlled Trials of First-Line Chemotherapy**

Patricia A. Tang, Soren M. Bentzen, Eric X. Chen, and Lillian L. Siu

**Progression-Free Survival Is a Surrogate for Survival in Advanced Colorectal Cancer**

Marc Buyse, Tomasz Burzykowski, Kevin Carroll, Stefan Michiels, Daniel J. Sargent, Langdon L. Miller, Gary L. Elfring, Jean-Pierre Pignon, and Pascal Piedbois

PFS an appropriate surrogate for OS

PFS an acceptable surrogate for OS
THESIS

Stopping early because of benefit is claimed to be ethically justified:

Inacceptable to withhold a more effective remedy from a patient in the control arm
ANTITHESIS

“A good intention is still far from being a good deed”
(Alfred Polgar)

Some initially asked questions may become unanswered but will never more be approached although being important

This may be even more unethical!