



Con il Patrocinio di



STUDI CLINICI: METODOLOGIA

Coordinatore
Dr.ssa Stefania Gori

Evento ECM MODULO 2

FORMAZIONE AVANZATA



NEGRAR
8/9 Marzo
2019

Centro Formazione
IRCCS Ospedale Sacro Cuore
Don Calabria

Directness

P.I.C.O.

GRADE

P

• Population

Used to first develop the health care question

I

• Intervention

C

• Comparison

O

• Outcomes

Used to determine if the evidence found directly answers the health care question

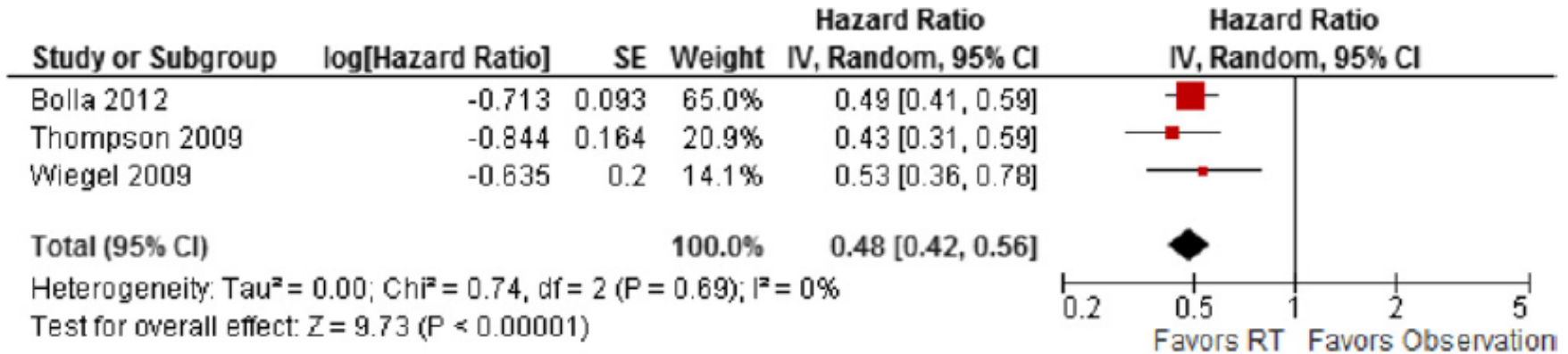
Strutturazione del Quesito Clinico sec. modello P.I.C.O.

P	Nei P azienti con...	Specifiche caratteristiche di malattia (stadio, classe di rischio, ecc.)
I	L' I ntervento	Intervento terapeutico oggetto clinico
		altrimenti considerata alternativa all'intervento
O	riguardo agli O utcome di beneficio/danno...	Parametri clinico-laboratoristici ritenuti essenziali per la decisione terapeutica

Non necessariamente coincidenti con gli outcome di efficacia delle evidenze disponibili – considerare anche gli outcome di tollerabilità!



Adjuvant Radiotherapy in Localized PCa



Meta-analysis of [redacted] data from SWOG 8794,²⁶ EORTC 22911²⁵ and ARO 96-02¹⁵

AUA/ASTRO guidelines, J Urol; 190:441-9, 2013

- Endpoint di convenienza?
- Surrogato della sopravvivenza globale?
- Endpoint di valenza clinica per sé?

Validation of Surrogate Endpoints


Property of a Valid Surrogate

*Effect of the Intervention
on the Clinical Endpoint*

is reliably predicted by the

*Effect of the Intervention
on the Surrogate Endpoint*

Prentice's Criteria

- To be a direct substitute for a clinical benefit endpoint on inferences of superiority and inferiority
- 
- The surrogate endpoint must fully capture the net effect of treatment on the clinical outcome

Postprostatectomy Radiotherapy for Patients with High-risk Features on Definitive Pathology: A Plea for Evidence-based Medicine

Alberto Bossi^{a,*}, Thomas Wiegel^b, Mack Roach^c

It is noteworthy that multivariate analysis clearly demonstrated a [redacted] between (early) biochemical recurrence and the risk of dying from PCa

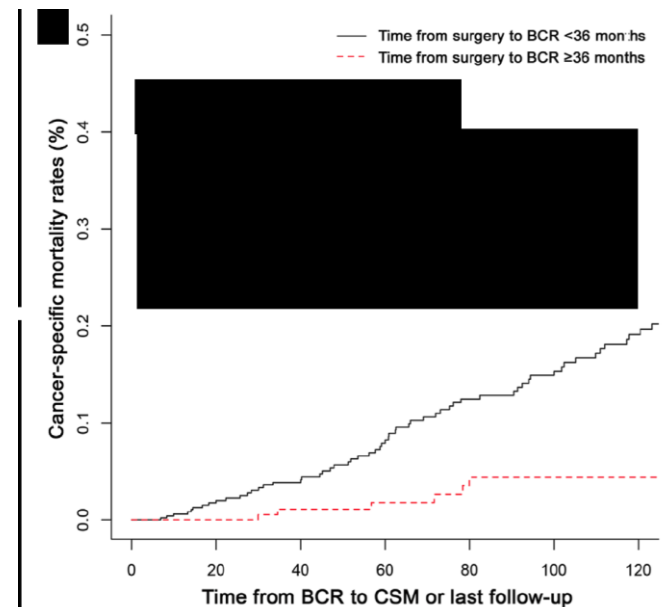
Urologic Oncology: Seminars and Original Investigations 33 (2015) 163.e7–163.e13

Natural history of surgically treated high-risk prostate cancer

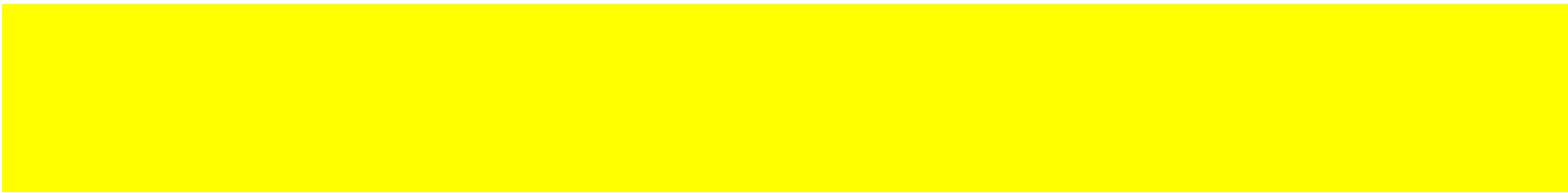
Alberto Briganti, M.D.^{a,*1}, Robert Jeffrey Karnes, M.D.^{b,1}, Giorgio Gandaglia, M.D.^a, Martin Spahn, M.D.^c, Paolo Gontero, M.D.^d, Lorenzo Tosco, M.D.^e, Burkhard Kneitz, M.D.^f, Felix K.H. Chun, M.D.^g, Emanuele Zaffuto, M.D.^a, Maxine Sun, M.D.^h, Markus Graefen, M.D.ⁱ, Giansilvio Marchioro, M.D.^j, Detlef Frohneberg, M.D.^k, Simone Giona, M.D.^d, Pierre I. Karakiewicz, M.D.^h, Hein Van Poppel, M.D.^e, Francesco Montorsi, M.D.^a, Steven Joniau, M.D.^e, on behalf of the European Multicenter Prostate Cancer Clinical and Translational Research Group (EMPaCT)

Individuals who experienced BCR within 3 years from surgery had significantly higher CSM rates compared with those who developed late BCR. At competing-risks regression analyses, [redacted]

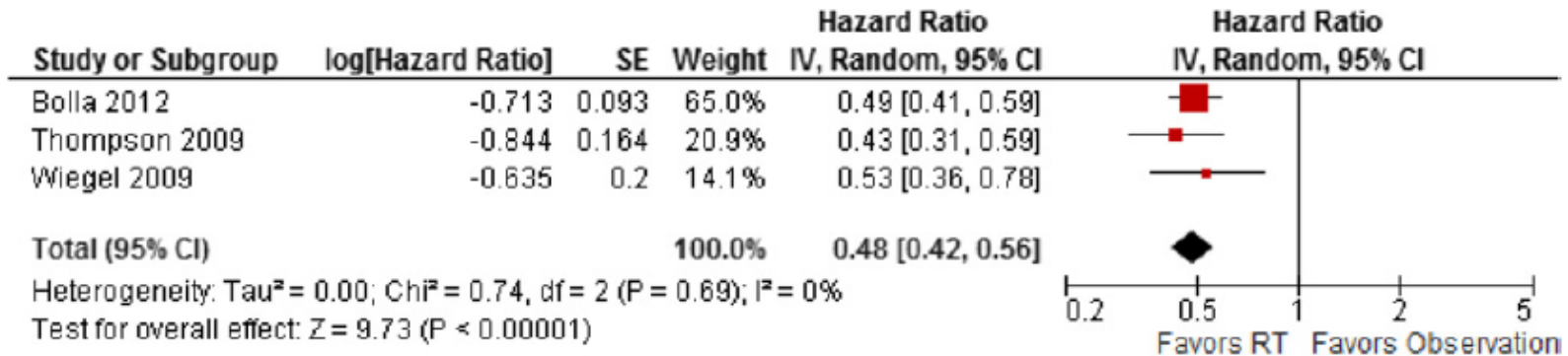
[redacted] after accounting for the risk of OCM.



Prentice's Criteria

- To be a direct substitute for a clinical benefit endpoint on inferences of superiority and inferiority
 - The surrogate endpoint must be correlated with the clinical outcome
- 

Adjuvant RT PCa



Meta-analysis of [REDACTED] data from SWOG 8794,²⁶ EORTC 22911²⁵ and ARO 96-02¹⁵

EUROPEAN JOURNAL OF CANCER 42 (2006) 1344-1350

Prostate-specific antigen (PSA) alone is not an appropriate surrogate marker of long-term therapeutic benefit in prostate cancer trials

Laurence Collette^{a,}, Tomasz Burzykowski^b, Fritz H. Schröder^c*

We review the published literature pertaining to the validation of PSA endpoints as surrogate in all disease stages.

We discuss the limitations of these studies and conclude that so far, PSA is not a validated surrogate endpoint in any of the disease settings and treatment conditions considered.

Neo-adjuvant chemotherapy for muscle-invasive bladder cancer: a look ahead

R. Sawhney¹, D. Bourgeois² & U. B. Chaudhary^{1*}

Annals of Oncology 17: 1360–1369, 2006

In order to suggest a pT0 at cystectomy as a surrogate clinical end point for neo-adjuvant chemotherapy (NC) for bladder cancer, we would have to demonstrate the following:

- (1) NC must have a significant effect on OS; ✓
- (2) NC must have a significant effect on the incidence of pT0; ✓
- (3) there must be a significant association between achievement of pT0 and OS; ✓
- (4) the full effect of NC on OS must be explained by achievement of pT0 status ✓

For all patients who had a pT0 at cystectomy, the OS appeared to be independent of the initial treatment intervention (5-year OS for CT and surgery arms 85% and 82%, respectively)

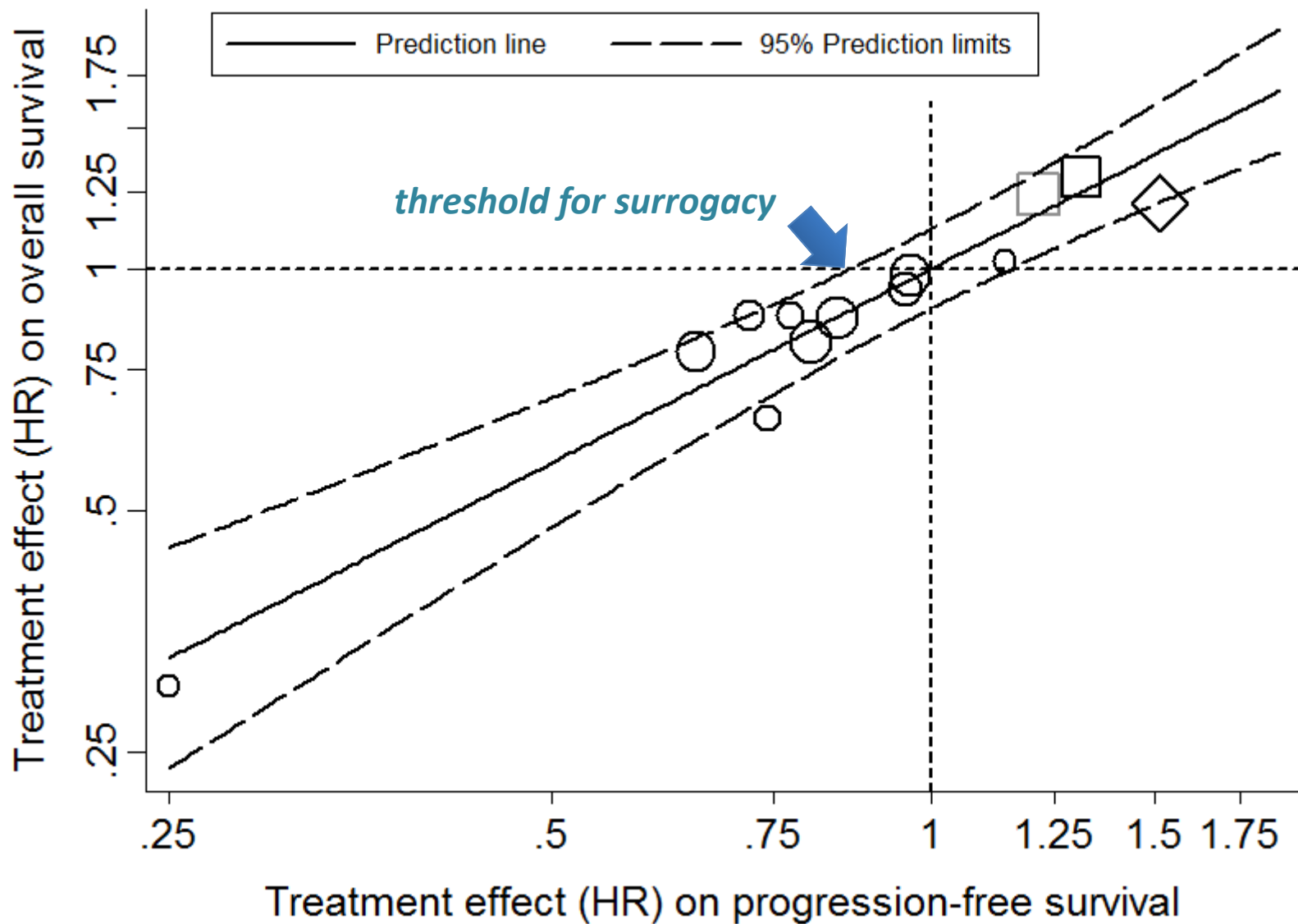
Quando si hanno dati di molti RCT...

... si deriva un modello di regressione:

- che possa predire la magnitudine**
- dell'effetto del trattamento sull'endpoint "vero"**
- in base all'effetto del trattamento sull'end-point (candidato) surrogato**

Il surrogato è tale se la predizione è sufficientemente precisa

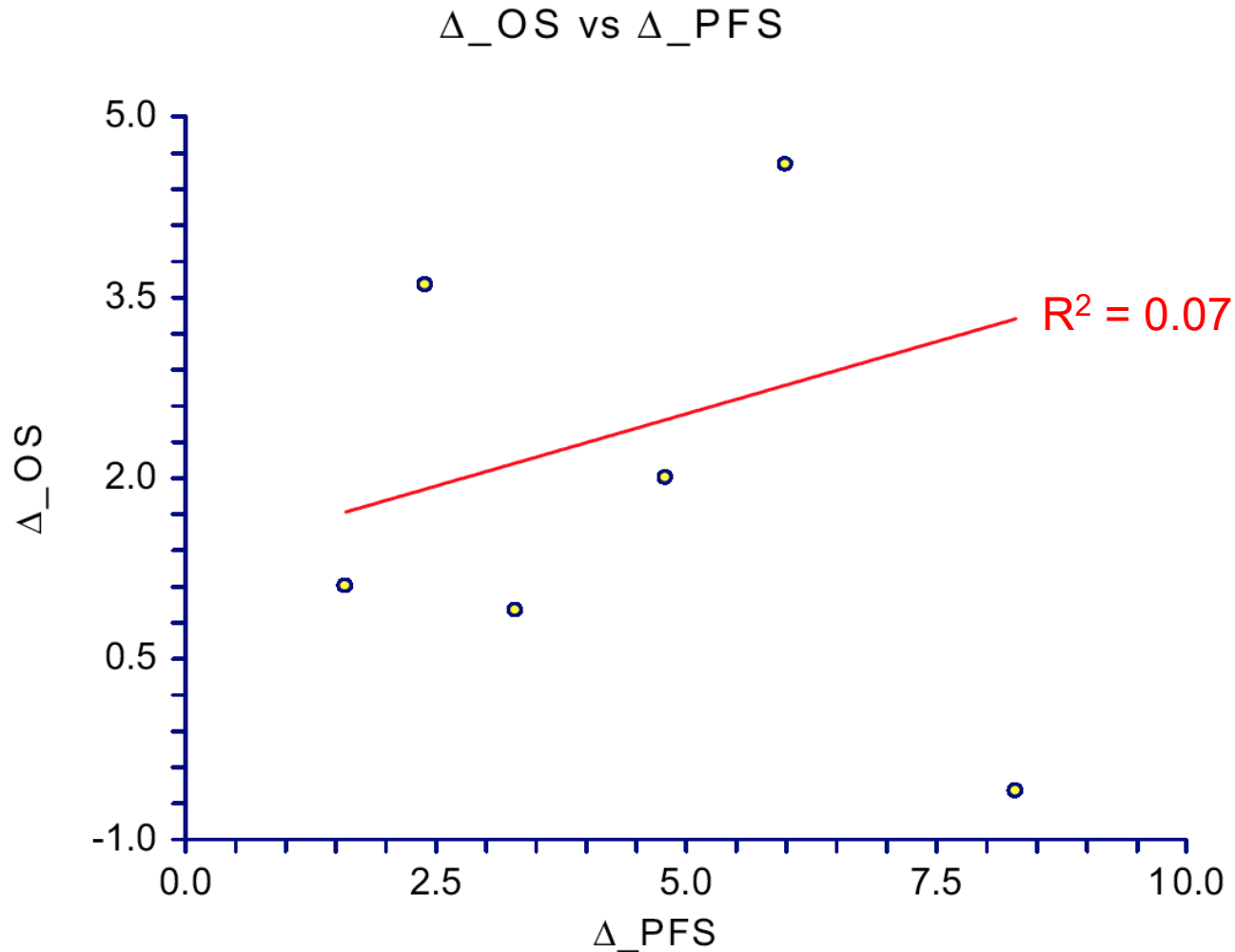
TRIAL LEVEL CORRELATION BETWEEN EFFECTS



Surrogate End Points in Renal Cell Carcinoma: An Analysis of First-Line Trials With Targeted Therapies

Fausto Petrelli, Sandro Barni

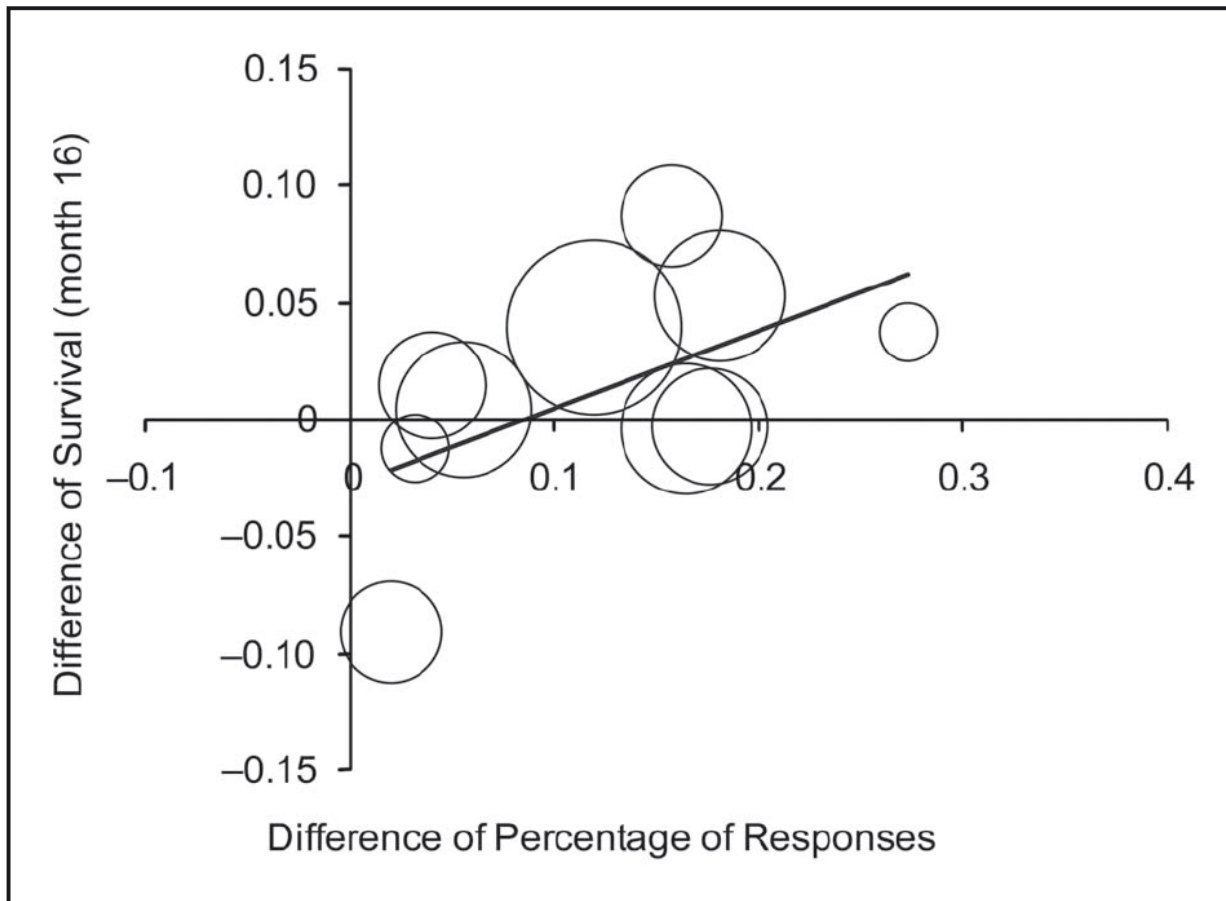
Clinical Genitourinary Cancer, Vol. 11, No. 4, 385-9 © 2013 Elsevier Inc.



Objective Response to Chemotherapy As a Potential Surrogate End Point of Survival in Metastatic Breast Cancer Patients

Paolo Bruzzi, Lucia Del Mastro, Maria P. Sormani, Lars Bastholt, Marco Danova, Christian Focan, George Fountzilas, James Paul, Riccardo Rosso, and Marco Venturini

J Clin Oncol 23:5117-5125. © 2005 by American Society of Clinical Oncology

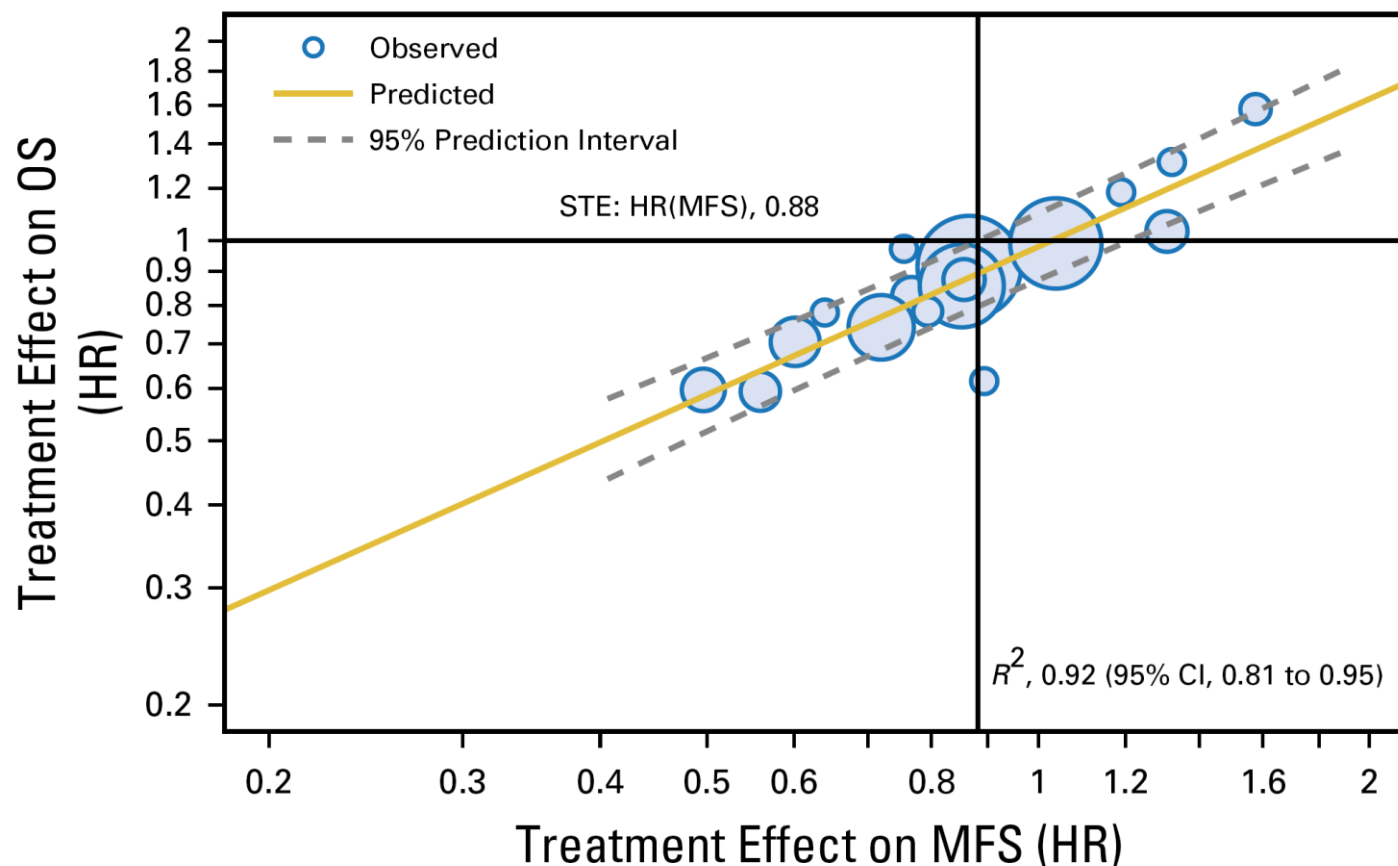


$$(R^2 = 0.20; 95\% \text{ CI, } 0 \text{ to } 0.65)$$

Metastasis-Free Survival Is a Strong Surrogate of Overall Survival in Localized Prostate Cancer

Wanling Xie, Meredith M. Regan, Marc Buyse, Susan Halabi, Philip W. Kantoff, Oliver Sartor, Howard Soule, Noel W. Clarke, Laurence Collette, James J. Dignam, Karim Fizazi, Wendy R. Paruleker, Howard M. Sandler, Matthew R. Sydes, Bertrand Tombal, Scott G. Williams, and Christopher J. Sweeney, on behalf of the ICECaP Working Group

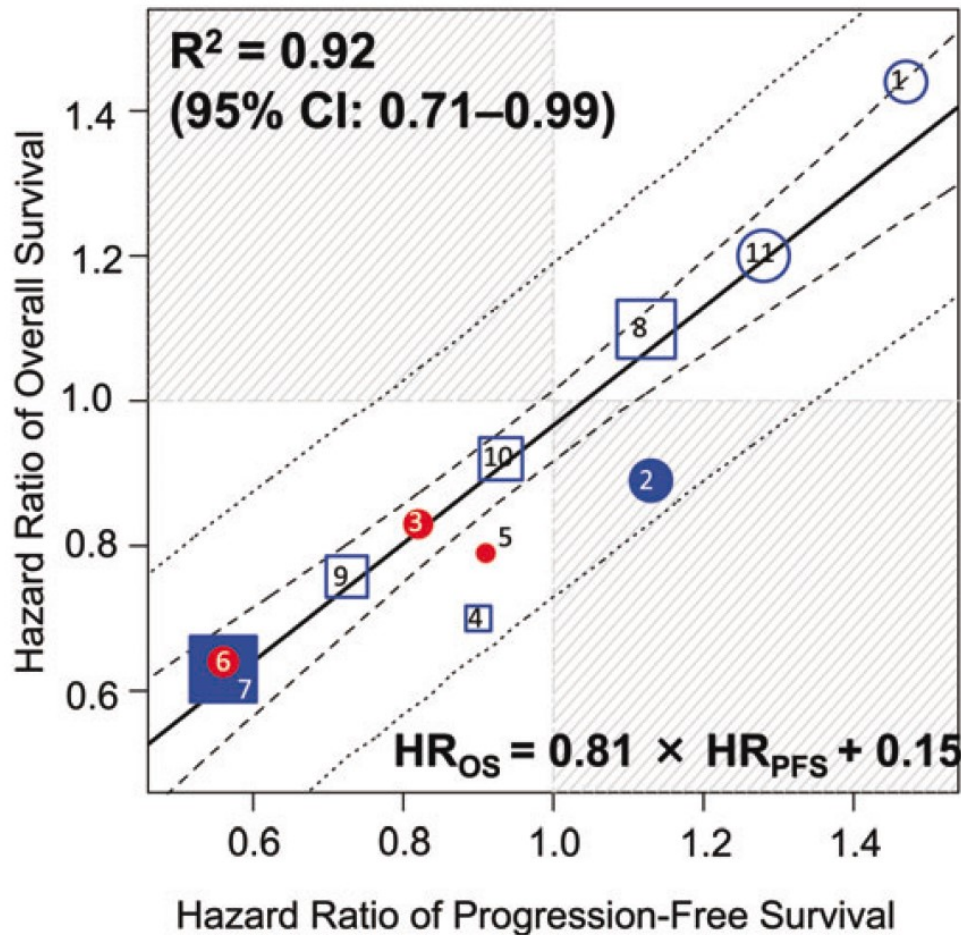
J Clin Oncol 35:3097-3104. © 2017 by American Society of Clinical Oncology



Progression-free survival as a surrogate endpoint for overall survival in glioblastoma: a literature-based meta-analysis from 91 trials

Kelong Han, Melanie Ren, Wolfgang Wick, Lauren Abrey, Asha Das, Jin Jin, and David A. Reardon

Neuro-Oncology 16(5), 696–706, 2014



- | | |
|-----------------|--|
| Round symbols: | Glioblastoma |
| Square symbols: | Mixed high-grade glioma |
| Solid symbols: | Newly diagnosed |
| Hollow symbols: | Recurrent |
| — | Weighted linear fit |
| - - - | 95% confidence interval |
| | 95% prediction interval |
| Blue symbols: | Head-to-head comparison |
| Red symbols: | Single-arm trials using historical data as control |

Linear regression determined that a 10% PFS risk reduction would yield an $8.1\% \pm 0.8\%$ OS risk reduction.

Prostate-Specific Antigen (PSA) as a Surrogate End Point for Survival in Prostate Cancer Clinical Trials

Laurence Collette

EUROPEAN UROLOGY 53 (2008) 6-9

Prognostic versus surrogate

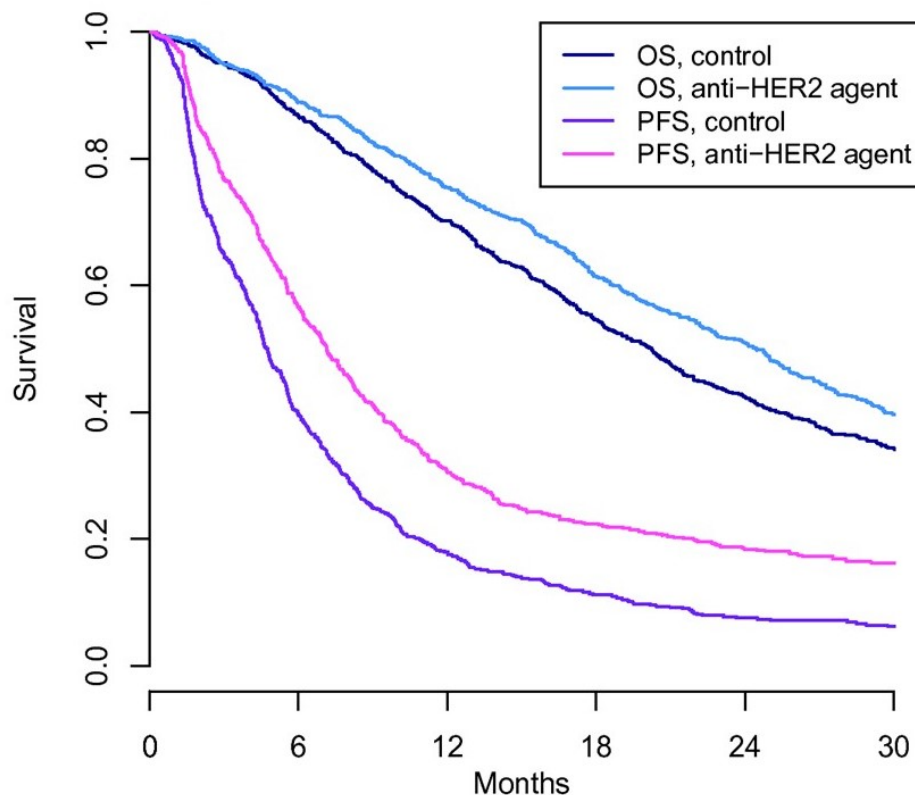
A **prognostic** is a set of physical signs or laboratory measurements that occur in association with a biologic process and are significantly associated with clinical relapse and survival of patients. PSA level at the time of clinical relapse after radical prostatectomy is prognostic for clinical relapse.

...in the individual patient

A **surrogate** is a “(set of) biochemical measurements or clinical signs used as a substitute for clinical relapse and survival in the assessment of treatment effects.”

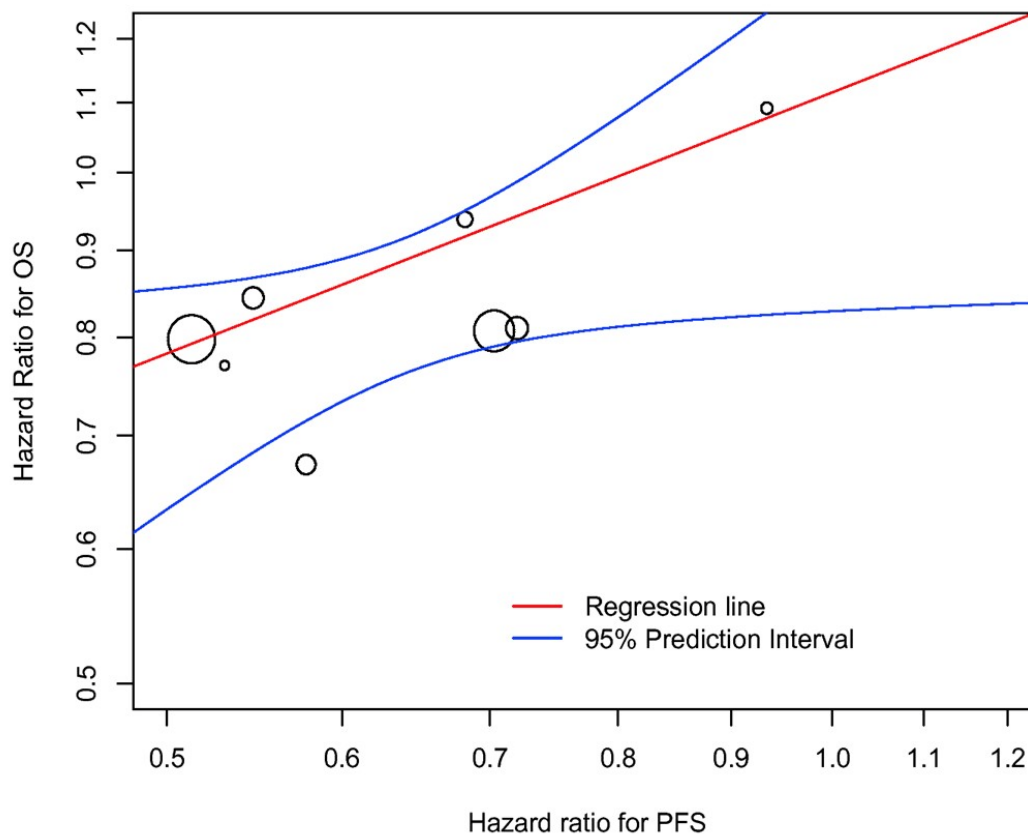
...across groups of patients

Individual level $\rho=0.66$ (95% CI 0.65-0.66)



- For HER2-targeted therapies in HER2+ MBC, PFS is moderately correlated with OS at the individual level ($\rho=0.66$)

Trial-level $R^2=0.53$ (95% CI 0.22-0.83)



- At the trial level, only 53% of the variation in treatment effects on OS can be explained by effects on PFS (trial-level $R^2=0.53$).

Surrogate outcome markers in research and clinical practice

Scott Twaddell

(*Aust Prescr* 2009;32:47–50)

Table 1

Surrogate markers often used in clinical practice

Generally accepted as valid		Doubt still exists about validity	
Surrogate marker	Predicts	Surrogate marker	Predicts
HbA1c	Diabetic microvascular complications	HbA1c	Diabetic macrovascular complications
FEV ₁	Mortality in chronic obstructive pulmonary disease	Bone mineral density	Fracture risk
Blood pressure	Primary and secondary cardiovascular events	Prostate specific antigen	Prognosis of prostate cancer
Viral load	Survival in HIV infection	Suppression of arrhythmia	Long-term survival
Cholesterol concentration	Primary and secondary cardiovascular events	Carotid intima-media thickness	Coronary artery disease
Intraocular pressure	Visual loss in glaucoma	Albuminuria	Cardiovascular events

HbA1c glycated haemoglobin

FEV₁ forced expiratory volume in one second