

con il Patrocinio dell'Associazione Italiana di Oncologia Medica



Progetto **CANOA**
**CARCINOMA
MAMMARIO:**

QUALI NOVITÀ PER IL 2014?

"Saper leggere" uno studio clinico per migliorare la pratica clinica

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Giovanni L. Pappagallo



Ospedaletto di Pescantina (VR) 21-22 marzo 2014
Park Hotel Villa Quaranta

STUDIO GIM2

Commento sulla metodologia

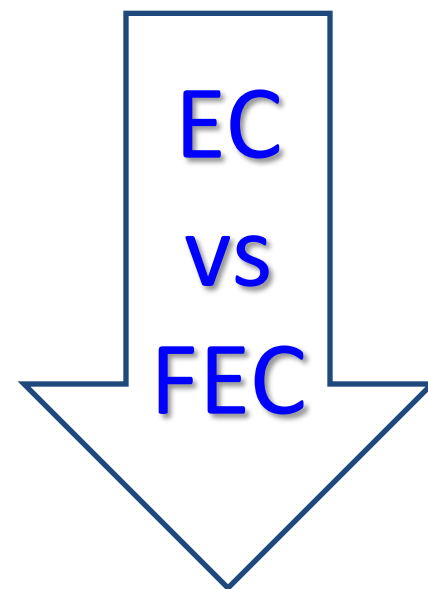
Valter Torri – Istituto 'Mario Negri'

Obiettivi

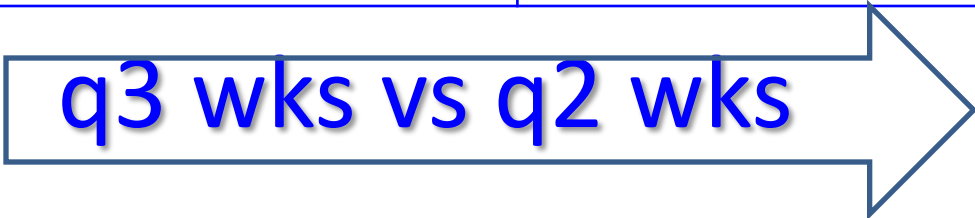
- The study was aimed at assessing two separate hypotheses:
 - Efficacy and safety of 5-FU in addition to EC->T
 - Efficacy and safety of an increase in dose-density of CT
- Primary end point: Invasive Disease Free Survival (IDFS) (events: Invasive ipsilateral breast, local/regional recurrence, distant recurrence, Death from any cause, invasive contralateral BC, second primary invasive cancer non breast)
- Secondary end points: Overall Survival, toxicity
- The study was designed to detect a 20% relative reduction in the incidence of relapse, second tumor or death (OR=0.80). Assuming an α error of 0.05 (two sided) and a power of 0.80, 635 events were required (2000 pts with an average follow-up of 5.5-6 years)

FACTORIAL STUDY

ARM A EC x 4 cycles -> T x 4 cycles q3 wks	ARM C EC x 4 cycles -> T x 4 cycles q2 wks + Pegfilgrastim
ARM B FEC x 4 cycles -> T x 4 cycles q3 wks	ARM D FEC x 4 cycles -> T x cycles 4 q2 wks + Pegfilgrastim

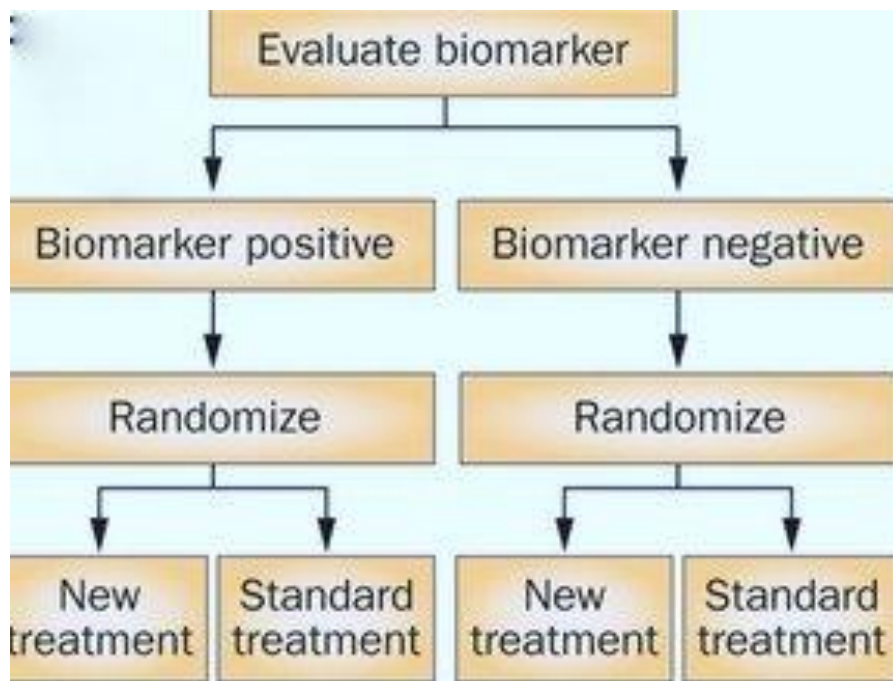


q3 wks vs q2 wks

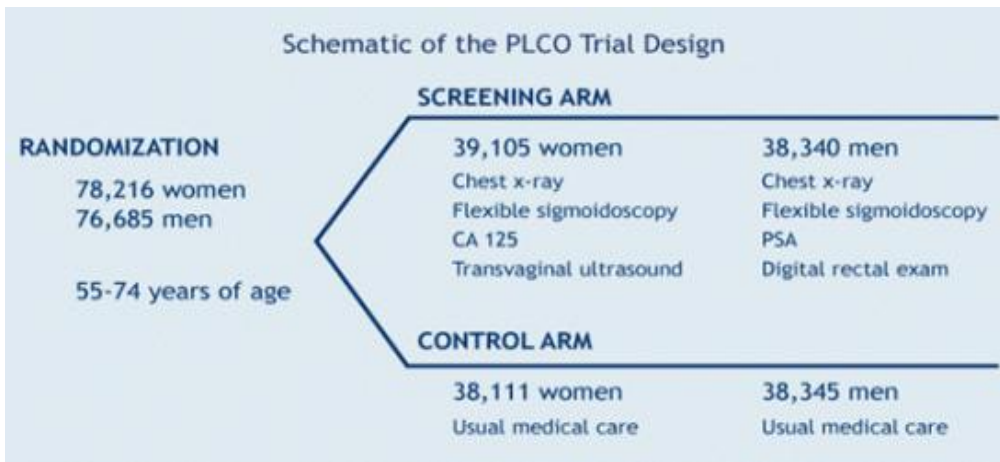


Validità del disegno

- Un disegno fattoriale è
 - un disegno in cui due o più variabili, o fattori, sono impiegate in modo che tutte le possibili combinazioni dei valori selezionati di ciascuna variabile sono utilizzati.
- Permette di rispondere a più quesiti simultaneamente
- Appropriato se
 - le interazioni sono poco probabili
 - al contrario, si vuole testare l'interazione



- Testa l'interazione
- Non tutti i fattori sono assegnati dalla randomizzazione



- I fattori sono assegnati dalla randomizzazione
- Non testa l'interazione
 - per ogni fattore uno specifico outcome

- Analisi multiple
 - aumento degli errori α e β
- Bassa capacità di testare l'interazione
 - a parità di effetto
 - se per l'analisi principale potenza= 80%,
per l'analisi di interazione potenza= 66%
 - a parità di potenza $N_{\text{int}}=4N_{\text{princ}}$

Factorial Design Considerations

By Stephanie Green, Ping-Yu Liu, and Janet O'Sullivan

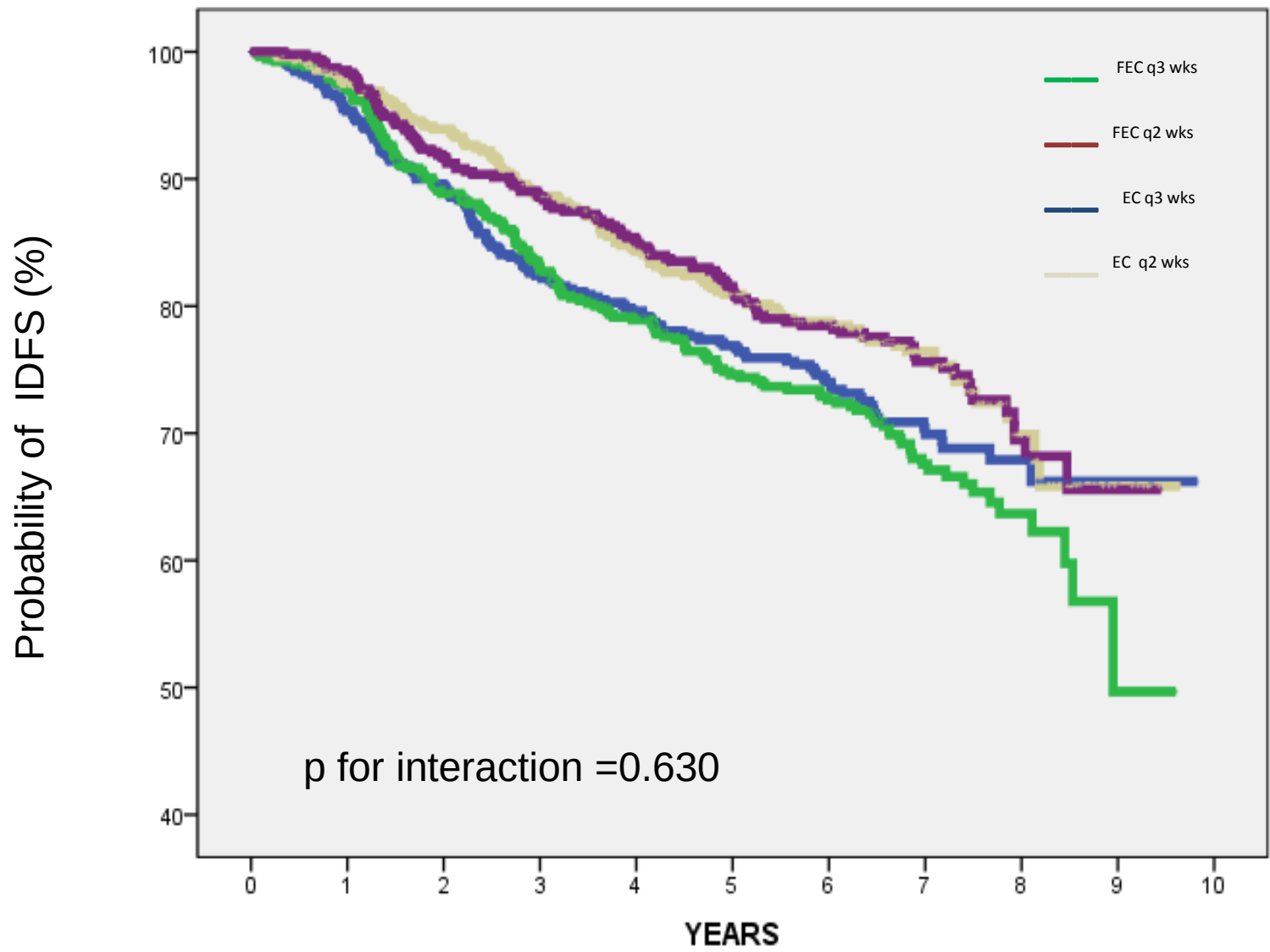
Journal of Clinical Oncology, Vol 20, No 16 (August 15), 2002: pp 3424-3430

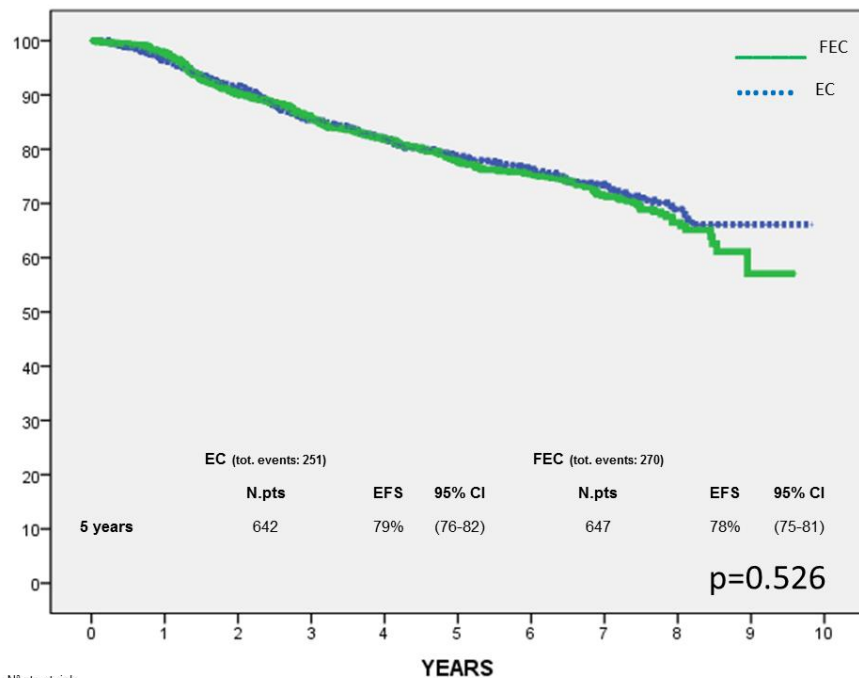
Table 3. Probability of Correct Conclusion for the 12 Cases Summarized in Table 1*

Case		Best Arm	Approach 1	Approach 2	Approach 3
Main Effect	Interaction				
1: Neither CT alone nor RT alone effective compared with O	a: None—null case	O	0.890	0.865	0.972
	b: Unfavorable	O	0.999	0.914	0.926
	c: Favorable	CTRT	0.187	0.424	0.390
2: CT alone effective, RT alone not effective compared with O	a: None	CT	0.867	0.810	0.578
	b: Unfavorable	CT	0.437	0.601	0.432
	c: Favorable	CTRT	0.369	0.612	0.611
3: Each of CT alone and RT alone effective compared with O	a: None	CTRT	0.791	0.752	0.741
	b: Unfavorable	CT or RT	0.000	0.353	0.286
	c: Favorable	CTRT	0.985	0.990	0.990
4: CT alone effective, RT alone detrimental compared with O	a: None	CT	0.922	0.883	0.882
	b: Unfavorable	CT	0.422	0.659	0.659
	c: Favorable	CT	0.998	0.756	0.756

*Three approaches were used: approach 1, no test of interaction; approach 2, test of interaction; approach 3, global test followed by test of interaction. Probabilities were estimated based on 2,500 repetitions. All testing was performed at the 0.05 level except the test for interaction (0.10). All testing was one-sided except tests for CT v RT and interaction.

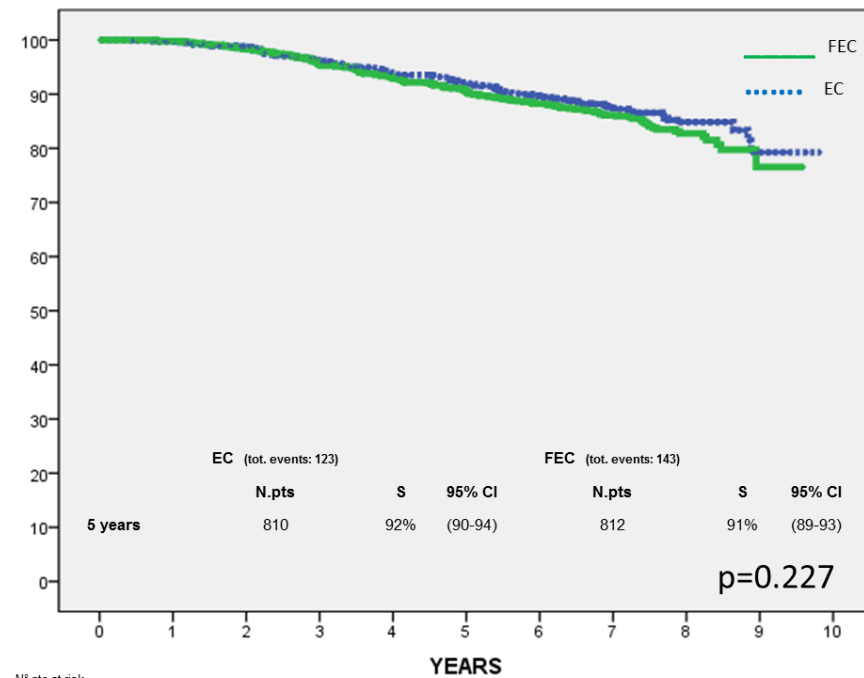
Risultati





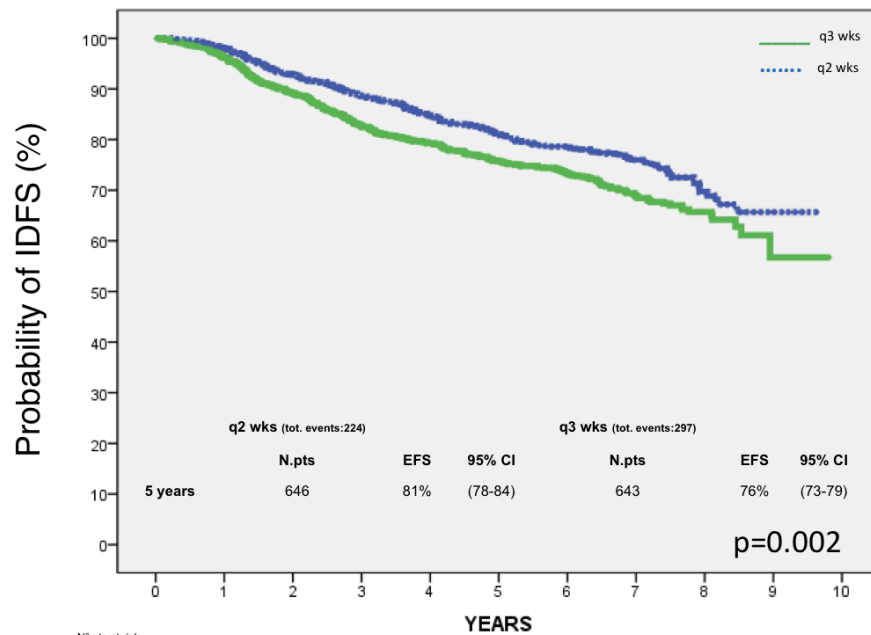
N° pts at risk

	0	1	2	3	4	5	6	7	8	9	10
EC	1047	953	875	793	720	642	533	293	93	13	-
FEC	1044	970	865	794	723	647	553	322	111	12	-



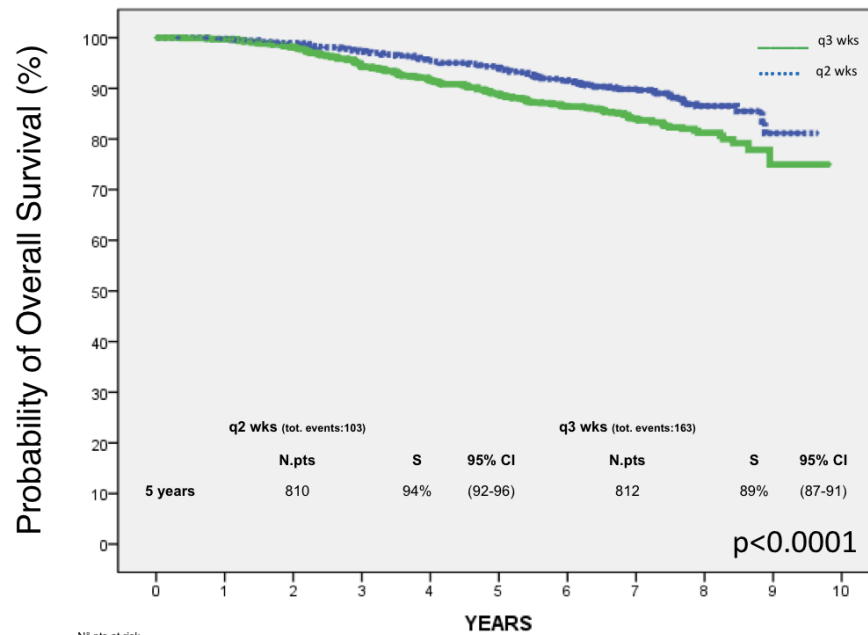
N° pts at risk

	0	1	2	3	4	5	6	7	8	9	10
EC	1047	1004	959	914	866	810	735	461	178	28	-
FEC	1044	1004	963	912	861	812	728	481	190	20	-



N° pts at risk

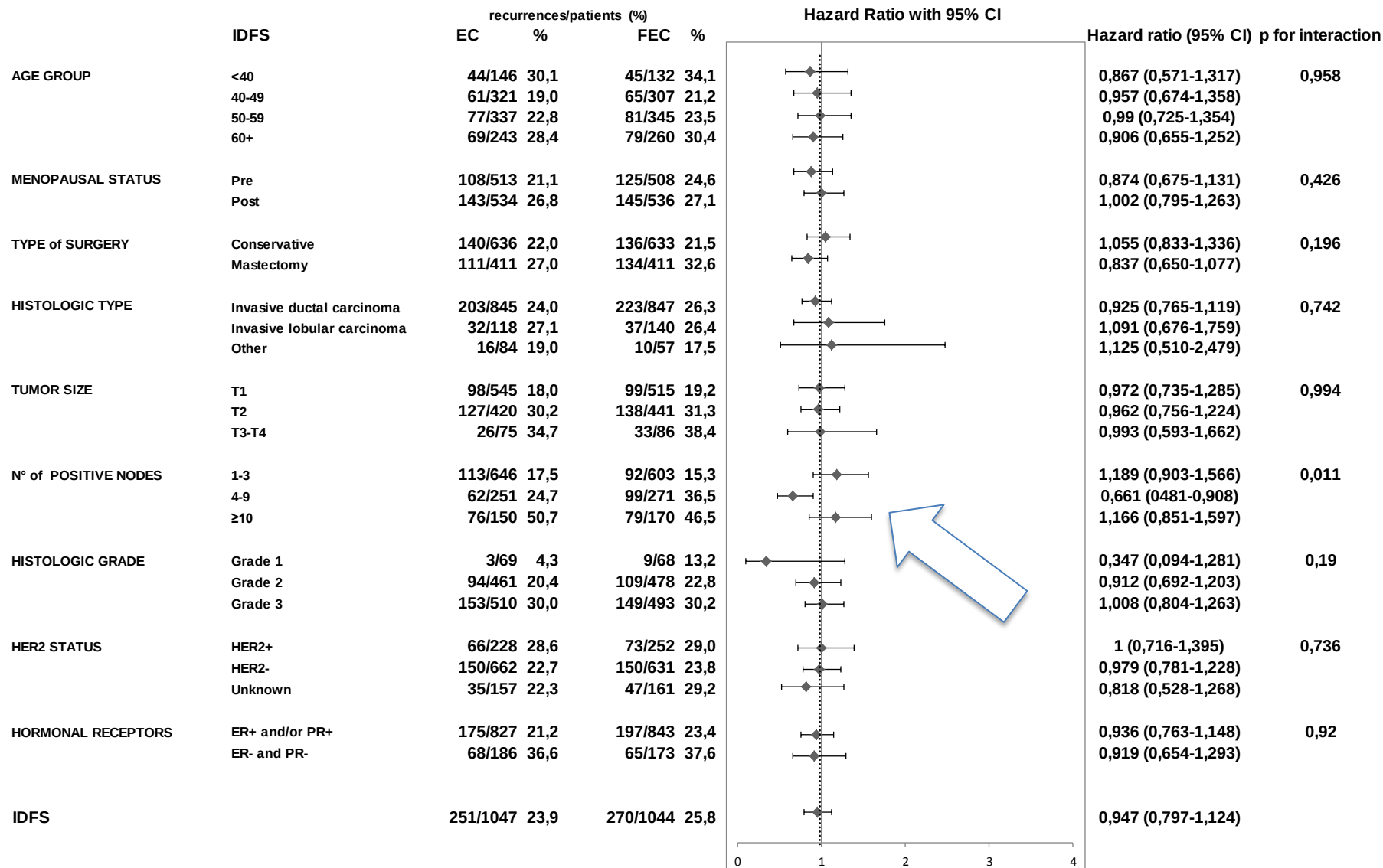
		1	2	3	4	5	6	7	8	9	10
q2 w	1002	935	857	795	725	646	554	323	101	13	-
q3 w	1089	988	883	792	718	643	532	293	103	12	-

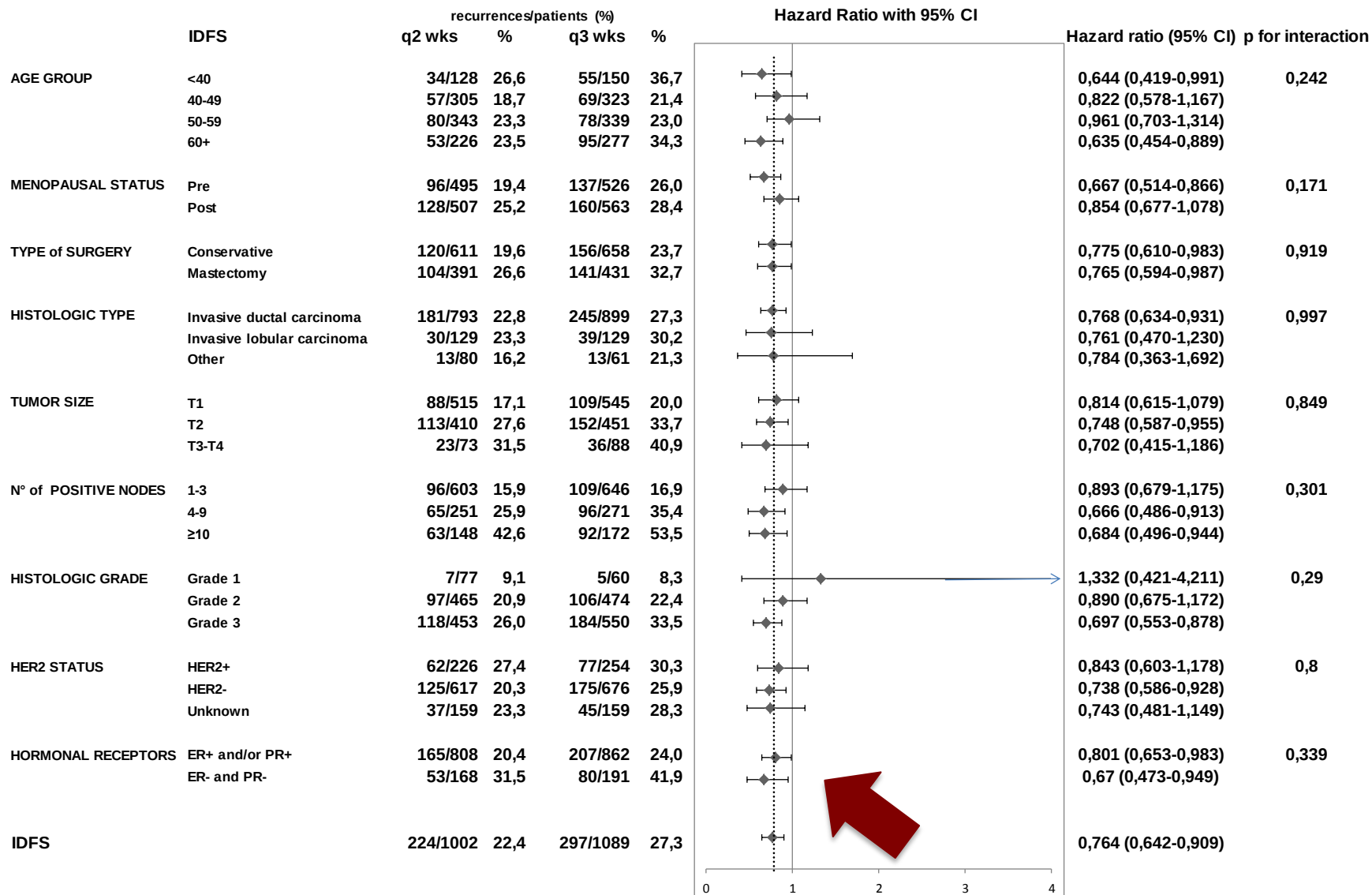


N° pts at risk

		1	2	3	4	5	6	7	8	9	10
q2 w	1002	970	930	900	855	810	737	479	186	24	-
q3 w	1089	1038	993	926	872	812	726	464	182	24	-

Effetti principali q14 vs. q21

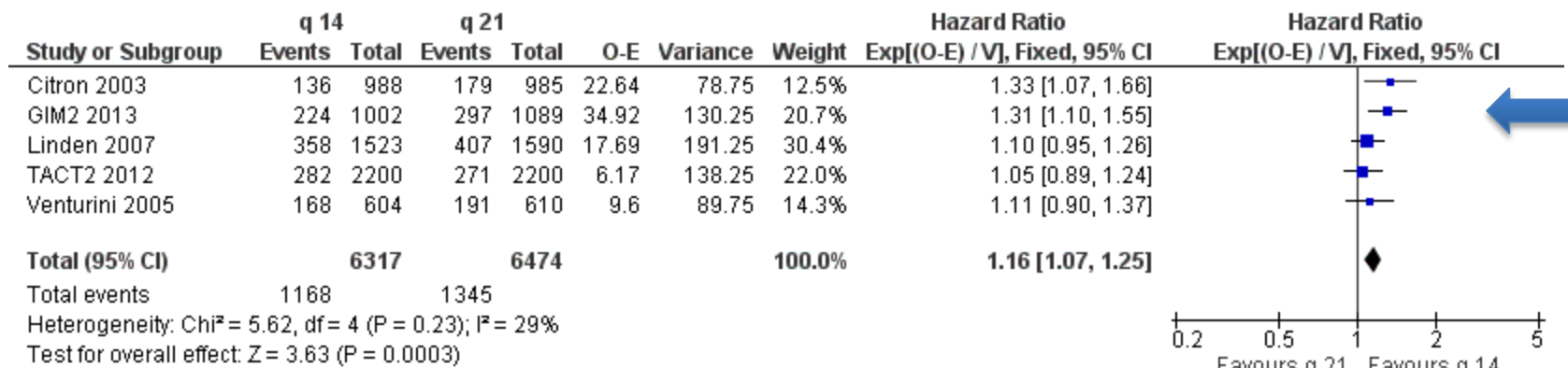




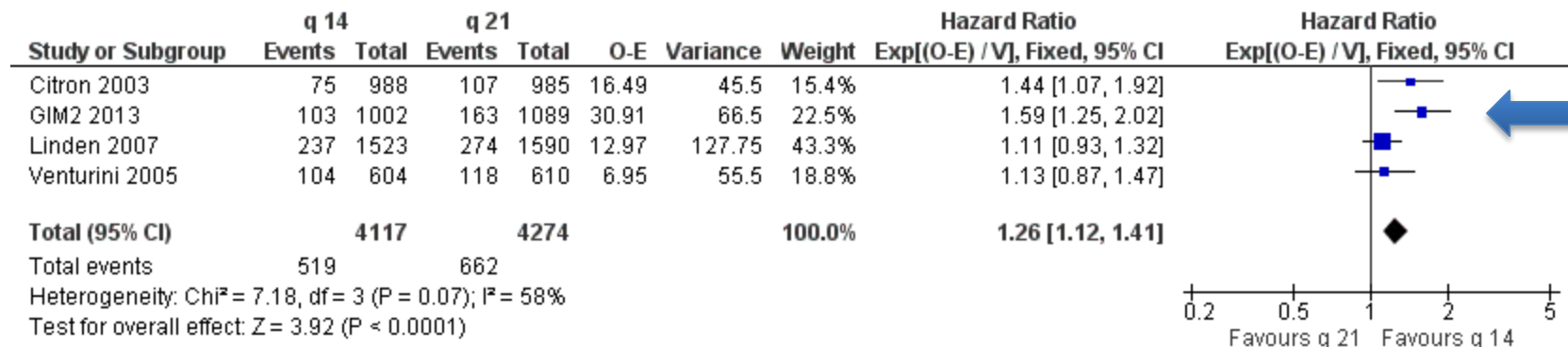
Analisi di sottogruppi q14 vs q21

Il contesto

RFS



OS



Conclusioni

- Validità buona
 - potenza forse un po' bassa per l'interazione
 - indicatori primari potenzialmente suscettibili di bias operativi
- Generalizzabilità dei risultati buona
- Risultati rilevanti per il quesito dose-density
- Consistenza con dati esterni