

Statistical guidelines in Europe and USA – some conflicting issues)

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**Round Table
The Future of the European Statistical
Guidance**

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FDA Guidelines - draft

- Non-inferiority clinical trials
- Adaptive Design Clinical Trials
- Missing data – NRC on behalf of FDA

<http://www.fda.gov/opacom/morechoices/industry/guidedc.htm>

Non-inferiority trials

| Issue | FDA draft 2010 | EMA - 2006 |
|--|-------------------------------------|---|
| Synthesis method (T-P)=(R-P)+(T-R) or T/P=R/P * T/R | Only for relative efficacy (T vs R) | OK for absolute efficacy (T vs P) if a conservative margin is defined |
| 50 % of (R-P) efficacy should be retained | Standard approach | "Not appropriate" "Not acceptable" |
| Clinically meaningful effect in relation to defining NI-margin | Lower end of confidence interval | Point estimate |

Adaptive designs

| Issue | FDA –draft 2010 | EMA 2007 |
|---------------------------------|---|---|
| General impression – the "tone" | Relatively positive | Relatively negative |
| Scope of guidance | Broad | Narrow |
| Major advice | Pre-planning Type 1 control Blinded if possible | Pre-planning Type 1 control Blinded if possible |

Missing data

| Issue | National Research Council on behalf of FDA (2010) - draft | EMA – 2001 (rev 2008) |
|--|---|--|
| Single imputation (LOCF) | Still standard within FDA, but considered mostly inadequate in draft report | Only appropriate under certain restrictive assumptions |
| Use of likelihood based methods, e.g. MMRM | Encouraged | Encouraged |