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Further co-authors of paper: Dmitrienko A, Kulmann H, Lippert S, Schmelter T, Schulz A, Mentenich N, Schmitz H, Schaefers M, Meinhardt G, Keil T, Roll S <u>A Systematic Approach for Post Hoc</u> <u>Subgroup Analyses With</u> <u>Applications in Clinical Case Studies</u>

The next 20 minutes

- // The demand for subgroup analyses
- // The 'Subgroup Explorer' (tool)
- // The 'Subgroup Screening' (procedure)



Subgroup Analyses

medically important -- regulatory requirement -- many stakeholders



Even 'Important' only Subgroups can be Overwhelming

... factors used in **stratification randomisation** *//* factors with some **biological** plausibility or external evidence where heterogeneous response might be hypothesised *II* at least <u>demographic factors</u>, including genomic factors, related to the mechanism of action pharmacology *II* in addition, careful consideration should be given to other factors that might plausibly be predictive for different response to treatment such as stage, severity or phenotype of disease, use of concomitant medications and **possibly region**, country, or centre *II* truly exploratory analyses should be planned for the **spectrum of demographic**, disease and clinical characteristics, including those factors a particular factor there is good argumentation why homogeneity of response to treatment is plausible // analysis of the **complement subset** should also be displayed *II* review of other exploratory analyses *II* exploration of interactions and effects in subgroups on different scales // analyses of continuous variables using different cut-offs should routinely be performed ... *

* EMA 2019, Guideline on the investigation of subgroups in confirmatory clinical trials

From Forest Plots to In-depth Subgroup Screening



Hazard Ratio and 95%CI

From Forest Plots to In-depth Subgroup Screening



From Forest Plots to In-depth Subgroup Screening



Sample Size



Subgroup Explorer and the Exploration Hub



https://cran.r-project.org/web/packages/Subscreen/

compare subgroups for two endpoints







explore factor level combinations



Feature: Importance Tab

Machine learning based prioritization of analyzed factors













Subscreen Explanar ## Subscreen Comparer #	Subscreen Mos	aic 🏣			
First subgroup variable (x)		EQ5D_score=Best QoL	EQ5D_score=Medium QoL E	:Q5D_score=Worst Qc	٥L
EQ5D_score	uthwestern Europe				Mean_changeTS_w52
Second subgroup variable (y) Region					
Third subgroup variable (y2)	on=South America				28.5
no selection •	e, Israel , Australia				
Mean_changeTS_w52	Region=India				8 - 4.8 (total)
Plot Type	Region=Hungary				
	n=Eastern Europe				-12.5
	งก=Central Europe				
	∋gion=Asia/Pacific				-33



More information in the article

Biostatistics: Original Research

A Systematic Approach for Post Hoc Subgroup Analyses With Applications in Clinical Case Studies

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Abstract

Background: The analysis of subgroups in clinical trials is essential to assess differences in treatment effects for distinct patient clusters, that is, to detect patients with greater treatment benefit or patients where the treatment seems to be ineffective. *Methods*: The software application *subscreen* (R package) has been developed to analyze the population of clinical trials in minute detail. The aim was to efficiently calculate point estimates (eg, hazard ratios) for multiple subgroups to identify groups that potentially differ from the overall trial result. The approach intentionally avoids inferential statistics such as *P* values or confidence intervals but intends to encourage discussions enriched with external evidence (eg, from other studies) about the exploratory results, which can be accompanied by further statistical methods in subsequent analyses. The *subscreen* application was applied to 2 clinical study data sets and used in a simulation study to demonstrate its usefulness. *Results*: The visualization of numerous combined subgroups illustrates the homogeneity or heterogeneity of potentially all subgroup estimates with the overall result. With this, the application leads to more targeted planning of future trials. *Canclusion*: This described approach supports the

THERAPEUTIC INNOVATION & REGULATORY SCIENCE

And on CRAN



subscreen (Vers 2.0.1): Systematic Screening of Study Data for Subgroup Effects



In the past we draw a single conclusion based on a heterogenous study population





Imagine a tool (such as 'subscreen') that allows efficient subgroup analyses for many stakeholders interactively





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R-PACKAGE: https://cran.r-project.org/web/packages/subscreen/index.html







Thank you!







at a glance

exemplary data

