

## Backdrop

- ◆ Sample size determination (SSD) is a key issue in medical study design
  - in some cases (i.e. a RCT) patient allocation needs to be tuned too
- ◆ Research designs can be *experimental* or *non-experimental*
  - a research 'portfolio' combines studies of different nature
  - SSD jointly optimises design sizes and allocations within the portfolio
- ◆ From a CEA perspective, *EVI* lends itself as an optimality criterion
  - the design portfolio expressing maximum payoff to research is sought
  - both *financial* and *opportunity* costs are recognised
  - fits coherently within a Bayesian decision-theoretic setting

## Methodology

- ◆ Suppose a medical decision model, indexed by parameters  $\vartheta$ , yields net-benefits  $NB_t(\vartheta)$  under treatment option  $t$
- ◆ The gain of information about  $\vartheta$  following collection of samples  $x$  of patients of sizes  $n$  increases the value of the decision by

$$EVS I(n) = \mathbb{E}_x \left\{ \max_t \mathbb{E}_{\vartheta|x} [NB_t(\vartheta)] \right\} - \max_t \mathbb{E}_{\vartheta} [NB_t(\vartheta)]$$

- ◆ A cost of sampling function  $C(n)$  is introduced to account for **financial** (fixed and reporting) costs attaching each sample **opportunity** costs
  - enrolled patients forgo the study's value of research
  - net-benefit lost by patients on sub-optimal treatments

- ◆ After upscaling *EVS I* to its population counterpart *PEVS I*, the societal payoff to proposed research is measured by

$$ENBS(n) = PEVS I(n) - C(n)$$

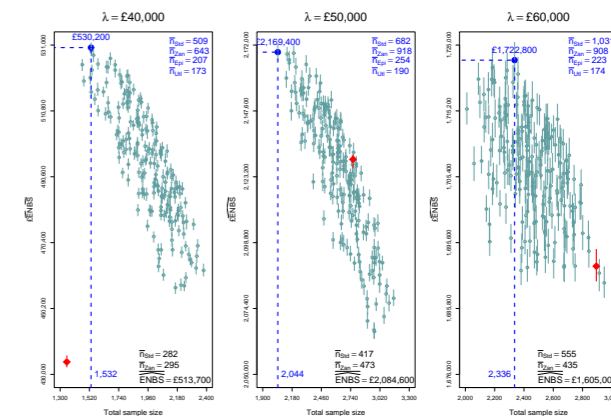
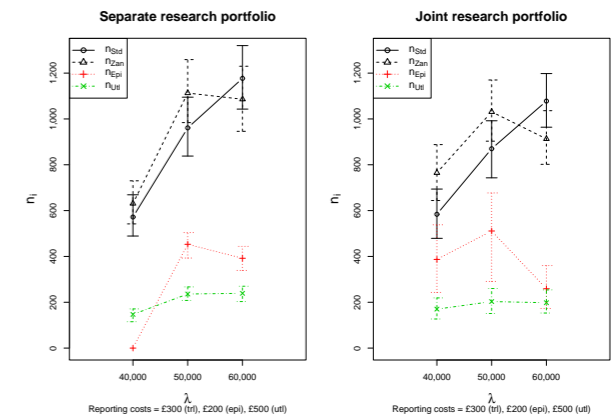
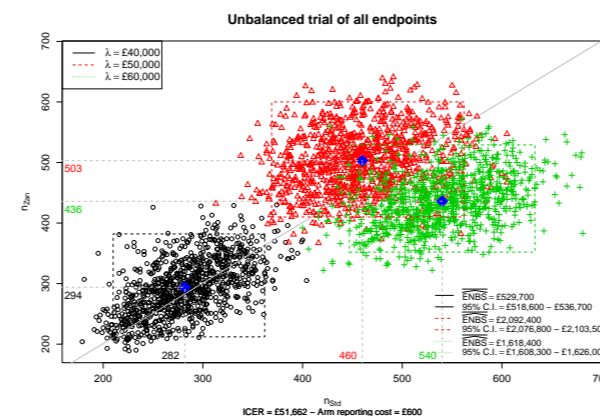
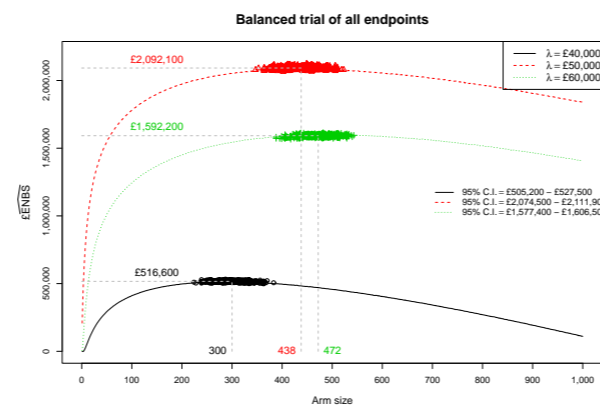
- additional research based on studies of sizes  $n$  would be efficient iff  $ENBS(n) > 0$
- desired research portfolio features  $n^* = \arg \max_n ENBS(n)$
- ◆ In principle this defines a standard integer programming problem
  - objective function normally not available in closed form
  - a MC estimator  $\widehat{ENBS}(\cdot)$  is typically used as a proxy
  - rough response surface (due to MC noise) complicates optimisation

## Strategy

- ◆ General stochastic optimisation *can* be pursued via 'brute-force' MC<sup>3</sup>
  - repeated optimiser runs produce sample of 'candidates'  $\hat{n}_1, \dots, \hat{n}_m$
  - mean  $\bar{n}$  may be selected, and inferences on  $\widehat{ENBS}(\bar{n})$  drawn
  - the higher the MC resolution (and  $m$ ), the more reliable the outcome
- ◆ MC noise attaching  $\widehat{ENBS}(\cdot)$  induces uncertainty around resulting  $\bar{n}$ 
  - a maximin LHS  $\hat{n}_1, \dots, \hat{n}_L$  is selected from previous stage
  - inferences from samples of  $\widehat{ENBS}(\hat{n}_l)$  estimates are obtained

## A Test-Bed: Zanamivir vs. Standard Care

- ◆ A decision tree has been proposed to model the effect of zanamivir for treating influenza in British adults<sup>2</sup>
  - $\vartheta_{tri}$  LOR of complications and hospitalisation, symptom days reduction
  - $\vartheta_{epi}$  probabilities of complication, hospitalisation and influenza-positive
  - $\vartheta_{uti}$  utility of symptom day
- ◆ Examined research scenarios, each with a *specific* EVI load, comprise
  - 1d/2d** balanced/unbalanced trial of all endpoints
  - 2d, 1d, 1d** separate clinical trial, epidemiological study and utility survey
  - 4d** joint portfolio of clinical trial, epidemiological study and utility survey



## Concluding Remarks

- ◆ Proposed approach offered useful insights on  $n^*$  and  $ENBS(n^*)$ 
  - relaxing allocation constraints generally yields higher EVI
  - research portfolio can express higher EVI than trial of all endpoints
- ◆ Joint research portfolio appeared to outperform separate SSD
  - optimal portfolio  $\neq$  ensemble of independently optimised studies
  - intrinsically economic factors (costs,  $\lambda$ ) are key
- ◆ CPU-intensive estimation and/or complex models may limit applicability
  - there is scope for improvement (e.g. MC noise appeared Gaussian)
  - a balance is required between accuracy and efficiency

## References

- [1] A. E. Ades, G. Lu, and K. Claxton. Expected Value of Sample Information Calculations in Medical Decision Modeling. *Medical Decision Making*, 24:207–227, 2004.
- [2] A. Burls. Zanamivir for the Treatment of Influenza in Adults: a Systematic Review and Economic Evaluation. *Health Technology Assessment*, 6(9):1–87, 2002.
- [3] A. Shapiro. Stochastic Programming by Monte Carlo Simulation Methods. *Stochastic Programming E-Print Series*, 2000. URL: <http://hera.rz.hu-berlin.de/speps/>.