

# **Efficacy (Explanatory) and Effectiveness (Pragmatic) Trials in Psychiatry: US Regulatory Perspective**

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**ISCTM Session**

**Statistical, Clinical, Payer and Regulatory Perspectives on Dimensions that  
Define the Spectrum of Efficacy and Effectiveness Trials**

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# Disclosure

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Disclaimer: Views expressed in this presentation are those of the speaker, and do not necessarily represent the formal position of FDA.

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# Outline of Presentation

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- Efficacy and Effectiveness Trials in Drug Approval
- Examples of Effectiveness Studies in Psychiatry
- Trial Design, Population, and Endpoints
- Data Analysis
- Regulatory Issues: Labeling Claim

# Effectiveness Requirement for Drug Approval

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- To establish a drug's effectiveness by "substantial evidence"
  - Added to the Federal Food, Drug and Cosmetic Act in 1962
  - Impetus: Concern about the misleading and unsupported claim
- Substantial Evidence [section 505(d)]<sup>1</sup>
  - Adequate and Well-Controlled Investigations

# Efficacy Trials in Psychiatry Drug Approval

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- FDA requires positive results from adequate and well-controlled investigations
  - Pre-Approval: 2 Short-term Efficacy & Safety Trials
    - Randomized, Double-Blind, Placebo-controlled is a standard.
    - Active-Control for assay sensitivity is helpful.
  - Post-Approval: Longer-term Maintenance Trial
    - Open-label stabilization followed by double-blind, placebo-controlled, randomized withdrawal phase.

# Efficacy Trials in Psychiatry

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- Short-term DB, PC, RCT (MDD, n=81<sup>2</sup>; Schizophrenia, n=32<sup>3</sup>)
  - Difference in mean change from baseline between drug and placebo (~2.5 points in HAM-D; ~8.5 PANSS)
  - Approx. 50% MDD & 75% schizophrenia trials were successful
- Baseline disease severity and treatment response
  - substantial treatment effect (drug-placebo difference) with higher baseline scores<sup>2,4</sup>
- Maintenance Trials (Randomized Withdrawal Design)<sup>5</sup> (MDD, n=13)
  - 50% reduction in relapse rate with antidepressants
  - Very high trial success rate (~100%)

# Efficacy/Effectiveness in Psychiatry

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- NICE definition of a threshold for clinical significance<sup>6</sup>
  - an effect size of 0.50 or
  - a drug/placebo difference of 3 points on HAMD
- Number Needed to Treat
  - NNT= 4 (6 MDD trials)<sup>7</sup>
  - NNT= ~5-10 (CATIE phase 1)<sup>8</sup>
  - NNT= 3 (CATIE phase 2 with clozapine)<sup>8</sup>

# Effectiveness Studies in Drug Approval

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- FDA considers effectiveness trials as part of the efficacy continuum
  - Distinction is not unidimensional, but more complex<sup>9,10</sup>
  - Not unusual to adapt some pragmatic and explanatory features in trial design<sup>10</sup>
- Division of Psychiatry Products (DPP) has yet to develop policy on this, but
  - Considered the effectiveness trial in psychiatry: Clozapine in reducing of the risk of recurrent suicidal behavior in schizophrenia<sup>11</sup>
  - Will consider effectiveness studies if arguments be made by the sponsors

# Examples of Effectiveness Trials in Psychiatry

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- **A series of publications on large pragmatic trials**
  - **Schizophrenia**
    - **InterSePT** (International Suicide Prevention Trial)<sup>12</sup>
    - **CATIE** (Clinical Antipsychotic Trials of Intervention Effectiveness)<sup>13</sup>
    - **CUtLASS** (Cost Utility of the Latest Antipsychotic Drugs in Schizophrenia Study)<sup>14</sup>
    - **EUFEST** (European First Episode Schizophrenia Trial)<sup>15</sup>
  - **MDD**
    - **STAR\*D** (Sequential Treatment Alternatives to Relieve Depression)<sup>16</sup>
    - **CO-MED** (Combining Medications to Enhance Depression Outcomes)<sup>17</sup>

# Trial Design Features in Effectiveness Studies



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## “Prospective, Randomized, Blinded” Trials

- Double-blind RCT with some exceptions
  - CATIE-Phase 2: Open-label clozapine arm
- Single-blind, Randomized
  - CO-MED: Some medication assignments blinded to patients
- Randomized, Open-Label, Blinded Rater
  - InterSePT
    - Type I event (attempt/hospitalization): blinded adjudication external group (SMB)
    - Type II event (worsening): blinded psychiatrist at the site.
  - CUtLASS: patients were randomly assigned to open-label antipsychotic treatment with clinical rater blinded to treatment assignment

# Design Feature for Effectiveness Studies in Regulatory Submission

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- **Randomized Controlled Trial** 
  - Required feature
- **Non-Randomized Trial** 
  - Generally, not acceptable for labeling claim
  - Exception: Observational Studies may be considered as part of the source of supportive data<sup>11,18,19</sup>

# Trial Design Issues in Effectiveness Studies



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## Patient Selection:

- Eligibility Criteria
  - Broader Inclusion Criteria
  - Minimal Exclusion Criteria

## Outcome Measures and Assessment:

- Patient Reported Outcome
  - Self-Report

## Endpoint:

- Define Endpoint (e.g., Time to Treatment Failure; Time to Rescue)
  - Use of blinded adjudication
  - Clinician judgment

# Effectiveness Studies

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## Often Comparative Effectiveness

- Dosing
  - More flexible dosing
  - Comparable doses
- Compliance
  - Improve compliance (e.g., IM depot vs. oral)
  - Treatment delivery system related issues should be built into the trial
- Dropouts
  - Follow up plan

# Effectiveness Studies

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## Large sample size

- Site Setting
  - Clinic: mostly represent real world
  - Not typical trial site but may have some experience in conducting clinical trial
- Large numbers of investigator sites
  - Clinician expertise; Prescribing pattern differences
  - Site monitoring

# Data Analysis in Effectiveness Studies

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- Hypothesis Testing

- Determine acceptability of proposed analysis method

Example:

- Using a log-rank test based on the ITT analysis set
- Cumulative distribution of time to event will be estimated by Kaplan-Meier method
- Estimate of the hazard ratio and CI will be determined using a Cox proportional hazards model

- SOP

Prospectively define blinded adjudication process

- SAP

Submit statistical analysis plan prior to trial completion

- Composite primary endpoint: analyze sub-components
- Alternative censoring schemes for sensitivity analyses

# Labeling Language in Psychiatry Products

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## 1. Indications and Usage

- Drug X is indicated for the treatment of YY Disorder
  - Efficacy established in 2 short-term RCT
  - Add 1 maintenance trial
  - State in adults and/or pediatrics
  - May consider 1 typical efficacy trial and 1 effectiveness trial at initial approval (depend on claim going after)
  - Additional effectiveness trial conducted post-approval may be noted in the indication section as additional support for approved indication
  - May just simply state as PC or AC trial and refer to section 14 where results could be provided. Exactly what details to provide would be a matter for review.

# Labeling Language in Psychiatry Products

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## 14. Clinical Studies

- Description of Clinical Study and Results
  - Trial Design: Randomized, Placebo
  - Study Duration
  - Dosing
  - Patient Population
  - Instruments, Study Endpoints
  - Summary of Results for Primary Endpoint
  - Pre-specified Key Secondary, if any
  - Subgroups (age, gender, race)

# Potential Labeling Claim of Effectiveness Trials: DPP Current Thinking

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- DPP encourages the sponsors to request for a meeting prior to initiating any effectiveness trial “intended” for potential labeling claim
  - Submit relevant information: description of study design, target patient population, analysis plans, etc.
  - Discuss scientific and regulatory issues: how the information might be described in the labeling
  - Potential to produce useful results to clinicians
- DPP may take the application to Advisory Committee (PDAC) to further discuss any complex issues (interpretation of results)

# Potential Promotional Claim of Effectiveness Trials

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- DPP Review Division Perspective
  - Any information in the product label may be used for promotion
- FDA CDER Office of Prescription Drug Promotion
  - The Sponsor should request for advisory from OPDP

# Conclusion

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## Efficacy (exploratory) Trials

- Regulatory approval based on results from efficacy trials
- Scientific community is working on study design issues in order to improve signal detection in RCT
- FDA is in support of this effort

# Conclusion

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## Effectiveness (pragmatic) Trials

- Will ask for scientifically valid design (RCT)
- Will likely accept diverse setting, broader population, different endpoint, and trials not necessarily include blinding.
- Payer's perspective: results from comparative effectiveness studies - informative choice among treatment options
- May consider effectiveness study as part of labeling claim but the sponsor should work with DPP on study design and analysis plan prior to initiating such trial

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