

April 5, 2022

How to understand subgroup analysis in clinical studies



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VIRTUAL SERIES



Claudia
Cardone



Massimo
Di Maio

How to understand subgroup
analysis in clinical studies

5 April
18:30 CEST



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"The girl who has come Mrs. Roosevelt!"

Illustration by H. H. H. as a caricature of the new woman.
 (Below) The Progress, the Famous New Yorker Cartoon of June 3, 1935. (Right) The Fulfillment, Kelly, Ohio, May, 1935



(Right) Presenting an Arnie Polo Cup. (Lower Right) Left the Young Journal at Suffern



IN DEFENSE OF CURIOSITY

By MRS. FRANKLIN D. ROOSEVELT

A SHORT time ago a cartoon appeared depicting two miners looking up in surprise and saying with undisguised horror, "Here comes Mrs. Roosevelt!"

In strange and subtle ways, it was indicated to me that I should feel somewhat ashamed of that cartoon, and there certainly was something the matter with a woman who wanted to see so much and to know so much.

Somehow or other, most of the people who spoke to me, or wrote to me about it, seemed to feel that it was unbecoming in a woman to have a variety of interests. Perhaps that stems from the old inherent theory that woman's interests must lie only in her home. This is a kind of blindness which seems to make people feel that interest in the home stops within the four walls of the house in which you live. Few seem capable of realizing that the real reason that home is important is that it is so closely tied, by a million strings, to the rest of the world. That is what makes it an important factor in the life of

only upon the buying power of people like herself but upon the buying power of the great mass of agricultural people throughout the country. The farm housewife must realize, too, that her interests are tied up with those of the wage earner and his employer throughout the nation, for her husband's products can only find a ready market when the city dweller is prosperous.

There is ever present, of course, the economic question of how to keep balanced the cost of living and the wages the man receives. The theory of low wages and low living costs has been held by many economists to be sound, for they contend what money one has will provide as much as high wages do in countries where living costs are also high.

We have gone, as a rule, on the theory, in this country, particularly in eras of prosperity, that high wages and high costs make for a higher standard of living, and that we really obtain more for our money, even though our prices are higher.

This question is argued back and forth, and the

quitting pattern or recipe in the neighborhood. Isn't that better than waiting days for a letter which may never come?

To the city or suburban dweller, the price of a subway ride is of great importance, for if it costs ten cents a day to come and go from work, he may have enough left at the end of the week to take his wife to a movie, but twenty cents a day may mean that he has nothing left for entertainment. The city dweller could also do much for the price of milk, if he realized the dairy farmer's plight and how important the consumption of milk, and its price, is to general prosperity.

This correlation of interests is something that every woman would understand if she had the curiosity to find out the reason for certain conditions instead of merely accepting them, usually with rather bad grace.

Curiosity is the Mother of Opinion

...even more than before, in the era of personalized medicine and precision oncology, **subgroup analysis** seems a valuable tool for optimizing treatment choices.

Why Precision Medicine?



Increases
survival rates



Targets tumors with
greater accuracy

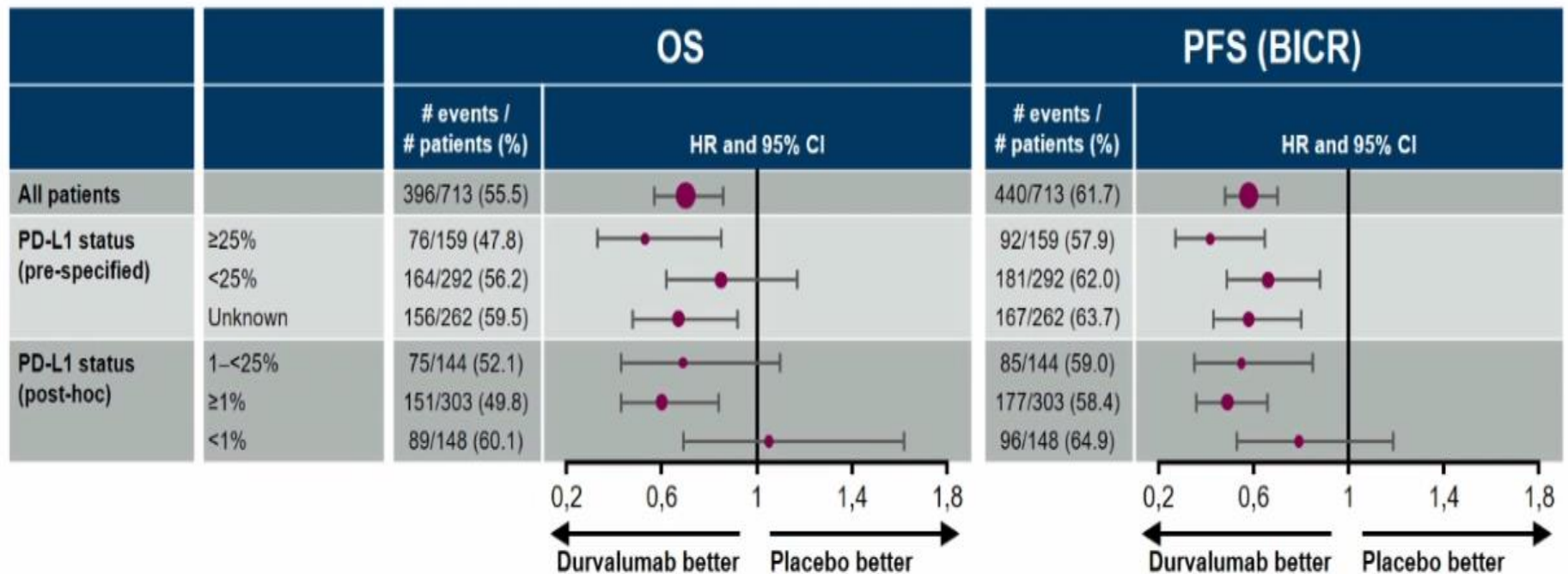


Mitigates
unnecessary
treatments



Reduces
prescription
errors

Subgroup analysis may impact regulatory decisions: Durvalumab in locally advanced NSCLC

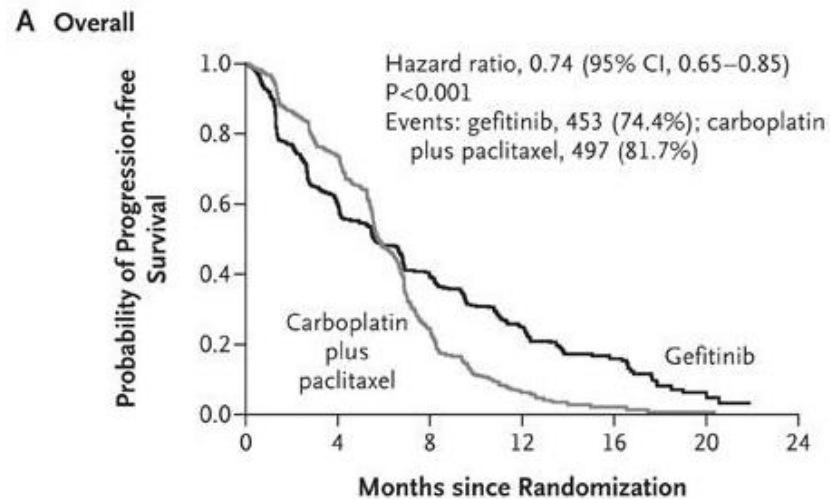


Faivre-Finn C, ESMO 2020
Annals of Oncology (2020) 31 (suppl_4): S1142-S1215

Subgroup analyses: why?

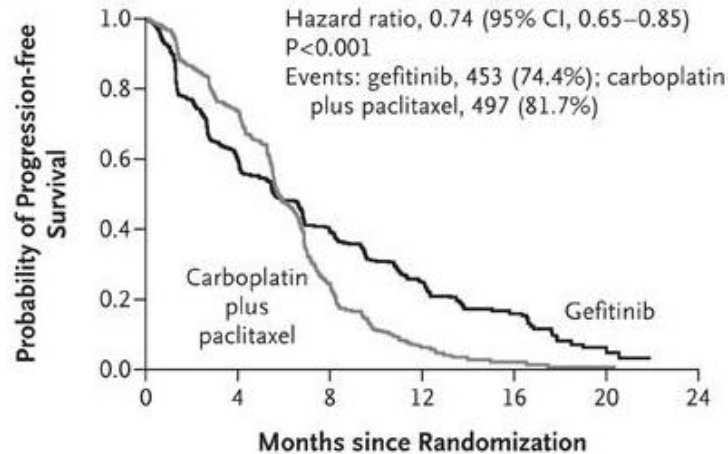
- Within a study with overall positive conclusions, subgroup analyses might help to better identify patients who benefit more, patients who benefit less or patients who don't benefit at all.

The famous example of the IPASS trial: qualitative interaction!

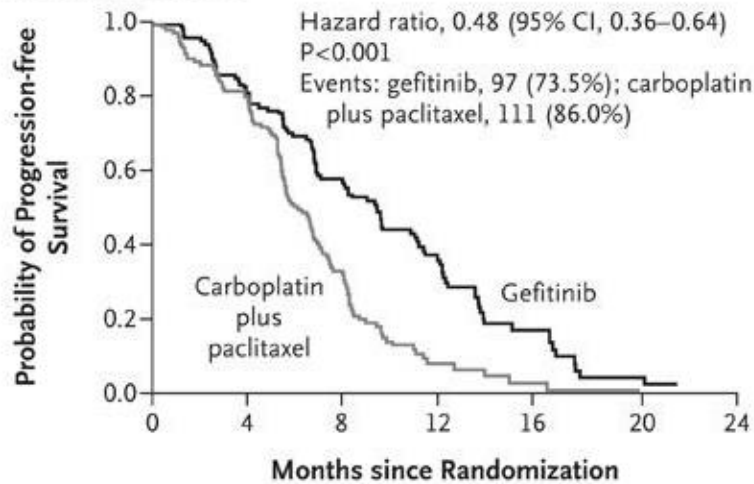


The famous example of the IPASS trial: qualitative interaction!

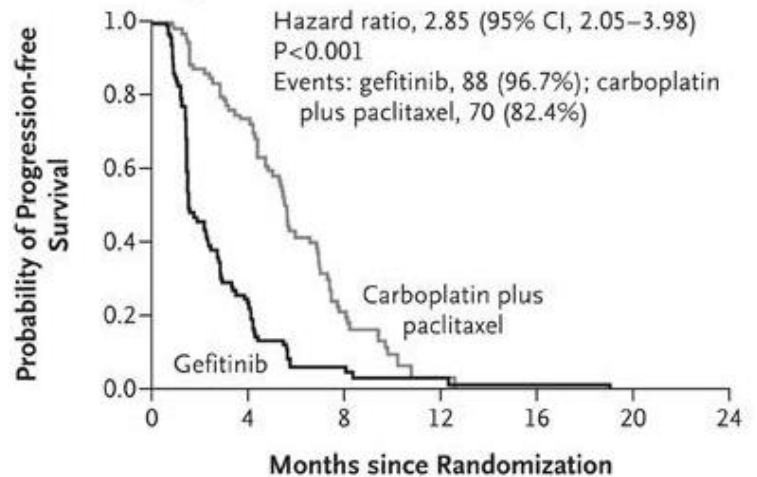
A Overall



B EGFR-Mutation-Positive



C EGFR-Mutation-Negative



Subgroup analyses: why?

- Within a study with overall positive conclusions, subgroup analyses might help to better identify patients who benefit more, patients who benefit less or patients who don't benefit at all.
- Within a study with overall negative conclusions, subgroup analyses might help to avoid **«throwing the baby out with the bath water»**, by identifying certain groups of patients in whom the experimental treatment appears to work.

...but please remember!

“Far better an approximate answer to the right question, which is often vague, than an exact answer to the wrong question, which can always be made precise.”

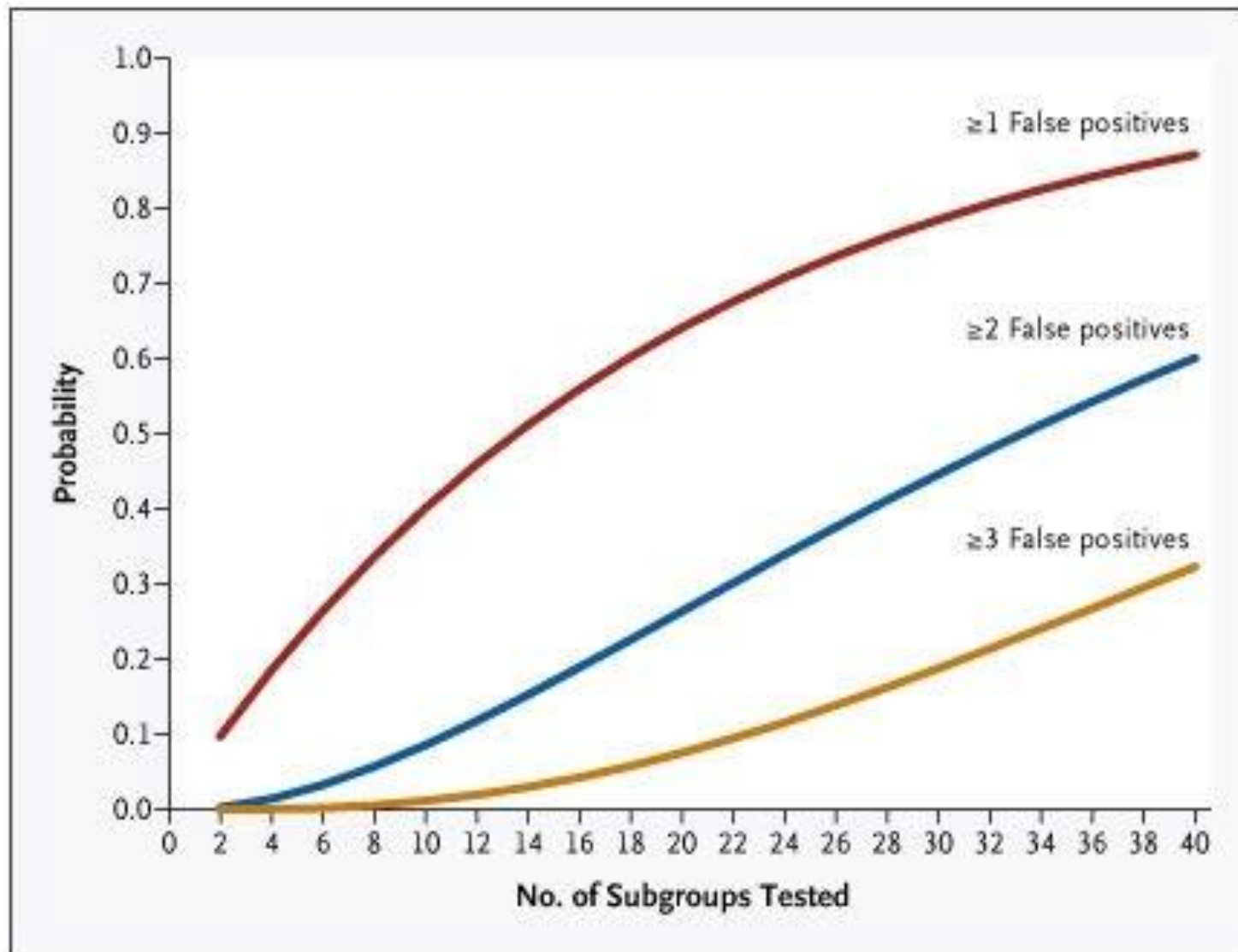
J W Tukey, 1962



In defense of curiosity...

**...but remember that
curiosity can be
dangerous!**

Curiosity, Eugene de Blaas (1892)

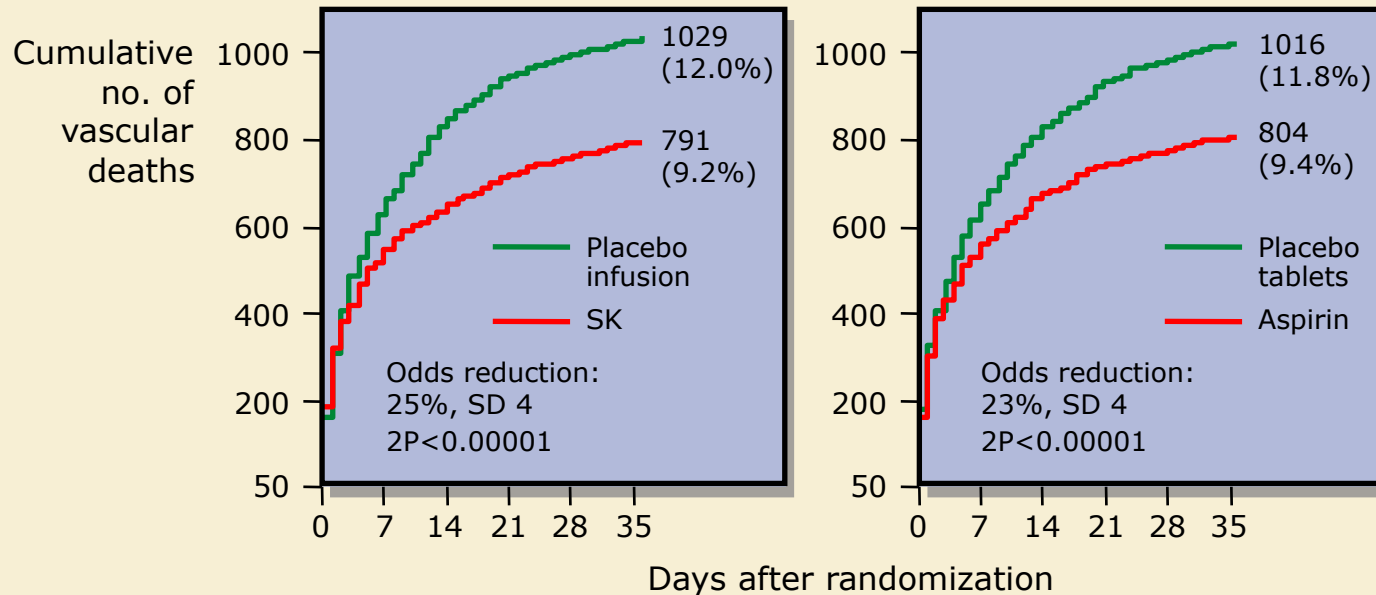


Lagakos SW. The challenge of subgroup analyses--reporting without distorting. N Engl J Med. 2006 Apr 20;354(16):1667-9.

Let's make an example outside oncology!

ISIS-2: Second International Study of Infarct Survival

Vascular mortality over 35 days: individual therapies



The ISIS-2 collaborative group. *Lancet* 1988; ii: 349-60.

ISIS-2 trial: Aspirin vs Placebo

Mortality 1 month after myocardial infarction



N. of deaths
A vs P

P



All cases













804 vs 1016

<0.0001



ISIS-2 trial: Aspirin vs Placebo

Mortality 1 month after myocardial infarction

 Zodiac sign	 N. of deaths A vs P	 P	
 All cases	804 vs 1016	<0.0001	
 Other signs	654 vs 869	<0.0001	
 Libra or Gemini	150 vs 147	0.5 (ns)	  

Should I suspect a risk of false negative result in a subgroup?

Phase III Trial of Bevacizumab in Non-Squamous NSCLC: ECOG 4599

Eligibility:

- Non-squamous NSCLC
- No Hx of hemoptysis
- No CNS metastases

Stratification Variables:

- RT vs no RT
- Stage IIIB or IV vs recurrent
- Wt loss <5% vs ≥5%
- Measurable vs non-measurable

(PC)

Paclitaxel 200 mg/m²
Carboplatin AUC = 6
(q 3 weeks) × 6 cycles

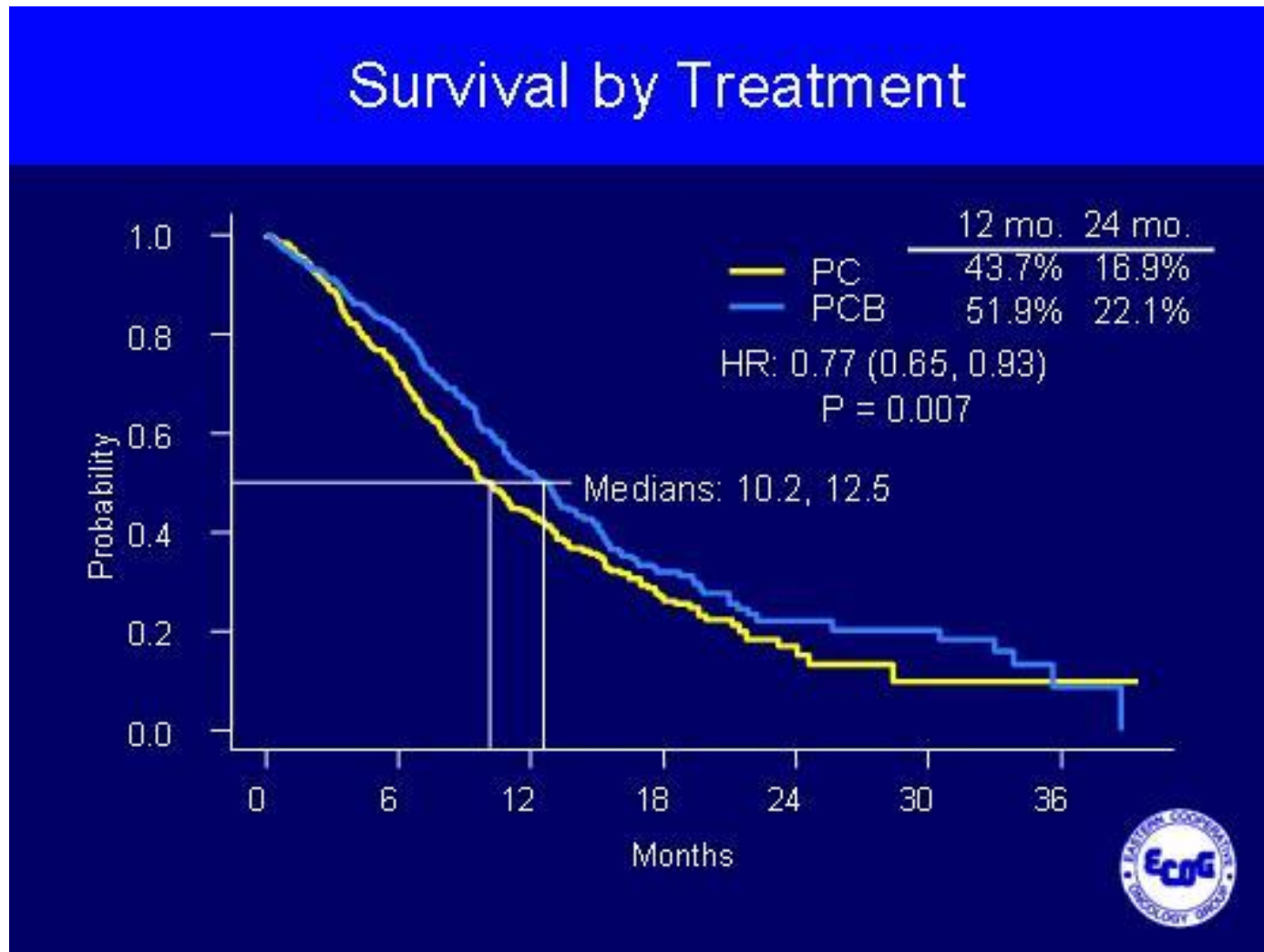
No crossover to
Bevacizumab
permitted

(PCB)

PC × 6 cycles
+
Bevacizumab
(15mg/kg q 3 wks) to PD



Should I suspect a risk of false negative result in a subgroup?



Sandler AB et al., ASCO 2005, abstract 4

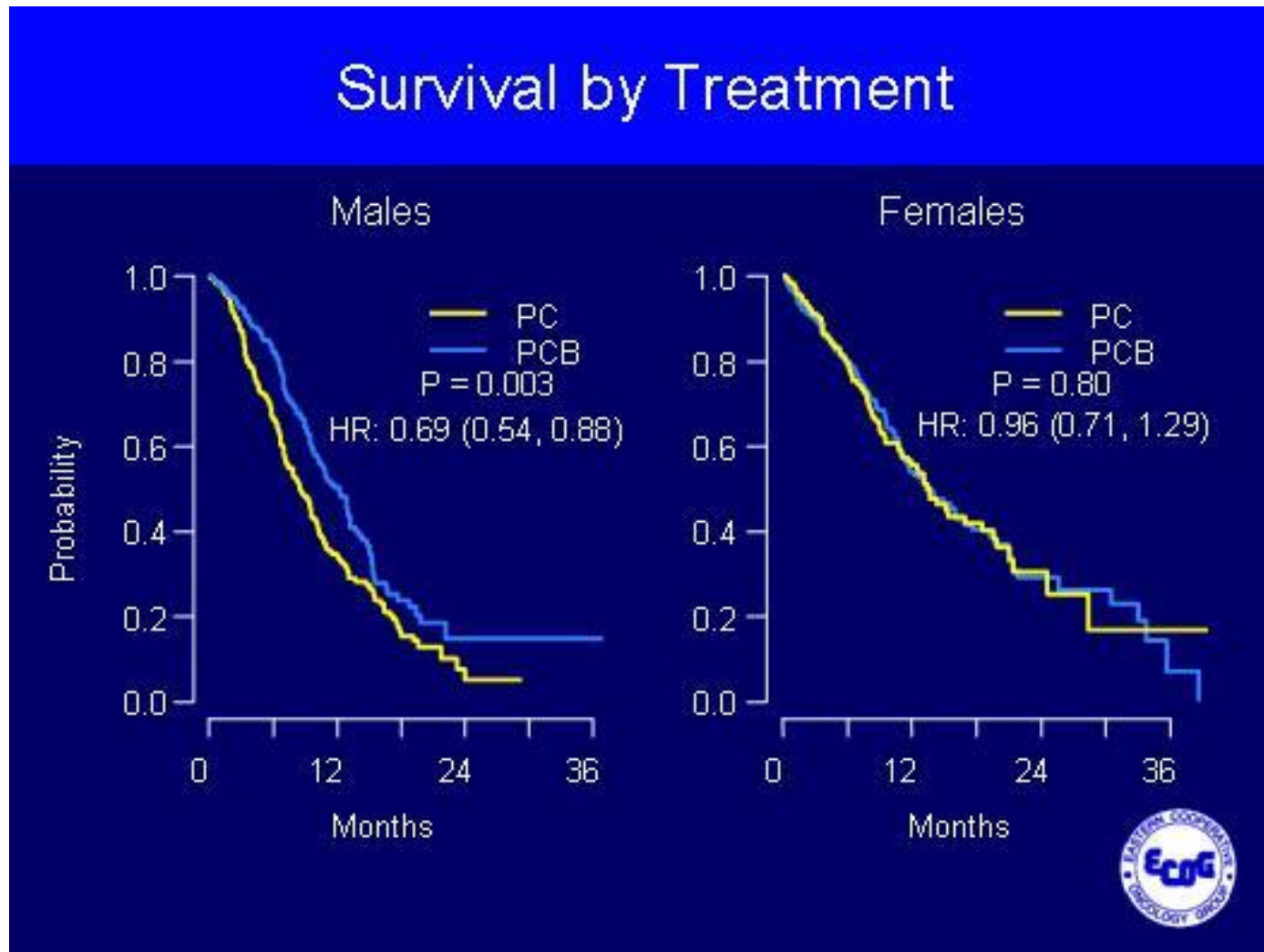
Should I suspect a risk of false negative result in a subgroup?

Exploratory Subgroup Analyses

- Subgroups analyzed
 - Stage
 - Weight loss
 - Prior RT
 - Race
 - PS
 - Age
 - Gender
- These were not pre-specified analyses
- Survival benefit was seen across all treatment subgroups except for gender



Should I suspect a risk of false negative result in a subgroup?



Sandler AB et al., ASCO 2005, abstract 4

Should I suspect a risk of false negative result in a subgroup?

Possible Explanations for Survival Differences by Gender?

- Use of second and third-line treatment
 - EGFR-TKI's
 - chemotherapy
- Imbalance in unmeasured baseline prognostic factors
 - Demographic
 - Molecular
- Statistical chance alone
- True difference



The risk of «belief bias»...



belief bias

If a conclusion supports your existing beliefs, you'll rationalize anything that supports it.

...and the risk of HARKing

Personality and Social Psychology Review
1998, Vol. 2, No. 3, 196–217

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Lawrence Erlbaum Associates, Inc.

HARKing: Hypothesizing After the Results are Known

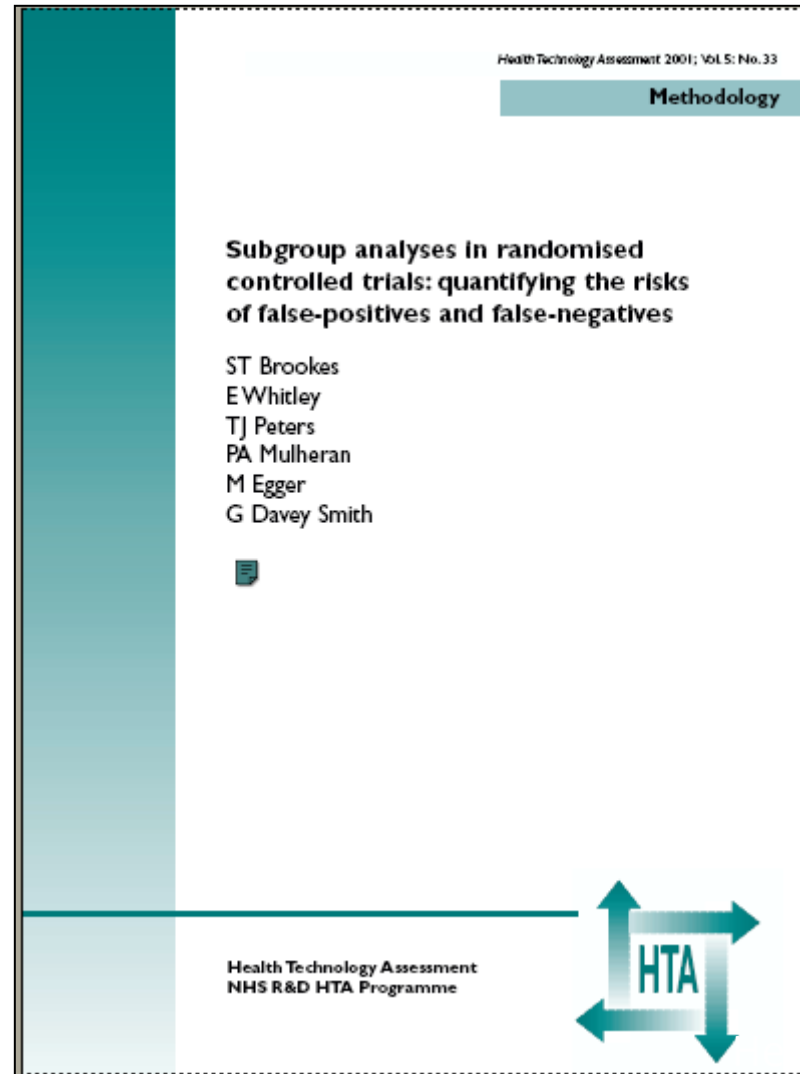
Norbert L. Kerr

*Department of Psychology
Michigan State University*

This article considers a practice in scientific communication termed HARKing (Hypothesizing After the Results are Known). HARKing is defined as presenting a post hoc hypothesis (i.e., one based on or informed by one's results) in one's research report as if it were, in fact, an a priori hypotheses. Several forms of HARKing are identified and survey data are presented that suggests that at least some forms of HARKing are widely practiced and widely seen as inappropriate. I identify several reasons why scientists might HARK. Then I discuss several reasons why scientists ought not to HARK. It is conceded that the question of whether HARKing's costs exceed its benefits is a complex one that ought to be addressed through research, open discussion, and debate. To help stimulate such discussion (and for those such as myself who suspect that HARKing's costs do exceed its benefits), I conclude the article with some suggestions for deterring HARKing.

Kerr NL. Pers Soc Psychol Rev. 1998;2(3):196-217.

An interesting lecture:



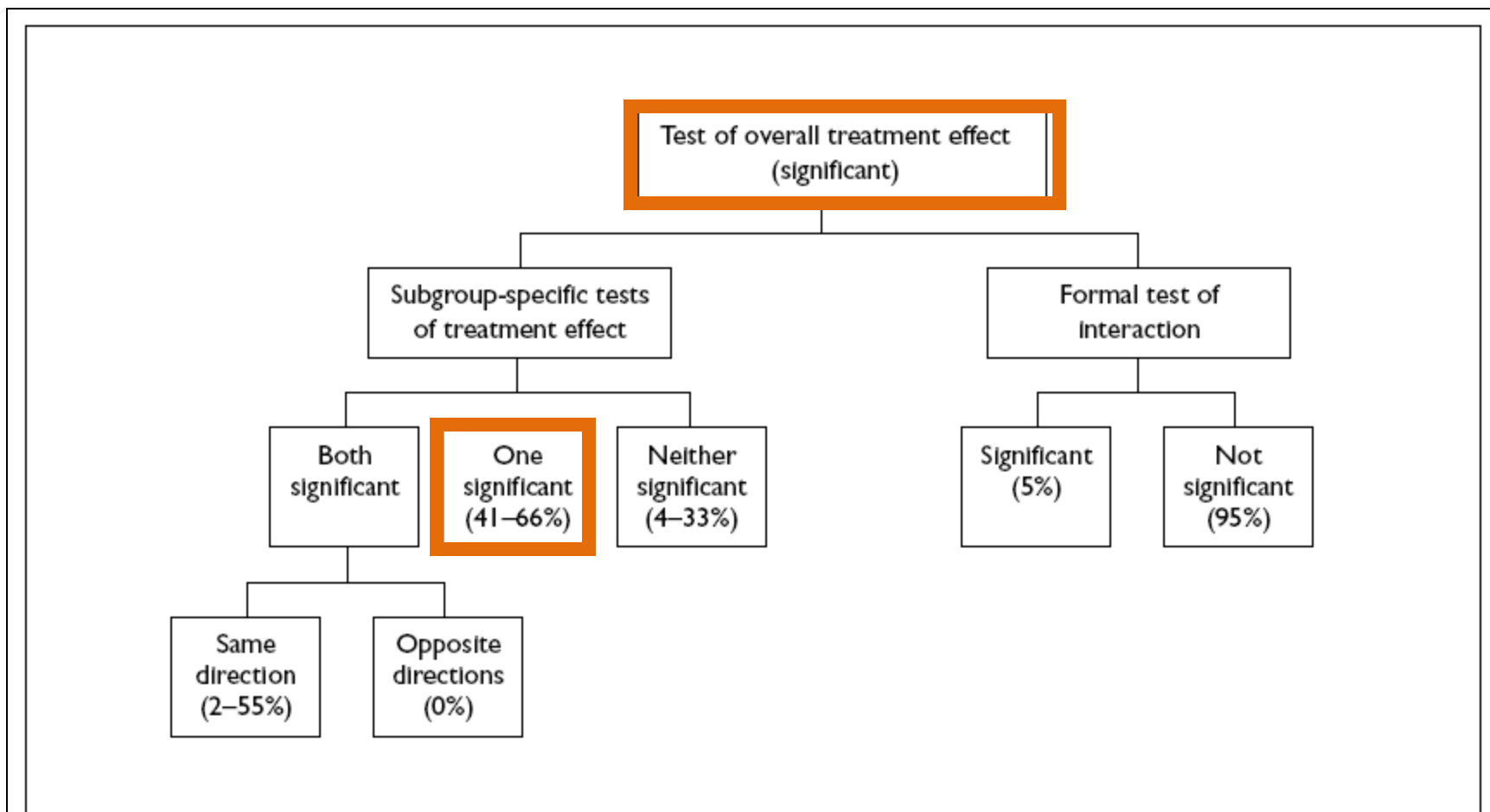
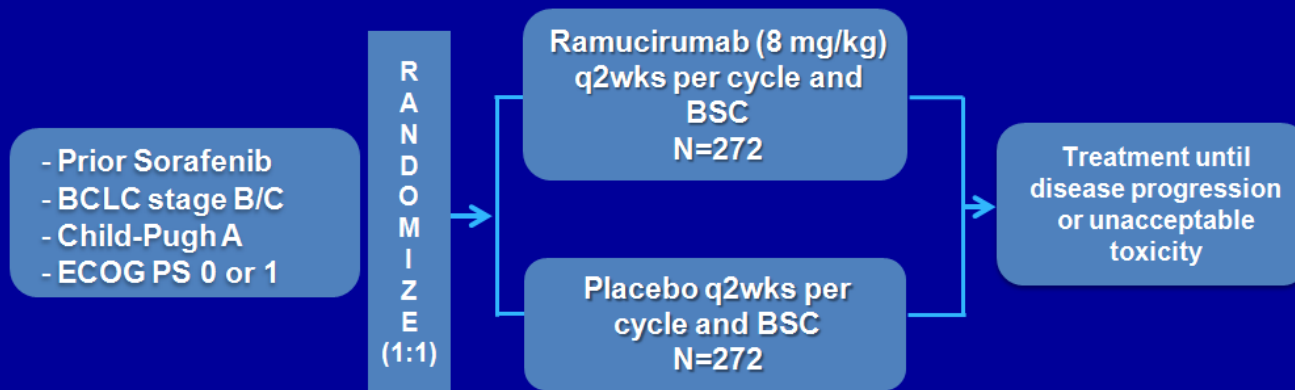


FIGURE 22 Summary of results for the simplest case (overall test result significant). This figure combines the results from data simulated with no overall treatment effect and with a true overall treatment effect detectable at nominal powers of 50, 80, 90 and 95%

Should I suspect a false positive result in a subgroup?

REACH: Study Design



Stratification factors:

- Geographic Regions
 - North and South America
 - Europe
 - Asia
- Etiology of Liver Disease
 - Hepatitis B
 - Hepatitis C
 - Other etiologies

Primary endpoint: **Overall Survival**

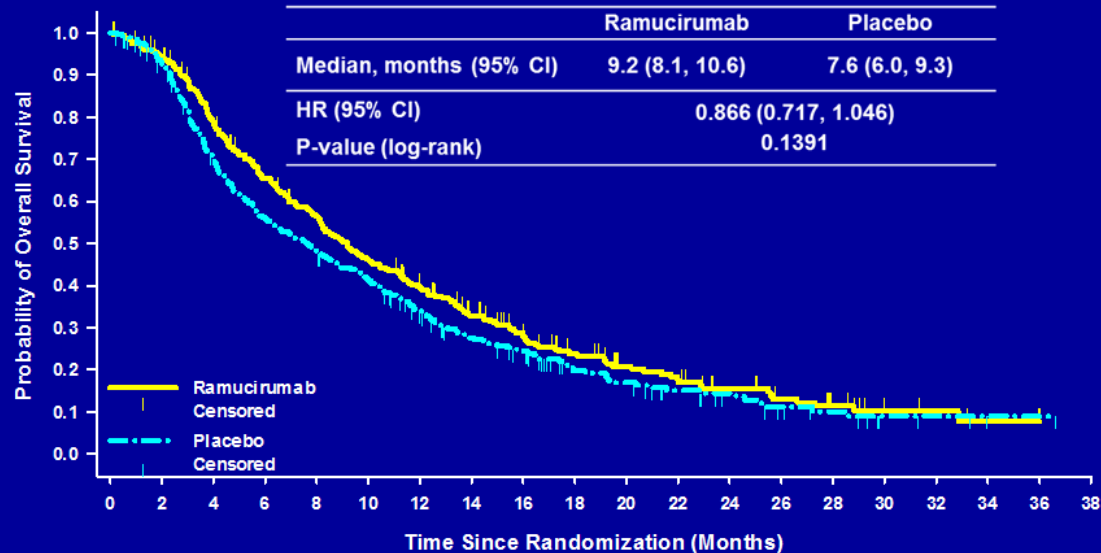
Secondary endpoints:
PFS, TTP, ORR, safety, patient-reported
outcomes

Abbreviations: BCLC=Barcelona Clinic Liver Cancer; BSC=best supportive care; ECOG PS=Eastern Cooperative Oncology Group performance status; ORR=objective response rate; PFS=progression-free survival; q2wks=every 2 weeks; TTP=time-to-progression.

Zhu A et al, ESMO 2014

Should I suspect a false positive result in a subgroup?

Overall Survival of ITT Population



Patients at Risk

Ramucirumab	283	261	214	175	149	122	101	78	61	43	32	27	20	15	11	5	4	2	1
Placebo	282	255	189	151	129	110	83	63	54	35	30	23	18	12	9	4	3	1	1

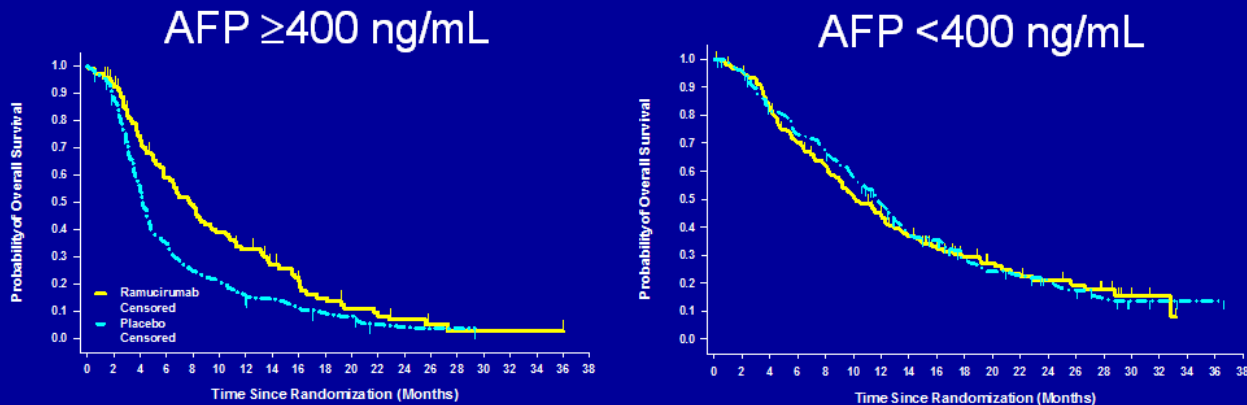
Abbreviations: CI=confidence interval; HR=hazard ratio; ITT=intent to treat; OS=overall survival.

Zhu A et al, ESMO 2014

Zhu et al, ESMO 2014

Should I suspect a false positive result in a subgroup?

Overall Survival in Patients With Baseline Alpha-fetoprotein \geq or $<$ 400 ng/mL



	Ramucirumab (N=119)	Placebo (N=131)		Ramucirumab (N=160)	Placebo (N=150)
Median, months	7.8	4.2	Median, months	10.1	11.8
(95% CI)	(5.8, 9.3)	(3.7, 4.8)	(95% CI)	(8.7, 12.3)	(9.9, 13.1)
HR (95% CI)	0.674 (0.508, 0.895)		HR (95% CI)	1.093 (0.836, 1.428)	
P-value (log-rank)	0.0059		P-value (log-rank)	0.5059	

Zhu A et al, ESMO 2014

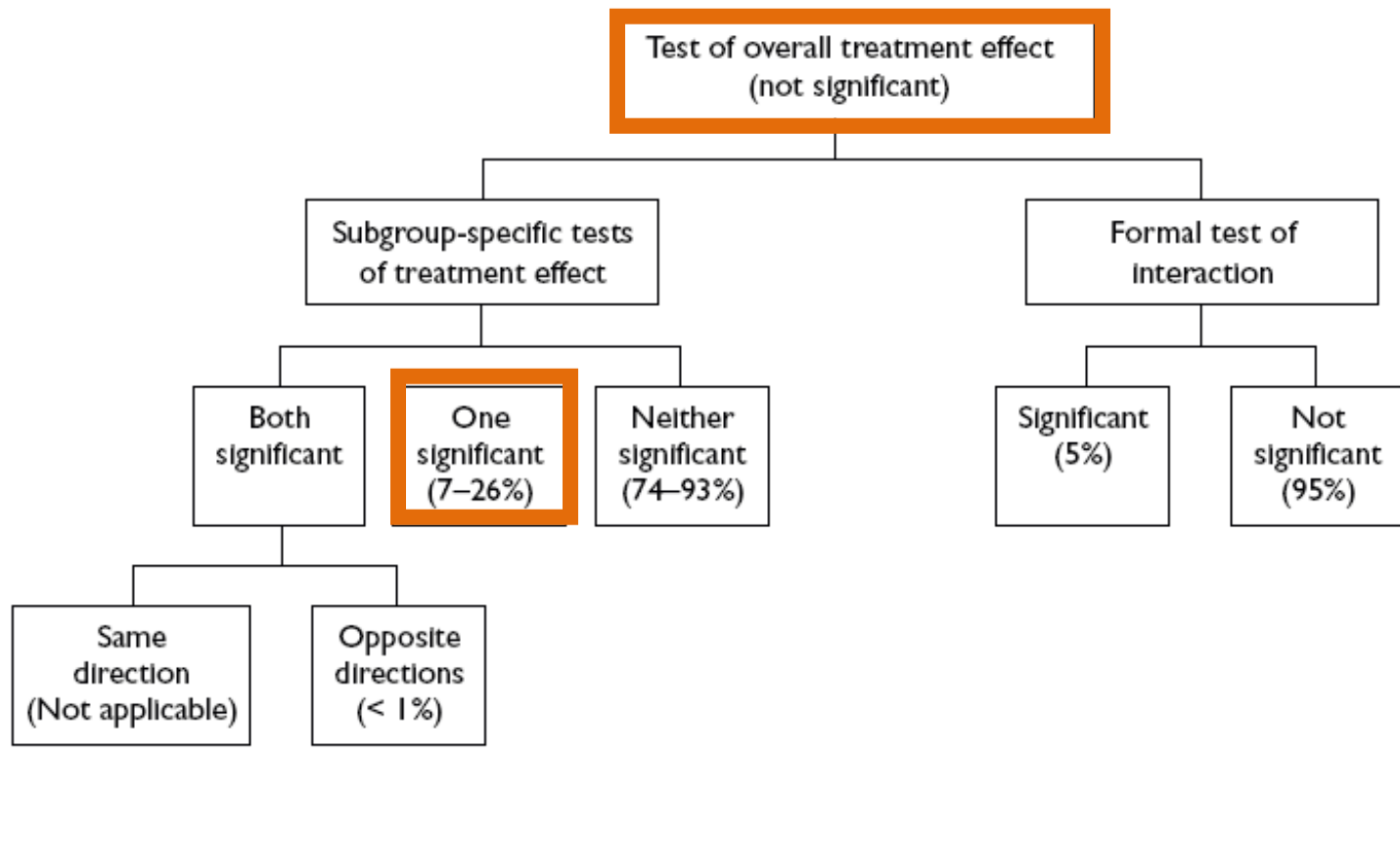
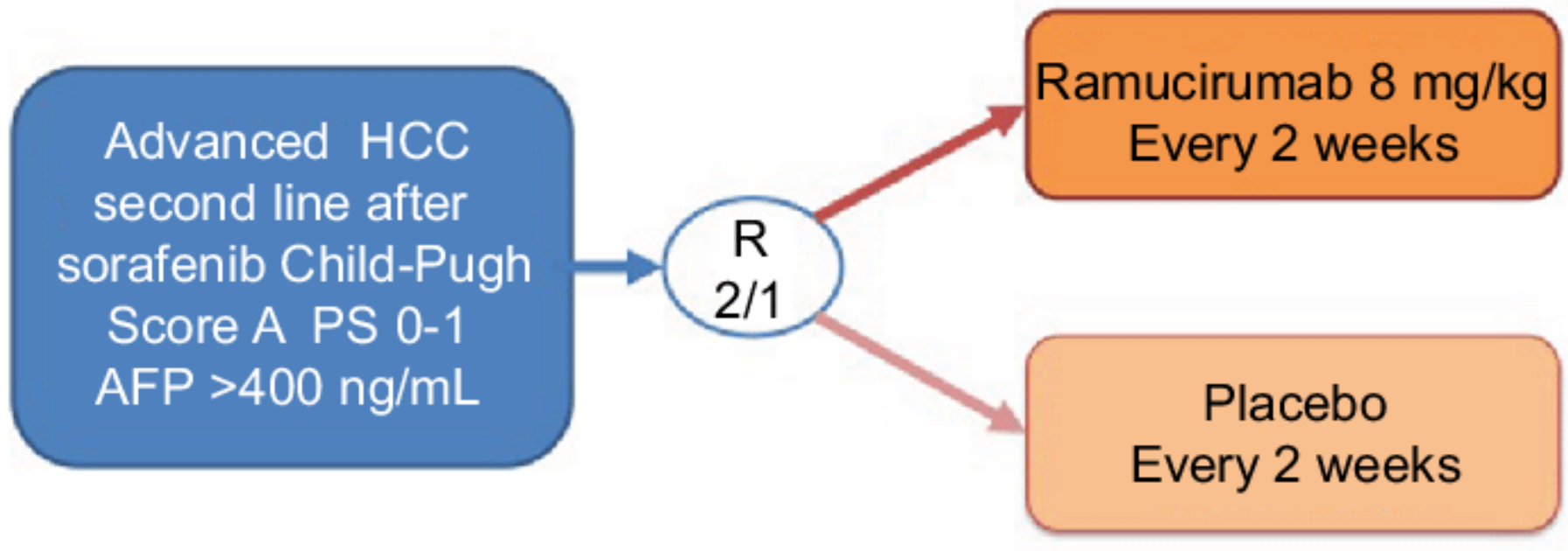
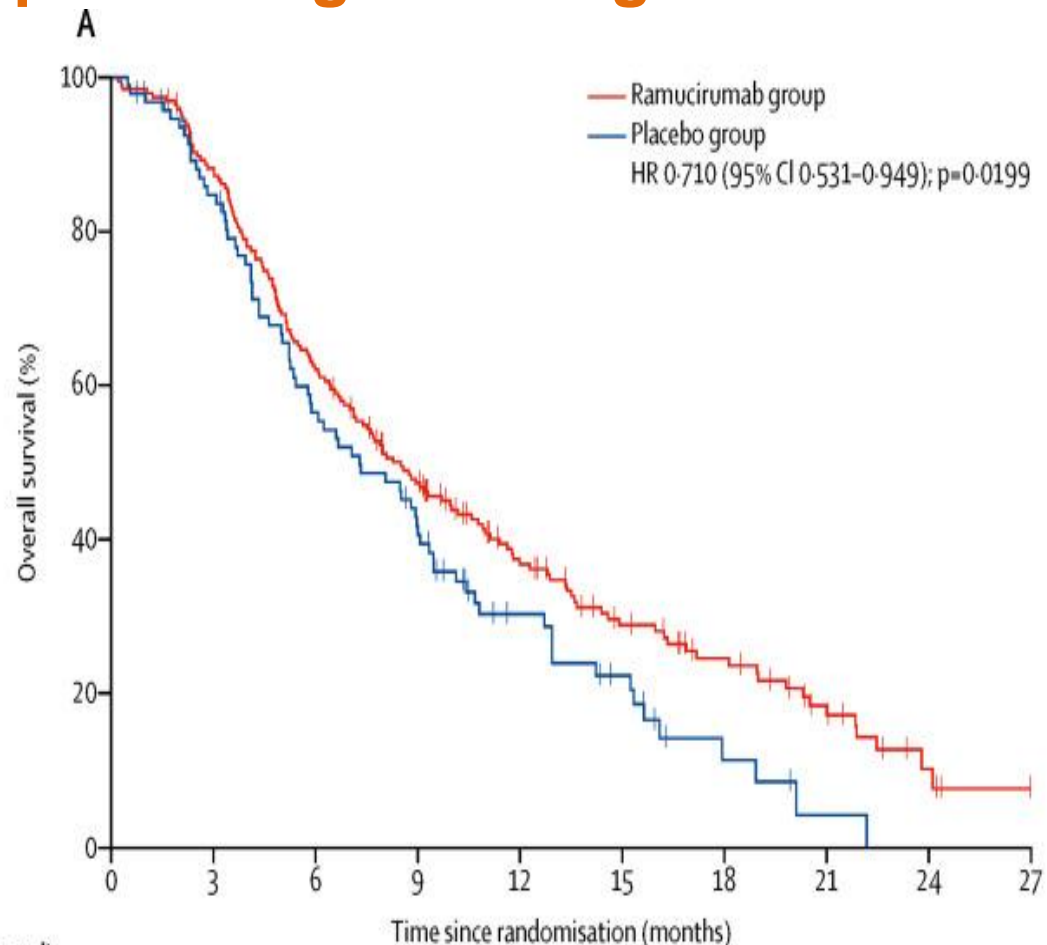


FIGURE 21 Summary of results for the simplest case (overall test result not significant). This figure combines the results from data simulated with no overall treatment effect and with a true overall treatment effect detectable at nominal powers of 50, 80, 90 and 95%

Subgroup analysis can be hypothesis-generating for a subsequent trial!



Subgroup analysis can be hypothesis-generating for a subsequent trial!



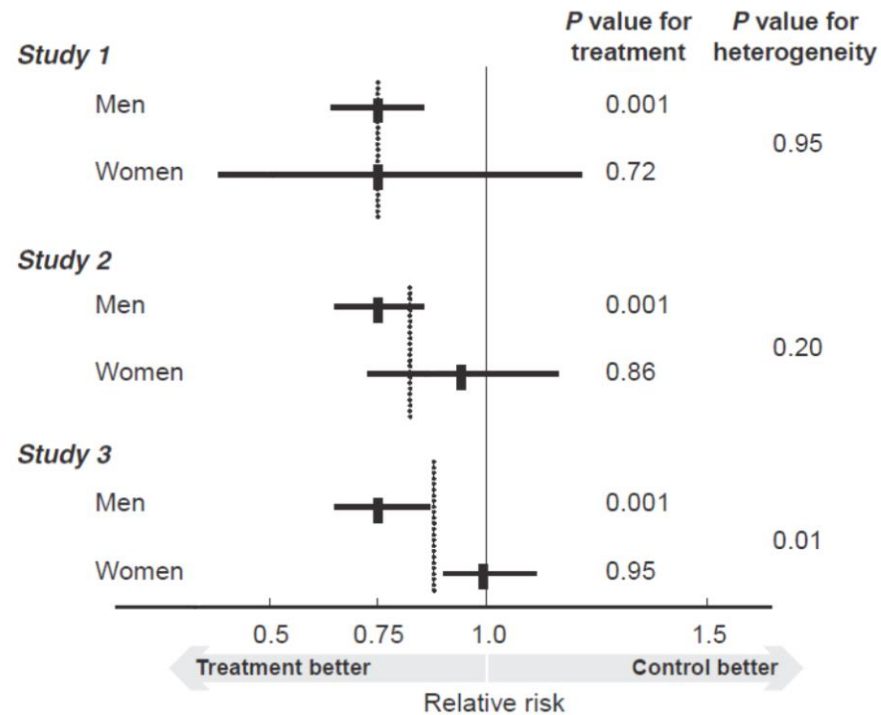
Number at risk (number censored)

Ramucirumab group	197 (0)	172 (2)	121 (2)	87 (8)	56 (22)	37 (30)	26 (36)	14 (41)	4 (47)	0 (50)
Placebo group	95 (0)	76 (5)	50 (6)	36 (7)	19 (15)	12 (17)	4 (20)	1 (21)	0 (21)	0 (21)

Zhu AX, Lancet Oncol. 2019 Feb;20(2):282-296.

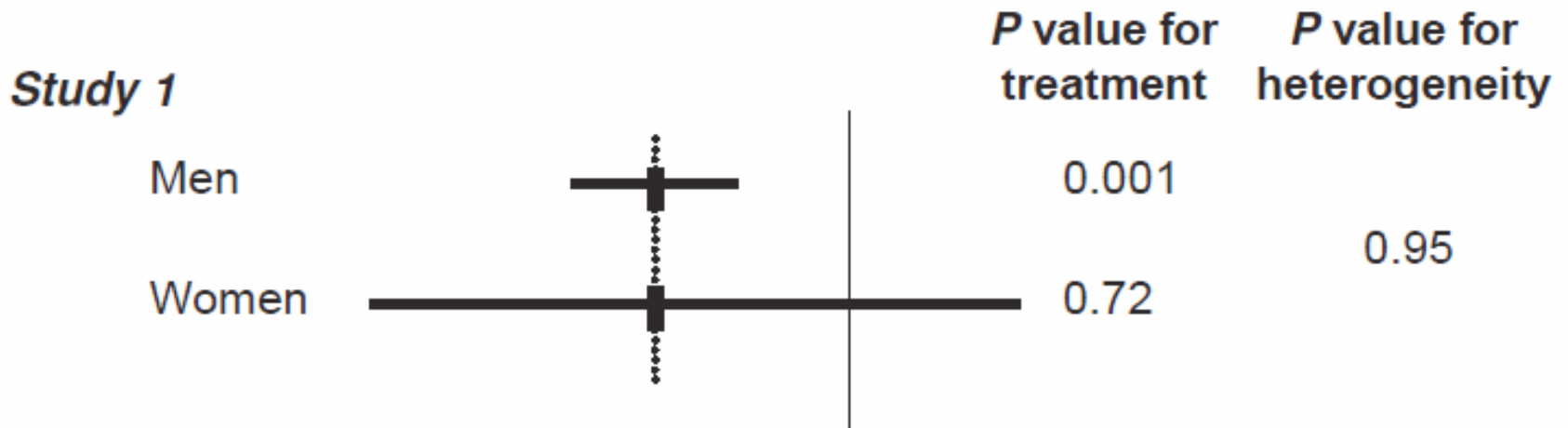
How to correctly interpret subgroup analyses?

1: Treatment effects in subgroups of men and women in three hypothetical trials

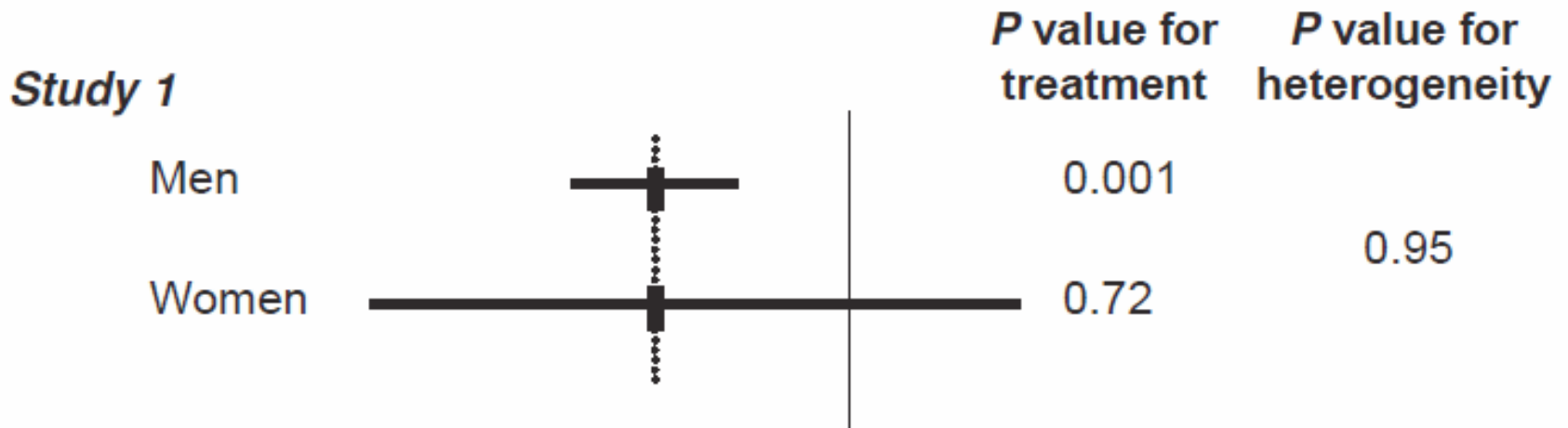


Overall relative risk: 0.75 for Study 1; 0.80 for Study 2; 0.87 for Study 3; represented by the vertical dashed line in each case.

How to correctly interpret subgroup analyses?

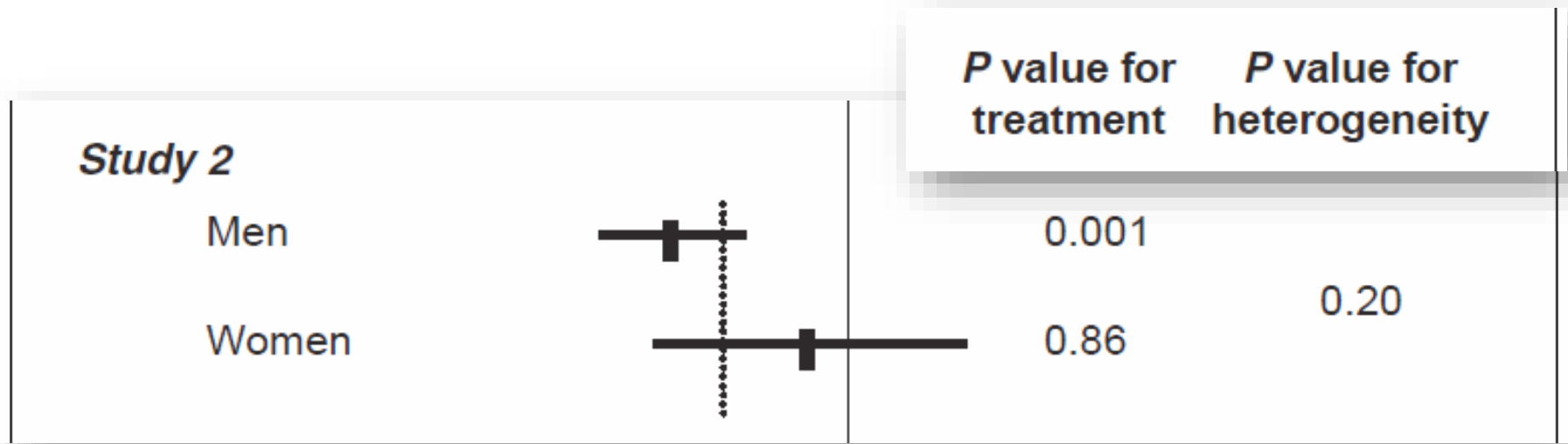


How to correctly interpret subgroup analyses?

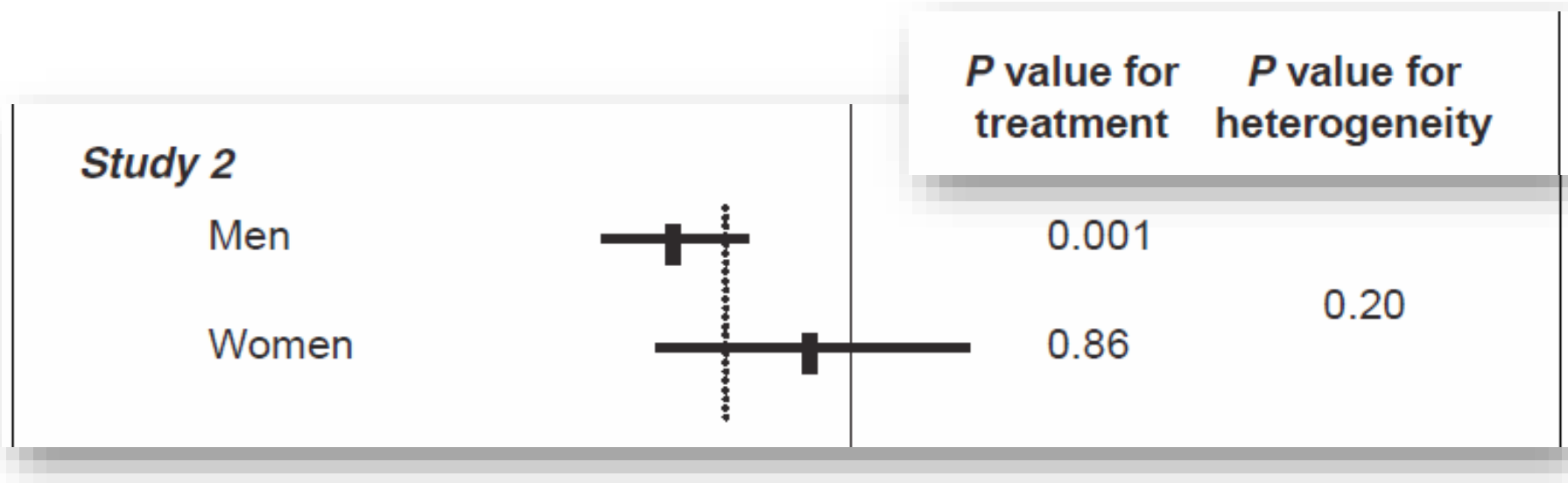


In cases like this, please **DO NOT CLAIM** that experimental treatment is significantly effective in men but not in women!

How to correctly interpret subgroup analyses?



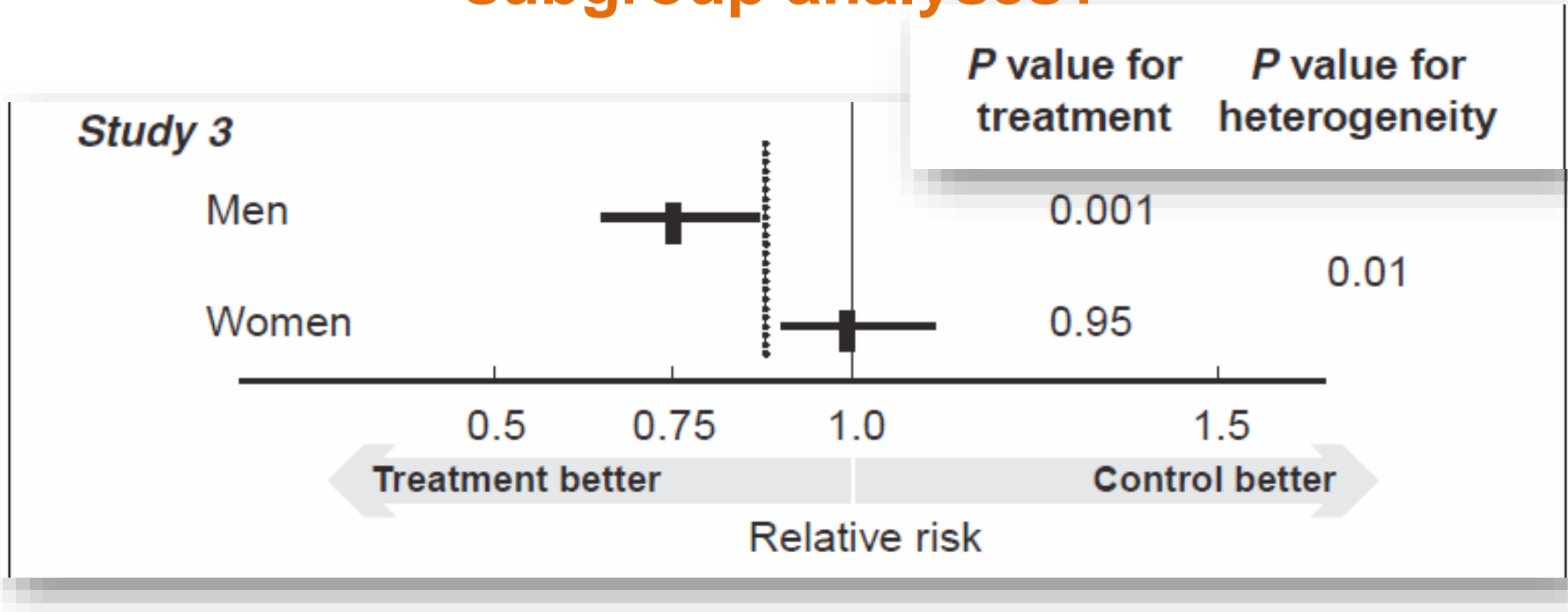
How to correctly interpret subgroup analyses?



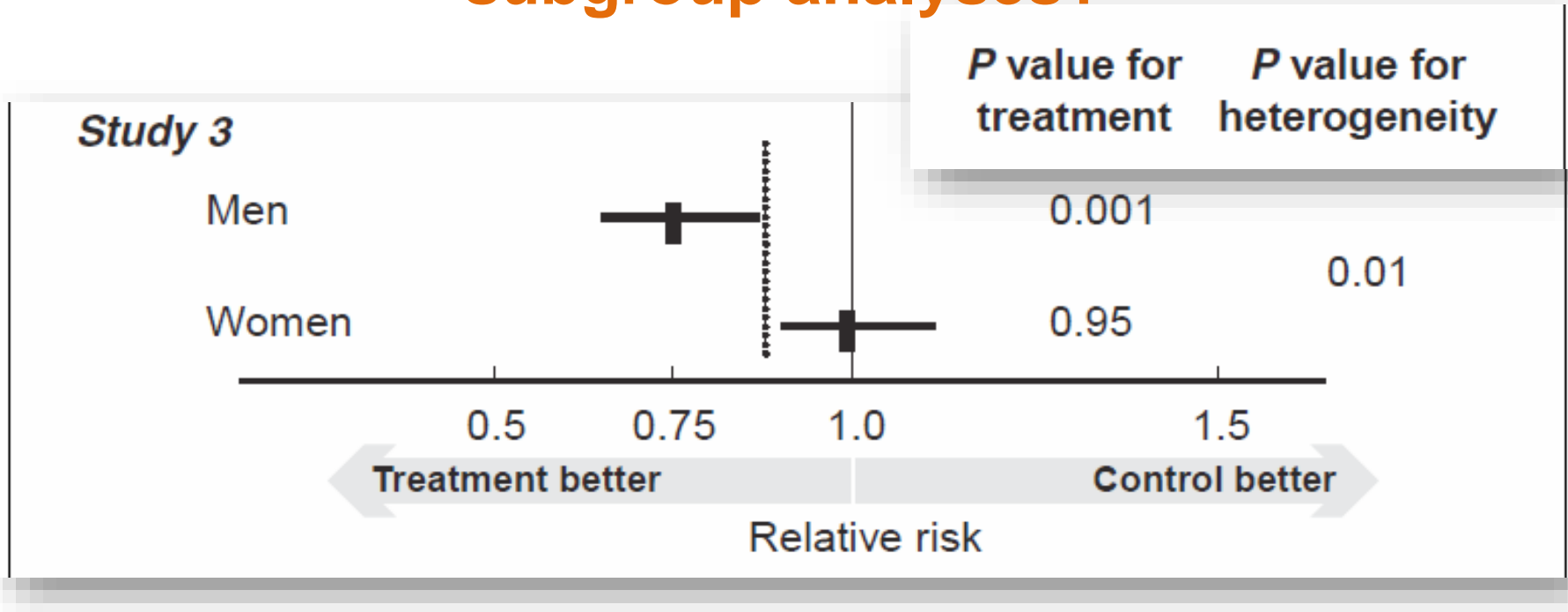
In cases like this, it is legitimate to suspect that treatment efficacy could be different...

...unfortunately, we cannot exclude that the difference we are observing is due to chance!

How to correctly interpret subgroup analyses?



How to correctly interpret subgroup analyses?



In cases like this, it is legitimate to discuss the heterogeneity of treatment effect between men and women. Interaction test tells us that this difference is unlikely to be due to chance.

Scenario n.1

	Number of patients	Median overall survival (months)		Unstratified hazard ratio for death (95% CI)
		Nivolumab plus ipilimumab group (n=303)	Chemotherapy group (n=302)	
All randomly assigned	605	18.1	14.1	0.75 (0.62-0.91)
Sex				
Male	467	17.5	13.7	0.74 (0.60-0.92)
Female	138	21.4	18.0	0.76 (0.50-1.16)

Scenario n.1

	Number of patients	Median overall survival (months)		Unstratified hazard ratio for death (95% CI)
		Nivolumab plus ipilimumab group (n=303)	Chemotherapy group (n=302)	
All randomly assigned	605	18.1	14.1	0.75 (0.62-0.91)
Sex				
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Female	138	21.4	18.0	0.76 (0.50-1.16)

- Interaction test (p=0.91) is NOT significant: heterogeneity of efficacy between men and women is NOT demonstrated

Di Maio M, Tagliamento M.
Heterogeneity of treatment effects in malignant pleural mesothelioma.
Lancet. 2021 Jul 24;398(10297):301-302..

Scenario n.2

	Number of patients	Median overall survival (months)		Unstratified hazard ratio for death (95% CI)
		Nivolumab plus ipilimumab group (n=303)	Chemotherapy group (n=302)	
All randomly assigned	605	18.1	14.1	0.75 (0.62-0.91)
Tumour histology				
Epithelioid	456	18.7	16.5	0.86 (0.69-1.08)
Non-epithelioid	149	18.1	8.8	0.46 (0.31-0.68)

Scenario n.2

	Number of patients	Median overall survival (months)		Unstratified hazard ratio for death (95% CI)
		Nivolumab plus ipilimumab group (n=303)	Chemotherapy group (n=302)	
All randomly assigned	605	18.1	14.1	0.75 (0.62-0.91)
Tumour histology				
Epithelioid	456	18.7	16.5	0.86 (0.69-1.08)
Non-epithelioid	149	18.1	8.8	0.46 (0.31-0.68)

Interaction test is significant (p=0.007)
Heterogeneity of efficacy between epithelioid and non epithelioid tumors is demonstrated

**Di Maio M, Tagliamento M.
Heterogeneity of treatment effects in malignant pleural mesothelioma.
Lancet. 2021 Jul 24;398(10297):301-302..**

Subgroup analyses: take home messages

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- **Caution!**

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- **Hypothesis generation**

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Subgroup analyses: take home messages

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- **Plausibility (but beware of belief bias!)**

Subgroup analyses: take home messages

- **Caution!**
- **Hypothesis generation**
- **Multiplicity: risks of false positive and false negative**
- **Look at consistency among studies**
- **Plausibility (but beware of belief bias!)**
- **Look at the interaction test!**

Subgroup analyses in randomized phase III trials of systemic treatments in advanced solid tumours: a systematic review of trials published between 2017 and 2020

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Selected references

- Rothwell PM. Subgroup analysis in randomised controlled trials: importance, indications, and interpretation. *The Lancet*, 2005; 365 (9454), 8–14: 176-186
- https://www.ema.europa.eu/en/documents/scientific-guideline/guideline-investigation-subgroups-confirmatory-clinical-trials_en.pdf
- Peto R. Current misconception 3: that subgroup-specific trial mortality results often provide a good basis for individualising patient care. *Br J Cancer*. 2011 Mar 29; 104(7): 1057–1058.
- Nugent C, et al. Bayesian Approaches to Subgroup Analysis and Related Adaptive Clinical Trial Designs. *JCO Precis Oncol*. 2019 Oct 24;3:PO.19.00003.
- Zhang S, et al. Subgroup Analyses in Reporting of Phase III Clinical Trials in Solid Tumors. *J Clin Oncol*. 2015;33(15):1697-1702.
- Sun X, et al. How to Use a Subgroup Analysis: Users' Guide to the Medical Literature. *JAMA*. 2014;311(4):405–411.
- Wang R et al. Statistics in Medicine — Reporting of Subgroup Analyses in Clinical Trials *N Engl J Med* 2007; 357:2189-2194

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