

GMDS 2021

Blinded sample size re-estimation in a paired diagnostic study

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CT and PET/CT to diagnose pancreatic cancer





[McCray et al., 2017]





Procedure of a paired diagnostic study





Sample size calculation





Fixed vs. Adaptive Design





Example

Assumptions: $\alpha = 5\%$ (two-sided), $\beta = 20\%$					[McCray et al., 2017]	
Diagnostic te	est	Sensitivity	Specificity	$\pi = 47\%$	Diseased	Non-Diseased
СТ		81%	66%	Minimal	$\eta_{12} = 9\%$	$\psi_{ m ND}$ = 14%
PET/CT		90%	80%	disc. results	φ _D = 570	
Initial minimal sample size : N = 186						
Recruitment of 187 individuals						
Re-estimation of nuisance parameters						
based on 187 individuals: $\hat{\pi}=44\%$, $\hat{\psi}_{ m D}=11\%$, $\hat{\psi}_{ m ND}=14\%$						
Re-estimation of sample size: N = 242						
Further recruitment of 55 individuals						
` Analysis ´						
Notation N = to	tal numbe	r of individuals	T	r = prevalence		
D = number of diseased individuals $\psi_{\rm D}$ = number of discordant test results in diseas					diseased population	
ND = number of non-diseased individuals $\psi_{ m ND}$ = number of discordant test rsults in non-diseased p						non-diseased popul.



Simulation study



NotationN = total number of individuals π = prevalenceD = number of diseased individuals ψ_D = number of discordant test results in diseased populationND = number of non-diseased individuals ψ_{ND} = number of discordant test results in non-diseased popul.







Conclusion and next steps

Conclusion:

- Blinded adaptive design developed for paired diagnostic study
- Fixed and adaptive design hold type I error rate
- Power in the fixed design strongly depends on the assumptions. It can be over- or underpowered.
- Power in the adaptive design comes close to the target power, independent of the initial assumptions.

Next steps:

• R-package for adaptive designs in diagnostic studies



References

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