

Bioequivalence Studies in Multiple Groups

Wanjie Sun, Ph.D.

Lead Mathematical Statistician
Division of Biometrics VIII
Office of Biostatistics (OB)
OTS | CDER | US FDA

SBIA: A Deep Dive: FDA Draft Guidance on Statistical Approaches
to Establishing Bioequivalence
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Outline

- BE Studies with Multiple Groups
- BE Assessment for Studies with Multiple Groups
- Treatment by Group Interaction
- Statistical Analysis Plan (SAP)
- Key Message

BE studies with Multiple Groups

- Multiple sources of groups (subgroups, cohorts)
- Recommend to minimize the group effect in PK BE studies
 - ✓ Dose all groups at the same clinic
 - ✓ Recruit subjects from the same enrollment pool
 - ✓ Randomly assign subjects to group and treatment arm
 - ✓ Follow the same protocol criteria and procedures
 - ✓ Assign equal sample size to each group

BE Assessment for Studies with Multiple Groups

- BE - overall treatment effect in the whole study population
- BE assessment in the whole study population:
 - ✓ Generally: w/o treatment by group interaction
 - ✓ However, applicants may use other pre-specified models
 - ✓ Complicated scenarios - discuss with the agency

Treatment by Group Interaction

- Assessment of interaction – important
 - especially when first four criteria not met
 - and PK BE is pivotal for drug approval
- If treatment-by-group interaction is significant
- ✓ Heterogeneity: carefully examined & interpreted with care
- ✓ If treatment effect varies greatly among the groups:
 - ➡ appropriate further explanation, analysis, interpretation

SAP

- Fully pre-specify statistical methods and models
 - for primary BE analysis
 - If treatment-by-group interaction applicable
- Model should reflect multigroup nature:
e.g., period (group) in a crossover BE study
- Combine centers with very few subjects:
 - ✓ Pre-specify combination rules
 - ✓ Sensitivity analysis is recommended

Key Message

**Pre-specify in detail in your
Statistical Analysis Plan how to
handle multiple groups**