11 Analysis tables, worksheets, and checklists

## Table 11.1 Analysis specification table (AnalSpec.Tab)

**When**: Early in the course of the trial, ideally before the start of data collection and reviewed and periodically updated over the course of the trial

Who: Leadership persons in the data center

**Purpose**: To cause study leaders to be proactive in addressing key questions regarding approaches to analysis

## **Definitions**

**design variable** - The variable used for determining sample size in planning a trial.

**final dataset** - The dataset compiled on completion of a study for use in final data analysis and for archiving.

interim analysis - Any analysis for treatment effects before data collection is finished.

**interim dataset** - A dataset prepared during a trial for some purpose, especially one prepared for treatment effects monitoring and involving a snapshot of data collected and processed through a specified cutoff date.

primary outcome - The event or condition a trial is designed to treat, ameliorate, delay, or prevent.

## A. Identifying information

2. Form completed by:  3. Date completed (day-month-year)	1.	Study name:
3. Date completed (day-month-year)		
B. Basics  4. Primary mode of data collection  ( ) Direct from study subjects via examination and interview ( ) Indirect ( ) From medical records ( ) Other (specify)	2.	Form completed by:
<ul> <li>4. Primary mode of data collection</li> <li>( ) Direct from study subjects via examination and interview</li> <li>( ) Indirect</li> <li>( ) From medical records</li> <li>( ) Other (specify)</li> </ul>	3.	Date completed (day-month-year)
<ul> <li>( ) Direct from study subjects via examination and interview</li> <li>( ) Indirect</li> <li>( ) From medical records</li> <li>( ) Other (specify)</li> </ul>	B. Ba	sics
<ul> <li>( ) Direct from study subjects via examination and interview</li> <li>( ) Indirect</li> <li>( ) From medical records</li> <li>( ) Other (specify)</li> </ul>	4	Primary mode of data collection
( ) Indirect ( ) From medical records ( ) Other (specify)	••	
( ) From medical records ( ) Other (specify)		
( ) Other (specify)		
		( ) From medical records
5. Primary method of data entry		( ) Other (specify)
5. Primary method of data entry		
5. Primary method of data entry		
v · j	5.	Primary method of data entry
( ) At collection sites		( ) At collection sites
( ) via laptops		
( ) From completed forms via the internet web		

(		) Other (specify)				
	( )	At the data center from completed data forms Other (specify)				
6.	( ) ( )	pository of study data Data center/coordinating center Sponsor Contract research organization Other (specify)				
7.	( ) ( )	Data center/coordinating center Sponsor Contract research organization Other (specify)				
8.	Access to ( ) ( ( ( ( (	interim treatment results  Restricted  ) Limited to data center  ) Limited to data center and treatment effects monitoring committee (TEMC)  ) Limited to data center, TEMC, and sponsor  ) Other (specify)				
	( )	Unrestricted within the investigator group Other (specify)				
9.	Primary or ( ) ( (	utcome measure Event ) Death (all cause) ) Cause specific death (specify)				

	(		) Morbid event (specify)
		(	) Other (specify)
	(	)	Change measure (specify)
	(	)	Other (specify)
10.	The (	e varial ) )	ble used for sample size calculations (design variable) Same as in item 9 Different from item 9 (specify variable used)
11.	Pul (	olicatio ) )	n policy (check all that apply) Publication of treatment results prior to presentation Publication of interim results leading to a decision to halt treatment because of evidence of harm or of benefit
	(	)	Publication of final treatment results regardless of direction or nature and prior to presentation Other (specify)
C	unti	ing and	d analysis rules and principles
		_	of "primary analysis" (check all that apply)  Treatment comparisons involving the primary outcome  Treatment comparisons based on analyses by assigned treatment  Analysis of greatest relevance to the objective of the trial  Treatment comparisons involving all persons randomized by treatment assignment  Other (specify)
13.	Det ( ( ( (	finition ) )	of "secondary analysis" (check all that apply) Treatment comparisons involving a secondary outcome measure Treatment comparisons of relevance to a secondary aim of the trial Treatment comparisons not according to the intention to treat (ITT) principle.

	( ) Other (specify)				
14.	Def (	finition ) ( (	of "subgroup analysis" (check all that apply) Treatment comparisons within subgroups of people defined by baseline or entry characteristics ) Subgroups specified when trial was designed ) Subgroup analyses performed to check on homogeneity of treatment effects across subgroups		
	(	)	Treatment comparisons within subgroups of people defined by variables observed after randomization Other (specify)		
15.	Cou (	unting ]	principles and rules (check all that apply)  Person counted as randomized when treatment assignment revealed to clinic personnel		
	(	)	Person counted to assigned treatment group in primary analyses regardless of subsequent nature or course of treatment		
	(	)	Outcomes counted to the assigned treatment regardless of nature or course of treatment  The starting point for counts of events is the moment of randomization, even if events observed before application of the first treatment		
16.	Prir (	mary tr ) )	eatment comparisons to be done by the intention-to-treat analysis principle? Yes No (explain)		
17.			is answered "yes" and there are three or fewer checks in item 15, explain; counting assistent with requirements for ITT analyses		

	( (	<ul><li>Study statistician</li><li>Committee</li><li>Other (specify)</li></ul>
19.	Frequ ( ( (	ency of interim looks  ) Calendar-based (e.g., every 6 months)  ) Enrollment-based (e.g., after enrollment of the 50th person, 100th person, etc.)  ) Event-based (e.g., after a specified number of outcomes)  ) Other (specify)
20.	Monit	toring constructs (check all that apply)
	(	) Masking
	(	) Stopping rule
	(	) Stopping guideline
	(	Adjustment of p-values for multiple looks Adjustment of p-values for multiple comparisons
	(	
	(	) None
	(	) Other (specify)
	tasets	
21.	Interi	m datasets (check all that apply)
	(	) Prepared by data center
	(	) Analyses performed by data center
	(	) Analyses done from frozen dataset
	(	) Analyses done from live dataset
	(	) Dataset includes data under edit
	(	) Dataset excludes data under edit
22.	Datas	ets underlying results publications (check all that apply)
	(	) Cutoff date and rationale listed in publication
	(	) Dataset available on request
	(	) Data center custodian of dataset
	(	
	(	) Other (specify)

(	) )	Cutoff date listed in publications based on the final data Notice of availability of deidentified dataset included in Other (specify)	
		d sign-off approval review and approving authority:	
25. Dat	te of s	gn-off (day-month-year)	
1 May 2012		Version 1.0	\CTForms\AnalSpec.Tab

## CL 11.1 Interim analysis checklist (IntAnal.Cl)

When: In relation to interim analyses done for treatment effects monitoring

Who: Senior analysis people in the coordinating center

**Purpose**: To outline checking procedures for a particular meeting of the treatment effects monitoring committee

#### **Definition**

A. Identifying information

interim data analysis - Any data analysis for treatment effects before data collection is finished. *Usage note*: Strictly speaking, the term applies to any analysis in fixed or sequential sample size designs. However, the general convention is to reserve the term for fixed sample size designs and "sequential data analysis" for analyses done in relation to sequential designs.

# 1. Study name: 2. Interim analysis for treatment effects monitoring committee 3. Form completed by: B. Dataset and analysis policy 5. Analysis dataset ( ) Live ) Frozen (recommended) 6. Dataset prepared by: Coordinating center Contract research organization Sponsor Other (specify) 7. Features of the dataset (check any that apply) Dirty data (data with outstanding edits) included Imputation of missing values (

) Data not deidentified

	(	)	Other (specify)
8.	Analy: ( ( ( (	)	lone by: Coordinating center Contract research organization Sponsor Other (specify)
9.	(	)	f analysis Efficacy analysis Safety analysis Efficacy and safety analysis
10.	Count ( ( ( ( ( (	ing ] ) ) ) ) ) ) ) )	Person counted as randomized when treatment assignment revealed to clinic personnel  Person counted to assigned treatment group in primary analyses regardless of subsequent nature or course of treatment  Outcomes counted to the assigned treatment regardless of nature or course of treatment  The starting point for counts of events is the moment of randomization, even if events observed before application of the first treatment  Other (specify)
11.	Treatn ( (	)	comparisons adjusted for baseline difference?  No  Yes  yes" list variables used for adjustment
12.	P-valu ( (	)	for treatment comparisons adjusted for multiple looks?  No  Yes  yes" describe adjustment

C. Co	nten	t of i	nterim analysis report (check all that apply)
	(	)	Table of contents
	(	)	Enrollment by treatment group
	(	)	Baseline data by treatment group
	(	)	Dropouts by treatment group
	(	)	Losses to followup by treatment group
	(	)	Persons with vital status unknown by treatment group
	(	)	Treatment comparisons for primary outcome measure by treatment group
	(	)	Treatment comparisons for secondary outcome measures by treatment group
	(	)	Treatment comparisons for safety outcome measures
	(	)	Treatment comparisons within baseline subgroups of patients for the primary
	`	,	outcome measures
	(	)	Treatment comparisons within baseline subgroups of patients for secondary outcome
	,	\	measures Others (consider)
	(	)	Other (specify)
		-	out and treatment labels  ate" cutoff date the same for all tables?  Yes  No (explain why dates differ)
14.	Are (	treati	ments masked in the report of interim results?  No (skip to item 17)  Yes
15	Are	all ta	bles masked?
10.	(	)	Yes
	(	í	No
	(	If	"no" what tables are not masked
16.			ts that are masked is the labeling of treatment groups the same across tables (i.e., is the e used to identify treatments across all tables in a report)?  Yes  No; give rationale

17. Is the ordering of results by treatment group the same across tables?

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	(	Yes (e.g., in masked reports the control treatment is in the same column position across tables; in unmasked reports in a trial involving two test treatments, Test and Test Trt 2, and a control treatment, Ctrl 1, the ordering of columns is invariacross tables)			
	(	)	No; explain		
18.	Are d	enor	ninator data indicated in tables?		
	(	)	Yes		
	(	)	No (explain why not)		

1 May 2012 Version 1.0 \CTForms\IntAnal.CL

## CL 11.2 Results paper analysis checklist (Anal.Cl)

When: In relation to manuscripts containing study results

Who: Senior analysis coordinating center personnel

**Purpose**: To provide checks to be made when preparing analyses for inclusion in finished manuscripts

#### **Definitions**

**adjudication** - In the context of trials and observational studies, a process involving a person or panel of persons to review raw events reported in a study to provide a coding independent of study investigators. Typically, regarded as superior to counts of raw unadjudicated events because of variation in the way they are reported and because of the risk of bias in how events are codified.

**per assignment analysis** (PAA) - Analysis by assigned treatment. syn: intention to treat analysis ant: per protocol analysis

per protocol analysis (PPA) - Analysis by administered treatment.

## A. Identifying information

	1.	Study r	name:
	2.	Title of	paper being checked:
	3.	Form c	ompleted by:
	4.	Date (d	lay-month-year)————————————————————————————————
В.			and analysis policy is dataset freeze cutoff date
		•	arvest through:
	٠.	Duta III	
	7.	Databa	se custodian
		(	Coordinating center
		(	Coordinating center Other (specify)
	8.	Rationa	ale for cutoff date included in manuscript
		(	) No
		(	Yes (recommended)

9.	Feature	s of dataset (check any that apply)
	(	Dirty data (data with outstanding edits) not included
		Imputation of missing values
		Cumulative from beginning of trial to cutoff date
		Other (specify)
	,	(of co-2)
10.	Countin	ng principles and rules (check all that apply)
	( )	
	,	personnel
	( )	
	,	subsequent nature or course of treatment
	( )	Outcomes counted to the assigned treatment regardless of nature or course of
	` /	treatment
	( )	The starting point for counts of events is the moment of randomization, even if
	,	events observed before application of the first treatment
11	Primary	mode of presentation of treatment comparisons (check all that apply)
11.	( )	P-values for treatment comparisons adjusted for multiple looks
	( )	Confidence intervals for comparisons
	( )	Treatment comparisons adjusted for baseline differences
	( )	Per protocol analysis
	( )	Missing values imputed
	( )	None of the above
	(	None of the above
	-	control checks
12.	Indeper	ndent verification of counts represented in manuscript?
	( )	No No
	( )	Yes (recommended)
13.	Indeper	ndent replication of analyses supporting manuscript?
	( )	No
	( )	Yes (recommended)
14.	Adiudio	cation of raw event data?
	(	No
		••
	` ′	
	Table ch	
15.	Counts	in tables based on the four counting principles listed in item 10?
	( )	No (explain)
	( )	Yes

16.	Denominators for treatment groups indicated in tables?  ( ) No (fix to include)		
	( ) No (fix to include) ( ) Yes		
17.	Is the ordering of results by treatment group the same across tables?		
	<ul><li>( ) Yes</li><li>( ) No; explain; varied ordering makes comparisons across tables difficult</li></ul>		
	( , , , , , , , , , , , , , , , , , , ,		
18.	18. Table titles and footnotes to tables sufficient for persons to understand tables without have read text in manuscript?		
	( ) No (revise as necessary)		
	( ) Yes		
19.	<ul><li>19. Arithmetical numbers in tables right aligned; decimal numbers aligned on decimal?</li><li>( ) No (revise as necessary)</li></ul>		
	( ) Yes		
20.	20. Decimal precision uniform within table and no more than the accuracy of the measure?		
	( ) No (fix) ( ) Yes		
	( ) 168		
	Cross checks		
21.	Numbers and p-values reported in abstract are as found in tables?		
	( ) No (fix) ( ) Yes		
	( ) 168		
22.	Numbers and p-values in body of manuscript are as found in tables and figures in the paper?  ( ) No (fix)		
	( ) Yes		
23.	23. Differences in counts as contained in tables explained in text?		
	( ) No (fix)		
	( ) Yes		
	( ) Not applicable		
24.	24. Differences in totals across tables explained in text?		
	( ) No (fix)		
	( ) Yes		
	( ) Not applicable		
F. Discussion and conclusions			
25.	Rationale for analysis approach described?		
	( ) No (add)		
	( ) Yes		

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26.		n tables not adjusted for baseline differences, does the text contain a statement g that adjustment made no material difference?  No (explain)
	( )	Yes
27.	( )	comparability of treatment groups addressed in manuscript?  No (fix)  Yes  ) Baseline table included in paper  ) Other (specify)
28.	-	sample size goal and time table stated in manuscript?  No (fix)  Yes
29.	irregulari	aset contains data irregularities or if data were purged from the dataset, are the ties or purges explained?  No (fix)  Yes
30.	detecting ( )	sion is no treatment effect, does the text contain a statement indicating the power for a difference?  No (fix)  Yes
31.		atment effect featured in the conclusions is for a subgroup of study subjects, is the e likely to be reproducible?  No (conclusion questionable)  Yes

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