

From talking to action.  
A personal view on making an impact.

Phil Woodward  
Global Head of PTx Statistics  
Pfizer

# Summary

- What did we do?
- How did it begin?
- What were the obstacles to success?
- Final thoughts and discussion.

# What did we do?

- Situation at end of 2008
  - Predominantly frequentist approach to Phase 2
  - Bayesian methods were the exception
- Situation at end of 2010
  - Predominantly Bayesian approach to Phase 2
  - Utilised power of Bayes unless good reason not to
  - Still more to do, but a clear shift in emphasis
- Pros & cons of Bayes is not purpose of this talk
  - Share my views on how change came about

# How did it begin?

- A vision of how things could be better.
  - Uncomfortable feeling about the current state
  - Strong desire to have a positive impact
  - Relevant knowledge and experience
  - Position that facilitates broad influence
  - Strong team of statisticians
  - Colleagues open to new ideas

# How did it begin?

- Be clear on expectations of Statisticians.
  - Encourage an environment open to new ideas
  - Involvement of all in the change process
  - We will be advocates and leaders of change
- Note: initially not a specific Bayesian focus

# My expectations of the statisticians

Joint ownership

## COMMITMENT

Influence,  
seek agreement,  
and then deliver.

Show you mean it

We are scientists too!

## THINK

Test your understanding  
- invite challenges

Be logical

Pride in your profession

## EXCELLENCE

Know your stuff

- sampling theory
- probability theory
- modes of inference

Read, read,  
& re-read

Challenge the status quo

## BRAVERY

Avoid dogma

Communicating ideas/results

- focus on the “so what?”
- excellent graphics
- software skills

# My expectations of the statisticians

Project Team

Wider “Quant” community

Statistics



**BE PART OF THE WHOLE**

Clinical Research

Your RU, WRD & Pfizer

Go home and relax.

**STAY CALM**

Don't forget what really matters.

Pressure is good.  
Stress is bad.

We're at work for a large percentage of our life!

**MAKE IT FUN**

Don't wait until you're in a rut.

Know what adds value

**FOCUS ON WHAT'S IMPORTANT**

Understand the Business imperatives

# Obstacles to Success: Bayesian specific

## Education & training in Bayesian approach

Philosophy as well as methods

Determining Priors

Historical data: access and exchangeability

Elicitation: purpose & “how to do it”

Software tools for non-experts

e.g. BugsXLA GUI for WinBUGS, R Scripts

## Precedented methods not available

What do we do with all the new probabilities?

Classical :  $p(\text{Pass test} \mid \text{true value})$  : power

Bayesian:  $p(\text{Pass test})$  :  $E(\text{power})$

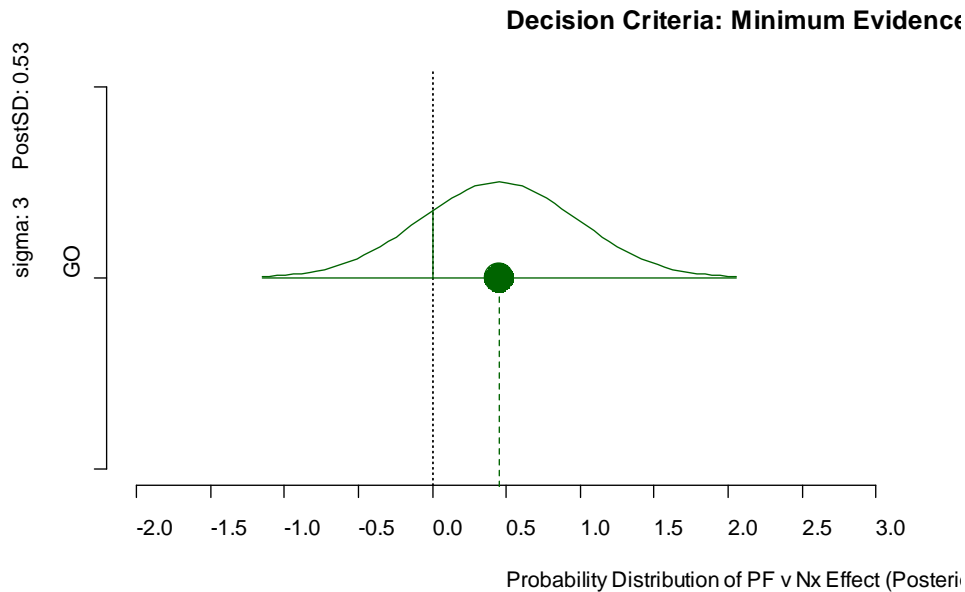
$p(\text{true value} \mid \text{Pass test})$  : +ve pred. post.

$p(\text{true value})$  : prior



# Bayesian Decision Criteria

At least 80% sure better than standard of care.



# Prior Distributions from Historical Data

Model fitted  
using WinBUGS  
via GUI BugsXLA

BugsXLA removes  
need for WinBUGS  
expertise

	Label	Mean	St.Dev.	2.5%	Median	97.5%	WinBUGS Name
	CONSTANT	-1.8670	0.3951	-2.7130	-1.8480	-1.1350	Beta0
treatment	Placebo	0.0000	0.0000				X.Eff[1,1]
treatment	Naproxen	-1.6730	0.3207	-2.3610	-1.6580	-1.0770	X.Eff[1,2]
	SD(study)	0.8881	0.3994	0.2474	0.8259	1.8390	sigma.Z[1]
	SD(study x treatment)	0.3248	0.2526	0.0131	0.2671	0.9668	sigma.Z[2]

<b>Model</b>	[Prior Data!\$B\$1:\$F\$13]
Distribution	Normal
Link	Identity
Response	CFB.LSmean;se.CFB
Fixed	treatment
Random	study+study:treatment

<b>Priors</b>	
CONSTANT	N(mu=-2.55, sigma=121)
treatment	N(mu=0, sigma=121)
study	Norm(0,tau^2); tau ~ Half-N(sigma=2)
study x treatment	Norm(0,tau^2); tau ~ Half-N(sigma=1)

<b>WinBUGS MCMC Settings</b>	
Burn-In:	5000
Samples:	10000 (Thin:1; Chains:1)
Run took	15 seconds
BugsXLA (Alpha 5.0)	2009.Nov.21.(17.25)

BugsXLA is provided without any warranty of any kind. eith  
The user is responsible for any consequences arising from  
See also the disclaimer provided with the WinBUGS packa

**Bayesian Model Specification**

Data (single column variables, all same length)

Data Range: Prior Data!\$B\$1:\$F\$13

Data is ...

- in columns
- in rows

Names in first row

Blank cells = MVs (Response only)

Set Variable Types

Model

Distribution: Normal

Link: Identity

Eliciting Priors Only:

Response is mean; se [:df]

Response: CFB.LSmean;se.CFB

Censored

- Non-Linear Model
- Longitudinal Model

Factors

Fixed: treatment

Random: study+study:treatment

Covariates

Independent:

Random Coeffs:

Predictions or Contrasts:

Help!?

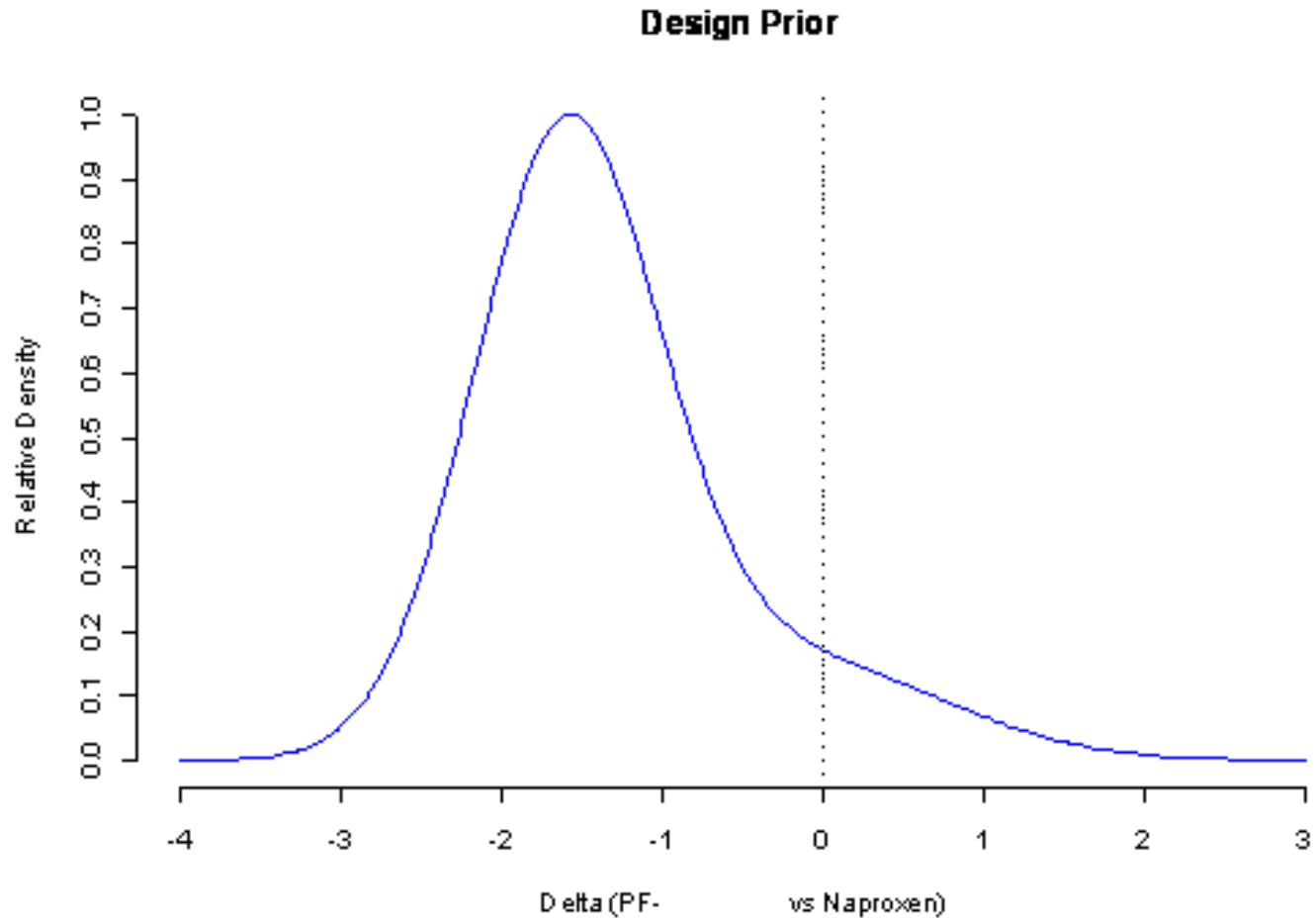
MCMC & Output Options

Clear Form

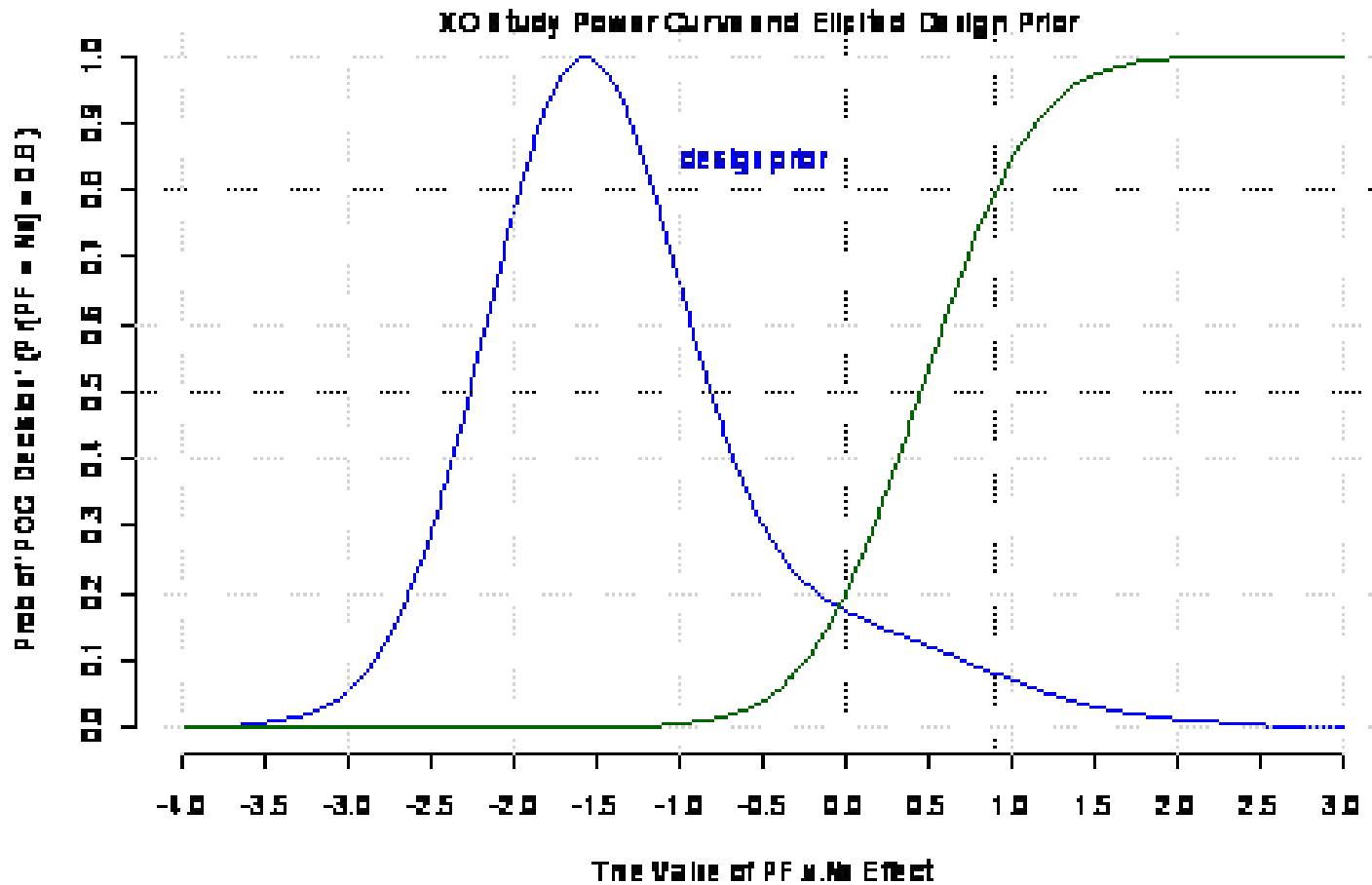
Exit

OK

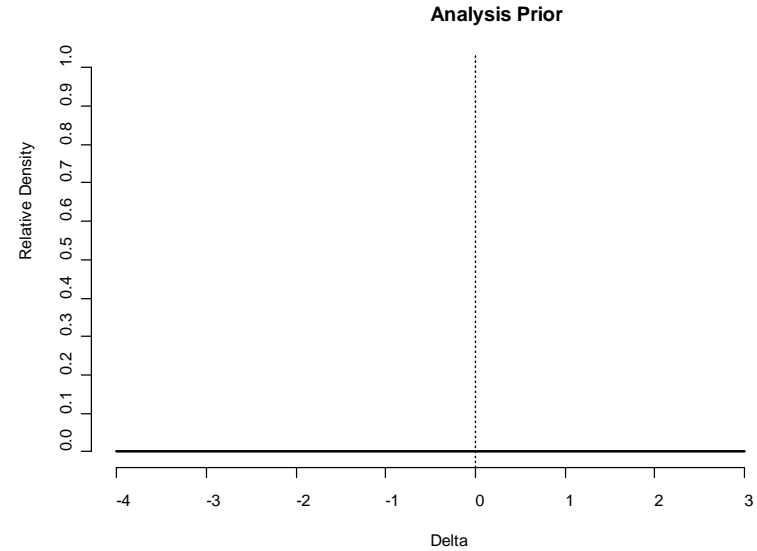
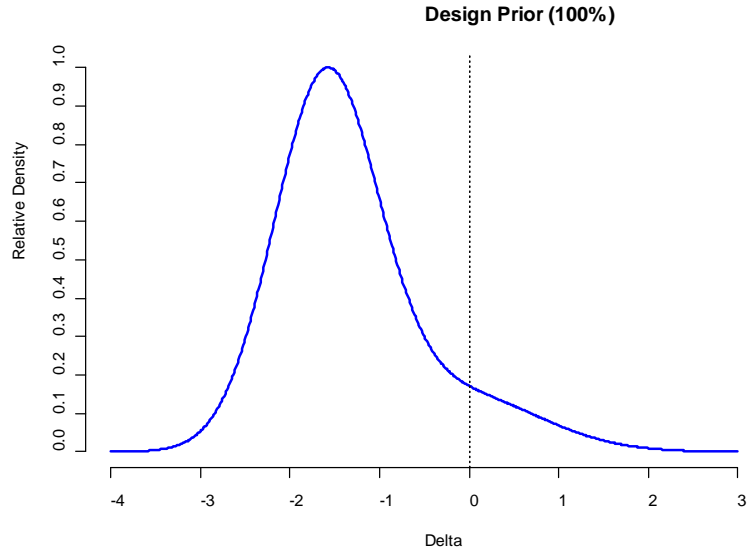
# Elicited Prior Distribution (Novel Treatment)



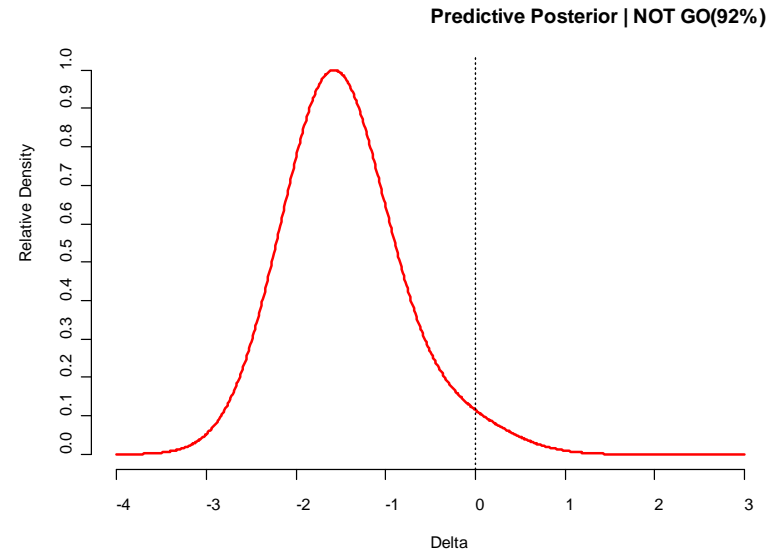
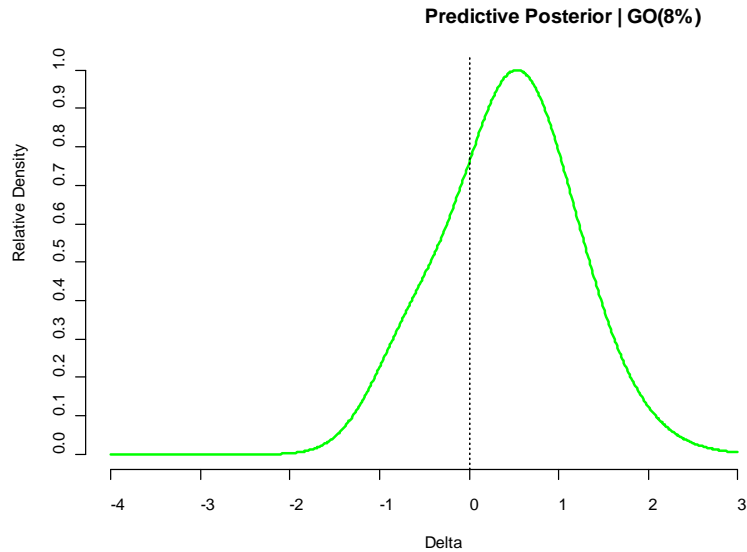
# Study OC with Prior Overlaid



# Positive & Negative Predictive Distributions



**% Correct(95) / Sens,Spec**      **GO(6 / 66)**      **NOT GO(89 / 97)**



# Interim Analysis

Stop for futility

Probability of STOP at study end  $< 20\%$ .

Stop for clear efficacy

Probability of GO at study end  $> 80\%$ .

Continue otherwise.

# Final Thoughts

## **Education & training in Bayesian approach**

Most statisticians need support

both technically & in leading change

Concepts not an issue for non-statisticians

more intuitive than frequentist methods

# Final Thoughts

## **More general resistance to change**

- Current dissatisfaction > Anxiety due to managing resistance
- Must be a vocal and passionate advocate
  - Strong communicator & influencer
  - Challenge the status quo
  - Be assertive
- Maintain a consistent core set of beliefs ...  
... but be prepared to learn as you go
  - Focus on what adds most value to the Business  
e.g. Bayes prior reduces N leading to quicker & cheaper studies
- Make allies in partner lines
  - Build strong relationships across the Business



# Final Thoughts

**A leader is only as good as the people in his team**

Peter Colman

Nathalie Massat

Dave Collins

Alison McLeod

Susie Collins

Trevor Smart

Kat Gore

Phil Stanley

Frances Hackman

Bernie Surujbally

Ieu Jones

Ros Walley