

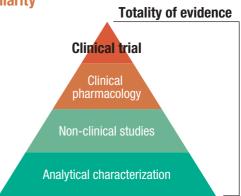
### **Biosimilars**

# Hot Topic: Statistical Considerations for Biosimilar Equivalence Trials



A Comparative Clinical Efficacy and Safety Assessment is the Final Stage of Demonstrating Biosimilarity

- Biosimilars are approved based on the totality of evidence<sup>1,2</sup>
- The clinical trial aims to confirm that there are no clinically meaningful differences between a biosimilar and its reference product in a sensitive patient population using a sensitive endpoint<sup>1,2</sup>
- The trial will also assess safety outcomes<sup>1,2</sup>
- Equivalence trials are recommended to confirm biosimilarity<sup>1,2</sup>



Biosimilar Development<sup>1,2</sup>

**During Equivalence Trial Design, a Step-by-step Approach is Used** to Determine Equivalence Margins and Sample Size<sup>3,4</sup>

Identification of study setting

Sensitive population

Sensitive endpoints

Meta-analysis of historical data for the reference product

Size and variability of treatment effect is estimated

Determination of equivalence margins

Based on estimated treatment effect size; represent the largest difference judged to be clinically acceptable Sample size



Equivalence margins are determined independently for each proposed biosimilar, following discussion and agreement between regulators and the biosimilar developer.<sup>2</sup>









#### There are Two Common Statistical Measures Used to Assess Biosimilarity<sup>3</sup>

#### Risk difference (RD)

% of patients reaching endpoint with biosimilar – % reaching endpoint with reference product

• If drugs have the same efficacy, RD=0



#### Risk ratio (RR)

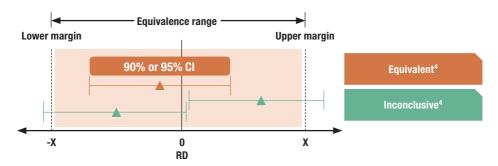
% of patients reaching endpoint with biosimilar

% reaching endpoint with reference product

• If drugs have the same efficacy, RR=1



# The Outcomes of RD and RR Analyses are Determined by the Predefined Equivalence Margins<sup>1,2,5</sup>



CI, confidence interval

## Comparative clinical efficacy is shown by demonstrating that the two-sided CI for RR or RD falls within the predefined equivalence margins.<sup>3,4,6</sup>

#### References

1. EMA. Guideline on similar biological medicinal products containing biotechnology-derived proteins as active substance: non-clinical and clinical issues, 2014. Available at: http://www.ema.europa.eu/docs/en\_E8r/document\_library/Scientific\_guideline/2015/01/WC500180219.pdf; 2. FDA. Scientific considerations in demonstrating biosimilarity to a reference product. Guidance fruidustry, 2015. Available at: http://www.fda.gov; 3. Isakov L, et al. Am J Ther 2016;23:1903–10; 4. Alten R, et al. Semin Arthritis Rheum 2015;44:S2–8; 5. ICH. Topic E 9 statistical principles for clinical trials, 1998. Available at: https://www.ich.org/fileadmin/Public\_Web\_Site/ICH\_Products/Guidelines/Efficacy/E9/Step4/E9\_Guideline.pdf 6. He J, et al. Clin Cancer Res 2016;22:5167–70. Links accessed February 2019

