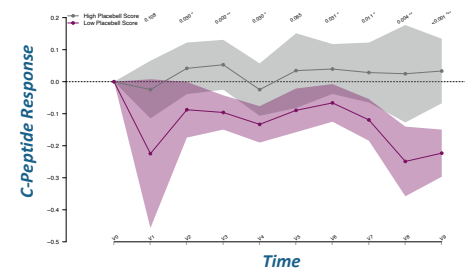
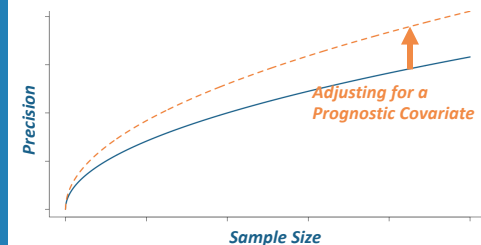


Outcomes	Main Study (N = 85)		Substudy (N = 24)	
	Proportion of Contextual Effects Explained	Gain in Precision/Effective Sample Size	Proportion of Contextual Effects Explained	Gain in Precision/Effective Sample Size
C-Peptide Response	34%	+51.5%	13.2%	+15.2%
AUC of C-Peptide Response	2.8%	+2.9%	34.3%	+52.2%
Average Insulin Consumption	17.3%	+20.9%	1.6%	+1.6%
HbA1c levels	10.5%	+11.7%	14.6%	+17.1%

Proportion of Contextual Effects explained by the prognostic model and the associated gain in precision when estimating the true treatment effect. This gain in precision is similar to a gain obtained by increasing the sample size in the same proportion

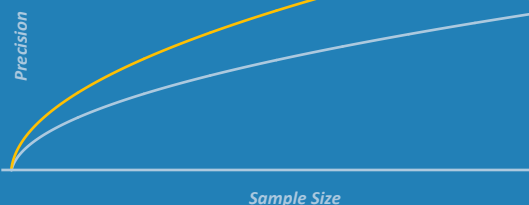


Comparison of the evolution of the C-Peptide Response in the main study between subjects with high and low Placebell score.



Link between Study Analysis Precision and Sample Size and the role of Prognostic Factors/

Prognostic factors remain the best solution to increase confidence in Study Results



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Improving Precision of Clinical Trials Results in T1 Diabetes with Transferrable Prognostic Models

Authors: A. Ooghe, J. Van Rampelbergh, S. Branders, N. Xaborov, J. Paul, D. Demolle, A. Pereira

Cognivia s.a., Mont-Saint-Guibert, Belgium

BACKGROUND:

- Assay sensitivity issues in RCTs affect statistical power and confidence in treatment efficacy
- Prognostic response contribute to this problem.
- Machine learning models, combining multiple covariates into a single prognostic index, offer a solution
- This analysis evaluates the transferability of the composite Placebell model, previously tested in pain and Parkinson's disease, to Type 1 Diabetes (T1D) trials

METHOD:

- The pre-trained Placebell pain model combines baseline factors (disease severity, psychological factors, demographics) into a single covariate
- Applied to T1D using data from the IMPACT study and its substudy (85 and 24 patients, respectively)
- Used to adjust analysis for four endpoints: Two C-peptide response measures, Average insulin consumption, HbA1c levels

RESULTS

- Improved analysis precision across endpoints:
 - C-peptide responses: Improvement between 2.9% and 52.2%
 - Insulin and HbA1c: Improvement between 1.6% and 20.9%
- Precision gains can be compared to an increase in effective sample size
→ Equivalent to adding up to 44 patients in the main study

CONCLUSION

- The Placebell model effectively adjusts for contextual effects in a T1D study
- Demonstrated strong transferability from other conditions
- Enhances assay sensitivity and precision, making trials more efficient

