

A look at planning and designing stepped wedge trials

Faculty Disclosure

In compliance with ACCME Guidelines, I hereby declare:

I do not have financial or other relationships with the manufacturer(s) of any commercial services(s) discussed in this educational activity.

Name: Kevin Dobbin

Title: Associate Professor

Background

- ▶ Stepped wedge trials are for interventions randomized at the group/cluster level.
- ▶ Examples: Clinics, hospitals, or medical practices can be randomized to a control vs. intervention
- ▶ Traditionally, cluster randomized designs (CluRD) have been the standard.
- ▶ Stepped wedge (SWD) design newer alternatives.

Stepped wedge vs. cluster randomized

<u>Parallel</u>		<u>Crossover</u>			<u>Stepped Wedge</u>					
Time		Time			Time					
1		1 2			1 2 3 4 5					
Cluster	1	1	1	0	1	0	1	1	1	1
	2	1	2	0	2	0	0	1	1	1
	3	0	3	1	3	0	0	0	1	1
	4	0	4	1	4	0	0	0	0	1

[Download high-res image \(42KB\)](#)

[Download full-size image](#)

Fig. 1. Treatment schedules for parallel, crossover, and stepped wedge designs. "0" represents continuing existing treatment; "1" represents an intervention.

[From Hussey and Hughes, Cont. Clin. Trials, 2007]

Background: SWD advantages

- ▶ All clusters/groups receive the intervention eventually.
 - ▶ This can make recruiting sites easier.
- ▶ Statistical power can be increased
 - ▶ This can be a big deal when total number of clusters is limited.
- ▶ “Rolling out an intervention” can be advantageous.
 - ▶ Facilitates “learn as you go.”
 - ▶ Trainers can travel from site to site.

Background: controversy

Kotz et al. (J. CLin. Epid., 2012) criticized the stepped wedge design.

- ▶ For every plus they found a minus
 - ▶ + SWD means everyone gets the intervention
 - ▶ - One can do this with a CluRD
 - ▶ + SWD sequential implementation advantageous
 - ▶ - Sequential implementation can be used in CluRD
 - ▶ + SWD requires fewer clusters than CluRD
 - ▶ - More measurements are required to model time

CluRD

Response can be binary, continuous, survival, etc.
With a binary response:

$$\text{Logit}(\text{Pr}(Y_{ij} = 1)) = \mu + \alpha_i + \theta \text{Trt}_i$$

- ▶ α_i represents the group effect, $i = 1, \dots, g$ (fixed or random)
- ▶ Trt_i is the indicator of whether or not group i is treated
- ▶ θ is the parameter of interest.

If fixed effect: $\sum_i \alpha_i = 0$.

Sources of variation

- ▶ Different observations in the same group/cluster are usually positively correlated.
- ▶ Individual observations in same group are not independent.
- ▶ Observations in different groups are assumed independent.

The intraclass correlation coefficient is

$$ICC = \frac{\sigma_{\alpha}^2}{\sigma_{\alpha}^2 + \sigma_e^2}$$

The larger the ICC, the bigger the cluster effect relative to the individual effect.

Degrees of freedom

$n_{cluster}$ = number of clusters (total both groups)

n_p = number of participants per cluster

To fix ideas, we'll assume 2 groups.

- ▶ Inferences can be made at the cluster or individual level.
- ▶ Cluster level
 - ▶ Analyses tend to be cleaner and simpler, with fewer assumptions.
 - ▶ Error DF: $n_{cluster} - 2$
- ▶ Individual level
 - ▶ Analyses tend to require additional modeling assumptions.
 - ▶ Error DF: Depend on the ICC.

CluRD inflation factors

- ▶ The inflation factor for a cluster randomized design is

$$IF_{CluRD} = (1 + (n_p - 1)ICC)$$

(e.g., Donner and Klar, 2000)

- ▶ This formula can be applied to a continuous response or a binary response.

The basic approach is to calculate the sample size required using a completely randomized design (CoRD), and then multiply by the IF.

$$n_{CluRD} = n_{CoRD} \cdot IF_{CluRD}$$

Example

Objective: Detect an increase in proportion from 0.30 to 0.40 with 90% power at a two-sided $\alpha = 0.05$.

$$\begin{aligned}n_{CoRD} &= \frac{(z_{\alpha/2} + z_{\beta})^2(0.3 * 0.7 + 0.4 * 0.6)}{(0.4 - 0.3)^2} \\ &= 476.1\end{aligned}$$

So with $n_p = 50$ per cluster, the number of clusters per group required for CoRD is

$$476.10/50 = 9.5 \text{ round up to } 10$$

Example: CluRD adjustment

$$ICC = 0.05$$

$$n_p = 50$$

$$\begin{aligned}n_{CluRD} &= 476 * (1 + (50 - 1) * 0.05) \\ &= 1642.2\end{aligned}$$

$1650/50 = 33$ clusters per group needed.

SWD

$$\text{Logit}(\text{Pr}(Y_{it} = 1)) = \mu + \alpha_i + \beta_t + \theta X_{it}$$

- ▶ α_i is group factor, $i = 1, \dots, g$.
- ▶ β_t is time factor, $t = 1, \dots, t$
- ▶ X is a matrix of treatment indicators representing design

Diagram for SW

Statistical model must disentangle intervention and time effects.

Cluster 1							
Cluster 2							
Cluster 3							
Cluster 4							
Cluster 5							
Cluster 6							
Times	1	2	3	4	5	6	7

Interaction

$$\text{Logit}(\Pr(Y_{it} = 1)) = \mu + \alpha_i + \beta_t + \alpha\beta_{it} + \theta X_{it}$$

- ▶ An assumption of the SWD generally made is that there is not an interaction between time and group.
- ▶ In some applications, this may be dubious.
- ▶ The assumption could be checked partially by assuming $\alpha\beta_{it} = \alpha_i\beta_t$, and using a modification of the Tukey test for interaction/additivity.
 - ▶ This approach compares models each of which contains θ .
- ▶ See Scheffe (1959).

Random or fixed effects

$$\text{Logit}(\text{Pr}(Y_{it} = 1)) = \mu + \alpha_i + \beta_t + \theta X_{it}$$

- ▶ Hussey and Hughes (2006) used fixed effects for time and random effects for group.
- ▶ For a particular setting, this may or may not be the best choice, depending on the number of groups and times:
 - ▶ Mixed effects models can underperform in some settings.
 - ▶ Refs: Gelman (2005), Pinhero and Bates (2000)

Degrees of Freedom

► Assumptions

1. Cluster level analysis
2. Time and cluster are fixed effects
3. $n_{times} = n_{cluster} + 1$

► The degrees of freedom for error are:

$$\begin{aligned} DF_{SWD} &= n_{cluster}(n_{cluster} + 1) - n_{cluster} - (n_{cluster} - 1) - 1 - 1 \\ &= n_{cluster}^2 - n_{cluster} \end{aligned}$$

Error DF table

Cluster level analyses with cluster as fixed effects and random effects

$n_{cluster}$	Fixed		Random	
	DF_{SWD}	DF_{CluRD}	DF_{SWD}	DF_{CluRD}
1	0	0	0	0
2	2	0	3	1
3	6	0	8	2
4	12	2	15	5
5	20	3	23	7
6	30	4	35	9
7	42	5	48	11
8	56	6	63	13
9	72	7	80	15

Cell variances

- ▶ The cell variances in the cluster level analyses are functions of the ICC.
- ▶ The total sample size for each cell in the CluRD is n_p .
- ▶ The total sample size for each cell in the SWD is $n_p / (n_{cluster} + 1)$.

$$\text{Var}(\text{cell mean}) = \sigma^2 \left\{ \frac{1 + (n_{cell} - 1)ICC}{n_{cell}} \right\}$$

Cell std. dev. relations

Assumes fixed replicates per cluster, and 6 clusters

Table of τ_{SWD}/τ_{CluRD}

n_p	ICC=0.05	ICC=0.50
10	1.51	1.04
20	1.31	1.02
30	1.22	1.01
40	1.18	1.01
50	1.14	1.01
60	1.12	1.01
70	1.11	1.00

Normality

- ▶ By the Central Limit Theorem (CLT), means become more normal as sample size increases.
- ▶ The CluRD design will have larger sample (group) sizes.
- ▶ The SWD design will have smaller sample (group by time) sizes.

This could impact some statistical inferences.

Inflation factor

- ▶ Woertman et al. (2013) and Hemming and Taljaard (2016) develop inflation factors for the stepped wedge designs.

In our notation, the inflation factor is

$$IF_{SWD} = \frac{(n_c + 2) * (1 + ICC[n_p + (n_p / (n_c + 1)) - 1]) * 3 * (1 - ICC)}{(1 + ICC((n_p / 2) + (n_p / (n_c + 1)) - 1)) * 2 * [n_c + 1 - 1 / (n_c + 1)]}$$

A bit opaque.

SW IF w.r.t. CoRD

Inflation factors for stepped wedge compared to CoRD

n_c	n_p	ICC	IF_{SWD}
6	10	0.05	1.99
6	50	0.05	2.48
12	10	0.05	1.86
12	50	0.05	2.35
6	10	0.50	1.46
6	50	0.50	1.53
12	10	0.50	1.41
12	50	0.50	1.49

IF SWD vs. CluRD

"Inflation" factors for stepped wedge compared to CluRD

n_c	n_p	n_{total}	ICC	IF_{SWD}/IF_{CluRD}
6	10	60	0.05	1.37
6	50	300	0.05	0.72
12	10	120	0.05	1.28
12	50	600	0.05	0.68
6	10	60	0.50	0.27
6	50	300	0.50	0.06
12	10	120	0.50	0.26
12	50	600	0.50	0.06

Discussion: SW

No time by cluster interaction assumption

- ▶ Is this assumption valid?
- ▶ If treatments are rolled out over time, it seems intuitively less likely to be true.
- ▶ If the assumption is violated, can one come up with a good model that leaves df for error?

SW model modification

Should there be a treatment by time interaction?

- ▶ This seems intuitively plausible – as time goes by, implementation may get better or worse.
- ▶ This would impact comparisons.

Negative (or worse) result

Equipoise is not being sure whether an intervention will help or not.

- ▶ It has been pointed out that SW may be putting the cart before the horse, since all clusters wind up with the intervention.
 - ▶ It seems that one has already decided it will work.
- ▶ So if the conclusion is that it doesn't work, or makes things worse?

So is SWD only appropriate when we don't have true equipoise?

Something for nothing?

- ▶ Some of the improvement in degrees of freedom can look “too good to be true.”
- ▶ This is partly due to the **change in units**: from “group” in CluRD to “group-time” in SWD.
- ▶ This seems analogous to comparing a full plot to a **split plot experiment**.
 - ▶ Maybe an adjustment to account for the unit change is needed.

Observations

- ▶ CluRD seems likely to remain the standard for controlled clinical trials.
- ▶ When number of clusters is very limited, the SWD seems appealing relative to CluRD.
- ▶ When n_p is large-ish and the ICC is large, the SWD also seems appealing.

Modifications

- ▶ Split clusters into two groups, one with a stepped wedge and the other with stepped wedge and sham intervention.
- ▶ Append the stepped wedge with a set of "always control" groups.

References

- ▶ Donner A and Klar N (2000) Design and analysis of Cluster randomization trials in health research. Wiley.
- ▶ Hussey MA and Hughes JP (2007) Design and analysis of stepped wedge cluster randomized trials. Contemp. Clin. Trials.
- ▶ Gelman A (2005) Analysis of variance – why it is more important than ever. The Annals of Statistics.
- ▶ Pinhero JC and Bates DM (2002) Mixed-effects models in S and S-plus.
- ▶ Woertman W, de Hoop E, Moerbeek M, Zuidema SU, Gerritsen DL, Teerenstra S (2013) Stepped wedge designs could reduce the required sample size in cluster randomized trials. Jnl of Clinical Epid.
- ▶ Hemming K and Taljaard M (2010) Sample size calculations for stepped wedge and cluster randomised trials: a unified approach. J Clin. Epid.
- ▶ Kotz D, Spigt M, Arts ICW, Crutzen R, Viechtbauer W (2012) Use of the stepped wedge design cannot be recommended J Clin. Epid.