

# Bioequivalence Studies in Multiple Groups

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SBIA: A Deep Dive: FDA Draft Guidance on Statistical Approaches  
to Establishing Bioequivalence  
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# Outline

- BE Studies with Multiple Groups
- BE Assessment for Studies with Multiple Groups
- Treatment by Group Interaction
- Statistical Analysis Plan (SAP)
- Key Message

# BE studies with Multiple Groups

- Multiple sources of groups (subgroups, cohorts)
- Recommend to minimize the group effect in PK BE studies
  - ✓ Dose all groups at the same clinic
  - ✓ Recruit subjects from the same enrollment pool
  - ✓ Randomly assign subjects to group and treatment arm
  - ✓ Follow the same protocol criteria and procedures
  - ✓ Assign equal sample size to each group

# BE Assessment for Studies with Multiple Groups

- BE - overall treatment effect in the whole study population
- BE assessment in the whole study population:
  - ✓ Generally: w/o treatment by group interaction
  - ✓ However, applicants may use other pre-specified models
  - ✓ Complicated scenarios - discuss with the agency

# Treatment by Group Interaction

- Assessment of interaction – important
  - especially when first four criteria not met
  - and PK BE is pivotal for drug approval
- If treatment-by-group interaction is significant
- ✓ Heterogeneity: carefully examined & interpreted with care
- ✓ If treatment effect varies greatly among the groups:
  - ➡ appropriate further explanation, analysis, interpretation

# SAP

- Fully pre-specify statistical methods and models
  - for primary BE analysis
  - If treatment-by-group interaction applicable
- Model should reflect multigroup nature:  
e.g., period (group) in a crossover BE study
- Combine centers with very few subjects:
  - ✓ Pre-specify combination rules
  - ✓ Sensitivity analysis is recommended

# Key Message

**Pre-specify in detail in your  
Statistical Analysis Plan how to  
handle multiple groups**