

7th World Conference on Breast and Cervical Cancer

September 08-09, 2022 Vancouver, Canada

Improving power in PSA response analyses of metastatic castration-resistant prostate cancer trials

Michael J. Grayling
Population Health Sciences Institute,
Newcastle University, UK

Abstract (600 word limit)

To determine how much an augmented analysis approach could improve the efficiency of prostate-specific antigen (PSA) response analyses in clinical practice. PSA response rates are commonly used outcome measures in metastatic castration-resistant prostate cancer (mCRPC) trial reports. PSA response is evaluated by comparing continuous PSA data (e.g., change from baseline) to a threshold (e.g., 50% reduction). A literature review identified published prostate cancer trials that included a waterfall plot of continuous PSA data. This continuous data was extracted to enable the conventional and augmented approaches to be compared. The authors applied a model unvalidated for non-clear fluids as enteral feeding, the scanning protocol was not clearly described and essential anatomical landmarks required for correct interpretation are not visible in the presented images.

Important of Research (200 word limit)

In conclusion, the augmented analysis can provide substantial statistical advantages. Given its ease of use, it offers an effective means of improving the efficiency of clinical trials that utilise responder endpoints, such as PC trials that analyse PSA response or time to PSA progression. Embracing the use of this method could help make clinical trials far more efficient, reducing the sample size required by clinical trials, which will in turn speed up research and reduce costs. For fields in which the clinical landscape evolves rapidly, this may be invaluable to maximizing the value of a given clinical trial. (200 word limit)

Biography (200 word limit)

Email: michael.grayling@ncl.ac.uk

Michael J. Grayling is a Newcastle University Research Fellow in Biostatistics, interested in methodology for improving the design and analysis of clinical trials. As well as working on developing methodology, He is also interested in collaborating on real trials. He is in Newcastle since November 2018. Prior to this I was a Statistician at the MRC Biostatistics



7th World Conference on Breast and Cervical Cancer

September 08-09, 2022 Vancouver, Canada

Unit, University of Cambridge. (200 word limit)

Information of Institute and Laboratory (200 word limit

Our aim is to be the best Medical Sciences Faculty in the UK based on our: research, education, impact, global reach. We work with the other two faculties to promote a 'one University' ethos. This embodies Newcastle University's values and guiding principles. We are home to over 1600 academics, technical and professional staff. They drive forward advances in world-leading research and education.



References:

1. [Tschandl P, Rosendahl C, Kittler H, et al. Dermatoscopy of flat pigmented facial lesions. *J Eur Acad Dermatol Venereol.* 2015;29:120–127. doi: 10.1111/jdv.12483.](#)
2. Pellacani G, Longo C, Malvehy J, et al. In vivo confocal microscopic and histopathologic correlations of dermoscopic features in 202 melanocytic lesions. *Arch Dermatol.* 2008;144:1597–1608. doi: 10.1001/archderm.144.12.1597.
3. Scope A, Benvenuto-Andrade C, Agero AL, et al. Correlation of dermoscopic structures of melanocytic lesions to reflectance confocal microscopy. *Arch Dermatol.* 2007;143:176–185. doi: 10.1001/archderm.143.2.176.
4. Braga JC, Macedo MP, Pinto C, et al. Learning reflectance confocal microscopy of melanocytic skin lesions through histopathologic transversal sections. *PLoS One.* 2013;8:e81205. doi: 10.1371/journal.pone.0081205.
5. Stevenson D, Mickan S, Mallet S, et al. Systematic review of diagnostic accuracy of reflectance confocal microscopy for melanoma diagnosis in patients with clinically equivocal skin lesions. *Dermatol Pract Concept.* 2013;3(04):19–27. doi: 10.5826/dpc.0304a05.
6. Langley RGB, Walsh N, Sutherland AE, et al. The diagnostic accuracy of in vivo confocal scanning laser microscopy compared to dermoscopy of benign and malignant melanocytic lesions: a prospective study. *Dermatology.* 2007;215:365–72. doi: 10.1159/000109087.
7. Borsari S, Pampena R, Benati E, et al. In vivo dermoscopic and confocal microscopy multistep algorithm to detect in situ melanomas. *Br J Dermatol.* 2018;179:163–72. doi: 10.1111/bjd.16364.
8. [Guitera P, pellacani G, Longo C, et al. In vivo reflectance confocal microscopy enhances secondary evaluation of melanocytic lesions. *J Invest Dermatol.* 2009;120:131–8. doi: 10.1038/jid.2008.193.](#)

7th World Conference on Breast and Cervical Cancer

September 08-09, 2022 Vancouver, Canada

9. Cinotti E, Labeille B, Debarbieux S, et al. Dermoscopy vs. Reflectance confocal microscopy for the diagnosis of lentigo maligna. *J Eur Acad Dermatol Venereol.* 2018; 32(8):1284–1921.

10. Pellacani G, Guitera P, Longo C, et al. The impact of in vivo reflectance confocal microscopy for the diagnostic accuracy of melanoma and equivocal melanocytic lesions. *J Invest Dermatol.* 2007;127(12):2759–65.
doi: 10.1038/sj.jid.5700993