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From a hypothesis perspective, clinical drug trials are broadly divided into three categories: superiority, equivalence, and non-inferiority. Chapter 12 focuses more on equivalence and non-inferiority studies, including how to define confidence interval (CI) margins and the need to use two-sided CIs for equivalence studies and one-sided CIs for non-inferiority studies. Chapter 13 looks at the analysis of survival data, including considerations for censoring, Kaplan-Meier curves, event rates, the use of median instead of mean survival, and constant and non-constant hazard ratios. This chapter extends chapters 6 and 8 by discussing adjusted analyses and sample size in the context of survival data and would be particularly useful for writers who work predominantly on oncology trials. Chapter 14 discusses the use of interim analyses and provides useful guidance on being compliant with data monitoring committees (DMCs).

In addition to the restructuring of several chapters, this second edition sees the addition of five new chapters: 15, 16, 17, 19, and 20. Chapter 15 focuses on Bayesian statistics and compares this methodology with classic and frequentist methods. It also introduces the concepts of prior and posterior beliefs, their role in Bayesian statistics, and the viewpoint of regulatory authorities on their use. Chapter 16 discusses adaptive designs, where aspects of a clinical trial can be changed based on accumulating data. This chapter also describes how to minimise bias in these designs and maintain the validity of the results. It further discusses various types of adaption and describes the regulatory guidance regarding the use of adaptive designs in exploratory and confirmatory studies.

Non-randomised (observational) designs offer an alternative to the ‘gold standard’ of randomised controlled trials, but should only be considered when prior belief in the superiority of the test therapy is extremely strong and where the disease course is highly predictable. Chapter 17 focuses on non-randomised designs, discussing the types of bias they are affected by, such as selection, attrition, detection, and performance bias, and the regulatory guidelines concerning their use. Chapter 18 looks at the statistical considerations of meta-analysis such as methods of combination, CIs, and detecting heterogeneity. This chapter has been restructured since the first edition to include additional statistical methodologies, a case study example, and further regulatory aspects.

Chapter 19 looks at the various aspects of safety data analysis and the role of DMCs, including quantification of the benefit-risk balance for regulatory submissions. It also explains the importance of pharmacovigilance and the use of proportional reporting ratios in evaluating safety signals. Chapter 20 looks at statistical methods for evaluating diagnostic methods, including the use of receiver operating characteristic curves, regression models, and method comparison (e.g. use of the kappa statistic to measure agreement between two diagnostic tests).

The book concludes with chapter 21, which discusses the role of the statistician in designing trials and the essential role statistics plays in ensuring that a trial remains unbiased and provides valid results from which to draw meaningful conclusions.

In summary, this book gives a well-structured overview of the statistical procedures used in clinical trials. Statistics is not an easy subject to comprehend; most writers will have a basic understanding, but the relevance and the rationale behind the choice of statistical procedures may often be overlooked. In this book, the author has taken a complex subject and produced an invaluable resource that is straightforward to follow. The content and structure of the book provides a step-by-step overview of the design process; complex terms are well defined, and the abbreviations list, comprehensive reference list, and index add to the ease of understanding. Furthermore, the principles discussed in this book are applicable to a range of professions in the clinical trial field and numerous therapeutic areas. I would strongly recommend this book to any medical writer who compiles clinical study reports or clinical manuscripts on a regular basis.

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Most of us will be familiar with the sensation of sitting down to write in a new area with a blank page on the desk and a host of unformed questions that crystallise into 'How do I begin …?’

If that new area is manuscript writing, reading Writing for Science Journals (available in paperback,
Writing for Science Journals has 24 chapters that describe the entire manuscript writing process. Chapter 1 is an introductory chapter. Chapter 2 covers ethics and Chapter 3 covers choosing a journal. Chapter 4 discusses the outline of the manuscript (see below). Chapter 5 covers using a word processor. Chapters 6 to 13 cover the different sections of the manuscript in detail, after which Chapter 14 addresses experimental design and Chapter 15 explores numerical and statistical considerations. Chapters 16 and 17 cover figures and tables, respectively, and Chapter 18 covers online supplemental material. Chapters 19 and 20 address writing format and style. Lastly, Chapters 21 to 23 cover the process of review and publication, and conclusions are offered in Chapter 24.

Hart advocates the use of a strong outline (Chapter 4). He says ‘it is difficult to review an entire manuscript, but easier and faster to review a short list of concise points to confirm that each is clear and that their sequence effectively tells your story’. Rather than take the journal article section headings and attempt to fill in a plan under them, Hart suggests summarising the following for the outline:

- ‘The problem I investigated
- What questions remain unanswered
- Which of those I tried to answer
- Methods developed by previous researchers that I will use in my research
- New methods that I developed to solve problems other researchers did not solve
- Details of the statistical analysis required by my methods’

He explains that by extending this rationale to the plan for the results and discussion sections, one can ensure that ‘each result in the results section has a method used to produce that result, and that every key interpretation in the discussion is supported by data described in the outline of the results section’.

In my view, this outline could be used as a check for much of the work that we do, as it can be all too easy to get distracted from the fundamental purpose of the research by the details of it. As with all the chapters, Hart uses examples throughout to illustrate his points.

The subsequent chapters on the sections of a journal article each finish with a summary of learning points. The style is narrative and approachable, with tips, notes, and asides. The chapters on experimental design (including how to choose a standard of comparison, how to eliminate bias, and how to replicate results), numbers and variables, figures, and tables contain a host of useful information that provides food for thought. Hart emphasises that there is considerable variation among journals; the guidelines in this book are delivered with the caveat that there should be thorough research into the specific requirements of the journal that you wish to target.

To some extent, information can feel hard to find. A note on the use of abbreviations is buried in Chapter 7 (‘The First Pages’), whilst acronyms are dealt with in detail in Chapter 9 (‘Materials and Methods’). It is also true that some chapters should be little needed by the medical writer (Chapter 5, ‘Using Your Word Processor Efficiently’, for example). However, read as a whole and using the index to navigate back to points of interest, this is an approachable and entertaining manual. Most interesting for me is that by being directed towards research students, the book provides awareness of the context of research writing outside of the medical writer’s office. This, together with the clearly presented strategy for constructing a paper, makes this book well worth consulting.

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