

Package ‘DACT’

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Title Design and Analysis for Clinical Trials

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Description The applications and evaluation of the operating characteristics of many statistical methodologies require the use of sophisticated software or extensive simulations. 'DACT' is designed to serve a wide range of innovative statistical designs and analyses. The primary objective of the 'DACT' software is to promote the understanding and application of cutting-edge statistical solutions in clinical trials. For this reason, the software is free for non-commercial scientific research, including but not limited to academic researchers and research/teaching institutions. Computing codes are available upon request. For more details see P. Gao (2024) <[doi:10.1080/10543406.2024.2341673](https://doi.org/10.1080/10543406.2024.2341673)>.

Depends clinfun, mvtnorm, doParallel

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Encoding UTF-8

Imports foreach, dplyr, jsonlite

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URL <https://github.com/innovatiostat/rcode>

BugReports <https://github.com/innovatiostat/rcode/issues>

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Contents

asd_ci_est_one_arm_2_stage	2
asd_ci_est_one_arm_3_stage	3
EXP_3_stg_sz	5

gsd_ci_est_2_stage	6
gsd_ci_est_3_stage	7
hybrid_sz	8
interim_analysis	9
midpnt_sz	10
one_arm_ad_3_stg_binary	11
one_arm_ad_two_stg_binary	13
one_arm_rej_2_stg_binary	15
one_arm_rej_3_stg_binary	16
one_arm_rej_simon_binary	17
simon_ph2_sz	18
Index	20

asd_ci_est_one_arm_2_stage
<i>Final analysis: two stage design, with sample size change</i>

Description

Final analysis: two stage design, with sample size change

Usage

asd_ci_est_one_arm_2_stage(p_0, n_1, n_2, r_1_e, r_2, n_new, x_1, x_new, alpha)

Arguments

p_0	Response rate indicating low activity with insufficient clinical benefit.
n_1	Number of patients at first look.
n_2	Number of patients at second look.
r_1_e	The trial would be stopped for superiority if at least r_1_e responses are observed at the first look.
r_2	If no more than r_2 responses are observed at the second look, then the null hypothesis will not be rejected.
n_new	New sample size after the interim analysis.
x_1	Number of responses at the first look.
x_new	Number of responses at the final visit.
alpha	One-sided type I error.

Value

UL: upper limit of confidence interval.

LL: lower limit of confidence interval.

The results with continuity correction are not necessarily different from those with continuity correction.

The need for continuity correction can be determined through simulations on type I error (see Gao, Zhang, 2004).

References

P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon's design, Journal of Biopharmaceutical Statistics, DOI: 10.1080/10543406.2024.2341673. To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

Gao, P., L. Liu, and C. Mehta. 2013 Oct 15. Exact inference for adaptive group sequential designs. Statistics in Medicine 32(23):3991–4005. doi:10.1002/sim.5847.

Examples

```
asd_ci_est_one_arm_2_stage( p_0=0.2,n_1=100,n_2=105,r_1_e=33,r_2=29,n_new=115,
x_1=28,x_new=34,alpha=0.025)
```

```
asd_ci_est_one_arm_3_stage
```

Final analysis: three stage design, with sample size change

Description

Final analysis: three stage design, with sample size change

Usage

```
asd_ci_est_one_arm_3_stage(
  p_0,
  n_2,
  n_3,
  r_2_e,
  r_2,
  r_3,
  n_new,
  x_2,
  x_new,
  alpha
)
```

Arguments

<code>p_0</code>	Response rate indicating low activity with insufficient clinical benefit.
<code>n_2</code>	Number of patients at second look.
<code>n_3</code>	Number of patients at third look.
<code>r_2_e</code>	The trial would be stopped for superiority if at least <code>r_2_e</code> responses are observed at the second look. If <code>r_2_e</code> was not used in the design, enter NA.
<code>r_2</code>	If no more than <code>r_2</code> responses are observed at the second look, then the trial would be stopped for futility.
<code>r_3</code>	If no more than <code>r_3</code> responses are observed at the third look, then the null hypothesis will not be rejected.
<code>n_new</code>	New sample size after the interim analysis (at the second look).
<code>x_2</code>	Number of responses at the second look.
<code>x_new</code>	Number of responses at the final visit.
<code>alpha</code>	One-sided type I error.

Value

UL: upper limit of confidence interval.

LL: lower limit of confidence interval.

The results with continuity correction are not necessarily different from those with continuity correction.

The need for continuity correction can be determined through simulations on type I error (see Gao, Zhang, 2004).

References

P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon's design, *Journal of Biopharmaceutical Statistics*, DOI: 10.1080/10543406.2024.2341673. To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

Gao, P., L. Liu, and C. Mehta. 2013 Oct 15. Exact inference for adaptive group sequential designs. *Statistics in Medicine* 32(23):3991–4005. doi:10.1002/sim.5847.

Examples

```
asd_ci_est_one_arm_3_stage( p_0=0.2, n_2=105, n_3=110, r_2_e=33, r_3=29, n_new=115,
x_2=28, x_new=34, alpha=0.025)
```

EXP_3_stg_sz

*Three-stage design***Description**

Three-stage design

Usage

EXP_3_stg_sz(alpha, beta, p_0, p_low, p_1, d_23_cut)

Arguments

alpha	One-sided type I error.
beta	Type II error.
p_0	Response rate indicating low activity with insufficient clinical benefit.
p_low	Minimally clinically beneficial response rate.
p_1	Assumed response rate.
d_23_cut	Min(n3-n2) sets the minimal difference between n3 and n2 for the design.

Value

n1: Number of patients at first look. n1 for the three-stage design is the from Simon's design with $p=p_1$.

n_2: Number of patients at second look. n_2 for the three-stage design is the n1 from Simon's design with $p=p_{\text{low}}$.

r1: If no more than r1 responses are observed at the first look, then the trial would be stopped for futility.

r_2: The null hypothesis will be rejected if at least r_2 responses are observed at the end of the trial.

EN(p0) is the expected sample size under the null hypothesis.

PET(p0) is the probability of early termination under the null hypothesis.

PET_p is the probability of early termination under $p=p_1$.

PET_p_low is the probability of early termination under $p=p_{\text{low}}$.

power_p_1 is the power under $p=p_1$.

power_p_low is the power under $p=p_{\text{low}}$.

Type I error is the probability of rejecting the null hypothesis under $p \leq p_0$.

The minimax design has the smallest n_2 among all possible choices of (n1,r1,n_2,r_2).

The optimal design has the smallest EN(p0) among all possible choices of (n1,r1,n_2,r_2).

The n1 and n_2 for the average design is the average of n1's and n_2's from the minimax and the optimal designs.

References

R. Simon. Optimal Two-Stage Designs for Phase II Clinical Trials. Controlled Clinical Trials 10:1-10 (1989).

P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon’s design, Journal of Biopharmaceutical Statistics, DOI: 10.1080/10543406.2024.2341673. To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

Examples

```
EXP_3_stg_sz(alpha=c(0.001,0.024),beta=0.1,p_0=0.2,p_low=0.33,p_1=0.4,d_23_cut=5)
```

gsd_ci_est_2_stage	<i>Final analysis: two stage design, no sample size change</i>
--------------------	--

Description

Final analysis: two stage design, no sample size change

Usage

```
gsd_ci_est_2_stage(p_0, n_1, n_2, r_1_e, r_2, x_last, last_vt, alpha)
```

Arguments

p_0	Response rate indicating low activity with insufficient clinical benefit.
n_1	Number of patients at first look.
n_2	Number of patients at second look.
r_1_e	The trial would be stopped for superiority if at least r2e responses are observed at the second look.
r_2	If no more than r_2 responses are observed at the second look, then the null hypothesis will not be rejected.
x_last	Number of responses at the final visit.
last_vt	1.
alpha	One-sided type I error.

Value

UL: upper limit of confidence interval.

LL: lower limit of confidence interval.

The results with continuity correction are not necessarily different from those with continuity correction.

The need for continuity correction can be determined through simulations on type I error (see Gao, Zhang, 2004).

References

P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon’s design, Journal of Biopharmaceutical Statistics, DOI: 10.1080/10543406.2024.2341673. To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

Gao, P., L. Liu, and C. Mehta. 2013 Oct 15. Exact inference for adaptive group sequential designs. Statistics in Medicine 32(23):3991–4005. doi:10.1002/sim.5847.

Examples

```
gsd_ci_est_2_stage(p_0=0.2,n_1=100,n_2=105,r_1_e=NA,r_2=29,x_last=31,last_vt=1,alpha=0.025)
```

gsd_ci_est_3_stage	<i>Final analysis: three stage design, no sample size change</i>
--------------------	--

Description

Final analysis: three stage design, no sample size change

Usage

```
gsd_ci_est_3_stage(p_0, n_2, n_3, r_2_e, r_3, x_last, last_vt, alpha)
```

Arguments

p_0	Response rate indicating low activity with insufficient clinical benefit.
n_2	Number of patients at second look.
n_3	Number of patients at third look.
r_2_e	The trial would be stopped for superiority if at least r_2_e responses are observed at the second look. If r_2_e was not used in the design, enter NA.
r_3	If no more than r_3 responses are observed at the third look, then the null hypothesis will not be rejected.
x_last	Number of responses at the final visit.
last_vt	1.
alpha	One-sided type I error.

Value

UL: upper limit of confidence interval.

LL: lower limit of confidence interval.

The results with continuity correction are not necessarily different from those with continuity correction.

The need for continuity correction can be determined through simulations on type I error (see Gao, Zhang, 2004).

References

P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon’s design, Journal of Biopharmaceutical Statistics, DOI: 10.1080/10543406.2024.2341673. To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

Gao, P., L. Liu, and C. Mehta. 2013 Oct 15. Exact inference for adaptive group sequential designs. Statistics in Medicine 32(23):3991–4005. doi:10.1002/sim.5847.

Examples

```
gsd_ci_est_3_stage(p_0=0.2,n_2=100,n_3=105,r_2_e=31,r_3=29,x_last=31,last_vt=3,alpha=0.025)
```

hybrid_sz	<i>Two-stage design: the hybrid design</i>
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Description

Two-stage design: the hybrid design

Usage

```
hybrid_sz(alpha, beta, p_0, p_low, p_1, d_12_cut)
```

Arguments

- alpha One-sided type I error.
- beta Type II error.
- p_0 Response rate indicating low activity with insufficient clinical benefit.
- p_low Minimally clinically beneficial response rate.
- p_1 Assumed response rate.
- d_12_cut Min(n2-n1) sets the minimal difference between n2 and n1 for the design.

Value

- n1: Number of patients at first look.
- n_2: Number of patients at second look. n_2 is also the total sample size.
- r1: If no more than r1 responses are observed at the first look, then the trial would be stopped for futility.
- r_2: The null hypothesis will be rejected if at least r_2 responses are observed at the end of the trial.
- EN(p0) is the expected sample size under the null hypothesis.
- PET(p0) is the probability of early termination under the null hypothesis.
- PET_p is the probability of early termination under p=p_1.

PET_p_low is the probability of early termination under $p=p_{\text{low}}$.
power_p is the power under $p=p_1$.
power_p_low is the power under $p=p_{\text{low}}$.
Type I error is the probability of rejecting the null hypothesis under $p \leq p_0$.
The minimax design has the smallest n_2 among all possible choices of (n_1, r_1, n_2, r_2) .
The optimal design has the smallest $EN(p_0)$ among all possible choices of (n_1, r_1, n_2, r_2) .
The n_1 for the average design is the average of n_1 's from the minimax and the optimal designs.

References

R. Simon. Optimal Two-Stage Designs for Phase II Clinical Trials. Controlled Clinical Trials 10:1-10 (1989).
P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon's design, Journal of Biopharmaceutical Statistics, DOI: 10.1080/10543406.2024.2341673.
To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

Examples

```
hybrid_sz(alpha=c(0.001,0.024),beta=0.1,p_0=0.2,p_low=0.4,p_1=0.55,d_12_cut=0)
```

interim_analysis	<i>The interim analysis can be conducted for both two-stage and three-stage designs</i>
------------------	---

Description

The interim analysis can be conducted for both two-stage and three-stage designs

Usage

```
interim_analysis(p_0, r_final, n_inter, n_final, x_inter, beta, N_max)
```

Arguments

p_0	Response rate indicating low activity with insufficient clinical benefit.
r_final	For two-stage designs, r_final=r2. For the three-stage design, r_final=r3.
n_inter	Number of patients at the interim look. For two-stage designs, n_inter=n1. For the three-stage design, n_inter=n2.
n_final	For two-stage designs, n_inter=n2. For the three-stage design, n_inter=n3.
x_inter	Number of responses observed at the interim look.
beta	The conditional type II error. 1-beta is the desired conditional power.
N_max	Pre-selected maximum sample size.

Value

n_new: is the new sample size.

r_new (without continuity correction) and r_new (with continuity correction) are thresholds such that the null hypothesis will be rejected at n_new if at least r_new responses are observed. Simulations on type I error will help to determine if continuity correction is needed.

References

R. Simon. Optimal Two-Stage Designs for Phase II Clinical Trials. Controlled Clinical Trials 10:1-10 (1989).

P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon’s design, Journal of Biopharmaceutical Statistics, DOI: 10.1080/10543406.2024.2341673. To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

P. Gao, J.H. Ware, C. Mehta, (2008), Sample size re-estimation for adaptive sequential designs. Journal of Biopharmaceutical Statistics, 18: 1184–1196, 2008.

Examples

```
interim_analysis(p_0=0.2,r_final=17,n_inter=22,n_final=56,x_inter=7,beta=0.1,N_max=120)
```

midpnt_sz	<i>Two-stage design: the midpoint design</i>
-----------	--

Description

Two-stage design: the midpoint design

Usage

```
midpnt_sz(alpha, beta, p_0, p_low, p_1, q, d_12_cut)
```

Arguments

- | | |
|----------|---|
| alpha | One-sided type I error. |
| beta | Type II error. |
| p_0 | Response rate indicating low activity with insufficient clinical benefit. |
| p_low | Minimally clinically beneficial response rate. |
| p_1 | Assumed response rate. |
| q | 0<q<1. |
| d_12_cut | Min(n2-n1) sets the minimal difference between n2 and n1 for the design. |

Value

n1: Number of patients at first look.

n_2: Number of patients at second look. n_2 is also the total sample size.

r1: If no more than r1 responses are observed at the first look, then the trial would be stopped for futility.

r_2: The null hypothesis will be rejected if at least r_2 responses are observed at the end of the trial.

EN(p0) is the expected sample size under the null hypothesis.

PET(p0) is the probability of early termination under the null hypothesis.

PET_p is the probability of early termination under $p=p_1$.

PET_p_low is the probability of early termination under $p=p_{low}$.

power_p is the power under $p=p_1$.

power_p_low is the power under $p=p_{low}$.

Type I error is the probability of rejecting the null hypothesis under $p \leq p_0$.

The minimax design has the smallest n_2 among all possible choices of (n1,r1,n2,r2).

The optimal design has the smallest EN(p_0)) among all possible choices of (n1,r1,n_2,r_2).

The n1 for the average design is the average of n1's from the minimax and the optimal designs.

References

R. Simon. Optimal Two-Stage Designs for Phase II Clinical Trials. Controlled Clinical Trials 10:1-10 (1989).

P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon's design, Journal of Biopharmaceutical Statistics, DOI: 10.1080/10543406.2024.2341673.
To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

Examples

```
midpnt_sz(alpha=c(0.001,0.024),beta=0.1,p_0=0.2,p_low=0.33,p_1=0.4,q=0.5,d_12_cut=5)
```

one_arm_ad_3_stg_binary

Simulations: adaptive three stage design

Description

Simulations: adaptive three stage design

Usage

```
one_arm_ad_3_stg_binary(
  p_1,
  p_0,
  n_1,
  r_1,
  n_2,
  r_2,
  r_2_e = NA,
  n_3,
  r_3,
  N_max,
  beta,
  sim_num
)
```

Arguments

p_1	The assumed response rate.
p_0	Response rate indicating low activity with insufficient clinical benefit.
n_1	Number of patients at first look.
r_1	If no more than r_1 responses are observed at the first look, then the trial would be stopped for futility.
n_2	Number of patients at second look.
r_2	If no more than r_2 responses are observed at the second look, then the trial would be stopped for futility.
r_2_e	The trial would be stopped for superiority if at least r_2_e responses are observed at the second look. If r_2_e is not used in the design, enter NA.
n_3	Number of patients at third look.
r_3	If no more than r_3 responses are observed at the third look, then the null hypothesis will not be rejected.
N_max	Maximum sample size for the trial.
beta	Type II error. The target power is 1-beta.
sim_num	Purpose of simulation: To verify type I error control by setting p_1=p_0, To evaluate the operating characteristics of the adaptive design and to determine if continuity correction is necessary.

Value

Average sample size is $EN(p_1)$.

Rate of termination is $PET(p_1)$

If rejection rate without continuity correction does not exceed alpha, the continuity correction is not needed for this group of parameters p_0,n_1,r_1,n_2,r_2,r_2_e,n_3,r_3. Otherwise, continuity correction should be applied.

References

R. Simon. Optimal Two-Stage Designs for Phase II Clinical Trials. *Controlled Clinical Trials* 10:1-10 (1989).

P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon's design, *Journal of Biopharmaceutical Statistics*, DOI: 10.1080/10543406.2024.2341673. To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

P. Gao, J.H. Ware, C. Mehta, (2008), Sample size re-estimation for adaptive sequential designs. *Journal of Biopharmaceutical Statistics*, 18: 1184–1196, 2008.

Examples

```
one_arm_ad_3_stg_binary(p_1=0.2,p_0=0.2,n_1=37,r_1=8,n_2=100,r_2=22,r_2_e=33,
n_3=105,r_3=29,N_max=150,beta=0.1,sim_num=100000)
```

```
one_arm_ad_two_stg_binary
```

Simulations: adaptive two stage design

Description

Simulations: adaptive two stage design

Usage

```
one_arm_ad_two_stg_binary(
  p_1,
  p_0,
  n_1,
  r_1,
  r_1_e = NA,
  n_2,
  r_2,
  N_max,
  beta,
  sim_num
)
```

Arguments

p_1	The assumed response rate.
p_0	Response rate indicating low activity with insufficient clinical benefit.
n_1	Number of patients at first look.

r_1	If no more than r_1 responses are observed at the first look, then the trial would be stopped for futility.
r_1_e	The trial would be stopped for superiority if at least r_1_e responses are observed at the first look. If r_1_e is not used in the design, enter NA.
n_2	Number of patients at second look.
r_2	If no more than r_2 responses are observed at the second look, then the null hypothesis will be rejected.
N_max	Maximum sample size for the trial.
beta	Type II error. The target power is 1-beta.
sim_num	Purpose of simulation: To verify type I error control by setting $p_1=p_0$, To evaluate the operating characteristics of the adaptive design and to determine if continuity correction is necessary.

Value

Average sample size is $EN(p_1)$.

Rate of termination is $PET(p_1)$

If rejection rate without continuity correction does not exceed alpha, the continuity correction is not needed for this group of parameters $p_0, n_1, r_1, r_1_e, n_2, r_2$. Otherwise, continuity correction should be applied.

References

R. Simon. Optimal Two-Stage Designs for Phase II Clinical Trials. Controlled Clinical Trials 10:1-10 (1989).

P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon's design, Journal of Biopharmaceutical Statistics, DOI: 10.1080/10543406.2024.2341673. To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

P. Gao, J.H. Ware, C. Mehta, (2008), Sample size re-estimation for adaptive sequential designs. Journal of Biopharmaceutical Statistics, 18: 1184–1196, 2008.

Examples

```
one_arm_ad_two_stg_binary(p_1=0.2, p_0=0.2, n_1=37, r_1=9, r_1_e=NA, n_2=53, r_2=16,
N_max=140, beta=0.1, sim_num=100000)
```

one_arm_rej_2_stg_binary
<i>Simulations: Two stage fixed expanded Simon’s design: either hybrid or mid-point design</i>

Description

Simulations: Two stage fixed expanded Simon’s design: either hybrid or mid-point design

Usage

one_arm_rej_2_stg_binary(p_1, p_0, n_1, r_1_f, r_1_e = NA, n_2, r_2, sim_num)

Arguments

p_1	The assumed response rate.
p_0	Response rate indicating low activity with insufficient clinical benefit.
n_1	Number of patients at first look.
r_1_f	If no more than r_1 responses are observed at the first look, then the trial would be stopped for futility.
r_1_e	The trial would be stopped for superiority if at least r_1_e responses are observed at the first look. If r_1_e is not used in the design, enter NA.
n_2	Number of patients at second look.
r_2	If no more than r_2 responses are observed at the second look, then the null hypothesis will be rejected.
sim_num	Purpose of simulation: To verify type I error control by setting p_1=p_0, To verify the parameters n_1,r_1_f,r_1_e,n_2,r_2 are correctly chosen, such that the rejection rate matches that from the design table from either the hybrid design or the mid-point design.

Value

Average sample size is EN(p_1).
Rate of termination is PET(p_1)

References

R. Simon. Optimal Two-Stage Designs for Phase II Clinical Trials. Controlled Clinical Trials 10:1-10 (1989).

P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon’s design, Journal of Biopharmaceutical Statistics, DOI: 10.1080/10543406.2024.2341673. To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

P. Gao, J.H. Ware, C. Mehta, (2008), Sample size re-estimation for adaptive sequential designs. Journal of Biopharmaceutical Statistics, 18: 1184–1196, 2008.

Examples

```
one_arm_rej_2_stg_binary(p_1=0.2,p_0=0.2,n_1=100,r_1_f=25,r_1_e=33,
n_2=105,r_2=29,sim_num=100000)
```

```
one_arm_rej_3_stg_binary
```

Simulations: Expanded Simon's design: the three stage design, no sample size change

Description

Simulations: Expanded Simon's design: the three stage design, no sample size change

Usage

```
one_arm_rej_3_stg_binary(
  p_1,
  p_0,
  n_1,
  r_1,
  n_2,
  r_2_f,
  r_2_e = NA,
  n_3,
  r_3,
  sim_num
)
```

Arguments

p_1	The assumed response rate.
p_0	Response rate indicating low activity with insufficient clinical benefit.
n_1	Number of patients at first look.
r_1	If no more than r_1 responses are observed at the first look, then the trial would be stopped for futility.
n_2	Number of patients at second look.
r_2_f	If no more than responses are observed at the second look, then the trial would be stopped for futility.
r_2_e	The trial would be stopped for superiority if at least r_2_e responses are observed at the first look. If r_2_e is not used in the design, enter NA.
n_3	Number of patients at third look.
r_3	If at least r_2 responses are observed at the third look, then the null hypothesis will be rejected.

sim_num Purpose of simulation: To verify type I error control by setting $p_1=p_0$, To verify the parameters $n_1, r_1, n_2, r_2, n_3, r_3$ are correctly chosen, such that the rejection rate matches that from the design table of the three-stage design.

Value

Average sample size is $EN(p_1)$.
Rate of termination is $PET(p_1)$

References

R. Simon. Optimal Two-Stage Designs for Phase II Clinical Trials. Controlled Clinical Trials 10:1-10 (1989).
P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon’s design, Journal of Biopharmaceutical Statistics, DOI: 10.1080/10543406.2024.2341673. To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.
P. Gao, J.H. Ware, C. Mehta, (2008), Sample size re-estimation for adaptive sequential designs. Journal of Biopharmaceutical Statistics, 18: 1184–1196, 2008.

Examples

```
one_arm_rej_3_stg_binary(p_1=0.2, p_0=0.2, n_1=37, r_1=8, n_2=100, r_2_f=22, r_2_e=33,
n_3=105, r_3=29, sim_num=100000)
```

one_arm_rej_simon_binary
<i>Simulations: two stage fixed Simon’s design</i>

Description

Simulations: two stage fixed Simon’s design

Usage

```
one_arm_rej_simon_binary(p_1, p_0, n_1, r_1, n_2, r_2, sim_num)
```

Arguments

- | | |
|-----|---|
| p_1 | The assumed response rate. |
| p_0 | Response rate indicating low activity with insufficient clinical benefit. |
| n_1 | Number of patients at first look. |

r_1	If no more than r_1 responses are observed at the first look, then the trial would be stopped for futility.
n_2	Number of patients at second look.
r_2	If no more than r_2 responses are observed at the second look, then the null hypothesis will be rejected.
sim_num	Purpose of simulation: To verify type I error control by setting p_1=p_0, To verify the parameters n_1,r_1,n_2,r_2 are correctly chosen, such that the trial has 1-beta power if the true response rate is p_1.

Value

Average sample size is EN(p_1).
Rate of termination is PET(p_1)

References

R. Simon. Optimal Two-Stage Designs for Phase II Clinical Trials. Controlled Clinical Trials 10:1-10 (1989).

P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon’s design, Journal of Biopharmaceutical Statistics, DOI: 10.1080/10543406.2024.2341673. To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

P. Gao, J.H. Ware, C. Mehta, (2008), Sample size re-estimation for adaptive sequential designs. Journal of Biopharmaceutical Statistics, 18: 1184–1196, 2008.

Examples

```
one_arm_rej_simon_binary(p_1=0.4,p_0=0.2,n_1=37,r_1=9,n_2=53,r_2=16,sim_num=100000)
```

simon_ph2_sz	Two-stage design: Simon’s design
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Description

Two-stage design: Simon’s design

Usage

```
simon_ph2_sz(alpha, beta, p_0, p_1)
```

Arguments

<code>alpha</code>	One-sided type I error.
<code>beta</code>	Type II error.
<code>p_0</code>	Response rate indicating low activity with insufficient clinical benefit.
<code>p_1</code>	Assumed response rate.

Value

`r1`: If no more than `r1` responses are observed at the first look, then the trial would be stopped for futility.

`n1`: Number of patients at first look.

`r_2`: The null hypothesis will be rejected if at least `r_2` responses are observed at the end of the trial.

`n_2`: Number of patients at second look. `n_2` is also the total sample size.

`EN(p_0)` is the expected sample size under the null hypothesis.

`PET(p_0)` is the probability of early termination under the null hypothesis.

`PET_p_1` is the probability of early termination under $p=p_1$.

`power_p_1` is the power under $p=p_1$.

Type I error is the probability of rejecting the null hypothesis under $p \leq p_0$.

The minimax design has the smallest `n_2` among all possible choices of $(n1, r1, n_2, r_2)$.

The optimal design has the smallest `EN(p_0)` among all possible choices of $(n1, r1, n_2, r_2)$.

The average design is an augmentation of the original Simon's design (Gao, Zhang. 2024). The `n1` for the average design is the average of `n1`'s from the minimax and the optimal designs.

References

R. Simon. Optimal Two-Stage Designs for Phase II Clinical Trials. *Controlled Clinical Trials* 10:1-10 (1989).

P. Gao & W. Zhang (15 Apr 2024): Adaptive sequential design for phase II single-arm oncology trials: an expansion of Simon's design, *Journal of Biopharmaceutical Statistics*, DOI: 10.1080/10543406.2024.2341673. To link to this article: <https://www.tandfonline.com/doi/full/10.1080/10543406.2024.2341673>.

Examples

```
simon_ph2_sz(alpha=0.025,beta=0.1,p_0=0.2,p_1=0.33)
```

Index

asd_ci_est_one_arm_2_stage, [2](#)

asd_ci_est_one_arm_3_stage, [3](#)

EXP_3_stg_sz, [5](#)

gsd_ci_est_2_stage, [6](#)

gsd_ci_est_3_stage, [7](#)

hybrid_sz, [8](#)

interim_analysis, [9](#)

midpnt_sz, [10](#)

one_arm_ad_3_stg_binary, [11](#)

one_arm_ad_two_stg_binary, [13](#)

one_arm_rej_2_stg_binary, [15](#)

one_arm_rej_3_stg_binary, [16](#)

one_arm_rej_simon_binary, [17](#)

simon_ph2_sz, [18](#)