
How can clinical trialists serve the needs of clinicians and patients more effectively?

Monday 25 June 2007

PETER M ROTHWELL

USE OF SUBGROUP ANALYSIS AND RISK MODELLING
14.05 – 14.25



BIOGRAPHY

Peter Rothwell is Professor of Clinical Neurology at the University of Oxford and is Director of the Stroke Prevention Research Unit. He did his postgraduate clinical and research training in Edinburgh, Oxford and at the University of Western Ontario, before returning to Oxford as a MRC Senior Clinical Fellow in 2000, to set up the Stroke Prevention Research Unit. The Unit currently comprises about 20 clinical and non-clinical researchers and has published over 100 papers on prevention of stroke. Professor Rothwell also has clinical duties at the John Radcliffe Hospital, Oxford, including supervision of a daily emergency assessment clinic for patients with transient cerebral ischaemic attacks or minor strokes. In addition to stroke prevention, his interests include the external validity of randomised trials, methods of improving the targeting of treatments for individuals in routine clinical practice, and the promotion of practice-oriented clinical research.

ABSTRACT

Clinicians have a responsibility to try to provide the most appropriate treatment for each individual patient. Many treatments, such as blood pressure lowering in uncontrolled hypertension, are indicated in the vast majority of patients. However, a targeted approach is useful for (i) treatments with modest benefits; for (ii) costly treatments with moderate overall benefits; (iii) if the availability of treatment is limited for other reasons; and (iv) most importantly, for treatments which, although shown in large trials to offer overall benefit, are associated with a significant risk of harm. The crux of the problem is how to use data from large randomized controlled trials and systematic reviews, which provide the most reliable estimates of the overall average effects of treatment, to determine the likely effect in an individual. This talk will:

- (1) Consider the clinical situations in which we might reasonably expect clinically important differences in response to treatment;
- (2) Review the pros and cons of subgroup analysis;
- (3) Illustrate the use of risk models and scores to predict the likely effects of treatment in individuals.

RELEVANT COMPETING INTERESTS

None declared

CONTACT DETAILS

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