

Anesthesiology

Continual Reassessment Method for Dose-finding Studies (RE: Kant A, et al. 2013; 119:29-35)

--Manuscript Draft--

Manuscript Number:	ALN201310021
Full Title:	Continual Reassessment Method for Dose-finding Studies (RE: Kant A, et al. 2013; 119:29-35)
Article Type:	Letter Re. Published Article
Corresponding Author:	Srinivas Mantha, M.D. Nizam's Institute of Medical Sciences Hyderabad, AP INDIA
Corresponding Author Secondary Information:	
Corresponding Author's Institution:	Nizam's Institute of Medical Sciences
Corresponding Author's Secondary Institution:	
First Author:	Srinivas Mantha, MD
First Author Secondary Information:	
Order of Authors:	Srinivas Mantha, MD
Order of Authors Secondary Information:	

From:
Srinivas Mantha, MD
Professor
Dept of Anesthesiology
Nizam's Institute of Medical Sciences
Hyderabad 500082, (India)

5 October 2013

To:
Editor-In-Chief
James C. Eisenach, M.D.
Editor-in-Chief, *Anesthesiology*
Department of Anesthesiology
Wake Forest University School of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157

Sir:

Please find my submission entitled "Continual Reassessment Method for Dose-finding

Studies" for consideration for publication in *Anesthesiology* as a Letter to the Editor. This

submission is in response to a recent article published in *Anesthesiology*:

Kant A, Gupta PK, Zohar S, Chevret S, Hopkins PM. Application of the Continual

Reassessment Method to Dose-finding Studies in Regional Anesthesia: An Estimate of the

ED95 Dose for 0.5% Bupivacaine for Ultrasound-guided Supraclavicular Block.

Anesthesiology. 2013; 119:29-35.

Thanking you

Sincerely

Srinivas Mantha, MD

Name of Corresponding Author: Srinivas Mantha, MD

Manuscript Title: Continual Reassessment Method for Dose-finding Studies

5 October 2013

To:

Editor-In-Chief

James C. Eisenach, M.D.

Editor-in-Chief, *Anesthesiology*

Department of Anesthesiology

Wake Forest University School of Medicine

Medical Center Boulevard

Winston-Salem, NC 27157

I am submitting the enclosed material for possible publication in *ANESTHESIOLOGY*. It has not been submitted for publication nor has it been published in whole or in part elsewhere. I have read the manuscript, attest to the validity and legitimacy of the data and its interpretation, and agree to its submission to *ANESTHESIOLOGY*. I acknowledge that I have read the Instructions for Authors and agree with its contents. I acknowledge that if the enclosed manuscript is part of a larger whole or if the primary analysis has been previously published, this must be explicitly stated in the manuscript and the previous publication cited.

Conflicts of interest, sources of financial support, corporate involvement, patent holdings, etc.
Copyright transfer and the signatures of all authors will be requested prior to publication of accepted manuscripts.

Signature : Srinivas Mantha

Date 6th October 2013

Conflicts of Interest

ANESTHESIOLOGY is committed to publishing all reasonable information regarding relationships by a manuscript's authors that may produce bias or the appearance of bias. Information regarding financial relations or other possible conflicts of interest is needed when selecting reviewers or

assessing their comments. Each author must disclose all funding sources supporting the submitted work and answer questions listed on the next page (yes/no). In the event of a yes answer on the part of any authors, please provide the appropriate information in an attached letter. Note that "funding" refers to gifts, research or educational grants, contracts, equity interest, stock option(s), direct or indirect salary support, consultant fee(s), lecture/travel fees or honoraria received within a period of three years of the date of submission of the manuscript from any source (including nonprofit foundations) that has or had financial interest in the subject matter, materials, equipment or devices discussed. "Financial interest" includes patent(s), patent licensing arrangement(s), stocks, equity interest, or any other arrangement(s) which may be of actual or potential financial benefit to any author or participant.

(1) Has the work been funded by any source(s) other than those described on the Title Page?

No

(2) Does any author or participant have any financial interest in the subject matter, materials or equipment discussed or in competing materials?

No

(3) Has the laboratory in which the research was performed been funded by, or has any participant in the planning, conduct, or reporting of the research been funded by or have financial interests in any source with a real or potential interest in the subject matter, materials, equipment or devices discussed or in any competing product or subject?

No

(4) Has the laboratory in which the work was performed or any of the authors or participants been funded by any Foundation or other non-governmental source that has received funding from any organization with a real or potential interest in the subject matter, materials, equipment or devices discussed, or in any competing product or subject?

No

If you answer yes to any of the above items, please provide details, including the name(s) of the supported authors as well as the corresponding names of the persons or organizations involved.

Continual Reassessment Method for Dose-finding Studies

Srinivas Mantha, MD, Professor

Dept. of Anesthesiology and Intensive Care

Nizam's Institute of Medical Sciences

Hyderabad 500082, India. smantha@satyam.net.in, www.srinivasmantha.com

RE: Kant A, Gupta PK, Zohar S, Chevret S, Hopkins PM. Application of the Continual Reassessment Method to Dose-finding Studies in Regional Anesthesia: An Estimate of the ED95 Dose for 0.5% Bupivacaine for Ultrasound-guided Supraclavicular Block.

Anesthesiology. 2013; 119:29-35

To The Editor

1
2
3 I read with interest the recent article by Kant *et al.*¹, in which the authors used continual
4
5 reassessment method (CRM) to determine dose-finding studies in regional anesthesia.
6
7 Specifically, the methodology with Bayesian paradigm was used to estimate ED95 dose for
8
9 0.5% bupivacaine for ultrasound-guided supraclavicular block. The idea is novel and may be
10
11 applied for relevant studies in our speciality in the future. Although, CRM was originally
12
13 designed for dose-finding phase I trials in cancer drug research several modifications of CRM
14
15 with different models have evolved over the past two decades. Kant *et al.*¹ employed a
16
17 modified version using a Bayesian approach with a power model. There seems to be
18
19 discrepancy between the data for cohort 3 in the first dose range in Table 3 of the article and
20
21 that depicted in Figure 2 related to clinical responses. The responses were shown as “Failure,
22
23 Success” in the Table and as “Failure, Failure” in the Figure 2. I crossed checked the results
24
25 of first dose range with a recently (September 2013) published R package “bcmr”.² I was able
26
27 to reproduce the results obtained by the authors when responses for cohort 3 were Failure,
28
29 Success” i.e. as depicted in the Table. In other words, the representation of responses for
30
31 cohort 3 in the Figure is incorrect. The package is freely available on Comprehensive R
32
33 Archive Network (CRAN) <http://cran.r-project.org/> and can be accessed through Task
34
35 Views → Clinical Trials → bcmr.
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

References

1. Kant A, Gupta PK, Zohar S, Chevret S, Hopkins PM. Application of the Continual Reassessment Method to Dose-finding Studies in Regional Anesthesia: An Estimate of the ED95 Dose for 0.5% Bupivacaine for Ultrasound-guided Supraclavicular Block. *Anesthesiology*. 2013; 119:29-35.
2. Sweeting M., Mander A., Sabin T. bcrm: Bayesian Continual Reassessment Method Designs for Phase I Dose-Finding Trials. *Journal of Statistical Software* 2013; 54:1–26. <http://www.jstatsoft.org/v54/i13/>