# Protective Effects of Propranolol in Adults Following Severe Burn Injury: A Safety and Efficacy Trial



Avery Yuan
PI and mentor: Dr. David Schoenfeld
MGH Biostatistics Center
HSPH Post-Bac Program
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# **Agenda**

- I. The Propranolol Study
- II. Data Management

# Background

- Severe Burn Injuries
- Burn Injuries Receiving Medical Treatment<sup>1</sup>: 450,000

Severe Burn
Injuries

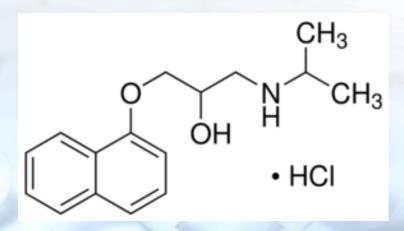
Profound
Hypermetabolic
Stress Responses

Loss of lean
body mass and
muscle wasting

- Sources: National Electric Injury Surveillance System-All Injury Project (NEISS-AIP); National Emergency Department Survey (HCUP-NEDS) (2010 Data); National Ambulatory Medical Care Survey.
- 2. <u>Pruitt BA Jr.</u>: Protection from excessive resuscitation: "pushing the pendulum back". J Trauma. 2000 Sep;49(3):567-8
- Baxter CR. Guidelines for Fluid Resuscitation. J Trauma, 1981; 21:687-9.

#### II. Propranolol

- A non-selective beta blocker
- To treat hypertension, anxiety, and panic



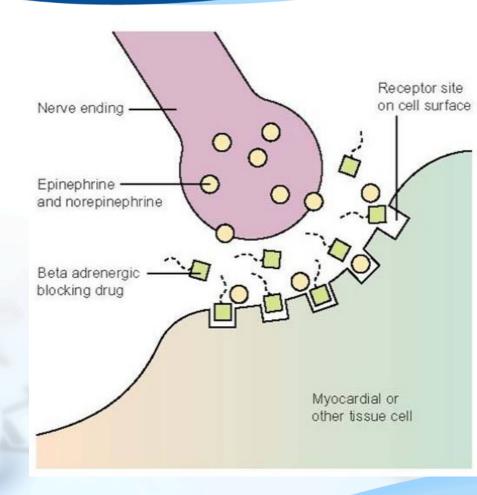
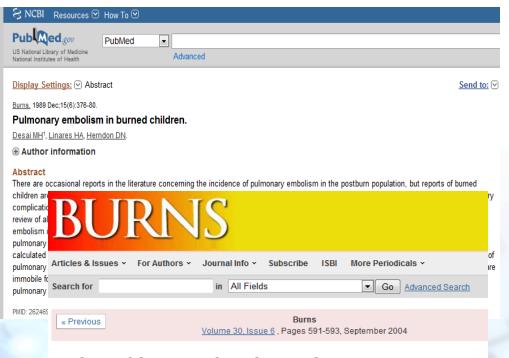


Figure left: http://www.sigmaaldrich.com/catalog/product/sigma/p0884?lang=en&region=US Figure right: http://marianuniversityscienceblog.wordpress.com/2010/10/15/beta-blockers-function-and-effects/

#### III. Beneficial Effects of Propranolol



Analysis of deep vein thrombosis in burn patients



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#### Long-Term Propranolol Use in Severely Burned Pediatric Patients: A Randomized Controlled Study

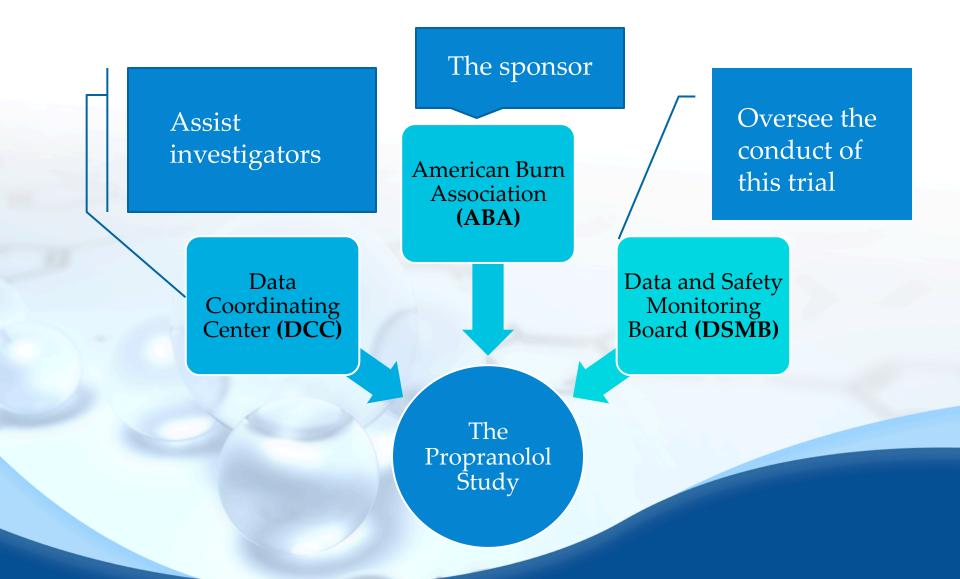
David N. Herndon, MD, FACS\*;†, Noe A. Rodriguez, MD\*;†, Eva C. Diaz, MD\*;†, Sachin Hegde, MD\*;†, Kristofer Jennings, PhD‡, Ronald P. Mlcak, PhD\*, Jaipreet S. Suri, BS, BBA\$, Jong O. Lee, MD\*;†, Felicia N. Williams, MD\*;†, Walter Meyer, MD\*;†, Oscar E. Suman, PhD\*;† Robert E. Barrow, PhD\*, Marc G. Jeschke, MD, PhD¶, and Celeste C. Finnerty, PhD\*;†#.\*\*

#### In Children:

- Decrease infections
- Increase wound healing
- Improve cardiac work, hypermetabolism, and survival

# IN ADULTS?

#### The Role of Players



## The Study

#### Aim:

 To determine the safety and efficacy of propranolol relative to placebo in a cohort of severely burned adults

#### Design:

 A multi-center, phase 2a/b, investigator-initiated, randomized trial

#### Population:

 A group of 250 patients who are admitted to one of the participating burn centers within 72 hours of injury with a burn injury ≥ 20% total body surface area (TBSA)

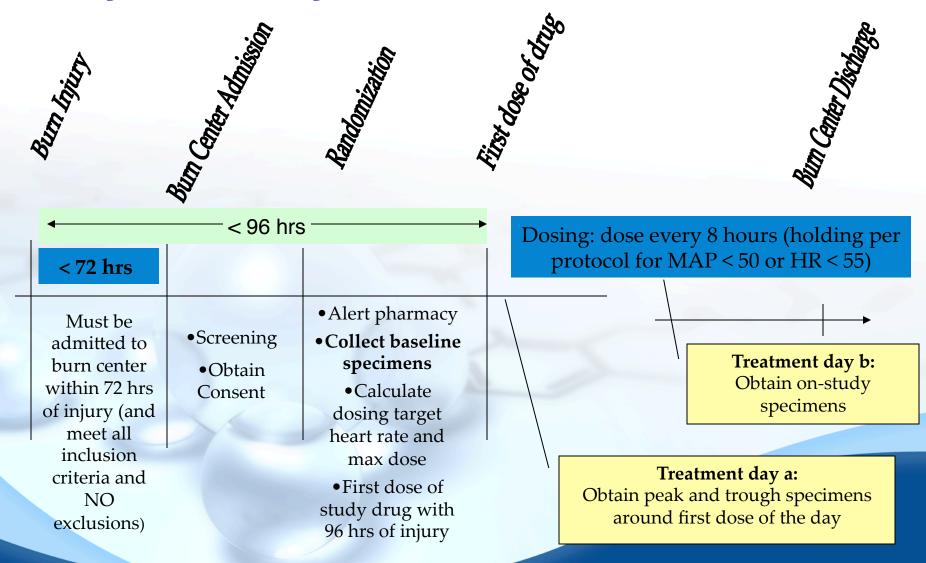
#### **Hypothesis:**

 Propranolol will provide significant benefit to adults following severe burn injury at doses that are safe and do not increase risk of adverse infections and noninfectious outcomes

#### Significance:

- A pilot study
- Safety and efficacy
- Subpopulations
- Dose levels

# **Study Summary Timeline**



Propranolol\_Study\_training 2013 : Katie Oldmixon

#### **Statistical Analysis Plan**

#### **EFFICACY**

Cardiac Rate Pressure Product (RPP aka. cardiovascular product/ double product)

 $RPP = HR \times SBP$ 

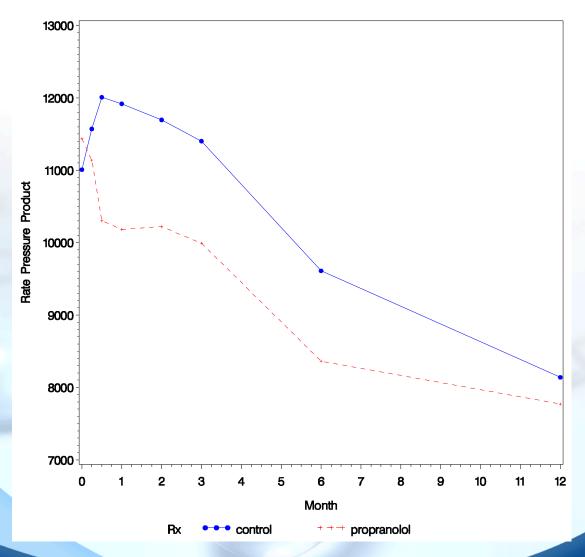
- A piecewise linear random effects model
- Bonferroni correction

#### **SAFETY**

Mortality rates, infectious and non-infectious complications

- A mixed model negative binomial regression:
  - fixed treatment effects, log(follow-up time)

#### **Efficacy Cont.**



# Two co-primary endpoints:

- •A comparison of slopes over the first 2 weeks
- •A comparison of means at 30 days

Figure: Herndon et al, Long-Term Propranolol Use in Severely Burned Pediatric Patients, Annals of Surgery, Volume 256, Number 3, September 2012,

#### **Overview of Statistical Issues**



-Multi-center setting -Loss to

follow up

-A random center effect-Inclusion of baseline covariates



## Agenda

#### **Data Management**

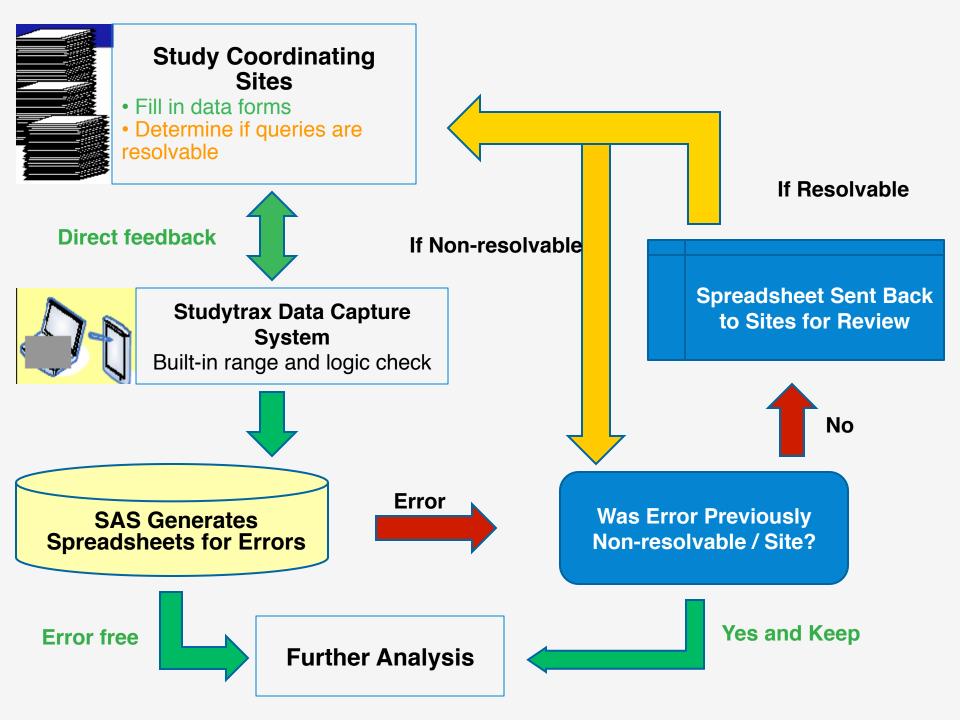
- 1. Overview of data quality (DQ)
- 2. Data cleaning framework
- 3. Using SAS PROC SQL effectively

#### DQ

• SCDM definition of DQ in clinical trials:

"quality data is data that support conclusions and interpretations equivalent to those derived from error-free data" (Institute of Medicine, Roundtable Report, 1999)





#### SAS

#### **SQL** Procedure

- SQL (Structured Query Language) is the universally adopted language for querying a database
- Simple command structure for data definition, access, and manipulation
- Instead of specifying how to do, just say what you want to be done

#### **Examples: SELECT and CREATE TABLE statements**

```
Eproc sql noprint;
 create table work.flow1 as
 select ReferenceID, SiteName,
        'Participant Signed Consent but Consent Date is Missing' as problem,
        'Consent' as form, 'Consent-Inclusion-Exclusion' as Timeline
 from work.all wide having SIGNCONS=1 and STARTDT =.;
 create table work.flow2 as
 select ReferenceID, SiteName,
        'Study Termination Reason is "Other" and Missing Description' as problem,
        'Study Termination' as form
 from work.all wide having TRMRFT =9 and TRMOTHSP='';
 create table work.flow3 as
 select ReferenceID, SiteName,
        'Screening Date after Enrollment Date' as problem,
        '' as form, '' as Timeline,
        'Screening Date: '||put(ScreenDate, MMDDYY10.)||', Enrollment Date: '||put(EnrollDate, MMDDYY10.) as Details
 from work.baseline
 having .<EnrollDate<ScreenDate;
 create table work.flow4 as
 select ReferenceID, Sitename,
        "Follow Up Visit Date is prior to Visit 1 Visit Date" as problem,
        'Visit Form' as form,
        'Visit 1 Date: '||put(VISITDT01, MMDDYY10.)||', Follow Up Date: '||put(VISITDT02, MMDDYY10.) as Details
 from work.all wide having .<VISITDT02<VISITDT01;
```

#### References

- 1. Vadim Tantsyura, Olive Yuan, and Sergiy Sirichenko: Challenges and Opportunities in Clinical Trial Data Processing
- 2. Ranjit Singh and Dr. Kawaljeet Singh: A Descriptive Classification of Causes of Data Quality Problems in Data Warehousing
- 3. Clinical Trial Data Validation: Using SAS PROC SQL effectively, SFBC New Drug Services
- 4. Van den Broeck et al: Data Cleaning: Detecting, Diagnosing, and Editing Data Abnormalities
- 5. Propranolol Study Protocol, manual of operation, statistical plans and study training
- 6. Sources: National Electric Injury Surveillance System-All Injury Project (NEISS-AIP); National Emergency Department Survey (HCUP-NEDS) (2010 Data); National Ambulatory Medical Care Survey.
- 7. Pruitt BA Jr.: Protection from excessive resuscitation: "pushing the pendulum back". J Trauma. 2000 Sep;49(3):567-8
- 8. Baxter CR. Guidelines for Fluid Resuscitation. J Trauma, 1981; 21:687-9.

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