# S1 Formulae for operating characteristics

## S1.1 Trial pathway

A *trial pathway* is defined as the sequence of dose levels each cohort receives, along with the number of patients and number of DLTs per cohort, and the probability of each trial pathway occurring. For any given design, with true DLT probabilities specified, the probability of a particular trial pathway occurring can be expressed as a product of binomial probabilities. For cohort  $k \in \{1, ..., K\}$ , where *K* is the maximum number of cohorts one may enrol for a particular  $A + B$  design, let  $p_k$  be the probability of DLT for the dose level given to cohort  $k$ ,  $n_k$  be the number of patients in cohort  $k$  and  $x_k$  be the number of DLTs observed in cohort  $k$ . Then the probability of trial pathway  $\kappa = \{(p_1, n_1, x_1), \ldots, (p_K, n_K, x_K)\}\$  occurring is

$$
\mathbb{P}(\kappa) = \prod_{k=1}^{K} {n_k \choose x_k} p_k^{x_k} (1 - p_k)^{n_k - x_k}.
$$
 (1)

Note that if for  $1 < k \le K$  we have  $(n_k, x_k) = (0, 0)$ , then  $\binom{n_k}{x_k}$  $\binom{n_k}{x_k} p_k^{x_k}$  $\frac{x_k}{k}(1-p_k)^{n_k-x_k} = 1.$ 

#### S1.2 Sample size distribution

The expected sample size of a trial using an  $A + B$  design, denoted *S*, is

$$
S = \sum_{i=1}^{P} n_i \mathbb{P}(\kappa_i), \qquad (2)
$$

where  $P$  is the total number of possible trial pathways,  $n_i$  is the number of people experimented on in trial  $i = \{1, ..., P\}$  and  $\mathbb{P}(\kappa_i)$  is the probability of trial pathway  $\kappa_i$  occurring. For a trial of *J* dose levels using an  $A + B$  design, the minimum possible sample size is *A* and the maximum sample size is  $J(A + B)$ .

#### S1.3 MTD recommendation probabilities

The probability that dose level  $d_i$  ( $j = \{1, \ldots, J\}$ ) is chosen as the MTD is

$$
\mathbb{P}(\text{MTD at } d_j) = \sum_{i=1}^P \mathbb{1}_{\{\text{MTD of } \kappa_i = d_j\}} \mathbb{P}(\kappa_i),\tag{3}
$$

where the indicator variable  $1_{\text{[MTD of } \kappa_i = d_i]}$  equals 1 if the MTD is  $d_i$  for trial pathway <sup>κ</sup>*<sup>i</sup>* and 0 otherwise.

#### S1.4 Experimentation probabilities

The probability of a patient being given dose  $d_j$ , denoted  $\mathbb{P}(\text{Pattern given } d_j)$ , is

<span id="page-1-0"></span>
$$
\mathbb{P}(\text{Pattern given } d_j) = \sum_{i=1}^{P} \mathbb{P}(\text{Pattern given } d_j \,|\, \kappa_i) \mathbb{P}(\kappa_i). \tag{4}
$$

The results from the *AplusB* application are different to those obtained from the pmtd program of Lin and Shih [\[1\]](#page-3-0). This is because for the pmtd program,

<span id="page-1-1"></span>
$$
\mathbb{P}(\text{Patient given } d_j) \approx \frac{\mathbb{E}(X_j)}{\sum_{j=1}^J \mathbb{E}(X_j)} = \frac{\sum_{l=1}^J \mathbb{E}(X_j \mid \text{MTD } = d_l) \mathbb{P}(\text{MTD } = d_l)}{\sum_{j=1}^J \sum_{l=1}^J \mathbb{E}(X_j \mid \text{MTD } = d_l) \mathbb{P}(\text{MTD } = d_l)},\tag{5}
$$

where  $X_j$  is the number of patients receiving dose  $d_j$ . This is an approximation that assumes each trial pathway is equally likely to occur. Let  $n_i$  be the sample size of trial pathway *i* and  $n_{ij}$  be the number of patients in trial pathway *i* that receive dose level  $d_j$ , so  $\sum_{j=1}^{J} n_{ij} = n_i$ . We see equation [4](#page-1-0) differs from equation [5,](#page-1-1) since

$$
\frac{\mathbb{E}(X_j)}{\sum_{j=1}^J \mathbb{E}(X_j)} = \frac{\sum_{i=1}^P n_{ij} \mathbb{P}(\kappa_i)}{\sum_{i=1}^P n_i \mathbb{P}(\kappa_i)} \neq \frac{\sum_{i=1}^P \frac{n_{ij}}{n_i} \mathbb{P}(\kappa_i)}{\sum_{i=1}^P \frac{n_i}{n_i} \mathbb{P}(\kappa_i)} = \sum_{i=1}^P \mathbb{P}\left(\text{Pattern given } d_j \,|\, \kappa_i\right) \mathbb{P}(\kappa_i). \tag{6}
$$

## S1.5 Expected Toxicity Level (ETL) and Expected Overall Toxicity Rate (EOTR)

The ETL, the expected probability of DLT at the MTD, is

$$
ETL = \mathbb{P}(\text{DLT at MTD} | d_1 \le \text{MTD} \le d_J)
$$
  
= 
$$
\sum_{j=1}^{J} \mathbb{P}(\text{DLT at MTD} | \text{MTD} = d_j) \mathbb{P}(\text{MTD} = d_j | d_1 \le \text{MTD} \le d_J)
$$
  
= 
$$
\frac{\sum_{j=1}^{J} \mathbb{P}(\text{DLT at } d_j) \mathbb{P}(\text{MTD} = d_j)}{\sum_{l=1}^{J} \mathbb{P}(\text{MTD} = d_l)}.
$$
 (7)

The inclusion of the possibility that the MTD is equal to the maximum planned dose *d<sup>J</sup>* was excluded by Lin and Shih [\[1\]](#page-3-0) and Chen *et al.* [\[2\]](#page-3-1). They state that if dose-escalation is still indicated at the largest dose under investigation, then the MTD is not determined [\[1\]](#page-3-0). This is misleading, since  $d<sub>J</sub>$  can be recommended as

<span id="page-2-0"></span>

De-escalation permitted	Data at MTD	Conditions
Yes.	$\delta_1$ DLTs out of $A + B$ patients $0 \le \delta_1 \le E$	
N <sub>0</sub>	$\delta_2$ DLTs out of A patients $\delta_3$ DLTs out of $A + B$ patients	$0 \leq \delta_2 < C$ $C \leq \delta_3 \leq E$

Table S1.1: Possible outcomes observed at the selected MTD from an *A*+*B* design, with and without de-escalation.

the MTD in practice; therefore, the formula above is used in *AplusB*. The Expected Overall Toxicity Rate (EOTR), is defined to be the expected number of DLTs divided by the expected number of patients, i.e.

$$
EOTR = \frac{\sum_{j=1}^{J} \mathbb{P}(\text{DLT at } d_j) \mathbb{E}(X_j)}{\sum_{j=1}^{J} \mathbb{E}(X_j)}.
$$
 (8)

## S1.6 Data at trial end and confidence intervals

At the end of a trial that follows an  $A + B$  design, we may calculate  $100(1 - \alpha)\%$ confidence intervals for the estimate of the probability of DLT at the identified MTD. The data at the MTD determined at the end of the trial will be dependent on whether dose-escalation is permitted or not (Table [S1.1\)](#page-2-0). Clopper-Pearson confidence intervals [\[3\]](#page-3-2) and Wilson score confidence intervals [\[4\]](#page-3-3) are provided; exact confidence intervals are conservative intervals derived directly from the Binomial distribution, whereas Wilson score intervals provide better coverage and may be more suitable for constructing intervals based on small samples [\[5](#page-3-4)[–7\]](#page-3-5).

#### S1.7 Tipping Point

The *tipping point* is the true DLT probability a dose must have at which the chance of escalating to the next dose level is equal to the chance de-escalating or stopping the trial. For a general  $A + B$  design, the probability of escalating from  $d_j$  to  $d_{j+1}$  is

$$
\mathbb{P}(\text{Escalate from } d_j \text{ to } d_{j+1}) = \mathbb{P}(Y_j^A < C) + \sum_{\nu=C}^{D} \mathbb{P}(Y_j^A = \nu) \mathbb{P}(Y_j^B \le E - \nu)
$$
  
= 
$$
\sum_{0 \le u < C} {A \choose u} p_j^u (1 - p_j)^{A - u} + \sum_{\nu=C}^{D} {A \choose \nu} p_j^{\nu} (1 - p_j)^{A - \nu} \sum_{0 \le w \le E - \nu} {B \choose w} p_j^{\nu} (1 - p_j)^{B - \nu}
$$
(9)

where  $Y_j^A$  and  $Y_j^B$  are the number of DLTs observed after dosing *A* and *B* patients at dose  $d_j$  respectively. To find the tipping point, we set  $\mathbb{P}(\text{Escalar from } d_j \text{ to } d_{j+1}) =$ 0.50 and solve for  $p_j$  using numerical methods; the real solution to this equation that lies between 0 and 1 is the tipping point.

# References

- <span id="page-3-0"></span>[1] Lin Y, Shih WJ. Statistical properties of the traditional algorithm-based designs for phase I cancer clinical trials. Biostatistics. 2001;2(2):203–215.
- <span id="page-3-1"></span>[2] Chen Z, Krailo MD, Sun J, Azen SP. Range and trend of expected toxicity level (ETL) in standard  $A + B$  designs: a report from the Children's Oncology Group. Contemporary Clinical Trials. 2009;30(2):123–128.
- <span id="page-3-2"></span>[3] Clopper CJ, Pearson ES. The use of confidence or fiducial limits illustrated in the case of the binomial. Biometrika. 1934;26(4):404–413.
- <span id="page-3-3"></span>[4] Wilson EB. Probable inference, the law of succession, and statistical inference. Journal of the American Statistical Association. 1927;22:209–212.
- <span id="page-3-4"></span>[5] Agresti A, Coull BA. Approximate is better than "exact" for interval estimation of Binomial proportions. The American Statistician. 1998;52(2):119–126.
- [6] Agresti A, Caffo B. Simple and effective confidence intervals for proportions and differences of proportions result from adding two successes and two failures. The American Statistician. 2000;54(4):280–288.
- <span id="page-3-5"></span>[7] Brown LD, Cai TT, DasGupta A. Interval Estimation for a Binomial Proportion. Statistical Science. 2001;16(2):101–133.