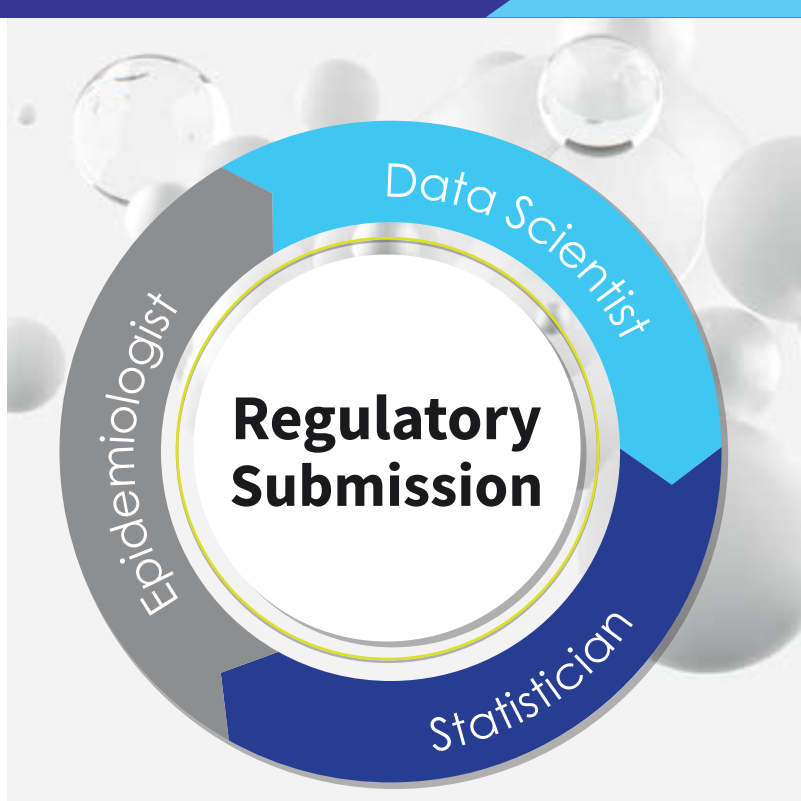
Is Your Trial a Candidate for a Synthetic Control Arm?

Are you running a single-arm trial?

Do you need additional evidence to support regulatory submission?

Working with a team of experienced, highly skilled expert statisticians, epidemiologists, and data scientists will give you the partnership you need to deliver a solid case for your regulatory submission.



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Are you battling enrollment challenges?

Some SCAs have required fewer than 25 patients.

Are you faced with ethical issues enrolling patients in a placebo arm?

SCAs replace the placebo or standard of care with a simulated arm that draws on data collected in previous trials or from real-world data sources.

Is your trial's single-arm population molecularly defined?

SCAs work well in situations when a single-arm trial is run in a population that is molecularly defined, allowing for a clearly defined historical or real-world control group to be created.

Are there existing datasets that match your trial population?

Considerations might include:

Data Collection Methods | Data Homogeneity | Statistical Adjustments

What are the benefits?

- Increase efficiency
- Supported by regulators
- Reduce or eliminate the need to enroll control participants
- Lower trial costs
- Reduce delays
- Speed up life-saving therapies to market

Download our latest eBook

to learn common strategies and methodologies from Cytel's synthetic control arm experts. These include propensity scoring, dynamic borrowing, and more.

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