



## Re: Transporting survival of an HIV clinical trial to the external target populations

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## Re: Transporting survival of an HIV clinical trial to the external target populations

Dear Editor, we would like to share ideas on “Transporting survival of an HIV clinical trial to the external target populations (Lee et al. 2024).” With a particular focus on survival outcomes, this paper offers a thorough analysis of strategies for translating treatment results from randomized controlled trials (RCTs) to external populations. Nonetheless, the methodology’s primary flaw is its dependence on the Cox model’s proportionate hazards (PH) assumption. The ACTG 175 study revealed this assumption to be false, which the authors admit can result in skewed estimates of treatment effects. Although they suggest extending the ACW method by employing a hazard regression model based on a linear spline that does not require the PH assumption, more investigation is necessary to confirm how well this strategy works in practical settings. Future research should investigate different approaches that do not depend on the PH assumption in order to improve the treatment’s generalizability.

The investigation of other elements that can affect the transportability of treatment effects is another topic that needs more work. Although patient characteristics are discussed in the research as a potential source of variation between the RCT and external populations, other factors, like access to resources, cultural differences, and healthcare systems, may also have an impact on treatment success. Sensitivity assessments to evaluate the robustness of transport methods to these possible confounders may be part of future study. Researchers can more effectively account for the challenges of translating treatment effects across varied populations by embracing a more comprehensive approach to transportability.

The paper might also benefit from more investigation into the real-world applications of transportability techniques in healthcare environments. Although statistical techniques for treatment effect transfer are the main focus, it would be helpful to talk about how these results can influence clinical practice decision-making. Applying RCT data to individual patients can help doctors make better judgments if they are aware of the uncertainties and constraints related to transportability. In order to evaluate the effects of transportability approaches on patient outcomes and healthcare decision-making, future research should take into account their application in actual clinical settings.

Finally, the research could explore the moral issues related to treatment effects transportability. Researchers need to think about the possible ramifications for inequities in healthcare outcomes and access as they attempt to extrapolate RCT results to larger populations. It is important to create ethical frameworks that will direct the fair application of therapeutic effects to a range of populations, taking into consideration the particular requirements and situations of various patient groups. Through the examination of ethical issues, researchers can guarantee that methods of transportability advance justice and fairness in the provision of healthcare. All things considered, more study in these fields can improve the reliability and suitability of transportability techniques in clinical settings.

## Reference

Lee, D., C. Gao, S. Ghosh, and S. Yang. 2024. Transporting survival of an HIV clinical trial to the external target populations. *Journal of Biopharmaceutical Statistics* 1–22. doi: [10.1080/10543406.2024.2330216](https://doi.org/10.1080/10543406.2024.2330216).

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