The Two-sequence, Two-Treatment, Two-period Crossover Trial

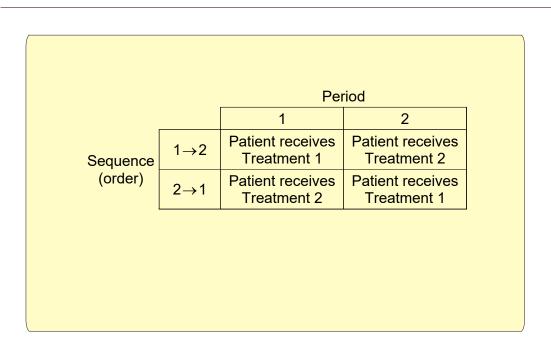
Definition

A trial in which patients are randomly allocated to one of two sequences

of treatments (either 1 then 2, or 2 then 1) so that within-patient differences

can be used to compare treatments (*i.e.* patients can be used as their own control)

Patients must stop the first treatment and either start the second or enter a washout period at a predetermined point in time which is the same for all patients



Blocking

Blocking may be employed to ensure roughly the same number of patients

in each sequence

Stratification

Blocking within strata to balance for prognostic factors is usually not necessary

since patients are their own control

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Appropriate Diseases and Conditions

Chronic, relatively stable

Manifest as patient symptoms or disability

Cyclical conditions such as nausea/vomiting with chemotherapy

Appropriate Treatments

Transient, non-curative

Provide symptom relief

Short half-lives

Appropriate Measurements

Subjective – symptom scores, ratings of pain, etc.

Objective - strength

Preference – which treatment period did the patient prefer

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Blinding

Whenever possible patients, clinicians and observers (research staff) should be Blinded (masked) to treatment sequence and, if possible, unaware of the time at which the crossover from one treatment to the other occurs

Other Design Features

Possible "wash-out" period between treatment periods

Possible baseline measurements prior to both treatment periods

Advantages

Treatments are compared within patients, thereby the influence

of patient factors (age, sex, disease severity) are "subtracted out";

that is, the between-patient variance is removed,

leading to:

- smaller variances
- increase power
- smaller required sample sizes

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Advantages

$$N = 4 \left\{ \frac{(z_{1-\alpha/2} + z_{1-\beta})\sigma}{\delta} \right\}^2$$

N = number of patients required for a parallel groups trial,

$$n = 2\left\{\frac{(z_{1-\alpha/2}+z_{1-\beta})\sigma}{\delta}\right\}^2(1-\rho)$$

where *n* = number of patients required for a crossover trial

and

 ρ = is the correlation between measurements made on the same patient

Advantages

$$\frac{n}{N} = \frac{1-\rho}{2}$$

Typically ρ is between 0.3 and 0.6

For
$$\rho = 0.5$$
 $\frac{n}{N} = \frac{1}{4}$

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Advantages

Permits the use of preference data, which is particularly

useful if a validated instrument for measuring outcome

or disease status is not available

Disadvantages

Short time frame does not permit the assessment of long term benefits and harms

Crossover trial can be used because patients are more likely to consent

Period effect - disease not a stable as expected

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Disadvantages

Bad press:

1977 report of the Biometric and Epidemiology Methodolgical Advisory

Committee of the US FDA states that "the two-period crossover design is not

the design of choice in clinical trials where unequivocal evidence of Trt

effects is required."

Disadvantages

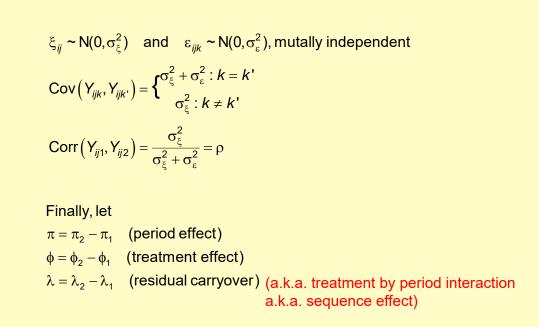
Treatment by period interaction

- sequence (order) effect
- residual carryover
- partially confounds treatment effect

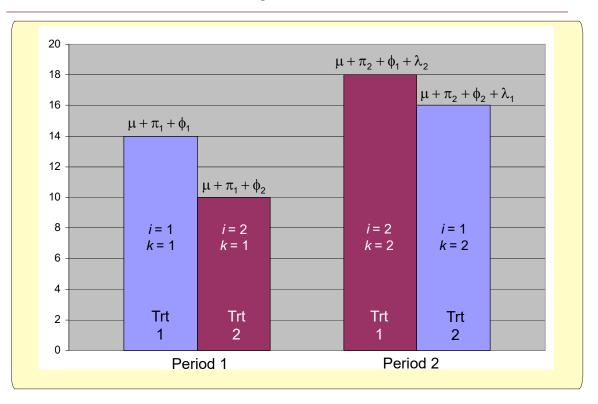
i.e. produces biased estimates of Treatment effect

More suitable for an early phase III trial

Parametric model for continuous outcome	$i = 1$: treat. 1 \rightarrow treat. 2 $i = 2$: treat. 2 \rightarrow treat. 1
Let Y _{ijk} be the observed outcome on the <i>j</i> th patient (i = 1, 2, n _j)
randomized to the <i>i</i> th sequence (<i>i</i> = 1, 2) during the <i>k</i>	t^{th} period ($k = 1, 2$)
$Y_{ijk} = \mu + \pi_k + \phi_{\nu(i,k)} + (k-1)\lambda_i + \xi_{ij} + \varepsilon_{ijk}$	
where	
$\mu = overall mean$	
$\pi_k = $ effect of k^{th} period, $\pi_1 + \pi_2 = 0$	
$\phi_{v(i,k)} = $ effect of treatment v(<i>i</i> , <i>k</i>) = <i>i</i> * <i>k</i> (mod3)	$\phi_1 + \phi_2 = 0$
λ_i = the carryover effect of treatment <i>i</i> from p	period 1 to period 2
$\xi_{ij} = $ effect of j^{th} patient in the i^{th} order	
ϵ_{ijk} = the within – patient deviation for period <i>k</i>	(



Means by Period and Trt



$Y_{i,k} = \frac{1}{n_i} \sum_{j=1}^{n_i}$	۲ ۲	Р	eriod
$i.k$ $n_i \sum_{j=1}^{k}$	⊿ * ijk 1	k = 1	k = 2
Sequence	1→2 (i = 1)	$E(Y_{1.1}) = \mu + \pi_1 + \phi_1$	$E(Y_{1,2}) = \mu + \pi_2 + \phi_2 + \lambda_1$
(order)	2→1 (i = 2)	$E(Y_{2.1}) = \mu + \pi_1 + \phi_2$	$E(Y_{2.2}) = \mu + \pi_2 + \phi_1 + \lambda_2$
Treatment	effect in Perio	d 1: $E(Y_{2.1}) - E(Y_{1.1}) = \phi_{1.1}$ d 2: $E(Y_{1.2}) - E(Y_{2.2}) = \phi_{1.2}$ Period interaction exists	$b_2 - \phi_1 + \lambda_1 - \lambda_2 = \phi - \lambda$
Effect of Se	equence 1: { <i>E</i>	$((Y_{1.1}) + E(Y_{1.2})))/2 = (2\mu + 1)$	$-\pi_1 + \pi_2 + \phi_1 + \phi_2 + \lambda_1)/2$
Effect of Se	equence 2: { <i>E</i>	$(Y_{2.1}) + E(Y_{2.2})\}/2 = (2\mu -$	$+\pi_1+\pi_2+\phi_1+\phi_2+\lambda_2)/2$
Sequence	effect: $(\lambda_2 - \lambda_1)$	$)/2 = \lambda/2$	
Therefore,	Sequence effe	ect exists $\Leftrightarrow \lambda \neq 0$	

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		Р	eriod
		k = 1	k = 2
Sequence	1→2 (i = 1)	$E(Y_{1.1}) = \mu + \pi_1 + \phi_1$	$\boldsymbol{E}(\boldsymbol{Y}_{1.2}) = \boldsymbol{\mu} + \boldsymbol{\pi}_2 + \boldsymbol{\phi}_2 + \boldsymbol{\lambda}_1$
(order)	2→1 (i = 2)	$E(Y_{2.1}) = \mu + \pi_1 + \phi_2$	$E(Y_{2.2}) = \mu + \pi_2 + \phi_1 + \lambda_2$

Estimator of Treatment effect in Sequence 1: $Y_{1.2} - Y_{1.1}$

Estimator of Treatment effect in Sequence 2: $Y_{2.1} - Y_{2.2}$

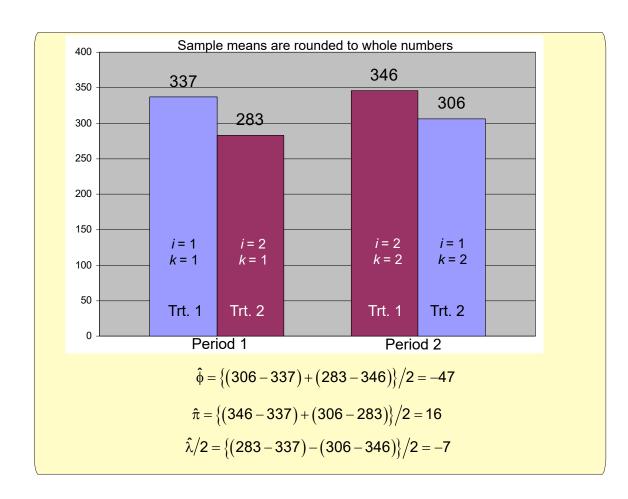
Expected value of overall estimator of Treatment effect:

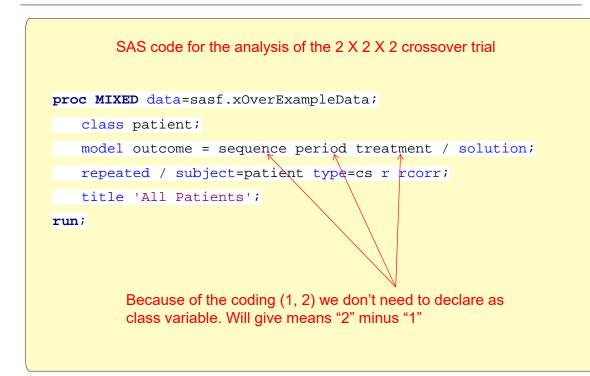
$$= E[(Y_{1,2} - Y_{1,1} + Y_{2,1} - Y_{2,2})/2]$$

= $[E(Y_{1,2}) - E(Y_{1,1}) + E(Y_{2,1}) - E(Y_{2,2})]/2$
= $[\phi_2 + \lambda_1 - \phi_1 + \phi_2 - (\phi_1 + \lambda_2)]/2$
= $\phi - \lambda/2$

Overall estimator of Treatment effect is biased $\Leftrightarrow \lambda \neq 0$

sequence patient period treatment outcome sex 1 1 1 1 310 m 1 1 2 2 270 m 1 2 1 1 310 m 1 2 2 270 m 1 2 1 1 310 m 1 2 2 2 260 m 1 3 1 1 370 f 1 3 2 2 300 f 1 4 1 1 410 m 1 4 2 2 390 m	
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	5
1 2 1 1 310 m 1 2 2 2 260 m 1 3 1 1 370 f 1 3 2 2 300 f 1 4 1 1 410 m	
122260m1311370f1322300f1411410m	
1 3 1 1 370 f 1 3 2 2 300 f 1 4 1 1 410 m	
1 3 2 2 300 f 1 4 1 1 410 m	
1 4 1 1 410 m	
1 1 2 2 200 m	
1 4 2 2 390 m	
1 5 1 1 250 m	
1 5 2 2 210 m	
1 6 1 1 380 f	
1 6 2 2 350 f	
1 7 1 1 330 m	
1 7 2 2 365 m	
2 8 1 2 370 f	
2 8 2 1 385 f	
2 9 1 2 310 f	
2 0 2 1 400 f	
2 10 1 2 380 m	
2 10 2 1 410 m	
2 11 1 2 290 m	
2 11 2 1 320 m	
2 12 1 2 260 m	
2 12 2 1 340 m	
2 13 1 2 90 m	
2 13 2 1 220 m	

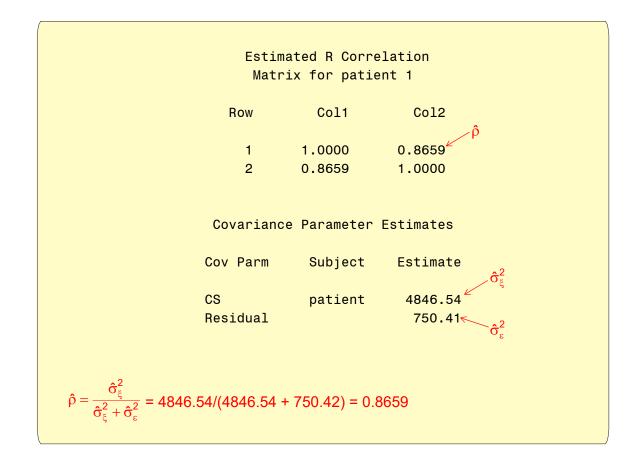




```
Atternative SAS code for the analysis of the 2 X 2 X 2 crossover trial
proc MIXED data=sasf.xOverExampleData;
    class patient sequence period treatment;
    model outcome = sequence period treatment;
    repeated / subject=patient type=cs r rcorr;
    estimate 'PHI' treatment -1 2;
    estimate 'PHI' period -1 2;
    estimate 'PI' period -1 2;
    title 'All Patients';
run;
```

Solution for Fixed Effects

Effect	Estimate	Standard Error	DF	t Value	Pr > t
Intercept	375.06	65.8524	11	5.70	0.0001
sequence $(\hat{\lambda}/2)$) -7.2024	40.2026	11	-0.18	0.8611
period <mark>(</mark> î)	15.8929	10.7766	11	1.47	0.1683
treatment $(\hat{\phi})$	-46.6071	10.7766	11	-4.32	0.0012



Covariates—examining subgroups

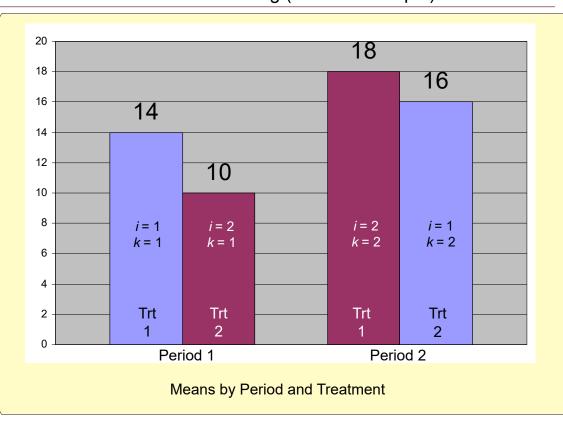
```
data temp; set sasf.xOverExampleData;
   mlf0 = 1; if sex eq 'f' then mlf0 = 0;
m0f1 = 1; if sex eq 'm' then m0f1 = 0;
run;
proc MIXED data=temp;
    class patient;
    model outcome = sequence period treatment mlf0 mlf0*treatment
           / solution;
   repeated / subject=patient type=cs r rcorr;
    title 'Effect in Female Patients';
run;
proc MIXED data=temp;
   class patient;
    model outcome = sequence period treatment m0f1 m0f1*treatment
      / solution;
    repeated / subject=patient type=cs r rcorr;
    title 'Effect in Male Patients';
run;
```

		Standard			
Effect	Estimate	Error	DF	t Value	Pr > t
Intercept	426.34	76.0138	10	5.61	0.0002
sequence	-9.9569	38.6755	10	-0.26	0.8021
period	15.7328	11.2746	10	1.40	0.1931
treatment	-51.2500	20.2386	10	-2.53	0.0298
m1f0	-67.9310	55.4962	10	-1.22	0.2490
treatment*m1f0	6.7241	24.3560	10	0.28	0.7881
	Trt effect in females	<i>i.e.</i> Trt e		interaction→ ales = Trt effect i	n males
		Standard			
		Stanuaru	\		
Effect	Estimate	Error	DF	t Value	Pr > t
Effect Intercept	Estimate 358.41		DF 10	t Value 5.47	
		Error			Pr > t 0.0003 0.8021
Intercept	358.41	Error 65.5131	10	5.47	0.0003
Intercept sequence	358.41 -9.9569	Error 65.5131 38.6755	10 10	5.47	0.0003 0.8021 0.1931
Intercept sequence period	358.41 -9.9569 15.7328	Error 65.5131 38.6755 11.2746	10 10 10	5.47 -0.26 1.40	0.0003
Intercept sequence period treatment	358.41 -9.9569 15.7328 -44.5259	Error 65.5131 38.6755 11.2746 13.5504	10 10 10 10	5.47 -0.26 1.40 -3.29	0.0003 0.8021 0.1931 0.0082

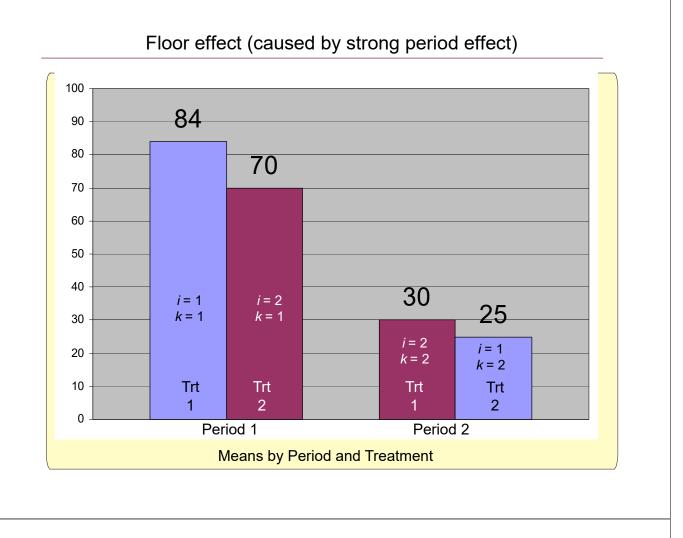
Test for treatment effect (*i.e.* $H: \phi = 0$) is valid $\Leftrightarrow \phi = 0 \Rightarrow \lambda = 0$

When might this be true?

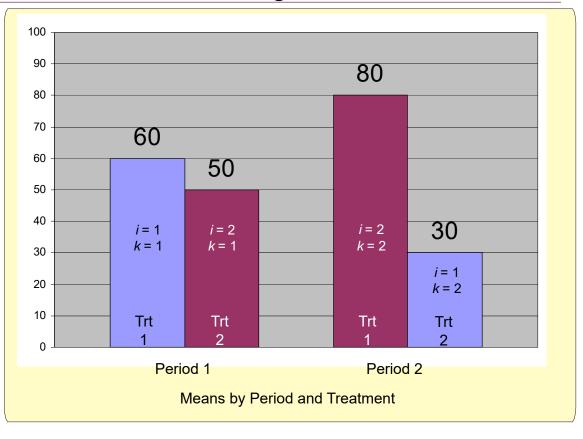
- Placebo-controlled trial
- Differential conditioning (nausea example)
- Floor effect (caused by strong period effect)
- "Unmasking" (leading to an over estimate of treatment effect in 2nd period)



Differential conditioning (nausea example)



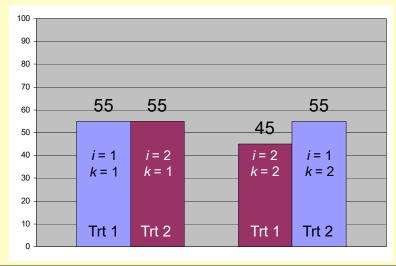
"Unmasking"



Gotta watch out for $\phi = 0 \not\Rightarrow \lambda = 0$

 $\hat{\phi} = (0+5)/2 = 2.5$ (favours treatment 1)

This implies physical carryover, and the analysis must be restricted to Period 1 data only (a two-sample t-test or comparable non-parametric test)



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But even if $\phi = 0 \Longrightarrow \lambda = 0$, and therefore test of null hypothesis is valid,

 $E(\hat{\phi}) = \phi - \lambda/2$ and is therefore biased

Only way to avoid bias is to use first period data only, that is

$$\hat{\phi}_{P.1} = Y_{2.1} - Y_{1.1}$$

$$V(\hat{\phi}) = \{(n_1 + n_2)/(n_1 n_2)\} \frac{\sigma_{\varepsilon}^2}{2}$$

$$V(\hat{\phi}_{P.1}) = \{(n_1 + n_2)/(n_1 n_2)\}(\sigma_{\xi}^2 + \sigma_{\varepsilon}^2)$$

$$V(\hat{\phi})/V(\hat{\phi}_{P.1}) = (1 - \rho)/2$$

The test of hypothesis based on $\hat{\phi}$ has more power

(*i.e.* has a greater probability of rejecting the null hypothesis when it is false) than the test based on $\hat{\phi}_{P,1}$

$$\Leftrightarrow \lambda/\phi < 2 - \sqrt{2(1-\rho)}$$

Willan and Pater Biometrics 1986; 42:593-599

Willan Biometrics 1988; 44:211-218

ρ	$2-\sqrt{2(1-\rho)}$
0	0.586
0.3	0.816
0.5	1.00

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When does $\lambda/\phi < 2 - \sqrt{2(1-\rho)}$ hold?????

Well

 $\hat{\lambda}/\hat{\varphi}_{P,1} < 2 - \sqrt{2(1-\hat{\rho})} \text{ holds } \Leftrightarrow |\text{test statistic}(\hat{\varphi})| > |\text{test statistic}(\hat{\varphi}_{P,1})|$

where $\hat{\rho} = \frac{\hat{\sigma}_{\xi}^2}{\hat{\sigma}_{\xi}^2 + \hat{\sigma}_{\epsilon}^2}$ is the estimate of ρ

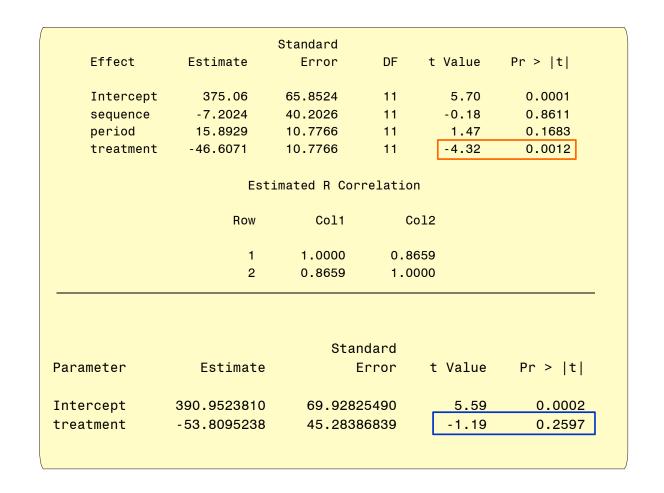
Willan (1988) suggests basing analysis on the test statistic with the largest absolute value *i.e.* declare significance if either one is significant

Introduces multiplicity

Therefore must adjust level of significance to maintain type I error probability

ρ	Nominal level for 0.05	Nominal level for 0.025
0	0.03037	0.01469
0.1	0.02974	0.01441
0.2	0.02917	0.01414
0.3	0.02864	0.01390
0.4	0.02814	0.01368
0.5	0.02766	0.01348
0.6	0.02721	0.01329
0.7	0.02679	0.01311
0.8	0.02637	0.01295
0.9	0.02594	0.01279
1	0.02532	0.01258

```
proc MIXED data=sasf.xOverExampleData;
    class patient;
    model outcome = sequence period treatment / solution;
    repeated / subject=patient type=cs r rcorr;
    title 'All Patients';
run;
proc glm data=sasf.xOverExampleData;
    where period eq 1;
    model outcome = treatment / solution;
    title 'Period 1 Data Only';
run;
```



Reject null hypothesis:

if the maximum of |-4.32| or |-1.19| exceeds cut-off point

or equivalently

if the smallest associated p-value is less than nominal value from the table

for two-sided test, smallest associated p-value is min. of (0.0012, 0.257)

for one-sided test, smallest associated p-value is min. of ($\frac{0.0012}{2}$, $\frac{0.2597}{2}$)

Use nominal level of 0.02594 to achieve a type I error probability of 0.05

Grizzle Procedure Grizzle JE. *Biometrics* 1965; **21**: 467-480.

Test H_{λ} : $\lambda = 0$ using a two-sided level of 0.1

If H_{λ} is rejected then use period 1 data only

If H_{λ} is not rejected then use data from both periods

Not an issue of statistical inference (sample size being the biggest determinant of significance)

The issue is the size of λ and whether it is likely to be non-zero if $\phi = 0$

		Standard			
Effect	Estimate	Error	DF	t Value	Pr > t
Intercept	375.06	65.8524	11	5.70	0.0001
sequence	-7.2024	40.2026	11	-0.18	0.8611
period	15.8929	10.7766	11	1.47	0.1683
treatment	-46.6071	10.7766	11	-4.32	0.0012
Jse data from b	Row	Col1	С	012	
	Row	Col1	С	012	
	1	1.0000	0.8	659	
	2	0.8659	1.0	000	
arameter	Estimate		dard rror	t Value	Pr > t
		E	rror		
arameter ntercept reatment	Estimate 390.9523810 -53.8095238		rror 5490	t Value 5.59 -1.19	Pr > t <u>0.0002</u> 0.2597

Missing Second Period Data

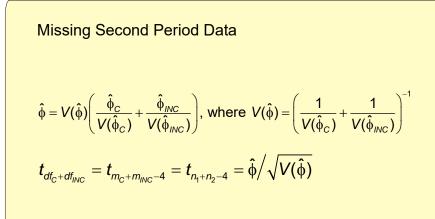
Analyze complete data (*i.e.* patients with period 1 & 2 data) as before

Yields: $\hat{\phi}_C$ and $V(\hat{\phi}_C)$ (= SE^2) $df_C = m_C - 2$, where $m_C = \#$ patients with complete data

Analyze incomplete (i.e. patients with period 1 data only) data as 2-sample t-test

Yields: $\hat{\phi}_{INC}$ and $V(\hat{\phi}_{INC})$ (= SE^2) $df_{INC} = m_{INC} - 2$, where $m_{INC} = \#$ patients with missing period 2 data

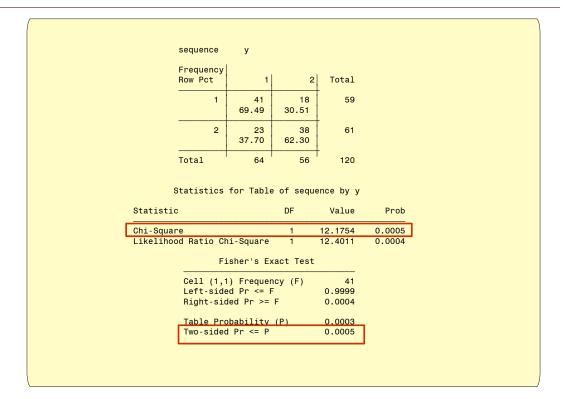
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Where $n_i = \#$ of patients randomized to sequence *i*

There fore $m_C + m_{INC} = n_1 + n_2$

	(outcome period 1, outcome period 2)					
Sequence	(0,0)	(0,1)	(1,0)	(1,1)	То	tal
1 (1,2)	12	41	18	9	80	59
2 (2,1)	10	23	38	11	82	61
Total	22	64	56	20	162	120
Total Analyze "re association	ed" table u	sing metho	<u> </u>		<u> </u>	<u></u>
Analyze " <mark>re</mark>	ed" table u i in a 2 x 2	sing metho table Use	ods approp Fisher ex	priate for te	esting	for y-col
Analyze " <mark>re</mark> association	ed" table u i in a 2 x 2 ct test	sing metho table Use	ods approp	priate for te	esting	for y-col



Patient	Sequence	Period	Treatment	Outcome
1	1	1	1	0
1	1	2	2	0
2	2	1	2	1
2	2	2	1	0
		ect.		

Correlation Correlation -0.456105135 GEE Fit Criteria	
GEE Eit Criteria	
QIC 437.9565	
QICu 437.9565	
Analysis Of GEE Parameter Estimates	
Empirical Standard Error Estimates	
Standard 95% Confidence	
Parameter Estimate Error Limits Z Pr > 2	<u>z</u>
Intercept 1.9668 0.6594 0.6744 3.2592 2.98 0.002	29
sequence -0.1071 0.1701 -0.4405 0.2264 -0.63 0.529	
period -0.2226 0.2760 -0.7635 0.3183 -0.81 0.420	
treatment -0.9627 0.2760 -1.5036 -0.4218 -3.49 0.000)5

Binary Outcome

	(outcome					
Sequence	(0,0)	(0,1)	(1,0)	(1,1)	Total	
1 (1,2)	n ₁₁	n ₁₂	n ₁₃	n ₁₄		n ₁₊
2 (2,1)	n ₂₁	n ₂₂	n ₂₃	n ₂₄		n ₂₊
Total		n ₊₂	n ₊₃			n++

$$X_1^2 = \frac{n_{++}(n_{12}n_{23} - n_{13}n_{22})^2}{n_{11}n_{21}n_{22}n_{12}}$$

 $X_{c1}^{2} = \frac{n_{++}(|n_{12}n_{23} - n_{13}n_{22}| - n_{++}/2)^{2}}{n_{1+}n_{2+}n_{+2}n_{+3}}$ $X_{LR}^{2} = 2\sum_{i=1}^{2}\sum_{j=2}^{3}n_{ij}\log(n_{ij}n_{++}/(n_{+j}n_{1+}))$

These are two-sided tests

Reject at two-sided, level 0.05 if test statistic exceeds 3.84

Reject at one-sided, level 0.05 if test statistic exceeds 2.72 and observe treatment effect in appropriate direction

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2x2 Cluster Crossover Trial							
	Sequence	Cluster	Period 1	Period 2			
		1	Trt 1 (<i>n</i> ₁₁)	Trt 2 (n ₁₂)			
		2	Trt 1 (<i>n</i> ₂₁)	Trt 2 (<i>n</i> ₂₂)			
	1	3	Trt 1 (<i>n</i> ₃₁)	Trt 2 (<i>n</i> ₃₂)			
	(Trt 1→Trt 2) 2 (Trt 2→Trt 1)	4	Trt 1 (<i>n</i> ₄₁)	Trt 2 (<i>n</i> ₄₂)			
		5	Trt 1 (<i>n</i> ₅₁)	Trt 2 (<i>n</i> ₅₂)			
		6	Trt 1 (<i>n</i> ₆₁)	Trt 2 (<i>n</i> ₆₂)			
		7	Trt 2 (<i>n</i> ₇₁)	Trt 1 (<i>n</i> ₇₂)			
		8	Trt 2 (<i>n</i> ₈₁)	Trt 1 (<i>n</i> ₈₂)			
		9	Trt 2 (<i>n</i> ₉₁)	Trt 1 (<i>n</i> ₉₂)			
		10	Trt 2 (n _{10,1})	Trt 1 (<i>n</i> _{10,2})			
		11	Trt 2 (<i>n</i> _{11,1})	Trt 1 (<i>n</i> _{11,2})			
			Trt 2 (n _{12,1})	Trt 1 (<i>n</i> _{12,2})			

Assume that $n_{ij} = m$, and that within a cluster the patients in Period 1 are different from the patients in Period 2

2x2 Cluster Crossover Trial – sample size for continuous outcome

$$N = \left\{\frac{2(z_{1-\alpha/2} + z_{1-\beta})\sigma}{\delta}\right\}^{2} \left\{1 + (m-1)\rho - m\eta\right\}$$

N = total number of patients required

 σ = between patient variance, within a cluster

 δ = smallest clinically important difference

 ρ = ICC for 2 patients from the same cluster in the same period

 η = ICC for 2 patients from the same cluster in different periods

c = N/(pm) = N/(2m)

c = total number of clusters m = number of patients per period, per cluster p = number of periods

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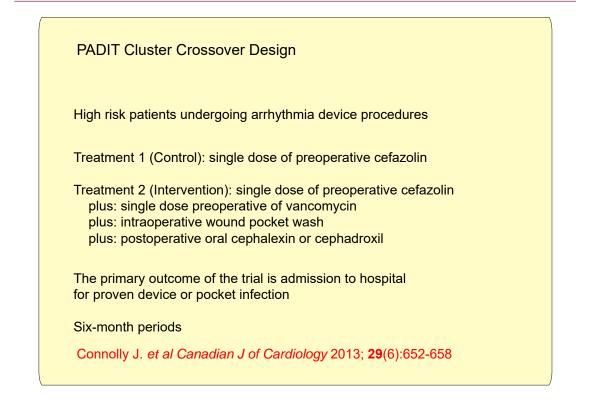
2x2 Cluster Crossover Trial - sample size for binary outcome

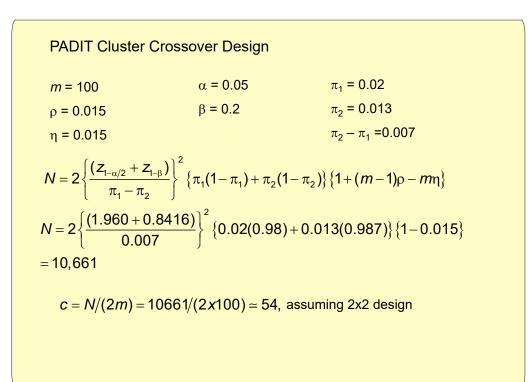
$$N = 2\left\{\frac{(Z_{1-\alpha/2} + Z_{1-\beta})}{\pi_1 - \pi_2}\right\}^2 \left\{\pi_1(1-\pi_1) + \pi_2(1-\pi_2)\right\} \left\{1 + (m-1)\rho - m\eta\right\}$$

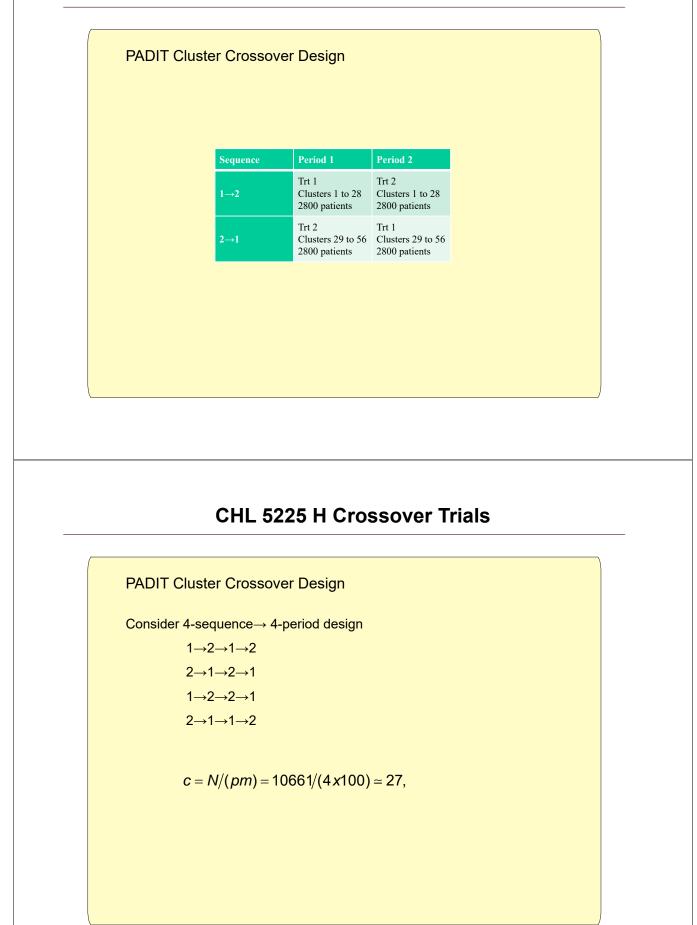
 π_1 and π_2 are the probabilities of the outcome on Treatment 1 and Treatment 2, respectively, under the alternative hypothesis

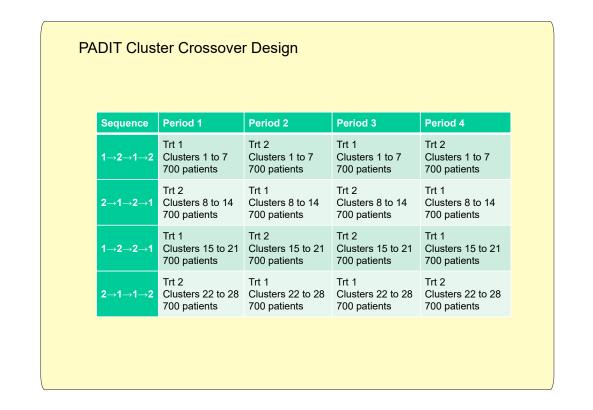
That is, $\pi_1 - \pi_2$ is the smallest clinically important difference

Giraudeau *et al. Statist Med* 2008; **27**(27):5578–5585 Rietbergen C. *J of Educ and Behav Statistics* 2011; **36**(4):472-490









CHL 5225 H Crossover Trials

Cluster Crossover Trial – analysis for continuous outcome

$$\mathbf{y}_{ijk} = \alpha_j + \beta \mathbf{x}_{ij} + \mu_i + \upsilon_{ij} + \mathbf{e}_{ijk}$$

i = 1, ... # clusters (*c*) *j* = 1, ... # periods (*p*) *k* = 1, ... # patients

$$\mu_{i} \sim \textit{N}(0,\sigma_{\mu}^{2}); \quad \upsilon_{ij} \sim \textit{N}(0,\sigma_{\upsilon}^{2}); \quad \textit{e}_{ijk} \sim \textit{N}(0,\sigma^{2})$$

 $x_{ij} = 1$ if cluster *i* receives treatment 2 during peiod *j*

= 0 if cluster *i* receives treatment 1 during peiod j

Cluster Crossover Trial – analysis for binary outcome

$$\mathsf{logit}(\pi_{ii}) = \alpha_i + \beta x_{ii} + \mu_i + \upsilon_{ii}$$

 $i = 1, \dots \#$ clusters (*c*) $j = 1, \dots \#$ periods (*p*) $\pi_{ij} =$ prob. of outcome for a patient from cluster *i* during period *j*

$$\mu_i \sim N(0, \sigma_{\mu}^2); \quad \upsilon_{ii} \sim N(0, \sigma_{\nu}^2);$$

 $x_{ij} = 1$ if cluster *i* receives treatment 2 during peiod *j*

= 0 if cluster *i* receives treatment 1 during peiod j

CHL 5225 H Crossover Trials

Assignment:

First line of data:

1, 82.715348081, 67.856553121, 1, 1, 1, 1