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- **Why Randomize?**
 - ♦ To safeguard against selection bias
 - ♦ To try to avoid accidental bias
 - ♦ To provide a basis for statistical tests
 - t-tests etc can be justified on basis of the randomization — don't need to appeal to theory of Normal distributions: the distribution is a good approximation to the randomization distribution — shown by Student [W.S. Gossett]
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- **Simple randomization**
 - ♦ randomization list
 - List assigning next subject to treatment constructed using random numbers
 - Made **before** trial starts
 - Easy to produce using computer package
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- **Restricted Randomization**
 - ♦ **Blocking**
 - ensures equal treatment numbers at certain equally spaced points in the sequence of patient assignments.
 - next random digit assigns a block of treatments
 - easy to guess next treatment in small blocks
 - large block size vs potential imbalance
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- ♦ **Unequal Collection**
 - may want a treatment used more frequently than others — use blocks of treatments repeated in desired ratios

e.g. AAABB (permuted), $5!/3!2! = 10$ possibilities, AAABB, AABAB,

choose sequence of blocks randomly from list of permutations
- 
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- ♦ NB may have large number of different permutations — no need to use them all; a subset is adequate
 - 5 treatments equally replicated
 - need list for 200 subjects
 - 120 different blocks of size 5, but only need 40
 - use (say) 10 or 15 of these to construct list — avoids enumerating all 120
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◆ **Stratified Randomization**

- Strata defined by combinations of relevant patient factors
- Prepare separate randomization lists for each strata
- Alternative is to include strata indicators in analysis (e.g. by regression)



◆ **Implementation in R**

```

• key command is sample(.)
> x<- c(0:9)
> x
[1] 0 1 2 3 4 5 6 7 8 9
> sample(x)
[1] 6 3 1 7 5 4 9 8 0 2      permutation
> sample(x,4)
[1] 3 1 6 7      subsample without replacement
> sample(x,4,replace=TRUE)
[1] 0 9 0 7      subsample with replacement
> sample(x,20,replace=T)
[1] 3 8 1 4 0 9 4 7 5 1 6 4 2 3 1 8 3 3 7 0
    
```



```

> z<-c(rep("A",5),rep("B",5),rep("C",5))
> z
[1] "A" "A" "A" "A" "A" "B" "B" "B" "B" "B"
   "B" "C" "C" "C" "C" "C" "C"
> sample(z)
[1] "B" "A" "A" "A" "C" "C" "B" "B" "C"
   "A" "B" "C" "B" "A" "C"
> sample(c(rep("A",4),rep("P",2)))
[1] "A" "A" "P" "A" "P" "A"
    
```

How can you produce a randomization list of length 24 with blocks of this form??



■ **Minimization**

- ◆ large number of relevant factors
 - very large number of strata
 - some combinations of factors very rare
- ◆ separate randomization lists unrealistic
 - Determine new subjects factor status
 - Count numbers of subjects with those factors on each treatment — allocate to balance up scores (see course notes)



■ **Randomization Software**

- ◆ A directory of randomisation software is maintained by Martin Bland at:

<http://www-users.york.ac.uk/~mb55/guide/randcery.htm>



- ◆ Downloadable programmes for simple and blocked randomization [some free]
- ◆ Easy to programme in R
- ◆ some commercial software including add-ons for standard packages such as STATA
- ◆ links to various commercial *randomization services* used to provide full blinding of trials
- ◆ notes on randomization with references etc.



▪ **Summary and Conclusions**

- ◆ Protects against accidental & selection bias
- ◆ provides a basis for statistical tests (e.g. use of normal and tdistributions)

- ◆ simple
 - but may be unbalanced over treatments
- ◆ blocked
 - but small blocks may be decoded
- ◆ stratified
 - but may require small blocks
- ◆ minimization
 - but lessens randomness

