

Improving interim decisions in adaptive enrichment designs using short-term or surrogate endpoint data

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- Introduction
- Normal endpoints
- Time-to-event endpoints
- Conclusion

- Two-stage adaptive enrichment design
- Primary endpoint: e.g. overall survival (OS)
- Surrogate endpoint: e.g. progression free survival (PFS)
- Several biomarker defined subgroups
- Subgroup selection at interim analysis

For each subgroup:

Drop subgroup or continue with recruitment?

Decision can be based on data from

- primary endpoint only
- surrogate endpoint only
- combination of primary and surrogate endpoint

- Primary endpoint Y
- Surrogate variable X
- (X, Y) bivariate normal
- Treatment effects: e_X, e_Y
- Measure of surrogacy (Buyse & Molenberghs 1998):
 - Individual level: $\rho = \text{Corr}(X, Y)$
 - Trial level: relative effect $RE = \frac{e_Y}{e_X}$ ($e_X > 0$)

Surrogate variables - normal data

Example (Engel / Walstra 1991: “double regression”):

$$X = a + bZ + \epsilon_1$$

$$Y = \alpha + \beta Z + \gamma X + \epsilon_2$$

- $\epsilon_j \sim N(0, \sigma_j^2)$ ($j = 1, 2$)
- X is observed for N patients, Y only for $n \leq N$
- MLEs from joint likelihood of (X, Y) : $\delta_1 = \hat{\beta} + \hat{\gamma}\hat{b}$
- Marginal model for $Y = A + BT + \tilde{\epsilon}_2$
- MLE: $\delta_2 = \hat{B}$
- Relative efficiency:

$$\frac{\text{Var}(\delta_2)}{\text{Var}(\delta_1)} \approx \frac{1}{1 - (1 - n/N)\rho^2}$$

- Two scenarios:
 - $S_- : e_- < e_-^0 \rightarrow$ correct decision = drop subgroup
 - $S_+ : e_+ > e_+^0 \rightarrow$ correct decision = keep subgroup
- Assessment of decision rules:
 - Sensitivity (true positives) = $P(\hat{e} > c | e_+) = 1 - \Phi\left(\frac{c - e_+}{\sigma_+}\right)$
 - Specificity (true negatives) = $P(\hat{e} < c | e_-) = \Phi\left(\frac{c - e_-}{\sigma_-}\right)$

- ROC curve: sensitivity vs. 1-specificity for all thresholds c

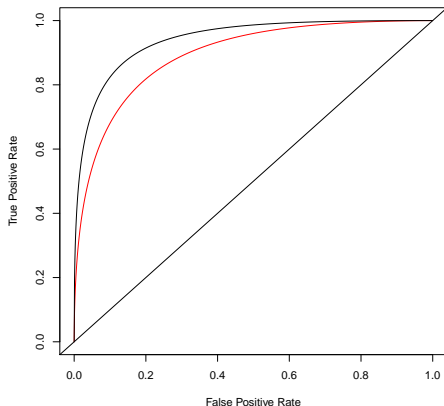
$$C_P(s) = \Phi \left(\frac{e_+ - e_-}{\sigma_+} - \frac{\sigma_-}{\sigma_+} \Phi^{-1}(1 - s) \right)$$

- AUC = area under the ROC curve

$$AUC = \int_0^1 C_P(s) ds = \Phi \left(\frac{e_+ - e_-}{\sqrt{\sigma_+^2 + \sigma_-^2}} \right)$$

⇒ comparison of decision rules independent of the threshold

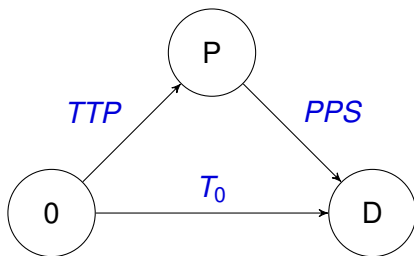
ROC curve - Example



$$n = 25, N = 100, \rho \approx 0.5, e_- = 0, e_+ = 1$$

$$\text{Var}(\delta_1) = 0.37, \text{Var}(\delta_2) = 0.52$$

Time-to-event endpoints



- Progression free survival (PFS) = time to progression (P) or death (D)

$$PFS = \min(TTP, T_0)$$

- Overall survival (OS) = time to death from any cause

$$OS = \begin{cases} T_0 & \text{for } T_0 \leq TTP \\ TTP + PPS & \text{for } T_0 > TTP \end{cases}$$

- Lagakos (1977), Cook& Lawless (2001):
 - Parametric multistate model: constant transition hazards
 - Estimate OS survival function based on MLEs
 - Substantial reduction in variance possible
- Full parametric modelling may be too restrictive in survival context
- Non-parametric:
 - Estimate OS survival function using Aalen-Johansen estimator
 - Only small improvements possible over Kaplan-Meier estimator

- Cox proportional hazards model for each transition

$$\alpha_{ij}(t) = \alpha_{0,ij}(t) \exp(\beta_{ij}Z)$$

- Partial likelihood factorizes (e.g. Hsieh (1993))

$$\mathcal{L} = \prod_i \prod_j L_{ij}$$

⇒ each Cox model can be estimated separately (other events treated as censoring)

- Estimators / test statistics are asymptotically independent

- Score

$$U_{ij} = \left[\frac{\partial L_{ij}(\beta_{ij})}{\partial \beta_{ij}} \right]_{\beta_{ij}=0}$$

- observed Fisher information

$$I_{ij} = - \left[\frac{\partial^2 \log L_{ij}(\beta_{ij})}{\partial \beta_{ij}^2} \right]_{\beta_{ij}=0}$$

- U_{ij} are asymptotically independent and approx.

$$U_{ij} \sim N(\log(\lambda_{ij}), \sqrt{I_{ij}, I_{ij}})$$

Multistate log-rank test

- Weights $w = (w_{ij})$, $w_{ij} \in [-1, 1]$, $\sum_{i,j} w_{ij}^2 = 1$
- $U = \sum_{i,j} w_{ij} U_{ij}$
- $I = \sum_{i,j} w_{ij}^2 I_{ij}$
- Under $H_0 : \beta_{ij} = 0 \quad \forall i, j$ with $w_{ij} \neq 0$:

$$Z_{MS} = \frac{U}{\sqrt{I}} \sim N(0, 1)$$

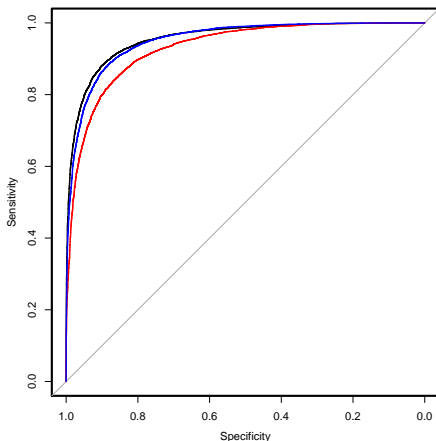
- Weights control sensitivity to specific alternative hypotheses
- U inherits independent increments property from U_{ij}

- Total number of patients: 200 (each scenario)
- Censoring: approx. 50% (OS), 30% (PFS)
- Exponential transition times
- Selection based on LR_{PFS} , LR_{OS} or LR_{MS}

$S_{-OS} = 1, PFS = 1, S_{+} : OS = 0.67, PFS = 0.67, RE = 1$

$w_{0P}^2 = 1/3, w_{0D}^2 = 1/3, w_{PD}^2 = 1/3$

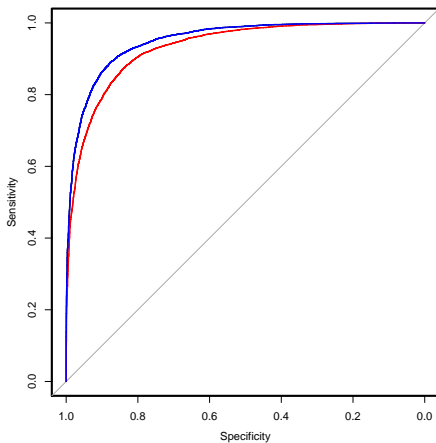
$\beta_{0P} = \beta_{0D} = \beta_{PD} = 0.67$



$S_{-OS} = 1, PFS = 1, S_{+} : OS = 0.67, PFS = 0.67, RE = 1$

$w_{0P}^2 = 1/2, w_{0D}^2 = 1/2, w_{PD}^2 = 0$

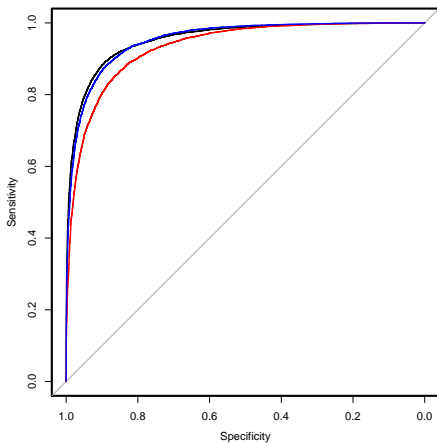
$\beta_{0P} = \beta_{0D} = \beta_{PD} = 0.67$



$S_{-OS} = 1, PFS = 1, S_{+} : OS = 0.67, PFS = 0.67, RE = 1$

$w_{0P}^2 = 0.2, w_{0D}^2 = 0.4, w_{PD}^2 = 0.4$

$\beta_{0P} = \beta_{0D} = \beta_{PD} = 0.67$



- Improvement over both OS and PFS possible even when PFS is perfect surrogate
- Weights control how much OS or PFS data is used
- Multistate Log-rank test
 - Easily implemented with existing software
 - Independent increments
 - Sample size calculation possible (non-centrality parameter easy to calculate)

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