

# Multiplicity issues in multistate models for recurrent event data subject to a competing terminal event with an application to cardiovascular disease

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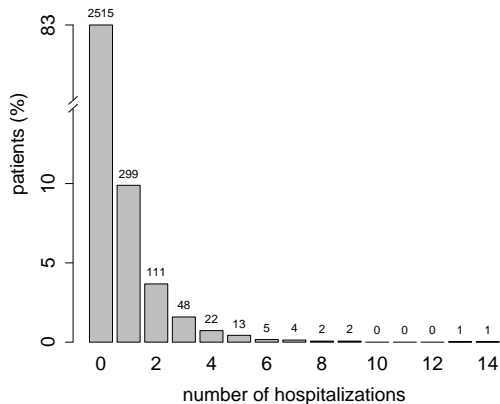
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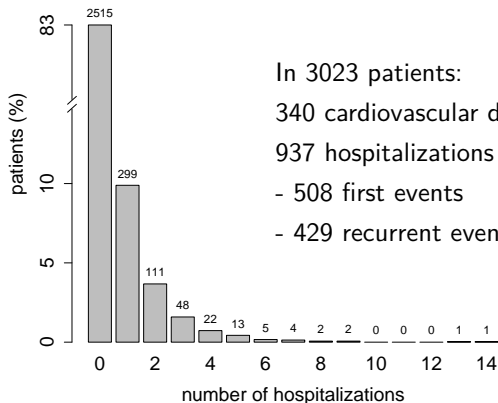


# Heart failure hospitalizations in CHARM-Preserved trial



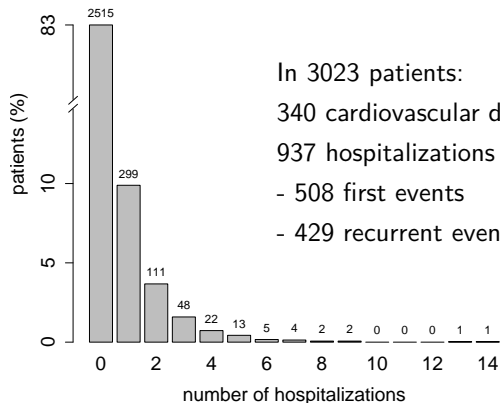
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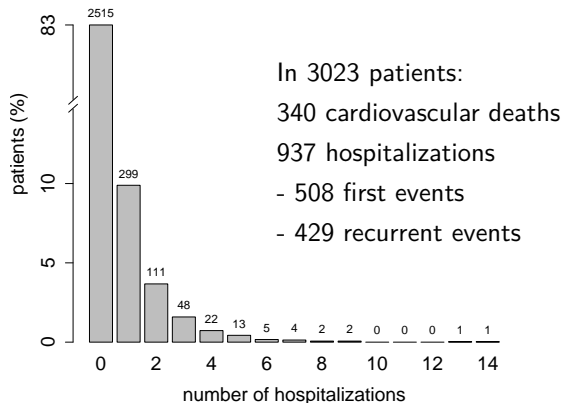
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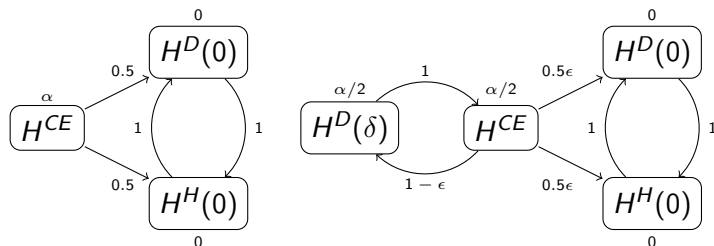
- Composite endpoint of cardiovascular death and heart failure hospitalization
- Inclusion of recurrent events in analysis

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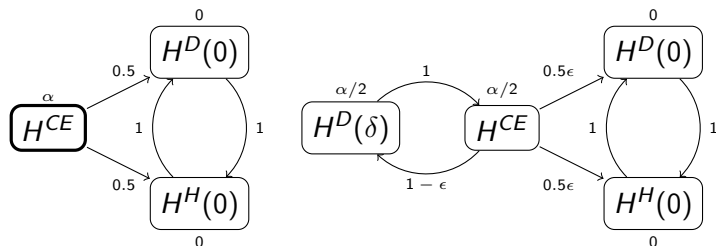
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# Potential sequentially rejective multiple test procedures



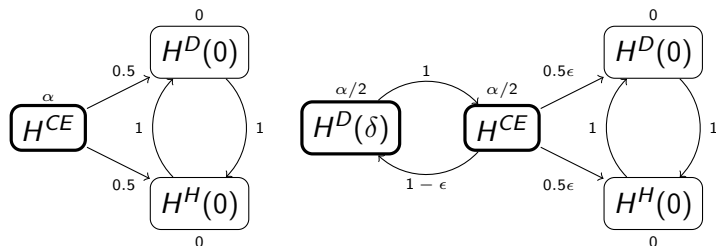
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- $H^D$ : hypothesis on death rate
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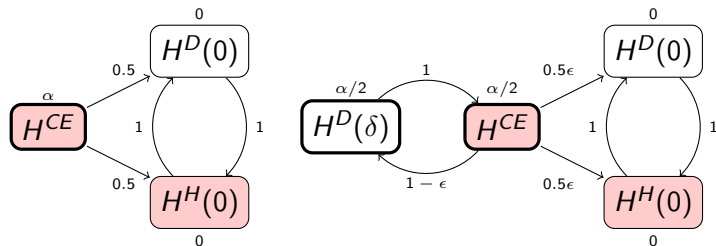
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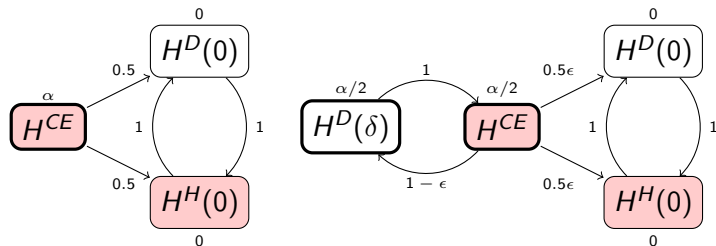
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Objective: Contrasting composite endpoint hypotheses versus global hypotheses within a multistate model

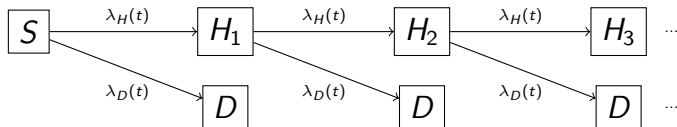
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# Proportional hazards Markov multistate model



where

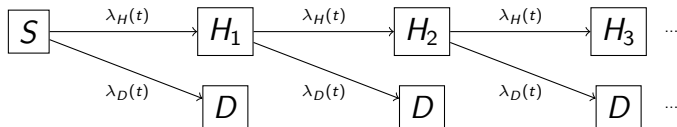
$$\lambda_H(t) = \lambda_{0H}(t) \exp(\beta_H x)$$

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corresponding partial likelihood

$$PL^{MS}(\beta_H, \beta_D) = \prod_{\text{hosp } j} \frac{\exp(\beta_H x_j)}{\sum_{i \in R_{(j)}^R} \exp(\beta_H x_i)} \cdot \prod_{\text{death } k} \frac{\exp(\beta_D x_k)}{\sum_{i \in R_{(k)}^D} \exp(\beta_D x_i)}$$

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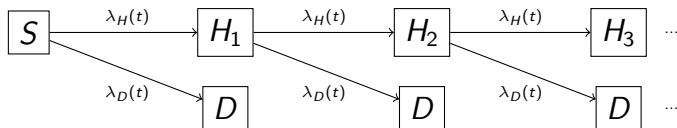
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# Investigation of single endpoints



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$\Rightarrow$  Investigation of  $H^D$  ( $\beta_D$ ) and  $H^H$  ( $\beta_H$ ) within the multistate model

# Investigation of composite endpoint

- Andersen-Gill model:

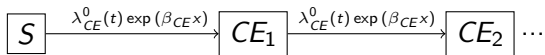


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- We relax the constraint on  $\beta_H = \beta_D = \beta_{CE}$  by replacing  $H_0^{CE}$  by  $H_0^G := \{\beta_D = \beta_H = 0\}$  investigated by  $PL^{MS}(\beta_H, \beta_D)$

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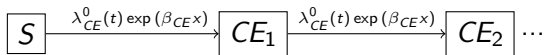


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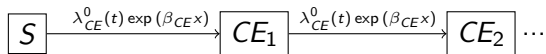
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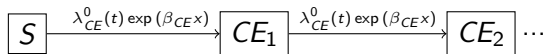


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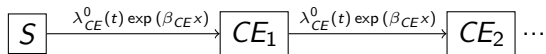


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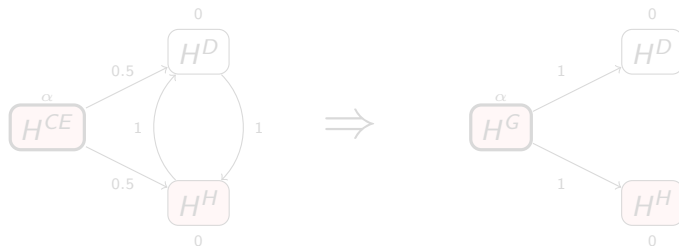
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# What is gained or lost in terms of power?



$$H^D = \{\beta_D = 0\}$$

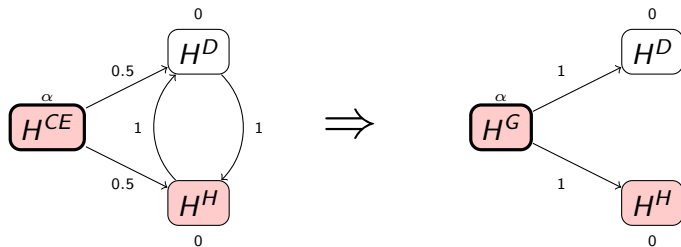
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⇒ Investigate by simulation

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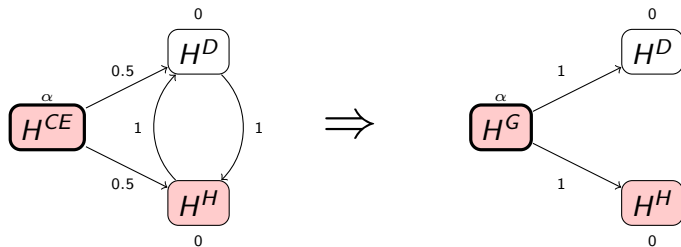
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# Simulating data

Simulation of recurrent event data in the total time model

- Subjects followed for 3 years with 10% censoring
- $X$  fixed  $B(1, 0.5)$ -distributed covariate coding treatment
- Transition hazards

$$\lambda_H(t|z, x) = \lambda_H \cdot \nu \cdot t^{\nu-1} \cdot z \cdot \exp(\beta_H x)$$

$$\lambda_D(t|z, x) = \lambda_D \cdot \nu \cdot t^{\nu-1} \cdot z \cdot \exp(\beta_D x)$$

- 2 Simulation settings
  - ▶  $\beta_H = \log(0.7) = \beta_D$  („CE-friendly setting“)
  - ▶  $\beta_H = \log(0.7), \beta_D = 0$  (CHARM-Preserved)

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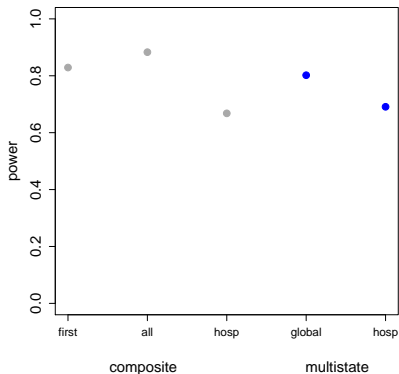
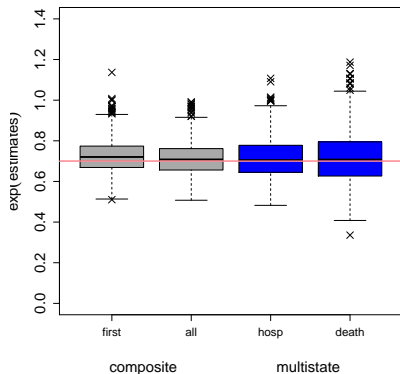
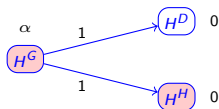
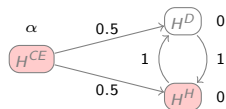
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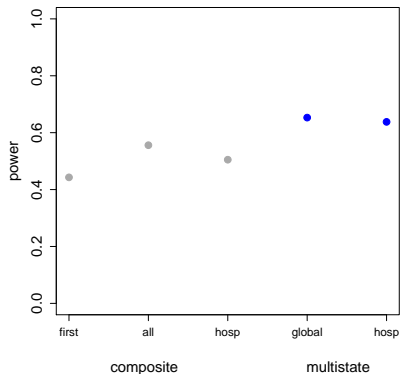
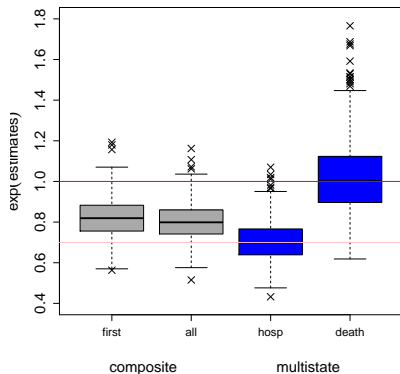
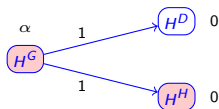
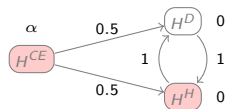
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Results:  $\beta_H = \log(0.7) = \beta_D$  („CE-friendly“)



# Results for $\beta_H = \log(0.7), \beta_D = 0$ (CHARM-Preserved)



- Multiple testing procedures can be improved by the use of multistate models
- Try it yourself: Download from GitHub  

```
devtools::install_github("katharinaingel/simrec")  
simres <- simrecomp(N,fu.min,fu.max,cens.prob=0,...)
```
- Contact: spreussl@students.uni-mainz.de

## Settings of simulation data

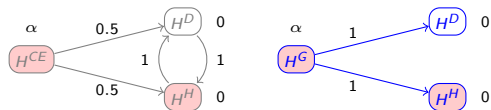
- $\nu = 0.5$  shape parameter for weibull hazard for hosp. and death
- scale parameter for weibull hazard
  - ▶  $\lambda_H = 3^{0.5} * \frac{\#events}{\#patients} = 3^{0.5} * \frac{547}{1509} = 0.2092847$
  - ▶  $\lambda_D = 0.1$
- frailty term:  $z \sim \Gamma(\theta = 0.5)$
- $n_{sim} = 1000$
- $N = 1000$
- $P(\text{death} \leq 3) = 1 - \exp(-0.1 * 3^{0.5}) = 0.1590349$

# The CHARM-Preserved Trial

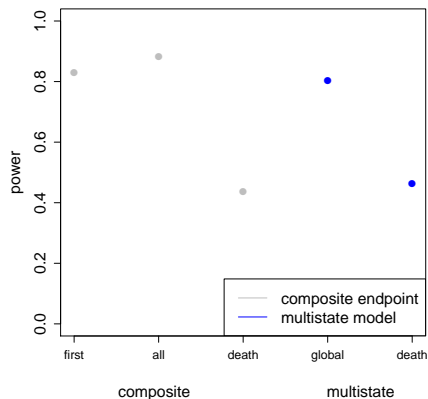
- „Between March, 1999, and July, 2000, we randomly assigned 3023 patients candesartan ( $n = 1514$ , target dose 32 mg once daily) or matching placebo ( $n = 1509$ ) [double-blind]. Patients had New York Heart Association functional class II-IV CHF and LVEF higher than 40%.“
- „...we tested the hypothesis that another inhibitor of the renin-angiotensin system, an angiotensin-receptor blocker, candesartan, would be of benefit in patients with CHF and preserved LVEF. The primary goal was to assess the effects of candesartan on the composite outcome of cardiovascular mortality or admission to hospital for worsening CHF.“
- „Candesartan has a moderate impact in preventing admissions for CHF among patients who have heart failure and LVEF higher than 40%.“

Yusuf S et al. (2003): Effects of candesartan in patients with chronic heart failure and preserved left-ventricular ejection fraction: the CHARM-Preserved Trial. Lancet 2003;362:777-781.

# Results: Power of $H^D$ in simulation

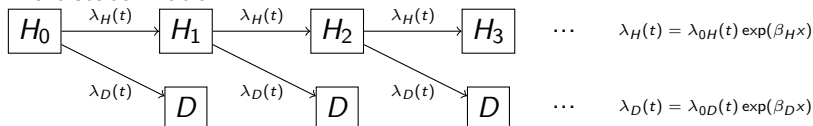


$$\beta^H = \log(0.7) = \beta^D$$

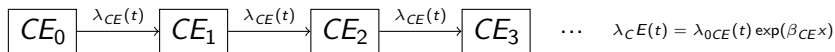


# CE model = MS model with constraint

## ■ Multistate model



## ■ Composite endpoint model

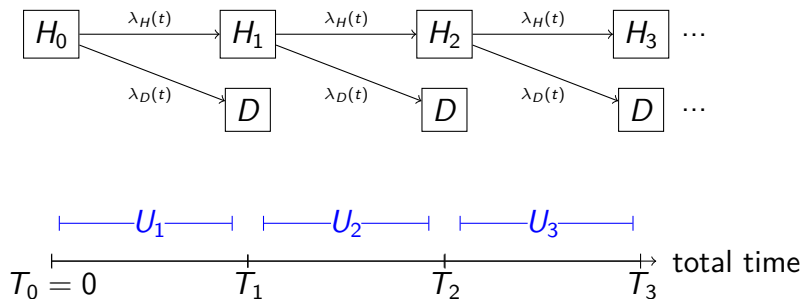


## ■ Comparison of MS and CE model:

$$\begin{aligned}\lambda_{0CE}(t) \exp(\beta_{CE} x) &= \lambda_{CE}(t) \stackrel{!}{=} \lambda_H(t) + \lambda_D(t) \\ &= \lambda_{0H}(t) \exp(\beta_H x) + \lambda_{0D}(t) \exp(\beta_D x) \\ &= \beta_H = \beta_D = \beta_{CE} [\lambda_{0H}(t) + \lambda_{0D}(t)] \exp(\beta_{CE} x)\end{aligned}$$

$\Rightarrow$  MS model = CE model with constraint  $\beta_H = \beta_D = \beta_{CE}$

# Simulation algorithm



1. Simulate inter-event time  $U_{H_i}$
2. Recursive step: Simulate inter-event time  $U_{H_{i+1}}$  conditional on  $T_i$

$$U_{H_i, H_{i+1}} | T_i = t_i \sim \Lambda_{H, t_i}^{-1}(-\log(A)), \quad A \sim U[0, 1]$$

3. Analogue:

$$U_{D_i, D_{i+1}} | T_i = t_i \sim \Lambda_{D, t_i}^{-1}(-\log(A)), \quad A \sim U[0, 1]$$



## Closed form solutions

Model	$\Lambda_H(t)$	$\Lambda_{H,t_i}^{-1}(u)$
Exponential	$\lambda t$	$\frac{u}{\lambda}$
Weibull	$\lambda t^\nu$	$\sqrt[\nu]{\left(\frac{u + \lambda \cdot t_i^\nu}{\lambda}\right)} - t_i$
Gompertz	$\frac{\lambda}{\alpha}(\exp(\alpha t) - 1)$	$\frac{1}{\alpha} \log\left(\frac{\alpha}{\lambda} u + \exp(\alpha t_i)\right) - t_i$