Bayesian joint models for multiple longitudinal biomarkers and a time-to-event outcome: software development and a melanoma case study

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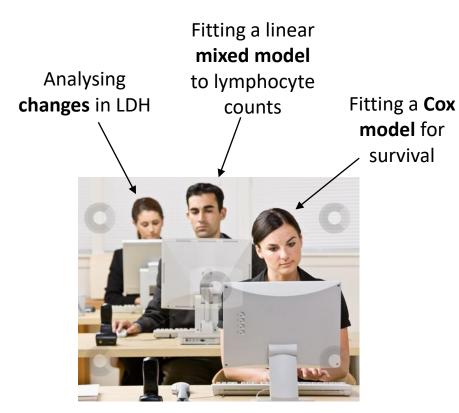


Collection of **biomarker data** from a melanoma patient



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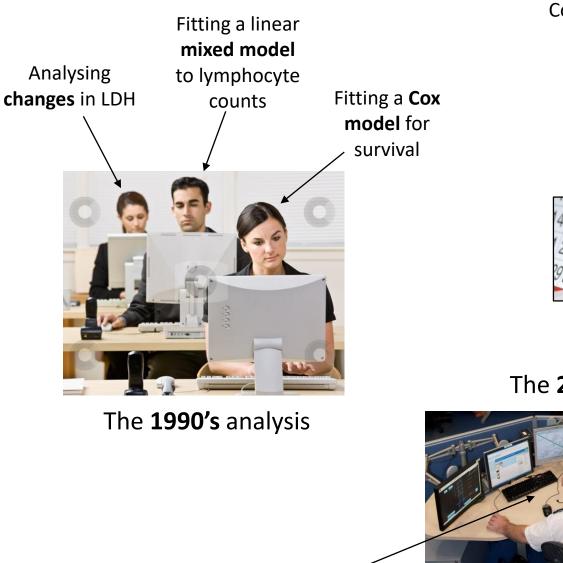


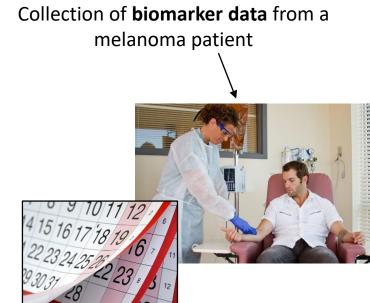


Collection of **biomarker data** from a melanoma patient

The 1990's analysis

...............





The 2017 analysis

Fitting a **joint model** for LDH, lymphocytes and survival



Background

- What is joint modelling?
- The joint estimation of regression models which, traditionally, we would have estimated separately:
 - A (multivariate) longitudinal mixed model for a longitudinal outcome(s)
 - A time-to-event model for the time to an event of interest
 - The "sub" models are linked through **shared (subject-specific) parameters**
- Why use it?
 - We want to understand how (some function of) the longitudinal outcome is associated with risk of the event
 - can allow for measurement error in the biomarker
 - can allow for discrete-time measurement of the biomarker
 - "Dynamic" predictions of the risk of the event
 - Separating out "direct" and "indirect" effects of treatment
 - Adjusting for informative dropout

Joint model formulation

Longitudinal submodel

 $y_{ijk}(t)$ is the value at time t of the k^{th} longitudinal marker (k = 1, ..., K) for the i^{th} individual (i = 1, ..., N) at the j^{th} time point ($j = 1, ..., J_{ik}$) T_i is "true" event time, C_i is the censoring time $T_i^* = \min(T_i, C_i)$ and $d_i = I(T_i \le C_i)$

 $y_{ijk}(t)$ follows a distribution in the exponential family with expected value $\mu_{ijk}(t)$ and

$$\eta_{ijk}(t) = g_k \left(\mu_{ijk}(t) \right) = \mathbf{x}'_{ijk}(t) \mathbf{\beta}_k + \mathbf{z}'_{ijk}(t) \mathbf{b}_{ik}$$
$$\begin{bmatrix} \mathbf{b}_{i1} \\ \vdots \\ \mathbf{b}_{iK} \end{bmatrix} = \mathbf{b}_i \sim N(0, \mathbf{\Sigma})$$

Event submodel

$$h_i(t) = h_0(t) \exp\left(\boldsymbol{w}'_i(t)\boldsymbol{\gamma} + \sum_{k=1}^K \sum_{q=1}^{Q_k} \alpha_{kq} f_{kq}(\boldsymbol{\beta}_k, \boldsymbol{b}_{ik}; t)\right)$$

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(some

association **term** (some function of parameters from the longitudinal submodel)

Event submodel

$$h_{i}(t) = h_{0}(t) \exp\left(w_{i}'(t)\boldsymbol{\gamma} + \sum_{k=1}^{K} \sum_{q=1}^{Q_{k}} \alpha_{kq} f_{kq}(\boldsymbol{\beta}_{k}, \boldsymbol{b}_{ik}; t)\right)$$
association parameter

Association structures

$$h_0(t) \exp\left(\boldsymbol{w}_{\boldsymbol{i}}'(t)\boldsymbol{\gamma} + \sum_{k=1}^{K} \sum_{q=1}^{Q_k} \alpha_{kq} f_{kq}(\boldsymbol{\beta}_{\boldsymbol{k}}, \boldsymbol{b}_{\boldsymbol{ik}}; t)\right)$$

 $\eta_{ik}(t) \longrightarrow$ Linear predictor (or expected value of the biomarker) at time t

 $\frac{d\eta_{ik}(t)}{dt} \longrightarrow \text{Rate of change in the linear predictor (or biomarker) at time } t$ $\int_{0}^{t} \eta_{ik}(s) \, ds \longrightarrow \text{Area under linear predictor (or biomarker trajectory), up to time } t$

 $\eta_{ik}(t-u) \longrightarrow$ Lagged value (for some lag time u)

 $\eta_{ik}(t) \times \eta_{ik'}(t) \longrightarrow$ Interactions between values of the different biomarkers (for $k \neq k'$)

 $\eta_{ik}(t) \times c_i(t) \longrightarrow$ Interactions with observed data (e.g. for some observed covariate $c_i(t)$)

Joint modelling software

- An abundance of **methodological** developments in joint modelling
- Not all methods have been translated into "user-friendly" software
- Well established software for one longitudinal outcome
 - e.g. stjm (Stata); joineR, JM, JMbayes, frailtypack (R); JMFit (SAS)
- Recent software developments for **multiple longitudinal outcomes***
 - released packages: joineRML (R, available on CRAN)
 - development packages: **survtd**, **rstanarm**, JMbayes (R, available on GitHub); stjm
- Each package has their strengths and limitations
 - e.g. (non-)normally distributed longitudinal outcomes, selected association structures, speed, etc.

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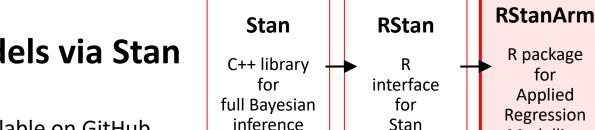
Bayesian joint models via Stan

- Development version available on GitHub
 - https://github.com/sambrilleman/rstanarm (soon to be migrated to https://github.com/stan-dev/rstanarm then CRAN)
- Can specify multiple longitudinal outcomes •
- Allows for **multilevel** clustering in longitudinal submodels (e.g. time < patients < clinics) ٠
- Variety of **families** (and link functions) for the longitudinal outcomes
 - e.g. normal, binomial, Poisson, negative binomial, Gamma, inverse Gaussian
- Variety of **association structures**
- Variety of **prior distributions**
 - Regression coefficients: normal, student t, Cauchy, shrinkage priors (horseshoe, lasso)
 - Novel decomposition of covariance matrix for the random effects •
- **Posterior predictions** including "dynamic predictions" of event outcome
- Baseline hazard
 - Weibull, piecewise constant, B-splines regression ٠

for

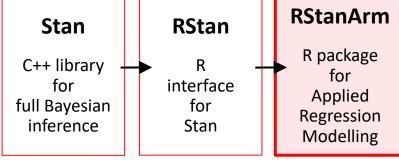
Applied

Modelling



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- Variety of **prior distributions**
 - Regression coefficients: normal, student t, Cauchy, shrinkage priors (horseshoe, lasso)
 - Novel decomposition of covariance matrix for the random effects
- Posterior predictions including "dynamic predictions" of event outcome
- Baseline hazard
 - Weibull, piecewise constant, B-splines regression



Application to Melanoma Institute Australia data

- Background:
 - Approx. 40% of melanoma patients do not respond to immunotherapy treatment
 - But currently, no reliable marker of which patients will (or will not) respond
 - Often clinician must wait until disease progression before altering treatment
 - If risk of progression was known earlier then this could improve patient management
 - e.g. switch drugs, escalation of immunotherapy, initiate more aggressive treatments (e.g. radiotherapy), improve quality of life (e.g. initiate palliative care)
- Data and aims:
 - Phase 1 & 2 clinical trial patients with late-stage melanoma (N = 332)
 - Model the natural history of several clinical biomarkers (LDH, neutrophils, lymphocytes)
 - Explore which biomarkers are associated with progression-free survival
 - Determine the most appropriate functional form(s) for any associations

Model specification

```
m0 <- stan_jm(
formulaLong = list(
    ldh ~ t0 + (t0 | id),
    neu ~ t0 + (t0 | id),
    lym ~ t0 + (t0 | id)),
formulaEvent = Surv(etime, status) ~ agecat + sex,
dataLong = dat2, dataEvent = dat2.id,
family = Gamma(log), time_var = "t0")</pre>
```

• GLMM (Gamma, log link) for each biomarker

 $y_{ijk}(t) \sim Gamma\left(v_k, \lambda_{ijk}(t)\right)$ with expected value $\mu_{ijk}(t) = \frac{\lambda_{ijk}(t)}{v_k}$

with linear predictor

 $\eta_{ijk}(t) = \log(\mu_{ijk}(t)) = \beta_{0k} + \beta_{1k} t + b_{0ik} + b_{1ik} t \quad (i = 1, \dots, N; j = 1, \dots, J_{ik}; k = 1, \dots, 3)$

• Weibull proportional hazards model

$$h_{i}(t) = h_{0}(t) \exp\left(\gamma_{0} + \gamma_{1}G_{i} + \sum_{a=1}^{3}\gamma_{2a}A_{ia} + \sum_{k=1}^{3}\alpha_{k}\eta_{ik}(t)\right)$$

where $G_i = 1$ if individual *i* is male (or 0 otherwise)

 $A_{ia} = 1$ if individual *i* is in age category *a* (or 0 otherwise)

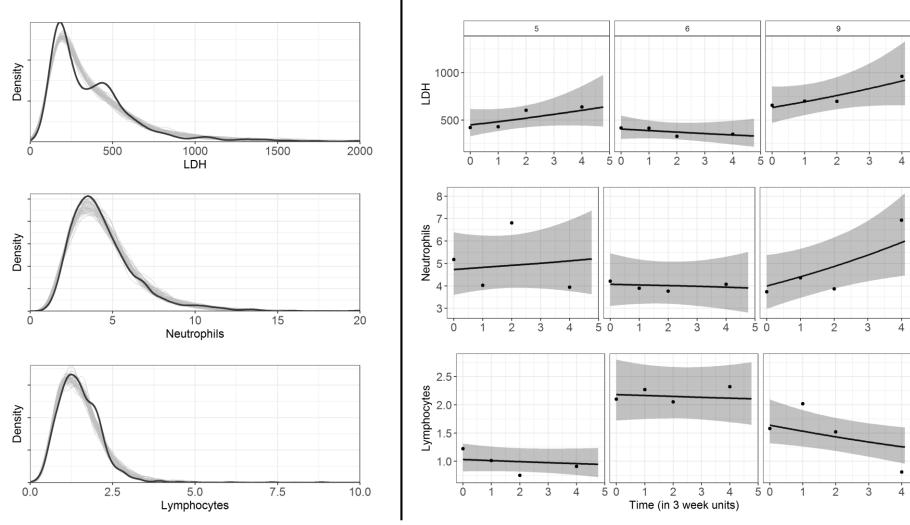
Hazard ratios (event submodel)

	Coefficient (log HR)	Standard error (posterior SD)	Hazard ratio	Since a one unit
Age category (years, ref: ≤50)	0.466	0.074	0.047	increase in log(LDH) corresponds to an
51 to 60	-0.166	0.274	0.847	exp(1) = 2.7-fold
61 to 70	0.113	0.267	1.120	increase in LDH, we
71 and above	0.050	0.279	1.052	can say that:
Gender (ref: Female) Male	-0.110	0.211	0.896	"A 2.7-fold increase in mean LDH is associated with an
Association parameters				estimated 1.6-fold
LDH (log value)	0.461	0.192	1.586 🗲	increase in the hazard of death or
Neutrophils (log value)	2.287	0.454	9.845	disease progression"
Lymphocytes (log value)	-0.472	0.286	0.624	

Posterior predictions (longitudinal)

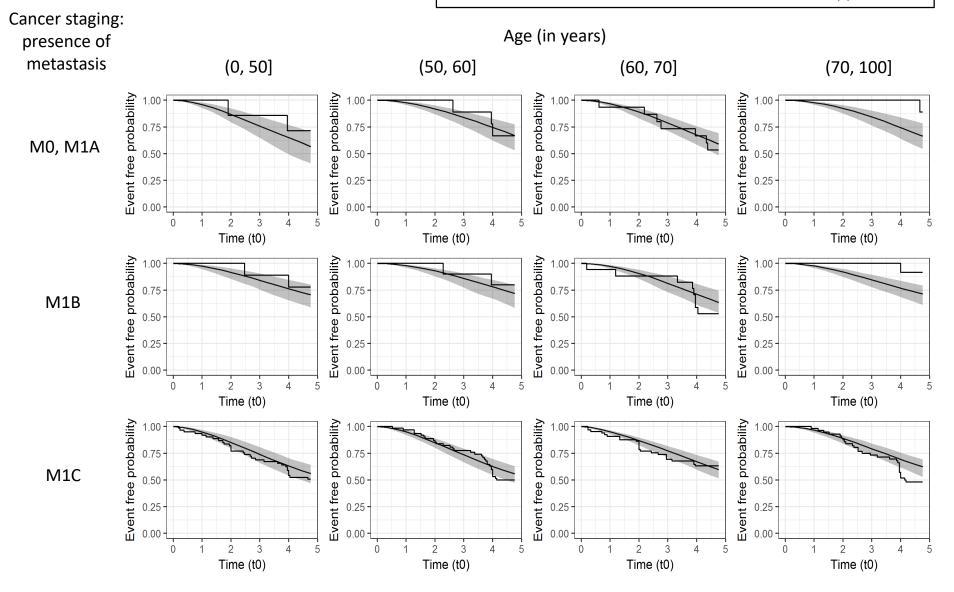
pp_check(m0, m = 1)
pp_check(m0, m = 2)
pp_check(m0, m = 3)

plot(posterior_traj(m0, ids = c(5,6,9))



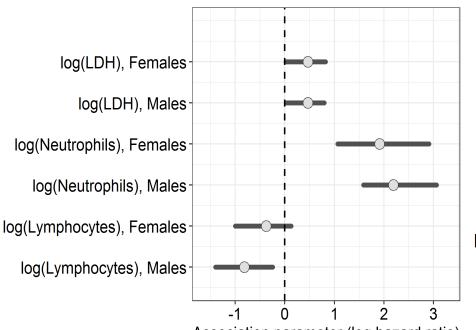
ps_check # overall standardised survival vs KM

Posterior predictions (event)



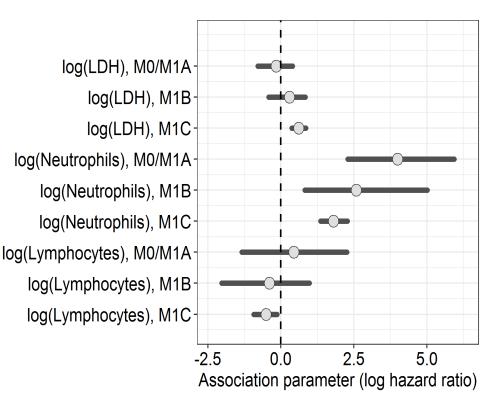
Association structures allowing for effect modification

Interaction term between the (log) value of the biomarker and gender



Association parameter (log hazard ratio)

• Interaction term between the (log) value of the biomarker and cancer stage/severity



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- Ben Goodrich and Jonah Gabry (maintainers of RStanArm)
- ISCB (esp. Nadine Binder) for support via the Student Conference Award (StCA)
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- My PhD funders: NHMRC and Victorian Centre for Biostatistics (ViCBiostat)
- Colleagues at Monash University and ViCBiostat

References

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Key Dates

Registration opens August 2017

Abstract submission opens October 2017

Abstract submission closes March 2018

Early bird registration deadline May 2018

Joint International Society for Clinical Biostatistics and Australian Statistical Conference 2018



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Louise Ryan University of Technology, Sydney

Susan Murphy University of Michigan

Thomas Lumley University of Auckland

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Estimation

Likelihood function:

$$p(\mathbf{y}_{i1}, \dots, \mathbf{y}_{iK}, T_i, d_i | \mathbf{b}_i, \mathbf{\theta}) = \int_{-\infty}^{\infty} \left(\prod_{k=1}^{K} \prod_{j=1}^{n_{ik}} p(\mathbf{y}_{ijk}(t) | \mathbf{b}_i, \mathbf{\theta}_{\mathbf{y}_k}) \right) p(T_i, d_i | \mathbf{b}_i, \mathbf{\theta}_T) p(\mathbf{b}_i | \mathbf{\theta}_b) d\mathbf{b}_i$$

$$\mathbf{y}_{k^{\text{th}} \text{ longitudinal}} \qquad \text{event} \qquad \text{random effects}$$
submodel submodel model

- Assumes **conditional independence**, that is, conditional on b_i the distinct longitudinal and event processes are independent
 - requires we specify the model correctly, including the association structure
- rstanarm uses a **full Bayesian specification** (i.e. includes priors)
- Estimation via MCMC (Hamiltonian Monte Carlo) or, less preferably, variational Bayes