

# Personalized screening intervals for biomarkers using joint models for longitudinal and survival data

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# 1. Introduction

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- Nowadays growing interest in tailoring medical decision making to individual patients
  - ▷ Personalized Medicine
  - ▷ Shared Decision Making
  
- This is of high relevance in various diseases
  - ▷ cancer research, cardiovascular diseases, HIV research, ...

**Physicians are interested in accurate prognostic tools that will inform them about the future prospect of a patient in order to adjust medical care**

# 1. Introduction (cont'd)

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- Aortic Valve study: Patients who received a human tissue valve in the aortic position
  - ▷ data collected by Erasmus MC (from 1987 to 2008);  
77 received sub-coronary implantation; 209 received root replacement
  
- Outcomes of interest:
  - ▷ death and re-operation → **composite event**
  - ▷ aortic gradient

# 1. Introduction (cont'd)

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- General Questions:
  - ▷ Can we utilize available aortic gradient measurements to predict survival/re-operation?
  - ▷ **When to plan the next echo for a patient?**

# 1. Introduction (cont'd)

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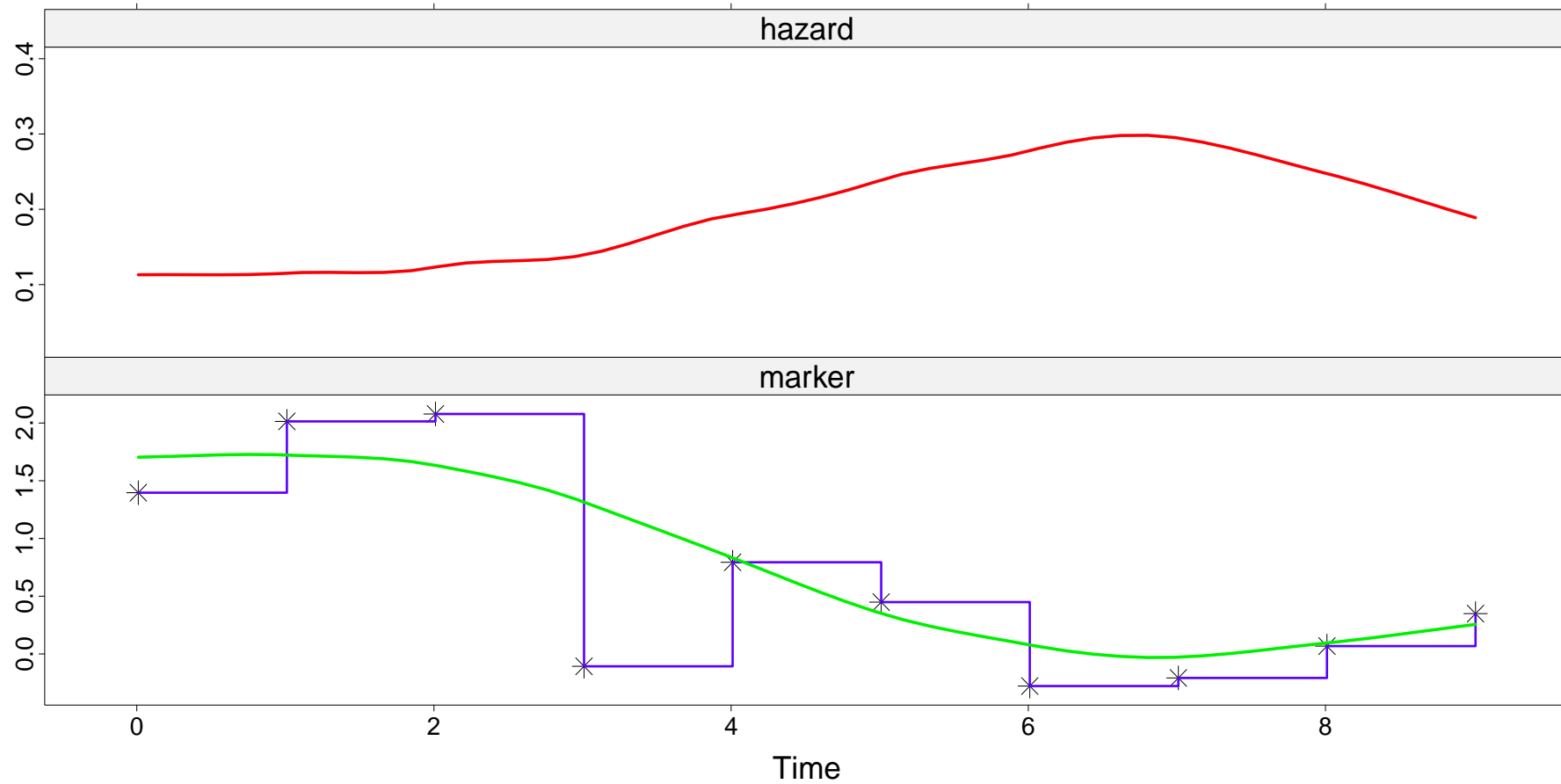
- **Goals of this talk:**
  - ▷ introduce joint models
  - ▷ dynamic predictions
  - ▷ optimal timing of next visit

## 2.1 Joint Modeling Framework

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- To answer these questions we need to postulate a model that relates
  - ▷ the aortic gradient with
  - ▷ the time to death or re-operation
  
- Some notation
  - ▷  $T_i^*$ : True time-to-death for patient  $i$
  - ▷  $T_i$ : Observed time-to-death for patient  $i$
  - ▷  $\delta_i$ : Event indicator, i.e., equals 1 for true events
  - ▷  $y_i$ : Longitudinal aortic gradient measurements

## 2.1 Joint Modeling Framework (cont'd)



## 2.1 Joint Modeling Framework (cont'd)

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- We start with a standard joint model
  - ▷ Survival Part: Relative risk model

$$h_i(t \mid \mathcal{M}_i(t)) = h_0(t) \exp\{\gamma^\top w_i + \alpha m_i(t)\},$$

where

- \*  $m_i(t)$  = the *true & unobserved* value of aortic gradient at time  $t$
- \*  $\mathcal{M}_i(t) = \{m_i(s), 0 \leq s < t\}$
- \*  $\alpha$  quantifies the effect of aortic gradient on the risk for death/re-operation
- \*  $w_i$  baseline covariates



## 2.1 Joint Modeling Framework (cont'd)

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- ▷ Longitudinal Part: Reconstruct  $\mathcal{M}_i(t) = \{m_i(s), 0 \leq s < t\}$  using  $y_i(t)$  and a mixed effects model (we focus on continuous markers)

$$\begin{aligned}
 y_i(t) &= m_i(t) + \varepsilon_i(t) \\
 &= x_i^\top(t)\beta + z_i^\top(t)b_i + \varepsilon_i(t), \quad \varepsilon_i(t) \sim \mathcal{N}(0, \sigma^2),
 \end{aligned}$$

where

- \*  $x_i(t)$  and  $\beta$ : Fixed-effects part
- \*  $z_i(t)$  and  $b_i$ : Random-effects part,  $b_i \sim \mathcal{N}(0, D)$

## 2.1 Joint Modeling Framework (cont'd)

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- The two processes are associated  $\Rightarrow$  define a model for their joint distribution
- Joint Models for such joint distributions are of the following form  
(Tsiatis & Davidian, *Stat. Sinica*, 2004; Rizopoulos, CRC Press, 2012)

$$p(y_i, T_i, \delta_i) = \int p(y_i | b_i) \{h(T_i | b_i)^{\delta_i} S(T_i | b_i)\} p(b_i) db_i$$

where

- ▷  $b_i$  a vector of random effects that explains the interdependencies
- ▷  $p(\cdot)$  density function;  $S(\cdot)$  survival function

## 2.2 Estimation

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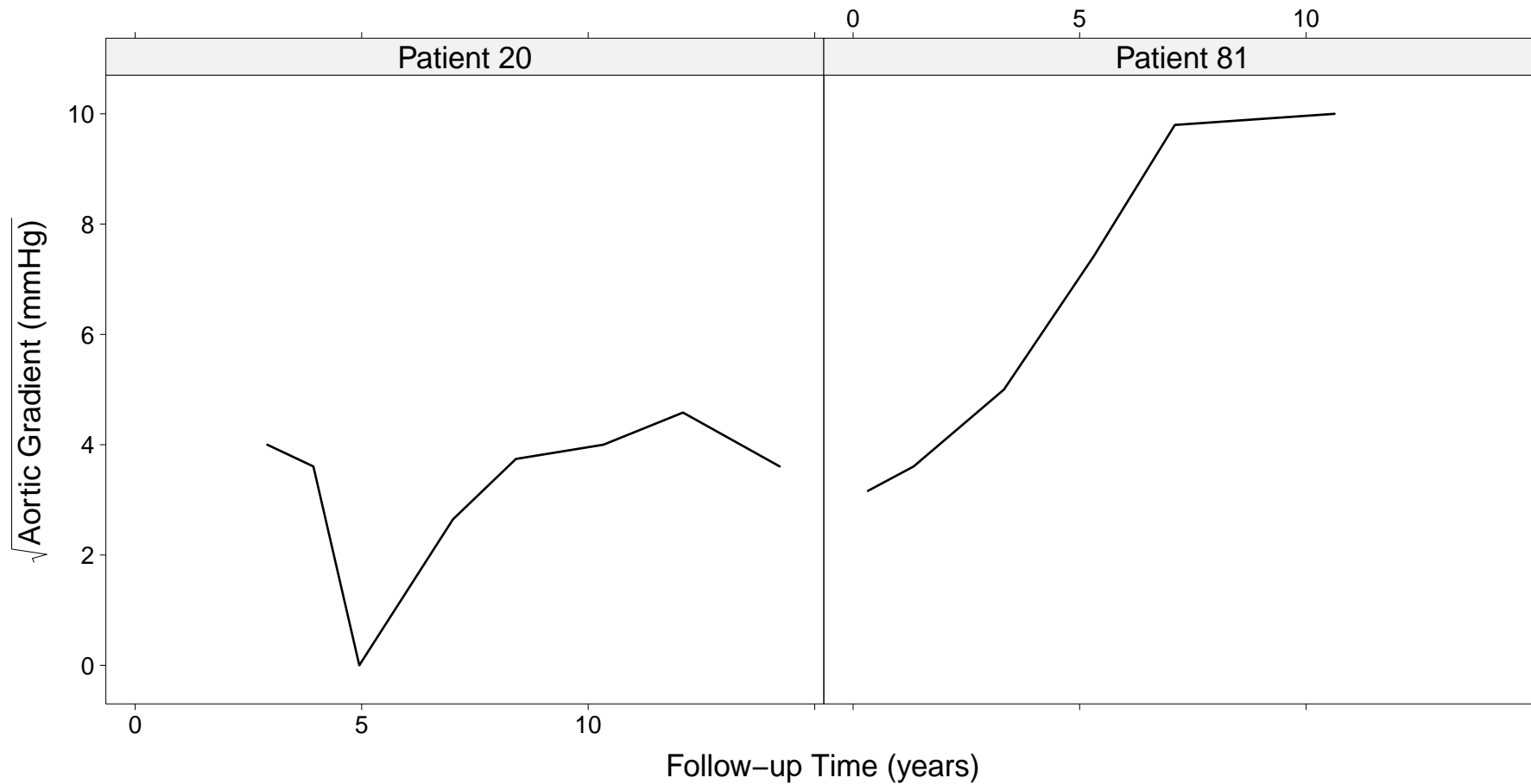
- Joint models can be estimated with either Maximum Likelihood or Bayesian approaches (i.e., MCMC)
- Here we follow the Bayesian approach because it facilitates computations for our later developments. . .

## 3.1 Prediction Survival – Definitions

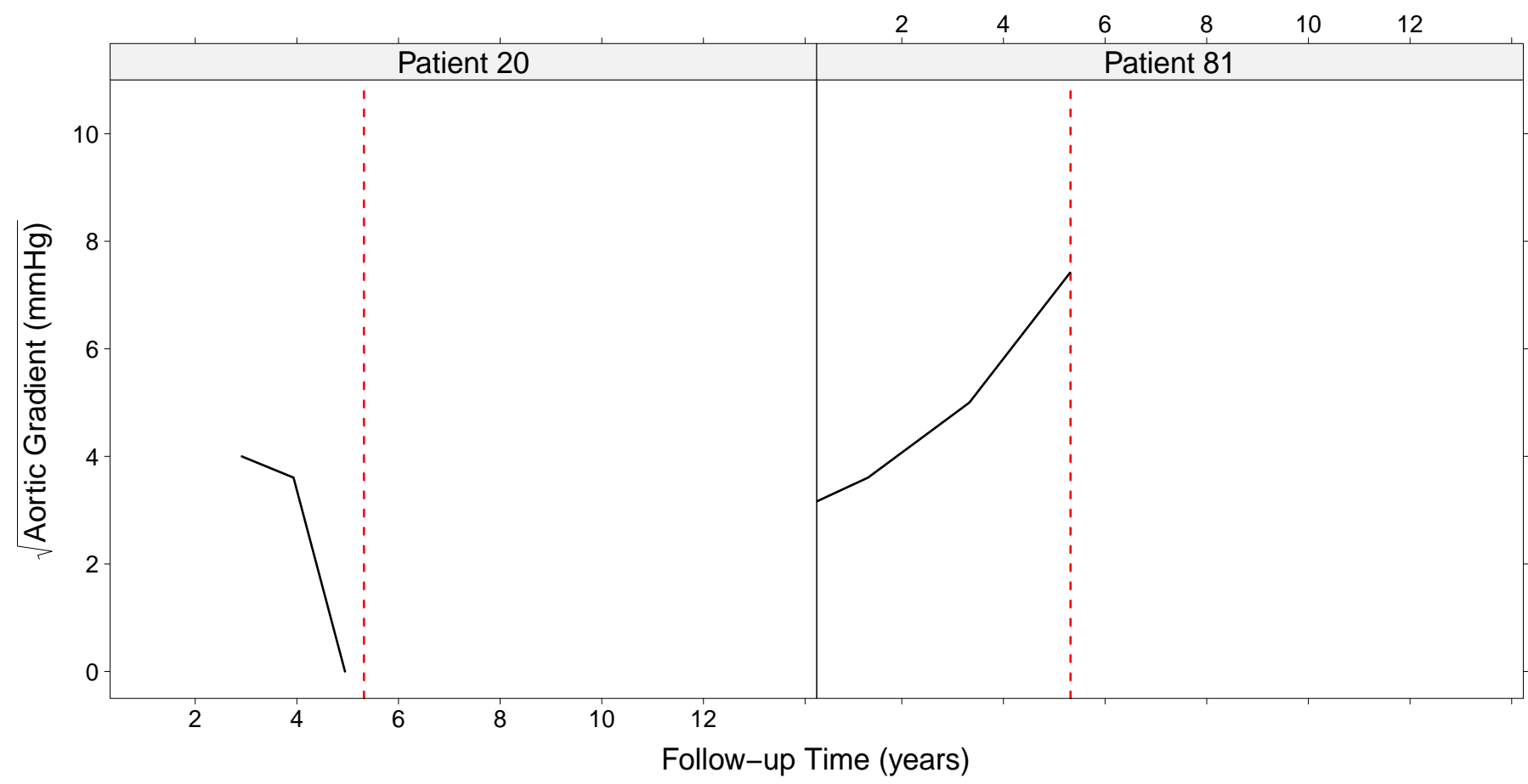
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- We are interested in predicting survival probabilities for a new patient  $j$  that has provided a set of aortic gradient measurements up to a specific time point  $t$
- Example: We consider Patients 20 and 81 from the Aortic Valve dataset

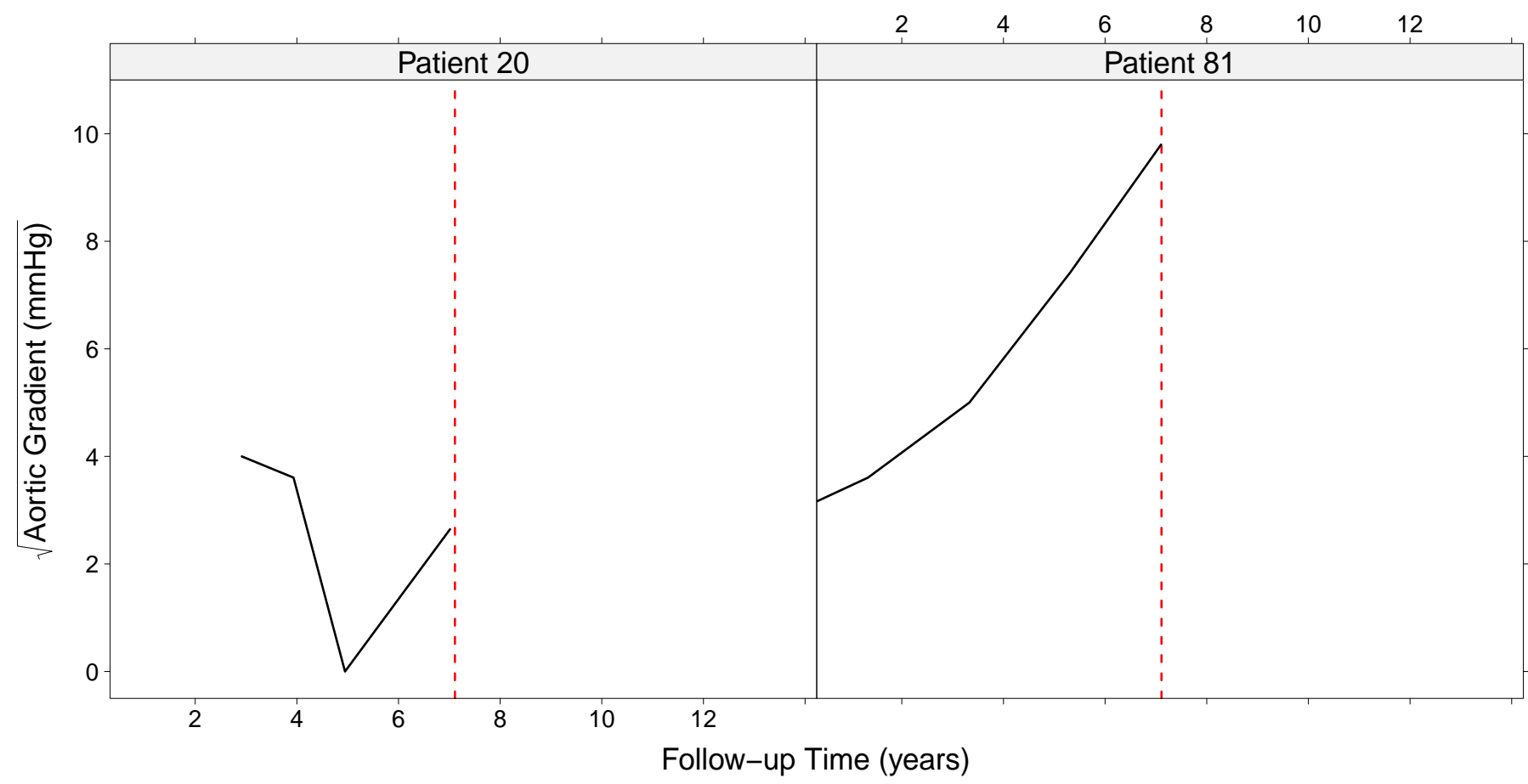
# 3.1 Prediction Survival – Definitions (cont'd)



# 3.1 Prediction Survival – Definitions (cont'd)



# 3.1 Prediction Survival – Definitions (cont'd)



## 3.1 Prediction Survival – Definitions (cont'd)

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- What do we know for these patients?
  - ▷ a series of aortic gradient measurements
  - ▷ patient are event-free up to the last measurement
- **Dynamic Prediction** survival probabilities are dynamically updated as additional longitudinal information is recorded



## 3.1 Prediction Survival – Definitions (cont'd)

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- Available info: A new subject  $j$  with longitudinal measurements up to  $t$ 
  - ▷  $T_j^* > t$
  - ▷  $\mathcal{Y}_j(t) = \{y_j(t_{jl}); 0 \leq t_{jl} \leq t, l = 1, \dots, n_j\}$
  - ▷  $\mathcal{D}_n$  sample on which the joint model was fitted

Basic tool: **Posterior Predictive Distribution**

$$p\{T_j^* \mid T_j^* > t, \mathcal{Y}_j(t), \mathcal{D}_n\}$$

## 3.2 Prediction Survival – Estimation

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- Based on the fitted model we can estimate the conditional survival probabilities

$$\pi_j(u | t) = \Pr\{T_j^* \geq u \mid T_j^* > t, \mathcal{Y}_j(t), \mathcal{D}_n\}, \quad u > t$$

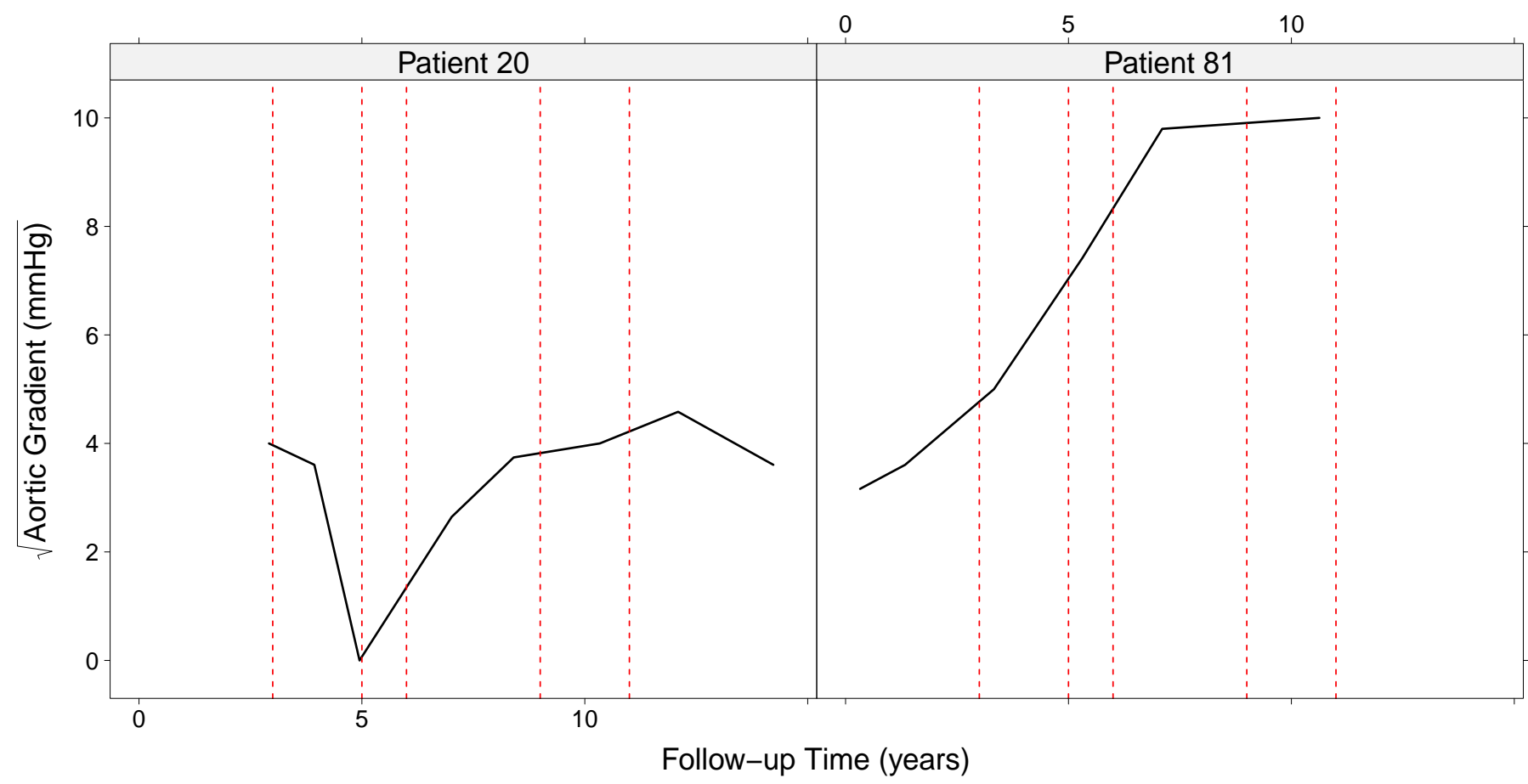
- For more details check:
  - ▷ Proust-Lima and Taylor (2009, Biostatistics), Rizopoulos (2011, Biometrics), Taylor et al. (2013, Biometrics)

## 3.3 Prediction Survival – Illustration

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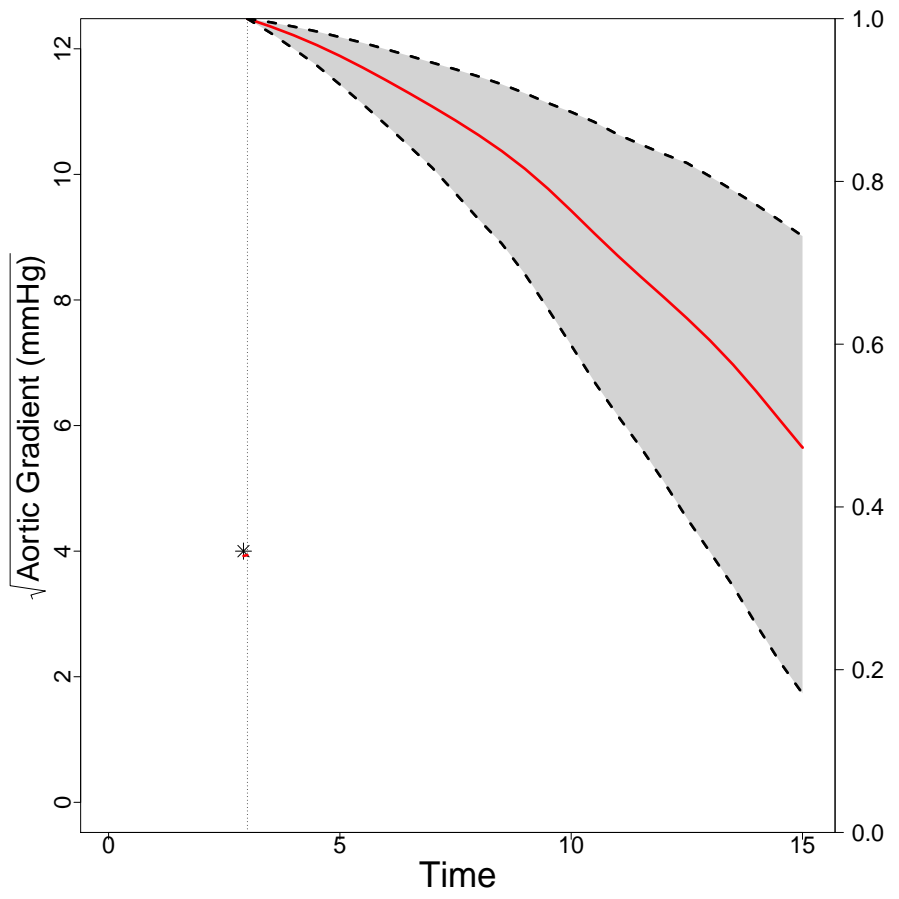
- Example: We fit a joint model to the Aortic Valve data
- Longitudinal submodel
  - ▷ fixed effects: natural cubic splines of time (d.f.= 3), operation type, and their interaction
  - ▷ random effects: Intercept, & natural cubic splines of time (d.f.= 3)
- Survival submodel
  - ▷ type of operation, age, sex + *underlying* aortic gradient level
  - ▷ log baseline hazard approximated using B-splines

### 3.3 Prediction Survival – Illustration (cont'd)

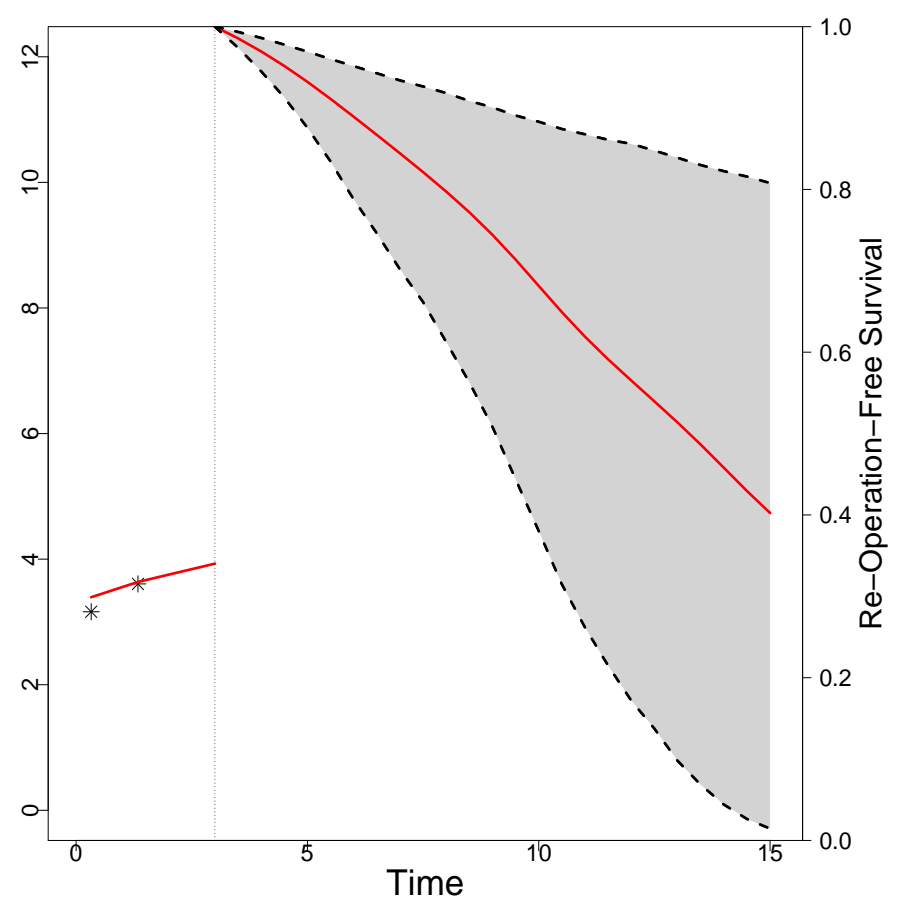


# 3.3 Prediction Survival – Illustration (cont'd)

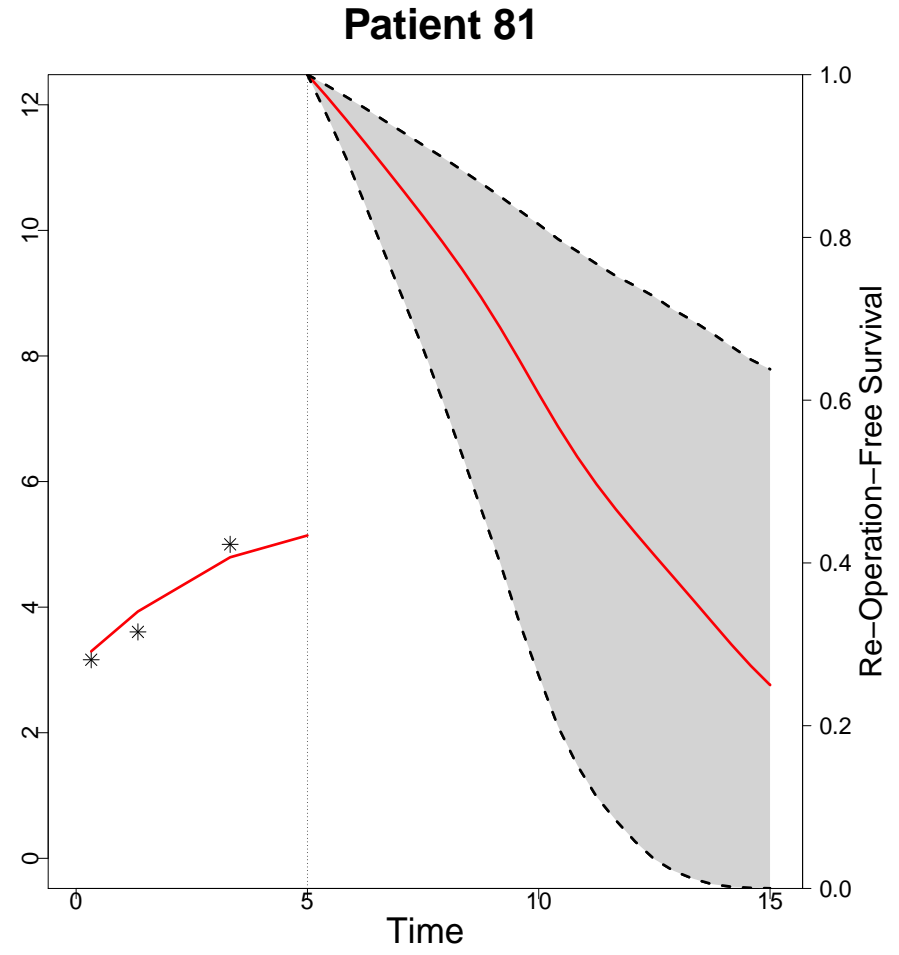
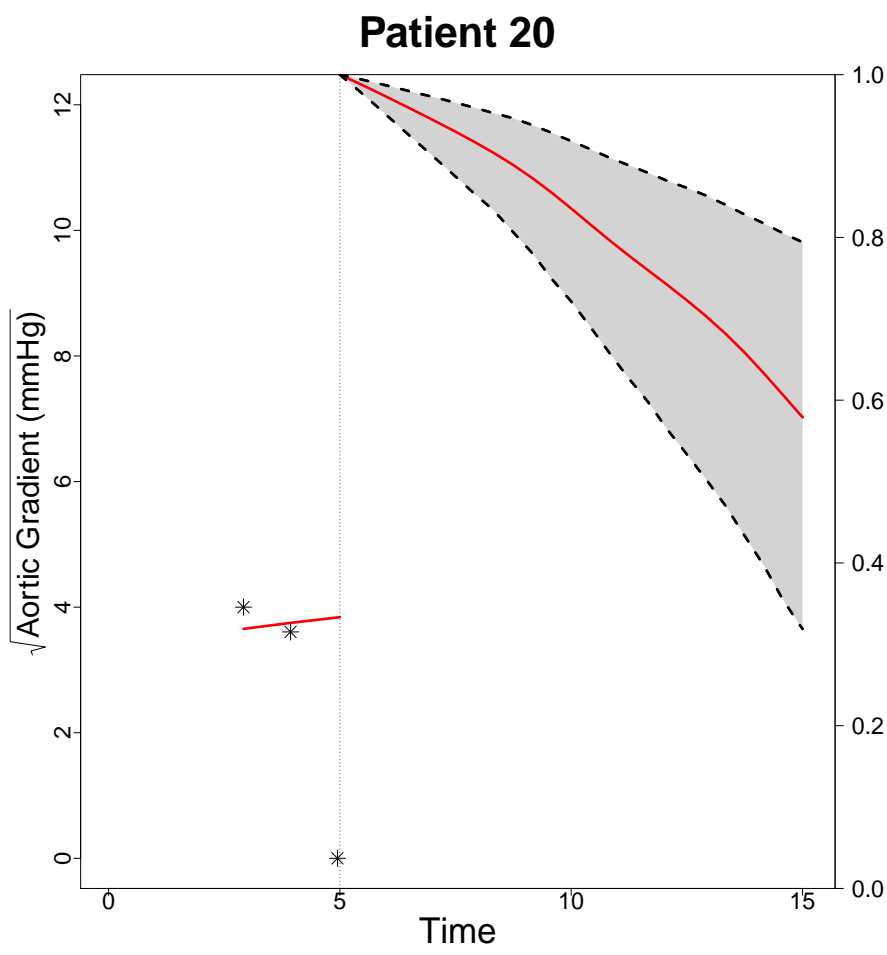
**Patient 20**



**Patient 81**

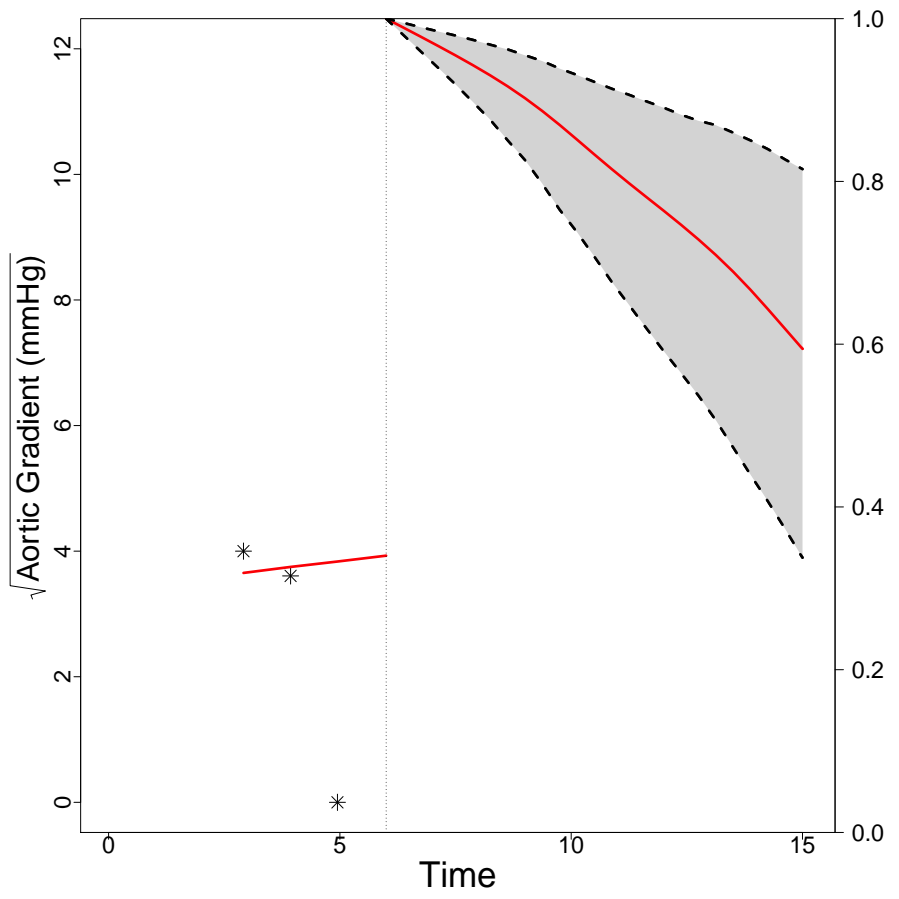


### 3.3 Prediction Survival – Illustration (cont'd)

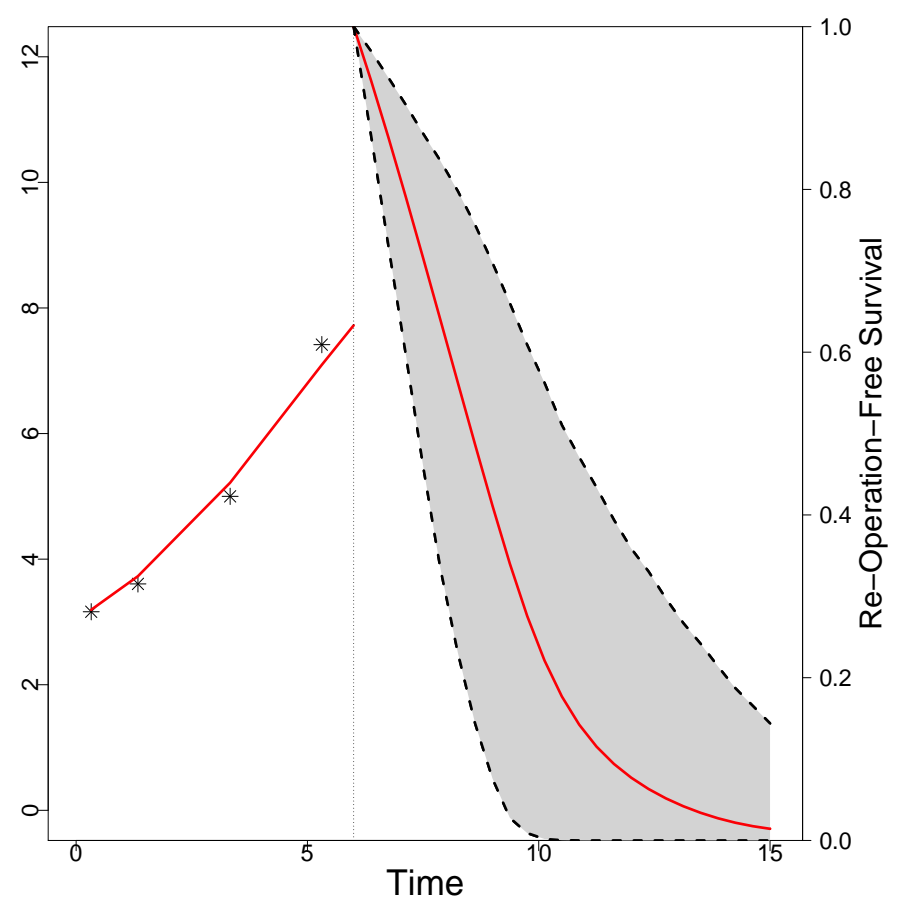


# 3.3 Prediction Survival – Illustration (cont'd)

**Patient 20**

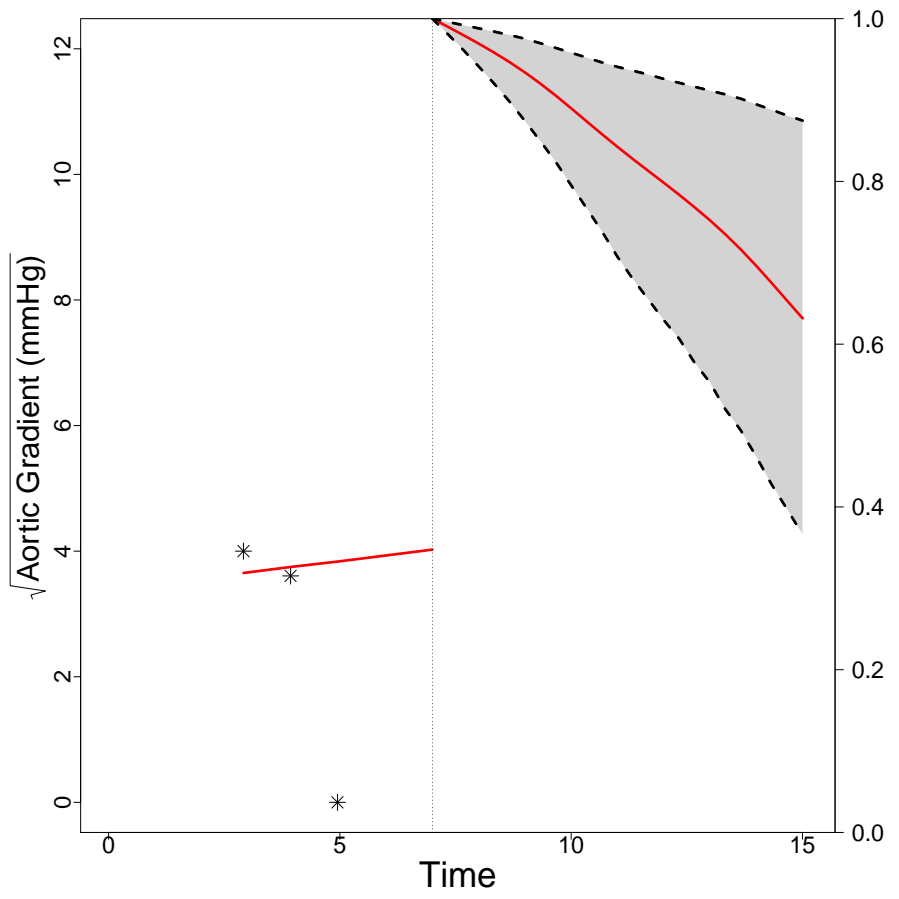


**Patient 81**

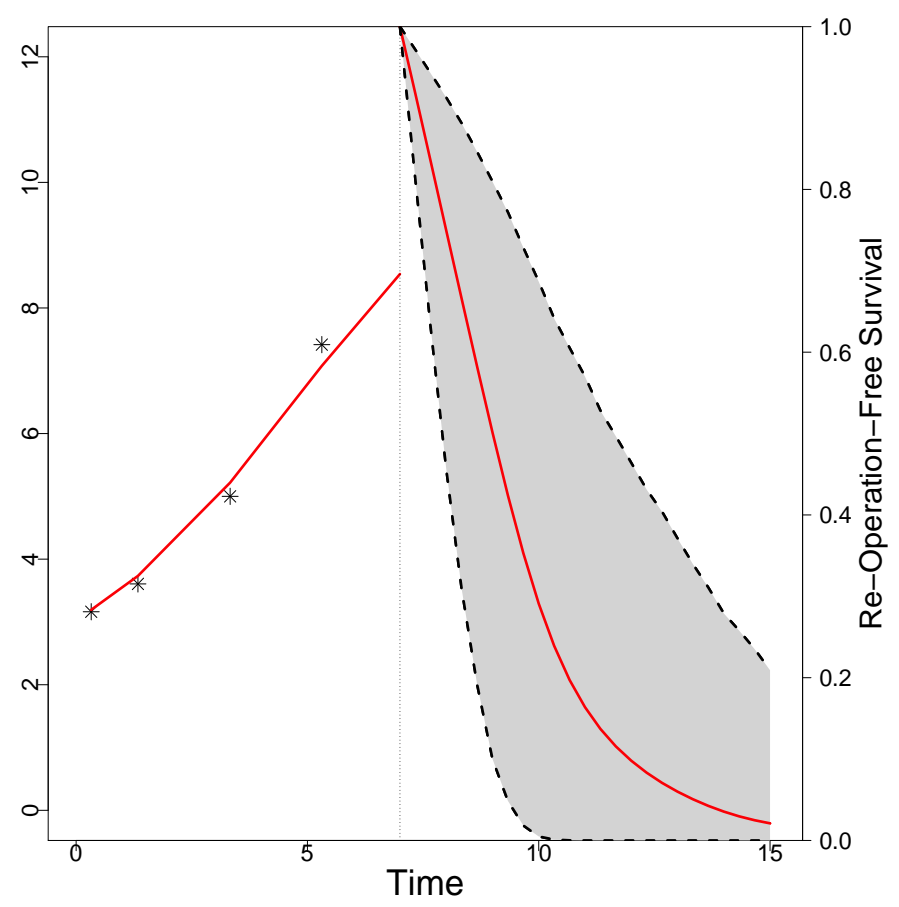


### 3.3 Prediction Survival – Illustration (cont'd)

**Patient 20**



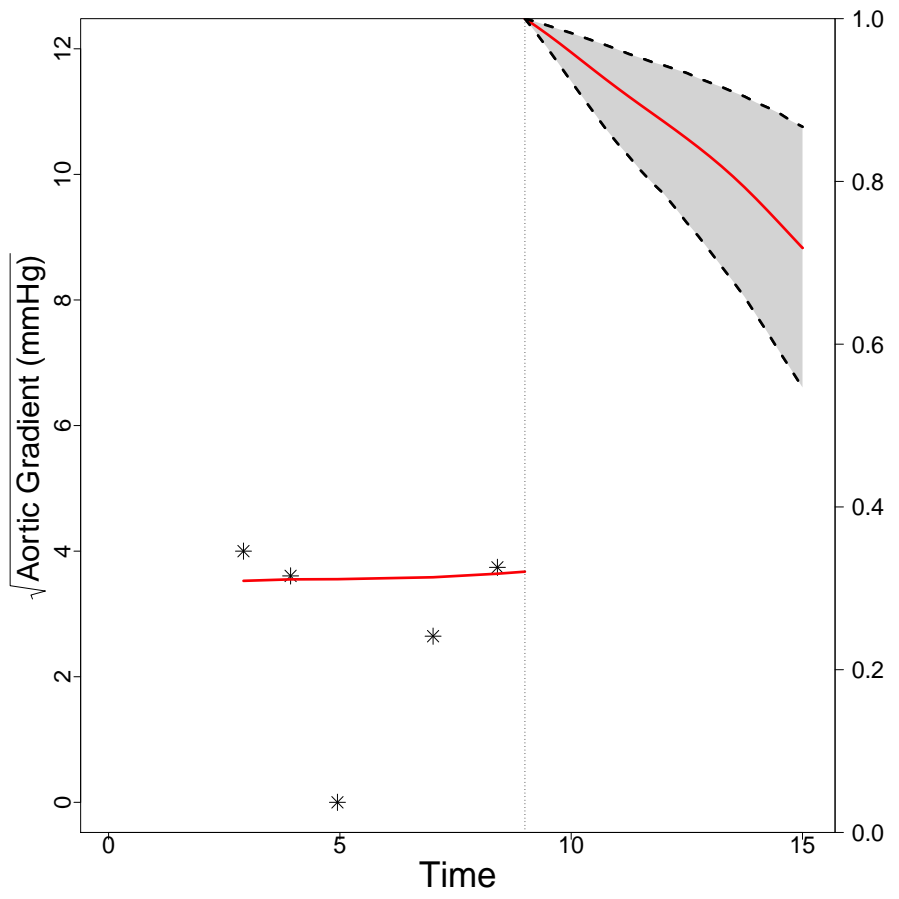
**Patient 81**



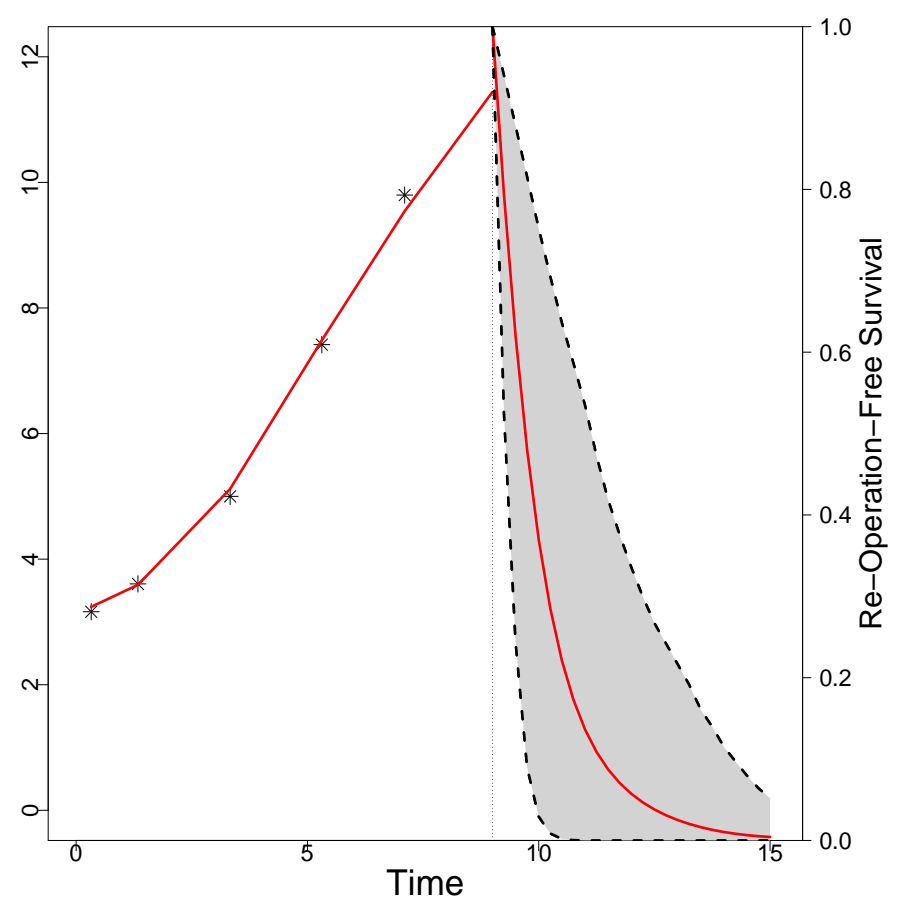


# 3.3 Prediction Survival – Illustration (cont'd)

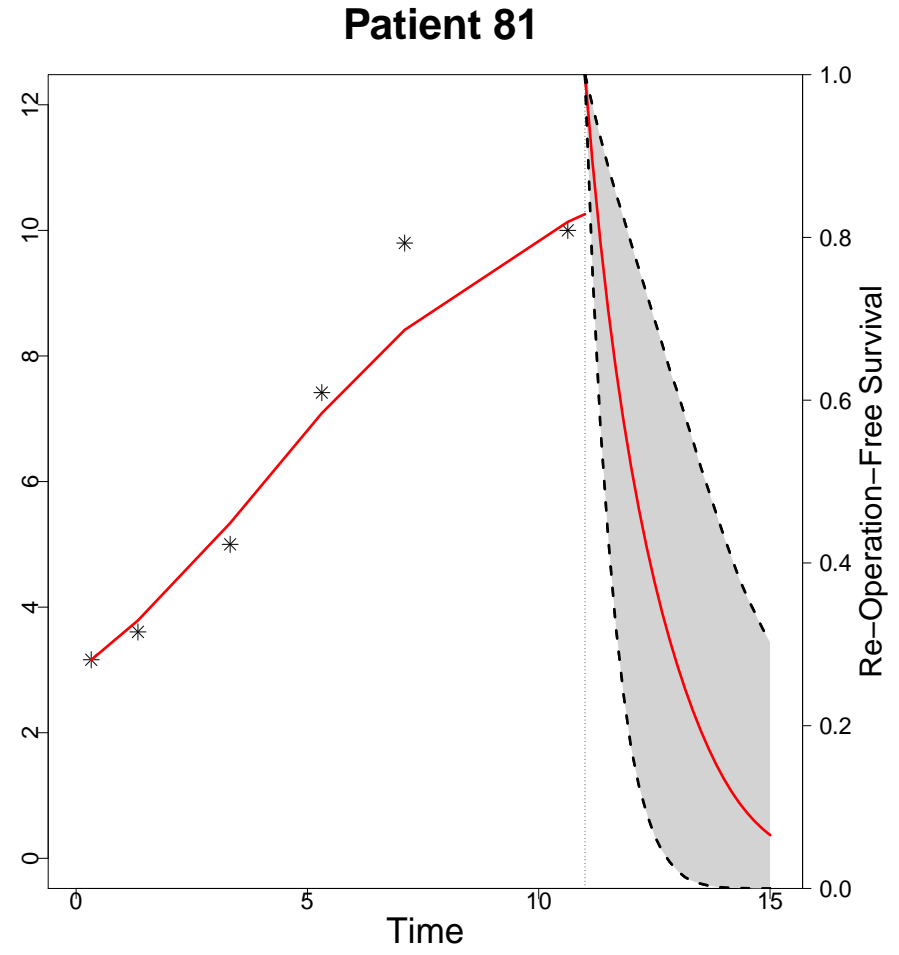
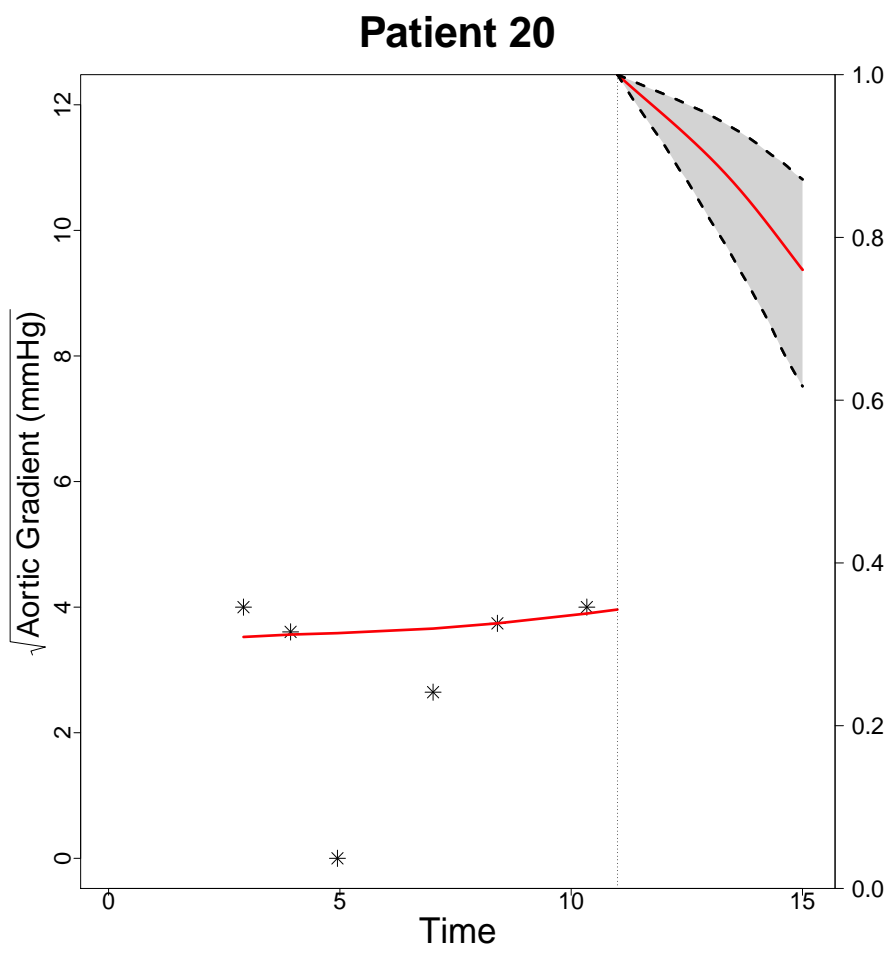
**Patient 20**



**Patient 81**



### 3.3 Prediction Survival – Illustration (cont'd)



## 4.1 Next Visit Time – Set up

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- **Question 2:**

- ▷ When the patient should come for the next visit?

## 4.1 Next Visit Time – Set up (cont'd)

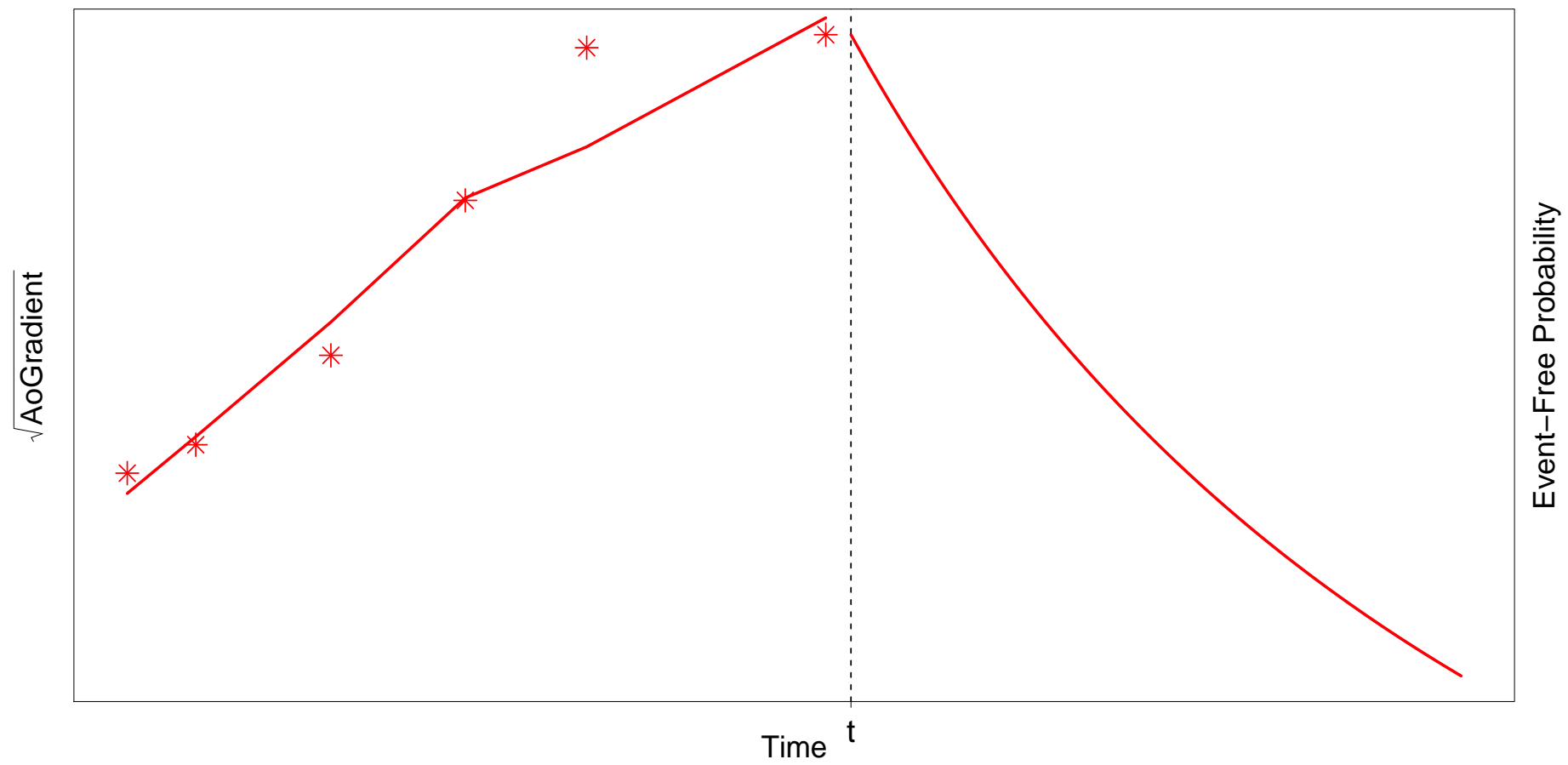
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**This is a difficult question!**

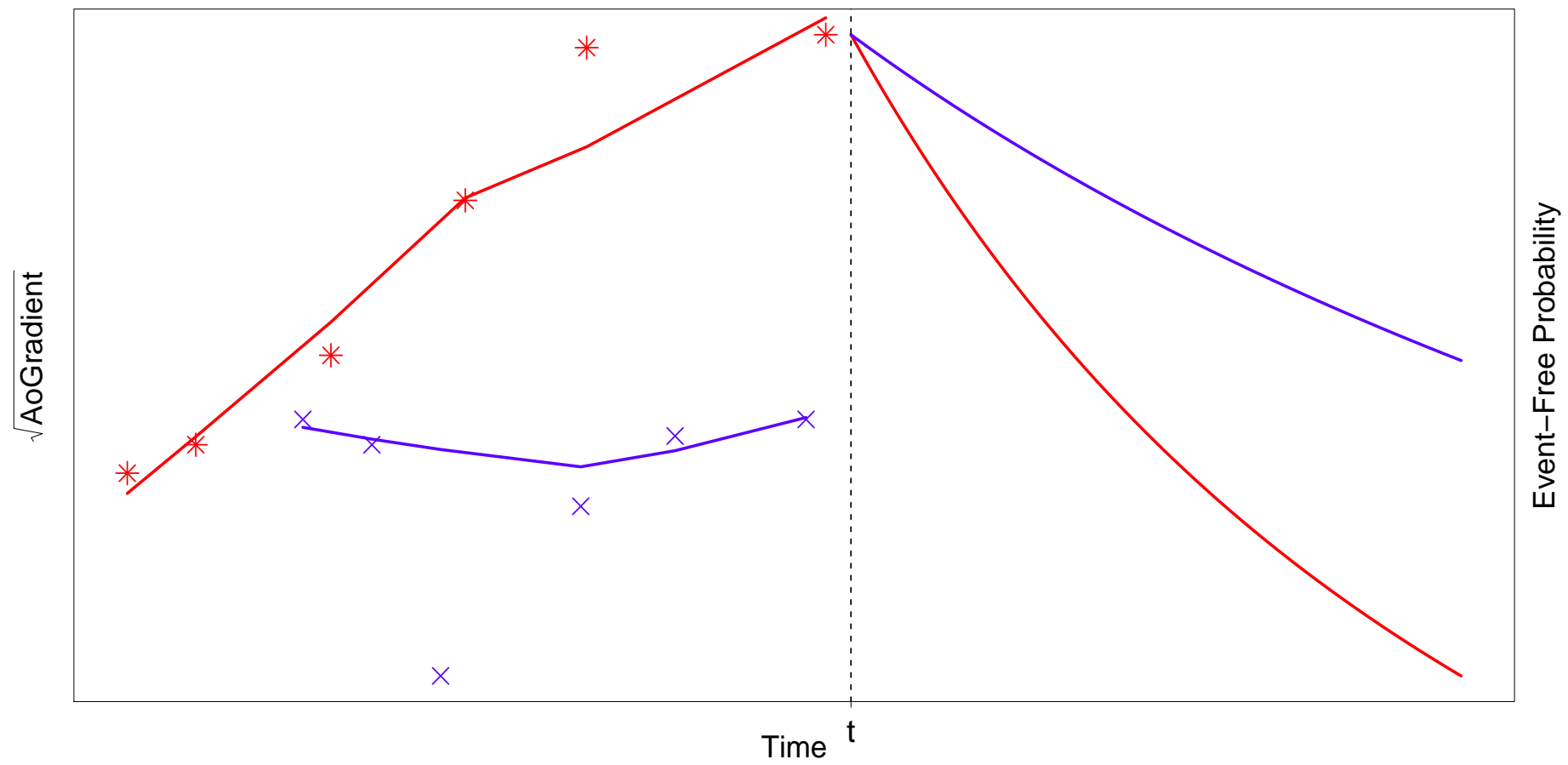
- Many parameters that affect it
  - ▷ which model to use?
  - ▷ what criterion to use?
  - ▷ change in treatment?
  - ▷ ...

**We will work under the following setting ⇒**

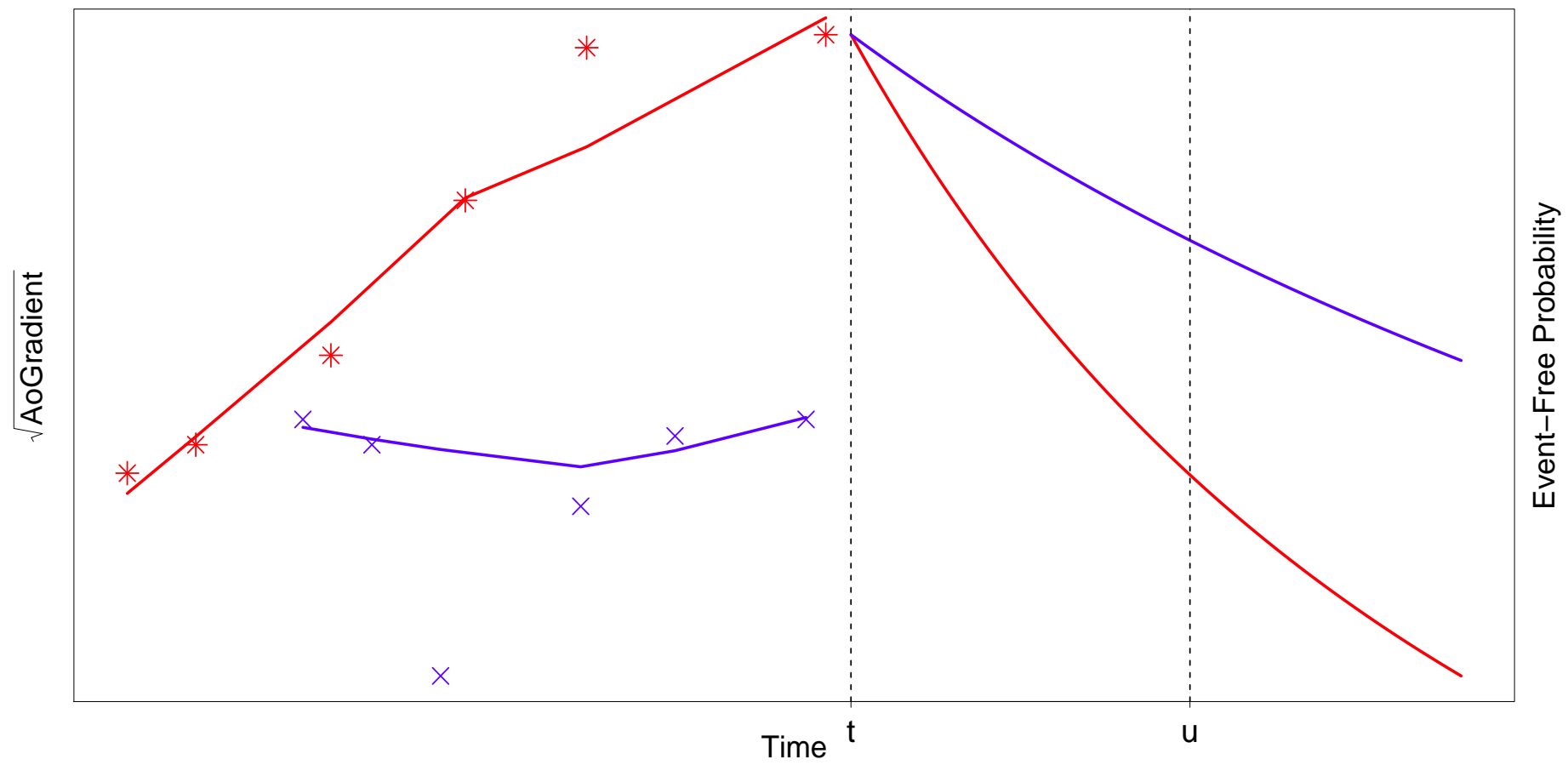
# 4.1 Next Visit Time – Set up(cont'd)



# 4.1 Next Visit Time – Set up(cont'd)



# 4.1 Next Visit Time – Set up(cont'd)



## 4.2 Next Visit Time – Timing

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- Let  $y_j(u)$  denote the future longitudinal measurement  $u > t$
- We would like to select the optimal  $u$  such that:
  - ▷ patient still event-free up to  $u$
  - ▷ maximize the information by measuring  $y_j(u)$  at  $u$



## 4.2 Next Visit Time – Timing (cont'd)

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- Utility function

$$U(u | t) = E \left\{ \underbrace{\lambda_1 \log \frac{p(T_j^* | T_j^* > u, \{\mathcal{Y}_j(t), y_j(u)\}, \mathcal{D}_n)}{p\{T_j^* | T_j^* > u, \mathcal{Y}_j(t), \mathcal{D}_n\}}}_{\text{First term}} + \underbrace{\lambda_2 I(T_j^* > u)}_{\text{Second term}} \right\}$$

**First term**

**Second term**

expectation wrt joint predictive distribution  $[T_j^*, y_j(u) | T_j^* > t, \mathcal{Y}_j(t), \mathcal{D}_n]$

- ▷ **First term:** expected Kullback-Leibler divergence of posterior predictive distributions with and without  $y_j(u)$
- ▷ **Second term:** ‘cost’ of waiting up to  $u \Rightarrow$  increase the risk

## 4.2 Next Visit Time – Timing (cont'd)

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- Nonnegative constants  $\lambda_1$  and  $\lambda_2$  weigh the cost of waiting as opposed to the information gain
  - ▷ **elicitation in practice difficult**  $\Rightarrow$  trading information units with probabilities
- How to get around it?

**Equivalence between compound and constrained optimal designs**

## 4.2 Next Visit Time – Timing (cont'd)

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- It can be shown that
  - ▷ for any  $\lambda_1$  and  $\lambda_2$ ,
  - ▷ there exists a constant  $\kappa \in [0, 1]$  for which

$$\operatorname{argmax}_u \mathbf{U}(u | t) \iff \operatorname{argmax}_u E \left\{ \log \frac{p(T_j^* | T_j^* > u, \{\mathcal{Y}_j(t), y_j(u)\}, \mathcal{D}_n)}{p\{T_j^* | T_j^* > u, \mathcal{Y}_j(t), \mathcal{D}_n\}} \right\}$$

subject to the constraint  $\pi_j(u | t) \geq \kappa$

## 4.2 Next Visit Time – Timing (cont'd)

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- Elicitation of  $\kappa$  is relatively easier
  - ▷ Chosen by the physician
  - ▷ Determined using ROC analysis
  
- Estimation is achieved using a Monte Carlo scheme
  - ▷ more details in Rizopoulos et al. (2015)

## 4.3 Next Visit Time – Example

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- **Example:** We illustrate how for Patient 81 we have seen before
  - ▷ The threshold for the constraint is set to

$$\pi_j(u | t) \geq \kappa = 0.8$$

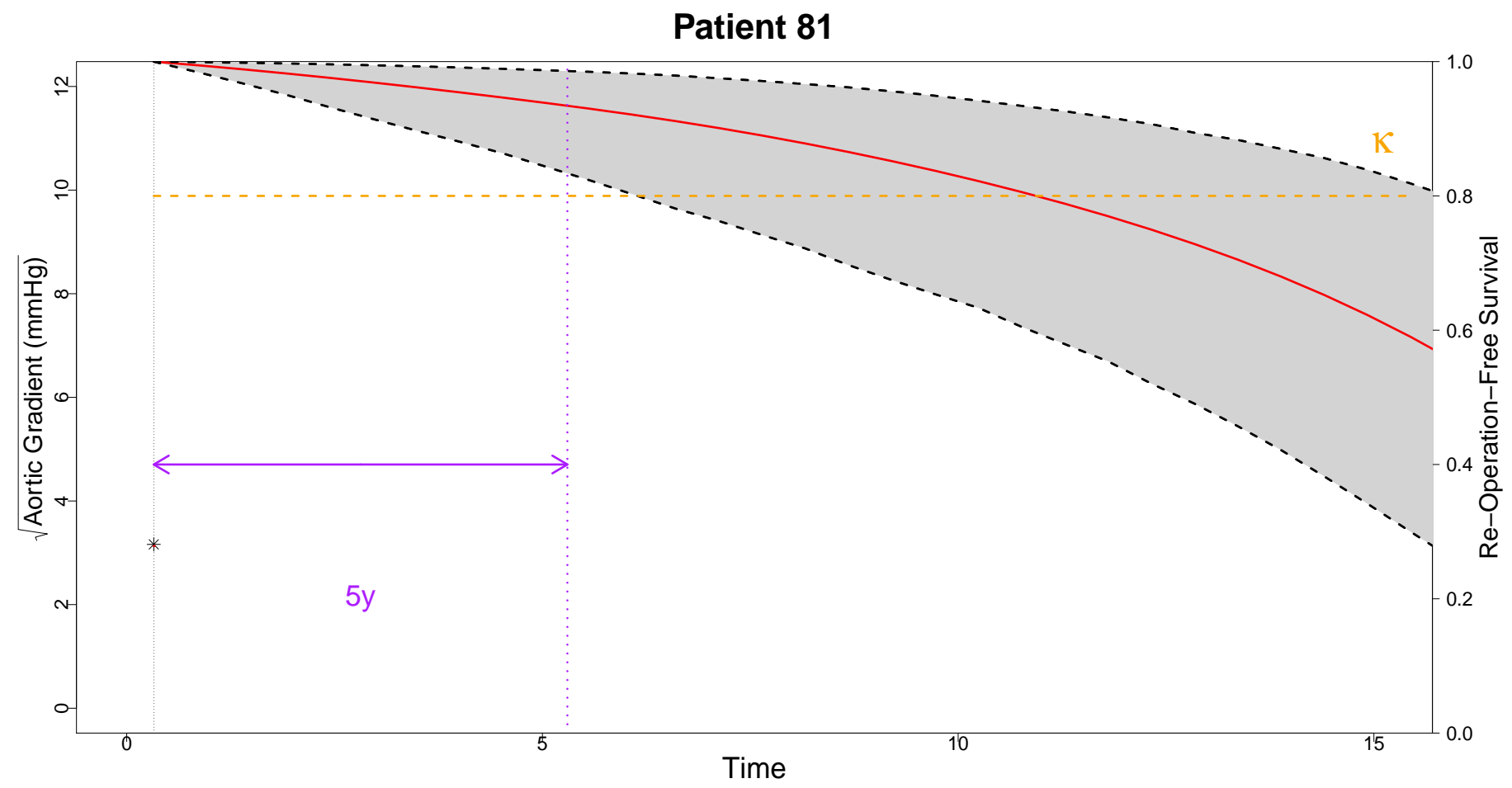
- ▷ After each visit we calculate the optimal timing for the next one using

$$\operatorname{argmax}_u \text{EKL}(u | t) \quad \text{where } u \in (t, t^{up}]$$

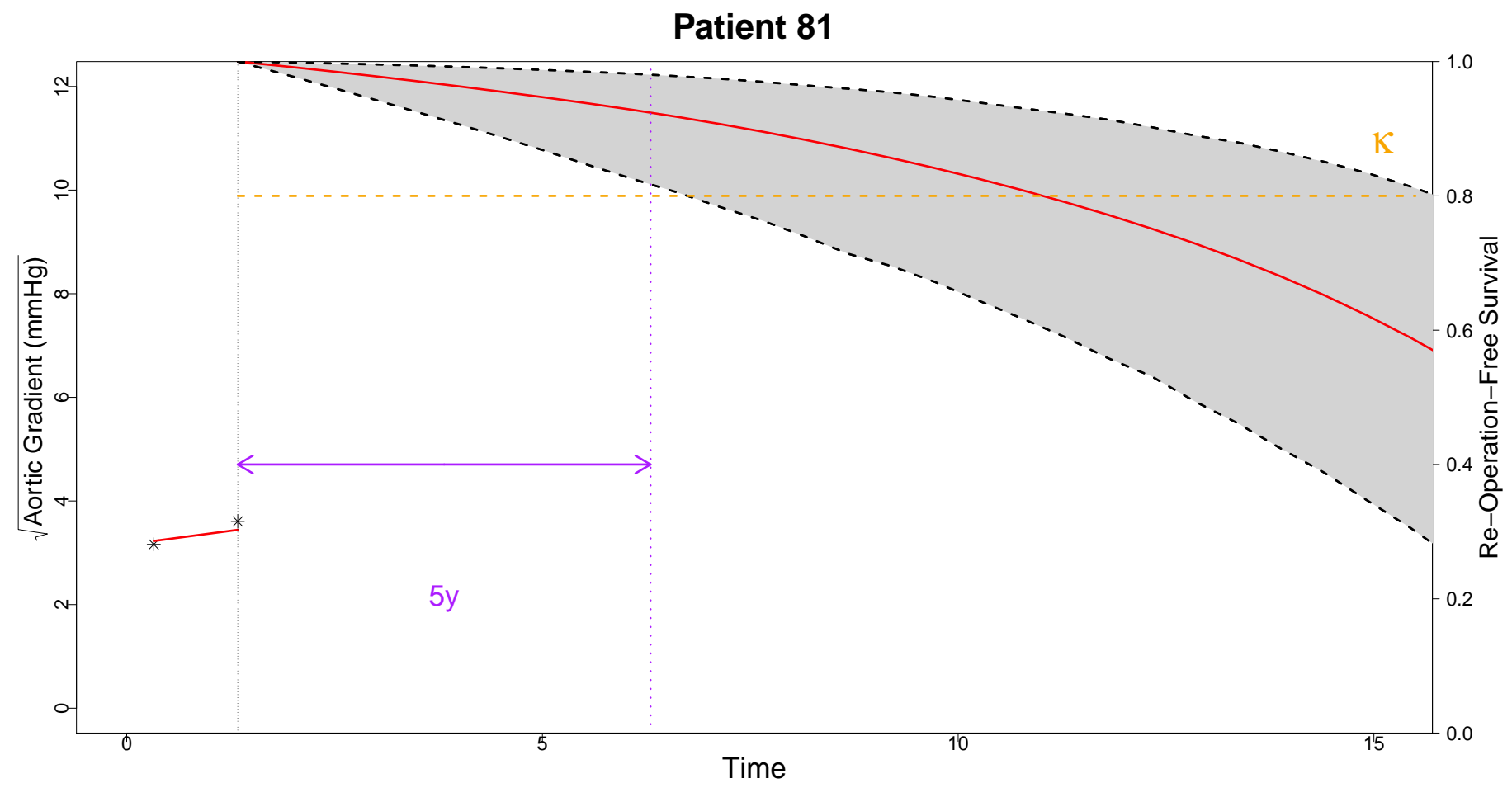
and

$$t^{up} = \min\{5, u : \pi_j(u | t) = 0.8\}$$

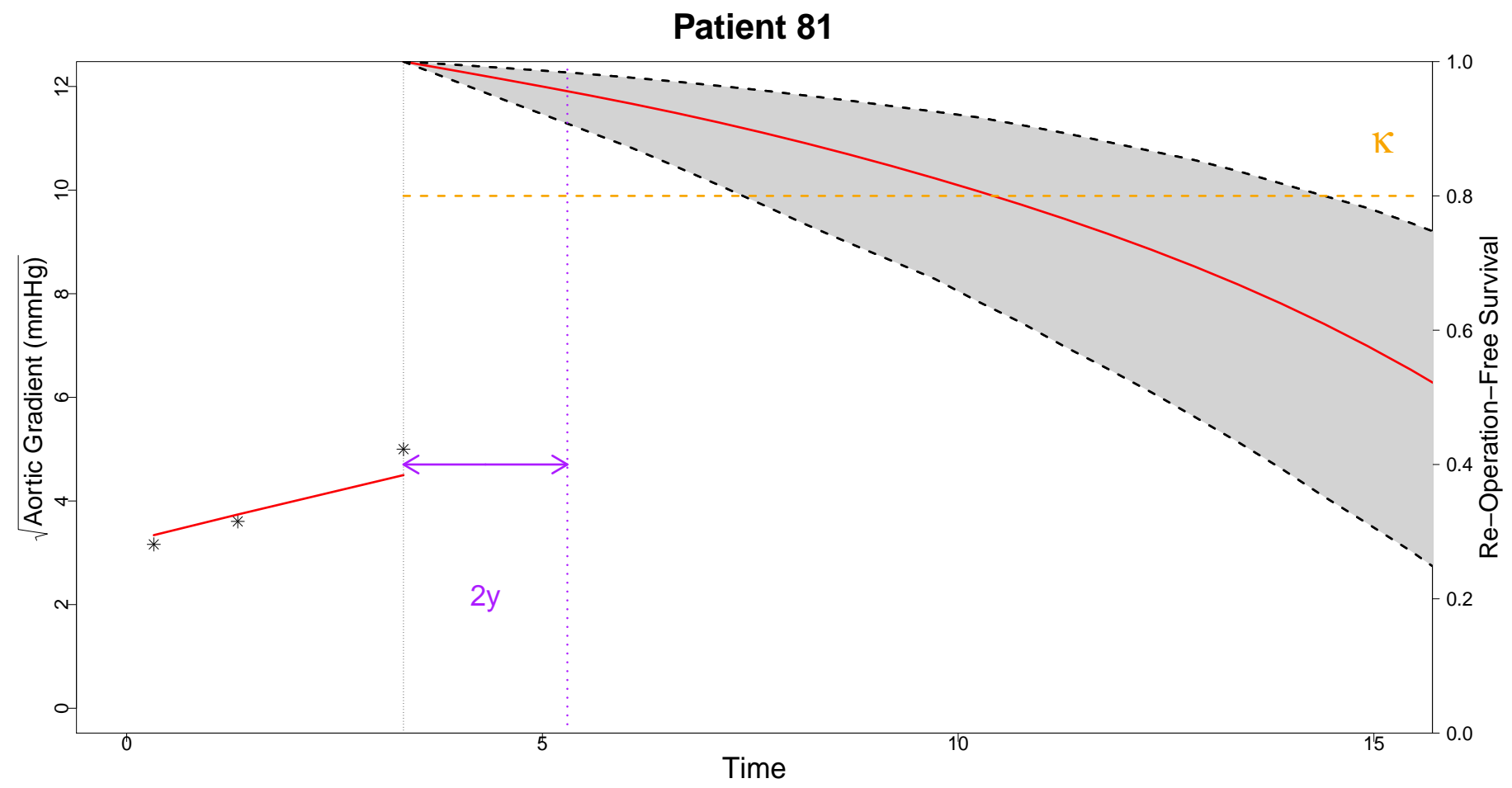
# 4.3 Next Visit Time – Example (cont'd)



# 4.3 Next Visit Time – Example (cont'd)

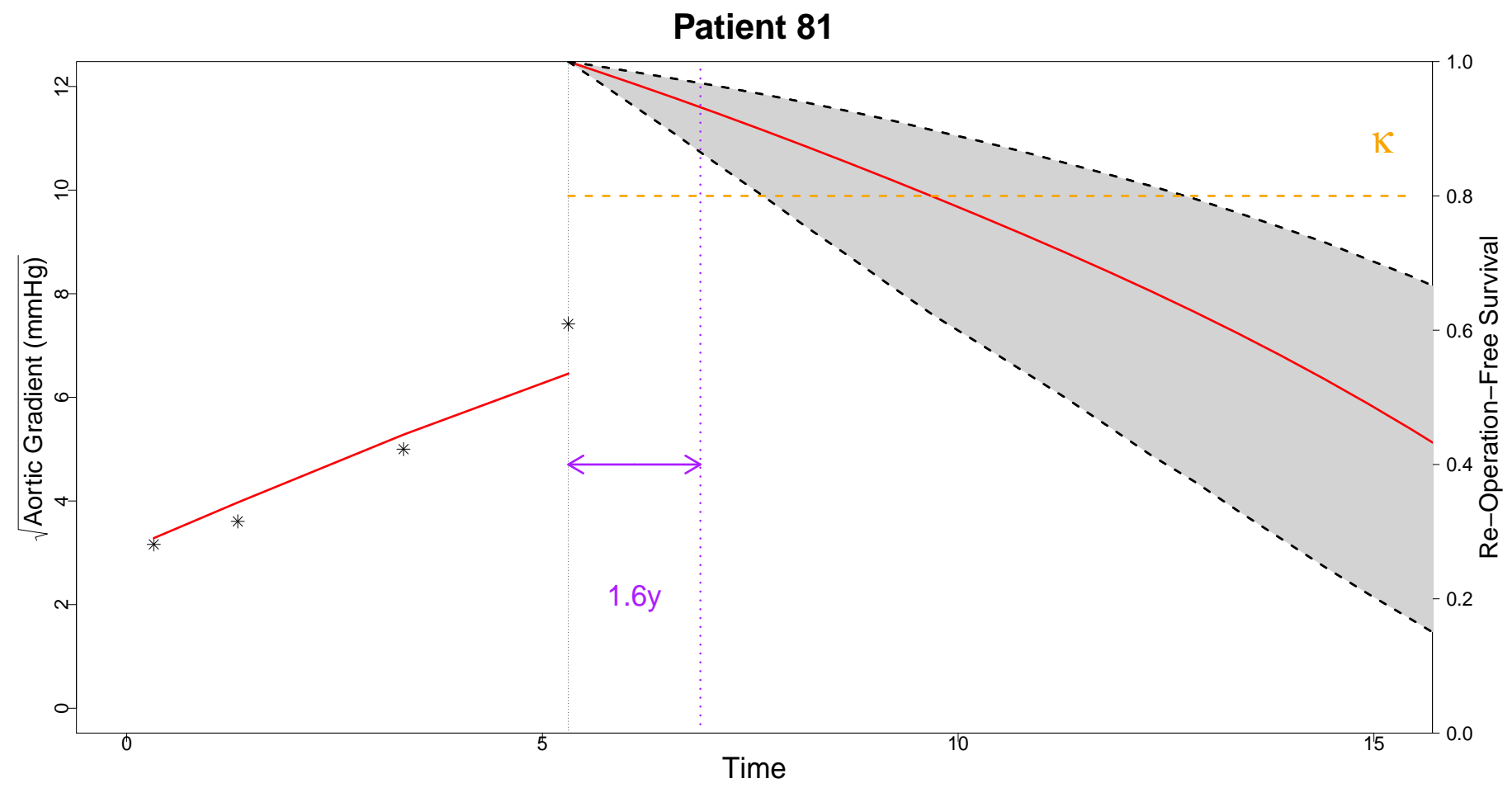


# 4.3 Next Visit Time – Example (cont'd)

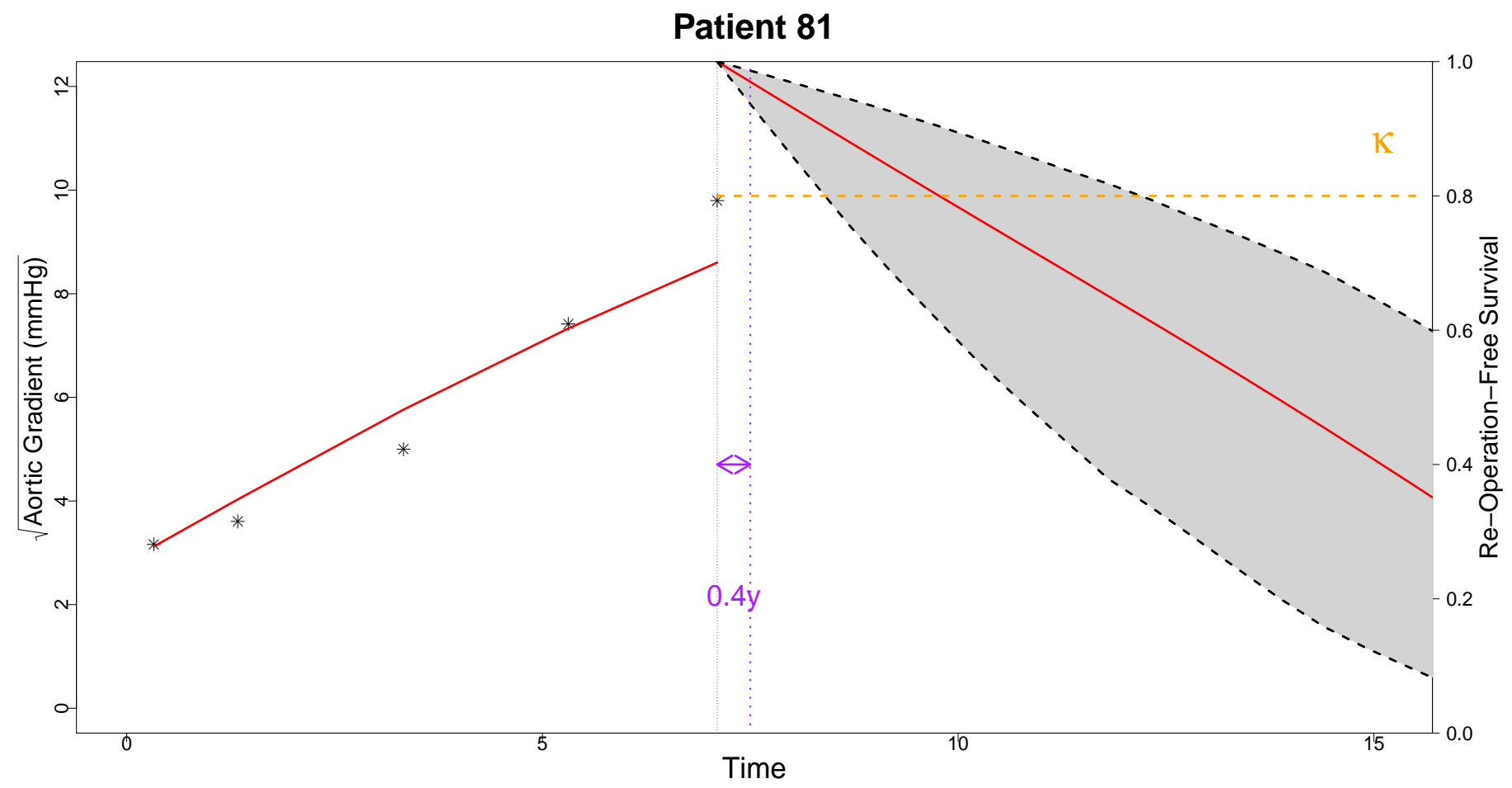




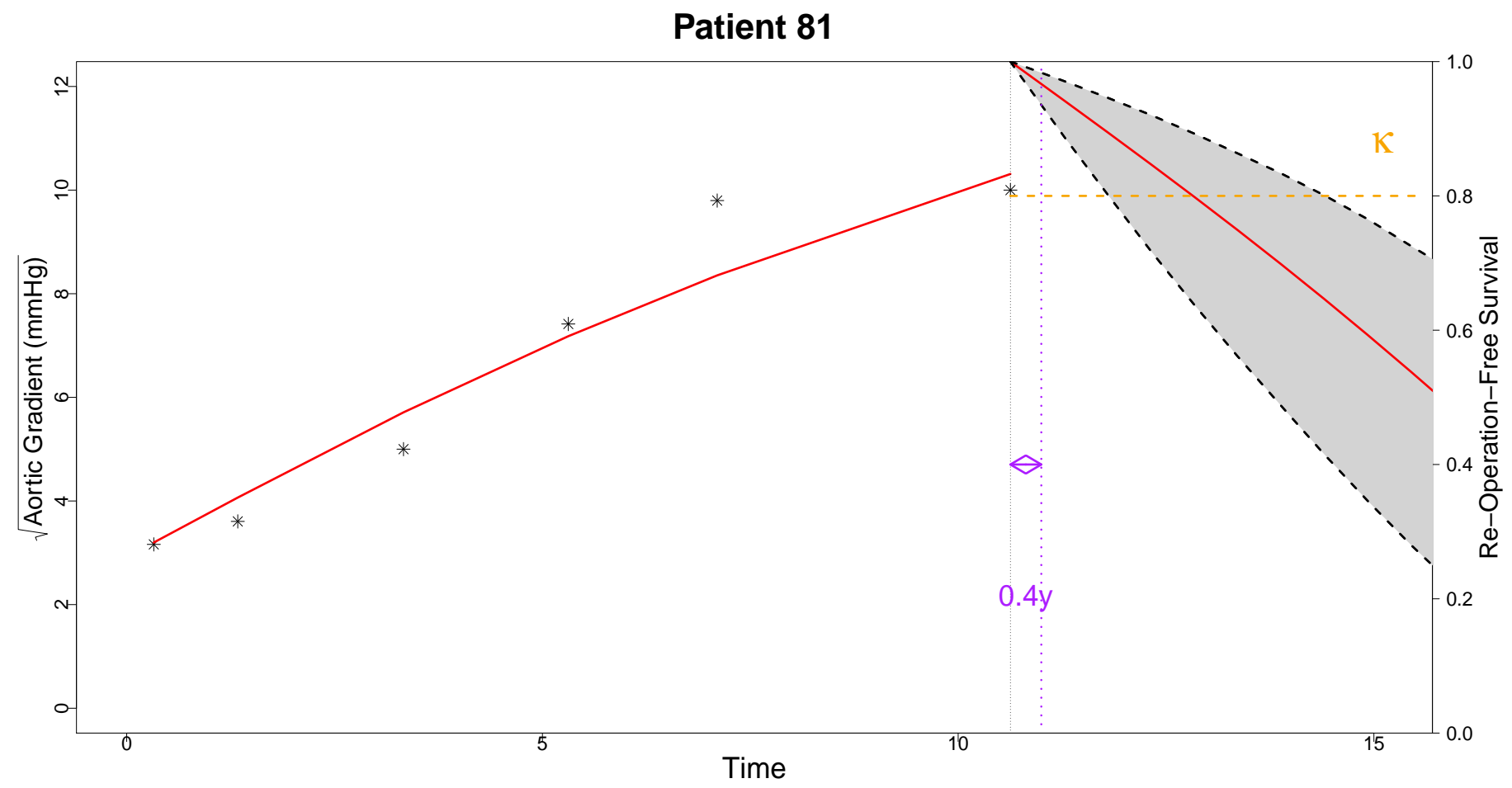
# 4.3 Next Visit Time – Example (cont'd)



# 4.3 Next Visit Time – Example (cont'd)



# 4.3 Next Visit Time – Example (cont'd)



## 5. Software

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- Software: R package **JMbayes** freely available via <http://cran.r-project.org/package=JMbayes>
  - ▷ it can fit a variety of joint models + many other features
  - ▷ relevant to this talk: `cvDCL()` and `dynInfo()`

GUI interface for dynamic predictions using package  
**shiny**

**Thank you for your attention!**