

Using Joint Models to Estimate Causal Effects for Salvage Therapy after Prostatectomy

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Aims, Models & Estimands

1 Background & Aim

- **Setting** Patients treated with surgery after diagnosis of Prostate Cancer (PCa)
 - ▷ *remain at risk of metastasis*
- Follow-up
 - ▷ PSA levels at frequent intervals
 - ▷ when PSA increases, physicians consider Salvage Therapy (ST)
 - ▷ ST androgen deprivation therapy, radiation therapy, chemotherapy, and combinations

1 Background & Aim (cont'd)

- Important questions regarding Salvage Therapy
 - ▷ *who should take it?*
 - ▷ *when to start?*
 - ▷ *does it work?*

1 Background & Aim (cont'd)

**Quantify the amount by which Salvage Therapy
reduces the risk of metastasis**

1 Background & Aim (cont'd)

- **University of Michigan Prostatectomy Data**
 - ▷ 3634 PCa patients followed-up in 1996–2013
 - * aged 40 to 84 years with clinically localized cT1 to cT3 disease
 - * received radical prostatectomy
 - ▷ baseline variables: PSA, Gleason, T-stage, age, race, gland volume, perineural invasion, planned adjuvant therapy

1 Background & Aim (cont'd)

- **Challenges**

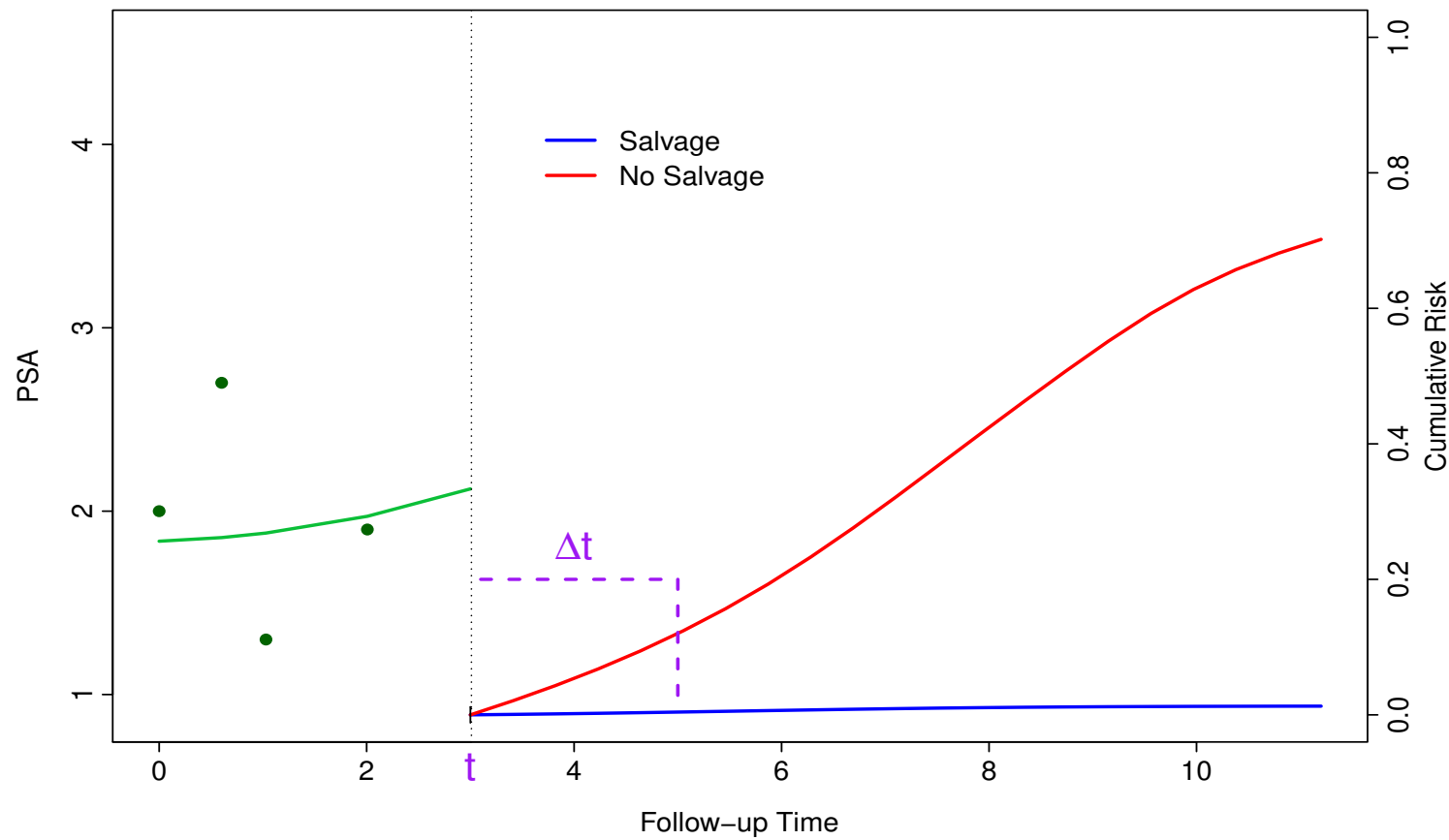
- ▷ *Observational Data – no RCT*
 - * selection bias
 - * ascertainment bias

- ▷ *Time-Varying Salvage Therapy*
 - * depends on previous PSA
 - * PSA time-dependent confounder

2 Causal ST Effects

- Standard assumptions for Causal Inference
 - ▷ *Consistency*: Observed outcomes equal the counterfactual outcomes for the actually assigned treatment
 - ▷ *Sequential Exchangeability*: The counterfactual outcomes are independent of the assigned treatment conditionally on the history of PSA measurements and baseline covariates

2 Causal ST Effects (cont'd)



2 Causal ST Effects (cont'd)

Which is the target group?

- Notation

- ▷ T_m : time to metastasis
- ▷ T_d : time to death
- ▷ $\mathcal{H}^*(t)$: a version of the PSA history up to t

- ▷ $T_m^{(a)}$ and $T_d^{(a)}$ counterfactual outcomes
 - * $a = 1$, ST given at t
 - * $a = 0$, ST was not given in $[t, t + \Delta t]$

2 Causal ST Effects (cont'd)

- **Marginal Salvage Therapy Effect**

▷ we average over all PSA histories

$$ST^M(t + \Delta t, t) = \Pr\{T_m^{(1)} \leq t + \Delta t \mid T_m > t, T_d > t\} - \Pr\{T_m^{(0)} \leq t + \Delta t \mid T_m > t, T_d > t\}$$

- **Notes:**

▷ of lesser relevance to the urologists because they decide who gets ST based on PSA \Rightarrow **more bias**

▷ averages over a big group of patients \Rightarrow **smaller variance**

2 Causal ST Effects (cont'd)

- **Conditional Salvage Therapy Effect**

▷ we condition on the PSA history of a specific patient, i.e., $\mathcal{H}^*(t) = \mathcal{H}_i(t)$

$$\begin{aligned} \text{ST}^C(t + \Delta t, t) &= \Pr\{T_m^{(1)} \leq t + \Delta t \mid T_m > t, T_d > t, \mathcal{H}_i(t)\} \\ &\quad - \Pr\{T_m^{(0)} \leq t + \Delta t \mid T_m > t, T_d > t, \mathcal{H}_i(t)\} \end{aligned}$$

- **Notes:**

▷ much more relevant to the urologists \Rightarrow **less bias**

▷ averages over a narrow group of patients \Rightarrow **larger variance**

2 Causal ST Effects (cont'd)

- Marginal-Conditional Salvage Therapy Effect

▷ consider ST for patients who had PSA levels above the threshold value c at their last visit, i.e., $\mathcal{H}^*(t) = \{Y(t) : Y(t) > c\}$

$$ST^{MC}(t + \Delta t, t) = \Pr\{T_m^{(1)} \leq t + \Delta t \mid T_m > t, T_d > t, \mathcal{H}^*(t)\} \\
- \Pr\{T_m^{(0)} \leq t + \Delta t \mid T_m > t, T_d > t, \mathcal{H}^*(t)\}$$

- Notes:

▷ relevant to the urologists \Rightarrow **compromised bias**

▷ averages over a bigger group of patients \Rightarrow **compromised variance**

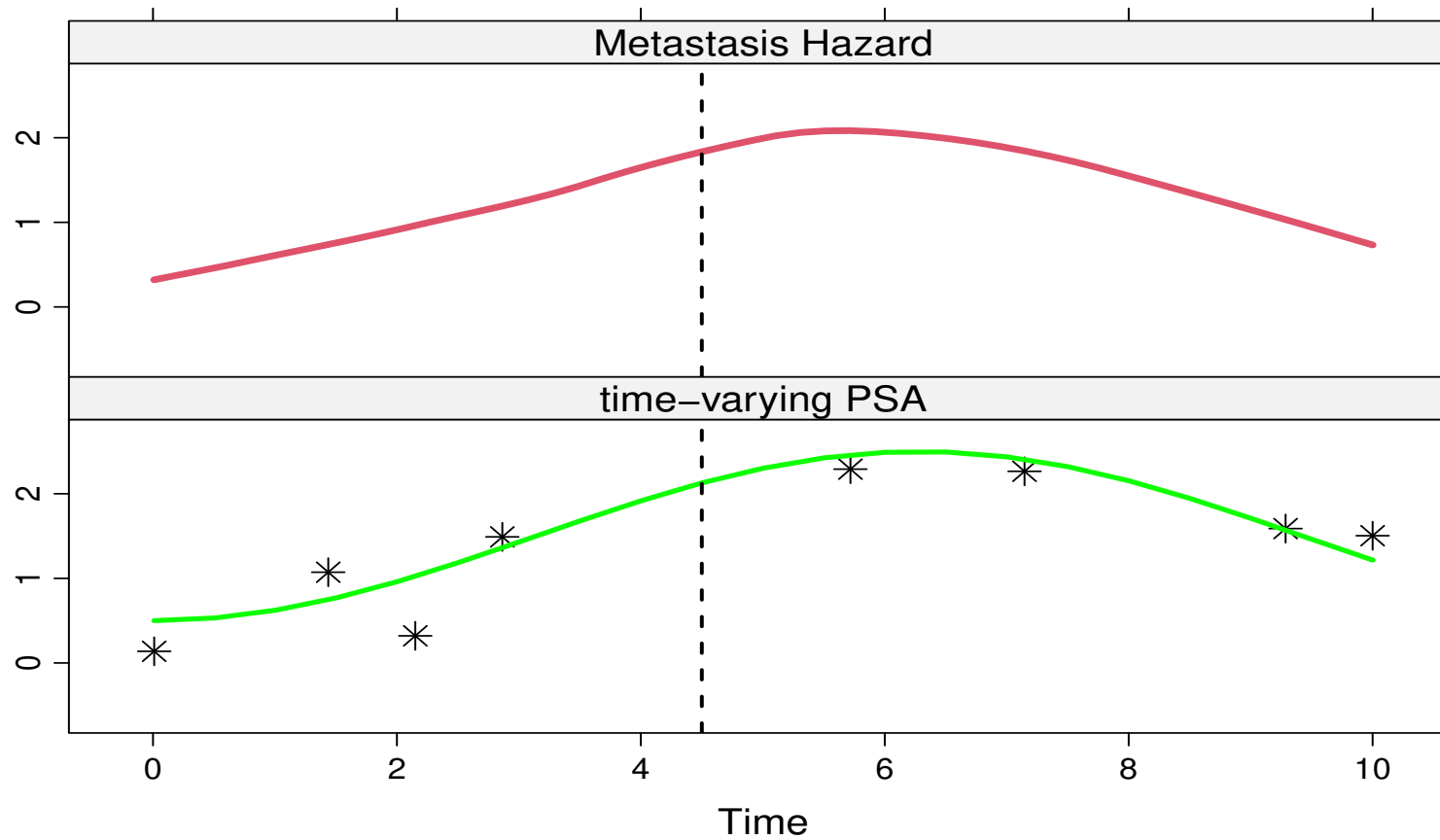
3 Structural Models

Standard Cox models not appropriate



**Joint Models for Longitudinal and
Time-to-Event Data**

3 Structural Models (cont'd)



3 Structural Models (cont'd)

Joint models completely specify the joint distribution of PSA, time-to-metastasis & time-to-death

- Under sequential ignorability,
 - ▷ they provide valid marginal distributions
 - ▷ *without requiring* to model the treatment assignment mechanism

4 PSA Sub-Model

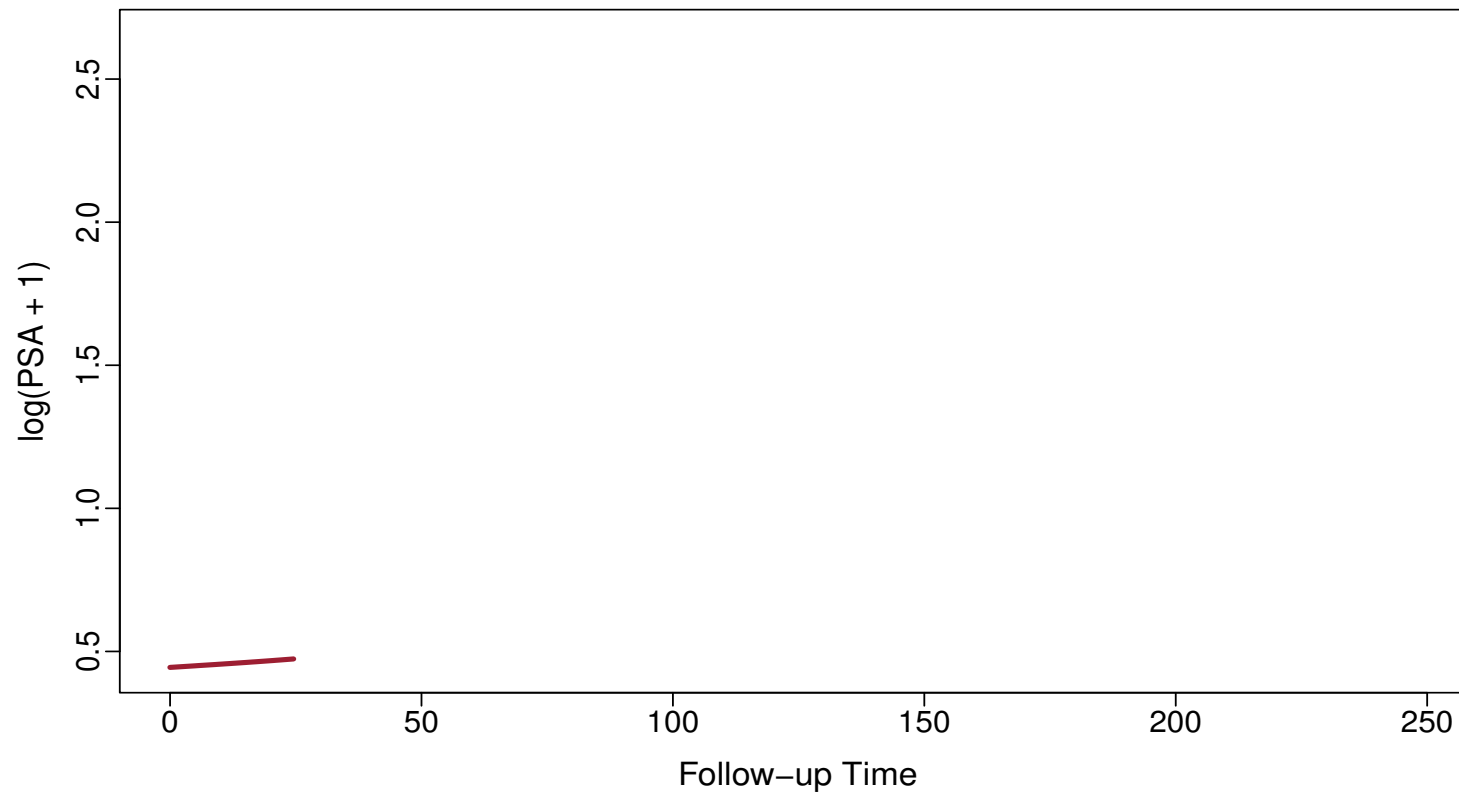
- As PSA increases, patients may receive ST
- We let S_i denote the time a patient initiated ST
 - ▷ for patients who did not initiate ST, $S_i = \infty$
- After ST, PSA levels are expected to drop
 - ▷ but may rise again before metastasis

4 PSA Sub-Model (cont'd)

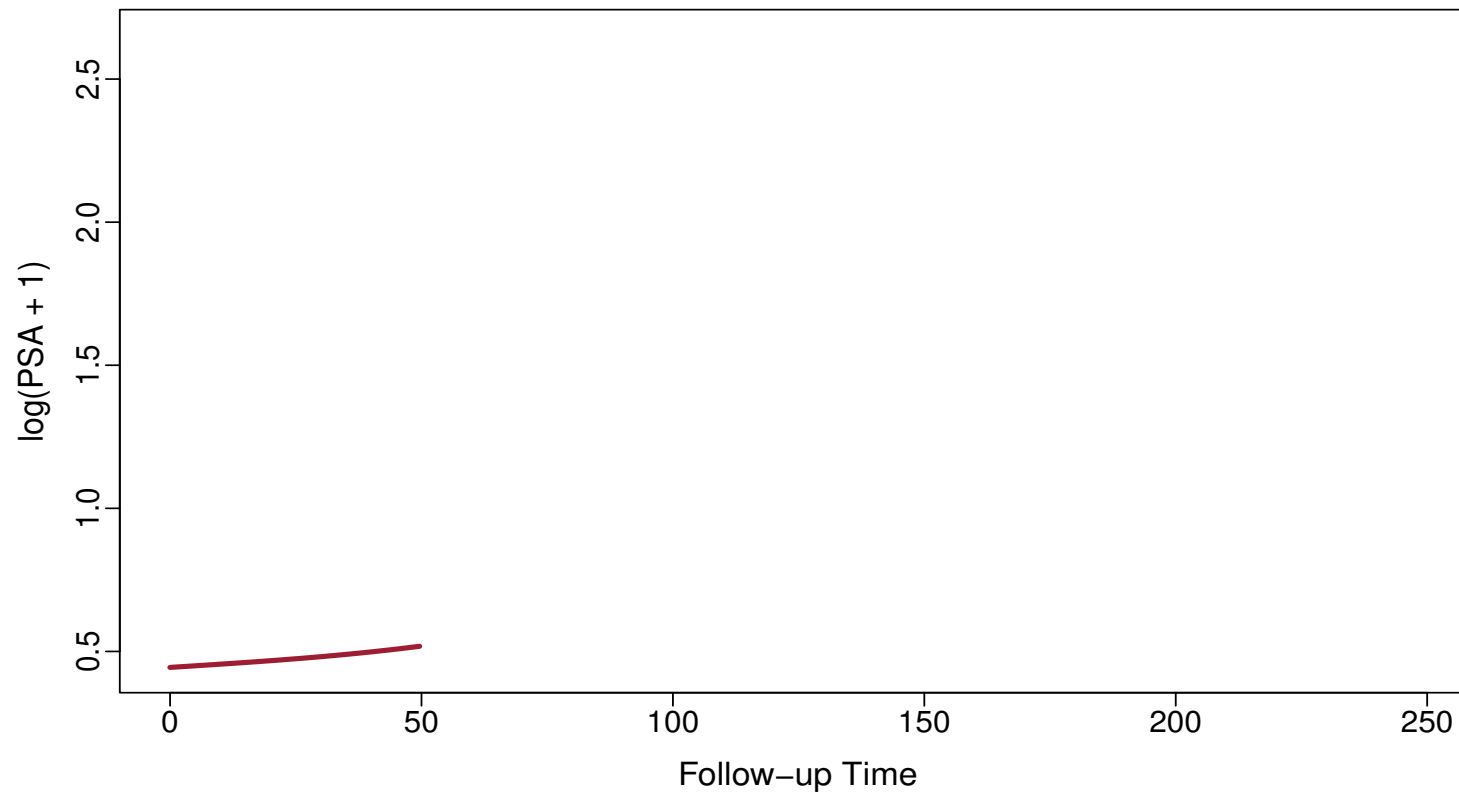
$$\log\{\text{PSA}_i(t) + 1\} = \begin{cases} \eta_i(t) + \varepsilon_i(t) = \mathbf{x}_i(t)\boldsymbol{\beta} + \mathbf{z}_i(t)\mathbf{b}_i + \varepsilon_i(t), & t < S_i \\ \tilde{\eta}_i(t) + \varepsilon_i(t) = \\ \eta_i(t) + \left\{ \tilde{\mathbf{x}}_i(t)\tilde{\boldsymbol{\beta}} + \tilde{\mathbf{z}}_i(t)\tilde{\mathbf{b}}_i \right\} + \varepsilon_i(t), & t \geq S_i, \end{cases}$$

$$\mathbf{u}_i = (\mathbf{b}_i, \tilde{\mathbf{b}}_i) \sim \mathcal{N}(\mathbf{0}, \boldsymbol{\Omega})$$

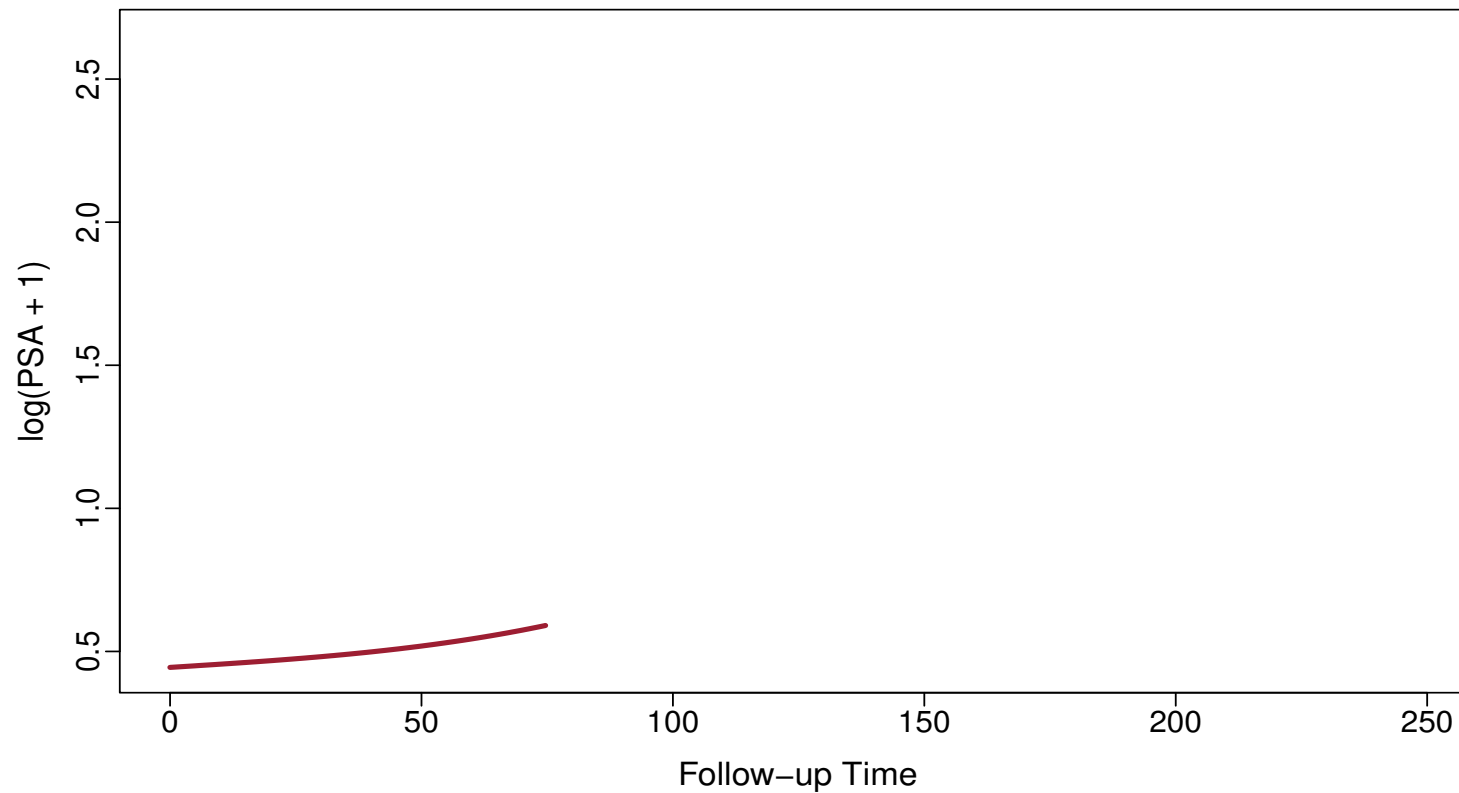
4 PSA Sub-Model (cont'd)



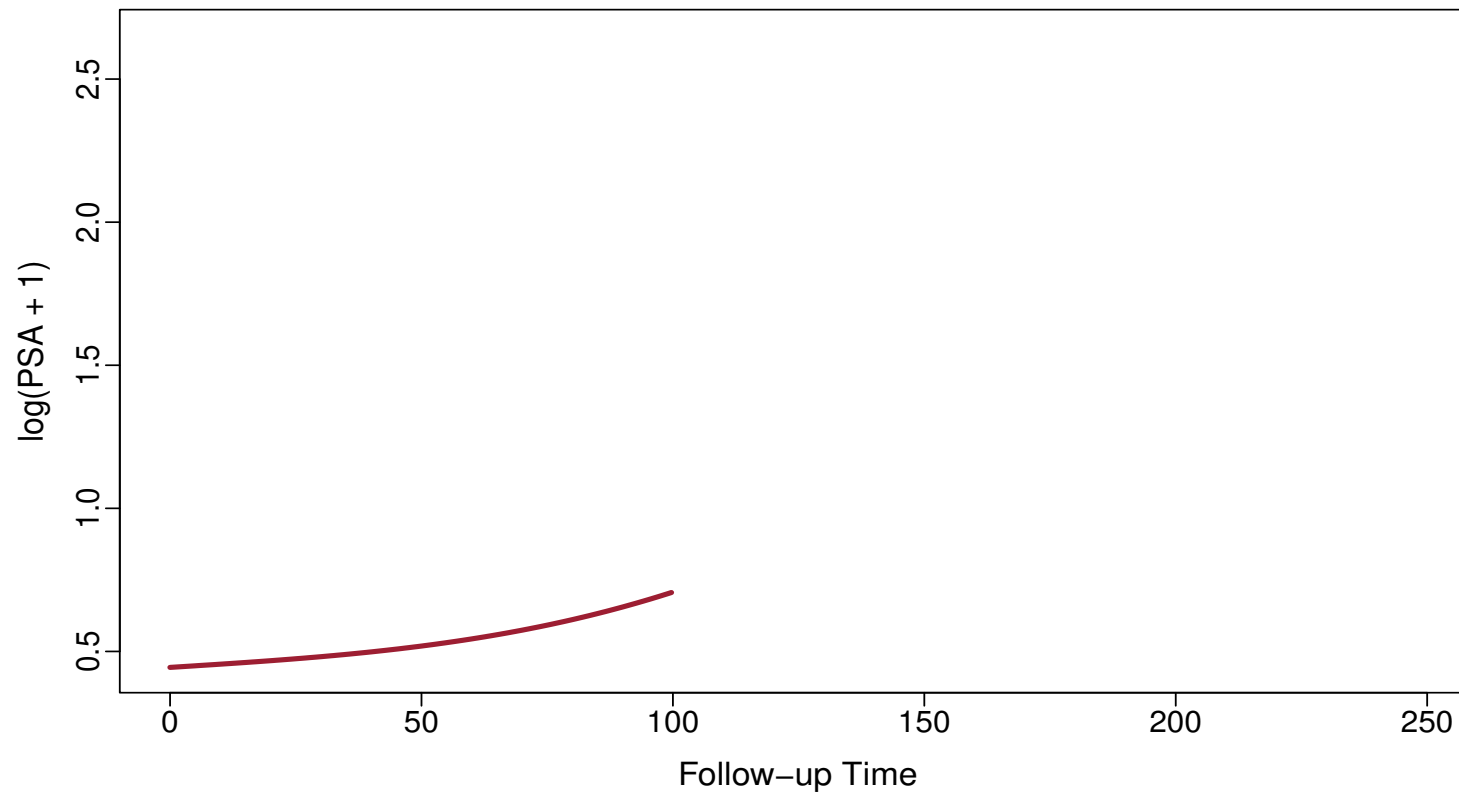
4 PSA Sub-Model (cont'd)



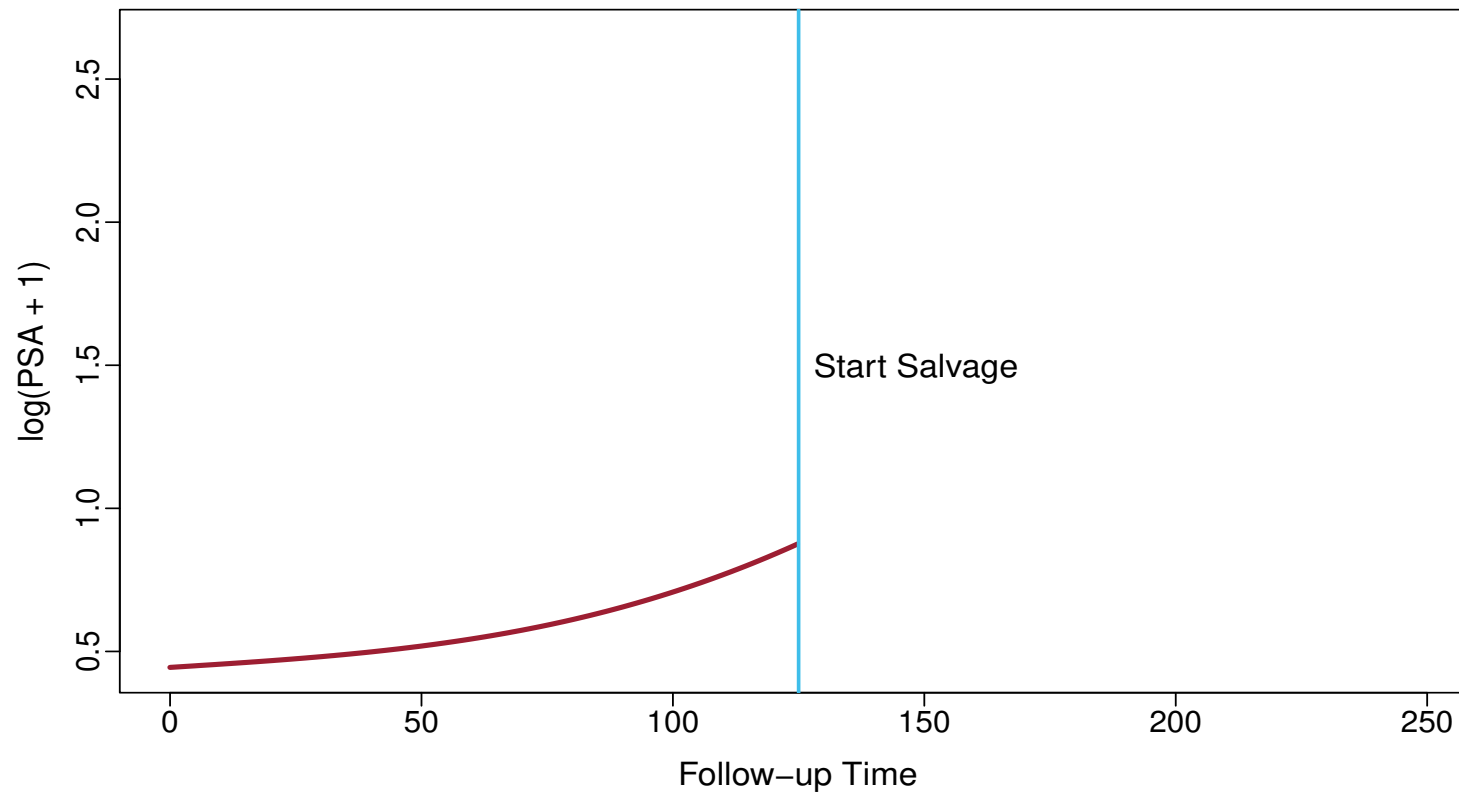
4 PSA Sub-Model (cont'd)



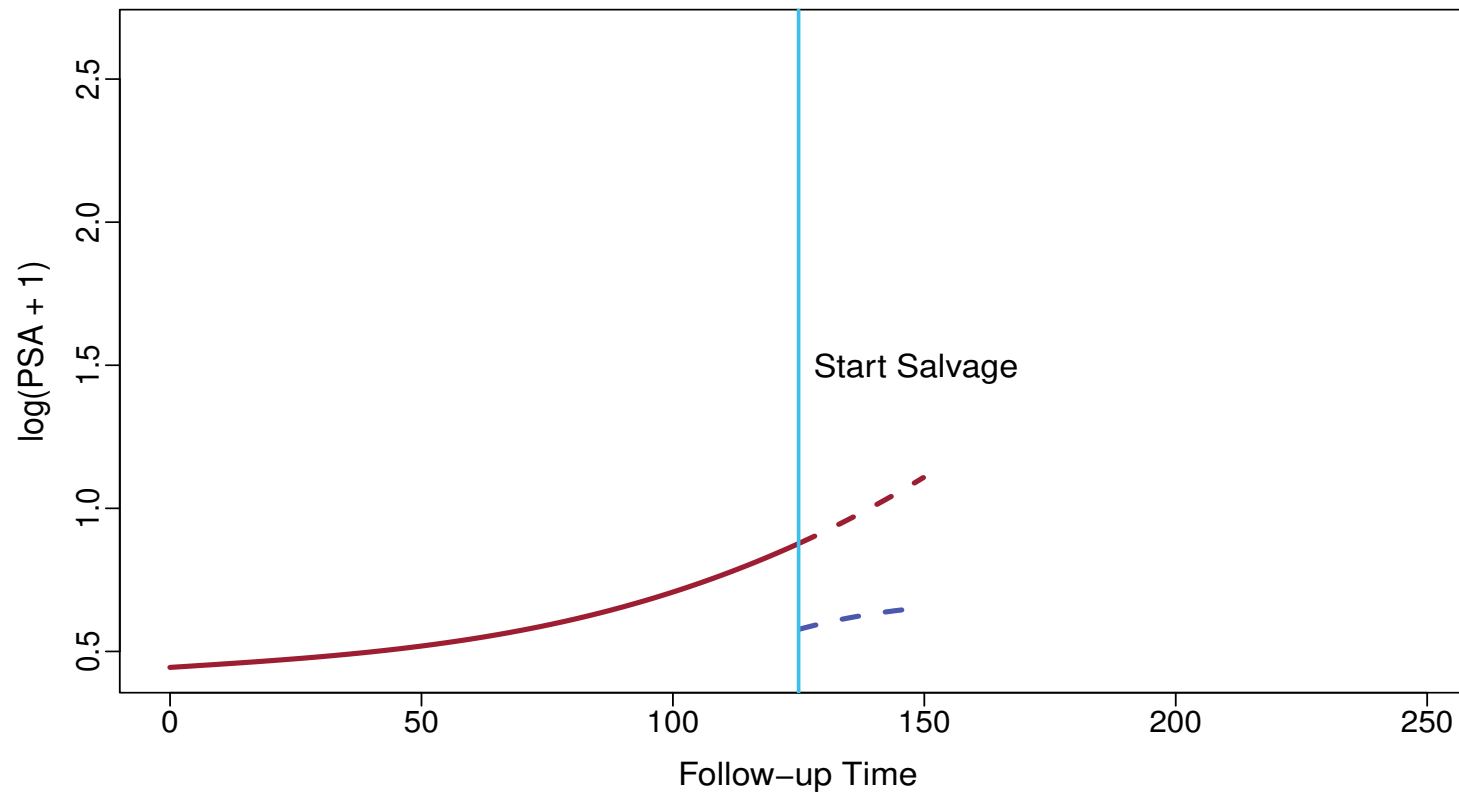
4 PSA Sub-Model (cont'd)



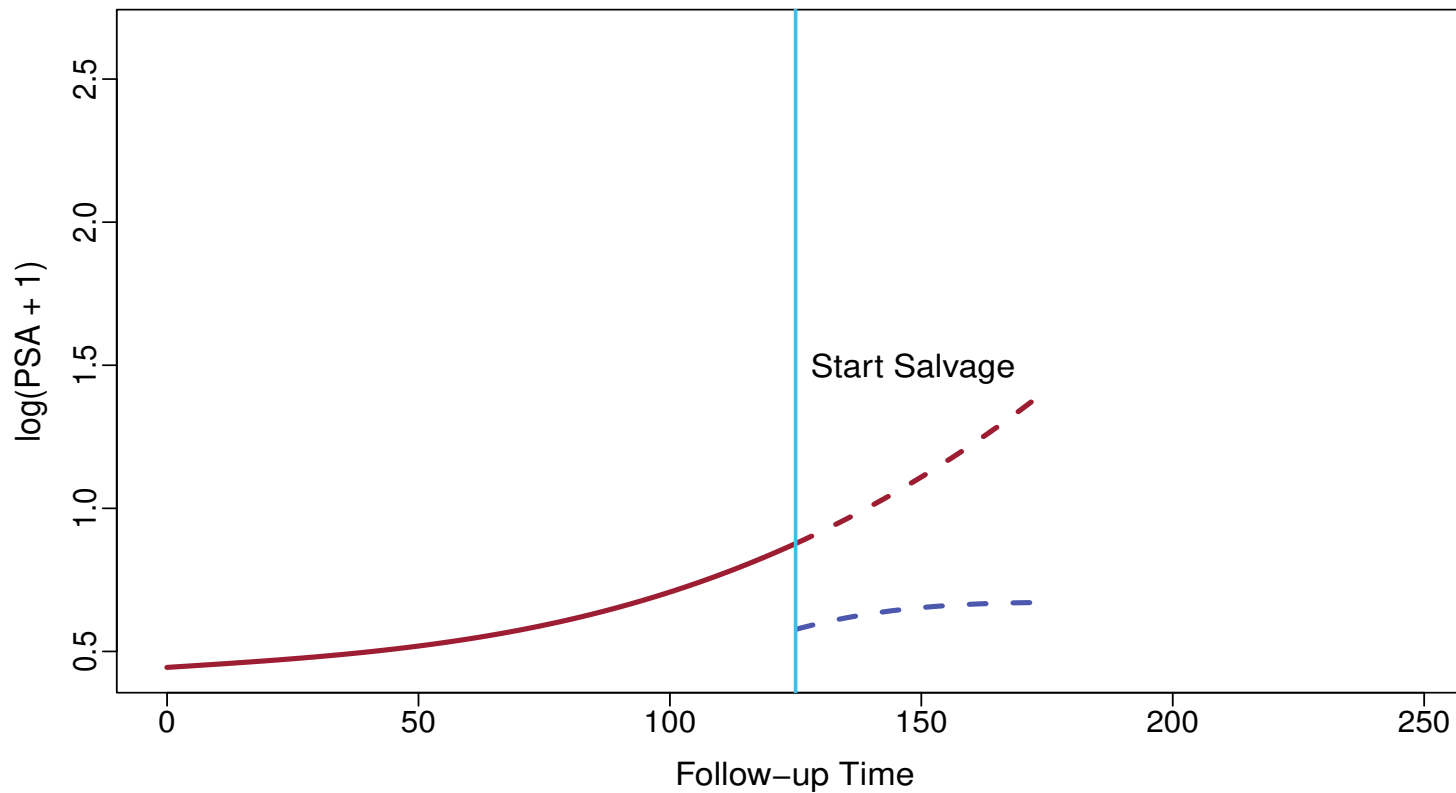
4 PSA Sub-Model (cont'd)



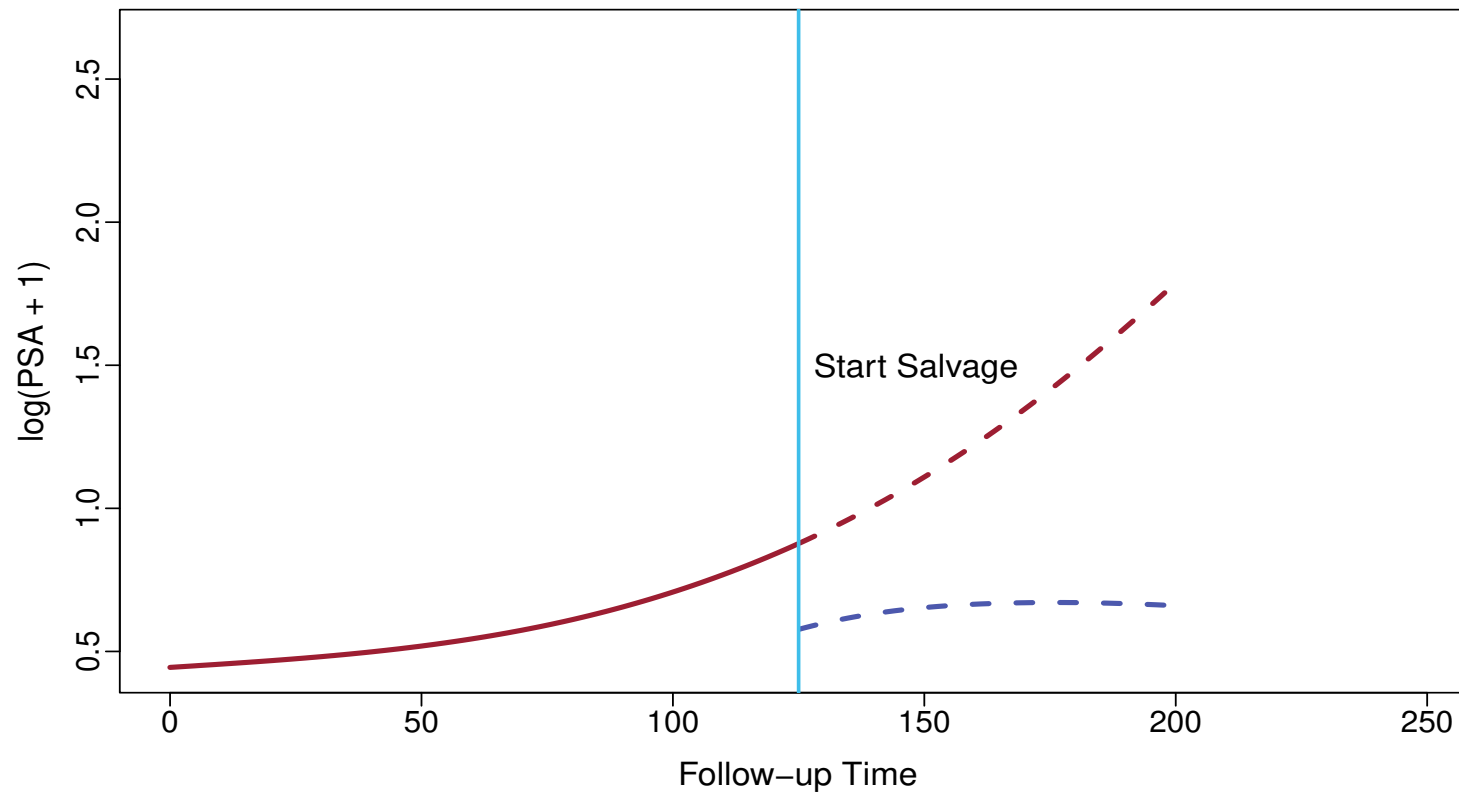
4 PSA Sub-Model (cont'd)



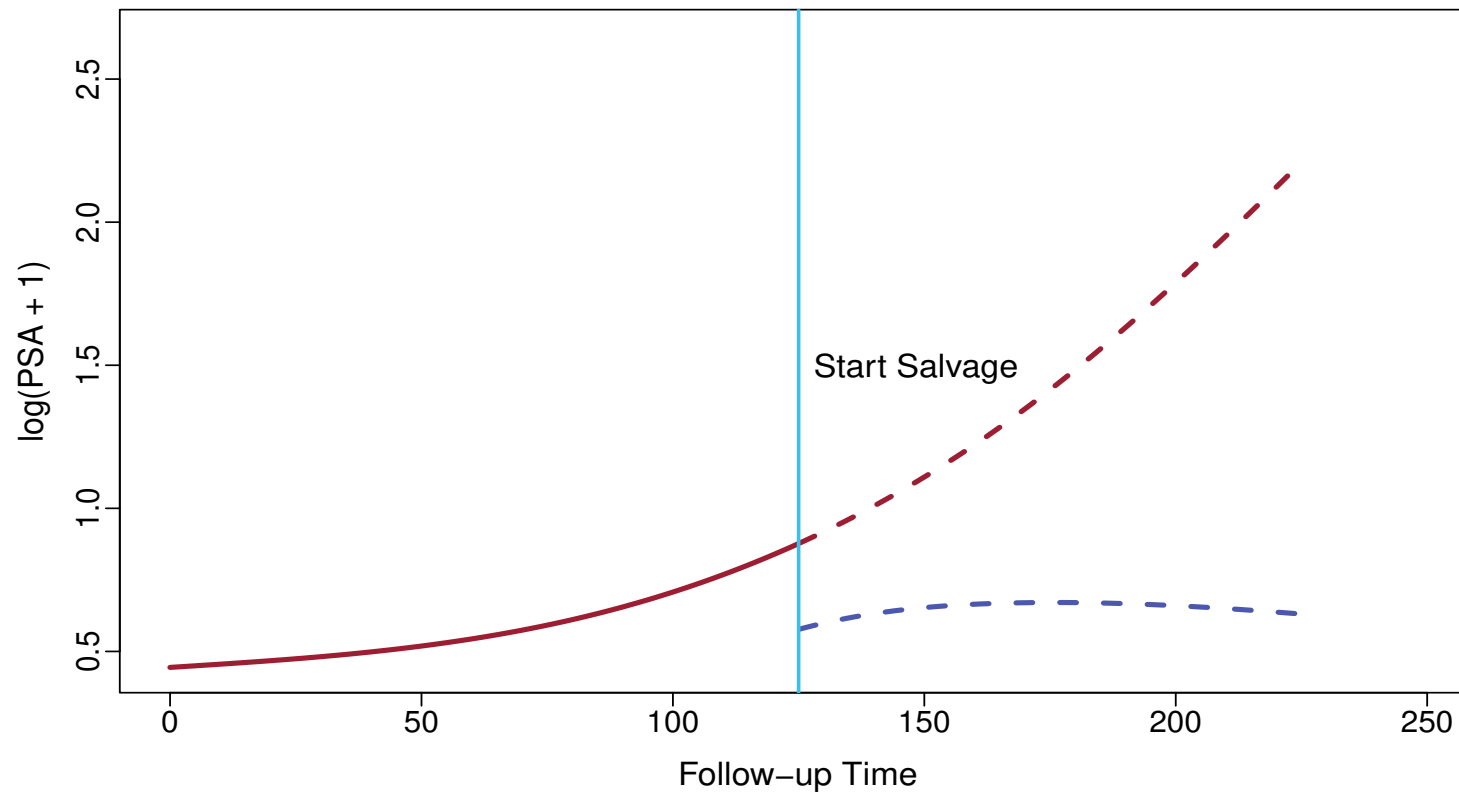
4 PSA Sub-Model (cont'd)



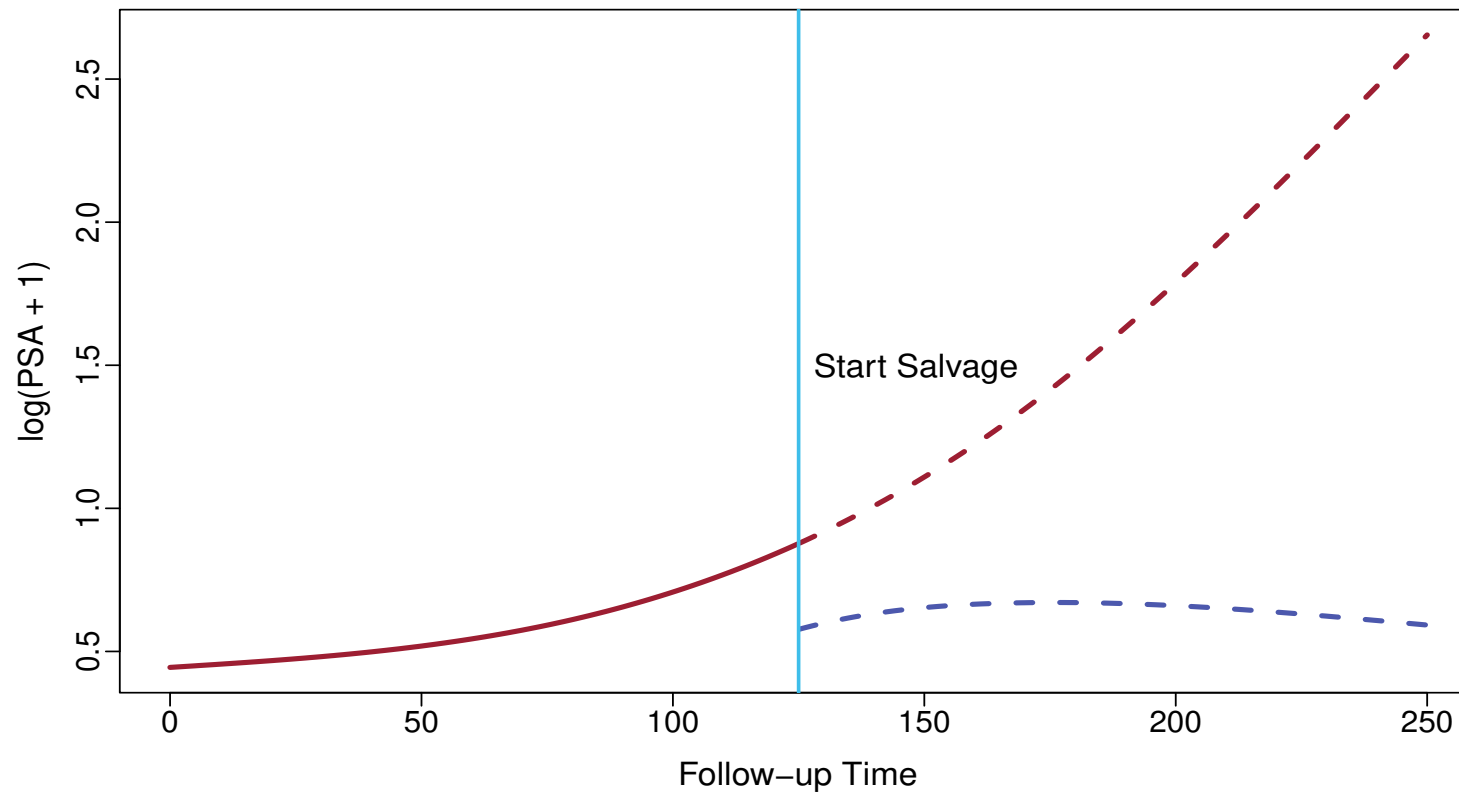
4 PSA Sub-Model (cont'd)



4 PSA Sub-Model (cont'd)



4 PSA Sub-Model (cont'd)



5 Metastasis and Death Sub-Models

- Metastasis and Death treated as *Competing Risks*
- Separate hazard models for metastasis and death
 - ▷ linked with PSA and ST
 - ▷ baseline covariates

5 Metastasis and Death Sub-Models (cont'd)

- **Metastasis Sub-Model** linked to baseline covariates, Salvage and PSA

$$h_i^m(t) = \begin{cases} h_0^m(t) \exp\left(\boldsymbol{\psi}_m^\top \mathbf{w}_i + \boldsymbol{\alpha}_m^\top f\{\eta_i(t)\}\right), & t < S_i \\ h_0^m(t) \exp\left(\boldsymbol{\psi}_m^\top \mathbf{w}_i + \gamma_m(t - S_i) + \boldsymbol{\xi}_m^\top g\{\tilde{\eta}_i(t)\}\right), & t \geq S_i \end{cases}$$

5 Metastasis and Death (cont'd)

- **Death Sub-Model** linked to baseline covariates, Salvage *but not* PSA

$$h_i^d(t) = \begin{cases} h_0^d(t) \exp(\boldsymbol{\psi}_d^\top \mathbf{w}_i), & t < S_i \\ h_0^d(t) \exp(\boldsymbol{\psi}_d^\top \mathbf{w}_i + \gamma_d), & t \geq S_i \end{cases}$$

6 Causal Effect Estimation

- From the joint model, we can obtain the conditional causal effect

$$\Pr\{T_{mi}^{(a)} \leq t + \Delta t \mid T_{mi} > t, T_{di} > t, \mathcal{H}_i(t), \mathcal{X}_i\} =$$

$$\int \int \Pr\{T_{mi}^{(a)} \leq t + \Delta t \mid T_{mi} > t, T_{di} > t, \mathbf{u}_i, \mathcal{X}_i, \boldsymbol{\theta}\}$$

$$\times p\{\mathbf{u}_i \mid T_{mi} > t, T_{di} > t, \mathcal{H}_i(t), \mathcal{X}_i, \boldsymbol{\theta}\} p(\boldsymbol{\theta} \mid \mathcal{D}) d\mathbf{u}_i d\boldsymbol{\theta}$$

- ▷ $a = \{0, 1\}$
- ▷ $\mathcal{D} = \{T_i, \delta_i, Y_i; i = 1, \dots, n\}$
- ▷ $p(\boldsymbol{\theta} \mid \mathcal{D})$ posterior

6 Causal Effect Estimation (cont'd)

- Monte Carlo scheme to estimate $ST_i^C(t + \Delta t, t)$
 - ▷ sample $\check{\theta}^{(l)}$ from the posterior of the parameters $[\theta \mid \mathcal{D}]$
 - ▷ sample $\check{\mathbf{u}}_i^{(l)}$ from the posterior of the random effects $[\mathbf{u}_i \mid T_{mi} > t, T_{di} > t, \mathcal{H}_i(t), \mathcal{X}_i, \check{\theta}^{(l)}]$
 - ▷ calculate $\pi_i^{(l)}(t + \Delta t \mid t, a) = \Pr\{T_{mi}^{(a)} \leq t + \Delta t \mid T_{mi} > t, T_{di} > t, \check{\mathbf{u}}_i^{(l)}, \mathcal{X}_i, \check{\theta}^{(l)}\}$
- We repeat L times and get

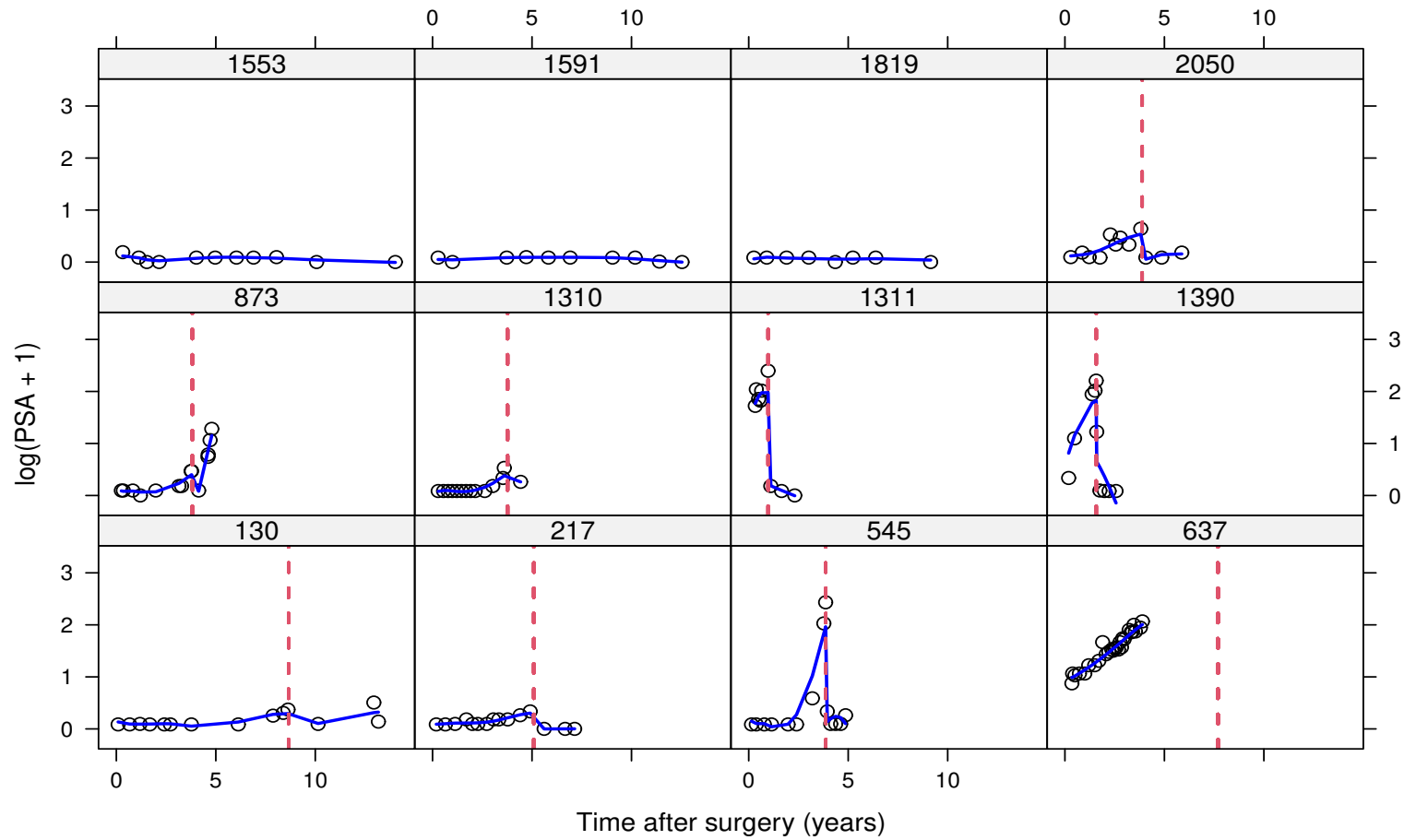
$$\widehat{ST}_i^C(t + \Delta t, t) = \frac{1}{L} \sum_{l=1}^L \pi_i^{(l)}(t + \Delta t \mid t, a = 1) - \pi_i^{(l)}(t + \Delta t \mid t, a = 0)$$

6 Causal Effect Estimation (cont'd)

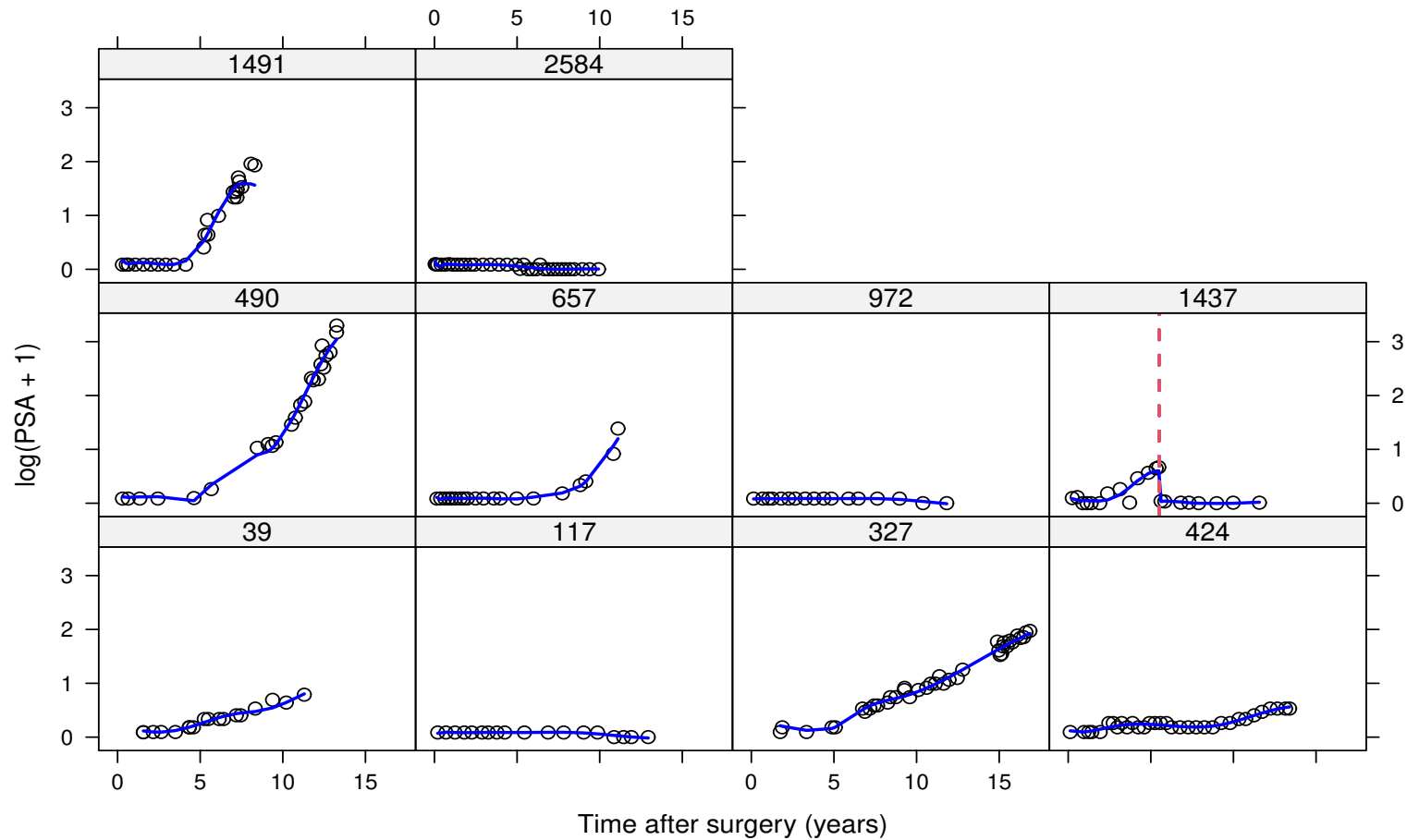
- Estimation of $ST^M(t + \Delta t, t)$ and $ST^{MC}(t + \Delta t, t)$ proceeds by averaging the conditional effects over the respective groups of patients
- For example, for $ST^M(t + \Delta t, t)$
 - ▷ $\mathcal{R}(t)$ the subset of patients at risk at time t
 - ▷ for each patient in $\mathcal{R}(t)$, we calculate $\widehat{ST}_i^C(t + \Delta t, t)$

$$\widehat{ST}^M(t + \Delta t, t) = n_r^{-1} \sum_{i:i \in R(t)} \widehat{ST}_i^C(t + \Delta t, t),$$

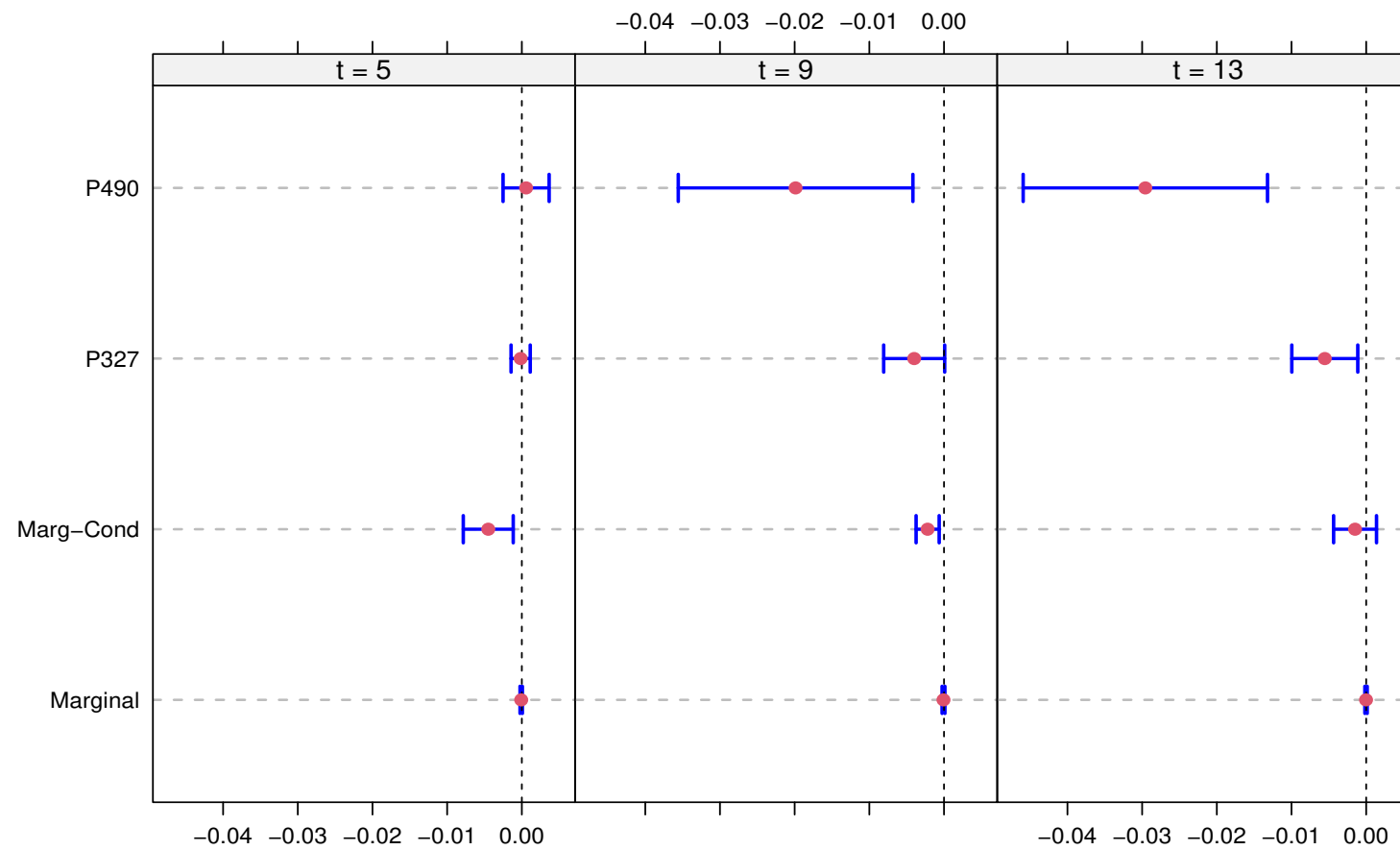
7 Results



7 Results (cont'd)



7 Results (cont'd)



7 Software (cont'd)

- Implementation available in **JMbayes2**
 - ▷ `predict()` cumulative incidence risks
 - ▷ `causal_effects()` calculates the different causal effects (not yet in the package, but in GitHub)

- Shiny app...

Thank for your attention!

<https://www.drizopoulos.com/>