# **Development and performance of npde for the evaluation of time-to-event model**

Marc Cerou <sup>1,2,3</sup>\*, Marc Lavielle <sup>4</sup>, Karl Brendel <sup>3</sup>, Marylore Chenel <sup>3</sup>, Emmanuelle Comets <sup>1,2</sup>

<sup>1</sup> INSERM UMR1137 IAME & Univ Paris Diderot, Paris, France <sup>2</sup> CIC 1414 & Univ Rennes 1, Rennes, France <sup>3</sup> Institut de Recherches Internationales Servier, Suresnes, France<sup>4</sup> Inria & Ecole Polytechnique, Palaiseau, France



**Objectives:** To develop normalised prediction distribution errors (npde) for time-to-event data and to diagnose their performance by considering type I error and power, using simulation studies.

## Introduction

- Non-linear mixed effect models increasingly used in the drug development process
- -biomarkers followed throughout the trial and linked with the primary outcome (survival)
- -best described using joint models, which reduce bias in the estimation of model parameters

#### • Time-to-event model:

 $h(t|PSA(\theta,t)) = h_0(t) \exp(\beta \times PSA(\theta,t))$ with  $h_0$  characterized by a parametric Weibull model  $h_0(t) = \frac{k}{\lambda} \left(\frac{t}{\lambda}\right)^{k-1}$ 

• Parameters estimated by the SAEM algorithm:

| Parameter | Fixed effects         | Transformation | $IIV(\omega)$ |
|-----------|-----------------------|----------------|---------------|
| r         | 0.05                  | log-normal     | 0.1           |
| $PSA_0$   | 80                    | log-normal     | 0.6           |
| 3         | 0.3                   | logit-normal   | 1.5           |
| $T_{esc}$ | 140                   | log-normal     | 0.6           |
| d         | 0.046                 | fixed          | -             |
| δ         | 0.23                  | fixed          | -             |
| k         | 1.52                  | -              | 0             |
| λ         | 873                   | -              | 0             |
| β         | $1.16 \times 10^{-6}$ | -              | 0             |



#### Model evaluation

- defined as assessing the adequacy between the tested model Mand the data V
- important part of model development [1]
- graphical and statistical methods available for continuous data, including VPC [2], npde [3]
- few methods, mostly visual, for non-continuous data
- Objective: develop npde for the time-to-event component of joint models

## Methods

## **Statistical models**

- Let  $T_i$  be the observation of the outcome in subject *i* and  $C_i$  the indicator of censoring. If  $C_i = 0$ ,  $T_i$  corresponds to the time of the event, if  $C_i = 1$   $T_i$  is the censoring time.
- Model for the time-to-event (TTE) outcome characterised by the instantaneous risk h

 $h(t|f(\theta_i, t)) = h_0(t) \times \exp(\beta f(\theta_i, t))$ 

- where  $h_0$  is the baseline hazard
- -f: structural model (which can be non-linear) of the longitudinal outcome
- \* individual parameters  $\theta_i \sim \mathcal{D}(\mu, \Omega)$  for the subject *i*, with fixed effects  $\mu$  and variance-covariance matrix  $\Omega$
- joint model:  $\beta$  represents the strength of the link between the longitudinal outcome and the time to the event
- $\Rightarrow$  Model to evaluate:

## **Evaluating the performance of npde**

Performance of npde evaluated by simulation



- $M_V$ : model used to generate V
- **Type I error**: % of rejection of *M* under  $H_0(M=M_V)$
- **Power**: % of rejection of *M* under  $H_1$  ( $M \neq M_V$ )
- Longitudinal model not evaluated and supposed to be correct Simulation settings
- Misspecification in the impact of PSA on survival ( $\beta$ )
- $h_0$ : Weibull distribution with { $k = 1.5, \lambda = 580$ }



#### • Misspecification in the model of $h_0$ (k)

*Figure 2: Graphical and statistical diagnostics of the npde* 

## **Misspecification in the impact of PSA on survival** ( $\beta$ )



*Figure 3: Type I error and power for the 4 sample sizes N depending* on  $\beta$ . Under  $H_0$ , the expected prediction interval is represented as a grey area ([0.024,0.09]).

#### • Good performances of npde:

## $M = \{f, h, \Psi = (\mu, \Omega, \beta)\}$

## Model evaluation with npde

### Construction

• npde are based on prediction discrepancies *pd*, defined as the quantile of an observation in its predictive distribution

 $pd_i = F_i(T_i) = \int_{0}^{T_i} p_i(t|\Psi) dt = \int_{0}^{T_i} \int_{0}^{T_i} p(t|\theta_i, \Psi) p(\theta_i|\Psi) d\theta_i dt$ 

– where F is approximated by Monte-Carlo simulations (K=1000) - for censored events, pd are imputed under the predictive distribution (similarly to continuous data below the LOQ[4]) \* extends to interval-censored TTE



## Test and Graphs

- $pd \sim U(0,1)$  and  $npde = \phi^{-1}(pd) \sim \mathcal{N}(0,1)$
- combined test on the distribution of npde [3]: Wilcoxon test for mean, Fisher test for variance, and Shapiro-Wilk test for normality adjusted with the correction of Bonferroni
- Visual diagnostics
- QQplot with 95% confidence interval

- $h_0$ : Weibull distribution with { $\lambda = 580$ }
- same  $\beta$  for  $M_V$  and M ( $\beta = 10^{-3}$ )



#### Implementation

We used the statistical software R (version 3.2.3) and the package mlxR to simulate the data.

Results

## **Simulated Data**



- adequate type I error, close to 5% under  $H_0$
- as expected, the power increases with the sample size N
- the power increases as the difference between the tested model and the one used to simulate the data increases
- There is a lower percentage of rejection if data are censored - because pd are imputed under tested model
- even if corrected for the percentage of censoring

## **Misspecification in the model of** $h_0(k)$



#### *Figure 4:* Power of the npde to detect misspecification of $h_0$

• npde able to pick up misspecification in  $h_0$  with similar power when k is changed

#### Conclusion

#### - histogram of the npde

## Simulation

## Motivating example: Desmée et al. 2015 [5]

- Metastatic castration-resistant prostate cancer
- Model developed using data from a phase III clinical trial
- -N=500 individuals with 735 days maximum follow-up
- -longitudinal observations of PSA (Prostate Specific Antigen) every 21 days (maximum of 35 measurements)
- Longitudinal model:



- [1] Food and Drug Administration. Guidance for Industry: Population Pharmacokinetics. FDA, Rockville, Maryland, USA, 1999.
- [2] M Karlsson and N Holford. A tutorial on visual predictive checks. 17th meeting of the Population Approach Group in Europe, Marseille, France, page Abstr 1434, 2008.

**Figure 1:** Predicted PSA (grey) and survival Kaplan-Meier estimate of survival curve (with 95% CI in dashed line) for one simulated dataset under a Weibull model ({ $\beta = 10^{-3}, \lambda = 580, k = 1.5$ }). The yellow area (resp. blue) represents the 90% prediction interval of the survival function obtained from 1000 replicates simulated under the same (True) model (resp. False,  $\beta = 5 \times 10^{-3}$ ).

## Using npde to evaluate a TTE model

- True model (left): under  $H_0$ , points remain in the prediction interval and the p-value is not significant
- False model (right): under  $H_1$ , most of the points are not in the prediction interval, and the distribution is shifted to the right as the model underestimates survival time, leading to  $p \le 5\%$

[3] Karl Brendel, Emmanuelle Comets, Céline Laffont, and France Mentré. Evaluation of different tests based on observations for external model evaluation of population analyses. Journal of Pharmacokinetics and Pharmacodynamics, 37:49-65, 2010.

[4] T H T Nguyen, E Comets, and F Mentré. Prediction discrepancies (pd) for evaluation of models with data under limit of quantification. Journal of Pharmacokinetics and Pharmacodynamics, 39:499-518, 2012.

[5] Solène Desmée, France Mentré, Christine Veyrat-Follet, and Jérémie Guedj. Nonlinear mixed-effect models for

- Development of npde for time-to-event data
  - can be extended to interval-censored TTE
- Good performance on simulated data
  - adequate type I error
  - power to detect model misspecifications in the survival model \* misspecified link between the longitudinal marker and the outcome
  - \* misspecification in the shape of the survival curve

#### • Perspectives:

- -extension to joint evaluation when we consider time-to-event AND longitudinal observations
- -extension to joint modeling framework with repeated time-toevent and longitudinal observations

#### prostate-specific antigen kinetics and link with survival in the context of metastatic prostate cancer: a comparison by simulation of two-stage and joint approaches. The AAPS journal, 17(3):691-699, 2015.

#### **+** Presenting author email: marc.cerou@inserm.fr