

## INTRODUCTION

Commonly used diagnostics for parametric repeated time-to-event models (e.g. Kaplan-Meier VPC) require simulations, which may be difficult to generate in situations with dose titration or informative dropout.

Here, we present a novel simulation-free diagnostic tool for parametric hazard models: the kernel-based visual hazard comparison (kbVHC).

## METHODS

### kbVHC

Non-parametric kernel estimate of hazard rate [1,2]

- Degree of smoothing determined by bandwidth
- User-defined  $CV_{target}$  determines local bandwidth
- Bootstrap to obtain 95% confidence interval

Parametric hazard estimate

- Mean of posthoc individual hazard estimate

The parametric and non-parametric hazard are plotted together and visually compared

### Evaluation of kbVHC

We simulated and refitted various scenarios

- Gompertz, Weibull or circadian-varying hazard models
- Number of subjects (50-500)
- $CV_{target}$  (5-40%)

Comparison with Kaplan-Meier VPC [3]

## CONCLUSION

- The kbVHC has good sensitivity for model misspecification in RTTE models
- kbVHC outperformed the Kaplan-Meier VPC in scenarios with a rapidly changing hazard rate
- The kbVHC can be used when representative simulations cannot be generated
- The kernel hazard estimate can be generated prior to model development, to explore the data

## RESULTS

- The kbVHC could distinguish between Gompertz and Weibull models (Figure 1), even when the hazard was relatively low
- Interpretation of the kbVHC depends on the smoothing of the kernel hazard rate. The degree of smoothing can be inspected by plotting the local kernel bandwidth (Figure 2).
- Based on the amount of events in a dataset, we found that the following range of  $CV_{target}$  worked well in practice:
  - <250 events; 15-40%
  - 250-1000 events; 10-30%
  - >1000 events; 5-20%
- In scenarios with rapidly changing hazard, kbVHC was more sensitive than Kaplan-Meier VPC to detect model misspecification. (Figure 3)

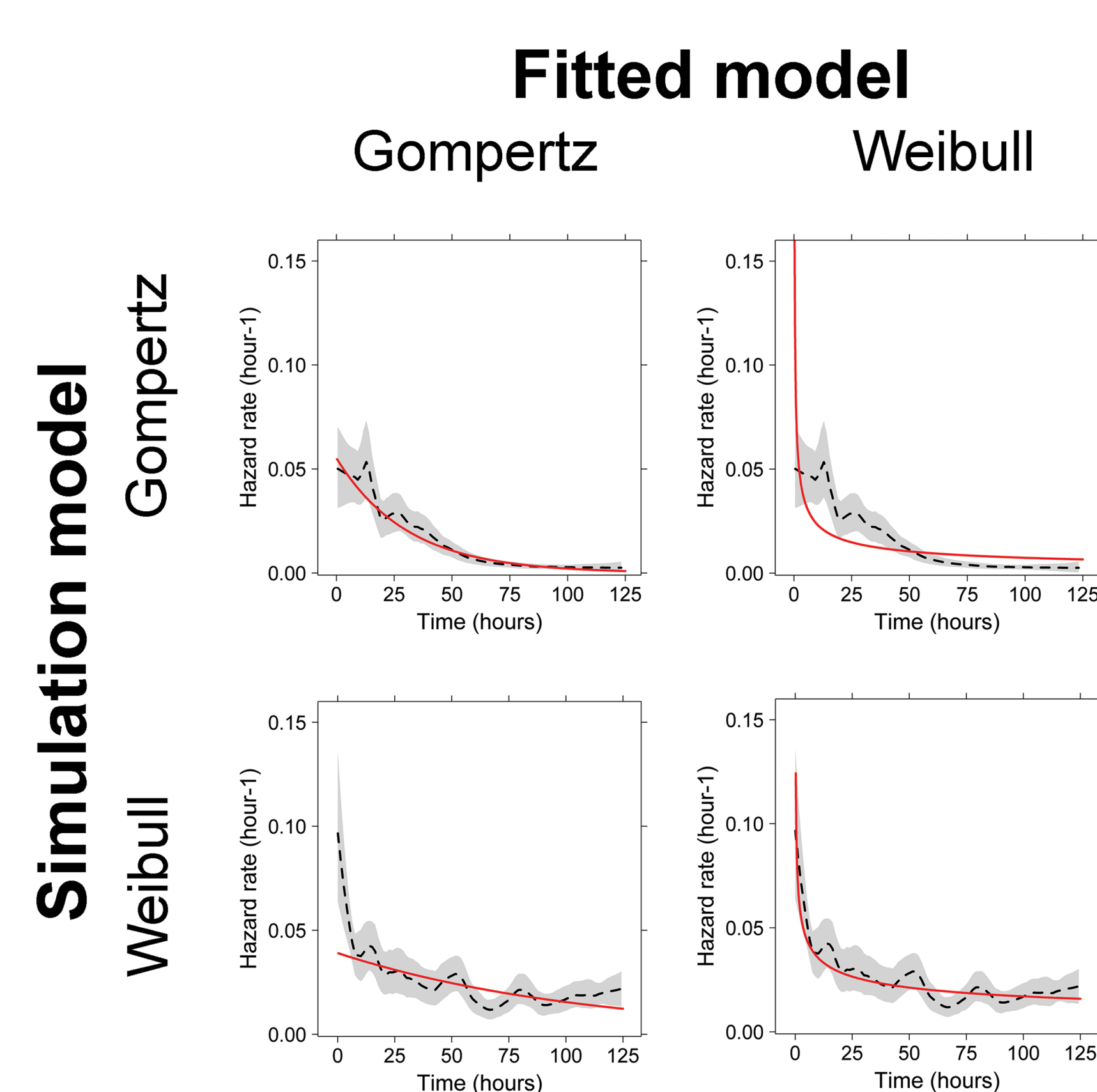


Figure 1. kbVHC plots for Gompertz and Weibull scenarios fitted with true and misspecified models. Red line represents parametric hazard estimate, the black dashed line represents the kernel hazard estimate with 95% confidence interval (shaded grey area).

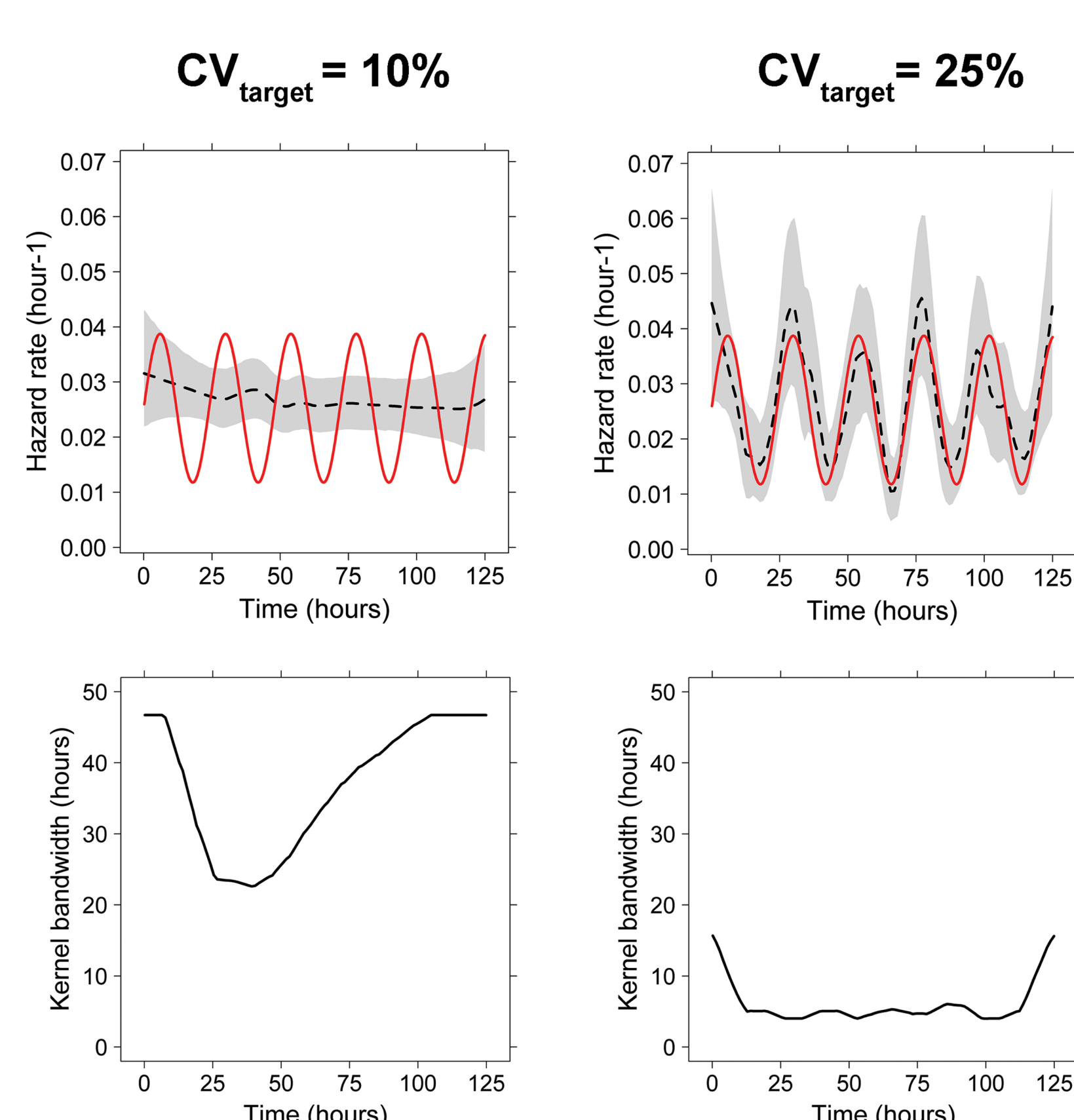


Figure 2. Impact of user-defined  $CV_{target}$  on the kbVHC diagnostic in a simulated dataset with 125 subjects and a circadian-varying hazard (415 events). The upper row shows kbVHC plots, while the lower row shows the local bandwidth of the kernel estimator. Dataset was fitted with the true model.

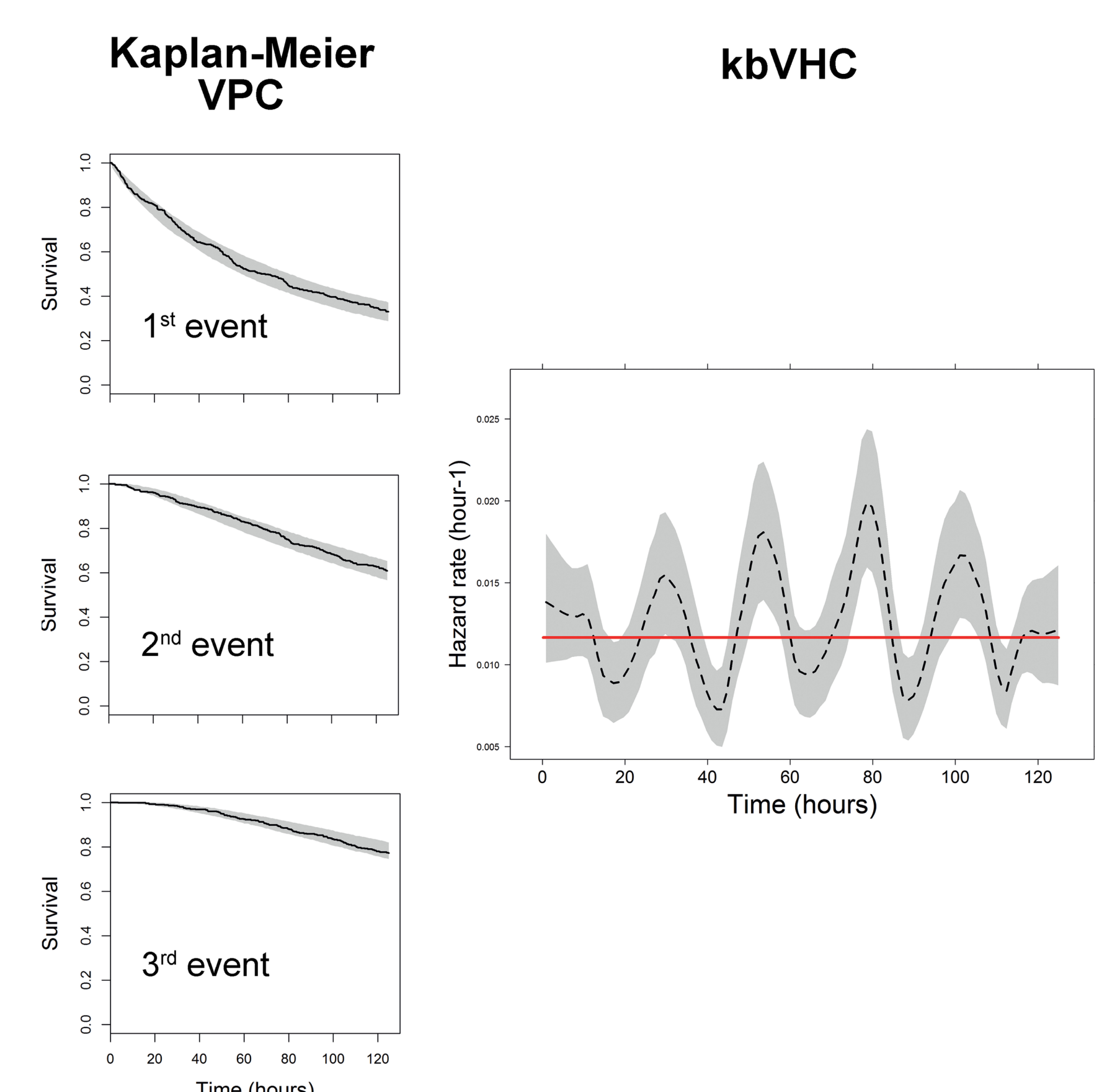


Figure 3. Comparison of kbVHC and Kaplan-Meier VPC for a scenario with circadian-varying hazard fitted with a constant hazard model. The simulated dataset contains 500 subjects, 786 events and has a 50% amplitude of the circadian variation of the hazard.

## AFFILIATIONS & FUNDING

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## REFERENCES

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2. Muller and Wang. Biometrics 1994;50:61-76
3. Juul et al. Pharm Res 2016;33:1093-103.