Combining Covariate Adjustment with Group Sequential and Information Adaptive Designs to Improve Randomized Trial Efficiency



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Joint work with
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Planning

- Background, Problem Setting and Set Up
- Proposal: Combining Covariate Adjustment and GSDs
- 3 Proposal: Combining Covariate Adjustment and Information-Adaptive Designs
- 4 Simulation Study
- 5 Discussion

Outline

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Covariate Adjustment

- Covariate adjustment is a statistical analysis method with high potential to improve precision for many trials.
 - **Pre-planned** adjustment for baseline variables when estimating **average treatment effect**.
 - Estimand is same as when using unadjusted estimator (e.g., difference in means).
 - Goal: avoid making any model assumptions beyond what's assumed for unadjusted estimator (robustness to model misspecification).

(e.g., Koch et al., 1998; Yang and Tsiatis, 2001; Rubin and van der Laan, 2008; Tsiatis et al., 2008; Moore and van der Laan, 2009b,a; Zhang, 2015; Jiang et al., 2018; Benkeser et al., 2020)

- A commonly used type of clinical trial design that involves **pre-planned interim analyses**
 - where the trial can be **stopped early** for efficacy or futility.
- Prevalent in confirmatory clinical trials for ethical and efficiency reasons as they potentially save time and resources by allowing early termination of the trial.

Problem Setting

- Combination of covariate adjustment and group sequential designs has the potential to offer the benefits of both methods:
 - using covariate adjusted estimators at interim and final analyses of a group sequential design.
- Several challenges involved in combining these two approaches.

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- 2 The uncertainty at the design stage about the amount of precision gain and corresponding sample size reduction.
 - Proposals have been made to use external trial data to estimate the precision gain.
 - Nevertheless, an incorrect projection of a covariate's prognostic value risks an over- or underpowered future trial.
 - ☐ This is also an obstacle in trials without interim analyses.

Endpoints, Estimands and Estimators

- The proposal works for **all types of common outcomes**
 - e.g., continuous, binary, ordinal, and time-to-event
- The proposal accommodates any estimand, including
 - risk difference, relative risk and odds ratio for binary outcomes,
 - difference in restricted mean survival times and relative risk for time-to-event outcomes.
 - ...
- The proposal will be applicable to any (adjusted and unadjusted) estimator as long as it is regular and asymptotically linear (RAL) and consistent for the estimand of interest.
 - e.g., G-computation estimator (as suggested in the recent FDA draft guidance on covariate adjustment)

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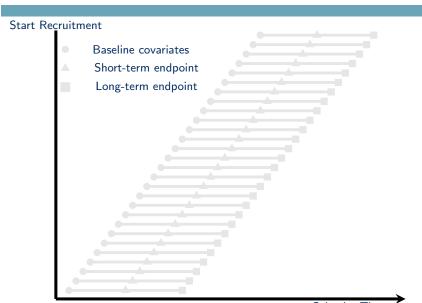
- Primary endpoint: binary.
- Estimand: $\theta = E(Y|A=1) E(Y|A=0)$.
- Estimator: G-computation/Standardization
 - 1 Fit logistic regression model for

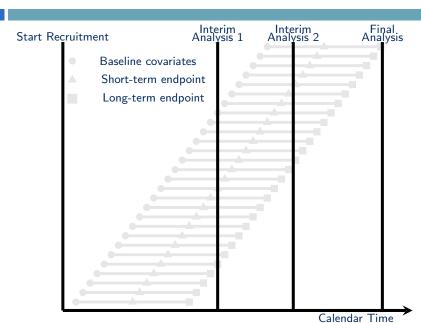
$$P(Y = 1|A, B) = logit^{-1}(\gamma_0 + \gamma_1 A + \gamma_2 B).$$

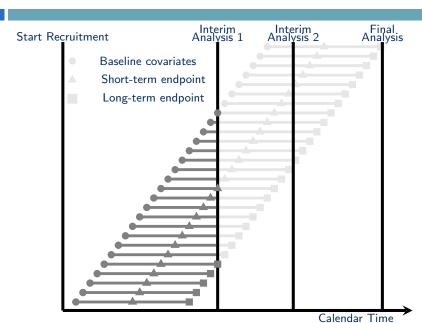
- 2 Compute standardized estimators for treatment specific means
 - $\hat{E}(Y|A=1) = \frac{1}{n} \sum_{i=1}^{n} logit^{-1} (\hat{\gamma}_0 + \hat{\gamma}_1 + \hat{\gamma}_2 B_i)$
 - $\hat{E}(Y|A=0) = \frac{1}{n} \sum_{i=1}^{n} logit^{-1} (\hat{\gamma}_0 + \hat{\gamma}_2 B_i)$
- 3 Calculate $\hat{\theta} = \hat{E}(Y|A=1) \hat{E}(Y|A=0)$

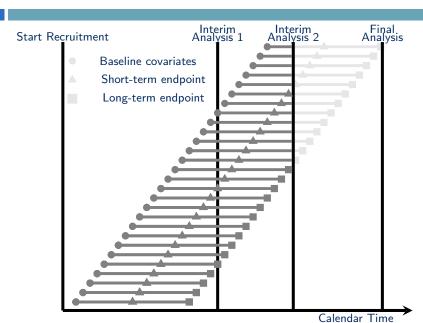
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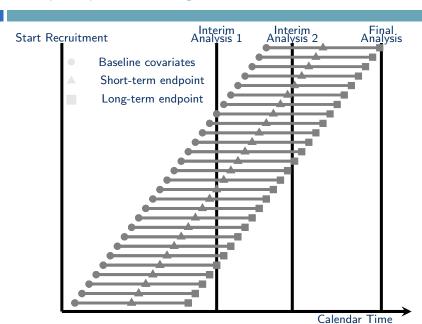
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in participants with complete follow up.

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$$\widehat{E}_{t_k}(Y|A=1) = \frac{1}{n'} \sum_{i=1}^{n'} logit^{-1}(\widehat{\gamma}_0 + \widehat{\gamma}_1 + \widehat{\gamma}_2 B_i)$$

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in all n' recruited patients.

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in all n' recruited patients.

3 Calculate
$$\widehat{ heta}_{t_k}=\widehat{E}_{t_k}\left(Y|A=1
ight)-\widehat{E}_{t_k}\left(Y|A=0
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■ Entail analyzing the data at K different times t_1, \ldots, t_K .

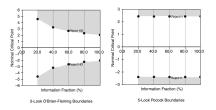
- Entail analyzing the data at K different times t_1, \ldots, t_K .
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 - \square Calculate an estimate $\hat{\theta}_{t_k}$.
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- A group sequential design can reduce the length of a Phase 3 trial
 - Reaching a conclusion sooner (Stopping for efficacy/futility)
 - ☐ Faster access to effective treatments
 - ☐ Faster dropping of ineffective/harmful treatment
 - Saving resources

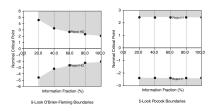
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□ Saving resources
Multiple looks at accumulating data increase type I error
■ Lower significant thresholds needs to be used for the interim analyses.
■ There are a range of methods for defining the critical values for interim analyses.
Pocock, 1977; O'Brien and Fleming, 1979; Lan and DeMets, 1983)

Group Sequential Designs: Popular Boundaries



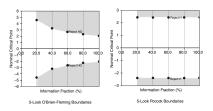
■ Boundaries depend on: **Information** accrued at the corresponding analysis times t_k (k = 1, ..., K)

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- Boundaries depend on: **Information** accrued at the corresponding analysis times t_k (k = 1, ..., K)
 - □ Defined as the reciprocal of the (interim) estimator's variance.
 - This is estimated by $\hat{\mathcal{I}}_k = (\widehat{se}(\hat{\theta}_{t_k}))^{-2}$ for which we assume that $\lim_{n \to \infty} \hat{\mathcal{I}}_k / n = \lim_{n \to \infty} \left\{ n Var(\hat{\theta}_{t_k}) \right\}^{-1} = \mathcal{I}_k^*$.

Independent Increments (1)

Assume that

$$(Z_1,\ldots,Z_K) \xrightarrow{\mathcal{D}} \mathcal{N}(\boldsymbol{\delta},\boldsymbol{\Sigma}),$$

where the covariance matrix Σ can be consistently estimated and δ equals ${\bf 0}$ under the null hypothesis.

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- In order to apply standard group sequential methods, Σ should have the **independent increments structure**:
 - lacksquare Each diagonal element of Σ is equal to 1.
 - □ The (k', k)th element of Σ , where $k' \le k$, is equal to $\sqrt{\mathcal{I}_{k'}^*/\mathcal{I}_k^*}$.

(Scharfstein et al., 1997; Jennison and Turnbull, 1997, 1999)

Independent Increments (2)

■ This general theory also implies that the **score statistics** $S_k = Z_k \sqrt{\mathcal{I}_k^*}$ are multivariate normal with

$$\square$$
 $S_k \sim \mathcal{N}\left(\delta_k \sqrt{\mathcal{I}_k^*}, \mathcal{I}_k^*\right)$,

$$\square$$
 $Cov(S_{k'} - S_{k'-1}, S_k - S_{k-1}) = 0$ for $k' \neq k$.

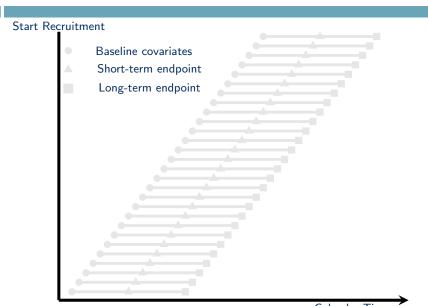
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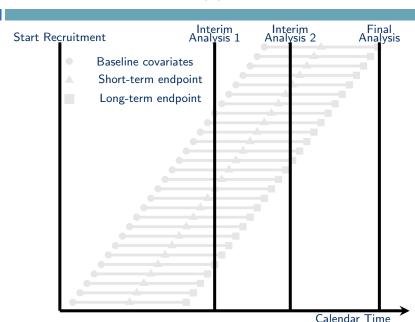
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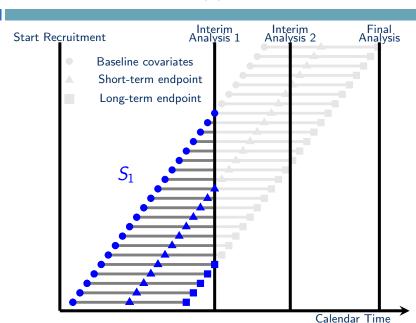
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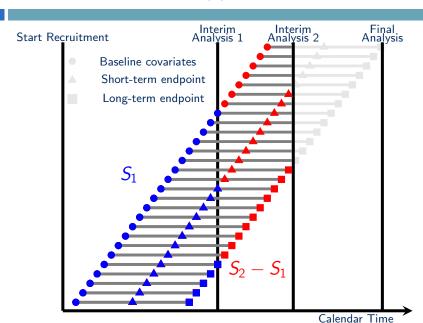
Thus, the score statistics have the independent increments property!

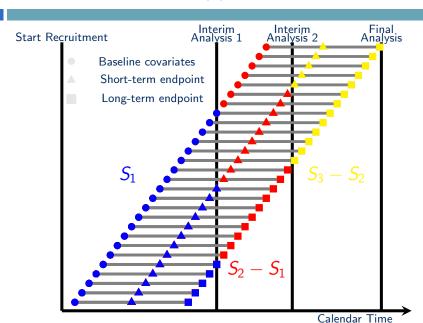
(Scharfstein et al., 1997; Jennison and Turnbull, 1997, 1999)











- On the estimator level, the general theory also implies that $\widehat{\theta}_{t_1}, \ldots \widehat{\theta}_{t_K}$ are asymptotically multivariate normal with
 - lacksquare $\hat{ heta}_{t_k} \sim \mathcal{N}\left(heta, (\mathcal{I}_k^*)^{-1}
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- This property holds for
 - □ (Difference in) sample means
 - Efficient estimators
 - ANCOVA with correctly specified model
 - G-computation and TMLE (if working models are correctly specified)
 -

(Scharfstein et al., 1997; Jennison and Turnbull, 1997, 1999)

Group Sequential Designs: Incompatibility

- Unfortunately, a sequence of RAL estimators $(\hat{\theta}_{t_1}, \dots, \hat{\theta}_{t_K})$ do not necessarily have the independent increments property.
- This was for example shown for:
 - Estimators based on generalized estimating equations (Shoben and Emerson, 2014)
 - ☐ G-computation and TMLE estimators when working models are misspecified (Rosenblum et al., 2015)
 - A long list of further counterexamples is provided by Jennison and Turnbull (1997) and Kim and Tsiatis (2020)

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 - A long list of further counterexamples is provided by Jennison and Turnbull (1997) and Kim and Tsiatis (2020)
- Proposal: modifying any RAL estimator so that it has the independent increments property and also has equal or smaller variance than the original estimator.

Proposal: Motivation

- **Goal:** Obtain at each analysis time t_k an estimator θ_{t_k} that
 - 1 is consistent for θ ,
 - 2 is asymptotically linear,
 - is asymptotically normal,
 - 4 is asymptotically as or more precise as the original estimator $\widehat{\theta}_{t_k}$, and
 - 5 has the independent increments property.

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 - b has the independent increments property.
- We will focus on finding the **linear combination**

$$\widehat{\theta}_{t_k} - \sum_{k'=1}^{k-1} \lambda_{k'}^{(k)} (\widehat{\theta}_{t_k} - \widehat{\theta}_{t_{k'}})$$

with minimal variance.

 $\blacksquare \text{ At } k=1 \text{, we let } \tilde{\theta}_{t_1} = \hat{\theta}_{t_1} \text{ and } \tilde{Z}_1 = Z_1 = \frac{\hat{\theta}_{t_1} - \theta_0}{\widehat{\mathfrak{se}}(\hat{\theta}_{t_1})}.$

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 - **1** Calculate $\hat{\theta}_{t_k}$ and estimate the covariance matrix of $(\hat{\theta}_{t_1}, \dots, \hat{\theta}_{t_k})$.

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 - 2 Solve

$$\begin{split} & \left(\widehat{\lambda}_1^{(k)}, \dots, \widehat{\lambda}_{k-1}^{(k)}\right) = \arg\min_{(\lambda_1^{(k)}, \dots, \lambda_{k-1}^{(k)}) \in \mathbb{R}^{k-1}} \widehat{Var} \{ \widehat{\theta}_{t_k} - \sum_{k'=1}^{\kappa-1} \lambda_{k'}^{(k)} (\widehat{\theta}_{t_k} - \widehat{\theta}_{t_{k'}}) \}, \\ & \text{resulting in } \widehat{\boldsymbol{\lambda}}^{(k)} = \left\{ \widehat{Var} \left((\widehat{\theta}_{t_k} - \widehat{\theta}_{t_1}, \dots, \widehat{\theta}_{t_k} - \widehat{\theta}_{t_{k-1}})^t \right) \right\}^{-1} \\ & \cdot \widehat{Cov} \left(\widehat{\theta}_{t_k}, (\widehat{\theta}_{t_k} - \widehat{\theta}_{t_1}, \dots, \widehat{\theta}_{t_k} - \widehat{\theta}_{t_{k-1}})^t \right) \end{split}$$

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$$\widetilde{\theta}_{t_k} = \hat{\theta}_{t_k} - \sum_{k'=1}^{k-1} \widehat{\lambda}_{k'}^{(k)} (\hat{\theta}_{t_k} - \hat{\theta}_{t_{k'}})$$
 and $\widetilde{Z}_k = \frac{\widetilde{\theta}_{t_k} - \theta_0}{\widehat{\operatorname{se}}(\widetilde{\theta}_{t_k})}$.

Theorem: Asymptotic Properties

Consider any sequence of RAL estimators $(\widehat{\theta}_{t_1},\ldots,\widehat{\theta}_{t_K})$ with all components consistent for θ , and for which

$$\lim_{n\to\infty} \widehat{\mathcal{I}}_k/n = \lim_{n\to\infty} \left\{ n \widehat{Var}(\widehat{\theta}_{t_k}) \right\}^{-1} = \lim_{n\to\infty} \left\{ n Var(\widehat{\theta}_{t_k}) \right\}^{-1} = \mathcal{I}_k^* > 0,$$

and the covariance matrix Σ of the corresponding test statistics can be consistently estimated.

Then,

- \blacksquare the orthogonalized estimator sequence $(\widetilde{\theta}_{t_1},\dots,\widetilde{\theta}_{t_K})$
 - also RAL with covariance matrix having the independent increments property,
- \blacksquare θ_{t_k} at each analysis time t_k
 - \Box **consistent** estimator for θ
 - lacksquare with asymptotic variance less or equal to that of $\widehat{\theta}_{t_k}$.

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 - Solved by modifying estimators through orthogonalization!
- The uncertainty at the design stage about the amount of precision gain and corresponding sample size reduction.
 - The framework of GSDs affords us to be flexible on the sample size and focus on the statistical information.
 - We propose an "information-adaptive" trial design where the timing of the analyses is based on accruing information and is data adaptive.

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Algorithm for Analysis Timing: Design Stage

■ Specify the operating characteristics of the study

Algorithm for Analysis Timing: Design Stage

- Specify the operating characteristics of the study
- We compute the maximum/total information needed to preserve these operational characteristics

$$\left(\frac{z_{\alpha/2}+z_{\beta}}{\theta_A-\theta_0}\right)^2,$$

for a fixed design (no interim analyses), and

$$\left(\frac{z_{\alpha/2}+z_{\beta}}{\theta_A-\theta_0}\right)^2 IF$$

when data is sequentially monitored with the possibility of early stopping.

(Mehta and Tsiatis, 2001)

Algorithm for Analysis Timing: Information

■ We propose to monitor the accrued information, $(\widehat{se}(\hat{\theta}_t))^{-2}$, through time t.

Algorithm for Analysis Timing: Information

- We propose to monitor the accrued information, $(\widehat{se}(\hat{\theta}_t))^{-2}$, through time t.
- We consider a trial with an interim analysis when 50% of the information is available:
 - \square We conduct the interim analysis at time t_1 when

$$(\widehat{se}(\hat{ heta}_{t_1}))^{-2} \geq 0.5 \cdot \left(\frac{z_{lpha/2} + z_{eta}}{ heta_{A} - heta_{0}}\right)^{2}$$
 IF.

 \square We conduct the final analysis at time t_2 when

$$(\widehat{se}(\widehat{\theta}_{t_2}))^{-2} \geq \left(\frac{z_{\alpha/2} + z_{\beta}}{\theta_A - \theta_0}\right)^2 IF.$$

(Mehta and Tsiatis, 2001; Zhang, 2009)

Algorithm for Analysis Timing: (Dis)advantages

- The **information-adaptive design** is well suited for being adopted for covariate adjusted estimators:
 - We do not have to prespecify the prognostic value of the covariates nor other nuisance parameters.
 - When the estimator is more efficient than unadjusted estimator, covariate adjustment can lead to a **shorter trial** due to faster information accrual.

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 - We do not have to prespecify the prognostic value of the covariates nor other nuisance parameters.
 - When the estimator is more efficient than unadjusted estimator, covariate adjustment can lead to a **shorter trial** due to faster information accrual.
- Administrative inconvenience: it does not give an idea to the investigators about the necessary resources (i.e., length of study, sample size, ...).

Algorithm for Analysis Timing: Practical Issues

- We suggest to posit some guesses on the nuisance parameters.
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- Assessing feasibility by estimating the number of participants corresponding with the maximum information.
 - Usings the standard formulas for sample size calculations.
 - We recommend setting the **sample size conservatively** as if there were no precision gain from covariate adjustment.

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 - Probability of success in control arm (binary endpoint), prognostic value of covariates, . . .
- Assessing feasibility by estimating the number of participants corresponding with the maximum information.
 - Usings the standard formulas for sample size calculations.
 - We recommend setting the **sample size conservatively** as if there were no precision gain from covariate adjustment.
- However, miscalculations can occur at the design stage.
 - We should use the **emerging data to evaluate** whether the maximum information will be reached in the planned time.

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 - Solved by modifying estimators through orthogonalization!
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 - Solved by using an "information-adaptive" trial design!

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MISTIE III trial (Stroke)

- Functional outcome: proportion of patients who achieved a modified Rankin Scale score of 0-3 at 365 days (binary).
- Estimand of interest: risk difference.
- Total sample size of approximately 498 patients (in original trial):

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- Total sample size of approximately 498 patients (in original trial):
 - 1:1 randomization
 - Power of 88% to detect an average effect size of 13% at a 5% significance level
 - Success rate: 25% in standard medical care group versus 38% in MISTIE group

MISTIE III trial (Stroke)

- Functional outcome: proportion of patients who achieved a modified Rankin Scale score of 0-3 at 365 days (binary).
- Estimand of interest: risk difference.
- Total sample size of approximately 498 patients (in original trial):
 - 1:1 randomization
 - Power of 88% to detect an average effect size of 13% at a 5% significance level
 - Success rate: 25% in standard medical care group versus 38% in MISTIE group
- We will focus on information instead of sample size!

- Information-adaptive design with maximum information equal to 582
- Maximum sample size design with $n_{max} = 498$

		heta=0.13 (Alternative)			
		Power	ASN	AAT	ΑI
Information-adaptive design	Unadjusted	88.4%	571	1876	582
	Standardization	87.3%	433	1509	567
Maximum sample size design	Unadjusted	83.1%	_	1682	508
	Standardization	91.1%	-	1682	652

ASN: average sample number; AAT: average analysis time (days); AI: average information.

Conclusion under alternative:

- Information-adaptive design with maximum information equal to 582
- Maximum sample size design with $n_{max} = 498$

			$\theta = 0$ (Null)	
		Type I	ASN	AAT	ΑI
Information-adaptive design	Unadjusted	5.28%	569	1871	582
	Standardization	5.28%	402	1427	568
Maximum sample size design	Unadjusted	5.14%	_	1682	509
	Standardization	5.14%	-	1682	705

ASN: average sample number; AAT: average analysis time (days); AI: average information.

Conclusion under null:

■ We perform interim analysis when 50% of the (total) information is available

□ Total information: 648

		$\theta = 0.13$ (Alternative)		
		Power	ASN	AAT
Original estimators $\hat{\theta}_{t_k}$	Unadjusted	88.3%	534	1566
	Standardization	87.1%	431	1299
Orthogonalized estimators $ ilde{ heta}_{t_k}$	Standardization	87.0%	431	1299

ASN: average sample number; AAT: average analysis time (days).

Note: We did a small sample size correction for standardization estimator.

Conclusion under alternative:

■ We perform interim analysis when 50% of the (total) information is available

□ Total information: 648

		$\theta = 0 \text{ (Null)}$		
		Type I	ASN	AAT
Original estimators $\hat{\theta}_{t_k}$	Unadjusted	5.29%	628	2014
	Standardization	5.06%	449	1542
Orthogonalized estimators $ ilde{ heta}_{t_k}$	Standardization	5.05%	449	1542

AAT: average analysis time (days); ASN: average sample number.

Note: We did a small sample size correction for standardization estimator.

Conclusion under null:

Outline

- 1 Background, Problem Setting and Set Up
- 2 Proposal: Combining Covariate Adjustment and GSDs
- 3 Proposal: Combining Covariate Adjustment and Information-Adaptive Designs
- 4 Simulation Study
- 5 Discussion

■ We performed additional simulations under violation of independent increments property:

		Type I
Original estimators $\widehat{ heta}_{t_k}$	Standardization	5.37%
Orthogonalized estimators $\widetilde{ heta}_{t_k}$	Standardization	5.07%

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- Simulations have only shown small deviations from independent increment structure.
- In practice, underlying data-generating mechanism is unknown.
- **Safer** to use the proposal as it guarantees to maintain the Type I error in large samples.

- Importantly, works for all kind of endpoints and estimands as long as the considered estimators are consistent and asymptotically linear (Not necessarily covariate adjusted estimators!).
- Our proposal will result in faster, more efficient trials for many disease areas, without sacrificing validity or power.
 - ☐ Can lead to faster trials even when the treatment is ineffective.

- Importantly, works for all kind of endpoints and estimands as long as the considered estimators are consistent and asymptotically linear (Not necessarily covariate adjusted estimators!).
- Our proposal will result in faster, more efficient trials for many disease areas, without sacrificing validity or power.
 - ☐ Can lead to faster trials even when the treatment is ineffective.
- The approach can be extended to handle stratified randomization and missing data due to drop-out under MAR.

Thank you for your attention!

Interested? https://doi.org/10.48550/arXiv.2201.12921

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Proposal: Variance

Estimate the variance of $\widetilde{\theta}_{t_k}$ as

$$\widehat{\mathsf{se}}(\widetilde{\theta}_k)^2 = (-(\widehat{\boldsymbol{\lambda}}^{(k)})^t, 1)\widehat{\widehat{\mathsf{Cov}}}\left((\widehat{\theta}_{t_k} - \widehat{\theta}_{t_1}, \dots, \widehat{\theta}_{t_k} - \widehat{\theta}_{t_{k-1}}, \widehat{\theta}_{t_k})^t\right)(-(\widehat{\boldsymbol{\lambda}}^{(k)})^t, 1)^t.$$

- $n \cdot \widehat{se}(\widetilde{\theta}_k)^2$ is a **consistent** estimate for the asymptotic variance $n \cdot Var(\widetilde{\theta}_{t_k})$.
- This guarantees asymptotically correct hypothesis testing and confidence intervals.