

Unveiling the Impact of Social and Environmental Determinants of Health on Lung Function Decline in Cystic Fibrosis through Data Integration using the US Registry **International Society for Clinical Biostatistics**

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A lot of information is available

→ Electronic medical records



A lot of information is available

→ Flectronic medical records

Cystic Fibrosis

- → genetic disorder affecting the lungs, pancreas, and other organs
- \rightarrow > 75 percent of people with CF are diagnosed by age 2

US Cystic Fibrosis Registry

- \diamond >23,000 patients
- \diamond >1,400,000 observations (on average >10 years of follow-up)



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A lot of information is available

→ Flectronic medical records

Different types of information

- → Baseline characteristics: Sex, F508del, SESlow, Enzymes
- → Biomarkers: FEV₁ % pred
- → Nutritional status: BMI percentile
- → Social and environmental determinants: Deprivation index



Deprivation index

- → Socioeconomic variables from the American Community Survey (ACS): capture "community deprivation"
 - Principal components analysis of six different 2015 ACS measures
 - ♦ "Deprivation Index": the first component explains over 60% of the total variance
 - \diamond Rescaling and normalizing forces the index to range from 0 to 1, with a higher index being more deprived

Cole Brokamp, Andrew F. Beck, Neera K. Goval, Patrick Ryan, James M. Greenberg, Eric S. Hall, Material Community Deprivation and Hospital Utilization During the First Year of Life: An Urban Population-Based Cohort Study, Annals of Epidemiology, 30, 37-43, 2019

https://geomarker.io/dep_index/

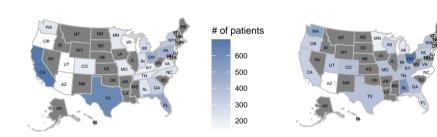
Introduction: Research question

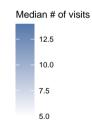


Can we integrate registry data with social and environmental determinants of health to improve the accuracy of disease progression prognostication?

Baseline information







Erasmus MC

Baseline information





Erasmus MC zalus

Baseline information





Introduction: Descriptive statistics

Lung function



Social and environmental determinants of health



Methods: Multivariate Mixed Models



DepIndex:
$$y_{2i}(t) = x_{2i}^{\top}(t)\beta_1 + z_{2i}(t)^{\top}b_{2i} + \epsilon_{2i}(t)$$

$$\texttt{FEV1\%pred:} y_{1i}(t) = x_{1i}^\top(t)\beta_1 + z_{1i}(t)^\top b_{1i} + \epsilon_{1i}(t)$$

where

$$\diamond \ b_i^\top = (b_{1i}^\top, b_{2i}^\top) \sim N(0, D)$$

Cannot directly measure the strength of the association and lack clinical relevance

$$\texttt{DepIndex:} \ y_{2i}(t) = \left| \ m_{2i}(t) \right| + \epsilon_{2i}(t) = \left| \ x_{2i}^\top(t)\beta_1 + z_{2i}(t)^\top b_{2i} \right| + \epsilon_{2i}(t)$$

$$\texttt{FEV1\%pred:} y_{1i}(t) = x_{1i}^\top(t)\beta_1 + z_{1i}(t)^\top b_{1i} + \pmb{\alpha}_{S2} \left[\int_0^t m_{2i}(s) ds \right] + \epsilon_{1i}(t)$$

where

$$\diamond \ b_i^{\top} = (b_{1i}^{\top}, b_{2i}^{\top}) \sim N(0, D)$$

R package: https://github.com/ERandrinopoulou/multiLME

$$\texttt{DepIndex:} \ y_{2i}(t) = \boxed{m_{2i}(t) + \epsilon_{2i}(t) = \boxed{x_{2i}^\top(t)\beta_1 + z_{2i}(t)^\top b_{2i} + \epsilon_{2i}(t)}}$$

$$\texttt{FEV1\%pred:} y_{1i}(t) = x_{1i}^\top(t)\beta_1 + z_{1i}(t)^\top b_{1i} + \pmb{\alpha}_{S2} \left| \int_{t-d}^t m_{2i}(s) ds \right| + \epsilon_{1i}(t)$$

where

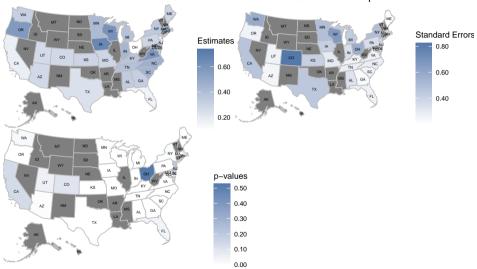
$$\diamond~b_i^\top = (b_{1i}^\top, b_{2i}^\top) \sim N(0, D)$$

R package: https://github.com/ERandrinopoulou/multiLME

Results: Multivariate Mixed Models



Estimate: for 0.1 unit increase in the area under the curve of the deprivation index



Results: Multivariate Mixed Models

Descriptive statistics: Baseline information





DepIndex:
$$y_{2i}(t) = m_{2i}(t) + \epsilon_{2i}(t) = x_{2i}^{\top}(t)\beta_1 + z_{2i}(t)^{\top}b_{2i} + \epsilon_{2i}(t)$$

$$\texttt{FEV1\%pred:} y_{1i}(t) \! = \! x_{1i}^\top(t) \beta_1 + z_{1i}(t)^\top b_{1i} \! + \! \boldsymbol{\alpha_{S2}} \frac{1}{t} \int_0^t m_{2i}(s) ds + \epsilon_{1i}(t)$$



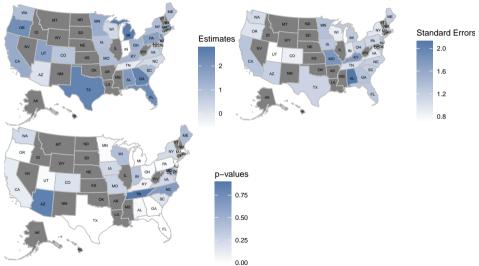
where

$$b_i^{\top} = (b_{1i}^{\top}, b_{2i}^{\top}) \sim N(0, D)$$

Results: Multivariate Mixed Models



Estimate: for 0.1 unit increase in the normalized area under the curve of deprivation index



Results: Multivariate Mixed Models



→ When the exposure time is short (e.g., 2 or 5 years), the association becomes weaker with some differences between the states.

Sensitivity analysis:

→ When 2 and 5 years are assumed, there is a stronger association when the diagnosis age is below 18. When 10 and 15 years are assumed, there is a stronger association when the diagnosis age is above 12.

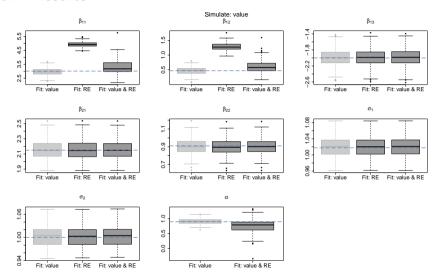
Simulation: Set up



- → Real-world data: defining the connection between the different longitudinal outcomes is a difficult task
- → Bias: when we ignore or over specify the relationship between different data sources.
 - → Simulate: different forms of association (value/area/slope)
 - ♦ Fit: value/area/slope
 - RF \Diamond
 - value/area/slope + RE \Diamond

Simulation: Results

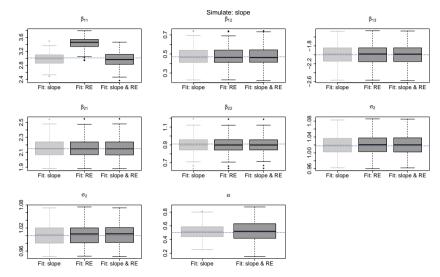






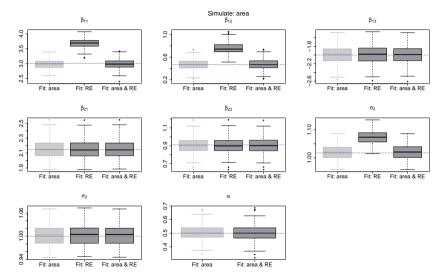
Simulation: Results





Simulation: Results







Conclusion



- → A lot of data is available
- → Better treatment and monitoring strategies if all information is used
- → Challenge in combining different types of information
- → Investigate other social and environmental determinants of health



Thank you for your attention!

