Longitudinal Data Modeling

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Preface

1 Introduction

1.1 Workshop Structure

This class focuses on the longitudinal modeling of data from Patient Reported Outcomes (PROs). It is meant to be hands-on class with applications in R.

Content and structure follow the book by (Mallinckrodt 2016). We would like to extend our warmest gratitude towards Dr. Mallinckrodt for providing the example data for the workshop.

The following topics will be covered:

- Welcome and Introduction (WS session 1)
- Exploration and visualization of longitudinal data (WS session 1/2)
- Inferences from longitudinal data (WS session 3+4)
- Assessment of missingness patterns (WS session 5)
- Sensitivity analyses to assess the impact of missingness (WS session 6)
- Annex: Inferences from longitudinal binary data (WS session 7)

1.2 Longitudinal Data

This workshop focuses on the analysis of data observed in randomized clinical trials (RCTs). Here, patients have assessments taken at the start of their treatment and then subsequently throughout the course of the trial based on a pre-specified schedule of assessments. The measurement at the start of the treatment is usually referred to as the baseline.

Researchers can be interested in

- 1. the occurrence of a certain event during the course of the trial, e.g. death or a cardiac event, or the time to the occurrence of such an event, or
- 2. the longitudinal profile from multiple repeated measurements taken, with a focus on either estimates at a landmark visit or across several time points.

The outcomes under point 1. can be handled via a comparison of the percentages of patients with events between treatment arms, or a time-to-event analysis. Both are out of scope of this workshop.

1.3 Basics about RStudio (pre-read)

Alex to add pre-read (YouTube + Cheat Sheets)

1.4 Example data

2 Longitudinal Data Exploration and Visualization

2.1 Introduction

- Data on individuals followed over time with information collected at several time points.
- Clusters are the individuals who are followed over time.
- Repeated observations may or may not be taken at regular times (balanced, fixed occasions, do not differ between subjects).
- Our interest is in the change from baseline.

Datasets used in this course: Example data is taken from (Mallinckrodt 2016). Contain data on the HAMD17 (Hamilton 17-item rating scale for depression). Two treatement arms are included: drug vs. placebo. Assessments were taken at baseline and weeks 1, 2, 4, 6, and 8

There are 3 data sets created from the original data: - all2 Subsample of the large dataset with n=50, visits: weeks 2, 4, 8 - high2 Large dataset with n=100, high dropout = 70% (drug), 60% (placebo) - low2 Large dataset with n=100, low dropout = 18%

2.2 Task 1 - Exploration of dataset all2 - 15 Minutes working time

- Are the data balanced and equally spaced?
- Number of observations by week?
- Summary statistics for HAMD17 (change from baseline) by week.
- Plot trajectories for each individual, different colors for each treatment group (or panels). Add mean to your plot. ODER Mean plot separat evtl. mit CI
- Generate and interpret the group-wise boxplots of the change from baseline.
- Plot trajectories separately by gender. Comment on the plots.

2.2.1 Task 1 Discussion, possible solution

TO DO: Datensatz aufbereiten, Label, Time=Faktor (t) Alex: library gtsummary okay? Oder sollen wir es anders machen

Table: Summary statistics for HAMD17 by treatment and week in the all2 dataset

Table printed with `knitr::kable()`, not {gt}. Learn why at https://www.danieldsjoberg.com/gtsummary/articles/rmarkdown.html
To suppress this message, include `message = FALSE` in code chunk header.

Character	Week 2, $\mathbf{vistid} = 25$	Week 4, $N = 25$	Week 8, N = 25	Week 2, $N = 25$	Week 4, N = 25	Week 8, N = 25
change	-4.20	-6.80	-9.88	-5.24	-8.60	-13.24
	(3.66)	(4.25)	(4.85)	(5.49)	(5.39)	(5.54)

Figure: trajectories

```
ggplot(data = all2, aes(x = avisit, y = change, group=subject)) +
geom_point() + geom_line() + facet_grid(.~group)
```

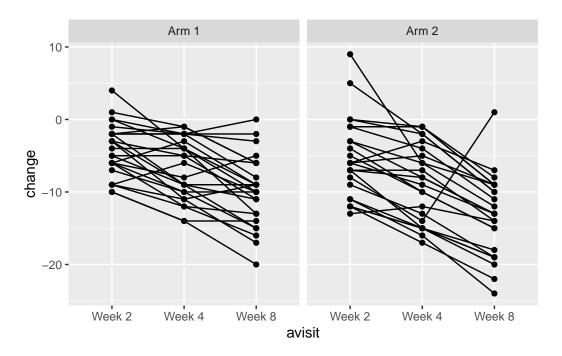


Figure 2.1: Individual trajectories of HAMD17 by treatment group

Warning: The `fun.y` argument of `stat_summary()` is deprecated as of ggplot2 3.3.0. i Please use the `fun` argument instead.

Warning: Using `size` aesthetic for lines was deprecated in ggplot2 3.4.0. i Please use `linewidth` instead.

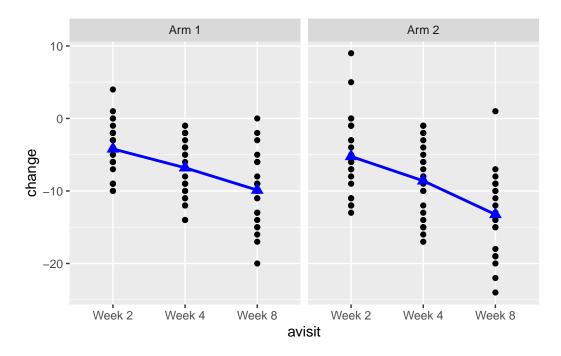


Figure 2.2: Mean change from baseline by treatment group

3 Correlation structure, covariance matrices

- model within-subject error correlation
- different residual covariance structures can be implemented

3.1 Overview - different covariance matrices

- Variance components (VC) independence structure
- Compound symmetry (CS) also known as exchangeable
- Toeplitz (TOEP)
- First order auto regressive (AR(1))
- Unstructured (UN)

Selected covariance structures for data with three assessment times are shown below. Note that with three assessment times, the number of parameters estimated for the various structures did not differ as much as would be the case with more assessment times. Thus, results from different covariance structures are more similar than would be the case with more assessment times.

3.1.1 Independence structure (VC)

Constant variance. It is assumed to be no correlation between assessments.

$$\begin{bmatrix} \sigma^2 & 0 & 0 \\ 0 & \sigma^2 & 0 \\ 0 & 0 & \sigma^2 \end{bmatrix}$$

3.1.2 Compound symmetry (CS)

Constant variance and constant covariance across all assessments. Also known as exchangeable.

$$\begin{bmatrix} \sigma^2 + \sigma_1 & \sigma_1 & \sigma_1 \\ \sigma_1 & \sigma^2 + \sigma_1 & \sigma_1 \\ \sigma_1 & \sigma_1 & \sigma^2 + \sigma_1 \end{bmatrix}$$

3.1.3 Unstructured (UN)

This is the most general (saturated) model

$$\begin{bmatrix} \sigma_1^2 & \sigma_{21} & \sigma_{31} \\ \sigma_{21} & \sigma_2^2 & \sigma_{32} \\ \sigma_{31} & \sigma_{32} & \sigma_3^2 \end{bmatrix}$$

3.1.4 Toeplitz structure (TOEP)

Homogenous variances and heterogenous correlations. Same correlation value is used whenever the degree of adjacency is the same e.g. correlation between times 1 and 2 =correlation between times 2 and 3.

$$\begin{bmatrix} \sigma^2 & \sigma^2 \rho_1 & \sigma^2 \rho_2 \\ \sigma^2 \rho_1 & \sigma^2 & \sigma^2 \rho_1 \\ \sigma^2 \rho_2 & \sigma^2 \rho_1 & \sigma^2 \end{bmatrix}$$

3.1.5 Autoregressive structure (AR(1))

Correlation decreases as time between observations increases.

$$\begin{bmatrix} \sigma^2 & \sigma^2 \rho & \sigma^2 \rho^2 \\ \sigma^2 \rho & \sigma^2 & \sigma^2 \rho \\ \sigma^2 \rho^2 & \sigma^2 \rho & \sigma^2 \end{bmatrix}$$

3.1.6 Spatial (SP)

Spatial covariance structures does not require that the timepoints are consistent between subjects. Instead, as long as the distance between visits can be quantified in terms of time and/or other coordinates, the spatial covariance structure can be applied.

For spatial exponential, the covariance structure is defined as follows:

$$\rho_{ij} = \rho^{d_{ij}}$$

where

$$d_{ij}$$

is the distance between time point i and time point j.

3.2 Selecting the covariance structure

There are a variety of considerations when selecting the covariance structure: - number of parameters - interpretation of the structure - model fit UN is the most flexible. Choose a reasonable covaraiance structure which is the best compromise between model fit and complexity. E.g. use AIC as it penalises more complex models.

3.3 Task - Exploration of correlation in the data

- Compute the empirical correlations between measurement timepoints (e.g. correlation between baseline and post-baseline changes).
- Looking at these correlations, comment on the suitability of the correlation structures VC, CS, UN, AR(1).

1 + 1

[1] 2

4 Inference from Longitudinal Data

This section will focus on the application of Mixed Model with Repeated Measures (MMRMs). Our main focus will be the modeling of the means of the data. MMRMs are generalizations of standard linear models in the way that data is allowed to be correlated between subsequent measurements from the same subject and exhibit non-constant variability.

The primary assumptions for MMRMs are:

- The data are normally distributed
- The means (expected values) of the data are linear in terms of a certain set of parameters.
- The variances and covariances of the data are in terms of a different set of parameters, and they exhibit a structure matching one of those outlined in the former chapter.

[Alex to add reference to PROC MIXED]

The mixed linear model can be described via the following formula

$$y_i = X_i \beta + Z_i \gamma_i + \varepsilon_i, i = 1, \dots, N$$

where y is the vector of responses (observed data, dependent variable), β is an unknown vector of fixed effects with known design matrix X, γ is an unknown vector of random effects with known design matrix Z, and ε is an unknown random error vector. Furthermore N denotes the total number of subjects in our analysis. For the sake of readability, we will omit the subject index and simplify the above formula to

$$y = X\beta + Z\gamma + \varepsilon$$
.

We will further assume that γ and ε are uncorrelated Gaussian random variables with expectation 0 and variances G and R, respectively. Then the variance-covariance matrix of y is given by

$$Var(y) := V = ZGZ' + R$$
.

In this case ZGZ' comprises the random effects component, and R is the within-subject component.

In this workshop we will focus on the case where only the within-subject component is accounted for, via modeling of the R matrix. The random effects component $Z\gamma$ will be omitted. In this case we will have Var(y) = V = R, resulting in a model given by

$$y = X\beta + \varepsilon$$
.

4.1 Categorical Time

You can start and familiarise yourself with the main function mmrm() using the command

```
library(mmrm)
?mmrm
```

Two inputs are strictly required to get mmrm() to work:

- A model formula
- The dataset, containing the response, as well as all fixed effects and variables in the covariance matrix.

Exercise: Fit a model fit_cat_time using the dataset all2, with change as dependent variable, baseline value, visit, baseline by visit interaction and treatment by visit interaction as fixed effects and an unstructured covariance matrix for visits within each subject.

- How do different choices for covariance matrices change the results? What is the difference on the estimation procedure?
- You can obtain a summary of the fit results via summary(fit_cat_time). How do you interpret the fit summary?
- Look at the structure of the fit summary and try to extract the estimate of the R matrix.

```
fit_cat_time <- mmrm::mmrm(
  formula = change ~ basval*avisit + trt*avisit + us(avisit | subject),
  data = all2,
  control = mmrm_control(method = "Kenward-Roger")
)
summary(fit_cat_time)</pre>
```

mmrm fit

Formula: change ~ basval * avisit + trt * avisit + us(avisit | subject)

Data: all2 (used 150 observations from 50 subjects with maximum 3

timepoints)

Covariance: unstructured (6 variance parameters)

Method: Kenward-Roger Vcov Method: Kenward-Roger

Inference: REML

Model selection criteria:

AIC BIC logLik deviance 822.4 833.9 -405.2 810.4

Coefficients:

	Estimate	Std. Error	df	t value	Pr(> t)	
(Intercept)	1.98452	3.27479	47.00000	0.606	0.54743	
basval	-0.31235	0.15905	47.00000	-1.964	0.05548	
avisitWeek 4	-0.90862	2.39866	47.00000	-0.379	0.70654	
avisitWeek 8	-10.58630	3.45922	47.00000	-3.060	0.00365	**
trt2	-1.18993	1.27265	47.00000	-0.935	0.35457	
basval:avisitWeek 4	-0.08542	0.11650	47.00000	-0.733	0.46704	
basval:avisitWeek 8	0.24779	0.16801	47.00000	1.475	0.14691	
avisitWeek 4:trt2	-0.80100	0.93217	47.00000	-0.859	0.39454	
avisitWeek 8:trt2	-2.20106	1.34432	47.00000	-1.637	0.10825	

Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Covariance estimate:

Week 2 Week 4 Week 8
Week 2 20.6112 15.3034 12.2766
Week 4 15.3034 21.3565 17.6648
Week 8 12.2766 17.6648 27.6127

We can assess the structure of the fit summary via

```
str(summary(fit_cat_time))
```

List of 15

\$ cov_type : chr "us"
\$ reml : logi TRUE
\$ n_groups : int 1

```
$ n_theta
                : int 6
$ n_subjects
                  : int 50
$ n_timepoints
                  : int 3
$ n_obs
                  : int 150
                  : num [1:9, 1:9] 10.724 -0.501 -2.675 -4.267 -1.047 ...
$ beta vcov
 ..- attr(*, "dimnames")=List of 2
 ....$ : chr [1:9] "(Intercept)" "basval" "avisitWeek 4" "avisitWeek 8" ...
 ....$ : chr [1:9] "(Intercept)" "basval" "avisitWeek 4" "avisitWeek 8" ...
                  : num [1:3, 1:3] 20.6 15.3 12.3 15.3 21.4 ...
 ..- attr(*, "dimnames")=List of 2
 ....$ : chr [1:3] "Week 2" "Week 4" "Week 8"
....$ : chr [1:3] "Week 2" "Week 4" "Week 8"
                  : chr "Kenward-Roger"
$ method
                  : chr "Kenward-Roger"
$ vcov
$ coefficients
                  : num [1:9, 1:5] 1.985 -0.312 -0.909 -10.586 -1.19 ...
 ..- attr(*, "dimnames")=List of 2
 ....$ : chr [1:9] "(Intercept)" "basval" "avisitWeek 4" "avisitWeek 8" ...
 ....$ : chr [1:5] "Estimate" "Std. Error" "df" "t value" ...
$ n_singular_coefs: int 0
$ aic list
                  :List of 4
 ..$ AIC
             : num 822
 ..$ BIC
             : num 834
 ..$ logLik : num -405
 ..$ deviance: num 810
$ call
                  : language mmrm::mmrm(formula = change ~ basval * avisit + trt * avisit +
- attr(*, "class")= chr "summary.mmrm"
```

and then extract the covariance matrix

summary(fit_cat_time)\$varcor

```
Week 2 Week 4 Week 8
Week 2 20.61117 15.30339 12.27661
Week 4 15.30339 21.35648 17.66478
```

Week 8 12.27661 17.66478 27.61271

4.2 Continuous Time

Time as continuous effect -> single df for time and trt-by-time interaction

Modeling: - Need avisit for structure of covariance matrix - Implicit assumption is for the covariance between values for two timepoints to be equal, regardless of the specific timing

```
fit_cont_time <- mmrm::mmrm(
   formula = change ~ basval*time + trt*time + us(avisit | subject),
   weights = all2$time,
   data = all2,
   control = mmrm_control(method = "Kenward-Roger")
)

Quadratic trend

all2$timesq <- all2$time^2

fit_cont_timesq <- mmrm::mmrm(
   formula = change ~ basval*timesq + trt*timesq + us(avisit | subject),
   weights = all2$time,
   data = all2,
   control = mmrm_control(method = "Kenward-Roger")
)</pre>
```

model checks - residuals per time point

4.3 Baseline as a Response (cLDA + LDA)

4.4 (Adjusted) LS Means from MMRMs

LS Means are means of the dependent variable adjusted for covariates in the statistical model. We can obtain LS Means estimates and contrasts allowing for a treatment comparison using the emmeans package.

Example: Calculate the observed (raw) means of changes along with number of patients by treatment group from the dataset all2 overall and by visit. Then take the model fit_cat_time and derive the respective LS Means from the model. What do you observe?

```
# Raw means
all2 %>%
  dplyr::group_by(group) %>%
  dplyr::summarise(
   N = dplyr::n(),
```

```
Mean = mean(change),
      .groups = "drop"
# A tibble: 2 x 3
        N Mean
 group
 <fct> <int> <dbl>
         75 -6.96
1 Arm 1
2 Arm 2
          75 -9.03
  all2 %>%
    dplyr::group_by(group, avisit) %>%
    dplyr::summarise(
      N = dplyr::n(),
      Mean = mean(change),
      .groups = "drop"
# A tibble: 6 x 4
 group avisit
                N
                    Mean
 <fct> <fct> <int> <dbl>
1 Arm 1 Week 2
                 25 -4.2
2 Arm 1 Week 4
                 25 -6.8
3 Arm 1 Week 8 25 -9.88
4 Arm 2 Week 2 25 -5.24
5 Arm 2 Week 4 25 -8.6
6 Arm 2 Week 8 25 -13.2
```

The respective LS Means from the model with time as a fixed factor yields the following estimates:

```
library(emmeans)
emmeans::ref_grid(fit_cat_time)
'emmGrid' object with variables:
   basval = 19.56
   avisit = Week 2, Week 4, Week 8
   trt = 1, 2
```

```
emmeans(fit_cat_time, ~trt)
```

NOTE: Results may be misleading due to involvement in interactions

```
trt emmean SE df lower.CL upper.CL

1 -6.90 0.836 47 -8.58 -5.22

2 -9.09 0.836 47 -10.77 -7.41
```

Results are averaged over the levels of: avisit Confidence level used: 0.95

```
emmeans(fit_cat_time, ~trt*avisit)
```

```
trt avisit emmean
                     SE df lower.CL upper.CL
1
    Week 2 -4.13 0.899 47
                               -5.93
                                        -2.32
2
    Week 2 -5.31 0.899 47
                               -7.12
                                        -3.51
    Week 4 -6.70 0.916 47
                               -8.55
                                        -4.86
1
2
    Week 4 -8.70 0.916 47
                              -10.54
                                        -6.85
    Week 8 -9.86 1.033 47
                              -11.94
                                        -7.79
1
2
    Week 8 -13.26 1.033 47
                              -15.33
                                       -11.18
```

Confidence level used: 0.95

4.4.1 Observed vs. balanced margins

In the example above we have used the standard option for the weights in the calculation of LS Means. We will delve deeper into the following two options and will try to understand the difference:

- weights = "equal": Each stratum induced by covariate levels is assigned the same weight in the calculation of the LS Means. This is the default option.
- weights = "proportional": Each stratum induced by covariate levels is assigned a weight according to their observed proportion in the calculation of the LS Mean. This option gives each stratum a weight corresponding to its size. Estimates using this option are reflective of the balance of covariates in the data.

Exercise: Based on the fit_cat_time model, compare the LS Means for the change in the response variable by treatment overall and treatment by visit interaction using the different

options for weight. Compare the results for the two LS Means options to the observed means and to one another.

Discuss the following points:

• Why is there no difference between LS Means estimates for the overall treatment effect and the treatment by visit interaction? (Hint: Create a frequency table)

Now update the fit_cat_time model to fit_cat_time2, and include the covariate gender. Estimate the same LS Means for the change in the response variable by treatment (overall) and treatment by visit interaction.

- Why is there a difference now between results from the different LS Means options? (Hint: another frequency table can help)
- What effect could missing data have on the estimation, even in the case of fit_cat_time? I.e. what would happen if this data was not complete but subject to missingness, with the degree of missing data increasing over time and being disproportionate between treatment arms?

Solution:

We first calculate the LS Means, using the different weights options and find they are indeed identical.

```
# These will yield the same results:
emmeans(fit_cat_time, ~trt, weights = "equal")
```

NOTE: Results may be misleading due to involvement in interactions

```
trt emmean SE df lower.CL upper.CL
1 -6.90 0.836 47 -8.58 -5.22
2 -9.09 0.836 47 -10.77 -7.41
```

Results are averaged over the levels of: avisit Confidence level used: 0.95

```
emmeans(fit_cat_time, ~trt, weights = "proportional")
```

NOTE: Results may be misleading due to involvement in interactions

```
trt emmean
               SE df lower.CL upper.CL
1
      -6.90 0.836 47
                        -8.58
                                 -5.22
2
      -9.09 0.836 47
                       -10.77
                                 -7.41
Results are averaged over the levels of: avisit
Confidence level used: 0.95
  emmeans(fit_cat_time, ~trt*avisit, weights = "equal")
trt avisit emmean
                      SE df lower.CL upper.CL
    Week 2 -4.13 0.899 47
                               -5.93
                                        -2.32
2
    Week 2 -5.31 0.899 47
                               -7.12
                                        -3.51
 1
    Week 4 -6.70 0.916 47
                               -8.55
                                        -4.86
2
    Week 4 -8.70 0.916 47
                              -10.54
                                        -6.85
    Week 8 -9.86 1.033 47
                                        -7.79
 1
                              -11.94
2
    Week 8 -13.26 1.033 47
                              -15.33
                                       -11.18
Confidence level used: 0.95
  emmeans(fit_cat_time, ~trt*avisit, weights = "proportional")
trt avisit emmean
                      SE df lower.CL upper.CL
                                        -2.32
    Week 2 -4.13 0.899 47
                               -5.93
2
    Week 2 -5.31 0.899 47
                               -7.12
                                        -3.51
    Week 4 -6.70 0.916 47
                               -8.55
                                        -4.86
 1
 2
    Week 4 -8.70 0.916 47
                              -10.54
                                        -6.85
 1
    Week 8 -9.86 1.033 47
                              -11.94
                                        -7.79
```

Confidence level used: 0.95

Week 8 -13.26 1.033 47

Now we can update the model to include the covariate gender. We can specify this a new model using the mmrm() function again, or simply use update() to add the new covariate to the model. Either way is fine, and a look into the model formula from the fit summary shows the two approaches work interchangeably.

-11.18

-15.33

```
fit_cat_time2 <- update(fit_cat_time, . ~ . + gender)
summary(fit_cat_time2)$call</pre>
```

```
mmrm::mmrm(formula = change ~ basval + avisit + trt + (us(avisit |
    subject)) + gender + basval:avisit + avisit:trt, data = all2,
    control = mmrm_control(method = "Kenward-Roger"))
```

A look into the reference grid shows us the new factor levels for gender. Note that gender itself will not be included in the emmeans() statement, but the output indicates the averaging over its levels (same for the levels of avisit)

```
# Reference grid shows us the new levels
  emmeans::ref_grid(fit_cat_time2)
'emmGrid' object with variables:
   basval = 19.56
   avisit = Week 2, Week 4, Week 8
   trt = 1, 2
   gender = F, M
  # These two won't yield the same results
  emmeans(fit_cat_time2, ~trt, weights = "equal")
NOTE: Results may be misleading due to involvement in interactions
trt emmean
               SE
                    df lower.CL upper.CL
      -7.13 0.840 45.8
                                   -5.44
 1
                          -8.82
2
      -8.48 0.896 46.4
                         -10.28
                                   -6.68
Results are averaged over the levels of: avisit, gender
Confidence level used: 0.95
  emmeans(fit_cat_time2, ~trt*avisit, weights = "proportional")
trt avisit emmean
                           df lower.CL upper.CL
                      SE
 1
    Week 2 -4.55 0.890 46.2
                                 -6.34
                                          -2.75
 2
    Week 2 -4.89 0.890 46.2
                                 -6.69
                                          -3.10
 1
    Week 4 -7.13 0.941 47.1
                                 -9.02
                                          -5.23
 2
    Week 4 -8.27 0.941 47.1
                                -10.17
                                          -6.38
 1
    Week 8 -10.29 1.081 46.6
                                -12.46
                                          -8.11
    Week 8 -12.83 1.081 46.6
                                -15.01
                                         -10.66
```

```
Results are averaged over the levels of: gender Confidence level used: 0.95
```

The following frequency table shows the imbalance in the distribution of the gender variable. We can see that Treatment 1 has more men than women, whereas Treatment 2 has more women than men.

```
F M
1 30 45
2 57 18
```

The data is no longer balanced across the covariates in the model. The weights = "equal" option is agnostic to this imbalance and assigns all levels equal weights, whereas the weights = "proportional" assigns a weight reflecting the proportional size of the stratum over which the average is taken.

4.4.2 Contrasts

4.4.3 Addendum on RS&I Models

Different dosing/ assessment frequency between treatment arms in parallel design -> oncology (chemo with fixed cycles vs immune-therapy)

5 Missing Data

6 Sensitivity Analyses

Sensitivity analyses with respect to missing data - only?

- MMRM is an appropriate choice for the primary analysis in many longitudinal clinical trials under the MAR assumption.
- MCAR and MAR missingness can be ignored in likelihood-based analyses. MAR: future outcomes for subjects who discontinued should be similar to the future outcomes of subjects who continued if they had the same values of past (observed) outcomes, covariates....
- Flexibility in modeling treatment effects over time and the within-patient error correlation structure makes MMRM a widely useful analysis.
- Consider sensivitiy analyses to check model assumptions e.g. MNAR methods
- Comparing results from sensitivity analyses: how much inference rely on the assumptions
- Here, inference with regard to the treatment effect. Thus, investigate how treatment effects vary depending on assumptions e.g. about missing data.
- Uncertainty from incompleteness cannot be objectively evaluated from observed data so there is a need for missing data sensitivity analyses.

Mit Alexandra abstimmen: was genau, machst du MI in deinem Teil, MMRM vs. MI+ANCOVA?, was ist eure primary analysis + typische sensitivity analyses MI: eingehen auf welche Variablen im Modell e.g. at least those from the primary model

6.1 Simple approaches

In general, not recommended for use. Methods are of histroic interest and provide a useful starting point - LOCF: used in the past, justified as it was thought that it provides conservative estimates - complete case (observed case/completers analysis): creates selection bias, may cause overestimation of within group effects particularly at the last scheduled visit

6.2 Missing covariates (baseline data)

- missing baseline value of the outcome: MI or use of mean imputation (Paper:),
- MMRM not efficient or potential biased estimates as subjects with missing covariates are excluded from the analysis

6.3 Baseline complete, missingness in post-baseline values

- for MMRM: at least one post-baseline value needed
- Alternative: LDA where baseline is part of the response vector
- when implemented in similar manners: MI and MMRM have similar assumptions and yield similar results. Thus, MI implemented similarly to MMRM is not a sensitivity analysis

6.4 Multiple imputation

• MI very useful for sensitivity analyses

6.5 Handling nonignorable missingness (MNAR)

- Assumption of MAR is often reasonable, but possibility of data missing not at random (MNAR) is difficult to rule out.
- Thus, analysis under MNAR needed
- Analysis under MNAR: these methods are heavily assumption driven and the assumptions are not testable as we do not have the missing data
- Consider a sensitivity analysis framework allowing assessment of robustness of results to the various assumptions
- MNAR methods: Pattern-mixture, delta-adjustment method (controlled imputation; another method is reference-based imputation)

7 Inferences from binary longitudinal data

References

Craig Mallinckrodt, Ilya Lipkovich. 2016. Analyzing Longitudinal Clinical Trial Data: A Practical Guide. Vol. 1. USA: Chapman; Hall/CRC. https://doi.org/10.1201/9781315186634.

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(Little and Rubin 2019)

(Craig Mallinckrodt 2016)