

Assessing the Safety of Rosiglitazone for the Treatment of Type II Diabetes

A Bayesian Approach



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Joint work with: Kostas Kalogeropoulos and Larry Phillips

How to assess a drug?

Subject ID	Treatment Group	Nausea	Dyspesia	Haemoglobin
233	1	1	1	-3.2
342	2	0	1	-4.7
213	1	1	0	1.4

Figure 1: Sample clinical trial dataset. Decisions about drugs are based on summaries of datasets like this.

How to Assess a Drug?

Regulatory Timeline:

- 1999 Rosiglitazone gets US approval
- 2000 Rosiglitazone gets European approval
- 2007 New evidence for risks arises [Nissen and Wolski, 2007]
- 2010 European regulators revert their recommendation
- 2011 US regulators partially revert their recommendation
- 2013 US regulators undo reversion

How to Assess a Drug?

Average Treatment Effects

Treatment Group	Nausea	Dyspesia	Hemoglobin
1	12%	8%	-0.5
2	13%	10%	-4.1

How to Assess a Drug? A General Framework

- 1 Clinical trials data are recorded in a matrix Y
- 2 Characterize the distribution of effects
- 3 Need to combine effects into a single value s , termed *preference score**
- 4 $P(s^T > s^C | Y)$, generalize from the trial to the population

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Multi-criteria Decision Analysis, in a single slide

- 1 “Standardize” each measured variable to a common scale
[worst measurement, ..., best measurement] \rightarrow $[0, \dots, 100]$
- 2 Choose appropriate weights w_j for each effect
- 3 Construct the weighted sum $S = \sum_j w_j \cdot c_j$, called *preference score*
- 4 Compare the *preference scores* s^C and s^T for the control and treatment groups, respectively

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Issues/Goals

[Phillips et al., 2013] proposed using MCDA for drug assessment.

Issues:

- assumes independence of effects (correlation of mixed data)
- individual variability

Goals:

- Calculate $P(s_{N+1}^T > s_{N+1}^C | y)$ taking into account
- address above issues

Model

For binary data:

$$\begin{cases} Y_{ij} \sim \text{Bernoulli}(\eta_j), \ i = 1, \dots, N, \ Y_{ij} \text{ independent, for fixed } j \\ h_j(\eta_j) = \mu_j + Z_{ij}, \end{cases} \quad (1)$$

For continuous variables:

$$Y_{ij} = \mu_j + Z_{ij}, \ i = 1, \dots, N. \quad (2)$$

where the distribution of Z is assumed to be

$$Z_{i:} \sim \mathcal{N}_J(0_J, \Sigma), \quad (3)$$

$Z_{i:}$ are independent $\forall i$

Model Objectives

The aim is to sample from

$$\pi(\mu, \Sigma, Z|Y) \propto f(Y|Z, \mu, \Sigma)\pi(Z|\Sigma)\pi(\mu)\pi(\Sigma) \quad (4)$$

(for control and treatment groups) so that we can in turn sample from the score posterior.

We can then

- 1 compute $P(s^T > s^C|y)$ as before
- 2 compute $P(s_{N+1}^T > s_{N+1}^C|y)$ for a future individual $N + 1$ based on

$$\pi(Z_{N+1}|y) = \int \int \pi(Z_{N+1}|\mu, \Sigma)\pi(\mu, \Sigma|y) d\mu d\Sigma$$

- 3 compute $P(s_{N+1}^T > s_{N+1}^C|y, \hat{\mu}, \hat{\Sigma})$ based on Bayes or ML estimators of $\hat{\mu}, \hat{\Sigma}$.

How to Assess Rosiglitazone?

Using a clinical trial dataset

- 150 subjects in Control
- 152 subjects in Treatment (Rosiglitazone)

Testing for 6 effects:

- diarrhea (8.9)
- nausea (17.8)
- dyspepsia (1.8)
- edema (0.5)
- hemoglobin levels (59.2)
- glucose levels (11.8)

MCMC Samples

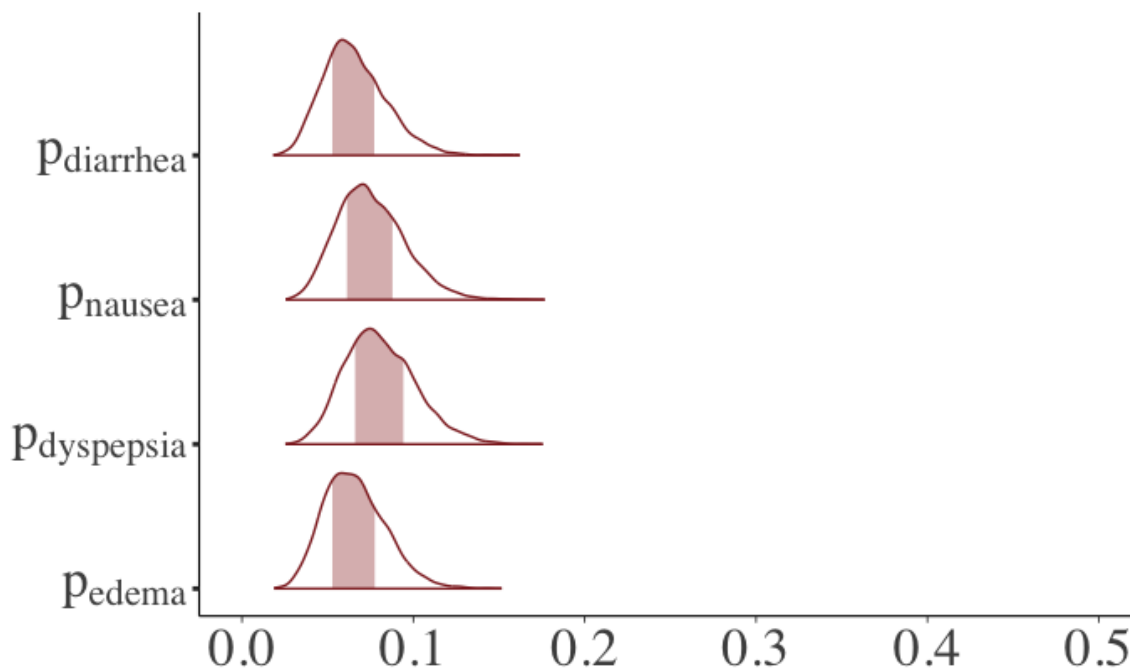


Figure 2: Probability of experiencing an effects for 4 binary effects.

MCMC Samples

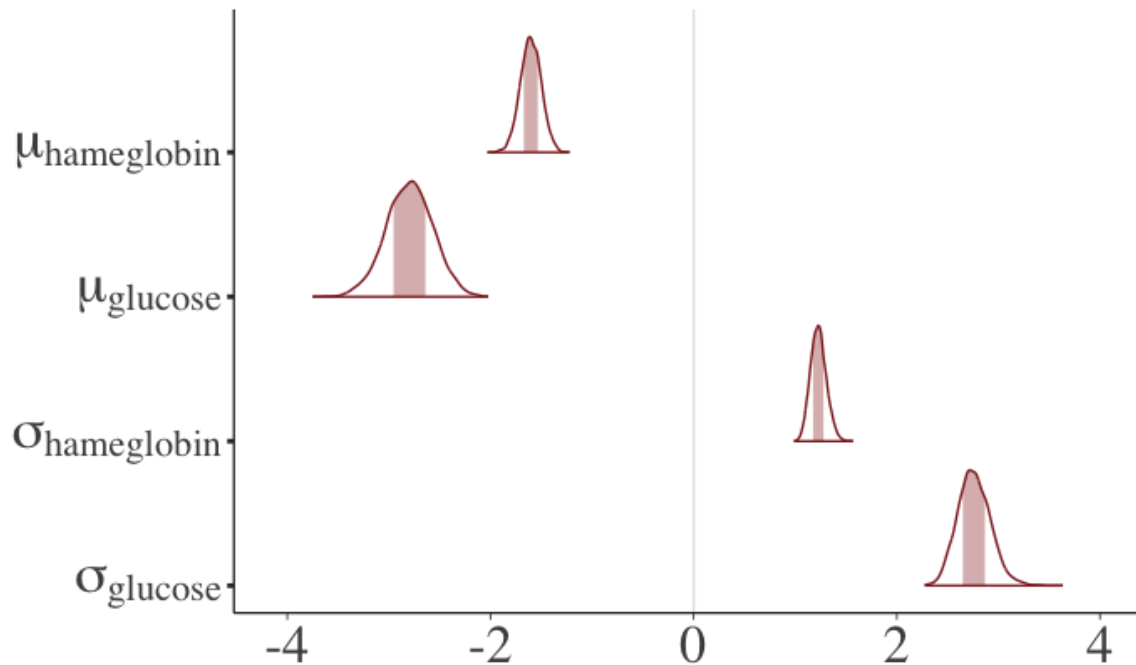


Figure 3: Mean and standard deviations for the 2 continuous effects.

MCMC Samples

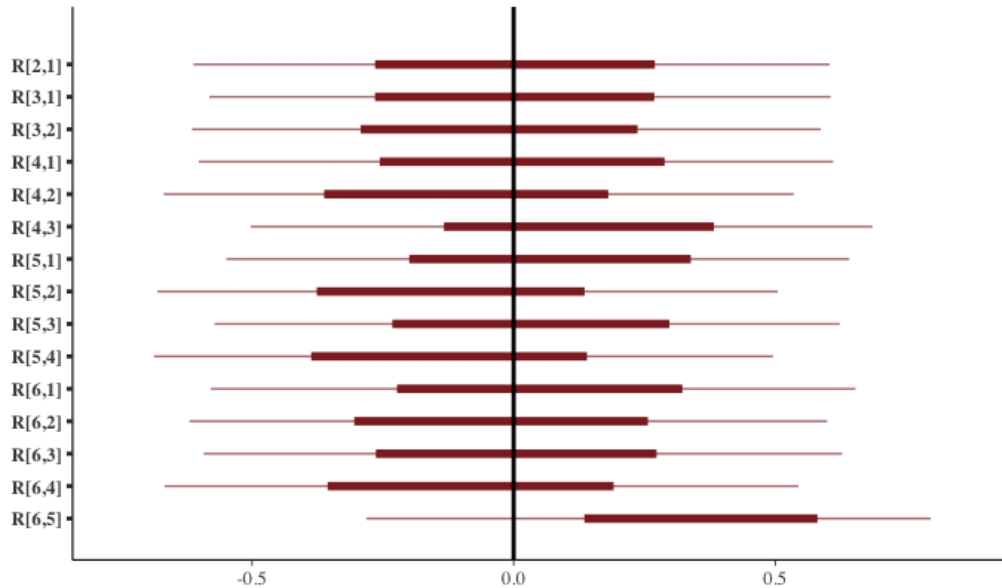


Figure 4: Pairwise correlation coefficient for all 6 effects.

Drug Preference Score

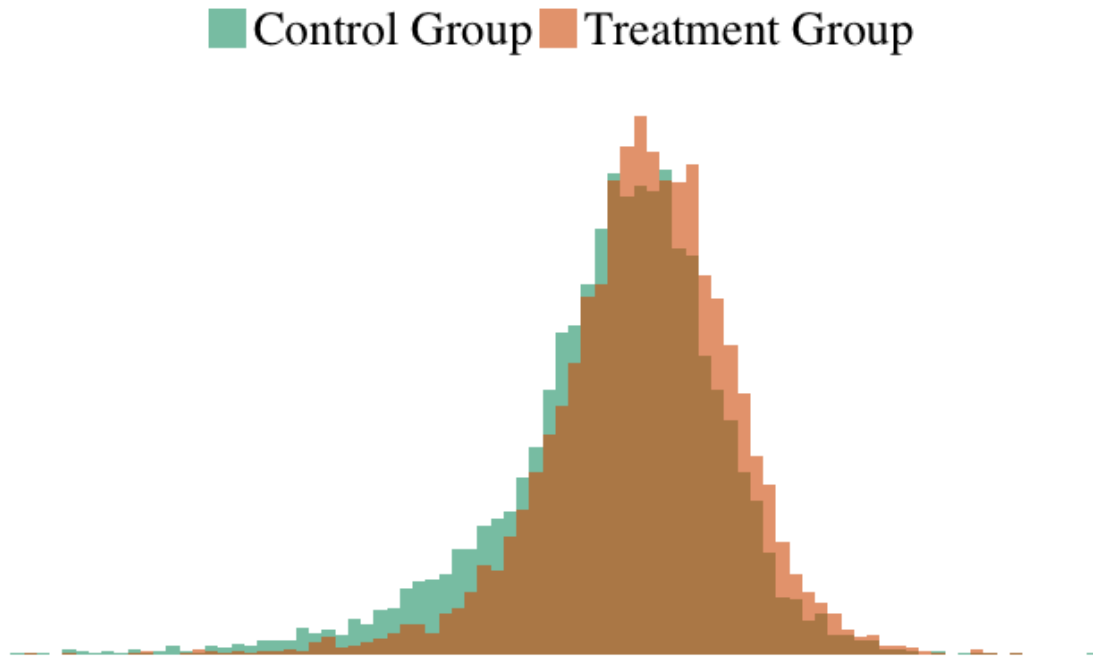
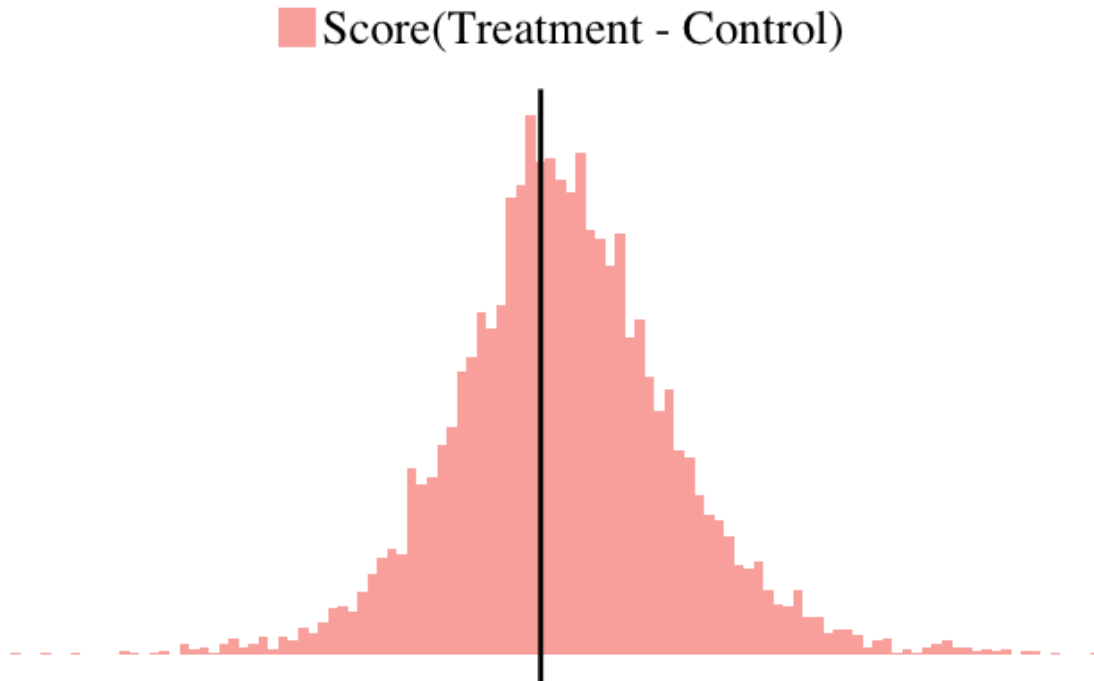


Figure 5: Final Score distribution s_{N+1}^T and s_{N+1}^C for a new individual taking the treatment (Rosiglitazone), and the placebo respectively.

Final Assessment

$$P(s_{N+1}^{\text{RSG}} > s_{N+1}^C) = 62 \%$$



Thank you!

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References I



Nissen, S. E. and Wolski, K. (2007).

Effect of rosiglitazone on the risk of myocardial infarction and death from cardiovascular causes.

New England Journal of Medicine, 356:2457–2471.



Phillips, L. et al. (2013).

Imi work package 5: Report 2:b:ii benefit - risk wave 2 case study report: Rosiglitazone.