

Bayesian Meta-Analysis of Single Arm Clinical Trials

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Motivation

- ▶ Arthritic ankles often undergo surgery to fuse or replace the ankle, in order to relieve pain
- ▶ How is post-surgical complication or failure rate related to surgery type?
 - ▷ Total Ankle Arthroplasty
 - ▷ Ankle Arthrodesis - Open
 - ▷ Ankle Arthrodesis - Arthroscopic

The Data

- ▶ N=38 studies, each with n_i observations
- ▶ Continuous covariates (age)
- ▶ Indicator covariates (treatment type)
- ▶ Count covariates/responses (diagnosis type, complication types, etc.)
- ▶ y_i = Response: per-study failure or complication rate

Definitions

- ▶ **Meta-analysis:** The **combination** of the results of multiple similar independent studies to determine an "actual" **overall result**
- ▶ **Effect Size:** The **magnitude** of the effect that a treatment has on the results of an experiment, compared to a different treatment or control (often standard difference of means, odds ratio, or relative risk ratio)
- ▶ **Outcome Measure:** The **quantitative result** of interest
- ▶ **Single-arm Study:** A study designed **without a control group**, whether for practical, moral, or other reasons

Model 1: Beta-Binomial

Likelihood of observing y_i ankle failures:

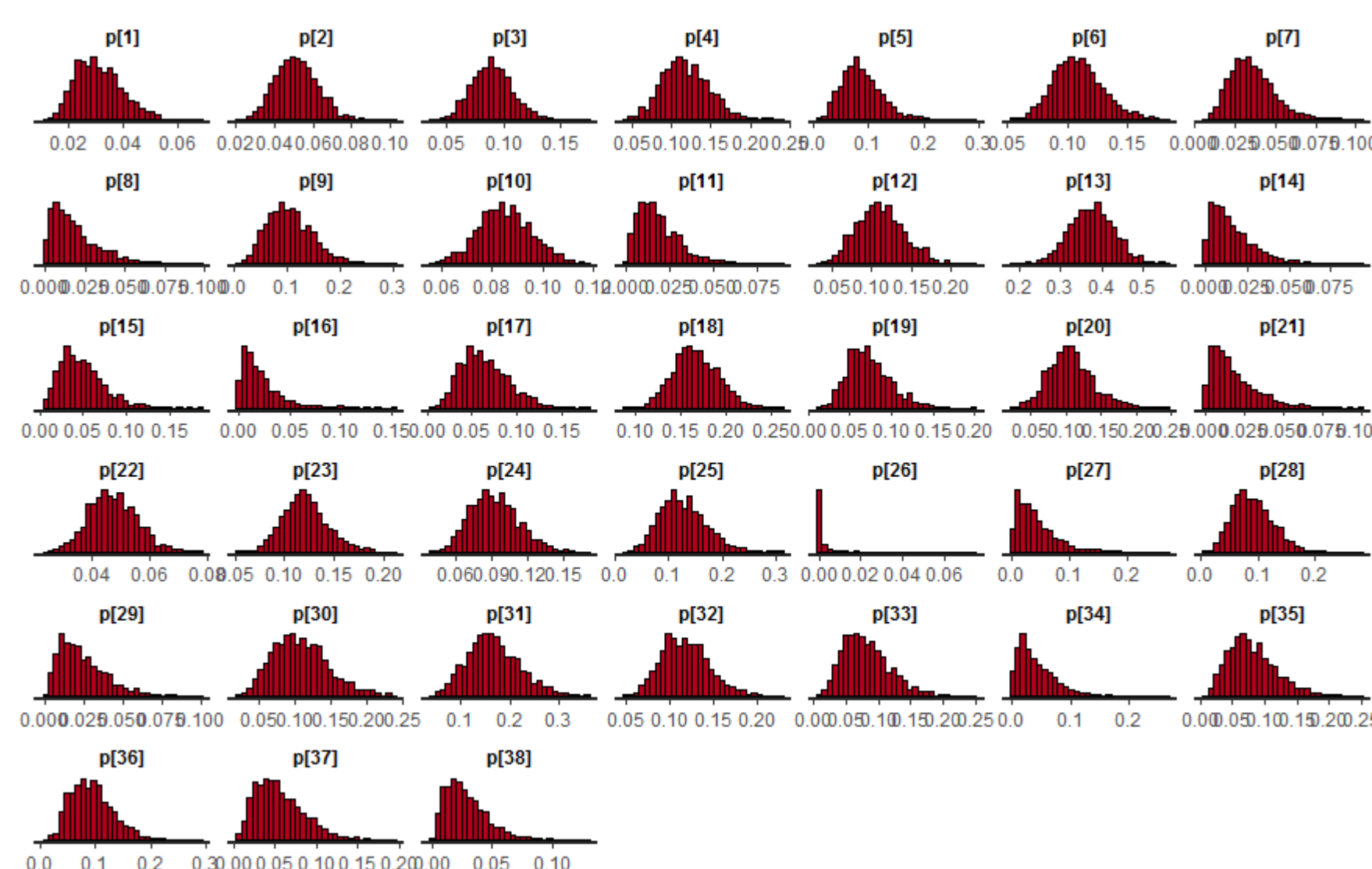
$$f(y_i | p_i, n_i) = \binom{n_i}{y_i} p_i^{y_i} (1 - p_i)^{n_i - y_i}, \quad y_i = 1, 2, \dots, n_i$$

Prior distribution for p_i :

$$f(p_i) = \frac{\Gamma(\alpha + \beta)}{\Gamma(\alpha)\Gamma(\beta)} p_i^{\alpha-1} (1 - p_i)^{\beta-1}, \quad 0 < p_i < 1$$

where

$$f(\alpha) = f(\beta) = \frac{1}{\Gamma(0.01) \times 0.01^{0.01}} (\cdot)^{0.01-1} e^{-(\cdot)/0.01}$$



(1-23: TAA; 24-32: AAO; 33-38: AAA)

Technique: Metropolis-Hastings MCMC

1. **Set initial parameter value** (eg $\theta^{(0)}$)
2. **Acceptance/rejection sequence;** for each iteration i ,
 - a) Draw **candidate** θ^* from possible **posterior distribution**, $J(\theta | \theta^{(t-1)})$
 - b) Compute **Metropolis ratio**, $R = \frac{f(\theta^* | \mathbf{y})}{f(\theta^{(t-1)} | \mathbf{y})} \times \frac{J(\theta^{(t-1)} | \theta^*)}{J(\theta^* | \theta^{(t-1)})}$
 - c) Set

$$\theta^{(t)} = \begin{cases} \theta^* & \text{with acceptance probability } \min(R, 1) \\ \theta^{(t-1)}, & \text{otherwise} \end{cases}$$

Model 2: Normal-Binomial

Likelihood of observing y_i ankle failures:

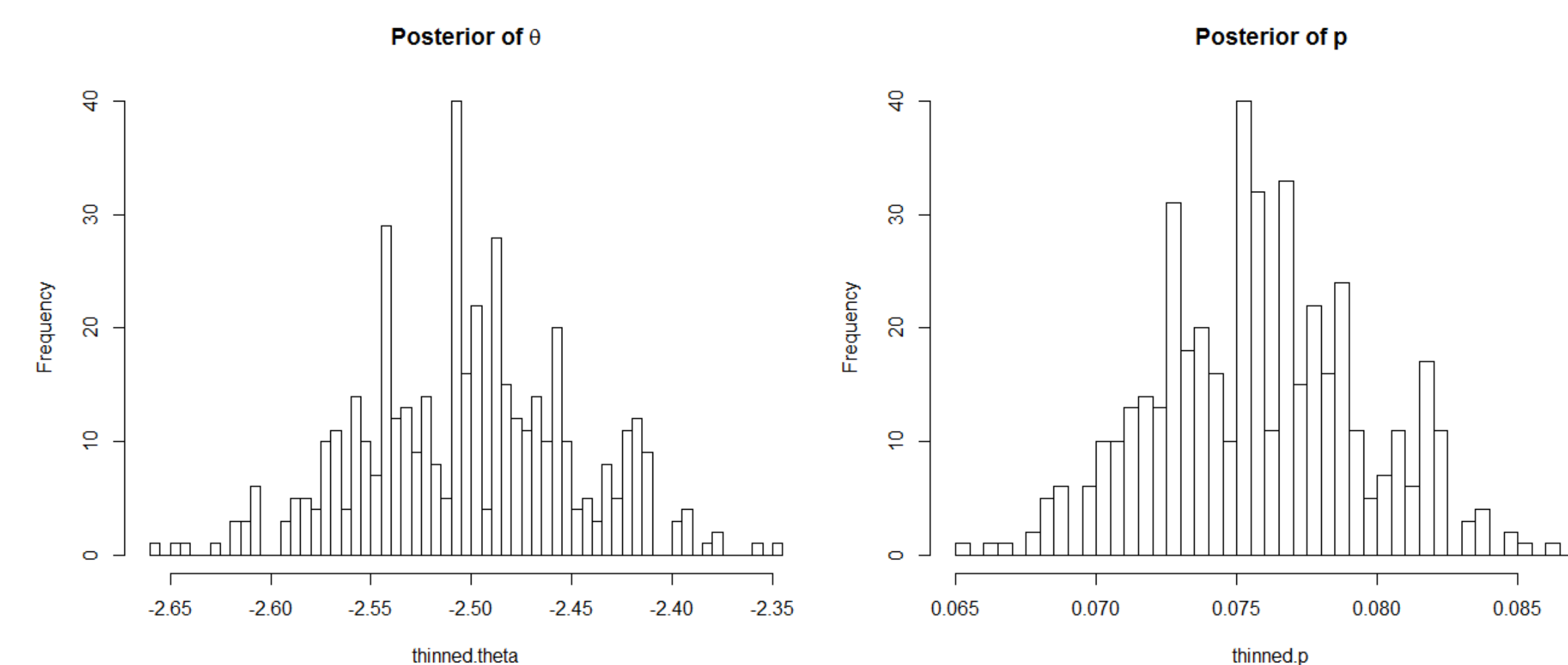
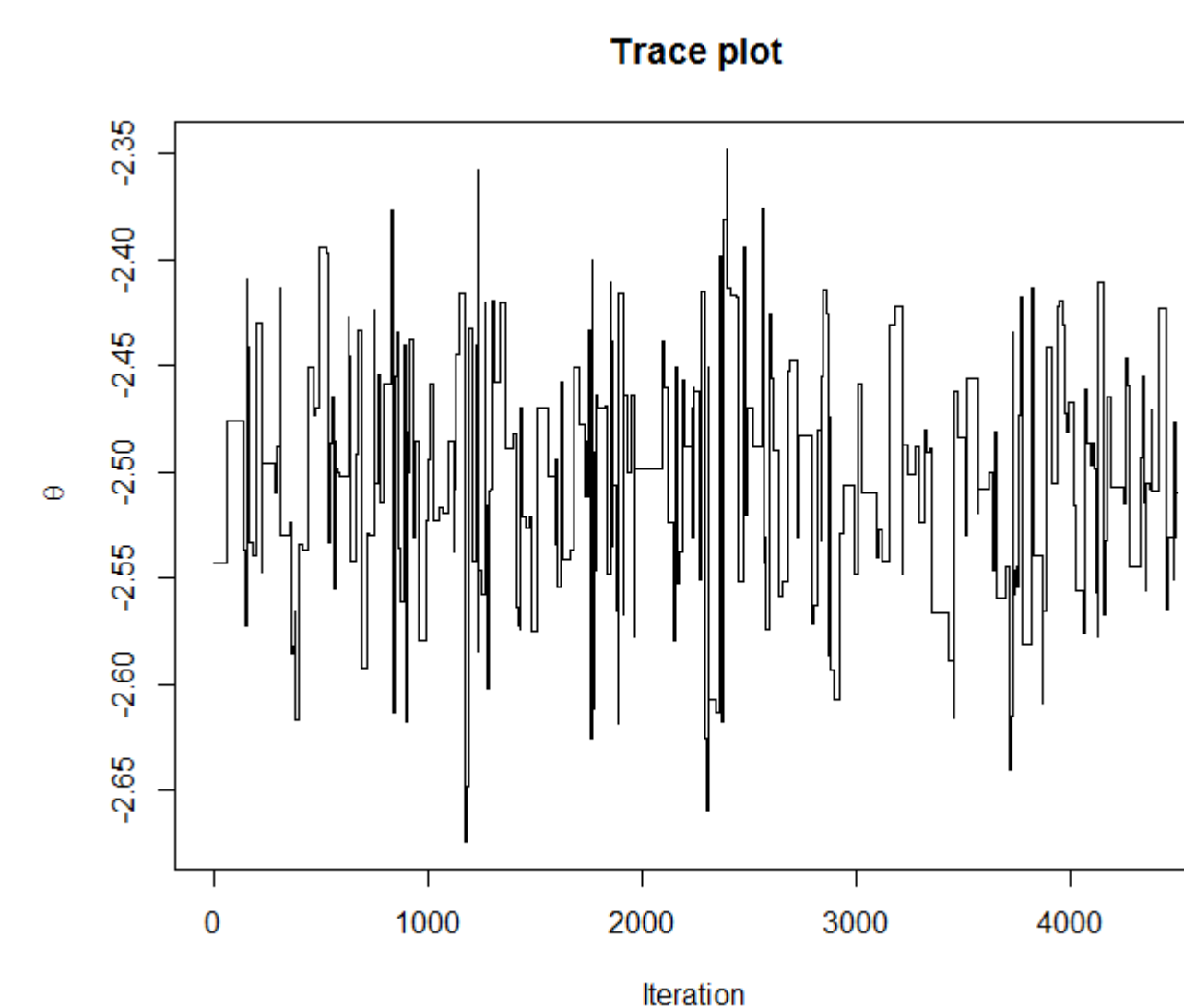
$$f(y_i | p_i, n_i) = \binom{n_i}{y_i} p_i^{y_i} (1 - p_i)^{n_i - y_i}, \quad y_i = 1, 2, \dots, n_i$$

Prior distribution for p_i :

$$f(\theta) = \left\{ \frac{1}{\sigma\sqrt{2\pi}} e^{-\frac{(\theta_i - \theta_0)^2}{2\sigma^2}} \right\}, \quad -\infty < \theta < \infty$$

where $\sigma^2 = 100^2$, and

$$\theta_i = \text{logit}(p_i) = \left(\frac{p_i}{1 - p_i} \right)$$



$$\theta_0 = -2.502, \sigma_\theta = 0.053 \rightarrow p_0 = 0.075, \sigma_p = 0.003$$

Model Advantages:

- ▶ **Beta-Binomial:** **No transformation** necessary=no division by zero, no $\log(0)$, & no $\log(\infty)$
- ▶ **Normal-Binomial:** Simpler for regressing on **additional covariates**, & adding **random effects** (see next panel)

Model 3: N-B with Regression & Meta-Analysis

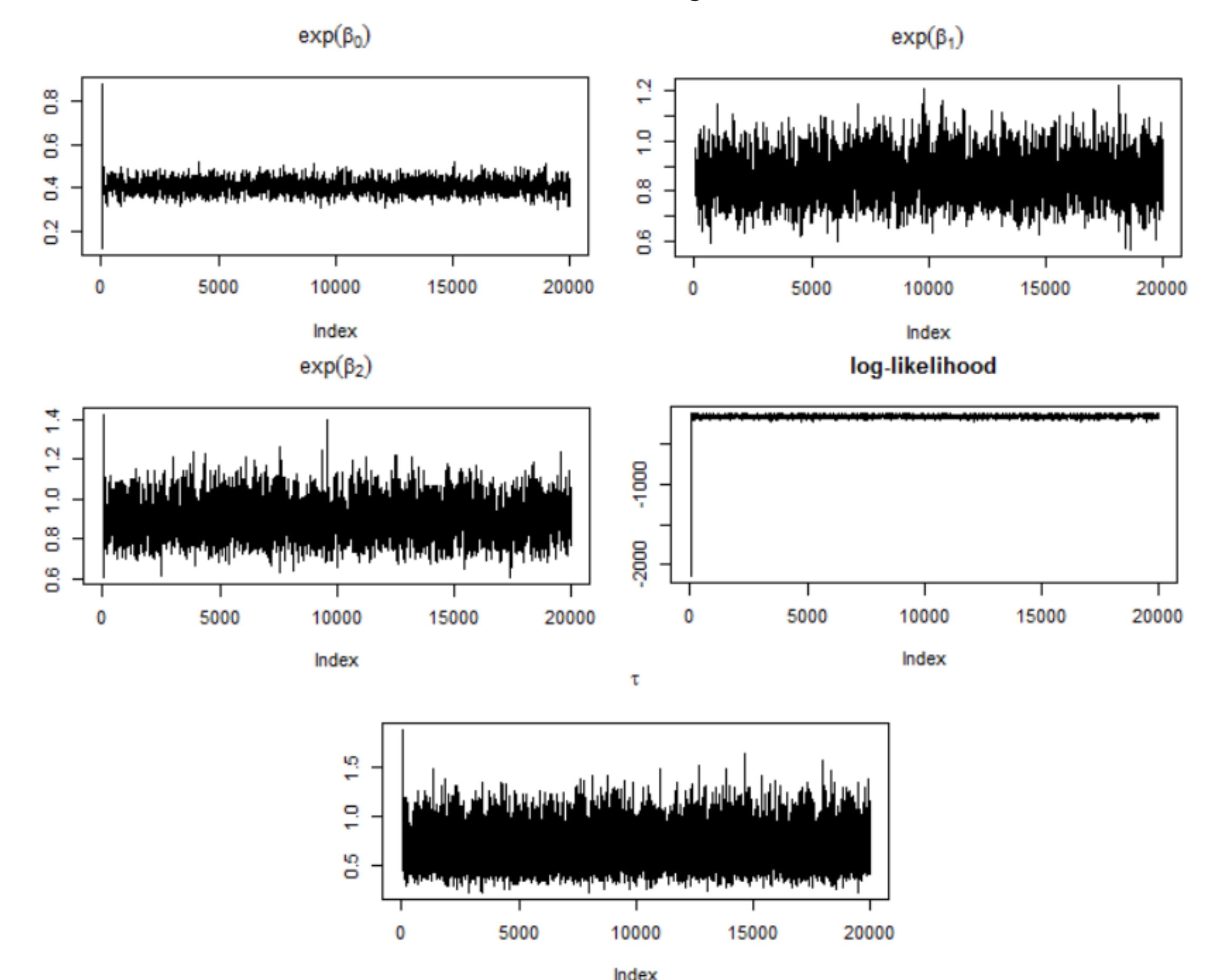
- ▶ Add **covariates** to the model
 - ▷ Indicator variables for surgery type
- ▶ Include "weights" for meta-analysis (inverse variance)
- ▶ Include **random effects** for $\theta_i = \text{logit}(p_i)$
- ▶ Same Likelihood for y_i as previous model

Regression:

$$\text{logit}(p_i) = \beta_0 + \beta_1 x_1 + \beta_2 x_2 + RE$$

- ▶ x_1, x_2 are indicators for AAO and AAA, respectively
- ▶ $\beta_0, \beta_1, \& \beta_2$ are coefficients ($\sim N(0, 0.1)$)
- ▶ Prior for $\theta = \text{logit}(p) \sim N(\mathbf{X} \times \beta, \frac{1}{y_i} + \frac{1}{n_i - y_i})$
- ▶ **RE** are **random effects** $\sim N(0, \tau^2)$, where

$$f(\tau) = \frac{1}{5} e^{-\frac{\tau}{5}}$$



	Mean	Odds Ratio	5%	95%	Odds
β_0	-0.9103	N/A	0.3563	0.4558	0.4024
β_1	-0.1656	0.8474	0.7399	0.9914	0.3410
β_2	-0.1129	0.8932	0.7594	1.0469	0.3594

Future Directions

- ▶ Incorporate additional covariates of different types
- ▶ Improve techniques to accommodate missing data
- ▶ Expand to make descriptive modeling techniques into **predictive** techniques as well

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