

Title Slide Title

First Last

University of North Carolina at Chapel Hill

THE DATE



UNC

GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

- 1 Background: Motivation
- 2 Methods
- 3 DNA Damage Repair Subtyping
- 4 Discussion

Background

- Talk about your motivation

Background: Motivation



Dr. Corey Kalbaugh



Dr. Melina Kibbe



Dr. Edward Bahnson

- 1 Scientific Study
- 2 Clinical Trial
- 3 Observational Study

Background: Motivation



Dr. Corey Kalbaugh



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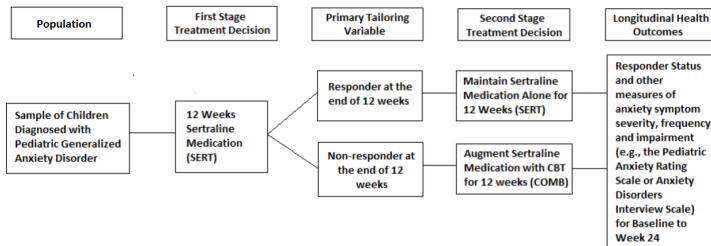


Dr. Edward Bahnson

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Dynamic Treatment Regimes

- A sequence of decision rules that assigns treatment based on some covariates or *tailoring variables*¹
- One decision per intervention stage
- *Optimal* DTRs maximize some clinical outcome(s) of interest



Addressing the Clinical Aim

“Identify the optimal dosage regimen of SFN supplementation that achieves the best functional outcome with and **without** additional tailoring variables.”

Outcomes

- Tolerance
- 6-Minute Walking Distance

Covariates

- SFN Supplementation
- Dosing
- Diabetic Status
- Demographics
- Blood Work
- Biomarkers

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DNA Damage Repair (DDR) Motivation

- Given that Platinum-based chemotherapies act by damaging DNA, it is assumed that tumor cells that have better repair efficiencies.

- There are RNA-Seq samples for 376 cases in the available data for the TCGA-OV project. We will restrict the sample to only those with clinical data available.
- The DNA Damage Response (DDR) gene set was retrieved from the Gene Ontology Consortium. It contains 830 genes of which 808 appear in the TCGA samples.
- Conclusion, Summary, Limitations, Future Work

- Dimensionality Reduction: Distance measures in high-dimensional spaces.
- Normalization - Variance Stabilizing Transformation (DESeq2)
Assume that the number of reads in sample j that are assigned to gene i can be modeled by a negative binomial (NB) distribution,
$$K_{ij} \sim NB(\mu_{ij}, \sigma_{ij}^2)$$
- Low counts

- Conclusion, Summary, Limitations, Future Work

- 1 Almirall, D., Compton, S. N., Gunlicks-Stoessel, M., Duan, N., and Murphy, S. A. (2012). “Designing a Pilot Sequential Multiple Assignment Randomized Trial for Developing an Adaptive Treatment Strategy”. In: *Statistics in Medicine* 31.17, pp. 1887–1902.
- 2 Bien, J., Taylor, J., and Tibshirani, R. (2013). “A LASSO for Hierarchical Interactions”. In: *Annals of Statistics* 41.3, p. 1111.
- 3 Kosorok, M. R., Chen, J., Chaudhari, M., Choudhury, A., Cui, Y., Jiang, X., Lawson, M., Luckett, D., Nguyen, C., Pokaparakarn, T., and Laber, E. (2016). “Design and Sample Size for SMART Studies”. IMPACT Symposium. Cary, NC.
- 4 Murphy, S. A. (2005). “An Experimental Design for the Development of Adaptive Treatment Strategies”. In: *Statistics in Medicine* 24.10, pp. 1455–1481.
- 5 Rich, B., Moodie, E. E., and Stephens, D. A. (2014). “Simulating Sequential Multiple Assignment Randomized Trials to Generate Optimal Personalized Warfarin Dosing Strategies”. In: *Clinical Trials* 11.4, pp. 435–444.
- 6 Zhao, Y. (2015) “Reinforcement Learning Applications in Clinical Trials”. In: *Adaptive Treatment Strategies in Practice: Planning Trials and Analyzing Data for Personalized Medicine*. Ed. by M. Kosorok and E. Moodie. SIAM. Chap. 17.