# Hierarchical Logistic Model for Mulit-Center Clinical Trial P8160 - Group 3A

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# Introduction and Background

A multicenter clinical trial is a trial that enrolls participants at multiple different medical institutions. While there are a number of distinct advantages to multicenter trials, such as the possibilities for a larger sample size and greater generalizability [Jo, 2020], they are also expensive and more complex to execute and analyze. For instance, different trial sites can have different characteristics, such as patient demographics, treatment practices, or geographic factors, that impact the outcome of trial patients. Such variability between trial sites can complicate the statistical analysis, and possibly bias trial outcomes. Moreover, in some cases, multicenter clinical trials have contradicted single-center trials [Dechartres, 2011]. Therefore an important goal of statistical clinical trial research must be to create methods and guidelines for the reliable design and analysis of multicenter clinical trials.

A challenge in evaluating clinical trial methodology is the cost of conducting a trial and the accessibility of this data to external researchers. It's been long recognized that simulation studies can play a key role in designing and analyzing clinical trials by improving their efficiency and reliability [Bonate, 2000]

In this project, we designed a simulation study to determine optimal Monte Carlo sampling strategies to evaluate the population-level probability of adverse events in the context of a hypothetical multicenter clinical trial. This simulated trial includes patient-level covariates and clinic-level random effects that informs a heirarchical logistic model to predict the probability of adverse events. We evaluated the bias and variance in the predicted probability of an adverse event of three sampling methods: simple Monte Carlo (MC), MC with control variates (CV), and MC with importance sampling (IS). We also compare the CPU time statistics for each method.

#### Statistical Methods

In order to evaluate our different Monte Carlo sampling stratgies, we created a synthetic data set meant to represent a hypothetical multicenter clinical trial. This data set includes patient-level covariates  $X_i$  and clinic-level random effects  $b_j$ , which represents site-specific variables such as population demographics and differences in protocol. In section 1 below, we specify the clinic random effect as  $b_j \sim \text{Log-Normal}(-1, 0.5)$ , which is a heavy tailed distribution (i.e. decays slower than an Exponential distribution), and the patient level covariates were specified as  $X_i \sim \text{Gamma}(2, 2)$ . Distribution parameters were chosen to yield realistic estimates of adverse events. CITATION?

These random variables are used to estimate the population-level probability of an adverse event across all patients and clinics using the logit function below:

$$P(AdverseEvent) = \int \int logit^{-1}(\alpha + b + \beta x) f_B(b) f_X(x) db dx$$

We evaluated three different Monte Carlo sampling methods: simple Monte Carlo (MC), MC with control variates (CV), and MC with importance sampling (IS) for evaluating the integral above. The equations for each method are given below, where  $X_i$  and  $b_i$  are selected from the appropriate probability distributions

 $f_X(x)$  and  $f_B(b)$ , respectively,  $U(x_i, b_i)$  is a control variate with a known expectation value,  $\mu_U$ , and  $h(x_i, b_i)$  is a easy to sample bivariate distribution that is non-zero over the same range as  $f_X(x_i)f_B(b_i)$ .

$$\begin{split} P_{Simple}(AdverseEvent) &= \frac{1}{N} \sum_{i=1}^{N} logit^{-1}(x_i, b_i) \\ P_{CV}(AdverseEvent) &= \frac{1}{N} \sum_{i=1}^{N} (logit^{-1}(x_i, b_i) - c^*(U(x_i, b_i)) - \mu_U) \\ P_{IS}(AdverseEvent) &= \frac{1}{N} \sum_{i=1}^{N} \frac{f_X(x_i) f_B(b_i)}{h(x_i, b_i)} logit^{-1}(x_i, b_i) \end{split}$$

For each method, we report the bias and variance in the predicted probability of an adverse event from each method, where the bias is calculated in comparison to the "true probability", which was estimated using a simple Monte Carlo simulation with  $N = FINAL\ N$ . We also provide CPU time statistics to gauge the efficiency of each method and cumulative convergence plots to compare the convergence of each method to the "true probability".

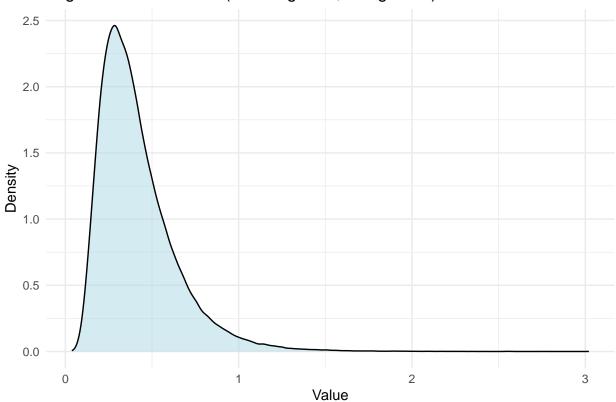
In the sections below, we defined functions used to run the integrations using simple Monte Carlo (Section 2), control variates (Section 3), and importance sampling (Section 4) methods.

#### Task 1: Specifying Distributions

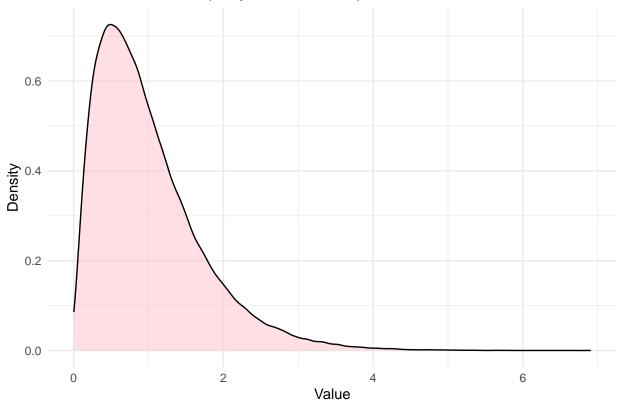
Let b follow a Log-normal distribution with parameters meanlog = -1 and sdlog = 0.5, see graph below.

Let x follows a Gamma distribution with parameters shape = 2 and rate = 2, see graph below.





# Gamma Distribution (shape = 2, rate = 2)



### Task 2: Sampling using Simple Monte Carlo (MC)

```
Using simple Monte Carlo with N = 100000: P_{Simple}(AdverseEvent) = \frac{1}{N} \sum_{i=1}^{N} logit^{-1}(x_i, b_i) start_time_smc <- Sys.time()

logit_inverse_function <- function(x) {
    return(exp(x) / (1 + exp(x)))
}

## Calculating the probability of an adverse event based on pre-sampled b and x
p_ij <- logit_inverse_function(alpha + b_samples + beta * x_samples)

p_adverse_event_smc <- mean(p_ij)
    var_smc <- var(p_ij)

cpu_time_smc <- Sys.time() - start_time_smc

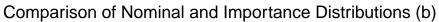
## knitr::kable(p_adverse_event_smc, digits = 6,
## col.names = "Probability of the Adverse Event of Simple MC Sampling")
```

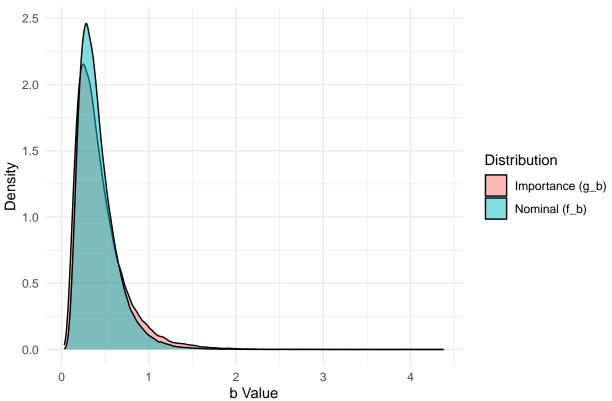
### Task 3: Sampling using Control Variate (CV)

```
Using Monte Carlo with Control Variate: P_{CV}(AdverseEvent) = \frac{1}{N} \sum_{i=1}^{N} (logit^{-1}(x_i,b_i) - c^*(U(x_i,b_i)) - \mu_U) start_time_cv <- Sys.time()  Y \leftarrow logit_inverse_function(alpha + b_samples + beta * x_samples)
```

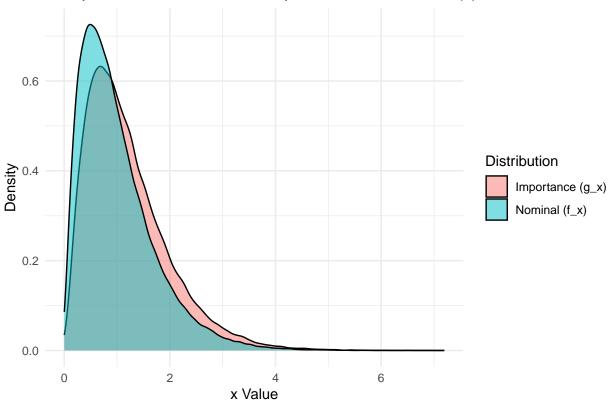
```
E_Y \leftarrow mean(Y)
var_Y <- var(Y)</pre>
## U is on-logit transformed Y
U <- alpha + b_samples + beta * x_samples</pre>
E_U <- mean(U)</pre>
var_U <- var(U)</pre>
cov_Y_U \leftarrow cov(Y, U)
c_star <- -cov_Y_U / var_U</pre>
## Applying covariate correction
Y_cv \leftarrow Y + c_star * (U - E_U)
E_Y_cv <- mean(Y_cv)</pre>
var_Y_cv <- var_Y - (cov_Y_U ^ 2) / var_U</pre>
cpu_time_cv <- Sys.time() - start_time_cv</pre>
control_variate_df <- data.frame(</pre>
  Estimates = c("Mean", "Variance"),
  Without_Control_Variate = c(E_Y, var_Y),
  With_Control_Variate = c(E_Y_cv, var_Y_cv)
## knitr::kable(control_variate_df, digits = 10,
                 caption = "Comparison of Estimates With and Without Control Variate")
```

#### Task 4: Sampling using Importance Sampling (IS)





# Comparison of Nominal and Importance Distributions (x)



```
set.seed(8160)
start_time_is <- Sys.time()</pre>
# Nominal Distribution
f_b <- function(b) {</pre>
  return(dlnorm(b, meanlog = -1, sdlog = 0.5))
f_x <- function(x) {</pre>
  return(dgamma(x, shape = 2, rate = 2))
# Importance Distribution
g_b <- function(b) {</pre>
  return(dlnorm(b, meanlog = -1, sdlog = 0.6))
g_x <- function(x) {</pre>
  return(dgamma(x, shape = 2.4, rate = 2))
}
weights <- function(b, x) {</pre>
  return((f_b(b) * f_x(x)) / (g_b(b) * g_x(x)))
}
b_samples_importance <- rlnorm(n, meanlog = -1, sdlog = 0.6)</pre>
x_samples_importance <- rgamma(n, shape = 2.4, rate = 2)</pre>
```

### Results

#### Task 5: Comparison of Sampling Methods

```
set.seed(8160)
N true <- 1000000
b_samples_N <- rlnorm(N_true, meanlog = -1, sdlog = 0.5)
x_samples_N <- rgamma(N_true, shape = 2, rate = 2)</pre>
p_adverse_event_true <- mean(logit_inverse_function(alpha + b_samples_N + beta * x_samples_N))
bias_smc <- p_adverse_event_smc - p_adverse_event_true</pre>
bias_cv <- E_Y_cv - p_adverse_event_true
bias_is <- E_is - p_adverse_event_true</pre>
comparison_df <- data.frame(</pre>
 Method = c("Simple Monte Carlo", "Control Variates", "Importance Sampling"),
 Estimated_Probability = c(p_adverse_event_smc, E_Y_cv, E_is),
 Bias = c(bias_smc, bias_cv, bias_is),
 Variance = c(var_smc, var_Y_cv, var_is),
  CPU_Time = c(cpu_time_smc, cpu_time_cv, cpu_time_is)
knitr::kable(comparison_df, digits = 10,
      caption = "Comparison of Sampling Methods (Bias, Variance, and CPU Time)")
```

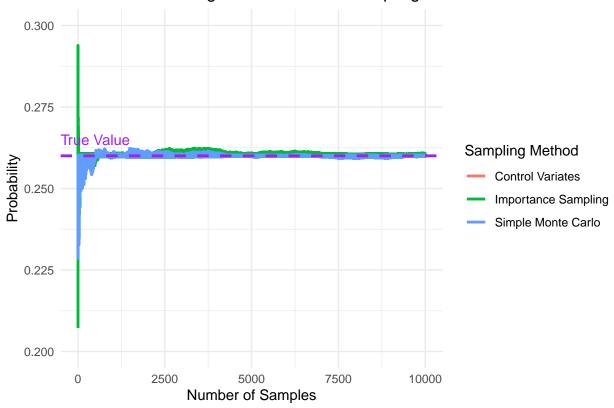
Table 1: Comparison of Sampling Methods (Bias, Variance, and CPU Time)

Method	${\bf Estimated\_Probability}$	Bias	Variance	CPU_Time
Simple Monte Carlo	0.2599681	-5.45990e-05	0.0071736090 $0.0000793436$ $0.0000000654$	0.002074003 secs
Control Variates	0.2599681	-5.45990e-05		0.007778883 secs
Importance Sampling	0.2600889	6.62267e-05		0.028363943 secs

Task 6: Cumulative Convergence Plots (Extra Credit)

```
cumulative_mc <- cumsum(p_ij) / seq_along(p_ij)</pre>
cumulative_cv <- cumsum(Y_cv) / seq_along(Y_cv)</pre>
cumulative_is <- cumsum(w * p_ij_is) / cumsum(w)</pre>
cumulative_convergence_df <- data.frame(</pre>
  Sample = rep(1 : 10000, 3),
 Value = c(cumulative_mc, cumulative_cv, cumulative_is),
 Method = rep(c("Simple Monte Carlo", "Control Variates", "Importance Sampling"), each = n)
)
ggplot(cumulative_convergence_df, aes(x = Sample, y = Value, color = Method)) +
  geom_line(size = 1) +
  geom_hline(yintercept = p_adverse_event_true, linetype = "dashed", color = "purple", size = 1) +
  annotate("text", x = 500, y = p_adverse_event_true + 0.005,
           label = "True Value", size = 4, color = "purple") +
  labs(title = "Cumulative Convergence of Different Sampling Methods",
       x = "Number of Samples",
       y = "Probability",
       color = "Sampling Method") +
  theme_minimal() +
  ylim(c(0.20, 0.30))
```

### Cumulative Convergence of Different Sampling Methods



# Discussion and Practical Implications

The ability to effectively simulate

### Conclusion

### References

Jo, Daehyun. "The interpretation bias and trap of multicenter clinical research." The Korean journal of pain vol. 33,3 (2020): 199-200. doi:10.3344/kjp.2020.33.3.199

Dechartres, Agnes, et al. "Single-center trials show larger treatment effects than multicenter trials: evidence from a meta-epidemiologic study." Annals of internal medicine 155.1 (2011): 39-51.

Bonate, Peter L. "Clinical trial simulation in drug development." Pharmaceutical research 17 (2000): 252-256.

3. Cheng, Adam, et al. "Conducting multicenter research in healthcare simulation: Lessons learned from the INSPIRE network." Advances in Simulation 2 (2017): 1-14.