

# Estimating time to disease progression comparing transition models and survival methods

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- Multiple Sclerosis (MS) - a relapsing remitting disease
- Expanded disability status scale (EDSS) - ranges from 0 (normal) to 10 (death due to MS) in 0.5 points

- Multiple Sclerosis (MS) - a relapsing remitting disease
- Expanded disability status scale (EDSS) - ranges from 0 (normal) to 10 (death due to MS) in 0.5 points
- Data: two multi-national parallel-group phase 3 trials evaluating oral fingolimod (FTY)
  - The TRANSFORMS trial (12 months, active control,  $n = 1292$ )
  - The FREEDOMS trial (24 months, placebo control,  $n = 1272$ )
  - Treatment significantly decreased relapse rate and was approved by FDA and EMA in 2010

# Questions of interest

## Scientific

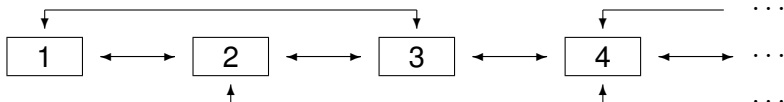
what is the effect of FTY on the EDSS and especially on the probability of confirmed progression (increase in 1 point that lasts for 3 months)?

## Methods

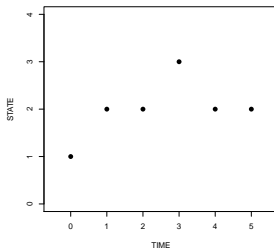
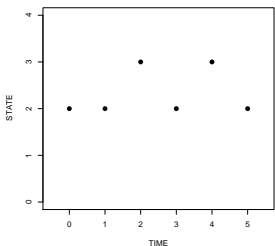
Survival methods vs. transition models

# EDSS Data and endpoint

EDSS as a multi-state process (5-band model)



Three-month EDSS data; Dist. of time to confirmed progression (discrete)



- State space  $\{1, 2, \dots, J\}$
- $Y_t$  state at time  $t$
- $t_0 = 0, \dots, t_n = n$  observed times (equally spaced)
- $X$  vector of measured covariates

Data for subject  $i$ :  $(y_{it_0}, y_{it_1}, \dots, y_{it_{n_i}}, x_i)$

Time to confirmed progression:

$$T_i = \min\{j \mid y_{it_{j-1}} > y_{it_0}, y_{it_j} > y_{it_0}\}$$

# Survival Analysis Methods

Typically, time of follow-up varies between subjects - censoring

$T$  = time of event               $C$  = end of follow-up

data = [  $\min(T, C)$  ,  $I\{T \leq C\}$  ]

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Estimation and testing using survival methods:

- Kaplan-Meier Product-limit:  $\widehat{\text{hazard}}(t) = \frac{\# \text{events at } t}{\#\{T \geq t\}}$
- Cox Proportional hazard:  $\widehat{\text{hazard}}(t) = \hat{h}_0(t) \exp(x\hat{\beta})$
- $1 - F(t) = \prod_{s \leq t} [1 - h(s)] \quad \left( = \exp\{-\int_{s \leq t} h(s) ds\} \right)$



## Pros:

- Estimate the parameter of interest directly - a natural model
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## Cons:

- For an ordinal measure,  $1 \rightarrow 2 \neq 2 \rightarrow 3$  - stratification or modeling are required
- Censored processes are informative
- Non-progressive process - difficulty with missing values

# Markov Transition Models

We suggest to model the EDSS process using the Markov assumption -  $P(Y_t | \text{History}, X) = P(Y_t | Y_{t-1}, X)$

Time-to-event  $\leftrightarrow$  hitting time.

# Markov Transition Models

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Time-to-event  $\leftrightarrow$  hitting time.

## Pros:

- $1 \rightarrow 2$  and  $2 \rightarrow 3$  are directly estimated
- Exploits information in censored processes
- Can deal with (non-informative) missing values

## Cons:

- The parameter of interest is a derived quantity
- Uses rather strong assumptions - less robust

# Discrete Markov Model

Transition probabilities between consecutive times are given by

$$P(x, \theta) = \begin{pmatrix} p_{1,1}(x, \theta) & \cdots & p_{1,J}(x, \theta) \\ \vdots & \vdots & \vdots \\ p_{J,1}(x, \theta) & \cdots & p_{J,J}(x, \theta) \end{pmatrix}$$

Example of a model (partial proportional odds):

$$p_{j,k}(x, \theta) = \frac{\exp(\alpha_{jk} + \beta x)}{1 + \exp(\alpha_{jk} + \beta x)} - \frac{\exp(\alpha_{jk-1} + \beta x)}{1 + \exp(\alpha_{jk-1} + \beta x)}$$

$$j, k = 1, \dots, J, \quad \theta = (\alpha_{11}, \dots, \alpha_{JJ-1}, \beta), \quad \alpha_{j0} = 0, \alpha_{jJ} = \infty$$

## 5-band matrix

We assume  $p_{j,k} = 0$  for  $|j - k| > 2$

# s-step Transition Probabilities

The  $s$ -step transition probabilities are given by

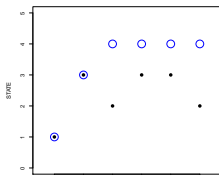
$$P(Y_s = k | Y_0 = j, x) = P^s(x, \theta)_{j,k}$$

**Calculating time-to-events probabilities  
by modifying the transition matrix:**

# Time to $(\{j+1, \dots, J\}, \{j+1, \dots, J\})$

$$\tilde{P}_j(x, \theta) = \begin{pmatrix} p_{11} & \cdots & p_{1j} & p_{1(j+1)} & \cdots & p_{1J} & 0 \\ \vdots & \vdots & \vdots & \vdots & \vdots & \vdots & \vdots \\ p_{j1} & \cdots & p_{jj} & p_{j(j+1)} & \cdots & p_{jJ} & 0 \\ p_{(j+1)1} & \cdots & p_{(j+1)j} & 0 & \cdots & 0 & \sum_k p_{(j+1)k} \\ \vdots & \vdots & \vdots & \vdots & \vdots & \vdots & \vdots \\ p_{J1} & \cdots & p_{Jj} & 0 & \cdots & 0 & \sum_k p_{Jk} \\ 0 & \cdots & 0 & 0 & \cdots & 0 & 1 \end{pmatrix}$$

Prediction:  $P(\text{event during } s \text{ steps} | Y_0 = j, x) = \tilde{P}_j^s(x, \theta)_{j, j+1}$



Estimation of  $\theta$  by maximum likelihood

$$\hat{\theta} = \operatorname{argmax} \prod_i \prod_{v=1}^n p_{y_{iv-1}, y_{iv}}(x_i, \theta)$$

Practically speaking, consider  $Y_{v-1}$  as a covariate for  $Y_v$  and assume that all transitions are independent. (Really practically speaking, use NLMIXED in SAS or clmm2 in R).

Prediction – by plugging-in  $\hat{\theta}$ .

Confidence intervals – by delta method or bootstrap-like method.



# Results

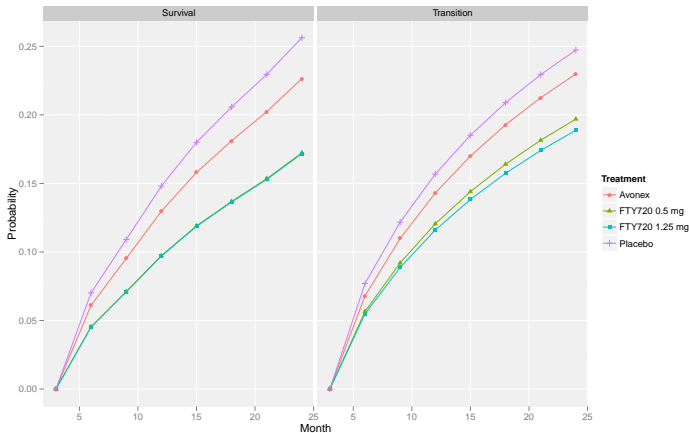
Two trials combined (2,348 subjects, 12,334 transitions)

	Cox Model HR	Markov Mixed OR
MS duration < 5y	0.855	0.626
Low T2.vol base	0.910	0.763
FTY 0.5mg	0.639	0.708
FTY 1.25mg	0.636	0.653
Avonex	0.867	0.879
EDSS.base=[5, 5.5]	1.218	>100
EDSS.base=[4, 4.5]	0.636	>100
EDSS.base=[3, 3.5]	0.600	>100
EDSS.base=[2, 2.5]	0.636	19.1

P-value<0.05.

# Probability curves

Estimated CDFs of time to sustained progression; Cox model (left) and Random effects Markov model (right).



Covariates: EDSS at baseline 0-1.5, disease duration <5 years, lesion volume <median

# Survival vs. Markov - Significant level

Simulation (thanks to Tom Hope) - 2 groups, 200/200 subjects  
 $J = 3$  states 9 transitions per subject:  $(y_1, y_2, \dots, y_9)$

Empirical size of 5% tests for treatment effect

data generated by	Log-Rank	Markov Fixed	Markov Random
1-step Markov-fixed	.062	.052	.048
1-step Markov-random $\sigma^2 = 1$	.044	.086	.044
2-step Markov-fixed	.052	.038	.048
2-step Markov-random $\sigma^2 = 1$	.044	.072	.036
permutation real data	.050	.030	.030

\* Transition matrices according to CLIMB - a natural history study on multiple sclerosis.

# Survival vs. Markov - power

## Treatment effect - $\beta = 0.5$ in PPO model

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 $J = 3$  states 9 transitions for subject:  $(y_1, y_2, \dots, y_9)$

Empirical power of 5% tests for treatment effect

data generated by	Log-Rank	Markov Fixed	Markov Random
1-step Markov-fixed	.493	.978	.976
1-step Markov-random $\sigma^2 = 1$	.308	.766	.662
2-step Markov-fixed	.336	.884	.840
2-step Markov-random $\sigma^2 = 1$	.276	.678	.606
permutation RR=.55	.691	.066	.066

# Summary and Remarks

- Markov model and survival analysis give similar estimates for progression curves, both indicate positive effect of FTY compare to placebo.
- Markov models provide information on the EDSS process, but this depends on more assumptions.
- Power and size of tests depend on the underlying EDSS process.
- Open challenges: flexible modeling of the EDSS process, comparison of power between survival and transition models, joint analysis of relapse and EDSS, curing MS.