

# Bayesian multivariate probability of success with applications to rare diseases

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# Introduction

- Increased interest among practitioners in computing the probability of having a successful clinical trial
- Framework: Chuang-Stein (*Pharmaceutical Statistics* 2006)
- Standard methods to compute sample size rely on *statistical power*
  - Power is a *conditional value*
  - Power is *not* the probability of a successful clinical trial
- Probability of success (POS) is the **expected value of power** with respect to a specified distribution for the effect size:

$$\text{POS} = \int P(\text{Trial meets success criteria}|\Delta)p(\Delta|D)d\Delta$$



# Case study

- Phase 2 trial of Ivacaftor in subjects with cystic fibrosis (Vertex Pharmaceuticals, 2007-12)
- Primary objectives were to assess safety and dose tolerance, but some efficacy endpoints measured
- Phase 2 data suggested treatment efficacious, but sample size was very small
- Phase 3 trial conducted 2012-15:
  - **Primary endpoint:** Absolute change from baseline in percent predicted forced expiratory volume in 1 Second (FEV1)
  - **Key secondary endpoints:**
    - Change from baseline in sweat chloride
    - Change from baseline in Cystic Fibrosis Questionnaire-Revised (CFQ-R) respiratory domain score
- **Key question:** How can we exploit this phase 2 data to find a sample size that yields a high probability of success in a Phase 3 trial across the endpoints?



# Seemingly Unrelated Regression (SUR)

## SUR Model

$$\mathbf{y}_i = \mathbf{X}_i \boldsymbol{\beta} + \mathbf{u}_i$$

$$\mathbf{u}_i \stackrel{\text{ind}}{\sim} N_J(\mathbf{0}, \boldsymbol{\Sigma}), \quad \boldsymbol{\Sigma} \in \mathbb{R}^{J \times J}$$

$$\mathbf{y}_i = (y_{i1}, \dots, y_{iJ})' \in \mathbb{R}^J$$

$$\mathbf{X}_i = \text{blkdiag} \{ \mathbf{x}'_{i1}, \dots, \mathbf{x}'_{iJ} \} \in \mathbb{R}^{J \times p}, \quad p = \sum_{j=1}^J p_j$$

$$\boldsymbol{\beta} = (\boldsymbol{\beta}'_1, \dots, \boldsymbol{\beta}'_J)' \in \mathbb{R}^p$$

- Most general multivariate normal linear model
- Allows each response to have its own set of covariates



# Copula regression

## Gaussian copula regression model

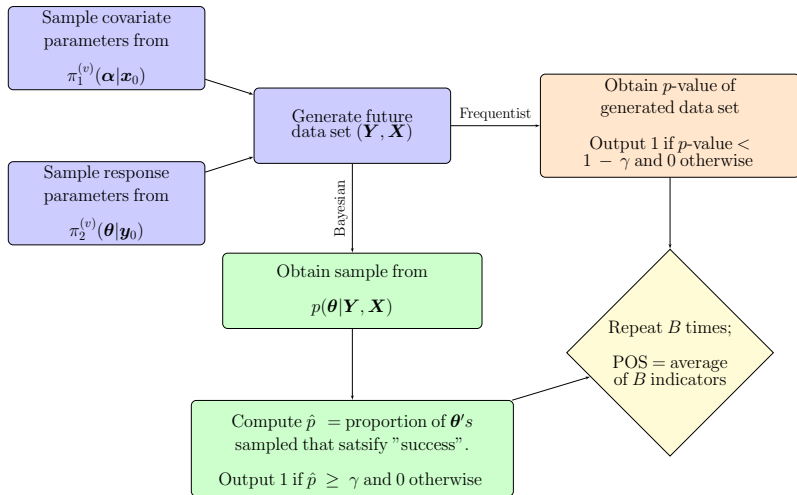
$$\mathbf{z}_i \sim N_J(0, \Gamma)$$

$$y_{ij} = F_j^{-1}(\Phi(z_{ij}) | \boldsymbol{\theta}, \mathbf{x}_{ij})$$

- $F_j(\cdot)$  is the CDF for the  $j^{th}$  margin
- If the  $j^{th}$  margin is a GLM,  $\boldsymbol{\theta} = (\boldsymbol{\beta}', \tau)$ , where  $\tau = 1$  in some cases
- $\mathbf{x}_{ij}$  is a vector of covariates for subject  $i$  and endpoint  $j$ ,  $i = 1, \dots, n$ ,  $j = 1, \dots, J$
- Explicitly models the correlation between endpoints of possibly mixed types
- Equivalent to SUR model if all endpoints are normally distributed



# POS Algorithm



# A note on small historical data sets

- For rare diseases, Phase II sample sizes are typically very small
- Implausible treatment effects may be sampled if the sample size is too low
- There are several possible adjustments one can make:
  - 1 Restrict samples for efficacy in the treatment effect: *Bayesian conditional expected power*
  - 2 Use informative priors for treatment effects
  - 3 Restrict samples of treatment effects to the  $q^{th}$  highest posterior density (HPD) region for some  $0 < q < 1$ .
- We focus on (3) and propose two different mechanisms:
  - 1 HPD region of all parameters
  - 2 HPD region of only treatment effects estimated using KDE



# The simulated trial

- $n_0 = n_1 = 8$
- $E(\Delta y_{ij}) = \beta_{0j} + \beta_{1j}z_i + \mathbf{x}'_{ij}\beta_{2j}$
- $\beta_1 = (6.4, 3.5, -49.1)'$
- $\text{diag}(\Sigma) = (5.12, 7.05, 12.27)'$
- $(\rho_{12}, \rho_{13}, \rho_{23}) = (0.25, -0.25, -0.33)$
- For all outcomes,  $\mathbf{x}_{ij}$  includes an intercept term, linear and square terms of age, weight, BMI, and sex
- Baseline levels for FEV1 and CFQ-R score are controlled for in their regressions
- Power computations yield  $\tilde{n}_1 = 22$ ,  $\tilde{n}_2 = 176$ , and  $\tilde{n}_3 = 14$  for 90% power





# POS simulation

- The notion of "success" can be generalized to a set

- $$\begin{aligned}\Omega_1 &:= \{\theta \mid \beta_{11} > 0\} \\ \Omega_2 &:= \{\theta \mid \beta_{12} < 0\} \\ \Omega_3 &:= \{\theta \mid \beta_{13} > 0\}\end{aligned}$$

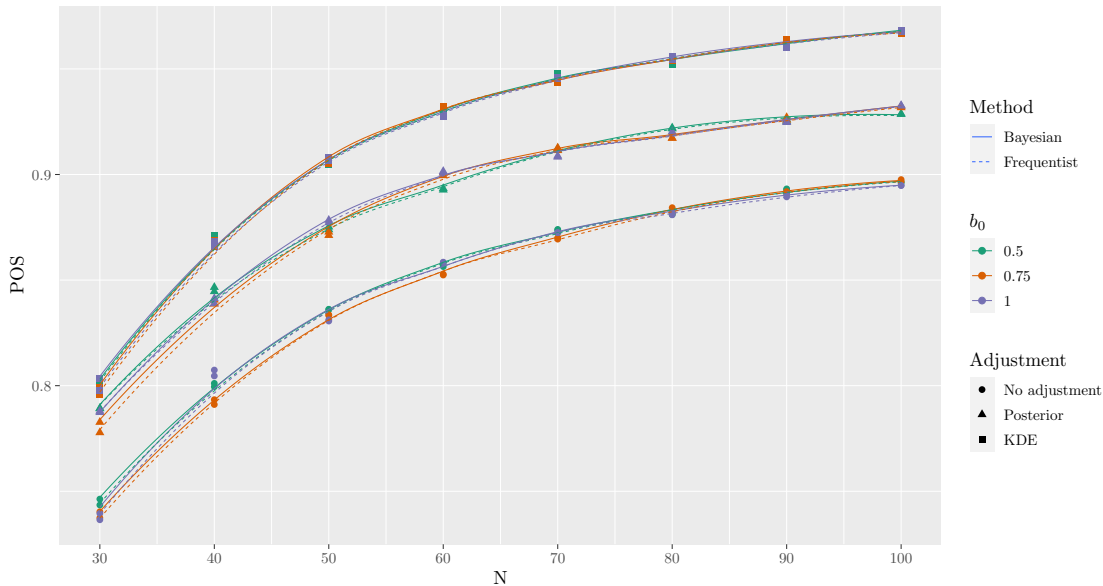
- $\Omega_{1j} := \Omega_1 \cap \Omega_j, j = 1, 2$

- $\Omega_{123} = \Omega_1 \cap \Omega_2 \cap \Omega_3$  (complete success)

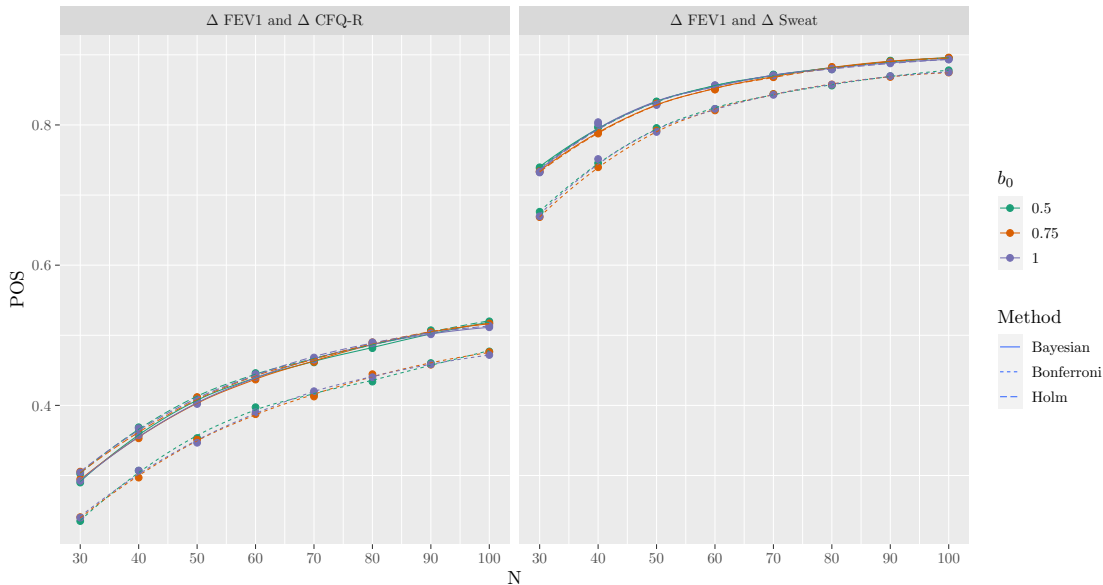
- $\Omega_{1|23} = \Omega_1 \cap (\Omega_2 \cup \Omega_3)$



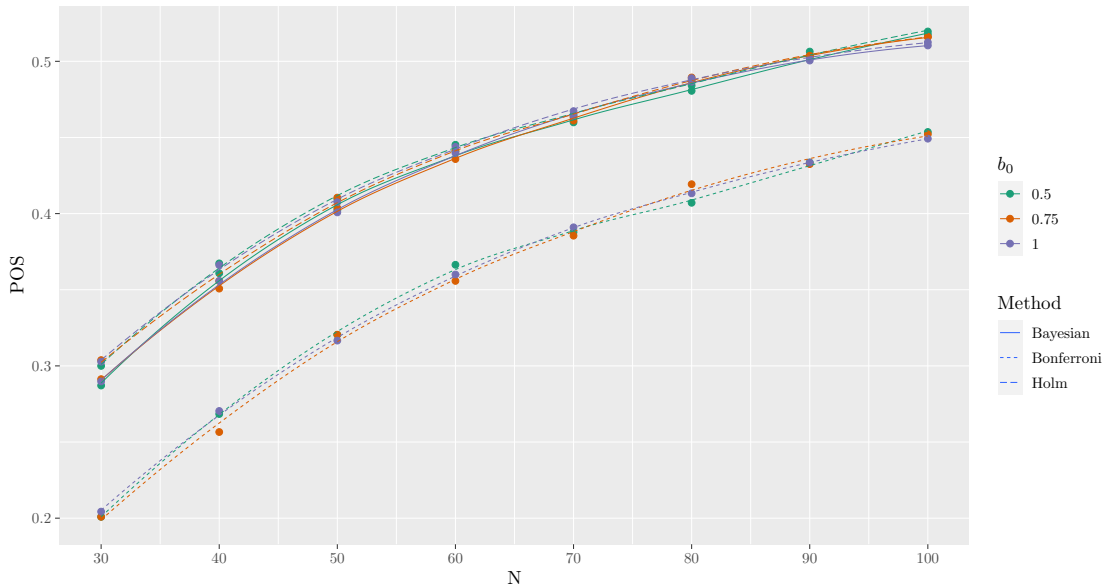
# POS for $\Delta$ FEV1



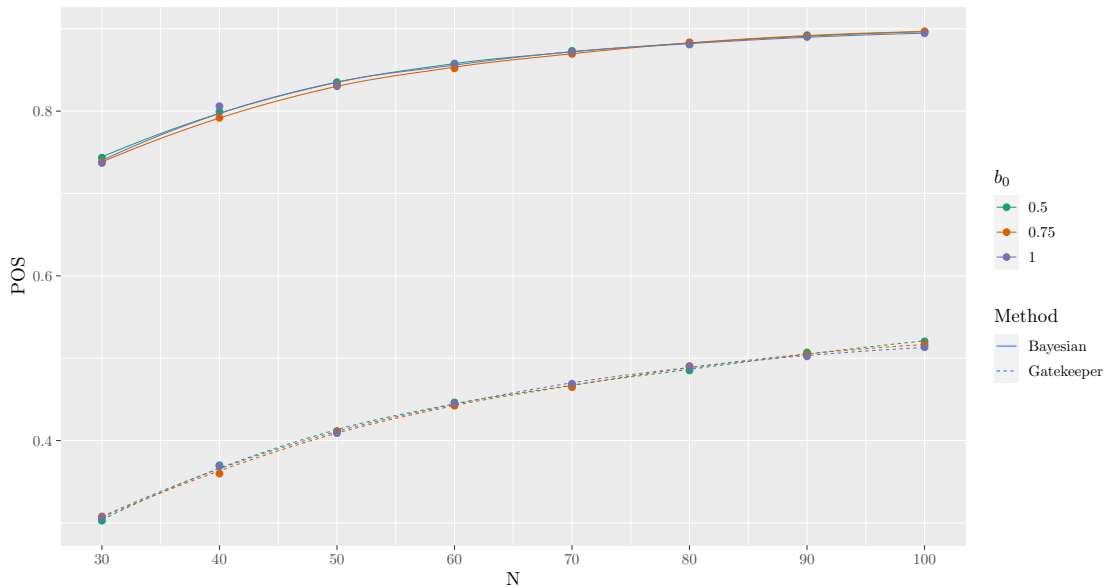
# POS for Primary and one Secondary Endpoint



## POS for Complete Success



# POS for Primary and $\geq 1$ Secondary



# Power and Type I Error Rate

- In order to understand the increase in success, we must characterize the type I error rate of the method
- Amend the posterior samples of the historical data

$$\tilde{\pi}^{(\nu)}(\theta|D_0) \propto \pi^{(\nu)}(\theta|D_0)I(\theta \in \Theta) \quad (1)$$

- Three important  $\Theta$ 's:

1 Boundary null:

$$\Theta_B = \{\theta | \beta_{12} = 0 \cap \beta_{13} = 0\} \text{ (for example)}$$

2 Bayesian conditional expected power:

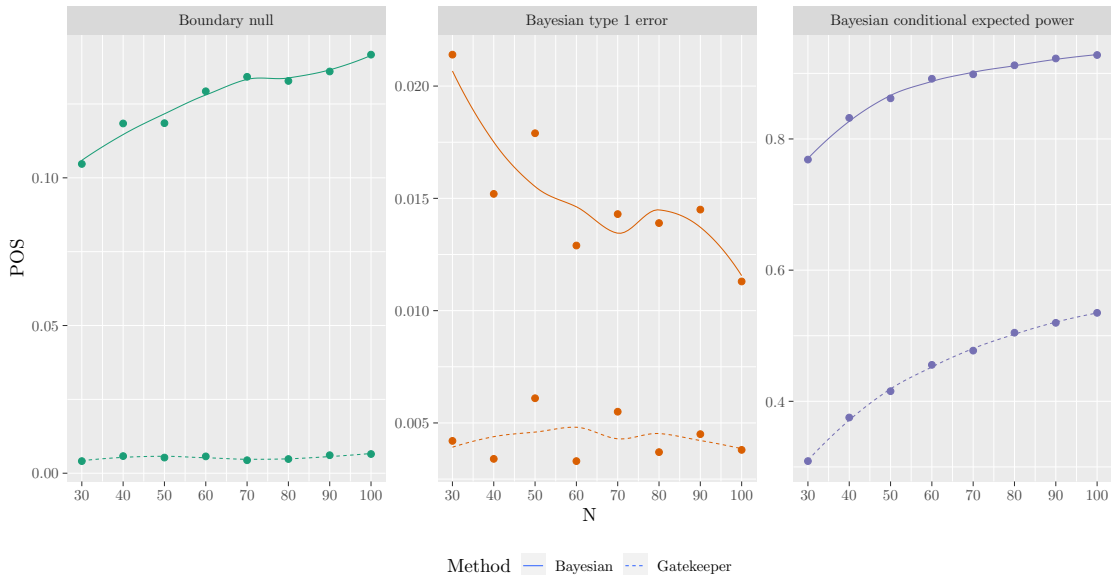
$$\Theta_{H_1} = \{\theta | \beta_{11} > 0 \cap \{\beta_{12} < 0 \cup \beta_{13} > 0\}\}$$

3 Bayesian type I error:

$$\Theta_{H_0} = \overline{\Theta}_{H_1} = \{\theta | \{\beta_{11} \leq 0\} \cup \{\beta_{12} \geq 0 \cup \beta_{13} \leq 0\}\}$$



# Power and Type I Error for Primary and $\geq 1$ Secondary



# Conclusion

- Only POS method that considers multiple endpoints
- Fully Bayesian approach to jointly model multivariate LMs and GLMs
- Unifies hypothesis testing into one framework
- Interpretation far simpler than frequentist methods
- Useful whether a frequentist or Bayesian analysis will be used
- Methods of Ibrahim et al. and Chaung-Stein can be seen as special cases
- R packages available on CRAN: `surbayes` and `bayescopulareg`

