

The Statistical Evaluation of Surrogate Endpoints in Clinical Trials

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Motivation

- **Primary motivation**
 - True endpoint is rare and/or distant
 - Surrogate endpoint is frequent and/or close in time
- **Secondary motivation:** True endpoint is
 - invasive
 - uncomfortable
 - costly
 - **confounded** by secondary treatments and/or competing risks

Age-Related Macular Degeneration

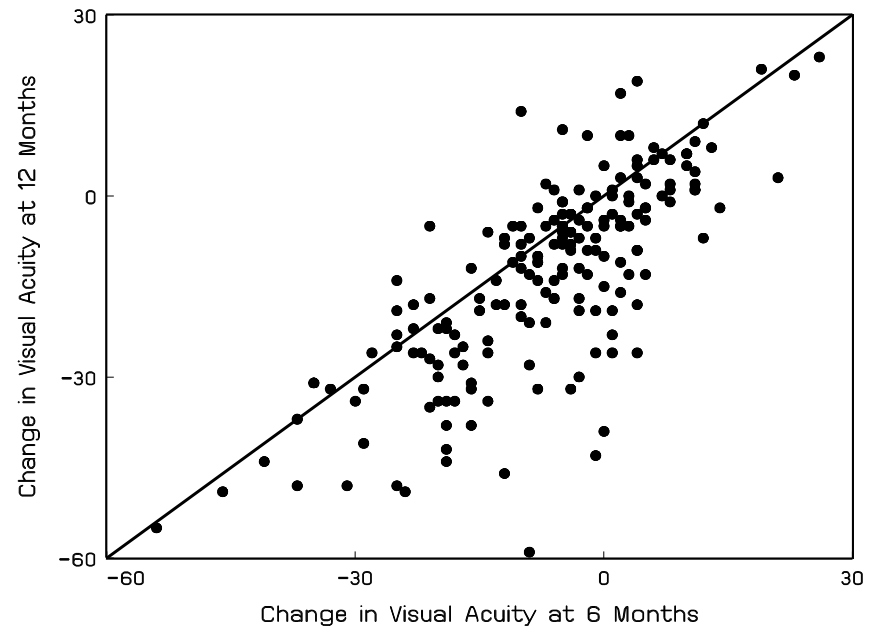
Pharmacological Therapy for Macular Degeneration Study Group (1997)

Z: Interferon- α

S: Visual acuity at 6 months

T: Visual acuity at 1 year

N: 190 patients in 36 centers (# patients/center $\in [2;18]$)



Definition and Single-Unit Model

Prentice (Bcs 1989)

“A test of H_0 of no effect of treatment on surrogate is equivalent to a test of H_0 of no effect of treatment on true endpoint.”

$$\begin{aligned} S_j &= \mu_S + \alpha Z_j + \varepsilon_{Sj} \\ T_j &= \mu_T + \beta Z_j + \varepsilon_{Tj} \end{aligned} \quad \Sigma = \begin{pmatrix} \sigma_{SS} & \sigma_{ST} \\ \sigma_{ST} & \sigma_{TT} \end{pmatrix}$$

$$T_j = \mu + \gamma S_j + \varepsilon_j$$

Prentice's Criteria and Measures

Prentice (1989), Freedman *et al* (1992)

Quantity		Estimate	Test
1	Effect of Z on T	β	$(T Z) \neq (T)$
2	Effect of Z on S	α	$(S Z) \neq (S)$
3	Effect of S on T	γ	$(T S) \neq (T)$
4	Effect of Z on T , given S	β_S	$(T Z, S) = (T S)$



Proportion explained

$$PE = \frac{\beta - \beta_S}{\beta}$$



Relative Effect

$$RE = \frac{\beta}{\alpha}$$



Adjusted Association

$$\rho_Z = \text{Corr}(S, T|Z)$$

Prentice's Criteria and Measures

Prentice (1989), Freedman *et al* (1992)

Quantity		Estimate	Test
1	Effect of Z on T	$\hat{\beta} = 4.12(2.32)$	$p = 0.079$
2	Effect of Z on S	$\hat{\alpha} = 2.83(1.86)$	$p = 0.13$
3	Effect of S on T	$\hat{\gamma} = 0.95(0.06)$	$p < 0.0001$
4	Effect of Z on T , given S	$\hat{\beta}_S$	



Proportion explained

$$\widehat{PE} = 0.65 \quad [-0.22; 1.51]$$



Relative Effect

$$\widehat{RE} = 1.45 \quad [-0.48; 3.39]$$



Adjusted Association

$$\hat{\rho}_Z = 0.75 \quad [0.69; 0.82]$$

Analysis Based on Several Trials

- **Context:**

- multicenter trials
- meta analysis
- several meta-analyses

- **Extensions:**

- ***Relative Effect* → *Trial-Level Surrogacy***

How close is the relationship between the treatment effects on the surrogate and true endpoints, based on the various trials (units)?

- ***Adjusted Association* → *Individual-Level Surrogacy***

How close is the relationship between the surrogate and true outcome, after accounting for trial and treatment effects?

Statistical Model

- **Model:**

$$S_{ij} = \mu_{Si} + \alpha_i Z_{ij} + \varepsilon_{Sij}$$

$$T_{ij} = \mu_{Ti} + \beta_i Z_{ij} + \varepsilon_{Tij}$$

- **Error structure:**

$$\Sigma = \begin{pmatrix} \sigma_{SS} & \sigma_{ST} \\ & \sigma_{TT} \end{pmatrix}$$

Statistical Model

● **Model:**

$$S_{ij} = \mu_{Si} + \alpha_i Z_{ij} + \varepsilon_{Sij}$$

$$T_{ij} = \mu_{Ti} + \beta_i Z_{ij} + \varepsilon_{Tij}$$

● **Trial-specific effects:**

$$\begin{pmatrix} \mu_{Si} \\ \mu_{Ti} \\ \alpha_i \\ \beta_i \end{pmatrix} = \begin{pmatrix} \mu_S \\ \mu_T \\ \alpha \\ \beta \end{pmatrix} + \begin{pmatrix} m_{Si} \\ m_{Ti} \\ a_i \\ b_i \end{pmatrix} \quad D = \begin{pmatrix} d_{SS} & d_{ST} & d_{Sa} & d_{Sb} \\ & d_{TT} & d_{Ta} & d_{Tb} \\ & & d_{aa} & d_{ab} \\ & & & d_{bb} \end{pmatrix}$$

ARMD: Trial-Level Surrogacy

- **Prediction:**

- *What do we expect ?*

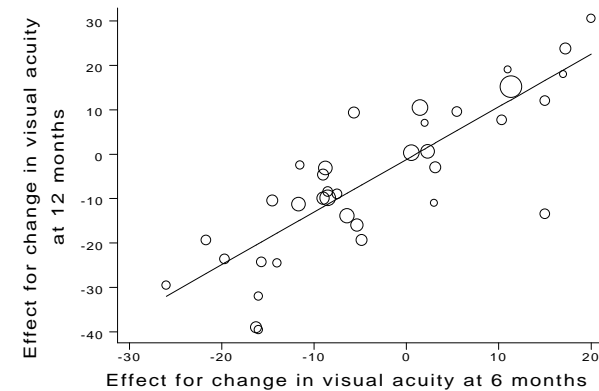
$$E(\beta + b_0 | m_{S0}, a_0)$$

- *How precisely can we estimate it ?*

$$\text{Var}(\beta + b_0 | m_{S0}, a_0)$$

- **Estimate:**

- $R^2_{\text{trial}} = 0.692$ (95% C.I. [0.52; 0.86])



ARMD: Individual-Level Surrogacy

- **Individual-level association:**

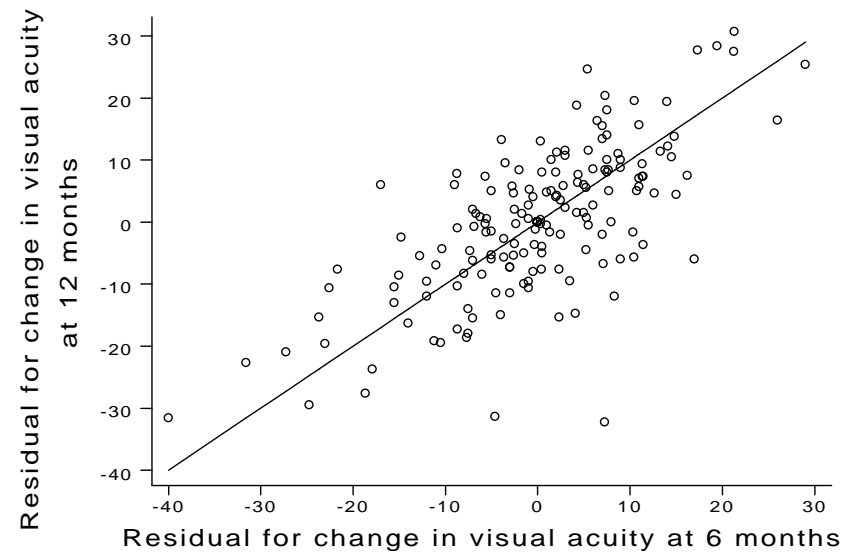
$$\rho_Z = R_{\text{indiv}} = \text{Corr}(\varepsilon_{Ti}, \varepsilon_{Si})$$

- **Estimate:**

- $R_{\text{indiv}}^2 = 0.483$ (95% C.I. [0.38; 0.59])

- $R_{\text{indiv}} = 0.69$ (95% C.I. [0.62; 0.77])

- Recall $\rho_Z = 0.75$ (95% C.I. [0.69; 0.82])



A Number of Case Studies

	Age-related macular degeneration	Advanced ovarian cancer	Advanced colorectal cancer
Surrogate True	Vis. Ac. (6 months) Vis. Ac. (1 year)	Progr.-free surv. Overall surv.	Progr.-free surv. Overall surv.
Prentice Criteria 1–3 (<i>p</i> value)			
Association (Z, S)	0.31	0.013	0.90
Association (Z, T)	0.22	0.08	0.86
Association (S, T)	< 0.001	< 0.001	< 0.001
Single-Unit Validation Measures (estimate and 95% C.I.)			
Proportion Explained	0.61[−0.19; 1.41]	1.34[0.73; 1.95]	0.51[−4.97; 5.99]
Relative Effect	1.51[−0.46; 3.49]	0.65[0.36; 0.95]	1.59[−15.49, 18.67]
Adjusted Association	0.74[0.68; 0.81]	0.94[0.94; 0.95]	0.73[0.70, 0.76]
Multiple-Unit Validation Measures (estimate and 95% C.I.)			
R^2_{trial}	0.69[0.52; 0.86]	0.94[0.91; 0.97]	0.57[0.41, 0.72]
R^2_{indiv}	0.48[0.38; 0.59]	0.89[0.87; 0.90]	0.57[0.52, 0.62]

Overview: Case Studies

	Schizoph. Study I (138 units)	Schizoph. Study I (29 units)	Schizoph. Study II
Surrogate True	— PANSS — — CGI —		
Prentice Criteria 1–3 (<i>p</i> value)			
Association (<i>Z</i> , <i>S</i>)	0.016		0.835
Association (<i>Z</i> , <i>T</i>)	0.007		0.792
Association (<i>S</i> , <i>T</i>)	< 0.001		< 0.001
Single-Unit Validation Measures (estimate and 95% C.I.)			
Proportion Explained	0.81[0.46; 1.67]		−0.94[∞]
Relative Effect	0.055[0.01; 0.16]		−0.03[∞]
Adjusted Association	0.72[0.69; 0.75]		0.74[0.69; 0.79]
Multiple-Unit Validation Measures (estimate and 95% C.I.)			
R^2_{trial}	0.56[0.43; 0.68]	0.58[0.45; 0.71]	0.70[0.44; 0.96]
R^2_{indiv}	0.51[0.47; 0.55]	0.52[0.48; 0.56]	0.55[0.47; 0.62]

Two Longitudinal Endpoints

First Stage

$$T_{ijt} = \mu_{T_i} + \beta_i Z_{ij} + \theta_{T_i} t_{ijt} + \varepsilon_{T_{ijt}}$$

$$S_{ijt} = \mu_{S_i} + \alpha_i Z_{ij} + \theta_{S_i} t_{ijt} + \varepsilon_{S_{ijt}}$$

$$\Sigma_i = \begin{pmatrix} \sigma_{TTi} & \sigma_{STi} \\ \sigma_{STi} & \sigma_{SSi} \end{pmatrix} \otimes R_i$$

Two Longitudinal Endpoints

Second Stage

$$\begin{pmatrix} \mu_{S_i} \\ \mu_{T_i} \\ \alpha_i \\ \beta_i \\ \theta_{S_i} \\ \theta_{T_i} \end{pmatrix} = \begin{pmatrix} \mu_S \\ \mu_T \\ \alpha \\ \beta \\ \theta_S \\ \theta_T \end{pmatrix} + \begin{pmatrix} m_{S_i} \\ m_{T_i} \\ a_i \\ b_i \\ \tau_{S_i} \\ \tau_{T_i} \end{pmatrix}$$

Evaluation Measures?

A Sequence of Measures

- Variance Reduction Factor VRF:

$$VRF = \frac{\sum_i \{\text{tr}(\Sigma_{TTi}) - \text{tr}(\Sigma_{(T|S)i})\}}{\sum_i \text{tr}(\Sigma_{TTi})}$$

- Canonical-correlation Root-statistic Based Measure θ_p :

$$\theta_p = \sum_i \frac{1}{Np_i} \text{tr} \{ (\Sigma_{TTi} - \Sigma_{(T|S)i}) \Sigma_{TTi}^{-1} \}$$

A Sequence of Measures

- Canonical-correlation Root-statistic Based Measure R_{Λ}^2 :

$$R_{\Lambda}^2 = \frac{1}{N} \sum_i (1 - \Lambda_i),$$

where

$$\Lambda_i = \frac{|\Sigma_i|}{|\Sigma_{TTi}| |\Sigma_{SSi}|}$$

A Sequence of Measures

- The Likelihood Reduction Factor LRF:

- Consider a pair of models:

$$g_T(T_{ij}) = \mu_{T_i} + \beta_i Z_{ij}$$

$$g_T(T_{ij}) = \theta_{0i} + \theta_{1i} Z_{ij} + \theta_{2i} S_{ij}$$

- G_i^2 log-likelihood ratio for comparison of both models

- The proposed measure:

$$\text{LRF} = 1 - \frac{1}{N} \sum_i \exp \left(-\frac{G_i^2}{n_i} \right)$$

An Information-theoretic Approach

- Can we unify all previous proposals?
- Shannon (1916–2001) defined entropy of a distribution:

$$h(Y) = E[-\log(f(Y))]$$

- Conditional version:

$$h(Y|X = x) = E_{Y|X}[\log f_{Y|X}(Y|X = x)]$$

and

$$I(Y|X) = E_X[h(Y|X = x)]$$

An Information-theoretic Approach

- The amount of uncertainty (entropy) that is expected to be removed if the value of X is known:

$$I(X, y) = h(Y) - h(Y|X)$$

- Informational measure of association R_h^2 :

$$R_h^2 = R_h^2 = \frac{EP(Y) - EP(Y|X)}{EP(Y)}$$

with

$$EP(X) = \frac{1}{(2\pi e)^n} e^{2h(X)}$$

An Information-theoretic Approach

- Version for N trials:

$$R_h^2 = \sum_{i=1}^{N_q} \alpha_i R_{hi}^2 = 1 - \sum_{i=1}^{N_q} \alpha_i e^{-2I_i(S_i, T_i)},$$

where the α_i form a convex combination.

Relationships With Previous Definitions

- All have desirable behavior within $[0, 1]$ for continuous endpoints
- All can be embedded within a family
- θ_p is symmetric in S and T whereas the VRF is not
- θ_p is invariant w.r.t. linear bijective transformations; VRF only when they are orthogonal
- R_Λ^2 and later ones also apply to non-Gaussian settings
- Later ones specialize to earlier ones

Relationships With Previous Definitions

- They all reduce to the R_{indiv}^2 for cross-sectional Gaussian outcomes

- Longitudinal normal setting:

$$R_h^2 = R_{\Lambda}^2 \quad \text{if} \quad \alpha_i = N_q^{-1}$$

- General setting:

$$\text{LRF} \xrightarrow{P} R_h^2$$

when the number of subjects per trial approaches ∞

Other Implications

- Relationship with Prentice's main criterion and the Data Processing Inequality:

$$f(T|Z, S) = F(T|S) \quad \Rightarrow \quad Z \rightarrow S \rightarrow T$$

$$\Rightarrow \quad I(T, Z|S) = 0$$

$$\Rightarrow \quad I(Z, S) \geq I(Z, T)$$

- PE and R_h^2 :

$$\text{PE} = 1 - \frac{\beta_S}{\beta} \quad \longleftrightarrow \quad R_h^2 = 1 - \frac{\text{EP}(\beta_i|\alpha_i)}{\text{EP}(\beta_i)}$$

Fano's Inequality

- Fano's Inequality:

$$E [(T - g(S))^2] \geq EP(T)(1 - R_h^2)$$

- Left hand side is prediction error
- Applies regardless of distributional form and predictor function $g(\cdot)$
- "How large does R_h^2 have to be?" \longleftarrow The answer depend crucially on the power entropy of T

Schizophrenia Trial: Continuous Outcomes

- $VRF_{\text{ind}} = 0.39$ with 95% C.I. [0.36; 0.41]

- $R^2_{\text{trial}} = 0.85$ with 95% C.I. [0.68; 0.95]

Schizophrenia Trial: Binary Outcomes

Parameter	Estimate	95% C.I.
Trial-level R^2_{trial} measures		
1.1 Information-Theoretic	0.49	[0.21,0.81]
1.2 Probit	0.51	[0.18,0.78]
1.3 Plackett-Dale	0.51	[0.21,0.81]
Individual-level measures		
R^2_h	0.27	[0.24,0.33]
$R^2_{h\text{max}}$	0.39	[0.35,0.48]
Probit	0.67	[0.55,0.76]
Plackett-Dale ψ	25.12	[14.66;43.02]
Fano's lower-bound	0.08	

Age-related Macular Degeneration Trial

- Both outcomes considered binary

Parameter	Estimate	[95% C.I.]
R^2_{trial}	0.3845	[0.1494;0.6144]
R^2_h	0.2648	[0.2213;0.3705]
$R^2_{h\text{max}}$	0.4955	[0.3252;0.6044]

Advanced Colorectal Cancer

S : Time to progression/death

T : Time to death

● Models:

$$h_{ij}(t) = h_{i0}(t) \exp\{\beta_i Z_{ij}\}$$

$$h_{ij}(t) = h_{i0}(t) \exp\{\beta_{Si} Z_{ij} + \gamma_i S_{ij}(t)\}$$

Advanced Colorectal Cancer: First Dataset

Parameter	Estimate (95% C.I.)
Trial-level measures	
\hat{R}_{trial}^2 (separate models)	0.82 [0.40;0.95]
\hat{R}_{trial}^2 (Clayton copula)	0.88 [0.59;0.98]
Individual-level measures	
\hat{R}_h^2	0.84 [0.82;0.85]
Percentage of censoring	19%

Advanced Colorectal Cancer: Second Dataset

Parameter	Estimate (95% C.I.)
Trial-level measures	
\hat{R}_{trial}^2 (separate models)	0.85 [0.53;0.96]
\hat{R}_{trial}^2 (Clayton copula)	0.82 [0.43;0.95]
\hat{R}_{trial}^2 (Hougaard copula)	0.75 [0.00;1.00]
Individual-level measures	
\hat{R}_h^2	0.83 [0.82;0.85]
Percentage of censoring	55%

Prediction in a New Trial

- Consider a new trial $i = 0$:

$$S_{0j} = \mu_{S0} + \alpha_0 Z_{0j} + \varepsilon_{S0j}$$

- Prediction variance:

$$\text{Var}(\beta + b_0 | \mu_{S0}, \alpha_0, \vartheta) \approx f\{\text{Var}(\hat{\mu}_{S0}, \hat{\alpha}_0)\} + f\{\text{Var}(\hat{\vartheta})\} + (1 - R_{\text{trial}}^2) \text{Var}(b_0)$$

- where

- $f(\cdot)$ are appropriate functions of the parameters involved
- ϑ contains all fixed effects

Prediction in a New Trial

- Meaning of the three terms:
 - **Estimation error in both the meta-analysis and the new trial:**

all three terms apply

- **Estimation error in the meta-analysis only:**

$$\text{Var}(\beta + b_0 | \mu_{S_0}, \alpha_0, \vartheta) \approx f\{\text{Var}(\hat{\vartheta})\} + (1 - R_{\text{trial}}^2) \text{Var}(b_0)$$

- **No estimation error:**

$$\text{Var}(\beta + b_0 | m_{S_0}, a_0) = (1 - R_{\text{trial}}^2) \text{Var}(b_0)$$

The Surrogate Threshold Effect

- STE: The smallest treatment effect upon the surrogate that predicts a significant treatment effect on the true endpoint
- Various versions:
 - $STE_{N,n}$: STE for a finite meta-analysis and a finite new trial
 - $STE_{N,\infty}$: STE for a finite meta-analysis and an infinite new trial
 - $STE_{\infty,\infty}$: STE when both the meta-analysis and the new trial are infinitely large

Practical Conclusions

- *Are surrogate endpoints useful in practice?*
- An investigator wants to be able to predict the effect of treatment on T , based on the observed effect of treatment on S .
- R^2_{trial} , R^2_{indiv} , (ψ, τ) , VRF , θ_p , R^2_{Λ} LRF , R^2_h , \dots : quantification of surrogacy in a meta-analytic setting
- Prediction: useful in a *new* trial

Methodological Conclusions

- ***Basis for new assessment strategy***

- trial-level surrogacy
- individual-level surrogacy

- ***Requires***

- joint model for surrogate and true endpoint
- acknowledgment of the hierarchical structure

Methodological Conclusions

- ***Methodological work needed for, e.g.,***
 - joint modeling for all combinations of surrogate and true endpoint
 - efficient estimation methods
 - flexible implementation
 - specific settings, such as microarrays, etc.-
 - Bayesian paradigm