

Simulated Clinical Trials

Principe - State of art - Covariate distribution models

Workshop "Modélisation et simulation d'essais cliniques"



Bordeaux ● Limoges ● Montpellier ● Nîmes ● Toulouse

Thursday 09 April 2015

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¹ Mathematics Institute of Toulouse



² INSERM Unit 1027

- 1 What is a Simulated Clinical Trial ?
- 2 Good Practices for SCT
- 3 Why to simulate Clinical Trials ?
- 4 State of art on SCT
- 5 Covariate Distribution Models

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Make use of the **available knowledge** about

- drug
- patients
- disease progression
- clinical program

to investigate **in silico** aspects of the clinical study plan

- dose regimen
- study design
- patients population
- ...

in order to make **rational, informed decision** with regards to **optimizing** the development plan of a new compound

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Controllable variables of a Clinical Trial may be referred to as **design properties**

- **Population properties** select subjects from the population
 - range of age, of weight, renal function, proportion males / females,...
 - inclusion and exclusion criteria in trial protocol
- **Treatment properties** specify the relationship patient / treatment
 - nature of treatment for each group (dose size, formulation, frequency,...)
 - kind of treatment assignment (design)
 - parallel group, cross-over, forced titration, dose escalation,
 - adaptive designs (**Talk of Raphael Porcher**), SMART design (DTR)
 - Method of treatment assignment : randomization
- **Observation properties** specify the responses
 - type of responses (biomarker, surrogate or clinical endpoint) to be measured
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To perform a SCT, **available knowledge** are needed. It may comes from

- previous Phase or previous studies (historical database)
- literature and / or other databases

Meta-Analysis \Rightarrow **Talk of Gilles Chatellier**

Database merging \Rightarrow **Talk of Chloé Diméglio**

Database sharing \Rightarrow **Talk of Anne-Cambon Thomsen**

together with 3 **technical machineries**

- **Covariate Distribution Model** : How to generate virtual patients ?
- **Input / output Model** : How covariates impact the outcomes ?

PK / PD Models \Rightarrow **Talk of Jérémie Guedj**

Disease progression models (predictive models)

- **Execution Model** : What can happens during the CT ?

recruitment dynamic \Rightarrow **Talk of Vladimir Anisimov**

missing data \Rightarrow **Talk of Grégory Guernec**

patients drop-out

compliance to treatment

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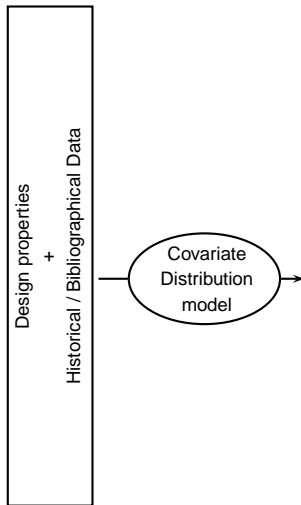
What is a Simulated Clinical Trial ?

Example of SCT's scheme

Design properties
+
Historical / Bibliographical Data

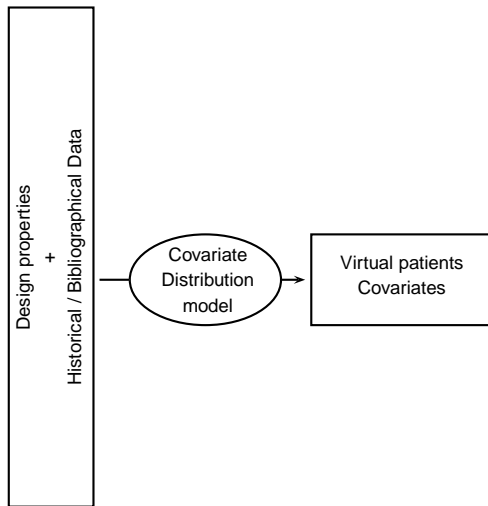
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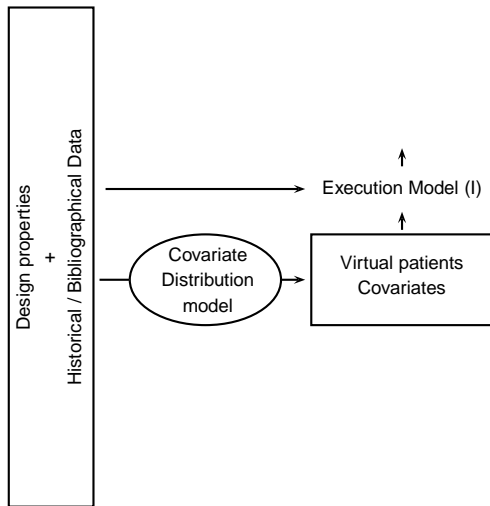
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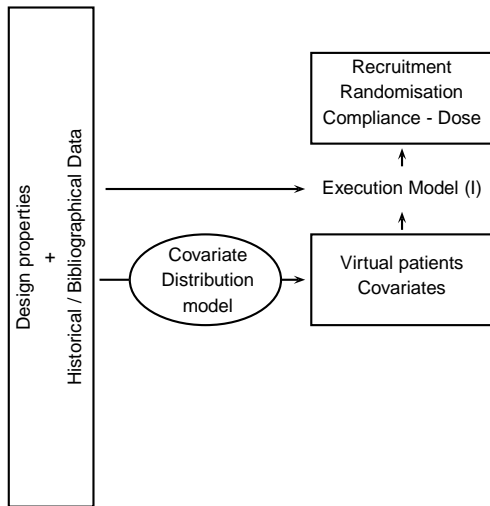
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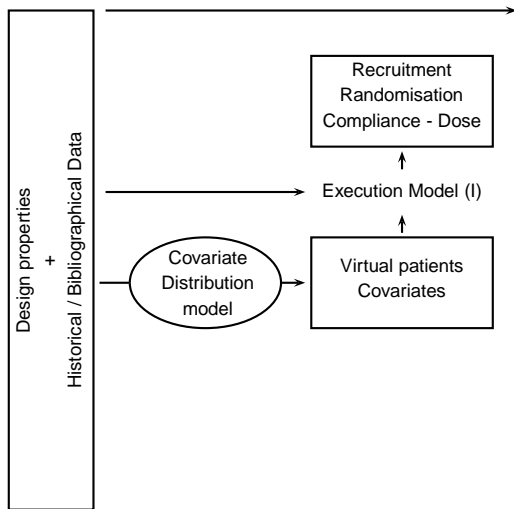
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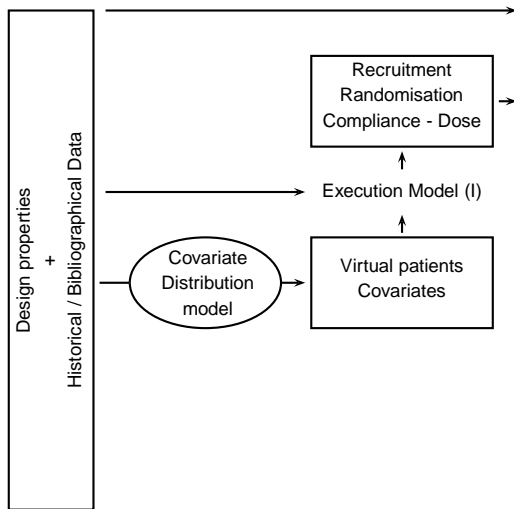
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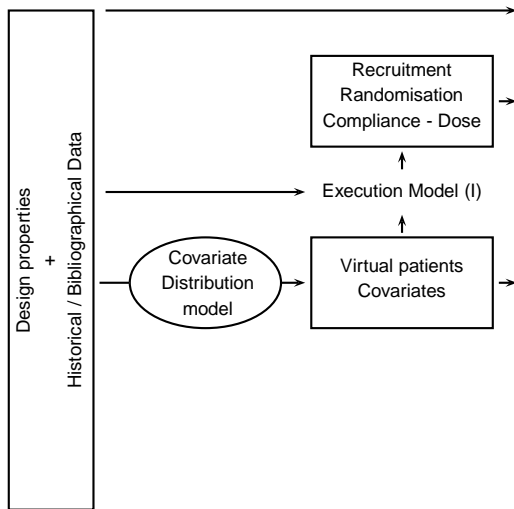
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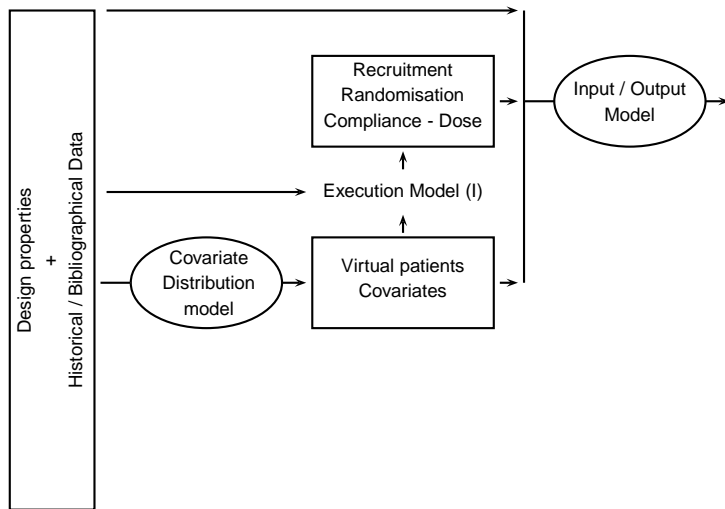
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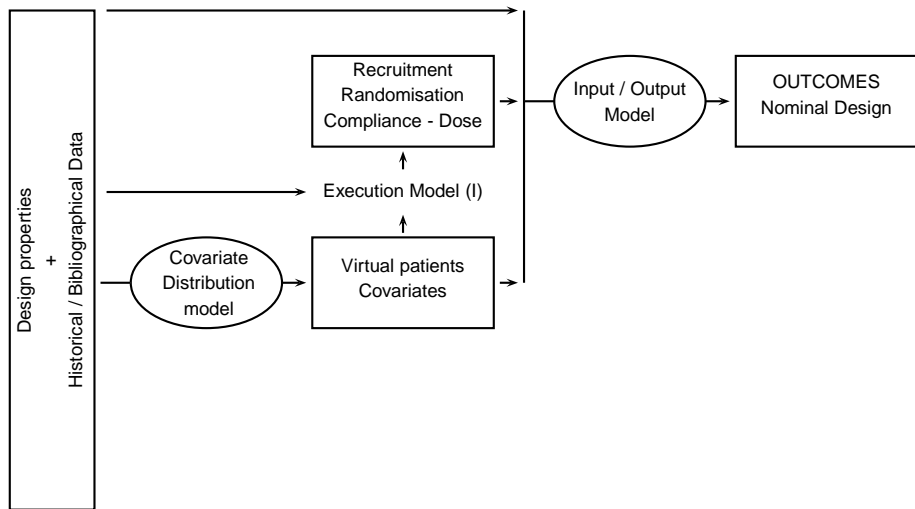
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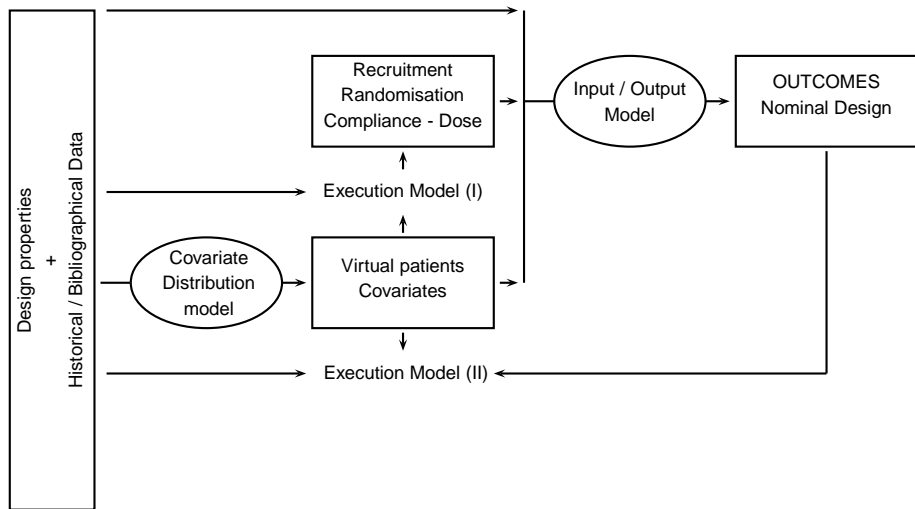
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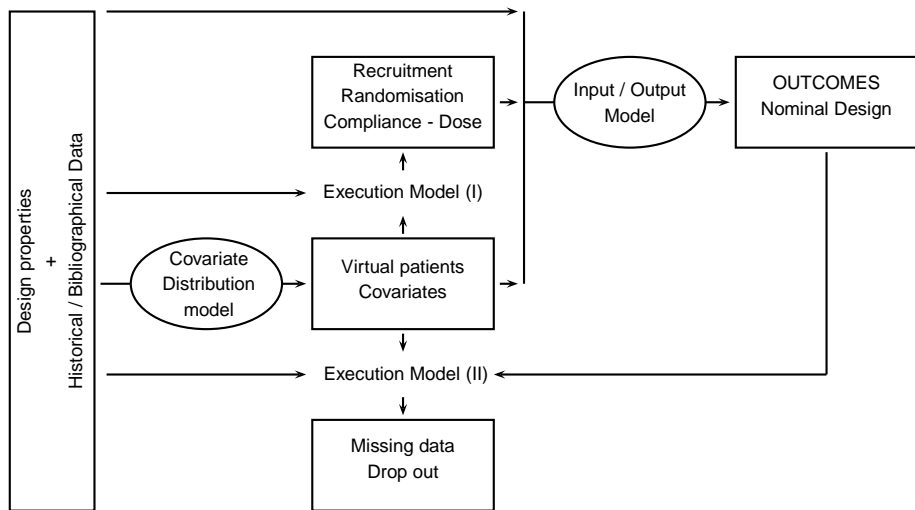
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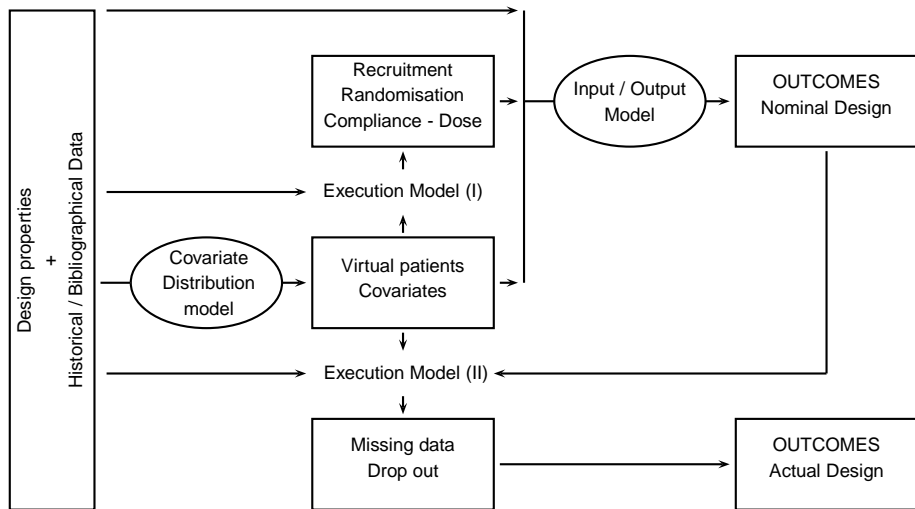
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Simulation in Drug Development : Good Practices (1999)

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- **CLARITY** : The report of the simulation should be **understandable in terms of scope and conclusions** by intended users.
- **COMPLETENESS** : The assumptions, methods and critical results should be **described in sufficient detail to be reproduced** by an independent team.
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 - an expert in clinical research
 - an expert in statistician and simulation methods
 - a clinical pharmacologist (disease and drug knowledge)
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has to produce a written document (Simulation plan), with enough detail that another researcher can obtain comparable (simulation)

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 - assumptions of the models
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Why to simulate Clinical Trials ?

Economical concern

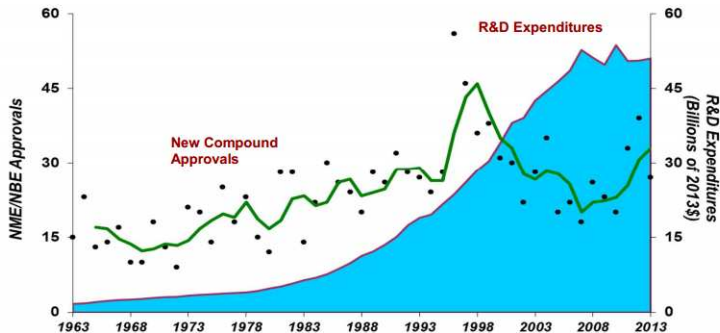


FIGURE: Source : Tufts CSDD ; PhRMA, 2014 Industry Profile

- Necessity to develop **efficient** design / measurement tools \implies complex designs
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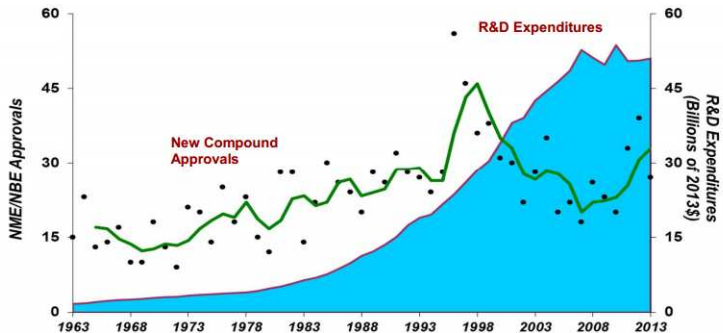


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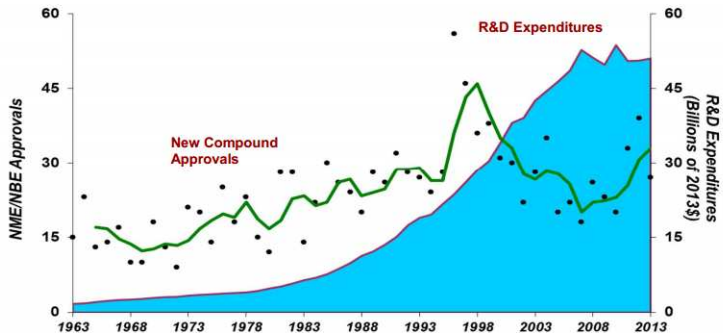


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- **No guideline** on how to do M-S
- Guideline on reporting results of population PK analyses (CHMP/EWP/185990/06) describes **expectations of EMA**
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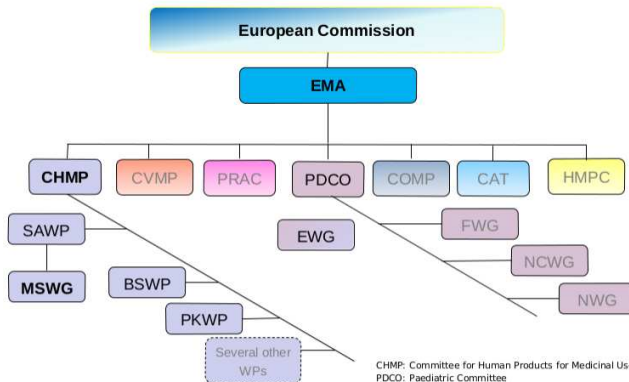
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SCT and regulatory agencies

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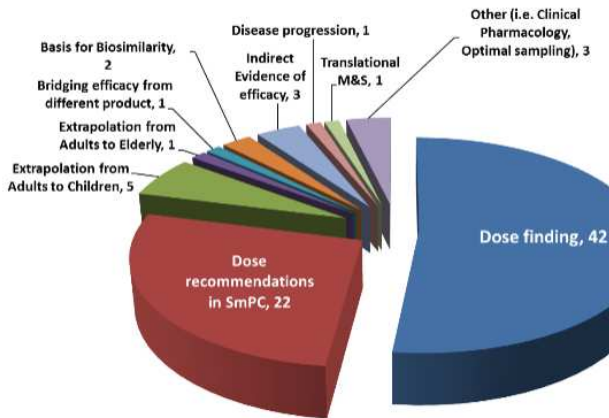


CHMP: Committee for Human Products for Medicinal Use
PDCO: Paediatric Committee
SAWP: Scientific Advice Working Party
MSWG: Modelling and Simulation Working Group
EWG: Extrapolation Working Group
BSWP: Biostatistics Working Party
PKWP: PK Working Party

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Mots clés :	01/01/2000 - 31/01/2010	01/01/2004 - 31/01/2014
« Simulation » « clinical » « trial »	3477	4033
« Trial simulation »	61	70
« Clinical trial simulation »	48	55

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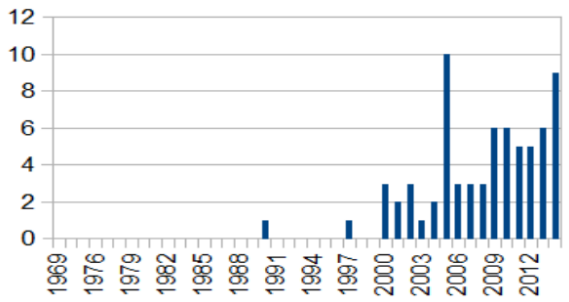
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Nature of these articles

State of art	2	General discussion	6
Methodology	2	Methodology + case study	4
PK / PD	9	Sensitivity analysis	3
"Real" simulated clinical trial	29		

Objectives of these articles

Primary objectives		Secondary objectives	
Virtual patients generation	9		
"Life of the trial"	12	Disease progression	4
		Dropout modelling	6
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① From Bibliography : purely Bayesian approach

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Crucial issue

Assume $X_1 \sim \mathcal{N}(\mu_1, \sigma_1)$ and $X_2 \sim \mathcal{N}(\mu_2, \sigma_2)$

Consider X_1 and X_2 correlated and $\rho = \text{Corr}(X_1, X_2)$

- Draw 1000 independant copies of (X_1, X_2)
- Construct
- Consider the 95% IC of Y :
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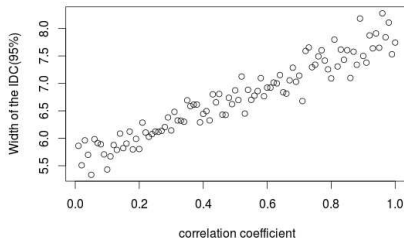


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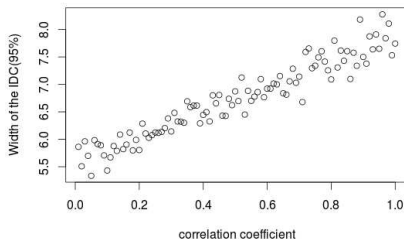


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Consider X_1 and X_2 correlated and $\rho = \text{Corr}(X_1, X_2)$

- Draw 1000 independant copies of (X_1, X_2)
- Construct $Y = X_1 + X_2$
- Consider the 95% IC of Y : $[Y_{(250)}, Y_{(750)}]$
- Here $\mathbb{E}[Y] = \mathbb{E}[X_1] + \mathbb{E}[X_2]$

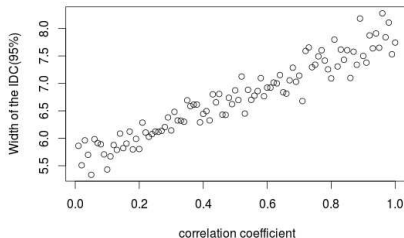


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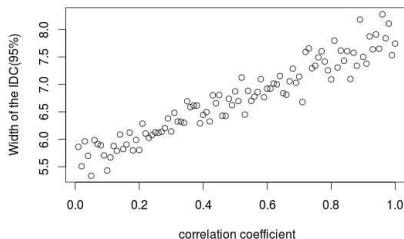


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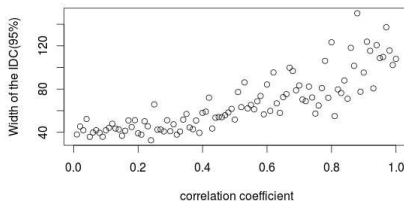


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Assume given a database of covariate (for instance a previous C.T.)

Patients	C^1	C^2	C^3	C^4	...	C^k
1	c_1^1	c_1^2	c_1^3	c_1^4	...	c_1^k
2	c_2^1	c_2^2	c_2^3	c_2^4	...	c_2^k
...
i	c_i^1	c_i^2	c_i^3	c_i^4	...	c_i^k

Aim : to create a **realistic database** from this database.

- The links between covariates are (more or less) preserved

Notations : Denote \vec{c}_i the vector of patient i covariates.

These covariates can be :

- Continuous, in this case, one denotes it $^c C$
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② Resampling method (Talk of John O'Quigley)

- Draw \vec{c}_i from the empirical distribution
 - + : data are realistic
 - : not allow new configurations of covariatesMay be useful to validate a C.T. design but not to optimize it

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👉 Tannenbaum SJ, Holford NH, Lee H, Peck CC, Mould DR.

Simulation of correlated continuous and categorical variables using a single multivariate distribution. J Pharmacokinet Pharmacodyn. 2006

Solution

- Fit a distribution for the vector (C^1, C^2, \dots, C^k) from historical data.
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Problem : **How to fit such a distribution ?**

④ Multinormal Distribution

- If all the covariates are normally distributed
- It is enough to estimate the mean vector and the variance-covariance matrix
- In most real setting it is a mixed of continuous and categorical distributions

Remark

Problem can be split in groups of independants covariates

(C^1, \dots, C^L) independant of $(C^{L+1}, \dots, C^K) \iff f_{(C^1, \dots, C^K)} = f_{(C^1, \dots, C^L)} \times f_{(C^{L+1}, \dots, C^K)}$

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⑤ Discrete Method

Idea :

Use **conditional distribution** to separate continuous and categorical covariates

$$f_{(C^1, \dots, C^K)} = f_{(c_{C^1}, \dots, c_{C^L}) | (d_{C^{L+1}}, \dots, d_{C^K})} \times f_{(d_{C^{L+1}}, \dots, d_{C^K})}$$

Estimation step :

- Fit the distribution of $(d_{C^{L+1}}, \dots, d_{C^K})$
- For each configuration $(d_{C^{L+1}}, \dots, d_{C^K})$ fit the distribution of

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Simulation step :

- Draw a configuration from the fitted multinomiale distribution
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Assume an HD of 500 patients. The covariates of interest are :

- Sexe (categorical 2 modalities).
- Age (continuous).
- Smoke (categorical 2 modalities (Yes / No)).

Estimation step :

- 1 "Fit" the distribution of (Sexe,Smoke)
 - Compute the proportion of each modality
- 2 "Fit" the conditional distribution of Age knowing (Sex,Smoke)
 - Estimate mean and variance under normality assumption

Estimation step : to create SD repeat 500 times :

- Draw (Sexe,Smoke) according to ①
- Draw Age according to ②

Remark

- *4 estimations to estimate the proportions of each of the 4 configurations*
- *8 estimations to estimate the parameters of the conditional distributions*

Total : 12 estimations

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Assume another HD of 500 patients. The covariates of interest are :

- Weight (continuous)
- Age (continuous)
- BMI (continuous)
- Cholesterol (continuous)
- FBG (continuous)
- D-BP (continuous)
- S-BP (continuous)
- Sex (categorical 2 modalities)
- Smoke (categorical 3 modalities)
- Diagnosis (categorical 4 modalities)

Remark

- 24 estimations to estimate the proportions of each of the 24 configurations
 - 48 estimations to estimate the parameters of the conditional distributions

Total : 72 estimations
- On average, there are $\frac{500}{24} \simeq 21$ values to estimate the multinormal distribution parameters

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⑥ Continuous Method

Idea :

Consider all the covariates as continuously distributed (normally or log-normally)

Estimation step :

- Estimate the means vector $\vec{\mu}$ and the variance-covariance matrix Σ from the Historical Database

Simulation step :

- Draw n values $((u_i^1, \dots, u_i^K)_{i=1, \dots, n})$ from the multinormal distribution $\mathcal{N}(\vec{\mu}, \Sigma)$
 - For a **continuous covariate** : finished $^c C^k = u^k$ for $k = 1, \dots, L$
 - For a **categorical covariate with M modalities** $^d C^k$: make use of critical values

$$CrV_m^k = \mu_k + \Sigma_{k,k} \phi^{-1} \left(\sum_{i=1}^m p_i \right), \quad 1 \leq m \leq M$$

where

- $(p_m; 1 \leq m \leq M)$ the proportions of each modality estimated from H.D.
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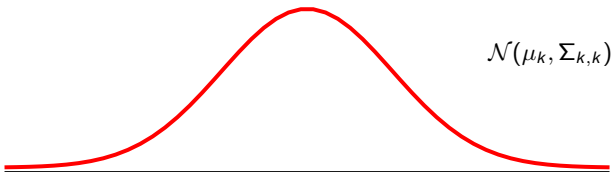
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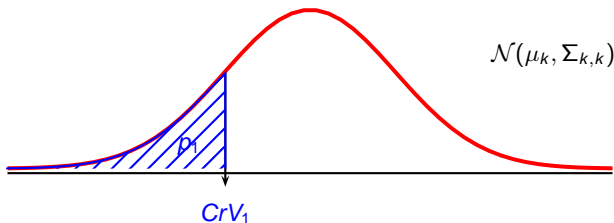
Assume M equal to 3 modalities.

Modality	${}^dC^k = 1$	${}^dC^k = 2$	${}^dC^k = 3$
Proportion	p_1	p_2	p_3



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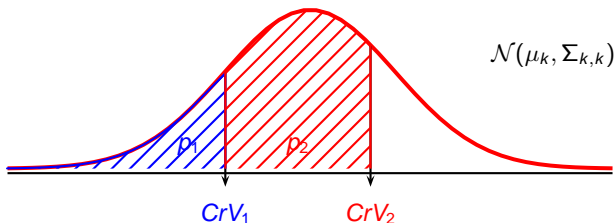


For patient i , we have

$$-\infty < u_i^k \leq CrV_1^k \quad \text{then} \quad {}^dC_i^k := 1$$

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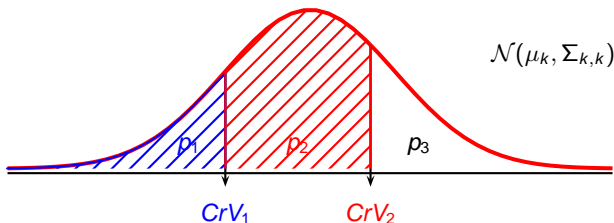
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 CrV_2^k < u_i^k \leq +\infty & \quad \text{then} \quad {}^dC_i^k := 3
 \end{aligned}$$

Simulation study in Tannenbaum *et al.*

- **1 categorical** distribution with 2 modalities
- **2 continuous** distributions CONT1 and CONT2 log-normally distributed

Parameter	CONT1			CONT2
Mean (CAT = 1)	10	50	90	90
Mean (CAT = 2)	100			100
Mode ratio	0.1	0.5	0.9	0.9
CV (%)	30			30
Minimum	0			0
Maximum	1000			1000

- Parameters of the simulation scenarios

Parameter	values		
Mode ratio	0.1	0.5	0.9
CORR between CONT1 and CONT2	0	0.45	0.9
% of (CAT = 1)	10	25	50

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Mode ratio	0.1	0.5	0.9	0.9
CV (%)	30			30
Minimum	0			0
Maximum	1000			1000

- Parameters of the simulation scenarios

Parameter	values		
Mode ratio	0.1	0.5	0.9
CORR between CONT1 and CONT2	0	0.45	0.9
% of (CAT = 1)	10	25	50

Simulation study in Tannenbaum *et al.*

- **1 categorical** distribution with 2 modalities
- **2 continuous** distributions CONT1 and CONT2 log-normally distributed

Parameter	CONT1			CONT2
Mean (CAT = 1)	10	50	90	90
Mean (CAT = 2)	100			100
Mode ratio	0.1	0.5	0.9	0.9
CV (%)	30			30
Minimum	0			0
Maximum	1000			1000

- Parameters of the simulation scenarios

Parameter	values		
Mode ratio	0.1	0.5	0.9
CORR between CONT1 and CONT2	0	0.45	0.9
% of (CAT = 1)	10	25	50

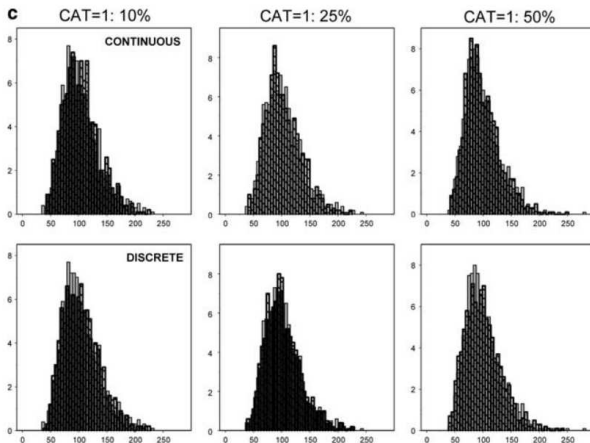


FIGURE: Marginal distribution of CONT1 for $MR = 0.9$ and $R = 0$

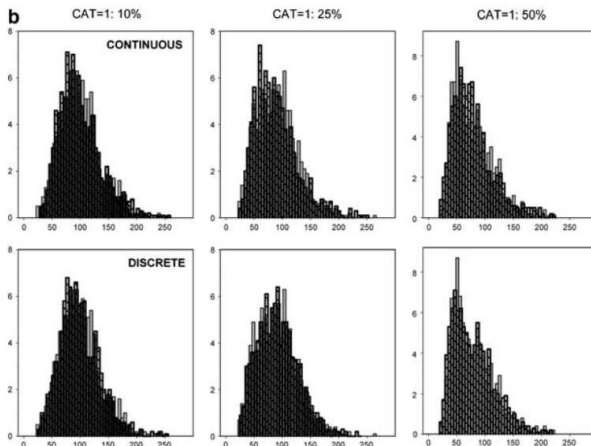


FIGURE: Marginal distribution of CONT1 for $MR = 0.5$ and $R = 0$

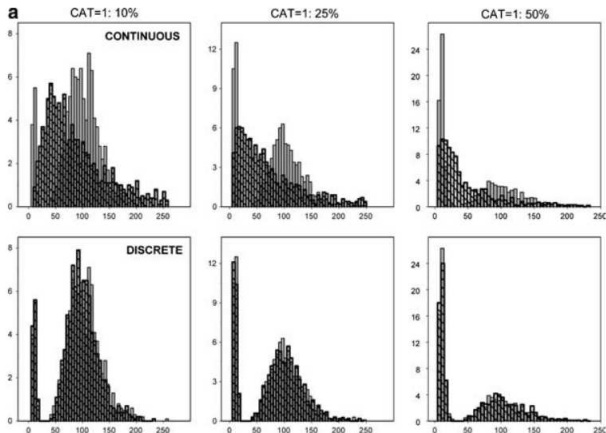
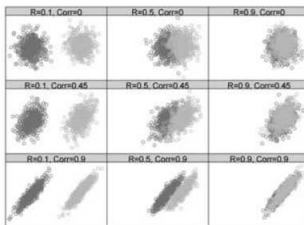
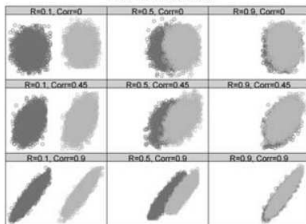


FIGURE: Marginal distribution of CONT1 for $MR = 0.1$ and $R = 0$

Simulated Covariate Data



Discrete Method



Continuous Method

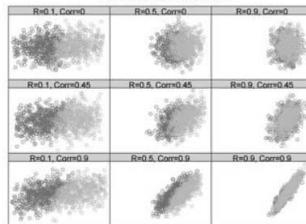
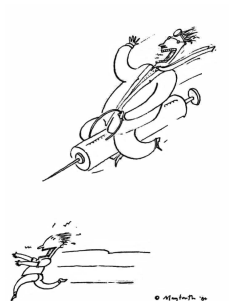


FIGURE: Correlation between CONT1 and CONT2 with 50% of patients in each subgroup

Thank you for your attention...

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Do not be scared,

It is a SCT ...