Models for patients' recruitment

Workshop "Modélisation et simulation d'essais cliniques"



Bordeaux • Limoges • Montpellier • Nimes • Toulouse

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- Clinical trials is one of the main elements of the marketing authorization of a new drug
- Such a request has to follow a protocol specifying
 - Patients inclusion and exclusion criteria
 - Statistic analysis plan especially :
 - which test is used
 - what are the type I and type II risks
 - necessary sample size N
- In order to recruit these N patients, several investigators centres are involved

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The **recruitment period** is the duration between the initiation of the first of the C investigator centres and the instant T(N) when the N patients are included.



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• Why a model of recruitment period?

- The duration of the recruitment period is very hard to control
- A clinical trial is expensive
 - \$ 150.000.000 : Average out-of-pocket clinical cost for each new drug
- Pharma-Companies need tools to be able to decide :
 - to overpass the targeted duration of the trial T_R
 - stop the trial if it is too long

• What a model of recruitment for?

- To develop tools for the study the feasibility of a clinical trial
 - based on the estimation of T(N) (punctually and by means of CI)
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• How to model the recruitment period?

Qualities theory

Analogy with queueing theory

	Clinical research
\longleftrightarrow	target population or cohort
\longleftrightarrow	None
\longleftrightarrow	Drop-out patients
\longleftrightarrow	Recruitment
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Clinical recearch

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- How to model the recruitment period?
 - Analogy with queueing theory

Queueing theory		Clinical research
Storage capacity	\longleftrightarrow	target population or cohort
Server	\longleftrightarrow	None
Exit process	\longleftrightarrow	Drop-out patients
Entry process	\longleftrightarrow	Recruitment

 It is thus natural to model the recruitment period by means of Poisson processes.



- N : number of patients to be recruited
- T_R: expected duration of the trial
- N_i: the recruitment process for centre i
 modelled by a PP of rate λ_i
- \mathcal{N} : the global recruitment process \Longrightarrow modelled by a PP of rate $\Lambda = \sum \lambda_l$
- T(N): the recruitment duration \implies is the stopping time $\inf \{t \in \mathbb{R} \mid \mathcal{N}(t) \geq N\}$
- T₁ an interim time
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The feasibility of the trial expresses by :

$$\mathbb{P}\left[\mathcal{N}(T_{R}) \geq N \mid \mathcal{F}_{T_{1}}\right] = 1 - \sum_{k=0}^{N-N_{1}-1} \frac{1}{k!} \int_{\mathbb{R}^{C}} \left(\int_{T_{1}}^{T_{R}} (x_{1} + \ldots + x_{C}) dt \right)^{k} e^{-\int_{T_{1}}^{T}} (x_{1} + \ldots + x_{C}) dt \prod_{i=1}^{C} \rho_{\lambda}^{T_{1}}(x_{i}) dx_{i}$$

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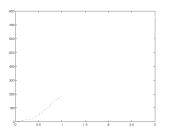
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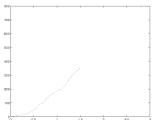


FIGURE: On going study at 1 year (on the left) and at 1.5 year (on the right)

Dots: Real data used to calibrate the model

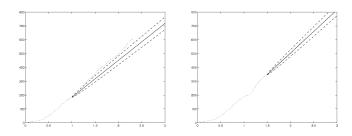


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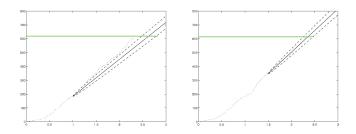


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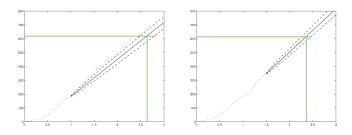
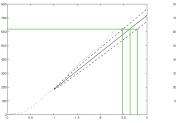


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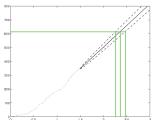


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When C large, this is not relevant

Problem 2 : If centre *i* has not recruited before T_1 , then $\hat{\lambda}_i = 0$ and the model does not authorize centre *i* to recruit later

Empirical Bayesian model

Ones considers

$$(\lambda_1,\ldots,\lambda_C)$$

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 - Rates are $\Gamma(\alpha, \beta)$ distributed.
 - Distribution of T is explicit.
- Π-Poisson model (Mijoule, Savy and Savy (2012))
 - Rates are Pareto-(x_m, k_p) distributed.
 - 20% of centres recruit 80% of patients.
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- N = 610 patients
- $T_R = 3$ years
- $C_R = 77$ investigators centres
- On-going studies: after 1 year, after 1.5 year and after 2 years
- The estimated duration of the tria

- Effective duration of the trial : 2.31 year
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Verification of enrolment model

An application to real data (Anisimov, Fedorov (2007))



Real case study: n=629 patients, N=91 centres

Data: $\vec{v} = (v(0), v(1), v(2), ...)$ where v(j) is number of sites recruited j patients.

$$\vec{v} = (7,11,8,8,9,8,9,7,2,4,1,3,3,4,0,0,2,1,1,2,1,0,0,..)$$

- Real data : step-wise green line
- Fitted mean number of sites recruited j pts (theoretical) : solid blue line
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Huge variation among sites, rates are modelled using a gamma distribution and **fits** real data

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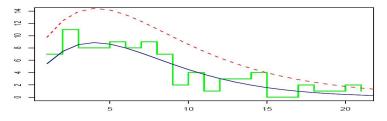
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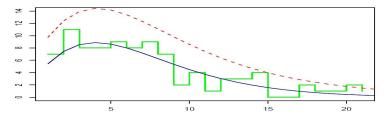
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Models with screening failures



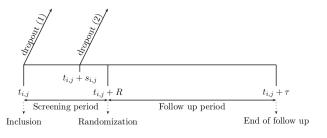
Models investigated in (Anisimov, Mijoule, Savy (in progress))

- Drop-out at the inclusion
 modelled by a probability p_i in centre i
 (p₁,...,p_C) sample having a beta distribution
- modelled $s_{i,j}$ modelled by an exponential distribution of intensity θ $(\theta_1, \ldots, \theta_C)$ sample having a gamma distribution

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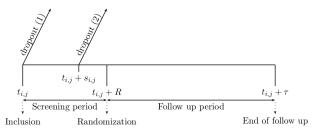
Drop-out during the screening period

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Models with screening failures



Models investigated in (Anisimov, Mijoule, Savy (in progress))



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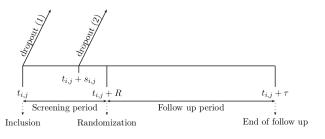
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Models with screening failures - Estimation



- The recruitment dynamic is $\Gamma(\alpha, \beta)$ -Poisson.
- Drop-out process is directed by p a constant or $B(\psi_1, \psi_2)$.
- \bullet T_1 is an interim time
 - τ_i the duration of activity of centre *i* up to T_1 (assume $\tau_i \geq R$)
 - n_i number of recruited patients for centre i up to T
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- Notice the separation of the log-likelihood function (processes independent)
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Theorem ((Anisimov, Mijoule, Savy (in progress)))

Given data $\{(n_i, r_i, \tau_i, \nu_i), 1 \le i \le C\}$, the predicted process of the number of randomized patients in centre i, $\{\widehat{\mathcal{R}}^i(t), t \ge T_1 + R\}$, expenses as

$$\widehat{\mathcal{R}}_i(t) = r_i + \operatorname{Bin}(\nu_i, \widehat{\rho}) + \Pi_{\widehat{\rho}\,\widehat{\lambda}_i}(t - T_1 - R).$$

$$\widehat{p} = \Big(\sum_{i=1}^{C} n_i\Big)^{-1} \sum_{i=1}^{C} r_i$$
 and $\widehat{\lambda}_i = \operatorname{Ga}(\widehat{\alpha} + n_i, \widehat{\beta} + \tau_i)$



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- The inclusion process \mathcal{N}_i is modelled by a $PP(\lambda_i)$
- The probability for a patient to be screening failure is p

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● \mathcal{F}_i(t): the number of screening failure at time t for center t
\Rightarrow \text{modelled by a } \mathbf{PP}(p_i \lambda_i)
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- $\mathcal{R}_i(t)$ the number of randomized patients at time t for center i \Rightarrow modelled by a $\operatorname{PP}((1-p_i)\lambda_i)$ \Rightarrow cost proportional to $\mathcal{R}_i(t): K_i\mathcal{R}_i(t)$ \Rightarrow cost depend of the duration of the follow-up: $\sum_{0 \leq T_j' \leq t} g_i(t, T_j)$ g_i is a triangular function $g_i(t, s) = 0$ when $t \leq s$
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$$\mathcal{C}_i(t) = J_i \mathcal{F}_i(t) + \mathcal{K}_i \mathcal{R}_i(t) + \sum_{0 \leq T_i^i \leq t} g_i(t, T_i^i) + \underbrace{F_i + G_i \, t}_{ ext{independent of patients}}$$

The duration of the trial is the stopping time

$$T(N) = \inf_{t \ge 0} \left\{ \mathcal{R}(t) \ge N \right\}$$

- The total cost of the trial is thus $\mathcal{C}(T(N)) = \sum_{i=1}^{\sigma} \mathcal{C}_i(T(N))$
- In order to compute $C = \mathbb{E}[C(T(N))]$ we have to compute

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- Assume $(\lambda_i)_{1 \le i \le C}$ and $(p_i)_{1 \le i \le C}$ are known
 - \Longrightarrow we have an explicit expression of $\mathcal C$
- Assume $\lambda_i \sim \Gamma(\alpha, \beta)$ and $p_i \sim B(\psi_1, \psi_2)$
- Consider an interim time 1₁, and consider that the i-th centre has
 - screened n_i patients
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- Given (n_i, r_i) the posterior distribution of
 - the rate is $\lambda_i \sim \Gamma(\alpha + n_i, \beta + T_1)$
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Assume the closure of centre j, denote

- $T^{j}(N)$ the duration of the trial without centre j
- $C^{j}(t)$ the cost of the trial at time t without centre j
- By means of Monte Carlo simulation we are able to evaluate the variation of cost due to centre *j* closure :

$$\Delta C_j = \mathbb{E}\left[C(T(N)) - C^j(T^j(N))\right]$$

• Consider $(\Delta C_j, T^j(N))$ to decide on the closure of centre j.



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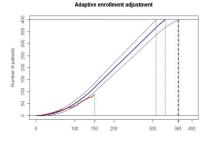
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Study design : Sites : 70, patient's target : 400, enrolment duration :1 year Sites initiated in 5-month period,

half of sites will be closed in two months before the end of enrolment

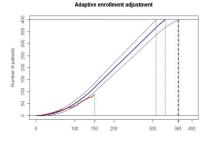


- Initial design: to complete with 90% confidence.
 Predictive area: mean and confidence bounds.
- Interim analysis after 150 days: 88 pts recruited.
 Real enrolment is slower than predicted.
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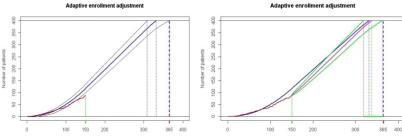


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Modelling enrolment and **hierarchic follow-up** processes is a basic methodology for **forecasting future performance** and developing different **triggers**:

- Triggers for detecting outliers :
 - Late-start, inactive, high number of AE, low-enrolling, etc.
- Predictive triggers (interim time analysis, data-driven) :
 - Predicting future behavior and alarm unusual site
 - Create dynamic forecasts in future time intervals
 - Opportunities for optimal decision-making (sites, costs, risks)

Current triggers for RBM usually use assumptions of **normality** and detect unusual behaviour within cohort using Mean and SD:

$$X > Mean(cohort) + K * SD(cohort), K = 1, 2, 3$$



Modelling enrolment and **hierarchic follow-up** processes is a basic methodology for **forecasting future performance** and developing different **triggers**:

- Triggers for detecting outliers :
 - Late-start, inactive, high number of AE, low-enrolling, etc.
- Predictive triggers (interim time analysis, data-driven) :
 - Predicting future behavior and alarm unusual sites
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Site performance and risk-based monitoring (Vladimir Anisimov)



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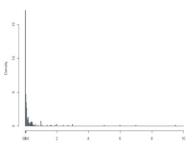
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Histogram of the enrolment rate (# of patients)/(site enrolment duration)

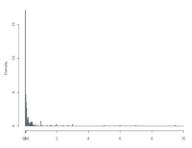
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- heavy tailed
- Adequate model : Poisson mixed with gamma

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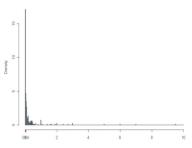
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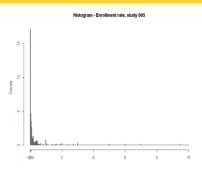
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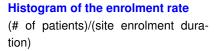
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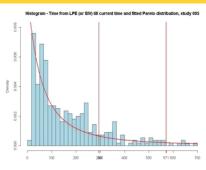
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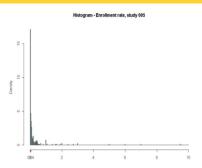
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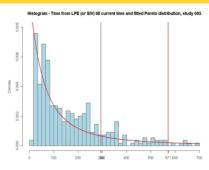
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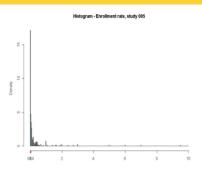
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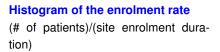


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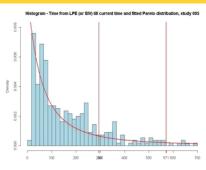
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Data-driven predicting site performance (Vladimir Anisimov)



Interim analysis, real case study, 330 active sites.

OID	Hart and a street	Footon and owner	
SID	# of patients	Enrolment duration	
1004	1	166	
1006	0	268	
1007	2	533	
1009	1	190	
1011	0	124	
1012	1	595	
1013	3	450	
1014	5	488	
1017	0	494	
1022	3	486	
1029	0	5	
1201	2	424	
1203	2	316	
1901	25	180	
1904	3	347	
1905	5	550	
1906	10	534	

Poisson-Gamma model of enrolment + Data-driven Bayesian re-estimation of rates

Predictive probabilities for the next 4-month period

- enrol no patients
- Enrol at least one

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1	595	0.705	
3	450	0.445	
5	488	0.325	
0	494	0.801	
3	486	0.465	
0	5	0.451	
2	424	0.525	
2	316	0.457	
25	180	0.0002	
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5	550	0.358	
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	2 1 0 1 3 5 0 3 0 2 2 2 25 3 5	1 166 0 268 2 533 1 190 0 124 1 595 3 450 5 488 0 494 3 486 0 5 2 424 2 316 25 180 3 347 5 550	1 166 0.462 0 268 0.716 2 533 0.578 1 190 0.485 0 124 0.614 1 595 0.705 3 450 0.445 5 488 0.325 0 494 0.801 3 486 0.465 0 5 0.451 2 424 0.525 2 316 0.457 25 180 0.002 3 347 0.381 5 550 0.358

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1007	2	533	0.578	0.87
1009	1	190	0.485	0.785
1011	0	124	0.614	0.862
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1013	3	450	0.445	0.773
1014	5	488	0.325	0.66
1017	0	494	0.801	0.964
1022	3	486	0.465	0.791
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Patients in trial/visits (Vladimir Anisimov)

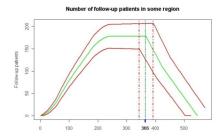


Study design : Sites : 200, patient's target : 800, enrolment duration :1 year 4 visits in total, each after 60 days, Follow-up period L=180 days

- Predictive number of follow-up patients
 Mean, Low and Upper 90% bounds for a Region with 100 sites
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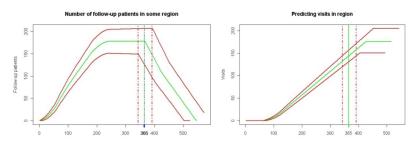


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 Mean, Low and Upper 90% bounds for a Region with 100 sites



Thank you for your attention...

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- Stéphanie Savy
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- Guillaume Mijoule
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