

# Bayesian analysis of restricted mean survival time adjusted on covariates using pseudo-observations

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## Analysis of time-to-event outcome in randomized clinical trial

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- Usually performed with a **Cox model** to provide a summary of the treatment effect
- Based on the proportional hazards (PH) assumption
- The presence of **non-PH** doubts the interpretation of a **single reported hazard ratio**
- This case of non-PH becomes more common with the development of immunotherapies<sup>1</sup> (delayed treatment effect)

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<sup>1</sup>Lin et al. 2020.

## Restricted Mean Survival Time (RMST)

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For  $\tilde{T}$  the time-to-event variable and  $\tau$  a pre-specified time of interest, the  $\tau$ -RMST is<sup>2</sup>:

$$\text{RMST}(\tau) = E(\tilde{T} \wedge \tau) = \int_0^{\tau} S(t) dt$$

Royston and Parmar (2011) suggest using the difference in RMST (dRMST) between the two arms:

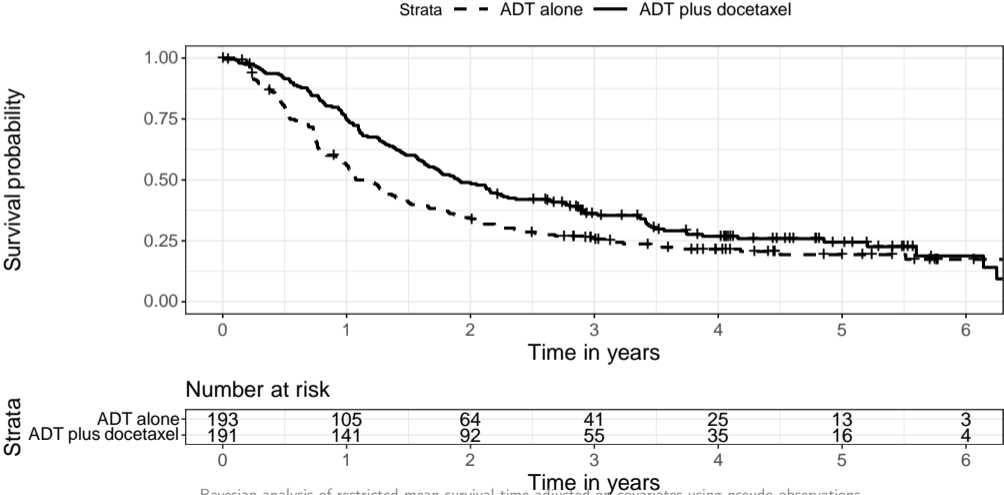
- As an **clinically meaningful** measure of the treatment effect
- The **primary measure** when non-PH is observed
- A useful **secondary measure** when the PH assumption appears to be satisfied

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<sup>2</sup>Irwin 1949.

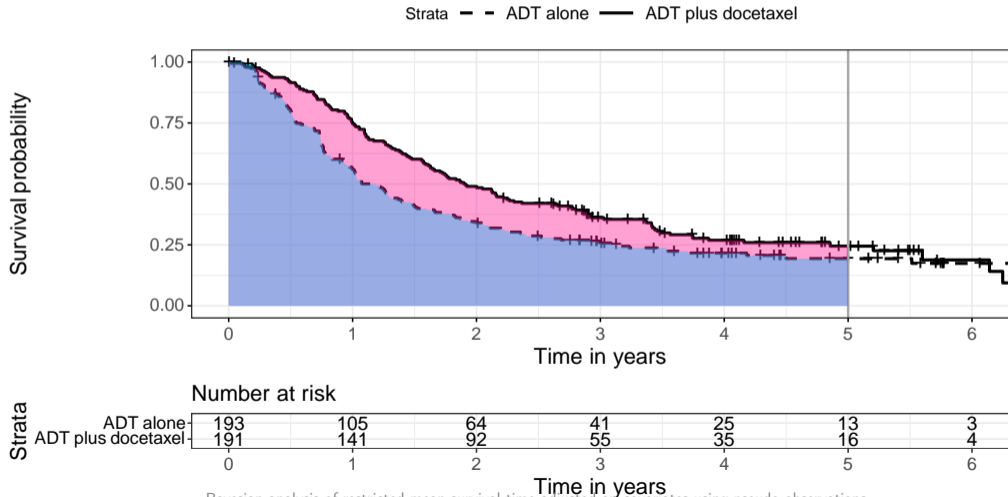
# Real data example: Getug 15 trial

- PH assumption was rejected ( $p = 0.00022$ , Grambsch and Therneau test)



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## Restricted Mean Survival Time estimation

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One straightforward approach to estimate RMST is to **numerically integrate the Kaplan-Meier curve** between 0 and  $\tau$

However, this approach does not allow for covariate adjustments, which is a **major limitation** because omitting important covariate results in **less precision**<sup>3</sup>

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<sup>3</sup>Karrison and Kocherginsky 2018.

## Frequentist methods to analyze RMST adjusted on covariates

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One approach is **to model the survival function** and integrate it:

- **Piecewise exponential model** from Karrison (1987)
- **Cox model stratified on the treatment** from Zucker (1998)

↪ Both complex to implement and limited

A more natural approach is to fit a linear model **on the RMST directly**:

- Using **pseudo-observations** from Andersen et al. (2004)
- With **Inverse Probability of Censoring Weights** (IPCW) from Tian et al. (2014)

↪ Straightforward approaches

In rare diseases or precision medicine, small sample sizes make **Bayesian methods attractive**<sup>4</sup>:

- Naturally suitable for including prior information (historical data borrowing)
- Provide better interpretation

With small sample sizes, it is particularly needed **to adjust the analysis on the prognostic factors** used for the randomization

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<sup>4</sup>Lesaffre et al. 2020.



# Bayesian methods to analyze RMST

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Bayesian research is limited to two recent nonparametric models on the survival function:

- Zhang and Yin (2023) assign a mixture of Dirichlet processes (MDP) prior  
**No covariates adjustment available**
- Chen et al. (2023) overcome this limitation, with another dependent mixture model

Both methods **require to model the survival function** and are **complex to implement**

# Objective

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We extended the analysis of pseudo-observations in the Bayesian framework to provide a **straightforward RMST estimation adjusted on covariates**

## Pseudo-observations definition

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Following Andersen et al. (2004), the  $i$ -th pseudo-observation is computed as:

$$y_{\tau,i} = n \int_0^{\tau} \widehat{S}(t) dt - (n-1) \int_0^{\tau} \widehat{S}^{-i}(t) dt$$

where

- $\widehat{S}(t)$ : Kaplan-Meier (KM) estimator at time  $t$  of survival probability
- $\widehat{S}^{-i}(t)$ : KM estimator when eliminated  $i$ -th individual from the data set

Pseudo-observations can be interpreted as the contribution of one individual to the overall estimate.

## Regression model

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- Considering the following regression model **on the RMST directly**:

$$\mu_i = E(\tilde{T}_i \wedge \tau | A_i, Z_i) = \alpha + \delta A_i + \beta_1 Z_{i1} + \dots + \beta_P Z_{iP}$$

where  $A$  is the treatment variable,  $Z = (Z_1, \dots, Z_P)^T$  other variables and  $\beta = (\alpha, \delta, \beta_1, \dots, \beta_P)^T$  the vector of unknown parameters

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- The regression coefficient,  $\delta$ , can be interpreted as the dRMST between the two arms
- Assuming completely independent censoring, Overgaard et al. (2017) demonstrate **the asymptotic proprieties of pseudo-observations**

$$E(y_{\tau,i} | A_i, Z_i) \approx E(\tilde{T}_i \wedge \tau | A_i, Z_i)$$

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$$E(y_{\tau,i} | A_i, Z_i) \approx E(\tilde{T}_i \wedge \tau | A_i, Z_i)$$

$\implies$  Pseudo-observations are analyzed as an outcome of a generalized linear model

## Pseudo-observations analysis

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In the frequentist framework:

- Using the **Generalized Estimating Equations**<sup>5</sup> (GEE)
- GEE is a marginal approach that does not require specifying the full distribution
- Only (here) the first moment is specified

In the Bayesian framework:

- Using the **Bayesian Generalized Method of Moments**<sup>6</sup> (GMM)
- Bayesian GMM can be seen as the Bayesian counterpart of GEE
- Only the mean is specified through the use of a **pseudo-likelihood**

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<sup>5</sup>Liang and Zeger 1986.

<sup>6</sup>Yin 2009.



## Bayesian generalized method of moments

- A score vector is defined as

$$U_n(\beta) = \frac{1}{n} \sum_{i=1}^n u_i(\beta)$$

where  $u_i(\beta) = \frac{\partial \mu_i}{\partial \beta} (y_{\tau,i} - \mu_i)$

- And a quadratic inference function<sup>7</sup> is defined using the score vector

$$Q_n(\beta) = U_n^T(\beta) \Sigma_n^{-1}(\beta) U_n(\beta)$$

with  $\Sigma_n(\beta) = \frac{1}{n^2} \sum_{i=1}^n u_i(\beta) u_i^T(\beta) - \frac{1}{n} U_n(\beta) U_n^T(\beta)$  a  $(P+2) \times (P+2)$  matrix

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<sup>7</sup>Qu et al. 2000.

- By the Central Limit Theorem

- $U_n(\beta) \xrightarrow[n \rightarrow +\infty]{d} N(0, \Sigma(\beta))$ , where  $\Sigma(\beta) = \lim_{n \rightarrow +\infty} (\Sigma_n(\beta))$

- $Q_n(\beta) \xrightarrow[n \rightarrow +\infty]{d} \chi_{P+2}^2$

- A chi-squared test can be defined<sup>8</sup>, analog to the usual likelihood ratio test, where  $Q_n(\beta)$  behaves like  $-2 \log L(y|\beta)$
- **GMM approximates the likelihood** for selected moments of the data without specifying the full likelihood<sup>9</sup>

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<sup>8</sup>Hansen 1982.

<sup>9</sup>Chernozhukov and Hong 2003.

- The pseudo-likelihood  $\tilde{L}(\beta|y_\tau)$  is defined as

$$\begin{aligned}\tilde{L}(\beta|y_\tau) &\propto \exp\left\{-\frac{1}{2}Q_n(\beta)\right\} \\ &\propto \exp\left\{-\frac{1}{2}U_n^T(\beta)\Sigma_n^{-1}(\beta)U_n(\beta)\right\}\end{aligned}$$

- The posterior probability is estimated as

$$p(\beta|y_\tau) \propto \tilde{L}(\beta|y_\tau)p(\beta)$$

## Simulation study

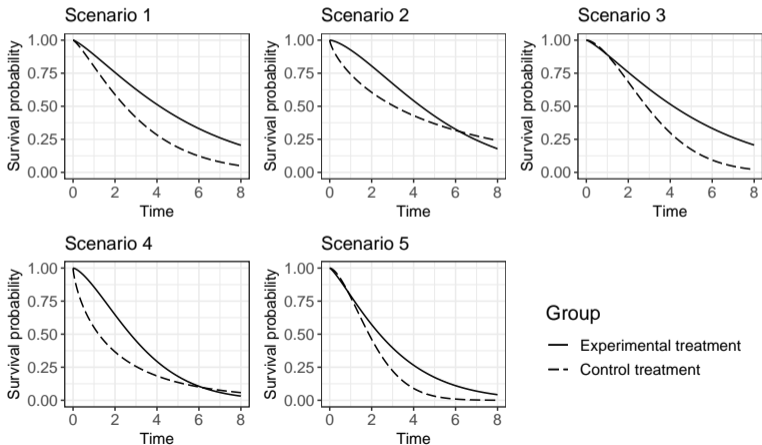
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- Two-arm randomized clinical trials (experimental vs control)
- Event times  $\sim$  Weibull distribution
- Independently,
  - Censoring times  $\sim$  Uniform distribution
  - Administrative censoring at 8 years

$\hookrightarrow \approx 30\%$  of censoring for all scenarios
- Sample sizes: 50, 100, 200, 500
- $\tau = 5$  years

# Simulation study

**5 scenarios:** PH (scenario 1), non-PH: early effect (scenarios 2 and 4), delayed effect (scenarios 3 and 5), with uniform covariate (scenario 4), or normal and Bernoulli covariates (scenario 5)



# Simulation study

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## Performance metrics:

Bias, average standard error (ASE), root mean square error (RMSE), and 95% coverage rate estimated for 1000 replicates

## Benchmark methods:

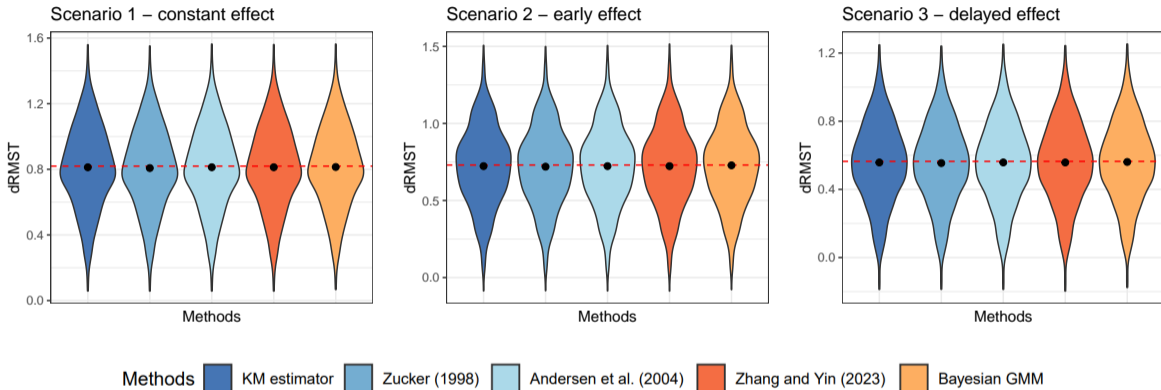
- KM estimator
- Stratified Cox model from **Zucker (1998)**
- GEE model on pseudo-observations from **Andersen et al. (2004)**
- IPCW model from **Tian et al. (2014)**
- Bayesian nonparametric model from **Zhang and Yin (2023)**

## Bayesian GMM:

NUTS algorithm in Stan

- chains = 3, burn-in = 1000, iteration = 2000, priors:  $\beta \sim N(\mu = 0, \sigma^2 = 10)$

## Results without covariates adjustment: scenarios 1-3 (n = 200)



The Bayesian GMM gave valid estimations of the dRMST, with similar performances compared to the other approaches

## Model misspecification: omitting prognostic variables (scenario 4: early effect)

n	Methods	Adjustment variable	Bias	ASE <sup>1</sup>	RMSE <sup>2</sup>	95% coverage rate	
200	<b>Frequentist</b>						
	KM estimator	-	-0.0056	0.257	0.266	93.8	
	Zucker (1998)	-	-0.0104	0.258	0.264	93.8	
	Zucker (1998)	$Z_1$	-0.0133	0.239	0.243	93.9	
	Andersen et al. (2004)	-	-0.0056	0.258	0.266	93.8	
	Andersen et al. (2004)	$Z_1$	-0.0088	0.246	0.251	93.9	
	<b>Bayesian</b>						
	Zhang and Yin (2023)	-	-0.0058	0.256	0.266	93.8	
GMM	-	-0.0070	0.259	0.263	94.5		
GMM	$Z_1$	-0.0033	0.250	0.249	94.6		

<sup>1</sup> ASE = Average Standard Error, <sup>2</sup> RMSE = Root Mean Square Error

Prognostic variable  $Z_1 \sim U([0, 2])$



### Other settings:

- Omitting prognostic variables also results in less precision with a delayed treatment effect (scenario 5)
- Similar results were observed for other sample sizes ( $n = 50, 100, 500$ )

## Model misspecification: adding unrelated variables (scenario 4: early effect)

n	Methods	Adjustment variable	Bias	ASE <sup>1</sup>	RMSE <sup>2</sup>	95% coverage rate
200	<b>Frequentist</b>					
	Zucker (1998)	-	-0.0104	0.258	0.264	93.8
	Zucker (1998)	$Z_1$	-0.0133	0.239	0.243	93.9
	Zucker (1998)	$Z_1, X_1$	-0.0128	0.239	0.245	93.9
	Zucker (1998)	$Z_1, X_1, X_2, X_3$	-0.0117	0.239	0.248	93.8
	Andersen et al. (2004)	-	-0.0056	0.258	0.266	93.8
	Andersen et al. (2004)	$Z_1$	-0.0088	0.246	0.251	93.9
	Andersen et al. (2004)	$Z_1, X_1$	-0.0074	0.246	0.251	93.9
	Andersen et al. (2004)	$Z_1, X_1, X_2, X_3$	-0.0068	0.246	0.254	93.7
	<b>Bayesian</b>					
	GMM	-	-0.0070	0.259	0.263	94.5
	GMM	$Z_1$	-0.0033	0.250	0.249	94.6
	GMM	$Z_1, X_1$	-0.0014	0.253	0.249	94.3
	GMM	$Z_1, X_1, X_2, X_3$	-0.0008	0.261	0.252	95.3

<sup>1</sup> ASE = Average Standard Error, <sup>2</sup> RMSE = Root Mean Square Error

Prognostic variable  $Z_1 \sim U([0, 2])$ , other variable  $X_1 \sim N(0, 1)$ ,  $X_2 \sim B(0.5)$ ,  $X_3 \sim U([0, 2])$

Bayesian analysis of restricted mean survival time adjusted on covariates using pseudo-observations

## Model misspecification: adding unrelated variables

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### Other settings:

- No bias nor variance inflation was observed for the frequentist approaches with a delayed treatment effect (scenario 5)
- Similar results were observed for other sample sizes for the frequentist approaches ( $n = 50, 100, 500$ )
- Higher variance for the Bayesian GMM with  $n = 50$  and 1-3 unrelated covariates

## Application to the Getug 15 trial

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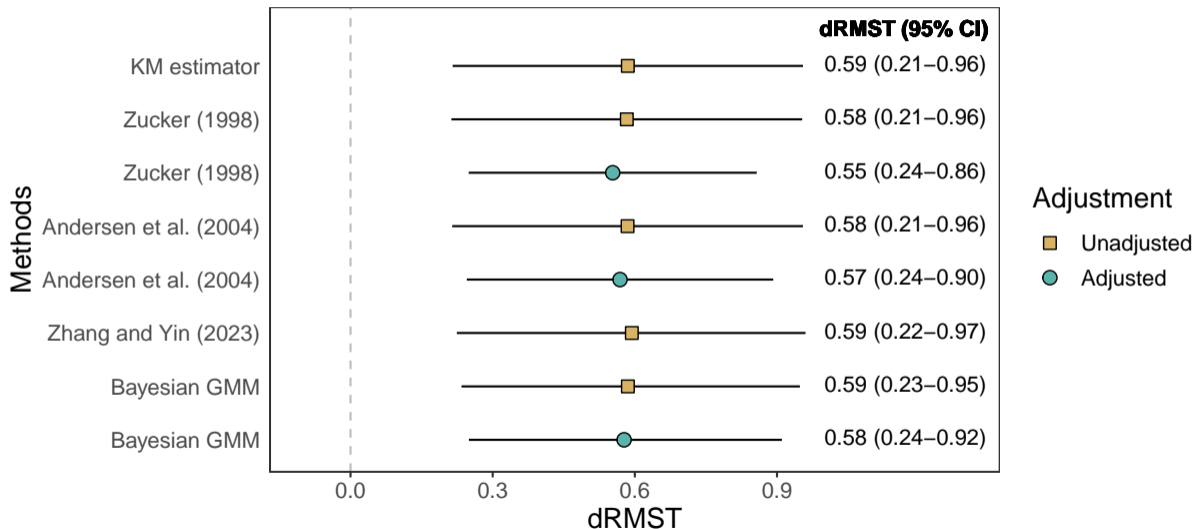
**Phase 3 randomized clinical trial:** comparing an androgen-deprivation therapy alone or with docetaxel in non-castrate metastatic prostate cancer ( $n = 384$ , 25% of censoring)

**Outcome of interest:** Prostate-Specific Antigen (PSA) progression-free survival

**Covariates adjustment:**

- Gleason score ( $< 8$  vs.  $\geq 8$ )
- European Cooperative Oncology Group performance status (0 vs. 1 – 2)
- Concentration of alkaline phosphatase (Normal vs. Abnormal)
- Presence of bone metastases (Yes vs. No)

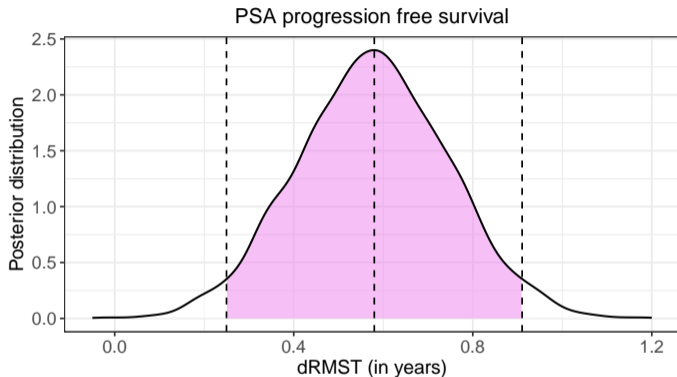
# Estimation of the difference of 5-RMST between the two treatment groups



## Getug 15: 5-RMST analysis with the Bayesian GMM

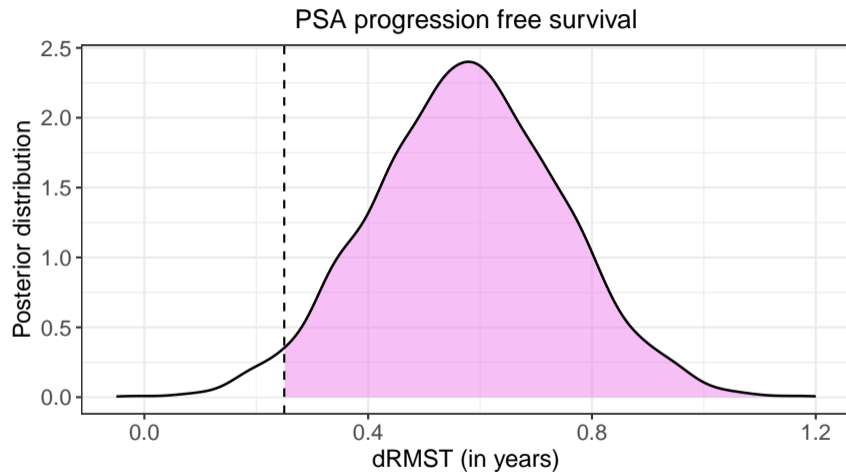
Covariate	Quantiles						
	$\hat{\beta}$	SD	2.5%	25%	50%	75%	97.5%
Intercept	5.63	0.55	4.53	5.27	5.63	5.99	6.73
Gleason score	-0.19	0.18	-0.53	-0.30	-0.19	-0.07	0.15
ECOG performance status	-0.55	0.18	-0.90	-0.68	-0.56	-0.44	-0.21
Alkaline phosphatase concentration	-1.25	0.18	-1.60	-1.37	-1.24	-1.12	-0.89
Presence of bone metastases	-0.49	0.27	-1.01	-0.68	-0.49	-0.31	0.04
Treatment	0.58	0.17	0.25	0.46	0.58	0.69	0.91

## Getug 15: Estimation of the difference of 5-RMST with the Bayesian GMM



- The mean of the posterior samples is 0.58 year (95% credible interval: 0.24-0.92). On average, receiving docetaxel in addition to ADT increases the lifetime without PSA progression during the next 5 years by 0.58 year compared to receiving ADT alone.

## Getug 15: Estimation of the difference of 5-RMST with the Bayesian GMM



- $P(\text{dRMST}(5) \geq 3 \text{ months}) = 0.97$







We propose a **Bayesian** approach for analyzing RMST **adjusted on covariates**:

- Combining the flexibility of **pseudo-observations**:
  - To fit a straightforward linear model, without specifying any model on the survival function
  - To estimate not only the treatment effect but also the covariate effects
- With **the Bayesian GMM**:
  - To allow for including prior information in the analysis
  - To benefit from the advantages of the Bayesian interpretation




### Perspectives:

- Extend this approach to the joint analysis of RMST at multiple time points





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# Thank you!

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