

Stratified and personalised medicine using model-based recursive partitioning

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What are *Stratified and Personalised Medicine*?

Stratified medicine:

Find subgroups of patients that differ with respect to their treatment effect. Estimate the treatment effect for each subgroup.

Personalised medicine:

Estimate a personalised treatment effect for each patient.

Pooled Resource Open-Access ALS Clinical Trials Database

PRO-ACT database¹

- 23 phase 2 clinical trials
- Riluzole versus no treatment
- Primary endpoints of interest:
 - ▶ ALS Functional Rating Scale (ALSFRS)
 - ▶ Survival time

¹<https://nctu.partners.org/ProACT>

Pooled Resource Open-Access ALS Clinical Trials Database

PRO-ACT database¹

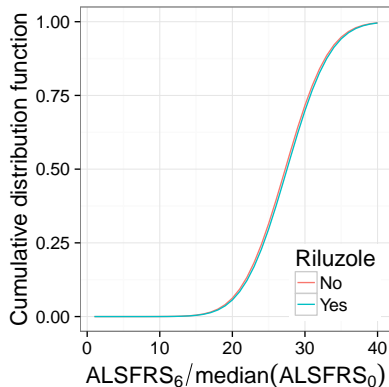
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ALSFRS: Normal GLM with log link

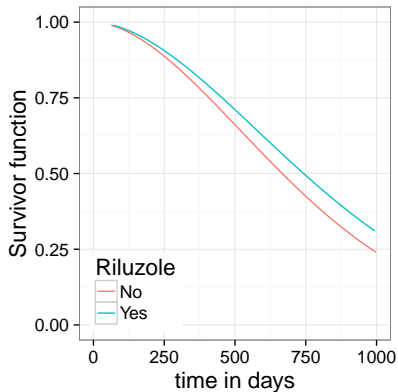
$$\mathbb{E} \left(\frac{\text{ALSFRS}_6}{\text{ALSFRS}_0} \middle| X = x \right) = \frac{\mathbb{E}(\text{ALSFRS}_6 | X = x)}{\text{ALSFRS}_0} = \exp\{\alpha + \beta x_R\}$$



	estimate	2.5 %	97.5 %
α	-0.16	-0.17	-0.15
β	0.01	-0.01	0.02

Survival time: Weibull model

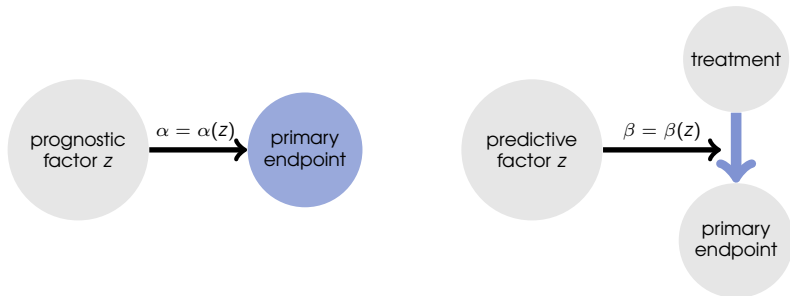
$$\mathbb{P}(Y \leq y | X = x) = F\left(\frac{\log(y) - \alpha_1 - \beta X_R}{\alpha_2}\right)$$



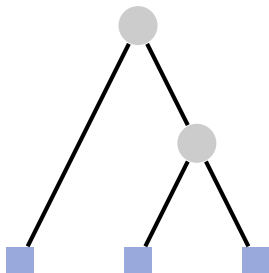
	estimate	2.5 %	97.5 %
α_1	6.71	6.64	6.77
β	0.11	0.03	0.18
$\log(\alpha_2)$	-0.58	-0.64	-0.53

Are there patients for whom Riluzole
has a stronger effect?

Predictive and prognostic factors



Stratified medicine: Subgroup analyses



MOB Basics

MOB: Model-based recursive partitioning

Start with model $\mathcal{M}((Y, \mathbf{X}), \vartheta)$ with

$$\vartheta = \begin{pmatrix} \alpha \\ \beta \end{pmatrix} \begin{array}{l} \text{intercept(s)} \\ \text{treatment effect} \end{array}$$

which fits data (Y, \mathbf{X}) .

ALSFRS: Normal GLM with log link

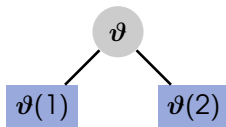
$$\frac{\mathbb{E}(\text{ALSFRS}_6 | X=x)}{\text{ALSFRS}_0} = \exp\{\alpha + \beta x_R\}$$

Survival time: Weibull model

$$\mathbb{P}(Y \leq y | X = x) = F\left(\frac{\log(y) - \alpha_1 - \beta x_R}{\alpha_2}\right)$$

MOB Basics

- ⇒ Find partitions of the data based on patient characteristics $\mathbf{Z} = (\mathbf{Z}_1, \dots, \mathbf{Z}_J) \in \mathcal{Z}$ which differ with respect to the model parameters ϑ .
- ⇒ Fit separate models $\mathcal{M}((Y, \mathbf{X}), \vartheta(b))$ in partitions.



How to find the Partitions?

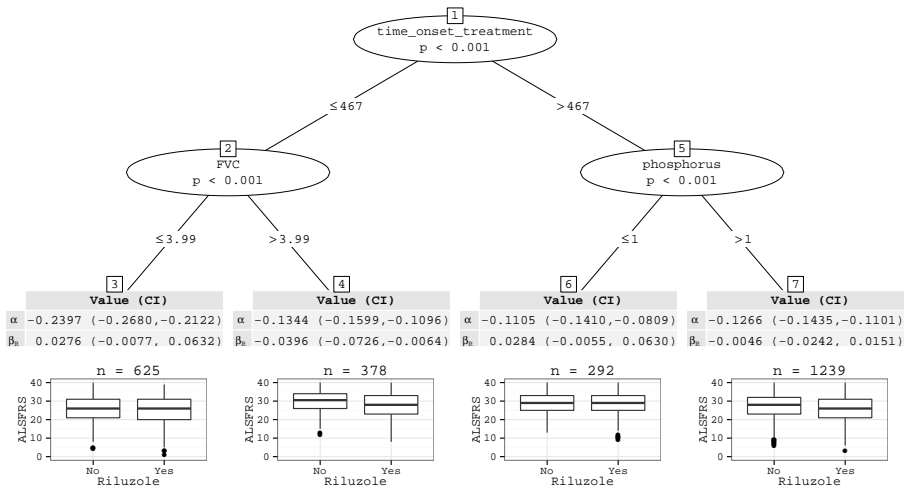
Test of independence between the **partial score functions** and each **patient characteristic**:

$$H_0^{\alpha,j} : \psi_\alpha((Y, \mathbf{X}), \hat{\vartheta}) \perp \mathbf{Z}_j$$
$$H_0^{\beta,j} : \psi_\beta((Y, \mathbf{X}), \hat{\vartheta}) \perp \mathbf{Z}_j, \quad j = 1, \dots, J$$

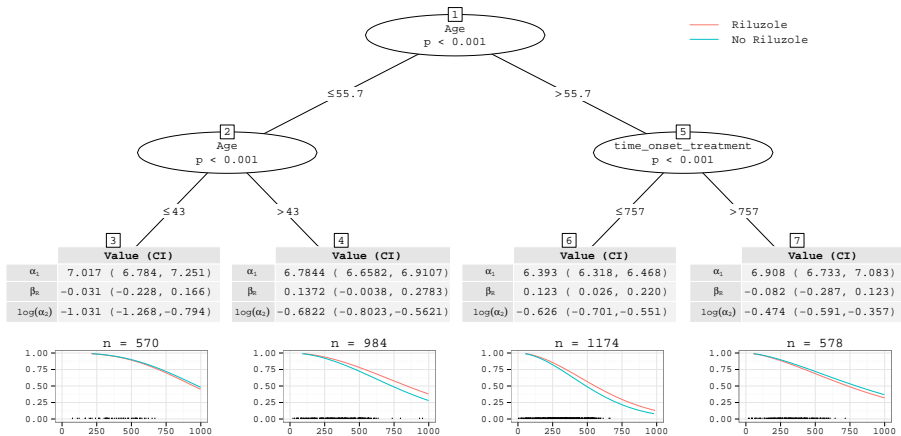
ψ_α, ψ_β partial derivatives of the log-likelihood with respect to α/β .

- Partition if global p-value smaller than significance level
- Use as split variable the one with the smallest p-value

ALSFRS



Survival time



Summary: MOB for stratified medicine

- Data-driven approach for subgroup analyses.
- Easy to understand and communicate.

Extensions:

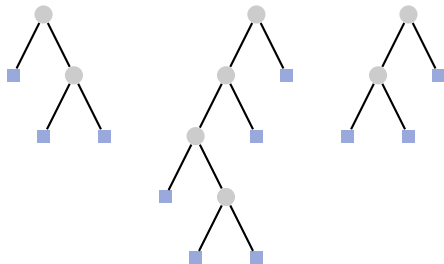
- Dose-response models
- Mixed models²
- PALM trees

²M. Fokkema, N. Smits, A. Zeileis, T. Hothorn, H. Kelderman. *Detecting treatment-subgroup interactions in clustered data with generalized linear mixed-effects model trees*. Working Papers in Economics and Statistics of the University of Innsbruck, 2015.

Personalised medicine: Individual treatment effect prediction

Maybe subgroups are still not good enough

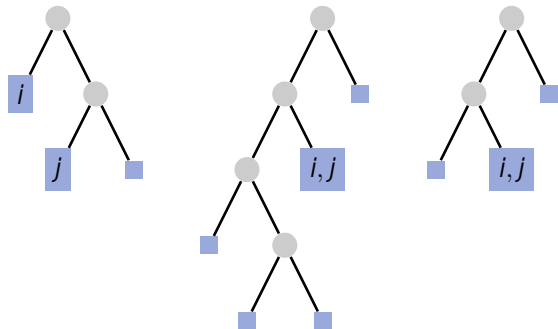
⇒ Personalised treatment effects through model-based random forests



Personalised models

Compute similarity (-weights) of patient i to each patient j in the training data:

How often are i and j assigned to the same subgroup?

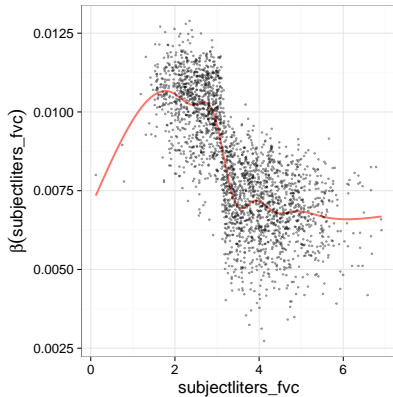
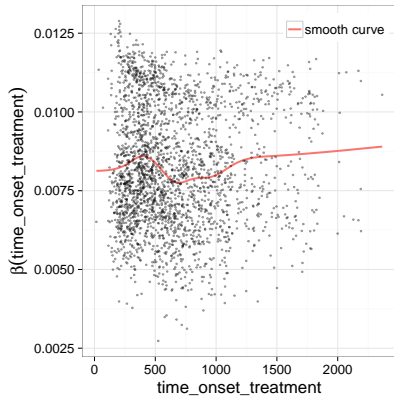




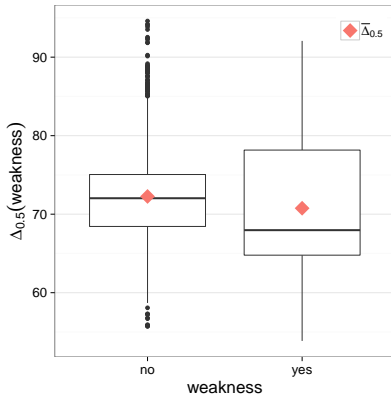
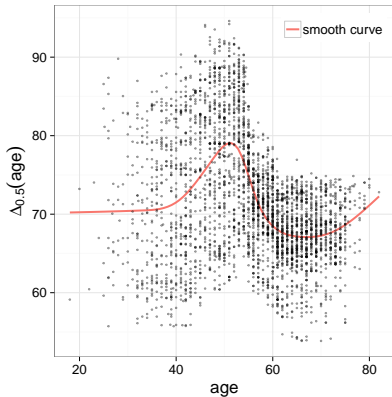
Personalised models

Compute the model using the weighted training data.
→ *observation j enters 2 times in model for patient i .*

ALSFRS

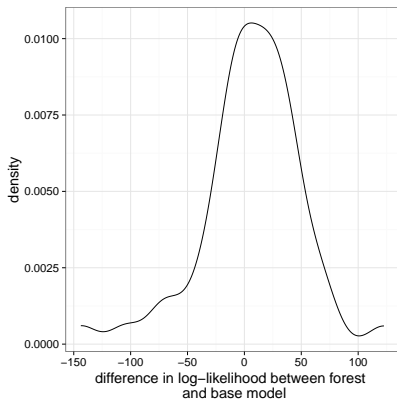
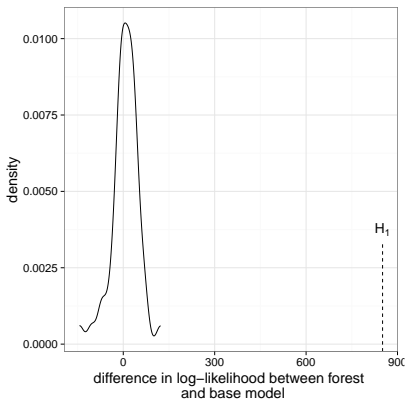


Survival time



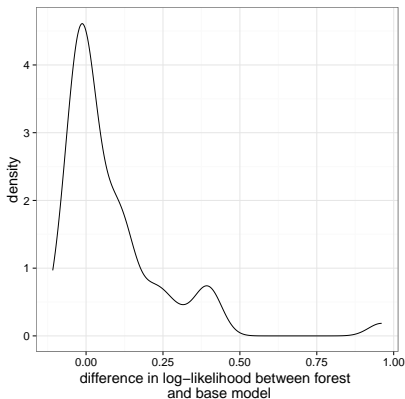
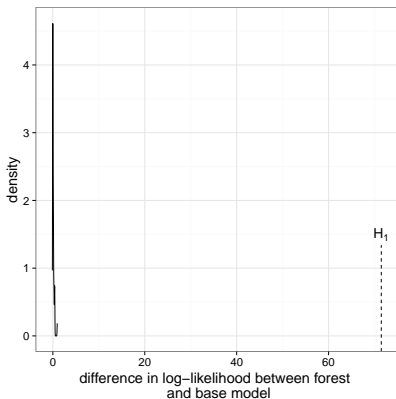
Is the overall treatment effect good enough?

ALSFRS H_0 : Intercept and treatment effect are the same for all patients.



Is the overall treatment effect good enough?

Survival time H_0 : Baseline hazard and treatment effect are the same for all patients.





Summary

- Sound theoretical foundation for stratified and personalised medicine.
- Data-driven.

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- Data-driven.

But

- Results of secondary analysis need to be confirmed in independent trials.

Literature

- ▶ H. Seibold, A. Zeileis, T. Hothorn
Model-based Recursive Partitioning for Subgroup Analyses
International Journal of Biostatistics, 2016.
- ▶ H. Seibold, A. Zeileis, T. Hothorn
Individual Treatment Effect Prediction for ALS Patients
ArXiv e-prints, 2016.

Variable importance

1. Tree log-likelihood

- Select the out-of-bag data \mathcal{L}_t^C and determine the subgroup to which each observation i belongs.
- Compute the log-likelihood contribution of each observation $i \in \mathcal{L}_t^C$ based on the respective model in the subgroup.
- Compute the out-of-bag log-likelihood as the sum of the contributions

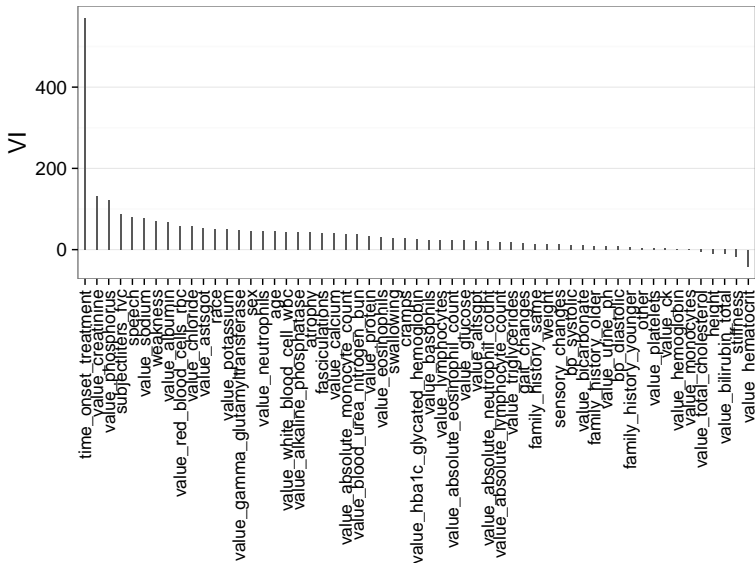
$$l_t = \sum_{i \in \mathcal{L}_t^C} l((y, \mathbf{x})_i, \hat{\boldsymbol{\theta}}(\mathbf{z}_i)).$$

2. Variable importance

$$VI_j = \frac{1}{T} \sum_{t=1}^T [l_t - l_t^{(j)}]$$

$l_t^{(j)}$ log-likelihood with variable j permuted.

Variable importance: ALSFRS



Variable importance: Survival time

