

Simulating Recurrent Event Data with a Calendar Time Scale

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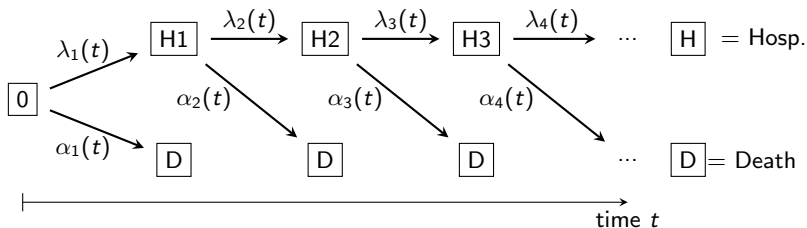
ISCB 2017



- Motivation: Clinical trials in heart failure disease
- Simulation: Recurrent event data with a dependent terminal event
- Application: Estimates in misspecified models

Motivation

- Clinical trials in heart failure disease
- Effect on both morbidity (heart failure hospitalizations) and mortality (CV death)



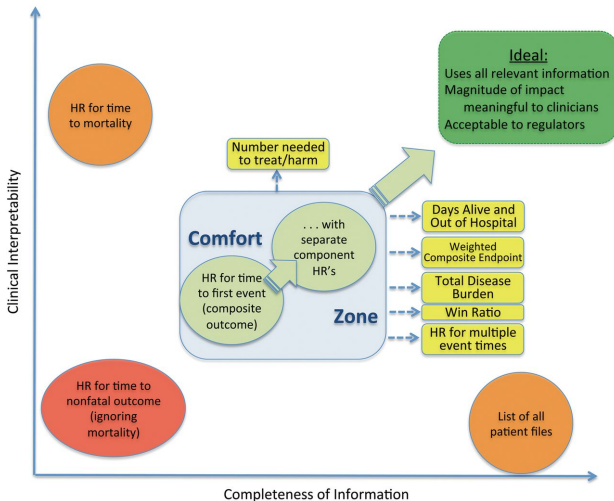
- Standard approach: Time to first composite endpoint

Time to First Composite Endpoint: Loss of Information

trial	endpoint	# events	not in 1st comp. endpoint
Val-HeFT	death	846	385 (45.5%)
	hosp.	2111	962 (45.6%)
CHARM-Added	death	649	333 (51.3%)
	hosp.	1443	738 (51.1%)
CHARM-Alternative	death	471	234 (49.7%)
	hosp.	1053	550 (52.2%)
EMPHASIS-HF	death	332	144 (43.4%)
	hosp.	702	285 (40.6%)
SHIFT	death	940	396 (42.1%)
	hosp.	2113	927 (43.9%)
I-PRESERVE	death	613	221 (36.1%)
	hosp.	1176	515 (43.8%)
CHARM-Preserved	death	340	150 (44.1%)
	hosp.	968	459 (47.4%)

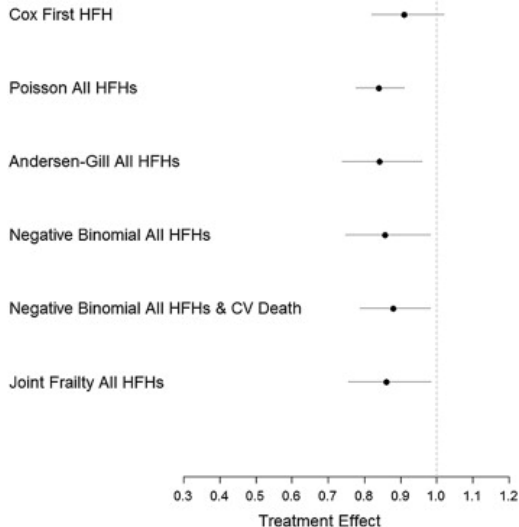
Anker, S.D. (2012): Time to move on from 'time-to-first': should all events be included in the analysis of clinical trials? *Eur Heart J* 33 (22): 2764-2765.

Time to First Composite Endpoint: Loss of Information



Claggett B. *et al.* (2013): Moving beyond our comfort zone. *Eur Heart J* 34: 869-871.

Method of Analysis



Rogers, J. *et al.* (2014): Effect of rosuvastatin on repeat heart failure hospitalizations: the CORONA Trial. *JACC Heart Fail* 2:289-97.

Method of Analysis

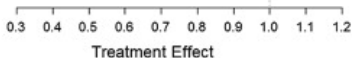
Cox First HFH

Poisson All HFHs

**Cardiovascular Round Table of the ESC:
How to interpret results if recurrent event analysis
results differ substantially in magnitude
or direction from time-to-first event analysis?**

Negative Binomial All HFHs & CV Death

Joint Frailty All HFHs



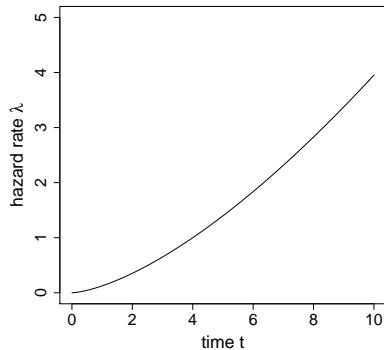
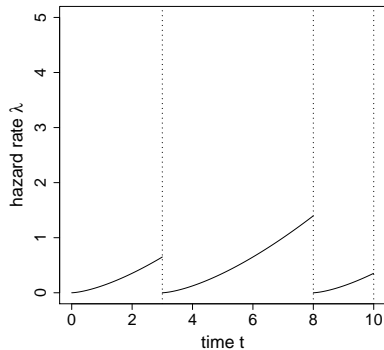
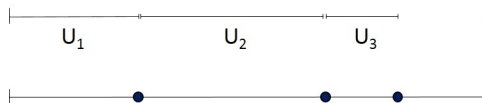
The Cardiovascular Round Table of the European Society of Cardiology (2016): Traditional and new composite endpoints in heart failure clinical trials. *Eur J Heart Fail* 18: 482-9.

Simulation studies to investigate the effects of model misspecification, thereby

- ▶ allowing for a calendar time scale
- ▶ allowing for dependent terminal events

- Motivation: Clinical trials in heart failure disease
- **Simulation: Recurrent event data with a dependent terminal event**
- Application: Estimates in misspecified models

Simulation of the recurrent process



Simulation of the recurrent process

1. Define a calendar time model by specifying λ
2. Distribution of the inter-event times conditional on the calendar time of last event $U_i | T_{i-1} = t$:
 - ▶ hazard $\tilde{\lambda}_t(u) = \lambda(u + t)$
 - ▶ cumulative hazard $\tilde{\Lambda}_t(u) = \Lambda(u + t) - \Lambda(t)$
3. Use $(U_i | T_{i-1} = t) \sim \tilde{\Lambda}_t^{-1}(-\log(A))$ with $A \sim U[0, 1]$
4. Simulate (a_i) from iid $U[0, 1]$ -distributions and recursively apply

$$\begin{aligned}i = 0 : & \quad t_0 := 0 \\i - 1 \rightarrow i : & \quad u_i := \tilde{\Lambda}_{t_{i-1}}^{-1}(-\log(a_i)) \\ & \quad t_i := \sum_{j=1}^i u_j\end{aligned}$$

- Weibull-shaped hazard $\Lambda(t) = \lambda t^\nu$:

$$\tilde{\Lambda}_t^{-1}(u) = \sqrt[\nu]{\left(\frac{u + \lambda \cdot t^\nu}{\lambda}\right)} - t$$

- Exponential-shaped hazard $\Lambda(t) = \lambda t$:

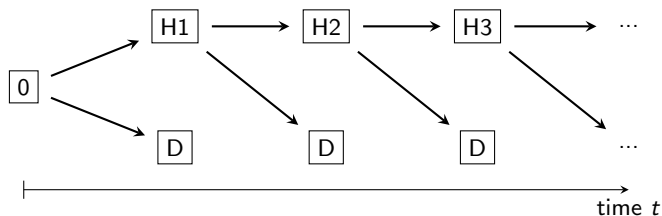
$$\tilde{\Lambda}_t^{-1}(u) = \frac{u}{\lambda}$$

- Lognormal-shaped hazard $\Lambda(t) = -\log\left(1 - \Phi\left(\frac{\log(x)}{\sigma}\right)\right)$

$$\tilde{\Lambda}_t^{-1}(u) = \exp\left(-\Phi^{-1}\left(\frac{1 - \Phi\left(\frac{\log(t)}{\sigma}\right)}{\exp(u)}\right) \cdot \sigma\right) - t$$

Simulation of the competing terminal event

Nested competing risk models:



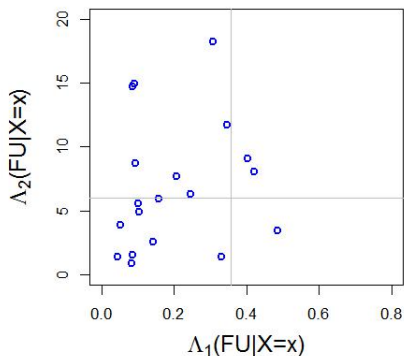
1. Simulate failure time T with all-cause-hazard $\tilde{\lambda}_t(u) + \tilde{\alpha}_t(u)$
2. Decide with probability $\frac{\tilde{\lambda}_t(u)}{\tilde{\lambda}_t(u) + \tilde{\alpha}_t(u)}$ for H
3. Continue until decision for D

Simulation of the competing terminal event

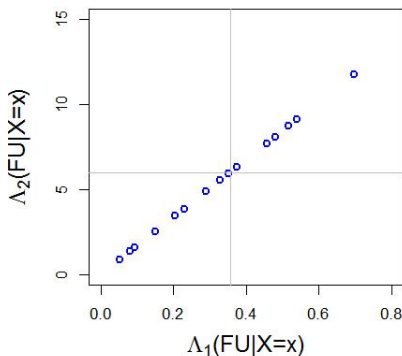
hosp. rate: $\lambda(t|Z = z, x) = z\lambda_0(t) \exp(\beta_1 x)$

mort. rate: $\alpha(t|Z = z, x) = z\alpha_0(t) \exp(\beta_2 x)$

Independent Frailties

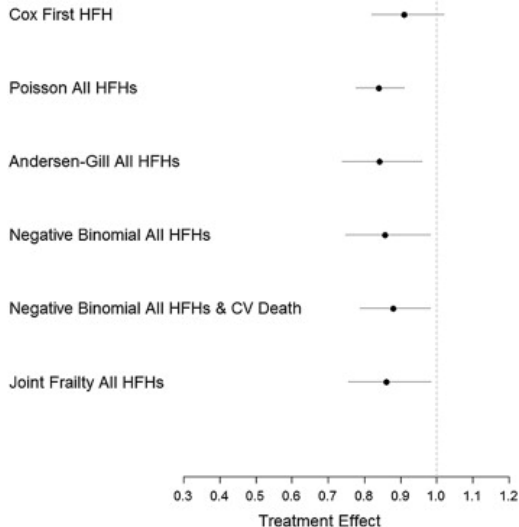


Joint Frailties



- Motivation: Clinical trials in heart failure disease
- Simulation: Recurrent event data with a dependent terminal event
- **Application: Estimates in misspecified models**

Method of Analysis



Rogers, J. *et al.* (2014): Effect of rosuvastatin on repeat heart failure hospitalizations: the CORONA Trial. *JACC Heart Fail* 2:289-97.

Simulation model: Joint Frailty Model

$$\text{hosp. rate: } \lambda(t|Z = z, x) = z\lambda_0(t) \exp(\beta_1 x)$$

$$\text{mort. rate: } \alpha(t|Z = z, x) = z\alpha_0(t) \exp(\beta_2 x)$$

- proportional hazards conditional on Z
- poisson property
- Gamma-distributed frailty term Z with $E(Z) = 1$, $\text{Var}(Z) = \theta$
- binary covariate (intervention)

Analysis model: Indep. risk processes (cond. on covariates)

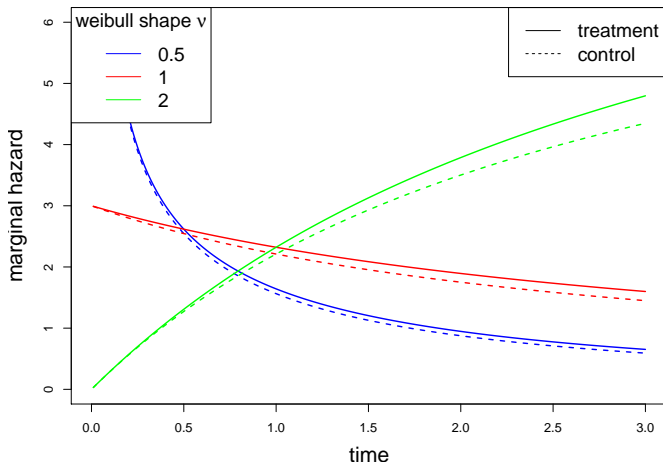
$$\text{hosp. rate: } \lambda(t|x) = \lambda_0(t) \exp(\beta_1 x)$$

$$\text{mort. rate: } \alpha(t|x) = \alpha_0(t) \exp(\beta_2 x)$$

- 2 years follow-up
- Cumulative hospitalization rate at end of follow-up $\Lambda(2) = 6$ applying different Weibull shapes
- No intervention effect on hospitalization rate ($\beta_1 = 0$)
- Baseline survival rate $\alpha_0 = 0.18$ ($S(2) = 70\%$)
- Positive / no intervention effect on survival ($\beta_2 \in \{-0.2, 0\}$)
- Gamma-frailty variance $\theta \in [0, 3]$

Misspecification of conditionally independent risk processes

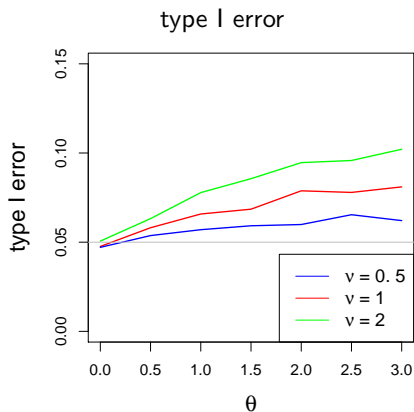
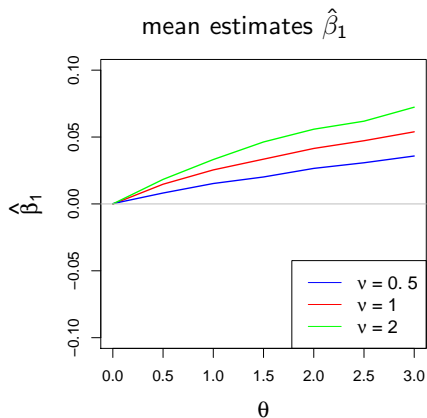
$$\theta = 2, \beta_2 = -0.2$$



$$\lambda(t|X, D \geq t) = \lambda_0(t) \exp(\beta X) E(Z|X, D \geq t)$$

Misspecification of conditionally independent risk processes

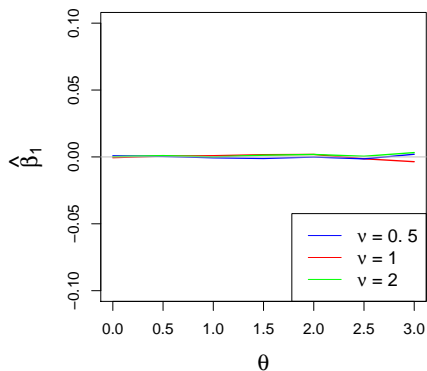
Protective interventional effect on mortality ($\beta_2 = -0.2$)



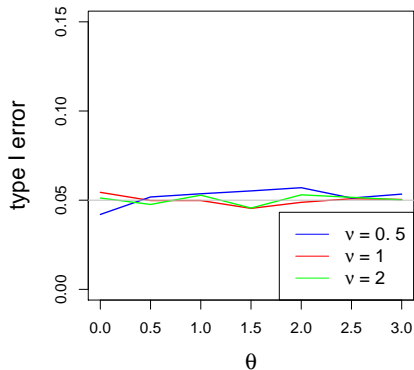
Misspecification of conditionally independent risk processes

No intervention effect on survival ($\beta_2 = 0$)

mean estimates $\hat{\beta}_1$

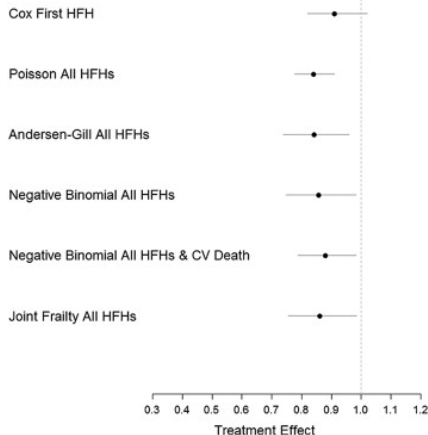


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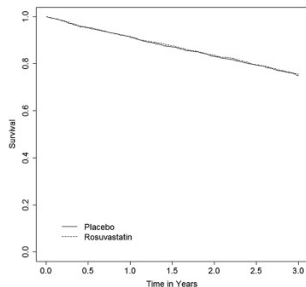


Simulation results

Method of Analysis



CV death



Rogers, J. *et al.* (2014): Effect of rosuvastatin on repeat heart failure hospitalizations: the CORONA Trial. *JACC Heart Fail* 2:289-97.

- Can explain the similar results between JF- and AG-analysis
- Can not explain the differences between Cox and recurrent event analyses (violation of the Poisson assumption?)

- All models are wrong but some are useful
- Simulation studies are a useful tool only if they approximate the complexity of risk processes
- Bootstrapping could complement simulation results

- Further applications: Sample size calculation where closed form solutions are not available (e.g. Joint Frailty Model)

- Code available on GitHub (katharinaingel)

Thanks to...

- Katharina Ingel, Ann-Kathrin Ozga, Stella Preussler
- Gerrit Toenges
- Harald Binder

- Contact: jahna@uni-mainz.de