

Section V: Extension

- ▶ Survival outcomes with censoring
- ▶ Multicategory Treatment
- ▶ Observational Study
- ▶ Dynamic Treatment Regimes

Survival outcomes with censoring

Survival Outcomes with Censoring

- ▶ Interested in time-to-event outcome.
- ▶ Observe independently and identically distributed training data $(X_i, A_i, D_i, \Omega_i), i = 1, \dots, n$.
 - X : baseline variables, $X \in \mathbb{R}^p$,
 - A : binary treatment options, $A \in \{0, 1\}$,
 - D : observed event time.
 - Ω : censoring indicator $\Omega_i = I(T_i \leq C_i)$.
- ▶ $D = \min(T, C)$: T survival time, C censoring time.
- ▶ Randomized study with known randomization probability of the treatment.

Survival Outcomes with Censoring

- ▶ Two possible objectives
 - ▶ Maximize the probability of surviving beyond a landmark time;
 - ▶ Maximize restricted mean survival time.

Probability of surviving beyond a landmark time

Let T be the event time. Let $D = I(T < t_0)$ be an indicator that the event occurs before a landmark time t_0 .

- ▶ Estimate $E(D|A, X)$ using a regression method suitable for time-to-event outcomes (e.g. Cox regression with treatment-by-covariate interactions). This may need to be paired with a baseline hazard estimate.
- ▶ Consider performing analyses for different choices of t_0 ; typically X more weakly predicts treatment effect for larger t_0 .

Cox (JRSSB, 1972)

Restricted mean survival time

- ▶ Regression modeling approach: inverse probability of censoring weighted (IPW) Q-learning:
 - ▶ $E(D|A, X)$ is modeled using treatment-by-covariate interactions, accounting for the probability of being censored.
- ▶ Outcome weighted learning approach:
 - ▶ Replace D_i by $\Omega_i D_i / \hat{S}_C(D_i|A_i, X_i)$ in the outcome weighted learning for uncensored data, where $\hat{S}_C(D|A, X)$ is the estimated conditional survival function of C given (A, X) .
 - ▶ Doubly robust idea: identify a double robust version of the value function using the augmented IPW estimators.

Evaluation in the censoring data setup

Estimate performance measures empirically using inverse-probability-of-censoring weights. (Model-based estimates require no modification.)

Multicategory Treatment

Multicategory Treatment

- ▶ Multiple treatments of interest, $A = 0, 1, \dots, K$, e.g., $K = 2$ in depression data
- ▶ $d^*(x) = \operatorname{argmin}_{k=0, \dots, K} \mu(k, x)$.
- ▶ Posit a regression model

$$E(D|A, X) = \mu(A, X; \beta)$$

and estimate $\hat{\beta}$.

- ▶ The estimator for the optimal treatment regime

$$\hat{d}_n(x) = \operatorname{argmin}_{k=0, \dots, K} \mu(k, x; \hat{\beta}_n).$$

- ▶ Other methods under development.

Observational Study

Observational Study

- ▶ Suppose the data are observational: a random sample from (X, A, D) where X is a vector of pre-treatment covariates.
- ▶ Patients receiving treatment 1 may not be prognostically similar to those receiving treatment 0.

Observational Study

- ▶ The intuition behind no unmeasured confounder assumption (NUCA, $D(0), D(1) \perp\!\!\!\perp A|X$): we have measured enough covariates X , so that within levels of X , the data mimics a randomized trial with the randomization probabilities now allowed to depend on X .
- ▶ This can be achieved only if we are able to measure all common predictors of A and D .
- ▶ Standard but unverifiable assumption for observational studies.

Two Approaches to the Analysis of Observational Data

- ▶ Regression modeling: Model $E(D|X, A, Z)$, where Z is the confounder.
- ▶ Estimate propensity scores $P(A = 1|X, Z)$ and apply methods introduced in Section 2.

Dynamic Treatment Regimes

Dynamic Treatment Regimes (DTRs)

- ▶ Motivation : treatment of chronic illness
 - ▶ Some examples: HIV/AIDS, cancer, depression, schizophrenia, drug and alcohol addiction, ADHD, etc.
 - ▶ Multistage decision making problem
 - ▶ Longer-term treatment requires consideration and tradeoff of present versus longer term benefit.

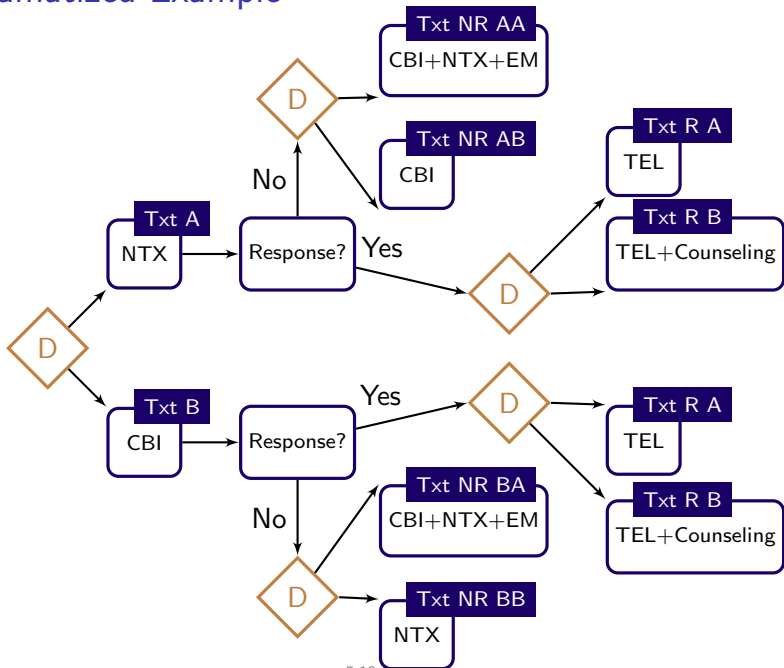
Dynamic Treatment Regimes

- ▶ Operationalize multistage decision making via a sequence of decision rules
 - ▶ One decision rule for each time (decision) point
 - ▶ A decision rule is a function inputs patient history and outputs a recommended treatment
- ▶ Aim to optimize some cumulative clinical outcome
 - ▶ Survival time
 - ▶ Depression test scores
 - ▶ Indicator of no myocardial infarction within 30 days ...

Dramatized Example

- ▶ Addiction management example inspired by the ExTENd and COMBINE trials (Murphy et al, 2007)
- ▶ Devising two-time point treatment strategy for alcohol dependent patients.
 - ▶ Initial treatment choices Naltrexone (NTX) and Combined Behavioral Intervention (CBI).
 - ▶ At six-months responders classified as responders or non-responders.
 - ▶ For responders to initial treatment, followup treatment choices are telephone monitoring (TEL) and telephone monitoring + counseling (TEL+Counseling).
 - ▶ For non-responders to initial treatment, followup treatment choices are switch initial treatments (NTX ↔ CBI), or step-up initial treatment CBI + NTX + Enhanced monitoring (CBI + NTX +EM).

Dramatized Example



Dramatized Example

- ▶ H_j denote history at stage j .
- ▶ At presentation: Baseline variables x_1 ; accrued information $h_1 = x_1$
 - ▶ Decision point 1: Two treatment options {NTX, CBI}; rule 1: $d_1(h_1) \Rightarrow d_1 : h_1 \rightarrow \{\text{NTX, CBI}\}$
 - ▶ Between decisions 1 and 2: Collect additional information x_2 , including responder status
 - ▶ Accrued information $h_2 = \{x_1, \text{treatment at decision 1}, x_2\}$
 - ▶ Decision point 2: Four options

Optimal Dynamic Treatment Regimes

- ▶ Examples of treatment regimes: Prescribe NTX initially; then assign TEL to responders; and assign step-up to non-responders.
- ▶ Optimal DTR d^* leads to the lowest expected outcome among all possible regimes

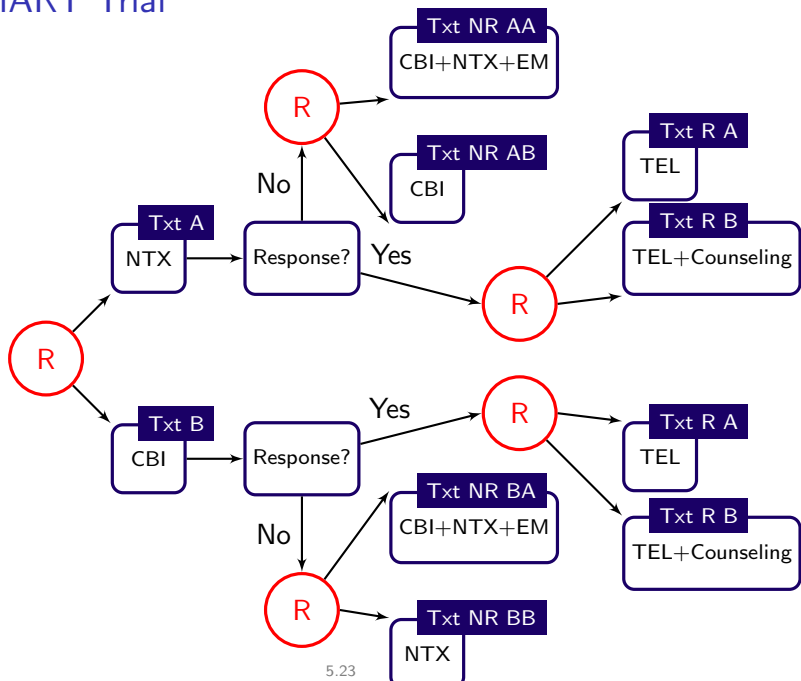
Challenges in Estimating Optimal DTRs: Delayed Effects

- ▶ The therapy with the higher proportion of responders might have other effects that render subsequent treatments less effective in regard to the final response.
- ▶ The therapy with lower proportion of responders may not appear best initially but may have enhanced long term effectiveness when followed by a particular maintenance treatment.
- ▶ Must consider the entire sequence of decisions
- ▶ Must accommodate intermediate information including prior treatments into current treatment choice.

Sequential Multiple Assignment Randomized Trial (SMART)

- ▶ Due to the aforementioned challenges, it would be ideal to adopt a particular design to best estimate the optimal DTRs
- ▶ SMART: designed for estimation of optimal DTRs
- ▶ Randomize subjects to the treatment options at each decision point
- ▶ Take advantage of sequential randomization to eliminate confounding
- ▶ Collect both initial and intermediate information on possible tailoring variables

SMART Trial



Data

- ▶ (X_1, A_1, X_2, A_2, D) for each individual
 - X_k : Observations available at stage k
 - A_k : Treatment at stage k
 - D : Primary outcome
 - H_k : History at stage k , $H_1 = X_1$, $H_2 = (X_1, A_1, X_2)$
- ▶ The regime, $d = \{d_1, d_2\}$, $d_k : \mathcal{H}_k \rightarrow \mathcal{A}_k$, should have the lowest $E^d(D)$, the expected outcome if all patients are assigned treatment according to d

Dynamic Programming

- ▶ Optimal regime d^* can be derived using dynamic programming (Bellman, 1957)
 - ▶ Define
 - ▶ $Q_2(h_2, a_2) \triangleq E(D | H_2 = h_2, A_2 = a_2)$
 - ▶ $\tilde{D} \triangleq \min_{a_2} Q_2(H_2, a_2)$
 - ▶ $Q_1(h_1, a_1) \triangleq E(\tilde{D} | H_1 = h_1, A_1 = a_1)$
 - ▶ $d_j^*(h_j) = \arg \min_{a_j \in \{0,1\}} Q_j(h_j, a_j)$

Constructing a DTR from Data: Q-learning

- ▶ When system dynamics are known dynamic programming yields the optimal DTR, but we only have data
- ▶ Q-learning: data-driven analog of dynamic programming: replaces conditional expectations with regression models
- ▶ Backwards and recursively estimates the Q-function.
- ▶ The estimated optimal sequence of decision rules

$$\hat{d}_j(h_j) = \underset{a_j \in \{0,1\}}{\operatorname{argmin}} \hat{Q}_j(h_j, a_j).$$

- ▶ An extension of regression to sequential treatments.

Summary

- ▶ An extremely active area of research
- ▶ Data from SMART designs can be used to construct optimal DTRs
- ▶ Q learning is a common method, though it has some drawbacks, e.g., require correct specified models
- ▶ Many other methods have been developed.