

A Bayesian Sequential Design with Adaptive Randomizations

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Outline

- 1 Introduction
- 2 Bayesian sequential design with adaptive randomization
 - Settings
 - Control type I error
 - Randomization method
- 3 Sensitivity analysis
- 4 Simulation studies
- 5 Real data application
- 6 Discussions
- 7 A Bayesian sequential design for time-to-event outcomes
- 8 Future research

A Bayesian
Sequential
Design with
Adaptive
Randomizations

Qingzhao Yu,
Professor in
Biostatistics

Outline

Introduction

BSDAR

Settings

Control type I error

Randomization
method

Sensitivity
analysis

Simulation
studies

Real data
application

Discussions

BSD4TEO

Future research

References

Adaptive designs in clinical trials

- Group sequential design
 - allow early stopping for efficacy/futility
 - help to allocate resources more efficiently
 - control the overall study-wide Type I error rate
- Adaptive randomization
 - randomization rate - the probabilities of allocating patients to different treatment arms
 - assign patients to a better performing regimen
 - balance prognostic factors among intervention arms
 - increase power over traditional balanced randomization designs and minimize expected treatment failures
- Bayesian adaptive design
 - incorporating prior information
 - reduce the number of required participants
 - adaptive randomization

Bayesian sequential design with adaptive randomization

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Sequential
Design with
Adaptive
Randomizations

Qingzhao Yu,
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Biostatistics

Outline

Introduction

BSDAR

Settings

Control type I error

Randomization
method

Sensitivity
analysis

Simulation
studies

Real data
application

Discussions

BSD4TEO

Future research

References

Bayesian sequential design with adaptive randomization (BSDAR) Yu et al. (2017)

- Use alpha spending function to control the study-wide overall type I error rate
- Randomization rates change adaptively at each interim analysis
- Allow to stop the trial early for efficacy

Settings

A Bayesian
Sequential
Design with
Adaptive
Randomizations

Qingzhao Yu,
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Biostatistics

Outline

Introduction

BSDAR

Settings

Control type I error
Randomization
method

Sensitivity
analysis

Simulation
studies

Real data
application

Discussions

BSD4TEO

Future research

References

Purpose: test the difference between a novel (treatment) and an established (control) treatment.

Assume

$$X_{Ti} \stackrel{iid}{\sim} N(\mu_T, \sigma_T^2), i = 1, \dots, n_T, \quad X_{Ci} \stackrel{iid}{\sim} N(\mu_C, \sigma_C^2), i = 1, \dots, n_C,$$

where μ_T , μ_C , σ_T^2 and σ_C^2 are unknown.

The hypotheses to be tested are,

$$H_0 : \mu_T = \mu_C \quad \text{v.s.} \quad H_a : \mu_T \neq \mu_C$$

Prior work by Zhu and Yu (2017): a Bayesian sequential design using alpha spending function to control type I error (BSDASF),

$H_a : \mu_T > \mu_C$, σ_T^2 and σ_C^2 are known.

Prior distributions for μ_C, σ_C^2

$$\begin{aligned}\mu_C | \sigma_C^2 &\sim N(\mu_0, \sigma_C^2 / \tau), \\ \sigma_C^2 &\sim \text{Inv} - \chi^2(\nu_0, \sigma_0^2),\end{aligned}$$

- μ_0, σ_0^2 , historical data and knowledge
- τ , control the similarity between μ_C and μ_0
A small τ indicates large uncertainty of the similarity (Berry et al., 2010).
- σ_0^2 , an estimate of the variance σ_C^2
- ν_0 , how much we can depend on the prior information

A *non-informative prior* for μ_T and σ_T^2

$$p(\mu_T, \sigma_T^2) \propto (\sigma_T^2)^{-1}$$

Prior distributions for μ_C, σ_C^2

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A *non-informative prior* for μ_T and σ_T^2

$$p(\mu_T, \sigma_T^2) \propto (\sigma_T^2)^{-1}$$

At the j th interim analysis, $n(t_j) = n_T(t_j) + n_C(t_j)$. Given the interim data $\vec{\mathbf{x}}_{Tj}$ and $\vec{\mathbf{x}}_{Cj}$ at t_j , the marginal posterior distributions for σ_T^2 and σ_C^2 are

$$p(\sigma_T^2 \mid \vec{\mathbf{x}}_{Tj}) \sim \text{Inv} - \chi^2(n_T(t_j) - 1, s_{Tj}^2), \quad (1)$$

$$p(\sigma_C^2 \mid \vec{\mathbf{x}}_{Cj}, \tau, \mu_0, \nu_0, \sigma_0^2) \sim \text{Inv} - \chi^2(\nu_{nj}, \sigma_{nj}^2), \quad (2)$$

where

$$\nu_{nj} = \nu_0 + n_C(t_j), \nu_{nj}\sigma_{nj}^2 = \nu_0\sigma_0^2 + (n_C(t_j) - 1)s_{Cj}^2 + \frac{\tau n_C(t_j)}{\tau + n_C(t_j)}(\bar{\mathbf{x}}_{Cj} - \mu_0)^2.$$

The conditional posterior distribution of $\mu_T - \mu_C$ is

$$p(\mu_T - \mu_C \mid \sigma_T^2, \vec{\mathbf{x}}_{Tj}, \sigma_C^2, \vec{\mathbf{x}}_{Cj}, \tau, \mu_0, \nu_0, \sigma_0^2) \sim N(u, \sigma^2), \quad (3)$$

where $u = \bar{\mathbf{x}}_{Tj} - \mu_{nj}$ and variance $\sigma^2 = \sigma_T^2/n_T(t_j) + \sigma_C^2/\tau_{nj}$,

$$\mu_{nj} = \frac{\tau}{\tau + n_C(t_j)}\mu_0 + \frac{n_C(t_j)}{\tau + n_C(t_j)}\bar{\mathbf{x}}_{Cj}, \tau_{nj} = \tau + n_C(t_j).$$

Settings

At the j th interim analysis, $n(t_j) = n_T(t_j) + n_C(t_j)$. Given the interim data $\vec{\mathbf{x}}_{Tj}$ and $\vec{\mathbf{x}}_{Cj}$ at t_j , the marginal posterior distributions for σ_T^2 and σ_C^2 are

$$p(\sigma_T^2 \mid \vec{\mathbf{x}}_{Tj}) \sim \text{Inv} - \chi^2(n_T(t_j) - 1, s_{Tj}^2), \quad (1)$$

$$p(\sigma_C^2 \mid \vec{\mathbf{x}}_{Cj}, \tau, \mu_0, \nu_0, \sigma_0^2) \sim \text{Inv} - \chi^2(\nu_{nj}, \sigma_{nj}^2), \quad (2)$$

where

$$\nu_{nj} = \nu_0 + n_C(t_j), \nu_{nj}\sigma_{nj}^2 = \nu_0\sigma_0^2 + (n_C(t_j) - 1)s_{Cj}^2 + \frac{\tau n_C(t_j)}{\tau + n_C(t_j)}(\bar{\mathbf{x}}_{Cj} - \mu_0)^2.$$

The conditional posterior distribution of $\mu_T - \mu_C$ is

$$p(\mu_T - \mu_C \mid \sigma_T^2, \vec{\mathbf{x}}_{Tj}, \sigma_C^2, \vec{\mathbf{x}}_{Cj}, \tau, \mu_0, \nu_0, \sigma_0^2) \sim N(u, \sigma^2), \quad (3)$$

where $u = \bar{\mathbf{x}}_{Tj} - \mu_{nj}$ and variance $\sigma^2 = \sigma_T^2/n_T(t_j) + \sigma_C^2/\tau_{nj}$,

$$\mu_{nj} = \frac{\tau}{\tau + n_C(t_j)}\mu_0 + \frac{n_C(t_j)}{\tau + n_C(t_j)}\bar{\mathbf{x}}_{Cj}, \tau_{nj} = \tau + n_C(t_j).$$

Control type I error

Four types of alpha spending functions:

- O'Brien–Fleming alpha spending function (OF)

$$\alpha_1(t^*) = 2 - 2\Phi(z_{\alpha/2}/\sqrt{t^*}),$$

where Φ is the cumulative distribution function of the standard normal distribution.

- Pocock alpha spending function

$$\alpha_2(t^*) = \alpha \log\{1 + (e - 1)t^*\}$$

- Uniform alpha spending function

$$\alpha_3(t^*) = t^* \alpha$$

- Equal alpha spending function

the traditional method that sets equal critical values for all t^* , predetermined through simulations.

Randomization method

Randomization rate $r_T(t_j)$ - the distribution rate of the newly recruited $n(t_{j+1}) - n(t_j)$ patients to be assigned to the treatment group after the j th interim analysis.

$$r_T(t_j) = \min \left\{ \max \left(\frac{\hat{\sigma}_{Tj} n_C(t_j) + \hat{\sigma}_{Tj} \tau + \hat{\sigma}_{Tj} (n(t_{j+1}) - n(t_j)) - \hat{\sigma}_{Cj} n_T(t_j)}{(\hat{\sigma}_{Tj} + \hat{\sigma}_{Cj}) (n(t_{j+1}) - n(t_j))}, 0 \right), 1 \right\}, \quad (4)$$

where $\hat{\sigma}_{Tj}$ and $\hat{\sigma}_{Cj}$ are the estimates of σ_T and σ_C from the j th interim analysis (see Equations (1)–(2)).

Lemma

Under the settings described in Slide 5–7, and given the information obtained up till the j th interim analysis, assigning patients to the treatment group at the randomization rate defined by Equation (4) after the j th interim analysis can achieve the minimum variance estimation for the testing statistic, $\hat{\mu}_T - \hat{\mu}_C = \bar{x}_{Tj} - \mu_{nj}$ (the posterior mean by Equation (3)).

Sensitivity analysis

A Bayesian
Sequential
Design with
Adaptive
Randomizations

Qingzhao Yu,
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Biostatistics

Outline

Introduction

BSDAR

Settings

Control type I error

Randomization
method

Sensitivity
analysis

Simulation
studies

Real data
application

Discussions

BSD4TEO

Future research

References

The impact of the parameters $\mu_0, \tau, \nu_0, \sigma_0^2$ in the prior distributions of μ_C and σ_C^2 on the randomization rates and decision bounds

- $\mu_C = 0, \sigma_C = 1, \mu_T = 0, \sigma_T = 5,$
- $\mu_0 = 0, \tau = 0.1, \nu_0 = 6, \sigma_0^2 = 1,$
- $r_T(t_0) = 0.5, n = 100$
- Five equal-interval interim analyses planned at $t_1^* = 0.2,$
 $t_2^* = 0.4, t_3^* = 0.6, t_4^* = 0.8,$ and $t_5^* = 1$

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A Bayesian
Sequential
Design with
Adaptive
Randomizations

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Professor in
Biostatistics

Outline

Introduction

BSDAR

Settings

Control type I error

Randomization
method

Sensitivity
analysis

Simulation
studies

Real data
application

Discussions

BSD4TEO

Future research

References

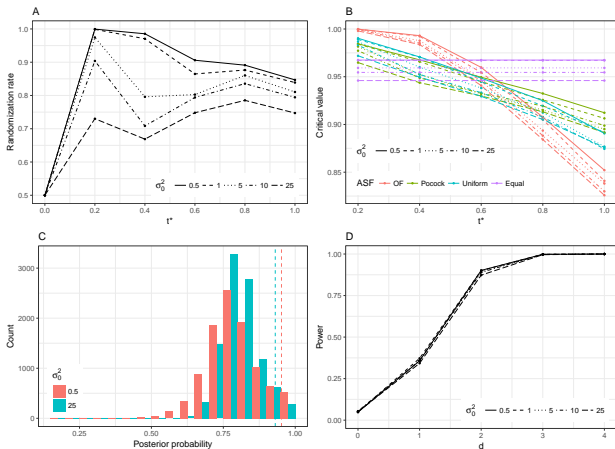


Figure 3: Comparison of (A) randomization rates, (B) critical values, $N_{rep} = 2000$, critical values are averaged over 20 replicates; (C) histograms of posterior probabilities at the 1st interim analysis in 10000 simulated trials (OF); (D) powers of BSDAR, $N_{rep} = 10000$.

Compare the powers and required sample sizes on testing the hypotheses between BSDAR and a Bayesian sequential design without adaptive randomization

- $\mu_C = 0, \sigma_C = 1, \sigma_T = 5, d = \mu_T - \mu_C$
- $\mu_0 = 0, \tau = 0.1, \nu_0 = 6, \sigma_0^2 = 1$
- $r_T(t_0) = 0.5$

Compare the powers, required sample sizes, and randomization rates of BSDAR when different alpha spending functions are used.

Simulation studies

A Bayesian Sequential Design with Adaptive Randomizations

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Biostatistics

Outline

Introduction

BSDAR

Settings

Control type I error

Randomization method

Sensitivity analysis

Simulation studies

Real data application

Discussions

BSD4TEO

Future research

References

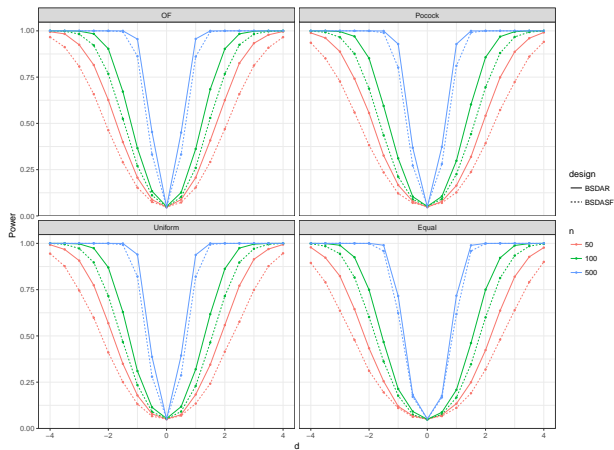


Figure 4: Compare the powers between BSDAR (solid) and a Bayesian sequential design without adaptive randomization (dashed) with different alpha spending functions at $n = 50$ (red), 100 (green), and 500 (blue) when $\delta = 0.64$, $J = 5$, obtained using $N_{rep} = 10000$

A clinical trial for diabetic patients

- Primary endpoint: the change from baseline in HbA1c (glycosylated hemoglobin) after 24 weeks of treatment
- Objective: to test if the treatment is different from the control in reducing HbA1c
- 508 patients were enrolled
- 168 patients in the control group with a mean reduction in HbA1c of 0.0042 mmol (variance = 0.6394)
- 340 patients in the treatment group with a mean reduction of 0.5218 mmol (variance = 1.5672)
- Conclusion: compared with the control group, the HbA1c was significantly reduced in the treatment group (p -value < 0.0001) by an ANOVA analysis.

Real data application

To study how the allocation of interim analyses can influence the required sample sizes, we adopt the O'Brien–Fleming alpha spending function to control the overall type I error rate and assume the following six scenarios of interim analysis:

- A. 10 evenly spaced interim analyses over 200 total sample size, i.e. $t_1^* = 20/200, t_2^* = 40/200, \dots, t_{10}^* = 1$;
- B. 4 evenly spaced interim analyses over 200 total sample size, i.e. $t_1^* = 50/200, t_2^* = 100/200, t_3^* = 150/200, t_4^* = 1$;
- C. 4 unevenly spaced interim analyses over 200 total sample size, with $t_1^* = 80/200, t_2^* = 100/200, t_3^* = 140/200, t_4^* = 1$;
- D. 3 evenly spaced interim analyses over 150 total sample size, i.e. $t_1^* = 50/150, t_2^* = 100/150, t_3^* = 1$;
- E. 6 evenly spaced interim analyses over 150 total sample size, i.e. $t_1^* = 30/150, t_2^* = 60/150, \dots, t_6^* = 1$;
- F. 4 unevenly spaced interim analyses over 150 total sample size, with $t_1^* = 60/150, t_2^* = 100/150, t_3^* = 130/150, t_4^* = 1$.

Real data application

A Bayesian
Sequential
Design with
Adaptive
Randomizations

Qingzhao Yu,
Professor in
Biostatistics

Outline

Introduction

BSDAR

Settings

Control type I error

Randomization
method

Sensitivity
analysis

Simulation
studies

Real data
application

Discussions

BSD4TEO

Future research

References

Table 2: Compare the required sample sizes used by BSDAR and that by a Bayesian sequential design without adaptive randomization for different scenarios when O'Brien–Fleming alpha spending function is used.

Scenario	BSDAR				w/o adaptive randomization		
	n	n_T	n_C	<i>ratio</i>	n	n_T	n_C
A	100	63	37	0.64	120	60	60
B	100	58	42	0.66	150	75	75
C	100	60	40	1.00	140	70	70
D	100	53	47	0.66	150	75	75
E	90	53	37	0.78	120	60	60
F	100	58	42	0.75	130	65	65

Advantages

- attribute newly recruited patients to different treatment arms more efficiently
- reduce required sample size
- improve the power of tests at a given sample size

Discussions

- BSDAR with O'Brien–Fleming alpha spending function has the largest power but is also related with the largest required sample size
- choose a τ smaller than 1 when not enough information of μ_C is available
- change randomization rate in favor of the treatment arm that is currently empirically superior

A Bayesian sequential design for time-to-event outcomes

A Bayesian
Sequential
Design with
Adaptive
Randomizations

Qingzhao Yu,
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Biostatistics

Outline

Introduction

BSDAR

Settings

Control type I error

Randomization
method

Sensitivity
analysis

Simulation
studies

Real data
application

Discussions

BSD4TEO

Future research

References

Bayesian sequential design for time-to-event outcomes (BSD4TEO)

- Use alpha spending function to control the study-wide overall type I error rate
- Put a prior on log hazard ratio, without imposing further assumptions on the distribution of times to event
- Bayes factor is adapted for decision-making at interim analyses
- Allow to stop the trial early for efficacy

Settings

Purpose: to test whether the novel treatment (treatment group) has a better treatment effect compared to the established treatment (control group) w.r.t. time to event

Denote (X_{li}, δ_{li}) for the i th patient, $i = 1, 2, \dots, n$,
 $l = 1$ for treatment group, $l = 0$ for control group,

$$\begin{aligned} X_{li} &= \min(T_{li}, C_{li}), \\ \delta_{li} &= 1 \text{ if } X_{li} = T_{li}, \\ \delta_{li} &= 0 \text{ if } X_{li} = C_{li}. \end{aligned}$$

Suppose events occur at D ordered times $t_1 \leq t_2 \leq \dots \leq t_D$
 At time t_k , $k = 1, 2, \dots, D$

$$\begin{aligned} d_{lk} &= 0 \text{ or } 1, && \text{number of events observed} \\ Y_{lk} & && \text{number of subjects at risk} \end{aligned}$$

Zhu et al. (2019)

- Algorithms to calculate critical values and power
- Sensitivity analysis, the prior mean θ_0 and the precision parameter τ
- Simulations to compare BSD4TEO with the frequentist group sequential design
- Apply on the Chronic Granulomatous Disease (CGD) Dataset (Gallin et al., 1991)

Future research

- Extension of the Bayesian sequential design with adaptive randomization to outcome with a distribution from the exponential family
- Extend the Bayesian sequential design with adaptive randomization to multi-arm multi-stage clinical trials
- A R package for Bayesian sequential designs with alpha spending function to control type I error rate

