

Slide  
1

<http://www.page-meeting.org/default.asp?abstract=3142>

## Power and Type 1 Error of Tumour Size Metrics Used to Predict Survival

Nick Holford  
Dept Pharmacology & Clinical Pharmacology  
University of Auckland

Slide  
2

## Evaluation of Tumour Size Metrics

- Objectives

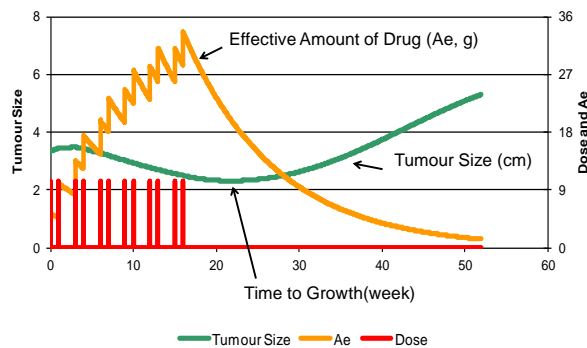
- Identify tumour size metrics for predicting survival
- Explore the effect of tumour measurement censoring on metrics predicting survival

Acknowledgements to France Mentre and Benjamin Ribba for discussions on shrinkage and Type 1 error

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Slide  
3

## Model for Tumour Size



Tham, L.S., et al., *A pharmacodynamic model for the time course of tumor shrinkage by gemcitabine + carboplatin in non-small cell lung cancer patients*. Clin Cancer Res, 2008. 14(13): p. 4213-8

Slide  
4

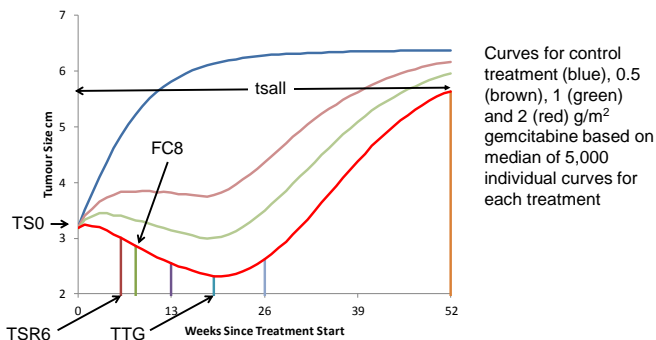
## How Might Tumour Size Be Linked to Survival?

- Bigger tumour size is a bigger load on body
- Survival expected to be longer with smaller tumour size (e.g. due to treatment effect)
- Risk of death is related to time course of tumour growth

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Slide  
5

## Tumour Time Course and Size Metrics



Slide  
6

## Simulation Experiment

- 6 x 3 weekly 2 dose cycles with 0, 0.5, 1, 2 g/m<sup>2</sup> dose (typical gemcitabine dose up to 3 g/m<sup>2</sup>)
  - Weight and height simulated to calculate BSA and FFM
- 100 subjects randomized to each of 4 treatments
- Stochastic simulation of tumour size and survival
  - Tham tumour size model
  - Tumour baseline size 50% of asymptotic maximum
  - 20% random dropout over 1 year
- Tumour size metrics used to model survival hazard with simulated survival event data

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Simulation of weight and height  
\$THETA  
70 ; TBWKG\_STD KG  
1.76 ; HTM\_STD M  
\$OMEGA BLOCK(2)  
0.01 ; PPV\_TBWKG  
0.004 0.005 FIX ; PPV\_HTM

<p>Slide 7</p>	<h2 style="text-align: center;">Major Scenarios</h2> <ul style="list-style-type: none"> <li>• <b>Type 1 Error</b> <ul style="list-style-type: none"> <li>– Simulated tumour size and treatment effect on tumour but no effect on hazard of survival</li> </ul> </li> <li>• <b>Power</b> <ul style="list-style-type: none"> <li>– Tumour growth only (no simulated treatment effect )</li> <li>– Tumour size with treatment effect</li> <li>– Treatment effect <ul style="list-style-type: none"> <li>• No treatment 30% 1 y survival</li> <li>• 5, 10, 15, 20% increase in 1 y survival</li> </ul> </li> </ul> </li> <li>• Each scenario tested with all tumour metrics and selected hazard model combinations (Weibull, Gompertz, S0)</li> <li>• 1000 simulated trials per tumour metric</li> </ul> <p><small>©NHG Holland, 2014, all rights reserved.</small></p>	<p><a href="http://www.cancer.gov/cancertopics/pdq/treatment/non-small-cell-lung/healthprofessional/page11">http://www.cancer.gov/cancertopics/pdq/treatment/non-small-cell-lung/healthprofessional/page11</a>  “The absolute benefit in 1-year survival was 5%, which corresponds to an increase in 1-year survival from 30% with a single-agent regimen to 35% with a doublet regimen [e.g. platinum + gemcitabine]”</p>
<p>Slide 8</p>	<h2 style="text-align: center;">Tumor Metric Calculation</h2> <ul style="list-style-type: none"> <li>• Predicted from Tham parametric model using either: <ul style="list-style-type: none"> <li>– ‘TRUE’: Individual simulation parameters</li> <li>or</li> <li>– EBE: Empirical Bayes estimated parameters with tumour measurements every 6 weeks</li> </ul> </li> <li>• Tumour size determined at weekly intervals for fixed time metrics (e.g. TTG, TSR6)</li> </ul> <p><small>©NHG Holland, 2014, all rights reserved.</small></p>	
<p>Slide 9</p>	<h2 style="text-align: center;">Models, Software, Statistics</h2> $h(t) = \lambda_0 \cdot \exp(\beta_w \cdot \ln(t) + \beta_G \cdot t + \beta_0 \cdot TS0 + \beta_M \cdot TumourMetric)$ <p>Likelihood of event interval (1 week) or right censored</p> <p>NONMEM 7.3.0, First-Order, ADVAN6, SIG=3, TOL=3 gfortran compiler</p> <p>Hypothesis test: Likelihood ratio Chi-Square</p>	

Slide 10

## Type 1 Error

Mean Survival y	tspre	css	ntrt	tsall	s0fc8	Wttg	tsr6
5	4.9%	4.2%	4.5%	3.5%	5.3%	9.7%	34.2%
2	5.2%	5.3%	5.3%	2.8%	5.9%	19.3%	59.3%
1	5.2%	4.1%	4.0%	2.4%	12.1%	33.9%	89.6%
0.5	4.8%	3.3%	3.0%	3.1%	27.5%	60.5%	99.7%
0.2	3.8%	3.5%	3.1%	2.7%	62.9%	92.3%	100.0%
0.1	3.1%	1.9%	1.8%	2.5%	75.6%	98.4%	100.0%
0.05	2.0%	1.1%	1.2%	2.7%	53.7%	99.8%	100.0%
5	-0.4%	-1.2%	0.0%	-0.2%	-0.7%	4.2%	32.5%
2	-1.1%	-0.2%	0.0%	-0.5%	-0.8%	15.6%	57.7%
1	-0.2%	-0.5%	0.0%	0.0%	6.7%	28.6%	87.8%
0.5	-0.3%	-0.2%	0.0%	0.2%	22.1%	52.0%	98.0%
0.2	0.3%	0.4%	0.0%	-0.3%	58.6%	70.6%	98.7%
0.1	0.1%	-0.4%	0.0%	0.3%	72.5%	41.4%	99.2%
0.05	0.5%	-0.2%	0.0%	0.7%	52.6%	2.4%	99.7%
5	5.3%	5.4%	4.5%	3.7%	6.0%	5.5%	-1.7%
2	6.3%	5.5%	5.3%	3.3%	6.7%	3.7%	-1.6%
1	5.4%	4.6%	4.0%	2.4%	5.4%	5.3%	-1.8%
0.5	5.1%	3.5%	3.0%	2.9%	5.4%	8.5%	-1.7%
0.2	3.5%	3.1%	3.1%	3.0%	4.3%	21.7%	1.3%
0.1	3.0%	2.3%	1.8%	2.2%	3.1%	57.0%	0.8%
0.05	1.5%	1.3%	1.2%	2.0%	1.1%	97.4%	0.3%

EBE <3.7% >6.4%

EBE Type 1 error ↑

EBE diff <5% >5%

EBE Bias ↑

TRUE <3.7% >6.4%

95% prediction interval n=1000

Slide 11

## Power Tumour + Treatment

Control group survival 30% 1 year

Treatment Survival % 1 year	tsall	tspre	s0fc8	css	ntrt	Wttg	tsr6
35	37.6%	29.3%	19.9%	6.6%	5.8%	58.5%	82.8%
40	78.2%	66.9%	45.2%	10.8%	9.3%	66.1%	70.2%
45	98.2%	96.1%	85.7%	20.5%	16.6%	74.9%	60.3%
50	100.0%	99.7%	98.4%	26.9%	23.6%	79.6%	53.2%
35	-1.3%	0.2%	-3.4%	0.8%	0.0%	48.0%	76.8%
40	-1.0%	1.4%	-11.3%	0.6%	0.0%	51.0%	52.6%
45	-0.4%	1.0%	-6.7%	2.0%	0.0%	55.7%	19.5%
50	0.0%	0.0%	-0.9%	3.1%	0.0%	54.5%	-11.8%
35	38.9%	29.1%	23.3%	5.8%	5.8%	10.5%	6.0%
40	79.2%	65.5%	56.5%	10.2%	9.3%	15.1%	17.6%
45	98.6%	95.1%	92.4%	18.5%	16.6%	19.2%	40.8%
50	100.0%	99.7%	99.3%	23.8%	23.6%	25.1%	65.0%

EBE >tsall

EBE Excess Power

EBE diff <5% >5%

EBE Bias

TRUE <3.7% >6.4%

95% prediction interval n=1000

LRT Nul  $h(t) = \lambda_0$

LRT Metric  $h(t) = \lambda_0 \cdot \exp(\beta_M \cdot \text{TumourMetric})$

Slide 12

## Power Treatment Effect

Control group survival 30% 1 year

Treatment Survival % 1 year	tsall	tspre	s0fc8	css	ntrt	Wttg	tsr6
35	7.0%	2.0%	3.8%	3.6%	3.0%	38.8%	72.7%
40	24.2%	6.7%	1.6%	2.0%	1.9%	28.1%	46.7%
45	55.9%	15.3%	1.7%	0.5%	0.4%	12.6%	20.1%
50	76.1%	24.9%	3.3%	0.3%	0.1%	4.7%	8.5%
35	-0.7%	0.0%	0.1%	0.6%	0.0%	34.7%	70.9%
40	-1.6%	0.1%	-6.5%	0.2%	0.1%	25.4%	43.4%
45	-6.0%	-0.6%	-18.8%	0.1%	0.0%	11.1%	17.2%
50	-6.7%	-3.2%	-36.1%	0.2%	0.0%	4.0%	5.8%
35	7.7%	2.0%	3.7%	3.0%	3.0%	4.1%	1.8%
40	25.8%	6.6%	8.1%	1.8%	1.8%	2.7%	3.3%
45	61.9%	15.9%	20.5%	0.4%	0.4%	1.5%	2.9%
50	82.8%	28.1%	39.4%	0.1%	0.1%	0.7%	2.7%

EBE >tsall

EBE Excess Power

EBE diff <5% >5%

EBE Bias

TRUE <3.7% >6.4%

95% prediction interval n=1000

LRT Nul  $h(t) = \lambda_0 \cdot \exp(\beta_M \cdot \text{tsall} (PD = 0))$

LRT Metric  $h(t) = \lambda_0 \cdot \exp(\beta_M \cdot \text{TumourMetric})$

## Which Tumour Metric?

- Type 1 Error < 5%
  - tsall, tspre, Css, ntrt (,s0fc8)
- Power to detect (Tumour + Treatment) Effect > 80%
  - tsall, tspre, s0fc8
- Power to detect Treatment Effect > 75%
  - tsall

*Full time course of model prediction of tumour size has valid statistical properties and is the most powerful to detect effective treatment*

*No more complex to compute than other size based EBE metrics*

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Results are consistent with those of Hansson et al. who showed that the time course of a biomarker was a better predictor of survival hazard than discrete (landmark) time point metrics.

Hansson EK, Amantea MA, Westwood P, Milligan PA, Houk BE, French J, et al. PKPD Modeling of VEGF, sVEGFR-2, sVEGFR-3, and sKIT as Predictors of Tumor Dynamics and Overall Survival Following Sunitinib Treatment in GIST. CPT: pharmacometrics & systems pharmacology. 2013;2:e84.