

**Designs in nonlinear mixed effects  
models: evaluation and optimisation of  
the power of the Wald test with  
application to HIV viral load decrease.**

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# Introduction

## Population designs : Previous Work (1)

- **Development of the expression of the population Fisher information matrix ( $M_F$ ) using approximation**
  - First order expansion of the model around the fixed effects  
(Mentré, Mallet & Baccar. *Biometrika*, 1997)
- **Extension to the inclusion of the parameter for the variance error model in  $M_F$** 
  - $\sigma^2$  for homoscedastic or heteroscedastic variance error model
- **First evaluation by simulation of the expected standard errors (SE) of  $M_F$  using NONMEM**
  - Relevance of the expected SE compared to the empirical SE computed from the estimated values  
(Retout, Bruno & Mentré, *Statistic in Medicine*, 2001)

# Introduction

## Population designs : Previous Work (2)

- **Implementation of  $M_F$  in PFIM 1.0**

- Splus function for population design evaluation

(Retout, Dufful & Mentré, *Computer Methods and Programs in Biomedicine*, 2001)

- **Extension for combined variance error model: PFIM 1.2**

- **Algorithm for optimisation of the D-optimality criterion**

- Evaluation of the Simplex algorithm for this task
  - Optimisation of the sampling times in some given continuous intervals
- Implementation in PFIMOPT 1.0
  - Splus and R function for population design optimisation

(Retout & Mentré, *Journal of Pharmacokinetics Pharmacodynamics*, 2003)

- **Extension of  $M_F$  for IOV and covariates**

- Application to the optimisation of a population design for a real example
  - Population pharmacokinetics of Enoxaparin

(Retout & Mentré, *Journal of Biopharmaceutical Statistics*, 2003)

# Introduction

## Population designs : Previous Work (3)

- **2 population models for Enoxaparin**

- 1 compartment, first order absorption and elimination
- Basic model
  - CL, V, KA (fixed effects),  $w^2_{CL}$ ,  $w^2_V$  (variance parameters),  $\sigma^2$
- Rich model
  - Same parameters + influence of covariables on CL and IOV

$$Cl_{ik} = (CL + \beta_{WT} (WT_i - 82) + \beta_{CLCR} (CLCR_i - 87.91)) \exp(b_i + k_{ik})$$

### Expected SE (%) with MF for the Rich model

	Design	CL	$\beta_{WT}$	$\beta_{CLCR}$	$w^2_{CL}$	IOVCL	$\sigma^2$	Eff.
Optimal for Basic model	N=220 0.5, <b>4</b> at D1 2.5, 12 at D3	2.3	23.9	17.3	25.1	39.9	8.8	1
Optimal for Rich model	N=220 0.5, <b>12</b> at D1 2.5, 12 at D3	2.2	22.4	16.3	15.8	16.7	10.2	1.2

# Objectives

- **To apply and to illustrate these optimal design methods to the example of a biexponential model of HIV viral load decrease under antiretroviral treatments**
  - To show the relevance of PFIM for the prediction of the SE of the treatment effect
  - To derive the expected power of the Wald test for this effect from the SE of PFIM
  - To show the influence of the design on this power

# Model (1)

- **Viral load decreases after initiation of antiretroviral treatment in HIV1-infected patients**
  - can be described by a bi-exponential model  
(Wu, Ding & De Gruttola, *Statistic in Medicine*, 1998)
- **Statistical model for a subject  $i$  with time  $j$** 
  - $y_{ij} = f(\phi_i, t_j) + \varepsilon_{ij}$
  - $f(\phi_i, t_j) = \log_{10}(P_{1i} \exp(-\lambda_{1i} t_j) + P_{2i} \exp(-\lambda_{2i} t_j))$
  - $\varepsilon_{ij} \sim N(0, \sigma^2)$ .
  - $\phi_i$  vector of log-parameters for subject  $i$
  - $\phi_i = \mu + b_i$  with  $b_i \sim N(0, \Omega)$

## Model (2)

- **2 groups of treatments : treatment A and treatment B**
  - additional fixed effect  $\beta$  for the antiretroviral treatment on the first rate–constant
  - $\log(\lambda_1)^B = \log(\lambda_1)^A + \beta$
- **Population parameters to be estimated**
  - $\mu = (\ln(P_1), \ln(P_2), \ln(\lambda_1), \ln(\lambda_2), \beta)$
  - $\text{diag}(\Omega) = (\omega_1^2, \omega_2^2, \omega_3^2, \omega_4^2)$
  - $\sigma^2$

# Predicted standard error of treatment effect: Comparison of several approaches Method (1)

- **Evaluation with PFIM of an empirical design (“Emp”)**
  - two groups of 100 patients with same sampling times
    - 1, 3, 7, 14, 28 and 56 weeks after treatment initiation
  - a priori values of the population parameters  
(Samson, Lavielle & Mentré, PAGE 2004)

$\ln P_1$	$\ln P_2$	$\ln \lambda_1$	$\ln \lambda_2$	$\omega_1^2$	$\omega_2^2$	$\omega_3^2$	$\omega_4^2$	$\sigma^2$
12.0	8.0	-0.7	-3.0	0.3	0.3	0.3	0.3	0.004225
				55%	55%	55%	55%	15%

- evaluation under the null hypothesis  $H_0: \beta = 0$  .



# Predicted standard error of treatment effect: Comparison of several approaches

## Method (2)

- **For all parameters, comparison of the predicted SE of PFIM to**
  - empirical SE
    - simulations of 100 data files
    - fit using either nlme (Splus) or Monolix, the new SAEM algorithm (MATLAB)

(Kuhn & Lavielle. *Computational Statistics and Data Analysis*, 2005)
  - an estimate of the expected SE
    - computation under asymptotic convergence assumption by Monolix through a simulation of 5000 patients (exact approach)

# Predicted standard error of treatment effect: Comparison of several approaches

## Results

Comparison of the SE (%) either predicted by PFIM and Monolix, or empirically computed from simulations with nlme and Monolix

	PREDICTED		EMPIRICAL	
	PFIM	Monolix	nlme	Monolix
$\ln P_1$	0.34	0.34	0.35	0.35
$\ln P_2$	0.52	0.57	0.56	0.59
$\ln \lambda_1$	7.9	8.1	7.7	7.8
$\beta$	<b>0.079</b>	<b>0.078</b>	<b>0.085</b>	<b>0.086</b>
$\ln \lambda_2$	1.3	1.3	1.5	1.5
$\omega_1^2$	10.9	10.8	10.7	10.7
$\omega_2^2$	11.5	12.9	12.0	12.3
$\omega_3^2$	10.3	10.4	9.7	9.7
$\omega_4^2$	10.4	10.8	10.0	11.3
$\sigma$	3.5	2.8	3.4	3.4

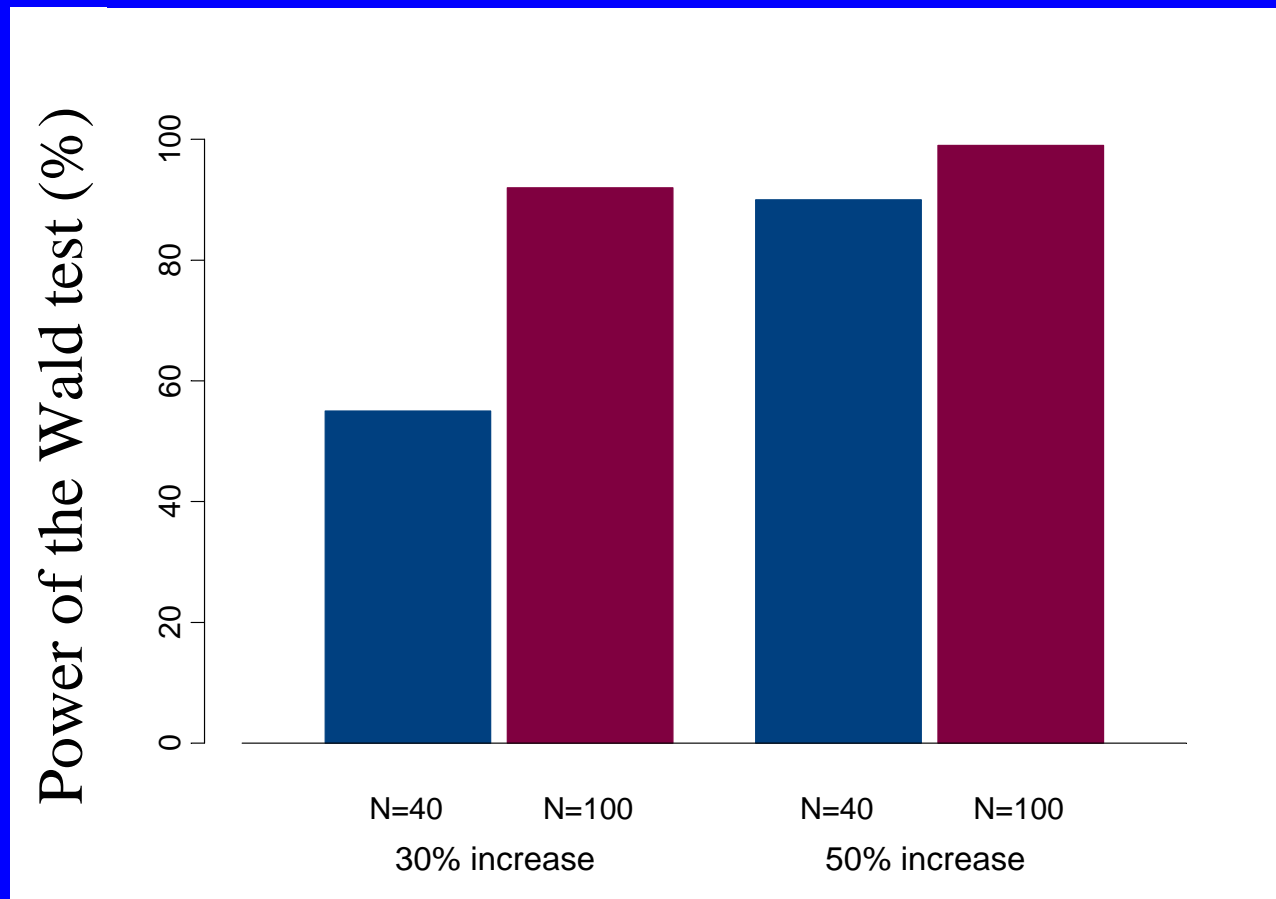
# Power of the test for the treatment effect :

## Method

- **Derivation of the predicted power of the Wald test for  $\beta$  from the predicted SE of “Emp”**
  - statistics for Wald test :  $\beta / \text{SE}(\beta)$
  - require to predict the SE of  $\beta$  under the alternative hypothesis  $H_1$
- **Two different  $H_1$** 
  - increase of the first slope by 30% ( $H_1: \beta = 0.262$ )
  - or increase of the first slope by 50% ( $H_1: \beta = 0.405$ )
- **Investigation of the influence of the total number of subjects on this power**

# Power of the test for the treatment effect : Results

Illustration of the influence of the total number of subjects and of the value of the treatment effect on the power of the Wald test for design Emp.



# Designs optimisation using the Fedorov Wynn algorithm: Method (1)

To investigate the influence of the design on the predicted  
SE and thus predicted power

- **Optimisation of several designs**
  - with either 6, 5, 4 or 3 samples per subject
- **Fedorov-Wynn algorithm**
  - optimisation of both
    - the group structure (number of groups, proportion of subjects per group)
    - the sampling times but in a given finite set of times
      - more clinically relevant compare to the Simplex algorithm
  - convergence toward the D-optimal design

# Designs optimisation using the Fedorov Wynn algorithm: Method (2)

- **Set of allowed sampling times**
  - 0, 1, 2, 3, 5, 7, 10, 14, 21, 28, 42 and 56 days  
(Wu & Ding. *Biometrical Journal*, 2002)
- **Constraints**
  - total number of samples fixed to 480
  - same number of subjects with same design in both two groups of treatment (A and B)
- **Optimal numbers of subjects per group derived from the optimised proportions**
  - round to the nearest integer number

# Designs optimisation using the Fedorov Wynn algorithm: Results

Optimised designs with several number of samples per subject and influence on the SE of  $\beta$ .  $\Phi_D$  is the value of the D-optimal criterion for the optimised design.

Design	Number of subjects per group	Number of samples per subject	FW optimisation results {(sampling times), number of subjects}	$\Phi_D$	SE of $\beta$
Opt6	40	6	{(0,1,5,14,21,56),40}	471	<b>0.124</b>
Opt5	48	5	{(0,7,14,21,56),48}	523	<b>0.113</b>
Opt4	60	4	$\left\{ \begin{array}{l} (0,5,14,56), 40 \\ (0,14,21,56), 10 \\ (0,1,2,3), 10 \end{array} \right\}$	536	<b>0.102</b>
Opt3	80	3	$\left\{ \begin{array}{l} (7,14,56), 35 \\ (0,1,5), 30 \\ (0,21,56), 10 \\ (0,5,56), 5 \end{array} \right\}$	531	<b>0.095</b>

# Evaluation by simulation of the predicted power: Method

## For each optimised design

- Computation of the predicted power of the Wald test for  $\beta$  from its SE given by PFIM
- Simulation of 1000 data sets
  - with R under H1:  $\beta = 0.262$
- Analyse of the simulated data sets with nlme
- Computation of the empirical power of the test on the 1000 estimated data sets
- Comparison of the empirical power to the predicted power<sub>16</sub>



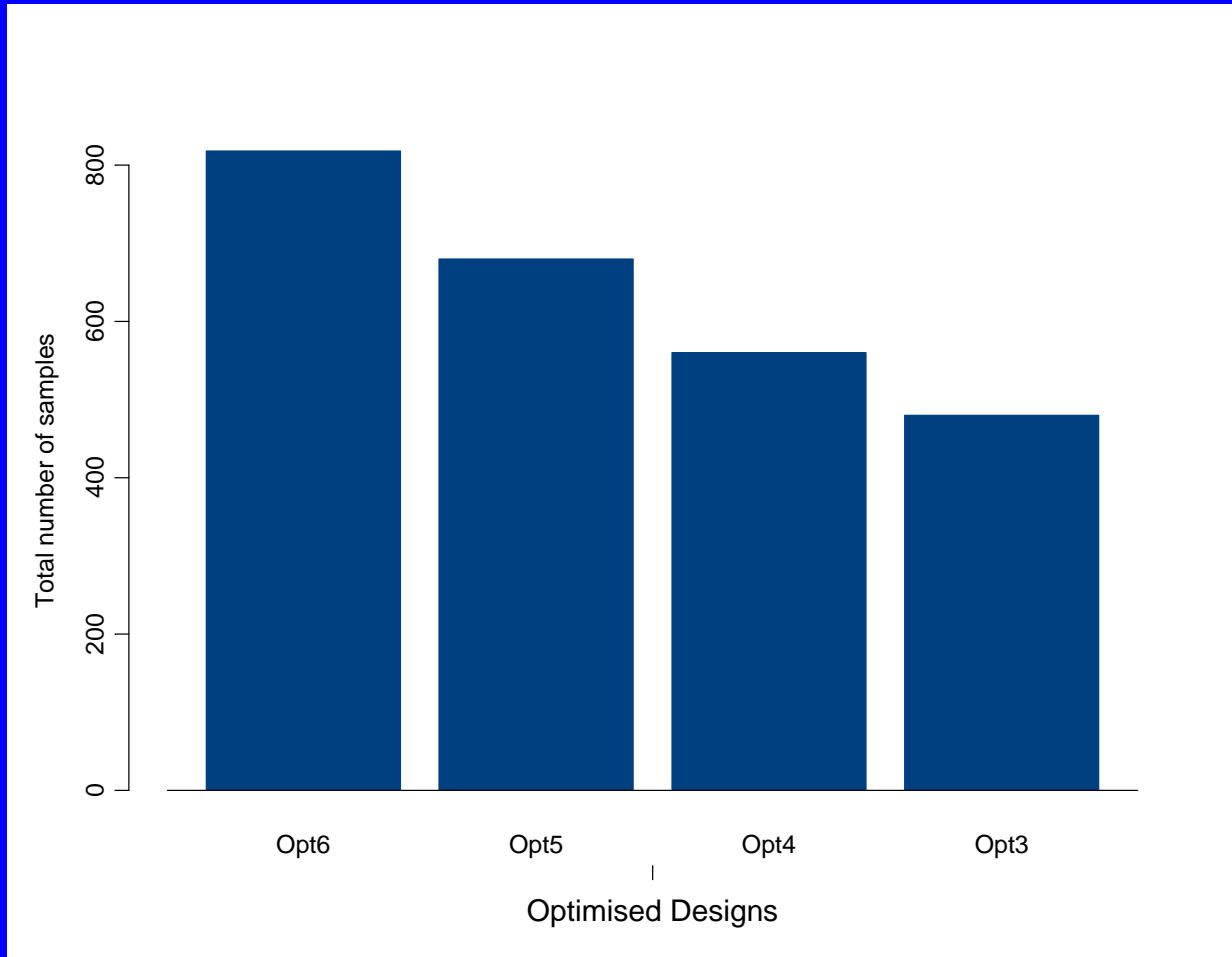
# Designs optimisation using the Fedorov Wynn algorithm: Results

Influence of the design on the power of the Wald test and comparison of the power computed from the predicted SE of PFIM to that observed by simulation.  $\Phi_D$  is the value of the D-optimal criterion for the optimised design

Design	Number of subjects per group	Number of samples per subject	FW optimisation results {(sampling times), number of subjects}	$\Phi_D$	SE of $\beta$	Computed Power (PFIM)
Opt6	40	6	{(0, 1, 5, 14, 21, 56), 40}	471	<b>0.124</b>	55%
Opt5	48	5	{(0, 7, 14, 21, 56), 48}	523	<b>0.113</b>	64%
Opt4	60	4	$\left\{ \begin{array}{l} (0, 5, 14, 56), 40 \\ (0, 14, 21, 56), 10 \\ (0, 1, 2, 3), 10 \end{array} \right\}$	536	<b>0.102</b>	73%
Opt3	80	3	$\left\{ \begin{array}{l} (7, 14, 56), 35 \\ (0, 1, 5), 30 \\ (0, 21, 56), 10 \\ (0, 5, 56), 5 \end{array} \right\}$	531	<b>0.095</b>	79%

# Evaluation by simulation of the predicted power: Results

Total number of samples required for optimised designs to achieve a power of 80%.  
Power is computed from the predicted SE of  $\beta$  of PFIM



# Conclusion

## Illustration of the great potential of PFIM and PFIMOPT

- **Relevance of the SE computed by PFIM**
  - even on the treatment effect
- **Control and improvement of the power of a Wald test and of the number of patients needed**
- **Interesting and growing field with great potential applications**

# Software

- **PFIM 1.2 and PFIMOPT 1.0 in Splus (6 & 2000) and R**
  - [www.bichat.inserm.fr/equipes/emi0357/download.html](http://www.bichat.inserm.fr/equipes/emi0357/download.html)
- **Soon PFIM 2.0 (PAGE 2006)**
  - Library of PK models (in R)
  - ODE (in R)
- **Soon PFIMOPT 2.0 (PAGE 2006)**
  - Library of PK models (in R)
  - ODE (in R)
  - Optimisation with Federov Wynn algorithm
    - for R using C dynamic link library

# Perspectives

- **Optimisation with covariates**
  - given distribution
    - optimal designs across patients
    - optimal designs with respect to covariates values
  - optimisation of distribution
    - find best designs and best covariate distribution
- **Optimal design for subset of parameters ( $D_S$ -optimality)**
  - ex: to focus on the power of the treatment effect
- **Optimisation with IOV**
  - balance: number of occasions / number of samples per occasion
- **PK/PD and multiresponse models**
  - work in progress with Caroline Bazzoli, Student of Master

**back up**

# Introduction

## Population designs : Previous Work (4)

### Main Limitations

- **Rely on an approximation of the Fisher information matrix ( $M_F$ ) using a first order linearization of the model**
  - Validation?
- **Optimisation in PFIMOPT: maximization of the D-optimal**
  - Simplex algorithm: optimisation of the sampling times in some given continuous intervals
    - Can be very cumbersome for large design variables to optimise
  - Fedorov-Wynn algorithm
    - Optimisation of both the group structure and the sampling times but in a given finite set of times
    - Convergence toward the D-optimal design

# Evaluation by simulation of the predicted power: Results

Total number of samples required for optimised designs to achieve a power of 80%.  
Power is computed from the predicted SE of  $\beta$  of PFIM

