

# THE IMPACT OF USING AGGREGATE DATA FOR MULTISTATE MODELLING PURPOSES IN ECONOMIC EVALUATIONS

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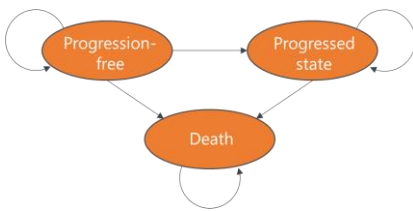
<sup>3</sup>University of Groningen, University Medical Center Groningen, Groningen, Netherlands

FIND THE UNEXPLORED  
VALUE OF YOUR PRODUCT

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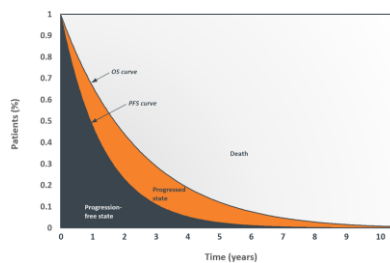
## What is a multistate model? - Comparison of model approaches

### Markov Model



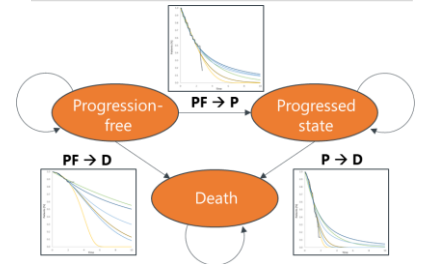
- A Markov Model has a finite number of mutually exclusive health states
- During each cycle, patients can transition to a new health state or stay in their current health state – dependent on **time independent** transition probabilities

### Partitioned Survival Model (PSM)



- A Partitioned Survival Model (PSM) is based on a finite number of mutually exclusive health states
- The distribution of patients in each health state over time is calculated with the area under the curve (AUC) of the survival functions (**time (in)dependent**)

### Multistate Model (MSM)



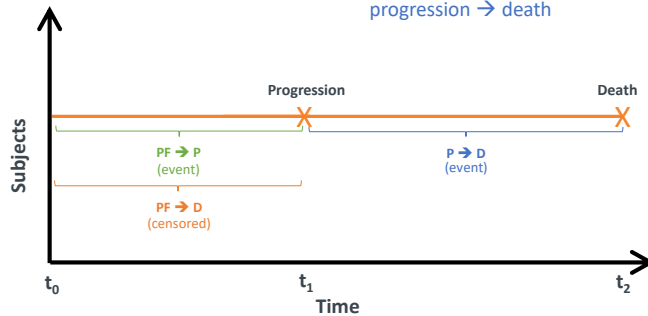
- The Multistate Model (MSM) stratifies overall survival (OS) and progression-free survival (PFS) into three transitions
- During each cycle, patients can transition to a new health state or stay in their current health state – dependent on **time (in)dependent** transition probabilities

## How the MSM approach works

Suppose a patient progressed at time  $t_1$  and died at time  $t_2$ .

- The MSM needs to split the time to death into 3 transitions:

progression-free  $\rightarrow$  progression (PF  $\rightarrow$  P)  
 progression-free  $\rightarrow$  death (PF  $\rightarrow$  D)  
 progression  $\rightarrow$  death (P  $\rightarrow$  D)



Transition	Time	Event/censored
PF $\rightarrow$ P	$t_1 - t_0$	event
PF $\rightarrow$ D	$t_1 - t_0$	censored
P $\rightarrow$ D	$t_2 - t_1$	event

## MSM using aggregated data

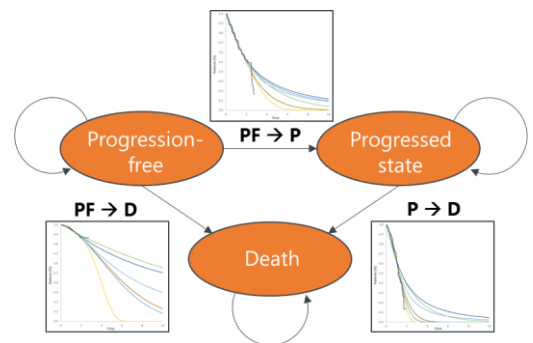
- MSMs require matched PFS and OS times per patient to define each of the three transitions:

PF  $\rightarrow$  P  
 PF  $\rightarrow$  D  
 P  $\rightarrow$  D

- Individual patient-level data (IPD) is not always available to researchers
- IPD from aggregate data can be generated for PFS and OS
  - but this does not lead to **matched PFS and OS times**

### Aim:

To explore the impact of using aggregated data to fit an MSM



# Methods Overview

- I. 'IPD' approach
- II. 'Aggregated data' approach – ranked
- III. 'Aggregated data' approach – adjusted
- IV. Partitioned survival model (PSM)

# Methods I

Created *simulated IPD*

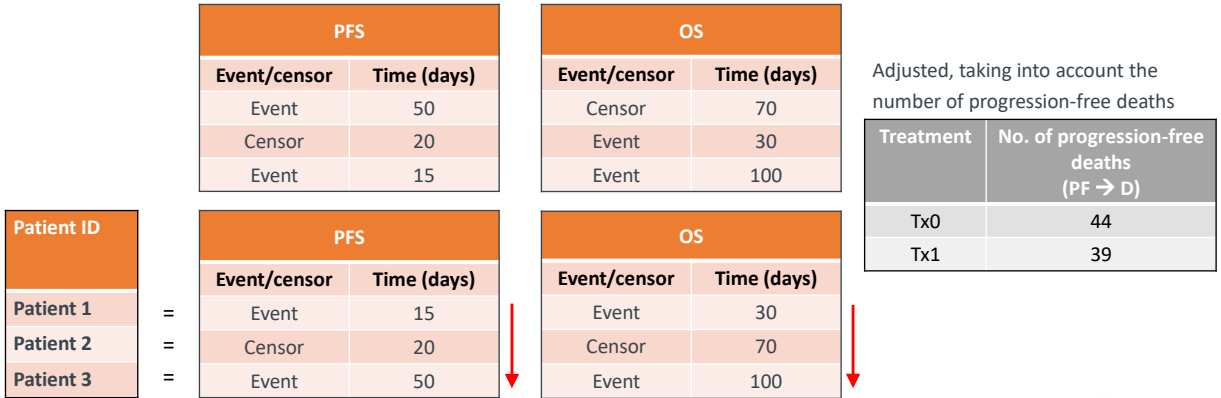
- I. 'IPD' approach
  - MSM based on simulated IPD

Patient ID	PFS		OS	
	Event/censor	Time (days)	Event/censor	Time (days)
Patient 1	Event	50	Event	70
Patient 2	Censor	20	Event	30
Patient 3	Event	15	Censor	100

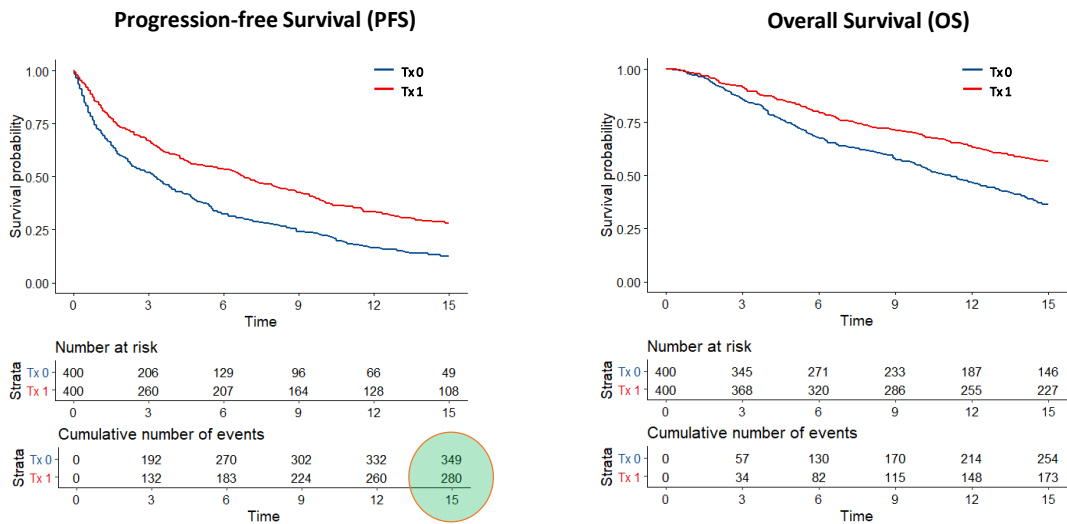
# Methods II & III

## II & III. 'Aggregated data' approach

- Validated algorithm (Guyot et al. 2012) was used to obtain pseudo IPD
- Assumed that the shortest PFS time corresponds to the shortest OS time to create PFS and OS time per patient

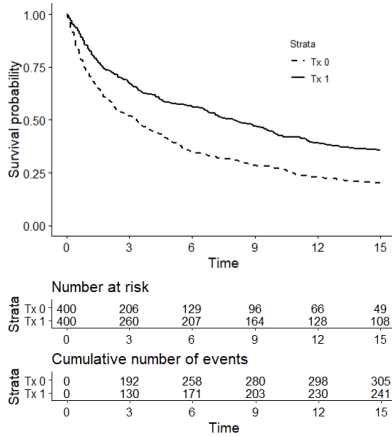


# Simulated Individual Patient-level data (IPD)

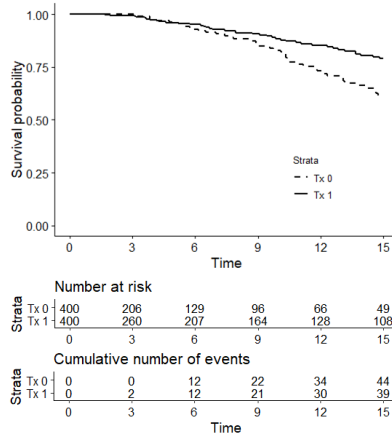


# I) Multistate Model using IPD

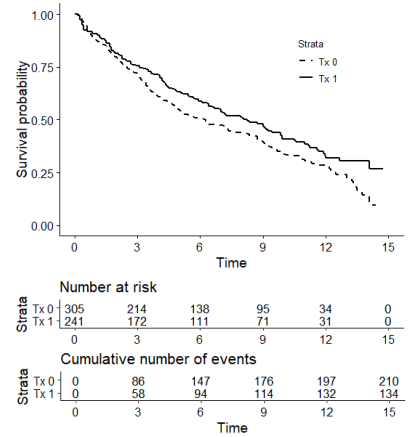
Progression-free → Progression



Progression-free → Death

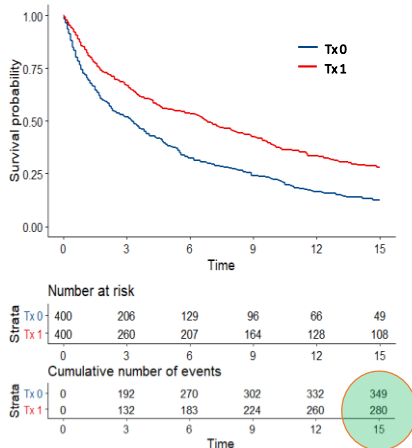


Progression → Death

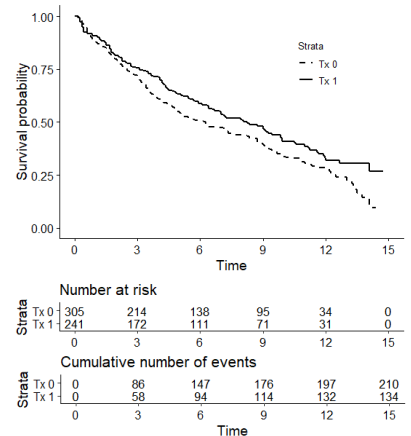


# I) Multistate Model using IPD

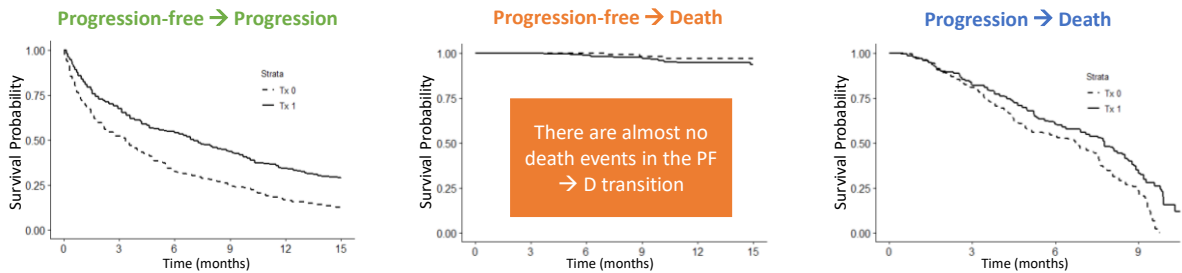
Progression-free Survival (PFS)



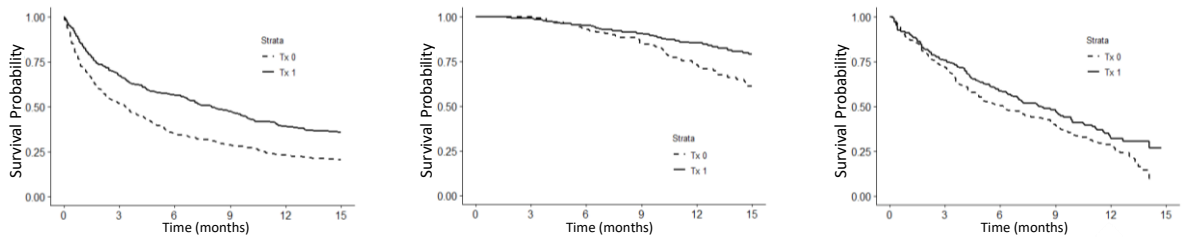
Progression → Death



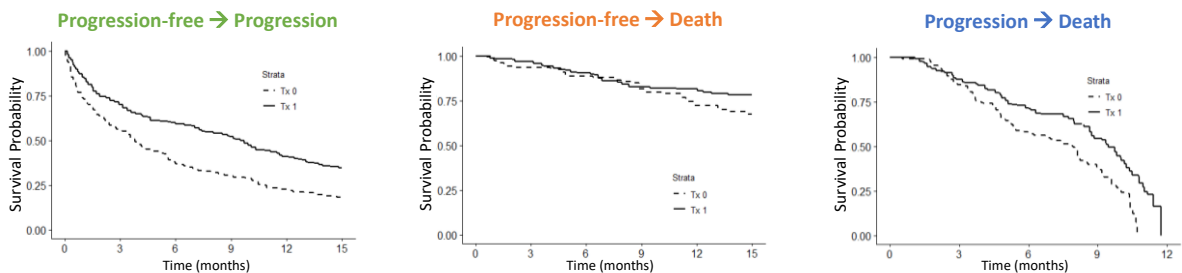
## II) Multistate Model using Aggregate data (ranked)



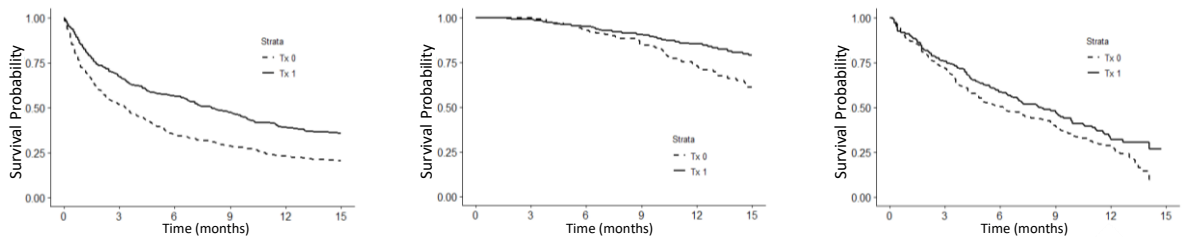
### Approach I: Multistate model using IPD



## III) Multistate Model using Aggregate data (adjusted)



### Approach I: Multistate model using IPD



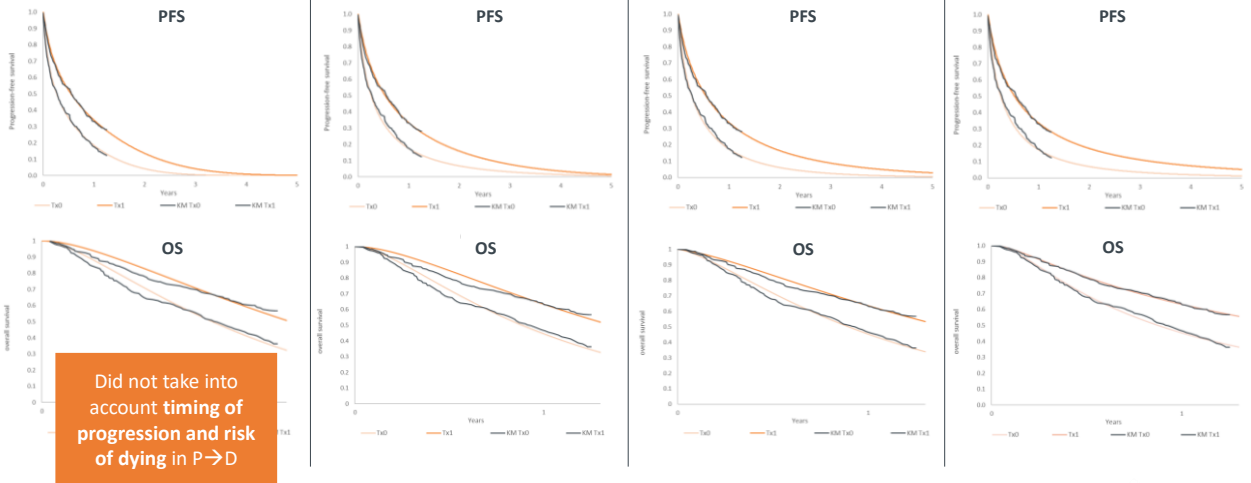
# Results

## I. 'IPD' approach

## II. Aggregated - ranked

## III. Aggregated - adjusted

## IV. PSM



# Results

Approach	Treatment	Mean LY	Difference vs MSM IPD approach
I. MSM IPD approach	Tx0	1.16	0.00
	Tx1	1.61	0.00
II. MSM Aggregated – ranked	Tx0	1.26	0.10
	Tx1	1.78	0.17
III. MSM Aggregated – adjusted	Tx0	1.25	0.09
	Tx1	1.85	0.24
IV. PSM	Tx0	1.58	0.42
	Tx1	2.59	0.98

- Difference in mean life years (LYs) of aggregated approach vs IPD approach is relatively small
- Difference in mean LYs of PSM vs IPD approach is larger
  - Likely due to using a lognormal distribution for OS which has a long tail (best statistical fit)

# Conclusions & Limitations

## Conclusions

- With aggregated data, it mathematically should and **is possible** to fit PFS and OS reasonably well by using an MSM
- Additionally, the aggregated data based extrapolated curves were not too much different from the IPD based extrapolated curves
- The **Kaplan-Meier of the 3 transitions differ** when using IPD from aggregated data versus IPD
  - This could pose problems for undertaking indirect comparisons
- More guidance is needed on how to link individual patients' OS and PFS times when using IPD generated from aggregate data

## Limitations of our study

- Use of simulated data – validation required using true IPD from randomised controlled trials
- Did not take into account the relationship between timing of progression and the probability to die in the P->D transition

THANK YOU FOR LISTENING!  
DO YOU HAVE ANY QUESTIONS?

## References

Guyot P, Ades A, Ouwens MJ, Welton NJ. Enhanced secondary analysis of survival data: reconstructing the data from published Kaplan-Meier survival curves. *BMC Med Res Methodol.* 2012;12(1):9.

Minacori R, Bonastre J, Lueza B, Marguet S, Levy P. How to Model Survival In Cost-Effectiveness Analysis? Differences Between Markov and Partitioned Survival Analysis Models. *Value Heal.* 2015;18(7):A704.

Williams C, Lewsey JD, Briggs AH, Mackay DF. Cost-effectiveness Analysis in R Using a Multi-state Modeling Survival Analysis Framework: A Tutorial.

Woods B, Sideris E, Palmer S, Latimer N, Soares M. *NICE DSU Technical Support Document 19: Partitioned Survival Analysis For Decision Modelling In Health Care: A Critical Review Report By The Decision Support Unit.*; 2017. [www.nicedsu.org.uk](http://www.nicedsu.org.uk). Accessed October, 2019

DO YOU HAVE ANY QUESTIONS?  
PLEASE CONTACT US!

# Parametric fits

Approach	Transition	Distribution	Parametric fit
I. MSM IPD approach	PF → P	lognormal	Combined
	PF → D	Weibull	Combined
	P → D	exponential	Combined
II. MSM Aggregated –ranked	PF → P	gamma	Combined
	PF → D	Weibull	Combined
	P → D	exponential	Individual
III. MSM Aggregated – adjusted	PF → P	gamma	Combined
	PF → D	Weibull	Combined
	P → D	exponential	Individual
PSM	PFS	gamma	Combined
	OS	lognormal	Individual

# Overview of MSMs

## Positives:

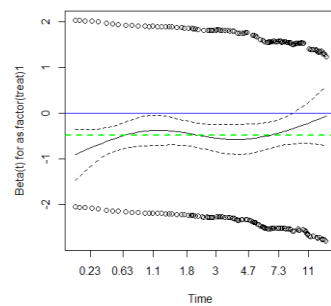
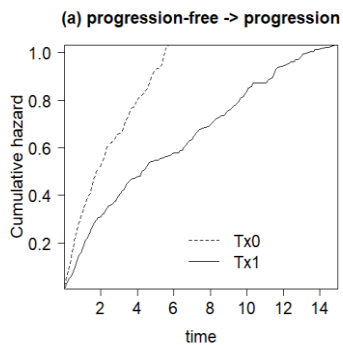
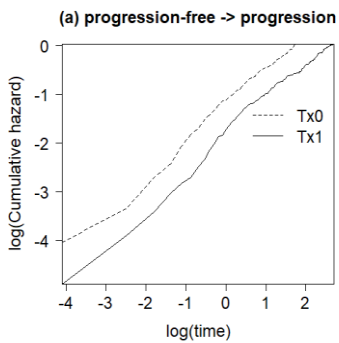
- Jointly modelled endpoints so they are unable to cross
- Individual components of disease progress are modelled separately
  - > may be more intuitive for clinicians to validate the effect on individual processes
- RWE can be implemented relatively easily

## Negatives:

- Issues with censoring
- Increased complexity
  - > longer to implement, validate, and review
- Unfamiliarity
- Lack of guidance with regards to joint modelling of endpoints

# Appendices

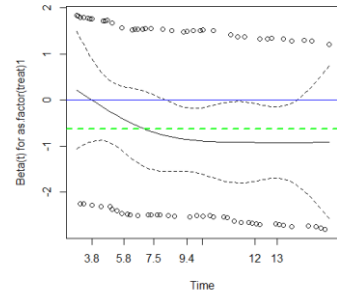
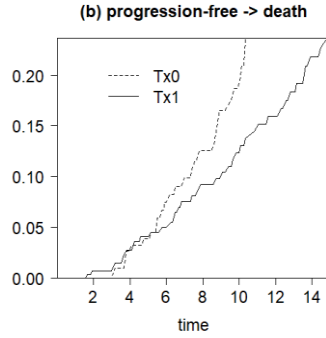
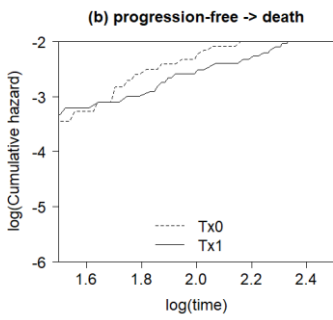
## PH Testing – Scenario 1 (IPD)



$p = 0.216$

PH assumption holds

# PH Testing – Scenario 1 (IPD)

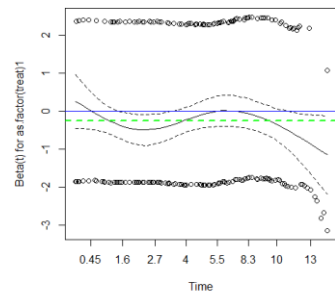
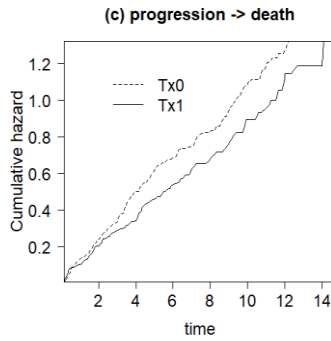
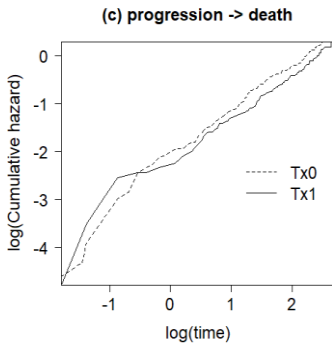


p = 0.154

PH assumption holds

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# PH Testing – Scenario 1 (IPD)

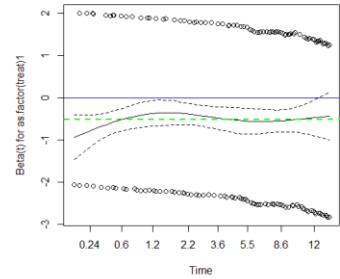
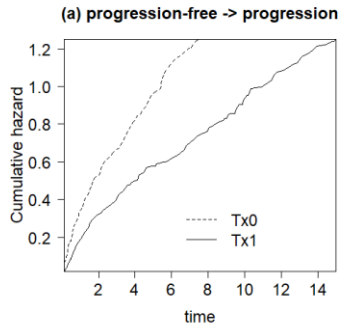
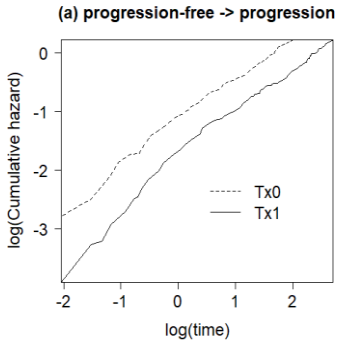


p = 0.455

PH assumption holds

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# PH Testing – Scenario 2 (Aggregated Ranked)

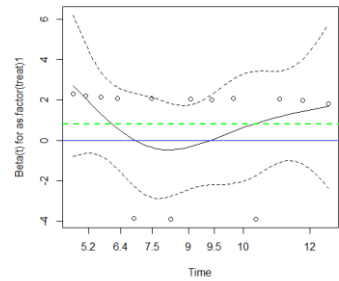
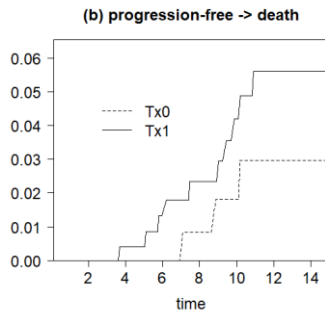
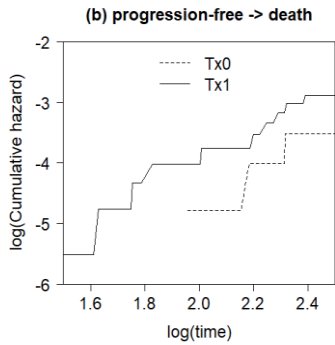


p = 0.538

PH assumption holds

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# PH Testing – Scenario 2 (Aggregated Ranked)

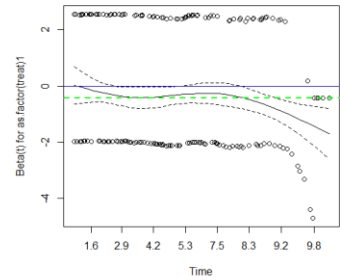
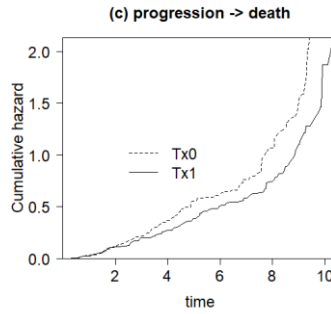
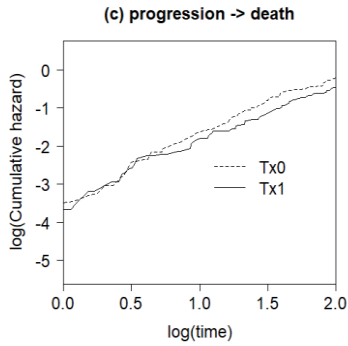


p = 0.918

PH assumption holds

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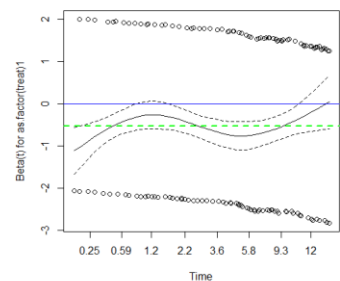
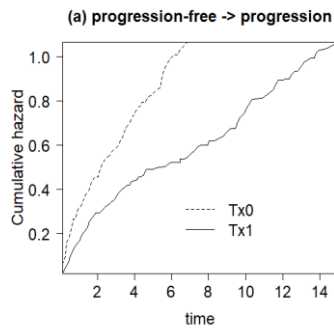
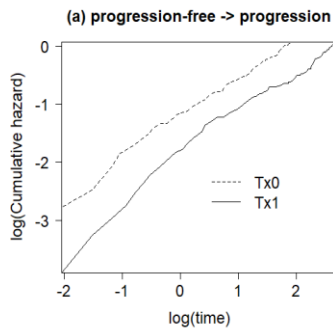
## PH Testing – Scenario 2 (Aggregated Ranked)



$p = 0.014$

PH assumption is violated

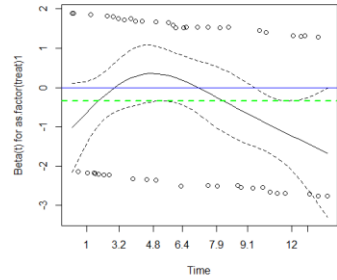
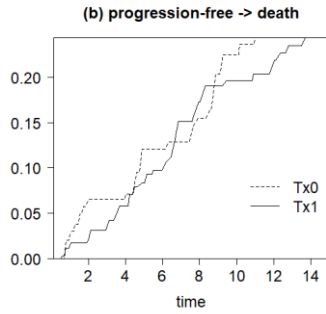
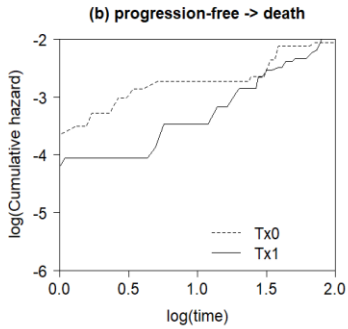
## PH Testing – Scenario 3 (Aggregated Adjusted)



$p = 0.312$

PH assumption holds

# PH Testing – Scenario 3 (Aggregated Adjusted)

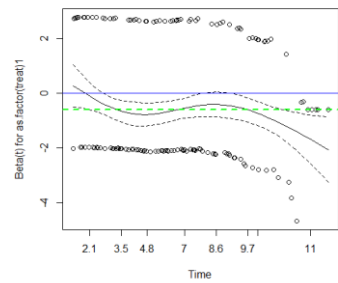
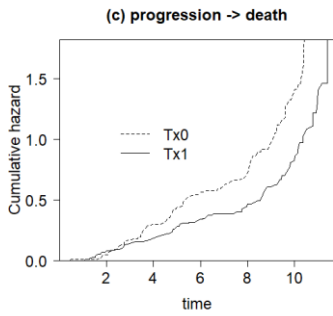
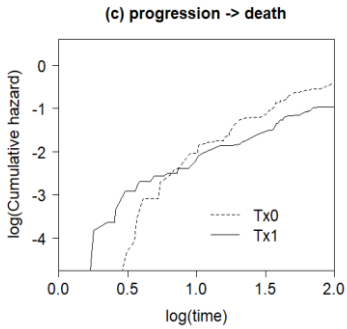


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PH assumption holds

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# PH Testing – Scenario 3 (Aggregated Adjusted)

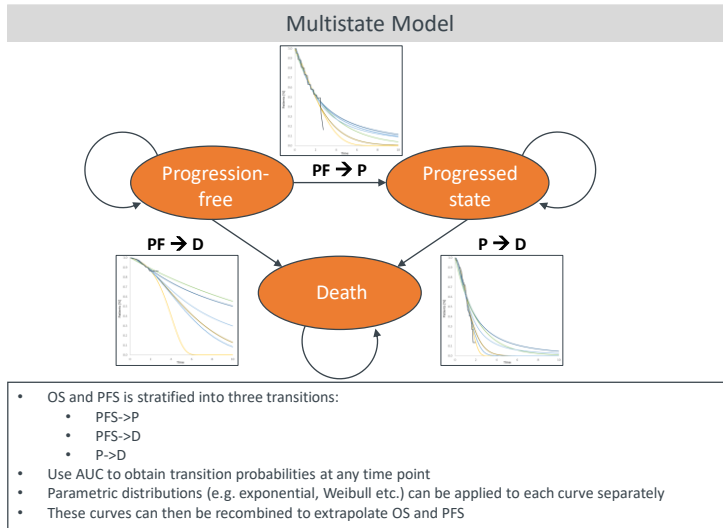


p = 0.0247

PH assumption is violated

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# Multistate model overview



# Multistate model overview

