

At first I was afraid, I was petrified...

Issues and Possible Solutions to Extrapolating Survival Curves from Limited Trial Data

Spotlight session, ISPOR EUROPE 2nd December, 2021

Moderator: Zhaojing Che

Panelists: Gianluca Baio, Victoria Paly

Today's speakers





Victoria Federico Paly, MHS Senior Principal ICON plc



Gianluca Baio, PhD Professor University College London



Zhaojing Che, MSc PhD student University College London



Blended Survival Curves: A New Approach to Extrapolation from Limited Trial Data

Zhaojing Che

(Joint work with Gianluca Baio and Nathan Green)

December, 2021

Department of Statistical Science, University College London

Survival modelling in HTA



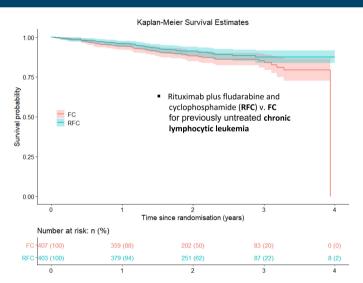
- Development of innovative (anti-cancer) drugs
 - Clinical delayed effects
 - Possible long term survivors
- Problem: Heavy Censoring due to limited follow-up

- Objective: provide credible estimate of survival extrapolation
 - new method: "blending" survival curves

Example: CLL-8 Trial data

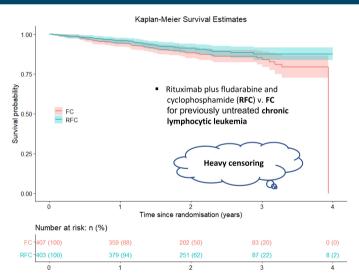
Limited RCT data





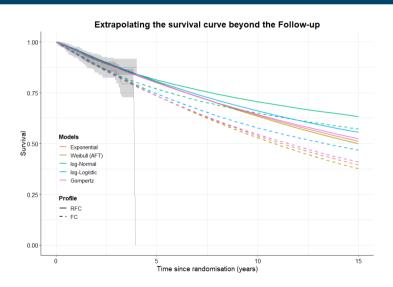
Limited RCT data





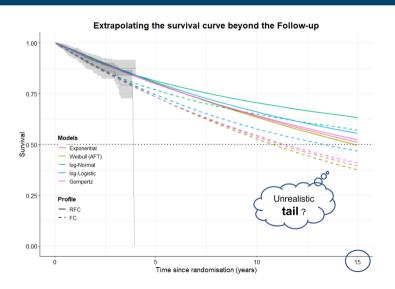
Extrapolation: parametric models?





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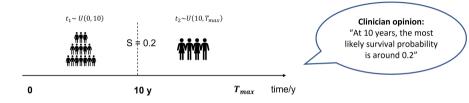
At 10 years what is the plausible range of survival probabilities for Treatment X?

We consider a parametric model encoding assumptions on the expected long-term behaviour.

Incorporating external information



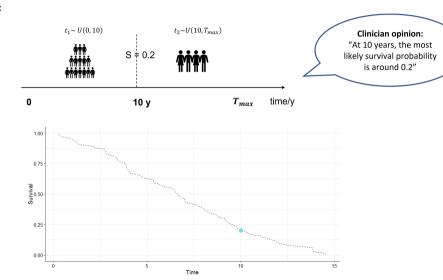
Artificial data set:



Incorporating external information



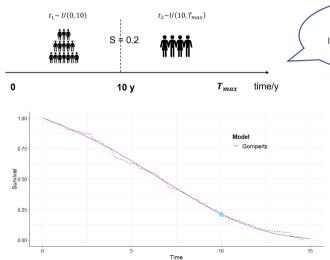
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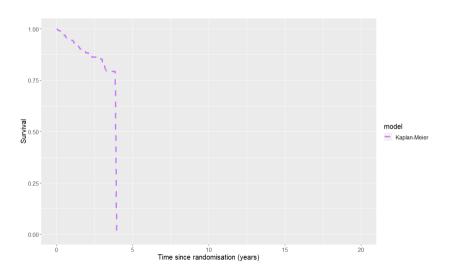
Artificial data set:



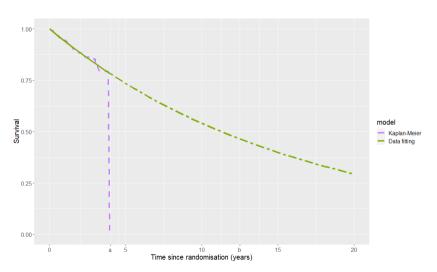
Clinician opinion:

"At 10 years, the most likely survival probability is around 0.2"

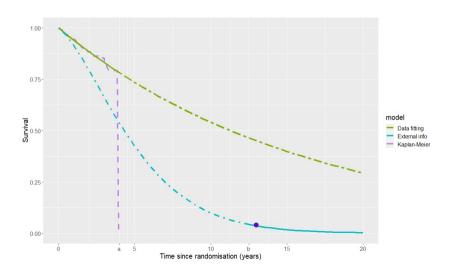




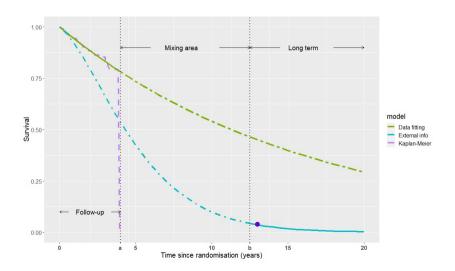








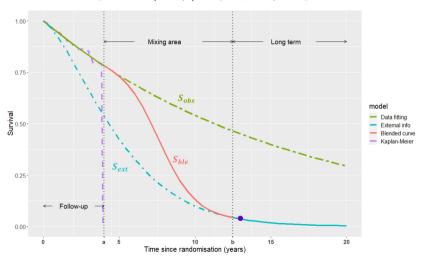




Blended curves



$$\log S_{ble} = (1 - p) \cdot \log S_{obs} + p \cdot \log S_{ext}$$

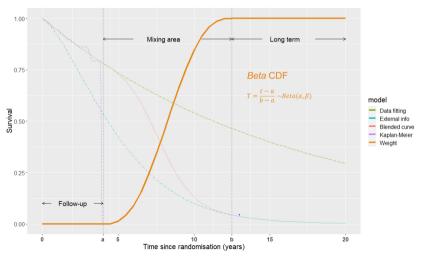


Weight function



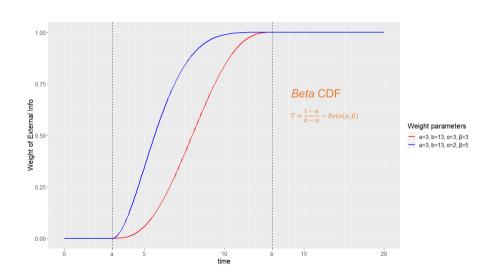
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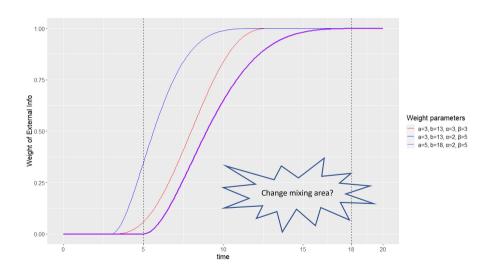
Weight function





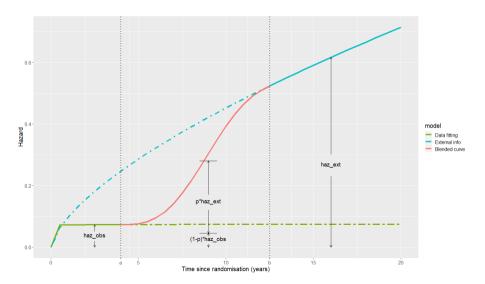
Weight function





Blended hazards?





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Actually, no...

- Mixture Cure Model
 - considers two components ("cured" vs "non-cured")
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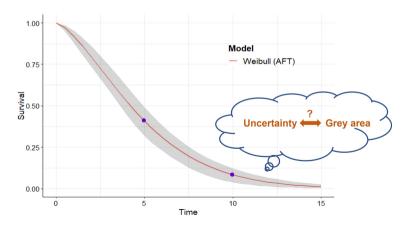
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 - considers two components ("cured" vs "non-cured")
 - components mixed up with constant weights
- Poly-hazard
 - Assumes that there are "competing risks" for the event
 - Overall hazard = sum of competing/contributing hazards
- Blended model
 - Similar to MCM BUT: weights change over time
 - Similar to poly-hazard: component-wise hazards sumed (using weighted average, determined by time-specific weights)

Uncertainty: external information



- Constraints to survival curve extrapolation
 - **1** $S(10|\theta) \approx 0.1$
 - **2** $S(5|\theta) \approx 0.4$, $S(10|\theta) \approx 0.1$



Shiny app



Modelling Assumptions

Mixting area [a, b]: Blended survival starts from observed data fitting (green), approaches to External info (blue) from timepoint a, and finally it is identical to the External info (blue) beyond timepoint b.



Mixing trend (beta function): two parameters control the way two distributions influence the blended curve. e.g. shape>scale means slow mixing speed, relatively shape<scale means fast choice.

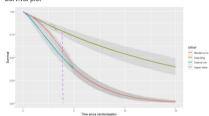
Beta: shape



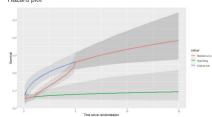
Uncertainty about your external assumptions determines the 95% interval of the survival estimates based on efficited beliefs (grey area around the blue curve). e.g. high level gives wide range.



Survival plot



Hazard plot



Summary



Advantages

- Overcomes the overly-optimistic constant treatment effect
- Sufficient flexibility with various plausible scenarios
- Less concerned about model selection

Limitations

- Elicited belief: probably a weak form of evidence, need long-term data
- Does not (yet) account for other kind of external knowledge...

Conclusion



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 - though many good techniques can characterise realistic hazard functions
- Possible solution Bayesian framework for eliciting beliefs
- Blended curve is a simple and not computationally intensive method
 - to incorporate clinical opinion for long-term survival
- The method considers a wide range of plausible scenarios
 - the lack of data causes the uncertainty

Acknowledgements



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Q&A