

# Joint modelling of longitudinal outcomes and clinical endpoints

## Joiner & Joiner-M

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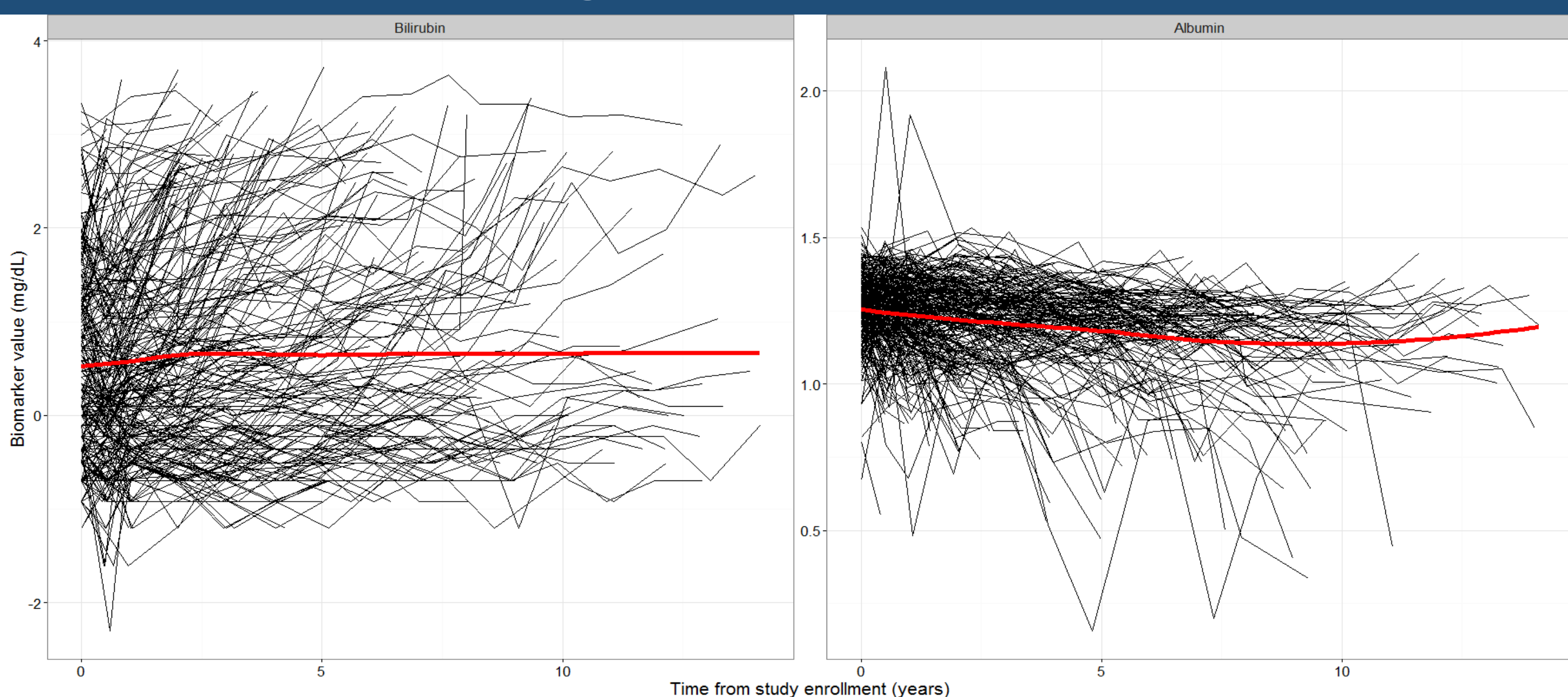
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### Introduction

- In clinical trials or cohort studies, measurements are repeatedly measured over time (e.g. blood pressure), which we call **longitudinal data**
- In addition, the time to one or more clinical endpoints (e.g. death) is recorded, which we call **time-to-event data**
- Historically, these data have been **analysed separately**

### Longitudinal outcomes

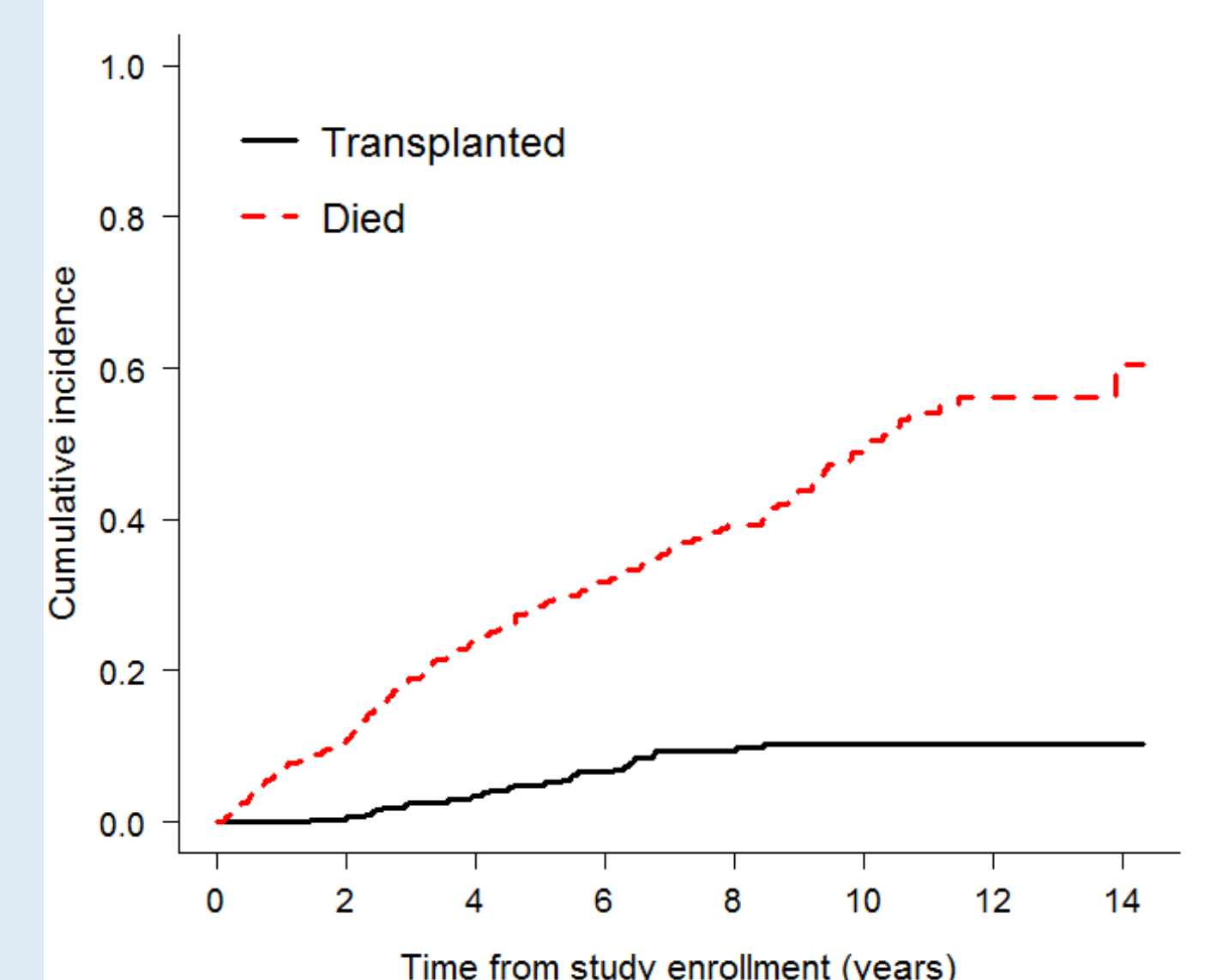


### Example

← **Left: two biomarkers** measured from blood tests repeatedly over time for 312 patients with primary biliary cirrhosis randomised to a new drug

→ **Right: cumulative incidence curves** for 2 **competing events**

### Time-to-event outcomes



### Correlated?

#### Interest = longitudinal data

**Standard model:** (generalised) linear mixed effects regression model

**Potential problems:**

- Sickest patients more likely to drop out of study
- We call this **informative missingness**

#### Why does it matter?

Ignoring the correlation between information from the same patient can result in **incorrect conclusions** about the new treatments and predictions of clinical endpoints

#### Interest = time-to-event data

**Standard model:** Cox proportional hazards regression model

**Potential problems:**

- Biomarkers measured with **error**
- Time-varying covariates modelled as constant between measurement times

### Proposed solution

**Combined analysis** of the outcomes (**joint modelling**) using some unknown variables to capture the association between the two types of outcome

#### Extension to multivariate data (Joiner-M)

- Joint modelling methodology has been predominantly focused on univariate (single longitudinal and event outcome) data
- In practice, multiple longitudinal outcomes and event times will be recorded (**multivariate data**)
- Multivariate data greatly increases the **complexity** of model estimation:
  - Computational time** grows with increasing number of outcomes
  - Longitudinal outcomes** take different types (e.g. continuous, binary, ordinal)

#### Benefits of joint modelling

- More efficient** estimates of treatment effects = **reduced number of patients required for studies and increased power**
- Less biased** estimates of the treatment effects = **closer to 'truth'**
- More accurate** predictions of events = **better medical decision-making**

#### Software development

- joiner** is a freely available user-friendly software package, currently fit joint models for univariate data
- joiner will be **expanded** over the next 2-years to:
  - Include multivariate longitudinal outcomes
  - Model competing risks outcomes
  - Provide model diagnostics to allow inspection of model fit
- Training workshops** for biomedical researchers to inform the joint modelling methods and software

