

HTx – 3rd Consortium Meeting

24-25 March 2021

Case Study 3

A two stage model for individualized predictions under several treatment options for RRMS

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Relapsing-remitting Multiple Sclerosis RRMS



Multiple sclerosis (MS) - an immune-mediated disease of the central nervous system

Relapsing-remitting multiple sclerosis (RRMS): The most common subtype

Which treatment is the best for a specific patient?

Relapsing-remitting Multiple Sclerosis (RRMS)



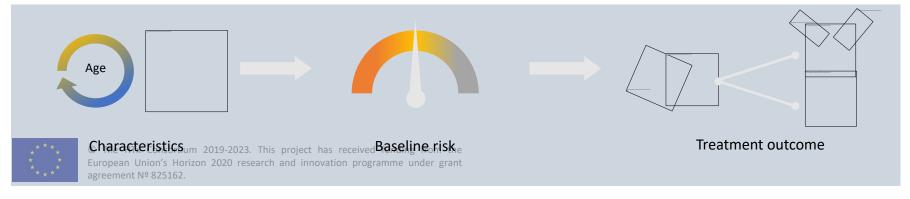
One size does not fit all

Treatment choice is (or should be) personalised

Not all patients have the same response to the same treatment

Heterogeneous Treatment Effects

So, the optimal treatment depends on patients characteristics



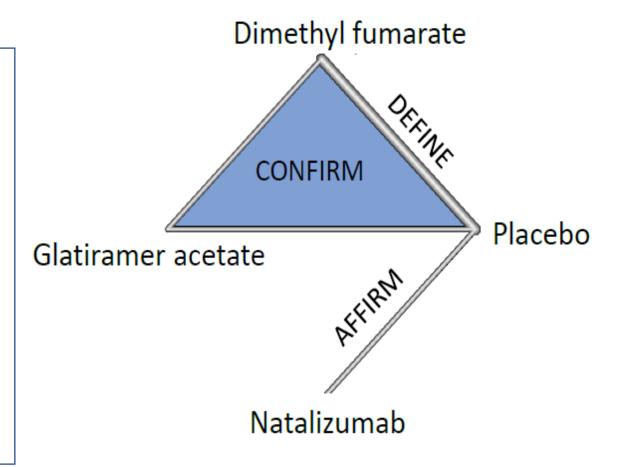


Data

RCTs

- randomized clinical trials (phase III), 2990 observations in total
- **Disease:** Relapsing-remitting Multiple Sclerosis (MS)
- •Outcome: Relapse within 2 years





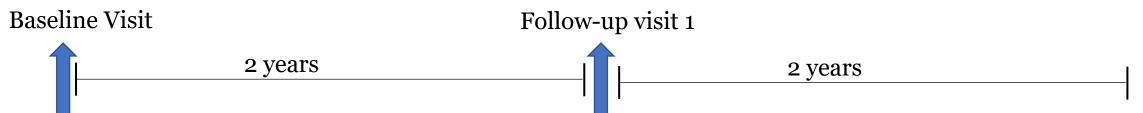


Data



Observational study — Swiss MS Cohort study (SMSC)

- •Inclusion criteria: Patients with confirmed RRMS and at least two-year follow-up period from the baseline visit date
- Patients: 935 patients, each one with 1, 2, or 3 treatment cycles (i.e. repeated measures)



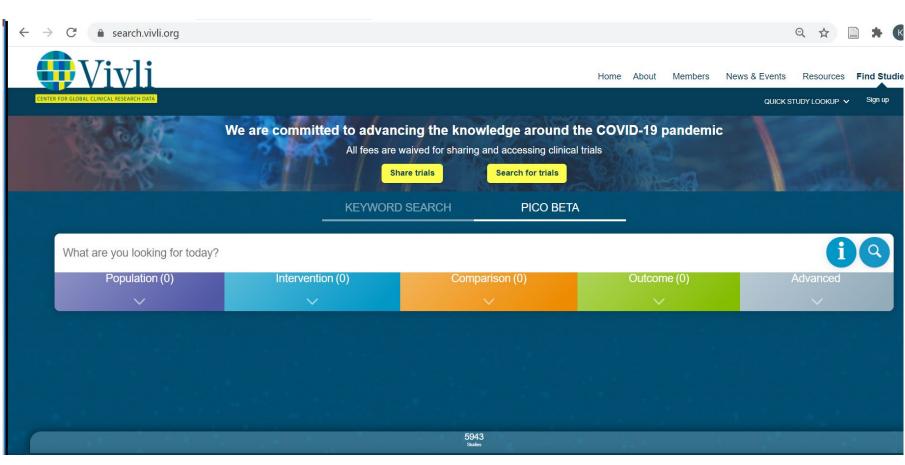
•Observations: 1752 follow-up cycles



Data

New Dataset Obtained!

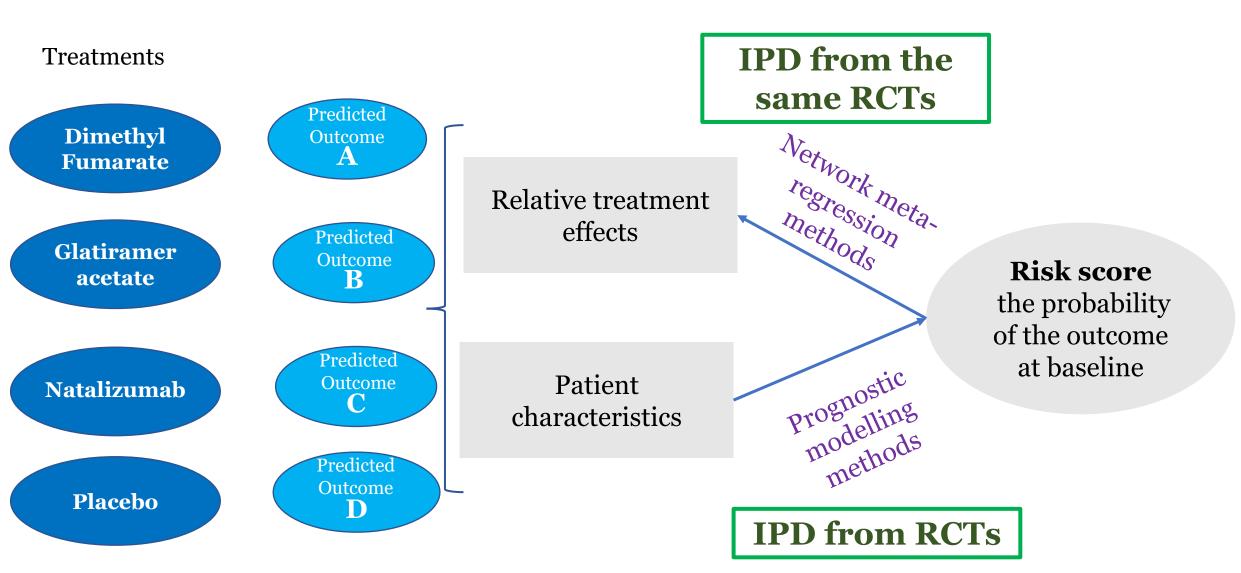




3 new RCTs with IPD data via Vivli.org

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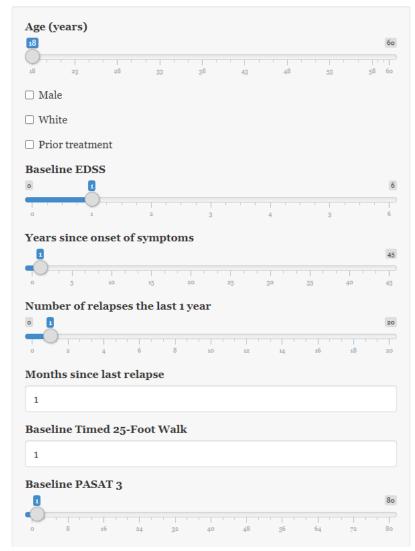
Internal Model

Re-submitted in Statistics in Medicine

R-shiny app

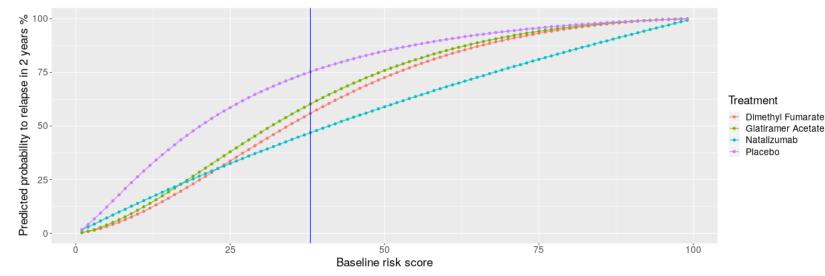


Prevention of relapses in patients with Relapsing-Remitting Multiple Sclerosis



Your baseline risk score is 38

Plot of predicted probabilities to relapse in two years



Predicted probabilities to relapse in two years

Dimethyl Fumarate - 56 % / Glatiramer Acetate - 60 % / Natalizumab - 47 % / Placebo - 75 %

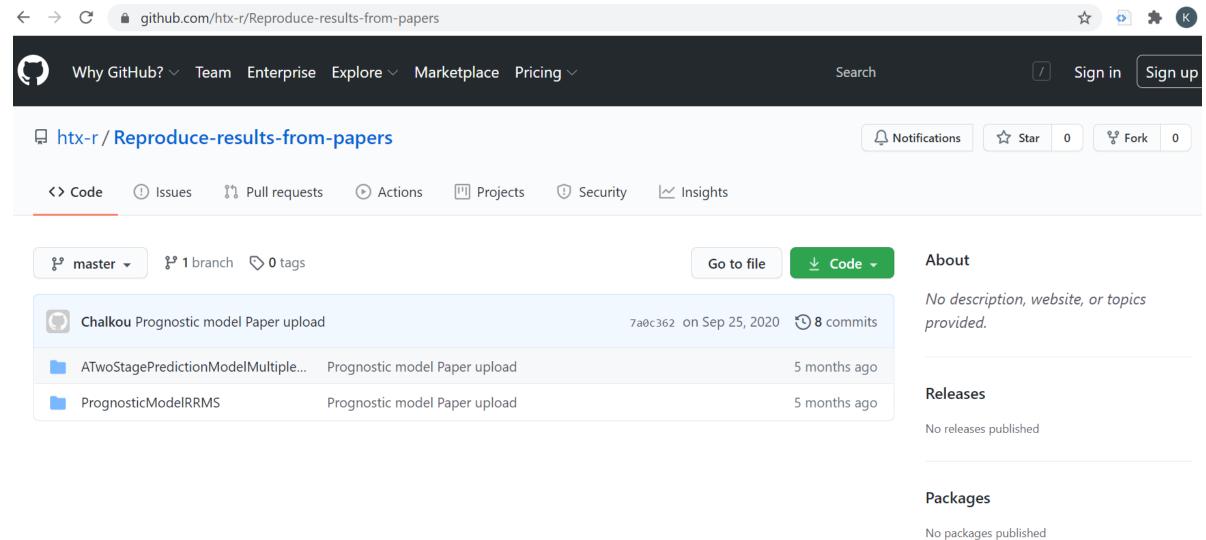
Ranking of predicted probabilities to relapse in two years

- 1. The lowest probability to relapse is under treatment:
- Natalizumab with 46.9 % probability to relapse.
- 2. Second best choice based on the probability to relapse:
- Dimethyl Fumarate with 55.9 % probability to relapse.
- 3. The treatment that follows is:
- Glatiramer Acetate with 60.3 % probability to relapse.
- 4. The treatment with the highest probability to relapse is:

Placebo with 75.3 % probability to relapse

Github repository





Treatments

IPD from RCTs

Dimethyl Fumarate Predicted Outcome A

Glatiramer acetate

Predicted Outcome B

Natalizumab

Placebo

Predicted Outcome

Predicted Outcome D

Relative treatment effects

Patient characteristics Network meta. regression methods

Prognostic modelling methods

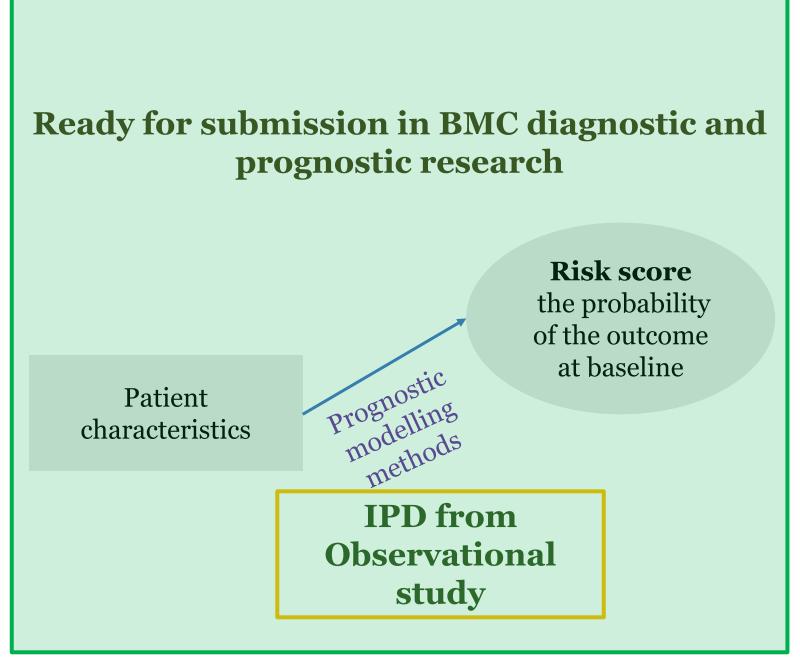
Risk score the probability of the outcome at baseline

IPD from **Observational** study

External Model

Ready

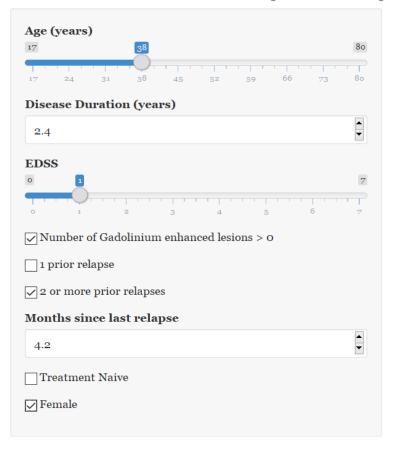
Prognostic model



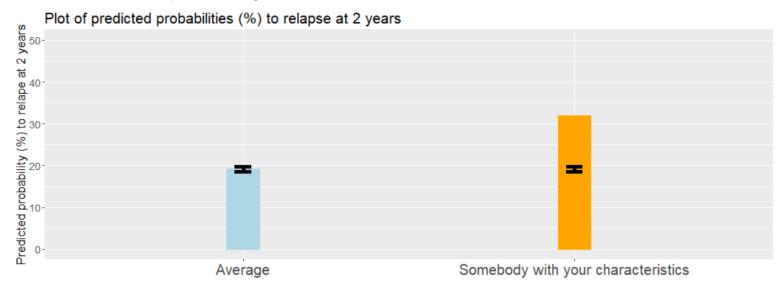
R-shiny app



Prevention of relapses in patients with Relapsing-Remitting Multiple Sclerosis



Your risk to relapse at 2 years is 32 %



Numerical Results:

The average predicted probability (%) to relapse at 2 years is 19.2 with 95% C.I. (18.6, 19.7) Somebody with your characteristics has 32 % predicted probability (%) to relapse at 2 years Your predicted probability (%) to relapse at 2 years is 12.8 % higher than the average



Treatments

IPD from RCTs

Dimethyl Fumarate Predicted Outcome A

Glatiramer acetate

Predicted Outcome B

Natalizumab

Placebo

Predicted Outcome

Predicted Outcome D

Relative treatment effects

Patient characteristics Network meta. regression methods

Prognostic modelling methods

Risk score the probability of the outcome at baseline

IPD from **Observational** study

External Model

Ready

IPD from RCTs Treatments Predicted **AD from RCTs Dimethyl** Outcome Network meta. A **Fumarate** regression Relative treatment methods effects Predicted Glatiramer Outcome Risk score acetate B the probability of the outcome Predicted at baseline Prognostic modelling **Patient** Outcome Natalizumab characteristics Predicted Outcome Placebo D

External Model Ongoing work

IPD and AD from RCTs and real-world data

IPD from **Observational** study

Presentations during the last year



- 1. ISCB conference, 2020
- 2. Swiss Public Health Conference in Lucerne, 2020
- 3. Webinar CS 3 HTx, 2020
- 4. Virtual ISPOR Europe 2020 Conference, 2020



Next Steps

Development of **evaluation methods** for heterogeneous treatment effects prediction models using **decision curve analysis**

Cost-effectiveness analysis, in collaboration with UoY – Andrea Manca