

Adaptive Designs

Mark van der Laan
Division of Biostatistics, UC Berkeley

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Joint work with Antoine Chambaz, Wenjing Zheng, Ivana Malenica,
Romain Pirrachio

Outline

- 1 Super Learning and Targeted Learning
- 2 Problems with current practice for analyzing RCTs
- 3 Targeted group sequential adaptive design to learn optimal rule
- 4 Sequential adaptive designs exploiting surrogate outcomes
- 5 Adaptive design learning optimal rule within a single time-series
- 6 Concluding remarks

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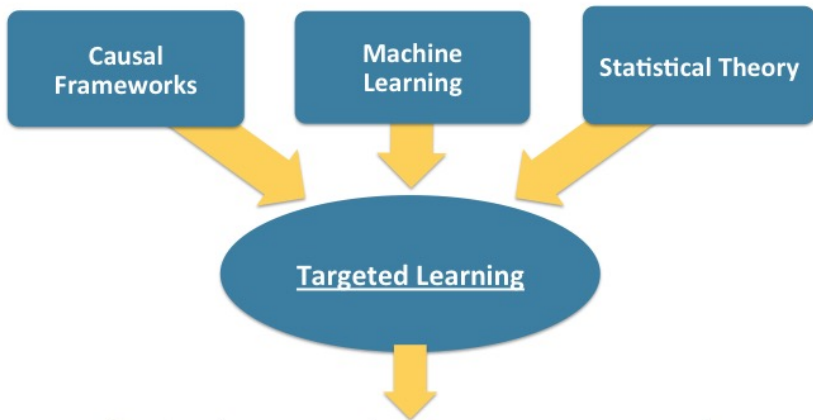
Foundations of Statistical Learning

- **Observed data:** Realization of a random variable $O^n = (O_1, \dots, O_n)$ with a probability distribution (say) P_0^n , indexed by "sample size" n .
- **Model stochastic system of observed data realistically:** Statistical model \mathcal{M}^n is set of possible probability distributions of the data.
- **Define query about stochastic system:** Function Ψ from model \mathcal{M}^n to real line, where $\Psi(P_0^n)$ is the true answer to query about our stochastic system.
- **Estimator:** An a priori-specified algorithm that takes the observed data O^n and returns an estimate ψ_n to the *true answer to query*. Benchmarked by a dissimilarity-measure (e.g., MSE) w.r.t true answer to query.
- **Confidence interval for true answer to query:** Establish approximate sampling probability distribution of the estimator (e.g., based on CLT), and corresponding statistical inference.

Targeted Learning (TL)

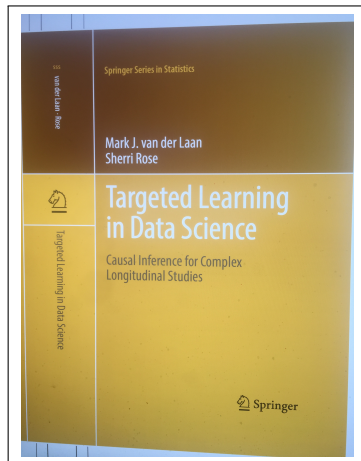
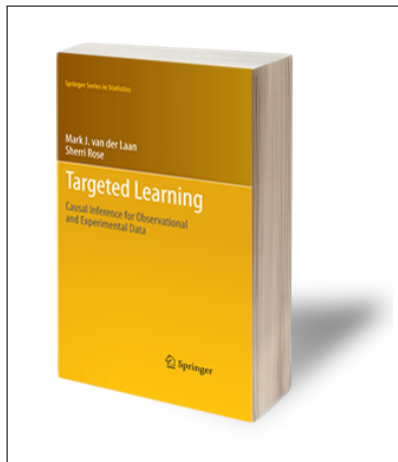
is the subfield of statistics concerned with development of estimators P_n^* based on data $O^n \sim P_0^n$ from the stochastic system P_0^n with corresponding estimates $\Psi(P_n^*)$ and **confidence intervals** for true answer $\Psi(P_0^n)$, **based on realistic statistical models \mathcal{M}^n** .

By necessity, TL involves highly data adaptive estimation (e.g., machine learning).



Better (more precise) **answers** to **causal**
(actionable) **questions** with **accurate**
quantification of uncertainty (signal from noise)

Targeted Learning (targetedlearningbook.com)



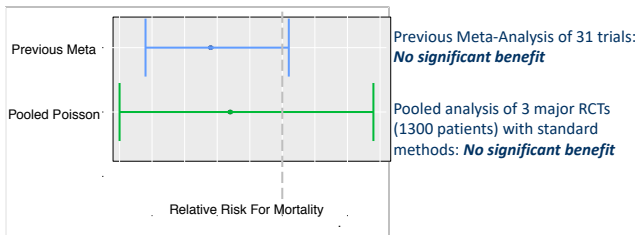
van der Laan & Rose, *Targeted Learning: Causal Inference for Observational and Experimental Data*. New York: Springer, 2011.

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1 Better, cheaper trials

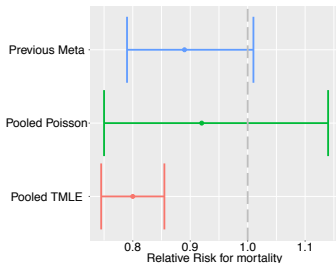
Do corticosteroids reduce mortality for adults with septic shock?



Pirracchio 2016

Better, cheaper trials

Do corticosteroids reduce mortality for adults with septic shock?



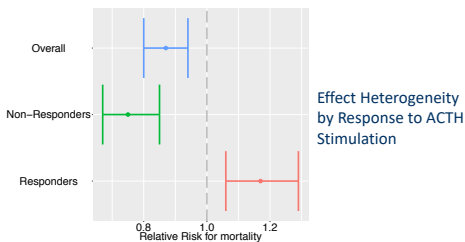
Previous Meta-Analysis of 31 trials:
No significant benefit

Pooled analysis of 3 major RCTs
(1300 patients) with standard
methods: **No significant benefit**

***Pooled analysis of 3 major RCTs
using Targeted Learning: significant
reduction of mortality.***

Not just is there an effect, but for whom?

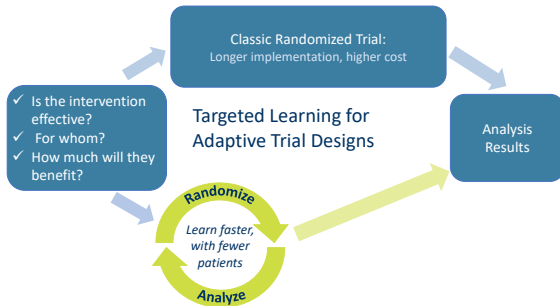
- In Sepsis re-analysis: Targeted Learning showed **all benefit** occurred in a key subgroup
 - Heterogeneity in patient populations one cause of inconsistent results



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Optimal intervention allocation: “Learn as you go”



Contextual multiple-bandit problem in computer science

Consider a sequence $(W_n, Y_n(0), Y_n(1))_{n \geq 1}$ of i.i.d. random variables with common probability distribution:

- W_n , n th context (possibly high-dimensional)
- $Y_n(0)$, n th reward under action $a = 0$ (in $]0, 1[$)
- $Y_n(1)$, n th reward under action $a = 1$ (in $]0, 1[$)

We consider a design in which one sequentially,

- observe context W_n
- carry out randomized action $A_n \in \{0, 1\}$ based on past observations and W_n
- get the corresponding reward $Y_n = Y_n(A_n)$ (other one not revealed),

resulting in an ordered sequence of dependent observations

$$O_n = (W_n, A_n, Y_n).$$

Goal of experiment

We want to estimate

- the optimal treatment allocation/action rule d_0 :
 $d_0(W) = \arg \max_{a=0,1} E_0\{Y(a)|W\}$, which optimizes the mean outcome EY_d over all possible rules d .
- the mean reward under this optimal rule d_0 : $E_0\{Y(d_0)\}$,

and we want

- maximally narrow valid confidence intervals (primary) “Statistical...”
- minimize regret (secondary) $\frac{1}{n} \sum_{i=1}^n (Y_i - Y_i(d_n))$... bandits”

This general contextual multiple bandit problem has enormous range of applications: e.g., on-line marketing, recommender systems, randomized clinical trials.

Targeted Group Sequential Adaptive Designs

- We refer to such an adaptive design as a particular targeted adaptive group-sequential design (van der Laan, 2008).
- In general, such designs aim at each stage to optimize a particular data driven criterion over possible treatment allocation probabilities/rules, and then use it in next stage.
- In this case, the criterion of interest is an estimator of reward EY_d under treatment allocation rule d based on past data, but, other examples are, for example, that the design aims to maximize the estimated information (i.e., minimize an estimator of the variance of efficient estimator) for a particular statistical target parameter.

Bibliography (non exhaustive!)

- Sequential designs
 - Thompson (1933), Robbins (1952)
 - specifically in the context of medical trials
 - Anscombe (1963), Colton (1963)
 - **response-adaptive designs**: Cornfield et al. (1969), Zelen (1969), many more since then
- Covariate-adjusted Response-Adaptive (CARA) designs
 - Rosenberger et al. (2001), Bandyopadhyay and Biswas (2001), Zhang et al. (2007), Zhang and Hu (2009), Shao et al (2010)... *typically* study
 - **convergence of design** ... in **correctly specified** parametric model
 - Chambaz and van der Laan (2013), Zheng, Chambaz and van der Laan (2015) concern
 - convergence of design, super-learning of optimal rule, *and* TMLE of optimal reward, with inference, **without (e.g., parametric) assumptions**.

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Sequential adaptive designs adapting in continuous time

- Problem with group sequential is that one has to run a number of randomized trials sequentially, taking too much time for long term clinical outcomes.
- Suppose subjects enroll over time, possibly in groups, or one at the time.
- Each subject will go through a (say) 12-month course from entry time till final outcome: for example, one measures baseline covariates at $k = 0$, assign treatment at $k = 0$, measure surrogate outcome at time $k = 1, \dots, k = 11$ months, and final outcome at $k = 12$ -months.
- Or, one might also assign treatment at later $k > 0$ months.

Adapting the treatment decision based on observed past

- When a subject comes in at a chronological time t , $k \geq 0$ months after entry, and is subject to a treatment action, then we can take into account all the available (incomplete) data on previously or concurrently enrolled subjects.
- For example, we could use the past data to learn an optimal treatment decision at time k for maximizing the surrogate outcome at near future time-point (say) $k + 1$.
- In this manner, we can use adaptive designs for long-term clinical outcomes, adapting to optimal treatment rules w.r.t. surrogate intermediate outcomes.

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Adaptive design for learning the optimal rule

- Suppose we observed a single time-series of data in which at "time" t we observe a record $O(t) = (A(t), Y(t), W(t))$, treatment $A(t)$, outcome $Y(t)$, other measurements $W(t)$, while history $\bar{O}(t-1)$ before $A(t)$ represents context, $t = 1, \dots$
- Suppose that the conditional distribution of $O(t)$, given past $\bar{O}(t-1)$, is parameterized by common functional parameters (stationarity).
- In a controlled setting, we can generate treatment $A(t)$ at time t from a randomization probability depending on the complete history of subject.
- These randomization probabilities can be based on learning an optimal rule for setting treatment at time t for the purpose of maximizing the next outcome $Y(t)$.
- In this manner we both learn and apply the optimal rule, while providing an estimate of its performance with inference.

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Concluding Remarks

- Group sequential randomized trials can be used for short-term clinical outcomes with robust inference (as in standard RCT).
- Sequential randomized trials adapting in continuous time take into account surrogate outcomes can be used for long-term clinical outcomes, with robust inference (to be written up).
- Sequentially randomized trials within a single unit/person can be used to learn optimal rule for short term outcomes, with robust inference.
- Software in R has been developed for estimation and inference for all the first and third type of randomized trials, second is in the making.

Acknowledgements

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