

Cost Analysis with Censored Data

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Outline

 Right censoring is common in data from clinical trials and observational studies

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- Statistical issues
 - 1. Induced dependent censoring
 - 2. Marginal identifiability
- Analysis strategies
 - 1. Imposing time limit
 - 2. Joint distribution / modeling with survival time
- Summary and discussion

Example: SWOG lung cancer trial

phase III on advance non-small cell lung cancer (Kelly et al. 2001): size 408



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secondary endpoint: cost comparison PC vs. VC?

T: survival time; U: lifetime cost; C: censoring time

Time scale:

 $X = \min(T, C) \qquad \Delta = I(T \le C)$

Cost scale (assuming time-constant cost accumulation rate r):

Y = rX = min(U=rT, rC)

r $\uparrow \Rightarrow$ cost accumulated at death \uparrow , at censoring time \uparrow

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Implication: standard survival analysis techniques not applicable to cost-toevent

Issue #2: Marginal identifiability of cost distribution

Of interest: cost-to-event, or lifetime cost, U

Q: Possible to estimate (marginal) distribution of U?

Participants who survive beyond the study duration:

some accumulating little cost during the study

 \Rightarrow little info on their cost distribution

 \Rightarrow Pr(U \leq u) not identifiable for any u \in (0, ∞)

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What can one say, if any, about cost then?

Time-restricted cost:

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2-yr-restricted cost = cost accumulated up to min(2 yr, lifetime)
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time limit \leq study duration \Rightarrow identifiability
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compromise between identifiability and cost of interest

One-sample problem

- Lin et al (1997)
 - partition time span to small intervals
 - mean cost in a small interval = survival rate × mean cost of alive
 - sum over all intervals
- Bang & Tsiatis (2000) suggested similar and improved estimators

Two-sample problem

 one-sample estimation procedure may be used to construct two-sample test, e.g. Ramsey et al (2002)

Regression problem

• Lin (2000): Using inverse probability weighted (IPW) estimation in linear regression to account for censoring

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Strategy #1: Imposing time limit - cont'd

	VC	PC	P-val
Mean 2 yr-restricted cost	\$40,292	\$48,940	.004
95% CI	36,226 – 44,359	44,674 – 53,208	

Comments:

- Widely used in practice censoring can be taken into account by IPW, and so standard software might be used
- Time limit is artificial. A tx favored in time-restricted cost ≠ favored in lifetime cost
- Can be misleading, particularly when tx has an effect on survival time



Strategy #2: Joint distribution with survival time

Joint distribution of (U,T) is largely identifiable with a general data structure (marked point process):



Strategy #2: Joint distribution with survival time - cont'd

One-sample problem

nonparametric approach (Huang & Louis 1998)

- NPMLE for $Pr(T \le t, U \le u)$
- generalization of K-M estimator

semiparametric approach (Huang & Berry 2006)

 postulate the association structure of (U,T), but leave the marginal distributions of U and T unspecified

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· consistently estimate the marginal distribution of U

Strategy #2: Joint distribution with survival time - cont'd

Two-sample problem (Huang & Lovato 2002)

- motivation: no tx effect on T \Rightarrow compare (U⁽¹⁾,T⁽¹⁾) and (U⁽²⁾,T⁽²⁾)
- calibrating tx effect on survival time with, say, $T^{(1)} = \beta T^{(2)}$

compare (U⁽¹⁾, T⁽¹⁾) and (U⁽²⁾, β T⁽²⁾)

Regression (Huang 2002)

calibration regression:

$$\log\binom{T}{U} = \binom{\beta'_0}{\beta'_1} Z + \varepsilon$$

- a generalization of accelerated failure time (AFT) model
- · simultaneous inference of covariate effects on U and T

Strategy #2: Joint distribution with survival time - cont'd

	Survival time			Lifetime cost				
	PC (vs. VC)	LDH	Age	PC (vs. VC)	LDH	Age		
Reg coef	.0221	.6335	0058	.3400	.1418	0050		
SE	.1364	.1507	.0065	.1094	.1154	.0059		

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Analysis results for the lung cancer trial (Huang 2002)

Comments:

- target lifetime cost U
- difficult to take advantage of cost accumulation data if available •
- consider U where end-study survival rate is ~50%?

Desirable? Yes! Realistic? Maybe not.

Summary and discussion

- For cost analysis in a clinical trial, targeting time-restricted cost would be reasonable if the treatment has little effect on survival time.
- If survival rate is fairly small, say < 20%, one might consider joint modeling of lifetime medical cost and survival time. In this case, model assumption can be reasonably checked.
- However, for many trials, treatment has an effect on survival time and survival rate is ~50% or higher at the end of study. What is a sensible yet estimable cost outcome to look at?

- Cost-effectiveness analysis?
- Some of the issues may be more economic than statistical.

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