

# Budgeting SMART: Sample Size and Repeated Measures with a Cost Constraint in a Longitudinal Sequential, Multiple-Assignment Randomized Trial

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## Motivating Example: The ENGAGE Study

Patients with alcohol- and cocaine-related substance use disorders often disengage from treatment at high rates. How should clinicians best re-engage them?

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- McKay, J. R., et al. (2015). *Journal of Consulting and Clinical Psychology*.

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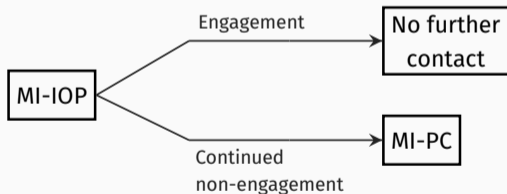
This is a question about a *sequence* of treatments.

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# Dynamic Treatment Regimens

**Dynamic treatment regimens** (DTRs) operationalize clinical decision-making by recommending particular treatments to certain subsets of patients at specific times.



- **MI-IOP:** 2 motivational interviews to re-engage patient in intensive outpatient program
- **MI-PC:** 2 motivational interviews to engage patient in treatment of their choice.

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. Chakraborty, B., and E. E. M. Moodie (2013). *Statistical Methods for Dynamic Treatment Regimes*.

## Sequential, Multiple-Assignment Randomized Trials

A **SMART** is one type of randomized trial design that can be used to answer questions at multiple stages of the development of a high-quality DTR.

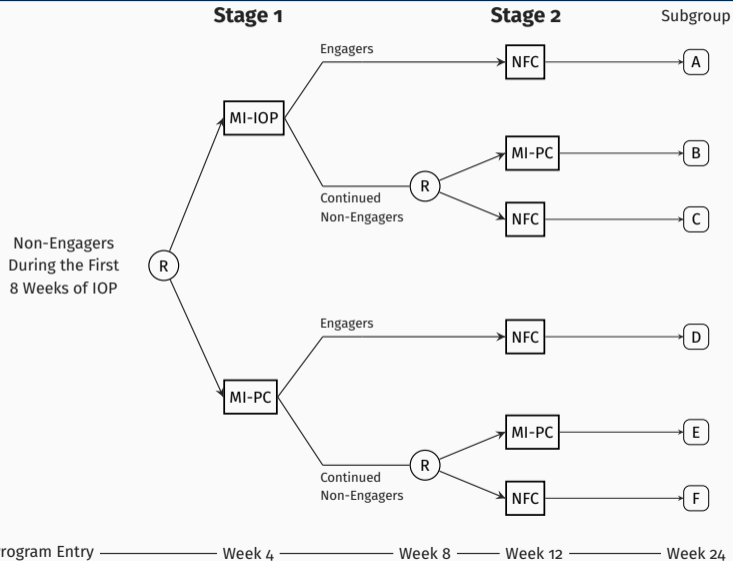
## Sequential, Multiple-Assignment Randomized Trials

A **SMART** is one type of randomized trial design that can be used to answer questions at multiple stages of the development of a high-quality DTR.

The key feature of a SMART is that some (or all) participants are randomized *more than once*.

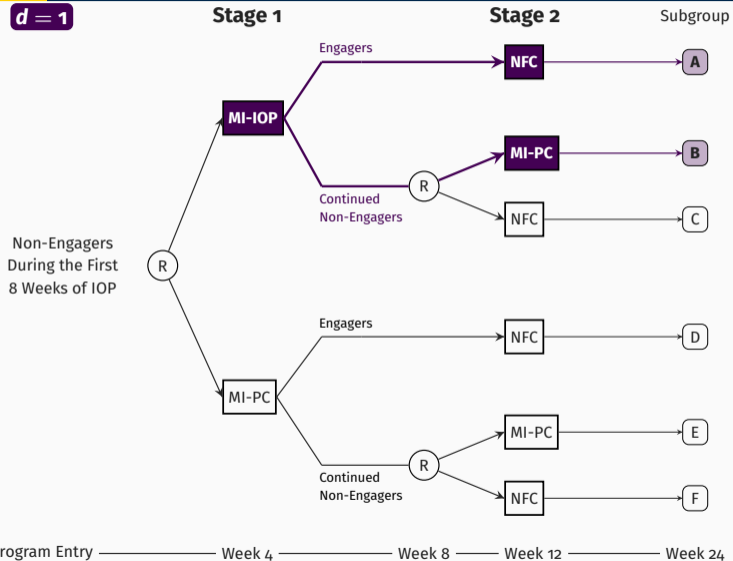


# Motivating Example: The ENGAGE Study



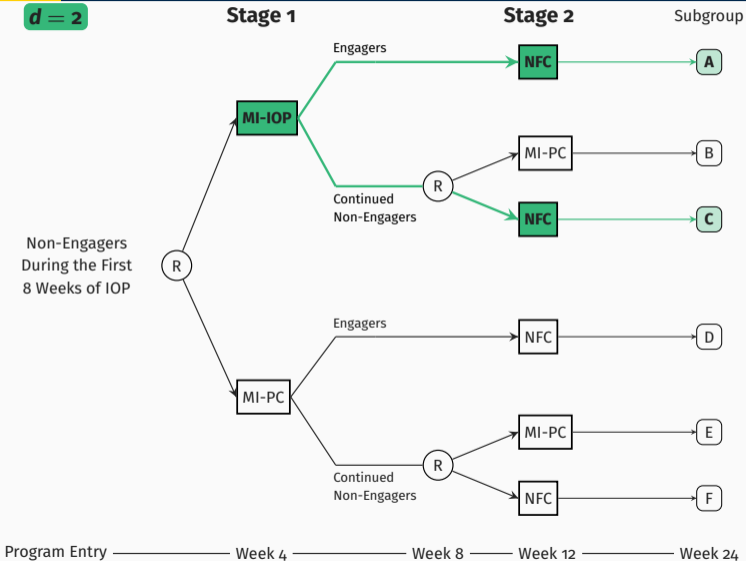
# Four Embedded DTRs in ENGAGE

$d = 1$



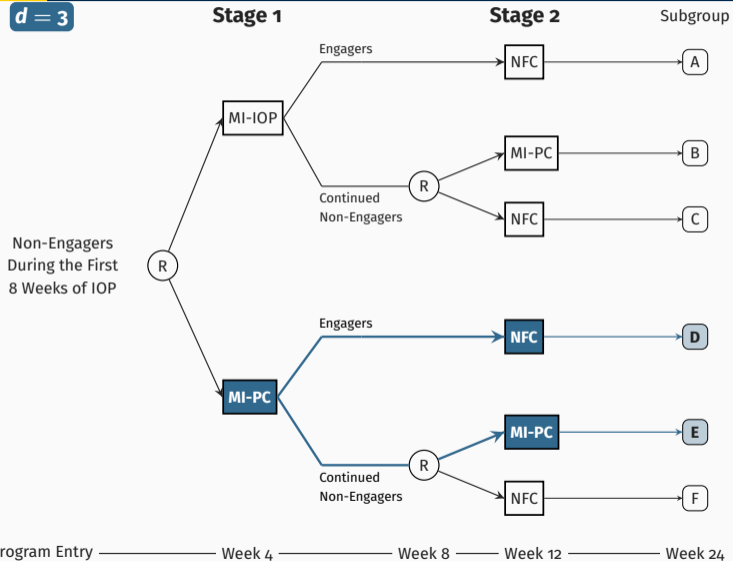
# Four Embedded DTRs in ENGAGE

$d = 2$



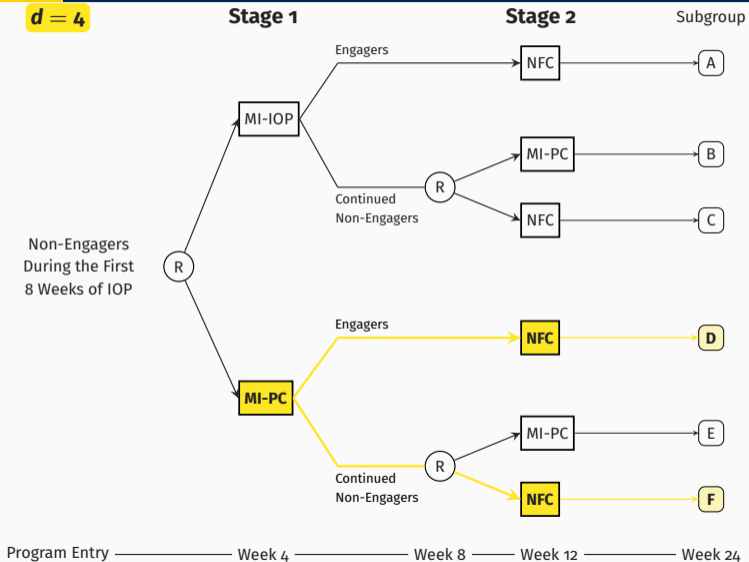
# Four Embedded DTRs in ENGAGE

$d = 3$

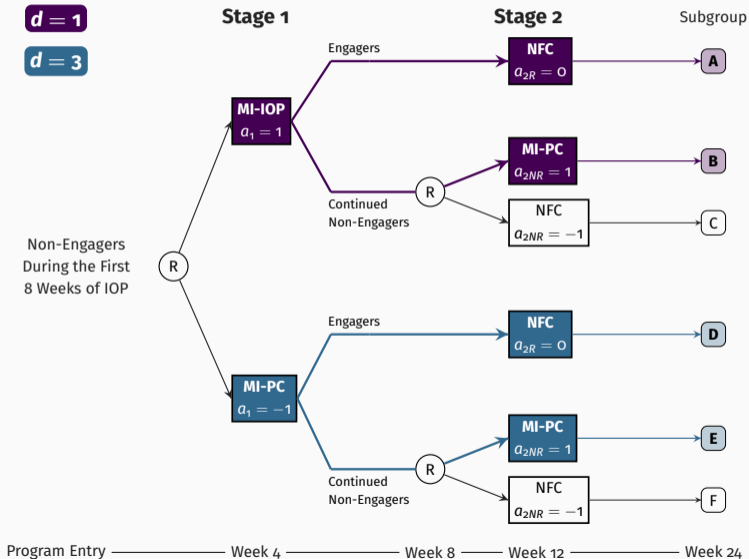


# Four Embedded DTRs in ENGAGE

$d = 4$



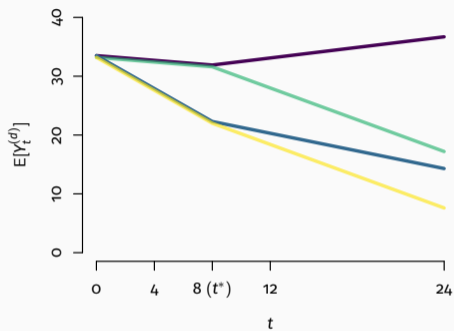
# Common Primary Aim: Compare Embedded DTRs at End of Study



**Our goal**

is to develop a sample size formula for the comparison of two embedded DTRs at the end of the study using a longitudinal outcome collected at an arbitrary number of timepoints.

## Example Model: Continuous Longitudinal Outcome in ENGAGE



	<b>d = 1</b>	<b>d = 2</b>	<b>d = 3</b>	<b>d = 4</b>
<b>a<sub>1</sub></b>	1	1	-1	-1
<b>a<sub>2R</sub></b>	0	0	0	0
<b>a<sub>2NR</sub></b>	1	-1	1	-1

$$E \left[ Y_t^{(d)} \mid \mathbf{X} \right] := \mu^{(d)}(\beta)$$

$$= \beta_0$$

$$+ \mathbb{1}\{t \leq t^*\} \{ \beta_1 t + \beta_2 a_1 t \}$$

$$+ \mathbb{1}\{t > t^*\} \{ t^* \beta_1 + t^* \beta_2 a_1$$

$$+ \beta_3(t - t^*) + \beta_4(t - t^*)a_1$$

$$+ \beta_5(t - t^*)a_{2NR}$$

$$+ \beta_6(t - t^*)a_1 a_{2NR} \}$$



# “GEE-Type” Estimating Equations for Model Parameters

$$\mathbf{0} = \sum_{i=1}^N \sum_d \left[ \frac{\overbrace{W^{(d)}(A_{1,i}, R_i, A_{2,i})}^{I^{(d)}(A_{1,i}, R_i, A_{2,i})}}{P(A_{1,i} = a_1)P(A_{2,i} = a_2 | A_{1,i} = a_1, R_i)} \cdot \left( \mathbf{D}^{(d)} \right)^\top \cdot \mathbf{V}^{(d)}(\boldsymbol{\tau})^{-1} \cdot \left( \mathbf{Y}_i - \boldsymbol{\mu}^{(d)}(\boldsymbol{\beta}) \right) \right],$$

- $d$  specifies an embedded DTR,
- $I^{(d)}(A_{1,i}, R_i, A_{2,i}) = \mathbb{1}\{A_{1,i} = a_1\} \left( R_i + (1 - R_i) \mathbb{1}\{A_{2,i} = a_2\} \right)$
- $\mathbf{D}^{(d)} = \frac{\partial}{\partial \boldsymbol{\beta}^\top} \boldsymbol{\mu}^{(d)}(\boldsymbol{\beta})$
- $\mathbf{V}^{(d)}(\boldsymbol{\tau})$  is a working model for  $\mathbf{Var} \left( \mathbf{Y}^{(d)} - \boldsymbol{\mu}^{(d)}(\boldsymbol{\beta}) \right)$

## Goal

**Goal:** Develop a tractable sample size formula for the test

$$H_0 : E \left[ Y_T^{(d=1)} - Y_T^{(d=3)} \right] = 0 \quad \text{vs.} \quad H_1 : E \left[ Y_T^{(d=1)} - Y_T^{(d=3)} \right] = \Delta.$$

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Under our example model,

$$E \left[ Y_T^{(d=1)} - Y_T^{(d=3)} \right] = \mathbf{c}^\top \boldsymbol{\beta}$$

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We use a 1-degree of freedom (asymptotic) Wald test with test statistic

$$Z = \frac{\sqrt{n} \mathbf{c}^\top \hat{\boldsymbol{\beta}}}{\sigma_c},$$

where  $\sigma_c = \mathbf{c}^\top \mathbf{Var} \left( \hat{\boldsymbol{\beta}} \right) \mathbf{c}$ .

## Sample Size for an End-of-Study Comparison

Under mild working assumptions, exchangeable within-person correlation, and constant variance across time and DTRs:

$$N \geq \frac{4 \left( z_{1-\alpha/2} + z_{1-\gamma} \right)^2}{\delta^2} \cdot \left( 2 - P(R_i = 1) \right) \cdot \omega(\rho, \mathbf{t}, T_2)$$

- $\delta = \Delta/\sigma = E[Y_T^{(d)} - Y_T^{(d')}] / \sqrt{(\text{Var}(Y_T^{(d)}) + \text{Var}(Y_T^{(d')})) / 2}$  is the target standardized effect size
- $\alpha$  is the desired type-I error
- $1 - \gamma$  is the desired power
- $\rho = \text{cor}(Y_t, Y_{t'})$  for  $t \neq t'$
- $\mathbf{t}$  is a vector of measurement times
- $T_2$  is the number of measurements in stage 2

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$$N \geq \underbrace{\frac{4 \left( z_{1-\alpha/2} + z_{1-\gamma} \right)^2}{\delta^2}}_{\text{Standard sample size for a 2-arm trial}} \cdot (2 - P(R_i = 1)) \cdot \omega(\rho, \mathbf{t}, T_2)$$

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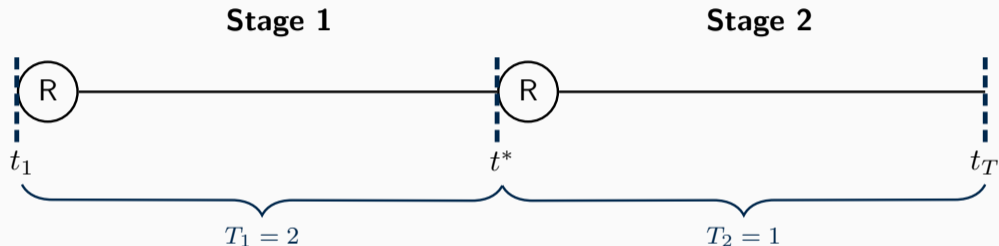
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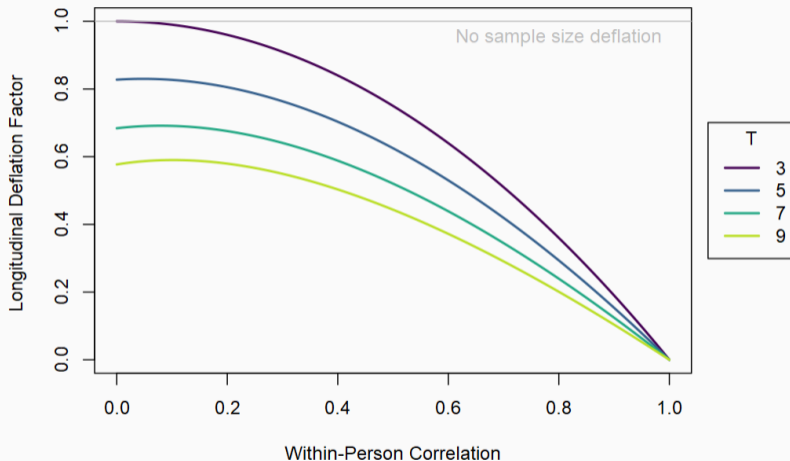
## Special Case: 3 timepoints simplifies nicely



$$\omega(\rho, 1, 3) = (1 - \rho^2)$$

. Seewald, N. J., et al. (2020). *Statistical Methods in Medical Research*.

## Understanding $\omega(\rho, \mathbf{t}, T_2)$ : Increase $T$ , fix $T_2 = \lfloor T/2 \rfloor$



Increasing  $T$  decreases sample size requirements (with diminishing returns).

**Big Question:**

Given a fixed  $N$ ,  $T$ , and  $\rho$ , how do we allocate measurements across stages of the SMART in order to maximize power?

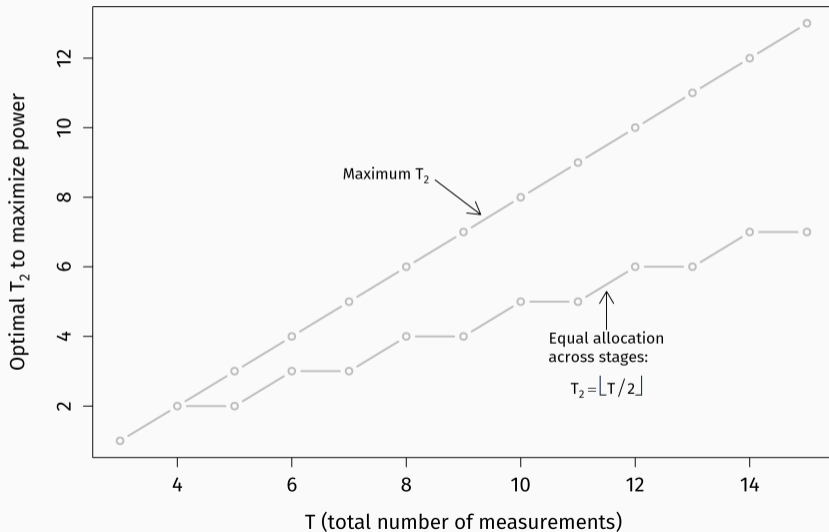
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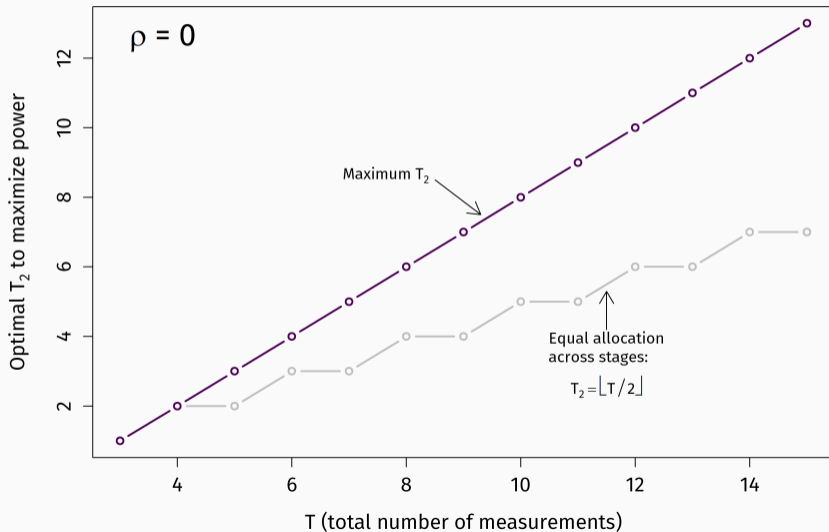
For simplicity, consider equally-spaced measurements throughout the trial.

Minimum of 2 measurements in stage 1 (baseline, before re-randomization)

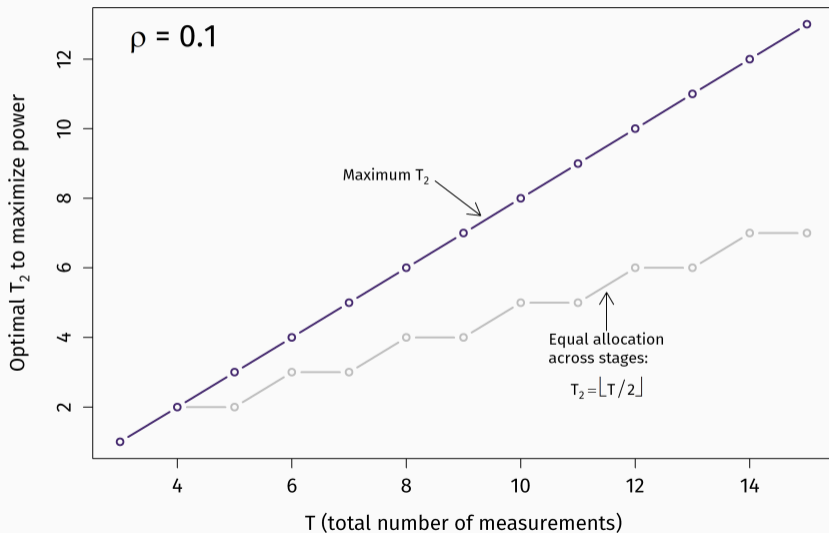
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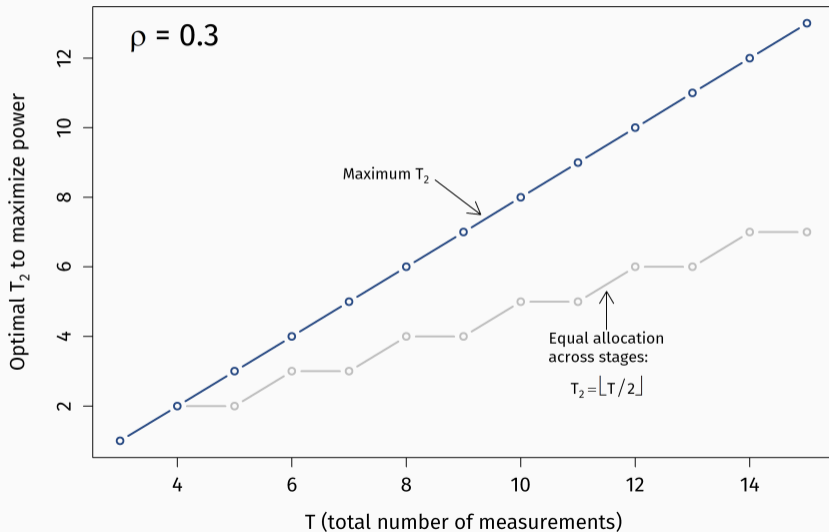
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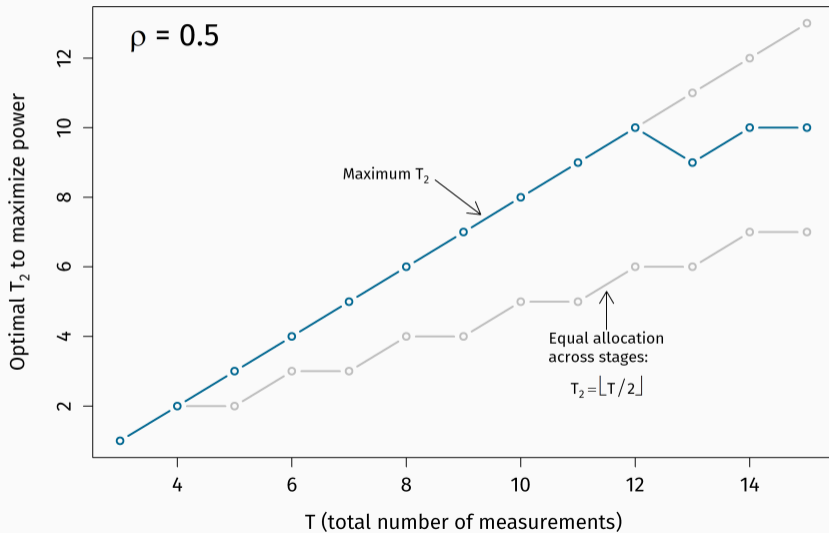


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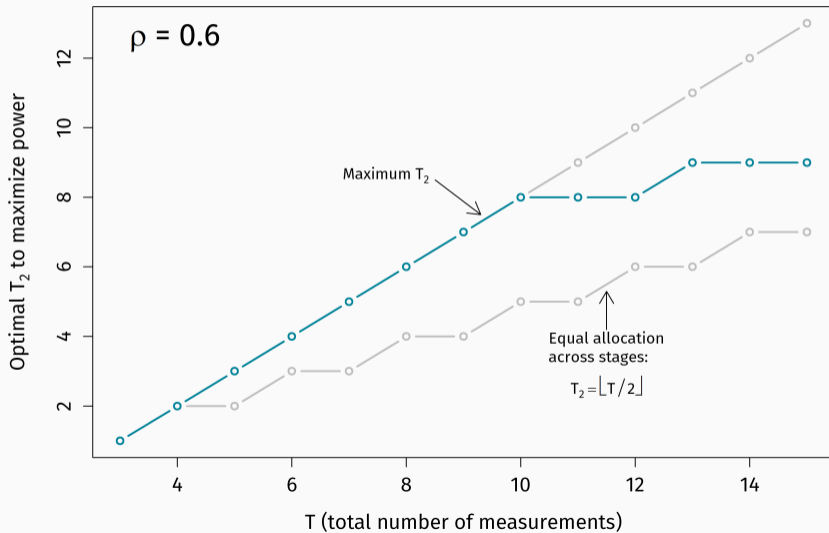




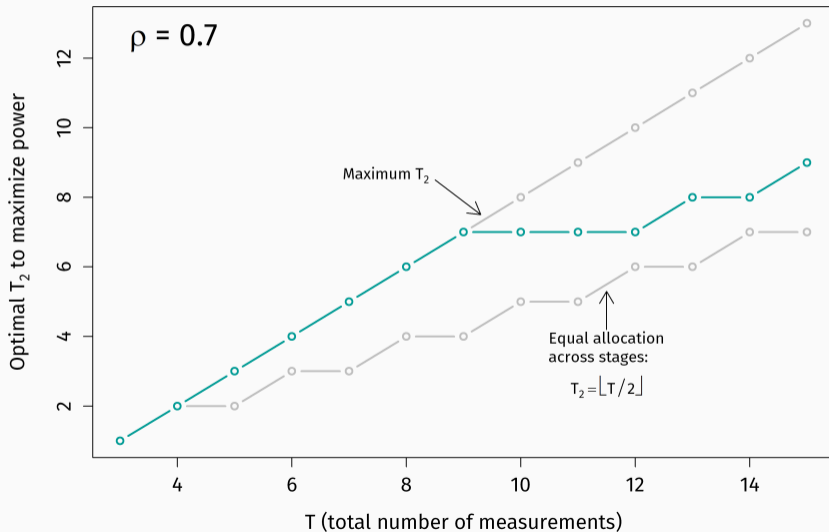
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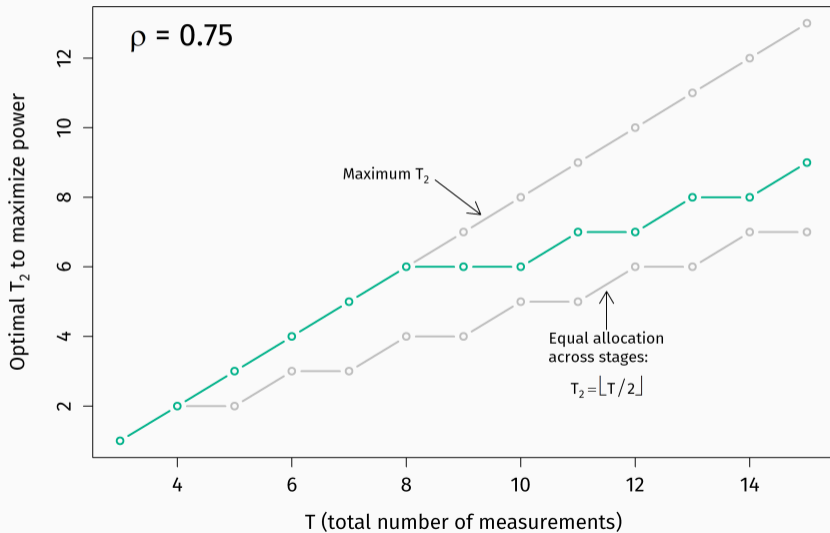
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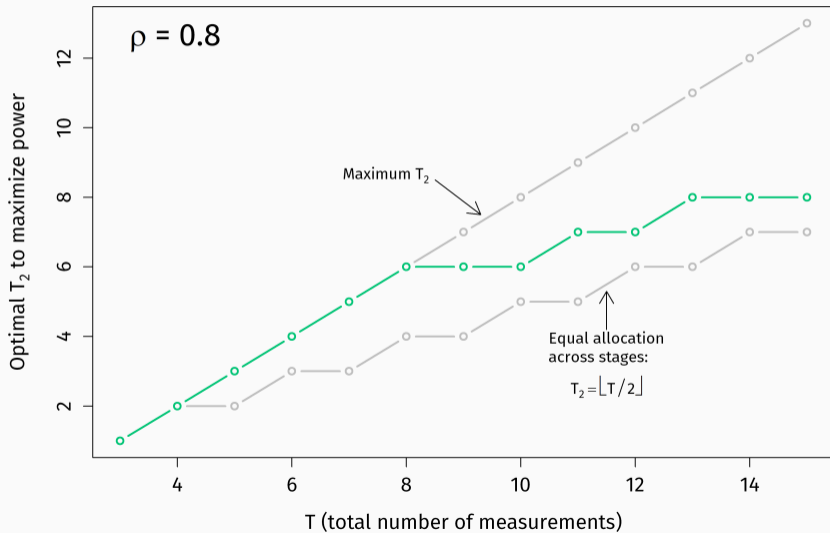
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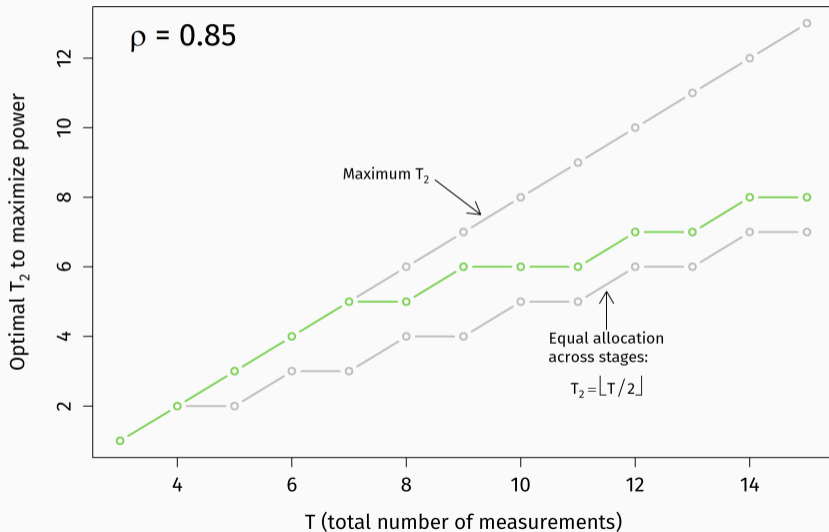
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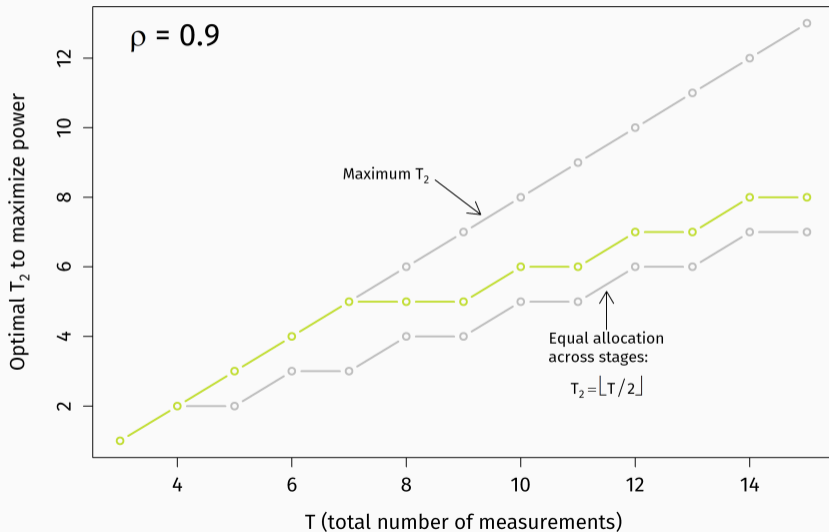
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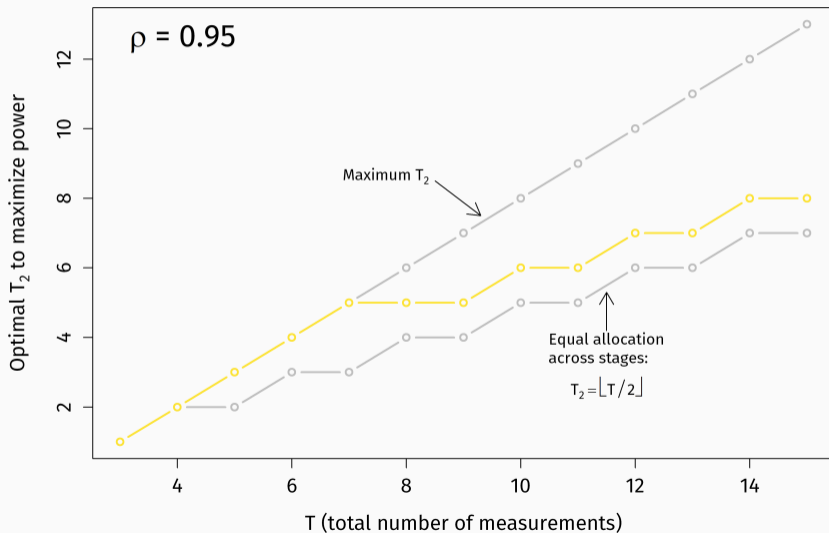
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# Choosing $T_2$ to maximize power



## Choosing $T_2$ to maximize power





## Choosing $T_2 = T - 2$ is sub-optimal for large $\rho$ with large $T$

With equally-spaced measurements,

- For low  $\rho$  and/or low  $T$ , put as many measurements in stage 2 as possible.
  - At low  $\rho$ , power gains are likely from better modeling the linear trend in stage 2

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- For higher  $\rho$  and/or higher  $T$ , diminishing returns of more measurements in stage 2
  - At high  $\rho$ , more information per measurement; share the love with stage 1
- Difficult to identify exactly what “low  $\rho$ ” and “high  $T$ ” mean, since  $\omega(\rho, \mathbf{t}, T_2)$  is complicated.

# A brief discussion of budget constraints

A work in progress! Inspired by Zhang and Ahn (2011)

## Setup

- Total budget  $B$
- Cost  $C_R$  of recruiting one participant
- Cost  $C_M$  of measuring outcome per participant
- Assume equally-spaced measurements across stages

---

. Zhang, S., and C. Ahn (2011). *Statistics in Biopharmaceutical Research*.

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- Assume equally-spaced measurements across stages

### Budget Constraint

Choose  $N$ ,  $T$ ,  $T_2$  to maximize power such that

$$NC_R + NTC_M \leq B.$$

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. Zhang, S., and C. Ahn (2011). *Statistics in Biopharmaceutical Research*.

## Extremely preliminary numerical results

$C_R/C_M$	Exch. Correlation			
	$\rho = 0.2$	$\rho = 0.4$	$\rho = 0.6$	$\rho = 0.8$
1	3	3	3	3
10	13	9	7	6
25	15	15	12	10
50	15	15	15	15

### Notes:

- Set  $T_2 = T - 2$
- Considering  $T \leq 15$  for all scenarios
- For chosen  $T$ , use maximum-affordable  $N$

- Interpretable sample size formula for end-of-study comparisons of embedded DTRs using a continuous longitudinal outcome
  - Depends on  $\rho$  and measurement times
- Optimal allocation of measurements favors stage 2
- Budget constraint seems to have little middle ground

- A work in progress!
- Still to Come:
  - User-friendly sample size tool:  $\omega(\rho, \mathbf{t}, T_2)$  is complicated
  - Software for helping clinicians optimize  $N, T, T_2$  within a budget



Article

**SMMR**  
STATISTICAL METHODS IN MEDICAL RESEARCH

## Sample size considerations for comparing dynamic treatment regimens in a sequential multiple-assignment randomized trial with a continuous longitudinal outcome

Nicholas J Seewald,<sup>1</sup>  Kelley M Kidwell,<sup>2</sup> Inbal Nahum-Shani,<sup>3</sup> Tianshuang Wu,<sup>4</sup> James R McKay<sup>5</sup> and Daniel Almirall<sup>1,3</sup>

Statistical Methods in Medical Research  
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*arXiv:1810.13094 [stat.ME]*

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<https://nickseewald.com>