Nonclinical Statistics Conference Potsdam 2012 Statistical planning and analysis of the HET-MN Assay for genotoxicity testing

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The HET-MN: A new method for genotoxicity testing

The problem of *in-vitro* genotoxicity testing is the high number of **false positives** (75–95%) [Kir05].

Optimization efforts (EU, OECD, COLIPA)

Development of new methods

The HET-MN

- = Hen's Egg Test for MicroNuclei induction
- developed at the Univ. of Osnabrück [Wol08]
- detects clastogenic & aneugenic effects
- covers important toxicological processes (metabolic activation, elimination, excretion)



micronucleated erythrocyte

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Introduction

Alternative methods to animal testing play an important role in risk assessment of chemicals.

Legislative background

- EU Chemicals Regulation (REACH)
- EU Cosmetics Regulation 1223/2009
 (→ complete ban on animal testing)

in-vitro Test battery for Genotoxicity

- Bacterial mutation assay (Ames)
- Mammalian cell gene mutation assay
- Mammalian cell micronucleus[#] assay (# or chromosomal aberration) [Pfu10]

If positive, follow-up testing required!









Previous approach to analyse the HET-MN

Proposal in the tox literature [Wol08]:

exact and asymptotic Wilcoxon tests against the concurrent and historical controls: $min(p_{D_lvs.NC}^{exact.Wilcoxon}, p_{D_lvs.histNC}^{asympt.Wilcoxon})$.

Problems:

- no control of the family-wise error rate (FWER)
- $p_{D_ivs.histNC}^{asympt.Wilcoxon}$ monotone in n_{histNC}
- no confidence intervals

Statistical challenges in the HET-MN data

- 1) Small sample size (problem for asymptotic approaches)
- Between-egg heterogeneity (overdispersion leads to liberal decisions) → quasi-binomial/poisson methods
- 3) Increased mean/variance in higher doses
- → robustness against variance heterogeneity
 4) Downturn effects at high doses (problem for methods assuming monotonicity)
- \rightarrow protection against downturn effects
- 5) Near-to-zero counts in NC (can lead to unstable/biased results) → conditional use of historical NCs



Problems in other statistical approaches

- U.S. NTP recommendation for proof-of-hazard analysis: ... continuous variables ... with the parametric multiple comparison procedures of Dunnett [Dun55] and Williams [Wil71]
- Dunnett/Williams-type MCP for overdispersed count data are asymptotically possible in the GLM [Hot08]:

library(multcomp)
f1<-glm(y ~ DOSE, data=HMN, family=quasipoisson(link="log"))
summary(glht(f1, linfct = mcp(DOSE = "Dunnett")))</pre>

- However, this approach
 - i) has inadaquate asymptotic properties for small sample sizes (n=6) AND count data with overdispersion, and
 - ii) is possibly intransparent for toxicologists

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Problems solutions I

- Transformation of count data into pseudo-normally distributed data is common in toxicology
- For overdispersed near-to-zero counts, the Freeman-Tukey root transformation [FT50] can be recommended [Gua09]:

$$x_{ij} = \sqrt{x_{ij}} + \sqrt{x_{ij} + 1}$$

Further adjustments for heterogeneous variances, e.g. by using the sandwich estimator [Her10]), are not needed.

 The Dunnett/Williams-type MCP for the transformed endpoint can be formulated as multiple contrast tests (MCT):

$$t_{Contrast} = \sum_{i=0}^{k} c_i \bar{x}_i / S_{\sqrt{\sum_{i}^{k} c_i^2 / n_i}}$$

where
$$t_{MCT} = max(t_1, \ldots, t_q)$$

is jointly $(t_1, \ldots, t_q)'$ *q*-variate *t*-distributed with common *df* and correlation matrix *R*, with $R = f(c_i, n_i)$ only.

Williams-type procedure using historical controls

Toxicological endpoints such as MN induction represent the outcome of a specific pathological process. They are:

- counts or proportions,
- inherently increasing,
- and tend to be zero or near-to-zero (n-t-z) in NC.

The test sensitivity depends seriously on the number of zeros or n-t-z values. Whether 0 or 1 tumor occurs in 50 ctrl animals has an impact on the *p*-value.

Approaches using historical controls are available [TAR82, Din11, Kit12] but are rarely used in practice, because

- rather complex for toxicologists,
- unstable for $n_{HC} < 10$

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- and do not follow US-FDA recommendation:
- The concurrent control group is always the most appropriate and important in testing drug related increases in tumor rates ... as long as the concurrent control data are within the range of historical control data [FDA01].

Problems solutions II

The contrast matrices for a balanced design with two doses are:

Dunnett procedure one-sided [Dun55]	Williams procedure as multiple contrast [Bre06]	Williams procedure downturn-protected [Hot04]
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c cccc} C_i & C & D_1 & D_2 \\ \hline C_a & -1 & 0 & 1 \\ C_b & -1 & 1/2 & 1/2 \end{array}$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
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Conditional two-step approach using historical controls

• First, check whether the concurrent control data **are within** the range of historical controls, **or not**

Naive 2σ intervals [Nel03] for FT-transformed variables can be recommended (\rightarrow trade-off between simplicity and validity [AB11])

- When within, use the common Williams-type approach against the concurrent control
- When **outside**, use a *modified* Williams-type approach against the arithmetic mean of the control assays ϑ (not mean of all individual controls) (Jaki, Kitsche, Hothorn submitted)

$$t_{\text{Contrast}}^{\text{vs. Standard, normal distr.}} = (\sum_{i=1}^{k} c_{ii} \bar{x}_i - \vartheta) / S_{i=1,...,k} \sqrt{\sum_{i=1}^{k} c_{ii}^2 / n_i}$$

• This approach can be easily realized by means of the parameter **rhs** in the function **glht** of the R package **multcomp**.

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Take home message	References I
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