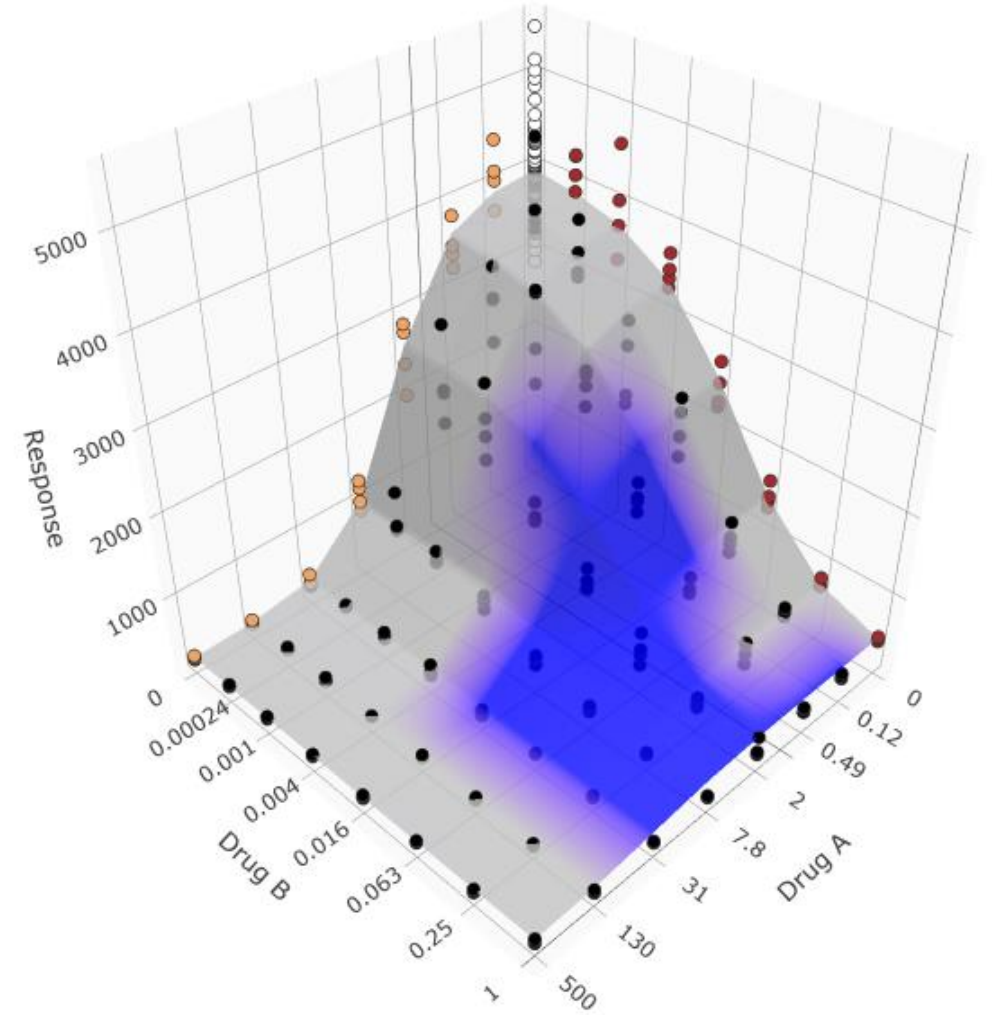


# Unlocking synergy: Navigating Type I Error Control & Heterogeneous Variance in Simulation Studies

Nicholas Hein  
September 2024  
Non-Clinical Statistics Conference

Johnson & Johnson  
Innovative Medicine



# Already in the 1950s, benefit of combination therapies was realized in cancer treatments

 CellPress

**Molecular Cell**

Perspective

## Rational Cancer Treatment Combinations: An Urgent Clinical Need

Julia Boshuizen<sup>1</sup> and Daniel S. Peeper<sup>1,\*</sup>

<sup>1</sup>Division of Molecular Oncology and Immunology, Oncode Institute, The Netherlands Cancer Institute, Plesmanlaan 121, 1066CX Amsterdam, the Netherlands

\*Correspondence: [d.peeper@nki.nl](mailto:d.peeper@nki.nl)

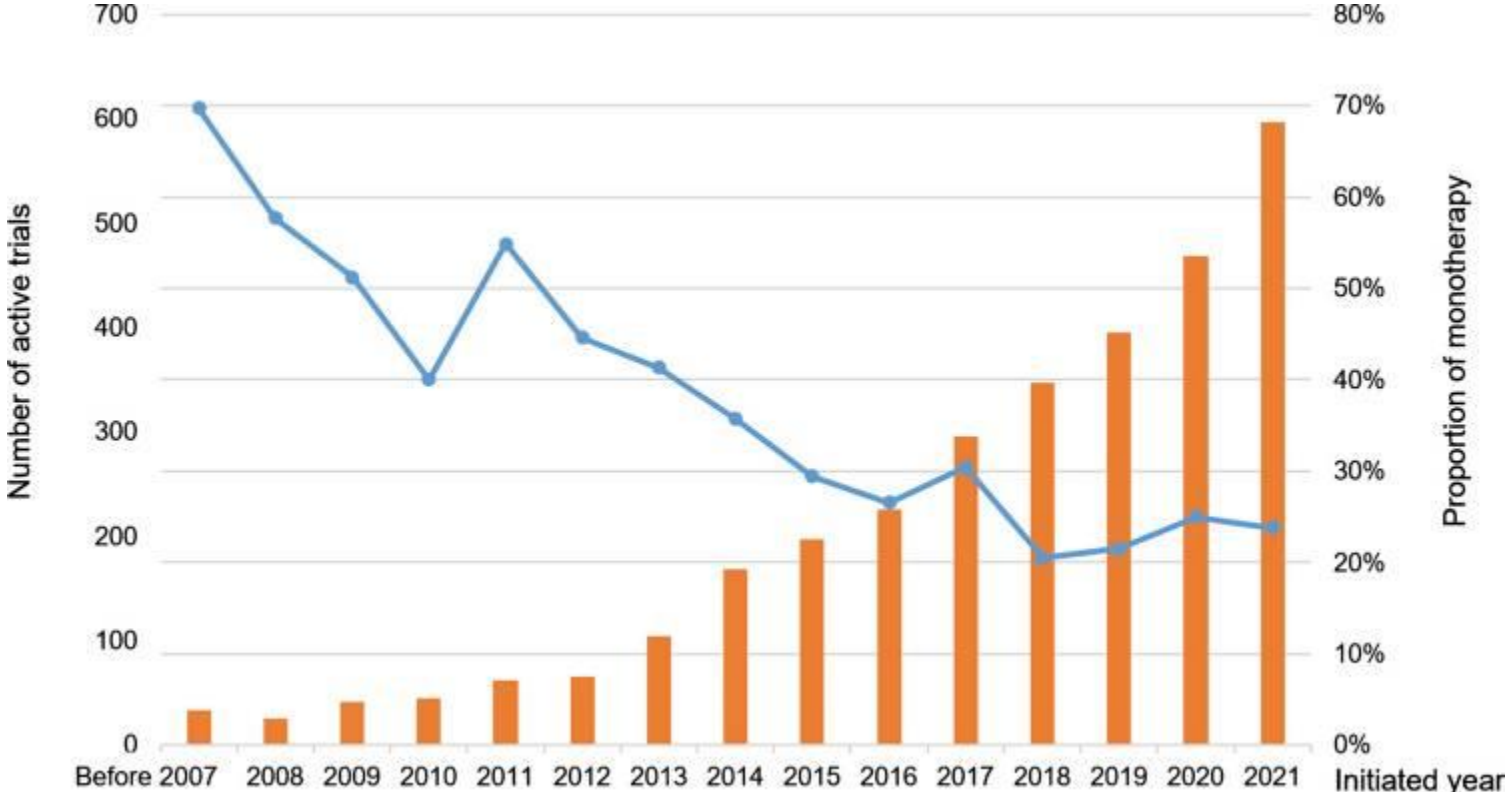
<https://doi.org/10.1016/j.molcel.2020.05.031>

We are witnessing several revolutionary technological advances in cancer. These innovations have not only contributed to a growing understanding of the tumor and its microenvironment but also uncovered an increasing array of new therapeutic targets. For most advanced cancers, therapy resistance limits the benefit of single-agent therapies. Therefore, some 5,000 clinical trials are ongoing globally to probe the clinical benefit of new combination treatments. However, the possibilities to combine individual treatments dramatically outnumber the patients available to enroll in clinical trials. This comes at a potential cost of missed opportunities, clinical failure, avoidable toxicity, insufficient patient accrual, and financial loss. A solution may be to design combination therapies more rationally, which are informed by fundamental biological and mechanistic insight. We will discuss some successes and failures of current treatment combinations, as well as interesting emerging preclinical concepts that warrant clinical exploration.

“Already in 1950, it was realized that the benefit of combining therapies was related to tumor heterogeneity and the selective outgrowth of therapy-resistant tumor clones (Burchenal et al., 1950).”

Boshuizen, J. and Peeper, D.S., 2020. Rational cancer treatment combinations: an urgent clinical need. *Molecular cell*, 78(6), pp.1002-1018.

# Number of clinical trials involving combinations are increasing



Yang, J., Kang, H., Lyu, L., Xiong, W. and Hu, Y., 2023. A target map of clinical combination therapies in oncology: an analysis of clinicaltrials. gov. *Discover Oncology*, 14(1), p.151.

# Statisticians should have the tools and knowledge to design, analyze, and explain combination experiments



## Design



## Analyze



**BIGL Package**

## Report

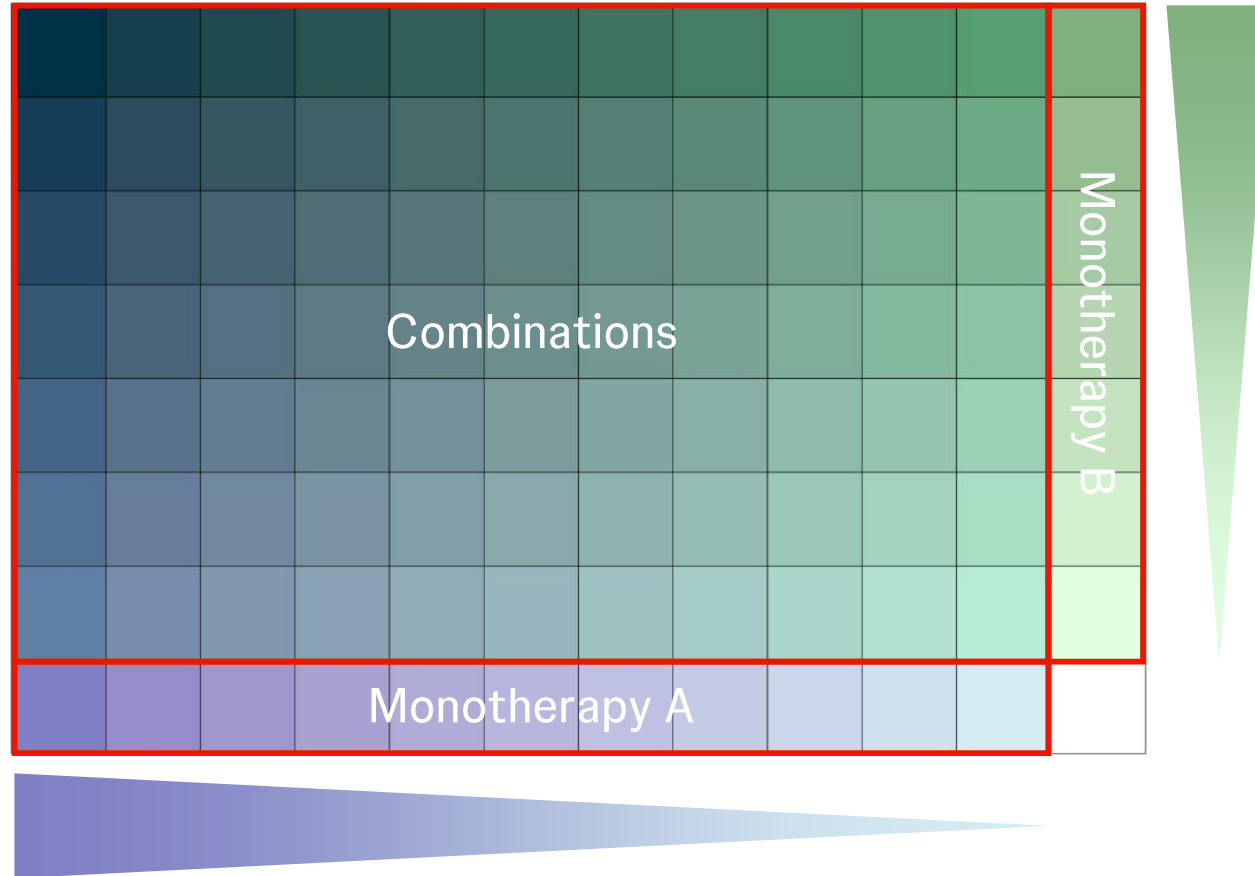


<https://www.linkedin.com/pulse/requirements-effective-report-muath-alabdulkader-fmp--1e>

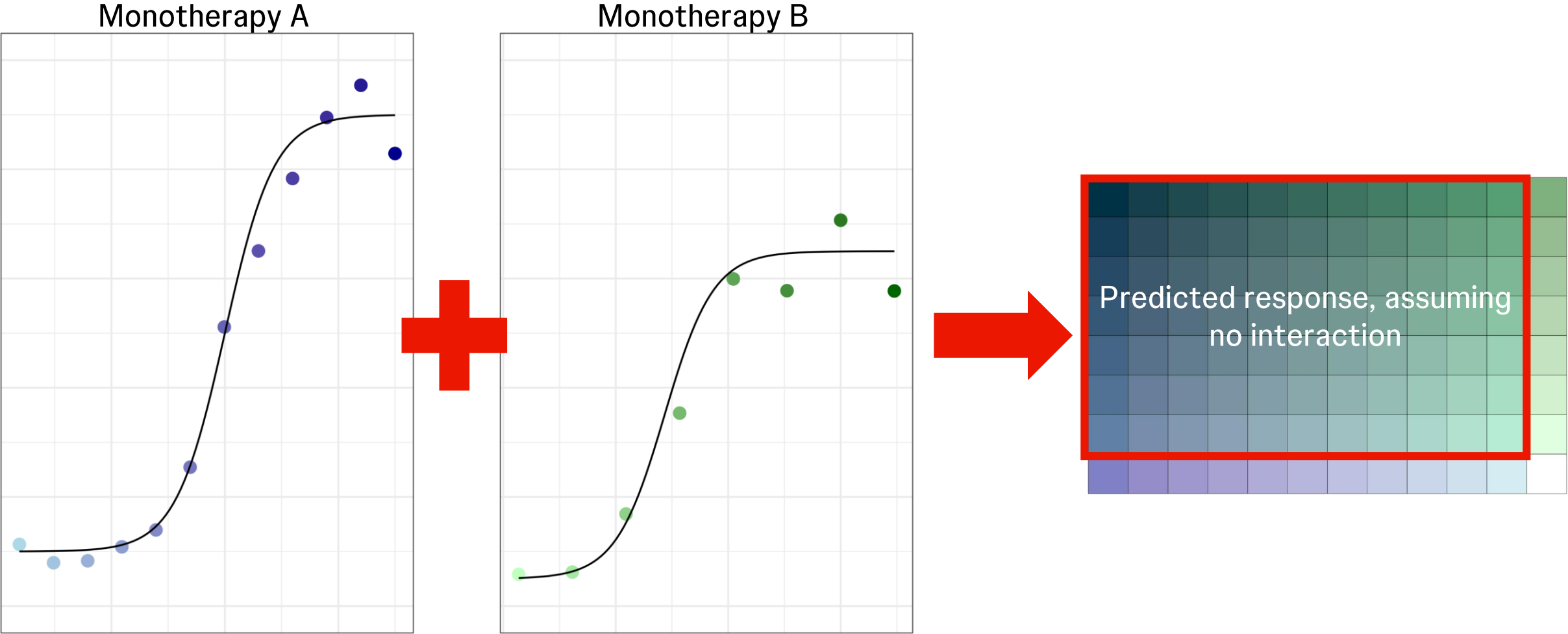
# In the next 12-15 minutes...

1. Learn about one possible experimental design for analyzing combination experiments
2. Learn about the difficulties in analyzing in-vitro combination experiments
3. Possible solutions for mitigating these issues
4. Our recommendation for how to analyze in-vitro combination experiments

# Typical in-vitro experimental design used at J&J discovery



# How in-vitro combination experiments are analyzed



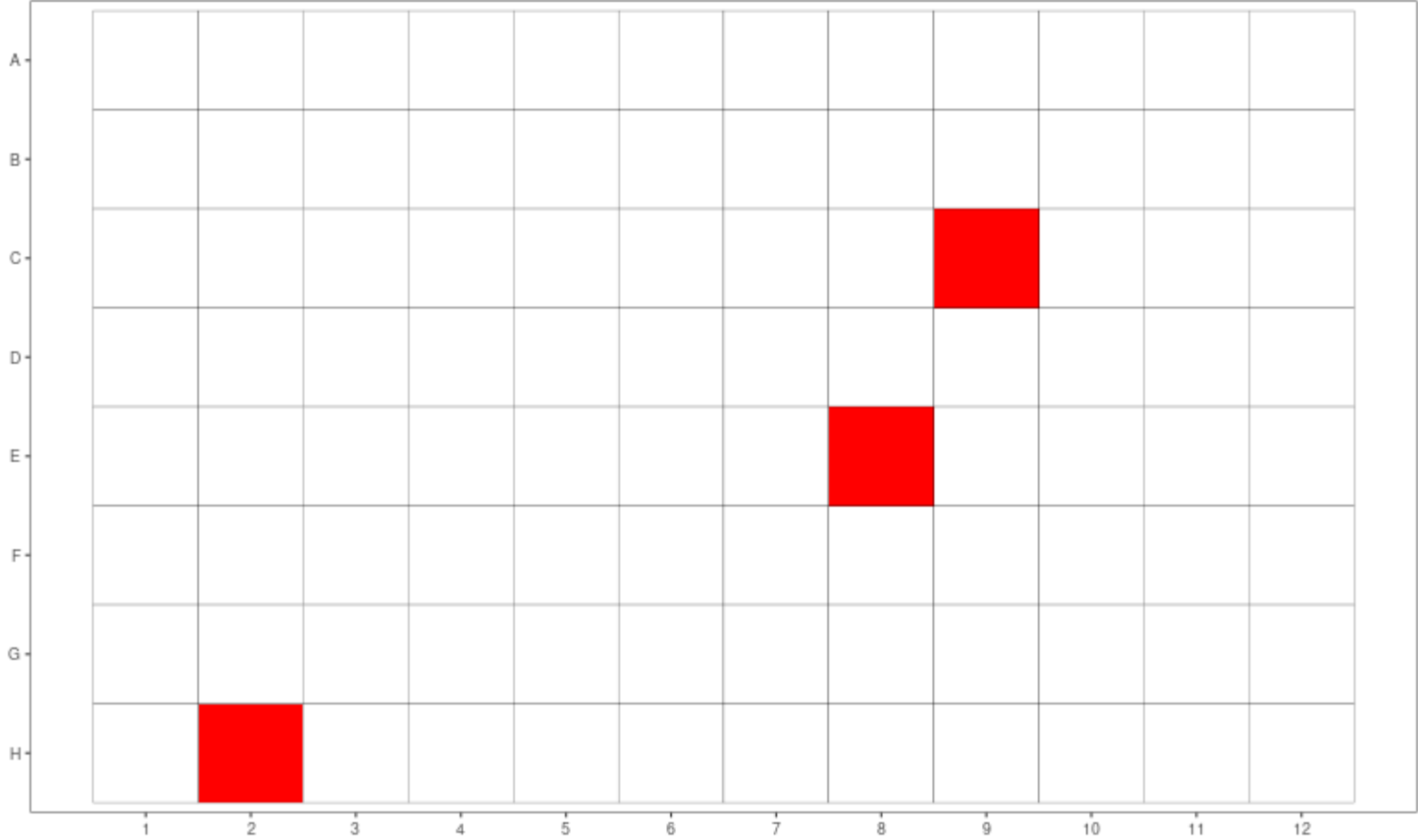
# The predicted responses and observed responses can be compared

-2	0	0	0	0	-1	0	-1	1	2	-1	
0	1	-1	0	0	-2	0	0	0	0	-2	
1	0	2	0	1	1	1	1	1	-1	0	Monotherapy B
0	1	0	3	4	5	3	4	0	-1	1	
0	-3	2	5	3	4	2	2	1	0	0	
0	0	0	4	2	2	3	2	0	-2	0	
0	2	1	-2	-1	-1	0	0	0	2	0	
											Monotherapy A

Synergy  
 Antagonism  
 None



# Multiple comparison problem



 False Positive

# FWER to control the Type I error



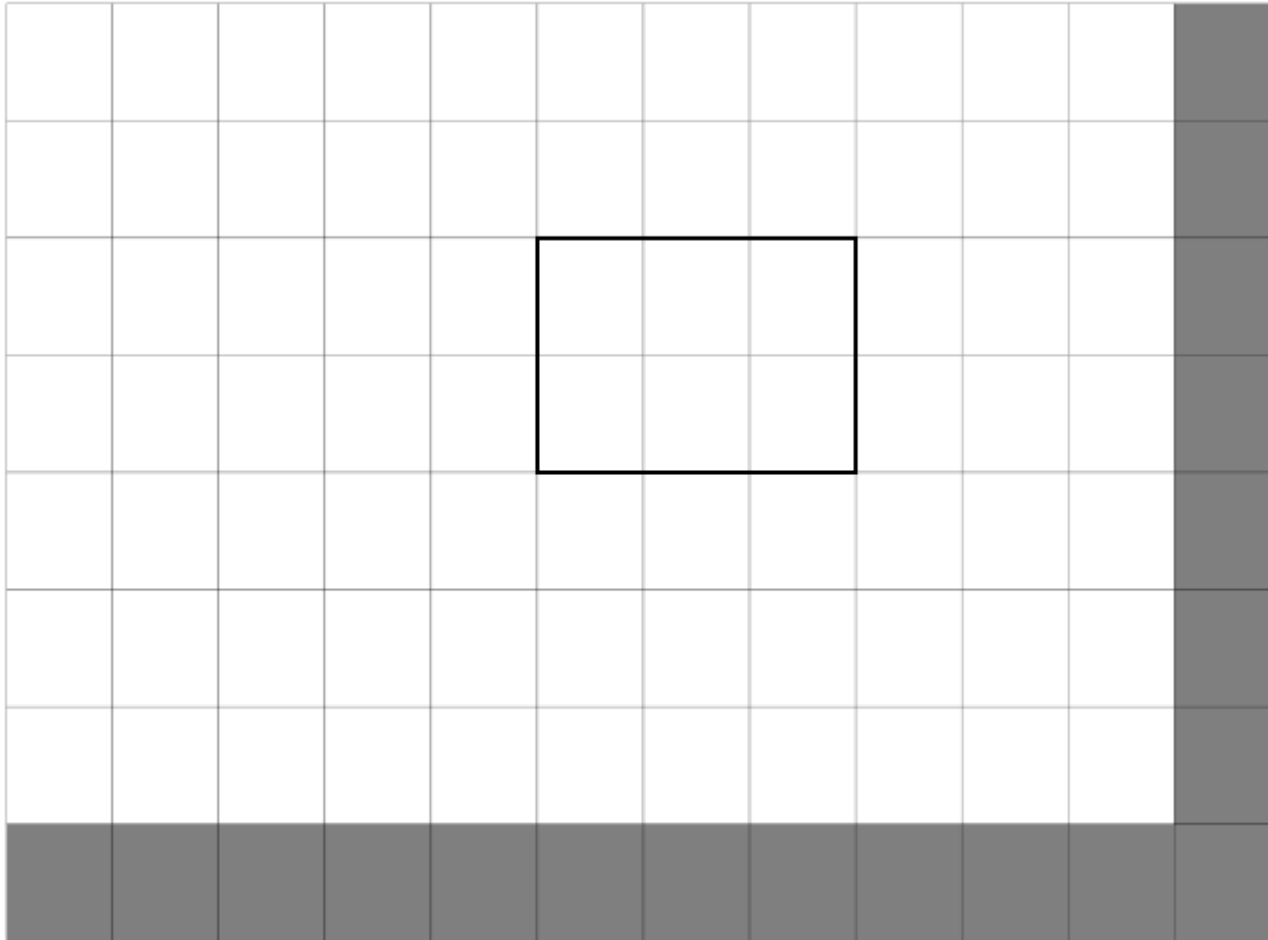
# How does strict control of type I error impact sensitivity?

0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	6	6	6	0	0	0	
0	0	0	0	0	6	6	6	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	

Synergy  
 Antagonism  
 None

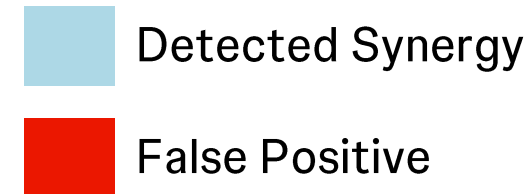
3 replicates/well  
 SD = 3  
 Synergy around EC50s of the monotherapies  
 Bliss null model  
 200 simulations  
 5%  $\alpha$ -level

# Type I error controlled using FWER at the expense of sensitivity

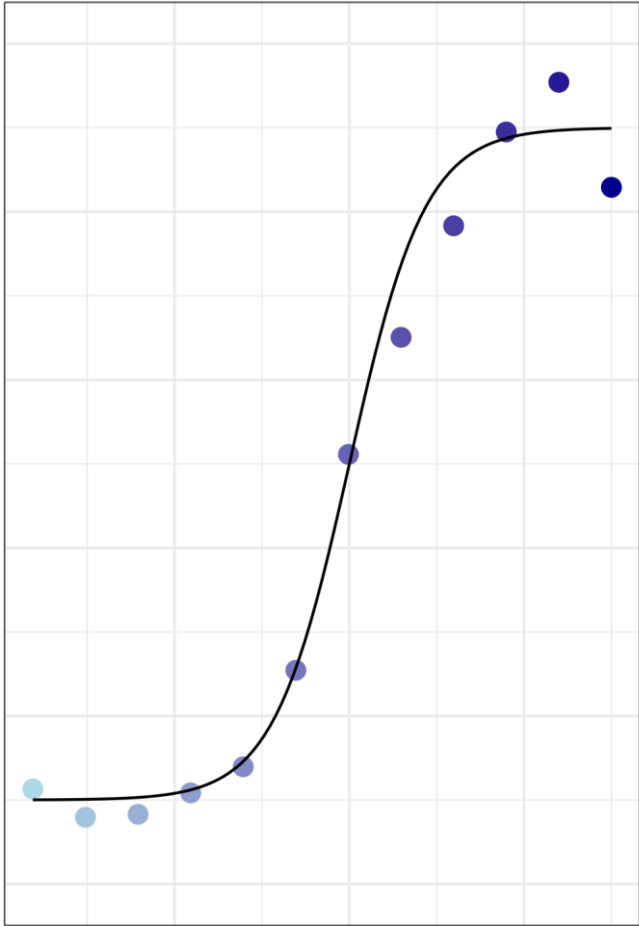
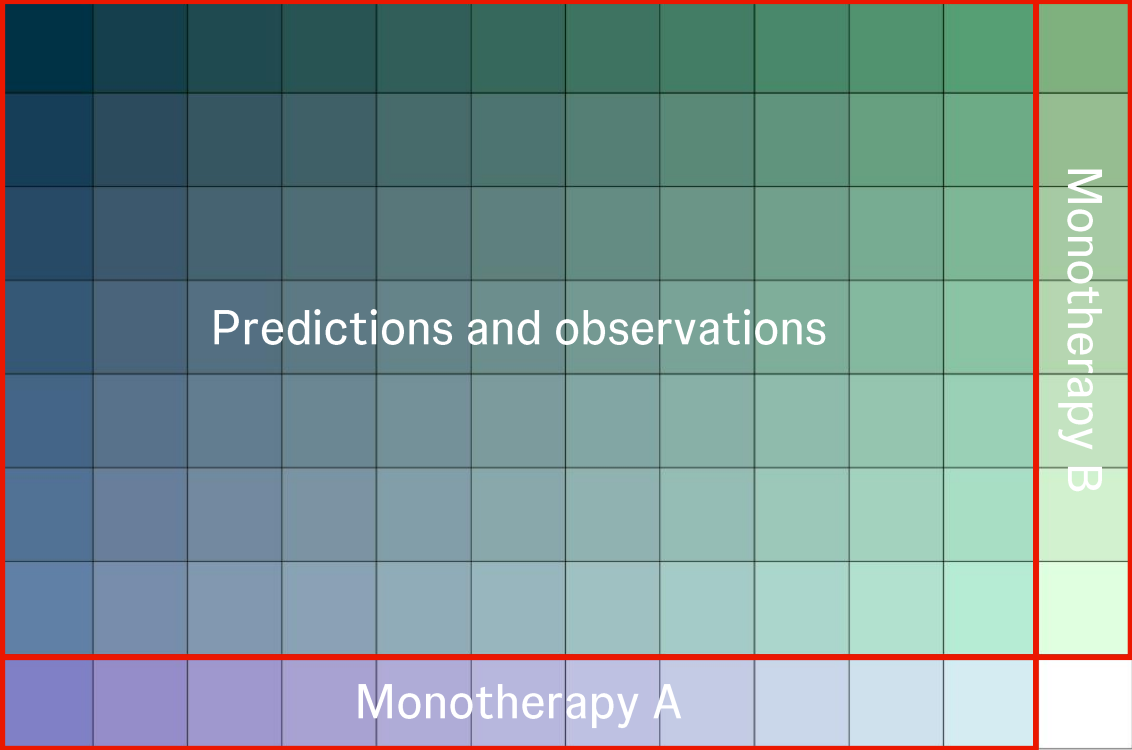


**Average # false positives per simulation**  
< 1 well

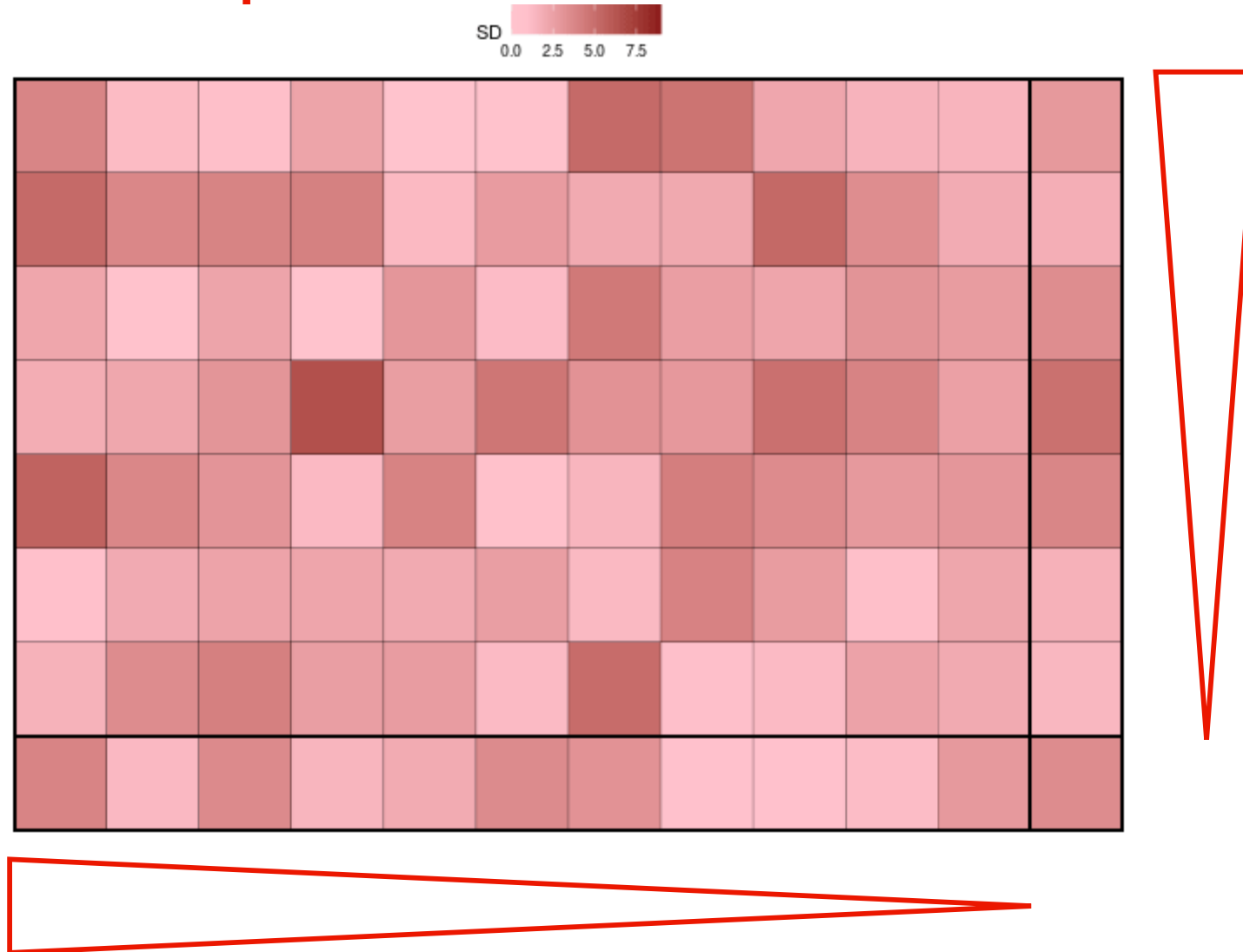
**Average # Synergy wells detected**  
**per simulation**  
< 2 wells



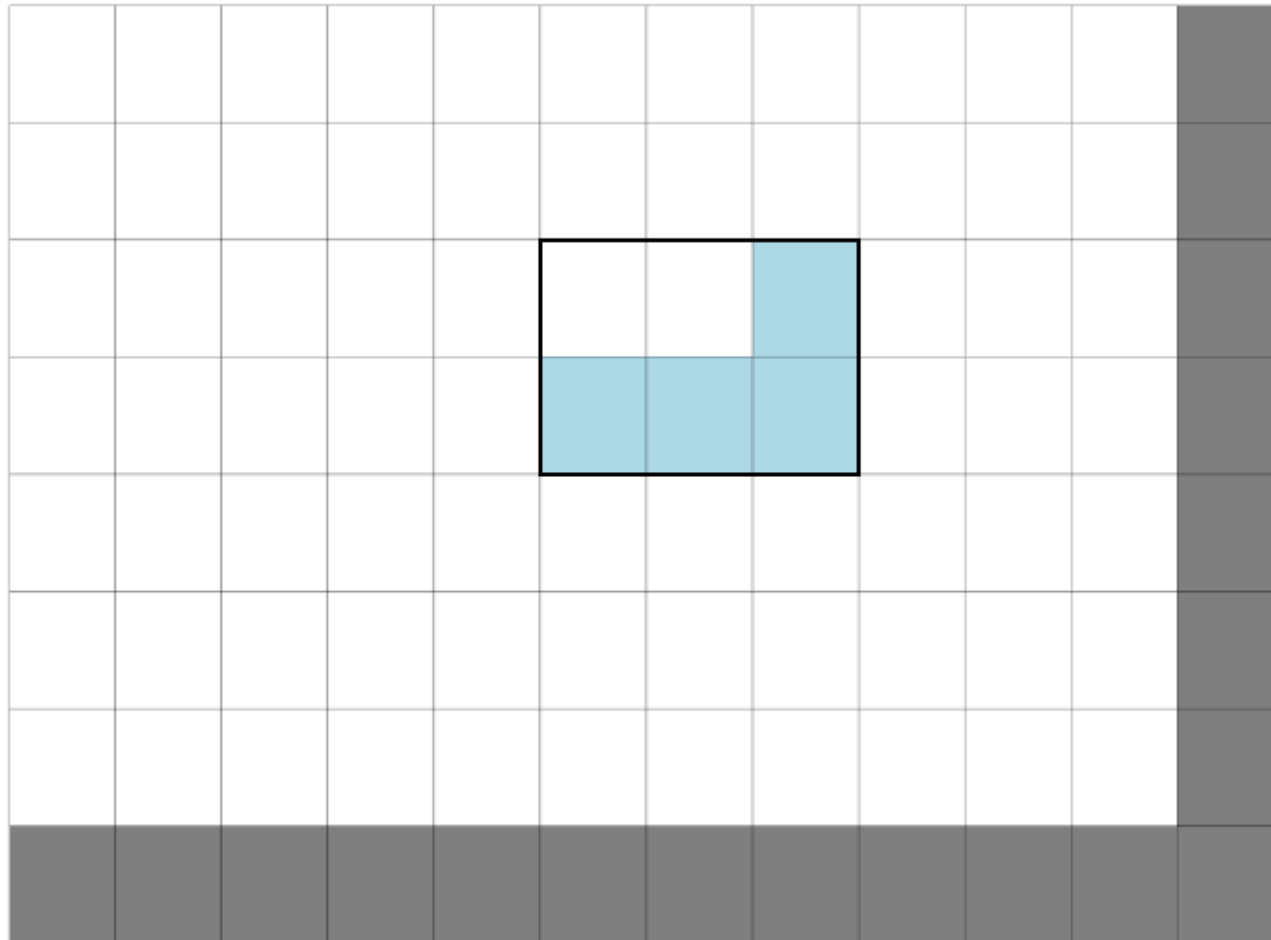
# Multiple components required to estimate variance of effect size



# Heterogeneous variance complicates the multiple comparison problem

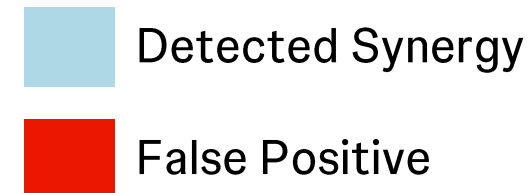


# Type I error can still be controlled by modelling the variance as a function of the response

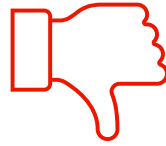
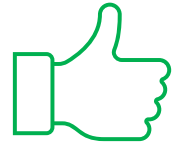


**Average # false positives per simulation**  
< 1 well

**Average # Synergy wells detected per simulation**  
< 2 wells



# Using False Coverage Rate (FCR) to relax Type I error control

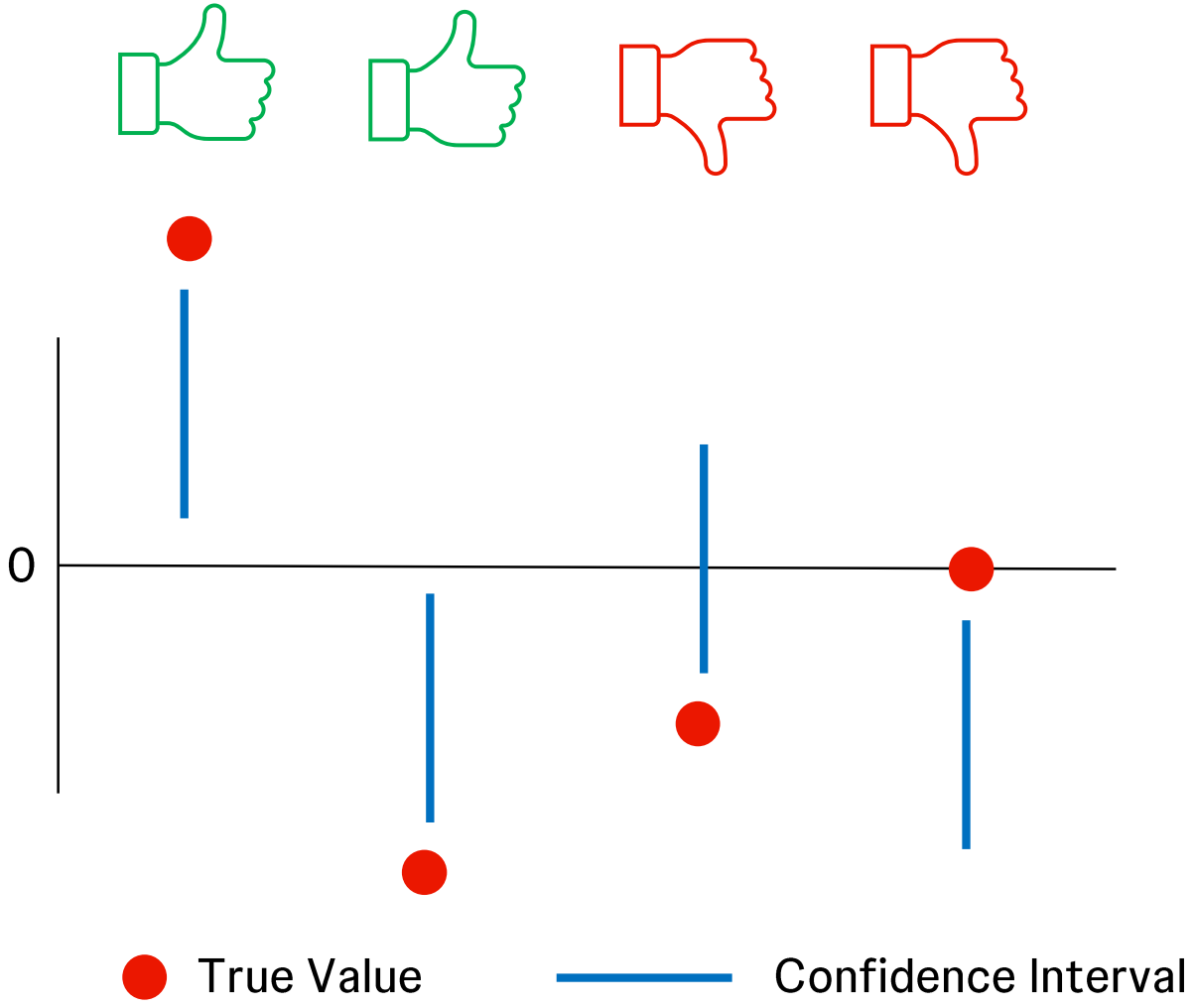


● True Value

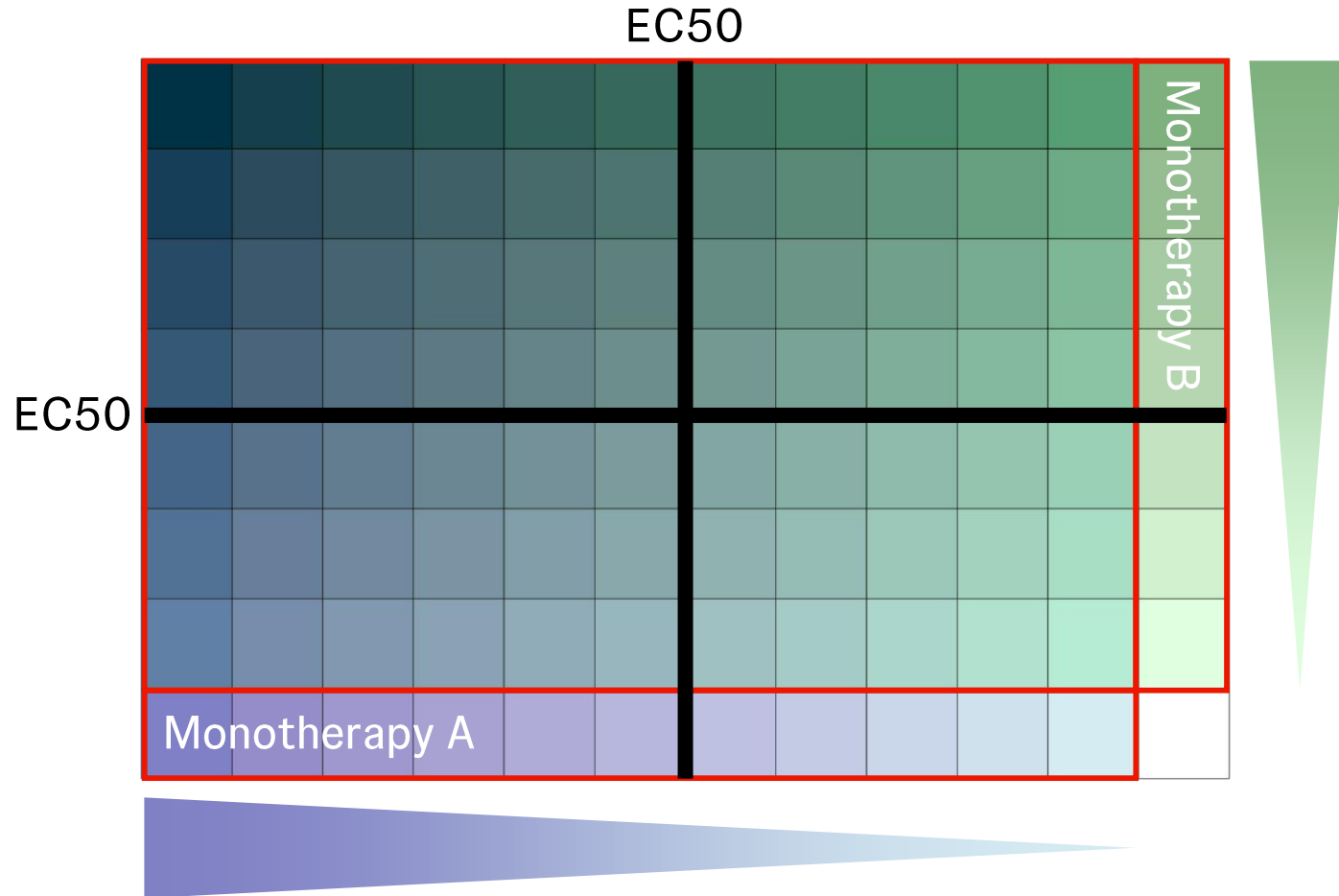
— Confidence Interval



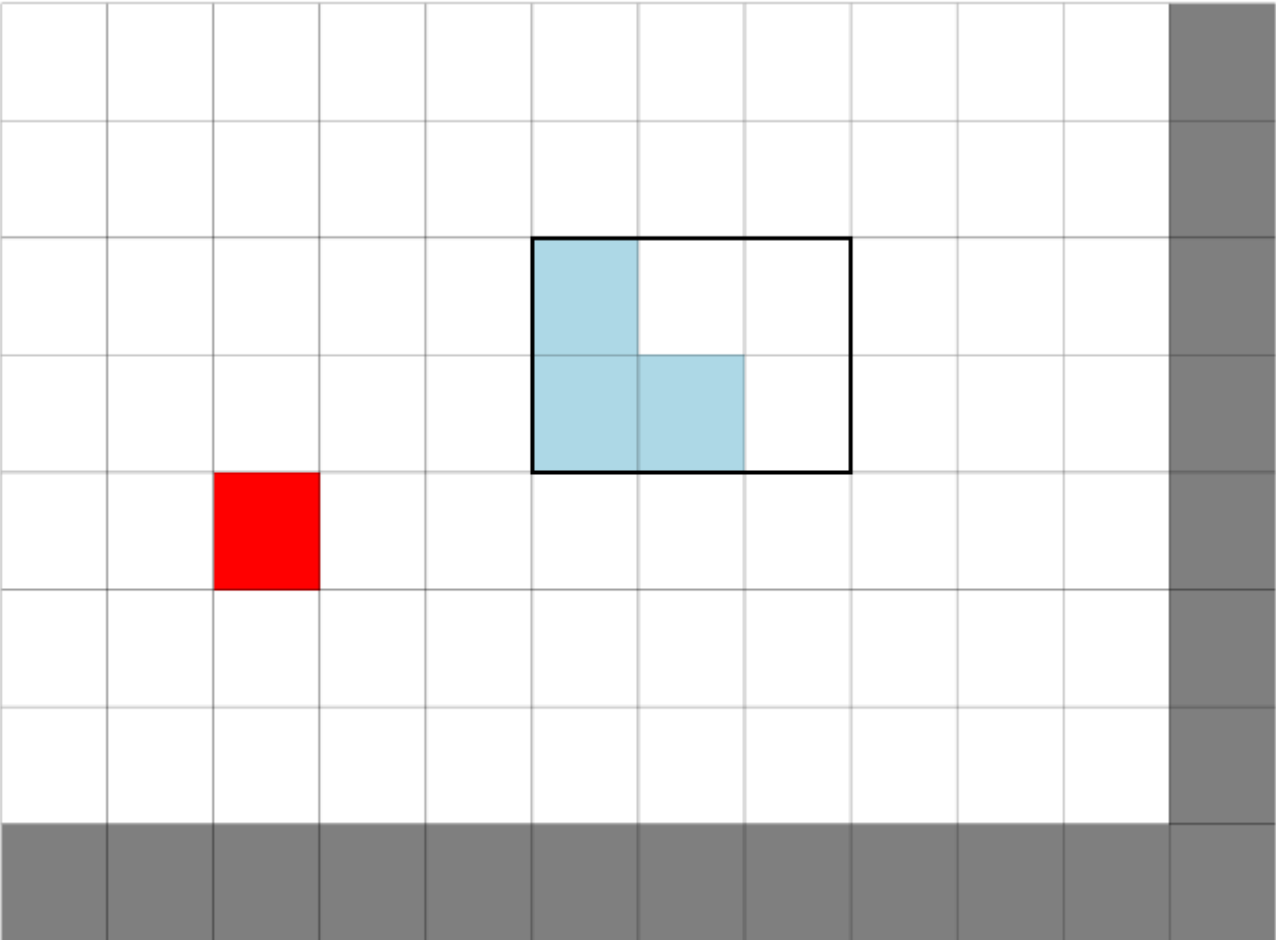
# Improving FCR with the direction (dFCR)



# Accounting for heterogeneous variance using a local bootstrap



# Relaxing the Type I error and adjusting variance estimate increases sensitivity



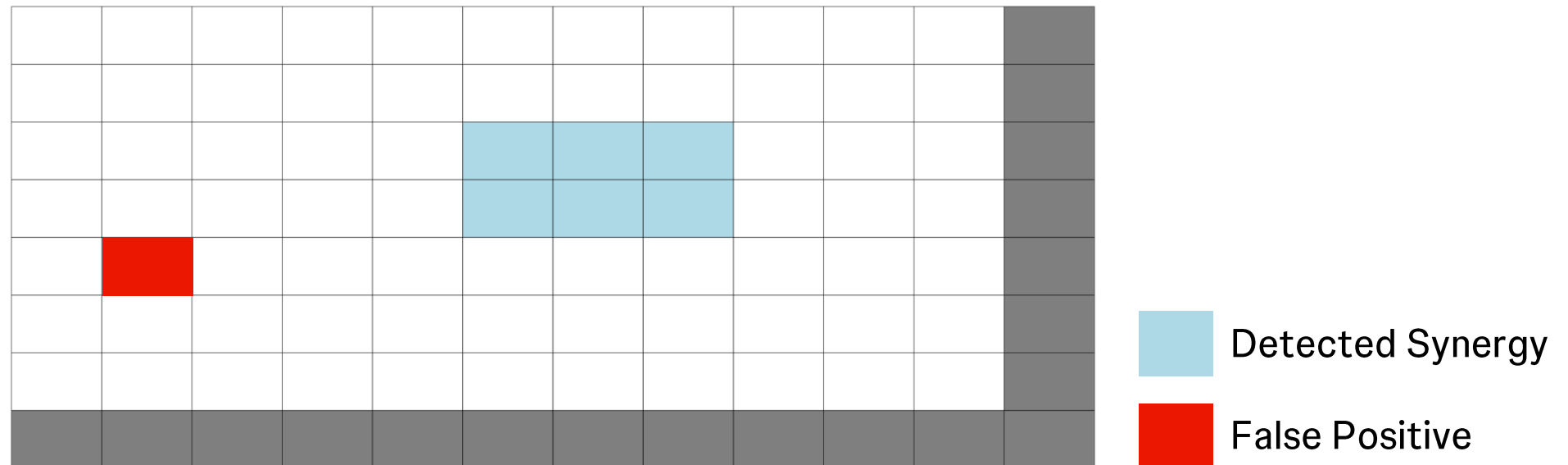
Average # false positives per simulation  
2

Average # Synergy wells detected per simulation  
<5

- Detected Synergy
- False Positive

# Sensitivity is a balancing act with the Type I error control

	FWER Model	dFCR Model	dFCR Local
Average # false positives	<1	4	2
Average # synergy detected	<2	5	<5



# Summary of our simulation study (all results not shown)

If strict control of type I error rate is required, use FWER at an  $\alpha$ -level of 10%

Relaxing type I error rate increases sensitivity at the cost of increased false positives.

This cost can be partially mitigated by using a local bootstrapping method.

More work needs to be done to refine the local bootstrapping method.