
Contents

Preface	xvii
1 Introduction and Examples	1
1.1 Health-Related Quality of Life (HRQoL)	1
1.2 Measuring Health-Related Quality of Life	3
1.2.1 Health Status Measures	3
1.2.2 Patient Preference Measures	4
1.2.3 Objective versus Subjective Questions	5
1.2.4 Generic versus Disease-Specific Instruments	5
1.2.5 Global Index versus Profile of Domain-Specific Measures	6
1.2.6 Response Format	6
1.2.7 Period of Recall	7
1.3 Study 1: Adjuvant Breast Cancer Trial	8
1.3.1 Patient Selection and Treatment	9
1.3.2 Quality of Life Measure and Scoring	9
1.3.3 Timing of HRQoL Assessments	11
1.3.4 Questionnaire Completion/Missing Data	12
1.4 Study 2: Migraine Prevention Trial	12
1.4.1 Patient Selection and Treatment	13
1.4.2 Quality of Life Measure and Scoring	14
1.4.3 Timing of HRQoL Assessments	15
1.4.4 Questionnaire Completion/Missing Data	15
1.5 Study 3: Advanced Lung Cancer Trial	16
1.5.1 Treatment	16
1.5.2 Quality of Life Measure and Scoring	17
1.5.3 Timing of Assessments	18
1.5.4 Questionnaire Completion/Missing Data	19
1.6 Study 4: Renal Cell Carcinoma Trial	19
1.6.1 Patient Selection and Treatment	20
1.6.2 Quality of Life Measures and Scoring	20
1.6.3 Timing of HRQoL Assessments	21
1.6.4 Questionnaire Completion/Missing Data	22
1.7 Study 5: Chemoradiation (CXRT) Trial	23
1.7.1 Patient Selection and Treatment	23
1.7.2 Patient Reported Outcomes	24

1.8	1.7.3 Timing and Frequency of HRQoL Assessments	25
1.8	Study 6: Osteoarthritis Trial	25
1.8.1	Patient Selection and Treatment	25
1.8.2	Timing and Frequency of Assessments	25
1.9	Summary	27
2	Study Design and Protocol Development	29
2.1	Introduction	29
2.1.1	Purpose of the Protocol	29
2.2	Background and Rationale	31
2.3	Research Objectives and Goals	31
2.3.1	Role of HRQoL in the Trial	33
2.3.2	Pragmatic versus Explanatory Inference	33
2.4	Selection of Subjects	34
2.5	Longitudinal Designs	35
2.5.1	Event- or Condition-Driven Designs	35
2.5.2	Time-Driven Designs	36
2.5.3	Timing of the Initial HRQoL Assessment	36
2.5.4	Timing of the Follow-Up HRQoL Assessments	36
2.5.5	Frequency of Evaluations	37
2.5.6	Duration of HRQoL Assessments	38
2.5.7	Assessment after Discontinuation of Therapy	38
2.6	Selection of Measurement Instrument(s)	39
2.6.1	Trial Objectives	40
2.6.2	Validity and Reliability	41
2.6.3	Appropriateness	42
2.7	Conduct of HRQoL Assessments	43
2.7.1	Order and Place of Administration	43
2.7.2	Mode of Administration and Assistance by Third Parties	44
2.7.3	Data Collection and Key Personnel	44
2.7.4	Avoiding Missing Data	45
2.8	Scoring Instruments	48
2.8.1	Reverse Coding	48
2.8.2	Scoring Multi-Item Scales	48
2.8.3	Item nonresponse	49
2.9	Summary	51
3	Models for Longitudinal Studies I	53
3.1	Introduction	53
3.1.1	Repeated Measures Models	53
3.1.2	Growth Curve Models	54
3.1.3	Selection between Models	54
3.2	Building Models for Longitudinal Studies	56
3.2.1	Advantages of the General Linear Model (GLM)	56

3.2.2	Building a General Linear Model	57
3.2.3	Statistics Guiding Model Reduction	57
3.3	Building Repeated Measures Models: The Mean Structure	58
3.3.1	Treatment and Time	58
3.3.2	Common Baseline	61
3.3.3	Change from Baseline	61
3.3.4	Covariates	61
3.3.5	Modeling the “Mean” Structure in SAS	62
3.3.6	Modeling the “Mean” Structure in SPSS	64
3.3.7	Modeling the “Mean” Structure in R	66
3.4	Building Repeated Measures Models: The Covariance Structure	67
3.4.1	Unstructured Covariance	68
3.4.2	Structured Covariance	69
3.4.3	Building the Covariance Structure in SAS	70
3.4.4	Building the Covariance Structure in SPSS	72
3.4.5	Building the Covariance Structure in R	72
3.5	Estimation and Hypothesis Testing	74
3.5.1	Estimation and Hypothesis Testing in SAS	75
3.5.2	Estimation and Hypothesis Testing in SPSS	77
3.5.3	Estimation and Hypothesis Testing in R	78
3.6	Summary	81
4	Models for Longitudinal Studies II	83
4.1	Introduction	83
4.2	Building Growth Curve Models: The “Mean” (Fixed Effects) Structure	84
4.2.1	Polynomial Models	84
4.2.2	Piecewise Linear Regression	85
4.2.3	Modeling the “Mean” Structure in SAS	87
4.2.4	Modeling the “Mean” Structure in SPSS	88
4.2.5	Modeling the “Mean” Structure in R	88
4.3	Building Growth Curve Models: The Covariance Structure	89
4.3.1	Variance of Random Effects (\mathcal{G})	90
4.3.2	Variance of Residual Errors (\mathcal{R}_i)	91
4.3.3	Building the Covariance Structure in SAS	93
4.3.4	Building the Covariance Structure in SPSS	94
4.3.5	Building the Covariance Structure in R	95
4.4	Model Reduction	95
4.5	Hypothesis Testing and Estimation	96
4.5.1	Estimation and Testing in SAS	99
4.5.2	Estimation and Testing in SPSS	99
4.5.3	Estimation and Testing in R	100
4.6	An Alternative Covariance Structure	101
4.6.1	Model for the Means	102

4.6.2	Model for the Variance	102
4.6.3	Estimation and Testing	103
4.7	Summary	104
5	Moderation and Mediation	105
5.1	Introduction	105
5.2	Moderation	107
5.2.1	Moderation across Repeated Measures	107
5.2.2	Change from Baseline	112
5.2.3	Centering Covariates	113
5.3	Mediation	115
5.3.1	Mediation with Treatment as the Predictor	116
5.3.2	Mediation with Time as the Predictor	118
5.4	Other Exploratory Analyses	120
5.4.1	Mediation in Mixed Effects Models	120
5.4.2	Non-Linear Relationships	121
5.5	Summary	123
6	Characterization of Missing Data	125
6.1	Introduction	125
6.1.1	Terminology	126
6.1.2	Why are Missing Data a Problem?	126
6.1.3	How Much Data Can Be Missing?	126
6.1.4	Prevention	127
6.2	Patterns and Causes of Missing Data	128
6.3	Mechanisms of Missing Data	130
6.3.1	The Concept	130
6.3.2	Notation	131
6.4	Missing Completely at Random (MCAR)	132
6.4.1	The Concept	132
6.4.2	Covariate-Dependent Dropout	133
6.4.3	Identifying Covariate-Dependent Missingness	133
6.4.4	Analytic Methods	134
6.5	MAR: Missing at Random	135
6.5.1	The Concept	135
6.5.2	Identifying Dependence on Observed Data (Y_i^{obs})	135
6.5.3	Analytic Methods	139
6.6	MNAR: Missing Not at Random	139
6.6.1	The Concept	139
6.6.2	Identifying Dependence on Unobserved Data (Y_i^{mis})	140
6.6.3	Analytic Methods	143
6.7	Example for Trial with Variation in Timing of Assessments	143
6.8	Example with Different Patterns across Treatment Arms	145
6.9	Summary	146

7 Analysis of Studies with Missing Data	149
7.1 Introduction	149
7.2 Missing Completely at Random	149
7.2.1 Complete Case Analysis (MANOVA)	151
7.2.2 Repeated Univariate Analyses	151
7.3 Ignorable Missing Data	154
7.3.1 Maximum Likelihood Estimation (MLE)	155
7.3.2 Empirical Bayes Estimates	156
7.3.3 Multiple Imputation	157
7.3.4 Lung Cancer Trial (Study 3)	157
7.3.5 Baseline Assessment as a Covariate	157
7.3.6 Adding Other Baseline Covariates	158
7.3.7 Final Comments	159
7.4 Non-Ignorable Missing Data	160
7.4.1 Selection Models	160
7.4.2 Mixture Models	161
7.4.3 Final Comments	161
7.5 Summary	162
8 Simple Imputation	163
8.1 Introduction to Imputation	163
8.1.1 Simple versus Multiple Imputation	164
8.1.2 Imputation in Multivariate Longitudinal Studies	164
8.2 Missing Items in a Multi-Item Questionnaire	165
8.3 Regression Based Methods	167
8.3.1 Mean Value Substitution	167
8.3.2 Explicit Regression Models	168
8.4 Other Simple Imputation Methods	172
8.4.1 Last Value Carried Forward (LVCF)	172
8.4.2 δ -Adjustments	174
8.4.3 Arbitrary High or Low Value	174
8.4.4 Hot Deck and Other Sampling Procedures	175
8.5 Imputing Missing Covariates	176
8.6 Underestimation of Variance	176
8.7 Final Comments	178
8.7.1 Sensitivity Analysis	178
8.8 Summary	179
9 Multiple Imputation	181
9.1 Introduction	181
9.2 Overview of Multiple Imputation	181
9.3 Explicit Univariate Regression	183
9.3.1 Identification of the Imputation Model	183
9.3.2 Computation of Imputed Values	184
9.3.3 Practical Considerations	185

9.3.4	Extensions to Longitudinal Studies	186
9.3.5	Extensions to Multiple HRQoL Measures	186
9.3.6	Assumptions	187
9.3.7	Lung Cancer Trial (Study 3)	187
9.3.8	Implementation	189
9.4	Closest Neighbor and Predictive Mean Matching	192
9.4.1	Closest Neighbor	192
9.4.2	Predictive Mean Matching	192
9.5	Approximate Bayesian Bootstrap (ABB)	194
9.5.1	Practical Considerations	194
9.5.2	The Assumptions	196
9.5.3	A Variation for Non-Ignorable Missing Data	196
9.6	Multivariate Procedures for Non-Monotone Missing Data	196
9.6.1	Implementation in SAS	197
9.6.2	Implementation in SPSS	197
9.6.3	Implementation in R	199
9.7	Analysis of the M Datasets	200
9.7.1	Univariate Estimates and Statistics	200
9.7.2	Multivariate Tests	202
9.7.3	Analysis of M Datasets in SAS	202
9.7.4	Analysis of M Datasets in SPSS	203
9.7.5	Analysis of M Datasets in R	204
9.8	Miscellaneous Issues	205
9.8.1	Sensitivity Analyses	205
9.8.2	Imputation after Death	207
9.8.3	Imputation versus Analytic Models	207
9.8.4	Implications for Design	207
9.9	Summary	208
10	Pattern Mixture and Other Mixture Models	209
10.1	Introduction	209
10.1.1	General Approach	209
10.1.2	Illustration	210
10.2	Pattern Mixture Models	213
10.2.1	Specifying Patterns	213
10.3	Restrictions for Growth Curve Models	214
10.3.1	Linear Trajectories over Time	215
10.3.2	Estimation of the Parameters	217
10.3.3	Nonlinear Trajectories over Time	219
10.3.4	Implementation in SAS	220
10.3.5	Implementation in R	223
10.4	Restrictions for Repeated Measures Models	226
10.4.1	Bivariate Data (Two Repeated Measures)	226
10.4.2	Monotone Dropout	231
10.5	Standard Errors for Mixture Models	235

10.5.1	Delta Method	236
10.5.2	Bootstrap Methods	237
10.6	Summary	238
11	Random Effects Dependent Dropout	239
11.1	Introduction	239
11.2	Conditional Linear Model	241
11.2.1	Assumptions	242
11.2.2	Testing MAR versus MNAR under the Assumptions of Conditional Linear Model	243
11.2.3	Lung Cancer Trial (Study 3)	243
11.2.4	Estimation of the Standard Errors	248
11.3	Varying Coefficient Models	249
11.3.1	Assumptions	250
11.3.2	Application	251
11.3.3	General Application	252
11.4	Joint Models with Shared Parameters	253
11.4.1	Joint versus Conditional Linear Model	255
11.4.2	Testing MAR versus MNAR under the Assumptions of the Joint Model	255
11.4.3	Alternative Parameterizations	255
11.4.4	Implementation	256
11.4.5	Implementation in SAS	257
11.4.6	Implementation in R	262
11.4.7	Multiple Causes of Dropout	263
11.4.8	Other Model Extensions	265
11.5	Summary	266
12	Selection Models	267
12.1	Introduction	267
12.2	Outcome Selection Model for Monotone Dropout	268
12.2.1	Lung Cancer Trial (Study 3)	270
12.3	Summary	274
13	Multiple Endpoints	275
13.1	Introduction	275
13.1.1	Aims and Goals/Role of HRQoL	276
13.1.2	Other Critical Information	276
13.2	General Strategies for Multiple Endpoints	277
13.2.1	Limiting the Number of Confirmatory Tests	278
13.2.2	Summary Measures and Statistics	279
13.2.3	Multiple Testing Procedures	279
13.3	Background Concepts and Definitions	280
13.3.1	Univariate versus Multivariate Test Statistics	280
13.3.2	Global Tests	281

13.3.3	Error Rates	281
13.4	Single Step Procedures	282
13.4.1	Global Tests Based on Multivariate Test Statistics . .	282
13.4.2	Equally Weighted Univariate Statistics	283
13.4.3	Importance Weighting/ Spending α	284
13.5	Sequentially Rejective Methods	285
13.5.1	Equal Weighting of Endpoints	285
13.5.2	Implementation in SAS	286
13.5.3	Implementation in SPSS	286
13.5.4	Implementation in R	287
13.5.5	Importance Weighting	287
13.6	Closed Testing and Gatekeeper Procedures	287
13.6.1	Closed Testing Based on a Bonferroni Correction . .	288
13.6.2	Sequential Families	289
13.6.3	Shortcuts for Closed Testing Procedures	291
13.6.4	A Closed Testing Procedure Based on a Multivariate Test	293
13.6.5	Summary and Composite Measures	294
13.7	Summary	294
14	Composite Endpoints and Summary Measures	295
14.1	Introduction	295
14.1.1	Composite Endpoints versus Summary Measures . .	295
14.1.2	Strengths and Weaknesses	297
14.2	Choosing a Composite Endpoint or Summary Measure . .	298
14.3	Summarizing across HRQoL Domains or Subscales . .	299
14.3.1	Weighting Proportional to the Number of Questions .	301
14.3.2	Factor Analytic Weights	301
14.3.3	Patient Weights	303
14.3.4	Statistically Derived Weights: Inverse Correlation .	303
14.4	Summary Measures across Time	305
14.4.1	Notation	306
14.4.2	Simple Linear Functions	306
14.4.3	Area Under the Curve (AUC)	309
14.5	Composite Endpoints across Time	311
14.5.1	Notation	312
14.5.2	Missing Data	313
14.5.3	Average Rate of Change (Slopes)	314
14.5.4	Area Under the Curve (AUC)	315
14.5.5	Average of Ranks	318
14.5.6	Analysis of Composite Endpoints	319
14.6	Summary	320

15 Quality Adjusted Life-Years (QALYs) and Q-TWiST	323
15.1 Introduction	323
15.2 QALYs	323
15.2.1 Estimation of $QALY_i$	324
15.2.2 Analysis of $QALY_i$	327
15.3 Q-TWiST	328
15.3.1 Kaplan-Meier Estimates of Time in Health States	329
15.3.2 Case 1: Known Estimates of U_{TOX} and U_{REL}	331
15.3.3 Case 2: Two Unknown Weights That Are Equal across Treatments	332
15.3.4 Proportional Hazards Estimates of Time in Health States	334
15.4 Summary	335
16 Analysis Plans and Reporting Results	337
16.1 Introduction	337
16.2 General Analysis Plan	338
16.2.1 Goals of the Trial and Role of HRQoL	338
16.2.2 Primary versus Secondary Endpoints	338
16.2.3 Composite Endpoints or Summary Measures	339
16.2.4 Comparison Procedures	339
16.2.5 Who Is Included?	340
16.2.6 Models for Longitudinal Data	341
16.2.7 Missing Data	341
16.3 Sample Size and Power	342
16.3.1 Simple Linear Combinations of β	344
16.3.2 Longitudinal Studies with Repeated Measures	345
16.3.3 Longitudinal Data and Growth Curve Model	350
16.3.4 Other Considerations	352
16.4 Reporting Results	356
16.5 Summary	356
Appendix C: Cubic Smoothing Splines	357
Appendix P: PAWS/SPSS Notes	359
Appendix R: R Notes	363
Appendix S: SAS Notes	369
References	377
Index	395