# What is the best approach to analyze longitudinal bounded scores? Application to Quality of Life data

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## Introduction

In cancer clinical trials, the patient's quality of life (QoL) is a major outcome measure, generally assessed at specified time intervals by means of by means of Likert-type items questionnaire that covers different domains of the QoL. Usually, the items are summated and linearly transformed to construct a bounded score ranging from 0 to 100. Most papers concerned with the statistical analysis of QoL scores treat them as continuous rather than as bounded variables. The aim of the present study was to compare the results derived from the analysis of longitudinal bounded QoL scores from an EORTC trials under different statistical approaches, namely the linear mixed-effects model and the beta regression model.

Material				Results	
The EORTC 26981 study is a randomized mul- ticenter phase III trial that evaluated the addi- tion of tomorolomide $(TMZ)$ to standard focal	QoL scale	Information criteria	LMM	Beta	Comparison of the information criteria
tion of temozoronnue (TMZ) to Standard Iocar	Fatigue	-2 Log Lik	-305.9	-785.6	roughed that lower values were found

radiotherapy (RT) in 573 patients with newly diagnoses glioblastoma. QoL was assessed using the EORTC QLQC30 version 2 questionnaire [1] and the Brain Cancer Module (BN20): at baseline; during radiotherapy at week 4; 4 weeks after completion of radiotherapy; at the end of the third and sixth cycle of adjuvant temozolomide; and every 3 months thereafter until disease progression for patients allocated RT+TMZ, and at equivalent time points for those allocated RT.

#### **Statistical Methods**

Differences between the two treatment groups were tested using the beta regression model (for bounded values) [2] and the linear mixed-effects model (for continuous values) [3]. To fit to the condition of application of the beta distribution, QoL scores were divided by 100. In the following, consider a sample of N subjects and let Y be an bounded QoL outcome variable assessed on T occasions on each patient. Denote by  $\mathbf{Y}_{ii}$  the

Fatigue	-2 Log Lik AIC BIC	-305.9 -273.9 -205.4	-785.6 -753.6 -685.0	revealed when us proach.	that lowe sing the Estimated	er values were beta regression mean scores $\pm$	tound a ap- SE in			
Global Health	-2 Log Lik AIC BIC	-534.3 -502.3 -433.7	-874.3 -842.3 -773.7	both arms and P-value related to treat- ment effect at each assessment time for the three considered bounded QoL scales are depicted here below. Both						
Future uncertainty	-2 Log Lik AIC BIC	-299.1 -267.1 -198.6	-1109.7 -1077.7 -1009.2	statistica rable res	al approach ults.	hes presented co	)mpa-			
9.0	RT – LMM · – RT – Beta RTMZ – LMM · – RTMZ – Beta									
0.2 0.3 0.4 0.5	$p_{LMM} = 0.76$ $p_{LMM} = 0.07$ $p_{B} = 0.99$ $p_{B} = 0.11$	P <sub>LMM</sub> = 0.08 p <sub>B</sub> = 0.12	$P_{LMM} = 0.05$ $p_{B} = 0.04$	ρ <sub>LMM</sub> = 0.90 p <sub>B</sub> = 0.63	P <sub>LMM</sub> = 0.74 p <sub>B</sub> = 0.54	$p_{LMM} = 0.72$ $p_{B} = 0.90$				
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assessments of Y on the *i*th patient at the *j*th occasion. Associated with each patient, there is a  $p \times 1$  vector of covariates, say  $\mathbf{x}_{ij}$  measured at time j.

**1.** Linear mixed-effects model (LMM) :

 $\mathbf{Y}_{ij} = \mathbf{x}_{ij}^T \boldsymbol{\beta} + \mathbf{z}_{ij}^T \mathbf{b}_i + \boldsymbol{\epsilon}_{ij}$ 

where  $\mathbf{b}_i \overset{ind}{\sim} N(0,G), \ \boldsymbol{\epsilon}_{ij} \overset{ind}{\sim} N(0,\sigma^2)$ , with  $\mathbf{b}_i$ and  $\epsilon_{ij}$  independent from each other.

2. Beta regression model:

 $log \frac{\mu_{ij}}{1-\mu_{ij}} = \mathbf{x}_{ij}^T \boldsymbol{\beta} + \mathbf{z}_{ij}^T \mathbf{b}_i$ 

where  $\mathbf{b}_i \sim N(0, G)$  and  $\mu$  is the mean parameter of the beta distribution.

In both models,  $\mathbf{z}_{ij}$  is vector related to randomeffects,  $\epsilon_{ij}$  and  $\mathbf{b}_i$  the error and the random effects vetor, respectively and G denotes the positive definite covariance matrix of the random



#### Conclusions

The preliminary analysis of these QoL scales showed that both statistical approaches led to the same conclusion when considering the treatment effect, P-values and the mean scores. However, the beta regression model presented a better model fit for the QoL scales. This indicates that incorporating the bounded outcome assumption into the analysis methods can improve QoL hypothesis testing. Those results need to be confirmed by investigating application of other models for longitudinal bounded outcome scores, such as truncated regression model and coarsening approach. Simulation analysis would also be of interest to investigated the impact of various distribution (well-balanced, right or left skewed, U-shape) for the bounded QoL scores.

### References

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