









A methodological review of joint modelling of multivariate time-to-event data and longitudinal outcomes Graeme L. Hickey¹, Pete Philipson², Andrea Jorgensen¹, Ruwanthi Kolamunnage-Dona¹ ¹ Department of Biostatistics, University of Liverpool, UK ² Department of Mathematics and Information Sciences, Northumbria University, UK

Introduction	Search	Highlights
 Joint models of longitudinal and time-to-event data have predominantly focused on a 	Search 1 Search 2	 Majority of articles only considered either multivariate longitudinal or time-to-event data

- univariate longitudinal measure and a single event time
- However, clinical studies are likely to record multiple longitudinal outcomes and/or multiple, recurrent or competing events
- Incorporating all sources of data will improve the predictive capability of any model and lead to more informative inferences for the purpose of medical decision-making
- Our **study objective** is to review the literature for implementations of joint modelling for multivariate data

Methods

- Search of Ovid MEDLINE (1946 to August 2015)
- Keywords included 'multivariate', 'time-toevent', 'longitudinal', etc.
- Web search and scan of reference sections
- Information extracted on multivariate features, data types, submodels, distributional assumptions, estimation methods,



- Numerous innovations in models, distributional assumptions, estimation methodologies
- Diverse range of association structures linking submodels
- Limited clinical application, with methodological papers concentrating most on cardiovascular, neurodegenerative, lung, cancer, and HIV/AIDs diseases
- A lack of software implementations that allow researchers to easily exploit novel methodology, with R the most reported software used for analyses
- A number of novel developments in the field of diagnostics to measure benefit and assess model assumptions

Future research

- Development of the R package joineR to incorporate multivariate outcomes – longitudinal and event times
- Explore techniques for overcoming intractable numerical integration with multiple

applications, diagnostics, software

* 3 articles from a single source

longitudinal outcomes

Random effects Longitudinal: Multivariate/independent normal, Semi-parametric, Discrete, Multivariate-t Frailty: Log-normal, Gamma, Positive stable

> **Estimation method** MLE, NP-MLE, Bayesian MCMC, Conditional score estimation, Two-stage regression calibration, Generalised estimating equations, Multiple imputation

Software C/C++, Fortran, Matlab, S-Plus, R, OpenBUGS, WinBUGS, JAGS, SAS, Stata, MLn

Application Cancer, Cardiovascular disease, Lung disease, HIV / AIDS, Mental health, Neurodegenerative disease, Renal disease, Hepatic disease, Cognitive function, ITU care, Neurological disease

Association structure

Current value, Random effects, JLCM, Correlated random effects, Other (function of imputed longitudinal data profile, cumulative effects, time-dependent slopes, lagged effects, previous values, PMM)

Time-to-event data Continuous, Discrete, Right-censored, Interval-censored, Leftcensored

Longitudinal data Continuous (incl. censored, bounded), Discrete, Ordinal, Combinations of types for multivariate models



Longitudinal submodel LMM, GLMM, NLMM, Item response theory models, Continuation ratio mixed effects, Mixed effects partial proportional odds model, Zero-inflated Beta regression model, Random change-point mixed model

Time-to-event submodel

PH (Cox [incl. cause-specific + sub-distribution], piecewise constant, M-splines, Weibull, Gompertz, restricted cubic spline), Discrete time hazard log-linear, Cure fractions model, Parametric (log-logistic, log-normal, other), Royston-Parmar, Kaplan-Meier, Truncated-geometric distribution-logistic model, Two-step mixture model, Transformation models, Multistate models

Diagnostics & model comparison AIC, BIC, DIC, LRT, LPML, CPO, Local influence measures, Case-deletion diagnostics, Graphical methods, Score test, MCMC diagnostics, Multivariate *L*-measure, Residual analyses (longitudinal, time-to-event), Predictive ability assessment (Harrell's C-statistic, dynamic AUC, dynamic Brier score), Two-group comparison tests, Measures of relative benefit

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data



