

## Principal Investigator

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## General Information

### Key Personnel (in addition to PI):

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**Are external grants or funds being used to support this research?:** External grants or funds are being used to support this research.

**Project Funding Source:** National Institute on Aging

**How did you learn about the YODA Project?:** Other

## Conflict of Interest

[https://yoda.yale.edu/system/files/2020-04-23\\_yoda\\_project\\_coi\\_form\\_for\\_data\\_requestors\\_2019.pdf.pdf](https://yoda.yale.edu/system/files/2020-04-23_yoda_project_coi_form_for_data_requestors_2019.pdf.pdf)

[https://yoda.yale.edu/system/files/yoda\\_project\\_coi\\_form\\_for\\_data\\_requestors\\_2019\\_origent\\_cuerdo.pdf](https://yoda.yale.edu/system/files/yoda_project_coi_form_for_data_requestors_2019_origent_cuerdo.pdf)

## Certification

**Certification:** All information is complete; I (PI) am responsible for the research; data will not be used to support litigious/commercial aims.

**Data Use Agreement Training:** As the Principal Investigator of this study, I certify that I have completed the YODA

## Project Data Use Agreement Training

1. [NCT00679627 - GALALZ3005 - A Randomized, Double-Blind, Placebo-controlled Trial of Long-term \(2-year\) Treatment of Galantamine in Mild to Moderately-Severe Alzheimer's Disease](#)
2. [NCT00575055 - ELN115727-302 - A Phase 3, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Efficacy and Safety Trial of Bapineuzumab \(AAB-001, ELN115727\) In Patients With Mild to Moderate Alzheimer's Disease Who Are Apolipoprotein E4 Carriers](#)
3. [NCT00574132 - ELN115727-301 - A Phase 3, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Efficacy and Safety Trial of Bapineuzumab \(AAB-001, ELN115727\) In Patients With Mild to Moderate Alzheimer's Disease Who Are Apolipoprotein E4 Non- Carriers](#)

**What type of data are you looking for?:** Individual Participant-Level Data, which includes Full CSR and all supporting documentation

## Research Proposal

### Project Title

Machine Learning Applications for Improving the Efficiency of Clinical Trials in Alzheimer's Disease

### Narrative Summary:

This proposal aims to develop machine-learning predictive models and applications that increase the efficiency of drug development clinical trials for Alzheimer's disease. We propose to improve and validate our prototype ADAS-Cog 11 model, develop and validate models for additional commonly used AD trial endpoints, make the model outputs available in real-time to clinical trialists through an application programming interface, fully develop the AD clinical trial applications and prepare the infrastructure and documentation needed to support regulatory submissions. These models and applications will vastly increase the speed and efficiency of drug development for Alzheimer's disease.

### Scientific Abstract:

**Background:** Alzheimer's disease (AD) is characterized by a degree of heterogeneous disease progression that has been cited by numerous authors as a contributing factor in the dismal record of drug development clinical trials for AD. This complex disease is influenced by an interplay between several genetic and environmental factors that have been difficult to capture using traditional modeling techniques. It is clear that drug development for AD would benefit from a framework that stratifies AD patients by predicted disease progression, presenting the possibility of enriching clinical trials with homogeneous participants and using the predictions as covariates for improved randomization and covariate adjustment. This grant application builds on our previous work that resulted in the creation of robust, commercializable machine learning-based clinical trial applications currently being used in drug trials for amyotrophic lateral sclerosis (ALS). We seek to develop similar applications to increase the efficiency of drug development clinical trials for AD.

**Objective:** To increase the efficiency of clinical trials in AD.

**Study design:** To refine our current machine learning ADAS-cog model, develop an MMSE model, validate the models with external datasets, run simulations including virtual controls and power analyses.

**Participants:** Critical Path Institute CAMD and ADNI datasets.

**Main outcome measures:** ADAS-cog and MMSE

**Statistical analysis:** Models evaluated using root-mean square deviation,  $R^2$ , bias, receiver operating characteristics curve, discrimination & calibration.

### Brief Project Background and Statement of Project Significance:

Responses to 7/7 email:

1. Thank you, we are aware of the DUA. The three Alzheimer's disease trial sets requested will be used to validate models already developed using ADNI and Critical Path Institute datasets. Our intent is to present the results at

scientific meetings and publish our results in Peer-reviewed journals.

2. The models have already been developed and the three trials will be used for external validation. We will perform analyses using the training set via 10 fold cross validation, generating root-mean square deviation to assess accuracy and we will examine mean prediction error for bias analysis. From our extensive ALS studies, we have found empirically that an RMSD within 15% of the scale being predicted gives us results useful for the applications we've developed - including virtual controls, enrichment, stratification, randomization, covariate adjustment and subgroup analysis.

Our licenses with CPI and ADNI prevent us from disseminating the data, so we will not upload the data sets into the YODA environment.

Predictors include ADAS total score, sex, baseline word recall, visit study day, word recognition, orientation, object naming, commands, test instruction recall, MMSE score, age, ideational praxis, several labs, spontaneous speech word finding, spoken language, weight, pulse, height, blood pressure.

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In our successful phase 2 SBIR grant, we used ALS as a model disease to develop our ALS product based on machine learning ALS disease progression models, which generate the necessary data for use as virtual controls and for stratifying patients for either trial enrichment or randomization, or for subsequent use as covariates in the statistical analysis of a trial. We successfully commercialized our ALS product prototype into a robust, scalable, market-ready ALS product we call ForecastOne® which includes a versatile Application Programming Interface (API) that can be integrated with the electronic data capture (EDC) systems of clinicals trial to both return predictions in real-time and to store the predictions in the trial database. Our ForecastOne® API is currently in use in a clinical trial being conducted by one of our pharma clients at the Massachusetts General Hospital.

In addition to ALS, we have developed a prototype model for a common AD trial endpoint, the Alzheimer's Disease Assessment Scale-Cognitive Subscale (ADAS-cog) and showed the potential of the model to lower sample size and boost the power of AD clinical trials. This ADAS-cog prototype model serves as the completed proof-of-concept starting point for this Direct-to-Phase 2 SBIR grant application. The objectives of this grant are to improve the prototype ADAS cog model, develop a Mini-Mental State Examination (MMSE, another common AD trial endpoint) model, validate the models with external datasets, make them accessible to clinical trialists through our API, and create several applications for AD drug development using the models, including enrichment, randomization, covariate adjustment and virtual controls. The applications will be made ready to use in AD clinical trials.

### **Specific Aims of the Project:**

AIM 1: Improve & validate our prototype ADAS-Cog 11 model and develop & validate ADAS-Cog 13 & MMSE models.

Challenge: Develop a robust, scalable AD product that makes predictions for commonly used AD outcomes available to clinical trialists directly through their electronic data capture systems, in real-time without multiple data entry.

Aim 2: Develop AD applications, including stratification, randomization, covariate adjustment & prognostic matching.

Challenge: Provide evidence through simulations that the use of the predictions will increase the efficiency of AD clinical trials.

Aim 3: Prepare Open API infrastructure and documentation necessary for inclusion of predictive strategies in trial regulatory submissions for Alzheimer's disease.

Challenge: Create a robust framework compliant with regulatory needs for the use of predictions in the AD drug candidate submissions of our clients.

### **What is the purpose of the analysis being proposed? Please select all that apply.**

Develop or refine statistical methods

Research on clinical trial methods

Research on clinical prediction or risk prediction

## **Research Methods**

### **Data Source and Inclusion/Exclusion Criteria to be used to define the patient sample for your study:**

Critical Path Institute CAMD dataset and ADNI datasets. Selected participants must have longitudinal a record, baseline ADAS-cog & MMSE, date of onset and date of diagnosis.

**Main Outcome Measure and how it will be categorized/defined for your study:**

Main outcomes to be analyzed are ADAS-Cog 11 and MMSE, as recorded in the CAMD and ADNI participant records.

**Main Predictor/Independent Variable and how it will be categorized/defined for your study:**

All discovery will be performed using the CAMD and ADNI datasets that we have already obtained. Once we have discovered all the important predictors, built the models and validated them using internal 10 fold cross validation, we will use the data sets being requested here to validate the models and applications. We will first go through a variable reduction effort using the random forest algorithm. Preliminary studies indicate that baseline ADAS-Cog 11 is the best predictor for ADAS-Cog 11; likewise, baseline MMSE is likely to be the best predictor for MMSE.

**Other Variables of Interest that will be used in your analysis and how they will be categorized/defined for your study:**

Demographics, labs, ApoE status, vitals, time since symptom onset, time since diagnosis. In addition, we hope to discover additional useful features with the CAMD and ADNI datasets.

**Statistical Analysis Plan:**

We will characterize the models using 10 fold cross validation using 10% set aside of the training dataset (merged CAMD and ADNI datasets).

Regression models will be characterized using RMSD, R<sup>2</sup> and bias analysis.

Time to event models will be characterized using ROC curves, discrimination and calibration.

The clinical trial datasets requested here will be used for external validation using the same metrics. They will not be used for model training.

Software Used:

RStudio

**Project Timeline:**

The NIA SBIR grant is expected to begin in 1/21 and continue for 2 years. We request access to the requested datasets as soon as possible to align with our structures prior to funding. Anticipate publication submitted 6/22 to Neurology. Results reported to YODA 3/23.

The project timelines are outlined below:

Table 4. Timelines (project quarter) 1 2 3 4 5 6 7 8

AIM 1: ADAS-Cog 11 model development X X X

AIM 1: ADAS-Cog 13 model development X X X

AIM 1: MMSE model development X X X

AIM 2: Develop AD prognostic match application X X X

AIM 2: Prognostic match simulations X X X

AIM 2: Stratification simulations X X X X X

AIM 2: Randomization simulations X X X X

AIM 2: Covariate adjustment simulations X X X X

AIM 3: Model publication to API X X X X

AIM 3: Quality control X X X X X X X

AIM 3: Documentation X X X X X X X

AIM 3: GDPR & 21 CFR part 11 Compliance X X

**Dissemination Plan:**

We expect that the applications we develop will be useful for drug development. The datasets being requested here will be used as external datasets solely to validate previously trained models. The datasets will not be used in model building, only for validation, and they will thus not be included in the anticipated products. The target audiences of the products are academic, pharma and biotech Sponsors of Alzheimer's disease clinical trials. Our team includes Dr. David Bennett, Director of the Alzheimer's Disease Center of Rush University Medical Center, Chicago - we plan to publish the results in Neurology and present at AAIC 2022 and 2023.

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