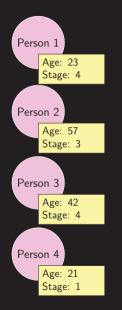
Addressing Modern Challenges to Truly Personalized Medicine

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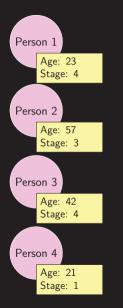
Tuesday October 3, 2023

Treat the patient, not the disease.



Experimental Treatment

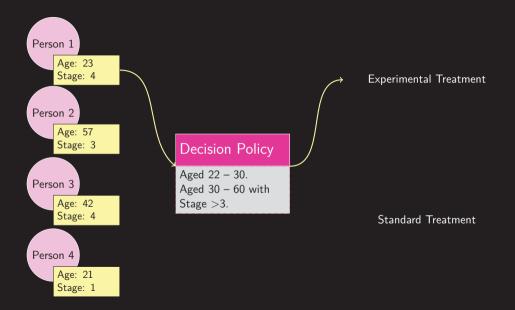
Standard Treatment

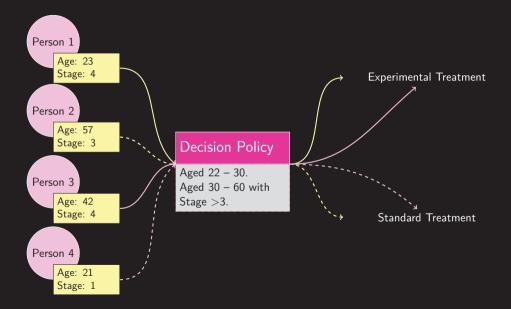


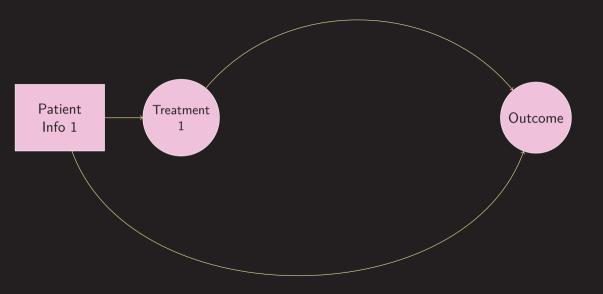
Decision Policy
Aged 22 – 30. Aged 30 – 60 with Stage >3.

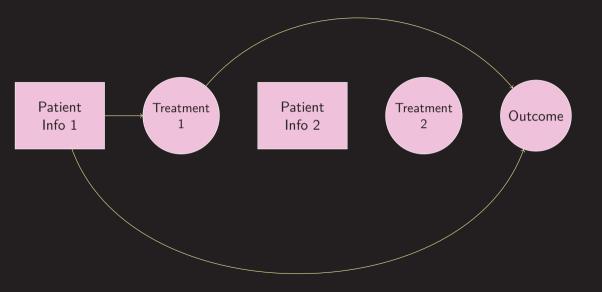
Experimental Treatment

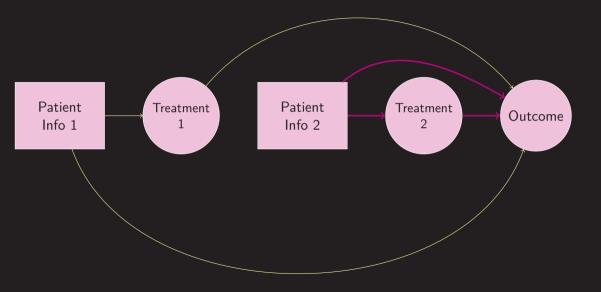
Standard Treatment

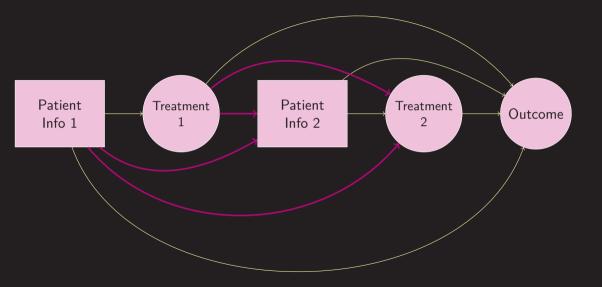












These models are referred to as dynamic treatment regimes.



Modern data present certain challenges, limiting the uptake of dynamic treatment regimes.

Problem 1: Noisy Data

Measurement error refers to any situation where a quantity of interest is not, or cannot be, accurately observed.



Measurement error renders the results of an analysis entirely unreliable if the effects are not corrected for.

Proposed Solution (Spicker and Wallace 2020)

Check for updates

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RESEARCH ARTICLE

Statistics in Medicine WILEY

Measurement error and precision medicine: Error-prone tailoring covariates in dynamic treatment regimes

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Funding information

Natural Sciences and Engineering Research Council (NSERC) Discovery Grant

Summary

Precision medicine inc ment decisions, seeking time-varying covariates a can be formalized with covariate-dependent trea

In this work we propose a modified version of an existing dynamic treatment regime estimation procedure which corrects for the impact of measurement error in definition individual-level factors.

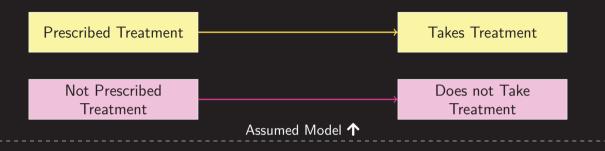
Account for Measurement Error from the Start

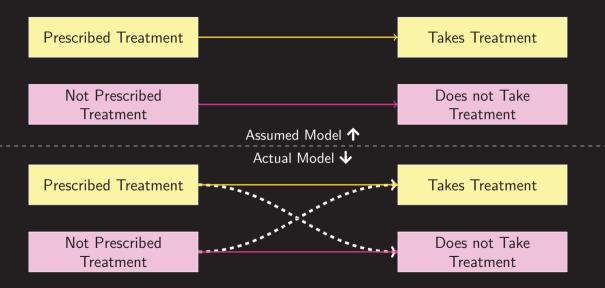
ture has not addressed a ubiquitous concern in health research—measurement error—where observed data deviate from the truth. We discuss the consequences of ignoring measurement error in the context of DTRs, focusing on challenges unique to precision medicine. We show—through simulation and theoretical results—that relatively simple measurement error correction techniques can lead to substantial improvements over uncorrected analyses, and apply these findings to the sequenced treatment alternatives to relieve depression study.

KEYWORDS

precision medicine, measurement error, personalized medicine, dynamic treatment regimes, adaptive treatment strategies

Problem 2: Nonadherence





Proposed Solution (Spicker, Wallace, and Yi 2023)

CORRECTING FOR THE EFFECTS OF NON-ADHERENCE IN OPTIMAL DYNAMIC TREATMENT REGIME ESTIMATION USING G-ESTIMATION.

A PREPRINT

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> Department of Depart

Separate the Impact of Adherence and Treatment

Model separately the effects of adherence and of treatment efficacy to correctly estimate the true optimal dynamic treatment regime, and the propensity of adherence, which can be combined as required by clinical decision makers.

September 23, 2023

ABSTRACT

Precision medicine is method for evidence-based medicine predicated on determining optimal treatments based on individual-level characteristics. In longitudinal settings, precision medicine can be formalized through the use of dynamic treatment regimes (DTRs.) DTRs are sequences of functions which take as input patient information and output treatment recommendations. A substantial focus of the DTR literature is on the estimation of optimal DTRs, those sequences of treatment rules which provide maximal benefit in expectation if they were to be applied across a population. While

Problem 3: Individual-Level Privacy

Patryk Palazzo

Birthyear: 1960 Status: HIV+ Sex: M **CD4 Count**: 1014 **% CD4 Positive**: 48 **WBC Count**: 6400 **RBC Count**: 4.8 **CD8 Count**: 549 Systolic BP: 158 Diastolic BP: 102 Weight: 154lbs Notes: MSM, 2 Week

Charles De León Birthyear: 1985 Status: HIV+ Sex: M **CD4 Count** 1989 % CD4 Positive: 65 **WBC Count**: 10200 **RBC Count**: 5.2 **CD8 Count**: 520 Systolic BP: 135 Diastolic BP: 95 Weight: 160lbs Notes: MSM, No Fever,

Roman Ormond

Birthyear: 1951 Status: AIDS Sex: M **CD4 Count**: 508 % CD4 Positive: 25 **WBC Count**: 5800 **RBC Count**: 5.4 **CD8 Count**: 1076 Systolic BP: 110 **Diastolic BP: 75** Weight: 143lbs Notes: MSM, No Fever, Herpes

Proposed Solution (Spicker, Moodie, and Shortreed 2023)

ARTICLE TYPE

Differentially Private Outcome-Weighted Learning for Optimal Dynamic Treatment Regime Estimation

Dylan Spicker^{*1} | Erica E.M. Moodie² | Susan M. Shortreed^{3,4}

Abstract

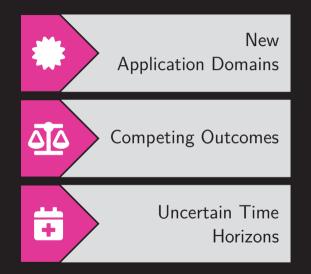
¹ Pepartment of Mathematics and Statistics, University of New Brunswick (Saint John), NB, Canada ² Pepartment of Epidemiology, Biostatistics, and Occupational Health, McGill University, QC, Canada ³ Kaiser Permanente Washington Health Research Institute, WA, USA ⁴ Pepartment of Biostatistics University of Washington, WA, USA

Correspondence *Dylan Spicker, Corresponding address. Email: dylan.spicker@unb.ca

Apply the Standards of Differential Privacy

Precision medic that seeks to d vant patient-lev highly sensitive na longitudina estimating optimal achieves a rigorous mathematical standard of privacy (known as differential privacy) with provable accuracy compared with non-private estimation techniques.

classification rule produced by SVMs often requires direct access to the support vectors. Thus, releasing a treatment policy estimated with OWL requires the release of patient data for a subset of patients in the sample. As a result, the classification rules from SVMs constitute a severe privacy violation for those individuals whose data comprise the support vectors. This privacy violation is a major concern, particularly in light of the potentially highly sensitive medical data which are used in DTR estimation. Differential privacy has emerged as a mathematical framework for ensuring the privacy of individual-level data, with provable guarantees on the likelihood that individual characteristics can be determined be an adversary. We provide the first investication of differential privacy in the context of



Thank You!

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