# Developing descem: a Package for Discrete Event Simulation in R

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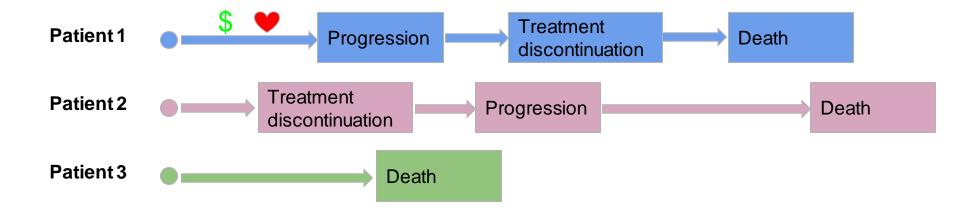
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# Why <u>descem</u> for Discrete Event Simulation for CEA?

- Context and perspective:
  - DES not really used for HTA submissions but increasingly relevant, harder to approach for modellers, not widespread use relative to other more popular models (AUC, Markov)
  - Current existing packages have a non-HE focus or assume advanced user knowledge
- Our focus:
  - Compare interventions with an interest in LYs/QALYs/Costs and ICERs
  - Industry, HTA bodies, targeted to beginner/intermediate R users
  - Focus on clarity/accessibility, easy adaptation, modelling of capacity constraints are not required

# How does DES work?

- Models the system as a series of 'events' (e.g. a disease progression or treatment discontinuation) that occur over time
- · Moves forward in time at discrete intervals
- Patients modelled as independent entities each of which can be given associated attribute information



#### Steps to run a model in descem

- Parameters
  - common within simulation (e.g. unit costs)
  - o common for a patient across interventions (e.g. patient characteristics)
  - specific to each patient and intervention (e.g. flags)
- Initial events and time to event
- Declaration of reaction to each event
- (optional) Utilities and costs
- Run the model and check results

### Model engine: Loop description and order of execution

- Four nested loops:
  - per simulation (PSA)
  - $\circ$  per patient
  - per intervention
  - per event
- For each event, compute discounted qalys/lys/costs between previous and current event and then add/update events/items as defined in the reaction
- Each patient is "cloned" for each intervention (same basic characteristics) to compare "apples to apples"

# Simulations Set up parameters common to all patients Patients Set up parameters common for a patient across interventions Interventions to each intervention Events Execute event reactions Compute costs, QALYs

### What the user sees in descem: setting parameters

- Parameters can be assigned at the simulation, patient and intervention level through add\_item()
- Features:
  - Use lazy evaluation: all the inputs are only evaluated when the model is run
  - External data can also be introduced directly

Setting parameters through add\_item()

#### What the user sees in descem: setting events and reactions

- Initial event times defined by using add\_tte()
- Reactions are set for each event type through add\_reactevt(). Use modify\_item(), new\_event() and modify\_event() in the reactions
- Use of pipe to chain different interventions or events
- Expressions allow users to have full flexibility in coding. Debugging through browser() can also be implemented in these code chunks (helps verify values!)

Setting initial event times through add\_tte()

```
init_event_list <-
  add_tte(trt="noint", evts = c("sick","sicker","death") ,input={
    sick <- 0
    sicker <- draw_tte(1,dist="exp", coef1=coef_noint)
}) %>%
add_tte(trt="int", evts = c("sick","sicker","death") ,input={
    sick <- 0
    sicker <- draw_tte(1,dist="exp", coef1=coef_noint, hr = HR_int)
})</pre>
```

Setting reactions to each event through add\_reactevt()

#### What the user sees in descem: adding utilities and costs (optional)

- Utilities and costs are optional and can be added through add\_util() and add\_cost().
- Utilities and costs can be continuous, instantaneous and through cycles and will be discounted.
- We can define the specific equation that defines the utility/costs.

Setting utilities and costs through add\_util() and add\_cost()

```
util_ongoing <-
add_util(
    evt = c("sick", "sicker", "death"),
    trt = c("int", "noint"),
    util = util.sick * fl.sick + util.sicker * (1 - fl.sick)
)
cost_ongoing <-
add_cost(
    evt = c("sick", "sicker","death") ,
    trt = c("int", "noint"),
    cost = cost.sick * fl.sick + cost.sicker * (1-fl.sick) + cost.int * fl.sick * fl.trt
)</pre>
```

#### What the user sees in descem: running the model

- Run model using RunSim()
- PSA can be easily implemented (boolean variable)  $\rightarrow$

```
common_all_inputs <- add_item(
   coef1_psa = if(psa_bool){rnorm(1,2,0.1)}else{2}
)</pre>
```

• Using multiple cores makes computing time manageable (100,000 patients simulated < 100 seconds), though efficiency gains can be expected in the future

The model can be run through RunSim()

```
results <- RunSim(
 npats=1000,
 n_sim=1,
 psa_bool = FALSE,
 trt_list = c("int", "noint"),
 common_all_inputs = common_all_inputs,
 common_pt_inputs = common_pt_inputs,
 unique_pt_inputs = unique_pt_inputs,
 init_event_list = init_event_list,
 evt_react_list = evt_react_list,
 util_ongoing_list = util_ongoing,
 cost_ongoing_list = cost_ongoing,
 ncores = 4,
 drc = 0.035,
 drq = 0.035
```

Summary function available

```
[1] "Simulation number: 1"
[1] "Time to run iteration 1: 1.39s"
[1] "Total time to run: 1.39s"
> summary results det(results$final output)
          int
                noint
costs 53581.28 51848.33
lys
         9.62 9.62
         6.18 5.97
galys
ICER
           NA
                  Inf
ICUR
           NA 8108.79
```

#### What the user sees in descem: the output

• The output contains all the simulated data. Additional variables of interest can also be exported through the *input\_out* argument in RunSim()

The output has all the relevant information and the user can add any extra desired variable/parameter

|       | evtname | evttime   | cost     | qaly     | ly       | pat_id | trt   | total_costs | total_qalys | total_lys | simulation |
|-------|---------|-----------|----------|----------|----------|--------|-------|-------------|-------------|-----------|------------|
| 1:    | sick    | 0.000000  | 0.00     | 0.000000 | 0.000000 | 1      | int   | 78535.26    | 7.139574    | 12.494251 | 1          |
| 2:    | sicker  | 3.138304  | 11899.32 | 2.379864 | 2.974830 | 1      | int   | 78535.26    | 7.139574    | 12.494251 | 1          |
| 3:    | death   | 16.330813 | 66635.94 | 4.759710 | 9.519420 | 1      | int   | 78535.26    | 7.139574    | 12.494251 | 1          |
| 4:    | sick    | 0.000000  | 0.00     | 0.000000 | 0.000000 | 2      | int   | 49361.20    | 6.012971    | 9.124242  | 1          |
| 5:    | sicker  | 5.289515  | 19344.67 | 3.868934 | 4.836167 | 2      | int   | 49361.20    | 6.012971    | 9.124242  | 1          |
|       |         |           |          |          |          |        |       |             |             |           |            |
| 5707: | sicker  | 5.654214  | 15414.87 | 4.110633 | 5.138291 | 999    | noint | 78590.09    | 8.623148    | 14.163322 | 1          |
| 5708: | death   | 19.416184 | 63175.22 | 4.512516 | 9.025031 | 999    | noint | 78590.09    | 8.623148    | 14.163322 | 1          |
| 5709: | sick    | 0.000000  | 0.00     | 0.000000 | 0.000000 | 1000   | noint | 35142.38    | 4.932955    | 7.384033  | 1          |
| 5710: | sicker  | 4.462058  | 12409.39 | 3.309170 | 4.136463 | 1000   | noint | 35142.38    | 4.932955    | 7.384033  | 1          |
| 5711: | death   | 8.518780  | 22732.99 | 1.623785 | 3.247570 | 1000   | noint | 35142.38    | 4.932955    | 7.384033  | 1          |

## Learnings from developing the package

- Independent code development + frequent feedback sessions are important
- Focus on clarity/accessibility meant tradeoffs and challenges
  - Understanding the added value (vs. other packages) and setting objectives
  - Accessibility: Thinking of what's intuitive for the final user
  - Flexibility in model design (e.g. allow numeric, characters, lists, matrices...): one could also run a Markov/hybrid model
  - Speed: standardized processing (e.g. using C++) vs. flexible/general evaluation
    - Profiling helps with "low-hanging fruit" optimizations

### Conclusion: Why use descem?

- descem is a new package for DES without capacity constraints for CEA with a focus on accessibility and adaptability
- descem can be a good solution for modellers who want both flexibility in disease modelling (where individual patient characteristics matter) and clarity in their code, which facilitates discussions, adaptations, validation and sharing
- Only first steps, still needs to be applied in a real case. Looking for feedback/ideas community-driven development for wider acceptance.
- Potential new features: efficiency gains in engine, more informative diagnostics, ready to use plots and other CE tools...
- Medium/long term idea is to have a wider community acceptance of package to increase trust among HTA bodies or other stakeholders, reducing burden (validation of engine) and increasing efficiency (focusing discussion on assumptions and inputs)

