

Supplementary Materials

A machine learning approach for prediction of CDAI remission with TNF inhibitors: a concept of precision medicine from FIRST registry

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Figure S1 Model effectiveness comparison of four machine learning approaches using k-fold cross validation.

Box plots show the mean and 95% confidence intervals (CI) of the risk ratio determined by the ratio of positive predictive value/1 - negative predictive value of the tested machine learning approaches with k-fold cross validation (k=10). Cut-off values were determined by receiver operating characteristic curve analysis. Dotted line indicates risk ratio of 1.

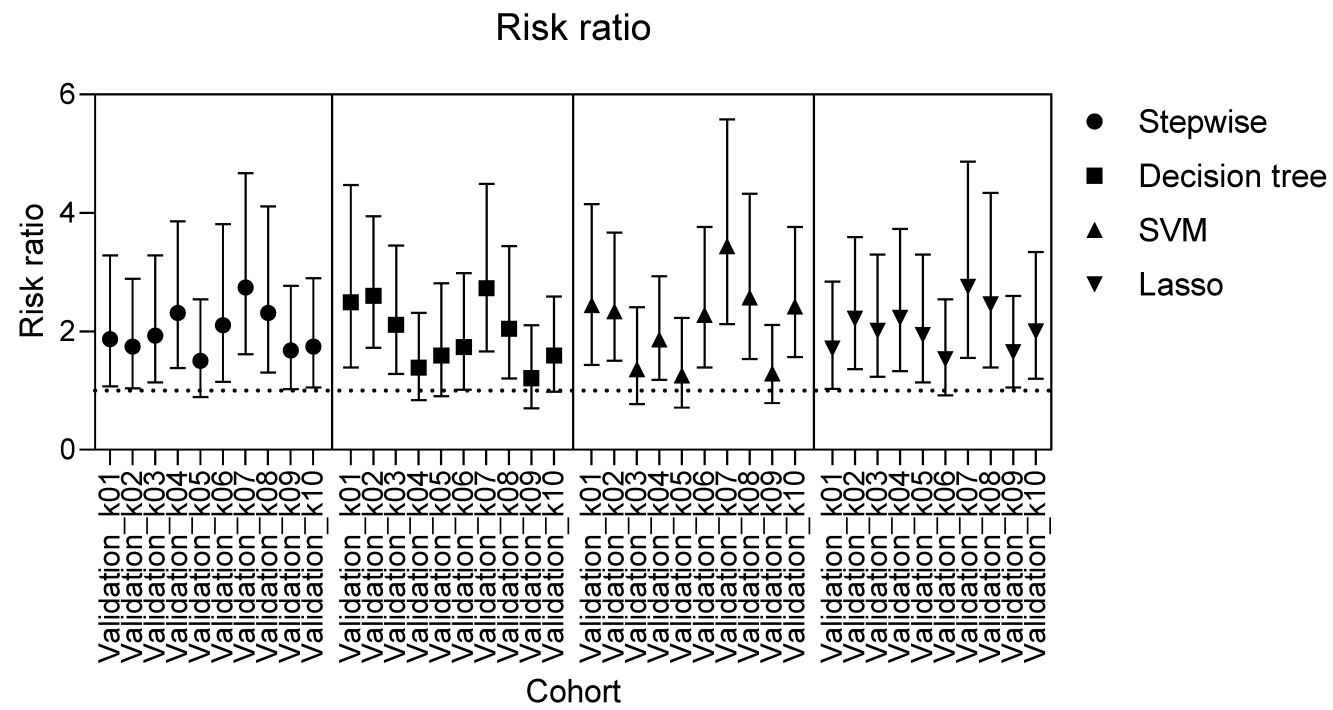


Figure S2 Per-product performance of Lasso-generated CDAI remission predictive models

The box plots, along with their corresponding values, show the mean and 95% confidence intervals (CI) of the per-product performance of Lasso-generated clinical disease activity index (CDAI) remission predictive models. Cut-off values were determined by receiver operating characteristic curve analysis.

ADA: adalimumab/adalimumab-BS, AUC: area under the curve, BS: biosimilar, CZP: certolizumab pegol, ETN: etanercept/etanercept-BS, IFX: infliximab/infliximab-BS, NPV: negative predictive value, PPV: positive predictive value, Risk ratio: $PPV/(1-NPV)$.

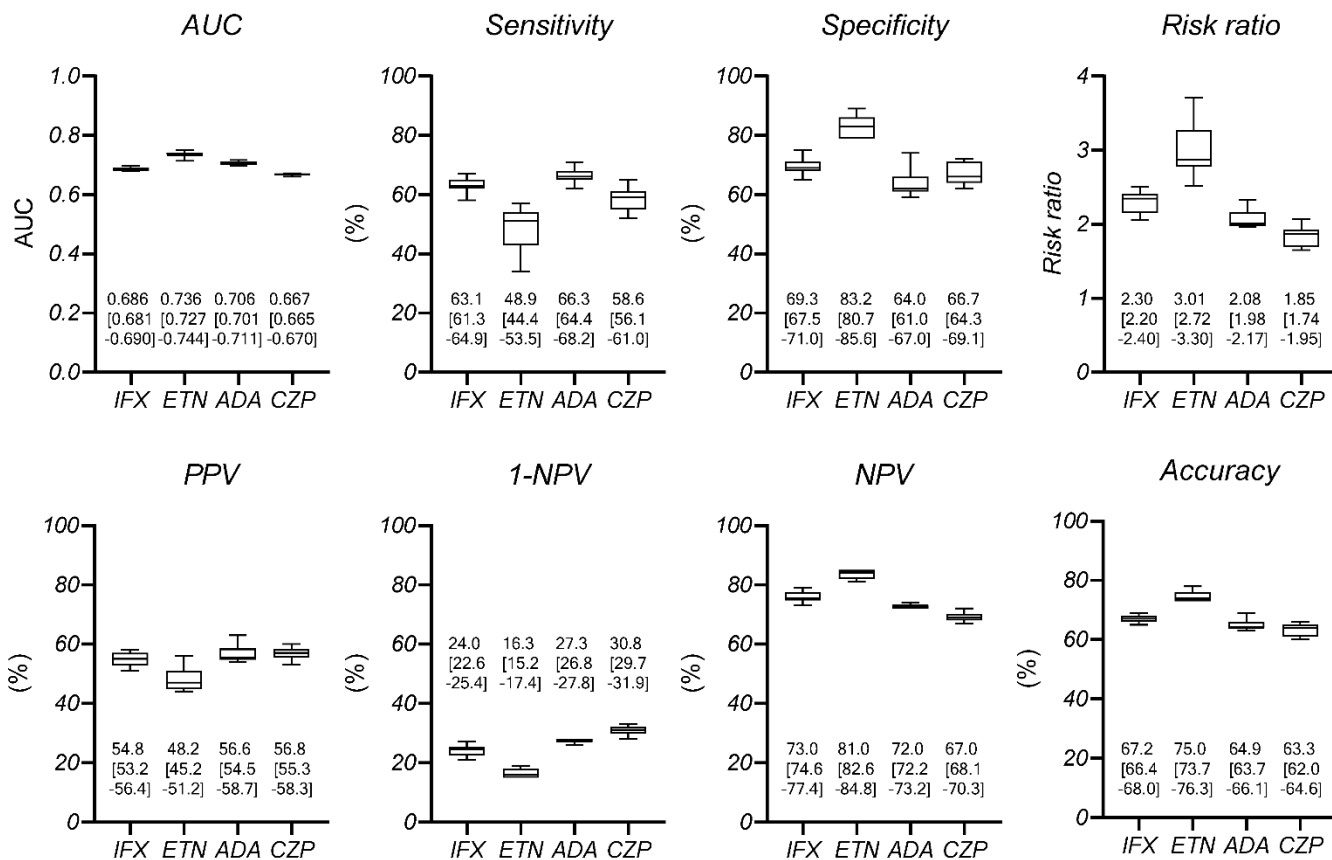


Figure S3 Performance summary of Lasso-generated CDAI remission predictive models in the sub-cohort post-abatacept subcohort

The box plots, along with their corresponding values, show the mean and 95% confidence intervals (CI) of performance for Lasso-generated clinical disease activity index (CDAI) remission predictive models, which include 10 models generated using the k-fold cross-validation method. The models were developed in the cohort after November 2010, following the launch of abatacept. Cutoff values were determined by receiver operating characteristic curve analysis. AUC: area under the curve, NPV: negative predictive value, PPV: positive predictive value, Risk ratio: $PPV/(1-NPV)$.

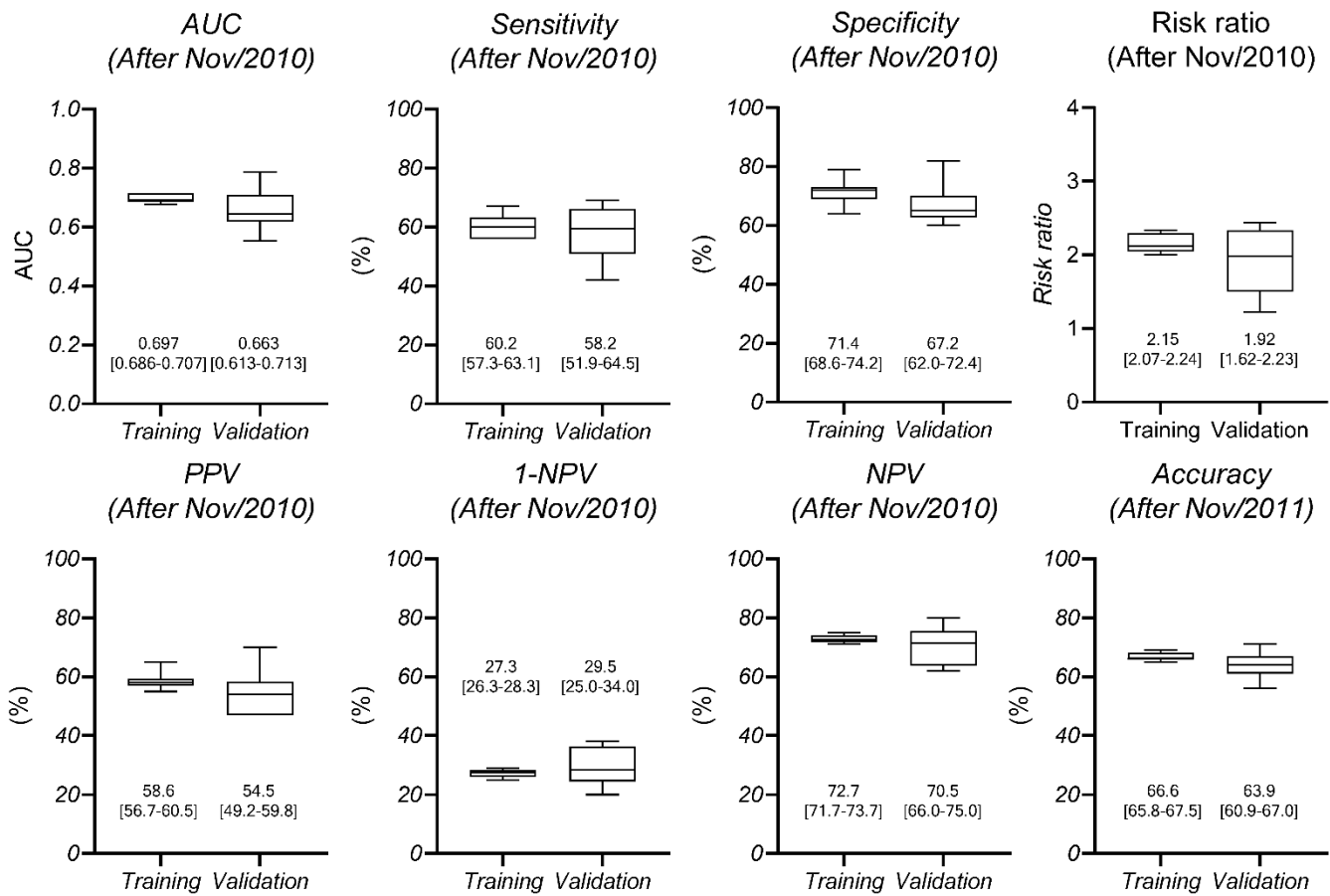


Figure S4 Clinical application of Lasso predictive model

b/tsDMARDs: biologic/targeted synthetic disease-modifying antirheumatic drugs, CDAI: clinical disease activity index, CTLA4Ig: cytotoxic T-lymphocyte-associated protein 4 immunoglobulin, IL-6Ri: interleukin-6 receptor inhibitor, JAKi: Janus kinase inhibitor, MTX: methotrexate, MOA: mechanism of action, TNFi: tumor necrosis factor inhibitor.

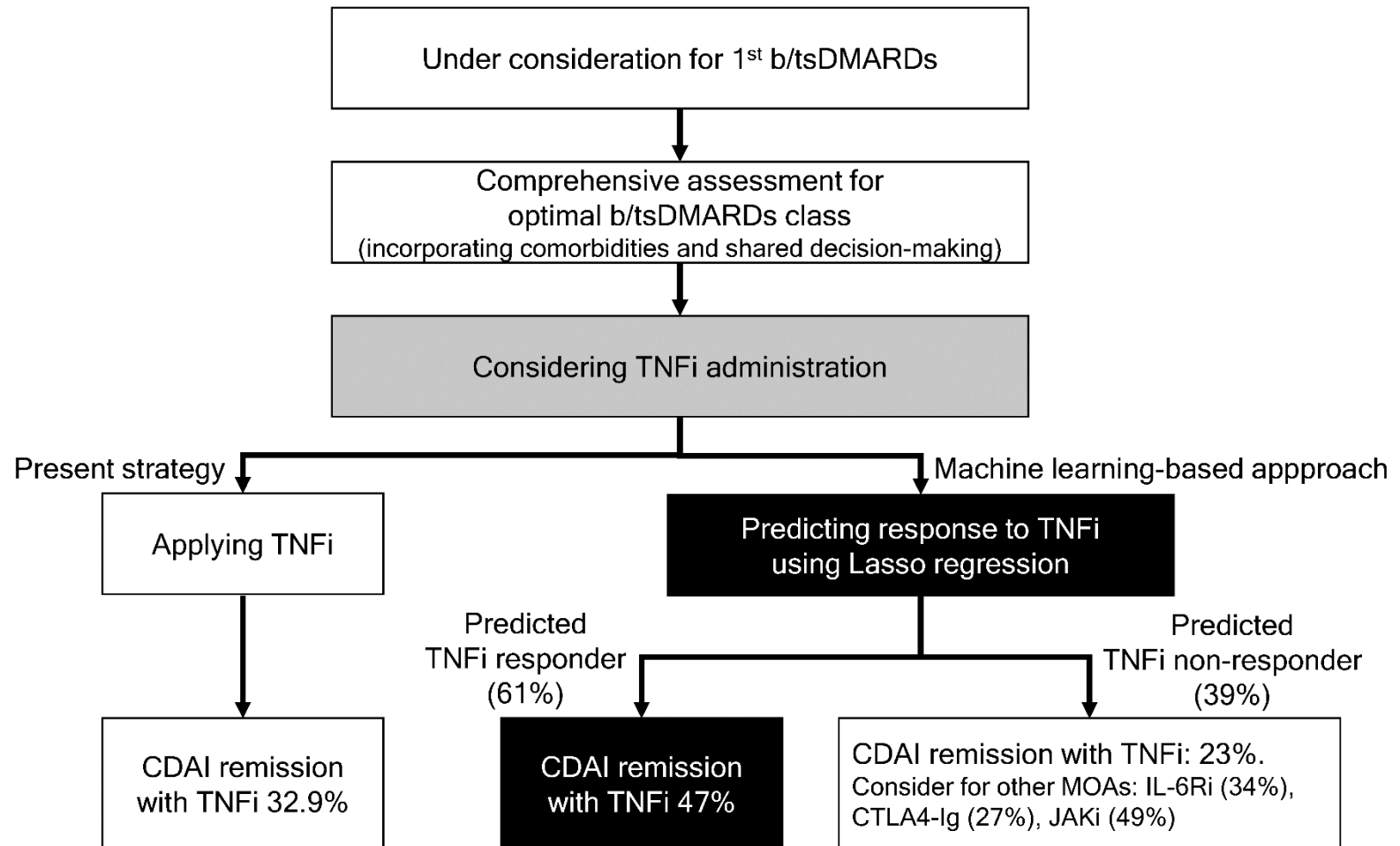


Table S1 Simulation of the efficacy of Vastesaeger’ s DAS-remission predictive model on the study population

Study population			Vastesaeger’ s model efficacy on the study population							
Remission criteria	Data available (N)	Remission rate (%)	Cut-off of remission probability assigned for the simulation	Predicted TNFi responder (%)	Sensitivity (%)	Specificity (%)	PPV (%)	1-NPV (%)	NPV (%)	Risk ratio [95% CI]
DAS28-ESR	1239	40.0	67%	1.8	3.0	99.1	68.2	39.5	60.5	1.73 [1.29-2.31]
			50%	11.5	20.2	94.2	69.9	36.1	63.9	1.94 [1.69-2.21]
			40%	19.5	32.3	89.0	66.1	33.7	66.3	1.96 [1.73-2.22]
			30%	35.3	51.6	75.6	58.6	29.9	70.1	1.96 [1.72-2.23]
			20%	59.2	74.6	51.0	50.4	25.0	75.0	2.02 [1.71-2.39]
			ROC (25%)	46.2	63.5	65.4	55.1	27.1	72.9	2.03 [1.76-2.35]
CDAI	1216	35.5	67%	1.8	2.8	98.7	54.5	35.2	64.8	1.55 [1.05-2.29]
			50%	11.4	16.0	91.1	49.6	33.7	66.3	1.47 [1.22-1.78]
			40%	19.7	25.2	83.4	45.6	33.1	66.9	1.38 [1.17-1.63]
			30%	35.4	43.1	68.9	43.3	31.3	68.7	1.38 [1.19-1.61]
			20%	59.2	67.8	45.5	40.7	28.0	72.0	1.45 [1.23-1.71]
			ROC (21%)	55.6	65.3	49.7	41.7	27.8	72.2	1.50 [1.28-1.77]

Remission probability for each patient in the study population was calculated based on the model by Vastesaeger N et. al. (8). Each row indicates the estimation power of different cut-off values for remission probability. CDAI: clinical disease activity index, DAS28: disease activity score 28, PPV: positive predictive value, NPV: negative predictive value, Risk ratio: PPV/(1-NPV), ROC: revised cut-off value for Vastesaeger’ s model by receiver operating characteristic curve using the study population, TNFi: tumor necrosis factor inhibitor.

Table S2 Per-product efficacy of Vastesaeger’ s model in predicting CDAI remission in the study population

Study population			Vastesaeger’ s model efficacy on the study population						
Product	N	CDAI Remission rate (%)	Predicted TNFi responder (%)	Sensitivity (%)	Specificity (%)	PPV (%)	1-NPV (%)	NPV (%)	Risk ratio [95% CI]
IFX/IFX-BS	373	33.0	58.7	65.9	44.8	37.0	27.3	72.7	1.36 [0.99–1.85]
ETN/ETN-BS	193	23.8	31.6	47.8	73.5	36.1	18.2	81.8	1.98 [1.21–3.25]
ADA/ADA-BS	360	40.6	63.9	74.0	43.0	47.0	29.2	70.8	1.61 [1.19–2.17]
CZP	267	41.6	56.2	59.5	46.2	44.0	38.5	61.5	1.14 [0.85–1.53]

ADA: adalimumab, BS: biosimilar, CDAI: clinical disease activity index, CI: confidence interval, CZP: certolizumab pegol, ETN: etanercept, IFX: infliximab, NPV: negative predictive value, PPV: positive predictive value, Risk ratio: PPV/(1-NPV), TNFi: tumor necrosis factor inhibitor.

Table S3 Variables included for statistical modeling

Variable	Missing rate
Female	0.0%
Age	0.0%
Smoking	0.0%
BMI	0.1%
eGFR	0.0%
RA duration	0.0%
Steinbrocker stage	0.0%
Morning stiffness	0.1%
Tender joint count (28)	0.0%
Swollen joint count (28)	0.0%
Evaluator's global assessment	25.2%
Patient's global assessment	0.1%
Patient's assessment, pain	18.5%
HAQ	13.3%
RF, positive	0.0%
ACPA, positive	20.3%
ESR	0.0%
CRP	0.0%
MMP-3	2.5%
Methotrexate dose	0.0%
Concomitant GC	0.0%
GC dose, PSL equivalent	0.0%
Concomitant csDMARDs	0.0%
White blood cell count	0.1%
Lymphocytes	0.1%
Neutrophils	0.1%
Albumin	0.1%
HbA1c	10.6%
IgG	0.2%
IgA	1.0%
IgM	1.0%
CH50	0.8%
C3	2.0%
C4	2.1%
KL-6	6.0%
Antinuclear antibody	1.2%
anti dsDNA antibody	5.6%
anti SS-A antibody, positive	2.9%
Polymyalgia rheumatica	0.0%
Interstitial lung disease	0.0%
Coexisting lung diseases	0.0%
NTM	0.0%
Pneumonia	0.0%
Malignancy	0.0%
Fracture	0.0%
Pneumocystis pneumonia	0.0%
Interstitial lung disease	0.0%
Tuberculous	0.0%

ACPA: anti-citrullinated peptide antibody, BMI: body mass index, csDMARDs: conventional synthetic disease modifying anti rheumatic drug, eGFR: estimated glomerular filtration rate, GC: glucocorticoid, HAQ: health assessment questionnaire, MMP-3: matrix metalloproteinase 3, NTM: nontuberculous mycobacteria disease, RA: rheumatoid arthritis, RF: rheumatoid factor.

Table S4 Performance of Lasso-generated CDAI remission predictive models on Calendar cohort

Cohort	N	Remission rate (%)	Predicted TNFi responder (%)	AUC	Sensitivity (%)	Specificity (%)	PPV (%)	NPV (%)	1-NPV (%)	Risk ratio [95% CI]
Training cohort										
Training_Calendar	901	37.0	42.5	0.695	62.2	69.0	54.0	75.7	24.3	2.22 [1.86-2.65]
Validation cohort										
Validation_Calendar	103	47.5	49.5	0.667	61.2	61.1	58.8	63.5	36.5	1.61 [1.05-2.46]

The results indicate the performance of the CDAI remission predictive model generated using the training cohort (Training_Calendar: including patients before September 2019), on both the training and validation cohorts (after October 2019). Cut-off values were determined through receiver operating characteristic curve analysis. AUC: area under the curve, CI: confidence interval, NPV: negative predictive value, PPV: positive predictive value, Risk ratio: PPV/(1-NPV), TNFi: tumor necrosis factor inhibitor.