# **Comparison of Cutoff Determination Methods** A Biomarker Case Study

### Introduction

**Biomarkers (BM) are often dichotomized using a** cutoff to identify patient populations with a better prognosis or benefiting from a specific therapy.

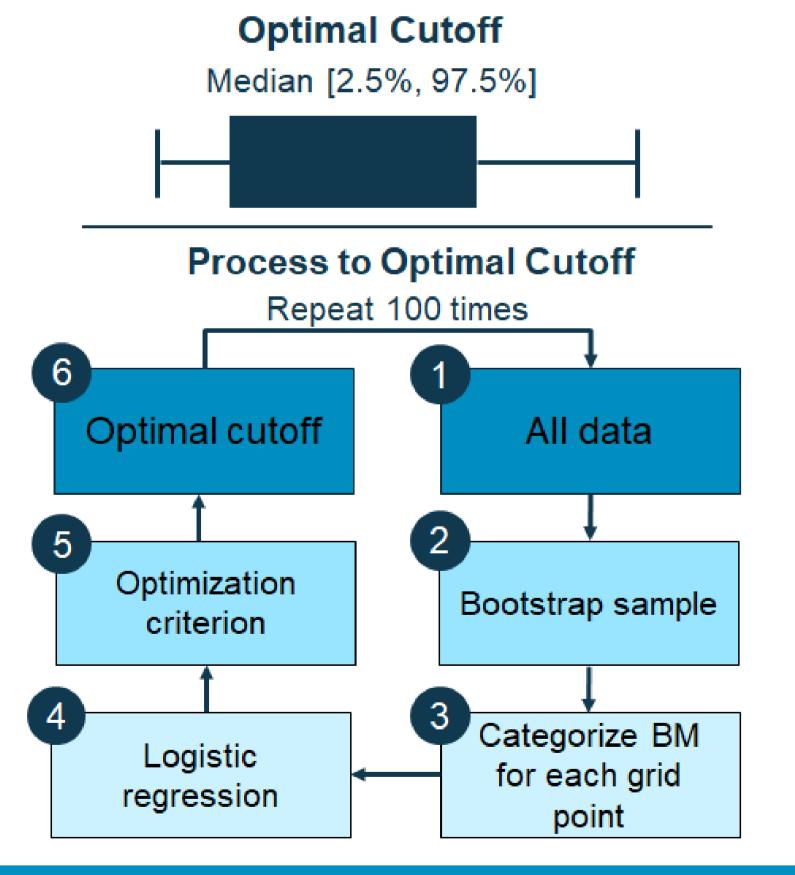
The optimal cutoff needs to be determined considering both context and objective of the study, as different cutoff determination strategies are tailored to different objectives.

different cutoff determination We compared methods for binary endpoints in a prognostic setting using a phase III oncology study as well as simulated data.

### Methodology

optimal The cutoff the corresponding and confidence (CI) calculated by interval was employing a repeated bootstrap approach (see Figure 1) based on a logistic regression model:

$$\log\left(\frac{P(Y=1)}{1-P(Y=1)}\right) = \beta_0 + \beta_1 \cdot I(BM > cut)$$



**Bootstrap approach** 

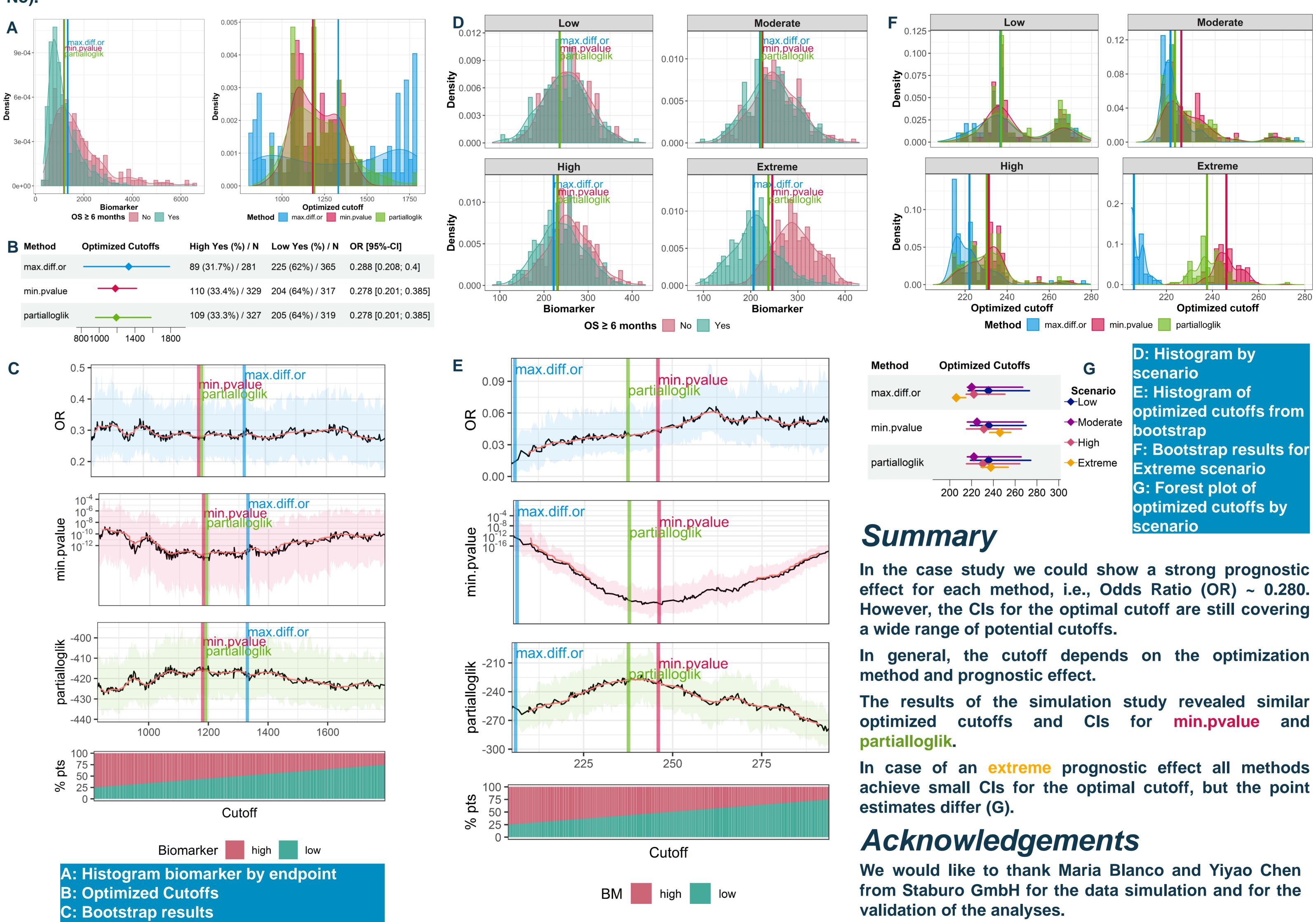
### The table shows the cutoff optimization criteria:

Method	Details
Partialloglik	Maximize log-likelihood: $\max_{cuts} \log \left( \prod_{i=1}^{n} p(x_i)^{y_i} (1 - p(x_i))^{1-y_i} \right)$
max.diff.or	Maximize absolute difference of $OR_{BM}$ to 1: $\max_{cuts}  Odds_{BM high}/Odds_{BM low} - 1 $
min.pvalue	Minimize p-value of $OR_{BM}$ : $\min_{cuts} p_{OR_{BM}}$

## Anke Schulz, Bayer AG, Laura Schlieker, Staburo GmbH Simulated Data – Results

## Real Data – Results

Clinical and biomarker data from a randomized phase Ill trial in colorectal cancer was investigated. The endpoint was overall survival (OS)  $\geq$  6 months (Yes vs.) No).



Artificial data was simulated for different prognostic scenarios. The biomarker was assumed to be normally distributed with standard deviation (SD) 50 and mean values of 250 ± 2 (Low), 250 ± 7 (Moderate), 250 ± 12 (High) and 250  $\pm$  40 (Extreme). The simulated endpoint was OS  $\geq$  6 months.

