

## HEALTHY BIRTH, **GROWTH & DEVELOPMENT**



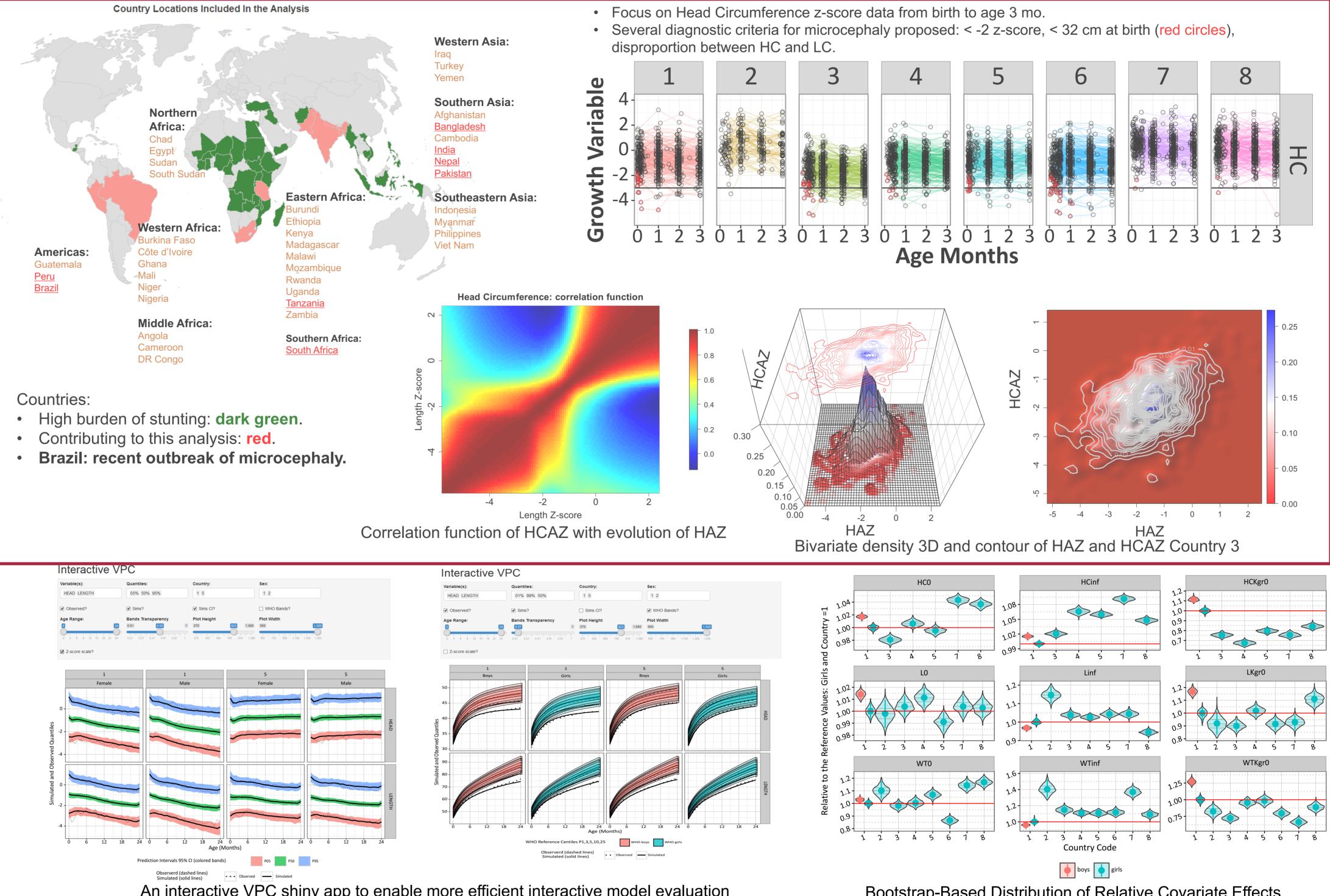
**Strategic Consulting** 

## Primary Microcephaly: Do All Roads Lead to Rome?

Samer Mouksassi,<sup>1</sup> Shasha Jumbe,<sup>2</sup> Lifecycle, Auxology, & Neurocognitive Development, Quantitative Physiologic Modeling, and Mother-Fetus Predation teams<sup>3</sup> <sup>1</sup>Certara Strategic Consulting, Montreal, Canada; <sup>2</sup>Bill and Melinda Gates Foundation; <sup>3</sup>Representing the Healthy Birth, Growth, and Development–Knowledge Integration (HBGDki) Community

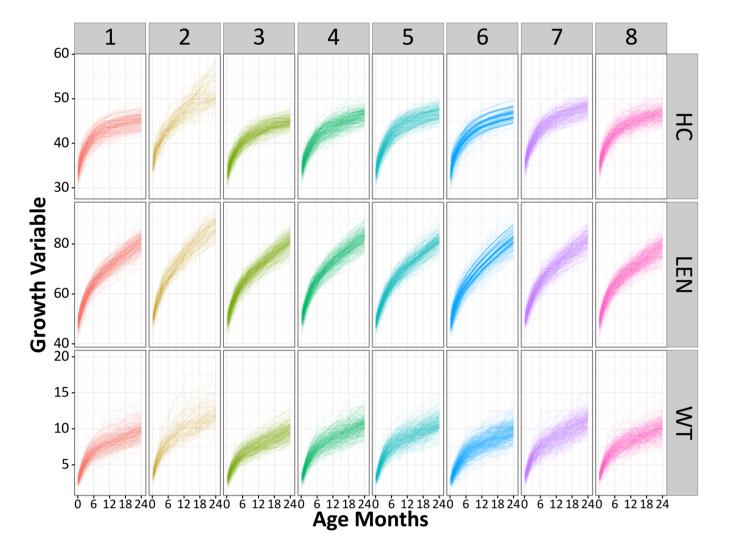
## Objectives

- Symmetric intrauterine growth restriction (IUGR) has a growth pattern where all biometric measurements are affected to the same degree.
- Asymmetric IUGR has growth with small abdominal circumference (AC) compared with other growth parameters:
- Abnormal head circumference/AC (HC/AC) ratio
- Abnormal femur length/AC (FL/AC) ratio.
- The objectives of this study were:

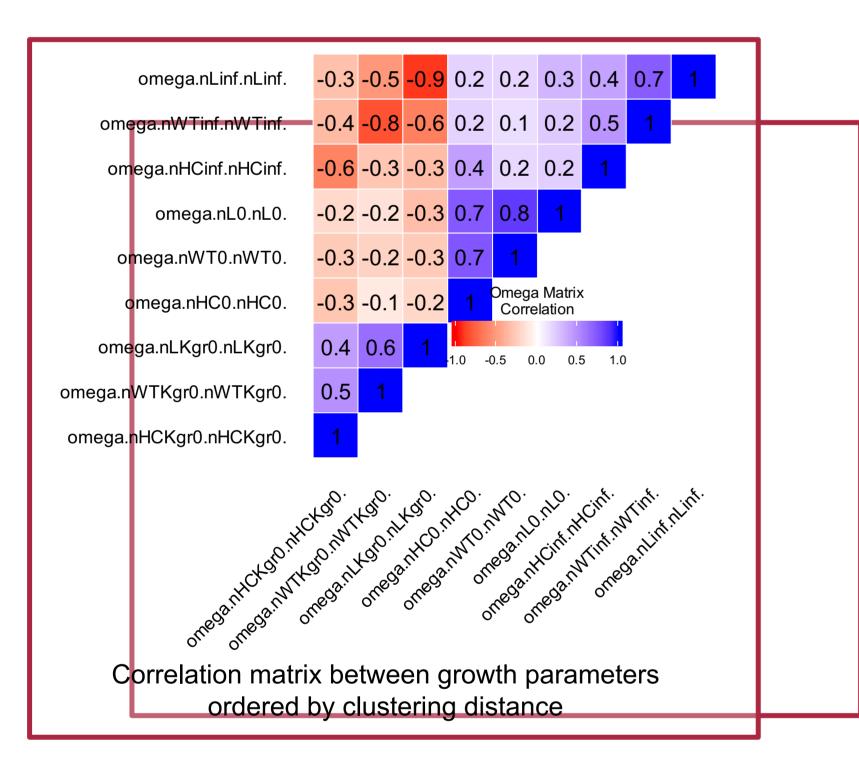


(1) To determine the joint probability distributions of growth parameters describing Weight/Length and Head Circumference (WT/LEN/HC) from age 0 to 24 mo, and

(2) To study symmetry across the 3 growth measures to provide useful quantitative guidance to Zika clinicians and researchers on measurements of individuals with a normal/mild-to-moderate/small head relative to other anthropometric measures.



115 060 observations; 71 missing

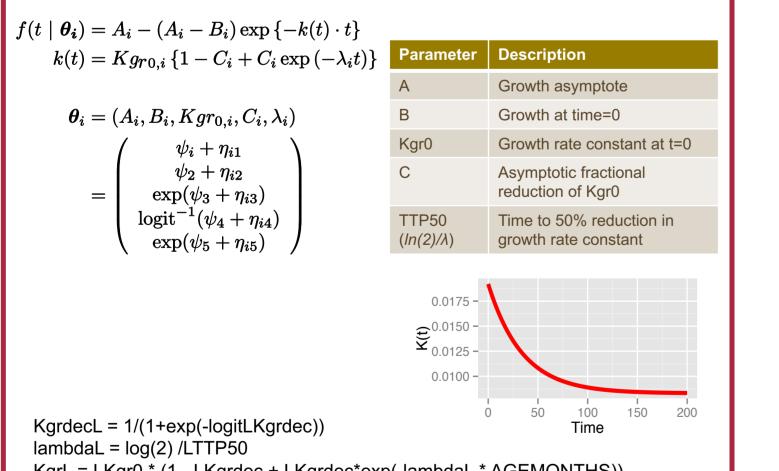


An interactive VPC shiny app to enable more efficient interactive model evaluation

**Bootstrap-Based Distribution of Relative Covariate Effects** 

# Methods

- Joint parametric nonlinear mixed effects (NLME) model built for
- Model fitted using QRPEM fitting engine in Phoenix NLME parallelized
- R packages and Shiny Apps used to streamline modeling: • Graphical quick exploration:
  - https://pharmacometrics.shinyapps.io/ggplotwithyourdata/



KgrL = LKgr0 \* (1 - LKgrdec + LKgrdec\*exp(-lambdaL \* AGEMONTHS)) LENCM = Linf - (Linf - L0)\*exp(-Kgr L\* AGEMONTHS)

KgrdecHC = 1/(1+exp(-logitHCKardec)) lambdaHC = log(2) /HCTTP50 KgrHC = HCKgr0 \* (1 - KgrdecHC + KgrdecHC\*exp(-lambdaHC \* AGEMONTHS)) HCCM = HCinf - (HCinf - HC0)\*exp(-KgrHC \* AGEMONTHS)

#### WT/LEN/HC.

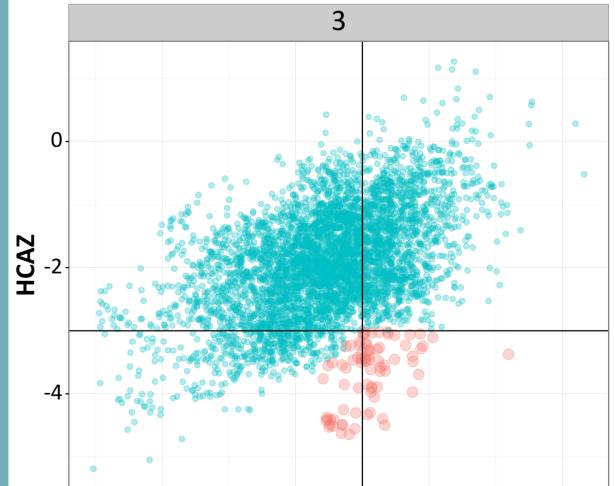
- Several parametric models tested such as exponential growth with and without decelerating growth rate.
- Key element: to determine the potential correlations between various growth outcomes WT/LEN/HC.
- Limited covariate testing done including covariates such as country site, sex, and socioeconomic factors.

#### on 20 cores.

- Model goodness-of-fit assessed using graphical tools and simulation based diagnostics (VPC).
- Parameter uncertainty obtained from bootstrap resampling over Linux Torque Grid on Global Health Analytics Platform (ghap.io).
- Hbgd https://github.com/hafen/hbgd to quickly compute zscores, velocity, statistics on growth curves.
- Trelliscope http://tessera.io/docs-trelliscope/
- data.table processing up to 100 M rows of simulation data
- Dplyr/ggplot/tidyr to process medium-sized data sets
- Face to estimate high-dimensional correlation matrices
- Rworldmap to graph world map with custom projection
- Markdown and knitr to automate outputs and reports

## Results

- Joint nonlinear deceleration model for WT/LEN/HC best fit the data (115 060 observations from 1568 subjects) with full random effects variance-covariance matrix.
- Between-subject variability: range, 50% (weight rate of growth) to 10% (length at 0 mo).
- Overall good agreement between observed and simulated data (1 to
- Parameter uncertainty < 30%.
- Model accurately simulated correlated longitudinal data of WT/LEN/HC from 0-24 months.
- Model accurately predicted probability of stunting and trajectories of HC growth including microcephaly conditional on WT and LEN.



stparm(HCinf = exp(tvlnHCinf + nHCinf))

ranef(block(nWTinf, nWT0,nWTKgr0,nLinf, nL0,nLKgr0,nHCinf, nHC0,nHCKgr0),

97 percentiles).

Country and sex kept in the model.

WT/HC, LEN/HC, and WT/LEN standards were generated by simulating from the model.



References

- 1. Peleg et al. Intrauterine growth restriction: identification and management. Am Fam *Physician.* 1998;58(2):453-460
- 2. Geraedts et al. Association between head circumference and body size. Horm Res Paediatr. 2011;75:213-219

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### Conclusions

- Results address key aspect of characterizing WT/LEN/HC relations and predicting their evolution over time for a specific child, not just the population.
- Potential application of this model includes individualized
- bivariate or trivariate growth trajectories for early detection of serious conditions such as stunting and microcephaly.
- Microcephaly-disproportionate subpopulation may be identified for further study and intervention.

#### Acknowledgment

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