Assessing Risk Indicators in Clinical Practice with Joint Models of Longitudinal and Time-to-Event Data

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Outline



- Introduction to Joint Models
- Recent Applications in Joint Models



Introduction to Joint Models

Introduction to Joint Models



• Often in clinical studies multiple outcomes are collected

- Type of data
 - > Longitudinal responses

Motivation - Data set 1

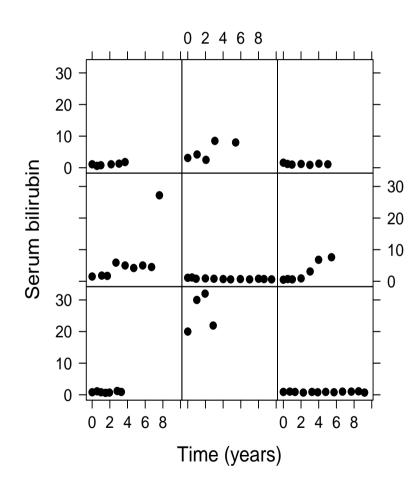


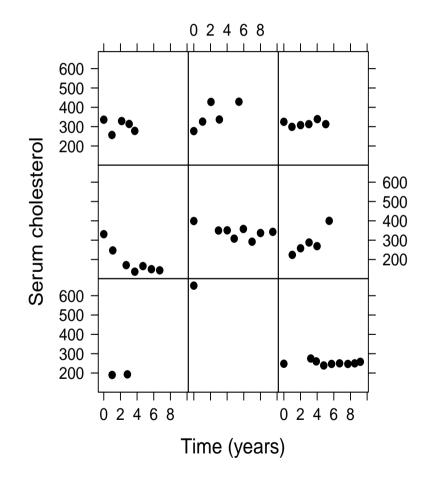
- 312 patients with primary **biliary cirrhosis**, a rare autoimmune liver disease, at Mayo Clinic
 - Dependent Patients were 50 years and older, 88% females and 50% D-peniciles

 - ▶ Longitudinal responses: serum bilirubin and serum cholesterol in mg/dl
 - ▷ Time-to-event response: time-to-death (45%)

Motivation - Data set 1 (con't)







Motivation - Data set 2

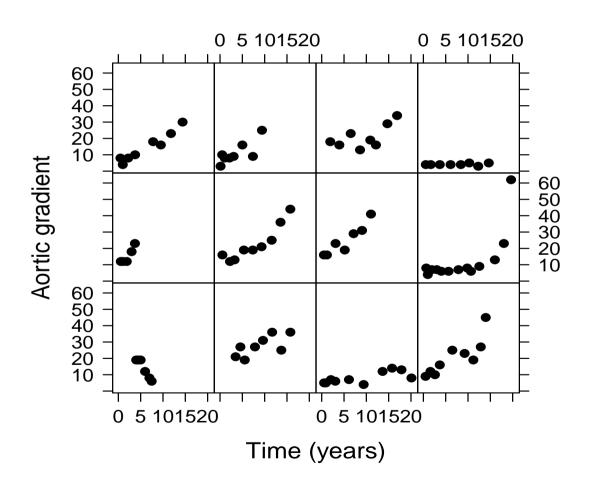


- 286 patients who received **human tissue valve in aortic position** in Erasmus University Medical Center (Department of Cardio-Thoracic Surgery)
 - Patients were 16 years and older
 - Echo examinations scheduled at 6 months and 1 year postoperatively and biennially thereafter

 - ▷ Time-to-event response: time-to-death/reoperation (54%)

Motivation - Data set 2 (con't)





Research Questions



- Are **serum bilirubin** and **serum cholesterol** both associated with **survival**?
- Is **aortic gradient** associated with the composite event **death/reoperation**?
 - Could we improve death/reoperation predictions, if we incorporate all available longitudinal information?

How can use all available information?



• Special features should be taken into account

Longitudinal data

- > Correlation between measurements obtained from the same patients
- ▷ Biological variation of the outcome
- □ Unbalanced datasets

Survival data

▷ Censored data (partial information for the event times)

Jointly

> Association between all outcomes



- Frequently used analysis

Mixed-effects models for the longitudinal outcomes

Cox models for the time-to-event outcomes

Naive joint analysis

Cox model using the last observation

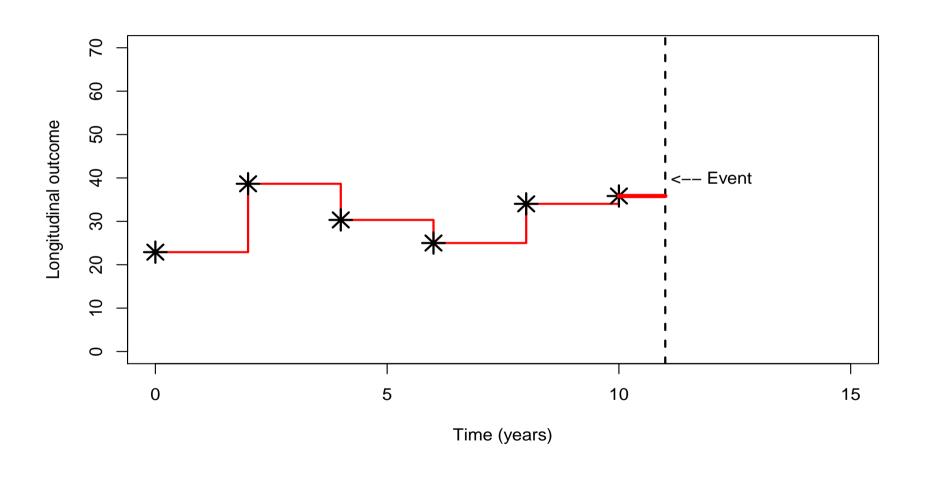
Cox model using the mean or the slope of the repeated covariate

Time-dependent Cox model

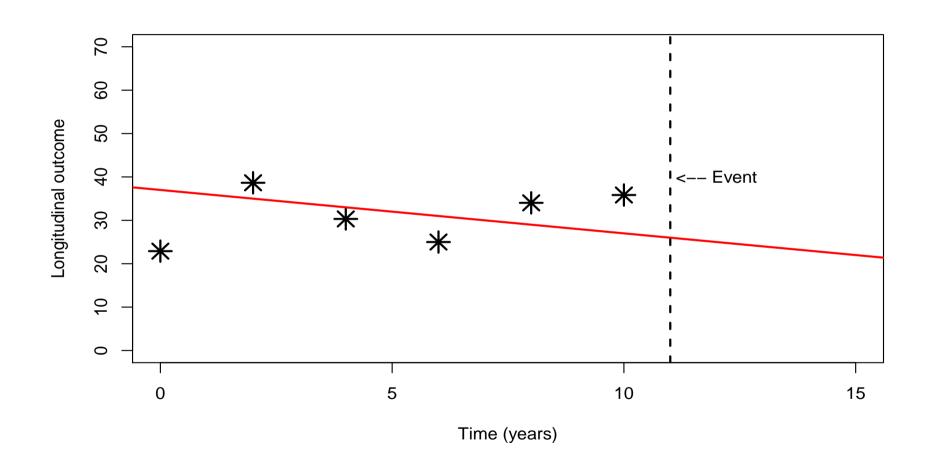


- Time-dependent Cox models are suitable only for **exogenous** covariates, not got **endogenous**
 - \triangleright A time-varying covariate is **exogenous** if its value at any time point t is not affected by an event occurring at an earlier time point s < t (period of the year, environmental variables)
 - On the other hand all covariates measured on the patient (e.g., biomarkers) are endogenous











• Step 1

Let y_i represent the repeated measurements of an outcome for the i-th patient, $i=1,\ldots,n$

Mixed-effects model:

$$y_i(t) = x_i^{ op}(t)eta + z_i^{ op}(t)b_i + \epsilon_i(t) = \eta_i(t) + \epsilon_i(t)$$
 ,

$$b_i \sim N(0, D)$$
 and $\epsilon_i(t) \sim N(0, \Sigma_i)$

where

- $\triangleright x_i^{\top}(t)\beta$ denotes the fixed part
- $\triangleright z_i^{\top}(t)b_i$ denotes the random part



Step 2

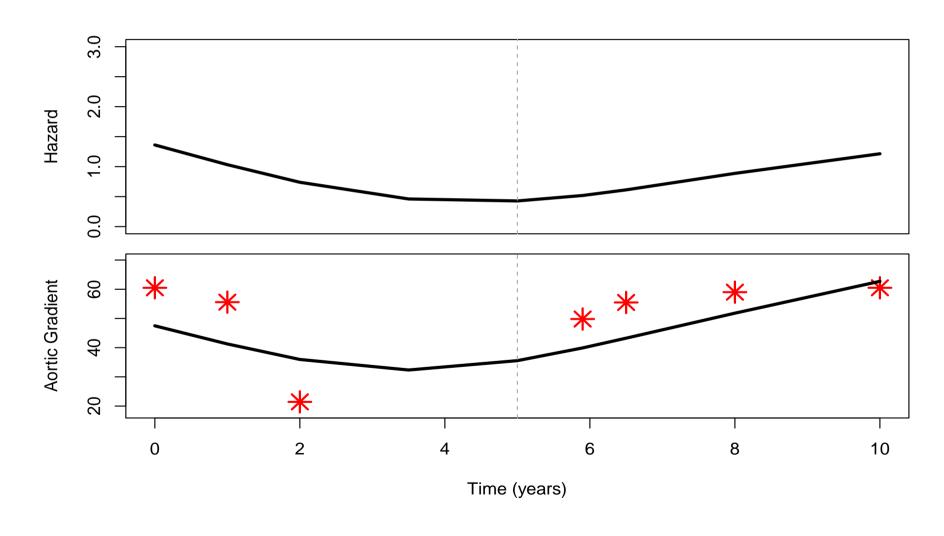
Cox model:

$$h_i(t) = h_0(t) \exp\{\gamma^{\top} \omega_i + \alpha \eta_i(t)\},$$

where

- $\triangleright \gamma^{\top}\omega_i$ denotes the baseline covariates with their coefficients
- $\triangleright \eta_i(t)$ denotes the value of the time-dependent covariate at time t
- hd lpha measures the association between the longitudinal outcome at time t and the hazard for an event at the same time point







Recent Applications in Joint Models

Shrinkage Approach



Motivated by the biliary cirrhosis data:

- Longitudinal responses:
 - > serum bilirubin
 - > serum cholesterol
- Time-to-event response:
 - time-to-death
 time-to-death
 include the state of the

Andrinopoulou, E. R. and Rizopoulos, D. (2016). Bayesian shrinkage approach for a joint model of longitudinal and SURVIVAL OUTCOMES ASSUMING DIFFERENT ASSOCIATION STRUCTURES. STATISTICS IN MEDICINE, 35(26), 4813-4823.



ullet In the standard joint model we assume that the underlying value of the longitudinal biomarker is associated with the survival outcome at a time point t

Is that option always correct?



- Inappropriate modelling of time-dependent covariates may result in surprising results
- Example: Cavender et al. (1992, J Am. Coll. Cardiol) conducted an analysis to test the effect of cigarette smoking on survival of patients who underwent coronary artery surgery
 - by the estimated effect of current cigarette smoking was positive on survival although not significant (i.e. patient who smoked had higher probability of survival)



We need to carefully consider which longitudinal outcomes and which functional forms we will include

• Let's investigate that . . .



Different parameterizations

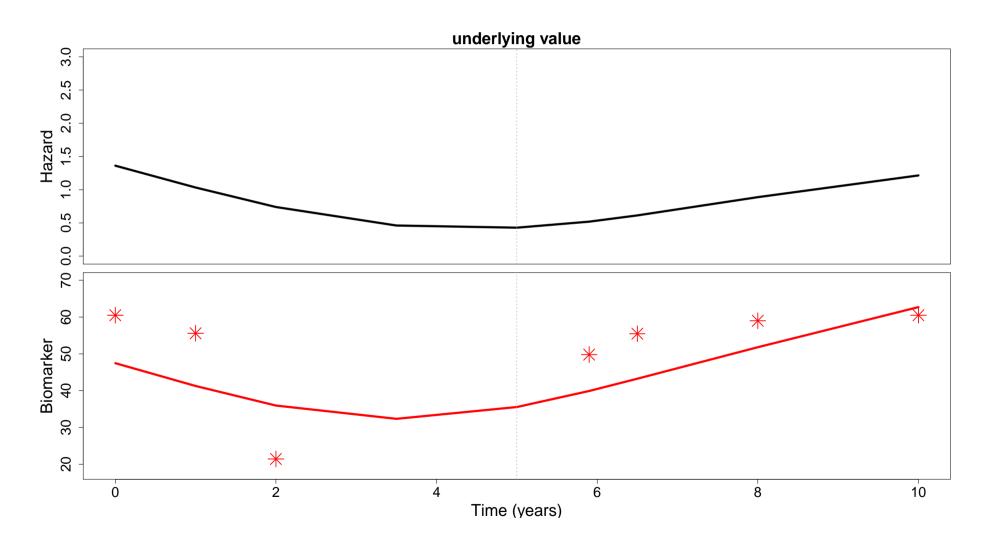
Let us assume $k = 1, \dots, K$ longitudinal outcomes

$$M_{1}: h_{i}(t) = h_{0}(t) \exp\{\gamma^{\top} w_{i} + \sum_{k=1}^{K} \alpha_{k1} \eta_{ik}(t)\},$$

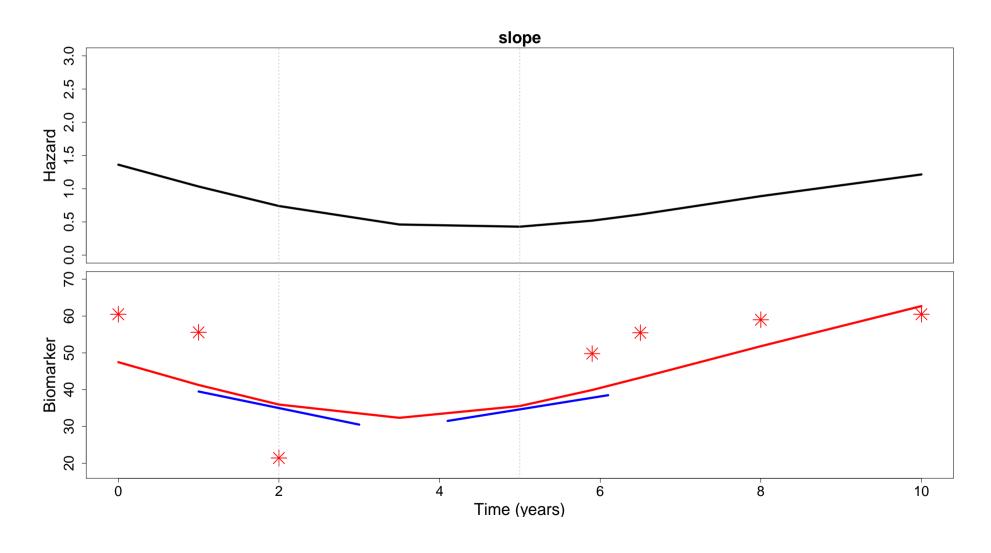
$$M_{2}: h_{i}(t) = h_{0}(t) \exp\{\gamma^{\top} w_{i} + \sum_{k=1}^{K} \alpha_{k2} \eta'_{ik}(t)\},$$

$$M_{3}: h_{i}(t) = h_{0}(t) \exp\{\gamma^{\top} w_{i} + \sum_{k=1}^{K} \alpha_{k3} \int_{0}^{t} \eta_{ik}(s) ds\}$$
:

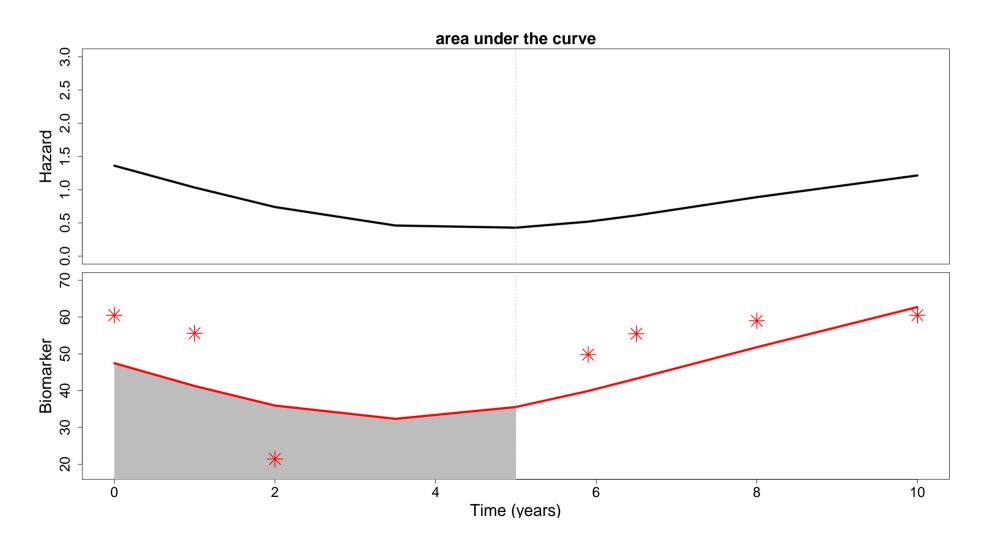














Extension of the standard JM

$$h_i(t) = h_0(t) \exp \left[\gamma^{\top} w_i + \sum_{k=1}^K \sum_{j=1}^J f_j \{ \eta_{ik}(t), \alpha_{kj} \} \right],$$

where

 $\triangleright i = 1, \dots, n$ represents the patient,

 $\triangleright k = 1, \dots, K$ represents the longitudinal outcome

 $\triangleright j = 1, \dots, J$ represents the parameterization



For every longitudinal outcome which features are more predictive for survival?



High dimensional model



Variable selection problem



For every longitudinal outcome which features are more predictive for survival?



High dimensional model



Variable selection problem



Penalties



- We employed a Bayesian approach and used Markov chain Monte Carlo (MCMC) methods to estimate the parameters of the proposed joint model
 - ▷ Shrinkage priors for the association parametes
 - > Priors that give a high probability of being near 0
 - Bayesian lasso
 - Bayesian ridge
 - Horseshoe



Bayesian lasso (BL):

• Bayesian variable selection for the joint model:

$$h_i(t) = h_0(t) \exp \left[\gamma^\top w_i + \sum_{k=1}^K \sum_{j=1}^J f_j \{ \eta_{ik}(t), \alpha_{kj} \} \right]$$

$$\alpha_{kj} \mid \tau_{kj}^2 \sim N(0, \tau_{kj}^2)$$

$$\tau_{ki}^2 \sim exp(\lambda^2/2)$$

$$\lambda^2/2 \sim gamma(0.1, 0.1),$$

where λ is the shrinkage parameter



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The Laplacian prior assigns more weight to regions near zero than the normal prior



Bayesian ridge (BR):

• Bayesian variable selection for the joint model:

$$h_{i}(t) = h_{0}(t) \exp \left[\gamma^{\top} w_{i} + \sum_{k=1}^{K} \sum_{j=1}^{J} f_{j} \{ \eta_{ik}(t), \alpha_{kj} \} \right]$$

$$\alpha_{kj} \mid \tau_{kj}^{2} \sim N(0, \tau_{kj}^{2})$$

$$\tau_{kj}^{2} \sim Inv - gamma(\nu/2, (\nu/2)s^{2})$$

$$1/\nu \sim dunif(0, 1)$$

$$s \sim dunif(0, 100),$$

where ν and s^2 represent the df and the scale



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where ν and s^2 represent the df and the scale

Leads to a Student-t prior



Horseshoe (H):

• Bayesian variable selection for the joint model:

$$h_i(t) = h_0(t) \exp \left[\gamma^{\top} w_i + \sum_{k=1}^K \sum_{j=1}^J f_j \{ \eta_{ik}(t), \alpha_{kj} \} \right]$$

$$\alpha_{kj} \mid \tau_{kj}^2 \sim N(0, \tau_{kj}^2)$$

$$\tau_{kj} \sim C^+(0,u)$$

$$u \sim C^{+}(0,1),$$

where C^+ is the standard half Cauchy distribution



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where C^+ is the standard half Cauchy distribution

Its tails allow strong signals to remain large (that is, un-shrunk) a posteriori Its infinitely tall spike at the origin provides severe shrinkage for the 0 elements of α

Shrinkage Approach (cont'd)



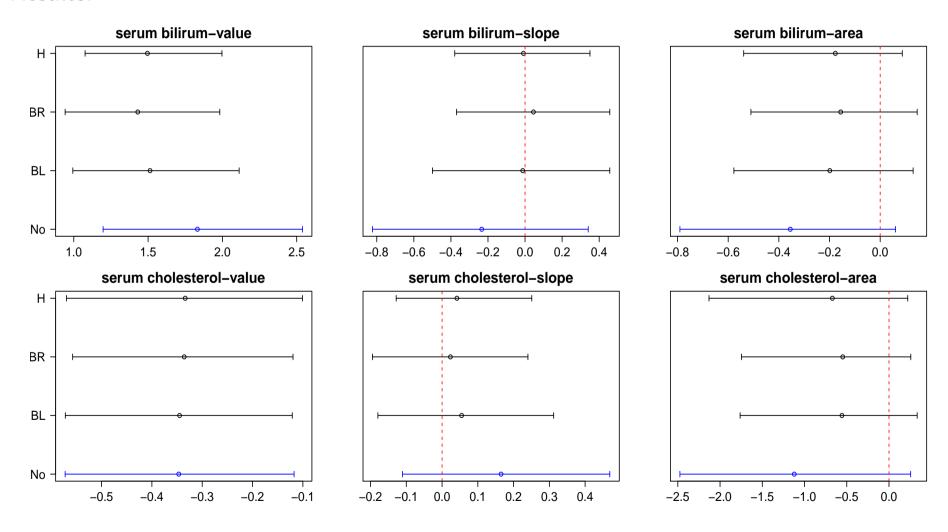
Analysis:

- Longitudinal submodels (Serum bilirubin and Serum cholesterol):
- Survival submodel (Time-to-death):
 - > underlying value, slope and the area under the curve for serum bilirubin and serum cholesterol
 - □ age and gender

Shrinkage Approach (cont'd)



Results:



Time-Varying Effects



Motivated by the heart data:

- Longitudinal response:
 - > aortic gradient
- Time-to-event response:
 - ⊳ time-todeath/reoperation

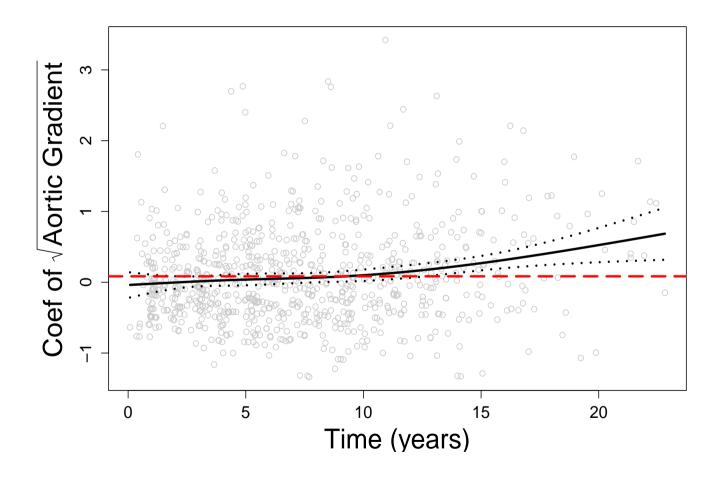
Andrinopoulou, E. R., Eilers, P. H., Takkenberg, J. J. and Rizopoulos, D. (2017). Improved dynamic predictions from JOINT MODELS OF LONGITUDINAL AND SURVIVAL DATA WITH TIMEVARYING EFFECTS USING PSPLINES. BIOMETRICS, DOI: 10.1111/BIOM.12814.



- Standard joint models assume a constant regression coefficient for the effect of the covariates.
 - > when treatment is initiated, the strength of the association between the longitudinal and survival outcomes may also change



Proportional hazard assumption - Time dependent Cox model





A time-varying coefficient joint model



Specifically,

$$h_i(t) = h_0(t) \exp[\gamma^{\top} w_i + f_i \{ \eta_i(t), \lambda_i(t) \}],$$

where

- w_i is a vector of baseline covariates with a corresponding vector of regression coefficients γ
- $f_j\{\eta_i(t), \lambda_j(t_i)\}$ is the form of association (j = 1, ..., J) between the longitudinal and the survival outcomes \rightarrow underlying value, slope or area under the curve



• We consider estimation of the function $\lambda_j(t)$ using the regression P-spline method, where

$$\lambda_{j}(t) = \sum_{\ell=1}^{L} \alpha_{j\ell} B_{\ell}(t, \nu),$$

where

- $\alpha_{j\ell}$ is a set of parameters that capture the strength of association between the longitudinal and survival outcomes
- $B_\ell(t_i,
 u)$ denotes the q-th basis function of a B-spline with knots $u_1, \dots,
 u_Q$
- The idea behind the P-spline method is to assume a high number of knots and penalize the coefficients to tackle the problem of the large number or parameters



- We employ a Bayesian approach and use Markov chain Monte Carlo (MCMC) methods to estimate the parameters of the proposed joint model
- The penalty from the frequentist penalized likelihood translates into a prior distribution
 In particular,

$$\alpha_j \mid \tau_{\alpha} \sim N(0, \underline{M_{\alpha}\tau_{\alpha}^2}),$$

$$\tau_{\alpha}^2 \sim Inv - gamma(1, 0.005),$$

where M_{α} is the penalty matrix. Specifically, we assume a second-order penalty.

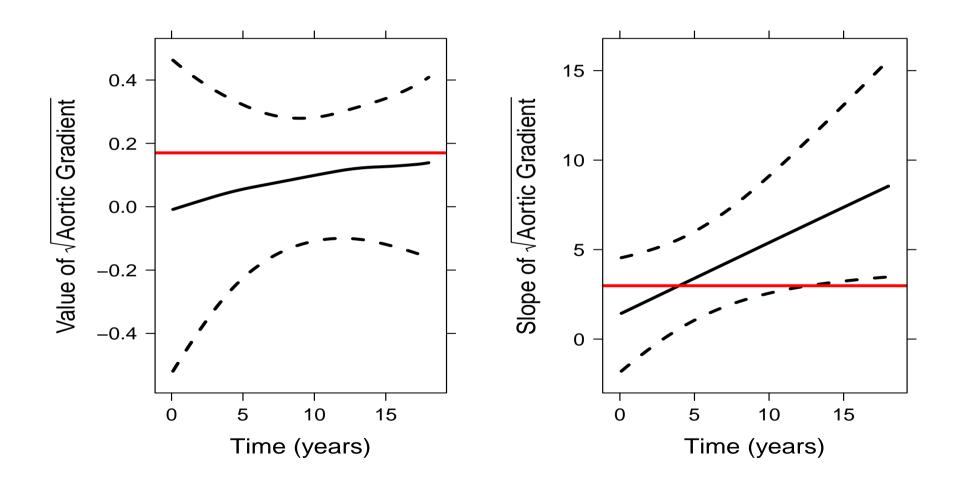


Analysis:

- Longitudinal submodel (Aortic gradient):
- **Survival submodel** (Time-to-death/reoperation):
 - > value and slope of aortic gradient
 - ▷ gender



Results:





A prognostic model is needed!

Measuring Predictive Performance

- Discrimination
 - b how well can the longitudinal biomarker(s) discriminate between subject of low and high risk for the event
- Calibration
 - b how well can the longitudinal biomarker(s) accurately predict future events



- We assume the following setting
 - \triangleright using the available longitudinal data up to time t, $\tilde{y}_l(t) = \{y_l(s), 0 \le s < t\}$
 - \triangleright we are interested in events in the medically relevant interval $(t,t+\Delta t]$
- ullet Based on the fitted joint model and for a particular threshold value c=[0;1], we can term a subject as a case if

$$\pi_l(t + \Delta t \mid t) \le c$$



Following, we can define

⊳ sensitivity:

$$Pr\{\pi_l(t + \Delta t \mid t) \le c \mid T_l^* \in (t, t + \Delta t]\},\$$

▷ specificity:

$$Pr\{\pi_l(t + \Delta t \mid t) > c \mid T_l^* > t + \Delta t\},\$$

where T_i^* denotes the observed failure time for the *i*-th patient



• **Discrimination**: For a randomly chosen pair of subjects (l_1, l_2) the discriminative capability of the assumed model can be assessed by the area under the receiver operating characteristic curve (AUC)

$$AUC(t + \Delta t \mid t) = Pr[\pi_{l_1}(t + \Delta t \mid t) < \pi_{l_2}(t + \Delta t \mid t) \mid \{T_{l_1}^* \in (t, t + \Delta t]\} \cap \{T_{l_2}^* > t + \Delta t\}]$$



• Estimation of AUC $(t + \Delta t \mid t)$:

$$\widehat{\mathsf{AUC}}(t + \Delta t \mid t) = \sum_{w=1}^{4} \widehat{\mathsf{AUC}}_w(t + \Delta t \mid t),$$



• $AUC_1(t, \Delta t)$ refers to the pairs of subjects who can be compared,

$$\Omega_{l_1 l_2}^{(1)}(t) = \left[\left\{ T_{l_1} \in (t, t + \Delta t) \right\} \cap \left\{ \delta_{l_1} = 1 \right\} \right] \cap \left\{ T_{l_2} > t + \Delta t \right\},$$

where $\delta = 0, 1$ denotes the event indicator



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where $\delta = 0, 1$ denotes the event indicator

$$\widehat{\mathsf{AUC}}_1(t + \Delta t \mid t) = \frac{\sum_{l_1 = 1}^n \sum_{l_2 = 1; l_2 \neq l_1}^n I\{\hat{\pi}_{l_1}(t, \Delta t) < \hat{\pi}_{l_2}(t, \Delta t)\} \times I\{\Omega_{l_1 l_2}^{(w)}(t)\}}{\sum_{l_1 = 1}^n \sum_{l_2 = 1; l_2 \neq l_1}^n I\{\Omega_{l_1 l_2}^{(w)}(t)\}}$$



• $AUC_w(t, \Delta t)$, where w = 2, ..., 4, refer to the pairs of subjects who due to censoring cannot be compared,

$$\Omega_{l_1 l_2}^{(2)}(t) = \left[\left\{ T_{l_1} \in (t, t + \Delta t) \right\} \cap \left\{ \delta_{l_1} = 0 \right\} \right] \cap \left\{ T_{l_2} > t + \Delta t \right\},
\Omega_{l_1 l_2}^{(3)}(t) = \left[\left\{ T_{l_1} \in (t, t + \Delta t) \right\} \cap \left\{ \delta_{l_1} = 1 \right\} \right] \cap \left[\left\{ T_{l_1} < T_{l_2} \le t + \Delta t \right\} \cap \left\{ \delta_{l_2} = 0 \right\} \right],
\Omega_{l_1 l_2}^{(4)}(t) = \left[\left\{ T_{l_1} \in (t, t + \Delta t) \right\} \cap \left\{ \delta_{l_1} = 0 \right\} \right] \cap \left[\left\{ T_{l_1} < T_{l_2} \le t + \Delta t \right\} \cap \left\{ \delta_{l_2} = 0 \right\} \right]$$



 \bullet $AUC_w(t, \Delta t)$, where $w=2,\ldots,4$, refer to the pairs of subjects who due to censoring cannot be compared,

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where

$$\widehat{\mathsf{AUC}}_w(t + \Delta t \mid t) = \frac{\sum_{l_1 = 1}^n \sum_{l_2 = 1; l_2 \neq l_1}^n I\{\widehat{\pi}_{l_1}(t, \Delta t) < \widehat{\pi}_{l_2}(t, \Delta t)\} \times I\{\Omega_{l_1 l_2}^{(w)}(t)\} \times \widehat{K}_w}{\sum_{l_1 = 1}^n \sum_{l_2 = 1; l_2 \neq l_1}^n I\{\Omega_{l_1 l_2}^{(w)}(t)\} \times \widehat{K}_w}$$

and K_w are weights



• Calibration: The expected error of prediction has the form

$$PE(t + \Delta t \mid t) = E[L\{N_i(t + \Delta t) - \pi(t + \Delta t \mid t)\}]$$

where

 $\triangleright N_i(t) = I(T_i^* > t)$ is the event status at time t

 $\triangleright L(.)$ denotes a loss function, such as the absolute or square loss



ullet An estimator for $PE(u \mid t)$ that accounts for censoring:

$$\hat{PE}(t + \Delta t \mid t) = \{\mathcal{R}(t)\}^{-1} \sum_{i:T_i \geq t} I(T_i > t + \Delta t) L\{1 - \hat{\pi}(t + \Delta t \mid t)\} + \delta_i I(T_i < t + \Delta t) L\{0 - \hat{\pi}(t + \Delta t \mid t)\} + (1 - \delta_i) I(T_i < t + \Delta t) \left[\hat{\pi}(t + \Delta t \mid T_i) L\{1 - \hat{\pi}(t + \Delta t \mid t)\} + (1 - \hat{\pi}(t + \Delta t \mid t))\right]$$

where

- $\triangleright \mathcal{R}(t)$ denotes the number of subjects at risk at t
- ightharpoonup red part: subjects still alive at $t + \Delta t$
- \triangleright blue part: subjects who died before $t + \Delta t$
- \triangleright purple part: subject censored before $t + \Delta t$

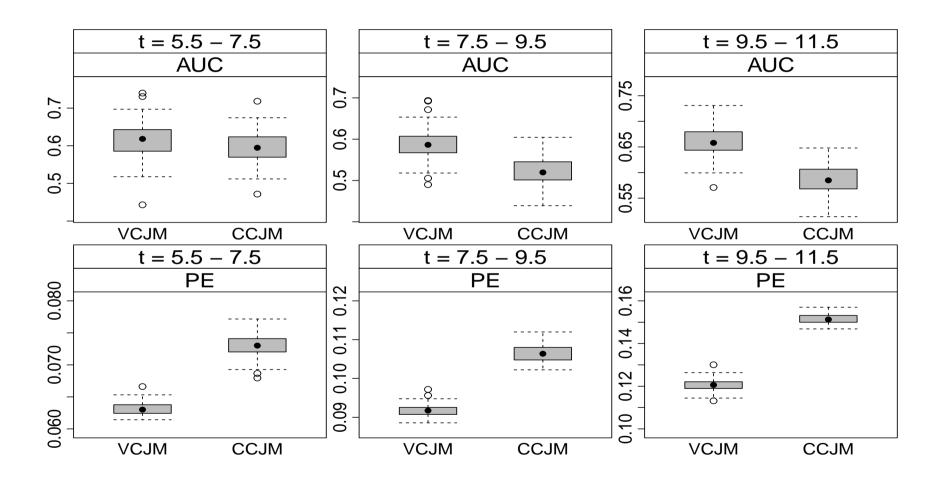


- \bullet We compared the VCJM with the CCJM based on the AUC $(t+\Delta t\mid t)$ and $PE(t+\Delta t\mid t)$
 - ▷ Internal validation procedure

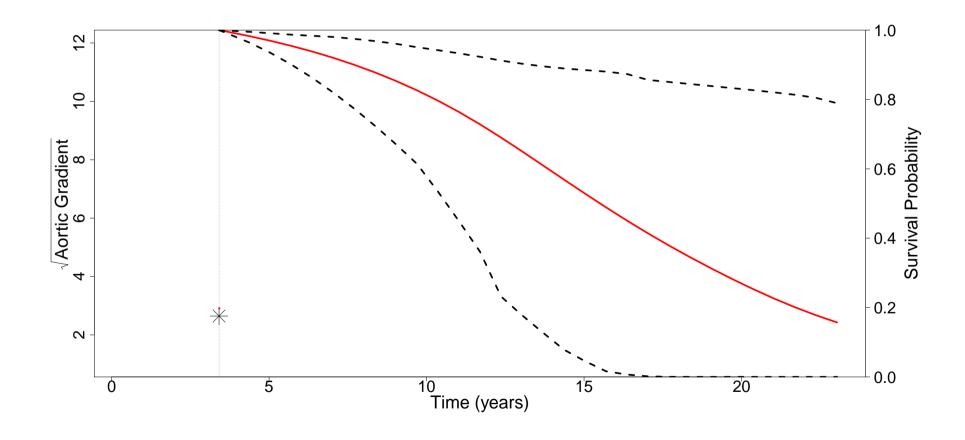
 - \triangleright Prediction window: t=5.5, 7.5, 9.5 and $\Delta t=2$
 - > 100 times



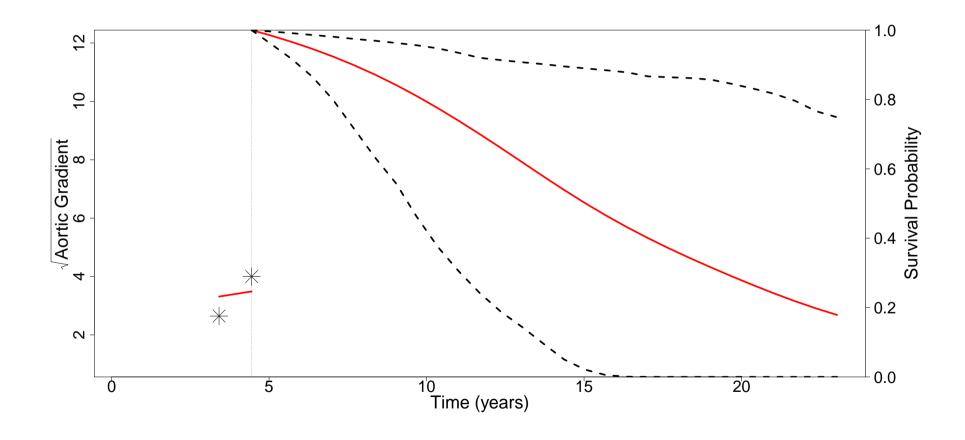
Results:



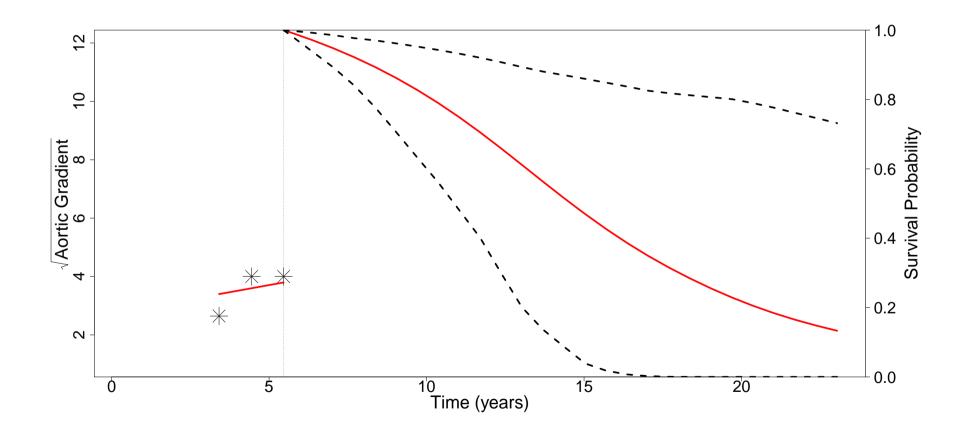




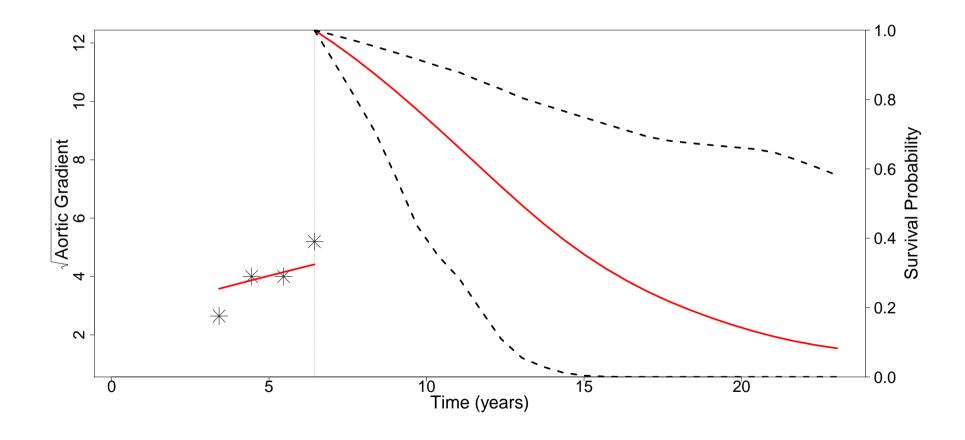




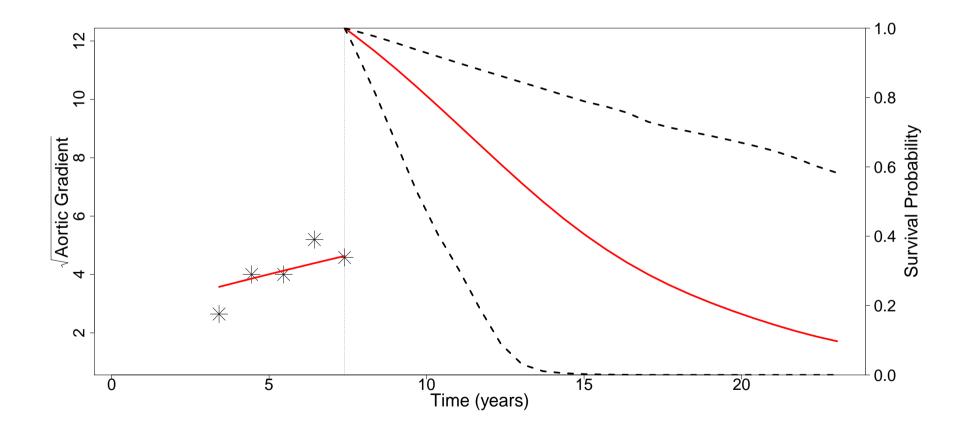




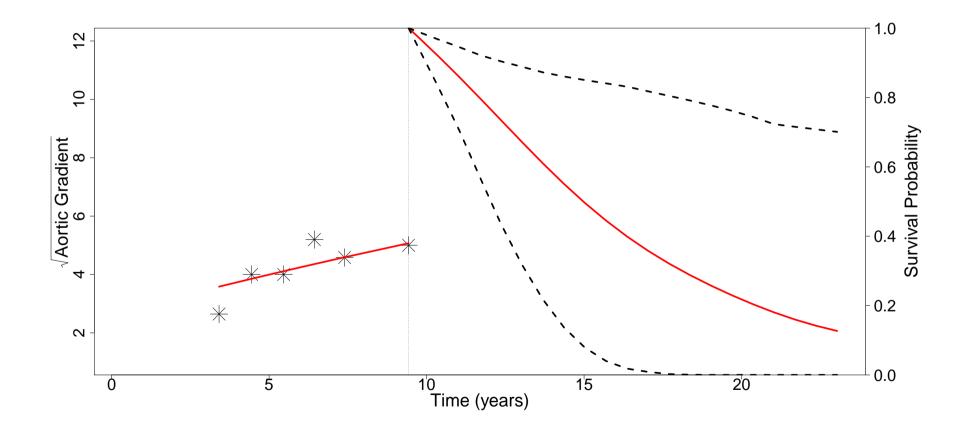




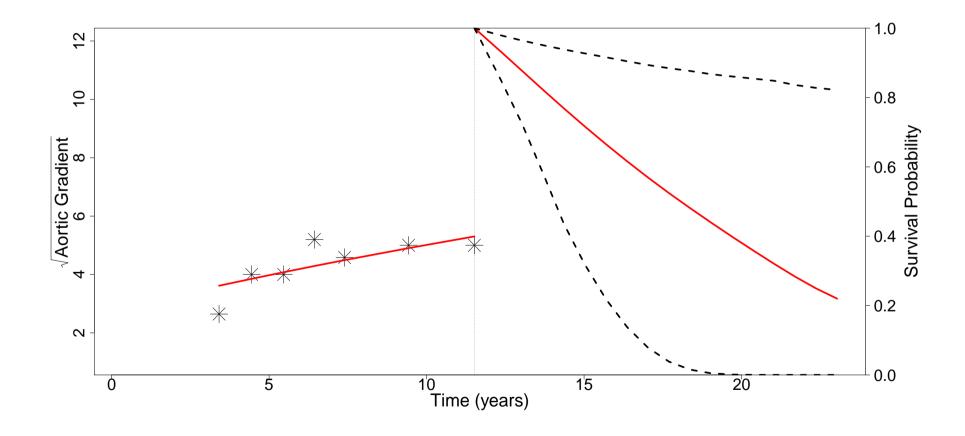




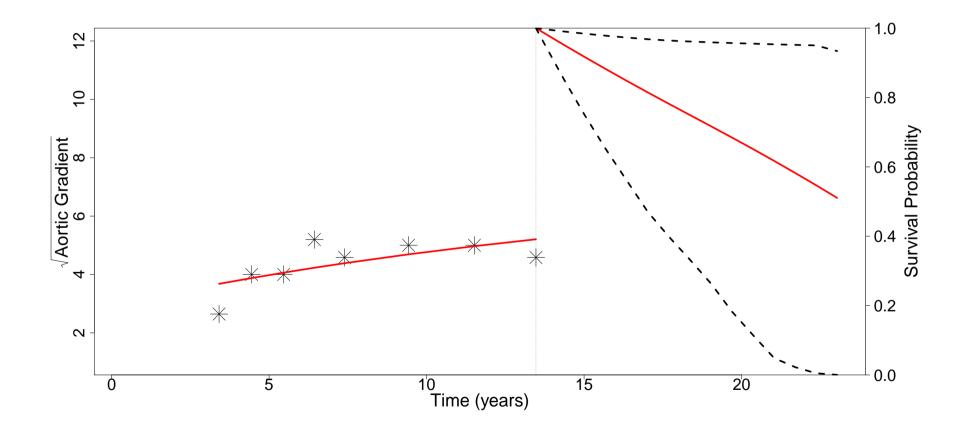




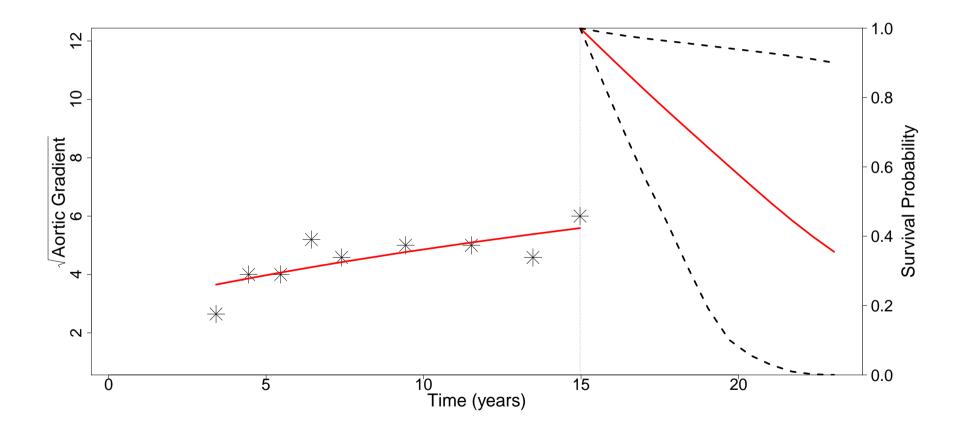




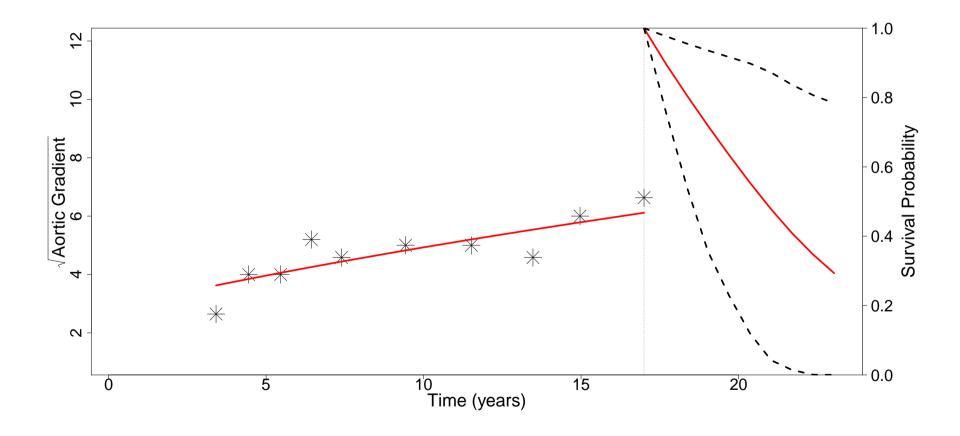




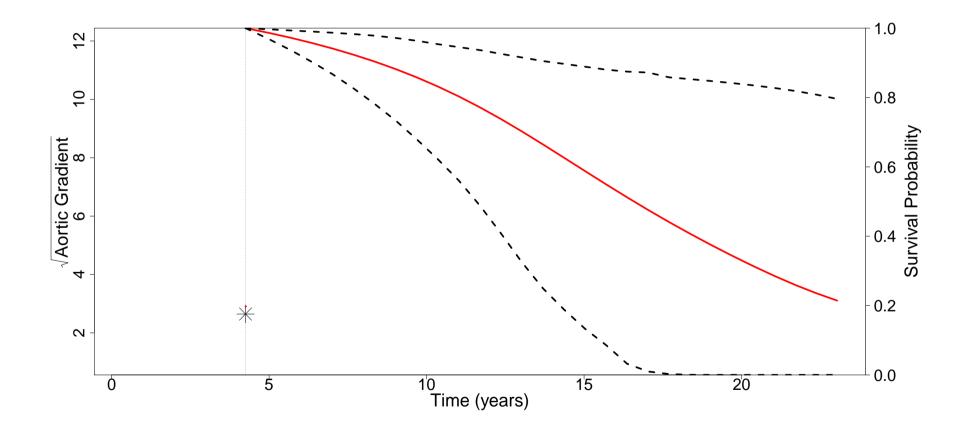




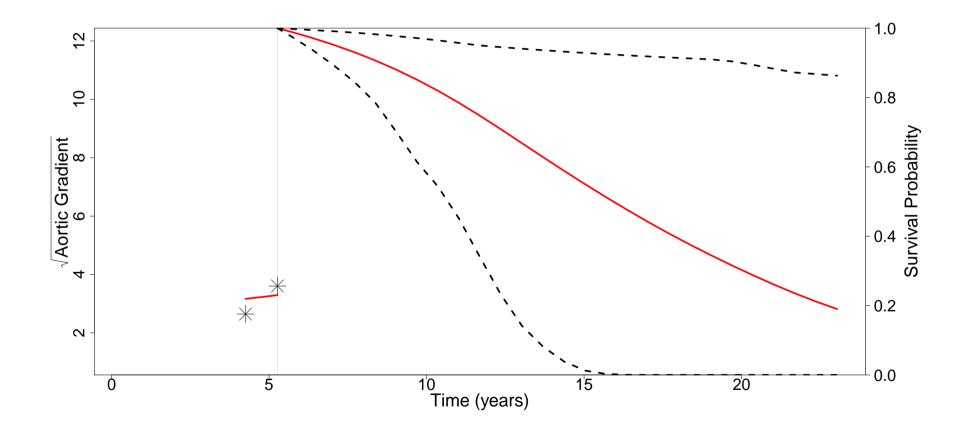




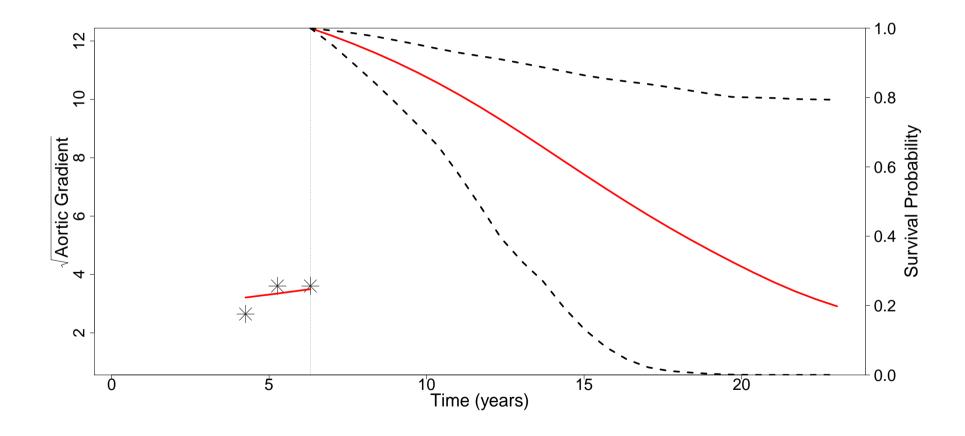




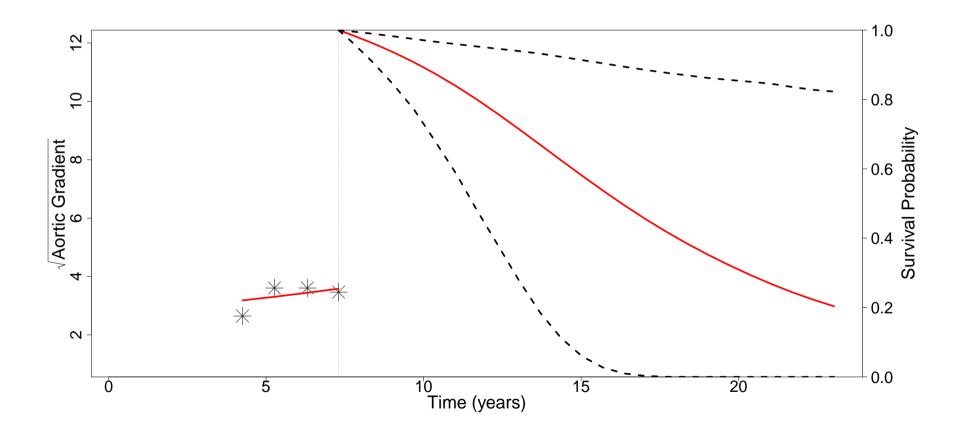




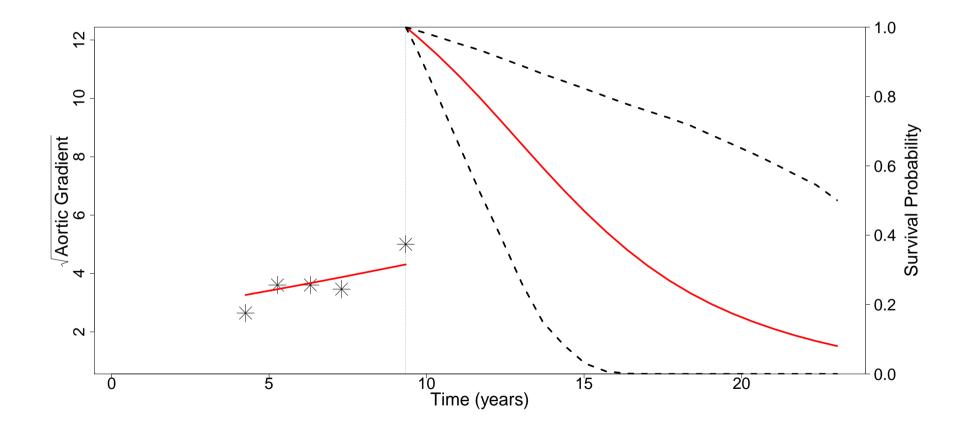




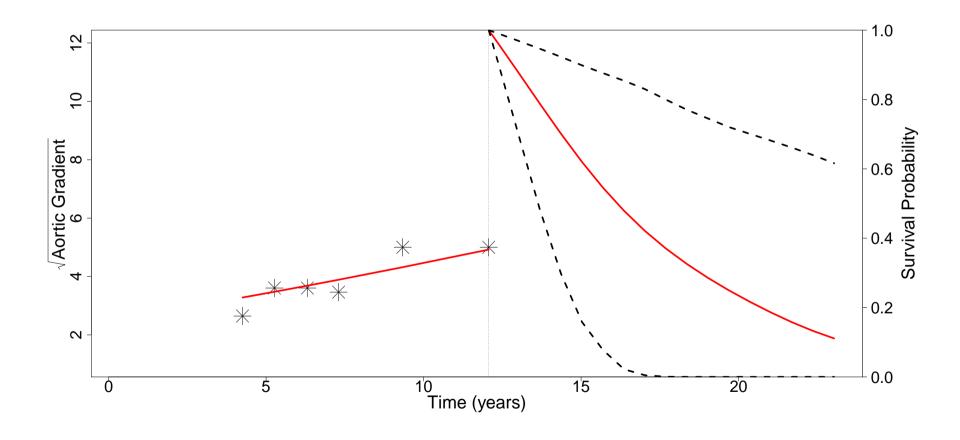












Discussion



• Joint models - popular framework

Software

▷ JM, JMbayes: R

⊳ joineR, joineRML: **R**

▷ stjm: Stata

▷ JMFit: SAS

Thank you!



Any questions?