Dynamic Prediction

Day 9

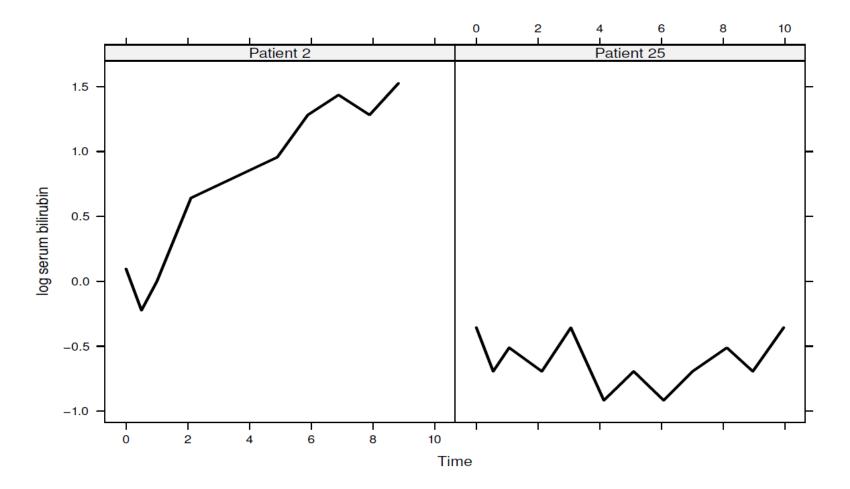
- Introduction to Survival Prediction
- Introduction to Dynamic Prediction
 - Why? When? How?

Dynamic Prediction

"What is the probability that the patient will be alive in 5 years, given what we know about them today?"

- Prediction is often conducted at some baseline time (treatment, diagnosis, etc.)
- During follow-up additional information may become available for a patient (biomarkers, intermediate event)
- Dynamic prediction: Incorporates changing patient information to predict survival probabilities at time points during a patient's follow-up
- Used by clinicians to make important personalized care decisions

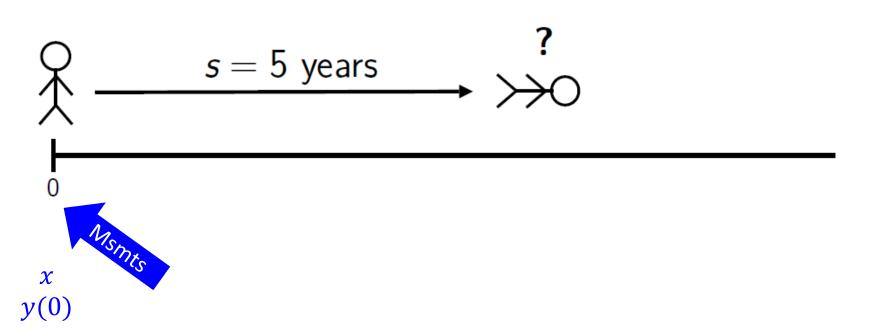
• **Goal:** Dynamic predictions of survival probabilities for Patients 2 and 25 from the PBC dataset



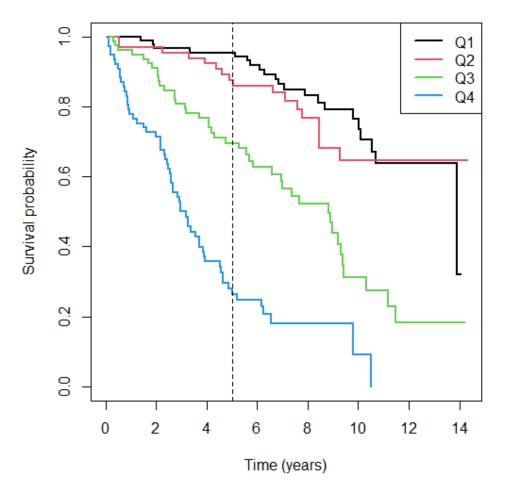
Will I be alive in 5 years?

- Prediction window = 5 years
- Baseline covariates x (e.g., age, gender, treatment)
- Time-dependent covariates y(t)

$$S(5) = \Pr(T^* \ge 5|x, y(0))$$



```
plot(survfit(Surv(years,status2)~ser.cut, data=pbc2.id), conf.int=FALSE,lwd=2, ylab="Survival probability", xl
ab="Time (years)", col=1:4)
legend("topright",c("Q1","Q2","Q3","Q4"),lty=1, lwd=2, col=1:4)
```



- Probability of surviving the next 5 years $\hat{S}(5)$
- Patient 2 (in Q2): 87.6%
 (95% CI: 79.9-96.0%)
- Patient 25 (in Q1): 95.6% (95% CI: 91.4-99.9%)
- May want to adjust for other baseline covariates using a survival model

 $mod.cox <- coxph(Surv(years, status2) \sim ser.cut + drug + age + sex, data=pbc2.id)$ summary(mod.cox)

```
## Call:
## coxph(formula = Surv(years, status2) ~ ser.cut + drug + age +
      sex, data = pbc2.id)
    n= 312, number of events= 140
##
                       coef exp(coef) se(coef) z Pr(>|z|)
## ser.cut(0.8,1.35] 0.240839 1.272317 0.328085 0.734
## ser.cut(1.35,3.4] 1.349634 3.856014 0.272772 4.948 7.5e-07 ***
## ser.cut(3.4,28] 2.450707 11.596540 0.269606 9.090 < 2e-16 ***
## drugD-penicil -0.230931 0.793794 0.176599 -1.308
                                                      0.191
## age
                 0.045825 1.046891 0.008153 5.621 1.9e-08 ***
## sexfemale
                 0.127537 1.136027 0.235164 0.542
                                                      0.588
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
                  exp(coef) exp(-coef) lower .95 upper .95
## ser.cut(0.8,1.35] 1.2723 0.78597
                                       0.6689
                                                 2.420
## ser.cut(1.35,3.4] 3.8560 0.25934 2.2592
                                                6.581
## ser.cut(3.4,28] 11.5965
                             0.08623
                                      6.8366
                                                19.671
## drugD-penicil
                  0.7938 1.25977
                                       0.5615
                                                1.122
                   1.0469 0.95521
                                                1.064
## age
                                       1.0303
## sexfemale
                 1.1360 0.88026
                                      0.7165
                                                1.801
## Concordance= 0.793 (se = 0.02)
## Likelihood ratio test= 144 on 6 df, p=<2e-16
## Wald test
                    = 145.5 on 6 df, p = < 2e - 16
## Score (logrank) test = 177.6 on 6 df, p=<2e-16
```

Remember that the function that we are trying to predict is

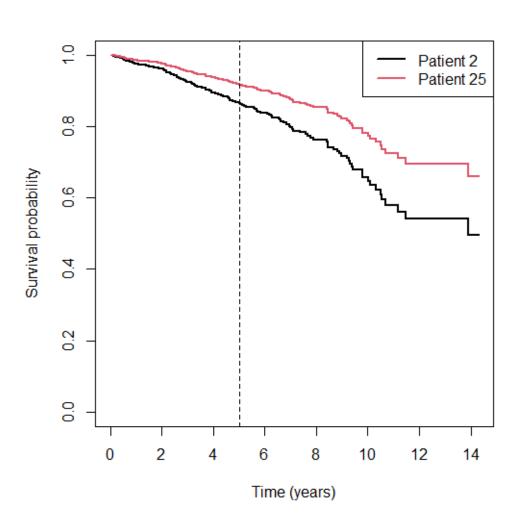
$$S(t|x) = \exp\{-\int_0^t h(s)ds\}$$
$$= \exp\{-\int_0^t h_0(t) \exp(x'\beta)ds\}$$
$$= \exp\{-H_0(t) \exp(x'\beta)\}$$

Thus, to get our predicted survival we want to compute

$$\hat{S}(t|x) = \exp\{-\hat{H}_0(t)\exp(x'\hat{\beta})\}\$$

 Cox model does not estimate the baseline hazard, so we use a non-parametric estimator of the baseline hazard function

- We can estimate $\widehat{H}_0(t)$ using the Breslow estimator
- R does this using the "survfit" function applied to a "coxph" model



- Probability of surviving the next 5 years $\hat{S}(5)$
- Patient 2 (in Q2): 86.7%
 (95% CI: 80.3-93.5%)
- Patient 25 (in Q1): 91.9% (95% CI: 88.1-96.0%)
- Prediction uses their baseline marker value and baseline marker measurement

Will I be alive in 5 years?

- The patient is still alive in two years and comes back in
- Now want to make a prediction for the patient two years into their follow-up
- Need to compute their conditional survival probability

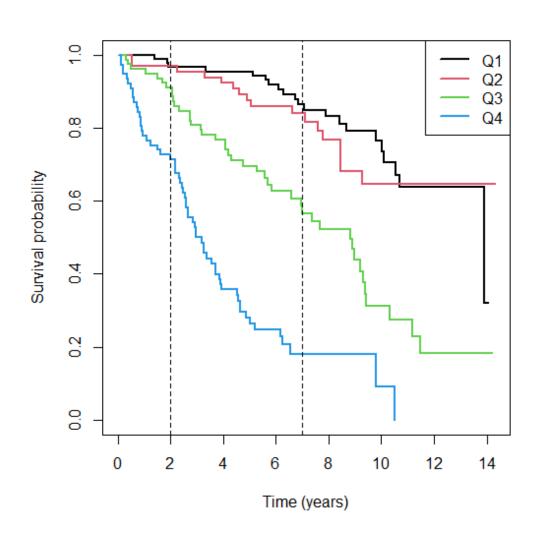
$$S(u|t) = \Pr(T^* \ge u|T^* > t, x, y(0)), \quad u > t$$

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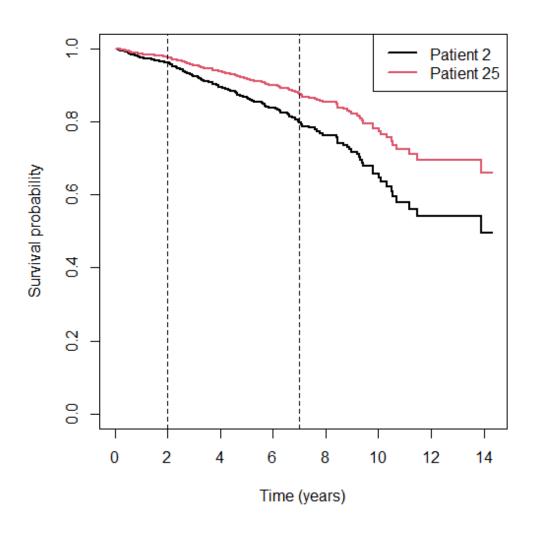
Conditional Survival: K-M



$$S(u|t) = S(u)/S(t)$$

- Given the patient survived 2 years, the probability of surviving the next 5 years $\hat{S}(7|2)$
- Patient 2 (in Q2): 86.6%
- Patient 25 (in Q1): 89.3%

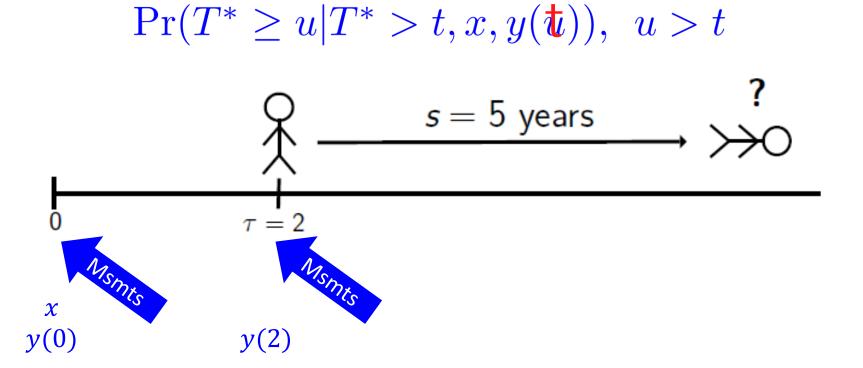
Conditional Survival: Cox



- Similarly from the Cox model
- Given the patient survived 2 years, the probability of surviving the next 5 years $\hat{S}(7|2)$
- Patient 2 (in Q2): 82.4%
- Patient 25 (in Q1): 89.4%

Will I be alive in 5 years?

- Still only using baseline information
- At the follow-up visit, we might learn more information about the patient (collect information on the longitudinal marker)



Dynamic Prediction

- Interested in predicting survival probability for a patient that has provided a set of longitudinal measurements up to a specific time point t
- For a subject j we have available measurements up to time

$$\mathcal{Y}_j(t) = \{y_j(s), 0 \le s \le t\}$$

Dynamic prediction of interest is

$$p_j(u|t) = \Pr\{T_j^* \ge u|T_j^* > t, \mathcal{Y}_j(t)\}, \ u > t$$

- We assume that the joint model has been fitted to the data
- Based on the fitted model we can estimate the conditional survival probabilities

$$p_j(u|t) = \Pr\{T_j^* \ge u|T_j^* > t, \mathcal{Y}_j(t), \mathcal{D}_n\}, \quad u > t$$

• Where D_n is the sample on which the joint model was fitted

• $p_i(u|t)$ can be rewritten as

$$p_j(u|t) = \int \frac{S_j\{u|\mathcal{M}_j(u,b_j,\theta);\theta\}}{S_j\{t|\mathcal{M}_j(t,b_j,\theta);\theta\}} p(b_j|T_j^* > t, \mathcal{Y}_j(t);\theta)db_j$$

- M_j is the longitudinal history approximated by the mixed effects model (function of the random effects and parameters)
- A naïve estimator for $p_j(u|t)$ can be constructed by plugging-in the MLEs and the Empirical Bayes estimates

$$\tilde{p}_j(u|t) = \frac{S_j\{u|\mathcal{M}_j(u,\hat{b}_j,\hat{\theta});\hat{\theta}\}}{S_j\{t|\mathcal{M}_j(t,\hat{b}_j,\hat{\theta});\hat{\theta}\}}$$

 Works well in practice, but standard errors are difficult to compute

Instead, can use a Bayesian formulation of the problem

$$p_j(u|t) = \int \Pr\{T_j^* \ge u|T_j^* > t, \mathcal{Y}_j(t); \theta\} p(\theta|\mathcal{D}_n) d\theta$$

- The first part of the integrand we saw on the previous slide
- The second part, if the sample size is sufficiently large, we can approximate the posterior of the parameters by

$$\{\theta | \mathcal{D}_n\} \sim N(\hat{\theta}, v\hat{a}r(\hat{\theta}))$$

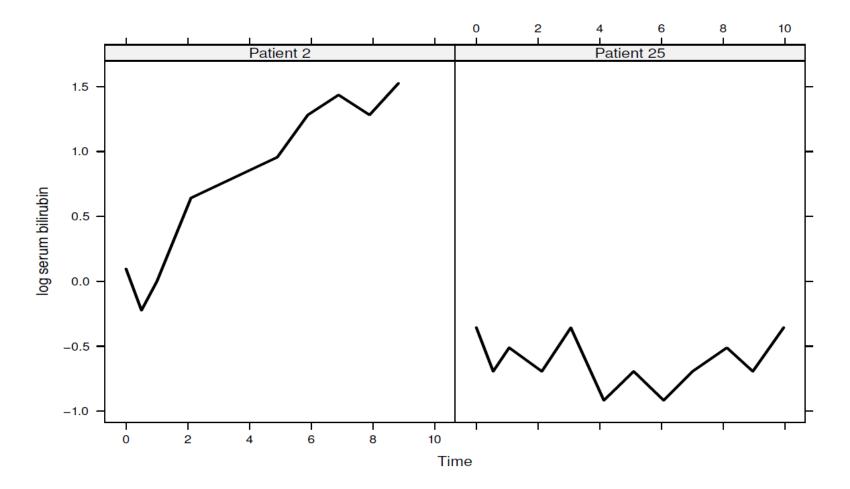
where $\hat{\theta}$ are the MLEs

• A Monte Carlo estimate of $p_j(u|t)$ can be obtained using the following simulation scheme

```
Step 1. Draw \theta(l) \sim N(\hat{\theta}, v\hat{a}r(\hat{\theta}))
Step 2. Draw b_j^{(l)} \sim \{b_j | T_j^* > t, \mathcal{Y}_j(t), \theta^{(l)}\}
Step 3. Compute p_j^{(l)}(u|t) = S_j\{u|\mathcal{M}_j(u, b_j^{(l)}, \theta^{(l)}; \theta^{(l)})\}/S_j\{t|\mathcal{M}_j(t, b_j^{(l)}, \theta^{(l)}; \theta^{(l)})\}
```

- Repeat Steps 1-3, $l=1,\dots L$ times, where L is the number of Monte Carlo samples
- Can use the realizations $\{p_i^{(l)}(u|t), l=1,\ldots,L\}$ to derive point estimates of $p_i(u|t)$
- E.g. $\hat{p}_i(u|t) = \text{median}\{p_i^{(l)}(u|t), l = 1, ..., L\}$

• **Goal:** Dynamic predictions of survival probabilities for Patients 2 and 25 from the PBC dataset



- Goal: Dynamic predictions of survival probabilities for Patients 2 and 25 from the PBC dataset
- We fit a joint model
- Longitudinal submodel
 - Fixed and random effects: cubic B-spline with boundary knots at 0 and 15 years
- Survival submodel
 - Treatment effect + current level of true serum bilirubin marker
 - Piecewise-constant baseline hazard with 7 intervals

```
lmeFit <- lme(log(serBilir) ~ bs(year, 4, Boundary.knots=c(0,15)), random = list(id = pdDiag(form = ~ bs(year, 4, Boundary.knots=c(0,15)))), data= pbc2)
survFit <- coxph(Surv(years, status2) ~ drug, data = pbc2.id, x = TRUE)
jointFit <- jointModel(lmeFit, survFit, timeVar="year", method = "piecewise-PH-aGH")</pre>
```

- Based on the fitted joint model we estimate $p_j(u|t)$ for Patients 2 and 25
- We use 500 Monte Carlo samples, and we take the median of the Monte Carlo estimates as our estimate and the corresponding 95% pointwise confidence intervals

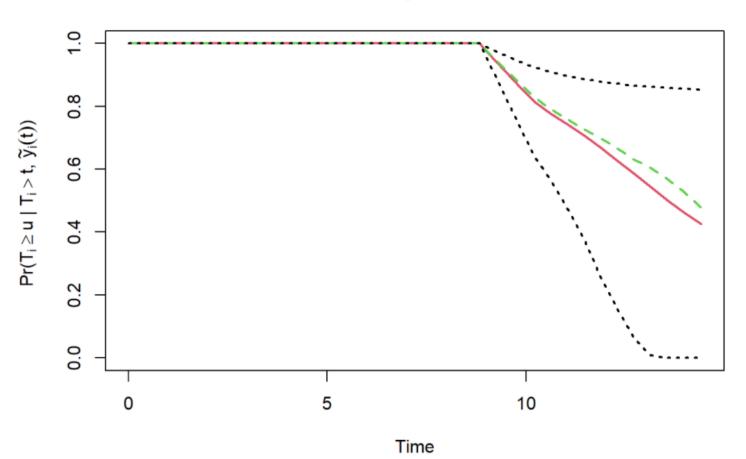
```
pbc2[pbc2$id==2,c("id","year","serBilir","years","status2")]
```

```
survProbs <- survfitJM(jointFit, newdata=pbc2[pbc2$id==2,], M=500)
survProbs</pre>
```

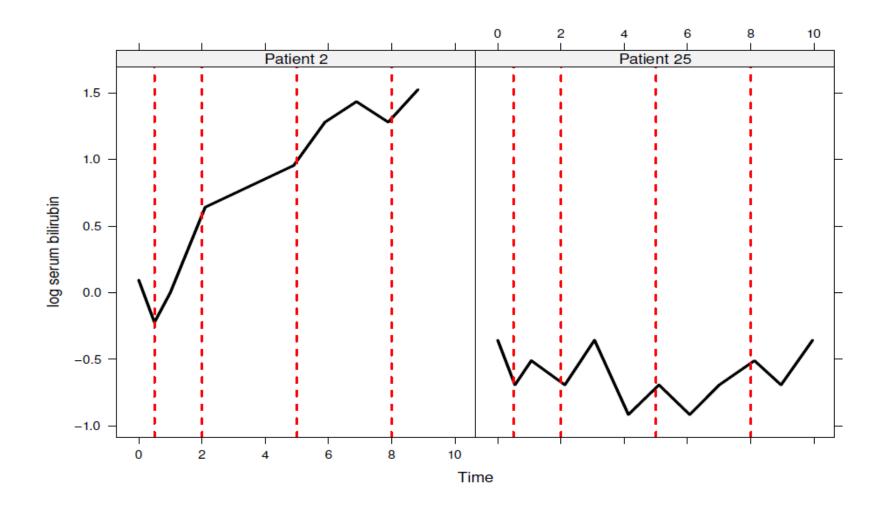
```
##
## Prediction of Conditional Probabilities of Event
## based on 500 Monte Carlo samples
##
## $\2\
       times Mean Median Lower Upper
##
      8.8325 1.0000 1.0000 1.0000 1.0000
      8.9405 0.9851 0.9860 0.9721 0.9932
## 1
## 2 9.3609 0.9277 0.9327 0.8645 0.9682
## 3 9.7813 0.8711 0.8811 0.7521 0.9457
## 4 10.2017 0.8148 0.8290 0.6431 0.9250
## 5 10.6221 0.7764 0.7910 0.5639 0.9099
## 6 11.0425 0.7426 0.7583 0.4746 0.8962
## 7 11.4629 0.7067 0.7270 0.3761 0.8872
## 8 11.8833 0.6684 0.6985 0.2524 0.8785
## 9 12.3037 0.6278 0.6659 0.1552 0.8722
## 10 12.7241 0.5855 0.6297 0.0622 0.8662
## 11 13.1445 0.5427 0.6030 0.0082 0.8622
## 12 13.5649 0.5005 0.5685 0.0002 0.8585
## 13 13.9853 0.4613 0.5281 0.0000 0.8557
## 14 14.4057 0.4265 0.4770 0.0000 0.8537
```

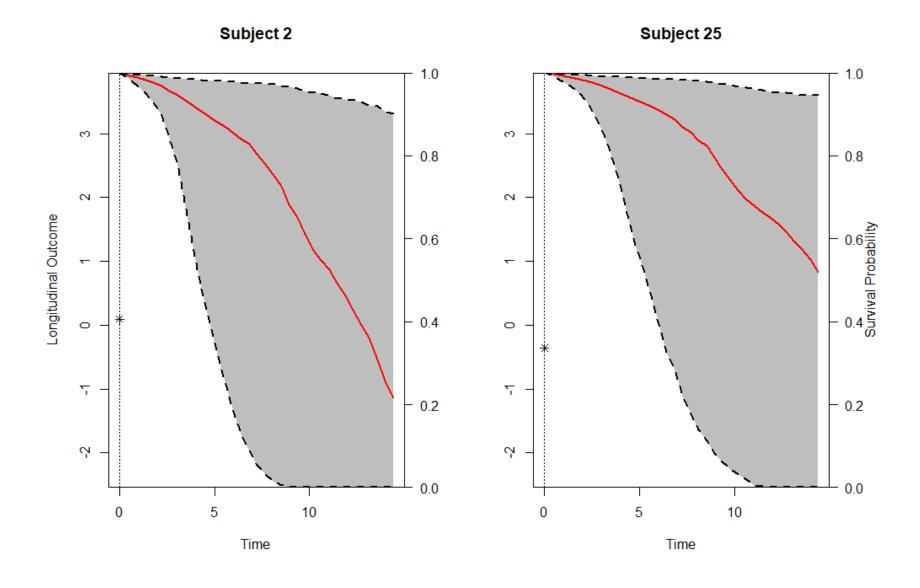
```
#dashed: median, solid=mean
plot(survProbs, lty = c(1:2,3,3), lwd=2, conf.int = TRUE)
```

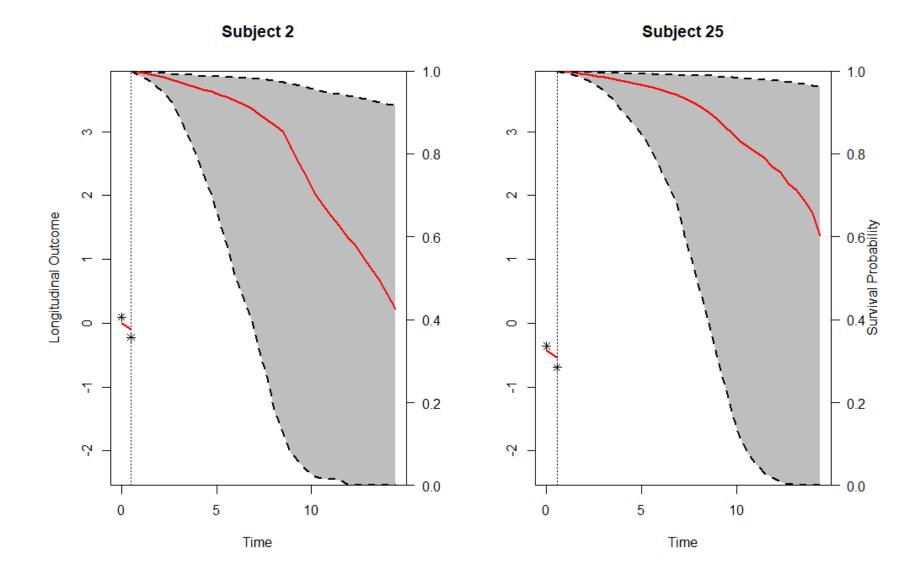
Subject 2

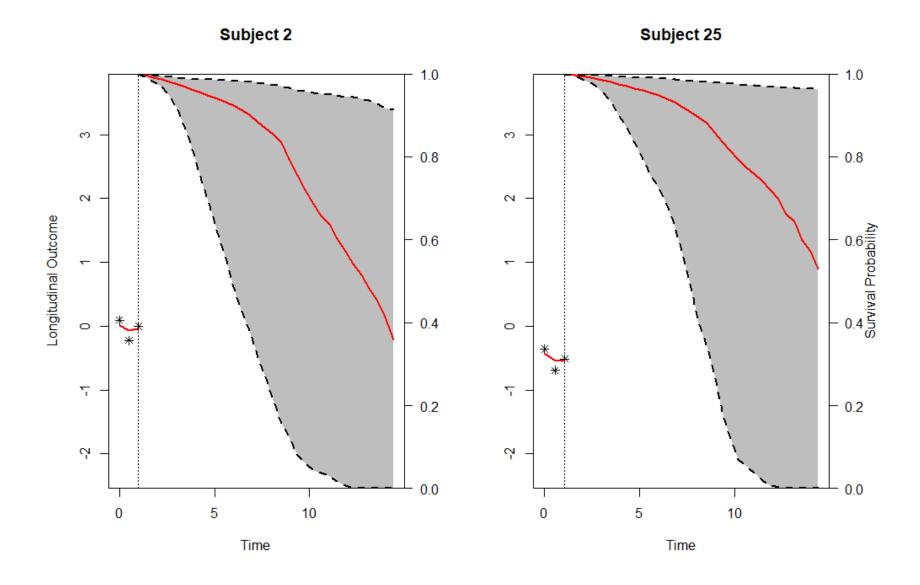


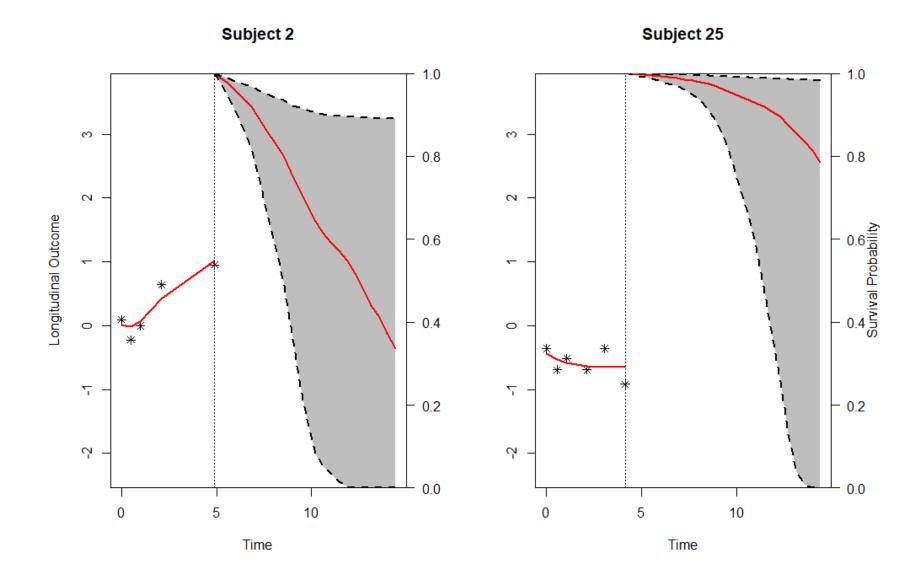
```
##
## Prediction of Conditional Probabilities of Event
## based on 200 Monte Carlo samples
##
## $`2`
## times Mean Median Lower Upper
## 1 14.1523 1.0000 1.0000 1.0000 1.0000
## 1 14.5000 0.9019 0.9698 0.3378 0.9990
## 2 15.0000 0.8014 0.9229 0.0218 0.9979
```

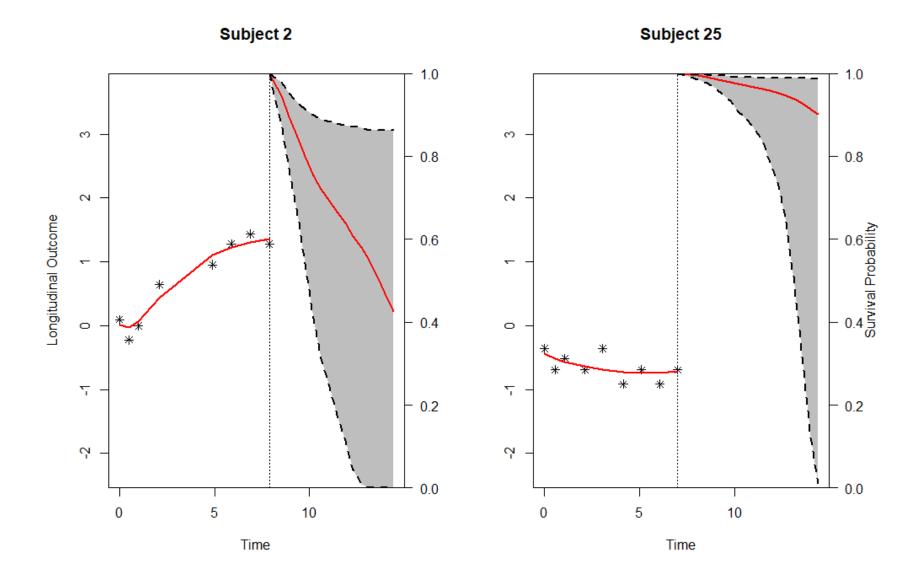












Longitudinal Responses

- In some occasions, it may also be of interest to predict the longitudinal outcome
- We can proceed in the same manner as for the survival probabilities
- We have available marker measurements up to time point t

$$\mathcal{Y}_j(t) = \{y_j(s), 0 \le s \le t\}$$

We are interested in

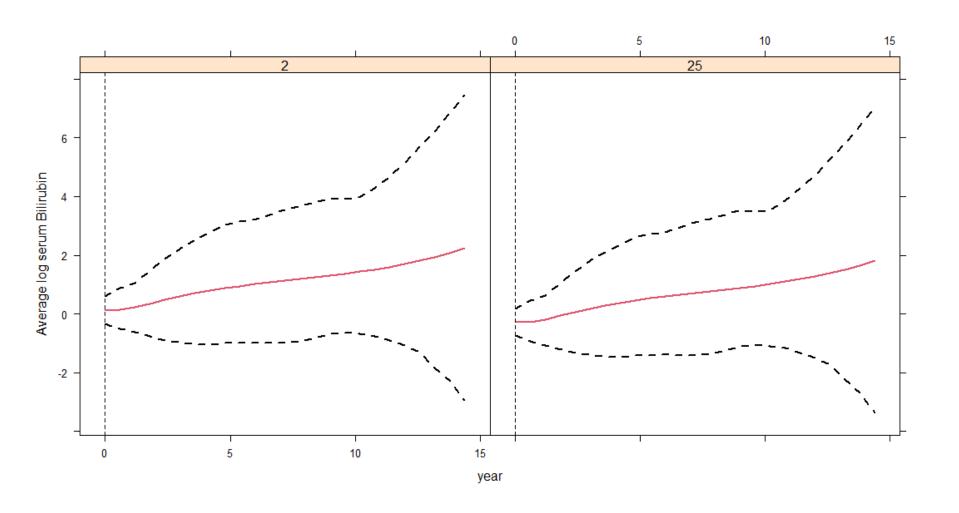
$$w_j(u|t) = E\{y_j(u)|T_j^* > t, \mathcal{Y}_j(t), \mathcal{D}_n\}, \quad u > t$$

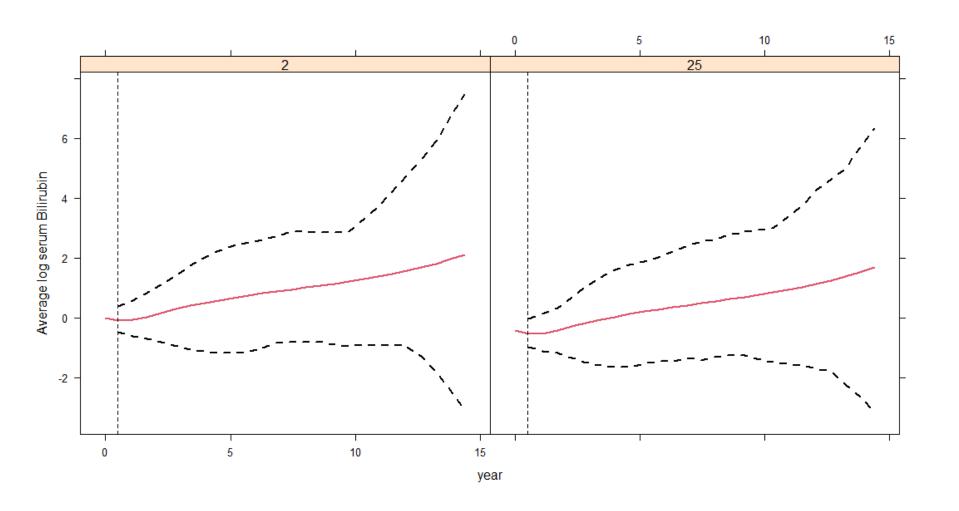
Longitudinal Responses: Estimation

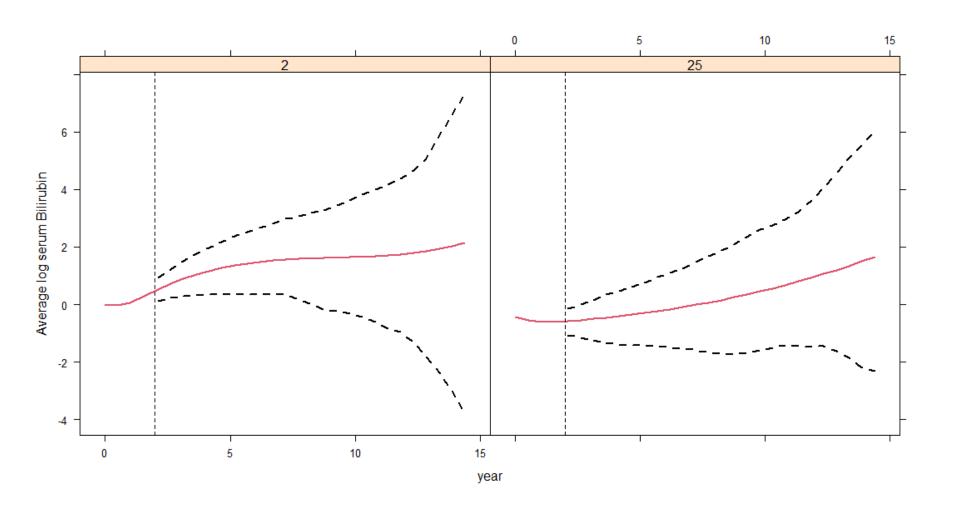
- We use a similar approach as for the survival probabilities
- A Monte Carlo estimate of $w_j(u|t)$ can be obtained using the following simulation scheme

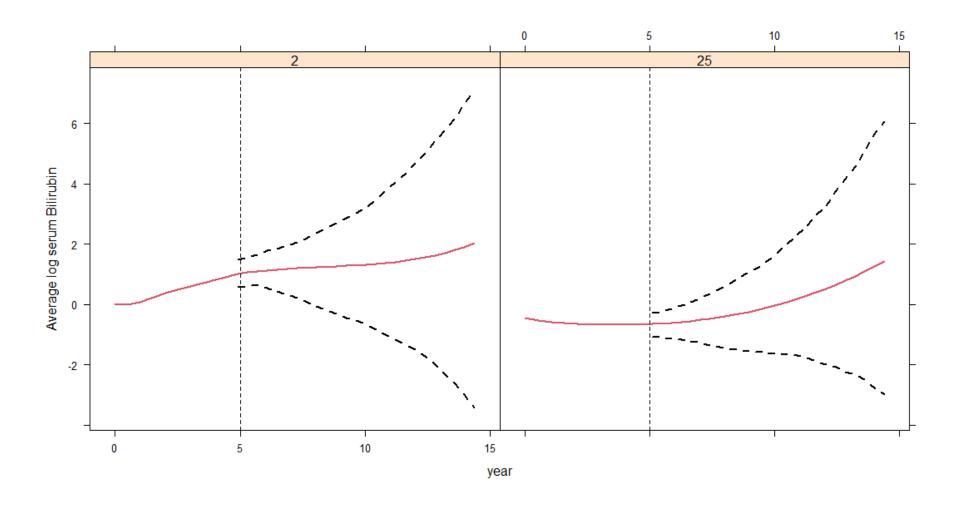
Step 1. Draw
$$\theta(l) \sim N(\hat{\theta}, v\hat{a}r(\hat{\theta}))$$

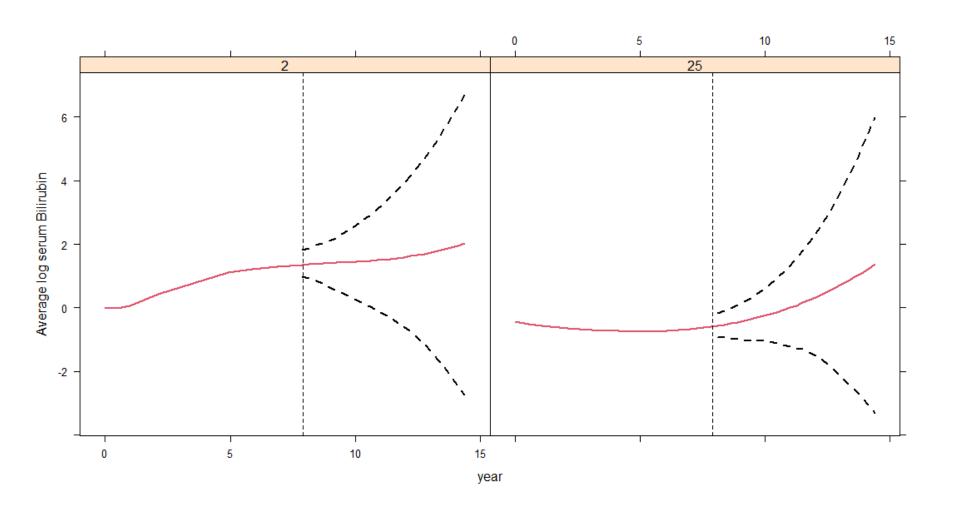
Step 2. Draw $b_j^{(l)} \sim \{b_j | T_j^* > t, \mathcal{Y}_j(t), \theta^{(l)}\}$
Step 3. Compute $w_j^{(l)}(u|t) = x_j'(u)\beta^{(l)} + z_j'(u)b_j^{(l)}$











Joint Modeling for Dynamic Prediction

- Valid prediction function that produces consistent predictions (Jewell and Nielson, 1993)
- Produces predictions at any time point during follow-up
- Handles irregular marker measurements
- Builds the subject-specific marker profile that extrapolates up to time t (doesn't need LOCF assumption)
- Integrates over future values of the marker
- Biologically seems like a logical approach
- Computationally intensive
- Other methods: Landmarking, Two-stage models, etc.

Performance Metrics

- Discrimination: C-index
- Calibration: Brier Score
- Time-dependent measures
 - Need to account for censoring
 - Blanche et al 2013
 - pec package
- Validation of discrimination and calibration measures can be achieved with standard re-sampling techniques
 - Cross-validation, Bootstrap
- Time-consuming to fit the joint model many times

Course Summary

- When do we need joint models for longitudinal and survival outcomes?
 - To handle endogenous time-varying covariates in a survival analysis context
 - To account for informative dropout in a longitudinal data analysis context
- How do joint models work?
 - A mixed model for the longitudinal outcome
 - A relative risk model for the event process
 - Explain interrelationships with shared random effects

Course Summary

Where to pay attention when defining joint models?

- Model flexibly the subject-specific evolutions for the longitudinal outcome
- Use parametric but flexible models for the baseline hazard function
- Consider how to model the association structure (parameterization) between the longitudinal and survival process
- Issues with convergence: Consider transforming covariates, modifying starting values, starting with simpler models and building up

Extensions

- Under the full conditional independence assumption we can easily extend the basic joint model
- Multiple longitudinal outcomes, multiple failure times
- Is a lot more computationally intensive

Course Summary

Individualized predictions

- Joint models can provide subject-specific predictions for the longitudinal and survival outcomes
- These are dynamically updated as extra information is recorded for the subject
- Joint models are an excellent tool for personalized medicine

So much more...

- Different kinds of joint models
- Predictive performance metrics