

Absolute Risk integration using penalized logistic regression

Jesse Islam

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Popular methods in time-to-event analysis

- In disease etiology, we tend to make use of the proportional hazards hypothesis.
 - Cox Regression
- When we want the absolute risk:
 - Breslow estimator
 - Parametric models

Motivations for a new method

- Julien and Hanley found that survival analysis rarely produces prognostic functions, even though the software is widely available in cox regression packages. [1]
- They believe the stepwise nature is the reason, as it reduces interpretability. [1]
- Want to easily model non-proportional hazards. [1]
- A streamlined approach for reaching a **smooth absolute risk** curve. [1]

Dr. Cox's perspective

Reid: How do you feel about the cottage industry that's grown up around it [the Cox model]?

Cox: Don't know, really. In the light of some of the further results one knows since, I think I would normally want to tackle problems parametrically, so I would take the underlying hazard to be a Weibull or something. I'm not keen on nonparametric formulations usually.

Reid: So if you had a set of censored survival data today, you might rather fit a parametric model, even though there was a feeling among the medical statisticians that that wasn't quite right.

Cox: That's right, but since then various people have shown that the answers are very insensitive to the parametric formulation of the underlying distribution [see, e.g., Cox and Oakes, Analysis of Survival Data, Chapter 8.5]. And if you want to do things like predict the outcome for a particular patient, it's much more convenient to do that parametrically.

- SUPPORT study
- Casebase sampling
- Logistic regression on survival data
- Maximum likelihood with regularization
- Comparing hazard models in SUPPORT study
- Absolute risk comparison
- Future work
- References

- **Study to Understand Prognoses and Preferences for Outcomes and Risks Treatments**
- Design: Prospective cohort study.
- Setting: 5 academic care centers in the United States.
- Participants: 9105 hospitalized.
- Follow-up-time: 5.56 years.
- 68% incidence rate.

SUPPORT manual imputation

- Notorious for missing data

Baseline Variable	Normal Fill-in Value
Bilirubin	1.01
BUN	6.51
Creatinine	1.01
PaO2/FiO2 ratio (pafi)	333.3
Serum albumin	3.5
Urine output	2502
White blood count	9 (thousands)

Table 1: Suggested imputation values. [Support site reference]

- mice imputation package (R)
 1. PMM (Predictive Mean Matching) – For numeric variables
 2. logreg(Logistic Regression) – For Binary Variables(with 2 levels)
 3. polyreg(Bayesian polytomous regression) – For Factor Variables (≥ 2 levels)
 4. Proportional odds model (ordered, ≥ 2 levels)

Removed variables

- Hospital Charges.
- Patient ratio of costs to charges.
- Patient Micro-costs.
- Ordinal functional disability.
- Income (ordinal).

Variable overview

- Age, sex, race, education, follow-up time, death. (6)
- Disease group/class, Number of comorbidities. (3)
- Income, costs. (4)
- Coma score, average Therapeutic Intervention Scoring System (2)
- Physiological variables. (11)
- Activities of daily living. (3)
- Previous model findings. (8)

Original SUPPORT analysis

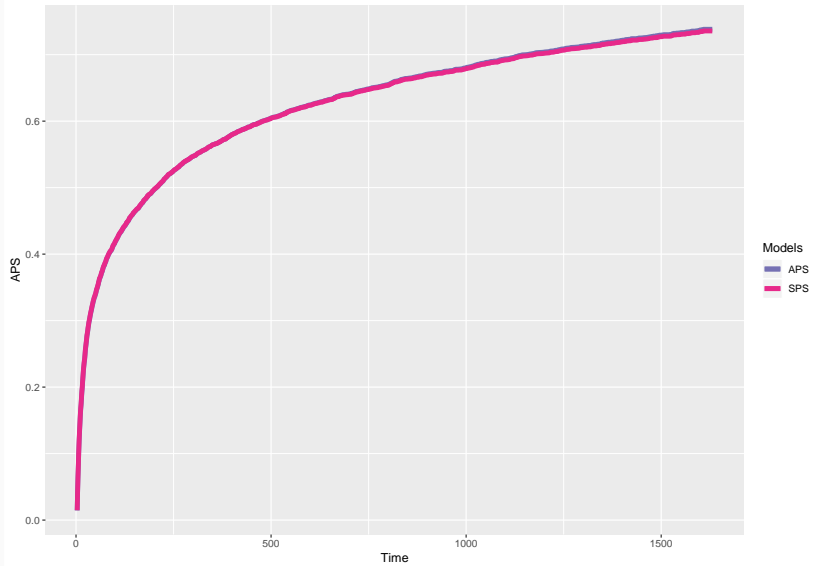
- Determined SUPPORT prognostic model on phase I (4301 individuals).
- Tested on Phase II (4028 individuals).
- Both on the scale of 180 days.
- Write out complicated model?????
- image of SPS vs APS ???????

- How does their model perform over 5.56 years?
- Absolute Risk comparison.

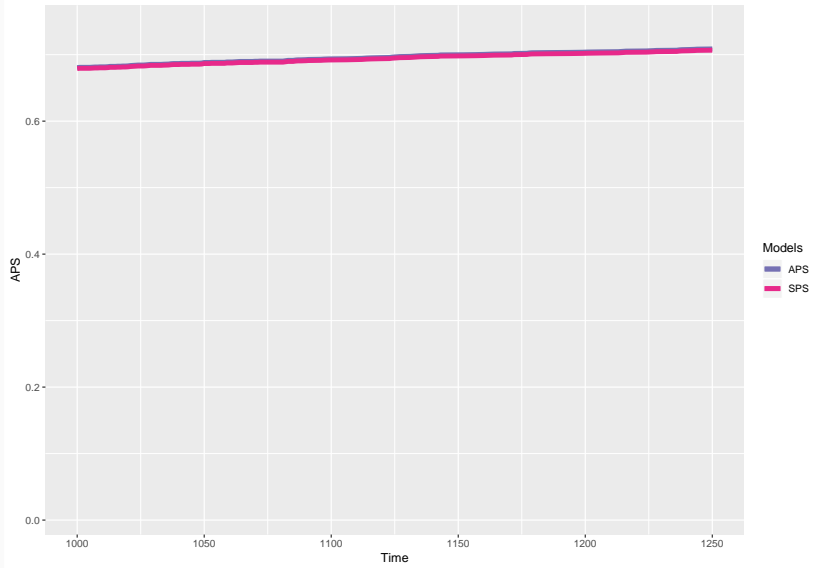
Analysis Process

1. Impute
2. Compare SPS and APS over ~ 5.56 years using absolute risk curves.
3. Compare to Kaplan-Meier curve
4. Compare to full model (excluding SPS and APS)
 - All models is trained on 80% of the observations.
 - Remaining observations are used to generate comparative absolute risk curves.

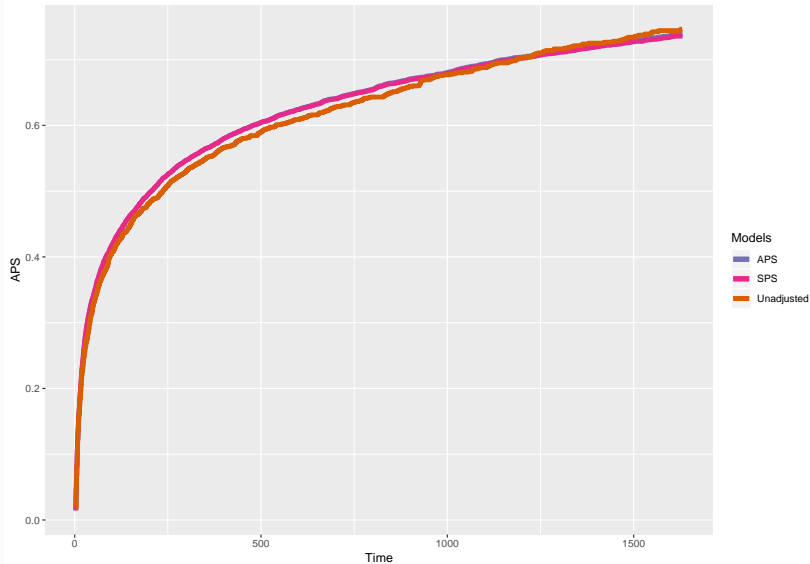
SPS vs APS



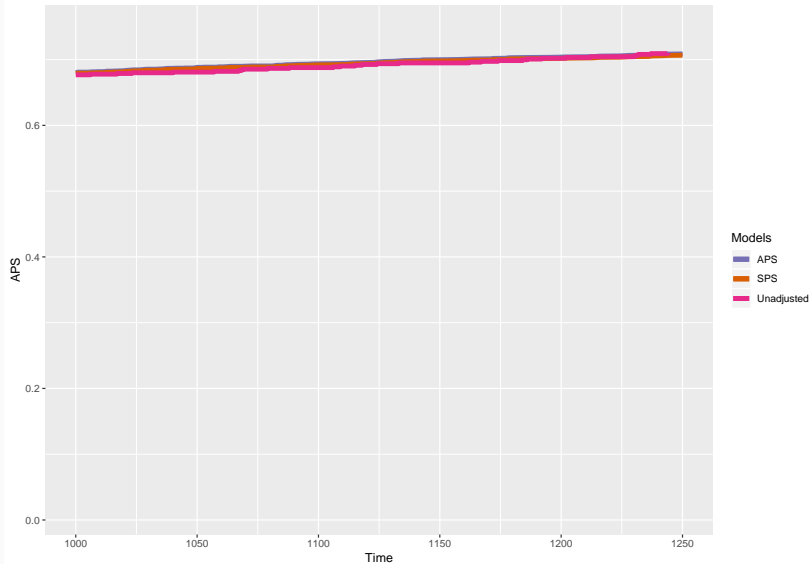
SPS vs APS



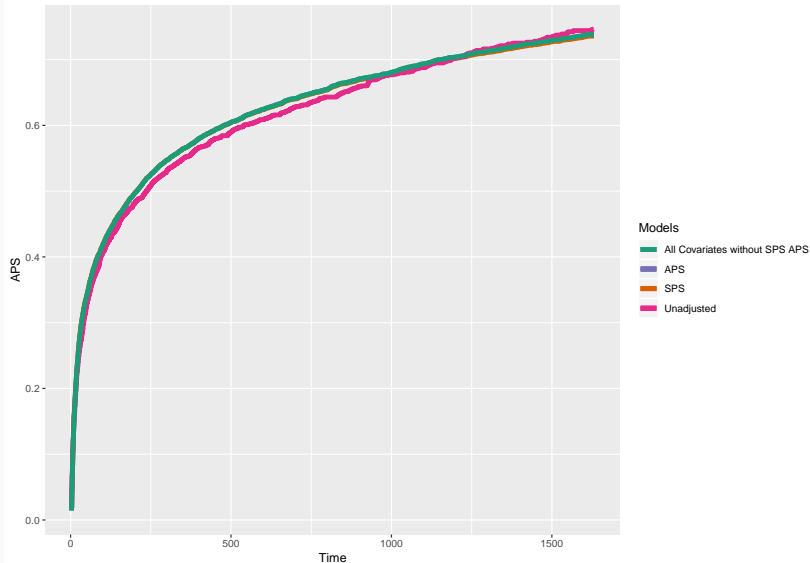
SPS vs. Kaplan-Meier



SPS vs. Kaplan-Meier



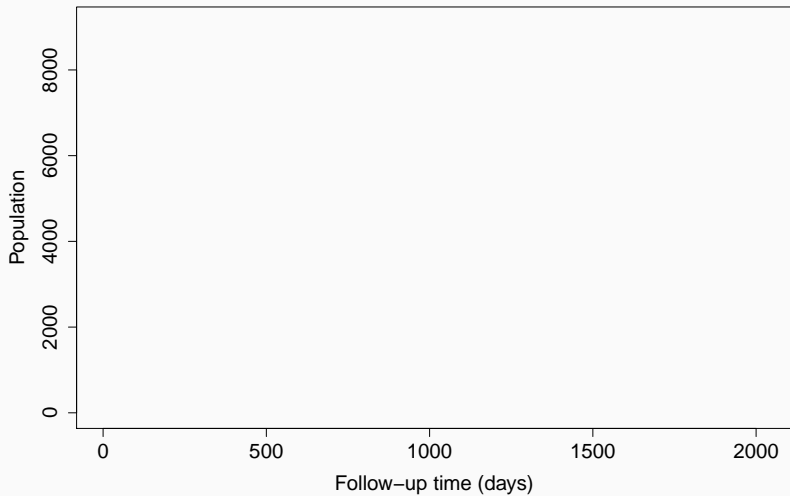
All covariates vs. physiology scores vs unadjusted



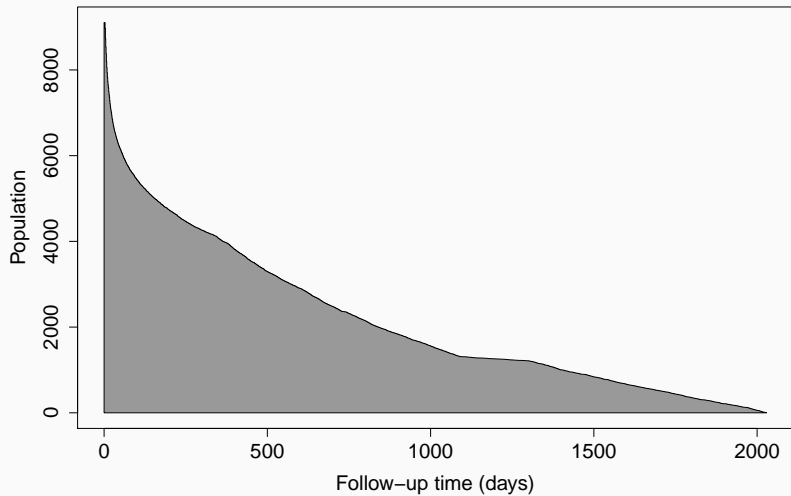
- Conclusion: linear associations without physiology scores

1. Clever sampling.
 2. Implicitly deals with censoring.
 3. Allows a parametric fit using *logistic regression*.
- Casebase is parametric, and allows different parametric fits by incorporation of the time component.
 - Package contains an implementation for generating *population-time* plots.

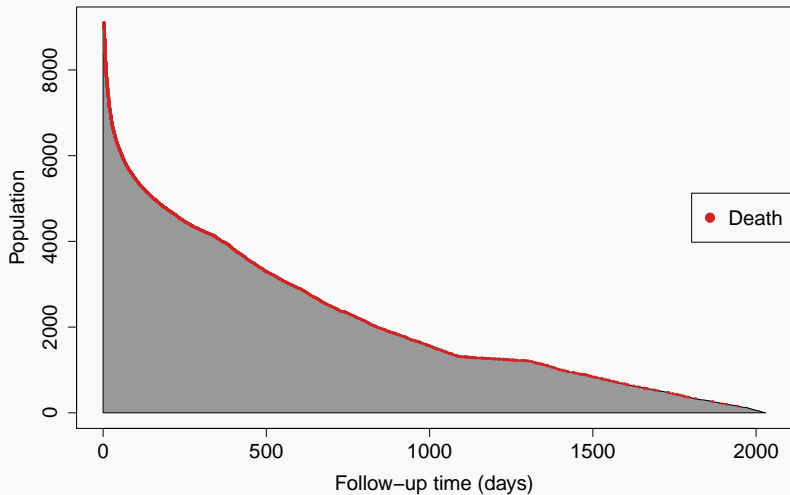
Casebase: Sampling



Casebase: Sampling

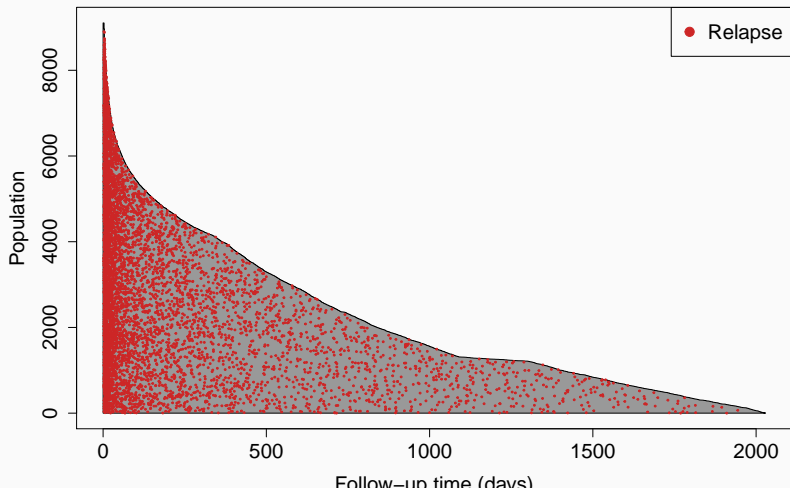


Casebase: Sampling



Casebase: Sampling

```
casebase::popTime(Data,Event,Time)
```



log-odds = log hazard

$$e^{\hat{L}} = \frac{Pr(Y = 1|x, t)}{Pr(Y = 0|x, t)} = \frac{h(x, t) * B(x, t)}{b[B(x, t)/B]} = \frac{h(x, t) * B}{b}$$

$$\frac{b * e^{\hat{L}}}{B} = h(\hat{x}, t)$$

$$\log(h(\hat{x}, t)) = \hat{L} + \log\left(\frac{b}{B}\right)$$

- $\hat{L} = \beta X$
- b = base-series.
- B = Base.
- $B(x, t)$ = Base at time t .

Wolfe's variance for case-to-base ratio

$$\left(\frac{1}{c} + \frac{1}{b}\right)^{-1}$$
$$\left(\frac{1}{c} + \frac{1}{100c}\right)^{-1}$$

- should I show it?

- We can now fit models of the form:

$$\log(h(t; \alpha, \beta)) = g(t; \alpha) + \beta X$$

- By changing the function $g(t; \alpha)$, we can model different parametric families easily:

Casebase: Parametric models

Exponential: $g(t; \alpha)$ is equal to a constant

```
casebase::fitSmoothHazard(status ~ X1 + X2)
```

Gompertz: $g(t; \alpha) = \alpha t$

```
casebase::fitSmoothHazard(status ~ time + X1 + X2)
```

Weibull: $g(t; \alpha) = \alpha \log(t)$

```
casebase::fitSmoothHazard(status ~ log(time) + X1 + X2)
```

- We have a bunch of different parametric hazard models now.
- To get the absolute risk, we need to evaluate the following equation in relation to the hazard:

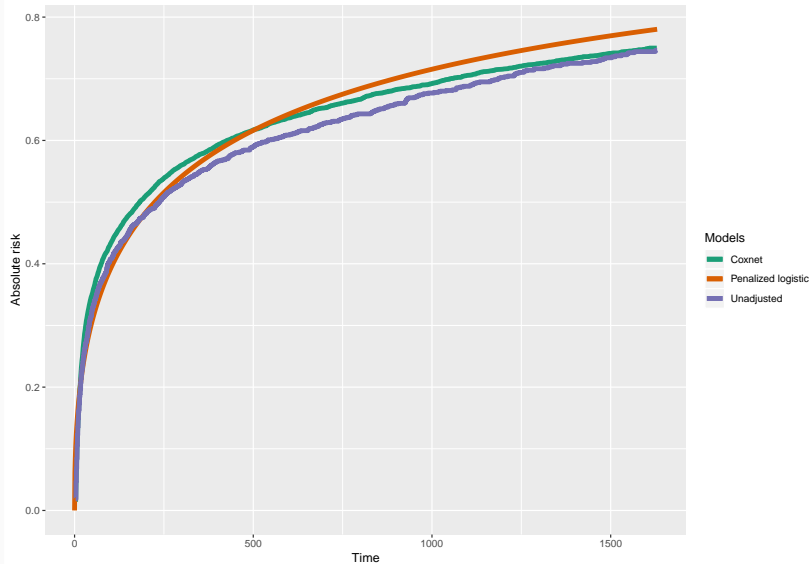
$$CI(x, t) = 1 - e^{-\int_0^t h(x, u) du}$$

- $CI(x, t)$ = Cumulative Incidence (Absolute Risk)
- $h(x, u)$ = Hazard function
- Lets use the weibull hazard

models to be compared

- casebase surv weibull-> LASSO
- cox surv
- cox surv -> LASSO
- Kaplan-meier

Survival comparison



Covariate comparison plot

- there will be a lollipop plot but I wanted to sleep

- Brier score equation
- Calibration and discrimination
- IPA score equation
- In progress

- survival GWAS

- Casebase sampling implicitly incorporates censoring and permits the use of GLMs and the tools associated with them
- The casebase package contains tools to generate:
 - Population-Time plots
 - Hazard functions
 - Absolute Risk
 - Casebase can deal with competing risks.

References 1

1. Hanley, James A, and Olli S Miettinen. 2009. "Fitting Smooth-in-Time Prognostic Risk Functions via Logistic Regression." *The International Journal of Biostatistics* 5 (1).
2. Saarela, Olli, and Elja Arjas. 2015. "Non-Parametric Bayesian Hazard Regression for Chronic Disease Risk Assessment." *Scandinavian Journal of Statistics* 42 (2). Wiley Online Library: 609–26.
3. Saarela, Olli. 2015. "A Case-Base Sampling Method for Estimating Recurrent Event Intensities." *Lifetime Data Analysis*. Springer, 1–17

References 2

- 4.Schroder FH, et al., for the ERSPC Investigators.Screening and Prostate-Cancer Mortality in a Randomized European Study. *N Engl J Med* 2009;360:1320-8.
- 5.Scrucca L, Santucci A, Aversa F. Competing risk analysis using R: an easy guide for clinicians. *Bone Marrow Transplant.* 2007 Aug;40(4):381-7. doi: 10.1038/sj.bmt.1705727.
- 6.Turgeon, M. (2017, June 10). Retrieved May 05, 2019, from <https://www.maxturgeon.ca/slides/MTurgeon-2017-Student-Conference.pdf>

Tutorial:

<http://sahirbhatnagar.com/casebase/>

Slides:

<https://github.com/Jesse-Islam/UseR-CaseBase-Presentation>

Questions?