

A flexible approach to time-to-event data analysis using case-base sampling

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Motivating example

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 - Worried about his Prostate
 - What is Justin's two year risk of death due to prostate cancer?

Popular methods in time-to-event analysis

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- Easily model non proportional hazards [1]
- Flexible fits [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.

European Randomized Study of Prostate Cancer Screening (ERSPC) Data

- ~150 000 men ages 55-69

The European Randomized Study of Screening for Prostate Cancer – Prostate Cancer Mortality at 13 Years of Follow-up

Fritz H. Schröder¹, Jonas Hugosson², Monique J. Roobol¹, Teuvo L.J. Tammela³, Marco Zappa⁴, Vera Nelen⁵, Maciej Kwiatkowski^{6,7}, Marcos Lujan^{8,9}, Lissa Määttänen¹⁰, Hans Lilja^{11,12,13}, Louis J. Denis¹⁴, Franz Recker⁶, Alvaro Paez^{15,16}, Chris H. Bangma¹, Sigrid Carlsson^{2,11}, Donella Puliti⁴, Arnauld Villers¹⁷, Xavier Rebillard¹⁸, Matti Hakama^{10,19}, Ulf-Hakan Stenman²⁰, Paula Kujala²¹, Kimmo Taari²², Gunnar Aus²³, Andreas Huber²⁴, Theo van der Kwast²⁵, Ron H.N. van Schaik²⁶, Harry J. de Koning²⁷, Sue M. Moss²⁸, Anssi Auvinen¹⁹, and for the ERSPC Investigators

European Randomized Study of Prostate Cancer Screening (ERSPC) Data

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- Examined effects screening has on death due to prostate cancer.

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ERSPC Data

```
head(casebase::ERSPC)
```

PatientID	ScrArm	Follow.Up.Time	DeadOfPrCa
1	1	0.003	0
2	0	1.038	1
3	1	7.966	1
4	0	11.975	1
5	1	14.910	0

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- **We will determine Justin's absolute risk using CaseBase!**

1. Clever sampling.

Casebase Overview

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2. Indirectly deals with censoring.

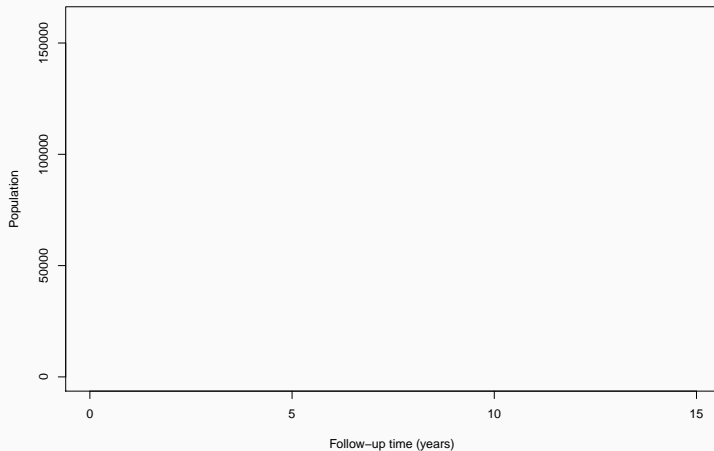
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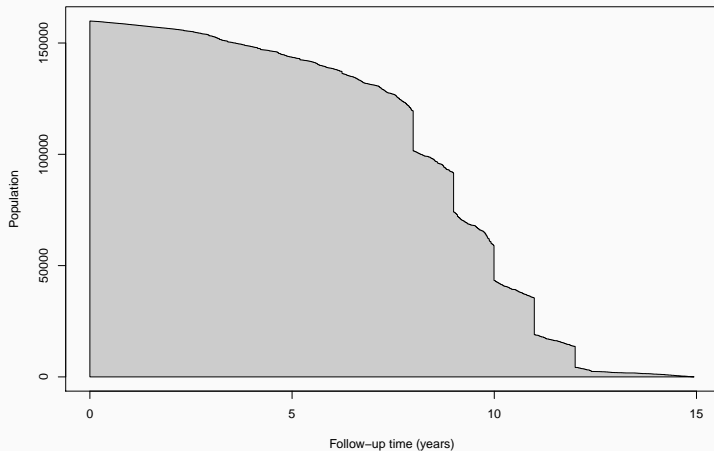
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- Casebase is parametric, and allows different parametric fits by incorporation of the time component.
 - Package contains an implementation for generating *population-time* plots.

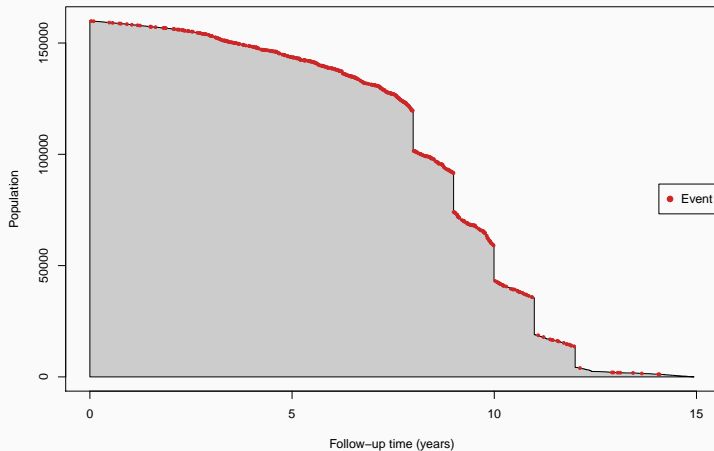
Casebase: Sampling



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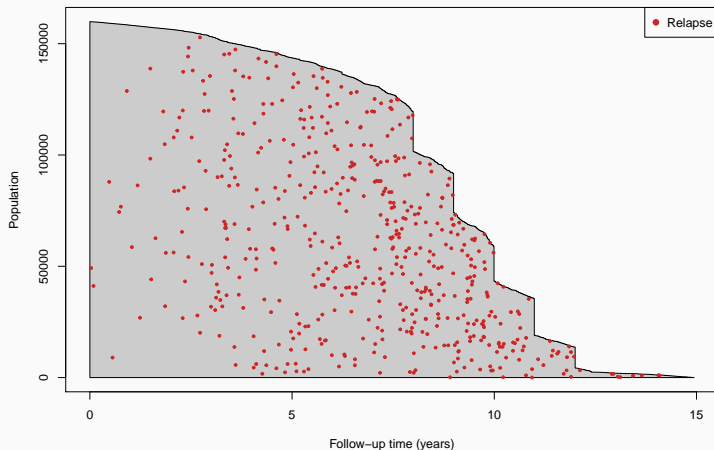


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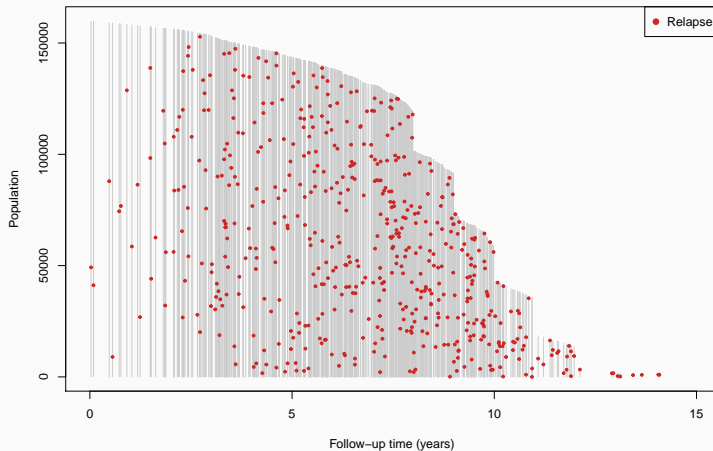


Casebase: Sampling

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



Casebase: Sampling



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- 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)
```

Death by prostate cancer: hazard ratios

```
casebase::fitSmoothHazard(DeadOfPrCa~ log(Follow.Up.Time)+  
                           ScrArm, data=ERSPC, ratio = 100)
```

Call:

```
glm(formula = formula, family = binomial, data = sampleData)
```

Deviance Residuals:

Min	1Q	Median	3Q	Max
-0.2693	-0.1715	-0.1348	-0.0908	4.5189

Coefficients:

	Estimate	Std. Error	z value	Pr(> z)
(Intercept)	-9.46535	0.15812	-59.862	<2e-16 ***
log(Follow.Up.Time)	1.08124	0.08264	13.084	<2e-16 ***
ScrArm	-0.20833	0.08859	-2.352	0.0187 *

signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

(Dispersion parameter for binomial family taken to be 1)

Null deviance: 6059.0 on 54539 degrees of freedom
Residual deviance: 5794.1 on 54537 degrees of freedom
AIC: 5800.1

Number of Fisher Scoring iterations: 8

ERSPC Hazard comparison

Model	Hazard Ratio	Std.Error
Cox	0.801	1.092
Gompertz	0.802	1.093
Exponential	0.810	1.092
Weibull	0.797	1.093

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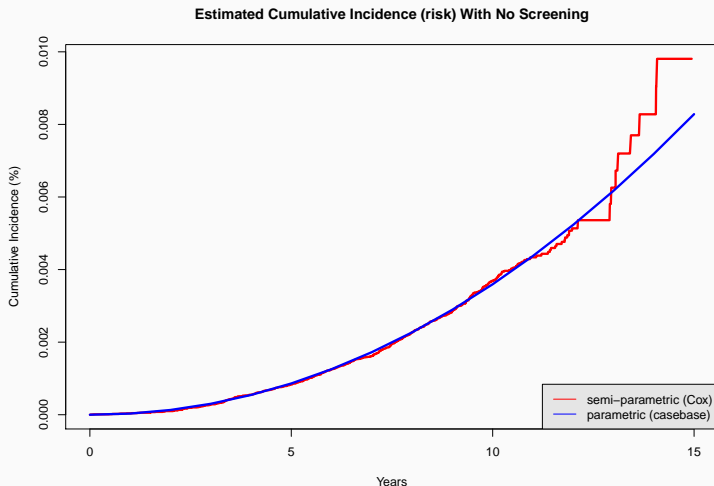
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- $CI(x, t)$ = Cumulative Incidence (Absolute Risk)
- $h(x, u)$ = Hazard Ratio
- Lets use the weibull hazard

Casebase: Absolute Risk comparison

```
casebase::absoluteRisk(fit, time=5, covariate_profile)
```



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Competing Risks: Data

- Two diseases:

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head(casebase::bmtcrr)
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D	Status	ftime
ALL	2	0.67
AML	1	9.50
ALL	0	131.77
ALL	2	24.03

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- Two diseases:
 - Acute Lymphoblastic leukemia (ALL)

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- Contains a competing event.

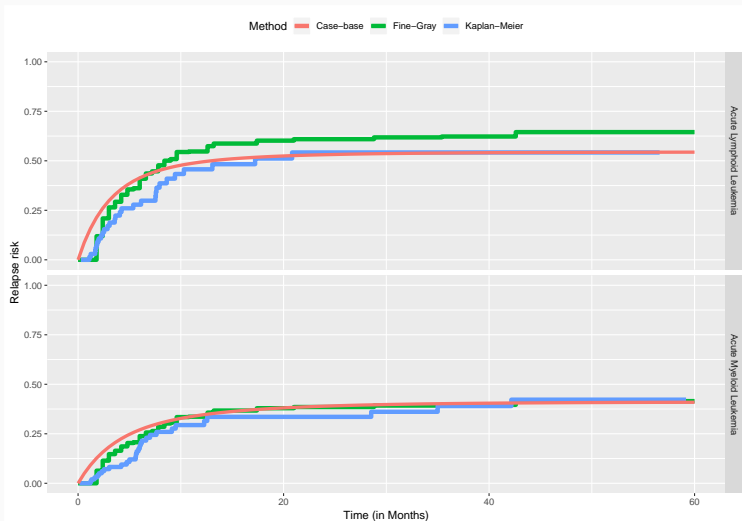
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Competing Risks: Absolute Risk

```
fit_cb <- casebase::fitSmoothHazard(Status ~ ftime  
                                     + ... , data =  
                                     bmtcrr)  
risk_cb <- absoluteRisk(fit_cb, Time, Newdata)
```

Competing Risks: Absolute Risk



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- 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. Olli presentation slides?
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?