# flexsurv: flexible parametric survival modelling in R. Supplementary examples

#### Christopher H. Jackson

MRC Biostatistics Unit, Cambridge, UK chris.jackson@mrc-bsu.cam.ac.uk

#### Abstract

This vignette of examples supplements the main **flexsurv** user guide.

Keywords: survival.

## 1. Examples of custom distributions

### 1.1. Proportional hazards generalized gamma model

Crowther and Lambert (2013) discuss using the **stgenreg** Stata package to construct a proportional hazards parameterisation of the three-parameter generalised gamma distribution. A similar trick can be used in **flexsurv**. A four-parameter custom distribution is created by defining its hazard (and cumulative hazard) functions. These are obtained by multiplying the built-in functions hgengamma and Hgengamma by an extra dummy parameter, which is used as the location parameter of the new distribution. The intercept of this parameter is fixed at 1 when calling flexsurvreg, so that the new model is no more complex than the generalized gamma AFT model fs3, but covariate effects on the dummy parameter are now interpreted as hazard ratios.

```
+ })
R> fs7 <- flexsurvreg(Surv(recyrs, censrec) ~ group, data=bc,
+ dist=custom.gengammaPH, fixedpars=1)</pre>
```

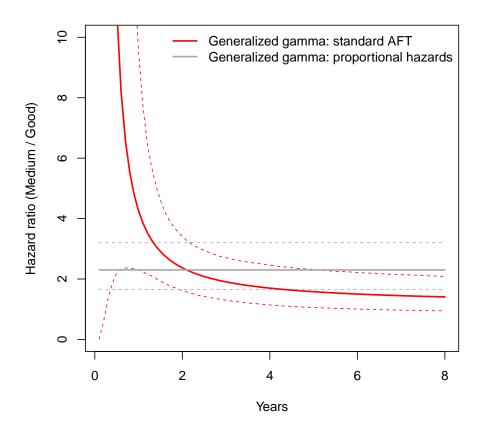
## 2. Examples of custom model summaries

#### 2.1. Plotting a hazard ratio against time

The following code plots the hazard ratio (Medium versus Good prognostic group) against time for both the proportional hazards model fs7 and the better-fitting accelerated failure time model fs2. It illustrates the use of the following functions.

- summary.flexsurvreg for generating the estimated hazard at a series of times, for particular covariate categories.
- normboot.flexsurvreg for generating a bootstrap-style sample from the sampling distribution of the parameter estimates, for particular covariate categories.
- do.call for constructing a function call by supplying a list containing the function's arguments. This is used throughout the source of **flexsurv**.

```
R> fs2 <- flexsurvreg(Surv(recyrs, censrec) ~ group + sigma(group),
                     data=bc, dist="gengamma")
R> B <- 5000
R > t < - seq(0.1, 8, by=0.1)
R> hrAFT.est <-
      summary(fs2, t=t, type="hazard",
              newdata=data.frame(group="Medium"),ci=FALSE)[[1]][,"est"] /
      summary(fs2, t=t, type="hazard",
+
              newdata=data.frame(group="Good"),ci=FALSE)[[1]][,"est"]
R> pars <- normboot.flexsurvreg(fs2, B=B, newdata=data.frame(group=c("Good", "Medium")))
R> hrAFT <- matrix(nrow=B, ncol=length(t))</pre>
R> for (i in seq_along(t)){
      haz.medium.rep <- do.call(hgengamma, c(list(t[i]), as.data.frame(pars[[2]])))
      haz.good.rep <- do.call(hgengamma, c(list(t[i]), as.data.frame(pars[[1]])))
      hrAFT[,i] <- haz.medium.rep / haz.good.rep</pre>
+ }
R> hrAFT <- apply(hrAFT, 2, quantile, c(0.025, 0.975))
R> hrPH.est <-
      summary(fs7, t=t, type="hazard",
+
              newdata=data.frame(group="Medium"),ci=FALSE)[[1]][,"est"] /
      summary(fs7, t=t, type="hazard",
              newdata=data.frame(group="Good"),ci=FALSE)[[1]][,"est"]
R> pars <- normboot.flexsurvreg(fs7, B=B, newdata=data.frame(group=c("Good", "Medium")))
R> hrPH <- matrix(nrow=B, ncol=length(t))</pre>
```



Since version 2.2 of **flexsurv**, however, the code above is obsolete, since the function **hr\_flexsurvreg** can simply be used to calculate hazard ratios and their confidence intervals against time.

```
R> nd <- data.frame(group=c("Good", "Medium"))
R> hr_aft <- hr_flexsurvreg(fs2, t=t, newdata=nd)</pre>
```

#### 2.2. Restricted mean survival

The expected survival up to time t, from a model with cumulative distribution  $F(t|\alpha)$ , is

$$E(T|T < t) = \int_0^t 1 - F(u|\alpha)du$$

An estimate and confidence interval for this, for a specified covariate value, can be computed as follows.

In versions of **flexsurv** before version 2.2, this example used a custom function supplied to **summary.flexsurvreg**. However, specific functions for estimating mean and restricted mean survival for built-in distributions have been available since version 1.1 (2017).

Hence we can now calculate the restricted mean survival in various simpler ways.

R> summary(fs2, type="rmst", t=100, tidy=TRUE)

```
time est lcl ucl group
1 100 21.501020 13.539711 31.732376 Good
2 100 12.000251 8.001522 17.782577 Medium
3 100 5.539196 3.769170 9.287326 Poor
```

R> summary(fs2, fn=rmst\_gengamma, t=100, tidy=TRUE)

```
time est lcl ucl group
1 100 21.501020 13.132606 31.831961 Good
2 100 12.000251 8.082643 17.741946 Medium
3 100 5.539196 3.726691 8.724017 Poor
```

Or for the baseline category of "Good":

[1] 21.50102

```
R> est <- fs2$res[,"est"]
R> rmst_gengamma(t=100, mu=est[1], sigma=est[2], Q=est[3])
```

Note that the (unrestricted) median is more stable, and less than the restricted mean due to the skewness of this distribution.

```
R> summary(fs2, type="median")
group=Good
       est
                lcl
                          ucl
1 9.736555 7.072409 14.16201
group=Medium
       est
                lcl
                          ucl
1 4.717786 3.930283 5.835787
group=Poor
       est
                lcl
                          ucl
1 2.280328 1.977374 2.687689
```

Note also that the custom function fn supplied to summary.flexsurvreg must be vectorised - previous versions of this example used an unvectorised custom function called mean.gengamma which will not work in version 2.2 or later.

## 3. Spline models

#### 3.1. Prognostic model for the German breast cancer data

The regression model III in Sauerbrei and Royston (1999) used to create the prognostic group from the breast cancer data (supplied as bc in flexsurv and GBSG2 in TH.data) can be reproduced as follows. Firstly, the required fractional polynomial transformations of the covariates are constructed. progc implements the Cox model used by Sauerbrei and Royston (1999), and prog3 is a flexible fully-parametric alternative, implemented as a spline with three internal knots. The number of knots was chosen to minimise AIC. The covariate effects are very similar.

After fitting the model, the prognostic index can then be derived from categorising observations in three groups according to the tertiles of the linear predictor in each model. The indices produced by the Cox model (progc) and the spline-based model (progf) agree exactly.

```
+ (progc <- coxph(Surv(time, cens) ~ horTh + X1a + X1b + X4 +
                    X5 + X6, data=GBSG2))
+ (prog3 <- flexsurvspline(Surv(time, cens) ~ horTh + X1a + X1b + X4 +
                              X5 + X6, k=3, data=GBSG2))
+ predc <- predict(progc, type="lp")
+ progc <- cut(predc, quantile(predc, 0:3/3))
+ predf <- model.matrix(prog3) %*% prog3$res[-(1:5),"est"]
+ progf <- cut(predf, quantile(predf, 0:3/3))
+ table(progc, progf)
+ }
                 progf
                   (-9.91, -7.76] (-7.76, -7.11] (-7.11, -3.36]
progc
  (-2.21, -0.0437]
                             228
                                              0
  (-0.0437, 0.6]
                               0
                                            228
                                                            0
  (0.6, 4.31]
                               0
                                              0
                                                          229
```

# 4. Right truncation: retrospective ascertainment

Suppose we want to estimate the distribution of the time from onset of a disease to death, but have only observed cases known to have died by the current date. In this case, times from onset to death for individuals in the data are *right-truncated* by the current date minus the onset date. Predicted survival times for new cases can then be described by an un-truncated version of the fitted distribution. Denote the time from onset to death as the *delay* time.

This is illustrated in the following simulated example. Suppose individual onset times are uniformly distributed between 0 and 30 days. Their delay times are generated from a Gamma distribution.

```
R> set.seed(1)
R> nsim <- 10000
R> onsetday <- runif(nsim, 0, 30)
R> deathday <- onsetday + rgamma(nsim, shape=1.5, rate=1/10)</pre>
```

The data are examined at 40 days. Therefore we do not observe people who have died after this time. For each individual in the observed data, their delay time is right-truncated by 40 days minus their onset day, since their delay times cannot be greater than this if they are included in the data. The right-truncation point is specified by the variable rtrunc in the data.

The truncated Gamma model is fitted with flexsurvreg by specifying individual-specific truncation points in the argument rtrunc. The fitted model reproduces the gamma parameters that were used to simulate the data. After fitting the model, we can use the fitted model to predict the mean time to death - this is approximately the shape / rate of the untruncated gamma distribution.

```
R> fitt <- flexsurvreg(Surv(delay, event) ~ 1, data=datt, rtrunc = rtrunc, dist="gamma")
R> fitt
Call:
flexsurvreg(formula = Surv(delay, event) ~ 1, data = datt, rtrunc = rtrunc,
    dist = "gamma")
Estimates:
                         U95%
       est
                L95%
                                   se
     1.50886
                1.45760
                         1.56194
                                  0.02661
shape
rate
       0.10067
                0.09439
                         0.10737
                                  0.00331
N = 7728, Events: 7728,
                          Censored: 0
Total time at risk: 82028.85
Log-likelihood = -24252.16, df = 2
AIC = 48508.32
R> summary(fitt, t=1, fn = mean_gamma)
                     lcl
                              ucl
  time
            est
     1 14.98784 14.40418 15.62192
```

## References

Crowther MJ, Lambert PC (2013). "stgenreg: A Stata Package for General Parametric Survival Analysis." *Journal of Statistical Software*, **53**, 1–17.

Sauerbrei W, Royston P (1999). "Building Multivariable Prognostic and Diagnostic Models: Transformation of the Predictors by Using Fractional Polynomials." *Journal of the Royal Statistical Society A*, **162**(1), 71–94.