Syllabus

- 1. Introduction
 - Survival data
 - Censoring mechanism
 - Application in medical field
- 2. Concepts and definitions
 - Survival function
 - Hazard function
- 3. Non-parametric approach
 - Life table
 - Kaplan-Meier survival estimate
 - Hazard function
 - Median and percentile survival time
- 4. Hypothesis testing
 - Overview hypothesis, test statistics, p-values
 - Log-rank
 - Wilcoxon
 - Gehan test
- 5. Study design and sample size estimation
 - Overview
 - Survival sample size estimation
 - Accrual time and Study duration

- 6. Semiparametric model proportional hazard model
 - Partial likelihood
 - Inference
 - Time varying covariates
 - Stratification
- 7. Model checking in the PH model
 - Model checking
 - Residuals
- 8. Parametric model
 - Parametric proportional hazard model
 - Accelerate failure model
- 9. Other topics
 - Competing risk
 - Recurrent events
 - Non-proportional hazard ratio
 - Interval censoring

Motivating Examples

- Patients undergoing hemodialysis may be at high risk for cardiovascular events
 - If interest is in the cardiac events: stroke, myocardia infraction, etc
 - Death may censor the cardiac events, possibly informatively
- All-cause mortality can have different causes
 - Cancer, COPD, cardiovascular attacks, other random reasons
 - If interested in specific causes time to death due to cancer
 - Death from other causes may censor the death due to the specific cause
- Certain therapies may
 - Delay disease progression but not prolong life
 - Or vice versus
 - Important to discern the two

Competing Risk

- Competing risk arises
 - When only one type of events can be observed,
 - Death can only die once
 - Time to the first event
- Relationship among the competing events
 - Independent
 - Dependent
 - Example death due to cancer
 - Independent censoring
 - Car accident, animal attacks, suicide, ...
 - Dependent Causes:
 - Death due to diabetes, infection, ...

Analysis Strategies With Competing Events

- Often composite endpoints are used in clinical trials
 - Combine different types of events
 - Examples
 - Progression free survival
 - Time from treatment to disease progression or all-cause death
 - Relapse-free survival
 - Time from treatment o disease relapse or death
 - MACE major adverse cardiac events
 - Stroke
 - MI
 - Hospitalization due to certain cardiovascular events
 - Death
- Not sufficient when the interest is a specific event

Survival Analysis with Competing Risk

- Topics
 - Cause-specific hazard
 - Cumulative incidence function (ICF)
 - Sub-distribution

Notations

- Let T_k be the k^{th} type of event, $k=1,\ldots,K$
- The observed survival time (T, Δ) ,
 - $T = \min(T_1, \dots, T_K, C)$
 - $\Delta = 0, 1, ..., K$
 - Δ = 0 represent independent censoring

Cause-specific Hazard

Recall, definition of the hazard function

$$h(t) = \lim_{\Delta t \to 0} \frac{P(t < T \le t + \Delta t | T \ge t)}{\Delta t}$$

Similarly, the cause-specific hazard is

$$h_k(t) = \lim_{\Delta t \to 0} \frac{P(t < T \le t + \Delta t, \Delta = k | T \ge t)}{\Delta t}$$

For k = 1, 2, ..., K and no overlapping among the different types of events

$$h(t) = \sum_{k=1}^{K} \lim_{\Delta t \to 0} \frac{P(t < T \le t + \Delta t, \Delta = k | T \ge t)}{\Delta t} = \sum_{k=1}^{K} h_k(t)$$

Cause-specific Hazard

Cause-specific cumulative hazard

$$H_k(t) = \int_0^t h_k(t)dt$$

$$H(t) = \sum_{k=1}^{K} H_k(t)$$

- Recall, $S(t) = e^{-H(t)}$
- However, cause-specific survival

$$S_k(t) \neq e^{-H_k(t)}$$

Analysis Strategies for Cause-Specific Events

- When competing events are independent
 - Treating competing events as censoring,
 - Example for death due to cancer
 - Other causes of death will be treated as censor.
 - Apply what we have learned so far
 - Non-parametric
 - Kaplan-Meier
 - Log-rank for cause-specific hazard function
 - Semi-parametric to incorporate regression
 - Cause-specific hazard regression
 - Parametric

The Consequence of Dependency

- Is it possible to test independency?
 - Tsiatis (1975) argued untestable for insufficient information
- Using an example Stroke and all-cause mortality
 - Independent censoring means the same risk rate among
 - Those whose events are observed
 - Those who are censored
 - Dependent censoring
 - All-cause mortality can be dependent censoring of stroke
 - If not die, higher risk develop stroke a conversation with a cardiologist
 - If treated as independent censor may underestimate the risk

Censored subjects has a higher note

Cumulative Incidence Function (CIF)

• Cumulative incidence function (CIF) for events with only one type

$$F(t) = P(T \le t) = \int_0^t f(t)dt$$
$$\hat{F}(t) = 1 - \hat{S}(t)$$

 $\hat{S}(t)$ is a K-M estimator

• Recall, $h(t) = \frac{f(t)}{S(t)}$, we have $F(t) = \int_0^t S(t) dH(t)$

Cause-specific Cumulative Incidence Function

• Cause-specific CIF is defined as

$$F_k(t) = P(T \le t, \Delta = k)$$

$$= \int_0^t S(t) dH_k(t)$$

$$= \int_0^t S(t) h_k(t) dt$$

$$F_k(t) = \int_0^t e^{-H(t)} dH_k(t) = \int_0^t e^{-\sum_{j=1 \text{ to } K} H_j(t)} dH_k(t)$$

$$F(t) = F_1(t) + F_2(t) + \dots + F_K(t)$$

Sub-distribution

Sub-distribution hazard functions

$$h_k^S(t) = \lim_{\Delta t \to 0} \frac{P(t \le T < t + \Delta t, \Delta = k | T \ge t \cup (T < t \cap \Delta \ne k))}{\Delta t}$$

• As a function of CIF

$$h_k^s(t) = \frac{d}{dt} \log(1 - \underbrace{F_k(t)}_{CIF})$$

Note

$$h_k(t) \neq h_k^s(t)$$

Sub-distribution

- Sub-distribution function
 - It does not correspond to a true probability distribution
- Sub-distribution hazard function considers the rate of events in those subjects
 - who are either currently event-free or
 - who have previously experienced a competing events
- The sub-distribution function is for the improper random variable $T^* = I(\Delta = k) \times T + \{1 I(\Delta = k)\} \times \infty$
 - $\{1 I(\Delta = k)\} \times \infty$ means subjects who experienced competing events are immortal

Estimate

- Using the Nelson-Aalen estimator to estimate $H_k(t)$
 - $\widehat{H}_k(t) = \sum_{j:t_j \leq t} \frac{d_j}{n_j}$, where d_j number of death occurred at t_j n_j number of subjects survived at t_j^-
 - Treating all other types of events as censor

Estimate

• The cause-specific CIF can be estimated by

•
$$\widehat{F}_k(t) = \int_0^t e^{-\widehat{H}(t)} d\widehat{H}_k(t)$$

where $\widehat{H}(t) = \sum_{k=1}^K \widehat{H}_k(t)$

•
$$\hat{F}_k(t) = \sum_{t_j \le t} \hat{S}(t^-) \hat{h}_k(t_j)$$

Example – Cause-specific CIF

- Suppose we have
 - Two groups, A and B
 - Two types of events j = 1,2
- The cause-specific hazard are shown in the table

$$h_{A1}(t) = h_{B1}(t) = 1$$

	Treatment	control		_
	Group A	Group B	Hazard Ratio A/B	
Event Type 1	$h_{A1}(t)=1$	$h_{B1}(t)=1$	1	No treatment effect
Event Type 2	$h_{A2}(t)=1$	$h_{B2}(t)=3$	1 /2	theatment effect-

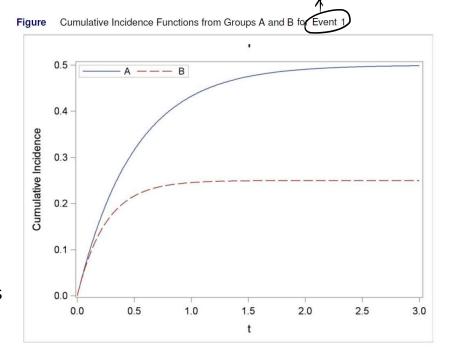
Example – Cause-specific CIF

• The corresponding CIFs

$$F_{A1}(t) = \int_0^t S_A(u)h_{A1}(u)du = \int_0^t e^{-2u}du = \frac{1}{2}(1 - e^{-2t})$$

$$F_{B1}(t) = \int_0^t S_B(u)h_{B1}(u)du = \int_0^t e^{-4u}du = \frac{1}{4}(1 - e^{-4t})$$

- Notice that
 - $F_{A1}(t) \neq F_{B1}(t)$
- For Type 1 events
 - There is a group difference in CIF between groups A and B,
 - When there is no difference in cause-specific hazard functions



No treatment effect

- Introduce covariates in the context of competing risks
- Based on CIF for each type of events
- Model the sub-hazard function

$$h_k^s(t,Z) = h_{k0}^s(t)e^{\beta'Z}$$

• The partial likelihood for the k^{th} type of events

$$\begin{split} L_k(\beta) &= \prod_{j=1}^J \frac{e^{\beta' z_{(j)}(t_{(j)})}}{\sum_{\substack{l \in R^S(t_{(j)}) \\ \text{whitered}}} w_{lk}(t_i) e^{\beta' z_l(t_{(j)})}} \\ &= \prod_{i=1}^n \left\{ \frac{e^{\beta' z_{(i)}(t_i)}}{\sum_{l \in R^S(t_i)} w_{lk}(t_i) e^{\beta' z_l(t_i)}} \right\}^{\Delta_i} \end{split}$$

- Notice two differences from the regular partial likelihood
 - The definition of risk set
 - The weights included in the risk set

- The risk set $R^{s}(t_{i})$
 - All subjects survived at t_i^-
 - All subjects who had experienced a competing event before t_i
- Choice of weights w_{lk} for $l \in R^s(t_i)$
 - Subjects have not experienced a competing event before t_i
 - $w_{lk}(t) = 1$
 - Subjects experienced a competing event before t_i
 - $w_{lk}(t) = \frac{\hat{G}(t)}{\hat{G}(\min(T_l \wedge t))} < 1$, where $\hat{G}(t)$ is the Kaplan-Meier estimate of the survival function of the random censoring variable C
 - $w_{lk}(t)$ decreasing with time

- The risk set $R^s(t_i)$ includes patients
 - Who are at risk for the event of interest
 - Who experience a competing event before t_i and are therefore *immortal*.
- The model covariates, do not directly link to the rate of the underlying event
- The interpretation of the coefficient of the model
 - Include information of the covariates on all competing events

- 177 patients who received a stem cell transplant for acute leukemia
- The event of interest in relapse, but other competing causes (e.g. transplant-related death) need to be taken into account.
- Covariates such as Sex, Disease (lymphoblastic or myeloblastic leukemia, abbreviated as ALL and AML, respectively), Phase at transplant (Relapse, CR1, CR2, CR3), Source of stem cells (bone marrow and peripheral blood, coded as BM+PB, or peripheral blood, coded as PB), and Age.

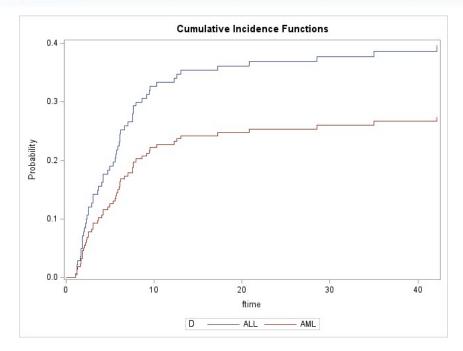
Variable	Description	Statistical summary
Sex	Sex	M=Male (100) F=Female (77)
D	Disease	ALL (73) AML (104)
Phase	Phase	CR1 (47) CR2 (45) CR3 (12) Relapse (73)
Source	Type of transplant	BM+PB (21) PB (156)
Age	Age of patient (years)	4–62 30.47 (13.04)
Ftime	Failure time (months)	0.13–131.77 20.28 (30.78)
Status	Status indicator	0=censored (46) 1=relapse (56) 2=competing event (75)

Relapse is the event of interest

		D		
D	Frequency	Percent	Cumulative Frequency	Cumulative Percent
ALL	73	41.24	73	41.24
AML	104	58.76	177	100.00

Su	mmary o	f Failure Out	comes
otal	Event of Interest	Competing Event	Censored
177	56	75	46

			Analysis of M	Maximum L	ikelihood Est	imates		
Parameter		DF	Parameter Estimate		Chi-Square	Pr > ChiSq	Hazard Ratio	Label
D	AML	1	-0.45326	0.26571	2.9099	0.0880	0.636	D AML



```
data Risk;
   D="ALL"; output;
   D="AML"; output;
   format D $3.;
   run;
ods graphics on;
proc phreq data=example
plots(overlay=stratum)=c
if;
   class D
(order=internal
ref=first);
   model
ftime*Status(0)=D /
eventcode=1;
   Hazardratio
'Pairwise' D /
diff=pairwise;
   baseline
covariates=Risk out=out1
cif= all / seed=99333;
run;
```

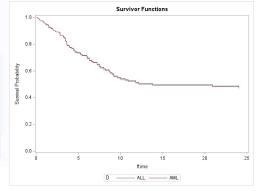
Relapse is the event of interest

Summary	of the Nur	mber of Event a Values	nd Censored
Total	Event	Censored	Percent Censored
177	75	102	57.63

		Type 3 Tests	
Effect	DF	Wald Chi-Square	Pr > ChiSq
D	1	0.0048	0.9450

			Analysis of M	laximum L	ikelihood Est	imates		
Parameter		DF	Parameter Estimate		Chi-Square	Pr > ChiSq	Hazard Ratio	Label
D	AML	1	0.01647	0.23888	0.0048	0.9450	1.017	D AML

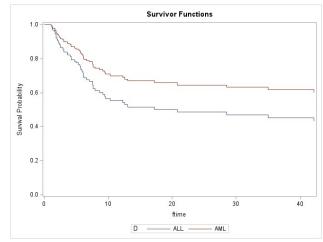
	he competing events; fic for the competing events;
<pre>proc phreg dat</pre>	a=example
plots(overlay=	stratum)=survival;
class D (or	<pre>der=internal ref=first);</pre>
model ftime	*Status(0,1)=D;
	'Pairwise' D / diff=pairwise;
	variates=Risk out=out1 cif= all /
seed= 99333 ;	,
run;	



Summary	of the Nur	nber of Event a Values	nd Censored
Total	Event	Censored	Percent Censored
177	56	121	68.36

<pre>***Analyzing the events of interest; ***Cause-specific for relapse;</pre>
<pre>proc phreg data=example plots(overlay=stratum)=survival; class D (order=internal ref=first); model ftime*Status(0,1)=D; Hazardratio 'Pairwise' D / diff=pairwise; baseline covariates=Risk out=out1 cif=_all/</pre>
seed= 99333 ;

				Type 3 1	ests				
		Effect	DF	Wald Chi-S	Square	Pr >	ChiSq		
		D	1		3.4943	(0.0616		
		Analysi	e of l	Mavimum I	ikeliho	nd Fet	imatoe		
		Analysi	is of I	Maximum L	ikelihoo	od Est	imates		
Parameter	DF	Paran	10.61	Standard			imates Pr > ChiSq	Hazard Ratio	Labe



Fine-Gray Method

Cause-specific

Hazard

Ratio Label

0.666 D AML

1.219 Sex F

0.988 Age



Non-parametric Test - The Gray's Test (1988)

- Let T_{ki} be the k^{th} type of event in the i^{th} group,
 - k = 1, ..., K and i = 1, 2, ..., I
- H_0 : The cause-specific CIF are identical across treatment groups $F_{k1}(t) = F_{k2}(t) = \dots = F_{kl}(t)$
- H_A : The cause-specific CIF are not all the same
- Note, the test is for the sub-distribution
 - CIF
 - hazard

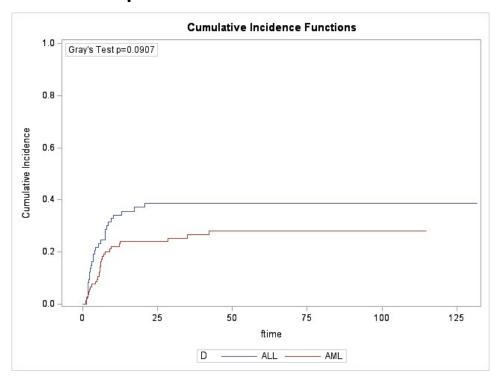
The Gray's Test

- Let T_{ki} be the k^{th} type of event in the i^{th} group,
 - K = 2 and I = 2

•
$$\int_0^{\tau} W(t) \left\{ \frac{d\hat{F}_{11}(t)}{1 - \hat{F}_{11}(t^-)} - \frac{d\hat{F}_{12}(t)}{1 - \hat{F}_{12}(t^-)} \right\}$$

• Basically, the test statistics compares weighted averages of the "sub-distribution hazards"

$$\frac{f_{1i}}{1 - F_{1i}}$$



***Gray Test;
ods graphics on;
<pre>proc lifetest data=example</pre>
<pre>plots=cif(test);</pre>
<pre>time ftime*Status(0)/eventcode=1</pre>
<pre>strata D / order=internal;</pre>
run;

	Cumulati	ve Incidence Fur	iction Estimates		
Stratum 2: D = AML					
ftime	Cumulative Incidence	Standard Error	95% Confidence Interv		
0	0	0			
1.2	0.00962	0.00962	0.000839	0.0476	
1.3	0.0192	0.0135	0.00369	0.0616	
1.6	0.0288	0.0165	0.00772	0.0754	
1.87	0.0385	0.0190	0.0125	0.0887	
2.03	0.0481	0.0211	0.0178	0.1016	
2.3	0.0577	0.0230	0.0235	0.1142	
2.53	0.0673	0.0247	0.0295	0.1265	
3.03	0.0769	0.0263	0.0358	0.1386	
4.2	0.0865	0.0277	0.0423	0.1506	
. 70	0.000	0.0004	0.0100		

general recommendation:

Composite

Cause - Specific

composing wisk andgsis

Homework 10

- Write down the definition of the overall hazards, cause specific hazards, and sub-distribution hazards. Describe the relationship and differences.
- 2. Use the melanoma data to analyze the effect of sex on the cause specific death from melanoma. Note, status=1,2,3:

1=died of melanoma

2=alive

3=died from other reasons

3. Use the melanoma data again to test the sex effect using subdistribution hazards.