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SDA homework 3 - 6th June 2006, 12:40 pm

1 (b)

Backward selection - I considered the **full model** with the variables (*sans* interactions) :

age ivdrug cd4lt25 white basehgb proph karnof log_cfu ce cr

The parameter estimates (standard errors) in the **final model** are given below :

Variable	DF	Parameter	Standard	Chi-Square	Pr > ChiSq
		Estimate	Error		
cd4lt25	1	0.96445	0.42138	5.2387	0.0221
karnof	1	-0.05573	0.01039	28.7828	<.0001
ce	1	1.22298	0.33832	13.0671	0.0003
cr	1	0.90165	0.33264	7.3473	0.0067

Variable	Hazard Ratio	Variable Label
cd4lt25	2.623	Baseline CD4<25 (1=yes,0=no)
karnof	0.946	Karnofsky Status Score
ce	3.397	Clarithromycin + Ethambutol
cr	2.464	Clarithromycin + Rifabutin

1 (a)

Forward selection - the results obtained were exactly same as in backward selection, *although SAS uses different methods for backward and forward selections*.

Variable	DF	Parameter	Standard	Chi-Square	Pr > ChiSq
		Estimate	Error		
cd4lt25	1	0.96445	0.42138	5.2387	0.0221
karnof	1	-0.05573	0.01039	28.7828	<.0001
ce	1	1.22298	0.33832	13.0671	0.0003
cr	1	0.90165	0.33264	7.3473	0.0067

Variable	Hazard Ratio	Variable Label
cd4lt25	2.623	Baseline CD4<25 (1=yes,0=no)
karnof	0.946	Karnofsky Status Score
ce	3.397	Clarithromycin + Ethambutol
cr	2.464	Clarithromycin + Rifabutin

1(c)

Stepwise selection - the results obtained were exactly same as in backward (& forward) selection.

Conclusion : in the final model, Karnofsky score and CD4+ count are *protective* in terms of hazard ratios for overall survival as the endpoint. For the variables *ce* and *cr*, the interpretation is more complicated, since both variables simultaneously = 0 means 3 drug regimen. To note here that all patients received treatment with 2 or 3 drugs. Hence, the 3 drug regimen is associated with lower hazard than with each of the 2 drug regimens with the hazard ratios given in the tables above. All

the hazard ratios are based on the presence of other cofactors in the final models.

1 (d)

Score option (using best = 3 option) :

<i>Model (variables)</i>	<i>q</i>	<i>X²</i>	<i>difference in df (from previous model)</i>	<i>difference in X² (~ difference in - 2loglikelihood)</i>	<i>AIC</i>	<i>P</i>
log_cfu cd4lt25 white karnof ce cr	6	41.48			566.6	
cd4lt25 white karnof ce cr	5	40.16	1	1.32	565.4	.25
cd4lt25 karnof ce cr	4	38.18	1	1.98	564.1	.16
karnof ce cr	3	32.86	1	5.32	567.1	.02

Summary : The model with 4 variables couldn't be reduced to model with 3 variables by both AIC and -2loglikelihood. By this approach, the final model is same as found with selection procedures above.

2 (Collett's approach to modelling PH model)

(a) Initial screening with all the univariate variables at slstay = 0.25 resulted in 5 variables being significant, viz., *karnof*, *log_cfu*, *cd4lt25*, *white* and *ce* as shown in the table below.

<i>Z</i>	<i>Parameter estimates</i>	<i>Std. errors</i>	<i>P</i>	<i>-2loglikelihood</i>	<i>AIC</i>
karnof	-0.04	0.01	<.0001	572.00	575.00
log_cfu	0.12	0.10	.25	589.08	592.08
cd4lt25	0.47	0.40	.24	588.86	591.86
white	0.32	0.25	.21	588.87	591.87
ce	0.50	0.26	0.06	586.74	589.74

(b) I used these 5 variables as main effects in my "full model" to reduce the model by backward selection. Slstay = 0.10 for main effects was chosen. At the end of the procedure, the variables *log_cfu* and *white* were removed.

Variable	DF	Parameter Estimate	Standard Error	Chi-Square	Pr > ChiSq
cd4lt25	1	0.96337	0.42250	5.1991	0.0226
karnof	1	-0.05300	0.01035	26.2417	<.0001
ce	1	0.74690	0.26546	7.9164	0.0049

Variable	Hazard Ratio	Variable Label
cd4lt25	2.621	Baseline CD4<25 (1=yes,0=no)
karnof	0.948	Karnofsky Status Score
ce	2.110	Clarithromycin + Ethambutol

AIC = 568.69 ; -2loglikelihood = 559.69 ; q = 3 ($\alpha = 3$).

(c) Now, by doing forward selection in this model with other non-significant variables (of the univariate procedure) at slentry = 0.10. At the end of the procedure, the variable *cr* was added to the model 2 (b).

Variable	DF	Parameter Estimate	Standard Error	Chi-Square	Pr > ChiSq
cd4lt25	1	0.96445	0.42138	5.2387	0.0221
karnof	1	-0.05573	0.01039	28.7828	<.0001
ce	1	1.22298	0.33832	13.0671	0.0003
cr	1	0.90165	0.33264	7.3473	0.0067

Variable	Hazard Ratio	Variable Label
cd4lt25	2.623	Baseline CD4<25 (1=yes,0=no)
karnof	0.946	Karnofsky Status Score
ce	3.397	Clarithromycin + Ethambutol
cr	2.464	Clarithromycin + Rifabutin

AIC = 564.07 ; -2loglikelihood = 552.07 ; q = 4 ($\alpha = 3$).

(d) Now, I enter the stepwise reduction procedure with the model in 2 (c) with slentry and slstay, both, equal to 0.10 along with 5 interactions between cd4lt25 & ce, cd4lt25 & cr, karnof & ce, karnof & cr, cd4lt25 & karnof. The SAS codes are given below (the first 3 main effects are forced into the model, because karnof stays always in the final model) :

```
/*changing 0 in categorical variables to 2*/
data mactrt2;
set mactrt;
if cd4lt25=0 then cd4lt25=2;
else cd4lt25=1;
if ce=0 then ce=2;
else ce=1;
if cr=0 then cr=2;
else cr=1;
run;

/*creating interaction variables*/
data mactrt3;
set mactrt2;
if cd4lt25=2 & ce=2 then cd4ce=0;
if cd4lt25=2 & ce=1 then cd4ce=1;
if cd4lt25=1 & ce=2 then cd4ce=2;
if cd4lt25=1 & ce=1 then cd4ce=3;
if cd4lt25=2 & cr=2 then cd4cr=0;
if cd4lt25=2 & cr=1 then cd4cr=1;
if cd4lt25=1 & cr=2 then cd4cr=2;
if cd4lt25=1 & cr=1 then cd4cr=3;
karn_ce=karnof*ce;
karn_cr=karnof*cr;
cd4_karn=cd4lt25*karnof;
run;

title 'Collett stepwise selection';
proc phreg data=mactrt3;
model survtime*survstat(0)=cd4lt25 ce cr karnof cd4ce cd4cr karn_ce karn_cr
```

```
cd4_karn / include=3 selection=stepwise slentry=0.1 slstay=0.1;
run;
```

		Parameter		Standard	
Variable	DF	Estimate	Error	Chi-Square	Pr > ChiSq
cd4lt25	1	-0.96445	0.42138	5.2387	0.0221
ce	1	-1.22298	0.33832	13.0671	0.0003
cr	1	-0.90165	0.33264	7.3473	0.0067
karnof	1	-0.05573	0.01039	28.7828	<.0001

Variable	Hazard Ratio	Variable Label
cd4lt25	0.381	Baseline CD4<25 (1=yes,0=no)
ce	0.294	Clarithromycin + Ethambutol
cr	0.406	Clarithromycin + Rifabutin
karnof	0.946	Karnofsky Status Score

AIC = 564.07 ; -2loglikelihood = 552.07 ; q = 4 ($\alpha = 3$).

Summary :

The hazard ratios are changed from the first model, although the variables are the same at the end of model building by Collett's method. [This is because of the recoding of 0 values in the data step into 2 in order to avoid multiplication by 0 for the interaction variables.] One also finds that no interaction is retained in the final stepwise model by Collett's method. [Since no interaction was significant in the final model, the parameter estimates obtained by fitting the mactrt (original) data can be used in doing further analysis.]

3

Residual analysis :

The fit of the model (by Collett's method) was evaluated by plotting C-S and deviance residuals.

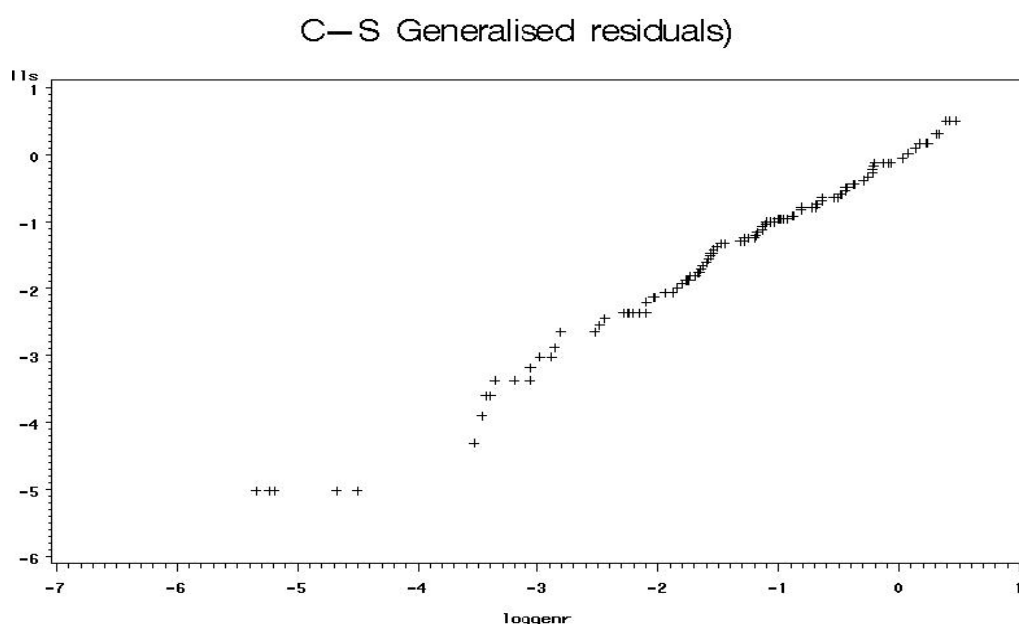


Figure 1 showing Cox-Snell generalised residuals. X-axis shows $\log(\text{survival})$, which are $\log(\text{C-S residuals})$ or "pseudo/transformed" failure times ; Y-axis shows $\log(-\log(S(t)))$, which is

$\log(\text{cumulative hazard})$. This should be a straight line passing through origin with a slope = 1. Apparently, it looks straight, except for the bottom right part.

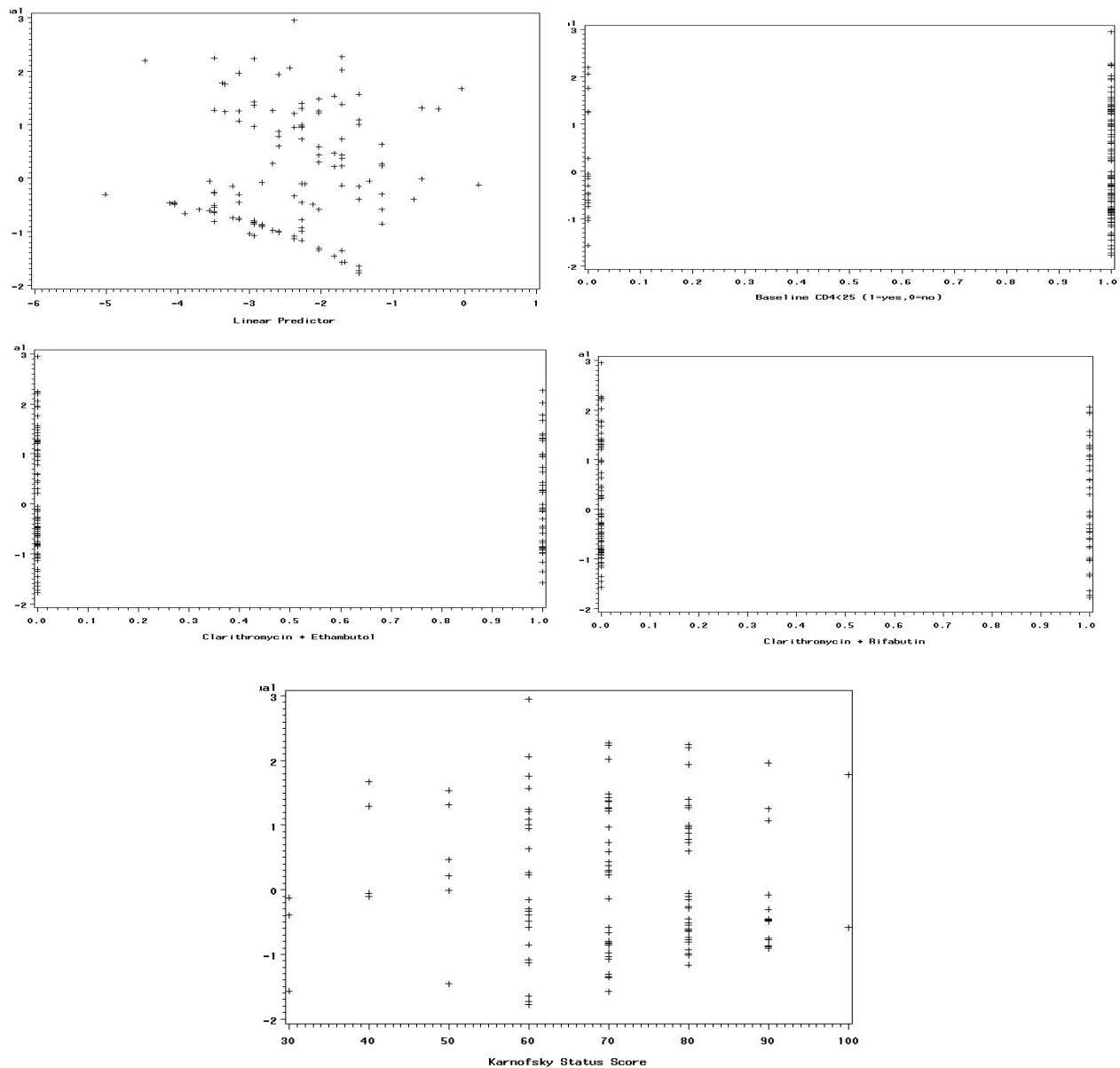


Figure 2 showing deviance residuals against linear predictors (top left) and other covariates. The residuals apparently are distributed symmetrically on both sides of zero. (*The poor quality of images is regretted.*)

Influence diagnostics :

These are obtained by *dfbeta* and *ld* options in SAS. Deletion diagnostics means how much change will occur in the estimated parameter (β_{hat}) when the i -th person was removed from the sample. The 5 smallest and largest values are provided by SAS (proc univariate). (*The tables are not presented here, but only a brief summary is mentioned*). The subject 140 was most influential in all the 4 covariates in the fitted model. Besides subjects 23 and 135 were also influential in the covariates *ce* and *cr*.

Subject 140 was again found to be most influential to cause change in $-2\log\text{likelihood}$.

4 (a)

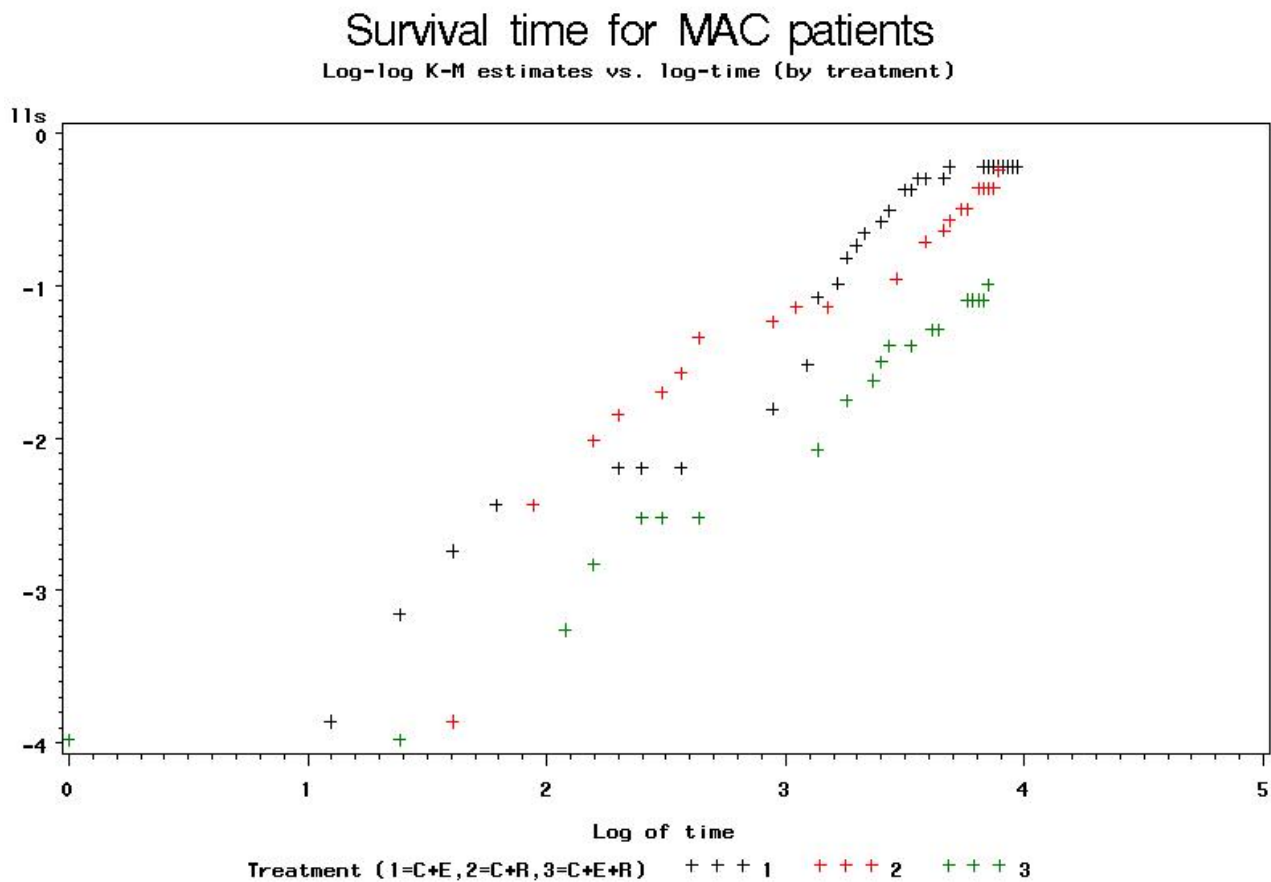


Figure 3 showing $\log(-\log(\text{survival time}))$ [which is $\log(\text{cumulative hazard})$] vs. $\log(\text{time})$ by treatment (3 arms). The curves cross, hence PH model may not hold, but that should be confirmed by a formal statistical test, for example, by "time*covariate" interaction (whether significant or not). This is done in the next exercise.

4 (b)

To test the PH assumption, I included time-varying covariates (already given in the dataset) as *cetime* and *crttime* (*ce* and *cr* varying with time, respectively).

The interaction of treatment and survival time is not significant (table below).

Variable	DF	Parameter Estimate	Standard Error	Chi-Square	Pr > ChiSq
cetime	1	-0.00359	0.00780	0.2120	0.6452
crttime	1	-0.01090	0.00740	2.1663	0.1411
cd4lt25	1	0.82203	0.43045	3.6468	0.0562
karnof	1	-0.04508	0.01020	19.5243	<.0001

Variable	Hazard Ratio	Variable Label
cetime	0.996	

crttime	0.989	
cd4lt25	2.275	Baseline CD4<25 (1=yes,0=no)
karnof	0.956	Karnofsky Status Score

Summary : The hazard ratio is constant (non-significant time-varying covariates) for the 3 treatment arms conditional on the covariates (*cd4lt25* and *karnof*). Therefore, a PH model is plausible in this case.

If we do not control for these covariates, the logrank test (proc lifetest) would be inappropriate for the analysis of the effect of treatment on survival time (as curves cross in Figure 3). One can therefore do a stratified analysis or include treatment by time interactions (extended Cox model).