

ROC and Reclassification analysis in R - part 2

R Ísland meeting

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The category free NRI (continuous NRI)

- ▶ Statistics in Medicine 2011 (online 2010)
- ▶ Extensions of net reclassification improvement calculations to measure usefulness of new biomarkers
- ▶ Michael J. Pencina, Ralph B. D Agostino Sr, and Ewout W. Steyerberg

$$NRI = \frac{(P(event|up) - P(event))P(up) + (P(event) - P(event|down))P(down)}{P(event)(1 - P(event))}$$

- ▶ Notice the prospective definition
- ▶ It can be interpreted as a measure of event rate increase among those who are reclassified upwards and event rate decrease among those who are reclassified downwards
- ▶ Applies to survival and case control data

The continuous NRI

- ▶ From PredictABEL
- ▶ `reclassification(wcgs.s,11,pred1,pred2,c(0,0.1,0.2,1))`
- ▶ `NRI(Continuous)` [95% CI]: 0.4081 [0.2892 - 0.527] ; p-value: 0

Survival data

```
cox1 <- cph(Surv(time169, chd69) ~ age0 + cholmmol + sbp0 +  
cox2 <- cph(Surv(time169, chd69) ~ age0 + cholmmol + sbp0 +  
lrtest(cox1, cox2)
```

```
##
```

```
## Model 1: Surv(time169, chd69) ~ age0 + cholmmol + sbp0 +
```

```
## Model 2: Surv(time169, chd69) ~ age0 + cholmmol + sbp0 +
```

```
##
```

```
## L.R. Chisq      d.f.      P
```

```
## 2.644e+01 1.000e+00 2.723e-07
```

The C statistic comparison (Harrell)

```
rccomp.cens(1-predict(cox1,type="lp"),1-predict(cox2,type="lp"))
```

##	Dxy	S.D.	x1 more concordant
##	-1.488e-02	3.480e-02	4.926e-01
##	x2 more concordant	n	missing
##	5.074e-01	3.141e+03	0.000e+00
##	uncensored	Relevant Pairs	Uncertainty
##	2.560e+02	1.364e+06	8.499e+00
##	C X1	C X2	Dxy X1
##	7.237e-01	7.401e-01	4.474e-01
##	Dxy X2		
##	4.802e-01		

The C statistics (survC1)

```
mydata1<-cbind(wcgs.s$time169,wcgs.s$chd69,cox1$x)
mydata2<-cbind(wcgs.s$time169,wcgs.s$chd69,cox2$x)
sc1<-Est.Cval(mydata1,5*365.24)
sc2<-Est.Cval(mydata2,5*365.24)
names(sc1)
```

```
## [1] "Dhat"      "rs"         "beta"       "beta.var"   "U"
## [6] "ft"        "cens.surv"  "cens.psii"  "distinct"   "wt"
## [11] "nofit"
```

```
sc1$Dhat
```

```
## [1] 0.7281
```

```
sc2$Dhat
```

```
## [1] 0.7484
```

C statistics (timeROC)

```
troc1<-timeROC(wcgs.s$time169,wcgs.s$chd69,predict(cox1,typ  
troc2<-timeROC(wcgs.s$time169,wcgs.s$chd69,predict(cox2,typ  
troc1
```

```
## Time-dependent-Roc curve estimated using IPCW (n=3141,  
##           Cases Survivors Censored AUC (%)    se  
## t=0           0          3141           0      NA    NA  
## t=1826.2     139          2768          234    73.35 2.13  
##  
## Method used for estimating IPCW:marginal  
##  
## Total computation time : 22.54  secs.
```

```
troc2
```

```
## Time-dependent-Roc curve estimated using IPCW (n=3141,  
##           Cases Survivors Censored AUC (%)    se  
## t=0           0          3141           0      NA    NA
```

Comparisons (timeROC)

```
compare(troc1,troc2)
```

```
## $p_values_AUC
```

```
##      t=0 t=1826.2
```

```
##      NA  0.01866
```


Pepe paper 2013

- ▶ Statistics in Medicine 2013
- ▶ Pepe MS
- ▶ Tests of significance of parameter, change in AUC, NRI, IDI all equivalent
- ▶ Makes no sense to test the same hypothesis many times
- ▶ Report AUC and change as descriptive statistics and focus on practical change in magnitude
- ▶ Show reclassification tables rather than the continuous NRI

Conclusion

- ▶ Is Jörgen Hilden right about these being good looking statistics with nothing underneath?
- ▶ Yes, because all the statistical significance to test is for the parameter
- ▶ Don't dwell on the statistical significance of difference in AUC, NRI and IDI
- ▶ The additional statistics are still good descriptive statistics of model performance
- ▶ The AUC is a fundamental statistic to report and the interplay between sensitivity and specificity
- ▶ Decision theory (papers by Vickers and Steyerberg)