## Modélisation conjointe de données longitudinales et de temps d'événements sous R

#### Joint modeling of longitudinal and time-to-event data in R

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10ème rencontres R - Vannes - June 12, 2024



BORDEAUX POPULATION





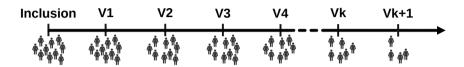


Rencontres R - Vannes 2024



#### Epidemiological studies

Overal cohort design:

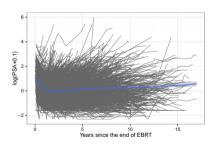


- Target population:
  - Whole population in a certain window of age
    - ★ 3-City Study: elderly ELFE: young children CONSTANCES: adults
  - Population with a certain diagnosis (e.g., cancer, Multiple System Atrophy)
    - ★ Clinical prospective cohort: monitoring the population for prognosis
    - ★ Clinical trial: testing an intervention in randomized groups
- Available data
  - at baseline (exposures, confounders, participant characteristics)
  - over follow-up (exposures, health indicators, events)

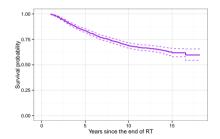


## Progression of health phenomena studied through

 repeated measures of marker (e.g., blood biomarker, MRI features, PRO / QoL scales) or exposure (e.g., blood pressure, BMI)



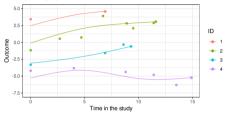
 time to health outcome (e.g., death, diagnosis, progression, dropout)



provide inter-related information that need to be analyzed together (jointly)

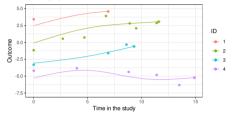
#### The endogenous nature of time-varying variables

- Marker/Exposure data are measures of an underlying process:
  - measured with error
  - measured at sparse and irregular times
  - influenced by the event occurence: endogenous / internal



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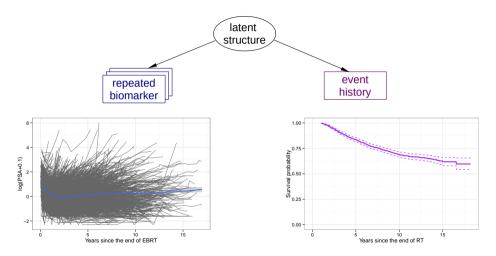
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- Dedicated biostatistical model = mixed models / random-effect models
- ► Underlying process of interest  $Y^*(t)$  defined at any time  $t \in \mathbb{R}$  $Y_i^*(t) = X_i(t)^{\top} \boldsymbol{\beta} + Z_i(t)^{\top} \boldsymbol{b}_i$  with  $\boldsymbol{b}_i \sim \mathcal{N}(0, \boldsymbol{B})$
- ▶ Observations  $Y_{ii}$  at sparse times  $t_{ii}$ 
  - ★ with generally truncation at the event time:  $\max(t_{ij}) < T_i$
  - ★ with random measurement error:  $Y_{ij} = Y_i^*(t_{ij}) + \varepsilon_{ij}$  with  $\varepsilon_{ij} \underset{iid}{\sim} \mathscr{D}$

Estimation in R: Ime (nlme), Imer (lme4), hlme (lcmm),

## Joint modelling principle



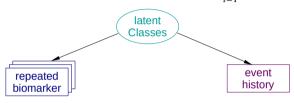
Simultaneous modelling of correlated longitudinal and survival data

## (Classical) Research Questions addressed by joint models

- quantify the association of a endogenous marker with the risk of event
- predict the risk of clinical endpoint using the biomarker information
  - individual dynamic prediction and screening optimization
- describe the trajectory of the biomarker stopped by the clinical progression
  - and evaluate its determinants
- explore/understand the association between the two processes
  - variability / heterogeneity in the disease progression

#### Joint latent class models (JLCM) (Proust-Lima, 2014)

• Latent class 
$$c_i$$
:  $P(c_i = g) = \pi_{ig} = \frac{e^{\xi_{0g} + X_{Ci}^{\top} \xi_{1g}}}{\sum_{l=1}^{G} e^{\xi_{0l} + X_{Ci}^{\top} \xi_{1l}}}$  (with  $\xi_{0G} = 0 \& \xi_{1G} = 0$ )



 Class-specific linear mixed model for the biomarker trajectory:

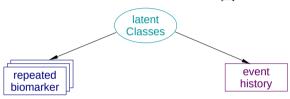
$$\begin{aligned} Y_{ij} \mid_{\boldsymbol{c}_i = \boldsymbol{g}} &= Y_{i\boldsymbol{g}}^*(t_{ij}) + \epsilon_{ij} \\ &= Z_i(t_{ij})^T b_i \mid_{\boldsymbol{c}_i = \boldsymbol{g}} + X_{Li}(t_{ij})^\top \beta_{\boldsymbol{g}} + \epsilon_{ij} \\ b_i \mid_{\boldsymbol{c}_i = \boldsymbol{g}} &\sim \mathcal{N}\left(\mu_{\boldsymbol{g}}, B_{\boldsymbol{g}}\right), \; \epsilon_{ij} \sim \mathcal{N}\left(0, \sigma_{\epsilon}^2\right) \end{aligned}$$

proportional hazard model for the event:

$$\lambda_i(t \mid c_i = g) = \lambda_{0g}(t) \exp(X_{Ti}(t)\delta_g)$$

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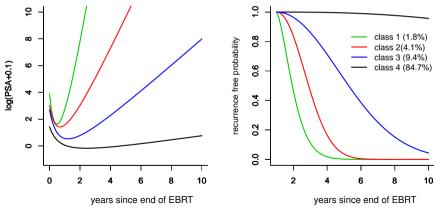
$$\lambda_i(t \mid c_i = g) = \lambda_{0g}(t) \exp(X_{Ti}(t)\delta_g)$$

- → describes the processes as made of homogenous subgroups
- → descriptive approach appropriate for *a priori* heterogenous populations



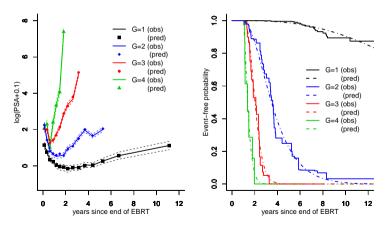
#### JLCM Illustration in Prostate Cancer (Proust-Lima, SMMR 2014)

- Four patterns of PSA trajectory and risk of any clinical recurrence
  - ► N=459 men from the University of Michigan Hospital Cohort
  - after a radiation therapy (EBRT)



#### Illustration in Prostate Cancer (Proust-Lima, SMMR 2014)

- Very close to the observations:
  - high discrimination (mean probability of latent class membership > 92%)
  - excellent fit to the data compared to other joint models



#### Estimation in lcmm R package (Proust-Lima, JSS 2017)

Maximum Likelihood Estimates

$$\mathcal{L}_i(\boldsymbol{\theta}) = \sum_{g=1}^G f(Y_i \mid c_i = g; \boldsymbol{\theta}) \ f(T_i \mid c_i = g; \boldsymbol{\theta}) \ P(c_i = g; \boldsymbol{\theta})$$

- Optimization algorithm: Marquardt-Levenberg Algorithm with marqLevAlg R package (Philipps R Journal 2022)
  - Newton-like optimization
  - Strict convergence criteria (parameter stability, likelihood stability, first and second derivatives)
  - Parallel numerical computations of the derivatives
- Management of local maxima
  - Grid search = B estimations from random initial values
- Variance-covariance matrix given by the inverse of the Hessian matrix



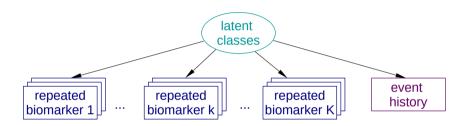
#### lcmm in practice: jlcmm or Jointlcmm function

```
# G=1
m1 < - jlcmm (fixed = logPSA \sim I((time + 1)^(-1.5)) + time,
              random =\sim I((time + 1) ^{(-1.5)}) + time, subject = "ID",
              survival = Surv(tsurv,event) ~ tstage2 + tstage34,
              hazard = "splines",
              data = cohort)
 # G=4
m4 < -
      ilcmm (fixed = logPSA ~ I((time + 1)^(-1.5)) + time,
              random =\sim I((time + 1) ^{(-1.5)}) + time, subject="ID",
              mixture = \sim I((time + 1)^{(-1.5)}) + time
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```

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 # G=4
m4 <- gridsearch(
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              survival = Surv(tsurv,event) ~ tstage2 + tstage34,
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              rep = 100, maxiter = 30, minit = m1, cl = 10)
```

# Extensions to more complex data structure: longitudinal / competing causes

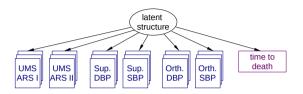


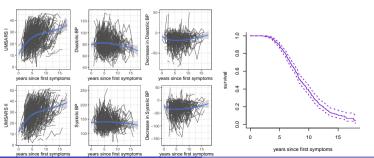
Class-and-marker-specific mixed model (Proust-Lima, Stat Med 2023)

cause-and-class proportional hazard model (Proust-Lima, Stat Med 2016)

estimation in R: mpilcmm function in package lcmm

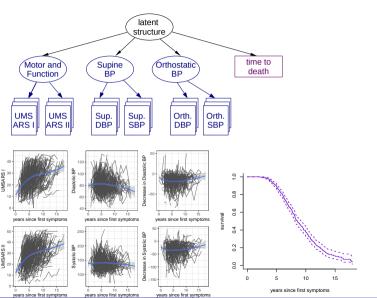
## Example in Multiple System Atrophy (MSA)





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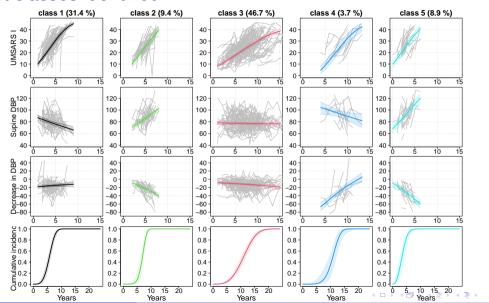


## Actual structure of mpjlcmm R function

(Proust-Lima, Stat Med 2023)

- Latent process mixed model with latent classes
- Marker-specific measurement model

#### 5 latent classes identified



## (Classical) Research Questions addressed by joint models

quantify the association of a endogenous marker with the risk of event

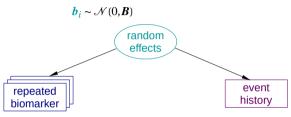
$$\lambda_i(t) = \lambda_0(t) \exp(Y^*(t) \eta)$$

- predict the risk of clinical endpoint using the biomarker information
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#### Shared Random-Effect Models (SREM) (Rizopoulos, 2012)

• Shared random-effects *b<sub>i</sub>* distribution:



• linear mixed model for the biomarker trajectory:

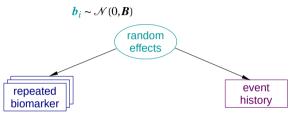
$$\begin{aligned} Y_{ij} \mid_{\boldsymbol{b}_i} &= Y_i^*(t_{ij}) + \epsilon_{ij} \\ &= X_{Li}(t_{ij})^{\top} \boldsymbol{\beta} + \boldsymbol{Z}_i(t_{ij})^{\top} \boldsymbol{b}_i + \epsilon_{ij} \quad \epsilon_{ij} \sim \mathcal{N}(0, \sigma_{\epsilon}^2) \end{aligned}$$

• proportional hazard model for the event:

$$\lambda_i(t; \boldsymbol{b}_i) = \lambda_0(t) \exp\left(\boldsymbol{X}_{Ti}(t)^{\top} \boldsymbol{\delta} + \boldsymbol{Y}_i^*(t) \boldsymbol{\eta}\right)$$

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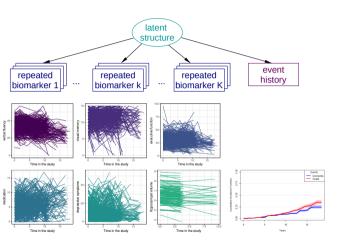
• proportional hazard model for the event:

$$\lambda_i(t; \pmb{b}_i) = \lambda_0(t) \exp\left(\pmb{X}_{Ti}(t)^\top \pmb{\delta} + \pmb{f} \ (t, \pmb{b}_i, \ldots) \ \pmb{\eta}\right)$$

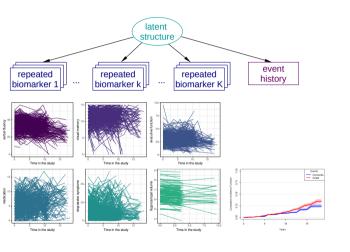
- $\rightarrow \eta$  quantifies the effect of the biomarker on the risk of event
- → biomarker trajectory corrected for the informative truncation by the event



## Joint models with multivariate longitudinal / survival data



#### Joint models with multivariate longitudinal / survival data



- K different linear mixed models
  - ▶ a big vector of random effects:
    b<sub>i</sub> = (b<sub>i1</sub>,...,b<sub>ik</sub>,...,b<sub>iK</sub>)
- P cause-specific survival models

$$\lambda_{ip}(t; \boldsymbol{b}_i) = \lambda_{0p}(t) \times \exp\left(\boldsymbol{X}_T(t)\boldsymbol{\delta}_p + \sum_{k=1}^K \boldsymbol{f}_k \left(t, \boldsymbol{b}_{ik}, \dots\right) \boldsymbol{\eta}_{kp}\right)$$

- Examples:
  - Effect of a marker/exposure adjusted for other time-varying variables
  - Prediction of the event based on all the information available

## Estimation in R (not exhaustive list!)

	inference	algorithm	integration	distributions	multiple markers
JM	Freq	EM/optim/MLA	paGH	Gaussian	X
JMbayes	Bayes	MCMC		Exp. family	$\checkmark$
JMbayes2	Bayes	MCMC		Exp. family	$\checkmark$
joineR	Freq	EM	GH	Gaussian	X
joineRML	Freq	MCEM	qMC	Gaussian	$\checkmark$
rstanArm	Bayes	STAN		Exp. Family	✓
INLAJoint	Bayes	INLA		Gauss. process	<b>√</b>
JLPM	Freq	MLA	qMC	Bin/ord/curvi	<b>X</b> / <b>&lt;</b>
frailtyPack	Freq	MLA	aGH	Gaussian	X
JMBordo	Freq	MLA	qMC	Exp. Family	$\checkmark$
		and saemix	x, BeQut and	others	

qMC = quasi Monte Carlo; (p)aGH = (pseudo) adaptive Gauss Hermite

→ Various specifications: mixed models, survival models, dependence structure, data nature, ...

#### Example with JMbayes2

Structure common to packages of Rizopoulos's group: JM, JMbayes, JMbayes2

```
library("JMbayes2")
# specification of the longitudinal model(s)
LongModel <- lme(log(serBilir) ~ year * sex, data = pbc2, random = ~ year | id)
# specification of the survival model
CoxModel <- coxph(Surv(years, status2) ~ sex, data = pbc2.id)
# estimation of the joint model (by default, current value)
jointFit1 <- jm(CoxModel, LongModel, time_var = "year")</pre>
```

Log-likelihood computation becomes rapidly untractable (huge numerical integration)

$$\mathcal{L}_i(\boldsymbol{\theta}) = \int_{\boldsymbol{b}_i} f(Y_i \mid \boldsymbol{b}_i; \boldsymbol{\theta}) \ f(T_i \mid \boldsymbol{b}_i; \boldsymbol{\theta}) \ f(\boldsymbol{b}_i; \boldsymbol{\theta}) \ d\boldsymbol{b}_i$$

#### Solutions:

- (quasi) Monte Carlo integration
- ► Bayesian inference (e.g., MCMC, INLA)

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- ② Large number of predictors in the survival model with  $\sum_{k=1}^K f_k$  (  $t, b_{ik}, ...$ )  $\eta_{kp}$

#### Solutions:

 Regularization in the survival model - Lasso - (e.g., Andrinopoulou and Rizopoulos SiM 2012, Chen and Wang SiM 2017)

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- lacktriangle Too high number of parameters for simultaneous estimation (for K long. + P surv. regressions)

#### Solutions:

2-step methods / regression calibration (Ye et al., 2008, Signorelli et al., 2021, Mauff et al. 2020)



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#### Solutions

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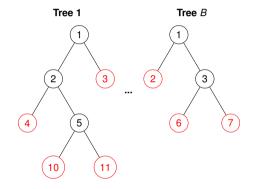
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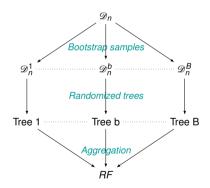
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What about totally changing the framework and use random forests?

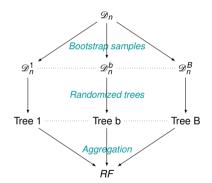
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  - Useful for individual prediction
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  - Handle complex relationship between predictors and event
- Cons:
  - ↑ Limited to time-independent predictors



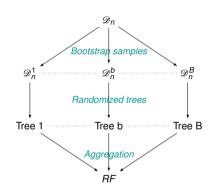
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- Our solution: DynForest
  - Incorporate time-dependent predictors in the tree building process



#### Splitting rule in random survival forests

Find two groups of subjects which maximize the difference in event probability:

- Randomly draw mtry predictors
- Build two groups from each predictor's values
- Compute the statistic to quantify the distance (e.g. Fine & Gray for the event probability)

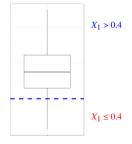


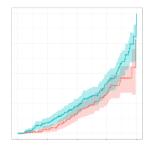
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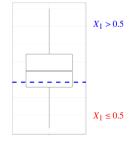


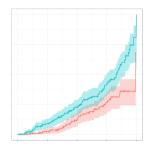
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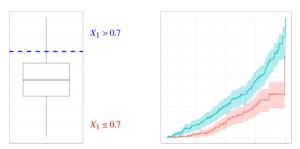


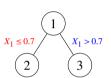


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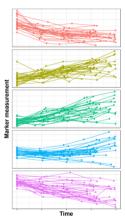


# How to incorporate time-dependent predictors?

At each node, transform time-dependent predictors  $Y_k$  into time-fixed features :

 $\bullet$  Model  $Y_k$  trajectory using mixed models:

$$Y_{ik}(t_{ijk}) = \mathbf{Z}_{ik}(t_{ijk})^{\top} (\boldsymbol{\beta}_k + \boldsymbol{b}_{ik}) + \epsilon_{ijk}$$



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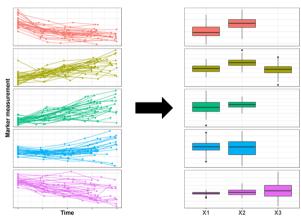
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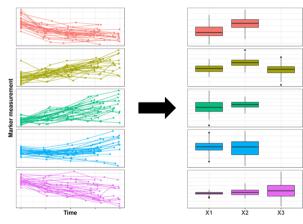
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Compute individual random-effects:

$$\hat{\boldsymbol{b}}_{ik} = \mathbb{E}(\boldsymbol{b}_{ik}|\boldsymbol{Y}_i)$$

Consider them as splitting variable candidates

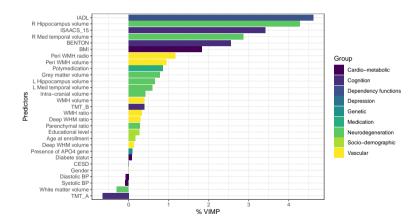


### DynForest in practice: example of call

```
library(DynForest)
Y <- list(type = "surv", Y = unique(pbc2 train[.c("id", "years", "event")]))
fixedData train <- unique(pbc2 train[,c("id","age","drug","sex")])</pre>
timeData train <- pbc2 train[.c("id","time","serBilir","SGOT","albumin","alkaline")]</pre>
# definitions of mixed models:
timeVarModel <- list(serBilir = list(fixed = serBilir ~ time, random = ~ time),
                      SGOT = list(fixed = SGOT \sim time + I(time^2). random = \sim time + I(time^2)).
                      albumin = list(fixed = albumin ~ time, random = ~ time).
                      alkaline = list(fixed = alkaline ~ time.random = ~ time))
res dyn <- DynForest(timeData = timeData train,
                      fixedData = fixedData train.
                      timeVar = "time". idVar = "id".
                      timeVarModel = timeVarModel \cdot Y = Y \cdot
                      ntree = 200. mtrv = 3. nodesize = 2. minsplit = 3.
                      cause = 2, ncores = 7, seed = 1234)
```

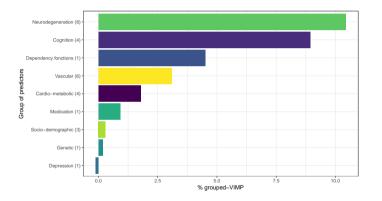
## Application to dementia from multi-modal repeated data in 3C

Quantification of the variable importances for the prediction: 24 time-dependent predictors, 5 time-fixed predictors



# Application to dementia from multi-modal repeated data (by groups

Quantification of the variable importances for the prediction by group



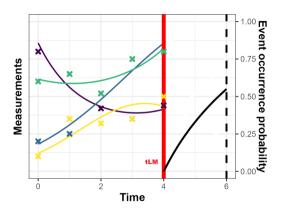
# (Classical) Research Questions addressed by joint models

- quantify the association of a endogenous marker with the risk of event
- predict the risk of clinical endpoint using the biomarker information
  - individual dynamic prediction and screening optimization
- describe the trajectory of the biomarker stopped by the clinical progression
  - and evaluate its determinants
- explore/understand the association between the two processes
  - variability / heterogeneity in the disease progression

# Dynamic prediction for a new subject ★

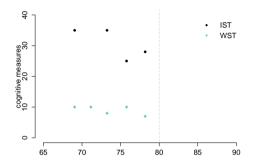
 Predicted probability from landmark s at horizon t:

$$\pi^{\star}(s,t) = \mathbb{P}\left(T_{\star} < s + t, \delta_{\star} = p | T_{\star} > s, \mathcal{Y}_{\star}(s), \mathcal{X}_{\star}\right)$$



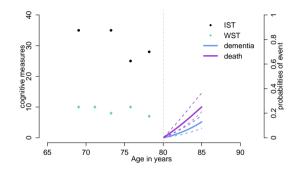
### Dynamic prediction for a new subject ★: joint models

- Direct posterior computation (Bayes):
  - Monte Carlo approximation of the posterior distribution
  - e.g. with dynpred function in lcmm, with predict function in JMbayes2
- Performances evaluation:
  - riskRegression R package for AUC, Brier Score (Gerds & Kattan, 2021; Blanche, 2015)
  - in lcmm, epoce function for UACV (Commenges, Bcs 2011)



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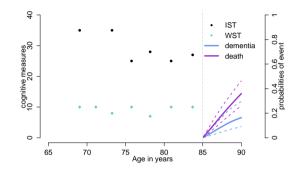


5-year probability of dementia (%): 5-year probability of death (%):

at 80 years old 13.0 [7.7,21.0] 25.1 [18.1,36.5]

### Dynamic prediction for a new subject ★: joint models

- Direct posterior computation (Bayes):
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5-year probability of dementia (%): 5-year probability of death (%):

at 80 years old 13.0 [7.7,21.0] 25.1 [18.1,36.5]

at 85 years old 16.4 [9.1,29.4] 36.0 [25.9.46.3]



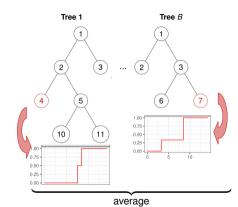
### Dynamic prediction for a new subject ★: random forests

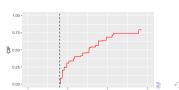
• Predicted probability from landmark *s* at horizon *t*:

$$\pi^{\star}(s,t) = \mathbb{P}\left(T_{\star} < s + t, \delta_{\star} = p | T_{\star} > s, \mathcal{Y}_{\star}(s), \mathcal{X}_{\star}\right)$$

- Drop down the new subject ★ into the trees using:
  - the history of time-dependent predictors  $\mathscr{Y}_{\star}(s)$  up to landmark time s
  - ▶ time-fixed covariates X<sub>+</sub>
- Average the leaf-and-tree-specific cumulative incidence functions  $\hat{\pi}^{(tree,leaf)}(s,t)$  across trees:

$$\hat{\pi}_{\star}(s,t) = \frac{1}{B} \left( \hat{\pi}_{\star}^{(1,4)}(s,t) + \dots + \hat{\pi}_{\star}^{(B,7)}(s,t) \right)$$





### Concluding remarks

- Joint models = central technique in health studies (and probably beyond)
  - understanding of etiology, natural history and progression
  - individual dynamic prediction
  - correct for informative dropout
- Different solutions/implementations available in R
  - latent classes /shared random effects
  - different parametric assumptions (baseline risk, distribution of outcomes)
  - numerical limitations with many longitudinal markers
- DynForest: example of promising alternative from statistical learning
  - Not a two-step approach!
    - ★ separate mixed models for the longitudinal markers at each node
    - ★ naturally handles informative censoring of biomarker data as estimated on homogeneous nodes
  - accounts for nonlinear associations, interactions, etc.
  - current extensions with FPCA tools (Segalas 2024), distances, and other splitting rules



#### Fundings:







#### Réseau de Recherche Impulsion PHDS | Public Health Data Science UNIVERSITE Bordeaux Network

#### References

JLCM: Proust-Lima et al (2014). JLCM for longitudinal and time-to-event data: A review. SMMR 23, 74-90



https://cecileproust-lima.github.io/lcmm/

SREM: Rizopoulos D. Joint Models for Longitudinal and Time-to-Event Data: With Applications in R. Chapman & Hall/CRC 2012 https://drizopoulos.github.io/JMbayes2



- DynForest: Devaux et al (2023). Random survival forests with multivariate longitudinal endogenous covariates. SMMR 32, 2331-2346 https://github.com/anthonydevaux/DynForest
- margLevAlg: Philipps et al (2021). Robust and Efficient Optimization Using a Marquardt-Levenberg Algorithm with R Package marqLevAlg. The R Journal 13(2), 365-379. https://github.com/VivianePhilipps/marqLevAlqParallel





### Other references

#### **Random Survival Forests:**

Ishwaran et al. (2008) Annals Applied Stat, 2(3), 841-60 Ishwaran et al. (2014) Biostatistics, 15(4), 757-73. Segalas et al. (2024) arXiv

https://arxiv.org/abs/2402.10624

#### **Regression Calibration / 2-Stage:**

Signorelli et al. (2021) *Statistics in medicine*, 40(27), 6178-96 Ye et al. (2008) *Biometrics*, 64(4), 1238-46 Devaux et al. (2022) *BMC Med Res Methodol*, 22(1), 188

#### **Error of Prediction:**

Blanche et al. (2015). Biometrics, 71, 102-13. Gerds & Kattan (2021) R. Chapman & Hall/CRC

#### SREM:

Andrinopoulou, Rizopoulos (2016) Stat Med, 35(26), 4813-23.
Chen, Wang(2017) Stat Med, 36(24), 3820-9
Ferrer et al. (2016) Stat Med, 35(22), 3933-48
Mauff et al. (2017) Stat Med, 36(23), 3746-59
Rizopoulos (2012) CRC Press
Rouanet et al. (2016) Biometrics, 72(4), 1123-35
Rustand et al. (2023) Biostatistics, 2024, 25(2), 429-448

#### JLCM:

Rouanet et al. (2016) *Biometrics*, 72(4), 1123-35 Proust-Lima et al. (2016). *Statistics in Medicine*, 35(3), 382-398

Proust-Lima et al. (2017). *Journal of Statistical Software*, 78(2), 1-56

Proust-Lima et al. (2023). Statistics in Medicine, 42(22), 3996-4014