Introduction to the rstpm2 package

Mark Clements

Karolinska Institutet

Abstract

This vignette outlines the methods and provides some examples for link-based survival models as implemented in the R rstpm2 package.

Keywords: survival, splines.

1. Background and theory

Link-based survival models provide a flexible and general approach to modelling survival or time-to-event data. The survival function S(t|x) to time t for covariates x is defined in terms of a link function G and a linear prediction $\eta(t,x)$, such that

$$S(t|x) = G(\eta(t,x))$$

where η is a function of both time and covariates x. The linear predictor can be constructed in a flexible manner. Royston and Parmar (2003) focused on time being modelled using natural splines for log-time, including left truncation and relative survival. We have implemented the Royston-Parmar model class and extended it in several ways, allowing for: (i) general parametric models for $\eta(t,x)$, including B-splines and natural splines for different transformations of time; (ii) general semi-parametric models for $\eta(t,x)$ including penalised smoothers together with unpenalised parametric functions; (iii) interval censoring; and (iv) frailties using Gamma and log-Normal distributions.

A more detailed theoretical development is available from the paper by Liu, Pawitan and Clements (available on request).

2. Mean survival

This has a useful interpretation for causal inference.

$$E_Z(S(t|Z, X = 1)) - E_Z(S(t|Z, X = 0))$$

fit <- rstpm()
predict(fit,type="meansurvdiff",newdata=data)</pre>

3. Cure models

For cure, we use the melanoma dataset used by Andersson and colleagues for cure models with Stata's stpm2 (see http://www.pauldickman.com/survival/).

Initially, we merge the patient data with the all cause mortality rates.

```
> data(popmort, package="rstpm2")
> data(colon,package="rstpm2")
> popmort2 <- transform(popmort,exitage=age,exityear=year,age=NULL,year=NULL)
> colon2 <- within(colon, {</pre>
    status <- ifelse(surv_mm>120.5,1,status)
    tm <- pmin(surv_mm, 120.5)/12
  exit <- dx+tm*365.25
   sex <- as.numeric(sex)</pre>
+ exitage <- pmin(floor(age+tm),99)
  exityear <- floor(yydx+tm)
  ##year8594 <- (year8594=="Diagnosed 85-94")
+ })
> colon2 <- merge(colon2,popmort2)</pre>
For comparisons, we fit the relative survival model without and with cure.
> fit0 <- stpm2(Surv(tm, status %in% 2:3)~I(year8594=="Diagnosed 85-94"),
                data=colon2,
                bhazard=colon2$rate, df=5)
> summary(fit <- stpm2(Surv(tm, status %in% 2:3)~I(year8594=="Diagnosed 85-94"),
                        data=colon2,
                        bhazard=colon2$rate,
+
                        df=5,cure=TRUE))
Maximum likelihood estimation
Call:
mle2(minuslogl = negll, start = coef, eval.only = TRUE, vecpar = TRUE,
    gr = function (beta, kappa = 1)
        if (interval)
            stop("Gradient not implemented for interval-censored data.")
        localargs <- args
        localargs$kappa <- kappa
        localargs$return_type <- "gradient"</pre>
        return(.Call("model_output", localargs, package = "rstpm2"))
    \}, control = list(parscale = c(1, 1, 1, 1, 1, 1, 1), maxit = 300),
    lower = -Inf, upper = Inf)
```

Coefficients:

```
Estimate Std. Error z value
                                                                       Pr(z)
(Intercept)
                                                 0.054778 -72.6082 < 2.2e-16
                                     -3.977323
I(year8594 == "Diagnosed 85-94")TRUE -0.155612
                                                 0.025088 -6.2027 5.551e-10
nsx(log(tm), df = 5, cure = TRUE)1
                                      3.323191
                                                 0.053165 62.5066 < 2.2e-16
nsx(log(tm), df = 5, cure = TRUE)2
                                      3.628630
                                                 0.053159 68.2594 < 2.2e-16
nsx(log(tm), df = 5, cure = TRUE)3
                                                 0.022465 72.7743 < 2.2e-16
                                      1.634847
nsx(log(tm), df = 5, cure = TRUE)4
                                      6.592021
                                                 0.111504 59.1194 < 2.2e-16
nsx(log(tm), df = 5, cure = TRUE)5
                                      3.371809
                                                 0.042788 78.8027 < 2.2e-16
(Intercept)
I(year8594 == "Diagnosed 85-94")TRUE ***
nsx(log(tm), df = 5, cure = TRUE)1
nsx(log(tm), df = 5, cure = TRUE)2
                                     ***
nsx(log(tm), df = 5, cure = TRUE)3
                                     ***
nsx(log(tm), df = 5, cure = TRUE)4
                                     ***
nsx(log(tm), df = 5, cure = TRUE)5
Signif. codes: 0 '*** 0.001 '** 0.01 '* 0.05 '.' 0.1 ' 1
-2 log L: 42190.77
> predict(fit,head(colon2),se.fit=TRUE)
   Estimate
                lower
                          upper
1 0.8610828 0.8542898 0.8675842
2 0.7934651 0.7850103 0.8016309
3 0.6967400 0.6863191 0.7068926
4 0.8610828 0.8542898 0.8675842
5 0.8221243 0.8143226 0.8296334
6 0.8610828 0.8542898 0.8675842
```

The estimate for the year parameter from the model without cure is within three significant figures with that in Stata. For the predictions, the Stata model gives:

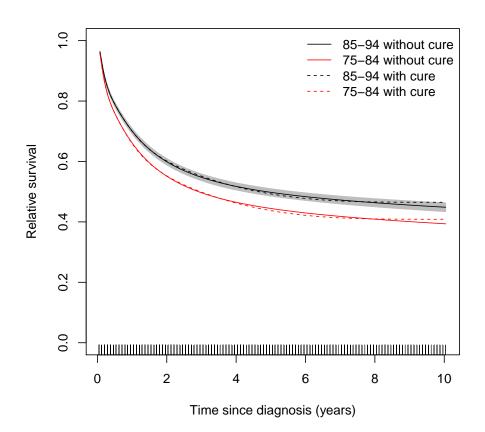
```
+----+
           surv_lci surv_uci |
      surv
  |-----|
1. | .86108264
           .8542898
                   .8675839 |
2. | .79346526
           .7850106
                   .8016309
3. | .69674037
           .6863196
                   .7068927
4. | .86108264
           .8542898
                   .8675839
5. | .82212425
           .8143227
                   .8296332
  |-----|
6. | .86108264
           .8542898
                   .8675839 |
  +----+
```

We can estimate the proportion of failures at the end of follow-up using:

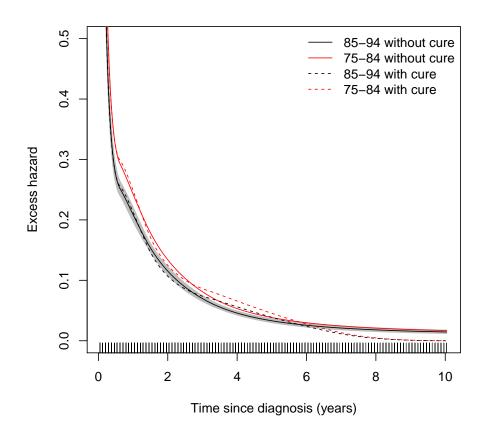
```
> 1-predict(fit, newdata.eof, type="surv", se.fit=TRUE)
```

```
Estimate lower upper 1 0.5913317 0.6055025 0.5772183 2 0.5350824 0.5485383 0.5217445
```

We can plot the predicted survival estimates:



And the hazard curves:



Affiliation:

Mark Clements Department of Medical Epidemiology and Biostatistics Karolinska Institutet

Email: mark.clements@ki.se