

PH 716 Applied Survival Analysis

Part 2: Estimating Survival Curves: Kaplan-Meier and Nelson-Aalen Estimators

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A motivating real-world study: gastric cancer clinical trial

We begin with data from a Phase II clinical trial evaluating XELOX chemotherapy given before surgery to patients with advanced gastric cancer and paraaortic lymph node metastasis (Wang et al., 2014).

The primary outcome is **progression-free survival**, defined as the time from study entry to disease progression or death, whichever occurs first. As is common in clinical trials, not all patients experienced progression during follow-up, resulting in **right-censored observations**.

The dataset contains follow-up times and the event indicator.

```
head(asauro::gastricXelox)
```

```
##   timeWeeks delta
## 1         4     1
## 2         8     1
## 3         8     1
## 4         8     1
## 5         9     1
## 6        11     1
```

From this study, researchers and clinicians naturally ask questions such as:

- What proportion of patients survive beyond a given time since the study entry?
- How does survival change over time in the presence of censoring?

Notations

- i : subject index, $i = 1, \dots, n$
- T_i : (authentic) survival time for subject i
- C_i : censoring time for subject i
- $\tilde{T}_i = \min(T_i, C_i)$: observed survival time for subject i
- Δ_i : event indicator for subject i ; $= 1$ if $\tilde{T}_i = T_i$; $= 0$ if $\tilde{T}_i = C_i$

Assumptions

- T_i is iid across i , i.e., $T_i \sim T$ for all i
- T_i is independent of C_i

Kaplan-Meier (KM) estimator

- To estimate $S_T(t)$ ($= S_{T_i}(t)$ for all i) using no covariates

- Observed distinct authentic survival times: $t_1 < t_2 < \dots < t_{n_D}$
 - n_D : # of distinct time points at which events are observed
- Recall for discrete survival time
 - $S_T(t) = \prod_{j:t_j \leq t} \{1 - \lambda_T(t_j)\}$
- KM estimator
 - $\hat{S}_{T,KM}(t) = \prod_{j:t_j \leq t} \{1 - \hat{\lambda}_T(t_j)\}$
 - * $\hat{\lambda}_T(t_j) = d_j/r_j$: an estimate of the (conditional) probability for an individual who survives up to time t_j experiences the event at t_j , i.e., $\Pr(\text{event occurs in } [t_j, t_{j+1}) \mid T \geq t_j)$
 - d_j : # of events that happened exactly at time t_j
 - r_j : # of individuals at risk prior to t_j (have not yet had an event or been censored prior to t_j)

- Ex. 2.1: Find the KM estimator for the data below, where the + sign denotes a right-censored subject:

i	1	2	3	4	5	6	7	8	9	10
\tilde{T}_i	2	5+	8	12+	15	21+	25	29	30+	34

- Risk table

j	t_j	r_j	d_j	d_j/r_j	$\hat{S}_{KM}(t_j)$
–	0	10	0	0	$1 - 0 = 1$
1	2	10	1	.1	$1 \times (1 - .1) = .9$
2	8	8	1	.125	$.9 \times (1 - .125) = .787$
3	15	6	1	.167	$.787 \times (1 - .167) = .656$
4	25	4	1	.25	$.656 \times (1 - .25) = .492$
5	29	3	1	.33	$.492 \times (1 - .33) = .328$
6	34	1	1	1	$.328 \times (1 - 1) = 0$

```
library(survival)
ex21 = data.frame(
  time=c(2, 5, 8, 12, 15, 21, 25, 29, 30, 34),
  delta=c(1, 0, 1, 0, 1, 0, 1, 1, 0, 1)
)
km.ex21 = survfit(
  formula = Surv(time, delta)~1,
  data = ex21,
  conf.type = "logit" # type of confidence interval
summary(km.ex21)
```

Pointwise confidence interval (CI) of survival probability

- Recall the 95% Wald CI of θ :

$$\hat{\theta} \pm 1.96 \times \text{sd}(\hat{\theta})$$

- `conf.type="plain"`

$$\hat{S}_{T,KM}(t) \pm 1.96 \times \text{sd}\{\hat{S}_{T,KM}(t)\}$$

$$- \text{var}\{\hat{S}_{T,KM}(t)\} \approx \{\hat{S}_{T,KM}(t)\}^2 \sum_{j:t_j \leq t} d_j / \{r_j(r_j - d_j)\}$$

- `conf.type="log"`

$$\ln \hat{S}_{T,KM}(t) \pm 1.96 \times \text{sd}\{\ln \hat{S}_{T,KM}(t)\}$$

– $\left[\exp(\ln \hat{S}_{T,KM}(t) - 1.96 \times \text{sd}\{\ln \hat{S}_{T,KM}(t)\}), \exp(\ln \hat{S}_{T,KM}(t) + 1.96 \times \text{sd}\{\ln \hat{S}_{T,KM}(t)\}) \right]$ is a 95% CI for $S_T(t)$

– $\text{var}\{\ln \hat{S}_{T,KM}(t)\} \approx \sum_{j:t_j \leq t} d_j / \{r_j(r_j - d_j)\}$

- `conf.type="log-log"`

$$\ln\{-\ln \hat{S}_{T,KM}(t)\} \pm 1.96 \times \text{sd}[\ln\{-\ln \hat{S}_{T,KM}(t)\}]$$

– $\left[\exp\{-\exp(\ln\{-\ln \hat{S}_{T,KM}(t)\} - 1.96 \times \text{sd}[\ln\{-\ln \hat{S}_{T,KM}(t)\}])\}, \exp\{-\exp(\ln\{-\ln \hat{S}_{T,KM}(t)\} + 1.96 \times \text{sd}[\ln\{-\ln \hat{S}_{T,KM}(t)\}])\} \right]$ is a 95% CI for $S_T(t)$

– $\text{var}[\ln\{-\ln \hat{S}_{T,KM}(t)\}] \approx \{\hat{S}_{T,KM}(t)\}^{-2} \sum_{j:t_j \leq t} d_j / \{r_j(r_j - d_j)\}$

- `conf.type="logit"`

$$\text{logit} \hat{S}_{T,KM}(t) \pm 1.96 \times \text{sd}\{\text{logit} \hat{S}_{T,KM}(t)\}$$

– $\left[\text{logit}^{-1}(\text{logit} \hat{S}_{T,KM}(t) - 1.96 \times \text{sd}\{\text{logit} \hat{S}_{T,KM}(t)\}), \text{logit}^{-1}(\text{logit} \hat{S}_{T,KM}(t) + 1.96 \times \text{sd}\{\text{logit} \hat{S}_{T,KM}(t)\}) \right]$ is a 95% CI for $S_T(t)$

- `conf.type="arcsin"`

$$\arcsin \hat{S}_{T,KM}(t) \pm 1.96 \times \text{sd}\{\arcsin \hat{S}_{T,KM}(t)\}$$

– $\left[\sin(\arcsin \hat{S}_{T,KM}(t) - 1.96 \times \text{sd}\{\arcsin \hat{S}_{T,KM}(t)\}), \sin(\arcsin \hat{S}_{T,KM}(t) + 1.96 \times \text{sd}\{\arcsin \hat{S}_{T,KM}(t)\}) \right]$ is a 95% CI for $S_T(t)$

- `log-log`, `logit`, `arcsin` leading to the confidence interval guaranteed to be inside $[0, 1]$

- Visualization of KM estimator

```
# A plain way
plot(km.ex21)
# A more fancy way
survminer::ggsurvplot(
  km.ex21,
  xlab="Time",
  xlim=c(0,40),
  conf.int = T,
  conf.int.style="step",
  censor=T,
  legend.labs = c("Entire Cohort"),
  risk.table = F,
  cumevents = F,
  tables.height = 0.15
)
```

- Based on the KM estimator for Ex. 2.1, clinicians may ask:
 - What is the estimated survival probability at time 10?
 - What is the estimated survival probability at time 15?
 - What is the estimated survival probability at time 20?
 - What is the estimated median event-free survival?

Properties of KM estimator

- $\hat{S}_{T,KM}(t)$ is a right-continuous step function, approximating the (likely smooth) $S_T(t)$

- $\hat{S}_{T,KM}(t)$ is a consistent (but typically biased) estimator of $S_T(t)$
 - As n increases, $\hat{S}_{T,KM}(t)$ becomes less jagged
 - The bias vanishes when there is no censoring, stemming from the possibility that the last survivor becomes censored.
- Note that $\hat{S}_{T,KM}(t)$ has n_D jumps
 - One jump at each distinct failure time
 - No jump at the censored times (why?)
- $\hat{S}_{T,KM}(t)$ is well-defined (it can be specified) up to the last observed time $\max\{\tilde{T}_1, \dots, \tilde{T}_n\}$
 - One cannot estimate $S_T(t)$ for times $\max\{\tilde{T}_1, \dots, \tilde{T}_n\}$ using the KM procedure
 - Because no data available in the sample beyond time $\max\{\tilde{T}_1, \dots, \tilde{T}_n\}$
- If last survivor is censored, KM estimator will NOT drop down to 0
- KM-estimated survival changes over time because of events, but the precision of survival estimates changes because of censoring, because
 - Censoring does NOT
 - * Cause the survival curve to drop
 - * Directly change survival probability
 - Censoring DOES
 - * Reduce the number at risk r_{ij} at later times
 - * Increase variability (wider confidence intervals)
 - * Make tail estimates less reliable
- Wide confidence intervals at later time points reflect fewer patients remaining at risk
 - Since $\text{var}(d_j/r_j) \approx d_j/\{r_j(r_j - d_j)\}$

Nelson-Aalen(-Altschuler-Fleming-Harrington) estimator

- To estimate $S_T(t)$ ($= S_{T_i}(t)$ for all i) using no covariates
- Observed distinct authentic survival times: $t_1 < t_2 < \dots < t_{n_D}$
 - n_D : # of distinct time points at which events are observed
- Estimating the cumulative hazard instead
 - Recall for discrete times, $\Lambda_T(t) = \sum_{j:t_j \leq t} \lambda_T(t)$
 - $\hat{\Lambda}_{T,NA}(t) = \sum_{j:t_j \leq t} \hat{\lambda}_T(t_j) = \sum_{j:t_j \leq t} d_j/r_j$
- Further estimating the survival function
 - Recall for continuous times, $S_T(t) = \exp\{-\Lambda_T(t)\}$
 - $\hat{S}_{T,NA}(t) = \exp\{-\hat{\Lambda}_{T,NA}(t)\} = \exp(-\sum_{j:t_j \leq t} d_j/n_j)$
- Asymptotically equivalent to KM
 - KM and NA give the same estimator as $n \rightarrow \infty$

-
- Revisit Ex. 2.1: Find the NA estimator for the data below, where the + sign denotes a right-censored subject:

i	1	2	3	4	5	6	7	8	9	10
\tilde{T}_i	2	5+	8	12+	15	21+	25	29	30+	34

```

ex21 = data.frame(
  time=c(2, 5, 8, 12, 15, 21, 25, 29, 30, 34),
  delta=c(1, 0, 1, 0, 1, 0, 1, 1, 0, 1)
)
na.ex21 = survival::survfit(
  formula=survival::Surv(time, delta)~1,
  data=ex21,
  conf.type="log-log",
  type = 'fh') # NA estimator
summary(na.ex21)
plot(na.ex21)

```

-
- Based on the NA estimator for Ex. 2.1, clinicians may ask:
 - What is the estimated survival probability at time 10?
 - What is the estimated survival probability at time 15?
 - What is the estimated survival probability at time 20?
 - What is the estimated median event-free survival?

Revisiting the motivating real-world study: gastric cancer clinical trial

We now return to the Phase II clinical trial evaluating XELOX chemotherapy in patients with advanced gastric cancer. The primary endpoint was progression-free survival, defined as time from study entry to disease progression or death.

Earlier, we posed several scientific questions such as:

- What proportion of patients survive beyond a given time since the study entry?
- How does survival change over time in the presence of censoring?

We now use the KM/NA estimator to answer these questions.

```

library(survival)
library(asaur)
data_gastric <- asaur::gastricXelox
km_gastric <- survfit(
  formula = Surv(timeWeeks, delta) ~ 1
, data = data_gastric,
, conf.type = "log-log"
)
na_gastric <- survfit(
  formula = Surv(timeWeeks, delta) ~ 1
, data = data_gastric,
, conf.type = "log-log"
, type = 'fh'
)
summary(km_gastric)
summary(na_gastric)
survminer::ggsurvplot(
  km_gastric,
  xlab="Time",
  xlim=c(0,100),
  conf.int = T,
  conf.int.style="step",
  censor=T,

```

```
legend.labs = c("Entire Cohort"),  
risk.table = F,  
cumevents = F,  
tables.height = 0.15  
)
```

- From the risk table/estimated survival curve, we can:
 - Estimate the probability of remaining progression-free at specific time points (e.g., 6 or 12 months).
 - Identify the median progression-free survival
 - See survival appear to decline rapidly or gradually over time
 - * Early drops in the survival curve indicate periods of higher progression risk
 - * A gradual decline suggests more prolonged disease control