

# **Biost/Epi 537: Survival Analysis**

**Discussion Section, Week 5: More KM, Proportional Hazards**

**February 4, 2025**

# Using ggplot2 for Kaplan-Meier

- In class, you've seen how to plot KM curves using base R
- Alternative: ggplot2 from the Tidyverse
  - Modify and place legend...
  - Change colors...
  - Display and edit the risk sets...
  - Display and edit censoring marks...
- Some examples in R

# Using estimated KM curves in R

- Estimate survival probabilities (with confidence intervals of any significance)
  - Use summary function on a survfit object
- Find arbitrary quantiles (with confidence intervals of any significance)
  - Use summary function on survfit object...
  - Or use quantile function on survfit object

# Using ggplot2 for Kaplan-Meier

- ggplot2 is useful when dealing with multiple groups
  - Easy to plot multiple KM estimates of the survival curve on the same graph
  - Easy to plot curves side-by-side or in a grid using “facet”
- Examples in R

# Comparing survival probabilities in R

- We saw last time that we can compare survival probabilities at a time  $t$  between groups using a Wald statistic:

$$\frac{\hat{T}}{\widehat{SE}(\hat{T})} = \frac{\hat{S}_0(t) - \hat{S}_1(t)}{\sqrt{\widehat{SE}(\hat{S}_0(t))^2 + \widehat{SE}(\hat{S}_1(t))^2}} \approx N(0,1) \text{ under the null.}$$

- So, we can compare  $\frac{|\hat{T}|}{\widehat{SE}(\hat{T})}$  to the critical value of  $1 - \frac{\alpha}{2}$  of  $N(0,1)$  to get a hypothesis test at level  $\alpha$ .
- In R?

# Log-rank test and variants in R

- As we saw last time, to compare survival curves, we can use the log-rank test.
- In R, this can be done using the `survdif` function.
- To do variants of the log-rank test, you could use:
  - `comp` from `survMisc` (most direct, but I have had problems using this...)
  - `survdif`
  - `surv_pvalue` from `survMiner`
- Examples in R

# Stratified log-rank test

- In observational studies, confounding is often an issue.
- Confounding is when a third variable causally affects both the exposure/treatment and the outcome (survival).
  - Confounder can't be in the causal pathway between exposure and survival.
- E.g. air pollution study
  - Exposure = pollution level, outcome = pulmonary health, confounder = age
  - Younger people = more likely to live in a more polluted area (affecting exposure), but also less likely to smoke cigarettes (affecting outcome)

# Stratified log-rank test

- If we want to compare survival curves between different levels of pollution, the log-rank test wouldn't account for the effect that confounding by age could have!
- Instead, we use a stratified log-rank test.
  - Looks at the expected vs. observed outcomes within each substrata defined by the confounder – e.g. within young participants and then within old participants.
  - Pools these across different levels of the confounder.
- Example in R



# Warning: different null and alternative hypotheses!

- With the log-rank test:
  - $H_0$  is that  $S_0(t) = S_1(t)$  for all  $t$ , and  $H_A$  is that they differ for at least one  $t$ .
- With the stratified log-rank test:
  - $H_0$  is that, within each level of the confounder,  $S_0(t) = S_1(t)$  for all  $t$ , whereas  $H_A$  is that these differ within at least one level of the confounder.

# Regression: Proportional hazards models

- The Kaplan-Meier curve is a great nonparametric estimator, but it doesn't handle extra covariates well.
  - We need to fit different curves for different levels of covariates – this isn't very effective.
- Regression analyses are better equipped for this.
  - Use information across different levels of covariates.
  - Make predictions about covariate values that aren't in the dataset.
    - Be careful about extrapolation!

# Proportional hazards assumption

- As always, we need to make assumptions in order to do anything with data.
- A popular assumption in survival analysis is the proportional hazards assumption:
- Two groups satisfy the proportional hazards assumption if their respective hazard functions satisfy  $h_1(t) = ch_0(t)$  for all  $t$ .
- More generally, given covariates  $w = (w_1, \dots, w_k)$ , the assumption is met if  $h_0(t | w_1, \dots, w_k) = ch_1(t | w_1, \dots, w_k)$  for all  $t$  within all levels of  $w_1, \dots, w_k$ .

# Is the assumption met in these scenarios?

- Consider a population with brain tumors. The control group isn't treated, while the intervention group receives a risky surgery to remove the tumor. Outcome is time until death.
- Individuals who wear seat belts vs. don't wear seat belts. Outcome is time until death from an automobile accident.
- Individuals who receive vs. don't receive a flu vaccine. Outcome is time until falling sick with the flu.

# How can we use proportional hazards?

- Recall that  $S(t) = \exp\{-H(t)\}$ . Since  $H(t) = \int_0^t h(u)du$ , the proportional hazards assumption implies that  $H_1(t) = \int_0^t h_1(u)du = \int_0^t ch_0(u)du = cH_0(t)$  so that  $S_1(t) = \exp\{-cH_0(t)\} = \exp\{-H_0(t)\}^c = S_0(t)^c$ .
- This suggests  $H_0 : S_1(t) = S_0(t) \iff H_0 : c = 1$ .
- If instead we let  $\frac{h_1(t)}{h_0(t)} = \exp\{\beta\}$ , this is equivalent to  $H_0 : \beta = 0$ .