# ICPSR 2015 "Advanced Maximum Likelihood": Survival Analysis Day Nine

August 13, 2015

# "Frailty" Models

$$h_i(t) = \lambda_i(t)\nu_i$$

- $\nu_i = 1 \approx$  "baseline,"
- $\nu_i > 1 \rightarrow i$  has a greater-than-average hazard,
- $\nu_i < 1 \rightarrow$  the opposite.

# More Frailty

Implies:

$$S(t|\nu_i) = \exp\left[-\int_0^t h(t|\nu_i)dt\right]$$

$$= \exp\left[-\int_0^t \nu_i h(t)dt\right]$$

$$= \exp\left[-\int_0^t h(t)dt\right]^{\nu_i}$$

$$= S(t)^{\nu_i}$$

#### Typically:

- · Assume  $\nu_i \sim g(\nu)$ , with
- $\cdot$   $E(\nu)=1$  and
- ·  $Var(\nu) = \theta$

# Example: Cox with Frailty

$$h_i(t) = h_0(t)\nu_i \exp(\mathbf{X}_i\beta)$$
  
=  $h_0(t)\exp(\mathbf{X}_i\beta + \alpha_i)$ 

where  $\alpha_i = \ln(\nu_i)$ .

(Also weibull, log-normal, etc.)

# Frailty Distributions: Gamma

$$egin{array}{lll} g(
u) &=& \mathcal{G}( heta,1/ heta) \ &=& rac{
u^{1/ heta-1} \mathrm{exp}\left(rac{-
u}{ heta}
ight)}{ heta^{(1/ heta)}\Gamma(1/ heta)} \end{array}$$

with

$$S_{ heta}(t) = \{1 - heta \ln[S(t)]\}^{-1/ heta}$$

# Frailty Distributions: Inverse-Gaussian

$$g(\nu) = \mathcal{I}\mathcal{G}(\theta, 1/\theta)$$

$$= (2\pi\theta\nu^3)^{-1/2} \exp\left[-\frac{1}{2\theta}\left(\alpha - 2 + \frac{1}{\nu}\right)\right]$$

with

$$S_{ heta}(t) = \exp\left\{rac{1}{ heta}\left[1-\left(1-2 heta\ln\{S(t)\}
ight)^{1/2}
ight]
ight\}$$

## An Important Distinction

Individual- (or Unit-) Specific Survival Function:

$$S(t|\nu_i) = S(t)^{\nu_i}$$

Population Average Survival Function:

$$\overline{S(t)} = \int_0^\infty S(t|\nu_i)g(\nu)d\nu$$

#### **Estimation**

- Originally: E-M algorithm (e.g. Klein 1992)
- Later: Penalized Likelihood
  - · Two-level iterative procedure
  - · Intuition: Iterate between fitting  $\hat{\beta}|\theta$  for a range of  $\theta$ s, and searching over the (univariate) marginal likelihood for  $\theta$  to obtain  $\hat{\theta}$
  - · Details: Therneau and Grambsch (2000, §9.6)

#### **Practical Matters**

• Computation...

"...if there are 300 families, each with their own frailty, and four other variables, then the full information matrix has  $304^2 = 92,416$  elements. The Cholesky decomposition must be applied to this matrix with each Newton-Raphson iteration."

- Therneau and Grambsch (2000, p. 258)
- Fitting choices (fix  $\theta$  vs. estimation, etc.)
- Predictions / interpretation (typically assume  $\hat{\nu}_i = 1$ ).

#### R

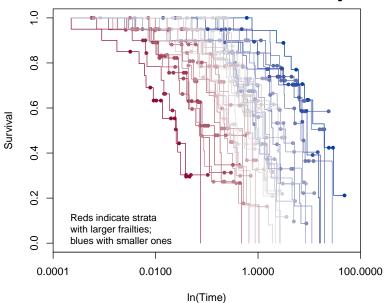
- survival: Fits a single frailty term via frailty.gamma, frailty.gaussian, or frailty.t to either Cox or parametric models.
- · coxme (Cox w/Gaussian random effects; see below)
- frailtypack (parallel to frailty and coxme)
- · Others (see the task view)

#### Stata

- The option shared() introduces one-level gamma-distributed frailties into stcox
- streg allows unshared or shared frailties (via frailty() and shared(), respectively) in both gamma and inverse-gaussian flavors in its parametric survival models; see Guiterrez (2002) for a good starting point.

### Simulated Example

# K-M Plots By Strata



# Cox Fit (No Frailty)

```
> cox.noF<-coxph(S~X,data=data)</pre>
> summary(cox.noF)
Call:
coxph(formula = S ~ X, data = data)
 n= 800, number of events= 381
  coef exp(coef) se(coef) z Pr(>|z|)
X 0.522
          1.685 0.104 5.02 0.00000051 ***
Signif. codes: 0 *** 0.001 ** 0.01 * 0.05 . 0.1 1
 exp(coef) exp(-coef) lower .95 upper .95
X
      1.69
                0.593
                      1.37
                                    2.07
Concordance= 0.577 (se = 0.015)
Rsquare= 0.031 (max possible= 0.996)
Likelihood ratio test= 25.2 on 1 df, p=0.000000521
Wald test
                    = 25.2 on 1 df. p=0.000000508
Score (logrank) test = 25.8 on 1 df, p=0.000000382
```

# Weibull Fit (No Frailty)

```
> weib.noF<-survreg(S~X,data=data,dist="weib")</pre>
> summary(weib.noF)
Call:
survreg(formula = S ~ X, data = data, dist = "weib")
            Value Std. Error
                                 z
                                          р
(Intercept) 1.595 0.1450 11.00 3.92e-28
           -1.031 0.1974 -5.22 1.76e-07
Log(scale) 0.653 0.0383 17.04 3.98e-65
Scale= 1.92
Weibull distribution
Loglik(model) = -581 Loglik(intercept only) = -594
Chisq= 27 on 1 degrees of freedom, p= 0.00000023
Number of Newton-Raphson Iterations: 5
n = 800
```

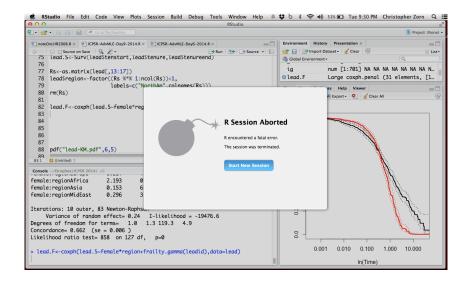
# Cox Fit With Frailty

```
> cox.F<-coxph(S~X+frailty.gaussian(F),data=data)</pre>
> summary(cox.F)
Call:
coxph(formula = S ~ X + frailty.gaussian(F), data = data)
 n= 800, number of events= 381
                    coef se(coef) se2 Chisa DF
Х
                    1.01 0.112 0.112 81.9 1.0 0
frailty.gaussian(F)
                                        609.0 37.6 0
 exp(coef) exp(-coef) lower .95 upper .95
X
       2.76
                0.363
                            2.21
                                      3.43
Iterations: 7 outer, 47 Newton-Raphson
     Variance of random effect= 1.8
Degrees of freedom for terms= 1.0 37.6
Concordance= 0.791 (se = 0.017)
Likelihood ratio test= 414 on 38.5 df.
```

## Weibull Fit With Frailty

```
> weib.F<-survreg(S~X+frailty.gaussian(F),data=data,dist="weib")
> summarv(weib.F)
Call:
survreg(formula = S ~ X + frailty.gaussian(F), data = data, dist = "weib")
             Value Std. Error
                                  z
                                           р
(Intercept) 0.6188 0.2622 2.36 1.83e-02
           -1.1386 0.1121 -10.16 3.12e-24
Log(scale) 0.0546 0.0417 1.31 1.91e-01
Scale= 1.06
Weibull distribution
Loglik(model) = -372 Loglik(intercept only) = -594
Chisq= 443 on 37 degrees of freedom, p= 0
Number of Newton-Raphson Iterations: 5 18
n = 800
```

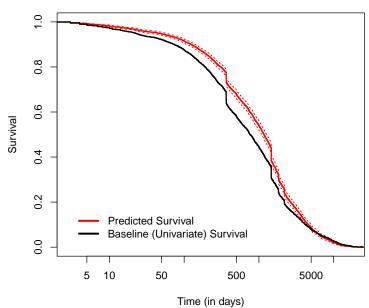
# Example: Leader Tenure



## Let's Try That Again

```
> lead.F<-coxph(lead.S~female*region+frailty.gamma(ccode).data=lead)
Warning message:
In coxpenal.fit(X, Y, strats, offset, init = init, control, weights = weights, :
 Inner loop failed to coverge for iterations 2 3
> summary(lead.F)
Call:
coxph(formula = lead.S ~ female * region + frailty.gamma(ccode),
   data = lead)
 n= 15222, number of events= 2806
   (22 observations deleted due to missingness)
                          se(coef) se2
                                        Chisq DF
                   coef
female
                   1.2427 0.462
                                  0.4594 7.24 1 0.007100
                   -0.1259 0.208
                                  0.0333 0.37 1 0.540000
regionLatinAm
                                  0.0545 0.07 1 0.800000
regionEurope
                  0.0414 0.160
regionAfrica
                  -0.7047 0.160
                                  0.0840 19.45 1 0.000010
regionAsia
                  -0.3896 0.164
                                 0.0742
                                         5.65 1 0.017000
regionMidEast
                   -0.7478 0.186
                                  0.0986 16.13 1.0.000059
frailty.gamma(ccode)
                                         523.81.119.0.000000
female:regionLatinAm -1.8826 0.851
                                          4.89 1 0.027000
                                  0.8495
                                         6.11 1 0.013000
female:regionEurope -1.5424 0.624
                                  0.6212
female:regionAfrica 0.7854 0.861
                                  0.8556
                                         0.83 1 0.360000
female:regionAsia
                   -1.8765 0.572
                                  0.5666 10.76 1 0.001000
female:regionMidEast -1.2175 0.861
                                  0.8551
                                         2.00 1 0.160000
Iterations: 10 outer, 83 Newton-Raphson
    Degrees of freedom for terms= 1.0 1.3 119.3 4.9
Concordance= 0.662 (se = 0.006)
Likelihood ratio test= 858 on 127 df,
```

#### Predicted vs. Actual



#### Extensions: Mixed-Effects Survival Models

- HLMs for survival data / outcomes
- Combined fixed, random, and mixed effects (random-coefficient) models
- R: Implemented in coxme
- Stata: stmixed (parametric models)
- Terry Therneau has a nice vignette

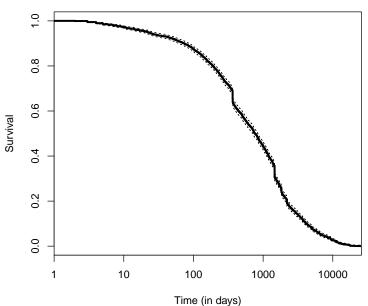
#### Mixed Effects Example

```
> lead.coxME<-coxme(lead.S~female + (1 | ccode/female).data=lead)
> lead.coxME
Cox mixed-effects model fit by maximum likelihood
 Data: lead
 events, n = 2806, 15222 (22 observations deleted due to missingness)
 Iterations= 38 160
                NULL Integrated Fitted
Log-likelihood -19738 -19505 -19314
                 Chisq df p AIC BIC
Integrated loglik 465 3 0 459 441
Penalized loglik 849 129 0 590 -177
Model: lead.S ~ female + (1 | ccode/female)
Fixed coefficients
       coef exp(coef) se(coef) z p
female -0.07 0.93 0.22 -0.31 0.75
Random effects
Group
           Variable Std Dev Variance
 ccode/female (Intercept) 0.279 0.078
 ccode
             (Intercept) 0.487 0.237
```

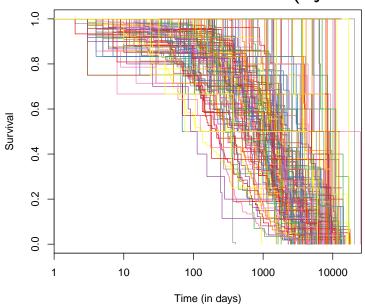
# Stratify? Frailties? Clustering?

- Stratification  $\approx$  "fixed effects"
- Frailties ≈ "random effects"
- "Robust" / cluster  $\approx$  GEE / PCSEs, etc.
- Not all combinations are possible, or make sense

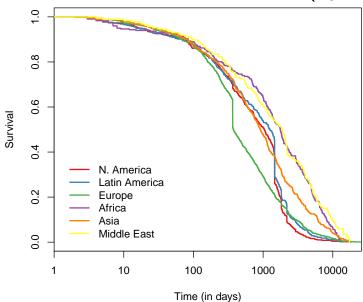
# K-M Plot: Leaders



# K-M Plot: Leaders (by country)



# K-M Plot: Leaders (by region)



# Strata + Frailty

0.568 13.04 1 0.00031

1 0.13000

0.857 2.32

```
> lead.Fstrat<-coxph(lead.S~female*strata(region)+
                     frailty.gamma(ccode),data=lead)
Warning message:
In coxpenal.fit(X, Y, strats, offset, init = init, control, weights = weights,
 Inner loop failed to coverge for iterations 2 3 4
> summary(lead.Fstrat)
Call:
coxph(formula = lead.S ~ female * strata(region) + frailty.gamma(ccode),
   data = lead)
 n= 15222, number of events= 2806
   (22 observations deleted due to missingness)
                         coef se(coef) se2 Chisa DF
female
                          1.46 0.463
                                        0.461
                                               9.88 1 0.00170
frailty.gamma(ccode)
                                              594.82 121 0.00000
female:strata(region)regi -2.20 0.853
                                       0.851 6.63 1 0.01000
female:strata(region)regi -1.75 0.625
                                        0.623 7.81 1 0.00520
female:strata(region)regi 0.13 0.869
                                        0.864 0.02 1 0.88000
```

female:strata(region)regi -2.07 0.573

female:strata(region)regi -1.31 0.862

## Strata + Clustering

```
> lead.stratCl<-coxph(lead.S~female*strata(region)+
                      cluster(ccode).data=lead)
> summary(lead.stratCl)
Call:
coxph(formula = lead.S ~ female * strata(region) + cluster(ccode),
    data = lead)
 n= 15222, number of events= 2806
   (22 observations deleted due to missingness)
                                   coef exp(coef) se(coef) robust se
female
                                            3.436
                                                    0.453
                                                              0.288 4.28
                                  1.234
                                            0.152 0.842 0.627 -3.00
female:strata(region)region=LatinAm -1.881
                                            0.198 0.610 0.415 -3.90
female:strata(region)region=Europe -1.618
female:strata(region)region=Africa 0.473
                                          1.605 0.849 0.382 1.24
                                            0.181 0.555 0.342 -5.00
female:strata(region)region=Asia -1.711
                                                    0.846 0.349 -2.03
female:strata(region)region=MidEast -0.709
                                            0.492
Concordance= 0.503 (se = 0.002)
Rsquare= 0.001 (max possible= 0.864)
Likelihood ratio test= 13.8 on 6 df.
                                     p=0.0323
                   = 81.6 on 6 df,
                                     p=1.67e-15
Wald test
Score (logrank) test = 20.1 on 6 df.
                                     p=0.00263.
                                                 Robust = 14.4 p=0.0255
  (Note: the likelihood ratio and score tests assume independence of
    observations within a cluster, the Wald and robust score tests do not).
```

#### Choices...

#### From the frailty documentation:

"Note that use of a frailty term implies a mixed effects model and use of a cluster term implies a GEE approach; these cannot be mixed."

#### Therneau, Terry M., Jun 27, 2011; 8:02am Re: cluster() or frailty() in coxph



In reply to this post by Ehsan Karim

Addition of a cluster() term fits a Generalized Estimating Equations (GEE) type of model, addition of frailty() fits a random effects model (Mixed Effect or ME). In glm analysis (linear regression, logistic regression, etc) the arguments about the advantages/disadvantages of GEE ve ME would easily fill a volume. Most of this argument carries over to the coxph case; I find both approaches useful.

#### Caveats:

- Coxph with cluster() only allows the "working independence" variance structure. The details for other variance structures were worked out by Alicia Z in her Iowa State PhD thesis, but I've never gotton around to implementing it.
  - 2. For random effects, the coxme function is preferred.
- 3. In comparing GEE and ME one part of the arguement is that the former model is "marginal" and the second "conditional", and thus the coefficients from the models mean different things. I take this with a grain of salt. Remember that ALL models are wrong.

Terry Therneau

[hidden email] mailing list

https://stat.ethz.ch/mailman/listinfo/r-help

PLEASE do read the posting guide <a href="http://www.R-project.org/posting-guide.html">http://www.R-project.org/posting-guide.html</a> and provide commented, minimal, self-contained, reproducible code.

## Topics We Didn't Cover

- \* Joint Models for Survival and Longitudinal Outcomes
  - e.g., survival + binary / multinomial / continuous variables
  - · inter alia R package JM (Rizopolous 2010)
  - · Recent reference is Viviani et al. (2014)
- \* Causal Inference (IVs, RDDs, matching, etc.)
- ★ Variable Selection: regularization, bagging, boosting, stacking, lasso, etc.
- \* Bayesian approaches (esp. for high-dimensional competing risks & hierarchical models); see Ibrahim et al. (2005)
- \* New / better tools for interpretation and graphics (e.g. simPH)

## General Tips

#### Journals:

- Biometrics / Biometrika
- Statistics in Medicine
- Statistical Methods in Medical Research
- Lifetime Data Analysis

#### Places:

- Biostatistics / Epidemiology / Public Health
- Statistics departments
- *Not* economics, psychology, etc.