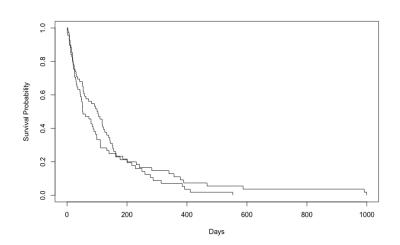
1. We would like to see Kaplan-Meier survival graphs for patients with the test vs standard treatment. Use this data to assess:



My survminer library is not working. The farthest left line is patients that are on standard treatment and additional meds. Standard treatment and meds perform worse than patients receiving just the treatment before the 200-day mark. After 200-days the patients who take meds with their treatment have a higher probability of survival.

The probability that a patient will survive for 6 months (183 days) and 1 year (365 days) on the standard treatment vs medication for 6 months with treatment no meds is 21% and within a range of 15%-36% with treatment and meds survival is approximately 23% a range of 13%-34%. One year with treatment with no meds is 7% and within a range of 2.8%-18% with treatment and meds survival is approximately 10% and within a range of 5.3%-22.7%.

The median number of days where a patient can be expected to survive if they are on the standard treatment is 100 days vs standard treatment with meds is 52 days. This shows that standard treatment is almost twice as effective as the standard treatment plus meds.

Predictor Table for A5. Big Mart Sales							
predictor	predictor effect ratio						
Target (y)							
survival	dv	The period a patient survives					
Predictors							
prior_chemo	-	They already have a weakened body.					
cell_type created cancer_type	-	After reading there are two types of lung cancers,					

		small cell and non-small cell. (this goes the cell above.)
age	-	The older a person is, their body can recover from the treatments.
status	+/-	Will be combined with survival.
diagnosis_period	+	The longer longer the patient knows about the cancer the better treatment options they have.
karnofsky	??	A standard way of measuring the ability of cancer patients to perform ordinary tasks. The Karnofsky Performance Status scores range from 0 to 100.

6. Lung Car	ncer					
=======		=====				
	Dep	oendent v	variable	::		
Survival V	Veibull exp	onential	Сох			
		pro	p. haza	rds		
	(1)	(2)	(3)			
treatment	0.23	34 0.2	98	-0.084		
	(1.364)	(1.266)	(1.2	231)		
age	0.002	0.002	2 -(0.002		
	(0.033)	(0.030)	(0.0	030)		
cancer_type	esclc -0	.698*** -	0.689**	0.610**	k	
	(0.223)	(0.205)	(0.2	207)		
prior_chem	oYes	0.229	0.248	-0.170		
	(0.253)	(0.231)	(0.2	232)		
diagnosis_p	period -().010 -	0.011	0.009		
	(0.010)	(0.009)	(0.0)	009)		

treatment:age -0.006 -0.007 0.004

Constant 5.123*** 5.119***

(0.023) (0.021) (0.021)

Observations 137 137 137

R2 0.079

Max. Possible R2 0.999

Log Likelihood -741.405 -742.476 -500.229

chi2 (df = 6) 13.373** 17.490***

Wald Test $12.020^* (df = 6)$

LR Test $11.310^* (df = 6)$

Score (Logrank) Test 12.329* (df = 6)

Note: *p<0.1; **p<0.05; ***p<0.01

I selected the COX model over other models. Overall the COX, Weibull, and exponential models have similar results.

- The COX model shows meds does not significantly affect survival with less than 1% influence. There may be something going on as the model results do not line up with other presented information.
- Age does not significantly affect survival with less than 1% influence.
- Prior Chemo treatment does significantly affect survival with a positive influence of 17%.
- Length of diagnosis period does not significantly affect survival with less than 1% influence.
- Small cell lung cancer does significantly affect survival with a negative influence of 61%.