Survival Analysis Report

Data Analysis for the Pan-Cancer Data

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August 4, 2022

Survival Analysis

A branch of statistics focused on analysing time to an event. Survival data relates to the time taken for an individual to reach a certain event. There is a concept of censoring in which if a person survived more than the observed duration, then it will be a right-censored. Whereas, If the survival duration is less than observed duration then it will be a left-censored data. In other words, Censoring means that an individual has not experienced the event by the end of the study e.g., they withdrew from the study or died from an unrelated event.

Data Description:

The data consist of 10 variables/columns. The variable description is presented as the following:

ber patient barcode: Individual Patient Barcode

type: Type (Categorised) of Cancer.

age: Age in years

gender: Male, Female

race: Category of Humankind.

tumor_stage: The stage of tumour, such as Stage I,II,III,IV,X,IS,etc.

vital status: Dead, Alive

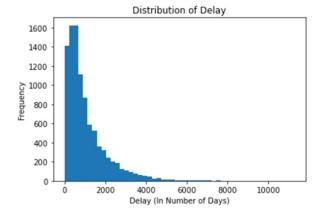
treatment_outcome: What is the effect of treatment on patients, such as Complete or Partial

Remission/Response, Stable Disease.

Event: censoring status 0 = censored, 1 = dead

Delay: Survival time in days.

Data Distribution:



This Histogram Plot shows the Frequency Distribution of Delay Column as per the plot we can say that the data is left skewed.

Kaplan-Meier Estimator

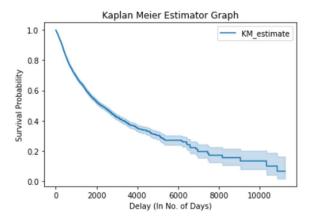
The standard non-parametric technique to estimate the survival function of time-to-event data is proposed by Kaplan and Meier, is called the Product-limit estimator.

The Kaplan Meier Fitter is in Lifelines library and can be imported from there.

We can fit the model for the data using .fit() function and it gives us below output that shows how much data is right-censored observations

felines.KaplanMeierFitter:"KM_estimate", fitted with 9789 total observations, 6436 right-censored observations>

Findings 1:



This graph is plotted using Kaplan Meier Fitter's plot_survival_function_ and its y-axis represents the probability of experiencing the event after surviving up to time t, represented on the x-axis. Each drop in the survival function is caused by the event of interest happening for at least one observation.

The length of the vertical line represents the fraction of observations at risk that experienced the event at time t. The height of the drop can also tell us about the number of observations at risk.

Here, the median survival time is 310 days, which indicates that 50% of the sample live 2240 days and 50% dies within this time. The 95% Confidence Interval lower limit is 2097 days, while the upper limit is 2417 days.

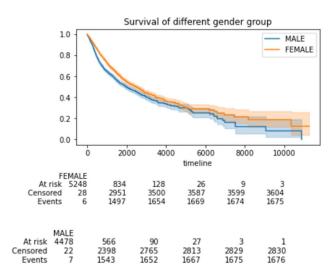
Using the .median_survival_time_ we can get the median survival time and with .confidence interval we get Confidence Interval Limits.

Here, 1234th row of Age Column is taken for the prediction of the probability of survival using Kaplan Meier Fitter's .predict() function.

The Probability of Survival for the value of 11089th Row of Delay Column is 0.13478085327940661

Similarly, 11089th row of Delay Column is taken for the prediction of the probability of survival using Kaplan Meier Fitter's .predict() function.

Findings 2:

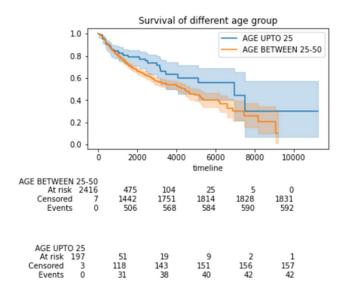


This figure is the survivor curve of each stratification of sex fitted with KM estimator, where the orange line means the survival probability of female for the patients and the blue line means survival probability of male for the individuals. Form this figure, we could interpret that the lifetime of female for the patients is longer than males. On the other hand, there has larger death risk for males than females.

	gender	Event				
1	MALE	0.372088				
0	FEMALE	0.317304				

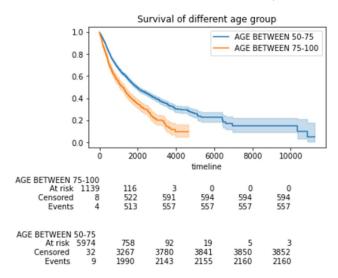
This table shows the Mean value of Event for each gender level, the Male have higher value, that means they are more possibility of event happening if a patient is a male than if he/she were a female.

Findings 3:



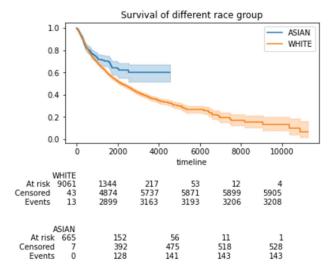
This figure plots the estimators of survival function for two categories of age with the Kaplan-Meier estimator. It shows that the patients of Age up to 25 have more larger survival probability than patients between Age of 25-50.

The table below the graph shows how many are At Risk, Censored, Events occurred at every section of timeline (first column shows data of 0-2000 in timeline and so on.).



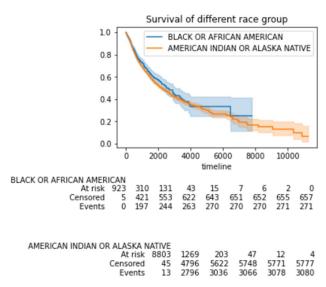
The graph shows that the patients of Age between 50-75 have somewhat more larger survival probability than patients between Age of 75-100.

Findings 4:

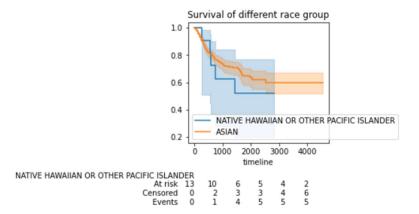


Patients of Asian race seems to be survived more than White race patients.

At any given duration, a higher proportion of Asian patients lived more than white patients.



Patients of Black or African American race seems to be survived more than American Indian or Alaska Native race patients. At some point, the confidence intervals overlap, that means it is less likely that there is real difference between the curves.



Patients of Asian race seems to survive more than Native Hawaiian race patient. At some point, the confidence intervals overlap, that means it is less likely that there is real difference between the curves.

	race	Event
3	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	0.384615
4	WHITE	0.359185
2	BLACK OR AFRICAN AMERICAN	
0	AMERICAN INDIAN OR ALASKA NATIVE	0.259259
1	ASIAN	0.212798

The tabular representation of each level of Race and its Event's Mean value of each particular level, value closer to 1 means, those patients are more not likely to survive.

Findings 5:

	tumor_stage	Event
17	Stage X	0.777778
13	Stage IV	0.686717
15	Stage IVB	0.550000
16	Stage IVC	0.500000
0	I/II NOS	0.500000
14	Stage IVA	
10	Stage IIIA	
12	Stage IIIC	
9	Stage III	
11	Stage IIIB	
4	Stage IB	
7	Stage IIB	
8	Stage IIC	
5	Stage II	
3	Stage IA	0.202778
6	Stage IIA	
2	Stage I	0.141493
1	IS	0.044444

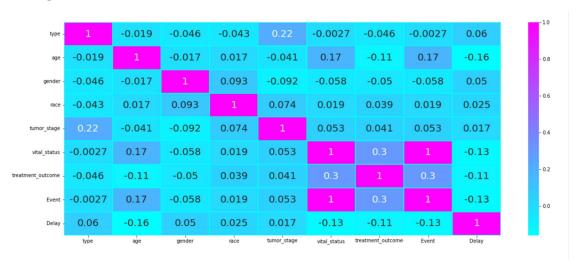
The tabular representation of each level of Tumor_Stage and Mean value of Event of each particular Tumour Stage, value closer to 1 means, those people are more not likely to survive. As per table, Patient at Stage X is more proximate to death than the patient at Stage IVs.

Findings 6:

	type	Event						
18	MESO	0.848837						
8	GBM	0.827768						
13	LAML	0.646739						
31	UCS	0.625000	24	SARC	0.373016			
9	OV	0.616216	7	ESCA	0.363636	6	DLBC	ĺ
20	PAAD	0.533333	16	LUAD	0.358242	30	UCEC	
4	CHOL	0.477273	15	LIHC	0.346995	12	KIRP	
5	SKCM	0.476404	11	KIRC	0.330189	2	BRCA	
7	LUSC	0.444730	32	UVM	0.309091	10	KICH	
1	BLCA	0.440204	5	COAD	0.249123	29	THYM	
9	HNSC	0.423002	14	LGG	0.246032	28	THCA	
0	ACC	0.395062	3	CESC	0.236162	21	PCPG	
6	STAD	0.381963	23	READ	0.191011	22	PRAD	

The tabular representation of each level of Type and Mean value of Event of each particular Type. Showing the malignant type as MESO and benign as PRAD.

Findings 7:



Each square shows the correlation between the variables on each axis. Correlation ranges from -1 to +1. Values closer to zero means there is no linear trend between the two variables. The value of treatment_outcome and Event have highest correlation and second highest is of tumor_stage and type, close to the 1 and thus if one increases so does the other and the closer to 1 the stronger this relationship is.

A correlation closer to -1 is similar as in the case of Age and Delay, but instead of both increasing one variable will decrease as the other increases. The diagonals are all 1/ pink because those squares are correlating each variable to itself (so it's a perfect correlation). For the rest the larger the number and darker the color the higher the correlation between the two variables. The plot is also symmetrical about the diagonal since the same two variables are being paired together in those squares such as Event and Vital status.