

# P8108 Group 2 Survival Analysis Project

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```
library(survival)
library(tidyverse)
library(tidymodels)
library(glmnet)
library(ranger)
library(survminer)
knitr::opts_chunk$set(message = FALSE, warning = FALSE)
```

## Train Test Split

```
set.seed(2022)

rotterdam_split <- initial_split(rotterdam, prop = 0.8, strata = death)
rotterdam_training <- training(rotterdam_split)
rotterdam_test <- testing(rotterdam_split)
```

## Perform 10-fold Cross-Validation

The output contains 1 row for each fold/repeat. So, 10 folds \* 5 repeats = 50 rows. The split\_analysis column is a list column containing a data frame for each row with 9 folds combined, and the split\_assessment column is a list column containing a data frame for each row with 1 fold.

```
set.seed(2022)

rotterdam_folds <- vfold_cv(rotterdam_training, v = 10, repeats = 5,
                           strata = death)

rotterdam_folds <- rotterdam_folds %>%
  mutate(split_analysis = map(splits, analysis),
         split_assessment = map(splits, assessment))
```

## Introduction

### Methods

The dataset of interest for this analysis comes from the Rotterdam tumor bank, including data from 2982 breast cancer patients. Follow up time for patients varied from just 1 month to as long as 231 months.

Several prognostic variables are recorded including year of surgery, age at surgery, menopausal status (pre- or post-), tumor size (mm), differentiation grade, number of positive lymph nodes, progesterone receptors (fmol/l), estrogen receptors (fmol/l), and indicators for hormonal treatment and chemotherapy treatment. The outcome considered in this analysis was patient death.

(Placeholder for Cross-validation)

As part of this analysis, we consider the Cox Proportional Hazard (Cox PH) model, which allows us to model the hazard ratio based on covariates to understand their impact on the survival function. The Cox PH typically takes the form:

$$h(t|Z = z) = h_0(t)e^{\beta'z}.$$

In this application, we use the elastic net penalty, a mixture of the  $\ell_1$  and  $\ell_2$  norm regularization penalties. In the Cox PH framework, this penalty term takes the form of:

$$\lambda\left(\alpha \sum |\beta_i| + \frac{1}{2}(1 - \alpha) \sum \beta_i^2\right)$$

where  $\lambda$  represents our penalty coefficient and  $\alpha$  is the mixing parameter for the two regularization methods. This penalty helps to avoid over-fitting of our data. The algorithm used here in `glmnet` uses the Breslow approximation to handle ties. For more details on the derivation of this term and the algorithm used to fit the penalized Cox PH model, see Simon et al. (2011).

## Exploratory Data Analysis

### Cross-Validation

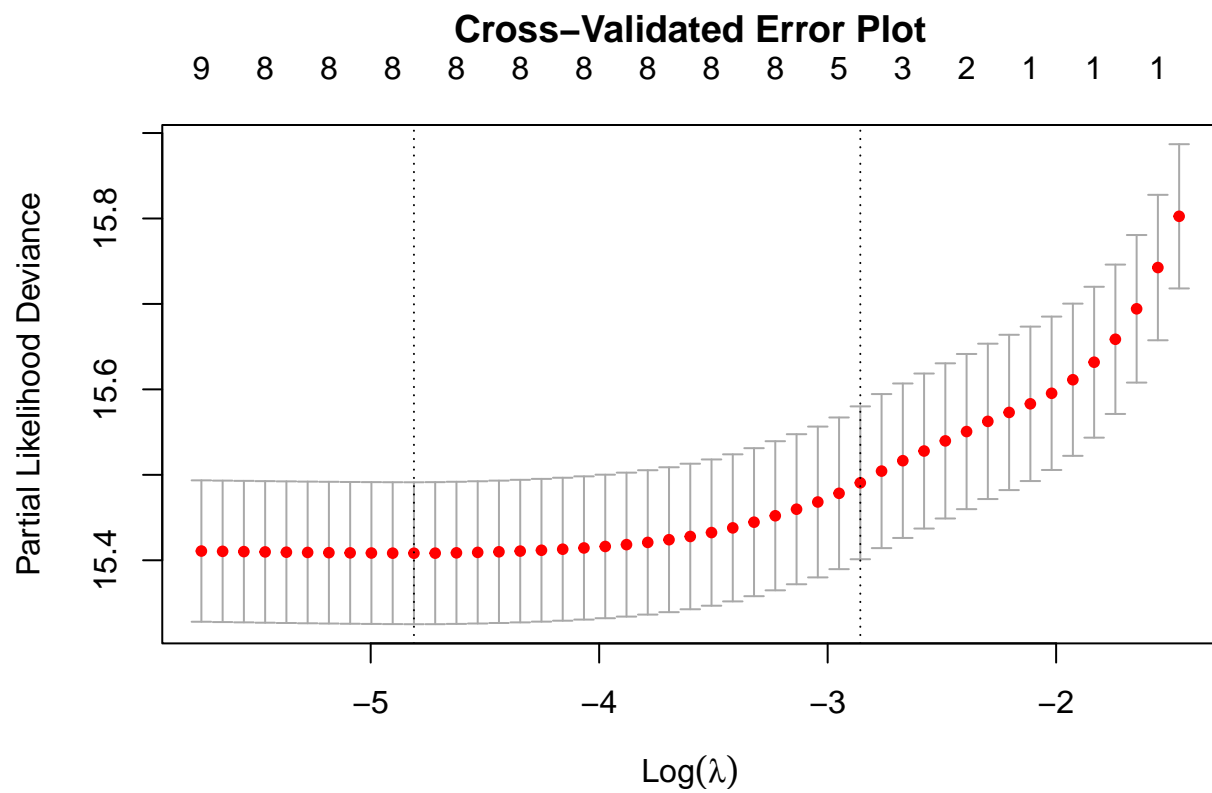
#### Cox/Cox with elastic net

```
set.seed(2022)
# removing relapse data, since death is the primary outcome
rotterdam_trn_d <-
  rotterdam_training %>%
  select(-rtime, -recur, -pid)

cox_trn_x <- model.matrix(Surv(dtime, death) ~ ., rotterdam_trn_d)[,-1]
cox_trn_y <- Surv(rotterdam_trn_d$dtime, rotterdam_trn_d$death)

cv_coxfit <- cv.glmnet(cox_trn_x, cox_trn_y, family = "cox", type.measure = "deviance")

par(mar = c(4,4,5,1))
plot(cv_coxfit, main = "Cross-Validated Error Plot")
```

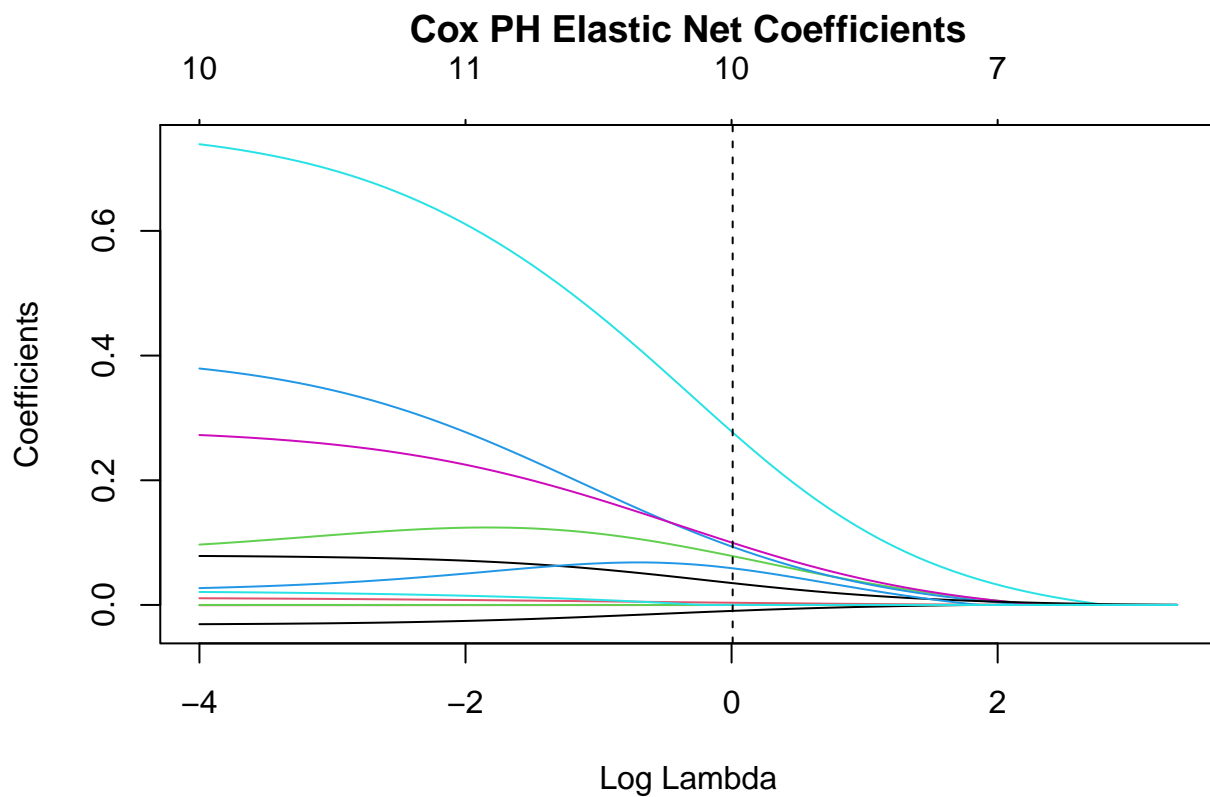


```

coxfit <- glmnet(cox_trn_x, cox_trn_y, family = "cox", alpha = cv_coxfit$lambda.min)

par(mar = c(4,4,5,1))
plot(coxfit, xvar = "lambda",
      main = "Cox PH Elastic Net Coefficients")
abline(v = cv_coxfit$lambda.min, lty = 2)

```



```

coxfit_df <-
  data.frame(
    "coef" = as.vector(coef(coxfit, s = cv_coxfit$lambda.min)),
    "exp_coef" = as.vector(coef(coxfit, s = cv_coxfit$lambda.min)) %>% exp()
  )

rownames(coxfit_df) <- labels(coef(coxfit, s = cv_coxfit$lambda.min))[[1]]

coxfit_df %>% round(digits = 4) %>%
  knitr::kable(caption = "Cox Proportion Hazard Elastic Net Coefficients")

```

Table 1: Cox Proportion Hazard Elastic Net Coefficients

|           | coef    | exp_coef |
|-----------|---------|----------|
| year      | -0.0309 | 0.9696   |
| age       | 0.0108  | 1.0108   |
| meno      | 0.0968  | 1.1016   |
| size20-50 | 0.3793  | 1.4612   |
| size>50   | 0.7391  | 2.0940   |
| grade     | 0.2726  | 1.3134   |
| nodes     | 0.0786  | 1.0817   |
| pgr       | -0.0004 | 0.9996   |
| er        | 0.0000  | 1.0000   |
| hormon    | 0.0270  | 1.0274   |
| chemo     | 0.0208  | 1.0210   |

Note we are unable to provide standard errors for these estimates. Based on the results above, we see hazard

ratios of:

- 0.9696 for year, a hazard reduction of 3.04% for a one-year increase in year of surgery;
- 1.0108 for age, a hazard increase of 1.08% for a one-year increase in patient age at surgery;
- 1.1016 for menopausal status, a hazard increase of 10.16% for a postmenopausal patient compared to a pre-menopausal patient, holding all else equal;
- 1.4612 for tumor size of 20-50 mm, a hazard increase of 46.12% for a tumor of size 20-50 mm compared to a tumor less than 20 mm;
- 2.094 for tumor size of greater than 50 mm, a hazard increase of 46.12% for a tumor of size greater than 50 units compared to a tumor less than 20 mm;
- 1.3134 for the differentiation grade, a hazard increase of 31.34% for a one-unit increase in differentiation grade;
- 1.0817 for the number of positive lymph nodes, a 8.17% hazard increase for each additional positive lymph node;
- 0.9996 for the progesterone receptors (fmol/l), a hazard reduction of 0.04% for a one-unit increase in progesterone receptors;
- 1 for estrogen receptors (fmol/l), a hazard change of 0% for each one-unit increase in estrogen receptors;
- 1.0274 for hormonal treatment, a hazard increase of 2.74% for patients who received hormonal therapy compared to patients who did not;
- 1.021 for chemotherapy treatment, a hazard increase of 2.1% for patients who received chemotherapy compared to patients who did not.

In our model, we find increased hazard treatment effects for both hormonal treatment and chemotherapy. While we might expect these treatments to reduce hazard, it is possible these results are confounded by treatment assignment. In other words, case severity might impact both treatment assignment and treatment response.

## Random survival forest

The survival tree and the corresponding random survival forest (RSF) are highly favorable non-parametric methods when studying survival data. Generally, for a single survival tree, it will assign subjects to groups based on certain splitting rules regarding their covariates, and the subjects in each group will share a similar survival behavior.

```
## Random Survival Forest
rsf <- ranger(Surv(time = dtime, event = death) ~ .,
              data = rotterdam_trn_d,
              num.trees = 300,
              min.node.size = 15)

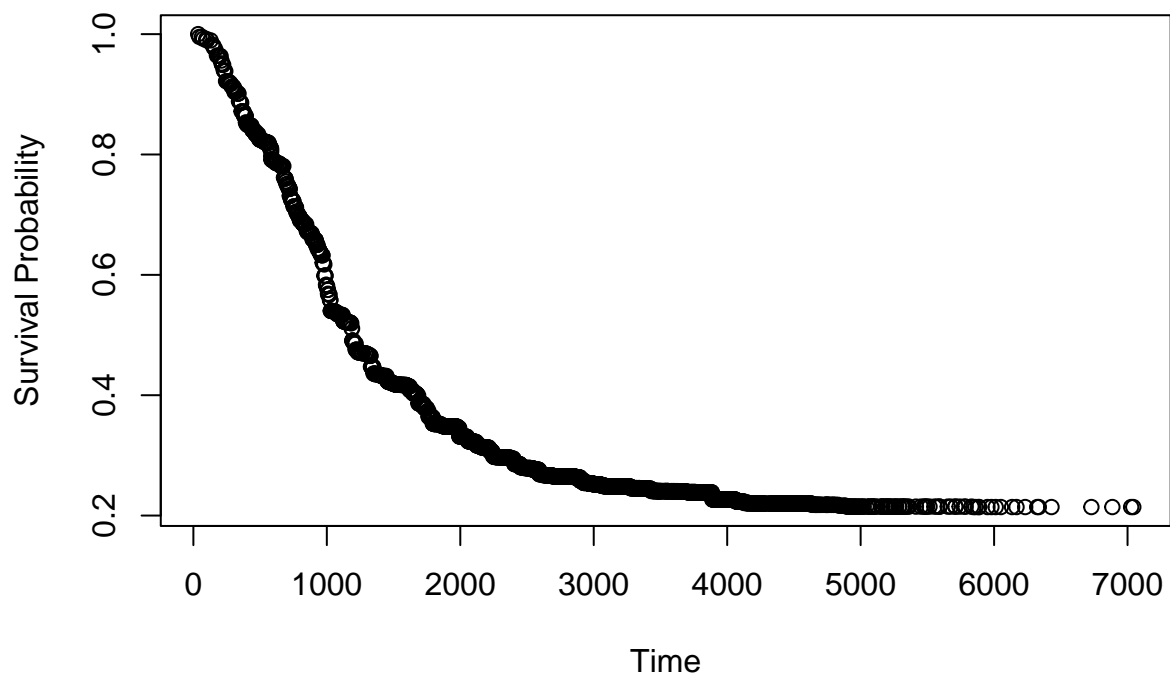
## Remove variables not for prediction, and the outcome
rotterdam_test_d <-
  rotterdam_test %>%
  select(-rtime, -recur, -pid, -death)

## Make prediction on all the test data points
pred_rsf <- predict(rsf, rotterdam_test_d, type = "response")
# Look at individual 7
pred_ref_7 <- data.frame(
  time = pred_rsf$unique.death.times,
  survival = pred_rsf$survival[7,])
head(pred_ref_7) %>% knitr::kable(align = "c")
```

| time | survival  |
|------|-----------|
| 36   | 1.0000000 |
| 45   | 0.9954515 |
| 64   | 0.9954515 |
| 74   | 0.9923594 |
| 97   | 0.9920546 |
| 101  | 0.9896016 |

```
plot(pred_ref_7$time, pred_ref_7$survival,
      xlab = "Time", ylab = "Survival Probability",
      main = "Survival Prediction for Patient 7")
```

## Survival Prediction for Patient 7



```
# Find estimated median survival time for individual 7
head(pred_ref_7[pred_ref_7$survival <= 0.5,]) %>% knitr::kable(align = "c") #1163
```

|     | time | survival  |
|-----|------|-----------|
| 346 | 1191 | 0.4906214 |
| 347 | 1192 | 0.4906214 |
| 348 | 1193 | 0.4906214 |
| 349 | 1198 | 0.4906214 |
| 350 | 1200 | 0.4875678 |
| 351 | 1204 | 0.4856753 |

```
# See the truth of individual 7
rotterdam_test[7,] %>% knitr::kable(align = "c")
```

|      | pid | year | age | meno | size  | grade | nodes | pgr | er | hormon | chemo | rtime | recur | dtime | death |
|------|-----|------|-----|------|-------|-------|-------|-----|----|--------|-------|-------|-------|-------|-------|
| 2463 | 58  | 1992 | 69  | 1    | 20-50 | 2     | 8     | 5   | 6  | 1      | 0     | 1869  | 0     | 1869  | 0     |

With **ranger** package, we trained the random survival forest with training dataset used for survival prediction. As a non-parametric method, there is no parameters in RSF that could be interpreted. The ultimate goal of RSF is to predict the survival probability function of a given data point based on its covariate vector. Compared to semi-parametric Cox-PH model which forces the outcome and the covariates to have a special connection, the RSF makes prediction based on the survival time of training data points that shares similar propensity with the given input data point.

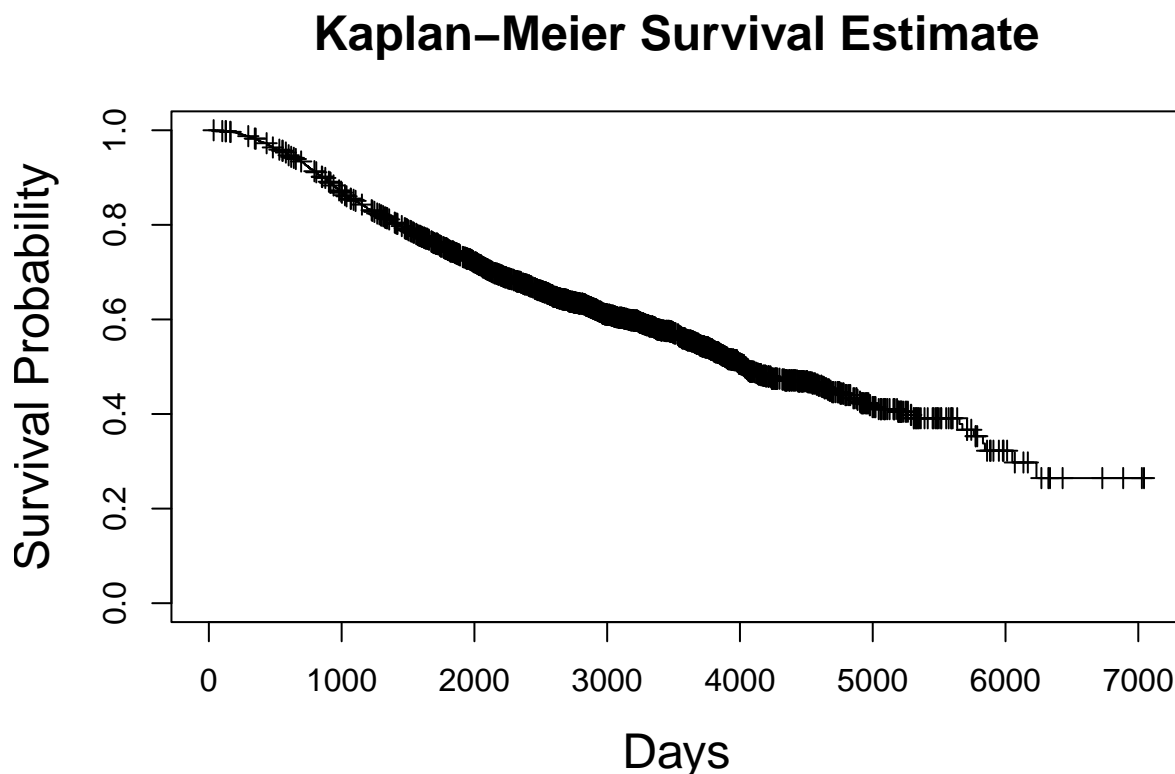
Since the “truth” of test data point (a single survival time) and the prediction we made here (a survival probability function) are not comparable, here we show the prediction result of the 7th test data point (pid = 58). The survival curve has been shown above, and the median survival time is 1163 days.

## Conformalized survival analysis

### Supplemental analyses

#### Kaplan-Meier Survival Estimate

```
KM = survfit(Surv(dtime, death) ~ 1, data = rotterdam)
plot(KM, conf.int = FALSE, mark.time = TRUE,
     xlab = "Days", ylab = "Survival Probability",
     main = "Kaplan-Meier Survival Estimate", cex.lab = 1.5, cex.main = 1.5)
```



## Log-rank Test

The null hypothesis of our log-rank test is:  $H_0 : S_1(t) = S_0(t)$ , where  $S_1(t)$  is the survival function of hormon treatment group,  $S_0(t)$  is the survival function of control group.

```
logrank <- survdiff(Surv(dtime, death) ~ hormon, data = rotterdam)
logrank
```

```
## Call:
## survdiff(formula = Surv(dtime, death) ~ hormon, data = rotterdam)
##
##              N Observed Expected (O-E)^2/E (O-E)^2/V
## hormon=0 2643      1113      1162        2.04       23.7
## hormon=1  339       159       110       21.43       23.7
##
##  Chisq= 23.7  on 1 degrees of freedom, p= 1e-06
```

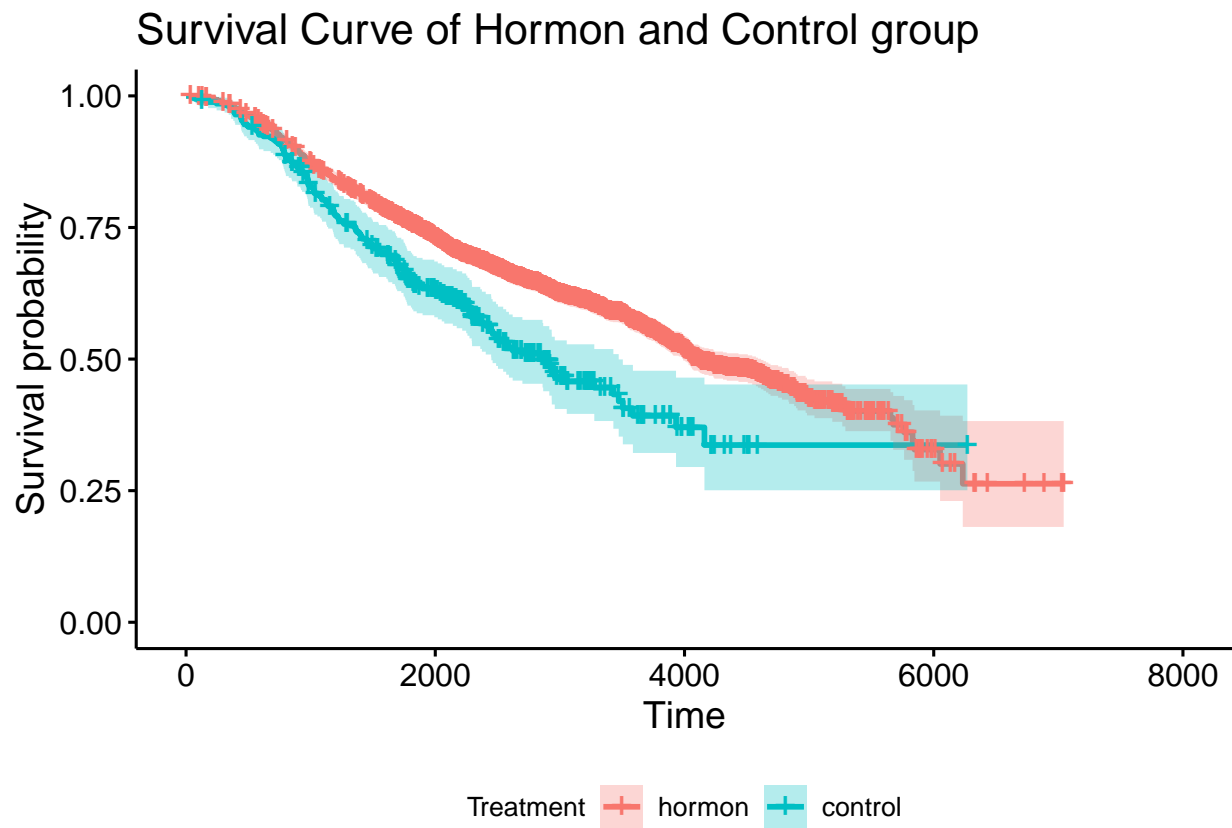
```
logrank$pvalue
```

```
## [1] 1.133649e-06
```

The test statistic is 23.7, and the corresponding p-value is  $1.133^{-6} \ll 0.05$ , thus we reject the null and conclude that we are 95% confident that  $S_1(t) \neq S_0(t)$ . And since the test statistic is positive, we can conclude that the hormon treatment is significantly effective to breast cancer.

```
ggsurvplot(survfit(Surv(dtime, death) ~ hormon, data = rotterdam),
            conf.int = TRUE,
            legend = c("bottom"),
            legend.title = c("Treatment"),
            legend.labs = c("hormon", "control")) +
  ggtitle("Survival Curve of Hormon and Control group")
```





Results

Discussion

How our results compare with past research

Conclusion

## References

—Note this reference is in MLA format—

Simon, Noah et al. “Regularization Paths for Cox’s Proportional Hazards Model via Coordinate Descent.”  
Journal of statistical software vol. 39,5 (2011): 1-13. doi:10.18637/jss.v039.i05