

# Model Evaluation

## Considerations for Time-to-Event Studies

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- ① Time to Event Studies
  - What differentiates a TTE Study from other studies?
- ② Classical Model Evaluation: Brier Score and AUC
  - What are classical model evaluation tools & why can't we use them?
- ③ TTS Model Evaluation: IBS and c-index
  - How do these methods address the limitations of classical methods?
- ④ Discussion
  - What measure is most useful for machine learning in TTS?
- ⑤ Further Considerations
  - What other methods are coming?

# Time-to Event Studies

- Analysis working with (right) censored data
- Right censored data (event after follow up) vs. left censored data (event was not recorded when it occurred initially)
- Highly relevant for clinicians in the field of medical statistics e.g. looking at when a patient dies or when he gets a disease (clinical/epidemiological studies)
- In Economics/Finance e.g. to examine when a subject/borrower will default or when a subject will find/lose a job
- Operations research to predict the time a machine will break

# Basic Notations & Concepts

- Time  $T$  and Survival  $S$
- From hazard to cumulative hazard to survival
- Hazard  $h(t,x)$  is the eminent probability of death a specific point in time
- Capital  $H$  is the cumulative hazard
- non-parametric hazard models (KM) vs. semi-parametric proportional hazard model

# Classical Model Evaluation Tools for Classification Tasks

## ① Diagnostic vs. Prognostic Study

## ② What elements do we consider?

- Discrimination: Are we able to correctly discriminate between e.g. sick and healthy patients ?
- Calibration: How concise is our prediction accuracy ?
- Clinical Usefulness: Will our model create more benefits than harm?

## ③ Working with *Label* vs. working with *Probability*

- Brier Score (probability from true class label)
- AUC (label based error measure via specificity and sensitivity)

# Brier Score

Based on loss function. Other loss measures are the log loss or the integrated log loss.

MSE for Regression (L2 Loss):

$$MSE = \frac{1}{n} \sum_{i=1}^n (y^{(i)} - \hat{y}^{(i)})^2$$

Where: the  $MSE \in [0; \infty)$

The Brier Score is the MSE for Classification:

$$BS = \frac{1}{n} \sum_{i=1}^n (\hat{\pi}(x^{(i)}) - y^{(i)})^2$$

The general version of the brier score looks at a specific point in time We can plot this brier score via prediction error curves (pec)

# Confusion Matrix

**Sensitivity** or: true positive rate

- deals with values above the threshold among the subject group which do endure an event

$$TPF = \frac{TP}{TP+FN}$$

**Specificity** or: true negative rate

- deals with false negatives, hence patients with a disease we classify as not having any diseases

$$TNR = \frac{TN}{TN+FP}$$

# Why cant we use traditional model evaluation tools for time to event studies?

- Working with censored data
- Account for time dependent covariates

Early approaches: - excluding subjects with right censored data and only evaluate on the complete data



# From AUC to Harell's C-index to time dependent C-index

- Advancement from AUC
- Rank correlation measure but still have to deal with censoring
- studying concordance (~consistency) and discordance (~inconsistency) pairs

Intuitively speaking the difference between AUC and c-index is as follows:

AUC = C While C is defined as:

$$\frac{\#ConcordantPairs}{\#ConcordantPairs + \#DiscordantPairs}$$

In this approach, only comparable pairs are evaluated

$$C^{td} = \frac{\pi_{concordance}}{\pi_{comparable}}$$

Henceforth:

$$C^{td} = \frac{Pr(z(X_i) > z(X_j) \& T_i < T_j \& E_i = 1)}{Pr(T_i < T_j | E_i = 1)}$$

**How to deal with censoring:** \* addressing right censored data via inverse of the probability of censoring weighted estimate (of concordance probability) \* Kendall rank correlation coefficient test as inspiration \* Summary measure (over all time) based on the AUC

$$C - index = \frac{\Delta_j \times \sum_{i,j} 1_{T_i > T_j} \times 1_{\eta_i > \eta_j}}{\Delta_j \times \sum_{i,j} 1_{T_i > T_j}}$$

- called cumulative predictive error curves == continuous ranked probability score (crps)
- area under the prediction error curve
- Integral over all points in time to get one summary value henceforth called “integrated” BS
- able to build a  $R^2$  like measure where we divide MSE of a model with a different MSE of reference model
- Where  $L$  is a loss function of the  $S$ (the probability that the event of interest has not taken place yet) and time
- $t$  is the time of the event (death) and  $t^*$  the time before death
- $G(t)$  is the  $P(C > t)$ , so where the censored time is longer than the time (in `mlr3proba` via `survfit` == KM Estimate)
- When selecting integrated == FALSE then we looking at specific time

## Mean Population: without Integration

$$L(S, t|t^*) = \frac{1}{N} \sum_{i=1}^N L(S_i, t_i|t^*) \quad (9)$$

## Mean Population: with Integration

$$L(S, t|t^*) = \frac{1}{NT} \sum_{i=1}^N \sum_{j=1}^T L(S_i, t_i|t^*)$$

- $N$  = Number of observations
- $S_i$  is the predicted survival function

# Coding Setup

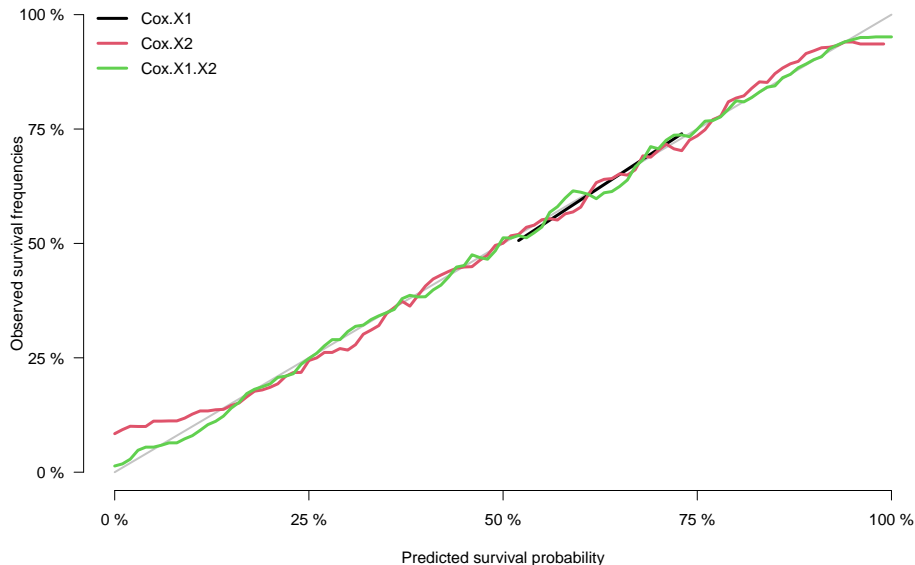
```
set.seed(123)
dat=SimSurv(10000)
models <- list("Cox.X1"=coxph(Surv(time,status)~X1,
                             data=dat, x=TRUE,y=TRUE),
               "Cox.X2"=coxph(Surv(time,status)~X2,
                             data=dat,x=TRUE,y=TRUE),
               "Cox.X1.X2"=coxph(Surv(time,status)~X1+X2,
                             data=dat,x=TRUE,y=TRUE))
```

# Defining the prediction error based on the brier score

```
perror <- pec(object=models,  
              formula=Surv(time,status)~1,  
              data=dat,  
              exact=TRUE, cens.model="marginal",  
              splitMethod="none",  
              B=0, # number bootstrap samples  
              verbose=TRUE)
```

# Calibration Plot

calPlot(models)



# Summary Prediction Error Curve

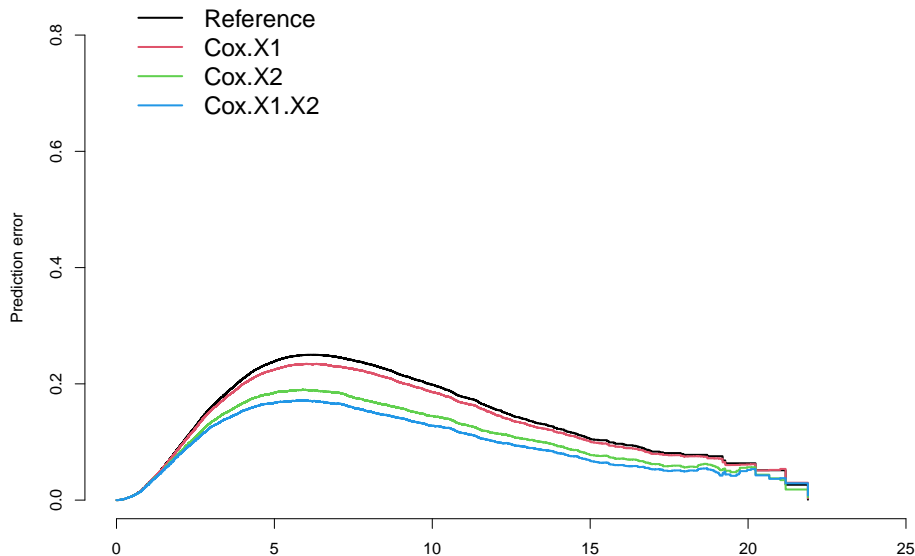
```
summary(perror,times= quantile(dat$time[dat$status==1], c(.25, .5, .75,1)))
```

```
##
## Prediction error curves
##
##
## No data splitting: either apparent or independent test sample performance
##
## AppErr
##      time n.risk Reference Cox.X1 Cox.X2 Cox.X1.X2
## 1  2.568  7892    0.132  0.128  0.112    0.106
## 2  4.270  5644    0.220  0.208  0.174    0.159
## 3  6.513  3179    0.249  0.233  0.188    0.169
## 4 21.189     1     0.026  0.030  0.018    0.029
```



# Plotting prediction error

```
plot(perror,xlim=c(0,25), ylim = c(0,0.8))
```



# Cumulative Prediction Error

```
#crps(object, models, what, times, start)
crps(perror,times= quantile(dat$time[dat$status==1], c(.25, .5, .75, 1)))

##
## Integrated Brier score (crps):
##
##          IBS[0;time=2.6) IBS[0;time=4.3) IBS[0;time=6.5) IBS[0;time=21.
## Reference          0.051          0.102          0.150          0.1
## Cox.X1              0.050          0.099          0.143          0.1
## Cox.X2              0.046          0.086          0.120          0.1
## Cox.X1.X2           0.044          0.081          0.111          0.0

# ibs(perror,times= quantile(dat$time[dat$status==1], c(.25, .5, .75, 1)))
```

# cindex Implementation

## Components of the c-index function

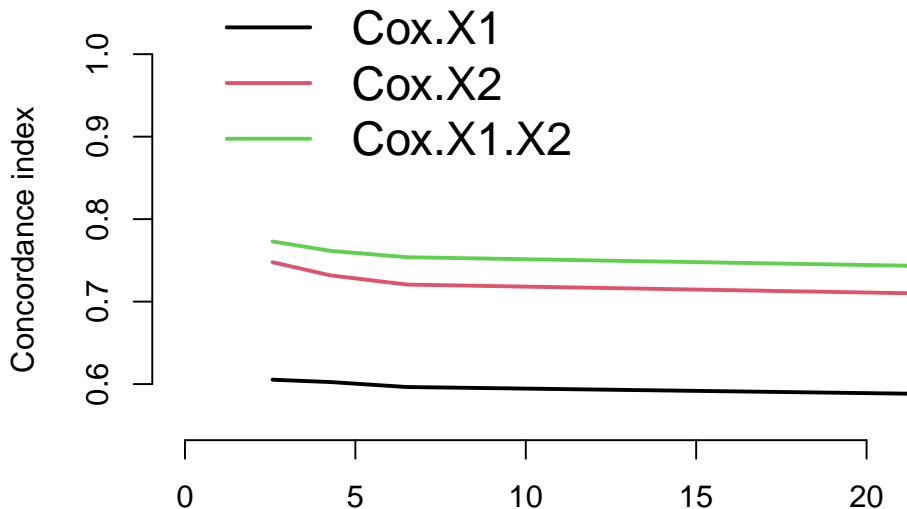
`cindex(object, formula, cens.model, data, eval.times, cause, data, splitMethod, B, M...)`

- **formula** is our survival formula (`Surv(time,status)~x1+x2` for `cens.model="cox"` or `Surv(time,status)~1` for `cens.model="marginal"`)
- **cens.model** is our method for estimating the inverse probability of censoring weights (e.g. `cox`, `marginal`, `nonpar`)
- **splitMethod** is the internal validation design, `B` the number of bootstrap samples & `M` the size of the bootstrap sample
- **cause** used for competing risks (default is the first state of the response)

```
cindex = cindex(models, formula = Surv(time,status) ~ 1,
  cens.model="marginal", data = dat,
  eval.times= quantile(dat$time[dat$status==1], c(.25, .5, .75,1)))
```

## c-index plot

```
plot(cindex,xlim=c(0,24), ylim =c(0.55,1))
```



Methods based on the loss function:

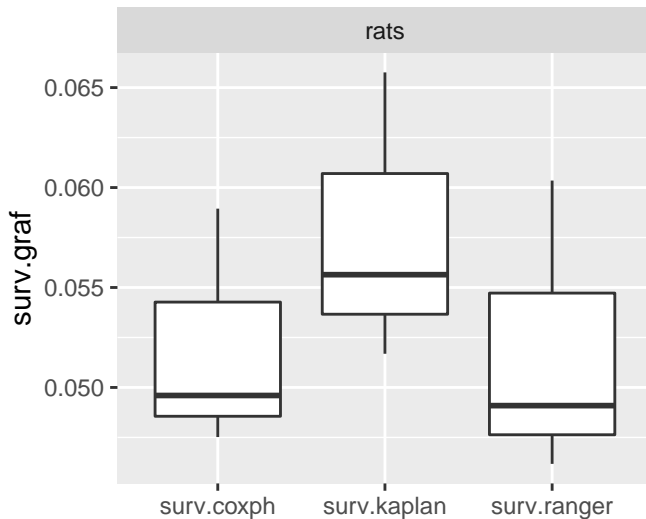
- Integrated Graf Score (other Name for IBS based on Author Graf)
- Integrated Log Loss (surpress scale of variation)
- Log Loss (censored data ignored)

Further measures via survAUC package:

- Uno's AUC
- Song and Zhou's AUC

# mlr3Proba Example

```
autoplot(bmr, measure = measure)
```



- c-index has gained popularity because of its interpretability
- Integrated Brier Score accounts for both calibration and discrimination
- Irrespective, neither model accounts and leaves room for improvement
- IBS allows for differentiation of 'useless' and 'harmful'
- Estimators can be influenced by data
- Clinical consequences problematic

- Decision Curve Analysis (clinical consequences): plotting different exchange rates with the net benefit equation
- Net Reclassification Improvement (clinical consequences)
- Other estimators like SVM estimators for the evaluations tools for the censored data
- IPA
- Competing Risks



# Conclusion

- There are various different modifications for model evaluation, neither being unconditionally superior
- The Brier Score and the AUC are pivotal for many of these methods
- While there has been a lot of research on this topic, the debate is on going

## Introduction:

- Steyerberg, E. W., Vickers, A. J., Cook, N. R., Gerds, T., Gonen, M., Obuchowski, N., . . . & Kattan, M. W. (2010). Assessing the performance of prediction models: a framework for some traditional and novel measures. *Epidemiology (Cambridge, Mass.)*, 21(1), 128.

## Comparative Study:

- Kattan, M. W., & Gerds, T. A. (2018). The index of prediction accuracy: an intuitive measure useful for evaluating risk prediction models. *Diagnostic and prognostic research*, 2(1), 7.

# Use Cases:

[https://rpubs.com/kaz\\_yos/survival-auc](https://rpubs.com/kaz_yos/survival-auc) <https://datascienceplus.com/time-dependent-roc-for-survival-prediction-models-in-r/>  
<https://rdr.io/cran/pec/> <https://adibender.github.io/pammtools/>