

# **GSERM - Oslo 2019**

## Survival Model Extensions

January 11, 2019 (morning session)

Standard models (e.g.):

$$h(T_i|\mathbf{X}_i, \beta) = \frac{f(T_i|\mathbf{X}_i, \beta)}{S(T_i|\mathbf{X}_i, \beta)}$$

assume:

$$\int_0^{\infty} f(t) dt = 1 \quad \forall i.$$

... this means:

*All observations will (eventually) experience the event of interest.*

Assume (unobserved):

$$Y_i = \begin{cases} 1 & \text{for observations that will eventually fail,} \\ 0 & \text{for those that will not.} \end{cases}$$

For observations with  $Y = 1$ :

$$\begin{aligned} f(T_i | \mathbf{X}_i, \beta, Y_i = 1) &= g(T | \mathbf{X}_i, \beta) \\ F(T_i | \mathbf{X}_i, \beta, Y_i = 1) &= G(T | \mathbf{X}_i, \beta) \end{aligned}$$

For observations with  $Y = 0$ ,  $f(T)$  and  $F(T)$  are undefined.

# Mixture Cure Model (continued)

Define:

$$\Pr(Y_i = 1) = \delta_i.$$

Overall survival is then just:

$$S_i(T) = (1 - \delta_i) + \delta_i[1 - G_i(t)]$$

Pr(never event) + Pr(1-Integrated Density of Event)

# Mixture Cure Model: Likelihood

if  $C_i = 1$ , then also  $Y_i = 1$

Then for  $C_i = 1$ :

$$\begin{aligned} L_i | C_i = 1 &= \Pr(Y_i = 1) \Pr(T_i = t | Y_i = 1, \mathbf{X}_i, \beta) \\ &= \delta_i g(T_i | \mathbf{X}_i, \beta) \end{aligned}$$

except for  
conditional on  
 $Y_i=1$  same as  
usual survival.

For  $C_i = 0$ :

$$\begin{aligned} L_i | C_i = 0 &= \Pr(Y_i = 0) + \Pr(Y_i = 1) \Pr(T_i > t_i | Y_i = 1, \mathbf{X}_i, \beta) \\ &= (1 - \delta_i) + \delta_i [1 - G(T_i | \mathbf{X}_i, \beta)] \end{aligned}$$

either cured OR not cured AND event not yet  
 $\Pr(\text{cured}) + \Pr(\text{not cured}) * \Pr(\text{event not yet})$

# Mixture Cure Model: Likelihood

delta is mixture parameter.

Implies:

$$\mathbf{L} = \prod_{i=1}^N [\delta_i g(T_i | \mathbf{X}_i, \beta)]^{C_i} \{(1 - \delta_i) + \delta_i [1 - G(T_i | \mathbf{X}_i, \beta)]\}^{(1 - C_i)}$$

and:

$$\begin{aligned} \ln \mathbf{L} &= \sum_{i=1}^N C_i \{ \ln(\delta_i) + \ln [g(T_i | \mathbf{X}_i, \beta)] \} \\ &\quad + (1 - C_i) \ln \{ (1 - \delta_i) + \delta_i [1 - G(T_i | \mathbf{X}_i, \beta)] \} \end{aligned}$$

# Mixture Cure Model: Specification

delta is a probability if  $Y_i=0$  (binary outcome)

gamma: marginal association of  $Z$  to the information if unit is in cure group or not

Typically:

$$\delta_i = \frac{\exp(\mathbf{Z}_i\gamma)}{1 + \exp(\mathbf{Z}_i\gamma)}$$

or:

$$\delta_i = \Phi(\mathbf{Z}_i\gamma).$$

Identified even if  $\mathbf{Z} \equiv \mathbf{X}$ .

# Non-Mixture Cure Model (e.g. Sposto 2002)

$N_i$  = number of pre-cancerous cell clusters, with:

$$N_i \sim \text{Poisson}(\lambda).$$

$\text{Pr}(\text{Cure})$  is:

$$\pi_i = \text{Pr}(N_i = 0).$$

Time to cancer onset for cluster  $j$  of observation  $i$  is:

$$Z_{ij} \sim F(t), \quad j = \{1, 2, \dots, N_i\}.$$



# Non-Mixture Cure Model (continued)

Survival to first onset:

$$S(t) = \pi^{F(t)}$$

with hazard function:

$$h(t) = -\ln(\pi)f(t)$$

which reflects the fact that  $\int_0^\infty h(t)dt = -\ln(\pi)$ .

# Non-Mixture Cure Model (continued)

Rewritten  $S(t)$ :

$$S(t) = \exp[\ln(\pi)F(t)].$$

Assuming:

$$\pi_i = \exp[-\exp(\mathbf{X}_i\beta)]$$

we get:

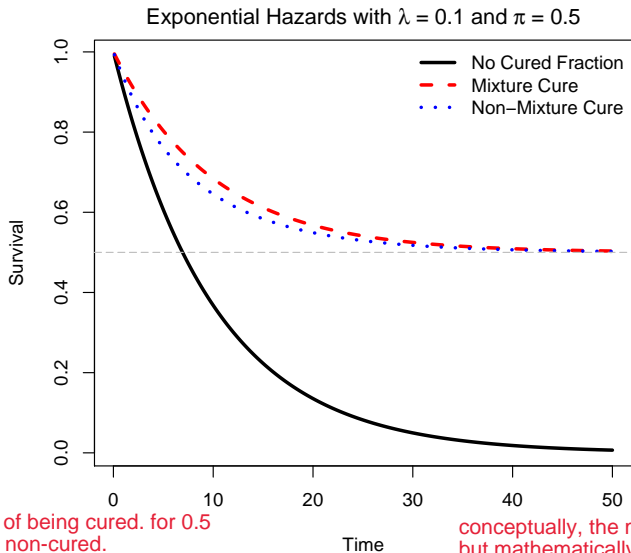
$$S(t) = \exp\{[-\exp(\mathbf{X}_i\beta)]F(t)\}.$$

which is the Cox.

Cox proportional survival hazard function

in mixture model: you have 2 groups in the data; cured and non cured, you do not know which, but address it probabilistic. in non-mixture model you have one group, who are the same, but look different. Each one draws and looks cured, or not.

# Mixture vs. Non-Mixture Models



$\pi$  = probability of being cured. for 0.5  
half cured, half non-cured.  
in non-mixture, if you draw 50% chance to draw zero

conceptually, the models are different,  
but mathematically they are quite  
similar.

# Discrete-Time Cure Models

- Parametric / Cox  $\longrightarrow$  Poisson
- Mixture Cure Model  $\longrightarrow$  Zero-Inflated Poisson
- Non-Mixture Cure Model  $\longrightarrow$  “Hurdle” Poisson

## R

- `smcure` (semiparametric mixture models via EM)
- `semicure` (same; old)
- `nltm` (various; see Tsodikov 2003)
- CR, NPHMC (power analysis for cure models)

## Stata

- `strsmix` and `strsnmix` (general parametric mixture & non-mixture cure models)
- `cureregr` (an old version)
- `lncure` (log-normal cure model)
- `spsurv` (discrete-time cure model)
- `zip` / `zinb` (discrete-time kludge)

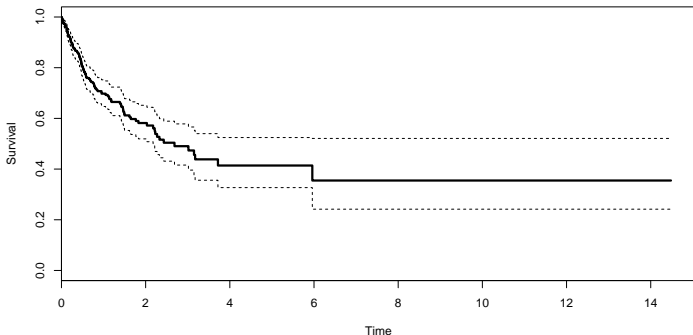
cure models are useful, when you do not assume that each unit eventually gets the event BUT, separating the two effects of getting cured and just not reaching event can be difficult (conceptually and mathematically).

# A Simulated Example

```
> set.seed=7222009
> X<-rnorm(500)
> Z<-rbinom(500,1,0.5)
> T<-rweibull(500,shape=1.2,scale=1/(exp(0.5+1*X)))
> C<-rbinom(500,1,(0.4-0.3*Z))
> S<-Surv(T,C)
```

Z influences Cure via the censoring parameter.

probabilistically, every observation has a 0.4 chance in getting cured, thus asymptotics in 0.4 and not 0.0.



if you look empirically at a survival curve and you see asymptotics not zero, you may or may not assume that there is a cured fraction.

```
> coxph(S~X)
```

```
Call:
```

```
coxph(formula = S ~ X)
```

	coef	exp(coef)	se(coef)	z	p
X	1.05	2.85	0.124	8.44	0

```
Likelihood ratio test=77.7 on 1 df, p=0 n= 500, number of events= 130
```

```
> coxph(S~X+Z)
```

```
Call:
```

```
coxph(formula = S ~ X + Z)
```

	coef	exp(coef)	se(coef)	z	p
X	1.08	2.956	0.122	8.9	0.0e+00
Z	-1.59	0.204	0.230	-6.9	5.4e-12

```
Likelihood ratio test=140 on 2 df, p=0 n= 500, number of events= 130
```

false positive

```
> cure.fit<-smcure(S~X,cureform=~Z,data=data.cure,model="ph")
```

Program is running..be patient... done.

Call:

```
smcure(formula = S ~ X, cureform = ~Z, data = data.cure, model = "ph")
```

Cure probability model:

	Estimate	Std.Error	Z value	Pr(> Z )
(Intercept)	1.6	0.39	4.1	3.4e-05
Z	-2.8	0.41	-6.7	2.5e-11

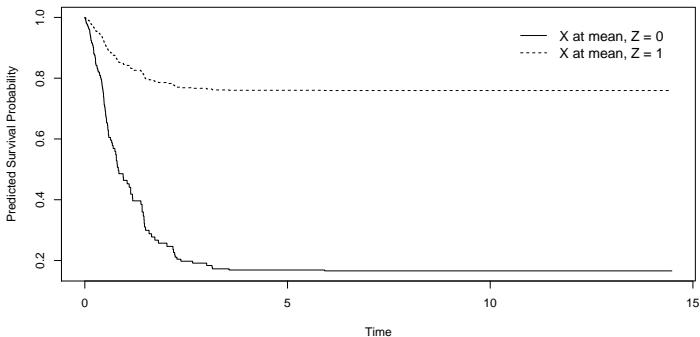
Failure time distribution model:

	Estimate	Std.Error	Z value	Pr(> Z )
X	1.1	0.14	8.1	6.7e-16



# An Interesting Plot

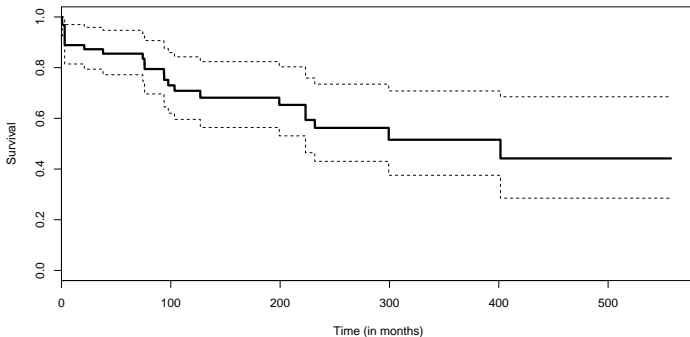
```
> cure.hat<-predictsmcure(cure.fit,c(rep(mean(X),times=2)),  
                           c(0,1),model="ph")  
  
> cure.pic<-plotpredictsmcure(cure.hat,type="S",model="ph")
```



# An Example: Ceasefire Durability

Data are a subset used in Fortna (2004) (full data are [here](#)).

- $N = 63$
- Non-time-varying



some ceasefires may never break (=immune)

# Ceasefires: Cox Model

```
> CF.cox<-coxph(CF.S~tie+imposed+lndeaths+contig+onedem+twodem,  
                data=CF,method="efron")
```

```
> CF.cox
```

Call:

```
coxph(formula = CF.S ~ tie + imposed + lndeaths + contig + onedem +  
      twodem, data = CF, method = "efron")
```

	coef	exp(coef)	se(coef)	z	p
tie	1.845	6.327	0.557	3.314	0.00092
imposed	0.210	1.233	0.594	0.353	0.72000
lndeaths	-0.135	0.874	0.193	-0.699	0.48000
contigyes	2.898	18.143	0.948	3.058	0.00220
onedem	3.423	30.648	1.144	2.991	0.00280
twodem	-0.723	0.485	1.209	-0.598	0.55000

```
Likelihood ratio test=36.8 on 6 df, p=0.00000197 n= 63, number of events= 23
```

(hours of fiddling...)



# A Typical Result

```
> CF.cure1.fit<-smcure(CF.S~tie+lndeaths+imposed,  
  cureform=~contig,data=CF,model="ph",  
  link="logit",emmax=500)
```

Program is running..be patient... done.

Call:

```
smcure(formula = CF.S ~ tie + lndeaths + imposed, cureform = ~contig,  
  data = CF, model = "ph", link = "logit", emmax = 500)
```

Cure probability model:

	Estimate	Std.Error	Z value	Pr(> Z )
(Intercept)	-3.4	12.4	-0.27	0.79
contig	2.1	7.4	0.28	0.78

Failure time distribution model:

	Estimate	Std.Error	Z value	Pr(> Z )
tie	2.05	4.06	0.50	0.61
lndeaths	-0.37	0.34	-1.10	0.27
imposed	0.97	2.40	0.41	0.68

There were 50 or more warnings (use warnings() to see the first 50)

data does not work, maybe not enough data to separate between cure & non-cured?

# From Svolik (2008)

## Consolidation status model<sup>b</sup>

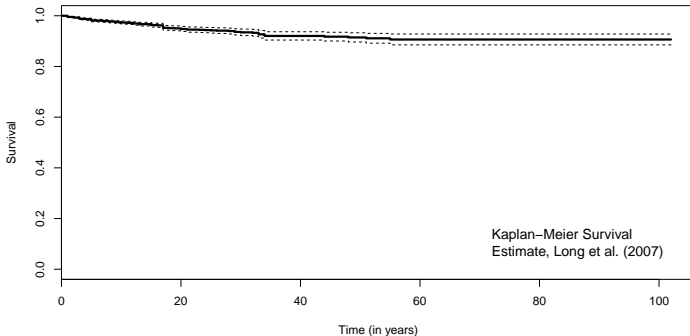
<i>GDP per capita</i>	2.121*** (0.586)	—	2.045*** (0.555)	2.121*** (0.586)
<i>GDP growth</i>	-0.014 (0.227)	—	-0.048 (0.246)	-0.014 (0.227)
<i>Military (vs. Not independent)</i>	-4.061** (1.895)	—	-3.985** (1.857)	-4.061** (1.895)
<i>Civilian (vs. Not independent)</i>	-0.421 (1.097)	—	-0.549 (1.067)	-0.421 (1.097)
<i>Monarchy (vs. Not independent)</i>	-20.158 (2888.609)	—	-15.844 (680.185)	-13.965 (891.870)
<i>Parliamentary (vs. Mixed)</i>	2.231 (2.230)	—	2.290 (2.326)	2.231 (2.230)
<i>Presidential (vs. Mixed)</i>	-8.310** (3.958)	—	-8.186** (4.035)	-8.310** (3.958)
<i>Intercept</i>	-6.144** (2.646)	—	-5.920** (2.644)	-6.145** (2.647)

# Another Example: Peace Duration

Long, Nordstrom and Baek (2007 *JOP*)

allies going to war.

- Peace duration among allies
- Time-varying dyadic data, 1816-2001 ( $NT = 57,819$ )





# Cox Model (replicating LNB)

```
> LNB.cox<-coxph(LNB.S~relcap+major+jdem+border+wartime+s_wt_glo+
  medarb+noagg+arbcom+organ+milinst+cluster(dyad),
  data=LNB,method="breslow")
> LNB.cox
Call:
coxph(formula = LNB.S ~ relcap + major + jdem + border + wartime +
  s_wt_glo + medarb + noagg + arbcom + organ + milinst + cluster(dyad),
  data = LNB, method = "breslow")
```

	coef	exp(coef)	se(coef)	robust se	z	p
relcap	-1.431	0.239	0.614	0.683	-2.096	0.036000
major	1.137	3.118	0.241	0.280	4.064	0.000048
jdem	-0.987	0.373	0.367	0.380	-2.600	0.009300
border	1.931	6.897	0.190	0.206	9.378	0.000000
wartime	-0.359	0.699	0.367	0.467	-0.768	0.440000
s_wt_glo	-0.284	0.752	0.332	0.355	-0.802	0.420000
medarb	-0.367	0.693	0.285	0.306	-1.202	0.230000
noagg	-0.463	0.630	0.126	0.152	-3.051	0.002300
arbcom	1.306	3.690	0.325	0.316	4.133	0.000036
organ	0.353	1.423	0.280	0.285	1.236	0.220000
milinst	-0.373	0.689	0.187	0.177	-2.101	0.036000

(hours of fiddling...)

```
> LNB.cure<-smcure(LNB.altS~relcap+major+jdem+border+wartime+s_wt_glo+  
  medarb+noagg+arbcom+organ+milinst,  
  cureform=~border,model="ph",data=LNB)
```

Program is running..be patient...

# Cure Models (Stata Remix)

```
. stset count1, id(episode) f(buofmzmid==1)
. gen h0=0
. strsmix major jdem border wartime, bhazard(h0) distribution(weibull) link(logistic) k1
> (relcap major jdem border wartime s_wt_glo medarb noagg arbcom organ milinst)
```

```

                                Number of obs   =       57819
                                Wald chi2(4)      =       36.82
                                Prob > chi2       =       0.0000

Log likelihood = -793.21263
```

	_t	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
-----+-----							
pi							
	major	-7.921296	3.764002	-2.10	0.035	-15.2986	-.5439877
	jdem	-.6177566	.7656096	-0.81	0.420	-2.118324	.8828107
	border	-1.943181	.3786093	-5.13	0.000	-2.685241	-1.20112
	wartime	2.583909	1.051959	2.46	0.014	.5221065	4.645711
	_cons	2.659179	.3980719	6.68	0.000	1.878972	3.439385
-----+-----							
ln_lambda							
	relcap	-1.408332	.7129111	-1.98	0.048	-2.805613	-.0110523
	major	-1.232928	.395653	-3.12	0.002	-2.008394	-.4574626
	jdem	-1.69796	.4596442	-3.69	0.000	-2.598846	-.7970736
	border	1.224114	.2622007	4.67	0.000	.7102103	1.738018
	wartime	.42086	.4072876	1.03	0.301	-.377409	1.219129
	s_wt_glo	-.274703	.3579769	-0.77	0.443	-.9763249	.4269188
	medarb	-.8221547	.3503126	-2.35	0.019	-1.508755	-.1355545
	noagg	-.68365	.1465971	-4.66	0.000	-.970975	-.3963251
	arbcom	1.667284	.4562532	3.65	0.000	.7730438	2.561524
	organ	.9298395	.3595899	2.59	0.010	.2250563	1.634623
	milinst	-.4428979	.2251323	-1.97	0.049	-.8841491	-.0016468
	_cons	-2.060399	.7260061	-2.84	0.005	-3.483344	-.6374528
-----+-----							
ln_gamma							
	_cons	.0969349	.0733007	1.32	0.186	-.0467319	.2406018
-----+-----							

pi: affecting being in cure group.

Cure models...

- ...Powerful
- ...Intuitive
- ...Temperamental
- ...Ask a lot of your data

[Break]

# “Frailty” Models

unit level effects for survival  
(random effects)

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

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

Implies:

$$\begin{aligned} S(t|\nu_i) &= \exp \left[ - \int_0^t h(t|\nu_i) dt \right] \\ &= \exp \left[ - \int_0^t \nu_i h(t) dt \right] \\ &= \exp \left[ - \int_0^t h(t) dt \right]^{\nu_i} \\ &= S(t)^{\nu_i} \end{aligned}$$

can pull it out of  
condition coz  
multiplicative

Typically:

- Assume  $\nu_i \sim g(\nu)$ , with
- $E(\nu) = 1$  and
- $\text{Var}(\nu) = \theta$

-> exponential on survival  
function

## Example: Cox with Frailty

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

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

(Also weibull, log-normal, etc.)



# Frailty Distributions: Gamma

$$\begin{aligned}g(\nu) &= \mathcal{G}(\theta, 1/\theta) \\ &= \frac{\nu^{1/\theta-1} \exp\left(-\frac{\nu}{\theta}\right)}{\theta^{(1/\theta)} \Gamma(1/\theta)}\end{aligned}$$

with

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

theta is additionally estimated, it changes form of survival function.  
theta shrinks or stretches the log of survival function.

# Frailty Distributions: Inverse-Gaussian

$$\begin{aligned}g(\nu) &= \mathcal{IG}(\theta, 1/\theta) \\ &= (2\pi\theta\nu^3)^{-1/2} \exp\left[-\frac{1}{2\theta}\left(\alpha - 2 + \frac{1}{\nu}\right)\right]\end{aligned}$$

with

$$S_{\theta}(t) = \exp\left\{\frac{1}{\theta}\left[1 - (1 - 2\theta \ln\{S(t)\})^{1/2}\right]\right\}$$

# An Important Distinction

ny\_i = frailty

*Individual- (or Unit-) Specific Survival Function:*

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

*Population Average Survival Function:*

average over frailties.

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

the two are different models with different survival curves.

- 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)

- 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.)

simplifying assumptions to  
cope with computational  
complexity

- 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

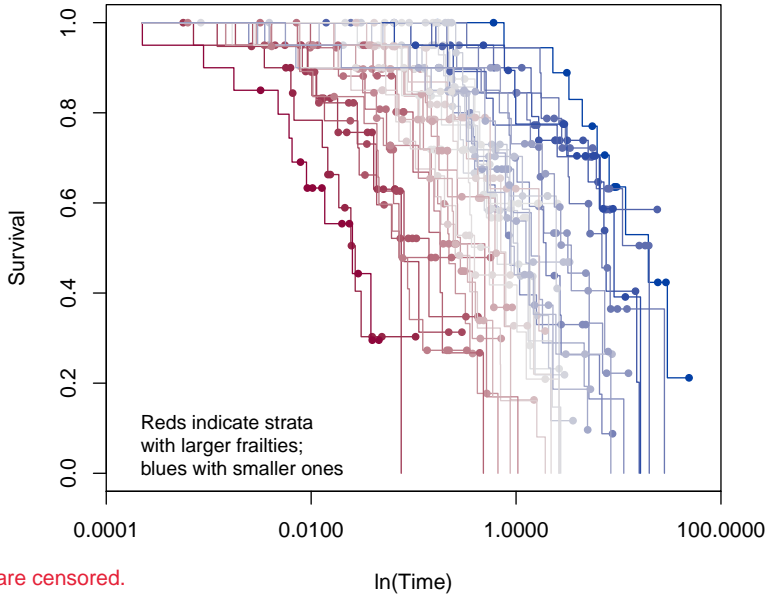
clone data 20 times for panel data  
(no within variation)

```
> set.seed(7222009)
> G<-1:40          # "groups"
> F<-rnorm(40)     # frailties
> data<-data.frame(cbind(G,F))
> data<-data[rep(1:nrow(data),each=20),]
> data$X<-rbinom(nrow(data),1,0.5)
> data$T<-rexp(nrow(data),rate=exp(0+1*data$X+(2*data$F)))
> data$C<-rbinom(nrow(data),1,0.5)
> data<-data[order(data$F),]

> S<-Surv(data$T,data$C)
```

50% chance of censor

# K-M Plots By Strata





# Cox Fit (No Frailty)

```
> cox.noF<-coxph(S~X,data=data)
> 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
```

the simulated model is built with  
confounding frailties orthogonal,  
thus not confounding, the X.

but the estimated effect is wrong

# Weibull Fit (No Frailty)

```
> weib.noF<-survreg(S~X,data=data,dist="weib")  
> summary(weib.noF)
```

Call:

```
survreg(formula = S ~ X, data = data, dist = "weib")
```

	Value	Std. Error	z	p
(Intercept)	1.595	0.1450	11.00	3.92e-28
X	-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

this coefficient is right;  
but the scale parameter is  
wrong; should be constant.

observations with higher  
frailties drop out early, and it  
looks like hazard is dropping  
earlier, which is an unobserved  
heterogeneity.

# Cox Fit With Frailty

```
> cox.F<-coxph(S~X+frailty.gaussian(F),data=data)
> summary(cox.F)
Call:
coxph(formula = S ~ X + frailty.gaussian(F), data = data)
```

```
n= 800, number of events= 381
```

	coef	se(coef)	se2	Chisq	DF	p
X	1.01	0.112	0.112	81.9	1.0	0
frailty.gaussian(F)				609.0	37.6	0

correct

	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, p=0
```

how much variability is in the survival function depending on that frailties. in our simulation model it is the given 2.

# Weibull Fit With Frailty

```
> weib.F<-survreg(S~X+frailty.gaussian(F),data=data,dist="weib")
```

```
> summary(weib.F)
```

Call:

```
survreg(formula = S ~ X + frailty.gaussian(F), data = data, dist = "weib")
```

	Value	Std. Error	z	p
(Intercept)	0.6188	0.2622	2.36	1.83e-02
X	-1.1386	0.1121	-10.16	3.12e-24
Log(scale)	0.0546	0.0417	1.31	1.91e-01

both parameters correctly estimated.

```
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
```

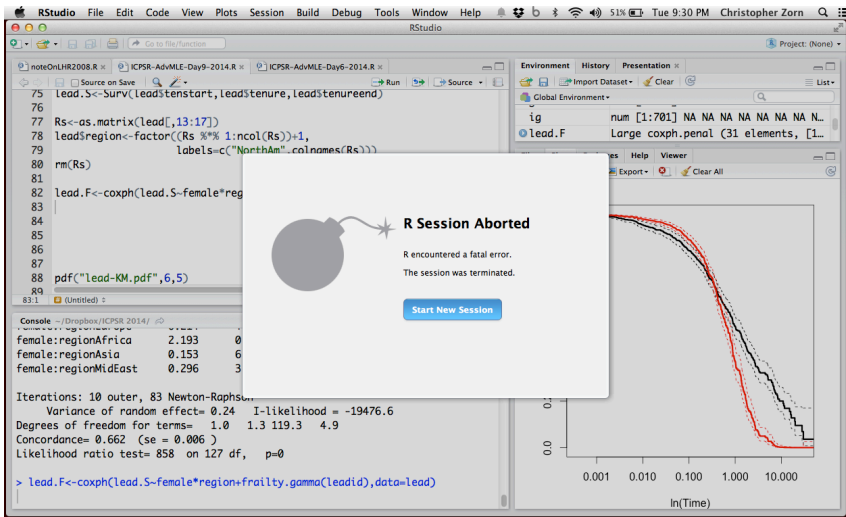
```
n= 800
```

# Example: Leader Tenure

how long leaders of country stayed in office

```
> lead.S<-Surv(lead$tenstart,lead$tenure,lead$tenureend)
> Rs<-as.matrix(lead[,13:17])
> lead$region<-factor((Rs %*% 1:ncol(Rs))+1,
                      labels=c("NorthAm",colnames(Rs)))
> rm(Rs)
> lead.F<-coxph(lead.S~female*region+frailty.gamma(leadid),data=lead)
```

leadership duration in office is a function of:  
effect of gender different by region.  
frailty term for each leader in question



# 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) error is okay-ish, coz other iterations worked out  
Call:
```

```
coxph(formula = lead.S ~ female * region + frailty.gamma(ccode),  
      data = lead)
```

```
n= 15222, number of events= 2806  
(22 observations deleted due to missingness)
```

	coef	se(coef)	se2	Chisq	DF	p
female	1.2427	0.462	0.4594	7.24	1	0.007100
regionLatinAm	-0.1259	0.208	0.0333	0.37	1	0.540000
regionEurope	0.0414	0.160	0.0545	0.07	1	0.800000
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	0.8495	4.89	1	0.027000
female:regionEurope	-1.5424	0.624	0.6212	6.11	1	0.013000
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
```

```
Variance of random effect= 0.24 I-likelihood = -19476.6
```

```
Degrees of freedom for terms= 1.0 1.3 119.3 4.9
```

```
Concordance= 0.662 (se = 0.006 )
```

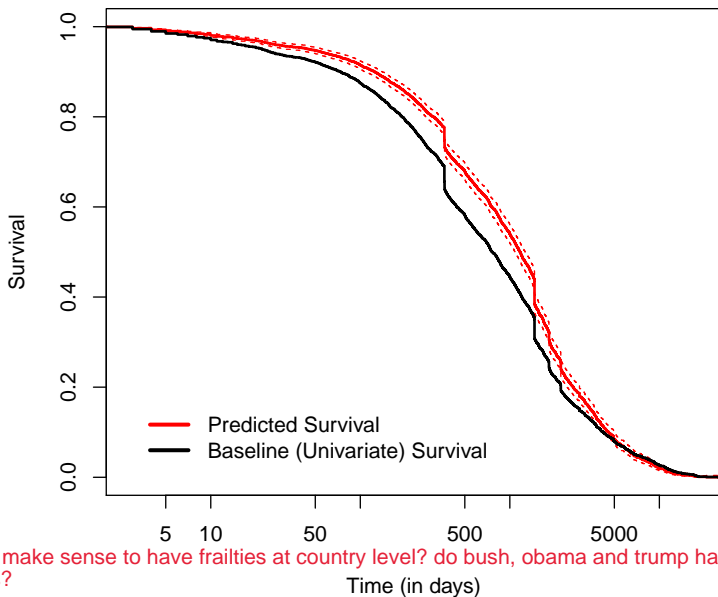
```
Likelihood ratio test= 858 on 127 df, p=0
```

change unit effects to country (from leader), reduces number of frailty terms.

implicit dummy factor is NorthAmerica

to interpret female, add the two coefficients together; for most it goes to zero; but in Asia goes to zero, so might be disadvantaged.

## Predicted vs. Actual



does it make sense to have frailties at country level? do bush, obama and trump have same frailties?



# 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

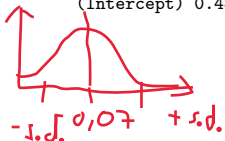
```
Model: lead.S ~ female + (1 | ccode/female)
```

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



fixed effects, females per country takes 160 needs lots of observations;

here we have random slopes for the females (random effects)

average effect of being female

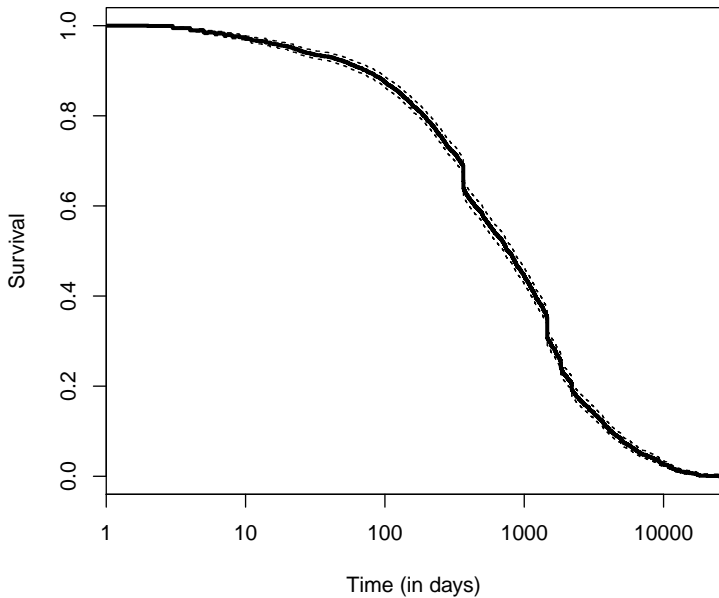
random effect of being female across countries.

that means average is negative -0.07, but some might deviate in both directions

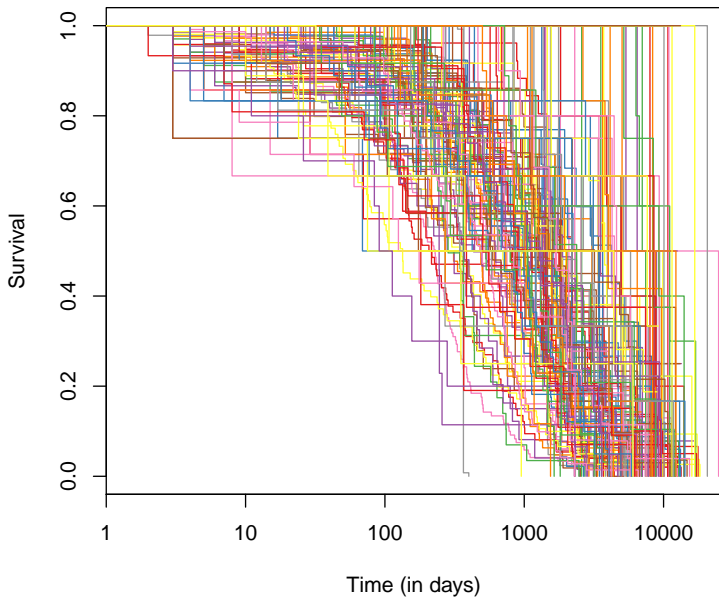
# Stratify? Frailties? Clustering?

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

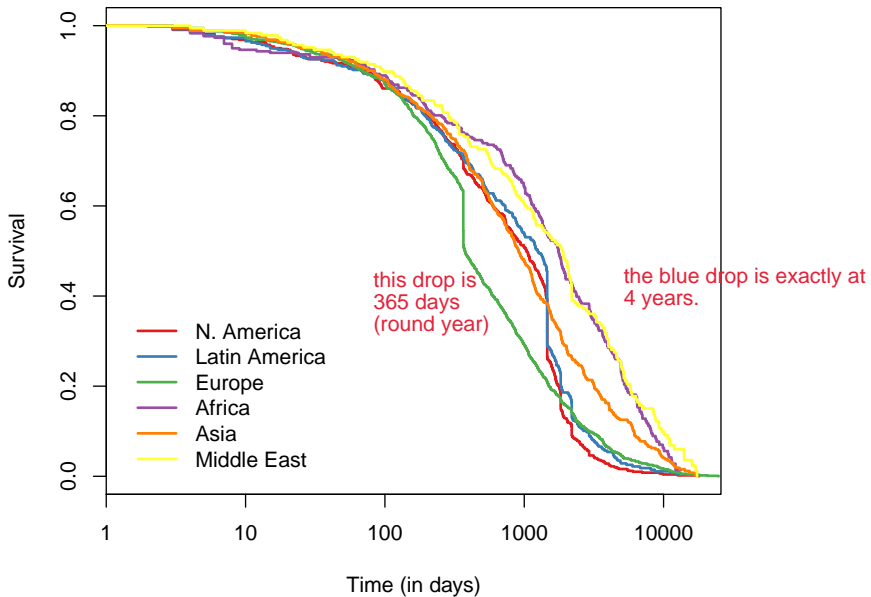
## K-M Plot: Leaders



## K-M Plot: Leaders (by country)



## K-M Plot: Leaders (by region)



# Strata + Frailty

strata(region) -> different  
intercept for region; instead of  
just dummy, we have custom  
shape  
plus random effect via frailty.

```
> 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 converge 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	Chisq	DF	p
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	0.568	13.04	1	0.00031
female:strata(region)regi	-1.31	0.862	0.857	2.32	1	0.13000

# Strata + Clustering

variation by region (strata),  
cluster up s.e. by country  
=> population average,  
no unit effects per country

```
> 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)
```

(equals standard cox model, with custom  
shape of hazard function for females)

	coef	exp(coef)	se(coef)	robust se	z
female	1.234	3.436	0.453	0.288	4.28
female:strata(region)region=LatinAm	-1.881	0.152	0.842	0.627	-3.00
female:strata(region)region=Europe	-1.618	0.198	0.610	0.415	-3.90
female:strata(region)region=Africa	0.473	1.605	0.849	0.382	1.24
female:strata(region)region=Asia	-1.711	0.181	0.555	0.342	-5.00
female:strata(region)region=MidEast	-0.709	0.492	0.846	0.349	-2.03

```
Concordance= 0.503 (se = 0.002 )
Rsquare= 0.001 (max possible= 0.864 )
Likelihood ratio test= 13.8 on 6 df, p=0.0323
Wald test = 81.6 on 6 df, p=1.67e-15
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).

but we specifically model these within dependence in the units



cannot have units and cluster terms  
EITHER CONDITIONAL UNIT EFFECT MODEL  
or  
MARGINAL POPULATION AVERAGE

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.”

```
> lead.FstratCl<-coxph(lead.S~female*strata(region)+frailty.gamma(ccode)+
                        cluster(ccode),data=lead)
Error in residuals.coxph(fit2, type = "dfbeta", collapse = cluster,
weighted = TRUE) :
  length of 'dimnames' [2] not equal to array extent
In addition: Warning message:
In coxpenal.fit(X, Y, strats, offset, init = init, control, weights = weights,
  Inner loop failed to coverge for iterations 2 3 4
```



693 posts

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 vs ME would easily fill a volume. Most of this argument carries over to the coxph case; I find both approaches useful.

Caveats:

1. 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 gotten around to implementing it.
2. For random effects, the `coxme` function is preferred.
3. In comparing GEE and ME one part of the argument 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 <http://www.R-project.org/posting-guide.html> and provide commented, minimal, self-contained, reproducible code.

# Topics We Didn't Cover

"bleeding edge"

- ★ 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)

advances in statistics do not happen in my field. :-(

## 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.