

Penalized Regression Calibration: a statistical method to predict survival from high-dimensional longitudinal covariates

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Universiteit
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1. Introduction
 2. Penalized regression calibration
 3. Cluster bootstrap optimism correction
 4. R package
 5. Applications
 6. Conclusion
- Appendix

Methodological problem

- ▶ High-dimensional & longitudinal covariates more and more common in survival analysis
- ▶ high-dimensionality:
 - ▶ penalized Cox model, random survival forest...
 - ▶ until recently: extensions for longitudinal covs lacking
- ▶ Longitudinal covariates → joint models (Rizopoulos, 2012)
 - ▶ shared random effects model ⇒ computationally intensive
 - ▶ applicability limited to a handful of covariates (Hickey et al., 2016)

⇒ how to predict survival when you have a high-dimensional set of longitudinal predictors?

Motivating example: predicting time to LoA

The disease: Duchenne muscular dystrophy (DMD)

Rare neuromuscular disorder that leads to

- ▶ loss of ambulation (LoA) during adolescence
- ▶ premature death (avg: 26 yo)

Motivating example: predicting time to LoA

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Motivating dataset: MARK-MD study

Observational study on DMD patients (Signorelli et al., 2020)

- ▶ $n = 93$ patients ambulant at beginning of study
- ▶ up to 5 longitudinal blood samples / patient
- ▶ 118 proteins measured using 240 antibodies

Motivating example: predicting time to LoA

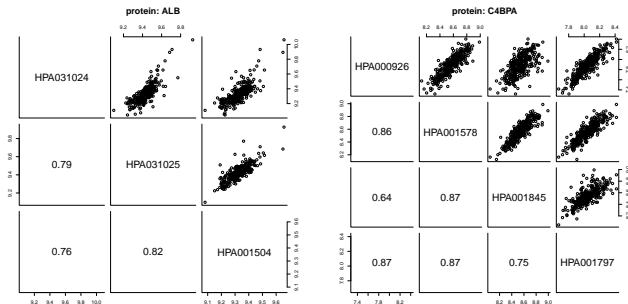
Clinical question:

can we use the 240 longitudinal blood biomarkers
to predict time to loss of ambulation in DMD patients?

Challenges in the Mark-MD dataset

Methodological challenges of MarkMD dataset:

1. longitudinal covariates
2. high-dimensionality: 240 antibodies vs 93 patients
3. antibodies targeting same protein are strongly correlated



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Penalized regression calibration (PRC)

Our solution: **penalized regression calibration** (Signorelli et al., 2021)

- ▶ statistical method to **predict survival** from **high-dimensional longitudinal covariates**
- ▶ additionally: it can handle groups of **strongly correlated** predictors



RESEARCH ARTICLE | Open Access |

Penalized regression calibration: A method for the prediction of survival outcomes using complex longitudinal and high-dimensional data

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Notation

We consider a setup with:

1. $s = 1, \dots, p$ latent biological processes (= proteins)
2. $q = 1, \dots, r_s$ items (= antibodies) used to measure protein s
3. $i \in \{1, \dots, n\}$ subjects
4. $j = 1, \dots, m_i$ repeated measurements for subject i

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Relevant variables:

1. y_{qsij} = level of protein s as measured by antibody q on subject i at visit j
2. a_{ij} = age of subject i at visit j
3. (t_i, δ_i) , where t_i = survival time (from a_{i1}), $\delta_i = 1$ if actual t_i observed, $\delta_i = 0$ if censored

Step 1: model the longitudinal trajectories

PENALIZED REGRESSION CALIBRATION

Step 1

Model the trajectories described by the longitudinal predictors using **mixed-effects models**

Step 1: model for longitudinal biomarkers

- ▶ We employ **random effects models** to describe the longitudinal trajectories of biomarkers
- ▶ Two alternative approaches:
 1. Linear Mixed Model (LMM)
 2. Multivariate Latent Process Mixed Model (MLPMM, Proust-Lima et al. (2013))

Univariate approach: LMM

Fit to each antibody \mathbf{y}_{qs} a LMM with random intercept and slope:

$$y_{qsij} = \beta_{qs0} + b_{qs0i} + (\beta_{qs1} + b_{qs1i})a_{ij} + \varepsilon_{qsij},$$

where $b_{qsi} = (b_{qs0i}, b_{qs1i}) \sim N(0, D_{qs})$ and $\varepsilon_{qsi} \sim N(0, \sigma_{qs}^2 I_{m_i})$

Univariate approach: LMM

Fit to each antibody \mathbf{y}_{qs} a LMM with **random intercept** and **slope**:

$$y_{qsij} = \beta_{qs0} + b_{qs0i} + (\beta_{qs1} + b_{qs1i})a_{ij} + \varepsilon_{qsij},$$

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- **Limitation:** LMM approach **ignores correlations** between antibodies measuring same protein

Multivariate approach: MLPMM

We specify a MLPMM for all antibodies ($\mathbf{y}_{1s}, \dots, \mathbf{y}_{r_s s}$) matching protein s :

$$y_{qsij} = \beta_{qs0} + u_{s0i} + b_{qsi} + (\beta_{qs1} + u_{s1i})a_{ij} + \varepsilon_{qsij} \quad (\forall q = 1, \dots, r_s),$$

where $\varepsilon_{qsij} \sim N_1(0, \sigma_{\varepsilon_{qs}}^2)$, and

- ▶ $\mathbf{u}_{si} = (u_{s0i}, u_{s1i}) \sim N_2(0, \Sigma_{us})$: **shared** (protein-specific) **random intercept and slope**
- ▶ $b_{qsi} \sim N_1(0, \sigma_{b_{qs}}^2)$ **antibody-specific random intercept**, $q = 1, \dots, r_s$

Step 2: compute subject-specific summaries

PENALIZED REGRESSION CALIBRATION

Step 1

Model the trajectories described by the longitudinal predictors using **mixed-effects models**

Step 2

Compute summaries of the individual trajectories (**predicted random effects**) for each predictor / group of predictors

Computing the predicted random effects

Derive from the mixed model **individual summaries of**

- ▶ biomarker's **heterogeneity** → random intercepts
- ▶ biomarker's **progression rates** → random slopes

Computing the predicted random effects

Derive from the mixed model **individual summaries of**

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For the **LMM**:

$$\hat{b}_{qsi} = E(b_{qsi} | Y_{qsi} = y_{qsi}) = D_{qs} Z_i^T V_{qsi}^{-1} (y_{qsi} - X_i \beta_{qs}),$$

where $V_{qsi} = Z_i D_{qs} Z_i^T + \sigma_{qs}^2 I_{m_i}$ is the marginal covariance matrix of subject i

Computing the predicted random effects

For the **MLPMM**:

$$\left(\hat{u}_{si}, \hat{b}_{si}\right) = E\left(u_{si}, b_{si} \mid Y_{si} = y_{si}\right) = \begin{bmatrix} Z_i \Sigma_{u_s} \\ \Sigma_{b_s} I_{r_s} \otimes \mathbf{1}_{m_i, 1} \end{bmatrix} \Sigma_{y_{si}}^{-1} \dot{y}_{si},$$

where $y_{si} = (y_{1si1}, \dots, y_{1sim_i}, \dots, y_{r_s si1}, \dots, y_{r_s sim_i})^T$, \dot{y}_{si} is the equivalent of y_{si} with $\dot{y}_{qsij} = y_{qsij} - \beta_{qs0} - \beta_{qs1} a_{ij}$ as entries, Z_i is the random-effects

design matrix associated to y_{si} , $\Sigma_{b_s} = \begin{bmatrix} \sigma_{b1s}^2 & \dots & 0 \\ \vdots & \ddots & \vdots \\ 0 & \dots & \sigma_{br_s s}^2 \end{bmatrix}$,

$$\Sigma_{\varepsilon_s} = \begin{bmatrix} \sigma_{\varepsilon 1s}^2 & \dots & 0 \\ \vdots & \ddots & \vdots \\ 0 & \dots & \sigma_{\varepsilon r_s s}^2 \end{bmatrix}, \quad \Sigma_{u_s} = \begin{bmatrix} \sigma_{us0}^2 & \sigma_{us0, us1} \\ \sigma_{us0, us1} & \sigma_{us1}^2 \end{bmatrix} \text{ and}$$

$$\Sigma_{y_{si}} = Z_i \Sigma_{us} Z_i^T + I_{r_s} \otimes \Sigma_{\varepsilon_s} I_{m_i} + I_{r_s} \otimes \Sigma_{b_s} \mathbf{1}_{m_i, m_i}$$

Step 3: predict the survival time

PENALIZED REGRESSION CALIBRATION

Step 1

Model the trajectories described by the longitudinal predictors using **mixed-effects models**

Step 2

Compute summaries of the individual trajectories (**predicted random effects**) for each predictor / group of predictors

Step 3

Predict survival using the summaries computed in step 2 as predictors in a **penalized Cox model**

Step 3: model to predict T

- Model for the survival outcome:

$$h(t_i|x_i, \hat{\mathbf{u}}_i, \hat{\mathbf{b}}_i) = h_0(t_i) \exp(\eta_i) \quad (1)$$

- η_i includes baseline covs x_i & predicted random effects. Examples:

1. PRC LMM: $\eta_i = \xi x_i + \sum_s \sum_q \gamma_{qs} \hat{b}_{0qsi} + \sum_s \sum_q \delta_{qs} \hat{b}_{1qsi}$

2. PRC MLPMM with $\hat{\mathbf{u}}$: $\eta_i = \xi x_i + \sum_s \gamma_s \hat{u}_{s0i} + \sum_s \delta_s \hat{u}_{s1i}$

3. PRC MLPMM with $\hat{\mathbf{u}}$ & $\hat{\mathbf{b}}$:

$$\eta_i = \xi x_i + \sum_s \gamma_s \hat{u}_{s0i} + \sum_s \delta_s \hat{u}_{s1i} + \sum_s \sum_q \psi_{qs} \hat{b}_{qsi}$$

Step 3: model to predict T

- ▶ Model for the survival outcome:

$$h(t_i|x_i, \hat{\mathbf{u}}_i, \hat{\mathbf{b}}_i) = h_0(t_i) \exp(\eta_i) \quad (1)$$

- ▶ Model (1) is **high-dimensional** \Rightarrow we estimate it using **penalized** maximum likelihood

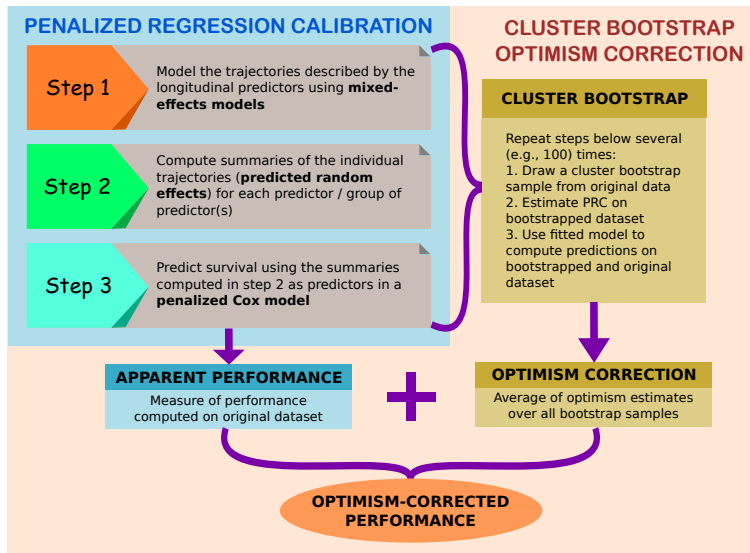
$$\max_{\xi, \gamma, \delta} \ell(\xi, \gamma, \delta) - \lambda p(\xi, \gamma, \delta; \alpha)$$

- ▶ **Penalty functions**: ridge (ℓ^2 , recommended), elastic net, lasso (ℓ^1)
- ▶ Predicted survival: $S_i(\hat{t}) = e^{-\int_0^t \hat{h}_0(s) e^{\hat{\eta}_i} ds}$

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Cluster bootstrap optimism correction procedure





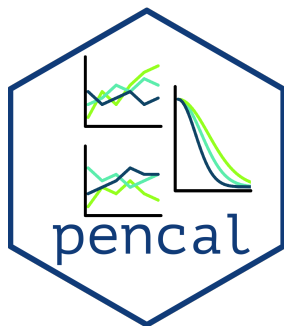
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The R package `penca1`

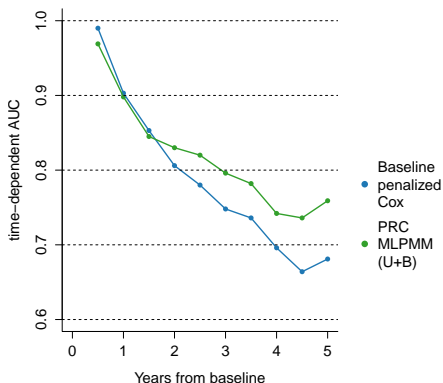
PRC implemented in the R package `penca1`

- ▶ published  on CRAN
- ▶ both PRC and CBOCP implemented
- ▶ optimized for [parallel computing](#)
- ▶ [vignette](#) illustrating how to use the package  available on CRAN



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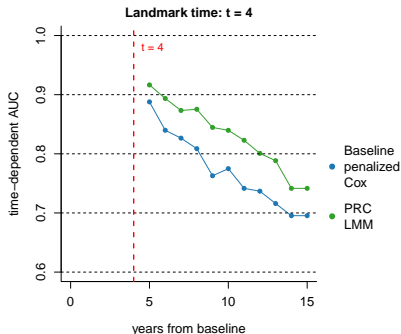
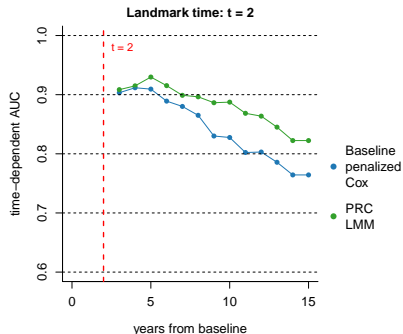
Prediction of time to LoA for DMD patients



- ▶ Exploiting longitudinal information improves predictive performance from $t \geq 2$
- ▶ Limitations:
 1. small n (DMD is a rare disease!)
 2. 45 patients with only 1 measurement before LoA \Rightarrow predicting random slopes challenging

Predicting time to dementia in elderly individuals



- ▶ Longitudinal study with follow-up info up to 15 years
- ▶ Outcome: time to dementia
- ▶ $n = 1634$; many repeated measurements / patient

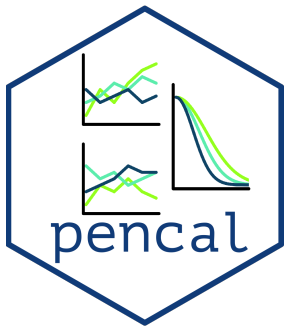


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Take-home message

- ▶ PRC makes it possible to **predict survival** using predictors that are **both longitudinal AND high-dimensional**
- ▶ Idea: if biomarkers' progression rates are associated with T , PRC can improve predictive performance
- ▶ Methodology:  Signorelli et al. (2021, Statistics in Medicine)
- ▶ R package:  **pencal** (available from CRAN)
- ▶ Future extensions (interested? Please **get in touch!** 😊):
 1. GLMMs in step 1
 2. competing risks



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- ▶ IBC2022 Col statement: I have no current or past relationships with commercial entities

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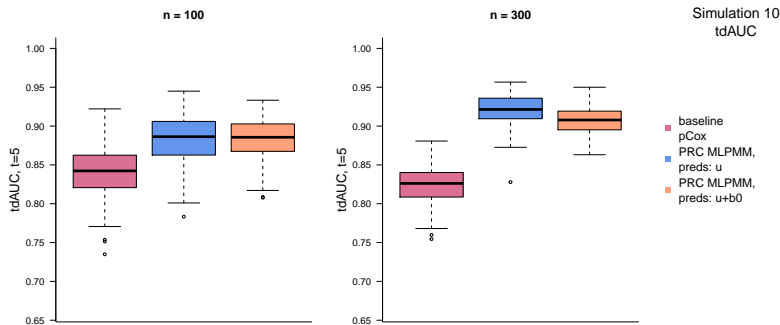
Simulation settings

- ▶ $n = 100$ & $n = 300$
- ▶ y_{qs} : $p = 50$ proteins, each with $r_s = 3$ antibodies
- ▶ $T \rightarrow$ Weibull model
- ▶ simulation 10: T depends on shared random effects u_{s0} , u_{1s} only, not on item-specific b_{qs} ¹
- ▶ models compared:
 1. penalized Cox with baseline measurements
 2. PRC-MLPMM(U)
 3. PRC-MLPMM(U+B)

¹See Signorelli et al. (2021) for more simulations

Model performance (time-dependent AUC at $t = 5$)

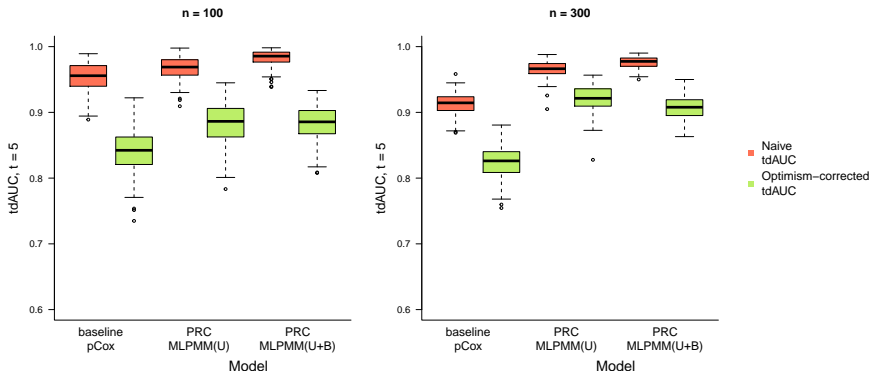
Simulation 10: $T = f(u_0, u_1)$



- improvement of PRC stronger when n larger: mixed models yield better summaries + lower variability of performance measures

Effect of the CBOCP

Naive vs optimism-corrected tdAUC in simulation 10:



- ▶ CBOCP needed to avoid reporting optimistic performance
- ▶ Issue particularly important with small n