

# Survival analysis I

**Research Methods for Quantitative Data 2018**

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# Objectives

*By the end of this session you should be able to:*

- Explain what censoring is and give examples of why it may occur
- Interpret a Kaplan-Meier survival graph
- Test the equality of two survival curves using the log rank test

# Types of outcome

Continuous

Linear regression

Binary

Logistic regression

Count data

Poisson regression

Time to event data

Survival analysis

# Survival (Time to Event) data

Survival data arises in many fields of application: medical, actuarial, physical sciences, social sciences

The key requirements of survival data are that

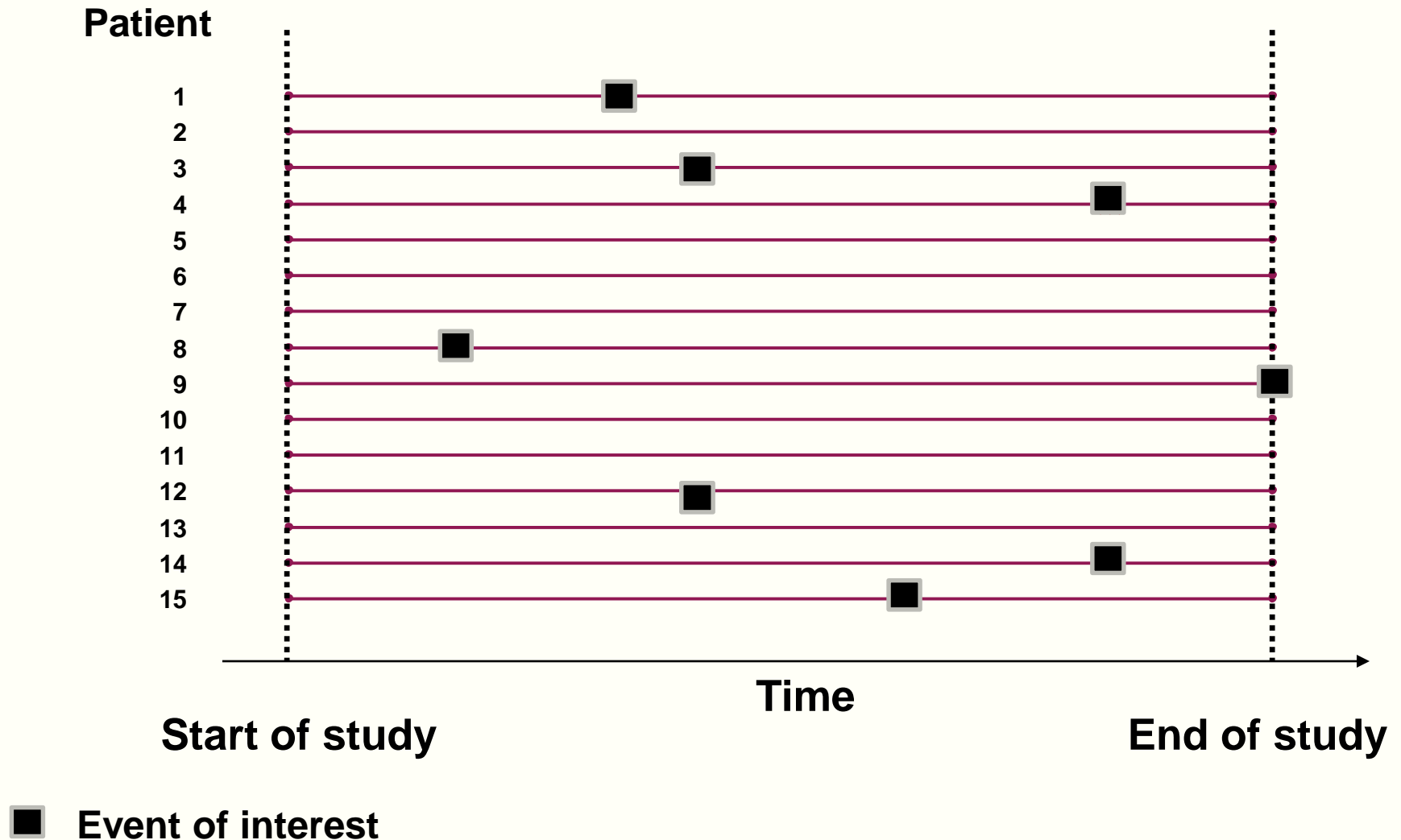
- the time of origin is unambiguously defined (e.g. date of birth, date of surgery, date of randomisation)
- we know the scale for the passage of 'time' (e.g. days, months, years)
- failure is unambiguously defined (e.g. death, resolution of symptoms)

# Purpose of survival analysis

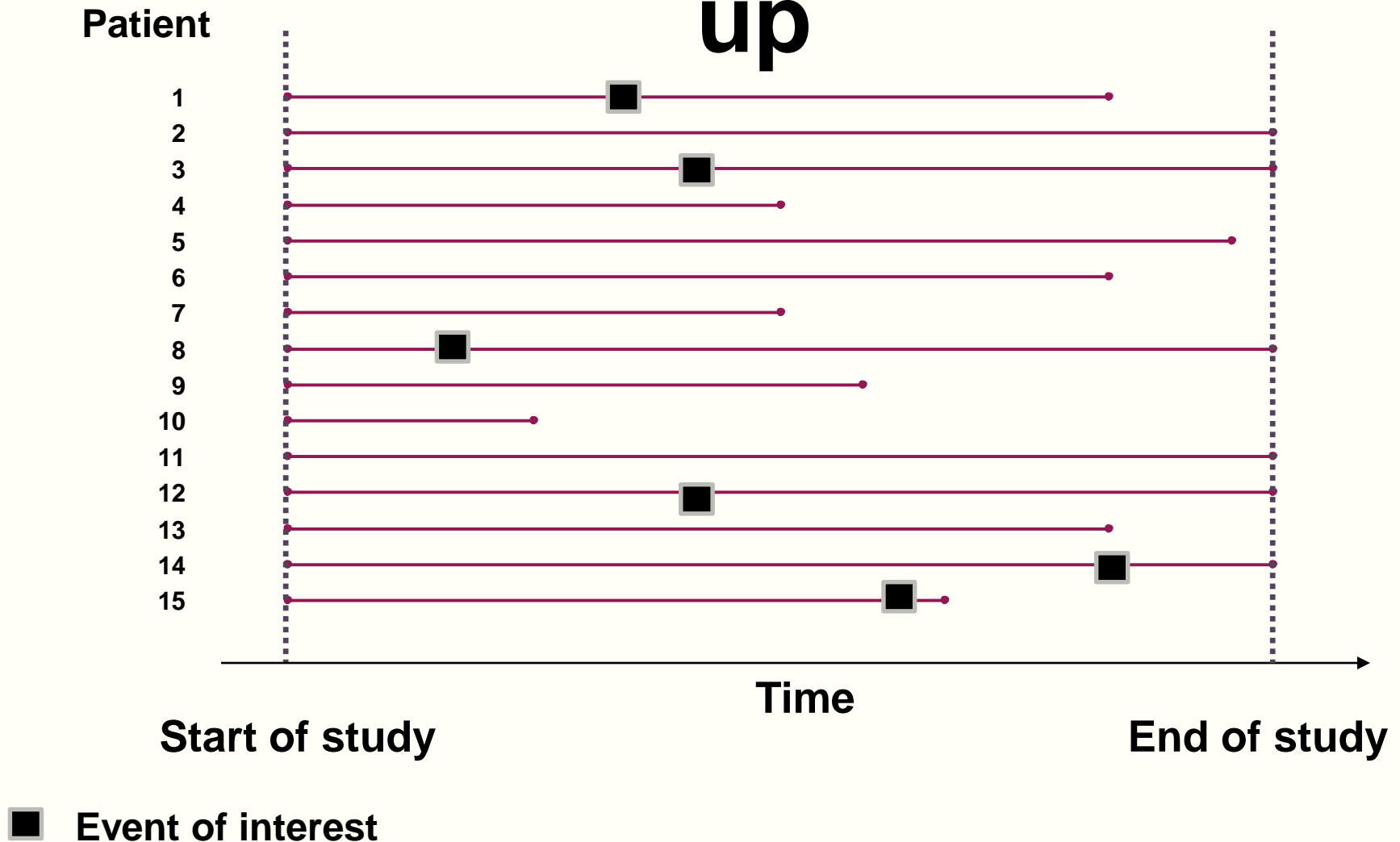
The main features of survival analysis are

- the study of distributions
- the comparison of distributions
- the effect of explanatory variables

# Ideal situation – Equal follow-up



# Real situation – Unequal follow-up



# Differing amounts of follow-up

- Six of the patients experienced the event of interest during the study
- However, some patients were followed for longer periods than others
- Follow-up on patients who did not experience the event before dropping out of the study is **censored** – all we know is that they had not experienced the event by the time they were lost to follow-up



# Why take this into account?

- Patients followed for the whole study period had a greater chance of experiencing the event, simply because they were followed for longer
- Estimates of the event incidence are likely to be underestimated if you make the assumption all patients are followed for the same length of time
- If the pattern of censoring differs between groups, there is the potential for comparisons to be seriously biased

# Time to event data – Examples

- Time to death
- Time to treatment response
- Time to onset of disease
- Time to find a job (amongst the unemployed)
- Time to quit smoking (amongst smokers)

# Time to event data

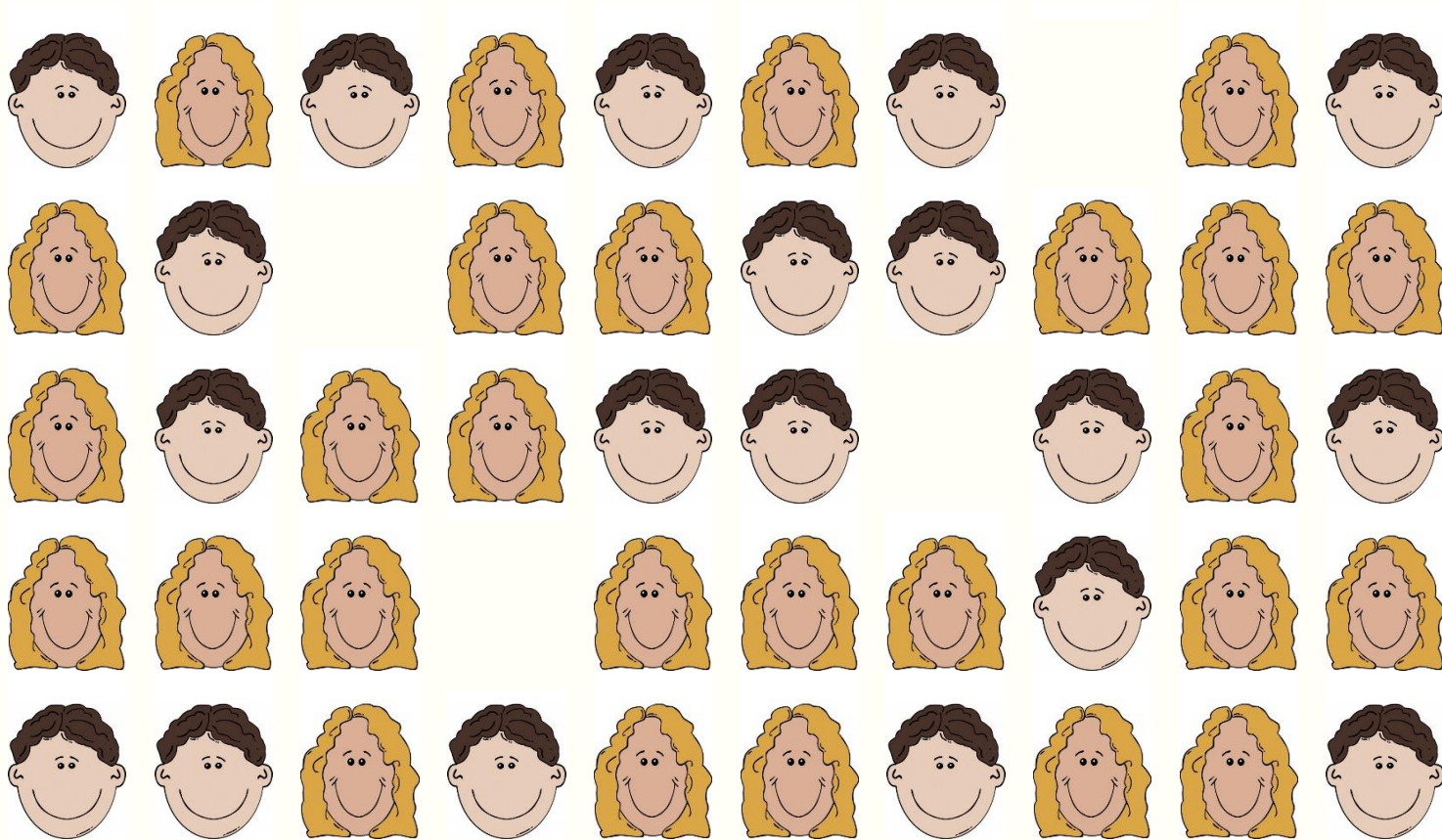
- Here, we analyse the **length of time** until occurrence of event
- The data are positive (i.e. the time to an event cannot be  $<0$ ) and the distribution is usually skewed
- Data are usually **censored**

# Person-time

- Sum of the time periods spent in the cohort by each individual
- Can be computed in both open and closed cohorts
- Persons contribute person-time during the time they could have developed an event that would have been counted as a case (until diagnosis, death or loss to follow-up)
- Various units of person-time
  - person-year, person-day, person-hour etc.

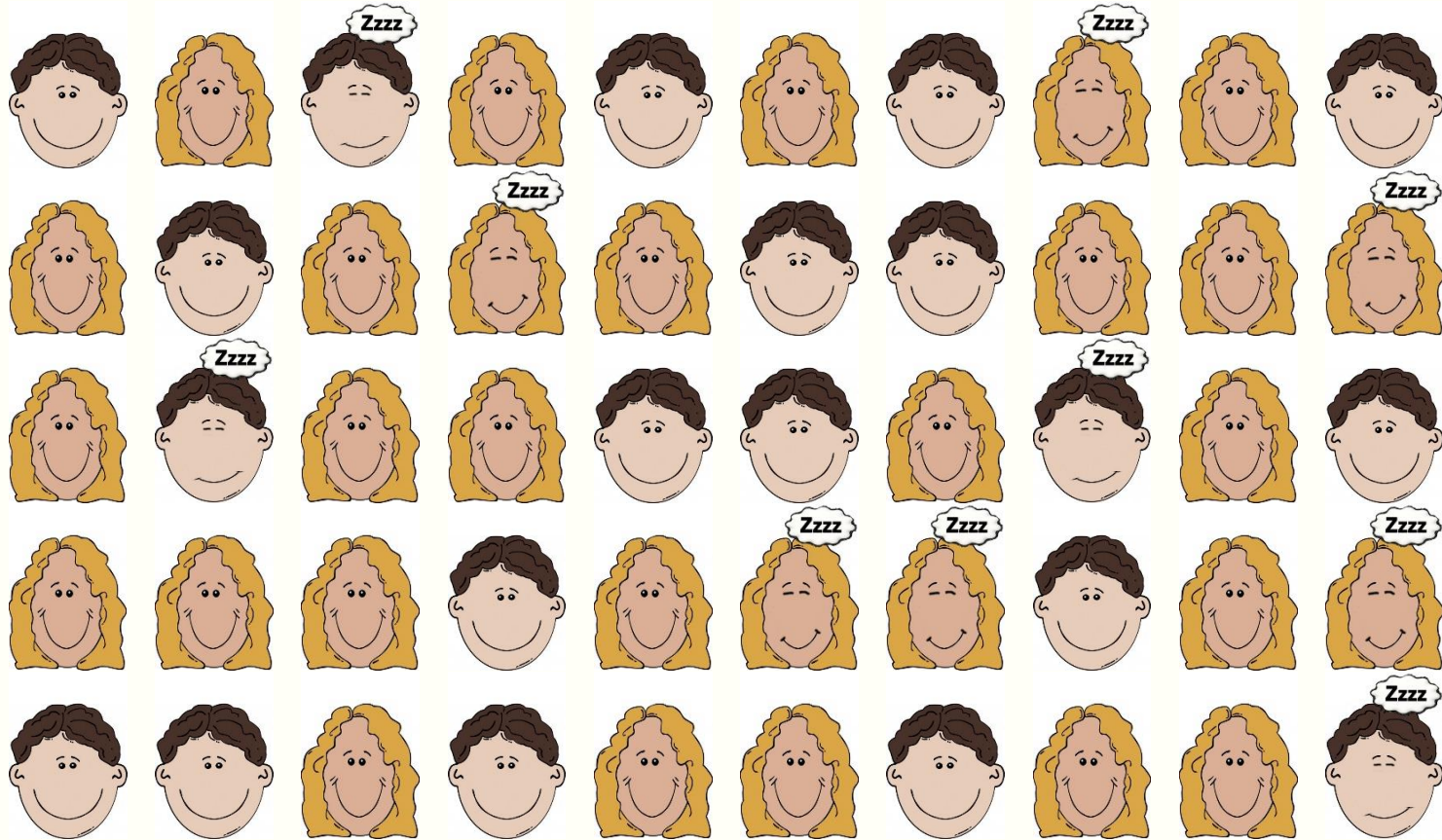
# Epidemiology classroom

## 9.00am

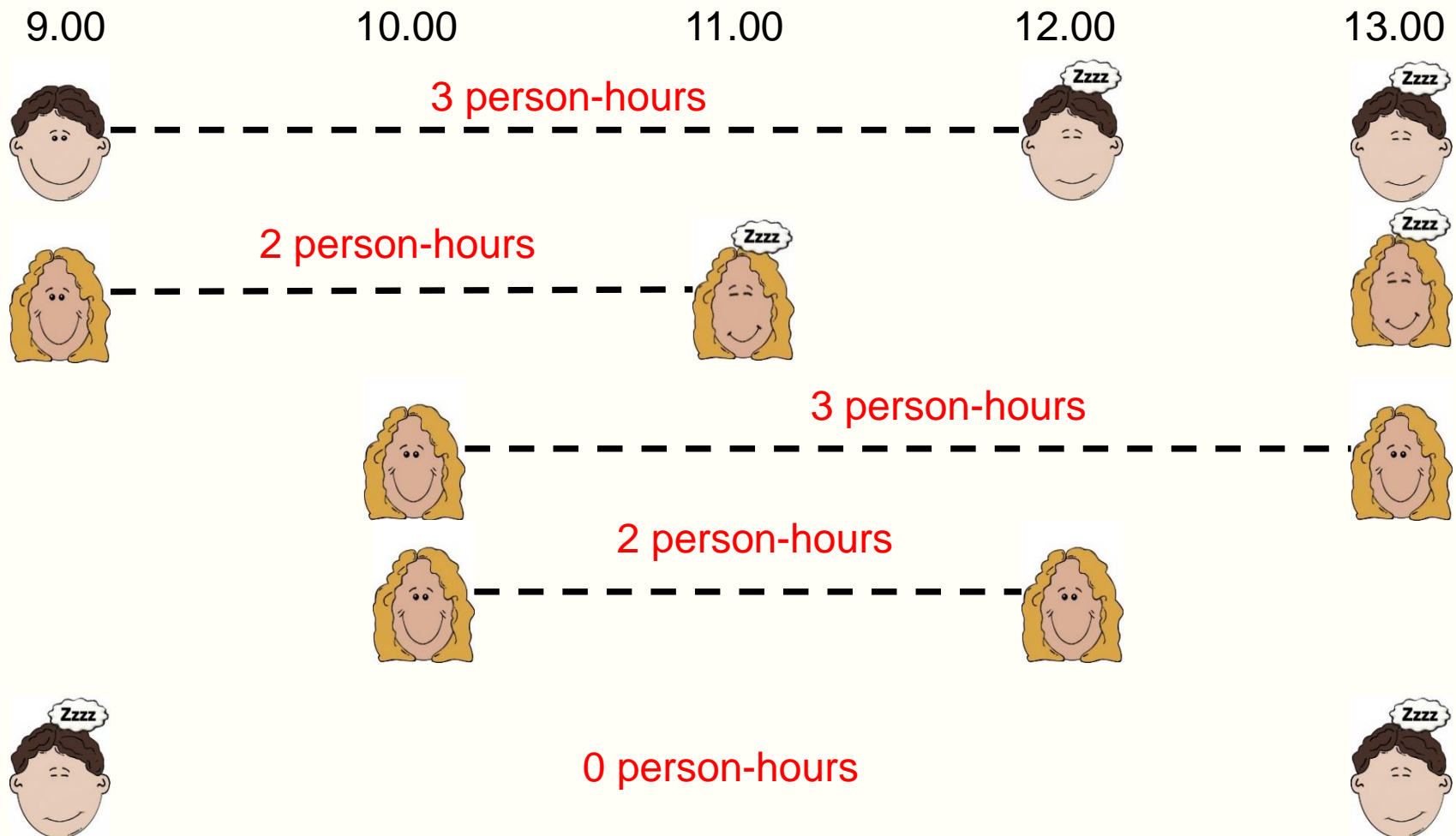


# Epidemiology classroom

## 13.00



# Accrual of person-time

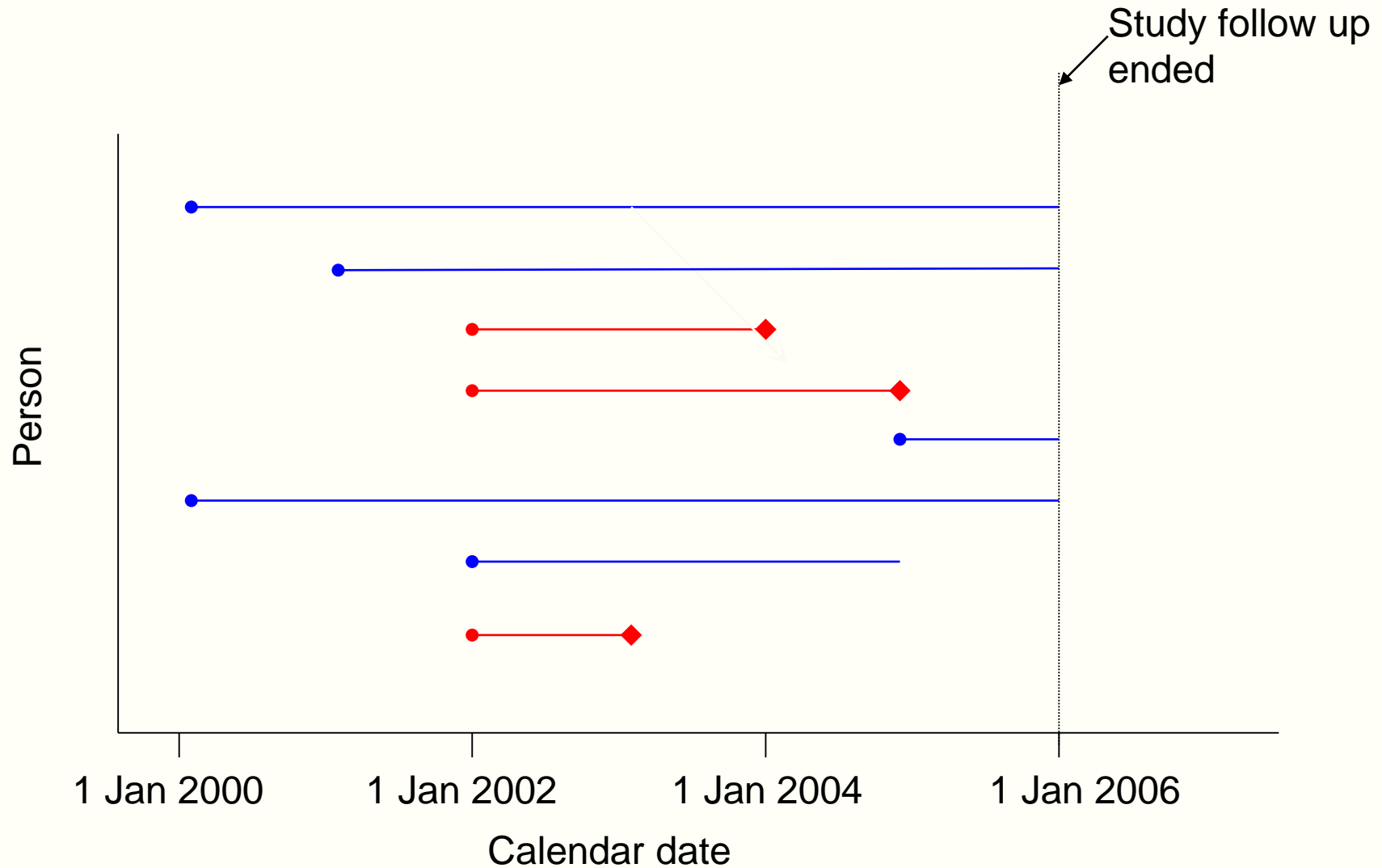


# Example (more serious) data

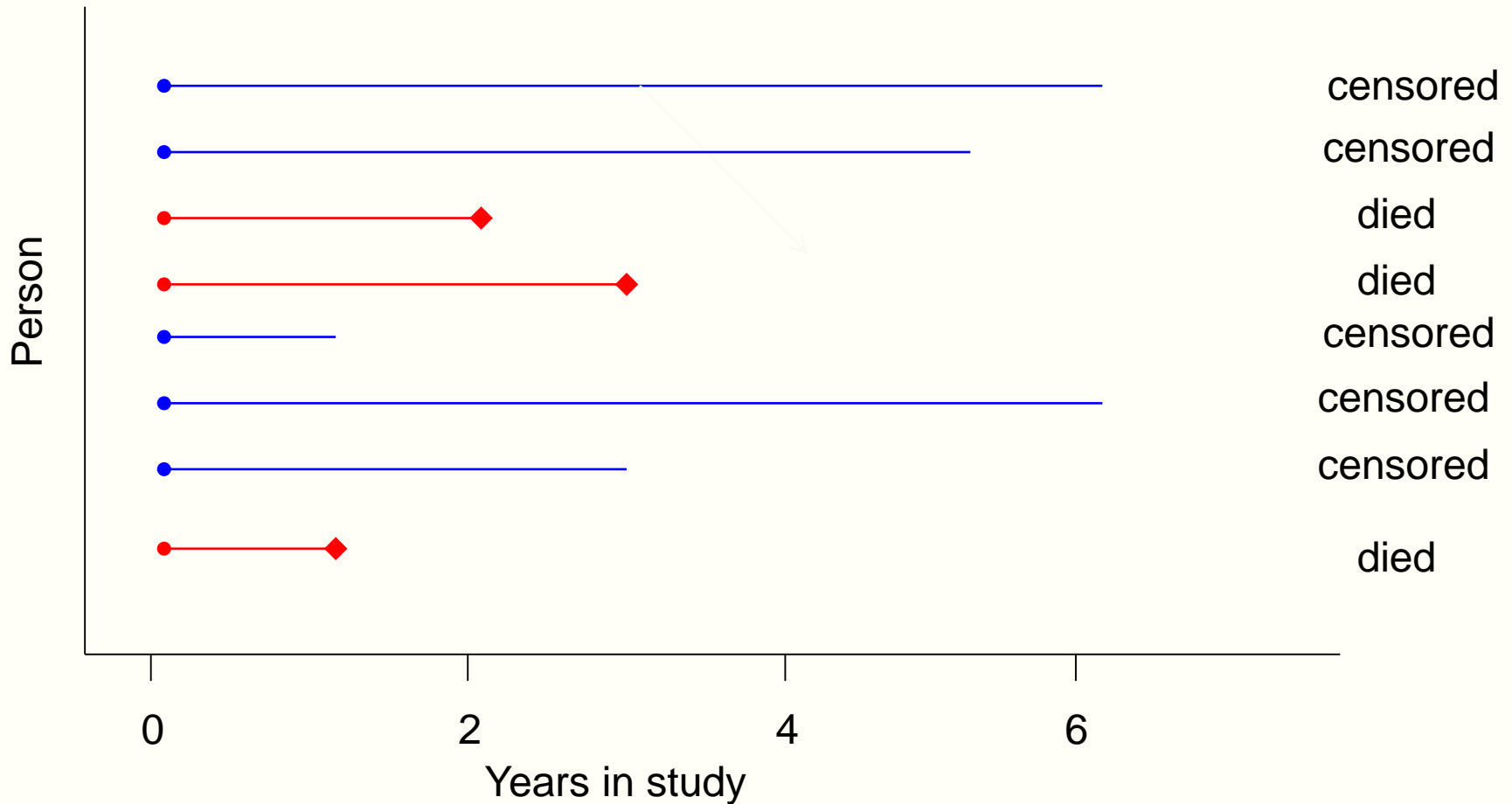
ID	Entry_date	Death_date	End_date	time	died
1	1Jan2000	.	1Jan2006	6.0	0
2	1Jan2001	.	1Jan2006	5.0	0
3	1Jan2002	1Jan2004	1Jan2004	2.0	1
4	1Jan2002	1Jan2005	1Jan2005	3.0	1
5	1Jan2005	.	1Jan2006	1.0	0
6	1Jan2000	.	1Jan2006	6.0	0
7	1Jan2002	.	1Jan2005	3.0	0
8	1Jan2002	1Jan2003	1Jan2003	1.0	1



# Calendar time



# Time since entry to study



# Censoring

- A censored observation is one with incomplete information
- Although different types are possible, we will only consider **right censoring**
  - subject did not have an event during the time that they were under study
- Right censoring examples:
  - Study follow-up ends
  - Person drops out of study
  - Person emigrates

# Survival Data

Survival data is characterised by two variables:

1. Time variable

2. Failure/Censoring indicator:

= 1 failed/event

= 0 censored

Time (years)	Failure
6.4	0
4.5	1
2.5	0
2.9	0
3.8	1

# Summarising time to event data

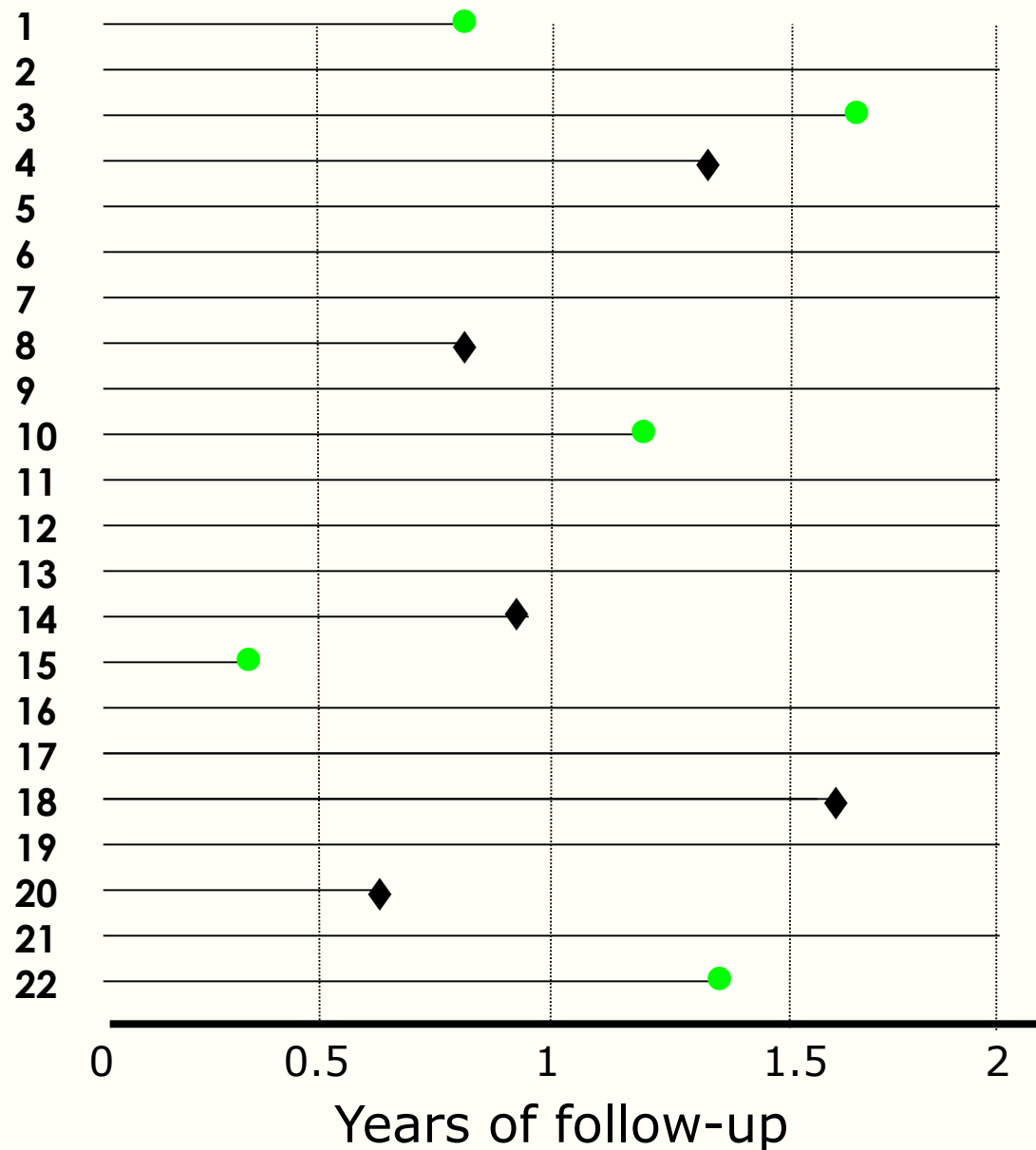
- People are followed for different lengths of time
- Therefore, we cannot calculate prevalence/incidence risk (% people who have an event)
- Can use **rates** (death rates or incidence rates) that take account of **person-time** at risk

# Summarising time to event data

Numerator	= number of events ( <b>d</b> )
Denominator	= total person-time at risk e.g. person-years at risk ( <b>py</b> )
Rate per person-year	= <u>number of events (<b>d</b>)</u> person-years at risk ( <b>py</b> )
Rate (/100 person-years)	= $\frac{d}{py} * 100$

# Person-time

- Sum of the time periods spent in the cohort by each individual
- Can be computed in both open and closed cohorts
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- Various units of person-time
  - person-year, person-day, person-hour etc.



Person-years at risk

0.8

2.0

1.7

1.3

2.0

2.0

2.0

0.8

2.0

1.2

2.0

2.0

2.0

0.9

0.4

2.0

2.0

1.6

2.0

0.6

2.0

1.4

◆ = event

● = censored

Rate:

$$\frac{5}{34.7}$$

=0.144 per py

=14.4 per 100 pys

34.7



# The rate

- Rate may be expressed relative to any period of time (e.g. per 100 patient-years, per 1000 patient-years, per patient-month, etc), depending on frequency of event
- Can compare rates in two groups with the **(incidence) rate ratio** (rate in group 1 divided by rate in group 2) –interpreted in a similar manner to RR
- Can calculate confidence intervals and p-values for the rate ratio

# Incidence Rate Ratio (IRR)

- Incidence rate for men = 2.5 per 100 pyrs
- Incidence rate for women = 5 per 100 pyrs
- IRR (women vs. men) =  $5/2.5 = 2$

# Kaplan-Meier plots

- The Kaplan Meier method estimates cumulative probability (percentage) experiencing an event by a certain time point
- These estimates are usually presented by constructing a Kaplan Meier plot

- Stata command

- First declare survival time:

```
stset time, failure (event)
```

- In this example:

```
stset survtime, fail (allcause)
```

**survtime** = time from beginning of study to death or end study follow up

**allcause** = 1 if died, 0 if censored

- Draw graph: **sts graph**

# Censored data: Kaplan-Meier estimates

$$\begin{aligned} &\text{Prob (dying between } t \text{ and } t+1) \\ &\quad \text{no of deaths in interval} \\ &= \frac{\quad}{\text{no 'at risk' at start of interval}} \end{aligned}$$

$$\begin{aligned} &\text{Prob (surviving from } t \text{ to } t+1) = \\ &\quad 1 - P(\text{dying between } t \text{ and } t+1) \end{aligned}$$

# Kaplan-Meier estimator

It provides the probability of surviving to a particular time point  $t$ .

One should multiply all the probabilities for intervals before that time point  $t$ .

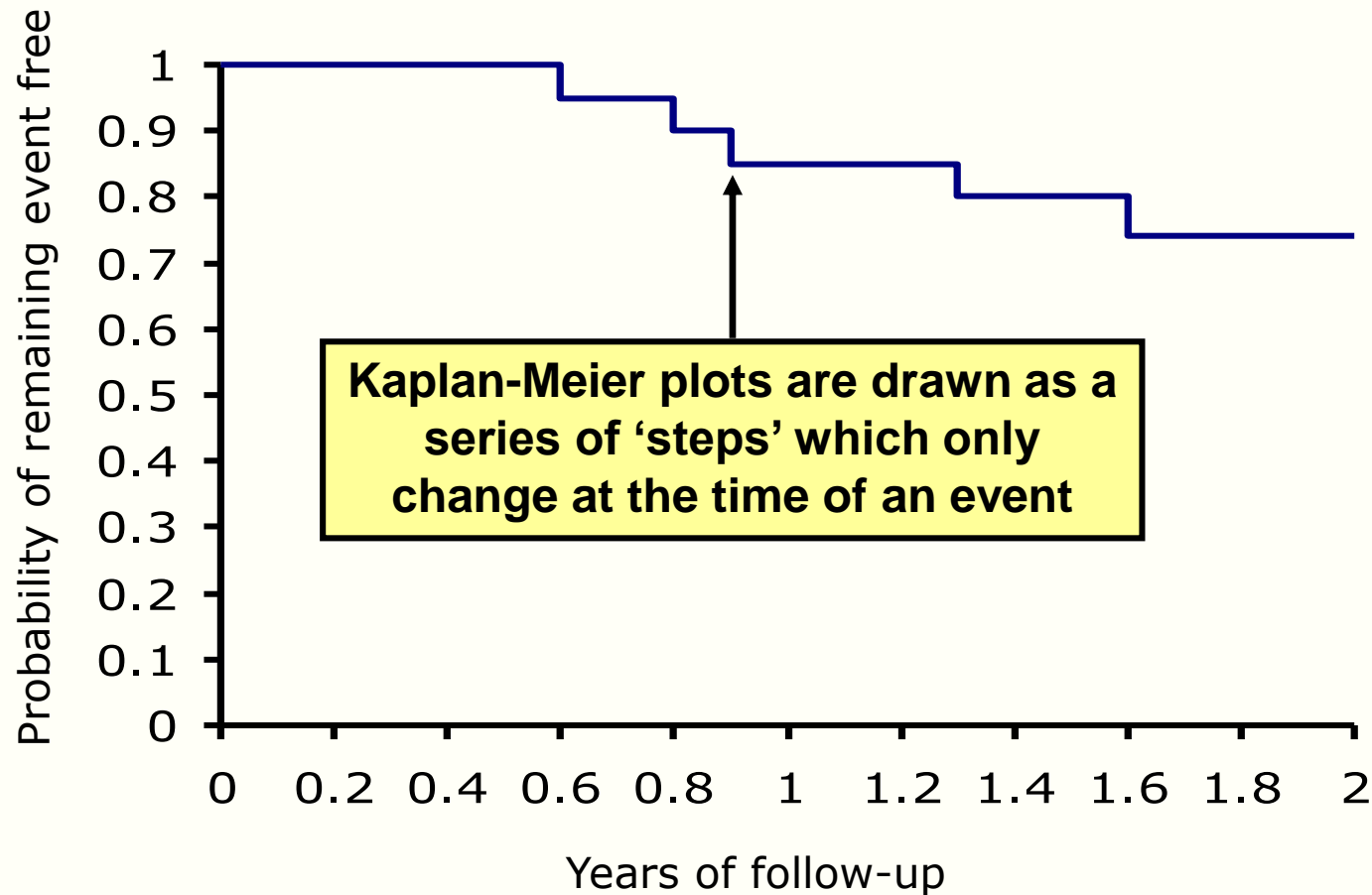
# Kaplan-Meier estimates

Year	Number at risk	Number events	Number censored	Prob. event at this time	Prob. no event at this time (p(t))	Prob. remaining free of an event up to and including this time
0.1	22	0	0	0	1.00	1.00
0.2	22	0	0	0	1.00	1.00x1.00=1.00
...	...	...	...	...	...	...
0.4	22	0	1	0	1.00	1.00x1.00=1.00
...	...	...	...	...	...	...
0.6	21	1	0	$1/21 = 0.0048$	0.952	$1.00 \times 0.952 = 0.952$
...	...	...	...	...	...	...
0.8	20	1	1	$1/20 = 0.050$	0.950	$0.952 \times 0.950 = 0.904$
0.9	18	1	0	$1/18 = 0.056$	0.944	$0.904 \times 0.944 = 0.853$
...	...	...	...	...	...	...

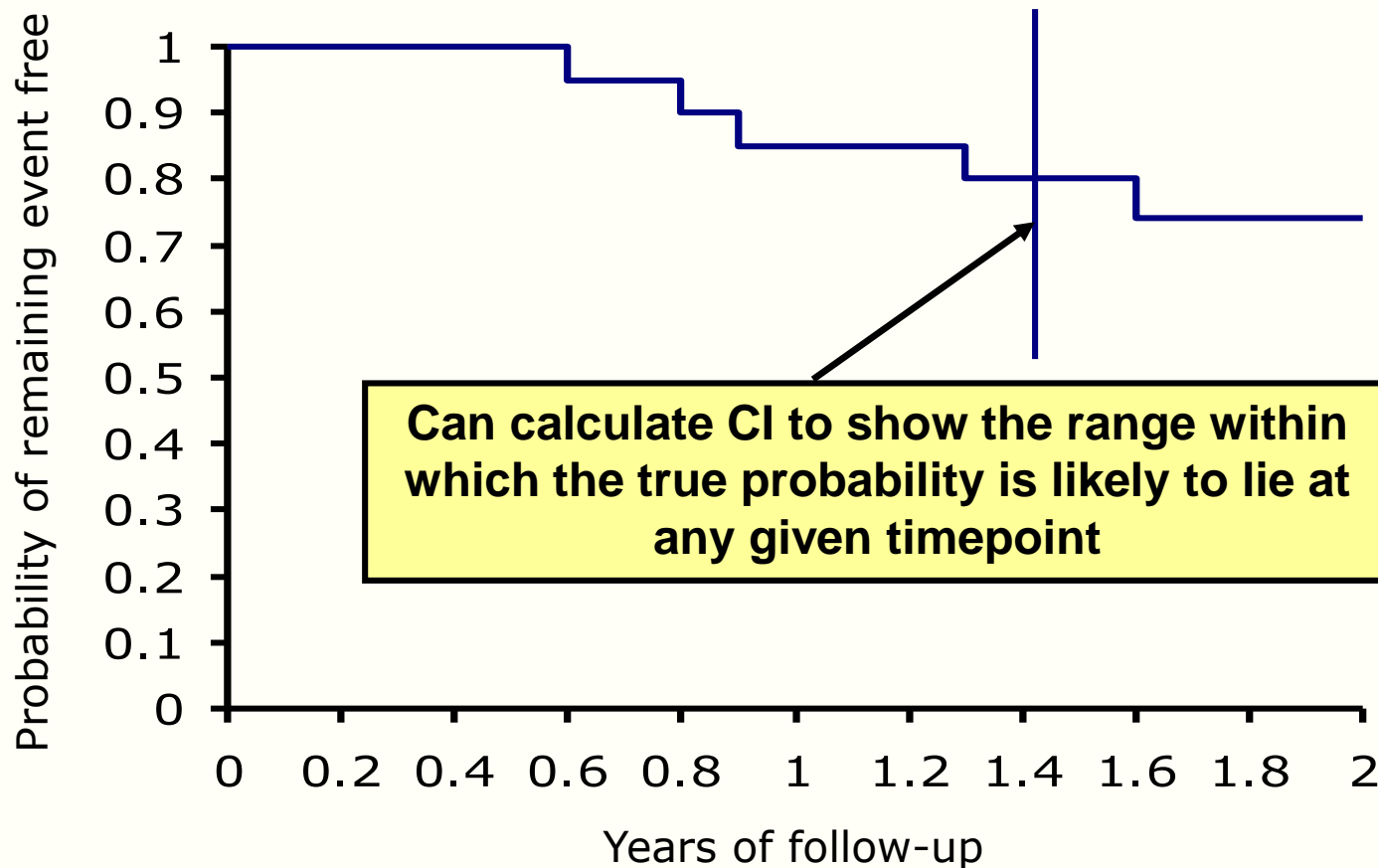
First, calculate conditional probability of event occurrence

Then, multiply complements of these probabilities  $1 \times (1-p(t_1)) \times (1-p(t_2))$

# Kaplan-Meier plot

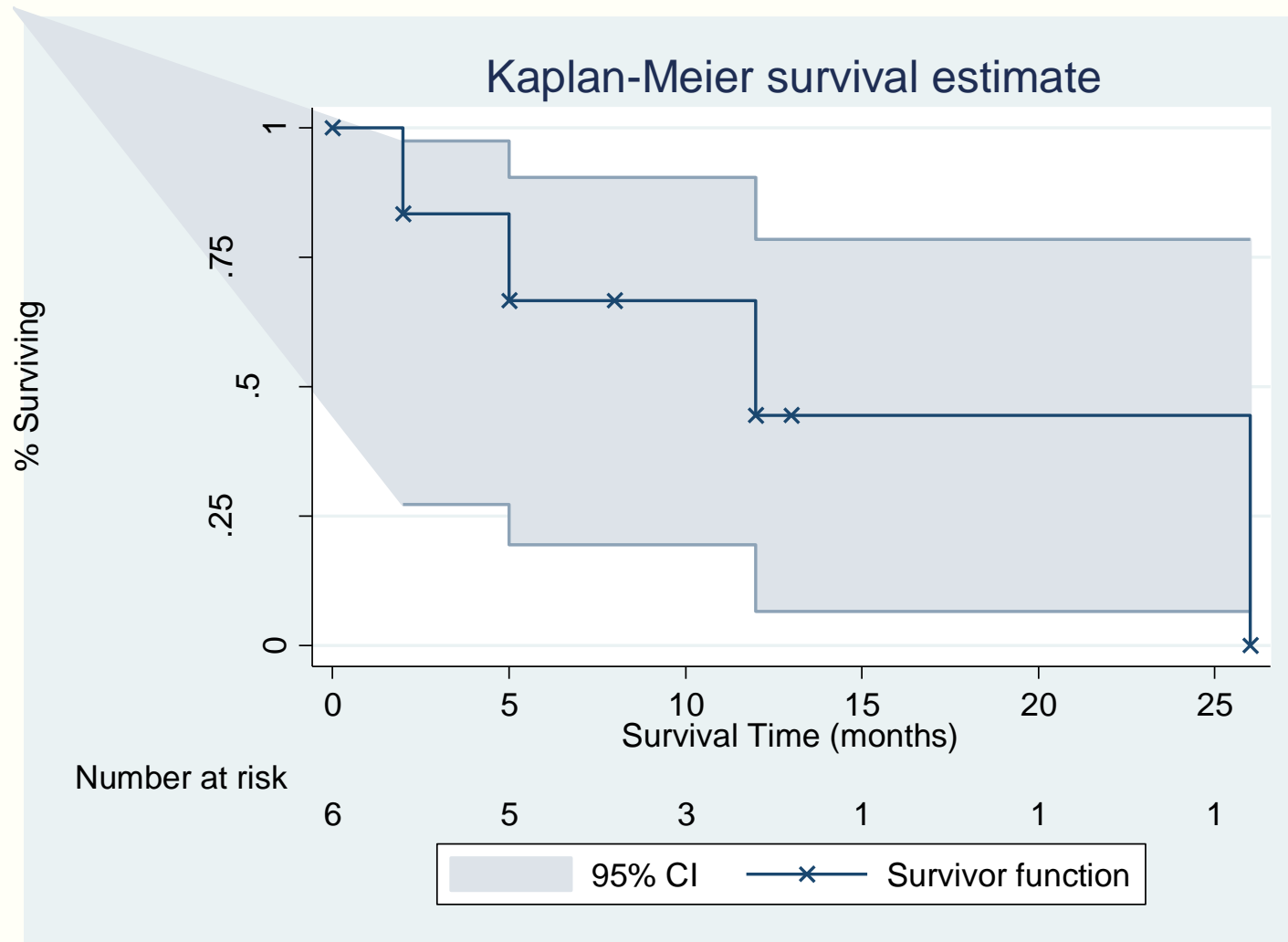


# Kaplan-Meier plot

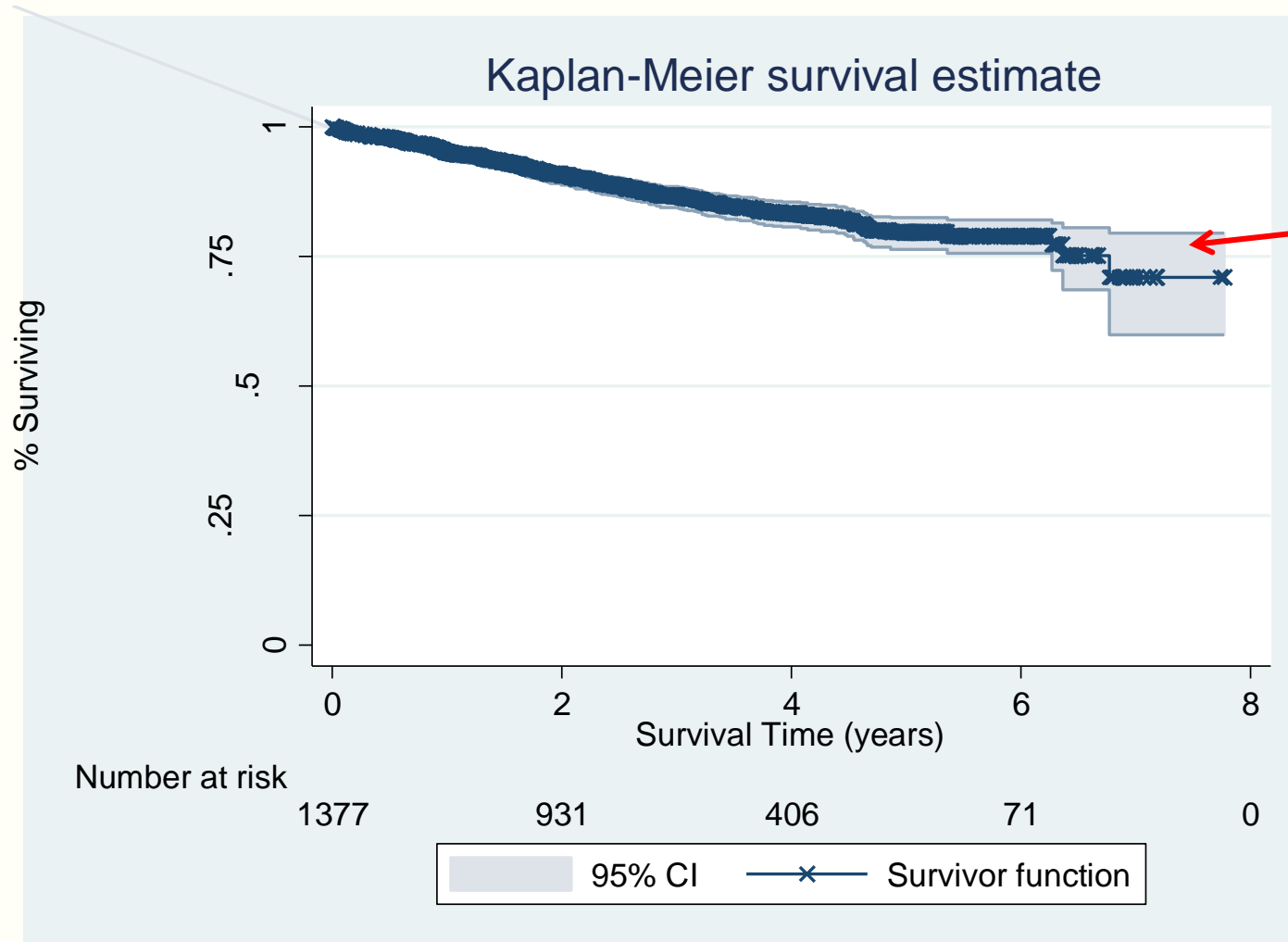




# Kaplan-Meier plot with confidence interval

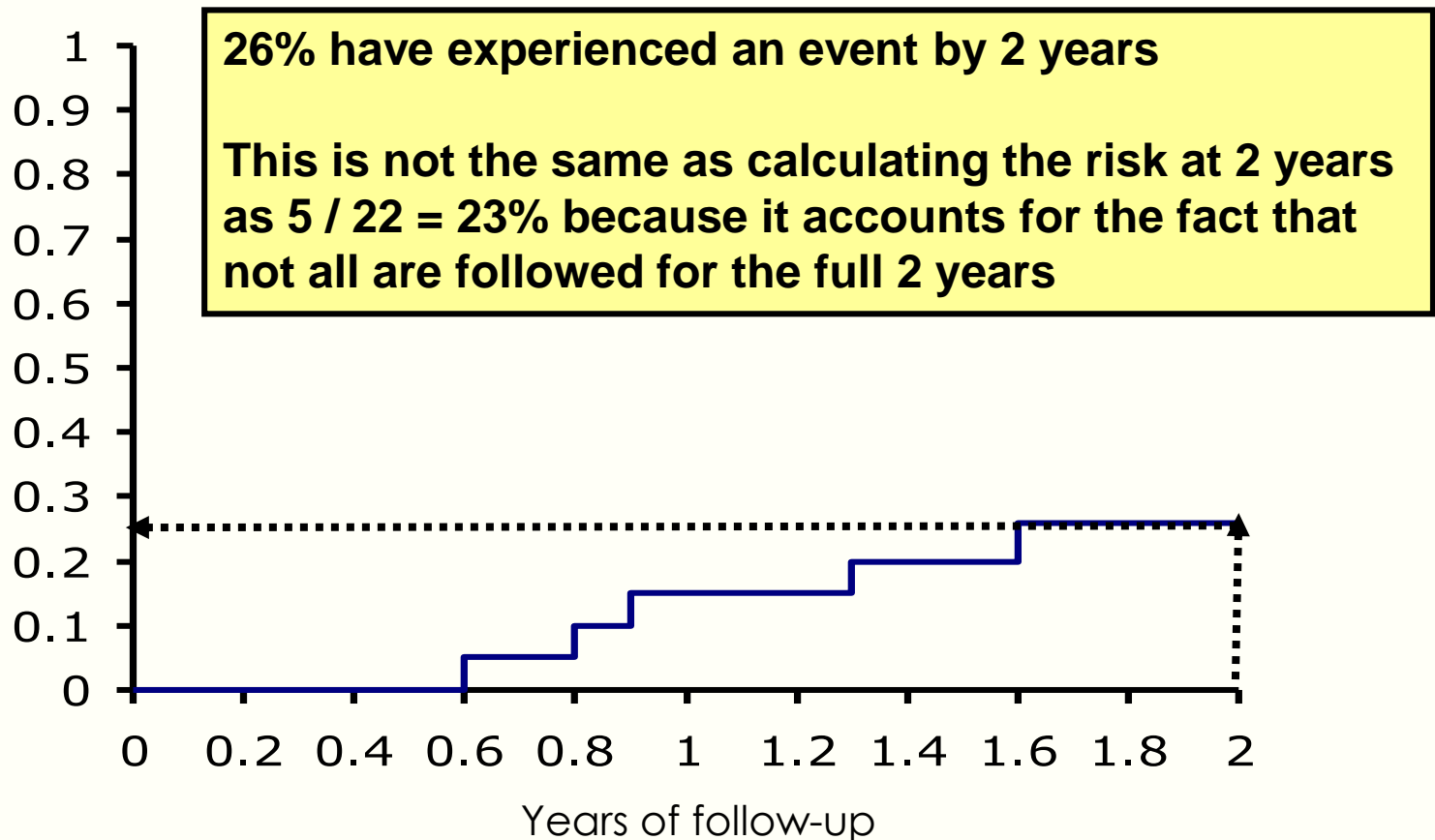


# Kaplan-Meier plot with confidence interval

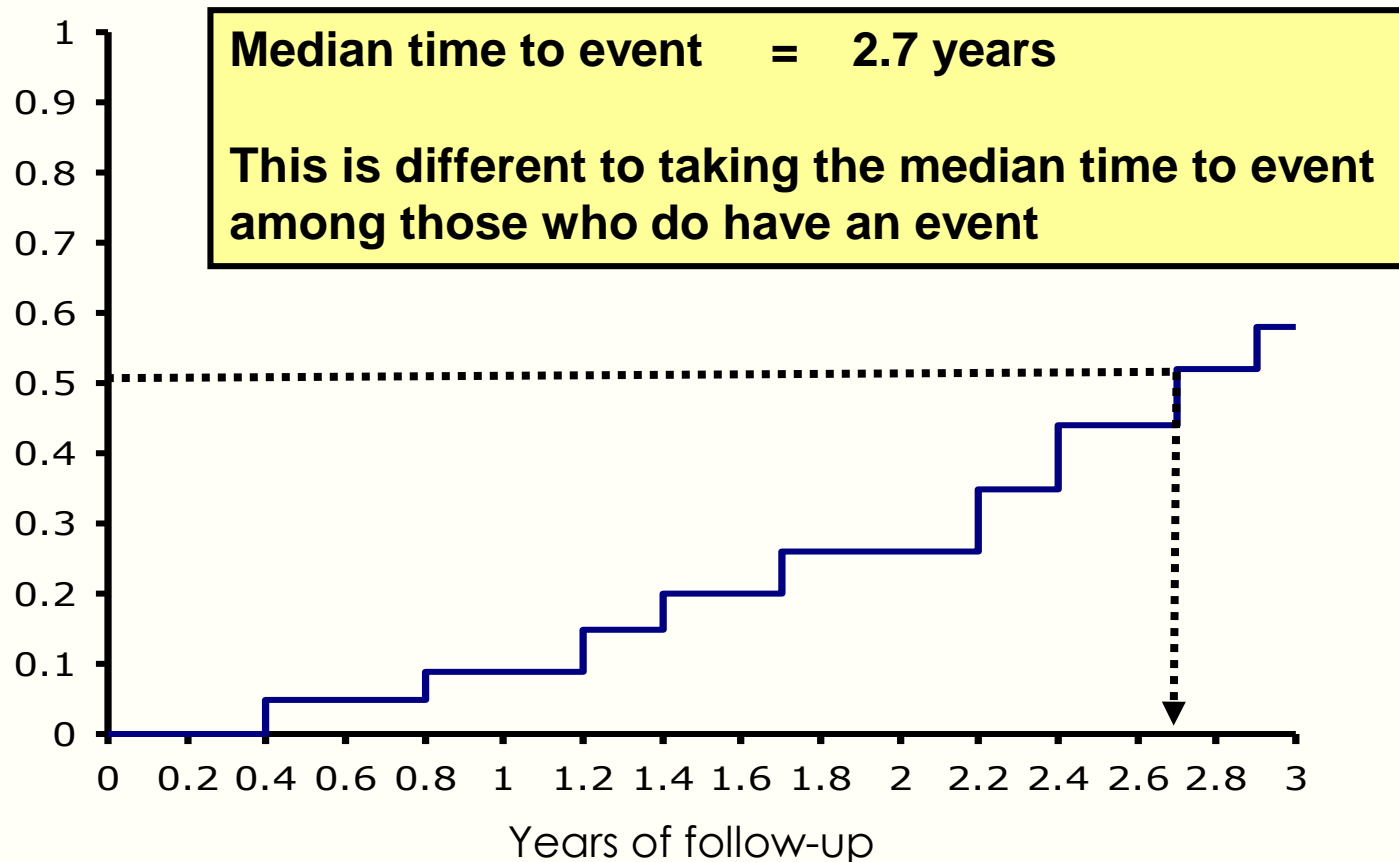


Confidence intervals are narrow due to large numbers at risk and long follow-up

# Alternative presentation

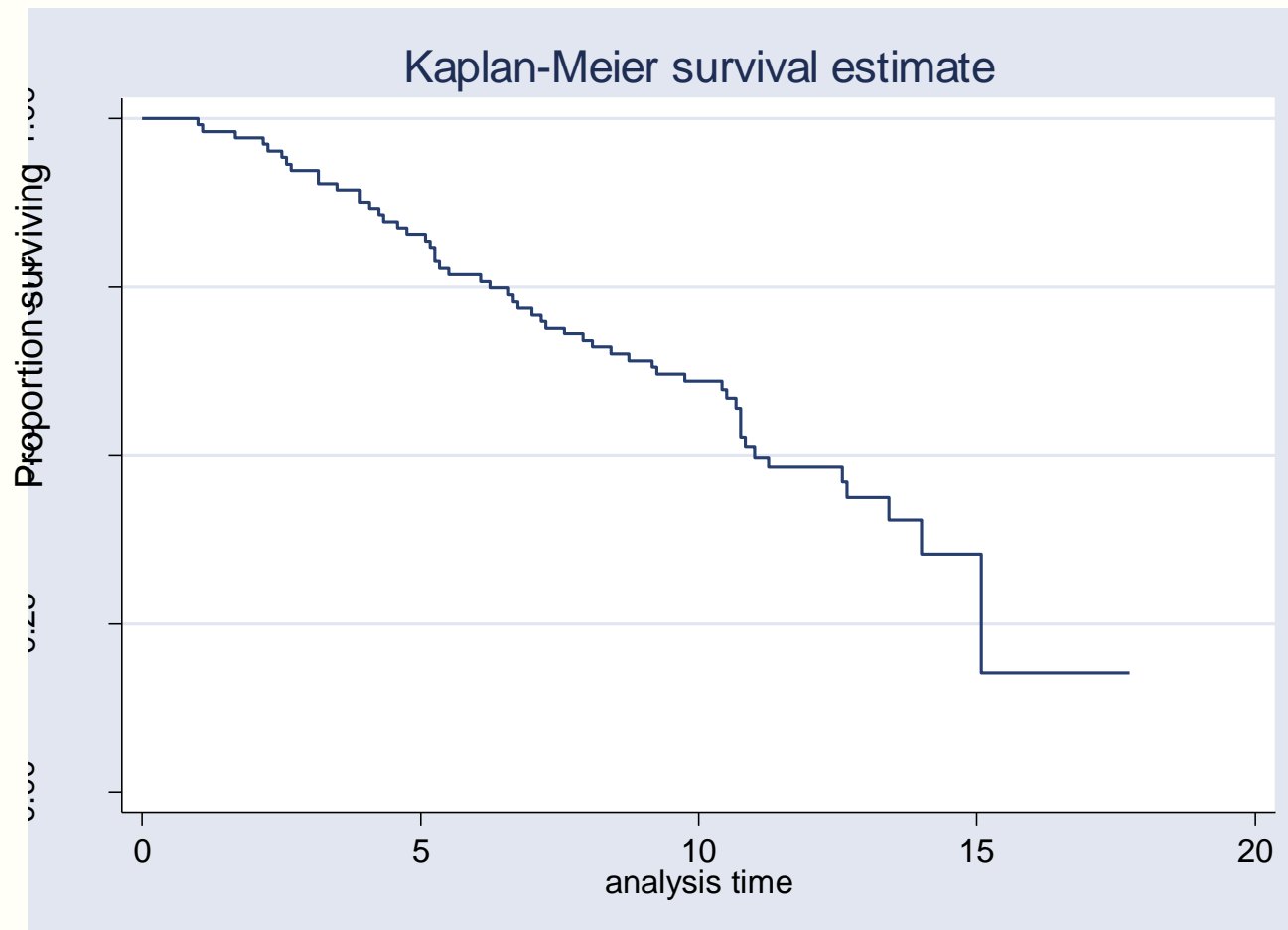


# Median time to an event



# Kaplan Meier in Stata - Example

**Survival time (years) after diagnosis with  
Parkinson's disease**



# Kaplan Meier in Stata - Example

**Survival time (years) after diagnosis with  
Parkinson's disease**

Output from `sts list`

Time	Total	Fail	Lost	Function	Error	[95% Conf. Int.]	
.0833	520	0	1	1.0000	.	.	.
.1667	519	1	0	0.9981	0.0019	0.9864	0.9997
.3333	518	1	1	0.9961	0.0027	0.9847	0.9990
.4167	516	1	0	0.9942	0.0033	0.9822	0.9981
.5	515	2	0	0.9904	0.0043	0.9770	0.9960
.5833	513	1	0	0.9884	0.0047	0.9744	0.9948
.75	512	1	0	0.9865	0.0051	0.9719	0.9935
.8333	511	1	0	0.9846	0.0054	0.9694	0.9923
.9167	510	0	1	0.9846	0.0054	0.9694	0.9923
1	509	1	0	0.9826	0.0057	0.9669	0.9909

# Notes on Kaplan Meier plots 1

- Can either plot the probability of having an event (curve goes upwards) or of remaining event-free (curve goes downwards)
- Plots should be stopped once the number of patients remaining under follow-up and free of an event is small (<10?)
- The number remaining at risk in each group should be shown at regular intervals under the x-axis

# Notes on Kaplan Meier plots 2

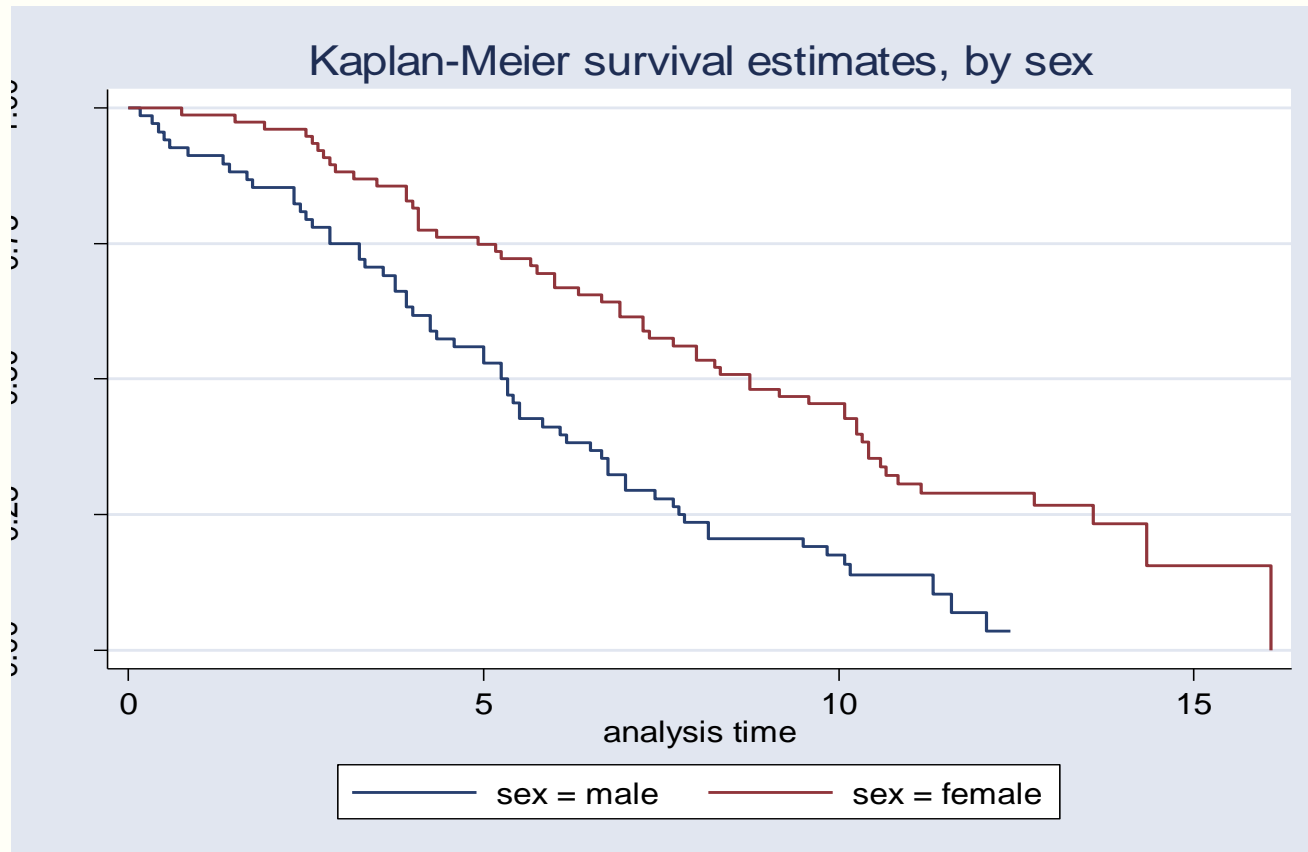
- Sometimes not enough data to estimate the median (e.g. only 5% experienced event by end of study)
- By treating observations as censored, we implicitly assume that, were people to have been followed after censoring, they would have experienced the same event rate as those not censored
- This may not be the case if censoring is due to some other event that happened to the patient



# Kaplan Meier in Stata - Example

**Survival time (years) after diagnosis with  
Parkinson's disease – by gender**

Output from `sts graph, by (sex)`



# Comparing two groups

Hypothesis test:

**Null hypothesis** : no difference in survival  
between two groups

**Test statistic** : the **log-rank test**. Non-parametric

Stata command (after *stset* data):

***sts test varname***

# Comparing two groups

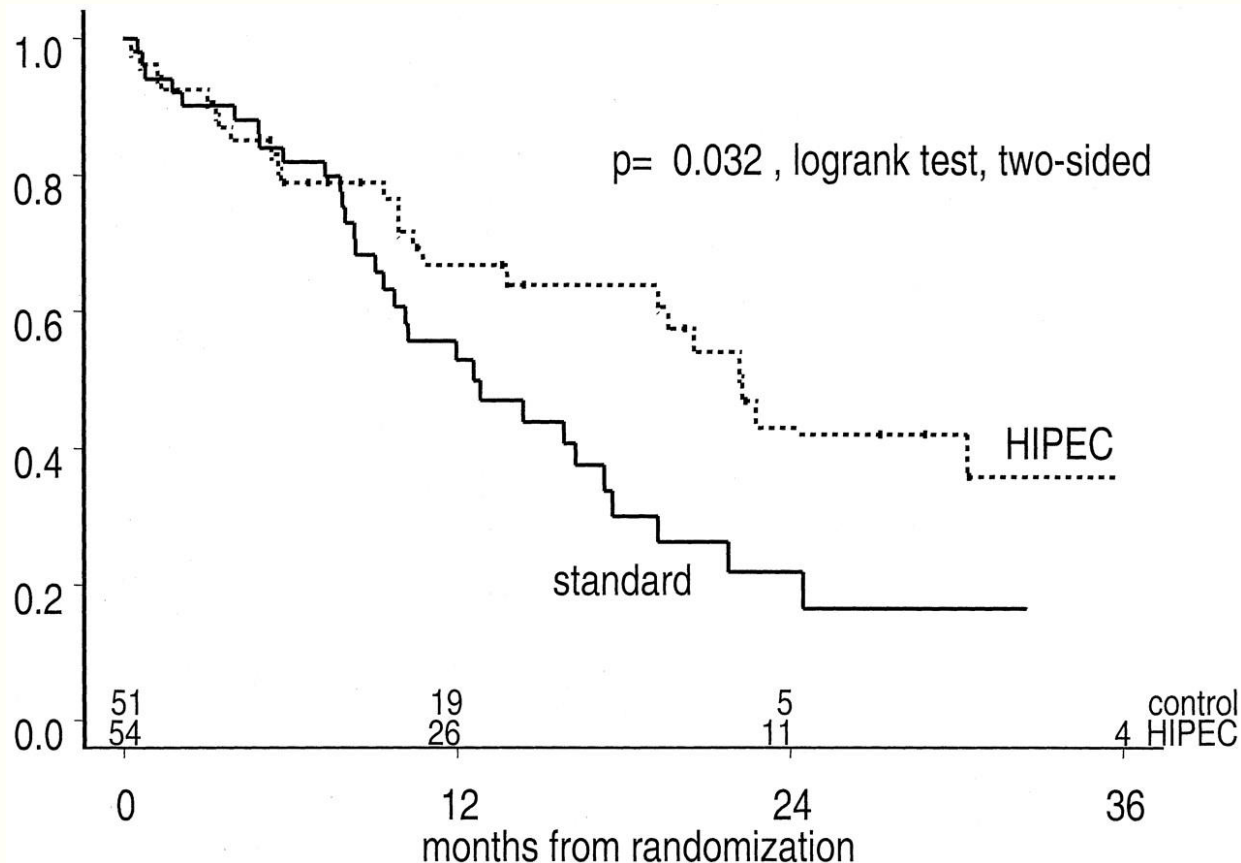
Calculate the Kaplan-Meier survival curves for each group separately

Can perform hypothesis test to assess whether difference between these **curves** is statistically significant (log-rank test)

The “log-rank test” tests for a difference between the curves **across the whole range of observed values**

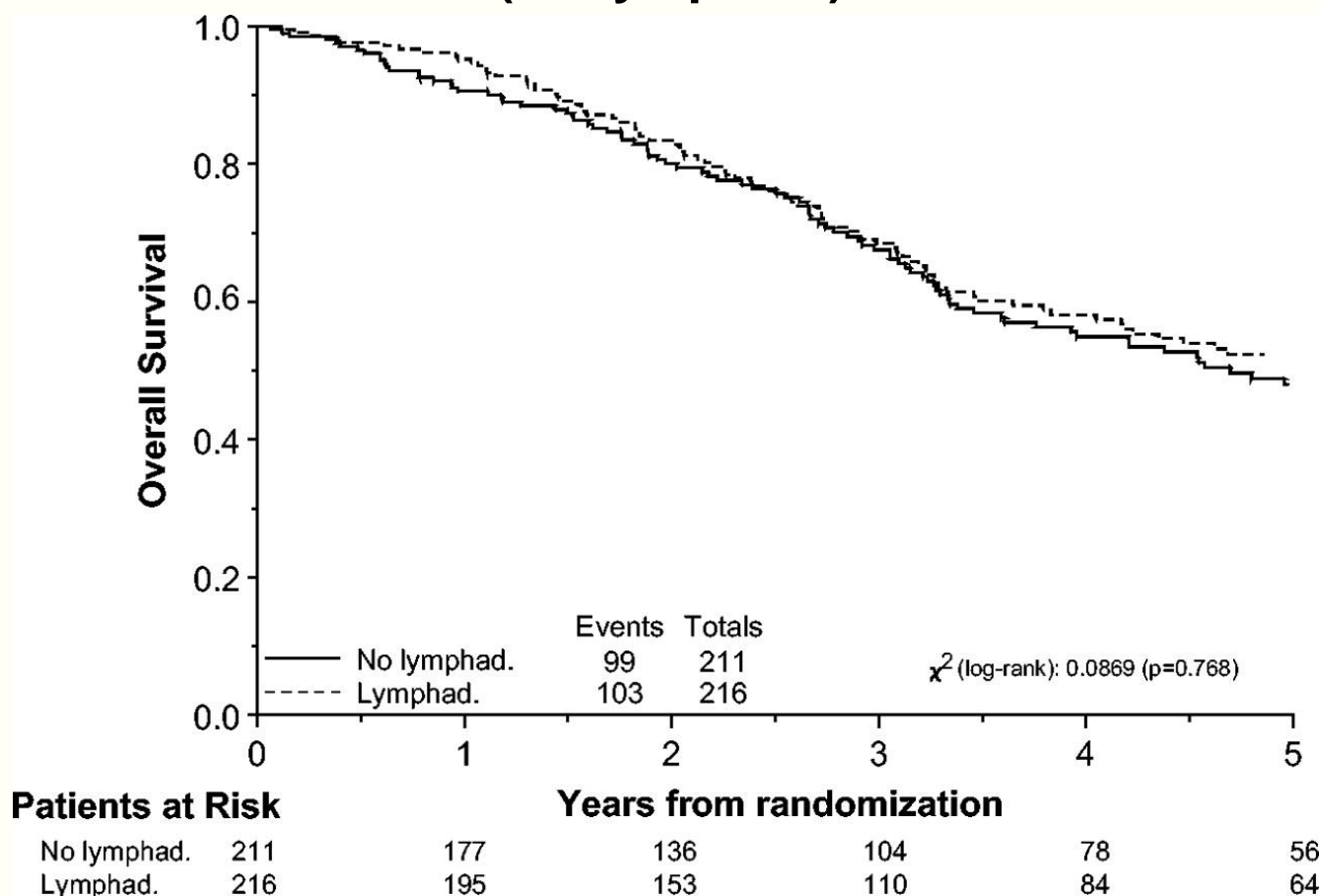
Therefore **better than simply comparing proportion alive at a particular time point** (12 months, say)

## Example: Kaplan-Meier survival curve, comparing standard treatment to hyperthermic intraperitoneal chemotherapy (HIPEC).



Verwaal V J et al. JCO 2003;21:3737-3743

**Example: Overall survival (OS) for patients with optimally debulked advanced ovarian carcinoma undergoing systematic aortic and pelvic lymphadenectomy (Lymphad.) versus resection of bulky nodes only (No lymphad.).**



**Panici P B et al. JNCI J Natl Cancer Inst 2005;97:560-566**

# Summary

- Survival (or time-to-event) data are common in the medical research field
- Survival data commonly contains censored data
- Kaplan Meier methods are frequently used to ascertain the cumulative percentage that have experienced an event by a particular time point
- We can compare survival between groups using the log rank test



# Example: Log-rank test

Deaths times, t	$d_{(t)}$	$n_{At}$	$n_{Bt}$	$e_{At}$
2	2	22	22	1.0
3	1	21	21	0.50
4	1	20	21	0.49
6	1	19	21	0.48
.				
.				
.				
96	2	6	15	0.57
.				
.				
168	1	1	3	0.25

e.g For  $t = 96$

$$e_{At} = \frac{n_{At}}{n_{At} + n_{Bt}} \times d_t = \frac{6}{6 + 15} \times 2 = 0.57$$

$$e_{Bt} = \frac{n_{Bt}}{n_{At} + n_{Bt}} \times d_t = \frac{15}{6 + 15} \times 2 = 1.53$$



# Expected number of death in each group

$$E_A = 1.0 + 0.5 + \dots + 0.57 + \dots + 0.25 = 10.62$$

$$E_B = 16 + 11 - 10.62 = 16.38$$

$$\chi^2 = \frac{(O_A - E_A)^2}{E_A} + \frac{(O_B - E_B)^2}{E_B} = 4.49$$

This gives  $P < 0.05$ , so if null hypothesis of no survival difference between the treatments were true, we would only see such an extreme difference less than one time in twenty.

Hence we reject the null hypothesis.

However, note that this gives no estimate of the magnitude of the risk.