

# What to do today (2022/02/17)?

*Part I. Preliminaries*

*Part II. Parametric Inference*

## **Part III. Nonparametric/Semi-parametric Inference**

*Part III.1. Introduction and Overview: Motivation*

*Part III.3. Kaplan-Meier Estimator*

*Part III.3. Nonparametric Tests*

### **Part III.4. Cox Proportional Hazards Model**

*Part III.4.1 Modeling*

*Part III.4.2 Inference*

*Part III.4.3 Extensions*

## **Brief Summary of Part III**

**A. Practical Example**

*B. Discussion about Homeworks 1, 2, and 3*

*C. Talk on Survival Analysis by A.A. Tsiatis*

*Part IV. Advanced Topics*

## Part III.4.2C Cox PH Model: Estimation of $h_0(\cdot)$

$$\hat{h}_0(t) = \begin{cases} \frac{d_I}{\sum_{j \in \mathcal{R}(I)} e^{\beta z_j}} & t = V_I \\ 0 & otherwise \end{cases}$$

$$\hat{H}_0(t) = \int_0^t \hat{h}_0(u; \beta) du = \sum_{V_I \leq t} \hat{h}_0(V_I; \beta)$$

Finally,  $\hat{H}_0(t) = H_0(t; \hat{\beta})$  (**Breslow estimator**)

## Part III.4.2C Cox PH Model: Estimation of $h_0(\cdot)$

### Remarks

- ▶ **Breslow estimator:** NPMLE
  - ▶ uniform consistency, weak convergence
- ▶ If  $\beta = 0$ ,  $H_0(t) = H(t)$ 
  - ▶  $\hat{H}(t) = \sum_{V_i \leq t} \frac{d_i}{N_i}$ : **Nelson-Aalen estimator**
  - ▶  $\hat{S}(t) = \exp(-\hat{H}(t))$ : **Fleming-Harrington estimator**, an alternative to Kaplan-Meier estimator  $\hat{S}_{KM}(t)$

## Part III.4.2C Cox PH Model: Estimation of $h_0(\cdot)$

**Example III.4.** (cont'd)  $n = 5$  indpt subjects and

$$Z = \begin{cases} 1 & \text{treatment} \\ 0 & \text{placebo} \end{cases}$$

$$(u_i, \delta_i, z_i) : (16, 1, 1), (13, 0, 0), (21, 1, 1), (11, 1, 0), (12, 1, 1)$$

$$V_I : 11, 12, 13, 16, 21; Z_{(I)} : 0, 1, 0, 1, 1;$$

$$\mathcal{R}_I : \{1, 2, 3, 4, 5\}, \{1, 2, 3, 5\}, \{1, 2, 3\}, \{1, 3\}, \{3\},$$

$$\hat{\beta} = \frac{1}{2} \log 2 - \log 3.$$

$$\hat{h}_0(t; \beta) = \begin{cases} \frac{d_I}{\sum_{j \in \mathcal{R}_{(I)}} e^{\beta z_j}} & t = V_I \\ 0 & \text{otherwise} \end{cases}$$

Thus, for  $t = 11, 12, 13, 16, 21$ ,  $\hat{h}_0(t; \beta)$  is

$$\frac{1}{2 + 3e^\beta}, \frac{1}{1 + 3e^\beta}, \frac{0}{1 + 2e^\beta}, \frac{1}{2e^\beta}, \frac{1}{e^\beta}.$$

$$\hat{H}_0(t) = \int_0^t \hat{h}_0(u; \hat{\beta}) du = \sum_{V_I \leq t} \hat{h}_0(V_I; \hat{\beta}).$$

## Part III.4.3 Cox PH Model: Extensions

### III.4.3A. To include strata

e.g.  $Z = \begin{cases} 1 & treatment \\ 0 & placebo \end{cases}$ ,  $W = \begin{cases} 1 & male \\ 0 & female \end{cases}$ ,  $\beta = \begin{pmatrix} \beta_1 \\ \beta_2 \end{pmatrix}$

To consider the Cox PH model with covariates  $Z, W$ :

$$h(t|Z, W) = h_0(t)e^{\beta_1 Z + \beta_2 W},$$

four hazards proportional to each other

Alternatively, stratify the subjects according to the categories of  $W$ , and consider the Cox PH model:

$$h(t|Z, W = w) = h_{w0}(t)e^{\beta Z}, \quad w = 1, 2, \dots, K$$

K pairs of proportional hazards: the same effect across different strata

Inference: in stratum  $k \implies L_P^{(k)}(\beta)$ ; over all  $\prod_{k=1}^K L_P^{(k)}(\beta)$

What if different treatment effects in different strata?

## Part III.4.3 Cox PH Model: Extensions

### III.4.3B. Time-varying (time-dependent) covariates:

e.g. air pollution level at time  $t$ :  $Z(t)$ ; time till an asthma attack

$$h(t|Z(t)) = h_0(t)e^{\beta Z(t)}$$

Inference:  $L_P(\beta) = \prod_{i=1}^n \left( \frac{e^{\beta z_i(u_i)}}{\sum_{l \in \mathcal{R}_i} e^{\beta z_l(u_i)}} \right)^{\delta_i}$

Remarks

- ▶ interpretation of the effect of  $Z(\cdot)$  on  $T$ ?
- ▶ required information of  $\{Z_i(t) : t > 0\}$ ?

## Part III.4.3 Cox Proportional Hazards Model: Extensions

### III.4.3C. Time-varying (time-dependent) coefficient:

e.g. treatment effect at time  $t$ :  $\beta(t)$ ; time till an asthma attack

$$h(t|Z) = h_0(t)e^{\beta(t)Z}$$

*Inference:*

- ▶ assuming a lot of ties of observed event times, or
- ▶ specifying  $\beta(t)$  into (i)  $\beta(t; \alpha)$ , (ii) a spline  
(piecewise-polynomial real function)

## Brief Summary of Part III: A.

### Analysis of ACTG 116b/117

#### Study Design

- ▶ to compare ddl with low/high dose to AZT
- ▶ endpoint – defined AIDS events/AIDS related death
- ▶ randomized, double-blinded, multicenter
- ▶ 913 HIV infected subjects enrolled and randomly assigned to one of the three arms (AZT, ddl low, ddl high)
- ▶ study took about 2 years

## This analysis is

- ▶ to focus on AZT and ddl low dose groups, and
- ▶ to compare the two arms in terms of the time to the 1st AIDS event.

⇒ censoring = dtdiscont or dtdeath - dtrand;  
observed time = min(censoring, dt2AIDS - dtrand)

# An Analysis of Data from ACTG116b/117

## 1. A Glance at Data

- ▶ Descriptive Summary:
  - ▶ 615 subjects: 311,304 in ddl, AZT
  - ▶ observed time range (0, 729) (days)
  - ▶ 152 failures observed: 71 vs 81
  - ▶ median baseline CD4: 92 (cells/ml); AZT dur: 419 (days)
- ▶ Baseline Balance:
  - ▶ baseline CD4: medians: 97 vs 84; p-value: 0.0435 (t-test)
  - ▶ baseline AZT duration: medians: 427 vs 406.5; p=0.7589 (t-test)

## 2. Estm on Survivor (nonparametric)

- ▶ Kaplan-Meier estm:

$$\hat{S}(t) = \prod_{s>t} \left(1 - \frac{dN_*(s)}{\bar{Y}_*(s)}\right) = \prod_{v_j > t} \left(1 - \frac{d_j}{N_j}\right)$$

- ▶ Nelson-Aalen estm based:  $\exp(-\hat{\Lambda}(t))$

$$\hat{\Lambda}(t) = \int_0^t \frac{dN_*(s)}{Y_*(s)} = \sum_{v_j \leq t} \frac{d_j}{N_j}$$

- ▶ the corresponding pointwise CI and CB ( $c=2.527, 2.636$ ;  $M=1000$ )

Determine CB's boundary  $c$ :

$$P\left(\sup_{0 < t < 729} \left| \frac{\hat{S}(t) - S(t)}{\sqrt{n}S(t)\sigma(t)} \right| \leq c\right) = 95\%$$

Introducing

$$\tilde{Q}_n(t) = \frac{\sqrt{n}}{\hat{\sigma}(t)} \sum_{i=1}^n \left( \frac{\delta_i}{Y_i(t)} I(t \geq u_i) \right) Z_i$$

Step 1: generate  $M$  sets of  $Z_1, \dots, Z_n \sim N(0, 1)$ , iid and  $\perp\!\!\!\perp$  the study data

Step 2: evaluate  $\tilde{Q}_n(t)$   $M$  times

Step 3: obtain  $M$  values of  $\max_t \{|\tilde{Q}_n(t)|\}$

Step 4:  $c = 95\%$  quantile of the  $M$  values

### 3. Tests to Compare the Two Arms (nonparametric)

$H_0 : \Lambda_1 = \Lambda_0$  vs  $H_1$ : otherwise

Fleming and Harrington test:

$$\int_0^{\infty} H_n(t) d\left(\hat{\Lambda}_1(t) - \hat{\Lambda}_0(t)\right),$$

$$H_n(t) = \left[ \hat{S}^-(t) \right]^{\alpha} \frac{Y_{.1}(t) Y_{.0}(t)}{Y_{.1}(t) + Y_{.0}(t)}.$$

- ▶ Logrank test ( $\alpha = 0$ , Mantel-Haenszel test): p=0.0377
- ▶ Prentice-Wilcoxon test ( $\alpha = 1$ , Peto & Peto modification of Gehan-Wilcoxon test): p=0.0422

$\alpha$	-8	-1	0	1	8
p-values	.369	.037	.038	.042	.115

#### 4. With Cox Proportional Model $\lambda(t|z) = \lambda_b(t) \exp(\beta z)$

- ▶  $z$ =indicator of subject in ddl:

- ▶  $\hat{\beta} = -.337$ ;
- ▶ relative risk  $\lambda(t|z=1)/\lambda(t|z=0) = \exp(\hat{\beta}) = .714$
- ▶ partial likelihood ratio test for  $H_0 : \beta = 0$ :  $p=.0383$
- ▶ baseline estimate (Breslow):

$$\hat{\Lambda}_b(t) = \int_0^t \frac{dN_i(s)}{\sum_{i=1}^n Y_i(s) \exp(\hat{\beta} z_i)}$$

- ▶  $\hat{\Lambda}_1(t) = \hat{\Lambda}_b(t) * \exp(-.337)$ ,  $\hat{\Lambda}_0(t) = \hat{\Lambda}_b(t)$

- ▶  $z$ : indicator of ddl, baseline CD4, baseline AZT duration
  - ▶  $\hat{\beta}_1 = -0.275, p = 0.092$
  - ▶  $\hat{\beta}_2 = -0.011, p < 0.001$
  - ▶  $\hat{\beta}_3 = 0.0003, p = 0.31$
- ▶  $\Lambda(t)$  of an average subject ( $z_2 = 92, z_3 = 419$ )?

$$\begin{aligned}\hat{\Lambda}_1(t) \\&= \hat{\Lambda}_b(t) * \exp(-.275 - .011 * 92 + .0003 * 419), \\ \hat{\Lambda}_0(t) \\&= \hat{\Lambda}_b(t) * \exp(-.011 * 92 + .0003 * 419)\end{aligned}$$

## 5. With Parametric Models

- ▶ exponential? Weibull?
- ▶ to consider covariates?  $(\Lambda_b(t) \exp(\beta z))$

Weibull:  $\lambda(t|z) = \alpha \phi(z; \beta) t^{\alpha-1}$ , where  $\phi(z; \beta) = e^{\beta_0 + \beta_1 z_1 + \beta_2 z_2}$

$$\hat{\alpha} = 0.909; \quad \hat{\beta}_0 = -5.006;$$

$$\hat{\beta}_1 = -0.393; \quad \hat{\beta}_2 = -0.013$$

compare with the previous results?

## **6. Further Investigations**

- ▶ consider more covariates, such as gender and age;
- ▶ dependent censoring? e.g., informative drop-outs/death
- ▶ include all experienced AIDS events
- ▶ competing risks: death vs AIDS events
- ▶ compare the 3 treatments simultaneously
- ▶ take interim reviews into account
- ▶ ... ...

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