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Modelling non-proportional hazards: time-dependent coefficients, parametric “double Cox” regression and Landmark analysis

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What if the proportional hazards assumption is not met?

- For a Cox model $\mu(t|\beta, Z) = \mu_0(t)\exp(Z^T\beta)$ we discussed two ways to cope with non-proportionality:
- Stratify the analysis on violating variable: $\mu_s(t|\beta, Z) = \mu_{0s}(t)e^{Z^T\beta}$
 - baseline hazards vary by strata s ;
 - Here we add an option of modelling shape of baseline hazards
- Include time-varying effects: $\mu(t, |\beta, Z) = \mu_0(t)e^{Z^T\beta(t)}$
 - Coefficients $\beta(t)$ are continuous functions of time
 - Use landmark analysis



Parametric “Double-Cox” regression

Components:

- A baseline hazard function (which **changes over time**).
- The risk factors Z have a log-linear contribution to the force of mortality which does not depend on time t .

The Cox parametric regression model

$$\mu(t|Z) = \mu_0(t|Z) \exp(Z^T \beta)$$

Baseline hazard function

β is a vector of unknown parameters for scale and Z is a vector of covariates

Weibull or Gompertz baseline hazard function with scale λ and shape k . Shape k is modelled as $k=k(Z)$.

Additional regression model to allow varying shape depending on covariates

$$\mu_0(t|Z) = \frac{k(Z)}{\lambda} \left(\frac{t}{\lambda}\right)^{k(Z)-1}$$

$$\mu_0(t|Z) = \lambda \exp(k(Z)t)$$

$$k(Z) = k_0 e^{Z^T \beta_k}$$



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Cox model with shared frailty

Proportional hazards model with frailty:

$$\mu(t|U, Z) = \mu_0(t)Ue^{Z^T\beta},$$

For mathematical convenience, it is frequently assumed that frailty U is gamma-distributed with mean 1 and unknown variance σ^2 :

$$U \sim \text{Gamma}(\sigma^{-2}, \sigma^{-2}).$$

The frailty variance σ^2 characterizes heterogeneity in the population.

Shared frailty assumption:

All patients from the same **unit** /clients from the same company are in the same cluster j , $j=1, \dots, J$ and share the same frailty U_j .



“Double-Cox” model with shared frailty

- Standard shared frailty Cox model : $\mu(t|U, Z) = \mu_0(t)Ue^{Z^T\beta}$;
- Baseline hazard $\mu_0(t)=\mu_0(t; \lambda, k)$;
- Cox-like parameterization for the shape of the baseline hazard function:
 $k(Z)=k_0e^{Z^T\beta_k}$;
- Frailty $U \sim \text{Gamma}$ with mean 1 and variance σ^2 .
- If needed, competing risks can be introduced through correlated shared frailty components.

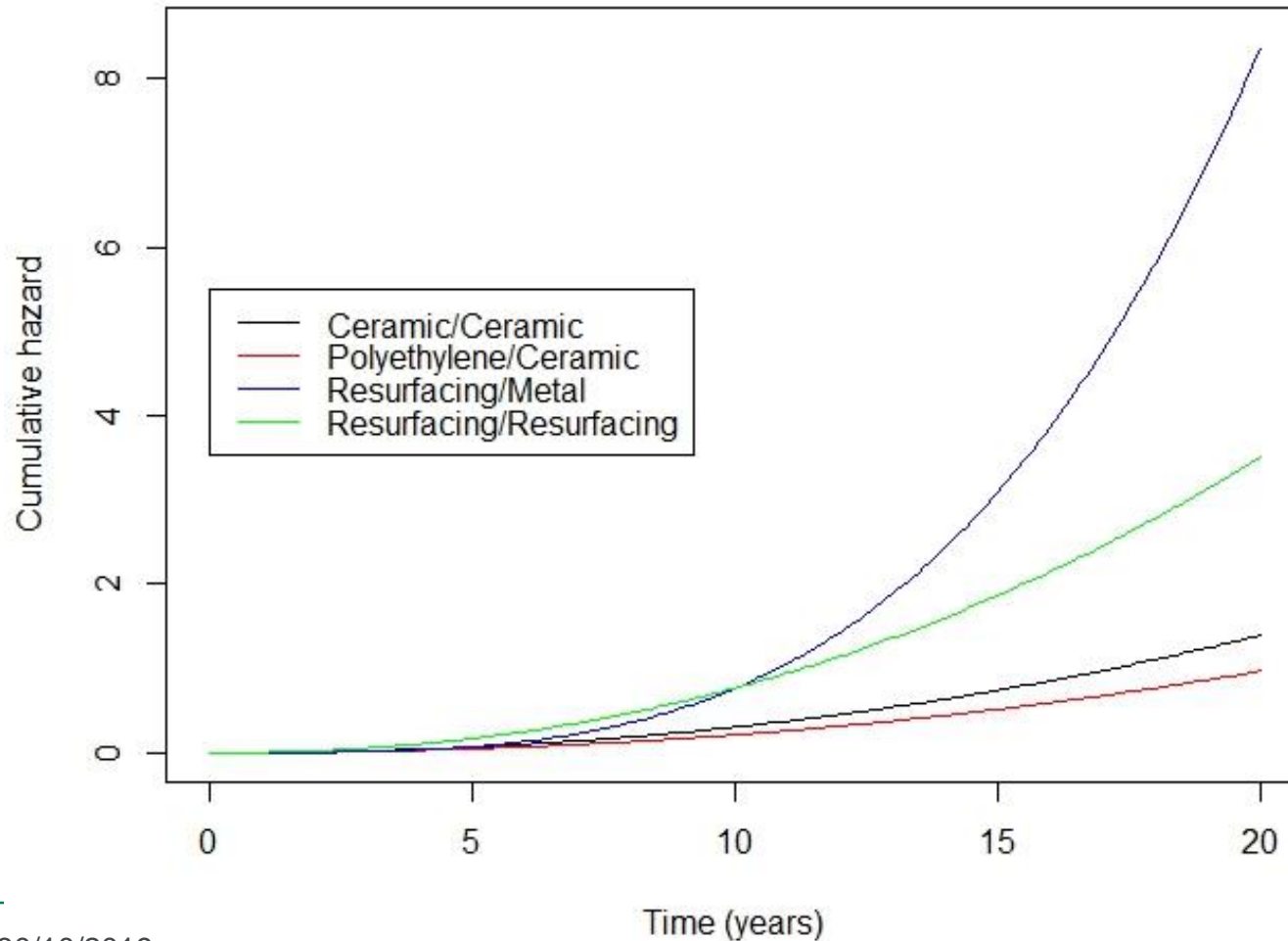
Find MLE of the vector of unknown parameters $\theta=(\lambda, k_0, \sigma^2, \beta, \beta_k)$.

This model was introduced in [1] for analysis of time to revision/
time to death after hip replacement.



Different shapes of cumulative hazards for revision surgery after hip replacement

Cumulative hazard function by type of bearing



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Extended Cox regression with time-varying covariates and regression effects

A model may include both constant and time-varying effects:

$$\mu(t, |\beta, Z) = \mu_0(t) e^{Z(t)^T \beta(t) + X(t)^T \gamma}$$

- Here $Z(t)$ and $X(t)$ are time-varying covariates (updated over time).
- $Z(t)$ are covariates with time-varying hazards $\beta(t)$, and $X(t)$ covariates have constant hazards γ .
- See Ch. 6 in the book by Martinussen&Scheike [2] and their R package *timereg* for analysis of extended multiplicative hazards models.
- Their program *timecox* can test for and fit models with both constant and time-varying effects.

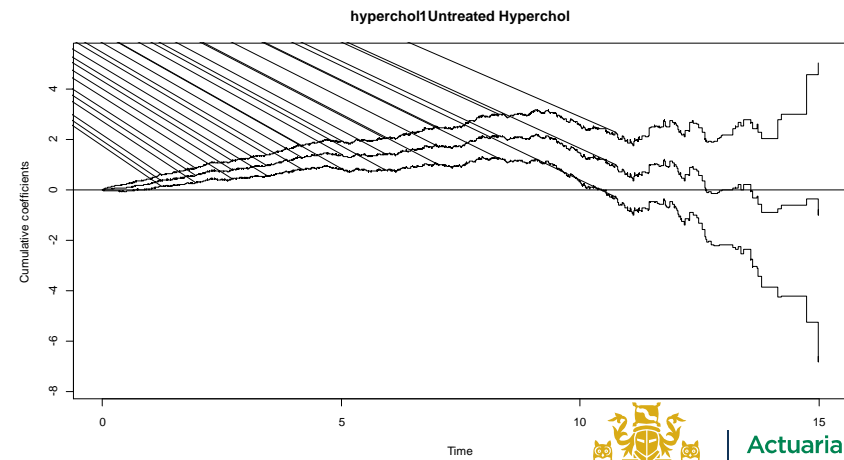
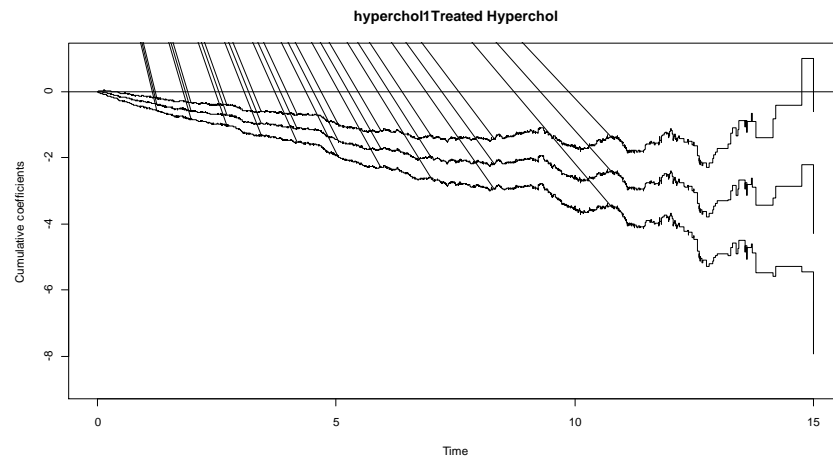
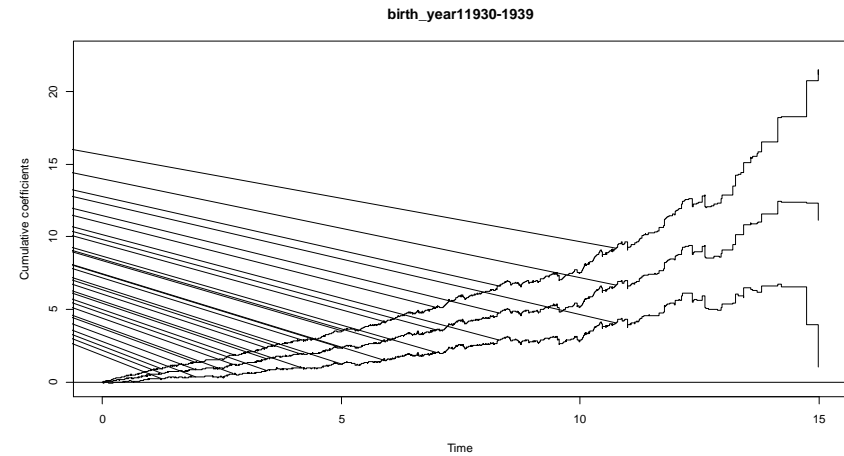
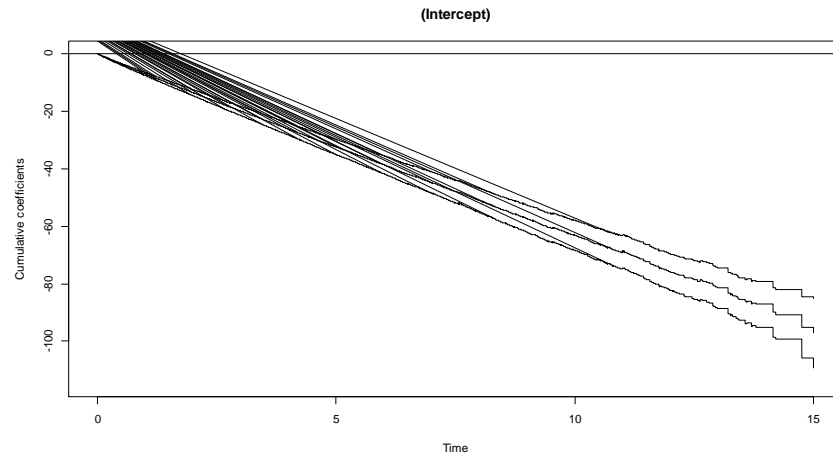


Inference in extended Cox model

- It is easier to estimate cumulative regression coefficients $B(t) = \int_0^t \beta(s) ds$, their estimates are $n^{1/2}$ -consistent and asymptotically Normal.
- This allows to draw confidence bands for $B(t)$ and to test hypotheses about them.
- A simple test of $\beta_p(t) = \beta_p$ is based on maximum deviation of the cumulative coefficient $B_p(t)$ from a straight line over an interval $[0, T]$.
- Similarly, cumulative residuals are used for various diagnostic purposes.



Plots of cumulative coefficients for DM2 study



Robustness of the Cox model

Consider once more the extended Cox model

$$\mu(t|\beta, Z) = \mu_0(t)e^{Z^T\beta(t)}.$$

The cumulative hazard $M(t|Z) = -\ln(S(t|Z))$. The ratio

$$\frac{M(t|Z)}{M_0(t)} = \frac{\int \mu_0(s) \exp(z^T \beta(s)) ds}{\int \mu_0(s) ds} \approx \frac{\exp \int \mu_0(s) (z^T \beta(s)) ds}{\int \mu_0(s) ds} = \exp(Z^T \bar{\beta}(t)),$$

where $\bar{\beta}(t) = \frac{\int \mu_0(s) \beta(s) ds}{\int \mu_0(s) ds}$, if the variance $\frac{\int \mu_0(s) (z^T (\beta(s) - \bar{\beta}(t)))^2 ds}{\int \mu_0(s) ds}$ is small. This means that the Cox model gives approximately correct predictions of surviving up to time t .



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What is landmark analysis

In the landmarking approach, dynamic predictions for the conditional survival after $t=t_{LM}$ is used on current information for all patients still alive just prior to t_{LM} . [Van Houwelingen, H. and Putter, H., 2011]

The sliding landmark model is the simple Cox model

$$h(t|x, t_{LM}, w) = h_0(t|t_{LM}, w) \exp(x^T \beta_{LM}), \quad s \leq t \leq s + w$$

for the data set obtained by truncation at $s = t_{LM}$ and administrative censoring at $t_{LM}+w$.

$h_0(t|t_{LM}, w)$ is the baseline hazard or force of mortality.

This is a convenient way to obtain a dynamic prediction without fitting a complicated model with time-varying effects.



Super-prediction data set

- Fix the prediction window w ; [say, $w=5$ years]
- Select a set of prediction time points $\{s_1, \dots, s_L\}$, $20 \leq L \leq 100$; [say, every 6 months.]
- Create a prediction data set for each $t_{LM}=s_l$ by truncation and administrative censoring;
- Stack all these data into a single “Super-prediction data set”. The subsets corresponding to a given prediction time $t_{LM}=s_l$ are “strata”.
- The risk set $R(t_i)$ for an event time t_i is present in all strata with $s \leq t_i \leq s + w$. Passing from stratum s to $s+1$ corresponds to sliding the window over the time range.
- Individual life j contributes up to $w/|s_{l+1} - s_l|$ times in each prediction window. [10 times when $w=5$ and the time shift $s_{l+1} - s_l$ is 6 months.]

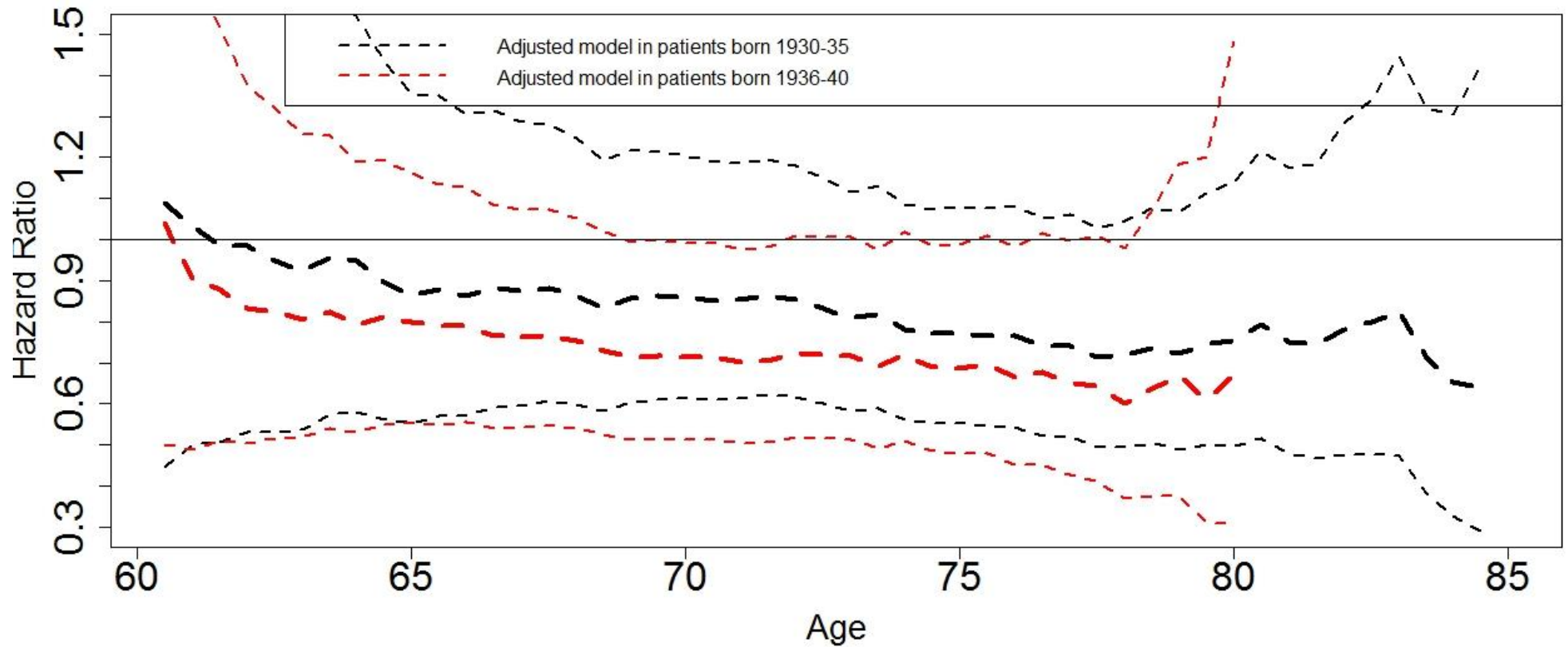


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Sliding Cox model results (crude model)

Hazard of all-cause mortality associated with statin prescription



Integrated partial log-likelihood landmark model - ipl

The landmark super prediction model with window w and letting the regression coefficients β_{LM} depend on time t_{LM} is given by

$$h(t|x, t_{LM} = s, w) = h_0(t|s, w) \exp(x^T \beta_{LM}(s)), \quad s \leq t \leq s + w$$

where

$$\beta_{LM}(s) = \sum_{j=1}^m \gamma_j f_j(s).$$

- $f_j(s)$ are the basis functions, $f_1(s)=1$, $f_j(0)=0$ for $j>1$, and γ_j are the parameters, with $\beta_{LM}(0) = \gamma_1$.
- The parameters of this model are estimated by maximizing the integrated (over s) partial log-likelihood introduced by van Houwelingen (2007).
- This approach is based on a stratified (on s) analysis with smooth landmark dependent effect $\beta_{LM}(s)$ and separate estimated baseline hazards for each stratum.



Pseudo-partial log-likelihood landmark model - *ipl**

In the *ipl** model, the baseline hazard is modelled directly as

$$h_0(t|s, w) = h_0(t) \exp(\theta(s)),$$

where $\theta(s) = \sum_{j=1}^m \eta_j g_j(s)$

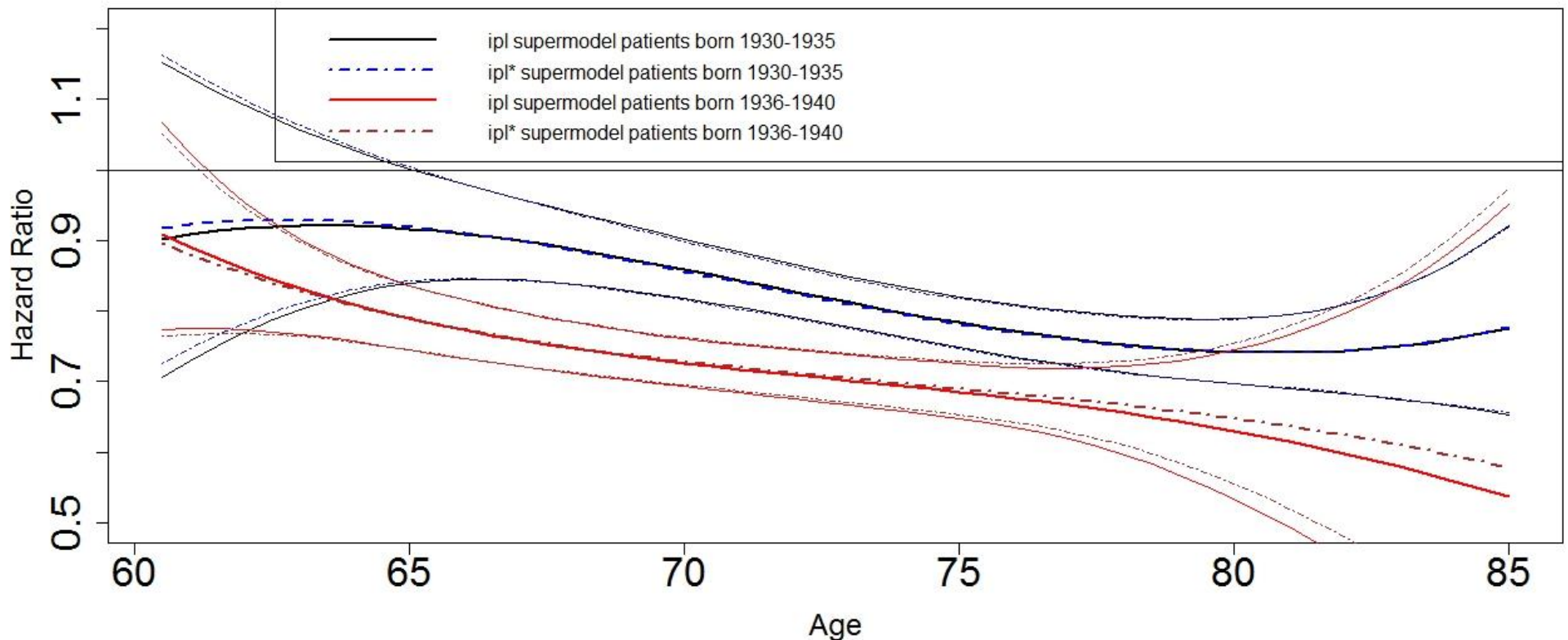
for proper basis functions $g_j(s)$ with $g_j(s_1) = 0$, resulting in

$$h(t|x, t_{LM} = s, w) = h_0(t) \exp(x^T \beta_{LM}(s) + \theta(s)), \quad s \leq t \leq s + w,$$

where $\beta_{LM}(s)$ and $\theta(s)$ are the m th degree polynomials in s .



Adjusted hazard of all-cause mortality associated with current statin prescription



Predicted probabilities of survival in a window

Predictions for all $s \in [s_1, s_L]$ in the *ipl** model are obtained from estimated cumulative hazards

$$H(s + w|x, t_{LM} = s) = \exp(x^T \beta_{LM}(s) + \theta(s)) (H_0^*(s+w) - H_0^*(s))$$

This is because in the *ipl** model

$$h(t|x, t_{LM} = s, w) = h_0(t) \exp(x^T \beta_{LM}(s) + \theta(s)), \quad s \leq t \leq s + w,$$

only the baseline hazard $h_0(t)$ depends on t .

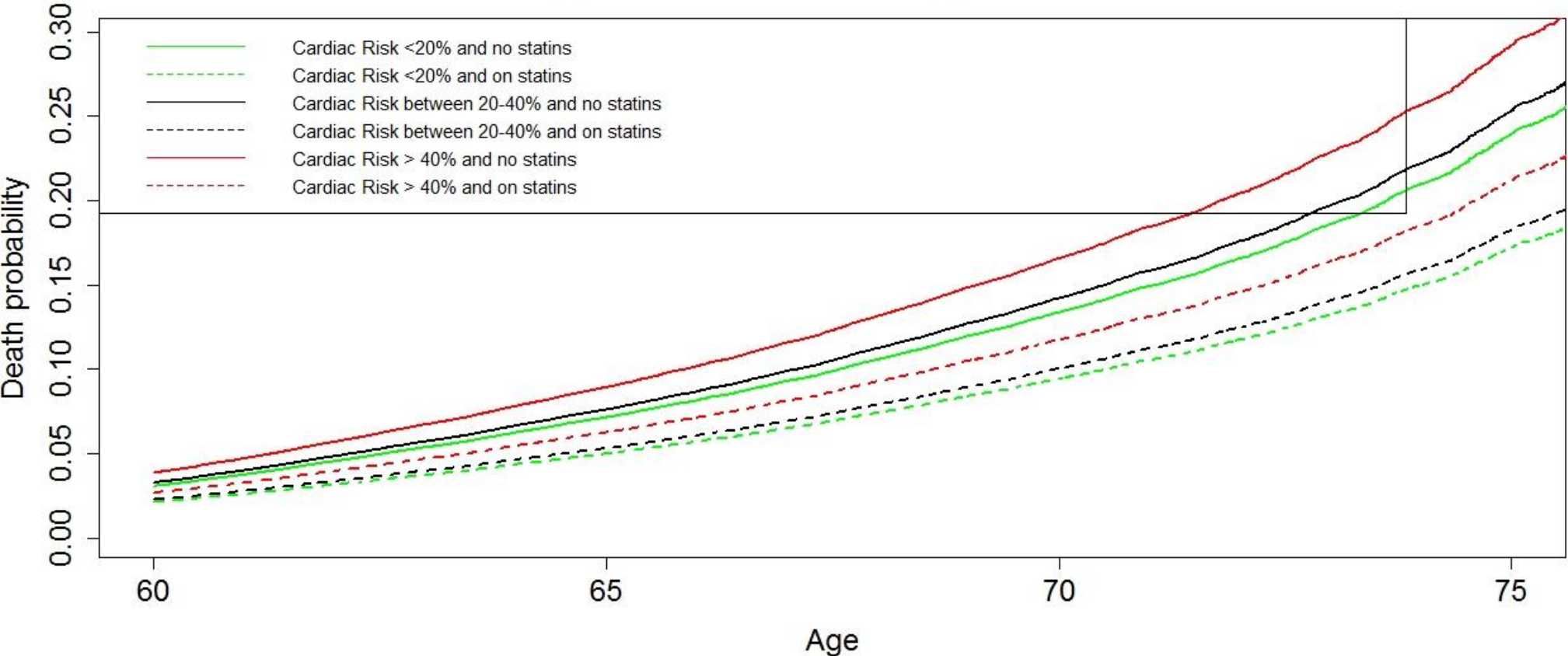


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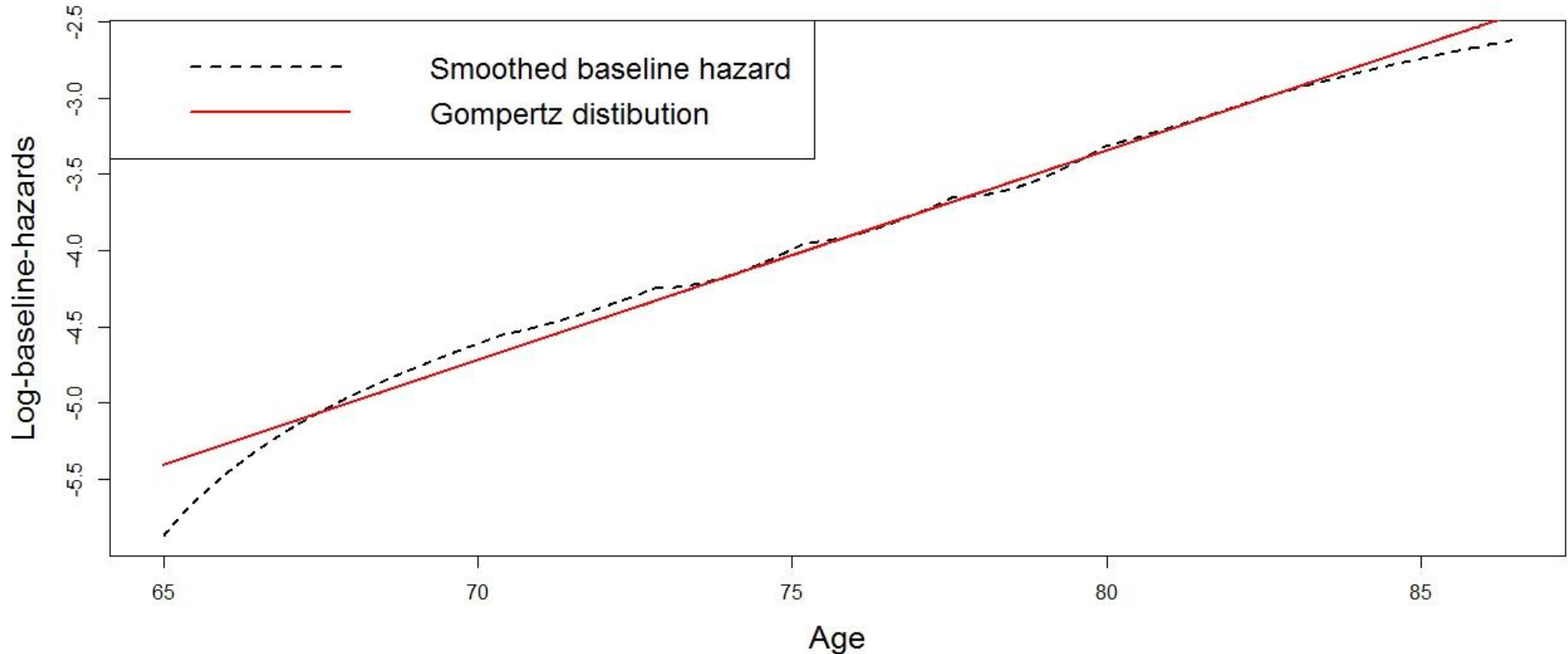
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Probabilities of death for 1936-1940 cohort

Dynamic prediction with 10 year window



Baseline hazard in the statins landmark model



The baseline hazard is well approximated by the Gompertz hazard



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The *ipl** landmark model in actuarial research

In the *ipl** model, the hazards are modelled as

$$h(t|x, t_{LM} = s, w) = h_0(t) \exp(x^T(s)\beta_{LM}(s) + \theta(s)), \quad s \leq t \leq s + w,$$

where $\beta_{LM}(s)$ and $\theta(s)$ are the k th and the $(k-1)$ th degree polynomials of $s = t - t_0$.

The log-hazards are $\lambda(t|x, t_0) = \lambda_0(t) + x^T(s)\beta_{LM}(s) + \theta(s)$.

For Gompertz baseline hazard, $\lambda_0(t) = a + bt$.

Values of a and b can be estimated from the estimated baseline hazard or substituted for a particular population. Next, we can obtain cumulative hazards, survival and period life expectancy for various scenarios of changing risks $x(s)$.



Discussion and conclusions

- The most general form of extended Cox regression with time-dependent effects is difficult to use. To make it relevant to actuarial research we also need to consider the shape of the baseline hazards.
- Parametric “double-Cox” model is a useful replacement for the stratified Cox model which also models shape of baseline hazards and can be easily used for actuarial purposes.
- Landmark analysis is a convenient way to model dynamically changing survival data. The ipl^* model conveniently lends itself to actuarial modelling.
- Extra development is required to use the results for population LE projections using methodology similar to that in Kulinskaya et al. (2019) .



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Questions

Comments



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