

A comparison between landmarking and joint modeling for producing predictions using longitudinal outcomes

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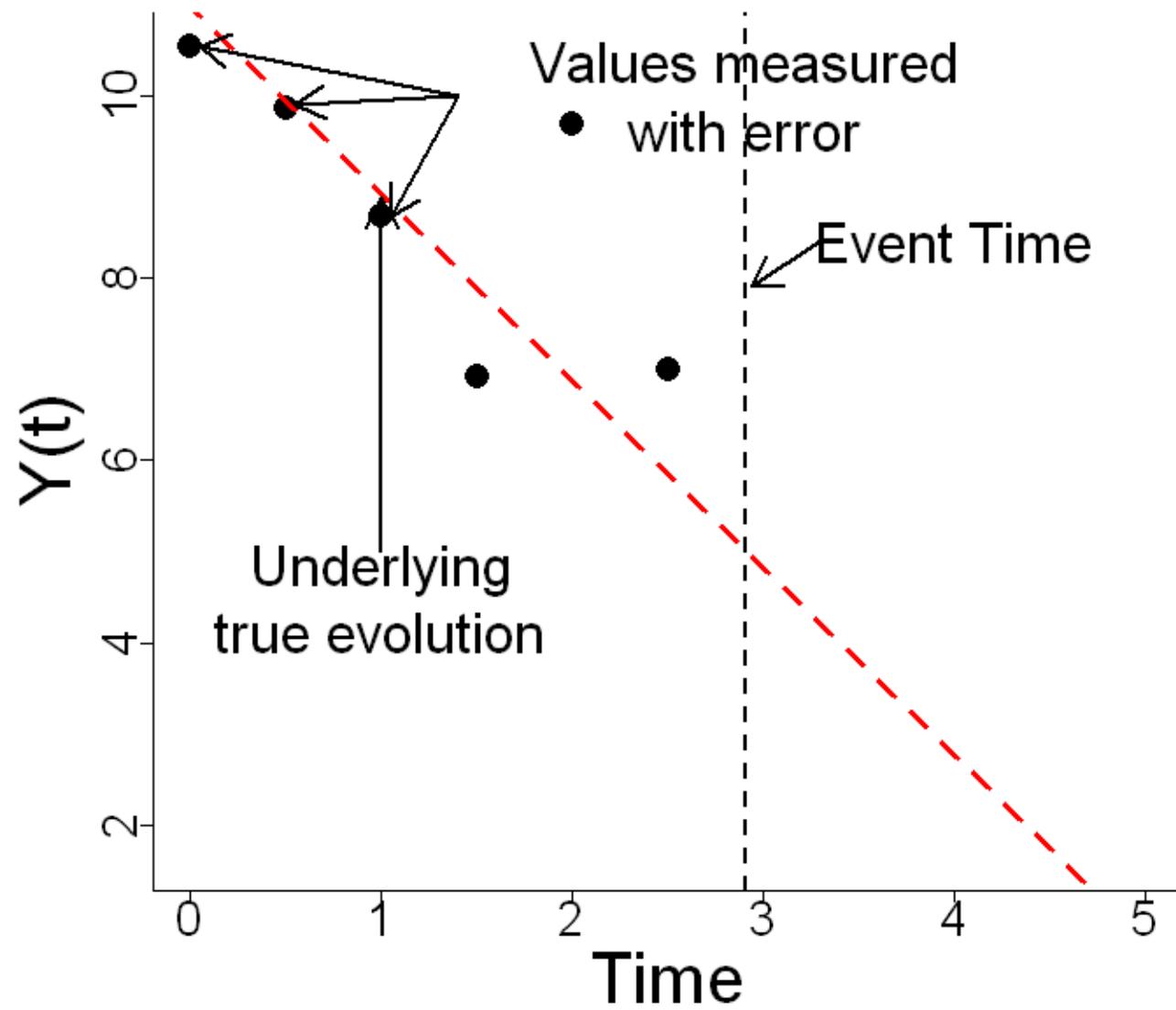
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Dynamic Prediction

- Use repeated measurements of specific biomarkers to assess risk of death
- Example: CD4 in HIV study
- Dynamic prediction: update of survival probability as more measurements are available
- We compare two approaches for producing dynamic predictions of survival probabilities
 - landmarking (van Houwelingen and Putter, 2011)
 - joint modeling (Henderson et al., 2002, Yu et al., 2008, Rizopoulos, 2012)

Joint Modeling Approach

- Joint Modeling Approach:
 - reconstructs true evolution of biomarker
 - uses the true values of biomarker in survival model



Joint Modeling Approach

- Two submodels for longitudinal and survival processes
- For continuous longitudinal markers usually a linear mixed model is used:

$$y_i(t) = m_i(t) + \epsilon_i(t) = x_i^T(t)\beta + z_i^T(t)b_i + \epsilon_i(t)$$

$m_i(t)$ - true value of the longitudinal marker at time t

β - vector of the fixed-effects parameters

$b_i \sim N(0, D)$ -vector of random effects

$x_i(t)$ and $z_i(t)$ - design matrices for the fixed and random effects

$\epsilon_i(t)$ - measurement error, $\epsilon_i(t) \sim N(0, \sigma^2)$

Joint Modeling Approach

- For survival process standard relative risk model

$$\lambda_i(t) = \lambda_0(t) \exp(\alpha^T f(t, b_i) + \gamma^T v_i)$$

- shares some common (time-dependent) term $f(t, b_i)$, with longitudinal model

v_i - vector of baseline covariates, γ - vector of associated coefficients

α - measure the strength of association between longitudinal and survival processes

Joint Modeling Approach

- Based on fitted model dynamic predictions for new subject k constructed
- We predict conditional probability of surviving time $u > t$ given that subject k has survived up to t :

$$S_k(u | t) = \Pr(T_k^* > u | T_k^* > t, Y_k(t))$$

$Y_k(t)$ - longitudinal profile for subject k at time t , T^* - true survival time

- $S_k(u | t)$ can be written as Bayesian posterior expectation:

$$S_k(u | t) = \int \Pr(T_k^* > u | T_k^* > t, Y_k(t), \mathcal{S}_n; \theta) p(\theta | \mathcal{S}_n) d\theta \quad (*)$$

θ - vector of parameters from joint model, \mathcal{S}_n - a sample of size n on which joint model was fitted

Joint Modeling Approach

- Let $f(b_i, t) = b_i$. First part of the integrand (*) can be written as:

$$\begin{aligned} & \Pr(T_k^* > u \mid T_k^* > t, Y_k(t), \mathcal{S}_n; \theta) \\ &= \int \Pr(T_k < u \mid T_k^* > t, b_k; \theta) \times p(b_k \mid T_k^* > t, Y_k(t), \theta) db_k \end{aligned}$$

- Monte Carlo approach used to compute $S_k(u \mid t)$ for patient k and $S_k(u \mid t')$ updated for every time point $t' > t$

Joint Modeling Approach

- For each individual k given available longitudinal profile $Y_k(t)$:
- Step 1: sample $b_k^{(l)}$ from posterior $\{b_k \mid \mathcal{T}_k^*(t), Y_k(t); \theta\}$

Joint Modeling Approach

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- Step 2: compute $S_k^{(l)}(u \mid t, b_k^{(l)})$

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- Repeat Steps 1-2, $l = 1, \dots, L$

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- Use median (and quantiles) of $S_k^{(l)}(u \mid t, b_k^{(l)})$

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Landmark Approach

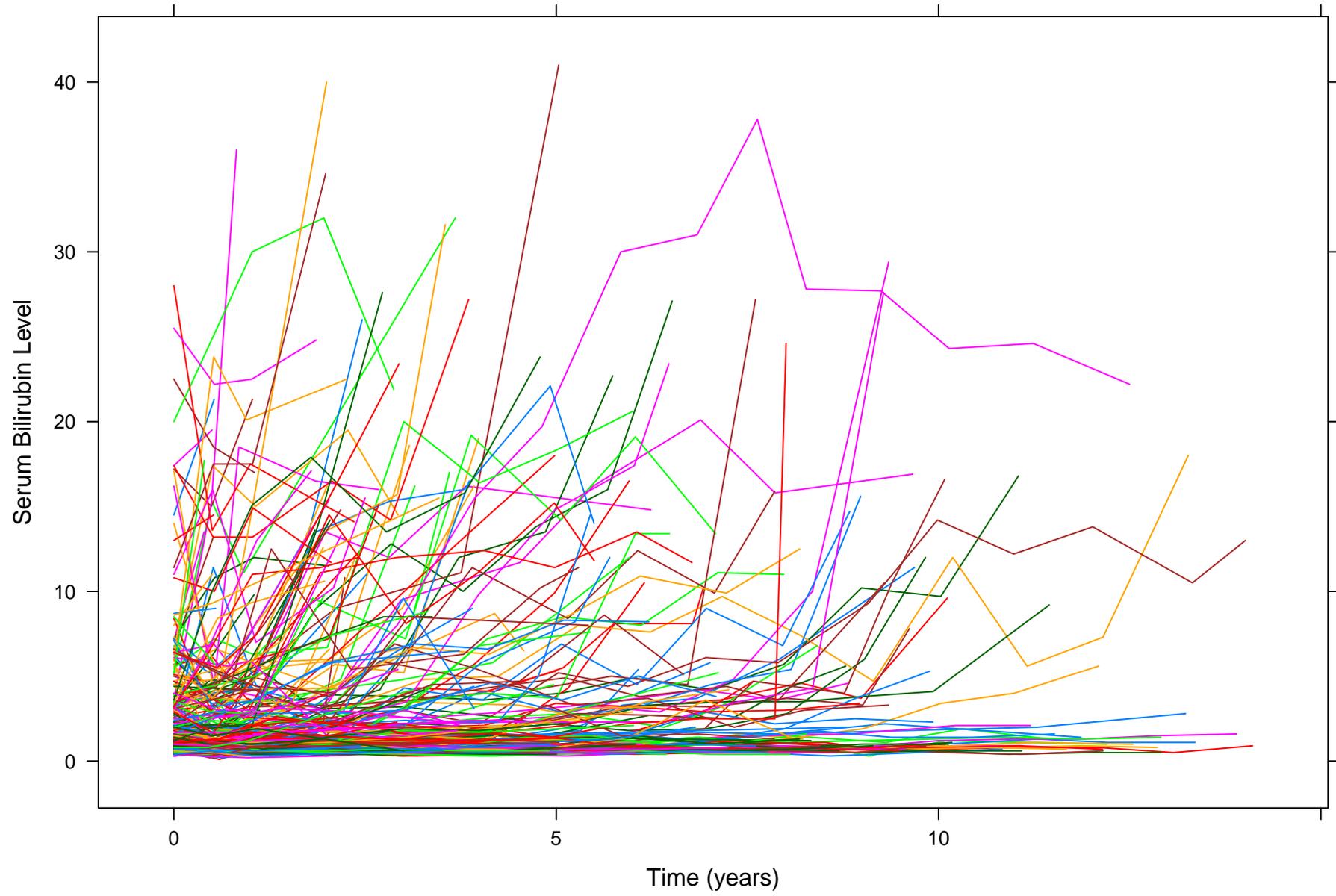
- Landmark method simplifies the longitudinal history $Y_k(t)$ to the last value $y_k(t)$
- Dynamic predictions obtained by adjusting the risk set and refitting Cox model:
 - landmark time t_L chosen
 - for t_L landmark data set \mathcal{L}_L constructed: selecting individuals at risk at t_L
 - Cox model fitted for \mathcal{L}_L
- Advantage of JM approach: possibility of defining different association structure between longitudinal and survival processes

Motivating Data set

- PBC study

conducted by Mayo Clinic between 1974 and 1984

- For patients with PBC serum bilirubin is known to be a good marker of progression
- Aim: find which characteristics of serum bilirubin profile are most predictive for death
- Longitudinal serum bilirubin level $Y_i(u)$ modeled by mixed effects model
 - natural cubic splines to account for nonlinear character of marker evolution
 - interaction terms between B-spline basis and treatment group to model different trajectories for 2 treatment groups



Motivating Data set

- For survival process standard relative risk model with different forms of the association structure:

$$\begin{aligned}
 \text{I } \lambda_i(t) &= \lambda_0(t) \exp\{\gamma^T v_i + \alpha_1 m_i(t)\} \\
 \text{II } \lambda_i(t) &= \lambda_0(t) \exp\{\gamma^T v_i + \alpha_1 m_i(t) + \alpha_2 m'_i(t)\} \\
 \text{III } \lambda_i(t) &= \lambda_0(t) \exp\left\{\gamma^T v_i + \alpha_1 \int_0^t m_i(s) ds\right\} \\
 \text{IV } \lambda_i(t) &= \lambda_0(t) \exp\{\gamma^T v_i + \alpha^T b_i\}.
 \end{aligned}$$

(1)

Baseline hazard $\lambda_0(t)$ modeled parametrically using Weibull distribution, i.e:

$$\lambda_0(t) = \phi t^{\phi-1}$$

Different parameterizations of Joint Model

- In J-M where only random effects are shared likelihood is of the (closed!) form:

$$p(T_i, \Delta_i | b_i, \theta, \beta) = [\lambda_0(T_i) \exp(\alpha^T b_i + \gamma^T v_i)]^{I(\Delta_i=1)} \times$$

$$\exp\left(-\int_0^{T_i} \lambda_0(s) \exp(\alpha^T b_i + \gamma^T v_i) ds\right)$$

▷ Dependence on s only through piecewise constant baseline hazards $\lambda_0(s)$

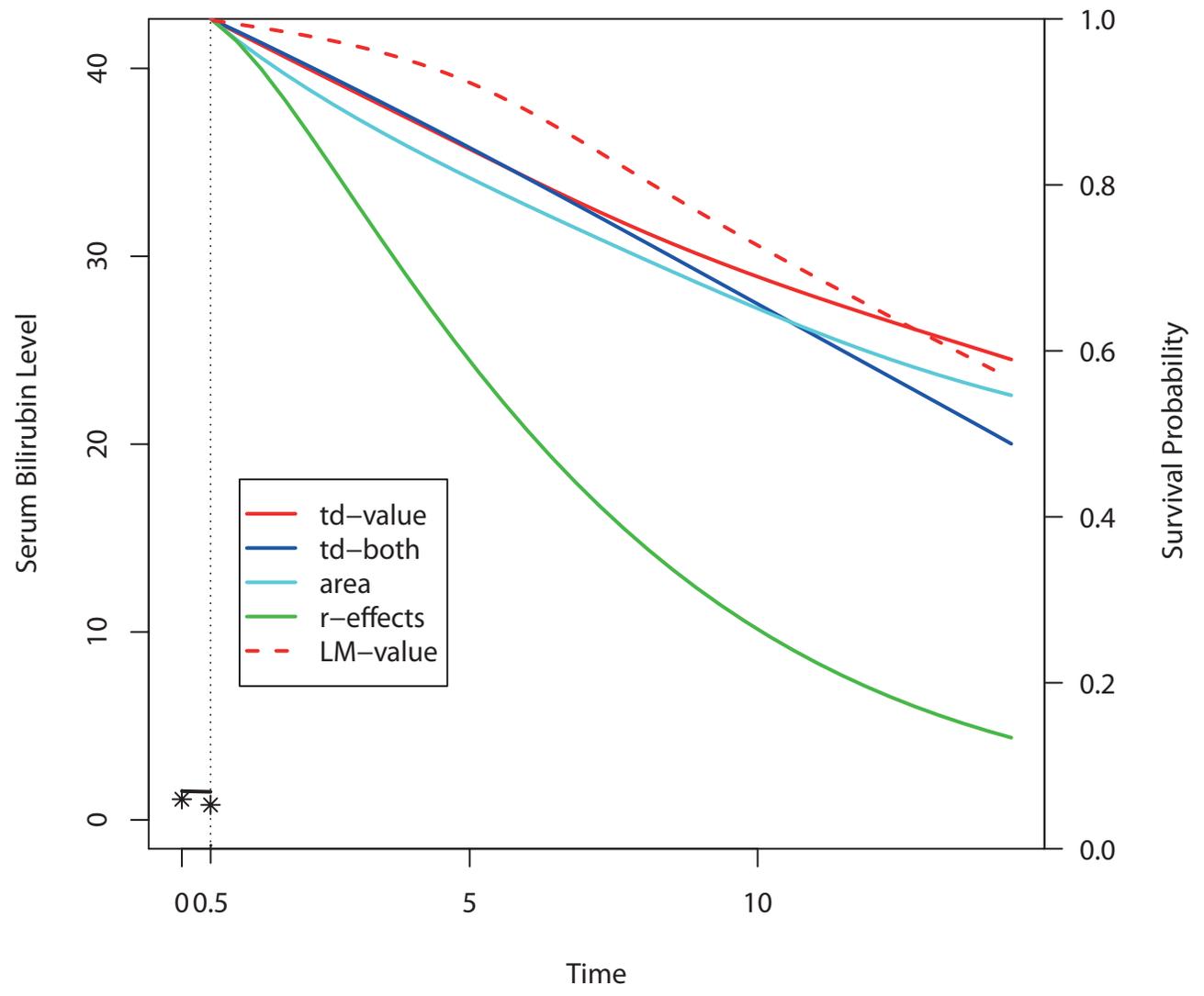
- Problem arises when time-dependent term shared:

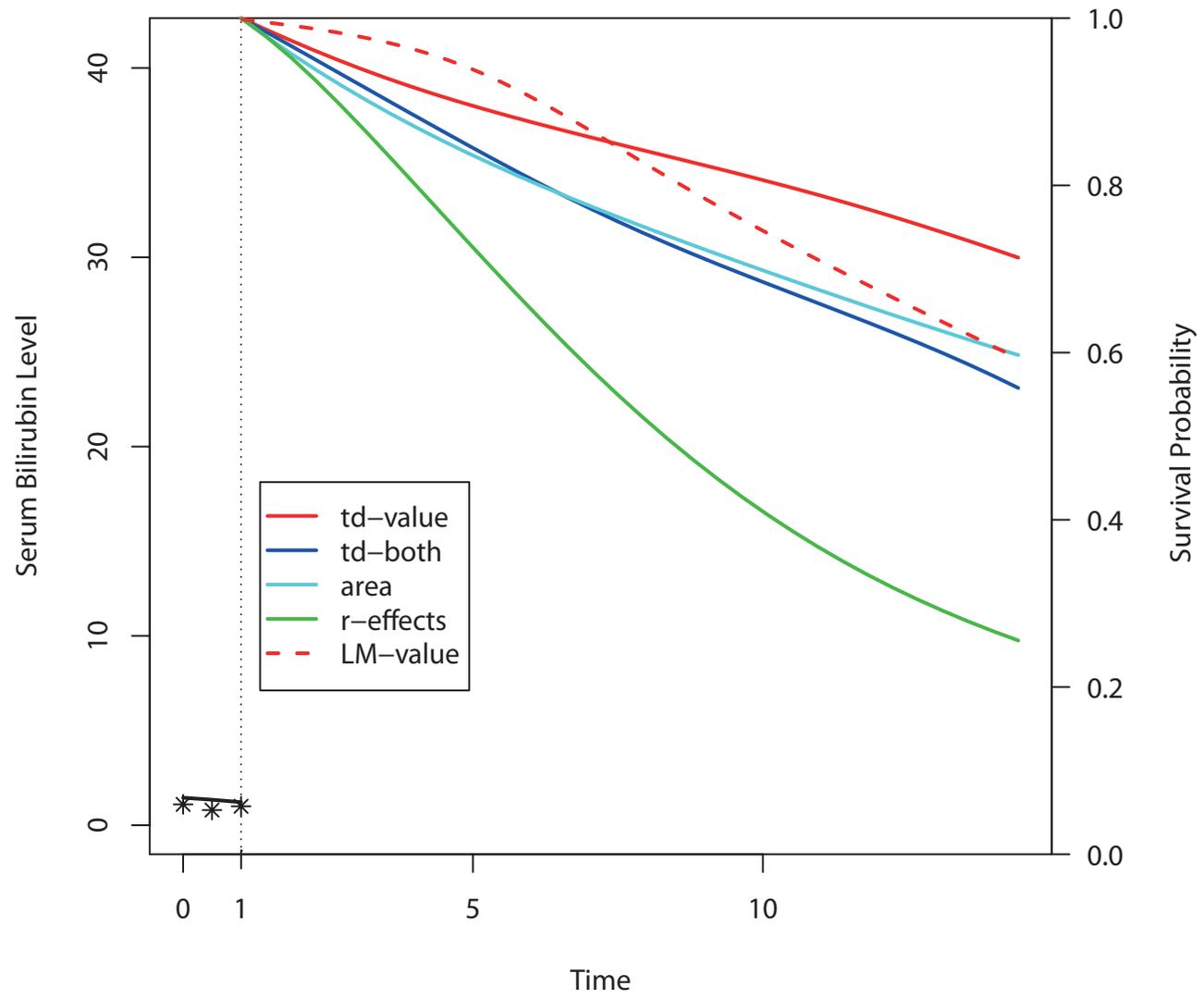
$$\int_0^{T_i} \lambda_0(s) \exp(\alpha^T f_i(s) + \gamma^T v_i) ds$$

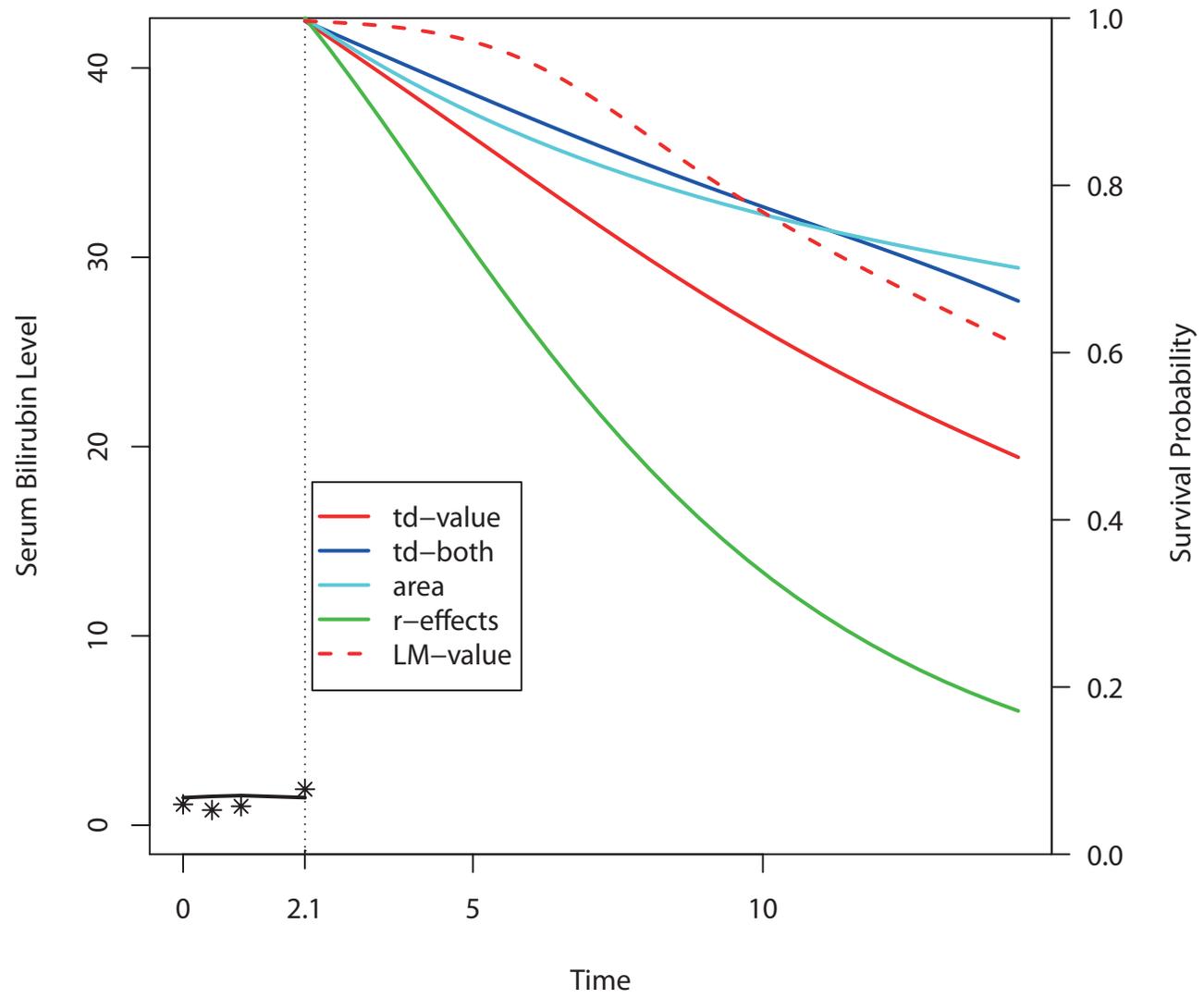
▷ Solution: use quadrature points to approximate the integral

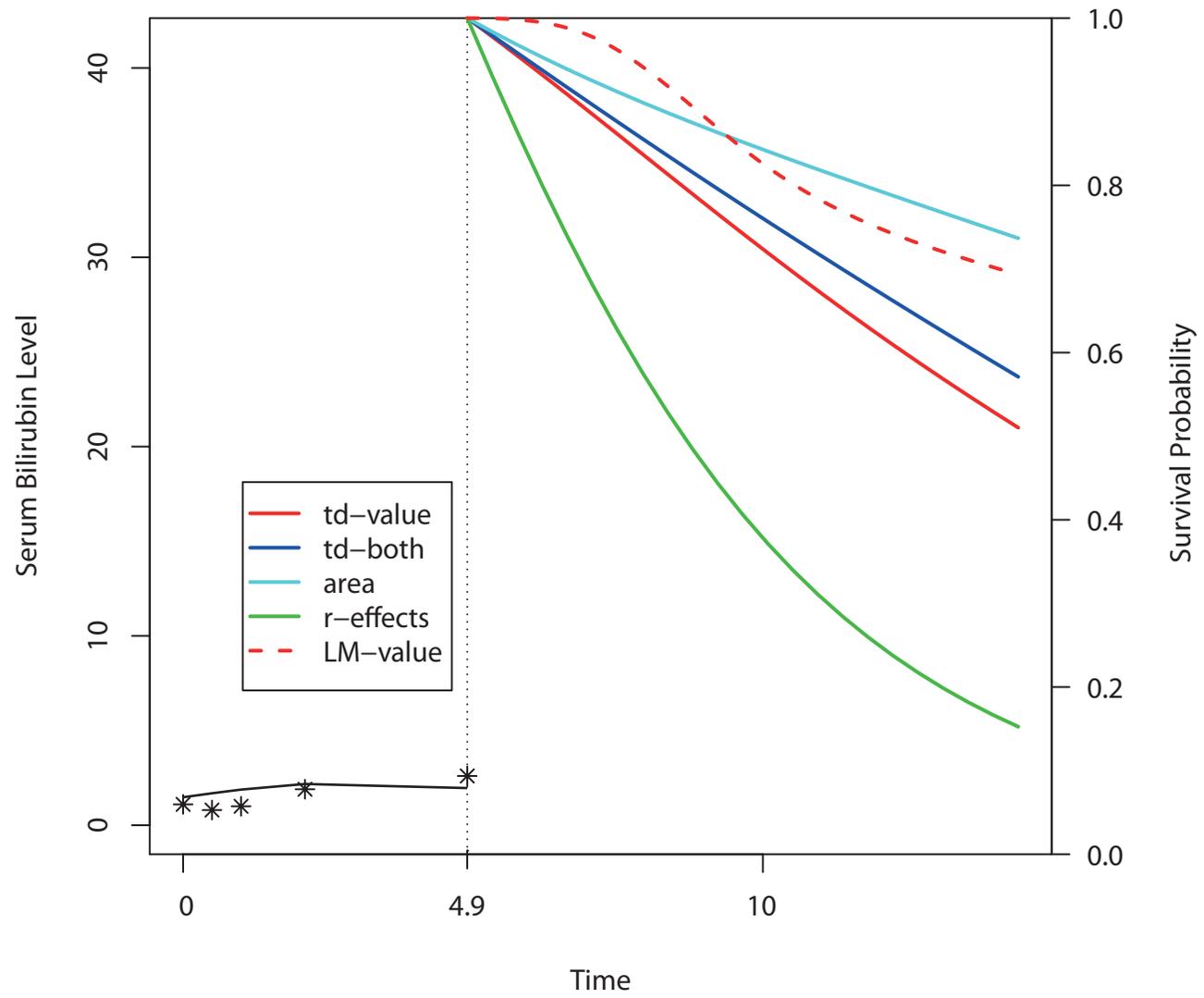
PBC Data

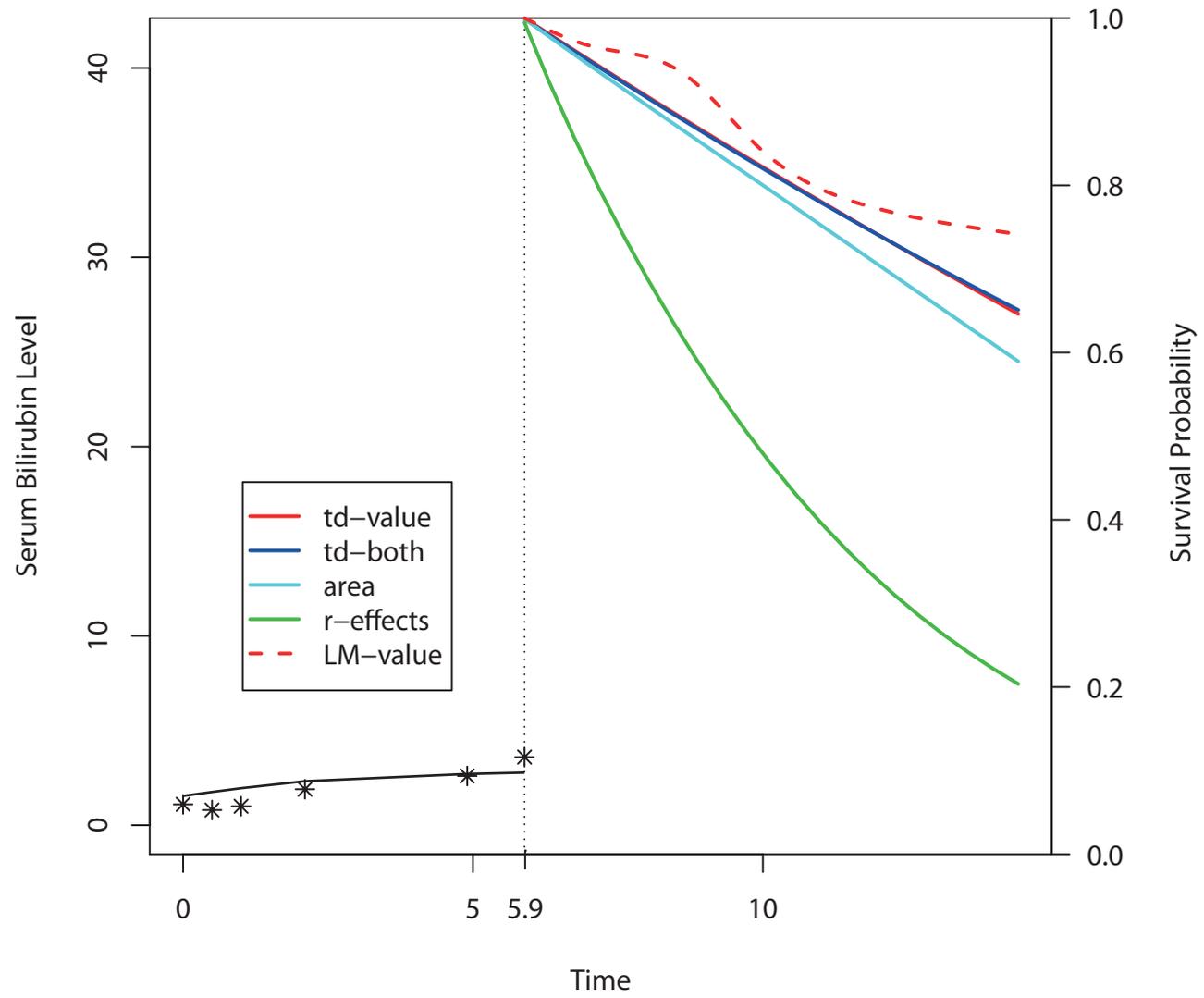
- Differences between prediction from joint models I-IV and landmark approach observed
- Different joint models compared using DIC criterion → best Model I (td-value)





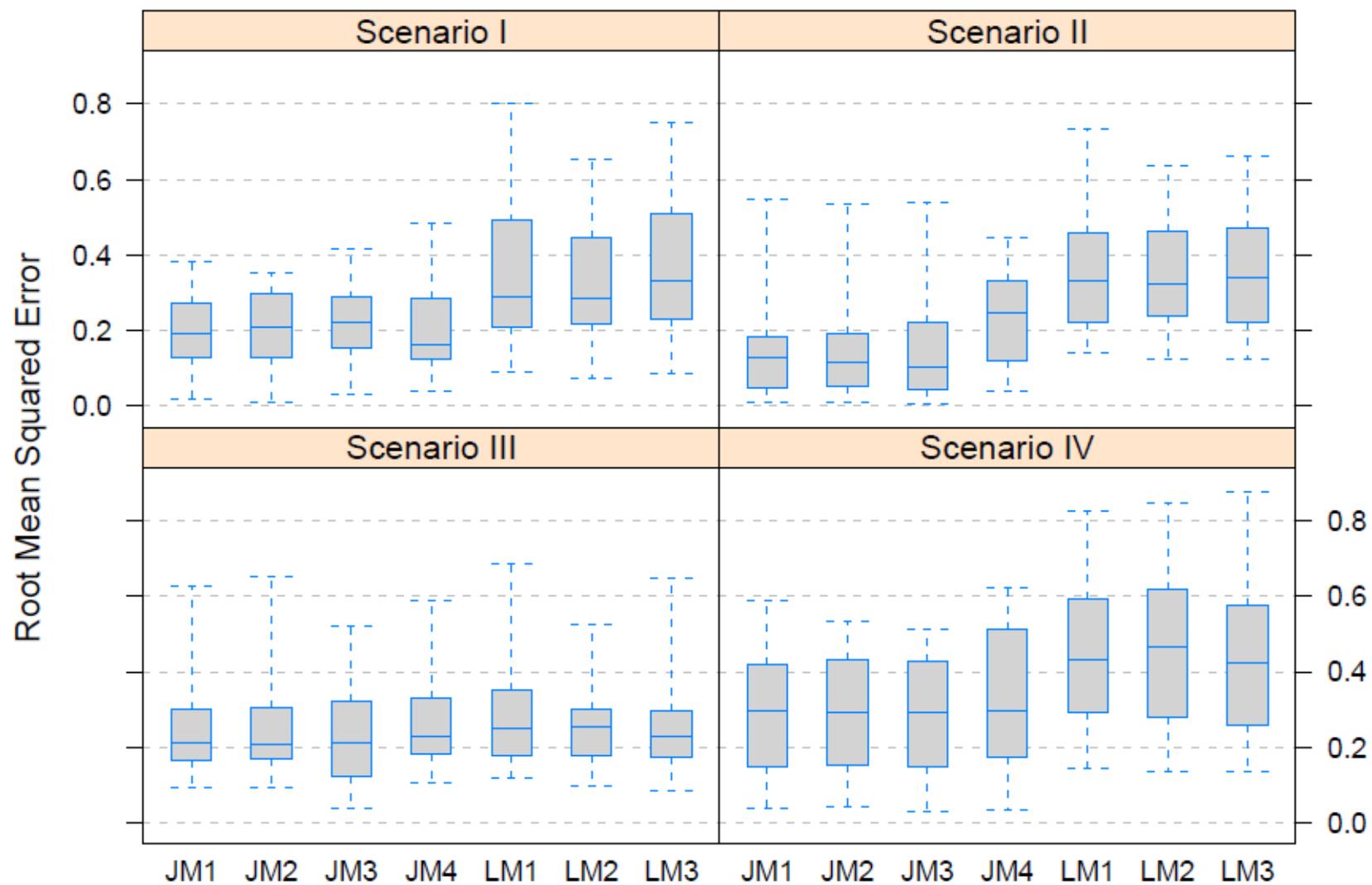




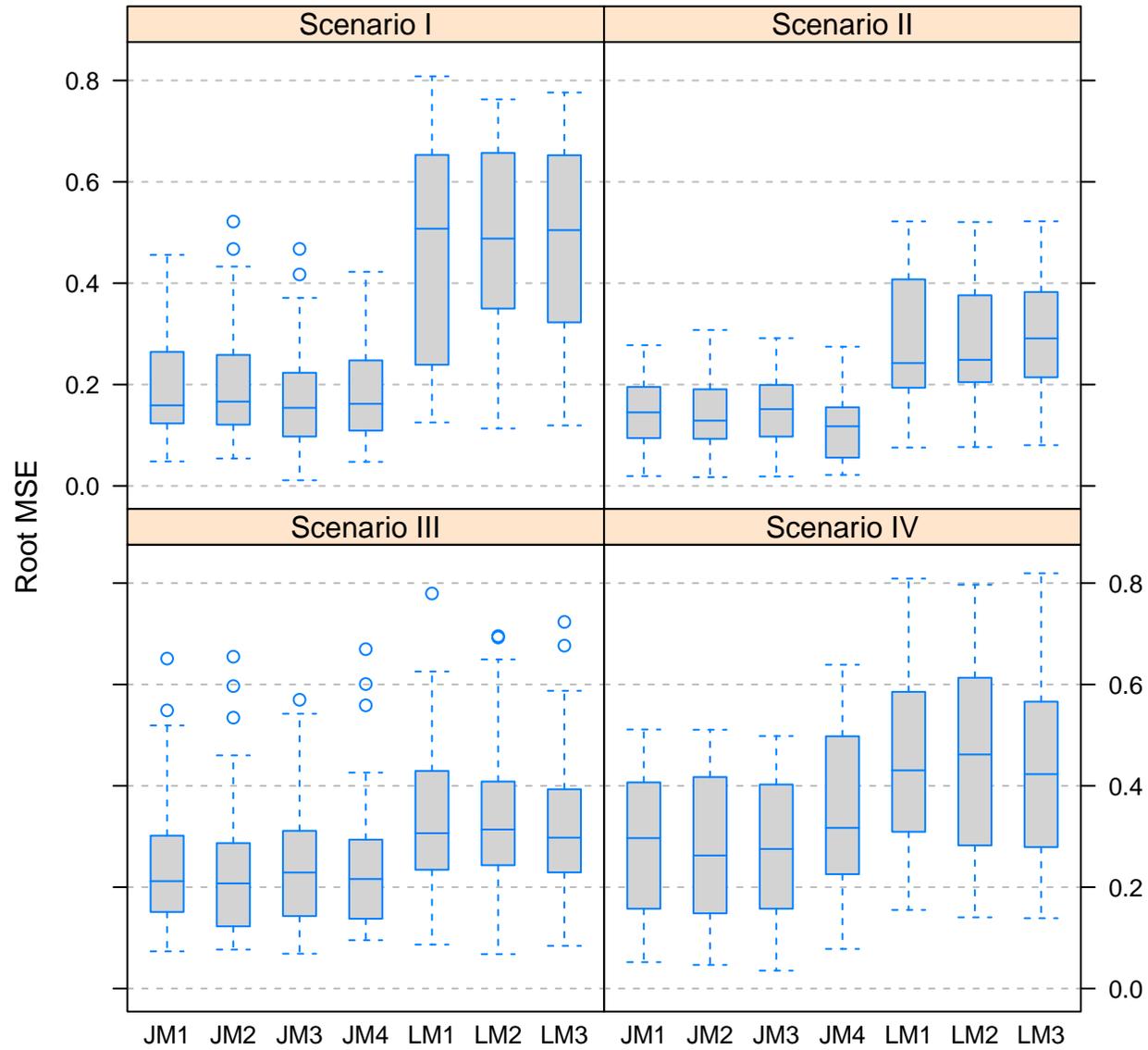


Simulation Study

- Data simulated data using joint models with different association structure I-IV
 - Baseline hazard simulated using Weibull distribution
 - Censoring kept at 40-50%
- In each scenario 10 censored pts excluded randomly from each simulated data set
- For remaining patients joint models I-IV fitted
- For excluded patients predictions from joint models I-IV and landmarking compared at 10 equidistant time points to predictions from gold standard model (model with true parametrization and true values of parameters)
- Standard landmark model extended: current value+slope (LM2), current value+area (LM3)



Splines JM & Cox LM baseline hazard



Discrimination. Calibration

- Compare calibration and discrimination between two approaches in a simulation study using:
 - Expected Prediction Error (Henderson et al 2002) (PE)
 - Integrated Prediction Error (Schemper and Henderson 2000) (IPE)
 - AUC and dynamic concordance index $C_{dyn}^{\Delta t}$

Discrimination

- Focus on time interval when the occurrence of event is of interest $(t, t + \Delta t]$
- Based on the model we would like to discriminate between patients who are going to experience the event in that interval from patients who will not
- For the first group physician can take action to improve survival during $(t, t + \Delta t]$
- For c in $[0, 1]$ we define $S_k(u | t) \leq c$ as success and $S_k(u | t) > c$ as failure
- Then sensitivity is defined as:

$$\Pr\{S_k(u | t) \leq c \mid T_k^* \in (t, t + \Delta t]\}$$

- And specificity as:

$$\Pr\{S_k(u | t) > c \mid T_k^* > t + \Delta t\}$$

Discrimination

- For random pair of subjects i, j that have measurements up to t discrimination capability of joint model can be assessed by area under ROC curve (AUC) obtained by varying c :

$$AUC(t, \Delta t) = \Pr[S_i(u | t) < S_j(u | t) | \{T_i^* \in (t, t + \Delta t]\} \cup \{T_j^* > t + \Delta t\}]$$

- Model will assign higher probability of surviving longer than $t + \Delta t$ for subject j who did not experience event
- To summarize model discrimination power weighted average of AUCs used:

$$C_{dyn}^{\Delta t} = \int_0^{\infty} AUC(t, \Delta t) \Pr\{\mathcal{E}(t)\} dt / \int_0^{\infty} \Pr\{\mathcal{E}(t)\} dt \text{ (dynamic concordance index)}$$

$$\mathcal{E}(t) = [\{T_i^* \in (t, t + \Delta t]\} \cup \{T_j^* > t + \Delta t\}]$$

$\Pr\{\mathcal{E}(t)\}$ -probability that pair $\{i, j\}$ comparable at t

Discrimination

- $C_{dyn}^{\Delta t}$ depends on Δt

- In practice:

$$\hat{C}_{dyn}^{\Delta t} = \frac{\sum_{q=1}^{15} \omega_q A\hat{U}C(t_q, \Delta t) \times \hat{P}r\{\mathcal{E}(t_q)\}}{\sum_{q=1}^{15} \omega_q \hat{P}r\{\mathcal{E}(t_q)\}}$$

ω_q -weights for 15 Gauss-Kronrod quadrature points on $(0, t_{max})$

$$\hat{P}r\{\mathcal{E}(t_q)\} = \{\hat{S}(t_q) - \hat{S}(t_q + \Delta t)\} \hat{S}(t_q + \Delta t)$$

$\hat{S}(\cdot)$ -Kaplan-Meier estimator of marginal survival function $S(\cdot)$

- AUC is estimated as:

$$\hat{AUC}(t_q, \Delta t) = \frac{\sum_{i=1}^n \sum_{j=1, j \neq i}^n I\{\hat{S}_i(t + \Delta t | t) < \hat{S}_j(t + \Delta t | t)\} \times I\{\Omega_{ij}(t)\}}{I\{\sum_{i=1}^n \sum_{j=1, j \neq i}^n \Omega_{ij}(t)\}}$$

- Comparable pairs are those that satisfy:

$$\Omega_{ij}(t) = [\{T_i \in (t, t + \Delta t]\} \cap \{\delta_i = 1\}] \cap \{T_j > t + \Delta t\} \text{ or}$$

$$\Omega_{ij}(t) = [\{T_i \in (t, t + \Delta t]\} \cap \{\delta_i = 1\}] \cap [\{T_j = t + \Delta t\} \cap \{\delta_j = 0\}]$$

Calibration

- Expected Prediction Error (Henderson et al 2002):

$$PE(u | t) = E[L\{N_i(u) - S_i(u | t)\}]$$

$$N_i(u) = I(T_i^* > u)$$

$L(\cdot)$ -loss function (absolute or square loss)

$$\begin{aligned} \hat{PE}(u | t) = & \{\mathcal{R}(t)\}^{-1} \sum_{i:T_i \geq t} I(T_i > u)L\{1 - \hat{S}(u | t)\} + \delta_i I(T_i < u)L\{0 - \hat{S}(u | t)\} \\ & + (1 - \delta_i)I(T_i < u)[\hat{S}_i(u | T_i)L\{1 - \hat{S}(u | t)\} + \{1 - \hat{S}(u | T_i)\}L\{0 - \hat{S}(u | t)\}] \end{aligned}$$

$\mathcal{R}(t)$ -number of subjects at risk at t

Calibration

- $PE(u | t)$ measures predictive accuracy only at u using longitudinal information up to time t
- To summarize predictive accuracy for interval $[t, u]$ and take into account censoring weighted average of $PE(s | t)$, $t < s < u$ considered, similar to $\hat{C}_{dyn}^{\Delta t}$
- Integrated Prediction Error (Schemper and Henderson 2000):

$$IPE(u | t) = \frac{\sum_{i:u \leq T_i \leq t} \delta_i \{ \hat{S}_C(t) / \hat{S}_C(T_i) \} \hat{PE}(u | t)}{\sum_{i:u \leq T_i \leq t} \delta_i \{ \hat{S}_C(t) / \hat{S}_C(T_i) \}}$$

$\hat{S}_C(\cdot)$ - Kaplan-Meier estimator of censoring distribution

	$\widehat{PE}(9 7)$	$\widehat{IPE}(9 7)$	$\widehat{AUC}(9 7)$	$\widehat{C}_{dyn}^{\Delta t=2}$
JM_1 : value	0.201	0.118	0.787	0.854
JM_2 : value+slope	0.197	0.114	0.793	0.855
JM_3 : area	0.191	0.112	0.758	0.809
JM_4 : shared RE	0.191	0.108	0.807	0.840
Cox_{LM}	0.229	0.130	0.702	0.811

- Results for PBC data set will indicate different best model than DIC

Extensions

- Different types of longitudinal outcome (binary, categorical)
- Multiple longitudinal outcomes
- Multiple event times (Competing risk setting)

Motivating Data Set 2 : Heart Data

- Data from Eurotransplant Heart recipient waiting list (2921 recipients)
- During follow-up patients are evaluated as:
 - ▷ Transplantable (T)
 - ▷ Urgent (U)
 - ▷ High-Urgent (HU)
 - ▷ Non-Transplantable (NT)
- Patient is excluded from the list when:
 - ▷ Death (D)
 - ▷ Transplanted (TT)
 - ▷ Removed (from other reasons than transplantation) (R)

Heart Data cont.

- Different evaluation points
 - ▷ First evaluation time point at the moment of entering on the waiting list (time 0)
 - ▷ Next evaluation time points depend on the previous state
- At baseline (time 0) patient characteristics available:
 - ▷ age
 - ▷ country : 7 centers categorized in IConsent and Non-IConsent
 - ▷ blood group (A, B, AB, 0)
- **Aim:** predict patient's urgency status and asses risk of D/R/TT
using available history & adjusting for baseline covariates

Joint Modeling Approach

- Modeling transient states : U, HU, T and NT as categorical longitudinal response
- Modeling the risk of final events: R, D or TT
- Categorical response cannot be ordered (due to NT state)
- Competing risks (D,TT,R)
- Similar procedure as above to update conditional CIF dynamically

Joint Model (J-M). Submodels specification

- Longitudinal submodel:

multinomial logit mixed model to model probabilities of states $s = U, HU, T, NT$

$$\text{logit}(P(Y_i(t) = s_r)) = x_i^T(t)a_r + z_i^T(t)b_{ir}, \quad r = 1, 2, \dots, R - 1, \quad i = 1, 2, \dots, N$$

$$b_{ir}^T = (b_{i1}^T, b_{i2}^T, \dots, b_{ir}^T), \quad b_{ir} \sim N(0, \Sigma_r)$$

$x_i(t)$ -vector of covariates

$z_i(t)$ - design vector for random effects

Joint Model. Submodels specification

- Let $T_{i1}^*, T_{i2}^*, \dots, T_{iK}^*$ - true failure times for individual i
- We observe only $T_i = \min(T_{i1}^*, T_{i2}^*, \dots, T_{iK}^*, C_i)$, C_i -censoring time, Δ_i -failure ind.
- **Relative risk submodel** for each cause of failure k :

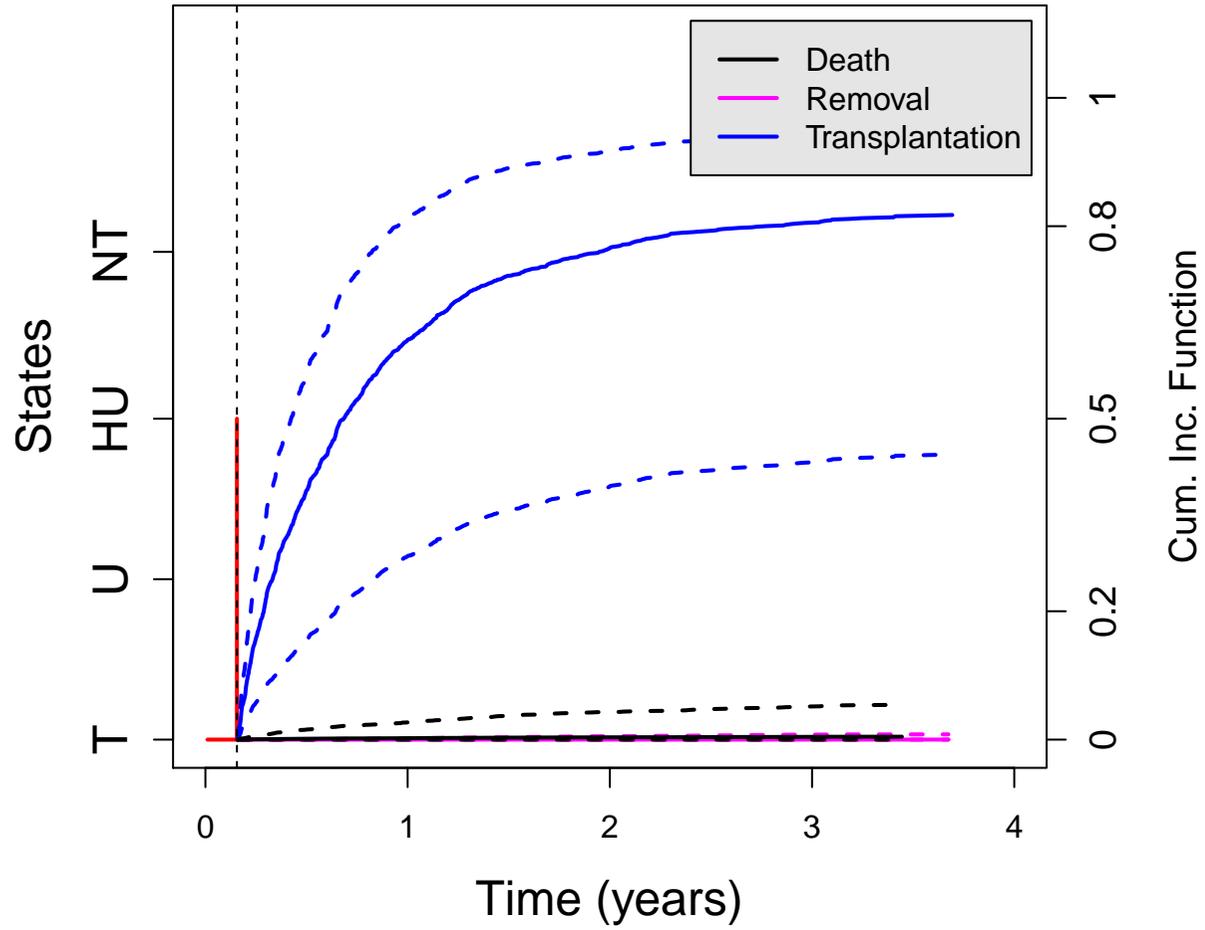
$$\lambda_{ik}(t) = \lim_{s \rightarrow 0} \mathbf{P}(t \leq T_i^* < t + s, \Delta_i = k \mid T_i^* \geq t) / s =$$

$$= \lambda_{0k}(t) \exp(\gamma_k^T b_i + \beta_k^T v_i), \quad k = 1, \dots, K, \quad b_i^T = (b_{i1}^T, b_{i2}^T, \dots, b_{ir}^T)$$

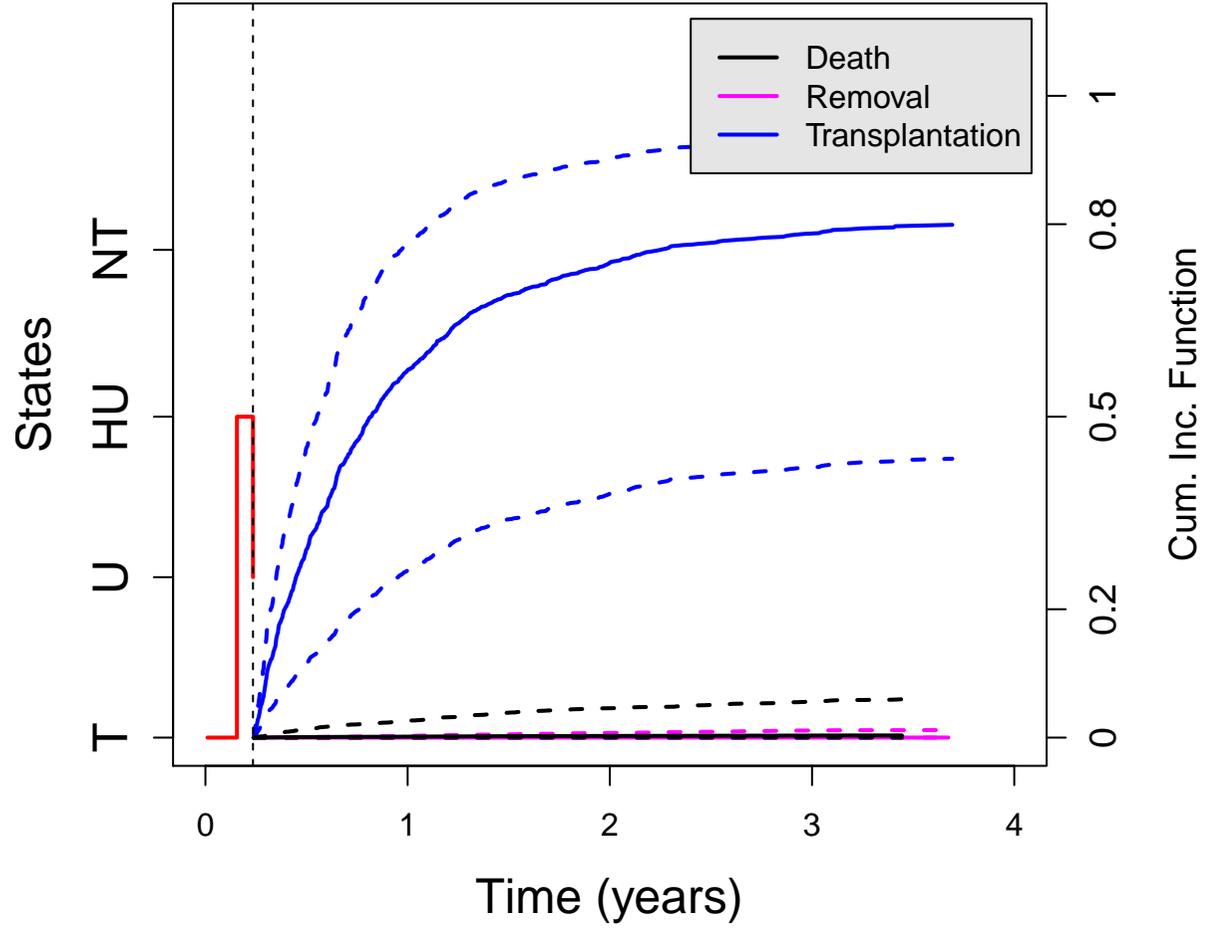
v_i - baseline covariates

- ▷ sharing all random effects b_i with multinomial logit model
- ▷ cause-specific baseline hazards $\lambda_{0k}(t)$ modeled as piecewise constant function
- ▷ γ - measure of strength of association between longitudinal and survival processes

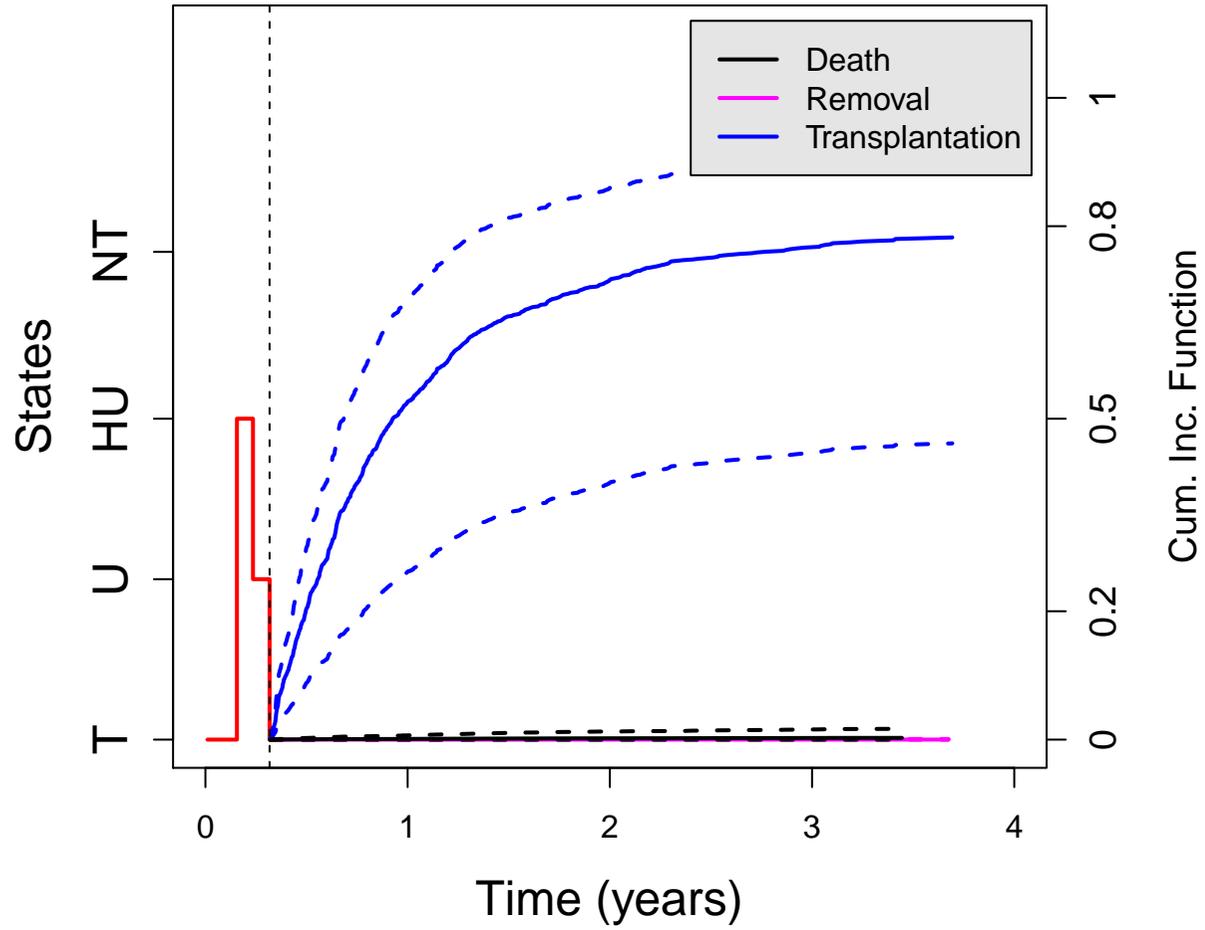
measurement = 1



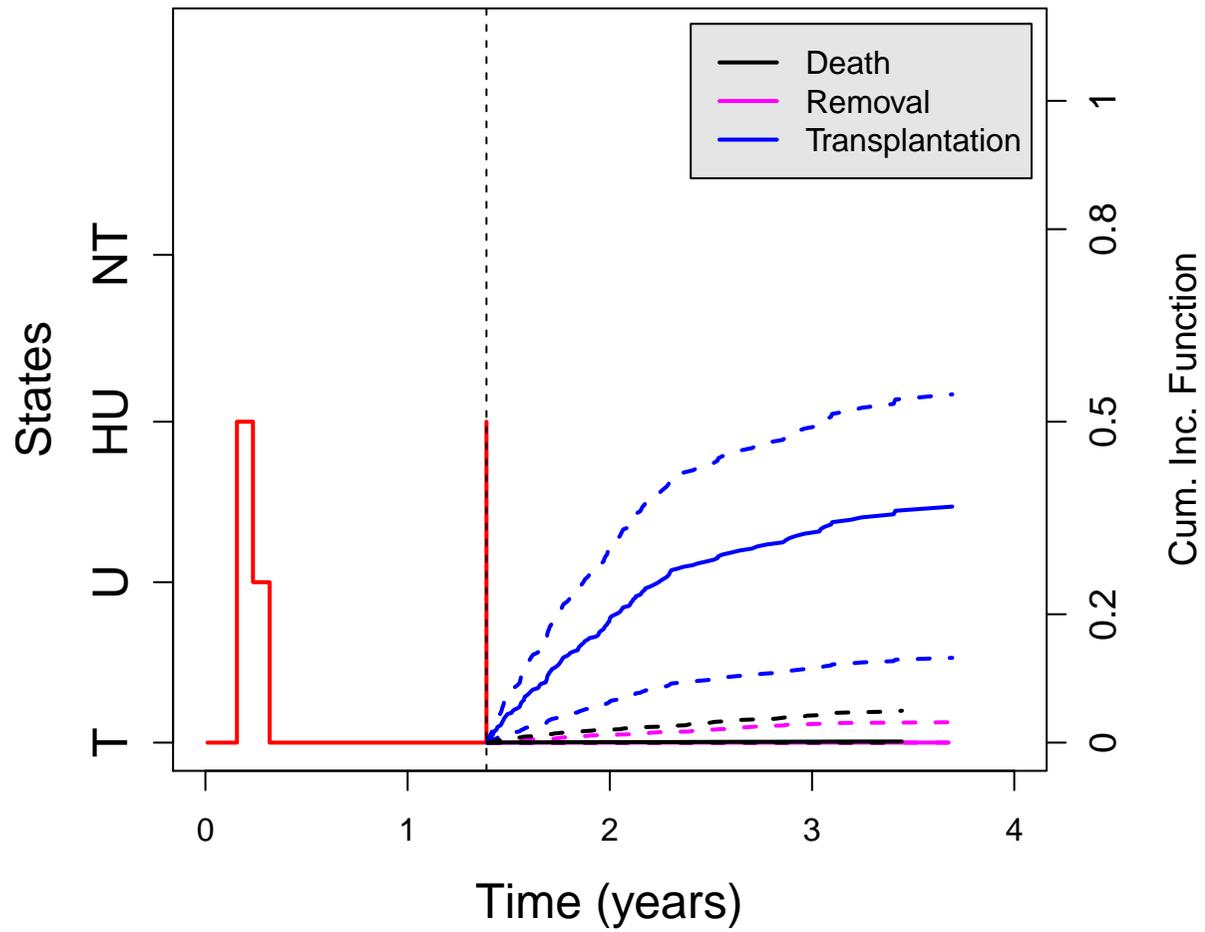
measurement = 2



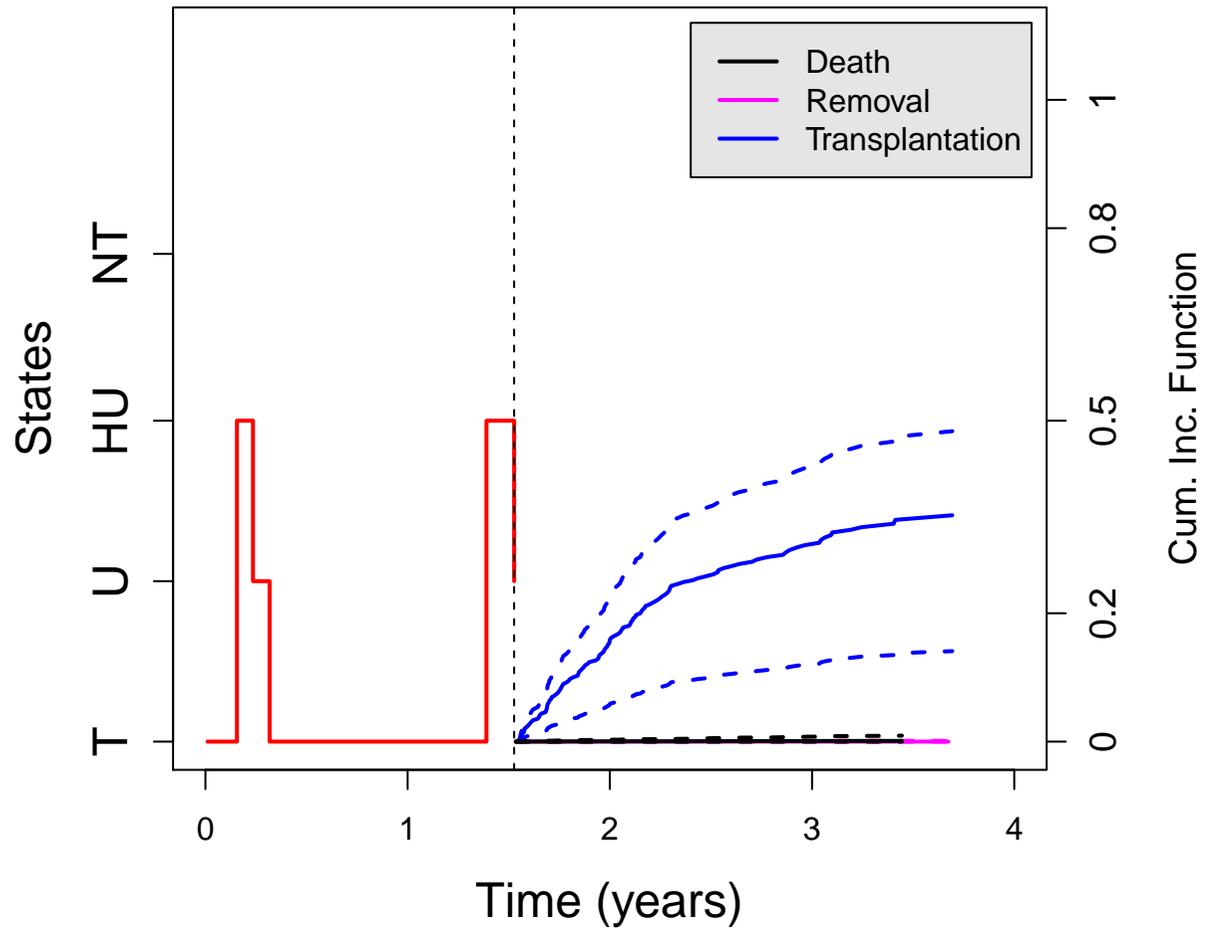
measurement = 3



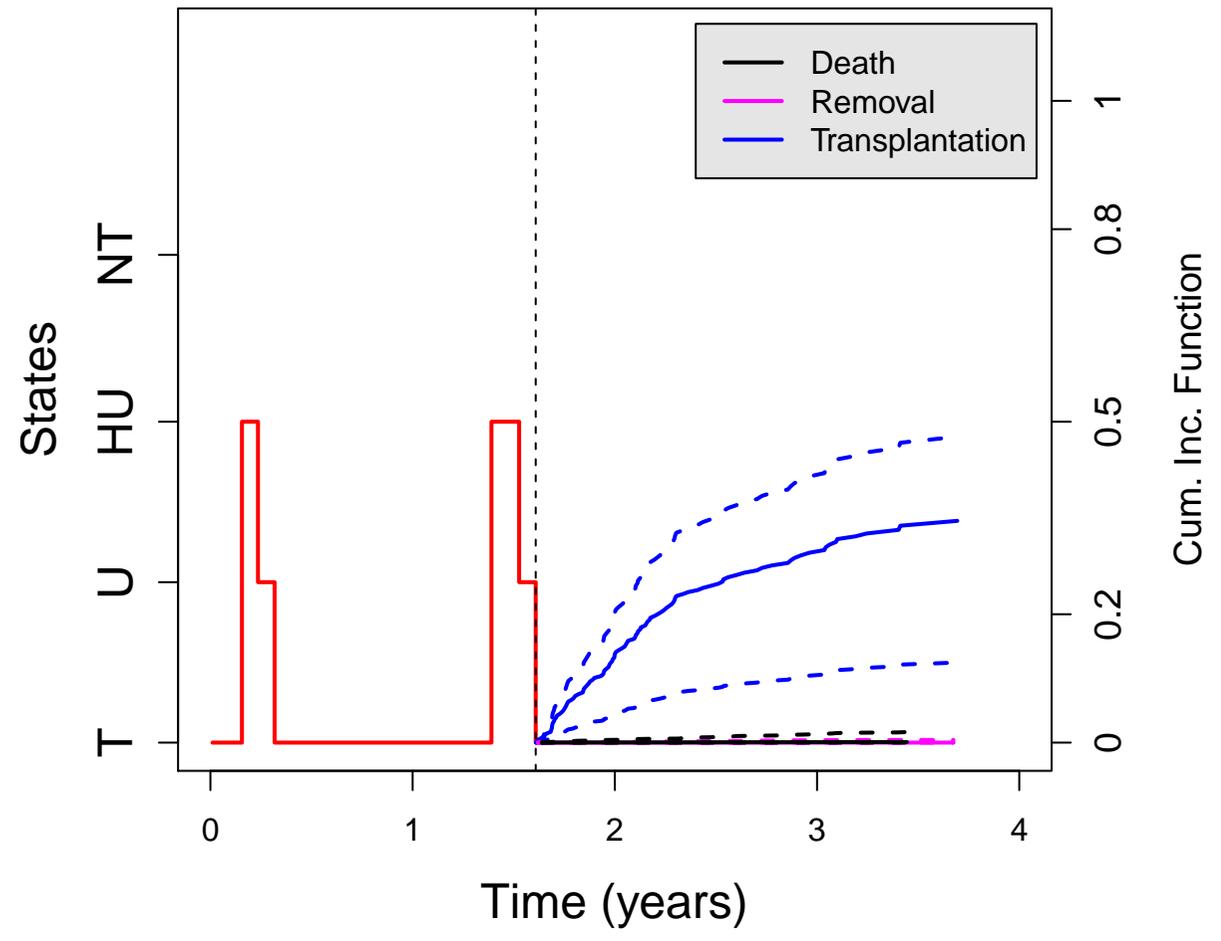
measurement = 4



measurement = 5



measurement = 6



Extensions

- Landmark approach can be also extended using causes-specific hazards
- Fine-Gray type approach combined with landmarking(Cortese and Andersen (2010))
- Pseudo-values approach

Final Comments/Current Work

- In context of time-dependent ROC curves Heagerty et al.(2005) proposed several definitions of cases and controls
- Saha and Heagerty (2010) and Zheng et al. (2012) extended definition for competing risks setting
- Explore different methods of classifying subjects and use similar sampling procedure to estimate ROC in joint modeling framework
- This extension could be applied to fully Bayesian model for competing risks presented above
- Joint models for continuous longitudinal outcome implemented in **JM** and **JMBayes**
- Landmark approach : **dynpred**



References

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Rizopoulos, D. (2011). Dynamic predictions and prospective accuracy in joint models for longitudinal and time-to-event data. *Biometrics* **67**, 819-829.

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Yu, M., Taylor, J., and Sandler, H. (2008). Individualized prediction in prostate cancer studies using a joint longitudinal-survival-cure model. *Journal of the American Statistical Association* **103**, 178-187.

Additional Slides

	$\widehat{PE}(11 9)$	$\widehat{IPE}(11 9)$	$\widehat{AUC}(11 9)$	$\widehat{C}_{dyn}^{\Delta t=2}$
JM_1	0.05379544	0.1299842	0.5977982	0.6174411
JM_2	0.05287227	0.1276448	0.5966166	0.6243637
JM_3	0.05163110	0.1245160	0.5578209	0.5820453
JM_4	0.07623901	0.1852797	0.5595386	0.5766765
LM_1	0.06042414	0.1225664	0.6204565	0.6408248
LM_2	0.06036801	0.1223102	0.6234404	0.6472022
LM_3	0.06038512	0.1224577	0.6220706	0.6315361

	Scenario			
	I	II	III	IV
γ_0	-6.73	-6.73	-6.73	-6.73
γ_1	0.41	0.41	0.41	0.41
α_1	0.7	0.05	0.08	-0.3
α_2		3.3		-0.8
α_3				0.3
α_4				0.8
σ_t	1.65	1.65	1.65	1.60
