Introduction to Event History/Survival Analysis

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- Hans-Peter Blossfeld, Götz Rohwer. Techniques of Event History Analysis. Lawrence Erlbaum Associates, London 2002.
- Hans-Peter Blossfeld, Katrin Golsch, Götz Rohwer. Event History Analysis with Stata. Lawrence Erlbaum Associates, London 2007.
- David Collett. Modelling Survival Data in Medical Research. Chapman& Hall, London 2003.
- David W. Hosmer, Stanley Lemeshow. Applied Survival Analysis; Regression Modeling of Time to Event Data. John Wiley & Sons, New York 1999. Analysis. Draft, 2008.

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Coleman (1981):

- there is a collection of units, each moving among a finite number of states;
- changes (events) may occur at any point in time;
- there are factors, possibly time-dependent, influencing the events.

We should add

- effects of covariates may change in time;
- ensored.

Source: Blossfeld, Golsch, Rohwer (2007)

medical studies duration of life after diagnosis;

labour market studies workers move between unemployment and employment, full-time and part-time jobs, or among various kind of jobs;

demographic studies durations of marriages or consensual unions; studies of organizational ecology durations of existence of firms, unions, organizations;

- Failure Time Data Analysis
- Reliability Analysis

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When would one use the methods of EHA?

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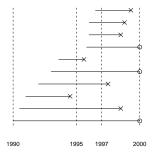
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When the outcome of interest is time to some event.

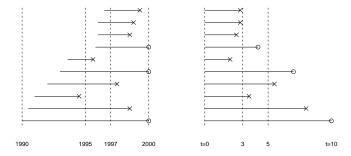
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When the outcome of interest is time to some event.

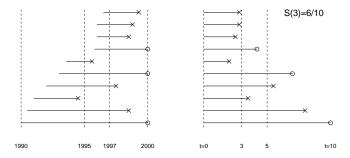
This answer is rather obvious, but why do we need special methods?



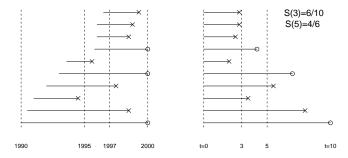
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The need for special methods comes from **censoring**. There may be different reasons for censored data:

- lost to follow up
- event of a different type (like death for other reasons)
- end of study (most common)

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Luckily, it is not, although it took some time to come up with methods that deliver want we want.

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What do we want?

The Goals of EHA

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Estimation of the distribution (survival) function.

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- Estimation of the distribution (survival) function.
- Omparison of distribution (survival) functions.

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- Estimation of the distribution (survival) function.
- Omparison of distribution (survival) functions.
- Finding association between the outcome (survival time) and prognostic variables.

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Formally:

If T is a continuous non-negative random variable with density f(t), then its survival function is

$$S(t) = P(T > t) = 1 - F(t) = \int_t^\infty f(x) dx,$$

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Formally:

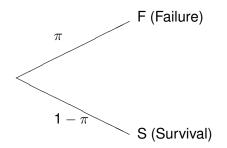
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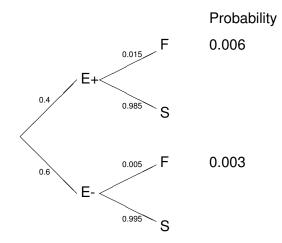
$$S(t) = P(T > t) = 1 - F(t) = \int_t^\infty f(x) dx,$$

It means:

The value of the survival function at any given time *t* is the **proportion** of people still not experiencing the event (e.g. still alive, still working) at that time.

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More formally, we are using the formula for the probability of a product of events.

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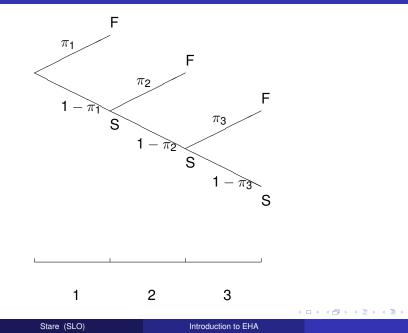
More formally, we are using the formula for the probability of a product of events.

If A and B are two events, then the probability of the product AB is

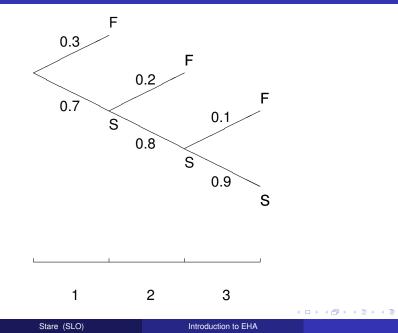
$$P(AB) = P(A)P(B|A)$$

where P(B|A) is the conditional probability of B given A.

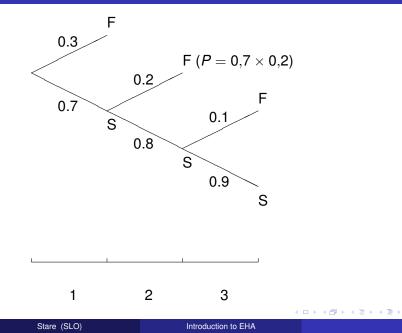
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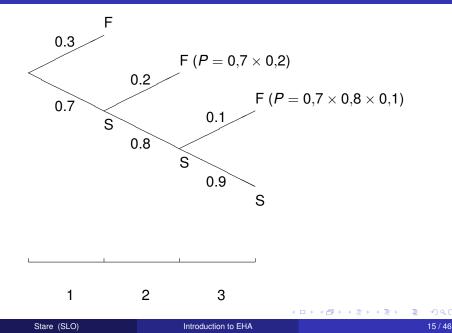
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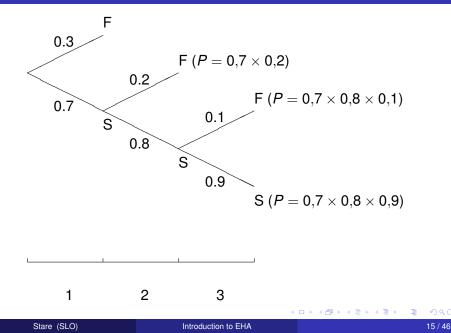


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We first divide the time scale into intervals in such a way that events or censorings occur on the boarders of the intervals.

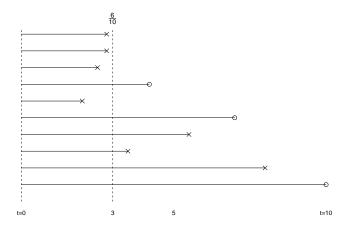
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Then we calculate (conditional) probabilities of surviving each interval and obtain probability of surviving any time by simply multiplying the probabilities of survival up to the given point in time.

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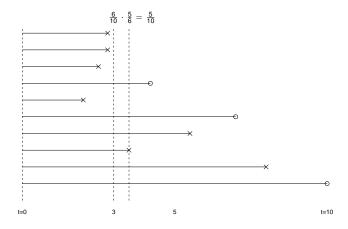
Then we calculate (conditional) probabilities of surviving each interval and obtain probability of surviving any time by simply multiplying the probabilities of survival up to the given point in time.

The method is named after Kaplan and Meier.



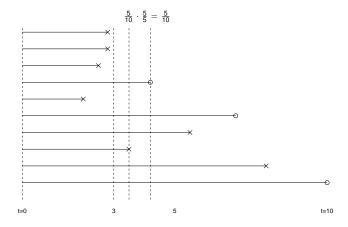
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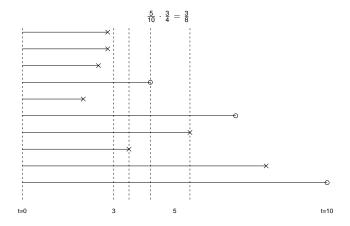
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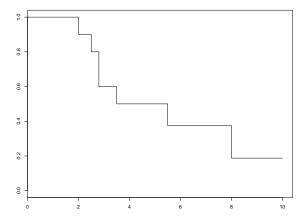


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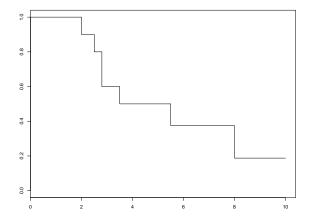
The Kaplan - Meier curve for our example



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The Kaplan - Meier curve for our example



What do flat regions on the curve mean?

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Another example

Data	
Time	At Risk
55	12
61+	11
74	10
81	9
93+	8
122+	7
138	6
151	5
168	4
202+	3
220+	2
238	1

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Another example

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55	12
61+	11
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220+	2
238	1

Calculation

$$\hat{S}(55) = \frac{11}{12} = 0.917$$
$$\hat{S}(61) = \frac{11}{12} \cdot \frac{11}{11} = 0.917$$
$$\hat{S}(74) = \frac{11}{12} \cdot \frac{9}{10} = 0.825$$

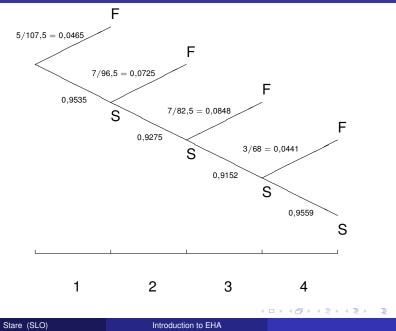
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Year	Ν	Е	L
1	110	5	5
2	100	7	7
3	86	7	7
4	72	3	8
5	61	0	7
6	54	2	10
7	42	3	6
8	33	0	5
9	28	0	4
10	24	1	8

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Life tables



Plotting survival curves from life tables

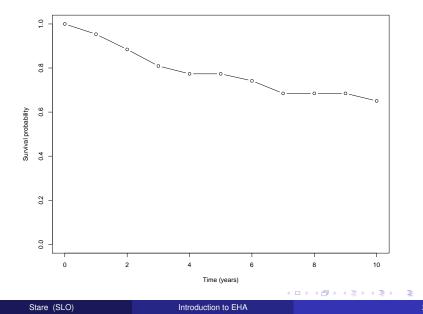
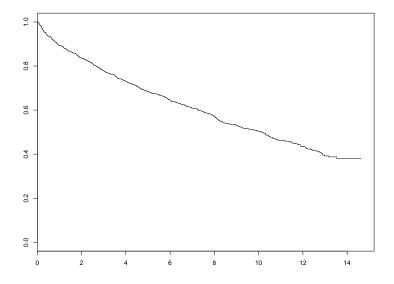
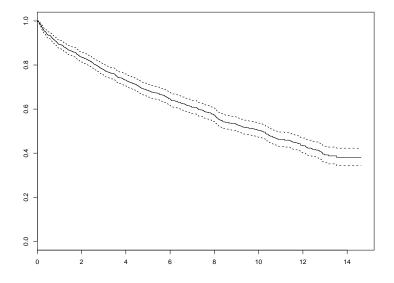


Illustration - survival after myocardial infarction



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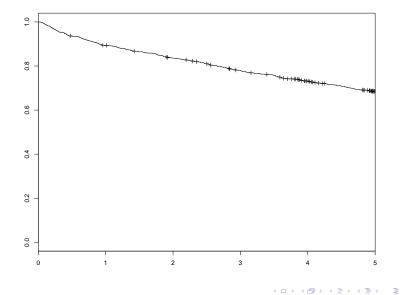
Illustration - survival after myocardial infarction



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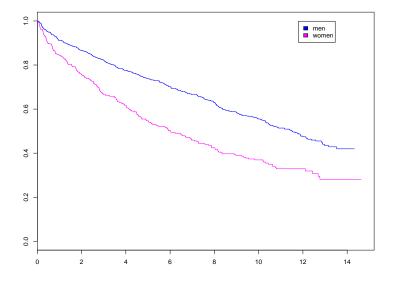
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Illustration - survival after myocardial infarction



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Comparison of survival curves



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Under the null hypothesis we expect that people will be dying proportionally to the group size.

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Based on this we calculate the **expected number of deaths** in each group and compare it to the **observed number of deaths**.

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The name of the test is **log rank test** for some strange reasons.

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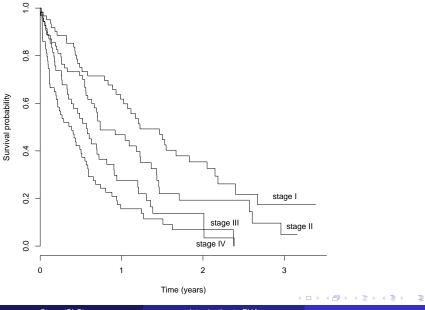
Based on this we calculate the **expected number of deaths** in each group and compare it to the **observed number of deaths**.

The name of the test is **log rank test** for some strange reasons.

The *p*-value for the log rank test for the previous example is $3,1 \cdot 10^{-9}$.

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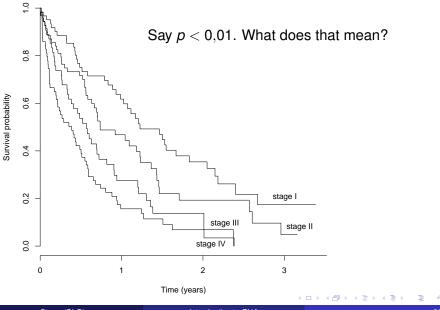
Log rank test



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Introduction to EHA

Log rank test



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Introduction to EHA

Start date End date Status (failure, no failure)

or

Survival time Status (failure, no failure)

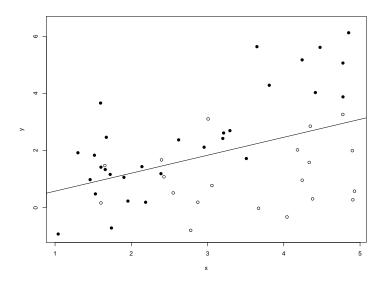
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Linear regression model says

$$Y \sim \mathcal{N}(\alpha + \sum \beta_i X_i, \sigma^2)$$

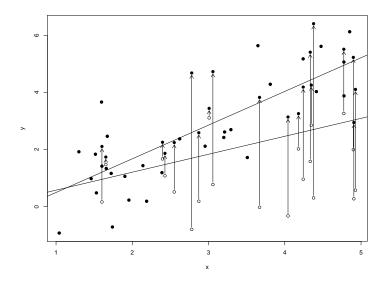
This relates the values of Y to the values of X_i . We can not do this in survival because of censoring.

The problem can be solved by using the **hazard function**.



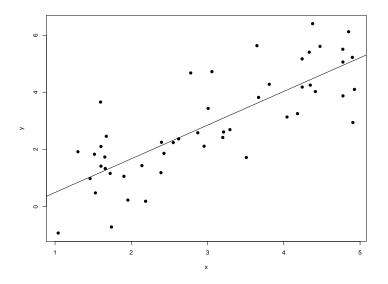
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$$h(t) = \lim_{\Delta t \to 0^+} \frac{P(t \le T < t + \Delta t | T \ge t)}{\Delta t}$$

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$$h(t) = \lim_{\Delta t \to 0^+} \frac{P(t \le T < t + \Delta t | T \ge t)}{\Delta t}$$

$$\mathcal{S}(t) = e^{-\int_0^t h(u) du}$$

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Introduction to EHA

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We assume some parametric model for the hazard.

Since in sociological research it seems to be difficult to assume a certain parametric model for the data at hand, we will only look at the **exponential model**.

Then we will turn to the (semiparametric) **Cox model**.

$$h(t,x) = h_0(t)e^{\beta x}$$

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$$h(t,x)=h_0(t)e^{\beta x}$$

$$\frac{h_1(t,x_1)}{h_2(t,x_2)} = e^{\beta(x_1 - x_2)}$$

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$$\frac{h(t,x+1)}{h(t,x)} = e^{\beta}$$

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$$h(t,x)=h_0(t)e^{\beta x}$$

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$$\frac{h(t,x+1)}{h(t,x)} = e^{\beta}$$

Cox model is often called the proportional hazards model.

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$$h(t,x)=h_0(t)e^{\beta x}$$

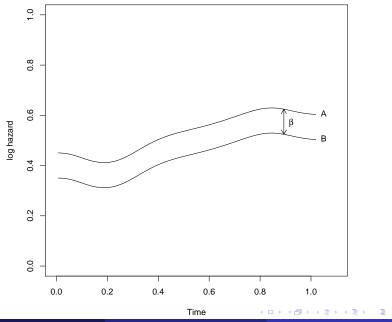
$$\frac{h_1(t,x_1)}{h_2(t,x_2)} = e^{\beta(x_1-x_2)}$$

$$\frac{h(t,x+1)}{h(t,x)} = e^{\beta}$$

Cox model is often called the **proportional hazards model**.

Important: the baseline hazard stays unspecified! This is why we sometimes say that the model is semiparametric.

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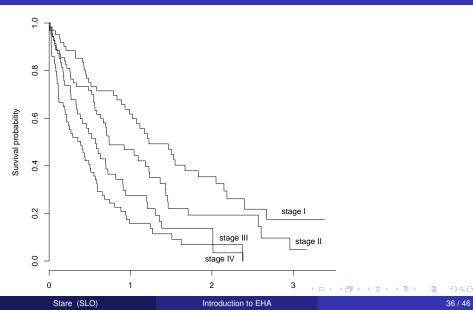
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Survival curves were constructed with the Kaplan-Meier method and compared with the log-rank test. Analyses requiring adjustments for potential confounding factors were conducted using the Cox proportional hazards method. The proportional hazards assumption was tested and satisfied for each mathematical model using Cox analysis.

	coef	exp(coef)	se(coef)	Z	р
age	0.056	1.057	0.004	12.554	0.000
sex	0.004	1.004	0.102	0.036	0.970
year	-0.081	0.922	0.035	-2.295	0.022
diabetes	0.488	1.630	0.102	4.781	0.000
aspirin	-0.335	0.716	0.094	-3.568	0.000
reinfarct	0.503	1.653	0.125	4.025	0.000

Likelihood ratio test = 289 on 6 df, p = 0 n = 1017 (23 observations deleted due to missing)

Example: using the Cox model to compare survival curves



Example: using the Cox model to compare survival curves

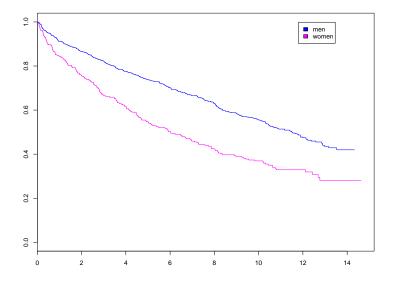
We take stage IV to be the reference category.

Stage	Stage I	Stage II	Stage III	
	1	0	0	
II	0	1	0	
111	0	0	1	
IV	0	0	0	

	coef	exp(coef)	se(coef)	Z	р
Stage III	-0.316	0.729	0.202	-1.57	0.120
Stage II	-0.779	0.459	0.199	-3.92	< 0.001
Stage I	-1.203	0.300	0.213	-5.64	< 0.001

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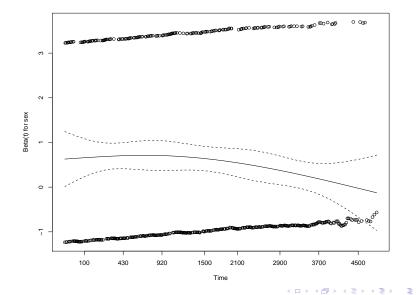
Example: checking the fit



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In its most general form the Cox model can be written as

$$h(t, x(t)) = h_0(t)e^{\beta(t)x(t)}$$

The model easily incorporates time dependent covariates, time dependent effects are more difficult (as they would be in any model). We'll have a look at an easy method to estimate such effects.

Basically, we talk about frailties when the true model is, say

$$h(t,x)=h_0(t)e^{\beta_1x_1+\beta_2x_2}$$

but we only measure X_1 and omit X_2 in the model. Even if X_1 and X_2 are independent, the result changes, sometimes by a lot (unlike in linear regression).

We can have individual frailties, or frailties pertaining to a group, in which case we talk of **shared frailties**.

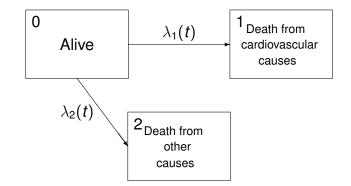
We'll look at three approaches:

- assuming independence
- Shared frailties
- stratified model

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Competing risks

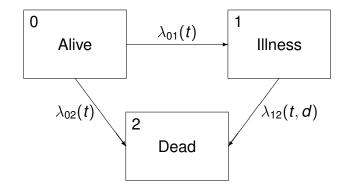
An individual can experience different kinds of events, but only one of them (experiencing one prevents him/her to experience another).



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Multi state models

Here we also have states that are transitional, i.e. states from which an individual can exit.



- Explained variation in survival analysis
- 2 Linear model of Buckley and James
- Frailties
- Goodness of fit of survival models
- Relative survival
- Multi state models

In this course: 3, 6

- Approximately half lectures, half labs.
- Home work.

Course material:

- Slides (101 page)
- Introduction to R text
- Exercises
- Solutions to exercises (given AFTER the course)