

## Survival Analysis IV

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### Competing Risks

## Competing Risks

- Consider a study looking at time to cardiac arrest in a high risk group comparing treatment and placebo
- But some patients die due to other causes before getting a heart attack and before being censored
- How should we treat those patients?
  - As censored?
  - As events?

## Competing Risks

- Competing risks analysis mostly concerned with when non-related death can occur – potentially excluding the event of interest
- Remember conventional Kaplan-Meier – subject lost to follow up → number of subjects “at risk” drops by one
  - Assumption: independent censoring
  - Objective: extrapolate to eliminate incomplete follow up
- But what about death due to “other causes”?
- Assumption and Objective both flawed

## Competing Risks

**Definition:** *Competing risks data* arise when multiple events can occur and follow-up can end due to occurrence of one or more of those types of events, precluding observation of at least one of the other event types

**Notation:**

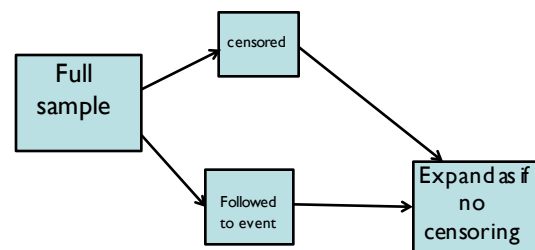
$Y$ : time of first event of any type

$\Delta = k$  if the  $k$ -th event type occurs first

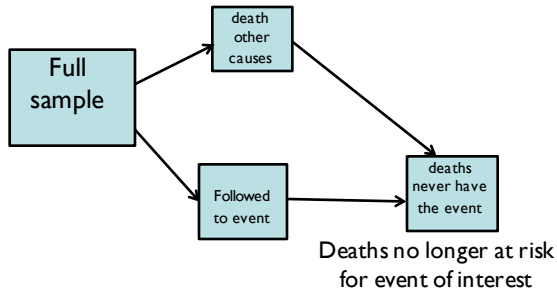
## Competing Risks

- **Elimination:** extrapolate to a scenario in which a type of event never happens [e.g., “loss to follow up” or “incomplete follow up”]
- **Accommodation:** acknowledge and allow for the competing risks – treat the competing risk as excluding the patient from having the event of interest [e.g., death]

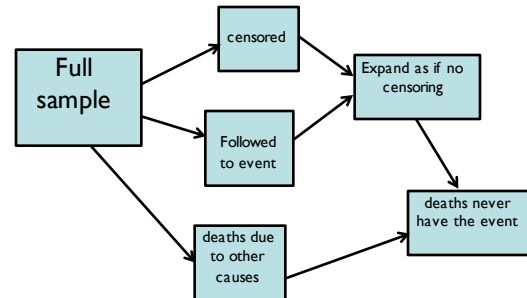
## Elimination



## Accommodation



## Elimination plus Accommodation



## MrOS study

- Study predictors of bone fracture and low BMD
- 5993 men over 65 with average 5 year follow-up
- 531 participants fracture, 657 deaths prior to fracture, 4805 alive without fracture
- How well does baseline BMD predict fracture?

## MrOS study

- How well does baseline BMD predict fracture?
- Two sources of incomplete follow-up:
  - 1) end of observation (loss to follow-up / short observation times due to staggered entry)
  - 2) death

## Competing Risk Summaries

- **Cause-Specific Hazard Function** (c.f., hazard function)
- **Cummulative Incidence Function** (c.f., survival function)

## Cause-Specific Hazard Function

*Definition:* The **cause-specific hazard function** for event type,  $k$ ,  $h_k(t)$ , is the short-term rate at which subjects experience the onset of the  $k$ -th event among those who have not yet experienced the event of interest (e.g., fracture) or a competing event (e.g., death) prior to  $t$ .

$$\frac{\text{\# observed } k\text{-th events at time } t}{\text{\# at risk of } k\text{-th event at time } t}$$

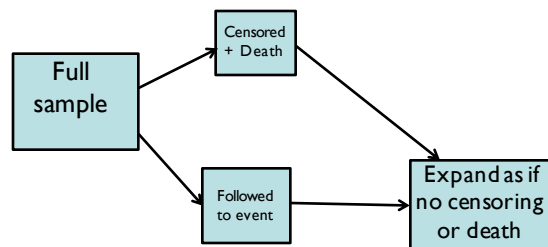
## Cause-Specific Hazard Function

$$\frac{\text{\# observed k-th events at time } t}{\text{\# at risk of k-th event at time } t}$$

# at risk of k-th event at time  $t$  = # alive without fracture immediately prior to time  $t$

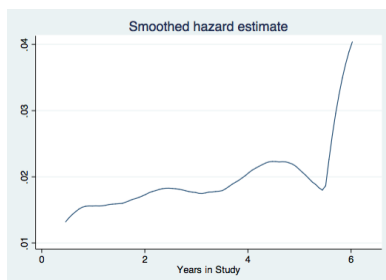
To estimate cause-specific hazard simply set up data as ordinary survival with k-th failure as the only type – all competing causes (even death) treated as censored

## Elimination



## MrOS cause-specific hazard

```
use mros.dta
stset years, failure(status==1) // fracture is the event
sts graph if _t < 6.5, hazard xtitle(Years in Study)
```



## Cause-Specific Hazard Function

Counterintuitively – **cause-specific hazard function** does not make a distinction between censoring and death...

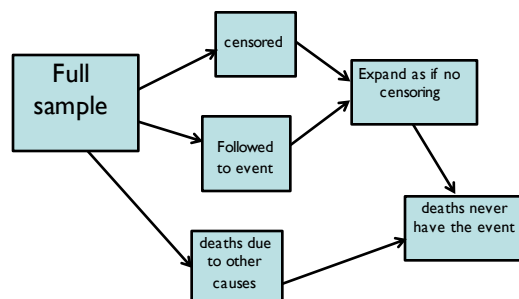
contrast with **cumulative incidence function**...

## Cumulative Incidence Function

**Definition:** The **cumulative incidence function** for cause  $k$  at time  $t$ ,  $F_k(t)$ , is the proportion who have developed the  $k$ -th event prior to  $t$

The definition above makes adjustment to “# at risk” for censoring (elimination), but not for other competing risks, i.e., for death in the MrOS dataset (accommodation)

## Elimination plus Accommodation



## Cumulative Incidence Function

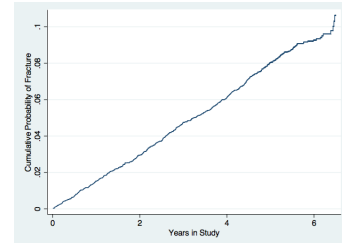
The cumulative incidence function for the k-th event at time  $t$ ,  $F_k(t)$ , is

$$F_k(t) = F_k(t-1) + \tilde{S}(t-1)h_k(t)$$

where  $\tilde{S}(t-1)$  is the probability of being free of events at time  $t-1$ , i.e. just prior to time  $t$ . (In the MrOS data = chance of being alive and unfractured)

## MrOS cumulative incidence function

```
clear
use mros.dta
stset years, failure(status==1)
stcrreg , compete(status==2)
predict cif_fracture, basecif
twoway (line cif_fracture _t if _t < 6.5, sort), ///
ytitle(Cumulative Probability of Fracture) ///
xtitle(Years in Study)
```



## Cox model for cause-specific hazard function

- Model cause-specific hazard function using Cox proportional hazard formulation
- Let  $h_k(t)$  be the k-th cause-specific hazard, then...
- $h_k(t|x) = h_{0k}(t) \exp(\beta_{1k}x_1 + \dots + \beta_{pk}x_p)$
- Works same as original Cox model except HRs apply to the k-th cause specific hazard

## MrOS Cox model for cause-specific hazard function

```
clear
use mros.dta
stset years, failure(status==1)
stcox i.bmd3 weight, nolog // bmd is defined in 3 quantiles
```

No. of subjects = 5993  
 No. of failures = 531  
 Time at risk = 30483.46339  
 Log likelihood = -4442.2904

Number of obs = 5993  
 LR chi2(3) = 121.22  
 Prob > chi2 = 0.0000

|        | _t | Haz. Ratio | Std. Err. | z     | P> z  | [95% Conf. Interval] |
|--------|----|------------|-----------|-------|-------|----------------------|
| bmd3   |    |            |           |       |       |                      |
|        | 2  | .4193745   | .0447953  | -8.14 | 0.000 | .3401585 .5170384    |
|        | 3  | .3290229   | .0396476  | -9.23 | 0.000 | .2598098 .4166743    |
| weight |    | 1.004146   | .00362    | 1.15  | 0.251 | .997076 1.011266     |

## Fine-Gray model for cumulative incidence function

- What if BMD is correlated with factors that make death more likely?
- Low BMD might lead to fewer fractures after 2 years because men with low BMD are more likely to die before fracture.
- Solution: compare cumulative incidence function rather than cause-specific hazard.

## Fine-Gray model for cumulative incidence function

- Model cumulative incidence function, adapting Cox proportional hazard formulation
- Let  $f_k(t)$  be the k-th "hazard" where the cohort members who succumb to the competing risk are retained in the denominator of their rate (c.f., death)
- $f_k(t|x) = f_{0k}(t) \exp(\beta_{1k}x_1 + \dots + \beta_{pk}x_p)$
- Note: Maintaining deaths in the risk set acknowledges someone lost to competing risk will not develop event of interest so no extrapolation required

## MrOS Fine-Gray model for cumulative incidence function

```
clear
use mros.dta
stset years, failure(status==1)
stcrreg i.bmd3 weight, compete(status==2) // bmd in 3 quantiles
```

Competing-risks regression

|                 |   |      |
|-----------------|---|------|
| No. of obs      | = | 5993 |
| No. of subjects | = | 5993 |
| No. failed      | = | 531  |
| No. competing   | = | 657  |
| No. censored    | = | 4805 |

Log pseudolikelihood = -4472.9261

Wald chi2(3) = 119.64  
Prob > chi2 = 0.0000

| _t     | SHR      | Robust Std. Err. | z     | P> z  | [95% Conf. Interval] |
|--------|----------|------------------|-------|-------|----------------------|
| bmd3   |          |                  |       |       |                      |
| 2      | .4219663 | .0443983         | -8.20 | 0.000 | .3433337 .5186079    |
| 3      | .3369128 | .03982           | -9.20 | 0.000 | .2672472 .4247387    |
| weight | 1.004669 | .0036759         | 1.27  | 0.203 | .9974896 1.011899    |

## MrOS model comparisons

### Cause-specific Cox model

| _t     | Haz. Ratio | Std. Err. | z     | P> z  | [95% Conf. Interval] |
|--------|------------|-----------|-------|-------|----------------------|
| bmd3   |            |           |       |       |                      |
| 2      | .4193745   | .0447953  | -8.14 | 0.000 | .3401585 .5170384    |
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| weight | 1.004146   | .00362    | 1.15  | 0.251 | .997076 1.011266     |

### Fine-Gray model

| _t     | SHR      | Robust Std. Err. | z     | P> z  | [95% Conf. Interval] |
|--------|----------|------------------|-------|-------|----------------------|
| bmd3   |          |                  |       |       |                      |
| 2      | .4219663 | .0443983         | -8.20 | 0.000 | .3433337 .5186079    |
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| weight | 1.004669 | .0036759         | 1.27  | 0.203 | .9974896 1.011899    |

## MrOS model comparisons

- MrOS cause-specific hazards and Fine-Gray model results are very similar
- Makes sense: Methods differ based on whether people who die are retained in the risk set – but the risk of death is not large.
- Neither approach is incorrect; all depends on desired interpretation

## Competing Risks Summary

- “Deaths” occur due to other causes before event of interest
- Elimination vs. Accommodation
- Cause-specific hazard; cause-specific Cox model (stcox); elimination only
- Cumulative incidence function; Fine-Gray model (stcrreg); elimination for censoring and accommodation for competing death (by other causes)

## Finally...

- Dr. McCulloch's first lecture on Repeated Measures next Tuesday
- Check syllabus – all solutions (labs + homeworks) for my lectures should be posted by weekend – let me know if not
- Final project assignments will be in place today