

Semiparametric Regression Analysis of Interval-Censored Multi-State Data with An Absorbing State

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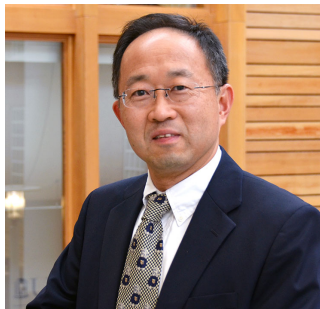
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Acknowledgments



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Outline

- 1 Introduction
- 2 Methods and Theory
- 3 Simulation Studies
- 4 CAV Data Application

Outline

1 Introduction

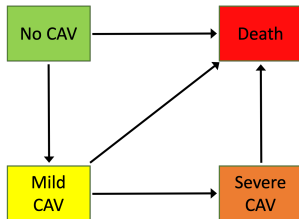
2 Methods and Theory

3 Simulation Studies

4 CAV Data Application

Multi-State Data

- Multi-state data arise frequently in studies of chronic diseases.
- Health status can be characterized by a finite number of disease states.
- **Transition:** change from one state to another.



Cardiac allograft vasculopathy

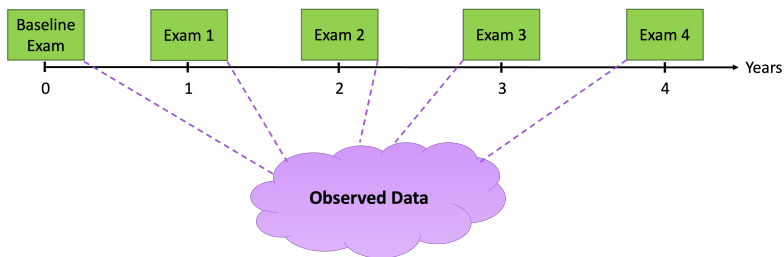
Significance

Analysis of multi-state data allows us to

- understand how a subject transitions from one state to another over time
- study the associations between risk factors and the disease process
- predict future disease progression using the disease history

Interval Censoring

- For economic and logistical reasons, subjects can only be examined periodically, such that transitions are only known to occur between two successive examinations.



- Such data are called *interval-censored multi-state data*.

Absorbing State and Right Censoring

- In many applications, there is an **absorbing state** (e.g., death) which terminates the disease process.
- A common situation is that the time of entering the absorbing state is observed exactly or right-censored.
- However, the **transient state** from which a subject enters the absorbing state is still unknown.

Analysis Challenges

- None of the transition times among transient states are directly observed.
- Trajectory of transitions from one examination to the next is unknown.
- Dependence among transitions from the same subject.
- A mixture of interval- and right-censored transition times.
- Missing data on the transient state right before the absorbing state.

Existing Methods

- Nonhomogeneous*
- ## Time-homogeneous Markov models
- ▶ Kalbfleisch & Lawless (1985); Satten (1999); Cook et al. (2002, 2004)
 - ▶ simple; parametric; implemented in the `msm` package
 - ▶ homogeneous assumption is unrealistic
- Nonparametric*
- ## Piecewise constant transition intensities
- ▶ Gentleman et al. (1994); Saint-Pierre et al. (2003); **Jackson (2011)**; Lawless & Nazeri Rad (2015)
 - ▶ relatively simple; parametric
 - ▶ restrictive; sensitive to the choice of change points
- ## Spline-based intensities + penalized likelihood
- ▶ Joly & Commenges (1999); **Machado & van den Hout (2018)**; Machado et al. (2021)
 - ▶ more flexible; semiparametric
 - ▶ tuning parameters (e.g., knots); inconsistent estimators

Overview of this work

- We provide a new framework to study semiparametric regression models for general interval-censored multi-state data with an absorbing state whose entry time is exactly known or right-censored.
- Our models use random effects to capture the dependence among transitions and accommodate time-dependent covariates.
- We combine ***nonparametric maximum likelihood estimation*** (NPMLE) and ***sieve estimation*** for inference.
- We devise a stable EM algorithm to compute the estimators.
- We leverage random effects to dynamically predict future process using the evolving disease history.

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Notation

- We consider a random sample of n subjects and K states, with state K being absorbing and all others being transient.
- Let $N_{ijk}(t)$ denote the number of transitions $j \rightarrow k$ the i th subject has experienced by time t .
- For the i th subject, let $\mathbf{X}_i(t)$ denote a set of potentially time-dependent covariates and \mathbf{b}_i denote a d -vector of random effects.

Semiparametric Regression Model

We specify that the transition intensity of $N_{ijk}(t)$ is related to $\mathbf{X}_i(t)$ and \mathbf{b}_i through the proportional intensity model:

$$\lambda_{ijk}(t; \mathbf{X}_i, \mathbf{b}_i) = \lambda_{jk}(t) \exp \left\{ \boldsymbol{\beta}_{jk}^\top \mathbf{X}_i(t) + \mathbf{b}_i^\top \mathbf{Z}_i(t) \right\} \quad (1)$$

- $\lambda_{jk}(\cdot)$: arbitrary baseline intensity function
- $\boldsymbol{\beta}_{jk}$: unknown regression parameters
- $\mathbf{b}_i \sim N_d(\mathbf{0}, \boldsymbol{\Sigma}(\gamma))$
- $\mathbf{Z}_i(\cdot)$: consists of 1 and covariates that are part of $\mathbf{X}_i(\cdot)$

Observed Data

- Examination times: $(U_{i0}, U_{i1}, \dots, U_{iM_i})$
- Observed transient states: $(S_{i0}, S_{i1}, \dots, S_{iM_i})$
- Time and status of entering state K : (Y_i, Δ_i)
 - $Y_i = \min(T_i, C_i)$
 - $\Delta_i = I(T_i \leq C_i)$
 - T_i is actual event time, C_i is censoring time
- Covariates: $\mathbf{X}_i(t)$

Likelihood

Under the noninformative censoring and conditional Markov assumptions, the likelihood is proportional to

$$\prod_{i=1}^n \int_{\mathbf{b}_i} \prod_{l=1}^{M_i} \mathbf{P}(U_{i,l-1}, U_{il}; \mathbf{X}_i, \mathbf{b}_i)^{(S_{i,l-1}, S_{il})} \times \left\{ \sum_{j \neq K} \mathbf{P}(U_{iM_i}, Y_i; \mathbf{X}_i, \mathbf{b}_i)^{(S_{iM_i}, j)} \right\}^{1-\Delta_i} \times \left\{ \sum_{j \in \mathcal{D}_K} \mathbf{P}(U_{iM_i}, Y_i; \mathbf{X}_i, \mathbf{b}_i)^{(S_{iM_i}, j)} \lambda_{ijK}(Y_i) \right\}^{\Delta_i} \phi(\mathbf{b}_i; \boldsymbol{\gamma}) d\mathbf{b}_i \quad (2)$$

- $\mathbf{P}(u, v; \mathbf{X}_i, \mathbf{b}_i)$ denotes the transition probability matrix between times u and v for the i th subject.
- $\phi(\mathbf{b}; \boldsymbol{\gamma})$ denotes the density function of $N_d(\mathbf{0}, \boldsymbol{\Sigma}(\boldsymbol{\gamma}))$.

Compute Transition Probability

- The transition probability matrix is given by

$$\mathbf{P}(u, v; \mathbf{X}_i, \mathbf{b}_i) = \mathcal{T}_{u < t \leq v} \{ \mathbf{I}_K + d\mathbf{A}(t; \mathbf{X}_i, \mathbf{b}_i) \}$$

- $\mathbf{A}(t; \mathbf{X}_i, \mathbf{b}_i)$ is the cumulative transition intensity matrix, with

$$\mathbf{A}(t; \mathbf{X}_i, \mathbf{b}_i)^{(j,k)} = \int_0^t \exp\{ \boldsymbol{\beta}_{jk}^T \mathbf{X}_i(s) + \mathbf{b}_i^T \mathbf{Z}_i(s) \} d\Lambda_{jk}(s).$$

- $\Lambda_{jk}(t) = \int_0^t \lambda_{jk}(s) ds.$

NPMLE + Sieve Estimation

- We adopt NPMLE approach for Λ_{jk} of
 1. all transitions among states $1, 2, \dots, K - 1$
 2. transition from state 1 to state $K \Rightarrow$ reference Λ_a
- We use B-splines to approximate the log transition intensity ratio
 $\psi_j = \log(\lambda_{jK}/\lambda_a)$
- Why not NPMLE for all Λ_{jk} ? **Inconsistent estimators!**
 - unknown state right before entering state K
 - Ma & Wang (2012); Wang et al. (2012)

More on NPMLE

- We treat Λ_{jk} as step functions with nonnegative jumps at all examination times and Y_i 's.
- We treat Λ_a as a step function that jumps only at those Y_i with $\Delta_i = 1$.
- Then the transition probability matrix

$$P_i(u, v) = \prod_{u < t \leq v} \{I_K + d\mathbf{A}_i(t)\}$$



$$\tilde{P}_i(u, v) = \prod_{u < t_q \leq v} \{I_K + \delta\mathbf{A}_i(t_q)\}.$$

- $\delta\mathbf{A}_i(t_q)$ involves the jump sizes λ_{jkq} and λ_{aq} .

Remarks

- Advantages of NPMLE:
 - uses all information told by the data
 - minimal assumption about Λ 's compared to splines
 - no tuning parameters
- The combination of NPMLE and B-splines ensures estimation consistency while achieving the maximal model flexibility.
- Challenges of computing sieve NPMLE:
 - high-dimensional parameters λ_{jkq} and λ_{aq}
 - lack of analytical expressions

Poissonization

- We introduce independent latent Poisson random variables W_{ijkq} with means $\{\delta \mathbf{A}_i(t_q)\}^{(j,k)}$.
- The key fact is that the transition probability $\tilde{\mathbf{P}}_i(u, v)^{(s_0, s_r)}$ is equal to the probability of the event

$$\bigcup_{\text{traj}(s_0, s_1, \dots, s_r)} \left\{ W_{ijkq} > 0 \text{ if there's a transition } j \rightarrow k \text{ at time } t_q \right. \\ \left. \text{and } W_{ijkq} = 0 \text{ otherwise} \right\}.$$

- Thus, maximizing the original likelihood is tantamount to maximizing the likelihood arising from the events of W 's.

EM Algorithm

- We can treat W_{ijkq} 's and \mathbf{b}_i 's as missing data and apply the EM algorithm for maximizing the likelihood function.
- The complete-data log-likelihood is

$$\begin{aligned} & \sum_{i=1}^n \left\{ \sum_{(j,k) \in \mathcal{D}^*} \sum_{q=1}^m I(t_q \leq Y_i) \left[W_{ijkq} \left\{ \log(\lambda_{jkq}) + \beta_{jk}^T \mathbf{X}_{iq} + \mathbf{b}_i^T \mathbf{Z}_{iq} \right\} \right. \right. \\ & \quad \left. \left. - \lambda_{jkq} \exp \left\{ \beta_{jk}^T \mathbf{X}_{iq} + \mathbf{b}_i^T \mathbf{Z}_{iq} \right\} - \log(W_{ijkq}!) \right] \right. \\ & + \sum_{j \in \mathcal{D}_K} \sum_{q=1}^m I(t_q \leq Y_i) \left[W_{ijkq} \left\{ \log(\lambda_{aq}) + \alpha_j^T \mathbf{B}_q + \beta_{jK}^T \mathbf{X}_{iq} + \mathbf{b}_i^T \mathbf{Z}_{iq} \right\} \right. \\ & \quad \left. - \lambda_{aq} \exp \left\{ \alpha_j^T \mathbf{B}_q + \beta_{jK}^T \mathbf{X}_{iq} + \mathbf{b}_i^T \mathbf{Z}_{iq} \right\} - \log(W_{ijkq}!) \right] \\ & \quad \left. - \frac{d_2}{2} \log(2\pi) - \frac{1}{2} \log |\boldsymbol{\Sigma}(\gamma)| - \frac{1}{2} \mathbf{b}_i^T \boldsymbol{\Sigma}(\gamma)^{-1} \mathbf{b}_i \right\}. \end{aligned} \quad (3)$$

E-Step

- We evaluate the conditional expectations of W_{ijkq} 's and functions of \mathbf{b}_i 's given the observed data.
- All conditional expectations have explicit expressions.
- Integrals of \mathbf{b}_i can be approximated using Gaussian-Hermite quadratures.

M-Step

- The regression and spline parameters can be updated by solving their respective score equations with the one-step Newton-Raphson approach.
- The biggest advantage of the EM algorithm is that the jump sizes can be updated **explicitly**:

$$\lambda_{jkq} = \frac{\sum_{i=1}^n I(t_q \leq Y_i) \tilde{E}(W_{ijkq})}{\sum_{i=1}^n I(t_q \leq Y_i) \tilde{E}\{\exp(\beta_{jk}^T \mathbf{X}_{iq} + \mathbf{b}_i^T \mathbf{Z}_{iq})\}},$$
$$\lambda_{aq} = \frac{\sum_{i=1}^n I(t_q \leq Y_i) \sum_{j \in \mathcal{D}_K} \tilde{E}(W_{ijkq})}{\sum_{i=1}^n I(t_q \leq Y_i) \sum_{j \in \mathcal{D}_K} \tilde{E}\{\exp(\alpha_j^T \mathbf{B}_q + \beta_{jk}^T \mathbf{X}_{iq} + \mathbf{b}_i^T \mathbf{Z}_{iq})\}}.$$

- Therefore, the EM algorithm is immune to the high-dimensional parameters in NPMLE.

Asymptotic Properties

- (Mixed rates of convergence) Under some regularity conditions,

$$\|\hat{\boldsymbol{\theta}} - \boldsymbol{\theta}_0\|^2 + \sum_{(j,k) \in \mathcal{D}^*} \|\hat{\Lambda}_{jk} - \Lambda_{0jk}\|_{L_2}^2 + \|\hat{\Lambda}_a - \Lambda_{0a}\|_{L_2}^2 + \sum_{j \in \mathcal{D}_K^*} \|\hat{\psi}_j - \psi_{0j}\|_{L_2}^2 = o_p(n^{-1/2}).$$

- (Asymptotic normality) $n^{1/2}(\hat{\boldsymbol{\theta}} - \boldsymbol{\theta}_0)$ converges in distribution to a multivariate normal vector with mean zero and a covariance matrix that attains the semiparametric efficiency bound.
- (Variance estimation) The limiting covariance matrix of $n^{1/2}(\hat{\boldsymbol{\theta}} - \boldsymbol{\theta}_0)$ can be consistently estimated by the inverse of

$$n^{-1} \sum_{i=1}^n \left\{ \nabla p_{l_i}(\hat{\boldsymbol{\theta}}) \right\}^{\otimes 2}.$$

Dynamic Prediction

- The key is to update the posterior density of random effects given the disease history $\mathcal{H}(t_0)$, which is proportional to

$$\prod_{l=1}^{L(t_0)} \hat{\mathbf{P}}(U_{l-1}, U_l)^{(S_{l-1}, S_l)} \times \left\{ \sum_{j \neq K} \hat{\mathbf{P}}(U_{L(t_0)}, t_0)^{(S_{L(t_0)}, j)} \right\} \phi(\mathbf{b}; \hat{\boldsymbol{\gamma}}).$$

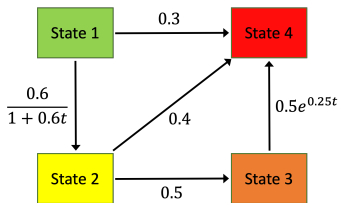
- We then plug in this posterior density to estimate
 1. conditional probability of $S(t) = k$ given $\mathcal{H}(t_0)$, $k = 1, \dots, K - 1$
 2. conditional probability of reaching state K at time t given $\mathcal{H}(t_0)$

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Simulation Setting

- $X_1 \sim \text{Bernoulli}(0.5)$ and $X_2 \sim \text{Unif}(0, 1)$
- $b \sim N(0, 0.5)$
- Six potential examination times separated by $0.05 + \text{Unif}(0, 1)$; no examinations after reaching state 4 or beyond $\tau = 3$.



Details of B-Splines

- We used cubic spline basis functions.
- We placed the boundary knots at 0 and τ , and placed two internal knots at the first and second tertiles of the observed time points.
- The estimation results are not sensitive to these choices.

Simulation Results

Table 1: Estimation of regression parameters

	$n = 500$				$n = 1000$				$n = 2000$			
	Bias	SE	SEE	CP	Bias	SE	SEE	CP	Bias	SE	SEE	CP
$\beta_{121} = 0.5$	0.026	0.272	0.254	94	0.014	0.178	0.180	96	0.003	0.134	0.127	95
$\beta_{122} = -0.5$	0.010	0.482	0.445	93	-0.005	0.322	0.312	94	-0.010	0.224	0.219	95
$\beta_{231} = 0.4$	-0.004	0.259	0.229	92	0.003	0.171	0.163	94	0.004	0.116	0.115	95
$\beta_{232} = 0.2$	0.022	0.467	0.398	91	0.016	0.296	0.283	94	0.012	0.208	0.199	94
$\beta_{141} = 0.3$	-0.007	0.309	0.256	91	0.000	0.193	0.180	94	-0.005	0.133	0.127	95
$\beta_{142} = 0.3$	-0.019	0.510	0.447	93	0.009	0.326	0.312	94	-0.002	0.219	0.220	95
$\beta_{241} = 0.3$	0.041	0.349	0.251	88	0.019	0.198	0.176	92	0.004	0.129	0.125	95
$\beta_{242} = 0.5$	0.001	0.570	0.426	86	-0.002	0.330	0.302	94	-0.006	0.226	0.214	95
$\beta_{341} = -0.2$	-0.030	0.272	0.220	90	-0.009	0.170	0.158	93	-0.003	0.114	0.113	95
$\beta_{342} = 0.5$	0.027	0.456	0.381	89	0.009	0.304	0.276	92	0.009	0.212	0.196	92
$\sigma^2 = 0.5$	-0.000	0.354	0.294	90	0.012	0.209	0.207	95	-0.002	0.130	0.141	97

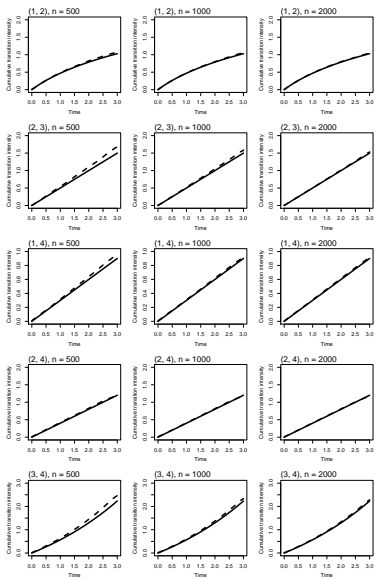


Figure 1: Estimation of cumulative baseline transition intensity functions.

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CAV Study

- CAV is a deterioration of the arterial walls and is a common cause of death after heart transplantation.
- An important goal of the CAV study (Sharples et al., 2003) was to assess the effects of risk factors on CAV onset, progression, and survival.
- Starting from August 1979, a total of 622 heart transplant recipients underwent approximately yearly angiographic examinations and were classified as having no CAV, mild CAV, or severe CAV.
- Each patient was followed for up to 20 years, until death or the end of follow-up.
- The median follow-up time was 5 years; ~ 40% of the patients died during follow-up.

Analysis Specifics

- We fit a four-state random effects model.
- Tuning parameters in B-splines were determined based on AIC.
- For comparison, we also fit a homogeneous Markov model using the msm package.

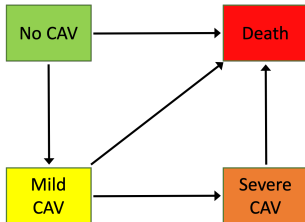


Table 2: Estimation results of regression parameters

Covariate	Proposed methods			msm package		
	Estimate	St error	p-value	Estimate	St error	p-value
No CAV to mild CAV						
Recipient age	-0.009	0.009	0.296	-0.013	0.007	0.071
Donor age	0.039	0.008	<0.001	0.027	0.006	<0.001
IHD	0.693	0.176	<0.001	0.549	0.151	<0.001
Acute rejection	0.163	0.041	<0.001	0.157	0.031	<0.001
Mild CAV to severe CAV						
Recipient age	-0.027	0.012	0.030	0.003	0.014	0.838
Donor age	-0.019	0.011	0.091	-0.009	0.011	0.378
IHD	0.335	0.269	0.213	0.081	0.227	0.722
Acute rejection	0.091	0.066	0.170	-0.015	0.055	0.783
No CAV to death						
Recipient age	0.074	0.015	<0.001	0.054	0.016	0.001
Donor age	0.032	0.010	0.002	0.020	0.009	0.032
IHD	0.144	0.255	0.573	0.085	0.223	0.703
Acute rejection	0.045	0.103	0.664	-0.058	0.085	0.498
Mild CAV to death						
Recipient age	0.074	0.031	0.017	-0.016	0.057	0.786
Donor age	0.025	0.027	0.349	-0.017	0.050	0.739
IHD	0.567	0.672	0.399	0.021	0.859	0.981
Acute rejection	0.101	0.123	0.412	0.250	0.123	0.043
Severe CAV to death						
Recipient age	-0.021	0.014	0.136	0.004	0.014	0.777
Donor age	-0.017	0.014	0.239	-0.008	0.012	0.518
IHD	-0.088	0.310	0.776	-0.232	0.225	0.303
Acute rejection	0.058	0.052	0.260	0.015	0.045	0.740

Key Findings

- Both donor age at transplant and cumulative number of acute rejection episodes are positively associated with the risk of mild CAV.
- Patients who received heart transplant due to ischemic heart disease have significantly higher risk of mild CAV.
- Older recipient and donor ages at transplant increase the risk of transition from no CAV to death.
- The variance of the random effect is estimated at 0.880 with a standard error estimator of 0.234, suggesting strong dependence among transitions.

Test Dynamic Prediction

- We randomly divide the 622 patients into training and testing sets at a 7:3 ratio.
- We fit the model using the training set to obtain the parameter estimates.
- For the testing set, we predict the RMST given the disease history up to each examination.
- For comparison, we redo the above steps using the `msm` package.

Prediction Error

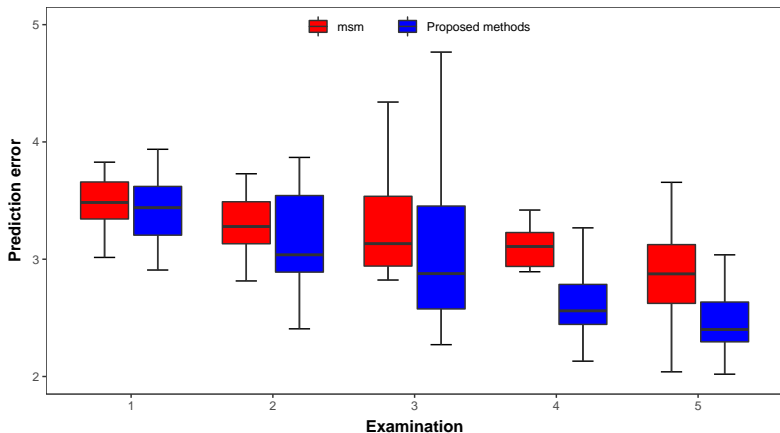


Figure 2: Boxplots of prediction error over 20 replicates at each examination.

Extension

- Our models can be extended to the competing risks set-up with more than one absorbing states, e.g., different causes of death.
- Joint modelling (with shared random effects) can be used when time-dependent covariates are measured only at a finite number of time points, or when there are more than one disease processes.
- Model diagnostics techniques, e.g., goodness-of-fit test.

Thank you!