

BIOSTAT III: Survival Analysis for Epidemiologists: Answers to take-home examination

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Instructions

- The examination is in two parts. To pass the examination, you need to score at least 7/13 for Part 1 focused on rates and general regression modelling and 11/21 for Part 2 on survival analysis.

1 Description of the data

In this exam, we will use the colon cancer data presented in the course. We will specifically focus on the variable subsite as the exposure of interest (this variable has not been given a lot of focus during the course). It gives information about in which part of the colon the tumour was detected and has 4 levels, 'Coecum and ascending', 'Transverse', 'Descending and sigmoid', and 'Other and not otherwise specified (NOS)'. A few extra variables have also been created that are not included in the dataset used for the computer lab. Below is a description of the variables used in this exam, and output from `stset` with time since diagnosis as the time-scale and death due to colon cancer as the outcome.

```
agegrp                                                    Age in 4 categories
```

```
      type: numeric (byte)
      label: agegrp

      range: [0,3]                units: 1
unique values: 4                 missing .: 0/13,208
```

```
tabulation: Freq.  Numeric  Label
              652      0  0-44
              2,106    1  45-59
              5,735    2  60-74
              4,715    3  75+
```

```
year8594                                                    Indicator for diagnosed during 1985-94
```

```
      type: numeric (byte)
      label: year8594

      range: [0,1]                units: 1
unique values: 2                 missing .: 0/13,208
```

tabulation:	Freq.	Numeric	Label
	5,434	0	Diagnosed 75-84
	7,774	1	Diagnosed 85-94

sex Sex

type: numeric (byte)
label: sex

range: [1,2] units: 1
unique values: 2 missing .: 0/13,208

tabulation:	Freq.	Numeric	Label
	5,455	1	Male
	7,753	2	Female

subsite Anatomical subsite of tumour

type: numeric (byte)
label: colonsub

range: [1,4] units: 1
unique values: 4 missing .: 0/13,208

tabulation:	Freq.	Numeric	Label
	4,820	1	Coecum and ascending
	2,365	2	Transverse
	5,391	3	Descending and sigmoid
	632	4	Other and NOS

stage Clinical stage at diagnosis

type: numeric (byte)
label: stage

range: [1,3] units: 1
unique values: 3 missing .: 0/13,208

tabulation:	Freq.	Numeric	Label
	6,274	1	Localised
	1,787	2	Regional
	5,147	3	Distant

d Indicator for death due to colon cancer, 1=yes, 0=no

type: numeric (float)

range: [0,1] units: 1
unique values: 2 missing .: 0/13,208

```

tabulation:  Freq.  Value
              6,022  0
              7,186  1

```

```

-----
y                                                    Follow-up time in exact years (#days/365.24)
-----

```

```

      type:  numeric (float)

      range:  [.04380681,20.961559]      units:  1.000e-09
unique values:  439                      missing .:  0/13,208

      mean:   3.76028
      std. dev:  4.4187

percentiles:      10%      25%      50%      75%      90%
                  .125945  .542109  1.87548  5.45942  10.5438

```

```

-----
. stset y, fail(d==1) exit(time 10)

```

```

      failure event:  d == 1
obs. time interval:  (0, y]
      exit on or before:  time 10

```

```

-----
      13,208  total observations
           0  exclusions

```

```

-----
      13,208  observations remaining, representing
           7,122  failures in single-record/single-failure data
43,966.874  total analysis time at risk and under observation
              at risk from t =           0
              earliest observed entry t =           0
              last observed exit t =           10

```

Part 1

Q 1

Below is the output from a Poisson model with colon cancer death as the outcome and subsite and age group at diagnosis as explanatory variables.

```
. poisson d i.subsite i.agegrp, exp(y)
```

```
Iteration 0:  log likelihood = -23913.572
Iteration 1:  log likelihood = -23913.443
Iteration 2:  log likelihood = -23913.443
```

```
Poisson regression              Number of obs   =    13,208
                               LR chi2(6)           =    759.97
                               Prob > chi2          =    0.0000
Log likelihood = -23913.443     Pseudo R2       =    0.0156
```

	d	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
-----+-----							
	subsite						
	Transverse	.2477318	.0333812	7.42	0.000	.1823057	.3131578
Descending and sigmoid		.0171663	.0272406	0.63	0.529	-.0362244	.0705569
Other and NOS		.1345189	.0572765	2.35	0.019	.022259	.2467788
	agegrp						
	45-59	.1326942	.0638993	2.08	0.038	.0074539	.2579345
	60-74	.4641152	.0586528	7.91	0.000	.3491579	.5790725
	75+	.9398427	.0589442	15.94	0.000	.8243141	1.055371
	_cons	-2.518287	.0577151	-43.63	0.000	-2.631406	-2.405167
	ln(y)	1	(exposure)				

```
. est store A
```

- a) Interpret the parameter for subsite 'Transverse' in the output above, including a statement about statistical significance. (2 pt)

This is the log rate ratio for patients having a tumor diagnosed in 'Transverse' region compared to patients with tumor diagnosed in 'Coecum and ascending' region, after adjusting for agegroup. This difference is statistically significant. So, patients having a tumor diagnosed in 'Transverse' region has a 28.1% (the rate ratio is $\exp(0.2477)=1.281$) higher mortality rate than patients with tumor diagnosed in 'Coecum and ascending' region, after adjusting for agegroup.

- b) Interpret the parameter for subsite 'Descending and sigmoid' in the output above, including a statement about statistical significance. (2 pt)

This is the log rate ratio for patients having a tumor diagnosed in 'Descending and sigmoid' region compared to patients with tumor diagnosed in 'Coecum and ascending' region, after adjusting for agegroup. This difference is not statistically significant. So, patients having a tumor diagnosed in 'Descending and sigmoid' region has a 1.7% (the rate ratio is

$\exp(0.017166)=1.017$) higher mortality rate than patients with tumor diagnosed in 'Coecum and ascending' region, after adjusting for agegroup, however this is not statistically significant.

- c) What is the hazard ratio comparing a patient with subsite 'Transverse' and diagnosed aged 45-59 to a patient with subsite 'Coecum and ascending' and diagnosed in the youngest age group? (2 pt)

Rate for patients with 'Transverse' and aged 45-59 at diagnosis: $\lambda = \exp(\beta_0 + \beta_1 + \beta_4)$
 Rate for patients with 'Coecum and ascending' and aged <45 at diagnosis: $\lambda = \exp(\beta_0)$
 HR= $\exp(\beta_0 + \beta_1 + \beta_4) / \exp(\beta_0) = \exp(\beta_1) \times \exp(\beta_4) = \exp(0.2477) \times \exp(0.1327) = 1.46$

- d) In this example, subsite is the exposure. We know that the distribution of age differs across subsites, and it is also known that colon cancer-specific mortality differs by age. Will this be a problem when you interpret the effect of subsite in the output above? Motivate your answer. (2 pt)

Age is a confounder in this setting. However, the model is adjusting for age, so shouldn't be a big problem in the given model, except for possible residual confounding.

Q 2

A second Poisson model is fitted, including interaction terms between subsite and age group. The model is also compared with the model fitted in Q1 using a likelihood-ratio test.

```
. poisson d i.subsite##i.agegrp, exp(y)
```

```
Iteration 0: log likelihood = -23889.634
Iteration 1: log likelihood = -23889.332
Iteration 2: log likelihood = -23889.332
```

```
Poisson regression                Number of obs   =    13,208
                                LR chi2(15)      =    808.19
                                Prob > chi2         =    0.0000
Log likelihood = -23889.332      Pseudo R2       =    0.0166
```

	d	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
-----+-----						
subsite						
	Transverse	.5488913	.1544657	3.55	0.000	.2461441 .8516385
	Descending and sigmoid	.6811782	.1331186	5.12	0.000	.4202706 .9420859
	Other and NOS	-.0742398	.2957184	-0.25	0.802	-.6538373 .5053576
agegrp						
	45-59	.5470006	.1164724	4.70	0.000	.3187188 .7752824
	60-74	.7903322	.1070393	7.38	0.000	.5805391 1.000125
	75+	1.216963	.1070192	11.37	0.000	1.007209 1.426716
subsite#agegrp						
	Transverse#45-59	-.5168524	.1779356	-2.90	0.004	-.8655997 -.168105
	Transverse#60-74	-.3242193	.1629553	-1.99	0.047	-.6436058 -.0048329
	Transverse#75+	-.2336096	.1632869	-1.43	0.153	-.553646 .0864268
	Descending and sigmoid#45-59	-.7688978	.1514086	-5.08	0.000	-1.065653 -.4721424
	Descending and sigmoid#60-74	-.7094681	.1393483	-5.09	0.000	-.9825857 -.4363505
	Descending and sigmoid#75+	-.6571303	.1402717	-4.68	0.000	-.9320578 -.3822029
	Other and NOS#45-59	-.2616855	.3438992	-0.76	0.447	-.9357156 .4123446
	Other and NOS#60-74	.1961377	.3089865	0.63	0.526	-.4094648 .8017402
	Other and NOS#75+	.3896897	.307874	1.27	0.206	-.2137323 .9931117

_cons		-2.820275	.1025978	-27.49	0.000	-3.021363
ln(y)		1	(exposure)			-2.619187

. lrtest A

Likelihood-ratio test	LR chi2(9) =	48.22
(Assumption: A nested in .)	Prob > chi2 =	0.0000

- a) What is the hazard ratio when comparing subsite 'Transverse' to 'Coecum and ascending' among patients diagnosed in the youngest age group. (2 pt)

$$\exp(.5488913) = 1.73$$

- b) What is the hazard ratio when comparing subsite 'Transverse' to 'Coecum and ascending' among patients diagnosed in the ages 60-74? (2 pt)

$$\exp(.5488913) * \exp(-.3242193) = 1.25$$

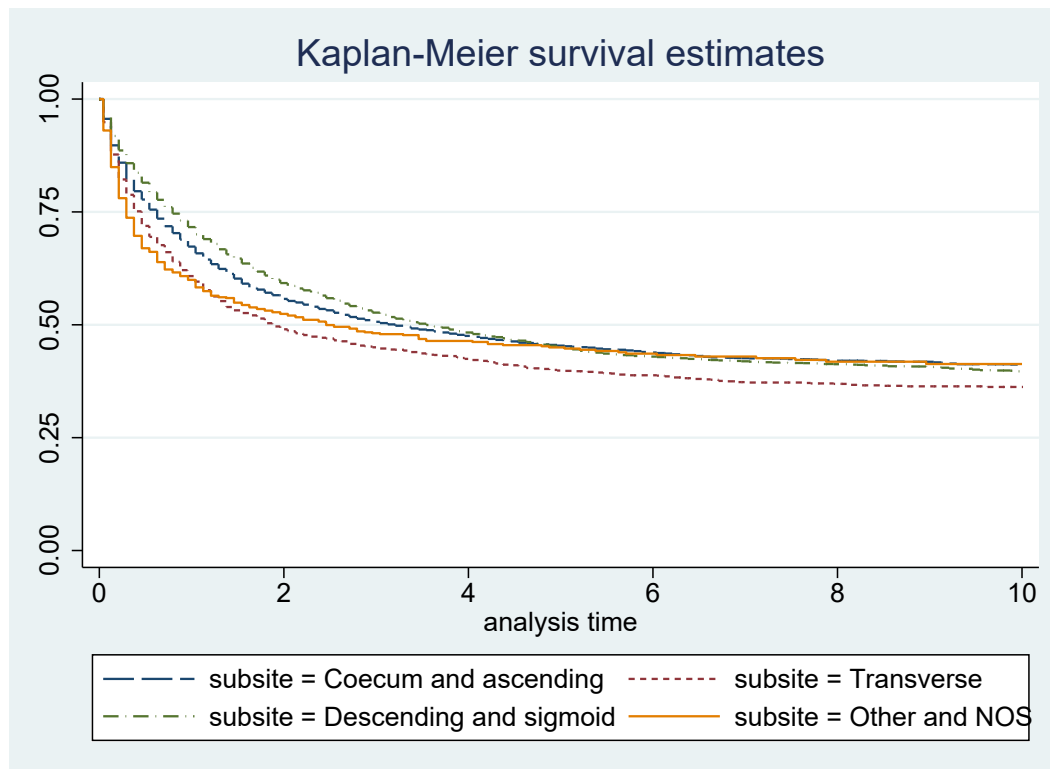
- c) Is there evidence of effect modification by age? Motivate your answer. (1 pt)

Yes, the likelihood ratio test comparing the two models show a statistically significant difference (p-value<0.05).

Part 2

Q 3

Here is a Kaplan-Meier graph of the survivor function for the 4 subsites, and the output from a log rank test.



```
. sts test subsite

      failure _d: d == 1
      analysis time _t: y
      exit on or before: time 10
```

Log-rank test for equality of survivor functions

subsite	Events observed	Events expected
Coecum and ascending	2557	2605.52
Transverse	1374	1180.68
Descending and sigmoid	2850	3021.69
Other and NOS	341	314.12
Total	7122	7122.00

chi2(3) = 45.86
Pr>chi2 = 0.0000

- a) Based on the Kaplan-Meier graph, what is the 1-year survival for each of the 4 subsites (approximately)? (2 pt)

Coecum and ascending: 0.67

Transverse: 0.61

Descending and sigmoid: 0.72

Other and NOS: 0.60

- b) Based on the Kaplan-Meier graph, what can you conclude about the hazard rate of death due to colon cancer for the 4 subsites? (3 pt)

The hazard rate is highest within the first 2 years after diagnosis, for all subsites, and then decreases. After approximately 4-5 years the hazard rate is similar across subsites, and after 7 years the hazard rate is very low for all subsites. Within the first 2 years, 'Other and NOS' has the highest rate, and the rate for this group decreases more quickly than for the other groups. The group 'Transverse' has a higher rate than 'Coecum and ascending' and 'Descending and sigmoid' within the first 2 years.

- c) Would you say that the proportional hazards assumption is reasonable? Motivate your answer. (2 pt)

No, probably not. The survival functions cross, and the effect of subsite seem to be stronger in the first years after diagnosis, since the rates are similar after 4-5 years.

- d) Would you conclude that there is evidence of a difference in the cancer-specific mortality across subsites? (1 pt)

Yes, the log-rank test shows a significant difference between subsites (p-value < 0.05).

- e) Why is it better to answer the question above using a regression model instead of a log-rank test? (2 pt)

The regression model gives us an effect measure (the HR) as well as a p-value, and it allows us to adjust for confounders and allow for effect modification.

Q 4

Below is the output from a Cox model, and test of the proportional hazards assumption based on the Schoenfelds residuals from this model.

```
. stcox i.subsite i.agegrp
```

```
      failure _d:  d == 1
      analysis time _t:  y
      exit on or before:  time 10
```

```
Iteration 0:  log likelihood = -64476.566
Iteration 1:  log likelihood = -64358.24
Iteration 2:  log likelihood = -64357.746
Iteration 3:  log likelihood = -64357.746
Refining estimates:
Iteration 0:  log likelihood = -64357.746
```

```
Cox regression -- Breslow method for ties
```

```
No. of subjects =      13,208          Number of obs   =      13,208
No. of failures =       7,122
Time at risk    =  43966.87383
LR chi2(6)      =      237.64
```


Log likelihood = -64357.746 Prob > chi2 = 0.0000

	_t	Haz. Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
-----+-----							
	subsite						
	Transverse	1.213999	.0406689	5.79	0.000	1.13685	1.296384
Descending and sigmoid		.986004	.0269601	-0.52	0.606	.9345541	1.040286
Other and NOS		1.121014	.0646428	1.98	0.048	1.001213	1.255148
	agegrp						
	45-59	1.046113	.0671159	0.70	0.482	.9225032	1.186287
	60-74	1.240406	.0731012	3.66	0.000	1.105095	1.392285
	75+	1.60553	.0951475	7.99	0.000	1.429468	1.803278
-----+-----							

. estat phtest, detail

Test of proportional-hazards assumption

Time: Time

	rho	chi2	df	Prob>chi2
-----+-----				
1b.subsite	.	.	1	.
2.subsite	-0.02292	3.74	1	0.0530
3.subsite	0.06947	34.54	1	0.0000
4.subsite	-0.04271	12.99	1	0.0003
0b.agegrp	.	.	1	.
1.agegrp	-0.01304	1.21	1	0.2704
2.agegrp	-0.00981	0.69	1	0.4071
3.agegrp	-0.03354	7.99	1	0.0047
-----+-----				
global test		109.14	6	0.0000
-----+-----				

- a) Is this model equivalent to the Poisson model in question 1 (Q1)? Motivate your answer. (2 pt)

No, this model also adjusts for the time scale. The time scale is not included in the Poisson model in Q1.

- b) What is the hazard ratio comparing subsite 'Other and NOS' to 'Coecum and ascending' for patients aged 75+ at diagnosis? (2 pt)

Since there is no interaction between subsite and age group, the HR comparing subsite 'Other and NOS' to 'Coecum and ascending' is the same within all age groups, 1.121014.

- c) Write out the model formulation (linear predictor) of the model. (2 pt)

$$\ln(\lambda(t|X)) = \ln(\lambda_0(t)) + \beta_1 * [\text{Transverse}] + \beta_2 * [\text{Descending and sigmoid}] + \beta_3 * [\text{Other and NOS}] + \beta_4 * [\text{age 45-59}] + \beta_5 * [\text{age 60-74}] + \beta_6 * [\text{age 75+}]$$

$$\beta_1 = \ln(1.213) \quad \beta_2 = \ln(0.986) \quad \beta_3 = \ln(1.121) \quad \beta_4 = \ln(1.046) \quad \beta_5 = \ln(1.240) \quad \beta_6 = \ln(1.605)$$

- d) Is there evidence of non-proportional hazards for the covariate of interest, subsite? (1 pt)

Yes, as the Schoenfelds residuals test rejected the hypothesis of zero slope.

- e) Why would a stratified Cox model, stratifying by subsite, not be suitable in this study? (1 pt)

Because subsite is the covariate of interest whereas the stratified Cox model is suitable for data where proportional hazards assumption is violated for a factor that is not of the primary interest.

Q 5

- a) Describe a study where you would choose attained age as the time-scale. Motivate your answer. (2pt)

For a study where it is of interest to study how the rate changes over attained age, attained age should be used as a time-scale. Otherwise, the time-scale which is suspected to have the strongest confounding effect should be chosen, so if both the exposure distribution and the rate of the event of interest differs along attained age, that should be chosen as the time-scale.

- b) Describe an approach (other than stratified Cox model) of allowing for non-proportional hazards. (1 pt)

Include interaction between the covariate and the time-scale, i.e. effect modification by time.