

# **New Developments in Survival Analysis**

## **Using SAS® Software**

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**MISUG September 23, 2010, Ann Arbor, Michigan**

# **INTRODUCTION**

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- **Survival Analysis**– methods to analyze time-to-event data that are right, left and/or interval censored
- **Extensions** from single event to repeated (recurrent) events, and multiple events
- **Methods for different types of analyses:**
  - I. **Nonparametric**<sup>†</sup>
  - II. **Parametric**<sup>†</sup>
  - III. **Semi-parametric**
  - IV. **Bayesian**

<sup>†</sup> Focus of this presentation

# **I. NONPARAMETRIC ANALYSIS**

- **ESTIMATION OF SURVIVAL CURVES**
- **COMPARISON OF SURVIVAL CURVES**

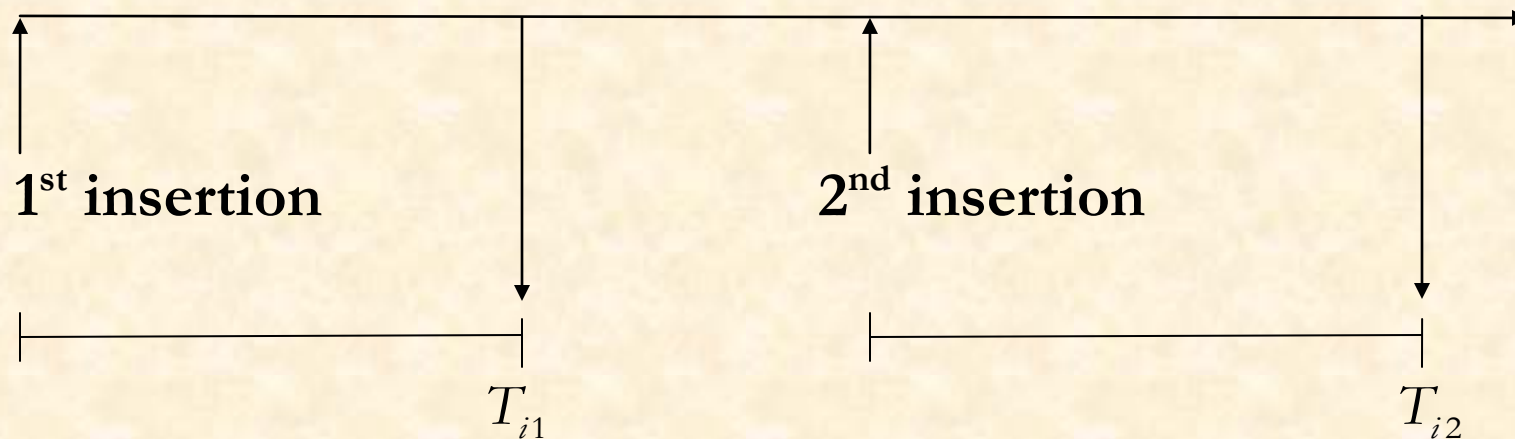
**Proc LIFETEST is the main engine for nonparametric analysis**

# ILLUSTRATIVE EXAMPLE 1

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A study by McGilchrist & Aisbett (1991) of 38 kidney dialysis patients:

- Time in days to infection at the catheter insertion point
- Two times in each patient ( $T_{i1}$ ,  $T_{i2}$ ) with possible right censoring at ( $U_{i1}$ ,  $U_{i2}$ )



## Data—3 patients

Obs	patient	insert	time	fail	gender	age
1	1	1	8	1	0	28.0
2	1	2	16	1	0	28.0
3	2	1	23	1	1	48.0
4	2	2	13	0	1	48.0
5	3	1	22	1	0	32.0
6	3	2	28	1	0	32.0

age=average age at catheter insertions

```
proc format;  
value gender 0='male'1='female';  
value insert 1='first' 2='second';  
value fail 0='censored' 1='infected';  
run;
```

<b>Analysis Variable : time</b>							
<b>insert</b>	<b>gender</b>	<b>fail</b>	<b>N</b>	<b>Mean</b>	<b>Median</b>	<b>Min</b>	<b>Max</b>
<b>first</b>	<b>female</b>	<b>censored</b>	<b>6</b>	<b>58.2</b>	<b>38.0</b>	<b>5.0</b>	<b>149.0</b>
		<b>infected</b>	<b>22</b>	<b>162.2</b>	<b>124.5</b>	<b>7.0</b>	<b>536.0</b>
	<b>male</b>	<b>infected</b>	<b>10</b>	<b>32.8</b>	<b>16.0</b>	<b>2.0</b>	<b>152.0</b>
<b>second</b>	<b>female</b>	<b>censored</b>	<b>10</b>	<b>47.4</b>	<b>24.5</b>	<b>5.0</b>	<b>159.0</b>
		<b>infected</b>	<b>18</b>	<b>119.3</b>	<b>72.0</b>	<b>8.0</b>	<b>333.0</b>
	<b>male</b>	<b>censored</b>	<b>2</b>	<b>6.0</b>	<b>6.0</b>	<b>4.0</b>	<b>8.0</b>
		<b>infected</b>	<b>8</b>	<b>105.8</b>	<b>26.5</b>	<b>9.0</b>	<b>562.0</b>

# ESTIMATION OF SURVIVAL CURVES

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- **Distribution of infection-free time by insertion and gender**

$$S_j(t) = P[T_j > t], \quad T_j - \text{time in days to infection}$$

- **Nonparametric methods use the data:**

$$X_{ij} = \min(T_{ij}, U_{ij}), \quad \delta_{ij} = [T_{ij} \leq U_{ij}] \quad j=1, 2 \text{ (stratum)},$$

$\delta_{ij} = 1$  if infection time is observed,  $\delta_{ij} = 0$ , otherwise,

$U_{ij}$  - censoring time

## Inputs:

- **accumulating count of events up to time  $t$ ,**

$$N_j(t) = \sum_{i=1}^n [X_{ij} \leq t, \delta_{ij} = 1]$$

- **number at risk at time  $t$ ,**  $Y_j(t) = \sum_{i=1}^n [X_{ij} \geq t]$ .

## Estimators:

$S_j(t)$  and cumulative hazard  $H_j(t)$  and are estimated by

$$\hat{H}_j(t) = \int_0^t \{Y_j(u)\}^{-1} dN_j(u), \quad \hat{S}_j(t) = \exp(-\hat{H}_j(t))$$

**Kaplan-Meier (Product limit) estimator:**

$$\tilde{S}_j(t) = \prod_{u \leq t} \left( 1 - \frac{\Delta N_j(u)}{Y_j(u)} \right)$$

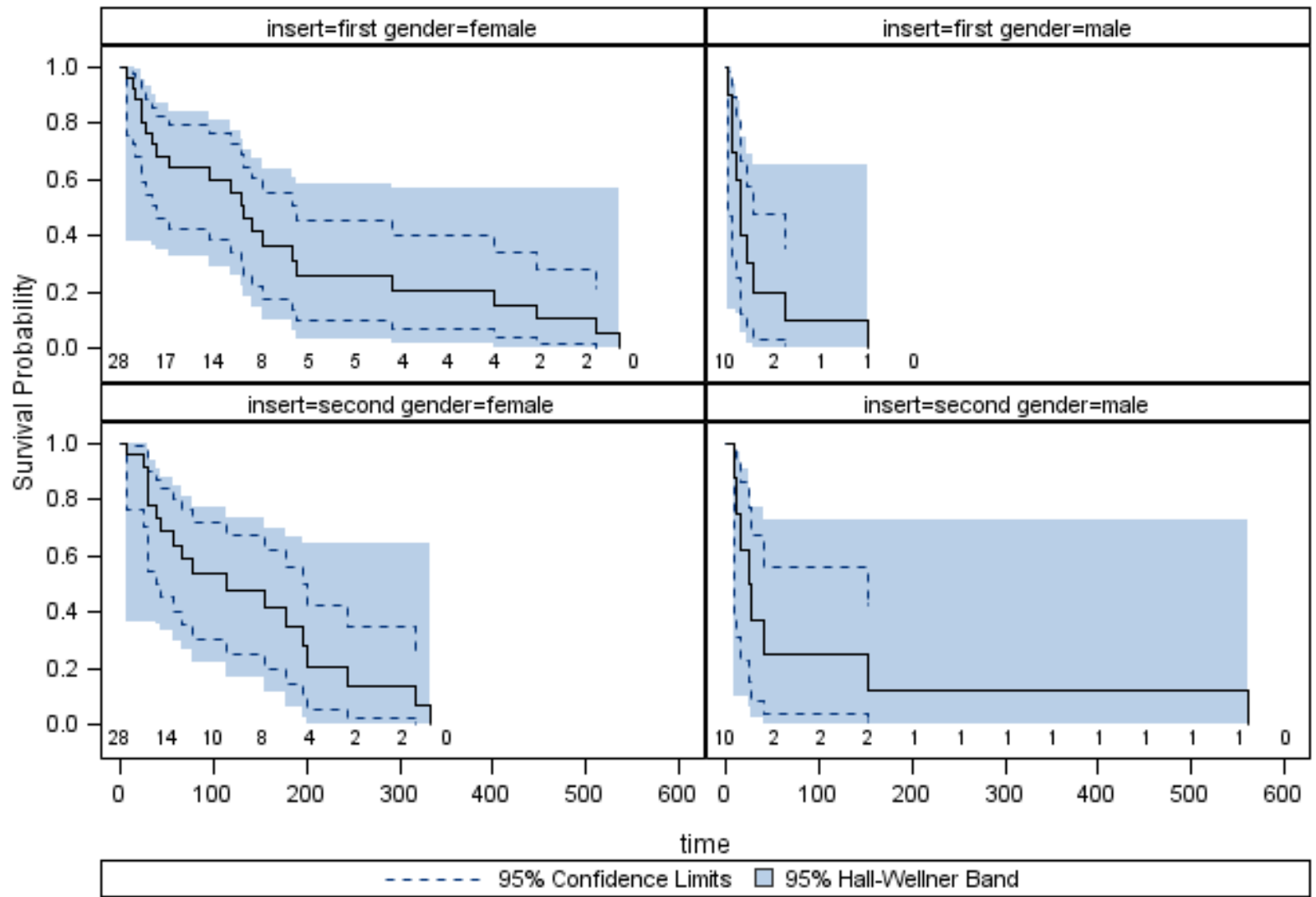
## SAS SYNTAX

```
ods graphics on;  
proc lifetest data=kidney Method=km  
plots=survival(nocensor cb=hw cl strata=panel  
                  atrisk=0 to 600 by 50);  
strata insert gender;  
time time*fail(0);  
format gender gender. insert insert. ;  
run;  
ods graphics off;
```

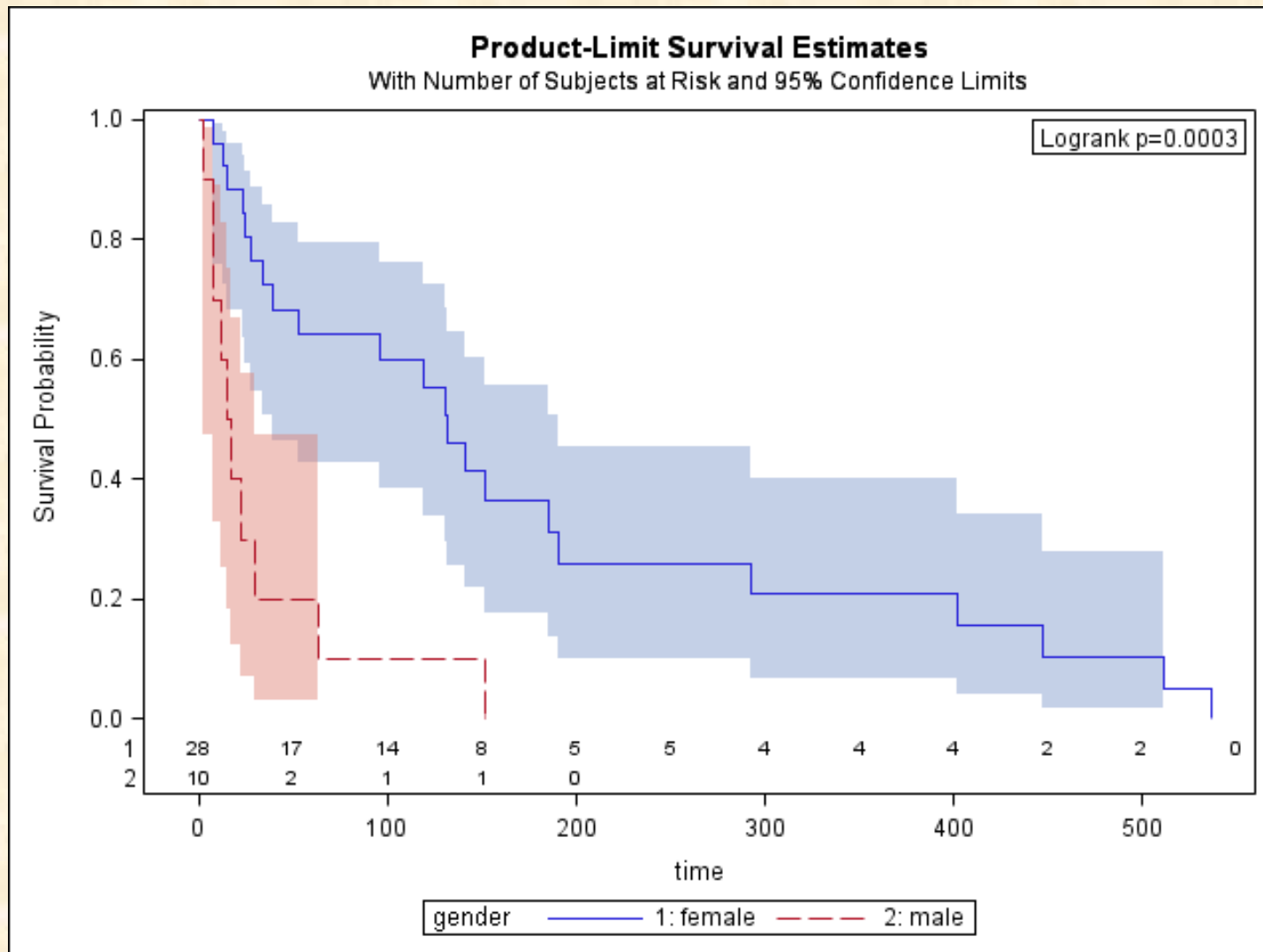
```
nocensor to suppress plotting of censored times  
cl for confidence (pointwise) limits  
cb= for confidence bands  
atrisk= to display patients at risk at specified times  
strata=panel to display of plots in a panel
```

### Product-Limit Survival Curves

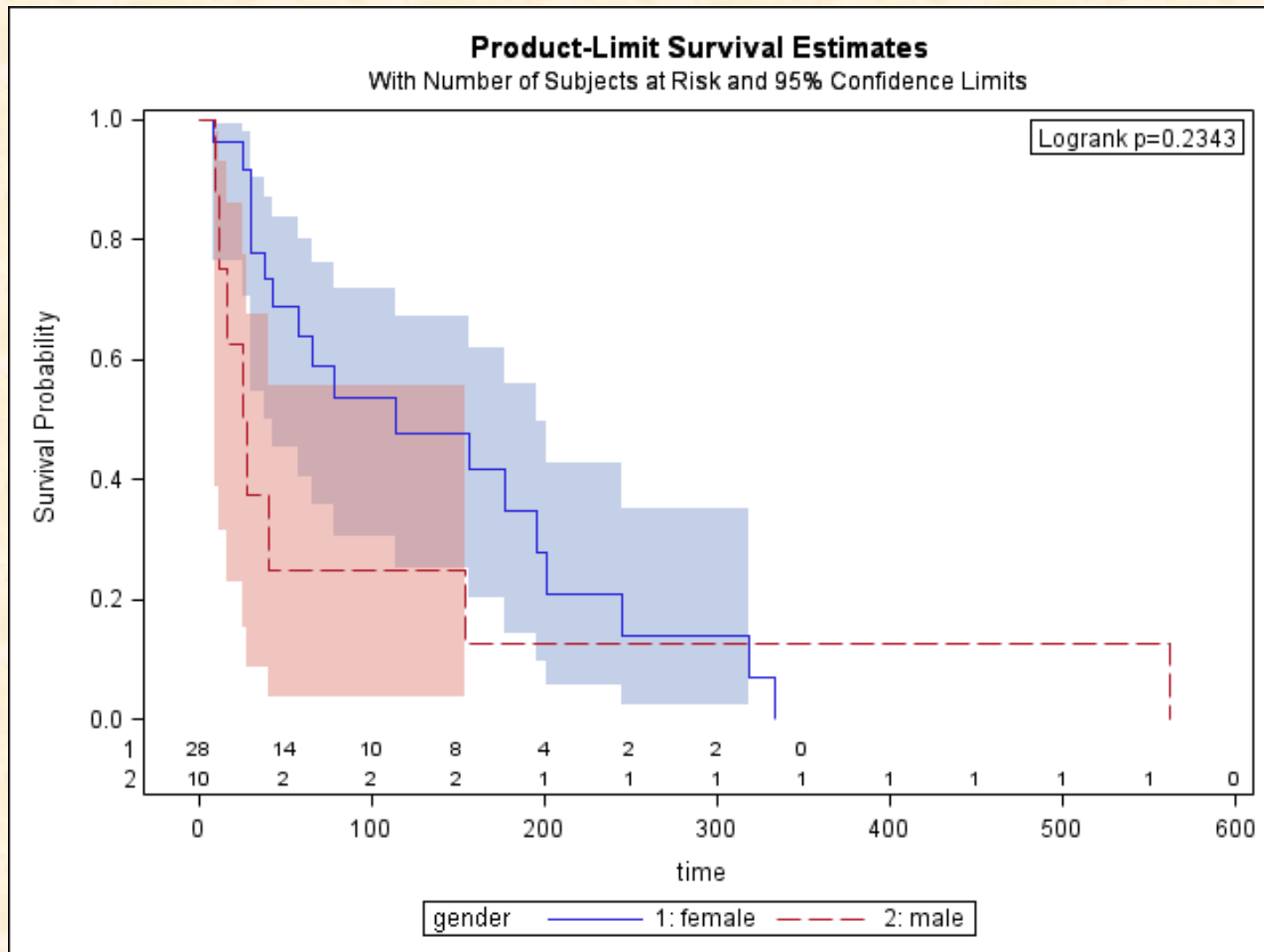
with Number of Subjects at Risk



## Comparisons: by gender at each insertion—First insertion



# Second insertion



## Some Conclusions

- Logrank test-comparison by gender- obtained from

```
strata insert/group=gender test=logrank;
```

This is a stratified test ( $p=.0009$ ). Separately by first, second insertion,

- First insertion– gender effect is significant. Females have longer infection-free duration
- Second insertion– gender effect is not significant
- 95% pointwise confidence intervals are displayed–little overlap for first insertion

## **II. PARAMETRIC MODELS-ACCELERATED FAILURE TIME MODEL**

- **FITTING PARAMETRIC MODELS**
- **ESTIMATION OF PERCENTILES**
- **JOINT MODELING OF INFECTION TIMES**

**Procedures LIFEREG and RELIABILITY can be used. Also a  
new PROC SEVERITY**

# ACCELERATED FAILURE TIME MODEL

- $\log T = \mu + \sigma\varepsilon$ , where  $\mu$  = location and  $\sigma$  = scale are parameters
- Covariate effects are modeled by  $\mu = \mathbf{z}'\beta_1$
- heteroscedasticity by  $\log \sigma = \mathbf{z}'\beta_2$
- distribution on  $\varepsilon$  independent of  $\mathbf{z}$ , induces a distribution on  $T$

Use MLE to estimate  $(\beta_1, \beta_2)$

AFT class includes exponential, Weibull, lognormal and loglogistic.

General form:  $S(t) = S_0((t / \alpha)^\gamma)$  where  $\sigma = \gamma^{-1}$ ,  $\mu = \log \alpha$ ,  $\alpha > 0$ ,  $\gamma > 0$ , and  $S_0$  is a known survival distribution

# Generalized Gamma (GG) Distribution

- Additional shape parameter
- AFT form:  $\log T = \mathbf{z}'\beta_1 + \sigma_0 Z$  where  $k = \delta^{-2}$ ,  $\sigma_0 = \sigma\delta$ ,  
$$Z = \sqrt{k}(\varepsilon - \log k)$$
- SAS calls  $\delta$  the *shape* and  $\sigma_0$  the *scale* of the GG

GG returns three special cases:

- (1) with  $\delta=0$  the log normal. As  $\delta \rightarrow 0$ ,  $Z$  converges to the standard normal;
- (2) with  $\delta=1$  the Weibull;
- (3) with  $\delta=1$  and  $\sigma_0=1$  the exponential;

## FITTING PARAMETRIC MODELS

Assume the within-patient times  $(T_{i1}, T_{i2})$  are independent, making our sample comprise of 76 individual catheter insertions.

```
proc lifereg data=kidney;  
class gender;  
model time*fail(0)=age gender/dist=gamma;  
format gender gender.;  
run;
```

For lognormal:  $H_0 : \delta = 0$ . Use `dist=gamma noshapel shapel=0;`

For Weibull:  $H_0 : \delta = 1$ . Use `dist=gamma noshapel shapel=1;`

For exponential:  $H_0 : \delta = 1, \sigma_0 = 1$ .

Use `dist=gamma noshapel shapel=1 noscale scale=1;`

<b>Table 1: Results of fitting parametric AFT models to infection times</b>					
	<b>Maximum likelihood estimate (standard error)</b>				
<b>Parameter</b>	<b>GG</b>	<b>Lognormal</b>	<b>Weibull</b>	<b>Exponential</b>	<b>Loglogistic</b>
<b>Intercept</b>	3.4188 (0.5322)	3.4490 (0.4939)	4.2916 (0.5505)	4.4025 (0.4971)	3.4052 (0.4636)
<b>AGE</b>	-0.0054 (0.0097)	-0.0054 (0.0097)	-0.0042 (0.0103)	-0.0046 (0.0094)	-0.0073 (0.0093)
<b>GENDER-female</b>	1.3830 (0.3283)	1.3269 (0.3261)	0.9655 (0.3248)	0.8853 (0.2871)	1.5526 (0.3265)
<b>Scale</b>	1.1863 (0.1085)	1.1847 (0.1077)	1.1031 (0.1035)	1(fixed)	0.6793 (0.0720)
<b>Shape</b>	-0.0473 (0.3164)	0(fixed)	1(fixed)	1(fixed)	na
<b>-2 log L</b>	197.032	197.053	206.197	207.348	198.532
<b>BIC</b>	218.686	214.375	223.520	220.340	215.855
<b>LM test p-value</b>	na	.887	<.0001	Shape <.001 Scale .316	na

## ESTIMATION OF PERCENTILES

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- Given a covariate profile  $\mathbf{z}$ : the  $100(1-p)$ -th percentile  $t_p$  of the event time  $T$  is  $t_p = \exp(\mathbf{z}'\boldsymbol{\beta} + \sigma w_p)$  where  $w_p$  is the corresponding percentile of  $\varepsilon$ .
- Work with  $\log \hat{t}_p = \mathbf{z}'\hat{\boldsymbol{\beta}} + \hat{\sigma} w_p$  to obtain 95% CI for  $t_p$
- Use **PROC RELIABILITY**

See **SGF 2010: Paper 252-2010** for an example and syntax

## JOINT MODELING OF INFECTION TIMES

- Allow correlation between  $(T_{i1}, T_{i2})$  via a shared frailty model

$$\log T_{ij} = \mathbf{z}'_{ij}\boldsymbol{\beta} + \nu_i + \sigma\varepsilon_{ij} \text{ where } \nu_i \text{ is a random effect}$$

- Assume  $(T_{i1}, T_{i2})$  conditionally independent given  $(\nu_i, \mathbf{z}_{i1}, \mathbf{z}_{i2})$ ,

parametric distribution for  $(\nu_i, \varepsilon_{ij})$  given  $(\mathbf{z}_{i1}, \mathbf{z}_{i2})$

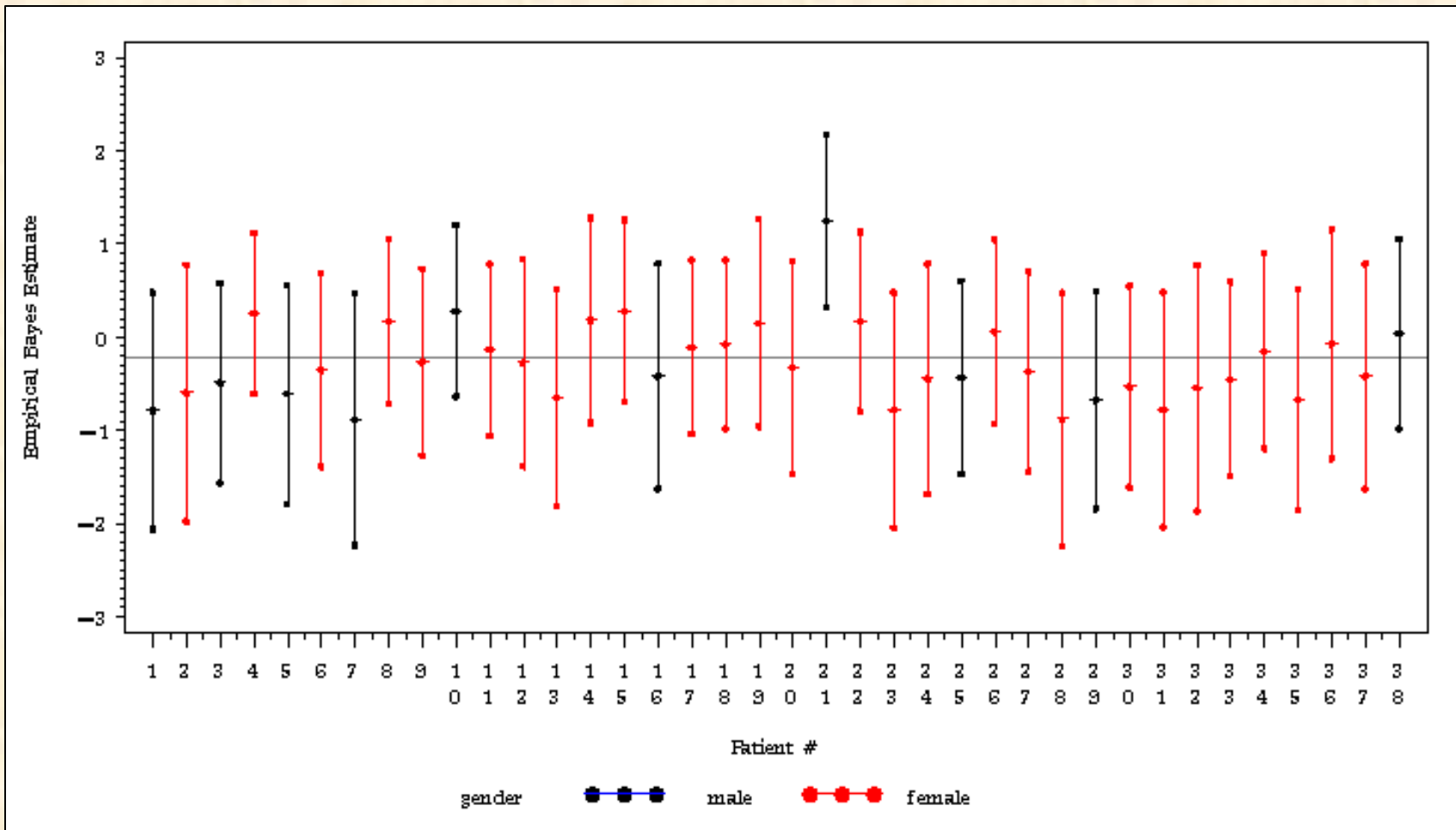
- Perform ML estimation of the marginal model using PROC

**NLMIXED**

**Example:** Weibull model,  $\varepsilon_{ij} \sim \text{extreme-value}$ ,  $\nu_i \sim N(-1/2\sigma_\nu^2, \sigma_\nu^2)$ .

**Get MLE of  $(\boldsymbol{\beta}, \sigma_\nu^2)$  and empirical Bayes estimates of  $\nu_i$ , that is**

$E(\nu_i | \text{data})$



LRT for frailty effect  $p < .01$ ; but the effect appears to be from patient #21

## Remarks

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- **Other frailty models**

$$\varepsilon_{ij} \sim \text{extreme-value}, \xi_i = \exp(v_i) \sim \text{Gamma}$$

$$\varepsilon_{ij} \sim \text{normal}, v_i \sim \text{normal}$$

can be fitted by **NLMIXED**

- **Use MLE from (non-frailty model) LIFEREG to suggest starting values**
- **PROC QLIM in SAS/ETS can fit a joint log-normal model**

$$y_{ij}^* = \log T_{ij} = \mathbf{z}'_{ij} \boldsymbol{\beta} + u_{ij} \text{ with } (u_{i1}, u_{i2}) \sim \text{Normal}(\mathbf{0}, \boldsymbol{\rho}, \sigma_1, \sigma_2) \text{ and}$$

observed range of  $y_{ij}^*$  is restricted

**See SGF 2010: Paper 252-2010 for details**

# SUMMARY

- Procedures **LIFETEST**, **LIFEREG**, **PHREG** provide tools for comprehensive analyses
- **PHREG** for analyses the Cox model and its extensions
- **ODS GRAPHICS** and **PLOT** options in above procedures provide exquisite enhancements
- **BAYES** option in **LIFEREG**, **PHREG** give additional capabilities
- **PROC MCMC** can be used for more complex survival analyses
- Future enhancements could include frailty models, finite mixture models, hyper-prior specification for Bayes models

## **ACKNOWLEDGEMENTS**

- **This talk is based on a presentation at SAS Global Forum 2010, April 11-14, Seattle, WA.**

**Paper 252-2010: Gardiner JC. “Survival Analysis: Overview of Parametric, Nonparametric and Semiparametric approaches and New Developments”**

- **Agency for Healthcare Research & Quality for sponsorship of my research under Grant 1R01 HS14206**

**Thank you for your attendance**