

Ein Vergleich von MCMC und numerischer Integration mittels Simulationen bei der Parameterschätzung im Gamma-Frailty- Modell

Diana Pietzner, Oliver Kuß, Andreas Wienke

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Cox model,
shared frailty model
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HALLUCA study
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Simulation,
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Cox model

Proportional Hazard Model (Cox 1972)

$$\mu(t | \mathbf{X}) = \mu_0(t)e^{\beta^T \mathbf{X}}$$

- Influence of covariates X on time to event (regression model)
- Parametric or semiparametric model

Cox model

Proportional Hazard Model (Cox 1972)

$$\mu(t | \mathbf{X}) = \mu_0(t)e^{\beta^T \mathbf{X}}$$

- Influence of covariates X on time to event (regression model)
- Parametric or semiparametric model
- How to model unobserved heterogeneity?

Frailty models

Proportional Hazard Model (Cox 1972)

$$\mu(t|\mathbf{X}) = \mu_0(t)e^{\beta^T \mathbf{X}}$$

$$\mu(t|\mathbf{X}, Z) = Z\mu_0(t)e^{\beta^T \mathbf{X}}$$

- Z : Frailty
- Vaupel et al. (1979), Lancaster (1979), Beard (1959)

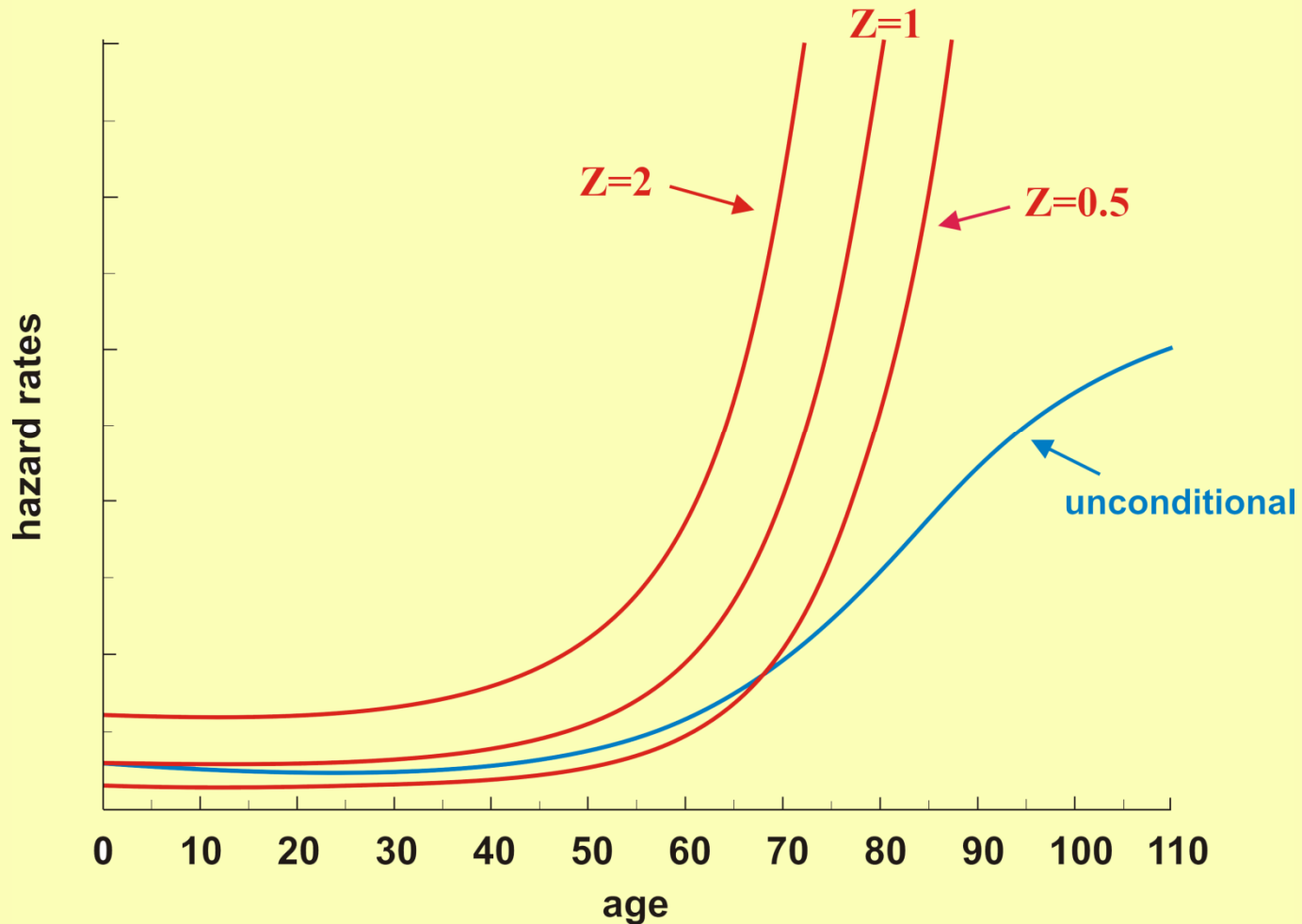
Shared frailty models

- Clayton 1978
- Frailty varies between clusters, identical within cluster
- Frailty is fixed over time
- Frailty is unobservable
- Distribution of Z is specified
- Z is non-negative
- Frailty Z is independent of the observed covariates X
- Different notation: $\mu(t|X,Z) = \mu_0(t)e^{\beta^T X + W}$

$$Z = e^W$$

Shared frailty models

Conditional and unconditional hazard rates



Shared Gamma frailty model

Gamma distributed frailty

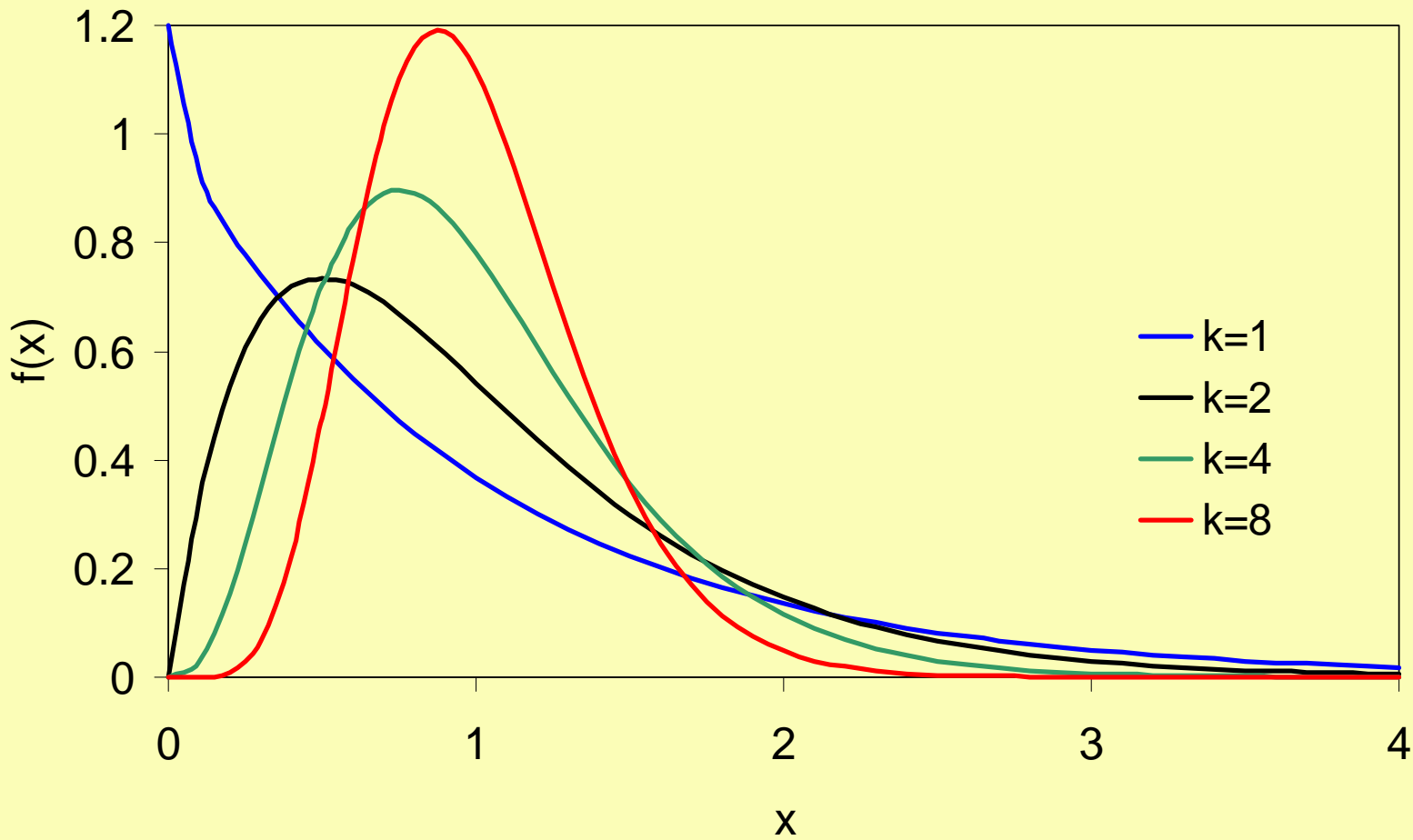
Assumption: $Z \sim \Gamma(k, \lambda)$

$$EZ = \frac{k}{\lambda} \quad V(Z) = \frac{k}{\lambda^2}$$

$$EZ = 1 \quad V(Z) = \frac{1}{\lambda} = \sigma^2$$

$$\Rightarrow Z \sim \Gamma(1 / \sigma^2, 1 / \sigma^2)$$

Shared Gamma frailty model



Shared frailty models

Shared Gamma frailty model (Clayton 1978)

(without observed covariate X)

For i-th cluster:

$$S(t_1, \dots, t_{n_i} | Z_i) = S_0(t_1)^{Z_i} \dots S_0(t_{n_i})^{Z_i}$$

$$S(t_1, \dots, t_{n_i}) = ES(t_1, \dots, t_{n_i} | Z_i)$$

$$= Ee^{-Z_i(M_0(t_1) + \dots + M_0(t_{n_i}))}$$

$$= \dots$$

$$= (S(t_1)^{-\sigma^2} + \dots + S(t_{n_i})^{-\sigma^2} - (n_i - 1))^{-1/\sigma^2}$$

HALLUCA study

- **Halle Lung Carcinoma**
- Population-based study in Halle and surroundings
- Provision of medical care to lung cancer patients
- April 1996 to September 1999

- 1696 lung cancer patients were identified, in cooperation with the regional cancer registries
- 1349 deaths, median survival 9.3 months

- Covariates: sex, age, histological type, performance state (ECOG), tumor state, ...
- Data from several diagnostic units (=clusters, see Kuss 2008)

Simulation

- Simulation of survival times of 1500 patients
- 25 different clusters
- One continuous covariate X with parameter $\beta=0.8$
- Gompertz baseline hazard:

$$\mu_0(t) = \lambda e^{\varphi t}, \lambda = 0.002, \varphi = 0.002$$

- Gamma frailty with variance parameter $\sigma^2 = 0.5$
- Simulation of survival times by reversing the survival function

$$T_i = M_0^{-1} \left(-(\ln U_i) \frac{1}{Z_i} e^{-\beta X} \right), \quad U_i \sim U[0,1]$$

(see Bender et al. 2005)

NLMIXED: Liu's method

- NLMIXED calculates ML-Estimates for data with normal random effect using Gaussian quadrature
- Liu, Yu 2008:
- Transformation of log-likelihood to

$$l(t_i) = \int_{-\infty}^{\infty} l_i^A + l_i^B + l_i^C \phi(e_i) de_i,$$

$\phi(e_i)$ density of standard normal distribution

- Starting estimators:

$$\beta_0 = 0, \lambda_0 = 0.05, \varphi_0 = 0.05, \sigma_0^2 = 1$$

PROC NLMIXED

```
proc nlmixed data=frailty11 qpoints=50;
  ods output ParameterEstimates=MLEst55;
  parms lambda phi=0.002 to 0.05 by .002 sigmasq=1 beta=0;
  bounds lambda sigmasq >=0;
  basehaz=lambda*exp(phi*time);
  cumbasehaz=lambda/phi*(exp(phi*time)-1);
  expa=exp(a);
  *log Gamma density;
  loggammaden=(1/sigmasq-1)*a - 1/sigmasq * expa - 1/sigmasq* log(sigmasq) -lgamma
  (1/sigmasq);
  lognormalden=-a*a/2; /* log standard normal density */
  mu= a+ beta*x;
  loglik2=-exp(mu) * cumbasehaz;
  if delta=1 then loglik=log(basehaz) + mu + loglik2; /*log likelihood for failure */
  if delta=0 then loglik=loglik2; /*log likelihood for censoring */
  if lastgroup=1 then loglik=loglik + loggammaden + a - lognormalden;
  model time ~ general(loglik);
  random a ~ normal(0,1) subject=group;
  title"Gamma frailty-Modell mit Gompertz baseline (Liu-Methode)";
  by i;
run;
```

MCMC: Bayesian Estimation

- Let $\theta = (\beta, \lambda, \varphi, \sigma^2)$ vector of unknown parameters
- Prior $p(\theta)$ may contain prior information about the unknown parameters

- **Posterior mean**

$$\hat{\theta} = E(\theta|t) = \int \theta \cdot p(\theta|t) d\theta$$

with $p(\theta|t) = p(\theta) \cdot L(t)$ posterior density and $p(\theta)$ prior, $L(t)$ likelihood

- **Posterior median**

$$\hat{\theta} : P(\hat{\theta}(t)|t) = 0.5$$

MCMC: Bayesian Estimation

- Choice of prior distribution is subjective:
choose priors with variance $\text{var}(\theta) = 20$ and expectations
 $E_{p(\beta)}(\beta) = 0, E_{p(\lambda)}(\lambda) = 0.05, E_{p(\varphi)}(\varphi) = 0.05, E_{p(\sigma^2)}(\sigma^2) = 1$
- Prior distribution for β, λ, φ
 $\beta \sim N(0, 20)$
 $\lambda \sim \Gamma((0.05)^2 / 20, 0.05 / 20)$
 $\varphi \sim \Gamma((0.05)^2 / 20, 0.05 / 20)$
- Frailty Z as hyperprior
 $Z \sim \Gamma(1 / \sigma^2, 1 / \sigma^2)$
 $\sigma^2 \sim \Gamma(1 / 20, 1 / 20)$

MCMC: Metropolis algorithm

- **Markov chain:** sequence of samples from a target distribution

$$\theta_1 \leftarrow \theta_2 \leftarrow \theta_3 \leftarrow \dots \leftarrow \theta_{k-1} \leftarrow \theta_k$$

each sample depends on the previous one only (memoryless)

- **Monte Carlo** integration: approximation of an expectation

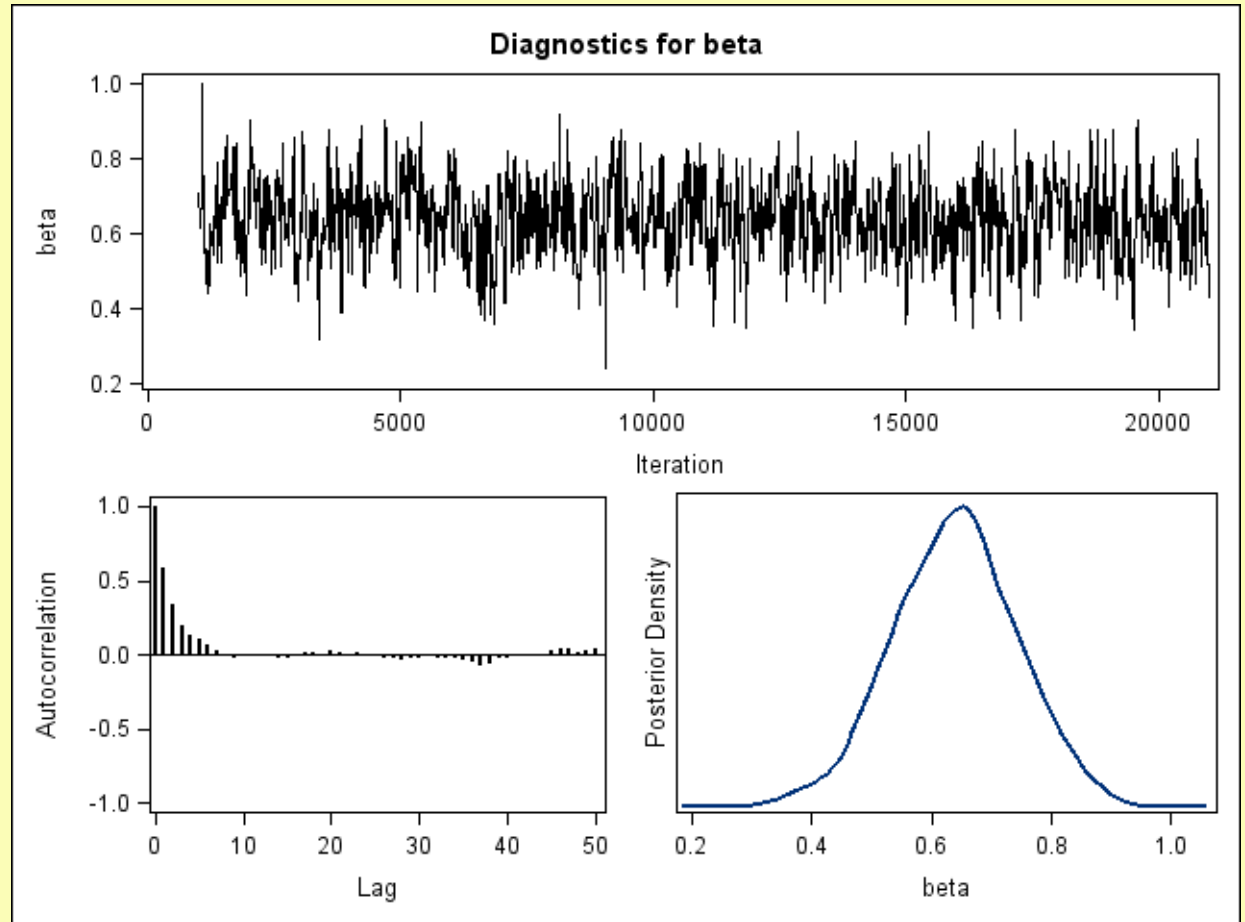
$$\int \theta \cdot p(\theta|t) d\theta = \frac{1}{k} \sum_{i=1}^k \theta_i$$

MCMC: assessing convergence

- Trace plots to determine whether Markov chain has reached stationarity
- plots the trace of samples versus the simulation index
- caution: trace plot is necessary but not sufficient condition for stationarity
- alternative: statistical diagnostic tests

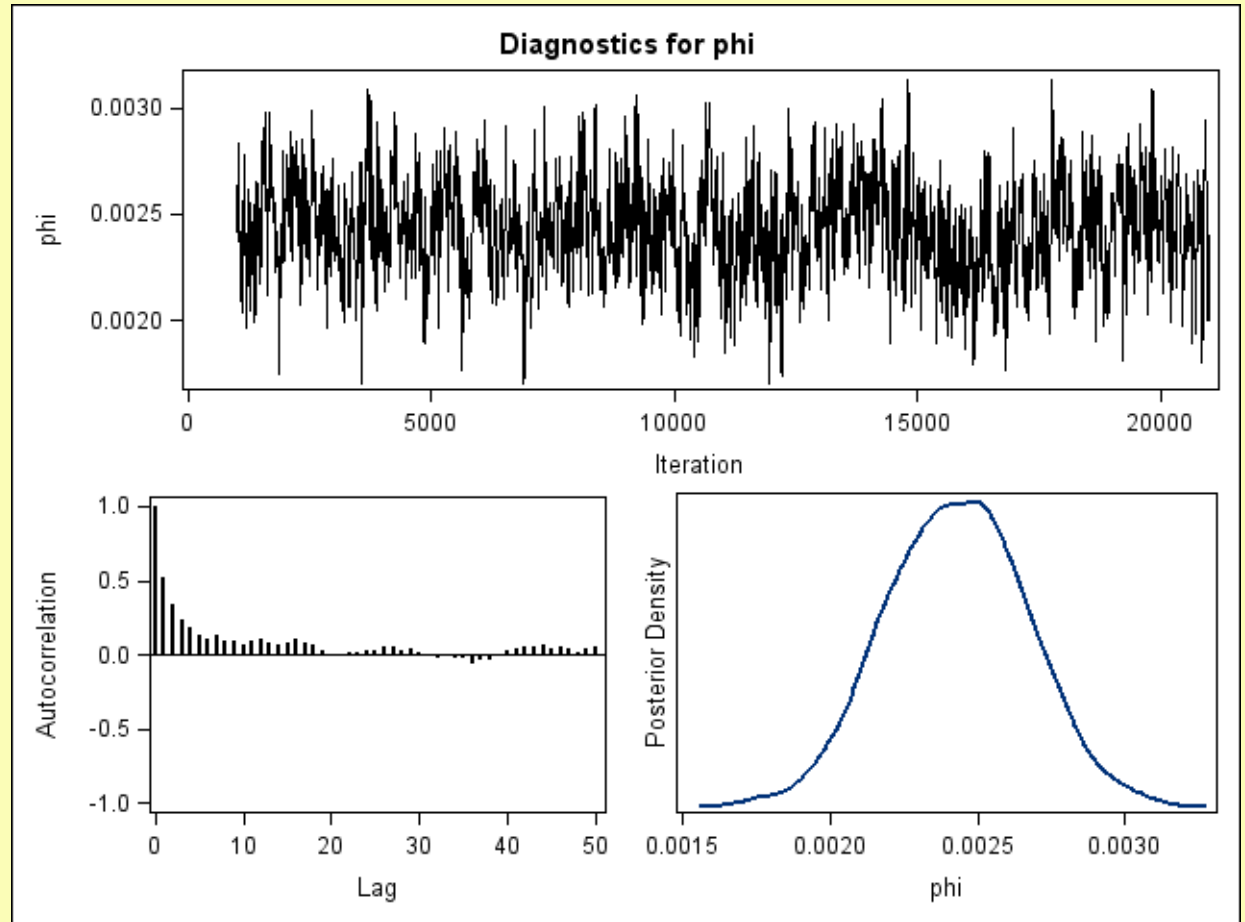
Example: Trace Plot

for parameter β



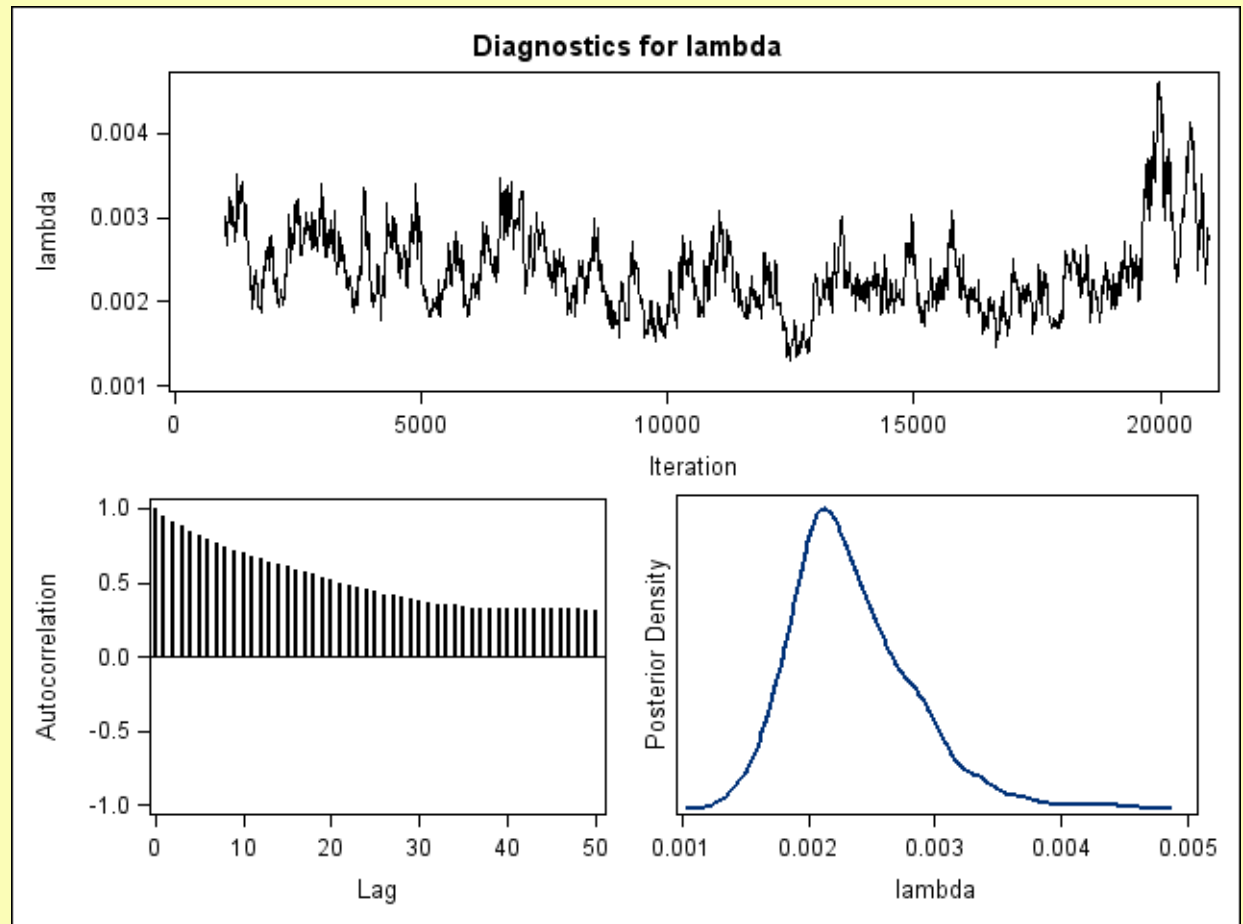
Example: Trace Plot

for parameter φ



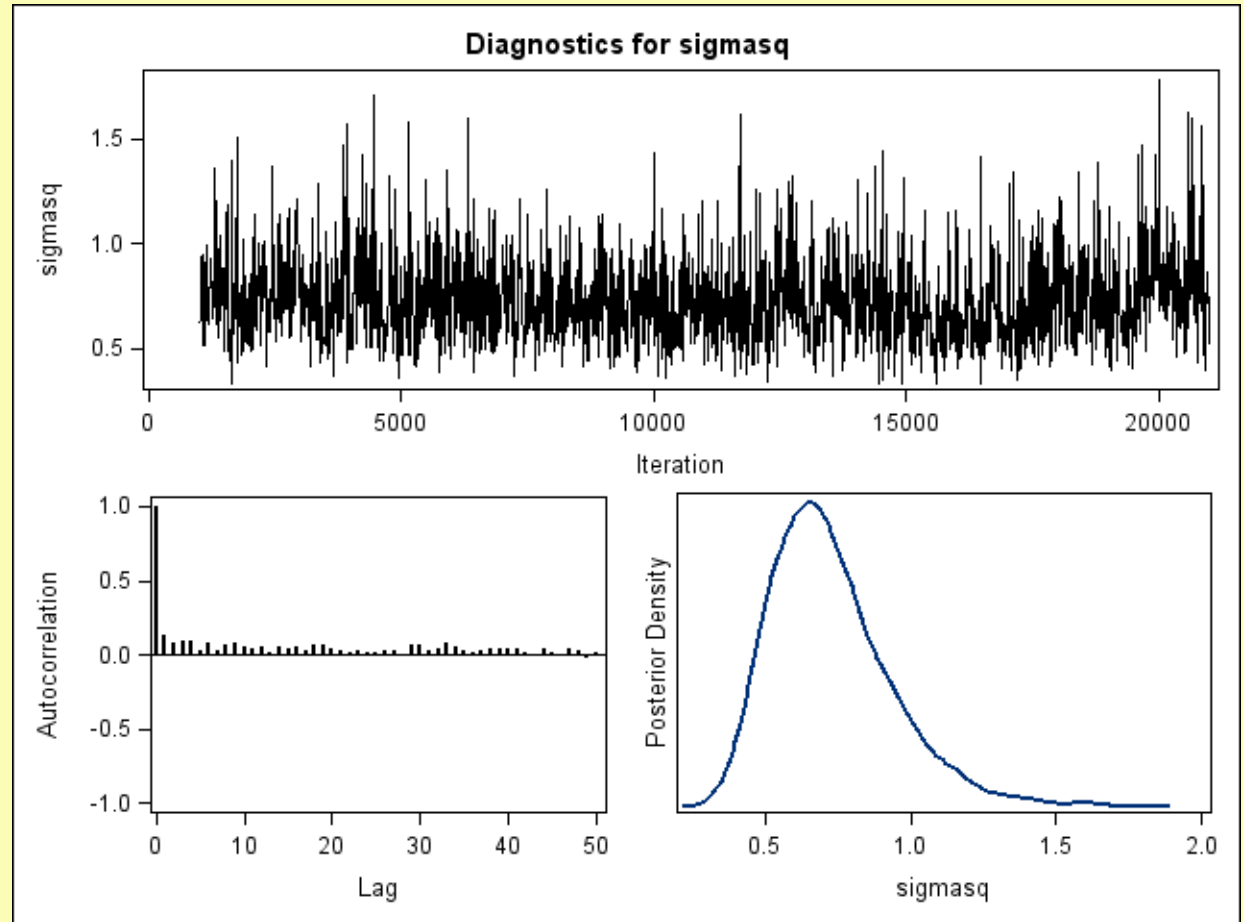
Example: Trace Plot

for parameter λ



Example: Trace Plot

for parameter σ^2



PROC MCMC

```
proc mcmc data=frailty11 seed=332786 nmc=20000 thin=10 nbi=1000 ntu=1000
  monitor=(beta lambda phi sigmasq);
  ods select all;
  ods output PostSummaries=BayesMeanEst11;
  array z[25];
  parms phi .05;
  parms lambda .05;
  parms beta 0;
  parms z: 0;
  parms sigmasq 1;
  prior beta ~ normal(0, var=20);
  prior phi ~ gamma(.05*.05/20, iscale=.05/20);
  prior lambda ~ gamma(.05*.05/20, iscale=.05/20);
  prior z: ~ egamma(1/sigmasq, iscale=1/sigmasq);
  hyperprior sigmasq ~ gamma(1/20, iscale=1/20); /*var=20*/
  t=time;
  bx=beta*x+z[group];
  llike = delta * (log(lambda) + phi *t + bx) - lambda/phi * (exp(phi*t)-1) * exp(bx);
  model t ~ general(llike);
  by i;
run;
```

Mean of Estimators (NLMIXED and MCMC)

Evaluation of 1000 samples of size 1500

comparison of ML-estimates and Bayesian posterior mean estimates

		NLMIXED ¹		MCMC	
	True value	Mean of Estimator	Empirical Standard Deviation	Mean of Estimator	Empirical Standard Deviation
β	0.8	0.7967	0.1098	0.7962	0.1075
λ	$0.2 * 10^{-2}$	$0.2017 * 10^{-2}$	$0.03 * 10^{-2}$	$0.2574 * 10^{-2}$	$0.89 * 10^{-2}$
φ	$0.2 * 10^{-2}$	$0.2016 * 10^{-2}$	$0.03 * 10^{-2}$	$0.2002 * 10^{-2}$	$0.02 * 10^{-2}$
σ^2	0.5	0.4870	0.1431	0.5591	0.2964

¹For 158 samples there was no convergence (NLMIXED)

Summary

MCMC	NLMIXED
<ul style="list-style-type: none">•slow•problems in estimating λ•convergence for all 1000 simulations	<ul style="list-style-type: none">•faster•better estimators•in some cases no convergence
<ul style="list-style-type: none">•how to choose priors?•which prior information is available?	<ul style="list-style-type: none">•how to find starting estimators?
<ul style="list-style-type: none">•problems when there are more/very little clusters (uncatched exception)	

Conclusion

- 2 powerful methods to handle parametric frailty models in SAS
- problems concerning convergence, speed and provision of prior information

Literature

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