# Lecture thirteen: Model Checking (IV)

Testing the PH assumption

# 1. Plotting method

One method to check the PH assumption, as mentioned many times before, is to examine it visually (graphical checks),

## categorical variable:

Log-cumulative hazard plot: A plot of log of the negative log of the KM estimate of survival function  $(log(-log(\hat{S}(t))))$  against the logarithm of the survival time. Parallel curves if the PH assumption holds.

#### continuous covariate:

Stratify the covariates if the categorization is meaningful, then do the same as in the categorical variable case.

# Example 4.9: Multiple myeloma study

- (a) Log-cumulative hazard plot
- (b) SAS program

```
options ls=80 nodate;
libname fu '../../sdata';
data fu.smyeloma;
        set fu.myeloma;
        if hb <=7 then hbcat = 0;
        else if 7 < hb <= 10 then hbcat = 1;
        else if 10 < hb <= 13 then hbcat = 2;
        else hbcat = 3;
proc freq;
        tables hbcat;
filename gsasfile 'ex49.gsf';
goptions reset=all gunit=pct border ftext=swissb htitle=6 htext=2.5
gaccess=gsasfile ROTATE=LANDSCAPE gsfmode=replace device=ps;
symbol1 interpol=join h=1 l=1 v=square c=blue;
symbol2 interpol=join h=1 l=2 v=diamond c=black;
symbol3 interpol=join h=1 l=3 v=circle c=red;
symbol4 interpol=join h=1 l=4 v=triangle c=brown;
```

## 2. Adding time-dependent variable

(a) **Time-dependent covariates and Cox model** (chapter 8, page 252) One of the extensions of proportional hazards model (Cox, 1972) is the introduction of time-dependent covariates. The model becomes

$$h_i(t) = exp\{\sum_{j=1}^{p} \beta_j x_{ji}(t)\} h_0(t),$$

which is no longer a proportinal hazards model.

(b) Time-dependent covariates and PH assumption

Suppose there is only one covariate, say, the treatment indicator variable  $X_1$  (0, or 1), (it can be continuous covariate). The proportional hazards function is

$$h_i(t) = h_0(t) exp(\beta_1 x_{1i}).$$

When the PH assumption is not satisfied, and the interest centers on the covariate, whose relative risk change over time. one approach is to introduce a new time-dependent covariate as follow

$$x_2 = x_1 g(t),$$

and add it into above equation

$$h_i(t) = h_0(t) exp(\beta_1 x_{1i} + \beta_2 x_{2i}).$$

- i. The above appoach is also a way to test the PH assumption. If  $\beta_2$  is significantly different from zero, then PH assumption is violated.
- ii. Choice of g(t): difficult: estimate from data? Common choices are  $\log t$ , t, and step function.
- iii. Interpretation of  $\beta_2$ :

- A. if  $\beta_2 < 0$ , the relative risk decreases with time (g(t)).
- B. if  $\beta_2 > 0$ , the relative risk increases with time (g(t)).
- C. when  $\beta_2 \neq 0$ , treatment effect change over time.
- D. if  $\beta_2 = 0$ , the relative risk is constant (i.e. PH assumption is satisfied)
- iv. Example 4.12: Infection in patients on dialysis
  - A. SAS output
    - 1) No time-dependent covaiate:

Without	$\mathtt{With}$	
Criterion	Covariates	Covariates
-2 LOG L	40.945	34.468

#### Analysis of Maximum Likelihood Estimates

Variabla	DE	Parameter			: Canomo	D >	Chica	Hazard
variable	DF	Estimate	FILOI	. CII.	i-Square	PI >	, cursq	Ratio
AGE	1	0.03037	0.02624	<u> </u>	1.3400	0.2	2470	1.031
SEX	1 -	-2.71076	1.09590	)	6.1184	0.0	134	0.066
2) Time-o	depe	endent cova Witho Criter:	out	Ū	* t With ariates	Co	ovariate	es

#### Analysis of Maximum Likelihood Estimates

40.945

32.006

		Parameter	Standard			Hazard
Variable	DF	Estimate	Error	Chi-Square	Pr > ChiSq	Ratio
				_	_	
AGE	1	-0.01716	0.04220	0.1653	0.6844	0.983
SEX	1	-2.02044	1.10725	3.3297	0.0680	0.133
tage	1	0.0004471	0.0003213	1.9366	0.1640	1.000

3) Time-dependent covariate: sex \* t

-2 LOG L

Without	With	
Criterion	Covariates	Covariates
-2 LOG L	40.945	34.104

Analysis of Maximum Likelihood Estimates

```
Parameter Standard
                                                         Hazard
  Variable DF Estimate Error
                                   Chi-Square Pr>ChiSq
                                                         Ratio
   AGE
                                    1.5262
                                               0.2167
                 0.03318
                          0.02686
                                                         1.034
   SEX
               -1.28076
                          2.53323
                                    0.2556
                                               0.6131
                                                         0.278
  tsex
               -0.07422 0.12190
                                    0.3707
                                               0.5426
                                                         0.928
B. The reduction of -2log L were 2.462 (p = 0.117), and
   0.364 \ (p = 0.546), respectively.
C. SAS program
   options ls=80;
   libname fu '../../sdata';
```

3. Time-varying coefficient model (VCM) and PH assumption (Grambsch & Therneau, 1994, Biometrika, 81: 515-526).

Most of the common alternative to proportional hazards can be cast in terms of a *time-varying coefficient* model. That is, we assume that

$$h_i(t) = exp\{\sum_{j=1}^{p} \beta_j(t)x_{ji}\}h_0(t).$$

The PH assumption is then a test for  $\beta_j(t) = \beta_j$ , which is a test for zero slope in the appropriate plot of  $\hat{\beta}(t)$  on t.

(a)

$$\beta(t) = \beta + \theta q(t).$$

where g(t) is some function (transformation of survival time).

- (b) Implementation in Splus:  $\mathbf{cox.zph}()$ , which supports four common choices: g(t) is identity, log, rank (of survival times) and 1 Kaplan-Meier.
- (c) The choice of g(t) depends on specific case, but no one will be optimal for all situations.
- (d) Rescaled Schoenfeld residuals were used for constructing the test. See also ASSESS statement of PROC PHREG in SAS.
- (e) Example 4.10: Infection in patients on dialysis.

```
SAS program - time-dependent covariate approach:
options 1s=80;
libname fu '../../sdata';
data work;
        set fu.dialysis;
proc phreg;
        model infectt*censor(0)= age sex;
        output out=outp wtressch = wschage wschsex;
data fu.phdial;
        set outp;
        agex = wschage + 0.03;
        sexx = wschsex - 2.711;
filename x1 'phdial.pdf';
goptions reset=all gunit=pct border ftext=swissb htitle=6
htext=2.5 gsfname=x1 ROTATE=LANDSCAPE gsfmode=append device=pdf;
proc gplot;
        plot agex*infectt;
        plot sexx*infectt;
proc reg;
```

```
model agex = infectt;
   proc reg;
           model sexx = infectt;
   run;
(f) Example 4.11: Infection in patients on dialysis.
   Splus - Grambsch and Therneau test of proportional hazards:
   ex411.s<-function(){
           tmpdf <- importData("../../sdata/disas7bdat")</pre>
           fcox <- coxph(Surv(infectt, censor)~age+sex,</pre>
                                               data = tmpdf, x=T)
           zph <- cox.zph(fcox)</pre>
           motif()
           par(mfrow=c(2,2))
           plot(zph)
           list(fcox, zph)
   }
   Splus output from ex411.s:
   ex411.out[[1]]
   Call:
   coxph(formula=Surv(infectt,censor)~age+sex, data=tmpdf,x=T)
          coef exp(coef) se(coef)
                                        z
   age 0.0304
                   1.0308
                            0.0262 1.16 0.250
   sex -2.7108
                   0.0665
                            1.0959 -2.47 0.013
   Likelihood ratio test=6.48 on 2 df, p=0.0392 n= 13
   ex411.out[[2]]
             rho chisq
      age 0.220 0.524 0.469
      sex -0.148 0.302 0.583
   GLOBAL
              NA 0.571 0.752
```

```
(g) Example: Renal insufficiency study: catheter placement.
   survt: Time to infection, months
   censor: Infection indicator (0=no, 1=yes)
   cath: Catheter placement (1=surgically, 2=percutaneously)
     i. the data: available at the course website.
    ii. Plots from KM estimate.
    iii. Splus output from coxph() and cox.zph().
       kidd.out[[1]]
       Call:
        coxph(formula = Surv(survt, censor) ~ cath, data = kidddf)
                coef exp(coef) se(coef)
        cath -0.613
                          0.542
                                    0.398 - 1.54 0.12
       kidd.out[[2]]
       Likelihood ratio test=2.41 on 1 df, p=0.121 n= 119
              rho chisq
        cath -0.6
                     8.7 0.00319
        where rho is the correlation coefficient between transformed
        survival time and the scaled Schoenfeld residuals; p is the
        two-sided p-value for testing the slope = 0, i.e. \theta = 0.
    iv. plot of \beta(t) vs g(t).
    v. Splus program
       kidd.s<-function(){
                 fcox <- coxph(Surv(survt, censor)~cath, data = kidddf)</pre>
                 zph <- cox.zph(fcox)</pre>
                 motif()
                 plot(zph)
                 list(fcox, zph)
       }
```

#### 4. What to do if PH is violated?

Modeling Survival Data: Extending the Cox Model (Therneau & Grambsch, 2000) lists several options. One of the choices is to partition the

time axis. The proportional hazards assumption may hold at least approximately over short time periods, although not over the entire study.

- (a) Piece-wise Cox model (section 11.2.1, page 385)
- (b) Renal insufficiency study (cont.)
  - i. Suppose to cut the time axis into two intervals by  $\tau$ . Define two time-dependent covariates  $z_2(t)$  and  $z_3(t)$  as follow

$$z_2(t) = \begin{cases} cath & \text{if } t > \tau \\ 0 & \text{if } t \le \tau \end{cases} \tag{1}$$

$$z_3(t) = \begin{cases} cath & \text{if } t \le \tau \\ 0 & \text{if } t > \tau \end{cases}$$
 (2)

and the hazard function is

$$h(t) = \begin{cases} h_0(t)e^{\beta_3 cath} & \text{if } t \le \tau \\ h_0(t)e^{\beta_2 cath} & \text{if } t > \tau \end{cases}$$
 (3)

- ii. Determine the optimal value of "change point"  $\tau$ Notice that the likelihood will change values only at an event time, we pick the one with smallest value of -2log L,
- iii. output from SAS with  $\tau = 3.5$

Model Fit Statistics

	Without	With
Criterion	Covariates	Covariates
-2 LOG L	208.907	195.002
AIC	208.907	199.002
SBC	208.907	201.518
AIC	208.907	199.002

Analysis of Maximum Likelihood Estimates

Variable	DF	Parameter Estimate	Standard Error	Chi-Square	Pr > ChiSq
aftert	1	-2.08891	0.75973	7.5600	0.0060

Event times	-2log L
0.5	195.756
1.5	200.448
2.5	195.259
3.5	195.002
4.5	198.336
5.5	200.986
6.5	197.711
8.5	200.855
9.5	202.168
10.5	203.335
11.5	204.336
15.5	201.659
16.5	202.954
18.5	204.119
23.5	205.239
26.5	206.457

pret 1 1.08175 0.78320 1.9077 0.1672

# The PHREG Procedure

# Analysis of Maximum Likelihood Estimates

	Hazard	95% Hazard	Ratio
Variable	Ratio	Confidence	Limits
aftert	0.124	0.028	0.549
pret	2.950	0.636	13.692

- iv. Interpretation: After 3.5 months, patients with percutaneously placed catheter do significantly better than patients given a surgically placed catheter (The conclusion in the book is wrong)
- v. SAS program

```
options ls = 80;
libname fu '../../test1';
data work;
```

```
set fu.kidd;
   proc phreg;
           model survt*censor(0) = pret aftert/risklimits;
                if survt > 3.5 then aftert = cath; else aftert = 0;
                if survt <= 3.5 then pret = cath; else pret = 0;
   run;
vi. Check PH assumption in the two time intervals: No violation.
   SAS program for those checks:
   options ls = 80;
   libname fu '../../test1';
   data work;
           set fu.kidd;
   proc phreg;
       model survt*censor(0) = pret prett aftert aftertt/risklimits;
           if survt > 3.5 then aftert = cath; else aftert = 0;
           if survt <= 3.5 then pret = cath; else pret = 0;</pre>
           prett = pret*log(survt);
           aftertt = aftert*log(survt);
   run;
```

Assignment eight: For recurrence of bladder cancer (Table B.2, page 501), use Cox model to investigate the effect of treatment (Placebo vs. thiotepa). In particular, by fitting a suitable time-dependent variable (or a varying coefficient model), test the assumption of proportional hazards with respect to all the covariates included in the model.

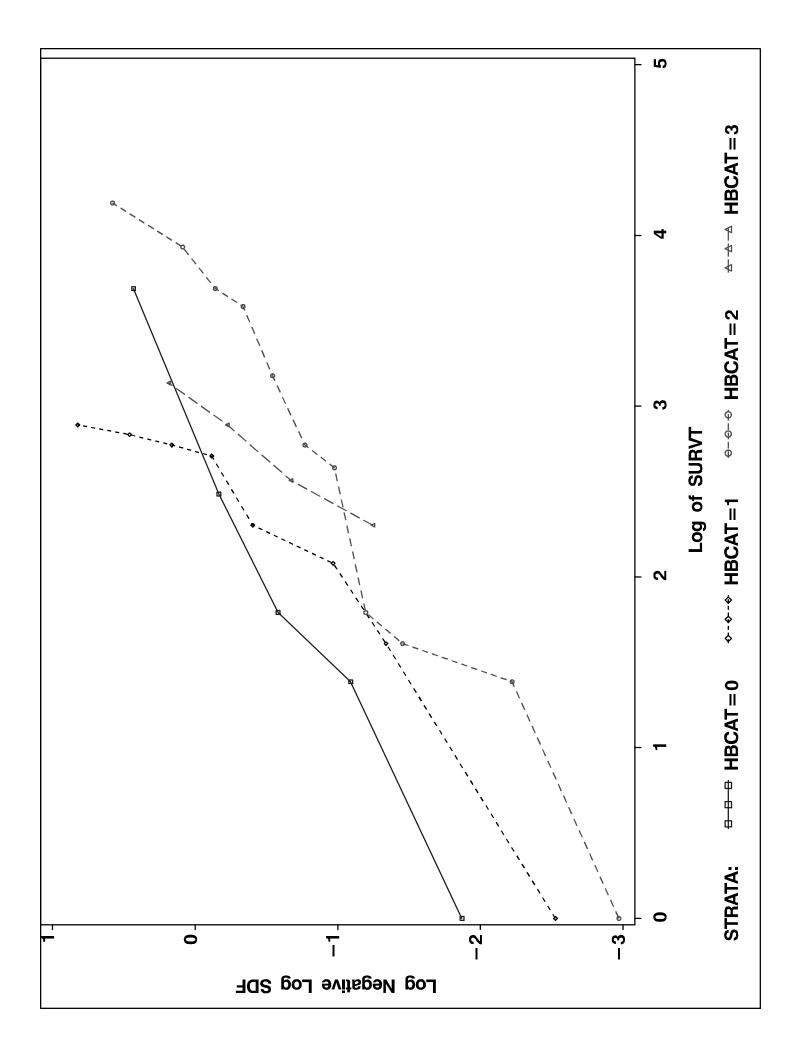


Figure 2: Example 4.11

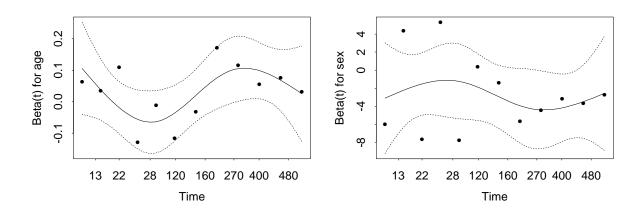


Figure 3: Example 9.2 in Klein and Moeschberger

