Fitting Joint Models in R using Packages JM and JMbayes

Dimitris Rizopoulos

Department of Biostatistics, Erasmus Medical Center, the Netherlands

d.rizopoulos@erasmusmc.nl

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- Often in follow-up studies different types of outcomes are collected
- Explicit outcomes
 - ▷ multiple longitudinal responses (e.g., markers, blood values)
 - b time-to-event(s) of particular interest (e.g., death, relapse)
- Implicit outcomes
 - missing data (e.g., dropout, intermittent missingness)
 random visit times



- Aortic Valve study: Patients who received a human tissue valve in the aortic position
 - b data collected by Erasmus MC (from 1987 to 2008);
 77 received sub-coronary implantation; 209 received root replacement
- Outcomes of interest:
 - \triangleright death and re-operation \rightarrow composite event
 - ▷ aortic gradient



- Depending on the questions of interest, different types of statistical analysis are required
- Focus on each outcome separately
 - > does treatment affect survival?
 - ▷ are the average longitudinal evolutions different between males and females?

 $\triangleright \dots$



- Focus on multiple outcomes
 - Complex effect estimation: how strong is the association between the longitudinal outcome and the hazard rate of death?
 - > Handling implicit outcomes: focus on the longitudinal outcome but with **dropout**



In the Aortic Valve dataset:

• Research Question:

Can we utilize available aortic gradient measurements to predict survival/re-operation



- Methods for the separate analysis of such outcomes are well established in the literature
- Survival data:
 - ▷ Cox model, accelerated failure time models, ...
- Longitudinal data
 - ▷ mixed effects models, GEE, marginal models,



- Goals of this talk:
 - \triangleright Introduce joint models
 - * definition
 - * association structures
 - * dynamic predictions
 - \triangleright Illustrate software capabilities in R

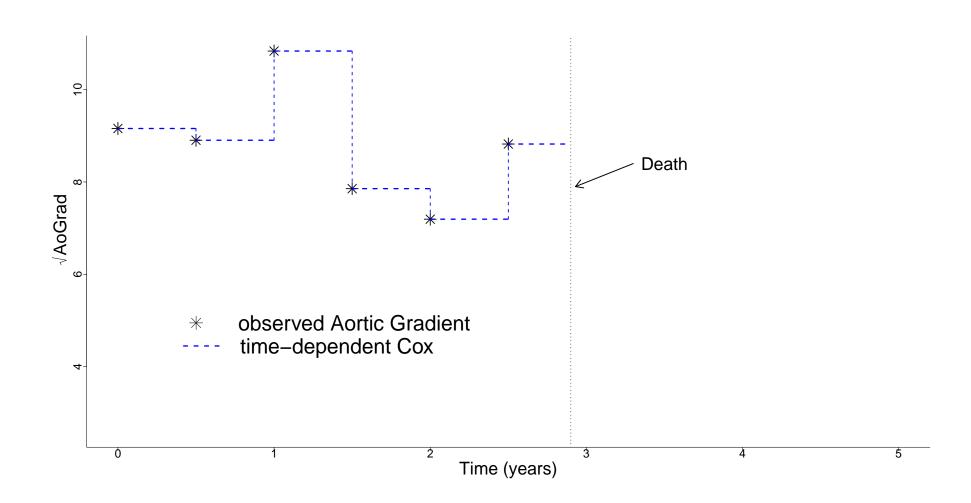


- To answer our questions of interest we need to postulate a model that relates
 - \triangleright the aortic gradient with
 - ▷ the time to death or re-operation
- <u>Problem</u>: Aortic gradient is an endogenous time-dependent covariate (Kalbfleisch and Prentice, 2002, Section 6.3)
 - > Measurements on the same patient are correlated
 - \triangleright Endogenous (aka internal): the future path of the covariate up to any time t > sIS affected by the occurrence of an event at time point s



- What is special about endogenous time-dependent covariates
 - \triangleright measured with error
 - ▷ the complete history is not available
 - \triangleright existence directly related to failure status
- What if we use the Cox model?
 - ▷ the association size can be severely underestimated
 - ▷ true potential of the marker will be masked





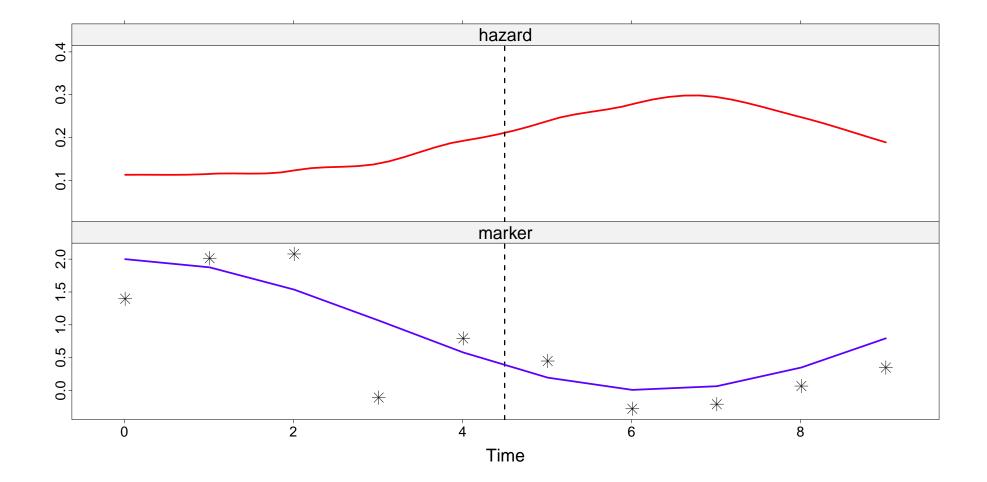


• To account for the special features of these covariates a new class of models has been developed

Joint Models for Longitudinal and Time-to-Event Data

- Intuitive idea behind these models
 - 1. use an appropriate model to describe the evolution of the marker in time for each patient
 - 2. the estimated evolutions are then used in a Cox model
- Feature: Marker level is **not** assumed constant between visits







• We define a standard joint model

▷ Survival Part: Relative risk model

$$h_i(t) = h_0(t) \exp\{\gamma^\top w_i + \alpha m_i(t)\},\$$

where

- * $m_i(t)$ = the *true* & *unobserved* value of a rtic gradient at time t
- * lpha quantifies the effect of aortic gradient on the risk for death/re-operation
- * w_i baseline covariates



▷ Longitudinal Part: Reconstruct $\mathcal{M}_i(t) = \{m_i(s), 0 \le s < t\}$ using $y_i(t)$ and a mixed effects model (we focus on continuous markers)

 $y_i(t) = m_i(t) + \varepsilon_i(t)$

$$= x_i^{\top}(t)\beta + z_i^{\top}(t)b_i + \varepsilon_i(t), \qquad \varepsilon_i(t) \sim \mathcal{N}(0, \sigma^2),$$

where

*
$$x_i(t)$$
 and β : Fixed-effects part

* $z_i(t)$ and b_i : Random-effects part, $b_i \sim \mathcal{N}(0, D)$



• Joint models are fitted using function jointModel() from package JM. This function accepts as main arguments a linear mixed model and a Cox PH model based on which it fits the corresponding joint model

```
lmeFit <- lme(CD4 ~ obstime + obstime:drug,
    random = ~ obstime | patient, data = aids)
```

```
coxFit <- coxph(Surv(Time, death) ~ drug, data = aids.id, x = TRUE)</pre>
```

```
jointFit <- jointModel(lmeFit, coxFit, timeVar = "obstime",
    method = "piecewise-PH-aGH")
```

```
summary(jointFit)
```



• Argument method specifies the type of relative risk model and the type of numerical integration algorithm – the syntax is as follows:

<baseline hazard>-<parameterization>-<numerical integration>

Available options are:

- > "piecewise-PH-GH": PH model with piecewise-constant baseline hazard
- ▷ "spline-PH-GH": PH model with B-spline-approximated log baseline hazard
- ▷ "weibull-PH-GH": PH model with Weibull baseline hazard
- ▷ "weibull-AFT-GH": AFT model with Weibull baseline hazard
- ▷ "Cox-PH-GH": PH model with unspecified baseline hazard

GH stands for standard Gauss-Hermite; using aGH invokes the pseudo-adaptive Gauss-Hermite rule



 Joint models under the Bayesian approach are fitted using function jointModelBayes() from package JMbayes. This function works in a very similar manner as function jointModel(), e.g.,

lmeFit <- lme(CD4 ~ obstime + obstime:drug, random = ~ obstime | patient, data = aids)

coxFit <- coxph(Surv(Time, death) ~ drug, data = aids.id, x = TRUE)</pre>

jointFitBayes <- jointModelBayes(lmeFit, coxFit, timeVar = "obstime")
summary(jointFitBayes)</pre>



- JMbayes is more flexible (in some respects):
 - > directly implements the MCMC
 - \triangleright allows for categorical longitudinal data as well
 - \triangleright allows for general transformation functions
 - ▷ penalized B-splines for the baseline hazard function

▷...



- In both packages methods are available for the majority of the standard generic functions + extras
 - > summary(), anova(), vcov(), logLik()
 - > coef(), fixef(), ranef()
 - > fitted(), residuals()
 - ▷ plot()
 - > xtable() (you need to load package xtable first)

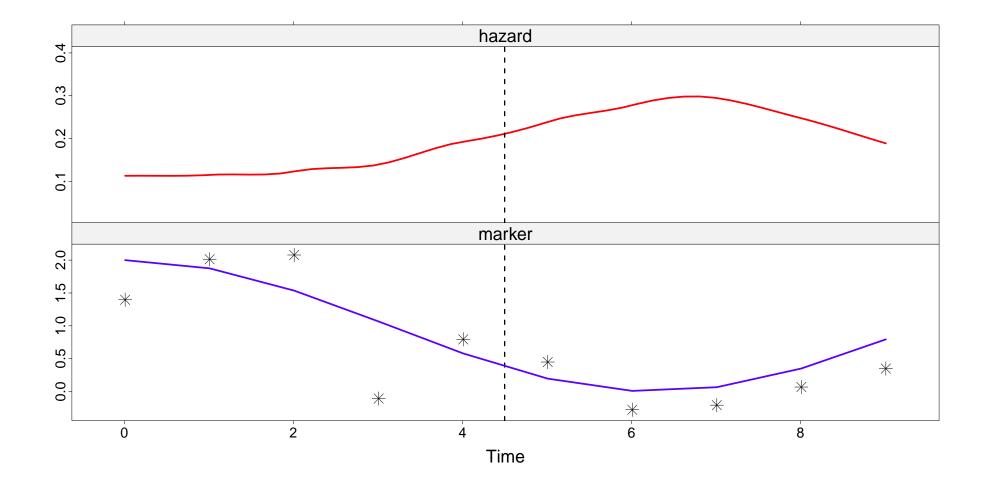


• The standard assumption is

$$\begin{cases} h_i(t \mid \mathcal{M}_i(t)) = h_0(t) \exp\{\gamma^\top w_i + \alpha m_i(t)\}, \\ y_i(t) = m_i(t) + \varepsilon_i(t) \\ = x_i^\top(t)\beta + z_i^\top(t)b_i + \varepsilon_i(t), \end{cases}$$

where
$$\mathcal{M}_i(t) = \{m_i(s), 0 \le s < t\}$$







• The standard assumption is

$$\begin{array}{ll} h_i(t \mid \mathcal{M}_i(t)) \ = \ h_0(t) \exp\{\gamma^\top w_i + \alpha m_i(t)\}, \\ \\ y_i(t) \ &= \ m_i(t) + \varepsilon_i(t) \\ \\ &= \ x_i^\top(t)\beta + z_i^\top(t)b_i + \varepsilon_i(t), \end{array} \end{array}$$

where $\mathcal{M}_i(t) = \{m_i(s), 0 \le s < t\}$

Is this the only option? Is this the most optimal for prediction?



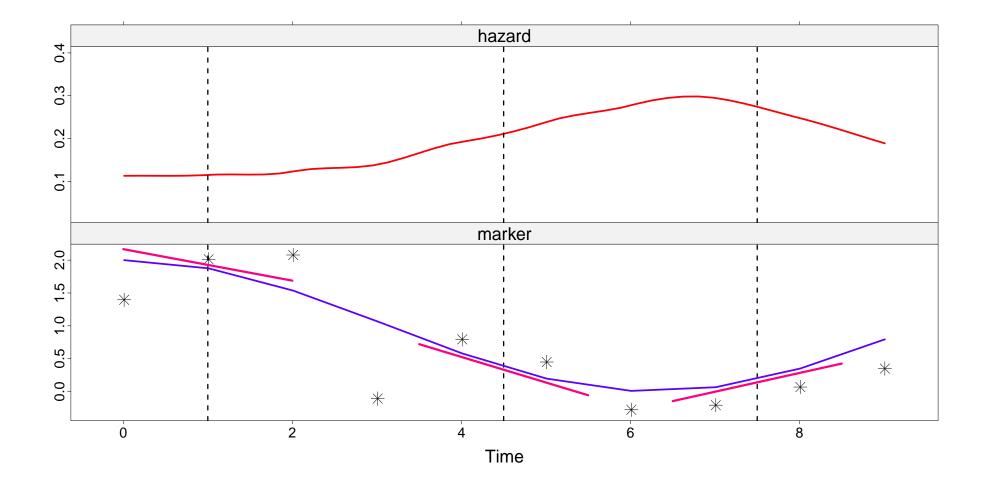
• The hazard for an event at t is associated with both the current value and the slope of the trajectory at t (Ye et al., 2008, Biometrics):

$$h_i(t \mid \mathcal{M}_i(t)) = h_0(t) \exp\{\gamma^{\top} w_i + \alpha_1 m_i(t) + \alpha_2 m'_i(t)\},\$$

where

$$m_i'(t) = \frac{d}{dt} \{ x_i^{\top}(t)\beta + z_i^{\top}(t)b_i \}$$





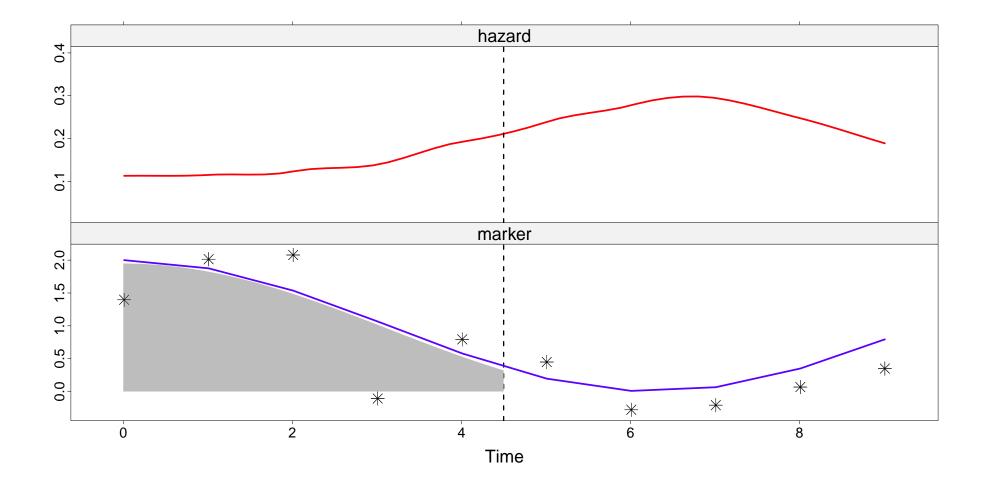


• The hazard for an event at t is associated with area under the trajectory up to t:

$$h_i(t \mid \mathcal{M}_i(t)) = h_0(t) \exp\left\{\gamma^\top w_i + \alpha \int_0^t m_i(s) \, ds\right\}$$

• Area under the longitudinal trajectory taken as a summary of $\mathcal{M}_i(t)$







- Both package give options to define the aforementioned association structures

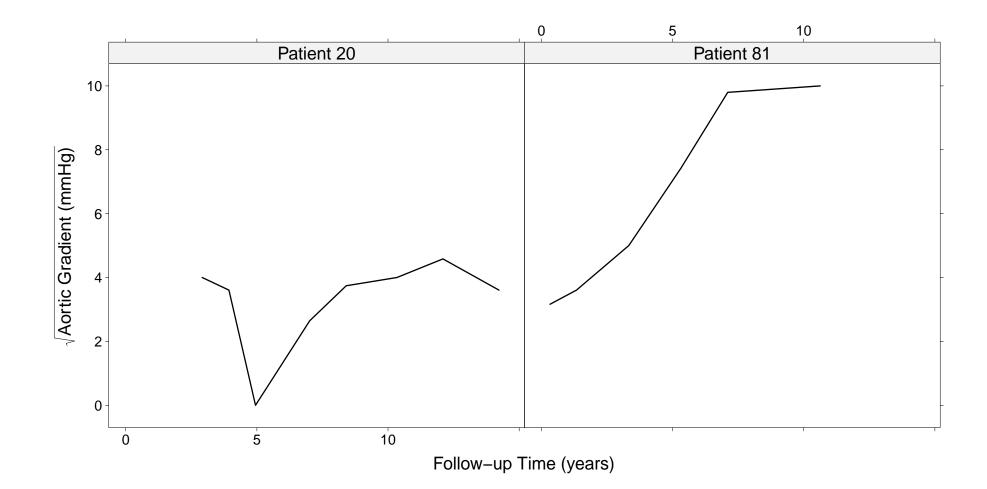
 in JM via arguments parameterization & derivForm
 in JMbayes via arguments param & extraForm
- JMbayes also gives the option for general transformation functions, e.g.,

$$h_i(t \mid \mathcal{M}_i(t)) = h_0(t) \exp\{\gamma^\top w_i + \alpha_1 m_i(t) + \alpha_2 m_i(t) \times Treat_i + \alpha_3 m_i'(t) + \alpha_3 (m_i'(t))^2\},\$$

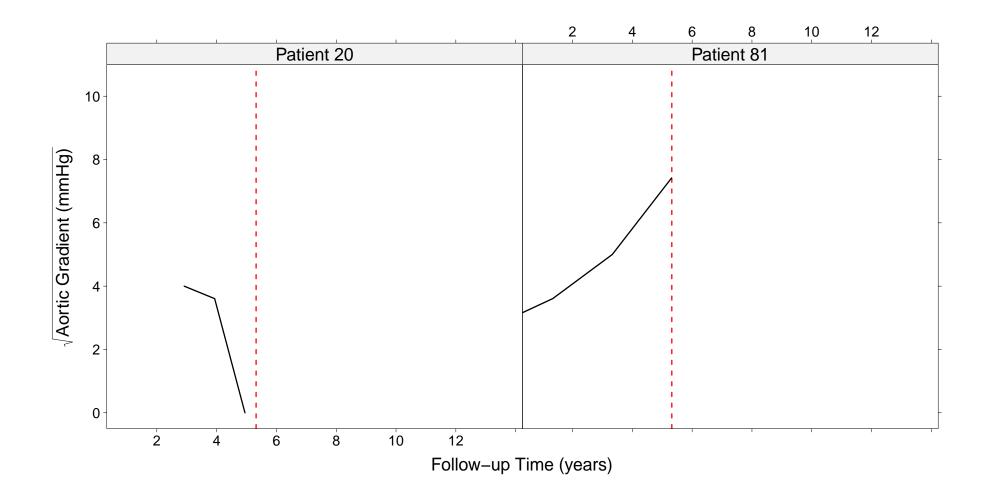


- We are interested in predicting survival probabilities for a new patient j that has provided a set of aortic gradient measurements up to a specific time point t
- Example: We consider Patients 20 and 81 from the Aortic Valve dataset

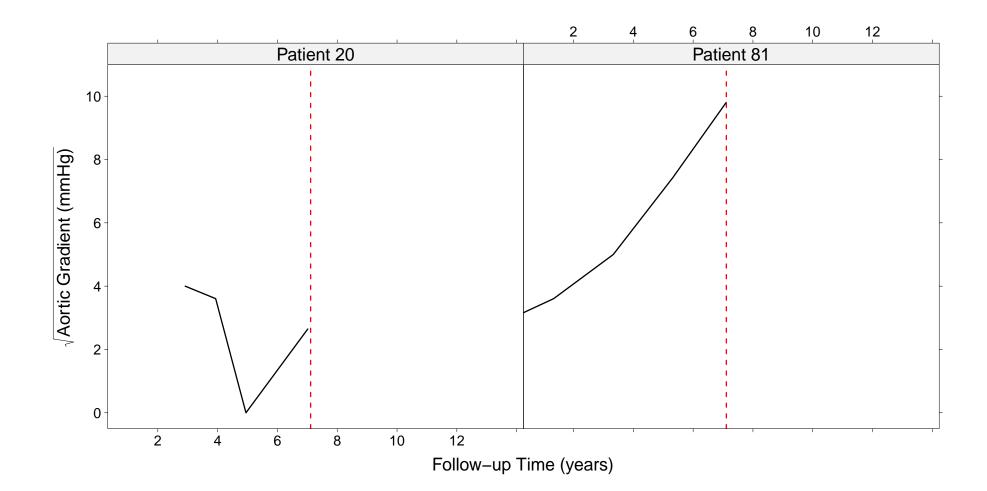








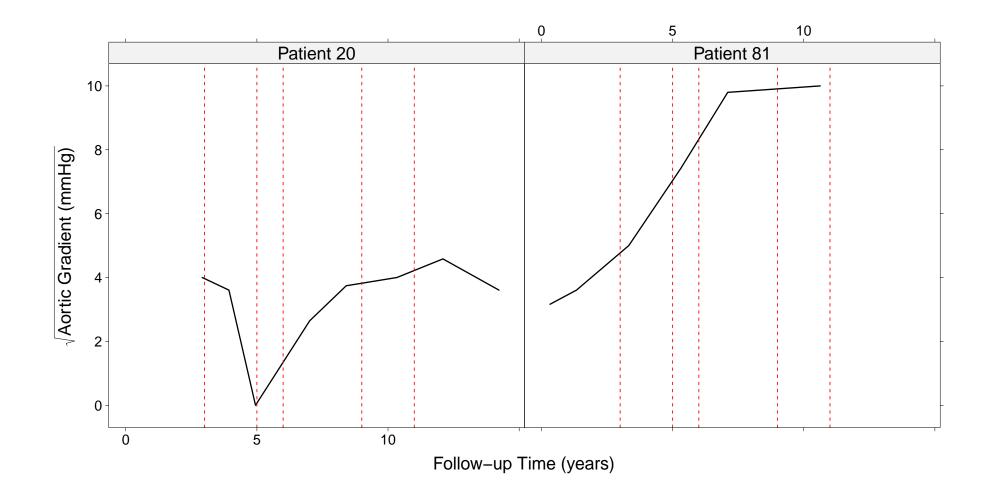




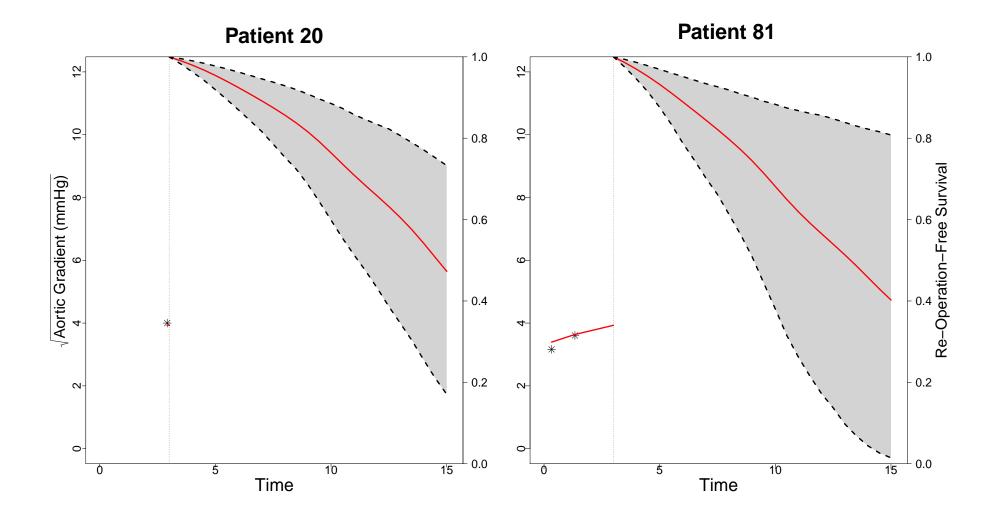


- What do we know for these patients?
 - ▷ a series of aortic gradient measurements
 - ▷ patient are event-free up to the last measurement
- **Dynamic Prediction** survival probabilities are dynamically updated as additional longitudinal information is recorded

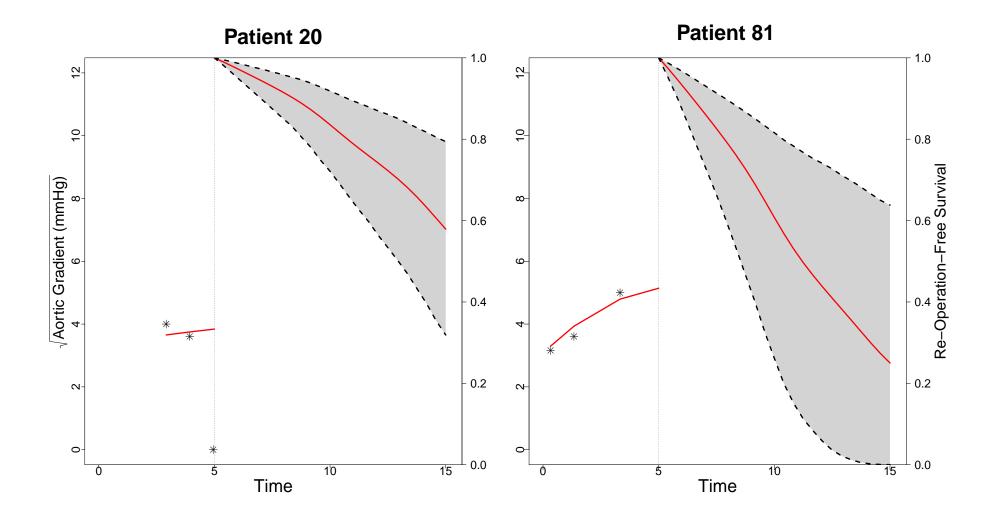




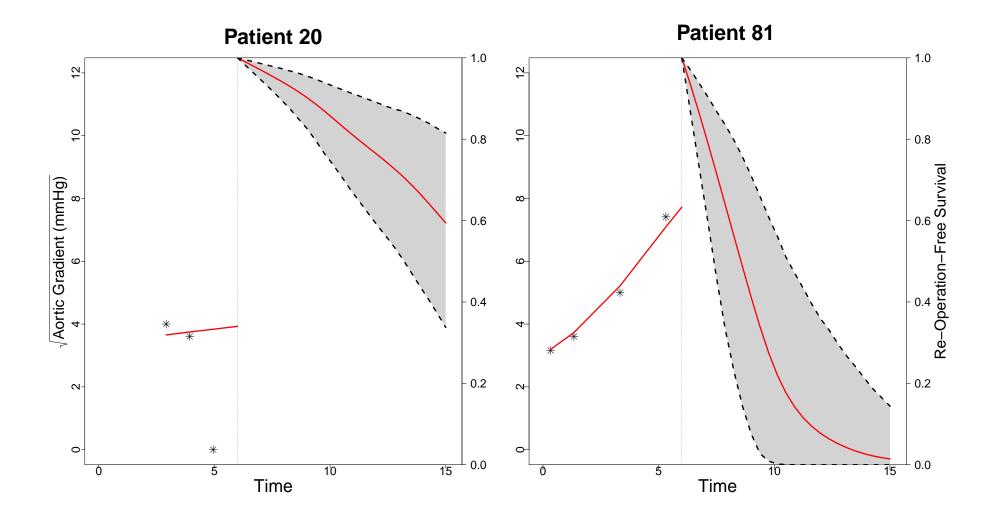




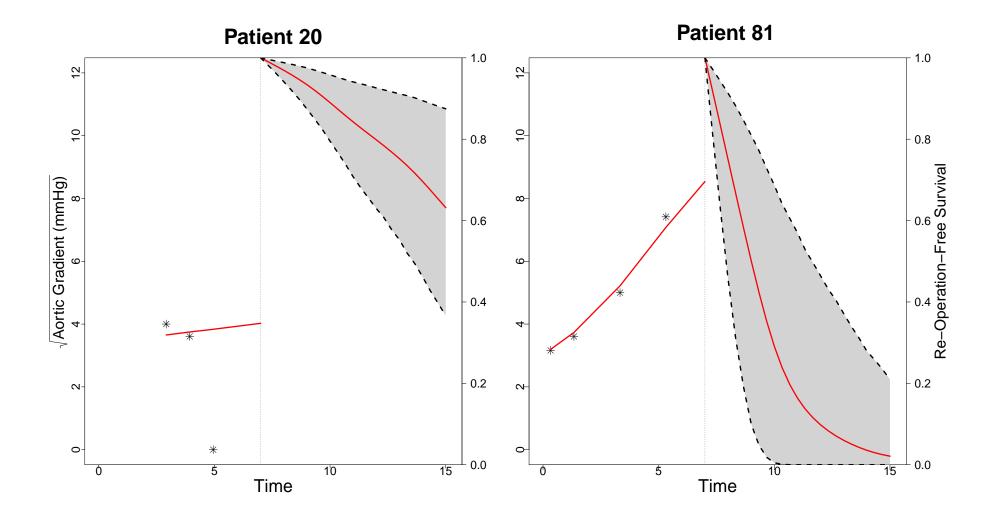




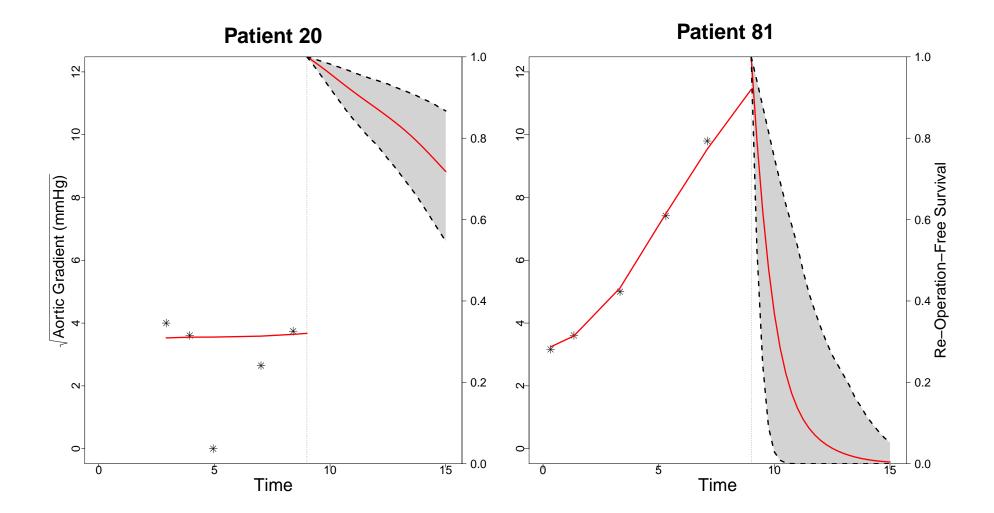




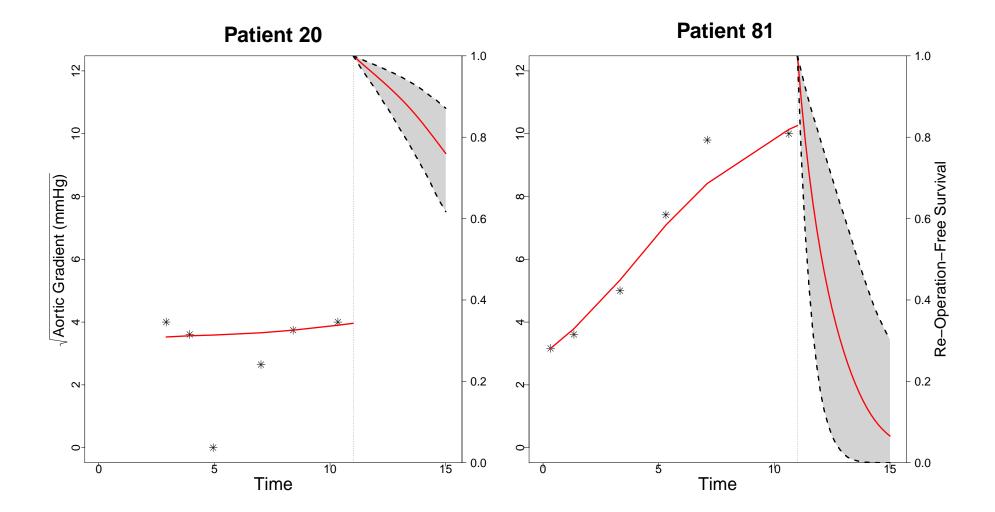














 Individualized predictions of survival probabilities are computed by function survfitJM() – for example, for Patient 2 from the PBC dataset we have

```
sfit <- survfitJM(jointFit, newdata = pbc2[pbc2$id == "2", ])</pre>
```

sfit

```
plot(sfit)
plot(sfit, include.y = TRUE)
```

shiny app in JMbayes
JMbayes::runDynPred()



• JM

> JSS paper (http://www.jstatsoft.org/v35/i09/)

book for joint models (http://jmr.r-forge.r-project.org/)

• JMbayes

> JSS paper (http://arxiv.org/abs/1404.7625; to appear)

Thank you for your attention!