
Dynamic Prediction of Disease Progression Using Longitudinal Biomarker Data

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Outline

- 1. What is Dynamic Prediction?**
- 2. A Motivating Example: Chronic Myelogenous Leukemia (CML)**
- 3. Current Methods**
 - Joint Modelling of Longitudinal and Survival Data: Not well-suited for prediction**
 - Landmark Analysis: Separate unrelated predictions on discrete time points**
- 4. Proposal: An Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)**
- 5. Dynamic Predictive Analysis for CML**

Dynamic Prediction

- **Keep making updated predictions as time goes by and more data are observed**
- **After treatment, we need prediction of future disease prognosis at all the time points during a patient's follow-up visits.**
- **To decide whether or not to initiate extra treatments or interventions.**
- **Need use not only the baseline information, but also all the information up to the time point of prediction.**

Chronic Myelogenous Leukemia (CML)

- **The first human cancer that was linked to a single, acquired abnormal gene, the BCR-ABL gene.**
- **Tyrosine kinase inhibitors (TKIs) can inhibit the BCR-ABL gene.**
- **Frontline treatment trial of TKIs was usually successful: motivating data set for this talk.**
- **TKIs are not chemotherapy, have no severe side effects.**
- **The disease residual can be measured by the expression level of the BCR-ABL gene.**

Chronic Myelogenous Leukemia (CML)

- **Patients have their BCR-ABL expression levels measured roughly every three months, but in reality can be any time.**
- **Current practice is to wait until disease relapse (with clinical symptoms) to initiate other treatments**
- **Question: Can we use BCR-ABL levels to predict future disease relapse and initiate other treatments for early prevention?**

Chronic Myelogenous Leukemia (CML)

- **Note: An increasing of BCR-ABL during prolonged remissions does not automatically constitute relapse on its own. Reasons:**
 - **Patient's failure to comply (the pills are expensive, need to take everyday)**
 - **BCR-ABL trajectories have cyclic oscillations**
- **Initiating other treatments too early is not good either, because they are toxic and risky chemotherapies / stem cell transplant**
- **Need a good dynamic prediction model**

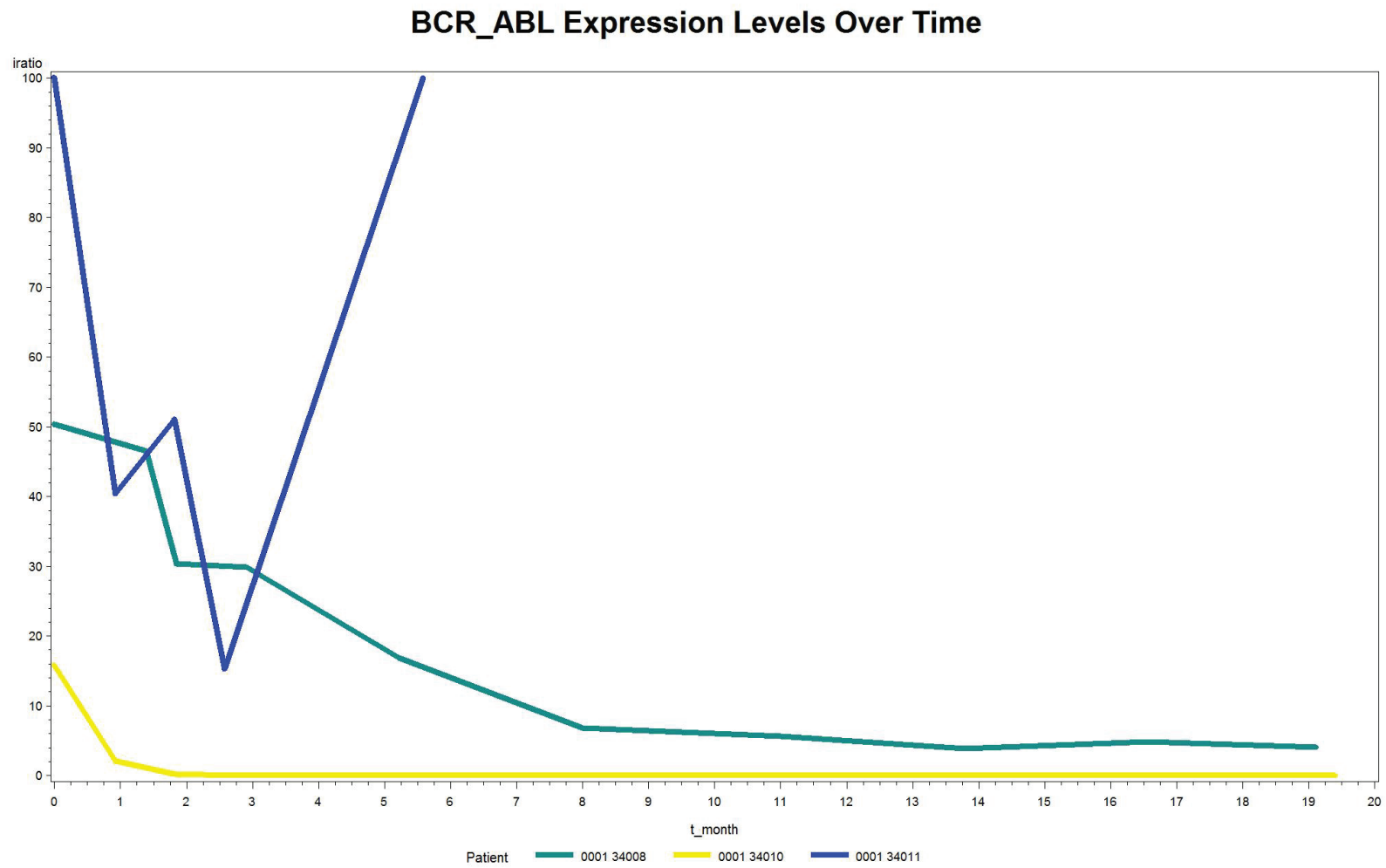


Figure 1: Biomarker Trajectories for Three Patients

Chronic Myelogenous Leukemia (CML)

- **Biomarker changing patterns vary greatly from patient to patient**
- **It is difficult to use parametric models to fit such longitudinal data**
- **No, I am not going to use non-parametric models**
- **I will try to avoid using a longitudinal model for biomarker data**
- **Still, I need to use longitudinal biomarker data to predict survival**

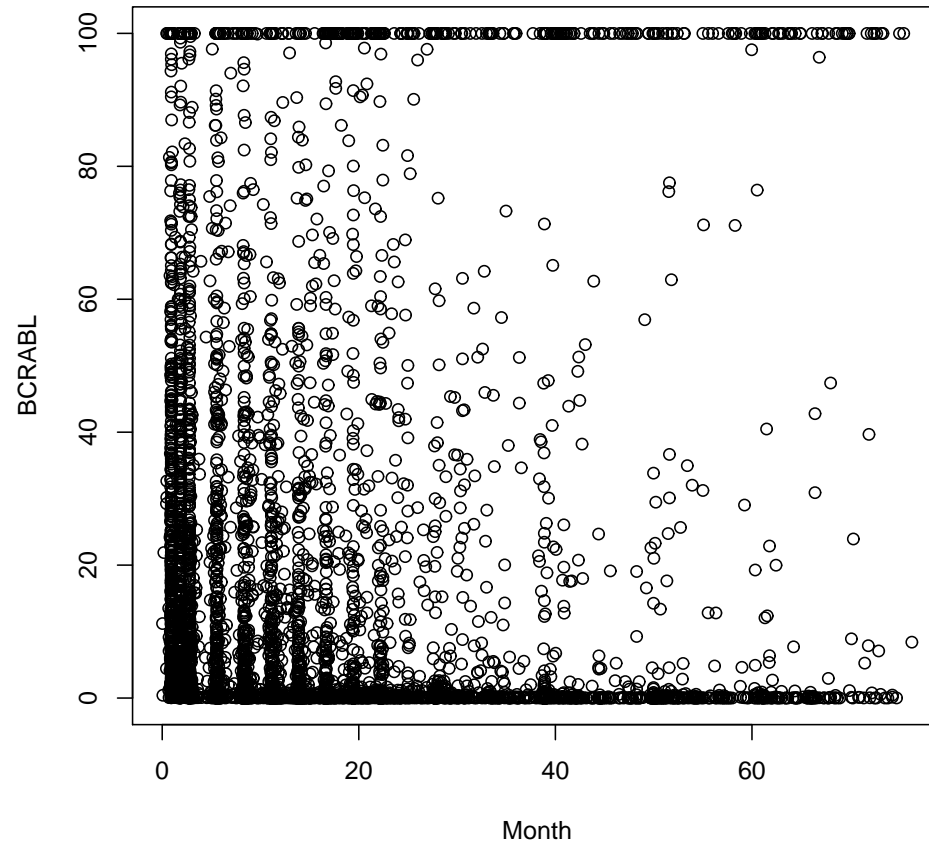


Figure 2: BCR-ABL Measurements for All Patients

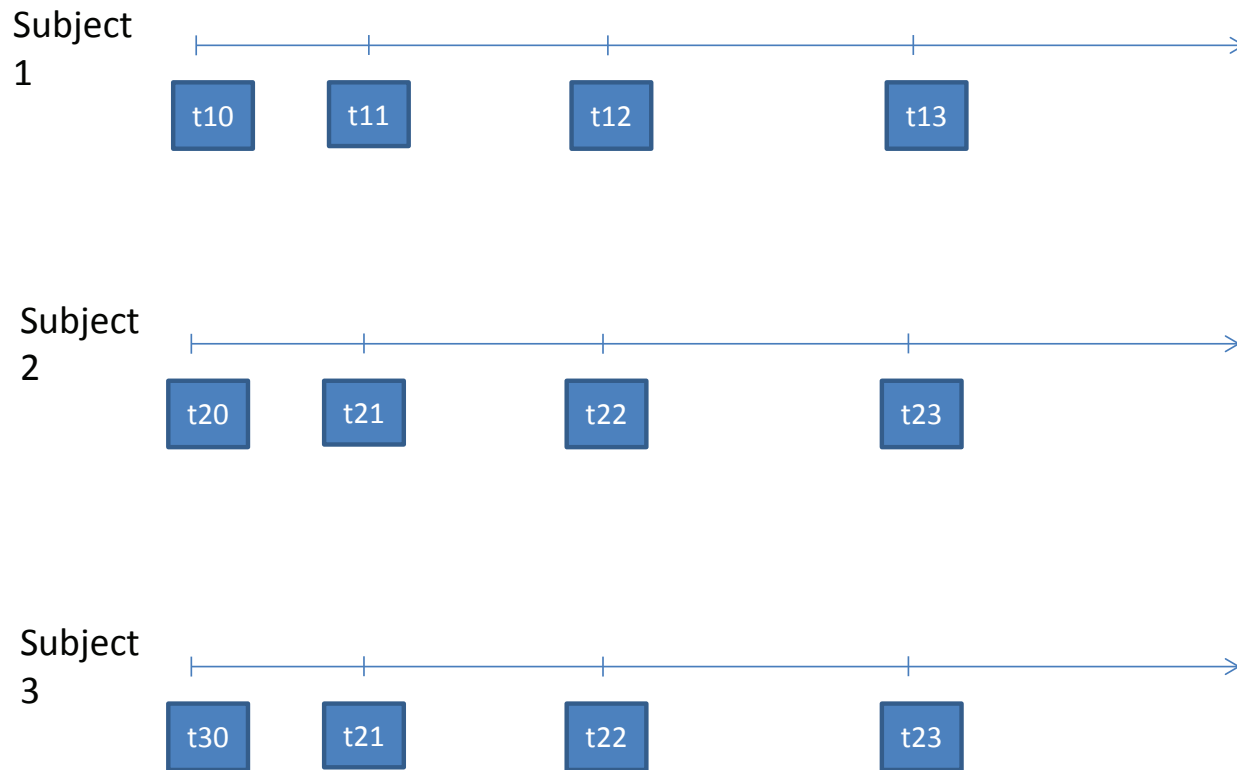


Figure 3: Regular repeated measurements for biomarkers

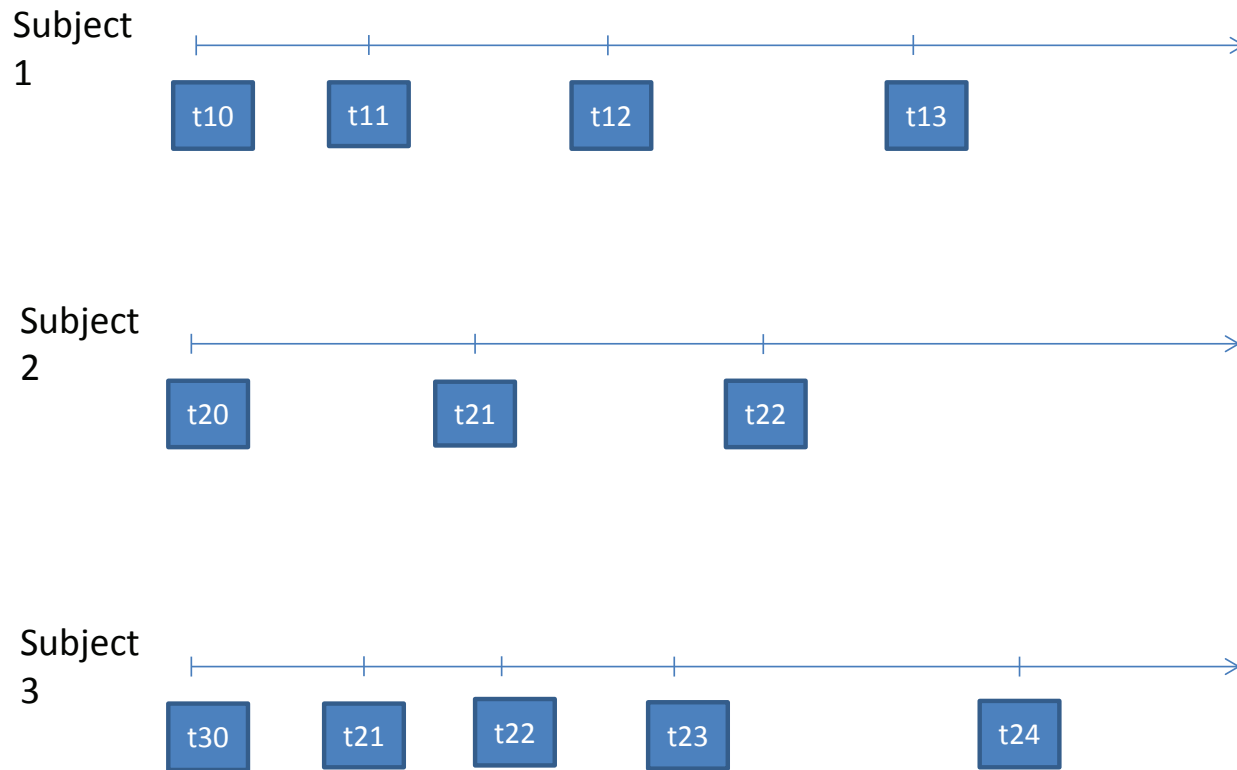


Figure 4: Irregular repeated measurements for biomarkers

Chronic Myelogenous Leukemia (CML)

- **Need use BCR-ABL expression level to predict future disease relapse**
- **Patients may visit any time between the scheduled visits, so need do prediction at any time, not just some specific time points**
- **Prediction model should be able to use biomarker measurements from irregular time intervals**

Notation

T_i : Time to disease relapse, or simply survival time

C_i : Censoring time

$X_i = \min(T_i, C_i)$, $\Delta_i = T_i \leq C_i$

$\lambda_i(t)$: Hazard function of T_i , describing failure risk rate at time t

Y_i : Baseline covariates

$Z_i(t)$: longitudinal biomarker value at time t

t_{ik} : the k^{th} biomarker measurement time for the i^{th} subject, $k = 1, \dots, n_i$.

Current Approaches for Dynamic Prediction

- 1. Joint modeling of longitudinal biomarkers and survival data**
- 2. Landmark analysis**

Joint Modeling: Current Approach (1) for Dynamic Prediction

Joint modeling of longitudinal biomarkers and survival data

- **Use random effect model for longitudinal data**
- **Cox proportional hazards model for survival, with longitudinal biomarkers as time-dependent covariates**

Current Approach (1) Joint Modeling: Inconvenience for Prediction

$$\text{Model: } \lambda_i(t) = \lambda_0(t) \exp\{\beta' Z_i(t)\},$$

Prediction at time t , conditional on $T_i \geq t$,

$$\begin{aligned} & \Pr(T_i \geq t + v | T_i \geq t) \\ &= \exp \left[- \int_t^{t+v} \lambda_0(u) \exp\{\beta' Z_i(u)\} du \right]. \end{aligned}$$

Inconvenience (1):

Need future values of $Z(u)$ for $u > t$ that are not available yet at the time t .

Current Approach (1) Joint Modeling: Inconvenience for Prediction

Assume event times $\{x_i : i = 1, \dots, n\}$ sorted ascendingly without ties, need maximize $L(\beta)$ to estimate β ,

$$L(\beta) = \prod_{i=1}^n \left[\frac{\exp\{\beta' Z_i(x_i)\}}{\sum_{j \geq i} \exp\{\beta' Z_j(x_i)\}} \right]^{\Delta_i}$$

Inconvenience (2):

For each event time x_i , need not only $Z_i(x_i)$, but also $Z_j(x_i)$ for all $j \geq i$.
Such $Z_j(x_i)$ are usually not observed.

Current Approach (2)

Landmark Analysis for Dynamic Prediction

- **Do predictions at only some selected time points.**
- **For each selected time point, use a Cox model with only time-independent covariate to summarize biomarker information up to this point.**
- **Does not use information after this point, i.e., no need to use future biomarker values.**

Current Approach (2)

Landmark Analysis: Inconveniences

- **Can be done only at selected time points**

$$\lambda_{i,0}(t) = \lambda_{0,0}(t) \exp\{\beta'_0 Z_i(0)\},$$

$$\lambda_{i,3}(t) = \lambda_{0,3}(t) \exp\{\beta'_3 Z_i(3)\},$$

$$\lambda_{i,6}(t) = \lambda_{0,6}(t) \exp\{\beta'_6 Z_i(6)\},$$

.....

- **Over-parameterized** with $\lambda_{0,0}(t)$, $\lambda_{0,3}(t)$, $\lambda_{0,6}(t)$, \dots and β_0 , β_3 , β_6 , \dots .
- Smoothing techniques have been used to put constraints on the above parameters

References

- **Tsiatis and Davidian (2001): A semiparametric estimator for the proportional hazards model with longitudinal covariates measured with error.**
- **Zheng and Heagerty (2005): Partly conditional survival models.**
- **van Houwelingen (2007), van Houwelingen and Putter (2008): Dynamic prediction by landmarking in event history analysis.**
- **Putter et al (2007): Competing risks and multi-state modeling**

A New Approach for Dynamic Prediction

We try to provide a method that

- does prediction at any time point, not just on pre-specified time points such as $t = 0, 3, 6, \dots, t_m$.
- does not use future value $Z(t + v)$ for prediction at time t
- does not need a model for covariates
- can use biomarker measurements from irregular time intervals
- dose not need to fill biomarker values on other subjects' event time points.

Proposal: Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)

The new approach

- is modified from landmark analysis
- so does not need to use future value $Z(t + v)$ for prediction at time t
- Landmark analysis fits m separate models, one for each selected time point.
- The new approach uses two-stage modeling,
 - 1st stage: Fit a Cox model for $t = 0$,
 - 2nd stage: Add on to the model for $t = 0$ to fit for all $t > 0$.

Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)

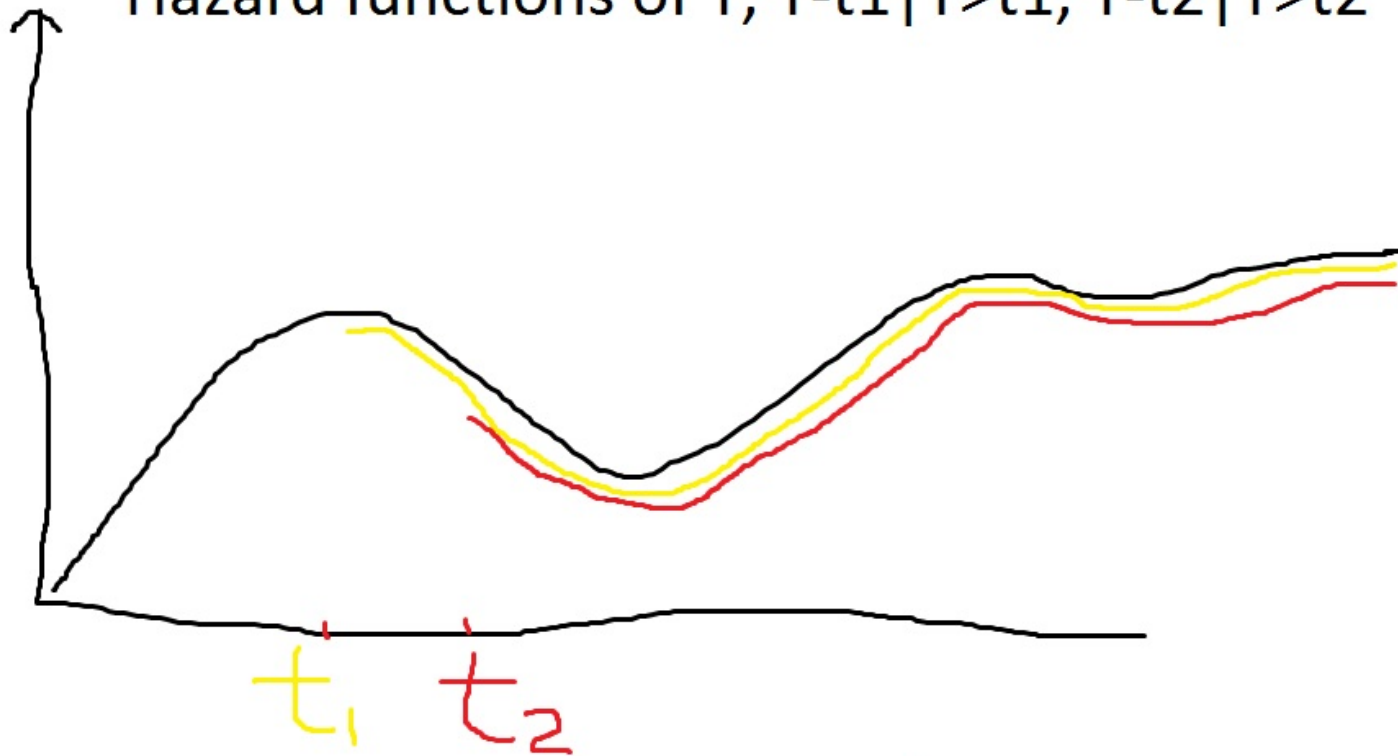
Key step: How to add on to the model for $t = 0$ to fit for all $t > 0$?

Answer: Use a fundamental equality for conditional survival.

**Suppose $\lambda_0(u)$ is the hazard function for T ,
and $\lambda_t(u)$ is the hazard function for $T - t | T > t$ for $T - t = u$.**

Then we have $\lambda_t(u) = \lambda_0(t + u)$ for all $t > 0$.

Hazard functions of T , $T-t_1 | T > t_1$, $T-t_2 | T > t_2$



Derivation (1)

Let $S_0(t) = \Pr(T \geq t) = \exp(-\int_0^t \lambda_0(v) dv)$, then,

$$\Pr(T \geq t + u | T \geq t) = \frac{S_0(t + u)}{S_0(t)}$$

$$\begin{aligned} &\triangleq S_t(u) = \exp(-\int_0^u \lambda_t(v) dv) \\ &= \frac{\exp(-\int_0^{t+u} \lambda_0(v) dv)}{\exp(-\int_0^t \lambda_0(v) dv)} = \exp(-\int_t^{t+u} \lambda_0(v) dv) \\ &= \exp(-\int_0^u \lambda_0(t + v) dv) \end{aligned}$$

$$\implies \lambda_t(v) = \lambda_0(t + v), \text{ i.e., } \lambda_3(v) = \lambda_0(v + 3), \dots$$

Derivation (2)

$$\lambda_0(v) = \frac{-S'(v)}{S(v)},$$

$$\lambda_t(v) = \frac{-S'_t(v)}{S_t(v)}$$

$$= \frac{\frac{-\partial S(t+v)/S(t)}{\partial v}}{S(t+v)/S(t)}$$

$$= \frac{-\frac{\partial S'(t+v)}{\partial v}}{S(t+v)}$$

$$\implies \lambda_t(v) = \lambda_0(t+v)$$

Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)

- **Fundamental equality:** $\lambda_t(v) = \lambda_0(t + v)$.
- **Use this inherent constraint for hazard functions of the same survival time T at different time origins.**
- **Result in a more parsimonious approach for prediction of T at any $t > 0$ given $T \geq t$.**

Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)

- **Stage 1: Using only demographics and biomarker information at baseline ($t = 0$) for prediction**
- **Stage 2: Using longitudinal biomarker information beyond baseline ($t > 0$) to improve prediction obtained from stage 1 (Information-cumulating)**

Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)

Stage 1: Use a Cox model with only baseline (time-independent) covariates Y_i

$$\lambda_i(t) = \lambda_0(t) \exp\{\alpha' Y_i\},$$

This implies, without using any longitudinal data beyond baseline, prediction at time t can be done by

$$\begin{aligned} & S_i(t + u | T_i \geq t, Y_i) \\ = & \frac{S_i(t + u | Z_i)}{S_i(t | Y_i)} = \left\{ \frac{S_0(t + u)}{S_0(t)} \right\}^{\exp(\alpha' Y_i)}. \end{aligned}$$

Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)

Stage 2: At time t , with longitudinal data $Z_i(t)$, postulate the hazard function of $T_i - t$ as

$$\begin{aligned}\lambda_{i,t}(u) &= \lambda_{0,t}(u) \exp\{\alpha' Y_i + \beta'(t) Z_i(t)\} \\ &= \lambda_0(t+u) \exp\{\alpha' Y_i + \beta'(t) Z_i(t)\}.\end{aligned}$$

Notes:

- Infinite number of reference hazard functions $\lambda_{0,t}(u)$ indexed by $t > 0$ have been expressed by a single reference hazard function $\lambda_0(t+u)$.
- Need smoothness assumptions for $\beta(t)$

Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)

Then the previous prediction

$$\Pr(t + u | T_i \geq t, Y_i) = \left\{ \frac{S_0(t + u)}{S_0(t)} \right\}^{\exp(\alpha' Y_i)} .$$

can be improved by

$$\begin{aligned} & \Pr(T_i \geq t + u | T_i \geq t, Y_i, Z_i(t)) \\ = & \frac{S_i(t + u | Z_i(t))}{S_i(t | Y_i, Z_i(t))} = \left\{ \frac{S_0(t + u)}{S_0(t)} \right\}^{\exp\{\alpha' Y_i + \beta'(t) Z_i(t)\}} \end{aligned}$$

with improvement achieved by additional information in $Z(t)$.

Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)

- Longitudinal data $Z_i(t)$ are used to further distinguish subjects surviving at time t .
- Subjects may have $\beta'(t)Z_i(t) > 0$, $= 0$, or < 0
- Correspond to prediction by using $Z(t)$ being worse, equal or better than prediction without using $Z(t)$.

Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)

- Note Stage 2 specifies a landmark analysis model for each $t > 0$.
- Recall that landmark analysis does not use future values for prediction.
- This is why the new approach does not need use future biomarker data in prediction.
- Next a few slides show how we avoid using unobserved $Z_j(x_i), j \geq i$.

Two-Stage Parameter Estimation for IMPACT

Stage 1: Estimate α and $S_0(t)$, $t \geq 0$.

- Only the baseline covariate Y and survival information are used to fit a Cox model (with time-independent covariates).
- Maximizing partial likelihood to obtain $\hat{\alpha}$
- The Breslow estimator for $S_0(t)$, $t \geq 0$.

$$\hat{S}_0(t) = \exp \left\{ - \sum_{x_i \leq t} \frac{\delta_i}{\sum_{x_j \geq x_i} \exp(\hat{\alpha}' Y_j)} \right\}$$

Two-Stage Parameter Estimation for IMPACT

Stage 2: Estimate $\beta(t)$

- From a subject with data Y , $Z(t_1)$, $Z(t_2)$, \dots , $Z(t_m)$ and survival T ,
- Create m pseudo-subjects with data shown below:
Subject 1: Baseline covariates Y and $Z(t_1)$, survival time $T - t_1$;
...
Subject m : Baseline covariates Y and $Z(t_m)$, survival time $T - t_m$;
- Each pseudo-subject contributes a likelihood term.

Two-Stage Parameter Estimation for IMPACT

- Each pseudo-subject contributes a likelihood term.

$$\text{Subject 1: } T - t_1 \sim \left\{ \frac{\hat{S}_0(t_1+t)}{\hat{S}_0(t_1)} \right\}^{\exp\{\hat{\alpha}' Y_i + \beta'(t_1) Z(t_1)\}} ;$$

...

$$\text{Subject } m: T - t_m \sim \left\{ \frac{\hat{S}_0(t_m+t)}{\hat{S}_0(t_m)} \right\}^{\exp\{\hat{\alpha}' Y_i + \beta'(t_m) Z(t_m)\}} .$$

Two-Stage Parameter Estimation for IMPACT

Stage 2: Estimate $\beta(t)$ (re-parameterized into β)

- Working independence between pseudo-subjects
- Pseudo-likelihood = product of likelihood terms of all pseudo-subjects
- Maximize pseudo-likelihood to estimate β ,
- With $\hat{\alpha}$ and $\hat{S}_0(\cdot)$ being fixed in Stage 2.
- Fixed $\hat{S}_0(\cdot)$ eliminates the need to use Cox-type partial likelihood for estimating β , and so eliminates the need to know $Z_j(x_i), j \geq i$.
- The only unknown parameter in the pseudo likelihood is β .

Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)

- Using a training data set, get estimators $\hat{\alpha}$, $\hat{S}_0(t)$, $t \geq 0$ (Stage 1), and $\hat{\beta}(t)$ (Stage 2).
- For a new subject, at time t with covariate value $Z_{\text{new}}(t)$, predict his survival distribution as

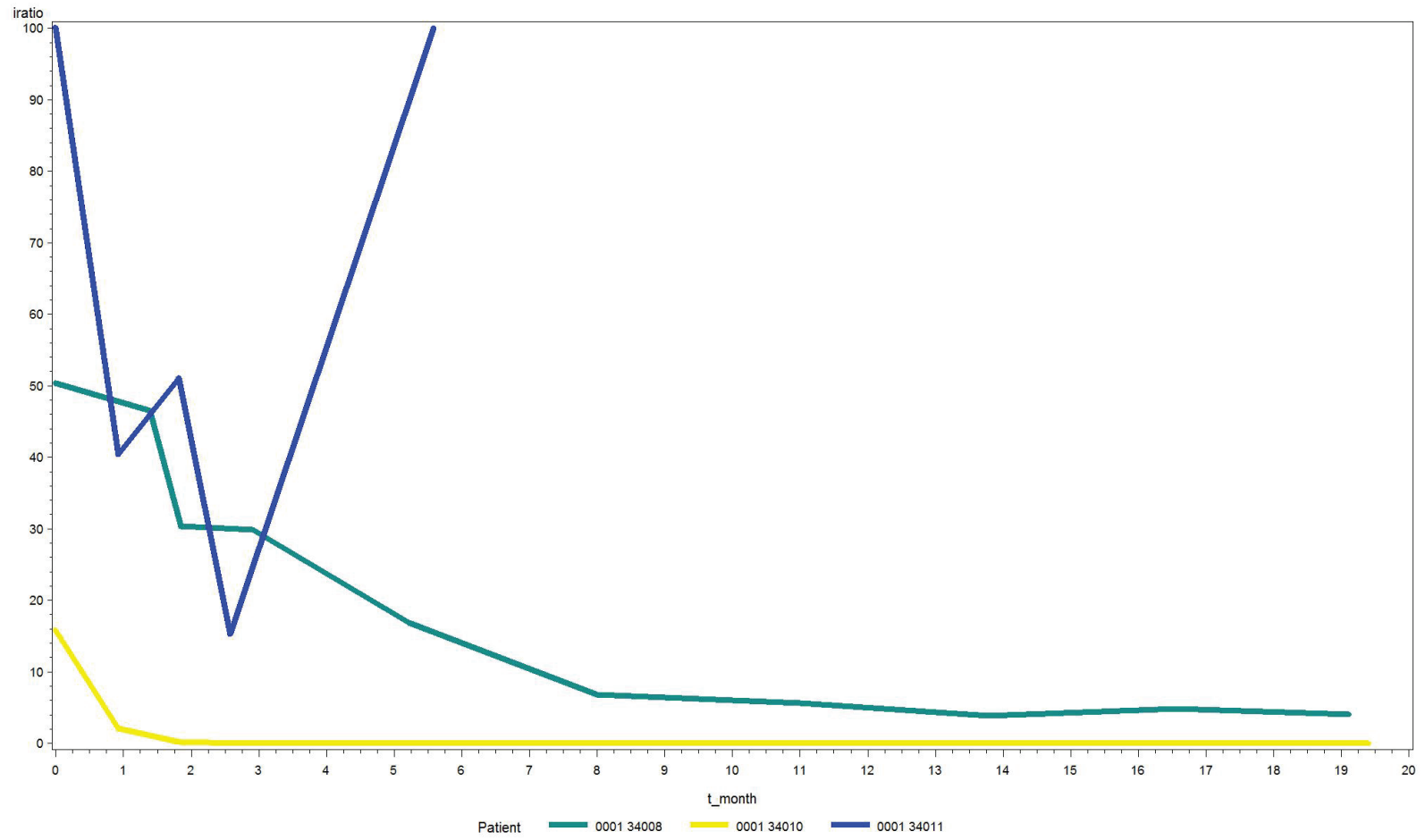
$$\begin{aligned} & \Pr(T_{\text{new}} \geq t + u | T_{\text{new}} > t, Y_{\text{new}}, Z_{\text{new}}(t)) \\ &= \left\{ \frac{\hat{S}_0(t + u)}{\hat{S}_0(t)} \right\}^{\exp\{\hat{\alpha}' Y_{\text{new}} + \hat{\beta}'(t) Z_{\text{new}}(t)\}} \end{aligned}$$

Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)

Assume a parametric form or use splines for $\beta(t)$.

- Trade-off between
 - Using parametric models for $Z(t)$ to impute covariate values at time points they are not observed
 - Assuming a parametric form for $\beta(t)$.
- It is reasonable to believe that the true shape of $\beta(t)$ is more smooth than covariate $Z(t)$.
- Covariate $Z(t)$'s are very bumpy, see next.

BCR_ABL Expression Levels Over Time



Information-cumulating Model for Predictive Analysis Continuously over Time (IMPACT)

An example of a parametric form $\beta(t)$, after re-parameterizing,

$$\begin{aligned} & \Pr(T_i \geq t + u | T_i \geq t, Z_i(t)) \\ = & \frac{S_i(t + u | Z_i(t))}{S_i(t | Z_i(t))} \\ = & \left\{ \frac{S_0(t + u)}{S_0(t)} \right\}^{\exp\{\alpha' Y_i + \beta'_0 Z_i(0) + \beta'_1 \ln(t+1) Z_i(t)\}} \end{aligned}$$

CML Example

The model for dynamic prediction

$$\begin{aligned} & \Pr(T_{\text{new}} \geq t + u | T_{\text{new}} > t, Z_{\text{new}}(t)) \\ &= \left\{ \frac{\hat{S}_0(t + u)}{\hat{S}_0(t)} \right\}^{\exp\{\hat{\alpha}' Y_{\text{new}} + \hat{\beta}'(t) Z_{\text{new}}(t)\}} \end{aligned}$$

with

$$\begin{aligned} & \hat{\alpha}' Y_{\text{new}} + \hat{\beta}'(t) Z_{\text{new}}(t) \\ &= 0.458 I(\text{age} > 60) + 0.0185 \text{BCR}(0) \\ & \quad - 0.298 \log(t + 1) - 0.002 \text{BCR}(t) \log(t + 1). \end{aligned}$$

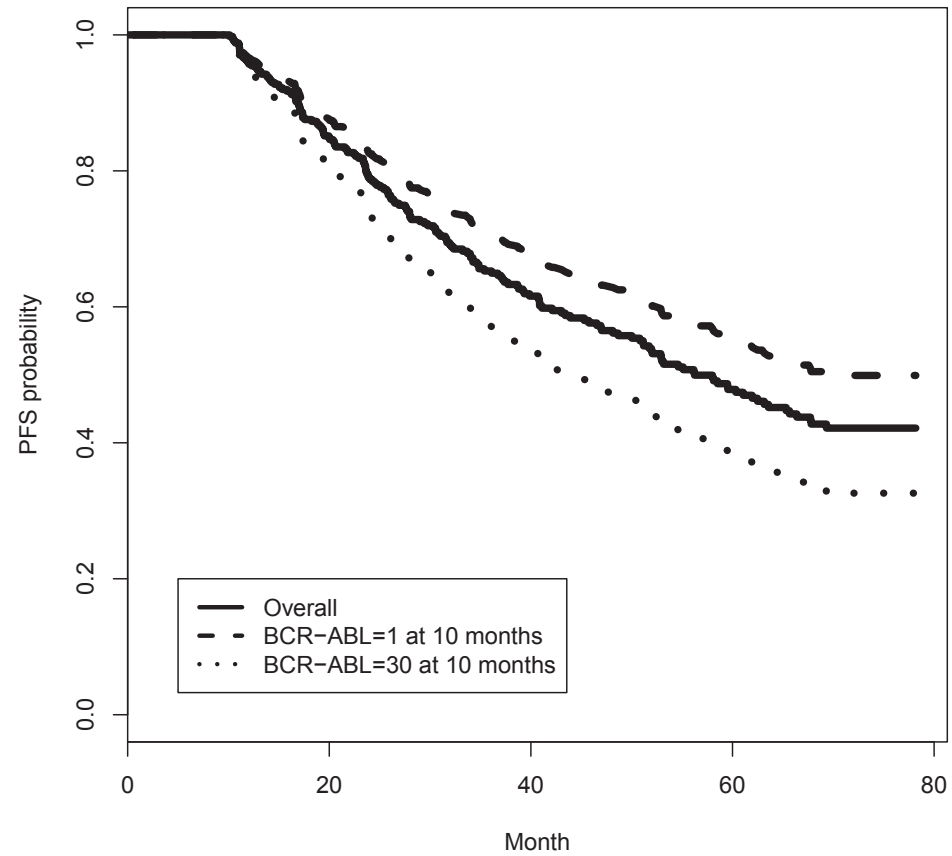


Figure 5: (1) Without using $Z(10)$ (solid line), (2) $Z(10)=1$ (dashed line), and (3) $Z(10)=30$ (dotted line).

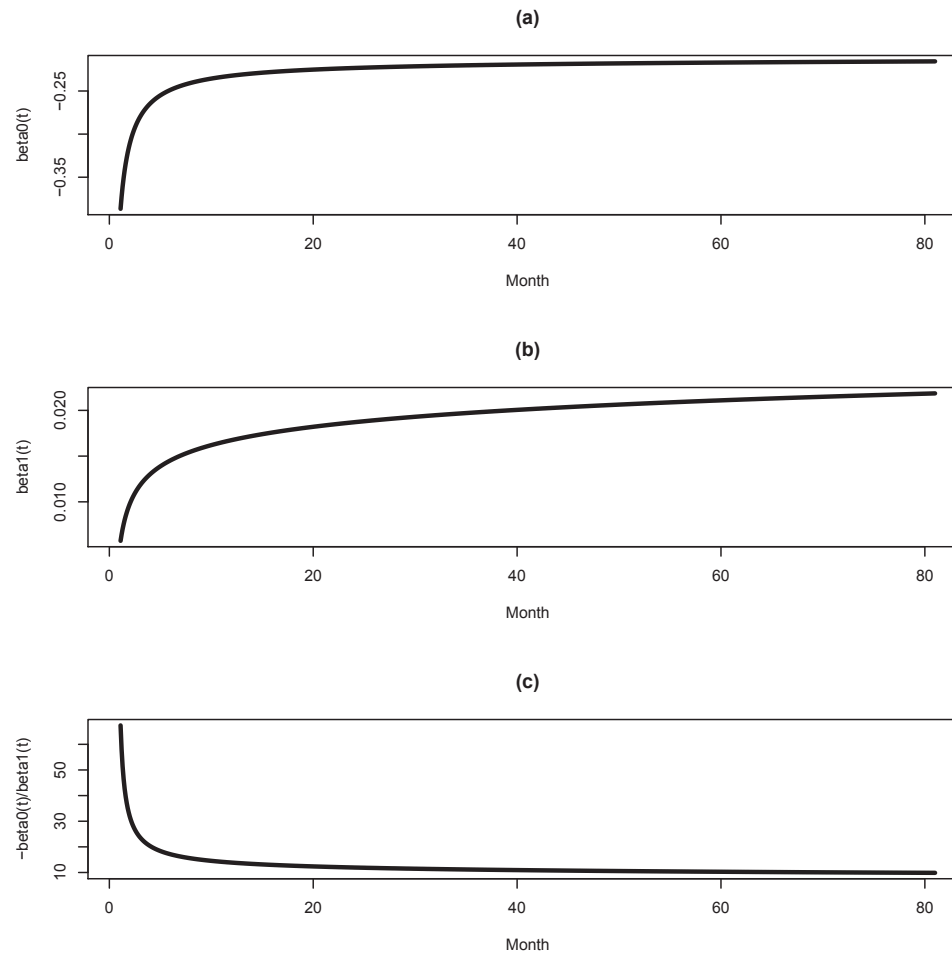


Figure 6: A biomarker trajectory with average (typical) survival

Summary

- **Proposed approach uses a series of landmark analysis models over continuous t that are smoothed by using a parametric or spline $\beta(t)$.**
- **Landmark analysis approach avoids need to use future biomarker values in prediction.**
- **Two-stage estimation approach**
 - **avoids need of $Z_j(x_i), j \geq i$ by estimating $\lambda_0(t)$ (and thus $S_0(t)$) from the 1st stage and being fixed at 2nd stage**
 - **avoids need of model for $Z(t)$.**

Discussion

- The estimation and interpretation of α are not distorted by intermediate outcomes reflected in time-dependent covariates $Z(t)$.
- This is usually what we want, i.e., α estimates the marginal population effects of baseline covariates on survival.
- The interpretation of corresponding regression coefficients in joint modeling is awkward.
- **Bottom line: Proposed approach is easy and convenient to use.**